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Introducing Pharmac

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.

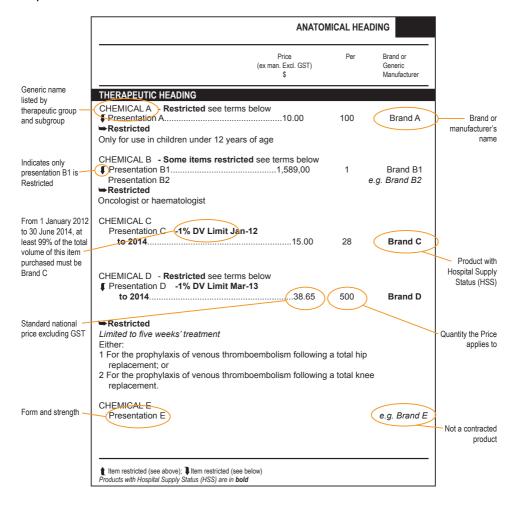
Glossary

Units of Measure gram g microgram..... mcg millimole......mmol kilogram.....kg milligram mg unit......u international unitiu millilitre......ml **Abbreviations** application app enteric coated......EC solutionsoln capsule cap granules.....grans suppositorysuppos cream.....crm injectioninj tablet......tab dispersibledisp liquidliq tincture.....tinc effervescent.....eff lotion......lotn emulsion emul ointment......oint

HSS Hospital Supply Status

Guide to Section H listings

Example



PART I: GENERAL RULES

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

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

PART II: ALIMENTARY TRACT AND METABOLISM

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

Oral lig 400 mg with magnesium hydroxide 400 mg and simeticone

30 ma per 5 ml

e.g. Mylanta

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.a. 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 Extra Strenath

Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate

160 mg per 10 ml......7.50

500 ml

Acidex

SODIUM CITRATE

Oral liq 8.8% (300 mmol/l) - **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

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

Rectal and Colonic Anti-Inflammatories

BUDESONIDE - Restricted see terms on the next page

Cap 3 mg

Price	Brand or
(ex man. excl. GST)	Generic
\$ Per	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 15 g	Colifoam
	21.1 g	Colifoam

HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE

Topical Aerosol foam, 1% with pramoxine hydrochloride 1%

MESALAZINE

ESALAZINE			
Tab EC 400 mg	49.50	100	Asacol
Tab long-acting 500 mg	56.10	100	Pentasa
Tab 800 mg		90	Asacol
Modified release granules 1 g	118.10	100 g	Pentasa
Suppos 500 mg		20	Asacol
Suppos 1 g	50.96	28	Pentasa
Enema 1 g per 100 ml		7	Pentasa

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OLSALAZINE Tab 500 mg Cap 250 mg		100 100	Dipentum Dipentum
PREDNISOLONE SODIUM Rectal foam 20 mg per dose (14 applications)SODIUM CROMOGLICATE Cap 100 mg	74.10	1	Essential Prednisolone
SULFASALAZINE Tab 500 mg Tab EC 500 mg	16.52	100 100	Salazopyrin Salazopyrin EN

Local Preparations for Anal and Rectal Disorders

CINCHOCAINE HYDROCHI ORIDE WITH HYDROCORTISONE

Antihaemorrhoidal Preparations

CINCHOCAINE ITT DROCTEORIDE WITH THE DROCOR HOUSE				
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 ANI	CINCHOCA	INE		
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 - 5% DV Sep-23 to 2025	10	Max Health
19.00	5	Robinul
(Max Health Inj 200 mcg per ml, 1 ml ampoule to be delisted 1 September 2023)		
HYOSCINE BUTYLBROMIDE		
Tab 10 mg6.35	100	Buscopan
Inj 20 mg, 1 ml ampoule - 5% DV Dec-23 to 2026	5	Buscopan
1.91	1	Spazmol
(Buscopan Inj 20 mg, 1 ml ampoule to be delisted 1 December 2023)		
MEBEVERINE HYDROCHLORIDE		
Tab 135 mg - 5% DV Dec-23 to 2026	90	Colofac

Price Brand or (ex man. excl. GST) Generic Per Manufacturer **Antiulcerants** Antisecretory and Cytoprotective MISOPROSTOL 120 Cytotec **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 300 mg Inj 25 mg per ml, 2 ml ampoule → Restricted (RS1703) Initiation Fither: 1 For continuation use: or 2 Routine prevention of allergic reactions.. **Proton Pump Inhibitors** LANSOPRAZOLE 100 **Lanzol Relief** 100 Lanzol Relief OMFPRAZOI F 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. 90 Omeprazole actavis 10 90 Omeprazole actavis 20 Cap 40 mg......3.11 90 Omeprazole actavis 40 Powder for oral lig.......42.50 5 q Midwest Inj 40 mg ampoule with diluent - 5% DV Jan-23 to 2025......37.38 Dr Reddy's Omeprazole 5 Omezol IV **PANTOPRAZOLE** 90 Panzop Relief 90 Panzop Relief Inj 40 mg vial

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Site Protective Agents			
COLLOIDAL BISMUTH SUBCITRATE Tab 120 mg	14.51	50	Gastrodenol
SUCRALFATE Tab 1 g			

Bile and Liver Therapy

L-ORNITHINE L-ASPARTATE - Restricted see terms below

- Grans for oral liquid 3 q
- → 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

- 56 Xifaxan
- → Restricted (RS1416)

Initiation

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

					_
D	а	n	Θ	re	S

Alpha Glucosidase Inhibitors

AC/		

Tab 50 mg - 5% DV Dec-21 to 2024	8.95	90	Accarb
Tah 100 mg - 5% DV Dec-21 to 2024	15 20	an	Accarh

Hyperglycaemic Agents

DIA	AZOXIDE - Hestricted see terms delow		
t	Cap 25 mg110.00	100	Proglicem
	Cap 100 mg	100	Proglicem
	Oral liq 50 mg per ml		Proglycem

→ Restricted (RS1028)

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

GLUCAGON HYDROCHLORIDE

Glucagen Hypokit

GLUCOSE [DEXTROSE]

Tab 1.5 g

Tab 3.1 g

Tab 4 g

Oral soln 15 g per 80 ml sachet.......70.00 50 HypoPak Glucose Gel 40%

GLUCOSE WITH SUCROSE AND FRUCTOSE

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

(Price ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Insulin - Intermediate-Acting Preparations			
INSULIN ASPART WITH INSULIN ASPART PROTAMINE Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per n 3 ml prefilled pen		5	NovoMix 30 FlexPen
NSULIN ISOPHANE Inj insulin human 100 u per ml, 10 ml vial Inj insulin human 100 u per ml, 3 ml cartridge		J	NOVOIVIIX 30 1 IEXT ETT
NSULIN LISPRO WITH INSULIN LISPRO PROTAMINE Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml,			
3 ml cartridgeInj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml,		5	Humalog Mix 25
3 ml cartridge		5	Humalog Mix 50
Insulin - Long-Acting Preparations			
INSULIN GLARGINE Inj 100 u per ml, 3 ml disposable pen Inj 100 u per ml, 3 ml cartridge	94.50	5 5 1	Lantus SoloStar Lantus Lantus
Insulin - Rapid-Acting Preparations			
NSULIN 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 INSULIN GLULISINE	51.19	5	NovoRapid FlexPen
Inj 100 u per ml, 10 ml vial	46.07	1 5 5	Apidra Apidra Apidra Solostar
NSULIN LISPRO Inj 100 u per ml, 10 ml vial Inj 100 u per ml, 3 ml cartridge			
Inculin - Chart-Acting Proparations			

Insulin - Short-Acting Preparations

INSULIN NEUTRAL

Inj human 100 u per ml, 10 ml vial

Inj human 100 u per ml, 3 ml cartridge

10

	Price (ex man. excl. GST \$	Per	Brand or Generic Manufacturer
Oral Hypoglycaemic Agents			
GLIBENCLAMIDE			
Tab 5 mg - 5% DV Jan-22 to 2024	7.50	100	Daonil
GLICLAZIDE			
Tab 80 mg	15.18	500	Glizide
GLIPIZIDE			
Tab 5 mg - 5% DV Mar-22 to 2024	4.58	100	Minidiab
METFORMIN HYDROCHLORIDE			
Tab immediate-release 500 mg - 1% DV Mar-23 to 2024	14.74	1,000	Metformin Mylan
Tab immediate-release 850 mg - 1% DV Mar-22 to 2024	11.28	500	Metformin Viatris Metformin Mylan Metformin Viatris
Metformin Mylan Tab immediate-release 500 mg to be delisted 1 Aug	ust 2023)		
PIOGLITAZONE			
Tab 15 mg - 5% DV Jan-22 to 2024	6.80	90	Vexazone
Tab 30 mg - 5% DV Jan-22 to 2024		90	Vexazone
Tab 45 mg - 5% DV Jan-22 to 2024	12.25	90	Vexazone
/ILDAGLIPTIN			
Tab 50 mg	35.00	60	Galvus
/ILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE			
Tab 50 mg with 1,000 mg metformin hydrochloride		60	Galvumet
Tab 50 mg with 850 mg metformin hydrochloride	35.00	60	Galvumet

GLP-1 Agonists

DULAGLUTIDE - Restricted see terms below

Note: Not to be given in combination with a funded SGLT-2 inhibitor.

■ Inj 1.5 mg per 0.5 ml prefilled pen115.23 4 Trulicity

→ 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.

Pr	ice		Brand or
(ex man. e	excl. GST	Γ)	Generic
· · · · · · · · · · · · · · · · · · ·	\$	Per	Manufacturer

continued...

- 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.

LIRAGLUTIDE - Restricted see terms below

Note: Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist.

⇒ Restricted (RS1945)

Initiation

Any of the following:

- 1 For continuation use: or
- 2 Patient has previously received an initial Special Authority approval for either an SGLT-2 inhibitor or 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.

SGLT2 Inhibitors

→ Restricted (RS1852)

Initiation

Any of the following:

- 1 For continuation use; or
- 2 Patient has previously had an initial approval for a GLP-1 agonist; or
- 3 All of the following:
 - 3.1 Patient has type 2 diabetes; and
 - 3.2 Any of the following:
 - 3.2.1 Patient is Māori or any Pacific ethnicity*; or
 - 3.2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or

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

continued...

- 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 voung 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

	140to. 140t to be given in combination with a funded GEL 1 agoniot.		
t	Tab 10 mg58.56	30	Jardiance
t	Tab 25 mg58.56	30	Jardiance

EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE - Restricted see terms on the previous page Note: Not to be given in combination with a funded GI P-1 agonist.

	110to: 110t to be given in combination that a landed GET 1 agente.		
t	Tab 5 mg with 1,000 mg metformin hydrochloride58.56	60	Jardiamet
	Tab 5 mg with 500 mg metformin hydrochloride58.56	60	Jardiamet
	Tab 12.5 mg with 1,000 mg metformin hydrochloride58.56	60	Jardiamet
	Tab 12.5 mg with 500 mg metformin hydrochloride58.56	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	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 202494.38	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)		
RSODEOXYCHOLIC ACID - Restricted see terms below		

URS

1		.95 10	00	Ursosan
•	Oap 200 mg	.00	00	Olooball

⇒ 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:

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

continued...

- 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

80.62 mg per g, 210 g sachet

CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE

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

e.g. PicoPrep

MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium

chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate

80.62 mg per g, 70 g sachet - 5% DV Aug-22 to 01 Jan 2024.......13.68 3 Glycoprep-0

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

e.g. Glycoprep-O

MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE, SODIUM CHLORIDE AND CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSUI FATE

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

				5 .
		Price . excl. GST)		Brand or Generic
	,	\$	Per	Manufacturer
MACROGOL 3350 WITH POTASSIUM CHLORIDE AND SODIUM CHI ASCORBATE, ASCORBIC ACID Powd for oral soln 100g with potassium chloride 1g, sodium chloride and sodium sulfate 9g per sach(1), powd for oral soln 40g with potassium chloride 1.2g and sodium chloride 3.2g per sach(1) powd for oral soln ascorbic acid 7.54g and sodium ascorbate 48.11g per sach(1) - 5% DV Oct-23 to 2026	le 2g and		IOUT SOD	IUM SULFATE, SODIUM
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARB Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulp 5.685 g per sachet	ONATE, n hate	SODIUM C	HLORIDE 4	AND SODIUM SULPHATE Klean Prep
and sodium sulphate 5.685 g per sachet to be delisted 1 April 2024)	j, Soululi	i bicarborian	e 1.005 g,	sodium chloride 1.405 g
Bulk-Forming Agents				
ISPAGHULA (PSYLLIUM) HUSK Powder for oral soln		12.20	500 g	Konsyl-D
Faecal Softeners				
DOCUSATE SODIUM Tab 50 mg Tab 120 mg DOCUSATE SODIUM WITH SENNOSIDES			100 100	Coloxyl Coloxyl
Tab 50 mg with sennosides 8 mg - 5% DV Nov-22 to 2025 PARAFFIN Oral liquid 1 mg per ml Enema 133 ml		3.50	200	Laxsol
POLOXAMER Oral drops 10%		3.98	30 ml	Coloxyl
Opioid Receptor Antagonists - Peripheral				
METHYLNALTREXONE BROMIDE − Restricted see terms below Inj 12 mg per 0.6 ml vial Restricted (RS1601) Initiation − Opioid induced constipation Both:		36.00 246.00	1 7	Relistor Relistor
The patient is receiving palliative care; and Either: 2.1 Oral and rectal treatments for opioid induced constipation 2.2 Oral and rectal treatments for opioid induced constipation			lerated.	
Osmotic Laxatives				
GLYCEROL Suppos 2.8/4.0 g - 5% DV Feb-23 to 2025		10.39	20	Lax-suppositories Glycerol
Note: DV limit applies to glycerol suppository presentations.				

	Price		Brand or
	(ex man. excl. GS	Γ) Per	Generic Manufacturer
-	\$	rei	Manuacturer
LACTULOSE	0.04	500 I	
Oral liq 10 g per 15 ml - 5% DV Apr-23 to 2025		500 ml	Laevolac
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBO		IUM CHLO	RIDE
Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodiu	m		
bicarbonate 89.3 mg and sodium chloride 175.4 mg			
Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodi		30	Molaxole
bicarbonate 178.5 mg and sodium chloride 350.7 mg SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE	0.70	30	WOIdXOIE
	F0/		
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – DV Jun-23 to 2025		50	Micolette
SODIUM PHOSPHATE WITH PHOSPHORIC ACID		30	Micolette
Oral lig 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
Suppos 10 mg - 5% DV Dec-21 to 2024	3.69	10	Lax-Suppositories
SENNOSIDES			
Tab 7.5 mg			
SODIUM PICOSULFATE - Restricted see terms below			
	7.40	30 ml	Dulcolax SP Drop
→ Restricted (RS1843)			
Initiation			

Both:

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

Metabolic Disorder Agents

ALGLUCOSIDASE ALFA - Restricted see terms below

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;
- 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

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

continued...

- 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.

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

⇒ 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 on the next page

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

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

→ 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 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.

GALSULFASE - Restricted see terms below

→ 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer	
IDURSULFASE - Restricted see terms below Inj 2 mg per ml, 3 ml vial → Restricted (RS1546)	4,608.30	1	Elaprase	

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 Fither:
 - 2.1 Diagnosis confirmed by demonstration of iduronate 2-sulfatase deficiency in white blood cells by either enzyme assav 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

- Aldurazyme
- → Restricted (RS1607)

Initiation

Metabolic physician

Limited to 24 weeks treatment

All of the following:

- 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.

LEVOCABNITINE - Restricted see terms below

- Cap 250 mg
- Cap 500 mg
- Oral lig 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

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

RIBOFI AVIN - Restricted see terms below

- → 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

⇒ Restricted (RS1796)

Initiation

Metabolic physician

Re-assessment required after 1 month

All of the following:

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

Continuation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

SODIUM BENZOATE

Cap 500 mg

Powder

Soln 100 ma per ml

Inj 20%, 10 ml ampoule

	Price (ex man. excl. GST \$) Per	Brand or Generic Manufacturer
SODIUM PHENYLBUTYRATE - Some items restricted see terms	below		
Tab 500 mg			
	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	finiana, of anthomylph	anhata au	nthatasa amithina
For the chronic management of a urea cycle disorder involving a de transcarbamylase or argininosuccinate synthetase.	ilciency of carbamylphic	ospriate sy	nunetase, orniunine
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

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

250

Price (ex man. excl. GST)

Per

Brand or Generic Manufacturer

Calci-Tab 500

TRIENTINE DIHYDROCHLORIDE

Cap 300 mg

Minerals

Calcium

CALCIUM CARBONATE

Tab eff 1.25 g (500 mg elemental)

Tab eff 1.75 g (1 g elemental)

Copper

→ Restricted (RS1928)

Initiation - Moderate to severe burns

Limited to 3 months treatment

Both:

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

COPPER - Restricted see terms above

1 Tab 2.5 mg, chelated

COPPER CHLORIDE - Restricted see terms above

1 Inj 0.4 mg per ml, 10 ml vial

Fluoride

SODIUM FLUORIDE

Tab 1.1 mg (0.5 mg elemental)

lodine

POTASSIUM IODATE

POTASSIUM IODATE WITH IODINE

Oral lig 10% with iodine 5%

Iron

FERROLIS FLIMARA	TE

FERROUS FUMARATE WITH FOLIC ACID

Tab 310 mg (100 mg elemental) with folic acid 350 mcg - 5% DV

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 lig 30 mg (6 mg elemental) per ml – **5% DV Jan-23 to 2025**................13.10 500 ml

FERROUS SULFATE WITH ASCORBIC ACID

Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg

	ex man. excl. GST \$) Per	Brand or Generic Manufacturer
IRON (AS FERRIC CARBOXYMALTOSE) – Restricted see terms below Inj 50 mg per ml, 10 ml vial Restricted (RS1417) Initiation		1	Ferinject
Treatment with oral iron has proven ineffective or is clinically inappropriat	e.		
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)

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

10

Inj 100 mg per ml, 50 ml bag

Selenium

SELENIUM - Restricted see terms below

Oral liq 150 mcg per 3 drops

eg Clinicians selenium oral drops

Martindale

Inj 300 mcg per ml, 1 ml ampoule

→ Restricted (RS1929)

Initiation - Moderate to severe burns

Limited to 3 months treatment

Both:

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

Zinc

ZINC

Oral lig 5 mg per 5 drops

ZINC CHLORIDE

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

1 Item restricted (see → above); Item restricted (see → below)

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

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

CHI ORHEXIDINE GI UCONATE

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 amvlmetacresol 0.6 mg

TRIAMCINOLONE ACETONIDE

Paste 0.1% Kenalog in Orabase 5 a

Oropharyngeal Anti-Infectives

AM	PΗ	\cap T	FR	ICI	NR	

Lozenge 10 mg......5.86 20 Fungilin

MICONAZOLE

NYSTATIN

40 q Decozol

24 ml Nilstat

Other Oral Agents

HYALURONIC ACID WITH LIDOCAINE [LIGNOCAINE]

Inj 20 mg per ml

SODIUM HYALURONATE [HYALURONIC ACID] - Restricted see terms below

Ini 20 mg per ml. 1 ml svringe

→ Restricted (RS1175)

Otolaryngologist

Vitamins

Multivitamin Preparations

MULTIVITAMIN AND MINERAL SUPPLEMENT - Restricted see terms on the next page

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

Products with Hospital Supply Status (HSS) are in bold

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

	Price (ex man. excl. GST)	,	Brand or Generic
	\$	Per	Manufacturer
Restricted (RS1498)			
Initiation Limited to 3 months treatment Both:			
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 area2.2 Burn size is greater than 10% of BSA for mid-dermal or2.3 Nutritional status prior to admission or dietary intake is p	deep dermal burns;		
MULTIVITAMIN RENAL - Restricted see terms below			
	6.49	30	Clinicians Renal Vit
Initiation Either:			
 The patient has chronic kidney disease and is receiving either p The patient has chronic kidney disease grade 5, defined as pat 15 ml/min/1.73m² body surface area (BSA). 	,		, ,
MULTIVITAMINS			
Tab (BPC cap strength) – 5% DV Feb-23 to 2025		1,000	Mvite
cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 m riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 r cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg	i, ng,		e.g. Vitabdeck
→ Restricted (RS1620) Initiation			
Any of the following:			
 Patient has cystic fibrosis with pancreatic insufficiency; or Patient is an infant or child with liver disease or short gut syndre Patient has severe malabsorption syndrome. 	ome; or		
Powder vitamin A 3200 mcg with vitamin D 100 mcg, vitamin E 54 vitamin C 400 mg, vitamin K1 108 mcg thiamine 3.2 mg, ribofl 4.4 mg, niacin 41 mg, vitamin B6 3.6 mg, folic acid 600 mcg, v B12 9 mcg, biotin 120 mcg, pantothenic acid 24 mg, choline	avin		
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 pyridox			
hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 5 with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoul	•		e.g. Pabrinex IV
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridox			e.g. Tabilitex IV
hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 5	00 mg		5
with nicotinamide 160 mg, 2 ml ampoule (1) Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridox	rina		e.g. Pabrinex IM
hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid			
1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10			
ampoule (1)			e.g. Pabrinex IV

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

\$ Per Manufacturer

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	
vilaiiiiii	D

HYDROXOCOBALAMIN		
Inj 1 mg per ml, 1 ml ampoule - 5% DV Nov-22 to 20242.46	3	Hydroxocobalamin Panpharma
PYRIDOXINE HYDROCHLORIDE		ranphanna
Tab 25 mg2.70	90	Vitamin B6 25
Tab 50 mg23.45	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 - 5% DV Apr-23 to 2025	100	Thiamine multichem
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, BPC11.25	500	Bplex
Vitamin C		
ASCORBIC ACID		
Tab 100 mg - 5% DV Feb-23 to 2025	500	Cvite
Tab chewable 250 mg		
Vitamin B		
Vitamin D		
ALFACALCIDOL		
Cap 0.25 mcg	100	One-Alpha
Cap 1 mcg	100	One-Alpha
Oral drops 2 mcg per ml60.68	20 ml	One-Alpha
CALCITRIOL		
Cap 0.25 mcg - 5% DV Dec-22 to 2025	100	Calcitriol-AFT
Cap 0.5 mcg – 5% DV Dec-22 to 2025	100	Calcitriol-AFT
Oral liq 1 mcg per ml Inj 1 mcg per ml, 1 ml ampoule		
COLECALCIFEROL	40	V:+ DO
Cap 1.25 mg (50,000 iu)	12	Vit.D3
Oral liq 188 mcg per ml (7,500 iu per ml)9.00	4.8 ml	Puria

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

Vitamin E

ALPHA TOCOPHERYL - Restricted see terms below

- Oral lig 156 u per ml
- → Restricted (RS1632)

Initiation - Cystic fibrosis

Both:

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

Initiation - Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation - Other indications

All of the following:

- 1 Infant or child with liver disease or short gut syndrome; and
- 2 Requires vitamin supplementation; and
- 3 Fither:
 - 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 lig 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 Brand or (ex man. excl. GST) Generic Generic Manufacturer

Antianaemics

Hypoplastic and Haemolytic

EPOETIN ALFA - Restricted see terms below

1	Inj 1,000 iu in 0.5 ml syringe	250.00	6	Binocrit
1	inj 2,000 iu in 1 ml syringe	100.00	6	Binocrit
1	Inj 3,000 iu in 0.3 ml syringe	150.00	6	Binocrit
1	Inj 4,000 iu in 0.4 ml syringe	96.50	6	Binocrit
1	Inj 5,000 iu in 0.5 ml syringe	125.00	6	Binocrit
1	Inj 6,000 iu in 0.6 ml syringe	145.00	6	Binocrit
1	Inj 8,000 iu in 0.8 ml syringe	175.00	6	Binocrit
1	Inj 10,000 iu in 1 ml syringe	197.50	6	Binocrit
1	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	Brand or
(ex man. excl. GST)	Generic
¢ Por	Manufacturor

FPOFTIN BFTA - 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
- Ini 4.000 iu in 0.3 ml svringe
- Inj 5,000 iu in 0.3 ml syringe
- Inj 6,000 iu in 0.3 ml syringe
- Inj 10,000 iu in 0.6 ml syringe
- → Restricted (RS1661)

Initiation - chronic renal failure

All of the following:

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

Initiation - myelodysplasia*

Re-assessment required after 12 months

All of the following:

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

Continuation - myelodysplasia*

Re-assessment required after 2 months

All of the following:

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

Initiation - all other indications

Haematologist.

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

*Note: Indications marked with * are unapproved indications.

Megaloblastic

FOLIC ACID

Tab 0.8 mg		1,000	Folic Acid multichem
Tab 5 mg - 1% DV Mar-23 to 2024		100	Folic Acid Mylan
Oral liq 50 mcg per ml	28.82	25 ml	Folic Acid Viatris Biomed

Inj 5 mg per ml, 10 ml vial

(Folic Acid Mylan Tab 5 mg to be delisted 1 January 2024)

e.g. Driclor

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

Antifibrinolytics, Haemostatics and Local Sclerosants

ALUMINIUM CHLORIDE - Restricted see terms below

■ Topical soln 20% w/v

→ Restricted (RS1500)

Initiation

For use as a haemostatis agent.

APROTININ - Restricted see terms below

- Ini 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

1	Tab 25 mg	28	Revolade
t	Tab 50 mg3,100.00	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

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

continued...

- 2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab);
- 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.

FMICIZUMAB - Restricted see terms below

1	Inj 30 mg in 1 ml vial	1	Hemlibra
	Inj 60 mg in 0.4 ml vial		Hemlibra
	Inj 105 mg in 0.7 ml vial		Hemlibra
ŧ	Inj 150 mg in 1 ml vial	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 Fither:
 - 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

Price		Brand or
(ex man. excl. GST)		Generic
 \$	Per	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 - 5% DV Jun-23 to 2025	. 10.45	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

→ 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

1	Inj 250 iu vial	612.50	1	Alprolix
	Inj 500 iu vial		1	Alprolix
	Inj 1,000 iu vial		1	Alprolix
	Inj 2,000 iu vial		1	Alprolix
	Inj 3,000 iu vial		1	Alprolix
t	Inj 4,000 iu vial9,	300.00	1	Alprolix

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

t	Inj 1 mg syringe	1,178.30	1	NovoSeven RT
	Inj 2 mg syringe		1	NovoSeven RT
	Inj 5 mg syringe		1	NovoSeven RT
	Inj 8 mg syringe		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

t	Inj 500 U1,315.00	1	FEIBA NF
1	Inj 1,000 U2,630.00	1	FEIBA NF
t	lnj 2,500 U	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

1	Inj 250 iu prefilled syringe287.50	1	Xvntha
	Inj 500 iu prefilled syringe575.00	1	Xyntha
	Inj 1,000 iu prefilled syringe	1	Xyntha
t	Inj 2,000 iu prefilled syringe2,300.00	1	Xyntha
	Inj 3,000 iu prefilled syringe3,450.00	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

t	Inj 500 iu vial435.00	1	RIXUBIS
	Inj 1,000 iu vial870.00	1	RIXUBIS
	Inj 2,000 iu vial	1	RIXUBIS
	Inj 3,000 iu vial	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

1	Inj 250 iu vial	210.00	1	Advate
ţ	Inj 500 iu vial	420.00	1	Advate
	Inj 1,000 iu vial		1	Advate
t	Inj 1,500 iu vial	1,260.00	1	Advate
t	Inj 2,000 iu vial	1,680.00	1	Advate
t	Inj 3,000 iu vial	2,520.00	1	Advate

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

1	Inj 250 iu vial	237.50	1	Kogenate FS
	lnj 500 iu vial		1	Kogenate FS
	Inj 1,000 iu vial		1	Kogenate FS
	Inj 2,000 iu vial		1	Kogenate FS
	Inj 3,000 iu vial		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

1	Inj 250 iu vial	300.00	1	Adynovate
t	Inj 500 iu vial	600.00	1	Adynovate
	Inj 1,000 iu vial		1	Adynovate
	Inj 2,000 iu vial		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

BIVALIBUDIN - 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 mg76.36	60	Pradaxa
Cap 110 mg76.36	60	Pradaxa
Cap 150 mg76.36	60	Pradaxa

Price	Brand or
(ex man. excl. GST)	Generic
\$ Per	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		10	Clexane
Inj 80 mg in 0.8 ml syringe		10	Clexane
Inj 100 mg in 1 ml syringe		10	Clexane
Inj 120 mg in 0.8 ml syringe		10	Clexane Forte
Ini 150 ma in 1 ml svringe		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 5,000 iu per ml, 5 ml vial - 5% DV Jul-23 to 2025 83.00	10	Heparin Sodium Panpharma
Inj 100 iu per ml, 250 ml bag		
Inj 1,000 iu per ml, 1 ml ampoule245.26	50	Hospira
Inj 1,000 iu per ml, 5 ml ampoule86.11	50	Pfizer
Inj 5,000 iu in 0.2 ml ampoule		
Inj 5,000 iu per ml, 1 ml ampoule70.33	5	Hospira
HEPARINISED SALINE		
Inj 10 iu per ml, 5 ml ampoule65.48	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

	Pric			Brand or
	(ex man. ex	ccl. GST)	Per	Generic Manufacturer
	\$		Per	wanulacturer
RIVAROXABAN				
Tab 10 mg - 5% DV Dec-23 to 2026			30	Xarelto
Tab 15 mg - 5% DV Dec-23 to 2026			28	Xarelto
Tab 20 mg - 5% DV Dec-23 to 2026		1.56	28	Xarelto
SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIL				
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chlori- per ml, 5,000 ml bag	de 74.6 mcg			
WARFARIN SODIUM				
Tab 1 mg	6	6.46	100	Marevan
Tab 2 mg				
Tab 3 mg	10	0.03	100	Marevan
Tab 5 mg	11	.48	100	Marevan
Antiplatelets				
ASPIRIN				
Tab 100 mg			90	Ethics Aspirin EC
Suppos 200 mg	14	1.95	990	Ethics Aspirin EC
Suppos 300 mg				
CLOPIDOGREL	_			
Tab 75 mg - 5% DV May-23 to 2025	5	5.07	84	Arrow - Clopid
DIPYRIDAMOLE				
Tab 25 mg				
Tab long-acting 150 mg	13	3.93	60	Pytazen SR
Inj 5 mg per ml, 2 ml ampoule				
EPTIFIBATIDE - Restricted see terms below				
Inj 2 mg per ml, 10 ml vial	180).38	1	Eptifibatide Viatris
, 3,1-				Mylan
■ Inj 750 mcg per ml, 100 ml vial	526	6.50	1	Eptifibatide Viatris
⇒ Restricted (RS1759)				'
Initiation				
Any of the following:				
1 For use in patients with acute coronary syndromes underg	going percutaneou	s corona	v interve	ention; or
2 For use in patients with definite or strongly suspected intra				
3 For use in patients undergoing intra-cranial intervention.	•		•	
1 0 0	ana tarma halaw			
LYSINE ACETYLSALICYLATE [LYSINE ASPRIN] - Restricted	See terms below			o a Acnosia
Inj 500 mg				e.g. Aspegic
→ Restricted (RS1689) Initiation				
Initiation Dath:				

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

56 **Ticagrelor Sandoz**

→ Restricted (RS1774)

Initiation

Restricted to treatment of acute coronary syndromes specifically for patients who have recently (within the last 60 days) been

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

continued...

diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Initiation – thrombosis prevention neurological stenting

Re-assessment required after 12 months

Both:

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

Continuation - thrombosis prevention neurological stenting

Re-assessment required after 12 months

Both:

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

Initiation - Percutaneous coronary intervention with stent deployment

Limited to 12 months treatment

All of the following:

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

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

Ini 2 mg vial

Inj 10 mg vial

Inj 50 mg vial

TENECTEPLASE

Inj 50 mg vial

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

UROKINASE

Inj 5,000 iu vial

Inj 10,000 iu vial

Inj 50,000 iu vial

Inj 100,000 iu vial

Inj 250,000 iu vial

Inj 500,000 iu vial

Colony-Stimulating Factors

Drugs Used to Mobilise Stem Cells

PLERIXAFOR - Restricted see terms below

→ 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 10⁶ 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 10×10^6 /L; or
 - 3.2.2.2 Efforts to collect > 1 \times 10⁶ 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

FII GRASTIM	 Restricted see 	terms he	low

t	Inj 300 mcg in 0.5 ml prefilled syringe - 5% DV Dec-21 to 202496.22	10	Nivestim
t	Inj 300 mcg in 1 ml vial520.00	4	Neupogen
t	Inj 480 mcg in 0.5 ml prefilled syringe - 5% DV Dec-21 to 2024148.58	10	Nivestim
_	Pastricted (PS1188)		

→ Restricted (RS1188)

Haematologist or oncologist

PEGFILGRASTIM - Restricted see terms on the next page

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

→ Restricted (RS1743)

Initiation

For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or

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

Fluids and Electrolytes

Intravenous Administration

CALCIUM CHLORIDE		
Inj 100 mg per ml, 10 ml vial Inj 100 mg per ml, 50 ml syringe		e.g. Baxter
CALCIUM GLUCONATE		o.g. Damor
Inj 10%, 10 ml ampoule		e.g. Max Health
•		e.y. Iviax i lealii i
COMPOUND ELECTROLYTES		
Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml		
bag57.06	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 bag29.28	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 bag227.64	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 bag25.20	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	! 12	Baxter
GLUCOSE [DEXTROSE]		
Inj 5%, 1,000 ml bag16.80	10	Fresenius Kabi
Inj 5%, 100 ml bag77.50	50	Fresenius Kabi
Inj 5%, 250 ml bag52.50	30	Fresenius Kabi
Inj 5%, 50 ml bag154.20	60	Baxter Glucose 5%
Inj 5%, 500 ml bag24.00		Fresenius Kabi
Inj 10%, 1,000 ml bag120.36		Baxter Glucose 10%
Inj 10%, 500 ml bag118.26		Baxter Glucose 10%
Inj 50%, 10 ml ampoule30.65		Biomed
Inj 50%, 500 ml bag362.34		Baxter Glucose 50%
Inj 50%, 90 ml bottle15.00	1	Biomed
GLUCOSE WITH POTASSIUM CHLORIDE		
hai 400/ mlana ann ith 00 man al/l mata air ma abhaidh. E00 mal ha m		

Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag

Price	207	Brand or
(ex man. excl. 0 \$	SST) Per	Generic Manufacturer
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 bag218.52	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride		
0.45%, 1,000 ml bag171.84	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride	40	Denter
0.9%, 1,000 ml bag	12	Baxter
GLUCOSE WITH SODIUM CHLORIDE		
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag175.44	12	Baxter
Inj 5% glucose and sodium chloride 0.15%, 1,000 ml bag	12	Baxter
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag	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 bag512.16	48	Baxter
Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag 175.20	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag272.16	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag829.92	48	Baxter
POTASSIUM DIHYDROGEN PHOSPHATE		
Inj 1 mmol per ml, 10 ml ampoule174.57	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 vial22.40	1	Biomed
Inj 8.4%, 100 ml vial22.95	1	Biomed

