The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

First edition effective 1 July 2013
New Zealand Pharmaceutical Schedule
## Anatomical Heading

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMICAL A</td>
<td>10.00</td>
<td>100</td>
<td>Brand A</td>
</tr>
<tr>
<td>CHEMICAL B</td>
<td>1,589.00</td>
<td>1</td>
<td>Brand B1 (Brand B2)</td>
</tr>
<tr>
<td>CHEMICAL C</td>
<td>15.00</td>
<td>28</td>
<td>Brand C</td>
</tr>
<tr>
<td>CHEMICAL D</td>
<td>38.65</td>
<td>500</td>
<td>Brand D (Brand E)</td>
</tr>
</tbody>
</table>

### Therapeutic Heading

**Chemical A**
- Presentation A: 10.00
- **Restricted**: Only for use in children under 12 years of age

**Chemical B**
- Presentation B1: 1,589.00
- Presentation B2
- **Restricted**: Oncologist or haematologist

**Chemical C**
- Presentation C: 15.00
  - **-1% DV Limit Jan-12 to 2014**

**Chemical D**
- Presentation D: 38.65
  - **-1% DV Limit Mar-13 to 2014**
- **Restricted**: Limited to five weeks’ treatment
  - 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.

**Chemical E**
- Presentation E

*Restriction:
Products with Hospital Supply Status (HSS) are in **bold**
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Kia ora and welcome to the first edition of a national prescribing list for New Zealand public hospitals – the Hospital Medicines List (the HML), Section H for Hospital Pharmaceuticals.

PHARMAC has developed the HML in response to Government’s policy to nationally fund DHB-prescribed medicines and provide access to the same hospital medicines for all New Zealanders, wherever they are being treated.

The list is designed to meet clinical needs. It’s built with standard practice of DHBs in mind. The sector has worked hard with us to get the details right and we’re grateful for that input.

The rules and new exception processes are designed to ensure PHARMAC can keep responding to clinical needs and feedback. We are ready to respond quickly to how things actually work on the ground as DHBs transition to full use of the HML for all prescribing.

We know there will be things that won’t seem perfect to start with. Some items may have been missed, and we need to work through that together with DHBs. We have already made changes in response to feedback on the first lists we published. In emergency or urgent situations, the clinically appropriate action should always be taken. We need you to let us know if that happens.

The HML, and its various updates, are available on the printed page, as a pdf and soon as an interactive online tool. We’re also moving as fast as possible to integrate the information into DHB IT systems.

We need to hear how things are working for you. Please contact us with any questions or feedback. Our details are on the previous page.

Thanks to everyone who has helped get the list to this stage. I look forward to working with you to offer New Zealanders nationally consistent access to DHB hospital pharmaceuticals.

Steffan Crausaz
Chief Executive
Introducing PHARMAC

PHARMAC, the Pharmaceutical Management Agency, is a Crown entity established pursuant to the New Zealand Public Health and Disability Act 2000 (The Act). The primary objective of PHARMAC is 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.

The PHARMAC Board consists of up to six members appointed by the Minister of Health. All decisions relating to PHARMAC’s operation are made by or under the authority of the Board. More information on the Board can be found at www.pharmac.govt.nz

The functions of PHARMAC are to perform, within the amount of funding provided to it in the Pharmaceutical Budget or to DHBs from their own budgets for the use of pharmaceuticals in their hospitals, as applicable, and in accordance with its annual plan and any directions given by the Minister (Section 103 of the Crown Entities Act)

Decision Criteria

PHARMAC takes into account the following criteria when considering amendments to the Schedule:

a) the health needs of all eligible people within New Zealand;
b) the particular health needs of Maori and Pacific peoples;
c) the availability and suitability of existing medicines, therapeutic medical devices and related products and related things;
d) the clinical benefits and risks of pharmaceuticals;
e) the cost-effectiveness of meeting health needs by funding pharmaceuticals rather than using other publicly funded health and disability support services;
f) the budgetary impact (in terms of the pharmaceutical budget and the Government’s overall health budget) of any changes to the Schedule;
g) the direct cost to health service users;
h) the Government’s priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC’s Funding Agreement, or elsewhere; and
i) such other criteria as PHARMAC thinks fit. PHARMAC will carry out appropriate consultation when it intends to take any such “other criteria” into account.

Copies of PHARMAC’s Operating Policies and Procedures and of any applicable supplements are available on the PHARMAC website (www.pharmac.govt.nz), or on request.

PHARMAC’s clinical advisors

Pharmacology and Therapeutics Advisory Committee (PTAC)

PHARMAC works closely with the Pharmacology and Therapeutics Advisory Committee (PTAC), an expert medical committee which provides independent advice to PHARMAC on health needs and the clinical benefits of particular pharmaceuticals for use in the community and/or in DHB Hospitals. The chair of PTAC sits with the PHARMAC Board in an advisory capacity.

Contact PTAC C/-PTAC Secretary, Pharmaceutical Management Agency, PO Box 10 254, WELLINGTON 6143, Email: PTAC@pharmac.govt.nz

PTAC Subcommittees

PTAC has subcommittees from which it can seek specialist advice in relation to funding applications. PTAC may seek advice from one or more subcommittees in relation to a funding application, or may make recommendations to PHARMAC without seeking the advice of a subcommittee:

- Analgesic Subcommittee
- Anti-Infective Subcommittee
- Cancer Treatments Subcommittee
- Cardiovascular Subcommittee
- Dermatology Subcommittee
- Diabetes Subcommittee
- Endocrinology Subcommittee
- Gastrointestinal Subcommittee
- Haematology Subcommittee
- Hospital Pharmaceuticals Subcommittee
- Immunisation Subcommittee
- Mental Health Subcommittee
- Neurological Subcommittee
- Ophthalmology Subcommittee
- Pulmonary Arterial Hypertension Subcommittee
- Reproductive and Sexual Health Subcommittee
- Respiratory Subcommittee
- Rheumatology Subcommittee
- Special Foods Subcommittee
- Transplant Immunosuppressants Subcommittee
PTAC also has a Tender Medical Evaluation Subcommittee to provide advice on clinical matters relating to PHARMAC’s annual multi-product tender and other purchasing strategies.

Current membership of PTAC’s subcommittees can be found on PHARMAC’s website: http://www.pharmac.health.nz/about/committees/ptac

**Named Patient Pharmaceutical Assessment policy**

Named Patient Pharmaceutical Assessment (NPPA) provides a mechanism for individual patients to apply for funding for medicines not listed in the Pharmaceutical Schedule (either at all or for their clinical circumstances). PHARMAC will assess applications that meet the prerequisites according to its Decision Criteria before deciding whether to approve applications for funding. The Decision Criteria will be used to assess both the individual clinical circumstances of each NPPA applicant, and the implications of each NPPA funding decision on PHARMAC’s ability to carry out its legislative functions.

For more information on NPPA, or to apply, visit the PHARMAC website at http://www.pharmac.health.nz/tools-resources/forms/named-patient-pharmaceutical-assessment-nppa-forms, or call the Panel Coordinators at (04) 9167553 or (04) 9167521.

**The Pharmaceutical Schedule**

The purpose of the Schedule is to list:

- the Community Pharmaceuticals that are subsidised by the Government and to show the amount of the subsidy paid to contractors, as well as the manufacturer’s price and any access conditions that may apply;
- the Hospital Pharmaceuticals that may be used in DHB Hospitals, as well as any access conditions that may apply; and
- the Pharmaceuticals used in DHB Hospitals for which national prices have been negotiated by PHARMAC.

The purpose of the Schedule is not to show the final cost to Government of subsidising each Community Pharmaceutical or to DHBs in purchasing each Hospital Pharmaceutical since that will depend on any rebate and other arrangements PHARMAC has with the supplier and, for some Hospital Pharmaceuticals, on any logistics arrangements put in place by individual DHB Hospitals.

**Finding Information in Section H**

Section H lists Pharmaceuticals that can be used in DHB Hospitals, and is split into the following parts:

- Part I lists the rules in relation to use of Pharmaceuticals by DHB Hospitals.
- Part II lists Hospital Pharmaceuticals that are funded for use in DHB Hospitals. These are classified based on the Anatomical Therapeutic Chemical (ATC) system used for Community Pharmaceuticals. It also provides information on any national contracts that exist, and an indication of which products have Hospital Supply Status (HSS).
- Part III lists Optional Pharmaceuticals for which national contracts exist, and DHB Hospitals may choose to fund. These are listed alphabetically by generic chemical entity name and line item, the relevant Price negotiated by PHARMAC and, if applicable, an indication of whether it has Hospital Supply Status (HSS) and any associated Discretionary Variance Limit (DV Limit).

The index located at the back of the Section H can be used to find page numbers for generic chemical entities, or product brand names, for Hospital Pharmaceuticals.

The listings are displayed alphabetically (where practical) within each level of the classification system. Each anatomical section contains a series of therapeutic headings, some of which may contain a further classification level.

Community Pharmaceuticals are listed in a separate publication with Sections A to I (excluding Section H).
Glossary

Units of Measure
gram g  microgram mcg  millimole mmol
kilogram kg  milligram mg  unit u
international units iu  millilitre ml

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

HSS  Hospital Supply Status (Refer to Rule 20)
INTRODUCTION

Section H contains general rules that apply, and other information relating, to Hospital Pharmaceuticals and Optional Pharmaceuticals.

Where relevant, Section H shows the Price at which a Pharmaceutical can be purchased directly from the pharmaceutical supplier by DHBs, providers of logistics services, wholesalers or other such distributors, or Contract Manufacturers. The Price is determined via contractual arrangements between PHARMAC and the relevant pharmaceutical supplier. Where a Pharmaceutical is listed in Part II of Section H, but no Price and/or brand of Pharmaceutical is indicated, each DHB may purchase any brand and/or pay the price that the DHB negotiates with the relevant pharmaceutical supplier.

As required by section 23(7) of the Act, in performing any of its functions in relation to the supply of Pharmaceuticals, a DHB must not act inconsistently with the Pharmaceutical Schedule.

INTERPRETATION AND DEFINITIONS

1 Interpretations and Definitions

1.1 In this Schedule, unless the context otherwise requires:


“Combined Pharmaceutical Budget” means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals and Pharmaceutical Cancer Treatments including for named patients in exceptional circumstances.

“Community” means any setting outside of a DHB Hospital.

“Community Pharmaceutical” means a Pharmaceutical listed in Sections A to G or I of the Pharmaceutical Schedule that is subsidised by the Funder from the Combined Pharmaceutical Budget and, for the purposes of this Section H, includes Pharmaceutical Cancer Treatments (PCTs).

“Contract Manufacturer” means a manufacturer or a supplier that is a party to a contract with the relevant DHB Hospital to compound Pharmaceuticals, on request from that DHB Hospital.

“Designated Delivery Point” means at a DHB Hospital’s discretion:

a) a delivery point agreed between a pharmaceutical supplier and the relevant DHB Hospital, to which delivery point that pharmaceutical supplier must supply a National Contract Pharmaceutical directly at the Price; and/or

b) any delivery point designated by the relevant DHB Hospital or PHARMAC, such delivery point being within 30 km of the relevant pharmaceutical supplier’s national distribution centre.

“DHB” means an organisation established as a District Health Board by or under Section 19 of the Act.

“DHB Hospital” means a hospital (including community trust hospitals) and/or an associated health service that is funded by a DHB including (but not limited to) district nursing services and child dental services.

“DV Limit” means, for a particular National Contract Pharmaceutical with HSS, the National DV Limit or the Individual DV Limit.

“DV Pharmaceutical” means a discretionary variance Pharmaceutical that does not have HSS but is used in place of one that does. Usually this means it is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant National Contract Pharmaceutical with HSS. Where this is not the case, a note will be included with the listing of the relevant Hospital Pharmaceutical.

“Extemporaneously Compounded Product” means a Pharmaceutical that is compounded from two or more Pharmaceuticals, for the purposes of reconstitution, dilution or otherwise.

“First Transition Period” means the period of time after notification that a Pharmaceutical has been awarded HSS and before HSS is implemented.

“Funder” means the body or bodies responsible, pursuant to the Act, for the funding of Pharmaceuticals listed on the Schedule (which may be one or more DHBs and/or the Ministry of Health) and their successors.

“Give” means to administer, provide or dispense a Pharmaceutical, or to arrange for the administration, provision or dispensing of a Pharmaceutical, and “Given” has a corresponding meaning.

“Hospital Pharmaceuticals” means the list of Pharmaceuticals set out in Section H Part II of the Schedule which includes some National Contract Pharmaceuticals.

“HSS” stands for hospital supply status, which means the status of being the brand of the relevant National Contract Pharmaceutical that DHBs are obliged to purchase, subject to any DV Limit, for the period of hospital...
supply, as awarded under an agreement between PHARMAC and the relevant pharmaceutical supplier. Pharmaceuticals with HSS are listed in Section H in bold text.

“Indication Restriction” means a limitation placed by PHARMAC on the funding of a Hospital Pharmaceutical which restricts funding to treatment of particular clinical circumstances.

“Individual DV Limit” means, for a particular National Contract Pharmaceutical with HSS and a particular DHB Hospital, the discretionary variance limit, being the specified percentage of that DHB Hospital’s Total Market Volume up to which that DHB Hospital may purchase DV Pharmaceuticals of that National Contract Pharmaceutical.

“Local Restriction” means a restriction on the use of Pharmaceutical in specific DHB Hospitals on the basis of prescriber type that is implemented by the relevant DHB in accordance with rule 7.

“Medical Device” has the meaning set out in the Medicines Act 1981.

“Named Patient Pharmaceutical Assessment Advisory Panel” means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for advising PHARMAC, in accordance with its Terms of Reference, on Named Patient Pharmaceutical Assessment applications and any Exceptional Circumstances renewal applications submitted after 1 March 2012.

“National Contract Pharmaceutical” means a brand of Pharmaceutical listed in Section H, where PHARMAC has entered into contractual arrangements with the relevant pharmaceutical supplier that specify the terms and conditions of listing, including the Price. Such Pharmaceuticals are recognisable in Section H because the relevant listing identifies the brand and Price.

“National DV Limit” means, for a particular National Contract Pharmaceutical with HSS, the discretionary variance limit, being the specified percentage of the Total Market Volume up to which all DHB Hospitals may collectively purchase DV Pharmaceuticals of that National Contract Pharmaceutical.

“Optional Pharmaceuticals” means the list of National Contract Pharmaceuticals set out in Section H Part III of the Schedule.

“PHARMAC” means the Pharmaceutical Management Agency established by Section 46 of the Act.

“Pharmacode” means the six or seven digit identifier assigned to a Pharmaceutical by the Pharmacy Guild following application from a pharmaceutical supplier.

“Pharmaceutical” means a medicine, therapeutic medical device, or related product or related thing listed in Sections B to I of the Schedule.

“Pharmaceutical Cancer Treatment” means Pharmaceuticals for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a “PCT” or “PCT only” Pharmaceutical that DHBs must fund for use in their DHB hospitals, and/or in association with outpatient services provided by their DHB Hospitals, in relation to the treatment of cancers.

“Prescriber Restriction” means a restriction placed by PHARMAC on the funding of a Pharmaceutical on the basis of prescriber type (and where relevant in these rules, includes a Local Restriction).

“Price” means the standard national price for a National Contract Pharmaceutical, and, unless agreed otherwise between PHARMAC and the pharmaceutical supplier, includes any costs associated with the supply of the National Contract Pharmaceutical to, at a DHB Hospital’s discretion, any Designated Delivery Point, or to a Contract Manufacturer (expressly for the purpose of compounding), but does not include the effect of any rebates which may have been negotiated between PHARMAC and the pharmaceutical supplier.

“Restriction” means a limitation, put in place by PHARMAC or a DHB, restricting the funding of a Pharmaceutical and includes Indication Restrictions, Local Restrictions and Prescriber Restrictions (as defined in this Part I of Section H).

“Schedule” means this Pharmaceutical Schedule and all its sections and appendices.

“Special Authority Approval” means an approval for funding of a Community Pharmaceutical that is marked in Sections B-G of the Schedule as being subject to a Special Authority restriction.

“Total Market Volume” means, for a particular Hospital Pharmaceutical with HSS in any given period, in accordance with the data available to PHARMAC, the sum of:

a) the total number of Units of the relevant Hospital Pharmaceutical with HSS purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit; and

b) the total number of Units of all the relevant DV Pharmaceuticals purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit.
“Unapproved Indication” means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981. Clinicians prescribing Pharmaceuticals for Unapproved Indications should be aware of, and comply with, their obligations under Section 25 and/or Section 29 of the Medicines Act 1981 and as set out in rule 23.

“Unit” means an individual unit of a Pharmaceutical (e.g. a tablet, 1 ml of an oral liquid, an ampoule or a syringe).

“Unlisted Pharmaceutical” means a Pharmaceutical that is within the scope of a Hospital Pharmaceutical, but is not listed in Section H Part II.

1.2 In addition to the above interpretations and definitions, unless the content requires otherwise, a reference in the Schedule to:
   a) the singular includes the plural; and
   b) any legislation includes a modification and re-enactment of, legislation enacted in substitution for, and a regulation, Order in Council, and other instrument from time to time issued or made under, that legislation.

HOSPITAL SUPPLY OF PHARMACEUTICALS

2 Hospital Pharmaceuticals

2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals:

a) Medical Devices;
b) whole or fractionated blood products;
c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
d) disinfectants and sterilising products, except those that are to be used in or on a patient;
e) foods and probiotics;
f) radioactive materials;
g) medical gases; and
h) parenteral nutrition.

Subject to rule 2.2, the funding of pharmaceuticals identified in a) – h) above is a decision for individual DHB Hospitals.

2.2 Section H Part III lists Optional Pharmaceuticals that PHARMAC and the relevant pharmaceutical supplier have entered into contractual arrangements for the purchase of, including an agreement on a national price and other obligations such as HSS. DHB Hospitals may choose whether or not to fund the Optional Pharmaceuticals listed in Part III of Section H, but if they do, they must comply with any National Contract obligations.

2.3 Section H Part II does not encompass the provision of pharmaceutical treatments for DHB Hospital staff as part of an occupational health and safety programme. DHB Hospitals may choose whether or not to fund pharmaceutical treatments for such use, but if they do, they must comply with any National Contract obligations.

3 DHB Supply Obligations

3.1 In accordance with section 23(7) of the Act, in performing any of its functions in relation to the supply of pharmaceuticals, a DHB must not act inconsistently with the Pharmaceutical Schedule, which includes these General Rules.

3.2 DHB Hospitals are not required to hold stock of every Hospital Pharmaceutical listed in Section H Part II, but they must Give it within a reasonable time if it is prescribed.

3.3 DHB Hospitals are able to hold stock of an Unlisted Pharmaceutical if doing so is considered necessary for the DHB Hospital to be able to Give the Unlisted Pharmaceutical in a timely manner under rules 11-17 inclusive.

3.4 Except where permitted in accordance with rule 11, DHBs must not Give:

a) an Unlisted Pharmaceutical; or
b) a Hospital Pharmaceutical outside of any relevant Restrictions.
4 Funding
4.1 The purchase costs of Hospital Pharmaceuticals or Optional Pharmaceuticals administered, provided or dispensed by DHB Hospitals must be funded by the relevant DHB Hospital from its own budget, with the exception of:
   a) Pharmaceutical Cancer Treatments;
   b) Community Pharmaceuticals that have been brought to the DHB hospital by the patient who is being treated by outpatient Services or who is admitted as an inpatient;
   c) Community Pharmaceuticals that have been dispensed to a mental health day clinic under a Practitioner’s Supply Order; and
   d) Unlisted Pharmaceutical that have been brought to the DHB Hospital by the patient who is admitted as an inpatient.
4.2 For the avoidance of doubt, Pharmaceutical Cancer Treatments and Community Pharmaceuticals are funded through the Combined Pharmaceutical Budget, and Unlisted Pharmaceuticals are funded by the patient.

LIMITS ON SUPPLY

5 Prescriber Restrictions
5.1 A DHB Hospital may only Give a Hospital Pharmaceutical that has a Prescriber Restriction if it is prescribed:
   a) by a clinician of the type specified in the restriction for that Pharmaceutical or, subject to rule 5.2, pursuant to a recommendation from such a clinician;
   b) in accordance with a protocol or guideline that has been endorsed by the DHB Hospital; or
   c) in an emergency situation, provided that the prescriber has made reasonable attempts to comply with rule 5.1(a) above. If on-going treatment is required (i.e. beyond 24 hours) subsequent prescribing must comply with rule 5.1(a).
5.2 Where a Hospital Pharmaceutical is prescribed pursuant to a recommendation from a clinician of the type specified in the restriction for that Pharmaceutical:
   a) the prescriber must consult with a clinician of the type specified in the restriction for that Pharmaceutical; and
   b) the consultation must relate to the patient for whom the prescription is written; and
   c) the consultation may be in person, by telephone, letter, facsimile or email; and
   d) appropriate records are kept of the consultation, including recording the name of the advising clinician on the prescription/chart.
5.3 Where a clinician is working under supervision of a consultant who is of the type specified in the restriction for that Pharmaceutical, the requirements of rule 5.2 can be deemed to have been met.

6 Indication Restrictions
6.1 A DHB Hospital may only Give a Hospital Pharmaceutical that has an Indication Restriction, if it is prescribed for treatment of a patient with the particular clinical circumstances set out in the Indication Restriction.
6.2 If a patient has a current Special Authority Approval for the Hospital Pharmaceutical that the DHB Hospital wishes to Give, then the Indication Restriction is deemed to have been met.
6.3 If a Hospital Pharmaceutical has an Indication Restriction that is “for continuation only” then the DHB Hospital should only Give the Hospital Pharmaceutical where:
   a) the patient has been treated with the Pharmaceutical in the Community; or
   b) the patient is unable to be treated with an alternative Hospital Pharmaceutical, and the prescriber has explained to the patient that the Pharmaceutical is not fully subsidised in the Community.

7 Local Restrictions
7.1 A DHB Hospital may implement a Local Restriction, provided that:
   a) in doing so, it ensures that the Local Restriction does not unreasonably limit funded access to the Hospital Pharmaceutical or undermine PHARMAC’s decision that the Hospital Pharmaceutical must be funded;
   b) it provides PHARMAC with details of each Local Restriction that it implements; and
7.2 PHARMAC may, when it considers that a Local Restriction does not conform to rule 7.1 above, require a DHB to amend or remove that Local Restriction.

8 Community use of Hospital Pharmaceuticals
8.1 Except where otherwise specified in Section H, DHB Hospitals can Give any Hospital Pharmaceutical to a patient for use in the Community, provided that:
   a) the quantity does not exceed that sufficient for up to 30 days’ treatment, unless:
GENERAL RULES

i) it would be inappropriate to provide less than the amount in an original pack; or
ii) the relevant DHB Hospital has a Dispensing for Discharge Policy and the quantity dispensed is in
    accordance with that policy; and
b) the Hospital Pharmaceutical is supplied consistent with any applicable Restrictions.

9 Community use of Medical Devices

9.1 Subject to rules 9.2 and 9.3, DHB Hospitals may Give a Medical Device for patients for use in the Community.

9.2 Where a Medical Device (or a similar Medical Device) is a Community Pharmaceutical, the DHB Hospital must
    supply:
    a) the brand of Medical Device that is listed in Sections A-G of the Schedule; and
    b) only to patients who meet the funding eligibility criteria set out in Sections A-G of the Schedule.

9.3 Where a DHB Hospital has supplied a Medical Device to a patient; and
    a) that Medical Device (or a similar Medical Device) is subsequently listed in Sections A-G of the Schedule; and
    b) the patient would not meet any funding eligibility criteria for the Medical Device set out in Sections A-G of
        the Schedule; and
    c) the Medical Device has consumable components that need to be replaced throughout its usable life; then
        DHB Hospitals may continue to fund consumable products for that patient until the end of the usable life of
        the Medical Device. At the end of the usable life of the device, funding for a replacement device must be
        consistent with the Pharmaceutical Schedule and/or in accordance with the Named Patient Pharmaceutical
        Assessment policy.

9.4 DHB Hospitals may also continue to fund consumable products, as in rule 9.3 above, in situations where the DHB
    has been funding consumable products but where the Medical Device was funded by the patient.

10 Extemporaneous Compounding

10.1 A DHB Hospital may Give any Extemporaneously Compounded Product for a patient in its care, provided that:
    a) all of the component Pharmaceuticals of the Extemporaneously Compounded Product are Hospital
        Pharmaceuticals; and
    b) the Extemporaneously Compounded Product is supplied consistent with any applicable rules or
        Restrictions for its component Hospital Pharmaceuticals.

10.2 For the avoidance of doubt, this rule 10.1 applies to any Extemporaneously Compounded Product, whether it is
    manufactured by the DHB Hospital or by a Contract Manufacturer.

EXCEPTIONS

11 Named Patient Pharmaceutical Assessment

11.1 A DHB Hospitals may only Give:
    a) an Unlisted Pharmaceutical; or
    b) a Hospital Pharmaceutical outside of any relevant Restrictions,
    in accordance with the Named Patient Pharmaceutical Assessment Policy or rules 12 – 17 inclusive.

12 Continuation

12.1 Where a patient’s clinical circumstances have been stabilised via treatment in the Community with Pharmaceutical
    that has not been funded by the Funder, and that patient is admitted to hospital as an inpatient, a DHB Hospital
    may fund that Pharmaceutical for the duration of the patient’s stay, where:
    a) the patient has not brought (or cannot arrange to bring) the Pharmaceuticals to the DHB Hospital, or
        pharmacy staff consider that the Pharmaceuticals brought to the DHB Hospital by the patient cannot be
        used; and
    b) interrupted or delayed treatment would have significant adverse clinical consequences; and
    c) it is not considered appropriate to switch treatment to a Hospital Pharmaceutical.

13 Pre-Existing Use

13.1 Subject to 13.2, where a DHB Hospital has Given a Pharmaceutical for a patient prior to 1 July 2013, and the
    Pharmaceutical:
    a) is an Unlisted Pharmaceutical; or
    b) treatment of the patient would not comply with any relevant Restrictions;
    the DHB Hospital may continue to Give that Pharmaceutical if it is considered that there would be significant
adverse clinical consequences from ceasing or switching treatment.

13.2 Each DHB Hospital must, by no later than 1 October 2013, provide PHARMAC with a report on Pharmaceuticals it has Given in accordance with this rule 13 where treatment has continued beyond 1 August 2013.

14 Clinical Trials

DHB Hospitals may Give any Pharmaceutical that is funded by a third party and is being used:

14.1 as part of a clinical trial which has Ethics Committee approval; or

14.2 for on-going treatment of patients following the end of such a clinical trial.

15 Pharmaceutical Cancer Treatments in Paediatrics

DHB Hospitals may Give any Pharmaceutical for use within a paediatric oncology/haematology service for the treatment of cancer.

16 Other Government Funding

DHB Hospitals may Give any Pharmaceutical where funding for that Pharmaceutical has been specifically provided by a Government entity other than PHARMAC or a DHB.

17 Other Exceptions

17.1 PHARMAC may also approve the funding of a Pharmaceutical within a single DHB Hospital for information gathering purposes or otherwise related to PHARMAC’s decision-making process for considering additions to or amendments to the Pharmaceutical Schedule.

17.2 Funding approvals granted under rule 17.1 will be subject to specific limitations on use as determined appropriate by PHARMAC in each circumstance, in consultation with the relevant DHB Hospital and/or DHB.

18 Hospital Pharmaceutical Contracts

18.1 A DHB Hospital may enter into a contract for the purchase of any Pharmaceutical that it is entitled to fund in accordance with this Schedule H and that is not a National Contract Pharmaceutical, provided that such a contract:

a) does not oblige the relevant DHB Hospital to purchase a volume of that Pharmaceutical, if that Pharmaceutical is a DV Pharmaceutical, that is greater than the relevant DV Limit;

b) enables PHARMAC to access and use future price and volume data in respect of that Pharmaceutical; and

c) enables the relevant DHB Hospital to terminate the contract or relevant parts of the contract in order to give full effect to the national contract on no more than 3 months’ written notice to the pharmaceutical supplier.

18.2 From 1 July 2013, where a DHB Hospital has a pre-existing supply contract for a particular brand of chemical entity for which there is a National Contract Pharmaceutical, the DHB may continue purchasing the chemical entity in accordance with its pre-existing supply contract however:

a) from the day its pre-existing supply contract expires, that DHB Hospital is to purchase the relevant National Contract Pharmaceutical listed in Section H at the Price, and is to comply with any DV Limits for the National Contract Pharmaceutical where it has HSS;

b) if purchase of the relevant National Contract Pharmaceutical listed in Section H at the Price, where it has HSS, would not cause the relevant DHB Hospital to be in breach of its pre-existing supply contract for a particular brand of chemical entity; the DHB Hospital must purchase the National Contract Pharmaceutical.

18.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals must, unless PHARMAC expressly notifies otherwise:

a) take any steps available to them to terminate pre-existing contracts or relevant parts of such a contract, and

b) not to enter any new contracts or extend the period of any current contracts, for the supply of that National Contract Pharmaceutical or the relevant chemical entity.

19 National Contract Pharmaceuticals

19.1 DHB Hospitals must take all necessary steps to enable any contracts between PHARMAC and a pharmaceutical supplier in relation to National Contract Pharmaceuticals to be given full effect.

19.2 The contractual arrangement between PHARMAC and the relevant pharmaceutical supplier of a National Contract Pharmaceutical requires it to be made available by for purchase at the relevant Price by any or all of the following:

a) DHB Hospitals at Designated Delivery Points; and/or

b) Contract Manufacturers (expressly for the purpose of compounding).
20 Hospital Supply Status (HSS)

20.1 The DV Limit for any National Contract Pharmaceutical which has HSS is set out in the listing of the relevant National Contract Pharmaceutical in Section H, and may be amended from time to time.

20.2 If a National Contract Pharmaceutical is listed in Section H as having HSS, DHB Hospitals:
   a) are expected to use up any existing stocks of DV Pharmaceuticals during the First Transition Period;
   b) must not purchase DV Pharmaceuticals in volumes exceeding their usual requirements, or in volumes exceeding those which they reasonably expect to use, within the First Transition Period;
   c) must ensure that Contract Manufacturers, when manufacturing an Extemporaneously Compounded Product on their behalf, use the National Contract Pharmaceutical with HSS; and
   d) must purchase the National Contract Pharmaceutical with HSS except:
      i) to the extent that the DHB Hospital may use its discretion to purchase a DV Pharmaceutical within the DV Limit, provided that (subject to rule 20.2(d)(iii) below) the DV Limit has not been exceeded nationally;
      ii) if the pharmaceutical supplier fails to supply that National Contract Pharmaceutical, in which case the relevant DHB Hospital does not have to comply with the DV Limit for that National Contract Pharmaceutical during that period of non-supply (and any such month(s) included in a period of non-supply will be excluded in any review of the DV Limit in accordance with rule 20.3 below);
      iii) that where the DV Limit has been exceeded nationally, the DHB Hospital may negotiate with the pharmaceutical supplier that supplies the National Contract Pharmaceutical with HSS for written permission to vary the application of that DHB Hospital’s Individual DV Limit for any patient whose exceptional needs require a DV Pharmaceutical.

20.3 PHARMAC may, in its discretion, for any period or part period:
   a) review usage by DHB Hospitals of the National Contract Pharmaceutical and DV Pharmaceuticals to determine whether the DV Limit has been exceeded; and
   b) audit compliance by DHB Hospitals with the DV Limits and related requirements.

20.4 PHARMAC will address any issues of non-compliance by any individual DHB or DHB Hospital with a DV Limit by:
   a) obtaining the relevant DHB or DHB Hospital’s assurance that it will comply with the DV Limit for that National Contract Pharmaceutical with HSS in the remainder of the applicable period and any subsequent periods; and
   b) informing the relevant supplier of the HSS Pharmaceutical of any individual DHB or DHB Hospital’s non-compliance with the DV Limit for that HSS Pharmaceutical.

20.5 In addition to the steps taken by PHARMAC under rule 20.4 above to address any issues of non-compliance by any individual DHB or DHB Hospital with a DV Limit, the relevant pharmaceutical supplier may require, in its discretion, financial compensation from the relevant DHB or DHB Hospital:
   a) an amount representing that DHB or DHB Hospital’s contribution towards exceeding the DV Limit (where PHARMAC is able to quantify this based on the information available to it); or
   b) the sum of $1,000 or $5,000 (depending on the terms of the applicable national contract applying to the HSS Pharmaceutical), whichever is the greater as between sub-paragraphs (a) and (b) within the number of business days specified in the notice from the pharmaceutical supplier requiring such payment to be made.

21 Collection of rebates and payment of financial compensation

21.1 Following the receipt of any rebate from a pharmaceutical supplier in respect of a particular National Contract Pharmaceutical, PHARMAC will notify each relevant DHB and DHB Hospital of the amount of the rebate owing to it, being a portion of the total rebate determined by PHARMAC on the basis of that DHB Hospital’s usage of that National Contract Pharmaceutical, where this is able to be determined. Where data to determine individual DHB Hospitals’ usage is not available, PHARMAC will apportion rebates on the basis of an alternative method agreed between the relevant DHBs and PHARMAC.

21.2 PHARMAC will pay each DHB Hospital the rebate amounts (if any) owing to it, no less frequently than once each calendar quarter in respect of rebates received quarterly (or more often).

22 Price and Volume Data

22.1 DHB Hospitals must provide to PHARMAC, on a monthly basis in accordance with PHARMAC’s requirements, any volume data and, unless it would result in a breach of a pre-existing contract, price data held by those DHB Hospitals in respect of any Hospital Pharmaceuticals listed in Part II of Section H of the Schedule.
22.2 All price and volume data provided to PHARMAC under rule 22.1 above should identify the relevant Hospital Pharmaceutical by using a Pharmacode or some other unique numerical identifier, and the date (month and year) on which the DHB Hospital incurred a cost for the purchase of that Hospital Pharmaceutical. Volume is to be measured in units (that being the smallest possible whole Unit – e.g. a capsule, a vial, a millilitre etc).

**MISCELLANEOUS PROVISIONS**

23 **Unapproved Pharmaceuticals**

Prescribers should, where possible, prescribe Hospital Pharmaceuticals that are approved under the Medicines Act 1981. However, the funding criteria (including Restrictions) under which a Hospital Pharmaceutical is listed in Section H of the Schedule may:

23.1 in some cases, explicitly permit a DHB to fund a Pharmaceutical that is not approved under the Medicines Act 1981 or for an Unapproved Indication; or

23.2 not explicitly prohibit a DHB from funding a Pharmaceutical for use for an Unapproved Indication;

Accordingly, if clinicians are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication, they should:

23.3 be aware of and comply with their obligations under sections 25 and/or 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;

23.4 be aware of and comply with their obligations under the Health and Disability Commissioner’s Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that clinicians obtain written consent); and

23.5 exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication.

Clinicians should be aware that simply by listing a Pharmaceutical on the Pharmaceutical Schedule, PHARMAC makes no representations about whether that Pharmaceutical has any form of approval or consent under, or whether the supply or use of the Pharmaceutical otherwise complies with, the Medicines Act 1981. Further, the Pharmaceutical Schedule does not constitute an advertisement, advertising material or a medical advertisement as defined in the Medicines Act or otherwise.
PART II: ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**ANTACIDS AND ANTIFLATULENTS**

**Antacids and Reflux Barrier Agents**

- **ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE**
  - Oral liq 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg per 5 ml
  - Tab 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg
  - *(Mylanta)*

- **SIMETHICONE**
  - Oral drops 100 mg per ml

- **SODIUM ALGINATE WITH MAGNESIUM ALGINATE**
  - Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet
  - *(Gaviscon Infant)*

- **SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE**
  - Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml
  - Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg
  - 4.95 $ 500 ml
  - *(Acidex) Gaviscon Double Strength*

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

**Phosphate Binding Agents**

- **ALUMINIUM HYDROXIDE**
  - Tab 600 mg

- **CALCIUM CARBONATE**
  - Oral liq 250 mg per ml (100 mg elemental per ml)
  - 39.00 $ 500 ml
  - *(Roxane)*
  - **Restricted**
  - Only for use in children under 12 years of age for use as a phosphate binding agent

**ANTIDIARRHOEALS AND INTESTINAL ANTI-INFLAMMATORY AGENTS**

**Antipropulsives**

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

- **LOPERAMIDE HYDROCHLORIDE**
  - Cap 2 mg
  - Tab 2 mg
  - 8.95 $ 400
  - *(Diamide Relief)*
ALIMENTARY TRACT AND METABOLISM

Rectal and Colonic Anti-Inflammatories

BUDESONIDE

⇒ Cap 3 mg

Restricted

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).

Collagenous and lymphocytic colitis (microscopic colitis)

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

Gut Graft versus Host disease

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

HYDROCORTISONE ACETATE

Rectal foam 10% (14 applications) – 1% DV Jan-13 to 2015 ..... 25.30 21.1 g Colifoam

MESALAZINE

Tab 400 mg ................................................................. 49.50 100 Asacol
Tab EC 500 mg ................................................................. 49.50 100 Asamax
Tab long-acting 500 mg .................................................. 59.05 100 Pentasa
Suppos 500 mg – 1% DV Sep-11 to 2014 .......................... 22.80 20 Asacol
Suppos 1 g ................................................................. 50.96 28 Pentasa
Enema 1 g per 100 ml – 1% DV Sep-12 to 2015 ................. 44.12 7 Pentasa

OLSALAZINE

Cap 250 mg
Tab 500 mg

SODIUM CROMOGLYCATE

Cap 100 mg

SULPHASALAZINE

Tab 500 mg ................................................................. 11.68 100 Salazopyrin
Tab EC 500 mg ................................................................. 12.89 100 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

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
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<table>
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<tr>
<th>FLUCORTOLONE CAPROATE WITH FLUCORTOLONE PIVALATE AND CINCHOCaine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g</td>
</tr>
<tr>
<td>Suppos 630 mcg with fluocortolone pivalate 610 mcg and cinchocaine hydrochloride 1 mg</td>
</tr>
</tbody>
</table>

#### Management of Anal Fissures

**GLYCERYL TRINITRATE**
- Oint 0.2% | 22.00 | 30 g | Rectogesic

#### Rectal Sclerosants

**OILY PHENOL**
- Inj 5%, 5 ml vial

#### ANTISPASMODICS AND OTHER AGENTS ALTERING GUT MOTILITY

**GLYCOPYRRONIUM BROMIDE**
- Inj 0.2 mg per ml, 1 ml ampoule

**HYOSCINE BUTYLBROMIDE**
- Inj 20 mg, 1 ml ampoule – 1% DV Nov-11 to 2014 | 9.57 | 5 | Buscopan
- Tab 10 mg – 1% DV Sep-11 to 2014 | 1.48 | 20 | Gastrosoothe

**MEBEVERINE HYDROCHLORIDE**
- Tab 135 mg – 1% DV Sep-11 to 2014 | 18.00 | 90 | Colofac

#### ANTIULCERANTS

### Antisecretory and Cytoprotective

**MISOPROSTOL**
- Tab 200 mcg

### H2 Antagonists

**CIMETIDINE**
- Tab 200 mg
- Tab 400 mg

**RANITIDINE**
- Tab 150 mg – 1% DV Sep-11 to 2014 | 6.79 | 250 | Arrow-Ranitidine
- Tab 300 mg – 1% DV Sep-11 to 2014 | 9.34 | 250 | Arrow-Ranitidine
- Oral liq 150 mg per 10 ml – 1% DV Sep-11 to 2014 | 5.92 | 300 ml | Peptisoothe
- Inj 25 mg per ml, 2 ml ampoule | 8.75 | 5 | Zantac

#### Proton Pump Inhibitors

**LANSOPRAZOLE**
- Cap 15 mg – 1% DV Jan-13 to 2015 | 2.00 | 28 | Solox
- Cap 30 mg – 1% DV Jan-13 to 2015 | 2.32 | 28 | Solox
ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**OMEPRAZOLE**
- Cap 10 mg – 1% DV Oct-11 to 2014 ............................................... 2.91 90 Omezol Relief
- Cap 20 mg – 1% DV Oct-11 to 2014 ............................................... 3.78 90 Omezol Relief
- Cap 40 mg – 1% DV Oct-11 to 2014 ............................................... 5.57 90 Omezol Relief
- Powder for oral liq – 1% DV Sep-11 to 2014 ............................ 42.50 5 g Midwest
- Inj 40 mg ampoule with diluent – 1% DV Sep-11 to 2014 .......... 28.65 5 Dr Reddy’s Omeprazole
- Inj 40 mg ampoule – 1% DV Sep-11 to 2014 ............................... 19.00 5 Dr Reddy’s Omeprazole

- Tab dispersible 20 mg
  Restricted
  Only for use in tube-fed patients

**PANTOPRAZOLE**
- Tab 20 mg ................................................................. 1.23 28 Dr Reddy’s Pantoprazole
- Tab 40 mg ................................................................. 1.54 28 Dr Reddy’s Pantoprazole
- Inj 40 mg vial

**Site Protective Agents**

**BISMUTH TRIOXIDE**
- Tab 120 mg ................................................................. 32.50 112 De-Nol

**SUCRALFATE**
- Tab 1 g

**BILE AND LIVER THERAPY**

**L-ORNITHINE L-ASPARTATE**
- Grans for oral liquid 3 g
  Restricted
  For patients with chronic hepatic encephalopathy who have not responded to treatment with, or are intolerant to lactulose, or where lactulose is contraindicated.

**DIABETES**

**Alpha Glucosidase Inhibitors**

**ACARBOSE**
- Tab 50 mg – 1% DV Dec-12 to 2015 ........................................... 9.82 90 Accarb
- Tab 100 mg – 1% DV Dec-12 to 2015 ......................................... 15.83 90 Accarb

**Hyperglycaemic Agents**

**DIAZOXIDE**
- Cap 25 mg ................................................................. 110.00 100 Proglicem
- Cap 100 mg ................................................................. 280.00 100 Proglicem

Restricted
For patients with confirmed hypoglycaemia caused by hyperinsulinism
## ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**GLUCAGON HYDROCHLORIDE**

- Inj 1 mg syringe kit .................................................. $32.00 1 Glucagen Hypokit

**GLUCOSE**

- Gel 40%
- Tab 3.1 mg
- Tab 1.5 g

**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

**INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE**

- Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge ....................................................... $52.15 5 Humalog Mix 25
- Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge ....................................................... $52.15 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, 10 ml vial ............................................... $63.00 1 Lantus
- Inj 100 u per ml, 3 ml cartridge ......................................... $94.50 5 Lantus
- Inj 100 u per ml, 3 ml disposable pen .................................. $94.50 5 Lantus SoloStar

### Insulin – Rapid-Acting Preparations

**INSULIN ASPART**

- Inj 100 u per ml, 10 ml vial
- Inj 100 u per ml, 3 ml cartridge

**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

*(Brand) indicates a brand example only. It is not a contracted product.*
### ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSULIN LISPRO</strong></td>
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<tr>
<td>Inj 100 u per ml, 10 ml vial</td>
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<td></td>
<td></td>
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<tr>
<td>Inj 100 u per ml, 3 ml cartridge</td>
<td></td>
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<tr>
<td><strong>Insulin – Short-Acting Preparations</strong></td>
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<tr>
<td><strong>INSULIN NEUTRAL</strong></td>
<td></td>
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<tr>
<td>Inj human 100 u per ml, 10 ml vial</td>
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<tr>
<td>Inj human 100 u per ml, 3 ml cartridge</td>
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<tr>
<td><strong>Oral Hypoglycaemic Agents</strong></td>
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<tr>
<td><strong>GLIBENCLAMIDE</strong></td>
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<tr>
<td>Tab 5 mg</td>
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<tr>
<td><strong>GLICLAZIDE</strong></td>
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<tr>
<td>Tab 80 mg – 1% DV Sep-11 to 2014</td>
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<td>17.60</td>
<td>500</td>
</tr>
<tr>
<td><strong>GLIPIZIDE</strong></td>
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<td></td>
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</tr>
<tr>
<td>Tab 5 mg – 1% DV Dec-12 to 2015</td>
<td></td>
<td>3.00</td>
<td>100</td>
</tr>
<tr>
<td><strong>METFORMIN</strong></td>
<td></td>
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<tr>
<td>Tab immediate-release 500 mg – 1% DV Oct-12 to 2015</td>
<td></td>
<td>12.30</td>
<td>1,000</td>
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<tr>
<td>Tab immediate-release 850 mg – 1% DV Oct-12 to 2015</td>
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<td>10.10</td>
<td>500</td>
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<td><strong>PIOGLITAZONE</strong></td>
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<tr>
<td>Tab 15 mg – 1% DV Sep-12 to 2015</td>
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<td>1.50</td>
<td>28</td>
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<tr>
<td>Tab 30 mg – 1% DV Sep-12 to 2015</td>
<td></td>
<td>2.50</td>
<td>28</td>
</tr>
<tr>
<td>Tab 45 mg – 1% DV Sep-12 to 2015</td>
<td></td>
<td>3.50</td>
<td>28</td>
</tr>
<tr>
<td><strong>DIGESTIVES INCLUDING ENZYMES</strong></td>
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<tr>
<td><strong>PANCREATIC ENZYME</strong></td>
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<tr>
<td>Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease</td>
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<td></td>
</tr>
<tr>
<td>Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease</td>
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<tr>
<td>Cap EC 25,000 BP u lipase, 22,500 BP u amylase and 1,250 BP u protease</td>
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<tr>
<td>Powder 25,000 u lipase with 30,000 u amylase and 1,400 u protease per g</td>
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<tr>
<td><strong>URSODEOXYCHOLIC ACID</strong></td>
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<tr>
<td>Cap 250 mg – 1% DV May-12 to 2014</td>
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<td>71.50</td>
<td>100</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
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<tr>
<td><strong>Pregnancy/Cirrhosis</strong></td>
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</tbody>
</table>
| Either: 1 Patient diagnosed with cholestasis of pregnancy; or 2 Both: 2.1 Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and 2.2 Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis). Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease. **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.
## LAXATIVES

### Bowel-Cleansing Preparations

| CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE | Powder for oral soln 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet | (PicoPrep) |
| MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE | Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet | (Glycoprep-C) |
| MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE | Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet | 14.31 4 | Klean Prep |

### Bulk-Forming Agents

| ISPAGHULA (PSYLLIUM) HUSK | Powder for oral soln | 6.02 500 g | Konsyl-D |
| STERCULIA WITH FRANGULA | Powder for oral soln | Restricted |
| For continuation only |

### Faecal Softeners

| DOCUSATE SODIUM | Cap 50 mg – 1% DV Sep-11 to 2014 | 2.57 100 | Laxofast 50 |
| DOCUSATE SODIUM WITH SENNOSIDES | Tab 50 mg with sennosides 8 mg | 6.38 200 | Laxsol |
| PARAFFIN | Enema 133 ml | Oral liquid 1 mg per ml |
| POLOXAMER | Oral drops 10% – 1% DV Sep-11 to 2014 | 3.78 30 ml | Coloxyl |

### Osmotic Laxatives

<p>| GLYCEROL | Suppos 1.27 g | 6.50 20 | PSM |
| Suppos 2.55 g |
| Suppos 3.6 g – 1% DV Jan-13 to 2015 |</p>
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

| ALIMENTARY TRACT AND METABOLISM |

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

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

<table>
<thead>
<tr>
<th>LACTULOSE</th>
<th>Oral liq 10 g per 15 ml</th>
<th>7.68</th>
<th>1,000 ml</th>
<th>Laevolac</th>
</tr>
</thead>
</table>

**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

**Restricted**

Either:

1. The patient has problematic constipation requiring intervention with a per rectal preparation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; or
2. For short-term use for faecal disimpaction.

