

August 2023

Volume 11

Editor:

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

Freephone Information Line

0800 66 00 50 (9am – 5pm weekdays)

Circulation

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

Production

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

Programmers

Anrik Drenth & John Geering

email: texschedule@pharmac.govt.nz

©Pharmaceutical Management Agency



ISSN 1179-3708 pdf

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

Introducing Pharmac 2

Part I General Rules 4

Part II Alimentary Tract and Metabolism 5

Blood and Blood Forming Organs 29

Cardiovascular System 44

Dermatologicals 67

Genito-Urinary System 74

Hormone Preparations 78

Infections 88

Musculoskeletal System 111

Nervous System 118

Oncology Agents and Immunosuppressants 144

Respiratory System and Allergies 241

Sensory Organs 250

Various 257

Extemporaneous Compounds (ECPs) 265

Special Foods 268

Vaccines 285

Part III Optional Pharmaceuticals 296

Index 297

Introducing Pharmac

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

Pharmac's role:

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

Pae Ora (Healthy Futures) Act 2022

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

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

Glossary

Units of Measure

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

Abbreviations

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

HSS Hospital Supply Status

Guide to Section H listings

Example

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

PART I: GENERAL RULES

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antacids and Antiflatulents			
Antacids and Reflux Barrier Agents			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE			
Tab 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg			e.g. <i>Mylanta</i>
Oral liq 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml			e.g. <i>Mylanta Double Strength</i>
SIMETICONE			
Oral drops 100 mg per ml			
Oral drops 20 mg per 0.3 ml			
Oral drops 40 mg per ml			
SODIUM ALGINATE WITH MAGNESIUM ALGINATE			
Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet			e.g. <i>Gaviscon Infant</i>
SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE			
Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg			e.g. <i>Gaviscon Extra Strength</i>
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml.....	7.50	500 ml	Acidex
SODIUM CITRATE			
Oral liq 8.8% (300 mmol/l) – 5% DV Jan-22 to 2024	25.00	90 ml	Biomed
Phosphate Binding Agents			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE – Restricted see terms below			
↓ Oral liq 250 mg per ml (100 mg elemental per ml)	47.30	473 ml	Calcium carbonate PAI
	39.00	500 ml	Roxane
➔ Restricted (RS1698)			
Initiation			
Only when prescribed for patients unable to swallow calcium carbonate tablets or where calcium carbonate tablets are inappropriate..			
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents			
Antipropulsives			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Tab 2 mg	10.75	400	Nodia
Cap 2 mg – 5% DV Jan-23 to 2025	7.25	400	Diamide Relief
Rectal and Colonic Anti-Inflammatories			
BUDESONIDE – Restricted see terms on the next page			
↓ Cap 3 mg			

ALIMENTARY TRACT AND METABOLISM

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

➔ Restricted (RS1723)

Initiation – Crohn's disease

Both:

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

Initiation – Collagenous and lymphocytic colitis (microscopic colitis)

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

Initiation – Gut Graft versus Host disease

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

Initiation – non-cirrhotic autoimmune hepatitis

Re-assessment required after 6 months

All of the following:

- 1 Patient has autoimmune hepatitis*; and
- 2 Patient does not have cirrhosis; and
- 3 Any of the following:
 - 3.1 Diabetes; or
 - 3.2 Cushingoid habitus; or
 - 3.3 Osteoporosis where there is significant risk of fracture; or
 - 3.4 Severe acne following treatment with conventional corticosteroid therapy; or
 - 3.5 History of severe psychiatric problems associated with corticosteroid treatment; or
 - 3.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or
 - 3.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated); or
 - 3.8 Adolescents with poor linear growth (where conventional corticosteroid use may limit further growth).

Note: Indications marked with * are unapproved indications.

Continuation – non-cirrhotic autoimmune hepatitis

Re-assessment required after 6 months

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

HYDROCORTISONE ACETATE

Rectal foam 10%, CFC free (14 applications)	26.55	15 g	Colifoam
		21.1 g	Colifoam

HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE

Topical Aerosol foam, 1% with pramoxine hydrochloride 1%

MESALAZINE

Tab EC 400 mg	49.50	100	Asacol
Tab long-acting 500 mg	56.10	100	Pentasa
Tab 800 mg	85.50	90	Asacol
Modified release granules 1 g	118.10	100 g	Pentasa
Suppos 500 mg	22.80	20	Asacol
Suppos 1 g	50.96	28	Pentasa
Enema 1 g per 100 ml	41.30	7	Pentasa

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OLSALAZINE			
Tab 500 mg	93.37	100	Dipentum
Cap 250 mg	53.00	100	Dipentum
PREDNISOLONE SODIUM			
Rectal foam 20 mg per dose (14 applications)	74.10	1	Essential Prednisolone
SODIUM CROMOGLICATE			
Cap 100 mg			
SULFASALAZINE			
Tab 500 mg	16.52	100	Salazopyrin
Tab EC 500 mg	17.86	100	Salazopyrin EN

Local Preparations for Anal and Rectal Disorders

Antihaemorrhoidal Preparations

CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE			
Oint 5 mg with hydrocortisone 5 mg per g	15.00	30 g	Proctosedyl
Suppos 5 mg with hydrocortisone 5 mg per g	9.90	12	Proctosedyl
FLUCORTOLONE CAPROATE WITH FLUCORTOLONE PIVALATE AND CINCHOCAINE			
Oint 950 mcg with flucortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g	11.06	30 g	Ultraproct
Suppos 630 mcg with flucortolone 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	65.45	10	Max Health
	19.00	5	Robinul
<i>(Max Health Inj 200 mcg per ml, 1 ml ampoule to be delisted 1 September 2023)</i>			
HYOSCINE BUTYLBROMIDE			
Tab 10 mg	6.35	100	Buscopan
Inj 20 mg, 1 ml ampoule – 5% DV Dec-23 to 2026	6.35	5	Buscopan
	1.91	1	Spazmol
<i>(Buscopan Inj 20 mg, 1 ml ampoule to be delisted 1 December 2023)</i>			
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg – 5% DV Dec-23 to 2026	8.50	90	Colofac

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antiulcerants			
Antisecretory and Cytoprotective			
MISOPROSTOL Tab 200 mcg.....	47.73	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 150 mg ↓ Tab 300 mg ↓ Inj 25 mg per ml, 2 ml ampoule → Restricted (RS1703)			
Initiation Either: 1 For continuation use; or 2 Routine prevention of allergic reactions..			
Proton Pump Inhibitors			
LANSOPRAZOLE Cap 15 mg – 5% DV Dec-21 to 2024			
	4.20	100	Lanzol Relief
Cap 30 mg – 5% DV Dec-21 to 2024	5.26	100	Lanzol Relief
OMEPRAZOLE ↓ Tab dispersible 10 mg → Restricted (RS1027)			
Initiation Only for use in tube-fed patients. ↓ Tab dispersible 20 mg → Restricted (RS1027)			
Initiation Only for use in tube-fed patients.			
Cap 10 mg.....	1.94	90	Omeprazole actavis 10
Cap 20 mg.....	1.86	90	Omeprazole actavis 20
Cap 40 mg.....	3.11	90	Omeprazole actavis 40
Powder for oral liq.....	42.50	5 g	Midwest
Inj 40 mg ampoule with diluent – 5% DV Jan-23 to 2025	37.38	5	Dr Reddy's Omeprazole
Inj 40 mg vial – 5% DV Jan-23 to 2025	11.95	5	Omezol IV
PANTOPRAZOLE Tab EC 20 mg – 5% DV Dec-23 to 2025			
	1.99	90	Panzop Relief
Tab EC 40 mg – 5% DV Dec-23 to 2025	2.74	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 g

→ **Restricted (RS1261)**

Initiation

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

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

↓ Tab 550 mg 625.00 56 Xifaxan

→ **Restricted (RS1416)**

Initiation

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

Diabetes

Alpha Glucosidase Inhibitors

ACARBOSE

Tab 50 mg – 5% DV Dec-21 to 2024 8.95 90 **Accarb**

Tab 100 mg – 5% DV Dec-21 to 2024 15.29 90 **Accarb**

Hyperglycaemic Agents

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

↓ Cap 25 mg 110.00 100 Proglidem

↓ Cap 100 mg 280.00 100 Proglidem

↓ Oral liq 50 mg per ml 620.00 30 ml Proglycem

→ **Restricted (RS1028)**

Initiation

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

GLUCAGON HYDROCHLORIDE

Inj 1 mg syringe kit 32.00 1 Glucagen Hypokit

GLUCOSE [DEXTROSE]

Tab 1.5 g

Tab 3.1 g

Tab 4 g

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

Gel 40%

GLUCOSE WITH SUCROSE AND FRUCTOSE

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

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Insulin - Intermediate-Acting Preparations			
INSULIN ASPART WITH INSULIN ASPART PROTAMINE			
Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen	52.15	5	NovoMix 30 FlexPen
INSULIN ISOPHANE			
Inj insulin human 100 u per ml, 10 ml vial			
Inj insulin human 100 u per ml, 3 ml cartridge			
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 25
Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 50
INSULIN NEUTRAL WITH INSULIN ISOPHANE			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge			
Insulin - Long-Acting Preparations			
INSULIN GLARGINE			
Inj 100 u per ml, 3 ml disposable pen.....	94.50	5	Lantus SoloStar
Inj 100 u per ml, 3 ml cartridge.....	94.50	5	Lantus
Inj 100 u per ml, 10 ml vial.....	63.00	1	Lantus
Insulin - Rapid-Acting Preparations			
INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Inj 100 u per ml, 3 ml syringe	51.19	5	NovoRapid FlexPen
INSULIN GLULISINE			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra Solostar
INSULIN LISPRO			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Insulin - Short-Acting Preparations			
INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Oral Hypoglycaemic Agents			
GLIBENCLAMIDE			
Tab 5 mg – 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 Viatris
Tab immediate-release 850 mg – 1% DV Aug-23 to 2024	11.28	500	Metformin Mylan Metformin Viatris
<i>(Metformin Mylan Tab immediate-release 850 mg to be delisted 1 January 2024)</i>			
PIOGLITAZONE			
Tab 15 mg – 5% DV Jan-22 to 2024	6.80	90	Vexazone
Tab 30 mg – 5% DV Jan-22 to 2024	7.30	90	Vexazone
Tab 45 mg – 5% DV Jan-22 to 2024	12.25	90	Vexazone
VILDAGLIPTIN			
Tab 50 mg	35.00	60	Galvus
VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE			
Tab 50 mg with 1,000 mg metformin hydrochloride	35.00	60	Galvumet
Tab 50 mg with 850 mg metformin hydrochloride	35.00	60	Galvumet

GLP-1 AgonistsDULAGLUTIDE – **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 pen	115.23	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.

a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina,

continued...

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

continued...

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.

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

➔ **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
 - 3.2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated

continued...

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

continued...

- cardiovascular risk assessment calculator*; or
- 3.2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
- 3.2.5 Patient has diabetic kidney disease (see note b)*; and
- 3.3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months.

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

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

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

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

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

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

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

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

Digestives Including Enzymes

PANCREATIC ENZYME

Cap pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease))			
Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) – 5% DV Jun-22 to 2024	34.93	100	Creon 10000
Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) – 5% DV Jun-22 to 2024	94.38	100	Creon 25000
Modified release granules pancreatin 60.12 mg (amylase 3,600 Ph Eur U, lipase 5,000 Ph Eur U, protease 200 Ph Eur U)	34.93	20 g	Creon Micro
Powder pancreatin 60.12 mg (3,600 Ph. Eur. u/amylase, 5,000 Ph. Eur. u/lipase and 200 Ph. Eur. u/protease)			

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

↓ Cap 250 mg	32.95	100	Ursosan
--------------------	-------	-----	---------

➔ **Restricted (RS1824)**

Initiation – Alagille syndrome or progressive familial intrahepatic cholestasis

Either:

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

Initiation – Chronic severe drug induced cholestatic liver injury

All of the following:

- 1 Patient has chronic severe drug induced cholestatic liver injury; and

continued...

ALIMENTARY TRACT AND METABOLISM

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

continued...

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

Initiation – Primary biliary cholangitis

Both:

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

Initiation – Pregnancy

Patient diagnosed with cholestasis of pregnancy.

Initiation – Haematological transplant

Both:

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

Initiation – Total parenteral nutrition induced cholestasis

Both:

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

Initiation – prevention of sinusoidal obstruction syndrome

Limited to 6 months treatment

Both:

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

Laxatives

Bowel-Cleansing Preparations

CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE

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

e.g. *PicoPrep*

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-O

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

e.g. *Glycoprep-O*

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

Powder for oral soln 52.9 g with ascorbic acid 6 g, potassium chloride 740 mg, sodium chloride 2.6 g and sodium sulphate 5.6 g per sachet (1) and powder for oral soln citric acid 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet (2)

e.g. *Prepkit-O*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MACROGOL 3350 WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE WITH/WITHOUT SODIUM SULFATE, SODIUM ASCORBATE, ASCORBIC ACID			
Powd for oral soln 100g with potassium chloride 1g, sodium chloride 2g and sodium sulfate 9g per sach(1), powd for oral soln 40g with potassium chloride 1.2g and sodium chloride 3.2g per sach(1) and powd for oral soln ascorbic acid 7.54g and sodium ascorbate 48.11g per sach(1) – 5% DV Oct-23 to 2026	18.52	3	Plenvu
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE			
Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet.....	14.31	4	Klean Prep
<i>(Klean Prep Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet to be delisted 1 April 2024)</i>			

Bulk-Forming Agents

ISPAGHULA (PSYLLIUM) HUSK			
Powder for oral soln.....	12.20	500 g	Konsyl-D
STERCULIA WITH FRANGULA – Restricted: For continuation only			
➔ Powder for oral soln			

Faecal Softeners

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

Opioid Receptor Antagonists - Peripheral

METHYLNALTREXONE BROMIDE – Restricted see terms below			
⚠ Inj 12 mg per 0.6 ml vial	36.00	1	Relistor
	246.00	7	Relistor
➔ Restricted (RS1601)			

Initiation – Opioid induced constipation

Both:

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

Osmotic Laxatives

GLYCEROL			
Suppos 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.

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LACTULOSE			
Oral liq 10 g per 15 ml – 5% DV Apr-23 to 2025	3.61	500 ml	Laevolac
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE			
Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg			
Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg.....	6.70	30	Molaxole
SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE			
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – 5% DV Jun-23 to 2025	35.89	50	Micolette
SODIUM PHOSPHATE WITH PHOSPHORIC ACID			
Oral liq 16.4% with phosphoric acid 25.14%			
Enema 10% with phosphoric acid 6.58%	2.50	1	Fleet Phosphate Enema

Stimulant Laxatives

BISACODYL			
Tab 5 mg – 5% DV Jan-23 to 2025	5.80	200	Bisacodyl Viatris
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](#)

↓ Oral soln 7.5 mg per ml

→ Restricted (RS1843)

Initiation

Both:

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

Metabolic Disorder Agents

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

↓ Inj 50 mg vial

→ Restricted (RS1793)

Initiation

Metabolic physician

Re-assessment required after 12 months

All of the following:

- 1 The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease; and
- 2 Any of the following:
 - 2.1 Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
 - 2.2 Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
 - 2.3 Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or

continued...

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

↓ Powder for oral soln.....575.00 180 g Cystadane

➔ **Restricted (RS1794)**

Initiation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

Continuation

Metabolic physician

Re-assessment required after 12 months

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

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

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

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<p>➔ Restricted (RS1330) Metabolic physician or metabolic disorders dietitian</p> <p>CARGLUMIC ACID – Restricted see terms below ↓ Tab disp 200 mg</p> <p>➔ Restricted (RS1831) Initiation Metabolic physician For the acute in-patient treatment of organic acidaemias as an alternative to haemofiltration.</p> <p>COENZYME Q10 – Restricted see terms below ↓ Cap 120 mg ↓ Cap 160 mg</p> <p>➔ Restricted (RS1832) Initiation Metabolic physician <i>Re-assessment required after 6 months</i> The patient has a suspected inborn error of metabolism that may respond to coenzyme Q10 supplementation.</p> <p>Continuation Metabolic physician <i>Re-assessment required after 24 months</i></p> <p>Both:</p> <ol style="list-style-type: none"> 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. <p>GALSULFASE – Restricted see terms below ↓ Inj 1 mg per ml, 5 ml vial.....2,234.00 1 Naglazyme</p> <p>➔ Restricted (RS1795) Initiation Metabolic physician <i>Re-assessment required after 12 months</i></p> <p>Both:</p> <ol style="list-style-type: none"> 1 The patient has been diagnosed with mucopolysaccharidosis VI; and 2 Either: <ol style="list-style-type: none"> 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. <p>Continuation Metabolic physician <i>Re-assessment required after 12 months</i></p> <p>All of the following:</p> <ol style="list-style-type: none"> 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. <p>HAEM ARGINATE Inj 25 mg per ml, 10 ml ampoule</p>			

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

IDURSULFASE – Restricted see terms [below](#)

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

➔ **Restricted (RS1546)**

Initiation

Metabolic physician

Limited to 24 weeks treatment

All of the following:

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

LARONIDASE – Restricted see terms [below](#)

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

➔ **Restricted (RS1607)**

Initiation

Metabolic physician

Limited to 24 weeks treatment

All of the following:

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

LEVOCARNITINE – Restricted see terms [below](#)

- ↓ Tab 500 mg
- ↓ Cap 250 mg
- ↓ Cap 500 mg
- ↓ Oral liq 500 mg per 10 ml
- ↓ Oral soln 1,000 mg per 10 ml
- ↓ Oral soln 1,100 mg per 15 ml
- ↓ Inj 200 mg per ml, 5 ml vial

➔ **Restricted (RS1035)**

Neurologist, metabolic physician or metabolic disorders dietitian

PYRIDOXAL-5-PHOSPHATE – Restricted see terms [below](#)

↓ Tab 50 mg

➔ **Restricted (RS1331)**

Neurologist, metabolic physician or metabolic disorders dietitian

ALIMENTARY TRACT AND METABOLISM

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

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

↓ Tab 100 mg

↓ Cap 100 mg

→ **Restricted** (RS1833)

Initiation

Metabolic physician or neurologist

Re-assessment required after 6 months

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

Continuation

Metabolic physician or neurologist

Re-assessment required after 24 months

Both:

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

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

↓ Tab soluble 100 mg 1,452.70 30 Kuvan

→ **Restricted** (RS1796)

Initiation

Metabolic physician

Re-assessment required after 1 month

All of the following:

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

Continuation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

SODIUM BENZOATE

Cap 500 mg

Powder

Soln 100 mg per ml

Inj 20%, 10 ml ampoule

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM PHENYLBUTYRATE – Some items restricted see terms below			
Tab 500 mg			
↓ Grans 483 mg per g.....	2,016.00	174 g	Pheburane
Oral liq 250 mg per ml			
Inj 200 mg per ml, 10 ml ampoule			
➔ Restricted (RS1797)			
Initiation			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
For the chronic management of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.			
Continuation			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

➔ Restricted (RS1897)

Initiation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

Note: Indication marked with * is an unapproved indication

Continuation

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

Re-assessment required after 3 years

All of the following:

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

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

⚡ Cap 500 mg

⚡ Cap 1,000 mg

⚡ Powder

➔ Restricted (RS1834)

Initiation

Metabolic physician

Re-assessment required after 6 months

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

Continuation

Metabolic physician

Re-assessment required after 24 months

Both:

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

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

Minerals

Calcium

CALCIUM CARBONATE			
Tab 1.25 g (500 mg elemental)	6.69	250	Calci-Tab 500
Tab eff 1.25 g (500 mg elemental)			
Tab eff 1.75 g (1 g elemental)			

Copper

➔ **Restricted (RS1928)**
Initiation – Moderate to severe burns
Limited to 3 months treatment

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

COPPER – **Restricted** see terms [above](#)
 † Tab 2.5 mg, chelated
 COPPER CHLORIDE – **Restricted** see terms [above](#)
 † Inj 0.4 mg per ml, 10 ml vial

Fluoride

SODIUM FLUORIDE			
Tab 1.1 mg (0.5 mg elemental)			

Iodine

POTASSIUM IODATE			
Tab 253 mcg (150 mcg elemental iodine)	4.58	90	NeuroTabs
POTASSIUM IODATE WITH IODINE			
Oral liq 10% with iodine 5%			

Iron

FERROUS FUMARATE			
Tab 200 mg (65 mg elemental) – 5% DV May-22 to 2024	3.04	100	Ferro-tab
FERROUS FUMARATE WITH FOLIC ACID			
Tab 310 mg (100 mg elemental) with folic acid 350 mcg – 5% DV Aug-22 to 2024	5.98	100	Ferro-F-Tabs
FERROUS GLUCONATE WITH ASCORBIC ACID			
Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg			
FERROUS SULFATE			
Tab long-acting 325 mg (105 mg elemental) – 5% DV Jan-23 to 2025	2.55	30	Ferrograd
Oral liq 30 mg (6 mg elemental) per ml – 5% DV Jan-23 to 2025	13.10	500 ml	Ferodan
FERROUS SULFATE WITH ASCORBIC ACID			
Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			

ALIMENTARY TRACT AND METABOLISM

	Price (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.....	150.00	1	Ferinject
➔ Restricted (RS1417)			
Initiation			
Treatment with oral iron has proven ineffective or is clinically inappropriate.			
IRON (AS SUCROSE)			
Inj 20 mg per ml, 5 ml ampoule	100.00	5	Venofer
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml ampoule	34.50	5	Ferrosig

Magnesium

MAGNESIUM AMINO ACID CHELATE			
Cap 750 mg (150 mg elemental)			
MAGNESIUM CHLORIDE			
Inj 1 mmol per 1 ml, 100 ml bag			
MAGNESIUM HYDROXIDE			
Tab 311 mg (130 mg elemental)			
Suspension 8%			
MAGNESIUM OXIDE			
Cap 663 mg (400 mg elemental)			
Cap 696 mg (420 mg elemental)			
MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE			
Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium)			
MAGNESIUM SULPHATE			
Inj 100 mg per ml, 40 ml bag			
Inj 0.4 mmol per ml, 250 ml bag			
Inj 2 mmol per ml, 5 ml ampoule	25.53	10	Martindale
Inj 100 mg per ml, 50 ml bag			

Selenium

SELENIUM – Restricted see terms below			
↓ Oral liq 150 mcg per 3 drops			<i>eg Clinicians selenium oral drops</i>

↓ Inj 300 mcg per ml, 1 ml ampoule

➔ **Restricted (RS1929)**

Initiation – Moderate to severe burns

Limited to 3 months treatment

Both:

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

Zinc

ZINC
Oral liq 5 mg per 5 drops

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

	Price (ex man. 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			
CHLORHEXIDINE GLUCONATE			
Mouthwash 0.2%			
CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE			
Adhesive gel 8.7% with cetalkonium chloride 0.01%			
DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL			
Lozenge 1.2 mg with amylmetacresol 0.6 mg			
TRIAMCINOLONE ACETONIDE			
Paste 0.1%	5.33	5 g	Kenalog in Orabase

Oropharyngeal Anti-Infectives

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

Other Oral Agents

HYALURONIC ACID WITH LIDOCAINE [LIGNOCAINE]			
Inj 20 mg per ml			
SODIUM HYALURONATE [HYALURONIC ACID] – Restricted see terms below			
↓ Inj 20 mg per ml, 1 ml syringe			
➔ Restricted (RS1175)			
Otolaryngologist			

Vitamins

Multivitamin Preparations

MULTIVITAMIN AND MINERAL SUPPLEMENT – Restricted see terms on the next page			
↓ Cap	23.35	180	Clinicians Multivit & Mineral Boost

ALIMENTARY TRACT AND METABOLISM

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

➔ **Restricted (RS1498)**

Initiation

Limited to 3 months treatment

Both:

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

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

⚡ Cap..... 6.49 30 Clinicians Renal Vit

➔ **Restricted (RS1499)**

Initiation

Either:

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

MULTIVITAMINS

Tab (BPC cap strength) – **5% DV Feb-23 to 2025**..... 18.50 1,000 **Mvite**

⚡ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg e.g. Vitabdeck

➔ **Restricted (RS1620)**

Initiation

Any of the following:

- 1 Patient has cystic fibrosis with pancreatic insufficiency; or
- 2 Patient is an infant or child with liver disease or short gut syndrome; or
- 3 Patient has severe malabsorption syndrome.

⚡ Powder vitamin A 3200 mcg with vitamin D 100 mcg, vitamin E 54.2 mg, vitamin C 400 mg, vitamin K1 108 mcg thiamine 3.2 mg, riboflavin 4.4 mg, niacin 41 mg, vitamin B6 3.6 mg, folic acid 600 mcg, vitamin B12 9 mcg, biotin 120 mcg, pantothenic acid 24 mg, choline 1250 mg and inositol 700 mg e.g. Paediatric Seravit

➔ **Restricted (RS1178)**

Initiation

Patient has inborn errors of metabolism.

Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1) e.g. Pabrinex IV

Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1) e.g. Pabrinex IM

Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1) e.g. Pabrinex IV

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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 B			
HYDROXOCOBALAMIN			
Inj 1 mg per ml, 1 ml ampoule – 5% DV Nov-22 to 2024	2.46	3	Hydroxocobalamin Panpharma
PYRIDOXINE HYDROCHLORIDE			
Tab 25 mg	2.70	90	Vitamin B6 25
Tab 50 mg	23.45	500	Pyridoxine multichem
Inj 100 mg per ml, 2 ml vial			
Inj 100 mg per ml, 1 ml ampoule			
Inj 100 mg per ml, 30 ml vial			
THIAMINE HYDROCHLORIDE			
Tab 50 mg – 5% DV Apr-23 to 2025	4.65	100	Thiamine multichem
Tab 100 mg			
Inj 100 mg per ml, 1 ml vial			<i>e.g. Benerva</i>
Inj 100 mg per ml, 2 ml vial			
VITAMIN B COMPLEX			
Tab strong, BPC	11.25	500	Bplex
Vitamin C			
ASCORBIC ACID			
Tab 100 mg – 5% DV Feb-23 to 2025	12.50	500	Cvite
Tab chewable 250 mg			
Vitamin D			
ALFACALCIDOL			
Cap 0.25 mcg	26.32	100	One-Alpha
Cap 1 mcg	87.98	100	One-Alpha
Oral drops 2 mcg per ml	60.68	20 ml	One-Alpha
CALCITRIOL			
Cap 0.25 mcg – 5% DV Dec-22 to 2025	7.89	100	Calcitriol-AFT
Cap 0.5 mcg – 5% DV Dec-22 to 2025	13.68	100	Calcitriol-AFT
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
COLECALCIFEROL			
Cap 1.25 mg (50,000 iu).....	2.95	12	Vit.D3
Oral liq 188 mcg per ml (7,500 iu per ml)	9.00	4.8 ml	Puria

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

Vitamin E

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

⚡ Oral liq 156 u per ml

➡ **Restricted** (RS1632)

Initiation – Cystic fibrosis

Both:

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

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

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

⚡ Cap 100 u

⚡ Cap 500 u

⚡ Oral liq 156 u per ml

➡ **Restricted** (RS1176)

Initiation – Cystic fibrosis

Both:

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

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

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

Antianaemics

Hypoplastic and Haemolytic

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

↓ Inj 1,000 iu in 0.5 ml syringe.....	250.00	6	Binocrit
↓ inj 2,000 iu in 1 ml syringe.....	100.00	6	Binocrit
↓ Inj 3,000 iu in 0.3 ml syringe.....	150.00	6	Binocrit
↓ Inj 4,000 iu in 0.4 ml syringe.....	96.50	6	Binocrit
↓ Inj 5,000 iu in 0.5 ml syringe.....	125.00	6	Binocrit
↓ Inj 6,000 iu in 0.6 ml syringe.....	145.00	6	Binocrit
↓ Inj 8,000 iu in 0.8 ml syringe.....	175.00	6	Binocrit
↓ Inj 10,000 iu in 1 ml syringe.....	197.50	6	Binocrit
↓ Inj 40,000 iu in 1 ml syringe.....	250.00	1	Binocrit

→ **Restricted (RS1660)**

Initiation – chronic renal failure

All of the following:

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

Initiation – myelodysplasia*

Re-assessment required after 2 months

All of the following:

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

Continuation – myelodysplasia*

Re-assessment required after 12 months

All of the following:

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

Initiation – all other indications

Haematologist

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

Note: Indications marked with * are unapproved indications

BLOOD AND BLOOD FORMING ORGANS

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

EPOETIN BETA – Restricted see terms below

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

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

➔ Restricted (RS1661)

Initiation – chronic renal failure

All of the following:

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

Initiation – myelodysplasia*

Re-assessment required after 12 months

All of the following:

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

Continuation – myelodysplasia*

Re-assessment required after 2 months

All of the following:

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

Initiation – all other indications

Haematologist.

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

*Note: Indications marked with * are unapproved indications.

Megaloblastic

FOLIC ACID

Tab 0.8 mg	26.60	1,000	Folic Acid multichem
Tab 5 mg – 1% DV Mar-23 to 2024	5.82	100	Folic Acid Mylan
			Folic Acid Viatris
Oral liq 50 mcg per ml	28.82	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			

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

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

Antifibrinolytics, Haemostatics and Local Sclerosants

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

↓ Topical soln 20% w/v

e.g. *Driclor*

→ **Restricted (RS1500)**

Initiation

For use as a haemostatis agent.

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

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

→ **Restricted (RS1332)**

Initiation

Cardiac anaesthetist

Either:

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

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

↓ Tab 25 mg 1,550.00 28 Revolade

↓ Tab 50 mg 3,100.00 28 Revolade

→ **Restricted (RS1648)**

Initiation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 6 weeks

All of the following:

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

Initiation – idiopathic thrombocytopenic purpura - preparation for splenectomy

Haematologist

Limited to 6 weeks treatment

The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 12 months

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

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

Initiation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 3 months

All of the following:

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

continued...

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

continued...

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

Continuation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 12 months

All of the following:

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

Initiation – severe aplastic anaemia

Haematologist

Re-assessment required after 3 months

Both:

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

Continuation – severe aplastic anaemia

Haematologist

Re-assessment required after 12 months

Both:

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

EMICIZUMAB – Restricted see terms [below](#)

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

➡ **Restricted (RS1780)**

Initiation

Haematologist

Re-assessment required after 6 months

All of the following:

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

continued...

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

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](#)

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

→ **Restricted (RS1535)**

Initiation

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

Blood Factors

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

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

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1684)			
Initiation			
For patients with haemophilia B receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – Restricted see terms below			
⚡ Inj 1 mg syringe	1,178.30	1	NovoSeven RT
⚡ Inj 2 mg syringe	2,356.60	1	NovoSeven RT
⚡ Inj 5 mg syringe	5,891.50	1	NovoSeven RT
⚡ Inj 8 mg syringe	9,426.40	1	NovoSeven RT
➔ Restricted (RS1704)			
Initiation			
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Rare Clinical Circumstances Brand of bypassing agent for > 14 days predicted use. Access to funded treatment for > 14 days predicted use is by named patient application to the Haemophilia Treaters Group, subject to access criteria.			
FACTOR EIGHT INHIBITOR BYPASSING FRACTION – Restricted see terms below			
⚡ Inj 500 U	1,315.00	1	FEIBA NF
⚡ Inj 1,000 U	2,630.00	1	FEIBA NF
⚡ Inj 2,500 U	6,575.00	1	FEIBA NF
➔ Restricted (RS1705)			
Initiation			
For patients with haemophilia. Preferred Brand of bypassing agent for > 14 days predicted use. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – Restricted see terms below			
⚡ Inj 250 iu prefilled syringe	287.50	1	Xyntha
⚡ Inj 500 iu prefilled syringe	575.00	1	Xyntha
⚡ Inj 1,000 iu prefilled syringe	1,150.00	1	Xyntha
⚡ Inj 2,000 iu prefilled syringe	2,300.00	1	Xyntha
⚡ Inj 3,000 iu prefilled syringe	3,450.00	1	Xyntha
➔ Restricted (RS1706)			
Initiation			
For patients with haemophilia. Rare Clinical Circumstances Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group, subject to criteria.			
NONACOG GAMMA, [RECOMBINANT FACTOR IX] – Restricted see terms below			
⚡ Inj 500 iu vial	435.00	1	RIXUBIS
⚡ Inj 1,000 iu vial	870.00	1	RIXUBIS
⚡ Inj 2,000 iu vial	1,740.00	1	RIXUBIS
⚡ Inj 3,000 iu vial	2,610.00	1	RIXUBIS
➔ Restricted (RS1679)			
Initiation			
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – Restricted see terms on the next page			
⚡ Inj 250 iu vial	210.00	1	Advate
⚡ Inj 500 iu vial	420.00	1	Advate
⚡ Inj 1,000 iu vial	840.00	1	Advate
⚡ Inj 1,500 iu vial	1,260.00	1	Advate
⚡ Inj 2,000 iu vial	1,680.00	1	Advate
⚡ Inj 3,000 iu vial	2,520.00	1	Advate

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

➔ Restricted (RS1707)
Initiation

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

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

↓ Inj 250 iu vial.....	237.50	1	Kogenate FS
↓ Inj 500 iu vial.....	475.00	1	Kogenate FS
↓ Inj 1,000 iu vial.....	950.00	1	Kogenate FS
↓ Inj 2,000 iu vial.....	1,900.00	1	Kogenate FS
↓ Inj 3,000 iu vial.....	2,850.00	1	Kogenate FS

➔ Restricted (RS1708)
Initiation

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

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

↓ Inj 250 iu vial.....	300.00	1	Adynovate
↓ Inj 500 iu vial.....	600.00	1	Adynovate
↓ Inj 1,000 iu vial.....	1,200.00	1	Adynovate
↓ Inj 2,000 iu vial.....	2,400.00	1	Adynovate

➔ Restricted (RS1682)
Initiation

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

Vitamin K
PHYTOMENADIONE

Inj 2 mg in 0.2 ml ampoule	8.00	5	Konaktion MM
Inj 10 mg per ml, 1 ml ampoule	9.21	5	Konaktion MM

Antithrombotics
Anticoagulants

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

↓ Inj 250 mg vial

➔ Restricted (RS1181)
Initiation

Either:

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

CITRATE SODIUM

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

DABIGATRAN

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

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DANAPAROID – Restricted see terms below			
⚡ Inj 750 u in 0.6 ml ampoule			
➔ Restricted (RS1182)			
Initiation			
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance.			
DEFIBROTIDE – Restricted see terms below			
⚡ Inj 80 mg per ml, 2.5 ml ampoule			
➔ Restricted (RS1183)			
Initiation			
Haematologist			
Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities.			
DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]			
Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag			
ENOXAPARIN SODIUM			
Inj 20 mg in 0.2 ml syringe.....	31.28	10	Clexane
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe.....	42.49	10	Clexane
Inj 60 mg in 0.6 ml syringe.....	60.67	10	Clexane
Inj 80 mg in 0.8 ml syringe.....	80.89	10	Clexane
Inj 100 mg in 1 ml syringe.....	101.30	10	Clexane
Inj 120 mg in 0.8 ml syringe.....	125.87	10	Clexane Forte
Inj 150 mg in 1 ml syringe.....	143.86	10	Clexane Forte
FONDAPARINUX SODIUM – Restricted see terms below			
⚡ Inj 2.5 mg in 0.5 ml syringe			
⚡ Inj 7.5 mg in 0.6 ml syringe			
➔ Restricted (RS1184)			
Initiation			
For use in heparin-induced thrombocytopenia, 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 ampoule	245.26	50	Hospira
Inj 1,000 iu per ml, 5 ml ampoule	86.11	50	Pfizer
Inj 5,000 iu in 0.2 ml ampoule			
Inj 5,000 iu per ml, 1 ml ampoule	70.33	5	Hospira
HEPARINISED SALINE			
Inj 10 iu per ml, 5 ml ampoule	65.48	50	Pfizer
Inj 100 iu per ml, 2 ml ampoule			
Inj 100 iu per ml, 5 ml ampoule			
PHENINDIONE			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
PROTAMINE SULPHATE			
Inj 10 mg per ml, 5 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RIVAROXABAN			
Tab 10 mg – 5% DV Dec-23 to 2026	15.60	30	Xarelto
Tab 15 mg – 5% DV Dec-23 to 2026	14.56	28	Xarelto
Tab 20 mg – 5% DV Dec-23 to 2026	14.56	28	Xarelto
SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
WARFARIN SODIUM			
Tab 1 mg	6.46	100	Marevan
Tab 2 mg			
Tab 3 mg	10.03	100	Marevan
Tab 5 mg	11.48	100	Marevan
Antiplatelets			
ASPIRIN			
Tab 100 mg	1.95	90	Ethics Aspirin EC
	14.95	990	Ethics Aspirin EC
Suppos 300 mg			
CLOPIDOGREL			
Tab 75 mg – 5% DV May-23 to 2025	5.07	84	Arrow - Clopid
DIPYRIDAMOLE			
Tab 25 mg			
Tab long-acting 150 mg	13.93	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 Viatrix Mylan
↓ Inj 750 mcg per ml, 100 ml vial	526.50	1	Eptifibatide Viatrix
➔ Restricted (RS1759)			
Initiation			
Any of the following:			
1 For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or			
2 For use in patients with definite or strongly suspected intra-coronary thrombus on coronary angiography; or			
3 For use in patients undergoing intra-cranial intervention.			
LYSINE ACETYSALICYLATE [LYSINE ASPRIN] – Restricted see terms below			
↓ Inj 500 mg			<i>e.g. Aspegic</i>
➔ Restricted (RS1689)			
Initiation			
Both:			
1 For use when an immediate antiplatelet effect is required prior to an urgent interventional neuro-radiology or interventional cardiology procedure; and			
2 Administration of oral aspirin would delay the procedure.			
TICAGRELOR – Restricted see terms below			
↓ Tab 90 mg – 5% DV Mar-23 to 2024	23.85	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			

continued...

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

- Inj 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](#)

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

→ **Restricted (RS1536)**

Initiation – Autologous stem cell transplant

Haematologist

Limited to 3 days treatment

All of the following:

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

Granulocyte Colony-Stimulating Factors

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

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

→ **Restricted (RS1188)**

Haematologist or oncologist

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

↓ Inj 6 mg per 0.6 ml syringe – **5% DV Jun-23 to 2025**.....65.00 1 **Ziextenzo**

BLOOD AND BLOOD FORMING ORGANS

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

➔ **Restricted (RS1743)**

Initiation

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

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

Fluids and Electrolytes

Intravenous Administration

CALCIUM CHLORIDE

Inj 100 mg per ml, 10 ml vial

Inj 100 mg per ml, 50 ml syringe

e.g. Baxter

CALCIUM GLUCONATE

Inj 10%, 10 ml ampoule

e.g. Max Health

COMPOUND ELECTROLYTES

Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l,
chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml
bag.....

57.06

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 bag.....

29.28

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 bag.....

227.64

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 bag.....

25.20

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.....

16.92

12

Baxter

GLUCOSE [DEXTROSE]

Inj 5%, 1,000 ml bag.....

16.80

10

Fresenius Kabi

Inj 5%, 100 ml bag.....

77.50

50

Fresenius Kabi

Inj 5%, 250 ml bag.....

52.50

30

Fresenius Kabi

Inj 5%, 50 ml bag.....

154.20

60

Baxter Glucose 5%

Inj 5%, 500 ml bag.....

24.00

20

Fresenius Kabi

Inj 10%, 1,000 ml bag.....

120.36

12

Baxter Glucose 10%

Inj 10%, 500 ml bag.....

118.26

18

Baxter Glucose 10%

Inj 50%, 10 ml ampoule.....

30.65

5

Biomed

Inj 50%, 500 ml bag.....

362.34

18

Baxter Glucose 50%

Inj 50%, 90 ml bottle.....

15.00

1

Biomed

GLUCOSE WITH POTASSIUM CHLORIDE

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

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or 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 bag.....	218.52	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag.....	171.84	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag.....	303.72	12	Baxter
GLUCOSE WITH SODIUM CHLORIDE			
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag			
Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag.....	175.44	12	Baxter
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag.....	175.32	12	Baxter
Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag.....	186.24	12	Baxter
POTASSIUM CHLORIDE			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			
POTASSIUM CHLORIDE WITH SODIUM CHLORIDE			
Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag	512.16	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 bag....	272.16	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag	829.92	48	Baxter
POTASSIUM DIHYDROGEN PHOSPHATE			
Inj 1 mmol per ml, 10 ml ampoule	174.57	10	Hospira
RINGER'S SOLUTION			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag			
SODIUM ACETATE			
Inj 4 mmol per ml, 20 ml ampoule			
SODIUM BICARBONATE			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial	22.40	1	Biomed
Inj 8.4%, 100 ml vial	22.95	1	Biomed

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM CHLORIDE			
Inj 0.9%, 5 ml ampoule – 5% DV Jan-23 to 2025	4.00	20	Fresenius Kabi
Inj 0.9%, 10 ml ampoule – 5% DV Jan-23 to 2025	5.25	50	Fresenius Kabi
↓ Inj 0.9%, 3 ml syringe, non-sterile pack – 5% DV Mar-23 to 2025	12.00	30	BD PosiFlush
➔ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			
↓ Inj 0.9%, 5 ml syringe, non-sterile pack – 5% DV Mar-23 to 2025	12.00	30	BD PosiFlush
➔ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			
↓ Inj 0.9%, 10 ml syringe, non-sterile pack – 5% DV Mar-23 to 2025	11.70	30	BD PosiFlush
➔ Restricted (RS1297)			
Initiation			
For 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	35.50	5	Biomed
Inj 0.45%, 500 ml bag	76.68	18	Baxter
Inj 3%, 1,000 ml bag	150.72	12	Baxter
Inj 0.9%, 50 ml bag	118.20	60	Baxter
	147.75	75	Baxter-Viaflo
Inj 0.9%, 100 ml bag	84.48	48	Baxter
	105.60	60	Baxter-Viaflo
Inj 0.9%, 250 ml bag	48.00	24	Baxter
Inj 0.9%, 500 ml bag	23.94	18	Baxter
Inj 0.9%, 1,000 ml bag	16.32	12	Baxter
Inj 1.8%, 500 ml bottle			
SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]			
Inj 1 mmol per ml, 20 ml ampoule	53.60	5	Biomed
WATER			
Inj 10 ml ampoule – 5% DV Sep-23 to 2025	7.60	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
<i>(Pfizer Inj 10 ml ampoule to be delisted 1 September 2023)</i>			
Oral Administration			
CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES			
Powder for oral soln – 5% DV Dec-22 to 2025	9.53	50	Electral
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]			
Soln with electrolytes (2 x 500 ml)	8.55	1,000 ml	Pedialyte - Bubblegum
PHOSPHORUS			
Tab eff 500 mg (16 mmol)			

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
POTASSIUM CHLORIDE			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol).....	15.35	200	Span-K
Oral liq 2 mmol per ml			
SODIUM BICARBONATE			
Cap 840 mg.....	8.52	100	Sodibic
SODIUM CHLORIDE			
Tab 600 mg			
Oral liq 2 mmol/ml			
SODIUM POLYSTYRENE SULPHONATE			
Powder.....	84.65	454 g	Resonium A

Plasma Volume Expanders

GELATINE, SUCCINYLATED			
Inj 4%, 500 ml bag.....	129.00	10	Gelofusine

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

Agents Affecting the Renin-Angiotensin System

ACE Inhibitors

CAPTOPRIL

↓ Oral liq 5 mg per ml	94.99	95 ml	Capoten
------------------------------	-------	-------	---------

➔ **Restricted (RS1263)**

Initiation

Any of the following:

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

CILAZAPRIL – **Restricted:** For continuation only

➔ Tab 0.5 mg	2.69	90	Zapril
➔ Tab 2.5 mg	5.79	90	Zapril
➔ Tab 5 mg	10.05	90	Zapril

ENALAPRIL MALEATE

Tab 5 mg – 5% DV Feb-24 to 2025	1.75	90	Acetec
Tab 10 mg – 5% DV Feb-24 to 2025	1.97	90	Acetec
Tab 20 mg – 5% DV Feb-24 to 2025	2.35	90	Acetec

LISINOPRIL

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

PERINDOPRIL

Tab 2 mg – 5% DV Jan-22 to 2024	1.58	30	Coversyl
Tab 4 mg – 5% DV Jan-22 to 2024	2.95	30	Coversyl
Tab 8 mg	5.02	30	Coversyl

QUINAPRIL

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

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	7.05	90	Tryzan

ACE Inhibitors with Diuretics

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Angiotensin II Antagonists			
CANDESARTAN CILEXETIL			
Tab 4 mg – 5% DV Dec-21 to 2024	2.00	90	Candestar
Tab 8 mg – 5% DV Dec-21 to 2024	2.28	90	Candestar
Tab 16 mg – 5% DV Dec-21 to 2024	3.31	90	Candestar
Tab 32 mg – 5% DV Dec-21 to 2024	5.26	90	Candestar
LOSARTAN POTASSIUM			
Tab 12.5 mg	1.56	84	Losartan Actavis
Tab 25 mg	1.84	84	Losartan Actavis
Tab 50 mg	2.25	84	Losartan Actavis
Tab 100 mg	3.50	84	Losartan Actavis

Angiotensin II Antagonists with Diuretics			
CANDESARTAN CILEXETIL WITH HYDROCHLOROTHIAZIDE			
Tab 16 mg with hydrochlorothiazide 12.5 mg	4.10	30	APO-Candesartan HCTZ 16/12.5
Tab 32 mg with hydrochlorothiazide 12.5 mg	5.25	30	APO-Candesartan HCTZ 32/12.5
LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE			
Tab 50 mg with hydrochlorothiazide 12.5 mg – 5% DV Jan-23 to 2025	4.00	30	Arrow-Losartan & Hydrochlorothiazide

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

→ **Restricted (RS1738)**

Initiation

Re-assessment required after 12 months

All of the following:

- 1 Patient has heart failure; and
- 2 Any of the following:
 - 2.1 Patient is in NYHA/WHO functional class II; or
 - 2.2 Patient is in NYHA/WHO functional class III; or
 - 2.3 Patient is in NYHA/WHO functional class IV; and
- 3 Either:
 - 3.1 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; or
 - 3.2 An ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment; and
- 4 Patient is receiving concomitant optimal standard chronic heart failure treatments.