	Price		Brand or
	(ex man. excl. GS		Generic
	\$	Per	Manufacturer
ODIUM CHLORIDE			
Inj 0.9%, 5 ml ampoule - 5% DV Jan-23 to 2025		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 - 5% DV Mar-23 to 2025		30	BD PosiFlush
Restricted (RS1297)			
nitiation			
or use in flushing of in-situ vascular access devices only.			
Inj 0.9%, 5 ml syringe, non-sterile pack – 5% DV Mar-23 to 2025	10.00	30	BD PosiFlush
	J12.00	30	אם PosiFiusii
Restricted (RS1297)			
nitiation			
or use in flushing of in-situ vascular access devices only.			
Inj 0.9%, 10 ml syringe, non-sterile pack - 5% DV Mar-23 to 202	25 11.70	30	BD PosiFlush
→ Restricted (RS1297)			
nitiation			
or use in flushing of in-situ vascular access devices only.			
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		5	Biomed
Inj 0.45%, 500 ml bag		18	Baxter
,		12	Baxter
Inj 3%, 1,000 ml bag			
Inj 0.9%, 50 ml bag		60 75	Baxter
1.000/ 400 11	147.75	75	Baxter-Viaflo
Inj 0.9%, 100 ml bag		48	Baxter
	105.60	60	Baxter-Viaflo
Inj 0.9%, 250 ml bag		24	Baxter
Inj 0.9%, 500 ml bag		18	Baxter
Inj 0.9%, 1,000 ml bag	16.32	12	Baxter
Inj 1.8%, 500 ml bottle			
SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHAT	E1		
Inj 1 mmol per ml, 20 ml ampoule	•	5	Biomed
VATER		·	2.000
····	7.60	EO	Multicham
Inj 10 ml ampoule - 5% DV Sep-23 to 2025		50	Multichem
	7.19		Pfizer
Inj 20 ml ampoule - 5% DV Jan-23 to 2025	5.00	20	Fresenius Kabi
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag	20.52	12	Baxter
Pfizer Inj 10 ml ampoule to be delisted 1 September 2023)			
Ovel Administration			
Oral Administration			
CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES		ŭ	
Powder for oral soln - 5% DV Dec-22 to 2025	0.53	50	Electral
	9.33	50	LICCUI AI
•		4 0000	Dealista Dulata accom
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] Soln with electrolytes (2 × 500 ml)	8.55	1,000 ml	Pedialyte - Bubblegun
	8.55	1,000 ml	Pedialyte - Bubblegur
Soln with electrolytes (2 × 500 ml)	8.55	1,000 ml	Pedialyte - Bubblegur

t Item restricted (see → above); t Item restricted (see → below)

	(ex man.	Price excl. \$	GST)	Per	Brand or Generic Manufacturer
POTASSIUM CHLORIDE Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol) Tab long-acting 600 mg (8 mmol) Oral liq 2 mmol per ml		. 15.3	5	200	Span-K
SODIUM BICARBONATE Cap 840 mgSODIUM CHLORIDE		8.5	2	100	Sodibic
Tab 600 mg Oral liq 2 mmol/ml					
SODIUM POLYSTYRENE SULPHONATE Powder		.84.6	5	454 g	Resonium A
Plasma Volume Expanders					
GELATINE, SUCCINYLATED Inj 4%, 500 ml bag	1	129.0	0	10	Gelofusine

Price (ex man. excl. GST)

Per

Brand or Generic Manufacturer

Agents Affecting the Renin-Angiotensin System

ACE Inhibitors

CAPTOPRIL

⇒ Restricted (RS1263)

Initiation

Any of the following:

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

	AZAPRIL - Restricted:	
\Rightarrow	Tab 0.5 mg	

-	Tab 2.5 mg5.79	90	Zapril
-	Tab 5 mg10.05	90	Zapril

ENALAPRIL MALEATE

Tab 5 mg - 5% DV Sep-23 to 20251.75	90	Acetec
Tab 10 mg - 5% DV Sep-23 to 20251.97	90	Acetec
Tab 20 mg - 5% DV Sep-23 to 20252.35	90	Acetec

LISINOPRII

Tab 5 mg - 5% DV Oct-22 to 2025	11.07	90	
Tah 10 mg = 5% DV Oct-22 to 2025	11.67	90	

ab 20 mg - 5% DV Oct-22 to 2025 14.69	
ŭ	

Ethics Lisinopr	il
Teva Lisinopril	
Ethics Lisinopr	il
Teva Lisinopril	

90

Ethics Lisinopril
Teva Lisinopril

Zapril

PERINDOPRIL

Tab 2 mg - 5% DV Jan-22 to 2024 1.58	30	Coversyl
Tab 4 mg - 5% DV Jan-22 to 20242.95	30	Coversyl
Tab 8 mg5.02	30	Coversyl

QUINAPRII

JUINAPRIL			
Tab 5 mg - 5% DV Feb-22 to 2024	5.97	90	Arrow-Quinapril 5
Tab 10 mg - 5% DV Feb-22 to 2024		90	Arrow-Quinapril 10
Tab 20 mg - 5% DV Feb-22 to 2024		90	Arrow-Quinapril 20

RAMIPRIL

Cap 1.25 mg - 5% DV May-23 to 2024	6.90	90	Tryzan
Cap 2.5 mg - 5% DV May-23 to 2024	6.60	90	Tryzan
Cap 5 mg - 5% DV May-23 to 2024	6.75	90	Tryzan
Cap 10 mg - 5% DV May-23 to 2024		90	Tryzan

ACE Inhibitors with Diuretics

QUINAPRIL WITH HYDROCHLOROTHIAZIDE – Restricted: For conti	nuation only
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\Rightarrow	Tab 10 mg with hydrochlorothiazide 12.5 mg - 5% DV Mar-22 to 2024 4.10	30	Accuretic 10
\Rightarrow	Tab 20 mg with hydrochlorothiazide 12.5 mg - 5% DV Mar-22 to 2024 5.25	30	Accuretic 20

	-	Price	0.07		Brand or
	(ex man.		GST)	Per	Generic Manufacturer
		\$		rei	Manuacturei
Angiotensin II Antagonists					
CANDESARTAN CILEXETIL					
Tab 4 mg - 5% DV Dec-21 to 2024		2.0	0	90	Candestar
Tab 8 mg - 5% DV Dec-21 to 2024				90	Candestar
Tab 16 mg - 5% DV Dec-21 to 2024				90	Candestar
Tab 32 mg - 5% DV Dec-21 to 2024				90	Candestar
LOSARTAN POTASSIUM					
Tab 12.5 mg		1.50	6	84	Losartan Actavis
Tab 25 mg				84	Losartan Actavis
Tab 50 mg				84	Losartan Actavis
Tab 100 mg				84	Losartan Actavis
•					
Angiotensin II Antagonists with Diuretics					
CANDESARTAN CILEXETIL WITH HYDROCHLOROTHIAZIDE					
Tab 16 mg with hydrochlorothiazide 12.5 mg		4.1	0	30	APO-Candesartan HCTZ 16/12.5
Tab 32 mg with hydrochlorothiazide 12.5 mg		5.2	5	30	APO-Candesartan HCTZ 32/12.5
LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE					
Tab 50 mg with hydrochlorothiazide 12.5 mg - 5% DV Jan-23 t	o 2025	4.0	0	30	Arrow-Losartan & Hydrochlorothiazide

Angiotensin II Antagonists with Neprilysin Inhibitors

SA	CUBITRIL WITH VALSARTAN - Restricted see terms below			
t	Tab 24.3 mg with valsartan 25.7 mg	190.00	56	Entresto 24/26
t	Tab 48.6 mg with valsartan 51.4 mg	190.00	56	Entresto 49/51
t	Tab 97.2 mg with valsartan 102.8 mg	190.00	56	Entresto 97/103
	B (D04700)			

⇒ 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.

	Price (ex man. excl. GST	Per	Brand or Generic Manufacturer
Alaba Advanacantas Blackasa	Ψ	1 01	manarastars
Alpha-Adrenoceptor Blockers			
DOXAZOSIN	47.05	500	Daniel Oliver
Tab 2 mg Tab 4 mg		500 500	Doxazosin Clinect Doxazosin Clinect
PHENOXYBENZAMINE HYDROCHLORIDE		000	DOXALOGIT CITIOOT
Cap 10 mg			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
PHENTOLAMINE MESYLATE			
Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule			
PRAZOSIN			
Tab 1 mg	5.53	100	Arrotex-Prazosin S29
Tab 2 mg	7.00	100	Arrotex-Prazosin S29
Tab 5 mg	11.70	100	Arrotex-Prazosin S29
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	0.40	00	Avatas
Tab 100 mg - 5% DV Dec-22 to 2025		30 30	Aratac Aratac
Inj 50 mg per ml, 3 ml ampoule – 5% DV Dec-22 to 2025		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
Inj 250 mcg per ml, 2 ml vial			
DISOPYRAMIDE PHOSPHATE			
Cap 100 mg			

	Price (ex man. excl. GST \$	Brand or Generic Manufacturer	
FLECAINIDE ACETATE			
Tab 50 mg - 5% DV Dec-23 to 2026	19.95	60	Flecainide BNM
Cap long-acting 100 mg - 5% DV Aug-23 to 2025	35.78	90	Flecainide Controlled Release Teva
Cap long-acting 200 mg - 5% DV Aug-23 to 2025	54.28	90	Flecainide Controlled Release Teva
Inj 10 mg per ml, 15 ml ampoule	104.00	5	Tambocor
VABRADINE - 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.

MEXILETINE HYDROCHLORIDE

Cap 150 mg162.00	100	Teva
Cap 250 mg202.00	100	Teva

PROPAFENONE HYDROCHLORIDE

Tab 150 mg

Antihypotensives

MIDODRINE – Restricted see terms below			
■ Tab 2.5 mg - 5% DV Aug-23 to 2025	38.23	100	Midodrine Medsurge
■ Tab 5 mg - 5% DV Aug-23 to 2025		100	Midodrine Medsurge
⇒ Restricted (RS1427)			_

Initiation

Patient has disabling orthostatic hypotension not due to drugs.

Beta-Adrenoceptor Blockers

ATENOLOL Tab 50 mg - 5% DV Jun-23 to 2024	9.33	500	Mylan Atenolol Viatris
Tab 100 mg - 5% DV Jan-22 to 2024	14.20	500	Mylan Atenolol
Oral liq 5 mg per ml(Mylan Atenolol Tab 50 mg to be delisted 1 November 2023)		300 ml	Atenolol-AFT
BISOPROLOL FUMARATE			
Tab 2.5 mg	1.84	90	Bisoprolol Mylan Bisoprolol Viatris
Tab 5 mg	2.55	90	Bisoprolol Mylan Bisoprolol Viatris
	1.72	30	Bosvate
Tab 10 mg	3.62	90	Bisoprolol Mylan Bisoprolol Viatris

(Bisoprolol Mylan Tab 2.5 mg to be delisted 1 November 2023) (Bisoprolol Mylan Tab 5 mg to be delisted 1 November 2023)

	Pric (ex man. e:	xcl. GST)		Brand or Generic
	\$		Per	Manufacturer
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				
ABETALOL				
Tab 50 mg				
Tab 100 mg - 1% DV Sep-20 to 2024	1.	4.50	100	Trandate
Tab 200 mg - 1% DV Sep-20 to 2024			100	Trandate
Inj 5 mg per ml, 20 ml ampoule	∠	7.00	100	Tranuale
METOPROLOL SUCCINATE		1 15	30	Betaloc CR
Tab long-acting 47.5 mg			30	Betaloc CR
Tab long-acting 47.5 mg			30	Betaloc CR
Tab long-acting 95 mg			30	Betaloc CR
		t. <i>C1</i>	30	DEIGIOU ON
METOPROLOL TARTRATE		T 00	100	IDOA Metamodul
Tab 50 mg - 1% DV Mar-22 to 2024			100	IPCA-Metoprolol
Tab 100 mg - 1% DV Mar-22 to 2024			60	IPCA-Metoprolol
Tab long-acting 200 mg			28	Slow-Lopresor
Inj 1 mg per ml, 5 ml vial	کا	0.50	5	Metoprolol IV Mylan Metoprolol IV Viatris
NADOLOL				Wetoproloi IV Viatris
Tab 40 mg - 1% DV Mar-22 to 2024	10	0 10	100	Nadolol BNM
Tab 80 mg - 1% DV Mar-22 to 2024			100	Nadolol BNM
· ·		0.00	100	Madoloi Bilin
PROPRANOLOL		7.04	100	Duefete
Tab 10 mg - 1% DV Mar-22 to 2024			100	Drofate
Tab 40 mg - 1% DV Mar-22 to 2024			100	IPCA-Propranolol
Cap long-acting 160 mg	10	0.17	100	Cardinol LA
Oral liq 4 mg per ml				
Inj 1 mg per ml, 1 ml ampoule				
SOTALOL		7.50	500	Madan
Tab 80 mg - 5% DV Jan-23 to 2025	3	7.50 4.00	500	Mylan
Tab 160 mg - 5% DV Jan-23 to 2025	14	4.00	100	Mylan
Calcium Channel Blockers				
Dihudranuridina Calaium Channal Blackara				
Dihydropyridine Calcium Channel Blockers				
AMLODIPINE				
Tab 2.5 mg			90	Vasorex
Tab 5 mg			90	Vasorex
Tab 10 mg		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			90	Felo 5 ER
		4.32		

t Item restricted (see → above); t Item restricted (see → below)

	D:	Duise		
	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer	
SRADIPINE	*			
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)				
nitiation				
Anaesthetist, intensivist, cardiologist or paediatric cardiologist				
Any of the following: 1 Patient has hypertension requiring urgent treatment with an 2 Patient has excessive ventricular afterload; or	•			
3 Patient is awaiting or undergoing cardiac surgery using card	liopulmonary bypass.			
NIFEDIPINE				
→ Tab long-acting 10 mg - Restricted: For continuation only		56	Tensipine MR10	
Tab long-acting 20 mg		100	Nyefax Retard	
Tab long-acting 30 mg		100	Mylan (24 hr release)	
	4.78	14	Mylan Italy (24 hr	
Tab long-acting 60 mg	52 81	100	release) Mylan (24 hr release)	
Cap 5 mg		100	wyian (24 m release)	
VIMODIPINE				
NIMODIPINE Tab 30 mg − 5% DV Dec-22 to 2025	350.00	100	Nimotop	
Inj 200 mcg per ml, 50 ml vial		1	Nimotop	
, , ,				
Other Calcium Channel Blockers				
DILTIAZEM HYDROCHLORIDE				
Tab 30 mg Cap long-acting 120 mg - 5% DV Jun-23 to 2025	65.35	500	Diltiazem CD Clineo	
Cap long-acting 180 mg – 1% DV Mar-22 to 2024		30	Cardizem CD	
Cap long-acting 240 mg - 1% DV Mar-22 to 2024		30	Cardizem CD	
Inj 5 mg per ml, 5 ml vial				
PERHEXILINE MALEATE				
Tab 100 mg	62.90	100	Pexsig	
/ERAPAMIL HYDROCHLORIDE		-	J	
Tab 40 mg	7.01	100	Isoptin	
Tab 80 mg		100	Isoptin	
Tab long-acting 120 mg		100	Isoptin SR	
Tab long-acting 240 mg		30	Isoptin SR	
Inj 2.5 mg per ml, 2 ml ampoule		5	Isoptin	
Centrally-Acting Agents				
CLONIDINE				
Patch 2.5 mg, 100 mcg per day	10.34	4	Mylan	
		4	Mylan	
Patch 5 mg, 200 mcg per day		4	Mylan	
Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day			•	
Patch 7.5 mg, 300 mcg per day				
Patch 7.5 mg, 300 mcg per day CLONIDINE HYDROCHLORIDE		112	Clonidine Teva	
Patch 7.5 mg, 300 mcg per day	29.32	112 100	Clonidine Teva Catapres	

	Price		Brand or
	(ex man. excl. GST)	5	Generic
	\$	Per	Manufacturer
METHYLDOPA			
Tab 250 mg	15.10	100	Methyldopa Mylan
Diuretics			
Loop Diuretics			
3UMETANIDE Tab 1 mg	16.26	100	Burinex
Inj 500 mcg per ml, 4 ml vial	10.30	100	Dullilex
FUROSEMIDE [FRUSEMIDE]	0.00	1 000	IDCA Europeido
Tab 40 mg - 1% DV Mar-21 to 2024		1,000 50	IPCA-Frusemide Urex Forte
Tab 500 mg		30 ml	Lasix
Oral liq 10 mg per ml		5	Furosemide-Baxter
Inj 10 mg per ml, 25 ml ampoule — 5 % by 341-23 to 2023		6	Lasix
ing 10 mg per mi, 20 mi ampodio			LUSIA
Osmotic Diuretics			
MANNITOL			
Inj 10%, 1,000 ml bag	802.56	12	Baxter
Inj 20%, 500 ml bag	1,178.10	18	Baxter
Potassium Sparing Combination Diuretics			
• •			
AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE			
Tab 5 mg with furosemide 40 mg			
AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with hydrochlorothiazide 50 mg			
Potassium Sparing Diuretics			
AMILORIDE HYDROCHLORIDE			
Tab 5 mg			
Oral lig 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		30	Inspra
→ Restricted (RS1640)			
nitiation			
Both:			
1 Patient has heart failure with ejection fraction less than 40%; at	nd		
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		100	Spiractin
Oral lig 5 mg per ml		25 ml	Biomed
. 51			

	Price excl. GST) \$	Per	Brand or Generic Manufacturer
Thiazide and Related Diuretics			
BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]			
Tab 2.5 mg	 20.00	500	Arrow-Bendrofluazide
Tab 5 mg	 34.55	500	Arrow-Bendrofluazide
CHLOROTHIAZIDE			
Oral lig 50 mg per ml	 27.82	25 ml	Biomed
CHLORTALIDONE [CHLORTHALIDONE]			
Tab 25 mg - 5% DV Apr-23 to 2025	 6.95	50	Hygroton
INDAPAMIDE			75
Tab 2.5 mg	10 45	90	Dapa-Tabs
METOLAZONE			2 apa . a.o
Tab 5 mg			
Tab Jilly			

Vasopressin receptor antagonists

TOLVAPTAN - Restricted see terms below			
■ Tab 15 mg	873.50	28	Jinarc
■ Tab 30 mg	873.50	28	Jinarc
■ Tab 45 mg + 15 mg	1,747.00	56	Jinarc
■ Tab 60 mg + 30 mg	1,747.00	56	Jinarc
■ Tab 90 mg + 30 mg	1,747.00	56	Jinarc
⇒ Restricted (RS1930)	·		

Initiation – autosomal dominant polycystic kidney disease

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

Re-assessment required after 12 months

All of the following:

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

Continuation - autosomal dominant polycystic kidney disease

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

Re-assessment required after 12 months

Both:

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

Lipid-Modifying Agents

Fibrates

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

	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		500	Lorstat
Tab 40 mg - 5% DV Dec-21 to 2024		500	Lorstat
Tab 80 mg - 5% DV Dec-21 to 2024		500	Lorstat
PRAVASTATIN Tab 10 mg		20	D
Tab 20 mg	2.11	28	Pravastatin Mylan Pravastatin Viatris
Tab 40 mg(Pravastatin Mylan Tab 20 mg to be delisted 1 January 2024)	3.61	28	Pravastatin Mylan
ROSUVASTATIN - Restricted see terms below			
■ Tab 5 mg - 5% DV Dec-23 to 2026	1.29	30	Rosuvastatin Viatris
Tab 10 mg − 5% DV Dec-23 to 2026		30	Rosuvastatin Viatris
		30	Rosuvastatin Viatris
■ Tab 40 mg - 5% DV Dec-23 to 2026		30	Rosuvastatin Viatris
⇒ Restricted (RS1868)			
Initiation – cardiovascular disease risk			
Eithor			

Fither:

- 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 atoryastatin 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SIMVASTATIN			
Tab 10 mg	1.23	90	Simvastatin Mylan
Tab 20 mg	2.03	90	Simvastatin Mylan
Tab 40 mg	3.58	90	Simvastatin Mylan
•			Simvastatin Viatris
Tab 80 mg	7.12	90	Simvastatin Mylan

Resins

CHOI ESTYRAMINE

Powder for oral lig 4 g

COLESTIPOL HYDROCHLORIDE

Grans for oral liq 5 g

Selective Cholesterol Absorption Inhibitors

EZETIMIBE - Restricted see terms below

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 x 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 atoryastatin.

EZETIMIBE WITH SIMVASTATIN - Restricted see terms below

1	Tab 10 mg with simvastatin 10 mg5.15	30	Zimybe
	Tab 10 mg with simvastatin 20 mg6.15	30	Zimybe
t	Tab 10 mg with simvastatin 40 mg7.15	30	Zimybe
t	Tab 10 mg with simvastatin 80 mg8.15	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

Inj 12.5 mg per ml, 20 ml ampoule - 5% DV Dec-21 to 2024	61.13	5	Dobutamine-hameIn
DOBUTAMINE			
Inj 1 in 10,000, 10 ml syringe			
lai 1 ia 10 000 10 art anniana	27.00	5	Hospira
Inj 1 in 10,000, 10 ml ampoule		10	Aspen Adrenaline
Inj 1 in 1,000, 30 ml vial	40.00	40	A A - l P
	12.65		DBL Adrenaline
Inj 1 in 1,000, 1 ml ampoule		5	Aspen Adrenaline
ADRENALINE			
Sympathomimetics			
For the treatment of severe acute decompensated heart failure that is non-resp	onsive to	dobutamine.	
Cardiologist or intensivist			
Initiation – Heart failure			
2 For the treatment of heart failure following heart transplant.	•		
1 For use as a bridge to heart transplant, in patients who have been acce	pted for tr	ansplant; or	
Either:			
→ Restricted (RS1007) Initiation – Heart transplant			
Inj 2.5 mg per ml, 10 ml vial			
Inj 2.5 mg per ml, 5 ml vial			
LEVOSIMENDAN - Restricted see terms below			
Other Gardiae Agents			
Other Cardiac Agents			
Tab long-acting 60 mg	9.25	90	Duride
Tab long-acting 40 mg		30	Ismo 40 Retard
Tab 20 mg		100	Ismo 20
ISOSORBIDE MONONITRATE			
Patch 50 mg, 10 mg per day	18.62	30	Nitroderm TTS 10
Patch 25 mg, 5 mg per day		30	Nitroderm TTS 5
Oral pump spray, 400 mcg per dose		250 dose	Nitrolingual Pump Spray
Inj 5 mg per ml, 10 ml ampoule	.118.00	5	Hospira
Inj 1 mg per ml, 50 ml vial			
Inj 1 mg per ml, 5 ml ampoule Inj 1 mg per ml, 10 ml ampoule			
GLYCERYL TRINITRATE			
OLVOEDVI TRIBUTRATE			
Nitrates			

Price

(ex man. excl. GST) \$

Brand or Generic

Manufacturer

Per

10

10

Max Health Ltd

Max Health

ISOPRENALINE [ISOPROTERENOL] Inj 200 mcg per ml, 1 ml ampoule

Inj 3 mg per ml, 10 ml syringe

DOPAMINE HYDROCHLORIDE

EPHEDRINE

Inj 200 mcg per ml, 5 ml ampoule

		Price		Brand or
	(ex man.	excl. GST)	Per	Generic Manufacturer
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		FF 00	10	Taulani
Inj 10 mg per ml, 1 ml ampoule		55.20	10	Torbay
NORADRENALINE Inj 0.06 mg per ml. 100 ml bag				
Inj 0.06 mg per ml, 100 ml bag				
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		40.00	10	Noradicilaline Divivi
Inj 10 mg per ml, 1 ml ampoule		163 38	25	Neosynephrine HCL
		100.00	20	11000y110p1111110 1102
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:				
 For the treatment of refractory hypertension; or For the treatment of heart failure, in combination with a nitrate. 	in nationt	s who are int	olerant or	have not responded to
ACE inhibitors and/or angiotensin receptor blockers.	, iii patierit	3 WIIO GIC III	oiciant oi	nave not responded to
Inj 20 mg ampoule		25.90	5	Apresoline
MILRINONE			Ū	, p. 6666
Inj 1 mg per ml, 10 ml ampoule – 5% DV Dec-21 to 2024		71.00	10	Milrinone-Baxter
MINOXIDIL				
Tab 10 mg		78.40	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				

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Endothelin Receptor Antagonists			
AMBRISENTAN - Restricted see terms below 1 Tab 5 mg - 5% DV Dec-23 to 2026	1,550.00	30	Ambrisentan Mylan Ambrisentan Viatris
 ■ Tab 10 mg - 5% DV Dec-23 to 2026	200.00 1,550.00	30	Ambrisentan Viatris Mylan
(Ambrisentan Mylan Tab 5 mg to be delisted 1 December 2023) (Mylan Tab 10 mg to be delisted 1 December 2023) → Restricted (RS1621) Initiation Either:			·

DOCENTANI - Bastalata di anatamana halam

2 In-hospital stabilisations in emergency situations.

DU	SENTAN - Restricted see terms below			
t	Tab 62.5 mg - 5% DV Dec-21 to 2024	119.85	60	Bosentan Dr Reddy's
t	Tab 125 mg - 5% DV Dec-21 to 2024	119.85	60	Bosentan Dr Reddy's

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

→ Restricted (RS1622)

Initiation - Pulmonary arterial hypertension

Re-assessment required after 6 months

Fither:

- 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

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

\$ Per Manufacturer

continued...

2 In-hospital stabilisation in emergency situations.

Continuation - Pulmonary arterial hypertension

Re-assessment required after 6 months

Any of the following:

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

Phosphodiesterase Type 5 Inhibitors

SILDENAFIL - Restricted see terms below

1	Tab 25 mg - 5% DV Jan-22 to 2024	4	Vedafil
	Tab 50 mg - 5% DV Jan-22 to 2024	4	Vedafil
ĺ	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:

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

continued...

- 1.3.1 PAH is in NYHA/WHO functional class II; or
- 1.3.2 PAH is in NYHA/WHO functional class III: or
- 1.3.3 PAH is in NYHA/WHO functional class IV: and
- 1.4 Either:
 - 1.4.1 All of the following:
 - 1.4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 1.4.1.2 Either:
 - 1.4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
 - 1.4.1.2.2 Patient is peri Fontan repair; and
 - 1.4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm-5); or
 - 1.4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age; or
- 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

Fither:

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.

II OPROST

	Inj 50 mcg in 0.5 ml ampoule3	80.00	5	llomedin
1	Nebuliser soln 10 mcg per ml, 2 ml - 5% DV Mar-23 to 2025	85.03	30	Vebulis
	- (- 0.100=)			

→ Restricted (RS1625)

Initiation

Any of the following:

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

- 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 . excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
HYDROGEN PEROXIDE Crm 1% Soln 3% (10 vol)	 8.56	10 g	Crystaderm
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 Oint 2% - 5% DV Dec-21 to 2024		5 g 5 g	Foban Foban
SULFADIAZINE SILVER Crm 1%	 10.80	50 g	Flamazine
Antifungals			
AMOROLFINE Nail soln 5%	 14.93	5 ml	MycoNail
CICLOPIROX OLAMINE Nail soln 8% → Soln 1% – Restricted: For continuation only			
CLOTRIMAZOLE Crm 1% − 5% DV Apr-23 to 2025 Soln 1% − Restricted: For continuation only	 1.10	20 g	Clomazol
ECONAZOLE NITRATE → Crm 1% - Restricted: For continuation only Foaming soln 1%			
KETOCONAZOLE Shampoo 2%	 3.23	100 ml	Sebizole
METRONIDAZOLE Gel 0.75%			
MICONAZOLE NITRATE Crm 2%	 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

		DEIIII	IATOLOGICALO
	Price (ex man. excl. GST)	Per	Brand or Generic Manufacturer
MALATHION [MALDISON] Lotn 0.5% Shampoo 1% PERMETHRIN			
Crm 5%		30 g 30 ml	Lyderm 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 Cap 10 mg - 5% DV Mar-22 to 2024 Cap 20 mg - 5% DV Mar-22 to 2024 TRETINOIN	18.75	60 120 120	Oratane Oratane Oratane
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
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
Crm 5% pump bottle - 5% DV Dec-22 to 2025	4.30	500 ml	5% healthE Dimethicone
Crm 10% pump bottle	4.52	500 ml	5% healthE Dimethicone 10%
ZINC Crm			e.g. Zinc Cream (Orion-) ;Zinc Cream (PSM)
Oint Paste			e.g. Zinc oxide (PSM)

		Price		Brand or Generic
	(ex man.	excl. GST) \$	Per	Manufacturer
ZINC AND CASTOR OIL				
Crm		1.63	20 g	Orion
Oint - 5% DV Nov-23 to 2025		4.65	500 g	Boucher
		4.25		Evara
Note: DV limit applies to the pack sizes of greater than 30 g.				
Oint, BP		1.26	20 g	healthE
Note: DV limit applies to the pack sizes of 30 g or less.				
Boucher Oint to be delisted 1 November 2023)				
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	GEM Aqueous Cream
Note: DV limit applies to the pack sizes of greater than 100 g	J.			
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% - 5% DV Jul-23 to 2025			500 ml	Evara
Note: DV Problem Problem to the model of model them 400 or		3.50	1,000 ml	Evara
Note: DV limit applies to the pack sizes of greater than 100 g	J.			
EMULSIFYING OINTMENT				
Oint BP		1.84	100 g	Jaychem
Note: DV limit applies to pack sizes of less than 200 g.		0.40	500 ···	For delf in a Obstance
Oint BP, 500 g		3.40	500 g	Emulsifying Ointment ADE
Note: DV limit applies to pack sizes of greater than 200 g.				ADL
GLYCEROL WITH PARAFFIN				
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 1	n%			e.g. QV cream
	0 70			c.g. Qv oream
DIL IN WATER EMULSION Crm, 500 g - 5% DV Sep-22 to 2025		2.04	E00 a	Eatty Croom AET
Note: DV limit applies to the pack sizes of greater than 100 g		2.04	500 g	Fatty Cream AFT
Crm, 100 g - 5% DV Aug-22 to 2024		1 50	1	healthE Fatty Cream
Note: DV limit applies to the pack sizes of 100 g or less.		1.00	•	nearing rately oreain
PARAFFIN				
	00			
Oint liquid paraffin 50% with white soft paraffin 50% - 5% DV Ma to 2025		1 0/	100 g	White Soft Liquid
10 202J		1.04	100 g	White Soft Liquid Paraffin AFT
Note: DV limit applies to the pack sizes of 100 g or less.				i aiaiiii Ai I
White soft		0.79	10 g	healthE
Note: DV limit applies to pack sizes of 30 g or less, and to bo				
White soft,			450 g	healthE
			-	
Yellow soft Lotn liquid paraffin 85%				

t Item restricted (see → above); t Item restricted (see → below)

	 Dulas		Duand an
	Price 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%	 .36.00	50 g	Diprosone
Note: DV limit applies to the pack sizes of greater than 30 g.		Ü	·
Oint 0.05%	 .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 Oint 0.1% – 5% DV Jan-22 to 2024		50 g	Beta Cream Beta Ointment
Lotn 0.1% - 5% DV Mar-22 to 2024		50 g 50 ml	Betnovate
CLOBETASOL PROPIONATE	 .20.00	00 1111	Detriovate
Crm 0.05% – 5% DV Jan-23 to 2025	2.40	30 g	Dermol
Oint 0.05% - 5% DV Jan-23 to 2025		30 g	Dermol
CLOBETASONE BUTYRATE Crm 0.05%			
DIFLUCORTOLONE VALERATE - Restricted: For continuation only			
→ Crm 0.1%			
→ Fatty oint 0.1%			
HYDROCORTISONE			
Crm 1%, 30 g - 5% DV Apr-23 to 2025	1.78	30 g	Ethics
Note: DV limit applies to the pack sizes of less than or equal to	47.45	500 -	Lhadarand'a ana (DOM)
Crm 1%, 500 g - 5% DV Aug-23 to 2025	 .17.15	500 g	Hydrocortisone (PSM) Noumed
(Hydrocortisone (PSM) Crm 1%, 500 g to be delisted 1 August 2023)	20.40		Nounieu
HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	 .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		100 g	Locoid
Milky emul 0.1% – 5% DV Dec-21 to 2024	 .12.33	100 ml	Locoid Crelo
METHYLPREDNISOLONE ACEPONATE			
Crm 0.1%	 	15 g	Advantan
Oint 0.1%	 4.40	15 g	Advantan
MOMETASONE FUROATE Crm 0.1% – 5% DV Feb-22 to 2024	1 0F	15 ~	Elocon Alcohol Free
OIIII 0.1% - 3% DV FED=22 IO 2024	 3.10	15 g 50 g	Elocon Alcohol Free
Oint 0.1% - 5% DV Feb-22 to 2024		15 g	Elocon
	2.90	50 g	Elocon
Lotn 0.1% - 5% DV Feb-22 to 2024	 4.50	30 ml	Elocon

DERMATOLOGICALS

(6	ex man.	excl. GST) \$	Per	Generic Manufacturer
TRIAMCINOLONE ACETONIDE				
Crm 0.02% Oint 0.02%		6.30 6.35	100 g 100 a	Aristocort Aristocort

Corticosteroids with Anti-Infective Agents

BETAMETHASONE VALERATE WITH CLIOQUINOL - Restricted see terms below

→ Restricted (RS1125)

Initiation

Fither:

- 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

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 mg17.86	60	Novatretin
Cap 25 mg41.36	60	Novatretin
BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL		
Foam spray 500 mcg with calcipotriol 50 mcg per g59.95	60 g	Enstilar
Gel 500 mcg with calcipotriol 50 mcg per g - 5% DV Dec-21 to 202439.35	60 g	Daivobet
Oint 500 mcg with calcipotriol 50 mcg per g - 5% DV Dec-21 to 202415.90	30 g	Daivobet
CALCIPOTRIOL		
Oint 50 mcg per g40.00	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%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. GS	Γ) Per	Brand or Generic Manufacturer
PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIL Soln 2.3% with trolamine laurilsulfate and fluorescein sodium		500 ml	Pinetarsol
POTASSIUM PERMANGANATE Tab 400 mg Crystals			
TACROLIMUS ■ Oint 0.1% – 5% DV Dec-23 to 2026 Restricted (RS1859) Initiation	33.00	30 g	Zematop
Dermatologist or paediatrician Both:			

2 Patient has at least one of the following contraindications to topical corticosteroids: periorificial dermatitis, rosacea,

Scalp Preparations

1 Patient has atopic dermatitis on the face; and

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 lote 0.1% - 5% DV Dec-21 to 2024	6 57	100 ml	Locoid

Wart Preparations

PODOPHYLLOTOXIN

Soln 0.5%

documented epidermal atrophy or documented allergy to topical corticosteroids.

