New Zealand Pharmaceutical Schedule

Section H

for Hospital Pharmaceuticals

Including the Hospital Medicines List (HML)

Effective 1 March 2014
<table>
<thead>
<tr>
<th></th>
<th>General Rules</th>
<th>Part I</th>
<th>Part II</th>
<th>Part III</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alimentary Tract and Metabolism</td>
<td>Optional Pharmaceuticals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Blood and Blood Forming Organs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cardiovascular System</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dermatologicals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Genito-Ureinary System</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hormone Preparations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Infections</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Musculoskeletal System</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nervous System</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Oncology Agents and Immunosuppressants</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Respiratory System and Allergies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sensory Organs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Various</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Extemporaneous Compounds (ECPs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Special Foods</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vaccines</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Index</td>
</tr>
</tbody>
</table>

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Attribution to PHARMAC should be in written form and not by reproduction of the PHARMAC logo. While care has been taken in compiling this Schedule, PHARMAC takes no responsibility for any errors or omissions, and shall not be liable for any consequences arising there from.
Introducing PHARMAC

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 set out in section 48 of the Act. PHARMAC is required to perform these functions within the amount of funding provided to it and in accordance with its statement of intent and any directions given by the Minister (Section 103 of the Crown Entities Act).

The Government has agreed that PHARMAC will assume responsibility for the assessment, prioritisation and procurement of medical devices on behalf of DHBs. Medical devices come within the definition of Pharmaceuticals in the Act. PHARMAC is assuming responsibility for procurement of some medical devices categories immediately, as a first step to full PHARMAC management of these categories within the Pharmaceutical Schedule.

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 Māori 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.

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
- Haematology Subcommittee
- Reproductive and Sexual Health Subcommittee
- Anti-Infective Subcommittee
- Hospital Pharmaceuticals Subcommittee
- Respiratory Subcommittee
- Cancer Treatments Subcommittee
- Immunisation Subcommittee
- Rheumatology Subcommittee
- Cardiovascular Subcommittee
- Mental Health Subcommittee
- Special Foods Subcommittee
- Dermatology Subcommittee
- Neurological Subcommittee
- Transplant Immunosuppressants Subcommittee
- Diabetes Subcommittee
- Ophthalmology Subcommittee
- Gastrointestinal Subcommittee
- Pulmonary Arterial Hypertension Subcommittee
- Endocrinology Subcommittee
- Subcommittees
- 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 receive 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, including Medical Devices, 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 or other Pharmaceuticals, including Medical Devices, used in DHB Hospitals, since that will depend on any rebate and other arrangements PHARMAC has with the supplier and, for some Hospital Pharmaceuticals, or other Pharmaceuticals, including Medical Devices, used in DHB Hospitals, 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 and 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.

Glossary

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

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

HSS Hospital Supply Status (Refer to Rule 20)
**PART I: GENERAL RULES**

### 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 **Interpretation 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 (or, in the case of a Medical Device, use) a Pharmaceutical, or to arrange for the administration, provision or dispensing (or, in the case of a Medical Device, use) 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 a 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” means a contractual arrangement between PHARMAC and a Pharmaceutical supplier which sets out the basis on which any Pharmaceutical may be purchased for use in a DHB Hospital, including an agreement as to a national price.

“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 except for any items specifically listed in this Section H Part II:
   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 requirements.

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 requirements.

### 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:
      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
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 a 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 and Free Stock
14.1 DHB Hospitals may Give any pharmaceutical that is funded by a third party and is being used:
   14.1.1 as part of a clinical trial that has Ethics Committee approval; or
   14.1.2 for on-going treatment of patients following the end of such a clinical trial.
14.2 DHB Hospitals may Give any pharmaceutical that is provided free of charge by a supplier, provided that the pharmaceutical is provided as part of a programme of which the DHB, or supplier, has notified PHARMAC.

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.
PART I: GENERAL RULES

NATIONAL CONTRACTING

18 Hospital Pharmaceutical Contracts

18.1 A DHB Hospital may enter into a contract for the purchase of any Pharmaceutical, including any Medical Device, 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 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 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 or Medical Device.

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 supplier of a National Contract Pharmaceutical requires it to be made available 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).

In the case of Medical Devices, a National Contract may require the Medical Device to be purchased by, and/or supplied to, a third party logistics provider.

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
PART I: GENERAL RULES

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 rebates 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 Pharmaceutical (including any Medical Device) listed in Section H.

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:

23.1 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;
23.2 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
23.3 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>Antacids and Antiflatulents</th>
</tr>
</thead>
</table>

### Antacids and Reflux Barrier Agents

**ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE**
- Tab 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg
- Oral liq 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg per 5 ml
- Oral liq 400 mg with magnesium hydroxide 400 mg and simethicone 30 mg per 5 ml
  - **e.g. 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
  - **e.g. Gaviscon Infant**

**SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE**
- Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg
- Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml
  - **e.g. Gaviscon Double Strength**
  - **4.95** 500 ml Acideex

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

---

### Phosphate Binding Agents

**ALUMINIUM HYDROXIDE**
- Tab 600 mg

**CALCIUM CARBONATE – Restricted** see terms below
- **$** Oral liq 250 mg per ml (100 mg elemental per ml)
  - ..................................................**39.00** 500 ml Roxane
- **$Restricted**
  - 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**
- Tab 2 mg
- Cap 2 mg
  - .................................................................**8.95** 400 Diamide Relief

---

### Rectal and Colonic Anti-Inflammatories

**BUDESONIDE – Restricted** see terms on the next page
- **$** 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:
   1. Diabetes; or
   2. Cushingoid habitus; or
   3. Osteoporosis where there is significant risk of fracture; or
   4. Severe acne following treatment with conventional corticosteroid therapy; or
   5. History of severe psychiatric problems associated with corticosteroid treatment; or
   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
   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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCORTISONE ACETATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectal foam 10% (14 applications) – 1% DV Jan-13 to 2015</td>
<td>25.30</td>
<td>21.1 g Colifoam</td>
</tr>
<tr>
<td>MESALAZINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab EC 400 mg</td>
<td>49.50</td>
<td>100 Asacol</td>
</tr>
<tr>
<td>Tab EC 500 mg</td>
<td>49.50</td>
<td>100 Asamax</td>
</tr>
<tr>
<td>Tab long-acting 500 mg</td>
<td>59.05</td>
<td>100 Pentasa</td>
</tr>
<tr>
<td>Modified release granules 1 g</td>
<td>141.72</td>
<td>120 g Pentasa</td>
</tr>
<tr>
<td>Suppos 500 mg – 1% DV Sep-11 to 2014</td>
<td>22.80</td>
<td>20 Asacol</td>
</tr>
<tr>
<td>Suppos 1 g</td>
<td>54.60</td>
<td>30 Pentasa</td>
</tr>
<tr>
<td>Enema 1 g per 100 ml – 1% DV Sep-12 to 2015</td>
<td>44.12</td>
<td>7 Pentasa</td>
</tr>
<tr>
<td>OLSALAZINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM CROMOGLYCATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SULPHASALAZINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Oct-13 to 2016</td>
<td>11.68</td>
<td>100 Salazopyrin</td>
</tr>
<tr>
<td>Tab EC 500 mg – 1% DV Oct-13 to 2016</td>
<td>12.89</td>
<td>100 Salazopyrin EN</td>
</tr>
</tbody>
</table>

**Local Preparations for Anal and Rectal Disorders**

**Antihaemorrhoidal Preparations**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 5 mg with hydrocortisone 5 mg per g</td>
<td>15.00</td>
<td>30 g Proctosedyl</td>
</tr>
<tr>
<td>Suppos 5 mg with hydrocortisone 5 mg per g</td>
<td>9.90</td>
<td>12 Proctosedyl</td>
</tr>
<tr>
<td>FLUCORTOLONE CAPROATE WITH FLUCORTOLONE PIVALATE AND CINCHOCAINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 950 mcg with flucortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g</td>
<td>6.35</td>
<td>30 g Ultraproct</td>
</tr>
<tr>
<td>Suppos 630 mcg with flucortolone pivalate 610 mcg and cinchocaine hydrochloride 1 mg</td>
<td>2.66</td>
<td>12 Ultraproct</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>
</table>

#### Management of Anal Fissures

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

#### Rectal Sclerosants

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

#### Antispasmodics and Other Agents Altering Gut Motility

**GLYCOPPYRONIUM BROMIDE**
- Inj 200 mcg per ml, 1 ml ampoule – 1% DV Oct-13 to 2016 .................. 28.56 10 Max Health

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

**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

**OMEPRAZOLE**
- Tab dispersible 20 mg

*Restricted*
- Only for use in tube-fed patients
  - 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 – 1% DV Sep-11 to 2014 ...................... 19.00 5 Dr Reddy’s Omeprazole
  - Inj 40 mg ampoule with diluent – 1% DV Sep-11 to 2014 ........ 28.65 5 Dr Reddy’s Omeprazole

*e.g. Brand* indicates brand example only. It is not a contracted product.
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>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

**PANTOPRAZOLE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab EC 20 mg – 1% DV May-14 to 2016</td>
<td>1.23</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>2.68</td>
<td>100</td>
</tr>
<tr>
<td>Tab EC 40 mg – 1% DV May-14 to 2016</td>
<td>1.54</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>3.54</td>
<td>100</td>
</tr>
</tbody>
</table>

Inj 40 mg vial

(Dr Reddy’s Pantoprazole Tab EC 20 mg to be delisted 1 May 2014)

(Dr Reddy’s Pantoprazole Tab EC 40 mg to be delisted 1 May 2014)

**Site Protective Agents**

**BISMUTH TRIOXIDE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 120 mg</td>
<td>32.50</td>
<td>112</td>
</tr>
</tbody>
</table>

**SUCRALFATE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bile and Liver Therapy**

**L-ORNITHINE L-ASPARTATE** – **Restricted** see terms below

- 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**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Dec-12 to 2015</td>
<td>9.82</td>
<td>90</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Dec-12 to 2015</td>
<td>15.83</td>
<td>90</td>
</tr>
</tbody>
</table>

**Hyperglycaemic Agents**

**DIAZOXIDE** – **Restricted** see terms below

- Cap 25 mg
- Cap 100 mg

**Restricted**

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

**GLUCAGON HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mg syringe kit</td>
<td>32.00</td>
<td>1</td>
</tr>
</tbody>
</table>

**GLUCOSE**

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

**GLUCOSE WITH SUCROSE AND FRUCTOSE**

- Gel 19.7% with sucrose 35% and fructose 19.7%, 18 g sachet
<table>
<thead>
<tr>
<th>Item restricted (see ➔ above); Item restricted (see ➔ below)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>e.g. Brand</em> indicates brand example only. It is not a contracted product.</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><strong>Insulin - Intermediate-Acting Preparations</strong></td>
<td></td>
</tr>
</tbody>
</table>

**INSULIN ASPART WITH INSULIN ASPART PROTAMINE**

- Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen ................................................................. $52.15 5 NovoMix 30 FlexPen

**INSULIN ISOPHANE**

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

**INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE**

- Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge ................................................................. $42.66 5 Humalog Mix 25
- Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge ................................................................. $42.66 5 Humalog Mix 50

**INSULIN NEUTRAL WITH INSULIN ISOPHANE**

- Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial
- Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge
- Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge
- Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge

**Insulin - Long-Acting Preparations**

**INSULIN GLARGINE**

- Inj 100 u per ml, 3 ml disposable pen ................................................................. $94.50 5 Lantus SoloStar
- Inj 100 u per ml, 3 ml cartridge ................................................................. $94.50 5 Lantus
- Inj 100 u per ml, 10 ml vial ................................................................. $63.00 1 Lantus

**Insulin - Rapid-Acting Preparations**

**INSULIN ASPART**

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

**INSULIN GLULISINE**

- Inj 100 u per ml, 10 ml vial ................................................................. $27.03 1 Apidra
- Inj 100 u per ml, 3 ml cartridge ................................................................. $46.07 5 Apidra
- Inj 100 u per ml, 3 ml disposable pen ................................................................. $46.07 5 Apidra Solostar

**INSULIN LISPRO**

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

**Insulin - Short-Acting Preparations**

**INSULIN NEUTRAL**

- Inj human 100 u per ml, 10 ml vial
- Inj human 100 u per ml, 3 ml cartridge
Oral Hypoglycaemic Agents

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLIBENCLAMIDE</strong> Tab 5 mg</td>
<td></td>
</tr>
<tr>
<td><strong>GLICLAZIDE</strong> Tab 80 mg – 1% DV Sep-11 to 2014</td>
<td>17.60 500</td>
</tr>
<tr>
<td><strong>GLIPIZIDE</strong> Tab 5 mg – 1% DV Dec-12 to 2015</td>
<td>3.00 100</td>
</tr>
</tbody>
</table>
| **METFORMIN**
  Tab immediate-release 500 mg – 1% DV Oct-12 to 2015 | 12.30 1,000 | Apotex |
  Tab immediate-release 850 mg – 1% DV Oct-12 to 2015 | 10.10 500 | Apotex |
| **PIOGLITAZONE**
  Tab 15 mg – 1% DV Sep-12 to 2015 | 1.50 28 | Pizaccord |
  Tab 30 mg – 1% DV Sep-12 to 2015 | 2.50 28 | Pizaccord |
  Tab 45 mg – 1% DV Sep-12 to 2015 | 3.50 28 | Pizaccord |

Digestives Including Enzymes

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
</table>
| **PANCREATIC ENZYMES**
  Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease |                                  |
  Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease |                                  |
  Cap EC 25,000 BP u lipase, 22,500 BP u amylase and 1,250 BP u protease |                                  |
  Powder 25,000 u lipase with 30,000 u amylase and 1,400 u protease per g |                                  |
| **URSODEOXYCHOLIC ACID – Restricted** see terms below |                                  |
  Cap 250 mg – 1% DV May-12 to 2014 | 71.50 100 | Ursosan |

→ Restricted

Alagille syndrome or progressive familial intrahepatic cholestasis

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

Chronic severe drug induced cholestatic liver injury

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

Cirrhosis

Either:
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. Patient not requiring a liver transplant (bilirubin > 100 µmol/l; decompensated cirrhosis.

Pregnancy

Patient diagnosed with cholestasis of pregnancy.

Haematological transplant

Both: continued…
continued . . .

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.

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

Laxatives

Bowel-Cleansing Preparations

CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE

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

MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet  e.g. 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 – 1% DV Sep-13 to 2016 .................................................5.51 500 g Konsyl-D

STERCULIA WITH FRANGULA – Restricted: For continuation only

Powder for oral soln

Faecal Softeners

DOCUSATE SODIUM

Cap 50 mg – 1% DV Sep-11 to 2014 ...............................................................2.57 100 Laxofast 50
Cap 120 mg – 1% DV Sep-11 to 2014 ..............................................................3.48 100 Laxofast 120

DOCUSATE SODIUM WITH SENNOSIDES

Tab 50 mg with sennosides 8 mg .................................................................6.38 200 Laxsol

PARAFFIN

Oral liquid 1 mg per ml
Enema 133 ml

POLOXAMER

Oral drops 10% – 1% DV Sep-11 to 2014 ......................................................3.78 30 ml Coloxyl


### Osmotic Laxatives

**GLYCEROL**
- Suppos 1.27 g
- Suppos 2.55 g
- Suppos 3.6 g – 1% DV Jan-13 to 2015 .......................................................... 6.50 20 PSM

**LACTULOSE**
- Oral liq 10 g per 15 ml – 1% DV May-14 to 2014 ............................................. 3.84 500 ml Laevolac

**MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE** – **Restricted** see terms below

- Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg
- Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – 1% DV Nov-13 to 2014 ........................................................................ 10.00 30 Lax-Sachets

**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.

**SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE**
- Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – 1% DV Sep-13 to 2016 .......................................................... 19.95 50 Micolette

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

### Stimulant Laxatives

**BISACODYL**
- Tab 5 mg .......................................................... 4.99 200 Lax-Tabs
- Suppos 5 mg .......................................................... 3.00 6 Dulcolax
- Suppos 10 mg ......................................................... 3.00 6 Dulcolax

**DANTHRON WITH POLOXAMER** – **Restricted** see terms below

- Oral liq 25 mg with poloxamer 200 mg per 5 ml ............................................. 21.30 300 ml Pinarox
- Oral liq 75 mg with poloxamer 1 g per 5 ml .................................................... 43.60 300 ml Pinarax Forte

**Restricted**
- Only for the prevention or treatment of constipation in the terminally ill

**SENNOSIDES**
- Tab 7.5 mg

### Metabolic Disorder Agents

**ARGININE**
- Powder
- Inj 600 mg per ml, 25 ml vial

**BETAINE** – **Restricted** see terms below

- Powder

**Restricted**
- Metabolic disorders physician or metabolic disorders dietitian

---

**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>
</tr>
</thead>
</table>

**BIOTIN** – **Restricted** see terms below

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

- **Restricted**
  Metabolic disorders physician or metabolic disorders dietitian.