Continuation

Re-assessment required after 12 months

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Alpha-Adrenoceptor Blockers			
DOXAZOSIN			
Tab 2 mg	17.35	500	Doxazosin Clinect
Tab 4 mg	20.94	500	Doxazosin Clinect
PHENOXYBENZAMINE HYDROCHLORIDE			
Cap 10 mg			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
PHEHTOLAMINE 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			
Tab 100 mg – 5% DV Dec-22 to 2025	3.49	30	Aratac
Tab 200 mg – 5% DV Dec-22 to 2025	4.49	30	Aratac
Inj 50 mg per ml, 3 ml ampoule – 5% DV Dec-22 to 2025	15.22	10	Max Health
ATROPINE SULPHATE			
Inj 600 mcg per ml, 1 ml ampoule – 5% DV Jan-22 to 2024	15.09	10	Martindale
DIGOXIN			
Tab 62.5 mcg – 5% DV Jan-23 to 2025	7.80	240	Lanoxin PG
Tab 250 mcg – 5% DV Jan-23 to 2025	16.90	240	Lanoxin
Oral liq 50 mcg per ml			
Inj 250 mcg per ml, 2 ml vial			
DISOPYRAMIDE PHOSPHATE			
Cap 100 mg			

	Price (ex man. excl. GST) \$	Per	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 2026	35.78	90	Flecainide Controlled Release Teva
Cap long-acting 200 mg – 5% DV Aug-23 to 2026	54.28	90	Flecainide Controlled Release Teva
Inj 10 mg per ml, 15 ml ampoule.....	104.00	5	Tambacor

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

- ↓ Tab 5 mg
- **Restricted (RS1566)**

Initiation

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

MEXILETINE HYDROCHLORIDE

Cap 150 mg.....	162.00	100	Teva
Cap 250 mg.....	202.00	100	Teva

PROPAFENONE HYDROCHLORIDE

Tab 150 mg

Antihypertensives

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

↓ Tab 2.5 mg – 5% DV Aug-23 to 2024	38.23	100	Midodrine Medsurge
↓ Tab 5 mg – 5% DV Aug-23 to 2024	59.98	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 Viatrix
Tab 100 mg – 5% DV Jan-22 to 2024	14.20	500	Mylan Atenolol
Oral liq 5 mg per ml.....	49.85	300 ml	Atenolol-AFT

(Mylan Atenolol Tab 50 mg to be delisted 1 November 2023)

BISOPROLOL FUMARATE

Tab 2.5 mg.....	1.84	90	Bisoprolol Mylan Bisoprolol Viatrix
Tab 5 mg.....	2.55	90	Bisoprolol Mylan Bisoprolol Viatrix
	1.72	30	Bosvate
Tab 10 mg.....	3.62	90	Bisoprolol Mylan Bisoprolol Viatrix

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

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

CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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			
LABETALOL			
Tab 50 mg			
Tab 100 mg – 1% DV Sep-20 to 2024	14.50	100	Trandate
Tab 200 mg – 1% DV Sep-20 to 2024	27.00	100	Trandate
Inj 5 mg per ml, 20 ml ampoule			
METOPROLOL SUCCINATE			
Tab long-acting 23.75 mg.....	1.45	30	Betaloc CR
Tab long-acting 47.5 mg.....	1.43	30	Betaloc CR
Tab long-acting 95 mg.....	2.15	30	Betaloc CR
Tab long-acting 190 mg.....	4.27	30	Betaloc CR
METOPROLOL TARTRATE			
Tab 50 mg – 1% DV Mar-22 to 2024	5.66	100	IPCA-Metoprolol
Tab 100 mg – 1% DV Mar-22 to 2024	7.55	60	IPCA-Metoprolol
Tab long-acting 200 mg.....	23.40	28	Slow-Lopresor
Inj 1 mg per ml, 5 ml vial.....	26.50	5	Metoprolol IV Mylan Metoprolol IV Viatriis
NADOLOL			
Tab 40 mg – 1% DV Mar-22 to 2024	19.19	100	Nadolol BNM
Tab 80 mg – 1% DV Mar-22 to 2024	30.39	100	Nadolol BNM
PROPRANOLOL			
Tab 10 mg – 1% DV Mar-22 to 2024	7.04	100	Drofate
Tab 40 mg – 1% DV Mar-22 to 2024	8.75	100	IPCA-Propranolol
Cap long-acting 160 mg	18.17	100	Cardinol LA
Oral liq 4 mg per ml			
Inj 1 mg per ml, 1 ml ampoule			
SOTALOL			
Tab 80 mg – 5% DV Jan-23 to 2025	37.50	500	Mylan
Tab 160 mg – 5% DV Jan-23 to 2025	14.00	100	Mylan

Calcium Channel Blockers

Dihydropyridine Calcium Channel Blockers

AMLODIPINE			
Tab 2.5 mg	1.08	90	Vasorex
Tab 5 mg	0.96	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.....	4.07	90	Felo 5 ER
Tab long-acting 10 mg – 5% DV Jan-22 to 2024.....	4.32	90	Felo 10 ER

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ISRADIPINE			
Tab 2.5 mg			
Cap 2.5 mg			
NICARDIPINE HYDROCHLORIDE – Restricted see terms below			
↓ Inj 2.5 mg per ml, 10 ml vial			
→ Restricted (RS1699)			
Initiation			
Anaesthetist, intensivist, cardiologist or paediatric cardiologist			
Any of the following:			
1 Patient has hypertension requiring urgent treatment with an intravenous agent; or			
2 Patient has excessive ventricular afterload; or			
3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass.			
NIFEDIPINE			
Tab long-acting 10 mg.....	18.80	56	Tenspine MR10
Tab long-acting 20 mg.....	17.72	100	Nyefax Retard
Tab long-acting 30 mg.....	34.10	100	Mylan (24 hr release)
	4.78	14	Mylan Italy (24 hr release)
Tab long-acting 60 mg.....	52.81	100	Mylan (24 hr release)
Cap 5 mg			
NIMODIPINE			
Tab 30 mg – 5% DV Dec-22 to 2025	350.00	100	Nimotop
Inj 200 mcg per ml, 50 ml vial.....	67.50	1	Nimotop
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 Clinect
Cap long-acting 180 mg – 1% DV Mar-22 to 2024	7.00	30	Cardizem CD
Cap long-acting 240 mg – 1% DV Mar-22 to 2024	9.30	30	Cardizem CD
Inj 5 mg per ml, 5 ml vial			
PERHEXILINE MALEATE			
Tab 100 mg.....	62.90	100	Pexsig
VERAPAMIL HYDROCHLORIDE			
Tab 40 mg.....	7.01	100	Isoptin
Tab 80 mg.....	11.74	100	Isoptin
Tab long-acting 120 mg.....	36.02	100	Isoptin SR
Tab long-acting 240 mg.....	15.12	30	Isoptin SR
Inj 2.5 mg per ml, 2 ml ampoule.....	25.00	5	Isoptin
Centrally-Acting Agents			
CLONIDINE			
Patch 2.5 mg, 100 mcg per day.....	10.34	4	Mylan
Patch 5 mg, 200 mcg per day.....	13.18	4	Mylan
Patch 7.5 mg, 300 mcg per day.....	16.93	4	Mylan
CLONIDINE HYDROCHLORIDE			
Tab 25 mcg – 5% DV Nov-22 to 2025	29.32	112	Clonidine Teva
Tab 150 mcg – 5% DV Jan-22 to 2024	37.07	100	Catapres
Inj 150 mcg per ml, 1 ml ampoule – 5% DV Jan-22 to 2024	29.68	10	Medsurge

CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHYLDOPA Tab 250 mg	15.10	100	Methyldopa Mylan

Diuretics

Loop Diuretics

BUMETANIDE Tab 1 mg	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			
FUROSEMIDE [FRUSEMIDE] Tab 40 mg – 1% DV Mar-21 to 2024	8.00	1,000	IPCA-Frusemide
Tab 500 mg	25.00	50	Urex Forte
Oral liq 10 mg per ml	11.20	30 ml	Lasix
Inj 10 mg per ml, 2 ml ampoule – 5% DV Jan-23 to 2025	2.40	5	Furosemide-Baxter
Inj 10 mg per ml, 25 ml ampoule	60.65	6	Lasix

Osmotic Diuretics

MANNITOL Inj 10%, 1,000 ml bag	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 liq 1 mg per ml	32.10	25 ml	Biomed
EPLERENONE – Restricted see terms below ⚠ Tab 25 mg – 5% DV Jun-22 to 2024	18.50	30	Inspira
⚠ Tab 50 mg – 5% DV Jun-22 to 2024	25.00	30	Inspira

➔ **Restricted (RS1640)**

Initiation

- Both:
- 1 Patient has heart failure with ejection fraction less than 40%; and
 - 2 Either:
 - 2.1 Patient is intolerant to optimal dosing of spironolactone; or
 - 2.2 Patient has experienced a clinically significant adverse effect while on optimal dosing of spironolactone.

SPIRONOLACTONE Tab 25 mg – 5% DV Sep-22 to 2025	3.68	100	Spiractin
Tab 100 mg – 5% DV Sep-22 to 2025	10.65	100	Spiractin
Oral liq 5 mg per ml	33.00	25 ml	Biomed

	Price (ex man. 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 liq 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			
Tab 2.5 mg	10.45	90	Dapa-Tabs
METOLAZONE			
Tab 5 mg			

Vasopressin receptor antagonists

TOLVAPTAN – Restricted see terms [below](#)

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

→ **Restricted (RS1930)**

Initiation – autosomal dominant polycystic kidney disease

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

Re-assessment required after 12 months

All of the following:

- 1 Patient has a confirmed diagnosis of autosomal dominant polycystic kidney disease; and
- 2 Patient has an estimated glomerular filtration rate (eGFR) of greater than or equal to 25 mL/min/1.73 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	9.24	500	Lorstat
Tab 40 mg – 5% DV Dec-21 to 2024	14.92	500	Lorstat
Tab 80 mg – 5% DV Dec-21 to 2024	26.54	500	Lorstat
PRAVASTATIN			
Tab 10 mg			
Tab 20 mg	2.11	28	Pravastatin Mylan Pravastatin Viatrix Pravastatin Mylan
Tab 40 mg	3.61	28	Pravastatin Mylan
<i>(Pravastatin Mylan Tab 20 mg to be delisted 1 January 2024)</i>			
ROSUVASTATIN – Restricted see terms below			
↓ Tab 5 mg – 5% DV Dec-23 to 2026	1.29	30	Rosuvastatin Viatrix
↓ Tab 10 mg – 5% DV Dec-23 to 2026	1.69	30	Rosuvastatin Viatrix
↓ Tab 20 mg – 5% DV Dec-23 to 2026	2.71	30	Rosuvastatin Viatrix
↓ Tab 40 mg – 5% DV Dec-23 to 2026	4.55	30	Rosuvastatin Viatrix
➔ Restricted (RS1868)			
Initiation – cardiovascular disease risk			
Either:			
1 Both:			
1.1 Patient is considered to be at risk of cardiovascular disease; and			
1.2 Patient is Māori or any Pacific ethnicity; or			
2 Both:			
2.1 Patient has a calculated risk of cardiovascular disease of at least 15% over 5 years; and			
2.2 LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.			
Initiation – familial hypercholesterolemia			
Both:			
1 Patient has familial hypercholesterolemia (defined as a Dutch Lipid Criteria score greater than or equal to 6); and			
2 LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.			
Initiation – established cardiovascular disease			
Both:			
1 Any of the following:			
1.1 Patient has proven coronary artery disease (CAD); or			
1.2 Patient has proven peripheral artery disease (PAD); or			
1.3 Patient has experienced an ischaemic stroke; and			
2 LDL cholesterol has not reduced to less than 1.4 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.			
Initiation – recurrent major cardiovascular events			
Both:			
1 Patient has experienced a recurrent major cardiovascular event (defined as myocardial infarction, ischaemic stroke, coronary revascularisation, hospitalisation for unstable angina) in the last 2 years; and			
2 LDL cholesterol has not reduced to less than 1.0 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.			

	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
Tab 80 mg	7.12	90	Simvastatin Viatris

Resins

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

Selective Cholesterol Absorption Inhibitors

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

↓ Tab 10 mg – 5% DV Dec-23 to 2026	1.76	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 atorvastatin.

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

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

→ **Restricted (RS1006)**

Initiation

All of the following:

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

Other Lipid-Modifying Agents

- ACIPIMOX
Cap 250 mg

CARDIOVASCULAR SYSTEM

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

Nitrates

GLYCERYL TRINITRATE

Inj 1 mg per ml, 5 ml ampoule			
Inj 1 mg per ml, 10 ml ampoule			
Inj 1 mg per ml, 50 ml vial			
Inj 5 mg per ml, 10 ml ampoule	118.00	5	Hospira
Oral pump spray, 400 mcg per dose	7.48	250 dose	Nitrolingual Pump Spray
Patch 25 mg, 5 mg per day	15.73	30	Nitroderm TTS 5
Patch 50 mg, 10 mg per day	18.62	30	Nitroderm TTS 10

ISOSORBIDE MONONITRATE

Tab 20 mg	19.55	100	Ismo 20
Tab long-acting 40 mg.....	8.20	30	Ismo 40 Retard
Tab long-acting 60 mg.....	9.25	90	Duride

Other Cardiac Agents

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

- ⚡ Inj 2.5 mg per ml, 5 ml vial
- ⚡ Inj 2.5 mg per ml, 10 ml vial
- ➔ **Restricted (RS1007)**

Initiation – Heart transplant

Either:

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

Initiation – Heart failure

Cardiologist or intensivist

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

Sympathomimetics

ADRENALINE

Inj 1 in 1,000, 1 ml ampoule	4.98	5	Aspen Adrenaline
	12.65		DBL Adrenaline
Inj 1 in 1,000, 30 ml vial			
Inj 1 in 10,000, 10 ml ampoule	49.00	10	Aspen Adrenaline
	27.00	5	Hospira
Inj 1 in 10,000, 10 ml syringe			

DOBUTAMINE

Inj 12.5 mg per ml, 20 ml ampoule – 5% DV Dec-21 to 2024.....	61.13	5	Dobutamine-hameIn
---	-------	---	--------------------------

DOPAMINE HYDROCHLORIDE

Inj 40 mg per ml, 5 ml ampoule – 5% DV Jan-22 to 2024	38.65	10	Max Health Ltd
---	-------	----	-----------------------

EPHEDRINE

Inj 3 mg per ml, 10 ml syringe			
Inj 30 mg per ml, 1 ml ampoule	30.63	10	Max Health

ISOPRENALINE [ISOPROTERENOL]

Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or 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			
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, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.1 mg per ml, 50 ml syringe			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 100 ml bag			
Inj 1 mg per ml, 4 ml ampoule	45.00	10	Noradrenaline BNM
PHENYLEPHRINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml ampoule	163.38	25	Neosynephrine HCL
Vasodilators			
ALPROSTADIL HYDROCHLORIDE			
Inj 500 mcg per ml, 1 ml ampoule	2,030.33	5	Prostin VR
DIAZOXIDE			
Inj 15 mg per ml, 20 ml ampoule			
HYDRALAZINE HYDROCHLORIDE			
↓ Tab 25 mg			
→ Restricted (RS1008)			
Initiation			
Either:			
1 For the treatment of refractory hypertension; or			
2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.			
Inj 20 mg ampoule	25.90	5	Apresoline
MILRINONE			
Inj 1 mg per ml, 10 ml ampoule – 5% DV Dec-21 to 2024	71.00	10	Milrinone-Baxter
MINOXIDIL			
Tab 10 mg	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			
⚡ Tab 5 mg – 5% DV Dec-23 to 2026	1,550.00	30	Ambrisentan Mylan
	200.00		Ambrisentan Viatris
⚡ Tab 10 mg – 5% DV Dec-23 to 2026	200.00	30	Ambrisentan Viatris
	1,550.00		Mylan

(Ambrisentan Mylan Tab 5 mg to be delisted 1 December 2023)

(Mylan Tab 10 mg to be delisted 1 December 2023)

➔ **Restricted (RS1981)**

Initiation – PAH monotherapy

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

Limited to 6 months treatment

All of the following:

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

Initiation – PAH dual therapy

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

Limited to 6 months treatment

All of the following:

continued...

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

continued...

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

Initiation – PAH triple therapy

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

Limited to 6 months treatment

All of the following:

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

continued...

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

continued...

- 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and
- 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Ambrisentan is to be used as PAH triple therapy; and
 - 5.2 Any of the following:
 - 5.2.1 Patient is on the lung transplant list; or
 - 5.2.2 Both:
 - 5.2.2.1 Patient is presenting in NYHA/WHO functional class IV; and
 - 5.2.2.2 Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or
 - 5.2.3 Both:
 - 5.2.3.1 Patient has tried PAH dual therapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool**; and
 - 5.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Continuation

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

Re-assessment required after 2 years

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

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

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

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

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

➡ **Restricted (RS1982)**

Initiation – PAH monotherapy

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

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)*; and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and

continued...

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

continued...

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

Initiation – PAH dual therapy

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

Limited to 6 months treatment

All of the following:

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

continued...

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

continued...

- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Bosentan is to be used as part of PAH dual therapy; and
 - 5.2 Either:
 - 5.2.1 Patient has tried a PAH monotherapy (sildenafil) for at least three months and has experienced an inadequate therapeutic response to treatment according to a validated risk stratification tool**; or
 - 5.2.2 Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would likely benefit from initial dual therapy.

Initiation – PAH triple therapy

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

Limited to 6 months treatment

All of the following:

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

continued...

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

continued...

Continuation

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

Re-assessment required after 2 years

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

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

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

Phosphodiesterase Type 5 Inhibitors

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

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

→ **Restricted (RS1983)**

Initiation – tablets Raynaud's Phenomenon

All of the following:

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

Initiation – tablets Pulmonary arterial hypertension

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

All of the following:

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

continued...

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

continued...

- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures.

Initiation – tablets other conditions

Any of the following:

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

Initiation – injection

Both:

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

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

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

Prostacyclin Analogues

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

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

➔ **Restricted (RS1984)**

Initiation – PAH dual therapy

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

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these

continued...

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

continued...

- guidelines) † ; or
- 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
- 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 All of the following:
 - 5.1 Epoprostenol is to be used as part of PAH dual therapy with either sildenafil or an endothelin receptor antagonist; and
 - 5.2 Patient is presenting in NYHA/WHO functional class IV; and
 - 5.3 Patient has tried a PAH monotherapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool.

Initiation – PAH triple therapy

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

Limited to 6 months treatment

All of the following:

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

continued...

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

continued...

- response to treatment according to a validated risk stratification tool; and
- 5.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Continuation

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

Re-assessment required after 2 years

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

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

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

ILOPROST

Inj 50 mcg in 0.5 ml ampoule.....	380.00	5	Ilomedin
↓ Nebuliser soln 10 mcg per ml, 2 ml – 5% DV Mar-23 to 2025	185.03	30	Veblis

→ **Restricted (RS1985)**

Initiation – PAH monotherapy

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

Limited to 6 months treatment

All of the following:

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

continued...

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

continued...

antagonists (i.e. both bosentan and ambrisentan); or

5.2.2 Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to endothelin receptor antagonists.

Initiation – PAH dual therapy

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

Limited to 6 months treatment

All of the following:

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

Initiation – PAH triple therapy

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

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and

continued...

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

continued...

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

Continuation

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

Re-assessment required after 2 years

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

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

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

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

Anti-Infective Preparations

Antibacterials

HYDROGEN PEROXIDE			
Crn 1%.....	8.56	10 g	Crystaderm
Soln 3% (10 vol)			
MAFENIDE ACETATE – Restricted see terms below			
↓ Powder 50 g sachet			
➔ Restricted (RS1299)			
Initiation			
For the treatment of burns patients.			
MUPIROCIN			
Oint 2%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Crn 2% – 5% DV Dec-21 to 2024	1.59	5 g	Foban
Oint 2% – 5% DV Dec-21 to 2024	1.59	5 g	Foban
SULFADIAZINE SILVER			
Crn 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			
Crn 1% – 5% DV Apr-23 to 2025	1.10	20 g	Clomazol
➔ Soln 1% – Restricted: For continuation only			
ECONAZOLE NITRATE			
➔ Crn 1% – Restricted: For continuation only			
Foaming soln 1%			
KETOCONAZOLE			
Shampoo 2%.....	3.23	100 ml	Sebizole
METRONIDAZOLE			
Gel 0.75%			
MICONAZOLE NITRATE			
Crn 2%.....	0.81	15 g	Multichem
➔ Lotn 2% – Restricted: For continuation only			
Tinc 2%			
NYSTATIN			
Crn 100,000 u per g			

Antiparasitics

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

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MALATHION [MALDISON] Lotn 0.5% Shampoo 1%			
PERMETHRIN Crm 5%.....	5.75	30 g	Lyderm
Lotn 5%.....	3.99	30 ml	A-Scabies
PHENOTHRIN Shampoo 0.5%			

Antiacne Preparations

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

Antipruritic Preparations

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

Barrier Creams and Emollients

Barrier Creams

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ZINC AND CASTOR OIL			
Crn.....	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.			
<i>(Boucher Oint to be delisted 1 November 2023)</i>			
ZINC WITH WOOL FAT			
Crn zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
Emollients			
AQUEOUS CREAM			
Crn 100 g			
Note: DV limit applies to the pack sizes of 100 g or less.			
Crn 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.			
CETOMACROGOL			
Crn BP, 500 g – 5% DV May-22 to 2024	1.99	500 g	Cetomacrogol-AFT
Crn BP, 100 g			
CETOMACROGOL WITH GLYCEROL			
Crn 90% with glycerol 10%,	1.65	100 g	healthE
Note: DV limit applies to the pack sizes of 100 g or less.			
Crn 90% with glycerol 10% – 5% DV Jul-23 to 2025	2.13	500 ml	Evara
	3.50	1,000 ml	Evara
Note: DV limit applies to the pack sizes of greater than 100 g.			
EMULSIFYING OINTMENT			
Oint BP	1.84	100 g	Jaychem
Note: DV limit applies to pack sizes of less than 200 g.			
Oint BP, 500 g	3.40	500 g	Emulsifying Ointment ADE
Note: DV limit applies to pack sizes of greater than 200 g.			
GLYCEROL WITH PARAFFIN			
Crn glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
OIL IN WATER EMULSION			
Crn, 500 g – 5% DV Sep-22 to 2025	2.04	500 g	Fatty Cream AFT
Note: DV limit applies to the pack sizes of greater than 100 g.			
Crn, 100 g – 5% DV Aug-22 to 2024	1.59	1	healthE Fatty Cream
Note: DV limit applies to the pack sizes of 100 g or less.			
PARAFFIN			
Oint liquid paraffin 50% with white soft paraffin 50% – 5% DV May-23 to 2025	1.84	100 g	White Soft Liquid Paraffin AFT
Note: DV limit applies to the pack sizes of 100 g or less.			
White soft.....	0.79	10 g	healthE
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
White soft.....	4.99	450 g	healthE
Yellow soft			
Lotn liquid paraffin 85%			<i>e.g QV Bath Oil</i>

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARAFFIN WITH WOOL FAT			
Lotn liquid paraffin 15.9% with wool fat 0.6%			<i>e.g. AlphaKeri;BK ;DP; Hydroderm Lotn</i>
Lotn liquid paraffin 91.7% with wool fat 3%			<i>e.g. Alpha Keri Bath Oil</i>
UREA			
Crm 10%.....	1.37	100 g	healthE Urea Cream
WOOL FAT			
Crm			
Corticosteroids			
BETAMETHASONE DIPROPIONATE			
Crm 0.05%.....	36.00	50 g	Diprosone
Note: DV limit applies to the pack sizes of greater than 30 g.			
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.....	4.53	50 g	Beta Cream
Oint 0.1% – 5% DV Jan-22 to 2024.....	5.84	50 g	Beta Ointment
Lotn 0.1% – 5% DV Mar-22 to 2024.....	25.00	50 ml	Betnovate
CLOBETASOL PROPIONATE			
Crm 0.05% – 5% DV Jan-23 to 2025.....	2.40	30 g	Dermol
Oint 0.05% – 5% DV Jan-23 to 2025.....	2.33	30 g	Dermol
CLOBETASONE BUTYRATE			
Crm 0.05%			
DIFLUCORTOLONE VALERATE – Restricted: For continuation only			
➔ Crm 0.1%			
➔ Fatty oint 0.1%			
HYDROCORTISONE			
Crm 1%, 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 100 g.			
Crm 1%, 500 g – 5% DV Aug-23 to 2025.....	20.40	500 g	Noumed
Note: DV limit applies to the pack sizes of greater than 100 g.			
HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%.....	10.57	250 ml	DP Lotn HC
HYDROCORTISONE BUTYRATE			
Crm 0.1%.....	4.85	100 g	Locoid Lipocream
Oint 0.1% – 5% DV Dec-21 to 2024.....	10.28	100 g	Locoid
Milky emul 0.1% – 5% DV Dec-21 to 2024.....	12.33	100 ml	Locoid Crelo
METHYLPREDNISOLONE ACEPONATE			
Crm 0.1%.....	4.46	15 g	Advantan
Oint 0.1%.....	4.46	15 g	Advantan
MOMETASONE FUROATE			
Crm 0.1% – 5% DV Feb-22 to 2024.....	1.95	15 g	Elocon Alcohol Free
	3.10	50 g	Elocon Alcohol Free
Oint 0.1% – 5% DV Feb-22 to 2024.....	1.95	15 g	Elocon
	2.90	50 g	Elocon
Lotn 0.1% – 5% DV Feb-22 to 2024.....	4.50	30 ml	Elocon

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TRIAMCINOLONE ACETONIDE			
Crn 0.02%.....	6.30	100 g	Aristocort
Oint 0.02%.....	6.35	100 g	Aristocort

Corticosteroids with Anti-Infective Agents

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

↓ Crm 0.1% with clioquinol 3%

→ **Restricted (RS1125)**

Initiation

Either:

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

BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [FUSIDIC ACID]

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

HYDROCORTISONE WITH MICONAZOLE

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

HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN

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

TRIAMCINOLONE ACETONIDE WITH NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN

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

Psoriasis and Eczema Preparations

ACITRETIN

 Cap 10 mg 17.86 60 Novatretin

 Cap 25 mg 41.36 60 Novatretin

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

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

 Gel 500 mcg with calcipotriol 50 mcg per g – **5% DV Dec-21 to 2024** 39.35 60 g **Daivobet**

 Oint 500 mcg with calcipotriol 50 mcg per g – **5% DV Dec-21 to 2024** 15.90 30 g **Daivobet**

CALCIPOTRIOL

 Oint 50 mcg per g 40.00 120 g Daivonex

COAL TAR WITH SALICYLIC ACID AND SULPHUR

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

METHOXSALLEN [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.

DERMATOLOGICALS

	Price		Per	Brand or Generic Manufacturer
	(ex man. \$)	excl. GST)		
PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN				
Soln 2.3% with trolamine laurilsulfate and fluorescein sodium.....	4.44		500 ml	Pinetarsol
POTASSIUM PERMANGANATE				
Tab 400 mg				
Crystals				
TACROLIMUS				
↓ Oint 0.1% – 5% DV Dec-23 to 2026	33.00		30 g	Zematop

→ **Restricted (RS1859)**

Initiation

Dermatologist or paediatrician

Both:

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

Scalp Preparations

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

Wart Preparations

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

Other Skin Preparations

DIPHEMANIL METILSULFATE				
Powder 2%				
IMIQUIMOD				
Crm 5%, 250 mg sachet	21.72		24	Perrigo
SUNSCREEN, PROPRIETARY				
Lotn – 5% DV Apr-23 to 2025	6.50		200 g	Marine Blue Lotion SPF 50+

Antineoplastics

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

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

Wound Management Products

CALCIUM GLUCONATE
Gel 2.5%

e.g. Orion

GENITO-URINARY SYSTEM

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

Anti-Infective Agents

ACETIC ACID

Soln 3%

Soln 5%

ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID

Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator

CHLORHEXIDINE GLUCONATE

Crm 1%

Lotn 1%

CLOTRIMAZOLE

Vaginal crm 1% with applicator – 5% DV Apr-23 to 2025 3.50

35 g

Clomazol

Vaginal crm 2% with applicator – 5% DV Apr-23 to 2025 3.85

20 g

Clomazol

MICONAZOLE NITRATE

Vaginal crm 2% with applicator 6.89

40 g

Micreme

NYSTATIN

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

Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – 5% DV

Aug-23 to 2025 1.50

84

Oralcon 30 ED

Tab 20 mcg with levonorgestrel 100 mcg

Tab 30 mcg with levonorgestrel 150 mcg

ETHINYLOESTRADIOL WITH NORETHISTERONE

Tab 35 mcg with norethisterone 1 mg

Tab 35 mcg with norethisterone 1 mg and 7 inert tab 12.25

84

Brevinor 1/28

Tab 35 mcg with norethisterone 500 mcg

NORETHISTERONE WITH MESTRANOL

Tab 1 mg with mestranol 50 mcg

Contraceptive Devices

INTRA-UTERINE DEVICE

IUD 29.1 mm length x 23.2 mm width – 5% DV Apr-23 to 2025 29.80

1

Choice TT380 Short

IUD 33.6 mm length x 29.9 mm width – 5% DV Apr-23 to 2025 29.80

1

Choice TT380 Standard

IUD 35.5 mm length x 19.6 mm width – 5% DV Apr-23 to 2025 33.00

1

Choice Load 375

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

Emergency Contraception

LEVONORGESTREL Tab 1.5 mg – 5% DV Jun-23 to 2025	1.75	1	Levonorgestrel BNM
---	------	---	--------------------

Progestogen-Only Contraceptives

LEVONORGESTREL Tab 30 mcg.....	16.50	84	Microlut
Subdermal implant (2 x 75 mg rods) – 5% DV Dec-23 to 2026	106.92	1	Jadelle
Intra-uterine device 52 mg.....	269.50	1	Mirena
Intra-uterine device 13.5 mg.....	215.60	1	Jaydess
MEDROXYPROGESTERONE ACETATE Inj 150 mg per ml, 1 ml syringe	9.18	1	Depo-Provera
NORETHISTERONE Tab 350 mcg – 5% DV Mar-22 to 2024	12.25	84	Noriday 28

Obstetric Preparations

Antiprogestogens

MIFEPRISTONE Tab 200 mg			
----------------------------	--	--	--

Oxytocics

CARBOPROST TROMETAMOL Inj 250 mcg per ml, 1 ml ampoule			
DINOPROSTONE Pessaries 10 mg			
Vaginal gel 1 mg in 3 g.....	65.39	1	Prostin E2
Vaginal gel 2 mg in 3 g.....	82.33	1	Prostin E2
ERGOMETRINE MALEATE Inj 500 mcg per ml, 1 ml ampoule	160.00	5	DBL Ergometrine
OXYTOCIN Inj 5 iu per ml, 1 ml ampoule – 5% DV Jun-23 to 2025	4.98	5	Oxytocin BNM
Inj 10 iu per ml, 1 ml ampoule – 5% DV Jun-23 to 2025	5.98	5	Oxytocin BNM
OXYTOCIN WITH ERGOMETRINE MALEATE Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 5% DV Dec-22 to 2025	32.40	5	Syntometrine

Tocolytics

PROGESTERONE Cap 100 mg – 5% DV May-23 to 2025	14.85	30	Utrogestan
TERBUTALINE – Restricted see terms below ↓ Inj 500 mcg ampoule ➔ Restricted (RS1130) Obstetrician			

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

Oestrogens

OESTRIOL

Crn 1 mg per g with applicator.....	6.62	15 g	Ovestin
Pessaries 500 mcg.....	6.86	15	Ovestin

Urologicals

5-Alpha Reductase Inhibitors

FINASTERIDE – Restricted see terms [below](#)

↓ Tab 5 mg – 5% DV Dec-23 to 2026.....	4.79	100	Ricit
--	------	-----	-------

→ Restricted (RS1131)

Initiation

Both:

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

Alpha-1A Adrenoceptor Blockers

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

↓ Cap 400 mcg – 5% DV Jan-23 to 2025.....	22.31	100	Tamsulosin-Rex
---	-------	-----	----------------

→ Restricted (RS1132)

Initiation

Both:

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

Urinary Alkalisers

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

↓ Oral liq 3 mmol per ml.....	31.80	200 ml	Biomed
-------------------------------	-------	--------	--------

→ Restricted (RS1133)

Initiation

Both:

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

SODIUM CITRO-TARTRATE

Grans eff 4 g sachets.....	2.22	28	Ural
----------------------------	------	----	------

Urinary Antispasmodics

OXYBUTYNIN

Tab 5 mg.....	5.42	100	Alchemy Oxybutynin
Oral liq 5 mg per 5 ml			

	Price (ex man. 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 Viatris
<i>(Solifenacin Mylan Tab 5 mg to be delisted 1 December 2023)</i>			
<i>(Solifenacin Mylan Tab 10 mg to be delisted 1 December 2023)</i>			

HORMONE PREPARATIONS

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

Anabolic Agents

OXANDROLONE

↓ Tab 2.5 mg

→ **Restricted (RS1302)**

Initiation

For the treatment of burns patients.

Androgen Agonists and Antagonists

CYPROTERONE ACETATE

Tab 50 mg – 5% DV Jan-22 to 2024 14.37 50 **Siterone**

Tab 100 mg – 5% DV Jan-22 to 2024 28.03 50 **Siterone**

TESTOSTERONE

Patch 5 mg per day 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**

→ **Restricted (RS1931)**

Initiation – parathyroid carcinoma or calciphylaxis

Nephrologist or endocrinologist

Re-assessment required after 6 months

Either:

1 All of the following:

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

2 All of the following:

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

continued...

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

continued...

thiosulfate.

Continuation – parathyroid carcinoma or calciphylaxis

Nephrologist or endocrinologist

Both:

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

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

Initiation – primary hyperparathyroidism

All of the following:

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

Initiation – secondary or tertiary hyperparathyroidism

Re-assessment required after 6 months

All of the following:

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

Continuation – secondary or tertiary hyperparathyroidism

Re-assessment required after 12 months

Either:

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

ZOLEDRONIC ACID

Inj 4 mg per 5 ml, vial – 5% DV Jun-23 to 2024	18.00	1	Zoledronic acid Mylan Zoledronic acid Viatriis
---	-------	---	--

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

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	Dexamethsone
Tab 4 mg – 5% DV Jan-22 to 2024	2.65	30	Dexamethsone
Oral liq 1 mg per ml	49.50	25 ml	Biomed

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

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

HORMONE PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DEXAMETHASONE PHOSPHATE			
Inj 4 mg per ml, 1 ml ampoule – 5% DV Feb-23 to 2025	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	20.32	100	Douglas
Inj 100 mg vial – 5% DV Nov-21 to 2024	4.38	1	Solu-Cortef
METHYLPREDNISOLONE (AS SODIUM SUCCINATE)			
Tab 4 mg	112.00	100	Medrol
Tab 100 mg	223.10	20	Medrol
Inj 40 mg vial	22.30	1	Solu-Medrol Act-O-Vial
Inj 125 mg vial	34.10	1	Solu-Medrol Act-O-Vial
Inj 500 mg vial	26.88	1	Solu-Medrol Act-O-Vial
Inj 1 g vial	32.84	1	Solu-Medrol
METHYLPREDNISOLONE ACETATE			
Inj 40 mg per ml, 1 ml vial	47.06	5	Depo-Medrol
PREDNISOLONE			
Oral liq 5 mg per ml – 5% DV Dec-21 to 2024	6.00	30 ml	Redipred
Enema 200 mcg per ml, 100 ml			
PREDNISONE			
Tab 1 mg	18.58	500	Prednisone Clinect
Tab 2.5 mg	21.04	500	Prednisone Clinect
Tab 5 mg	19.30	500	Prednisone Clinect
Tab 20 mg	50.51	500	Prednisone Clinect
TRIAMCINOLONE ACETONIDE			
Inj 10 mg per ml, 1 ml ampoule	20.80	5	Kenacort-A 10
Inj 40 mg per ml, 1 ml ampoule	51.10	5	Kenacort-A 40
TRIAMCINOLONE HEXACETONIDE			
Inj 20 mg per ml, 1 ml vial			

Hormone Replacement Therapy

Oestrogens

OESTRADIOL			
Tab 1 mg			
Patch 25 mcg per day	6.12	8	Estradot
Patch 50 mcg per day	7.04	8	Estradot
Patch 75 mcg per day	7.91	8	Estradot
Patch 100 mcg per day	7.91	8	Estradot
OESTRADIOL VALERATE			
Tab 1 mg	12.36	84	Progynova
Tab 2 mg	12.36	84	Progynova
OESTROGENS (CONJUGATED EQUINE)			
Tab 300 mcg			
Tab 625 mcg			

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

Progestogen and Oestrogen Combined Preparations

OESTRADIOL WITH NORETHISTERONE ACETATE

- Tab 1 mg with 0.5 mg norethisterone acetate
- Tab 2 mg with 1 mg norethisterone acetate
- Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)

OESTROGENS WITH MEDROXYPROGESTERONE ACETATE

- Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate
- Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate

Progestogens

MEDROXYPROGESTERONE ACETATE

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

Other Endocrine Agents

CABERGOLINE – Restricted see terms [below](#)

↓ Tab 0.5 mg	4.43	2	Dostinex
	17.94	8	Dostinex

➔ **Restricted (RS1855)**

Initiation

Any of the following:

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

Note: Indication marked with * is an unapproved indication.

CLOMIFENE CITRATE

Tab 50 mg	29.84	10	Mylan Clomiphen
-----------------	-------	----	-----------------

GESTRINONE

Cap 2.5 mg

METYRAPONE

Cap 250 mg

PENTAGASTRIN

Inj 250 mcg per ml, 2 ml ampoule

Other Oestrogen Preparations

OESTRADIOL

Implant 50 mg

OESTRIOL

Tab 2 mg	7.00	30	Ovestin
----------------	------	----	---------

Other Progestogen Preparations

MEDROXYPROGESTERONE

Tab 100 mg	116.15	100	Provera HD
------------------	--------	-----	------------

HORMONE PREPARATIONS

	Price (ex man. excl. GST) \$	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

Adrenocorticotrophic Hormones

TETRACOSACTIDE [TETRACOSACTRIN]

Inj 250 mcg per ml, 1 ml ampoule	75.00	1	Synacthen
Inj 1 mg per ml, 1 ml ampoule	690.00	1	Synacthen Depot

GnRH Agonists and Antagonists

BUSERELIN

Inj 1 mg per ml, 5.5 ml vial

GONADORELIN

Inj 100 mcg vial

GOSERELIN

Implant 3.6 mg, syringe	65.68	1	Teva
Implant 10.8 mg, syringe	122.37	1	Teva

LEUPRORELIN ACETATE

Inj 3.75 mg prefilled dual chamber syringe.....	221.60	1	Lucrin Depot 1-month
Inj 11.25 mg prefilled dual chamber syringe.....	591.68	1	Lucrin Depot 3-month

Gonadotrophins

CHORIOGONADOTROPIN ALFA

Inj 250 mcg in 0.5 ml syringe

Growth Hormone

SOMATROPIN – Restricted see terms [below](#)

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

➔ Restricted (RS1826)

Initiation – growth hormone deficiency in children

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

Either:

- 1 Growth hormone deficiency causing symptomatic hypoglycaemia, or with other significant growth hormone deficient sequelae (e.g. cardiomyopathy, hepatic dysfunction) and diagnosed with GH < 5 mcg/l on at least two random blood samples in the first 2 weeks of life, or from samples during established hypoglycaemia (whole blood glucose < 2 mmol/l using a laboratory device); or

continued...

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

continued...

2 All of the following:

- 2.1 Height velocity < 25th percentile for age; and adjusted for bone age/pubertal status if appropriate over 6 or 12 months using the standards of Tanner and Davies (1985); and
- 2.2 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
- 2.3 Peak growth hormone value of < 5.0 mcg per litre in response to two different growth hormone stimulation tests. In children who are 5 years or older, GH testing with sex steroid priming is required; and
- 2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical reasons why this is either not necessary or appropriate; and
- 2.5 Appropriate imaging of the pituitary gland has been obtained.

Continuation – growth hormone deficiency in children

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

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

continued...

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

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 an endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

- 1 The patient's height is more than 2 standard deviations below the mean; and
- 2 Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 3 A current bone age is to 14 years or under (female patients) or to 16 years or under (male patients); and
- 4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
- 5 The patient is under the supervision of a specialist with expertise in renal medicine; and
- 6 Either:
 - 6.1 The patient has a GFR less than or equal to 30 ml/min/1.73 m² as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 40 = corrected GFR (ml/min/1.73 m²)) in a child who may or may not be receiving dialysis; or
 - 6.2 The patient has received a renal transplant and has received < 5mg/ m² /day of prednisone or equivalent for at least 6 months.

Continuation – short stature due to chronic renal insufficiency

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

continued...

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

continued...

Initiation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – adults and adolescents

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

- 1 The patient has a medical condition that is known to cause growth hormone deficiency (e.g. surgical removal of the pituitary for treatment of a pituitary tumour); and
- 2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
- 3 The patient has severe growth hormone deficiency (see notes); and
- 4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
- 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

continued...

HORMONE PREPARATIONS

Price (ex man. excl. GST) \$	Per	Brand or Generic 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 $\pm 1SD$ of the mean of the normal range for age and sex; and
 - 1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or
- 2 All of the following:
 - 2.1 The patient has been treated with somatropin for more than 12 months; and
 - 2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
 - 2.3 Serum IGF-I levels have continued to be maintained within $\pm 1SD$ of the mean of the normal range for age and sex (other than for obvious external factors); and
 - 2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients; or
- 3 All of the following:
 - 3.1 The patient has had a Special Authority approval for somatropin for childhood deficiency in children and no longer meets the renewal criteria under this indication; and
 - 3.2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
 - 3.3 The patient has severe growth hormone deficiency (see notes); and
 - 3.4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
 - 3.5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

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

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

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

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

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

Thyroid and Antithyroid Preparations

CARBIMAZOLE

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

IODINE

Soln BP 50 mg per ml

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

LEVOthyroxine

- Tab 25 mcg
- Tab 50 mcg
- Tab 100 mcg

LIOTHYRONINE SODIUM

- ↓ Tab 20 mcg
- ➔ **Restricted (RS1301)**

Initiation

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

- Inj 20 mcg vial
- Inj 100 mcg vial

POTASSIUM IODATE

- Tab 170 mg

POTASSIUM PERCHLORATE

- Cap 200 mg

PROPYLTHIOURACIL – Restricted see terms below

- ↓ Tab 50 mg 35.00 100 PTU

➔ **Restricted (RS1276)**

Initiation

Both:

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

PROTIRELIN

- Inj 100 mcg per ml, 2 ml ampoule

Vasopressin Agents

ARGIPRESSIN [VASOPRESSIN]

- Inj 20 u per ml, 1 ml ampoule

DESMOPRESSIN

- Wafer 120 mcg 47.00 30 Minirin Melt

DESMOPRESSIN ACETATE

- Tab 100 mcg 25.00 30 Minirin
- Tab 200 mcg 54.45 30 Minirin
- 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

- Inj 1 mg per 8.5 ml ampoule 215.00 5 Glypressin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antibacterials			
Aminoglycosides			
AMIKACIN – Restricted see terms below			
⚡ Inj 5 mg per ml, 10 ml syringe			
⚡ Inj 5 mg per ml, 5 ml syringe	21.43	1	Biomed
⚡ Inj 15 mg per ml, 5 ml syringe			
⚡ Inj 250 mg per ml, 2 ml vial – 5% DV Dec-21 to 2024	199.95	5	DBL Amikacin
➔ Restricted (RS1041)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
GENTAMICIN SULPHATE			
Inj 10 mg per ml, 1 ml ampoule	95.00	5	DBL Gentamicin
Inj 40 mg per ml, 2 ml ampoule	18.38	10	Pfizer
PAROMOMYCIN – Restricted see terms below			
⚡ Cap 250 mg	126.00	16	Humatin
➔ Restricted (RS1603)			
Clinical microbiologist, infectious disease specialist or gastroenterologist			
STREPTOMYCIN SULPHATE – Restricted see terms below			
⚡ Inj 400 mg per ml, 2.5 ml ampoule			
➔ Restricted (RS1043)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
TOBRAMYCIN			
⚡ Powder			
➔ Restricted (RS1475)			
Initiation			
For addition to orthopaedic bone cement.			
⚡ Inj 40 mg per ml, 2 ml vial – 5% DV Jul-23 to 2024	18.50	5	Tobramycin Mylan Viatrix
➔ Restricted (RS1044)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
⚡ Inj 100 mg per ml, 5 ml vial			
➔ Restricted (RS1044)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
⚡ Solution for inhalation 60 mg per ml, 5 ml – 5% DV Dec-23 to 2026	395.00	56 dose	Tobramycin BNM
➔ Restricted (RS1435)			
Initiation			
Patient has cystic fibrosis.			
<i>(Tobramycin Mylan Inj 40 mg per ml, 2 ml vial to be delisted 1 January 2024)</i>			
Carbapenems			
ERTAPENEM – Restricted see terms below			
⚡ Inj 1 g vial	70.00	1	Invanz
➔ Restricted (RS1045)			
Clinical microbiologist or infectious disease specialist			
IMIPENEM WITH CILASTATIN – Restricted see terms on the next page			
⚡ Inj 500 mg with 500 mg cilastatin vial	60.00	1	Imipenem+Cilastatin RBX

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

➔ Restricted (RS1046)

Clinical microbiologist or infectious disease specialist

MEROPENEM – Restricted see terms [below](#)

↓ Inj 500 mg vial	33.92	10	Meropenem-AFT
↓ Inj 1 g vial	45.04	10	Meropenem-AFT

➔ Restricted (RS1047)

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamylicins - 1st Generation
CEFALEXIN

Cap 250 mg – 5% DV Apr-23 to 2025	3.85	20	Cephalexin ABM
Cap 500 mg – 5% DV Apr-23 to 2025	5.85	20	Cephalexin ABM
Grans for oral liq 25 mg per ml – 5% DV Jan-23 to 2025	7.88	100 ml	Flynn
Grans for oral liq 50 mg per ml – 5% DV Jan-23 to 2025	10.38	100 ml	Flynn

CEFAZOLIN

Inj 500 mg vial	3.39	5	AFT
Inj 1 g vial	3.49	5	AFT

Cephalosporins and Cephamylicins - 2nd Generation
CEFACLOR

Cap 250 mg – 5% DV Apr-23 to 2025	25.85	100	Ranbaxy-Cefaclor
Grans for oral liq 25 mg per ml – 5% DV Apr-23 to 2025	3.75	100 ml	Ranbaxy-Cefaclor

CEFOXITIN

Inj 1 g vial

CEFUROXIME

Tab 250 mg			
Inj 750 mg vial	8.59	10	Cefuroxime-AFT
Inj 1.5 g vial	13.69	10	Cefuroxime-AFT

Cephalosporins and Cephamylicins - 3rd Generation
CEFOTAXIME

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

CEFTAZIDIME – Restricted see terms [below](#)

↓ Inj 1 g vial – 5% DV Dec-23 to 2026	25.80	10	Ceftazidime Kabi
	2.69	1	Ceftazidime-AFT

(Ceftazidime-AFT Inj 1 g vial to be delisted 1 December 2023)
➔ Restricted (RS1048)

Clinical microbiologist, infectious disease specialist or respiratory specialist

CEFTRIAXONE

Inj 500 mg vial – 5% DV Apr-23 to 2025	0.79	1	Ceftriaxone-AFT
Inj 1 g vial – 5% DV Apr-23 to 2025	3.59	5	Ceftriaxone-AFT
Inj 2 g vial – 5% DV Aug-23 to 2025	7.85	5	Ceftriaxone-AFT

Cephalosporins and Cephamylicins - 4th Generation
CEFEPIME – Restricted see terms [on the next page](#)

↓ Inj 1 g vial – 5% DV Jan-22 to 2024	35.00	10	Cefepime Kabi
↓ Inj 2 g vial – 5% DV Jan-22 to 2024	55.00	10	Cefepime Kabi

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

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

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

➔ **Restricted (RS1049)**

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 5th Generation

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

⚡ Inj 600 mg vial	1,834.25	10	Zinforo
-------------------------	----------	----	---------

➔ **Restricted (RS1446)**

Initiation – multi-resistant organism salvage therapy

Clinical microbiologist or infectious disease specialist

Either:

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

Macrolides

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

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

➔ **Restricted (RS1598)**

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

Any of the following:

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

Note: Indications marked with * are unapproved indications

Initiation – non-cystic fibrosis bronchiectasis*

Respiratory specialist or paediatrician

Re-assessment required after 12 months

All of the following:

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

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

Continuation – non-cystic fibrosis bronchiectasis*

Respiratory specialist or paediatrician

Re-assessment required after 12 months

All of the following:

- 1 The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and
- 2 Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and

continued...

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

continued...

3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).

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

Initiation – other indications

Re-assessment required after 5 days

For any other condition.

Continuation – other indications

Re-assessment required after 5 days

For any other condition.

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

↓ Tab 250 mg – 1% DV Feb-22 to 2024	8.53	14	Klacid
↓ Tab 500 mg – 1% DV Feb-22 to 2024	14.58	14	Klacid
↓ Grans for oral liq 50 mg per ml	192.00	50 ml	Klacid
↓ Inj 500 mg vial	9.87	1	Martindale

→ **Restricted (RS1709)**

Initiation – Tab 250 mg and oral liquid

Any of the following:

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

Initiation – Tab 500 mg

Helicobacter pylori eradication.

