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Part I	General Rules	4
---------------	---------------	----------

Part II	Alimentary Tract and Metabolism	5
	Blood and Blood Forming Organs	30
	Cardiovascular System	44
	Dermatologicals	68
	Genito-Urinary System	75
	Hormone Preparations	79
	Infections	89
	Musculoskeletal System	112
	Nervous System	119
	Oncology Agents and Immunosuppressants	147
	Respiratory System and Allergies	244
	Sensory Organs	253

Various	260
---------	------------

Extemporaneous Compounds (ECPs)	268
---------------------------------	------------

Special Foods	271
---------------	------------

Vaccines	290
----------	------------

Part III	Optional Pharmaceuticals	300
-----------------	--------------------------	------------

Index	301
-------	------------

Introducing Pharmac

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

Pharmac's role:

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

Pae Ora (Healthy Futures) Act 2022

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

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

Glossary

Units of Measure

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

Abbreviations

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

HSS Hospital Supply Status

Guide to Section H listings

Example

ANATOMICAL HEADING			
	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
THERAPEUTIC HEADING			
Generic name listed by therapeutic group and subgroup	CHEMICAL A - Restricted see terms below		
	⚡ Presentation A.....10.00	100	Brand A
	➔ Restricted Only for use in children under 12 years of age		
Indicates only presentation B1 is Restricted	CHEMICAL B - Some items restricted see terms below		
	⚡ Presentation B1.....1,589,00	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.		
Form and strength	CHEMICAL E Presentation E		e.g. Brand E
⚡ Item restricted (see above); ⚡ Item restricted (see below) Products with Hospital Supply Status (HSS) are in bold			

PART I: GENERAL RULES

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antacids and Antiflatulents			
Antacids and Reflux Barrier Agents			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE			
Tab 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg			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 modified-release 3 mg – 5% DV Apr-24 to 2025	87.60	90	Budesonide Te Arai

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1723)

Initiation – Crohn's disease

Both:

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

Initiation – Collagenous and lymphocytic colitis (microscopic colitis)

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

Initiation – Gut Graft versus Host disease

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

Initiation – non-cirrhotic autoimmune hepatitis

Re-assessment required after 6 months

All of the following:

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

Note: Indications marked with * are unapproved indications.

Continuation – non-cirrhotic autoimmune hepatitis

Re-assessment required after 6 months

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

HYDROCORTISONE ACETATE

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

HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE

Topical Aerosol foam, 1% with pramoxine hydrochloride 1%

MESALAZINE

Tab EC 400 mg	49.50	100	Asacol
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	19.00	5	Robinul
HYOSCINE BUTYLBROMIDE			
Tab 10 mg	6.35	100	Buscopan
Inj 20 mg, 1 ml ampoule – 5% DV Dec-23 to 2026	1.91	1	Spazmol
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg – 5% DV Dec-23 to 2026	8.50	90	Colofac

Antiulcerants

Antisecretory and Cytoprotective

MISOPROSTOL			
Tab 200 mcg	47.73	120	Cytotec

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 – **5% DV Mar-24 to 2026**.....2.06

90

Omeprazole actavis 10

Cap 20 mg – **5% DV Mar-24 to 2026**.....2.02

90

Omeprazole actavis 20

Cap 40 mg – **5% DV Mar-24 to 2026**.....3.18

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

Site Protective Agents

COLLOIDAL BISMUTH SUBCITRATE

Tab 120 mg.....14.51

50

Gastrodenol

SUCRALFATE

Tab 1 g

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

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

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 25
Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 50
INSULIN NEUTRAL WITH INSULIN ISOPHANE			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge			
Insulin - Long-Acting Preparations			
INSULIN GLARGINE			
Inj 100 u per ml, 3 ml disposable pen.....	94.50	5	Lantus SoloStar
Inj 100 u per ml, 3 ml cartridge.....	94.50	5	Lantus
Inj 100 u per ml, 10 ml vial.....	63.00	1	Lantus
Insulin - Rapid-Acting Preparations			
INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Inj 100 u per ml, 3 ml syringe	51.19	5	NovoRapid FlexPen
INSULIN GLULISINE			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra Solostar
INSULIN LISPRO			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Insulin - Short-Acting Preparations			
INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			
Oral Hypoglycaemic Agents			
GLIBENCLAMIDE			
Tab 5 mg – 5% DV Jan-22 to 2024	7.50	100	Daonil
GLICLAZIDE			
Tab 80 mg – 5% DV Feb-24 to 2026	20.10	500	Glizide
GLIPIZIDE			
Tab 5 mg – 5% DV Mar-22 to 2024	4.58	100	Minidiab

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METFORMIN HYDROCHLORIDE			
Tab immediate-release 500 mg – 1% DV Mar-23 to 2027.....	14.74	1,000	Metformin Viatriis
Tab immediate-release 850 mg – 1% DV Aug-23 to 2027.....	11.28	500	Metformin Viatriis
PIOGLITAZONE			
Tab 15 mg – 5% DV Jan-22 to 2024.....	6.80	90	Vexazone
Tab 30 mg – 5% DV Jan-22 to 2024.....	7.30	90	Vexazone
Tab 45 mg – 5% DV Jan-22 to 2024.....	12.25	90	Vexazone
VILDAGLIPTIN			
Tab 50 mg.....	35.00	60	Galvus
VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE			
Tab 50 mg with 1,000 mg metformin hydrochloride.....	35.00	60	Galvumet
Tab 50 mg with 850 mg metformin hydrochloride.....	35.00	60	Galvumet

GLP-1 Agonists

DULAGLUTIDE – Restricted see terms [below](#)

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

↓ Inj 1.5 mg per 0.5 ml prefilled pen.....	115.23	4	Trulicity
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→ **Restricted (RS1999)**

Initiation

Either:

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

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

- a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge prescribers to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.
- b) 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.
- c) 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 [on the next page](#)

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 pen.....	383.72	3	Victoza
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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS2000)

Initiation

Either:

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

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

- a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge prescribers to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.
- b) 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.
- c) 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*;
 - 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*;
 - 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*;
 - 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.

continued...

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

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 – 5% DV Feb-24 to 2026	33.95	100	Ursosan
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➔ **Restricted (RS1824)**

Initiation – Alagille syndrome or progressive familial intrahepatic cholestasis

Either:

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

Initiation – Chronic severe drug induced cholestatic liver injury

All of the following:

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

Initiation – Primary biliary cholangitis

Both:

- 1 Primary biliary cholangitis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative by liver biopsy; and

continued...

ALIMENTARY TRACT AND METABOLISM

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

- 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 CARBONATE HYDRATE AND SODIUM PICOSULFATE

Powder for oral soln 12 g with magnesium carbonate hydrate 7.4 g and sodium picosulfate 10 mg per sachet

e.g. *PicoPrep Orange*

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

Powder for oral soln 52.9 g with ascorbic acid 6 g, potassium chloride 740 mg, sodium chloride 2.6 g and sodium sulphate 5.6 g per sachet (1) and powder for oral soln citric acid 12 g with magnesium carbonate hydrate 7.4 g and sodium picosulfate 10 mg per sachet (2)

e.g. *Prepkit Orange*

MACROGOL 3350 WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE

Powder for oral soln 755.68 mg with potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet – 5% DV Aug-22 to 2024 13.68
54.72

3
12

Glycoprep Orange
Glycoprep Orange

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

e.g. *Glycoprep Orange*

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 5% DV Feb-24 to 2026	20.00	500 g	Konsyl-D
STERCULIA WITH FRANGULA – Restricted: For continuation only			
➔ Powder for oral soln			

Faecal Softeners

DOCUSATE SODIUM			
Tab 50 mg – 5% DV Feb-24 to 2026	3.20	100	Coloxyl
Tab 120 mg – 5% DV Feb-24 to 2026	4.98	100	Coloxyl
DOCUSATE SODIUM WITH SENNOSIDES			
Tab 50 mg with sennosides 8 mg – 5% DV Nov-22 to 2025	3.50	200	Laxsol
PARAFFIN			
Oral liquid 1 mg per ml			
Enema 133 ml			
POLOXAMER			
Oral drops 10% – 5% DV Feb-24 to 2026	4.17	30 ml	Coloxyl

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.			
LACTULOSE			
Oral liq 10 g per 15 ml – 5% DV Apr-23 to 2025	3.61	500 ml	Laevolac

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 5% DV Feb-24 to 2026.....	8.50	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.....	7.40	30 ml	Dulcolax SP Drop
➔ Restricted (RS1843)			

Initiation

Both:

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

Metabolic Disorder Agents

ALGLUCOSIDASE ALFA – Restricted see terms below			
↓ Inj 50 mg vial.....	1,142.60	1	Myozyme
➔ Restricted (RS1793)			

Initiation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

continued...

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

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: 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> <p>GALSULFASE – Restricted see terms below ↓ Inj 1 mg per ml, 5 ml vial.....2,234.00</p> <p>➔ Restricted (RS1795) Initiation Metabolic physician <i>Re-assessment required after 12 months</i></p> <p>Both: 1 The patient has been diagnosed with mucopolysaccharidosis VI; and 2 Either: 2.1 Diagnosis confirmed by demonstration of N-acetyl-galactosamine-4-sulfatase (arylsulfatase B) deficiency confirmed by either enzyme activity assay in leukocytes or skin fibroblasts; or 2.2 Detection of two disease causing mutations and patient has a sibling who is known to have mucopolysaccharidosis VI.</p> <p>Continuation Metabolic physician <i>Re-assessment required after 12 months</i></p> <p>All of the following: 1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and 2 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and 3 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and 4 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.</p> <p>HAEM ARGINATE Inj 25 mg per ml, 10 ml ampoule</p>	2,234.00	1	Naglazyme

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
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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
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➔ Restricted (RS1897)

Initiation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

Note: Indication marked with * is an unapproved indication

Continuation

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

Re-assessment required after 3 years

All of the following:

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

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

⚡ Cap 500 mg

⚡ Cap 1,000 mg

⚡ Powder

➔ Restricted (RS1834)

Initiation

Metabolic physician

Re-assessment required after 6 months

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

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) – 5% DV Feb-24 to 2026	7.28	250	Calci-Tab 500
Tab eff 1.25 g (500 mg elemental)			
Tab eff 1.75 g (1 g elemental)			

Copper

→ **Restricted (RS1928)**

Initiation – Moderate to severe burns

Limited to 3 months treatment

Both:

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

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

† Tab 2.5 mg, chelated

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

† Inj 0.4 mg per ml, 10 ml vial

Fluoride

SODIUM FLUORIDE Tab 1.1 mg (0.5 mg elemental)			
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Iodine

POTASSIUM IODATE Tab 253 mcg (150 mcg elemental iodine) – 5% DV Feb-24 to 2026	5.99	90	NeuroTabs
POTASSIUM IODATE WITH IODINE Oral liq 10% with iodine 5%			

Iron

FERROUS FUMARATE Tab 200 mg (65 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			

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

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

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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, 10 ml ampoule	75.06	10	Inresa
Inj 2 mmol per ml, 5 ml ampoule – 5% DV Jun-24 to 2026	37.53	10	Martindale
Inj 100 mg per ml, 50 ml bag			

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			
<i>Limited to 3 months treatment</i>			
Both:			
1 Patient has been hospitalised with moderate to severe burns; and			
2 Treatment is recommended by a National Burns Unit specialist.			

Zinc

ZINC			
Oral liq 5 mg per 5 drops			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ZINC CHLORIDE Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule			
ZINC SULPHATE Cap 137.4 mg (50 mg elemental)	11.00	100	Zincaps

Mouth and Throat

Agents Used in Mouth Ulceration

BENZYDAMINE HYDROCHLORIDE Soln 0.15% Spray 0.15% Spray 0.3%			
BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE Oral spray			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE Paste Powder			
CHLORHEXIDINE GLUCONATE Mouthwash 0.2%			
CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE Adhesive gel 8.7% with cetalkonium chloride 0.01%			
DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL Lozenge 1.2 mg with amylmetacresol 0.6 mg			
TRIAMCINOLONE ACETONIDE Paste 0.1% – 5% DV Feb-24 to 2026	5.49	5 g	Kenalog in Orabase

Oropharyngeal Anti-Infectives

AMPHOTERICIN B Lozenge 10 mg	5.86	20	Fungilin
MICONAZOLE Oral gel 20 mg per g – 5% DV Dec-21 to 2024	4.74	40 g	Decozol
NYSTATIN Oral liquid 100,000 u per ml – 5% DV Feb-24 to 2026	2.22	24 ml	Nilstat

Other Oral Agents

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Vitamins			
Multivitamin Preparations			
MULTIVITAMIN AND MINERAL SUPPLEMENT – Restricted see terms below			
⚡ Cap.....	23.35	180	Clinicians Multivit & Mineral Boost
➔ Restricted (RS1498)			
Initiation			
<i>Limited to 3 months treatment</i>			
Both:			
1 Patient was admitted to hospital with burns; and			
2 Any of the following:			
2.1 Burn size is greater than 15% of total body surface area (BSA) for all types of burns; or			
2.2 Burn size is greater than 10% of BSA for mid-dermal or deep dermal burns; or			
2.3 Nutritional status prior to admission or dietary intake is poor.			
MULTIVITAMIN RENAL – Restricted see terms below			
⚡ Cap.....	6.49	30	Clinicians Renal Vit
➔ Restricted (RS1499)			
Initiation			
Either:			
1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or			
2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of < 15 ml/min/1.73m ² body surface area (BSA).			
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			<i>e.g. Vitabdeck</i>
➔ 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			<i>e.g. Paediatric Seravit</i>
➔ Restricted (RS1178)			
Initiation			
Patient has inborn errors of metabolism.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			<i>e.g. Pabrinex IM</i>
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)			<i>e.g. Pabrinex IV</i>

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 – 5% DV Feb-24 to 20263.43 90 **Vitamin B6 25**
 Tab 50 mg23.45 500 Pyridoxine multichem
 Inj 100 mg per ml, 2 ml vial
 Inj 100 mg per ml, 1 ml ampoule
 Inj 100 mg per ml, 30 ml vial

THIAMINE HYDROCHLORIDE

Tab 50 mg – 5% DV Apr-23 to 20254.65 100 **Thiamine multichem**
 Tab 100 mg
 Inj 100 mg per ml, 1 ml vial
 Inj 100 mg per ml, 2 ml vial
e.g. Benerva

VITAMIN B COMPLEX

Tab strong, BPC.....11.25 500 Bplex

Vitamin C

ASCORBIC ACID

Tab 100 mg – 5% DV Feb-23 to 202512.50 500 **Cvite**
 Tab chewable 250 mg

Vitamin D

ALFACALCIDOL

Cap 0.25 mcg26.32 100 One-Alpha
 Cap 1 mcg87.98 100 One-Alpha
 Oral drops 2 mcg per ml.....60.68 20 ml One-Alpha

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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) – 5% DV Jun-24 to 2026	3.65	12	Vit.D3
Oral liq 188 mcg per ml (7,500 iu per ml)	9.00	5 ml	Clinicians

Vitamin E

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

⚡ Oral liq 156 u per ml

➡ **Restricted (RS1632)**

Initiation – Cystic fibrosis

Both:

- 1 Cystic fibrosis patient; and
- 2 Either:

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

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

continued...

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

2 Requires vitamin supplementation; and

3 Either:

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

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

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

Hypoplastic and Haemolytic

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

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

➔ **Restricted (RS1660)**

Initiation – chronic renal failure

All of the following:

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

Initiation – myelodysplasia*

Re-assessment required after 2 months

All of the following:

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

Continuation – myelodysplasia*

Re-assessment required after 12 months

All of the following:

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

Initiation – all other indications

Haematologist

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

Note: Indications marked with * are unapproved indications

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 2027	5.82	100	Folic Acid Viatrix
Oral liq 50 mcg per ml	30.26	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Antifibrinolytics, Haemostatics and Local Sclerosants

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

↓ Topical soln 20% w/v

e.g. *Driclor*

→ **Restricted (RS1500)**

Initiation

For use as a haemostatis agent.

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

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

→ **Restricted (RS1332)**

Initiation

Cardiac anaesthetist

Either:

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

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

↓ Tab 25 mg 1,550.00

28

Revolade

↓ Tab 50 mg 3,100.00

28

Revolade

→ **Restricted (RS1648)**

Initiation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 6 weeks

All of the following:

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

Initiation – idiopathic thrombocytopenic purpura - preparation for splenectomy

Haematologist

Limited to 6 weeks treatment

The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 12 months

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

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

Initiation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 3 months

All of the following:

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

continued...

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

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

Continuation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 12 months

All of the following:

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

Initiation – severe aplastic anaemia

Haematologist

Re-assessment required after 3 months

Both:

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

Continuation – severe aplastic anaemia

Haematologist

Re-assessment required after 12 months

Both:

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

EMICIZUMAB – Restricted see terms [below](#)

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

➔ **Restricted (RS1998)**

Initiation – Severe Haemophilia A with or without FVIII inhibitors

Haematologist

Both:

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

FERRIC SUBSULFATE

Gel 25.9%
Soln 500 ml

POLIDOCANOL

Inj 0.5%, 30 ml vial

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM TETRADECYL SULPHATE			
Inj 3%, 2 ml ampoule			
THROMBIN			
Powder			
TRANEXAMIC ACID			
Tab 500 mg – 5% DV 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
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➔ **Restricted (RS1535)**

Initiation

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

Blood Factors

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

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

➔ **Restricted (RS1684)**

Initiation

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

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

⚡ Inj 1 mg syringe	1,178.30	1	NovoSeven RT
⚡ Inj 2 mg syringe	2,356.60	1	NovoSeven RT
⚡ Inj 5 mg syringe	5,891.50	1	NovoSeven RT
⚡ Inj 8 mg syringe	9,426.40	1	NovoSeven RT

➔ **Restricted (RS1704)**

Initiation

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

FACTOR EIGHT INHIBITOR BYPASSING FRACTION – **Restricted** see terms [below](#)

⚡ Inj 500 U	1,315.00	1	FEIBA NF
⚡ Inj 1,000 U	2,630.00	1	FEIBA NF
⚡ Inj 2,500 U	6,575.00	1	FEIBA NF

➔ **Restricted (RS1705)**

Initiation

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – Restricted see terms below			
↓ Inj 250 iu prefilled syringe.....	287.50	1	Xyntha
↓ Inj 500 iu prefilled syringe.....	575.00	1	Xyntha
↓ Inj 1,000 iu prefilled syringe.....	1,150.00	1	Xyntha
↓ Inj 2,000 iu prefilled syringe.....	2,300.00	1	Xyntha
↓ Inj 3,000 iu prefilled syringe.....	3,450.00	1	Xyntha

→ **Restricted (RS1706)**

Initiation

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

NONACOG GAMMA, [RECOMBINANT FACTOR IX] – Restricted see terms [below](#)

↓ Inj 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 [below](#)

↓ 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

→ **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.

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 thrombocytopaenia, heparin resistance or heparin intolerance; or			
2 For use in patients undergoing endovascular procedures.			
CITRATE SODIUM			
Inj 4% (200 mg per 5 ml), 5 ml ampoule			
Inj 46.7% (1.4 g per 3 ml), 3 ml syringe			
Inj 46.7% (2.36 g per 5 ml), 5 ml ampoule			
DABIGATRAN			
Cap 75 mg – 5% DV Jul-24 to 2026	27.99	60	Pradaxa
Cap 110 mg – 5% DV Jul-24 to 2026	27.99	60	Pradaxa
Cap 150 mg – 5% DV Jul-24 to 2026	27.99	60	Pradaxa
DANAPAROID – Restricted see terms below			
⚡ Inj 750 u in 0.6 ml ampoule			
➔ Restricted (RS1182)			
Initiation			
For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.			
DEFIBROTIDE – Restricted see terms below			
⚡ Inj 80 mg per ml, 2.5 ml ampoule			
➔ Restricted (RS1183)			
Initiation			
Haematologist			
Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities.			
DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]			
Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag			
ENOXAPARIN SODIUM			
Inj 20 mg in 0.2 ml syringe.....	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

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

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

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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			
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 – 5% DV Jun-24 to 2026	1.95	90	Ethics Aspirin EC
	12.65	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			

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

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

BLOOD AND BLOOD FORMING ORGANS

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

⚡ Inj 500 mg

e.g. Aspegic

➔ **Restricted (RS1689)**

Initiation

Both:

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

TICAGRELOR – Restricted see terms [below](#)

⚡ Tab 90 mg – **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 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

continued...

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

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

Initiation – Stent thrombosis

Patient has experienced cardiac stent thrombosis whilst on clopidogrel.

Initiation – Myocardial infarction

Limited to 1 week treatment

For short term use while in hospital following ST-elevated myocardial infarction.

Notes: Indications marked with * are unapproved indications.

Note: ** Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment

TICLOPIDINE

Tab 250 mg

Fibrinolytic Agents

ALTEPLASE

- Inj 2 mg vial
- Inj 10 mg vial
- Inj 50 mg vial

TENECTEPLASE

- Inj 50 mg vial

UROKINASE

- Inj 5,000 iu vial
- Inj 10,000 iu vial
- Inj 50,000 iu vial
- Inj 100,000 iu vial
- Inj 250,000 iu vial
- Inj 500,000 iu vial

Colony-Stimulating Factors

Drugs Used to Mobilise Stem Cells

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

↓ Inj 20 mg per ml, 1.2 ml vial.....	8,740.00	1	Mozobil
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→ **Restricted (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

continued...

BLOOD AND BLOOD FORMING ORGANS

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

- 4 days of G-CSF treatment; or
- 3.1.2.2 Efforts to collect $> 1 \times 10^6$ CD34 cells/kg have failed after one apheresis procedure; or
- 3.2 Both:
- 3.2.1 Patient is undergoing chemotherapy and G-CSF mobilisation; and
- 3.2.2 Any of the following:
- 3.2.2.1 Both:
- 3.2.2.1.1 Has rising white blood cell counts of $> 5 \times 10^9/L$; and
- 3.2.2.1.2 Has a suboptimal peripheral blood CD34 count of less than or equal to $10 \times 10^6/L$; or
- 3.2.2.2 Efforts to collect $> 1 \times 10^6$ CD34 cells/kg have failed after one apheresis procedure; or
- 3.2.2.3 The peripheral blood CD34 cell counts are decreasing before the target has been received; or
- 3.3 A previous mobilisation attempt with G-CSF or G-CSF plus chemotherapy has failed.

Granulocyte Colony-Stimulating Factors

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

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

→ **Restricted (RS1188)**

Haematologist or oncologist

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

↓ Inj 6 mg per 0.6 ml syringe – 5% DV Jun-23 to 2025	65.00	1	Ziextenzo
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→ **Restricted (RS1743)**

Initiation

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

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

Fluids and Electrolytes

Intravenous Administration

CALCIUM CHLORIDE

Inj 100 mg per ml, 10 ml vial

Inj 100 mg per ml, 50 ml syringe

e.g. *Baxter*

CALCIUM GLUCONATE

Inj 10%, 10 ml ampoule

e.g. *Max Health*

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

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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	52.00	10	Fresenius Kabi
Inj 5%, 100 ml bag	95.00	50	Fresenius Kabi
Inj 5%, 250 ml bag	61.50	30	Fresenius Kabi
Inj 5%, 50 ml bag	154.20	60	Baxter Glucose 5%
Inj 5%, 500 ml bag	66.00	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 – 5% DV Feb-24 to 2026	34.75	5	Biomed
Inj 50%, 500 ml bag	362.34	18	Baxter Glucose 50%
Inj 50%, 90 ml bottle – 5% DV Feb-24 to 2026	17.50	1	Biomed
GLUCOSE WITH POTASSIUM CHLORIDE			
Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag			
GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000 ml bag	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			

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM BICARBONATE			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial	23.52	1	Biomed
Inj 8.4%, 100 ml vial	24.10	1	Biomed
SODIUM CHLORIDE			
Inj 0.9%, 5 ml ampoule – 5% DV Jan-23 to 2025	4.00	20	Fresenius Kabi
Inj 0.9%, 10 ml ampoule – 5% DV Jan-23 to 2025	5.25	50	Fresenius Kabi
⚡ Inj 0.9%, 3 ml syringe, non-sterile pack – 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	38.25	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	56.30	5	Biomed
WATER			
Inj 10 ml ampoule – 5% DV Sep-23 to 2025	7.60	50	Multichem
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
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 – 5% DV May-24 to 2025	6.53	1,000 ml	Hydralyte - Lemonade
Soln with electrolytes (2 x 500 ml)	8.55	1,000 ml	Pedialyte - Bubblegum
<i>(Pedialyte - Bubblegum Soln with electrolytes (2 x 500 ml) to be delisted 1 May 2024)</i>			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHOSPHORUS			
Tab eff 500 mg (16 mmol)			
POTASSIUM CHLORIDE			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol).....	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
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Agents Affecting the Renin-Angiotensin System

ACE Inhibitors

CAPTOPRIL

↓ Oral liq 5 mg per ml – 5% DV Apr-24 to 2026	94.99	95 ml	Capoten
	86.00	100 ml	DP-Captopril

→ **Restricted (RS1263)**

Initiation

Any of the following:

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

(Capoten Oral liq 5 mg per ml to be delisted 1 April 2024)

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

LISINAPRIL

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
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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 – 5% DV Mar-24 to 2026	2.00	84	Losartan Actavis
Tab 25 mg – 5% DV Mar-24 to 2026	2.29	84	Losartan Actavis
Tab 50 mg – 5% DV Mar-24 to 2026	2.86	84	Losartan Actavis
Tab 100 mg – 5% DV Mar-24 to 2026	4.57	84	Losartan Actavis

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
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Angiotensin II Antagonists with Neprilysin Inhibitors

SACUBITRIL WITH VALSARTAN – **Restricted** see terms [below](#)

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

→ **Restricted (RS2014)**

Initiation

All of the following:

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

Alpha-Adrenoceptor Blockers

DOXAZOSIN

Tab 2 mg	17.35	500	Doxazosin Clinect
Tab 4 mg	20.94	500	Doxazosin Clinect

CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHENOXYBENZAMINE HYDROCHLORIDE			
Cap 10 mg			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
PHENTOLAMINE MESYLATE			
Inj 5 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 1 ml ampoule			
PRAZOSIN			
Tab 1 mg	5.53	100	Arrotex-Prazosin S29
Tab 2 mg	7.00	100	Arrotex-Prazosin S29
Tab 5 mg	11.70	100	Arrotex-Prazosin S29
TERAZOSIN – Restricted: For continuation only			
➔ Tab 1 mg			

Antiarrhythmics

ADENOSINE			
Inj 3 mg per ml, 2 ml vial.....	62.73	6	Adenocor
⚡ Inj 3 mg per ml, 10 ml vial			
➔ Restricted (RS1266)			
Initiation			
For use in cardiac catheterisation, electrophysiology and MRI.			
AJMALINE – Restricted see terms below			
⚡ Inj 5 mg per ml, 10 ml ampoule			
➔ Restricted (RS1001)			
Cardiologist			
AMIODARONE HYDROCHLORIDE			
Tab 100 mg – 5% DV Dec-22 to 2025	3.49	30	Aratac
Tab 200 mg – 5% DV Dec-22 to 2025	4.49	30	Aratac
Inj 50 mg per ml, 3 ml ampoule – 5% DV Dec-22 to 2025	15.22	10	Max Health
ATROPINE SULPHATE			
Inj 600 mcg per ml, 1 ml ampoule – 5% DV Jan-22 to 2024	15.09	10	Martindale
DIGOXIN			
Tab 62.5 mcg – 5% DV Jan-23 to 2025	7.80	240	Lanoxin PG
Tab 250 mcg – 5% DV Jan-23 to 2025	16.90	240	Lanoxin
Oral liq 50 mcg per ml			
Inj 250 mcg per ml, 2 ml vial			
DISOPYRAMIDE PHOSPHATE			
Cap 100 mg			
FLECAINIDE ACETATE			
Tab 50 mg – 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	Tambocor
IVABRADINE – Restricted see terms on the next page			
⚡ Tab 5 mg			

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

Initiation

Both:

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

MEXILETINE HYDROCHLORIDE

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

PROPAFENONE HYDROCHLORIDE

Tab 150 mg

Antihypotensives

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

↓ Tab 2.5 mg – 5% DV 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	Viartis
Tab 100 mg – 5% DV Jan-22 to 2024	14.20	500	Atenolol Viartis Mylan Atenolol
Oral liq 5 mg per ml	49.85	300 ml	Atenolol-AFT

(Mylan Atenolol Tab 100 mg to be delisted 1 July 2024)

BISOPROLOL FUMARATE

Tab 2.5 mg – 5% DV Apr-24 to 2026	1.84	90	Bisoprolol Mylan Bisoprolol Viartis Ipca-Bisoprolol
	1.36		
Tab 5 mg – 5% DV Apr-24 to 2026	2.55	90	Bisoprolol Mylan Bisoprolol Viartis Bosvate
	1.72	30	Bosvate
	1.91	90	Ipca-Bisoprolol
Tab 10 mg – 5% DV Apr-24 to 2026	3.62	90	Bisoprolol Mylan Bisoprolol Viartis Ipca-Bisoprolol
	2.71		

(Bisoprolol Mylan Tab 2.5 mg to be delisted 1 April 2024)

(Bisoprolol Viartis Tab 2.5 mg to be delisted 1 April 2024)

(Bisoprolol Mylan Tab 5 mg to be delisted 1 April 2024)

(Bisoprolol Viartis Tab 5 mg to be delisted 1 April 2024)

(Bosvate Tab 5 mg to be delisted 1 April 2024)

(Bisoprolol Mylan Tab 10 mg to be delisted 1 April 2024)

(Bisoprolol Viartis Tab 10 mg to be delisted 1 April 2024)

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 – 5% DV Apr-24 to 2026	1.45	30	Betaloc CR
	4.20	90	Myloc CR
Tab long-acting 47.5 mg – 5% DV Apr-24 to 2026	1.43	30	Betaloc CR
	3.65	90	Myloc CR
Tab long-acting 95 mg – 5% DV Apr-24 to 2026	2.15	30	Betaloc CR
	5.24	90	Myloc CR
Tab long-acting 190 mg – 5% DV Apr-24 to 2026	4.27	30	Betaloc CR
	9.76	90	Myloc CR
<i>(Betaloc CR Tab long-acting 23.75 mg to be delisted 1 April 2024)</i>			
<i>(Betaloc CR Tab long-acting 47.5 mg to be delisted 1 April 2024)</i>			
<i>(Betaloc CR Tab long-acting 95 mg to be delisted 1 April 2024)</i>			
<i>(Betaloc CR Tab long-acting 190 mg to be delisted 1 April 2024)</i>			
METOPROLOL TARTRATE			
Tab 50 mg – 1% DV Mar-22 to 2027	5.66	100	IPCA-Metoprolol
Tab 100 mg – 1% DV Mar-22 to 2027	7.55	60	IPCA-Metoprolol
Tab long-acting 200 mg	23.40	28	Slow-Lopresor
Inj 1 mg per ml, 5 ml vial	26.50	5	Metoprolol IV Mylan Metoprolol IV Viatris
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 2027	7.04	100	Drofate
Tab 40 mg – 1% DV Mar-22 to 2027	8.75	100	IPCA-Propranolol
Cap long-acting 160 mg	18.17	100	Cardinol LA
Oral liq 4 mg per ml			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Calcium Channel Blockers			
Dihydropyridine Calcium Channel Blockers			
AMLODIPINE			
Tab 2.5 mg – 5% DV Feb-24 to 2026	1.45	90	Vasorex
Tab 5 mg – 5% DV Feb-24 to 2026	1.21	90	Vasorex
Tab 10 mg – 5% DV Feb-24 to 2026	1.31	90	Vasorex
FELODIPINE			
Tab long-acting 2.5 mg.....	1.45	30	Plendil ER
Tab long-acting 5 mg – 5% DV Jan-22 to 2024.....	4.07	90	Felo 5 ER
Tab long-acting 10 mg – 5% DV Jan-22 to 2024.....	4.32	90	Felo 10 ER
ISRADIPINE			
Tab 2.5 mg			
Cap 2.5 mg			
NICARDIPINE HYDROCHLORIDE – Restricted see terms below			
↓ Inj 2.5 mg per ml, 10 ml vial			
➔ Restricted (RS1699)			
Initiation			
Anaesthetist, intensivist, cardiologist or paediatric cardiologist			
Any of the following:			
1 Patient has hypertension requiring urgent treatment with an intravenous agent; or			
2 Patient has excessive ventricular afterload; or			
3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass.			
NIFEDIPINE			
Tab long-acting 10 mg.....	19.42	56	Tensipine MR10
Tab long-acting 20 mg.....	17.72	100	Nyefax Retard
Tab long-acting 30 mg.....	34.10	100	Mylan (24 hr release)
	4.78	14	Mylan Italy (24 hr release)
Tab long-acting 60 mg.....	52.81	100	Mylan (24 hr release)
Cap 5 mg			
NIMODIPINE			
Tab 30 mg – 5% DV Dec-22 to 2025.....	350.00	100	Nimotop
Inj 0.2 mg per ml, 50 ml vial – 5% DV May-24 to 2025.....	337.50	5	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 2027	7.00	30	Cardizem CD
Cap long-acting 240 mg – 1% DV Mar-22 to 2027	9.30	30	Cardizem CD
Inj 5 mg per ml, 5 ml vial			
PERHEXILINE MALEATE			
Tab 100 mg	62.90	100	Pexsig

CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
VERAPAMIL HYDROCHLORIDE			
Tab 40 mg	7.01	100	Isoptin
Tab 80 mg	11.74	100	Isoptin
Tab long-acting 120 mg	36.02	100	Isoptin SR
Tab long-acting 240 mg	15.12	30	Isoptin SR
Inj 2.5 mg per ml, 2 ml ampoule	25.00	5	Isoptin

Centrally-Acting Agents

CLONIDINE			
Patch 2.5 mg, 100 mcg per day – 5% DV Feb-24 to 2026	11.70	4	Mylan
Patch 5 mg, 200 mcg per day – 5% DV Feb-24 to 2026	12.80	4	Mylan
Patch 7.5 mg, 300 mcg per day – 5% DV Feb-24 to 2026	17.90	4	Mylan
CLONIDINE HYDROCHLORIDE			
Tab 25 mcg – 5% DV 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
METHYLDOPA			
Tab 250 mg	15.10	100	Methyl dopa Mylan Methyl dopa Viatrix

(Methyl dopa Mylan Tab 250 mg to be delisted 1 September 2024)

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			

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

AMILORIDE HYDROCHLORIDE

Tab 5 mg			
Oral liq 1 mg per ml	33.71	25 ml	Biomed

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

↓ Tab 25 mg – 5% DV Jun-22 to 2024	18.50	30	Inspra
↓ Tab 50 mg – 5% DV Jun-22 to 2024	25.00	30	Inspra

→ **Restricted (RS1640)**

Initiation

Both:

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

SPIRONOLACTONE

Tab 25 mg – 5% DV Sep-22 to 2025	3.68	100	Spiractin
Tab 100 mg – 5% DV Sep-22 to 2025	10.65	100	Spiractin
Oral liq 5 mg per ml	34.65	25 ml	Biomed

Thiazide and Related Diuretics

BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]

Tab 2.5 mg – 5% DV Mar-24 to 2026	51.50	500	Arrow-Bendrofluazide
Tab 5 mg – 5% DV Mar-24 to 2026	61.00	500	Arrow-Bendrofluazide

CHLOROTHIAZIDE

Oral liq 50 mg per ml	29.21	25 ml	Biomed
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CHLORTALIDONE [CHLORThALIDONE]

Tab 25 mg – 5% DV Apr-23 to 2025	6.95	50	Hygroton
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INDAPAMIDE

Tab 2.5 mg – 5% DV Feb-24 to 2026	16.00	90	Dapa-Tabs
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METOLAZONE

Tab 5 mg			
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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:

continued...