**HAEM ARGINATE**

- **Inj 25 mg per ml, 10 ml ampoule**

**IMIGLUCERASE** – **Restricted** see terms below

- **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** – **Restricted** see terms below

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

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

**PYRIDOXAL-5-PHOSPHATE** – **Restricted** see terms below

- **Tab 50 mg**

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

**SODIUM BENZOATE**

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

**SODIUM PHENYL BUTYRATE**

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

**TRIENTINE DIHYDROCHLORIDE**

- **Cap 300 mg**

### Minerals

#### Calcium

**CALCIUM CARBONATE**

- **Tab 1.25 g (500 mg elemental) – 1% DV Feb-12 to 2014**.................................6.38 250 Arrow-Calcium
- **Tab 1.5 g (600 mg elemental)**
- **Tab eff 1.75 g (1 g elemental) – 1% DV Nov-11 to 2014**.................................6.21 30 Calsource

#### Fluoride

**SODIUM FLUORIDE**

- **Tab 1.1 mg (0.5 mg elemental)**
<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Iodine</strong></td>
</tr>
<tr>
<td>POTASSIUM IODATE</td>
</tr>
<tr>
<td>Tab 256 mcg (150 mcg elemental iodine)</td>
</tr>
<tr>
<td>POTASSIUM IODATE WITH IODINE</td>
</tr>
<tr>
<td>Oral liq 10% with iodine 5%</td>
</tr>
<tr>
<td><strong>Iron</strong></td>
</tr>
<tr>
<td>FERROUS FUMARATE</td>
</tr>
<tr>
<td>Tab 200 mg (65 mg elemental)</td>
</tr>
<tr>
<td>................................................. .4.35 100 Ferro-tab</td>
</tr>
<tr>
<td>FERROUS FUMARATE WITH FOLIC ACID</td>
</tr>
<tr>
<td>Tab 310 mg (100 mg elemental) with folic acid 350 mcg</td>
</tr>
<tr>
<td>..................................................4.75 60 Ferro-F-Tabs</td>
</tr>
<tr>
<td>FERROUS GLUCONATE WITH ASCORBIC ACID</td>
</tr>
<tr>
<td>Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg</td>
</tr>
<tr>
<td>FERROUS SULPHATE</td>
</tr>
<tr>
<td>Tab long-acting 325 mg (105 mg elemental)</td>
</tr>
<tr>
<td>................................................. 2.06 30 Ferrograd</td>
</tr>
<tr>
<td>Oral liq 30 mg (6 mg elemental) per ml – 1% DV Apr-14 to 2016</td>
</tr>
<tr>
<td>................................................. 10.28 500 ml Ferodan</td>
</tr>
<tr>
<td>FERROUS SULPHATE WITH ASCORBIC ACID</td>
</tr>
<tr>
<td>Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg</td>
</tr>
<tr>
<td>FERROUS SULPHATE WITH FOLIC ACID</td>
</tr>
<tr>
<td>Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg</td>
</tr>
<tr>
<td>IRON POLYMALTOSE</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Oct-11 to 2014</td>
</tr>
<tr>
<td>................................................. 19.90 5 Ferrum H</td>
</tr>
<tr>
<td>IRON SUCROSE</td>
</tr>
<tr>
<td>Inj 20 mg per ml, 5 ml ampoule ................................................. 100.00 5 Venofer</td>
</tr>
<tr>
<td><strong>Magnesium</strong></td>
</tr>
<tr>
<td>MAGNESIUM HYDROXIDE</td>
</tr>
<tr>
<td>Tab 311 mg (130 mg elemental)</td>
</tr>
<tr>
<td>MAGNESIUM OXIDE</td>
</tr>
<tr>
<td>Cap 663 mg (400 mg elemental)</td>
</tr>
<tr>
<td>MAGNESIUM SULPHATE</td>
</tr>
<tr>
<td>Inj 0.4 mmol per ml, 250 ml bag</td>
</tr>
<tr>
<td>................................................. 18.35 10 Martindale</td>
</tr>
<tr>
<td>Inj 2 mmol per ml, 5 ml ampoule – 1% DV Feb-13 to 2014</td>
</tr>
<tr>
<td>................................................. 18.35 10 Martindale</td>
</tr>
<tr>
<td><strong>Zinc</strong></td>
</tr>
<tr>
<td>ZINC</td>
</tr>
<tr>
<td>Oral liq 5 mg per 5 drops</td>
</tr>
<tr>
<td>ZINC CHLORIDE</td>
</tr>
<tr>
<td>Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule</td>
</tr>
<tr>
<td>ZINC SULPHATE</td>
</tr>
<tr>
<td>Cap 137.4 mg (50 mg elemental) – 1% DV Nov-11 to 2014</td>
</tr>
<tr>
<td>................................................. 11.00 100 Zincaps</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.
## Mouth and Throat

### Agents Used in Mouth Ulceration

**BENZYMADINE HYDROCHLORIDE**
- Soln 0.15%
- Spray 0.15%

**BENZYMADINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE**
- Lozenge 3 mg with cetylpyridinium chloride

**CARBOXYMETHYLCELLULOSE**
- Oral spray

**CHLORHEXIDINE GLUCONATE**
- Mouthwash 0.2% – 1% DV Dec-12 to 2015

**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

### Oropharyngeal Anti-Infectives

**AMPHOTERICIN B**
- Lozenge 10 mg

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

**NYSTATIN**
- Oral liquid 100,000 u per ml – 1% DV Sep-11 to 2014

### Other Oral Agents

**SODIUM HYALURONATE** – Restricted see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$22</td>
<td>Per</td>
<td></td>
</tr>
</tbody>
</table>

*Item restricted (see above); $Item restricted (see below)*

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

### Multivitamin Preparations

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MULTIVITAMINS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab (BPC cap strength)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. Mvite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg</td>
<td>e.g. Vitabdeck</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Either:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Patient has cystic fibrosis with pancreatic insufficiency; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Patient is an infant or child with liver disease or short gut syndrome.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>e.g. Paediatric Seravit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient has inborn errors of metabolism.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>e.g. Pabrinex IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>e.g. Pabrinex IM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>e.g. Pabrinex IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VITAMIN A WITH VITAMINS D AND C</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops</td>
<td>e.g. Vitadol C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vitamin A

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RETINOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10,000 iu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 25,000 iu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 150,000 iu per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vitamin B

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HYDROXOCOBALAMIN ACETATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-12 to 2015</td>
<td>5.10</td>
<td>3</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ALIMENTARY TRACT AND METABOLISM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PYRIDOXINE HYDROCHLORIDE</strong></td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Sep-11 to 2014 ...................................................... 2.20 90 PyridoxADE</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Sep-11 to 2014 ...................................................... 12.16 500 Apo-Pyridoxine</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIAMINE HYDROCHLORIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
</tr>
<tr>
<td>Tab 100 mg</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 2 ml vial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VITAMIN B COMPLEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab strong, BPC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin C</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ASCORBIC ACID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg – 1% DV Nov-13 to 2016 ...................................... 7.00 500 Cvite</td>
</tr>
<tr>
<td>Tab chewable 250 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin D</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ALFACALCIDOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 0.25 mcg ......................................................... 26.32 100 One-Alpha</td>
</tr>
<tr>
<td>Cap 1 mcg ............................................................... 87.98 100 One-Alpha</td>
</tr>
<tr>
<td>Oral drops 2 mcg per ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CALCITRIOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 0.25 mcg ......................................................... 3.03 30 Airflow</td>
</tr>
<tr>
<td>Cap 0.5 mcg ............................................................... 5.62 30 Airflow</td>
</tr>
<tr>
<td>Oral liq 1 mcg per ml</td>
</tr>
<tr>
<td>Inj 1 mcg per ml, 1 ml ampoule</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHOLECALCIFEROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.25 mg (50,000 iu) .................................................... 7.76 12 Cal-d-Forte</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin E</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ALPHA TOCOPHERYL ACETATE – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Cap 100 u</td>
</tr>
<tr>
<td>$ Cap 500 u</td>
</tr>
<tr>
<td>$ Oral liq 156 u per ml</td>
</tr>
</tbody>
</table>

*Restricted*

**Cystic fibrosis**
Both:

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

**Osteoradionecrosis**
For the treatment of osteoradionecrosis

**Other indications**

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*Item restricted (see ➔ above); $Item restricted (see ➔ below)*

e.g. *Brand* indicates brand example only. It is not a contracted product.
All of the following:

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

### Antinaemtics

#### Hypoplastic and Haemolytic

**ERYTHROPOIETIN ALPHA** – **Restricted** see terms below

- Inj 1,000 iu in 0.5 ml syringe ............................................................... 48.68 6 Eprex
- Inj 2,000 iu in 0.5 ml syringe ............................................................... 120.18 6 Eprex
- Inj 3,000 iu in 0.3 ml syringe ............................................................... 166.87 6 Eprex
- Inj 4,000 iu in 0.4 ml syringe ............................................................... 193.13 6 Eprex
- Inj 5,000 iu in 0.5 ml syringe ............................................................... 243.26 6 Eprex
- Inj 6,000 iu in 0.6 ml syringe ............................................................... 291.92 6 Eprex
- Inj 10,000 iu in 1 ml syringe ............................................................... 395.18 6 Eprex

**Restricted**

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

**ERYTHROPOIETIN BETA** – **Restricted** see terms below

- Inj 2,000 iu in 0.3 ml syringe ............................................................... 120.18 6 NeoRecormon
- Inj 3,000 iu in 0.3 ml syringe ............................................................... 166.87 6 NeoRecormon
- Inj 4,000 iu in 0.3 ml syringe ............................................................... 193.13 6 NeoRecormon
- Inj 5,000 iu in 0.3 ml syringe ............................................................... 243.26 6 NeoRecormon
- Inj 6,000 iu in 0.3 ml syringe ............................................................... 291.92 6 NeoRecormon
- Inj 10,000 iu in 0.6 ml syringe ............................................................... 395.18 6 NeoRecormon

**Restricted**

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

FOLIC ACID
- Tab 0.8 mg
- Tab 5 mg
- Oral liq 50 mcg per ml .................. 24.00 25 ml Biomed
- Inj 5 mg per ml, 10 ml vial

**Antifibrinolytics, Haemostatics and Local Sclerosants**

APROTININ – **Restricted** see terms below
- Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial
- **Restricted**
  - Cardiac anaesthetist
  - Either:
    1. Paediatric patient undergoing cardiopulmonary bypass procedure; or
    2. Adult patient undergoing cardiac surgical procedure where the significant risk of massive bleeding outweighs the potential adverse effects of the drug.

ELTROMBOPAG – **Restricted** see terms below
- Tab 25 mg .......................................................... 1,771.00 28 Revolade
- Tab 50 mg .......................................................... 3,542.00 28 Revolade
- **Restricted**
  - Haematologist
  - **Initiation (idiopathic thrombocytopenic purpura - post-splenectomy)**
    - Re-assessment required after 6 weeks
    - All of the following:
      1. Patient has had a splenectomy; and
      2. Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
      3. Any of the following:
        3.1 Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding; or
        3.2 Patient has a platelet count of $\leq$ 20,000 platelets per microlitre and has evidence of active bleeding; or
        3.3 Patient has a platelet count of $\leq$ 10,000 platelets per microlitre.

- **Initiation - (idiopathic thrombocytopenic purpura - preparation for splenectomy)**
  - Re-assessment required after 6 weeks
  - The patient requires eltrombopag treatment as preparation for splenectomy.

- **Continuation - (idiopathic thrombocytopenic purpura - post-splenectomy)**
  - Re-assessment required after 12 months
  - The patient has obtained a response (see note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.
  - Note: Response to treatment is defined as a platelet count of > 30,000 platelets per microlitre.

FERRIC SUBSULFATE
- Gel 25.9%
- Soln 500 ml

POLIDOCANOL
- Inj 0.5%, 30 ml vial

SODIUM TETRADECYL SULPHATE
- Inj 3%, 2 ml ampoule

THROMBIN
- Powder

---

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

<table>
<thead>
<tr>
<th>Tranexamic Acid</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg</td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg per ml, 5 ml ampoule</td>
<td>124.73 10 Cyklokapron</td>
</tr>
</tbody>
</table>

#### Blood Factors

**Eptacog Alfa [Recombinant Factor VIIa] – Restricted see terms below**

- Inj 1 mg syringe .................................................. 1,163.75 1 NovoSeven RT
- Inj 2 mg syringe .................................................. 2,327.50 1 NovoSeven RT
- Inj 5 mg syringe .................................................. 5,818.75 1 NovoSeven RT
- Inj 8 mg syringe .................................................. 9,310.00 1 NovoSeven RT

- Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

**Factor Eight Inhibitors Bypassing Agent – Restricted see terms below**

- Inj 500 U .............................................................. 1,640.00 1 FEIBA
- Inj 1,000 U ............................................................. 3,280.00 1 FEIBA

- Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

**Moroctocog Alfa [Recombinant Factor VIII] – Restricted see terms below**

- Inj 250 iu 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

- Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

**Nonacog Alfa [Recombinant Factor IX] – Restricted see terms below**

- 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

- Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

**Octocog Alfa [Recombinant Factor VIII] – Restricted see terms on the next page**

- 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

- Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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

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

**PHYTOMENADIONE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 2 mg in 0.2 ml ampoule</td>
<td>8.00</td>
<td>5 Konakion MM</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>9.21</td>
<td>5 Konakion MM</td>
</tr>
</tbody>
</table>

## Antithrombotics

### Anticoagulants

**BIVALIRUDIN – Restricted** see terms below

- Inj 250 mg vial

**BIVALIRUDIN – Restricted**

Either:

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

**DALTEPARIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 75 mg</td>
<td>148.00</td>
<td>60 Pradaxa</td>
</tr>
<tr>
<td>Cap 110 mg</td>
<td>148.00</td>
<td>60 Pradaxa</td>
</tr>
<tr>
<td>Cap 150 mg</td>
<td>148.00</td>
<td>60 Pradaxa</td>
</tr>
</tbody>
</table>

**DALTEPARIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 2,500 iu in 0.2 ml syringe</td>
<td>19.97</td>
<td>10 Fragmin</td>
</tr>
<tr>
<td>Inj 5,000 iu in 0.2 ml syringe</td>
<td>39.94</td>
<td>10 Fragmin</td>
</tr>
<tr>
<td>Inj 7,500 iu in 0.75 ml syringe</td>
<td>60.03</td>
<td>10 Fragmin</td>
</tr>
<tr>
<td>Inj 10,000 iu in 1 ml syringe</td>
<td>77.55</td>
<td>10 Fragmin</td>
</tr>
<tr>
<td>Inj 12,500 iu in 0.5 ml syringe</td>
<td>99.96</td>
<td>10 Fragmin</td>
</tr>
<tr>
<td>Inj 15,000 iu in 0.6 ml syringe</td>
<td>120.05</td>
<td>10 Fragmin</td>
</tr>
<tr>
<td>Inj 18,000 iu in 0.72 ml syringe</td>
<td>158.47</td>
<td>10 Fragmin</td>
</tr>
</tbody>
</table>

**DANAPAROID – Restricted** see terms below

- Inj 750 u in 0.6 ml ampoule

**DANAPAROID – Restricted**

For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance

**DEFIBROTIDE – Restricted** see terms below

- Inj 80 mg per ml, 2.5 ml ampoule

**DEFIBROTIDE – Restricted**

Haematologist

Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities

### DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]

- Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag
## 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>$</td>
<td></td>
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</table>

### ENOXAPARIN

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Inj 20 mg in 0.2 ml syringe – 1% DV Sep-12 to 2015</td>
<td>$37.24</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>Inj 40 mg in 0.4 ml syringe</td>
<td>$49.69</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>Inj 60 mg in 0.6 ml syringe</td>
<td>$74.91</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>Inj 80 mg in 0.8 ml syringe</td>
<td>$99.86</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>Inj 100 mg in 1 ml syringe – 1% DV Sep-12 to 2015</td>
<td>$125.06</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>Inj 120 mg in 0.8 ml syringe</td>
<td>$155.40</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>Inj 150 mg in 1 ml syringe – 1% DV Sep-12 to 2015</td>
<td>$177.60</td>
<td>10 Clexane</td>
</tr>
</tbody>
</table>

### FONDAPARINUX SODIUM – Restricted see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 2.5 mg in 0.5 ml syringe</td>
<td>$37.24</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>Inj 7.5 mg in 0.6 ml syringe</td>
<td>$49.69</td>
<td>10 Clexane</td>
</tr>
</tbody>
</table>

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

### HEPARIN SODIUM

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 iu per ml, 250 ml bag</td>
<td>$66.80</td>
<td>50 Mayne</td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 1 ml ampoule</td>
<td>$11.44</td>
<td>10 Pfizer</td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 35 ml ampoule</td>
<td>$46.30</td>
<td>50 Pfizer</td>
</tr>
<tr>
<td>Inj 5,000 iu in 0.2 ml ampoule</td>
<td>$14.20</td>
<td>5 Mayne</td>
</tr>
<tr>
<td>Inj 5,000 iu per ml, 5 ml ampoule</td>
<td>$182.00</td>
<td>50 Pfizer</td>
</tr>
</tbody>
</table>