<table>
<thead>
<tr>
<th>SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE</th>
<th>Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – 1% DV Sep-13 to 2016</th>
<th>19.95</th>
<th>50</th>
<th>Micolette</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SODIUM PHOSPHATE WITH PHOSPHORIC ACID</th>
<th>Oral liq 16.4% with phosphoric acid 25.14%</th>
<th>2.50</th>
<th>1</th>
<th>Fleet Phosphate Enema</th>
</tr>
</thead>
</table>

**Stimulant Laxatives**

<table>
<thead>
<tr>
<th>BISACODYL</th>
<th>Tab 5 mg</th>
<th>4.99</th>
<th>200</th>
<th>Lax-Tabs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suppos 5 mg</td>
<td>3.00</td>
<td>6</td>
<td>Dulcolax</td>
</tr>
<tr>
<td></td>
<td>Suppos 10 mg</td>
<td>3.00</td>
<td>6</td>
<td>Dulcolax</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DANTHRON WITH POLOXAMER</th>
<th>Oral liq 25 mg with poloxamer 200 mg per 5 ml</th>
<th>21.30</th>
<th>300 ml</th>
<th>Piorax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oral liq 75 mg with poloxamer 1 g per 5 ml</td>
<td>43.60</td>
<td>300 ml</td>
<td>Piorax Forte</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Only for the prevention or treatment of constipation in the terminally ill.

<table>
<thead>
<tr>
<th>SENNOSIDES</th>
<th>Tab 7.5 mg</th>
</tr>
</thead>
</table>

**METABOLIC DISORDER AGENTS**

<table>
<thead>
<tr>
<th>ARGININE</th>
<th>Powder</th>
<th>Inj 600 mg per ml, 25 ml vial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BETAINE</th>
<th>Powder</th>
</tr>
</thead>
</table>

**Restricted**

Metabolic disorders physician or metabolic disorders dietitian

<table>
<thead>
<tr>
<th>HAEM ARGINATE</th>
<th>Inj 25 mg per ml, 10 ml ampoule</th>
</tr>
</thead>
</table>
IMIGLUCERASE
- Inj 40 iu per ml, 5 ml vial
- Inj 40 iu per ml, 10 ml vial

**Restricted**
Only for use in patients with approval by the Gaucher’s Treatment Panel

LEVOCARNITINE
- Cap 500 mg
- Inj 200 mg per ml, 5 ml vial
- Oral soln 500 mg per 15 ml

**Restricted**
Metabolic disorders physician, metabolic disorders dietitian or neurologist

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

SODIUM PHENYLBUTYRATE
- Inj 200 mg per ml, 10 ml ampoule
- Oral liq 250 mg per ml
- Tab 500 mg

TRIENTINE DIHYDROCHLORIDE
- Cap 300 mg

### MINERALS

#### Calcium

<table>
<thead>
<tr>
<th>Calcium Carbonate</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.25 g (500 mg elemental) – 1% DV Feb-12 to 2014</td>
<td>6.38</td>
<td>250 Arrow-Calcium</td>
</tr>
<tr>
<td>Tab 1.5 g (600 mg elemental)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab eff 1.75 g (1 g elemental) – 1% DV Nov-11 to 2014</td>
<td>6.21</td>
<td>30 Calsource</td>
</tr>
</tbody>
</table>

#### Fluoride

<table>
<thead>
<tr>
<th>Sodium Fluoride</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.1 mg (0.5 mg elemental)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Iodine

<table>
<thead>
<tr>
<th>Potassium Iodate</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 256 mcg (150 mcg elemental iodine)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potassium Iodate with Iodine</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 10% with iodine 5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Iron

<table>
<thead>
<tr>
<th>Ferrous Fumarate</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 200 mg (65 mg elemental)</td>
<td>4.35</td>
<td>100 Ferro-tab</td>
</tr>
<tr>
<td>Product Name</td>
<td>Description</td>
<td>Price</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>FERROUS FUMARATE WITH FOLIC ACID</strong></td>
<td>Tab 310 mg (100 mg elemental) with folic acid 350 mcg.................. 4.75 60</td>
<td>Ferro-F-Tabs</td>
</tr>
<tr>
<td><strong>FERROUS GLUCONATE WITH ASCORBIC ACID</strong></td>
<td>Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg</td>
<td></td>
</tr>
<tr>
<td><strong>FERROUS SULPHATE</strong></td>
<td>Oral liq 30 mg (6 mg elemental) per ml ........................................... 10.30 500 ml</td>
<td>Ferodan</td>
</tr>
<tr>
<td><strong>FERROUS SULPHATE WITH ASCORBIC ACID</strong></td>
<td>Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg</td>
<td></td>
</tr>
<tr>
<td><strong>FERROUS SULPHATE WITH FOLIC ACID</strong></td>
<td>Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg</td>
<td></td>
</tr>
<tr>
<td><strong>IRON POLYMALTOSE</strong></td>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Oct-11 to 2014.................. 19.90 5</td>
<td>Ferrum H</td>
</tr>
<tr>
<td><strong>IRON SUCROSE</strong></td>
<td>Inj 20 mg per ml, 5 ml ampoule.......................................................... 100.00 5</td>
<td>Venofer</td>
</tr>
</tbody>
</table>

**Magnesium**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MAGNESIUM HYDROXIDE</strong></td>
<td>Tab 5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAGNESIUM SULPHATE</strong></td>
<td>Inj 0.4 mmol per ml, 250 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2 mmol per ml, 5 ml ampoule – 1% DV Feb-13 to 2015.................. 18.35 10</td>
<td>Martindale</td>
<td></td>
</tr>
</tbody>
</table>

**Zinc**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ZINC</strong></td>
<td>Oral liq 5 mg per drop</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ZINC CHLORIDE</strong></td>
<td>Inj 5.3 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ZINC SULPHATE</strong></td>
<td>Cap 137.4 mg (50 mg elemental) – 1% DV Nov-11 to 2014.................. 11.00 100</td>
<td>Zincaps</td>
<td></td>
</tr>
</tbody>
</table>

**VITAMINS**

**Vitamin A**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RETINOL</strong></td>
<td>Tab 10,000 iu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 25,000 iu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral liq 150,000 iu per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

### Vitamin B

**HYDROXOCOBALAMIN ACETATE**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-12 to 2015</td>
<td>$5.10</td>
<td>ABM Hydroxocobalamin</td>
</tr>
</tbody>
</table>

**PYRIDOXINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg – 1% DV Sep-11 to 2014</td>
<td>$2.20</td>
<td>PyridoxADE</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Sep-11 to 2014</td>
<td>$12.16</td>
<td>Apo-Pyridoxine</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THIAMINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg per ml, 2 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VITAMIN B COMPLEX**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab, strong, BPC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vitamin C

**ASCORBIC ACID**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg</td>
<td>$13.80</td>
<td>Vitala-C</td>
</tr>
<tr>
<td>Tab chewable 250 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vitamin D

**ALFACALCIDOL**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 0.25 mcg</td>
<td>$26.32</td>
<td>One-Alpha</td>
</tr>
<tr>
<td>Cap 1 mcg</td>
<td>$87.98</td>
<td>One-Alpha</td>
</tr>
<tr>
<td>Oral drops 2 mcg per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CALCITRIOL**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 0.25 mcg</td>
<td>$3.03</td>
<td>Airflow</td>
</tr>
<tr>
<td>Cap 0.5 mcg</td>
<td>$5.62</td>
<td>Airflow</td>
</tr>
<tr>
<td>Oral liq 1 mcg per ml</td>
<td>$39.40</td>
<td>Rocaltrol</td>
</tr>
<tr>
<td>Inj 1 mcg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHOLECALCIFEROL**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.25 mg (50,000 iu)</td>
<td>$7.76</td>
<td>Cal-d-Forte</td>
</tr>
</tbody>
</table>

### Vitamin E

**ALPHA TOCOPHERYL ACETATE**

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

**Restricted**

**Cystic fibrosis**

Both:

1. Cystic fibrosis patient; and
2. Either:

---

*Restriction* 
*(Brand)* indicates a brand example only. It is not a contracted product.
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.

**Osteoradionecrosis**
For the treatment of osteoradionecrosis

**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 the patient.

## Multivitamin Preparations

### MULTIVITAMINS

**Tab (BPC cap strength)**

- Cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytochromone 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

**Restricted**

Either:
1. Patient has cystic fibrosis with pancreatic insufficiency; or
2. Patient is an infant or child with liver disease or short gut syndrome.

- Powder vitamin A 4200 mcg with vitamin D 155.5 mcg, vitamin E 21.4 mg, vitamin C 400 mg, vitamin K1 166 mcg, thiamine 3.2 mg, riboflavin 4.4 mg, niacin 35 mg, vitamin B6 3.4 mg, folic acid 303 mcg, vitamin B12 8.6 mcg, biotin 214 mcg, pantothenic acid 17 mg, choline 350 mg and inositol 700 mg

**Restricted**

Patient has inborn errors of metabolism.

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

**Restricted**

Patient has inborn errors of metabolism.

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

**Restricted**

Patient has inborn errors of metabolism.

- 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)

### VITAMIN A WITH VITAMINS D AND C

- Soln 1000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops

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

Expiration date of HSS period is 30 June of the year indicated unless otherwise stated.
## MOUTH AND THROAT

### Agents Used in Mouth Ulceration

**BENZYDAMINE HYDROCHLORIDE**
- Soln 0.15%
- Spray 0.15%

**BENZYDAMINE HYDROCHLORIDE WITH CETLYPYRIDINIUM CHLORIDE**
- Lozenge 3 mg with cetylpyridinium chloride

**CARBOXYMETHYLCELLULOSE**
- Oral spray

**CHLORHEXIDINE GLUCONATE**
- Mouthwash 0.2% – 1% DV Dec-12 to 2015 ............................................. 2.68 200 ml healthE

**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

**SODIUM CARBOXYMETHYLCELLULOSE WITH PECTIN AND GELATINE**
- Paste
- Powder

**TRIAMCINOLONE ACETONIDE**
- Paste 0.1% – 1% DV Sep-11 to 2014 ................................................. 4.34 5 g Oracort

### Oropharyngeal Anti-Infectives

**AMPHOTERICIN B**
- Lozenge 10 mg ................................................................. 5.86 20 Fungilin

**MICONAZOLE**
- Oral gel 20 mg per g – 1% DV Feb-13 to 2015 ......................... 4.95 40 g Decozol

**NYSTATIN**
- Oral liquid 100,000 iu per ml – 1% DV Sep-11 to 2014 ........... 3.19 24 ml Nilstat

### Other Oral Agents

**SODIUM HYALURONATE**
- Inj 20 mg per ml, 1 ml syringe
- **Restricted** – otolaryngologists

**THYMOL GLYCERIN**
- Compound, BPC

### Price

<table>
<thead>
<tr>
<th>Brand or Generic</th>
<th>(ex man. Excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

(Brand) indicates a brand example only. It is not a contracted product.
### ANTIANAEMICS

#### Hypoplastic and Haemolytic

**ERYTHROPOIETIN ALPHA**

<table>
<thead>
<tr>
<th>Volume (iu)</th>
<th>Price ($)</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000</td>
<td>48.68</td>
<td>Eprex</td>
</tr>
<tr>
<td>2,000</td>
<td>120.18</td>
<td>Eprex</td>
</tr>
<tr>
<td>3,000</td>
<td>166.87</td>
<td>Eprex</td>
</tr>
<tr>
<td>4,000</td>
<td>193.13</td>
<td>Eprex</td>
</tr>
<tr>
<td>5,000</td>
<td>243.26</td>
<td>Eprex</td>
</tr>
<tr>
<td>6,000</td>
<td>291.92</td>
<td>Eprex</td>
</tr>
<tr>
<td>10,000</td>
<td>395.18</td>
<td>Eprex</td>
</tr>
</tbody>
</table>

#### Restricted

1. Both:
   1.1 Patient in chronic renal failure; and
   1.2 Haemoglobin ≤ 100g/L; and
2. Any of the following:
   2.1 Both:
      2.1.1 Patient is not diabetic; and
      2.1.2 Glomerular filtration rate ≤ 30ml/min; or
   2.2 Both:
      2.2.1 Patient is diabetic; and
      2.2.2 Glomerular filtration rate ≤ 45ml/min; or
   2.3 Patient is on haemodialysis or peritoneal dialysis.

**ERYTHROPOIETIN BETA**

<table>
<thead>
<tr>
<th>Volume (iu)</th>
<th>Price ($)</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000</td>
<td>120.18</td>
<td>NeoRecormon</td>
</tr>
<tr>
<td>3,000</td>
<td>166.87</td>
<td>NeoRecormon</td>
</tr>
<tr>
<td>4,000</td>
<td>193.13</td>
<td>NeoRecormon</td>
</tr>
<tr>
<td>5,000</td>
<td>243.26</td>
<td>NeoRecormon</td>
</tr>
<tr>
<td>6,000</td>
<td>291.92</td>
<td>NeoRecormon</td>
</tr>
<tr>
<td>10,000</td>
<td>395.18</td>
<td>NeoRecormon</td>
</tr>
</tbody>
</table>

#### Megaloblastic

**FOLIC ACID**

<table>
<thead>
<tr>
<th>Form</th>
<th>Price ($)</th>
<th>Volume (ml)</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq</td>
<td>24.00</td>
<td>25</td>
<td>Biomed</td>
</tr>
<tr>
<td>Tab 0.8 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg</td>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIFIBRINOLYTICS, HAEMOSTATICS AND LOCAL SCLEROSANTS

**FERRIC SUBSULFATE**
Soln 500 ml
Gel 25.9%

**POLIDOCANOL**
Inj 0.5%, 30 ml vial

**SODIUM TETRADECYL SULPHATE**
Inj 3%, 2 ml ampoule

**THROMBIN**
Powder

**TRANEXAMIC ACID**
Tab 500 mg ............................................................... 32.92 100 Cyklokapron
Inj 100 mg per ml, 5 ml ampoule .................................. 124.73 10 Cyklokapron

### Blood Factors

**EPTACOG ALFA [RECOMBINANT FACTOR VIIA]**
Inj 1 mg vial ............................................................ 1,163.75 1 NovoSeven RT
Inj 2 mg vial ............................................................ 2,327.50 1 NovoSeven RT
Inj 5 mg vial ............................................................ 5,818.75 1 NovoSeven RT
Inj 8 mg vial ............................................................ 9,310.00 1 NovoSeven RT

**MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII]**
Inj 250 iu vial ......................................................... 225.00 1 Xyntha
Inj 500 iu vial ......................................................... 450.00 1 Xyntha
Inj 1,000 iu vial ....................................................... 900.00 1 Xyntha
Inj 2,000 iu vial ....................................................... 1,800.00 1 Xyntha
Inj 3,000 iu vial ....................................................... 2,700.00 1 Xyntha

**NONACOG ALFA [RECOMBINANT FACTOR IX]**
Inj 250 iu vial ......................................................... 310.00 1 BeneFIX
Inj 500 iu vial ......................................................... 620.00 1 BeneFIX
Inj 1,000 iu vial ...................................................... 1,240.00 1 BeneFIX
Inj 2,000 iu vial ...................................................... 2,480.00 1 BeneFIX

**OCTOCOG ALFA [RECOMBINANT FACTOR VIII]**
Inj 250 iu vial ......................................................... 237.50 1 Advate
Inj 500 iu vial ......................................................... 475.00 1 Advate
Inj 1,000 iu vial ....................................................... 950.00 1 Advate
Inj 1,500 iu vial ....................................................... 1,425.00 1 Advate
Inj 2,000 iu vial ....................................................... 1,900.00 1 Advate
Inj 3,000 iu vial ....................................................... 2,850.00 1 Advate
Inj 3,000 iu vial ....................................................... 3,000.00 1 Kogenate FS

### Restriction
* (Brand) indicates a brand example only. It is not a contracted product.
### Vitamin K

**PHYTOMENADIONE**

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

### ANTIITHROMBOTICS

#### Anticoagulants

**BIVALIRUDIN**

- Inj 250 mg vial

Restricted

Either:

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

**DABIGATRAN**

- Cap 75 mg .......................................................... 148.00 60 Pradaxa
- Cap 110 mg ........................................................ 148.00 60 Pradaxa
- Cap 150 mg ..................................................... 148.00 60 Pradaxa

**DALTEPARIN**

- Inj 2,500 u in 0.2 ml syringe ............................................. 19.97 10 Fragmin
- Inj 5,000 u in 0.2 ml syringe .......................................... 39.94 10 Fragmin
- Inj 7,500 u in 0.75 ml syringe ......................................... 60.03 10 Fragmin
- Inj 10,000 u in 1 ml syringe ........................................... 77.55 10 Fragmin
- Inj 12,500 u in 0.5 ml syringe ........................................ 99.96 10 Fragmin
- Inj 15,000 u in 0.6 ml syringe ........................................ 120.05 10 Fragmin
- Inj 18,000 u in 0.72 ml syringe ...................................... 158.47 10 Fragmin

**DANAPAROID**

- Inj 750 u in 0.6 ml ampoule

Restricted

For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.

**DEFIBROTIDE**

- Inj 80 mg per ml, 2.5 ml ampoule

Restricted – Haematologist

Patient has moderate or severe sinusoidal obstruction syndrome as a result of regime-related toxicities after allogeneic stem cell transplantation.

**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**

- Inj 20 mg in 0.2 ml syringe – 1% DV Sep-12 to 2015 ............. 37.24 10 Clexane
- Inj 40 mg in 0.4 ml syringe – 1% DV Sep-12 to 2015 ............. 49.69 10 Clexane
- Inj 60 mg in 0.6 ml syringe – 1% DV Sep-12 to 2015 ............. 74.91 10 Clexane
- Inj 80 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015 ............. 99.86 10 Clexane
- Inj 100 mg in 1 ml syringe – 1% DV Sep-12 to 2015 ............ 125.06 10 Clexane
- Inj 120 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015 ............ 155.40 10 Clexane
- Inj 150 mg in 1 ml syringe – 1% DV Sep-12 to 2015 ............ 177.60 10 Clexane

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**FONDAPARINUX SODIUM**
- Inj 2.5 mg in 0.5 ml syringe
- Inj 7.5 mg in 0.6 ml syringe

**Restricted**
For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.

**HEPARIN SODIUM**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 iu per ml, 250 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 1 ml ampoule</td>
<td>66.80</td>
<td>Mayne</td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 5 ml ampoule</td>
<td>11.44</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 35 ml ampoule</td>
<td>46.30</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 5,000 iu per ml, 1 ml ampoule</td>
<td>14.20</td>
<td>Mayne</td>
</tr>
<tr>
<td>Inj 5,000 iu per ml, 5 ml ampoule</td>
<td>182.00</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 5,000 iu in 0.2 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEPARINISED SALINE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 iu per ml, 5 ml ampoule</td>
<td>32.50</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 100 iu per ml, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 iu per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHENINDIONE**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
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<td></td>
</tr>
</tbody>
</table>

**PROTAMINE SULPHATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 5 ml ampoule</td>
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<td></td>
</tr>
</tbody>
</table>

**RIVAROXABAN**

- Tab 10 mg | 153.00 | Xarelto |

**Restricted**
Either:
1. Limited to five weeks' treatment for the prophylaxis of venous thromboembolism following a total hip replacement; or
2. Limited to two weeks' treatment for the prophylaxis of venous thromboembolism following a total knee replacement.

**SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride</td>
<td>74.6 mcg per ml, 5,000 ml bag</td>
<td></td>
</tr>
</tbody>
</table>

**TRISODIUM CITRATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4%, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 46.7%, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WARFARIN SODIUM**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 3 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Brand) indicates a brand example only. It is not a contracted product.
### Antiplatelets

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ASPIRIN
- Tab 100 mg
- Suppos 300 mg

#### CLOPIDOGREL
- Tab 75 mg

#### DIPYRIDAMOLE
- Tab 25 mg
- Tab long-acting 150 mg – 1% DV Oct-11 to 2014

#### EPTIFIBATIDE
- \( \Rightarrow \) Inj 750 mcg per ml, 100 ml vial
- \( \Rightarrow \) Inj 2 mg per ml, 10 ml vial

#### PRASUGREL
- \( \Rightarrow \) Tab 5 mg
- \( \Rightarrow \) Tab 10 mg

#### TICLOPIDINE
- Tab 250 mg

#### Fibrinolytic Agents

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ALTEPLASE
- Inj 10 mg vial
- Inj 50 mg vial

#### STREPTOKINASE
- Inj 250,000 iu vial
- Inj 1,500,000 iu vial

#### TENECTEPLASE
- Inj 50 mg vial

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### BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

### UROKINASE
- **Inj 10,000 iu vial**
- **Inj 50,000 iu vial**
- **Inj 100,000 iu vial**
- **Inj 500,000 iu vial**

### COLONY-STIMULATING FACTORS

#### Granulocyte Colony-Stimulating Factors

<table>
<thead>
<tr>
<th>FILGRASTIM</th>
<th>Neupogen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inj 300 mcg in 1 ml vial</strong></td>
<td>650.00</td>
</tr>
<tr>
<td><strong>Inj 300 mcg in 0.5 ml syringe</strong></td>
<td>540.00</td>
</tr>
<tr>
<td>1% DV Jan-13 to 31 Dec 2015</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FILGRASTIM</th>
<th>Zarzio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inj 480 mcg in 0.5 ml syringe</strong></td>
<td>864.00</td>
</tr>
<tr>
<td>1% DV Jan-13 to 31 Dec 2015</td>
<td>5</td>
</tr>
</tbody>
</table>

#### PEGFILGRASTIM

<table>
<thead>
<tr>
<th>Neulastim</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inj 6 mg per 0.6 ml syringe</strong></td>
</tr>
</tbody>
</table>

Restricted
- Oncologist or haematologist

For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk ≥ 20%).

*Febrile neutropenia risk ≥ 20% 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**

**CALCIUM GLUCONATE**
- **Inj 10%, 10 ml ampoule**

**COMPOUND ELECTROLYTES**
- **Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag**
  - 5.00 500 ml | Baxter

**COMPOUND ELECTROLYTES WITH GLUCOSE**
- **Inj glucose 50 g with 140 mmol/l sodium, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, bag**
  - 7.00 1,000 ml | Baxter
### BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$(ex\ man.\ Excl.\ GST) Per</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**COMPounder 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, bag**
  - $1.77 500 ml Baxter
- **Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, bag**
  - $1.80 1,000 ml Baxter

**COMPounder SODiUm LACTate With GLUCOSe**

- **Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l and glucose 5%, bag**
  - $5.38 1,000 ml Baxter

**GLUCOSe**

- **Inj 5%, bag**
  - $2.87 50 ml Baxter
- **Inj 5%, bag**
  - $2.84 100 ml Baxter
- **Inj 5%, bag**
  - $3.87 250 ml Baxter
- **Inj 5%, bag**
  - $1.77 500 ml Baxter
- **Inj 5%, bag**
  - $1.80 1,000 ml Baxter
- **Inj 10%, bag**
  - $3.70 500 ml Baxter
- **Inj 10%, bag**
  - $5.29 1,000 ml Baxter
- **Inj 50%, 10 ml ampoule – 1% DV Sep-11 to 2014**
  - $19.50 5 Biomed
- **Inj 50%, 90 ml bottle – 1% DV Sep-11 to 2014**
  - $11.25 1 Biomed
- **Inj 50%, bag**
  - $6.84 500 ml Baxter
- **Inj 70%, 500 ml bag**
- **Inj 70%, 1,000 ml bag**

**GLUCOSe With POTASSiUm CHLORiDe**

- **Inj 5% glucose with 20 mmol/l potassium chloride, bag**
  - $7.36 1,000 ml Baxter
- **Inj 5% glucose with 30 mmol/l potassium chloride, 1,000 ml bag**
- **Inj 10% glucose with 10 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 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag**
  - $3.45 500 ml Baxter
- **Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag**
  - $4.30 1,000 ml Baxter
- **Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag**
  - $3.62 1,000 ml Baxter
- **Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag**

**GLUCOSe With SODiUM CHLORiDe**

- **Inj glucose 2.5% with sodium chloride 0.45%, bag**
  - $4.95 500 ml Baxter
- **Inj glucose 5% with sodium chloride 0.2%, 500 ml bag**
- **Inj glucose 5% with sodium chloride 0.45%, bag**
  - $5.80 1,000 ml Baxter
- **Inj glucose 5% with sodium chloride 0.9%, bag**
  - $4.54 1,000 ml Baxter

**POTASSiUm CHLORiDe**

- **Inj 75 mg (1 mmol) per ml, 10 ml ampoule**
- **Inj 225 mg (3 mmol) per ml, 20 ml ampoule**
## BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

### POTASSIUM CHLORIDE WITH SODIUM CHLORIDE

- **Inj 10 mmol/l potassium chloride with 0.29% sodium chloride, 100 ml bag**
  - 3.85 USD Per 1,000 ml Baxter

- **Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag**
  - 2.59 USD Per 1,000 ml Baxter

- **Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag**
  - 6.62 USD Per 1,000 ml Baxter

- **Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, 100 ml bag**
  - 2.59 USD Per 1,000 ml Baxter

### POTASSIUM DIHYDROGEN PHOSPHATE

- **Inj 1 mmol per ml, 10 ml ampoule**

### RINGER’S SOLUTION

- **Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag**
  - 5.13 USD Per 1,000 ml Baxter

### SODIUM ACETATE

- **Inj 4 mmol per ml, 20 ml ampoule**

### SODIUM BICARBONATE

- **Inj 8.4%, 10 ml vial**
  - 19.95 USD Per 1 Biomed

- **Inj 8.4%, 50 ml vial**
  - 20.50 USD Per 1 Biomed

- **Inj 8.4%, 100 ml vial**
  - 20.50 USD Per 1 Biomed

### SODIUM CHLORIDE

- **Inj 0.45%, bag**
  - 5.50 USD Per 500 ml Baxter

- **Inj 0.9%, 3 ml syringe**
  - 10.85 USD Per 50 Multichem

- **Inj 0.9%, 5 ml syringe**
  - 11.50 USD Per 50 Multichem

- **Inj 0.9%, 10 ml syringe**
  - 15.50 USD Per 50 Pfizer

- **Inj 0.9%, 20 ml syringe**
  - 15.50 USD Per 50 Pfizer

- **Inj 0.9%, 10 ml ampoule**
  - 8.41 USD Per 20 Multichem

- **Inj 0.9%, 5 ml ampoule**
  - 3.01 USD Per 50 ml Baxter

- **Inj 0.9%, bag**
  - 1.77 USD Baxter

- **Inj 0.9%, bag**
  - 1.71 USD Baxter

- **Inj 1.8%, 500 ml bottle**
  - 1.80 USD Baxter

- **Inj 23.4% (4 mmol/ml), 20 ml – 1% Sep-13 to 2016**
  - 31.25 USD Per 5 Biomed

**Restricted**

For use in flushing of in-situ vascular access devices only.

### SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]

- **Inj 1 mmol per ml, 20 ml ampoule**
## BLOOD AND BLOOD FORMING ORGANS

### Oral Administration

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. Excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALCIUM POLYSTYRENE SULPHONATE</strong> Powder</td>
<td>169.85</td>
<td>300 g</td>
<td>Calcium Resonium</td>
</tr>
<tr>
<td><strong>COMPounder ELEkCTROLYTEEs</strong> Powder for oral soln</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMPounder ELEkCTROLYTEEs WITH GLUCOSe</strong> Soln with electrolytes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHOSPHORUS</strong> Tab eff 500 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POTASSIUM CHLORIDE</strong> Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)</td>
<td>7.42</td>
<td>200</td>
<td>Span-K</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM BICARBONATE</strong> Cap 840 mg</td>
<td>8.52</td>
<td>100</td>
<td>Sodibic</td>
</tr>
<tr>
<td><strong>SODIUM CHLORIDE</strong> Tab 600 mg</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM POLYSTYRENE SULPHONATE</strong> Powder</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Plasma Volume Expanders

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. Excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GELATINE, SUCCINYLATED</strong> Inj 4%, 500 ml bag</td>
<td>92.50</td>
<td>10</td>
<td>Gelafusale</td>
</tr>
<tr>
<td></td>
<td>108.00</td>
<td>10</td>
<td>Gelofusine</td>
</tr>
<tr>
<td><strong>HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE</strong> Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml bag</td>
<td>198.00</td>
<td>20</td>
<td>Volulyte 6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE</strong> Inj 6% with sodium chloride 0.9%, 500 ml bag</td>
<td>198.00</td>
<td>20</td>
<td>Voluven</td>
</tr>
</tbody>
</table>

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### AGENTS AFFECTING THE RENIN-ANGIOTENSIN SYSTEM

#### ACE Inhibitors

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAPTOPRIL</strong></td>
<td>Tab 12.5 mg</td>
<td>$2.00</td>
<td>100</td>
<td></td>
<td>m-Captopril</td>
</tr>
<tr>
<td></td>
<td>Tab 25 mg</td>
<td>$2.40</td>
<td>100</td>
<td></td>
<td>m-Captopril</td>
</tr>
<tr>
<td></td>
<td>Tab 50 mg</td>
<td>$3.50</td>
<td>100</td>
<td></td>
<td>m-Captopril</td>
</tr>
<tr>
<td></td>
<td>Oral liq 5 mg per ml</td>
<td>$94.99</td>
<td>95 ml</td>
<td></td>
<td>Capoten</td>
</tr>
</tbody>
</table>

*Restricted*

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.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CILAZAPRIL</strong></td>
<td>Tab 0.5 mg – 1% DV Sep-13 to 2016</td>
<td>$2.00</td>
<td>90</td>
<td></td>
<td>Zapril</td>
</tr>
<tr>
<td></td>
<td>Tab 2.5 mg – 1% DV Sep-13 to 2016</td>
<td>$4.31</td>
<td>90</td>
<td></td>
<td>Zapril</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Sep-13 to 2016</td>
<td>$6.98</td>
<td>90</td>
<td></td>
<td>Zapril</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENALAPRIL MALEATE</strong></td>
<td>Tab 5 mg – 1% DV Dec-12 to 2015</td>
<td>$1.07</td>
<td>90</td>
<td></td>
<td>m-Enalapril</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg – 1% DV Dec-12 to 2015</td>
<td>$1.32</td>
<td>90</td>
<td></td>
<td>m-Enalapril</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg – 1% DV Dec-12 to 2015</td>
<td>$1.72</td>
<td>90</td>
<td></td>
<td>m-Enalapril</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LISINOPRIL</strong></td>
<td>Tab 5 mg – 1% DV Jan-13 to 2015</td>
<td>$3.58</td>
<td>90</td>
<td></td>
<td>Arrow-Lisinopril</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg – 1% DV Jan-13 to 2015</td>
<td>$4.08</td>
<td>90</td>
<td></td>
<td>Arrow-Lisinopril</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg – 1% DV Jan-13 to 2015</td>
<td>$4.88</td>
<td>90</td>
<td></td>
<td>Arrow-Lisinopril</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERINDOPRIL</strong></td>
<td>Tab 2 mg</td>
<td>$3.75</td>
<td>30</td>
<td></td>
<td>Apo-Perindopril</td>
</tr>
<tr>
<td></td>
<td>Tab 4 mg</td>
<td>$4.80</td>
<td>30</td>
<td></td>
<td>Apo-Perindopril</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUINAPRIL</strong></td>
<td>Tab 5 mg – 1% DV Apr-13 to 2015</td>
<td>$3.44</td>
<td>90</td>
<td></td>
<td>Arrow-Quinapril 5</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg – 1% DV Apr-13 to 2015</td>
<td>$4.64</td>
<td>90</td>
<td></td>
<td>Arrow-Quinapril 10</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg – 1% DV Apr-13 to 2015</td>
<td>$6.34</td>
<td>90</td>
<td></td>
<td>Arrow-Quinapril 20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANSDOLAPRIL</strong></td>
<td>Cap 1 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 2 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Restricted*

For continuation only

#### ACE Inhibitors with Diuretics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</strong></td>
<td>Tab 5 mg with hydrochlorothiazide 12.5 mg</td>
<td>$6.30</td>
<td>28</td>
<td></td>
<td>Inhibace Plus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE</strong></td>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Restricted*

For continuation only

*Restriction* (Brand) indicates a brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg with hydrochlorothiazide 12.5 mg</td>
<td>$3.37</td>
<td>Accuretic 10</td>
</tr>
<tr>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg</td>
<td>$4.57</td>
<td>Accuretic 20</td>
</tr>
</tbody>
</table>

### Angiotensin II Antagonists

<table>
<thead>
<tr>
<th>CANDESARTAN CILEXETIL</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 4 mg – 1% DV Nov-12 to 2015</td>
<td>$4.13</td>
<td>Candesar</td>
</tr>
<tr>
<td>Tab 8 mg – 1% DV Nov-12 to 2015</td>
<td>$6.10</td>
<td>Candesar</td>
</tr>
<tr>
<td>Tab 16 mg – 1% DV Nov-12 to 2015</td>
<td>$10.18</td>
<td>Candesar</td>
</tr>
<tr>
<td>Tab 32 mg – 1% DV Nov-12 to 2015</td>
<td>$17.66</td>
<td>Candesar</td>
</tr>
</tbody>
</table>

**Restricted**

ACE inhibitor intolerance

Either:

1. Patient has persistent ACE inhibitor induced cough that is not resolved by ACE inhibitor retrial (same or new ACE inhibitor); or
2. Patient has a history of angioedema.

**Unsatisfactory response to ACE inhibitor**

Patient is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

<table>
<thead>
<tr>
<th>LOSARTAN POTASSIUM</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 12.5 mg – 1% DV Dec-11 to 2014</td>
<td>$2.88</td>
<td>Lostaar</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Dec-11 to 2014</td>
<td>$3.20</td>
<td>Lostaar</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Dec-11 to 2014</td>
<td>$5.22</td>
<td>Lostaar</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Dec-11 to 2014</td>
<td>$8.68</td>
<td>Lostaar</td>
</tr>
</tbody>
</table>

### Angiotensin II Antagonists with Diuretics

<table>
<thead>
<tr>
<th>LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg with hydrochlorothiazide 12.5 mg</td>
<td>$4.89</td>
<td>Arrow-Losartan &amp; Hydrochlorothiazide</td>
</tr>
</tbody>
</table>

### ALPHA-ADRENOCEPTOR BLOCKERS

<table>
<thead>
<tr>
<th>DOXAZOSIN</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2 mg – 1% DV Jun-11 to 2014</td>
<td>$8.23</td>
<td>Apo-Doxazosin</td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV Jun-11 to 2014</td>
<td>$12.40</td>
<td>Apo-Doxazosin</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>PHENOXYBENZAMINE HYDROCHLORIDE</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHENTOLAMINE MESYLATE</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRAZOSIN</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>$5.53</td>
<td>Apo-Prazo</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>$7.00</td>
<td>Apo-Prazo</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>$11.70</td>
<td>Apo-Prazo</td>
</tr>
</tbody>
</table>
## CARDIOVASCULAR SYSTEM

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per</td>
<td></td>
</tr>
</tbody>
</table>

### TERAZOSIN
- **Tab 1 mg** – 1% DV *Aug-13 to 2016*.......................... $0.50 28 *Arrow*
- **Tab 2 mg** – 1% DV *Aug-13 to 2016*.......................... $0.45 28 *Arrow*
- **Tab 5 mg** – 1% DV *Aug-13 to 2016*.......................... $0.68 28 *Arrow*

### ANTIARRHYTHMICS

#### ADENOSINE
- **Inj 3 mg per ml, 2 ml vial**
- **Inj 3 mg per ml, 10 ml vial**

**Restricted**
For use in cardiac catheterisation, electrophysiology and MRI.

#### AJMALINE
- **Inj 5 mg per ml, 10 ml ampoule**

**Restricted**
Cardiologist

#### AMIODARONE HYDROCHLORIDE
- **Inj 50 mg per ml, 3 ml ampoule** – 1% DV *Aug-13 to 2016*....... $22.80 6 *Cordarone-X*
- **Tab 100 mg**
- **Tab 200 mg**

#### ATROPINE SULPHATE
- **Inj 600 mcg per ml, 1 ml ampoule** – 1% DV *Jan-13 to 2015* ...... $71.00 50 *AstraZeneca*

#### DIGOXIN
- **Tab 62.5 mcg**
- **Tab 250 mcg**
- **Oral liq 50 mcg per ml**
- **Inj 250 mcg per ml, 2 ml vial**

#### DISOPYRAMIDE PHOSPHATE
- **Cap 100 mg**
- **Cap 150 mg**

#### FLECAINIDE ACETATE
- **Tab 50 mg**................................................................. $45.82 60 *Tambocor*
- **Tab 100 mg**............................................................... $80.92 60 *Tambocor*
- **Cap long-acting 100 mg**.............................................. $45.82 30 *Tambocor CR*
- **Cap long-acting 200 mg**.............................................. $80.92 30 *Tambocor CR*
- **Inj 10 mg per ml, 15 ml ampoule**................................. $52.45 5  *Tambocor*

#### MEXILETINE HYDROCHLORIDE
- **Cap 150 mg**............................................................... $65.00 100 *Mexiletine Hydrochloride USP*
- **Cap 250 mg**............................................................... $102.00 100 *Mexiletine Hydrochloride USP*

#### PROPAFENONE HYDROCHLORIDE
- **Tab 150 mg**

*(Brand) indicates a brand example only. It is not a contracted product.*
<table>
<thead>
<tr>
<th>ANTIHYPOTENSIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDODRINE</td>
</tr>
<tr>
<td>➡ Tab 2.5 mg</td>
</tr>
<tr>
<td>➡ Tab 5 mg</td>
</tr>
<tr>
<td>Restricted</td>
</tr>
<tr>
<td>All of the following:</td>
</tr>
<tr>
<td>1. Disabling orthostatic hypotension not due to drugs; and</td>
</tr>
<tr>
<td>2. Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and</td>
</tr>
<tr>
<td>3. Patient has tried non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BETA-ADRENOCEPTOR BLOCKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATENOLOL</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Oct-12 to 2015 ................................................. 5.56 500 Mylan Atenolol</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Oct-12 to 2015 ............................................. 9.12 500 Mylan Atenolol</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml .......... 21.25 300 ml Atenolol AFT</td>
</tr>
<tr>
<td>BISOPROLOL</td>
</tr>
<tr>
<td>Tab 2.5 mg ................................................................. 3.88 30 Bosvate</td>
</tr>
<tr>
<td>Tab 5 mg  ............................................................... 4.74 30 Bosvate</td>
</tr>
<tr>
<td>Tab 10 mg ................................................................. 9.18 30 Bosvate</td>
</tr>
<tr>
<td>CARVEDILOL</td>
</tr>
<tr>
<td>Tab 6.25 mg ................................................................. 21.00 30 Dilatrend</td>
</tr>
<tr>
<td>Tab 12.5 mg ................................................................. 27.00 30 Dilatrend</td>
</tr>
<tr>
<td>Tab 25 mg ................................................................. 33.75 30 Dilatrend</td>
</tr>
<tr>
<td>CELIPROLOL</td>
</tr>
<tr>
<td>Tab 200 mg ................................................................. 19.00 180 Celol</td>
</tr>
<tr>
<td>ESMOLOL HYDROCHLORIDE</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td>LABETALOL</td>
</tr>
<tr>
<td>Tab 50 mg ................................................................. 8.23 100 Hybloc</td>
</tr>
<tr>
<td>Tab 100 mg ................................................................. 10.06 100 Hybloc</td>
</tr>
<tr>
<td>Tab 200 mg ................................................................. 17.55 100 Hybloc</td>
</tr>
<tr>
<td>Tab 400 mg  ............................................................... 24.00 5 Lopresor</td>
</tr>
<tr>
<td>METOPROLOL SUCCINATE</td>
</tr>
<tr>
<td>Tab long-acting 23.75 mg – 1% DV Sep-12 to 2015 ................................................. 0.96 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 47.5 mg – 1% DV Sep-12 to 2015 ................................................. 1.41 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 95 mg – 1% DV Sep-12 to 2015 ................................................. 2.42 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 190 mg – 1% DV Sep-12 to 2015 ................................................. 4.66 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td>METOPROLOL TARTRATE</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Aug-12 to 2015 ................................................. 16.00 100 Lopresor</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Aug-12 to 2015 ................................................. 21.00 60 Lopresor</td>
</tr>
<tr>
<td>Tab long-acting 200 mg – 1% DV Aug-12 to 2015 ................................................. 18.00 28 Slow-Lopresor</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml vial – 1% DV Dec-12 to 2015 ................................................. 24.00 5 Lopresor</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

### NADOLOL
- Tab 40 mg – 1% DV Apr-13 to 2015: $15.57, 100 Apo-Nadolol
- Tab 80 mg – 1% DV Apr-13 to 2015: $23.74, 100 Apo-Nadolol

### PINDOLOL
- Tab 5 mg: $5.40, 100 Apo-Pindolol
- Tab 10 mg: $9.19, 100 Apo-Pindolol
- Tab 15 mg: $13.80, 100 Apo-Pindolol

### PROPRANOLOL
- Tab 10 mg: $3.65, 100 Apo-Propranolol
- Tab 40 mg: $4.65, 100 Apo-Propranolol
- Cap long-acting 160 mg: $16.06, 100 Cardinol LA
- Oral liq 4 mg per ml
- Inj 1 mg per ml, 1 ml ampoule

### SOTALOL
- Tab 80 mg: $27.50, 500 Mylan
- Tab 160 mg: $10.50, 100 Mylan
- Inj 10 mg per ml, 4 ml ampoule: $65.39, 5 Sotacor

### TIMOLOL MALEATE
- Tab 10 mg

### CALCIUM CHANNEL BLOCKERS

#### Dihydropyridine Calcium Channel Blockers

**AMLODIPINE**
- Tab 2.5 mg – 1% DV Mar-12 to 2014: $2.45, 100 Apo-Amlodipine
- Tab 5 mg – 1% DV Oct-11 to 2014: $2.65, 100 Apo-Amlodipine
- Tab 10 mg – 1% DV Oct-11 to 2014: $4.15, 100 Apo-Amlodipine

**FELODIPINE**
- Tab long-acting 2.5 mg – 1% DV Sep-12 to 2015: $2.90, 30 Plendil ER
- Tab long-acting 5 mg – 1% DV Nov-12 to 2015: $3.10, 30 Plendil ER
- Tab long-acting 10 mg – 1% DV Nov-12 to 2015: $4.60, 30 Plendil ER

**ISRADIPINE**
- Tab 2.5 mg
- Cap long-acting 2.5 mg
- Cap long-acting 5 mg

**NIFEDIPINE**
- Cap 5 mg
- Tab long-acting 10 mg
- Tab long-acting 20 mg: $7.30, 100 Nyefax Retard
- Tab long-acting 30 mg: $8.56, 30 Adefin XL
- Tab long-acting 60 mg: $12.28, 30 Arrow-Nifedipine XR

**NIMODIPINE**
- Tab 30 mg
- Inj 200 mcg per ml, 50 ml vial

*Restriction
(Brand) indicates a brand example only. It is not a contracted product.*
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Generic Manufacturer</th>
</tr>
</thead>
</table>

### Other Calcium Channel Blockers

**DILTIAZEM HYDROCHLORIDE**
- Tab 30 mg – 5% DV Sep-12 to 2015 ........................................... 4.60 100 Dizem
- Tab 60 mg – 5% DV Sep-12 to 2015 ........................................... 8.50 100 Dizem
- Cap long-acting 120 mg – 5% DV Feb-13 to 2015 ................ 31.83 500 Apo-Diltiazem CD
- Cap long-acting 180 mg – 5% DV Feb-13 to 2015 ................. 47.67 500 Apo-Diltiazem CD
- Cap long-acting 240 mg – 5% DV Feb-13 to 2015 ................. 63.58 500 Apo-Diltiazem CD
- Inj 5 mg per ml, 5 ml vial

**PERHEXILINE MALEATE**
- Tab 100 mg ................................................................. 62.90 100 Pexsig

**VERAPAMIL HYDROCHLORIDE**
- Tab 40 mg – 1% DV Sep-11 to 2014 ........................................... 7.01 100 Isoptin
- Tab 80 mg – 1% DV Sep-11 to 2014 ........................................... 11.74 100 Isoptin
- Tab long-acting 120 mg ....................................................... 15.20 250 Verpamil SR
- Tab long-acting 240 mg ....................................................... 25.00 250 Verpamil SR
- Inj 2.5 mg per ml, 2 ml ampoule ........................................... 7.54 5 Isoptin

### CENTRALLY-ACTING AGENTS

**CLONIDINE**
- Patch 2.5 mg, 100 mcg per day ............................................. 23.30 4 Catapres-TTS-1
- Patch 5 mg, 200 mcg per day ............................................. 32.80 4 Catapres-TTS-2
- Patch 7.5 mg, 300 mcg per day ........................................... 41.20 4 Catapres-TTS-3

**CLONIDINE HYDROCHLORIDE**
- Tab 25 mcg – 1% DV Jul-13 to 2015 ....................................... 15.09 112 Clonidine BNM
- Tab 150 mcg – 1% DV Feb-13 to 2015 .................................... 34.32 100 Catapres
- Inj 150 mcg per ml, 1 ml ampoule – 1% DV Nov-12 to 2015 ...... 16.07 5 Catapres

**METHYLDOPA**
- Tab 125 mg ................................................................. 14.25 100 Prodopa
- Tab 250 mg ................................................................. 15.10 100 Prodopa
- Tab 500 mg ................................................................. 23.15 100 Prodopa