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

- 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

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 – 5% DV May-24 to 2026.....	7.16	100	Clinect
	2.11	28	Pravastatin Mylan
			Pravastatin Viatris
Tab 40 mg – 5% DV May-24 to 2026.....	12.25	100	Clinect
	3.61	28	Pravastatin Mylan

(Pravastatin Mylan Tab 20 mg to be delisted 1 May 2024)

(Pravastatin Viatris Tab 20 mg to be delisted 1 May 2024)

(Pravastatin Mylan Tab 40 mg to be delisted 1 May 2024)

ROSUVASTATIN – Restricted see terms [below](#)

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

➡ **Restricted (RS1868)**

Initiation – cardiovascular disease risk

Either:

continued...

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

- 1 Both:
 - 1.1 Patient is considered to be at risk of cardiovascular disease; and
 - 1.2 Patient is Māori or any Pacific ethnicity; or
- 2 Both:
 - 2.1 Patient has a calculated risk of cardiovascular disease of at least 15% over 5 years; and
 - 2.2 LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

Initiation – familial hypercholesterolemia

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

Initiation – established cardiovascular disease

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

Initiation – recurrent major cardiovascular events

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

SIMVASTATIN

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

(Simvastatin Mylan Tab 80 mg to be delisted 1 September 2024)

Resins

CHOLESTYRAMINE

Powder for oral liq 4 g

COLESTIPOL HYDROCHLORIDE

Grans for oral liq 5 g

COLESTYRAMINE

Powder for oral suspension 4 g sachet	61.50	50	Colestyramine - Mylan
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Selective Cholesterol Absorption Inhibitors

EZETIMIBE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EZETIMIBE WITH SIMVASTATIN			
Tab 10 mg with simvastatin 10 mg	5.15	30	Zimybe
Tab 10 mg with simvastatin 20 mg	6.15	30	Zimybe
Tab 10 mg with simvastatin 40 mg	7.15	30	Zimybe
Tab 10 mg with simvastatin 80 mg	8.15	30	Zimybe

Other Lipid-Modifying Agents

ACIPIMOX
Cap 250 mg

Nitrates

GLYCERYL TRINITRATE			
Inj 1 mg per ml, 5 ml ampoule			
Inj 1 mg per ml, 10 ml ampoule			
Inj 1 mg per ml, 50 ml vial			
Inj 5 mg per ml, 10 ml ampoule	118.00	5	Hospira
Oral pump spray, 400 mcg per dose	7.48	250 dose	Nitrolingual Pump Spray
Patch 25 mg, 5 mg per day	15.73	30	Nitroderm TTS 5
Patch 50 mg, 10 mg per day	18.62	30	Nitroderm TTS 10
ISOSORBIDE MONONITRATE			
Tab 20 mg – 5% DV Feb-24 to 2026	22.49	100	Ismo 20
Tab long-acting 40 mg – 5% DV Feb-24 to 2026	9.80	30	Ismo 40 Retard
Tab long-acting 60 mg – 5% DV Feb-24 to 2026	13.50	90	Duride

Other Cardiac Agents

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

⚡ Inj 2.5 mg per ml, 5 ml vial
⚡ 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-hameln
DOPAMINE HYDROCHLORIDE			
Inj 40 mg per ml, 5 ml ampoule – 5% DV Jan-22 to 2024	38.65	10	Max Health Ltd

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EPHEDRINE			
Inj 3 mg per ml, 10 ml syringe – 5% DV Jun-24 to 2026	142.00	10	Ephedrine Juno
Inj 30 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026	34.31	10	Max Health
ISOPRENALINE [ISOPROTERENOL]			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
METARAMINOL			
Inj 0.5 mg per ml, 10 ml syringe			
Inj 0.5 mg per ml, 20 ml syringe			
Inj 0.5 mg per ml, 5 ml syringe			
Inj 1 mg per ml, 1 ml ampoule			
Inj 1 mg per ml, 10 ml syringe			
Inj 10 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026	53.00	10	Torbay
NORADRENALINE			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.1 mg per ml, 50 ml syringe			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 100 ml bag			
Inj 1 mg per ml, 4 ml ampoule – 5% DV Feb-24 to 2025	45.00	10	Noradrenaline BNM
PHENYLEPHRINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml ampoule	163.38	25	Neosynephrine HCL

Vasodilators

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

- ↓ Inj 10 mcg vial
- ↓ Inj 20 mcg vial

→ **Restricted (RS1992)**

Initiation

Both:

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

ALPROSTADIL HYDROCHLORIDE

Inj 500 mcg per ml, 1 ml ampoule	2,030.33	5	Prostin VR
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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
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CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 5% DV May-24 to 2025	25.57	60	Ikorel
	21.73		Max Health
Tab 20 mg – 5% DV May-24 to 2025	32.28	60	Ikorel
	27.44		Max Health
<i>(Ikorel Tab 10 mg to be delisted 1 May 2024)</i>			
<i>(Ikorel Tab 20 mg to be delisted 1 May 2024)</i>			
PAPAVERINE HYDROCHLORIDE			
Inj 30 mg per ml, 1 ml vial			
Inj 12 mg per ml, 10 ml ampoule	257.12	5	Hospira
PENTOXIFYLLINE [OXPENTIFYLLINE]			
Tab 400 mg			
SODIUM NITROPRUSSIDE			
Inj 50 mg vial			

Endothelin Receptor Antagonists

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

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

→ **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 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

continued...

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

developmental lung disorders including chronic neonatal lung disease; or

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

5 Both:

- 5.1 Ambrisentan is to be used as PAH monotherapy; and

5.2 Any of the following:

- 5.2.1 Patient has experienced intolerable side effects with both sildenafil and bosentan; or
- 5.2.2 Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or
- 5.2.3 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease.

Initiation – PAH dual therapy

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

Limited to 6 months treatment

All of the following:

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

4.1 All of the following:

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

continued...

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

- 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
 - 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
 - 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including 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](#)

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

continued...

[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
- 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

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

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

- 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Bosentan is to be used as part of PAH triple therapy; and
 - 5.2 Any of the following:
 - 5.2.1 Patient is on the lung transplant list; or
 - 5.2.2 Patient is presenting in NYHA/WHO functional class IV; or
 - 5.2.3 Both:
 - 5.2.3.1 Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**; and
 - 5.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Continuation

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

Re-assessment required after 2 years

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

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

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

Phosphodiesterase Type 5 Inhibitors

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

↓ Tab 25 mg – 5% DV 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:

continued...

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 is confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) of greater than 20 mmHg; and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) that is less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance (PVR) of at least 2 Wood Units or at least 160 International Units (dyn s cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH is non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures.

Initiation – tablets other conditions

Any of the following:

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

Initiation – injection

Both:

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

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

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

Prostacyclin Analogues

EPOPROSTENOL – **Restricted** see terms [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,

continued...

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

continued...

cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

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

Initiation – PAH triple therapy

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

Limited to 6 months treatment

All of the following:

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

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

Continuation

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

Re-assessment required after 2 years

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

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

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

ILOPROST

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

→ **Restricted (RS1985)**

Initiation – PAH monotherapy

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

Limited to 6 months treatment

All of the following:

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

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

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cm^{-5}); and

4.1.5 Any of the following:

- 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) † ; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
 - 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures ; and

5 Both:

- 5.1 Iloprost is to be used as PAH monotherapy; and
- 5.2 Either:
 - 5.2.1 Patient has experienced intolerable side effects on sildenafil and both the funded endothelin receptor antagonists (i.e. both bosentan and ambrisentan); or
 - 5.2.2 Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to endothelin receptor antagonists.

Initiation – PAH dual therapy

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

Limited to 6 months treatment

All of the following:

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

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

- 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
- 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 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,

continued...

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

cardiologist or rheumatologist

Re-assessment required after 2 years

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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
HYDROGEN PEROXIDE			
Crm 1%.....	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]			
Crm 2% – 5% DV Dec-21 to 2024	1.59	5 g	Foban
Oint 2% – 5% DV Dec-21 to 2024	1.59	5 g	Foban
SULFADIAZINE SILVER			
Crm 1%.....	10.80	50 g	Flamazine
Antifungals			
AMOROLFINE			
Nail soln 5% – 5% DV Feb-24 to 2026	21.87	5 ml	MycosNail
CICLOPIROX OLAMINE			
Nail soln 8%			
➔ Soln 1% – Restricted: For continuation only			
CLOTRIMAZOLE			
Crm 1% – 5% DV Apr-23 to 2025	1.10	20 g	Clomazol
➔ Soln 1% – Restricted: For continuation only			
ECONAZOLE NITRATE			
➔ Crm 1% – Restricted: For continuation only			
Foaming soln 1%			
KETOCONAZOLE			
Shampoo 2% – 5% DV May-24 to 2026	4.09	100 ml	Sebizole
METRONIDAZOLE			
Gel 0.75%			
MICONAZOLE NITRATE			
Crm 2% – 5% DV May-24 to 2026	0.90	15 g	Multichem
➔ Lotn 2% – Restricted: For continuation only			
Tinc 2%			
NYSTATIN			
Crm 100,000 u per g			
Antiparasitics			
DIMETHICONE			
Lotn 4% – 5% DV Dec-22 to 2025	4.25	200 ml	healthE Dimethicone 4% Lotion

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

Antiacne Preparations

ADAPALENE Crm 0.1% Gel 0.1%			
BENZOYL PEROXIDE Soln 5%			
ISOTRETINOIN Cap 5 mg – 5% DV 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	3.45	100 g	healthE Calamine Aqueous
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)

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ZINC AND CASTOR OIL			
Crm.....	1.63	20 g	Orion
Oint – 5% DV Nov-23 to 2025	4.25	500 g	Evara
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint, BP	1.26	20 g	healthE
Note: DV limit applies to the pack sizes of 30 g or less.			
ZINC WITH WOOL FAT			
Crm zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
Emollients			
AQUEOUS CREAM			
Crm 100 g			
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 500 g – 5% DV Jul-22 to 2024.....	1.73	500 g	GEM Aqueous Cream
Note: DV limit applies to the pack sizes of greater than 100 g.			
CETOMACROGOL			
Crm BP, 500 g – 5% DV May-22 to 2024	1.99	500 g	Cetomacrogol-AFT
Crm BP, 100 g			
CETOMACROGOL WITH GLYCEROL			
Crm 90% with glycerol 10%,	1.65	100 g	healthE
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 90% with glycerol 10% – 5% DV Jul-23 to 2025.....	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 – 5% DV Feb-24 to 2026	2.30	100 g	Jaychem
Note: DV limit applies to pack sizes of less than 200 g.			
Oint BP, 500 g – 5% DV May-24 to 2026	3.13	500 g	Emulsifying Ointment ADE
Note: DV limit applies to pack sizes of greater than 200 g.			
GLYCEROL WITH PARAFFIN			
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
OIL IN WATER EMULSION			
Crm, 500 g – 5% DV Sep-22 to 2025	2.04	500 g	Fatty Cream AFT
Note: DV limit applies to the pack sizes of greater than 100 g.			
Crm, 100 g – 5% DV Aug-22 to 2024	1.59	1	healthE Fatty Cream
Note: DV limit applies to the pack sizes of 100 g or less.			
PARAFFIN			
Oint liquid paraffin 50% with white soft paraffin 50% – 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, – 5% DV Jun-24 to 2026	4.74	450 g	EVARA White Soft Paraffin
	4.99		healthE
Note: DV limit applies to the pack sizes of 500 g or less and greater than 30 g.			
Yellow soft			
Lotn liquid paraffin 85%			<i>e.g. QV Bath Oil</i>

	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% – 5% DV Jul-24 to 2026.....	36.00	50 g	Diprosone
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint 0.05% – 5% DV Jul-24 to 2026.....	36.00	50 g	Diprosone
Note: DV limit applies to the pack sizes of greater than 30 g.			
BETAMETHASONE VALERATE			
Crm 0.1% – 5% DV 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% – 5% DV Jun-24 to 2026.....	12.83	250 ml	DP Lotn HC
HYDROCORTISONE BUTYRATE			
Crm 0.1%.....	4.85	100 g	Locoid Lipocream
Oint 0.1% – 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% – 5% DV Feb-24 to 2026.....	4.95	15 g	Advantan
Oint 0.1% – 5% DV Feb-24 to 2026.....	4.95	15 g	Advantan
MOMETASONE FUROATE			
Crm 0.1% – 5% DV Feb-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

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TRIAMCINOLONE ACETONIDE			
Crm 0.02% – 5% DV Feb-24 to 2026	6.49	100 g	Aristocort
Oint 0.02% – 5% DV Feb-24 to 2026	6.54	100 g	Aristocort

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 – 5% DV Jul-24 to 2026 26.20 60 **Novatretin**

Cap 25 mg – 5% DV Jul-24 to 2026 57.37 60 **Novatretin**

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

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

Gel 500 mcg with calcipotriol 50 mcg per g – 5% DV Dec-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-METHOXYPORALEN]

Tab 10 mg

Lotn 1.2%

PIMECROLIMUS – Restricted see terms [below](#)

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

➔ **Restricted (RS1781)**

Initiation

Dermatologist, paediatrician or ophthalmologist

Both:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCIN			
Soln 2.3% with trolamine laurilsulfate and fluoresein sodium – 5% DV			
Feb-24 to 2026	5.41	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			
Crn 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			
Crn 5% – 5% DV Dec-21 to 2024	6.95	20 g	Efudix
METHYL AMINOLEVULINATE HYDROCHLORIDE – Restricted see terms below			
↓ Crn 16%			
→ Restricted (RS1127)			
Dermatologist or plastic surgeon			

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

CALCIUM GLUCONATE
Gel 2.5%

e.g. Orion

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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) – 5% DV Feb-24 to 2026	5.70	75 g	Nilstat

Contraceptives

Antiandrogen Oral Contraceptives

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

Combined Oral Contraceptives

ETHINYLOESTRADIOL WITH DESOGESTREL			
Tab 20 mcg with desogestrel 150 mcg			
Tab 30 mcg with desogestrel 150 mcg			
ETHINYLOESTRADIOL WITH LEVONORGESTREL			
Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – 5% DV 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			

GENITO-URINARY SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Contraceptive Devices			
INTRA-UTERINE DEVICE			
IUD 29.1 mm length × 23.2 mm width – 5% DV Apr-23 to 2025	29.80	1	Choice TT380 Short
IUD 33.6 mm length × 29.9 mm width – 5% DV Apr-23 to 2025	29.80	1	Choice TT380 Standard
IUD 35.5 mm length × 19.6 mm width – 5% DV Apr-23 to 2025	33.00	1	Choice Load 375
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 × 75 mg rods) – 5% DV Dec-23 to 2026.....	106.92	1	Jadelle
Intra-uterine device 52 mg – 1% DV Nov-23 to 31 Oct 2024.....	269.50	1	Mirena
Intra-uterine device 13.5 mg – 1% DV Nov-23 to 31 Oct 2024.....	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

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

↓ Inj 500 mcg ampoule

➔ **Restricted (RS1130)**

Obstetrician

Oestrogens

OESTRIOL

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

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

Urologicals

5-Alpha Reductase Inhibitors

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

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

➔ **Restricted (RS1131)**

Initiation

Both:

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

Alpha-1A Adrenoceptor Blockers

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

↓ Cap 400 mcg – 5% DV 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 35.70 200 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 – 5% DV Feb-24 to 2026 3.50 28 **Ural**

Urinary Antispasmodics

OXYBUTYNIN

Tab 5 mg 5.42 100 **Alchemy Oxybutynin**

Oral liq 5 mg per 5 ml

GENITO-URINARY SYSTEM

	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 Viatris
Tab 10 mg – 5% DV Jun-23 to 2024	3.72	30	Solifenacin Viatris

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

Anabolic Agents

OXANDROLONE

↓ Tab 2.5 mg

→ **Restricted (RS1302)**

Initiation

For the treatment of burns patients.

Androgen Agonists and Antagonists

CYPROTERONE ACETATE

Tab 50 mg – **5% DV 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...

HORMONE PREPARATIONS

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

thiosulfate.

Continuation – parathyroid carcinoma or calciphylaxis

Nephrologist or endocrinologist

Both:

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

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

Initiation – primary hyperparathyroidism

All of the following:

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

Initiation – secondary or tertiary hyperparathyroidism

Re-assessment required after 6 months

All of the following:

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

Continuation – secondary or tertiary hyperparathyroidism

Re-assessment required after 12 months

Either:

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

ZOLEDRONIC ACID

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

BETAMETHASONE

Tab 500 mcg
Inj 4 mg per ml, 1 ml ampoule

BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE

Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml ampoule

DEXAMETHASONE

Tab 0.5 mg – 5% DV 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	52.80	25 ml	Biomed

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DEXAMETHASONE PHOSPHATE			
Inj 4 mg per ml, 1 ml ampoule – 5% DV Feb-23 to 2025	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 – 10% DV Feb-24 to 2026	21.42	5	Kenacort-A 10
Inj 40 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026	52.63	5	Kenacort-A 40
TRIAMCINOLONE HEXACETONIDE			
Inj 20 mg per ml, 1 ml vial			

Hormone Replacement Therapy

Oestrogens

OESTRADIOL

Tab 1 mg			
Patch 25 mcg per day.....	14.50	8	Estradot
Patch 50 mcg per day.....	14.50	8	Estradot
Patch 75 mcg per day.....	14.50	8	Estradot
Patch 100 mcg per day.....	14.50	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			

HORMONE PREPARATIONS

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

Cap 2.5 mg

METYRAPONE

Cap 250 mg

PENTAGASTRIN

Inj 250 mcg per ml, 2 ml ampoule

Other Oestrogen Preparations

OESTRADIOL

Implant 50 mg

OESTRIOL

Tab 2 mg – 5% DV Feb-24 to 2026	7.70	30	Ovestin
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Other Progesterone Preparations

MEDROXYPROGESTERONE

Tab 100 mg	116.15	100	Provera HD
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	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	86.25	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 – 5% DV Apr-24 to 2026	91.50	1	Teva
	66.48		Zoladex
Implant 10.8 mg, syringe – 5% DV Apr-24 to 2026	197.50	1	Teva
	138.23		Zoladex

(Teva Implant 3.6 mg, syringe to be delisted 1 April 2024)

(Teva Implant 10.8 mg, syringe to be delisted 1 April 2024)

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:

continued...

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

continued...

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

Continuation – growth hormone deficiency in children

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – short stature without growth hormone deficiency

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

continued...

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

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

Continuation – short stature without growth hormone deficiency

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – short stature due to chronic renal insufficiency

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

Re-assessment required after 12 months

All of the following:

- 1 The patient's height is more than 2 standard deviations below the mean; and
- 2 Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 3 A current bone age is to 14 years or under (female patients) or to 16 years or under (male patients); and
- 4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
- 5 The patient is under the supervision of a specialist with expertise in renal medicine; and
- 6 Either:
 - 6.1 The patient has a GFR less than or equal to 30 ml/min/1.73 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 a endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

- 1 Height velocity is greater than or equal to 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 2 Height velocity is greater than or equal to 2 cm per year as calculated over six months; and
- 3 A current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
- 4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone has occurred; and
- 5 No malignancy has developed after growth hormone therapy was commenced; and
- 6 The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and

continued...

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

- 7 The patient has not received renal transplantation since starting growth hormone treatment; and
- 8 If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

Initiation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – adults and adolescents

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

continued...

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

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

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

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

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

Continuation – adults and adolescents

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

Any of the following:

- 1 All of the following:
 - 1.1 The patient has been treated with somatropin for < 12 months; and
 - 1.2 There has been an improvement in the Quality of Life Assessment defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and
 - 1.3 Serum IGF-I levels have increased to within $\pm 1SD$ of the mean of the normal range for age and sex; and
 - 1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or
- 2 All of the following:
 - 2.1 The patient has been treated with somatropin for more than 12 months; and
 - 2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
 - 2.3 Serum IGF-I levels have continued to be maintained within $\pm 1SD$ of the mean of the normal range for age and sex (other than for obvious external factors); and
 - 2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients; or
- 3 All of the following:
 - 3.1 The patient has had a Special Authority approval for somatropin for childhood deficiency in children and no longer meets the renewal criteria under this indication; and
 - 3.2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
 - 3.3 The patient has severe growth hormone deficiency (see notes); and
 - 3.4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
 - 3.5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

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

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

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

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
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HORMONE PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IODINE			
Soln BP 50 mg per ml			
LEVOTHYROXINE			
Tab 25 mcg			
Tab 50 mcg			
Tab 100 mcg			
LIOTHYRONINE SODIUM			
↓ Tab 20 mcg			
→ Restricted (RS1301)			
Initiation			
For a maximum of 14 days' treatment in patients with thyroid cancer who are due to receive radioiodine therapy.			
Inj 20 mcg vial			
Inj 100 mcg vial			
POTASSIUM IODATE			
Tab 170 mg			
POTASSIUM PERCHLORATE			
Cap 200 mg			
PROPYLTHIOURACIL – Restricted see terms below			
↓ Tab 50 mg	35.00	100	PTU
→ Restricted (RS1276)			
Initiation			
Both:			
1 The patient has hyperthyroidism; and			
2 The patient is intolerant of carbimazole or carbimazole is contraindicated.			
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 – 5% DV Feb-24 to 2026	34.95	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	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.			
Carbapenems			
ERTAPENEM – Restricted see terms below			
↓ Inj 1 g vial	70.00	1	Invanz
➔ Restricted (RS1045)			
Clinical microbiologist or infectious disease specialist			
IMIPENEM WITH CILASTATIN – Restricted see terms below			
↓ Inj 500 mg with 500 mg cilastatin vial	60.00	1	Imipenem+Cilastatin RBX
➔ Restricted (RS1046)			
Clinical microbiologist or infectious disease specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEROPENEM – Restricted see terms below			
⚡ Inj 500 mg vial – 5% DV Jun-24 to 2026	33.48	10	Meropenem-AFT
⚡ Inj 1 g vial – 5% DV Jun-24 to 2026	44.97	10	Meropenem-AFT
➔ Restricted (RS1047)			
Clinical microbiologist or infectious disease specialist			

Cephalosporins and Cephamycins - 1st Generation

CEFALEXIN			
Cap 250 mg – 5% DV 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	11.75	100 ml	Cefalexin Sandoz
	10.38		Flynn
CEFAZOLIN			
Inj 500 mg vial – 5% DV Mar-24 to 2026	3.39	5	Cefazolin-AFT
Inj 1 g vial – 5% DV Mar-24 to 2026	3.59	5	Cefazolin-AFT
Inj 2 g vial – 5% DV Mar-24 to 2026	7.09	5	Cefazolin-AFT

Cephalosporins and Cephamycins - 2nd Generation

CEFACTOR			
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 – 5% DV May-24 to 2026	8.16	10	Cefuroxime Devatis
	8.59		Cefuroxime-AFT
Inj 1.5 g vial – 5% DV May-24 to 2026	13.01	10	Cefuroxime Devatis
	13.69		Cefuroxime-AFT
<i>(Cefuroxime-AFT Inj 750 mg vial to be delisted 1 May 2024)</i>			
<i>(Cefuroxime-AFT Inj 1.5 g vial to be delisted 1 May 2024)</i>			

Cephalosporins and Cephamycins - 3rd Generation

CEFOTAXIME			
Inj 500 mg vial	1.90	1	Cefotaxime Sandoz
Inj 1 g vial – 5% DV Dec-23 to 2026	38.98	10	DBL Cefotaxime
CEFTAZIDIME – Restricted see terms below			
⚡ Inj 1 g vial – 5% DV Dec-23 to 2026	25.80	10	Ceftazidime Kabi
➔ Restricted (RS1048)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Cephalosporins and Cephamycins - 4th Generation

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

↓ 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

→ **Restricted (RS1049)**

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 5th Generation

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

↓ Inj 600 mg vial	1,834.25	10	Zinforo
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→ **Restricted (RS1446)**

Initiation – multi-resistant organism salvage therapy

Clinical microbiologist or infectious disease specialist

Either:

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

Macrolides

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

↓ Tab 250 mg			
↓ Tab 500 mg – 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.

continued...

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

Continuation – non-cystic fibrosis bronchiectasis*

Respiratory specialist or paediatrician

Re-assessment required after 12 months

All of the following:

- 1 The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and
- 2 Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and
- 3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).

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

Initiation – other indications

Re-assessment required after 5 days

For any other condition.

Continuation – other indications

Re-assessment required after 5 days

For any other condition.

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

⚡ Tab 250 mg – 1% DV Feb-22 to 2027	8.53	14	Klacid
⚡ Tab 500 mg – 1% DV Feb-22 to 2027	14.58	14	Klacid
⚡ Grans for oral liq 50 mg per ml	192.00	50 ml	Klacid
⚡ Inj 500 mg vial – 5% DV Jul-24 to 2026	9.10	1	Klacid IV
	9.87		Martindale

(*Martindale Inj 500 mg vial to be delisted 1 July 2024*)

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

➡ Tab 250 mg

➡ Tab 500 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ROXITHROMYCIN – Some items restricted see terms below			
↓ Tab dispersible 50 mg			
Tab 150 mg – 5% DV Aug-23 to 2026	13.19	50	Arrow-Roxithromycin
Tab 300 mg – 5% DV Aug-23 to 2026	25.00	50	Arrow-Roxithromycin
→ Restricted (RS1569)			
Initiation			
Only for use in patients under 12 years of age.			
Penicillins			
AMOXICILLIN			
Cap 250 mg – 5% DV May-24 to 2025	43.45	500	Alphamox
	27.50		Miro-Amoxicillin
Cap 500 mg – 5% DV May-24 to 2025	66.44	500	Alphamox
	41.00		Miro-Amoxicillin
Grans for oral liq 125 mg per 5 ml – 5% DV Feb-24 to 2026	2.22	100 ml	Alphamox 125
Grans for oral liq 250 mg per 5 ml – 5% DV Feb-24 to 2026	2.81	100 ml	Alphamox 250
Inj 250 mg vial.....	15.97	10	Ibiamox
Inj 500 mg vial.....	17.43	10	Ibiamox
Inj 1 g vial.....	21.64	10	Ibiamox
<i>(Alphamox Cap 250 mg to be delisted 1 May 2024)</i>			
<i>(Alphamox Cap 500 mg to be delisted 1 May 2024)</i>			
AMOXICILLIN WITH CLAVULANIC ACID			
Tab 500 mg with clavulanic acid 125 mg – 5% DV Feb-24 to 2026	1.59	10	Curam Duo 500/125
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml.....	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 – 5% DV Feb-24 to 2026	16.50	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 – 5% DV Jul-24 to 2026	42.60	10	Flucloxin
Inj 500 mg vial – 5% DV Jul-24 to 2026	45.63	10	Flucloxin
Inj 1 g vial – 5% DV Feb-24 to 2026	6.00	5	Flucil
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			

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

⚡ Inj 3 g with clavulanic acid 0.1 mg vial

➔ **Restricted (RS1054)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

Quinolones

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

⚡ Tab 250 mg	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

(Cipflox Tab 500 mg to be delisted 1 April 2024)

➔ **Restricted (RS1055)**

Clinical microbiologist or infectious disease specialist

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

⚡ Tab 400 mg	42.00	5	Avelox
⚡ Inj 1.6 mg per ml, 250 ml bottle – 5% DV Feb-24 to 2026	413.40	10	Moxifloxacin Kabi

➔ **Restricted (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

continued...

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

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 vial364.92 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 mg5.30 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 vial65.00 1 Colistin-Link

➔ **Restricted (RS1062)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

INFECTIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DAPTOMYCIN – Restricted see terms below			
⚡ Inj 500 mg vial – 5% DV Jan-24 to 2025	115.36	1	Daptomycin Dr Reddy's
➔ Restricted (RS1063)			
Clinical microbiologist or infectious disease specialist			
FOSFOMYCIN – Restricted see terms below			
⚡ Powder for oral solution, 3 g sachet			<i>e.g. UroFos</i>
➔ Restricted (RS1315)			
Clinical microbiologist or infectious disease specialist			
LINCOMYCIN – Restricted see terms below			
⚡ Inj 300 mg per ml, 2 ml vial			
➔ Restricted (RS1065)			
Clinical microbiologist or infectious disease specialist			
LINEZOLID – Restricted see terms below			
⚡ Tab 600 mg – 5% DV Dec-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			

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

↓ Inj 500 mg vial – **5% DV Feb-24 to 2026** 3.38 1 **Mylan**

→ **Restricted (RS1069)**

Clinical microbiologist or infectious disease specialist

Antifungals

Imidazoles

KETOCONAZOLE

↓ Tab 200 mg

→ **Restricted (RS1410)**

Oncologist

Polyene Antimycotics

AMPHOTERICIN B

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

→ **Restricted (RS1071)**

Initiation

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

Either:

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

↓ Inj 50 mg vial

→ **Restricted (RS1316)**

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

NYSTATIN

Tab 500,000 u 17.09 50 Nilstat

Cap 500,000 u 15.47 50 Nilstat

Triazoles

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

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

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

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

↓ Oral liquid 50 mg per 5 ml 129.02 35 ml Diflucan

↓ Inj 2 mg per ml, 50 ml vial 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

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

↓ 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

→ **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.