### HEPARINISED SALINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 iu per ml, 5 ml ampoule</td>
<td>$32.50</td>
<td>50 Pfizer</td>
</tr>
<tr>
<td>Inj 100 iu per ml, 2 ml ampoule</td>
<td>$11.44</td>
<td>10 Pfizer</td>
</tr>
<tr>
<td>Inj 100 iu per ml, 5 ml ampoule</td>
<td>$14.20</td>
<td>5 Mayne</td>
</tr>
</tbody>
</table>

### PHENINDIONE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>$153.00</td>
<td>15 Xarelto</td>
</tr>
</tbody>
</table>

### PROTAMINE SULPHATE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 5 ml ampoule</td>
<td>$153.00</td>
<td>15 Xarelto</td>
</tr>
</tbody>
</table>

### RIVAROXABAN – Restricted see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>$153.00</td>
<td>15 Xarelto</td>
</tr>
</tbody>
</table>

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>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride</td>
<td>$74.60</td>
<td>50 Mayne</td>
</tr>
</tbody>
</table>

### TRISODIUM CITRATE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4%, 5 ml ampoule</td>
<td>$74.60</td>
<td>50 Mayne</td>
</tr>
<tr>
<td>Inj 46.7%, 5 ml ampoule</td>
<td>$182.00</td>
<td>50 Pfizer</td>
</tr>
</tbody>
</table>
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>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

**WARFARIN SODIUM**
- Tab 1 mg ................................................................. 6.86 100 Marevan
- Tab 2 mg
- Tab 3 mg ................................................................. 9.70 100 Marevan
- Tab 5 mg ................................................................. 11.75 100 Marevan

**Antiplatelets**

**ASPIRIN**
- Tab 100 mg – 1% DV Mar-14 to 2016 ................................. 1.60 90 Ethics Aspirin EC
- Tab 100 mg ................................................................. 1.60 90 Ethics Aspirin EC
- Suppos 300 mg

**CLOPIDOGREL**
- Tab 75 mg – 1% DV Dec-13 to 2016 ................................. 5.48 84 Arrow - Clopid

**DIPYRIDAMOLE**
- Tab 25 mg
- Tab long-acting 150 mg – 1% DV Oct-11 to 2014 ................. 11.52 60 Pytazen SR
- Inj 5 mg per ml, 2 ml ampoule

**EPTIFIBATIDE – Restricted** see terms below
- Inj 2 mg per ml, 10 ml vial ................................................ 111.00 1 Integrilin
- Inj 750 mcg per ml, 100 ml vial ........................................... 324.00 1 Integrilin

**PRASUGREL – Restricted** see terms below
- Tab 5 mg ................................................................. 108.00 28 Effient
- Tab 10 mg ................................................................. 120.00 28 Effient

**Restricted**

**Bare metal stents**
Limited to 6 months’ treatment
Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.

**Drug-eluting stents**
Limited to 12 months’ treatment
Patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.

**Stent thrombosis**
Patient has experienced cardiac stent thrombosis whilst on clopidogrel.

**Myocardial infarction**
Limited to 7 days’ treatment
For short term use while in hospital following ST-elevated myocardial infarction.
Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

**TICAGRELOR – Restricted** see terms below
- Tab 90 mg ................................................................. 90.00 56 Brilinta

**Restricted**
Restricted to treatment of acute coronary syndromes specifically for patients who have recently been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.

**TICLOPIDINE**
- Tab 250 mg
### Fibrinolytic Agents

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTEPLASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENECTEPLASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UROKINASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10,000 iu vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50,000 iu vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100,000 iu vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500,000 iu vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Colony-Stimulating Factors

#### Granulocyte Colony-Stimulating Factors

**FILGRASTIM** – Restricted see terms below

- Inj 300 mcg in 0.5 ml syringe – 1% DV Jan-13 to 31 Dec 2015
- Price: $540.00
- Brand: Zarzio
- Inj 300 mcg in 1 ml vial
- Price: $650.00
- Brand: Neupogen
- Inj 480 mcg in 0.5 ml syringe – 1% DV Jan-13 to 31 Dec 2015
- Price: $864.00
- Brand: Zarzio

**PEGFILGRASTIM** – Restricted see terms below

- Inj 6 mg per 0.6 ml syringe
- Price: $1,080.00
- Brand: Neulastim

*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
- Price: $21.40
- Brand: Mayne

**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
- Price: $5.00
- Brand: Baxter
- 3.10
- 1,000 ml
- Brand: 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
- Price: $7.00
- Brand: Baxter
- 1,000 ml
<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

**COMPOUND SODIUM LACTATE [HARTMANN’S SOLUTION]**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Volume</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, bag</td>
<td>1.77</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>1.80</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
</tbody>
</table>

**COMPOUND SODIUM LACTATE WITH GLUCOSE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l and glucose 5%, bag</td>
<td>5.38</td>
<td>1,000 ml</td>
</tr>
</tbody>
</table>

**GLUCOSE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Volume</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 5%, bag</td>
<td>2.87</td>
<td>50 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>2.84</td>
<td>100 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>3.87</td>
<td>250 ml</td>
<td>Baxter</td>
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<tr>
<td></td>
<td>1.77</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>1.80</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 10%, bag</td>
<td>3.70</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>5.29</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 50%, bag</td>
<td>6.84</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 50%, 10 ml ampoule – 1% DV Sep-11 to 2014</td>
<td>19.50</td>
<td>5</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 50%, 90 ml bottle – 1% DV Sep-11 to 2014</td>
<td>11.25</td>
<td>1</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 70%, 1,000 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 70%, 500 ml bag</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**GLUCOSE WITH POTASSIUM CHLORIDE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Volume</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 5% glucose with potassium chloride, bag</td>
<td>7.36</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 5% glucose with potassium chloride, 1,000 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10% glucose with potassium chloride, 500 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Volume</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride, 0.18%, bag</td>
<td>3.45</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>4.30</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride, 0.18%, bag</td>
<td>3.62</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GLUCOSE WITH SODIUM CHLORIDE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Volume</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj glucose 2.5% with sodium chloride 0.45%, bag</td>
<td>4.95</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj glucose 5% with sodium chloride 0.45%, bag</td>
<td>9.87</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj glucose 5% with sodium chloride 0.9%, bag</td>
<td>4.54</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj glucose 5% with sodium chloride 0.2%, 500 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**POTASSIUM CHLORIDE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Volume</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 75 mg (1 mmol) per ml, 10 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 225 mg (3 mmol) per ml, 20 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baxter</td>
</tr>
<tr>
<td>Freeflex</td>
</tr>
<tr>
<td>Multichem</td>
</tr>
<tr>
<td>Pfizer</td>
</tr>
<tr>
<td>Biomed</td>
</tr>
</tbody>
</table>

**POTASSIUM CHLORIDE WITH SODIUM CHLORIDE**

- Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag ............................................... $3.85 1,000 ml Baxter
- Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag ............................................... $2.59 1,000 ml Baxter
- Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag ............................................... $6.62 1,000 ml Baxter
- Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag .................................
- Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, 100 ml bag .................................

**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 1,000 ml Baxter

**SODIUM ACETATE**

- Inj 4 mmol per ml, 20 ml ampoule

**SODIUM BICARBONATE**

- Inj 8.4%, 10 ml vial ................................................................. $19.95 1 Biomed
- Inj 8.4%, 50 ml vial .................................................................................................................. $20.50 1 Biomed

**SODIUM CHLORIDE**

- Inj 0.45%, bag ................................................................. $5.50 500 ml Baxter
- Inj 0.9%, 3 ml syringe ............................................................. $1.70 500 ml Freeflex
- Inj 0.9%, 5 ml syringe ............................................................. $1.71 1,000 ml Freeflex
- Inj 0.9%, 10 ml syringe ............................................................ $3.01 50 ml Baxter
- Inj 0.9%, 100 ml vial ............................................................... $2.28 100 ml Baxter
- Inj 0.9%, 250 ml vial ............................................................... $3.60 250 ml Baxter
- Inj 0.9%, 500 ml vial ............................................................... $1.77 500 ml Baxter
- Inj 0.9%, 1,000 ml vial ............................................................. $1.80 1,000 ml Baxter

**SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]**

- Inj 1 mmol per ml, 20 ml ampoule

---

\* Item restricted (see above); \# Item restricted (see below)

*e.g. Brand indicates brand example only. It is not a contracted product.*
## BLOOD AND BLOOD FORMING ORGANS

<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>

<table>
<thead>
<tr>
<th>WATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj, bag</td>
</tr>
<tr>
<td>Inj 5 ml ampoule</td>
</tr>
<tr>
<td>Inj 10 ml ampoule</td>
</tr>
<tr>
<td>Inj 20 ml ampoule</td>
</tr>
<tr>
<td>Inj 250 ml bag</td>
</tr>
<tr>
<td>Inj 500 ml bag</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Administration</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CALCIUM POLYSTYRENE SULPHONATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder</td>
</tr>
<tr>
<td>Calcium Resonium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPOUND ELECTROLYTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder for oral soln</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPOUND ELECTROLYTES WITH GLUCOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln with electrolytes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHOSPHORUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab eff 500 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POTASSIUM CHLORIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)</td>
</tr>
<tr>
<td>Tab long-acting 600 mg (8 mmol) – 1% DV Oct-12 to 2015</td>
</tr>
<tr>
<td>Oral liq 2 mmol per ml</td>
</tr>
<tr>
<td>Span-K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SODIUM BICARBONATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 840 mg</td>
</tr>
<tr>
<td>Sodibic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SODIUM CHLORIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 600 mg</td>
</tr>
<tr>
<td>Oral liq 2 mmol/ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SODIUM POLYSTYRENE SULPHONATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plasma Volume Expanders</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GELATINE, SUCCINYLATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4%, 500 ml bag</td>
</tr>
<tr>
<td>Gelafusal</td>
</tr>
<tr>
<td>Gelofusine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml bag</td>
</tr>
<tr>
<td>Volulyte 6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 6% with sodium chloride 0.9%, 500 ml bag</td>
</tr>
<tr>
<td>Voluven</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.
### ACE Inhibitors

**Captopril**
- Oral liq 5 mg per ml .......................................................... $94.99
  - 95 ml Capoten
  - **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.

**Cilazapril**
- Tab 0.5 mg – 1% DV Sep-13 to 2016 .................. $2.00
  - 90 Zapril
- Tab 2.5 mg – 1% DV Sep-13 to 2016 .................. $4.31
  - 90 Zapril
- Tab 5 mg – 1% DV Sep-13 to 2016 .................. $6.98
  - 90 Zapril

**Enalapril Maleate**
- Tab 5 mg .......................................................... $1.19
  - 100 Ethics Enalapril
- Tab 10 mg .......................................................... $1.47
  - 100 Ethics Enalapril
- Tab 20 mg .......................................................... $1.91
  - 100 Ethics Enalapril

**Lisinopril**
- Tab 5 mg – 1% DV Jan-13 to 2015 .................. $3.58
  - 90 Arrow-Lisinopril
- Tab 10 mg – 1% DV Jan-13 to 2015 .................. $4.08
  - 90 Arrow-Lisinopril
- Tab 20 mg – 1% DV Jan-13 to 2015 .................. $4.88
  - 90 Arrow-Lisinopril

**Perindopril**
- Tab 2 mg .......................................................... $3.75
  - 30 Apo-Perindopril
- Tab 4 mg .......................................................... $4.80
  - 30 Apo-Perindopril

**Quinapril**
- Tab 5 mg – 1% DV Apr-13 to 2015 .................. $3.44
  - 90 Arrow-Quinapril 5
- Tab 10 mg – 1% DV Apr-13 to 2015 .................. $4.64
  - 90 Arrow-Quinapril 10
- Tab 20 mg – 1% DV Apr-13 to 2015 .................. $6.34
  - 90 Arrow-Quinapril 20

**Trandolapril** – Restricted: For continuation only
- Cap 1 mg
- Cap 2 mg

### ACE Inhibitors with Diuretics

**Cilazapril with Hydrochlorothiazide**
- Tab 5 mg with hydrochlorothiazide 12.5 mg – 1% DV Mar-14 to 2016 ....... $10.72
  - 100 Apo-Cilazapril/Hydrochlorothiazide

**Enalapril Maleate with Hydrochlorothiazide** – Restricted: For continuation only
- Tab 20 mg with hydrochlorothiazide 12.5 mg

**Quinapril with Hydrochlorothiazide**
- Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015 ....... $3.37
  - 30 Accuretic 10
- Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015 ....... $4.57
  - 30 Accuretic 20
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>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

#### Angiotensin II Antagonists

**Candesartan Cilexetil**– **Restricted** see terms below

- Tab 4 mg – 1% DV Nov-12 to 2015 ................................................. 4.13 90 Candestar
- Tab 8 mg – 1% DV Nov-12 to 2015 ................................................. 6.10 90 Candestar
- Tab 16 mg – 1% DV Nov-12 to 2015 .............................................. 10.18 90 Candestar
- Tab 32 mg – 1% DV Nov-12 to 2015 .............................................. 17.66 90 Candestar

**“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);
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.

**Losartan Potassium**

- Tab 12.5 mg – 1% DV Dec-11 to 2014 ........................................... 2.88 90 Lostaar
- Tab 25 mg – 1% DV Dec-11 to 2014 ........................................... 3.20 90 Lostaar
- Tab 50 mg – 1% DV Dec-11 to 2014 ........................................... 5.22 90 Lostaar
- Tab 100 mg – 1% DV Dec-11 to 2014 ......................................... 8.68 90 Lostaar

#### Angiotensin II Antagonists with Diuretics

**Losartan Potassium with Hydrochlorothiazide**

Tab 50 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-11 to 2014 ......... 4.89 30 Arrow-Losartan & Hydrochlorothiazide

#### Alpha-Adrenoceptor Blockers

**Doxazosin**

- Tab 2 mg – 1% DV Jun-11 to 2014 ................................................. 8.23 500 Apo-Doxazosin
- Tab 4 mg – 1% DV Jun-11 to 2014 ................................................. 12.40 500 Apo-Doxazosin

**Phenoxybenzamine Hydrochloride**

- Cap 10 mg
- Inj 50 mg per ml, 2 ml ampoule

**Phentolamine Mesylate**

- Inj 10 mg per ml, 1 ml ampoule

**Prazosin**

- Tab 1 mg ................................................................. 5.53 100 Apo-Prazo Apo-Prazosin
- Tab 2 mg ................................................................. 7.00 100 Apo-Prazo Apo-Prazosin
- Tab 5 mg ................................................................. 11.70 100 Apo-Prazo Apo-Prazosin

**Terazosin**

- Tab 1 mg – 1% DV Sep-13 to 2016 ............................................. 0.50 28 Arrow
- Tab 2 mg – 1% DV Sep-13 to 2016 ............................................. 0.45 28 Arrow
- Tab 5 mg – 1% DV Sep-13 to 2016 ............................................. 0.68 28 Arrow
## Antiarrhythmics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADENOSINE</strong></td>
<td>Inj 3 mg per ml, 2 ml vial</td>
<td>$22.80</td>
<td>Cordarone-X</td>
</tr>
<tr>
<td></td>
<td>Inj 3 mg per ml, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AJMALINE</strong></td>
<td>Inj 5 mg per ml, 10 ml ampoule</td>
<td>$71.00</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td><strong>AMIODARONE HYDROCHLORIDE</strong></td>
<td>Tab 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 200 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 3 ml ampoule – 1% DV Aug-13 to 2016</td>
<td>$22.80</td>
<td>Cordarone-X</td>
</tr>
<tr>
<td><strong>ATROPINE SULPHATE</strong></td>
<td>Inj 600 mcg per ml, 1 ml ampoule – 1% DV Jan-13 to 2015</td>
<td>$71.00</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td><strong>DIGOXIN</strong></td>
<td>Tab 62.5 mcg</td>
<td></td>
<td>Tambocor</td>
</tr>
<tr>
<td></td>
<td>Tab 250 mcg</td>
<td></td>
<td>Tambocor</td>
</tr>
<tr>
<td></td>
<td>Oral liq 50 mcg per ml</td>
<td></td>
<td>Tambocor</td>
</tr>
<tr>
<td></td>
<td>Inj 250 mcg per ml, 2 ml vial</td>
<td></td>
<td>Tambocor</td>
</tr>
<tr>
<td><strong>DISOPYRAMIDE PHOSPHATE</strong></td>
<td>Cap 100 mg</td>
<td></td>
<td>Tambocor</td>
</tr>
<tr>
<td></td>
<td>Cap 150 mg</td>
<td></td>
<td>Tambocor</td>
</tr>
<tr>
<td><strong>FLECAINIDE ACETATE</strong></td>
<td>Tab 50 mg</td>
<td>$45.82</td>
<td>Tambocor</td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg</td>
<td>$80.92</td>
<td>Tambocor</td>
</tr>
<tr>
<td></td>
<td>Cap long-acting 100 mg</td>
<td>$45.82</td>
<td>Tambocor CR</td>
</tr>
<tr>
<td></td>
<td>Cap long-acting 200 mg</td>
<td>$80.92</td>
<td>Tambocor CR</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 15 ml ampoule</td>
<td>$52.45</td>
<td>Tambocor</td>
</tr>
<tr>
<td><strong>MEXILETINE HYDROCHLORIDE</strong></td>
<td>Cap 150 mg</td>
<td>$65.00</td>
<td>Mexiletine Hydrochloride USP</td>
</tr>
<tr>
<td></td>
<td>Cap 250 mg</td>
<td>$102.00</td>
<td>Mexiletine Hydrochloride USP</td>
</tr>
<tr>
<td><strong>PROPAFENONE HYDROCHLORIDE</strong></td>
<td>Tab 150 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Antihypotensives

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIDODRINE</strong></td>
<td>Tab 2.5 mg</td>
<td></td>
<td>Tambocor</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg</td>
<td></td>
<td>Tambocor</td>
</tr>
</tbody>
</table>

---

*Restrict* for use in cardiac catheterisation, electrophysiology and MRI.