### 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 Sep-12 to 2015 ....................................... 10.25 1,000 Diurin 40
- Tab 500 mg – 1% DV Feb-13 to 2015 .................................... 25.00 50 Urex Forte
- Oral liq 10 mg per ml ......................................................... 1.30 5 Frusemide-Claris
- Inj 10 mg per ml, 2 ml ampoule ........................................... 5 Frusemide-Claris
- Inj 10 mg per ml, 25 ml ampoule
### Osmotic Diuretics

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANNITOL Inj 10%, 1,000 ml bag</td>
<td>14.21</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>MANNITOL Inj 15%, 500 ml bag</td>
<td>9.84</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>MANNITOL Inj 20%, 500 ml bag</td>
<td>10.80</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
</tbody>
</table>

### Potassium Sparing Combination Diuretics

**AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE**
Tab 5 mg with furosemide 40 mg

**AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE**
Tab 5 mg with hydrochlorothiazide 50 mg

### Potassium Sparing Diuretics

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMILORIDE HYDROCHLORIDE Tab 5 mg</td>
<td>17.50</td>
<td>100</td>
<td>Apo-Amiloride</td>
</tr>
<tr>
<td>AMILORIDE HYDROCHLORIDE Oral liq 1 mg per ml</td>
<td>30.00</td>
<td>25 ml</td>
<td>Biomed</td>
</tr>
<tr>
<td>SPIRONOLACTONE Tab 25 mg – 1% DV Sep-13 to 2016</td>
<td>3.65</td>
<td>100</td>
<td>Spirotone</td>
</tr>
<tr>
<td>SPIRONOLACTONE Tab 100 mg – 1% DV Sep-13 to 2016</td>
<td>11.80</td>
<td>100</td>
<td>Spirotone</td>
</tr>
</tbody>
</table>

### Thiazide and Related Diuretics

**BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]**
Tab 2.5 mg – 1% DV Sep-11 to 2014 | 6.48 | 500 | Arrow-Bendrofluazide |
Tab 5 mg – 1% DV Sep-11 to 2014 | 9.95 | 500 | Arrow-Bendrofluazide |

**CHLORTALIDONE [CHLORTHALIDONE]**
Tab 25 mg | 8.00 | 50 | Hygroton |

**CHLOROTHIAZIDE**
Oral liq 50 mg per ml | 26.00 | 25 ml | Biomed |

**INDAPAMIDE**
Tab 2.5 mg | 2.95 | 90 | Dapa-Tabs |

**METOLAZONE**
Tab 5 mg

**Restricted**
For the treatment of patients with refractory heart failure who are intolerant or have not responded to loop diuretics and/or loop-thiazide combination therapy.
## CARDIOVASCULAR SYSTEM

### LIPID-MODIFYING AGENTS

#### Fibrates

**BEZAFIBRATE**
- Tab 200 mg – 1% DV Mar-13 to 2015 ........................................ 9.70 90 Bezalip
- Tab long-acting 400 mg – 1% DV Oct-12 to 2015 .................. 5.70 30 Bezalip Retard

**GEMFIBROZIL**
- Tab 600 mg ......................................................... 14.00 60 Lipazil

#### Resins

**CHOLESTYRAMINE**
- Powder for oral liq 4 g

**COLESTIPOL HYDROCHLORIDE**
- Grans for oral liq 5 g

#### HMG CoA Reductase Inhibitors (Statins)

**ATORVASTATIN**
- Tab 10 mg – 1% DV Oct-12 to 2015 ........................................ 2.52 90 Zarator
- Tab 20 mg – 1% DV Oct-12 to 2015 ........................................ 4.17 90 Zarator
- Tab 40 mg – 1% DV Oct-12 to 2015 ........................................ 7.32 90 Zarator
- Tab 80 mg – 1% DV Oct-12 to 2015 ........................................ 16.23 90 Zarator

**PRAVASTATIN**
- Tab 10 mg
- Tab 20 mg – 1% DV Nov-11 to 2014 ........................................ 5.44 30 Cholvastin
- Tab 40 mg – 1% DV Nov-11 to 2014 ........................................ 9.28 30 Cholvastin

**SIMVASTATIN**
- Tab 10 mg – 1% DV Sep-11 to 2014 ........................................ 1.40 90 Arrow-Simva
- Tab 20 mg – 1% DV Sep-11 to 2014 ........................................ 1.95 90 Arrow-Simva
- Tab 40 mg – 1% DV Sep-11 to 2014 ........................................ 3.18 90 Arrow-Simva
- Tab 80 mg – 1% DV Sep-11 to 2014 ........................................ 9.31 90 Arrow-Simva

#### Selective Cholesterol Absorption Inhibitors

**EZETIMIBE**
- Tab 10 mg

**Restricted**

All of the following:
1. Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
2. Patient’s LDL cholesterol is 2.0 mmol/litre or greater; and
3. Any of the following:
   3.1 The patient has rhabdomyolysis (defined as muscle aches and creatine kinase more than 10 × normal) when treated with one statin; or
   3.2 The patient is intolerant to both simvastatin and atorvastatin; or
   3.3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.
CARDOVASCULAR SYSTEM

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

EZETIMIBE WITH SIMVASTATIN

- Tab 10 mg with simvastatin 10 mg
- Tab 10 mg with simvastatin 20 mg
- Tab 10 mg with simvastatin 40 mg
- Tab 10 mg with simvastatin 80 mg

Restricted

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

Other Lipid-Modifying Agents

ACIPIMOX
- Cap 250 mg

NICOTINIC ACID
- Tab 50 mg
- Tab 500 mg

NITRATES

GLYCERYL TRINITRATE

<table>
<thead>
<tr>
<th>Tab 600 mcg – 1% DV Sep-11 to 2014</th>
<th>...</th>
<th>8.00</th>
<th>100</th>
<th>Lycinate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral spray, 400 mcg per dose – 1% DV Mar-12 to 2014</td>
<td>...</td>
<td>4.45</td>
<td>250 dose</td>
<td>Glytrin</td>
</tr>
<tr>
<td>Patch 25 mg, 5 mg per day – 1% DV Sep-11 to 2014</td>
<td>...</td>
<td>16.56</td>
<td>30</td>
<td>Nitroderm TTS 5</td>
</tr>
<tr>
<td>Patch 50 mg, 10 mg per day – 1% DV Sep-11 to 2014</td>
<td>...</td>
<td>19.50</td>
<td>30</td>
<td>Nitroderm TTS 10</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml ampoule – 1% DV Dec-12 to 2015</td>
<td>...</td>
<td>22.70</td>
<td>10</td>
<td>Nitronal</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 10 ml ampoule</td>
<td>...</td>
<td>40.00</td>
<td>5</td>
<td>Mayne</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 50 ml vial – 1% DV Dec-12 to 2015</td>
<td>...</td>
<td>86.60</td>
<td>10</td>
<td>Nitronal</td>
</tr>
</tbody>
</table>

ISOSORBIDE MONONITRATE

<table>
<thead>
<tr>
<th>Tab 20 mg – 1% DV Jun-11 to 2014</th>
<th>...</th>
<th>17.10</th>
<th>100</th>
<th>Ismo-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 40 mg – 1% DV Jun-11 to 2014</td>
<td>...</td>
<td>7.50</td>
<td>30</td>
<td>Corangin</td>
</tr>
<tr>
<td>Tab long-acting 60 mg</td>
<td>...</td>
<td>3.94</td>
<td>90</td>
<td>Duride</td>
</tr>
</tbody>
</table>

OTHER CARDIAC AGENTS

LEVOSIMENDAN

- Inj 2.5 mg per ml, 5 ml vial
- Inj 2.5 mg per ml, 10 ml vial

Restricted

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.

Heart failure – cardiologist or intensivist

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADRENALINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 in 1,000, 1 ml ampoule</td>
<td>4.98</td>
<td>5</td>
<td>Aspen Adrenaline</td>
</tr>
<tr>
<td></td>
<td>5.25</td>
<td></td>
<td>Mayne</td>
</tr>
<tr>
<td>Inj 1 in 10,000, 10 ml ampoule</td>
<td>27.00</td>
<td>5</td>
<td>Mayne</td>
</tr>
<tr>
<td></td>
<td>49.00</td>
<td>10</td>
<td>Aspen Adrenaline</td>
</tr>
<tr>
<td>Inj 1 in 10,000, 10 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 in 1,000, 30 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOBUTAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 12.5 mg per ml, 20 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOPAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 40 mg per ml, 5 ml ampoule</td>
<td>69.77</td>
<td>10</td>
<td>Martindale</td>
</tr>
<tr>
<td>– 1% DV Sep-12 to 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EPHEDRINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 3 mg per ml, 10 ml syringe</td>
<td>66.00</td>
<td>10</td>
<td>Max Health</td>
</tr>
<tr>
<td>Inj 30 mg per ml, 1 ml ampoule</td>
<td>– 1% DV Nov-12 to 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ISOPRENALINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 200 mcg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 200 mcg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METARAMINOL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.5 mg per ml, 20 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NORADRENALINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.06 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.06 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.1 mg per ml, 100 ml bag</td>
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<td></td>
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</tr>
<tr>
<td>Inj 0.12 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Inj 0.12 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.16 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 2 ml ampoule</td>
<td>42.00</td>
<td>6</td>
<td>Levophed</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENYLEPHRINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml vial</td>
<td>115.50</td>
<td>25</td>
<td>Neosynephrine HCL</td>
</tr>
</tbody>
</table>

# VASODILATORS

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALPROSTADIL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 1 ml ampoule</td>
<td>1,417.50</td>
<td>5</td>
<td>Prostin VR</td>
</tr>
<tr>
<td>– 1% DV Oct-12 to 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMYL NITRITE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liq 98% in 0.3 ml capsule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIAZOXIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 15 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**HYDRAZINE HYDROCHLORIDE**

- **Inj 20 mg ampoule**
  - Tab 25 mg

  **Restricted**

  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.

**MILRINONE**

- **Inj 1 mg per ml, 10 ml ampoule**

**MINOXIDIL**

- **Tab 10 mg**

  **Restricted**

  For patients with severe refractory hypertension which has failed to respond to extensive multiple therapies.

**NICORANDIL**

- **Tab 10 mg**
  - 2.795
  - 60
  - Ikorel

- **Tab 20 mg**
  - 3.328
  - 60
  - Ikorel

  **Restricted**

  Both:
  1. Patient has refractory angina; and
  2. Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate.

**PAPAYERINE HYDROCHLORIDE**

- **Inj 12 mg per ml, 10 ml ampoule**
  - 73.12
  - 5
  - Mayne

- **Inj 30 mg per ml, 1 ml vial**

**PENTOXIFYLLINE (OXPENTIFYLLINE)**

- **Tab 400 mg**

**SODIUM NITROPRUSSIDE**

- **Inj 50 mg vial**

### Endothelin Receptor Antagonists

**AMBRISENTAN**

- **Tab 5 mg**
  - 4,585.00
  - 30
  - Volibris

- **Tab 10 mg**
  - 4,585.00
  - 30
  - Volibris

  **Restricted**

  1. For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
  2. In hospital stabilisations in emergency situations.

**BOSENTAN**

- **Tab 62.5 mg**
  - 2,000.00
  - 60
  - pms-Bosentan
  - 4,585.00

- **Tab 125 mg**
  - 2,000.00
  - 60
  - pms-Bosentan
  - 4,585.00

  **Restricted**

  1. For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
  2. In hospital stabilisation in emergency situations.
CARDIOVASCULAR SYSTEM

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

### Phosphodiesterase Type 5 Inhibitors

<table>
<thead>
<tr>
<th>Brand</th>
<th>Manufacturer</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SILDENAFIL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➔ Tab 25 mg – 1% DV May-13 to 2014</td>
<td></td>
<td>1.85</td>
<td>4</td>
<td>4</td>
<td>Silagra</td>
</tr>
<tr>
<td>➔ Tab 50 mg – 1% DV May-13 to 2014</td>
<td></td>
<td>1.85</td>
<td>4</td>
<td>4</td>
<td>Silagra</td>
</tr>
<tr>
<td>➔ Tab 100 mg – 1% DV May-13 to 2014</td>
<td></td>
<td>7.45</td>
<td>4</td>
<td>4</td>
<td>Silagra</td>
</tr>
</tbody>
</table>

**Restricted**

Any of the following:

1. For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
2. For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or
3. For use in weaning patients from inhaled nitric oxide; or
4. For perioperative use in cardiac surgery patients; or
5. For use in intensive care as an alternative to nitric oxide; or
6. In-hospital stabilisation in emergency situations; or
7. All of the following:
   7.1. Patient has Raynaud’s phenomenon; and
   7.2. 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
   7.3. Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
   7.4. Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

### Prostacyclin Analogues

<table>
<thead>
<tr>
<th>Brand</th>
<th>Manufacturer</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ILOPROST</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mcg in 0.5 ml ampoule</td>
<td></td>
<td>925.00</td>
<td>5</td>
<td>5</td>
<td>Ilomedin</td>
</tr>
<tr>
<td>➔ Nebuliser soln 10 mcg per ml, 2 ml</td>
<td></td>
<td>1,165.00</td>
<td>30</td>
<td>30</td>
<td>Ventavis</td>
</tr>
</tbody>
</table>

**Restricted**

Any of the following:

1. For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
2. For diagnostic use in catheter laboratories; or
3. For use following mitral or tricuspid valve surgery; or
4. In hospital stabilisation in emergency situations.
## DERMATOLOGICALS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ANTIACNE PREPARATIONS

**ADAPALENE**
- Crm 0.1%
- Gel 0.1%

**BENZOYL PEROXIDE**
- Soln 5%

**ISOTRETINOIN**
- Capsule 10 mg – 1% DV Jan-13 to 2015
  - 18.71 120 Oratane
- Capsule 20 mg - 1% DV Jan-13 to 2015
  - 28.91 120 Oratane

**TRETINOIN**
- Crm 0.05%

### ANTIPRURITIC PREPARATIONS

**CALAMINE**
- Cream, aqueous, BP – 1% DV Mar-13 to 2015
  - 1.77 100 g Pharmacy Health
- Lotion, BP – 1% DV Nov-12 to 2015
  - 13.45 2,000 ml PSM

**CROTAMITON**
- Cream 10% – 1% DV Sep-12 to 2015
  - 3.48 20 Itch-Soothe

### ANTI-INFECTIVE PREPARATIONS

#### Antibacterials

**FUSIDATE SODIUM [FUSIDIC ACID]**
- Cream 2%
  - 3.25 15 g Foban
- Ointment 2%
  - 3.25 15 g Foban

**HYDROGEN PEROXIDE**
- Cream 1%
  - 8.56 15 g Crystaderm
- Solution 3% (10 vol)

**MAFENIDE ACETATE**
- Powder 50 g sachet
  - Restricted
  - For the treatment of burns patients

**MUPIROCIN**
- Ointment 2%

**SULPHADIAZINE SILVER**
- Cream 1%
  - 12.30 50 g Flamazine

#### Antifungals

**AMOROLFINE**
- Nail solution 5%
  - Restricted
  - For continuation only
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DERMATOLOGICALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRODUCTS WITH HOSPITAL SUPPLY STATUS (HSS) ARE IN</strong> <strong>BOLD.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXPIRY DATE OF HSS PERIOD IS 30 JUNE OF THE YEAR INDICATED UNLESS OTHERWISE STATED.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CICLOPIROX OLAXMINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail soln 8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>→ Soln 1% – <strong>Restricted:</strong> For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLOTRIMAZOLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1% – 1% DV Nov-11 to 2014</td>
<td>0.54</td>
<td>Clomazol 20 g</td>
</tr>
<tr>
<td>→ Soln 1% – <strong>Restricted:</strong> For continuation only</td>
<td></td>
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<tr>
<td><strong>ECONAZOLE NITRATE</strong></td>
<td></td>
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</tr>
<tr>
<td>Crm 1% – <strong>Restricted:</strong> For continuation only</td>
<td></td>
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</tr>
<tr>
<td>Foaming soln 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KETOCONAZOLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shampoo 2% – 1% DV Sep-11 to 2014</td>
<td>3.08</td>
<td>Sebizole 100 ml</td>
</tr>
<tr>
<td><strong>METRONIDAZOLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 0.75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MICONAZOLE NITRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 2% – 1% DV Nov-11 to 2014</td>
<td>0.46</td>
<td>Multichem 15 g</td>
</tr>
<tr>
<td>→ Lotn 2% – <strong>Restricted:</strong> For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinc 2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NYSTATIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 100,000 u per g</td>
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<td></td>
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<tr>
<td><strong>ANTIPARASITICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LINDANE</strong> [GAMMA BENZENE HEXACHLORIDE]**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MALATHION</strong> [MALDISON]**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lotn 0.5%</td>
<td></td>
<td></td>
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<tr>
<td>Shampoo 1%</td>
<td></td>
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</tr>
<tr>
<td><strong>MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%</td>
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<tr>
<td>Note: Temporary listing to cover out-of-stock.</td>
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<tr>
<td><strong>PERMETHRIN</strong></td>
<td></td>
<td></td>
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<tr>
<td>Crm 5% – 1% DV Sep-11 to 2014</td>
<td>4.20</td>
<td>Lyderm 30 g</td>
</tr>
<tr>
<td>Lotn 5% – 1% DV Sep-11 to 2014</td>
<td>3.24</td>
<td>A-Scabies 30 ml</td>
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<tr>
<td><strong>BARRIER CREAMS AND EMOLLIENTS</strong></td>
<td></td>
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<tr>
<td><strong>BARRIER CREAMS</strong></td>
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<tr>
<td><strong>DIMETHICONE</strong></td>
<td></td>
<td></td>
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<tr>
<td>Crm 5%</td>
<td></td>
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<tr>
<td><strong>ZINC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm</td>
<td></td>
<td></td>
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<tr>
<td>Oint</td>
<td></td>
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<tr>
<td>Paste</td>
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Products with Hospital Supply Status (HSS) are in **bold**. Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
# DERMATOLOGICALS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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<table>
<thead>
<tr>
<th>ZINC WITH CASTOR OIL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm – 1% DV Apr-12 to 2014</td>
<td>1.63 20 g Orion</td>
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<tr>
<td>Oint, BP</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ZINC WITH WOOL FAT</th>
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<tbody>
<tr>
<td>Crm, zinc 15.25% with wool fat 4%</td>
<td></td>
</tr>
</tbody>
</table>

## Emollients

### AQUEOUS CREAM
- Crm, 100 g – 1% DV Sep-11 to 2014 1.23 100 g AFT
- Note: DV limit applies to the pack sizes of 100 g or less.
- Crm, 500 g – 1% DV Sep-11 to 2014 1.96 500 g AFT
- Note: DV limit applies to the pack sizes of greater than 100 g.

### CETOMACROGOL
- Crm BP, 100 g 1.65 1 healthE
- Crm BP, 500 g 3.50 1 Pharmacy Health

### CETOMACROGOL WITH GLYCEROL
- Crm 90% with glycerol 10%, 100 g 2.10 1 Pharmacy Health
- Crm 90% with glycerol 10%, 500 ml 4.50 1 Pharmacy Health
- Crm 90% with glycerol 10%, 1,000 ml 6.50 1 Pharmacy Health

### EMULSIFYING OINTMENT
- Oint BP, 100 g – 1% DV Nov-11 to 2014 1.95 100 g Jaychem
- Oint BP, 500 g – 1% DV Sep-11 to 2014 3.04 500 g AFT
- Note: DV limit applies to pack sizes of greater than 100 g.

### GLYCEROL WITH PARAFFIN
- Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%

### OIL IN WATER EMULSION
- Crm – 1% DV Dec-12 to 2015 2.63 500 g healthE Fatty Cream
- Crm, 100 g 1.60 1 healthE Fatty Cream

### PARAFFIN
- White soft – 1% DV Feb-13 to 2015 0.92 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.
- Yellow soft
- Oint liquid paraffin 50% with white soft paraffin 50%, 100 g 3.10 1 healthE

### PARAFFIN WITH WOOL FAT
- Lotn liquid paraffin 15.9% with wool fat 0.6%
- Lotn liquid paraffin 91.7% with wool fat 3%

### UREA
- Crm 10%

### WOOL FAT
- Crm
## CORTICOSTEROIDS

**BETAMETHASONE DIPROPIONATE**
- Crm 0.05%
- Oint 0.05%

**BETAMETHASONE VALERATE**
- Crm 0.1%
- Lotn 0.1%
- Oint 0.1%

**CLOBETASOL PROPIONATE**
- Crm 0.05%
- Oint 0.05%

**CLOBETASONE BUTYRATE**
- Crm 0.05%

**DIFLUCORTOLONE VALERATE**
- Crm 0.1%
- Fatty oint 0.1%

*Restricted*  
For continuation only

**HYDROCORTISONE**
- Crm 1%, 100 g ................................................................. 3.75 100 g Pharmacy Health
- Crm 1%, 500 g – 1% DV Nov-11 to 2014 ......................... 14.00 500 g Pharmacy Health

Note: DV limit applies to pack sizes of greater than 100 g.

**HYDROCORTISONE ACETATE**
- Crm 1% ........................................................................ 2.48 14.2 g AFT

**HYDROCORTISONE BUTYRATE**
- Crm 0.1% – 1% DV Mar-13 to 2015 ............................... 2.30 30 g Locoid Lipocream
- ................................................................. 6.85 100 g Locoid Lipocream
- Milky emul 0.1% – 1% DV Mar-13 to 2015 .................... 6.85 100 ml Locoid Crelo
- Oint 0.1% – 1% DV Mar-13 to 2015 ............................. 6.85 100 g Locoid

**HYDROCORTISONE WITH PARAFFIN AND WOOL FAT**
- Lotn 1% with paraffin liquid 15.9% and wool fat 0.6%

**METHYLPREDNISOLONE ACEPONATE**
- Crm 0.1% .................................................................... 4.95 15 g Advantan
- Oint 0.1% .................................................................... 4.95 15 g Advantan

**MOMETASONE FUROATE**
- Crm 0.1% – 1% DV Sep-12 to 2015 ............................... 1.78 15 g m-Mometasone
- ................................................................. 3.42 45 g m-Mometasone
- Lotn 0.1%
- Oint 0.1% – 1% DV Sep-12 to 2015 ............................. 1.78 15 g m-Mometasone
- ................................................................. 3.42 45 g m-Mometasone
## DERMATOLOGICALS

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<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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</table>

### TRIAMCINOLONE ACETONIDE

- Crm 0.02% – 1% DV Sep-11 to 2014: $6.63 100 Aristocort
- Oint 0.02% – 1% DV Sep-11 to 2014: $6.69 100 Aristocort

### Corticosteroids with Anti-Infective Agents

**BETAMETHASONE VALERATE WITH CLIOQUINOL**
- Crm 0.1% with clioquinol 3%
- Oint 0.1% with clioquinol 3%

Restricted

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

**BETAMETHASONE VALERATE WITH FUSIDIC ACID**
- Crm 0.1% with fusidic acid 2%

**HYDROCORTISONE WITH MICONAZOLE**
- Crm 1% with miconazole nitrate 2%

**HYDROCORTISONE WITH NATAMYCIN AND NEO MYCIN**
- Crm 1% with natamycin 1% and neomycin sulphate 0.5%: $2.79 15 g Pimafucort
- Oint 1% with natamycin 1% and neomycin sulphate 0.5%: $2.79 15 g Pimafucort

**TRIAMCINOLONE ACETONIDE WITH NEO MYCIN 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: $38.66 60 Novatretin
- Cap 25 mg: $83.11 60 Novatretin

**BETAMETHASONE WITH DIPROPIONATE WITH CALCIPOTRIOL**
- Gel 500 mcg with calcipotriol 50 mcg per g: $26.12 30 g Daivobet
- Oint 500 mcg with calcipotriol 50 mcg per g: $26.12 30 g Daivobet

**CALCIPOTRIOL**
- Crm 50 mcg per g: $45.00 100 g Daivonex
- Oint 50 mcg per g: $45.00 100 g Daivonex
- Soln 50 mcg per ml: $16.00 30 ml Daivonex

**COAL TAR WITH SALICYLIC ACID AND SULPHUR**
- Oint 12% with salicylic acid 2% and sulphur 4%

**COAL TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCIN**
- Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium: $3.05 500 ml Pinetarsol
- $5.82 1,000 ml Pinetarsol

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*(Brand) indicates a brand example only. It is not a contracted product.*
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
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</tbody>
</table>

**DERMATOLOGICALS**

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**METHOXSALEN [8-METHOXYPSORALEN]**
- Cap 10 mg
- Lotn 1.2%

**POTASSIUM PERMANGANATE**
- Tab 400 mg

### SCALP PREPARATIONS

- **BETAMETHASONE VALERATE**
  - Scalp app 0.1% ........................................ 7.75 100 ml Beta Scalp

- **CLOBETASOL PROPIONATE**
  - Scalp app 0.05% ........................................ 6.96 30 ml Dermol

- **HYDROCORTISONE BUTYRATE**
  - Scalp lotn 0.1% – 1% DV Mar-13 to 2015 ........................................ 3.65 100 ml Locoid

### WART PREPARATIONS

- **IMIQUIMOD**
  - Crm 5%, 250 mg sachet – 1% DV Nov-11 to 2014 ...................... 62.00 12 Aldara

  **Restricted**
  Any of the following:
  1. The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or
  2. The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or
  3. The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

  **Notes:**
  Superficial basal cell carcinoma
  - Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.
  - Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.
  - Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.
  - Every effort should be made to biopsy the lesion to confirm that it is a superficial basal cell carcinoma.

  External anogenital warts
  - Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

- **PODOPHYLLOTOXIN**
  - Soln 0.5% ........................................ 33.60 3.5 ml Condylone

- **SILVER NITRATE**
  - Sticks with applicator

### OTHER SKIN PREPARATIONS

- **SUNSCREEN, PROPRIETARY**
  - Crm
  - Lotn .................................................. 2.55 100 g Marine Blue Lotion SPF 30+
  - .......................... 5.10 200 g Marine Blue Lotion SPF 30+
<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. Excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td><strong>DIPHEMANIL METILSULFATE</strong>&lt;br&gt;Powder 2%</td>
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<tr>
<td><strong>Antineoplastics</strong></td>
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</tr>
<tr>
<td>FLUOROURACIL SODIUM&lt;br&gt;Crm 5% – 1% DV Feb-13 to 2015</td>
<td>25.16</td>
<td>20 g</td>
<td>Efudix</td>
</tr>
<tr>
<td>METHYL AMINOLEVULINATE HYDROCHLORIDE&lt;br&gt;Crm 16 %</td>
<td>Restricted&lt;br&gt;Dermatologist or plastic surgeon</td>
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<tr>
<td><strong>Wound Management Products</strong></td>
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<tr>
<td>CALCIUM GLUCONATE&lt;br&gt;Gel 2.5%</td>
<td>21.00</td>
<td>1</td>
<td>healthE</td>
</tr>
</tbody>
</table>
GENITO-URINARY SYSTEM

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or</th>
<th>$</th>
<th>Per</th>
<th>Manufacturer</th>
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</thead>
</table>

**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
Crm 1% – 1% DV Oct-12 to 2015 ................................................. 1.24 50 g healthE

CHLORHEXIDINE GLUCONATE
Lotn 1%, 200 ml ................................................................. 6.75 1 healthE

CLOTRIMAZOLE
Vaginal crm 1% with applicator ........................................... 1.30 35 g Clomazol
Vaginal crm 2% with applicator ........................................... 2.50 20 g Clomazol

MICONAZOLE NITRATE
Vaginal crm 2% with applicator

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

**CONTRACEPTIVES**

**Antiandrogen Oral Contraceptives**

CYPROTERONE ACETATE WITH ETHINYL OESTRADIOL
Tab 2 mg with ethinylestradiol 35 mcg

**Combined Oral Contraceptive**

ETHINYL OESTRADIOL WITH DESOGESTREL
Tab 20 mcg with desogestrel 150 mcg
Tab 30 mcg with desogestrel 150 mcg

ETHINYL OESTRADIOL WITH LEVONORGESTREL
Tab 20 mcg with levonorgestrel 100 mcg
Tab 30 mcg with levonorgestrel 150 mcg
Tab 50 mcg with levonorgestrel 125 mcg ............................................. 9.45 84 Microgynon 50 ED

ETHINYL OESTRADIOL WITH NORETHISTERONE
Tab 35 mcg with norethisterone 500 mcg
Tab 35 mcg with norethisterone 1 mg

NORETHISTERONE WITH MESTRANOL
Tab 1 g with mestranol 50 mcg
### GENITO-URINARY SYSTEM

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<thead>
<tr>
<th>Price (ex man. Excl. GST) Per</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
</table>

#### Emergency Contraceptive

**LEVONORGESTREL**

Tab 1.5 mg – 1% DV Jul-13 to 2016 ........................................... 3.50 1 Postinor-1

#### Progestogen-Only Contraceptives

**LEVONORGESTREL**

Tab 30 mcg

Implant 75 mg ........................................................................ 133.65 1 Jadelle

→ Intra-uterine system, 20 mcg per day

**Restricted**

**Initiation**

All of the following:

1. The patient has a clinical diagnosis of heavy menstrual bleeding; and
2. The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and
3. Either:
   3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
   3.2 Haemoglobin level < 120 g/l.

**Continuation**

Either:

1. Patient demonstrated clinical improvement of heavy menstrual bleeding; or
2. Previous insertion was removed or expelled within 3 months of insertion.

**MEDROXYPROGESTERONE ACETATE**

Inj 150 mg per ml, 1 ml syringe – 1% DV Sep-13 to 2016 ............ 7.00 1 Depo-Provera

**NORETHISTERONE**

Tab 350 mcg

**OESTROGENS**

**OESTRIOL**

Crm 1 mg per g with applicator

Pessaries 500 mcg

**OBSTETRIC PREPARATIONS**

#### Antiprostogestogens

**MIFEPRISTONE**

Tab 200 mg

#### Oxytocics

**CARBOPROST TROMETAMOL**

Inj 250 mcg per ml, 1 ml ampoule

**DINOPROSTONE**

Pessaries 10 mg

Gel 1 mg in 2.5 ml ................................................................. 52.62 1 Prostin E2

Gel 2 mg in 2.5 ml ................................................................. 64.60 1 Prostin E2
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. Excl. GST) $ Per</th>
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<td><strong>GENITO-URINARY SYSTEM</strong></td>
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<tr>
<td><strong>Tocolytics</strong></td>
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<tr>
<td>PROGESTERONE</td>
<td>Cap 100 mg</td>
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<tr>
<td><strong>Restricted</strong></td>
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<tr>
<td>Only for use in women with previous preterm delivery (less than 28 weeks) and/or a short cervix (&lt; 25 mm).</td>
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<tr>
<td>TERBUTALINE</td>
<td>Inj 500 mcg ampoule</td>
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<td><strong>Restricted</strong></td>
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<tr>
<td>Obstetrician</td>
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<td><strong>UROLOGICALS</strong></td>
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<tr>
<td><strong>5-Alpha Reductase Inhibitors</strong></td>
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<tr>
<td>FINASTERIDE</td>
<td>Tab 5 mg – 1% DV Nov-11 to 2014</td>
<td>5.10 30</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
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<tr>
<td>Both:</td>
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<td></td>
</tr>
<tr>
<td>1 Patient has symptomatic benign prostatic hyperplasia; and</td>
<td></td>
<td></td>
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<tr>
<td>2 Either:</td>
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<tr>
<td>2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or</td>
<td></td>
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<tr>
<td>2.2 Symptoms are not adequately controlled with non-selective alpha blockers.</td>
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<tr>
<td><strong>Alpha-1A Adrenoceptor Blockers</strong></td>
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<tr>
<td>TAMGSULOSIN</td>
<td>Cap 400 mcg</td>
<td>5.98 30</td>
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<tr>
<td><strong>Restricted</strong></td>
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<tr>
<td>Both:</td>
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<tr>
<td>1 Patient has symptomatic benign prostatic hyperplasia; and</td>
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<tr>
<td>2 The patient is intolerant of non-selective alpha blockers or these are contraindicated.</td>
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<tr>
<td><strong>Urinary Alkalisers</strong></td>
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<tr>
<td>POTASSIUM CITRATE</td>
<td>Oral liq 3 mmol per ml</td>
<td>30.00 200 ml</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
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<tr>
<td>Both:</td>
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<tr>
<td>1 The patient has recurrent calcium oxalate urolithiasis; and</td>
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<tr>
<td>2 The patient has had more than two renal calculi in the two years prior to the application.</td>
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### GENITO-URINARY SYSTEM

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<tbody>
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<td>$ Per</td>
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</table>

**SODIUM CITRO-TARTRATE**
Grans eff 4 g sachets ......................................................... 2.75 28 Ural

### Urinary Antispasmodics

**OXYBUTYNIN**
Tab 5 mg – 1% DV Jun-13 to 2016 ........................................... 11.20 500 Apo-Oxybutynin
Oral liq 5 mg per 5 ml – 1% DV Jun-13 to 2016 ....................... 56.45 473 ml Apo-Oxybutynin

**SOLIFENACIN SUCCINATE**
- Tab 5 mg ................................................................. 56.50 30 Vescicare
- Tab 10 mg .............................................................. 56.50 30 Vescicare

**Restricted**
Patient has overactive bladder and a documented intolerance of, or is non-responsive to oxybutynin.

**TOLTERODINE TARTRATE**
- Tab 1 mg ................................................................. 14.56 56 Arrow-Tolterodine
- Tab 2 mg ................................................................. 14.56 56 Arrow-Tolterodine

**Restricted**
Patient has overactive bladder and a documented intolerance of, or is non-responsive to oxybutynin.
### ANABOLIC AGENTS

**OXANDROLONE**

⇒ Tab 2.5 mg

*Restricted*

For the treatment of burns patients.

### ANDROGEN AGONISTS AND ANTAGONISTS

#### CYPROTERONE ACETATE

- Tab 50 mg – 1% DV Oct-12 to 2015......................... 18.80 50 Siterone
- Tab 100 mg – 1% DV Oct-12 to 2015....................... 34.25 50 Siterone

#### TESTOSTERONE

- Patch 2.5 mg per day............................................. 80.00 60 Androderm

#### TESTOSTERONE CYPIONATE

- Inj 100 mg per ml, 10 ml vial – 1% DV Feb-12 to 2014........... 76.50 1 Depo-Testosterone

#### TESTOSTERONE ESTERS

- Inj testosterone decanoate 100 mg, testosterone isocaproate 60 mg, testosterone phenylpropionate 60 mg and testosterone propionate 30 mg per ml, 1 ml ampoule

#### TESTOSTERONE UNDECANOATE

- Cap 40 mg – 1% DV Oct-12 to 2015.......................... 31.17 60 Andriol Testocaps
- Inj 250 mg per ml, 4 ml ampoule.............................. 86.00 1 Reandron 1000

### CALCIUM HOMEOSTASIS

#### CALCITONIN

- Inj 100 iu per ml, 1 ml ampoule – 1% DV Sep-11 to 2014........ 110.00 5 Miacalcic

#### ZOLEDRONIC ACID

⇒ Inj 0.8 mg per ml, 5 ml vial........................................ 550.00 1 Zometa

*Restricted*

For hypercalcaemia of malignancy

### 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 1 mg – 1% DV Aug-12 to 2015.............................. 5.87 100 Douglas
- Tab 4 mg – 1% DV Aug-12 to 2015.............................. 8.16 100 Douglas
- Oral liq 1 mg per ml.................................................. 45.00 25 ml Biomed
<table>
<thead>
<tr>
<th>Hormone Preparations</th>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**Dexamethasone Phosphate**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4 mg per ml, 1 ml ampoule</td>
<td>21.50</td>
<td>Hospira</td>
</tr>
<tr>
<td>Inj 4 mg per ml, 2 ml vial</td>
<td>31.00</td>
<td>Hospira</td>
</tr>
</tbody>
</table>

**Fludrocortisone Acetate**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mcg</td>
<td>14.32</td>
<td>Florinef</td>
</tr>
</tbody>
</table>

**Hydrocortisone**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg – 1% DV Nov-12 to 2015</td>
<td>8.10</td>
<td>Douglas</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Nov-12 to 2015</td>
<td>20.32</td>
<td>Douglas</td>
</tr>
<tr>
<td>Inj 100 mg vial</td>
<td>3.99</td>
<td>Solu-Cortef</td>
</tr>
</tbody>
</table>

**Methylprednisolone Acetate**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 40 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015</td>
<td>6.70</td>
<td>Depo-Medrol</td>
</tr>
</tbody>
</table>

**Methylprednisolone Acetate with Lignocaine**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 40 mg with lignocaine 10 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015</td>
<td>7.50</td>
<td>Depo-Medrol with Lidocaine</td>
</tr>
</tbody>
</table>

**Methylprednisolone (As Sodium Succinate)**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 4 mg – 1% DV Oct-12 to 2015</td>
<td>60.00</td>
<td>Medrol</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Oct-12 to 2015</td>
<td>166.52</td>
<td>Medrol</td>
</tr>
<tr>
<td>Inj 40 mg vial – 1% DV Oct-12 to 2015</td>
<td>7.50</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td>Inj 125 mg vial – 1% DV Oct-12 to 2015</td>
<td>18.50</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td>Inj 500 mg vial – 1% DV Oct-12 to 2015</td>
<td>18.00</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td>Inj 1 g vial – 1% DV Oct-12 to 2015</td>
<td>37.50</td>
<td>Solu-Medrol</td>
</tr>
</tbody>
</table>

**Prednisolone**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 5 mg per ml</td>
<td>10.45</td>
<td>Redipred</td>
</tr>
<tr>
<td>Enema 200 mcg per ml, 100 ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prednisone**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>10.68</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td>Tab 2.5 mg</td>
<td>12.09</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>11.09</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td>Tab 20 mg</td>
<td>29.03</td>
<td>Apo-Prednisone</td>
</tr>
</tbody>
</table>

**Triamcinolone Acetonide**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014</td>
<td>21.90</td>
<td>Kenacort-A</td>
</tr>
<tr>
<td>Inj 40 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014</td>
<td>53.79</td>
<td>Kenacort-A40</td>
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</table>

**Triamcinolone Hexacetonide**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 20 mg per ml, 1 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hormone Replacement Therapy**

### Oestrogens

**Oestradiol**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 25 mcg per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 50 mcg per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 100 mcg per day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Restriction (Brand) indicates a brand example only. It is not a contracted product.*
HORMONE PREPARATIONS

**OESTRADIOL VALERATE**
- Tab 1 mg
- Tab 2 mg

**OESTROGENS (CONJUGATED EQUINE)**
- Tab 300 mcg
- Tab 625 mcg

### Progestogen and Oestrogen Combined Preparations

**OESTRADIOL WITH NORETHISTERONE ACETATE**
- Tab 1 mg with 0.5 mg norethisterone acetate
- Tab 2 mg with 1 mg norethisterone acetate
- Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)

**OESTROGENS WITH MEDROXYPROGESTERONE ACETATE**
- Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate
- Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate

### Progestogens

**MEDROXYPROGESTERONE ACETATE**
- Tab 2.5 mg – 1% DV Sep-13 to 2016 ........................................ 3.09 30 Provera
- Tab 5 mg – 1% DV Sep-13 to 2016 ........................................ 13.06 100 Provera
- Tab 10 mg – 1% DV Sep-13 to 2016 ..................................... 6.85 30 Provera

**OTHER ENDOCRINE AGENTS**

**CABERGOLINE**
- Tab 0.5 mg – 1% DV Sep-12 to 2015 ........................................ 6.25 2 Dostinex
- Tab 25.00 8 Dostinex

Restricted
Either:
1. Patient has pathological hyperprolactinemia; or
2. Patient has acromegaly

**CLOMIPHENE CITRATE**
- Tab 50 mg – 1% DV Sep-13 to 2016 ........................................ 29.84 10 Serophene

**DANAZOL**
- Cap 100 mg ................................................................. 68.33 100 Azol
- Cap 200 mg ................................................................. 97.83 100 Azol

**GESTRINONE**
- Cap 2.5 mg

**METYRAPONE**
- Cap 250 mg

**PENTAGASTRIN**
- Inj 250 mcg per ml, 2 ml ampoule
## HORMONE PREPARATIONS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER OESTROGEN PREPARATIONS

- **ETHINYL OESTRADIOL**
  - Tab 10 mcg

- **OESTRADIOL**
  - Tab 2 mg
  - Implant 50 mg

### OTHER PROGESTOGEN PREPARATIONS

- **MEDROXYPROGESTERONE**
  - Tab 100 mg – 1% DV Sep-13 to 2016 96.50 100 Provera
  - Tab 200 mg 70.50 30 Provera

- **NORETHISTEROSE**
  - Tab 5 mg – 1% DV Nov-11 to 2014 26.50 100 Primolut N

### PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

- **CORTICOTRORELIN (OVINE)**
  - Inj 100 mcg vial

- **THYROTROPIN ALFA**
  - Inj 900 mcg vial

#### Adrenocorticotropic Hormones

- **TETRACOSACTIDE [TETRACOSACTRIN]**
  - Inj 250 mcg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 177.18 10 Synacthen
  - Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 29.56 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 166.20 1 Zoladex
  - Implant 10.8 mg 443.76 1 Zoladex

- **LEUPRORELIN ACETATE**
  - Inj 3.75 mg syringe 221.60 1 Lucrin Depot PDS
  - Inj 3.75 mg vial 221.60 1 Lucrin Depot
  - Inj 7.5 mg syringe 166.20 1 Eligard
  - Inj 11.25 mg syringe 591.68 1 Lucrin Depot PDS
  - Inj 11.25 mg vial 591.68 1 Lucrin Depot
  - Inj 22.5 mg syringe 443.76 1 Eligard
  - Inj 30 mg syringe 1,109.40 1 Lucrin Depot PDS
  - Inj 30 mg vial 591.68 1 Eligard
  - Inj 45 mg syringe 832.05 1 Eligard

---

Restriction

*(Brand)* indicates a brand example only. It is not a contracted product.
### HORMONE PREPARATIONS

#### Gonadotrophins

<table>
<thead>
<tr>
<th>Brand or Generic Name</th>
<th>Price (ex man. Excl. GST) $ Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHORIOGONADOTROPIN ALFA</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 250 mcg in 0.5 ml syringe</td>
<td></td>
</tr>
</tbody>
</table>

#### Growth Hormones

<table>
<thead>
<tr>
<th>Brand or Generic Name</th>
<th>Price (ex man. Excl. GST) $ Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOMATROPIN</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 16 iu (5.3 mg) vial</td>
<td></td>
</tr>
<tr>
<td>Inj 36 iu (12 mg) vial</td>
<td></td>
</tr>
</tbody>
</table>

**Restricted**
Only for use in patients with approval by the New Zealand Growth Hormone Committee or the Adult Growth Hormone Panel

#### THYROID AND ANTITHYROID PREPARATIONS

<table>
<thead>
<tr>
<th>Brand or Generic Name</th>
<th>Price (ex man. Excl. GST) $ Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARBIMAZOLE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td></td>
</tr>
<tr>
<td><strong>IODINE</strong></td>
<td></td>
</tr>
<tr>
<td>Soln BP 50 mg per ml</td>
<td></td>
</tr>
<tr>
<td><strong>LEVOTHYROXINE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mcg</td>
<td></td>
</tr>
<tr>
<td>Tab 50 mcg</td>
<td></td>
</tr>
<tr>
<td>Tab 100 mcg</td>
<td></td>
</tr>
<tr>
<td><strong>LIOTHYRONINE SODIUM</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mcg vial</td>
<td></td>
</tr>
<tr>
<td>Tab 20 mcg</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Brand or Generic Name</th>
<th>Price (ex man. Excl. GST) $ Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POTASSIUM PERCHLORATE</strong></td>
<td></td>
</tr>
<tr>
<td>Cap 200 mg</td>
<td></td>
</tr>
<tr>
<td><strong>PROPYLTHIOURACIL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td></td>
</tr>
</tbody>
</table>

**Restricted**
Both:
1. The patient has hyperthyroidism; and
2. The patient is intolerant of carbimazole or carbimazole is contraindicated.