Initiation – Infusion

Any of the following:

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

ERYTHROMYCIN (AS ETHYLSUCCINATE)

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

ERYTHROMYCIN (AS LACTOBIONATE)

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

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

→ Tab 250 mg

→ Tab 500 mg

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

↓ Tab dispersible 50 mg			
Tab 150 mg – 5% DV Aug-23 to 2026	13.19	50	Arrow-Roxithromycin
Tab 300 mg – 5% DV Aug-23 to 2026	25.00	50	Arrow-Roxithromycin

→ **Restricted (RS1569)**

Initiation

Only for use in patients under 12 years of age.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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	6.50	100 ml	Augmentin
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml	2.20	100 ml	Curam
Inj 500 mg with clavulanic acid 100 mg vial – 5% DV Dec-21 to 2024	17.50	10	Amoxiclav multichem
Inj 1,000 mg with clavulanic acid 200 mg vial – 5% DV Dec-21 to 2024	26.90	10	Amoxiclav multichem
BENZATHINE BENZYL PENICILLIN			
Inj 900 mg (1.2 million units) in 2.3 ml syringe	375.97	10	Bicillin LA
BENZYL PENICILLIN 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	52.99	500	Flucloxacillin-AFT
Grans for oral liq 25 mg per ml – 5% DV Jan-22 to 2024	3.29	100 ml	AFT
Grans for oral liq 50 mg per ml – 5% DV Jan-22 to 2024	3.68	100 ml	AFT
Inj 250 mg vial	17.56	10	Flucloxin
Inj 500 mg vial	18.78	10	Flucloxin
Inj 1 g vial	5.70	5	Flucil
PHENOXYMETHYL PENICILLIN [PENICILLIN V]			
Cap 250 mg – 5% DV Jan-22 to 2024	3.84	50	Cilicaine VK
Cap 500 mg – 5% DV Jan-22 to 2024	6.86	50	Cilicaine VK
Grans for oral liq 125 mg per 5 ml – 5% DV Jan-23 to 2025	3.40	100 ml	AFT
Grans for oral liq 250 mg per 5 ml – 5% DV Jan-23 to 2025	4.24	100 ml	AFT
PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below			
⚠ Inj 4 g with tazobactam 0.5 g vial – 5% DV Feb-23 to 2025	3.59	1	PipTaz-AFT
➔ Restricted (RS1053)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROCAINE PENICILLIN			
Inj 1.5 g in 3.4 ml syringe			
TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms below			
⚠ Inj 3 g with clavulanic acid 0.1 mg vial			
➔ Restricted (RS1054)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Quinolones			
CIPROFLOXACIN – Restricted see terms below			
↓ Tab 250 mg	2.42	28	Cipflox
↓ Tab 500 mg	3.40	28	Cipflox
↓ Tab 750 mg	5.95	28	Cipflox
↓ Oral liq 50 mg per ml			
↓ Oral liq 100 mg per ml			
↓ Inj 2 mg per ml, 100 ml bag			
↓ Inj 2 mg per ml, 100 ml bottle	125.00	10	Ciprofloxacin Kabi
→ Restricted (RS1055)			
Clinical microbiologist or infectious disease specialist			
MOXIFLOXACIN – Restricted see terms below			
↓ Tab 400 mg	42.00	5	Avelox
↓ Inj 1.6 mg per ml, 250 ml bottle	39.00	1	Moxifloxacin Kabi
→ Restricted (RS1644)			
Initiation – Mycobacterium infection			
Infectious disease specialist, clinical microbiologist or respiratory specialist			
Any of the following:			
1 Both:			
1.1 Active tuberculosis; and			
1.2 Any of the following:			
1.2.1 Documented resistance to one or more first-line medications; or			
1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or			
1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or			
1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or			
1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications;			
or			
2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated; or			
3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.			
Initiation – Pneumonia			
Infectious disease specialist or clinical microbiologist			
Either:			
1 Immunocompromised patient with pneumonia that is unresponsive to first-line treatment; or			
2 Pneumococcal pneumonia or other invasive pneumococcal disease highly resistant to other antibiotics.			
Initiation – Penetrating eye injury			
Ophthalmologist			
Five days treatment for patients requiring prophylaxis following a penetrating eye injury.			
Initiation – Mycoplasma genitalium			
All of the following:			
1 Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium and is symptomatic; and			
2 Either:			
2.1 Has tried and failed to clear infection using azithromycin; or			
2.2 Has laboratory confirmed azithromycin resistance; and			
3 Treatment is only for 7 days.			
NORFLOXACIN			
Tab 400 mg	245.00	100	Arrow-Norfloxacin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Tetracyclines			
DEMECLOCYCLINE HYDROCHLORIDE			
Tab 150 mg			
Cap 150 mg			
Cap 300 mg			
DOXYCYCLINE			
➔ Tab 50 mg – Restricted: For continuation only			
Tab 100 mg	64.43	500	Doxine
Inj 5 mg per ml, 20 ml vial			
MINOCYCLINE			
Tab 50 mg			
➔ Cap 100 mg – Restricted: For continuation only			
TETRACYCLINE			
Tab 250 mg	58.20	28	Accord
Cap 500 mg			
TIGECYCLINE – Restricted see terms below			
⚡ Inj 50 mg vial			
➔ Restricted (RS1059)			
Clinical microbiologist or infectious disease specialist			
Other Antibacterials			
AZTREONAM – Restricted see terms below			
⚡ Inj 1 g vial	364.92	10	Azactam
➔ Restricted (RS1277)			
Clinical microbiologist or infectious disease specialist			
CHLORAMPHENICOL – Restricted see terms below			
⚡ Inj 1 g vial			
➔ Restricted (RS1277)			
Clinical microbiologist or infectious disease specialist			
CLINDAMYCIN – Restricted see terms below			
⚡ Cap 150 mg	5.30	24	Dalacin C
⚡ Oral liq 15 mg per ml			
⚡ Inj 150 mg per ml, 4 ml ampoule – 5% DV Aug-23 to 2025	35.10	10	Hameln
➔ Restricted (RS1061)			
Clinical microbiologist or infectious disease specialist			
COLISTIN SULPHOMETHATE [COLESTIMETHATE] – Restricted see terms below			
⚡ Inj 150 mg per ml, 1 ml vial.....	65.00	1	Colistin-Link
➔ Restricted (RS1062)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
DAPTOMYCIN – Restricted see terms below			
⚡ Inj 500 mg vial – 5% DV Jan-24 to 2025	243.52	1	Cubicin
	115.36		Daptomycin Dr Reddy's
<i>(Cubicin Inj 500 mg vial to be delisted 1 January 2024)</i>			
➔ Restricted (RS1063)			
Clinical microbiologist or infectious disease specialist			
FOSFOMYCIN – Restricted see terms on the next page			
⚡ Powder for oral solution, 3 g sachet			<i>e.g. UroFos</i>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1315)			
Clinical microbiologist or infectious disease specialist			
LINCAMYCIN – Restricted see terms below			
↓ Inj 300 mg per ml, 2 ml vial			
➔ Restricted (RS1065)			
Clinical microbiologist or infectious disease specialist			
LINEZOLID – Restricted see terms below			
↓ Tab 600 mg – 5% DV Dec-21 to 2024	276.89	10	Zyvox
↓ Oral liq 20 mg per ml	1,879.00	150 ml	Zyvox
↓ Inj 2 mg per ml, 300 ml bottle – 5% DV Dec-21 to 2024	155.00	10	Linezolid Kabi
➔ Restricted (RS1066)			
Clinical microbiologist or infectious disease specialist			
METHENAMINE (HEXAMINE) HIPPURATE			
Tab 1 g – 5% DV Feb-23 to 2025	19.95	100	Hiprex
NITROFURANTOIN			
Tab 50 mg – 5% DV Dec-22 to 2024	22.20	100	Nifuran
Tab 100 mg – 5% DV Dec-22 to 2024	37.50	100	Nifuran
Cap modified-release 100 mg – 5% DV Dec-23 to 2026	81.20	100	Macrobid
PIVMECILLINAM – Restricted see terms below			
↓ Tab 200 mg			
➔ Restricted (RS1322)			
Clinical microbiologist or infectious disease specialist			
SODIUM FUSIDATE [FUSIDIC ACID] – Restricted see terms below			
↓ Tab 250 mg	135.70	36	Fucidin
➔ Restricted (RS1064)			
Clinical microbiologist or infectious disease specialist			
SULPHADIAZINE – Restricted see terms below			
↓ Tab 500 mg			
➔ Restricted (RS1067)			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
TEICOPLANIN – Restricted see terms below			
↓ Inj 400 mg vial – 5% DV Jun-22 to 2024	49.95	1	Targocid
➔ Restricted (RS1068)			
Clinical microbiologist or infectious disease specialist			
TRIMETHOPRIM			
Tab 100 mg			
Tab 300 mg – 5% DV Jan-22 to 2024	18.55	50	TMP
TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]			
Tab 80 mg with sulphamethoxazole 400 mg – 5% DV Jan-22 to 2024	64.80	500	Trisul
Oral liq 8 mg with sulphamethoxazole 40 mg per ml	2.97	100 ml	Deprim
Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule			
VANCOMYCIN – Restricted see terms below			
↓ Inj 500 mg vial	2.35	1	Mylan
➔ Restricted (RS1069)			
Clinical microbiologist or infectious disease specialist			

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

Antifungals

Imidazoles

KETOCONAZOLE

⚡ Tab 200 mg

➔ **Restricted (RS1410)**

Oncologist

Polyene Antimycotics

AMPHOTERICIN B

⚡ Inj (liposomal) 50 mg vial.....3,450.00 10 AmBisome

➔ **Restricted (RS1071)**

Initiation

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

Either:

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

⚡ Inj 50 mg vial

➔ **Restricted (RS1316)**

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

NYSTATIN

Tab 500,000 u17.09 50 Nilstat

Cap 500,000 u15.47 50 Nilstat

Triazoles

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

⚡ Cap 50 mg – **5% DV Dec-23 to 2026**.....4.10 28 **Mylan**

⚡ Cap 150 mg – **5% DV Dec-23 to 2026**.....0.45 1 **Mylan**

⚡ Cap 200 mg – **5% DV Dec-23 to 2026**.....8.90 28 **Mylan**

⚡ Oral liquid 50 mg per 5 ml129.02 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 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**

⚡ Oral liq 40 mg per ml – **5% DV May-23 to 2025**342.51 105 ml **Devatis**

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

➔ Restricted (RS1074)
Initiation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

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

Continuation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

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

VORICONAZOLE – Restricted see terms [below](#)

↓ Tab 50 mg	91.00	56	Vttack
↓ Tab 200 mg	350.00	56	Vttack
↓ Powder for oral suspension 40 mg per ml	1,523.22	70 ml	Vfend
↓ Inj 200 mg vial – 5% DV Aug-23 to 2025	19.85	1	AFT

➔ Restricted (RS1075)
Initiation – Proven or probable aspergillus infection

Clinical microbiologist, haematologist or infectious disease specialist

Both:

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

Initiation – Possible aspergillus infection

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

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

Initiation – Resistant candidiasis infections and other moulds

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

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

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

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

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

➔ **Restricted (RS1076)**

Initiation

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

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

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

⚡ Tab 500 mg

⚡ Cap 500 mg

➔ **Restricted (RS1279)**

Clinical microbiologist or infectious disease specialist

TERBINAFINE

Tab 250 mg	8.15	84	Deolate
------------------	------	----	---------

Antimycobacterials

Antileprotics

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

⚡ Cap 50 mg

➔ **Restricted (RS1077)**

Clinical microbiologist, dermatologist or infectious disease specialist

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

⚡ Tab 25 mg	268.50	100	Dapsone
-------------------	--------	-----	---------

⚡ Tab 100 mg	329.50	100	Dapsone
--------------------	--------	-----	---------

➔ **Restricted (RS1078)**

Clinical microbiologist, dermatologist or infectious disease specialist

Antituberculotics

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

⚡ Tab 100 mg	3,084.51	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 bedaquiline as part of the treatment regimen.

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

⚡ Cap 250 mg

➔ **Restricted (RS1079)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

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

⚡ Tab 100 mg

⚡ Tab 400 mg	49.34	56	Myambutol
--------------------	-------	----	-----------

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1080)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
ISONIAZID – Restricted see terms below			
↓ Tab 100 mg – 5% DV Jan-22 to 2024	23.00	100	PSM
➔ Restricted (RS1281)			
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician			
ISONIAZID WITH RIFAMPICIN – Restricted see terms below			
↓ Tab 100 mg with rifampicin 150 mg.....	89.82	100	Rifinah
↓ Tab 150 mg with rifampicin 300 mg – 5% DV Jan-22 to 2024.....	179.13	100	Rifinah
➔ Restricted (RS1282)			
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician			
PARA-AMINOSALICYLIC ACID – Restricted see terms below			
↓ Grans for oral liq 4 g.....	280.00	30	Paser
➔ Restricted (RS1083)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROTIONAMIDE – Restricted see terms below			
↓ Tab 250 mg	305.00	100	Peteha
➔ Restricted (RS1084)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PYRAZINAMIDE – Restricted see terms below			
↓ Tab 500 mg			
➔ Restricted (RS1085)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
RIFABUTIN – Restricted see terms below			
↓ Cap 150 mg.....	353.71	30	Mycobutin
➔ Restricted (RS1086)			
Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist			
RIFAMPICIN – Restricted see terms below			
↓ Cap 150 mg – 5% DV Dec-23 to 2026.....	58.54	100	Rifadin
↓ Cap 300 mg – 5% DV Dec-23 to 2026.....	122.06	100	Rifadin
↓ Oral liq 100 mg per 5 ml – 5% DV Dec-23 to 2026.....	12.60	60 ml	Rifadin
↓ Inj 600 mg vial – 5% DV Dec-23 to 2026	134.98	1	Rifadin
➔ Restricted (RS1087)			
Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician			

Antiparasitics

Anthelmintics

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

↓ Tab 200 mg

↓ Tab 400 mg

➔ Restricted (RS1088)

Clinical microbiologist or infectious disease specialist

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

↓ Tab 3 mg..... 17.20

4

Stromectol

➔ Restricted (RS1283)

Clinical microbiologist, dermatologist or infectious disease specialist

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEBENDAZOLE			
Tab 100 mg – 5% DV Jan-22 to 2024	7.97	6	Vermox
Oral liq 100 mg per 5 ml			
PRAZIQUANTEL			
Tab 600 mg			
Antiprotozoals			
ARTEMETHER WITH LUMEFANTRINE – Restricted see terms below			
⚡ Tab 20 mg with lumefantrine 120 mg			
➔ Restricted (RS1090)			
Clinical microbiologist or infectious disease specialist			
ARTESUNATE – Restricted see terms below			
⚡ Inj 60 mg vial			
➔ Restricted (RS1091)			
Clinical microbiologist or infectious disease specialist			
ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted see terms below			
⚡ Tab 62.5 mg with proguanil hydrochloride 25 mg.....	25.00	12	Malarone Junior
⚡ Tab 250 mg with proguanil hydrochloride 100 mg.....	64.00	12	Malarone
➔ Restricted (RS1092)			
Clinical microbiologist or infectious disease specialist			
CHLOROQUINE PHOSPHATE – Restricted see terms below			
⚡ Tab 250 mg			
➔ Restricted (RS1093)			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
MEFLOQUINE – Restricted see terms below			
⚡ Tab 250 mg			
➔ Restricted (RS1094)			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
METRONIDAZOLE			
Tab 200 mg	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
⚡ Oral liq 100 mg per 5 ml			
➔ Restricted (RS1095)			
Clinical microbiologist or infectious disease specialist			
ORNIDAZOLE			
Tab 500 mg – 5% DV Dec-21 to 2024	36.16	10	Arrow-Ornidazole
PENTAMIDINE ISETHIONATE – Restricted see terms below			
⚡ Inj 300 mg vial	216.00	5	Pentacarinat
➔ Restricted (RS1096)			
Clinical microbiologist or infectious disease specialist			
PRIMAQUINE – Restricted see terms on the next page			
⚡ Tab 15 mg			
⚡ Tab 7.5 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1097) Clinical microbiologist or infectious disease specialist			
PYRIMETHAMINE – Restricted see terms below			
↓ Tab 25 mg			
➔ Restricted (RS1098) Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
QUININE DIHYDROCHLORIDE – Restricted see terms below			
↓ Inj 60 mg per ml, 10 ml ampoule			
↓ Inj 300 mg per ml, 2 ml vial			
➔ Restricted (RS1099) Clinical microbiologist or infectious disease specialist			
SODIUM STIBOGLUCONATE – Restricted see terms below			
↓ Inj 100 mg per ml, 1 ml vial			
➔ Restricted (RS1100) Clinical microbiologist or infectious disease specialist			
SPIRAMYCIN – Restricted see terms below			
↓ Tab 500 mg			
➔ Restricted (RS1101) Maternal-foetal medicine specialist			

Antiretrovirals

Non-Nucleoside Reverse Transcriptase Inhibitors

➔ **Restricted (RS1898)**

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

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

Initiation – Post-exposure prophylaxis following exposure to HIV

Both:

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

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

Initiation – Percutaneous exposure

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

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

↑ Tab 200 mg	190.15	90	Stocrin
↑ Tab 600 mg	63.38	30	Stocrin
↑ Oral liq 30 mg per ml			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ETRAVIRINE – Restricted see terms on the previous page			
† Tab 200 mg	770.00	60	Intelence
NEVIRAPINE – Restricted see terms on the previous page			
† Tab 200 mg – 5% DV Jan-22 to 2024	84.00	60	Nevirapine Alphapharm Nevirapine Viatrix
† Oral suspension 10 mg per ml.....	203.55	240 ml	Viramune Suspension

Nucleoside Reverse Transcriptase Inhibitors

➔ **Restricted (RS1899)**

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

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

Initiation – Post-exposure prophylaxis following exposure to HIV

Both:

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

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

Initiation – Percutaneous exposure

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

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

† Tab 300 mg	180.00	60	Ziagen
† Oral liq 20 mg per ml	256.31	240 ml	Ziagen

ABACAVIR 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 Viatrix
---	-------	----	---------------------------------------

EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – **Restricted** see terms [above](#)

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

(Mylan Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) to be delisted 1 December 2023)

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

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

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

† Tab 150 mg	84.50	60	Lamivudine Alphapharm Lamivudine Viatrix
--------------------	-------	----	---

† Oral liq 10 mg per ml

(Lamivudine Alphapharm Tab 150 mg to be delisted 1 November 2023)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
STAVUDINE – Restricted see terms on the previous page			
† Cap 30 mg			
† Cap 40 mg			
† Powder for oral soln 1 mg per ml			
ZIDOVUDINE [AZT] – Restricted see terms on the previous page			
† Cap 100 mg	152.25	100	Retrovir
† Oral liq 10 mg per ml	30.45	200 ml	Retrovir
† Inj 10 mg per ml, 20 ml vial	750.00	5	Retrovir IV
ZIDOVUDINE [AZT] WITH LAMIVUDINE – Restricted see terms on the previous page			
† Tab 300 mg with lamivudine 150 mg	92.40	60	Alphapharm

Protease Inhibitors

➔ **Restricted (RS1900)**

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

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

Initiation – Post-exposure prophylaxis following exposure to HIV

Both:

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

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

Initiation – Percutaneous exposure

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

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

† Cap 150 mg – 5% DV May-23 to 2025	85.00	60	Atazanavir Mylan
† Cap 200 mg – 5% DV May-23 to 2025	110.00	60	Atazanavir Mylan

DARUNAVIR – Restricted see terms [above](#)

† Tab 400 mg	132.00	60	Darunavir Mylan Darunavir Viatrix
† Tab 600 mg	196.65	60	Darunavir Viatrix

(Darunavir Mylan Tab 400 mg to be delisted 1 January 2024)

INDINAVIR – Restricted see terms [above](#)

- † Cap 200 mg
- † Cap 400 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LOPINAVIR WITH RITONAVIR – Restricted see terms on the previous page			
† Tab 100 mg with ritonavir 25 mg – 5% DV Feb-22 to 2024	150.00	60	Lopinavir/Ritonavir Mylan
† Tab 200 mg with ritonavir 50 mg – 5% DV Feb-22 to 2024	295.00	120	Lopinavir/Ritonavir Mylan
RITONAVIR – Restricted see terms on the previous page			
† Tab 100 mg	43.31	30	Norvir

Strand Transfer Inhibitors

➔ Restricted (RS1901)

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

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

Initiation – Post-exposure prophylaxis following exposure to HIV

Both:

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

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

Initiation – Percutaneous exposure

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

DOLUTEGRAVIR – Restricted

 see terms [above](#)

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

RALTEGRAVIR POTASSIUM – Restricted

 see terms [above](#)

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

Antivirals

Hepatitis B

ENTECAVIR			
Tab 0.5 mg	52.00	30	Entecavir Sandoz
LAMIVUDINE			
Tab 100 mg	6.95	28	Zetlam
Oral liq 5 mg per ml	270.00	240 ml	Zeffix

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TENOFOVIR DISOPROXIL			
Tab 245 mg (300 mg as a maleate) – 5% DV Dec-22 to 2025	15.00	30	Tenofovir Disoproxil Mylan Tenofovir Disoproxil Viatris
Hepatitis C			
GLECAPREVIR WITH PIBRENTASVIR			
Note: the supply of treatment is via Pharmac's approved direct distribution supply. Further details can be found on Pharmac's website https://www.pharmac.govt.nz/maviret .			
Tab 100 mg with pibrentasvir 40 mg	24,750.00	84	Maviret
LEDIPASVIR WITH SOFOSBUVIR – Restricted see terms below			
↓ Tab 90 mg with sofosbuvir 400 mg.....	24,363.46	28	Harvoni
➔ Restricted (RS1528)			
Note: Only for use in patients with approval by the Hepatitis C Treatment Panel (HepCTP). Applications will be considered by HepCTP at its regular meetings and approved subject to eligibility according to the Access Criteria (set out in Section B of the Pharmaceutical Schedule).			
Herpesviridae			
ACICLOVIR			
Tab dispersible 200 mg – 5% DV Mar-23 to 2025	1.78	25	Lovir
Tab dispersible 400 mg – 5% DV Apr-23 to 2025	5.81	56	Lovir
Tab dispersible 800 mg – 5% DV Apr-23 to 2025	6.46	35	Lovir
Inj 250 mg vial – 5% DV Jan-22 to 2024	10.00	5	Aciclovir-Baxter
CIDOFOVIR – Restricted see terms below			
↓ Inj 75 mg per ml, 5 ml vial			
➔ Restricted (RS1108)			
Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon			
FOSCARNET SODIUM – Restricted see terms below			
↓ Inj 24 mg per ml, 250 ml bottle			
➔ Restricted (RS1109)			
Clinical microbiologist or infectious disease specialist			
GANCICLOVIR – Restricted see terms below			
↓ Inj 500 mg vial	380.00	5	Cymevene
➔ Restricted (RS1110)			
Clinical microbiologist or infectious disease specialist			
VALACICLOVIR			
Tab 500 mg – 5% DV Jan-22 to 2024	6.50	30	Vaclovir
Tab 1,000 mg – 5% DV Jan-22 to 2024	13.76	30	Vaclovir
VALGANCICLOVIR – Restricted see terms below			
↓ Tab 450 mg – 5% DV Dec-21 to 2024	132.00	60	Valganciclovir Mylan Valganciclovir Viatris
➔ Restricted (RS1799)			
Initiation – Transplant cytomegalovirus prophylaxis			
<i>Re-assessment required after 3 months</i>			
Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.			

continued...

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

continued...

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; and
 - 2.2 The recipient is cytomegalovirus positive; and
- 3 Patient has a high risk of CMV disease.

Initiation – Cytomegalovirus in immunocompromised patients

Both:

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

HIV Prophylaxis and Treatment

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

↓ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – 5% DV Jun-23 to 2025	15.45	30	Tenofovir Disoproxil Emtricitabine Mylan Tenofovir Disoproxil 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.

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:

continued...

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

continued...

- 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 guidelines (<https://ashm.org.au/HIV/PrEP/>)

Continuation – Pre-exposure prophylaxis

Re-assessment required after 24 months

Both:

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

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

Influenza

OSELTAMIVIR – Restricted see terms [below](#)

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

- ↓ Tab 75 mg
- ↓ Powder for oral suspension 6 mg per ml

➔ **Restricted (RS1307)**

Initiation

- Either:
- 1 Only for hospitalised patient with known or suspected influenza; or
 - 2 For prophylaxis of influenza in hospitalised patients as part of a Health NZ Hospital approved infections control plan.

ZANAMIVIR

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

- ↓ Powder for inhalation 5 mg.....37.38 20 dose Relenza Rotadisk

➔ **Restricted (RS1369)**

Initiation

- Either:
- 1 Only for hospitalised patient with known or suspected influenza; or
 - 2 For prophylaxis of influenza in hospitalised patients as part of a Health NZ Hospital approved infections control plan.

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

COVID-19 Treatments

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

⚡ Cap 200 mg.....0.00 40 Lagevrio

➡ **Restricted (RS1893)**

Initiation

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

NIRMATRELVIR WITH RITONAVIR – **Restricted** see terms [below](#)

⚡ Tab 150 mg with ritonavir 100 mg.....0.00 30 Paxlovid

➡ **Restricted (RS1894)**

Initiation

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

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

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

⚡ Inj 100 mg vial760.57 1 Veklury

➡ **Restricted (RS1912)**

Initiation – Treatment of mild to moderate COVID-19

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

Initiation – COVID-19 in hospitalised patients

Therapy limited to 5 doses

All of the following:

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

Immune Modulators

INTERFERON ALFA-2B

Inj 18 m iu, 1.2 ml multidose pen

Inj 30 m iu, 1.2 ml multidose pen

Inj 60 m iu, 1.2 ml multidose pen

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

⚡ Inj 100 mcg in 0.5 ml vial

➡ **Restricted (RS1113)**

Initiation

Patient has chronic granulomatous disease and requires interferon gamma.

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

⚡ Inj 180 mcg prefilled syringe.....500.00 4 Pegasys

➡ **Restricted (RS1827)**

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

continued...

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

continued...

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
 - 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

continued...

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

continued...

- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon.

Initiation – myeloproliferative disorder or cutaneous T cell lymphoma

Re-assessment required after 12 months

Any of the following:

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

Continuation – myeloproliferative disorder or cutaneous T cell lymphoma

Re-assessment required after 12 months

All of the following:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and patient is benefitting from treatment; and
- 3 Either:
 - 3.1 Patient has a cutaneous T cell lymphoma*; or
 - 3.2 Both:
 - 3.2.1 Patient has a myeloproliferative disorder*; and
 - 3.2.2 Either:
 - 3.2.2.1 Remains intolerant of hydroxyurea and treatment with anagrelide and busulfan remains clinically inappropriate; or
 - 3.2.2.2 Patient is pregnant, planning pregnancy or lactating.

Note: Indications marked with * are unapproved indications

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 allogenic bone marrow transplant* and has evidence of disease relapse.

Continuation – post-allogenic bone marrow transplant

Re-assessment required after 3 months

Patient is responding and ongoing treatment remains appropriate.

Note: Indications marked with * are unapproved indications

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

Anticholinesterases

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

↓ Inj 10 mg per ml, 15 ml vial

↓ Inj 10 mg per ml, 1 ml ampoule

➔ **Restricted (RS1015)**

Initiation

For the diagnosis of myasthenia gravis.

NEOSTIGMINE METILSULFATE

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

NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE

Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule – 5% DV Dec-21 to 2024	26.13	10	Max Health
---	-------	----	-------------------

PYRIDOSTIGMINE BROMIDE

Tab 60 mg	50.28	100	Mestinon
-----------------	-------	-----	----------

Antirheumatoid Agents

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

↓ Tab 200 mg	8.78	100	Plaquenil
--------------------	------	-----	-----------

➔ **Restricted (RS1776)**

Initiation

Any of the following:

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

LEFLUNOMIDE

Tab 10 mg – 5% DV Dec-23 to 2026	6.00	30	Arava
---	------	----	--------------

Tab 20 mg – 5% DV Dec-23 to 2026	6.00	30	Arava
---	------	----	--------------

PENICILLAMINE

Tab 125 mg	67.23	100	D-Penaminate
------------------	-------	-----	--------------

Tab 250 mg	110.12	100	D-Penaminate
------------------	--------	-----	--------------

SODIUM AUROTHIOMALATE

Inj 10 mg in 0.5 ml ampoule

Inj 20 mg in 0.5 ml ampoule

Inj 50 mg in 0.5 ml ampoule

Drugs Affecting Bone Metabolism

Bisphosphonates

ALENDRONATE SODIUM

Tab 70 mg	2.44	4	Fosamax
-----------------	------	---	---------

ALENDRONATE SODIUM WITH COLECALCIFEROL

Tab 70 mg with colecalciferol 5,600 iu	1.51	4	Fosamax Plus
--	------	---	--------------

MUSCULOSKELETAL SYSTEM

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

Other Drugs Affecting Bone Metabolism

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

↓ Inj 60 mg prefilled syringe.....326.00 1 Prolia

➔ **Restricted (RS1665)**

Initiation

All of the following:

- 1 The patient has severe, established osteoporosis; and
- 2 Either:
 - 2.1 The patient is female and postmenopausal; or
 - 2.2 The patient is male or non-binary; and
- 3 Any of the following:
 - 3.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
 - 3.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or
 - 3.3 History of two significant osteoporotic fractures demonstrated radiologically; or
 - 3.4 Documented T-Score less than or equal to -3.0 (see Note); or
 - 3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
 - 3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and
- 4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
- 5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and
- 6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

Notes:

- a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab.
- c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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 trialed so that the patient achieves the minimum requirement of 12 months' continuous therapy.

RALOXIFENE – Restricted see terms [below](#)

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

→ **Restricted (RS1666)**

Initiation

Any of the following:

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

Notes:

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

TERIPARATIDE – Restricted see terms [below](#)

↓ Inj 250 mcg per ml, 2.4 ml cartridge	490.00	1	Forteo
--	--------	---	--------

→ **Restricted (RS1143)**

Initiation

Limited to 18 months treatment

All of the following:

- 1 The patient has severe, established osteoporosis; and
- 2 The patient has a documented T-score less than or equal to -3.0 (see Notes); and

continued...

MUSCULOSKELETAL SYSTEM

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

HYALURONIDASE

Inj 1,500 iu ampoule

Hyperuricaemia and Antigout

ALLOPURINOL

Tab 100 mg	11.47	500	DP-Allopurinol
Tab 300 mg	28.57	500	DP-Allopurinol

BENZBROMARONE – **Restricted:** For continuation only

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

COLCHICINE

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

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

⚡ Tab 80 mg	20.00	28	Febuxostat multichem
⚡ Tab 120 mg	20.00	28	Febuxostat multichem

➔ **Restricted (RS1844)**

Initiation – Gout

Both:

- 1 Patient has been diagnosed with gout; and
- 2 Any of the following:
 - 2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
 - 2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
 - 2.3 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); or
 - 2.4 The patient has previously had an initial Special Authority approval for benzbromarone for treatment of gout.

continued...

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

PROBENECID

Tab 500 mg

RASBURICASE – Restricted see terms [below](#)

↓ Inj 1.5 mg vial

➔ **Restricted (RS1016)**

Haematologist

Muscle Relaxants and Related Agents

ATracurium BESylate

Inj 10 mg per ml, 2.5 ml ampoule	10.00	5	Tracrium
Inj 10 mg per ml, 5 ml ampoule	12.50	5	Tracrium

BACLOFEN

Tab 10 mg	4.20	100	Pacifen
Oral liq 1 mg per ml			
Inj 0.05 mg per ml, 1 ml ampoule	11.55	1	Lioresal Intrathecal
Inj 2 mg per ml, 5 ml ampoule – 5% DV Dec-21 to 2024	306.82	5	Medsurge

CLOSTRIDIUM BOTULINUM TYPE A TOXIN

Inj 100 u vial	467.50	1	Botox
Inj 300 u vial	388.50	1	Dysport
Inj 500 u vial	1,295.00	2	Dysport

DANTROLENE

Cap 25 mg	112.13	100	Dantrium
Cap 50 mg	77.00	100	Dantrium
Inj 20 mg vial	994.56	6	Dantrium IV

MIVACURIUM CHLORIDE

Inj 2 mg per ml, 10 ml ampoule

ORPHENADRINE CITRATE

Tab 100 mg – 5% DV Jan-22 to 2024	20.76	100	Norflex
--	-------	-----	----------------

PANCURONIUM BROMIDE

Inj 2 mg per ml, 2 ml ampoule

ROCURONIUM BROMIDE

Inj 10 mg per ml, 5 ml ampoule – 5% DV Jan-23 to 2025	37.06	10	Hameln
--	-------	----	---------------

SUXAMETHONIUM CHLORIDE

Inj 50 mg per ml, 2 ml ampoule	23.40	10	Martindale
--------------------------------------	-------	----	------------

VECURONIUM BROMIDE

Inj 10 mg vial

MUSCULOSKELETAL SYSTEM

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

➔ **Restricted** (RS1370)

Initiation

Any of the following:

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

Non-Steroidal Anti-Inflammatory Drugs

CELECOXIB

Cap 100 mg – 5% DV Nov-22 to 2025	3.45	60	Celecoxib Pfizer
Cap 200 mg – 5% DV Nov-22 to 2025	3.20	30	Celecoxib Pfizer

DICLOFENAC SODIUM

Tab EC 25 mg – 5% DV Jan-22 to 2024	1.99	50	Diclofenac Sandoz
Tab 50 mg dispersible	1.50	20	Voltaren D
Tab EC 50 mg – 5% DV Jan-22 to 2024	1.99	50	Diclofenac Sandoz
Tab long-acting 75 mg	19.60	100	Voltaren SR
Inj 25 mg per ml, 3 ml ampoule	13.20	5	Voltaren
Suppos 12.5 mg	2.04	10	Voltaren
Suppos 25 mg	2.44	10	Voltaren
Suppos 50 mg	4.22	10	Voltaren
Suppos 100 mg	7.00	10	Voltaren

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

- ⚡ Tab 30 mg
- ⚡ Tab 60 mg
- ⚡ Tab 90 mg
- ⚡ Tab 120 mg

➔ **Restricted** (RS1592)

Initiation

For in-vivo investigation of allergy only.

IBUPROFEN

Tab 200 mg - 1,000 tablet pack – 1% DV Feb-21 to 2024	21.40	1,000	Relieve
Tab 200 mg - 20 tablet pack	1.35	20	Relieve
➔ Tab 400 mg – Restricted : For continuation only			
➔ Tab 600 mg – Restricted : For continuation only			
Tab long-acting 800 mg – 5% DV Jan-22 to 2024	3.05	30	Brufen SR
Oral liq 20 mg per ml – 5% DV Apr-22 to 2024	2.25	200 ml	Ethics
Inj 5 mg per ml, 2 ml ampoule			
Inj 10 mg per ml, 2 ml vial			

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
INDOMETACIN [INDOMETHACIN]			
Cap 25 mg			
Cap 50 mg			
Cap long-acting 75 mg			
Inj 1 mg vial			
Suppos 100 mg			
KETOPROFEN			
Cap long-acting 200 mg	12.07	28	Oruvail SR
MEFENAMIC ACID – Restricted: For continuation only			
➔ Cap 250 mg			
NAPROXEN			
Tab 250 mg – 5% DV Jan-22 to 2024	32.69	500	Noflam 250
Tab 500 mg – 5% DV Jan-22 to 2024	28.71	250	Noflam 500
Tab long-acting 750 mg – 5% DV Jan-22 to 2024	6.47	28	Naprosyn SR 750
Tab long-acting 1 g – 5% DV Jan-22 to 2024	8.62	28	Naprosyn SR 1000
PARECOXIB			
Inj 40 mg vial	100.00	10	Dynastat
SULINDAC			
Tab 100 mg			
Tab 200 mg			
TENOXICAM			
Tab 20 mg – 5% DV Jan-23 to 2025	18.50	100	Tilcotil
Inj 20 mg vial	9.95	1	AFT

Topical Products for Joint and Muscular Pain

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

⚠ Crm 0.025%.....9.75 45 g Zostrix

➔ **Restricted (RS1309)**

Initiation

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

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

Agents for Parkinsonism and Related Disorders

Agents for Essential Tremor, Chorea and Related Disorders

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

↓ Tab 50 mg – 5% DV Dec-21 to 2024	130.00	56	Rilutek
→ Restricted (RS1351)			

Initiation

Neurologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

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

Continuation

Re-assessment required after 18 months

All of the following:

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

TETRABENAZINE

Tab 25 mg – 5% DV Apr-23 to 2025	106.59	112	Motetis
---	--------	-----	----------------

Anticholinergics

BENZATROPINE MESYLATE

Tab 2 mg	9.59	60	Benztrop
Inj 1 mg per ml, 2 ml ampoule	95.00	5	Phebra

PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg

Dopamine Agonists and Related Agents

AMANTADINE HYDROCHLORIDE

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

APOMORPHINE HYDROCHLORIDE

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

BROMOCRIPTINE

Cap 5 mg

ENTACAPONE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEVODOPA WITH BENSERAZIDE			
Tab dispersible 50 mg with benserazide 12.5 mg	13.25	100	Madopar Rapid
Cap 50 mg with benserazide 12.5 mg	13.75	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg	15.80	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg	22.85	100	Madopar HBS
Cap 200 mg with benserazide 50 mg	26.25	100	Madopar 250
LEVODOPA WITH CARBIDOPA			
Tab 100 mg with carbidopa 25 mg	21.11	100	Sinemet
Tab long-acting 100 mg with carbidopa 25 mg			
Tab long-acting 200 mg with carbidopa 50 mg	43.65	100	Sinemet CR
Tab 250 mg with carbidopa 25 mg	38.39	100	Sinemet
PRAMIPEXOLE HYDROCHLORIDE			
Tab 0.25 mg – 5% DV Dec-22 to 2025	5.51	100	Ramipex
Tab 1 mg – 5% DV Dec-22 to 2025	18.66	100	Ramipex
RASAGILINE			
Tab 1mg – 1% DV Jan-22 to 2024	53.50	30	Azilect
ROPINIROLE HYDROCHLORIDE			
Tab 0.25 mg – 5% DV Jan-23 to 2025	4.05	84	Ropin
Tab 1 mg – 5% DV Jan-23 to 2025	4.95	84	Ropin
Tab 2 mg – 5% DV Jan-23 to 2025	6.48	84	Ropin
Tab 5 mg – 5% DV Jan-23 to 2025	14.50	84	Ropin
SELEGILINE HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 5 mg			
TOLCAPONE			
Tab 100 mg	152.38	100	Tasmar

Anaesthetics

General Anaesthetics

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

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SEVOFLURANE			
Soln for inhalation 100%, 250 ml bottle	930.00	6	Baxter
THIOPENTAL [THIOPENTONE] SODIUM			
Inj 500 mg ampoule			
Local Anaesthetics			
ARTICAINE HYDROCHLORIDE			
Inj 1%			
ARTICAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:100,000, 1.8 ml dental cartridge			
Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:200,000 1.8 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge			
BENZOCAINE			
Gel 20%			
BENZOCAINE WITH TETRACAINE HYDROCHLORIDE			
Gel 18% with tetracaine hydrochloride 2%			<i>e.g. ZAP Topical Anaesthetic Gel</i>
BUPIVACAINE HYDROCHLORIDE			
Inj 5 mg per ml, 4 ml ampoule	50.00	5	Marcain Isobaric
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack	23.36	5	Marcain
Inj 5 mg per ml, 10 ml ampoule sterile pack	16.20	5	Marcain
Inj 5 mg per ml, 20 ml ampoule			
Inj 5 mg per ml, 20 ml ampoule sterile pack	16.56	5	Marcain
Inj 1.25 mg per ml, 100 ml bag			
Inj 1.25 mg per ml, 200 ml bag			
Inj 2.5 mg per ml, 100 ml bag	150.00	5	Marcain
Inj 2.5 mg per ml, 200 ml bag			
Inj 1.25 mg per ml, 500 ml bag			
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2.5 mg per ml with adrenaline 1:200,000, 10 ml ampoule			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial	94.50	5	Marcain with Adrenaline
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial	80.50	5	Marcain with Adrenaline
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag	160.00	5	Biomed
Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag – 5% DV Jan-23 to 2025	122.50	5	Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 5% DV Jan-23 to 2025	127.50	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, 15 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 0.5% with glucose 8%, 4 ml ampoule – 5% DV Sep-22 to 2025	26.67	5	Marcain Heavy

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
COCAINE HYDROCHLORIDE			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe.....	28.76	1	Biomed
COCAINE HYDROCHLORIDE WITH ADRENALINE			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
ETHYL CHLORIDE			
Spray 100%			
LIDOCAINE [LIGNOCAINE]			
Crn 4%.....	5.40	5 g	LMX4
	27.00	30 g	LMX4
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE			
Gel 2%.....	4.87	20 g	Orion
Soln 4%			
Spray 10% – 5% DV Jan-23 to 2025	78.95	50 ml	Xylocaine
Oral (gel) soln 2%.....	44.00	200 ml	Mucosoothie
Inj 1%, 20 ml ampoule, sterile pack			
Inj 2%, 20 ml ampoule, sterile pack			
Inj 1%, 5 ml ampoule.....	9.50	25	Lidocaine-Baxter
Inj 1%, 20 ml vial.....	6.85	5	Lidocaine-Baxter
Inj 2%, 5 ml ampoule.....	9.00	25	Lidocaine-Baxter
Inj 2%, 20 ml vial.....	7.15	5	Lidocaine-Baxter
Gel 2%, 11 ml urethral syringe – 5% DV Jan-23 to 2025	59.50	10	Instillagel Lido
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE			
Inj 1% with adreanline 1:100,000, 20 ml vial			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule – 5% DV Jan-23 to 2025	32.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial.....	50.00	5	Xylocaine
Inj 2% with adrenaline 1:100,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
Inj 2% with adrenaline 1:200,000, 20 ml vial.....	60.00	5	Xylocaine
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe.....	18.75	1	Topicaine
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe.....	103.32	10	Pfizer
<i>(Pfizer Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe to be delisted 1 November 2023)</i>			
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE			
Crn 2.5% with prilocaine 2.5%.....	45.00	30 g	EMLA
Patch 25 mcg with prilocaine 25 mcg.....	115.00	20	EMLA
Crn 2.5% with prilocaine 2.5%, 5 g.....	45.00	5	EMLA
MEPIVACAINE HYDROCHLORIDE			
Inj 3%, 1.8 ml dental cartridge.....	43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge.....	43.60	50	Scandonest 3%

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2% with adrenaline 1:100,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:100,000, 2.2 ml dental cartridge			
PRILOCAINE HYDROCHLORIDE			
Inj 0.5%, 50 ml vial	100.00	5	Citanest
Inj 2%, 5 ml ampoule			
PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
ROPIVACAINE HYDROCHLORIDE			
Inj 2 mg per ml, 10 ml ampoule	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	12.75	5	Ropivacaine Kabi
Inj 10 mg per ml, 10 ml ampoule	11.10	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	198.50	5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag	270.00	5	Naropin
<i>(Naropin Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag to be delisted 1 July 2024)</i>			
<i>(Naropin Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag to be delisted 1 July 2024)</i>			
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE			
Gel 4%			

Analgesics

Non-Opioid Analgesics

ASPIRIN			
Tab dispersible 300 mg	4.50	100	Ethics Aspirin
CAPSAICIN – Restricted see terms below			
⚡ Crm 0.075%	11.95	45 g	Zostrix HP
➔ Restricted (RS1145)			
Initiation			
For post-herpetic neuralgia or diabetic peripheral neuropathy.			
METHOXYFLURANE – Restricted see terms below			
⚡ Soln for inhalation 99.9%, 3 ml bottle			
➔ Restricted (RS1292)			
Initiation			
Both:			
1 Patient is undergoing a painful procedure with an expected duration of less than one hour; and			
2 Only to be used under supervision by a medical practitioner or nurse who is trained in the use of methoxyflurane.			
NEFOPAM HYDROCHLORIDE			
Tab 30 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARACETAMOL – Some items restricted see terms below			
Tab soluble 500 mg			
Tab 500 mg - blister pack - 1,000 tablet pack – 1% DV Feb-22 to 2024	19.75	1,000	Pacimol
Tab 500 mg - blister pack - 12 tablet pack			
Tab 500 mg - blister pack - 20 tablet pack			
Tab 500 mg - bottle pack – 1% DV Feb-22 to 2024	17.92	1,000	Noumed Paracetamol
Oral liq 120 mg per 5 ml – 20% DV Jun-23 to 2025	10.50	200 ml	Avallon
	3.98		Paracetamol (Ethics)
Oral liq 250 mg per 5 ml – 20% DV Apr-23 to 2025	3.35	200 ml	Pamol
↓ Inj 10 mg per ml, 100 ml vial.....	8.90	10	Paracetamol Kabi
Suppos 25 mg			
Suppos 50 mg			
Suppos 125 mg	3.59	10	Gacet
Suppos 250 mg	4.18	10	Gacet
Suppos 500 mg	12.40	50	Gacet

→ **Restricted (RS1146)**

Initiation

Intravenous paracetamol is only to be used where other routes are unavailable or impractical, or where there is reduced absorption. The need for IV paracetamol must be re-assessed every 24 hours.

SUCROSE

Oral liq 25%..... 13.00 25 ml Biomed

↓ Oral liq 66.7% (preservative free)

→ **Restricted (RS1763)**

Initiation

For use in neonatal patients only.

Opioid Analgesics

ALFENTANIL			
Inj 0.5 mg per ml, 2 ml ampoule	24.75	10	Hameln
CODEINE PHOSPHATE			
Tab 15 mg – 5% DV May-23 to 2025	5.92	100	Noumed
Tab 30 mg – 5% DV Apr-23 to 2025	6.98	100	Aspen
			Noumed
Tab 60 mg – 5% DV Apr-23 to 2025	13.89	100	Noumed
DIHYDROCODEINE TARTRATE			
Tab long-acting 60 mg – 5% DV Dec-22 to 2025	8.60	60	DHC Continus
FENTANYL			
Inj 10 mcg per ml, 10 ml syringe			
Inj 50 mcg per ml, 2 ml ampoule – 5% DV Apr-22 to 2024	3.75	10	Boucher and Muir
Inj 10 mcg per ml, 50 ml bag	210.00	10	Biomed
Inj 10 mcg per ml, 50 ml syringe.....	165.00	10	Biomed
Inj 50 mcg per ml, 10 ml ampoule – 5% DV Apr-22 to 2024	9.41	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag	110.00	5	Biomed
Inj 20 mcg per ml, 50 ml syringe.....	26.50	1	Biomed
Inj 20 mcg per ml, 100 ml bag			
Patch 12.5 mcg per hour – 5% DV Jan-22 to 2024	6.99	5	Fentanyl Sandoz
Patch 25 mcg per hour – 5% DV Jan-22 to 2024	7.99	5	Fentanyl Sandoz
Patch 50 mcg per hour – 5% DV Jan-22 to 2024	9.49	5	Fentanyl Sandoz
Patch 75 mcg per hour – 5% DV Jan-22 to 2024	17.99	5	Fentanyl Sandoz
Patch 100 mcg per hour – 5% DV Jan-22 to 2024	18.59	5	Fentanyl Sandoz

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHADONE HYDROCHLORIDE			
Tab 5 mg – 5% DV Feb-23 to 2025	1.45	10	Methadone BNM
Oral liq 2 mg per ml – 5% DV Jan-22 to 2024	6.40	200 ml	Biodone
Oral liq 5 mg per ml – 5% DV Jan-22 to 2024	6.40	200 ml	Biodone Forte
Oral liq 10 mg per ml – 5% DV Jan-22 to 2024	7.50	200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml vial.....	68.90	10	AFT
MORPHINE HYDROCHLORIDE			
Oral liq 1 mg per ml	11.98	200 ml	RA-Morph
Oral liq 2 mg per ml	16.24	200 ml	RA-Morph
Oral liq 5 mg per ml	19.44	200 ml	RA-Morph
Oral liq 10 mg per ml	27.74	200 ml	RA-Morph
MORPHINE SULPHATE			
Tab immediate-release 10 mg.....	2.80	10	Sevredol
Tab immediate-release 20 mg.....	5.52	10	Sevredol
Cap long-acting 10 mg – 5% DV Apr-23 to 2025	3.00	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	9.00	10	m-Eslon
Cap long-acting 100 mg – 5% DV Apr-23 to 2025	10.50	10	m-Eslon
Inj 1 mg per ml, 100 ml bag	102.25	5	Biomed
Inj 1 mg per ml, 10 ml syringe	24.50	5	Biomed
Inj 1 mg per ml, 50 ml syringe	52.00	5	Biomed
Inj 1 mg per ml, 2 ml syringe			
Inj 2 mg per ml, 30 ml syringe	135.00	10	Biomed
Inj 5 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025	5.38	5	Medsurge
Inj 10 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025	4.68	5	Medsurge
Inj 10 mg per ml, 100 mg cassette			
Inj 10 mg per ml, 100 ml bag			
Inj 15 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025	5.53	5	Medsurge
Inj 30 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025	6.28	5	Medsurge
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml ampoule			
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg – 5% DV Jun-22 to 2024.....	2.69	20	Oxycodone Sandoz
Tab controlled-release 10 mg – 5% DV Jun-22 to 2024.....	2.69	20	Oxycodone Sandoz
Tab controlled-release 20 mg – 5% DV Jun-22 to 2024.....	3.49	20	Oxycodone Sandoz
Tab controlled-release 40 mg – 5% DV Jun-22 to 2024.....	5.49	20	Oxycodone Sandoz
Tab controlled-release 80 mg – 5% DV Jun-22 to 2024.....	12.99	20	Oxycodone Sandoz
Cap immediate-release 5 mg – 5% DV Dec-21 to 2024	1.88	20	OxyNorm
Cap immediate-release 10 mg – 5% DV Dec-21 to 2024	3.32	20	OxyNorm
Cap immediate-release 20 mg – 5% DV Dec-21 to 2024	5.23	20	OxyNorm
Oral liq 5 mg per 5 ml – 5% DV Sep-21 to 2024.....	11.20	250 ml	OxyNorm
Inj 1 mg per ml, 100 ml bag			
Inj 10 mg per ml, 1 ml ampoule – 5% DV Jul-22 to 2024	5.82	5	Hameln
Inj 10 mg per ml, 2 ml ampoule – 5% DV Jul-22 to 2024	11.49	5	Hameln
Inj 50 mg per ml, 1 ml ampoule – 5% DV Jul-22 to 2024	22.92	5	Hameln
PARACETAMOL WITH CODEINE			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 5% DV Jan-23 to 2025.....	27.50	1,000	Paracetamol + Codeine (Relieve)

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PETHIDINE HYDROCHLORIDE			
Tab 50 mg – 5% DV Aug-23 to 2025	8.68	10	Noumed Pethidine
Inj 5 mg per ml, 10 ml syringe			
Inj 5 mg per ml, 100 ml bag			
Inj 10 mg per ml, 100 ml bag			
Inj 10 mg per ml, 50 ml syringe			
Inj 50 mg per ml, 1 ml ampoule.....	29.88	5	DBL Pethidine Hydrochloride
Inj 50 mg per ml, 2 ml ampoule.....	30.72	5	DBL Pethidine Hydrochloride
REMIFENTANIL			
Inj 1 mg vial.....	13.95	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 – 5% DV Jan-24 to 2026	3.33	100	Arrow-Tramadol
Oral soln 10 mg per ml			
Inj 10 mg per ml, 100 ml bag			
Inj 50 mg per ml, 1 ml ampoule.....	10.00	5	Tramal 50
Inj 50 mg per ml, 2 ml ampoule.....	9.00	5	Tramal 100

Antidepressants

Cyclic and Related Agents

AMITRIPTYLINE			
Tab 10 mg.....	2.49	100	Arrow-Amitriptyline
Tab 25 mg.....	1.51	100	Arrow-Amitriptyline
Tab 50 mg.....	2.51	100	Arrow-Amitriptyline
CLOMIPRAMINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Feb-22 to 2024	10.17	30	Clomipramine Teva
Tab 25 mg – 1% DV Feb-22 to 2024	11.99	30	Clomipramine Teva
DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 75 mg.....	3.85	30	Dosulepin Viatris
➔ Cap 25 mg.....	7.83	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.....	5.48	50	Tofranil
	6.58	60	Tofranil
Tab 25 mg.....	8.80	50	Tofranil
MAPROTILINE HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 25 mg			
➔ Tab 75 mg			
MIANSERIN HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 30 mg			

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
NORTRIPTYLINE HYDROCHLORIDE			
Tab 10 mg – 5% DV May-23 to 2025	2.46	100	Norpress
Tab 25 mg – 5% DV May-23 to 2025	6.29	180	Norpress

Monoamine-Oxidase Inhibitors - Non-Selective

PHENELZINE SULPHATE			
Tab 15 mg			
TRANLYCYPROMINE SULPHATE			
Tab 10 mg			

Monoamine-Oxidase Type A Inhibitors

MOCLOBEMIDE			
Tab 150 mg – 5% DV Jan-22 to 2024	11.80	60	Aurorix
Tab 300 mg – 5% DV Jan-22 to 2024	19.25	60	Aurorix

Other Antidepressants

MIRTAZAPINE			
Tab 30 mg – 1% DV Jan-22 to 2024	2.60	28	Noumed
Tab 45 mg – 1% DV Jan-22 to 2024	3.45	28	Noumed
VENLAFAXINE			
Cap 37.5 mg	8.29	84	Enlafax XR
Cap 75 mg	10.32	84	Enlafax XR
Cap 150 mg	13.95	84	Enlafax XR

Selective Serotonin Reuptake Inhibitors

CITALOPRAM HYDROBROMIDE			
Tab 20 mg – 5% DV Mar-23 to 2025	2.86	84	Celapram
ESCITALOPRAM			
Tab 10 mg	1.07	28	Escitalopram (Ethics)
Tab 20 mg	1.92	28	Escitalopram (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	3.13	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	1.74	30	Setrona

Antiepilepsy Drugs

Agents for the Control of Status Epilepticus

CLONAZEPAM			
Inj 1 mg per ml, 1 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or 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			
LORAZEPAM			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
PARALDEHYDE			
Soln 97%			
Inj 5 ml ampoule			
PHENYTOIN SODIUM			
Inj 50 mg per ml, 2 ml ampoule	104.58	5	Hospira
Inj 50 mg per ml, 5 ml ampoule	154.01	5	Hospira

Control of Epilepsy

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

LACOSAMIDE – Restricted see terms [below](#)

↓ Tab 50 mg	25.04	14	Vimpat
↓ Tab 100 mg	50.06	14	Vimpat
	200.24	56	Vimpat
↓ Tab 150 mg	75.10	14	Vimpat
	300.40	56	Vimpat
↓ Tab 200 mg	400.55	56	Vimpat
↓ Inj 10 mg per ml, 20 ml vial			

→ **Restricted (RS1969)**

Initiation

Re-assessment required after 15 months

Both:

- 1 Patient has focal epilepsy; and

continued...