*Restricted* see terms below

---

*Brand* indicates brand example only. It is not a contracted product.
Restricted
All of the following:
1. Disabling orthostatic hypotension not due to drugs; and
2. Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and
3. Patient has tried non-pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.

## Beta-Adrenoceptor Blockers

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATENOLOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Oct-12 to 2015</td>
<td>5.56 500 Mylan Atenolol</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Oct-12 to 2015</td>
<td>9.12 500 Mylan Atenolol</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml</td>
<td>21.25 300 ml Atenolol-AFT</td>
</tr>
<tr>
<td><strong>BISOPROLOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg</td>
<td>3.88 30 Bosvate</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>4.74 30 Bosvate</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>9.18 30 Bosvate</td>
</tr>
<tr>
<td><strong>CARVEDILOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 6.25 mg</td>
<td>21.00 30 Dilatrend</td>
</tr>
<tr>
<td>Tab 12.5 mg</td>
<td>27.00 30 Dilatrend</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>33.75 30 Dilatrend</td>
</tr>
<tr>
<td><strong>CELIPROLOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>19.00 180 Celol</td>
</tr>
<tr>
<td><strong>ESMOLOL HYDROCHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td></td>
</tr>
<tr>
<td><strong>LABETALOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>8.23 100 Hybloc</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>10.06 100 Hybloc</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>17.55 100 Hybloc</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg per ml, 20 ml ampoule</td>
<td></td>
</tr>
<tr>
<td><strong>METOPROLOL SUCCINATE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab long-acting 23.75 mg – 1% DV Sep-12 to 2015</td>
<td>0.96 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 47.5 mg – 1% DV Sep-12 to 2015</td>
<td>1.41 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 95 mg – 1% DV Sep-12 to 2015</td>
<td>2.42 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 190 mg – 1% DV Sep-12 to 2015</td>
<td>4.66 30 Metoprolol - AFT CR</td>
</tr>
<tr>
<td><strong>METOPROLOL TARTRATE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Aug-12 to 2015</td>
<td>16.00 100 Lopresor</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Aug-12 to 2015</td>
<td>21.00 60 Lopresor</td>
</tr>
<tr>
<td>Tab long-acting 200 mg – 1% DV Aug-12 to 2015</td>
<td>18.00 28 Slow-Lopresor</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml vial – 1% DV Dec-12 to 2015</td>
<td>24.00 5 Lopresor</td>
</tr>
<tr>
<td><strong>NADOLOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 40 mg – 1% DV Apr-13 to 2015</td>
<td>15.57 100 Apo-Nadolol</td>
</tr>
<tr>
<td>Tab 80 mg – 1% DV Apr-13 to 2015</td>
<td>23.74 100 Apo-Nadolol</td>
</tr>
<tr>
<td><strong>PINDOLOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Nov-13 to 2016</td>
<td>9.72 100 Apo-Pindolol</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Nov-13 to 2016</td>
<td>15.62 100 Apo-Pindolol</td>
</tr>
<tr>
<td>Tab 15 mg – 1% DV Nov-13 to 2016</td>
<td>23.46 100 Apo-Pindolol</td>
</tr>
</tbody>
</table>
## CARDIOVASCULAR SYSTEM

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

### 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
- **Tab long-acting 10 mg**
- **Tab long-acting 20 mg** .......................................................... 9.59 100 Nyefax Retard
- **Tab long-acting 30 mg** .......................................................... 8.56 30 Adefin XL
- **Tab long-acting 60 mg** .......................................................... 12.28 30 Adefin XL
- **Cap 5 mg**

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

#### Other Calcium Channel Blockers

### DILTIAZEM HYDROCHLORIDE
- **Tab 30 mg – 5% DV Sep-12 to 2015** .......................................... 4.60 100 Dilzem
- **Tab 60 mg – 5% DV Sep-12 to 2015** .......................................... 8.50 100 Dilzem
- **Cap long-acting 120 mg** .......................................................... 1.91 30 Cardizem CD
- **Cap long-acting 180 mg – 5% DV Feb-13 to 2015** ....................... 31.83 500 Apo-Diltiazem CD
- **Cap long-acting 240 mg – 5% DV Feb-13 to 2015** ....................... 47.67 500 Apo-Diltiazem CD
- **Inj 5 mg per ml, 5 ml vial**

---

1. Item restricted (see above); 2. Item restricted (see below)

*E.g.*, *Brand* indicates brand example only. It is not a contracted product.
PERHEXILINE MALEATE – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg</td>
<td>62.90 100 Pexsig</td>
</tr>
</tbody>
</table>

**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.

VERAPAMIL HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 40 mg – 1% DV Sep-11 to 2014</td>
<td>7.01 100 Isoptin</td>
</tr>
<tr>
<td>Tab 80 mg – 1% DV Sep-11 to 2014</td>
<td>11.74 100 Isoptin</td>
</tr>
<tr>
<td>Tab long-acting 120 mg</td>
<td>15.20 250 Verpamil SR</td>
</tr>
<tr>
<td>Tab long-acting 240 mg</td>
<td>25.00 250 Verpamil SR</td>
</tr>
<tr>
<td>Inj 2.5 mg per ml, 2 ml ampoule</td>
<td>7.54 5 Isoptin</td>
</tr>
</tbody>
</table>

**Centrally-Acting Agents**

CLONIDINE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch 2.5 mg, 100 mcg per day</td>
<td>23.30 4 Catapres-TTS-1</td>
</tr>
<tr>
<td>Patch 5 mg, 200 mcg per day</td>
<td>32.80 4 Catapres-TTS-2</td>
</tr>
<tr>
<td>Patch 7.5 mg, 300 mcg per day</td>
<td>41.20 4 Catapres-TTS-3</td>
</tr>
</tbody>
</table>

CLONIDINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mcg – 1% DV Jul-13 to 2015</td>
<td>15.09 112 Clonidine BNM</td>
</tr>
<tr>
<td>Tab 150 mcg – 1% DV Feb-13 to 2015</td>
<td>34.32 100 Catapres</td>
</tr>
<tr>
<td>Inj 150 mcg per ml, 1 ml ampoule – 1% DV Nov-12 to 2015</td>
<td>16.07 5 Catapres</td>
</tr>
</tbody>
</table>

METHYLDOPA

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 125 mg</td>
<td>14.25 100 Prodopa</td>
</tr>
<tr>
<td>Tab 250 mg</td>
<td>15.10 100 Prodopa</td>
</tr>
<tr>
<td>Tab 500 mg</td>
<td>23.15 100 Prodopa</td>
</tr>
</tbody>
</table>

**Diuretics**

**Loop Diuretics**

BUMETANIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>16.36 100 Burinex</td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 4 ml vial</td>
<td></td>
</tr>
</tbody>
</table>

FUROSEMIDE (FRUSEMIDE)

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 40 mg – 1% DV Sep-12 to 2015</td>
<td>10.25 1,000 Diurin 40</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Feb-13 to 2015</td>
<td>25.00 50 Urex Forte</td>
</tr>
<tr>
<td>Oral liq 10 mg per ml</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule</td>
<td>1.30 5 Frusemide-Claris</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 25 ml ampoule</td>
<td></td>
</tr>
</tbody>
</table>

**Osmotic Diuretics**

MANNITOL

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10%, 1,000 ml bag</td>
<td>14.21 1,000 ml Baxter</td>
</tr>
<tr>
<td>Inj 15%, 500 ml bag</td>
<td>9.84 500 ml Baxter</td>
</tr>
<tr>
<td>Inj 20%, 500 ml bag</td>
<td>10.80 500 ml Baxter</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.
Potassium Sparing Combination Diuretics

AMILORITE HYDROCHLORIDE WITH FUROSEMIDE
Tab 5 mg with furosemide 40 mg

AMILORITE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE
Tab 5 mg with hydrochlorothiazide 50 mg

Potassium Sparing Diuretics

AMILORITE HYDROCHLORIDE
Tab 5 mg .................................................................17.50 100 Apo-Amiloride
Oral liq 1 mg per ml ..................................................30.00 25 ml Biomed

SPIRONOLACTONE
Tab 25 mg – 1% DV Feb-14 to 2016 ................................3.65 100 Spiractin
Tab 100 mg – 1% DV Sep-13 to 2016 .........................11.80 100 Spiractin
Oral liq 5 mg per ml ..................................................30.00 25 ml Biomed
(Spirotone Tab 25 mg to be delisted 1 April 2014)

Thiazide and Related Diuretics

BENDROFLUMETHAZIDE [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

CHLOROTHIAZIDE
Oral liq 50 mg per ml ...............................................26.00 25 ml Biomed

CHLORTALIDONE [CHLORTHALIDONE]
Tab 25 mg ...............................................................8.00 50 Hygroton

INDAPAMIDE
Tab 2.5 mg – 1% DV Oct-13 to 2016 .........................2.25 90 Dapa-Tabs

METOLAZONE – Restricted see terms below
Tab 5 mg

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 – 1% DV Nov-13 to 2016 ....................17.60 60 Lipazil
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 – 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

Resins

CHOLESTYRAMINE
Powder for oral liq 4 g

COLESTIPOL HYDROCHLORIDE
Grans for oral liq 5 g

Selective Cholesterol Absorption Inhibitors

EZETIMIBE – Restricted see terms below
- Tab 10 mg

EZETIMIBE WITH SIMVASTATIN – Restricted see terms below
- 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

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

ACIPIMOX
Cap 250 mg

NICOTINIC ACID
Tab 50 mg
Tab 500 mg

Nitrates

GLYCERYL TRINITRATE
\[\text{Tab } 600 \text{ mcg} \quad - \quad 1\% \text{ DV Sep-11 to 2014} \] 
\[\text{Inj } 1 \text{ mg per ml, 5 ml ampoule} \quad - \quad 1\% \text{ DV Dec-12 to 2015} \] 
\[\text{Inj } 1 \text{ mg per ml, 50 ml vial} \quad - \quad 1\% \text{ DV Dec-12 to 2015} \] 
\[\text{Inj } 5 \text{ mg per ml, 10 ml ampoule} \] 
\[\text{Oral spray, 400 mcg per dose} \quad - \quad 1\% \text{ DV Mar-12 to 2014} \] 
\[\text{Patch } 25 \text{ mg, 5 mg per day} \quad - \quad 1\% \text{ DV Sep-11 to 2014} \] 
\[\text{Patch } 50 \text{ mg, 10 mg per day} \quad - \quad 1\% \text{ DV Sep-11 to 2014} \]
Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer
8.00 100 Lycinate
22.70 10 Nitronal
86.60 10 Nitronal
40.00 5 Mayne
4.45 250 dose Glytrin
16.56 30 Nitroderm TTS 5
19.50 30 Nitroderm TTS 10

ISOSORBIDE MONONITRATE
\[\text{Tab } 20 \text{ mg} \quad - \quad 1\% \text{ DV Jun-11 to 2014} \] 
\[\text{Tab long-acting } 40 \text{ mg} \] 
\[\text{Tab long-acting } 60 \text{ mg} \]
Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer
17.10 100 Ismo-20
7.50 30 Corangin
3.94 90 Duride

Other Cardiac Agents

LEVOSIMENDAN – Restricted see terms below
\[\$ \text{ Inj } 2.5 \text{ mg per ml, 5 ml vial} \]
\[\$ \text{ Inj } 2.5 \text{ mg per ml, 10 ml vial} \]
\[\text{Restricted} \]

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

ADRENALINE
\[\text{Inj } 1 \text{ in } 1,000, 1 \text{ ml ampoule} \] 
\[\text{Inj } 1 \text{ in } 1,000, 30 \text{ ml vial} \] 
\[\text{Inj } 1 \text{ in } 10,000, 10 \text{ ml ampoule} \] 
\[\text{Inj } 1 \text{ in } 10,000, 10 \text{ ml syringe} \]
Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer
4.98 5 Aspen Adrenaline
5.25 Mayne
27.00 5 Mayne
49.00 10 Aspen Adrenaline

DOBUTAMINE HYDROCHLORIDE
\[\text{Inj } 12.5 \text{ mg per ml, 20 ml vial} \]

DOPAMINE HYDROCHLORIDE
\[\text{Inj } 40 \text{ mg per ml, 5 ml ampoule} \quad - \quad 1\% \text{ DV Sep-12 to 2015} \]
Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer
69.77 10 Martindale
### CARDIOVASCULAR SYSTEM

**EPHEDRINE**
- Inj 3 mg per ml, 10 ml syringe
- Inj 30 mg per ml, 1 ml ampoule – 1% DV Nov-12 to 2014 ..........................66.00 10 Max Health

**ISOPRENALINE**
- Inj 200 mcg per ml, 1 ml ampoule
- Inj 200 mcg per ml, 5 ml ampoule

**METARAMINOL**
- Inj 0.5 mg per ml, 20 ml syringe
- Inj 1 mg per ml, 1 ml ampoule
- Inj 1 mg per ml, 10 ml syringe
- Inj 10 mg per ml, 1 ml ampoule

**NORADRENALINE**
- Inj 0.06 mg per ml, 100 ml bag
- Inj 0.06 mg per ml, 50 ml syringe
- Inj 0.1 mg per ml, 100 ml bag
- Inj 0.12 mg per ml, 100 ml bag
- Inj 0.12 mg per ml, 50 ml syringe
- Inj 0.16 mg per ml, 50 ml syringe
- Inj 1 mg per ml, 100 ml bag
- Inj 1 mg per ml, 2 ml ampoule .................................................................42.00 6 Levophed

**PHENYLEPHRINE HYDROCHLORIDE**
- Inj 10 mg per ml, 1 ml vial .................................................................115.50 25 Neosynephrine HCL

**Vasodilators**

**ALPROSTADIL HYDROCHLORIDE**
- Inj 500 mcg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015 .................1,417.50 5 Prostin VR

**AMYL NITRITE**
- Liq 98% in 3 ml capsule

**DIAZOXIDE**
- Inj 15 mg per ml, 20 ml ampoule

**HYDRALAZINE HYDROCHLORIDE**

- 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.

- Inj 20 mg ampoule ....................................................................................25.90 5 Apresoline

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

**MINOXIDIL** – **Restricted** see terms below

- Tab 10 mg .................................................................................................70.00 100 Loniten

- **Restricted**

- For patients with severe refractory hypertension who have failed to respond to extensive multiple therapies.

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

- Tab 10 mg .................................................................................................27.95 60 Ikorel

- Tab 20 mg .................................................................................................33.28 60 Ikorel

---

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

**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.

**PAPAVERINE HYDROCHLORIDE**

- Inj 30 mg per ml, 1 ml vial
- Inj 12 mg per ml, 10 ml ampoule

- $73.12 5 Mayne

**PENTOXIFYLLINE [OXPENTIFYLLINE]**

- Tab 400 mg

**SODIUM NITROPRUSSIDE**

- Inj 50 mg vial

**Endothelin Receptor Antagonists**

**AMBRISENTAN – Restricted** see terms below

- Tab 5 mg
- Tab 10 mg

- $4,585.00 30 Volibris

**BOSENTAN – Restricted** see terms below

- Tab 5 mg
- Tab 10 mg
- Tab 25 mg
- Tab 50 mg
- Tab 100 mg

- $4,585.00 30 pms-Bosentan

**Phosphodiesterase Type 5 Inhibitors**

**SILDENAFIL – Restricted** see terms below

- Tab 25 mg
- Tab 50 mg
- Tab 100 mg

- $1.85 4 Silagra

**Phosphodiesterase Type 5 Inhibitors**

Any of the following:
1. For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
2. In hospital stabilisation in emergency situations.