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

<table>
<thead>
<tr>
<th>Brand or Generic Name</th>
<th>Price (ex man. Excl. GST) $ Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROTIRELIN</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mcg per ml, 2 ml ampoule</td>
<td></td>
</tr>
</tbody>
</table>
### HORMONE PREPARATIONS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

### VASOPRESSIN AGENTS

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

**DESMOPRESSIN ACETATE**
- **Tab 100 mcg**
- **Inj 4 mcg per ml, 1 ml ampoule**
- **Inj 15 mcg per ml, 1 ml ampoule**
- **Nasal drops 100 mcg per ml**
- **Nasal spray 10 mcg per dose – 1% DV Sep-11 to 2014**

<table>
<thead>
<tr>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.40</td>
<td>30</td>
<td>Minirin</td>
</tr>
<tr>
<td>27.48</td>
<td>6 ml</td>
<td>Desmopressin-PH&amp;T</td>
</tr>
</tbody>
</table>

**TERLIPRESSIN**
- **Inj 1 mg vial**

<table>
<thead>
<tr>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>450.00</td>
<td>5</td>
<td>Glypressin</td>
</tr>
</tbody>
</table>
### ANTIBACTERIALS

#### Aminoglycosides

**AMIKACIN**
- **Inj 250 mg per ml, 2 ml vial**
- **Inj 5 mg per ml, 5 ml syringe** – 1% DV *Nov-12 to 2014* .......... 176.00 10 Biomed
- **Inj 5 mg per ml, 10 ml syringe**
- **Inj 15 mg per ml, 5 ml syringe**

*Restricted*
Infectious disease physician, clinical microbiologist or respiratory physician

**GENTAMICIN SULPHATE**
- **Inj 10 mg per ml, 1 ml ampoule** .................................................. 8.56 5 Mayne
- **Inj 40 mg per ml, 2 ml ampoule** – 1% DV *Sep-12 to 2015* ......... 6.50 10 Pfizer

**PAROMOMYCIN**
- **Cap 250 mg** ............................................................................. 126.00 16 Humatin

*Restricted*
Infectious disease physician or clinical microbiologist

**STREPTOMYCIN SULPHATE**
- **Inj 400 mg per ml, 2.5 ml ampoule**

*Restricted*
Infectious disease physician, clinical microbiologist or respiratory physician

**TOBRAMYCIN**
- **Inj 40 mg per ml, 2 ml vial** – 1% DV *Sep-11 to 2014* .......... 29.32 5 DBL Tobramycin
- **Inj 100 mg per ml, 5 ml vial**

*Restricted*
Infectious disease physician, clinical microbiologist or respiratory physician

#### Carbapenems

**ERTAPENEM**
- **Inj 1 g vial** .................................................................................. 70.00 1 Invanz

*Restricted*
Infectious disease physician or clinical microbiologist

**IMIPENEM WITH CILASTATIN**
- **Inj 500 mg with 500 mg cilastatin vial**

*Restricted*
Infectious disease physician or clinical microbiologist

**MEROPENEM**
- **Inj 500 mg vial** – 1% DV *Mar-12 to 2014* ......................... 10.50 1 Penembact
- **Inj 1 g vial** – 1% DV *Mar-12 to 2014* ......................... 21.00 1 Penembact

*Restricted*
Infectious disease physician or clinical microbiologist
### INFECTIONS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

#### Cephalosporins and Cephamycins – 1st Generation

**CEFALEXIN**
- Cap 500 mg: 8.90 20 Cephalexin ABM
- Grans for oral liq 25 mg per ml: 8.50 100 ml Cefalexin Sandoz
- Grans for oral liq 50 mg per ml: 11.50 100 ml Cefalexin Sandoz

**CEFAZOLIN**
- Inj 500 mg vial – 1% DV Mar-12 to 2014: 3.99 5 AFT
- Inj 1 g vial – 1% DV Mar-12 to 2014: 3.99 5 AFT

#### Cephalosporins and Cephamycins – 2nd Generation

**CEFACLOR**
- Cap 250 mg: 24.57 100 Ranbaxy-Cefaclor
- Grans for oral liq 25 mg per ml: 3.53 100 ml Ranbaxy-Cefaclor

**CEFOXITIN**
- Inj 1 g vial: 29.40 50 Mylan

**CEFROXIME**
- Tab 250 mg: 29.40 50 Zinnat
- Inj 750 mg vial – 1% DV Mar-12 to 2014: 6.96 5 m-Cefuroxime
- Inj 1.5 g vial – 1% DV Apr-12 to 2014: 2.65 1 Mylan

#### Cephalosporins and Cephamycins – 3rd Generation

**CEFOTAXIME**
- Inj 500 mg vial – 1% DV Oct-11 to 2014: 1.90 1 Cefotaxime Sandoz
- Inj 1 g vial – 1% DV Nov-11 to 2014: 15.58 10 DBL Cefotaxime

**CEFTAZIDIME**
- Inj 500 mg vial – 1% DV Oct-11 to 2014: 2.37 1 Fortum
- Inj 1 g vial – 1% DV Oct-11 to 2014: 3.25 1 DBL Ceftazidime
- Inj 2 g vial – 1% DV Oct-11 to 2014: 6.49 1 DBL Ceftazidime

**Restricted**
Infectious disease physician, clinical microbiologist or respiratory physician

**CEFTRIAXONE**
- Inj 500 mg vial: 2.70 1 Veracol
- Inj 1 g vial: 10.49 5 Aspen Ceftriaxone
- Inj 2 g vial: 5.20 1 Veracol

#### Cephalosporins and Cephamycins – 4th Generation

**CEFEPIME**
- Inj 1 g vial – 1% DV Oct-12 to 2015: 8.80 1 DBL Cefepime
- Inj 2 g vial – 1% DV Oct-12 to 2015: 17.60 1 DBL Cefepime

**Restricted**
Infectious disease physician or clinical microbiologist

(brand) indicates a brand example only. It is not a contracted product.
### Macrolides

#### AZITHROMYCIN

- **Tab 250 mg** ................................................................. 10.00 30  Apo-Azithromycin
- **Tab 500 mg – 1% DV Feb-13 to 2015** ................................ 1.25 2  Apo-Azithromycin
- **Oral liq 40 mg per ml** .................................................. 6.60 15 ml  Zithromax

**Restricted**

Any of the following:
1. Patient has received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome; or
2. Patient has cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms; or
3. For any other condition for five days’ treatment, with review after five days.

#### CLARITHROMYCIN

- **Grans for oral liq 25 mg per ml** ................................. 23.12 70 ml  Klacid
- **Tab 250 mg – 1% DV Jan-12 to 2014** ............................. 4.19 14  Apo-Clarithromycin

**Restricted**

**Tab 250 mg and oral liquid**
1. Atypical mycobacterial infection; or
2. Mycobacterium tuberculosis infection where there is drug resistance or intolerance to standard pharmaceutical agents.

- **Tab 500 mg – 1% DV Apr-12 to 2014** ............................. 10.95 14  Apo-Clarithromycin

**Restricted**

**Tab 500 mg**

Helicobacter pylori eradication.

- **Inj 500 mg vial – 1% DV Oct-11 to 2014** ....................... 30.00 1  Klacid

**Restricted**

**Infusion**
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 (clarithromycin is not to be used as the first-line macrolide).

#### ERYTHROMYCIN (AS ETHYLSUCCINATE)

- **Tab 400 mg** ................................................................. 16.95 100  E-Mycin
- **Grans for oral liq 200 mg per 5 ml** .............................. 4.35 100 ml  E-Mycin
- **Grans for oral liq 400 mg per 5 ml** .............................. 5.85 100 ml  E-Mycin

#### ERYTHROMYCIN (AS LACTOBIONATE)

- **Inj 1 g vial** ..................................................................... 16.00 1  Erythrocin IV

#### ERYTHROMYCIN (AS STEARATE)

- **Tab 250 mg**
- **Tab 500 mg**

**Restricted**

For continuation only

#### ROXITHROMYCIN

- **Tab 150 mg – 1% DV Sep-12 to 2015** .......................... 7.48 50  Arrow-Roxithromycin
- **Tab 300 mg – 1% DV Sep-12 to 2015** .......................... 14.40 50  Arrow-Roxithromycin
### Penicillins

**AMOXICILLIN**

- **Cap 250 mg**.......................... 16.18 500 Alphamox
- **Cap 500 mg**.......................... 26.50 500 Alphamox
- **Grans for oral liq 25 mg per ml**.......................... 1.55 100 ml Ospamox
- **Grans for oral liq 50 mg per ml**.......................... 1.10 100 ml Ospamox
- **Inj 250 mg vial – 1% DV Nov-11 to 2014**.......................... 12.96 10 Ibiomox
- **Inj 500 mg vial – 1% DV Nov-11 to 2014**.......................... 15.08 10 Ibiomox
- **Inj 1 g vial – 1% DV Nov-11 to 2014**.......................... 21.94 10 Ibiomox

**AMOXICILLIN WITH CLAVULANIC ACID**

- **Tab 500 mg with clavulanic acid 125 mg**.......................... 12.55 100 Curam Duo

**BENZATHINE BENZYLPEENICILLIN**

- **Inj 900 mg (1.2 million units) in 2.3 ml syringe**.......................... 315.00 10 Bicillin LA

**BENZYLPEENICILLIN SODIUM [PENICILLIN G]**

- **Inj 600 mg (1 million units) vial – 1% DV Nov-11 to 2014**.......................... 11.50 10 Sandoz

**FLUCLOXACILLIN**

- **Cap 250 mg – 1% DV Oct-12 to 2015**.......................... 22.00 250 Staphlex
- **Cap 500 mg – 1% DV Oct-12 to 2015**.......................... 74.00 500 Staphlex
- **Grans for oral liq 25 mg per ml – 1% DV Sep-12 to 2015**.......................... 2.49 100 ml AFT
- **Grans for oral liq 50 mg per ml – 1% DV Sep-12 to 2015**.......................... 3.25 100 ml AFT
- **Inj 250 mg vial – 1% DV Nov-11 to 2014**.......................... 10.86 10 Flucloxin
- **Inj 500 mg vial – 1% DV Nov-11 to 2014**.......................... 11.32 10 Flucloxin
- **Inj 1 g vial – 1% DV Nov-11 to 2014**.......................... 14.28 10 Flucloxin

**PHENOXYMETHYLPENICILLIN [PENICILLIN V]**

- **Cap 250 mg**.......................... 9.71 50 Cilicaine VK
- **Cap 500 mg**.......................... 11.70 50 Cilicaine VK
- **Grans for oral liq 25 mg per ml**.......................... 1.68 100 ml AFT
- **Grans for oral liq 50 mg per ml**.......................... 1.78 100 ml AFT

**PIPERACILLIN WITH TAZOBACTAM**

- **Inj 4 g with tazobactam 0.5 g vial**.......................... 12.00 1 Tazocin EF

**PROCAINE PENICILLIN**

- **Inj 1.5 g in 3.4 ml syringe – 1% DV Nov-11 to 2014**.......................... 123.50 5 Cilicaine
INFECTIONS

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

**TICARCILLIN WITH CLAVULANIC ACID**

- **Inj 3 g with clavulanic acid 0.1 mg vial**
- **Restricted**
  - Infectious disease physician, clinical microbiologist or respiratory physician

**Quinolones**

**CIPROFLOXACIN**

- **Tab 250 mg – 1% DV Dec-11 to 2014** ....................................................... 2.20 28  Cipflox
- **Tab 500 mg – 1% DV Dec-11 to 2014** ....................................................... 3.00 28  Cipflox
- **Tab 750 mg – 1% DV Dec-11 to 2014** ....................................................... 5.15 28  Cipflox
- **Oral liq 50 mg per ml**
- **Oral liq 100 mg per ml**
- **Inj 2 mg per ml, 100 ml bag** ................................................................. 41.00 10  Aspen Ciprofloxacin
- **Restricted**
  - Infectious disease physician or clinical microbiologist

**MOXIFLOXACIN**

- **Tab 400 mg** ........................................................................................... 52.00 5  Avelox
- **Inj 2 mg per ml, 250 ml bag** .................................................................... 70.00 1  Avelox IV 400
- **Restricted**
  - Mycobacterium infection – infectious disease physician, clinical microbiologist or respiratory physician
  1. **Active tuberculosis, with any of the following:**
     1.1 Documented resistance to one or more first-line medications; or
     1.2 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
     1.3 Impaired visual acuity (considered to preclude ethambutol use); or
     1.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
     1.5 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;**

  - Pneumonia – infectious disease physician, clinical microbiologist
  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.

**Penetrating eye injury** – ophthalmologist

Five days treatment for patients requiring prophylaxis following a penetrating eye injury.

**NORFLOXACIN**

- **Tab 400 mg – 1% DV Sep-11 to 2014** ....................................................... 15.45 100  Arrow-Norfloxacin

**Tetracyclines**

**DEMECLOCYCLINE HYDROCHLORIDE**

- **Cap 150 mg**

**DOXYCYCLINE**

- **Tab 50 mg – Restricted:** For continuation only
- **Tab 100 mg – 1% DV Sep-11 to 2014** ....................................................... 7.95 250  Doxine
- **Inj 5 mg per ml, 20 ml vial**

**MINOCYCLINE**

- **Tab 50 mg**
- **Cap 100 mg – Restricted:** For continuation only
<table>
<thead>
<tr>
<th>INFECTIONS</th>
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<tbody>
<tr>
<td><strong>Price</strong></td>
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<td>Per</td>
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<td>Brand or Generic Manufacturer</td>
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<tr>
<td>TETRACYCLINE</td>
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<td>Tab 250 mg</td>
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<td>Cap 500 mg</td>
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<td>Tetracyclin Wolff</td>
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<tr>
<td>TIGECYCLINE</td>
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<tr>
<td>➞ Inj 50 mg vial</td>
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<tr>
<td>Restricted</td>
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<tr>
<td>Infectious disease physician or clinical microbiologist</td>
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<tr>
<td>Other Antibacterials</td>
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<tr>
<td>AZTREONAM</td>
</tr>
<tr>
<td>➞ Inj 1 g vial – 1% DV Sep-11 to 2014 .....................................................</td>
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<tr>
<td>131.00</td>
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<tr>
<td>Azactam</td>
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<td>Restricted</td>
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<td>Infectious disease physician or clinical microbiologist</td>
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<tr>
<td>CHLORAMPHENICOL</td>
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<tr>
<td>➞ Inj 1 g vial</td>
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<tr>
<td>Restricted</td>
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<tr>
<td>Infectious disease physician or clinical microbiologist</td>
</tr>
<tr>
<td>CLINDAMYCIN</td>
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<tr>
<td>➞ Cap 150 mg</td>
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<tr>
<td>➞ Oral liq 15 mg per ml</td>
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<tr>
<td>➞ Inj 150 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016</td>
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<td>100.00</td>
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<tr>
<td>Infectious disease physician or clinical microbiologist</td>
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<tr>
<td>COLISTIN SULPHOMETHATE [COLESTIMETHATE]</td>
</tr>
<tr>
<td>➞ Inj 150 mg per ml, 1 ml vial</td>
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<tr>
<td>65.00</td>
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<tr>
<td>Colistin-Link</td>
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<td>Restricted</td>
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<tr>
<td>Infectious disease physician, clinical microbiologist or respiratory physician</td>
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<tr>
<td>DAPTOMYCIN</td>
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<tr>
<td>➞ Inj 350 mg vial</td>
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<td>Restricted</td>
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<td>Infectious disease physician or clinical microbiologist</td>
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<td>FUSIDIC ACID</td>
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<td>➞ Tab 250 mg</td>
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<td>Infectious disease physician or clinical microbiologist</td>
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<tr>
<td>HEXAMINE HIPPURATE</td>
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<tr>
<td>Tab 1 g</td>
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<tr>
<td>LINCOMYCIN</td>
</tr>
<tr>
<td>➞ Inj 300 mg per ml, 2 ml vial</td>
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<tr>
<td>Restricted</td>
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<tr>
<td>Infectious disease physician or clinical microbiologist</td>
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<tr>
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</table>

### LINEZOLID
- **Tab 600 mg**  
- **Oral liq 20 mg per ml**  
- **Inj 2 mg per ml, 300 ml bag**  

**Restricted**  
Infectious disease physician or clinical microbiologist

### NITROFURANTOIN
- **Tab 50 mg**  
- **Tab 100 mg**

### SULPHADIAZINE
- **Tab 500 mg**

**Restricted**  
Infectious disease physician, clinical microbiologist or maternal-foetal medicine specialist

### TEICOPLANIN
- **Inj 400 mg vial**

**Restricted**  
Infectious disease physician or clinical microbiologist

### TRIMETHOPRIM
- **Tab 100 mg**  
- **Tab 300 mg**  

<table>
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<tr>
<th>9.28</th>
<th>50</th>
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<tbody>
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<td>TMP</td>
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</table>

### TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]
- **Tab 80 mg with sulphamethoxazole 400 mg**  
- **Oral liq 8 mg with sulphamethoxazole 40 mg per ml**  
- **Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule**

<table>
<thead>
<tr>
<th>2.15</th>
<th>100 ml Deprim</th>
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</thead>
</table>

### VANCOMYCIN
- **Inj 500 mg vial – 1% DV Sep-11 to 2014**

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<tr>
<th>3.58</th>
<th>1 Mylan</th>
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</thead>
</table>

**Restricted**  
Infectious disease physician or clinical microbiologist

### ANTIFUNGALS

#### Imidazoles

### KETOCONAZOLE
- **Tab 200 mg**

**Restricted**  
Infectious disease physician, clinical microbiologist, dermatologist, endocrinologist or oncologist

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

<table>
<thead>
<tr>
<th>Polyene Antimycotics</th>
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<tbody>
<tr>
<td><strong>AMPHOTERICIN B</strong></td>
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<tr>
<td>➔ Inj 50 mg vial</td>
</tr>
<tr>
<td>➔ Inj (liposomal) 50 mg vial – 1% DV Oct-12 to 2015</td>
</tr>
</tbody>
</table>

**Restricted**
Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician

*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.

**NYSTATIN**

| Cap 500,000 u | 12.81 50 | Nilstat |
| Tab 500,000 u | 14.16 50 | Nilstat |
| Oral liq 100,000 u per ml – 1% DV Sep-11 to 2014 | 3.19 24 ml | Nilstat |

**Triazoles**

| **FLUCONAZOLE** |
| ➔ Cap 50 mg – 1% DV Jan-12 to 2014 | 4.77 28 | Ozole |
| ➔ Cap 150 mg – 1% DV Jan-12 to 2014 | 0.91 1 | Ozole |
| ➔ Cap 200 mg – 1% DV Jan-12 to 2014 | 13.34 28 | Ozole |
| ➔ Oral liq 50 mg per 5 ml vial | 34.56 35 ml | Diflucan |
| ➔ Inj 2 mg per ml, 50 ml vial | 5.68 1 | Fluconazole-Ciaris |

**Restricted**
Consultant

| **ITRACONAZOLE** |
| ➔ Cap 100 mg | 4.25 15 | Itrazole |
| ➔ Oral liq 10 mg per ml | | |

**Restricted**
Infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist

| **POSACONAZOLE** |
| ➔ Oral liq 40 mg per ml | 761.13 105 ml | Noxafil |

**Restricted**
Infectious disease physician or haematologist

**Initiation**
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**
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.
### INFECTIONS

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<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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#### VORICONAZOLE

- **Tab 50 mg** ................................................................. $730.00 56 *Vfend*
- **Tab 200 mg** .............................................................. 2,930.00 56 *Vfend*
- **Oral liq 40 mg per ml** ............................................. $730.00 70 ml *Vfend*
- **Inj 200 mg vial** ......................................................... 185.00 1 *Vfend*

**Restricted**

Infectious disease physician, clinical microbiologist or haematologist

**Proven or probable aspergillus infection**

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

**Possible aspergillus infection**

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.

**Resistant candidiasis infections and other moulds**

All of the following:
1. Patient is immunocompromised, and
2. Either:
   1. Patient has fluconazole resistant candidiasis; or
   2. Patient has mould strain such as Fusarium spp. and Scedosporium spp; and
3. A multidisciplinary team (including an Infectious Disease Physician or Clinical Microbiologist) considers the treatment to be appropriate.

---

#### Other Antifungals

**CASPOFUNGIN**

- **Inj 50 mg vial** – 1% DV Oct-12 to 2015 ................................................. 667.50 1 *Cancidas*
- **Inj 70 mg vial** – 1% DV Oct-12 to 2015 ................................................. 862.50 1 *Cancidas*

**Restricted**

Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician

Either:
1. Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
2. Both:
   1. Possible invasive fungal infection; and
   2. A multidisciplinary team (including an Infectious Disease physician or a Clinical Microbiologist) considers the treatment to be appropriate.

**FLUCYTOSINE**

- **Cap 500 mg** .................................................................

**Restricted**

Infectious disease physician or clinical microbiologist.

**TERBINAFINE**

- **Tab 250 mg** – 1% DV Nov-11 to 2014 ................................................. 1.78 14 *Dr Reddy’s Terbinafine*
### INFECTIONS

#### ANTIMYCOBACTERIALS

##### Antileprotics

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
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**CLOFAZAMINE**
- Cap 50 mg

**.Restricted**
Infectious disease physician, clinical microbiologist or dermatologist

**DAPSONE**
- Tab 25 mg
- Tab 100 mg

**.Restricted**
Infectious disease physician, clinical microbiologist or dermatologist

##### Antituberculotics

**CYCLOSERINE**
- Cap 250 mg

**.Restricted**
Infectious disease physician, clinical microbiologist or respiratory physician

**ETHAMBUTOL HYDROCHLORIDE**
- Tab 100 mg
- Tab 400 mg

**Restricted**
Infectious disease physician, clinical microbiologist or respiratory physician

**ISONIAZID**
- Tab 100 mg – 1% DV Mar-13 to 2015

**Restricted**
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician

**ISONIAZID WITH RIFAMPICIN**
- Tab 100 mg with rifampicin 150 mg
- Tab 150 mg with rifampicin 300 mg

**Restricted**
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician

**PARA-AMINOSALICYLIC ACID**
- Grans for oral liq 4 g

**Restricted**
Infectious disease physician, clinical microbiologist or respiratory physician

**PROTIONAMIDE**
- Tab 250 mg

**Restricted**
Infectious disease physician, clinical microbiologist or respiratory physician

**PYRAZINAMIDE**
- Tab 500 mg

**Restricted**
Infectious disease physician, clinical microbiologist or respiratory physician
## INFECTIONS

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</table>

### RIFABUTIN
- **Cap 150 mg** – `1% DV Sep-13 to 2016`................................. `213.19` 30
- **Restricted**
- Infectious disease physician, clinical microbiologist, respiratory physician or gastroenterologist

### RIFAMPICIN
- **Cap 150 mg**
- **Cap 300 mg**
- **Tab 600 mg**
- **Oral liq 100 mg per 5 ml**
- **Inj 600 mg vial**
- **Restricted**
- Internal medicine physician, clinical microbiologist, dermatologist, paediatrician or public health physician

### ANTIPARASITICS

#### Anthelmintics

**ALBENDAZOLE**
- **Tab 200 mg**
- **Tab 400 mg**
- **Restricted**
- Infectious disease physician or clinical microbiologist

**IVERMECTIN**
- **Tab 3 mg**................................................................. `17.20` 4
- **Restricted**
- Infectious disease physician, clinical microbiologist or dermatologist.

**MEBENDAZOLE**
- **Tab 100 mg** – `1% DV Nov-11 to 2014`................................. `24.19` 24
- **Oral liq 100 mg per 5 ml**
- **De-Worm**

**PRAZIQUANTEL**
- **Tab 600 mg**

#### Antiprotozoals

**ARTEMETHER WITH LUMAFANTRINE**
- **Tab 20 mg with lumefantrine 120 mg**
- **Restricted**
- Infectious disease physician or clinical microbiologist

**ARTESUNATE**
- **Inj 60 mg vial**
- **Restricted**
- Infectious disease physician or clinical microbiologist
INFECTIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE</td>
<td>Tab 250 mg with proguanil hydrochloride 100 mg</td>
<td>$2.00 100</td>
<td>Trichozole</td>
</tr>
<tr>
<td>CHLOROQUINE PHOSPHATE</td>
<td>Tab 250 mg</td>
<td>$0.50 100</td>
<td>Trichozole</td>
</tr>
<tr>
<td>MEFLOQUINE HYDROCHLORIDE</td>
<td>Tab 250 mg</td>
<td>$1.25 100</td>
<td>Trichozole</td>
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<tr>
<td>METRONIDAZOLE</td>
<td>Tab 200 mg</td>
<td>$0.50 100</td>
<td>Trichozole</td>
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<tr>
<td></td>
<td>Tab 400 mg</td>
<td>$1.50 100</td>
<td>Trichozole</td>
</tr>
<tr>
<td></td>
<td>Oral liq benzoate 200 mg per 5 ml</td>
<td>$0.25 100 ml</td>
<td>Trichozole</td>
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<td></td>
<td>Suppos 500 mg</td>
<td>$0.50 10</td>
<td>Trichozole</td>
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<tr>
<td></td>
<td>Inj 5 mg per ml, 100 ml bag</td>
<td>$0.10 1</td>
<td>Trichozole</td>
</tr>
<tr>
<td>NITAZOXANIDE</td>
<td>Tab 500 mg</td>
<td>$60.00 30</td>
<td>Trichozole</td>
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<tr>
<td></td>
<td>Oral liq 100 mg per 5 ml</td>
<td>$0.10 100 ml</td>
<td>Trichozole</td>
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<tr>
<td>ORNIDAZOLE</td>
<td>Tab 500 mg</td>
<td>$6.00 10</td>
<td>Trichozole</td>
</tr>
<tr>
<td>PENTAMIDINE ISETHIONATE</td>
<td>Inj 300 mg vial</td>
<td>$0.10 1</td>
<td>Trichozole</td>
</tr>
<tr>
<td>PRIMAQUINE PHOSPHATE</td>
<td>Tab 7.5 mg</td>
<td>$0.10 1</td>
<td>Trichozole</td>
</tr>
<tr>
<td>PYRIMETHAMINE</td>
<td>Tab 25 mg</td>
<td>$0.10 1</td>
<td>Trichozole</td>
</tr>
<tr>
<td>QUININE DIHYDROCHLORIDE</td>
<td>Inj 60 mg per ml, 10 ml ampoule</td>
<td>$0.10 1</td>
<td>Trichozole</td>
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<tr>
<td></td>
<td>Inj 300 mg per ml, 2 ml vial</td>
<td>$0.10 1</td>
<td>Trichozole</td>
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**QUININE SULPHATE**
Tab 300 mg .................................................. .......................................................... 54.06 500 Q 300

**SODIUM STIBOGLUCONATE**

- Inj 100 mg per ml, 1 ml vial

**Restricted**
Infectious disease physician or clinical microbiologist

**SPIRAMYCIN**

- Tab 500 mg

**Restricted**
Maternal-foetal medicine specialist

**ANTI RETROVIRALS**

### Non-Nucleoside Reverse Transcriptase Inhibitors

**Restricted**
**Confirmed HIV/AIDS**

Both:

1. Confirmed HIV infection; and
2. Any of the following:
   
   2.1 Symptomatic patient; or
   
   2.2 Patient aged 12 months and under; or
   
   2.3 Both:
   
   2.3.1 Patient aged 1 to 5 years; and
   
   2.3.2 Any of the following:
   
   2.3.2.1 CD4 counts < 1000 cells/mm3; or
   
   2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
   
   2.3.2.3 Viral load counts > 100000 copies per ml; or
   
   2.4 Both:
   
   2.4.1 Patient aged 6 years and over; and
   
   2.4.2 CD4 counts < 350 cells/mm3

**Prevention of maternal transmission**

Either:

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

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

Both:

1. Treatment course to be initiated within 72 hours post exposure; and
2. Either:
   
   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.

**Percutaneous exposure**

Patient has percutaneous exposure to blood known to be HIV positive

**EFAVIRENZ**

- Tab 50 mg .................................................. .......................................................... 158.33 30 Stocrin
- Tab 200 mg .................................................. .......................................................... 474.99 90 Stocrin
- Tab 600 mg .................................................. .......................................................... 474.99 30 Stocrin
- Oral liq 30 mg per ml

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

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

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex man. Excl. GST)</td>
<td>Manufacturer</td>
</tr>
<tr>
<td>$ Per</td>
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<table>
<thead>
<tr>
<th>ETRAVIRINE</th>
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<tbody>
<tr>
<td>Tab 100 mg</td>
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<tr>
<td>Tab 200 mg</td>
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<tr>
<td><em>(Intelence Tab 100 mg to be delisted 1 August 2013)</em></td>
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<table>
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<tr>
<th>NEVIRAPINE</th>
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<tbody>
<tr>
<td>Oral suspension 10 mg per ml</td>
</tr>
<tr>
<td>Tab 200 mg – 1% DV Jan-13 to 2015</td>
</tr>
</tbody>
</table>

### Nucleoside Reverse Transcriptase Inhibitors

**Restricted**

**Confirmed HIV/AIDS**

Both:

1. Confirmed HIV infection; and
2. Any of the following:

   1. Patient aged 12 months and under; or
   2. Patient aged 1 to 5 years; and
   3. Any of the following:
      1. CD4 counts < 1000 cells/mm3; or
      2. CD4 counts < 0.25 × total lymphocyte count; or
      3. Viral load counts > 100000 copies per ml; or
   4. Patient aged 6 years and over; and
   5. CD4 counts < 350 cells/mm3

**Prevention of maternal transmission**

Either:

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

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

Both:

1. Treatment course to be initiated within 72 hours post exposure; and
2. Either:
   1. Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2. Patient has shared intravenous injecting equipment with a known HIV positive person.

**Percutaneous exposure**

Patient has percutaneous exposure to blood known to be HIV positive

<table>
<thead>
<tr>
<th>ABACAVIR SULPHATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 20 mg per ml – 1% DV Jul-11 to 2014</td>
</tr>
<tr>
<td>Tab 300 mg – 1% DV Jul-11 to 2014</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ABACAVIR SULPHATE WITH LAMIVUDINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 600 mg with lamivudine 300 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIDANOSINE [DDI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 125 mg</td>
</tr>
<tr>
<td>Cap 200 mg</td>
</tr>
<tr>
<td>Cap 250 mg</td>
</tr>
<tr>
<td>Cap 400 mg</td>
</tr>
</tbody>
</table>

*(Brand) indicates a brand example only. It is not a contracted product.*
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE

- Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg................................. 1,313.19 30 Atripla

EMTRICITABINE

- Cap 200 mg.............................................................. 307.20 30 Emtriva

EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE

- Tab 200 mg with tenofovir disoproxil fumarate 300 mg........... 838.20 30 Truvada

LAMIVUDINE

- Oral liq 10 mg per ml
- Tab 150 mg

STAVUDINE

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

ZIDOVUDINE [AZT]

- Cap 100 mg.......................................................... 145.00 100 Retrovir
- Oral liq 10 mg per ml................................................. 29.00 200 ml Retrovir
- Inj 10 mg per ml, 20 ml vial

ZIDOVUDINE [AZT] WITH LAMIVUDINE

- Tab 300 mg with lamivudine 150 mg
  - 1% DV Dec-12 to 2014 ............................................. 63.50 60 Alphapharm

Protease Inhibitors

Restricted
Confirmed HIV/AIDS

Both:
1 Confirmed HIV infection; and
2 Any of the following:
   2.1 Symptomatic patient; or
   2.2 Patient aged 12 months and under; or
   2.3 Both:
      2.3.1 Patient aged 1 to 5 years; and
      2.3.2 Any of the following:
         2.3.2.1 CD4 counts < 1000 cells/mm3; or
         2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
         2.3.2.3 Viral load counts > 100000 copies per ml; or
   2.4 Both:
      2.4.1 Patient aged 6 years and over; and
      2.4.2 CD4 counts < 350 cells/mm3

Prevention of maternal transmission

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

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Either:  

continued...
INFECTIONS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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</tr>
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<tbody>
<tr>
<td>$ Per</td>
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</table>

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.

**Percutaneous exposure**
Patient has percutaneous exposure to blood known to be HIV positive

**ATAZANAVIR SULPHATE**

- **Cap 150 mg**.......................... 568.34 60 Reyataz
- **Cap 200 mg**.......................... 757.79 60 Reyataz

**DARUNAVIR**

- **Tab 400 mg**.......................... 837.50 60 Prezista
- **Tab 600 mg**.......................... 1,190.00 60 Prezista

**INDINAVIR**

- **Cap 200 mg**
- **Cap 400 mg**

**LOPINAVIR WITH RITONAVIR**

- **Oral liq 80 mg with ritonavir 20 mg per ml**................... 735.00 300 ml Kaletra
- **Tab 100 mg with ritonavir 25 mg**.......................... 183.75 60 Kaletra
- **Tab 200 mg with ritonavir 50 mg**.......................... 735.00 120 Kaletra

**RITONAVIR**

- **Tab 100 mg – 1% DV Oct-12 to 2015**.......................... 43.31 30 Norvir
- **Oral liq 80 mg per ml**

**Strand Transfer Inhibitors**

**Restricted**

**Confirmed HIV/AIDS**

Both:

1. Confirmed HIV infection; and
2. Any of the following:
   2.1 Symptomatic patient; or
   2.2 Patient aged 12 months and under; or
   2.3 Both:
      2.3.1 Patient aged 1 to 5 years; and
      2.3.2 Any of the following:
         2.3.2.1 CD4 counts < 1000 cells/mm³; or
         2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
         2.3.2.3 Viral load counts > 100,000 copies per ml; or
   2.4 Both:
      2.4.1 Patient aged 6 years and over; and
      2.4.2 CD4 counts < 350 cells/mm³

**Prevention of maternal transmission**

Either:

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

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

Both:

1. Treatment course to be initiated within 72 hours post exposure; and
2. Either:

continued...
Continued...

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.

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

RALTEGRAVIR POTASSIUM

\[ \text{Tab 400 mg} \quad \text{1,090.00} \quad \text{60} \quad \text{Isentress} \]

\begin{tabular}{|l|l|l|}
\hline
\textbf{HIV Fusion Inhibitors} & & \\
\hline
\textbf{ENFUVIRTIDE} & & \\
\hline
\text{Inj 108 mg vial} & \text{2,380.00} & \text{60} \quad \text{Fuzeon} \\
\hline
\end{tabular}

Restricted
Initiation
Re-assessment required after 12 months

All of the following:
1 Confirmed HIV infection; and
2 Enfuvirtide to be given in combination with optimized back ground therapy (including at least 1 other antiretroviral drug that the patient has never previously been exposed to) for treatment failure; and
3 Either:
   3.1 Patient has evidence of HIV replication, despite ongoing therapy; or
   3.2 Patient has treatment-limiting toxicity to previous antiretroviral agents; and
4 Previous treatment with 3 different antiretroviral regimens has failed; and
5 All of the following:
   5.1 Previous treatment with a non-nucleoside reverse transcriptase inhibitor has failed; and
   5.2 Previous treatment with a nucleoside reverse transcriptase inhibitor has failed; and
   5.3 Previous treatment with a protease inhibitor has failed.

Continuation
Patient has had at least a 10 fold reduction in viral load at 12 months

\begin{tabular}{|l|l|l|}
\hline
\textbf{ANTIVIRALS} & & \\
\hline
\textbf{Hepatitis B} & & \\
\hline
ADEFOVIR DIPIVOXIL & & \\
\hline
\text{Tab 10 mg} & \text{670.00} & \text{30} \quad \text{Hepsera} \\
\hline
\end{tabular}

Restricted
Gastroenterologist or infectious disease physician

All of the following:
1 Patient has confirmed Hepatitis B infection (HBsAg+); and
   Documented resistance to lamivudine, defined as:
2 Patient has raised serum ALT (> 1 × ULN); and
3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10 fold over nadir; and
4 Detection of M204I or M204V mutation; and
5 Either:
   5.1 Both:
      5.1.1 Patient is cirrhotic; and
      5.1.2 Adefovir dipivoxil to be used in combination with lamivudine; or
   5.2 Both:
      5.2.1 Patient is not cirrhotic; and
      5.2.2 Adefovir dipivoxil to be used as monotherapy.

continued...
## INFECTIONS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $</th>
<th>Per</th>
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<tbody>
<tr>
<td>82</td>
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</table>

### ENTECAVIR

- **Table 0.5 mg**
- **Baraclude**

**Restricted**

Gastroenterologist or infectious disease physician

All of the following:
1. Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2. Patient is Hepatitis B nucleoside analogue treatment-naive; and
3. Entecavir dose 0.5 mg/day; and
4. Either:
   4.1 ALT greater than upper limit of normal; or
   4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater) on liver histology; and
5. Either:
   5.1 HBeAg positive; or
   5.2 Patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and
6. No continuing alcohol abuse or intravenous drug use; and
7. Not co-infected with HCV, HIV or HDV; and
8. Neither ALT nor AST greater than 10 times upper limit of normal; and
9. No history of hypersensitivity to entecavir; and
10. No previous documented lamivudine resistance (either clinical or genotypic).

### LAMIVUDINE

- **Oral liq 5 mg per ml**
- **Tab 100 mg – 1% DV Dec-12 to 2014**

**Restricted**

Gastroenterologist, infectious disease specialist, paediatrician or general physician

**Initiation**

*Re-assessment required after 12 months*

1. Any of the following:
   1.1 All of the following:
      1.1.1 HBsAg positive for more than 6 months; and
      1.1.2 HBeAg positive or HBV DNA positive defined as > 100,000 copies per ml by quantitative PCR at a reference laboratory; and
      1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent) on liver histology clinical/radiological evidence of cirrhosis; or
   1.2 HBV DNA positive cirrhosis prior to liver transplantation; or
   1.3 HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or
   1.4 Hepatitis B surface antigen positive (HbsAg) patient who is receiving chemotherapy for a malignancy, or who has received such treatment within the previous two months; and
2. All of the following:
   2.1 No continuing alcohol abuse or intravenous drug use; and
   2.2 Not coinfected with HCV or HDV; and
   2.3 Neither ALT nor AST greater than 10 times upper limit of normal; and
   2.4 No history of hypersensitivity to lamivudine; and
   2.5 No previous documented lamivudine therapy with genotypically proven lamivudine resistance.

**Continuation – patients who have maintained continuous treatment and response to lamivudine**

*Re-assessment required after 2 years*

All of the following:
1. Have maintained continuous treatment with lamivudine; and
2. Most recent test result shows continuing biochemical response (normal ALT); and
3. HBV DNA <100.00 copies per ml by quantitative PCR at a reference laboratory; or

*continued...*
Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine

Re-assessment required after 2 years

All of the following:
1. Lamivudine to be used in combination with adefovir dipivoxil; and
2. Patient is cirrhotic; and
   Documented resistance to lamivudine, defined as:
3. Patient has raised serum ALT (> 1 × ULN); and
4. Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
5. Detection of M204I or M204V mutation; or

Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil

Re-assessment required after 2 years

All of the following:
1. Lamivudine to be used in combination with adefovir dipivoxil; and
   Documented resistance to adefovir, defined as:
2. Patient has raised serum ALT (> 1 × ULN); and
3. Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
4. Detection of N236T or A181T/V mutation.

TENOFOVIR DISOPROXIL FUMARATE

Tab 300 mg ................................................................. 531.00 30 Viread

Restricted

Confirmed hepatitis B

Either:
1. All of the following:
   1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
   1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
   1.3 HBV DNA greater than 20,000 IU/mL or increased ≥ 10 fold over nadir; and
   1.4 Any of the following:
      1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
      1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
      1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M,
      S202C/G/I,M204V or M250I/V mutation; or
2. Patient is either listed or has undergone liver transplantation for HBV.

Pregnant patients

Limited to four months’ treatment

Both:
1. Patient is HBsAg positive and pregnant; and
2. Either:
   2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or
   2.2 HBV DNA > 100 million IU/mL and ALT normal.

Confirmed HIV/AIDS

Both:
1. Confirmed HIV infection; and
2. Any of the following:
   2.1 Symptomatic patient; or
   2.2 Patient aged 12 months and under; or
   2.3 Both:
      2.3.1 Patient aged 1 to 5 years; and
      2.3.2 Any of the following:
         2.3.2.1 CD4 counts < 1000 cells/mm3; or

continued...
INFECTIONS

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:
  2.4.1 Patient aged 6 years and over; and
  2.4.2 CD4 counts < 350 cells/mm3

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

Post-exposure prophylaxis following non-occupational exposure to HIV
Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Either:
   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.

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

Herpesviridae

ACICLOVIR
  Tab dispersible 200 mg – 1% DV Sep-13 to 2016 ......................... 1.78 25 Lovir
  Tab dispersible 400 mg – 1% DV Sep-13 to 2016 ......................... 5.98 56 Lovir
  Tab dispersible 800 mg – 1% DV Sep-13 to 2016 ......................... 6.64 35 Lovir
  Inj 250 mg vial – 1% DV Mar-13 to 2015 ................................. 14.09 5 Zovirax IV

CIDOFOVIR
  Inj 75 mg per ml, 5 ml vial
Restricted
Infectious disease physician, clinical microbiologist, otolaryngologist or oral surgeon

FOSCARNET SODIUM
  Inj 24 mg per ml, 250 ml bottle
Restricted
Infectious disease physician or clinical microbiologist

GANCICLOVIR
  Inj 500 mg vial ........................................................................ 380.00 5 Cymevene
Restricted
Infectious disease physician or clinical microbiologist

VALACICLOVIR
  Tab 500 mg ........................................................................... 102.72 30 Valtrex
Restricted
Any of the following:
1 Patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.
2 Patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.
3 Patient has undergone organ transplantation.

continued...
INFECTIONS

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

<table>
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<tbody>
<tr>
<td>VALGANCICLOVIR</td>
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<tr>
<td>➤ Tab 450 mg............................. 3,000.00 60 Valcyte</td>
</tr>
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</table>

**Restricted**

Transplant cytomegalovirus prophylaxis

*Limited to three months’ treatment*

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

Lung transplant cytomegalovirus prophylaxis

*Limited to six months’ treatment*

Both:
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.

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.

**Influenza**

OSELTAMIVIR

➤ Tab 75 mg
➤ Powder for oral suspension 12 mg per ml

**Restricted**

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

**IMMUNE MODULATORS**

INTERFERON ALPHA-2A

- Inj 3 m iu prefilled syringe
- Inj 6 m iu prefilled syringe
- Inj 9 m iu prefilled syringe

INTERFERON ALPHA-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

➤ Inj 100 mcg in 0.5 ml vial

**Restricted**

Patient has chronic granulomatous disease and requires interferon gamma.
PEGYLATED INTERFERON ALPHA-2A

- Inj 135 mcg prefilled syringe
- Inj 180 mcg prefilled syringe
- Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)
- Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)
- Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)
- Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)

**Restricted**

Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV

- Both:
  - 1 Either:
    - 1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
    - 1.2 Patient has chronic hepatitis C and is co-infected with HIV; and
  - 2 Maximum of 48 weeks therapy.

Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV

- Both:
  - 1 Patient has chronic hepatitis C, genotype 2 or 3 infection; and
  - 2 Maximum of 6 months therapy.

**Hepatitis B**

- 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 ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2); 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; and
  - 11 Maximum of 48 weeks therapy.
# MUSCULOSKELETAL SYSTEM

## ANTICHOLINESTERASES

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td><strong>EDROPHONIUM CHLORIDE</strong></td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>$87</td>
<td>AstraZeneca</td>
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</tbody>
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Restricted
For the diagnosis of myasthenia gravis

<table>
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<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
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<tbody>
<tr>
<td><strong>NEOSTIGMINE METILSULFATE</strong></td>
<td>Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014</td>
<td>$140</td>
<td>AstraZeneca</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE</strong></td>
<td>Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule</td>
<td>$140</td>
<td>Mestinon</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Product Name</th>
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<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td><strong>PYRIDOSTIGMINE BROMIDE</strong></td>
<td>Tab 60 mg – 1% DV Sep-11 to 2014</td>
<td>$38.90</td>
<td>Mestinon</td>
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## ANTIRHEUMATOID AGENTS

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<tr>
<td><strong>AURANOFIN</strong></td>
<td>Tab 3 mg</td>
<td>$18.00</td>
<td>Plaquenil</td>
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<th>Price</th>
<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td><strong>HYDROXYCHLOROQUINE</strong></td>
<td>Tab 200 mg – 1% DV Nov-12 to 2015</td>
<td>$18.00</td>
<td>Plaquenil</td>
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<table>
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<th>Price</th>
<th>Brand or Manufacturer</th>
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</thead>
<tbody>
<tr>
<td><strong>LEFLUNOMIDE</strong></td>
<td>Tab 10 mg</td>
<td>$55.00</td>
<td>Arava</td>
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<td></td>
<td>Tab 20 mg</td>
<td>$76.00</td>
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<tr>
<td></td>
<td>Tab 100 mg</td>
<td>$54.44</td>
<td>Arava</td>
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<tbody>
<tr>
<td><strong>PENICILLAMINE</strong></td>
<td>Tab 125 mg</td>
<td>$61.93</td>
<td>D-Penamine</td>
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<td></td>
<td>Tab 250 mg</td>
<td>$98.98</td>
<td>D-Penamine</td>
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<tbody>
<tr>
<td><strong>SODIUM AUROTHIOMALATE</strong></td>
<td>Inj 10 mg in 0.5 ml ampoule</td>
<td>$133.00</td>
<td>Fosamax</td>
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<tr>
<td></td>
<td>Inj 20 mg in 0.5 ml ampoule</td>
<td>$133.00</td>
<td>Fosamax</td>
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<tr>
<td></td>
<td>Inj 50 mg in 0.5 ml ampoule</td>
<td>$133.00</td>
<td>Fosamax</td>
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</tbody>
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## DRUGS AFFECTING BONE METABOLISM

### Bisphosphonates

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALENDRONATE SODIUM</strong></td>
<td>Tab 40 mg</td>
<td>$133.00</td>
<td>Fosamax</td>
</tr>
</tbody>
</table>

Restricted
Both:
1. Paget’s disease; and
2. Any of the following:
   2.1 Bone or articular pain; or
   2.2 Bone deformity; or
   2.3 Bone, articular or neurological complications; or
   2.4 Asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs); or

continued...
2.5 Preparation for orthopaedic surgery.

Tab 70 mg.......................... 22.90 4  Fosamax

**Restricted**

**Osteoporosis**

Any of the following:

1. History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) $\geq$ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score $\leq$ -2.5) (see Note); 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 $\leq$ -3.0 (see Note); or

5. A 10-year risk of hip fracture $\geq$ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or

6. Patient has had a Special Authority approval for zoledronic acid (osteoporosis) or raloxifene.

**Initiation – glucocorticosteroid therapy**

*Re-assessment required after 12 months*

Both:

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

2. Any of the following:

   2.1 The patient has documented BMD $\geq$ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score $\leq$ -1.5) (see Note); or

   2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or

   2.3 The patient has had a Special Authority approval for zoledronic acid (glucocorticosteroid therapy) or raloxifene.

**Continuation – glucocorticosteroid therapy**

*Re-assessment required after 12 months*

The patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents)

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 used by National Institute for Health and Clinical Excellence (NICE) guidance indicates 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 $\leq$ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

d) In line with the Australian guidelines for funding alendronate, 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.
ALENDRONATE SODIUM WITH CHOLECALCIFEROl

Tab 70 mg with cholecalciferol 5,600 iu ........................................ 22.90 4  Fosamax Plus

Restricted Osteoporosis

Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); 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 ≤ -3.0 (see Note); or
5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
6 Patient has had a Special Authority approval for zoledronic acid (osteoporosis) or raloxifene.

Initiation – glucocorticosteroid therapy

Re-assessment required after 12 months

Both:

1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
2 Any of the following:
   2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
   2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
   2.3 The patient has had a Special Authority approval for zoledronic acid (glucocorticosteroid therapy) or raloxifene.

Continuation – glucocorticosteroid therapy

Re-assessment required after 12 months

The patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents)

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 used by National Institute for Health and Clinical Excellence (NICE) guidance indicates 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 ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

d) In line with the Australian guidelines for funding alendronate, 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.

ETIDRONATE DISODIUM

Tab 200 mg – 1% DV Sep-12 to 2015 ........................................... 15.80 100  Arrow-Etidronate

PAMIDRONATE DISODIUM

Inj 3 mg per ml, 5 ml vial ......................................................... 18.75 1  Pamisol
Inj 3 mg per ml, 10 ml vial – 1% DV Feb-13 to 2014 .................... 16.00 1  Pamidronate BNM
Inj 6 mg per ml, 10 ml vial – 1% DV Feb-13 to 2014 ................. 32.00 1  Pamidronate BNM
Inj 9 mg per ml, 10 ml vial – 1% DV Feb-13 to 2014 ................. 48.00 1  Pamidronate BNM
ZOLEDRONIC ACID

Inj 0.05 mg per ml, 100 ml vial

$600.00

100 ml

Aclasta

Restricted

Osteogenesis imperfecta

Patient has been diagnosed with clinical or genetic osteogenesis imperfecta.