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
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.			
LAMOTRIGINE			
Tab dispersible 2 mg	55.00	30	Lamictal
Tab dispersible 5 mg	50.00	30	Lamictal
Tab dispersible 25 mg	4.20	56	Logem
Tab dispersible 50 mg	5.11	56	Logem
Tab dispersible 100 mg	6.75	56	Logem
LEVETIRACETAM			
Tab 250 mg	5.84	60	Everet
Tab 500 mg	10.51	60	Everet
Tab 750 mg	16.71	60	Everet
Tab 1,000 mg	21.82	60	Everet
Oral liq 100 mg per ml	44.78	300 ml	Levetiracetam-AFT
Inj 100 mg per ml, 5 ml vial.....	38.95	10	Levetiracetam-AFT
PHENOBARBITONE			
Tab 15 mg	40.00	500	PSM
Tab 30 mg – 5% DV Dec-23 to 2025	398.50	500	Noumed
	40.00		Phenobarbitone
			PSM
<i>(PSM Tab 30 mg to be delisted 1 December 2023)</i>			
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	2.65	56	Pregabalin Pfizer
Cap 150 mg	4.01	56	Pregabalin Pfizer
Cap 300 mg	7.38	56	Pregabalin Pfizer
PRIMIDONE			
Tab 250 mg			
SODIUM VALPROATE			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial.....	9.98	1	Epilim IV
STIRIPENTOL – Restricted see terms on the next page			
⚡ Cap 250 mg	509.29	60	Diacomit
⚡ Powder for oral liq 250 mg sachet.....	509.29	60	Diacomit

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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
	26.04		Topamax
	11.07		Topiramate Actavis
Tab 50 mg	18.81	60	Arrow-Topiramate
	44.26		Topamax
	18.81		Topiramate Actavis
Tab 100 mg	31.99	60	Arrow-Topiramate
	75.25		Topamax
	31.99		Topiramate Actavis
Tab 200 mg	55.19	60	Arrow-Topiramate
	129.85		Topamax
	55.19		Topiramate Actavis
Cap sprinkle 15 mg.....	20.84	60	Topamax
Cap sprinkle 25 mg.....	26.04	60	Topamax

VIGABATRIN – Restricted see terms [below](#)

↓ Tab 500 mg

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

60 Sabril

➔ **Restricted (RS1865)**

Initiation

Re-assessment required after 15 months

Both:

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

continued...

NERVOUS SYSTEM

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

continued...

Continuation

Both:

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

Antimigraine Preparations

Acute Migraine Treatment

DIHYDROERGOTAMINE MESYLATE

Inj 1 mg per ml, 1 ml ampoule

METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL

Tab 5 mg with paracetamol 500 mg

RIZATRIPTAN

Tab orodispersible 10 mg 3.65 30 Rizamelt

SUMATRIPTAN

Tab 50 mg – 1% DV Feb-22 to 2024 14.41 90 **Sumagran**

Tab 100 mg – 1% DV Feb-22 to 2024 22.68 90 **Sumagran**

Inj 12 mg per ml, 0.5 ml prefilled pen 34.00 2 Imigran

Prophylaxis of Migraine

PIZOTIFEN

Tab 500 mcg 23.21 100 Sandomigran

Antinausea and Vertigo Agents

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

⚠ Cap 2 × 80 mg and 1 × 125 mg – 5% DV Dec-21 to 2024 30.00 3 **Emend Tri-Pack**

➔ **Restricted (RS1154)**

Initiation

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

BETAHISTINE DIHYDROCHLORIDE

Tab 16 mg – 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 Viatrix**

DROPERIDOL

Inj 2.5 mg per ml, 1 ml ampoule – 5% DV Mar-23 to 2025 43.85 10 **Droperidol Panpharma**

GRANISETRON

Inj 1 mg per ml, 3 ml ampoule 1.20 1 Deva

	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:			
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or			
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or			
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.			
METOCLOPRAMIDE HYDROCHLORIDE			
Tab 10 mg	1.30	100	Metoclopramide Actavis 10
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule – 5% DV Dec-22 to 2025	7.00	10	Baxter
ONDANSETRON			
Tab 4 mg – 5% DV Aug-23 to 2025	2.27	50	Periset
Tab dispersible 4 mg	0.76	10	Ondansetron ODT-DRLA
Tab 8 mg – 5% DV Aug-23 to 2025	4.10	50	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	1.42	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
PROCHLORPERAZINE			
Tab buccal 3 mg			
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
Tab 200 mg	20.94	60	Sulprix
Tab 400 mg	38.71	60	Sulprix
Oral liq 100 mg per ml			
ARIPIPRAZOLE			
Tab 5 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 10 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 15 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 20 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 30 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CHLORPROMAZINE HYDROCHLORIDE			
Tab 10 mg	14.83	100	Largactil
Tab 25 mg	15.62	100	Largactil
Tab 100 mg	36.73	100	Largactil
Oral liq 10 mg per ml			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule	30.79	10	Largactil
<i>(Largactil Tab 10 mg to be delisted 1 April 2024)</i>			
CLOZAPINE			
Tab 25 mg	6.69	50	Clopine
	13.37	100	Clopine
	6.69	50	Clozaril
	13.37	100	Clozaril
Tab 50 mg	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg	17.33	50	Clopine
	34.65	100	Clopine
	17.33	50	Clozaril
	34.65	100	Clozaril
Tab 200 mg	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml	67.62	100 ml	Versacloz
HALOPERIDOL			
Tab 500 mcg	6.23	100	Serenace
Tab 1.5 mg	9.43	100	Serenace
Tab 5 mg	29.72	100	Serenace
Oral liq 2 mg per ml	23.84	100 ml	Serenace
Inj 5 mg per ml, 1ml ampoule	21.55	10	Serenace
LEVOMEPRMAZINE			
Tab 25 mg	16.10	100	Nozinan
Tab 100 mg	41.75	100	Nozinan
LEVOMEPRMAZINE 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	22.36	100	Douglas
OLANZAPINE			
Tab 2.5 mg	1.35	28	Zypine
Tab 5 mg	1.58	28	Zypine
Tab orodispersible 5 mg	1.81	28	Zypine ODT
Tab 10 mg	2.01	28	Zypine
Tab orodispersible 10 mg	2.38	28	Zypine ODT
Inj 10 mg vial			
PERICYZAZINE			
Tab 2.5 mg			
Tab 10 mg			
QUETIAPINE			
Tab 25 mg	2.15	90	Quetapel
Tab 100 mg	5.06	90	Quetapel
Tab 200 mg	8.90	90	Quetapel
Tab 300 mg	12.86	90	Quetapel

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RISPERIDONE			
Tab 0.5 mg	1.86	60	Risperidone (Teva)
Tab 1 mg	2.06	60	Risperidone (Teva)
Tab 2 mg	2.29	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	27.41	60	Zusdone
Cap 60 mg	38.39	60	Zusdone
Cap 80 mg	46.55	60	Zusdone
ZUCLOPENTHIXOL ACETATE			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
ZUCLOPENTHIXOL HYDROCHLORIDE			
Tab 10 mg	31.45	100	Clopixol

Depot Injections

FLUPENTHIXOL DECANOATE			
Inj 20 mg per ml, 1 ml ampoule	13.14	5	Fluanxol
Inj 20 mg per ml, 2 ml ampoule	20.90	5	Fluanxol
Inj 100 mg per ml, 1 ml ampoule	40.87	5	Fluanxol
HALOPERIDOL DECANOATE			
Inj 50 mg per ml, 1 ml ampoule	28.39	5	Haldol
Inj 100 mg per ml, 1 ml ampoule	55.90	5	Haldol Concentrate
OLANZAPINE – Restricted see terms below			
↓ Inj 210 mg vial	252.00	1	Zyprexa Relprev
↓ Inj 300 mg vial	414.00	1	Zyprexa Relprev
↓ Inj 405 mg vial	504.00	1	Zyprexa Relprev

➔ **Restricted (RS1379)**

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

PALIPERIDONE – Restricted see terms on the next page

↓ 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

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

➔ Restricted (RS1381)

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

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

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

➔ Restricted (RS1932)

Initiation

Re-assessment required after 12 months

Both:

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

Continuation

Re-assessment required after 12 months

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

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

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

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

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

➔ Restricted (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

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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ZUCLOPENTHIXOL DECANOATE			
Inj 200 mg per ml, 1 ml ampoule	19.80	5	Clopixol
Inj 500 mg per ml, 1 ml ampoule			<i>e.g. Clopixol Conc</i>
Anxiolytics			
BUSPIRONE HYDROCHLORIDE			
Tab 5 mg – 5% DV May-22 to 2024	18.50	100	Buspirone Viatris
Tab 10 mg – 5% DV May-22 to 2024	12.50	100	Buspirone Viatris
CLONAZEPAM			
Tab 500 mcg	5.64	100	Paxam
Tab 2 mg	10.78	100	Paxam
DIAZEPAM			
Tab 2 mg	61.07	500	Arrow-Diazepam
Tab 5 mg	73.60	500	Arrow-Diazepam
LORAZEPAM			
Tab 1 mg – 5% DV Dec-21 to 2024	9.72	250	Ativan
Tab 2.5 mg – 5% DV Dec-21 to 2024	12.50	100	Ativan
OXAZEPAM			
Tab 10 mg			
Tab 15 mg			

Multiple Sclerosis Treatments

➔ **Restricted (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
- 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

continued...

NERVOUS SYSTEM

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

continued...

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.

† Cap 120 mg.....	520.00	14	Tecfidera
† Cap 240 mg.....	2,000.00	56	Tecfidera

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

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

† Cap 0.5 mg.....	2,200.00	28	Gilenya
-------------------	----------	----	---------

GLATIRAMER ACETATE – Restricted see terms [on the previous page](#)

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

† Inj 40 mg prefilled syringe – 5% DV Oct-22 to 2025.....	1,137.48	12	Copaxone
---	----------	----	----------

INTERFERON BETA-1-ALPHA – Restricted see terms [on the previous page](#)

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

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

INTERFERON BETA-1-BETA – Restricted see terms [on the previous page](#)

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

† Inj 8 million iu per ml, 1 ml vial			
--------------------------------------	--	--	--

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

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

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

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

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

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

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

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

† Tab 14 mg.....	659.90	28	Aubagio
------------------	--------	----	---------

Sedatives and Hypnotics

CHLORAL HYDRATE

- Oral liq 100 mg per ml
- Oral liq 200 mg per ml

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LORMETAZEPAM – Restricted: For continuation only			
➔ Tab 1 mg			
MELATONIN – Restricted see terms below			
↓ Tab modified-release 2 mg – 5% DV Apr-22 to 2024	11.50	30	Vigisom
↓ Tab 3 mg			
Note: Only for use in compounding an oral liquid formulation, for in-hospital use only.			
➔ Restricted (RS1576)			
Initiation – insomnia secondary to neurodevelopmental disorder			
Psychiatrist, paediatrician, neurologist or respiratory specialist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and			
2 Behavioural and environmental approaches have been tried or are inappropriate; and			
3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and			
4 Patient is aged 18 years or under.			
Continuation – insomnia secondary to neurodevelopmental disorder			
Psychiatrist, paediatrician, neurologist or respiratory specialist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Patient is aged 18 years or under; and			
2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and			
3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and			
4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.			
Initiation – insomnia where benzodiazepines and zopiclone are contraindicated			
Both:			
1 Patient has insomnia and benzodiazepines and zopiclone are contraindicated; and			
2 For in-hospital use only.			
MIDAZOLAM			
Tab 7.5 mg			
Oral liq 2 mg per ml			
Inj 1 mg per ml, 5 ml ampoule – 5% DV Jan-22 to 2024	3.95	10	Mylan Midazolam
Inj 5 mg per ml, 3 ml ampoule – 5% DV Jan-22 to 2024	3.52	5	Midazolam Viatriis Mylan Midazolam
PHENOBARBITONE			
Inj 130 mg per ml, 1 ml vial			
Inj 200 mg per ml, 1 ml ampoule			
TEMAZEPAM			
Tab 10 mg	1.33	25	Normison
TRIAZOLAM – Restricted: For continuation only			
➔ Tab 125 mcg			
➔ Tab 250 mcg			
ZOPICLONE			
Tab 7.5 mg			

Spinal Muscular Atrophy

NUSINERSEN – Restricted see terms on the next page			
↓ Inj 12 mg per 5 ml vial	120,000.00	1	Spinraza

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

➔ **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 Either:
 - 3.1 Patient has experienced the defined signs and symptoms of SMA type I, II or IIIa prior to three years of age; or
 - 3.2 Both:
 - 3.2.1 Patient is pre-symptomatic; and
 - 3.2.2 Patient has three or less copies of SMN2.

Continuation

Re-assessment required after 12 months

All of the following:

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

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

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

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

➔ **Restricted (RS1954)**

Initiation

Re-assessment required after 12 months

All of the following:

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

Continuation

Re-assessment required after 12 months

All of the following:

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

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

Stimulants / ADHD Treatments

ATOMOXETINE			
Cap 10 mg	18.41	28	APO-Atomoxetine Generic Partners
Cap 18 mg	27.06	28	APO-Atomoxetine Generic Partners
Cap 25 mg	29.22	28	APO-Atomoxetine Generic Partners
Cap 40 mg	29.22	28	APO-Atomoxetine Generic Partners
Cap 60 mg	46.51	28	APO-Atomoxetine Generic Partners
Cap 80 mg	56.45	28	APO-Atomoxetine Generic Partners
Cap 100 mg	58.48	28	APO-Atomoxetine Generic Partners

CAFFEINE

Tab 100 mg			
DEXAMFETAMINE SULFATE – Restricted see terms below			
↓ 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.

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHYLPHENIDATE HYDROCHLORIDE – Restricted see terms below			
⚡ Tab extended-release 18 mg.....	58.96 7.75	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 27 mg.....	65.44 11.45	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 36 mg.....	71.93 15.50	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 54 mg.....	86.24 22.25	30	Concerta Methylphenidate ER - Teva
⚡ Tab immediate-release 5 mg.....	3.20	30	Rubifen
⚡ Tab immediate-release 10 mg.....	3.00	30	Ritalin Rubifen
⚡ Tab immediate-release 20 mg.....	7.85	30	Rubifen
⚡ Tab sustained-release 20 mg.....	10.95	30	Rubifen SR
⚡ Cap modified-release 10 mg.....	15.60	30	Ritalin LA
⚡ Cap modified-release 20 mg.....	20.40	30	Ritalin LA
⚡ Cap modified-release 30 mg.....	25.52	30	Ritalin LA
⚡ Cap modified-release 40 mg.....	30.60	30	Ritalin LA

➡ **Restricted (RS1294)**

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

Paediatrician or psychiatrist

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

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

Neurologist or respiratory specialist

Re-assessment required after 24 months

Patient suffers from narcolepsy.

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

Neurologist or respiratory specialist

Re-assessment required after 24 months

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

Initiation – Extended-release and modified-release formulations

Paediatrician or psychiatrist

Both:

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

MODAFINIL – Restricted see terms [below](#)

⚡ Tab 100 mg – 5% DV Mar-22 to 202429.13 60 **Modavigil**

➡ **Restricted (RS1803)**

Initiation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

All of the following:

continued...

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

continued...

- 1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
- 2 Either:
 - 2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
 - 2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
- 3 Either:
 - 3.1 An effective dose of a listed formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
 - 3.2 Methylphenidate and dexamphetamine are contraindicated.

Continuation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

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

Treatments for Dementia

DONEPEZIL HYDROCHLORIDE			
Tab 5 mg	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 BNM 5
↓ Patch 9.5 mg per 24 hour – 5% DV Feb-22 to 2024.....	38.00	30	Rivastigmine Patch BNM 10

→ **Restricted (RS1436)**

Initiation

Re-assessment required after 6 months

Both:

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

Continuation

Re-assessment required after 12 months

Both:

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

Treatments for Substance Dependence

BUPRENORPHINE WITH NALOXONE – Restricted see terms below			
↓ Tab 2 mg with naloxone 0.5 mg – 5% DV Dec-22 to 2025.....	11.76	28	Buprenorphine Naloxone BNM
↓ Tab 8 mg with naloxone 2 mg – 5% DV Dec-22 to 2025.....	34.00	28	Buprenorphine Naloxone BNM

→ **Restricted (RS1172)**

Initiation – Detoxification

All of the following:

- 1 Patient is opioid dependent; and

continued...

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
2 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and			
3 Prescriber works in an opioid treatment service approved by the Ministry of Health.			
Initiation – Maintenance treatment			
All of the following:			
1 Patient is opioid dependent; and			
2 Patient will not be receiving methadone; and			
3 Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health; and			
4 Prescriber works in an opioid treatment service approved by the Ministry of Health.			
BUPROPION HYDROCHLORIDE			
Tab modified-release 150 mg.....	11.00	30	Zyban
DISULFIRAM			
Tab 200 mg – 5% DV Nov-21 to 2024.....	236.40	100	Antabuse
NALTREXONE HYDROCHLORIDE – Restricted see terms below			
⚠ Tab 50 mg – 5% DV Dec-23 to 2026.....	83.33	30	Naltraccord
➔ Restricted (RS1173)			
Initiation – Alcohol dependence			
Both:			
1 Patient is currently enrolled, or is planned to be enrolled, in a recognised comprehensive treatment programme for alcohol dependence; and			
2 Naltrexone is to be prescribed by, or on the recommendation of, a physician working in an Alcohol and Drug Service.			
Initiation – Constipation			
For the treatment of opioid-induced constipation.			
NICOTINE – Some items restricted see terms below			
Patch 7 mg per 24 hours	19.14	28	Habitrol
Patch 14 mg per 24 hours	21.05	28	Habitrol
Patch 21 mg per 24 hours	24.12	28	Habitrol
⚠ Oral spray 1 mg per dose			<i>e.g. Nicorette QuickMist Mouth Spray</i>
Lozenge 1 mg.....	19.76	216	Habitrol
Lozenge 2 mg.....	21.65	216	Habitrol
⚠ Soln for inhalation 15 mg cartridge			<i>e.g. Nicorette Inhalator</i>
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 do so due to COVID-19 self-isolation requirement; or			
4 For acute use in agitated patients who are unable to leave the hospital facilities.			
VARENICLINE – Restricted see terms on the next page			
⚠ Tab 0.5 mg × 11 and 1 mg × 42 – 5% DV Jan-22 to 2024.....	16.67	53	Varenicline Pfizer
⚠ Tab 1 mg – 5% DV Jan-22 to 2024.....	17.62	56	Varenicline Pfizer

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

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

➔ **Restricted (RS1702)**

Initiation

All of the following:

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

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

Chemotherapeutic Agents

Alkylating Agents

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

⚠ Inj 25 mg vial – 5% DV Sep-21 to 2024	77.00	1	Ribomustin
⚠ Inj 100 mg vial – 5% DV Sep-21 to 2024	308.00	1	Ribomustin

➔ **Restricted (RS1917)**

Initiation – treatment naive CLL

All of the following:

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

continued...

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

continued...

2.2.1 Both:

2.2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and

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

2.2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenström's macroglobulinaemia.

Initiation – Hodgkin's lymphoma*

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

Limited to 6 months treatment

All of the following:

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

Note: Indications marked with * are unapproved indications.

BUSULFAN

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

CARMUSTINE

Inj 100 mg vial – 5% DV Sep-22 to 2025	710.00	1	BiCNU
---	--------	---	--------------

CHLORAMBUCIL

Tab 2 mg

CYCLOPHOSPHAMIDE

Tab 50 mg – 5% DV Jan-22 to 2024	145.00	50	Cyclonex
Inj 1 g vial – 5% DV Dec-21 to 2024	35.65	1	Endoxan
Inj 2 g vial – 5% DV Dec-21 to 2024	71.25	1	Endoxan

IFOSFAMIDE

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

LOMUSTINE

Cap 10 mg	132.59	20	Ceenu
Cap 40 mg	399.15	20	Ceenu

MELPHALAN

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

THIOTEPA

Inj 15 mg vial
Inj 100 mg vial

Anthracyclines and Other Cytotoxic Antibiotics

BLEOMYCIN SULPHATE

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

DACTINOMYCIN [ACTINOMYCIN D]

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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.....			
Inj 2 mg per ml, 25 ml vial.....	30.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml vial – 5% DV Jan-22 to 2024.....	99.99	1	Epirubicin Ebewe
IDARUBICIN HYDROCHLORIDE			
Inj 5 mg vial			
Inj 10 mg vial	109.74	1	Zavedos
	233.64	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

Antimetabolites

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

⚠ Inj 100 mg vial – 5% DV Dec-21 to 202475.06 1 **Azacitidine Dr Reddy's**

➡ **Restricted (RS1904)**

Initiation

Haematologist

Re-assessment required after 12 months

All of the following:

1 Any of the following:

- 1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
 - 1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
 - 1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
- 2 The patient has performance status (WHO/ECOG) grade 0-2; and
 - 3 The patient has an estimated life expectancy of at least 3 months.

Continuation

Haematologist or medical practitioner on the recommendation of a haematologist

Re-assessment required after 12 months

Both:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CAPECITABINE			
Tab 150 mg – 5% DV Jan-24 to 2025	9.80	60	Capecitabine Viatris
	10.00		Capercit
Tab 500 mg – 5% DV Jan-24 to 2025	46.50	120	Capecitabine Viatris
	49.00		Capercit
<i>(Capercit Tab 150 mg to be delisted 1 January 2024)</i>			
<i>(Capercit Tab 500 mg to be delisted 1 January 2024)</i>			
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.....	428.00	100 ml	Allmercap
➔ Restricted (RS1635)			
Initiation			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
Continuation			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
METHOTREXATE			
Tab 2.5 mg – 5% DV Jan-22 to 2024	9.98	90	Trexate
Tab 10 mg – 5% DV Jan-22 to 2024	33.71	90	Trexate
Inj 2.5 mg per ml, 2 ml vial			
Inj 7.5 mg prefilled syringe.....	14.61	1	Methotrexate Sandoz
Inj 10 mg prefilled syringe.....	14.66	1	Methotrexate Sandoz
Inj 15 mg prefilled syringe.....	14.77	1	Methotrexate Sandoz
Inj 20 mg prefilled syringe.....	14.88	1	Methotrexate Sandoz
Inj 25 mg prefilled syringe.....	14.99	1	Methotrexate Sandoz
Inj 30 mg prefilled syringe.....	15.09	1	Methotrexate Sandoz
Inj 25 mg per ml, 2 ml vial.....	30.00	5	Methotrexate DBL
			Onco-Vial
Inj 25 mg per ml, 20 ml vial.....	45.00	1	DBL Methotrexate
			Onco-Vial
Inj 100 mg per ml, 10 ml vial.....	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – 5% DV Dec-23 to 2026	67.99	1	Methotrexate Ebewe

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

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:

- 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 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles; or
 - 2.2 All of the following:
 - 2.2.1 Patient has had first-line treatment with platinum based chemotherapy; and
 - 2.2.2 Patient has not received prior funded treatment with pemetrexed; and
 - 2.2.3 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days for a maximum of 6 cycles.

Continuation – Non small cell lung cancer

Re-assessment required after 8 months

All of the following:

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

THIOGUANINE

Tab 40 mg

Other Cytotoxic Agents

AMSACRINE

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

ANAGRELIDE HYDROCHLORIDE

Cap 0.5 mg

ARSENIC TRIOXIDE

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

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

⚡ Inj 3.5 mg vial – 5% DV May-23 to 2025.....	74.93	1	DBL Bortezomib
---	-------	---	----------------

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1725)			
Initiation – multiple myeloma/amyloidosis			
Either:			
1 The patient has symptomatic multiple myeloma; or			
2 The patient has symptomatic systemic AL amyloidosis.			
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)			
<i>Re-assessment required after 6 months</i>			
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)			
<i>Re-assessment required after 12 months</i>			
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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LENALIDOMIDE – Restricted see terms below			
⚡ Cap 5 mg.....	5,122.76	28	Revlimid
⚡ Cap 10 mg.....	4,655.25	21	Revlimid
	6,207.00	28	Revlimid
⚡ Cap 15 mg.....	5,429.39	21	Revlimid
	7,239.18	28	Revlimid
⚡ Cap 25 mg.....	7,627.00	21	Revlimid

➔ **Restricted (RS1836)**

Initiation – Relapsed/refractory disease

Haematologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has relapsed or refractory multiple myeloma with progressive disease; and
- 2 Patient has not previously been treated with lenalidomide; and
- 3 Either:
 - 3.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or
 - 3.2 Both:
 - 3.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and
 - 3.2.2 The patient has experienced severe (grade 3 or higher), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
- 4 Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Continuation – Relapsed/refractory disease

Haematologist

Re-assessment required after 6 months

Both:

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

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

Haematologist

Re-assessment required after 6 months

All of the following:

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

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

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

➔ **Restricted (RS1925)**

Initiation – Ovarian cancer

Medical oncologist

Re-assessment required after 12 months

All of the following:

- 1 Patient has a high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
- 2 There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation; and
- 3 Either:
 - 3.1 All of the following:
 - 3.1.1 Patient has newly diagnosed, advanced disease; and
 - 3.1.2 Patient has received one line** of previous treatment with platinum-based chemotherapy; and
 - 3.1.3 Patient's disease must have experienced a partial or complete response to the first-line platinum-based regimen; or
 - 3.2 All of the following:
 - 3.2.1 Patient has received at least two lines** of previous treatment with platinum-based chemotherapy; and
 - 3.2.2 Patient has platinum sensitive disease defined as disease progression occurring at least 6 months after the last dose of the penultimate line** of platinum-based chemotherapy; and
 - 3.2.3 Patient's disease must have experienced a partial or complete response to treatment with the immediately preceding platinum-based regimen; and
 - 3.2.4 Patient has not previously received funded olaparib treatment; and
- 4 Treatment will be commenced within 12 weeks of the patient's last dose of the immediately preceding platinum-based regimen; and
- 5 Treatment to be administered as maintenance treatment; and
- 6 Treatment not to be administered in combination with other chemotherapy.

Continuation – Ovarian cancer

Medical oncologist

Re-assessment required after 12 months

All of the following:

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

↓ Inj 750 iu per ml, 5 ml vial.....	3,455.00	1	Oncaspar LYO
-------------------------------------	----------	---	--------------

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

➔ **Restricted (RS1788)**

Initiation – Newly diagnosed ALL

Limited to 12 months treatment

Both:

- 1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol.

Initiation – Relapsed ALL

Limited to 12 months treatment

Both:

- 1 The patient has relapsed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol.

Initiation – Lymphoma

Limited to 12 months treatment

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

PENTOSTATIN [DEOXYCOFORMYCIN]

Inj 10 mg vial

PROCARBAZINE HYDROCHLORIDE

Cap 50 mg	980.00	50	Natulan
-----------------	--------	----	---------

TEMOZOLOMIDE – Restricted see terms below

⚡ Cap 5 mg	9.13	5	Temaccord
⚡ Cap 20 mg	16.38	5	Temaccord
⚡ Cap 100 mg	35.98	5	Temaccord
⚡ Cap 140 mg	50.12	5	Temaccord
⚡ Cap 250 mg	86.34	5	Temaccord

➔ **Restricted (RS1645)**

Initiation – High grade gliomas

Re-assessment required after 12 months

All of the following:

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

Continuation – High grade gliomas

Re-assessment required after 12 months

Either:

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

continued...

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

continued...

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:

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

Initiation – ewing's sarcoma

Re-assessment required after 9 months

Patient has relapse or refractory Ewing's sarcoma.

Continuation – ewing's sarcoma

Re-assessment required after 6 months

Both:

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

Note: Indication marked with a * is an unapproved indication. Temozolomide is not funded for the treatment of relapsed high grade glioma.

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

↓ Cap 50 mg	378.00	28	Thalomid
↓ Cap 100 mg	756.00	28	Thalomid

→ **Restricted (RS1192)**

Initiation

Re-assessment required after 12 months

Any of the following:

- 1 The patient has multiple myeloma; or
- 2 The patient has systemic AL amyloidosis*; or
- 3 The patient has erythema nodosum leprosum.

Continuation

Patient has obtained a response from treatment during the initial approval period.

Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier

Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen

Indication marked with * is an unapproved indication

TRETINOIN

Cap 10 mg	479.50	100	Vesanoid
-----------------	--------	-----	----------

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

↓ Tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg	1,771.86	42	Venclexta
↓ Tab 10 mg	13.68	2	Venclexta
	95.78	14	Venclexta
↓ Tab 50 mg	239.44	7	Venclexta
↓ Tab 100 mg	8,209.41	120	Venclexta

(Venclexta Tab 10 mg to be delisted 1 December 2023)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

➔ Restricted (RS1713)

Initiation – relapsed/refractory chronic lymphocytic leukaemia

Haematologist

Re-assessment required after 7 months

All of the following:

- 1 Patient has chronic lymphocytic leukaemia requiring treatment; and
- 2 Patient has received at least one prior therapy for chronic lymphocytic leukaemia; and
- 3 Patient has not previously received funded venetoclax; and
- 4 The patient's disease has relapsed within 36 months of previous treatment; and
- 5 Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax; and
- 6 Patient has an ECOG performance status of 0-2.

Continuation – relapsed/refractory chronic lymphocytic leukaemia

Haematologist

Re-assessment required after 6 months

Both:

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

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

Haematologist

Re-assessment required after 6 months

All of the following:

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

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

Haematologist

Re-assessment required after 6 months

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

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

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 202429.66 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 [on the next page](#)

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

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

➔ **Restricted (RS1712)**

Initiation

Re-assessment required after 6 months

All of the following:

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

Continuation

Re-assessment required after 6 months

Both:

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

DASATINIB – Restricted see terms [below](#)

↓ Tab 20 mg	3,774.06	60	Sprycel
↓ Tab 50 mg	6,214.20	60	Sprycel
↓ Tab 70 mg	7,692.58	60	Sprycel

➔ **Restricted (RS1685)**

Initiation

Haematologist or any relevant practitioner on the recommendation of a haematologist

Re-assessment required after 6 months

Any of the following:

- 1 Both:
 - 1.1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; and
 - 1.2 Maximum dose of 140 mg/day; or
- 2 Both:
 - 2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); and
 - 2.2 Maximum dose of 140 mg/day; or
- 3 All of the following:
 - 3.1 The patient has a diagnosis of CML in chronic phase; and
 - 3.2 Maximum dose of 100 mg/day; and
 - 3.3 Any of the following:
 - 3.3.1 Patient has documented treatment failure* with imatinib; or
 - 3.3.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or
 - 3.3.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system; or
 - 3.3.4 Patients is enrolled in the KISS study** and requires dasatinib treatment according to the study protocol.

Continuation

Haematologist or any relevant practitioner on the recommendation of a haematologist

Re-assessment required after 6 months

All of the following:

- 1 Lack of treatment failure while on dasatinib*; and
- 2 Dasatinib treatment remains appropriate and the patient is benefitting from treatment; and
- 3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.

Note: *treatment failure for CML as defined by Leukaemia Net Guidelines. **Kinase-Inhibition Study with Sprycel Start-up
<https://www.cancertrialsnz.ac.nz/kiss/>

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

↓ Tab 100 mg	329.70	30	Alchemy
↓ Tab 150 mg	569.70	30	Alchemy

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

➔ **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 gefitinib due to intolerance; and
 - 3.2.2 The cancer did not progress while on gefitinib; and
- 4 Erlotinib is to be given for a maximum of 3 months.

Continuation

Re-assessment required after 6 months

Both:

- 1 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and
- 2 Erlotinib is to be given for a maximum of 3 months.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

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

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

↓ Tab 250 mg918.00 30 Iressa

➔ **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 Either:
 - 2.1 Patient is treatment naive; or
 - 2.2 Both:
 - 2.2.1 The patient has discontinued erlotinib due to intolerance; and
 - 2.2.2 The cancer did not progress whilst on erlotinib; and
- 3 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and
- 4 Gefitinib is to be given for a maximum of 3 months.

Continuation

Re-assessment required after 6 months

Both:

- 1 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and
- 2 Gefitinib is to be given for a maximum of 3 months.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

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

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

IMATINIB MESILATE

The Glivec brand of imatinib mesilate (supplied by Novartis) is fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST only, see SA1460 in Section B of the Pharmaceutical Schedule

↓ Tab 100 mg	2,400.00	60	Glivec
--------------------	----------	----	--------

→ **Restricted (RS1402)**

Initiation

Re-assessment required after 12 months

- Both:
- 1 Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
 - 2 Maximum dose of 400 mg/day.

Continuation

Re-assessment required after 12 months

Adequate clinical response to treatment with imatinib (prescriber determined).

Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.

Cap 100 mg – 5% DV Dec-23 to 2026.....	44.93	60	Imatinib-Rex
Cap 400 mg – 5% DV Dec-23 to 2026.....	69.76	30	Imatinib-Rex

(Glivec Tab 100 mg to be delisted 1 December 2023)

LAPATINIB – Restricted see terms [below](#)

↓ Tab 250 mg	1,899.00	70	Tykerb
--------------------	----------	----	--------

→ **Restricted (RS1828)**

Initiation

For continuation use only.

Continuation

Re-assessment required after 12 months

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

NILOTINIB – Restricted see terms [below](#)

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

→ **Restricted (RS1437)**

Initiation

Haematologist

Re-assessment required after 6 months

- All of the following:
- 1 Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase; and
 - 2 Either:
 - 2.1 Patient has documented CML treatment failure* with imatinib; or
 - 2.2 Patient has experienced treatment limiting toxicity with imatinib precluding further treatment with imatinib; and
 - 3 Maximum nilotinib dose of 800 mg/day; and
 - 4 Subsidised for use as monotherapy only.

Note: *treatment failure as defined by Leukaemia Net Guidelines.

continued...

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

continued...

Continuation

Haematologist

Re-assessment required after 6 months

All of the following:

- 1 Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines; and
- 2 Nilotinib treatment remains appropriate and the patient is benefiting from treatment; and
- 3 Maximum nilotinib dose of 800 mg/day; and
- 4 Subsidised for use as monotherapy only.

PALBOCICLIB – Restricted see terms [below](#)

↓ Tab 75 mg	4,000.00	21	Ibrance
↓ Tab 100 mg	4,000.00	21	Ibrance
↓ Tab 125 mg	4,000.00	21	Ibrance

→ **Restricted (RS1731)**

Initiation

Medical oncologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has unresectable locally advanced or metastatic breast cancer; and
- 2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
- 3 Patient has an ECOG performance score of 0-2; and
- 4 Either:
 - second or subsequent line setting
 - 4.1 Disease has relapsed or progressed during prior endocrine therapy; or
 - 4.2 Both:
 - first line setting
 - 4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
 - 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 benefiting from treatment.

PAZOPANIB – Restricted see terms [below](#)

↓ Tab 200 mg	1,334.70	30	Votrient
↓ Tab 400 mg	2,669.40	30	Votrient

→ **Restricted (RS1198)**

Initiation

Re-assessment required after 3 months

All of the following:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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 Both:
 - 2.3.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
 - 2.3.2 The cancer did not progress whilst on sunitinib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 All of the following:
 - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
 - 5.2 Haemoglobin level < lower limit of normal; and
 - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
 - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
 - 5.5 Karnofsky performance score of less than or equal to 70; and
 - 5.6 2 or more sites of organ metastasis.

Continuation

Re-assessment required after 3 months

Both:

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

Notes: Pazopanib treatment should be stopped if disease progresses.

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

RUXOLITINIB – Restricted see terms [below](#)

↓ Tab 5 mg	2,500.00	56	Jakavi
↓ Tab 10 mg	5,000.00	56	Jakavi
↓ Tab 15 mg	5,000.00	56	Jakavi
↓ Tab 20 mg	5,000.00	56	Jakavi

→ **Restricted (RS1726)**

Initiation

Haematologist

Re-assessment required after 12 months

All of the following:

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

continued...

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

continued...

Continuation

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

Re-assessment required after 12 months

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 A maximum dose of 20 mg twice daily is to be given.

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

⚡ Cap 12.5 mg – 5% DV Jul-22 to 2024	208.38	28	Sunitinib Pfizer
⚡ Cap 25 mg – 5% DV Jul-22 to 2024	416.77	28	Sunitinib Pfizer
⚡ Cap 50 mg – 5% DV Jul-22 to 2024	694.62	28	Sunitinib Pfizer

➔ **Restricted (RS1886)**

Initiation – RCC

Re-assessment required after 3 months

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
 - 2.1 The patient is treatment naive; or
 - 2.2 The patient has only received prior cytokine treatment; or
 - 2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
 - 2.4 Both:
 - 2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
 - 2.4.2 The cancer did not progress whilst on pazopanib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 All of the following:
 - 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

continued...

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

continued...

2.2 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib.

Continuation – GIST

Re-assessment required after 6 months

Both:

The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:

- 1 Any of the following:
 - 1.1 The patient has had a complete response (disappearance of all lesions and no new lesions); or
 - 1.2 The patient has had a partial response (a decrease in size of 10% or more or decrease in tumour density in Hounsfield Units (HU) of 15% or more on CT and no new lesions and no obvious progression of non-measurable disease); or
 - 1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Continuation – GIST pandemic circumstances

Re-assessment required after 6 months

All of the following:

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

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

Taxanes

DOCETAXEL

Inj 10 mg per ml, 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

Tab 15 mg	135.33	10	DBL Leucovorin Calcium
Inj 3 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 5 ml ampoule	18.25	5	Calcium Folate Ebewe
Inj 10 mg per ml, 5 ml vial.....	7.28	1	Calcium Folate Sandoz
Inj 10 mg per ml, 10 ml vial.....	9.49	1	Calcium Folate Sandoz
Inj 10 mg per ml, 30 ml vial.....	22.51	1	Calcium Folate Ebewe
Inj 10 mg per ml, 35 ml vial.....	25.14	1	Calcium Folate Sandoz
Inj 10 mg per ml, 100 ml vial.....	72.00	1	Calcium Folate Sandoz

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

⚠ Inj 500 mg	<i>e.g. Cardioxane</i>
--------------	------------------------

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ 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/m ² doxorubicin equivalent or greater; and			
3 Dexrazoxane to be administered only whilst on anthracycline treatment; and			
4 Either:			
4.1 Treatment to be used as a cardioprotectant for a child or young adult; or			
4.2 Treatment to be used as a cardioprotectant for secondary malignancy.			
MESNA			
Tab 400 mg	314.00	50	Uromitexan
Tab 600 mg	448.50	50	Uromitexan
Inj 100 mg per ml, 4 ml ampoule	177.45	15	Uromitexan
Inj 100 mg per ml, 10 ml ampoule	407.40	15	Uromitexan

Vinca Alkaloids

VINBLASTINE SULPHATE			
Inj 1 mg per ml, 10 ml vial.....	270.37	5	Hospira
VINCRISTINE SULPHATE			
Inj 1 mg per ml, 1 ml vial.....	74.52	5	DBL Vincristine Sulfate
Inj 1 mg per ml, 2 ml vial.....	102.73	5	DBL Vincristine Sulfate
VINOIRELBINE			
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
<i>(Navelbine Inj 10 mg per ml, 1 ml vial to be delisted 1 October 2024)</i>			
<i>(Navelbine Inj 10 mg per ml, 5 ml vial to be delisted 1 October 2024)</i>			

Endocrine Therapy

ABIRATERONE ACETATE – Restricted see terms below			
⚠ Tab 250 mg	4,276.19	120	Zytiga
➔ Restricted (RS1888)			

Initiation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has prostate cancer; and
- 2 Patient has metastases; and
- 3 Patient's disease is castration resistant; and
- 4 Either:

 4.1 All of the following:

continued...

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

continued...

- 4.1.1 Patient is symptomatic; and
- 4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
- 4.1.3 Patient has ECOG performance score of 0-1; and
- 4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
- 4.2 All of the following:
 - 4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
 - 4.2.2 Patient has ECOG performance score of 0-2; and
 - 4.2.3 Patient has not had prior treatment with abiraterone.

Continuation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 6 months

All of the following:

- 1 Significant decrease in serum PSA from baseline; and
- 2 No evidence of clinical disease progression; and
- 3 No initiation of taxane chemotherapy with abiraterone; and
- 4 The treatment remains appropriate and the patient is benefiting from treatment.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 2 Abiraterone acetate to be discontinued at progression; and
- 3 No initiation of taxane chemotherapy with abiraterone; and
- 4 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

BICALUTAMIDE

Tab 50 mg – 5% DV Dec-23 to 2026	4.18	28	Binorex
---	------	----	----------------

FLUTAMIDE

Tab 250 mg	119.50	100	Flutamin
------------------	--------	-----	----------

FULVESTRANT – Restricted see terms below

↓ Inj 50 mg per ml, 5 ml prefilled syringe.....	1,068.00	2	Faslodex
---	----------	---	----------

→ **Restricted (RS1732)**

Initiation

Medical oncologist

Re-assessment required after 6 months

All of the following:

- 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 benefiting from treatment; and
- 2 Treatment to be given at a dose of 500 mg monthly; and
- 3 No evidence of disease progression.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OCTREOTIDE – Some items restricted see terms below			
Inj 50 mcg per ml, 1 ml ampoule – 5% DV Jun-22 to 2024	27.58	5	Max Health
Inj 100 mcg per ml, 1 ml ampoule – 5% DV Jun-22 to 2024	32.71	5	Max Health
Inj 500 mcg per ml, 1 ml ampoule – 5% DV Jun-22 to 2024	113.10	5	Max Health
⚠ Inj depot 10 mg prefilled syringe – 5% DV Mar-22 to 2024	439.97	1	Octreotide Depot Teva
⚠ Inj depot 20 mg prefilled syringe – 5% DV Mar-22 to 2024	647.03	1	Octreotide Depot Teva
⚠ Inj depot 30 mg prefilled syringe – 5% DV Mar-22 to 2024	718.55	1	Octreotide Depot Teva

➔ **Restricted (RS1889)**

Initiation – Malignant bowel obstruction

All of the following:

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

Note: Indications marked with * are unapproved indications

Initiation – acromegaly

Re-assessment required after 3 months

Both:

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

Continuation – acromegaly

Both:

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

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

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.

continued...

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

continued...

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

Initiation – pre-operative acromegaly

Limited to 12 months treatment

All of the following:

- 1 Patient has acromegaly; and
- 2 Patient has a large pituitary tumour, greater than 10 mm at its widest; and
- 3 Patient is scheduled to undergo pituitary surgery in the next six months.

Note: Indications marked with * are unapproved indications

Continuation – Acromegaly - pandemic circumstances

Re-assessment required after 6 months

All of the following:

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

TAMOXIFEN CITRATE

Tab 10 mg – 5% DV Dec-23 to 2026	15.00	60	Tamoxifen Sandoz
Tab 20 mg – 5% DV Dec-23 to 2026	5.32	60	Tamoxifen Sandoz

Aromatase Inhibitors

ANASTROZOLE

Tab 1 mg – 5% DV Dec-23 to 2026	4.39	30	Anastrole
---------------------------------	------	----	------------------

EXEMESTANE

Tab 25 mg – 5% DV Nov-23 to 2026	9.86	30	Pfizer Exemestane
----------------------------------	------	----	--------------------------

LETROZOLE

Tab 2.5 mg – 5% DV Jan-22 to 2024	5.84	30	Letrole
-----------------------------------	------	----	----------------

Imaging Agents

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

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

→ **Restricted (RS1565)**

Initiation – high grade malignant glioma

All of the following:

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

Immunosuppressants

Calcineurin Inhibitors

CICLOSPORIN

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TACROLIMUS – Restricted see terms below			
⚡ Cap 0.5 mg.....	49.60	100	Tacrolimus Sandoz
⚡ Cap 0.75 mg.....	99.30	100	Tacrolimus Sandoz
⚡ Cap 1 mg.....	84.30	100	Tacrolimus Sandoz
⚡ Cap 5 mg.....	248.20	50	Tacrolimus Sandoz
⚡ Inj 5 mg per ml, 1 ml ampoule			

→ **Restricted (RS1651)**

Initiation – organ transplant recipients

Any specialist

For use in organ transplant recipients.