*Item restricted (see above); Item restricted (see below) 

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

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**

**ILOPROST**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ilomedin</strong></td>
<td>$925.00</td>
<td>5</td>
</tr>
<tr>
<td><strong>Ventavis</strong></td>
<td>$1,185.00</td>
<td>30</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>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

### Anti-Infective Preparations

#### Antibacterials

**FUSIDATE SODIUM [FUSIDIC ACID]**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foban</td>
<td></td>
</tr>
</tbody>
</table>

**HYDROGEN PEROXIDE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystaderm</td>
<td></td>
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</table>

**MAFENIDE ACETATE** – Restricted see terms below

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder 50 g sachet</td>
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**MUPIROCIN**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oint 2%</td>
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</tbody>
</table>

**SULPHADIAZINE SILVER**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Flamazine</td>
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</tbody>
</table>

#### Antifungals

**AMOROLFINE** – Restricted: For continuation only

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nail soln 5%</td>
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</table>

**CICLOPIROX OLAMINE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Nail soln 8%</td>
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</table>

**CLOTRIMAZOLE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clomazol</td>
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</tbody>
</table>

**ECONAZOLE NITRATE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinc 2%</td>
<td></td>
</tr>
</tbody>
</table>

**KETOCONAZOLE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sebizole</td>
<td></td>
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</tbody>
</table>

**METRONIDAZOLE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Multichem</td>
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</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinc 2%</td>
<td></td>
</tr>
</tbody>
</table>

**NYSTATIN**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 100,000 u per g</td>
<td></td>
</tr>
</tbody>
</table>

#### Antiparasitics

**LINDANE [GAMMA BENZENE HEXACHLORIDE]**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 1%</td>
<td></td>
</tr>
</tbody>
</table>

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*Item restricted (see → above); $Item restricted (see ↓ below)*

*e.g. Brand indicates brand example only. It is not a contracted product.*
MALATHION [MALDISON]
Lotn 0.5%
Shampoo 1%

MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE
Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%
Note: Temporary listing to cover out-of-stock.

PERMETHRIN
Crm 5% – 1% DV Sep-11 to 2014
Lotn 5% – 1% DV Sep-11 to 2014

Antiacne Preparations
ADAPALENE
Crm 0.1%
Gel 0.1%

BENZOYL PEROXIDE
Soln 5%

ISOTRETINOIN
Cap 10 mg – 1% DV Jan-13 to 2015
Cap 20 mg – 1% DV Jan-13 to 2015

TRETINOIN
Crm 0.05%

Antipruritic Preparations
CALAMINE
Crm, aqueous, BP – 1% DV Mar-13 to 2015
Lotn, BP – 1% DV Nov-12 to 2015

CROTAMITON
Crm 10% – 1% DV Sep-12 to 2015

Barrier Creams and Emollients
Barrier Creams
DIMETHICONE
Crm 5% tube – 1% DV Apr-14 to 2016
Crm 5% pump bottle – 1% DV Apr-14 to 2016

ZINC
Crm
Oint
Paste

ZINC AND CASTOR OIL
Crm – 1% DV Apr-12 to 2014
Oint, BP

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>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

### Emollients

#### AQUEOUS CREAM
- **Crm 100 g – 1% DV Sep-11 to 2014** ................................................................. 1.23 100 g **AFT**
- **Crm 500 g – 1% DV Sep-11 to 2014** ................................................................. 1.96 500 g **AFT**

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

#### CETOMACROGOL WITH GLYCEROL
- **Crm 90% with glycerol 10%** ...................................................................... 2.10 100 g **Pharmacy Health**
- **Crm 90% with glycerol 10%** ...................................................................... 3.20 500 ml **Pharmacy Health**
- **Crm 90% with glycerol 10%, 500 ml, 1 bottle** .............................................. 5.46 1  **healthE**

#### EMULSIFYING OINTMENT
- **Oint BP – 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**

#### GLYCEROL WITH PARAFFIN
- **Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%**  ........................................ 2.63 500 g **healthE Fatty Cream**
- **Crm 100 g** ............................................................................................... 1.60 1  **healthE Fatty Cream**

#### PARAFFIN
- **Oint liquid paraffin 50% with white soft paraffin 50%** ........................ 3.10 100 g  **healthE**
- **White soft – 1% DV Feb-13 to 2015** .............................................................. 0.92 10 g  **healthE**

#### PARAFFIN WITH WOOL FAT
- **Lotn liquid paraffin 15.9% with wool fat 0.6%**  ......................................... **e.g. AlphaKeri;BK;DP; Hydroderm Lotn**
- **Lotn liquid paraffin 91.7% with wool fat 3%**  .............................................. **e.g. Alpha Keri Bath Oil**

#### UREA
- **Crm 10%**

#### WOOL FAT
- **Crm**

---

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<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>Corticosteroids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETAMETHASONE DIPROPIONATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.05%</td>
<td>$3.68</td>
<td>Dermol</td>
</tr>
<tr>
<td>Oint 0.05%</td>
<td>$3.68</td>
<td>Dermol</td>
</tr>
<tr>
<td>BETAMETHASONE VALERATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1%</td>
<td>$3.68</td>
<td>Dermol</td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td>$3.68</td>
<td>Dermol</td>
</tr>
<tr>
<td>CLOBETASOL PROPIONATE</td>
<td>$3.68</td>
<td>Dermol</td>
</tr>
<tr>
<td>Crm 0.05%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOBETASONE BUTYRATE</td>
<td>$3.68</td>
<td>Dermol</td>
</tr>
<tr>
<td>Crm 0.05%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIFLUCORTOLONE VALERATE – Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatty oint 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROCORTISONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%, 100 g</td>
<td>$3.75</td>
<td>Pharmacy Health</td>
</tr>
<tr>
<td>Crm 1%, 500 g – 1% DV Nov-11 to 2014</td>
<td>$14.00</td>
<td>Pharmacy Health</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of greater than 100 g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROCORTISONE ACETATE</td>
<td>$2.48</td>
<td>AFT</td>
</tr>
<tr>
<td>Crm 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROCORTISONE BUTYRATE</td>
<td>$2.30</td>
<td>Locoid Lipocream</td>
</tr>
<tr>
<td>Crm 0.1% – 1% DV Mar-13 to 2015</td>
<td></td>
<td>Locoid Lipocream</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Mar-13 to 2015</td>
<td>$6.85</td>
<td>Locoid</td>
</tr>
<tr>
<td>Milky emul 0.1% – 1% DV Mar-13 to 2015</td>
<td>$6.85</td>
<td>Locoid Crelo</td>
</tr>
<tr>
<td>HYDROCORTISONE WITH PARAFFIN AND WOOL FAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lotn 1% with paraffin liquid 15.9% and wool fat 0.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYLPRUDNISOLONE ACEPONATE</td>
<td>$4.95</td>
<td>Advantan</td>
</tr>
<tr>
<td>Crm 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td>$4.95</td>
<td>Advantan</td>
</tr>
<tr>
<td>MOMETASONE Furoate</td>
<td>$1.78</td>
<td>m-Mometasone</td>
</tr>
<tr>
<td>Crm 0.1% – 1% DV Sep-12 to 2015</td>
<td></td>
<td>m-Mometasone</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Sep-12 to 2015</td>
<td>$3.42</td>
<td>m-Mometasone</td>
</tr>
<tr>
<td>Lotn 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIAMCINOLONE ACETONIDE</td>
<td>$6.63</td>
<td>Aristocort</td>
</tr>
<tr>
<td>Crm 0.02% – 1% DV Sep-11 to 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 0.02% – 1% DV Sep-11 to 2014</td>
<td>$6.69</td>
<td>Aristocort</td>
</tr>
<tr>
<td><strong>Corticosteroids with Anti-Infective Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETAMETHASONE VALERATE WITH CLIOQUINOL – Restricted see terms on the next page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1% with clioquinol 3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 0.1% with clioquinol 3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## DERMAUTOLOGICALS

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

### Restricted

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

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

**HYDROCORTISONE WITH MICANOZOLE**
Crn 1% with miconazole nitrate 2% .............................................................2.20 15 g Micreme H

**HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN**
Crn 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 NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN**
Crn 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and
gramicidin 250 mcg per g

### Psoriasis and Eczema Preparations

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**ACITRETIN**
Cap 10 mg .................................................................35.95 100 Neotigason
Cap 25 mg .................................................................83.11 60 Novatretin

**BETAMETHASONE 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**
Crn 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 LARYL SULPHATE AND FLUORESCINE**
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium

- **1% DV Nov-11 to 2014** .................................................................3.05 500 ml Pinetarsol
  5.82 1,000 ml Pinetarsol

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

**POTASSIUM PERMANGANATE**
Tab 400 mg
Crystals

### 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

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**Wart Preparations**

**IMIQUIMOD** – **Restricted** see terms below

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

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  
  **Condyline**

**SILVER NITRATE**

- Sticks with applicator

**Other Skin Preparations**

**DIPHEMANIL METILSULFATE**

- Powder 2%

**SUNSCREEN, PROPRIETARY**

- **Crm Lotn** ................................................................. 2.55 100 g  
  **Marine Blue Lotion SPF 30+**
- 5.10 200 g  
  **Marine Blue Lotion SPF 30+**
- 3.30 100 g  
  **Marine Blue Lotion SPF 50+**
- 5.10 200 g  
  **Marine Blue Lotion SPF 50+**

*(Marine Blue Lotion SPF 30+ Lotn to be delisted 1 May 2014)*

**Antineoplastics**

**FLUOROURACIL SODIUM**

- **Crm 5% – 1% DV** *Feb-13 to 2015* ................................................................. 25.16 20 g  
  **Efudix**

**METHYL AMINOLEVULINATE HYDROCHLORIDE** – **Restricted** see terms below

- **Crm 16%**

*(Dermatologist or plastic surgeon)*
### Wound Management Products

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCIUM GLUCONATE Gel 2.5%</td>
<td>$21.00</td>
<td>1 healthE</td>
</tr>
</tbody>
</table>
### Anti-Infective Agents

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETIC ACID&lt;br&gt; Soln 3%&lt;br&gt;Soln 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID&lt;br&gt; Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORHEXIDINE&lt;br&gt; Crm 1% – 1% DV Oct-12 to 2015</td>
<td>1.24</td>
<td>healthE</td>
</tr>
<tr>
<td>CHLORHEXIDINE GLUCONATE&lt;br&gt; Lotn 1%, 200 ml</td>
<td>6.75</td>
<td>healthE</td>
</tr>
<tr>
<td>CLOTRIMAZOLE&lt;br&gt; Vaginal crm 1% with applicator – 1% DV Dec-13 to 2016</td>
<td>1.45</td>
<td>Clomazol</td>
</tr>
<tr>
<td>CLOTRIMAZOLE&lt;br&gt; Vaginal crm 2% with applicator – 1% DV Dec-13 to 2016</td>
<td>2.20</td>
<td>Clomazol</td>
</tr>
<tr>
<td>MICONAZOLE NITRATE&lt;br&gt; Vaginal crm 2% with applicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYSTATIN&lt;br&gt; Vaginal crm 100,000 u per 5 g with applicator(s)</td>
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</tbody>
</table>

### Contraceptives

#### Antiandrogen Oral Contraceptives

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPROTERONE ACETATE WITH ETHINYLESTRADIOL&lt;br&gt; Tab 2 mg with ethinylestradiol 35 mcg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Combined Oral Contraceptives

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHINYLESTRADIOL WITH DESOGESTREL&lt;br&gt; Tab 20 mcg with desogestrel 150 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH DESOGESTREL&lt;br&gt; Tab 30 mcg with desogestrel 150 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH LEVONORGESTREL&lt;br&gt; Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets</td>
<td>2.65</td>
<td>Ava 20 ED</td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH LEVONORGESTREL&lt;br&gt; Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets</td>
<td>2.30</td>
<td>Ava 30 ED</td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH LEVONORGESTREL&lt;br&gt; Tab 20 mcg with levonorgestrel 100 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH LEVONORGESTREL&lt;br&gt; Tab 30 mcg with levonorgestrel 150 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH LEVONORGESTREL&lt;br&gt; Tab 50 mcg with levonorgestrel 125 mcg</td>
<td>9.45</td>
<td>Microgynon 50 ED</td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH NORETHISTERONE&lt;br&gt; Tab 35 mcg with norethisterone 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLESTRADIOL WITH NORETHISTERONE&lt;br&gt; Tab 35 mcg with norethisterone 500 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORETHISTERONE WITH MESTRANOL&lt;br&gt; Tab 1 mg with mestranol 50 mcg</td>
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</tbody>
</table>

#### Contraceptive Devices

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRA-UTERINE DEVICE&lt;br&gt; IUD&lt;br&gt; e.g. Multiload Cu375, Multiload Cu375 SL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Price

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

### Emergency Contraception

**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 | e.g. Mirena |

- Restricted
- Obstetrician or gynaecologist

#### Initiation – heavy menstrual bleeding

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. Any of the following:
   3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
   3.2 Haemoglobin level < 120 g/l; or
   3.3 The patient has had a uterine ultrasound and either a hysteroscopy or endometrial biopsy.

#### Continuation – heavy menstrual bleeding

Either:

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

#### Initiation – endometriosis

The patient has a clinical diagnosis of endometriosis confirmed by laparoscopy.

#### Continuation – endometriosis

Either:

1. Patient demonstrated satisfactory management of endometriosis; or
2. Previous insertion was removed or expelled within 3 months of insertion.

Note: endometriosis is an unregistered indication.

**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

### Obstetric Preparations

#### Antiprogestogens

**MIFEPRISTONE**

- Tab 200 mg

### Oxytocics

**CARBOPROST TROMETAMOL**

- Inj 250 mcg per ml, 1 ml ampoule
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### GENITO-URINARY SYSTEM

<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><strong>DINOPROSTONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pessaries 10 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 1 mg in 2.5 ml</td>
<td>52.65</td>
<td>1</td>
<td>Prostin E2</td>
</tr>
<tr>
<td>Gel 2 mg in 2.5 ml</td>
<td>64.60</td>
<td>1</td>
<td>Prostin E2</td>
</tr>
<tr>
<td><strong>ERGOMETRINE MALEATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014</td>
<td>31.00</td>
<td>5</td>
<td>DBL Ergometrine</td>
</tr>
<tr>
<td><strong>OXYTOCIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 iu per ml, 1 ml ampoule – 1% DV Feb-14 to 2015</td>
<td>4.75</td>
<td>5</td>
<td>Oxytocin BNM</td>
</tr>
<tr>
<td>Inj 10 iu per ml, 1 ml ampoule – 1% DV Feb-14 to 2015</td>
<td>5.98</td>
<td>5</td>
<td>Oxytocin BNM</td>
</tr>
<tr>
<td><strong>OXYTOCIN WITH ERGOMETRINE MALEATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015</td>
<td>11.13</td>
<td>5</td>
<td>Syntometrine</td>
</tr>
</tbody>
</table>

#### Tocolytics

**PROGESTERONE** – **Restricted** see terms below

- Cap 100 mg .................................................. 16.50 | 30 | Utrogestan |

**TERBUTALINE** – **Restricted** see terms below

- Inj 500 mcg ampoule

#### Oestrogens

**OESTRIOL**

- Crm 1 mg per g with applicator
- Pessaries 500 mcg

#### Urologicals

### 5-Alpha Reductase Inhibitors

**FINASTERIDE** – **Restricted** see terms below

- Tab 5 mg – 1% DV Nov-11 to 2014 ........................................ 5.10 | 30 | Rex Medical |

Both:

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

**TAMSULOSIN** – *Restricted* see terms below  
- Cap 400 mcg – 1% DV Dec-13 to 2016 .......................... 13.51 100  **Tamsulosin-Rex**

- **Restricted**

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

### Urinary Alkalisers

**POTASSIUM CITRATE** – *Restricted* see terms below  
- Oral liq 3 mmol per ml .......................................................... 30.00 200 ml  **Biomed**

- **Restricted**

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

**SODIUM CITRO-TARTRATE**  
Grans eff 4 g sachets .......................................................... 3.93 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** – *Restricted* see terms below  
- Tab 5 mg ........................................................................... 56.50 30  **Vesicare**
- Tab 10 mg ........................................................................ 56.50 30  **Vesicare**

- **Restricted**

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

**TOLTERODINE TARTRATE** – *Restricted* see terms below  
- 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.
## Anabolics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXANDROLONE</td>
<td>Tab 2.5 mg</td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For the treatment of burns patients.</td>
</tr>
</tbody>
</table>

## Androgen Agonists and Antagonists

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPROTERONE ACETATE</td>
<td>Tab 50 mg - 1% DV Oct-12 to 2015</td>
<td>18.80 50 Siterone</td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg - 1% DV Oct-12 to 2015</td>
<td>34.25 50 Siterone</td>
</tr>
<tr>
<td>TESTOSTERONE</td>
<td>Patch 2.5 mg per day</td>
<td>80.00 60 Androderm</td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE</td>
<td>Inj 100 mg per ml, 10 ml vial - 1% DV Feb-12 to 2014</td>
<td>76.50 1 Depo-Testosterone</td>
</tr>
<tr>
<td>TESTOSTERONE ESTERS</td>
<td>Inj testosterone decanoate 100 mg, testosterone isocaproate 60 mg, testosterone phenylpropionate 60 mg and testosterone propionate 30 mg per ml, 1 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE UNDECANOATE</td>
<td>Cap 40 mg - 1% DV Oct-12 to 2015</td>
<td>31.17 60 Andriol Testocaps</td>
</tr>
<tr>
<td></td>
<td>Inj 250 mg per ml, 4 ml ampoule</td>
<td>86.00 1 Reandron 1000</td>
</tr>
</tbody>
</table>