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

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

↓ 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

→ **Restricted (RS1076)**

Initiation

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

Either:

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

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

↓ Tab 500 mg

↓ Cap 500 mg

→ **Restricted (RS1279)**

Clinical microbiologist or infectious disease specialist

TERBINAFINE

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

Antileprotics

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

↓ Cap 50 mg

→ **Restricted (RS1077)**

Clinical microbiologist, dermatologist or infectious disease specialist

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

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

Clinical microbiologist, dermatologist or infectious disease specialist

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 [on the next page](#)

↓ Cap 250 mg

INFECTIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1079) Clinical microbiologist, infectious disease specialist or respiratory specialist ETHAMBUTOL HYDROCHLORIDE – Restricted see terms below ⚡ Tab 100 mg ⚡ Tab 400 mg49.34		56	Myambutol
➔ Restricted (RS1080) Clinical microbiologist, infectious disease specialist or respiratory specialist ISONIAZID – Restricted see terms below ⚡ Tab 100 mg – 5% DV Jan-22 to 202423.00		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 ⚡ Tab 150 mg with rifampicin 300 mg – 5% DV Jan-22 to 2024.....179.13		100	Rifinah 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 mg305.00		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 ⚡ Cap 300 mg – 5% DV Dec-23 to 2026.....122.06 ⚡ Oral liq 100 mg per 5 ml – 5% DV Dec-23 to 2026.....12.60 ⚡ Inj 600 mg vial – 5% DV Dec-23 to 2026.....134.98		100 100 60 ml 1	Rifadin Rifadin Rifadin 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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IVERMECTIN – Restricted see terms below			
↓ Tab 3 mg	17.20	4	Stromectol
→ Restricted (RS1283)			
Clinical microbiologist, dermatologist or infectious disease specialist			
MEBENDAZOLE			
Tab 100 mg – 5% DV Jan-22 to 2024	7.97	6	Vermox
Oral liq 100 mg per 5 ml			
PRAZIQUANTEL			
Tab 600 mg			
Antiprotozoals			
ARTEMETHER WITH LUMEFANTRINE – Restricted see terms 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 on the next page			
↓ Inj 300 mg vial	216.00	5	Pentacarinat

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1096) Clinical microbiologist or infectious disease specialist PRIMAQUINE – Restricted see terms below ⚡ Tab 15 mg ⚡ Tab 7.5 mg			
➔ Restricted (RS1097) Clinical microbiologist or infectious disease specialist PYRIMETHAMINE – Restricted see terms below ⚡ Tab 25 mg			
➔ Restricted (RS1098) Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist QUININE DIHYDROCHLORIDE – Restricted see terms 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

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
whose HIV status is unknown.			
Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm.org.au/hiv/hiv-management/pep/).			
Initiation – Percutaneous exposure			
Patient has percutaneous exposure to blood known to be HIV positive.			
EFAVIRENZ – Restricted see terms on the previous page			
† Tab 200 mg	190.15	90	Stocrin
† Tab 600 mg	63.38	30	Stocrin
† Oral liq 30 mg per ml			
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
<i>(Nevirapine Alphapharm Tab 200 mg to be delisted 1 July 2024)</i>			

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

(Ziagen Oral liq 20 mg per ml to be delisted 1 July 2024)

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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Restricted see terms on the previous page			
† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate).....	106.88	30	Viatrix
EMTRICITABINE – Restricted see terms on the previous page			
† Cap 200 mg.....	307.20	30	Emtriva
LAMIVUDINE – Restricted see terms on the previous page			
† Tab 150 mg – 5% DV Feb-24 to 2026	98.00	60	Lamivudine Viatrix
† Oral liq 10 mg per ml			
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 Lamivudine/Zidovudine Viatrix

(Alphapharm Tab 300 mg with lamivudine 150 mg to be delisted 1 July 2024)

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 Atazanavir Viatrix

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DARUNAVIR – Restricted see terms on the previous page			
† Tab 400 mg – 5% DV Feb-24 to 2026	150.00	60	Darunavir Viatris
† Tab 600 mg – 5% DV Feb-24 to 2026	225.00	60	Darunavir Viatris
INDINAVIR – Restricted see terms on the previous page			
† Cap 200 mg			
† Cap 400 mg			
LOPINAVIR WITH RITONAVIR – Restricted see terms on the previous page			
† Tab 100 mg with ritonavir 25 mg – 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
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RALTEGRAVIR POTASSIUM – Restricted see terms [above](#)

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

Antivirals

Hepatitis B

ENTECAVIR

Tab 0.5 mg – 5% DV Mar-24 to 2026	12.04	30	Entecavir (Rex)
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LAMIVUDINE			
Tab 100 mg – 5% DV Feb-24 to 2026	12.06	28	Zetlam
Oral liq 5 mg per ml	270.00	240 ml	Zeffix
TENOFOVIR DISOPROXIL			
Tab 245 mg (300 mg as a maleate) – 5% DV Sep-23 to 2025	15.00	30	Tenofovir Disoproxil Viatrix

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 Sep-23 to 2024 132.00 60 **Valganciclovir Viatrix**

➔ **Restricted (RS1799)**

Initiation – Transplant cytomegalovirus prophylaxis

Re-assessment required after 3 months

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

continued...

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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; or
 - 2.2 The recipient is cytomegalovirus positive; and
- 3 Patient has a high risk of CMV disease.

Initiation – Cytomegalovirus in immunocompromised patients

Both:

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

HIV Prophylaxis and Treatment

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

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

➔ **Restricted (RS1902)**

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

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

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

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
 - 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

continued...

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

- 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 Te Whatu Ora 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 Te Whatu Ora Hospital approved infections control plan.

COVID-19 Treatments

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

⚡ Cap 200 mg.....0.00 40 Lagevrio

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

REMEDESIVIR – Restricted see terms [below](#)

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

↓ Inj 100 mg vial 760.57 1 Veklury

➔ Restricted (RS1912)
Initiation – Treatment of mild to moderate COVID-19

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

Initiation – COVID-19 in hospitalised patients

Therapy limited to 5 doses

All of the following:

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

Immune Modulators
INTERFERON ALFA-2B

Inj 18 m iu, 1.2 ml multidose pen

Inj 30 m iu, 1.2 ml multidose pen

Inj 60 m iu, 1.2 ml multidose pen

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

↓ Inj 100 mcg in 0.5 ml vial

➔ Restricted (RS1113)
Initiation

Patient has chronic granulomatous disease and requires interferon gamma.

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

↓ Inj 180 mcg prefilled syringe 748.50 4 Pegasys

➔ Restricted (RS1827)
Initiation – Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant

Limited to 48 weeks treatment

Any of the following:

- 1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
- 2 Patient has chronic hepatitis C and is co-infected with HIV; or

continued...

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

- 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
- 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.

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

continued...

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

Continuation – post-allogenic bone marrow transplant

Re-assessment required after 3 months

Patient is responding and ongoing treatment remains appropriate.

Note: Indications marked with * are unapproved indications

MUSCULOSKELETAL SYSTEM

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

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

- ⚡ Inj 10 mg per ml, 15 ml vial
- ⚡ Inj 10 mg per ml, 1 ml ampoule

➔ **Restricted (RS1015)**

Initiation

For the diagnosis of myasthenia gravis.

NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule – **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 202426.13 10 **Max Health**

PYRIDOSTIGMINE BROMIDE

Tab 60 mg50.28 100 Mestinon

Antirheumatoid Agents

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

⚡ Tab 200 mg8.78 100 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 mg67.23 100 D-Penaminate

Tab 250 mg110.12 100 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 – **5% DV Jul-24 to 2026**3.10 4 **Fosamax**

ALENDRONATE SODIUM WITH COLECALCIFEROL

Tab 70 mg with colecalciferol 5,600 iu – **5% DV Jul-24 to 2026**1.99 4 **Fosamax Plus**

	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.

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MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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
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→ **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 – 5% DV Jun-24 to 2025	490.00	1	Forteo
	195.00		Teriparatide - Teva

(Forteo Inj 250 mcg per ml, 2.4 ml to be delisted 1 June 2024)

→ **Restricted (RS1143)**

Initiation

Limited to 18 months treatment

All of the following:

continued...

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

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

Notes:

- a) The bone mineral density (BMD) measurement used to derive the T-score must be made using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable
- b) Antiresorptive agents and their adequate doses for the purposes of this restriction are defined as: alendronate sodium tab 70 mg or tab 70 mg with colecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be 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 – 5% DV Jun-24 to 2026	11.47	500	DP-Allopurinol
	17.99	1,000	Ipca-Allopurinol
Tab 300 mg – 5% DV Jun-24 to 2026	28.57	500	DP-Allopurinol
	22.50		Ipca-Allopurinol

(DP-Allopurinol Tab 100 mg to be delisted 1 June 2024)

(DP-Allopurinol Tab 300 mg to be delisted 1 June 2024)

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
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FEBUXOSTAT – Restricted see terms below

⚡ Tab 80 mg – 5% DV Jun-24 to 2026	4.73	28	Febuxostat (Teva)
	20.00		Febuxostat multichem
⚡ Tab 120 mg – 5% DV Jun-24 to 2026	11.78	28	Febuxostat (Teva)
	20.00		Febuxostat multichem

(Febuxostat multichem Tab 80 mg to be delisted 1 June 2024)

(Febuxostat multichem Tab 120 mg to be delisted 1 June 2024)

➔ Restricted (RS1844)

Initiation – Gout

Both:

- 1 Patient has been diagnosed with gout; and

continued...

MUSCULOSKELETAL SYSTEM

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

2 Any of the following:

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

Initiation – Tumour lysis syndrome

Haematologist or oncologist

Re-assessment required after 6 weeks

Both:

- 1 Patient is scheduled to receive cancer therapy carrying an intermediate or high risk of tumour lysis syndrome; and
- 2 Patient has a documented history of allopurinol intolerance.

Continuation – Tumour lysis syndrome

Haematologist or oncologist

Re-assessment required after 6 weeks

The treatment remains appropriate and patient is benefitting from treatment.

PROBENECID

Tab 500 mg

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

⚡ Inj 1.5 mg vial

➔ **Restricted (RS1016)**

Haematologist

Muscle Relaxants and Related Agents

ATRACURIUM BESYLATE

Inj 10 mg per ml, 2.5 ml ampoule	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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 5% DV Feb-24 to 2026	35.40	10	Martindale
VECURONIUM BROMIDE Inj 10 mg vial			

Reversers of Neuromuscular Blockade

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

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

→ **Restricted (RS1370)**

Initiation

Any of the following:

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

Non-Steroidal Anti-Inflammatory Drugs

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

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

- ↓ Tab 30 mg
- ↓ Tab 60 mg
- ↓ Tab 90 mg
- ↓ Tab 120 mg

→ **Restricted (RS1592)**

Initiation

For in-vivo investigation of allergy only.

MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IBUPROFEN			
Tab 200 mg - 1,000 tablet pack – 1% DV Feb-21 to 2026	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			
<i>(Relieve Tab 200 mg - 20 tablet pack to be delisted 1 June 2024)</i>			
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	Brand or
	(ex man. excl. GST)	Generic
	\$	Manufacturer
	Per	

Agents for Parkinsonism and Related Disorders

Agents for Essential Tremor, Chorea and Related Disorders

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

↓ Tab 50 mg – 5% DV 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
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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
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APOMORPHINE HYDROCHLORIDE

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

BROMOCRIPTINE

Cap 5 mg

ENTACAPONE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEVODOPA WITH BENSERAZIDE			
Tab dispersible 50 mg with benserazide 12.5 mg	13.25	100	Madopar Rapid
Cap 50 mg with benserazide 12.5 mg	13.75	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg	15.80	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg	22.85	100	Madopar HBS
Cap 200 mg with benserazide 50 mg	26.25	100	Madopar 250
LEVODOPA WITH CARBIDOPA			
Tab 100 mg with carbidopa 25 mg	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 – 5% DV May-24 to 2026	42.00	5	Dexmedetomidine
	97.88		Viatrix
<i>(Dexmedetomidine-Teva Inj 100 mcg per ml, 2 ml vial to be delisted 1 May 2024)</i>			
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	141.75	5	Biomed
Inj 10 mg per ml, 10 ml syringe	73.50	5	Biomed
Inj 100 mg per ml, 2 ml vial	31.50	5	Ketalar
METHOHEXITAL SODIUM			
Inj 10 mg per ml, 50 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
SEVOFLURANE			
Soln for inhalation 100%, 250 ml bottle	930.00	6	Baxter
THIOPENTAL [THIOPENTONE] SODIUM			
Inj 500 mg ampoule			
Local Anaesthetics			
ARTICAINE HYDROCHLORIDE			
Inj 1%			
ARTICAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:100,000, 1.8 ml dental cartridge			
Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:200,000 1.8 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge			
BENZOCAINE			
Gel 20%			
BENZOCAINE WITH TETRACAINE HYDROCHLORIDE			
Gel 18% with tetracaine hydrochloride 2%			<i>e.g. ZAP Topical Anaesthetic Gel</i>
BUPIVACAINE HYDROCHLORIDE			
Inj 5 mg per ml, 4 ml ampoule – 5% DV Feb-24 to 2026	62.50	5	Marcaïn Isobaric
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 5% DV Feb-24 to 2026	28.00	5	Marcaïn
Inj 5 mg per ml, 10 ml ampoule sterile pack	16.20	5	Marcaïn
Inj 5 mg per ml, 20 ml ampoule			
Inj 5 mg per ml, 20 ml ampoule sterile pack	16.56	5	Marcaïn
Inj 1.25 mg per ml, 100 ml bag			
Inj 1.25 mg per ml, 200 ml bag			
Inj 2.5 mg per ml, 100 ml bag	150.00	5	Marcaïn
Inj 2.5 mg per ml, 200 ml bag			
Inj 1.25 mg per ml, 500 ml bag			
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2.5 mg per ml with adrenaline 1:200,000, 10 ml ampoule			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial	94.50	5	Marcaïn with Adrenaline
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial	80.50	5	Marcaïn with Adrenaline

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag	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.....	54.60	5	Biomed
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE			
Inj 0.5% with glucose 8%, 4 ml ampoule – 5% DV Sep-22 to 2025	26.67	5	Marcaïn Heavy
COCAINE HYDROCHLORIDE			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe.....	28.76	1	Biomed
COCAINE HYDROCHLORIDE WITH ADRENALINE			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
ETHYL CHLORIDE			
Spray 100%			
LIDOCAINE [LIGNOCAINE]			
Crm 4%.....	5.40	5 g	LMX4
	27.00	30 g	LMX4
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE			
Gel 2%.....	4.87	20 g	Orion
Soln 4%			
Spray 10% – 5% DV Jan-23 to 2025	78.95	50 ml	Xylocaine
Oral (gel) soln 2%.....	44.00	200 ml	Mucosoothé
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
Inj 10%, 5 ml ampoule			
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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe.....	19.70	1	Topicaïne
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE			
Crn 2.5% with prilocaïne 2.5%.....	45.00	30 g	EMLA
Patch 25 mcg with prilocaïne 25 mcg.....	115.00	20	EMLA
Crn 2.5% with prilocaïne 2.5%, 5 g.....	45.00	5	EMLA
MEPIVACAINE HYDROCHLORIDE			
Inj 3%, 1.8 ml dental cartridge.....	43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge.....	43.60	50	Scandonest 3%
MEPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2% with adrenaline 1:100,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:100,000, 2.2 ml dental cartridge			
PRILOCAINE HYDROCHLORIDE			
Inj 0.5%, 50 ml vial.....	100.00	5	Citanest
Inj 2%, 5 ml ampoule			
PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
ROPIVACAINE HYDROCHLORIDE			
Inj 2 mg per ml, 10 ml ampoule – 5% DV Feb-24 to 2026.....	9.80	5	Ropivacaine Kabi
Inj 2 mg per ml, 20 ml ampoule – 5% DV Feb-24 to 2026.....	10.25	5	Ropivacaine Kabi
Inj 2 mg per ml, 100 ml bag – 5% DV Feb-24 to 2026.....	32.85	5	Ropivacaine Kabi
Inj 2 mg per ml, 200 ml bag – 5% DV Feb-24 to 2026.....	43.40	5	Ropivacaine Kabi
Inj 7.5 mg per ml, 10 ml ampoule – 5% DV Feb-24 to 2026.....	11.00	5	Ropivacaine Kabi
Inj 7.5 mg per ml, 20 ml ampoule – 5% DV Feb-24 to 2026.....	13.50	5	Ropivacaine Kabi
Inj 10 mg per ml, 10 ml ampoule – 5% DV Feb-24 to 2026.....	11.75	5	Ropivacaine Kabi
Inj 10 mg per ml, 20 ml ampoule – 5% DV Feb-24 to 2026.....	17.60	5	Ropivacaine Kabi
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 – 5% DV May-24 to 2026.....	5.65	100	Ethics Aspirin
CAPSAICIN – Restricted see terms below			
↓ Crn 0.075%.....	11.95	45 g	Zostrix HP
➔ Restricted (RS1145)			

Initiation

For post-herpetic neuralgia or diabetic peripheral neuropathy.

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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			
PARACETAMOL – Some items restricted see terms below			
Tab soluble 500 mg			
Tab 500 mg - blister pack - 1,000 tablet pack – 1% DV Feb-22 to 2026	19.75	1,000	Pacimol
Tab 500 mg - blister pack - 12 tablet pack			
Tab 500 mg - blister pack - 20 tablet pack			
Tab 500 mg - bottle pack – 1% DV Feb-22 to 2026	17.92	1,000	Noumed Paracetamol
Oral liq 120 mg per 5 ml – 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	15.00	10	Paracetamol Kabi
Suppos 25 mg			
Suppos 50 mg			
Suppos 125 mg – 5% DV Feb-24 to 2026	4.29	10	Gacet
Suppos 250 mg – 5% DV Feb-24 to 2026	5.39	10	Gacet
Suppos 500 mg – 5% DV Feb-24 to 2026	16.55	50	Gacet
➔ Restricted (RS1146)			
Initiation			
Intravenous paracetamol is only to be used where other routes are unavailable or impractical, or where there is reduced absorption. The need for IV paracetamol must be re-assessed every 24 hours.			
SUCROSE			
Oral liq 25%	13.91	25 ml	Biomed
↓ Oral liq 66.7% (preservative free)			
➔ Restricted (RS1763)			
Initiation			
For use in neonatal patients only.			

Opioid Analgesics

ALFENTANIL			
Inj 0.5 mg per ml, 2 ml ampoule – 5% DV Feb-24 to 2026	8.99	5	Medsurge
CODEINE PHOSPHATE			
Tab 15 mg – 5% DV 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FENTANYL			
Inj 10 mcg per ml, 10 ml syringe			
Inj 50 mcg per ml, 2 ml ampoule – 5% DV Apr-22 to 2024	3.75	10	Boucher and Muir
Inj 10 mcg per ml, 50 ml bag	210.00	10	Biomed
Inj 10 mcg per ml, 50 ml syringe	165.00	10	Biomed
Inj 50 mcg per ml, 10 ml ampoule – 5% DV Apr-22 to 2024	9.41	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag – 5% DV Feb-24 to 2026	114.25	5	Biomed
Inj 20 mcg per ml, 50 ml syringe	26.50	1	Biomed
	136.50	5	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
<i>(Biomed Inj 20 mcg per ml, 50 ml syringe to be delisted 1 June 2024)</i>			
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
Oral liq 2 mg per ml	16.31	100 ml	Wockhardt
Inj 1 mg per ml, 100 ml bag – 5% DV Feb-24 to 2026	114.25	5	Biomed
Inj 1 mg per ml, 10 ml syringe – 5% DV Feb-24 to 2026	27.25	5	Biomed
Inj 1 mg per ml, 50 ml syringe – 5% DV Feb-24 to 2026	63.75	5	Biomed
Inj 1 mg per ml, 2 ml syringe			
Inj 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			

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg – 5% DV Jun-22 to 2024.....	2.69	20	Oxycodone Sandoz
Tab controlled-release 10 mg – 5% DV Jun-22 to 2024.....	2.69	20	Oxycodone Sandoz
Tab controlled-release 20 mg – 5% DV Jun-22 to 2024.....	3.49	20	Oxycodone Sandoz
Tab controlled-release 40 mg – 5% DV Jun-22 to 2024.....	5.49	20	Oxycodone Sandoz
Tab controlled-release 80 mg – 5% DV Jun-22 to 2024.....	12.99	20	Oxycodone Sandoz
Cap immediate-release 5 mg – 5% DV Dec-21 to 2024.....	1.88	20	OxyNorm
Cap immediate-release 10 mg – 5% DV Dec-21 to 2024.....	3.32	20	OxyNorm
Cap immediate-release 20 mg – 5% DV Dec-21 to 2024.....	5.23	20	OxyNorm
Oral liq 5 mg per 5 ml – 5% DV Sep-21 to 2024.....	11.20	250 ml	OxyNorm
Inj 1 mg per ml, 100 ml bag			
Inj 10 mg per ml, 1 ml ampoule – 5% DV Jul-22 to 2024.....	5.82	5	Hameln
Inj 10 mg per ml, 2 ml ampoule – 5% DV Jul-22 to 2024.....	11.49	5	Hameln
Inj 50 mg per ml, 1 ml ampoule – 5% DV Jul-22 to 2024.....	22.92	5	Hameln
PARACETAMOL WITH CODEINE			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 5% DV Jan-23 to 2025.....	27.50	1,000	Paracetamol + Codeine (Relieve)
PETHIDINE HYDROCHLORIDE			
Tab 50 mg – 5% DV 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 – 5% DV Feb-24 to 2026.....	14.95	5	Remifentanil-AFT
Inj 2 mg vial – 5% DV Feb-24 to 2026.....	20.95	5	Remifentanil-AFT
TRAMADOL HYDROCHLORIDE			
Tab sustained-release 100 mg – 5% DV May-24 to 2026.....	1.95	20	Tramal SR 100
Tab sustained-release 150 mg – 5% DV May-24 to 2026.....	2.95	20	Tramal SR 150
Tab sustained-release 200 mg – 5% DV May-24 to 2026.....	3.80	20	Tramal SR 200
Cap 50 mg – 5% DV Jan-24 to 2026.....	3.33	100	Arrow-Tramadol
Oral soln 10 mg per ml			
Inj 10 mg per ml, 100 ml bag			
Inj 50 mg per ml, 1 ml ampoule – 5% DV May-24 to 2026.....	10.00	5	Tramal 50
Inj 50 mg per ml, 2 ml ampoule – 5% DV May-24 to 2026.....	9.00	5	Tramal 100

Antidepressants

Cyclic and Related Agents

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
Cap 10 mg	9.49	28	Clomipramine Teva
Cap 25 mg	11.19	28	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			
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

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Selective Serotonin Reuptake Inhibitors			
CITALOPRAM HYDROBROMIDE			
Tab 20 mg – 5% DV Mar-23 to 2025	2.86	84	Celapram
ESCITALOPRAM			
Tab 10 mg – 5% DV Apr-24 to 2026	1.07	28	Escitalopram (Ethics)
	0.79		Ipca-Escitalopram
Tab 20 mg – 5% DV Apr-24 to 2026	1.92	28	Escitalopram (Ethics)
	1.49		Ipca-Escitalopram
<i>(Escitalopram (Ethics) Tab 10 mg to be delisted 1 April 2024)</i>			
<i>(Escitalopram (Ethics) Tab 20 mg to be delisted 1 April 2024)</i>			
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			
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			

↑ 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
CLONAZEPAM			
Oral drops 2.5 mg per ml			
ETHOSUXIMIDE			
Cap 250 mg	140.88	100	Zarontin
Oral liq 50 mg per ml	56.35	200 ml	Zarontin
GABAPENTIN			
Note: Gabapentin not to be given in combination with pregabalin			
Cap 100 mg – 1% DV Feb-22 to 2027	6.45	100	Nupentin
Cap 300 mg – 1% DV Feb-22 to 2027	8.45	100	Nupentin
Cap 400 mg – 1% DV Feb-22 to 2027	10.26	100	Nupentin
LACOSAMIDE – Restricted see terms below			
↓ Tab 50 mg	25.04	14	Vimpat
↓ Tab 100 mg	50.06	14	Vimpat
	200.24	56	Vimpat
↓ Tab 150 mg	75.10	14	Vimpat
	300.40	56	Vimpat
↓ Tab 200 mg	400.55	56	Vimpat
↓ Inj 10 mg per ml, 20 ml vial			
→ Restricted (RS1988)			
Initiation			
<i>Re-assessment required after 15 months</i>			
Both:			
1 Patient has focal epilepsy; and			
2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam, and any two of carbamazepine, lamotrigine, and phenytoin sodium (see Note).			
Note: Those of childbearing potential are not required to trial phenytoin sodium, sodium valproate, or topiramate. Those who can father children are not required to trial sodium valproate.			
Continuation			
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment.			
LAMOTRIGINE			
Tab dispersible 2 mg	55.00	30	Lamictal
Tab dispersible 5 mg	50.00	30	Lamictal
Tab dispersible 25 mg	4.20	56	Logem
Tab dispersible 50 mg	5.11	56	Logem
Tab dispersible 100 mg	6.75	56	Logem
LEVETIRACETAM			
Tab 250 mg	5.84	60	Everet
Tab 500 mg	10.51	60	Everet
Tab 750 mg	16.71	60	Everet
Tab 1,000 mg	21.82	60	Everet
Oral liq 100 mg per ml	44.78	300 ml	Levetiracetam-AFT
Inj 100 mg per ml, 5 ml vial	38.95	10	Levetiracetam-AFT
PHENOBARBITONE			
Tab 15 mg – 5% DV Aug-24 to 2025	248.50	500	Noumed Phenobarbitone
	40.00		PSM
Tab 30 mg – 5% DV Dec-23 to 2025	398.50	500	Noumed Phenobarbitone

(PSM Tab 15 mg to be delisted 1 August 2024)

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 below			
⚡ Cap 250 mg	509.29	60	Diacomit
⚡ Powder for oral liq 250 mg sachet	509.29	60	Diacomit
➔ Restricted (RS1989)			
Initiation			
Paediatric neurologist			
<i>Re-assessment required after 6 months</i>			
Both:			
1 Patient has confirmed diagnosis of Dravet syndrome; and			
2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.			
Note: Those of childbearing potential are not required to trial sodium valproate or topiramate. Those who can father children are not required to trial sodium valproate.			
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

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

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

↓ Tab 500 mg

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

→ **Restricted (RS1865)**

Initiation

Re-assessment required after 15 months

Both:

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

Continuation

Both:

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

Antimigraine Preparations

Acute Migraine Treatment

DIHYDROERGOTAMINE MESYLATE

Inj 1 mg per ml, 1 ml ampoule

METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL

Tab 5 mg with paracetamol 500 mg

RIZATRIPTAN

Tab orodispersible 10 mg – **5% DV Feb-24 to 2026**.....4.84 30 **Rizamelt**

SUMATRIPTAN

Tab 50 mg – **1% DV Feb-22 to 2027**14.41 90 **Sumagran**

Tab 100 mg – **1% DV Feb-22 to 2027**22.68 90 **Sumagran**

Inj 12 mg per ml, 0.5 ml prefilled pen – **5% DV Apr-24 to 2025**29.30 2 **Clustran**

34.00 Imigran

(Imigran Inj 12 mg per ml, 0.5 ml prefilled pen to be delisted 1 April 2024)

Prophylaxis of Migraine

PIZOTIFEN

Tab 500 mcg.....23.21 100 Sandomigran

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antinausea and Vertigo Agents			
APREPITANT – Restricted see terms below			
⚡ Cap 2 × 80 mg and 1 × 125 mg – 5% DV Dec-21 to 2024	30.00	3	Emend Tri-Pack
➔ Restricted (RS1154)			
Initiation			
Patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.			
BETAHISTINE DIHYDROCHLORIDE			
Tab 16 mg – 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 – 5% DV Feb-24 to 2026	1.20	1	Deva
HYOSCINE HYDROBROMIDE			
Inj 400 mcg per ml, 1 ml ampoule			
⚡ Patch 1 mg per 72 hours	17.70	2	Scopoderm TTS
	88.50	10	Scopolamine - Mylan
➔ Restricted (RS1155)			
Initiation			
Any of the following:			
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or			
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or			
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.			
METOCLOPRAMIDE HYDROCHLORIDE			
Tab 10 mg – 5% DV Mar-24 to 2026	1.57	100	Metoclopramide Actavis 10
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule – 5% DV 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 – 5% DV Mar-24 to 2026	0.56	10	Periset ODT
Tab 8 mg – 5% DV Aug-23 to 2025	4.10	50	Periset
Tab dispersible 8 mg – 5% DV Mar-24 to 2026	0.90	10	Periset ODT
Inj 2 mg per ml, 2 ml ampoule – 5% DV Mar-23 to 2025	1.42	5	Ondansetron-AFT
Inj 2 mg per ml, 4 ml ampoule – 5% DV Mar-23 to 2025	1.89	5	Ondansetron-AFT

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PROCHLORPERAZINE			
Tab buccal 3 mg			
Tab 5 mg – 5% DV Mar-24 to 2026	25.00	250	Nausafix
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
TROPISETRON			
Inj 1 mg per ml, 2 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
Antipsychotic Agents			
General			
AMISULPRIDE			
Tab 100 mg	7.21	30	Sulprix
Tab 200 mg	20.94	60	Sulprix
Tab 400 mg	38.71	60	Sulprix
Oral liq 100 mg per ml			
ARIPIPIRAZOLE			
Tab 5 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 10 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 15 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 20 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
Tab 30 mg – 5% DV Oct-22 to 2025	10.50	30	Aripiprazole Sandoz
CHLORPROMAZINE HYDROCHLORIDE			
Tab 10 mg	14.83	100	Largactil
Tab 25 mg	15.62	100	Largactil
Tab 100 mg	36.73	100	Largactil
Oral liq 10 mg per ml			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule	30.79	10	Largactil
<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

Products with Hospital Supply Status (HSS) are in **bold**
 Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 5% DV Aug-24 to 2026	1.40	30	Zypine
Tab 5 mg – 5% DV Aug-24 to 2026	1.93	30	Zypine
Tab orodispersible 5 mg – 5% DV Feb-24 to 2026	2.42	28	Zypine ODT
Tab 10 mg – 5% DV Aug-24 to 2026	1.93	30	Zypine
Tab orodispersible 10 mg – 5% DV Feb-24 to 2026	2.89	28	Zypine ODT
Inj 10 mg vial			
PERICYAZINE			
Tab 2.5 mg			
Tab 10 mg			
QUETIAPINE			
Tab 25 mg – 5% DV Feb-24 to 2026	2.36	90	Quetapel
Tab 100 mg – 5% DV Feb-24 to 2026	6.40	90	Quetapel
Tab 200 mg – 5% DV Feb-24 to 2026	10.97	90	Quetapel
Tab 300 mg – 5% DV Feb-24 to 2026	15.83	90	Quetapel
RISPERIDONE			
Tab 0.5 mg – 5% DV Mar-24 to 2026	2.17	60	Risperidone (Teva)
Tab 1 mg – 5% DV Mar-24 to 2026	2.44	60	Risperidone (Teva)
Tab 2 mg – 5% DV Mar-24 to 2026	2.72	60	Risperidone (Teva)
Tab 3 mg – 5% DV Mar-24 to 2026	4.50	60	Risperidone (Teva)
Tab 4 mg – 5% DV Mar-24 to 2026	6.25	60	Risperidone (Teva)
Oral liq 1 mg per ml – 5% DV Mar-24 to 2026	10.29	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

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

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

➔ **Restricted (RS2009)**

Initiation

Re-assessment required after 12 months

Both:

continued...

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

- 1 Patient has a current Special Authority approval for olanzapine depot injection, risperidone depot injection or paliperidone depot injection; and
- 2 Either:
 - 2.1 Patient has tried but has experienced an inadequate response to, or intolerable side effects from, prior therapy with olanzapine depot injection, risperidone depot injection or paliperidone depot injection; or
 - 2.2 Patient has been unable to access olanzapine depot injection due to supply issues with olanzapine depot injection, or otherwise would have been initiated on olanzapine depot injection but has been unable to due to supply issues with olanzapine depot injection.

Continuation

Re-assessment required after 12 months

The initiation of aripiprazole depot injection has been associated with fewer days of intensive intervention than prior to the initiation of an atypical antipsychotic depot injection.

FLUPENTHIXOL DECANOATE

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

HALOPERIDOL DECANOATE

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

OLANZAPINE – Restricted: For continuation only

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

➔ **Restricted (RS1379)**

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

PALIPERIDONE – Restricted see terms [below](#)

↓ Inj 25 mg syringe	194.25	1	Invega Sustenna
↓ Inj 50 mg syringe	271.95	1	Invega Sustenna
↓ Inj 75 mg syringe	357.42	1	Invega Sustenna
↓ Inj 100 mg syringe	435.12	1	Invega Sustenna
↓ Inj 150 mg syringe	435.12	1	Invega Sustenna

➔ **Restricted (RS1381)**

Initiation

Re-assessment required after 12 months

Either:

continued...

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

- 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.

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>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anxiolytics			
BUSPIRONE HYDROCHLORIDE			
Tab 5 mg – 5% DV May-22 to 2024	18.50	100	Buspirone Viartis
Tab 10 mg – 5% DV May-22 to 2024	12.50	100	Buspirone Viartis
CLONAZEPAM			
Tab 500 mcg	5.64	100	Paxam
Tab 2 mg	10.78	100	Paxam
DIAZEPAM			
Tab 2 mg – 5% DV Mar-24 to 2026	95.00	500	Arrow-Diazepam
Tab 5 mg – 5% DV Mar-24 to 2026	115.00	500	Arrow-Diazepam
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 (RS1993)**

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

Any relevant practitioner

Re-assessment required after 12 months

Either:

- 1 All of the following:
 - 1.1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and
 - 1.2 Patient has an EDSS score between 0 – 6.0; and
 - 1.3 Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and
 - 1.4 All of the following:
 - 1.4.1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and
 - 1.4.2 Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and
 - 1.4.3 Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and
 - 1.4.4 Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C); and
 - 1.4.5 Either:
 - 1.4.5.1 Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or
 - 1.4.5.2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte’s symptom); and

continued...

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

- 1.5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and
- 1.6 Any of the following:
 - 1.6.1 A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or
 - 1.6.2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or
 - 1.6.3 A sign of that new inflammatory is a T2 lesion with associated local swelling; or
 - 1.6.4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or
 - 1.6.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan; or
- 2 Patient has an active approval for ocrelizumab and does not have primary progressive MS.

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

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

Any relevant practitioner

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

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

DIMETHYL FUMARATE – Restricted see terms [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
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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
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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			
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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
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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
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Multiple Sclerosis Treatments - Other

OCRELIZUMAB – Restricted see terms [on the next 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
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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
Per	

➔ **Restricted (RS1997)**

Initiation – Multiple Sclerosis - ocrelizumab

Any relevant practitioner

Re-assessment required after 12 months

Either:

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

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

Continuation – Multiple Sclerosis - ocrelizumab

Any relevant practitioner

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

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

Initiation – Primary Progressive Multiple Sclerosis

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

- 1 Diagnosis of primary progressive multiple sclerosis (PPMS) meets the 2017 McDonald criteria and has been confirmed by

continued...

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

continued...

- a neurologist; and
- 2 Patient has an EDSS 2.0 (score equal to or greater than 2 on pyramidal functions) to EDSS 6.5; and
- 3 Patient has no history of relapsing remitting multiple sclerosis.