3.5 ml Condyline

SILVER NITRATE Sticks with applicator

Other Skin Preparations

DIPHEMANIL METILSULFATE

Powder 2%

IMIQUIMOD

Crm 5%, 250 mg sachet......21.72

Perrigo

SUNSCREEN, PROPRIETARY

200 a

24

Marine Blue Lotion SPF 50+

Antineoplastics

FLUOROURACIL SODIUM

20 q **Efudix**

METHYL AMINOLEVULINATE HYDROCHLORIDE - Restricted see terms below

→ Restricted (RS1127)

Dermatologist or plastic surgeon



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

Wound Management Products

CALCIUM GLUCONATE Gel 2.5%

e.g. Orion

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

CHI ORHEXIDINE GI UCONATE

Crm 1%

Lotn 1%

CLOTRIMAZOLE

Vaginal crm 1% with applicator - 5% DV Apr-23 to 2025	35 g	Clomazol
Vaginal crm 2% with applicator - 5% DV Apr-23 to 2025	20 g	Clomazol

MICONAZOLE NITRATE

NYSTATIN

Vaginal crm 100,000 u per 5 g with applicator(s)4.00 75 g Nilstat

Contraceptives

Antiandrogen Oral Contraceptives

CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL

Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets..................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 - 5% DV

Aug-23 to 2025	1.50	84	Lo-Oralcon 20 ED
	2.18		Microgynon 20 ED

Tab 20 mcg with levonorgestrel 100 mcg

Tab 30 mcg with levonorgestrel 150 mcg

(Microgynon 20 ED Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets to be delisted 1 August 2023) (Levlen ED Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets to be delisted 1 August 2023)

ETHINYLOESTRADIOL WITH NORETHISTERONE

Tab 35 mcg with norethisterone 1 mg

Tab 35 mcg with norethisterone 1 mg and 7 inert tab12.25 84 Brevinor 1/28

Tab 35 mcg with norethisterone 500 mcg

NORETHISTERONE WITH MESTRANOL

Tab 1 mg with mestranol 50 mcg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Contraceptive Devices			
NTRA-UTERINE DEVICE IUD 29.1 mm length \times 23.2 mm width $-$ 5% DV Apr-23 to 2025 IUD 33.6 mm length \times 29.9 mm width $-$ 5% DV Apr-23 to 2025 IUD 35.5 mm length \times 19.6 mm width $-$ 5% DV Apr-23 to 2025	29.80	1 1 1	Choice TT380 Short Choice TT380 Standar Choice Load 375
Emergency Contraception			
.EVONORGESTREL Tab 1.5 mg - 5% DV Jun-23 to 2025	1.75	1	Levonorgestrel BNM
Progestogen-Only Contraceptives			
EVONORGESTREL			
Tab 30 mcg	16.50	84	Microlut
Subdermal implant (2 × 75 mg rods) – 5% DV Dec-23 to 2026		1	Jadelle
Intra-uterine device 52 mg		1	Mirena
Intra-uterine device 13.5 mg		1	Jaydess
MEDROXYPROGESTERONE ACETATE		•	ou, acco
	0.10	4	Dana Brayara
Inj 150 mg per ml, 1 ml syringe	9.16	1	Depo-Provera
NORETHISTERONE			
Tab 350 mcg - 5% DV Mar-22 to 2024	12.25	84	Noriday 28
Antiprogestogens MIFEPRISTONE Tab 200 mg			
Oxytocics			
CARBOPROST TROMETAMOL			
Inj 250 mcg per ml, 1 ml ampoule			
DINOPROSTONE Pagaging 10 mg			
Pessaries 10 mg Vaginal gel 1 mg in 3 g	65.20	1	Prostin E2
Vaginal gel 2 mg in 3 g		1	Prostin E2
	02.00	'	1 103011 LZ
ERGOMETRINE MALEATE	400.00	-	DDI Farancelale
Inj 500 mcg per ml, 1 ml ampoule	160.00	5	DBL Ergometrine
DXYTOCIN			
Inj 5 iu per ml, 1 ml ampoule – 5% DV Jun-23 to 2025		5	Oxytocin BNM
Inj 10 iu per ml, 1 ml ampoule - 5% DV Jun-23 to 2025	5.98	5	Oxytocin BNM
DXYTOCIN WITH ERGOMETRINE MALEATE			
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule - 5	5%		
DV Dec-22 to 2025	32.40	5	Syntometrine
Tocolytics			
Tocolytics PROGESTERONE			

f t Item restricted (see \Rightarrow above); $\f t$ Item restricted (see \Rightarrow below) e.g. Brand indicates brand example only. It is not a contracted product.

GENITO-URINARY SYSTEM

Price Brand or (ex man. excl. GST) Generic Per Manufacturer \$ TERBUTALINE - Restricted see terms below Inj 500 mcg ampoule → Restricted (RS1130) Obstetrician **Oestrogens** OFSTRIOL 15 q Ovestin 15 Ovestin **Urologicals** 5-Alpha Reductase Inhibitors FINASTERIDE - Restricted see terms below 100 Ricit → Restricted (RS1131) Initiation Both: 1 Patient has symptomatic benign prostatic hyperplasia; and 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 100 Tamsulosin-Rex → Restricted (RS1132) Initiation Both: 1 Patient has symptomatic benign prostatic hyperplasia; and 2 The patient is intolerant of non-selective alpha blockers or these are contraindicated. **Urinary Alkalisers** POTASSIUM CITRATE - Restricted see terms below 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 28 Ural **Urinary Antispasmodics** OXYBUTYNIN

Oral lig 5 mg per 5 ml

Alchemy Oxybutynin

100

Tab 5 mg5.42

GENITO-URINARY SYSTEM

	Price excl. GST) \$	Per	Brand or Generic Manufacturer
SOLIFENACIN SUCCINATE			
Tab 5 mg - 5% DV Jun-23 to 2024	 2.05	30	Solifenacin Mylan
			Solifenacin Viatris
Tab 10 mg - 5% DV Jun-23 to 2024	 3.72	30	Solifenacin Mylan
(Solifenacin Mylan Tab 5 mg to be delisted 1 December 2023)			Solifenacin Viatris

Price (ex man. excl. GST) \$ Per

Brand or Generic Manufacturer

Anabolic Agents

OXANDROLONE

→ Restricted (RS1302)

CVDDOTEDONE ACETATE

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	225.00	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
B 111 1/D01001)			

→ Restricted (RS1931)

Initiation - parathyroid carcinoma or calciphylaxis

Nephrologist or endocrinologist

Re-assessment required after 6 months

Fither:

- 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

HORMONE PREPARATIONS

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

continued...

thiosulfate.

Continuation - parathyroid carcinoma or calciphylaxis

Nephrologist or endocrinologist

Both:

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

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

Initiation - primary hyperparathyroidism

All of the following:

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

Initiation - secondary or tertiary hyperparathyroidism

Re-assessment required after 6 months

All of the following:

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

Continuation - secondary or tertiary hyperparathyroidism

Re-assessment required after 12 months

Either:

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

ZOLEDRONIC ACID

(Zoledronic acid Mylan Inj 4 mg per 5 ml, vial to be delisted 1 November 2023)

Zoledronic acid Viatris

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 lig 1 mg per ml	40.50	25 ml	Riomad

t Item restricted (see → above); t Item restricted (see → below)

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

	Price		Brand or
	ex man. excl. GST)		Generic
	\$	Per	Manufacturer
DEXAMETHASONE PHOSPHATE			
Inj 4 mg per ml, 1 ml ampoule - 5% DV Feb-23 to 2025	7.86	10	Hameln
Inj 4 mg per ml, 2 ml ampoule - 5% DV Feb-23 to 2025	13.10	10	Hameln
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		100	Douglas
Inj 100 mg vial – 5% DV Nov-21 to 2024		1	Solu-Cortef
, ,		•	Colu Collei
METHYLPREDNISOLONE (AS SODIUM SUCCINATE)	110.00	100	Madual
Tab 4 mg		100	Medrol
Tab 100 mg		20	Medrol
Inj 40 mg vial		1	Solu-Medrol Act-O-Vial Solu-Medrol Act-O-Vial
Inj 125 mg vial		1	
Inj 500 mg vial		1	Solu-Medrol Act-O-Vial Solu-Medrol
Inj 1 g vial	32.04	ı	30Iu-IVIEUIOI
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	Prednisone Clinect
Tab 2.5 mg	21.04	500	Prednisone Clinect
Tab 5 mg	19.30	500	Prednisone Clinect
Tab 20 mg	50.51	500	Prednisone Clinect
FRIAMCINOLONE ACETONIDE			
Inj 10 mg per ml, 1 ml ampoule	20.80	5	Kenacort-A 10
Inj 40 mg per ml, 1 ml ampoule		5	Kenacort-A 40
FRIAMCINOLONE HEXACETONIDE		-	
Inj 20 mg per ml, 1 ml vial			

Hormone Replacement Therapy

Oestrogens

OESTRADIOL

dot
dot
dot
dot
nova
nova nova

OESTROGENS (CONJUGATED EQUINE)

Tab 300 mcg Tab 625 mcg

Price Brand or (ex man. excl. GST) Generic Per Manufacturer **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 Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate **Progestogens** MEDROXYPROGESTERONE ACETATE Provera 100 Provera 30 Provera Other Endocrine Agents CABERGOLINE - Restricted see terms below Dostinex Tab 0.5 mg4.43 17.94 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** 10 Mylan Clomiphen **GESTRINONE** Cap 2.5 mg **METYRAPONE** Cap 250 mg **PENTAGASTRIN** Inj 250 mcg per ml, 2 ml ampoule Other Oestrogen Preparations **OESTRADIOL** Implant 50 mg **OESTRIOL** Tab 2 mg7.00 Ovestin 30 Other Progestogen Preparations

100

Provera HD

MEDROXYPROGESTERONE

	Price (ex man. exc \$		Per	Brand or Generic Manufacturer	
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

TETRAC	Jeactide	TETRAC	COSACTRINI

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

BUSERFLIN

Inj 1 mg per ml, 5.5 ml vial

GONADORELIN

Inj 100 mcg vial

GOSERELIN

Implant 3.6 mg, syringe	65.68	1	Teva
Implant 10.8 mg, syringe		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

Gonadotrophins

CHORIOGONADOTROPIN ALFA Inj 250 mcg in 0.5 ml syringe

Growth Hormone

SOMATROPIN	 Restricted see 	terms belo	W
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O	DWATTOT IN - Hestricted see terms below		
t	Inj 5 mg cartridge - 5% DV Jan-22 to 202469.75	1	Omnitrope
t	Inj 10 mg cartridge - 5% DV Jan-22 to 2024 69.75	1	Omnitrope
t	Inj 15 mg cartridge - 5% DV Jan-22 to 2024	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</p>

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

- 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</p>
 - 2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical reasons why this is either not necessary or appropriate; and
 - 2.5 Appropriate imaging of the pituitary gland has been obtained.

Continuation - growth hormone deficiency in children

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation - Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Continuation - Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

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

HORMONE PREPARATIONS

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

continued...

- 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</p>
- 3 A current bone age is to 14 years or under (female patients) or to 16 years or under (male patients); and
- 4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
- 5 The patient is under the supervision of a specialist with expertise in renal medicine; and
- 6 Either:
 - 6.1 The patient has a GFR less than or equal to 30 ml/min/1.73 m² as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 40 = corrected GFR (ml/min/1.73 m²) in a child who may or may not be receiving dialysis; or
 - 6.2 The patient has received a renal transplant and has received < 5mg/ m² /day of prednisone or equivalent for at least 6 months.</p>

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.

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

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 eximetry 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
- 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

HORMONE PREPARATIONS

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

continued...

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
 - 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

IODINE

Soln BP 50 mg per ml

HORMONE PREPARATIONS

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

LEVOTHYROXINE

Tab 25 mcg

Tab 50 mcg

Tab 100 mcg

LIOTHYRONINE SODIUM

→ 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 mg35.00

PTU

Minirin Melt

100

30

→ Restricted (RS1276)

Initiation

Both:

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

PROTIRFI IN

Inj 100 mcg per ml, 2 ml ampoule

Vasopressin Agents

ARGIPRESSIN [VASOPRESSIN]

Inj 20 u per ml, 1 ml ampoule

DESMOPRESSIN

DESMOPRESSIN ACETATE			
Tab 100 mcg	25.00	30	Minirin
Tab 200 mcg	54.45	30	Minirin
Nasal spray 10 mcg per dose	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

Glypressin

			INFECTIONS
	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antibacterials			
Aminoglycosides			
AMIKACIN – Restricted see terms below Inj 5 mg per ml, 10 ml syringe Inj 5 mg per ml, 5 ml syringe Inj 15 mg per ml, 5 ml syringe Inj 250 mg per ml, 2 ml vial – 5% DV Dec-21 to 2024		1 5	Biomed DBL Amikacin
→ Restricted (RS1041) Clinical microbiologist, infectious disease specialist or respiratory special GENTAMICIN SULPHATE			
Inj 10 mg per ml, 1 ml ampoule		5 10	DBL Gentamicin Pfizer
Cap 250 mg	t list	16	Humatin Tobramycin Mylan Viatris
→ Restricted (RS1044) Clinical microbiologist, infectious disease specialist or respiratory special ling 100 mg per ml, 5 ml vial → Restricted (RS1044) Clinical microbiologist, infectious disease specialist or respiratory special Solution for inhalation 60 mg per ml, 5 ml − 5% DV Dec-23 to 2026 → Restricted (RS1435) Initiation Patient has cystic fibrosis. (Tobramycin Mylan Inj 40 mg per ml, 2 ml vial to be delisted 1 January 2	llist 5395.00	56 dose	Tobramycin BNM
Carbapenems			
ERTAPENEM - Restricted see terms below Inj 1 g vial → Restricted (RS1045) Clinical microbiologist or infectious disease specialist IMIPENEM WITH CILASTATIN - Restricted see terms on the next page.		1	Invanz
Inj 500 mg with 500 mg cilastatin vial	•	1	Imipenem+Cilastatin RBX

	Price (ex man. ex \$		Per	Brand or Generic Manufacturer
→ Restricted (RS1046)				
Clinical microbiologist or infectious disease specialist				
MEROPENEM - Restricted see terms below				
Inj 500 mg vial	33	.92	10	Meropenem-AFT
Inj 1 g vial	45	.04	10	Meropenem-AFT
Restricted (RS1047)				
linical microbiologist or infectious disease specialist				
Cephalosporins and Cephamycins - 1st Generatio	n			
EFALEXIN				
Cap 250 mg - 5% DV Apr-23 to 2025	3	.85	20	Cephalexin ABM
Cap 500 mg - 5% DV Apr-23 to 2025			20	Cephalexin ABM
Grans for oral liq 25 mg per ml - 5% DV Jan-23 to 2025			100 ml	Flynn
Grans for oral liq 50 mg per ml - 5% DV Jan-23 to 2025	10	.38	100 ml	Flynn
EFAZOLIN				
Inj 500 mg vial			5	AFT
Inj 1 g vial	3	.49	5	AFT
Cephalosporins and Cephamycins - 2nd Generation	on			
EFACLOR				
Cap 250 mg - 5% DV Apr-23 to 2025			100	Ranbaxy-Cefaclor
Grans for oral liq 25 mg per ml - 5% DV Apr-23 to 2025	3	.75	100 ml	Ranbaxy-Cefaclor
EFOXITIN				
lnj 1 g vial				
CEFUROXIME				
Tab 250 mg				
Inj 750 mg vial	8	.59	10	Cefuroxime-AFT
Inj 1.5 g vial			10	Cefuroxime-AFT
Cephalosporins and Cephamycins - 3rd Generation	n			
CEFOTAXIME				
Inj 500 mg vial	1	.90	1	Cefotaxime Sandoz
Inj 1 g vial - 5% DV Dec-23 to 2026			10	DBL Cefotaxime
CEFTAZIDIME - Restricted see terms below				
Inj 1 g vial – 5% DV Dec-23 to 2026	25	80	10	Ceftazidime Kabi
111 1 9 VIAI 3/0 DV DCC-23 to 2020		.69	1	Ceftazidime-AFT
Ceftazidime-AFT Inj 1 g vial to be delisted 1 December 2023)	_	.00	•	GORGERGINIO 7 (1)
→ Restricted (RS1048)				
linical microbiologist, infectious disease specialist or respiratory sp	ecialist			
FETRIAXONE				
Inj 500 mg vial – 5% DV Apr-23 to 2025		.79	1	Ceftriaxone-AFT
Inj 1 g vial – 5% DV Apr-23 to 2025			5	Ceftriaxone-AFT
Inj 2 g vial – 5% DV Aug-23 to 2025			5	Ceftriaxone-AFT
Cephalosporins and Cephamycins - 4th Generatio	n			
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			10	Cefepime Kabi
,/			. •	

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



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

→ Restricted (RS1049)

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 5th Generation

CEFTAROLINE FOSAMIL - Restricted see terms below

- → 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 lig 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



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

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

1	Tab 250 mg - 1% DV Feb-22 to 2024	14	Klacid
	Tab 500 mg - 1% DV Feb-22 to 2024	14	Klacid
1	Grans for oral liq 50 mg per ml192.00	50 ml	Klacid
		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 mg16.95	100	E-Mycin
Grans for oral liq 200 mg per 5 ml	100 ml	E-Mycin
Grans for oral liq 400 mg per 5 ml	100 ml	E-Mycin

ERYTHROMYCIN (AS LACTOBIONATE)

ERYTHROMYCIN (AS STEARATE) - Restricted: For continuation only

- → Tab 250 mg
- → Tab 500 mg

ROXITHROMYCIN - Some items restricted see terms below

ţ	Tab dispersible 50 mg			
	Tab 150 mg - 5% DV Aug-23 to 2025	13.19	50	Arrow-Roxithromycin
	Tab 300 mg - 5% DV Aug-23 to 2025	25.00	50	Arrow-Roxithromycin

→ Restricted (RS1569)

Initiation

Only for use in patients under 12 years of age.

	Price	-	Brand or
	(ex man. excl. GST) Per	Generic Manufacturer
	<u> </u>	1 01	Manadado
Penicillins			
AMOXICILLIN			
Cap 250 mg	43.45	500	Alphamox
Cap 500 mg	66.44	500	Alphamox
Grans for oral liq 125 mg per 5 ml	1.40	100 ml	Alphamox 125
Grans for oral liq 250 mg per 5 ml	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	0.89	10	Curam Duo 500/125
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml		100 ml	Augmentin
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml		100 ml	Curam
Inj 500 mg with clavulanic acid 100 mg vial - 5% DV Dec-21 to 202		10	Amoxiclav multichem
Inj 1,000 mg with clavulanic acid 200 mg vial - 5% DV Dec-21 to 2		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	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		500	Flucloxacillin-AFT
Grans for oral lig 25 mg per ml – 5% DV Jan-22 to 2024		100 ml	AFT
Grans for oral lig 50 mg per ml - 5% DV Jan-22 to 2024		100 ml	AFT
Inj 250 mg vial		10	Flucloxin
Inj 500 mg vial		10	Flucloxin
Inj 1 g vial		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		50	Cilicaine VK
Grans for oral lig 125 mg per 5 ml – 5% DV Jan-23 to 2025		100 ml	AFT
Grans for oral liq 250 mg per 5 ml - 5% DV Jan-23 to 2025		100 ml	AFT
		100 1111	Al I
PIPERACILLIN WITH TAZOBACTAM - Restricted see terms below	2.50	1	DinTor AET
Inj 4 g with tazobactam 0.5 g vial −5% DV Feb-23 to 2025 Restricted (RS1053)	3.59	ı	PipTaz-AFT
 Restricted (RS1053) Clinical microbiologist, infectious disease specialist or respiratory specia 	liet		
	1101		
PROCAINE PENICILLIN			
Inj 1.5 g in 3.4 ml syringe			

Clinical microbiologist, infectious disease specialist or respiratory specialist

TICARCILLIN WITH CLAVULANIC ACID - Restricted see terms below

Inj 3 g with clavulanic acid 0.1 mg vial

→ Restricted (RS1054)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Quinolones			
CIPROFLOXACIN — Restricted see terms below 1 Tab 250 mg 1 Tab 500 mg 1 Tab 750 mg 2 Oral liq 50 mg per ml 3 Oral liq 100 mg per ml 4 Inj 2 mg per ml, 100 ml bag 1 Inj 2 mg per ml, 100 ml bottle 1 Postricted (PSC 1055)		28 28 28 28	Cipflox Cipflox Cipflox Ciprofloxacin Kabi
→ Restricted (RS1055) Clinical microbiologist or infectious disease specialist MOXIFLOXACIN - Restricted see terms below 1 Tab 400 mg		5 1	Avelox Moxifloxacin Kabi

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;
- 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 . excl. G: \$	ST)	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 Inj 5 mg per ml, 20 ml vial		64.43		500	Doxine
MINOCYCLINE Tab 50 mg → Cap 100 mg - Restricted: For continuation only					
TETRACYCLINE Tab 250 mg Cap 500 mg		58.20		28	Accord
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 CLINDAMYCIN - Restricted see terms below					
		5.30		24	Dalacin C
Inj 150 mg per ml, 4 ml ampoule – 5% DV Aug-23 to 2025		39.00 35.10		10	Dalacin C HameIn
(Dalacin C Inj 150 mg per ml, 4 ml ampoule to be delisted 1 August 2020 → Restricted (RS1061) Clinical microbiologist or infectious disease specialist	3)				
COLISTIN SULPHOMETHATE [COLESTIMETHATE] - Restricted see ↓ Inj 150 mg per ml, 1 ml vial → Restricted (RS1062) Clinical microbiologist, infectious disease specialist or respiratory specia				1	Colistin-Link
DAPTOMYCIN - Restricted see terms below ↓ Inj 500 mg vial → Restricted (RS1063)		243.52		1	Cubicin
Clinical microbiologist or infectious disease specialist FOSFOMYCIN – Restricted see terms on the next page Fowder for oral solution, 3 g sachet					e.g. UroFos

	Price (ex man. excl. GST)	Per	Brand or Generic Manufacturer
Restricted (RS1315)	Ψ	101	Wallatacturer
inical microbiologist or infectious disease specialist			
NCOMYCIN - Restricted see terms below			
Inj 300 mg per ml, 2 ml vial			
Restricted (RS1065)			
inical microbiologist or infectious disease specialist			
NEZOLID - Restricted see terms below			
Tab 600 mg - 5% DV Dec-21 to 2024	276.89	10	Zyvox
Oral lig 20 mg per ml		150 ml	Zyvox
Inj 2 mg per ml, 300 ml bottle - 5% DV Dec-21 to 2024		10	Linezolid Kabi
Restricted (RS1066)			
inical microbiologist or infectious disease specialist			
ETHENAMINE (HEXAMINE) HIPPURATE			
Tab 1 g - 5% DV Feb-23 to 2025	19.95	100	Hiprex
TROFURANTOIN			
Tab 50 mg - 5% DV Dec-22 to 2024	22.20	100	Nifuran
Tab 100 mg - 5% DV Dec-22 to 2024		100	Nifuran
Cap modified-release 100 mg - 5% DV Dec-23 to 2026		100	Macrobid
		100	Madiobia
VMECILLINAM – Restricted see terms below Tab 200 mg			
Restricted (RS1322)			
inical microbiologist or infectious disease specialist			
DDIUM FUSIDATE [FUSIDIC ACID] – Restricted see terms below Tab 250 mg	125.70	36	Fucidin
Restricted (RS1064)	135.70	30	ruciuiii
inical microbiologist or infectious disease specialist			
JLPHADIAZINE - Restricted see terms below			
Tab 500 mg			
Restricted (RS1067)			
inical microbiologist, infectious disease specialist or maternal-foetal	medicine specialist		
•	nedicine specialist		
EICOPLANIN - Restricted see terms below Inj 400 mg vial - 5% DV Jun-22 to 2024	40.05	1	Targocid
• Restricted (RS1068)	49.90	'	rargociu
inical microbiologist or infectious disease specialist			
RIMETHOPRIM			
Tab 100 mg			
Tab 300 mg - 5% DV Jan-22 to 2024	19.55	50	ТМР
		30	TIVIE
RIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOL		F00	Tuinul
Tab 80 mg with sulphamethoxazole 400 mg - 5% DV Jan-22 to 2		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			
ANCOMYCIN – Restricted see terms below			
Inj 500 mg vial Restricted (RS1069)	2.35	1	Mylan
ROCTFICTOR (RSTURU)			

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

Antifungals

Imidazoles

KETOCONAZOLE

- ⇒ Restricted (RS1410)

Oncologist

Polyene Antimycotics

AMPHOTERICIN B

⇒ 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 u17.0	9 50	Nilstat
Cap 500,000 u	7 50	Nilstat

Triazoles

FLUCONAZOLE - Restricted see terms below			
Cap 50 mg − 5% DV Dec-23 to 2026		28	Mylan
Cap 150 mg − 5% DV Dec-23 to 2026	0.45	1	Mylan
		28	Mylan
■ Oral liquid 50 mg per 5 ml	109.34	35 ml	Diflucan
■ Inj 2 mg per ml, 50 ml vial	3.11	1	Fluconazole-Baxter
Inj 2 mg per ml, 100 ml vial	3.83	1	Fluconazole-Baxter
➡ Restricted (RS1072)			
Consultant			
ITRACONAZOLE - Restricted see terms below			
■ Cap 100 mg	6.83	15	Itrazole
■ Oral liquid 10 mg per ml			
➡ Restricted (RS1073)			
Clinical immunologist, clinical microbiologist, dermatologist or infectious disease	ase specialist		
POSACONAZOLE - Restricted see terms on the next page			
■ Tab modified-release 100 mg - 5% DV Apr-23 to 2025	206.00	24	Posaconazole Juno

105 ml

Devatis



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

→ Restricted (RS1074)

Initiation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

- 1 Fither:
 - 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

t	Tab 50 mg91.00	56	Vttack
t	Tab 200 mg	56	Vttack
	Powder for oral suspension 40 mg per ml	70 ml	Vfend
	Inj 200 mg vial - 5% DV Aug-23 to 2025	1	AFT
	44.00		Neo Health

(Neo Health Inj 200 mg vial to be delisted 1 August 2023)

→ 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.

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

CASPOFUNGIN - Restricted see terms below

1	Inj 50 mg vial - 5% DV Apr-23 to 2025	110.00	1	Alchemy Caspofungin
t	Inj 70 mg vial - 5% DV Apr-23 to 2025	135.00	1	Alchemy Caspofungin

→ Restricted (RS1076)

Initiation

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

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

FLUCYTOSINE - Restricted see terms below

- Cap 500 mg
- → Restricted (RS1279)

Clinical microbiologist or infectious disease specialist

TERBINAFINE

Tab 250 mg8.15 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

t	Tab 25 mg268.50	100	Dapsone
t	Tab 100 mg329.50	100	Dapsone

→ Restricted (RS1078)

Clinical microbiologist, dermatologist or infectious disease specialist

Antituberculotics

BI	EDAQUILINE - Restricted see terms delow		
1	Tab 100 mg3,084.51	24	Sirturo
	24,162.00	188	Sirturo

⇒ Restricted (RS1977)

Initiation - multi-drug resistant tuberculosis

Limited to 6 months treatment

Both:

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

CYCLOSERINE - Restricted see terms on the next page

	Price (ex man. excl. GST)		Brand or Generic
	\$	Per	Manufacturer
→ Restricted (RS1079)			
Clinical microbiologist, infectious disease specialist or respiratory speci	alist		
ETHAMBUTOL HYDROCHLORIDE - Restricted see terms below			
	49.34	56	Myambutol
→ Restricted (RS1080)			
Clinical microbiologist, infectious disease specialist or respiratory speci	alist		
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 physic	cian or internal medic	ine physi	cian
ISONIAZID WITH RIFAMPICIN – Restricted see terms below			
Tab 100 mg with rifampicin 150 mg		100	Rifinah
■ Tab 150 mg with rifampicin 300 mg - 5% DV Jan-22 to 2024	179.13	100	Rifinah
→ Restricted (RS1282)		ta a a ta a s	
Clinical microbiologist, dermatologist, paediatrician, public health physic	cian or internal medic	ine physi	cian
PARA-AMINOSALICYLIC ACID – Restricted see terms below			_
Grans for oral liq 4 g	280.00	30	Paser
Restricted (RS1083)	- P - 4		
Clinical microbiologist, infectious disease specialist or respiratory speci	alist		
PROTIONAMIDE – Restricted see terms below			
Tab 250 mg	305.00	100	Peteha
⇒ Restricted (RS1084)	aliat		
Clinical microbiologist, infectious disease specialist or respiratory speci	alist		
PYRAZINAMIDE – Restricted see terms below			
Tab 500 mg			
→ Restricted (RS1085) Clinical microbiologist, infectious disease specialist or respiratory speci	aliet		
	alist		
RIFABUTIN – Restricted see terms below Cap 150 mg	252.71	30	Mycobutin
⇒ Restricted (RS1086)	333.71	30	Mycobulin
Clinical microbiologist, gastroenterologist, infectious disease specialist	or respiratory special	ist	
RIFAMPICIN – Restricted see terms below	or respiratory special	101	
■ Cap 150 mg - 5% DV Dec-23 to 2026	58 54	100	Rifadin
Cap 300 mg - 5% DV Dec-23 to 2026		100	Rifadin
■ Oral liq 100 mg per 5 ml − 5% DV Dec-23 to 2026		60 ml	Rifadin
Inj 600 mg vial – 5% DV Dec-23 to 2026		1	Rifadin
⇒ Restricted (RS1087)			•
Clinical microbiologist, dermatologist, internal medicine physician, paec	liatrician or public hea	alth physi	cian

Antiparasitics

Anthelmintics

ALBENDAZOLE - Restricted see terms below

- Tab 400 mg
- → Restricted (RS1088)

Clinical microbiologist or infectious disease specialist

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IVERMECTIN - Restricted see terms below ■ Tab 3 mg → Restricted (RS1283) Clinical microbiologist, dermatologist or infectious disease specialist	17.20	4	Stromectol
MEBENDAZOLE Tab 100 mg – 5% DV Jan-22 to 2024 Oral liq 100 mg per 5 ml	7.97	6	Vermox
PRAZIQUANTEL Tab 600 mg Antiprotozoals			

ARTEMETHER WITH LUMEFANTRINE - Restricted see terms below

- Tab 20 mg with lumefantrine 120 mg
- → Restricted (RS1090)

Clinical microbiologist or infectious disease specialist

ARTESUNATE - Restricted see terms below

- Ini 60 mg vial
- → Restricted (RS1091)

Clinical microbiologist or infectious disease specialist

ΑT	OVAQUONE WITH PROGUANIL HYDROCHLORIDE - Restricted see	terms below		
t	Tab 62.5 mg with proguanil hydrochloride 25 mg	25.00	12	Malarone Junior
t	Tab 250 mg with proguanil hydrochloride 100 mg	64.00	12	Malarone
\Rightarrow	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	33.15	250	Metrogyl
Tab 400 mg	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 - 5% DV Dec-23 to 2026	18.00	10	Baxter
Suppos 500 mg	24.48	10	Flagyl
NITAZOXANIDE - Restricted see terms below			
↓ Tab 500 mg	1,680.00	30	Alinia
⇒ 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 on the next page			

Pentacarinat



Price (ex man. excl. GST)

Per

Brand or Generic Manufacturer

→ Restricted (RS1096)

Clinical microbiologist or infectious disease specialist

PRIMAQUINE - Restricted see terms below

- Tab 15 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 below

- Inj 60 mg per ml, 10 ml ampoule
- Inj 300 mg per ml, 2 ml vial
- → Restricted (RS1099)

Clinical microbiologist or infectious disease specialist

SODIUM STIBOGLUCONATE - Restricted see terms below

- Inj 100 mg per ml, 1 ml vial
- → Restricted (RS1100)

Clinical microbiologist or infectious disease specialist

SPIRAMYCIN - Restricted see terms below

- Tab 500 mg
- → Restricted (RS1101)

Maternal-foetal medicine specialist

Antiretrovirals

Non-Nucleoside Reverse Transcriptase Inhibitors

→ Restricted (RS1898)

Initiation - Confirmed HIV

Patient has confirmed HIV infection.

Initiation - Prevention of maternal transmission

Fither:

- 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

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

whose HIV status is unknown.

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

Initiation - Percutaneous exposure

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

EFAVIRENZ – Restricted see terms on the previous page		
190.15 Tab 200 mg	90	Stocrin
t Tab 600 mg	30	Stocrin
1 Oral liq 30 mg per ml		
ETRAVIRINE - Restricted see terms on the previous page		
1 Tab 200 mg	60	Intelence
NEVIRAPINE - Restricted see terms on the previous page		
1 Tab 200 mg − 5% DV Jan-22 to 2024 84.00	60	Nevirapine Alphapharm
		Nevirapine Viatris
Oral suspension 10 mg per ml	240 ml	Viramune Suspension

Nucleoside Reverse Transcriptase Inhibitors

→ Restricted (RS1899)

Initiation - Confirmed HIV

Patient has confirmed HIV infection.

Initiation - Prevention of maternal transmission

Either:

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

Initiation - Post-exposure prophylaxis following exposure to HIV

Both:

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

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

Initiation - Percutaneous exposure

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

ABACAVIR SULPHATE	 Restricted 	see terms above
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	BACAVIR SULPHATE WITH LAMIVUDINE – Restricted see terms above Tab 600 mg with lamivudine 300 mg – 5% DV May-23 to 2025	29.50	30	Abacavir/lamivudine Viatris
t	Oral liq 20 mg per ml	256.31	240 ml	Ziagen

Ziagen



	Price		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL	- Restricted see to	erms <mark>on th</mark>	e previous page
1 Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245	mg		
(300 mg as a maleate)	106.88	30	Mylan Viatris
(Mylan Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 2 2023)	?45 mg (300 mg as a	a maleate)	to be delisted 1 December
EMTRICITABINE – Restricted see terms on the previous page 1 Cap 200 mg	307.20	30	Emtriva
LAMIVUDINE – Restricted see terms on the previous page			
t Tab 150 mg	84.50	60	Lamivudine Alphapharm Lamivudine Viatris
t Oral liq 10 mg per ml (Lamivudine Alphapharm Tab 150 mg to be delisted 1 November 2023)	1		
STAVUDINE - Restricted see terms on the previous page t Cap 30 mg Cap 40 mg Powder for oral soln 1 mg per ml			
ZIDOVUDINE [AZT] – Restricted see terms on the previous page t Cap 100 mg	152.25	100	Retrovir
1 Oral liq 10 mg per ml		200 ml	Retrovir
Inj 10 mg per ml, 20 ml vial		5	Retrovir IV
ZIDOVUDINE [AZT] WITH LAMIVUDINE - Restricted see terms on the			

Protease Inhibitors

→ Restricted (RS1900)

Initiation - Confirmed HIV

Patient has confirmed HIV infection.