Osteoporosis

Both:

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

2 The patient will not be prescribed more than one infusion in a 12-month period.

Initiation – glucocorticosteroid therapy

Re-assessment required after 12 months

All of the following:

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

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

3 The patient will not be prescribed more than one infusion in the 12-month approval period.

Continuation – glucocorticosteroid therapy

Re-assessment required after 12 months

Both:

1 The patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents); and

2 The patient will not be prescribed more than one infusion in the 12-month approval period.

Initiation – Paget’s disease

Re-assessment required after 12 months

All of the following:

1 Paget’s disease; and

2 Any of the following:
   2.1 Bone or articular pain; or
   2.2 Bone deformity; or
   2.3 Bone, articular or neurological complications; or
   2.4 Asymptomatic disease, but risk of complications; or
   2.5 Preparation for orthopaedic surgery; and

3 The patient will not be prescribed more than one infusion in the 12-month approval period.

Continuation – Paget’s disease

Re-assessment required after 12 months

Both:

1 Any of the following:
   1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or

continued...
1.2 The patient’s serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
1.3 Symptomatic disease (prescriber determined); and
2 The patient will not be prescribed more than one infusion in the 12-month approval period.

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 used by National Institute for Health and Clinical Excellence (NICE) guidance indicates 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 ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Frailty 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.

### Other Drugs Affecting Bone Metabolism

**RALOXIFENE**

- **Tab 60 mg** .......................................................... 53.76 28 Evista

**Restricted**

Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -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 ≤ -3.0 (see Notes); or
5 A 10-year risk of hip fracture ≥ 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 prior Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) or alendronate (Underlying cause - Osteoporosis).

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 used by the UK National Institute for Health and Clinical Excellence (NICE) in developing its guidance indicates 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 ≤ -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. Frailty 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.
MUSCULOSKELETAL SYSTEM

| Price  
ex man. Excl. GST | Brand or 
Generic 
Manufacturer |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

TERIPARATIDE

⇒ Inj 250 mcg per ml, 2.4 ml cartridge................................. 490.00 1 Forteo

Restricted

Limited to 18 months’ treatment

All of the following:

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

Notes:

a) The bone mineral density (BMD) measurement used to derive the T-score must be made using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.

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

c) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

ENZYMES

HYALURONIDASE

Inj 1,500 iu ampoule

HYPERURICAEMIA AND ANTIGOUT

ALLOPURINOL

Tab 100 mg – 1% DV Dec-11 to 2014................................. 15.90 1,000 Apo-Allopurinol
Tab 300 mg – 1% DV Dec-11 to 2014................................. 16.75 500 Apo-Allopurinol

BENZBROMARONE

⇒ Tab 100 mg.......................................................... 45.00 100 Benzbromaron

Restricted

Both:

1. Any of the following:
   1.1 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 appropriate doses of probenecid; or
   1.2 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 appropriate doses of probenecid; or
   1.3 Both:
      1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
      1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
   1.4 All of the following:
      1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
      1.4.2 Allopurinol is contraindicated; and
      1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

2. The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.
<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLCHICINE</td>
<td>Tab 500 mcg</td>
<td>9.60 100</td>
<td>Colgout</td>
</tr>
<tr>
<td>PROBENECID</td>
<td>Tab 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RASBURICASE</td>
<td>Inj 1.5 mg vial</td>
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<tr>
<td></td>
<td>Restricted</td>
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<td></td>
<td>Haematologist</td>
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<tr>
<td>MUSCLE RELAXANTS AND RELATED AGENTS</td>
<td></td>
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<tr>
<td>ATRACURIUM BESYLATE</td>
<td>Inj 10 mg per ml, 2.5 ml ampoule – 1% DV Sep-12 to 2015</td>
<td>6.13 5</td>
<td>Tracrium</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 5 ml ampoule – 1% DV Sep-12 to 2015</td>
<td>9.19 5</td>
<td>Tracrium</td>
</tr>
<tr>
<td>BACLOFEN</td>
<td>Tab 10 mg – 1% DV Jun-13 to 2016</td>
<td>3.85 100</td>
<td>Pacifen</td>
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<td>Oral liq 1 mg per ml</td>
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<tr>
<td></td>
<td>Inj 0.05 mg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015</td>
<td>11.55 1</td>
<td>Lioresal Intrathecal</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015</td>
<td>209.29 1</td>
<td>Lioresal Intrathecal</td>
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<tr>
<td>CLOSTRIDIUM BOTULINUM TYPE A TOXIN</td>
<td>Inj 100 u vial</td>
<td>467.50 1</td>
<td>Botox</td>
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<td></td>
<td>Inj 500 u vial</td>
<td>1,295.00 2</td>
<td>Dysport</td>
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<tr>
<td>DANTROLENE</td>
<td>Cap 25 mg</td>
<td>65.00 100</td>
<td>Dantrium</td>
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<td></td>
<td>Cap 50 mg</td>
<td>77.00 100</td>
<td>Dantrium</td>
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<tr>
<td></td>
<td>Inj 20 mg vial</td>
<td></td>
<td>(Dantrium IV)</td>
</tr>
<tr>
<td>MIVACURIUM CHLORIDE</td>
<td>Inj 2 mg per ml, 5 ml ampoule</td>
<td>33.92 5</td>
<td>Mivacron</td>
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<tr>
<td></td>
<td>Inj 2 mg per ml, 10 ml ampoule</td>
<td>67.17 5</td>
<td>Mivacron</td>
</tr>
<tr>
<td>ORPHENADRINE CITRATE</td>
<td>Tab 100 mg</td>
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</tr>
<tr>
<td>PANCURONIUM BROMIDE</td>
<td>Inj 2 mg per ml, 2 ml ampoule – 1% DV Jan-13 to 2015</td>
<td>260.00 50</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td>ROCURONIUM BROMIDE</td>
<td>Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015</td>
<td>38.25 10</td>
<td>DBL Rocuronium Bromide</td>
</tr>
<tr>
<td>SUXAMETHONIUM CHLORIDE</td>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td>130.00 50</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td>VECURONIUM BROMIDE</td>
<td>Inj 4 mg ampoule</td>
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<tr>
<td></td>
<td>Inj 10 mg vial</td>
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## MUSCULOSKELETAL SYSTEM

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reversers of Neuromuscular Blockade</strong></td>
<td></td>
</tr>
</tbody>
</table>

**SUGAMMADEX**
- **Inj 100 mg per ml, 2 ml vial**
  - 1,200.00 10 Bridion
- **Inj 100 mg per ml, 5 ml vial**
  - 3,000.00 10 Bridion

**Restriction**
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. Patient has an unexpectedly difficult airway that cannot be intubated and requires a rapid reversal of anaesthesia and neuromuscular blockade; or
3. The duration of the patient’s surgery is unexpectedly short; or
4. Neostigmine or a neostigmine/anticholinergic combination is contraindicated (for example the patient has ischaemic heart disease, morbid obesity or COPD); or
5. Patient has a partial residual block after conventional reversal.

## NON-STEROIDAL ANTI-INFLAMMATORY DRUGS

**CELECOXIB**
- **Cap 100 mg**
- **Cap 200 mg**
- **Cap 400 mg**

**Restricted**
For preoperative and/or postoperative use for a total of up to 8 days’ use.

**DICLOFENAC SODIUM**

| Tab EC 25 mg – 1% DV Mar-13 to 2015 | 4.00 100 Apo-Diclo |
| Tab EC 50 mg – 1% DV Mar-13 to 2015 | 16.00 500 Apo-Diclo |
| Tab 50 mg dispersible | 24.52 500 Diclax SR |
| Tab long-acting 75 mg – 1% DV Dec-12 to 2015 | 3.10 30 Diclax SR |
| Tab long-acting 100 mg – 1% DV Dec-12 to 2015 | 42.25 500 Diclax SR |
| Suppos 12.5 mg – 1% DV Sep-11 to 2014 | 1.85 10 Voltaren |
| Suppos 25 mg – 1% DV Sep-11 to 2014 | 2.22 10 Voltaren |
| Suppos 50 mg – 1% DV Sep-11 to 2014 | 3.84 10 Voltaren |
| Suppos 100 mg – 1% DV Sep-11 to 2014 | 6.36 10 Voltaren |
| Inj 25 mg per ml, 3 ml ampoule – 1% DV Sep-11 to 2014 | 12.00 5 Voltaren |

**ETORICOXIB**
- **Tab 30 mg**
- **Tab 60 mg**
- **Tab 90 mg**
- **Tab 120 mg**

**Restricted**
For preoperative and/or postoperative use for a total of up to 8 days’ use.

**IBUPROFEN**
- **Tab 200 mg**
- **Tab 400 mg**
- **Tab 600 mg**

**Restriction**
For preoperative and/or postoperative use for a total of up to 8 days’ use.

- **Tab long-acting 800 mg – 1% DV Oct-11 to 2014**
  - 8.12 30 Brufen SR
- **Oral liq 20 mg per ml**
  - 2.69 200 ml Fenpaed
- **Inj 5 mg per ml, 2 ml ampoule**

(Brand) indicates a brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUSCULOSKELETAL SYSTEM</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**INDOMETHACIN**
- Cap 25 mg
- Cap 50 mg
- Cap long-acting 75 mg
- Suppos 100 mg
- Inj 1 mg vial

- **KETOPROFEN**
  - Cap long-acting 100 mg
    - 21.56 100 Oruvail SR
  - Cap long-acting 200 mg
    - 43.12 100 Oruvail SR

- **MEFENAMIC ACID**
  - Cap 250 mg
  - Restricted
  - For continuation only

- **MELOXICAM**
  - Tab 7.5 mg
  - Restricted
  - Either:
    1. Haemophilic arthropathy, with both of the following:
       1.1 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and
       1.2 Pain and inflammation associated with haemophilic arthropathy is inadequately controlled by alternative funded treatment options, or alternative funded treatment options are contraindicated; or
    2. For preoperative and/or postoperative use for a total of up to 8 days’ use.

- **NAPROXEN**
  - Tab 250 mg – 1% DV Jan-13 to 2015
    - 21.25 500 Noflam 250
  - Tab 500 mg – 1% DV Jan-13 to 2015
    - 22.25 250 Noflam 500
  - Tab long-acting 750 mg
  - Tab long-acting 1 g

- **PARECOXIB**
  - Inj 40 mg vial
    - 100.00 10 Dynastat

- **SULINDAC**
  - Tab 100 mg
  - Tab 200 mg
  - Restricted
  - For continuation only

- **TENOXICAM**
  - Tab 20 mg
  - Inj 20 mg vial
    - 9.95 1 AFT

- **TIAPROFENIC ACID**
  - Tab 300 mg
    - 19.26 60 Surgam

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

CAPSAICIN

Crm 0.025% .............................................................. 9.95 45 g Zostrix

Restricted
Patient has osteoarthritis that is not responsive to paracetamol and oral non-steroidal anti-inflammatories are contraindicated.
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Expiry</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TETRABENAZINE</strong></td>
<td>Tab 25 mg – 1% DV Sep-13 to 2016</td>
<td>118.00</td>
<td>112 Motetis</td>
</tr>
<tr>
<td><strong>Anticholinergics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BENZTROPINE MESYLATE</strong></td>
<td>Inj 1 mg per ml, 2 ml ampoule</td>
<td>95.00</td>
<td>5 Cogentin</td>
</tr>
<tr>
<td><strong>ORPHENADRINE HYDROCHLORIDE</strong></td>
<td>Tab 50 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dopamine Agonists and Related Agents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMANTADINE HYDROCHLORIDE</strong></td>
<td>Cap 100 mg – 1% DV Sep-11 to 2014</td>
<td>38.24</td>
<td>60 Symmetrel</td>
</tr>
<tr>
<td><strong>APOMORPHINE HYDROCHLORIDE</strong></td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>110.00</td>
<td>5 Apomine</td>
</tr>
<tr>
<td><strong>BROMOCRIPTINE</strong></td>
<td>Tab 2.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ENTACAPONE</strong></td>
<td>Tab 200 mg – 1% DV Dec-12 to 2015</td>
<td>47.92</td>
<td>100 Entapone</td>
</tr>
<tr>
<td><strong>LEVODOPA WITH BENSERAZIDE</strong></td>
<td>Cap 50 mg with benserazide 12.5 mg</td>
<td>8.00</td>
<td>100 Madopar 62.5</td>
</tr>
<tr>
<td><strong>LEVODOPA WITH CARBIDOPA</strong></td>
<td>Tab 100 mg with carbidopa 25 mg</td>
<td>20.00</td>
<td>100 Sinemet (Sindopa)</td>
</tr>
<tr>
<td><strong>LISURIDE HYDROGEN MALEATE</strong></td>
<td>Tab 200 mcg</td>
<td>25.00</td>
<td>30 Dopergin</td>
</tr>
<tr>
<td><strong>PERGOLIDE</strong></td>
<td>Tab 0.25 mg – 1% DV Sep-11 to 2014</td>
<td>48.00</td>
<td>100 Permax</td>
</tr>
</tbody>
</table>

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## NERVOUS SYSTEM

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

### PRAMIPEXOLE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Tablets</th>
<th>Price</th>
<th>Per</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.125 mg</td>
<td>1.95</td>
<td>30</td>
<td>Dr Reddy’s Pramipexole</td>
</tr>
<tr>
<td>0.25 mg</td>
<td>2.40</td>
<td>30</td>
<td>Dr Reddy’s Pramipexole</td>
</tr>
<tr>
<td>0.5 mg</td>
<td>4.20</td>
<td>30</td>
<td>Dr Reddy’s Pramipexole</td>
</tr>
<tr>
<td>1 mg</td>
<td>7.20</td>
<td>30</td>
<td>Dr Reddy’s Pramipexole</td>
</tr>
</tbody>
</table>

### ROPINIROLE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Tablets</th>
<th>Price</th>
<th>Per</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.25 mg</td>
<td>6.20</td>
<td>84</td>
<td>Ropin</td>
</tr>
<tr>
<td>1 mg</td>
<td>15.95</td>
<td>84</td>
<td>Ropin</td>
</tr>
<tr>
<td>2 mg</td>
<td>24.95</td>
<td>84</td>
<td>Ropin</td>
</tr>
<tr>
<td>5 mg</td>
<td>38.00</td>
<td>84</td>
<td>Ropin</td>
</tr>
</tbody>
</table>

### SELEGILINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Tablets</th>
<th>Price</th>
<th>Per</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TOLCAPONE

<table>
<thead>
<tr>
<th>Tablets</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 mg</td>
<td>126.20</td>
<td>100</td>
<td>Tasmăr</td>
</tr>
</tbody>
</table>

## ANAESTHETICS

### General Anaesthetics

- **DESFLURANE**
  - Soln for inhalation 100%, 240 ml bottle
    - 1% DV Dec-12 to 2015 .................. 1,230.00 6  Suprane

- **DEXMEDETOMIDINE HYDROCHLORIDE**
  - Inj 100 mcg per ml, 2 ml vial

- **ETOMIDATE**
  - Inj 2 mg per ml, 10 ml ampoule

- **ISOFLURANE**
  - Soln for inhalation 100%, 250 ml bottle
    - 1% DV Dec-12 to 2015 .................. 1,020.00 6  Aerrane

- **KETAMINE HYDROCHLORIDE**
  - Inj 1 mg per ml, 100 bag
  - Inj 4 mg per ml, 50 ml syringe
  - Inj 10 mg per ml, 10 ml syringe
  - Inj 100 mg per ml, 2 ml vial

- **METHOHEXITAL SODIUM**
  - Inj 10 mg per ml, 50 ml vial
### NERVOUS SYSTEM

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<tbody>
<tr>
<td>Per</td>
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</tr>
</tbody>
</table>

#### PROPOFOL

- **Inj 10 mg per ml, 20 ml vial**
  - 42.00
  - 7.60
  - **5**
  - Diprivan

- **Inj 10 mg per ml, 20 ml ampoule**
  - 7.60
  - **5**
  - Fresofol 1%

- **Inj 10 mg per ml, 50 ml vial**
  - 25.00
  - **1**
  - Diprivan

- **Inj 10 mg per ml, 50 ml syringe**
  - 47.00
  - **1**
  - Diprivan

- **Inj 10 mg per ml, 100 ml vial**
  - 30.00
  - **1**
  - Fresofol 1%

#### SEVOFLURANE

- Soln for inhalation 100%, 250 ml bottle
  - 1% DV Dec-12 to 2015
  - **1,230.00**
  - 6
  - Baxter

#### THIOPENTAL (THIOPENTONE) SODIUM

- **Inj 500 mg ampoule**

### Local Anaesthetics

#### ARTICAINE HYDROCHLORIDE WITH ADRENALINE

- Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge

#### BENZOCAINE

- Gel 20%

#### BUPIVACAINE HYDROCHLORIDE

- **Inj 1.25 mg per ml, 100 ml bag**
  - **35.00**
  - 5
  - Marcain

- **Inj 1.25 mg per ml, 200 ml bag**

- **Inj 2.5 mg per ml, 20 ml ampoule – 1% DV Oct-12 to 2015**
  - **35.00**
  - 5
  - Marcain

- **Inj 2.5 mg per ml, 100 ml bag**

- **Inj 2.5 mg per ml, 200 ml bag**

- **Inj 5 mg per ml, 4 ml ampoule**
  - **50.00**
  - 5
  - Marcain Isobaric

- **Inj 5 mg per ml, 10 ml ampoule**
  - **35.00**
  - 50
  - Marcain

- **Inj 5 mg per ml, 10 ml ampoule – 1% DV Oct-12 to 2015**
  - **28.00**
  - 5
  - Marcain

- **Inj 5 mg per ml, 20 ml ampoule – 1% DV Oct-12 to 2015**
  - **28.00**
  - 5
  - Marcain

  *Note: DV limit applies to theatre packs only.*

#### BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE

- **Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – 1% DV Nov-11 to 2014**
  - **135.00**
  - 5
  - Marcain with Adrenaline

- **Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 1% DV Nov-11 to 2014**
  - **115.00**
  - 5
  - Marcain with Adrenaline
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUPIVACAINE HYDROCHLORIDE WITH FENTANYL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe</td>
<td>– 1% DV Nov-11 to 2014</td>
<td>72.00 10 Biomed</td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe</td>
<td>– 1% DV Nov-11 to 2014</td>
<td>92.00 10 Biomed</td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag</td>
<td>– 1% DV Nov-11 to 2014</td>
<td>210.00 10 Bupafen</td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag</td>
<td>– 1% DV Nov-11 to 2014</td>
<td>210.00 10 Bupafen</td>
</tr>
<tr>
<td><strong>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.5% with glucose 8%, 4 ml ampoule</td>
<td></td>
<td>38.00 5 Marcain Heavy</td>
</tr>
<tr>
<td><strong>COCAINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 4%, 2 ml syringe</td>
<td></td>
<td>25.46 1 Biomed</td>
</tr>
<tr>
<td>Soln 15%, 2 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COCAINE HYDROCHLORIDE WITH ADRENALINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste 15% with adrenaline 0.06%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste 25% with adrenaline 0.06%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ETHYL CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1%, 5 ml ampoule – 1% DV Jul-13 to 2015</td>
<td></td>
<td>8.75 25 Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 1%, 20 ml ampoule – 1% DV Jul-13 to 2015</td>
<td></td>
<td>2.40 1 Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 5 ml ampoule – 1% DV Jul-13 to 2015</td>
<td></td>
<td>6.90 25 Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 20 ml ampoule – 1% DV Jul-13 to 2015</td>
<td></td>
<td>2.40 1 Lidocaine-Claris</td>
</tr>
<tr>
<td>Gel 2%, 10 ml urethral syringe</td>
<td></td>
<td>43.26 10 Pfizer</td>
</tr>
<tr>
<td>Gel 2% – 1% DV Oct-12 to 2015</td>
<td></td>
<td>3.40 20 ml Orion</td>
</tr>
<tr>
<td>Oral (viscous) soln 2% – 1% DV Sep-11 to 2014</td>
<td></td>
<td>55.00 200 ml Xylocaine Viscous</td>
</tr>
<tr>
<td>Spray 10% – 1% DV Sep-13 to 2016</td>
<td></td>
<td>75.00 50 ml Xylocaine</td>
</tr>
<tr>
<td>Soln 4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1% with adrenaline 1:100,000, 5 ml ampoule</td>
<td></td>
<td>27.00 10 Xylocaine</td>
</tr>
<tr>
<td>Inj 1% with adrenaline 1:200,000, 20 ml vial</td>
<td></td>
<td>50.00 5 Xylocaine</td>
</tr>
<tr>
<td>Inj 2% with adrenaline 1:200,000, 20 ml vial</td>
<td></td>
<td>60.00 5 Xylocaine</td>
</tr>
<tr>
<td>Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe</td>
<td></td>
<td>43.26 10 Pfizer</td>
</tr>
</tbody>
</table>

**Restriction**

(Brand) indicates a brand example only. It is not a contracted product.
<table>
<thead>
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<tbody>
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</tbody>
</table>

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE**
Nasal spray 5% with phenylephrine hydrochloride 0.5%

<table>
<thead>
<tr>
<th>LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 2.5% with prilocaine 2.5%, 5 g………………45.00 5 EMLA</td>
</tr>
<tr>
<td>Crm 2.5% with prilocaine 2.5%………………45.00 30 g EMLA</td>
</tr>
<tr>
<td>Patch 25 mcg with prilocaine 25 mcg…………115.00 20 EMLA</td>
</tr>
</tbody>
</table>

**MEPIVACAINE HYDROCHLORIDE**
- Inj 3%, 1.8 ml dental cartridge
- Inj 3%, 2.2 ml dental cartridge

**PRILOCAINE HYDROCHLORIDE**
- Inj 0.5%, 50 ml vial ………………………..100.00 5 Citanest
- Inj 2%, 5 ml ampoule ………………………..55.00 10 Citanest

**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
- Inj 2 mg per ml, 20 ml ampoule………………75.00 5 Naropin
- Inj 2 mg per ml, 100 ml bag …………………200.00 5 Naropin
- Inj 2 mg per ml, 200 ml bag …………………265.00 5 Naropin
- Inj 7.5 mg per ml, 10 ml ampoule………………45.00 5 Naropin
- Inj 7.5 mg per ml, 20 ml ampoule………………84.00 5 Naropin
- Inj 10 mg per ml, 10 ml ampoule………………54.00 5 Naropin
- Inj 10 mg per ml, 20 ml ampoule

**ROPIVACAINE HYDROCHLORIDE WITH FENTANYL**
- Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag …………………198.50 5 Naropin
- Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag …………………270.00 5 Naropin

**TETRACAINE (AMETHOCAINE) HYDROCHLORIDE**
- Gel 4%

**ANALGESICS**

### Non-Opioid Analgesics

**ASPIRIN**
- Tab dispersible 300 mg
- Tab EC 300 mg

**CAPSAICIN**
- Crm 0.075% ……………………………………….12.50 45 g Zostrix HP

*Restricted*
For post-herpetic neuralgia or diabetic peripheral neuropathy

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NERVOUS SYSTEM

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METHOXYFLURANE

- Soln for inhalation 99.9%, 3 ml bottle

**Restricted**
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

- Tab 500 mg
- Tab soluble 500 mg
- Oral liq 120 mg per 5 ml – 20% DV Dec-11 to 2014 ................. 2.21 500 ml
- Oral liq 250 mg per 5 ml – 20% DV Dec-11 to 2014 ................. 6.70 1,000 ml

<table>
<thead>
<tr>
<th>Oral liq 250 mg per 5 ml – 20% DV Dec-11 to 2014</th>
<th>6.70 1,000 ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suppos 25 mg ...........................................</td>
<td>56.35 20</td>
</tr>
<tr>
<td>Suppos 50 mg ...........................................</td>
<td>56.35 20</td>
</tr>
<tr>
<td>Suppos 125 mg ...........................................</td>
<td>7.49 20</td>
</tr>
<tr>
<td>Suppos 250 mg ...........................................</td>
<td>14.40 20</td>
</tr>
<tr>
<td>Suppos 500 mg – 1% DV Jan-13 to 2015 ...............</td>
<td>20.70 50</td>
</tr>
</tbody>
</table>

**Paracetamol**

- Inj 10 mg per ml, 50 ml vial
- Inj 10 mg per ml, 100 ml vial – 1% DV Apr-13 to 2014 ........ 22.50 10

**Paracetamol-AFT**

- 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%

**Opioid Analgesics**

ALFENTANIL HYDROCHLORIDE

- Inj 0.5 mg per ml, 2 ml ampoule

CODEINE PHOSPHATE

- Tab 15 mg – 1% DV Jul-13 to 2016 .................................. 4.75 100 PSM
- Tab 30 mg – 1% DV Jul-13 to 2016 .................................. 5.80 100 PSM
- Tab 60 mg – 1% DV Jul-13 to 2016 .................................. 12.50 100 PSM

DIHYDROCODEINE TARTRATE

- Tab long-acting 60 mg – 1% DV Sep-13 to 2016 ................. 13.64 60 DHC Continus

FENTANYL

- Patch 12.5 mcg per hour ........................................... 8.90 5 Mylan Fentanyl Patch
- Patch 25 mcg per hour ............................................. 9.15 5 Mylan Fentanyl Patch
- Patch 50 mcg per hour ............................................. 11.50 5 Mylan Fentanyl Patch
- Patch 75 mcg per hour ............................................. 13.60 5 Mylan Fentanyl Patch
- Patch 100 mcg per hour ............................................. 14.50 5 Mylan Fentanyl Patch
- Inj 10 mcg per ml, 10 ml syringe
- Inj 10 mcg per ml, 50 ml bag – 1% DV Dec-11 to 2014 ....... 210.00 10 Biomed
- Inj 10 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014 .... 165.00 10 Biomed
- Inj 10 mcg per ml, 100 ml bag – 1% DV Dec-11 to 2014 ........ 210.00 10 Biomed
- Inj 20 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014 .... 185.00 10 Biomed

continued...
## NERVOUS SYSTEM

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<td></td>
</tr>
</tbody>
</table>

### METHADONE HYDROCHLORIDE

- **Inj 20 mcg per ml, 100 ml bag**
- **Inj 50 mcg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015**...... 4.50 10 Boucher and Muir
- **Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-12 to 2015**...... 11.77 10 Boucher and Muir

### MORPHINE HYDROCHLORIDE

- **Oral liq 1 mg per ml – 1% DV Oct-12 to 2015**........................ 8.84 200 ml RA-Morph
- **Oral liq 2 mg per ml – 1% DV Oct-12 to 2015**........................ 11.62 200 ml RA-Morph
- **Oral liq 5 mg per ml – 1% DV Oct-12 to 2015**........................ 14.65 200 ml RA-Morph
- **Oral liq 10 mg per ml – 1% DV Oct-12 to 2015**....................... 21.55 200 ml RA-Morph

### MORPHINE SULPHATE

- **Tab 5 mg**................................................................. 1.85 10 Methatabs
- **Oral liq 2 mg per ml – 1% DV Sep-13 to 2016**.......................... 5.55 200 ml Biodone
- **Oral liq 5 mg per ml – 1% DV Sep-13 to 2016**.......................... 5.55 200 ml Biodone Forte
- **Oral liq 10 mg per ml – 1% DV Sep-13 to 2016**....................... 6.55 200 ml Biodone Extra Forte
- **Inj 10 mg per ml, 1 ml vial**........................................... 61.00 10 AFT

### MORPHINE TARTRATE

- **Tab immediate-release 10 mg**.............................. 2.80 10 Sevredol
- **Tab immediate-release 20 mg**.............................. 5.52 10 Sevredol
- **Tab long-acting 10 mg – 1% DV Sep-13 to 2016**...................... 1.95 10 Arrow-Morphine LA
- **Tab long-acting 30 mg – 1% DV Sep-13 to 2016**...................... 2.98 10 Arrow-Morphine LA
- **Tab long-acting 60 mg – 1% DV Sep-13 to 2016**...................... 5.75 10 Arrow-Morphine LA
- **Tab long-acting 100 mg – 1% DV Sep-13 to 2016**..................... 6.45 10 Arrow-Morphine LA
- **Cap long-acting 10 mg**............................................... 2.22 10 m-Elson
- **Cap long-acting 30 mg**............................................... 3.20 10 m-Elson
- **Cap long-acting 60 mg**............................................... 6.90 10 m-Elson
- **Cap long-acting 100 mg**............................................. 8.05 10 m-Elson

- **Inj 200 mcg in 0.4 ml syringe**
- **Inj 300 mcg in 0.3 ml syringe**
- **Inj 1 mg per ml, 2 ml syringe**
- **Inj 1 mg per ml, 10 ml syringe – 1% DV Dec-11 to 2014**...... 39.50 10 Biomed
- **Inj 1 mg per ml, 50 ml syringe – 1% DV Dec-11 to 2014**...... 79.50 10 Biomed
- **Inj 1 mg per ml, 100 ml bag – 1% DV Dec-11 to 2014**...... 165.00 10 Biomed
- **Inj 2 mg per ml, 30 ml syringe – 1% DV Dec-11 to 2014**.... 135.00 10 Biomed
- **Inj 5 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014**..... 5.51 5 DBL Morphine Sulphate

- **Inj 10 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014**...... 4.79 5 DBL Morphine Sulphate

- **Inj 10 mg per ml, 100 ml bag**
- **Inj 10 mg per ml, 100 mg cassette**
- **Inj 15 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014**...... 5.01 5 DBL Morphine Sulphate

- **Inj 30 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014**...... 5.30 5 DBL Morphine Sulphate

### MORPHINE TARTRATE

- **Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Sep-13 to 2016**..... 35.60 5 Hospira
- **Inj 80 mg per ml, 5 ml ampoule – 1% DV Sep-13 to 2016**..... 107.67 5 Hospira
## NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength/形式</th>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
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<td><strong>OXYCODONE HYDROCHLORIDE</strong></td>
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<tr>
<td>Cap 5 mg</td>
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<td>2.83 20</td>
<td>OxyNorm</td>
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<td>Cap 10 mg</td>
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<td>5.58 20</td>
<td>OxyNorm</td>
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<tr>
<td>Cap 20 mg</td>
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<td>9.77 20</td>
<td>OxyNorm</td>
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<tr>
<td>Oral liq 5 mg per 5 ml</td>
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<td>11.20 250 ml</td>
<td>OxyNorm</td>
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<tr>
<td>Tab controlled-release 5 mg</td>
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<td>7.51 20</td>
<td>OxyContin</td>
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<tr>
<td>Tab controlled-release 10 mg</td>
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<td>11.14 20</td>
<td>OxyContin</td>
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<td>Tab controlled-release 20 mg</td>
<td></td>
<td>18.93 20</td>
<td>OxyContin</td>
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<td>Tab controlled-release 40 mg</td>
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<td>Inj 1 mg per ml, 100 ml bag</td>
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<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>1% DV Dec-12 to 2015</td>
<td>10.08 5</td>
<td>OxyNorm Orion</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule</td>
<td>1% DV Dec-12 to 2015</td>
<td>19.87 5</td>
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<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>1% DV May-13 to 2015</td>
<td>60.00 5</td>
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<td><strong>PARACETAMOL WITH CODEINE</strong></td>
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<tr>
<td>Tab paracetamol 500 mg with codeine phosphate 8 mg 1% DV Nov-11 to 2014</td>
<td>2.70 100</td>
<td>Paracetamol + Codeine (Relieve)</td>
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<td><strong>PETHIDINE HYDROCHLORIDE</strong></td>
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<tr>
<td>Tab 50 mg – 1% DV Mar-13 to 2015</td>
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<td>3.95 10</td>
<td>PSM</td>
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<tr>
<td>Tab 100 mg – 1% DV Mar-13 to 2015</td>
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<td>5.80 10</td>
<td>PSM</td>
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<td>Inj 5 mg per ml, 10 ml syringe</td>
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<tr>
<td>Inj 5 mg per ml, 100 ml bag</td>
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<tr>
<td>Inj 10 mg per ml, 50 ml syringe</td>
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<td>Inj 10 mg per ml, 100 ml bag</td>
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<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>1% DV Nov-11 to 2014</td>
<td>5.51 5</td>
<td>DBL Pethidine Hydrochloride</td>
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<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td>1% DV Nov-11 to 2014</td>
<td>5.83 5</td>
<td>DBL Pethidine Hydrochloride</td>
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<td><strong>REMITFENTANIL HYDROCHLORIDE</strong></td>
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<td></td>
</tr>
<tr>
<td>Inj 1 mg vial – 1% DV Feb-12 to 2014</td>
<td>27.95 5</td>
<td>Remifentanil-AFT</td>
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<tr>
<td>Inj 2 mg vial – 1% DV Feb-12 to 2014</td>
<td>41.80 5</td>
<td>Remifentanil-AFT</td>
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<td><strong>TRAMADOL HYDROCHLORIDE</strong></td>
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<td></td>
</tr>
<tr>
<td>Cap 50 mg – 1% DV Sep-11 to 2014</td>
<td></td>
<td>4.95 100</td>
<td>Arrow-Tramadol</td>
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<tr>
<td>Tab sustained-release 100 mg</td>
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<td>2.14 20</td>
<td>Tramal SR 100</td>
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<tr>
<td>Tab sustained-release 150 mg</td>
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<td>3.21 20</td>
<td>Tramal SR 150</td>
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<tr>
<td>Tab sustained-release 200 mg</td>
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<td>4.28 20</td>
<td>Tramal SR 200</td>
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<tr>
<td>Oral drops 100 mg per ml</td>
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<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
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<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
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<td>4.50 5</td>
<td>Tramal 50</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
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<td>4.50 5</td>
<td>Tramal 100</td>
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## ANTIDEPRESSANTS

### Cyclic and Related Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength/形式</th>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td><strong>AMITRIPTYLINE</strong></td>
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<tr>
<td>Tab 10 mg – 1% DV Jan-13 to 2014</td>
<td>3.32 100</td>
<td>Arrow-Amitriptyline</td>
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<tr>
<td>Tab 25 mg – 1% DV Jun-11 to 2014</td>
<td>1.85 100</td>
<td>Amitrip</td>
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</tr>
<tr>
<td>Tab 50 mg – 1% DV Jun-11 to 2014</td>
<td>3.60 100</td>
<td>Amitrip</td>
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</tr>
</tbody>
</table>

(Brand) indicates a brand example only. It is not a contracted product.
### NERVOUS SYSTEM

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Generic</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Manufacturer</th>
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<tr>
<td>CLOMIPRAMINE HYDROCHLORIDE</td>
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<tr>
<td>Tab 10 mg – <strong>1% DV Jan-13 to 2015</strong></td>
<td>Apo-Clomipramine</td>
<td>12.60</td>
<td>100</td>
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</tr>
<tr>
<td>Tab 25 mg – <strong>1% DV Jan-13 to 2015</strong></td>
<td>Apo-Clomipramine</td>
<td>8.68</td>
<td>100</td>
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<tr>
<td>DOTIEPIN HYDROCHLORIDE</td>
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<tr>
<td>Cap 25 mg</td>
<td>Dopress</td>
<td>6.17</td>
<td>100</td>
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<tr>
<td>Tab 75 mg</td>
<td>Dopress</td>
<td>10.50</td>
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<td>DOXEPIN HYDROCHLORIDE</td>
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<tr>
<td>Cap 10 mg</td>
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</tr>
<tr>
<td>Cap 25 mg</td>
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</tr>
<tr>
<td>Cap 50 mg</td>
<td></td>
<td></td>
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<tr>
<td>IMIPRAMINE HYDROCHLORIDE</td>
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<tr>
<td>Tab 10 mg</td>
<td>Tofranil</td>
<td>5.48</td>
<td>50</td>
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<tr>
<td>Tab 25 mg</td>
<td>Tofranil</td>
<td>8.80</td>
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<tr>
<td>MAPROTILINE HYDROCHLORIDE</td>
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<tr>
<td>Tab 25 mg</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tab 75 mg</td>
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<td>MIANSERIN HYDROCHLORIDE</td>
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<tr>
<td>➤ Tab 30 mg</td>
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<tr>
<td><strong>Restricted</strong></td>
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</tr>
<tr>
<td>Either:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1 Both:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1.1 Depression; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Either:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.2.1 Co-existent bladder neck obstruction; or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.2 Cardiovascular disease; or</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2 Both:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.1 The patient has a severe major depressive episode; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Either:</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or</td>
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<tr>
<td>2.2.2 Both:</td>
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<td></td>
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<tr>
<td>2.2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and</td>
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<tr>
<td>2.2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.</td>
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<tr>
<td>NORTRIPTYLINE HYDROCHLORIDE</td>
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<td>Norpress</td>
</tr>
<tr>
<td>Tab 10 mg – <strong>1% DV Jun-13 to 2016</strong></td>
<td>Norpress</td>
<td>4.00</td>
<td>100</td>
<td>Norpress</td>
</tr>
<tr>
<td>Tab 25 mg – <strong>1% DV Jun-13 to 2016</strong></td>
<td>Norpress</td>
<td>9.00</td>
<td>180</td>
<td>Norpress</td>
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**Monoamine-Oxidase Inhibitors – Non-Selective**

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<thead>
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<th>Product Name</th>
<th>Brand or Generic</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Manufacturer</th>
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<tr>
<td>PHENELZINE SULPHATE</td>
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<tr>
<td>Tab 15 mg</td>
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<tr>
<td>TRANYLCYPROMINE SULPHATE</td>
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<td>Tab 10 mg</td>
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NERVOUS SYSTEM

<table>
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<th>Brand or Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>$ Per</td>
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</table>

### Monoamine-Oxidase Type A Inhibitors

**MOCLOBEMIDE**
- Tab 150 mg – 1% DV Apr-13 to 2015 ........................................ 81.83 500 Apo-Moclobemide
- Tab 300 mg – 1% DV Apr-13 to 2015 ........................................ 29.51 100 Apo-Moclobemide

### Other Antidepressants

**MITRAZAPINE**
- ➔ Tab 30 mg – 1% DV Sep-12 to 2015 ........................................... 8.78 30 Avanza
- ➔ Tab 45 mg – 1% DV Sep-12 to 2015 ......................................... 13.95 30 Avanza

**VENLAFAXINE**
- ➔ Cap modified release 37.5 mg ............................................ 8.71 28 Efexor XR
- ➔ Cap modified release 75 mg .................................................. 17.42 28 Efexor XR
- ➔ Cap modified release 150 mg ................................................ 21.35 28 Efexor XR
- ➔ Tab modified release 37.5 mg ............................................... 7.84 28 Arrow-Venlafaxine XR
- ➔ Tab modified release 75 mg ................................................. 13.94 28 Arrow-Venlafaxine XR
- ➔ Tab modified release 150 mg .............................................. 17.08 28 Arrow-Venlafaxine XR
- ➔ Tab modified release 225 mg .............................................. 27.14 28 Arrow-Venlafaxine XR

#### Restriction

**Initiation**
*Re-assessment required after two years*

Both:
1. The patient has a severe major depressive episode; and
2. Either:
   1. The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or
   2. Both:
      1. The patient is currently a hospital in-patient as a result of an acute depressive episode; and
      2. The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.

**Continuation**
*Re-assessment required after two years*

The patient has a high risk of relapse (prescriber determined)
## NERVOUS SYSTEM

### Selective Serotonin Reuptake Inhibitors

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
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<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td><strong>CITALOPRAM HYDROBROMIDE</strong></td>
<td>Tab 20 mg – 1% DV Sep-11 to 2014</td>
<td>$2.34</td>
<td>84</td>
<td>Arrow-Citalopram</td>
</tr>
<tr>
<td><strong>ESCITALOPRAM</strong></td>
<td>Tab 10 mg</td>
<td>$2.65</td>
<td>28</td>
<td>Loxalate</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg</td>
<td>$4.20</td>
<td>28</td>
<td>Loxalate</td>
</tr>
<tr>
<td><strong>FLUOXETINE HYDROCHLORIDE</strong></td>
<td>Cap 20 mg</td>
<td>$2.70</td>
<td>84</td>
<td>Fluox</td>
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<td>Tab dispersible 20 mg, scored</td>
<td>$2.50</td>
<td>30</td>
<td>Fluox</td>
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<td><strong>PAROXETINE HYDROCHLORIDE</strong></td>
<td>Tab 20 mg</td>
<td>$2.38</td>
<td>30</td>
<td>Loxamine</td>
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<td><strong>SETRALINE</strong></td>
<td>Tab 50 mg – 1% DV Sep-13 to 2016</td>
<td>$3.64</td>
<td>90</td>
<td>Arrow-Sertraline</td>
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<td>Tab 100 mg – 1% DV Sep-13 to 2016</td>
<td>$6.28</td>
<td>90</td>
<td>Arrow-Sertraline</td>
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### ANTIEPILEPSY DRUGS

#### Agents for the Control of Status Epilepticus

<table>
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<th>Product Name</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
</tr>
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<tbody>
<tr>
<td><strong>CLONAZEPAM</strong></td>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td>$19.00</td>
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<td>Rivotril</td>
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<tr>
<td><strong>DIAZEPAM</strong></td>
<td>Rectal tubes 5 mg</td>
<td>$25.05</td>
<td>5</td>
<td>Stesolid</td>
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<td></td>
<td>Rectal tubes 10 mg</td>
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<td>Stesolid</td>
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<td></td>
<td>Inj 5 mg per ml, 2 ml ampoule</td>
<td>$9.24</td>
<td>5</td>
<td>Mayne</td>
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<tr>
<td><strong>LORAZEPAM</strong></td>
<td>Inj 2 mg vial</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4 mg per ml, 1 ml vial</td>
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<tr>
<td><strong>PARALDEHYDE</strong></td>
<td>Inj 5 mg ampoule</td>
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<tr>
<td><strong>PHENYTOIN SODIUM</strong></td>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
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</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 5 ml ampoule</td>
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#### Control of Epilepsy

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<th>Product Name</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td><strong>CARBAMAZEPINE</strong></td>
<td>Oral liq 20 mg per ml</td>
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<td></td>
<td>Tab 200 mg</td>
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<td>Tab 400 mg</td>
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<td></td>
<td>Tab long-acting 200 mg</td>
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<td></td>
<td>Tab long-acting 400 mg</td>
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<tr>
<td><strong>CLOBAZAM</strong></td>
<td>Tab 10 mg</td>
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NERVOUS SYSTEM

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<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
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</table>

CLONAZEPAM
Oral drops 2.5 mg per ml

ETHOSUXIMIDE
Cap 250 mg
Oral liq 50 mg per ml

GABAPENTIN
- Cap 100 mg ............................................................. 7.16 100 Nupentin
- Cap 300 mg ............................................................. 11.50 100 Nupentin
- Cap 400 mg ............................................................. 14.75 100 Nupentin
- Tab 600 mg

Restricted
For preoperative and/or postoperative use for up to a total of 8 days’ use

Initiation – epilepsy
Re-assessment required after 15 months
Either:
1. Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
2. Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: “Optimal treatment with other antiepilepsy agents” is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient’s age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Continuation – epilepsy
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

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

Initiation – neuropathic pain
Re-assessment required after 3 months
Patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.

Continuation – neuropathic pain
Either:
1. The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
2. The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

LACOSAMIDE
- 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
Initiation
Re-assessment required after 15 months
Both:
1. Patient has partial-onset epilepsy; and
2. Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).

continued...
continued...

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

Continuation

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

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

LAMOTRIGINE

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<th>Price</th>
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<tbody>
<tr>
<td>Tab dispersible 2 mg</td>
<td>6.74</td>
<td>30</td>
<td>Lamictal</td>
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<tr>
<td>Tab dispersible 5 mg</td>
<td>9.64</td>
<td>30</td>
<td>Lamictal</td>
</tr>
<tr>
<td>Tab dispersible 25 mg</td>
<td>15.00</td>
<td>56</td>
<td>Arrow-Lamotrigine</td>
</tr>
<tr>
<td>Tab dispersible 50 mg</td>
<td>20.40</td>
<td>56</td>
<td>Arrow-Lamotrigine</td>
</tr>
<tr>
<td>Tab dispersible 100 mg</td>
<td>34.70</td>
<td>56</td>
<td>Arrow-Lamotrigine</td>
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LEVETIRACETAM

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<tbody>
<tr>
<td>Tab 250 mg</td>
<td>24.03</td>
<td>60</td>
<td>Levetiracetam-Rex</td>
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<tr>
<td>Tab 500 mg</td>
<td>28.71</td>
<td>60</td>
<td>Levetiracetam-Rex</td>
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<tr>
<td>Tab 750 mg</td>
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<td>Levetiracetam-Rex</td>
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<tr>
<td>Inj 100 mg per ml, 5 ml vial</td>
<td>45.23</td>
<td>60</td>
<td>Levetiracetam-Rex</td>
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PHENOBARBITONE

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<tbody>
<tr>
<td>Tab 15 mg – 1% DV Mar-13 to 2015</td>
<td>28.00</td>
<td>500</td>
<td>PSM</td>
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<tr>
<td>Tab 30 mg – 1% DV Mar-13 to 2015</td>
<td>29.00</td>
<td>500</td>
<td>PSM</td>
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PHENYTOIN

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PHENYTOIN SODIUM

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<tr>
<td>Cap 30 mg</td>
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<tr>
<td>Cap 100 mg</td>
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<td></td>
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<tr>
<td>Oral liq 6 mg per ml</td>
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PRIMIDONE

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<td>Tab 250 mg</td>
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SODIUM VALPROATE

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<td>Tab EC 200 mg</td>
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<tr>
<td>Tab EC 500 mg</td>
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<tr>
<td>Oral liq 40 mg per ml</td>
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<tr>
<td>Inj 100 mg per ml, 4 ml vial</td>
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### NERVOUS SYSTEM

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<th>Price (ex man. Excl. GST) Per</th>
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</table>

**STIRIPENTOL**

- Cap 250 mg: 509.29 60 Diacomit
- Powder for oral liq 250 mg sachet: 509.29 60 Diacomit

**Restricted**

Paediatric neurologist

**Initiation**

*Re-assessment required after 6 months*

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

**Continuation**

Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.

**TOPIRAMATE**

- Tab 25 mg: 11.07 60 Arrow-Topiramte
  - 26.04 Topamax
- Tab 50 mg: 18.81 60 Arrow-Topiramte
  - 44.26 Topamax
- Tab 100 mg: 31.99 60 Arrow-Topiramte
  - 75.25 Topamax
- Tab 200 mg: 55.19 60 Arrow-Topiramte
  - 129.85 Topamax
- Cap sprinkle 15 mg: 20.84 60 Topamax
- Cap sprinkle 25 mg: 26.04 60 Topamax

**VIGABATRIN**

- Tab 500 mg

**Restricted**

Both:
1. Either:
   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; and
   2 Either:
      2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
      2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient’s visual fields.