Continuation – Primary Progressive Multiple Sclerosis

Any relevant practitioner

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

Sedatives and Hypnotics

CHLORAL HYDRATE

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

LORMETAZEPAM – **Restricted:** For continuation only

➔ Tab 1 mg

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

↓ Tab modified-release 2 mg – 5% DV Apr-22 to 2024	11.50	30	Vigisom
↓ Tab 3 mg			

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

➔ **Restricted (RS1576)**

Initiation – insomnia secondary to neurodevelopmental disorder

Psychiatrist, paediatrician, neurologist or respiratory specialist

Re-assessment required after 12 months

All of the following:

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

Continuation – insomnia secondary to neurodevelopmental disorder

Psychiatrist, paediatrician, neurologist or respiratory specialist

Re-assessment required after 12 months

All of the following:

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

Initiation – insomnia where benzodiazepines and zopiclone are contraindicated

Both:

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

MIDAZOLAM

Tab 7.5 mg			
Oral liq 2 mg per ml			
Inj 1 mg per ml, 5 ml ampoule – 5% DV Jan-22 to 2024	3.95	10	Mylan Midazolam
Inj 5 mg per ml, 3 ml ampoule – 5% DV Jan-22 to 2024	3.52	5	Midazolam Viatrix Mylan Midazolam

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHENOBARBITONE			
Inj 130 mg per ml, 1 ml vial			
Inj 200 mg per ml, 1 ml ampoule			
TEMAZEPAM			
Tab 10 mg – 5% DV Feb-24 to 2026	1.40	25	Normison
TRIAZOLAM – Restricted: For continuation only			
➔ Tab 125 mcg			
➔ Tab 250 mcg			
ZOPICLONE			
Tab 7.5 mg			

Spinal Muscular Atrophy

NUSINERSEN – Restricted see terms below			
↓ Inj 12 mg per 5 ml vial	120,000.00	1	Spinraza
➔ Restricted (RS1938)			

Initiation

Re-assessment required after 12 months

All of the following:

- 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

continued...

NERVOUS SYSTEM

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

3.2 Both:

3.2.1 Patient is pre-symptomatic; and

3.2.2 Patient has three or less copies of SMN2.

Continuation

Re-assessment required after 12 months

All of the following:

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

Stimulants / ADHD Treatments

ATOMOXETINE

Cap 10 mg – 5% DV Aug-24 to 2026	43.02	28	APO-Atomoxetine Generic Partners
Cap 18 mg – 5% DV Aug-24 to 2026	45.57	28	APO-Atomoxetine Generic Partners
Cap 25 mg – 5% DV Aug-24 to 2026	44.30	28	APO-Atomoxetine Generic Partners
Cap 40 mg – 5% DV Aug-24 to 2026	46.21	28	APO-Atomoxetine Generic Partners
Cap 60 mg – 5% DV Aug-24 to 2026	51.31	28	APO-Atomoxetine Generic Partners
Cap 80 mg – 5% DV Aug-24 to 2026	65.20	28	APO-Atomoxetine Generic Partners
Cap 100 mg – 5% DV Aug-24 to 2026	65.71	28	APO-Atomoxetine Generic Partners
	58.48		

(Generic Partners Cap 10 mg to be delisted 1 August 2024)

(Generic Partners Cap 18 mg to be delisted 1 August 2024)

(Generic Partners Cap 25 mg to be delisted 1 August 2024)

(Generic Partners Cap 40 mg to be delisted 1 August 2024)

(Generic Partners Cap 60 mg to be delisted 1 August 2024)

(Generic Partners Cap 80 mg to be delisted 1 August 2024)

(Generic Partners Cap 100 mg to be delisted 1 August 2024)

CAFFEINE

Tab 100 mg

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

⚠ Tab 5 mg – 5% DV Jun-24 to 2025	28.50	100	Aspen
	29.80		Noumed
	21.00		Dexamfetamine PSM

(Aspen Tab 5 mg to be delisted 1 June 2024)

(PSM Tab 5 mg to be delisted 1 June 2024)

➡ **Restricted (RS1169)**

Initiation – ADHD

Paediatrician or psychiatrist

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

continued...

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

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.

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.

NERVOUS SYSTEM

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

↓ Tab 100 mg – 5% DV 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:

- 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 trialed 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 – 5% DV Jun-24 to 2026	4.34	90	Donepezil-Rex
	3.70	84	Ipca-Donepezil
Tab 10 mg – 5% DV Jun-24 to 2026	6.64	90	Donepezil-Rex
	5.50	84	Ipca-Donepezil

(Donepezil-Rex Tab 5 mg to be delisted 1 June 2024)

(Donepezil-Rex Tab 10 mg to be delisted 1 June 2024)

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.

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

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 Buprenorphine Naloxone BNM
↓ Tab 8 mg with naloxone 2 mg – 5% DV Dec-22 to 2025	34.00	28	

→ **Restricted (RS1172)**

Initiation – Detoxification

All of the following:

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

Initiation – Maintenance treatment

All of the following:

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

BUPROPION HYDROCHLORIDE

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

Tab 200 mg – 5% DV Nov-21 to 2024	236.40	100	Antabuse
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NALTREXONE HYDROCHLORIDE – **Restricted** see terms [below](#)

↓ Tab 50 mg – 5% DV Dec-23 to 2026	83.33	30	Naltreccord
	77.77	28	Naltrexone AOP

→ **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 [on the next page](#)

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)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1873)**

Initiation

Any of the following:

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

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

↓ 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

➔ **Restricted (RS1702)**

Initiation

All of the following:

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

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

Alkylating Agents

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

↓ Inj 25 mg vial – 5% DV 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...

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
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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 – 5% DV Apr-24 to 2026	398.00	1	Tepadina
Inj 100 mg vial – 5% DV Apr-24 to 2026	1,800.00	1	Tepadina

Anthracyclines and Other Cytotoxic Antibiotics

BLEOMYCIN SULPHATE

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

Inj 0.5 mg vial	255.00	1	Cosmegen
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DAUNORUBICIN			
Inj 2 mg per ml, 10 ml vial.....	171.93	1	Pfizer
Inj 20 mg vial	1,495.00	10	Daunorubicin Zentiva
DOXORUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial			
Inj 2 mg per ml, 25 ml vial.....	11.50	1	Doxorubicin Ebewe
Inj 50 mg vial			
Inj 2 mg per ml, 50 ml vial.....	23.00	1	Doxorubicin Ebewe
Inj 2 mg per ml, 100 ml vial – 5% DV Jan-22 to 2024.....	69.99	1	Doxorubicin Ebewe
EPIRUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial.....	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial.....	30.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml vial – 5% DV Jan-22 to 2024.....	99.99	1	Epirubicin Ebewe
IDARUBICIN HYDROCHLORIDE			
Inj 5 mg vial	109.74	1	Zavedos
Inj 10 mg vial	233.64	1	Zavedos
MITOMYCIN C			
Inj 5 mg vial			
Inj 20 mg vial	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 2024.....75.06 1 **Azacitidine Dr Reddy's**

➔ **Restricted (RS1904)**

Initiation

Haematologist

Re-assessment required after 12 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
 - 1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
 - 1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
- 2 The patient has performance status (WHO/ECOG) grade 0-2; and
- 3 The patient has an estimated life expectancy of at least 3 months.

Continuation

Haematologist or medical practitioner on the recommendation of a haematologist

Re-assessment required after 12 months

Both:

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

CAPECITABINE

Tab 150 mg – 5% DV Jan-24 to 2025	9.80	60	Capecitabine Viatrix
Tab 500 mg – 5% DV Jan-24 to 2025	46.50	120	Capecitabine Viatrix

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CLADRIBINE			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial.....	749.96	1	Leustatin
CYTARABINE			
Inj 20 mg per ml, 5 ml vial.....	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, 50 ml vial.....	14.72	1	Fluorouracil Accord
Inj 50 mg per ml, 100 ml vial – 5% DV Feb-22 to 2024	29.44	1	Fluorouracil Accord
GEMCITABINE HYDROCHLORIDE			
Inj 43.3 mg per ml (equivalent to 38 mg per ml gemcitabine), 26.3 ml vial – 5% DV Jun-24 to 2026	18.94	1	DBL Gemcitabine
Inj 10 mg per ml, 100 ml vial.....	15.89	1	Gemcitabine Ebewe
<i>(Gemcitabine Ebewe Inj 10 mg per ml, 100 ml vial to be delisted 1 June 2024)</i>			
MERCAPTOPYRINE			
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
Inj 25 mg per ml, 20 ml vial.....	45.00	1	Onco-Vial DBL Methotrexate
Inj 100 mg per ml, 10 ml vial.....	25.00	1	Onco-Vial Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – 5% DV Dec-23 to 2026	67.99	1	Methotrexate Ebewe
PEMETREXED – Restricted see terms on the next page			
↓ Inj 100 mg vial	60.89	1	Juno Pemetrexed
↓ Inj 500 mg vial	217.77	1	Juno Pemetrexed

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	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

	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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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
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TEMOZOLOMIDE – Restricted see terms below

↓ Cap 5 mg	9.13	5	Temaccord
↓ Cap 20 mg	16.38	5	Temaccord
↓ Cap 100 mg	35.98	5	Temaccord
↓ Cap 140 mg	50.12	5	Temaccord
↓ Cap 250 mg	86.34	5	Temaccord

➔ **Restricted (RS1994)**

Initiation – gliomas

Re-assessment required after 12 months

Patient has a glioma.

Continuation – gliomas

Re-assessment required after 12 months

Treatment remains appropriate and patient is benefitting from treatment.

Initiation – Neuroendocrine tumours

Re-assessment required after 9 months

All of the following:

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

continued...

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

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

⚡ Tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg.....	1,771.86	42	Venclexta
⚡ Tab 10 mg.....	13.68	2	Venclexta
⚡ Tab 50 mg.....	239.44	7	Venclexta
⚡ Tab 100 mg.....	8,209.41	120	Venclexta

➔ **Restricted (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:

continued...

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

- 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 polymorphocytic leukaemia (B-PLL)*. Indications marked with * are unapproved indications.

Platinum Compounds

CARBOPLATIN

Inj 10 mg per ml, 45 ml vial.....45.20 1 Carboplatin Ebewe

CISPLATIN

Inj 1 mg per ml, 100 ml vial – **5% DV Mar-22 to 2024**29.66 1 **DBL Cisplatin**

OXALIPLATIN

Inj 5 mg per ml, 20 ml vial – **5% DV Oct-23 to 2024**.....33.35 1 **Alchemy Oxaliplatin**

Protein-Tyrosine Kinase Inhibitors

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

↓ Cap 150 mg7,935.00 224 Alecensa

➔ **Restricted (RS1712)**

Initiation

Re-assessment required after 6 months

All of the following:

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

Continuation

Re-assessment required after 6 months

Both:

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

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

↓ Tab 20 mg3,774.06 60 Sprycel

↓ Tab 50 mg6,214.20 60 Sprycel

↓ Tab 70 mg7,692.58 60 Sprycel

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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 benefiting from treatment; and
- 3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.

Note: *treatment failure for CML as defined by Leukaemia Net Guidelines. **Kinase-Inhibition Study with Sprycel Start-up
<https://www.cancertrialsnz.ac.nz/kiss/>

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

⚡ Tab 100 mg	329.70	30	Alchemy
⚡ Tab 150 mg	569.70	30	Alchemy

➔ **Restricted (RS1885)**

Initiation

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
- 2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
- 3 Either:
 - 3.1 Patient is treatment naive; or
 - 3.2 Both:
 - 3.2.1 The patient has discontinued 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:

continued...

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

- 1 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and
- 2 Erlotinib is to be given for a maximum of 3 months.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 2 Erlotinib to be discontinued at progression; and
- 3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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

↓ Tab 250 mg	918.00	30	Iressa
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➔ **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.

IMATINIB MESILATE

Cap 100 mg – 5% DV Dec-23 to 2026	44.93	60	Imatinib-Rex
Cap 400 mg – 5% DV Dec-23 to 2026	69.76	30	Imatinib-Rex

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

↓ Tab 250 mg

➔ **Restricted (RS1828)**

Initiation

For continuation use only.

Continuation

Re-assessment required after 12 months

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

continued...

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

- 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 (RS2010)**

Initiation

Haematologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, high risk chronic phase, or in chronic phase; and
- 2 Either:
 - 2.1 Patient has documented CML treatment failure* with a tyrosine kinase inhibitor (TKI); or
 - 2.2 Patient has experienced treatment limiting toxicity with a tyrosine kinase inhibitor (TKI) precluding further treatment; and
- 3 Maximum nilotinib dose of 800 mg/day; and
- 4 Subsidised for use as monotherapy only.

Note: *treatment failure as defined by Leukaemia Net Guidelines.

Continuation

Haematologist

Re-assessment required after 6 months

All of the following:

- 1 Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines; and
- 2 Nilotinib treatment remains appropriate and the patient is benefiting from treatment; and
- 3 Maximum nilotinib dose of 800 mg/day; and
- 4 Subsidised for use as monotherapy only.

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

continued...

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

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

Continuation

Medical oncologist

Re-assessment required after 12 months

All of the following:

- 1 Treatment must be used in combination with an endocrine partner; and
- 2 No evidence of progressive disease; and
- 3 The treatment remains appropriate and the patient is benefitting from treatment.

PAZOPANIB – Restricted see terms [below](#)

↓ Tab 200 mg	1,334.70	30	Votrient
↓ Tab 400 mg	2,669.40	30	Votrient

→ **Restricted (RS1198)**

Initiation

Re-assessment required after 3 months

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
 - 2.1 The patient is treatment naive; or
 - 2.2 The patient has only received prior cytokine treatment; or
 - 2.3 Both:
 - 2.3.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
 - 2.3.2 The cancer did not progress whilst on sunitinib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 All of the following:
 - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
 - 5.2 Haemoglobin level < lower limit of normal; and
 - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
 - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
 - 5.5 Karnofsky performance score of less than or equal to 70; and
 - 5.6 2 or more sites of organ metastasis.

Continuation

Re-assessment required after 3 months

Both:

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RUXOLITINIB – Restricted see terms below			
⚡ Tab 5 mg	2,500.00	56	Jakavi
⚡ Tab 10 mg	5,000.00	56	Jakavi
⚡ Tab 15 mg	5,000.00	56	Jakavi
⚡ Tab 20 mg	5,000.00	56	Jakavi

➔ **Restricted (RS1726)**

Initiation

Haematologist

Re-assessment required after 12 months

All of the following:

- 1 The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and
- 2 Either:
 - 2.1 A classification of risk of intermediate-2 or high-risk myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; or
 - 2.2 Both:
 - 2.2.1 A classification of risk of intermediate-1 myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and
 - 2.2.2 Patient has severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; and
- 3 A maximum dose of 20 mg twice daily is to be given.

Continuation

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

Re-assessment required after 12 months

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 A maximum dose of 20 mg twice daily is to be given.

SUNITINIB – Restricted see terms [below](#)

⚡ Cap 12.5 mg – 5% DV Jul-22 to 2024	208.38	28	Sunitinib Pfizer
⚡ Cap 25 mg – 5% DV Jul-22 to 2024	416.77	28	Sunitinib Pfizer
⚡ Cap 50 mg – 5% DV Jul-22 to 2024	694.62	28	Sunitinib Pfizer

➔ **Restricted (RS1886)**

Initiation – RCC

Re-assessment required after 3 months

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
 - 2.1 The patient is treatment naive; or
 - 2.2 The patient has only received prior cytokine treatment; or
 - 2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
 - 2.4 Both:
 - 2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
 - 2.4.2 The cancer did not progress whilst on pazopanib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 All of the following:

continued...

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

- 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
 - 5.2 Haemoglobin level < lower limit of normal; and
 - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
 - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
 - 5.5 Karnofsky performance score of less than or equal to 70; and
 - 5.6 2 or more sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

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

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

Continuation – RCC

Re-assessment required after 3 months

Both:

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

Initiation – GIST

Re-assessment required after 3 months

Both:

- 1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and
- 2 Either:
 - 2.1 The patient's disease has progressed following treatment with imatinib; or
 - 2.2 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib.

Continuation – GIST

Re-assessment required after 6 months

Both:

The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:

- 1 Any of the following:
 - 1.1 The patient has had a complete response (disappearance of all lesions and no new lesions); or
 - 1.2 The patient has had a partial response (a decrease in size of 10% or more or decrease in tumour density in Hounsfield Units (HU) of 15% or more on CT and no new lesions and no obvious progression of non-measurable disease); or
 - 1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Continuation – GIST pandemic circumstances

Re-assessment required after 6 months

All of the following:

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

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 5% DV Aug-24 to 2026.....	19.59	1	Anzatax
	24.00		Paclitaxel Ebewe
Inj 6 mg per ml, 25 ml vial.....	26.69	1	Paclitaxel Ebewe
Inj 6 mg per ml, 50 ml vial – 5% DV Aug-24 to 2026.....	37.89	1	Anzatax
	44.00		Paclitaxel Ebewe
<i>(Paclitaxel Ebewe Inj 6 mg per ml, 5 ml vial to be delisted 1 August 2024)</i>			
<i>(Paclitaxel Ebewe Inj 6 mg per ml, 16.7 ml vial to be delisted 1 August 2024)</i>			
<i>(Paclitaxel Ebewe Inj 6 mg per ml, 25 ml vial to be delisted 1 August 2024)</i>			
<i>(Paclitaxel Ebewe Inj 6 mg per ml, 50 ml vial to be delisted 1 August 2024)</i>			
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 below			
⚡ Inj 500 mg			<i>e.g. Cardioxane</i>
➔ 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
VINCRIStINE SULPHATE			
Inj 1 mg per ml, 1 ml vial.....	51.37	5	DBL Vincristine Sulfate
Inj 1 mg per ml, 2 ml vial.....	102.73	5	DBL Vincristine Sulfate
VINORELBINE			
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:
 - 4.1.1 Patient is symptomatic; and
 - 4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
 - 4.1.3 Patient has ECOG performance score of 0-1; and
 - 4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
 - 4.2 All of the following:
 - 4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
 - 4.2.2 Patient has ECOG performance score of 0-2; and
 - 4.2.3 Patient has not had prior treatment with abiraterone.

Continuation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 6 months

All of the following:

- 1 Significant decrease in serum PSA from baseline; and
- 2 No evidence of clinical disease progression; and
- 3 No initiation of taxane chemotherapy with abiraterone; and
- 4 The treatment remains appropriate and the patient is benefiting from treatment.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 2 Abiraterone acetate to be discontinued at progression; and
- 3 No initiation of taxane chemotherapy with abiraterone; and
- 4 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

BICALUTAMIDE

Tab 50 mg – 5% DV Dec-23 to 2026 4.18 28 **Binarex**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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			
<i>Re-assessment required after 6 months</i>			
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			
<i>Re-assessment required after 6 months</i>			
All of the following:			
1 Treatment remains appropriate and patient is benefitting from treatment; and			
2 Treatment to be given at a dose of 500 mg monthly; and			
3 No evidence of disease progression.			
OCTREOTIDE – Some items restricted see terms below			
Inj 50 mcg per ml, 1 ml ampoule – 5% DV Jun-22 to 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			
<i>Re-assessment required after 3 months</i>			
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			

continued...

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

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

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

Initiation – Other indications

Any of the following:

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

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

Initiation – pre-operative acromegaly

Limited to 12 months treatment

All of the following:

- 1 Patient has acromegaly; and
- 2 Patient has a large pituitary tumour, greater than 10 mm at its widest; and
- 3 Patient is scheduled to undergo pituitary surgery in the next six months.

Note: Indications marked with * are unapproved indications

Continuation – Acromegaly - pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 Patient has acromegaly; and
- 2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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
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EXEMESTANE

Tab 25 mg – 5% DV Nov-23 to 2026	9.86	30	Pfizer Exemestane
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LETROZOLE

Tab 2.5 mg – 5% DV Jan-22 to 2024	5.84	30	Letrole
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ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

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

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

➔ **Restricted (RS1565)**

Initiation – high grade malignant glioma

All of the following:

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

Immunosuppressants

Calcineurin Inhibitors

CICLOSPORIN

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

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

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

➔ **Restricted (RS1990)**

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 Either:
 - 2.1 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response; or
 - 2.2 Patient is a child with nephrotic syndrome*.

Note: Indications marked with * are unapproved indications

Fusion Proteins

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

⚡ 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1879)**

Initiation – polyarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for polyarticular course juvenile idiopathic arthritis (JIA); and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for polyarticular course JIA; or

2 All of the following:

2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and

2.3 Any of the following:

2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Continuation – polyarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Both:

1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 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

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

- 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:

- 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.

continued...

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

continued...

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
 - 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:

continued...

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

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

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Following 12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab or secukinumab for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab or secukinumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab or secukinumab to meet the renewal criteria for adalimumab or secukinumab for psoriatic arthritis; or
- 2 All of the following:
 - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
 - 2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
 - 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; 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.

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

continued...

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

Initiation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has pyoderma gangrenosum*; and
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
- 3 A maximum of 8 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has shown clinical improvement; and
- 2 Patient continues to require treatment; and
- 3 A maximum of 8 doses.

Initiation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Either:
 - 1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or
 - 1.1.2 The patient has been started on tocilizumab for AOSD in a Te Whatu Ora Hospital; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
 - 1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
- 2 All of the following:
 - 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
- 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

Initiation – undifferentiated spondyloarthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

Note: Indications marked with * are unapproved indications.

Continuation – undifferentiated spondyloarthritis

Rheumatologist or medical practitioner on the recommendation of a Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 Applicant is a rheumatologist; or
 - 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
- 2 Either:
 - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
- 3 Etanercept to be administered at doses no greater than 50 mg dose every 7 days.

Monoclonal Antibodies

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

↓ Inj 2 mg per ml, 5 ml vial

➔ **Restricted (RS1202)**

Initiation

Either:

continued...

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

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

ADALIMUMAB (AMGEVITA) – **Restricted** see terms [below](#)

⚡ Inj 20 mg per 0.4 ml prefilled syringe – 5% DV Oct-22 to 31 Jul 2026.....	190.00	1	Amgevita
⚡ Inj 40 mg per 0.8 ml prefilled pen – 5% DV Oct-22 to 31 Jul 2026.....	375.00	2	Amgevita
⚡ Inj 40 mg per 0.8 ml prefilled syringe – 5% DV Oct-22 to 31 Jul 2026.....	375.00	2	Amgevita

➔ **Restricted (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:

- 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2.2 Patient has tried, but had an inadequate response to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 2.3 A PASI assessment or (DLQI) assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application.

Continuation – Plaque psoriasis - severe chronic

Any relevant practitioner

Re-assessment required after 2 years

Either:

1 Both:

- 1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
- 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
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response.

Note: Indications marked with * are unapproved indications.

Initiation – Crohn's disease - adults

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

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

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

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced 3 points, from when the patient was initiated on adalimumab; or
- 2 CDAI score is 150 or less, or HBI is 4 or less; or
- 3 The patient has demonstrated an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed.

Initiation – Crohn's disease - children

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

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

Continuation – Crohn's disease - children

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

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

Initiation – Crohn's disease - fistulising

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

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

Continuation – Crohn's disease - fistulising

Any relevant practitioner

Re-assessment required after 2 years

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

continued...

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

2 Both:

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

Continuation – Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

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

Initiation – Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 4 months

Either:

- 1 Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; or

2 Both:

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

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:

continued...

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

1 Both:

- 1.1 Patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects; or
 - 1.2.2 The patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis; or

2 All of the following:

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

Continuation – ankylosing spondylitis

Any relevant practitioner

Re-assessment required after 2 years

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

Initiation – Arthritis - oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

- 1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and
- 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 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:

continued...

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

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

Initiation – Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Either:

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

Continuation – Arthritis - polyarticular course juvenile idiopathic

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

Initiation – Arthritis - psoriatic

Rheumatologist

Re-assessment required after 6 months

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

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

continued...

2.4 Either:

- 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
- 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.5 Any of the following:

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

Continuation – Arthritis - psoriatic

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

Initiation – Arthritis - rheumatoid

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

- 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects; or
 - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:

- 2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 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.

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

continued...

Continuation – Arthritis - rheumatoid

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

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

Rheumatologist

Either:

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

Initiation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

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

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

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

Note: Indications marked with * are unapproved indications.

Continuation – undifferentiated spondyloarthritis

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

Initiation – inflammatory bowel arthritis – axial

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – inflammatory bowel arthritis – axial

Any relevant practitioner

Re-assessment required after 2 years

Where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, 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:

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

continued...

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

Continuation – inflammatory bowel arthritis – peripheral

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Restricted see terms [below](#)

↓ 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

→ Restricted (RS1922)

Initiation – Behcet’s disease – severe

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

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

Continuation – Behcet’s disease – severe

Any relevant practitioner

Re-assessment required after 6 months

Both:

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

Initiation – Hidradenitis suppurativa

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

- 1 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

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

- 4 Adalimumab to be administered at doses no greater than 40 mg every 7 days. Fortnightly dosing has been considered.

Continuation – Hidradenitis suppurativa

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

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

Initiation – Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Both:
 - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
 - 1.1.2 Either:
 - 1.1.2.1 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
 - 1.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or
 - 1.2 Both:
 - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
 - 1.2.2 Either:
 - 1.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
 - 1.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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

Initiation – Pyoderma gangrenosum

Dermatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – Pyoderma gangrenosum

Dermatologist

Re-assessment required after 6 months

Both:

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

Initiation – Crohn’s disease - adult

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

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

Continuation – Crohn’s disease - adult

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – Crohn’s disease - children

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

- 1 Any of the following:

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

Continuation – Crohn's disease - children

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – Crohn's disease - fistulising

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

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

Continuation – Crohn's disease - fistulising

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 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:

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

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

Continuation – Ocular inflammation – chronic

Any relevant practitioner

Re-assessment required after 12 months

Both:

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

Initiation – Ocular inflammation – severe

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

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

Continuation – Ocular inflammation – severe

Any relevant practitioner

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 1.1 The patient has had a good clinical response following 3 initial doses; or
 - 1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
 - 1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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

continued...

Initiation – ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – Arthritis – oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – Arthritis – oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

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

Initiation – Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 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.

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

Named specialist or rheumatologist

Re-assessment required after 6 months

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

Initiation – Arthritis - psoriatic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

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

Continuation – Arthritis - psoriatic

Named specialist or rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – Arthritis – rheumatoid

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

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

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

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

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

- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

Initiation – Diabetic Macular Oedema

Ophthalmologist or nurse practitioner

Re-assessment required after 4 months

All of the following:

- 1 Patient has centre involving diabetic macular oedema (DMO); and
- 2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
- 3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
- 4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and
- 5 There is no centre-involving sub-retinal fibrosis or foveal atrophy.

Continuation – Diabetic Macular Oedema

Ophthalmologist or nurse practitioner

Re-assessment required after 12 months

All of the following:

- 1 There is stability or two lines of Snellen visual acuity gain; and
- 2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
- 3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 4 There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
- 5 After each consecutive 12 months treatment with aflibercept, patient has retrialled with at least one injection of bevacizumab and had no response.

BASILIXIMAB – Restricted see terms [below](#)

↓ Inj 20 mg vial	2,560.00	1	Simulect
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➔ **Restricted (RS1203)**

Initiation

For use in solid organ transplants.

BENRALIZUMAB – Restricted see terms [below](#)

↓ Inj 30 mg per ml, 1 ml prefilled pen	3,539.00	1	Fasenra
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➔ **Restricted (RS1920)**

Initiation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 12 months

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
- 3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
- 4 Patient has a blood eosinophil count of greater than 0.5×10^9 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
- 7 Treatment is not to be used in combination with subsidised mepolizumab; and
- 8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; and
- 9 Either:
 - 9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
 - 9.2 Both:
 - 9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
 - 9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

Continuation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 2 years

Both:

- 1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
- 2 Either:
 - 2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with benralizumab; or
 - 2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

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

⚡ Inj 25 mg per ml, 4 ml vial

⚡ Inj 25 mg per ml, 16 ml vial

➔ **Restricted (RS1691)**

Initiation – Recurrent Respiratory Papillomatosis

Otolaryngologist

Re-assessment required after 12 months

All of the following:

- 1 Maximum of 6 doses; and
- 2 The patient has recurrent respiratory papillomatosis; and
- 3 The treatment is for intra-lesional administration.

Continuation – Recurrent Respiratory Papillomatosis

Otolaryngologist

Re-assessment required after 12 months

All of the following:

- 1 Maximum of 6 doses; and
- 2 The treatment is for intra-lesional administration; and
- 3 There has been a reduction in surgical treatments or disease regrowth as a result of treatment.

Initiation – ocular conditions

Either:

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

BRENTUXIMAB VEDOTIN – **Restricted** see terms [below](#)

⚡ Inj 50 mg vial 5,275.18 1 Adcetris

➔ **Restricted (RS2002)**

Initiation – relapsed/refractory Hodgkin lymphoma

Re-assessment required after 6 months

All of the following:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Either:
 - 1.1 Both:
 - 1.1.1 Patient has relapsed/refractory CD30-positive Hodgkin lymphoma after two or more lines of chemotherapy; and
 - 1.1.2 Patient is ineligible for autologous stem cell transplant; or
 - 1.2 Both:
 - 1.2.1 Patient has relapsed/refractory CD30-positive Hodgkin lymphoma; and
 - 1.2.2 Patient has previously undergone autologous stem cell transplant; and
- 2 Patient has not previously received funded brentuximab vedotin; and
- 3 Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles; and
- 4 Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Continuation – relapsed/refractory Hodgkin lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles; and
- 2 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated; and
- 3 Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment.

Initiation – anaplastic large cell lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Patient has relapsed/refractory CD30-positive systemic anaplastic large cell lymphoma; and
- 2 Patient has an ECOG performance status of 0-1; and
- 3 Patient has not previously received brentuximab vedotin; and
- 4 Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles; and
- 5 Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Continuation – anaplastic large cell lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles; and
- 2 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated; and
- 3 Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment.

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](#)

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

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
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➡ **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

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

- 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

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	Price		Brand or
	(ex man. excl. GST)		Generic
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- 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 4 months

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept and/or secukinumab for psoriatic arthritis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept and/or secukinumab; or
 - 2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept and/or secukinumab, the patient did not meet the renewal criteria for adalimumab and/or etanercept and/or secukinumab for psoriatic arthritis.

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Initiation – severe ocular inflammation

Re-assessment required after 4 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for severe ocular inflammation; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe ocular inflammation; or
- 2 Both:
 - 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
 - 2.2 Any of the following:
 - 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,

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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or resolution of uveitic cystoid macular oedema); or

- 3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Initiation – chronic ocular inflammation

Re-assessment required after 4 months

Either:

- 1 Both:

- 1.1 The patient has had an initial Special Authority approval for adalimumab for chronic ocular inflammation; and
- 1.2 Either:

- 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
- 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for chronic ocular inflammation; or

- 2 Both:

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

Continuation – chronic ocular inflammation

Re-assessment required after 12 months

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
- 3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in 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:

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.1 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; or
- 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
- 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
- 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids.

Continuation – Crohn's disease (adults)

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation – Crohn's disease (children)

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

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

Continuation – Crohn's disease (children)

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
- 2.2 Patient has one or more rectovaginal fistula(e); or
- 2.3 Patient has complete peri-anal fistula.

Continuation – fistulising Crohn's disease

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation – acute fulminant ulcerative colitis

Gastroenterologist

Limited to 6 weeks treatment

Both:

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

Continuation – fulminant ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Both:

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

Initiation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis; and
- 2 Either:
 - 2.1 Patients SCCAI is greater than or equal to 4; or
 - 2.2 Patients 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.2 The PUCAI score has reduced by 30 points or more from the PUCAI score when the patient was initiated on infliximab; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects from adalimumab, etanercept or secukinumab; or
 - 1.2.2 Patient has received insufficient benefit from adalimumab, etanercept or secukinumab to meet the renewal criteria for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; or
- 2 All of the following:
 - 2.1 Either:
 - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
 - 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
 - 2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
 - 2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
 - 2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

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

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

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1.2.2 Either:

- 1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
- 1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and

2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Initiation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

All of the following:

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

Continuation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

Either:

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

Initiation – severe Behcet's disease

Re-assessment required after 4 months

All of the following:

- 1 The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and
- 2 Either:
 - 2.1 The patient has severe ocular, neurological and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s) (see Notes); or
 - 2.2 The patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has not responded adequately to two or more treatment appropriate for the particular symptom(s) (see Notes); and
- 3 The patient is experiencing significant loss of quality of life.

Notes:

- a) Behcet's disease diagnosed according to the International Study Group for Behcet's Disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al J Rheumatol. 2004;31:931-7.
- b) Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.

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	Price (ex man. excl. GST)		Brand or Generic Manufacturer
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Continuation – severe Behcet's disease

Re-assessment required after 6 months

Both:

- 1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Initiation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has pyoderma gangrenosum*[†]; and
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
- 3 A maximum of 8 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has shown clinical improvement; and
- 2 Patient continues to require treatment; and
- 3 A maximum of 8 doses.

Initiation – Inflammatory bowel arthritis (axial)

Re-assessment required after 6 months

All of the following:

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

Continuation – Inflammatory bowel arthritis (axial)

Re-assessment required after 2 years

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

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

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

(Nucala Inj 100 mg vial to be delisted 1 August 2024)

➔ **Restricted (RS1918)**

Initiation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 12 months

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
- 3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
- 4 Patient has a blood eosinophil count of greater than 0.5×10^9 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.

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

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

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

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.

PERTUZUMAB – Restricted see terms [below](#)

⚡ Inj 30 mg per ml, 14 ml vial.....	3,927.00	1	Perjeta
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➔ **Restricted (RS1995)**

Initiation

Re-assessment required after 12 months

All of the following:

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

Continuation

Re-assessment required after 12 months

Either:

- 1 Both:
 - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 1.2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with pertuzumab and trastuzumab for reasons other than severe toxicity or disease progression; and
 - 2.2 Patient has signs of disease progression; and
 - 2.3 Disease has not progressed during previous treatment with pertuzumab and trastuzumab.