Initiation - Prevention of maternal transmission

Fither:

- 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

Tab 300 mg with lamivudine 150 mg......92.40

- 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

Alphapharm

- 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.

	Price		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer
ATAZANAVIR SULPHATE – Restricted see terms on the previous pa	age		
t Cap 150 mg - 5% DV May-23 to 2025	85.00	60	Atazanavir Mylan
t Cap 200 mg - 5% DV May-23 to 2025		60	Atazanavir Mylan
DARUNAVIR - Restricted see terms on the previous page			•
Tab 400 mg	132 00	60	Darunavir Mylan
Tub 400 mg	102.00	00	Darunavir Viatris
1 Tab 600 mg	196 65	60	Darunavir Mylan
- 145 000 mg		00	Darunavir Viatris
(Darunavir Mylan Tab 400 mg to be delisted 1 January 2024)			Daranavii Viamo
(Darunavir Mylan Tab 600 mg to be delisted 1 August 2023)			
INDINAVIR - Restricted see terms on the previous page			
Cap 200 mg			
1 Cap 400 mg			
LOPINAVIR WITH RITONAVIR – Restricted see terms on the previous	1 0		
Tab 100 mg with ritonavir 25 mg - 5% DV Feb-22 to 2024	150.00	60	Lopinavir/Ritonavir Mylan
1 Tab 200 mg with ritonavir 50 mg − 5% DV Feb-22 to 2024	295.00	120	Lopinavir/Ritonavir
			Mylan
RITONAVIR - Restricted see terms on the previous page			
1 Tab 100 mg	43.31	30	Norvir
•			

Strand Transfer Inhibitors

→ Restricted (RS1901)

Initiation - Confirmed HIV

Patient has confirmed HIV infection.

Initiation - Prevention of maternal transmission

Either:

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

Initiation – Post-exposure prophylaxis following exposure to HIV Both:

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

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

Initiation - Percutaneous exposure

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

DOLUTEGRAVIR - Restricted see terms above

t	Tab 50 mg	.1,090.00	30	Tivicay
RA	LTEGRAVIR POTASSIUM - Restricted see terms above			
t	Tab 400 mg	.1,090.00	60	Isentress
t	Tab 600 mg	.1,090.00	60	Isentress HD

	rice		Brand or
· ·	excl. GST \$) Per	Generic Manufacturer
Antivirals			
Hepatitis B			
ENTECAVIR			
Tab 0.5 mg	52.00	30	Entecavir Sandoz
LAMIVUDINE T-1 400 mm	0.05	00	7.4
Tab 100 mg		28 240 ml	Zetlam Zeffix
	70.00	240 1111	Zellix
TENOFOVIR DISOPROXIL Tab 245 mg (300 mg as a maleate) – 5% DV Dec-22 to 2025	15.00	30	Tenofovir Disoproxil
Tab 243 mg (300 mg as a maleate) - 3 % by bec-22 to 2023	13.00	30	Mylan
			Tenofovir Disoproxil Viatris
Hepatitis C			
GLECAPREVIR WITH PIBRENTASVIR			
Note: the supply of treatment is via Pharmac's approved direct distribution s	supply. Fo	urther details	can be found on
Pharmac's website https://www.pharmac.govt.nz/maviret. Tab 100 mg with pibrentasvir 40 mg24,75	E0 00	0.4	Maviret
	30.00	84	Mavirei
LEDIPASVIR WITH SOFOSBUVIR − Restricted see terms below 1 Tab 90 mg with sofosbuvir 400 mg24,30	63.46	28	Harvoni
→ Restricted (RS1528)			
Note: Only for use in patients with approval by the Hepatitis C Treatment Panel (
HepCTP at its regular meetings and approved subject to eligibility according to the	ne Access	Criteria (set	out in Section B of the
Pharmaceutical Schedule).			
Herpesviridae			
ACICLOVIR			
Tab dispersible 200 mg - 5% DV Mar-23 to 2025		25	Lovir
Tab dispersible 400 mg - 5% DV Apr-23 to 2025		56	Lovir
Tab dispersible 800 mg - 5% DV Apr-23 to 2025	6.46	35 5	Lovir
	10.00	Э	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 surge	eon		
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	80.00	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		30	Vaciovir
140 1,000 mg 3/0 51 vairez to 2027	10.70	00	TUOIOVII

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
VALGANCICLOVIR − Restricted see terms below 1 Tab 450 mg − 5% DV Dec-21 to 2024	132.00	60	Valganciclovir Mylan Valganciclovir Viatris

→ 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.

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) −

Tenofovir Disoproxil
Emtricitabine Mylan
Tenofovir Disoproxil

30

Emtricitabine Viatr

(Tenofovir Disoproxil Emtricitabine Mylan Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) to be delisted 1 November 2023)

→ Restricted (RS1902)

Initiation - Confirmed HIV

Patient has confirmed HIV infection.



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

Initiation - Prevention of maternal transmission

Either:

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

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

Both:

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

Initiation - Percutaneous exposure

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

Initiation - Pre-exposure prophylaxis

Re-assessment required after 24 months

Both:

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

	Price			Brand or
(ex ma	n. excl.	GST)	_	Generic
	\$		Per	Manufacturer

⇒ Restricted (RS1369)

Initiation

Fither:

- 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

→ 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

→ 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.

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.

→ 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

Ini 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.



	F	Price			Brand or	Т
	(ex man.	excl.	GST)		Generic	
		\$		Per	Manufacturer	_
DECVI ATED INTEREEDON ALEA 2A Postriotod son torms below						

TED INTERFERON ALFA-2A - Restricted see terms below

Pegasys

→ Restricted (RS1827)

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

Limited to 48 weeks treatment

Any of the following:

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

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

Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400.000IU/ml.

Continuation - Chronic hepatitis C - genotype 1 infection

Gastroenterologist, infectious disease specialist or general physician

Re-assessment required after 48 weeks

All of the following:

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

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

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

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

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

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

- 5.2 Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to Metavir Stage F2 or moderate fibrosis); and
- 6 Compensated liver disease: and
- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon.

Initiation - myeloproliferative disorder or cutaneous T cell lymphoma

Re-assessment required after 12 months

Any of the following:

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

Continuation - myeloproliferative disorder or cutaneous T cell lymphoma

Re-assessment required after 12 months

All of the following:

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



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

Note: Indications marked with * are unapproved indications

Price Brand or (ex man. excl. GST) Generic Per Manufacturer **Anticholinesterases** EDROPHONIUM CHLORIDE - Restricted see terms below Ini 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 Max Health NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE Ini 2.5 mg with alvcopyrronium bromide 0.5 mg per ml. 1 ml ampoule -10 Max Health PYRIDOSTIGMINE BROMIDE 100 Mestinon **Antirheumatoid Agents** HYDROXYCHLOROQUINE - Restricted see terms below 100 Plaguenil → 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** 30 Arava 30 Arava PENICILLAMINE **D-Penamine** 100 100 **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**

Bisphos	phonates
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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 \$	T) Per	Brand or Generic Manufacturer
PAMIDRONATE DISODIUM			
Inj 3 mg per ml, 10 ml vial	32.49	1	Pamisol
Inj 6 mg per ml, 10 ml vial	88.11	1	Pamisol
Inj 9 mg per ml, 10 ml vial	94.34	1	Pamisol
RISEDRONATE SODIUM Tab 35 mg - 5% DV Jun-23 to 2025	2.50	4	Risedronate Sandoz
ZOLEDRONIC ACID Inj 5 mg per 100 ml, bag - 5% DV Jun-23 to 2025	22.53	100 ml	Zoledronic Acid Viatris
Other Drugs Affecting Bone Metabolism			

DENOSUMAB - Restricted see terms below

→ 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 guantified this as forces equivalent to a fall from a standing height or less.

continued...

Prolia

	Pr	ice			Brand or
(e	x man.	excl. G	ST)	_	Generic
		\$		Per	Manufacturer

continued...

- 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.
- 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 mg53.76 28 Evista

→ Restricted (RS1666)

Initiation

Any of the following:

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

→ 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

	Price			Brand or
(ex ma	n. excl.	GST)		Generic
	\$	F	Per	Manufacturer

continued...

- 3 The patient has had two or more fractures due to minimal trauma; and
- 4 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes).

Notes:

- a) The bone mineral density (BMD) measurement used to derive the T-score must be made using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable
- b) Antiresorptive agents and their adequate doses for the purposes of this restriction are defined as: alendronate sodium tab 70 mg or tab 70 mg with colecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be 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

HYAI URONIDASE

Inj 1,500 iu ampoule

Hyperuricaemia and Antigout

ALLOPURINOL			
Tab 100 mg	11.47	500	DP-Allopurinol
Tab 300 mg		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	20.00	28	Febuxostat multichem
■ Tab 120 mg		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...

Tracrium Tracrium

5

100

10

10

Norflex

Hameln

Martindale

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

continued...

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.

Tab 100 mg - 5% DV Jan-22 to 202420.76

PROBENECID

Tab 500 mg

RASBURICASE - Restricted see terms below

Muscle Relaxants and Related Agents

Inj 1.5 mg vial

→ Restricted (RS1016)

ATRACURIUM BESYLATE

Haematologist

DACL OFFN

BACLOFEN			
Tab 10 mg	4.20	100	Pacifen
Oral lig 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		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	112.13	100	Dantrium
Cap 50 mg	77.00	100	Dantrium
Inj 20 mg vial	994.56	6	Dantrium IV
MIVACURIUM CHLORIDE			

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

Inj 2 mg per ml, 10 ml ampoule ORPHENADRINE CITRATE

PANCURONIUM BROMIDE Inj 2 mg per ml, 2 ml ampoule

ROCURONIUM BROMIDE

VECURONIUM BROMIDE Inj 10 mg vial

SUXAMETHONIUM CHLORIDE

MIOSCOLOGICELLIAE STOTEM			
	Price (ex man. excl. GST \$	Per	Brand or Generic Manufacturer
Reversers of Neuromuscular Blockade			
SUGAMMADEX - Restricted see terms below Inj 100 mg per ml, 2 ml vial - 5% DV Aug-22 to 2024 Inj 100 mg per ml, 5 ml vial - 5% DV Aug-22 to 2024 Restricted (RS1370) Initiation Any of the following:		10 10	Sugammadex BNM Sugammadex BNM
1 Patient requires reversal of profound neuromuscular blocka undertaken using rocuronium (i.e. suxamethonium is control Severe neuromuscular degenerative disease where the use Patient has an unexpectedly difficult airway that cannot be neuromuscular blockade; or The duration of the patient's surgery is unexpectedly short; Neostigmine or a neostigmine/anticholinergic combination in disease, morbid obesity or COPD); or Patient has a partial residual block after conventional reverse.	aindicated or undesirable of neuromuscular bloc intubated and requires a or s contraindicated (for ex	e); or kade is req a rapid reve	uired; or rsal of anaesthesia and
Non-Steroidal Anti-Inflammatory Drugs			
CELECOXIB Cap 100 mg - 5% DV Nov-22 to 2025 Cap 200 mg - 5% DV Nov-22 to 2025		60 30	Celecoxib Pfizer Celecoxib Pfizer
DICLOFENAC SODIUM Tab EC 25 mg - 5% DV Jan-22 to 2024 Tab 50 mg dispersible		50 20 50 100 5 10 10 10	Diclofenac Sandoz Voltaren D Diclofenac Sandoz Voltaren SR Voltaren Voltaren Voltaren Voltaren Voltaren
ETORICOXIB - Restricted see terms below ↓ Tab 30 mg ↓ Tab 60 mg ↓ Tab 90 mg ↓ Tab 120 mg → Restricted (RS1592) Initiation For in-vivo investigation of allergy only. IBUPROFEN Tab 200 mg - 1,000 tablet pack - 1% DV Feb-21 to 2024		1,000	Relieve
Tab 200 mg - 20 tablet pack 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 Oral liq 20 mg per ml - 5% DV Apr-22 to 2024 Inj 5 mg per ml, 2 ml ampoule Inj 10 mg per ml, 2 ml vial	3.05	20 30 200 ml	Relieve Brufen SR Ethics

MUSCULOSKELETAL SYSTEM

	GST)	Per	Brand or Generic Manufacturer
 . 12.07	•	28	Oruvail SR
 32.69	1	500	Noflam 250
		250	Noflam 500
 6.47	•	28	Naprosyn SR 750
 8.62	!	28	Naprosyn SR 1000
 100.00	1	10	Dynastat
 18.50	1	100	Tilcotil
 9.95	i	1	AFT
(ex man.	\$	(ex man. excl. GST)	(ex man. excl. GST)

Topical Products for Joint and Muscular Pain

CAPSAICIN - Restricted see terms below

→ Restricted (RS1309)

Initiation

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

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

Agents for Parkinsonism and Related Disorders

Agents for Essential Tremor, Chorea and Related Disorders

RILUZOLE - Restricted see terms below

→ 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

Anticholinergics

BENZATROPINE MESYLATE

Tab 2 mg	60	Benztrop
Ini 1 mg per ml. 2 ml ampoule95.00	5	Phebra

PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg

Dopamine Agonists and Related Agents

AMANTADINE HYDROCHLORIDE			
Cap 100 mg	38.24	60	Symmetrel
APOMORPHINE HYDROCHLORIDE			
Inj 10 mg per ml, 2 ml ampoule	59.50	5	Movapo
Inj 10 mg per ml, 5 ml ampoule	121.84	5	Movapo
BROMOCRIPTINE			
Cap 5 mg			
ENTACAPONE			

100

Comtan

	Drico		Brand or
	Price (ex man. excl. GST)		Brand or Generic
	\$	Per	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		100	Madopar 62.5
Cap 100 mg with benserazide 25 mg		100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg		100	Madopar HBS
Cap 200 mg with benserazide 50 mg		100	Madopar 250
LEVODOPA WITH CARBIDOPA			
Tab 100 mg with carbidopa 25 mg	21.11	100	Sinemet
Tab long-acting 100 mg with carbipoda 25 mg			
Tab long-acting 200 mg with carbidopa 50 mg	43.65	100	Sinemet CR
Tab 250 mg with carbidopa 25 mg		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		100	Ramipex
<u> </u>	10.00	100	Паппрех
RASAGILINE	E0 E0	20	A=iloot
Tab 1mg – 1% DV Jan-22 to 2024		30	Azilect
ROPINIROLE HYDROCHLORIDE			
Tab 0.25 mg - 5% DV Jan-23 to 2025		84	Ropin
Tab 1 mg - 5% DV Jan-23 to 2025		84	Ropin
Tab 2 mg - 5% DV Jan-23 to 2025		84	Ropin
Tab 5 mg - 5% DV Jan-23 to 2025	14.50	84	Ropin
SELEGILINE HYDROCHLORIDE − Restricted: For continuation → Tab 5 mg	only		
TOLCAPONE Tab 100 mg	152.38	100	Tasmar
Anaesthetics			
General Anaesthetics			
DECELLIDANE			
DESFLURANE Soln for inhalation 100%, 240 ml bottle	1 050 00	•	0
	1,350.00	6	Suprane
DEXMEDETOMIDINE		_	
Inj 100 mcg per ml, 2 ml vial	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		5	Biomed
Inj 100 mg per ml, 2 ml vial		5	Ketalar
METHOHEXITAL SODIUM		-	
Inj 10 mg per ml, 50 ml vial			
PROPOFOL	4.05	-	F
Inj 10 mg per ml, 20 ml ampoule – 5% DV Jan-23 to 2025		5	Fresofol 1% MCT/LCT
Inj 10 mg per ml, 50 ml vial – 5% DV Jan-23 to 2025		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

BUPIVACAINE HYDROCHLORIDE Inj 5 mg per ml, 4 ml ampoule		Price (ex man. excl. GS ⁻ \$	T) Per	Brand or Generic Manufacturer
CHIOPENTAL [THIOPENTONE] SODIUM	SEVOFLURANE	<u> </u>		
Local Anaesthetics	Soln for inhalation 100%, 250 ml bottle	930.00	6	Baxter
ARTICAINE HYDROCHLORIDE	THIOPENTAL [THIOPENTONE] SODIUM			
ARTICAINE HYDROCHLORIDE Inj 1% ARTICAINE HYDROCHLORIDE WITH ADRENALINE Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge SENZOCAINE Gel 20% SENZOCAINE WITH TETRACAINE HYDROCHLORIDE Gel 18% with tetracaine hydrochloride 2% SENZOCAINE WITH TETRACAINE HYDROCHLORIDE Inj 5 mg per ml, 4 ml ampoule Inj 2.5 mg per ml, 20 ml ampoule sterile pack Inj 3.5 mg per ml, 20 ml ampoule sterile pack Inj 5 mg per ml, 20 ml ampoule sterile pack Inj 5 mg per ml, 20 ml ampoule sterile pack Inj 1.25 mg per ml, 20 ml ampoule sterile pack Inj 1.25 mg per ml, 20 ml ampoule Inj 1.25 mg per ml, 20 ml bag Inj 1.25 mg per ml, 20 ml bag Inj 1.25 mg per ml, 20 ml bag Inj 1.25 mg per ml, 300 ml bag SUPIVACAINE HYDROCHLORIDE WITH ADRENALINE Inj 2.5 mg per ml with adrenaline 1:200,000, 20 ml vial Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial Inj 5 mg with fentanyl 2 mcg per ml, 10 om bag Inj 0.625 mg with fentanyl 2 mcg per ml, 10 om bag Inj 1.25 mg with fentanyl 2 mcg per ml, 10 om bag Inj 1.25 mg with fentanyl 2 mcg per ml, 10 om bag Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag — 5% DV Jan-23 Io 2025 Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag — 5% DV Jan-23 Io 2025 Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe Inj 1.25 mg with fentanyl 2 mcg				
Inj 1% ARTICAINE HYDROCHLORIDE WITH ADRENALINE Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:200,000, 1.7 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 SBNZOCAINE Gel 20% BENZOCAINE Gel 20% BENZOCAINE WITH TETRACAINE HYDROCHLORIDE Gel 18% with tetracaine hydrochloride 2% BENZOCAINE HYDROCHLORIDE Inj 5 mg per ml, 4 ml ampoule Inj 2.5 mg per ml, 20 ml ampoule sterile pack Inj 2.5 mg per ml, 20 ml ampoule sterile pack Inj 5 mg per ml, 20 ml ampoule sterile pack Inj 5 mg per ml, 20 ml ampoule sterile pack Inj 5 mg per ml, 20 ml ampoule sterile pack Inj 1.25 mg per ml, 20 ml ampoule Inj 2.5 mg per ml, 20 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg wi	Local Anaesthetics			
In j 4% with adrenaline 1:100,000, 1.7 ml dental cartridge In j 4% with adrenaline 1:100,000, 2.1 ml dental cartridge In j 4% with adrenaline 1:100,000, 2.2 ml dental cartridge In j 4% with adrenaline 1:200,000, 1.7 ml dental cartridge In j 4% with adrenaline 1:200,000, 1.8 ml dental cartridge In j 4% with adrenaline 1:200,000, 1.8 ml dental cartridge In j 4% with adrenaline 1:200,000, 2.2 ml dental cartridge In j 4% with adrenaline 1:200,000, 2.2 ml dental cartridge In j 4% with adrenaline 1:200,000, 2.2 ml dental cartridge In j 4% with adrenaline 1:200,000, 2.2 ml dental cartridge In j 4% with adrenaline 1:200,000, 2.2 ml dental cartridge In j 4% with adrenaline 1:200,000, 2.0 ml wia In j 5 mg per ml, 4 ml ampoule Sterile pack In j 5 mg per ml, 4 ml ampoule Sterile pack In j 5 mg per ml, 4 ml ampoule Sterile pack In j 5 mg per ml, 10 ml ampoule Sterile pack In j 5 mg per ml, 20 ml ampoule Sterile pack In j 5 mg per ml, 20 ml ampoule Sterile pack In j 5 mg per ml, 20 ml ampoule Sterile pack In j 1.5 mg per ml, 20 ml ampoule Sterile pack In j 1.5 mg per ml, 20 ml ampoule In j 1.5 mg per ml, 20 ml ampoule In j 1.5 mg per ml, 20 ml bag In j 1.25 mg per ml, 200 ml bag In j 1.25 mg per ml, 200 ml bag In j 1.25 mg per ml, 100 ml bag In j 1.25 mg per ml, 100 ml bag In j 1.25 mg per ml with adrenaline 1:200,000, 20 ml vial In j 5 mg per ml with adrenaline 1:200,000, 20 ml vial In j 5 mg per ml with adrenaline 1:200,000, 20 ml vial In j 6.25 mg with fentanyl 2 mcg per ml, 100 ml bag In j 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 50 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 50 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 50 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 50 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 50 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 50 ml bag In j 1.25 mg with fentanyl 2 mcg per ml, 50 ml bag In j 1.25 mg with fentanyl 2 mcg				
Inj 4% with adrenaline 1:200,000 1.8 ml dental cartridge	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			
SENZOCAINE Gel 20% SENZOCAINE WITH TETRACAINE HYDROCHLORIDE Gel 18% with tetracaine hydrochloride 2% E.g. ZAP Topical Anaesthetic Ge	Inj 4% with adrenaline 1:200,000 1.8 ml dental cartridge			
BUPIVACAINE HYDROCHLORIDE	BENZOCAINE			
BUPIVACAINE HYDROCHLORIDE Inj 5 mg per ml, 4 ml ampoule	BENZOCAINE WITH TETRACAINE HYDROCHLORIDE			
Inj 5 mg per ml, 4 ml ampoule	,			e.g. ZAP Topical Anaesthetic Gel
Inj 2.5 mg per ml, 20 ml ampoule Inj 2.5 mg per ml, 20 ml ampoule sterile pack		50.00	-	Mayasin lashayis
Inj 2.5 mg per ml, 20 ml ampoule sterile pack		50.00	5	Marcain Isodaric
Inj 5 mg per ml, 10 ml ampoule sterile pack		23.36	5	Marcain
Inj 5 mg per ml, 20 ml ampoule Inj 5 mg per ml, 20 ml ampoule sterile pack				
Inj 1.25 mg per ml, 100 ml bag Inj 1.25 mg per ml, 200 ml bag Inj 2.5 mg per ml, 500 ml bag Inj 1.25 mg per ml, 500 ml bag Inj 1.25 mg per ml, 500 ml bag Inj 2.5 mg per ml with adrenaline 1:200,000, 10 ml ampoule Inj 2.5 mg per ml with adrenaline 1:200,000, 20 ml vial 94.50 5 Marcain with Adrenal Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial 80.50 5 Marcain with Adrenal Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial 80.50 5 Marcain with Adrenal Inj 6.625 mg with fentanyl 2 mcg per ml, 100 ml bag 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 160.00 5 Biomed Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag 5 DV Jan-23 to 2025 122.50 5 Bupafen Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe 36.00 5 Biomed Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe 36.00 5 Biomed Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe 52.50 5 Biomed BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE				
Inj 1.25 mg per ml, 200 ml bag Inj 2.5 mg per ml, 200 ml bag Inj 1.25 mg per ml, 500 ml bag Inj 1.25 mg per ml, 500 ml bag Inj 2.5 mg per ml with adrenaline 1:200,000, 10 ml ampoule Inj 2.5 mg per ml with adrenaline 1:200,000, 20 ml vial 94.50 5 Marcain with Adrenal Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial 80.50 5 Marcain with Adrenal Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial 80.50 5 Marcain with Adrenal 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 160.00 5 Biomed Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag 160.00 5 Biomed Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag 5% DV Jan-23 122.50 5 Bupafen Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag 5% DV Jan-23 127.50 5 Bupafen Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe 125 mg with fentanyl 2 mcg per ml, 50 ml syringe 125 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 52.50 5 Bupafen SUPIVACAINE HYDROCHLORIDE WITH GLUCOSE	Inj 5 mg per ml, 20 ml ampoule sterile pack	16.56	5	Marcain
Inj 2.5 mg per ml, 100 ml bag	Inj 1.25 mg per ml, 100 ml bag			
Inj 2.5 mg per ml, 200 ml bag Inj 1.25 mg per ml, 500 ml bag BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE Inj 2.5 mg per ml with adrenaline 1:200,000, 10 ml ampoule Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial	Inj 1.25 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		150.00	5	Marcain
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	, 0, .			
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				
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial				
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial		04.50	_	Maraain with Adranaling
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				
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 160.00 5 Biomed 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-23 122.50 5 Bupafen 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag -5% DV Jan-23 127.50 5 Bupafen 1.25 mg with fentanyl 2 mcg per ml, 200 ml syringe 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 52.50 5 Biomed Biomed BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE		00.30	3	Marcain with Autenaine
Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag				
Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe		160.00	5	Riomad
Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag - 5% DV Jan-23 to 2025		100.00	3	Diomeu
to 2025		an_93		
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag - 5% DV Jan-23 127.50 5 Bupafen			5	Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe	Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag - 5% DV J	an-23		•
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe		127.50	5	Бираген
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe52.50 5 Biomed BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE		36.00	5	Biomed
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE				
		52.00	ū	
Ini 0.5% with alucase 8% 4 ml ampoule = 5% DV Sen-22 to 2025 26.67 5 Marcain Heavy	Inj 0.5% with glucose 8%, 4 ml ampoule - 5% DV Sep-22 to 2	025 26.67	5	Marcain Heavy

t Item restricted (see → above); t Item restricted (see → below)

		Price		Brand or
	(ex man	. excl. GST)		Generic
		\$	Per	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			50 ml	Xylocaine
Oral (gel) soln 2%		44.00	200 ml	Mucosoothe
Inj 1%, 20 ml ampoule, sterile pack				
Inj 2%, 20 ml ampoule, sterile pack		0.50	0.5	Lidanaina Dautau
Inj 1%, 5 ml ampoule			25 5	Lidocaine-Baxter Lidocaine-Baxter
Inj 1%, 20 ml vial Inj 2%, 5 ml ampoule			25	Lidocaine-Baxter
Inj 2%, 20 ml vial			5	Lidocaine-Baxter
Gel 2%, 11 ml urethral syringe - 5% DV Jan-23 to 2025			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			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 A	ND TE	TRACAINE	HYDROC	HLORIDE
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5	ml			
syringe		18.75	1	Topicaine
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDIN	١E			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe			10	Pfizer
(Pfizer Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe to be de	listed 1	November	2023)	
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRII	NE HYD	POCHLOF	RIDE	
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			5	EMLA
MEPIVACAINE HYDROCHLORIDE				
Inj 3%, 1.8 ml dental cartridge		43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge			50	Scandonest 3%

	F	rice			Brand or
	(ex man.		ST)	_	Generic
		\$		Per	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	1	00.00		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		9.25		5	Ropivacaine Kabi
Inj 2 mg per ml, 20 ml ampoule		9.65		5	Ropivacaine Kabi
Inj 2 mg per ml, 100 ml bag		31.00		5	Ropivacaine Kabi
Inj 2 mg per ml, 200 ml bag		40.95		5	Ropivacaine Kabi
Inj 7.5 mg per ml, 10 ml ampoule		10.40		5	Ropivacaine Kabi
Inj 7.5 mg per ml, 20 ml ampoule				5	Ropivacaine Kabi
Inj 10 mg per ml, 10 ml ampoule				5	Ropivacaine Kabi
Inj 10 mg per ml, 20 ml ampoule		16.60		5	Ropivacaine Kabi
ROPIVACAINE HYDROCHLORIDE WITH FENTANYL					
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag	1	98.50		5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag	2	70.00		5	Naropin
(Naropin Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag to be delisted	d 1 July 20	124)			
(Naropin Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag to be delisted	d 1 July 20	24)			
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE					
Gel 4%					

Analgesics

Non-Opioid Analgesics

ASPIRIN
Tab dispersible 300 mg
CAPSAICIN - Restricted see terms below
Crm 0.0759/

⇒ 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.

100

45 g

Ethics Aspirin

Zostrix HP

NEFOPAM HYDROCHLORIDE

Tab 30 mg

	Price		Brand or
	(ex man. excl. GS	ST)	Generic
	\$	Per	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		.,000	
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 lig 120 mg per 5 ml – 20% DV Jun-23 to 2025		200 ml	Avallon
0141 14 120 11g por 0 1111 20 70 2 1 0411 20 10 2020 111111111111	3.98		Paracetamol (Ethics)
Oral liq 250 mg per 5 ml - 20% DV Apr-23 to 2025		200 ml	Pamol
Inj 10 mg per ml, 100 ml vial		10	Paracetamol Kabi
Suppos 25 mg			
Suppos 50 mg			
Suppos 125 mg	3.59	10	Gacet
Suppos 250 mg		10	Gacet
Suppos 500 mg		50	Gacet
→ Restricted (RS1146)			
Initiation			
Intravenous paracetamol is only to be used where other routes are	unavailable or imprac	tical, or wher	re there is reduced
absorption. The need for IV paracetamol must be re-assessed ever		,	
SUCROSE	,		
Oral lig 25%	13.00	25 ml	Biomed
■ Oral liq 25 % Oral liq 66.7% (preservative free)	15.00	20 1111	DIOTIIGU
Training 00.7 /0 (prodervative field)			

Opioid Analgesics

For use in neonatal patients only.

→ Restricted (RS1763)

Initiation

Opiola Analyesics		
ALFENTANIL		
Inj 0.5 mg per ml, 2 ml ampoule24.75	10	Hameln
CODEINE PHOSPHATE		
Tab 15 mg - 5% DV May-23 to 2025	100	Noumed
Tab 30 mg - 5% DV Apr-23 to 2025	100	Aspen
·		Noumed
Tab 60 mg - 5% DV Apr-23 to 2025	100	Noumed
DIHYDROCODEINE TARTRATE		
Tab long-acting 60 mg - 5% DV Dec-22 to 2025	60	DHC Continus
FENTANYI		
Inj 10 mcg per ml, 10 ml syringe		
Inj 50 mcg per ml, 2 ml ampoule – 5% DV Apr-22 to 2024	10	Boucher and Muir
Inj 10 mcg per ml, 50 ml bag210.00	10	Biomed
Inj 10 mcg per ml, 50 ml syringe165.00	10	Biomed
Inj 50 mcg per ml, 10 ml ampoule - 5% DV Apr-22 to 20249.41	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag110.00	5	Biomed
Inj 20 mcg per ml, 50 ml syringe26.50	1	Biomed
Inj 20 mcg per ml, 100 ml bag		
Patch 12.5 mcg per hour - 5% DV Jan-22 to 2024	5	Fentanyl Sandoz
Patch 25 mcg per hour - 5% DV Jan-22 to 2024	5	Fentanyl Sandoz
Patch 50 mcg per hour - 5% DV Jan-22 to 2024	5	Fentanyl Sandoz
Patch 75 mcg per hour - 5% DV Jan-22 to 2024	5	Fentanyl Sandoz
Patch 100 mcg per hour - 5% DV Jan-22 to 2024	5	Fentanyl Sandoz

_	Price		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer
METHADONE HYDROCHLORIDE			
Tab 5 mg - 5% DV Feb-23 to 2025	1.45	10	Methadone BNM
Oral lig 2 mg per ml - 5% DV Jan-22 to 2024		200 ml	Biodone
Oral lig 5 mg per ml - 5% DV Jan-22 to 2024		200 ml	Biodone Forte
Oral liq 10 mg per ml – 5% DV Jan-22 to 2024		200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml vial		10	AFT
MORPHINE HYDROCHLORIDE			
Oral lig 1 mg per ml	11.00	200 ml	DA Mornh
Oral liq 1 mg per ml		200 ml	RA-Morph RA-Morph
Oral lig 5 mg per ml		200 ml	RA-Morph
Oral liq 10 mg per ml		200 ml	RA-Morph
	27.74	200 1111	TIA-WOIPH
MORPHINE SULPHATE	0.00	40	0 11
Tab immediate-release 10 mg		10	Sevredol
Tab immediate-release 20 mg		10	Sevredol
Cap long-acting 10 mg - 5% DV Apr-23 to 2025		10	m-Eslon
Cap long-acting 30 mg - 5% DV Apr-23 to 2025	4.30	10	m-Eslon
Cap long-acting 60 mg - 5% DV Apr-23 to 2025		10	m-Eslon
Cap long-acting 100 mg - 5% DV Apr-23 to 2025		10	m-Eslon
Inj 1 mg per ml, 100 ml bag		5	Biomed
Inj 1 mg per ml, 10 ml syringe		5	Biomed Biomed
Inj 1 mg per ml, 50 ml syringe	52.00	5	Diomed
Inj 1 mg per ml, 2 ml syringe Inj 2 mg per ml, 30 ml syringe	125.00	10	Biomed
Inj 5 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025		5	Medsurge
Inj 10 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025		5	Medsurge Medsurge
Inj 10 mg per ml, 100 mg cassette	4.00	5	weusurge
Inj 10 mg per ml, 100 ml bag			
Inj 15 mg per ml, 1 ml ampoule - 5% DV Mar-23 to 2025	5.52	5	Medsurge
Inj 30 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025		5	Medsurge
Inj 200 mcg in 0.4 ml syringe	0.20	J	weusurge
Inj 300 mcg in 0.3 ml syringe			
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml ampoule			
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg - 5% DV Jun-22 to 2024		20	Oxycodone Sandoz
Tab controlled-release 10 mg - 5% DV Jun-22 to 2024		20	Oxycodone Sandoz
Tab controlled-release 20 mg - 5% DV Jun-22 to 2024		20	Oxycodone Sandoz
Tab controlled-release 40 mg - 5% DV Jun-22 to 2024		20	Oxycodone Sandoz
Tab controlled-release 80 mg - 5% DV Jun-22 to 2024		20	Oxycodone Sandoz
Cap immediate-release 5 mg - 5% DV Dec-21 to 2024		20	OxyNorm
Cap immediate-release 10 mg - 5% DV Dec-21 to 2024		20	OxyNorm
Cap immediate-release 20 mg - 5% DV Dec-21 to 2024		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	Hameln
Inj 10 mg per ml, 2 ml ampoule - 5% DV Jul-22 to 2024		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)
			` '

¹ Item restricted (see → above); Item restricted (see → below)