Initiation – non-transplant indications*

Any specialist

Both:

- 1 Patient requires long-term systemic immunosuppression; and
- 2 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response.

Note: Indications marked with * are unapproved indications

Fusion Proteins

ETANERCEPT – Restricted see terms [below](#)

⚡ Inj 25 mg autoinjector – 5% DV Feb-21 to 2024.....	690.00	4	Enbrel
⚡ Inj 25 mg vial – 5% DV Sep-19 to 2024.....	690.00	4	Enbrel
⚡ Inj 50 mg autoinjector – 5% DV Sep-19 to 2024.....	1,050.00	4	Enbrel
⚡ Inj 50 mg syringe – 5% DV Sep-19 to 2024.....	1,050.00	4	Enbrel

→ **Restricted (RS1879)**

Initiation – polyarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 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.

continued...

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

continued...

Continuation – polyarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

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

Initiation – oligoarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

- Either:
- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for oligoarticular course juvenile idiopathic arthritis (JIA); and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for oligoarticular course JIA; or
 - 2 All of the following:
 - 2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and
 - 2.3 Any of the following:
 - 2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.3.3 High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate.

Continuation – oligoarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

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

Initiation – Arthritis - rheumatoid

Rheumatologist

Re-assessment required after 6 months

Either:

continued...

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

continued...

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects; or
 - 1.2.2 The patient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis; or
- 2 All of the following:
 - 2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
 - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.3 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
 - 2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and
 - 2.5 Either:
 - 2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin; or
 - 2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate; and
 - 2.6 Either:
 - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
 - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.

Continuation – Arthritis - rheumatoid

Any relevant practitioner

Re-assessment required after 2 years

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
 - 2.1 Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or
- 2 All of the following:
 - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and

continued...

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

continued...

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

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

Average normal chest expansion corrected for age and gender:

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

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 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

continued...

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

continued...

- 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
- 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
 - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – severe chronic plaque psoriasis, prior TNF use

Dermatologist

Limited to 4 months treatment

All of the following:

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

Initiation – severe chronic plaque psoriasis, treatment-naive

Dermatologist

Limited to 4 months treatment

All of the following:

- 1 Either:
 - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
 - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

continued...

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

continued...

- 3 A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DLQI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – severe chronic plaque psoriasis

Dermatologist

Re-assessment required after 6 months

Both:

1 Either:

1.1 Both:

1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and

1.1.2 Either:

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

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

1.2 Both:

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

1.2.2 Either:

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

1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the 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.

continued...

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

continued...

Initiation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

1.1 Either:

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

1.1.2 The patient has been started on tocilizumab for AOSD in a Health NZ Hospital; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

Initiation – undifferentiated spondyloarthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day (or maximum tolerated dose); and

4 Patient has tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose); and

5 Any of the following:

5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour measured no more than one month prior to the date of this application; or

5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Note: Indications marked with * are unapproved indications.

Continuation – undifferentiated spondyloarthritis

Rheumatologist or medical practitioner on the recommendation of a Rheumatologist

Re-assessment required after 6 months

All of the following:

1 Either:

continued...

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

continued...

- 1.1 Applicant is a rheumatologist; or
- 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and

2 Either:

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

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

Monoclonal Antibodies

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

↓ Inj 2 mg per ml, 5 ml vial

→ **Restricted (RS1202)**

Initiation

Either:

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

ADALIMUMAB (AMGEVITA) – **Restricted** see terms [below](#)

↓ Inj 20 mg per 0.4 ml prefilled syringe – 5% DV Oct-22 to 31 Jul 2026..... 190.00 1 **Amgevita**

↓ Inj 40 mg per 0.8 ml prefilled pen – 5% DV Oct-22 to 31 Jul 2026375.00 2 **Amgevita**

↓ Inj 40 mg per 0.8 ml prefilled syringe – 5% DV Oct-22 to 31 Jul 2026.....375.00 2 **Amgevita**

→ **Restricted (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 Either:
 - 2.1 The patient has severe ocular, neurological, and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s); or
 - 2.2 The patient has severe gastrointestinal, rheumatological and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s).

Note: Indications marked with * are unapproved indications.

Initiation – Hidradenitis suppurativa

Dermatologist

Re-assessment required after 4 months

All of the following:

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

Continuation – Hidradenitis suppurativa

Any relevant practitioner

Re-assessment required after 2 years

Both:

continued...

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

continued...

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

Initiation – Plaque psoriasis - severe chronic

Dermatologist

Re-assessment required after 4 months

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or
- 2 All of the following:
 - 2.1 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
 - 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
 - 1.2 Either:
 - 1.2.1 The patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
 - 1.2.2 The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value; or
- 2 Both:
 - 2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
 - 2.2 Either:
 - 2.2.1 The patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
 - 2.2.2 The patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value.

Initiation – pyoderma gangrenosum

Dermatologist

Both:

- 1 Patient has pyoderma gangrenosum*; and

continued...

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

continued...

- 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.

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:

continued...

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

continued...

- 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

Either:

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

Initiation – Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 4 months

Either:

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

Continuation – Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

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

Initiation – Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 4 months

Either:

- 1 Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; or
- 2 Both:
 - 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
 - 2.2 Any of the following:
 - 2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

continued...

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

continued...

- 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
- 3 Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

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

Continuation – ankylosing spondylitis

Any relevant practitioner

Re-assessment required after 2 years

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

Initiation – Arthritis - oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic

continued...

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

continued...

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

Either:

1 Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

1.1 Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA); and

1.2 Either:

1.2.1 Patient has experienced intolerable side effects; or

1.2.2 Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA; or

2 All of the following:

2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and

2.3 Any of the following:

2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Continuation – Arthritis - polyarticular course juvenile idiopathic

Any relevant practitioner

Re-assessment required after 2 years

Either:

1 Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

continued...

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

continued...

- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – Arthritis - psoriatic

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis; or
- 2 All of the following:
 - 2.1 Patient has had active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
 - 2.3 Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated); and
 - 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
 - 2.5 Any of the following:
 - 2.5.1 Patient has CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated ESR greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – Arthritis - psoriatic

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

Initiation – Arthritis - rheumatoid

Rheumatologist

Re-assessment required after 6 months

Either:

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

continued...

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

continued...

- 2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
- 2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and
- 2.5 Either:
 - 2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin; or
 - 2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate; and
- 2.6 Either:
 - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
 - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.

Continuation – Arthritis – rheumatoid

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

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

Rheumatologist

Either:

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

Initiation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis; and
- 2 Either:
 - 2.1 Patient's SCCAI score is greater than or equal to 4; or
 - 2.2 Patient's PUCAI score is greater than or equal to 20; and

continued...

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

continued...

- 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 spondyloarthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2 Patient has tried and not responded to at least three months of each of methotrexate, sulphasalazine and leflunomide, at maximum tolerated doses (unless contraindicated); and
- 3 Any of the following:
 - 3.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 3.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
 - 3.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Note: Indications marked with * are unapproved indications.

Continuation – undifferentiated spondyloarthritis

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

Initiation – inflammatory bowel arthritis – axial

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

continued...

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

continued...

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

Continuation – inflammatory bowel arthritis – peripheral

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – **Restricted** see terms [below](#)

‡ Inj 20 mg per 0.2 ml prefilled syringe.....	1,599.96	2	Humira
‡ Inj 40 mg per 0.4 ml prefilled syringe.....	1,599.96	2	Humira
‡ Inj 40 mg per 0.4 ml prefilled pen	1,599.96	2	HumiraPen
‡ Inj 40 mg per 0.8 ml pen.....	1,599.96	2	HumiraPen
‡ Inj 40 mg per 0.8 ml syringe	1,599.96	2	Humira

(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

continued...

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

continued...

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

Continuation – Hidradenitis suppurativa

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

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

Initiation – Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:

continued...

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

continued...

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 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

continued...

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

continued...

- 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:

- 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

continued...

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

continued...

- 1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Crohn's disease - fistulising

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – Ocular inflammation – chronic

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

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

Continuation – Ocular inflammation – chronic

Any relevant practitioner

Re-assessment required after 12 months

Both:

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

Initiation – Ocular inflammation – severe

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease

continued...

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

continued...

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

Initiation – ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – Arthritis – oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

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

continued...

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

continued...

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.

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

continued...

	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 Either:
 - 4.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
 - 4.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

Continuation – Arthritis – rheumatoid

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

- 1 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and
- 2 Either:
 - 2.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
 - 2.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

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

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

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

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

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

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

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

↓ Inj 40 mg per ml, 0.1 ml vial..... 1,250.00 1 Eylea

➔ **Restricted (RS1872)**

Initiation – Wet Age Related Macular Degeneration

Ophthalmologist or nurse practitioner

Re-assessment required after 3 months

Either:

- 1 All of the following:
 - 1.1 Any of the following:
 - 1.1.1 Wet age-related macular degeneration (wet AMD); or
 - 1.1.2 Polypoidal choroidal vasculopathy; or
 - 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
 - 1.2 Either:

continued...

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

continued...

- 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
- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

Initiation – Diabetic Macular Oedema

Ophthalmologist or nurse practitioner

Re-assessment required after 4 months

All of the following:

- 1 Patient has centre involving diabetic macular oedema (DMO); and
- 2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
- 3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
- 4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and
- 5 There is no centre-involving sub-retinal fibrosis or foveal atrophy.

Continuation – Diabetic Macular Oedema

Ophthalmologist or nurse practitioner

Re-assessment required after 12 months

All of the following:

- 1 There is stability or two lines of Snellen visual acuity gain; and
- 2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
- 3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 4 There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
- 5 After each consecutive 12 months treatment with aflibercept, patient has retrialled with at least one injection of bevacizumab and had no response.

BASILIXIMAB – Restricted see terms [below](#)

⚡ Inj 20 mg vial2,560.00 1 Simulect

➡ **Restricted (RS1203)**

Initiation

For use in solid organ transplants.

BENRALIZUMAB – Restricted see terms [below](#)

⚡ Inj 30 mg per ml, 1 ml prefilled pen3,539.00 1 Fasentra

➡ **Restricted (RS1920)**

Initiation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 12 months

All of the following:

continued...

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

continued...

- 1 Patient must be aged 12 years or older; and
- 2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
- 3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
- 4 Patient has a blood eosinophil count of greater than 0.5×10^9 cells/L in the last 12 months; and
- 5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long-acting beta-2 agonist, or budesonide/formoterol as part of the anti-inflammatory reliever therapy plus maintenance regimen, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or
 - 6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
- 7 Treatment is not to be used in combination with subsidised mepolizumab; and
- 8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; and
- 9 Either:
 - 9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
 - 9.2 Both:
 - 9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
 - 9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

Continuation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 2 years

Both:

- 1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
- 2 Either:
 - 2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with benralizumab; or
 - 2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

BEVACIZUMAB – Restricted see terms [below](#)

↓ Inj 25 mg per ml, 4 ml vial

↓ Inj 25 mg per ml, 16 ml vial

➔ **Restricted (RS1691)**

Initiation – Recurrent Respiratory Papillomatosis

Otolaryngologist

Re-assessment required after 12 months

All of the following:

- 1 Maximum of 6 doses; and
- 2 The patient has recurrent respiratory papillomatosis; and
- 3 The treatment is for intra-lesional administration.

continued...

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

continued...

Continuation – Recurrent Respiratory Papillomatosis

Otolaryngologist

Re-assessment required after 12 months

All of the following:

- 1 Maximum of 6 doses; and
- 2 The treatment is for intra-lesional administration; and
- 3 There has been a reduction in surgical treatments or disease regrowth as a result of treatment.

Initiation – ocular conditions

Either:

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

CASIRIVIMAB AND IMDEVIMAB – **Restricted** see terms [below](#)

⚡ Inj 120 mg per ml casirivimab, 11.1 ml vial (1) and inj 120 mg per ml imdevimab, 11.1 ml vial (1)..... 0.00 1 Ronapreve

➔ **Restricted (RS1874)**

Initiation – Treatment of profoundly immunocompromised patients

Limited to 2 weeks treatment

All of the following:

- 1 Patient has confirmed (or probable) COVID-19; and
- 2 The patient is in the community (treated as an outpatient) with mild to moderate disease severity*; and
- 3 Patient is profoundly immunocompromised** and is at risk of not having mounted an adequate response to vaccination against COVID-19 or is unvaccinated; and
- 4 Patient's symptoms started within the last 10 days; and
- 5 Patient is not receiving high flow oxygen or assisted/mechanical ventilation; and
- 6 Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg.

Notes: * Mild to moderate disease severity as described on the [Ministry of Health Website](#)

** Examples include B-cell depletive illnesses or patients receiving treatment that is B-Cell depleting.

Initiation – mild to moderate COVID-19-hospitalised patients

Any relevant practitioner

Limited to 2 weeks treatment

All of the following:

- 1 Patient has confirmed (or probable) COVID-19; and
- 2 Patient is an in-patient in hospital with mild to moderate disease severity*; and
- 3 Patient's symptoms started within the last 10 days; and
- 4 Patient is not receiving high flow oxygen or assisted/mechanical ventilation; and
- 5 Any of the following:
 - 5.1 Age > 50; or
 - 5.2 BMI > 30; or
 - 5.3 Patient is Māori or Pacific ethnicity; or
 - 5.4 Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes); and
- 6 Either:
 - 6.1 Patient is unvaccinated; or
 - 6.2 Patient is seronegative where serology testing is readily available or strongly suspected to be seronegative where serology testing is not available; and
- 7 Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg.

Notes: * Mild to moderate disease severity as described on the [Ministry of Health Website](#)

** (<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-higher-risk-people>)

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

CETUXIMAB – Restricted see terms [below](#)

↓ Inj 5 mg per ml, 20 ml vial.....	364.00		1	Erbitux
↓ Inj 5 mg per ml, 100 ml vial.....	1,820.00		1	Erbitux

→ **Restricted (RS1613)**

Initiation

Medical oncologist

All of the following:

- 1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and
- 2 Patient is contraindicated to, or is intolerant of, cisplatin; and
- 3 Patient has good performance status; and
- 4 To be administered in combination with radiation therapy.

GEMTUZUMAB OZOGAMICIN – Restricted see terms [below](#)

↓ Inj 5 mg vial	12,973.00		1	Mylotarg
-----------------------	-----------	--	---	----------

→ **Restricted (RS1923)**

Initiation

All of the following:

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

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

INFLIXIMAB – Restricted see terms [below](#)

↓ Inj 100 mg – 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:

continued...

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

continued...

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
 - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 3 months

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
 - 2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 4 months

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept and/or secukinumab for psoriatic arthritis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept and/or secukinumab; or
 - 2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept and/or secukinumab, the patient did not meet the renewal criteria for adalimumab and/or etanercept and/or secukinumab for psoriatic arthritis. .

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

continued...

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

continued...

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:

2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or

2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Continuation – severe ocular inflammation

Re-assessment required after 12 months

Any of the following:

1 The patient has had a good clinical response following 3 initial doses; or

2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or

3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Initiation – chronic ocular inflammation

Re-assessment required after 4 months

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for chronic ocular inflammation; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for chronic ocular inflammation; or

2 Both:

2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and

2.2 Any of the following:

2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or

2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at therapeutic dose; or

2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to

continued...

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

continued...

achieving a therapeutic dose of methotrexate.

Continuation – chronic ocular inflammation

Re-assessment required after 12 months

Any of the following:

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

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Initiation – Pulmonary sarcoidosis

Both:

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

Initiation – Crohn's disease (adults)

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

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

Continuation – Crohn's disease (adults)

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation – Crohn's disease (children)

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

continued...

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

continued...

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

Continuation – Crohn's disease (children)

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 6 months

Both:

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

Continuation – fistulising Crohn's disease

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation – acute fulminant ulcerative colitis

Gastroenterologist

Limited to 6 weeks treatment

Both:

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

continued...

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

continued...

Continuation – fulminant ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis; and
- 2 Either:
 - 2.1 Patients SCCAI is greater than or equal to 4; or
 - 2.2 Patients PUCAL 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 PUCAL score has reduced by 30 points or more from the PUCAL score when the patient was initiated on infliximab; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

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

continued...

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

continued...

- 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; 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.

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Both:

1 Either:

1.1 Both:

- 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
- 1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or

1.2 Both:

- 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
- 1.2.2 Either:
 - 1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
 - 1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and

2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Initiation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

All of the following:

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

continued...

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

continued...

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 symptomatology.

Initiation – severe Behcet's disease

Re-assessment required after 4 months

All of the following:

- 1 The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and
- 2 Either:
 - 2.1 The patient has severe ocular, neurological and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s) (see Notes); or
 - 2.2 The patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has not responded adequately to two or more treatment appropriate for the particular symptom(s) (see Notes); and
- 3 The patient is experiencing significant loss of quality of life.

Notes:

- a) Behcet's disease diagnosed according to the International Study Group for Behcet's Disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al J Rheumatol. 2004;31:931-7.
- b) Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.

Continuation – severe Behcet's disease

Re-assessment required after 6 months

Both:

- 1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Initiation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has pyoderma gangrenosum*[†]; and
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
- 3 A maximum of 8 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has shown clinical improvement; and
- 2 Patient continues to require treatment; and

continued...

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

continued...

- 3 A maximum of 8 doses.

Initiation – Inflammatory bowel arthritis (axial)

Re-assessment required after 6 months

All of the following:

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

Continuation – Inflammatory bowel arthritis (axial)

Re-assessment required after 2 years

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

Initiation – Inflammatory bowel arthritis (peripheral)

Re-assessment required after 6 months

All of the following:

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

Continuation – Inflammatory bowel arthritis (peripheral)

Re-assessment required after 2 years

Either:

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

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

⚡ Inj 100 mg prefilled pen	1,638.00	1	Nucala
⚡ Inj 100 mg vial	1,638.00	1	Nucala

➔ **Restricted (RS1918)**

Initiation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 12 months

All of the following:

continued...

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

continued...

- 1 Patient must be aged 12 years or older; and
- 2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
- 3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
- 4 Patient has a blood eosinophil count of greater than 0.5×10^9 cells/L in the last 12 months; and
- 5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the single maintenance and reliever therapy regimen, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or
 - 6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
- 7 Treatment is not to be used in combination with subsidised benralizumab; and
- 8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; and
- 9 Either:
 - 9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
 - 9.2 Both:
 - 9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
 - 9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

Continuation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 2 years

Both:

- 1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
- 2 Either:
 - 2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with mepolizumab; or
 - 2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

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

⚡ Inj 25 mg per ml, 40 ml vial.....	5,910.00	1	Gazyva
-------------------------------------	----------	---	--------

➔ **Restricted (RS1919)**

Initiation

Haematologist

Limited to 6 months treatment

All of the following:

- 1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
- 2 The patient is obinutuzumab treatment naive; and
- 3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min); and
- 4 Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL; and

continued...

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

continued...

- 5 Patient has good performance status; and
- 6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

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

* greater than or equal to $1.5 \times 10^9/L$ and platelets greater than or equal to $75 \times 10^9/L$

Initiation – follicular / marginal zone lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Either:
 - 1.1 Patient has follicular lymphoma; or
 - 1.2 Patient has marginal zone lymphoma; and
- 2 Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen*; and
- 3 Patient has an ECOG performance status of 0-2; and
- 4 Patient has been previously treated with no more than four chemotherapy regimens; and
- 5 Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy*.

Note: * includes unapproved indications

Continuation – follicular / marginal zone lymphoma

Re-assessment required after 24 months

All of the following:

- 1 Patient has no evidence of disease progression following obinutuzumab induction therapy; and
- 2 Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years; and
- 3 Obinutuzumab to be discontinued at disease progression.

OMALIZUMAB – Restricted see terms [below](#)

↓ Inj 150 mg prefilled syringe.....	450.00	1	Xolair
↓ Inj 150 mg vial	450.00	1	Xolair

→ Restricted (RS1652)

Initiation – severe asthma

Clinical immunologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

- 1 Patient must be aged 6 years or older ; and
- 2 Patient has a diagnosis of severe asthma; and
- 3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
- 4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
- 5 Proven adherence with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 mcg per day or fluticasone propionate 1,000 mcg per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 mcg bd or eformoterol 12 mcg bd) for at least 12 months, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; or
 - 6.2 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids;

continued...

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

continued...

and

- 7 Patient has an Asthma Control Test (ACT) score of 10 or less; and
- 8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

Continuation – severe asthma

Respiratory specialist

Re-assessment required after 6 months

Both:

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

Initiation – severe chronic spontaneous urticaria

Clinical immunologist or dermatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – severe chronic spontaneous urticaria

Clinical immunologist or dermatologist

Re-assessment required after 6 months

Either:

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

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

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

⚡ Inj 100 mg per ml, 1 ml vial.....	1,700.00	1	Synagis
-------------------------------------	----------	---	---------

(Synagis Inj 100 mg per ml, 1 ml vial to be delisted 1 January 2024)

➡ **Restricted (RS1907)**

Initiation – RSV prophylaxis for the 2022/2023 RSV seasons, in the context of COVID-19

Paediatrician

Re-assessment required after 6 months

Either:

continued...

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

continued...

- 1 Infant was born in the last 2 years and has severe lung, airway, neurological or neuromuscular disease that requires ongoing, life-sustaining community ventilation; or
- 2 Both:
 - 2.1 Infant was born in the last 12 months; and
 - 2.2 Any of the following:
 - 2.2.1 Patient was born at less than 28 weeks gestation; or
 - 2.2.2 Both:
 - 2.2.2.1 Patient was born at less than 32 weeks gestation; and
 - 2.2.2.2 Either:
 - 2.2.2.2.1 Patient has chronic lung disease; or
 - 2.2.2.2.2 Patient is Māori or any Pacific ethnicity; or
 - 2.2.3 Both:
 - 2.2.3.1 Patient has haemodynamically significant heart disease; and
 - 2.2.3.2 Any of the following:
 - 2.2.3.2.1 Patient has unoperated simple congenital heart disease with significant left to right shunt (see note a); or
 - 2.2.3.2.2 Patient has unoperated or surgically palliated complex congenital heart disease; or
 - 2.2.3.2.3 Patient has severe pulmonary hypertension (see note b); or
 - 2.2.3.2.4 Patient has moderate or severe LV failure (see note c).

Notes:

- a) Patient requires/will require heart failure medication, and/or patient has significant pulmonary hypertension, and/or patient will require surgical palliation/definitive repair within the next 3 months.
- b) Mean pulmonary artery pressure more than 25 mmHg.
- c) LV Ejection Fraction less than 40%.

Continuation – RSV prophylaxis for the 2022/2023 RSV seasons, in the context of COVID-19

Paediatrician

Re-assessment required after 6 months

Patient still meets initial criteria.

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

↓ Inj 30 mg per ml, 14 ml vial.....	3,927.00	1	Perjeta
-------------------------------------	----------	---	---------

➔ **Restricted (RS1551)**

Initiation

Re-assessment required after 12 months

All of the following:

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

Continuation

Re-assessment required after 12 months

Both:

continued...

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

continued...

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

RANIBIZUMAB – Restricted see terms [below](#)

⚡ Inj 10 mg per ml, 0.23 ml vial

⚡ Inj 10 mg per ml, 0.3 ml vial

➔ **Restricted (RS1870)**

Initiation – Wet Age Related Macular Degeneration

Ophthalmologist or nurse practitioner

Re-assessment required after 3 months

Either:

- 1 All of the following:
 - 1.1 Any of the following:
 - 1.1.1 Wet age-related macular degeneration (wet AMD); or
 - 1.1.2 Polypoidal choroidal vasculopathy; or
 - 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
 - 1.2 Either:
 - 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
 - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
 - 1.3 There is no structural damage to the central fovea of the treated eye; and
 - 1.4 Patient has not previously been treated with aflibercept for longer than 3 months; or
- 2 Patient has current approval to use aflibercept for treatment of wAMD and was found to be intolerant to aflibercept within 3 months.

Continuation – Wet Age Related Macular Degeneration

Ophthalmologist or nurse practitioner

Re-assessment required after 12 months

All of the following:

- 1 Documented benefit must be demonstrated to continue; and
- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

RITUXIMAB (MABTHERA) – Restricted see terms [below](#)

⚡ Inj 10 mg per ml, 10 ml vial..... 1,075.50 2 Mabthera

⚡ Inj 10 mg per ml, 50 ml vial..... 2,688.30 1 Mabthera

➔ **Restricted (RS1785)**

Initiation – rheumatoid arthritis - prior TNF inhibitor use

Rheumatologist

Limited to 4 months treatment

All of the following:

- 1 Both:
 - 1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or

continued...

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

continued...

1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

2 Either:

- 2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
- 2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initiation – rheumatoid arthritis - TNF inhibitors contraindicated

Rheumatologist

Limited to 4 months treatment

All of the following:

- 1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
- 2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
- 5 Any of the following:
 - 5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
 - 5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
 - 5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6 Either:

- 6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
- 6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7 Either:

- 7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
- 7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:

- 8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
- 8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Continuation – rheumatoid arthritis - re-treatment in 'partial responders' to rituximab

Rheumatologist

Re-assessment required after 4 months

All of the following:

1 Any of the following:

- 1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

continued...

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

continued...

- 1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
 - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
 - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Continuation – rheumatoid arthritis - re-treatment in 'responders' to rituximab

Rheumatologist

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
 - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
 - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

RITUXIMAB (RIXIMYO) – **Restricted** see terms [below](#)

⚡ Inj 10 mg per ml, 10 ml vial.....	275.33	2	Riximyo
⚡ Inj 10 mg per ml, 50 ml vial.....	688.20	1	Riximyo

➔ **Restricted (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:

continued...

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

continued...

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

Note: Indications marked with * are unapproved indications.

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

Re-assessment required after 9 months

Either:

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

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

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

Re-assessment required after 12 months

All of the following:

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

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

Initiation – aggressive CD20 positive NHL

Either:

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

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

Continuation – aggressive CD20 positive NHL

All of the following:

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

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

Initiation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 Any of the following:

continued...

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

continued...

- 2.1 The patient is rituximab treatment naive; or
- 2.2 Either:
 - 2.2.1 The patient is chemotherapy treatment naive; or
 - 2.2.2 Both:
 - 2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
 - 2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; or
- 2.3 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; and
- 3 The patient has good performance status; and
- 4 Either:
 - 4.1 The patient does not have chromosome 17p deletion CLL; or
 - 4.2 Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles; and
- 6 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), bendamustine or venetoclax.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to < 2.

Continuation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

Both:

- 1 Either:
 - 1.1 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; or
 - 1.2 All of the following:
 - 1.2.1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
 - 1.2.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and
 - 1.2.3 The patient does not have chromosome 17p deletion CLL; and
 - 1.2.4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustin; and
- 2 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles.

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

Initiation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has cold haemagglutinin disease*; and

continued...

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

continued...

- 2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has warm autoimmune haemolytic anaemia*; and
- 2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to > 5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Initiation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 1 Either:
 - 1.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
 - 1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and

continued...

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

continued...

2 Any of the following:

- 2.1 Treatment with steroids and splenectomy have been ineffective; or
- 2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
- 2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy); and

3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 8 weeks

Either:

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

2 All of the following:

- 2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
- 2.2 An initial response lasting at least 12 months was demonstrated; and
- 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 8 weeks

Both:

1 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks; and

2 Either:

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

Note: Indications marked with * are unapproved indications.

Continuation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 8 weeks

All of the following:

1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and

2 An initial response lasting at least 12 months was demonstrated; and

3 Patient now requires repeat treatment; and

4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initiation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

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

Note: Indications marked with * are unapproved indications.

continued...

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

continued...

Continuation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

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

Note: Indications marked with * are unapproved indications.

Initiation – ANCA associated vasculitis

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and
- 3 Any of the following:
 - 3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
 - 3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
 - 3.3 Cyclophosphamide and methotrexate are contraindicated; or
 - 3.4 Patient is a female of child-bearing potential; or
 - 3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are unapproved indications.

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.

continued...

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

continued...

Initiation – ABO-incompatible organ transplant

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

Note: Indications marked with * are unapproved indications.

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

Nephrologist

Re-assessment required after 8 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

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

Nephrologist

Re-assessment required after 8 weeks

All of the following:

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

continued...

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

continued...

Initiation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 6 months

Both:

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

Continuation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 2 years

All of the following:

- 1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks; and
- 2 The patients has responded to the most recent course of rituximab; and
- 3 The patient has not received rituximab in the previous 6 months.

Initiation – Severe Refractory Myasthenia Gravis

Neurologist

Re-assessment required after 2 years

Both:

- 1 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
- 2 Either:
 - 2.1 Treatment with corticosteroids and at least one other immunosuppressant for at least a period of 12 months has been ineffective; or
 - 2.2 Both:
 - 2.2.1 Treatment with at least one other immunosuppressant for a period of at least 12 months; and
 - 2.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

Continuation – Severe Refractory Myasthenia Gravis

Neurologist

Re-assessment required after 2 years

All of the following:

- 1 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 3 Either:
 - 3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or
 - 3.2 Both:
 - 3.2.1 The patient’s myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and
 - 3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

continued...

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

continued...

Initiation – Severe antisynthetase syndrome

Re-assessment required after 12 months

All of the following:

- 1 Patient has confirmed antisynthetase syndrome; and
- 2 Patient has severe, immediately life or organ threatening disease, including interstitial lung disease; and
- 3 Either:
 - 3.1 Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not be effective at controlling active disease; or
 - 3.2 Rapid treatment is required due to life threatening complications; and
- 4 Maximum of four 1,000 mg infusions of rituximab.

Continuation – Severe antisynthetase syndrome

Re-assessment required after 12 months

All of the following:

- 1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function; and
- 2 The patient has not received rituximab in the previous 6 months; and
- 3 Maximum of two cycles of 2 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 Either:
 - 2.1 Both:
 - 2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease; and
 - 2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
 - 2.2 Rapid treatment is required due to life threatening complications; and
- 3 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

Continuation – severe chronic inflammatory demyelinating polyneuropathy

Neurologist or medical practitioner on the recommendation of a Neurologist

Re-assessment required after 6 months

All of the following:

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

continued...

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

continued...

Initiation – anti-NMDA receptor autoimmune encephalitis

Neurologist

Re-assessment required after 6 months

All of the following:

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

Continuation – anti-NMDA receptor autoimmune encephalitis

Neurologist

Re-assessment required after 6 months

All of the following:

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

Initiation – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 9 months

Either:

- 1 Both:
 - 1.1 The patient has CD20+ low grade or follicular B-cell NHL with relapsed disease following prior chemotherapy; and
 - 1.2 To be used for a maximum of 6 treatment cycles; or
- 2 Both:
 - 2.1 The patient has CD20+ low grade or follicular B-cell NHL requiring first-line systemic chemotherapy; and
 - 2.2 To be used for a maximum of 6 treatment cycles.

Continuation – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 24 months

Both:

- 1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy; and
- 2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m² every 8 weeks (maximum of 12 cycles).

Initiation – Membranous nephropathy

Re-assessment required after 6 weeks

All of the following:

- 1 Either:
 - 1.1 Patient has biopsy-proven primary/idiopathic membranous nephropathy*; or
 - 1.2 Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of > 60ml/min/1.73m²; and

continued...

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

continued...

- 2 Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures (see Note); and
- 3 The total rituximab dose would not exceed the equivalent of 375mg/m² of body surface area per week for a total of 4 weeks.

Continuation – Membranous nephropathy

Re-assessment required after 6 weeks

All of the following:

- 1 Patient was previously treated with rituximab for membranous nephropathy*; and
- 2 Either:
 - 2.1 Treatment with rituximab was previously successful, but the condition has relapsed, and the patient now requires repeat treatment; or
 - 2.2 Patient achieved partial response to treatment and requires repeat treatment (see Note); and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Notes:

- a) Indications marked with * are unapproved indications.
- b) High risk of progression to end-stage kidney disease defined as > 5g/day proteinuria.
- c) Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has experienced intolerable side effects.
- d) Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.

Initiation – B-cell acute lymphoblastic leukaemia/lymphoma*

Limited to 2 years treatment

All of the following:

- 1 Patient has newly diagnosed B-cell acute lymphoblastic leukaemia/lymphoma*; and
- 2 Treatment must be in combination with an intensive chemotherapy protocol with curative intent; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m² per dose for a maximum of 18 doses.

Note: Indications marked with * are unapproved indications.

Initiation – desensitisation prior to transplant

Limited to 6 weeks treatment

Both:

- 1 Patient requires desensitisation prior to mismatched allogenic stem cell transplant*; and
- 2 Patient would receive no more than two doses at 375 mg/m² of body-surface area.

Note: Indications marked with * are unapproved indications.

Initiation – pemphigus*

Dermatologist or relevant specialist

Re-assessment required after 6 months

Either:

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

continued...

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

continued...

2 Both:

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

Note: Indications marked with * are unapproved indications.

Continuation – pemphigus*

Dermatologist or relevant specialist

Re-assessment required after 6 months

Both:

- 1 Patient has experienced adequate clinical benefit from rituximab treatment, with improvement in symptoms and healing of skin ulceration and reduction in corticosteroid requirement; and
- 2 Patient has not received rituximab in the previous 6 months.

Note: Indications marked with * are unapproved indications.

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

Re-assessment required after 6 weeks

All of the following:

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

Note: Indications marked with * are unapproved indications.

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

Re-assessment required after 12 months

All of the following:

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

Note: Indications marked with * are unapproved indications.

SECUKINUMAB – Restricted see terms [below](#)

↓ Inj 150 mg per ml, 1 ml prefilled syringe.....	799.50	1	Cosentyx
	1,599.00	2	Cosentyx

➔ **Restricted (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

continued...

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

continued...

- 2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and
- 3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Continuation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
 - 1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and
- 2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

Initiation – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

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

continued...

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

continued...

Initiation – ankylosing spondylitis, second-line biologic

Rheumatologist

Re-assessment required after 3 months

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
 - 2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation – ankylosing spondylitis, second-line biologic

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and
- 3 Secukinumab to be administered at doses no greater than 150 mg monthly.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 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.

continued...

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

continued...

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

1 Either:

- 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior secukinumab treatment in the opinion of the treating physician; and

2 Secukinumab to be administered at doses no greater than 300 mg monthly.

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

⚡ Inj 100 mg vial	770.57	1	Sylvant
⚡ Inj 400 mg vial	3,082.33	1	Sylvant

➔ **Restricted (RS1525)**

Initiation

Haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
- 2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
- 3 Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

Continuation

Haematologist or rheumatologist

Re-assessment required after 12 months

The treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.

TIXAGEVIMAB WITH CILGAVIMAB – **Restricted** see terms [below](#)

⚡ Inj 100 mg per ml, 1.5 ml vial with cilgavimab 100 mg per ml, 1.5 ml vial	0.00	1	Evusheld
---	------	---	----------

➔ **Restricted (RS1911)**

Initiation

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

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

⚡ Inj 20 mg per ml, 4 ml vial	220.00	1	Actemra
⚡ Inj 20 mg per ml, 10 ml vial	550.00	1	Actemra
⚡ Inj 20 mg per ml, 20 ml vial	1,100.00	1	Actemra

➔ **Restricted (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:

continued...

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

continued...

- 2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and
- 2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and
- 2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

Initiation – previous use

Any relevant practitioner

Limited to 6 months treatment

Both:

- 1 Patient was being treated with tocilizumab prior to 1 February 2019; and
- 2 Any of the following:
 - 2.1 rheumatoid arthritis; or
 - 2.2 systemic juvenile idiopathic arthritis; or
 - 2.3 adult-onset Still's disease; or
 - 2.4 polyarticular juvenile idiopathic arthritis; or
 - 2.5 idiopathic multicentric Castleman's disease.

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

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Limited to 6 months treatment

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
 - 2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
- 3 Either:
 - 3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
 - 3.2 Both:
 - 3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a 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

continued...

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

continued...

- 4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
- 5 Either:
 - 5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
 - 5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 6 Either:
 - 6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation – systemic juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – adult-onset Still's disease

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Either:
 - 1.1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for adult-onset Still's disease (AOSD); or
 - 1.1.2 The patient has been started on tocilizumab for AOSD in a Health NZ Hospital; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
 - 1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD; or
- 2 All of the following:
 - 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
 - 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
 - 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Initiation – polyarticular juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 4 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for both etanercept and adalimumab for polyarticular course juvenile idiopathic arthritis (JIA); and
 - 1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or
- 2 All of the following:

continued...

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

continued...

- 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
- 2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and
- 2.3 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.4 Any of the following:
 - 2.4.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.4.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.4.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Initiation – idiopathic multicentric Castleman's disease

Haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's disease; and
- 2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
- 3 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

Initiation – moderate to severe COVID-19

Therapy limited to 1 dose

All of the following:

- 1 Patient has confirmed (or probable) COVID-19; and
- 2 Oxygen saturation of < 92% on room air, or requiring supplemental oxygen; and
- 3 Patient is receiving adjunct systemic corticosteroids, or systemic corticosteroids are contraindicated; and
- 4 Tocilizumab is to be administered at doses no greater than 8mg/kg IV for a maximum of one dose; and
- 5 Tocilizumab is not to be administered in combination with baricitinib.

Continuation – Rheumatoid Arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

Continuation – systemic juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following up to 6 months' initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

Continuation – adult-onset Still's disease

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

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

Continuation – polyarticular juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

continued...

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

continued...

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

Continuation – idiopathic multicentric Castleman's disease

Haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist

Re-assessment required after 12 months

the treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status.

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

⚡ Inj 150 mg vial	1,350.00	1	Herceptin
⚡ Inj 440 mg vial	3,875.00	1	Herceptin

➔ **Restricted (RS1554)**

Initiation – Early breast cancer

Limited to 12 months treatment

All of the following:

- 1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
- 3 Any of the following:
 - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
 - 3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
 - 3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

Initiation – metastatic breast cancer (trastuzumab-naïve patients)

Limited to 12 months treatment

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 2.2 Both:
 - 2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 2.2.2 The cancer did not progress whilst on lapatinib; and
- 3 Either:
 - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 3.2 All of the following:
 - 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab not to be given in combination with lapatinib; and
- 5 Trastuzumab to be discontinued at disease progression.

continued...

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

continued...

Initiation – metastatic breast cancer (patients previously treated with trastuzumab)

Limited to 12 months treatment

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 2.2 Both:
 - 2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 2.2.2 The cancer did not progress whilst on lapatinib; and
- 3 Either:
 - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 3.2 All of the following:
 - 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab not to be given in combination with lapatinib; and
- 5 Trastuzumab to be discontinued at disease progression.

Continuation – metastatic breast cancer

Re-assessment required after 12 months

All of the following:

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

TRASTUZUMAB EMTANSINE – Restricted see terms below

↓ Inj 100 mg vial	2,320.00	1	Kadcyla
↓ Inj 160 mg vial	3,712.00	1	Kadcyla

→ **Restricted (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:

continued...

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

continued...

- 1 Patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and
- 3 Either:
 - 3.1 The patient has received prior therapy for metastatic disease*; or
 - 3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and
- 4 Patient has a good performance status (ECOG 0-1); and
- 5 Either:
 - 5.1 Patient does not have symptomatic brain metastases; or
 - 5.2 Patient has brain metastases and has received prior local CNS therapy; and
- 6 Patient has not received prior funded trastuzumab emtansine treatment; and
- 7 Treatment to be discontinued at disease progression.

Continuation – metastatic breast cancer

Re-assessment required after 6 months

Both:

- 1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab emtansine; and
- 2 Treatment to be discontinued at disease progression.

Note: *Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

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

⚡ Inj 130 mg vial	4,162.00	1	Stelara
⚡ Inj 90 mg per ml, 1 ml prefilled syringe	4,162.00	1	Stelara

➡ **Restricted (RS1942)**

Initiation – Crohn's disease - adults

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or
- 2 Both:

2.1 Patient has active Crohn's disease; and

2.2 Either:

2.2.1 Patient has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and

2.2.2.2 Other biologics for Crohn's disease are contraindicated.

Continuation – Crohn's disease - adults

Re-assessment required after 12 months

Both:

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

continued...

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

continued...

Initiation – Crohn's disease - children*

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or

2 Both:

- 2.1 Patient has active Crohn's disease; and

2.2 Either:

- 2.2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

- 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and

- 2.2.2.2 Other biologics for Crohn's disease are contraindicated.

Note: Indication marked with * is an unapproved indication.

Continuation – Crohn's disease - children*

Re-assessment required after 12 months

Both:

1 Any of the following:

- 1.1 PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy; or

- 1.2 PCDAI score is 15 or less; or

- 1.3 The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed; and

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

Note: Indication marked with * is an unapproved indication.

Initiation – ulcerative colitis

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or

2 Both:

- 2.1 Patient has active ulcerative colitis; and

2.2 Either:

- 2.2.1 Patient has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

- 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for ulcerative colitis; and

- 2.2.2.2 Other biologics for ulcerative colitis are contraindicated.

Continuation – ulcerative colitis

Re-assessment required after 12 months

Both:

1 Either:

- 1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy; or

- 1.2 PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy*; and

2 Ustekinumab will be used at a dose no greater than 90 mg intravenously every 8 weeks.

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

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

↓ Inj 300 mg vial	3,313.00	1	Entyvio
-------------------------	----------	---	---------

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

➔ **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:

- 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:

continued...

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

continued...

- 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.

Continuation – ulcerative colitis

Re-assessment required after 2 years

Both:

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

Note: Indication marked with * is an unapproved indication.

Programmed Cell Death-1 (PD-1) Inhibitors

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

↓ Inj 60 mg per ml, 20 ml vial.....	9,503.00	1	Tecentriq
-------------------------------------	----------	---	-----------

➔ **Restricted (RS1986)**

Initiation – non-small cell lung cancer second line monotherapy

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

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic non-small cell lung cancer; and
- 2 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 3 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 4 Patient has an ECOG 0-2; and
- 5 Patient has documented disease progression following treatment with at least two cycles of platinum-based chemotherapy; and
- 6 Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and

continued...

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

continued...

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](#)

⚡ Inj 50 mg per ml, 10 ml vial.....	4,700.00	1	Imfinzi
⚡ Inj 50 mg per ml, 2.4 ml vial.....	1,128.00	1	Imfinzi

➔ **Restricted (RS1926)**

Initiation – Non-small cell lung cancer

Medical oncologist

Re-assessment required after 3 months

All of the following:

- 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
NIVOLUMAB – Restricted see terms below			
↓ Inj 10 mg per ml, 4 ml vial.....	1,051.98	1	Opdivo
↓ Inj 10 mg per ml, 10 ml vial.....	2,629.96	1	Opdivo

→ **Restricted (RS1891)**

Initiation

Medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Patient has measurable disease as defined by RECIST version 1.1; and
- 3 The patient has ECOG performance score of 0-2; and
- 4 Either:
 - 4.1 Patient has not received funded pembrolizumab; or
 - 4.2 Both:
 - 4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
 - 4.2.2 The cancer did not progress while the patient was on pembrolizumab; and
- 5 Baseline measurement of overall tumour burden is documented (see Note); and
- 6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses.

Continuation

Medical oncologist

Re-assessment required after 4 months

Either:

- 1 All of the following:
 - 1.1 Any of the following:
 - 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
 - 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
 - 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
 - 1.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
 - 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
 - 1.4 The treatment remains clinically appropriate and the patient is benefiting 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.

continued...

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

continued...

- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

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

‡ Inj 25 mg per ml, 4 ml vial..... 4,680.00 1 Keytruda

➔ **Restricted (RS1987)**

Initiation

Medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Patient has measurable disease as defined by RECIST version 1.1; and
- 3 The patient has ECOG performance score of 0-2; and
- 4 Either:
 - 4.1 Patient has not received funded nivolumab; or
 - 4.2 Both:
 - 4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
 - 4.2.2 The cancer did not progress while the patient was on nivolumab; and
- 5 Baseline measurement of overall tumour burden is documented (see Note); and
- 6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses.

Continuation

Medical oncologist

Re-assessment required after 4 months

Either:

- 1 All of the following:
 - 1.1 Any of the following:
 - 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
 - 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
 - 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
 - 1.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
 - 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
 - 1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
 - 2.2 Patient has signs of disease progression; and
 - 2.3 Disease has not progressed during previous treatment with pembrolizumab.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden

continued...

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

continued...

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
- 4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used as monotherapy; and
- 6 Either:
 - 6.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or
 - 6.2 Both:
 - 6.2.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and
 - 6.2.2 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and
- 7 Patient has an ECOG 0-2; and
- 8 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and
- 9 Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

continued...

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

continued...

- 3 No evidence of disease progression; and
- 4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
- 5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

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

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

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- 2 The patient has not had chemotherapy for their disease in the palliative setting; and
- 3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used in combination with platinum-based chemotherapy; and
- 6 Patient has an ECOG 0-2; and
- 7 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and
- 8 Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

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

Re-assessment required after 4 months

All of the following:

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

Other Immunosuppressants

ANTITHYMOCYTE GLOBULIN (EQUINE) Inj 50 mg per ml, 5 ml ampoule	2,774.48	5	ATGAM
ANTITHYMOCYTE GLOBULIN (RABBIT) Inj 25 mg vial			
AZATHIOPRINE Tab 25 mg – 5% DV Apr-23 to 2025	7.36	60	Azamun
Tab 50 mg – 5% DV Mar-23 to 2025	8.10	100	Azamun
Inj 50 mg vial			
Inj 100 mg vial			
BACILLUS CALMETTE-GUERIN (BCG) – Restricted see terms on the next page			
⚠ Inj 2-8 × 10 ⁸ CFU vial	149.37	1	OncotICE

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

➔ **Restricted (RS1206)**

Initiation

For use in bladder cancer.

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

↓ Tab 5 mg	4,555.76	30	Afinitor
↓ Tab 10 mg	6,512.29	30	Afinitor

➔ **Restricted (RS1811)**

Initiation

Neurologist or oncologist

Re-assessment required after 3 months

Both:

- 1 Patient has tuberous sclerosis; and
- 2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.

Continuation

Neurologist or oncologist

Re-assessment required after 12 months

All of the following:

- 1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment; and
- 3 Everolimus to be discontinued at progression of SEGAs.

MYCOPHENOLATE MOFETIL

Tab 500 mg	35.90	50	CellCept
Cap 250 mg	35.90	100	CellCept
Powder for oral liq 1 g per 5 ml.....	187.25	165 ml	CellCept
Inj 500 mg vial	133.33	4	CellCept

PICIBANIL

Inj 100 mcg vial

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

↓ Tab 1 mg	749.99	100	Rapamune
↓ Tab 2 mg	1,499.99	100	Rapamune
↓ Oral liq 1 mg per ml	449.99	60 ml	Rapamune

➔ **Restricted (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
- Leukoencephalopathy; or
- Significant malignant disease

Initiation – severe non-malignant lymphovascular malformations*

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe non-malignant lymphovascular malformation*; and
- 2 Any of the following:

continued...

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

continued...

- 2.1 Malformations are not adequately controlled by sclerotherapy and surgery; or
- 2.2 Malformations are widespread/extensive and sclerotherapy and surgery are not considered clinically appropriate; or
- 2.3 Sirolimus is to be used to reduce malformation prior to consideration of surgery; and
- 3 Patient is being treated by a specialist lymphovascular malformation multi-disciplinary team; and
- 4 Patient has measurable disease as defined by RECIST version 1.1 (see Note).

Continuation – severe non-malignant lymphovascular malformations*

Re-assessment required after 12 months

All of the following:

- 1 Either:
 - 1.1 Patient's disease has had either a complete response or a partial response to treatment, or patient has stable disease according to RECIST version 1.1 (see Note); or
 - 1.2 Patient's disease has stabilised or responded clinically and disease response to treatment has been clearly documented in patient notes; and
- 2 No evidence of progressive disease; and
- 3 The treatment remains clinically appropriate and the patient is benefitting from the treatment.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer et al. Eur J Cancer 2009;45:228-47)

Indications marked with * are unapproved indications

Initiation – renal angiomyolipoma(s) associated with tuberous sclerosis complex*

Nephrologist or urologist

Re-assessment required after 6 months

Both:

- 1 Patient has tuberous sclerosis complex*; and
- 2 Evidence of renal angiomyolipoma(s) measuring 3 cm or greater and that have shown interval growth.

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

Re-assessment required after 12 months

All of the following:

- 1 Documented evidence of renal angiomyolipoma reduction or stability by magnetic resonance imaging (MRI) or ultrasound; and
- 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

continued...

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

continued...

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](#)

↓ Tab 2 mg	0.00	28	Olumiant
↓ Tab 4 mg	0.00	28	Olumiant

→ **Restricted (RS1876)**

Initiation – moderate to severe COVID-19*

Limited to 14 days treatment

All of the following:

- 1 Patient has confirmed (or probable) COVID-19*; and
- 2 Oxygen saturation of < 92% on room air, or requiring supplemental oxygen; and
- 3 Patient is receiving adjunct systemic corticosteroids, or systemic corticosteroids are contraindicated; and
- 4 Baricitinib is to be administered at doses no greater than 4 mg daily for up to 14 days; and
- 5 Baricitinib is not to be administered in combination with tocilizumab.