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:

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

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

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

- 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:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy; and
- and
- 2.2 To be used for a maximum of 6 treatment cycles.

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

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

Re-assessment required after 12 months

All of the following:

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

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

Initiation – aggressive CD20 positive NHL

Either:

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

2 Both:

- 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
- 2.2 To be used for a maximum of 6 treatment cycles.

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

Continuation – aggressive CD20 positive NHL

All of the following:

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

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

Initiation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 Any of the following:
 - 2.1 The patient is rituximab treatment naive; or
 - 2.2 Either:
 - 2.2.1 The patient is chemotherapy treatment naive; or
 - 2.2.2 Both:
 - 2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
 - 2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; or
 - 2.3 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; and
- 3 The patient has good performance status; and
- 4 Either:

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 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 bendamustine; and
- 2 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles.

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

Initiation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has cold haemagglutinin disease*; and
- 2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 8 weeks

Either:

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

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

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

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

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

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

Note: Indications marked with * are unapproved indications.

Continuation – ANCA associated vasculitis

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initiation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are unapproved indications.

Continuation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are unapproved indications.

Initiation – Antibody-mediated organ transplant rejection

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

Note: Indications marked with * are unapproved indications.

Initiation – ABO-incompatible organ transplant

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

Note: Indications marked with * are unapproved indications.

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

Nephrologist

Re-assessment required after 8 weeks

All of the following:

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

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

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:

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

- 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 patient 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.

Initiation – Severe antisynthetase syndrome

Re-assessment required after 12 months

All of the following:

- 1 Patient has confirmed antisynthetase syndrome; and
- 2 Patient has severe, immediately life or organ threatening disease, including interstitial lung disease; and
- 3 Either:
 - 3.1 Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not been effective at controlling active disease; or
 - 3.2 Rapid treatment is required due to life threatening complications; and
- 4 Maximum of four 1,000 mg infusions of rituximab.

Continuation – Severe antisynthetase syndrome

Re-assessment required after 12 months

All of the following:

- 1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function; and

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

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.

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	Price (ex man. excl. GST)		Brand or Generic Manufacturer
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Continuation – anti-NMDA receptor autoimmune encephalitis

Neurologist

Re-assessment required after 6 months

All of the following:

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

Initiation – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 9 months

Either:

- 1 Both:
 - 1.1 The patient has CD20+ low grade or follicular B-cell NHL with relapsed disease following prior chemotherapy; and
 - 1.2 To be used for a maximum of 6 treatment cycles; or
- 2 Both:
 - 2.1 The patient has CD20+ low grade or follicular B-cell NHL requiring first-line systemic chemotherapy; and
 - 2.2 To be used for a maximum of 6 treatment cycles.

Continuation – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 24 months

Both:

- 1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy; and
- 2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m² every 8 weeks (maximum of 12 cycles).

Initiation – Membranous nephropathy

Re-assessment required after 6 weeks

All of the following:

- 1 Either:
 - 1.1 Patient has biopsy-proven primary/idiopathic membranous nephropathy*; or
 - 1.2 Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of > 60ml/min/1.73m²; and
- 2 Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures (see Note); and
- 3 The total rituximab dose would not exceed the equivalent of 375mg/m² of body surface area per week for a total of 4 weeks.

Continuation – Membranous nephropathy

Re-assessment required after 6 weeks

All of the following:

- 1 Patient was previously treated with rituximab for membranous nephropathy*; and
- 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:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- a) Indications marked with * are unapproved indications.
- b) High risk of progression to end-stage kidney disease defined as > 5g/day proteinuria.
- c) Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has experienced intolerable side effects.
- d) Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.

Initiation – B-cell acute lymphoblastic leukaemia/lymphoma*

Limited to 2 years treatment

All of the following:

- 1 Patient has newly diagnosed B-cell acute lymphoblastic leukaemia/lymphoma*[†]; and
- 2 Treatment must be in combination with an intensive chemotherapy protocol with curative intent; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m² per dose for a maximum of 18 doses.

Note: Indications marked with * are unapproved indications.

Initiation – desensitisation prior to transplant

Limited to 6 weeks treatment

Both:

- 1 Patient requires desensitisation prior to mismatched allogenic stem cell transplant*[†]; and
- 2 Patient would receive no more than two doses at 375 mg/m² of body-surface area.

Note: Indications marked with * are unapproved indications.

Initiation – pemphigus*

Dermatologist or relevant specialist

Re-assessment required after 6 months

Either:

- 1 All of the following:
 - 1.1 Patient has severe rapidly progressive pemphigus; and
 - 1.2 Is used in combination with systemic corticosteroids (20 mg/day); and
 - 1.3 Any of the following:
 - 1.3.1 Skin involvement is at least 5% body surface area; or
 - 1.3.2 Significant mucosal involvement (10 or more mucosal erosions) or diffuse gingivitis or confluent large erosions; or
 - 1.3.3 Involvement of two or more mucosal sites; or
- 2 Both:
 - 2.1 Patient has pemphigus; and
 - 2.2 Patient has not experienced adequate clinical benefit from systemic corticosteroids (20 mg/day) in combination with a steroid sparing agent, unless contraindicated.

Note: Indications marked with * are unapproved indications.

Continuation – pemphigus*

Dermatologist or relevant specialist

Re-assessment required after 6 months

Both:

- 1 Patient has experienced adequate clinical benefit from rituximab treatment, with improvement in symptoms and healing of skin ulceration and reduction in corticosteroid requirement; and
- 2 Patient has not received rituximab in the previous 6 months.

Note: Indications marked with * are unapproved indications.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Initiation – immunoglobulin G4-related disease (IgG4-RD*)

Re-assessment required after 6 weeks

All of the following:

- 1 Patient has confirmed diagnosis of IgG4-RD*; and
- 2 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 Te Whatu Ora Hospital, for severe chronic plaque psoriasis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
 - 2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and
- 3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Continuation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
 - 1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

Initiation – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

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

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
 - 1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and
- 2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

Initiation – ankylosing spondylitis, second-line biologic

Rheumatologist

Re-assessment required after 3 months

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
 - 2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation – ankylosing spondylitis, second-line biologic

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and
- 3 Secukinumab to be administered at doses no greater than 150 mg monthly.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
 - 1.2.2 Patient has received insufficient benefit from adalimumab, etanercept or infliximab to meet the renewal criteria for adalimumab, etanercept or infliximab for psoriatic arthritis; or
- 2 All of the following:
 - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
 - 2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
 - 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
 - 2.5 Any of the following:
 - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

- 1 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:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
- 2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
- 3 Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

Continuation

Haematologist or rheumatologist

Re-assessment required after 12 months

The treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.

TIXAGEVIMAB WITH CILGAVIMAB – **Restricted** see terms [below](#)

↓ Inj 100 mg per ml, 1.5 ml vial with cilgavimab 100 mg per ml, 1.5 ml vial.....	0.00	1	Evusheld
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→ **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:
 - 2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and
 - 2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and
 - 2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

Initiation – previous use

Any relevant practitioner

Limited to 6 months treatment

Both:

- 1 Patient was being treated with tocilizumab prior to 1 February 2019; and
- 2 Any of the following:
 - 2.1 rheumatoid arthritis; or
 - 2.2 systemic juvenile idiopathic arthritis; or
 - 2.3 adult-onset Still's disease; or
 - 2.4 polyarticular juvenile idiopathic arthritis; or
 - 2.5 idiopathic multicentric Castleman's disease.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Initiation – Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Limited to 6 months treatment

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 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 Te Whatu Ora Hospital; and
 - 3.2.2 Either:
 - 3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
 - 3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

Initiation – Rheumatoid Arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 2 Tocilizumab is to be used as monotherapy; and
- 3 Either:
 - 3.1 Treatment with methotrexate is contraindicated; or
 - 3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
- 4 Either:
 - 4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of ciclosporin alone or in combination with another agent; or
 - 4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
- 5 Either:
 - 5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
 - 5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 6 Either:
 - 6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation – systemic juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

- 1 Patient diagnosed with systemic juvenile idiopathic arthritis; and

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 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 Te Whatu Ora Hospital; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
 - 1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD; or
- 2 All of the following:
 - 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
 - 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
 - 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Initiation – polyarticular juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 4 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for both etanercept and adalimumab for polyarticular course juvenile idiopathic arthritis (JIA); and
 - 1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or
- 2 All of the following:
 - 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
 - 2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and
 - 2.3 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.4 Any of the following:
 - 2.4.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.4.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.4.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Initiation – idiopathic multicentric Castleman's disease

Haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's disease; and
- 2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
- 3 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

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	Price (ex man. excl. GST)		Brand or Generic Manufacturer
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Initiation – moderate to severe COVID-19

Therapy limited to 1 dose

All of the following:

- 1 Patient has confirmed (or probable) COVID-19; and
- 2 Oxygen saturation of < 92% on room air, or requiring supplemental oxygen; and
- 3 Patient is receiving adjunct systemic corticosteroids, or systemic corticosteroids are contraindicated; and
- 4 Tocilizumab is to be administered at doses no greater than 8mg/kg IV for a maximum of one dose; and
- 5 Tocilizumab is not to be administered in combination with baricitinib.

Continuation – Rheumatoid Arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

Continuation – systemic juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following up to 6 months' initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

Continuation – adult-onset Still's disease

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

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

Continuation – polyarticular juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
 - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
 - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Continuation – idiopathic multicentric Castleman's disease

Haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist

Re-assessment required after 12 months

the treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status.

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

⚠ Inj 150 mg vial	1,350.00	1	Herceptin
⚠ Inj 440 mg vial	3,875.00	1	Herceptin

(Herceptin Inj 150 mg vial to be delisted 1 June 2024)

(Herceptin Inj 440 mg vial to be delisted 1 June 2024)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS2003)**

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

⚡ Inj 150 mg vial – 5% DV Jun-24 to 31 May 2027	100.00	1	Herzuma
⚡ Inj 440 mg vial – 5% DV Jun-24 to 31 May 2027	293.35	1	Herzuma

➔ **Restricted (RS2005)**

Initiation – early breast cancer

Limited to 12 months treatment

Both:

- 1 The patient has early breast cancer expressing HER-2 IHC 3+ or ISH + (including FISH or other current technology; and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment).

Continuation – early breast cancer*

Re-assessment required after 12 months

Either:

- 1 All of the following:
 - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology; and
 - 1.2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
 - 1.3 Any of the following:
 - 1.3.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 1.3.2 The patient discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress whilst on lapatinib; or
 - 1.3.3 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
 - 1.4 Either:
 - 1.4.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 1.4.2 All of the following:
 - 1.4.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 1.4.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 1.4.2.3 The patient has good performance status (ECOG grade 0-1); and
 - 1.5 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with trastuzumab in the metastatic setting for reasons other than severe toxicity or disease progression; and
 - 2.2 Patient has signs of disease progression; and
 - 2.3 Disease has not progressed during previous treatment with trastuzumab.

Note: * For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Initiation – metastatic breast cancer

Re-assessment required after 12 months

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 2.2 The patient discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress whilst on lapatinib; and
- 3 Either:
 - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 3.2 All of the following:
 - 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab to be discontinued at disease progression.

Continuation – metastatic breast cancer

Re-assessment required after 12 months

Either:

- 1 All of the following:
 - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 1.2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
 - 1.3 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with trastuzumab for reasons other than severe toxicity or disease progression; and
 - 2.2 Patient has signs of disease progression; and
 - 2.3 Disease has not progressed during previous treatment with trastuzumab.

Initiation – gastric, gastro-oesophageal junction and oesophageal cancer

Re-assessment required after 12 months

Both:

- 1 The patient has locally advanced or metastatic gastric, gastro-oesophageal junction or oesophageal cancer expressing HER-2 IHC 2+ FISH+ or IHC3+ (or other current technology); and
- 2 Patient has an ECOG score of 0-2.

Continuation – gastric, gastro-oesophageal junction and oesophageal cancer

Re-assessment required after 12 months

Both:

- 1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 2 Trastuzumab to be discontinued at disease progression.

TRASTUZUMAB 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:

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Price (ex man. excl. GST) \$		Per	Brand or Generic Manufacturer
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- 1 Patient has early breast cancer expressing HER2 IHC3+ or ISH+; and
- 2 Documentation of pathological invasive residual disease in the breast and/or auxiliary lymph nodes following completion of surgery; and
- 3 Patient has completed systemic neoadjuvant therapy with trastuzumab and chemotherapy prior to surgery; and
- 4 Disease has not progressed during neoadjuvant therapy; and
- 5 Patient has left ventricular ejection fraction of 45% or greater; and
- 6 Adjuvant treatment with trastuzumab emtansine to be commenced within 12 weeks of surgery; and
- 7 Trastuzumab emtansine to be discontinued at disease progression; and
- 8 Total adjuvant treatment duration must not exceed 42 weeks (14 cycles).

Initiation – metastatic breast cancer

Re-assessment required after 6 months

All of the following:

- 1 Patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and
- 3 Either:
 - 3.1 The patient has received prior therapy for metastatic disease*; or
 - 3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and
- 4 Patient has a good performance status (ECOG 0-1); and
- 5 Either:
 - 5.1 Patient does not have symptomatic brain metastases; or
 - 5.2 Patient has brain metastases and has received prior local CNS therapy; and
- 6 Patient has not received prior funded trastuzumab emtansine treatment; and
- 7 Treatment to be discontinued at disease progression.

Continuation – metastatic breast cancer

Re-assessment required after 6 months

- Both:
- 1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab emtansine; and
 - 2 Treatment to be discontinued at disease progression.

Note: *Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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2.2.2.2 Other biologics for Crohn's disease are contraindicated.

Continuation – Crohn's disease - adults

Re-assessment required after 12 months

Both:

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

Initiation – Crohn's disease - children*

Re-assessment required after 6 months

Either:

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

Note: Indication marked with * is an unapproved indication.

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.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Continuation – ulcerative colitis

Re-assessment required after 12 months

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

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

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

↓ Inj 300 mg vial	3,313.00	1	Entyvio
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➔ **Restricted (RS1943)**

Initiation – Crohn's disease - adults

Re-assessment required after 6 months

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

continued...

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

- 2.3 Patient has extensive small intestine disease; and
- 3 Any of the following:
 - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
 - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
 - 3.3 Immunomodulators and corticosteroids are contraindicated.

Note: Indication marked with * is an unapproved indication.

Continuation – Crohn's disease - children*

Re-assessment required after 2 years

Both:

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

Note: Indication marked with * is an unapproved indication.

Initiation – ulcerative colitis

Re-assessment required after 6 months

All of the following:

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

Note: Indication marked with * is an unapproved indication.

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:

continued...

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Patient has locally advanced or metastatic non-small cell lung cancer; and
- 2 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 3 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 4 Patient has an ECOG 0-2; and
- 5 Patient has documented disease progression following treatment with at least two cycles of platinum-based chemotherapy; and
- 6 Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and
- 7 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – non-small cell lung cancer second line monotherapy

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

Re-assessment required after 4 months

All of the following:

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

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

Continuation – Non-small cell lung cancer

Medical oncologist

Re-assessment required after 3 months

All of the following:

- 1 The treatment remains clinically appropriate and the patient is benefitting from treatment; and
- 2 Either:
 - 2.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or
 - 2.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and
- 3 Treatment with durvalumab to cease upon signs of disease progression; and
- 4 Total continuous treatment duration must not exceed 12 months.

NIVOLUMAB – Restricted see terms [below](#)

⚡ Inj 10 mg per ml, 4 ml vial.....	1,051.98	1	Opdivo
⚡ Inj 10 mg per ml, 10 ml vial.....	2,629.96	1	Opdivo

➔ **Restricted (RS2015)**

Initiation

Medical oncologist

Limited to 4 months treatment

All of the following:

- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
- 3 The 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 Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses.

Continuation – less than 24 months on treatment

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; or
 - 1.1.2 Patient's disease has had a partial response to treatment; or
 - 1.1.3 Patient has stable disease; and
 - 1.2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
 - 1.3 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
 - 2.2 Patient has signs of disease progression; and
 - 2.3 Disease has not progressed during previous treatment with nivolumab.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Continuation – more than 24 months on treatment

Medical oncologist

Re-assessment required after 4 months

Both:

- 1 Patient has been on treatment for more than 24 months; and
- 2 Either:
 - 2.1 All of the following:
 - 2.1.1 Any of the following:
 - 2.1.1.1 Patient's disease has had a complete response to treatment; or
 - 2.1.1.2 Patient's disease has had a partial response to treatment; or
 - 2.1.1.3 Patient has stable disease; and
 - 2.1.2 Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period; and
 - 2.1.3 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
 - 2.2 All of the following:
 - 2.2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
 - 2.2.2 Patient has signs of disease progression; and
 - 2.2.3 Disease has not progressed during previous treatment with nivolumab.

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

↓ Inj 25 mg per ml, 4 ml vial.....	4,680.00	1	Keytruda
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➔ **Restricted (RS2016)**

Initiation – unresectable or metastatic melanoma

Medical oncologist

Limited to 4 months treatment

All of the following:

- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
- 3 The 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 Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses.

Continuation – unresectable or metastatic melanoma, less than 24 months on treatment

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; or
 - 1.1.2 Patient's disease has had a partial response to treatment; or
 - 1.1.3 Patient has stable disease; and

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
- 1.3 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.

Continuation – unresectable or metastatic melanoma, more than 24 months on treatment

Medical oncologist

Re-assessment required after 4 months

Both:

- 1 Patient has been on treatment for more than 24 months; and
- 2 Either:
 - 2.1 All of the following:
 - 2.1.1 Any of the following:
 - 2.1.1.1 Patient's disease has had a complete response to treatment; or
 - 2.1.1.2 Patient's disease has had a partial response to treatment; or
 - 2.1.1.3 Patient has stable disease; and
 - 2.1.2 Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period; and
 - 2.1.3 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
 - 2.2 All of the following:
 - 2.2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
 - 2.2.2 Patient has signs of disease progression; and
 - 2.2.3 Disease has not progressed during previous treatment with pembrolizumab.

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

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

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- 2 Patient has not had chemotherapy for their disease in the palliative setting; and
- 3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used as monotherapy; and
- 6 Either:
 - 6.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or
 - 6.2 Both:
 - 6.2.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and
 - 6.2.2 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and
- 7 Patient has an ECOG 0-2; and
- 8 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and

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

continued...

9 Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

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

Re-assessment required after 4 months

All of the following:

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

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

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

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- 2 The patient has not had chemotherapy for their disease in the palliative setting; and
- 3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used in combination with platinum-based chemotherapy; and
- 6 Patient has an ECOG 0-2; and
- 7 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and
- 8 Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

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

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient’s disease has had a complete response to treatment; or
 - 1.2 Patient’s disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
- 3 No evidence of disease progression; and
- 4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
- 5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 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
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ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 below			
⚡ Inj 2-8 × 10 ⁸ CFU vial	149.37	1	OncoTICE
➔ Restricted (RS1206)			
Initiation			
For use in bladder cancer.			
EVEROLIMUS – Restricted see terms below			
⚡ Tab 5 mg	4,555.76	30	Afinitor
⚡ Tab 10 mg	6,512.29	30	Afinitor
➔ Restricted (RS1811)			
Initiation			
Neurologist or oncologist			
<i>Re-assessment required after 3 months</i>			
Both:			
1 Patient has tuberous sclerosis; and			
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.			
Continuation			
Neurologist or oncologist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and			
2 The treatment remains appropriate and the patient is benefiting from treatment; and			
3 Everolimus to be discontinued at progression of SEGAs.			
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 (RS1991)			
Initiation			
For rescue therapy for an organ transplant recipient.			
Notes: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:			
<ul style="list-style-type: none"> • GFR < 30 ml/min; or • Rapidly progressive transplant vasculopathy; or 			

continued...

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

- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencephalopathy; or
- Significant malignant disease

Initiation – severe non-malignant lymphovascular malformations*

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe non-malignant lymphovascular malformation*; and
- 2 Any of the following:
 - 2.1 Malformations are not adequately controlled by sclerotherapy and surgery; or
 - 2.2 Malformations are widespread/extensive and sclerotherapy and surgery are not considered clinically appropriate; or
 - 2.3 Sirolimus is to be used to reduce malformation prior to consideration of surgery; and
- 3 Patient is being treated by a specialist lymphovascular malformation multi-disciplinary team; and
- 4 Patient has measurable disease as defined by RECIST version 1.1 (see Note).

Continuation – severe non-malignant lymphovascular malformations*

Re-assessment required after 12 months

All of the following:

- 1 Either:
 - 1.1 Patient's disease has had either a complete response or a partial response to treatment, or patient has stable disease according to RECIST version 1.1 (see Note); or
 - 1.2 Patient's disease has stabilised or responded clinically and disease response to treatment has been clearly documented in patient notes; and
- 2 No evidence of progressive disease; and
- 3 The treatment remains clinically appropriate and the patient is benefitting from the treatment.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer et al. Eur J Cancer 2009;45:228-47)

Indications marked with * are unapproved indications

Initiation – renal angiomyolipoma(s) associated with tuberous sclerosis complex*

Nephrologist or urologist

Re-assessment required after 6 months

Both:

- 1 Patient has tuberous sclerosis complex*; and
- 2 Evidence of renal angiomyolipoma(s) measuring 3 cm or greater and that have shown interval growth.

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

Re-assessment required after 12 months

All of the following:

- 1 Documented evidence of renal angiomyolipoma reduction or stability by magnetic resonance imaging (MRI) or ultrasound; and
- 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

continued...

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

2 Either:

2.1 Both:

- 2.1.1 Vigabatrin has been trialled and has not adequately controlled seizures; and
- 2.1.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least two of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); or

2.2 Both:

- 2.2.1 Vigabatrin is contraindicated; and
- 2.2.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least three of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); and

3 Seizures have a significant impact on quality of life; and

4 Patient has been assessed and surgery is considered inappropriate for this patient, or the patient has been assessed and would benefit from mTOR inhibitor treatment prior to surgery.

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

Continuation – refractory seizures associated with tuberous sclerosis complex*

Neurologist

Re-assessment required after 12 months

demonstrated significant and sustained improvement in seizure rate (e.g. 50% reduction in seizure frequency) or severity and/or patient quality of life compared with baseline prior to starting sirolimus treatment.

Note: Indications marked with * are unapproved indications

JAK inhibitors

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
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➔ **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:

continued...

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

continued...

- 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 Te Whatu Ora Hospital; and

- 3.2.2 Either:

- 3.2.2.1 The patient has experienced intolerable side effects from rituximab; or

- 3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

Continuation – Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

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

Allergic Emergencies

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

⚡ Inj 0.15 mg per 0.3 ml auto-injector – 5% DV 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
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➔ **Restricted (RS1501)**

Initiation

Clinical immunologist or relevant specialist

Re-assessment required after 12 months

Both:

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

Continuation

Re-assessment required after 12 months

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

Allergy Desensitisation

BEE VENOM – **Restricted** see terms [below](#)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ 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.....	2.89	200 dose	SteroClear
Nasal spray 100 mcg per dose.....	3.29	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
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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
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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
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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
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Powder for inhalation 18 mcg per dose.....	50.37	30 dose	Spiriva
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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
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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
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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
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UMECLIDINIUM WITH VILANTEROL – Restricted see terms [above](#)

† Powder for inhalation 62.5 mcg with vilanterol 25 mcg.....	77.00	30 dose	Anoro Ellipta
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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
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➔ **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.

RESPIRATORY SYSTEM AND ALLERGIES

	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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUTICASON			
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 Sep-23 to 2025.....	3.10	28	Montelukast Viatrix
Tab 5 mg – 5% DV Jul-23 to 2025.....	3.10	28	Montelukast Viatrix
Tab 10 mg – 5% DV Sep-23 to 2025.....	2.90	28	Montelukast Viatrix

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
FLUTICASON FUROATE WITH VILANTEROL			
Powder for inhalation 100 mcg with vilanterol 25 mcg.....	44.08	30 dose	Breo Ellipta
FLUTICASON 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

RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Methylxanthines			
AMINOPHYLLINE			
Inj 25 mg per ml, 10 ml ampoule	180.00	5	DBL Aminophylline
CAFFEINE CITRATE			
Oral liq 20 mg per ml (caffeine 10 mg per ml)	16.10	25 ml	Biomed
Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule	66.40	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 in the previous 12 month period; or
 - 3.3 Patient has had 1 exacerbation due to CF, requiring oral or IV antibiotics in the previous 12 month period and a Brasfield score of < 22/25; or
 - 3.4 Patient has a diagnosis of allergic bronchopulmonary aspergillosis (ABPA).

Continuation – cystic fibrosis

Respiratory physician or paediatrician

The treatment remains appropriate and the patient continues to benefit from treatment.

Initiation – significant mucus production

Limited to 4 weeks treatment

Both:

- 1 Patient is an in-patient; and
- 2 The mucus production cannot be cleared by first line chest techniques.

Initiation – pleural emphyema

Limited to 3 days treatment

Both:

- 1 Patient is an in-patient; and
- 2 Patient diagnoses with pleural emphyema.

ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – Restricted see terms [on the next page](#)

⚡ Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28).....27,647.39 84 Trikafta

⚡ Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28).....27,647.39 84 Trikafta

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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 elxacaftor/tezacaftor/ivacaftor (see note a); and
- 5 The treatment must be the sole funded CFTR modulator therapy for this condition; and
- 6 Treatment with elxacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Notes:

- a) Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information https://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
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Pulmonary Surfactants

BERACTANT

Soln 200 mg per 8 ml vial

PORACTANT ALFA

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

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

DOXAPRAM

Inj 20 mg per ml, 5 ml vial

Sclerosing Agents

TALC

Powder

Soln (slurry) 100 mg per ml, 50 ml

	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	1.45	10 ml	Chlorsig
Eye drops 0.5%, single dose			
CIPROFLOXACIN			
Eye drops 0.3% – 5% DV Nov-21 to 2024	9.73	5 ml	Ciprofloxacin Teva
FRAMYCETIN SULPHATE			
Ear/eye drops 0.5%			
GENTAMICIN SULPHATE			
Eye drops 0.3%			
PROPAMIDINE ISETHIONATE			
Eye drops 0.1%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Eye drops 1%	5.29	5 g	Fucithalmic
SULPHACETAMIDE SODIUM			
Eye drops 10%			
TOBRAMYCIN			
Eye oint 0.3%	10.45	3.5 g	Tobrex
Eye drops 0.3%	11.48	5 ml	Tobrex
Antifungals			
NATAMYCIN			
Eye drops 5%			
Antivirals			
ACICLOVIR			
Eye oint 3% – 5% DV 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 CLIOQUINOL Ear drops 0.02% with clioquinol 1%			
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	5.16	7.5 ml	Kenacomb

Anti-Inflammatory Preparations

Corticosteroids

DEXAMETHASONE Eye oint 0.1%	5.86	3.5 g	Maxidex
Eye drops 0.1%	4.50	5 ml	Maxidex
⚠ Ocular implant 700 mcg.....	1,444.50	1	Ozurdex

➔ Restricted (RS1606)

Initiation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

- 1 Patients have diabetic macular oedema with pseudophakic lens; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Either:
 - 3.1 Patient's disease has progressed despite 3 injections with bevacizumab; or
 - 3.2 Patient is unsuitable or contraindicated to treatment with anti-VEGF agents; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.

Continuation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

Both:

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

Initiation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

- 1 Patients have diabetic macular oedema; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Patient is of child bearing potential and has not yet completed a family; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.

Continuation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUOROMETHOLONE Eye drops 0.1%	3.09	5 ml	FML
PREDNISOLONE ACETATE Eye drops 0.12% Eye drops 1%	7.00 6.92	5 ml 10 ml	Pred Forte 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
<i>(Voltaren Ophtha Eye drops 0.1% to be delisted 1 December 2024)</i>			
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
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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			

SENSORY ORGANS

	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

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

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 |

(Betoptic S Eye drops 0.25% to be delisted 1 July 2025)

(Betoptic Eye drops 0.5% to be delisted 1 July 2025)

TIMOLOL

- | | | | |
|----------------------------------------------|------|------|----------------------|
| Eye drops 0.25% – 5% DV Mar-24 to 2026 | 2.42 | 5 ml | Arrow-Timolol |
| Eye drops 0.5% – 5% DV Mar-24 to 2026 | 2.50 | 5 ml | Arrow-Timolol |

➔ Eye drops 0.5%, gel forming – **Restricted:** For continuation only

Carbonic Anhydrase Inhibitors

ACETAZOLAMIDE

- | | | | |
|------------------|-------|-----|--------|
| Tab 250 mg | 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

SENSORY ORGANS

	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% – 5% DV Mar-24 to 2026	4.95	2.5 ml	Arrow - Lattim
TRAVOPROST			
Eye drops 0.004% – 5% DV Dec-21 to 2024	9.75	2.5 ml	Travatan
Sympathomimetics			
APRACLONIDINE			
Eye drops 0.5%	19.77	5 ml	lopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 5% DV Jan-22 to 2024	4.29	5 ml	Arrow-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% – 5% DV Feb-24 to 2026	18.27	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%			

	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%, 10 ml bottle			
Note: Only for use in compounding an eye drop formulation			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose....	10.78	30	Systane Unit Dose
POLYVINYL ALCOHOL WITH POVIDONE			
Eye drops 1.4% with povidone 0.6%, single dose			
RETINOL PALMITATE			
Oint 138 mcg per g	3.80	5 g	VitA-POS
SODIUM HYALURONATE [HYALURONIC ACID]			
Eye drops 1 mg per ml – 5% DV Jan-22 to 2024	13.85	10 ml	Hyo-Fresh

Other Otolgical Preparations

ACETIC ACID WITH PROPYLENE GLYCOL			
Ear drops 2.3% with propylene glycol 2.8%			
DOCUSATE SODIUM			
Ear drops 0.5%			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Agents Used in the Treatment of Poisonings

Antidotes

ACETYLCYSTEINE

Tab eff 200 mg

Inj 200 mg per ml, 10 ml ampoule52.88 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 202435.26 10 Hameln

PRALIDOXIME CHLORIDE

Inj 1 g vial

PRALIDOXIME IODIDE

Inj 25 mg per ml, 20 ml ampoule

SODIUM NITRITE

Inj 30 mg per ml, 10 ml ampoule

SODIUM THIOSULFATE

Inj 250 mg per ml, 100 ml vial

Inj 250 mg per ml, 10 ml vial

Inj 250 mg per ml. 50 ml vial

Inj 500 mg per ml, 10 ml vial

Inj 500 mg per ml, 20 ml ampoule

SOYA OIL

Inj 20%, 500 ml bag

Inj 20%, 500 ml bottle

Antitoxins

BOTULISM ANTITOXIN

Inj 250 ml vial

DIPHThERIA ANTITOXIN

Inj 10,000 iu vial

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

RED BACK SPIDER ANTIVENOM

Inj 500 u vial

SNAKE ANTIVENOM

Inj 50 ml vial

Removal and Elimination

CHARCOAL

Oral liq 200 mg per ml43.50 250 ml Carbasorb-X

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

↓ Tab 125 mg dispersible276.00 28 Exjade

↓ Tab 250 mg dispersible552.00 28 Exjade

↓ Tab 500 mg dispersible1,105.00 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 mg533.17 100 Ferriprox

↓ Oral liq 100 mg per ml266.59 250 ml Ferriprox

➔ **Restricted (RS1445)**

Initiation

Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

DEFERRIOXAMINE MESILATE

Inj 500 mg vial 151.31 10 DBL Desferrioxamine
Mesylate for Inj BP

DICOBALT EDETATE

Inj 15 mg per ml, 20 ml ampoule

VARIOUS

	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 Soln 0.1%	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 Soln 10% – 5% DV Mar-22 to 2024 4.15 Soln 5% Soln 7.5% Soln 10%, 3.83 5.40	65 g 100 ml 15 ml 500 ml	Betadine Riodine Riodine 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
Oral liquid 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle.....	496.80	10 ml	Gastrografin Ger
	399.00		Gastrografin S29
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+
Grans for oral liq 960 mg per g (96% w/w), 176 g bottle	530.00	24	Vanilla SiIQ MD
Grans for oral liq 980 mg per g (98% w/w), 310 g bottle	490.00	24	Vanilla SiIQ HD
Oral liq 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

VARIOUS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
CITRIC ACID WITH SODIUM BICARBONATE			
Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet			<i>e.g. E-Z-GAS II</i>

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	Biliscopin

Ultrasound Contrast Media

PERFLUTREN			
Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
	720.00	4	Definity

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

Diagnostic Agents

ARGININE

Inj 50 mg per ml, 500 ml bottle
Inj 100 mg per ml, 300 ml bottle

HISTAMINE ACID PHOSPHATE

Nebuliser soln 0.6%, 10 ml vial
Nebuliser soln 2.5%, 10 ml vial
Nebuliser soln 5%, 10 ml vial

MANNITOL

Powder for inhalation

e.g. Aridol

METHACHOLINE CHLORIDE

Powder 100 mg

SECRETIN PENTAHYDROCHLORIDE

Inj 100 u vial
Inj 80 u vial
Inj 100 u ampoule

SINCALIDE

Inj 5 mcg per vial

Diagnostic Dyes

BONNEY'S BLUE DYE

Soln

INDIGO CARMINE

Inj 4 mg per ml, 5 ml ampoule
Inj 8 mg per ml, 5 ml ampoule

INDOCYANINE GREEN

Inj 25 mg vial

METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]

Inj 5 mg per ml, 10 ml ampoule	240.35	5	Proveblue
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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

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

Irrigation Solutions

CHLORHEXIDINE WITH CETRIMIDE

↓ Irrigation soln 0.015% with cetrimide 0.15%, 500 ml bottle

→ **Restricted (RS1683)**

Initiation

Re-assessment required after 3 months

All of the following:

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

Continuation

Re-assessment required after 3 months

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

Irrigation soln 0.015% with cetrimide 0.15%, 100 ml bottle			
Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule	29.76	30	Pfizer
GLYCINE			
Irrigation soln 1.5%, 3,000 ml bag	33.50	4	B Braun
SODIUM CHLORIDE			
Irrigation soln 0.9%, 3,000 ml bag	28.80	4	B Braun
Irrigation soln 0.9%, 30 ml ampoule	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	21.60	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	21.60	12	Fresenius Kabi

Surgical Preparations

BISMUTH SUBNITRATE AND IODOFORM PARAFFIN

Paste

DIMETHYL SULFOXIDE

Soln 50%

Soln 99%

PHENOL

Inj 6%, 10 ml ampoule

PHENOL WITH IOXAGLIC ACID

Inj 12%, 10 ml ampoule

SODIUM HYDROXIDE

Soln 10%

TROMETAMOL

Inj 36 mg per ml, 500 ml bottle

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

ELECTROLYTES

Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag

e.g. Custodiol-HTK

Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag

e.g. Cardioplegia Enriched Paed. Soln.

Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag

e.g. Cardioplegia Enriched Solution

Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag

e.g. Cardioplegia Base Solution

Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag

e.g. Cardioplegia Solution AHB7832

Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag

e.g. Cardioplegia Electrolyte Solution

MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

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

MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml

Cold Storage Solutions

SODIUM WITH POTASSIUM

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

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Extemporaneously Compounded Preparations			
ACETIC ACID Liq			
ALUM Powder BP			
ARACHIS OIL [PEANUT OIL] Liq			
ASCORBIC ACID Powder			
BENZOIN Tincture compound BP			
BISMUTH SUBGALLATE Powder			
BORIC ACID Powder			
CARBOXYMETHYLCELLULOSE Soln 1.5%			
CETRIMIDE Soln 40%			
CHLORHEXIDINE GLUCONATE Soln 20 %			
CHLOROFORM Liq BP			
CITRIC ACID Powder BP			
CLOVE OIL Liq			
COAL TAR Soln BP	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

Products with Hospital Supply Status (HSS) are in **bold**
 Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM CITRATE Powder			
SODIUM METABISULFITE Powder			
STARCH Powder			
SULPHUR Precipitated Sublimed			
SYRUP Liq (pharmaceutical grade).....	14.95	500 ml	Midwest
THEOBROMA OIL Oint			
TRI-SODIUM CITRATE Crystals			
TRICHLORACETIC ACID Grans			
UREA Powder BP			
WOOL FAT Oint, anhydrous			
XANTHAN Gum 1%			
ZINC OXIDE Powder			

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

Carbohydrate

→ Restricted (RS1467)

Initiation – Use as an additive

Any of the following:

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

Initiation – Use as a module

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

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

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

† Powder 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 Fortifier</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>
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➔ **Restricted (RS1212)**

Initiation

Both:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Food/Fluid Thickeners

NOTE:

While pre-thickened drinks and supplements have not been included in Section H, Te Whatu Ora Hospitals may continue to use such products for patients with dysphagia, provided that:

- use was established prior to 1 July 2013; and
- the product has not been specifically considered and excluded by Pharmac; and
- use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

Pharmac intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN

Powder

e.g. *Feed Thickener
Karicare Aptamil*

GUAR GUM

Powder

e.g. *Guarcol*

MAIZE STARCH

Powder

e.g. *Resource Thicken
Up; Nutillis*

MALTODEXTRIN WITH XANTHAN GUM

Powder

e.g. *Instant Thick*

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID

Powder

e.g. *Easy Thick*

Metabolic Products

➔ Restricted (RS2012)

Initiation

Any of the following:

- 1 For the dietary management of inherited metabolic disease; or
- 2 Patient has adrenoleukodystrophy; or
- 3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

Supplements for Glutaric Aciduria Type 1

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms [above](#)

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can

e.g. *GA1 Anamix Infant
e.g. XLYS Low TRY
Maxamaid*

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

AMINO ACID FORMULA (WITHOUT LYSINE) – **Restricted** see terms [above](#)

† Powder, 15 g protein, 3.4 g carbohydrate, 0.05 g fat per 25 g sachet..... 1,048.95

30

GA Express 15

† Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....349.65

30

GA Explore 5

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

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms [on the previous page](#)

† Powder, 15 g protein, 3.5 g carbohydrate, 0.55 g fat per 25 g sachet.....	1,048.95	30	HCU Express 15
† Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	349.65	30	HCU Explore 5
† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			<i>e.g. HCU Anamix Infant</i>
† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			<i>e.g. XMET Maxamaid</i>
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			<i>e.g. XMET Maxamum</i>
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle			<i>e.g. HCU Anamix Junior LQ</i>

Supplements for MSUD and Short chain enoyl coA hydratase deficiency

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – **Restricted** see terms [on the previous page](#)

† Powder, 15 g protein, 3.5 g carbohydrate, 0.6 g fat per 25 g sachet.....	1,048.95	30	MSUD Express 15
† Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	349.65	30	MSUD Explore 5
† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			<i>e.g. MSUD Anamix Infant</i>
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			<i>e.g. MSUD Maxamum</i>
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle			<i>e.g. MSUD Anamix Junior LQ</i>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Supplements for Phenylketonuria			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted see terms on page 273			
† Tab 8.33 mg			e.g. <i>Phlexy-10</i>
† Powder (Berry), 5.0 g protein, 14 g carbohydrate, 0 g fat per 20 g sachet....	449.28	60	PKU Restore Powder
† Powder (Lemon), 20 g protein, 3.9 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder (Neutral), 20 g protein, 4.8 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder (Neutral), 5.0 g protein, 5.2 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	220.88	30	PKU Explore 5
† Powder (Orange), 10 g protein, 9.8 g carbohydrate, 0.4 g fat per 25 g sachet.....	441.75	30	PKU Explore 10
† Powder (Orange), 20 g protein, 3.9 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder (Orange), 5.0 g protein, 14 g carbohydrate, 0 g fat per 20 g sachet.....	449.28	60	PKU Restore Powder
† Powder (Raspberry), 10 g protein, 9.8 g carbohydrate, 0.4 g fat per 25 g sachet.....	441.75	30	PKU Explore 10
† Powder (Tropical), 20 g protein, 3.9 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder 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>
† Powder (Neutral), 14.3 g protein, 25 g fat per 100 g, can	178.79	400 g	PKU Start
† 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>

SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
† Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot			<i>e.g. PKU Lophlex Sensations 20 (berries)</i>
GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Restricted see terms on page 273			
† Powder (Neutral), 10 g protein, 0.5 g carbohydrate, 0.6 g fat per 16 g sachet.....	449.28	30	PKU Build 10
† Powder (neutral), 15 g protein, 15 g carbohydrate, 4.5 g fat per 40 g sachet.....	673.92	30	Camino Pro Bettermilk
† Powder 20 g protein, 1.7 g carbohydrate per 32 g sachet.....	898.56	30	PKU Build 20 Chocolate PKU Build 20 Raspberry Lemonade PKU Build 20 Smooth PKU Build 20 Vanilla
† Powder 20 g protein, 4.9 g carbohydrate per 33.4 g sachet.....	936.00	30	PKU GMPro Ultra Lemonade
† Powder 20 g protein, 6.0 g carbohydrate per 35 g sachet.....	930.00	30	PKU 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 PKU sphere20 Banana
† Powder 20 g protein, 6.7 g carbohydrate per 35 g sachet.....	930.00	30	PKU sphere20 Banana
† Liquid (Coffee Mocha), 15 g protein, 3.1 g carbohydrate, 4.6 g fat 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15 Lite
† Liquid (chocolate), 15 g protein, 22 g carbohydrate, 5.3 g fat per 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15
† Liquid (neutral), 15 g protein, 22 g carbohydrate, 5.3 g fat per 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15
† Liquid (vanilla), 15 g protein, 3.3 g carbohydrate, 4.6 g fat per 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15 Lite

Protein Free Supplements

PROTEIN FREE SUPPLEMENT – **Restricted** see terms [on page 273](#)

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

e.g. Energivit

Supplements for Tyrosinaemia

AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) – **Restricted** see terms [on page 273](#)

† Powder (neutral), 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....

349.65

30

TYR Explore 5

† Powder 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME TYROSINE AND PHENYLALANINE – Restricted see terms on page 273			
† Powder (Red Berry), 20 g protein, 6.3 carbohydrate, 1.6 g fat per 35 g sachet.....	1,398.60	30	TYR Sphere 20
† Powder (Vanilla), 20 g protein, 6.0 g carbohydrate, 1.6 g fat per 35 g sachet.....	1,398.60	30	TYR Sphere 20

Supplements for Urea Cycle Disorders

AMINO ACID SUPPLEMENT – **Restricted** see terms on page 273

† Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can			e.g. <i>Dialamine</i>
† Powder 79 g protein per 100 g, 200 g can			e.g. <i>Essential Amino Acid Mix</i>

X-Linked Adrenoleukodystrophy Products

GLYCEROL TRIERUCATE – **Restricted** see terms on page 273

† Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms on page 273

† Liquid, 500 ml bottle

Supplements for Glycogen Storage Disease

HIGH AMYLOPECTIN CORN-STARCH – **Restricted** see terms on page 273

† Powder 0 g protein, 53 g carbohydrate, 0 g fat per 60 g sachet..... 241.62 30 Glycosade

Supplements for Organic Acidaemias

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 273

† 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>
AMINO ACID FORMULA (WITHOUT LEUCINE) – Restricted see terms on page 273			
† 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. <i>IVA Anamix Infant</i>
† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			e.g. <i>XLEU Maxamaid</i>
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. <i>XLEU Maxamum</i>

AMINO ACID FORMULA (WITHOUT METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 273

† Powder, 15 g protein, 3.4 g carbohydrate, 0.05 g fat per 25 g sachet.....	1,048.95	30	MMA/PA Express 15
† Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	349.65	30	MMA/PA Explore 5

Single Dose Amino Acids

ARGININE – **Restricted** see terms on page 273

† Powder 1.7 g protein, 1.9 g carbohydrate per 4 g sachet..... 211.45 30 Arginine2000

CITRULLINE – **Restricted** see terms on page 273

† Powder 0.8 g protein, 2.9 g carbohydrate per 4 g sachet..... 211.45 30 Citrulline1000

ISOLEUCINE – **Restricted** see terms on page 273

† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet..... 141.05 30 Isoleucine50

SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEUCINE – Restricted see terms on page 273			
† Powder 0.08 g protein, 3.7 g carbohydrate per 4 g sachet.....	141.05	30	Leucine100
PHENYLALANINE – Restricted see terms on page 273			
† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet.....	141.05	30	Phenylalanine50
TYROSINE – Restricted see terms on page 273			
† Powder 0.8 g protein, 2.9 g carbohydrate per 4 g sachet.....	211.45	30	Tyrosine1000
VALINE – Restricted see terms on page 273			
† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet.....	141.05	30	Valine50

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.....	4.65	500 ml	Glucerna Select
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Advanced Diason</i>
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bottle			<i>e.g. Nutrison Advanced Diason</i>

(e.g. Nutrison Advanced Diason Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag to be delisted 1 July 2024)

LOW-GI ORAL FEED 1 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 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:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
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 on the previous page			
† 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 on the previous page			
† Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton			e.g. <i>Elemental 028 Extra</i>
PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4 g protein, 17.7 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bottle			e.g. <i>Nutrison Advanced Peptisorb</i>
PEPTIDE-BASED ENTERAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle.....	22.39	1,000 ml	Vital
PEPTIDE-BASED ORAL FEED – Restricted see terms on the previous page			
† Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can			e.g. <i>Peptamen Junior</i>
† Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can			e.g. <i>MCT Peptide; MCT Peptide 1+</i>
PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† 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:

- 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, can78.97

400 g Heparon Junior

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

➔ Restricted (RS1317)

Initiation

Any of the following:

- 1 Patient is fluid volume or rate restricted; or
- 2 Patient requires low electrolyte; or
- 3 Both:
 - 3.1 Any of the following:
 - 3.1.1 Cystic fibrosis; or
 - 3.1.2 Any condition causing malabsorption; or
 - 3.1.3 Faltering growth in an infant/child; or
 - 3.1.4 Increased nutritional requirements; and
 - 3.2 Patient has substantially increased metabolic requirements.

ENTERAL FEED 2 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 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.....	13.64	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
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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
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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
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➔ Restricted (RS1327)

Initiation

Both:

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

HIGH PROTEIN ENTERAL FEED 1.25 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			
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e.g. Nutrison Protein Plus

➔ Restricted (RS1327)

Initiation

Both:

continued...

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

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

HIGH PROTEIN ENTERAL FEED 1.26 KCAL/ML – **Restricted** see terms [below](#)

↓ Liquid 10 g protein, 10.4 g carbohydrate and 4.9 g fat per 100 ml, bottle5.78 500 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, can43.60	400 g		Alfamino
↓ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can53.00	400 g		Neocate Gold (Unflavoured)
↓ Powder 14.8 g protein, 51.4 g carbohydrate and 23 g fat per 100 g, can53.00	400 g		Neocate Junior Vanilla
↓ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can43.60	400 g		Alfamino Junior
↓ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can.....65.72	400 g		Elecare LCP (Unflavoured)
↓ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can.....65.72	400 g		Elecare (Unflavoured) Elecare (Vanilla)

→ **Restricted (RS1867)**

Initiation

Any of the following:

- 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)		Brand or Generic Manufacturer
	\$	Per	

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 malsorption; 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 Infatrini
➔ Restricted (RS1614)			
Initiation – Fluid restricted or volume intolerance with faltering growth			
Both:			
1	Either:		
1.1	The patient is fluid restricted or volume intolerant; or		
1.2	The patient has increased nutritional requirements due to faltering growth; and		
2	Patient is under 18 months old and weighs less than 8kg.		
Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.			
PRETERM FORMULA – Restricted see terms below			
¶	Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle	0.75	100 ml S26 LBW Gold RTF
¶	Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle		<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.....	3.32	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

SPECIAL FOODS

	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	1.33	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	1.66	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	8.67	500 ml	Pediasure Plus
† 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
<i>(Nepro HP RTH Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle to be delisted 1 August 2024)</i>			

➔ **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>
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➔ **Restricted (RS1227)**

Initiation

For children (up to 18 years) with acute or chronic kidney disease.

LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML

‡ Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton.....	3.31	220 ml	Nepro HP (Strawberry) Nepro HP (Vanilla)
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➔ **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
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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
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→ **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
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→ **Restricted (RS1415)**

Initiation

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

Standard Feeds

→ **Restricted (RS1214)**

Initiation

Any of the following:

For patients with malnutrition, defined as any of the following:

- 1 Any of the following:
 - 1.1 BMI < 18.5; or
 - 1.2 Greater than 10% weight loss in the last 3-6 months; or
 - 1.3 BMI < 20 with greater than 5% weight loss in the last 3-6 months; or
- 2 For patients who have, or are expected to, eat little or nothing for 5 days; or
- 3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 4 For use pre- and post-surgery; or
- 5 For patients being tube-fed; or
- 6 For tube-feeding as a transition from intravenous nutrition; or
- 7 For any other condition that meets the community Special Authority criteria.

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.....	2.17	250 ml	Ensure Plus HN
↑ Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag.....	8.68	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.....	8.68	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

SPECIAL FOODS

	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.....	6.56	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.....	6.56	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.....	7.87	1,000	Jevity Plus RTH
ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bottle.....	5.29	1,000 ml	Nutrison 800 Complete Multi Fibre
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 2024)</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 287			
† 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)
† Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			<i>e.g. Fortijuice</i>
† 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>

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

Bacterial and Viral Vaccines

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – **Restricted** see terms [below](#)

† Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – 0% DV Oct-20 to 2024	0.00	10	Infanrix IPV
→ Restricted (RS1387)			

Initiation

Any of the following:

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

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

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE –

Restricted see terms [below](#)

† Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B – 0% DV Oct-20 to 2024	0.00	10	Infanrix-hexa
→ Restricted (RS1478)			

Initiation

Any of the following:

- 1 Up to four doses for children up to and under the age of 10 for primary immunisation; or
- 2 An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 3 Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

Bacterial Vaccines

BACILLUS CALMETTE-GUERIN VACCINE – **Restricted** see terms [below](#)

† Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent – 0% DV Oct-20 to 2024	0.00	10	BCG Vaccine
→ Restricted (RS1233)			

Initiation

All of the following:

For infants at increased risk of tuberculosis defined as:

- 1 Living in a house or family with a person with current or past history of TB; and
- 2 Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; and
- 3 During their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note: A list of countries with high rates of TB are available at <http://www.health.govt.nz/tuberculosis> (Search for Downloads) or www.bcgatlas.org/index.php

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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	10	Boostrix
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→ **Restricted (RS1790)**

Initiation

Any of the following:

- 1 A single dose for pregnant women in the second or third trimester of each pregnancy; or; 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
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→ **Restricted (RS1520)**

Initiation

Therapy limited to 1 dose

Any of the following:

- 1 For primary vaccination in children; or
- 2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
- 3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – **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
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→ **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; 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

continued...

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

1.5 A maximum of two doses for person pre and post-immunosuppression*; or

2 Both:

2.1 Person is aged between 13 and 25 years, inclusive; and

2.2 One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

MENINGOCOCCAL B MULTICOMPONENT VACCINE – Restricted see terms [below](#)

‡ Inj 175 mcg per 0.5 ml prefilled syringe.....	0.00	1	Bexsero
		10	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
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→ **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 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

continued...

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

- 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
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→ **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
 - 2.11 cardiac disease, with cyanosis or failure; or
 - 2.12 diabetes; or
 - 2.13 Down syndrome; or

continued...

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

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 [below](#)

⚡ Inj 25 mcg in 0.5 ml syringe

➔ **Restricted (RS1243)**

Initiation

For use during typhoid fever outbreaks.

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

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
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→ **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
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→ **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
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VACCINES

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

<p>⚡ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....</p>	120.00	10	Influvac Tetra (2024 formulation)
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➔ **Restricted (RS2013)**

Initiation – People over 65

The patient is 65 years of age or over.

Initiation – cardiovascular disease

Any of the following:

- 1 Ischaemic heart disease; or
- 2 Congestive heart failure; or
- 3 Rheumatic heart disease; or
- 4 Congenital heart disease; or
- 5 Cerebro-vascular disease.

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

Initiation – chronic respiratory disease

Either:

- 1 Asthma, if on a regular preventative therapy; or
- 2 Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

Initiation – Other conditions

Either:

- 1 Any of the following:
 - 1.1 Diabetes; or
 - 1.2 chronic renal disease; or
 - 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
 - 1.4 Autoimmune disease; or
 - 1.5 Immune suppression or immune deficiency; or

continued...

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

- 1.6 HIV; or
- 1.7 Transplant recipient; or
- 1.8 Neuromuscular and CNS diseases/ disorders; or
- 1.9 Haemoglobinopathies; or
- 1.10 Is a child on long term aspirin; or
- 1.11 Has a cochlear implant; or
- 1.12 Errors of metabolism at risk of major metabolic decompensation; or
- 1.13 Pre and post splenectomy; or
- 1.14 Down syndrome; or
- 1.15 Is pregnant; or
- 1.16 Is a child 4 years of age or under (inclusive) who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or
- 2 Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a Public Hospital.

Initiation – Serious mental health conditions or addiction

Any of the following:

- 1 schizophrenia; or
- 2 major depressive disorder; or
- 3 bipolar disorder; or
- 4 schizoaffective disorder; or
- 5 person is currently accessing secondary or tertiary mental health and addiction services.

MEASLES, MUMPS AND RUBELLA VACCINE – **Restricted** see terms [below](#)

↓ Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent

0.5 ml – 0% DV Oct-20 to 2024	0.00	10	Priorix
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→ **Restricted (RS1487)**

Initiation – first dose prior to 12 months

Therapy limited to 3 doses

Any of the following:

- 1 For primary vaccination in children; or
- 2 For revaccination following immunosuppression; or
- 3 For any individual susceptible to measles, mumps or rubella.

Initiation – first dose after 12 months

Therapy limited to 2 doses

Any of the following:

- 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
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→ **Restricted (RS1398)**

Initiation

Therapy limited to 3 doses

Either:

- 1 For partially vaccinated or previously unvaccinated individuals; or
- 2 For revaccination following immunosuppression.

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

VACCINES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 tube	0.00	10	Rotarix
➔ Restricted (RS1590)			
Initiation			
<i>Therapy limited to 2 doses</i>			
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			
<i>Therapy limited to 1 dose</i>			
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			
<i>Therapy limited to 2 doses</i>			
Any of the following:			
1 Any of the following:			
for non-immune patients:			
1.1 With chronic liver disease who may in future be candidates for transplantation; or			
1.2 With deteriorating renal function before transplantation; or			
1.3 Prior to solid organ transplant; or			
1.4 Prior to any elective immunosuppression*; or			
1.5 For post exposure prophylaxis who are immune competent inpatients; or			
2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or			
3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or			
4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or			
5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or			
6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or			
7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.			
Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days			
↓ Inj 2000 PFU prefilled syringe plus vial			
➔ Restricted (RS1777)			
Initiation – infants between 9 and 12 months of age			
<i>Therapy limited to 2 doses</i>			
Any of the following:			

continued...

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

- 1 Any of the following:
 - for non-immune patients:
 - 1.1 With chronic liver disease who may in future be candidates for transplantation; or
 - 1.2 With deteriorating renal function before transplantation; or
 - 1.3 Prior to solid organ transplant; or
 - 1.4 Prior to any elective immunosuppression*; or
 - 1.5 For post exposure prophylaxis who are immune competent inpatients; or
 - 2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
 - 3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
 - 4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or
 - 5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or
 - 6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or
 - 7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – **Restricted** see terms [below](#)

↓ Inj 50 mcg per 0.5 ml vial plus vial.....	0.00	1	Shingrix
		10	Shingrix

→ **Restricted (RS1916)**

Initiation – people aged 65 years (Zostavax)

Therapy limited to 1 dose

One dose for all people aged 65 years.

Initiation – people aged 65 years (Shingrix)

Therapy limited to 2 doses

Two doses for all people aged 65 years.

Diagnostic Agents

TUBERCULIN PPD [MANTOUX] TEST

Inj 5 TU per 0.1 ml, 1 ml vial – 0% DV Oct-20 to 2024	0.00	1	Tubersol
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PART III: OPTIONAL PHARMACEUTICALS

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
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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
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MASK FOR SPACER DEVICE

Small.....	2.70	1	e-chamber Mask
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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
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SODIUM NITROPRUSSIDE

Test strip.....	22.00	50 strip	Ketostix
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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	72	
- A -		
A-Scabies	69	
Abacavir sulphate	103	
Abacavir sulphate with lamivudine	103	
Abacavir/lamivudine Viartis	103	
Abciximab	175	
Abilify Maintena	134	
Abiraterone acetate	165	
Acarbose	9	
Accarb	9	
Accuretic 10	44	
Accuretic 20	44	
Acetazolamide	257	
Acetec	44	
Acetic acid		
Extemporaneously Compounded Preparations	268	
Genito-Urinary	75	
Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid	75	
Acetic acid with propylene glycol	259	
Acetylcholine chloride	257	
Acetylcysteine	260	
Aciclovir		
Infections	106	
Sensory	253	
Aciclovir-Baxter	106	
Acid Citrate Dextrose A	36	
Acidex	5	
Acipimox	54	
Acitretin	72	
Actemra	225	
Actinomycin D	148	
Adalimumab (Amgevita)	176	
Adalimumab (Humira - alternative brand)	185	
Adapalene	69	
Adcetris	194	
Adenocor	46	
Adenosine	46	
Adrenaline		
Cardiovascular	54	
Respiratory	244	
Advantan	71	
Advate	35	
Adynovate	35	
Aerrane	120	
Afinitor	240	
Aflibercept	192	
Agents Affecting the		
Renin-Angiotensin System	44	
Agents for Parkinsonism and Related Disorders	119	
Agents Used in the Treatment of Poisonings	260	
Ajmaline	46	
Albendazole	100	
Alchemy Caspofungin	99	
Alchemy Oxaliplatin	157	
Alchemy Oxybutynin	77	
Aldurazyme	19	
Alecensa	157	
Alectinib	157	
Alendronate sodium	112	
Alendronate sodium with colecalciferol	112	
Alfacalcidol	27	
Alfamino	282	
Alfamino Junior	282	
Alfentanil	124	
Alglucosidase alfa	16	
Alinia	101	
Allerfix	255	
Allerpro Syneo 1	283	
Allerpro Syneo 2	283	
Allersoothe	245	
Allmercap	150	
Allopurinol	115	
Alpha tocopheryl	28	
Alpha tocopheryl acetate	28	
Alpha-Adrenoceptor Blockers	45	
Alphamox	93	
Alphamox 125	93	
Alphamox 250	93	
Alprolix	34	
Alprostadil	55	
Alprostadil hydrochloride	55	
Alteplase	39	
Alum	268	
Aluminium chloride	32	
Aluminium hydroxide	5	
Aluminium hydroxide with magnesium hydroxide and simeicone	5	
Amantadine hydrochloride	119	
AmBisome	97	
Ambrisentan	56	
Ambrisentan Viartis	56	
Amethocaine		
Nervous	123	
Sensory	256	
Amgevita	176	
Amikacin	89	
Amiloride hydrochloride	51	
Amiloride hydrochloride with furosemide	50	
Amiloride hydrochloride with hydrochlorothiazide	50	
Aminolevulinic acid hydrochloride	168	
Aminophylline	250	
Amiodarone hydrochloride	46	
Amitriptyline	133	
Amitriptyline	126	
Amlodipine	49	
Amorolfine	68	
Amoxicillin	93	
Amoxicillin with clavulanic acid	93	
Amoxiclav multichem	93	
Amphotericin B		
Alimentary	25	
Infections	97	
Amsacrine	151	
Amyl nitrite	260	
Anabolic Agents	79	
Anaesthetics	120	
Anagrelide hydrochloride	151	
Analgesics	123	
Anastrozole	167	
Anatrole	167	
Andriol Testocaps	79	
Androderm	79	
Androgen Agonists and Antagonists	79	
Anoro Ellipta	246	
Antabuse	145	
Antacids and Antiflatulents	5	
Anti-Infective Agents	75	
Anti-Infective Preparations		
Dermatological	68	
Sensory	253	
Anti-Inflammatory Preparations	254	
Antiacne Preparations	69	
Antiallergy Preparations	244	
Antianaemics	30	
Antiarrhythmics	46	
Antibacterials	89	
Anticholinergic Agents	245	
Anticholinesterases	112	
Antidepressants	126	
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents	5	
Antiepilepsy Drugs	128	
Antifibrinolytics, Haemostatics and Local Sclerosants	32	
Antifibrotics	246	
Antifungals	97	
Antihypotensives	47	

INDEX: Generic Chemicals and Brands

Antimigraine Preparations	131	Arrow-Quinapril 20.....	44	Aztreonam	95
Antimycobacterials	99	Arrow-Quinapril 5.....	44	- B -	
Antinausea and Vertigo Agents.....	132	Arrow-Roxithromycin	93	Bacillus calmette-guerin (BCG).....	240
Antiparasitics	100	Arrow-Timolol.....	257	Bacillus calmette-guerin	
Antipruritic Preparations	69	Arrow-Topiramate.....	130	vaccine	290
Antipsychotic Agents	133	Arrow-Tramadol.....	126	Baclofen.....	116
Antiretrovirals.....	102	Arsenic trioxide.....	151	Bacterial and Viral Vaccines.....	290
Antirheumatoid Agents	112	Artemether with lumefantrine.....	101	Bacterial Vaccines.....	290
Antiseptics and Disinfectants.....	262	Artesunate	101	Balanced Salt Solution	256
Antispasmodics and Other Agents		Articaine hydrochloride	121	Baricitinib.....	242
Altering Gut Motility	7	Articaine hydrochloride with		Barium sulphate.....	263
Antithrombotics	36	adrenaline.....	121	Barium sulphate with sodium	
Antithymocyte globulin		Asacol.....	6	bicarbonate.....	264
(equine)	239	Ascorbic acid		Barrier Creams and Emollients.....	69
Antithymocyte globulin (rabbit)	240	Alimentary.....	27	Basiliximab	193
Antiulcerants.....	7	Extemporaneously Compounded		BCG Vaccine.....	290
Antivirals	105	Preparations	268	BD PosiFlush.....	42
Anxiolytics.....	137	Aspen Adrenaline	54	Beclazone 100.....	248
Anzatak.....	164	Aspirin		Beclazone 250.....	248
Apidra	10	Blood.....	37	Beclazone 50.....	248
Apidra Solostar	10	Nervous.....	123	Beclomethasone dipropionate.....	248
APO-Atomoxetine	142	Asthalin	248	Bedaquiline.....	99
APO-Candesartan HCTZ		Atazanavir Mylan.....	104	Bee venom	244
16/12.5.....	45	Atazanavir sulphate.....	104	Bendamustine hydrochloride.....	147
APO-Candesartan HCTZ		Atazanavir Viatrix.....	104	Bendrofluazide.....	51
32/12.5.....	45	Atenolol.....	47	Bendroflumethiazide	
Apomorphine hydrochloride.....	119	Atenolol Viatrix.....	47	[Bendrofluazide].....	51
Apraclonidine	258	Atenolol-AFT.....	47	Benralizumab.....	193
Aprepitant	132	Atezolizumab.....	234	Benzathine benzylpenicillin	93
Apresoline.....	55	ATGAM.....	239	Benzatropine mesylate.....	119
Aprotinin	32	Ativan.....	137	Benzbromaron AL 100.....	115
Aqueous cream	70	Atomoxetine.....	142	Benzbromaron.....	115
Arachis oil [Peanut oil].....	268	Atorvastatin.....	52	Benzocaine.....	121
Aratac	46	Atovaquone with proguanil		Benzocaine with tetracaine	
Arava	112	hydrochloride.....	101	hydrochloride.....	121
Arginine		Atracurium besylate.....	116	Benzoic.....	268
Alimentary	17	Atropine sulphate		Benzoyl peroxide	69
Various.....	265	Cardiovascular	46	Benzotrop	119
Arginine2000.....	277	Sensory.....	258	Benzydamine hydrochloride	25
Argipressin [Vasopressin].....	88	Atrop	258	Benzydamine hydrochloride with	
Aripiprazole.....	133-134	Atubio	138	cetylpyridinium chloride	25
Aripiprazole Sandoz	133	Augmentin	93	Benzylnicillin sodium [Penicillin	
Aristocort	72	Aurorix	127	G].....	93
Artotex-Prazosin S29	46	Avallon.....	124	Beractant	251
Arrow - Clopid.....	37	Avelox.....	94	Beta Cream	71
Arrow - Lattim	258	Avonex.....	138	Beta Ointment.....	71
Arrow-Amitriptyline	126	Avonex Pen	138	Beta Scalp	73
Arrow-Bendrofluazide	51	Azacitidine	149	Beta-Adrenoceptor Agonists.....	248
Arrow-Brimonidine.....	258	Azacitidine Dr Reddy's	149	Beta-Adrenoceptor Blockers.....	47
Arrow-Diazepam	137	Azactam.....	95	Betadine	262
Arrow-Fluoxetine	128	Azamun	240	Betahistine dihydrochloride	132
Arrow-Losartan &		Azathioprine.....	240	Betaine	17
Hydrochlorothiazide.....	45	Azilect.....	120	Betaloc CR	48
Arrow-Norfloracin.....	95	Azithromycin.....	91	Betamethasone	80
Arrow-Ornidazole	101	Azopt	257	Betamethasone dipropionate.....	71
Arrow-Quinapril 10.....	44	AZT.....	104	Betamethasone dipropionate with	

calcipotriol.....	72	Brentuximab vedotin.....	194	Camino Pro Bettermilk.....	276
Betamethasone sodium phosphate with betamethasone acetate.....	80	Breo Ellipta.....	249	Candesartan cilexetil.....	45
Betamethasone valerate.....	71, 73	Brevinor 1/28.....	75	Candesartan cilexetil with hydrochlorothiazide.....	45
Betamethasone valerate with clioquinol.....	72	Bricanyl Turbuhaler.....	248	Candestar.....	45
Betamethasone valerate with sodium fusidate [Fusidic acid].....	72	Brimonidine tartrate.....	258	Capecitabine.....	149
Betaxolol.....	257	Brimonidine tartrate with timolol.....	258	Capecitabine Viatris.....	149
Betnovate.....	71	Brinzolamide.....	257	Capoten.....	44
Betoptic.....	257	Bromocriptine.....	119	Capsaicin	
Betoptic S.....	257	Brufen SR.....	118	Musculoskeletal.....	118
Bevacizumab.....	194	Budesonide		Nervous.....	123
Bexsero.....	292	Alimentary.....	5	Captopril.....	44
Bezafibrate.....	52	Respiratory.....	245, 248	Carbachol.....	257
Bezalip.....	52	Budesonide Te Arai.....	5	Carbamazepine.....	128
Bezalip Retard.....	52	Budesonide with eformoterol.....	249	Carbasorb-X.....	261
Bicalutamide.....	165	Bumetanide.....	50	Carbimazole.....	87
Bicillin LA.....	93	Bupafen.....	122	Carbomer.....	258
BiCNU.....	148	Bupivacaine hydrochloride.....	121	Carboplatin.....	157
Bile and Liver Therapy.....	9	Bupivacaine hydrochloride with adrenaline.....	121	Carboplatin Ebewe.....	157
Biisicospin.....	264	Bupivacaine hydrochloride with fentanyl.....	122	Carboprost trometamol.....	76
Bimatoprost.....	258	Bupivacaine hydrochloride with glucose.....	122	Carboxymethylcellulose	
Bimatoprost Multichem.....	258	Buprenorphine Naloxone BNM.....	145	Alimentary.....	25
Binarex.....	165	Buprenorphine with naloxone.....	145	Extemporaneously Compounded Preparations.....	268
Binocrit.....	30	Bupropion hydrochloride.....	145	Cardinol LA.....	48
Biodone.....	125	Burinex.....	50	Cardizem CD.....	49
Biodone Extra Forte.....	125	Buscopan.....	7	CareSens Dual.....	300
Biodone Forte.....	125	Buserelin.....	83	Caresens N.....	300
Biotin.....	17	Buspiron hydrochloride.....	137	Caresens N POP.....	300
Bisacodyl.....	16	Buspiron Viatris.....	137	Caresens N Premier.....	300
Bisacodyl Viatris.....	16	Busulfan.....	148	CareSens PRO.....	300
Bismuth subgallate.....	268			Carglumatic acid.....	18
Bismuth subnitrate and iodoform paraffin.....	266	- C -		Carmellose sodium with pectin and gelatine	
Bisoprolol fumarate.....	47	Cabergoline.....	82	Alimentary.....	25
Bisoprolol Mylan.....	47	Caffeine.....	142	Sensory.....	259
Bisoprolol Viatris.....	47	Caffeine citrate.....	250	Carmustine.....	148
Bivalirudin.....	36	Calamine.....	69	Carvedilol.....	48
Bleomycin sulphate.....	148	Calci-Tab 500.....	23	Carvedilol Sandoz.....	48
Blood glucose diagnostic test meter.....	300	Calcipotriol.....	72	Casirivimab and imdevimab.....	195
Blood glucose diagnostic test strip.....	300	Calcitonin.....	79	Caspofungin.....	99
Blood ketone diagnostic test strip.....	300	Calcitriol.....	28	Catapres.....	50
Bonney's blue dye.....	265	Calcitriol-AFT.....	28	Ceenu.....	148
Boostrix.....	291	Calcium carbonate.....	5, 23	Cefaclor.....	90
Boric acid.....	268	Calcium carbonate PAI.....	5	Cefalexin.....	90
Bortezomib.....	151	Calcium Channel Blockers.....	49	Cefalexin Sandoz.....	90
Bosentan.....	59	Calcium chloride.....	40	Cefazolin.....	90
Bosentan Dr Reddy's.....	59	Calcium folinate.....	164	Cefazolin-AFT.....	90
Bosvate.....	47	Calcium Folate Ebewe.....	164	Cefepime.....	91
Botox.....	116	Calcium Folate Sandoz.....	164	Cefepime Kabi.....	91
Botulism antitoxin.....	260	Calcium gluconate		Cefotaxime.....	90
Bplex.....	27	Blood.....	40	Cefotaxime Sandoz.....	90
		Dermatological.....	74	Cefoxitin.....	90
		Calcium Homeostasis.....	79	Ceftaroline fosamil.....	91
		Calcium polystyrene sulphonate.....	42	Ceftazidime.....	90
		Calcium Resonium.....	42	Ceftazidime Kabi.....	90