	Price		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer
PETHIDINE HYDROCHLORIDE			
Tab 50 mg - 5% DV Aug-23 to 2025	8.68	10	Noumed Pethidine
	4.70		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
, 01			Hydrochloride
(PSM Tab 50 mg to be delisted 1 August 2023)			,
REMIFENTANIL			
	10.05	E	Damifontonil AFT
Inj 1 mg vial		5	Remifentanil-AFT
Inj 2 mg vial	19.95	5	Remifentanil-AFT
TRAMADOL HYDROCHLORIDE			
Tab sustained-release 100 mg	1.95	20	Tramal SR 100
Tab sustained-release 150 mg	2.95	20	Tramal SR 150
Tab sustained-release 200 mg	3.80	20	Tramal SR 200
Cap 50 mg	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	10.00	5	Tramal 50
Inj 50 mg per ml, 2 ml ampoule		5	Tramal 100
Antidepressants			
Cyclic and Related Agents			
AMITRIPTYLINE			
Tab 10 mg	2.49	100	Arrow-Amitriptyline
Tab 25 mg		100	Arrow-Amitriptyline
Tab 50 mg		100	Arrow-Amitriptyline
· ·	2.01		
CLOMIPRAMINE HYDROCHLORIDE	10.17	00	Olaminuamina Tassa
Tab 10 mg - 1% DV Feb-22 to 2024		30	Clomipramine Teva
Tab 25 mg - 1% DV Feb-22 to 2024		30	Clomipramine Teva
DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE - Restricted: For cor	ntinuation only		
→ Tab 75 mg	3.85	30	Dosulepin Viatris
→ Cap 25 mg		50	Dosulepin Mylan
. •			Dosulepin Viatris
DOXEPIN HYDROCHLORIDE - Restricted: For continuation only			
→ Cap 10 mg			
→ Cap 25 mg			
→ Cap 50 mg			
IMIPRAMINE HYDROCHLORIDE			
Tab 10 mg		50	Tofranil
	6.58	60	Tofranil
Tab 25 mg	8.80	50	Tofranil
MAPROTILINE HYDROCHLORIDE - Restricted: For continuation or	llv		
→ Tab 25 mg	,		
→ Tab 75 mg			

	Price . excl. GST) \$	Per	Brand or Generic Manufacturer
MIANSERIN HYDROCHLORIDE - Restricted: For continuation only → Tab 30 mg			
NORTRIPTYLINE HYDROCHLORIDE			
Tab 10 mg - 5% DV May-23 to 2025	 2.46	100	Norpress
Tab 25 mg - 5% DV May-23 to 2025		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		28	Noumed
Tab 45 mg - 1% DV Jan-22 to 2024	 3.45	28	Noumed
VENLAFAXINE	0.00	0.4	E . (. VD
Cap 37.5 mg		84	Enlafax XR
Cap 75 mg Cap 150 mg		84 84	Enlafax XR Enlafax XR
	 10.00	04	Emarax Arr
Selective Serotonin Reuptake Inhibitors			
CITALOPRAM HYDROBROMIDE			
Tab 20 mg - 5% DV Mar-23 to 2025	 2.86	84	Celapram
ESCITALOPRAM Tab 10 mm	1.07	00	Facital and warms (Ftheires)
Tab 10 mg Tab 20 mg		28 28	Escitalopram (Ethics) Escitalopram (Ethics)
	 1.32	20	Escitatopiani (Ethics)
FLUOXETINE HYDROCHLORIDE Tab dispersible 20 mg, scored - 5% DV Feb-23 to 2025	2.50	28	Fluox
Cap 20 mg - 5% DV Jun-23 to 2025		90	Arrow-Fluoxetine
PAROXETINE	 		
Tab 20 mg - 5% DV Jan-23 to 2025	 4.11	90	Loxamine
SERTRALINE			
Tab 50 mg - 5% DV Apr-23 to 2025	 0.99	30	Setrona
Tab 100 mg - 5% DV Apr-23 to 2025		30	Setrona
Antiepilepsy Drugs			
Agents for the Control of Status Epilepticus			

t Item restricted (see → above); t Item restricted (see → below)

CLONAZEPAM

Inj 1 mg per ml, 1 ml ampoule

	Price	T \	Brand or
	(ex man. excl. GS \$	Per	Generic Manufacturer
DIAZEPAM			
Inj 5 mg per ml, 2 ml ampoule	27.92	5	Hospira
Rectal tubes 5 mg - 5% DV Feb-23 to 2025	54.58	5	Stesolid
Rectal tubes 10 mg			
ORAZEPAM			
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 52	100	Tegretol
Tab long-acting 200 mg		100	Tegretol CR
Tab 400 mg		100	Tegretol
Tab long-acting 400 mg		100	Tegretol CR
Oral lig 20 mg per ml		250 ml	Tegretol
CLOBAZAM			3
Tab 10 mg			
•			
CLONAZEPAM Oral drang 2.5 mg nor ml			
Oral drops 2.5 mg per ml			
ETHOSUXIMIDE	440.00	400	- ··
Cap 250 mg		100	Zarontin
Oral liq 50 mg per ml	56.35	200 ml	Zarontin
GABAPENTIN			
Note: Gabapentin not to be given in combination with pregabalin	6.45	100	Numantin
Cap 100 mg - 1% DV Feb-22 to 2024		100	Nupentin
Cap 400 mg - 1% DV Feb-22 to 2024		100 100	Nupentin
Cap 400 mg – 1% DV Feb-22 to 2024	10.20	100	Nupentin
ACOSAMIDE - Restricted see terms below	07.04		\ <i>r</i>
Tab 50 mg		14	Vimpat
Tab 100 mg		14	Vimpat
Tab 150 mg	200.24	56 14	Vimpat Vimpat
rau 100 mg	300.40	56	Vimpat
Tab 200 mg		56 56	Vimpat
Inj 10 mg per ml, 20 ml vial		50	vimpat
→ Restricted (RS1969)			
nitiation			
Re-assessment required after 15 months			

1 Patient has focal epilepsy; and

Both:

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

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

Note: Those of childbearing potential are not required to trial phenytoin sodium, sodium valproate, or topiramate.

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.

that prior to starting lacosamide treatment.			
LAMOTRIGINE			
Tab dispersible 2 mg	55.00	30	Lamictal
Tab dispersible 5 mg		30	Lamictal
Tab dispersible 25 mg	4.20	56	Logem
Tab dispersible 50 mg		56	Logem
Tab dispersible 100 mg		56	Logem
LEVETIRACETAM			Ŭ
Tab 250 mg	5.84	60	Everet
Tab 500 mg		60	Everet
Tab 750 mg		60	Everet
Tab 1,000 mg		60	Everet
Oral lig 100 mg per ml		300 ml	Levetiracetam-AFT
Inj 100 mg per ml, 5 ml vial		10	Levetiracetam-AFT
	30.93	10	Levelii acelaiii-Ai-i
PHENOBARBITONE			
Tab 15 mg		500	PSM
Tab 30 mg - 5% DV Dec-23 to 2025	398.50	500	Noumed
	40.00		PSM PSM
(DCM Tab 20 mg to be delicated 1 December 2002)	40.00		POIVI
(PSM Tab 30 mg to be delisted 1 December 2023)			
PHENYTOIN			
Tab 50 mg			
PHENYTOIN SODIUM			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
PREGABALIN			
Note: Pregabalin not to be given in combination with gabapentin			
Cap 25 mg	2 25	56	Pregabalin Pfizer
Cap 75 mg		56	Pregabalin Pfizer
Cap 150 mg		56	Pregabalin Pfizer
Cap 300 mg		56	Pregabalin Pfizer
, ,		00	1 Togaballi 1 11201
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 on the next page			
Cap 250 mg	509.29	60	Diacomit
Powder for oral lig 250 mg sachet		60	Diacomit

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

→ Restricted (RS1970)

Initiation

Paediatric neurologist

Re-assessment required after 6 months

Both:

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

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

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
ŭ	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

→ Restricted (RS1865)

Initiation

Re-assessment required after 15 months

Both:

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

Continuation

Both:

NETTVOGO OTOTEM				
	Price (ex man. exc \$		Per	Brand or Generic Manufacturer
continued 1 The patient has demonstrated a significant and sustained improve Either: 2.1 Patient is receiving regular automated visual field testing of treatment with vigabatrin; or 2.2 It is impractical or impossible (due to comorbid conditions)	(ideally ever	ry 6 mont	ths) on a	n ongoing basis for duration
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	14	.41 .68	30 90 90 2	Rizamelt Sumagran Sumagran Imigran
Prophylaxis of Migraine				
PIZOTIFEN Tab 500 mcg	23	.21	100	Sandomigran
Antinausea and Vertigo Agents				
APREPITANT — Restricted see terms below ↓ Cap 2 × 80 mg and 1 × 125 mg — 5% DV Dec-21 to 2024 → Restricted (RS1154) Initiation	30	.00	3	Emend Tri-Pack
Patient is undergoing highly emetogenic chemotherapy and/or anthracy malignancy.	cline-based	chemoth	erapy fo	r the treatment of
BETAHISTINE DIHYDROCHLORIDE Tab 16 mg - 5% DV Dec-23 to 2026	3	.70	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 Jun-23 to 2025	4	.00	100	Domperidone Viatris
DROPERIDOL Inj 2.5 mg per ml, 1 ml ampoule - 5% DV Mar-23 to 2025	43.	.85	10	Droperidol Panpharma
OR ALMOSTER ON				

1

Deva

Inj 1 mg per ml, 3 ml ampoule1.20

GRANISETRON

		Ni	NERVOUS SYSTEM		
	Price (ex man. excl. GST \$	Per	Brand or Generic Manufacturer		
HYOSCINE HYDROBROMIDE					
Inj 400 mcg per ml, 1 ml ampoule					
Patch 1.5 mg	17.70	2	Scopoderm TTS		
⇒ Restricted (RS1155)					
Initiation Any of the following:					
Control of intractable nausea, vomiting, or inability to swallo where the patient cannot tolerate or does not adequately re: Control of clozapine-induced hypersalivation where trials of	spond to oral anti-nause	ea agents;	or		
ineffective; or					
3 For treatment of post-operative nausea and vomiting where ineffective, are not tolerated or are contraindicated.	cyclizine, droperidol an	d a 5HT3	antagonist have proven		
METOCLOPRAMIDE HYDROCHLORIDE					
Tab 10 mg	1.30	100	Metoclopramide Actavis 10		
Oral liq 5 mg per 5 ml	7.00	40	Dt		
Inj 5 mg per ml, 2 ml ampoule - 5% DV Dec-22 to 2025	7.00	10	Baxter		
ONDANSETRON 500 PM A SOCIETA	0.00		•		
Tab 4 mg - 5% DV Aug-23 to 2025	2.68 2.27	50	Onrex Periset		
Tab dispersible 4 mg	=:=:	10	Ondansetron ODT-DRLA		
Tab 8 mg - 5% DV Aug-23 to 2025		50	Onrex		
. az og	4.10	•	Periset		
Tab dispersible 8 mg	1.13	10	Ondansetron ODT-DRLA		
Inj 2 mg per ml, 2 ml ampoule - 5% DV Mar-23 to 2025		5	Ondansetron-AFT		
Inj 2 mg per ml, 4 ml ampoule - 5% DV Mar-23 to 2025	2.20	5	Ondansetron Kabi		
	1.89		Ondansetron-AFT		
(Onrex Tab 4 mg to be delisted 1 August 2023)					
(Onrex Tab 8 mg to be delisted 1 August 2023)					
PROCHLORPERAZINE					
Tab buccal 3 mg	0.00	050	N1		
Tab 5 mg	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	7.21	30	Sulprix		
Tah 200 mg		60	Sulpriv		

Oral liq 100 mg per ml

Sulprix

Sulprix

60

60

Tab 200 mg20.94

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ARIPIPRAZOLE			
Tab 5 mg - 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 10 mg - 5% DV Oct-22 to 2025		30	Aripiprazole Sandoz
Tab 15 mg - 5% DV Oct-22 to 2025		30	Aripiprazole Sandoz
Tab 20 mg - 5% DV Oct-22 to 2025		30	Aripiprazole Sandoz
Tab 30 mg - 5% DV Oct-22 to 2025		30	Aripiprazole Sandoz
CHLORPROMAZINE HYDROCHLORIDE			
Tab 10 mg	14.83	100	Largactil
Tab 25 mg		100	Largactil
Tab 100 mg		100	Largactil
Oral liq 10 mg per ml			g
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule	30.79	10	Largactil
CLOZAPINE			g
Tab 25 mg	6 69	50	Clopine
	13.37	100	Clopine
	6.69	50	Clozaril
	13.37	100	Clozaril
Tab 50 mg		50	Clopine
rab oo mg	17.33	100	Clopine
Tab 100 mg		50	Clopine
rab roo mg	34.65	100	Clopine
	17.33	50	Clozaril
	34.65	100	Clozaril
Tab 200 mg		50	Clopine
745 250 mg	69.30	100	Clopine
Oral lig 50 mg per ml		100 ml	Versacloz
HALOPERIDOL			
Tab 500 mcg	6.22	100	Serenace
Tab 1.5 mg		100	Serenace
Tab 5 mg		100	Serenace
Oral liq 2 mg per ml		100 ml	Serenace
Inj 5 mg per ml, 1ml ampoule		100 1111	Serenace
, , ,	21.55	10	Selellace
LEVOMEPROMAZINE	40.40	400	Mandaga
Tab 25 mg		100	Nozinan
Tab 100 mg	41./5	100	Nozinan
LEVOMEPROMAZINE HYDROCHLORIDE			
Inj 25 mg per ml, 1 ml ampoule - 5% DV Apr-23 to 2025	24.48	10	Wockhardt
LITHIUM CARBONATE			
Tab long-acting 400 mg - 5% DV Sep-21 to 2024	72.00	100	Priadel
Cap 250 mg		100	Douglas
DLANZAPINE			
Tab 2.5 mg	1.35	28	Zypine
Tab 5 mg		28	Zypine
Tab orodispersible 5 mg		28	Zypine ODT
Tab 10 mg		28	Zypine
Tab orodispersible 10 mg		28	Zypine ODT
		20	

	Price excl. GST) \$	Per	Brand or Generic Manufacturer
PERICYAZINE			
Tab 2.5 mg			
Tab 10 mg			
QUETIAPINE			
Tab 25 mg	 2.15	90	Quetapel
Tab 100 mg		90	Quetapel
Tab 200 mg	 8.90	90	Quetapel
Tab 300 mg	 .12.86	90	Quetapel
RISPERIDONE			
Tab 0.5 mg	 1.86	60	Risperidone (Teva)
Tab 1 mg		60	Risperidone (Teva)
Tab 2 mg		60	Risperidone (Teva)
Tab 3 mg	 2.50	60	Risperidone (Teva)
Tab 4 mg	 3.42	60	Risperidone (Teva)
Oral liq 1 mg per ml	 8.90	30 ml	Risperon
ZIPRASIDONE			•
Cap 20 mg	17.90	60	Zusdone
Cap 40 mg		60	Zusdone
Cap 60 mg		60	Zusdone
Cap 80 mg		60	Zusdone
ZUCLOPENTHIXOL ACETATE			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
ZUCLOPENTHIXOL HYDROCHLORIDE			
	21 45	100	Clonival
Tab 10 mg	 .31.45	100	Clopixol
Depot Injections			
FLUPENTHIXOL DECANOATE			
Inj 20 mg per ml, 1 ml ampoule		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
DLANZAPINE - Restricted see terms below			
Inj 210 mg vial	 252.00	1	Zyprexa Relprevv
Inj 300 mg vial		1	Zyprexa Relprevv
Inj 405 mg vial		1	Zyprexa Relprevv
→ Restricted (RS1379)	 	•	_, p. oa p. o v v
nitiation			
Re-assesment required after 12 months			

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



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

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)			ŭ

Initiation Fither:

Re-assessment required after 12 months

- 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.

PALIPERIDONE PALMITATE - Restricted see terms below

t	Inj 175 mg syringe815.	85 1	Invega Trinza
	Inj 263 mg syringe		Invega Trinza
t	Inj 350 mg syringe	36 1	Invega Trinza
	Inj 525 mg syringe		Invega Trinza
	B (D0.1000)		

→ Restricted (RS1932)

Initiation

Re-assessment required after 12 months

Both:

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

Continuation

Re-assessment required after 12 months

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

PIPOTHIAZINE PALMITATE - Restricted: For continuation only

- → Ini 50 mg per ml. 1 ml ampoule
- → Inj 50 mg per ml, 2 ml ampoule

RISPERIDONE - Restricted see terms on the next page

ţ	Inj 25 mg vial1	35.98	1	Risperdal Consta
t	Inj 37.5 mg vial1	78.71	1	Risperdal Consta
t	Inj 50 mg vial2	17.56	1	Risperdal Consta

e.g. Clopixol Conc

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

→ Restricted (RS1380)

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

Inj 500 mg per ml, 1 ml ampoule

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.

Clopixol

Anxiolytics

• • • • • • • • • • • • • • • • • • • •		
BUSPIRONE HYDROCHLORIDE		
Tab 5 mg - 5% DV May-22 to 202418.5	50 100	Buspirone Viatris
Tab 10 mg - 5% DV May-22 to 202412.5	50 100	Buspirone Viatris
CLONAZEPAM		
Tab 500 mcg5.6		Paxam
Tab 2 mg	'8 100	Paxam
DIAZEPAM		
Tab 2 mg61.0	7 500	Arrow-Diazepam
Tab 5 mg73.6	500	Arrow-Diazepam
LORAZEPAM		
Tab 1 mg - 5% DV Dec-21 to 20249.7	'2 250	Ativan
Tab 2.5 mg - 5% DV Dec-21 to 202412.5	50 100	Ativan
OXAZEPAM		
Tab 10 mg		
Tab 15 mg		

Multiple Sclerosis Treatments

→ Restricted (RS1937)

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

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

- 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 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: 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: 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.

L	Cap 120 mg	520.00	14	Lectidera
t	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.

GLATIRAMER ACETATE - Restricted see terms on the previous page

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

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.

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

1 Inj 8 million iu per ml, 1 ml vial

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

NATALIZUMAB - Restricted see terms on page 129

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

OCRELIZUMAB - Restricted see terms on page 129

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

TERIFLUNOMIDE - Restricted see terms on page 129

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

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.

Note. Only for use in compounding an oral liquid formulation.

→ 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.

MIDAZOI AM

Tab 7.5 mg

Oral liq 2 mg per ml

Inj 1 mg per ml, 5 ml ampoule - 5% DV Jan-22 to 2024	95 10	Mylan Midazolam
Inj 5 mg per ml, 3 ml ampoule - 5% DV Jan-22 to 2024	52 5	Midazolam Viatris
		Mylan Midazolam

	ice excl. GST) \$	Per	Brand or Generic Manufacturer
PHENORARRITONE			·

Inj 130 mg per ml, 1 ml vial

Inj 200 mg per ml, 1 ml ampoule

TEMAZEPAM

Normison

TRIAZOLAM - Restricted: For continuation only

→ Tab 125 mcg

→ Tab 250 mcg

ZOPICLONE

Tab 7.5 mg

Spinal Muscular Atrophy

NUSINERSEN - Restricted see terms below

Spinraza

→ Restricted (RS1938)

Initiation

Re-assessment required after 12 months

All of the following:

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

Continuation

Re-assessment required after 12 months

All of the following:

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

RISDIPLAM - Restricted see terms below

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

Powder for oral soln 750 mcg per ml, 60 mg per bottle......14.100.00 80 ml Evrvsdi

→ Restricted (RS1954)

Initiation

Re-assessment required after 12 months

All of the following:

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

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

3.2 Both:

- 3.2.1 Patient is pre-symptomatic; and
- 3.2.2 Patient has three or less copies of SMN2.

Continuation

Re-assessment required after 12 months

All of the following:

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

Stimulants / ADHD Treatments

ATOMOXETINE		
Cap 10 mg18.41	28	APO-Atomoxetine
Cap 18 mg27.06	28	Generic Partners APO-Atomoxetine Generic Partners
Cap 25 mg29.22	28	APO-Atomoxetine
		Generic Partners
Cap 40 mg	28	APO-Atomoxetine
Cap 60 mg46.51	28	Generic Partners APO-Atomoxetine Generic Partners
Cap 80 mg56.45	28	APO-Atomoxetine
		Generic Partners
Cap 100 mg58.48	28	APO-Atomoxetine
CAFFEINE		Generic Partners
Tab 100 mg		
DEXAMFETAMINE SULFATE - Restricted see terms below		
Tab 5 mg - 5% DV Jan-22 to 2024	100	Aspen

ţ	Tab 5 mg - 5% DV Jan-22 to 2024	28.50	100	Aspen
		21 00		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	_	Brand or
	(6	x man. excl. GS1 \$	Per	Generic Manufacturer
ME	THYLPHENIDATE HYDROCHLORIDE - Restricted see terms below			
t	Tab extended-release 18 mg	58.96	30	Concerta
	•	7.75		Methylphenidate ER - Teva
1	Tab extended-release 27 mg	65.44	30	Concerta
		11.45		Methylphenidate ER - Teva
t	Tab extended-release 36 mg	71.93	30	Concerta
		15.50		Methylphenidate ER - Teva
t	Tab extended-release 54 mg	86.24	30	Concerta
		22.25		Methylphenidate ER - Teva
t	Tab immediate-release 5 mg	3.20	30	Rubifen
t	Tab immediate-release 10 mg	3.00	30	Ritalin Rubifen
1	Tab immediate-release 20 mg	7.85	30	Rubifen
1	Tab sustained-release 20 mg	10.95	30	Rubifen SR
t	Cap modified-release 10 mg	15.60	30	Ritalin LA
t	Cap modified-release 20 mg	20.40	30	Ritalin LA
t	Cap modified-release 30 mg	25.52	30	Ritalin LA
t	Cap modified-release 40 mg	30.60	30	Ritalin LA
\Rightarrow	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 Fither
 - 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

→ Restricted (RS1803)

Initiation - Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

All of the following:

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

- 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	4.34	90	Donepezil-Rex
Tab 10 mg	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
■ Patch 9.5 mg per 24 hour - 5% DV Feb-22 to 2024	38.00	30	BNM 5 Rivastigmine Patch
→ Restricted (RS1436)			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

BU	PRENORPHINE WITH NALOXONE - Restricted see terms below		
t	Tab 2 mg with naloxone 0.5 mg - 5% DV Dec-22 to 2025	28	Buprenorphine
t	Tab 8 mg with naloxone 2 mg - 5% DV Dec-22 to 2025	28	Naloxone BNM Buprenorphine Naloxone BNM

→ Restricted (RS1172)

Initiation - Detoxification

All of the following:

1 Patient is opioid dependent; and

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

- 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 mg11.00	30	Zyban
DISULFIRAM Tab 200 mg - 5% DV Nov-21 to 2024 236.40	100	Antabuse
NALTREXONE HYDROCHLORIDE - Restricted see terms below 1 Tab 50 mg - 5% DV Dec-23 to 2026	30	Naltraccord

→ Restricted (RS1173)

Initiation - Alcohol dependence

Both:

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

Initiation - Constipation

For the treatment of opioid-induced constipation.

NICOTINE - Some items restricted see terms below

	Patch 7 mg per 24 hours	19.14	28	Habitrol
	Patch 14 mg per 24 hours		28	Habitrol
	Patch 21 mg per 24 hours		28	Habitrol
t	Oral spray 1 mg per dose			e.g. Nicorette QuickMist Mouth Spray
	Lozenge 1 mg	19.76	216	Habitrol
	Lozenge 2 mg	21.65	216	Habitrol
t	Soln for inhalation 15 mg cartridge			e.g. Nicorette Inhalator
	Gum 2 mg	21.42	204	Habitrol (Fruit)
	•			Habitrol (Mint)
	Gum 4 mg	24.17	204	Habitrol (Fruit)
	•			Habitrol (Mint)

⇒ Restricted (RS1873)

Initiation

Any of the following:

- 1 For perioperative use in patients who have a 'nil by mouth' instruction; or
- 2 For use within mental health inpatient units: or
- 3 Patient would be admitted to a mental health inpatient unit, but is unable to due to COVID-19 self-isolation requirement; or
- 4 For acute use in agitated patients who are unable to leave the hospital facilities.

VARENICLINE - **Restricted** see terms on the next page

1	Tab 0.5 mg × 11 and 1 mg × 42 - 5% DV Jan-22 to 2024	6.67 53	3 Varenicli	ne Pfizer
t	Tab 1 mg - 5% DV Jan-22 to 2024	7.62 56	S Varenicli	ne Pfizer

NERVOUS SYSTEM

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

Chemotherapeutic Agents

Alkylating Agents

BENDAMUSTINE HYDROCHLORIDE - Restricted see terms below

- **I** 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/m² on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

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

Initiation - Indolent, Low-grade lymphomas

Re-assessment required after 9 months

All of the following:

- 1 The patient has indolent low grade NHL requiring treatment; and
- 2 Patient has a WHO performance status of 0-2; and
- 3 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 Fither:

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

BUSULFAN

- 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.

Tab 2 mg Inj 6 mg per ml, 10 ml ampoule	89.25	100	Myleran
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 - 5% DV Dec-23 to 2026	48.25	1	Melpha
THIOTEPA			
Inj 15 mg vial			
lnj 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)		Brand or Generic
	(ex man. exci. GS1)	Per	Manufacturer
DAUNORUBICIN			
Inj 2 mg per ml, 10 ml vial	171.93	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		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		1	Zavedos
MITOMYCIN C			
Inj 5 mg vial			
Inj 20 mg vial	1.250.00	1	Teva
MITOZANTRONE	,		
Inj 2 mg per ml, 10 ml vial	97 50	1	Mitozantrone Ebewe
inj z mg por mi, ro mi vidi			WINDZUMIONE EDOWE

Antimetabolites

AZACITIDINE - Restricted see terms below

→ 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 mg10.00	60	Capercit
Tab 500 mg49.00	120	Capercit

	Price		Brand or
	(ex man. excl. GST		Generic
	\$	Per	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	472.00	5	Pfizer
Inj 100 mg per ml, 20 ml vial	48.80	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	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		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		
The patient requires a total access that one rail or my tablet per	~~,·		
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		1	Methotrexate Sandoz
Inj 10 mg prefilled syringe		1	Methotrexate Sandoz
Inj 15 mg prefilled syringe		1	Methotrexate Sandoz
Inj 20 mg prefilled syringe		1	Methotrexate Sandoz
Inj 25 mg prefilled syringe		1	Methotrexate Sandoz Methotrexate Sandoz
Inj 30 mg prefilled syringeInj 25 mg per ml, 2 ml vial		1 5	Methotrexate DBL
inj 25 mg per mi, 2 mi viai		5	Onco-Vial
Inj 25 mg per ml, 20 ml vial	45.00	1	DBL Methotrexate
, , ,			Onco-Vial
Inj 100 mg per ml, 10 ml vial	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial - 5% DV Dec-23 to 2026	67.99	1	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:			

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

continued...

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

Continuation - Mesothelioma

Re-assessment required after 8 months

All of the following:

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

Initiation - Non small cell lung cancer

Re-assessment required after 8 months

Both:

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

Continuation - Non small cell lung cancer

Re-assessment required after 8 months

All of the following:

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

THIOGUANINE

Tab 40 mg

Other Cytotoxic Agents

AMSACRINE

Inj 50 mg per ml, 1.5 ml ampoule

Inj 75 mg

ANAGRELIDE HYDROCHLORIDE

Cap 0.5 mg

ARSENIC TRIOXIDE

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

BORTEZOMIB - Restricted see terms below

→ Restricted (RS1725)

Initiation - multiple myeloma/amyloidosis

Either:

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

	Price		Brand or
(ex	man. excl. GST)	_	Generic
	\$	Per	Manufacturer
DACARBAZINE			
Inj 200 mg vial	72.11	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 - 5% DV Dec-23 to 2026	20.72	100	Devatis
IBRUTINIB - Restricted see terms below			
■ Tab 140 mg	3,217.00	30	Imbruvica
■ Tab 420 mg	9,652.00	30	Imbruvica
⇒ Restricted (RS1933)			

Initiation – chronic lymphocytic leukaemia (CLL)

Re-assessment required after 6 months

All of the following:

- 1 Patient has chronic lymphocytic leukaemia (CLL) requiring therapy; and
- 2 Patient has not previously received funded ibrutinib; and
- 3 Ibrutinib is to be used as monotherapy; and
- 4 Any of the following:
 - 4.1 Both:
 - 4.1.1 There is documentation confirming that patient has 17p deletion or TP53 mutation; and
 - 4.1.2 Patient has experienced intolerable side effects with venetoclax monotherapy; or
 - 4.2 All of the following:
 - 4.2.1 Patient has received at least one prior immunochemotherapy for CLL; and
 - 4.2.2 Patient's CLL has relapsed within 36 months of previous treatment; and
 - 4.2.3 Patient has experienced intolerable side effects with venetoclax in combination with rituximab regimen; or
 - 4.3 Patient's CLL is refractory to or has relapsed within 36 months of a venetoclax regimen.

Continuation - chronic lymphocytic leukaemia (CLL)

Re-assessment required after 12 months

Both:

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

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

IRINOTECAN HYDROCHLORIDE

Inj 20 mg per ml, 5 ml vial - 5% DV Mar-22 to 2024	52.57	1	Accord
LENALIDOMIDE - Restricted see terms below			
	5,122.76	28	Revlimid
	4,655.25	21	Revlimid
	6,207.00	28	Revlimid
	5,429.39	21	Revlimid
	7,239.18	28	Revlimid
	7,627.00	21	Revlimid
Postrioted (DC1026)			

→ Restricted (RS1836)

Initiation - Relapsed/refractory disease

Haematologist

Re-assessment required after 6 months

All of the following:

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

continued...

- 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 Roth
 - 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
- 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

t	Tab 100 mg	3,701.00	56	Lynparza
1	Tab 150 mg	3,701.00	56	Lynparza
=	Restricted (BS1925)			

Thesiricleu (no 1925)

Initiation - Ovarian cancer

Medical oncologist

Re-assessment required after 12 months

All of the following:

- 1 Patient has a high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
- 2 There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation; and
- 3 Either:
 - 3.1 All of the following:

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

continued...

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

Continuation - Ovarian cancer

Medical oncologist

Re-assessment required after 12 months

All of the following:

- 1 Treatment remains clinically appropriate and patient is benefitting from treatment; and
- 2 Either:
 - 2.1 No evidence of progressive disease: or
 - 2.2 Evidence of residual (not progressive) disease and the patient would continue to benefit from treatment in the clinician's opinion; and
- 3 Treatment to be administered as maintenance treatment; and
- 4 Treatment not to be administered in combination with other chemotherapy; and
- 5 Fither
 - 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

→ 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:

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

980 NO

Natulan

continued...

- 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]

Ini 10 mg vial

Can 50 mg

PROCARBAZINE HYDROCHLORIDE

Temaccord
Temaccord
Temaccord
Temaccord
Temaccord

→ Restricted (RS1645)

Initiation - High grade gliomas

Re-assessment required after 12 months

All of the following:

- 1 Either:
 - 1.1 Patient has newly diagnosed glioblastoma multiforme; or
 - 1.2 Patient has newly diagnosed anaplastic astrocytoma*; and
- 2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
- 3 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day.

Continuation - High grade gliomas

Re-assessment required after 12 months

Fither:

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

Initiation - Neuroendocrine tumours

Re-assessment required after 9 months

All of the following:

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

Continuation - Neuroendocrine tumours

Re-assessment required after 6 months

Both:

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

continued...

- 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.

THAI IDOMIDE	 Restricted see terms 	holow
	– nestricteu see terris	DEIOW

t	Cap 50 mg	28	Thalomid
t	Cap 100 mg	28	Thalomid

→ Restricted (RS1192)

Initiation

Re-assessment required after 12 months

Any of the following:

- 1 The patient has multiple myeloma; or
- 2 The patient has systemic AL amyloidosis*; or
- 3 The patient has ervthema 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 mg479.50	100	Vesanoid
VENETOCLAX - Restricted see terms below		
■ Tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg1,771.86	42	Venclexta
■ Tab 10 mg95.78	14	Venclexta
■ Tab 50 mg	7	Venclexta
■ Tab 100 mg	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

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

continued...

6 Patient has an ECOG performance status of 0-2.

Continuation - relapsed/refractory chronic lymphocytic leukaemia

Haematologist

Re-assessment required after 6 months

Both:

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

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

Haematologist

Re-assessment required after 6 months

All of the following:

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

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

Re-assessment required after 6 months

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

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

Platinum Compounds

CARBOPLATIN			
Inj 10 mg per ml, 45 ml vial	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 - 5% DV Oct-23 to 2024	33.35	1	Alchemy Oxaliplatin
	46.32		Oxaliplatin Accord
(Oxaliplatin Accord Inj 5 mg per ml, 20 ml vial to be delisted 1 October 2023)			

Protein-Tyrosine Kinase Inhibitors

ALECTINIB – Restricted see terms below			
	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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DASATINIB - Restricted see terms below			
	3,774.06	60	Sprycel
■ Tab 50 mg		60	Sprycel
■ Tab 70 mg		60	Sprycel 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 Roth:
 - 2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); and
 - 2.2 Maximum dose of 140 mg/day; or
- 3 All of the following:
 - 3.1 The patient has a diagnosis of CML in chronic phase; and
 - 3.2 Maximum dose of 100 mg/day; and
 - 3.3 Any of the following:
 - 3.3.1 Patient has documented treatment failure* with imatinib; or
 - 3.3.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or
 - 3.3.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system; or
 - 3.3.4 Patients is enrolled in the KISS study** and requires dasatinib treatment according to the study protocol.

Continuation

Haematologist or any relevant practitioner on the recommendation of a haematologist

Re-assessment required after 6 months

All of the following:

- 1 Lack of treatment failure while on dasatinib*; and
- 2 Dasatinib treatment remains appropriate and the patient is 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

1	Tab 100 mg	329.70	30	Alchemy
1	Tab 150 mg	569.70	30	Alchemy
-	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.

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

continued...

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

→ Restricted (RS1887)

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 Fither:
 - 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 mg2,400.00 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

70

Tykerb

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

continued...

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 - 5% DV Dec-23 to 2026		60 30	Imatinib-Rex Imatinib-Rex
(Glivec Tab 100 mg to be delisted 1 December 2023)	09.70	30	illialillib-nex
I APATINIB - Restricted see terms below			

Initiation

For continuation use only.

Continuation

Re-assessment required after 12 months

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
- 3 Lapatinib not to be given in combination with trastuzumab; and
- 4 Lapatinib to be discontinued at disease progression.