## Calcium Homeostasis

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCITONIN</td>
<td>Inj 100 iu per ml, 1 ml ampoule - 1% DV Sep-11 to 2014</td>
<td>110.00 5 Miacalcic</td>
</tr>
<tr>
<td>ZOLEDRONIC ACID</td>
<td>Inj 0.8 mg per ml, 5 ml vial</td>
<td>550.00 1 Zometa</td>
</tr>
</tbody>
</table>

## Corticosteroids

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAMETHASONE</td>
<td>Tab 500 mcg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4 mg per ml, 1 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE</td>
<td>Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE</td>
<td>Tab 1 mg - 1% DV Aug-12 to 2015</td>
<td>5.87 100 Douglas</td>
</tr>
<tr>
<td></td>
<td>Tab 4 mg - 1% DV Aug-12 to 2015</td>
<td>8.16 100 Douglas</td>
</tr>
<tr>
<td></td>
<td>Oral liq 1 mg per ml</td>
<td>45.00 25 ml Biomed</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.
| **HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES** |
|-----------------|-----------------|-----------------|
| **DEXAMETHASONE PHOSPHATE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Inj 4 mg per ml, 1 ml ampoule – 1% DV Apr-14 to 2016 | $21.50 | 5 Hospira |
| | $25.80 | 10 Dexamethasone-hameln |
| Inj 4 mg per ml, 2 ml ampoule – 1% DV Apr-14 to 2016 | $17.98 | 5 Dexamethasone-hameln |
| Inj 4 mg per ml, 2 ml vial | $31.00 | 5 Hospira |

(Hospira Inj 4 mg per ml, 1 ml ampoule to be delisted 1 April 2014)
(Hospira Inj 4 mg per ml, 2 ml vial to be delisted 1 April 2014)

| **FLUDROCORTISONE ACETATE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Tab 100 mcg | $14.32 | 100 Florinef |

| **HYDROCORTISONE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Tab 5 mg – 1% DV Nov-12 to 2015 | $8.10 | 100 Douglas |
| Tab 20 mg – 1% DV Nov-12 to 2015 | $20.32 | 100 Douglas |
| Inj 100 mg vial – 1% DV Oct-13 to 2016 | $4.99 | 1 Solu-Cortef |

| **METHYLПREDNISOLONE (AS SODIUM SUCCINATE)** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Tab 4 mg – 1% DV Oct-12 to 2015 | $60.00 | 100 Medrol |
| Tab 100 mg – 1% DV Oct-12 to 2015 | $166.52 | 20 Medrol |
| Inj 40 mg vial – 1% DV Oct-12 to 2015 | $7.50 | 1 Solu-Medrol |
| Inj 125 mg vial – 1% DV Oct-12 to 2015 | $18.50 | 1 Solu-Medrol |
| Inj 500 mg vial – 1% DV Oct-12 to 2015 | $18.00 | 1 Solu-Medrol |
| Inj 1 g vial – 1% DV Oct-12 to 2015 | $37.50 | 1 Solu-Medrol |

| **METHYLПREDNISOLONE ACETATE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Inj 40 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015 | $6.70 | 1 Depo-Medrol |

| **METHYLПREDNISOLONE ACETATE WITH LIGNOCAINE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Inj 40 mg with lignocaine 10 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015 | $7.50 | 1 Depo-Medrol with Lidocaine |

| **PREDNISOLONE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Oral liq 5 mg per ml | $10.45 | 30 ml Redipred |
| Enema 200 mcg per ml, 100 ml | |

| **PREDNISONE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Tab 1 mg | $2.13 | 100 Apo-Prednisone S29 |
| Tab 2.5 mg | $10.68 | 500 Apo-Prednisone |
| Tab 5 mg | $11.09 | 500 Apo-Prednisone |
| Tab 20 mg | $29.03 | 500 Apo-Prednisone |

| **TRIAMCINOLONE ACETONIDE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Inj 10 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014 | $21.90 | 5 Kenacort-A |
| Inj 40 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014 | $53.79 | 5 Kenacort-A40 |

| **TRIAMCINOLONE HEXACETONIDE** | **Price (ex man. excl. GST)** | **Brand or Generic Manufacturer** |
| Inj 20 mg per ml, 1 ml vial | | |

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

e.g. *Brand* indicates brand example only. It is not a contracted product.
## Hormone Replacement Therapy

### Oestrogens

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Expiry Date</th>
<th>Price (ex man excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OESTRADIOL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 25 mcg per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 50 mcg per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 100 mcg per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OESTRADIOL VALERATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OESTROGENS (CONJUGATED EQUINE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 300 mcg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 625 mcg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Progestogen and Oestrogen Combined Preparations

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Expiry Date</th>
<th>Price (ex man excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OESTRADIOL WITH NORETHISTERONE ACETATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg with 0.5 mg norethisterone acetate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg with 1 mg norethisterone acetate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OESTROGENS WITH MEDROXYPROGESTERONE ACETATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Progestogens

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Expiry Date</th>
<th>Price (ex man excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDROXYPROGESTERONE ACETATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg – 1% DV Sep-13 to 2016</td>
<td></td>
<td></td>
<td></td>
<td>30 Provera</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-13 to 2016</td>
<td></td>
<td></td>
<td></td>
<td>100 Provera</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-13 to 2016</td>
<td></td>
<td></td>
<td></td>
<td>30 Provera</td>
</tr>
</tbody>
</table>

### Other Endocrine Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Expiry Date</th>
<th>Price (ex man excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CABERGOLINE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 0.5 mg – Restricted</td>
<td></td>
<td></td>
<td></td>
<td>2 Dostinex</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25.00 Dostinex</td>
</tr>
<tr>
<td><strong>CLOMIPHENE CITRATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Sep-13 to 2016</td>
<td></td>
<td></td>
<td></td>
<td>10 Serophene</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><strong>HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Price (ex man. excl. GST) $</strong></td>
</tr>
</tbody>
</table>

### 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

#### Other Oestrogen Preparations

### ETHINYL OESTRADIOL
- Tab 10 mcg

### OESTRADOL
- Implant 50 mg

### OESTRIOL
- Tab 2 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

### NORETHISTERONE
- 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

---

*Item restricted (see ➩ above); †Item restricted (see ➩ below)*

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LEUPRORELIN ACETATE

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

Inj 3.75 mg syringe .......................................................................................221.60 1 Lucrin Depot PDS
Inj 7.5 mg syringe .........................................................................................166.20 1 Eligard
Inj 11.25 mg syringe .....................................................................................591.68 1 Lucrin Depot PDS
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

Gonadotrophins

CHORIOGONADOTROPIN ALFA
Inj 250 mcg in 0.5 ml syringe

Growth Hormone

SOMATROPIN – Restricted see terms below

- Inj 16 iu (5.3 mg) vial
- Inj 36 iu (12 mg) vial

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

CARBIMAZOLE
Tab 5 mg

IODINE
Soln BP 50 mg per ml

LEVOTHYROXINE
Tab 25 mcg
Tab 50 mcg
Tab 100 mcg

LIOThYRONINE SODIUM
- Tab 20 mcg

Restricted

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

Inj 20 mcg vial

POTASSIUM IODATE
Tab 170 mg

POTASSIUM PERCHLORATE
Cap 200 mg

PROPYLETHIOURACIL – Restricted see terms below

- Tab 50 mg .......................................................................................................35.00 100 PTU

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.

PROTIRELIN
Inj 100 mcg per ml, 2 ml ampoule

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

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

**DESMOPRESSIN ACETATE** – Some items restricted see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mcg</td>
<td>..........................</td>
<td>36.40</td>
<td>30 Minirin</td>
</tr>
<tr>
<td>Tab 200 mcg</td>
<td>..........................</td>
<td>93.60</td>
<td>30 Minirin</td>
</tr>
<tr>
<td>Nasal spray 10 mcg per dose – 1% DV Sep-11 to 2014</td>
<td>......................</td>
<td>27.48</td>
<td>6 ml Desmopressin-PH&amp;T</td>
</tr>
<tr>
<td>Inj 4 mcg per ml, 1 ml ampoule</td>
<td>.............................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 15 mcg per ml, 1 ml ampoule</td>
<td>.............................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal drops 100 mcg per ml</td>
<td>.............................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Restricted**

**Nocturnal enuresis**

Either:

1. The nasal forms of desmopressin are contraindicated; or
2. An enuresis alarm is contraindicated.

Cranial diabetes insipidus and the nasal forms of desmopressin are contraindicated

**TERLIPRESSIN**

Inj 1 mg vial .............................. 450.00 5 Glypressin

---

*Item restricted (see above); †Item restricted (see below)*

*e.g. Brand indicates brand example only. It is not a contracted product.*
## INFECTIONS - AGENTS FOR SYSTEMIC USE

### Antibacterials

#### Aminoglycosides

**AMIKACIN**  
- *Restricted* see terms below  
  - Inj 5 mg per ml, 10 ml syringe  
  - Inj 5 mg per ml, 5 ml syringe – 1% DV Nov-12 to 2014  
  - Inj 15 mg per ml, 5 ml syringe  
  - Inj 250 mg per ml, 2 ml vial  
  - *Restricted*  
  - Infectious disease physician, clinical microbiologist or respiratory physician  

**GENTAMICIN SULPHATE**  
- Inj 10 mg per ml, 1 ml ampoule  
- Inj 10 mg per ml, 2 ml ampoule  
- Inj 40 mg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015  

**PAROMOMYCIN**  
- *Restricted* see terms below  
  - Cap 250 mg  
  - *Restricted*  
  - Infectious disease physician or clinical microbiologist  

**STREPTOMYCIN SULPHATE**  
- *Restricted* see terms below  
  - Inj 400 mg per ml, 2.5 ml ampoule  
  - *Restricted*  
  - Infectious disease physician or clinical microbiologist  

**TOBRAMYCIN**  
- *Restricted* see terms below  
  - Inj 40 mg per ml, 2 ml vial – 1% DV Sep-11 to 2014  
  - Inj 100 mg per ml, 5 ml vial  
  - *Restricted*  
  - Infectious disease physician, clinical microbiologist or respiratory physician  

#### Carbapenems

**ERTAPENEM**  
- *Restricted* see terms below  
  - Inj 1 g vial  
  - *Restricted*  
  - Infectious disease physician or clinical microbiologist  

**IMIPENEM WITH CILASTATIN**  
- *Restricted* see terms below  
  - Inj 500 mg with 500 mg cilastatin vial – 1% DV Dec-12 to 2014  
  - *Restricted*  
  - Infectious disease physician or clinical microbiologist  

**MEROPENEM**  
- *Restricted* see terms below  
  - Inj 500 mg vial – 1% DV Mar-12 to 2014  
  - Inj 1 g vial – 1% DV Mar-12 to 2014  
  - *Restricted*  
  - Infectious disease physician or clinical microbiologist  

#### Cephalosporins and Cephamycins - 1st Generation

**CEFALEXIN**  
- Cap 500 mg – 1% DV Oct-13 to 2016  
- Grans for oral liq 25 mg per ml – 1% DV Oct-13 to 2016  
- Grans for oral liq 50 mg per ml – 1% DV Oct-13 to 2016  

*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 - AGENTS FOR SYSTEMIC USE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CEFAZOLIN</strong></td>
<td>Inj 500 mg vial – 1% DV Mar-12 to 2014</td>
<td>$3.99</td>
<td>5</td>
<td>AFT</td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Mar-12 to 2014</td>
<td>$3.99</td>
<td>5</td>
<td>AFT</td>
</tr>
</tbody>
</table>

#### Cephalosporins and Cephamycins - 2nd Generation

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CEFACLOR</strong></td>
<td>Cap 250 mg – 1% DV Dec-13 to 2016</td>
<td>$26.00</td>
<td>100</td>
<td>Ranbaxy-Cefaclor</td>
</tr>
<tr>
<td></td>
<td>Grans for oral liq 25 mg per ml – 1% DV Dec-13 to 2016</td>
<td>$3.53</td>
<td>100 ml</td>
<td>Ranbaxy-Cefaclor</td>
</tr>
<tr>
<td><strong>CEFOTIXIN</strong></td>
<td>Inj 1 g vial</td>
<td>$55.00</td>
<td>5</td>
<td>Hospira</td>
</tr>
<tr>
<td><strong>CEFPUROXIME</strong></td>
<td>Tab 250 mg</td>
<td>$29.40</td>
<td>50</td>
<td>Zinnat</td>
</tr>
<tr>
<td></td>
<td>Inj 750 mg vial – 1% DV Mar-12 to 2014</td>
<td>$6.96</td>
<td>5</td>
<td>M-Cefuroxime</td>
</tr>
<tr>
<td></td>
<td>Inj 1.5 g vial – 1% DV Mar-12 to 2014</td>
<td>$2.65</td>
<td>1</td>
<td>Mylan</td>
</tr>
</tbody>
</table>

#### Cephalosporins and Cephamycins - 3rd Generation

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CEFOTAXIME</strong></td>
<td>Inj 500 mg vial – 1% DV Oct-11 to 2014</td>
<td>$1.90</td>
<td>1</td>
<td>Cefotaxime Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Nov-11 to 2014</td>
<td>$15.58</td>
<td>10</td>
<td>DBL Cefotaxime</td>
</tr>
<tr>
<td><strong>CEFTAZIDIME – Restricted</strong> see terms below</td>
<td>Inj 500 mg vial – 1% DV Oct-11 to 2014</td>
<td>$2.37</td>
<td>1</td>
<td>Fortum</td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial</td>
<td>$3.25</td>
<td>1</td>
<td>DBL Ceftazidime</td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial</td>
<td>$6.49</td>
<td>1</td>
<td>DBL Ceftazidime</td>
</tr>
</tbody>
</table>

#### Cephalosporins and Cephamycins - 4th Generation

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CEFEPIME – Restricted</strong> see terms below</td>
<td>Inj 500 mg vial – 1% DV Mar-14 to 2016</td>
<td>$1.50</td>
<td>1</td>
<td>Cefepime-AFT</td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Mar-14 to 2016</td>
<td>$5.22</td>
<td>5</td>
<td>Cefepime-AFT</td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial – 1% DV Mar-14 to 2016</td>
<td>$2.75</td>
<td>1</td>
<td>Cefepime-AFT</td>
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</table>

#### Macrolides

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AZITHROMYCIN – Restricted</strong> see terms below</td>
<td>Tab 250 mg</td>
<td>$10.00</td>
<td>30</td>
<td>Apo-Azithromycin</td>
</tr>
<tr>
<td></td>
<td>Tab 500 mg – 1% DV Feb-13 to 2015</td>
<td>$1.25</td>
<td>2</td>
<td>Apo-Azithromycin</td>
</tr>
<tr>
<td></td>
<td>Oral liq 40 mg per ml</td>
<td>$6.60</td>
<td>15 ml</td>
<td>Zithromax</td>
</tr>
</tbody>
</table>

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.