**Notes:**

“Optimal treatment with other antiepilepsy agents” is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient’s age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.
# NERVOUS SYSTEM

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<th>Price (ex man. Excl. GST)</th>
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## ANTIMIGRAINE PREPARATIONS

### Acute Migraine Treatment

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
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</thead>
<tbody>
<tr>
<td><strong>DIHYDROERGOTAMINE MESYLATE</strong></td>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td>18.00</td>
<td>30</td>
<td>Rizamelt</td>
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<tr>
<td><strong>ERGOMETRINE TARTRATE WITH CAFFEINE</strong></td>
<td>Tab 1 mg with caffeine 100 mg</td>
<td>38.83</td>
<td>100</td>
<td>Arrow-Sumatriptan</td>
</tr>
<tr>
<td><strong>METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL</strong></td>
<td>Tab 5 mg with paracetamol 500 mg</td>
<td>77.66</td>
<td>100</td>
<td>Arrow-Sumatriptan</td>
</tr>
<tr>
<td><strong>RIZATRIPTAN BENZOATE</strong></td>
<td>Tab orodispersible 10 mg – 1% DV May-12 to 2014</td>
<td>23.21</td>
<td>100</td>
<td>Sandomigran</td>
</tr>
</tbody>
</table>

### Prophylaxis of Migraine

<table>
<thead>
<tr>
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<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PIZOTIFEN</strong></td>
<td>Tab 500 mcg – 1% DV Mar-13 to 2015</td>
<td>23.21</td>
<td>100</td>
<td>Sandomigran</td>
</tr>
</tbody>
</table>

## ANTINAUSEA AND VERTIGO AGENTS

### APREPITANT

- **Cap 2 x 80 mg with 1 x 125 mg** ........................................ 116.00 3 Emend Tri-Pack

**Restricted**

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
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<tbody>
<tr>
<td><strong>BETAHISTINE DIHYDROCHLORIDE</strong></td>
<td>Tab 16 mg .............................................. 10.00 84 Vergo 16</td>
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<tr>
<td><strong>CYCLIZINE HYDROCHLORIDE</strong></td>
<td>Tab 50 mg – 1% DV Sep-12 to 2015</td>
<td>0.59</td>
<td>10</td>
<td>Nausicalm</td>
</tr>
<tr>
<td><strong>CYCLIZINE LACTATE</strong></td>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>14.95</td>
<td>5</td>
<td>Nausicalm</td>
</tr>
<tr>
<td><strong>DOMPERIDONE</strong></td>
<td>Tab 10 mg – 1% DV Mar-13 to 2015</td>
<td>3.25</td>
<td>100</td>
<td>Prokinex</td>
</tr>
<tr>
<td><strong>DROPERIDOL</strong></td>
<td>Inj 2.5 mg per ml, 1 ml ampoule</td>
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### NERVOUS SYSTEM

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### HYOSCINE HYDROBROMIDE

- **Restriction**
  - 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.

- **Inj 400 mcg per ml, 1 ml ampoule**
  - 6.66
  - 5
  - **Scopoderm**

### METOCLOPRAMIDE HYDROCHLORIDE

- **Tab 10 mg – 1% DV Jun-11 to 2014**
  - 3.95
  - 100
  - **Metamide**

- **Oral liq 5 mg per 5 ml**
  - **Metamide**

- **Inj 5 mg per ml, 2 ml ampoule – 1% DV Sep-11 to 2014**
  - 4.50
  - 10
  - **Pfizer**

### ONDANSETRON

- **Tab 4 mg**
  - 5.10
  - 30
  - **Dr Reddy’s Ondansetron**

- **Tab 8 mg**
  - 1.70
  - 10
  - **Dr Reddy’s Ondansetron**

- **Tab dispersible 4 mg**
  - 0.68
  - 4
  - **Dr Reddy’s Ondansetron**

- **Tab dispersible 8 mg**
  - 1.70
  - 4
  - **Dr Reddy’s Ondansetron**

- **Inj 2 mg per ml, 2 ml ampoule**
  - 2.00
  - 10
  - **Zofran Zydus**

- **Inj 2 mg per ml, 4 ml ampoule**
  - 2.98
  - 5
  - **Ondanaccord**

### PROCHLORPERAZINE

- **Tab 3 mg buccal**
  - **Antinaus**

- **Tab 5 mg**
  - 16.85
  - 500

### PROMETHAZINE THEOCLATE

- **Tab 25 mg**
  - **Dr Reddy’s**

### TROPISETRON

- **Cap 5 mg**
  - 77.41
  - 5
  - **Navoban**

- **Inj 1 mg per ml, 2 ml ampoule**
  - 19.20
  - 1
  - **Navoban**

- **Inj 1 mg per ml, 5 ml ampoule**
  - 38.40
  - 1
  - **Navoban**
### ANTIPSYCHOTIC AGENTS

#### General

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<th>AMISULPRIDE</th>
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#### Restricted

Both:
1. Patient is suffering from schizophrenia or related psychoses; and
2. Either:
   2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or
   2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

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<th>CHLORPROMAZINE HYDROCHLORIDE</th>
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<td>Oral liq 10 mg per ml</td>
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<td>Inj 25 mg per ml, 2 ml ampoule</td>
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<tr>
<td>Inj 5 mg per ml, 1 ml ampoule</td>
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Products with Hospital Supply Status (HSS) are in **bold**.

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td>Per</td>
<td></td>
</tr>
</tbody>
</table>

#### LEVOMEPROMAZINE MALEATE
- **Tab 25 mg**
- **Tab 100 mg**
- **Inj 25 mg per ml, 1 ml ampoule**

#### LITHIUM CARBONATE
- **Cap 250 mg – 1% DV Nov-11 to 2014**
  - 9.42
- **Tab 250 mg – 1% DV Sep-12 to 2015**
  - 34.30
- **Tab 400 mg – 1% DV Sep-12 to 2015**
  - 12.83
- **Tab long-acting 400 mg**

#### OLANZAPINE
- **Tab 2.5 mg**
  - 2.00
- **Tab 5 mg**
  - 3.85
- **Tab 10 mg**
  - 6.35
- **Inj 10 mg vial**

#### PERICYAZINE
- **Tab 2.5 mg**
- **Tab 10 mg**

#### QUETIAPINE
- **Tab 25 mg**
  - 7.00
- **Tab 100 mg**
  - 10.50
- **Tab 200 mg**
  - 21.00
- **Tab 300 mg**
  - 36.00
- **Tab 400 mg**
  - 40.00
- **Tab 500 mg**
  - 50.00
- **Tab 600 mg**
  - 60.00

#### RISPERIDONE
- **Tab 0.5 mg**
  - 2.86
- **Tab 1 mg**
  - 3.51
- **Tab 2 mg**
  - 6.00
- **Tab 3 mg**
  - 9.00
- **Tab 4 mg**
  - 12.00
- **Tab 5 mg**
  - 15.00
- **Tab 6 mg**
  - 18.00
- **Tab 7 mg**
  - 21.00
- **Tab 8 mg**
  - 24.00
- **Tab 9 mg**
  - 27.00
- **Tab 10 mg**
  - 30.00
- **Tab 12 mg**
  - 36.00
- **Tab 15 mg**
  - 45.00
- **Tab 20 mg**
  - 60.00
- **Tab 25 mg**
  - 75.00
- **Tab 30 mg**
  - 90.00
- **Tab 40 mg**
  - 120.00
- **Tab 50 mg**
  - 150.00
- **Tab 60 mg**
  - 180.00
- **Tab 75 mg**
  - 225.00
- **Tab 100 mg**
  - 300.00
- **Tab 125 mg**
  - 375.00
- **Tab 150 mg**
  - 450.00
- **Tab 200 mg**
  - 600.00

---

Restriction

(Brand) indicates a brand example only. It is not a contracted product.
NERVOUS SYSTEM

**TRIFLUOPERAZINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Products</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 1 mg</td>
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<tr>
<td>Tab 2 mg</td>
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<tr>
<td>Tab 5 mg</td>
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</tr>
</tbody>
</table>

**ZIPRASIDONE**

- **Cap 20 mg**
  - Price: 87.88
  - Brand: Zeldox
- **Cap 40 mg**
  - Price: 164.78
  - Brand: Zeldox
- **Cap 60 mg**
  - Price: 247.17
  - Brand: Zeldox
- **Cap 80 mg**
  - Price: 329.56
  - Brand: Zeldox

**ZUCLOPENTHIXOL ACETATE**

- **Inj 50 mg per ml, 1 ml ampoule**
  - Price: 31.45
  - Brand: Clopixol
- **Inj 50 mg per ml, 2 ml ampoule**

**ZUCLOPENTHIXOL HYDROCHLORIDE**

- **Tab 10 mg**
  - Price: 31.45
  - Brand: Clopixol

**Depot injections**

**FLUPENTHIXOL DECANOATE**

- **Inj 20 mg per ml, 1 ml ampoule**
  - Price: 13.14
  - Brand: Fluanxol
- **Inj 20 mg per ml, 2 ml ampoule**
  - Price: 20.90
  - Brand: Fluanxol
- **Inj 100 mg per ml, 1 ml ampoule**
  - Price: 40.87
  - Brand: Fluanxol

**FLUPHENAZINE DECANOATE**

- **Inj 12.5 mg per 0.5 ml ampoule**
  - Price: 17.60
  - Brand: Modecate
- **Inj 25 mg per ml, 1 ml ampoule**
  - Price: 27.90
  - Brand: Modecate
- **Inj 100 mg per ml, 1 ml ampoule**
  - Price: 154.50
  - Brand: Modecate

*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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>$ Per</td>
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HALOPERIDOL DECANOATE</strong></td>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>28.39</td>
<td>Haldol</td>
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<tr>
<td></td>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td>55.90</td>
<td>Haldol Concentrate</td>
</tr>
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</table>

**OLANZAPINE**

⇒ Inj 210 mg vial .................................................. | 280.00  | Zyprexa Relprevv |
⇒ Inj 300 mg vial .................................................. | 460.00  | Zyprexa Relprevv |
⇒ Inj 405 mg vial .................................................. | 560.00  | Zyprexa Relprevv |

**Restricted**

**Initiation**

*Re-assessment required after 6 months*

All of the following:

1. The patient has schizophrenia; and
2. The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
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*

Either:

1. The patient has had less than 12 months' treatment with olanzapine depot injection and there is no clinical reason to discontinue treatment; or
2. 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 olanzapine depot injection.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td><strong>PIPOTHIAZINE PALMITATE</strong></td>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
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<td></td>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
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</table>

**Risperidone**

⇒ Inj 25 mg vial .................................................. | 175.00  | Risperdal Consta |
⇒ Inj 37.5 mg vial .................................................. | 230.00  | Risperdal Consta |
⇒ Inj 50 mg vial .................................................. | 280.00  | Risperdal Consta |

**Restricted**

*Re-assessment required after 6 months*

All of the following:

1. The patient has schizophrenia or other psychotic disorder; and
2. The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
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*

Either:

1. The patient has had less than 12 months' treatment with risperidone depot injection and there is no clinical reason to discontinue treatment; or
2. 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 risperidone depot injection.

**ZUCLOPENTHIXOL DECANOATE**

⇒ Inj 200 mg per ml, 1 ml ampoule ........................................... | 19.80  | Clopixol |

*Restriction* 

*(Brand) indicates a brand example only. It is not a contracted product.*
### Orodispensible Antipsychotics

<table>
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<th>Price</th>
<th>Pack Size</th>
<th>Brand</th>
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<tbody>
<tr>
<td>OLANZAPINE</td>
<td>Tab orodispersible 5 mg</td>
<td>6.36</td>
<td>28</td>
<td>Olanzine-D</td>
</tr>
<tr>
<td></td>
<td>Tab orodispersible 10 mg</td>
<td>8.76</td>
<td>28</td>
<td>Olanzine-D</td>
</tr>
<tr>
<td>RISPERIDONE</td>
<td>Tab orodispersible 0.5 mg</td>
<td>21.42</td>
<td>28</td>
<td>Risperdal Quicklet</td>
</tr>
<tr>
<td></td>
<td>Tab orodispersible 1 mg</td>
<td>42.84</td>
<td>28</td>
<td>Risperdal Quicklet</td>
</tr>
<tr>
<td></td>
<td>Tab orodispersible 2 mg</td>
<td>85.71</td>
<td>28</td>
<td>Risperdal Quicklet</td>
</tr>
</tbody>
</table>

#### Restricted

**Acute situations**
- Both:
  1. For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and
  2. The patient is under direct supervision for administration of medicine.

**Chronic situations**
- Both:
  1. The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
  2. The patient is under direct supervision for administration of medicine.

### ANXIOLYTICS

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<tbody>
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<td>Tab 500 mcg</td>
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<tr>
<td></td>
<td>Tab 1 mg</td>
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</tr>
<tr>
<td>BUSPIRONE HYDROCHLORIDE</td>
<td>Tab 5 mg</td>
<td>28.00</td>
<td>100</td>
<td>Pacific Busipirone</td>
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<td></td>
<td>Tab 10 mg</td>
<td>17.00</td>
<td>100</td>
<td>Pacific Busipirone</td>
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</table>

#### Restricted
- Both:
  1. For use only as an anxiolytic; and
  2. Other agents are contraindicated or have failed.

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Price</th>
<th>Pack Size</th>
<th>Brand</th>
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<tbody>
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<td>Tab 500 mcg</td>
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<td>Paxam</td>
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<td>Tab 2 mg</td>
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<td>Paxam</td>
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<td>DIAZEPAM</td>
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<td>500</td>
<td>Arrow-Diazepam</td>
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<td>Arrow-Diazepam</td>
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<td>Ativan</td>
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<td>11.17</td>
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<td>Ativan</td>
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<td>OXAZEPAM</td>
<td>Tab 10 mg</td>
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<td>Tab 15 mg</td>
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</table>
NERVOUS SYSTEM

MULTIPLE SCLEROSIS TREATMENTS

GLATIRAMER ACETATE
- Inj 20 mg per ml, 1 ml syringe

Restricted
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

INTERFERON BETA-1-ALPHA
- Inj 6 million iu vial
- Inj 6 million iu in 0.5 ml pen
- Inj 6 million iu in 0.5 ml syringe

Restricted
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

INTERFERON BETA-1-BETA
- Inj 8 million iu per ml, 1 ml vial

Restricted
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

SEDATIVES AND HYPNOTICS

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

LORMETAZEPAM
- Tab 1 mg

Restricted
For continuation only

MELATONIN
- Cap 2 mg
- Cap 3 mg
- Tab 1 mg
- Tab 2 mg
- Tab 3 mg
- Tab modified-release 2 mg

Restricted
For in hospital use only. For the treatment of insomnia where benzodiazepines and zopiclone are contraindicated.

MIDAZOLAM
- Tab 7.5 mg
- Oral liq 2 mg per ml
- Inj 1 mg per ml, 5 ml ampoule
- Inj 5 mg per ml, 3 ml ampoule

Price
(ex man. Excl. GST)

Brand or Generic
Manufacturer

<table>
<thead>
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<th>Price Per</th>
<th>Brand or Generic Manufacturer</th>
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<td>5</td>
</tr>
<tr>
<td>$11.90</td>
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NITRAZEPAM
- Tab 5 mg

PHENOBARBITONE
- Inj 200 mg per ml, 1 ml ampoule

Restriction
(Brand) indicates a brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Manufacturer</th>
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<tr>
<td><em>(ex man. Excl. GST)</em></td>
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<th>NERVOUS SYSTEM</th>
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<td>Products with Hospital Supply Status (HSS) are in bold. Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.</td>
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<table>
<thead>
<tr>
<th>TEMAZEPAM</th>
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<tr>
<td>Tab 10 mg – 1% DV Nov-11 to 2014</td>
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<table>
<thead>
<tr>
<th>TRIAZOLAM</th>
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<td>➔ Tab 250 mcg</td>
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<tr>
<td>Restricted</td>
</tr>
<tr>
<td>For continuation only</td>
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<table>
<thead>
<tr>
<th>ZOPICLONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 7.5 mg – 1% DV Jan-12 to 2014</td>
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</table>

<table>
<thead>
<tr>
<th>STIMULANTS/ADHD TREATMENTS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ATOMOXETINE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>➔ Cap 10 mg</td>
<td>107.03</td>
</tr>
<tr>
<td>➔ Cap 18 mg</td>
<td>107.03</td>
</tr>
<tr>
<td>➔ Cap 25 mg</td>
<td>107.03</td>
</tr>
<tr>
<td>➔ Cap 40 mg</td>
<td>107.03</td>
</tr>
<tr>
<td>➔ Cap 60 mg</td>
<td>107.03</td>
</tr>
<tr>
<td>➔ Cap 80 mg</td>
<td>139.11</td>
</tr>
<tr>
<td>➔ Cap 100 mg</td>
<td>139.11</td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>All of the following:</td>
<td></td>
</tr>
<tr>
<td>1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and</td>
<td></td>
</tr>
<tr>
<td>2 Once-daily dosing; and</td>
<td></td>
</tr>
<tr>
<td>3 Any of the following:</td>
<td></td>
</tr>
<tr>
<td>3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or</td>
<td></td>
</tr>
<tr>
<td>3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or</td>
<td></td>
</tr>
<tr>
<td>3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; and</td>
<td></td>
</tr>
<tr>
<td>4 The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.</td>
<td></td>
</tr>
<tr>
<td>Note: A “subsidised formulation of a stimulant” refers to currently subsidised methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamphetamine sulphate tablets.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAFFEINE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEXAMPHETAMINE SULPHATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>➔ Tab 5 mg – 1% DV Mar-13 to 2015</td>
<td>16.50</td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>ADHD – paediatrician or psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria</td>
<td></td>
</tr>
<tr>
<td>Narcolepsy – neurologist or respiratory specialist</td>
<td></td>
</tr>
<tr>
<td>Patient suffers from narcolepsy</td>
<td></td>
</tr>
</tbody>
</table>
NERVOUS SYSTEM

METHYLPHENIDATE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

- **Tab immediate-release 5 mg**: $3.20, 30, Rubifen
- **Tab immediate-release 10 mg**: $3.00, 30, Ritalin
- **Tab immediate-release 20 mg**: $7.85, 30, Rubifen
- **Tab sustained-release 20 mg**: $10.95, 30, Rubifen SR
- **Tab extended-release 18 mg**: $58.96, 30, Concerta
- **Tab extended-release 27 mg**: $65.44, 30, Concerta
- **Tab extended-release 36 mg**: $71.93, 30, Concerta
- **Tab extended-release 54 mg**: $86.24, 30, Concerta
- **Cap modified-release 10 mg**: $19.50, 30, Ritalin LA
- **Cap modified-release 20 mg**: $25.50, 30, Ritalin LA
- **Cap modified-release 30 mg**: $31.90, 30, Ritalin LA
- **Cap modified-release 40 mg**: $38.25, 30, Ritalin LA

Restricted

**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

**Narcolepsy (immediate-release and sustained-release formulations)** – neurologist or respiratory specialist

Patient suffers from narcolepsy

**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 subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
   2.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

MODAFINIL

- **Tab 100 mg**

**Restricted** – neurologist or respiratory specialist

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 subsidised formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
   3.2 Methylphenidate and dexamphetamine are contraindicated.

TREATMENTS FOR DEMENTIA

DONEPEZIL HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

- **Tab 5 mg**: $7.71, 90, Donepezil-Rex
- **Tab 10 mg**: $14.06, 90, Donepezil-Rex

Restriction

*(Brand) indicates a brand example only. It is not a contracted product.*
**NERVOUS SYSTEM**

**TREATMENTS FOR SUBSTANCE DEPENDENCE**

**BUPRENORPHINE WITH NALOXONE**

- Tab 2 mg with naloxone 0.5 mg .............................................. 57.40 28 Suboxone
- Tab 8 mg with naloxone 2 mg ............................................. 166.00 28 Suboxone

**Restricted**

**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.

**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 ........................................... 65.00 30 Zyban

**DISULFIRAM**

- Tab 200 mg .......................................................... 24.30 100 Antabuse

**NALTREXONE HYDROCHLORIDE**

- Tab 50 mg – 1% DV Sep-13 to 2016 ....................................... 79.00 30 Naltraccord

**Restricted**

**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.

**Constipation**

For the treatment of opioid-induced constipation

**NICOTINE**

- Gum 2 mg – 5% DV Oct-11 to 2014 ...................................... 36.47 384 Habitrol (Classic)
- Gum 2 mg – 5% DV Oct-11 to 2014 ...................................... 36.47 384 Habitrol (Fruit)
- Gum 2 mg – 5% DV Oct-11 to 2014 ...................................... 36.47 384 Habitrol (Mint)
- Gum 4 mg – 5% DV Oct-11 to 2014 ...................................... 42.04 384 Habitrol (Classic)
- Gum 4 mg – 5% DV Oct-11 to 2014 ...................................... 42.04 384 Habitrol (Fruit)
- Gum 4 mg – 5% DV Oct-11 to 2014 ...................................... 42.04 384 Habitrol (Mint)
- Lozenge 1 mg – 5% DV Jul-11 to 2014 ................................. 19.94 216 Habitrol
- Lozenge 2 mg – 5% DV Jul-11 to 2014 ................................. 24.27 216 Habitrol
- Patch 7 mg per 24 hours – 5% DV Jul-11 to 2014 .................... 18.13 28 Habitrol
- Patch 14 mg per 24 hours – 5% DV Jul-11 to 2014 ................... 18.81 28 Habitrol
- Patch 21 mg per 24 hours – 5% DV Jul-11 to 2014 ................... 19.14 28 Habitrol

- Soln for inhalation 15 mg cartridge (Nicorette Inhalator)

**Restricted**

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. For acute use in agitated patients who are unable to leave the hospital facilities.

---

**NERVOUS SYSTEM**

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

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

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

VARENICLINE

- Tab 0.5 mg x 11 and 1 mg x 14................................. 60.48 25 Champix
- Tab 1 mg ........................................................................ 67.74 28 Champix
- ................................................................................... 135.48 56 Champix

Restricted

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 used funded varenicline in the last 12 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 3 months’ funded varenicline in a 12 month period.
## CHEMOTHERAPEUTIC AGENTS

### Alkylating Agents

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUSULFAN</strong></td>
<td>Tab 2 mg</td>
<td>59.50</td>
<td>100</td>
<td>Myleran</td>
</tr>
<tr>
<td></td>
<td>Inj 6 mg per ml, 10 ml ampoule</td>
<td>59.50</td>
<td>1</td>
<td>Myleran</td>
</tr>
<tr>
<td><strong>CARMUSTINE</strong></td>
<td>Inj 100 mg vial</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHLORAMBUCIL</strong></td>
<td>Tab 2 mg</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CYCLOPHOSPHAMIDE</strong></td>
<td>Tab 50 mg</td>
<td>96.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Nov-11 to 2014</td>
<td>25.71</td>
<td>50</td>
<td>Endoxan</td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial – 1% DV Nov-11 to 2014</td>
<td>56.90</td>
<td>1</td>
<td>Endoxan</td>
</tr>
<tr>
<td><strong>IFOSFAMIDE</strong></td>
<td>Inj 1 g vial</td>
<td>96.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial</td>
<td>180.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOMUSTINE</strong></td>
<td>Cap 10 mg – 1% DV Sep-11 to 2014</td>
<td>132.59</td>
<td>20</td>
<td>Ceenu</td>
</tr>
<tr>
<td></td>
<td>Cap 40 mg – 1% DV Sep-11 to 2014</td>
<td>399.15</td>
<td>20</td>
<td>Ceenu</td>
</tr>
<tr>
<td><strong>MELPHALAN</strong></td>
<td>Tab 2 mg</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg vial</td>
<td>56.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>THIOTEPA</strong></td>
<td>Inj 15 mg vial</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Anthracyclines and Other Cytotoxic Antibiotics

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLEOMYCIN SULPHATE</strong></td>
<td>Inj 15,000 iu (10 mg) vial</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DACTINOMYCIN [ACTINOMYCIN D]</strong></td>
<td>Inj 0.5 mg vial</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAUNORUBICIN</strong></td>
<td>Inj 2 mg per ml, 10 ml vial – 1% DV Aug-13 to 2016</td>
<td>118.72</td>
<td>1</td>
<td>Pfizer</td>
</tr>
<tr>
<td><strong>DOXORUBICIN HYDROCHLORIDE</strong></td>
<td>Inj 2 mg per ml, 5 ml vial</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 25 ml vial – 1% DV Mar-13 to 2015</td>
<td>17.00</td>
<td>1</td>
<td>Arrow-Doxorubicin</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 50 ml vial</td>
<td>59.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 100 ml vial – 1% DV Mar-13 to 2015</td>
<td>65.00</td>
<td>1</td>
<td>Arrow-Doxorubicin</td>
</tr>
</tbody>
</table>
### Oncology Agents and Immunosuppressants

#### Epirubicin Hydrochloride

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Inj 2 mg per ml, 5 ml vial**: $25.00 1 Epirubicin Ebewe
- **Inj 2 mg per ml, 25 ml vial**: $39.38 1 DBL Epirubicin Hydrochloride
- **Inj 2 mg per ml, 50 ml vial**: $58.20 1 DBL Epirubicin Hydrochloride
- **Inj 2 mg per ml, 100 ml vial**: $94.50 1 DBL Epirubicin Hydrochloride

#### Idarubicin Hydrochloride

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Cap 5 mg**: $115.00 1 Zavedos
- **Cap 10 mg**: $144.50 1 Zavedos
- **Inj 5 mg vial**: $100.00 1 Zavedos
- **Inj 10 mg vial**: $200.00 1 Zavedos

#### Mitomycin C

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Inj 5 mg vial**: $72.75 1 Arrow

#### Mitozantrone

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Inj 2 mg per ml, 5 ml vial**: $110.00 1 Mitozantrone Ebewe
- **Inj 2 mg per ml, 10 ml vial**: $100.00 1 Mitozantrone Ebewe
- **Inj 2 mg per ml, 12.5 ml vial**: $407.50 1 Onkotrone

#### Antimetabolites

#### Capecitabine

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Tab 150 mg**: $115.00 60 Xeloda
- **Tab 500 mg**: $705.00 120 Xeloda

#### Cladribine

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Inj 1 mg per ml, 10 ml vial**: $5,249.75 7 Leustatin
- **Inj 2 mg per ml, 5 ml vial**

#### Cytarabine

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Inj 20 mg per ml, 5 ml vial**: $76.00 5 Pfizer
- **Inj 200 mg per ml, 25 ml vial**: $18.15 1 Pfizer
- **Inj 100 mg per ml, 10 ml vial**: $37.00 1 Pfizer
- **Inj 100 mg per ml, 20 ml vial**: $31.00 1 Pfizer

#### Fludarabine Phosphate

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Tab 10 mg**: $433.50 20 Fludara Oral
- **Inj 50 mg vial**: $525.00 5 Fludarabine Ebewe

#### Fluorouracil

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

- **Inj 25 mg per ml, 100 ml vial**: $13.55 1 Mayne
- **Inj 50 mg per ml, 10 ml vial**: $26.25 5 Fluorouracil Ebewe
- **Inj 50 mg per ml, 20 ml vial**: $7.50 1 Fluorouracil Ebewe
- **Inj 50 mg per ml, 50 ml vial**: $18.00 1 Fluorouracil Ebewe
- **Inj 50 mg per ml, 100 ml vial**: $34.50 1 Fluorouracil Ebewe
## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GEMCITABINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml vial</td>
<td>12.50</td>
<td>Gemcitabine Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>62.50</td>
<td>Gemcitabine Ebewe</td>
</tr>
<tr>
<td>Inj 200 mg vial</td>
<td>12.50</td>
<td>Gemcitabine Actavis 200</td>
</tr>
<tr>
<td>Inj 1 g vial</td>
<td>62.50</td>
<td>DBL Gemcitabine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gemcitabine Actavis 1000</td>
</tr>
</tbody>
</table>

| **MERCACTOPURINE**             |                           |                               |
| Tab 50 mg                      | 47.06                     | Purinethol                     |

| **METHOTREXATE**               |                           |                               |
| Tab 2.5 mg                     | 5.22                      | Methoblastin                   |
| Tab 10 mg                      | 40.93                     | Methoblastin                   |
| Inj 2.5 mg per ml, 2 ml vial   |                          | Hospira                        |
| Inj 25 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016 | 20.20 | Hospira                        |
| Inj 25 mg per ml, 20 ml vial – 1% DV Sep-13 to 2016 | 27.78 | Hospira                        |
| Inj 100 mg per ml, 10 ml vial – 1% DV Sep-11 to 2014 | 25.00 | Methotrexate Ebewe            |
| Inj 100 mg per ml, 50 ml vial – 1% DV Sep-11 to 2014 | 125.00 | Methotrexate Ebewe            |

| **THIOGUANINE**                |                           |                               |
| Tab 40 mg                      |                           |                               |

## Other Cytotoxic Agents

### AMSACRINE
- Inj 50 mg per ml, 1.5 ml ampoule

### ANAGRELIDE HYDROCHLORIDE
- Cap 0.5 mg

### ARSENIC TRIOXIDE
- Inj 1 mg per ml, 10 ml vial – 1% DV Sep-13 to 2016 | 4,817.00 | AFT |

### BORTEZOMIB
- Inj 1 mg vial – 1% DV Sep-13 to 2016 | 540.70 | Velcade |
- Inj 3.5 mg vial – 1% DV Sep-13 to 2016 | 1,892.50 | Velcade |

**Restricted**

**Initiation – treatment naive multiple myeloma/amyloidosis**

Both:
1. Either:
   1.1 The patient has treatment-naive symptomatic multiple myeloma; or
   1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis *; and

Note: Indications marked with * are Unapproved Indications.

**Initiation – relapsed/refractory multiple myeloma/amyloidosis**

All of the following:
1. Either:
   1.1 The patient has relapsed or refractory multiple myeloma; or
   1.2 The patient has relapsed or refractory systemic AL amyloidosis *; and
2. The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
3. The patient has not had prior publicly funded treatment with bortezomib; and

continued...
4 Maximum of 4 treatment cycles.
Note: Indications marked with * are Unapproved Indications.

**Continuation – relapsed/refractory multiple myeloma/amyloidosis**

Both:
1. The patient’s disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
2. Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy 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.

Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

**COLASPASE [L-ASPARTAGINASE]**

- Inj 10,000 iu vial ........................................................................ 102.32 1 Leunase

**DACARBAZINE**

- Inj 200 mg vial ............................................................................. 48.00 1 Hospira

**ETOPOSIDE**

- Cap 50 mg .............................................................................. 340.73 20 Vepesid
- Cap 100 mg ............................................................................. 340.73 10 Vepesid
- Inj 20 mg per ml, 5 ml vial .......................................................... 25.00 1 Mayne

**ETOPOSIDE (AS PHOSPHATE)**

- Inj 100 mg vial – 1% DV Sep-11 to 2014 .................................. 40.00 1 Etopophos

**HYDROXYUREA**

- Cap 500 mg ............................................................................. 31.76 100 Hydrea

**IRINOTECAN HYDROCHLORIDE**

- Inj 20 mg per ml, 2 ml vial – 1% DV Nov-12 to 2015 .............. 9.34 1 Irinotecan Actavis 40
- Inj 20 mg per ml, 5 ml vial – 1% DV Nov-12 to 2015 .............. 23.34 1 Irinotecan Actavis 100

**PEGASPARAGASE**

- Inj 750 iu per ml, 5 ml vial ......................................................... 3,005.00 1 Oncaspar

**Restricted**

**Newly diagnosed ALL**

*Limited to 12 months’ treatment*

All of the following:
1. The patient has newly diagnosed acute lymphoblastic leukaemia; and
2. Pegasparagase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
3. Treatment is with curative intent.

**Relapsed ALL**

*Limited to 12 months’ treatment*

All of the following:
1. The patient has relapsed acute lymphoblastic leukaemia; and
2. Pegasparagase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
3. Treatment is with curative intent.
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
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<tbody>
<tr>
<td>$ Per</td>
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</table>

PENTOSTATIN [DEOXYCOFORMYCIN]
Inj 10 mg vial

PROCARBAZINE HYDROCHLORIDE
Cap 50 mg................................................................. 225.00 50 Natulan

TEMZOLOMIDE

- Cap 5 mg – 1% DV Sep-13 to 2016 ........................................... 8.00 5 Temaccord
- Cap 20 mg – 1% DV Sep-13 to 2016 ........................................ 36.00 5 Temaccord
- Cap 100 mg – 1% DV Sep-13 to 2016................................. 175.00 5 Temaccord
- Cap 250 mg – 1% DV Sep-13 to 2016................................. 410.00 5 Temaccord

Restricted
All of the following:

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

Notes: Indication marked with a * is an Unapproved Indication.
Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.

THALIDOMIDE

- Cap 50 mg................................................................. 504.00 28 Thalomid
- Cap 100 mg............................................................... 1,008.00 28 Thalomid

Restricted
Initiation
Either:

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................................................................. 435.90 100 Vesanoid

Platinum Compounds

CARBOPLATIN

- Inj 10 mg per ml, 5 ml vial.................................................. 20.00 1 Carboplatin Ebewe
- Inj 10 mg per ml, 15 ml vial.............................................. 19.50 1 Carbaccord
- Inj 10 mg per ml, 45 ml vial.............................................. 48.50 1 Carbaccord
- Inj 10 mg per ml, 100 ml vial............................................ 105.00 1 Carboplatin Ebewe

CISPLATIN

- Inj 1 mg per ml, 50 ml vial............................................... 15.00 1 Cisplatin Ebewe
- Inj 1 mg per ml, 100 ml vial............................................. 21.00 1 Cisplatin Ebewe

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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</thead>
<tbody>
<tr>
<td>$ Per</td>
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</tbody>
</table>

### OXALIPLATIN

- **Inj 50 mg vial – 1% DV Aug-12 to 2015** ........................................... **15.32** 1 **Oxaliplatin Actavis 50**
- **Inj 100 mg vial – 1% DV Aug-12 to 2015** ........................................... **25.01** 1 **Oxaliplatin Actavis 100**

### Protein-Tyrosine Kinase Inhibitors

#### DASATINIB

- **Tab 20 mg** ................................................................. **3,774.06** 60 **Sprycel**
- **Tab 50 mg** ................................................................. **6,214.20** 60 **Sprycel**
- **Tab 70 mg** ................................................................. **7,692.58** 60 **Sprycel**
- **Tab 100 mg** ............................................................... **6,214.20** 30 **Sprycel**

**Restricted**

For use in patients with approval from CML/GIST Co-ordinator

#### ERLOTINIB

- **Tab 100 mg** ................................................................. **3,100.00** 30 **Tarceva**
- **Tab 150 mg** ................................................................. **3,950.00** 30 **Tarceva**

**Restricted**

Initiation

*Re-assessment required after 3 months*

Both:

1. Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and
2. Patient has documented disease progression following treatment with first line platinum based chemotherapy.

Continuation

*Re-assessment required after 6 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

#### GEFTINIB

- **Tab 250 mg** ................................................................. **1,700.00** 30 **Iressa**

**Restricted**

Initiation

*Re-assessment required after 3 months*

Both:

1. Patient has treatment naive locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2. There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase.

Continuation

*Re-assessment required after 6 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

#### IMATINIB

- **Tab 100 mg** ................................................................. **2,400.00** 60 **Glivec**

**Restricted**

For use in patients with approval from CML/GIST Co-ordinator

#### LAPATINIB

- **Tab 250 mg** ................................................................. **1,899.00** 70 **Tykerb**

**Restricted**

Initiation

*Re-assessment required after 12 months*

Either:

*continued...*
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 has not previously received trastuzumab treatment for HER2 positive metastatic breast cancer; and
   1.3 Lapatinib not to be given in combination with trastuzumab; and
   1.4 Lapatinib to be discontinued at disease progression; or
2 All of the following:
   2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   2.2 The patient started trastuzumab for metastatic breast cancer but discontinued trastuzumab within 3 months of starting treatment due to intolerance; and
   2.3 The cancer did not progress whilst on trastuzumab; and
   2.4 Lapatinib not to be given in combination with trastuzumab; and
   2.5 Lapatinib to be discontinued at disease progression

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

PAZOPANIB

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 200 mg</td>
<td>1,334.70</td>
<td>30</td>
<td>Votrient</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td>2,669.40</td>
<td>30</td>
<td>Votrient</td>
</tr>
</tbody>
</table>

Restricted 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 The patient has intermediate or poor prognosis defined as any of the following:
   5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
   5.2 Haemoglobin level < lower limit of normal; or
   5.3 Corrected serum calcium level > 10 mg/dl (2.5 mmol/l); or
   5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
   5.5 Karnofsky performance score of ≤ 70; or
   5.6 ≥ 2 sites of organ metastasis.

Continuation
Re-assessment required after 3 months
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

continued...
## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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</tbody>
</table>

continued...

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.

### SUNITINIB

- Cap 12.5 mg
  - $2,315.38 28 Sutent
- Cap 25 mg
  - $4,630.77 28 Sutent
- Cap 50 mg
  - $9,261.54 28 Sutent

**Restricted**

Re-assessment required after 3 months

**Initiation – RCC**

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. The patient has intermediate or poor prognosis defined as any of the following:
   - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
   - 5.2 Haemoglobin level < lower limit of normal; or
   - 5.3 Corrected serum calcium level > 10 mg/dl (2.5 mmol/l); or
   - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
   - 5.5 Karnofsky performance score of ≤ 70; or
   - 5.6 ≥ 2 sites of organ metastasis; and
6. Sunitinib to be used for a maximum of 2 cycles.

**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 decrease in tumour density in Hounsfield Units (HU) of ≥ 15% on CT and no new lesions and no obvious progression of non-measurable disease); or

continued...
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.

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.

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% and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

### Taxanes

**DOCETAXEL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 2 ml vial - 1% DV May-13 to 2014</td>
<td>48.75</td>
<td>1</td>
<td></td>
<td>Docetaxel Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml vial - 1% DV May-13 to 2014</td>
<td>48.75</td>
<td>1</td>
<td></td>
<td>Docetaxel Sandoz</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 8 ml vial - 1% DV May-13 to 2014</td>
<td>195.00</td>
<td>1</td>
<td></td>
<td>Docetaxel Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 8 ml vial - 1% DV May-13 to 2014</td>
<td>195.00</td>
<td>1</td>
<td></td>
<td>Docetaxel Sandoz</td>
</tr>
</tbody>
</table>

**PACLITAXEL**

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<tr>
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<th>Per</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 6 mg per ml, 5 ml vial - 1% DV Oct-08 to 2014</td>
<td>137.50</td>
<td>5</td>
<td></td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 16.7 ml vial - 1% DV Oct-08 to 2014</td>
<td>91.67</td>
<td>1</td>
<td>Paclitaxel Ebewe</td>
<td></td>
</tr>
<tr>
<td>Inj 6 mg per ml, 25 ml vial - 1% DV Oct-08 to 2014</td>
<td>137.50</td>
<td>1</td>
<td>Paclitaxel Ebewe</td>
<td></td>
</tr>
<tr>
<td>Inj 6 mg per ml, 50 ml vial - 1% DV Oct-08 to 2014</td>
<td>275.00</td>
<td>1</td>
<td>Paclitaxel Ebewe</td>
<td></td>
</tr>
<tr>
<td>Inj 6 mg per ml, 100 ml vial - 1% DV Oct-08 to 2014</td>
<td>550.00</td>
<td>1</td>
<td>Paclitaxel Ebewe</td>
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</tbody>
</table>

### Treatment of Cytotoxic-Induced Side Effects

**CALCIUM FOLINATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand orGeneric</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 15 mg - 1% DV Nov-11 to 2014</td>
<td>82.45</td>
<td>10</td>
<td></td>
<td>DBL Leucovorin Calcium</td>
</tr>
<tr>
<td>Inj 3 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td>Calcium Folinate Ebewe</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml ampoule - 1% DV Sep-08 to 2014</td>
<td>24.50</td>
<td>5</td>
<td>Calcium Folinate Ebewe</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial - 1% DV Sep-08 to 2014</td>
<td>9.75</td>
<td>1</td>
<td>Calcium Folinate Ebewe</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 30 ml vial - 1% DV Sep-08 to 2014</td>
<td>30.00</td>
<td>1</td>
<td>Calcium Folinate Ebewe</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial - 1% DV Sep-08 to 2014</td>
<td>90.00</td>
<td>1</td>
<td>Calcium Folinate Ebewe</td>
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</table>

**MESNA**

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<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand orGeneric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 400 mg</td>
<td>210.65</td>
<td>50</td>
<td>Uromitexan</td>
</tr>
<tr>
<td>Tab 600 mg</td>
<td>314.40</td>
<td>50</td>
<td>Uromitexan</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 4 ml ampoule</td>
<td>137.04</td>
<td>15</td>
<td>Uromitexan</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml ampoule</td>
<td>314.66</td>
<td>15</td>
<td>Uromitexan</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINBLASTINE SULPHATE</td>
<td>Inj 1 mg per ml, 10 ml vial</td>
<td>$137.50</td>
<td>5 Mayne</td>
</tr>
<tr>
<td>VINCRIOTINE SULPHATE</td>
<td>Inj 1 mg per ml, 1 ml vial – 1% DV Sep-13 to 2016</td>
<td>$64.80</td>
<td>5 Hospira</td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016</td>
<td>$69.60</td>
<td>5 Hospira</td>
</tr>
<tr>
<td>VINORELBINE</td>
<td>Inj 10 mg per ml, 1 ml vial – 1% DV Sep-12 to 2015</td>
<td>$12.85</td>
<td>1 Navelbine</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015</td>
<td>$64.25</td>
<td>1 Navelbine</td>
</tr>
</tbody>
</table>

### ENDOCRINE THERAPY

#### BICALUTAMIDE

- **Tab 50 mg – 1% DV Nov-11 to 2014**
  - Price: $10.00
  - 28 Bicalaccord

**Restricted**

For the treatment of advanced prostate cancer.

#### FLUTAMIDE

- **Tab 250 mg**
  - Price: $55.00
  - 100 Flutamin

#### MEGESTROL ACETATE

- **Tab 160 mg – 1% DV Jan-13 to 2015**
  - Price: $51.55
  - 30 Apo-Megestrol

#### OCTREOTIDE

- **Inj 50 mcg per ml, 1 ml ampoule**
  - Price: $19.24
  - 5 Octreotide MaxRx
- **Inj 100 mcg per ml, 1 ml ampoule**
  - Price: $36.38
  - 5 Octreotide MaxRx
- **Inj 500 mcg per ml, 1 ml ampoule**
  - Price: $131.25
  - 5 Octreotide MaxRx

- **Inj 10 mg vial**
  - Price: $1,772.50
  - 1 Sandostatin LAR
- **Inj 20 mg vial**
  - Price: $2,358.75
  - 1 Sandostatin LAR
- **Inj 30 mg vial**
  - Price: $2,951.25
  - 1 Sandostatin LAR

**Restricted**

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

#### Malignant bowel obstruction

All of the following:

1. The patient has nausea* and vomiting* due to malignant bowel obstruction*; and
2. Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed; and
3. Octreotide to be given at a maximum dose 1500 mcg daily for up to 4 weeks.

Note: Indications marked with * are Unapproved Indications

#### Initiation – acromegaly

**Re-assessment required after 3 months**

Both:

1. The patient has acromegaly; and
2. Any of the following:
   1. Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
   2. Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or

*continued*...
Continued...

2.3 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy

Continuation – acromegaly
Both:
1. IGF1 levels have decreased since starting octreotide; and
2. The treatment remains appropriate and the patient is benefiting from treatment.

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

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.

TAMOXIFEN CITRATE
Tab 10 mg ................................................................. 17.50 100 Genox
Tab 20 mg  – 1% DV Jun-11 to 2014 .............................................. 8.75 100 Genox

Aromatase Inhibitors

ANASTROZOLE
Tab 1 mg ........................................................................ 26.55 30 Aremed
   DP-Anastrozole

EXEMESTANE
Tab 25 mg – 1% DV Jun-11 to 2014 .............................................. 22.57 30 Aromasin

LETROZOLE
Tab 2.5 mg – 1% DV Oct-12 to 2015 ......................................... 4.85 30 Letraccord

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 – 1% DV Oct-12 to 2015 ................. 198.13 50 ml Neoral
Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015 ...... 276.30 10 Sandimmun

Products with Hospital Supply Status (HSS) are in bold.
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ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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<th>Price (ex man. Excl. GST)</th>
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TACROLIMUS

- **Cap 0.5 mg**: 214.00/100 Prograf
- **Cap 1 mg**: 428.00/100 Prograf
- **Cap 5 mg**: 1,070.00/50 Prograf
- **Inj 5 mg per ml, 1 ml ampoule**

**Restricted**

For use in organ transplant recipients

**Fusion Proteins**

ETANERCEPT

- **Inj 25 mg vial**: 949.96/4 Enbrel
- **Inj 50 mg autoinjector**: 1,899.92/4 Enbrel
- **Inj 50 mg syringe**: 1,899.92/4 Enbrel

**Restricted**

**Initiation – juvenile idiopathic arthritis** — rheumatologist or named specialist

*Re-assessment required after 4 months*

Either:

1. **Both**:
   1.1 The patient has had an initial Special Authority approval for adalimumab for 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 JIA; or

2. **All of the following**:
   2.1 Patient diagnosed with JIA; and
   2.2 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 had severe active polyarticular course JIA for 6 months duration or longer; and
   2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

2.5 **Both**:
   2.5.1 Either:
      2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
      2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
   2.5.2 Physician’s global assessment indicating severe disease.

**Continuation – juvenile idiopathic arthritis** — rheumatologist or named specialist

*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 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 – rheumatoid arthritis** — rheumatologist

*Re-assessment required after 6 months*

Either:

continued...
continued...

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

2 All of the following:
   2.1 Patient has had severe and active erosive rheumatoid arthritis 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 oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
   2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
   2.5 Any of the following:
      2.5.1 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
      2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
      2.5.3 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

2.6 Either:
   2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender 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; and

2.7 Either:
   2.7.1 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
   2.7.2 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.

Continuation – rheumatoid arthritis – rheumatologist

Re-assessment required after 6 months

All of the following:
   1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
   2 Either:
      2.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
      2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

3 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

continued...
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 an exercise regime supervised by a physiotherapist; 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:
- 18-24 years – Male: 7.0 cm; Female: 5.5 cm
- 25-34 years – Male: 7.5 cm; Female: 5.5 cm
- 35-44 years – Male: 6.5 cm; Female: 4.5 cm
- 45-54 years – Male: 6.0 cm; Female: 5.0 cm
- 55-64 years – Male: 5.5 cm; Female: 4.0 cm
- 65-74 years – Male: 4.0 cm; Female: 4.0 cm
- 75+ years – Male: 3.0 cm; Female: 2.5 cm

Continuation – ankylosing spondylitis – rheumatologist
Re-assessment required after 6 months

All of the following:
1 Following 12 weeks of etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 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 for psoriatic arthritis; 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 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 sulphasalazine 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

continued...
Continuation – psoriatic arthritis – rheumatologist
*Re-assessment required after 6 months*

All of the following:

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 – plaque psoriasis, prior TNF use – dermatologist
*Re-assessment required after 4 months*

Both:

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 – plaque psoriasis, treatment-naïve – 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 15, 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, cyclosporin, or acitretin; and
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
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 15, 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 6 months*

All of the following:

1 Either:
   1.1 Both:
            continued...
continued...

1.1.1 Patient had “whole body” severe chronic plaque psoriasis at the start of treatment; and
1.1.2 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

1.2 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.