NII OTINIB - Restricted see terms below

t	Cap 150 mg4,680.00	120	Tasigna
t	Cap 200 mg6,532.00	120	Tasigna
	D - 4-1-4-4 (DO4 407)		

⇒ 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 on the next page

ı	Tab 75 mg4,000.00	21	Ibrance
1	Tab 100 mg4,000.00	21	Ibrance
t	Tab 125 mg4,000.00	21	Ibrance

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

→ Restricted (RS1731)

Initiation

Medical oncologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has unresectable locally advanced or metastatic breast cancer; and
- 2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
- 3 Patient has an ECOG performance score of 0-2; and
- 4 Either:

second or subsequent line setting

- 4.1 Disease has relapsed or progressed during prior endocrine therapy; or
- 4.2 Both:

first line setting

- 4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal state: and
- 4.2.2 Either:
 - 4.2.2.1 Patient has not received prior systemic treatment for metastatic disease; or
 - 4.2.2.2 All of the following:
 - 4.2.2.2.1 Patient commenced treatment with palbociclib in combination with an endocrine agent prior to 1 April 2020; and
 - 4.2.2.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease; and
 - 4.2.2.2.3 There is no evidence of progressive disease; and
- 5 Treatment must be used in combination with an endocrine partner.

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	30	Votrient
■ Tab 400 mg2,669.40	30	Votrient
Dostricted (PS1109)		

→ 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

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

continued...

- 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.

RUXOLITINIB - Restricted see terms below

t	Tab 5 mg2,500.00	56	Jakavi
t	Tab 10 mg5,000.00	56	Jakavi
t	Tab 15 mg5,000.00	56	Jakavi
t	Tab 20 mg5,000.00	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

t	Cap 12.5 mg - 5% DV Jul-22 to 2024	38 28	Sunitinib Pfizer
	Cap 25 mg - 5% DV Jul-22 to 2024		Sunitinib Pfizer
t	Cap 50 mg - 5% DV Jul-22 to 2024	62 28	Sunitinib Pfizer
	D (D04000)		

→ Restricted (RS1886)

Initiation - RCC

Re-assessment required after 3 months

All of the following:

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

continued...

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

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

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.

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

continued...

Continuation - GIST pandemic circumstances

Re-assessment required after 6 months

All of the following:

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

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

Taxanes

DOCETAXEL			
Inj 10 mg per ml, 8 ml vial - 5% DV Dec-23 to 2026	24.91	1	DBL Docetaxel
PACLITAXEL			
Inj 6 mg per ml, 5 ml vial	47.30	5	Paclitaxel Ebewe
Inj 6 mg per ml, 16.7 ml vial	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	44.00	1	Paclitaxel Ebewe

Treatment of Cytotoxic-Induced Side Effects

CALCIUM FOLINATE

Ιć	ab 15 mg	135.33	10	DBL Leucovorin Calcium
ln,	ij 3 mg per ml, 1 ml ampoule			
ln _.	ij 10 mg per ml, 5 ml ampoule	.18.25	5	Calcium Folinate Ebewe
ln,	ıj 10 mg per ml, 5 ml vial	7.28	1	Calcium Folinate Sandoz
ln,	ij 10 mg per ml, 10 ml vial	9.49	1	Calcium Folinate Sandoz
ln,	j 10 mg per ml, 30 ml vial	.22.51	1	Calcium Folinate Ebewe
ln,	j 10 mg per ml, 35 ml vial	.25.14	1	Calcium Folinate Sandoz
ln	ij 10 mg per ml, 100 ml vial	.72.00	1	Calcium Folinate Sandoz

105.00

DEXRAZOXANE - Restricted see terms below

Inj 500 mg

→ 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 Fither
 - 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.

MFSNA

Tab 400 mg314.00	50	Uromitexan
Tab 600 mg448.50	50	Uromitexan
Inj 100 mg per ml, 4 ml ampoule177.45	15	Uromitexan
Inj 100 mg per ml, 10 ml ampoule	15	Uromitexan

DDI Laviaguaria Calair

e.g. Cardioxane

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Vinca Alkaloids			
VINBLASTINE SULPHATE Inj 1 mg per ml, 10 ml vial VINCRISTINE SULPHATE	270.37	5	Hospira
Inj 1 mg per ml, 1 ml vial	74.52	5 5	DBL Vincristine Sulfate DBL Vincristine Sulfate
VINORELBINE	102.73	5	DBL VIIICIISIIIIE Sullate
Cap 20 mg - 5% DV Oct-23 to 2025	30.00	1	Vinorelbine Te Arai
Cap 30 mg - 5% DV Oct-23 to 2025	40.00	1	Vinorelbine Te Arai
Cap 80 mg - 5% DV Oct-23 to 2025	60.00	1	Vinorelbine Te Arai
Inj 10 mg per ml, 1 ml vial	12.00	1	Navelbine
Inj 10 mg per ml, 5 ml vial	56.00	1	Navelbine
(Navelbine Inj 10 mg per ml, 1 ml vial to be delisted 1 October 2024) (Navelbine Inj 10 mg per ml, 5 ml vial to be delisted 1 October 2024)			

Endocrine Therapy

ABIRATERONE ACETATE - Restricted see terms below

→ 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.

Price			Brand or
(ex man. ex	cl. GST)	Per	Generic Manufacturer
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continued...

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.

BICALLITAMIDE

BICALUTAMIDE		
Tab 50 mg - 5% DV Dec-23 to 20264.18	28	Binarex
FLUTAMIDE		
Tab 250 mg119.50	100	Flutamin
FULVESTRANT - Restricted see terms below		
■ Inj 50 mg per ml, 5 ml prefilled syringe	2	Faslodex
→ Restricted (RS1732)		

Initiation

Medical oncologist

Re-assessment required after 6 months

All of the following:

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

Continuation

Medical oncologist

Re-assessment required after 6 months

All of the following:

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

OCTREOTIDE - Some items restricted see terms below

	Inj 50 mcg per ml, 1 ml ampoule - 5% DV Jun-22 to 202427.58	5	Max Health
	Inj 100 mcg per ml, 1 ml ampoule - 5% DV Jun-22 to 2024	5	Max Health
	Inj 500 mcg per ml, 1 ml ampoule - 5% DV Jun-22 to 2024	5	Max Health
1	Inj depot 10 mg prefilled syringe - 5% DV Mar-22 to 2024	1	Octreotide Depot Teva
t	Inj depot 20 mg prefilled syringe - 5% DV Mar-22 to 2024647.03	1	Octreotide Depot Teva
t	Inj depot 30 mg prefilled syringe - 5% DV Mar-22 to 2024718.55	1	Octreotide Depot Teva
	Destricted (DO1000)		

→ 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

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

continued...

Initiation - acromegaly

Re-assessment required after 3 months

Both:

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

Continuation - acromegaly

Both:

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

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

Initiation - Other indications

Any of the following:

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

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

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.

/	Price		Brand or
(e.	x man. excl. GST) \$	Per	Generic Manufacturer
TAMOXIFEN CITRATE			
Tab 10 mg - 5% DV Dec-23 to 2026	15.00	60	Tamoxifen Sandoz
Tab 20 mg - 5% DV Dec-23 to 2026	5.32	60	Tamoxifen Sandoz
Aromatase Inhibitors			
ANASTROZOLE			
Tab 1 mg - 5% DV Dec-23 to 2026	4.39	30	Anatrole
EXEMESTANE			
Tab 25 mg - 5% DV Nov-23 to 2026	9.86	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 bel	OW		
Powder for oral soln, 30 mg per ml, 1.5 g vial		1	Gliolan
Torraci for oral com, co my por mi, 1.0 y via	44.000.00	10	Gliolan
➡ Restricted (RS1565)	,	-	
Initiation high grade molignout gliams			

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			
	49.60	100	Tacrolimus Sandoz
	99.30	100	Tacrolimus Sandoz
	84.30	100	Tacrolimus Sandoz
	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

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

Fusion Proteins

FTANERCEPT - Restricted see terms below

	ANALITOLI I HOSTIOCO SOCIONIO DOLON		
t	Inj 25 mg autoinjector - 5% DV Feb-21 to 2024 690.00	4	Enbrel
t	Inj 25 mg vial - 5% DV Sep-19 to 2024690.00	4	Enbrel
t	Inj 50 mg autoinjector - 5% DV Sep-19 to 2024	4	Enbrel
t	Inj 50 mg syringe - 5% DV Sep-19 to 2024	4	Enbrel

→ Restricted (RS1879)

Initiation - polyarticular 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 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 Fither:
 - 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:

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

continued...

- 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
 - 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

Fither:

- 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

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

continued...

- 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:
 - 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 Fither:
 - 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:

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

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

Continuation - ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 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;
 - 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.

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Continuation - psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
- 2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation - severe chronic plaque psoriasis, prior TNF use

Dermatologist

Limited to 4 months treatment

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and
- 2 Fither:
 - 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 Fither:
 - 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:

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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 etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-etanercept treatment baseline value: or
 - 1.1.2.2 Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or
- 1.2 Both:
 - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
 - 1.2.2 Either:
 - 1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
 - 1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value: and
- 2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation - pyoderma gangrenosum

Dermatologist

All of the following:

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

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\$		Per	Manufacturer

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- 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
- 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation - adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

The patient has a sustained improvement in inflammatory markers and functional status.

Initiation - undifferentiated spondyloarthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day (or maximum tolerated dose); and
- 4 Patient has tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose); and
- 5 Any of the following:
 - 5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour measured no more than one month prior to the date of this application; or
 - 5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Note: Indications marked with * are unapproved indications.

Continuation - undifferentiated spondyloarthritis

Rheumatologist or medical practitioner on the recommendation of a Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Fither:
 - 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 Fither:
 - 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:

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

continued...

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

ADALIMUMAB (AMGEVITA) - Restricted see terms below

t	Inj 20 mg per 0.4 ml prefilled syringe - 5% DV Oct-22 to 31 Jul 2026 190.00	1	Amgevita
t	Inj 40 mg per 0.8 ml prefilled pen - 5% DV Oct-22 to 31 Jul 2026375.00	2	Amgevita
t	Inj 40 mg per 0.8 ml prefilled syringe - 5% DV Oct-22 to 31 Jul 2026375.00	2	Amgevita

→ Restricted (RS1940)

Initiation - Behcet's disease - severe

Any relevant practitioner

Both:

- 1 The patient has severe Behcet's disease* that is significantly impacting the patient's quality of life; and
- 2 Fither
 - 2.1 The patient has severe ocular, neurological, and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s); or
 - 2.2 The patient has severe gastrointestinal, rheumatological and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s).

Note: Indications marked with * are unapproved indications.

Initiation - Hidradenitis suppurativa

Dermatologist

Re-assessment required after 4 months

All of the following:

- 1 Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas; and
- 2 Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or patient has demonstrated intolerance to or has contraindications for systemic antibiotics; and
- 3 Patient has 3 or more active lesions; and
- 4 The patient has a DLQI of 10 or more and the assessment is no more than 1 month old at time of application.

Continuation - Hidradenitis suppurativa

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 1 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; and
- 2 The patient has a DLQI improvement of 4 or more from baseline.

Initiation - Plaque psoriasis - severe chronic

Dermatologist

Re-assessment required after 4 months

Fither:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis: or
- 2 All of the following:
 - 2.1 Either:
 - 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

Price		Brand or
(ex man. excl. (GST)	Generic
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- 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 to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 2.3 A PASI assessment or (DLQI) assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application.

Continuation - Plaque psoriasis - severe chronic

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
 - 12 Fither
 - 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 Fither:
 - 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

Both:

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

Note: Indications marked with * are unapproved indications.

Initiation - Crohn's disease - adults

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has a CDAI score of greater than or equal to 300 or HBI score of greater than or equal to 10; or
 - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
 - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
 - 2.4 Patient has an ileostomy or colostomy and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids.

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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

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Paediatric patient has active Crohn's disease; and
- 2 Either:
 - 2.1 Patient has a PCDAI score of greater than or equal to 30; or
 - 2.2 Patient has extensive small intestine disease; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids.

Continuation - Crohn's disease - children

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or
- 2 PCDAI score is 15 or less: or
- 3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed.

Initiation - Crohn's disease - fistulising

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has confirmed Crohn's disease: and
- 2 Any of the following:
 - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
 - 2.2 Patient has one or more rectovaginal fistula(e); or
 - 2.3 Patient has complex peri-anal fistula; and
- 3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application.

Continuation - Crohn's disease - fistulising

Any relevant practitioner

Re-assessment required after 2 years

Fither:

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

Initiation - Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 4 months

Fither:

1 The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation; or

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- 2 Both:
 - 2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
 - 2.2 Any of the following:
 - 2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
 - 2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or
 - 2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Continuation - Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 The patient has had a good clinical response following 12 weeks' initial treatment; or
- 2 Following each 2 year treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or</p>
- 3 Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Initiation - Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 4 months

Either:

- 1 Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; or
- 2 Both:
 - 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
 - 2.2 Any of the following:
 - 2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
 - 2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
 - 2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Continuation - Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 Following each 2 year treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or</p>
- 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

Fither:

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- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects; or
 - 1.2.2 The patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis; or
- 2 All of the following:
 - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and
 - 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
 - 2.3 Patient has bilateral sacroiliitis demonstrated by radiology imaging; and
 - 2.4 Patient has not responded adequately to treatment with two or more NSAIDs, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis; and
 - 2.5 Either:
 - 2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following BASMI measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
 - 2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender; and
 - 2.6 A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment and is no more than 1 month old at the time of application.

Continuation - ankylosing spondylitis

Any relevant practitioner

Re-assessment required after 2 years

For applications where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less.

Initiation - Arthritis - oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Fither:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA; or
- 2 All of the following:
 - 2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and
 - 2.3 Either:
 - 2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose).

Continuation - Arthritis - oligoarticular course juvenile idiopathic

Any relevant practitioner

Re-assessment required after 2 years

Fither:

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

Initiation - Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA); and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA; or
- 2 All of the following:
 - 2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and
 - 2.3 Any of the following:
 - 2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Continuation - Arthritis - polyarticular course juvenile idiopathic

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

Initiation - Arthritis - psoriatic

Rheumatologist

Re-assessment required after 6 months

Fither:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis; or
- 2 All of the following:
 - 2.1 Patient has had active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
 - 2.3 Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated); and

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- 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
 - 2.5.1 Patient has CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated ESR greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation - Arthritis - psoriatic

Any relevant practitioner

Re-assessment required after 2 years

Fither:

- 1 Following initial treatment, the patient has at least a 50% decrease in swollen joint count from baseline and a clinically significant response in the opinion of the physician: or
- 2 Patient demonstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response in the opinion of the treating physician.

Initiation - Arthritis - rheumatoid

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects; or
 - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis; or
- 2 All of the following:
 - 2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
 - 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 Fither:
 - 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.

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

continued...

Continuation - Arthritis - rheumatoid

Any relevant practitioner

Re-assessment required after 2 years

Fither:

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

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

Rheumatologist

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for (AOSD); and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
 - 1.2.2 Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab; or
- 2 All of the following:
 - 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria; and
 - 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, NSAIDs and methotrexate; and
 - 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Initiation - ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis: and
- 2 Either:
 - 2.1 Patient's SCCAI score is greater than or equal to 4; or
 - 2.2 Patient's PUCAI score is greater than or equal to 20; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and systemic corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

Continuation - ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Either:

- 1 The SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on biologic therapy: or
- 2 The PUCAI score has reduced by 10 points or more from the PUCAI score when the patient was initiated on biologic therapy

Initiation - undifferentiated spondyloarthiritis

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

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

- 2 Patient has tried and not responded to at least three months of each of methotrexate, sulphasalazine and leflunomide, at maximum tolerated doses (unless contraindicated); and
- 3 Any of the following:
 - 3.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 3.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
 - 3.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Note: Indications marked with * are unapproved indications.

Continuation - undifferentiated 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.

Initiation - inflammatory bowel arthritis - axial

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has axial inflammatory pain for six months or more; and
- 3 Patient is unable to take NSAIDs; and
- 4 Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI; and
- 5 Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and
- 6 A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment.

Continuation - inflammatory bowel arthritis - axial

Any relevant practitioner

Re-assessment required after 2 years

Where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less.

Initiation - inflammatory bowel arthritis - peripheral

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and
- 3 Patient has tried and not experienced a response to at least three months of methotrexate, or azathioprine at a maximum tolerated dose (unless contraindicated); and
- 4 Patient has tried and not experienced a response to at least three months of sulphasalazine at a maximum tolerated dose (unless contraindicated); and
- 5 Any of the following:

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

continued...

- 5.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
- 5.2 Patient has an ESR greater than 25 mm per hour; or
- 5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation - inflammatory bowel arthritis - peripheral

Any relevant practitioner

Re-assessment required after 2 years

Either:

- 1 Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 Patient demonstrates at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician.

ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) - Restricted see terms below

1	Inj 20 mg per 0.2 ml prefilled syringe	1 500 06	2	Humira
	Inj 40 mg per 0.4 ml prefilled syringe		2	Humira
	Inj 40 mg per 0.4 ml prefilled syringe		2	HumiraPen
_	Inj 40 mg per 0.4 ml promied per		2	HumiraPen
	Inj 40 mg per 0.8 ml syringe		2	Humira

(HumiraPen Inj 40 mg per 0.8 ml pen to be delisted 1 March 2024)

(Humira Inj 40 mg per 0.8 ml syringe to be delisted 1 March 2024)

→ Restricted (RS1922)

Initiation - Behcet's disease - severe

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Behcet's disease - severe

Any relevant practitioner

Re-assessment required after 6 months

Both:

- 1 The patient has had a good clinical response to treatment with measurably improved quality of life; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation - Hidradenitis suppurativa

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

- 1 Fither:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or

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

continued...

- 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 7 days. Fortnightly dosing has been considered.

Continuation - Hidradenitis suppurativa

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

- 1 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; and
- 2 The patient has a Dermatology Quality of Life Index improvement of 4 or more from baseline; and
- 3 Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered.

Initiation - Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Both:
 - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
 - 1.1.2 Either:
 - 1.1.2.1 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
 - 1.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or
 - 1.2 Both:
 - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
 - 1.2.2 Either:
 - 1.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
 - 1.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline

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

continued...

value: and

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

Initiation - Pyoderma gangrenosum

Dermatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 A maximum of 8 doses.

Continuation - Pyoderma gangrenosum

Dermatologist

Re-assessment required after 6 months

Both:

- 1 The patient has demonstrated clinical improvement and continues to require treatment; and
- 2 A maximum of 8 doses.

Initiation - Crohn's disease - adult

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Crohn's disease - adult

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation - Crohn's disease - children

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

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

continued...

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Crohn's disease - children

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or
 - 1.2 PCDAI score is 15 or less; or
 - 1.3 The patient has demonstrated an adequate response to treatment, but PCDAI score cannot be assessed; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation - Crohn's disease - fistulising

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Crohn's disease - fistulising

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

- 1 Fither:
 - 1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
 - 1.2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation - Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

1 Any of the following:

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

- 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
- 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
- 1.3 Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 1.1 The patient has had a good clinical response following 12 weeks' initial treatment; or
 - 1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
 - 1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and</p>
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation - Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 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</p>
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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

continued...

Initiation - ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Fither:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita); and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

- 1 Treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation - Arthritis - oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

Continuation - Arthritis - oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

For patients that demonstrate at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation - Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

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

continued...

Continuation - Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

For patients that demonstrate at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation - Arthritis - psoriatic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation - Arthritis - psoriatic

Named specialist or rheumatologist

Re-assessment required after 6 months

Both:

- 1 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation - Arthritis - rheumatoid

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Fither:
 - 4.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
 - 4.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

Continuation - Arthritis - rheumatoid

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

- 1 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and
- 2 Fither
 - 2.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or

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

continued...

2.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

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

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment: or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

Continuation - Still's disease - adult-onset (AOSD)

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

the patient has demonstrated a sustained improvement in inflammatory markers and functional status.

AFLIBERCEPT - Restricted see terms below

→ 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 Fither:
 - 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
 - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
 - 1.3 There is no structural damage to the central fovea of the treated eye; and
 - 1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or
- 2 Either:
 - 2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
 - 2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment.

Continuation - Wet Age Related Macular Degeneration

Ophthalmologist or nurse practitioner

Re-assessment required after 12 months

All of the following:

1 Documented benefit must be demonstrated to continue; and

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

continued...

- 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

t	Inj 20 mg vial2,560	0.00	1	Simulect
_	Postrioted (PS1202)			

→ Restricted (RS1203)

Initiation

For use in solid organ transplants.

BENRALIZUMAB - Restricted see terms below

⇒ 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 × 10⁹ cells/L in the last 12 months; and
- 5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long-acting beta-2 agonist, or budesonide/formoterol as part of the anti-inflammatory reliever therapy plus maintenance regimen, unless contraindicated or not tolerated; and
- 6 Fither:
 - 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

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

continued...

- 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 Fither:
 - 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

Otolarvngologist

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

Fither:

- 1 Ocular neovascularisation: or
- 2 Exudative ocular angiopathy.

CASIRIVIMAB AND IMDEVIMAB - Restricted see terms on the next page

Inj 120 mg per ml casirivimab, 11.1 ml vial (1) and inj 120 mg per ml

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

→ 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 Fither:
 - 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)

CETUXIMAB - Restricted see terms below

1	Inj 5 mg per ml, 20 ml vial364.00	1	Erbitux
t	Inj 5 mg per ml, 100 ml vial	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

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

→ Restricted (RS1923)

Initiation

All of the following:

- 1 Patient has not received prior chemotherapy for this condition; and
- 2 Patient has de novo CD33-positive acute myeloid leukaemia; and
- 3 Patient does not have acute promyelocytic leukaemia; and
- 4 Gemtuzumab ozogamicin will be used in combination with standard anthracycline and cytarabine (AraC); and
- 5 Patient is being treated with curative intent; and
- 6 Patient's disease risk has been assessed by cytogenetic testing to be good or intermediate; and
- 7 Patient must be considered eligible for standard intensive remission induction chemotherapy with standard anthracycline and cytarabine (AraC); and
- 8 Gemtuzumab ozogamicin to be funded for one course only (one dose at 3 mg per m² body surface area or up to 2 vials of 5 mg as separate doses).

Note: Acute myeloid leukaemia excludes acute promyelocytic leukaemia and acute myeloid leukaemia that is secondary to another haematological disorder (eg myelodysplasia or myeloproliferative disorder).

INFLIXIMAB - Restricted see terms below

I Inj 100 mg − **5% DV Sep-20 to 2025**428.00 1 **Remicade**

→ Restricted (RS1941)

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.

Initiation - ankylosing spondylitis

Rheumatologist

Re-assessment required after 3 months

Both:

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

continued...

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Fither:
 - 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
- 2 Both:
 - 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
 - 2.2 Any of the following:

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

continued...

- 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</p>
- 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 Fither:
 - 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</p>
- 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.

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

continued...

Initiation - Pulmonary sarcoidosis

Both:

- 1 Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and
- 2 Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

Initiation - Crohn's disease (adults)

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active Crohn's disease: and
- 2 Any of the following:
 - 2.1 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; or
 - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
 - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection;
 - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids.

Continuation - Crohn's disease (adults)

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 1 Any of the following:
 - 1.1 CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced by 3 points, from when the patient was initiated on infliximab; or
 - 1.2 CDAI score is 150 or less, or HBI is 4 or less; or
 - 1.3 The patient has demonstrated an adequate response to treatment but CDAI score and/or HBI score cannot be assessed; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation - Crohn's disease (children)

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Paediatric patient has active Crohn's disease; and
- 2 Either:
 - 2.1 Patient has a PCDAI score of greater than or equal to 30; or
 - 2.2 Patient has extensive small intestine disease; and
- 3 Patient has tried but experienced an inadequate response to, or intolerable side effects from, prior therapy with immunomodulators and corticosteroids.

Continuation - Crohn's disease (children)

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on infliximab; or

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

continued...

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

Initiation - fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 6 months

Both:

- 1 Patient has confirmed Crohn's disease: and
- 2 Any of the following:
 - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
 - 2.2 Patient has one or more rectovaginal fistula(e); or
 - 2.3 Patient has complete peri-anal fistula.

Continuation - fistulising Crohn's disease

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 1 Fither:
 - 1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
 - 1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation - acute fulminant ulcerative colitis

Gastroenterologist

Limited to 6 weeks treatment

Both:

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

Continuation - fulminant ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation - ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis: and
- 2 Fither:

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

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- 2.1 Patients SCCAI is greater than or equal to 4; or
- 2.2 Patients PUCAI score is greater than or equal to 20; and
- 3 Patient has experienced an inadequate response to, or intolerable side effects from, prior therapy with immunomodulators and systemic corticosteroids.

Continuation - ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 1 Either:
 - 1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
 - 1.2 The PUCAI score has reduced by 30 points or more from the PUCAI score when the patient was initiated on infliximab; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation - plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Fither:

- 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
 - 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.

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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 plague 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 Fither:
 - 4.1 IV cyclophosphamide has been tried; or
 - 4.2 Treatment with IV cyclophosphamide is clinically inappropriate.

Continuation - neurosarcoidosis

Neurologist

Re-assessment required after 18 months

Either:

- 1 A withdrawal period has been tried and the patient has relapsed; or
- 2 All of the following:
 - 2.1 A withdrawal period has been considered but would not be clinically appropriate; and
 - 2.2 There has been a marked reduction in prednisone dose; and
 - 2.3 Either:
 - 2.3.1 There has been an improvement in MRI appearances; or
 - 2.3.2 Marked improvement in other symptomology.

Initiation - severe Behcet's disease

Re-assessment required after 4 months

All of the following:

- 1 The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and
- 2 Fither:

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

continued...

- 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.

Initiation - Inflammatory bowel arthritis (axial)

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has had axial inflammatory pain for six months or more; and
- 3 Patient is unable to take NSAIDs; and
- 4 Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI; and
- 5 Patient has not experienced an adequate response to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and
- 6 Patient has a BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment.

Continuation - Inflammatory bowel arthritis (axial)

Re-assessment required after 2 years

Where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10-point scale, or an improvement in BASDAI of 50%, whichever is less.

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Initiation - Inflammatory bowel arthritis (peripheral)

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and
- 3 Patient has tried and not experienced a response to at least three months of methotrexate or azathioprine at a maximum tolerated dose (unless contraindicated); and
- 4 Patient has tried and not experienced a response to at least three months of sulfasalazine at a maximum tolerated dose (unless contraindicated); and
- 5 Any of the following:
 - 5.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 5.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
 - 5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation - Inflammatory bowel arthritis (peripheral)

Re-assessment required after 2 years

Either:

- 1 Following initial treatment, patient has experienced at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 Patient has experienced at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician.

MEPOLIZUMAB - Restricted see terms below

1	Inj 100 mg prefilled pen	1,638.00	1	Nucala
1	Inj 100 mg vial	1,638.00	1	Nucala
_	Postrioted (PS1019)			

→ Restricted (RS1918)

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 x 10⁹ 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

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

→ 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</p>
- 4 Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL: and
- 5 Patient has good performance status; and
- 6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.

* greater than or equal to 1.5×10^9 /L and platelets greater than or equal to 75×10^9 /L

Initiation - follicular / marginal zone lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Fither:
 - 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

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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

t	Inj 150 mg prefilled syringe	450.00	1	Xolair
	Inj 150 mg vial		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; 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

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- 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 Fither:
 - 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

(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:

- 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

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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

- → Restricted (RS1551)

Initiation

Re-assessment required after 12 months

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 Patient is chemotherapy treatment naive; or
 - 2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
- 3 The patient has good performance status (ECOG grade 0-1); and
- 4 Pertuzumab to be administered in combination with trastuzumab; and
- 5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
- 6 Pertuzumab to be discontinued at disease progression.

Continuation

Re-assessment required after 12 months

Both:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab.

RANIBIZUMAB - Restricted see terms below

- Inj 10 mg per ml, 0.23 ml vial
- Ini 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

Fither:

1 All of the following:

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- 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 eve; 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

t	Inj 10 mg per ml, 10 ml vial	2	Mabthera
t	Inj 10 mg per ml, 50 ml vial2,688.30	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
 - 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 Fither:
 - 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

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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 hydroxychloroguine 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
 - 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 Fither:

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- 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 Fither
 - 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

t	Inj 10 mg per ml, 10 ml vial	275.33	2	Riximyo
t	Inj 10 mg per ml, 50 ml vial	688.20	1	Riximyo
	B (D04070)			

→ Restricted (RS1973)

Initiation - haemophilia with inhibitors

Haematologist

Any of the following:

- 1 Patient has mild congenital haemophilia complicated by inhibitors; or
- 2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or
- 3 Patient has acquired haemophilia.

Continuation - haemophilia with inhibitors

Haematologist

All of the following:

- 1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 3 Patient now requires repeat treatment.

Initiation - post-transplant

Both:

- 1 The patient has B-cell post-transplant lymphoproliferative disorder*; and
- 2 To be used for a maximum of 8 treatment cycles.

Note: Indications marked with * are unapproved indications.

Continuation - post-transplant

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
- 3 To be used for no more than 6 treatment cycles.

Note: Indications marked with * are unapproved indications.

Initiation - indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 9 months

Either:

- 1 Both:
 - 1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
 - 1.2 To be used for a maximum of 6 treatment cycles; or
- 2 Both:
 - 2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy;

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and

2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Continuation - indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 12 months

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
- 3 To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Initiation - aggressive CD20 positive NHL

Either:

- 1 All of the following:
 - 1.1 The patient has treatment naive aggressive CD20 positive NHL; and
 - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
 - 1.3 To be used for a maximum of 8 treatment cycles; or
- 2 Both:
 - 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
 - 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

Continuation - aggressive CD20 positive NHL

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
- 3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 4 To be used for a maximum of 4 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

Initiation - Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 Any of the following:
 - 2.1 The patient is rituximab treatment naive; or
 - 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 Fither:
 - 4.1 The patient does not have chromosome 17p deletion CLL: or

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- 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
- 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

Fither:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or
- 2 All of the following:
 - 2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
 - 2.2 An initial response lasting at least 12 months was demonstrated; and

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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

Fither:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or
- 2 All of the following:
 - 2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
 - 2.2 An initial response lasting at least 12 months was demonstrated; and
 - 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 1 Either:
 - 1.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
 - 1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and
- 2 Any of the following:
 - 2.1 Treatment with steroids and splenectomy have been ineffective; or
 - 2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
 - 2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy); and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation - immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 8 weeks

Fither:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or

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- 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 Fither:
 - 2.1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
 - 2.2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

Continuation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 3 Patient now requires repeat treatment: and
- 4 The total rituximab dose used would not exceed the equivalent of 375 mg/m2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initiation - pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.

Note: Indications marked with * are unapproved indications.

Continuation - pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

Patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months.

Note: Indications marked with * are unapproved indications.

Initiation - ANCA associated vasculitis

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and
- 3 Any of the following:
 - 3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
 - 3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction

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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/m² of body-surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications.

Initiation - treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

- 1 The patient has severe, immediately life- or organ-threatening SLE*; and
- 2 The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and
- 3 The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
- 4 Maximum of four 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Continuation - treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

- 1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
- 2 The disease has subsequently relapsed; and
- 3 Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Initiation - Antibody-mediated organ transplant rejection

Patient has been diagnosed with antibody-mediated organ transplant rejection*.

Note: Indications marked with * are unapproved indications.

Initiation - ABO-incompatible organ transplant

Patient is to undergo an ABO-incompatible solid organ transplant*.

Note: Indications marked with * are unapproved indications.

Initiation - Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Nephrologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient is a child with SDNS* or FRNS*; and
- 2 Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
- 3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
- 4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
- 5 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

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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/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

Initiation - Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
- 2 Treatment with tacrolimus for at least 3 months has been ineffective; and
- 3 Genetic causes of nephrotic syndrome have been excluded; and
- 4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

Continuation - Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
- 2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with a * are unapproved indications.

Initiation - Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 6 months

Both:

- 1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m2 administered weekly for four weeks; and
- 2 Either:
 - 2.1 The patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms and clinical investigations supportive of a severe attack of NMOSD); or
 - 2.2 All of the following:
 - 2.2.1 The patient has experienced a breakthrough attack of NMOSD; and
 - 2.2.2 The patient is receiving treatment with mycophenolate; and
 - 2.2.3 The patients is receiving treatment with corticosteroids.

Continuation - Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 2 years

All of the following:

1 One of the following dose regimens is to be used: 2 doses of 1.000 mg rituximab administered fortnightly, or 4 doses of

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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 Fither:
 - 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 Fither:
 - 3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or
 - 3.2 Both:
 - 3.2.1 The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and
 - 3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects

Initiation - Severe antisynthetase syndrome

Re-assessment required after 12 months

All of the following:

- 1 Patient has confirmed antisynthetase syndrome; and
- 2 Patient has severe, immediately life or organ threatening disease, including interstitial lung disease; and
- 3 Either:
 - 3.1 Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not 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

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3 Maximum of two cycles of 2 x 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/m² of body surface area per week for a total of 4 weeks

Initiation - severe chronic inflammatory demyelinating polyneuropathy

Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe chronic inflammatory demyelinating polyneuropathy (CIPD); and
- 2 Fither:
 - 2.1 Both:
 - 2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease; and
 - 2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
 - 2.2 Rapid treatment is required due to life threatening complications; and
- 3 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

Continuation - severe chronic inflammatory demyelinating polyneuropathy

Neurologist or medical practitioner on the recommendation of a Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline; and
- 2 The patient has not received rituximab in the previous 6 months; and
- 3 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

Initiation – anti-NMDA receptor autoimmune encephalitis

Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe anti-NMDA receptor autoimmune encephalitis; and
- 2 Fither:
 - 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.

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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
- 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
- 1 Patient was 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

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- 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

Fither:

- 1 All of the following:
 - 1.1 Patient has severe rapidly progressive pemphigus; and
 - 1.2 Is used in combination with systemic corticosteroids (20 mg/day); and
 - 1.3 Any of the following:
 - 1.3.1 Skin involvement is at least 5% body surface area; or
 - 1.3.2 Significant mucosal involvement (10 or more mucosal erosions) or diffuse gingivitis or confluent large erosions; or
 - 1.3.3 Involvement of two or more mucosal sites: or

2 Both:

- 2.1 Patient has pemphigus; and
- 2.2 Patient has not experienced adequate clinical benefit from systemic corticosteroids (20 mg/day) in combination with a steroid sparing agent, unless contraindicated.

Note: Indications marked with * are unapproved indications.

Continuation - 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.

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Initiation - immunoglobulin G4-related disease (IgG4-RD*)

Re-assessment required after 6 weeks

All of the following:

- 1 Patient has confirmed diagnosis of IgG4-RD*; and
- 2 Fither
 - 2.1 Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs for at least 3 months has been ineffective in lowering corticosteroid dose below 5 mg per day (prednisone equivalent) without relapse; or
 - 2.2 Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs is contraindicated or associated with evidence of toxicity or intolerance; and
- 3 Total rituximab dose used should not exceed a maximum of two 1000 mg infusions of rituximab given two weeks apart.

Note: Indications marked with * are unapproved indications.