*Item restricted (see ➡️ above); ➡️Item restricted (see ➡️ below)*

*e.g. Brand* indicates brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apo-Clarithromycin</td>
</tr>
<tr>
<td>Apo-Clarithromycin</td>
</tr>
<tr>
<td>Klacid</td>
</tr>
<tr>
<td>Klacid</td>
</tr>
<tr>
<td>E-Mycin</td>
</tr>
<tr>
<td>E-Mycin</td>
</tr>
<tr>
<td>E-Mycin</td>
</tr>
<tr>
<td>Erythrocin IV</td>
</tr>
<tr>
<td>Arrow-Roxithromycin</td>
</tr>
<tr>
<td>Arrow-Roxithromycin</td>
</tr>
<tr>
<td>Apo-Amoxi</td>
</tr>
<tr>
<td>Alphamox</td>
</tr>
<tr>
<td>Ospamox</td>
</tr>
<tr>
<td>Ospamox</td>
</tr>
<tr>
<td>Ibiamox</td>
</tr>
<tr>
<td>Ibiamox</td>
</tr>
<tr>
<td>Ibiamox</td>
</tr>
<tr>
<td>m-Amoxiclav</td>
</tr>
<tr>
<td>m-Amoxiclav</td>
</tr>
<tr>
<td>m-Amoxiclav</td>
</tr>
<tr>
<td>Curam Duo</td>
</tr>
<tr>
<td>Augmentin</td>
</tr>
<tr>
<td>Augmentin</td>
</tr>
<tr>
<td>m-Amoxiclav</td>
</tr>
<tr>
<td>m-Amoxiclav</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.
## INFECTIONS - AGENTS FOR SYSTEMIC USE

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BENZATHINE BENZYLПENICILLIN</strong>&lt;br&gt; Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Sep-12 to 2015</td>
<td>315.00 10</td>
<td>Bicillin LA</td>
<td></td>
</tr>
<tr>
<td><strong>BENZYLПENICILLIN SODIUM [ПENICILLIN G]</strong>&lt;br&gt; Inj 600 mg (1 million units) vial – 1% DV Nov-11 to 2014</td>
<td>11.50 10</td>
<td>Sandoz</td>
<td></td>
</tr>
<tr>
<td><strong>FLUCLOXАCILLIN</strong>&lt;br&gt; Cap 250 mg – 1% DV Oct-12 to 2015</td>
<td>22.00 250</td>
<td>Staphlex</td>
<td></td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Oct-12 to 2015</td>
<td>74.00 500</td>
<td>Staphlex</td>
<td></td>
</tr>
<tr>
<td>Grans for oral liq 25 mg per ml – 1% DV Sep-12 to 2015</td>
<td>2.49 100 ml</td>
<td>AFT</td>
<td></td>
</tr>
<tr>
<td>Grans for oral liq 50 mg per ml – 1% DV Sep-12 to 2015</td>
<td>3.25 100 ml</td>
<td>AFT</td>
<td></td>
</tr>
<tr>
<td>Inj 250 mg vial – 1% DV Nov-11 to 2014</td>
<td>10.86 10</td>
<td>Flucloxin</td>
<td></td>
</tr>
<tr>
<td>Inj 500 mg vial – 1% DV Nov-11 to 2014</td>
<td>11.32 10</td>
<td>Flucloxin</td>
<td></td>
</tr>
<tr>
<td>Inj 1 g vial – 1% DV Nov-11 to 2014</td>
<td>14.28 10</td>
<td>Flucloxin</td>
<td></td>
</tr>
<tr>
<td><strong>PHENOXYMЕTHYLPENICILLIN [PENICILLIN V]</strong>&lt;br&gt; Cap 250 mg</td>
<td>11.99 50</td>
<td>Cilicaine VK</td>
<td></td>
</tr>
<tr>
<td>Cap 500 mg</td>
<td>14.45 50</td>
<td>Cilicaine VK</td>
<td></td>
</tr>
<tr>
<td>Grans for oral liq 125 mg per 5 ml – 1% DV Apr-14 to 2016</td>
<td>1.64 100 ml</td>
<td>AFT</td>
<td></td>
</tr>
<tr>
<td>Grans for oral liq 250 mg per 5 ml – 1% DV Apr-14 to 2016</td>
<td>1.74 100 ml</td>
<td>AFT</td>
<td></td>
</tr>
<tr>
<td><strong>PIPERАCILLIN WITH TAZОBАCTАM</strong> – Restricted see terms below&lt;br&gt; Inj 4 g with tazobactam 0.5 g vial – 1% DV Oct-13 to 2016</td>
<td>5.84 1</td>
<td>Tazocin EF</td>
<td></td>
</tr>
<tr>
<td><strong>PROСАINE PENICILLIN</strong>&lt;br&gt; Inj 1.5 g in 3.4 ml syringe – 1% DV Nov-11 to 2014</td>
<td>123.50 5</td>
<td>Cilicaine</td>
<td></td>
</tr>
<tr>
<td><strong>TICАRCILLIN WITH CLAVULАNIC ACID</strong> – Restricted see terms below&lt;br&gt; Inj 3 g with clavulanic acid 0.1 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quinolоnes</strong>&lt;br&gt; <strong>CIPROFLOXАCIN</strong> – Restricted see terms below&lt;br&gt; Tab 250 mg – 1% DV Dec-11 to 2014</td>
<td>2.20 28</td>
<td>Cipflox</td>
<td></td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Dec-11 to 2014</td>
<td>3.00 28</td>
<td>Cipflox</td>
<td></td>
</tr>
<tr>
<td>Tab 750 mg – 1% DV Dec-11 to 2014</td>
<td>5.15 28</td>
<td>Cipflox</td>
<td></td>
</tr>
<tr>
<td>Oral liq 50 mg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 100 mg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 100 ml bag</td>
<td>41.00 10</td>
<td>Aspen Ciprofloxacin</td>
<td></td>
</tr>
<tr>
<td><strong>MOXIFLOXАCIN</strong> – Restricted see terms on the next page&lt;br&gt; Tab 400 mg</td>
<td>52.00 5</td>
<td>Avelox</td>
<td></td>
</tr>
<tr>
<td>Inj 1.6 mg per ml, 250 ml bag</td>
<td>70.00 1</td>
<td>Avelox IV 400</td>
<td></td>
</tr>
</tbody>
</table>

*Item restricted (see e.g. above); Item restricted (see e.g. below)*

*e.g. Brand indicates brand example only. It is not a contracted product.*
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.
2. Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated

Pneumonia
Infectious disease physician or 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

Mycoplasma genitalium
All of the following:
1. Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium; and
2. Has tried and failed to clear infection using azithromycin; and
3. Treatment is only for 7 days.

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

TETRACYCLINE
Tab 250 mg
Cap 500 mg ......................................................................................................... 46.00 30 Tetracyclin Wolff

TIGECYCLINE – Restricted see terms below
- Inj 50 mg vial
- Restricted
Infectious disease physician or clinical microbiologist

Other Antibacterials

AZTREONAM – Restricted see terms below
- Inj 1 g vial – 1% DV Sep-11 to 2014 ................................................................. 131.00 5 Azactam
- Restricted
Infectious disease physician or clinical microbiologist
## INFECTIONS - AGENTS FOR SYSTEMIC USE

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

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

#### Restricted
Infectious disease physician or clinical microbiologist

### CLINDAMYCIN – Restricted see terms below
- **Cap 150 mg – 1% DV Oct-13 to 2016** ................................................................. 5.80 16 Clindamycin ABM
- **Oral liq 15 mg per ml**
- **Inj 150 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016** .......................... 100.00 10 Dalacin C

#### Restricted
Infectious disease physician or clinical microbiologist

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

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

### DAPTOMYCIN – Restricted see terms below
- **Inj 350 mg vial**
- **Inj 500 mg vial**

#### Restricted
Infectious disease physician or clinical microbiologist

### FOSFOMYCIN – Restricted see terms below
- **Powder for oral solution, 3 g sachet**

#### Restricted
Infectious disease physician or clinical microbiologist

### FUSIDIC ACID – Restricted see terms below
- **Tab 250 mg** ................................................................. 34.50 12 Fucidin

#### Restricted
Infectious disease physician or clinical microbiologist

### HEXAMINE HIPPURATE
- **Tab 1 g**

### LINCOMYCIN – Restricted see terms below
- **Inj 300 mg per ml, 2 ml vial**

#### Restricted
Infectious disease physician or clinical microbiologist

### LINEZOLID – Restricted see terms below
- **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**

### PIVMECILLINAM – Restricted see terms below
- **Tab 200 mg**

#### Restricted
Infectious disease physician or clinical microbiologist

### SULPHADIAZINE – Restricted see terms on the next page
- **Tab 500 mg**

---

*Item restricted (see above); Item restricted (see below)*

*e.g. Brand indicates brand example only. It is not a contracted product.*
<table>
<thead>
<tr>
<th>Product名称</th>
<th>品牌或原装</th>
<th>价格 (非含税价)</th>
<th>有效期</th>
<th>备注</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEICOPLANIN – Restricted</td>
<td></td>
<td>限制传染病专家，临床微生物学家或产科-胎儿医学专家</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>400 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIMETHOPRIM</td>
<td>$</td>
<td>100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>300 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>9.28 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]</td>
<td>$</td>
<td>80 mg with sulphamethoxazole 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>Oral liq 8 mg with sulphamethoxazole 40 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>2.15 100 ml Deprim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VANCOMYCIN – Restricted</td>
<td>$</td>
<td>500 mg vial – 1% DV Sep-11 to 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>3.58 1 Mylan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antifungals</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOCONAZOLE</td>
<td></td>
<td>200 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>限制传染病专家，临床微生物学家，皮肤科医生，内分泌科医生或肿瘤科医生</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polyene Antimycotics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHOTERICIN B</td>
<td></td>
<td>(liposomal) 50 mg vial – 1% DV Oct-12 to 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.450.00 10 AmBisome</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>限制传染病专家，临床微生物学家，血液科专家，肿瘤科医生，移植专家或呼吸道科专家</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.1 Possible invasive fungal infection; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 A multidisciplinary team (including an infectious disease physician or a clinical microbiologist) considers the treatment to be appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>50 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYSTATIN</td>
<td></td>
<td>500,000 u</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.09 50 Nilstat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>500,000 u</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.47 50 Nilstat</td>
<td></td>
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</table>
**INFECTIONS - AGENTS FOR SYSTEMIC USE**

<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>

### Triazoles

**FLUCONAZOLE** – **Restricted** see terms below
- 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 liquid 50 mg per 5 ml ................................................. 34.56 35 ml Diflucan
- Inj 2 mg per ml, 50 ml vial – 1% DV Oct-13 to 2016 ............... 4.95 1 Fluconazole-Claris
- Inj 2 mg per ml, 100 ml vial – 1% DV Oct-13 to 2016 .............. 6.47 1 Fluconazole-Claris

**ITRACONAZOLE** – **Restricted** see terms below
- Cap 100 mg – 1% DV Oct-13 to 2016 ....................................... 2.99 15 Itrazole
- Oral liquid 10 mg per ml

**POSACONAZOLE** – **Restricted** see terms below
- Oral liq 40 mg per ml ............................................................ 761.13 105 ml Noxafil

**VORICONAZOLE** – **Restricted** see terms below
- 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

**Consultant**

ITRACONAZOLE – **Restricted** see terms below
- Cap 100 mg – 1% DV Oct-13 to 2016 ....................................... 2.99 15 Itrazole
- Oral liquid 10 mg per ml

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

POSACONAZOLE – **Restricted** see terms below
- Oral liq 40 mg per ml ............................................................ 761.13 105 ml Noxafil

**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.

**VORICONAZOLE** – **Restricted** see terms below
- 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

**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:

continued…
continued...

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

### Other Antifungals

**CASPOFUNGIN – Restricted** see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>$667.50</td>
<td>Cancidas</td>
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<tr>
<td>$862.50</td>
<td>Cancidas</td>
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**FLUCYTOSINE – Restricted** see terms below

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<tr>
<th>Price (ex man. excl. GST)</th>
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<tr>
<td>$1.78</td>
<td>Dr Reddy’s Terbinafine</td>
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**TERBINAFINE**

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<tbody>
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<td>$1.10</td>
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</table>

### Antimycobacterials

### Antileprotics

**CLOFAZIMINE – Restricted** see terms below

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**DAPSONE – Restricted** see terms below

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**CYCLOSERINE – Restricted** see terms below

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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.
## INFECTIONS - AGENTS FOR SYSTEMIC USE

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

### ETHAMBUTOL HYDROCHLORIDE – Restricted see terms below
- Tab 100 mg ................................................................. 48.01 56 Myambutol
- Tab 400 mg ................................................................. 49.34 56 Myambutol

**Restricted**

Infectious disease physician, clinical microbiologist or respiratory physician

### ISONIAZID – Restricted see terms below
- Tab 100 mg – 1% DV Mar-13 to 2015 .................................................. 20.00 100 PSM

**Restricted**

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

### ISONIAZID WITH RIFAMPICIN – Restricted see terms below
- 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 – Restricted see terms below
- Grans for oral liq 4 g .............................................................. 280.00 30 Paser

**Restricted**

Infectious disease physician, clinical microbiologist or respiratory physician

### PROTIONAMIDE – Restricted see terms below
- Tab 250 mg ................................................................. 305.00 100 Peteha

**Restricted**

Infectious disease physician, clinical microbiologist or respiratory physician

### PYRAZINAMIDE – Restricted see terms below
- Tab 500 mg

**Restricted**

Infectious disease physician, clinical microbiologist or respiratory physician

### RIFABUTIN – Restricted see terms below
- Cap 150 mg – 1% DV Sep-13 to 2016 .................................................. 213.19 30 Mycobutin

**Restricted**

Infectious disease physician, clinical microbiologist, respiratory physician or gastroenterologist

### RIFAMPICIN – Restricted see terms below
- Tab 600 mg
- Cap 150 mg
- Cap 300 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 – Restricted see terms below
- Tab 200 mg
- Tab 400 mg

**Restricted**

Infectious disease physician or clinical microbiologist
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Status</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
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<td><strong>IVERMECTIN</strong> – Restricted see terms below</td>
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<tr>
<td>Tab 3 mg</td>
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<td>4 Stromectol</td>
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**Antiprotozoals**

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<th>Brand or Generic Manufacturer</th>
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<tr>
<td><strong>ARTEMETHER WITH LUMEFANTRINE</strong> – Restricted see terms below</td>
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<tr>
<td>Tab 20 mg with lumefantrine 120 mg</td>
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<td>Restricted</td>
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<th>Brand or Generic Manufacturer</th>
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<tbody>
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<td><strong>ARTESUNATE</strong> – Restricted see terms below</td>
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<tr>
<td>Inj 60 mg vial</td>
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<td>Restricted</td>
<td>Infectious disease physician or clinical microbiologist</td>
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<th>Product Name</th>
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<th>Per</th>
<th>Brand or Generic Manufacturer</th>
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<tr>
<td><strong>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE</strong> – Restricted see terms below</td>
<td></td>
<td></td>
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<tr>
<td>Tab 62.5 mg with proguanil hydrochloride 25 mg</td>
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<td></td>
<td></td>
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<tr>
<td>Restricted</td>
<td>Infectious disease physician or clinical microbiologist</td>
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<thead>
<tr>
<th>Product Name</th>
<th>Status</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>CHLOROQUINE PHOSPHATE</strong> – Restricted see terms below</td>
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<tr>
<td>Tab 250 mg</td>
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<tr>
<td>Restricted</td>
<td>Infectious disease physician, clinical microbiologist, dermatologist or rheumatologist</td>
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<thead>
<tr>
<th>Product Name</th>
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<th>Price (ex man. excl. GST)</th>
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<th>Brand or Generic Manufacturer</th>
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<tr>
<td><strong>METHRONIDAZOLE</strong></td>
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<tr>
<td>Tab 200 mg</td>
<td></td>
<td></td>
<td>10.45</td>
<td>100 Trichozole</td>
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<td>Tab 400 mg</td>
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<td></td>
<td>18.15</td>
<td>100 Trichozole</td>
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<tr>
<td>Oral liq benzoate 200 mg per 5 ml</td>
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<td>25.00</td>
<td>100 ml Flagyl-S</td>
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<tr>
<td>Inj 5 mg per ml, 100 ml bag</td>
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<td></td>
<td>2.46</td>
<td>1 Baxter</td>
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<td></td>
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<td>12.30</td>
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<td>Suppos 500 mg</td>
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<td>24.48</td>
<td>10 Flagyl</td>
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<tr>
<th>Product Name</th>
<th>Status</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>NITAZOXANIDE</strong> – Restricted see terms below</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Tab 500 mg</td>
<td></td>
<td></td>
<td>1,680.00</td>
<td>30 Alinia</td>
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<td>Infectious disease physician or clinical microbiologist</td>
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<table>
<thead>
<tr>
<th>Product Name</th>
<th>Status</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td><strong>ORNIDAZOLE</strong></td>
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<tr>
<td>Tab 500 mg</td>
<td></td>
<td></td>
<td>16.50</td>
<td>10 Arrow-Ornidazole</td>
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**PENTAMIDINE ISETHIONATE** – Restricted see terms on the next page

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<tr>
<th>Product Name</th>
<th>Status</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Inj 300 mg vial</td>
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</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.
**INFECTIONS - AGENTS FOR SYSTEMIC USE**

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

**Restricted**
Infectious disease physician or clinical microbiologist

PRIMAQUINE PHOSPHATE – **Restricted** see terms below

- Tab 7.5 mg

PYRIMETHAMINE – **Restricted** see terms below

- Tab 25 mg

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

QUININE DIHYDROCHLORIDE – **Restricted** see terms below

- Inj 60 mg per ml, 10 ml ampoule
- Inj 300 mg per ml, 2 ml vial

QUININE SULPHATE

Tab 300 mg .....................................................................................................54.06 500 Q 300

SODIUM STIBOGLUCONATE – **Restricted** see terms below

- Inj 100 mg per ml, 1 ml vial

SPIRAMYCIN – **Restricted** see terms below

- Tab 500 mg

**Restricted**
Maternal-fetal medicine specialist

**Antiretrovirals**

**HIV Fusion Inhibitors**

ENFUVIRTIDE – **Restricted** see terms below

- Inj 108 mg vial × 60 ...................................................................................2,380.00 1 Fuzeon

**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 background 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
Non-Nucleoside Reverse Transcriptase Inhibitors

**Restricted**

**Confirmed HIV**

Both:

1. Confirmed HIV infection; and
2. Any of the following:
   1. Symptomatic patient; or
   2. Patient aged 12 months and under; or
   3. Both:
      1. Patient aged 1 to 5 years; and
      2. Any of the following:
         1. CD4 counts < 1000 cells/mm$^3$; or
         2. CD4 counts < 0.25 × total lymphocyte count; or
         3. Viral load counts > 100000 copies per ml; or
   4. Both:
      1. Patient aged 6 years and over; and
      2. CD4 counts < 500 cells/mm$^3$