### Monoclonal Antibodies

**ABCIXIMAB**

- **Inj 2 mg per ml, 5 ml vial** .......................................................... 579.53 1 ReoPro

**Restricted**

Either:

1 For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or

2 For use in patients undergoing intra-cranial intervention.

**ADALIMUMAB**

- **Inj 40 mg per 0.8 ml pen** .................................................... 1,799.92 2 HumiraPen
- **Inj 40 mg per 0.8 ml syringe** .................................................. 1,799.92 2 Humira
- **Inj 20 mg per 0.4 ml syringe** .................................................. 1,799.92 2 Humira

**Restricted**

**Initiation – juvenile idiopathic arthritis** – rheumatologist or named specialist

*Re-assessment required after 4 months*

Either:

1 Both:

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

1.2 Either:

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

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

2 All of the following:

2.1 Patient diagnosed with JIA; and

2.2 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 had severe active polyarticular course JIA for 6 months duration or longer; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

2.5 Both:

2.5.1 Either:

2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or

2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

*continued...*
2.5.2 Physician’s global assessment indicating severe disease.

Continuation – 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 – fistulising Crohn’s disease – gastroenterologist

Re-assessment required after 4 months:

All of the following:
1 Patient has confirmed Crohn’s disease; and
2 Either:
   2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
   2.2 Patient has one or more rectovaginal fistula(e); and
3 A Baseline Fistula Assessment (a copy of which is available at www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf) has been completed and is no more than 1 month old at the time of application.

Continuation – fistulising Crohn’s disease – gastroenterologist

Re-assessment required after 6 months:

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

Initiation – Crohn’s disease – gastroenterologist

Re-assessment required after 3 months

All of the following:
1 Patient has severe active Crohn’s disease; and
2 Any of the following:
   2.1 Patient has a Crohn’s Disease Activity Index (CDAI) score of greater than or equal to 300; or
   2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
   2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
   2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Continuation – Crohn’s disease – gastroenterologist

Re-assessment required after 3 months

Both:
1 Either:
   1.1 Either:
      1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
      1.1.2 CDAI score is 150 or less; or
   1.2 Both:
      1.1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
      1.1.4 Applicant to indicate the reason that CDAI score cannot be assessed; and

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

**Initiation – rheumatoid arthritis** – 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 from etanercept; or
      1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2. **All of the following:**
   2.1 Patient has had severe and active erosive rheumatoid arthritis 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 oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
   2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
   2.5 Any of the following:
      2.5.1 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
      2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
      2.5.3 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
   2.6 Either:
      2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender 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; and
   2.7 Either:
      2.7.1 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
      2.7.2 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.

**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. Either:
   3.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
   3.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

**Initiation – ankylosing spondylitis** – rheumatologist

*Re-assessment required after 6 months*

continued...
Either:

1. Both:
   1.1 The 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 from etanercept; or
      1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for
           ankylosing spondylitis.

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 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 an exercise regime supervised by a physiotherapist; 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 following average normal values
           corrected for age and gender (see Notes); and
   2.6 A 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:
18-24 years – Male: 7.0 cm; Female: 5.5 cm
25-34 years – Male: 7.5 cm; Female: 5.5 cm
35-44 years – Male: 6.5 cm; Female: 4.5 cm
45-54 years – Male: 6.0 cm; Female: 5.0 cm
55-64 years – Male: 5.5 cm; Female: 4.0 cm
65-74 years – Male: 4.0 cm; Female: 4.0 cm
75+ years – Male: 3.0 cm; Female: 2.5 cm

Continuation – ankylosing spondylitis – rheumatologist

Re-assessment required after 6 months

All of the following:
1. Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-adalimumab baseline
   on a 10 point scale, or by 50%, whichever is less; and
2. Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3. Adalimumab to be administered at doses no greater than 40 mg every 14 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 etanercept for psoriatic arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from etanercept; or
      1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept 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

continued...
2.3 Patient has tried and not responded to at least three months of sulphasalazine 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*

All of the following:

1 Either:
   1.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and

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

**Initiation – plaque psoriasis, prior TNF use – dermatologist**

*Re-assessment required after 4 months*

Both:

1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and

2 Either:
   2.1 The patient has experienced intolerable side effects from etanercept; or
   2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis.

**Initiation – plaque psoriasis, treatment-naïve – 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 15, 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, cyclosporin, or acitretin; and

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

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 15, 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.

*continued...*
Continuation – plaque psoriasis – dermatologist

Re-assessment required after 6 months

All of the following:

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 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
   1.2 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.

BASILIXIMAB

– Inj 20 mg vial ................................................................. 3,200.00 1 Simulect

Restricted
For use in solid organ transplants

BEVACIZUMAB

– Inj 25 mg per ml, 4 ml vial
– Inj 25 mg per ml, 16 ml vial

Restricted
Either:

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

INFlixIMAB

– Inj 100 mg ................................................................. 1,227.00 1 Remicade

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

Initiation – rheumatoid arthritis – rheumatologist

Re-assessment required after 3-4 months

All of the following:

1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and

2. Either:
   2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and

3. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.

Continuation – rheumatoid arthritis – rheumatologist

Re-assessment required after 6 months

All of the following:

continued...
continued...

1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
   2.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

Initiation – ankylosing spondylitis – rheumatologist

Re-assessment required after 3 months

Both:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
2 Either:
   2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation – ankylosing spondylitis – rheumatologist

Re-assessment required after 6 months

All of the following:
1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

Initiation – psoriatic arthritis – rheumatologist

Re-assessment required after 3-4 months

Both:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic 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 3-4 months’ initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept 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 3 doses

Both:
1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
2 Either:
   2.1 Patient has failed to achieve control of severe vision-threatening ocular inflammation following high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids; or
   2.2 Patient developed new inflammatory symptoms while receiving high dose steroids.

Initiation – chronic ocular inflammation

Re-assessment required after 3 doses

Both:
continued...

1. Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and

2. Patient has tried at least two other immunomodulatory agents.

**Continuation – ocular inflammation**
Both:
1. Patient had a good clinical response to initial treatment; and

2. Either:
   2.1 A withdrawal of infliximab has been trialled and patient has relapsed after trial withdrawal; or
   2.2 Patient has Behçet’s disease.

**Pulmonary sarcoidosis**
Both:
1. Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and

2. Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

**Initiation – Crohn’s disease (adults) – gastroenterologist**
*Re-assessment required after 3 months*
All of the following:
1. Patient has severe active Crohn’s disease; and

2. Any of the following:
   2.1 Patient has a Crohn’s Disease Activity Index (CDAI) score of greater than or equal to 300; or
   2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
   2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
   2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and

3. Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and

4. Surgery (or further surgery) is considered to be clinically inappropriate; and

5. Patient must be reassessed for continuation after 3 months of therapy.

**Continuation – Crohn’s disease (adults) – gastroenterologist**
*Re-assessment required after 6 months*
All of the following:
1. One 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. 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; and

3. Patient must be reassessed for continuation after further 6 months.

**Initiation – Crohn’s disease (children) – gastroenterologist**
*Re-assessment required after 3 months*
All of the following:
1. Paediatric patient has severe active Crohn’s disease; and

2. Any of the following:
   2.1 Patient has a Paediatric Crohn’s Disease Activity Index (PCDAI) score of greater than or equal to 30; or
   2.2 Patient has extensive small intestine disease; and

3. Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and

4. Surgery (or further surgery) is considered to be clinically inappropriate; and

5. Patient must be reassessed for continuation after 3 months of therapy;
continued...

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

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**Restriction**

(Brand) indicates a brand example only. It is not a contracted product.

**Continuation – Crohn’s disease (children) – gastroenterologist**

*Re-assessment required after 6 months*

1. One of the following:
   1.1 PCDAI score has reduced by 10 points from the CDAI 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 CDAI score cannot be assessed; and
2. Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle; and
3. Patient must be reassessed for continuation after further 6 months;

**Initiation – fistulising Crohn’s disease – gastroenterologist**

All of the following:

1. Patient has confirmed Crohn’s disease; and
2. Either:
   2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
   2.2 Patient has one or more rectovaginal fistula(e); and
3. Patient must be reassessed for continuation after 4 months of therapy.

**Continuation – fistulising Crohn’s disease – gastroenterologist**

All of the following:

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; and
3. Patient must be reassessed for continuation after further 6 months.

**Initiation – acute severe fulminant ulcerative colitis – gastroenterologist**

All of the following:

1. Patient has acute, severe fulminant ulcerative colitis; and
2. Treatment with intravenous or high dose oral corticosteroids has not been successful; and
3. Patient must be reassessed for continuation after 6 weeks of therapy.

**Continuation – severe fulminant ulcerative colitis – gastroenterologist**

All of the following:

1. Where maintenance treatment is considered appropriate, infliximab should be used in combination with immunomodulators and reassessed every 6 months;
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; and
3. Patient must be reassessed for continuation after further 6 months.

**Initiation – severe ulcerative colitis – gastroenterologist**

All of the following:

1. Patient has histologically confirmed ulcerative colitis; and
2. The Simple Clinical Colitis Activity Index (SCCAI) is ≥ 4
3. Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) and corticosteroids; and
4. Surgery (or further surgery) is considered to be clinically inappropriate; and
5. Patient must be reassessed for continuation after 3 months of therapy.

continued...
Continuation – severe ulcerative colitis – gastroenterologist

All of the following:
1. Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks;
2. SCCAI score has reduced by ≥ 2 points from the SCCAI score when the patient was initiated on infliximab; and
3. Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation – plaque psoriasis, prior TNF use – dermatologist

Re-assessment required after 3 doses

Both:
1. The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and
2. Either:
   2.1. The patient has experienced intolerable side effects from adalimumab or etanercept; or
   2.2. The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis.

Initiation – plaque psoriasis, treatment-naïve – dermatologist

Re-assessment required after 3 doses

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 15, 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, cyclosporin, or acitretin; and
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
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 15, 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

All of the following:
1. Either:
   1.1. Both:
      1.1.1. Patient had “whole body” severe chronic plaque psoriasis at the start of treatment; and
      1.1.2. Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or
   1.2. Both:
      1.2.1. Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
      1.2.2. Either:
         1.2.2.1. Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this...
Continued...

level, as compared to the treatment course baseline values; or

12.2.2 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.

RANIBIZUMAB

- Inj 10 mg per ml, 0.23 ml vial
- Inj 10 mg per ml, 0.3 ml vial

Restricted

Initiation

Re-assessment required after 3 doses

Both:
1. Either
   1.1 Age-related macular degeneration; or
   1.2 Choroidal neovascular membrane; and
2. Any of the following:
   2.1 The patient has had a severe ophthalmic inflammatory response following bevacizumab; or
   2.2 The patient has had a myocardial infarction or stroke within the last three months; or
   2.3 The patient has failed to respond to bevacizumab following three intraocular injections; or
   2.4 The patient is of child-bearing potential and has not completed a family.

Continuation

Both:
1. Documented benefit after three doses must be demonstrated to continue; and
2. In the case of but previous non-response to bevacizumab, a retrial of bevacizumab is required to confirm non-response before continuing with ranibizumab.

RITUXIMAB

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

Restricted

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

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.

continued...
continued...

Note: Indications marked with * are Unapproved Indications.

**Initiation – indolent, low-grade lymphomas**

Either:
1. Both:
   1.1 The patient has indolent low grade 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 indolent, low grade lymphoma requiring first-line systemic chemotherapy; and
   2.2 To be used for a maximum of 6 treatment cycles.

Note: ‘Indolent, low-grade lymphomas’ includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia.

**Continuation – indolent, low-grade lymphomas**

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 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.

**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**

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.

**Chronic lymphocytic leukaemia**

All of the following:
1. The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2. The patient is rituximab treatment naive; and
3. Either:
   3.1 The patient is chemotherapy treatment naive; or
   3.2 Both:
      3.2.1 The patient’s disease has relapsed following no more than three prior lines of chemotherapy treatment; and
      3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and
4. The patient has good performance status; and
5. The patient has good renal function (creatinine clearance \( \geq 30 \) ml/min); and
6. The patient does not have chromosome 17p deletion CLL; and
7. Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles; and

continued...
8 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration).

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.

Initiation – rheumatoid arthritis – prior TNF inhibitor use – rheumatologist

Re-assessment required after 2 doses

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

Re-assessment required after 2 doses

All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
2 Patient has had severe and active erosive rheumatoid arthritis 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 sulphasalazine 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.

continued...
Continuation – rheumatoid arthritis – re-treatment in ‘partial responders’ to rituximab – rheumatologist

Re-assessment required after 2 doses

All of the following:

1. Either:
   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 2 doses

All of the following:

1. Either:
   1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2. Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3. Either:
   3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4. Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

TOCILIZUMAB

Inj 20 mg per ml, 4 ml vial................................. 1 220.00 Actemra
Inj 20 mg per ml, 10 ml vial............................. 1 550.00 Actemra
Inj 20 mg per ml, 20 ml vial............................. 1 1,100.00 Actemra

Initiation – systemic juvenile idiopathic arthritis – paediatric rheumatologist

Re-assessment required after 6 months

Both:

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

Continuation – systemic juvenile idiopathic arthritis – paediatric 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 re-applications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.
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<tr>
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**TRASTUZUMAB**

- **Inj 150 mg vial** ........................................................................ 1,350.00 1 Herceptin
- **Inj 440 mg vial** ........................................................................ 3,875.00 1 Herceptin

**Restricted**

**Limited to 12 months’ treatment**

All of the following:

1. The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and
2. Maximum cumulative dose of 106 mg/kg (12 months’ treatment); and
3. Any of the following:
   3.1 9 weeks’ concurrent treatment with adjuvant chemotherapy is planned; or
   3.2 12 months’ concurrent treatment with adjuvant chemotherapy is planned; or
   3.3 12 months’ sequential treatment following adjuvant chemotherapy is planned; or
   3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

**Initiation – metastatic breast cancer (trastuzumab-naïve patients)**

*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 has not previously received lapatinib treatment for HER 2 positive metastatic breast cancer; and
   1.3 Trastuzumab not to be given in combination with lapatinib; and
   1.4 Trastuzumab to be discontinued at disease progression; or

2. All of the following:
   2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   2.2 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
   2.3 The cancer did not progress whilst on lapatinib; and
   2.4 Trastuzumab not to be given in combination with lapatinib; and
   2.5 Trastuzumab to be discontinued at disease progression

**Initiation – metastatic breast cancer (patients previously treated with trastuzumab)**

*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 patient received prior adjuvant trastuzumab treatment for early breast cancer; and
3. Any of the following:
   3.1 All of the following:
      3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
      3.1.2 Trastuzumab not to be given in combination with lapatinib; and
      3.1.3 Trastuzumab to be discontinued at disease progression; or

   3.2 All of the following:
      3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
      3.2.2 The cancer did not progress whilst on lapatinib; and
      3.2.3 Trastuzumab not to be given in combination with lapatinib; and
      3.2.4 Trastuzumab to be discontinued at disease progression; or

   3.3 All of the following:
      3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
      3.3.2 Trastuzumab not to be given in combination with lapatinib; and
      3.3.3 Trastuzumab to be discontinued at disease progression.

*continued...*
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### Continuation – metastatic breast cancer

*Re-assessment required after 12 months*

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.

### Other Immunosuppressants

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<tr>
<td>ANTITHYMOCYTE GLOBULIN (EQUINE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 5 ml ampoule</td>
<td>2,137.50</td>
<td>5</td>
<td>ATGAM</td>
</tr>
<tr>
<td>ANTITHYMOCYTE GLOBULIN (RABBIT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 25 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZATHIOPRINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>18.45</td>
<td>100</td>
<td>Imuprine</td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td>60.00</td>
<td>1</td>
<td>Imuran</td>
</tr>
<tr>
<td>BACILLUS CALMETTE-GUERIN (BCG)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>→ Inj 2-8 x 10^8 CFU vial – 1% DV Sep-13 to 2016</td>
<td>149.37</td>
<td>1</td>
<td>OncoTICE</td>
</tr>
</tbody>
</table>

**Restricted**

For use in bladder cancer

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYCOPHENOLATE MOFETIL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>→ Cap 250 mg</td>
<td>30.00</td>
<td>50</td>
<td>Ceptolate</td>
</tr>
<tr>
<td></td>
<td>70.00</td>
<td>100</td>
<td>CellCept</td>
</tr>
<tr>
<td></td>
<td>60.00</td>
<td></td>
<td>Myaccord</td>
</tr>
<tr>
<td>→ Tab 500 mg</td>
<td>70.00</td>
<td>50</td>
<td>CellCept</td>
</tr>
<tr>
<td></td>
<td>60.00</td>
<td></td>
<td>Myaccord</td>
</tr>
<tr>
<td>→ Powder for oral liq 1 g per 5 ml</td>
<td>285.00</td>
<td>165 ml</td>
<td>CellCept</td>
</tr>
<tr>
<td>→ Inj 500 mg vial</td>
<td>133.33</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Restricted**

Either:

1. Transplant recipient; or
2. Both:
   - Patients with diseases where:
     1. Steroids and azathioprine have been trialled and discontinued because of unacceptable side effects or inadequate clinical response; and
     2. Either:
        - Patients with diseases where:
          1. Cyclophosphamide has been trialed and discontinued because of unacceptable side effects or inadequate clinical response; or
          2. Cyclophosphamide treatment is contraindicated

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PICIBANIL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SIROLIMUS

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>813.00</td>
<td>100</td>
<td>Rapamune</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>1,626.00</td>
<td>100</td>
<td>Rapamune</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml</td>
<td>487.80</td>
<td>60 ml</td>
<td>Rapamune</td>
</tr>
</tbody>
</table>

**Restricted**
For rescue therapy for an organ transplant recipient

Notes: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:
- GFR < 30 ml/min; or
- Rapidly progressive transplant vasculopathy; or
- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencephalopathy; or
- Significant malignant disease
## RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
<td></td>
</tr>
</tbody>
</table>

### ANTIALLERGY PREPARATIONS

#### Allergy Desensitisation

**BEE VENOM**
- Inj 120 mcg vial with diluent, 6 vial
- Inj 550 mcg vial with diluent

*Restricted*

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

**PAPER WASP VENOM**
- Inj 550 mcg vial with diluent

*Restricted*

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

**YELLOW JACKET WASP VENOM**
- Inj 550 mcg vial with diluent

*Restricted*

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

#### Allergy Prophylactics

**BECLOMETHASONE DIPROPIONATE**
- Nasal spray 50 mcg per dose............................... 4.85 200 dose
- Nasal spray 100 mcg per dose............................... 5.75 200 dose

**BUDENOSIDE**
- Nasal spray 50 mcg per dose............................... 4.85 200 dose
- Nasal spray 100 mcg per dose............................... 5.75 200 dose

**FLUTICASONE PROPIONATE**
- Nasal spray 50 mcg per dose – 1% DV Apr-13 to 2015 ............. 2.30 120 dose

**IPRATROPIUM BROMIDE**
- Nasal spray 0.03%

**SODIUM CROMOGLYCATE**
- Nasal spray 4%

#### Antihistamines

**CETIRIZINE HYDROCHLORIDE**
- Oral liq 1 mg per ml – 1% DV Nov-11 to 2014 .................... 3.52 200 ml
- Tab 10 mg – 1% DV Sep-11 to 2014 ............................ 1.59 100

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

### CHLORPHENIRAMINE MALEATE
- Inj 10 mg per ml, 1 ml ampoule
- Oral liq 0.4 mg per ml

### CYPROHEPTADINE HYDROCHLORIDE
- Tab 4 mg

### FEXOFENADINE HYDROCHLORIDE
- Tab 60 mg
- Tab 120 mg
- Tab 180 mg

### LORATADINE
- Oral liq 1 mg per ml
- Tab 10 mg

### PROMETHAZINE HYDROCHLORIDE
- Inj 25 mg per ml, 2 ml ampoule
- Oral liq 1 mg per ml – 1% DV Feb-13 to 2015
- Tab 10 mg – 1% DV Sep-12 to 2015
- Tab 25 mg – 1% DV Sep-12 to 2015

### TRIMEPRAZINE TARTRATE
- Oral liq 6 mg per ml

### ANTICHOLINERGIC AGENTS

### IPRATROPIUM BROMIDE
- Aerosol inhaler 20 mcg per dose
- Nebuliser soln 250 mcg per ml, 1 ml ampoule
  - 1% DV Sep-13 to 2016
- Nebuliser soln 250 mcg per ml, 2 ml ampoule
  - 1% DV Sep-13 to 2016

### TIOTROPIUM BROMIDE
- Powder for inhalation 18 mcg per dose

### RESTRICTION
- All of the following:
  1. To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
  2. In addition to standard treatment, the patient has trialled a short acting bronchodilator of at least 40 mcg ipratropium q.i.d for one month; and
  3. Either:
     3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
     3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
  4. Actual FEV₁ as a % of predicted, must be below 60%.
  5. Either:
     5.1 Patient is not a smoker; or
     5.2 Patient is a smoker and has been offered smoking cessation counselling; and
     5.3 The patient has been offered annual influenza immunisation.
### 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

  - 1% DV Nov-12 to 2015

<table>
<thead>
<tr>
<th>Brand</th>
<th>Price $ Per 20 dose</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duolin</td>
<td>3.75</td>
<td></td>
</tr>
</tbody>
</table>

### BETA-ADRENOCEPTOR AGONISTS

**SALBUTAMOL**

- Aerosol inhaler, 100 mcg per dose
- Inj 1 mg per ml, 5 ml ampoule
- Inj 500 mcg per ml, 1 ml ampoule
- Nebuliser soln 1 mg per ml, 2.5 ml ampoule

  - 1% DV Nov-12 to 2015

<table>
<thead>
<tr>
<th>Brand</th>
<th>Price $ Per 200 dose</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salamol</td>
<td>4.00</td>
<td></td>
</tr>
<tr>
<td>Ventolin</td>
<td>6.00</td>
<td></td>
</tr>
<tr>
<td>Asthalin</td>
<td>3.25</td>
<td></td>
</tr>
</tbody>
</table>

**TERBUTALINE SULPHATE**

- Powder for inhalation 250 mcg per dose
- Inj 0.5 mg per ml, 1 ml ampoule

**COUGH SUPPRESSANTS**

**PHOLCODINE**

- Oral liq 1 mg per ml

**DECONGESTANTS**

**OXYMETAZOLINE HYDROCHLORIDE**

- Aqueous nasal spray 0.25 mg per ml
- Aqueous nasal spray 0.5 mg per ml

**PSEUDOPHEDRINE HYDROCHLORIDE**

- Tab 60 mg

**SODIUM CHLORIDE**

- Aqueous nasal spray 6.5 mg per ml

**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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BECLOMETHASONE DIPROPIONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerosol inhaler 50 mcg per dose</td>
<td>8.54</td>
<td>Beclzone 50</td>
</tr>
<tr>
<td>Aerosol inhaler 100 mcg per dose</td>
<td>12.50</td>
<td>Beclzone 100</td>
</tr>
<tr>
<td>Aerosol inhaler 250 mcg per dose</td>
<td>22.67</td>
<td>Beclzone 250</td>
</tr>
<tr>
<td><strong>BUDESONIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 100 mcg per dose</td>
<td>15.20</td>
<td>Budenocort</td>
</tr>
<tr>
<td>Powder for inhalation 200 mcg per dose</td>
<td>25.60</td>
<td>Budenocort</td>
</tr>
<tr>
<td>Nebuliser soln 250 mcg per ml, 2 ml ampoule</td>
<td>22.67</td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 500 mcg per ml, 2 ml ampoule</td>
<td>22.67</td>
<td></td>
</tr>
<tr>
<td><strong>FLUTICASONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerosol inhaler 50 mcg per dose</td>
<td>7.50</td>
<td>Flixotide</td>
</tr>
<tr>
<td>Aerosol inhaler 125 mcg per dose</td>
<td>13.60</td>
<td>Flixotide</td>
</tr>
<tr>
<td>Aerosol inhaler 250 mcg per dose</td>
<td>27.20</td>
<td>Flixotide</td>
</tr>
<tr>
<td>Powder for inhalation 50 mcg per dose</td>
<td>8.67</td>
<td>Flixotide Accuhaler</td>
</tr>
<tr>
<td>Powder for inhalation 100 mcg per dose</td>
<td>13.87</td>
<td>Flixotide Accuhaler</td>
</tr>
<tr>
<td>Powder for inhalation 250 mcg per dose</td>
<td>24.51</td>
<td>Flixotide Accuhaler</td>
</tr>
</tbody>
</table>

### LEUKOTRIENE RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTELUKAST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Tab 4 mg</td>
<td>18.48</td>
<td>Singular</td>
</tr>
<tr>
<td>➤ Tab 5 mg</td>
<td>18.48</td>
<td>Singular</td>
</tr>
<tr>
<td>➤ Tab 10 mg</td>
<td>18.48</td>
<td>Singular</td>
</tr>
</tbody>
</table>

**Restricted**

**Pre-school wheeze**

All of the following:
1. To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
2. The patient has trialled inhaled corticosteroids at a dose of up to 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone for at least one month; and
3. The patient continues to have at least three severe exacerbations at least one of which required hospitalisation (defined as in-patient stay or prolonged Emergency Department treatment) in the past 12 months.

**Exercise-induced asthma**

Both:
1. Patient is being treated with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenergic receptor agonists; and
2. Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

**Aspirin desensitisation** – clinical immunologist or allergist

All of the following:
1. Patient is undergoing aspirin desensitisation therapy under the supervision of a clinical immunologist or allergist; and
2. Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter’s triad; and
3. Nasal polyposis, confirmed radiologically or surgically; and
4. Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.
### RESPIRATORY SYSTEM AND ALLERGIES

**LONG-ACTING BETA-ADRENOCEPTOR AGONISTS**

<table>
<thead>
<tr>
<th>Product</th>
<th>Dose</th>
<th>Price</th>
<th>Per</th>
<th>Expiry Date</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFORMOTEROL FUMARATE</strong>&lt;br&gt;Powder for inhalation 6 mcg per dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SALMETEROL</strong>&lt;br&gt;Aerosol inhaler 25 mcg per dose</td>
<td>26.46</td>
<td>120 dose</td>
<td></td>
<td>Serevent</td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 50 mcg dose</td>
<td>26.46</td>
<td>60 dose</td>
<td></td>
<td>Serevent Accuhaler</td>
<td></td>
</tr>
</tbody>
</table>

**Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists**

**Restricted**

Either:

1. All of the following:
   1.1 Patient is a child under the age of 12; and
   1.2 Has been treated with inhaled corticosteroids of at least 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone; and
   1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or

2. All of the following:
   2.1 Patient is over the age of 12; and
   2.2 Has been treated with inhaled corticosteroids of at least 800 mcg per day beclomethasone or budesonide, or 500 mcg per day fluticasone; and
   2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

**BUDESONIDE WITH EFORMETEROL**

- Aerosol inhaler 100 mcg with eformeterol fumarate 6 mcg
- Aerosol inhaler 200 mcg with eformeterol fumarate 6 mcg
- Powder for inhalation 100 mcg with eformeterol fumarate 6 mcg
- Powder for inhalation 200 mcg with eformeterol fumarate 6 mcg
- Powder for inhalation 400 mcg with eformeterol fumarate 12 mcg

**FLUTICASONE WITH SALMETEROL**

- Aerosol inhaler 50 mcg with salmeterol 25 mcg
- Aerosol inhaler 125 mcg with salmeterol 25 mcg
- Powder for inhalation 100 mcg with salmeterol 50 mcg
- Powder for inhalation 250 mcg with salmeterol 50 mcg

**MAST CELL STABILISERS**

- **NEDOCROMIL**<br>Aerosol inhaler 2 mg per dose

- **SODIUM CROMOGLYCATE**<br>Aerosol inhaler 5 mg per dose
  Powder for inhalation 20 mcg per dose

**METHYLXANTHINES**

- **AMINOPHYLLINE**<br>Inj 25 mg per ml, 10 ml ampoule – 1% *DV Nov-11 to 2014* 53.75 5 DBL Aminophylline

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAFFEINE CITRATE</strong></td>
<td>Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule</td>
<td>55.75</td>
<td>5</td>
<td>Biomed</td>
</tr>
<tr>
<td></td>
<td>Oral liq 20 mg per ml (caffeine 10 mg per ml)</td>
<td>14.85</td>
<td>25 ml</td>
<td>Biomed</td>
</tr>
<tr>
<td><strong>THEOPHYLLINE</strong></td>
<td>Oral liq 80 mg per 15 ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 250 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MUCOLYTICS AND EXPECTORANTS

- **DORNASE ALFA**
  - Nebuliser soln 2.5 mg per 2.5 ml ampoule
  - **Price:** 250.00
  - **Pack:** 6
  - **Brand:** Pulmozyme

**Restricted**

- **Cystic fibrosis**
  - For use in patients with approval by the Cystic Fibrosis Advisory Panel

- **Significant mucus production**
  - All of the following:
    1. Up to four weeks treatment; and
    2. Patient is an in-patient; and
    3. The mucus production cannot be cleared by first line chest techniques.

- **SODIUM CHLORIDE**
  - Nebuliser soln 7%, 90 ml bottle
  - **Price:** 23.50
  - **Pack:** 90 ml
  - **Brand:** Biomed

### PULMONARY SURFACTANTS

- **BERACTANT**
  - Soln 200 mg per 8 ml vial
  - **Price:** 550.00
  - **Pack:** 1
  - **Brand:** Survanta

- **PORACTANT ALFA**
  - Soln 120 mg per 1.5 ml vial
  - **Price:** 425.00
  - **Pack:** 1
  - **Brand:** Curosurf
  - Soln 240 mg per 3 ml vial
  - **Price:** 695.00
  - **Pack:** 1
  - **Brand:** Curosurf

### RESPIRATORY STIMULANTS

- **DOXAPRAM**
  - Inj 20 mg per ml, 5 ml vial

### SCLEROSING AGENTS

- **TALC**
  - Powder
  - Soln (slurry) 100 mg per ml, 50 ml

---

(Brand) indicates a brand example only. It is not a contracted product.
## SENSORY ORGANS

### ANTI-INFECTIVE PREPARATIONS

<table>
<thead>
<tr>
<th>Antibacterials</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHLORAMPHENICOL</strong></td>
<td>$1.20 10 ml</td>
<td>Chlorafast</td>
</tr>
<tr>
<td>Ear drops 0.5% Eye drops 0.5% – 1% DV Sep-12 to 2015</td>
<td>$2.76 4 g</td>
<td>Chlorsig</td>
</tr>
<tr>
<td>Eye oint 1% – 1% DV Jan-13 to 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CIPROFLOXACIN</strong></td>
<td>$4.50 5 g</td>
<td>Fucithalmic</td>
</tr>
<tr>
<td>Eye drops 0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FRAMYCETIN SULPHATE</strong></td>
<td>$11.40 5 ml</td>
<td>Genoptic</td>
</tr>
<tr>
<td>Ear/eye drops 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FUSIDIC ACID</strong></td>
<td>$4.50 5 g</td>
<td>Fucithalmic</td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GENTAMICIN SULPHATE</strong></td>
<td>$11.48 5 ml</td>
<td>Tobrex</td>
</tr>
<tr>
<td>Eye drops 0.3%</td>
<td>$10.45 3.5 g</td>
<td>Tobrex</td>
</tr>
<tr>
<td><strong>PROPAMIDINE ISETHIONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SULPHACETAMIDE SODIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOBRAMYCIN</strong></td>
<td>$11.48 5 ml</td>
<td>Tobrex</td>
</tr>
<tr>
<td>Eye drops 0.3% – 1% DV Sep-11 to 2014</td>
<td>$10.45 3.5 g</td>
<td>Tobrex</td>
</tr>
<tr>
<td>Eye oint 0.3% – 1% DV Sep-11 to 2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antifungals</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NATAMYCIN</strong></td>
<td>$3.00 5 g</td>
<td></td>
</tr>
<tr>
<td>Eye drops 5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antivirals</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACICLOVIR</strong></td>
<td>$3.30 3.5 g</td>
<td></td>
</tr>
<tr>
<td>Eye oint 3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Combination Preparations

<table>
<thead>
<tr>
<th>Combination Preparations</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN</strong></td>
<td>$1.20 10 ml</td>
<td>Chlorafast</td>
</tr>
<tr>
<td>Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMIXIN B SULPHATE</strong></td>
<td>$1.20 10 ml</td>
<td>Chlorafast</td>
</tr>
<tr>
<td>Eye drops 0.1% with neomycin sulphate 0.35% and polymixin B sulphate 6,000 u per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 0.1% with neomycin sulphate 0.35% and polymixin B sulphate 6,000 u per g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

**DEXAMETHASONE WITH TOBRAMYCIN**
- Eye drops 0.1% with tobramycin 0.3%

**FLUMETASONE PIVALATE WITH CLOQUINOL**
- Ear drops 0.02% with cloquinol 1%

**HYDROCORTISONE WITH CIPROFLOXACIN**
- Ear drops 1% with ciprofloxacin 0.2%

**TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN**
- Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg with gramicidin 250 mcg per g

**SENSORY ORGANS**

(brand) indicates a brand example only. It is not a contracted product.

### ANTI-INFLAMMATORY PREPARATIONS

#### Corticosteroids

**DEXAMETHASONE**
- Eye drops 0.1% ........................................... 4.50 5 ml Maxidex
- Eye oint 0.1% – 1% DV Sep-11 to 2014 .................. 5.86 3.5 g Maxidex

**FLUOROMETHOLONE**
- Eye drops 0.1% – 1% DV Dec-12 to 2015 .............. 3.80 5 ml Flucon

**PREDNISOLONE ACETATE**
- Eye drops 0.12%
- Eye drops 1%

**PREDNISOLONE SODIUM PHOSPHATE**
- Eye drops 0.5%, single dose

#### Non-Steroidal Anti-Inflammatory Drugs

**DICLOFENAC SODIUM**
- Eye drops 0.1% – 1% DV Sep-11 to 2014 .................. 13.80 5 ml Voltaren Ophtha
- Eye drops 0.1%, single dose

**KETOROLAC TROMETAMOL**
- Eye drops 0.5%

#### DECONGESTANTS AND ANTIALLERGICS

#### Antiallergic Preparations

**LEVOCABASTINE**
- Eye drops 0.05%

**LODOXAMIDE**
- Eye drops 0.1%

**OLOPATADINE**
- Eye drops 0.1%

**SODIUM CROMOGLYCATE**
- Eye drops 2%
### Decongestants

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Dosage</th>
<th>Expiry</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAPHAZOLINE HYDROCHLORIDE</td>
<td>Eye drops 0.1% – 1%</td>
<td>DV Sep-11 to 2014</td>
<td>4.15</td>
<td>Naphcon Forte</td>
</tr>
</tbody>
</table>

### Diagnostic and Surgical Preparations

#### Diagnostic Dyes

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Dosage</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUORESCEIN SODIUM</td>
<td>Eye drops 2%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE</td>
<td>Eye drops 0.25% with lignocaine hydrochloride 4%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISSAMINE GREEN</td>
<td>Ophthalmic strips 1.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROSE BENGAL SODIUM</td>
<td>Ophthalmic strips 1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Irrigation Solutions

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Dosage</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCIUM CHLORIDE WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE, SODIUM CHLORIDE AND SODIUM CITRATE</td>
<td>Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium acetate 0.17%, 15 ml</td>
<td>(Balanced Salt Solution)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium acetate 0.17%, 250 ml</td>
<td>(Balanced Salt Solution)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium acetate 0.17%, 500 ml</td>
<td>(Balanced Salt Solution)</td>
<td></td>
</tr>
</tbody>
</table>

#### Ocular Anaesthetics

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Dosage</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXYBUPROCaine HYDROCHLORIDE</td>
<td>Eye drops 0.4%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TETRACAINE [AMETHOCAINE] HYDROCHLORIDE</td>
<td>Eye drops 0.5%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%, single dose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Viscoelastic Substances

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Dosage</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYPROMELLOSE</td>
<td>Inj 2%, 1 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2%, 2 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SENSORY ORGANS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td>Per</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SODIUM HYALURONATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015</td>
<td>$30.00 1 Provisc</td>
</tr>
<tr>
<td>Inj 14 mg per ml, 0.55 ml syringe – 1% DV Oct-12 to 2015</td>
<td>$50.00 1 Healon GV</td>
</tr>
<tr>
<td>Inj 14 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015</td>
<td>$50.00 1 Healon GV</td>
</tr>
<tr>
<td>Inj 23 mg per ml, 0.6 ml syringe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SODIUM HYALURONATE WITH CHONDROITIN SULPHATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe and inj 10 mg sodium hyaluronate</td>
<td>$64.00 1 Duovisc</td>
</tr>
<tr>
<td>Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.5 ml syringe and inj 10 mg sodium hyaluronate</td>
<td>$74.00 1 Duovisc</td>
</tr>
<tr>
<td>Inj 30 mg with chondroitin sulphate 40 mg per ml, 0.75 ml syringe</td>
<td></td>
</tr>
</tbody>
</table>

## GLAUCOMA PREPARATIONS

### Beta Blockers

**BETAXOLOL**

- Eye drops 0.25%
- Eye drops 0.5%

**LEVOBUNOLOL HYDROCHLORIDE**

- Eye drops 0.25% ........................................... 7.00 5 ml Betagan
- Eye drops 0.5% ........................................... 7.00 5 ml Betagan

**TIMOLOL**

- Eye drops 0.25%
- Eye drops 0.25%, gel forming ........................................... 3.30 2.5 ml Timoptol XE
- Eye drops 0.5%
- Eye drops 0.5%, gel forming ........................................... 3.78 2.5 ml Timoptol XE

### Carbonic Anhydrase Inhibitors

**ACETAZOLAMIDE**

- Tab 250 mg – 1% DV Nov-11 to 2014 ........................................... 17.03 100 Diamox
- Inj 500 mg |

**BRINZOLAMIDE**

- Eye drops 1%

**DORZOLAMIDE**

- Eye drops 2%

**DORZOLAMIDE WITH TIMOLOL**

- Eye drops 2% with timolol 0.5% ........................................... 15.50 5 ml Cosopt

### Miotics

**ACETYLCHOLINE CHLORIDE**

- Inj 20 mg vial with diluent

---

(Brand) indicates a brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
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**SENSORY ORGANS**

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

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

<table>
<thead>
<tr>
<th>PILOCARPINE HYDROCHLORIDE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 1%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%, single dose</td>
<td></td>
</tr>
<tr>
<td>Eye drops 4%</td>
<td></td>
</tr>
</tbody>
</table>

**Prostaglandin Analogues**

<table>
<thead>
<tr>
<th>BIMATOPROST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.03%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LATANOPROST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.005% – 1% <strong>DV Sep-12 to 2015</strong></td>
<td>1.99 2.5 ml Hysite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAVOPROST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.004%</td>
<td></td>
</tr>
</tbody>
</table>

**Sympathomimetics**

<table>
<thead>
<tr>
<th>APRACLONIDINE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.5%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BRIMONIDINE TARTRATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.2% – 1% <strong>DV Jul-12 to 2014</strong></td>
<td>6.45 5 ml Arrow-Brimonidine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BRIMONIDINE TARTRATE WITH TIMOLOL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.2% with timolol 0.5%</td>
<td></td>
</tr>
</tbody>
</table>

**MYDRIATICS AND CYCLOPLEGICS**

**Anticholinergic Agents**

<table>
<thead>
<tr>
<th>ATROPINE SULPHATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.5%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%, single dose</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CYCLOPENTOLATE HYDROCHLORIDE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.5%, single dose</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%, single dose</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TROPICAMIDE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 0.5% – 1% <strong>DV Sep-11 to 2014</strong></td>
<td>7.15 15 ml Mydriacyl</td>
</tr>
<tr>
<td>Eye drops 0.5%, single dose</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1% – 1% <strong>DV Sep-11 to 2014</strong></td>
<td>8.66 15 ml Mydriacyl</td>
</tr>
<tr>
<td>Eye drops 1%, single dose</td>
<td></td>
</tr>
</tbody>
</table>

**Sympathomimetics**

<table>
<thead>
<tr>
<th>PHENYLEPHRINE HYDROCHLORIDE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye drops 2.5%, single dose</td>
<td></td>
</tr>
<tr>
<td>Eye drops 10%, single dose</td>
<td></td>
</tr>
<tr>
<td>Brand or Generic Manufacturer</td>
<td>Price (ex man. Excl. GST) $ Per</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>OCULAR LUBRICANTS</td>
<td></td>
</tr>
<tr>
<td>CARBOMER</td>
<td></td>
</tr>
<tr>
<td>Ophthalmic gel 0.2%</td>
<td></td>
</tr>
<tr>
<td>Ophthalmic gel 0.3%, single dose</td>
<td>8.25 30</td>
</tr>
<tr>
<td>CARMELLOSE SODIUM</td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%, single dose</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%, single dose</td>
<td></td>
</tr>
<tr>
<td>HYPROMELLOSE</td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td>3.92 15 ml</td>
</tr>
<tr>
<td>HYPROMELLOSE WITH DEXTRAN</td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.3% with dextran 0.1%</td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.3% with dextran 0.1%, single dose</td>
<td></td>
</tr>
<tr>
<td>MACROGOL 400 AND PROPYLENE GLYCOL</td>
<td>Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose</td>
</tr>
<tr>
<td>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</td>
<td>Eye oint 42.5% with soft white paraffin 57.3%</td>
</tr>
<tr>
<td>PARAFFIN LIQUID WITH WOOL FAT</td>
<td>Eye oint 3% with wool fat 3%</td>
</tr>
<tr>
<td>POLYVINYL ALCOHOL</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1.4%</td>
<td>3.62 15 ml</td>
</tr>
<tr>
<td>Eye drops 3%</td>
<td>2.95 15 ml</td>
</tr>
<tr>
<td>Eye drops 3%</td>
<td>3.88 15 ml</td>
</tr>
<tr>
<td>Eye drops 3%</td>
<td>3.80 15 ml</td>
</tr>
<tr>
<td>POLYVINYL ALCOHOL WITH POVIDONE</td>
<td>Eye drops 1.4% with povidone 0.6%, single dose</td>
</tr>
<tr>
<td>RETINOL PALMITATE</td>
<td></td>
</tr>
<tr>
<td>Oint 138 mcg per g</td>
<td>3.80 5 g</td>
</tr>
<tr>
<td>SODIUM HYALURONATE</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1 mg per ml</td>
<td>22.00 10 ml</td>
</tr>
<tr>
<td>OTHER OTOTOLOGICAL PREPARATIONS</td>
<td></td>
</tr>
<tr>
<td>ACETIC ACID WITH PROPYLENE GLYCOL</td>
<td>Ear drops 2.3% with propylene glycol 2.8%</td>
</tr>
<tr>
<td>DOCUSATE SODIUM</td>
<td></td>
</tr>
<tr>
<td>Ear drops 0.5%</td>
<td></td>
</tr>
</tbody>
</table>
FOOD MODULES

Carbohydrates

Restricted

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.

Use as a module
For use as a component in a modular formula

CARBOHYDRATE SUPPLEMENT

- Powder 95 g carbohydrate per 100 g, 400 g can (Polycal)
- Powder 95 g carbohydrate per 100 g, 368 g can (Moducal)

Fat

Restricted

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 leaks; or
11. Ascites; or
12. Patient has increased energy requirements, and for whom dietary measures have not been successful.

Use as a module
For use as a component in a modular formula

MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT

- Liquid 95 g fat per 100 ml, 500 ml bottle (MCT Oil)
- Liquid 50 g fat per 100 ml, 250 ml bottle (Liquigen)

LONG-CHAIN TRIGLYCERIDE SUPPLEMENT

- Liquid 50 g fat per 100 ml, 200 ml bottle (Calogen)
- Liquid 50 g fat per 100 ml, 500 ml bottle (Calogen)

WALNUT OIL

- Liq
**SPECIAL FOODS**

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

## Protein

**Restricted**

**Use as an additive**

Either:
1. Protein losing enteropathy; or
2. High protein needs.

**Use as a module**

For use as a component in a modular formula

**PROTEIN SUPPLEMENT**

- Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can
  - (Promod)
- 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
  - (Protifar)

## Other Supplements

**BREAST MILK FORTIFIER**

- Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet
  - (FM 85)
- Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet
  - (S26 Human Milk Fortifier)
- Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet
  - (Nutricia Breast Milk Fortifer)

**CARBOHYDRATE AND FAT SUPPLEMENT**

- Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can
  - (Super Soluble Duocal)

**Restricted**

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.

## FOOD/FLUID THICKENERS

**NOTE:** While pre-thickened drinks have not been included in Section H, DHB hospitals may continue to use such products, provided that use was established prior to 1 July 2013. PHARMAC intends to make a further decision in relation to pre-thickened drinks in the future, and will notify of any change to this situation.

**CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN**

- Powder
  - (Karicare Aptamil Feed Thickener)

**GUAR GUM**

- Powder
  - (Guarcol)
MAIZE STARCH
Powder
(Resource Thicken Up)
(Nutilis)

MALTODEXTRIN WITH XANTHAN GUM
Powder
(Instant Thick)

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID
Powder
(Easy Thick)

STANDARD FEEDS

Restricted
Any of the following:
1 For patients with malnutrition, defined as any of the following:
   1.1 BMI < 18.5;
   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 conditions that meet the community Special Authority criteria.