Ceftriaxone	90	Cinacalcet.....	79	Clozapine.....	133
Ceftriaxone-AFT	90	Cinacalcet Devatis.....	79	Clozaril.....	133
Cefuroxime	90	Cinchocaine hydrochloride with		Clustran.....	131
Cefuroxime Devatis	90	hydrocortisone.....	7	Co-trimoxazole	96
Cefuroxime-AFT	90	Cipflox.....	94	Coal tar.....	268
Celapram.....	128	Ciprofloxacin		Coal tar with salicylic acid and	
Celecoxib.....	117	Infections.....	94	sulphur.....	72
Celecoxib Pfizer.....	117	Sensory.....	253	Cocaine hydrochloride.....	122
Celiprolol.....	48	Ciprofloxacin Kabi.....	94	Cocaine hydrochloride with	
CellCept.....	240	Ciprofloxacin Teva.....	253	adrenaline.....	122
Centrally-Acting Agents	50	Ciprofloxacin with		Codeine phosphate	
Cephalexin ABM.....	90	hydrocortisone.....	253	Extemporaneously Compounded	
Cetirizine hydrochloride.....	245	Ciproxin HC Otic.....	253	Preparations.....	268
Cetomacrogol.....	70	Cisplatin.....	157	Nervous.....	124
Cetomacrogol with glycerol.....	70	Citalopram hydrobromide.....	128	Coenzyme Q10.....	18
Cetomacrogol-AFT.....	70	Citanest.....	123	Colchicine.....	115
Cetrimide.....	268	Citrate sodium.....	36	Colecalciferol.....	28
Cetuximab.....	196	Citric acid.....	268	Colestimethate.....	95
Charcoal.....	261	Citric acid with magnesium carbonate		Colestipol hydrochloride.....	53
Chemotherapeutic Agents.....	147	hydrate and sodium		Colestyramine.....	53
Chickenpox vaccine.....	298	picosulfate.....	14	Colestyramine - Mylan.....	53
Chloral hydrate.....	140	Citric acid with sodium		Colgout.....	115
Chlorambucil.....	148	bicarbonate.....	264	Colifoam.....	6
Chloramphenicol		Citrulline1000.....	277	Colistin sulphomethate	
Infections.....	95	Cladribine.....	150	[Colestimethate].....	95
Sensory.....	253	Clarithromycin.....	92	Colistin-Link.....	95
Chlorhexidine.....	262	Clexane.....	36	Collodion flexible.....	268
Chlorhexidine gluconate		Clexane Forte.....	36	Colloidal bismuth subcitrate.....	8
Alimentary.....	25	Clindamycin.....	95	Colofac.....	7
Extemporaneously Compounded		Clinicians.....	28	Colony-Stimulating Factors.....	39
Preparations.....	268	Clinicians Multivit & Mineral		Coloxyl.....	15
Genito-Urinary.....	75	Boost.....	26	Compound electrolytes.....	40, 42
Chlorhexidine with		Clinicians Renal Vit.....	26	Compound electrolytes with glucose	
cetrimide.....	262, 266	Clobazam.....	128	[Dextrose].....	40, 42
Chlorhexidine with ethanol.....	262	Clobetasol propionate.....	71, 73	Compound hydroxybenzoate.....	268
Chloroform.....	268	Clobetasone butyrate.....	71	Compound sodium lactate	
Chloroquine phosphate.....	101	Clofazimine.....	99	[Hartmann's solution].....	41
Chlorothiazide.....	51	Clomazol		Comtan.....	119
Chlorpheniramine maleate.....	245	Dermatological.....	68	Concerta.....	143
Chlorpromazine hydrochloride.....	133	Genito-Urinary.....	75	Condyline.....	73
Chlorsig.....	253	Clomifene citrate.....	82	Contraceptives.....	75
Chlortalidone [Chlorthalidone].....	51	Clomipramine hydrochloride.....	127	Contrast Media.....	263
Chlortalidone.....	51	Clomipramine Teva.....	127	Copaxone.....	138
Choice Load 375.....	76	Clonazepam.....	128-129, 137	Copper.....	23
Choice TT380 Short.....	76	Clonidine.....	50	Copper chloride.....	23
Choice TT380 Standard.....	76	Clonidine hydrochloride.....	50	Corticorelin (ovine).....	83
Cholestyramine.....	53	Clonidine Teva.....	50	Corticosteroids	
Choline salicylate with cetalkonium		Clopidogrel.....	37	Dermatological.....	71
chloride.....	25	Clopine.....	133	Hormone Preparations.....	80
Choriogonadotropin alfa.....	83	Clopixol.....	134, 136	Cosentyx.....	222
Ciclopirox olamine.....	68	Clostridium botulinum type A		Cosmegen.....	148
Ciclosporin.....	168	toxin.....	116	Coversyl.....	44
Cidofovir.....	106	Clotrimazole		Creon 10000.....	13
Cilazapril.....	44	Dermatological.....	68	Creon 25000.....	13
Cilicaine VK.....	93	Genito-Urinary.....	75	Creon Micro.....	13
Cimetidine.....	8	Clove oil.....	268	Crotamiton.....	69

Crystaderm.....	68	DBL Gentamicin.....	89	Diagnostic Agents	
CT Plus+.....	263	DBL Leucovorin Calcium.....	164	Vaccines.....	299
Curam.....	93	DBL Methotrexate Onco-Vial.....	150	Various.....	265
Curam Duo 500/125.....	93	DBL Pethidine Hydrochloride.....	126	Diagnostic and Surgical	
Curosurf.....	251	DBL Vincristine Sulfate.....	165	Preparations.....	255
Cvite.....	27	Decongestants.....	248	Diamide Relief.....	5
Cyclizine hydrochloride.....	132	Decongestants and		Diamox.....	257
Cyclizine lactate.....	132	Antiallergics.....	255	Diatrizoate meglumine with sodium	
Cyclogyl.....	258	Decozol.....	25	amidotrizoate.....	263
Cyclonex.....	148	Deferasirox.....	261	Diatrizoate sodium.....	263
Cyclopentolate hydrochloride.....	258	Deferiprone.....	261	Diazepam.....	128, 137
Cyclophosphamide.....	148	Defibrotide.....	36	Diazoxide	
Cycloserine.....	99	Definity.....	264	Alimentary.....	9
Cymevene.....	106	Demeclocycline hydrochloride.....	95	Cardiovascular.....	55
Cyproheptadine hydrochloride.....	245	Denosumab.....	113	Dichlorobenzyl alcohol with	
Cyproterone acetate.....	79	Deolate.....	99	amylmetacresol.....	25
Cyproterone acetate with		Deoxycoformycin.....	155	Diclofenac Sandoz.....	117
ethinyloestradiol.....	75	Depo-Medrol.....	81	Diclofenac sodium	
Cystadane.....	17	Depo-Provera.....	76	Musculoskeletal.....	117
Cysteamine hydrochloride.....	268	Depo-Testosterone.....	79	Sensory.....	255
Cytarabine.....	150	Deprim.....	96	Dicobalt edetate.....	261
Cytotec.....	7	Dermol.....	71, 73	Diflucan.....	97
		Desferrioxamine mesilate.....	261	Diflucortolone valerate.....	71
		Desflurane.....	120	Digestives Including Enzymes.....	13
		Desmopressin.....	88	Digoxin.....	46
		Desmopressin acetate.....	88	Digoxin immune Fab.....	260
		Desmopressin-PH&T.....	88	Dihydrocodeine tartrate.....	124
		Dexamethasone		Dihydroergotamine mesylate.....	131
		Hormone Preparations.....	80	Diltiazem CD Clinect.....	49
		Sensory.....	254	Diltiazem hydrochloride.....	49
		Dexamethasone phosphate.....	81	Dimercaprol.....	262
		Dexamethasone with framycetin and		Dimercaptosuccinic acid.....	262
		gramicidin.....	253	Dimethicone.....	68-69
		Dexamethasone with neomycin		Dimethyl fumarate.....	138
		sulphate and polymyxin B		Dimethyl sulfoxide.....	266
		sulphate.....	253	Dinoprostone.....	76
		Dexamethasone with		Dipentum.....	7
		tobramycin.....	253	Diphemanil metilsulfate.....	73
		Dexamfetamine sulfate.....	142	Diphenoxylate hydrochloride with	
		Dexmedetomidine.....	120	atropine sulphate.....	5
		Dexmedetomidine Viatrix.....	120	Diphtheria antitoxin.....	260
		Dexmedetomidine-Teva.....	120	Diphtheria, tetanus and pertussis	
		Dexmethsone.....	80	vaccine.....	291
		Dextrazoxane.....	164	Diphtheria, tetanus, pertussis and	
		Dextrose		polio vaccine.....	290
		Alimentary.....	9	Diphtheria, tetanus, pertussis, polio,	
		Blood.....	40-42	hepatitis B and haemophilus	
		Extemporaneously Compounded		influenzae type B vaccine.....	290
		Preparations.....	268	Diprosone.....	71
		Dextrose with sodium citrate and		Dipyridamole.....	37
		citric acid [Acid Citrate Dextrose		Disodium edetate.....	257
		A].....	36	Disodium hydrogen phosphate with	
		DHC Continus.....	124	sodium dihydrogen	
		Diabetes.....	9	phosphate.....	268
		Diacomit.....	130	Disopyramide phosphate.....	46

Disulfiram.....	145	- E -	Ensure Plus (Chocolate).....	289	
Dithranol.....	268	e-chamber La Grande.....	300	Ensure Plus (Fruit of the Forest).....	289
Diuretics.....	50	e-chamber Mask.....	300	Ensure Plus (Vanilla).....	289
Dobutamine.....	54	e-chamber Turbo.....	300	Ensure Plus HN.....	287
Dobutamine-hameln.....	54	E-Mycin.....	92	Ensure Plus HN RTH.....	287
Docetaxel.....	164	E-Z-Cat Dry.....	263	Ensure Plus HN RTH.....	280
Docusate sodium		E-Z-Gas II.....	264	Entacapone.....	119
Alimentary.....	15	E-Z-Paste.....	263	Entecavir.....	105
Sensory.....	259	Econazole nitrate.....	68	Entecavir (Rex).....	105
Docusate sodium with		Edrophonium chloride.....	112	Entresto 24/26.....	45
senosides.....	15	Efavirenz.....	103	Entresto 49/51.....	45
Dolutegravir.....	105	Efavirenz with emtricitabine and		Entresto 97/103.....	45
Domperidone.....	132	tenofovir disoproxil.....	104	Entyvio.....	233
Domperidone Viatris.....	132	Eformoterol fumarate.....	249	Enzymes.....	115
Donepezil hydrochloride.....	144	Eformoterol fumarate dihydrate.....	249	Ephedrine.....	55
Donepezil-Rex.....	144	Eftrenonacog alfa [Recombinant		Ephedrine Juno.....	55
Dopamine hydrochloride.....	54	factor IX].....	34	Epilim IV.....	130
Dornase alfa.....	250	Efudix.....	73	Epipen.....	244
Dortimopt.....	257	eg Clinicians selenium oral		Epipen Jr.....	244
Dorzolamide.....	257	drops.....	24	Epirubicin Ebewe.....	149
Dorzolamide with timolol.....	257	Elaprase.....	19	Epirubicin hydrochloride.....	149
Dostinex.....	82	Elecare (Unflavoured).....	282	Eplerenone.....	51
Dosulepin [Dothiepin]		Elecare (Vanilla).....	282	Epoetin alfa.....	30
hydrochloride.....	127	Elecare LCP (Unflavoured).....	282	Epoetin beta.....	31
Dosulepin Mylan.....	127	Electral.....	42	Epoprostenol.....	62
Dosulepin Viatris.....	127	Electrolytes.....	267	Eptacog alfa [Recombinant factor	
Dotarem.....	264	Elelyso.....	21	Vlla].....	34
Dothiepin.....	127	Elhexacafter with tezacaftor, ivacaftor		Eptifibatide.....	38
Doxapram.....	252	and ivacaftor.....	250	Eptifibatide Viatris.....	38
Doxazosin.....	45	Elidel.....	72	Erbix.....	196
Doxazosin Clinect.....	45	Elocon.....	71	Ergometrine maleate.....	76
Doxepin hydrochloride.....	127	Elocon Alcohol Free.....	71	Erlotinib.....	158
Doxine.....	95	Eltrombopag.....	32	Ertapenem.....	89
Doxorubicin Ebewe.....	149	Emend Tri-Pack.....	132	Erythrocin IV.....	92
Doxorubicin hydrochloride.....	149	Emicizumab.....	33	Erythromycin (as	
Doxycycline.....	95	EMLA.....	123	ethylsuccinate).....	92
DP Lotn HC.....	71	Empagliflozin.....	13	Erythromycin (as lactobionate).....	92
DP-Allopurinol.....	115	Empagliflozin with metformin		Erythromycin (as stearate).....	92
DP-Captopril.....	44	hydrochloride.....	13	Esbriet.....	247
Dr Reddy's Omeprazole.....	8	Emtricitabine.....	104	Escitalopram.....	128
Drofafe.....	48	Emtricitabine with tenofovir		Escitalopram (Ethics).....	128
Droperidol.....	132	disoproxil.....	107	Esmolol hydrochloride.....	48
Droperidol Panpharma.....	132	Emtriva.....	104	Essential Prednisolone.....	7
Drugs Affecting Bone		Emulsifying ointment.....	70	Estradot.....	81
Metabolism.....	112	Emulsifying Ointment ADE.....	70	Etanercept.....	168
Dual blood glucose and blood ketone		Enalapril maleate.....	44	Ethambutol hydrochloride.....	100
diagnostic test meter.....	300	Enbrel.....	168	Ethanol.....	260
Dulaglutide.....	11	Endocrine Therapy.....	165	Ethanol with glucose.....	260
Dulcolax SP Drop.....	16	Endoxan.....	148	Ethanol, dehydrated.....	260
Duolin.....	246	Engerix-B.....	295	Ethics Aspirin.....	123
DuoResp Spiromax.....	249	Enlafax XR.....	127	Ethics Aspirin EC.....	37
Duovisc.....	256	Enoxaparin sodium.....	36	Ethics Lisinopril.....	44
Duride.....	54	Enstilar.....	72	Ethinylestradiol with	
Durvalumab.....	235	Ensure (Chocolate).....	288	desogestrel.....	75
Dynastat.....	118	Ensure (Vanilla).....	288	Ethinylestradiol with	
Dysport.....	116	Ensure Plus (Banana).....	289		

levonorgestrel.....	75	acid.....	23	FML.....	255
Ethinylloestradiol with norethisterone.....	75	Fexofenadine hydrochloride.....	245	Foban.....	68
Ethosuximide.....	129	Filgrastim.....	40	Folic acid.....	31
Ethyl chloride.....	122	Finasteride.....	77	Folic Acid multichem.....	31
Etomidate.....	120	Fingolimod.....	138	Folic Acid Viatrix.....	31
Etopophos.....	152	Firazyr.....	244	Fondaparinux sodium.....	37
Etoposide.....	152	Flagyl.....	101	Food Modules.....	271
Etoposide (as phosphate).....	152	Flagyl-S.....	101	Food/Fluid Thickeners.....	273
Etoricoxib.....	117	Flamazine.....	68	Forteo.....	114
Etravirine.....	103	Flecainide acetate.....	46	Fosamax.....	112
Evara.....	70	Flecainide BNM.....	46	Fosamax Plus.....	112
EVARA White Soft Paraffin.....	70	Flecainide Controlled Release Teva.....	46	Foscarnet sodium.....	106
Everet.....	129	Fleet Phosphate Enema.....	16	Fosfomycin.....	96
Everolimus.....	240	Flixonase Hayfever & Allergy.....	245	FrAMYCETIN sulphate.....	253
Evista.....	114	Flixotide.....	249	Frebini Energy.....	285
Evrysdi.....	141	Flixotide Accuhaler.....	249	Frebini Energy Fibre.....	285
Evusheld.....	225	Florinef.....	81	Frebini Original.....	285
Exemestane.....	167	Fluanxol.....	135	Frebini Original Fibre.....	285
Exjade.....	261	Flucil.....	93	Fresofol 1% MCT/LCT.....	121
Extemporaneously Compounded Preparations.....	268	Flucloxacillin.....	93	Fresubin 2kcal HP.....	280
Eylea.....	192	Flucloxacillin-AFT.....	93	Fresubin HP Energy.....	287
Ezetimibe.....	53	Flucloxin.....	93	Fresubin HP Energy Fibre.....	288
Ezetimibe Sandoz.....	53	Fluconazole.....	97	Fresubin Intensive.....	280
Ezetimibe with simvastatin.....	54	Fluconazole-Baxter.....	97	Fresubin Original.....	288
- F -					
Factor eight inhibitor bypassing fraction.....	34	Fluconazole-Baxter.....	97	Fresubin Original Fibre.....	288
Famotidine.....	8	Fluocytosine.....	99	Frusemide.....	50
Fasenna.....	193	Fludara Oral.....	150	Fucidin.....	96
Faslodex.....	166	Fludarabine Ebewe.....	150	Fucithalmic.....	253
Fatty Cream AFT.....	70	Fludarabine phosphate.....	150	Fulvestrant.....	166
Febuxostat.....	115	Fludrocortisone acetate.....	81	Fungilin.....	25
Febuxostat (Teva).....	115	Fluids and Electrolytes.....	40	Furosemide [Frusemide].....	50
Febuxostat multichem.....	115	Flumazenil.....	260	Furosemide-Baxter.....	50
FEIBA NF.....	34	Flumetasone pivalate with clioquinol.....	254	Fusidic acid Dermatological.....	68, 72
Felo 10 ER.....	49	Fluocortolone caproate with fluocortolone pivalate and cinchocaine.....	7	Infections.....	96
Felo 5 ER.....	49	Fluorescein sodium.....	255	Sensory.....	253
Felodipine.....	49	Fluorescein sodium with lignocaine hydrochloride.....	255	- G -	
Fentanyl.....	125	Fluorescite.....	255	GA Explore 5.....	273
Fentanyl Sandoz.....	125	Fluorometholone.....	255	GA Express 15.....	273
Ferinject.....	24	Fluorouracil.....	150	Gabapentin.....	129
Ferodan.....	23	Fluorouracil Accord.....	150	Gacet.....	124
Ferric subsulfate.....	33	Fluorouracil sodium.....	73	Gadobenic acid.....	264
Ferriprox.....	261	Fluox.....	128	Gadobutrol.....	264
Ferro-F-Tabs.....	23	Fluoxetine hydrochloride.....	128	Gadoteric acid.....	264
Ferro-tab.....	23	Flupenthixol decanoate.....	135	Gadovist 1.0.....	264
Ferrograd.....	23	Flutamide.....	166	Gadoxetate disodium.....	264
Ferrosig.....	24	Flutamin.....	166	Galsulfase.....	18
Ferrous fumarate.....	23	Fluticasone.....	249	Galvumet.....	11
Ferrous fumarate with folic acid.....	23	Fluticasone furoate with vilanterol.....	249	Galvus.....	11
Ferrous gluconate with ascorbic acid.....	23	Fluticasone propionate.....	245	Ganciclovir.....	106
Ferrous sulfate.....	23	Fluticasone with salmeterol.....	249	Gardasil 9.....	295
Ferrous sulfate with ascorbic		Flynn.....	90	Gastrodenol.....	8

Gefitinib	159	- H -	Sensory.....	256, 259
Gelatine, succinylated	43	Habitrol	Hyaluronic acid with lidocaine	
Gelofusine	43	Habitrol (Fruit).....	[lignocaine]	25
GEM Aqueous Cream	70	Habitrol (Mint).....	Hyaluronidase.....	115
Gemcitabine Ebewe	150	Haem arginate.....	Hydralazine hydrochloride.....	55
Gemcitabine Hydrochloride	150	Haemophilus influenzae type B	Hydralyte - Lemonade	42
Gemtuzumab ozogamicin.....	196	vaccine	Hydrocortisone	
Gentamicin sulphate		Haldol	Dermatological.....	71
Infections.....	89	Haldol Concentrate.....	Extemporaneously Compounded	
Sensory.....	253	Haloperidol	Preparations	269
Gestrinone.....	82	Haloperidol decanoate.....	Hormone Preparations.....	81
Gilenya	138	Hartmann's solution.....	Hydrocortisone acetate.....	6
Ginet.....	75	Harvoni	Hydrocortisone acetate with	
Glatiramer acetate.....	138	Havrix	pramoxine hydrochloride	6
Glaucoma Preparations.....	257	Havrix Junior.....	Hydrocortisone and paraffin liquid	
Glecaprevir with pibrentasvir.....	106	Haylor Syrup.....	and lanolin	71
GliBenclamide.....	10	HCU Explore 5.....	Hydrocortisone butyrate	71, 73
Gliclazide	10	HCU Express 15.....	Hydrocortisone with miconazole	72
Gliolan	168	Healon	Hydrocortisone with natamycin and	
Glipizide.....	10	Healon 5	neomycin	72
Glizide.....	10	Healon GV	Hydrogen peroxide	68
Glucagen Hypokit	9	Healon GV Pro	Hydroxocobalamin	
Glucagon hydrochloride.....	9	healthE Calamine Aqueous.....	Alimentary.....	27
Glucerna Select.....	278	healthE Dimethicone 10%.....	Various.....	260
Glucose [Dextrose]		healthE Dimethicone 4% Lotion	Hydroxocobalamin Panpharma	27
Alimentary	9	healthE Dimethicone 5%.....	hydroxycarbamide.....	152
Blood.....	41	healthE Fatty Cream.....	Hydroxychloroquine.....	112
Extemporaneously Compounded		healthE Glycerol BP Liquid.....	Hydroxyurea	
Preparations	268	healthE Urea Cream.....	[hydroxycarbamide].....	152
Glucose with potassium chloride.....	41	Hemlibra	Hygroton	51
Glucose with potassium chloride and		Heparin sodium	Hylo-Fresh	259
sodium chloride	41	Heparin Sodium Panpharma	Hyoscine butylbromide	7
Glucose with sodium chloride.....	41	Heparinised saline	Hyoscine hydrobromide.....	132
Glucose with sucrose and		Heparon Junior.....	Hyperuricaemia and Antigout	115
fructose.....	9	Hepatitis A vaccine.....	HypoPak Glucose.....	9
Glycerin with sodium saccharin.....	269	Hepatitis B recombinant	Hypromellose.....	256, 259
Glycerin with sucrose	269	vaccine	Hypromellose with dextran	259
Glycerol		Herceptin	- I -	
Alimentary	15	Herzuma	Ibiamox.....	93
Extemporaneously Compounded		Hiberix	Ibrance.....	160
Preparations	269	Hiprex	Ibuprofen	152
Glycerol with paraffin.....	70	Histaclear.....	Ibuprofen	118
Glyceryl trinitrate		Histamine acid phosphate	Icatibant	244
Alimentary	7	Holoxan	Idarubicin hydrochloride	149
Cardiovascular	54	Hormone Replacement Therapy	Idarucizumab	34
Glycine	266	HPV	Idursulfase	19
Glycoprep Orange	14	Humalog Mix 25.....	Ifosfamide.....	148
Glycopyrronium	246	Humalog Mix 50.....	Ikorel.....	56
Glycopyrronium bromide	7	Human papillomavirus (6, 11, 16, 18,	Ilomedin	64
Glycopyrronium with		31, 33, 45, 52 and 58) vaccine	Iloprost.....	64
indacaterol.....	246	[HPV].....	Imaging Agents.....	168
Glycosade.....	277	Humatin	Imatinib mesilate.....	159
Glypressin.....	88	Humira	Imatinib-Rex	159
Gonadorelin.....	83	HumiraPen.....	Imbruvica	152
Goserelin	83	Hyaluronic acid	Imfinzi	235
Granisetron.....	132	Alimentary.....	Imigran.....	131

Imipenem with cilastatin	89	Ipca-Donepezil.....	144	Ketamine	120
Imipenem+Cilastatin RBX	89	Ipca-Escitalopram.....	128	Ketocal 3:1 (Unflavoured).....	285
Imipramine hydrochloride	127	IPCA-Frusemide.....	50	Ketocal 4:1 (Unflavoured).....	285
Imiquimod.....	73	IPCA-Metoprolol.....	48	Ketocal 4:1 (Vanilla)	285
Immune Modulators.....	109	IPCA-Propranolol.....	48	Ketoconazole	
Immunosuppressants	168	IPOL.....	297	Dermatological.....	68
Impact Advanced Recovery.....	287	Ipratropium bromide	245	Infections.....	97
Incruse Eliipta.....	246	Iressa	159	Ketoprofen.....	118
Indacaterol.....	249	Irinotecan hydrochloride	152	Ketorolac trometamol	255
Indapamide.....	51	Iron (as ferric carboxymaltose).....	24	KetoSens.....	300
Indigo carmine.....	265	Iron (as sucrose).....	24	Ketostix.....	300
Indinavir.....	105	Iron polymaltose.....	24	Keytruda.....	237
Indocyanine green.....	265	Irrigation Solutions.....	266	Klacid.....	92
Indometacin [Indomethacin]	118	ISENTRESS.....	105	Klacid IV	92
Indomethacin.....	118	ISENTRESS HD.....	105	Klean Prep.....	15
Infanrix IPV.....	290	Ismo 20.....	54	Kogenate FS.....	35
Infanrix-hexa.....	290	Ismo 40 Retard.....	54	Konakion MM.....	36
Infatrini.....	284	Isoflurane.....	120	Konsyl-D.....	15
Infliximab	197	Isoleucine50	277	Kuvan	20
Influenza vaccine.....	296	Isoniazid	100		
Influvac Tetra		Isoniazid with rifampicin.....	100	- L -	
(2024 formulation)	296	Isoprenaline [Isoproterenol].....	55	L-ornithine L-aspartate	9
Inhaled Corticosteroids.....	248	Isopropyl alcohol.....	262	Labetalol.....	48
Inresa.....	24	Isoproterenol.....	55	Lacosamide.....	129
Inspra.....	51	Isoptin.....	50	Lactose.....	269
Instillagel Lido.....	122	Isoptin SR.....	50	Lactulose	15
Insulin aspart	10	Isopto Carpine	257	Laevolac.....	15
Insulin aspart with insulin aspart		Isosorbide mononitrate.....	54	Lagevrio.....	108
protamine.....	9	Isotretinoin.....	69	Lamictal.....	129
Insulin glargine.....	10	Ispaghula (psyllium) husk.....	15	Lamivudine	104, 106
Insulin glulisine.....	10	Isradipine.....	49	Lamivudine Viatrix.....	104
Insulin isophane.....	9	Itch-Soothe.....	69	Lamivudine/Zidovudine Viatrix.....	104
Insulin lispro.....	10	Itraconazole.....	97	Lamotrigine.....	129
Insulin lispro with insulin lispro		Itrazole.....	97	Lanoxin.....	46
protamine.....	10	Ivabradine.....	46	Lanoxin PG.....	46
Insulin neutral.....	10	Ivacaftor.....	251	Lansoprazole.....	8
Insulin neutral with insulin		Ivermectin.....	101	Lantus.....	10
isophane.....	10			Lantus SoloStar.....	10
Intelence.....	103	- J -		Lanzol Relief.....	8
Interferon alfa-2b.....	109	Jadelle.....	76	Lapatinib.....	159
Interferon beta-1-alpha.....	138	Jakavi.....	162	Largactil.....	133
Interferon beta-1-beta.....	138	Jardiamet.....	13	Laronidase.....	19
Interferon gamma.....	109	Jardiance.....	13	Lasix.....	50
Intra-uterine device.....	76	Jaydess.....	76	Latanoprost.....	258
Invanz.....	89	Jevity HiCal RTH.....	287	Latanoprost with timolol.....	258
Invega Sustenna.....	135	Jevity Plus RTH.....	288	Lax-Suppositories.....	16
Invega Trinza.....	136	Jevity RTH.....	288	Lax-suppositories Glycerol.....	15
Iodine.....	88	Jinarc.....	51	Laxatives.....	14
Iodine with ethanol.....	262	Juno Pemetrexed.....	150	Laxsol.....	15
Iodised oil.....	263			Ledipasvir with sofosbuvir	106
Iodixanol.....	263	- K -		Leflunomide.....	112
Iohexol.....	263	Kadcyla.....	230	Lenalidomide.....	153
Iopidine.....	258	Kalydeco.....	251	Letrole.....	167
Ioscan.....	263	Kenacomb.....	254	Letrozole.....	167
Ipca-Allopurinol.....	115	Kenacort-A 10.....	81	Leucine 100.....	278
Ipca-Bisoprolol.....	47	Kenacort-A 40.....	81	Leukotriene Receptor	
		Kenalog in Orabase.....	25	Antagonists.....	249
		Ketalar.....	120		