Note: Indications marked with * are unapproved indications.

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

↓ Tab 15 mg	1,271.00	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

continued...

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

continued...

3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

Continuation – Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

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

Antiallergy Preparations

Allergic Emergencies

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

↓ Inj 0.15 mg per 0.3 ml auto-injector – 5% DV Jul-23 to 2025	90.00	1	Epipen Jr
↓ Inj 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			
↓ Initiation Kit - 5 vials freeze dried venom with diluent	305.00	1	VENOX
↓ Maintenance Kit - 1 vial freeze dried venom with diluent	305.00	1	VENOX

→ **Restricted (RS1117)**

Initiation

Both:

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

PAPER WASP VENOM – **Restricted** see terms [below](#)

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

→ **Restricted (RS1118)**

Initiation

Both:

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

YELLOW JACKET WASP VENOM – **Restricted** see terms [on the next page](#)

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

RESPIRATORY SYSTEM AND ALLERGIES

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

➔ Restricted (RS1119)

Initiation

Both:

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

Allergy Prophylactics

BUDESONIDE

Nasal spray 50 mcg per dose.....	2.54	200 dose	SteroClear
Nasal spray 100 mcg per dose.....	2.84	200 dose	SteroClear

FLUTICASON PROPRIONATE

Nasal spray 50 mcg per dose – 5% DV Dec-21 to 2024	1.98	120 dose	Flixonase Hayfever & Allergy
--	------	----------	---

IPRATROPIUM BROMIDE

Aqueous nasal spray 0.03%.....	5.23	15 ml	Univent
--------------------------------	------	-------	---------

SODIUM CROMOGLICATE

Nasal spray 4%

Antihistamines

CETIRIZINE HYDROCHLORIDE

Tab 10 mg – 5% DV Sep-23 to 2026	1.71	100	Zista
Oral liq 1 mg per ml – 5% DV Jan-22 to 2024	2.84	200 ml	Histaclear

CHLORPHENIRAMINE MALEATE

Oral liq 0.4 mg per ml
Inj 10 mg per ml, 1 ml ampoule

CYPROHEPTADINE HYDROCHLORIDE

Tab 4 mg

FEXOFENADINE HYDROCHLORIDE

Tab 60 mg
Tab 120 mg
Tab 180 mg

LORATADINE

Tab 10 mg – 5% DV Feb-23 to 2025	1.78	100	Lorafix
Oral liq 1 mg per ml	1.43	100 ml	Haylor Syrup

PROMETHAZINE HYDROCHLORIDE

Tab 10 mg – 5% DV Sep-22 to 2025	1.39	50	Allersoothe
Tab 25 mg – 5% DV Sep-22 to 2025	1.58	50	Allersoothe
Oral liq 1 mg per ml	3.39	100 ml	Allersoothe
Inj 25 mg per ml, 2 ml ampoule	21.09	5	Hospira

Anticholinergic Agents

IPRATROPIUM BROMIDE

Aerosol inhaler 20 mcg per dose			
Nebuliser soln 250 mcg per ml, 1 ml ampoule			
Nebuliser soln 250 mcg per ml, 2 ml ampoule	11.73	20	Univent

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

Anticholinergic Agents with Beta-Adrenoceptor Agonists

SALBUTAMOL WITH IPRATROPIUM BROMIDE

Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose

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

ampoule – 5% DV Jan-22 to 2024	11.04	20	Duolin
--------------------------------	-------	----	--------

Long-Acting Muscarinic Agents

GLYCOPYRRONIUM

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

Powder for inhalation 50 mcg per dose	61.00	30 dose	Seebri Breezhaler
---------------------------------------	-------	---------	-------------------

TIOTROPIUM BROMIDE

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

Soln for inhalation 2.5 mcg per dose	50.37	60 dose	Spiriva Respimat
--------------------------------------	-------	---------	------------------

Powder for inhalation 18 mcg per dose	50.37	30 dose	Spiriva
---------------------------------------	-------	---------	---------

UMECLIDINIUM

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

Powder for inhalation 62.5 mcg per dose	61.50	30 dose	Incruse Ellipta
---	-------	---------	-----------------

Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists

➔ Restricted (RS1518)

Initiation

Re-assessment required after 2 years

Both:

- 1 Patient has been stabilised on a long acting muscarinic antagonist; and
- 2 The prescriber considers that the patient would receive additional benefit from switching to a combination product.

Continuation

Re-assessment required after 2 years

Both:

- 1 Patient is compliant with the medication; and
- 2 Patient has experienced improved COPD symptom control (prescriber determined).

Note: Combination long acting muscarinic antagonist and long acting beta-2 agonist must not be used if the patient is also receiving treatment with a combination inhaled corticosteroid and long acting beta-2 agonist.

GLYCOPYRRONIUM WITH INDACATEROL – Restricted see terms [above](#)

† Powder for Inhalation 50 mcg with indacaterol 110 mcg	81.00	30 dose	Ultibro Breezhaler
---	-------	---------	--------------------

TIOTROPIUM BROMIDE WITH OLODATEROL – Restricted see terms [above](#)

† Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg	81.00	60 dose	Spiolto Respimat
---	-------	---------	------------------

UMECLIDINIUM WITH VILANTEROL – Restricted see terms [above](#)

† Powder for inhalation 62.5 mcg with vilanterol 25 mcg	77.00	30 dose	Anoro Ellipta
---	-------	---------	---------------

Antifibrotics

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

↓ Cap 100 mg	2,554.00	60	Ofev
↓ Cap 150 mg	3,870.00	60	Ofev

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

⚡ Tab 267 mg	1,215.00	90	Esbriet
⚡ Tab 801 mg	3,645.00	90	Esbriet

➔ **Restricted (RS1814)**

Initiation – idiopathic pulmonary fibrosis

Respiratory specialist

Re-assessment required after 12 months

All of the following:

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

Continuation – idiopathic pulmonary fibrosis

Respiratory specialist

Re-assessment required after 12 months

All of the following:

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Beta-Adrenoceptor Agonists			
SALBUTAMOL			
Oral liq 400 mcg per ml – 5% DV Mar-22 to 2024	40.00	150 ml	Ventolin
Inj 500 mcg per ml, 1 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
Aerosol inhaler, 100 mcg per dose.....	3.80	200 dose	SalAir
	6.20		Ventolin
Nebuliser soln 1 mg per ml, 2.5 ml ampoule – 5% DV Jan-22 to 2024	8.96	20	Asthalin
Nebuliser soln 2 mg per ml, 2.5 ml ampoule – 5% DV Jan-22 to 2024	9.43	20	Asthalin
TERBUTALINE SULPHATE			
Powder for inhalation 250 mcg per dose			
Inj 0.5 mg per ml, 1 ml ampoule			
Powder for inhalation, 200 mcg per dose (equivalent to 250 mcg metered dose), breath activated.....	22.20	120 dose	Bricanyl Turbuhaler
Decongestants			
OXYMETAZOLINE HYDROCHLORIDE			
Aqueous nasal spray 0.25 mg per ml			
Aqueous nasal spray 0.5 mg per ml			
PSEUDOEPHEDRINE HYDROCHLORIDE			
Tab 60 mg			
SODIUM CHLORIDE			
Aqueous nasal spray isotonic			
SODIUM CHLORIDE WITH SODIUM BICARBONATE			
Soln for nasal irrigation			
XYLOMETAZOLINE HYDROCHLORIDE			
Aqueous nasal spray 0.05%			
Aqueous nasal spray 0.1%			
Nasal drops 0.05%			
Nasal drops 0.1%			
Inhaled Corticosteroids			
BECLOMETHASONE DIPROPIONATE			
Aerosol inhaler 50 mcg per dose.....	8.54	200 dose	Beclazone 50
	14.01		Qvar
Aerosol inhaler 100 mcg per dose.....	12.50	200 dose	Beclazone 100
	17.52		Qvar
Aerosol inhaler 250 mcg per dose.....	22.67	200 dose	Beclazone 250
BUDESONIDE			
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose			
Powder for inhalation 400 mcg per dose			

RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUTICASONE			
Aerosol inhaler 50 mcg per dose.....	7.19	120 dose	Flixotide
Powder for inhalation 50 mcg per dose.....	8.61	60 dose	Flixotide Accuhaler
Powder for inhalation 100 mcg per dose.....	7.81	60 dose	Flixotide Accuhaler
Aerosol inhaler 125 mcg per dose.....	13.60	120 dose	Flixotide
Aerosol inhaler 250 mcg per dose.....	24.62	120 dose	Flixotide
Powder for inhalation 250 mcg per dose.....	11.93	60 dose	Flixotide Accuhaler

Leukotriene Receptor Antagonists

MONTELUKAST			
Tab 4 mg – 5% DV Dec-22 to 2025.....	3.10	28	Montelukast Mylan Montelukast Viatris
Tab 5 mg – 5% DV Jul-23 to 2025.....	3.10	28	Montelukast Mylan 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 (equivalent to eformoterol fumarate 6 mcg metered dose)			
INDACATEROL			
Powder for inhalation 150 mcg per dose.....	61.00	30 dose	Onbrez Breezhaler
Powder for inhalation 300 mcg per dose.....	61.00	30 dose	Onbrez Breezhaler
SALMETEROL			
Aerosol inhaler 25 mcg per dose.....	26.25	120 dose	Serevent
Powder for inhalation 50 mcg per dose.....	26.25	60 dose	Serevent Accuhaler

Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

BUDESONIDE WITH EFORMOTEROL			
Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg			
Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg			
Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg			
Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose).....	41.50	120 dose	DuoResp Spiromax
Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg.....	33.74	120 dose	Symbicort Turbuhaler
Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose).....	82.50	120 dose	DuoResp Spiromax
Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg.....	33.74	60 dose	Symbicort Turbuhaler
FLUTICASONE FUROATE WITH VILANTEROL			
Powder for inhalation 100 mcg with vilanterol 25 mcg.....	44.08	30 dose	Breo Ellipta

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUTICASONE WITH SALMETEROL			
Aerosol inhaler 50 mcg with salmeterol 25 mcg	25.79	120 dose	Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg	33.74	60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg	32.60	120 dose	Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg	44.08	60 dose	Seretide Accuhaler

Methylxanthines

AMINOPHYLLINE			
Inj 25 mg per ml, 10 ml ampoule	180.00	5	DBL Aminophylline
CAFFEINE CITRATE			
Oral liq 20 mg per ml (caffeine 10 mg per ml)	15.10	25 ml	Biomed
Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule	63.25	5	Biomed
THEOPHYLLINE			
Tab long-acting 250 mg	23.94	100	Nuelin-SR
Oral liq 80 mg per 15 ml	17.62	500 ml	Nuelin

Mucolytics and Expectorants

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

↓ Nebuliser soln 2.5 mg per 2.5 ml ampoule 250.00 6 Pulmozyme

→ **Restricted (RS1787)**

Initiation – cystic fibrosis

Respiratory physician or paediatrician

Re-assessment required after 12 months

All of the following:

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

Continuation – cystic fibrosis

Respiratory physician or paediatrician

The treatment remains appropriate and the patient continues to benefit from treatment.

Initiation – significant mucus production

Limited to 4 weeks treatment

Both:

- 1 Patient is an in-patient; and
- 2 The mucus production cannot be cleared by first line chest techniques.

Initiation – pleural emphyema

Limited to 3 days treatment

Both:

- 1 Patient is an in-patient; and
- 2 Patient diagnoses with pleural emphyema.

RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – Restricted see terms below			
⚡ Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28).....	27,647.39	84	Trikafta
⚡ Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28).....	27,647.39	84	Trikafta
➔ 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			
⚡ Tab 150 mg	29,386.00	56	Kalydeco
⚡ Oral granules 50 mg, sachet	29,386.00	56	Kalydeco
⚡ Oral granules 75 mg, sachet	29,386.00	56	Kalydeco
➔ Restricted (RS1818)			
Initiation			
Respiratory specialist or paediatrician			
All of the following:			
1 Patient has been diagnosed with cystic fibrosis; and			
2 Either:			
2.1 Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; or			
2.2 Patient must have other gating (class III) mutation (G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N and S549R) in the CFTR gene on at least 1 allele; and			
3 Patients must have a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and			
4 Treatment with ivacaftor must be given concomitantly with standard therapy for this condition; and			
5 Patient must not have an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing treatment with ivacaftor; and			
6 The dose of ivacaftor will not exceed one tablet or one sachet twice daily; and			
7 Applicant has experience and expertise in the management of cystic fibrosis.			
SODIUM CHLORIDE			
Nebuliser soln 7%, 90 ml bottle.....	24.50	90 ml	Biomed

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

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
CHLORAMPHENICOL			
Eye oint 1% – 5% DV Dec-22 to 2025	1.09	5 g	Devatis
Ear drops 0.5%			
Eye drops 0.5% – 5% DV Sep-23 to 2025	7.50	10 ml	Chlorafast
	1.45		Chlorsig
Eye drops 0.5%, single dose <i>(Chlorafast Eye drops 0.5% to be delisted 1 September 2023)</i>			
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%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Eye drops 1%	5.29	5 g	Fucithalmic
SULPHACETAMIDE SODIUM			
Eye drops 10%			
TOBRAMYCIN			
Eye oint 0.3%	10.45	3.5 g	Tobrex
Eye drops 0.3%	11.48	5 ml	Tobrex
Antifungals			
NATAMYCIN			
Eye drops 5%			
Antivirals			
ACICLOVIR			
Eye oint 3% – 5% DV Sep-21 to 2024	14.88	4.5 g	ViruPOS
Combination Preparations			
CIPROFLOXACIN WITH HYDROCORTISONE			
Ear drops ciprofloxacin 0.2% with 1% hydrocortisone.....	16.30	10 ml	Ciproxin HC Otic
DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN			
Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml			
DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN B SULPHATE			
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g	5.39	3.5 g	Maxitrol
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml	4.50	5 ml	Maxitrol
DEXAMETHASONE WITH TOBRAMYCIN			
Eye drops 0.1% with tobramycin 0.3%	12.64	5 ml	Tobradex

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUMETASONE PIVALATE WITH CLIQUINOL Ear drops 0.02% with clioquinol 1%			
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	5.16	7.5 ml	Kenacomb

Anti-Inflammatory Preparations

Corticosteroids

DEXAMETHASONE Eye oint 0.1%	5.86	3.5 g	Maxidex
Eye drops 0.1%	4.50	5 ml	Maxidex
↓ Ocular implant 700 mcg.....	1,444.50	1	Ozurdex

→ **Restricted (RS1606)**

Initiation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

- 1 Patients have diabetic macular oedema with pseudophakic lens; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Either:
 - 3.1 Patient’s disease has progressed despite 3 injections with bevacizumab; or
 - 3.2 Patient is unsuitable or contraindicated to treatment with anti-VEGF agents; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.

Continuation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

Both:

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

Initiation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

- 1 Patients have diabetic macular oedema; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Patient is of child bearing potential and has not yet completed a family; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.

Continuation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUOROMETHOLONE			
Eye drops 0.1%	3.09	5 ml	FML
PREDNISOLONE ACETATE			
Eye drops 0.12%			
Eye drops 1%	7.00	5 ml	Pred Forte
	6.92	10 ml	Prednisolone- AFT
PREDNISOLONE SODIUM PHOSPHATE			
Eye drops 0.5%, single dose (preservative free).....	41.20	20 dose	Minims Prednisolone

Non-Steroidal Anti-Inflammatory Drugs

DICLOFENAC SODIUM			
Eye drops 0.1% – 5% DV Nov-21 to 2024.....	8.80	5 ml	Voltaren Ophtha
KETOROLAC TROMETAMOL			
Eye drops 0.5%			
NEPAFENAC			
Eye drops 0.3%			

Decongestants and Antiallergics

Antiallergic Preparations

LEVOCABASTINE			
Eye drops 0.05%			
LODOXAMIDE			
Eye drops 0.1%	8.71	10 ml	Lomide
OLOPATADINE			
Eye drops 0.1% – 5% DV Dec-22 to 2025.....	2.17	5 ml	Olopatadine Teva
SODIUM CROMOGLICATE			
Eye drops 2% – 5% DV Mar-23 to 2025.....	2.62	10 ml	Allerfix

Decongestants

NAPHAZOLINE HYDROCHLORIDE			
Eye drops 0.1%	4.15	15 ml	Naphcon Forte
<i>(Naphcon Forte Eye drops 0.1% to be delisted 1 September 2023)</i>			

Diagnostic and Surgical Preparations

Diagnostic Dyes

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ROSE BENGAL SODIUM Ophthalmic strips 1%			

Irrigation Solutions

MIXED SALT SOLUTION FOR EYE IRRIGATION

Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle	5.00	15 ml	Balanced Salt Solution
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml			<i>e.g. Balanced Salt Solution</i>
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bag			<i>e.g. Balanced Salt Solution</i>
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bottle.....	10.50	500 ml	Balanced Salt Solution

Ocular Anaesthetics

OXYBUPROCAINE HYDROCHLORIDE

Eye drops 0.4%, single dose

PROXYMETACAINE HYDROCHLORIDE

Eye drops 0.5%

TETRACAINE [AMETHOCAINE] HYDROCHLORIDE

Eye drops 0.5%, single dose

Eye drops 1%, single dose

Viscoelastic Substances

HYPROMELLOSE

Inj 2%, 1 ml syringe

Inj 2%, 2 ml syringe

SODIUM HYALURONATE [HYALURONIC ACID]

Inj 14 mg per ml, 0.85 ml syringe	50.00	1	Healon GV
Inj 18 mg per ml, 0.85 ml syringe – 5% DV Dec-22 to 2025	50.00	1	Healon GV Pro
Inj 23 mg per ml, 0.6 ml syringe – 5% DV Dec-22 to 2025	60.00	1	Healon 5
Inj 10 mg per ml, 0.85 ml syringe – 5% DV Dec-22 to 2025	28.50	1	Healon

SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE

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

SENSORY 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% 11.80 5 ml Betoptic S
- Eye drops 0.5% 7.50 5 ml Betoptic

TIMOLOL

- Eye drops 0.25% 1.81 5 ml Arrow-Timolol
 - Eye drops 0.5% 2.04 5 ml Arrow-Timolol
 - ➔ Eye drops 0.5%, gel forming – **Restricted:** For continuation only 3.78 2.5 ml Timoptol XE
- (Timoptol XE Eye drops 0.5%, gel forming to be delisted 1 March 2024)*

Carbonic Anhydrase Inhibitors

ACETAZOLAMIDE

- Tab 250 mg 17.03 100 Diamox
- Inj 500 mg

BRINZOLAMIDE

- Eye drops 1% – **5% DV Sep-21 to 2024** 7.30 5 ml **Azopt**

DORZOLAMIDE – **Restricted:** For continuation only

- ➔ Eye drops 2%

DORZOLAMIDE WITH TIMOLOL

- Eye drops 2% with timolol 0.5% – **5% DV Dec-21 to 2024** 2.73 5 ml **Dortimopt**

Miotics

ACETYLCHOLINE CHLORIDE

- Inj 20 mg vial with diluent

CARBACHOL

- Inj 150 mcg vial

PILOCARPINE HYDROCHLORIDE

- Eye drops 1% 4.26 15 ml Isopto Carpine
- Eye drops 2% 5.35 15 ml Isopto Carpine
- Eye drops 4% 7.99 15 ml Isopto Carpine

PILOCARPINE NITRATE

- Eye drops 2%, single dose

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

Prostaglandin Analogues

BIMATOPROST			
Eye drops 0.03% – 5% DV Apr-22 to 2024	5.95	3 ml	Bimatoprost Multichem
LATANOPROST			
Eye drops 0.005% – 5% DV Feb-22 to 2024	1.82	2.5 ml	Teva
LATANOPROST WITH TIMOLOL			
Eye drops 0.005% with timolol 0.5%	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	Iopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 5% DV Jan-22 to 2024	4.29	5 ml	Arrow-Brimonidine
BRIMONIDINE TARTRATE WITH TIMOLOL			
Eye drops 0.2% with timolol 0.5%			

Mydriatics and Cycloplegics

Anticholinergic Agents

ATROPINE SULPHATE			
Eye drops 0.5%			
Eye drops 1%, single dose			
Eye drops 1%	17.36	15 ml	Atropt
CYCLOPENTOLATE HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%	8.76	15 ml	Cyclogyl
Eye drops 1%, single dose			
TROPICAMIDE			
Eye drops 0.5%	7.15	15 ml	Mydriacyl
Eye drops 0.5%, single dose			
Eye drops 1%	8.66	15 ml	Mydriacyl
Eye drops 1%, single dose			

Sympathomimetics

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

Ocular Lubricants

CARBOMER			
Ophthalmic gel 0.3%, single dose	8.25	30	Poly Gel
Ophthalmic gel 0.2%			

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
Eye drops 0.5%			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
HYPROMELLOSE			
Eye drops 0.5%	19.50	15 ml	Methopt
HYPROMELLOSE WITH DEXTRAN			
Eye drops 0.3% with dextran 0.1%.....	2.30	15 ml	Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose			
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	Hyo-Fresh

Other Otological Preparations

ACETIC ACID WITH PROPYLENE GLYCOL			
Ear drops 2.3% with propylene glycol 2.8%			
DOCUSATE SODIUM			
Ear drops 0.5%			

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

Agents Used in the Treatment of Poisonings

Antidotes

ACETYL CYSTEINE			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml ampoule	52.88	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%			
FLUMAZENIL			
Inj 0.1 mg per ml, 5 ml ampoule – 5% DV Feb-22 to 2024	110.12	10	Hameln
HYDROXOCOBALAMIN			
Inj 5 g vial			
Inj 2.5 g vial			
NALOXONE HYDROCHLORIDE			
Inj 400 mcg per ml, 1 ml ampoule – 5% DV Feb-23 to 2024	35.26	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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

Antivenoms

RED BACK SPIDER ANTIVENOM

Inj 500 u vial

SNAKE ANTIVENOM

Inj 50 ml vial

Removal and Elimination

CHARCOAL

Oral liq 200 mg per ml 43.50 250 ml Carbasorb-X

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

⚡ Tab 125 mg dispersible	276.00	28	Exjade
⚡ Tab 250 mg dispersible	552.00	28	Exjade
⚡ Tab 500 mg dispersible	1,105.00	28	Exjade

➔ **Restricted (RS1444)**

Initiation

Haematologist

Re-assessment required after 2 years

All of the following:

- 1 The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
- 2 Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
- 3 Any of the following:
 - 3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
 - 3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
 - 3.3 Treatment with deferiprone has resulted in arthritis; or
 - 3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per µL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per µL).

Continuation

Haematologist

Re-assessment required after 2 years

Either:

- 1 For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
- 2 For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels. .

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

⚡ Tab 500 mg	533.17	100	Ferriprox
⚡ Oral liq 100 mg per ml	266.59	250 ml	Ferriprox

➔ **Restricted (RS1445)**

Initiation

Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

DESFERRIOXAMINE MESILATE

Inj 500 mg vial 151.31 10 DBL Desferrioxamine Mesylate for Inj BP

DICOBALT EDETATE

Inj 15 mg per ml, 20 ml ampoule

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DIMERCAPROL Inj 50 mg per ml, 2 ml ampoule			
DIMERCAPTOSUCCINIC ACID Cap 100 mg			e.g. PCNZ, Optimus Healthcare, Chemet
Cap 200 mg			e.g. PCNZ, Optimus Healthcare, Chemet
SODIUM CALCIUM EDETATE Inj 50 mg per ml, 10 ml ampoule Inj 200 mg per ml, 2.5 ml ampoule Inj 200 mg per ml, 5 ml ampoule			

Antiseptics and Disinfectants

CHLORHEXIDINE Soln 4% Soln 5%	15.50	500 ml	healthE
CHLORHEXIDINE WITH CETRIMIDE Crm 0.1% with cetrimide 0.5% Foaming soln 0.5% with cetrimide 0.5%			
CHLORHEXIDINE WITH ETHANOL Soln 0.5% with ethanol 70% Soln 2% with ethanol 70% Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml	1.55	1	healthE
IODINE WITH ETHANOL Soln 1% with ethanol 70%			
ISOPROPYL ALCOHOL Soln 70%, 500 ml	5.65	1	healthE
POVIDONE-IODINE ↓ Vaginal tab 200 mg ➔ Restricted (RS1354)			
Initiation Rectal administration pre-prostate biopsy.			
Oint 10%	7.40	65 g	Betadine
Soln 10% – 5% DV Mar-22 to 2024	4.15	100 ml	Riodine
Soln 5% Soln 7.5% Soln 10%,	3.83	15 ml	Riodine
	5.40	500 ml	Riodine
Pad 10% Swab set 10%			
POVIDONE-IODINE WITH ETHANOL Soln 10% with ethanol 30% Soln 10% with ethanol 70%			
SODIUM HYPOCHLORITE Soln			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Contrast Media			
Iodinated X-ray Contrast Media			
DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE			
Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle.....	30.00	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	Ioscan
IODISED OIL			
Inj 38% w/w (480 mg per ml), 10 ml ampoule	410.00	1	Lipiodol Ultra Fluid
IODIXANOL			
Inj 270 mg per ml (iodine equivalent), 50 ml bottle.....	260.00	10	Visipaque
Inj 270 mg per ml (iodine equivalent), 100 ml bottle.....	480.00	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.....	166.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml bottle.....	98.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 75 ml bottle.....	130.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml bottle.....	170.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml bottle.....	330.00	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.....	17.39	148 g	Varibar - Thin Liquid
Oral liq 600 mg per g (60% w/w), tube	36.51	454 g	E-Z-Paste
Oral liq 400 mg per ml (40% w/v), bottle	155.35	250 ml	Varibar - Honey
	38.40	240 ml	Varibar - Nectar
	145.04	230 ml	Varibar - Pudding
Enema 1,250 mg per ml (125% w/v), 500 ml bag	282.30	12	Liquibar
Oral liq 22 mg per g (2.2% w/w), 250 ml bottle.....	175.00	24	CT Plus+
Oral liq 22 mg per g (2.2% w/w), 450 ml bottle.....	220.00	24	CT Plus+
Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle	441.12	24	Volumen
Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle	140.94	24	Readi-CAT 2
Powder for oral soln 97.65% w/w, 300 g bottle	237.76	24	X-Opaque-HD
Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle	52.35	3	Tagitol V
Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle.....	91.77	1	Liquibar
BARIUM SULPHATE WITH SODIUM BICARBONATE			
Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet.....	102.93	50	E-Z-Gas II

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

CITRIC ACID WITH SODIUM BICARBONATE

Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet

e.g. E-Z-GAS II

Paramagnetic Contrast Media

GADOBENIC ACID

Inj 334 mg per ml, 10 ml vial.....	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial.....	636.28	10	Multihance

GADOBUTROL

Inj 1 mmol per ml, 15 ml vial			
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe.....	120.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe.....	180.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe.....	700.00	10	Gadovist 1.0

GADOTERIC ACID

Inj 279.30 mg per ml, 10 ml prefilled syringe			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 10 ml vial			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 15 ml prefilled syringe			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 20 ml vial			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 5 ml vial			<i>e.g. Clariscan</i>
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe.....	172.00	10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle.....	25.35	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe.....	258.00	10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe.....	344.00	10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle.....	14.30	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle.....	28.90	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle.....	9.10	1	Dotarem

GADOXETATE DISODIUM

Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe.....	300.00	1	Primovist
---	--------	---	-----------

MEGLUMINE GADOPENTETATE

Inj 469 mg per ml, 10 ml prefilled syringe.....	95.00	5	Magnevist
Inj 469 mg per ml, 10 ml vial.....	185.00	10	Magnevist

MEGLUMINE IOTROXATE

Inj 105 mg per ml, 100 ml bottle.....	159.00	100 ml	Biisocopin
---------------------------------------	--------	--------	------------

Ultrasound Contrast Media

PERFLUTREN

Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
	720.00	4	Definity

Diagnostic Agents

ARGININE

Inj 50 mg per ml, 500 ml bottle
Inj 100 mg per ml, 300 ml bottle

VARIOUS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HISTAMINE ACID PHOSPHATE			
Nebuliser soln 0.6%, 10 ml vial			
Nebuliser soln 2.5%, 10 ml vial			
Nebuliser soln 5%, 10 ml vial			
MANNITOL			
Powder for inhalation			<i>e.g. Aridol</i>
METHACHOLINE CHLORIDE			
Powder 100 mg			
SECRETIN PENTAHYDROCHLORIDE			
Inj 100 u vial			
Inj 80 u vial			
Inj 100 u ampoule			
SINCALIDE			
Inj 5 mcg per vial			

Diagnostic Dyes

BONNEY'S BLUE DYE			
Soln			
INDIGO CARMINE			
Inj 4 mg per ml, 5 ml ampoule			
Inj 8 mg per ml, 5 ml ampoule			
INDOCYANINE GREEN			
Inj 25 mg vial			
METHYLTHIONIUM CHLORIDE [METHYLENE BLUE]			
Inj 5 mg per ml, 10 ml ampoule	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

CHLORHEXIDINE WITH CETRIMIDE
 † Irrigation soln 0.015% with cetrime 0.15%, 500 ml bottle

➔ **Restricted (RS1683)**

Initiation

Re-assessment required after 3 months

All of the following:

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

Continuation

Re-assessment required after 3 months

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

Irrigation soln 0.015% with cetrime 0.15%, 100 ml bottle	155.76	24	Baxter
Irrigation soln 0.015% with cetrime 0.15%, 30 ml ampoule	29.76	30	Pfizer
GLYCINE			
Irrigation soln 1.5%, 3,000 ml bag	33.50	4	B Braun

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

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

Cardioplegia Solutions

ELECTROLYTES

- Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag *e.g. Custodiol-HTK*

- Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag *e.g. Cardioplegia Enriched Paed. Soln.*

- Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag *e.g. Cardioplegia Enriched Solution*

- Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg per ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag *e.g. Cardioplegia Base Solution*

- Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag *e.g. Cardioplegia Solution AHB7832*

- Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag *e.g. Cardioplegia Electrolyte Solution*

MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

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

MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml

Cold Storage Solutions

SODIUM WITH POTASSIUM

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

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price	Brand or
(ex man. excl. GST)	\$	Generic
	Per	Manufacturer

Extemporaneously Compounded Preparations

ACETIC ACID			
Liq			
ALUM			
Powder BP			
ARACHIS OIL [PEANUT OIL]			
Liq			
ASCORBIC ACID			
Powder			
BENZOIN			
Tincture compound BP			
BISMUTH SUBGALLATE			
Powder			
BORIC ACID			
Powder			
CARBOXYMETHYLCELLULOSE			
Soln 1.5%			
CETRIMIDE			
Soln 40%			
CHLORHEXIDINE GLUCONATE			
Soln 20 %			
CHLOROFORM			
Liq BP			
CITRIC ACID			
Powder BP			
CLOVE OIL			
Liq			
COAL TAR			
Soln BP	36.25	200 ml	Midwest
CODEINE PHOSPHATE			
Powder			
COLLODION FLEXIBLE			
Liq			
COMPOUND HYDROXYBENZOATE			
Soln	30.00	100 ml	Midwest
CYSTEAMINE HYDROCHLORIDE			
Powder			
DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE			
Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule			
DITHRANOL			
Powder			
GLUCOSE [DEXTROSE]			
Powder			

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLYCERIN WITH SODIUM SACCHARIN			
Suspension.....	30.95	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE			
Suspension.....	30.95	473 ml	Ora-Sweet
GLYCEROL			
Liq.....	3.23	500 ml	healthE Glycerol BP Liquid
HYDROCORTISONE			
Powder	49.95	25 g	ABM
LACTOSE			
Powder			
MAGNESIUM HYDROXIDE			
Paste			
MENTHOL			
Crystals			
METHADONE HYDROCHLORIDE			
Powder			
METHYL HYDROXYBENZOATE			
Powder	8.98	25 g	Midwest
METHYLCELLULOSE			
Powder	36.95	100 g	Midwest
Suspension.....	30.95	473 ml	Ora-Plus
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN			
Suspension.....	30.95	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE			
Suspension.....	30.95	473 ml	Ora-Blend
OLIVE OIL			
Liq			
PARAFFIN			
Liq			
PHENOBARBITONE SODIUM			
Powder			
PHENOL			
Liq			
PILOCARPINE NITRATE			
Powder			
POLYHEXAMETHYLENE BIGUANIDE			
Liq			
POVIDONE K30			
Powder			
SALICYLIC ACID			
Powder			
SILVER NITRATE			
Crystals			
SODIUM BICARBONATE			
Powder BP.....	10.05	500 g	Midwest

↑ Item restricted (see → above); ↓ Item restricted (see → below)
e.g. *Brand* indicates brand example only. It is not a contracted product.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM CITRATE Powder			
SODIUM METABISULFITE Powder			
STARCH Powder			
SULPHUR Precipitated Sublimed			
SYRUP Liq (pharmaceutical grade).....	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)	Brand or Generic Manufacturer
	\$	Per

Food Modules

Carbohydrate

➔ Restricted (RS1467)

Initiation – Use as an additive

Any of the following:

- 1 Cystic fibrosis; or
- 2 Chronic kidney disease; or
- 3 Cancer in children; or
- 4 Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 5 Faltering growth in an infant/child; or
- 6 Bronchopulmonary dysplasia; or
- 7 Premature and post premature infant; or
- 8 Inborn errors of metabolism.

Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

CARBOHYDRATE SUPPLEMENT – **Restricted** see terms [above](#)

† Powder 95 g carbohydrate per 100 g, 368 g can

† Powder 96 g carbohydrate per 100 g, 400 g can

e.g. Polycal

Fat

➔ Restricted (RS1468)

Initiation – Use as an additive

Any of the following:

- 1 Patient has inborn errors of metabolism; or
- 2 Faltering growth in an infant/child; or
- 3 Bronchopulmonary dysplasia; or
- 4 Fat malabsorption; or
- 5 Lymphangiectasia; or
- 6 Short bowel syndrome; or
- 7 Infants with necrotising enterocolitis; or
- 8 Biliary atresia; or
- 9 For use in a ketogenic diet; or
- 10 Chyle leak; or
- 11 Ascites; or
- 12 Patient has increased energy requirements, and for whom dietary measures have not been successful.

Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

LONG-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms [above](#)

† Liquid 50 g fat per 100 ml, 200 ml bottle

e.g. Calogen

† Liquid 50 g fat per 100 ml, 500 ml bottle

e.g. Calogen

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – Restricted see terms on the previous page			
† Liquid 50 g fat per 100 ml, 250 ml bottle			e.g. <i>Liquigen</i>
† Liquid 95 g fat per 100 ml, 500 ml bottle			e.g. <i>MCT Oil</i>
WALNUT OIL – Restricted see terms on the previous page			
† Liq			

Protein

→ **Restricted (RS1469)**

Initiation – Use as an additive

Either:

- 1 Protein losing enteropathy; or
- 2 High protein needs.

Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

PROTEIN SUPPLEMENT – **Restricted** see terms [above](#)

† Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can			
† Powder 6 g protein per 7 g, can	8.95	227 g	Resource Beneprotein
† Powder 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can			e.g. <i>Protifar</i>

Other Supplements

BREAST MILK FORTIFIER

Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet			e.g. <i>FM 85</i>
Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet			e.g. <i>S26 Human Milk Fortifier</i>
Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet			e.g. <i>Nutricia Breast Milk Fortifer</i>

CARBOHYDRATE AND FAT SUPPLEMENT – **Restricted** see terms [below](#)

↓ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can			e.g. <i>Super Soluble Duocal</i>
--	--	--	----------------------------------

→ **Restricted (RS1212)**

Initiation

Both:

- 1 Infant or child aged four years or under; and
- 2 Any of the following:
 - 2.1 Cystic fibrosis; or
 - 2.2 Cancer in children; or
 - 2.3 Faltering growth; or
 - 2.4 Bronchopulmonary dysplasia; or
 - 2.5 Premature and post premature infants.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

Food/Fluid Thickeners

NOTE:

While pre-thickened drinks and supplements have not been included in Section H, Health NZ Hospitals may continue to use such products for patients with dysphagia, provided that:

- use was established prior to 1 July 2013; and
- the product has not been specifically considered and excluded by Pharmac; and
- use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

Pharmac intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN

Powder

e.g. *Feed Thickener
Karcare Aptamil*

GUAR GUM

Powder

e.g. *Guarcol*

MAIZE STARCH

Powder

e.g. *Resource Thicken
Up; Nutilis*

MALTODEXTRIN WITH XANTHAN GUM

Powder

e.g. *Instant Thick*

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID

Powder

e.g. *Easy Thick*

Metabolic Products

➔ Restricted (RS1232)

Initiation

Any of the following:

- 1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidemia, propionic acidemia, methylmalonic acidemia, tyrosinemia or urea cycle disorders; or
- 2 Patient has adrenoleukodystrophy; or
- 3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms [above](#)

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can

e.g. *GA1 Anamix Infant*

† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can

e.g. *XLYS Low TRY
Maxamaid*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

Homocystinuria Products

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms [on the previous page](#)

- | | | | |
|--|--|--|---------------------------|
| † Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can | | | e.g. HCU Anamix Infant |
| † Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can | | | e.g. XMET Maxamaid |
| † Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can | | | e.g. XMET Maxamum |
| † Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle | | | e.g. HCU Anamix Junior LQ |

Isovaleric Acidaemia Products

AMINO ACID FORMULA (WITHOUT LEUCINE) – **Restricted** see terms [on the previous page](#)

- | | | | |
|---|--|--|------------------------|
| † Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can | | | e.g. IVA Anamix Infant |
| † Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can | | | e.g. XLEU Maxamaid |
| † Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can | | | e.g. XLEU Maxamum |

Maple Syrup Urine Disease Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – **Restricted** see terms [on the previous page](#)

- | | | | |
|--|--|--|----------------------------|
| † Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can | | | e.g. MSUD Anamix Infant |
| † Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can | | | e.g. MSUD Maxamum |
| † Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle | | | e.g. MSUD Anamix Junior LQ |

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Phenylketonuria Products			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted see terms on page 270			
† Tab 8.33 mg			e.g. <i>Phlexy-10</i>
† Powder 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet			e.g. <i>PKU Lophlex Powder (neutral)</i>
† Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet			e.g. <i>PKU Anamix Junior (van/choc/neutral)</i>
† Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			e.g. <i>PKU Anamix Infant</i>
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. <i>XP Maxamum</i>
† Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet			e.g. <i>Phlexy-10</i>
† Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle			e.g. <i>PKU Lophlex LQ 10</i>
† Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle			e.g. <i>PKU Lophlex LQ 20</i>
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle	13.10	125 ml	PKU Anamix Junior LQ (Berry) PKU Anamix Junior LQ (Orange) PKU Anamix Junior LQ (Unflavoured)
† Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle			e.g. <i>PKU Lophlex LQ 20</i>
† Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle			e.g. <i>PKU Lophlex LQ 10</i>
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle			e.g. <i>PKU Lophlex LQ 20</i>
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle			e.g. <i>PKU Lophlex LQ 10</i>
† Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton			e.g. <i>Easiphen</i>
† Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot			e.g. <i>PKU Lophlex Sensations 20 (berries)</i>

Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 270

† Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			e.g. <i>MMA/PA Anamix Infant</i>
† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			e.g. <i>XMTVI Maxamaid</i>
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. <i>XMTVI Maxamum</i>

Protein Free Supplements

PROTEIN FREE SUPPLEMENT – **Restricted** see terms on page 270

† Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can			e.g. <i>Energivit</i>
---	--	--	-----------------------

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

Tyrosinaemia Products

AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) – **Restricted** see terms [on page 270](#)

† Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet			e.g. TYR Anamix Junior
† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			e.g. TYR Anamix Infant
† Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can			e.g. XPHEN, TYR Maxamaid
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle			e.g. TYR Anamix Junior LQ

Urea Cycle Disorders Products

AMINO ACID SUPPLEMENT – **Restricted** see terms [on page 270](#)

† 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 270](#)

† Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms [on page 270](#)

† Liquid, 500 ml bottle

Specialised Formulas

Diabetic Products

➔ **Restricted (RS1215)**

Initiation

Any of the following:

- 1 For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
- 2 For patients with pancreatic insufficiency; or
- 3 For patients who have, or are expected to, eat little or nothing for 5 days; or
- 4 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 5 For use pre- and post-surgery; or
- 6 For patients being tube-fed; or
- 7 For tube-feeding as a transition from intravenous nutrition.

LOW-GI ENTERAL FEED 1 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 500 ml bottle.....	3.75	500 ml	Glucerna Select
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bottle			e.g. Nutrison Advanced Diason

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LOW-GI ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, bottle.....	2.10	200 ml	Nutren Diabetes (Vanilla)
† Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle			<i>e.g. Diasip</i>

Elemental and Semi-Elemental Products

➔ **Restricted (RS1216)**

Initiation

Any of the following:

- 1 Malabsorption; or
- 2 Short bowel syndrome; or
- 3 Enterocutaneous fistulas; or
- 4 Eosinophilic enteritis (including oesophagitis); or
- 5 Inflammatory bowel disease; or
- 6 Acute pancreatitis where standard feeds are not tolerated; or
- 7 Patients with multiple food allergies requiring enteral feeding.

AMINO ACID ORAL FEED – Restricted see terms [above](#)

† Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet..... 4.50 80 g Vivonex TEN

AMINO ACID ORAL FEED 0.8 KCAL/ML – Restricted see terms [above](#)

† Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton *e.g. Elemental 028 Extra*

PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – Restricted see terms [above](#)

† Liquid 4 g protein, 17.7 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 terms [above](#)

† Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle.... 18.06 1,000 ml Vital

PEPTIDE-BASED ORAL FEED – Restricted see terms [above](#)

† Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can *e.g. Peptamen Junior*

† Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can *e.g. MCT Peptide; MCT Peptide 1+*

PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted see terms [above](#)

† Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton..... 4.95 237 ml Peptamen OS 1.0 (Vanilla)

Fat Modified Products

FAT-MODIFIED FEED – Restricted see terms [below](#)

‡ Powder 12.8 g protein, 68.6 g carbohydrate and 12.9 g fat per 100 g, 400 g can *e.g. Monogen*

➔ **Restricted (RS1470)**

Initiation

Any of the following:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

- 1 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has a chyle leak; or
- 3 Modified as a modular feed, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Hepatic Products

→ **Restricted (RS1217)**

Initiation

For children (up to 18 years) who require a liver transplant.

HEPATIC ORAL FEED – **Restricted** see terms [above](#)

† Powder 12 g protein, 56 g carbohydrate and 22 g fat per 100 g, can	78.97	400 g	Heparon Junior
--	-------	-------	----------------

High Calorie Products

→ **Restricted (RS1317)**

Initiation

Any of the following:

- 1 Patient is fluid volume or rate restricted; or
- 2 Patient requires low electrolyte; or
- 3 Both:
 - 3.1 Any of the following:
 - 3.1.1 Cystic fibrosis; or
 - 3.1.2 Any condition causing malabsorption; or
 - 3.1.3 Faltering growth in an infant/child; or
 - 3.1.4 Increased nutritional requirements; and
 - 3.2 Patient has substantially increased metabolic requirements.

ENTERAL FEED 2 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 10 g protein, 17.5 g carbohydrate and 10 g fat per 100 ml, bag	6.50	500 ml	Fresubin 2kcal HP
† Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle	5.50	500 ml	Nutrison Concentrated
† Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, bottle	11.00	1,000 ml	Ensure Two Cal HN RTH

ORAL FEED 2 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle	1.90	200 ml	Two Cal HN
--	------	--------	------------

PEPTIDE-BASED ENTERAL FEED 1KCAL/ML – **Restricted** see terms [above](#)

† Liquid 4.5 g protein, 14.3 g carbohydrate and 2.8 g fat per 100 ml, bag	9.60	500 ml	Survimed OPD
---	------	--------	--------------

High Protein Products

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 per 100 ml, bag	9.60	500 ml	Fresubin Intensive
--	------	--------	--------------------

→ **Restricted (RS1327)**

Initiation

Both:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
 - 2.1 Patient has liver disease; or
 - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
 - 2.3 Patient is fluid restricted; or
 - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – **Restricted** see terms [below](#)

⚡ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bottle

e.g. Nutrison Protein Plus

➔ **Restricted (RS1327)**

Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
 - 2.1 Patient has liver disease; or
 - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
 - 2.3 Patient is fluid restricted; or
 - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.26 KCAL/ML – **Restricted** see terms [below](#)

⚡ Liquid 10 g protein, 10.4 g carbohydrate and 4.9 g fat per 100 ml, bottle 5.78

500 ml

Nutrison Protein Intense

➔ **Restricted (RS1327)**

Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
 - 2.1 Patient has liver disease; or
 - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
 - 2.3 Patient is fluid restricted; or
 - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – **Restricted** see terms [below](#)

⚡ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle

e.g. Nutrison Protein Plus Multi Fibre

➔ **Restricted (RS1327)**

Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
 - 2.1 Patient has liver disease; or
 - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
 - 2.3 Patient is fluid restricted; or
 - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Infant Formulas			
AMINO ACID FORMULA – Restricted see terms below			
↓ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can			e.g. <i>Neocate</i>
↓ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g can			e.g. <i>Neocate SYNEO unflavoured</i>
↓ Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g can			e.g. <i>Neocate Junior Unflavoured</i>
↓ Powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g, can	43.60	400 g	Alfamino
↓ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can	53.00	400 g	Neocate Gold (Unflavoured)
↓ Powder 14.8 g protein, 51.4 g carbohydrate and 23 g fat per 100 g, can	53.00	400 g	Neocate Junior Vanilla
↓ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can	43.60	400 g	Alfamino Junior
↓ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can	53.00	400 g	Elecare LCP (Unflavoured)
↓ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can	53.00	400 g	Elecare (Unflavoured) Elecare (Vanilla)

→ **Restricted (RS1867)**

Initiation

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows' milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis; or
- 4 Ultra-short gut; or
- 5 Severe Immune deficiency.

Continuation

All of the following:

- 1 An assessment as to whether the infant can be transitioned to a cows' milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 3 Amino acid formula is required for a nutritional deficit.

Initiation – patients who are currently funded under RS1502 or SA1557

Limited to 3 months treatment

All of the following:

- 1 Patient has a valid initiation or renewal approval for extensively hydrolysed formula (RS1502); and
- 2 Patient is unable to source funded Aptamil powder at this time; and
- 3 The approval only applies to funded dispensings of Neocate Gold and Neocate Syneo.

Note: This criteria is short term funding to cover an out-of-stock situation on some extensively hydrolysed formula powder funded under Hospital Restriction RS1502. There is no continuation criteria under this criterion.

ENTERAL LIQUID PEPTIDE FORMULA – **Restricted** see terms [below](#)

↓ Liquid 4.2 g protein, 18.6 g carbohydrate and 6.58 g fat per 100 ml 15.68 500 ml Nutrini Peptisorb Energy

→ **Restricted (RS1775)**

Initiation

All of the following:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

- 1 Patient has impaired gastrointestinal function and either cannot tolerate polymeric feeds, or polymeric feeds are unsuitable; and
- 2 Any of the following:
 - 2.1 Severe malabsorption; or
 - 2.2 Short bowel syndrome; or
 - 2.3 Intractable diarrhoea; or
 - 2.4 Biliary atresia; or
 - 2.5 Cholestatic liver diseases causing malabsorption; or
 - 2.6 Cystic fibrosis; or
 - 2.7 Proven fat malabsorption; or
 - 2.8 Severe intestinal motility disorders causing significant malabsorption; or
 - 2.9 Intestinal failure; or
 - 2.10 Both:
 - 2.10.1 The patient is currently receiving funded amino acid formula; and
 - 2.10.2 The patient is to be trialled on, or transitioned to, an enteral liquid peptide formula; and
- 3 Either:
 - 3.1 A semi-elemental or partially hydrolysed powdered feed has been reasonably trialled and considered unsuitable; or
 - 3.2 For step down from intravenous nutrition.

Note: A reasonable trial is defined as a 2-4 week trial.

Continuation

Both:

- 1 An assessment as to whether the patient can be transitioned to a cows milk protein or soy infant formula or extensively hydrolysed formula has been undertaken; and
- 2 The outcome of the assessment is that the patient continues to require an enteral liquid peptide formula.