ORAL FEED

- Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can............................... 13.00 900 g
  Ensure (Chocolate)
  Ensure (Vanilla)

- Powder 18.7 g protein, 54.5 g carbohydrate and 18.9 g fat per 100 g, can.............................. 9.50 900 g
  Fortisip (Vanilla)

- Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can............................... 10.22 900 g
  Sustagen Hospital Formula (Chocolate)
  Sustagen Hospital Formula (Vanilla)

ORAL FEED 1 KCAL/ML

- Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml bottle
  (Resource Fruit Beverage)

ORAL FEED 1.5 KCAL/ML

- Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle
  (Fortijuce)

- Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can............................. 1.33 237 ml
  Ensure Plus (Chocolate)
  Ensure Plus (Strawberry)
  Ensure Plus (Vanilla)

- Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle
  (Fortisip) continued...
### SPECIAL FOODS

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per</td>
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<td></td>
<td>(ex man. Excl. GST)</td>
</tr>
</tbody>
</table>

**continued...**

- 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 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle
  - (Fortisip Multi Fibre)

**ENTERAL FEED 1 KCAL/ML**

- Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag
  - (Nutrison Standard RTH)
  - (Nutrison Low Sodium)

- Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, can...
  - Osmolite
  - Osmolite RTH

- Liquid 4 g protein, 13.6 g carbohydrate
  - and 3.4 g fat per 100 ml, bottle...
  - 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, can...
  - 237 ml
  - Jevity

- Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat
  - and 1.76 g fibre per 100 ml, bottle...
  - 500 ml
  - Jevity RTH

- Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat
  - and 1.76 g fibre per 100 ml, bottle...
  - 1,000 ml
  - Jevity RTH

- Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat
  - and 1.5 g fibre per 100 ml, 1,000 ml bag
  - (Nutrison Multi Fibre)

**ENTERAL FEED 1.2 KCAL/ML**

- Liquid 5.55 g protein, 15.1 g carbohydrate and 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag
  - (Jevity Plus RTH)

**ENTERAL FEED 1.5 KCAL/ML**

- Liquid 5.4 g protein, 13.6 g carbohydrate
  - and 3.3 g fat per 100 ml, 1,000 ml bottle
  - (Isosource Standard RTH)

- Liquid 6 g protein, 18.3 g carbohydrate
  - and 5.8 g fat per 100 ml, bag...
  - 1,000 ml
  - Nutrison Energy

- Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat
  - and 1.5 g fibre per 100 ml, 1,000 ml bag
  - (Nutrison Energy Multi Fibre)

- Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can...
  - 1.75 250 ml
  - Ensure Plus HN

- Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag...
  - 1,000 ml
  - Ensure Plus HN RTH

- Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag...
  - 7.00 1,000 ml
  - Jevity HiCal RTH

---

*Restriction (Brand) indicates a brand example only. It is not a contracted product.*
SPECIALISED FORMULAS

**Diabetic Products**

**Restricted**
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;
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 ORAL FEED 1 KCAL/ML**
- Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, bottle ........................................... 1.88 250 ml Glucerna Select (Vanilla)
- Liquid 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 fibre per 100 ml, can ........................................... 2.10 237 ml Resource Diabetic (Vanilla)
- Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle (Diasip)

**LOW-GI ENTERAL FEED 1 KCAL/ML**
- Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, bottle ........................................... 7.50 1,000 ml Glucerna Select RTH (Vanilla)
- Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bottle (Nutrison Advanced Diason)

**Fat Modified Products**

**Restricted**
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 for adults.

**FAT-MODIFIED FEED**
- Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can (Monogen)
## Elemental and Semi-Elemental Products

### Restricted

Any of the following:

1. Malabsorption; or
2. Short bowel syndrome; or
3. Enterocutaneous fistulas; or
4. Eosinophilic enteritis (including oesophagitis); or
5. Inflammatory bowel disease; or
6. Acute pancreatitis where standard feeds are not tolerated; or
7. Patients with multiple food allergies requiring enteral feeding.

### AMINO ACID ORAL FEED

- Powder 11.5 g protein, 61.7 g carbohydrate and 0.8 g fat per sachet
- Price: $4.50 per 80.4 g
- Brand: Vivonex TEN

### AMINO ACID ORAL FEED 0.8 KCAL/ML

- Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton
- Price: $4.40
- Brand: (Elemental 028 Extra)

### PEPTIDE-BASED ORAL FEED

- Powder 12.5 g protein, 55.4 g carbohydrate and 3.25 g fat per sachet
- Price: $4.40 per 79 g
- Brand: Vital HN

- Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can
- Price: $4.40
- Brand: (Peptamen Junior)

- Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can
- Price: $7.50
- Brand: (MCT Peptide) (MCT Peptide 1+)

- Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per sachet
- Price: $7.50 per 76 g
- Brand: Alitraq

### PEPTIDE-BASED ORAL FEED 1 KCAL/ML

- Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton
- Price: $4.95
- Brand: Peptamen OS 1.0 (Vanilla)

### PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML

- Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag
- Price: $4.95
- Brand: (Nutrison Advanced Peptisorb)

## Hepatic Products

### Restricted

For children (up to 18 years) who require a liver transplant

### HEPATIC ORAL FEED

- Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can
- Price: $78.97 per 400 g
- Brand: Heparon Junior

---

*(Brand) indicates a brand example only. It is not a contracted product.*
### High Calorie Products

#### Restricted

Either:

1. Patient is fluid restricted; or
2. Both:
   2.1 Any of the following:
      2.1.1 Cystic fibrosis; or
      2.1.2 Any condition causing malabsorption; or
      2.1.3 Faltering growth in an infant/child; or
      2.1.4 Increased nutritional requirements; and
   2.2 Patient has substantially increased metabolic requirements.

**ORAL FEED 2 KCAL/ML**

- **Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat**
  - and 0.8 g fibre per 100 ml, can ................................. 2.25 237 ml
  - TwoCal HN

**ENTERAL FEED 2 KCAL/ML**

- **Liquid 7.5 g protein, 20 g carbohydrate**
  - and 10 g fat per 100 ml, bottle .................................. 5.50 500 ml
  - Nutrison Concentrated

- **Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat**
  - and 0.5 g fibre per 100 ml, bottle .............................. 11.00 1,000 ml
  - TwoCal HN RTH
    - (Vanilla)

### High Protein Products

#### HIGH PROTEIN ORAL FEED 1 KCAL/ML

- **Liquid 10 g protein, 10.3 g carbohydrate**
  - and 2.1 g fat per 100 ml, 200 ml bottle
  - (Fortimel Regular)

**Restricted**

Either:

1. Decompensating liver disease without encephalopathy; or
2. Protein losing gastro-enteropathy; or
3. Patient has substantially increased metabolic requirements.

#### HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML

- **Liquid 6.3 g protein, 14.2 g carbohydrate**
  - and 4.9 g fat per 100 ml, 1,000 ml bag
  - (Nutrison Protein Plus)

- **Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat**
  - and 1.5 g fibre per 100 ml, 1,000 ml bag
  - (Nutrison Protein Plus Multi Fibre)

**Restricted**

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 does not have increased energy requirements.
### Infant Formulas

<table>
<thead>
<tr>
<th>AMINO ACID FORMULA</th>
<th>Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can</th>
<th>56.00</th>
<th>400 g</th>
<th>Neocate Advance (Vanilla)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can</td>
<td></td>
<td></td>
<td>(Neocate Advance)</td>
</tr>
<tr>
<td></td>
<td>Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can</td>
<td></td>
<td></td>
<td>(Neocate)</td>
</tr>
<tr>
<td></td>
<td>Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can</td>
<td>56.00</td>
<td>400 g</td>
<td>Neocate Gold (Unflavoured)</td>
</tr>
<tr>
<td></td>
<td>Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can</td>
<td>53.00</td>
<td>400 g</td>
<td>Elecare LCP (Unflavoured)</td>
</tr>
<tr>
<td></td>
<td>Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can</td>
<td>53.00</td>
<td>400 g</td>
<td>Elecare (Unflavoured) (Vanilla)</td>
</tr>
<tr>
<td></td>
<td>Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet</td>
<td>6.00</td>
<td>48.5 g</td>
<td>Vivonex Paediatric</td>
</tr>
<tr>
<td></td>
<td>Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can</td>
<td></td>
<td></td>
<td>(Neocate LCP)</td>
</tr>
</tbody>
</table>

**Restricted**

**Initiation**

Any of the following:

1. Extensively hydrolysed formula has been reasonably trialled 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.

**Continuation**

Both:

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.

**EXTENSIVELY HYDROLYSED FORMULA**

| Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can |  (Karicare Aptamil Gold Pepti Junior) |

**Restricted**

**Initiation – new patients**

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 trialled without resolution of symptoms; or
      1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2. Severe malabsorption; or
3. Short bowel syndrome; or
4. Intractable diarrhoea; or
5. Biliary atresia; or
6. Cholestatic liver diseases causing malabsorption; or
7. Cystic fibrosis; or

(Brand) indicates a brand example only. It is not a contracted product.
continued...

8 Proven fat malabsorption; or
9 Severe intestinal motility disorders causing significant malabsorption; or
10 Intestinal failure.

Initiation – step down from amino acid formula
Both:
1 The infant is currently receiving funded amino acid formula; and
2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula.

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

LACTOSE-FREE FORMULA
Powder 1.5 g protein, 7.2 g carbohydrate
and 3.6 g fat per 100 ml, 900 g can
Powder 1.3 g protein, 7.3 g carbohydrate
and 3.5 g fat per 100 ml, 900 g can

LOW-CALCIUM FORMULA
Powder 14.6 g protein, 53.7 g carbohydrate
and 26.1 g fat per 100 g, 400 g can

PRETERM FORMULA
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
Liquid 2.6 g protein, 8.4 g carbohydrate
and 3.9 g fat per 100 ml, 70 ml bottle
Powder 1.9 g protein, 7.5 g carbohydrate
and 3.9 g fat per 14 g, can……………………………………… 15.25 400 g S-26 Gold Premgro

Restricted
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

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

HIGH FAT FORMULA

- Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can... 35.50 300 g Ketocal 3:1 (Unflavoured)
- Powder 15.25 g protein, 3 g carbohydrate and 73 g fat per 100 g, can... 35.50 300 g Ketocal 4:1 (Unflavoured) Ketocal 4:1 (Vanilla)

Restricted
For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

Paediatric Products

Restricted
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.

PAEDIATRIC ORAL FEED
- Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can... 20.00 900 g Pediasure (Vanilla)

PAEDIATRIC ORAL FEED 1 KCAL/ML
- Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle (Infatrini)
- Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, carton... 1.07 200 ml Pediasure (Chocolate)

- Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can... 1.27 237 ml Pediasure (Vanilla)

PAEDIATRIC ENTERAL FEED 0.75 KCAL/ML
- 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
- Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag... 2.68 500 ml Pediasure RTH
- Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag (Nutrini RTH)
SPECIAL FOODS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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</table>

**PAEDIATRIC ORAL FEED 1.5 KCAL/ML**
- Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle (Fortini)
- Liquid 4 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle (Fortini Multifibre)

**PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML**
- Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag (Nutrini Energy RTH)
- Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag

**Renal Products**

**LOW ELECTROLYTE ORAL FEED**
- Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can (Kindergen)

**LOW ELECTROLYTE ORAL FEED 2 KCAL/ML**
- Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle (Suplena)
- Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton
- Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton
- Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml bottle (Renilon 7.5)

**LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML**
- Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle

**Respiratory Products**

**LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML**
- Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle

**Notes:**
- Products with Hospital Supply Status (HSS) are in **bold**.
- Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
- Restricted for children (up to 18 years) with acute or chronic kidney disease.
- Restricted for patients with acute or chronic kidney disease.
- Restricted for patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg.
### Surgical Products

| Product Description | Ingredient Details | Brand | Price
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>HIGH ARGinine ORAL FEED 1.4 KCAL/ML</td>
<td>Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton</td>
<td>Impact Advanced Recovery</td>
<td>$4.00 237 ml</td>
</tr>
</tbody>
</table>

**Restriction**

Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

### METABOLIC PRODUCTS

**Restricted**

Either:

1. For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria isovaleric acidemia, propionic acidemia, methylmalonic acidemia, tyrosinaemia or urea cycle disorders; or
2. Patient has adrenoleukodystrophy; or
3. For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

#### Homocystinuria Products

| Product Description | Ingredient Details | Brand | Price
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>AMINO ACID FORMULA (WITHOUT METHIONINE)</td>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle</td>
<td>(HCU Anamix Junior LQ)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can</td>
<td>(HCU Anamix Infant)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>(XMET Maxamaid)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>(XMET Maxamum)</td>
<td></td>
</tr>
</tbody>
</table>

#### Maple Syrup Urine Disease Products

| Product Description | Ingredient Details | Brand | Price
<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE)</td>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle</td>
<td>(MSUD Anamix Junior LQ)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can</td>
<td>(MSUD Anamix Infant)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>(MSUD Maxamaid)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>(MSUD Maxamum)</td>
<td></td>
</tr>
</tbody>
</table>

*(Brand) indicates a brand example only. It is not a contracted product.*
### Phenylketonuria Products

**AMINO ACID FORMULA (WITHOUT PHENYLALANINE)**

- **Tab** 8.33 g
- **Liquid** 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton
- **Liquid** 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle 13.10 125 ml

- **Liquid** 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle
- **Liquid** 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle
- **Liquid** 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle
- **Liquid** 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle
- **Liquid** 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle
- **Powder** 8.33 g protein and 8.8 g carbohydrate per 20 g sachet
- **Powder** 13.1 g protein, 45.9 g carbohydrate, 23 g fat and 5.3 fibre per 100 g, 400 g can
- **Powder** 25 g protein and 51 g carbohydrate per 100 g, 500 g can
- **Powder** 29 g protein, 38 g carbohydrate and 13.5 g fibre per 100 g, 29 g sachet
- **Powder** 39 g protein and 34 g carbohydrate per 100 g, 500 g can

**Glutaric Aciduria Type 1 Products**

**AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN)**

- **Powder** 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
- **Powder** 25 g protein and 51 g carbohydrate per 100 g, 500 g can
- **Powder** 29 g protein, 38 g carbohydrate and 13.5 g fibre per 100 g, 29 g sachet
- **Powder** 39 g protein and 34 g carbohydrate per 100 g, 500 g can

**Isovaleric Acidaemia Products**

**AMINO ACID FORMULA (WITHOUT LEUCINE)**

- **Powder** 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
- **Powder** 25 g protein and 51 g carbohydrate per 100 g, 500 g can
- **Powder** 39 g protein and 34 g carbohydrate per 100 g, 500 g can
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

### Propionic Acidaemia and Methylmalonic Acidaemia Products

**AMINO ACID FORMULA (WITHOUT Isoleucine, Methionine, Threonine and Valine)**

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 fibre per 100 g, 400 g can (MMA/PA Anamix Infant)
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can (XMTVI Maxamaid)
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can (XMTVI Maxamum)

### Tyrosinaemia Products

**AMINO ACID FORMULA (WITHOUT Phenylalanine and Tyrosine)**

- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 fibre per 100 ml, 125 ml bottle (TYR Anamix Junior LQ)
- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 fibre per 100 g, 400 g can (TYR Anamix Infant)
- Powder 29 g protein, 38 g carbohydrate and 13.5 g fat per 100 g, 29 g sachet (TYR Anamix Junior)
- Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can (XPHEN, TYR Maxamaid)

### Urea Cycle Disorders Products

**AMINO ACID SUPPLEMENT**

- Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can (Dialamine)
- Powder 79 g protein per 100 g, 200 g can (Essential Amino Acid Mix)

### X-Linked Adrenoleukodystrophy Products

**GLYCERYL TRIERUCATE**

- Liquid, 1,000 ml bottle

**GLYCERYL TRIOLEATE**

- Liquid, 500 ml bottle

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Restriction

*(Brand)* indicates a brand example only. It is not a contracted product.
VACCINES

BACTERIAL VACCINES

BACILLUS CALMETTE-GUERIN VACCINE

« Inj 2-8 million CFU per ml vial with diluent

Restricted
For infants at increased risk of tuberculosis.
Note: Increased risk is defined as:
1 living in a house or family with a person with current or past history of TB; or
2 have 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; or
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 www.moh.govt.nz/immunisation or www.bcgatlas.org/index.php.

DIPHTHERIA AND TETANUS VACCINE

« Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe

Restricted
Any of the following:
1 For vaccination of patients aged 45 and 65 years old; or
2 For vaccination of previously unimmunised patients; or
3 For revaccination following immunosuppression; or
4 For revaccination for patients with tetanus-prone wounds.

DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE

« Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid,
   8 mcg pertussis filamentous haemaglutinin and 2.5 mcg pertactin in
   0.5 ml syringe

Restricted
Either:
1 For primary vaccination in children aged 7-18 years; or
2 For pregnant women between gestational weeks 28 and 38 during epidemics.

HAEMOPHILUS INFLUENZAE TYPE B VACCINE

« Inj 10 mcg vial with diluent syringe

Restricted
Any of the following:
1 For primary vaccination in children; or
2 For revaccination following immunosuppression; or
3 For children aged 0-18 years with functional asplenia; or
4 For patients pre- and post-splenectomy.

MENINGOCOCCAL C CONJUGATE VACCINE

« Inj 10 mcg in 0.5 ml syringe

Restricted
Any of the following:
1 For patients pre- and post-splenectomy; or
2 For children aged 0-18 years with functional asplenia; or
3 For organisation and community based outbreaks; or
4 For use in transplant patients aged under 2 years; or
5 For use following immunosuppression in patients aged under 2 years.
### VACCINES

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

#### MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE
- **Restricted**
- Any of the following:
  1. For patients pre- and post-splenectomy; or
  2. For children aged 0-18 years with functional asplenia; or
  3. For organisation and community based outbreaks; or
  4. For use in transplant patients; or
  5. For use following immunosuppression.

#### MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE
- **Inj 200 mcg vial with diluent**
- **Restricted**
- Any of the following:
  1. For patients pre- and post-splenectomy; or
  2. For children aged 0-18 years with functional asplenia; or
  3. For organisation and community based outbreaks.

#### PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE
- **Inj 16 mcg in 0.5 ml syringe**
- **Restricted**
- For primary vaccination in children

#### PNEUMOCOCCAL CONJUGATE (PCV13) VACCINE
- **Inj 30.8 mcg in 0.5 ml syringe**
- **Restricted**
- Any of the following:
  1. For high risk children under the age of 5; or
  2. For patients aged less than 18 years pre- or post-splenectomy or with functional asplenia; or
  3. For revaccination following immunosuppression.

#### PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE
- **Inj 575 mcg in 0.5 ml vial**
- **Restricted**
- Any of the following:
  1. For patients pre- and post-splenectomy or
  2. children aged 0-18 years with functional asplenia
  3. For revaccination following immunosuppression.

#### SALMONELLA TYPHI VACCINE
- **Inj 25 mcg in 0.5 ml syringe**
- **Restricted**
- For use during typhoid fever outbreaks

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*Restriction* indicates a brand example only. It is not a contracted product.
BACTERIAL AND VIRAL VACCINES

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE

- Inj 30 IU diphtheria toxoid with 30 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemaglutinin, 8 mcg pertactin and 80 D antigen units poliomyelitis virus in 0.5 ml syringe

Restricted
For primary vaccination in children

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE

- Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemaglutinin, 8 mcg pertactin, 80 D antigen units poliomyelitis virus, 10 mcg haemophilus influenzae type B vaccine vial

Restricted
Either:
1. For primary vaccination in children; or
2. For revaccination following immunosuppression.

VIRAL VACCINES

HEPATITIS A VACCINE

- Inj 720 ELISA units in 0.5 ml syringe
- Inj 1440 ELISA units in 1 ml syringe

Restricted
Any of the following:
1. For use in transplant patients; or
2. For use in children with chronic liver disease; or
3. For close contacts of known hepatitis A carriers.

HEPATITIS B VACCINE

- Inj 5 mcg in 0.5 ml vial
- Inj 10 mcg in 1 ml vial

Restricted
Any of the following:
1. Household or sexual contacts of known hepatitis B carriers; or
2. Children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3. Dialysis patients; or
4. HIV-positive patients; or
5. Hepatitis C positive patients; or
6. For use in transplant patients; or
7. For use following immunosuppression.

HUMAN PAPILOMAVIRUS (6, 11, 16 AND 18) VACCINE

- Inj 120 mcg in 0.5 ml syringe

Restricted
Any of the following:
1. Women aged between 9 and 18 years old; or
2. Male patients aged between 9 and 25 years old with confirmed HIV infection; or
3. For use in transplant patients.
VACCINES

INFLUENZA VACCINE

=> Inj 45 mcg in 0.5 ml syringe

Restricted

Any of the following:
1. All people 65 years of age and over; or
2. People under 65 years of age who:
   2.1 Have any of the following cardiovascular diseases:
      2.1.1 Ischaemic heart disease; or
      2.1.2 Congestive heart disease; or
      2.1.3 Rheumatic heart disease; or
      2.1.4 Congenital heart disease; or
      2.1.5 Cerebro-vascular disease; or
   2.2 Have any of the following chronic respiratory diseases:
      2.2.1 Asthma, if on a regular preventative therapy; or
      2.2.2 Other chronic respiratory disease with impaired lung function; or
   2.3 Have diabetes;
   2.4 Have chronic renal disease;
   2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive;
   2.6 Have any of the following other conditions:
      2.6.1 Autoimmune disease;
      2.6.2 Immune suppression;
      2.6.3 HIV;
      2.6.4 Transplant recipients;
      2.6.5 Neuromuscular and CNS diseases;
      2.6.6 Haemoglobinopathies;
      2.6.7 Are children on long term aspirin; or
   2.7 Are pregnant, or
   2.8 Are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or
3. People under 18 years of age living within the boundaries of the Canterbury District Health Board.

Note: The following conditions are excluded from funding:
- asthma not requiring regular preventative therapy; and
- hypertension and/or dyslipidaemia without evidence of end-organ disease.

MEASLES, MUMPS AND RUBELLA VACCINE

=> Inj 1000 TCID50 measles, 12500 TCID50 mumps and
   1000 TCID50 rubella vial with diluent

Restricted

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.

POLIOMYELITIS VACCINE

=> Inj 80 D antigen units in 0.5 ml syringe

Restricted

Either:
1. For previously unvaccinated individuals; or
2. For revaccination following immunosuppression.

RABIES VACCINE

Inj 2.5 IU vial with diluent
### VACCINES

**VARICELLA ZOSTER VACCINE**
- Inj 1350 PFU vial with diluent
- Inj 2000 PFU vial with diluent

**Restricted**
- Any of the following:
  1. For use in transplant patients; or
  2. For use following immunosuppression; or
  3. For household contacts of children undergoing immunosuppression with no previous history or disease (clinical history of disease or negative serology) or vaccination.
## AGENTS USED IN THE TREATMENT OF POISONINGS

### Antidotes

<table>
<thead>
<tr>
<th>Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Quantity</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACETYLCYSTEINE</strong></td>
<td>Tab eff 200 mg</td>
<td>$178.00</td>
<td>10</td>
<td>Martindale, Acetylcysteine</td>
</tr>
<tr>
<td></td>
<td>Inj 200 mg per ml, 10 ml ampoule – 1% DV Jul-12 to 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 200 mg per ml, 30 ml vial</td>
<td>$219.00</td>
<td>4</td>
<td>Acetadote</td>
</tr>
<tr>
<td><strong>DIGOXIN IMMUNE FAB</strong></td>
<td>Inj 38 mg vial</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Inj 40 mg vial</td>
<td></td>
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<tr>
<td><strong>ETHANOL</strong></td>
<td>Liq 96%</td>
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<tr>
<td><strong>ETHANOL, DEHYDRATED</strong></td>
<td>Inj 100%, 5 ml ampoule</td>
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<tr>
<td><strong>ETHANOL WITH GLUCOSE</strong></td>
<td>Inj 10% with glucose 5%, 500 ml bottle</td>
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<tr>
<td><strong>FLUMAZENIL</strong></td>
<td>Inj 0.1 mg per ml, 5 ml ampoule</td>
<td>$170.10</td>
<td>5</td>
<td>Anexate</td>
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<tr>
<td><strong>HYDROXOCOBALAMIN</strong></td>
<td>Inj 2.5 g vial</td>
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<tr>
<td><strong>NALOXONE HYDROCHLORIDE</strong></td>
<td>Inj 400 mcg per ml, 1 ml ampoule</td>
<td>$33.00</td>
<td>5</td>
<td>Mayne</td>
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<tr>
<td><strong>PRALIDOXIME IODIDE</strong></td>
<td>Inj 25 mg per ml, 20 ml ampoule</td>
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</tr>
<tr>
<td><strong>SODIUM NITRITE</strong></td>
<td>Inj 30 mg per ml, 10 ml ampoule</td>
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</tr>
<tr>
<td><strong>SODIUM THIOSULFATE</strong></td>
<td>Inj 250 mg per ml, 10 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg per ml, 10 ml vial</td>
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</tr>
<tr>
<td><strong>SOYA OIL</strong></td>
<td>Inj 20%, 500 ml bag</td>
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<td></td>
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<tr>
<td></td>
<td>Inj 20%, 500 ml bottle</td>
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</tr>
</tbody>
</table>

### Antitoxins

<table>
<thead>
<tr>
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<th>Quantity</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td><strong>BOTULISM ANTITOXIN</strong></td>
<td>Inj 250 mg vial</td>
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</tr>
<tr>
<td><strong>DIPHTHERIA ANTITOXIN</strong></td>
<td>Inj 10,000 iu vial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Antivenoms

**RED BACK SPIDER ANTIVENOM**  
Inj 500 u vial

**SNAKE ANTIVENOM**  
Inj 50 ml vial

### Removal and Elimination

**CHARCOAL**  
Oral liq 200 mg per ml......................................................... 43.50  250 ml  Carbasorb-X

**DEFERIPRONE**  
Tab 500 mg................................................................. 533.17  100  Ferriprox
Oral liq 100 mg per ml...................................................... 266.59  250 ml  Ferriprox

**DESFERRIOXAMINE MESILATE**  
Inj 500 mg vial ................................................................. 99.00  10  Mayne

**DICOBALT EDETA TE**  
Inj 15 mg per ml, 20 ml ampoule

**DIMERCAPROL**  
Inj 50 mg per ml, 2 ml ampoule

**DIMERCAPTO SuccINIC ACID**  
Cap 100 mg

**DISODIUM EDETA TE**  
Inj 150 mg per ml, 20 ml ampoule  
Inj 150 mg per ml, 20 ml vial  
Inj 150 mg per ml, 100 ml vial

**SODIUM CALCIUM EDETA TE**  
Inj 200 mg per ml, 2.5 ml ampoule  
Inj 200 mg per ml, 5 ml ampoule

### ANTISEPTICS AND DISINFECTANTS

**CHLORHEXIDINE WITH ETHANOL**  
Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml............... 1.55  1  healthE  
Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml........... 2.65  1  healthE  
Soln 0.5% with ethanol 70%, staining (red) 100 ml............... 2.90  1  healthE  
Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml........... 5.45  1  healthE  
Soln 0.5% with ethanol 70%, staining (red) 500 ml............... 5.90  1  healthE  
Soln 2% with ethanol 70%, non-staining (pink) 100 ml......... 3.54  1  healthE  
Soln 2% with ethanol 70%, staining (red) 100 ml............... 3.86  1  healthE  
Soln 2% with ethanol 70%, staining (red) 500 ml............... 9.56  1  healthE

**CHLORHEXIDINE**  
Soln 4%................................................................. 1.86  50 ml  healthE  
Soln 5%................................................................. 15.50  500 ml  healthE
<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

**Price (ex man. Excl. GST)**

**CHLORHEXIDINE WITH CETRIMIDE**
- Foaming soln 0.5% with cetrimide
- Crm 1% with cetrimide 0.5%

**IODINE WITH ETHANOL**
- Soln 1% with ethanol 70%, 100 ml
  - $9.30 1 healthE

**ISOPROPYL ALCOHOL**
- Soln 70%, 500 ml
  - $5.65 1 healthE
  - $5.00 1 PSM

**POVIDONE-IODINE**
- Soln 5%
- Soln 7.5%
- Soln 10%
  - $2.95 100 ml Riodine
  - $6.20 500 ml Betadine
- Oint 10%
- Pad 10%
- Swab set 10%

**POVIDONE-IODINE WITH ETHANOL**
- Soln 10% with ethanol 30%
  - $10.00 500 ml Betadine Skin Prep
- Soln 10% with ethanol 70%

**SODIUM HYPOCHLORITE**
- Soln

**CONTRAST MEDIA**

**Iodinated X-ray Contrast Media**

**DIATRIZOATE MEGLUMINE WITH DIATRIZOATE SODIUM**
- Oral liq 660 mg per ml with diatrizoate sodium 100 mg per ml, 100 ml
  - $21.00 100 ml Gastrografin
- Inj 146 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle
  - $210.00 10 Gastrografin
- Inj 370 mg with sodium amidotrizoate 100 mg per ml, 50 ml bottle

**DIATRIZOATE SODIUM**
- Oral liq 370 mg per ml, 10 ml

**IODISED OIL**
- Inj 480 mg per ml, 10 ml ampoule
<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex man. Excl. GST)</td>
<td>Per</td>
</tr>
</tbody>
</table>

**IODIXANOL**

- Inj 270 mg per ml, 20 ml vial
- Inj 270 mg per ml, 50 ml bottle
- Inj 270 mg per ml, 100 ml bottle
- Inj 320 mg per ml, 20 ml vial
- Inj 320 mg per ml, 50 ml bottle
- Inj 320 mg per ml, 100 ml bottle
- Inj 320 mg per ml, 150 ml bottle
- Inj 320 mg per ml, 200 ml bottle

<table>
<thead>
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<th>Brand or Generic</th>
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<tr>
<td></td>
<td>223.50</td>
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<tr>
<td>447.00</td>
<td>Visipaque</td>
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<tr>
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<td>894.00</td>
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</table>

**IOHEXOL**

- Inj 240 mg per ml, 50 ml bottle
- Inj 300 mg per ml, 20 ml bottle
- Inj 300 mg per ml, 50 ml bottle
- Inj 300 mg per ml, 100 ml bottle
- Inj 350 mg per ml, 20 ml bottle
- Inj 350 mg per ml, 50 ml bottle
- Inj 350 mg per ml, 75 ml bottle
- Inj 350 mg per ml, 100 ml bottle
- Inj 350 mg per ml, 200 ml bottle
- Inj 350 mg per ml, 500 ml bottle

<table>
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<td>77.80</td>
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<td>77.80</td>
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<td>155.60</td>
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<td>186.70</td>
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<tr>
<td>780.00</td>
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</table>

**IOMEPROL**

- Inj 150 mg per ml, 50 ml bottle
- Inj 300 mg per ml, 20 ml vial
- Inj 300 mg per ml, 50 ml bottle
- Inj 300 mg per ml, 100 ml bottle
- Inj 350 mg per ml, 20 ml vial
- Inj 350 mg per ml, 50 ml bottle
- Inj 350 mg per ml, 75 ml bottle
- Inj 350 mg per ml, 100 ml bottle
- Inj 350 mg per ml, 200 ml bottle
- Inj 400 mg per ml, 50 ml bottle

**IOPROMIDE**

- Inj 240 per ml, 50 ml bottle
- Inj 300 per ml, 20 ml vial
- Inj 300 per ml, 50 ml bottle
- Inj 300 per ml, 100 ml bottle
- Inj 370 per ml, 30 ml vial
- Inj 370 per ml, 50 ml bottle
- Inj 370 per ml, 100 ml bottle
- Inj 370 per ml, 200 ml bottle

**IOTROLAN**

- Inj 240 mg per ml, 10 ml vial
**Non-iodinated X-ray Contrast Media**

<table>
<thead>
<tr>
<th>BARIUM SULPHATE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 1 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 13 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 21 mg per ml</td>
<td></td>
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</tr>
<tr>
<td>Oral liq 22 mg per g, 250 ml</td>
<td>175.00</td>
<td>24</td>
</tr>
<tr>
<td>Oral liq 22 mg per g, 450 ml</td>
<td>220.00</td>
<td>24</td>
</tr>
<tr>
<td>Oral liq 130 mg per ml</td>
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<tr>
<td>Oral liq 400 mg per ml</td>
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<tr>
<td>Oral liq 1,250 mg per ml</td>
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</tr>
<tr>
<td>Liq 1,000 mg per ml</td>
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<tr>
<td>Eosphogeal cream 30 mg per g</td>
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<tr>
<td>Eosphogeal cream 600 mg per g</td>
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<tr>
<td>Eosphogeal paste 400 mg per ml</td>
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<tr>
<td>Enema 1,250 mg per ml</td>
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</tr>
<tr>
<td>Powder for oral liq 22.1 g</td>
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<tr>
<td>Powder for oral liq 100 g</td>
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<tr>
<td>Powder for oral liq 148 g</td>
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<td>Powder for oral liq 300 g</td>
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<tr>
<td>Powder for oral liq 340 g</td>
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<tr>
<td>Powder for oral liq 10,000 g</td>
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<tr>
<td>Powder for enema 397 g</td>
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</tr>
</tbody>
</table>

**CITRIC ACID WITH SODIUM BICARBONATE**

| Powder 382.2 mg per g with sodium bicarbonate | 551.3 mg per g, 4 g sachet | (E-2-GAS II) |

**Paramagnetic Contrast Media**

<table>
<thead>
<tr>
<th>GADOBENIC ACID</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 334 mg per ml, 10 ml vial</td>
<td>324.74</td>
<td>10</td>
</tr>
<tr>
<td>Inj 334 mg per ml, 20 ml vial</td>
<td>636.28</td>
<td>10</td>
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</table>

<table>
<thead>
<tr>
<th>GADOBUTROL</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mmol per ml, 7.5 ml syringe</td>
<td>253.10</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>GADODIAMIDE</th>
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<tbody>
<tr>
<td>Inj 287 mg per ml, 5 ml vial</td>
<td>180.00</td>
<td>10</td>
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<tr>
<td>Inj 287 mg per ml, 10 ml vial</td>
<td>220.00</td>
<td>10</td>
</tr>
<tr>
<td>Inj 287 mg per ml, 15 ml vial</td>
<td>270.00</td>
<td>10</td>
</tr>
<tr>
<td>Inj 287 mg per ml, 15 ml syringe</td>
<td>330.00</td>
<td>10</td>
</tr>
<tr>
<td>Inj 287 mg per ml, 20 ml vial</td>
<td>440.00</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GADOTERIC ACID</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 0.5 mmol per ml, 5 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.5 mmol per ml, 10 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.5 mmol per ml, 20 ml bottle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GADOXETATE DISODIUM</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 181 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DIAGNOSTIC AGENTS

**MEGLUMINE GADOPENTATE**
- Inj 469 mg per ml, 10 ml vial: $184.00, 10 (Magnevist)
- Inj 469 mg per ml, 10 ml syringe: $92.00, 5 (Magnevist)
- Inj 469 mg per ml, 15 ml vial
- Inj 469 mg per ml, 20 ml vial

**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

**SECRETIN PENTAHYDROCHLORIDE**
- Inj 100 u ampoule

**TUBERCULIN, PURIFIED PROTEIN DERIVATIVE**
- Inj 10 TIU per 0.1 ml, 1 ml 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

**METHYLTIONINIUM CHLORIDE [METHYLENE BLUE]**
- Inj 10 mg per ml, 5 ml ampoule
- Inj 10 mg per ml, 10 ml ampoule

**PATENT BLUE V**
- Inj 2.5%, 2 ml ampoule

### IRRIGATION SOLUTIONS

**CHLORHEXIDINE**
- Irrigation soln 0.02%, 100 ml: $2.92, 100 ml (Baxter)
- Irrigation soln 0.02%, 500 ml bottle
- Irrigation soln 0.05%, 100 ml: $3.02, 100 ml (Baxter)
- Irrigation soln 0.05%, 500 ml: $3.63, 500 ml (Baxter)
- Irrigation soln 0.1%, 100 ml: $3.10, 100 ml (Baxter)
- Irrigation soln 0.5%, 500 ml: $4.69, 500 ml (Baxter)
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

### CHLORHEXIDINE WITH CETRIMIDE
- Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule: $3.21, 100 ml, Baxter
- Irrigation soln 0.015% with cetrimide 0.15%, bottle: $3.47, 500 ml, Baxter
- Irrigation soln 0.015% with cetrimide 0.15%, bottle: $4.17, 1,000 ml, Baxter
- Irrigation soln 0.05% with cetrimide 0.5%, bottle: $4.20, 100 ml, Baxter
- Irrigation soln 0.05% with cetrimide 0.5%, bottle: $3.87, 500 ml, Baxter
- Irrigation soln 0.1% with cetrimide 1%, bottle: $4.38, 100 ml, Baxter
- Irrigation soln 0.1% with cetrimide 1%, bottle: $5.81, 500 ml, Baxter

### GLYCINE
- Irrigation soln 1.5%, bottle: $11.38, 2,000 ml, Baxter
- Irrigation soln 1.5%, bottle: $14.44, 3,000 ml, Baxter

### SODIUM CHLORIDE
- Irrigation soln 0.9%, 30 ml ampoule: $19.50, 30 ml, Pfizer (1% DV Nov-11 to 2014)
- Irrigation soln 0.9%, bottle: $2.49, 100 ml, Baxter
- Irrigation soln 0.9%, bottle: $2.88, 500 ml, Baxter
- Irrigation soln 0.9%, bottle: $2.96, 1,000 ml, Baxter
- Irrigation soln 0.9%, bottle: $10.00, 2,000 ml, Baxter
- Irrigation soln 0.9%, bottle: $12.67, 3,000 ml, Baxter

### WATER
- Irrigation soln, bottle: $2.68, 100 ml, Baxter
- Irrigation soln, bottle: $2.61, 500 ml, Baxter
- Irrigation soln, bottle: $2.75, 1,000 ml, Baxter
- Irrigation soln, bottle: $9.71, 2,000 ml, Baxter
- Irrigation soln, bottle: $15.80, 3,000 ml, Baxter

### SURGICAL PREPARATIONS

#### BISMUTH SUBNITRATE AND IODOFORM PARAFFIN
- Paste

#### DIMETHYL SULFOXIDE
- Soln 50%

#### PHENOL
- Inj 6%, 10 ml ampoule

#### PHENOL WITH IOXAGLIC ACID
- Inj 12%, 10 ml ampoule

#### TROMETAMOL
- Inj 36 mg per ml, 500 ml bottle
### Cardioplegia Solutions

#### ELECTROLYTES

<table>
<thead>
<tr>
<th>Inj</th>
<th>Description</th>
<th>Bag Size</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>(Cardioplegia Solution) AHB7832</td>
<td>1000 ml bag</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>(Cardioplegia Base Solution)</td>
<td>523 ml bag</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>(Cardioplegia Enriched Solution)</td>
<td>527 ml bag</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>(Cardioplegia Enriched Paediatric Solution)</td>
<td>364 ml bag</td>
<td></td>
</tr>
<tr>
<td>143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag</td>
<td>(Cardioplegia Electrolyte Solution)</td>
<td>1000 ml bag</td>
<td></td>
</tr>
</tbody>
</table>

#### MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

<table>
<thead>
<tr>
<th>Inj</th>
<th>Description</th>
<th>Bottle Size</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.68 mg with sodium aspartate 39.48 mg per ml</td>
<td>(Cardioplegia Electrolyte Solution)</td>
<td>250 ml bottle</td>
<td></td>
</tr>
</tbody>
</table>

### Cold Storage Solution

#### SODIUM WITH POTASSIUM

<table>
<thead>
<tr>
<th>Inj</th>
<th>Description</th>
<th>Bag Size</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 mmol/l with potassium 125 mmol/l</td>
<td>(Cold Storage Solution)</td>
<td>1000 ml bag</td>
<td></td>
</tr>
</tbody>
</table>

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

*Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.*
<table>
<thead>
<tr>
<th>EXTEMPORANEously Compounded PREparations</th>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EXTEMPORANEously Compounded PREparations</th>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ACETIC ACID</th>
<th>Liq</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALUM</td>
<td>Powder BP</td>
</tr>
<tr>
<td>ARACHIS OIL [PEANUT OIL]</td>
<td>Liq</td>
</tr>
<tr>
<td>ASCORBIC ACID</td>
<td>Powder</td>
</tr>
<tr>
<td>BENZIN</td>
<td>Tincture compound BP</td>
</tr>
<tr>
<td>BISMUTH SUBGALLATE</td>
<td>Powder</td>
</tr>
<tr>
<td>BORIC ACID</td>
<td>Powder</td>
</tr>
<tr>
<td>CARBOXYMETHYLCELLULOSE</td>
<td>Soln 1.5%</td>
</tr>
<tr>
<td>CETRIMIDE</td>
<td>Soln 40%</td>
</tr>
<tr>
<td>CHLOROFORM</td>
<td>Liq BP</td>
</tr>
<tr>
<td>CITRIC ACID</td>
<td>Powder BP</td>
</tr>
<tr>
<td>CLOVE OIL</td>
<td>Liq</td>
</tr>
<tr>
<td>COAL TAR</td>
<td>Soln BP</td>
</tr>
<tr>
<td>CODEINE PHOSPHATE</td>
<td>Powder</td>
</tr>
<tr>
<td>COLLODION FLEXIBLE</td>
<td>Liq</td>
</tr>
<tr>
<td>COMPOUND HYDROXYBENOATE</td>
<td>Soln</td>
</tr>
<tr>
<td>CYSTEAMINE HYDROCHLORIDE</td>
<td>Powder</td>
</tr>
<tr>
<td>DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE</td>
<td>Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule</td>
</tr>
</tbody>
</table>

(Brand) indicates a brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DITHRANOL Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLUCOSE Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLYCERIN WITH SODIUM SACCHARIN Suspension</td>
<td>35.50</td>
<td>ABM</td>
</tr>
<tr>
<td>GLYCERIN WITH SUCROSE Suspension</td>
<td>35.50</td>
<td>ABM</td>
</tr>
<tr>
<td>GLYCEROL Liq</td>
<td>19.80</td>
<td>ABM</td>
</tr>
<tr>
<td>HYDROCORTISONE Powder – 1% DV Nov-11 to 2014</td>
<td>44.00</td>
<td>ABM</td>
</tr>
<tr>
<td>LACTOSE Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM HYDROXIDE Paste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTHOL Crystals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHADONE HYDROCHLORIDE Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYL HYDROXYBENZOATE Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYLCELLULOSE Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN Suspension</td>
<td>35.50</td>
<td>ABM</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SUCROSE Suspension</td>
<td>35.50</td>
<td>ABM</td>
</tr>
<tr>
<td>OLIVE OIL Liq</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAFFIN Liq</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENOBARBITONE SODIUM Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENOL Liq</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXTEMPORANEUSLY COMPOUNDED PREPARATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Price</strong></td>
<td><strong>Brand or Generic</strong></td>
<td></td>
</tr>
<tr>
<td>(ex man. Excl. GST)</td>
<td><strong>Manufacturer</strong></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Per</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PILOCARPINE NITRATE</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLYHEXAMETHYLENE BIGUANIDE</td>
<td>Liq</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Povidone K30</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPYLENE GLYCOL</td>
<td>Liq</td>
<td>12.00</td>
<td>500 ml</td>
<td>ABM</td>
</tr>
<tr>
<td>SALICYLIC ACID</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SILVER NITRATE</td>
<td>Crystals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM BICARBONATE</td>
<td>Powder BP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM CITRATE</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM METABISULFITE</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STARCH</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SULPHUR</td>
<td>Precipitated Sublimed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYRUP</td>
<td>Liq (pharmaceutical grade)</td>
<td>21.75</td>
<td>2,000 ml</td>
<td>Midwest</td>
</tr>
<tr>
<td>TRICHLORACETIC ACID</td>
<td>Grans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRI-SODIUM CITRATE</td>
<td>Crystals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UREA</td>
<td>Powder BP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOOL FAT</td>
<td>Oint, anhydrous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XANTHAN</td>
<td>Gum 1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZINC OXIDE</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Restriction*  
(Brand) indicates a brand example only. It is not a contracted product.
## PART III: OPTIONAL PHARMACEUTICALS

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLOOD GLUCOSE DIAGNOSTIC TEST METER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips</td>
<td>$20.00</td>
<td>CareSens II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CareSens N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CareSens N POP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accu-Chek Performa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FreeStyle Lite</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On Call Advanced</td>
</tr>
<tr>
<td><strong>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</strong></td>
<td>$28.75</td>
<td>On Call Advanced</td>
</tr>
<tr>
<td>Blood glucose test strips</td>
<td>50 test</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CareSens</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CareSens N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FreeStyle Lite</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freestyle Optimum</td>
</tr>
<tr>
<td>Blood glucose test strips × 50 and lancets × 5</td>
<td>$19.10</td>
<td></td>
</tr>
<tr>
<td><strong>BLOOD KETONE DIAGNOSTIC TEST METER</strong></td>
<td>$40.00</td>
<td>Freestyle Optimum</td>
</tr>
<tr>
<td><strong>FACTOR EIGHT INHIBITORS BYPASSING AGENT</strong></td>
<td></td>
<td>FEIBA</td>
</tr>
<tr>
<td>Inj 500 U</td>
<td>$1,640.00</td>
<td>FEIBA</td>
</tr>
<tr>
<td>Inj 1,000 U</td>
<td>$3,280.00</td>
<td></td>
</tr>
<tr>
<td><strong>INSULIN PEN NEEDLES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 g × 12.7 mm</td>
<td>$10.50</td>
<td>B-D Micro-Fine</td>
</tr>
<tr>
<td>31 g × 5 mm</td>
<td>$11.75</td>
<td>B-D Micro-Fine</td>
</tr>
<tr>
<td>31 g × 6 mm</td>
<td>$10.50</td>
<td>ABM</td>
</tr>
<tr>
<td>31 g × 8 mm</td>
<td>$10.50</td>
<td>ABM</td>
</tr>
<tr>
<td>32 g × 4 mm</td>
<td>$10.50</td>
<td>B-D Micro-Fine</td>
</tr>
<tr>
<td><strong>INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syringe 0.3 ml with 29 g × 12.7 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine</td>
</tr>
<tr>
<td>Syringe 0.3 ml with 31 g × 8 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine II</td>
</tr>
<tr>
<td>Syringe 0.5 ml with 29 g × 12.7 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine</td>
</tr>
<tr>
<td>Syringe 0.5 ml with 31 g × 8 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine II</td>
</tr>
<tr>
<td>Syringe 1 ml with 29 g × 12.7 mm needle</td>
<td>$13.00</td>
<td>ABM</td>
</tr>
<tr>
<td>Syringe 1 ml with 31 g × 8 mm needle</td>
<td>$13.00</td>
<td>ABM</td>
</tr>
<tr>
<td><strong>KETONE BLOOD BETA-KETONE ELECTRODES</strong></td>
<td></td>
<td>Freestyle Optimum Ketone</td>
</tr>
<tr>
<td>Test strips</td>
<td>$15.50</td>
<td></td>
</tr>
<tr>
<td><strong>MASK FOR SPACER DEVICE</strong></td>
<td>$2.99</td>
<td>EZ-fit Paediatric Mask</td>
</tr>
<tr>
<td>Size 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PEAK FLOW METER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Range</td>
<td>$11.44</td>
<td>Breath-Alert</td>
</tr>
<tr>
<td>Normal Range</td>
<td>$11.44</td>
<td>Breath-Alert</td>
</tr>
</tbody>
</table>

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREGNANCY TEST – HCG URINE</td>
<td>22.80</td>
<td>40 test</td>
<td>Innovacon hCG One Step Pregnancy Test</td>
</tr>
<tr>
<td>Cassette</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM NITROPRUSSIDE</td>
<td>6.00</td>
<td>50 strip</td>
<td>Accu-Chek Ketur-Test</td>
</tr>
<tr>
<td>Test strip</td>
<td></td>
<td></td>
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