Leuprorelin acetate.....	83	Agonists.....	249	Magnesium oxide.....	24
Leustatin.....	150	Loniten.....	56	Magnesium oxide with magnesium aspartate, magnesium amino acid chelate and magnesium	
Levetiracetam.....	129	Loperamide hydrochloride.....	5	citrate.....	24
Levetiracetam-AFT.....	129	Lopinavir with ritonavir.....	105	Magnesium sulphate.....	24
Levocabastine.....	255	Lopinavir/Ritonavir Mylan.....	105	Magnevist.....	264
Levocarnitine.....	19	Lorafix.....	245	Malarone.....	101
Levodopa with benserazide.....	120	Loratadine.....	245	Malarone Junior.....	101
Levodopa with carbidopa.....	120	Lorazepam.....	128, 137	Malathion [Maldison].....	69
Levomepromazine.....	134	Lormetazepam.....	140	Maldison.....	69
Levomepromazine hydrochloride.....	134	Lorstat.....	52	Mannitol	
Levonorgestrel.....	76	Losartan Actavis.....	45	Cardiovascular.....	50
Levonorgestrel BNM.....	76	Losartan potassium.....	45	Various.....	265
Levosimendan.....	54	Losartan potassium with hydrochlorothiazide.....	45	Mantoux.....	299
Levothyroxine.....	88	Lovir.....	106	Maprotiline hydrochloride.....	127
Lidocaine [Lignocaine].....	122	Loxamine.....	128	Marcaïn.....	121
Lidocaine [Lignocaine] hydrochloride.....	122	Lucrin Depot 1-month.....	83	Marcaïn Heavy.....	122
Lidocaine [Lignocaine] hydrochloride with adrenaline.....	122	Lucrin Depot 3-month.....	83	Marcaïn Isobaric.....	121
Lidocaine [Lignocaine] hydrochloride with adrenaline and tetracaine		Lynparza.....	153	Marcaïn with Adrenaline.....	121
hydrochloride.....	123	Lysine acetylsalicylate [Lysine asprin].....	38	Marevan.....	37
Lidocaine [Lignocaine] hydrochloride with phenylephrine		Lysine asprin.....	38	Marine Blue Lotion SPF 50+.....	73
hydrochloride.....	123	- M -		Martindale Pharma.....	260
Lidocaine [Lignocaine] with prilocaine.....	123	m-Eslon.....	125	Mask for spacer device.....	300
Lidocaine-Baxter.....	122	Mabthera.....	209	Maviret.....	106
lignocaine		Macrobid.....	96	Maxidex.....	254
Alimentary.....	25	Macrogol 3350 with ascorbic acid, potassium chloride, sodium chloride and citric acid with magnesium carbonate hydrate and sodium picosulfate.....	14	Maxitrol.....	253
Nervous.....	122-123	Macrogol 3350 with potassium chloride and sodium chloride.....	14	Measles, mumps and rubella vaccine.....	297
Lincomycin.....	96	Macrogol 3350 with potassium chloride and sodium chloride with/ without sodium sulfate, sodium ascorbate, ascorbic acid.....	14	Mebendazole.....	101
Linezolid.....	96	Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride.....	16	Mebeverine hydrochloride.....	7
Linezolid Kabi.....	96	Macrogol 3350 with potassium chloride, sodium bicarbonate, sodium chloride and sodium sulphate.....	15	Medrol.....	81
Lioresal Intrathecal.....	116	Madopar 125.....	120	Medroxyprogesterone.....	82
Liothyronine sodium.....	88	Madopar 250.....	120	Medroxyprogesterone acetate	
Lipid-Modifying Agents.....	52	Madopar 62.5.....	120	Genito-Urinary.....	76
Lipiodol Ultra Fluid.....	263	Madopar HBS.....	120	Hormone Preparations.....	82
Liquibar.....	263	Madopar Rapid.....	120	Mefenamic acid.....	118
Liraglutide.....	11	Madopar.....	68	Mefloquine.....	101
Lisinopril.....	44	Mafenide acetate.....	68	Meglumine gadopentetate.....	264
Lissamine green.....	255	Magnesium amino acid chelate.....	24	Meglumine iotroxate.....	264
Lithium carbonate.....	134	Magnesium chloride.....	24	Melatonin.....	140
LMX4.....	122	Magnesium hydroxide		Melpha.....	148
Lo-Oralcon 20 ED.....	75	Alimentary.....	24	Melphalan.....	148
Local Preparations for Anal and Rectal Disorders.....	7	Extemporaneously Compounded Preparations.....	269	Meningococcal (A, C, Y and W-135) conjugate vaccine.....	291
Locoid.....	71, 73			Meningococcal B multicomponent vaccine.....	292
Locoid Crelo.....	71			Meningococcal C conjugate vaccine.....	292
Locoid Lipocream.....	71			MenQuadfl.....	291
Lodoxamide.....	255			Menthol.....	269
Logem.....	129			Mepivacaine hydrochloride.....	123
Lomide.....	255			Mepivacaine hydrochloride with adrenaline.....	123
Lomustine.....	148			Mepolizumab.....	205
Long-Acting Beta-Adrenoceptor				Mercaptopurine.....	150

Meropenem	90	Metoprolol succinate.....	48	Morocotocog alfa [Recombinant factor VIII]	35
Meropenem-AFT	90	Metoprolol tartrate	48	Morphine hydrochloride.....	125
Mesalazine	6	Metrogyl.....	101	Morphine sulphate.....	125
Mesna.....	164	Metronidazole		Morphine tartrate	125
Mestinin	112	Dermatological	68	Motetis	119
Metabolic Disorder Agents	16	Infections.....	101	Mouth and Throat	25
Metabolic Products	273	Metyrapone.....	82	Movapo.....	119
Metaraminol.....	55	Mexiletine hydrochloride	47	Moxifloxacin.....	94
Metformin hydrochloride.....	11	Miacalcic.....	79	Moxifloxacin Kabi.....	94
Metformin Viatris.....	11	Mianserin hydrochloride	127	Mozobil.....	39
Methacholine chloride.....	265	Micolette	16	MSUD Explore 5.....	274
Methadone BNM.....	125	Miconazole	25	MSUD Express 15.....	274
Methadone hydrochloride		Miconazole nitrate		Mucolytics and Expectorants.....	250
Extemporaneously Compounded		Dermatological	68	Mucosoothe	122
Preparations	269	Genito-Urinary.....	75	Multihance	264
Nervous.....	125	Micreme.....	75	Multiple Sclerosis Treatments	137
Methenamine (Hexamine)		Micreme H.....	72	Multivitamin and mineral	
hippurate.....	96	Microlut.....	76	supplement.....	26
Methohexital sodium.....	120	Midazolam	140	Multivitamin renal.....	26
Methopt.....	259	Midazolam Viatris	140	Multivitamins.....	26
Methotrexate.....	150	Midodrine.....	47	Mupirocin.....	68
Methotrexate DBL Onco-Vial.....	150	Mifepristone.....	76	Muscle Relaxants and Related	
Methotrexate Ebewe.....	150	Milrinone.....	56	Agents	116
Methotrexate Sandoz	150	Milrinone-Baxter	56	Mvite.....	26
Methoxsalen		Minerals.....	23	Myambutol.....	100
[8-methoxypsoralen]	72	Mini-Wright AFS Low Range	300	Mycobutin.....	100
Methoxyflurane	124	Mini-Wright Standard.....	300	Mycosyl.....	68
Methyl aminolevulinate		Minidiab	10	Mycophenolate mofetil.....	240
hydrochloride	73	Minims Prednisolone	255	Mydracyl	258
Methyl hydroxybenzoate.....	269	Minirin.....	88	Mydratics and Cycloplegics	258
Methylcellulose.....	269	Minirin Melt	88	Mylan (24 hr release).....	49
Methylcellulose with glycerin and		Minocycline.....	95	Mylan Atenolol.....	47
sodium saccharin.....	269	Minoxidil.....	56	Mylan Clomiphen.....	82
Methylcellulose with glycerin and		Mirena.....	76	Mylan Italy (24 hr release).....	49
sucrose	269	Miro-Amoxicillin	93	Mylan Midazolam.....	140
Methylidopa.....	50	Mirtazapine	127	Myleran.....	148
Methylidopa Mylan	50	Misoprostol.....	7	Myloc CR.....	48
Methylidopa Viatris.....	50	Mitomycin C.....	149	Mylotarg.....	196
Methylene blue	265	Mitozantrone.....	149	Myozyme	16
Methylnaltrexone bromide	15	Mitozantrone Ebewe.....	149		
Methylphenidate ER - Teva.....	143	Mivacurium chloride	116	- N -	
Methylphenidate hydrochloride.....	143	Mixed salt solution for eye		Nadolol.....	48
Methylprednisolone (as sodium		irrigation.....	256	Nadolol BNM.....	48
succinate)	81	MMA/PA Explore 5	277	Naglazyme.....	18
Methylprednisolone aceponate.....	71	MMA/PA Express 15	277	Naloxone hydrochloride.....	260
Methylprednisolone acetate.....	81	Moclobemide	127	Naltraccord	145
Methylthioninium chloride [Methylene		Modafinil.....	144	Naltrexone AOP.....	145
blue].....	265	Modavigil	144	Naltrexone hydrochloride.....	145
Methylxanthines.....	250	Molaxole	16	Naphazoline hydrochloride.....	255
Metoclopramide Actavis 10	132	Molnupiravir.....	108	Naphcon Forte	255
Metoclopramide hydrochloride	132	Mometasone furoate.....	71	Naprosyn SR 1000	118
Metoclopramide hydrochloride with		Monosodium glutamate with sodium		Naprosyn SR 750	118
paracetamol.....	131	aspartate.....	267	Naproxen.....	118
Metolazone.....	51	Monosodium l-aspartate.....	267	Naropin.....	123
Metoprolol IV Mylan.....	48	Montelukast	249	Natalizumab.....	138
Metoprolol IV Viatris	48	Montelukast Viatris	249	Natamycin.....	253

Natulan	155	Hormone Preparations.....	83	Oestriol	
Nausafix.....	133	Norethisterone with mestranol.....	75	Genito-Urinary.....	77
Nausicalm.....	132	Norflex.....	116	Hormone Preparations.....	82
Navelbine.....	165	Norfloracin.....	95	Oestrogens.....	77
Nefopam hydrochloride	124	Noriday 28.....	76	Oestrogens (conjugated equine).....	81
Neisvac-C.....	292	Normison.....	141	Oestrogens with	
Neo-Mercazole.....	87	Norpress.....	127	medroxyprogesterone	
Neocate Gold (Unflavoured).....	282	Nortriptyline hydrochloride.....	127	acetate.....	82
Neocate Junior Vanilla.....	282	Norvir.....	105	Ofev.....	246
Neoral.....	168	Noumed Dexamfetamine.....	142	Oil in water emulsion.....	70
Neostigmine metilsulfate.....	112	Noumed Paracetamol.....	124	Oily phenol [Phenol oily].....	7
Neostigmine metilsulfate with		Noumed Pethidine.....	126	Olanzapine.....	134-135
glycopyrronium bromide.....	112	Noumed Phenobarbitone.....	129	Olaparib.....	153
Neosynephrine HCL.....	55	Novasource Renal (Vanilla).....	286	Olive oil.....	269
Nepafenac.....	255	Novatretin.....	72	Olopatadine.....	255
Nepro HP (Strawberry).....	286	NovoMix 30 FlexPen.....	9	Olopatadine Teva.....	255
Nepro HP (Vanilla).....	286	NovoRapid FlexPen.....	10	Olsalazine.....	7
Nepro HP RTH.....	286	NovoSeven RT.....	34	Olumiant.....	242
Neupogen.....	40	Nozinan.....	134	Omalizumab.....	207
NeuroTabs.....	23	Nucala.....	205	Omeprazole.....	8
Nevirapine.....	103	Nuelin.....	250	Omeprazole actavis 10.....	8
Nevirapine Alphapharm.....	103	Nuelin-SR.....	250	Omeprazole actavis 20.....	8
Nevirapine Viatrix.....	103	Nupentin.....	129	Omeprazole actavis 40.....	8
Nicardipine hydrochloride.....	49	Nusinersen.....	141	Omezol IV.....	8
Nicorandil.....	56	Nutren Diabetes (Vanilla).....	278	Omnipaque.....	263
Nicotine.....	145	Nutrini Energy Multi Fibre.....	285	Omnitrope.....	83
Nifedipine.....	49	Nutrini Low Energy Multifibre		Onbrez Breezhaler.....	249
Nifuran.....	96	RTH.....	285	Oncaspar LYO.....	154
Nilotinib.....	160	Nutrini Peptisorb Energy.....	282	OncTICE.....	240
Nilstat		Nutrison 800 Complete Multi		Ondansetron.....	132
Alimentary.....	25	Fibre.....	288	Ondansetron-AFT.....	132
Genito-Urinary.....	75	Nutrison Concentrated.....	280	One-Alpha.....	27
Infections.....	97	Nutrison Energy.....	287	Opdivo.....	236
Nimodipine.....	49	Nutrison Protein Intense.....	281	Optional Pharmaceuticals.....	300
Nimotop.....	49	Nyefax Retard.....	49	Ora-Blend.....	269
Nintedanib.....	246	Nystatin		Ora-Blend SF.....	269
Nirmatrelvir with ritonavir.....	109	Alimentary.....	25	Ora-Plus.....	269
Nitazoxanide.....	101	Dermatological.....	68	Ora-Sweet.....	269
Nitrates.....	54	Genito-Urinary.....	75	Ora-Sweet SF.....	269
Nitroderm TTS 10.....	54	Infections.....	97	Oralcon 30 ED.....	75
Nitroderm TTS 5.....	54	- O -		Oratane.....	69
Nitrofurantoin.....	96	Obinutuzumab.....	206	Ornidazole.....	101
Nitrolingual Pump Spray.....	54	Obstetric Preparations.....	76	Orphenadrine citrate.....	116
Nivestim.....	40	Ocrelizumab.....	138	Oruvail SR.....	118
Nivolumab.....	236	Ocrevus.....	138	Oseltamivir.....	108
Nodia.....	5	Octocog alfa [Recombinant factor		Osmolite RTH.....	288
Noflam 250.....	118	VIII] (Advate).....	35	Other Cardiac Agents.....	54
Noflam 500.....	118	Octocog alfa [Recombinant factor		Other Endocrine Agents.....	82
Non-Steroidal Anti-Inflammatory		VIII] (Kogenate FS).....	35	Other Oestrogen Preparations.....	82
Drugs.....	117	Octreotide.....	166	Other Otological Preparations.....	259
Nonacog gamma, [Recombinant		Octreotide Depot Teva.....	166	Other Progestogen	
factor IX].....	35	Ocular Lubricants.....	258	Preparations.....	82
Noradrenaline.....	55	Oestradiol.....	81-82	Other Skin Preparations.....	73
Noradrenaline BNM.....	55	Oestradiol valerate.....	81	Ovestin	
Norethisterone		Oestradiol with norethisterone		Genito-Urinary.....	77
Genito-Urinary.....	76	acetate.....	82	Hormone Preparations.....	82

Oxaliplatin.....	157	Peanut oil.....	268	Phenylephrine hydrochloride	
Oxandrolone.....	79	Pedialyte - Bubblegum.....	42	Cardiovascular.....	55
Oxazepam.....	137	Pediasure (Chocolate).....	286	Sensory.....	258
Oxpentifylline.....	56	Pediasure (Strawberry).....	286	Phenytoln.....	130
Oxybuprocaine hydrochloride.....	256	Pediasure (Vanilla).....	286	Phenytoin sodium.....	128, 130
Oxybutynin.....	77	Pediasure Plus.....	286	Phosphorus.....	43
Oxycodone hydrochloride.....	126	Pediasure RTH.....	285	Phytomenadione.....	36
Oxycodone Sandoz.....	126	Pegaspargase.....	154	Picibanil.....	240
Oxymetazoline hydrochloride.....	248	Pegasy.....	109	Pilocarpine hydrochloride.....	257
OxyNorm.....	126	Pegfilgrastim.....	40	Pilocarpine nitrate	
Oxytocin.....	76	Pegylated interferon alfa-2a.....	109	Extemporaneously Compounded	
Oxytocin BNM.....	76	Pembrolizumab.....	237	Preparations.....	269
Oxytocin with ergometrine		Pemetrexed.....	150	Sensory.....	257
maleate.....	76	Penicillamine.....	112	Pimafucort.....	72
Ozurdex.....	254	Penicillin G.....	93	Pimecrolimus.....	72
		Penicillin V.....	93	Pine tar with trolamine laurilsulfate	
- P -		Pentacarinat.....	101	and fluorescein.....	73
Pacifen.....	116	Pentagastrin.....	82	Pinetarsol.....	73
Pacimol.....	124	Pentamidine isethionate.....	101	Pioglitazone.....	11
Paclitaxel.....	164	Pentasa.....	6	Piperacillin with tazobactam.....	93
Paclitaxel Ebewe.....	164	Pentostatn [Deoxycycoformycin].....	155	Pipothiazine palmitate.....	136
Palbociclib.....	160	Pentoxifylline [Oxpentifylline].....	56	PipTaz-AFT.....	93
Paliperidone.....	135	Peptamen OS 1.0 (Vanilla).....	279	Pirfenidone.....	247
Paliperidone palmitate.....	136	Perflutren.....	264	Pituitary and Hypothalamic	
Pamidronate disodium.....	113	Perhexiline maleate.....	49	Hormones and Analogues.....	83
Pamisol.....	113	Pericyazine.....	134	Pivmecillinam.....	96
Pamol.....	124	Perindopril.....	44	Pizotifen.....	131
Pancreatic enzyme.....	13	Periset.....	132	PKU Anamix Junior LQ (Berry).....	275
Pancuronium bromide.....	117	Periset ODT.....	132	PKU Anamix Junior LQ	
Pantoprazole.....	8	Perjeta.....	208	(Orange).....	275
Panzop Relief.....	8	Permethrin.....	69	PKU Anamix Junior LQ	
Papaverine hydrochloride.....	56	Perrigo.....	73	(Unflavoured).....	275
Paper wasp venom.....	244	Pertuzumab.....	208	PKU Build 10.....	276
Para-aminosalicylic Acid.....	100	Peteha.....	100	PKU Build 20 Chocolate.....	276
Paracetamol.....	124	Pethidine hydrochloride.....	126	PKU Build 20 Raspberry	
Paracetamol (Ethics).....	124	Pexsig.....	49	Lemonade.....	276
Paracetamol Kabi.....	124	Pfizer Exemestane.....	167	PKU Build 20 Smooth.....	276
Paracetamol with codeine.....	126	Pheburane.....	21	PKU Build 20 Vanilla.....	276
Paraffin		Phenasein.....	151	PKU Explore 10.....	275
Alimentary.....	15	Phenelzine sulphate.....	127	PKU Explore 5.....	275
Dermatological.....	70	Phenindione.....	37	PKU Express 20.....	275
Extemporaneously Compounded		Phenobarbitone.....	129, 141	PKU Glytactin RTD 15.....	276
Preparations.....	269	Phenobarbitone sodium.....	269	PKU Glytactin RTD 15 Lite.....	276
Paraffin liquid with soft white		Phenol		PKU GMPPro Ultra Lemonade.....	276
paraffin.....	259	Extemporaneously Compounded		PKU Restore Powder.....	275
Paraffin liquid with wool fat.....	259	Preparations.....	269	PKU sphere20 Banana.....	276
Paraffin with wool fat.....	71	Various.....	266	PKU sphere20 Chocolate.....	276
Paraldehyde.....	128	Phenol oily.....	7	PKU sphere20 Lemon.....	276
Parecoxib.....	118	Phenol with ioxaglic acid.....	266	PKU sphere20 Red Berry.....	276
Paromomycin.....	89	Phenothrin.....	69	PKU sphere20 Vanilla.....	276
Paroxetine.....	128	Phenoxybenzamine		PKU Start.....	275
Paser.....	100	hydrochloride.....	46	Plaquenil.....	112
Patent blue V.....	265	Phenoxyethylpenicillin [Penicillin		Plasma-Lyte 148.....	40
Paxam.....	137	V].....	93	Plasma-Lyte 148 & 5% Glucose.....	40
Paxlovid.....	109	Phentolamine mesylate.....	46	Plendil ER.....	49
Pazopanib.....	161	Phenylalanine50.....	278	Plenvu.....	14
Peak flow meter.....	300				

Plerixafor	39	Pregabalin	130	Quetapel	134
Pneumococcal (PCV10) conjugate vaccine	293	Pregabalin Pfizer	130	Quetiapine	134
Pneumococcal (PCV13) conjugate vaccine	293	Pregnancy test - hCG urine	300	Quinapril	44
Pneumococcal (PPV23) polysaccharide vaccine	294	preOp	287	Quinapril with hydrochlorothiazide	44
Pneumovax 23	294	Prevenar 13	293	Quinine dihydrochloride	102
Podophyllotoxin	73	Priadel	134	Qvar	248
Polidocanol	33	Prilocaine hydrochloride	123		
Poliomyelitis vaccine	297	Prilocaine hydrochloride with felypressin	123	- R -	
Poloxamer	15	Primaquine	102	RA-Morph	125
Poly Gel	258	Primidone	130	Rabies vaccine	298
Poly-Tears	259	Primolut N	83	Raloxifene	114
Poly-Visc	259	Primovist	264	Raltegravir potassium	105
Polyethylene glycol 400 and propylene glycol	259	Priorix	297	Ramipex	120
Polyhexamethylene biguanide	269	Probenecid	116	Ramipril	44
Polyvinyl alcohol with povidone	259	Procaine penicillin	93	Ranbaxy-Cefaclor	90
Poractant alfa	251	Procabazine hydrochloride	155	Ranibizumab	208
Posaconazole	98	Prochlorperazine	133	Ranitidine	8
Posaconazole Juno	98	Proctosedyl	7	Rasagiline	120
Potassium chloride	41, 43	Procyclidine hydrochloride	119	Rasburicase	116
Potassium chloride with sodium chloride	41	Progesterone	76	Readi-CAT 2	263
Potassium citrate	77	Proglicem	9	Reandron 1000	79
Potassium dihydrogen phosphate	41	Proglycem	9	Recombinant factor IX	34-35
Potassium iodate Alimentary	23	Progynova	81	Recombinant factor VIIa	34
Potassium iodate with iodine	23	Prolia	113	Recombinant factor VIII	35
Potassium perchlorate	88	Promethazine hydrochloride	245	Rectogesic	7
Potassium permanganate	73	Propafenone hydrochloride	47	Red back spider antivenom	261
Povidone K30	269	Propamidine isethionate	253	Redipred	81
Povidone-iodine	262	Propofol	121	Relenza Rotadisk	108
Povidone-iodine with ethanol	262	Propranolol	48	Relistor	15
Pradaxa	36	Propylthiouracil	88	Remdesivir	109
Pralidoxime chloride	260	Prostin E2	76	Remicade	197
Pralidoxime iodide	260	Prostin VR	55	Remifentanyl	126
Pramipexole hydrochloride	120	Protamine sulphate	37	Remifentanyl-AFT	126
Pravastatin	52	Protionamide	100	Resonium A	43
Pravastatin Mylan	52	Protirelin	88	Resource Beneprotein	272
Pravastatin Viatrix	52	Proveblue	265	Respiratory Stimulants	252
Praxbind	34	Provera	82	Retinol	27
Praziquantel	101	Provera HD	82	Retinol Palmitate	259
Prazosin	46	Proxymetacaine hydrochloride	256	ReTrieve	69
Pred Forte	255	Pseudoephedrine hydrochloride	248	Retrovir	104
Prednisolone	81	Psoriasis and Eczema Preparations	72	Retrovir IV	104
Prednisolone acetate	255	PTU	88	Revlimid	153
Prednisolone sodium	7	Pulmonary Surfactants	251	Revolade	32
Prednisolone sodium phosphate	255	Pulmozyme	250	Riboflavin	20
Prednisolone- AFT	255	Puri-nethol	150	Riboflavin 5-phosphate	257
Prednisone	81	Pyrazinamide	100	Ribomustin	147
Prednisone Clinect	81	Pyridostigmine bromide	112	Ricit	77
		Pyridoxal-5-phosphate	19	Rifabutin	100
		Pyridoxine hydrochloride	27	Rifadin	100
		Pyridoxine multichem	27	Rifampicin	100
		Pyrimethamine	102	Rifaximin	9
		Pytazen SR	37	Rifinah	100
		- Q -		Rilutek	119
				Riluzole	119
				Ringer's solution	41

RINVOQ	242	Sandomigran	131	Sodium aurothiomalate.....	112
Riodine	262	Sapropterin Dihydrochloride.....	20	Sodium benzoate.....	20
Risdiplam.....	141	Scalp Preparations	73	Sodium bicarbonate	
Risedronate Sandoz.....	113	Scandonest 3%	123	Blood.....	42–43
Risedronate sodium.....	113	Sclerosing Agents.....	252	Extemporaneously Compounded	
Risperdal Consta	136	Scopoderm TTS	132	Preparations	269
Risperidone	134, 136	Scopolamine - Mylan.....	132	Sodium calcium edetate	262
Risperidone (Teva).....	134	Sebizole	68	Sodium chloride	
Risperon	134	Secretin pentahydrochloride.....	265	Blood.....	42–43
Ritalin.....	143	Secukinumab	222	Respiratory.....	248, 251
Ritalin LA	143	Sedatives and Hypnotics	140	Various.....	266
Ritonavir	105	Seebri Breezhaler.....	246	Sodium chloride with sodium	
Rituximab (mabthera).....	209	Selegiline hydrochloride	120	bicarbonate	248
Rituximab (riximyo).....	211	Selenium.....	24	Sodium citrate	
Rivaroxaban	37	Sennosides.....	16	Alimentary.....	5
Rivastigmine.....	144	Serc	132	Extemporaneously Compounded	
Rivastigmine Patch BNM 10.....	144	Serenace	133	Preparations	270
Rivastigmine Patch BNM 5.....	144	Seretide	249	Sodium citrate with sodium chloride	
Riximyo.....	211	Seretide Accuhaler.....	249	and potassium chloride.....	37
RIXUBIS	35	Serevent	249	Sodium citrate with sodium lauryl	
Rizamelt.....	131	Serevent Accuhaler	249	sulphoacetate.....	16
Rizatriptan	131	Sertraline	128	Sodium citro-tartrate	77
Robinul	7	Setrona	128	Sodium cromoglicate	
Rocuronium bromide	117	Sevoflurane	121	Alimentary.....	7
Ronapreve	195	Sevredol	125	Respiratory.....	245
Ropin	120	Shingles vaccine.....	299	Sensory.....	255
Ropinirole hydrochloride.....	120	Shingrix.....	299	Sodium dihydrogen phosphate	
Ropivacaine hydrochloride	123	Sildenafil.....	61	[Sodium acid phosphate].....	42
Ropivacaine hydrochloride with		Siltuximab	224	Sodium fluoride.....	23
fentanyl.....	123	Silver nitrate		Sodium fusidate [Fusidic acid]	
Ropivacaine Kabi.....	123	Dermatological	73	Dermatological.....	68
Rose bengal sodium.....	256	Extemporaneously Compounded		Infections.....	96
Rosuvastatin.....	52	Preparations	269	Sensory.....	253
Rosuvastatin Viatrix.....	52	Simeticone.....	5	Sodium hyaluronate [Hyaluronic acid]	
Rotarix	298	Simulect.....	193	Alimentary.....	25
Rotavirus oral vaccine	298	Simvastatin	53	Sensory.....	256, 259
Roxithromycin.....	93	Simvastatin Mylan	53	Sodium hyaluronate [Hyaluronic acid]	
Rubifen	143	Simvastatin Viatrix.....	53	with chondroitin sulphate.....	256
Rubifen SR	143	Sincalide	265	Sodium hydroxide.....	266
Ruriotocog alfa pegol [Recombinant		Sinemet	120	Sodium hypochlorite.....	262
factor VIII].....	35	Sinemet CR	120	Sodium metabisulfite	270
Ruxolitinib	162	Sirolimus.....	240	Sodium nitrite.....	260
- S -					
S26 LBW Gold RTF.....	284	Sirturo.....	99	Sodium nitroprusside	
Sabril	131	Siterone	79	Cardiovascular.....	56
Sacubitril with valsartan.....	45	Slow-Lopresor	48	Optional Pharmaceuticals.....	300
SalAir.....	248	Smith BioMed Rapid Pregnancy		Sodium phenylbutyrate.....	21
Salazopyrin.....	7	Test.....	300	Sodium phosphate with phosphoric	
Salazopyrin EN.....	7	Snake antivenom.....	261	acid.....	16
Salbutamol.....	248	Sodibic.....	43	Sodium picosulfate	16
Salbutamol with ipratropium		Sodium acetate.....	41	Sodium polystyrene sulphonate	43
bromide.....	246	Sodium acid phosphate.....	42	Sodium stibogluconate	102
Salicylic acid.....	269	Sodium alginate with magnesium		Sodium tetradecyl sulphate	34
Salmeterol	249	alginate.....	5	Sodium thiosulfate	260
Salmonella typhi vaccine.....	294	Sodium alginate with sodium		Sodium valproate.....	130
Sandimmun	168	bicarbonate and calcium		Sodium with potassium.....	267
		carbonate.....	5	Solifenacin succinate.....	78

INDEX: Generic Chemicals and Brands

Solifenacin Viatrix.....	78	Sylvant.....	224	Tetracaine [Amethocaine] hydrochloride Nervous.....	123
Solu-Cortef.....	81	Symbicort Turbuhaler.....	249	Sensory.....	256
Solu-Medrol.....	81	Symmetrel.....	119	Tetracosactide [Tetracosactrin].....	83
Solu-Medrol Act-O-Vial.....	81	Sympathomimetics.....	54	Tetracosactrin.....	83
Somatropin.....	83	Synacthen.....	83	Tetracycline.....	95
Sotalol.....	48	Synacthen Depot.....	83	Teva Lisinopril.....	44
Soya oil.....	260	Synflorix.....	293	Thalidomide.....	156
Spacer device.....	300	Syntometrine.....	76	Thalomid.....	156
Span-K.....	43	Syrup.....	270	Theobroma oil.....	270
Spazmol.....	7	Systane Unit Dose.....	259	Theophylline.....	250
Specialised Formulas.....	278	- T -			
Spinal Muscular Atrophy.....	141	Tacrolimus		Thiamine hydrochloride.....	27
Spinraza.....	141	Dermatological.....	73	Thiamine multichem.....	27
Spiolto Respimat.....	246	Oncology.....	168	Thioguanine.....	151
Spiractin.....	51	Tacrolimus Sandoz.....	168	Thiopental [Thiopentone] sodium.....	121
Spiramycin.....	102	Tagitol V.....	263	Thiopentone.....	121
Spiriva.....	246	Talc.....	252	Thiotepa.....	148
Spiriva Respimat.....	246	Taliglucerase alfa.....	21	Thrombin.....	34
Spiroglactone.....	51	Tambacor.....	46	Thyroid and Antithyroid Preparations.....	87
Sprycel.....	157	Tamoxifen citrate.....	167	Thyrotropin alfa.....	83
Standard Feeds.....	287	Tamoxifen Sandoz.....	167	Ticagrelor.....	38
Starch.....	270	Tamsulosin hydrochloride.....	77	Ticagrelor Sandoz.....	38
Stavudine.....	104	Tamsulosin-Rex.....	77	Ticarcillin with clavulanic acid.....	94
Stelara.....	231	Targocid.....	96	Ticlopidine.....	39
Sterculia with frangula.....	15	Tasigna.....	160	Tigecycline.....	95
SteroClear.....	245	Tasmar.....	120	Tilcotil.....	118
Stesolid.....	128	Taurine.....	22	Timolol.....	257
Stimulants / ADHD Treatments.....	142	Tecentriq.....	234	Tiotropium bromide.....	246
Stiripentol.....	130	Tecfidera.....	138	Tiotropium bromide with olodaterol.....	246
Stocrin.....	103	Tegretol.....	128	Tivicay.....	105
Streptomycin sulphate.....	89	Tegretol CR.....	128	Tixagevimab with cilgavimab.....	225
Stromectol.....	101	Tecoplanin.....	96	TMP.....	96
Sucralfate.....	8	Temaccord.....	155	Tobradex.....	253
Sucrose.....	124	Temazepam.....	141	Tobramycin	
Sugammadex.....	117	Temozolomide.....	155	Infections.....	89
Sugammadex BNM.....	117	Tenecteplase.....	39	Sensory.....	253
Sulfadiazine silver.....	68	Tenofovir disoproxil.....	106	Tobramycin BNM.....	89
Sulfasalazine.....	7	Tenofovir Disoproxil Emtricitabine Viatr.....	107	Tobrex.....	253
Sulindac.....	118	Tenofovir Disoproxil Viatrix.....	106	Tocilizumab.....	225
Sulphacetamide sodium.....	253	Tenoxicam.....	118	Tofranol.....	127
Sulphadiazine.....	96	Tensipine MR10.....	49	Tolcapone.....	120
Sulphur.....	270	Tepadina.....	148	Tolvaptan.....	51
Sulprix.....	133	Terazosin.....	46	Topamax.....	130
Sumagran.....	131	Terbinafine.....	99	Topical Products for Joint and Muscular Pain.....	118
Sumatriptan.....	131	Terbutaline.....	77	Topiramate.....	130
Sunitinib.....	162	Terbutaline sulphate.....	248	Topiramate Actavis.....	130
Sunitinib Pfizer.....	162	Teriflunomide.....	138	Torbay.....	55
Sunscreen, proprietary.....	73	Teriparatide.....	114	Tracrium.....	116
Suprane.....	120	Teriparatide - Teva.....	114	Tramadol hydrochloride.....	126
Surgical Preparations.....	266	Terlipressin.....	88	Tramal 100.....	126
Survimed OPD.....	280	Testosterone.....	79	Tramal 50.....	126
Sustagen Hospital Formula (Chocolate).....	288	Testosterone cipionate.....	79		
Sustagen Hospital Formula (Vanilla).....	288	Testosterone esters.....	79		
Suxamethonium chloride.....	117	Testosterone undecanoate.....	79		
		Tetrabenazine.....	119		

- Y -

Yellow jacket wasp venom 244

- Z -

Zanamivir 108
Zapril 44
Zarontin 129
Zavedos 149
Zeffix 106
Zematop 73
Zetlam 106
Ziagen 103
Zidovudine [AZT] 104
Zidovudine [AZT] with
 lamivudine 104
Ziextenzo 40
Zimye 54
Zinc
 Alimentary 24
 Dermatological 69
Zinc and castor oil 70
Zinc chloride 25
Zinc oxide 270
Zinc sulphate 25
Zinc with wool fat 70
Zincaps 25
Zinforo 91
Ziprasidone 134
Zista 245
Zithromax 91
Zoladex 83
Zoledronic acid
 Hormone Preparations 80
 Musculoskeletal 113
Zoledronic acid Viatrix
 Hormone Preparations 80
 Musculoskeletal 113
Zopiclone 141
Zostrix 118
Zostrix HP 123
Zuclopenthixol acetate 134
Zuclopenthixol decanoate 136
Zuclopenthixol hydrochloride 134
Zusdone 134
Zyban 145
Zypine 134
Zypine ODT 134
Zyprexa Relprevv 135
Zytiga 165
Zyvox 96