EXTENSIVELY HYDROLYSED FORMULA – **Restricted** see terms [below](#)

↓ Powder 1.6 g protein, 7.5 g carbohydrate and 3.1 g fat per 100 ml, 900 g can.....	30.42	900 g	Allerpro Syneo 1
↓ Powder 1.6 g protein, 7.8 g carbohydrate and 3.2 g fat per 100 ml, 900 g can.....	30.42	900 g	Allerpro Syneo 2
↓ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can			<i>e.g. Pepti-Junior</i>

→ **Restricted (RS1502)**

Initiation

Any of the following:

- 1 Both:
 - 1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
 - 1.2 Either:
 - 1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
 - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhoea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malabsorption; or
- 7 Cystic fibrosis; or
- 8 Proven fat malabsorption; or

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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			<i>e.g. Galactomin 19</i>
LACTOSE-FREE FORMULA			
Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml, 900 g can			<i>e.g. Karicare Aptamil Gold De-Lact</i>
Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml, 900 g can			<i>e.g. S26 Lactose Free</i>
LOW-CALCIUM FORMULA			
Powder 14.6 g protein, 55.2 g carbohydrate and 25.8 g fat per 100 g, 400 g can			<i>e.g. Locasol</i>
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	Infatrin
→ Restricted (RS1614)			
Initiation – Fluid restricted or volume intolerance with faltering growth			
Both:			
1 Either:			
1.1 The patient is fluid restricted or volume intolerant; or			
1.2 The patient has increased nutritional requirements due to faltering growth; and			
2 Patient is under 18 months old and weighs less than 8kg.			
Note: "Volume intolerant" patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialed appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.			
PRETERM FORMULA – Restricted see terms below			
↓ Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle	0.75	100 ml	S26 LBW Gold RTF
↓ Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle			<i>e.g. Pre Nan Gold RTF</i>
↓ Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle			<i>e.g. Karicare Aptamil Gold+Preterm</i>
→ Restricted (RS1224)			
Initiation			
For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.			
THICKENED FORMULA			
Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can			<i>e.g. Karicare Aptamil Thickened AR</i>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

Ketogenic Diet Products

HIGH FAT FORMULA – **Restricted** see terms [below](#)

↓ Powder 14.3 g protein, 2.8 g carbohydrate and 69.2 g fat per 100 g, can	35.50	300 g	Ketocal 4:1 (Unflavoured)
↓ 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.

PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – **Restricted** see terms [above](#)

↑ Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag.....	4.00	500 ml	Nutrini Low Energy Multifibre RTH
--	------	--------	--------------------------------------

PAEDIATRIC ENTERAL FEED 1 KCAL/ML – **Restricted** see terms [above](#)

↑ Liquid 2.5 g protein, 12.5 g carbohydrate and 4.4 g fat per 100 ml.....	6.50	500 ml	Frebini Original
↑ Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag.....	2.68	500 ml	Pediasure RTH
↑ Liquid 2.7 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bottle			<i>e.g. Nutrini RTH</i>

PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms [above](#)

↑ Liquid 3.8 g protein, 18.7 g carbohydrate and 6.7 g fat per 100 ml.....	6.50	500 ml	Frebini Energy
↑ Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bottle.....	6.00	500 ml	Nutrini Energy Multi Fibre
↑ Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bottle			<i>e.g. Nutrini Energy RTH</i>

PAEDIATRIC ENTERAL FEED WITH FIBRE 1 KCAL/ML – **Restricted** see terms [above](#)

↑ 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
--	------	--------	------------------------

PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5 KCAL/ML – **Restricted** see terms [above](#)

↑ Liquid 3.8 g protein, 18.1 g carbohydrate, 6.7 g fat and 1.1 g fibre per 100 ml.....	7.00	500 ml	Frebini Energy Fibre
---	------	--------	----------------------

	Price (ex man. excl. GST) \$	Per	Brand or 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	1.07	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla) Pediasure (Vanilla)
† Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, can	1.34	250 ml	Pediasure (Vanilla)
PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, 500 ml bottle			<i>e.g. Pediasure Plus</i>
† Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortini</i>
† Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortini Multifibre</i>

Renal Products

LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – Restricted see terms below			
‡ Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle	6.08	500 ml	Nepro HP RTH
➔ Restricted (RS1229)			
Initiation			
For patients with acute or chronic kidney disease.			
LOW ELECTROLYTE ORAL FEED – Restricted see terms below			
‡ Powder 7.5 g protein, 57.6 g carbohydrate and 25.9 g fat per 100 g, 400 g can			<i>e.g. Kindergen</i>
➔ Restricted (RS1227)			
Initiation			
For children (up to 18 years) with acute or chronic kidney disease.			
LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML			
‡ Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton	2.67	220 ml	Nepro HP (Strawberry) Nepro HP (Vanilla)
➔ Restricted (RS1228)			
Initiation			
For patients with acute or chronic kidney disease.			
LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted see terms below			
‡ Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			
‡ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton			<i>e.g. Renilon 7.5</i>
‡ Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, 200 ml bottle	13.24	4	Novasource Renal (Vanilla)
➔ Restricted (RS1228)			
Initiation			
For patients with acute or chronic kidney disease.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

Surgical Products

HIGH ARGININE ORAL FEED 1.4 KCAL/ML – **Restricted** see terms [below](#)

↓ Liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton.....	56.00	10	Impact Advanced Recovery
--	-------	----	-----------------------------

→ **Restricted (RS1231)**

Initiation

Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – **Restricted** see terms [below](#)

↓ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle.....	6.80	4	preOp
---	------	---	-------

→ **Restricted (RS1415)**

Initiation

Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

Standard Feeds

→ **Restricted (RS1214)**

Initiation

Any of the following:

For patients with malnutrition, defined as any of the following:

- 1 Any of the following:
 - 1.1 BMI < 18.5; or
 - 1.2 Greater than 10% weight loss in the last 3-6 months; or
 - 1.3 BMI < 20 with greater than 5% weight loss in the last 3-6 months; or
- 2 For patients who have, or are expected to, eat little or nothing for 5 days; or
- 3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 4 For use pre- and post-surgery; or
- 5 For patients being tube-fed; or
- 6 For tube-feeding as a transition from intravenous nutrition; or
- 7 For any other condition that meets the community Special Authority criteria.

ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bottle	7.00	1,000 ml	Nutrison Energy
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle			<i>e.g. Nutrison Energy Multi Fibre</i>
† Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can	1.75	250 ml	Ensure Plus HN
† Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag	7.00	1,000 ml	Ensure Plus HN RTH
† Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag.....	7.00	1,000 ml	Jevity HiCal RTH
† Liquid 7.5 g protein, 17 g carbohydrate and 5.8 g fat per 100 ml, bag.....	9.60	1,000 ml	Fresubin HP Energy

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 3.8 g protein, 13.8 g carbohydrate and 3.4 g fat per 100 ml, bag.....	6.50	1,000 ml	Fresubin Original
† Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bottle			<i>e.g. Nutrison Multi Fibre</i>
† Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle	5.29	1,000 ml	Osmolite RTH
† Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle.....	5.29	1,000 ml	Jevity RTH
† Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag			<i>e.g. NutrisonStdRTH; NutrisonLowSodium</i>
† Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle			<i>e.g. Nutrison Low Sodium; NutrisonStdRTH</i>
ENTERAL FEED 1.2 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Jevity Plus RTH</i>
ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bottle.....	5.29	1,000 ml	Nutrison 800 Complete Multi Fibre
ENTERAL FEED WITH FIBRE 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 3.8 g protein, 13.0 g carbohydrate, 3.4 g fat and 1.5 g fibre per 100 ml, bag.....	7.00	1,000 ml	Fresubin Original Fibre
ENTERAL FEED WITH FIBRE 1.5 KCAL/ML – Restricted see terms on the previous page			
† 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 on the previous page			
Only to be used for patients currently on or would be using Fortisip or Fortisip Multi Fibre			
† Liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml, 125 ml bottle			<i>e.g. Fortisip Compact Protein</i>
<i>(e.g. Fortisip Compact Protein Liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml, 125 ml bottle to be delisted 1 December 2023)</i>			
ORAL FEED – Restricted see terms on the previous page			
† Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can	26.00	850 g	Ensure (Chocolate) Ensure (Vanilla)
† Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can	14.00	840 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)
ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton			<i>e.g. Resource Fruit Beverage</i>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ORAL FEED 1.5 KCAL/ML – Restricted see terms on page 282			
† Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can	1.33	237 ml	Ensure Plus (Vanilla)
† Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton.....	1.26	200 ml	Ensure Plus (Banana) Ensure Plus (Chocolate) Ensure Plus (Fruit of the Forest) Ensure Plus (Vanilla) <i>e.g. Fortijuice</i>
† Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			
† Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortisip Multi Fibre</i>

Other Supplements for PKU

AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – **Restricted** see terms [below](#)

‡ Powder 20 g protein, 4.9 g carbohydrate per 33.4 g sachet.....	936.00	30	PKU GMPPro Ultra Lemonade
‡ Powder 20 g protein, 6.0 g carbohydrate per 35 g sachet.....	930.00	30	PKU sphere20 Lemon
‡ Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet.....	930.00	30	PKU sphere20 Chocolate PKU sphere20 Red Berry PKU sphere20 Vanilla
‡ Powder 20 g protein, 6.7 g carbohydrate per 35 g sachet.....	930.00	30	PKU sphere20 Banana

(PKU GMPPro 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 trialed 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
\$	Manufacturer
Per	

Bacterial and Viral Vaccines

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – **Restricted** see terms [below](#)

<p>↓ Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – 0% DV Oct-20 to 2024.....</p>	0.00	10	Infanrix IPV
<p>→ Restricted (RS1387)</p>			

Initiation

Any of the following:

- 1 A single dose for children up to the age of 7 who have completed primary immunisation; or
- 2 A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
- 3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 4 Five doses will be funded for children requiring solid organ transplantation.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE –

Restricted see terms [below](#)

<p>↓ Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B – 0% DV Oct-20 to 2024.....</p>	0.00	10	Infanrix-hexa
<p>→ Restricted (RS1478)</p>			

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](#)

<p>↓ Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent – 0% DV Oct-20 to 2024.....</p>	0.00	10	BCG Vaccine
<p>→ Restricted (RS1233)</p>			

Initiation

All of the following:

For infants at increased risk of tuberculosis defined as:

- 1 Living in a house or family with a person with current or past history of TB; and
- 2 Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; and
- 3 During their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note: A list of countries with high rates of TB are available at <http://www.health.govt.nz/tuberculosis> (Search for Downloads) or www.bcgatlas.org/index.php

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – Restricted see terms [below](#)

<p>‡ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – 0% DV Oct-20 to 2024.....</p>	0.00	1	Boostrix
		10	Boostrix

→ **Restricted (RS1790)**

Initiation

Any of the following:

- 1 A single dose for pregnant women in the second or third trimester of each pregnancy; or; or
- 2 A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or; or
- 3 A course of up to four doses is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation; or
- 4 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 5 A single dose for vaccination of patients aged from 65 years old; or
- 6 A single dose for vaccination of patients aged from 45 years old who have not had 4 previous tetanus doses; or
- 7 For vaccination of previously unimmunised or partially immunised patients; or
- 8 For revaccination following immunosuppression; or
- 9 For boosting of patients with tetanus-prone wounds.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Restricted see terms [below](#)

<p>‡ Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml.....</p>	0.00	1	Hiberix
---	------	---	---------

→ **Restricted (RS1520)**

Initiation

Therapy limited to 1 dose

Any of the following:

- 1 For primary vaccination in children; or
- 2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
- 3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – Restricted see terms [below](#)

<p>‡ Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial.....</p>	0.00	1	MenQuadfi
<p>‡ Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial.....</p>	0.00	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;

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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*;
- 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](#)

↓ Inj 175 mcg per 0.5 ml prefilled syringe.....	0.00	1	Bexsero
---	------	---	---------

→ **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 Either:
 - 2.1 Two doses for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, 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](#)

↓ Inj 10 mcg in 0.5 ml syringe.....	0.00	1	Neisvac-C
-------------------------------------	------	---	-----------

→ **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

continued...

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

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

<ul style="list-style-type: none"> ‡ 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

<ul style="list-style-type: none"> ‡ Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe 	0.00	1	Prevenar 13
		10	Prevenar 13

➔ **Restricted (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

continued...

‡ Item restricted (see ➔ above); † Item restricted (see ➔ below)
e.g. *Brand* indicates brand example only. It is not a contracted product.

Price (ex man. excl. GST) \$	Brand or Generic 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 serotype) – 0% DV Oct-20 to 2024..... 0.00 1 **Pneumovax 23**

➔ **Restricted (RS1587)**

Initiation – High risk patients

Therapy limited to 3 doses

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

Initiation – High risk children

Therapy limited to 2 doses

Both:

- 1 Patient is a child under 18 years for (re-)immunisation; and
- 2 Any of the following:
 - 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
 - 2.2 With primary immune deficiencies; or
 - 2.3 With HIV infection; or
 - 2.4 With renal failure, or nephrotic syndrome; or
 - 2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - 2.6 With cochlear implants or intracranial shunts; or
 - 2.7 With cerebrospinal fluid leaks; or
 - 2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
 - 2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
 - 2.10 Pre term infants, born before 28 weeks gestation; or
 - 2.11 With cardiac disease, with cyanosis or failure; or
 - 2.12 With diabetes; or
 - 2.13 With Down syndrome; or
 - 2.14 Who are pre-or post-splenectomy, or with functional asplenia.

Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE – **Restricted** see terms [on the next page](#)

↓ Inj 25 mcg in 0.5 ml syringe

VACCINES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

➔ Restricted (RS1243)

Initiation

For use during typhoid fever outbreaks.

Viral Vaccines

HEPATITIS A VACCINE – **Restricted** see terms [below](#)

⚡ Inj 720 ELISA units in 0.5 ml syringe – 0% DV Oct-20 to 2024	0.00	1	Havrix Junior
⚡ Inj 1440 ELISA units in 1 ml syringe – 0% DV Oct-20 to 2024	0.00	1	Havrix

➔ Restricted (RS1638)

Initiation

Any of the following:

- 1 Two vaccinations for use in transplant patients; or
- 2 Two vaccinations for use in children with chronic liver disease; or
- 3 One dose of vaccine for close contacts of known hepatitis A cases.

HEPATITIS B RECOMBINANT VACCINE

⚡ Inj 10 mcg per 0.5 ml prefilled syringe.....	0.00	1	Engerix-B
--	------	---	------------------

➔ Restricted (RS1588)

Initiation

Any of the following:

- 1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
- 2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
- 4 For HIV positive patients; or
- 5 For hepatitis C positive patients; or
- 6 for patients following non-consensual sexual intercourse; or
- 7 For patients following immunosuppression; or
- 8 For solid organ transplant patients; or
- 9 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 10 Following needle stick injury.

⚡ Inj 20 mcg per 1 ml prefilled syringe – 0% DV Oct-20 to 2024	0.00	1	Engerix-B
--	------	---	------------------

➔ Restricted (RS1671)

Initiation

Any of the following:

- 1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
- 2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
- 4 For HIV positive patients; or
- 5 For hepatitis C positive patients; or
- 6 for patients following non-consensual sexual intercourse; or
- 7 For patients following immunosuppression; or
- 8 For solid organ transplant patients; or
- 9 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 10 Following needle stick injury; or
- 11 For dialysis patients; or
- 12 For liver or kidney transplant patients.

HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – **Restricted** see terms [on the next page](#)

⚡ Inj 270 mcg in 0.5 ml syringe – 0% DV Oct-20 to 2024	0.00	10	Gardasil 9
--	------	----	-------------------

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

➔ **Restricted (RS1693)**

Initiation – Children aged 14 years and under

Therapy limited to 2 doses

Children aged 14 years and under.

Initiation – other conditions

Either:

- 1 Up to 3 doses for people aged 15 to 26 years inclusive; or
- 2 Both:
 - 2.1 People aged 9 to 26 years inclusive; and
 - 2.2 Any of the following:
 - 2.2.1 Up to 3 doses for confirmed HIV infection; or
 - 2.2.2 Up to 3 doses for transplant (including stem cell) patients; or
 - 2.2.3 Up to 4 doses for Post chemotherapy.

Initiation – Recurrent Respiratory Papillomatosis

All of the following:

- 1 Either:
 - 1.1 Maximum of two doses for children aged 14 years and under; or
 - 1.2 Maximum of three doses for people aged 15 years and over; and
- 2 The patient has recurrent respiratory papillomatosis; and
- 3 The patient has not previously had an HPV vaccine.

INFLUENZA VACCINE

↓ Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine).....	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..

↓ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	110.00	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 Māori 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:

continued...

Price (ex man. excl. GST) \$	Per	Brand or Generic 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

Either:

- 1 Any of the following:
 - 1.1 Diabetes; or
 - 1.2 chronic renal disease; or
 - 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
 - 1.4 Autoimmune disease; or
 - 1.5 Immune suppression or immune deficiency; or
 - 1.6 HIV; or
 - 1.7 Transplant recipient; or
 - 1.8 Neuromuscular and CNS diseases/ disorders; or
 - 1.9 Haemoglobinopathies; or
 - 1.10 Is a child on long term aspirin; or
 - 1.11 Has a cochlear implant; or
 - 1.12 Errors of metabolism at risk of major metabolic decompensation; or
 - 1.13 Pre and post splenectomy; or
 - 1.14 Down syndrome; or
 - 1.15 Is pregnant; or
 - 1.16 Is a child 3 to 4 years of age (inclusive) who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or
- 2 Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a Public Hospital.

Initiation – Serious mental health conditions or addiction

Any of the following:

- 1 schizophrenia; or
- 2 major depressive disorder; or
- 3 bipolar disorder; or
- 4 schizoaffective disorder; or
- 5 person is currently accessing secondary or tertiary mental health and addiction services.

Initiation – children from 3 to 12 years of age (inclusive)

Children 3 to 12 years of age (inclusive) from 1 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; pre-filled syringe/ampoule of diluent 0.5 ml – 0% DV Oct-20 to 2024	0.00	10	Priorix
--	------	----	----------------

➔ **Restricted (RS1487)**

Initiation – first dose prior to 12 months

Therapy limited to 3 doses

Any of the following:

- 1 For primary vaccination in children; or
- 2 For revaccination following immunosuppression; or
- 3 For any individual susceptible to measles, mumps or rubella.

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic 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](#)

↓ Inj 80 D-antigen units in 0.5 ml syringe – **0% DV Oct-20 to 2024**.....0.00 1 **IPOL**

→ **Restricted (RS1398)**

Initiation

Therapy limited to 3 doses

Either:

- 1 For partially vaccinated or previously unvaccinated individuals; or
- 2 For revaccination following immunosuppression.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

RABIES VACCINE

Inj 2.5 IU vial with diluent

ROTAVIRUS ORAL VACCINE – **Restricted** see terms [below](#)

↓ Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – **0% DV Oct-20 to 2024**.....0.00 10 **Rotarix**

↓ Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, squeezable tube0.00 10 Rotarix

→ **Restricted (RS1590)**

Initiation

Therapy limited to 2 doses

Both:

- 1 First dose to be administered in infants aged under 14 weeks of age; and
- 2 No vaccination being administered to children aged 24 weeks or over.

VARICELLA VACCINE [CHICKENPOX VACCINE]

↓ Inj 1350 PFU prefilled syringe – **0% DV Oct-20 to 2024**.....0.00 1 **Varivax**
10 **Varivax**

→ **Restricted (RS1591)**

Initiation – primary vaccinations

Therapy limited to 1 dose

Either:

- 1 Any infant born on or after 1 April 2016; or
- 2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella 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

continued...

Price (ex man. excl. GST) \$	Per	Brand or Generic 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

VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – Restricted see terms below

⚡ Inj 50 mcg per 0.5 ml vial plus vial.....	0.00	1	Shingrix
⚡ Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine]	0.00	1	Zostavax
		10	Zostavax

➔ **Restricted (RS1916)**

Initiation – people aged 65 years (Zostavax)

Therapy limited to 1 dose

One dose for all people aged 65 years.

continued...

Price (ex man. excl. GST) \$	Per	Brand or Generic 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

Inj 5 TU per 0.1 ml, 1 ml vial – 0% DV Oct-20 to 2024	0.00	1	Tubersol
--	------	---	-----------------

PART III: OPTIONAL PHARMACEUTICALS

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

Optional Pharmaceuticals

NOTE:

In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a range of hospital medical devices are listed in an addendum to Part III which is available at schedule.pharmac.govt.nz. The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

BLOOD GLUCOSE DIAGNOSTIC TEST METER

1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips	20.00	1	CareSens N Premier
	10.00		Caresens N
			Caresens N POP

BLOOD GLUCOSE DIAGNOSTIC TEST STRIP

Blood glucose test strips.....	10.56	50 test	CareSens N
Test strips.....	10.56	50 test	CareSens PRO

BLOOD KETONE DIAGNOSTIC TEST STRIP

Test strips.....	15.50	10 strip	KetoSens
------------------	-------	----------	----------

DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER

Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips	20.00	1	CareSens Dual
--	-------	---	---------------

MASK FOR SPACER DEVICE

Small.....	2.70	1	e-chamber Mask
------------	------	---	----------------

PEAK FLOW METER

Low Range	9.54	1	Mini-Wright AFS Low Range
Normal Range	9.54	1	Mini-Wright Standard

PREGNANCY TEST - HCG URINE

Cassette	12.00	40 test	Smith BioMed Rapid Pregnancy Test
----------------	-------	---------	-----------------------------------

SODIUM NITROPRUSSIDE

Test strip.....	22.00	50 strip	Ketostix
-----------------	-------	----------	----------

SPACER DEVICE

220 ml (single patient)	3.65	1	e-chamber Turbo
510 ml (single patient)	5.95	1	e-chamber La Grande
800 ml.....	6.50	1	Volumatic

- Symbols -		
8-methoxypsoralen	71	
- A -		
A-Scabies	68	
Abacavir sulphate	102	
Abacavir sulphate with lamivudine	102	
Abacavir/lamivudine Viatrix	102	
Abciximab	173	
Abiraterone acetate	162	
Acarbose	9	
Accarb	9	
Accuretic 10	44	
Accuretic 20	44	
Acetazolamide	254	
Acetec	44	
Acetic acid		
Extemporaneously Compounded Preparations	265	
Genito-Urinary	74	
Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid	74	
Acetic acid with propylene glycol	256	
Acetylcholine chloride	254	
Acetylcysteine	257	
Aciclovir		
Infections	105	
Sensory	250	
Aciclovir-Baxter	105	
Acid Citrate Dextrose A	36	
Acidex	5	
Acipimox	53	
Acitretin	71	
Actemra	222	
Actinomycin D	145	
Adalimumab (Amgevita)	173	
Adalimumab (Humira - alternative brand)	182	
Adapalene	68	
Adenocor	46	
Adenosine	46	
Adrenaline		
Cardiovascular	54	
Respiratory	241	
Advantan	70	
Advate	34	
Adynovate	35	
Aerrane	119	
Afinitor	237	
Afibbercept	189	
Afluria Quad		
(2023 Formulation)	291	
Afluria Quad Junior		
(2023 Formulation)	291	
Agents Affecting the Renin-Angiotensin System	44	
Agents for Parkinsonism and Related Disorders	118	
Agents Used in the Treatment of Poisonings	257	
Ajmaline	46	
Albendazole	99	
Alchemy Caspofungin	97	
Alchemy Oxaliplatin	154	
Alchemy Oxybutynin	76	
Aldurazyme	19	
Alecensa	154	
Alectinib	154	
Alendronate sodium	111	
Alendronate sodium with colecalciferol	111	
Alfacalcidol	27	
Alfamino	277	
Alfamino Junior	277	
Alfentanil	123	
Alglucosidase alfa	16	
Alinia	100	
Allerfix	252	
Allerpro Syneo 1	278	
Allerpro Syneo 2	278	
Allersoothe	242	
Allmercap	147	
Allopurinol	114	
Alpha tocopheryl	28	
Alpha tocopheryl acetate	28	
Alpha-Adrenoceptor Blockers	46	
Alphamox	92	
Alphamox 125	92	
Alphamox 250	92	
Alprolix	33	
Alprostadil hydrochloride	55	
Alteplase	38	
Alum	265	
Aluminium chloride	31	
Aluminium hydroxide	5	
Aluminium hydroxide with magnesium hydroxide and simeticone	5	
Amantadine hydrochloride	118	
AmBisome	96	
Ambrisentan	56	
Ambrisentan Mylan	56	
Ambrisentan Viatrix	56	
Amethocaine		
Nervous	122	
Sensory	253	
Amgevita	173	
Amikacin	88	
Amiloride hydrochloride	50	
Amiloride hydrochloride with furosemide	50	
Amiloride hydrochloride with hydrochlorothiazide	50	
Aminolevulinic acid hydrochloride	165	
Aminophylline	247	
Amiodarone hydrochloride	46	
Amisulpride	131	
Amitriptyline	125	
Amiodipine	48	
Amorolfine	67	
Amoxicillin	92	
Amoxicillin with clavulanic acid	92	
Amoxiclav multichem	92	
Amphotericin B		
Alimentary	25	
Infections	96	
Amsacrine	148	
Amyl nitrite	257	
Anabolic Agents	78	
Anaesthetics	119	
Anagrelide hydrochloride	148	
Analgesics	122	
Anastrozole	165	
Anatrole	165	
Andriol Testocaps	78	
Androderm	78	
Androgen Agonists and Antagonists	78	
Anoro Ellipta	243	
Antabuse	142	
Antacids and Antiflatulents	5	
Anti-Infective Agents	74	
Anti-Infective Preparations		
Dermatological	67	
Sensory	250	
Anti-Inflammatory Preparations	251	
Antiacne Preparations	68	
Antiallergy Preparations	241	
Antianaemics	29	
Antiarrhythmics	46	
Antibacterials	88	
Anticholinergic Agents	242	
Anticholinesterases	111	
Antidepressants	125	
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents	5	
Antiepilepsy Drugs	126	
Antifibrinolytics, Haemostatics and Local Sclerosants	31	
Antifibrotics	243	

INDEX: Generic Chemicals and Brands

Antifungals.....	96	Arrow-Quinapril 20.....	44	Bacillus calmette-guerin (BCG).....	236
Antihypertensives.....	47	Arrow-Quinapril 5.....	44	Bacillus calmette-guerin vaccine.....	285
Antimigraine Preparations.....	130	Arrow-Roxithromycin.....	91	Baclofen.....	115
Antimycobacterials.....	98	Arrow-Timolol.....	254	Bacterial and Viral Vaccines.....	285
Antinausea and Vertigo Agents.....	130	Arrow-Topiramate.....	129	Bacterial Vaccines.....	285
Antiparasitics.....	99	Arrow-Tramadol.....	125	Balanced Salt Solution.....	253
Antipruritic Preparations.....	68	Arsenic trioxide.....	148	Baricitinib.....	239
Antipsychotic Agents.....	131	Artemether with lumefantrine.....	100	Barium sulphate.....	260
Antiretrovirals.....	101	Artesunate.....	100	Barium sulphate with sodium bicarbonate.....	260
Antirheumatoid Agents.....	111	Articaine hydrochloride.....	120	Barrier Creams and Emollients.....	68
Antiseptics and Disinfectants.....	259	Articaine hydrochloride with adrenaline.....	120	Basiliximab.....	190
Antispasmodics and Other Agents Altering Gut Motility.....	7	Asacol.....	6	BCG Vaccine.....	285
Antithrombotics.....	35	Ascorbic acid Alimentary.....	27	BD PosiFlush.....	42
Anti-thymocyte globulin (equine).....	236	Extemporaneously Compounded Preparations.....	265	Beclazone 100.....	245
Anti-thymocyte globulin (rabbit).....	236	Aspen Adrenaline.....	54	Beclazone 250.....	245
Antulcerants.....	8	Aspirin Blood.....	37	Beclazone 50.....	245
Antivirals.....	104	Nervous.....	122	Beclomethasone dipropionate.....	245
Anxiolytics.....	135	Asthalin.....	245	Bedaquiline.....	98
Apidra.....	10	Atazanavir Mylan.....	103	Bee venom.....	241
Apidra Solostar.....	10	Atazanavir sulphate.....	103	Bendamustine hydrochloride.....	144
APO-Atomoxetine.....	139	Atenolol.....	47	Bendrofluzide.....	51
APO-Candesartan HCTZ 16/12.5.....	45	Atenolol-AFT.....	47	Bendroflumethiazide [Bendrofluzide].....	51
APO-Candesartan HCTZ 32/12.5.....	45	Atezolizumab.....	231	Benralizumab.....	190
Apomorphine hydrochloride.....	118	ATGAM.....	236	Benzathine benzylpenicillin.....	92
Apraclonidine.....	255	Ativan.....	135	Benztropine mesylate.....	118
Aprepitant.....	130	Atomoxetine.....	139	Benzbromaron AL 100.....	114
Apresoline.....	55	Atorvastatin.....	52	Benzbromarone.....	114
Aprotinin.....	31	Atovaquone with proguanil hydrochloride.....	100	Benzocaine.....	120
Aqueous cream.....	69	Atracurium besylate.....	115	Benzocaine with tetracaine hydrochloride.....	120
Arachis oil [Peanut oil].....	265	Atropine sulphate Cardiovascular.....	46	Benzoic.....	265
Aratac.....	46	Sensory.....	255	Benzoyl peroxide.....	68
Arava.....	111	Atropt.....	255	Benztrop.....	118
Arginine Alimentary.....	17	Aubagio.....	136	Benzydamine hydrochloride.....	25
Various.....	261	Augmentin.....	92	Benzydamine hydrochloride with cetylpyridinium chloride.....	25
Argipressin [Vasopressin].....	87	Aurorix.....	126	Benzylpenicillin sodium [Penicillin G].....	92
Aripiprazole.....	131	Avallon.....	123	Beractant.....	249
Aripiprazole Sandoz.....	131	Avelox.....	93	Beta Cream.....	70
Aristocort.....	71	Avonex.....	136	Beta Ointment.....	70
Artotex-Prazosin S29.....	46	Avonex Pen.....	136	Beta Scalp.....	72
Arrow - Clopid.....	37	Azacitidine.....	146	Beta-Adrenoceptor Agonists.....	245
Arrow - Lattim.....	255	Azacitidine Dr Reddy's.....	146	Beta-Adrenoceptor Blockers.....	47
Arrow-Amitriptyline.....	125	Azactam.....	94	Betadine.....	259
Arrow-Bendrofluzide.....	51	Azamun.....	236	Betahistine dihydrochloride.....	130
Arrow-Brimonidine.....	255	Azathioprine.....	236	Betaine.....	17
Arrow-Diazepam.....	135	Azilect.....	119	Betaloc CR.....	48
Arrow-Fluoxetine.....	126	Azithromycin.....	90	Betamethasone.....	79
Arrow-Losartan & Hydrochlorothiazide.....	45	Azopt.....	254	Betamethasone dipropionate.....	70
Arrow-Norfloracin.....	93	AZT.....	103	Betamethasone dipropionate with calcipotriol.....	71
Arrow-Ornidazole.....	100	Aztreonam.....	94	Betamethasone sodium phosphate	
Arrow-Quinapril 10.....	44				

Celapram.....	126	Ciprofloxacin Kabi.....	93	Cocaine hydrochloride with adrenaline.....	121
Celecoxib.....	116	Ciprofloxacin Infections.....	93	Codeine phosphate	
Celecoxib Pfizer.....	116	Sensory.....	250	Extemporaneously Compounded Preparations.....	265
Celiprolol.....	48	Ciprofloxacin Teva.....	250	Nervous.....	123
CellCept.....	237	Ciprofloxacin with hydrocortisone.....	250	Coenzyme Q10.....	18
Centrally-Acting Agents.....	49	Ciproxin HC Otic.....	250	Colchicine.....	114
Cephalexin ABM.....	89	Cisplatin.....	154	Colecalciferol.....	27
Cetirizine hydrochloride.....	242	Citalopram hydrobromide.....	126	Colestimethate.....	94
Cetomacrogol.....	69	Citanest.....	122	Colestipol hydrochloride.....	53
Cetomacrogol with glycerol.....	69	Citrate sodium.....	35	Colgout.....	114
Cetomacrogol-AFT.....	69	Citric acid.....	265	Colifoam.....	6
Cetrimide.....	265	Citric acid with magnesium oxide and sodium picosulfate.....	14	Colistin sulphomethate [Colestimethate].....	94
Cetuximab.....	193	Citric acid with sodium bicarbonate.....	261	Colistin-Link.....	94
Charcoal.....	258	Cladribine.....	147	Collodion flexible.....	265
Chemotherapeutic Agents.....	144	Clarithromycin.....	91	Colloidal bismuth subcitrate.....	9
Chickenpox vaccine.....	293	Clexane.....	36	Colofac.....	7
Chlorafast.....	250	Clexane Forte.....	36	Colony-Stimulating Factors.....	39
Chloral hydrate.....	136	Clindamycin.....	94	Coloxyl.....	15
Chlorambucil.....	145	Clinicians Multivit & Mineral Boost.....	25	Compound electrolytes.....	40, 42
Chloramphenicol		Clinicians Renal Vit.....	26	Compound electrolytes with glucose [Dextrose].....	40, 42
Infections.....	94	Clobazam.....	127	Compound hydroxybenzoate.....	265
Sensory.....	250	Clobetasol propionate.....	70, 72	Compound sodium lactate [Hartmann's solution].....	40
Chlorhexidine.....	259	Clobetasone butyrate.....	70	Comtan.....	118
Chlorhexidine gluconate		Clofazimine.....	98	Concerta.....	140
Alimentary.....	25	Clomazol		Condyline.....	72
Extemporaneously Compounded Preparations.....	265	Dermatological.....	67	Contraceptives.....	74
Genito-Urinary.....	74	Genito-Urinary.....	74	Contrast Media.....	260
Chlorhexidine with cetrimide.....	259, 262	Clomifene citrate.....	81	Copaxone.....	136
Chlorhexidine with ethanol.....	259	Clomipramine hydrochloride.....	125	Copper.....	23
Chloroform.....	265	Clomipramine Teva.....	125	Copper chloride.....	23
Chloroquine phosphate.....	100	Clonazepam.....	126-127, 135	Corticotrelin (ovine).....	82
Chlorothiazide.....	51	Clonidine.....	49	Corticosteroids	
Chlorpheniramine maleate.....	242	Clonidine hydrochloride.....	49	Dermatological.....	70
Chlorpromazine hydrochloride.....	132	Clonidine Teva.....	49	Hormone Preparations.....	79
Chlorsig.....	250	Clopidogrel.....	37	Cosentyx.....	219
Chlorthalidone [Chlorthalidone].....	51	Clopine.....	132	Cosmegen.....	145
Chlorthalidone.....	51	Clopiroxol.....	132, 135	Coversyl.....	44
Choice Load 375.....	74	Clostridium botulinum type A toxin.....	115	Creon 10000.....	13
Choice TT380 Short.....	74	Clostridium botulinum type A toxin.....	115	Creon 25000.....	13
Choice TT380 Standard.....	74	Clostridium botulinum type A toxin.....	115	Creon Micro.....	13
Cholestyramine.....	53	Clostridium botulinum type A toxin.....	115	Crotamiton.....	68
Choline salicylate with cetalkonium chloride.....	25	Clostridium botulinum type A toxin.....	115	Crystaderm.....	67
Choriogonadotropin alfa.....	82	Clostridium botulinum type A toxin.....	115	CT Plus+.....	260
Ciclopirox olamine.....	67	Clostridium botulinum type A toxin.....	115	Cubicin.....	94
Ciclosporin.....	165	Clostridium botulinum type A toxin.....	115	Curam.....	92
Cidofovir.....	105	Clostridium botulinum type A toxin.....	115	Curam Duo 500/125.....	92
Cilazapril.....	44	Clostridium botulinum type A toxin.....	115	Curosulf.....	249
Cilicaine VK.....	92	Clostridium botulinum type A toxin.....	115	Cvite.....	27
Cimetidine.....	8	Clostridium botulinum type A toxin.....	115	Cyclizine hydrochloride.....	130
Cinacalcet.....	78	Clostridium botulinum type A toxin.....	115	Cyclizine lactate.....	130
Cinacalcet Devatis.....	78	Clostridium botulinum type A toxin.....	115	Cyclogyl.....	255
Cinchocaine hydrochloride with hydrocortisone.....	7	Clostridium botulinum type A toxin.....	115		

Cyclonex.....	145	Deferasirox.....	258	Diazoxide	
Cyclopentolate hydrochloride.....	255	Deferiprone.....	258	Alimentary.....	9
Cyclophosphamide.....	145	Defibrotide.....	36	Cardiovascular.....	55
Cycloserine.....	98	Definity.....	261	Dichlorobenzyl alcohol with	
Cymevene.....	105	Demeclocycline hydrochloride.....	94	amylmetacresol.....	25
Cyproheptadine hydrochloride.....	242	Denosumab.....	112	Diclofenac Sandoz.....	116
Cyproterone acetate.....	78	Deolate.....	98	Diclofenac sodium	
Cyproterone acetate with		Deoxycoformycin.....	152	Musculoskeletal.....	116
ethinylloestradiol.....	74	Depo-Medrol.....	80	Sensory.....	252
Cystadane.....	17	Depo-Provera.....	75	Dicobalt edetate.....	258
Cysteamine hydrochloride.....	265	Depo-Testosterone.....	78	Diflucan.....	96
Cytarabine.....	147	Deprim.....	95	Diflucortolone valerate.....	70
Cytotec.....	8	Dermol.....	70, 72	Digestives Including Enzymes.....	13
- D -		Desferrioxamine mesilate.....	258	Digoxin.....	46
D-Penamine.....	111	Desflurane.....	119	Digoxin immune Fab.....	257
Dabigatran.....	35	Desmopressin.....	87	Dihydrocodeine tartrate.....	123
Dacarbazine.....	149	Desmopressin acetate.....	87	Dihydroergotamine mesylate.....	130
Dactinomycin [Actinomycin D].....	145	Desmopressin-PH&T.....	87	Diltiazem CD Clinect.....	49
Daivobet.....	71	Dexamethasone		Diltiazem hydrochloride.....	49
Daivonex.....	71	Hormone Preparations.....	79	Dimercaprol.....	259
Dalacin C.....	94	Sensory.....	251	Dimercaptosuccinic acid.....	259
Danaparoid.....	36	Dexamethasone phosphate.....	80	Dimethicone.....	67-68
Dantrium.....	115	Dexamethasone with framycetin and		Dimethyl fumarate.....	136
Dantrium IV.....	115	gramicidin.....	250	Dimethyl sulfoxide.....	263
Dantrolene.....	115	Dexamethasone with neomycin		Dinoprostone.....	75
Daonil.....	11	sulphate and polymyxin B		Dipentum.....	7
Dapa-Tabs.....	51	sulphate.....	250	Diphemanil metilsulfate.....	72
Dapsone.....	98	Dexamethasone with		Diphenoxylate hydrochloride with	
Daptomycin.....	94	tobramycin.....	250	atropine sulphate.....	5
Daptomycin Dr Reddy's.....	94	Dexamfetamine sulfate.....	139	Diphtheria antitoxin.....	257
Darunavir.....	103	Dexmedetomidine.....	119	Diphtheria, tetanus and pertussis	
Darunavir Mylan.....	103	Dexmedetomidine-Teva.....	119	vaccine.....	286
Darunavir Viatrix.....	103	Dexmethsone.....	79	Diphtheria, tetanus, pertussis and	
Dasatinib.....	155	Dextrazoxane.....	161	polio vaccine.....	285
Daunorubicin.....	146	Dextrose		Diphtheria, tetanus, pertussis, polio,	
DBL Adrenaline.....	54	Alimentary.....	9	hepatitis B and haemophilus	
DBL Amikacin.....	88	Blood.....	40, 42	influenzae type B vaccine.....	285
DBL Aminophylline.....	247	Extemporaneously Compounded		Diprosone.....	70
DBL Bleomycin Sulfate.....	145	Preparations.....	265	Dipyridamole.....	37
DBL Bortezomib.....	148	Dextrose with sodium citrate and		Disodium edetate.....	254
DBL Cefotaxime.....	89	citric acid [Acid Citrate Dextrose		Disodium hydrogen phosphate with	
DBL Cisplatin.....	154	A].....	36	sodium dihydrogen	
DBL Dacarbazine.....	149	DHC Continus.....	123	phosphate.....	265
DBL Desferrioxamine Mesylate for Inj		Diabetes.....	9	Disopyramide phosphate.....	46
BP.....	258	Diacomit.....	128	Disulfiram.....	142
DBL Docetaxel.....	161	Diagnostic Agents		Dithranol.....	265
DBL Ergometrine.....	75	Vaccines.....	295	Diuretics.....	50
DBL Gentamicin.....	88	Various.....	261	Dobutamine.....	54
DBL Leucovorin Calcium.....	161	Diagnostic and Surgical		Dobutamine-hameln.....	54
DBL Methotrexate Onco-Vial.....	147	Preparations.....	252	Docetaxel.....	161
DBL Pethidine Hydrochloride.....	125	Diamide Relief.....	5	Docusate sodium	
DBL Vincristine Sulfate.....	162	Diamox.....	254	Alimentary.....	15
Decongestants.....	245	Diatrizoate meglumine with sodium		Sensory.....	256
Decongestants and		amidotrizoate.....	260	Docusate sodium with	
Antiallergics.....	252	Diatrizoate sodium.....	260	sennosides.....	15
Decozol.....	25	Diazepam.....	127, 135	Dolutegravir.....	104

INDEX: Generic Chemicals and Brands

Domperidone.....	130	Eformoterol fumarate.....	246	Entyvio.....	229
Domperidone Viatris.....	130	Eformoterol fumarate dihydrate.....	246	Enzymes.....	114
Donepezil hydrochloride.....	141	Eftrenonacog alfa [Recombinant factor IX].....	33	Ephedrine.....	54
Donepezil-Rex.....	141	Efudix.....	72	Epilim IV.....	128
Dopamine hydrochloride.....	54	eg Clinicians selenium oral drops.....	24	Epipen.....	241
Dornase alfa.....	247	Elaprase.....	19	Epipen Jr.....	241
Dortimopt.....	254	Elecare (Unflavoured).....	277	Epirubicin Ebewe.....	146
Dorzolamide.....	254	Elecare (Vanilla).....	277	Epirubicin hydrochloride.....	146
Dorzolamide with timolol.....	254	Elecare LCP (Unflavoured).....	277	Eplerenone.....	50
Dostinex.....	81	Electral.....	42	Epoetin alfa.....	29
Dosulepin [Dothiepin] hydrochloride.....	125	Electrolytes.....	264	Epoetin beta.....	30
Dosulepin Mylan.....	125	Elelyso.....	21	Epoprostenol.....	62
Dosulepin Viatris.....	125	Elhexacaftor with tezacaftor, ivacaftor and ivacaftor.....	248	Eptacog alfa [Recombinant factor VIIa].....	34
Dotarem.....	261	Elidel.....	71	Eptifibatide.....	37
Dothiepin.....	125	Elocon.....	70	Eptifibatide Viatris.....	37
Doxapram.....	249	Elocon Alcohol Free.....	70	Erbix.....	193
Doxazosin.....	46	Eltrombopag.....	31	Ergometrine maleate.....	75
Doxazosin Clinect.....	46	Emend Tri-Pack.....	130	Erlotinib.....	155
Doxepin hydrochloride.....	125	Emcizumab.....	32	Ertapenem.....	88
Doxine.....	94	EMLA.....	121	Erythrocin IV.....	91
Doxorubicin Ebewe.....	146	Empagliflozin.....	13	Erythromycin (as erythrosuccinate).....	91
Doxorubicin hydrochloride.....	146	Empagliflozin with metformin hydrochloride.....	13	Erythromycin (as lactobionate).....	91
Doxycycline.....	94	Emtricitabine.....	102	Erythromycin (as stearate).....	91
DP Lotn HC.....	70	Emtricitabine with tenofovir disoproxil.....	106	Esbriet.....	244
DP-Allopurinol.....	114	Emtriva.....	102	Escitalopram.....	126
Dr Reddy's Omeprazole.....	8	Emulsifying ointment.....	69	Escitalopram (Ethics).....	126
Drofonate.....	48	Emulsifying Ointment ADE.....	69	Esmolol hydrochloride.....	48
Droperidol.....	130	Enalapril maleate.....	44	Essential Prednisolone.....	7
Droperidol Panpharma.....	130	Enbrel.....	166	Estradot.....	80
Drugs Affecting Bone Metabolism.....	111	Endocrine Therapy.....	162	Etanercept.....	166
Dual blood glucose and blood ketone diagnostic test meter.....	296	Endoxan.....	145	Ethambutol hydrochloride.....	98
Dulaglutide.....	11	Engerix-B.....	290	Ethanol.....	257
Dulcolax SP Drop.....	16	Enlifax XR.....	126	Ethanol with glucose.....	257
Duolin.....	243	Enoxaparin sodium.....	36	Ethanol, dehydrated.....	257
DuoResp Spiromax.....	246	Enstilar.....	71	Ethics Aspirin.....	122
Duovisc.....	253	Ensure (Chocolate).....	283	Ethics Aspirin EC.....	37
Duride.....	54	Ensure (Vanilla).....	283	Ethics Lisinopril.....	44
Durvalumab.....	232	Ensure Plus (Banana).....	284	Ethinylestradiol with desogestrel.....	74
Dynastat.....	117	Ensure Plus (Chocolate).....	284	Ethinylestradiol with levonorgestrel.....	74
Dysport.....	115	Ensure Plus (Fruit of the Forest).....	284	Ethinylestradiol with norethisterone.....	74
- E -		Ensure Plus (Vanilla).....	284	Ethosuximide.....	127
e-chamber La Grande.....	296	Ensure Plus HN.....	282	Ethyl chloride.....	121
e-chamber Mask.....	296	Ensure Plus HN RTH.....	282	Etomidate.....	119
e-chamber Turbo.....	296	Ensure Two Cal HN RTH.....	275	Etopophos.....	149
E-Mycin.....	91	Entacapone.....	118	Etoposide.....	149
E-Z-Cat Dry.....	260	Entecavir.....	104	Etoposide (as phosphate).....	149
E-Z-Gas II.....	260	Entecavir Sandoz.....	104	Etoricoxib.....	116
E-Z-Paste.....	260	Entresto 24/26.....	45	Etravirine.....	102
Econazole nitrate.....	67	Entresto 49/51.....	45	Evava.....	69
Edrophonium chloride.....	111	Entresto 97/103.....	45	Everet.....	128
Efavirenz.....	101			Everolimus.....	237
Efavirenz with emtricitabine and tenofovir disoproxil.....	102				

Evista.....	113	Flixotide Accuhaler.....	246	Frebini Energy.....	280
Evrysdi.....	138	Florinef.....	80	Frebini Energy Fibre.....	280
Evusheld.....	222	Fluanxol.....	133	Frebini Original.....	280
Exemestane.....	165	Flucil.....	92	Frebini Original Fibre.....	280
Exjade.....	258	Flucloxacillin.....	92	Fresofol 1% MCT/LCT.....	119
Extemporaneously Compounded Preparations.....	265	Flucloxacillin-AFT.....	92	Fresubin 2kcal HP.....	275
Eylea.....	189	Flucloxin.....	92	Fresubin HP Energy.....	282
Ezetimibe.....	53	Fluconazole.....	96	Fresubin HP Energy Fibre.....	283
Ezetimibe Sandoz.....	53	Fluconazole-Baxter.....	96	Fresubin Intensive.....	275
Ezetimibe with simvastatin.....	53	Flucytosine.....	98	Fresubin Original.....	283
- F -					
Factor eight inhibitor bypassing fraction.....	34	Fludara Oral.....	147	Fresubin Original Fibre.....	283
Famotidine.....	8	Fludarabine Ebewe.....	147	Frusemide.....	50
Fasenra.....	190	Fludarabine phosphate.....	147	Fucidin.....	95
Faslodex.....	163	Fludrocortisone acetate.....	80	Fucithalmic.....	250
Fatty Cream AFT.....	69	Fluids and Electrolytes.....	40	Fulvestrant.....	163
Febuxostat.....	114	Flumazenil.....	257	Fungiin.....	25
Febuxostat multichem.....	114	Flumetasone pivalate with clioquinol.....	251	Furosemide [Frusemide].....	50
FEIBA NF.....	34	Fluocortolone caproate with fluocortolone pivalate and cinchocaine.....	7	Furosemide-Baxter.....	50
Felo 10 ER.....	48	Fluorescein sodium.....	252	Fusidic acid Dermatological.....	67, 71
Felo 5 ER.....	48	Fluorescein sodium with lignocaine hydrochloride.....	252	Infections.....	95
Felodipine.....	48	Fluorescite.....	252	Sensory.....	250
Fentanyl.....	123	Fluorometholone.....	252	- G -	
Fentanyl Sandoz.....	123	Fluorouracil.....	147	Gabapentin.....	127
Ferinject.....	24	Fluorouracil Accord.....	147	Gacet.....	123
Ferodan.....	23	Fluorouracil sodium.....	72	Gadobenic acid.....	261
Ferric subsulfate.....	33	Fluox.....	126	Gadobutrol.....	261
Ferriprox.....	258	Fluoxetine hydrochloride.....	126	Gadoteric acid.....	261
Ferro-F-Tabs.....	23	Flupenthixol decanoate.....	133	Gadovist 1.0.....	261
Ferro-tab.....	23	FluQuadri (2023 Formulation).....	291	Gadoxetate disodium.....	261
Ferrogad.....	23	Flutamide.....	163	Galsulfase.....	18
Ferrosig.....	24	Flutamin.....	163	Galvumet.....	11
Ferrous fumarate.....	23	Fluticasone.....	246	Galvus.....	11
Ferrous fumarate with folic acid.....	23	Fluticasone furoate with vilanterol.....	246	Ganciclovir.....	105
Ferrous gluconate with ascorbic acid.....	23	Fluticasone propionate.....	242	Gardasil 9.....	290
Ferrous sulfate.....	23	Fluticasone with salmeterol.....	247	Gastrodenol.....	9
Ferrous sulfate with ascorbic acid.....	23	Flynn.....	89	Gastrografin.....	260
Fexofenadine hydrochloride.....	242	FML.....	252	Gazyva.....	202
Filgrastim.....	39	Foban.....	67	Gefitinib.....	156
Finasteride.....	76	Folic acid.....	30	Gelatine, succinylated.....	43
Fingolimod.....	136	Folic Acid multichem.....	30	Gelofusine.....	43
Finazyr.....	241	Folic Acid Mylan.....	30	GEM Aqueous Cream.....	69
Flagyl.....	100	Folic Acid Viatrix.....	30	Gemcitabine.....	147
Flagyl-S.....	100	Fondaparinux sodium.....	36	Gemcitabine Ebewe.....	147
Flamazine.....	67	Food Modules.....	268	Gemtuzumab ozogamicin.....	193
Flecainide acetate.....	47	Food/Fluid Thickeners.....	270	Gentamicin sulphate Infections.....	88
Flecainide BNM.....	47	Forleo.....	113	Sensory.....	250
Flecainide Controlled Release Teva.....	47	Fosamax.....	111	Gestrinone.....	81
Fleet Phosphate Enema.....	16	Fosamax Plus.....	111	Gilenya.....	136
Flixonase Hayfever & Allergy.....	242	Foscarnet sodium.....	105	Ginet.....	74
Flixotide.....	246	Fosfomycin.....	94	Glatiramer acetate.....	136
		Framycetin sulphate.....	250	Glaucoma Preparations.....	254
				Glecaprevir with pibrentasvir.....	105
				Glibenclamide.....	11
				Gliclazide.....	11