Continuation - immunoglobulin G4-related disease (IgG4-RD*)

Re-assessment required after 12 months

All of the following:

- 1 Either:
 - 1.1 Treatment with rituximab for IgG4-RD* was previously successful and patient's disease has demonstrated sustained response, but the condition has relapsed; or
 - 1.2 Patient is receiving maintenance treatment for IgG4-RD*; and
- 2 Rituximab re-treatment not to be given within 6 months of previous course of treatment; and
- 3 Maximum of two 1000 mg infusions of rituximab given two weeks apart.

Note: Indications marked with * are unapproved indications.

SECUKINUMAB - Restricted see terms below

→ 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

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2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

Initiation – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
 - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 3 A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or 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

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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:
 - 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 Fither:
 - 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

t	Inj 100 mg vial770.57	1	Sylvant
	Inj 400 mg vial		Sylvant

⇒ Restricted (RS1525)

Initiation

Haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

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- 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.

TIXAGEVIMAB WITH CILGAVIMAB - Restricted see terms below

→ 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

1	Inj 20 mg per ml, 4 ml vial220.0	0 1	Actemra
t	Inj 20 mg per ml, 10 ml vial550.0	0 1	Actemra
	Inj 20 mg per ml, 20 ml vial		Actemra
\rightarrow	Restricted (RS1924)		

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.

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Initiation – Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Limited to 6 months treatment

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Fither:
 - 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 Fither:
 - 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 Fither:
 - 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

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

continued...

2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

Initiation - adult-onset Still's disease

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Fither:
 - 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 Fither:
 - 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.

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

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

t	Inj 150 mg vial1,350.00	1	Herceptin
t	Inj 440 mg vial	1	Herceptin

→ Restricted (RS1554)

Initiation - Early breast cancer

Limited to 12 months treatment

All of the following:

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

- 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

t	Inj 100 mg vial2,320.00	1	Kadcyla
t	Inj 160 mg vial	1	Kadcyla
\Rightarrow	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 Fither:
 - 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 Fither:
 - 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	
USTEKINUMAB − Restricted see terms below Inj 130 mg vial	4 162 00	1	Stelara	
Inj 90 mg per ml, 1 ml prefilled syringe		1	Stelara	

Initiation - Crohn's disease - adults

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or
- 2 Both:
 - 2.1 Patient has active Crohn's disease; and
 - 2.2 Fither:
 - 2.2.1 Patient has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
 - 2.2.2 Both:
 - 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and
 - 2.2.2.2 Other biologics for Crohn's disease are contraindicated.

Continuation - Crohn's disease - adults

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 1.1 CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy; or
 - 1.2 CDAI score is 150 or less, or HBI is 4 or less; or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed: and
- 2 Ustekinumab to be administered at a dose no greater than 90 mg every 8 weeks.

Initiation - Crohn's disease - children*

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or
- 2 Both:
 - 2.1 Patient has active Crohn's disease: and
 - 2.2 Fither:
 - 2.2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria: or
 - 2.2.2 Both:
 - 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and
 - 2.2.2.2 Other biologics for Crohn's disease are contraindicated.

Note: Indication marked with * is an unapproved indication.

Continuation - Crohn's disease - children*

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy; or
 - 1.2 PCDAI score is 15 or less: or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed; and

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

continued...

2 Ustekinumab to administered at a dose no greater than 90 mg every 8 weeks.

Note: Indication marked with * is an unapproved indication.

Initiation - ulcerative colitis

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or
- 2 Both:
 - 2.1 Patient has active ulcerative colitis: and
 - 2.2 Either:
 - 2.2.1 Patient has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria: or
 - 2.2.2 Both:
 - 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for ulcerative colitis; and
 - 2.2.2.2 Other biologics for ulcerative colitis are contraindicated.

Continuation - ulcerative colitis

Re-assessment required after 12 months

Both:

- 1 Fither:
 - 1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy; or
 - 1.2 PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy*; and
- 2 Ustekinumab will be used at a dose no greater than 90 mg intravenously every 8 weeks.

Note: Criterion marked with * is for an unapproved indication.

VEDOLIZUMAB - Restricted see terms below

→ Restricted (RS1943)

Initiation - Crohn's disease - adults

Re-assessment required after 6 months

All of the following:

- 1 Patient has active Crohn's disease: and
- 2 Any of the following:
 - 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
 - 2.2 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; or
 - 2.3 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
 - 2.4 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
 - 2.5 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Any of the following:
 - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
 - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
 - 3.3 Immunomodulators and corticosteroids are contraindicated.

Continuation - Crohn's disease - adults

Re-assessment required after 2 years

Both:

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

continued...

- 1 Any of the following:
 - 1.1 CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy; or
 - 1.2 CDAI score is 150 or less, or HBI is 4 or less; or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed: and
- 2 Vedolizumab to administered at a dose no greater than 300 mg every 8 weeks.

Initiation - Crohn's disease - children*

Re-assessment required after 6 months

All of the following:

- 1 Paediatric patient has active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
 - 2.2 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
 - 2.3 Patient has extensive small intestine disease; and
- 3 Any of the following:
 - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
 - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
 - 3.3 Immunomodulators and corticosteroids are contraindicated.

Note: Indication marked with * is an unapproved indication.

Continuation - Crohn's disease - children*

Re-assessment required after 2 years

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy; or
 - 1.2 PCDAI score is 15 or less: or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed; and
- 2 Vedolizumab to administered at a dose no greater than 300mg every 8 weeks.

Note: Indication marked with * is an unapproved indication.

Initiation - ulcerative colitis

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis; and
- 2 Any of the following:
 - 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
 - 2.2 Patient has a SCCAI score is greater than or equal to 4; or
 - 2.3 Patient's PUCAI score is greater than or equal to 20*; and
- 3 Any of the following:
 - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
 - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
 - 3.3 Immunomodulators and corticosteroids are contraindicated.

Note: Indication marked with * is an unapproved indication.

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

continued...

Continuation - ulcerative colitis

Re-assessment required after 2 years

Both:

- 1 Either:
 - 1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy; or
 - 1.2 The PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy *; and
- 2 Vedolizumab will be used at a dose no greater than 300 mg intravenously every 8 weeks.

Note: Indication marked with * is an unapproved indication.

Programmed Cell Death-1 (PD-1) Inhibitors

ATEZOLIZUMAB - Restricted see terms below

⇒ Restricted (RS1974)

Initiation - non-small cell lung cancer second line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic non-small cell lung cancer; and
- 2 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 3 There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 4 Patient has an ECOG 0-2: and
- 5 Patient has documented disease progression following treatment with at least two cycles of platinum-based chemotherapy; and
- 6 Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
- 7 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – non-small cell lung cancer second line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment; or
 - 1.2 Patient's disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
- 3 No evidence of disease progression; and
- 4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
- 5 Atezolizumab to be used at a maximum dose of 1200 mg every three weeks (or equivalent); and
- 6 Treatment with atezolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

DURVALUMAB - Restricted see terms below

t	Inj 50 mg per ml, 10 ml vial	4,700.00	1	Imfinzi
	Inj 50 mg per ml, 2.4 ml vial		1	Imfinzi

→ Restricted (RS1926)

Initiation - Non-small cell lung cancer

Medical oncologist

Re-assessment required after 3 months

All of the following:

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

continued...

- 1 Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC); and
- 2 Patient has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy; and
- 3 Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment; and
- 4 Patient has a ECOG performance status of 0 or 1; and
- 5 Patient has completed last radiation dose within 8 weeks of starting treatment with durvalumab; and
- 6 Patient must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition; and
- 7 Either:
 - 7.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or
 - 7.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and
- 8 Treatment with durvalumab to cease upon signs of disease progression.

Continuation - Non-small cell lung cancer

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

t	Inj 10 mg per ml, 4 ml vial	1	Opdivo
t	Inj 10 mg per ml, 10 ml vial2,629.96	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
- 4 Fither
 - 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

Fither:

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

continued...

- 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 below

Initiation

Medical oncologist

Tricalcal cricologist

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

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(ex man. excl. GS		Generic	
 \$	Per	Manufacturer	

continued...

- 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.
- 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.

Initiation - non-small cell lung cancer first-line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- 2 Patient has not had chemotherapy for their disease in the palliative setting; and
- 3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and

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(ex man. e	xcl. GST)	_	Generic
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continued...

- 4 There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used as monotherapy; and
- 6 Fither:
 - 6.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or
 - 6.2 Both:
 - 6.2.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and
 - 6.2.2 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and
- 7 Patient has an ECOG 0-2; and
- 8 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
- 9 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation - non-small cell lung cancer first-line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment: or
 - 1.2 Patient's disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
- 3 No evidence of disease progression; and
- 4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
- 5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation - non-small cell lung cancer first-line combination therapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- 2 The patient has not had chemotherapy for their disease in the palliative setting; and
- 3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 4 There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used in combination with platinum-based chemotherapy; and
- 6 Patient has an ECOG 0-2; and
- 7 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
- 8 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation - non-small cell lung cancer first-line combination therapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

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continued...

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment; or
 - 1.2 Patient's disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period: and
- 3 No evidence of disease progression; and
- 4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
- 5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Other Immunosuppressants ANTITHYMOCYTE GLOBULIN (FOLINE)

5	ATGAM
60	Azamun
100	Azamun
1	OncoTICE
30	Afinitor
30	Afinitor
	60 100

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.

MYCOPHENOLATE MOFETIL

Tab 500 mg35.90	50	CellCept
Cap 250 mg35.90	100	CellCept
Powder for oral liq 1 g per 5 ml	165 ml	CellCept
Inj 500 mg vial133.33	4	CellCept

	Price (ex man. excl. GST)		Brand or Generic	
	\$	Per	Manufacturer	
PICIBANIL				
Inj 100 mcg vial				
SIROLIMUS - Restricted see terms below				
	749.99	100	Rapamune	
	1,499.99	100	Rapamune	
	449.99	60 ml	Rapamune	
⇒ Restricted (RS1971)				

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.

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

continued...

Continuation - renal angiomyolipoma(s) associated with tuberous sclerosis complex*

Re-assessment required after 12 months

All of the following:

- 1 Documented evidence of renal angiomyolipoma reduction or stability by magnetic resonance imaging (MRI) or ultrasound; and
- 2 Demonstrated stabilisation or improvement in renal function; and
- 3 The patient has not experienced angiomyolipoma haemorrhage or significant adverse effects to sirolimus treatment; and
- 4 The treatment remains appropriate and the patient is benefitting from treatment.

Note: Indications marked with * are unapproved indications

Initiation – refractory seizures associated with tuberous sclerosis complex*

Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has epilepsy with a background of documented tuberous sclerosis complex*; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Vigabatrin has been trialled and has not adequately controlled seizures; and
 - 2.1.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least two of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); or
 - 2.2 Both:
 - 2.2.1 Vigabatrin is contraindicated; and
 - 2.2.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least three of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); and
- 3 Seizures have a significant impact on quality of life; and
- 4 Patient has been assessed and surgery is considered inappropriate for this patient, or the patient has been assessed and would benefit from mTOR inhibitor treatment prior to surgery.

Note: Those of childbearing potential are not required to trial phenytoin sodium, sodium valproate, and topiramate.

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

t	Tab 2 mg	28	Olumiant
1	Tab 4 mg	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

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

continued...

- 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 below

■ Tab 15 mg1,271.00 28 RINVOQ

⇒ 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

Fither:

- 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	Brand or	
(ex man. excl. GST)	Generic	
\$ F	Per Manufacture	r

Antiallergy Preparations

Allergic Emergencies

ADRENALINE - Restricted see terms below

t	Inj 0.15 mg per 0.3 ml auto-injector - 5% DV Jul-23 to 2025	90.00	1	Epipen Jr
1	Ini 0.3 mg per 0.3 ml auto-injector - 5% DV Jul-23 to 2025	90.00	1	Epipen

→ Restricted (RS1944)

Initiation - anaphylaxis

Either:

- 1 Patient has experienced a previous anaphylactic reaction which has resulted in presentation to a hospital or emergency department; or
- 2 Patient has been assessed to be at significant risk of anaphylaxis by a relevant practitioner.

ICATIBANT - Restricted see terms below

Inj 10 mg per ml, 3 ml prefilled syringe.......2,668.00 1 Firazyr

→ Restricted (RS1501)

Initiation

Clinical immunologist or relevant specialist

Re-assessment required after 12 months

Both:

- 1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
- 2 The patient has undergone product training and has agreed upon an action plan for self-administration.

Continuation

Re-assessment required after 12 months

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

Allergy Desensitisation

BEE VENOM - Restricted see terms below

- Maintenance kit 6 vials 120 mcg freeze dried venom, with diluent
- Inj 550 mcg vial with diluent

1	Initiation Kit - 5 vials freeze dried venom with diluent	0 1	VENOX
1	Maintenance Kit - 1 vial freeze dried venom with diluent305.0	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

- Inj 550 mcg vial with diluent
- → Restricted (RS1118)

Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

YELLOW JACKET WASP VENOM - Restricted see terms on the next page

- Inj 550 mcg vial with diluent

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

→ Restricted (RS1119)

Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

Allergy Prophylactics		
BUDESONIDE Nasal spray 50 mcg per dose	200 dose 200 dose	SteroClear SteroClear
Nasal spray 50 mcg per dose – 5% DV Dec-21 to 2024	120 dose	Flixonase Hayfever & Allergy
Aqueous nasal spray 0.03%	15 ml	Univent
Antihistamines		
CETIRIZINE HYDROCHLORIDE Tab 10 mg - 5% DV Sep-23 to 2026	100 200 ml	Zista Histaclear
Tab 10 mg - 5% DV Feb-23 to 2025 1.78 Oral liq 1 mg per ml 1.43 PROMETHAZINE HYDROCHLORIDE 1.39 Tab 10 mg - 5% DV Sep-22 to 2025 1.39 Tab 25 mg - 5% DV Sep-22 to 2025 1.58	100 100 ml 50 50	Lorafix Haylor Syrup Allersoothe Allersoothe
Oral liq 1 mg per ml 3.39 Inj 25 mg per ml, 2 ml ampoule 21.09	100 ml 5	Allersoothe Hospira

						=	
Products wit	h Hoenital	Sunnly	Status	(HSS)	aro i	n I	hold

Nebuliser soln 250 mcg per ml, 1 ml ampoule

Anticholinergic Agents

Aerosol inhaler 20 mcg per dose

20

Univent

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

Anticholinergic Agents with Beta-Adrenoceptor Agonists

SALBUTAMOL WITH IPRATROPIUM BROMIDE

Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose

Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml

Long-Acting Muscarinic Agents

GLYCOPYRRONIUM

Duolin

20

TIOTROPIUM BROMIDE

Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.

UMECI IDINIUM

Note: Umeclidinium must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.

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 indacatero	or 110 mcg81.00	30 dose	Ullibro breezhaler
TIGTE CON III	B		

TIOTROPIUM BROMIDE WITH OLODATEROL - Restricted see terms above

\$\infty\$ Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg81.00 60 dose Spiolto Respimat

UMECLIDINIUM WITH VILANTEROL - Restricted see terms above

Antifibrotics

NINTEDANIR -	Restricted see terms on the next nage

1	Cap 100 mg2,554.00	60	Ofev
t	Cap 150 mg3,870.00	60	Ofev

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

→ Restricted (RS1813)

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 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

1	Tab 267 mg	. 1,215.00	90	Esbriet
t	Tab 801 mg	. 3,645.00	90	Esbriet
_	Postricted (DC1014)			

→ 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. GS \$	ST) Per	Brand or Generic Manufacturer
Beta-Adrenoceptor Agonists			
SALBUTAMOL			
Oral liq 400 mcg per ml – 5% DV Mar-22 to 2024 lnj 500 mcg per ml, 1 ml ampoule Inj 1 mg per ml, 5 ml ampoule	40.00	150 ml	Ventolin
Aerosol inhaler, 100 mcg per dose		200 dose	SalAir
Nebuliser soln 1 mg per ml, 2.5 ml ampoule - 5% DV Jan-22 to		20	Ventolin Asthalin
Nebuliser soln 2 mg per ml, 2.5 ml ampoule -5% DV Jan-22 to 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	2024 9.43	20	Asthalin
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
(AFT Pholcodine Linctus BP Oral liq 1 mg per ml to be delisted 1 Aug	gust 2023)		Dr
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			

200 dose

200 dose

200 dose

14.01

17.52

Beclazone 50

Beclazone 100

Beclazone 250

Qvar

Qvar

Aerosol inhaler 50 mcg per dose......8.54

Aerosol inhaler 100 mcg per dose......12.50

Aerosol inhaler 250 mcg per dose......22.67

BECLOMETHASONE DIPROPIONATE

	Price		Brand or
	(ex man. excl. GS \$	T) Per	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	7.19	120 dose	Flixotide
Powder for inhalation 50 mcg per dose		60 dose	Flixotide Accuhaler
Powder for inhalation 100 mcg per dose	7.81	60 dose	Flixotide Accuhaler
Aerosol inhaler 125 mcg per dose		120 dose	Flixotide
Aerosol inhaler 250 mcg per dose		120 dose	Flixotide
Powder for inhalation 250 mcg per dose	11.93	60 dose	Flixotide Accuhaler
Leukotriene Receptor Antagonists			
MONTELUKAST			
Tab 4 mg - 5% DV Dec-22 to 2025	3.10	28	Montelukast Mylan
Tab 5 mg - 5% DV Jul-23 to 2025	3.10	28	Montelukast Mylan
Tab 10 mm - F0/ DV Dag 00 to 0005	0.00	00	Montelukast Viatris
Tab 10 mg - 5% DV Dec-22 to 2025	2.90	28	Montelukast Mylan Montelukast Viatris
(Montelukast Mylan Tab 5 mg to be delisted 1 January 2024)			
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 (equivale	ent to		
eformoterol fumarate 6 mcg metered dose)	THE LO		
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-Adre	enoceptor Ago	nists	
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			
dose (equivalent to 200 mcg budesonide with 6 mcg eformote		400 -1	Due Deen Onton
fumarate metered dose)		120 dose	DuoResp Spiromax
Powder for inhalation 200 mcg with eformaterol fumarate 6 mcg		120 dose	Symbicort Turbuhaler
Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate pedose (equivalent to 400 mcg budesonide with 12 mcg eformoterol)			
fumarate metered dose)		120 dose	DuoResp Spiromax
Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg		60 dose	Symbicort Turbuhaler
			_ ,

	Price (ex man. excl. GS	ST)	Brand or Generic
	\$	Per	Manufacturer
FLUTICASONE FUROATE WITH VILANTEROL			
Powder for inhalation 100 mcg with vilanterol 25 mcg	44.08	30 dose	Breo Ellipta
FLUTICASONE WITH SALMETEROL			
Aerosol inhaler 50 mcg with salmeterol 25 mcg	25.79	120 dose	Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg		60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg	32.60	120 dose	Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg		60 dose	Seretide Accuhaler

AMINOPHYLLINE		
Inj 25 mg per ml, 10 ml ampoule180.00	0 5	DBL Aminophylline
CAFFEINE CITRATE		
Oral liq 20 mg per ml (caffeine 10 mg per ml)15.10	0 25 ml	Biomed
Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule	5 5	Biomed
THEOPHYLLINE		
Tab long-acting 250 mg23.94	4 100	Nuelin-SR
Oral liq 80 mg per 15 ml17.62	2 500 ml	Nuelin

Mucolytics and Expectorants

DORNASE ALFA - Restricted see terms below

¶ Nebuliser soln 2.5 mg per 2.5 ml ampoule250.00 6 Pulmozyme

→ Restricted (RS1787)

Initiation - cystic fibrosis

Respiratory physician or paediatrician

Re-assessment required after 12 months

All of the following:

- 1 Patient has a confirmed diagnosis of cystic fibrosis; and
- 2 Patient has previously undergone a trial with, or is currently being treated with, hypertonic saline; and
- 3 Any of the following:
 - 3.1 Patient has required one or more hospital inpatient respiratory admissions in the previous 12 month period; or
 - 3.2 Patient has had 3 exacerbations due to CF, requiring oral or intravenous (IV) antibiotics in in the previous 12 month period; or
 - 3.3 Patient has had 1 exacerbation due to CF, requiring oral or IV antibiotics in the previous 12 month period and a Brasfield score of < 22/25; or</p>
 - 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.

Brand or

Price

	(ex man.	excl. GST) \$	Per	Generic Manufacturer
ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR	- Rest	tricted see to	erms belov	V
Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56)	and and			
ivacaftor 75 mg (28)		647.39	84	Trikafta
Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56)				
ivacaftor 150 mg (28)	27,0	647.39	84	Trikafta
→ Restricted (RS1950)				

Initiation

All of the following:

- 1 Patient has been diagnosed with cystic fibrosis; and
- 2 Patient is 6 years of age or older; and
- 3 Either:
 - 3.1 Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
 - 3.2 Patient has a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and
- 4 Either:
 - 4.1 Patient has a heterozygous or homozygous F508del mutation; or
 - 4.2 Patient has a G551D mutation or other mutation responsive in vitro to elexacaftor/tezacaftor/ivacaftor (see note a); and
- 5 The treatment must be the sole funded CFTR modulator therapy for this condition; and
- 6 Treatment with elexacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Note:

 a) Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/212273s004lbl.pdf.

IVACAFTOR - Restricted see terms below

t	Tab 150 mg29,386.00	56	Kalydeco
	Oral granules 50 mg, sachet		Kalydeco
	Oral granules 75 mg, sachet		Kalydeco
	Participated (PC4040)		,

→ 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

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

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		Brand or Generic
	(ex man. excl. GST)	Per	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% – 5% DV Sep-23 to 2025	7.50 1.45	10 ml	Chlorafast
Eye drops 0.5%, single dose	1.45		Chlorsig
(Chlorafast Eye drops 0.5% to be delisted 1 September 2023)			
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%		3.5 g	Tobrex
Eye drops 0.3%	11.40	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 gramici	din		
50 mcg per ml			
DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN			
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulp		0.5 ~	Maxitrol
6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b	5.39	3.5 g	IVIAXILIUI
sulphate 6,000 u per ml	4.50	5 ml	Maxitrol
DEXAMETHASONE WITH TOBRAMYCIN		- "	
Eye drops 0.1% with tobramycin 0.3%	12.64	5 ml	Tobradex



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

FLUMETASONE PIVALATE WITH CLIQQUINOL

Ear drops 0.02% with clioquinol 1%

TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN

Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and

Anti-Inflammatory Preparations

Corticosteroids

DEXAMETHASONE

Eye oint 0.1%	3.5 g	Maxidex
Eye drops 0.1%	5 ml	Maxidex
	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.

		rice excl. GST) \$	Per	Brand or Generic Manufacturer
FLUOROMETHOLONE		<u>*</u>		
Eye drops 0.1% PREDNISOLONE ACETATE		3.09	5 ml	FML
Eye drops 0.12% Eye drops 1%		7.00 6.92	5 ml 10 ml	Pred Forte Prednisolone- AFT
PREDNISOLONE SODIUM PHOSPHATE Eye drops 0.5%, single dose (preservative free)			20 dose	Minims Prednisolone
Non-Steroidal Anti-Inflammatory Drugs				
DICLOFENAC SODIUM Eye drops 0.1% – 5% DV Nov-21 to 2024 KETOROLAC TROMETAMOL Eye drops 0.5% NEPAFENAC Eye drops 0.3%		8.80	5 ml	Voltaren Ophtha
Decongestants and Antiallergics				
Antiallergic Preparations				
LEVOCABASTINE Eye drops 0.05% LODOXAMIDE				
Eye drops 0.1%		8.71	10 ml	Lomide
Eye drops 0.1% – 5% DV Dec-22 to 2025		2.17	5 ml	Olopatadine Teva
Eye drops 2% – 5% DV Mar-23 to 2025		2.62	10 ml	Allerfix
Decongestants				
NAPHAZOLINE HYDROCHLORIDE Eye drops 0.1%(Naphcon Forte Eye drops 0.1% to be delisted 1 September 2023)		4.15	15 ml	Naphcon Forte
Diagnostic and Surgical Preparations				
Diagnostic Dyes				
FLUORESCEIN SODIUM Eye drops 2%, single dose Inj 10%, 5 ml vial Ophthalmic strips 1 mg FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE	1	25.00	12	Fluorescite

LISSAMINE GREEN

Ophthalmic strips 1.5 mg

Eye drops 0.25% with lignocaine hydrochloride 4%, single dose

Price Brand or (ex man. excl. GST) Generic Per Manufacturer \$ **BOSE BENGAL SODIUM** Ophthalmic strips 1% Irrigation Solutions MIXED SALT SOLUTION FOR EYE IRRIGATION Eve 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 bottle5.00 **Balanced Salt Solution** 15 ml 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 500 ml Balanced Salt Solution Ocular Anaesthetics OXYBUPROCAINE HYDROCHLORIDE Eye drops 0.4%, single dose PROXYMETACAINE HYDROCHI ORIDE Eye drops 0.5% TETRACAINE (AMETHOCAINE) HYDROCHLORIDE Eve 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 syringe50.00 Healon GV

> Healon GV Pro Healon 5

Healon

Duovisc

Duovisc

Viscoat

1

1

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

syringe74.00
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.75 ml syringe67.00

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

		SE	NSORY ORGANS
	Price (ex man. excl. \$	GST) Per	Brand or Generic Manufacturer
Other			
DISODIUM EDETATE Inj 150 mg per ml, 20 ml ampoule Inj 150 mg per ml, 20 ml vial Inj 150 mg per ml, 100 ml vial RIBOFLAVIN 5-PHOSPHATE			
Soln trans epithelial riboflavin Inj 0.1% Inj 0.1% plus 20% dextran T500			
Glaucoma Preparations			
Beta Blockers			
BETAXOLOL Eye drops 0.25%Eye drops 0.5%			Betoptic S Betoptic
TIMOLOL Eye drops 0.25% Eye drops 0.5% ⇒ Eye drops 0.5%, gel forming – Restricted: For continu (Timoptol XE Eye drops 0.5%, gel forming to be delisted 1 №	2.04 ation only3.78	5 ml	Arrow-Timolol Arrow-Timolol Timoptol XE
Carbonic Anhydrase Inhibitors			
ACETAZOLAMIDE Tab 250 mgInj 500 mg	17.03	3 100	Diamox
BRINZOLAMIDE Eye drops 1% - 5% DV Sep-21 to 2024	7.30) 5 ml	Azopt
DORZOLAMIDE – Restricted: For continuation only → Eye drops 2%			
DORZOLAMIDE WITH TIMOLOL Eye drops 2% with timolol 0.5% – 5% DV Dec-21 to 20	24 2.73	3 5 ml	Dortimopt
Miotics			
ACETYLCHOLINE CHLORIDE Inj 20 mg vial with diluent CARBACHOL			
Inj 150 mcg vial PILOCARPINE HYDROCHLORIDE			
Eye drops 1% Eye drops 2%			Isopto Carpine Isopto Carpine
Eye drops 2%, single dose Eye drops 4%	7.99) 15 ml	Isopto Carpine
Prostaglandin Analogues			

BIMATOPROST

Bimatoprost Multichem

3 ml

SENSORY ORGANS

Price (ex man. excl. GST) Brand or Generic Manufacturer	
Eye drops 0.005% - 5% DV Feb-22 to 2024	
LATANOPROST WITH TIMOLOL Eye drops 0.005% with timolol 0.5% 2.49 2.5 ml Arrow - Lattim TRAVOPROST Eye drops 0.004% - 5% DV Dec-21 to 2024 9.75 2.5 ml Travatan Sympathomimetics APRACLONIDINE Eye drops 0.5% 19.77 5 ml lopidine BRIMONIDINE TARTRATE Eye drops 0.2% - 5% DV Jan-22 to 2024 4.29 5 ml Arrow-Brimonid	
### TRAVOPROST Eye drops 0.004% - 5% DV Dec-21 to 2024	
Eye drops 0.004% - 5% DV Dec-21 to 2024	
APRACLONIDINE Eye drops 0.5%	
Eye drops 0.5% .19.77 5 ml lopidine BRIMONIDINE TARTRATE Eye drops 0.2% - 5% DV Jan-22 to 2024 .4.29 5 ml Arrow-Brimonid	
BRIMONIDINE TARTRATE Eye drops 0.2% - 5% DV Jan-22 to 2024	
Eye drops 0.2% – 5% DV Jan-22 to 2024	
BRIMONIDINE TARTRATE WITH TIMOLOL	ine
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%	
Eye drops 0.5%, single dose	
Eye drops 1%	
TROPICAMIDE	
Eye drops 0.5%	
Eye drops 1%	
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	
CARMELLOSE SODIUM WITH PECTIN AND GELATINE	
Eye drops 0.5% Eye drops 0.5%, single dose	
Eye drops 1%	
Eye drops 1%, single dose	

	Price excl. GST) \$	Per	Brand or Generic Manufacturer
HYPROMELLOSE			
Eye drops 0.5%	. 19.50	15 ml	Methopt
HYPROMELLOSE WITH DEXTRAN			
Eye drops 0.3% with dextran 0.1% Eye drops 0.3% with dextran 0.1%, single dose	2.30	15 ml	Poly-Tears
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN Eye oint 42.5% with soft white paraffin 57.3%			
PARAFFIN LIQUID WITH WOOL FAT			
Eye oint 3% with wool fat 3%	3.63	3.5 g	Poly-Visc
POLYETHYLENE GLYCOL 400 AND PROPYLENE GLYCOL			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	.10.78	30	Systane Unit Dose
POLYVINYL ALCOHOL WITH POVIDONE			
Eye drops 1.4% with povidone 0.6%, single dose			
RETINOL PALMITATE			
Oint 138 mcg per g	3.80	5 g	VitA-POS
SODIUM HYALURONATE [HYALURONIC ACID]			
Eye drops 1 mg per ml - 5% DV 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

10 Martindale Pharma

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%

FI UMAZENII

Inj 0.1 mg per ml, 5 ml ampoule - 5% DV Feb-22 to 2024......110.12 10 Hameln

HYDROXOCOBALAMIN Inj 5 q vial

Inj 2.5 g vial

NALOXONE HYDROCHLORIDE 10 Hameln

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

DIPHTHERIA ANTITOXIN

Inj 10,000 iu vial

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

Antivenoms

RED BACK SPIDER ANTIVENOM

Inj 500 u vial

SNAKE ANTIVENOM

Ini 50 ml vial

Removal and Elimination

CHARCOAL

	Oral liq 200 mg per ml	43.50	250 ml	Carbasorb-X
DE	FERASIROX - Restricted see terms below			
t	Tab 125 mg dispersible	276.00	28	Exiade
	Tab 250 mg dispersible		28	Exjade
	Tab 500 mg dispersible		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 uL).

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

t	Tab 500 mg	533.17	100	Ferriprox
t	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

DICOBALT EDETATE

Inj 15 mg per ml, 20 ml ampoule

Price Brand or (ex man. excl. GST) Generic Per Manufacturer \$ DIMERCAPROL Inj 50 mg per ml, 2 ml ampoule DIMERCAPTOSUCCINIC ACID Cap 100 mg e.g. PCNZ, Optimus Healthcare. Chemet e.g. PCNZ, Optimus Cap 200 mg Healthcare. Chemet SODIUM CALCIUM EDETATE Inj 50 mg per ml, 10 ml ampoule Ini 200 mg per ml. 2.5 ml ampoule Inj 200 mg per ml, 5 ml ampoule **Antiseptics and Disinfectants** CHI ORHEXIDINE Soln 4% Soln 5%......15.50 500 ml healthF CHI ORHEXIDINE 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% healthE IODINE WITH ETHANOL Soln 1% with ethanol 70% ISOPROPYL ALCOHOL 1 healthE POVIDONE-IODINE Vaginal tab 200 mg → Restricted (RS1354) Initiation Rectal administration pre-prostate biopsy. Oint 10%......7.40 65 g Betadine 100 ml Riodine Soln 5% Soln 7.5% Riodine 15 ml 500 ml Riodine 5.40 Pad 10% Swab set 10% POVIDONE-IODINE WITH ETHANOL Soln 10% with ethanol 30% Soln 10% with ethanol 70% SODIUM HYPOCHLORITE Soln

			VARIOUS
	Price (ex man. excl. GS	T) 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,			
bottle		100 ml	Gastrografin
Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle.	90.00	1	Urografin
DIATRIZOATE SODIUM			
Oral liq 370 mg per ml, 10 ml sachet	156.12	50	loscan
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	260.00	10	Visipaque
Inj 270 mg per ml (iodine equivalent), 100 ml bottle		10	Visipaque
Inj 320 mg per ml (iodine equivalent), 50 ml bottle	260.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 100 ml bottle	480.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 200 ml bottle	950.00	10	Visipaque
IOHEXOL			
Inj 240 mg per ml (iodine equivalent), 50 ml bottle	94.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 20 ml bottle	89.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 50 ml bottle	96.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 100 ml bottle		10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml bottle		10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 75 ml bottle		10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml bottle		10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml bottle		10	Omnipaque
Inj 350 mg per ml, 500 ml bottle	515.00	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		148 g	Varibar - Thin Liquid
Oral liq 600 mg per g (60% w/w), tube		454 g	E-Z-Paste
Oral liq 400 mg per ml (40% w/v), bottle		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		12	Liquibar
Oral liq 22 mg per g (2.2% w/w), 250 ml bottle		24	CT Plus+
Oral liq 22 mg per g (2.2% w/w), 450 ml bottle Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle		24 24	CT Plus+ VoLumen
Oral lig 20.9 mg per ml (2.1% w/v, 2% w/w), 450 ml bottle		24 24	Readi-CAT 2
Powder for oral soln 97.65% w/w, 300 g bottle		24	X-Opaque-HD
Oral lig 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle		3	Tagitol V
Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle		1	Liquibar
BARIUM SULPHATE WITH SODIUM BICARBONATE		•	7
DATION OULFTATE WITH OUDION DIVANDUNATE			

Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g

E-Z-Gas II

50



	Price (ex man. excl. GST	T) 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 sachet	g		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		5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe		5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled	100.00	3	Gaudvist 1.0
syringe	700.00	10	Gadovist 1.0
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		1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe		10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe		10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle		1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle		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 prefille			
syringe	300.00	1	Primovist
MEGLUMINE GADOPENTETATE			
Inj 469 mg per ml, 10 ml prefilled syringe		5	Magnevist
Inj 469 mg per ml, 10 ml vial	185.00	10	Magnevist
MEGLUMINE IOTROXATE			
Inj 105 mg per ml, 100 ml bottle	159.00	100 ml	Biliscopin
Ultrasound Contrast Media			
PERFLUTREN			
Inj 1.1 mg per ml, 1.5 ml vial		1	Definity
	720.00	4	Definity
Diagnostic Agents			
ARGININE			

Inj 50 mg per ml, 500 ml bottle

Inj 100 mg per ml, 300 ml bottle

HISTAMINE ACID PHOSPHATE

Nebuliser soln 0.6%, 10 ml vial

Nebuliser soln 2.5%, 10 ml vial

Nebuliser soln 5%, 10 ml vial

MANNITOI

Powder for inhalation

e.g. Aridol

METHACHOLINE CHLORIDE

Powder 100 ma

SECRETIN PENTAHYDROCHLORIDE

Ini 100 u vial

Ini 80 u vial

Inj 100 u ampoule

SINCAL IDE

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

Irrigation Solutions

CHI ORHEXIDINE WITH CETRIMIDE

→ Restricted (RS1683)

Initiation

Re-assessment required after 3 months

All of the following:

- 1 Patient has burns that are greater than 30% of total body surface area (BSA); and
- 2 For use in the perioperative preparation and cleansing of large burn areas requiring debridement/skin grafting; and
- 3 The use of 30 ml ampoules is impractical due to the size of the area to be covered.