INDEX: Generic Chemicals and Brands

Gliolan	165	Healon GV	253	Various.....	257
Glipizide.....	11	Healon GV Pro	253	Hydroxocobalamin Panpharma	27
Glivec.....	157	healthE Dimethicone 10%	68	hydroxycarbamide	149
Glizide.....	11	healthE Dimethicone 4% Lotion	67	Hydroxychloroquine.....	111
Glucagen Hypokit	9	healthE Dimethicone 5%	68	Hydroxyurea	
Glucagon hydrochloride.....	9	healthE Fatty Cream.....	69	[hydroxycarbamide]	149
Glucerna Select	273	healthE Glycerol BP Liquid.....	266	Hygroton	51
Glucose [Dextrose]		healthE Urea Cream.....	70	Hylo-Fresh	256
Alimentary	9	Hemibra	32	Hyoscine butylbromide	7
Blood.....	40	Heparin sodium	36	Hyoscine hydrobromide	131
Extemporaneously Compounded		Heparin Sodium Panpharma	36	Hyperuricaemia and Antigout	114
Preparations	265	Heparinised saline	36	HypoPak Glucose.....	9
Glucose with potassium chloride	40	Heparon Junior.....	275	Hypromellose.....	253, 256
Glucose with potassium chloride and		Hepatitis A vaccine.....	290	Hypromellose with dextran	256
sodium chloride	41	Hepatitis B recombinant			
Glucose with sodium chloride.....	41	vaccine	290		
Glucose with sucrose and		Herceptin	226		
fructose.....	9	Hiberix	286		
Glycerin with sodium saccharin.....	266	Hiprex	95		
Glycerin with sucrose	266	Histaclear.....	242		
Glycerol		Histamine acid phosphate	262		
Alimentary	15	Holoxan	145		
Extemporaneously Compounded		Hormone Replacement Therapy	80		
Preparations	266	HPV	290		
Glycerol with paraffin.....	69	Humalog Mix 25.....	10		
Glyceryl trinitrate		Humalog Mix 50.....	10		
Alimentary	7	Human papillomavirus (6, 11, 16, 18,			
Cardiovascular.....	54	31, 33, 45, 52 and 58) vaccine			
Glycine.....	262	[HPV]	290		
Glycoprep-O	14	Humatin	88		
Glycopyrronium	243	Humira	182		
Glycopyrronium bromide	7	HumiraPen.....	182		
Glycopyrronium with		Hyaluronic acid			
indacaterol	243	Alimentary.....	25		
Glypressin.....	87	Sensory.....	253, 256		
Gonadorelin	82	Hyaluronic acid with lidocaine			
Goserelin	82	[lignocaine]	25		
Granisetron.....	130	Hyaluronidase	114		
		Hydralazine hydrochloride.....	55		
		Hydrocortisone			
		Dermatological	70		
		Extemporaneously Compounded			
		Preparations	266		
		Hormone Preparations.....	80		
		Hydrocortisone acetate.....	6		
		Hydrocortisone acetate with			
		pramoxine hydrochloride	6		
		Hydrocortisone and paraffin liquid			
		and lanolin	70		
		Hydrocortisone butyrate	70, 72		
		Hydrocortisone with miconazole	71		
		Hydrocortisone with natamycin and			
		neomycin	71		
		Hydrogen peroxide	67		
		Hydroxocobalamin			
		Alimentary.....	27		

- H -

Habitrol	142				
Habitrol (Fruit).....	142				
Habitrol (Mint).....	142				
Haem arginate	18				
Haemophilus influenzae type B					
vaccine	286				
Haldol	133				
Haldol Concentrate.....	133				
Haloperidol	132				
Haloperidol decanoate.....	133				
Hartmann's solution	40				
Harvoni	105				
Havrix	290				
Havrix Junior.....	290				
Haylor Syrup.....	242				
Healon	253				
Healon 5	253				

Insulin aspart	10	Itch-Soothe	68	Lanoxin PG	46	
Insulin aspart with insulin aspart protamine	10	Itraconazole	96	Lansoprazole	8	
Insulin glargine	10	Itrazole	96	Lantus	10	
Insulin glulisine	10	Ivabradine	47	Lantus SoloStar	10	
Insulin isophane	10	Ivacaftor	248	Lanzol Relief	8	
Insulin lispro	10	Ivermectin	99	Lapatinib	157	
Insulin lispro with insulin lispro protamine	10	- J -			Largactil	132
Insulin neutral	10	Jadelle	75	Laronidase	19	
Insulin neutral with insulin isophane	10	Jakavi	159	Lasix	50	
Intelence	102	Jardiamet	13	Latanoprost	255	
Interferon alfa-2b	108	Jardiance	13	Latanoprost with timolol	255	
Interferon beta-1-alpha	136	Jaydess	75	Lax-Suppositories	16	
Interferon beta-1-beta	136	Jevity HiCal RTH	282	Lax-suppositories Glycerol	15	
Interferon gamma	108	Jevity RTH	283	Laxatives	14	
Intra-uterine device	74	Jinarc	51	Laxsol	15	
Invanz	88	Juno Pemetrexed	148	Ledipasvir with sofosbuvir	105	
Invega Sustenna	133	- K -			Leflunomide	111
Invega Trinza	134	Kadcyla	227	Lenalidomide	150	
Iodine	86	Kalydeco	248	Letrole	165	
Iodine with ethanol	259	Kenacomb	251	Letrozole	165	
Iodised oil	260	Kenacort-A 10	80	Leukotriene Receptor Antagonists	246	
Iodixanol	260	Kenacort-A 40	80	Leuporelin acetate	82	
Iohexol	260	Kenalog in Orabase	25	Leustatin	147	
Iopidine	255	Ketalar	119	Levetiracetam	128	
Ioscan	260	Ketamine	119	Levetiracetam-AFT	128	
IPCA-Frusamide	50	Ketocal 3:1 (Unflavoured)	280	Levocabastine	252	
IPCA-Metoprolol	48	Ketocal 4:1 (Unflavoured)	280	Levocarnitine	19	
IPCA-Propranolol	48	Ketocal 4:1 (Vanilla)	280	Levodopa with benserazide	119	
IPOL	293	Ketoconazole Dermatological	67	Levodopa with carbidopa	119	
Ipratropium bromide	242	Infections	96	Levomepromazine	132	
Iressa	156	Ketoprofen	117	Levomepromazine hydrochloride	132	
Irinotecan hydrochloride	149	Ketorolac trometamol	252	Levonorgestrel	75	
Iron (as ferric carboxymaltose)	24	KetoSens	296	Levonorgestrel BNM	75	
Iron (as sucrose)	24	Ketostix	296	Levosimendan	54	
Iron polymaltose	24	Keytruda	234	Levothyroxine	87	
Irrigation Solutions	262	Klacid	91	Lidocaine [Lignocaine]	121	
Isentress	104	Klean Prep	15	Lidocaine [Lignocaine] hydrochloride	121	
Isentress HD	104	Kogenate FS	35	Lidocaine [Lignocaine] hydrochloride with adrenaline	121	
Ismo 20	54	Konakion MM	35	Lidocaine [Lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride	121	
Ismo 40 Retard	54	Konsyl-D	15	Lidocaine [Lignocaine] hydrochloride with chlorhexidine	121	
Isoflurane	119	Kuvan	20	Lidocaine [Lignocaine] hydrochloride with phenylephrine hydrochloride	121	
Isoniazid	99	- L -			Lidocaine [Lignocaine] with prilocaine	121
Isoniazid with rifampicin	99	L-ornithine L-aspartate	9	Lidocaine-Baxter	121	
Isoprenaline [Isoproterenol]	54	Labetalol	48	lignocaine Alimentary	25	
Isopropyl alcohol	259	Lacosamide	127	Nervous	121	
Isoproterenol	54	Lactose	266			
Isoptin	49	Lactulose	16			
Isoptin SR	49	Laevolac	16			
Isopto Carpine	254	Lagevrio	108			
Isosorbide mononitrate	54	Lamictal	128			
Isotretinoin	68	Lamivudine	102, 104			
Ispaghula (psyllium) husk	15	Lamivudine Alphapharm	102			
Isradipine	49	Lamivudine Viatrix	102			
		Lamotrigine	128			
		Lanoxin	46			

Lincomycin.....	95	chloride and citric acid with	Mebeverine hydrochloride	7
Linezolid	95	magnesium oxide and sodium	Medrol.....	80
Linezolid Kabi	95	picosulfate	Medroxyprogesterone.....	81
Lioresal Intrathecal	115	Macrogol 3350 with potassium	Medroxyprogesterone acetate	
Liothyronine sodium	87	chloride and sodium chloride with/	Genito-Urinary.....	75
Lipid-Modifying Agents	51	without sodium sulfate, sodium	Hormone Preparations.....	81
Lipiodol Ultra Fluid.....	260	ascorbate, ascorbic acid.....	Mefenamic acid	117
Liquibar.....	260	Macrogol 3350 with potassium	Mefloquine	100
Liraglutide.....	12	chloride, sodium bicarbonate and	Meglumine gadopentetate.....	261
Lisinopril	44	sodium chloride	Meglumine iotroxate	261
Lissamine green.....	252	Macrogol 3350 with potassium	Melatonin	137
Lithium carbonate.....	132	chloride, sodium bicarbonate,	Melpha.....	145
LMX4	121	sodium chloride and sodium	Melphalan.....	145
Lo-Oralcon 20 ED.....	74	sulphate.....	Menaactra.....	286
Local Preparations for Anal and		Madopar 125	Meningococcal (A, C, Y and W-135)	
Rectal Disorders	7	Madopar 250	conjugate vaccine.....	286
Locoid	70, 72	Madopar 62.5	Meningococcal B multicomponent	
Locoid Crelo	70	Madopar HBS.....	vaccine	287
Locoid Lipocream	70	Madopar Rapid.....	Meningococcal C conjugate	
Lodoxamide.....	252	Mafenide acetate	vaccine	287
Logem.....	128	Magnesium amino acid chelate.....	MenQuadfi.....	286
Lomide	252	Magnesium chloride	Menthol.....	266
Lomustine.....	145	Magnesium hydroxide	Mepivacaine hydrochloride.....	121
Long-Acting Beta-Adrenoceptor		Alimentary.....	Mepivacaine hydrochloride with	
Agonists.....	246	Extemporaneously Compounded	adrenaline.....	122
Loniten	55	Preparations	Mepolizumab	201
Loperamide hydrochloride	5	Magnesium oxide	Mercaptopurine.....	147
Lopinavir with ritonavir.....	104	Magnesium oxide with magnesium	Meropenem	89
Lopinavir/Ritonavir Mylan.....	104	aspartate, magnesium amino acid	Meropenem-AFT	89
Lorafix.....	242	chelate and magnesium	Mesalazine	6
Loratadine.....	242	citrate.....	Mesna	162
Lorazepam.....	127, 135	Magnesium sulphate	Mestinon	111
Lormetazepam.....	137	Magnevist	Metabolic Disorder Agents	16
Lorstat	52	Malarone.....	Metabolic Products	270
Losartan Actavis.....	45	Malarone Junior.....	Metaraminol.....	55
Losartan potassium	45	Malathion [Maldison].....	Metformin hydrochloride.....	11
Losartan potassium with		Maldison	Metformin Mylan.....	11
hydrochlorothiazide	45	Mannitol	Metformin Viatrix.....	11
Lovir.....	105	Cardiovascular.....	Methacholine chloride.....	262
Loxamine	126	Various.....	Methadone BNM.....	124
Lucrin Depot 1-month	82	Mantoux.....	Methadone hydrochloride	
Lucrin Depot 3-month	82	Maprotiline hydrochloride	Extemporaneously Compounded	
Lyderm.....	68	Marcain.....	Preparations	266
Lynparza.....	150	Marcain Heavy.....	Nervous.....	124
Lysine acetylsalicylate [Lysine		Marcain Isobaric	Methenamine (Hexamine)	
asprin].....	37	Marcain with Adrenaline	hippurate.....	95
Lysine asprin	37	Marevan.....	Methohexital sodium.....	119
- M -				
m-Eslon	124	Marine Blue Lotion SPF 50+	Methopt.....	256
Mabthera	206	Martindale Pharma	Methotrexate.....	147
Macrogol	95	Mask for spacer device.....	Methotrexate DBL Onco-Vial.....	147
Macrogol 3350 with ascorbic acid,		Maviret.....	Methotrexate Ebewe.....	147
potassium chloride and sodium		Maxidex	Methotrexate Sandoz	147
chloride.....	14	Maxitrol.....	Methoxsalen	
Macrogol 3350 with ascorbic acid,		Measles, mumps and rubella	[8-methoxy psoralen].....	71
potassium chloride, sodium		vaccine	Methoxyflurane	122
chloride and citric acid with		Mebendazole.....	Methyl aminolevulinate	

hydrochloride.....	72	Minirin.....	87	Mylan Clomiphen.....	81
Methyl hydroxybenzoate.....	266	Minirin Melt.....	87	Mylan Italy (24 hr release).....	49
Methylcellulose.....	266	Minocycline.....	94	Mylan Midazolam.....	137
Methylcellulose with glycerin and sodium saccharin.....	266	Minoxidil.....	55	Myleran.....	145
Methylcellulose with glycerin and sucrose.....	266	Mirena.....	75	Mylotarg.....	193
Methyldopa.....	50	Mirtazapine.....	126	Myozyme.....	16
Methyldopa Mylan.....	50	Misoprostol.....	8	- N -	
Methylene blue.....	262	Mitomycin C.....	146	Nadolol.....	48
Methylnaltrexone bromide.....	15	Mitozantrone.....	146	Nadolol BNM.....	48
Methylphenidate ER - Teva.....	140	Mitozantrone Ebewe.....	146	Naglazyme.....	18
Methylphenidate hydrochloride.....	140	Mivacurium chloride.....	115	Naloxone hydrochloride.....	257
Methylprednisolone (as sodium succinate).....	80	Mixed salt solution for eye irrigation.....	253	Naltracord.....	142
Methylprednisolone aceponate.....	70	Moclobemide.....	126	Naltrexone hydrochloride.....	142
Methylprednisolone acetate.....	80	Modafinil.....	140	Naphazoline hydrochloride.....	252
Methylthioninium chloride [Methylene blue].....	262	Modavigil.....	140	Naphcon Forte.....	252
Methylxanthines.....	247	Molaxole.....	16	Naprosyn SR 1000.....	117
Metoclopramide Actavis 10.....	131	Molnupiravir.....	108	Naprosyn SR 750.....	117
Metoclopramide hydrochloride.....	131	Mometasone furoate.....	70	Naropin.....	122
Metoclopramide hydrochloride with paracetamol.....	130	Monosodium glutamate with sodium aspartate.....	264	Natalizumab.....	136
Metolazone.....	51	Monosodium l-aspartate.....	264	Natamycin.....	250
Metoprolol IV Mylan.....	48	Montelukast.....	246	Natulan.....	152
Metoprolol IV Viatris.....	48	Montelukast Mylan.....	246	Nausafix.....	131
Metoprolol succinate.....	48	Montelukast Viatris.....	246	Nausicalm.....	130
Metoprolol tartrate.....	48	Morococog alfa [Recombinant factor VIII].....	34	Navelbine.....	162
Metrogyl.....	100	Morphine hydrochloride.....	124	Nefopam hydrochloride.....	122
Metronidazole.....		Morphine sulphate.....	124	Neisvac-C.....	287
Dermatological.....	67	Morphine tartrate.....	124	Neo-Mercazole.....	86
Infections.....	100	Motetis.....	118	Neocate Gold (Unflavoured).....	277
Metyrapone.....	81	Mouth and Throat.....	25	Neocate Junior Vanilla.....	277
Mexiletine hydrochloride.....	47	Movapo.....	118	Neoral.....	165
Miacalcic.....	78	Moxifloxacin.....	93	Neostigmine metilsulfate.....	111
Mianserin hydrochloride.....	125	Moxifloxacin Kabi.....	93	Neostigmine metilsulfate with glycopyrronium bromide.....	111
Micolette.....	16	Mozobil.....	39	Neosynephrine HCL.....	55
Miconazole.....	25	Mucolytics and Expectorants.....	247	Nepafenac.....	252
Miconazole nitrate.....		Mucosoothe.....	121	Nepro HP (Strawberry).....	281
Dermatological.....	67	Multihance.....	261	Nepro HP (Vanilla).....	281
Genito-Urinary.....	74	Multiple Sclerosis Treatments.....	135	Nepro HP RTH.....	281
Micreme.....	74	Multiple Sclerosis Treatments.....	135	Neupogen.....	39
Micreme H.....	71	Multivitamin and mineral supplement.....	25	NeuroTabs.....	23
Microlut.....	75	Multivitamin renal.....	26	Nevirapine.....	102
Midazolam.....	137	Multivitamins.....	26	Nevirapine Alphapharm.....	102
Midazolam Viatris.....	137	Mupirocin.....	67	Nevirapine Viatris.....	102
Midodrine.....	47	Muscle Relaxants and Related Agents.....	115	Nicardipine hydrochloride.....	49
Mifepristone.....	75	Mvite.....	26	Nicorandil.....	55
Milrinone.....	55	Myambutol.....	98	Nicotine.....	142
Milrinone-Baxter.....	55	Mycobutin.....	99	Nifedipine.....	49
Minerals.....	23	Mycophenolate mofetil.....	237	Nifuran.....	95
Mini-Wright AFS Low Range.....	296	Mydiacyl.....	255	Nilotinib.....	157
Mini-Wright Standard.....	296	Mydriatics and Cycloplegics.....	255	Nilstat.....	
Minidiab.....	11	Mylan (24 hr release).....	49	Alimentary.....	25
Minims Prednisolone.....	252	Mylan Atenolol.....	47	Genito-Urinary.....	74
				Infections.....	96
				Nimodipine.....	49
				Nimotop.....	49

Nintedanib	243	Nystatin	Opdivo	233
Nirmatrelvir with ritonavir	108	Alimentary	Optional Pharmaceuticals	296
Nitazoxanide	100	Dermatological	Ora-Blend	266
Nitrates	54	Genito-Urinary	Ora-Blend SF	266
Nitroderm TTS 10	54	Infections	Ora-Plus	266
Nitroderm TTS 5	54	- O -	Ora-Sweet	266
Nitrofurantoin	95	Obinutuzumab	Ora-Sweet SF	266
Nitrolingual Pump Spray	54	Obstetric Preparations	Oralcon 30 ED	74
Nivestim	39	Ocrelizumab	Oratane	68
Nivolumab	233	Ocrevus	Ornidazole	100
Nodia	5	Octocog alfa [Recombinant factor VIII] (Advate)	Orphenadrine citrate	115
Noflam 250	117	Octocog alfa [Recombinant factor VIII] (Kogenate FS)	Oruvail SR	117
Noflam 500	117	Octreotide	Oseltamivir	107
Non-Steroidal Anti-Inflammatory Drugs	116	Octreotide Depot Teva	Osmlite RTH	283
Nonacog gamma, [Recombinant factor IX]	34	Ocular Lubricants	Other Cardiac Agents	54
Noradrenaline	55	Oestradiol	Other Endocrine Agents	81
Noradrenaline BNM	55	Oestradiol valerate	Other Oestrogen Preparations	81
Norethisterone Genito-Urinary	75	Oestradiol with norethisterone acetate	Other Otological Preparations	256
Hormone Preparations	82	Oestriol	Other Progestogen Preparations	81
Norethisterone with mestranol	74	Genito-Urinary	Other Skin Preparations	72
Norflex	115	Hormone Preparations	Other Supplements for PKU	284
Norfloxacin	93	Oestrogens	Ovestin Genito-Urinary	76
Noriday 28	75	Oestrogens (conjugated equine)	Hormone Preparations	81
Normison	137	Oestrogens with medroxyprogesterone acetate	Oxaliplatin	154
Norpress	126	Ofev	Oxaliplatin Accord	154
Nortriptyline hydrochloride	126	Oil in water emulsion	Oxandrolone	78
Norvir	104	Oily phenol [Phenol oily]	Oxazepam	135
Noumed Paracetamol	123	Olanzapine	Oxpentifylline	55
Noumed Pethidine	125	Olaparib	Oxybuprocaine hydrochloride	253
Noumed Phenobarbitone	128	Olive oil	Oxybutynin	76
Novasource Renal (Vanilla)	281	Olopatadine	Oxycodone hydrochloride	124
Novatretin	71	Olopatadine Teva	Oxycodone Sandoz	124
NovoMix 30 FlexPen	10	Olsalazine	Oxymetazoline hydrochloride	245
NovoRapid FlexPen	10	Olumiant	OxyNorm	124
NovoSeven RT	34	Omalizumab	Oxytocin	75
Nozinan	132	Omeprazole	Oxytocin BNM	75
Nucala	201	Omeprazole actavis 10	Oxytocin with ergometrine maleate	75
Nuelin	247	Omeprazole actavis 20	Ozurdex	251
Nuelin-SR	247	Omeprazole actavis 40	- P -	
Nupentin	127	Omezol IV	Pacifen	115
Nusinersen	137	Omnipaque	Pacimol	123
Nutren Diabetes (Vanilla)	274	Omnitrope	Paclitaxel	161
Nutrini Energy Multi Fibre	280	Onbrez Breezhaler	Paclitaxel Ebewe	161
Nutrini Low Energy Multifibre RTH	280	Oncaspar LYO	Palbociclib	158
Nutrini Peptisorb Energy	277	OncoTICE	Paliperidone	133
Nutrison 800 Complete Multi Fibre	283	Ondansetron	Paliperidone palmitate	134
Nutrison Concentrated	275	Ondansetron Kabi	Palivizumab	204
Nutrison Energy	282	Ondansetron ODT-DRLA	Pamidronate disodium	112
Nutrison Protein Intense	276	Ondansetron-AFT	Pamisol	112
Nyefax Retard	49	One-Alpha	Pamol	123
			Pancreatic enzyme	13
			Pancuronium bromide	115
			Pantoprazole	8

Panzop Relief.....	8	Perrigo.....	72	PKU GMPro Ultra Lemonade.....	284
Papaverine hydrochloride.....	55	Pertuzumab.....	205	PKU sphere20 Banana.....	284
Paper wasp venom.....	241	Peteha.....	99	PKU sphere20 Chocolate.....	284
Para-aminosalicylic Acid.....	99	Pethidine hydrochloride.....	125	PKU sphere20 Lemon.....	284
Paracetamol.....	123	Pexsig.....	49	PKU sphere20 Red Berry.....	284
Paracetamol (Ethics).....	123	Pfizer Exemestane.....	165	PKU sphere20 Vanilla.....	284
Paracetamol Kabi.....	123	Pheburane.....	21	Plaquenil.....	111
Paracetamol with codeine.....	124	Phenafen.....	148	Plasma-Lyte 148.....	40
Paraffin		Phenelzine sulphate.....	126	Plasma-Lyte 148 & 5% Glucose.....	40
Alimentary.....	15	Phenindione.....	36	Plendil ER.....	48
Dermatological.....	69	Phenobarbitone.....	128, 137	Plenvu.....	15
Extemporaneously Compounded		Phenobarbitone sodium.....	266	Plerixafor.....	39
Preparations.....	266	Phenol		Pneumococcal (PCV10) conjugate	
Paraffin liquid with soft white		Extemporaneously Compounded		vaccine.....	288
paraffin.....	256	Preparations.....	266	Pneumococcal (PCV13) conjugate	
Paraffin liquid with wool fat.....	256	Various.....	263	vaccine.....	288
Paraffin with wool fat.....	70	Phenol oily.....	7	Pneumococcal (PPV23)	
Paraldehyde.....	127	Phenol with ioxaglic acid.....	263	polysaccharide vaccine.....	289
Parecoxib.....	117	Phenothrin.....	68	Pneumovax 23.....	289
Paromomycin.....	88	Phenoxybenzamine		Podophyllotoxin.....	72
Paroxetine.....	126	hydrochloride.....	46	Polidocanol.....	33
Paser.....	99	Phenoxymethylpenicillin [Penicillin		Poliomyelitis vaccine.....	293
Patent blue V.....	262	V].....	92	Poloxamer.....	15
Paxam.....	135	Phentolamine mesylate.....	46	Poly Gel.....	255
Paxlovid.....	108	Phenylephrine hydrochloride		Poly-Tears.....	256
Pazopanib.....	158	Cardiovascular.....	55	Poly-Visc.....	256
Peak flow meter.....	296	Sensory.....	255	Polyethylene glycol 400 and	
Peanut oil.....	265	Phenytoin.....	128	propylene glycol.....	256
Pedialyte - Bubblegum.....	42	Phenytoin sodium.....	127-128	Polyhexamethylene biguanide.....	266
Pediasure (Chocolate).....	281	Phosphorus.....	42	Polyvinyl alcohol with povidone.....	256
Pediasure (Strawberry).....	281	Phytomenadione.....	35	Poractant alfa.....	249
Pediasure (Vanilla).....	281	Picibanil.....	237	Posaconazole.....	96
Pediasure RTH.....	280	Pilocarpine hydrochloride.....	254	Posaconazole Juno.....	96
Pegaspargase.....	151	Pilocarpine nitrate		Potassium chloride.....	41, 43
Pegasyg.....	108	Extemporaneously Compounded		Potassium chloride with sodium	
Pegfilgrastim.....	39	Preparations.....	266	chloride.....	41
Pegylated interferon alfa-2a.....	108	Sensory.....	254	Potassium citrate.....	76
Pembrolizumab.....	234	Pimafucort.....	71	Potassium dihydrogen	
Pemetrexed.....	148	Pimecrolimus.....	71	phosphate.....	41
Penicillamine.....	111	Pine tar with trolamine laurilsulfate		Potassium iodate	
Penicillin G.....	92	and fluorescein.....	72	Alimentary.....	23
Penicillin V.....	92	Pinetarsol.....	72	Hormone Preparations.....	87
Pentacarinat.....	100	Pioglitazone.....	11	Potassium iodate with iodine.....	23
Pentagastrin.....	81	Piperacillin with tazobactam.....	92	Potassium perchlorate.....	87
Pentamidine isethionate.....	100	Pipothiazine palmitate.....	134	Potassium permanganate.....	72
Pentasa.....	6	PipTaz-AFT.....	92	Povidone K30.....	266
Pentostatin [Deoxycoformycin].....	152	Pirfenidone.....	244	Povidone-iodine.....	259
Pentoxifylline [Oxpentifylline].....	55	Pituitary and Hypothalamic		Povidone-iodine with ethanol.....	259
Peptamen OS 1.0 (Vanilla).....	274	Hormones and Analogues.....	82	Pradaxa.....	35
Perflutren.....	261	Pivmecillinam.....	95	Pralidoxime iodide.....	257
Perhexiline maleate.....	49	Pizotifen.....	130	Pramipexole hydrochloride.....	119
Pericyazine.....	132	PKU Anamix Junior LQ (Berry).....	272	Pravastatin.....	52
Perindopril.....	44	PKU Anamix Junior LQ		Pravastatin Mylan.....	52
Periset.....	131	(Orange).....	272	Pravastatin Viatrix.....	52
Perjeta.....	205	PKU Anamix Junior LQ		Praxbind.....	33
Permethrin.....	68	(Unflavoured).....	272	Praziquantel.....	100

INDEX: Generic Chemicals and Brands

Prazosin.....	46	Puri-nethol.....	147	Ribomustin.....	144
Pred Forte.....	252	Puria.....	27	Ricit.....	76
Prednisolone.....	80	Pyrazinamide.....	99	Rifabutin.....	99
Prednisolone acetate.....	252	Pyridostigmine bromide.....	111	Rifadin.....	99
Prednisolone sodium.....	7	Pyridoxal-5-phosphate.....	19	Rifampicin.....	99
Prednisolone sodium phosphate.....	252	Pyridoxine hydrochloride.....	27	Rifaximin.....	9
Prednisolone- AFT.....	252	Pyridoxine multichem.....	27	Rifinah.....	99
Prednisone.....	80	Pyrimethamine.....	101	Rilutek.....	118
Prednisone Clinect.....	80	Pytazen SR.....	37	Riluzole.....	118
Pregabalin.....	128	- Q -		Ringer's solution.....	41
Pregabalin Pfizer.....	128	Quetapel.....	132	RINVOQ.....	239
Pregnancy test - hCG urine.....	296	Quetiapine.....	132	Riodine.....	259
preOp.....	282	Quinapril.....	44	Risdiplam.....	138
Prevenar 13.....	288	Quinapril with hydrochlorothiazide.....	44	Risedronate Sandoz.....	112
Priadel.....	132	Quinine dihydrochloride.....	101	Risedronate sodium.....	112
Prilocaine hydrochloride.....	122	Qvar.....	245	Risperdal Consta.....	134
Prilocaine hydrochloride with felypressin.....	122	- R -		Risperidone.....	133-134
Primaquine.....	100	RA-Morph.....	124	Risperidone (Teva).....	133
Primidone.....	128	Rabies vaccine.....	293	Risperon.....	133
Primolut N.....	82	Raloxifene.....	113	Ritalin.....	140
Primovist.....	261	Raltegravir potassium.....	104	Ritalin LA.....	140
Priorix.....	292	Ramipex.....	119	Ritonavir.....	104
Probenecid.....	115	Ramipril.....	44	Rituximab (mabthera).....	206
Procaine penicillin.....	92	Ranbaxy-Cefaclor.....	89	Rituximab (riximyo).....	208
Procarbazine hydrochloride.....	152	Ranibizumab.....	206	Rivaroxaban.....	37
Prochlorperazine.....	131	Ranitidine.....	8	Rivastigmine.....	141
Proctosedyl.....	7	Rapamune.....	237	Rivastigmine Patch BNM 10.....	141
Procyclidine hydrochloride.....	118	Rasagiline.....	119	Rivastigmine Patch BNM 5.....	141
Progesterone.....	75	Rasburicase.....	115	Riximyo.....	208
Proglucem.....	9	Readi-CAT 2.....	260	RIXUBIS.....	34
Proglycem.....	9	Reandron 1000.....	78	Rizamelt.....	130
Progynova.....	80	Recombinant factor IX.....	33-34	Rizatriptan.....	130
Prolia.....	112	Recombinant factor VIIa.....	34	Robinul.....	7
Promethazine hydrochloride.....	242	Recombinant factor VIII.....	34-35	Rocuronium bromide.....	115
Propafenone hydrochloride.....	47	Rectogesic.....	7	Ronapreve.....	192
Propofol.....	119	Red back spider antivenom.....	258	Ropin.....	119
Propranolol.....	48	Redipred.....	80	Ropinrole hydrochloride.....	119
Propylthiouracil.....	87	Relenza Rotadisk.....	107	Ropivacaine hydrochloride.....	122
Prostin E2.....	75	Relistor.....	15	Ropivacaine hydrochloride with fentanyl.....	122
Prostin VR.....	55	Remdesivir.....	108	Ropivacaine Kabi.....	122
Protamine sulphate.....	36	Remicade.....	193	Rose bengal sodium.....	253
Protionamide.....	99	Remifentanil.....	125	Rosuvastatin.....	52
Protirelin.....	87	Remifentanil-AFT.....	125	Rosuvastatin Viatrix.....	52
Proveblue.....	262	Resonium A.....	43	Rotarix.....	293
Provera.....	81	Resource Beneprotein.....	269	Rotavirus oral vaccine.....	293
Provera HD.....	81	Respiratory Stimulants.....	249	Roxithromycin.....	91
Proxymetacaine hydrochloride.....	253	Retinol.....	27	Rubifen.....	140
Pseudoephedrine hydrochloride.....	245	Retinol Palmitate.....	256	Rubifen SR.....	140
Psoriasis and Eczema Preparations.....	71	ReTrieve.....	68	Rurioctocog alfa pegol [Recombinant factor VIII].....	35
PTU.....	87	Retrovir.....	103	Ruxolitinib.....	159
Pulmonary Surfactants.....	249	Retrovir IV.....	103	- S -	
Pulmozyme.....	247	Revlimid.....	150	S26 LBW Gold RTF.....	279
		Revolade.....	31	Sabril.....	129
		Riboflavin.....	20	Sacubitril with valsartan.....	45
		Riboflavin 5-phosphate.....	254		

SalAir.....	245	Snake antivenom.....	258	acid.....	16
Salazopyrin.....	7	Sodibic.....	43	Sodium picosulfate.....	16
Salazopyrin EN.....	7	Sodium acetate.....	41	Sodium polystyrene sulphonate.....	43
Salbutamol.....	245	Sodium acid phosphate.....	42	Sodium stibogluconate.....	101
Salbutamol with ipratropium bromide.....	243	Sodium alginate with magnesium alginate.....	5	Sodium tetradecyl sulphate.....	33
Salicylic acid.....	266	Sodium alginate with sodium bicarbonate and calcium carbonate.....	5	Sodium thiosulfate.....	257
Salmeterol.....	246	Sodium aurothiomalate.....	111	Sodium valproate.....	128
Salmonella typhi vaccine.....	289	Sodium benzoate.....	20	Sodium with potassium.....	264
Sandimmun.....	165	Sodium bicarbonate Blood.....	41, 43	Solifenacin Mylan.....	77
Sandomigran.....	130	Extemporaneously Compounded Preparations.....	266	Solifenacin succinate.....	77
Sapropterin Dihydrochloride.....	20	Sodium calcium edetate.....	259	Solifenacin Viatris.....	77
Scalp Preparations.....	72	Sodium chloride Blood.....	42-43	Solu-Cortef.....	80
Scandonest 3%.....	121	Respiratory.....	245, 248	Solu-Medrol.....	80
Sclerosing Agents.....	249	Various.....	263	Solu-Medrol Act-O-Vial.....	80
Scopoderm TTS.....	131	Sodium chloride with sodium bicarbonate.....	245	Somatropin.....	82
Sebizole.....	67	Sodium citrate Alimentary.....	5	Sotalol.....	48
Secretin pentahydrochloride.....	262	Extemporaneously Compounded Preparations.....	267	Soya oil.....	257
Secukinumab.....	219	Sodium citrate with sodium chloride and potassium chloride.....	37	Spacer device.....	296
Sedatives and Hypnotics.....	136	Sodium citrate with sodium lauryl sulphoacetate.....	16	Span-K.....	43
Seebri Breezhaler.....	243	Sodium citro-tartrate.....	76	Spazmol.....	7
Selegiline hydrochloride.....	119	Sodium cromoglicate Alimentary.....	7	Specialised Formulas.....	273
Selenium.....	24	Respiratory.....	242	Spinal Muscular Atrophy.....	137
Sennosides.....	16	Sensory.....	252	Spinraza.....	137
Serc.....	130	Sodium dihydrogen phosphate [Sodium acid phosphate].....	42	Spiopto Respimat.....	243
Serenace.....	132	Sodium fluoride.....	23	Spiractin.....	50
Seretide.....	247	Sodium fusidate [Fusidic acid] Dermatological.....	67	Spiramycin.....	101
Seretide Accuhaler.....	247	Infections.....	95	Spiriva.....	243
Serevent.....	246	Sensory.....	250	Spiriva Respimat.....	243
Serevent Accuhaler.....	246	Sodium hyaluronate [Hyaluronic acid] Alimentary.....	25	Spirolactone.....	50
Sertraline.....	126	Sensory.....	253, 256	Sprycel.....	155
Setrona.....	126	Sodium hyaluronate [Hyaluronic acid] with chondroitin sulphate.....	253	Standard Feeds.....	282
Sevoflurane.....	120	Sodium hydroxide.....	263	Starch.....	267
Sevredol.....	124	Sodium hypochlorite.....	259	Stavudine.....	103
Shingles vaccine.....	294	Sodium metabisulfite.....	267	Stelara.....	228
Shingrix.....	294	Sodium nitrite.....	257	Sterculia with frangula.....	15
Sildenafil.....	61	Sodium nitroprusside Cardiovascular.....	55	SteroClear.....	242
Siltuximab.....	222	Optional Pharmaceuticals.....	296	Stesolid.....	127
Silver nitrate Dermatological.....	72	Sodium phenylbutyrate.....	21	Stimulants / ADHD Treatments.....	139
Extemporaneously Compounded Preparations.....	266	Sodium phosphate with phosphoric acid.....	16	Stiripentol.....	128
Simeticone.....	5			Stocrin.....	101
Simulect.....	190			Streptomycin sulphate.....	88
Simvastatin.....	53			Stromectol.....	99
Simvastatin Mylan.....	53			Sucralfate.....	9
Simvastatin Viatris.....	53			Sucrose.....	123
Sincalide.....	262			Sugammadex.....	116
Sinemet.....	119			Sugammadex BNM.....	116
Sinemet CR.....	119			Sulfadiazine silver.....	67
Sirolimus.....	237			Sulfasalazine.....	7
Sirturo.....	98			Sulindac.....	117
Siterone.....	78			Sulphacetamide sodium.....	250
Slow-Lopresor.....	48			Sulphadiazine.....	95
Smith BioMed Rapid Pregnancy Test.....	296			Sulphur.....	267
				Sulprix.....	131
				Sumagran.....	130
				Sumatriptan.....	130
				Sunitinib.....	160

INDEX: Generic Chemicals and Brands

Sunitinib Pfizer.....	160	Terazosin.....	46	Tofranil.....	125
Sunscreen, proprietary.....	72	Terbinafine.....	98	Tolcapone.....	119
Suprane.....	119	Terbutaline.....	75	Tolvaptan.....	51
Surgical Preparations.....	263	Terbutaline sulphate.....	245	Topamax.....	129
Survimed OPD.....	275	Teriflunomide.....	136	Topical Products for Joint and Muscular Pain.....	117
Sustagen Hospital Formula (Chocolate).....	283	Teriparatide.....	113	Topiramate.....	129
Sustagen Hospital Formula (Vanilla).....	283	Teripressin.....	87	Topiramate Actavis.....	129
Suxamethonium chloride.....	115	Testosterone.....	78	Torbay.....	55
Sylvant.....	222	Testosterone cipionate.....	78	Tracrium.....	115
Symbicort Turbuhaler.....	246	Testosterone esters.....	78	Tramadol hydrochloride.....	125
Sympathomimetics.....	54	Testosterone undecanoate.....	78	Tramal 100.....	125
Synacthen.....	82	Tetrabenazine.....	118	Tramal 50.....	125
Synacthen Depot.....	82	Tetracaine [Amethocaine] hydrochloride Nervous.....	122	Tramal SR 100.....	125
Synagis.....	204	Sensory.....	253	Tramal SR 150.....	125
Synflorix.....	288	Tetracosactide [Tetracosactrin].....	82	Tramal SR 200.....	125
Syntometrine.....	75	Tetracosactrin.....	82	Trandate.....	48
Syrup.....	267	Tetracycline.....	94	Tranexamic acid.....	33
Systane Unit Dose.....	256	Teva Lisinopril.....	44	Tranexamic-AFT.....	33
- T -					
Tacrolimus Dermatological.....	72	Thalidomide.....	153	Tranycypromine sulphate.....	126
Oncology.....	166	Thalomid.....	153	Trastuzumab.....	226
Tacrolimus Sandoz.....	166	Theobroma oil.....	267	Trastuzumab emtansine.....	227
Tagitol V.....	260	Theophylline.....	247	Travatan.....	255
Talc.....	249	Thiamine hydrochloride.....	27	Travoprost.....	255
Taliglucerase alfa.....	21	Thiamine multichem.....	27	Treatments for Dementia.....	141
Tambacor.....	47	Thioguanine.....	148	Treatments for Substance Dependence.....	141
Tamoxifen citrate.....	165	Thiopentone.....	120	Tretinoin Dermatological.....	68
Tamoxifen Sandoz.....	165	Thiotepa.....	145	Oncology.....	153
Tamsulosin hydrochloride.....	76	Thrombin.....	33	Trexate.....	147
Tamsulosin-Rex.....	76	Thyroid and Antithyroid Preparations.....	86	Tri-sodium citrate.....	267
Targocid.....	95	Thyrotropin alfa.....	82	Triamcinolone acetonide Alimentary.....	25
Tasigna.....	157	Ticagrelor.....	37	Dermatological.....	71
Tasmar.....	119	Ticagrelor Sandoz.....	37	Hormone Preparations.....	80
Taurine.....	22	Ticarcillin with clavulanic acid.....	92	Triamcinolone acetonide with gramicidin, neomycin and nystatin.....	251
Tecentriq.....	231	Ticlopidine.....	38	Triamcinolone acetonide with neomycin sulphate, gramicidin and nystatin.....	71
Tecfidera.....	136	Tigecycline.....	94	Triamcinolone hexacetonide.....	80
Tegretol.....	127	Tilcotil.....	117	Triazolam.....	137
Tegretol CR.....	127	Timolol.....	254	Trichloroacetic acid.....	267
Teicoplanin.....	95	Tiempo XL.....	254	Trientine dihydrochloride.....	23
Temaccord.....	152	Tiotropium bromide.....	243	Trikafta.....	248
Temazepam.....	137	Tiotropium bromide with olodaterol.....	243	Trimethoprim.....	95
Temozolomide.....	152	Tivicay.....	104	Trimethoprim with sulphamethoxazole [Co-trimoxazole].....	95
Tenecteplase.....	38	Tixagevimab with cilgavimab.....	222	Trisul.....	95
Tenofovir disoproxil.....	105	TMP.....	95	Trometamol.....	263
Tenofovir Disoproxil Emtricitabine Mylan.....	106	Tobradex.....	250	Tropicamide.....	255
Tenofovir Disoproxil Emtricitabine Viatr.....	106	Tobramycin Infections.....	88	Tropisetron.....	131
Tenofovir Disoproxil Mylan.....	105	Sensory.....	250		
Tenofovir Disoproxil Viatris.....	105	Tobramycin BNM.....	88		
Tenoxicam.....	117	Tobramycin Mylan.....	88		
Tensipine MR10.....	49	Tobrex.....	250		
		Tocilizumab.....	222		

Trulicity.....	11	Venclexta.....	153	- X -	
Tryzan.....	44	Venetoclax.....	153	X-Opaque-HD.....	260
Tuberculin PPD [Mantoux] test.....	295	Venlafaxine.....	126	Xanthan.....	267
Tubersol.....	295	Venofer.....	24	Xarelto.....	37
Two Cal HN.....	275	VENOX.....	241	Xifaxan.....	9
Tykerb.....	157	Ventolin.....	245	Xolair.....	203
Tysabri.....	136	Vepesid.....	149	Xylocaïne.....	121
- U -		Verapamil hydrochloride.....	49	Xylometazoline hydrochloride.....	245
Ultibro Breezhaler.....	243	Vermox.....	100	Xyntha.....	34
Ultraproct.....	7	Versacloz.....	132	- Y -	
Umeclidinium.....	243	Vesanoid.....	153	Yellow jacket wasp venom.....	241
Umeclidinium with vilanterol.....	243	Vexazone.....	11	- Z -	
Univent.....	242	Vfend.....	97	Zanamivir.....	107
Upadacitinib.....	239	Victoza.....	12	Zapril.....	44
Ural.....	76	Vigabatrin.....	129	Zarontin.....	127
Urea		Vigisom.....	137	Zavedos.....	146
Dermatological.....	70	Vildagliptin.....	11	Zeffix.....	104
Extemporaneously Compounded		Vildagliptin with metformin		Zematop.....	72
Preparations.....	267	hydrochloride.....	11	Zetlam.....	104
Urex Forte.....	50	Vimpat.....	127	Ziagen.....	102
Urografin.....	260	Vinblastine sulphate.....	162	Zidovudine [AZT].....	103
Urokinase.....	39	Vincristine sulphate.....	162	Zidovudine [AZT] with	
Urologicals.....	76	Vinorelbine.....	162	lamivudine.....	103
Uromitexan.....	162	Vinorelbine Te Arai.....	162	Ziextenzo.....	39
Ursodeoxycholic acid.....	13	Viral Vaccines.....	290	Zimybe.....	53
Ursosan.....	13	Viramune Suspension.....	102	Zinc	
Ustekinumab.....	228	ViruPOS.....	250	Alimentary.....	24
Utrogestan.....	75	Viscoat.....	253	Dermatological.....	68
- V -		Visipaque.....	260	Zinc and castor oil.....	69
Vaclovir.....	105	Vit.D3.....	27	Zinc chloride.....	24
Valaciclovir.....	105	VitA-POS.....	256	Zinc oxide.....	267
Valganciclovir.....	105	Vital.....	274	Zinc sulphate.....	25
Valganciclovir Mylan.....	105	Vitamin B complex.....	27	Zinc with wool fat.....	69
Valganciclovir Viatriis.....	105	Vitamin B6 25.....	27	Zincaps.....	25
Vancomycin.....	95	Vitamins.....	25	Zinforo.....	90
Varenicline.....	142	Vivonex TEN.....	274	Ziprasidone.....	133
Varenicline Pfizer.....	142	Voltaren.....	116	Zista.....	242
Varibar - Honey.....	260	Voltaren D.....	116	Zithromax.....	90
Varibar - Nectar.....	260	Voltaren Ophtha.....	252	Zoledronic acid	
Varibar - Pudding.....	260	Voltaren SR.....	116	Hormone Preparations.....	79
Varibar - Thin Liquid.....	260	Volumatic.....	296	Musculoskeletal.....	112
Varicella vaccine [Chickenpox		Volumen.....	260	Zoledronic acid Mylan.....	79
vaccine].....	293	Voriconazole.....	97	Zoledronic acid Viatriis	
Varicella zoster vaccine [Shingles		Votrient.....	158	Hormone Preparations.....	79
vaccine].....	294	Vttack.....	97	Musculoskeletal.....	112
Varivax.....	293	- W -		Zopiclone.....	137
Vasodilators.....	55	Warfarin sodium.....	37	Zostavax.....	294
Vasopressin.....	87	Wart Preparations.....	72	Zostrix.....	117
Vasopressin Agents.....	87	Water		Zostrix HP.....	122
Vasorex.....	48	Blood.....	42	Zuclopenthixol acetate.....	133
Vebulis.....	64	Various.....	263	Zuclopenthixol decanoate.....	135
Vecuronium bromide.....	115	White Soft Liquid Paraffin AFT.....	69	Zuclopenthixol hydrochloride.....	133
Vedafil.....	61	Wool fat		Zusdone.....	133
Vedolizumab.....	229	Dermatological.....	70	Zyban.....	142
Veklury.....	108	Extemporaneously Compounded		Zypine.....	132
Veletri.....	62	Preparations.....	267	Zypine ODT.....	132

Zyprexa Relprevv	133
Zytiga.....	162
Zyvox.....	95