Continuation

Re-assessment required after 3 months

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

Irrigation soln 0.015% with cetrimide 0.15%, 100 ml bottle	24 30	Baxter Pfizer
GLYCINE Irrigation soln 1.5%, 3,000 ml bag	4	B Braun

VARIOUS

	Price (ex man. excl. GST)		Brand or Generic
	\$	Per	Manufacturer
SODIUM CHLORIDE			
Irrigation soln 0.9%, 3,000 ml bag	28.80	4	B Braun
Irrigation soln 0.9%, 30 ml ampoule	10.00	20	Interpharma
Irrigation soln 0.9%, 1,000 ml bottle	16.10	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	18.60	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

SODIUM HYDROXIDE

Soln 10%

TROMETAMOL

Inj 36 mg per ml, 500 ml bottle

					VARIOUS
		Price . excl. G \$	ST)	Bran Gen er Man	
Cardioplegia Solutions					
ELECTROLYTES Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmo potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chl 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmo tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride 1,000 ml bag Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, gl acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.8076/ per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag	oride, bl/l , utamic			v	Custodiol-HTK Cardioplegia Enriched Paed.
Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glu 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 pe sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg ml, 527 ml bag Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg p	r ml, per			e.g.	Soln. Cardioplegia Enriched Solution
potassium chloride 2.181 mg per ml, sodium chloride 1.788 m sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per n 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

MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

1.2 mmol/l calcium, 1,000 ml bag

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

Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and

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

e.g. Cardioplegia Electrolyte Solution

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

Price (ex man. excl. GST) \$ Per

Brand or Generic Manufacturer

Extemporaneously Compounded Preparations

ACETIC ACID

Lia

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

Lia

COAL TAR

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

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price excl. GST) \$	Per	Brand or Generic Manufacturer
GLYCERIN WITH SODIUM SACCHARIN			
Suspension	 .30.95	473 ml	Ora-Sweet SF
SLYCERIN WITH SUCROSE			
Suspension	 .30.95	473 ml	Ora-Sweet
GLYCEROL			
Liq	 3.23	500 ml	healthE Glycerol BP Liquid
IYDROCORTISONE	40.05	0.5	·
Powder	 .49.95	25 g	ABM
ACTOSE			
Powder			
MAGNESIUM HYDROXIDE Paste			
MENTHOL			
Crystals			
METHADONE HYDROCHLORIDE			
Powder			
/IETHYL HYDROXYBENZOATE Powder	0.00	25 a	Midwest
	 0.90	25 g	Midwest
METHYLCELLULOSE Powder	36.05	100 g	Midwest
Suspension		473 ml	Ora-Plus
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN	.00.00	., 0	014 1 140
Suspension	.30.95	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE			
Suspension	 .30.95	473 ml	Ora-Blend
DLIVE OIL			
Liq			
PARAFFIN			
Liq			
HENOBARBITONE SODIUM Powder			
PHENOL			
Liq			
PILOCARPINE NITRATE Powder			
OLYHEXAMETHYLENE BIGUANIDE			
Liq			
POVIDONE K30 Powder			
ALICYLIC ACID			
Powder			
ILVER NITRATE			
Crystals			
ODIUM BICARBONATE			
Powder BP	10 05	500 g	Midwest

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

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

Powder

SODIUM METABISULFITE

Powder

STARCH

Powder

SUI PHUR

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

- 1 Powder 95 g carbohydrate per 100 g, 368 g can
- 1 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

1 Liquid 50 g fat per 100 ml, 500 ml bottle

e.g. Calogen



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

MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT - Restricted see terms on the previous page

Liquid 50 g fat per 100 ml, 250 ml bottle

1 Liquid 95 g fat per 100 ml, 500 ml bottle

e.g. Liquigen e.g. MCT Oil

WALNUT OIL - Restricted see terms on the previous page

1 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 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 Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet

Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet

CARBOHYDRATE AND FAT SUPPLEMENT - Restricted see terms below

₱ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can

→ 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.

e.g. FM 85

e.g. S26 Human Milk Fortifier

e.g. Nutricia Breast Milk Fortifer

e.g. Super Soluble
Duocal

SPECIAL FOODS

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

Food/Fluid Thickeners

NOTE:

While pre-thickened drinks and supplements have not been included in Section H, 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



Price Brand or
(ex man. excl. GST) Generic
\$ Per 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
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can
- 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 Infant
- e.a. XMET Maxamaid
- e.g. XMET Maxamum
- 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
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can
 Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can

- e.g. IVA Anamix Infant
- e.g. XLEU Maxamaid
- e.g. XLEU Maxamum

Maple Syrup Urine Disease Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) - Restricted see terms on the previous page

- 1 Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can
- 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 Infant
- e.g. MSUD Maxamum
- e.g. MSUD Anamix Junior I O

d see terms on sachet 36 g	page 2	63	e.g. Phlexy-10 e.g. PKU Lophlex Powder (neutral) e.g. PKU Anamix Jun
sachet 36 g	page 2	63	e.g. PKU Lophlex Powder (neutral) e.g. PKU Anamix Jun
36 g			e.g. PKU Lophlex Powder (neutral) e.g. PKU Anamix Jun
36 g			Powder (neutral) e.g. PKU Anamix Jun
36 g			Powder (neutral) e.g. PKU Anamix Jun
			e.g. PKU Anamix Jun
			•
e per			•
re per			(van/choc/neutra
e pei			(van/onoo/neutra
			e.g. PKU Anamix Infa
			e.g. XP Maxamum
			e.g. Phlexy-10
l,			
			e.g. PKU Lophlex LQ
l,			
			e.g. PKU Lophlex LQ
13.10	0	125 ml	PKU Anamix Junior LC
			(Berry)
			PKU Anamix Junior LC
			(Orange)
			PKU Anamix Junior LC
			(Unflavoured)
125 ml			
			e.g. PKU Lophlex LQ
			e.g. PKU Lophlex LQ
25 ml			,
			e.g. PKU Lophlex LQ
2.5 ml			
			e.g. PKU Lophlex LQ
0 ml			and the second s
•			e.g. Easiphen
r			o.g. Lasipitoti
ı			e.g. PKU Lophlex
			Sensations
			20 (berries)
Products			
Producte			
	125 ml 25 ml 2.5 ml 0 ml r	125 ml 25 ml 2.5 ml 0 ml r	125 ml 25 ml 2.5 ml 0 ml r

page 263

1 Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can

Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can

1 Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can

e.g. MMA/PA Anamix Infant

e.g. XMTVI Maxamaid

e.g. XMTVI Maxamum

Protein Free Supplements

PROTEIN FREE SUPPLEMENT - Restricted see terms on page 263

1 Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can

e.g.Energivit



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

Tyrosinaemia Products

AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) - Restricted see terms on page 263

Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet

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

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

Urea Cycle Disorders Products

AMINO ACID SUPPLEMENT - Restricted see terms on page 263

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 263

1 Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE - Restricted see terms on page 263

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

1,000 ml bottle

e.g. Nutrison Advanced Diason

e.g. TYR Anamix Infant

	(ex man.	Price excl. \$	GST)	Per	Brand or Generic Manufacturer
LOW-GI ORAL FEED 1 KCAL/ML - Restricted see terms on the previ	ous page)			
Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per		0.10		000 ml	Nutran Diabatas (Vanilla)
100 ml, bottle		2.10)	200 ml	Nutren Diabetes (Vanilla)
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; or6 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	е				
Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 25 carton	0 ml				e.g. Elemental 028 Extra
PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML - Restricted see term	s above				v
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
PEPTIDE-BASED ENTERAL FEED 1.5 KCAL/ML - Restricted see te Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml				1,000 ml	Vital
PEPTIDE-BASED ORAL FEED - Restricted see terms above	, DOILIG	. 10.00	,	1,000 1111	Vitai
Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100	n				
400 g can	3,				e.g. Peptamen Junior
Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 4	00 g				
can					e.g. MCT Pepdite; MCT Pepdite 1+
PEPTIDE-BASED ORAL FEED 1 KCAL/ML - Restricted see terms at	oove				•
Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, car	ton	4.95	j	237 ml	Peptamen OS
					1.0 (Vanilla)
Fat Modified Products					
FAT-MODIFIED FEED - Restricted see terms below					
Powder 12.8 g protein, 68.6 g carbohydrate and 12.9 g fat per 100	g,				
400 g can → Restricted (RS1470)					e.g. Monogen
Initiation					
and the fellowing					

continued...

Any of the following:

SPECIAL FOODS				
		Price excl. GS \$	ST) Per	Brand or Generic Manufacturer
continued 1 Patient has metabolic disorders of fat metabolism; or 2 Patient has a chyle leak; or 3 Modified as a modular feed, made from at least one nutrient method the Pharmaceutical Schedule, for adults. Note: Patients are required to meet any Special Authority criteria ass				
Hepatic Products	ocialca wii	in an or u	ic products d	Sed in the modular formula.
→ Restricted (RS1217) Initiation For children (up to 18 years) who require a liver transplant. HEPATIC ORAL FEED – Restricted see terms above 1 Powder 12 g protein, 56 g carbohydrate and 22 g fat per 100 g, c	can	.78.97	400 g	Heparon Junior
High Calorie Products				
 → Restricted (RS1317) Initiation Any of the following: Patient is fluid volume or rate restricted; or Patient requires low electrolyte; or Both: Any of the following: 1.1 Cystic fibrosis; or 1.2 Any condition causing malabsorption; or 1.3 Faltering growth in an infant/child; or 1.4 Increased nutritional requirements; and Patient has substantially increased metabolic requirements 	nents.			
ENTERAL FEED 2 KCAL/ML - Restricted see terms above † Liquid 10 g protein, 17.5 g carbohydrate and 10 g fat per 100 ml, 1 Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 2 Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre 100 ml, bottle	e per	5.50	500 ml 500 ml 1,000 ml 200 ml	Fresubin 2kcal HP Nutrison Concentrated Ensure Two Cal HN RTH Two Cal HN Survimed OPD
High Protein Products				
HIGH PROTEIN ENTERAL FEED 1.2 KCAL/ML - Restricted see to	erms below			

HIGH PROTEIN ENTERAL FEED 1.2 KCAL/ML - Restricted see terms below

Liquid 10 g protein, 12.9 g carbohydrate and 3.2 g fat and 0.64 g fibre

→ Restricted (RS1327)

Initiation

Both:

continued...

Fresubin Intensive

500 ml

e.a. Nutrison Protein Plus

Price Brand or Generic (ex man. excl. GST) Per 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 1.25 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

→ Restricted (RS1327)

Initiation

Roth:

- 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

Nutrison Protein Intense Liquid 10 g protein, 10.4 g carbohydrate and 4.9 g fat per 100 ml, bottle 5.78 500 ml

→ 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 bottle

e.a. Nutrison Protein Plus Multi Fibre

→ Restricted (RS1327)

Initiation

Roth:

- 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.



		Price (ex man. excl. GS \$	T) Per	Brand or Generic Manufacturer
Ir	nfant Formulas			
AN ↓	IINO ACID FORMULA - Restricted see terms below Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 mi	I,		
t	400 g can Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 40	0 g		e.g. Neocate
ı	can Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 4	100 a		e.g. Neocate SYNEO unflavoured
	can	,		e.g. Neocate Junior Unflavoured
t	Powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g	, can43.60	400 g	Alfamino
t	Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g	, can53.00	400 g	Neocate Gold (Unflavoured)
t	Powder 14.8 g protein, 51.4 g carbohydrate and 23 g fat per 100 g	, can53.00	400 g	Neocate Junior Vanilla
t	Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, car	n43.60	400 g	Alfamino Junior
t	Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml,	can53.00	400 g	Elecare LCP (Unflavoured)

→ 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

400 a

Elecare (Unflavoured) Elecare (Vanilla)

2 History of anaphylaxis to cows' milk protein formula or dairy products; or

Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can.......53.00

- 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

⇒ Restricted (RS1775)

Initiation

All of the following:

Price		Brand or
(ex man. excl. GST)	_	Generic
\$	Per	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 900 q
 - Allerpro Syneo 1 Powder 1.6 g protein, 7.8 g carbohydrate and 3.2 g fat per 100 ml, 900 g
 - 900 q Allerpro Syneo 2
 - can.......30.42 Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g.
- 450 g can → Restricted (RS1502)

Initiation

Any of the following:

- 1 Both:
 - 1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
 - 1.2 Either:
 - 1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
 - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption: or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhoea: or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malsorption; or
- 7 Cystic fibrosis; or
- 8 Proven fat malabsorption; or

continued...

e.g. Pepti-Junior

Price Brand or (ex man. excl. GST) Generic Per Manufacturer \$ continued... 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 e.g. Karicare Aptamil can Gold De-Lact Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml, 900 g e.a. S26 Lactose Free LOW-CALCIUM FORMULA Powder 14.6 g protein, 55.2 g carbohydrate and 25.8 g fat per 100 g, 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. 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.a. 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
K	etogenic Diet Products		
₽ HI	GH FAT FORMULA - Restricted see terms below Powder 14.3 g protein, 2.8 g carbohydrate and 69.2 g fat per 100 g, can35.50	300 g	Ketocal 4:1 (Unflavoured)
t	Powder 15.4 g protein, 7.2 g carbohydrate and 68.6 g fat per 100 g, can 35.50	300 g	Ketocal 4:1 (Vanilla) Ketocal 3:1 (Unflavoured)

⇒ Restricted (RS1225)

Initiation

For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

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.

PAE	DIATRIC ENTERAL FEED 0.76 KCAL/ML - Restricted see terms above			
t L	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
PAE	DIATRIC ENTERAL FEED 1 KCAL/ML - Restricted see terms above			
t L	iquid 2.5 g protein, 12.5 g carbohydrate and 4.4 g fat per 100 ml	. 6.50	500 ml	Frebini Original
t L	iquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag	.2.68	500 ml	Pediasure RTH
t L	iquid 2.7 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml,			
	500 ml bottle			e.g. Nutrini RTH
PAE	DIATRIC ENTERAL FEED 1.5 KCAL/ML - Restricted see terms above			
t L	iguid 3.8 g protein, 18.7 g carbohydrate and 6.7 g fat per 100 ml	. 6.50	500 ml	Frebini Energy
t L	Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per			0,
	100 ml, bottle	.6.00	500 ml	Nutrini Energy Multi Fibre
t L	iquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml,			
	500 ml bottle			e.g. Nutrini Energy RTH
PAE	DIATRIC ENTERAL FEED WITH FIBRE 1 KCAL/ML - Restricted see term	s above		
t L	Liquid 2.5 g protein, 12.1 g carbohydrate, 4.5g fat and 0.8 g fibre per			
	100 ml	.7.00	500 ml	Frebini Original Fibre
PAFI	DIATRIC ENTERAL FEED WITH FIBRE 1.5 KCAL/ML - Restricted see ter	ms above		Ŭ
	Liquid 3.8 g protein, 18.1 g carbohydrate, 6.7 g fat and 1.1 g fibre per	20010		
	100 ml	7 00	500 ml	Frebini Energy Fibre
	. • •		000 1111	

Price	T \	Brand or
(ex man. excl. GS°	Per	Generic Manufacturer
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	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla)
Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, can	250 ml	Pediasure (Vanilla)
500 ml bottle Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml,		e.g. Pediasure Plus
200 ml bottle 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 e.g. Fortini Multifibre
Renal Products		o.g. Totali Malaible
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	500 ml	Nepro HP RTH
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 → Restricted (RS1227) Initiation For children (up to 18 years) with acute or chronic kidney disease.		e.g. Kindergen
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	220 ml	Nepro HP (Strawberry) Nepro HP (Vanilla)
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 Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, 200 ml bottle	4	e.g. Renilon 7.5 Novasource Renal (Vanilla)
→ Restricted (RS1228) Initiation For patients with acute or chronic kidney disease.		(*a·ma)

	Price (ex man. excl. GST \$) Per	Brand or Generic Manufacturer
Surgical Products			
HIGH ARGININE ORAL FEED 1.4 KCAL/ML − Restricted see terms Liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton	r	10	Impact Advanced Recovery
→ Restricted (RS1231) Initiation			
Three packs per day for 5 to 7 days prior to major gastrointestinal, he PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML - Restrict Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 2 bottle	ted see terms below 200 ml6.80	4 3 hours be	preOp efore major abdominal
 → 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 2 For patients who have, or are expected to, eat little or nothing 	-6 months; or		

- 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.

	, , , , , , , , , , , , , , , , , , , ,		
EN t	ITERAL FEED 1.5 KCAL/ML - Restricted see terms above Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bottle7.00 Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per	1,000 ml	Nutrison Energy
•	100 ml, 1,000 ml bottle		e.g. Nutrison Energy Multi Fibre
t	Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can	250 ml	Ensure Plus HN
t	Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag7.00	1,000 ml	Ensure Plus HN RTH
t	Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per		
	100 ml, bag	1.000 ml	Jevity HiCal RTH
t	Liquid 7.5 g protein, 17 g carbohydrate and 5.8 g fat per 100 ml, bag9.60	1,000 ml	Fresubin HP Energy

3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from

	Price		Brand or
	(ex man. excl. GS		Generic
	\$	Per	Manufacturer
ENTERAL FEED 1 KCAL/ML - Restricted see terms on the previous			
Liquid 3.8 g protein, 13.8 g carbohydrate and 3.4 g fat per 100 ml,	•	1,000 ml	Fresubin Original
Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre pe	r		
100 ml, 1000 ml bottle		4 000 1	e.g. Nutrison Multi Fibre
Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bo		1,000 ml	Osmolite RTH
Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre	•	4 000 1	lavite DTU
100 ml, bottle Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml,	5.29	1,000 ml	Jevity RTH
1,000 ml bag			e.g. NutrisonStdRTH;
1,000 1111 bag			NutrisonLowSodium
			rtaineen Een eealam
t 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;
ENTERAL FEED 4 0 MOAL MAIL Broad-based and beautiful to the control of the contro			NutrisonStdRTH
ENTERAL FEED 1.2 KCAL/ML - Restricted see terms on the previou			
Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre 100 ml, 1,000 ml baq	per		e.g. Jevity Plus RTH
ENTERAL FEED WITH FIBRE 0.83 KCAL/ML - Restricted see terms	on the provious r	2000	e.g. devily i lus i i i i
Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre po		Jay e	
100 ml, bottle		1,000 ml	Nutrison 800 Complete
100 1111, 500000		1,000 1111	Multi Fibre
ENTERAL FEED WITH FIBRE 1 KCAL/ML - Restricted see terms or	the previous page	е	
Liquid 3.8 g protein, 13.0 g carbohydrate, 3.4 g fat and 1.5 g fibre			
100 ml, bag		1,000 ml	Fresubin Original Fibre
ENTERAL FEED WITH FIBRE 1.5 KCAL/ML - Restricted see terms	on the previous pa	age	
Liquid 7.5 g protein, 16.2 g carbohydrate, 5.8 g fat and 1.5 g fibre	per	•	
100 ml, bag	9.80	1,000 ml	Fresubin HP Energy
			Fibre
HIGH PROTEIN ORAL FEED 2.4 KCAL/ML – Restricted see terms o		•	
Only to be used for patients currently on or would be using Fortisip		-ibre	
Liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml	,		a a Fautiaia Causaast
125 ml bottle			e.g. Fortisip Compact Protein
(e.g. Fortisip Compact Protein Liquid 14.6 g protein, 25.3 g carbohydra	ate and 9.6 a fat p	er 100 ml. 12	
December 2023)		,	
ORAL FEED - Restricted see terms on the previous page			
1 Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g	, can26.00	850 g	Ensure (Chocolate)
			Ensure (Vanilla)
Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, ca	ın14.00	840 g	Sustagen Hospital
			Formula
			(Chocolate) Sustagen Hospital
			Formula (Vanilla)
ORAL FEED 1 KCAL/ML - Restricted see terms on the previous page			i oiliidia (vailiia)
Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml			
237 ml carton	,		e.g. Resource Fruit
			Beverage
			•

	Price		Brand or
	(ex man. excl.	GST)	Generic
_	\$	Per	Manufacturer
OF	AL FEED 1.5 KCAL/ML - Restricted see terms on page 275		
t	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)
t	Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml,		
	carton1.26	200 ml	Ensure Plus (Banana)
			Ensure Plus (Chocolate)
			Ensure Plus (Fruit of the
			Forest)
			Ensure Plus (Vanilla)
t	Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle		e.g. Fortijuice
t	Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml		
	bottle		e.g. Fortisip
t	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

Other Supplements for PKU

ı	• •		
1	AMINO ACID FORMULA (WITHOUT PHENYLALANINE) - Restricted see terms below		
	Powder 20 g protein, 4.9 g carbohydrate per 33.4 g sachet936.00	30	PKU GMPro Ultra
	Powder 20 g protein, 6.0 g carbohydrate per 35 g sachet	30	Lemonade PKU sphere20 Lemon
	Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet930.00	30	PKU sphere20 Chocolate
			PKU sphere20 Red Berry PKU sphere20 Vanilla
	Powder 20 g protein, 6.7 g carbohydrate per 35 g sachet930.00	30	PKU sphere20 Banana

(PKU GMPro Ultra Lemonade Powder 20 g protein, 4.9 g carbohydrate per 33.4 g sachet to be delisted 1 December 2023) (PKU sphere20 Lemon Powder 20 g protein, 6.0 g carbohydrate per 35 g sachet to be delisted 1 January 2024) (PKU sphere20 Chocolate Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet to be delisted 1 January 2024) (PKU sphere20 Red Berry Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet to be delisted 1 January 2024) (PKU sphere20 Vanilla Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet to be delisted 1 January 2024) (PKU sphere20 Banana Powder 20 g protein, 6.7 g carbohydrate per 35 g sachet to be delisted 1 January 2024) → Restricted (RS1972)

Initiation

All of the following:

- 1 Patient was previously receiving, or would receive PKU Sensation Berries under (RS1232); and
- 2 PKU Sensation Berries is unable to be sourced at this time; and
- 3 Patient has trialled the currently funded PKU Lophlex products and these were not tolerated.

Note: These criteria are attached to short term funding to cover an out-of-stock situation on PKU Sensation Berries supplied by Nutricia.



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

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-limmunisation for patients post HSCT, or chemotherapy; preor post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens;
- 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

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

Ini 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

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	T \	Brand or
(ex man. excl. GS \$	Per	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	1	Boostrix
	10	Boostrix
Restricted (RS1790)		
Initiation Any of the following:		
Any of the following:	10111 OF OF	
 1 A single dose for pregnant women in the second or third trimester of each pregnar 2 A single dose for parents or primary caregivers of infants admitted to a Neonatal Ir 		ra Unit or Specialist Care
Baby Unit for more than 3 days, who had not been exposed to maternal vaccination		
3 A course of up to four doses is funded for children from age 7 up the age of 18 year immunisation; or		
4 An additional four doses (as appropriate) are funded for (re-)immunisation for patie	ents post ha	ematopoietic 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	1 =====	tatanua dagaar ar
6 A single dose for vaccination of patients aged from 45 years old who have not had 7 For vaccination of previously unimmunised or partially immunised patients; or	4 previous	tetanus doses; 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 programi	mes.
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	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 pos	st haematop	oietic stem cell
transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre		olid organ transplant, pre- or
post cochlear implants, renal dialysis and other severely immunosuppressive regir		
3 For use in testing for primary immunodeficiency diseases, on the recommendation paediatrician.	of an intern	iai medicine physician or
·		
MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE — Restricted see ter	ms below	
Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial0.00	1	MenQuadfi
Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of	1	WellQuauli
approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	1	Menactra
	5	Menactra
Restricted (RS1934)		
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;



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

continued...

or

- 1.2 One dose for close contacts of meningococcal cases of any group; or
- 1.3 One dose for person who has previously had meningococcal disease of any group; or
- 1.4 A maximum of two doses for bone marrow transplant patients; or
- 1.5 A maximum of two doses for person pre and post-immunosuppression*; or
- 2 Both:
 - 2.1 Person is aged between 13 and 25 years, inclusive; and
 - 2.2 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.

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

⇒ Restricted (RS1947)

Initiation - Primary immunisation for children up to 12 months of age

Therapy limited to 3 doses

Either:

- 1 Three doses for children up to 12 months of age (inclusive) for primary immunisation; or
- 2 Up to three doses (dependent on age at first dose) for a catch-up programme for children from 13 months to 59 months of age (inclusive) for primary immunisation, from 1 March 2023 to 31 August 2025.

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*.

Initiation - Person is aged between 13 and 25 years (inclusive)

Therapy limited to 2 doses

Both:

- 1 Person is aged between 13 and 25 years (inclusive); and
- 2 Fither:
 - 2.1 Two doses for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or
 - 2.2 Two doses for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 March 2023 to 28 February 2024.

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

→ Restricted (RS1935)

Initiation - Children under 12 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

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

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 12 months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for recommended booster schedules with meningococcal ACWY vaccine.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE - Restricted see terms below

inj 1 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

Ini 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A.

→ Restricted (RS1936)

Initiation - Primary course for previously unvaccinated children aged under 5 years

Therapy limited to 3 doses

A primary course of three doses for previously unvaccinated children up to the age of 59 months inclusive.

Initiation - High risk individuals who have received PCV10

Therapy limited to 2 doses

Two doses are funded for high risk individuals (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10.

Initiation - High risk children aged under 5 years

Therapy limited to 4 doses

Both:

- 1 Up to an additional four doses (as appropriate) are funded for the (re)immunisation of high-risk children aged under 5 years; and
- 2 Any of the following:
 - 2.1 on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
 - 2.2 primary immune deficiencies; or
 - 2.3 HIV infection: or
 - 2.4 renal failure, or nephrotic syndrome; or
 - 2.5 are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - 2.6 cochlear implants or intracranial shunts: or
 - 2.7 cerebrospinal fluid leaks; or
 - 2.8 receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
 - 2.9 chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
 - 2.10 pre term infants, born before 28 weeks gestation; or



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

continued...

- 2.11 cardiac disease, with cyanosis or failure; or
- 2.12 diabetes: or
- 2.13 Down syndrome; or
- 2.14 who are pre-or post-splenectomy, or with functional asplenia.

Initiation - High risk individuals 5 years and over

Therapy limited to 4 doses

Up to an additional four doses (as appropriate) are funded for the (re-)immunisation of individuals 5 years and over with HIV, pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency.

Initiation - Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

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

PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE - Restricted see terms below

Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal

1 Pneumovax 23

→ Restricted (RS1587)

Initiation - High risk patients

Therapy limited to 3 doses

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

Initiation - High risk children

Therapy limited to 2 doses

Both:

- 1 Patient is a child under 18 years for (re-)immunisation; and
- 2 Any of the following:
 - 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response: or
 - 2.2 With primary immune deficiencies; or
 - 2.3 With HIV infection: or
 - 2.4 With renal failure, or nephrotic syndrome; or
 - 2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - 2.6 With cochlear implants or intracranial shunts; or
 - 2.7 With cerebrospinal fluid leaks; or
 - 2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
 - 2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
 - 2.10 Pre term infants, born before 28 weeks gestation; or
 - 2.11 With cardiac disease, with cyanosis or failure; or
 - 2.12 With diabetes; or
 - 2.13 With Down syndrome; or
 - 2.14 Who are pre-or post-splenectomy, or with functional asplenia.

Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE - Restricted see terms on the next page

■ Inj 25 mcg in 0.5 ml syringe

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

→ Restricted (RS1243)

Initiation

For use during typhoid fever outbreaks.

Viral Vaccines

HEPATITIS A VACCINE - Restricted see terms below

- → 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

- → 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.
- → 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 on the next page



Price Brand or (ex man. excl. GST) Generic Per Manufacturer → Restricted (RS1693) Initiation - Children aged 14 years and under Therapy limited to 2 doses Children aged 14 years and under. Initiation - other conditions Fither: 1 Up to 3 doses for people aged 15 to 26 years inclusive; or 2.1 People aged 9 to 26 years inclusive; and 2.2 Any of the following: 2.2.1 Up to 3 doses for confirmed HIV infection: or 2.2.2 Up to 3 doses for transplant (including stem cell) patients; or 2.2.3 Up to 4 doses for Post chemotherapy. Initiation - Recurrent Respiratory Papillomatosis All of the following: 1 Fither: 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 (2023 Formulation) → Restricted (RS1948) Initiation - children 6 months to 35 months of age Children 6 months to 35 months of age (inclusive) from 1 April 2023 to 31 December 2023. Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine)......50.00 5 FluQuadri (2023 Formulation) → Restricted (RS1978) Initiation - children 6 months to 35 months of age Children 6 months to 35 months of age (inclusive) from 1 July 2023 to 31 December 2023... 10 Afluria Quad (2023 Formulation) ⇒ Restricted (RS1949)

Initiation - People over 65

The patient is 65 years of age or over.

Initiation - People of Māori or any Pacific ethnicity

People 55 to 64 years of age (inclusive) and is Maori or of any Pacific ethnicity, from 1 April 2023 to 31 December 2023.

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:

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

continued...

- 1 Asthma, if on a regular preventative therapy; or
- 2 Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

Initiation - Other conditions for patients 3 years and over

Fither:

- 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 April 2023 to 31 December 2023.

(FluQuadri (2023 Formulation) Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to be delisted 1 January 2024)

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

→ 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.

VACCINES Price Brand or (ex man. excl. GST) Generic Per Manufacturer continued... 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 **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** Ini 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, 10 Rotarix Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, 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]

Varivay 1 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 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

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

continued...

- 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

VA	RICELLA ZOSTER VACCINE [SHINGLES VACCINE] - Restricted see terms below		
t	Inj 50 mcg per 0.5 ml vial plus vial	1	Shingrix
t	Varicella zoster virus (Oka strain) live attenuated vaccine [shingles		•
	vaccine]0.00	1	Zostavax
Destricted (PC1016)		10	Zostavax

→ Restricted (RS1916)

Initiation - people aged 65 years (Zostavax)

Therapy limited to 1 dose

One dose for all people aged 65 years.



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

continued...

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

PART III: OPTIONAL PHARMACEUTICALS

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

Optional Pharmaceuticals

NOTE:

In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a range of hospital medical devices are listed in an addendum to Part III which is available at schedule.pharmac.govt.nz. The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

Tr 7		
BLOOD GLUCOSE DIAGNOSTIC TEST METER		
1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips20.00		CareSens N Premier
10.00)	Caresens N
DI COD CI LICOSE DIACNOSTIC TEST STDID		Caresens N POP
BLOOD GLUCOSE DIAGNOSTIC TEST STRIP Blood glucose test strips	5 50 test	CareSens N
Test strips 10.56		CareSens PRO
BLOOD KETONE DIAGNOSTIC TEST STRIP	00 1001	Ourcoons i i io
Test strips) 10 strip	KetoSens
DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER	7 10 Strip	Retoochs
Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips) 1	CareSens Dual
MASK FOR SPACER DEVICE	, ,	Calesells Dual
Small) 1	e-chamber Mask
	, ,	e-chamber wask
PEAK FLOW METER	1 1	Mini Wright AFC Lour
Low Range9.54	+ 1	Mini-Wright AFS Low Range
Normal Range9.54	1 1	Mini-Wright Standard
PREGNANCY TEST - HCG URINE		gg
Cassette) 40 test	Smith BioMed Rapid
0000010	70 1001	Pregnancy Test
SODIUM NITROPRUSSIDE		
Test strip	50 strip	Ketostix
SPACER DEVICE		
220 ml (single patient)	5 1	e-chamber Turbo
510 ml (single patient)		e-chamber La Grande
800 ml		Volumatic

- Symbols -		(2023 Formulation)	284	Amgevita	167
8-methoxypsoralen	64	AFT Pholcodine Linctus BP		Amikacin	
- A -		Agents Affecting the		Amiloride hydrochloride	
A-Scabies	61	Renin-Angiotensin System	44	Amiloride hydrochloride with	
Abacavir sulphate	95	Agents for Parkinsonism and Re		furosemide	50
Abacavir sulphate with		Disorders		Amiloride hydrochloride with	
lamivudine	95	Agents Used in the Treatment of		hydrochlorothiazide	50
Abacavir/lamivudine Viatris		Poisonings		Aminolevulinic acid	
Abciximab		Ajmaline		hydrochloride	159
Abiraterone acetate		Albendazole		Aminophylline	
Acarbose		Alchemy Caspofungin		Amiodarone hydrochloride	
Accarb		Alchemy Oxaliplatin		Amisulpride	
Accuretic 10		Alchemy Oxybutynin		Amitriptyline	
Accuretic 20		Aldurazyme		Amlodipine	
Acetazolamide		Alecensa		Amorolfine	
Acetec		Alectinib		Amoxicillin	
Acetic acid		Alendronate sodium		Amoxicillin with clavulanic acid	
Extemporaneously Compounded	4	Alendronate sodium with		Amoxiclav multichem	
Preparations		colecalciferol	105	Amphotericin B	
Genito-Urinary		Alfacalcidol		Alimentary	25
Acetic acid with hydroxyquinoline,		Alfamino		Infections	
glycerol and ricinoleic acid	67	Alfamino Junior		Amsacrine	
Acetic acid with propylene	07	Alfentanil		Amyl nitrite	
glycol	249	Alglucosidase alfa		Anabolic Agents	
Acetylcholine chloride		Alinia		Anaesthetics	
Acetylcysteine		Allerfix		Anagrelide hydrochloride	
Aciclovir	200	Allerpro Syneo 1		Analgesics	
Infections	98	Allerpro Syneo 2		Anastrozole	
Sensory		Allersoothe		Anatrole	
Aciclovir-Baxter		Allmercap		Andriol Testocaps	
Acid Citrate Dextrose A		Allopurinol		Androderm	
Acidex		Alpha tocopheryl		Androgen Agonists and	
Acipimox		Alpha tocopheryl acetate		Antagonists	71
Acitretin		Alpha-Adrenoceptor Blockers		Anoro Ellipta	
Actemra		Alphamox		Antabuse	
Actinomycin D		Alphamox 125		Antacids and Antiflatulents	
Adalimumab (Amgevita)		Alphamox 250		Anti-Infective Agents	
Adalimumab (Humira - alternative		Alprolix		Anti-Infective Preparations	
brand)	176	Alprostadil hydrochloride		Dermatological	60
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