**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. Any of the following:
   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; or
   3. Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

**Percutaneous exposure**

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

**EFAVIRENZ – Restricted** see terms above

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>158.33</td>
<td>Stocrin</td>
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<tr>
<td>Tab 200 mg</td>
<td>474.99</td>
<td>Stocrin</td>
</tr>
<tr>
<td>Tab 600 mg</td>
<td>474.99</td>
<td>Stocrin</td>
</tr>
<tr>
<td>Oral liq 30 mg per ml</td>
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**ETRAVIRINE – Restricted** see terms above

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<th>Formulation</th>
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<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 200 mg</td>
<td>770.00</td>
<td>Intelence</td>
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**NEVIRAPINE – Restricted** see terms above

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</thead>
<tbody>
<tr>
<td>Tab 200 mg – 1% DV Jan-13 to 2015</td>
<td>95.94</td>
<td>Nevirapine Alphapharm</td>
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<tr>
<td>Oral suspension 10 mg per ml</td>
<td>134.55</td>
<td>Viramune Suspension</td>
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</table>

Nucleoside Reverse Transcriptase Inhibitors

**Restricted**

**Confirmed HIV**

Both:

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

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/mm$^3$; or
      2.3.2.2 CD4 counts < 0.25 $\times$ 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 < 500 cells/mm$^3$

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. Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

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

ABACAVIR SULPHATE – Restricted see terms on the preceding page
   1 Tab 300 mg – 1% DV Jul-11 to 2014 ......................................................... 229.00 60  Ziagen
   2 Oral liq 20 mg per ml – 1% DV Jul-11 to 2014 ......................................... 50.00 240 ml  Ziagen

ABACAVIR SULPHATE WITH LAMIVUDINE – Restricted see terms on the preceding page
   1 Tab 600 mg with lamivudine 300 mg ...................................................... 630.00 30  Kivexa

DIDANOSINE [DDI] – Restricted see terms on the preceding page
   1 Cap 125 mg
   2 Cap 200 mg
   3 Cap 250 mg
   4 Cap 400 mg

EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – Restricted see terms on the preceding page
   1 Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg ................................................................. 1,313.19 30  Atripla

EMTRICITABINE – Restricted see terms on the preceding page
   1 Cap 200 mg ............................................................................................ 307.20 30  Emtriva

EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – Restricted see terms on the preceding page
   1 Tab 200 mg with tenofovir disoproxil fumarate 300 mg ........................... 838.20 30  Truvada

LAMIVUDINE – Restricted see terms on the preceding page
   1 Tab 150 mg
   2 Oral liq 10 mg per ml
<table>
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<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<td>STAVUDINE – Restricted see terms on page 77</td>
<td></td>
<td></td>
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<tr>
<td>Cap 30 mg</td>
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<tr>
<td>Cap 40 mg</td>
<td></td>
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</tr>
<tr>
<td>Powder for oral soln 1 mg per ml</td>
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</tr>
<tr>
<td>ZIDOVUDINE [AZT] – Restricted see terms on page 77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 100 mg – 1% DV Oct-13 to 2016</td>
<td>152.25 100</td>
<td>Retrovir</td>
</tr>
<tr>
<td>Oral liq 10 mg per ml – 1% DV Oct-13 to 2016</td>
<td>30.45 200 ml</td>
<td>Retrovir</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml vial</td>
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<td></td>
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<tr>
<td>ZIDOVUDINE [AZT] WITH LAMIVUDINE – Restricted see terms on page 77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 300 mg with lamivudine 150 mg – 1% DV Dec-12 to 2014</td>
<td>63.50 60</td>
<td>Alphapharm</td>
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</tbody>
</table>

Protease Inhibitors

**Restrict**

**Confirmed HIV**

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 < 500 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. Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

**Percutaneous exposure**

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

**ATAZANAVIR SULPHATE** – Restricted see terms above

1. Cap 150 mg ..............................................................................568.34 60 Reyataz
2. Cap 200 mg ..............................................................................757.79 60 Reyataz

**DARUNAVIR** – Restricted see terms above

1. Tab 400 mg ..............................................................................837.50 60 Prezista
2. Tab 600 mg .............................................................................1,190.00 60 Prezista
### INFECTIONS - AGENTS FOR SYSTEMIC USE

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

### INDINAVIR – Restricted see terms on the preceding page

- Cap 200 mg
- Cap 400 mg

### LOPINAVIR WITH RITONAVIR – Restricted see terms on the preceding page

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg with ritonavir 25 mg</td>
<td>183.75</td>
<td>60 Kaletra</td>
</tr>
<tr>
<td>Tab 200 mg with ritonavir 50 mg</td>
<td>735.00</td>
<td>120 Kaletra</td>
</tr>
<tr>
<td>Oral liq 80 mg with ritonavir 20 mg per ml</td>
<td>735.00</td>
<td>300 ml Kaletra</td>
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</tbody>
</table>

### RITONAVIR – Restricted see terms on the preceding page

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Per</th>
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</thead>
<tbody>
<tr>
<td>Tab 100 mg – 1% DV Oct-12 to 2015</td>
<td>43.31</td>
<td>30 Norvir</td>
</tr>
<tr>
<td>Oral liq 80 mg per ml</td>
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<td></td>
</tr>
</tbody>
</table>

### Strand Transfer Inhibitors

#### Confirmed HIV

**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 < 500 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. Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

#### Percutaneous exposure

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

### Raltegravir Potassium – Restricted see terms above

<table>
<thead>
<tr>
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<th>Price</th>
<th>Per</th>
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</thead>
<tbody>
<tr>
<td>Tab 400 mg</td>
<td>1,090.00</td>
<td>60 Isentress</td>
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### Antivirals

#### Hepatitis B

### Adefovir Dipivoxil – Restricted see terms on the next page

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>670.00</td>
<td>30 Hepsera</td>
</tr>
</tbody>
</table>

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**e.g. Brand** indicates brand example only. It is not a contracted product.
INFECTIONS - AGENTS FOR SYSTEMIC USE

**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:

1. Patient has raised serum ALT (>1 × ULN); and
2. Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10-fold over nadir; and
3. Detection of M204I or M204V mutation; and
4. Either:
   4.1 Both:
      4.1.1 Patient is cirrhotic; and
      4.1.2 Adefovir dipivoxil to be used in combination with lamivudine; or
   4.2 Both:
      4.2.1 Patient is not cirrhotic; and
      4.2.2 Adefovir dipivoxil to be used as monotherapy.

**ENTECAVIR – Restricted** see terms below

$ Tab 0.5 mg ....................................................................................................400.00 30 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 or moderate fibrosis) 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 – Restricted** see terms below

$ Tab 100 mg –1% DV Dec-12 to 2014 ...........................................................32.50 28 Zetlam

$ Oral liq 5 mg per ml

**Restricted**

Gastroenterologist, infectious disease specialist, paediatrician or general physician

Initiation

*Re-assessment required after 12 months*

Any of the following:

1. HBV DNA positive cirrhosis prior to liver transplantation; or
2. HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or
3. Hepatitis B virus naive patient who has received a liver transplant from an anti-HBC (Hepatitis B core antibody) positive donor; or
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
5. Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or

continued…

Products with Hospital Supply Status (HSS) are in bold

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

6. Hepatitis B core antibody (anti-HBc) positive patient who is receiving rituximab plus high dose steroids (e.g. R-CHOP).

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

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:
1. Patient has raised serum ALT (≥ 1 × ULN); and
2. Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10-fold over nadir; and
3. 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:
1. Patient has raised serum ALT (≥ 1 × ULN); and
2. Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10-fold over nadir; and
3. Detection of N236T or A181T/V mutation.

TENOFOVIR DISOPROXIL FUMARATE – Restricted see terms below

$ 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; or
   3. Patient has a decompensated cirrhosis with a Mayo score > 20.

Pregnant or Breastfeeding, Active hepatitis B

Limited to twelve months’ treatment

Both:
1. Patient is HBsAg positive and pregnant; and
2. HBV DNA > 20,000 IU/mL and ALT > ULN.

Pregnant, prevention of vertical transmission

Limited to six months’ treatment

Both:

continued . . .
continued...

1 Patient is HBsAg positive and pregnant; and
2 HBV DNA > 20 million IU/mL and ALT normal.

**Confirmed HIV**

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/mm$^3$; 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 < 500 cells/mm$^3$

**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 Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis
      is required.

**Percutaneous exposure**

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

### Hepatitis C

**BOCEPREVIR – Restricted** see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,015.00</td>
</tr>
</tbody>
</table>

**Chronic hepatitis C - genotype 1, first-line from gastroenterologist, infectious disease physician or general physician**

All of the following:

1 Patient has chronic hepatitis C, genotype 1; and
2 Patient has not received prior pegylated interferon treatment; and
3 Patient has IL-28B genotype CT or TT; and
4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
5 Patient is hepatitis C protease inhibitor treatment-naive; and
6 Maximum of 44 weeks therapy.

**Chronic hepatitis C - genotype 1, second-line from gastroenterologist, infectious disease physician or general physician.**

All of the following:

1 Patient has chronic hepatitis C, genotype 1; and
2 Patient has received pegylated interferon treatment; and

continued…
continued...  
3 Any one of:  
   3.1 Patient was a responder relapser; or  
   3.2 Patient was a partial responder; or  
   3.3 Patient received pegylated interferon prior to 2004; and  
4 Patient is to be treated in combination with pegylated interferon and ribavirin; and  
5 Maximum of 44 weeks therapy.  

Note: Due to risk of severe sepsis boceprevir should not be initiated if either Platelet count <100 x10^9/l or Albumin <35 g/l.  

**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 – Restricted** see terms below  
   $ Inj 75 mg per ml, 5 ml vial  
   $Restricted  
Infectious disease physician, clinical microbiologist, otolaryngologist or oral surgeon  

**FOSCARNET SODIUM – Restricted** see terms below  
   $ Inj 24 mg per ml, 250 ml bottle  
   $Restricted  
Infectious disease physician or clinical microbiologist  

**GANCICLOVIR – Restricted** see terms below  
   $ Inj 500 mg vial .......................................................... 380.00 5 Cymevene  
   $Restricted  
Infectious disease physician or clinical microbiologist  

**VALACICLOVIR – Restricted** see terms below  
   $ 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.  

**Immunocompromised patients**  
Limited to 7 days treatment  
Both:  
1 Patient is immunocompromised; and  
2 Patient has herpes zoster.  

**VALGANCICLOVIR – Restricted** see terms on the next page  
   $ Tab 450 mg .......................................................... 3,000.00 60 Valcyte
### Infections - Agents for Systemic Use

**Price**

(ex man. excl. GST) $ Per

| Brand or Generic Manufacturer |

#### 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

**OSELTMIVIR – Restricted** see terms below

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

**ZANAMIVIR**

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

#### Immune Modulators

**INTERFERON ALFA-2A**

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

**INTERFERON ALFA-2B**

- Inj 18 m iu, 1.2 ml multidose pen
- Inj 30 m iu, 1.2 ml multidose pen
- Inj 60 m iu, 1.2 ml multidose pen

**INTERFERON GAMMA – Restricted** see terms below

- Inj 100 mcg in 0.5 ml vial

Patient has chronic granulomatous disease and requires interferon gamma.
**PEGYLATED INTERFERON ALFA-2A – Restricted** see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>$ 900.00</td>
<td>Pegasys</td>
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<tr>
<td>$1,159.84</td>
<td>Pegasus RBV Combination Pack</td>
</tr>
<tr>
<td>$1,290.00</td>
<td>Pegasus RBV Combination Pack</td>
</tr>
</tbody>
</table>

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

Both:

1. Any of the following:
   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; or
   1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant.

2. Maximum of 48 weeks therapy.

**Notes:**
Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.
Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml.

**Continuation – (Chronic hepatitis C - genotype 1 infection) - gastroenterologist, infectious disease physician or general physician**

All of the following:

1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has had previous treatment with pegylated interferon and ribavirin; and
3. Either:
   3.1 Patient has responder relapsed; or
   3.2 Patient was a partial responder; and
4. Patient is to be treated in combination with boceprevir; and
5. Maximum of 48 weeks therapy.

**Initiation (Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior) - Gastroenterologist, infectious disease physician or general physician**

All of the following:

1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has had previous treatment with pegylated interferon and ribavirin; and
3. Any of the following:
   3.1 Patient has responder relapsed; or
   3.2 Patient was a partial responder; or
   3.3 Patient received interferon treatment prior to 2004; and
4. Patient is to be treated in combination with boceprevir; and
5. Maximum of 48 weeks therapy.

**Initiation – 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.

**Initiation – Hepatitis B**

continued…
INFECTIONS - AGENTS FOR SYSTEMIC USE

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

continued...

Gastroenterologist, infectious disease specialist or general 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 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 or moderate fibrosis); and
6. Compensated liver disease; and
7. No continuing alcohol abuse or intravenous drug use; and
8. Not co-infected with HCV, HIV or HDV; and
9. Neither ALT nor AST > 10 times upper limit of normal; and
10. No history of hypersensitivity or contraindications to pegylated interferon; and
11. Maximum of 48 weeks therapy.

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

<table>
<thead>
<tr>
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</thead>
</table>

## Anticholinesterases

**EDROPHONIUM CHLORIDE – Restricted** see terms below

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

**NEOSTIGMINE METILSULFATE**

Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014

- 140.00 50 AstraZeneca

**NEOSTIGMINE METILSULFATE WITH GLYCOPHYLLN BROMIDE**

Inj 2.5 mg with glycophylln bromide 0.5 mg per ml, 1 ml ampoule

- 27.86 10 Max Health

**PYRIDOSTIGMINE BROMIDE**

Tab 60 mg – 1% DV Sep-11 to 2014

- 38.90 100 Mestinon

## Antirheumatoid Agents

**AURANOFIN**

Tab 3 mg

**HYDROXYCHLOROQUINE**

Tab 200 mg – 1% DV Nov-12 to 2015

- 18.00 100 Plaquinil

**LEFLUNOMIDE**

- Tab 10 mg
- Tab 20 mg
- Tab 100 mg

- 55.00 30 Arava
- 76.00 30 Arava
- 54.44 3 Arava

**PENICILLAMINE**

- Tab 125 mg
- Tab 250 mg

- 61.93 100 D-Penamine
- 98.98 100 D-Penamine

**SODIUM AUROTHIOMALATE**

- Inj 10 mg in 0.5 ml ampoule
- Inj 20 mg in 0.5 ml ampoule
- Inj 50 mg in 0.5 ml ampoule

## Drugs Affecting Bone Metabolism

### Bisphosphonates

**ALENDRONATE SODIUM**

- Tab 40 mg

- 133.00 30 Fosamax

**ALENDRONATE SODIUM – Restricted**

Both:

1. Paget's disease; and
2. Any of the following:
   - Bone or articular pain; or
   - Bone deformity; or
   - Bone, articular or neurological complications; or
   - Asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs); or
   - Preparation for orthopaedic surgery.

- Tab 70 mg

- 22.90 4 Fosamax

*Item restricted (see above); ‡Item restricted (see below)  
e.g. Brand indicates brand example only. It is not a contracted product.*
### MUSCULOSKELETAL SYSTEM

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

**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:

1. 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.
2. Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
3. 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.
4. 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 – Restricted** see terms below

- 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

continued...
continued...

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 (\( \geq 5 \) 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 (\( \geq 5 \) mg per day prednisone equivalents)

Notes:

1 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.
2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score \( \geq -2.5 \) and, therefore, do not require BMD measurement for treatment with bisphosphonates.
3 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.
4 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 – Restricted** see terms on the next page

\[ \text{Inj 0.05 mg per ml, 100 ml vial} \] .................................................................600.00 100 ml Aclasta

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\[ \text{\# Item restricted (see \( \Rightarrow \) above); \# Item restricted (see \( \Rightarrow \) below)} \]

*e.g. Brand* indicates brand example only. It is not a contracted product.
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></td>
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</tbody>
</table>

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

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

Notes:
1. 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.
2. Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
3. 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.
4. 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 – Restricted** see terms below

<table>
<thead>
<tr>
<th>Tab 60 mg</th>
<th>53.76</th>
</tr>
</thead>
</table>

**≤ 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:
1. 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.
2. Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
3. 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.
4. 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.

**RISEDRONATE SODIUM**

<table>
<thead>
<tr>
<th>Tab 35 mg</th>
<th>4.00</th>
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</thead>
</table>

*Item restricted (see above); ¶ Item restricted (see below) e.g. Brand indicates brand example only. It is not a contracted product.*
### MUSCULOSKELETAL SYSTEM

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

**TERIPARATIDE – Restricted** see terms below

<table>
<thead>
<tr>
<th>✎ Restricted</th>
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</thead>
</table>

*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:**

1. 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.
2. Antiresorptive agents and their adequate doses for the purposes of this Special Authority 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.
3. 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**

<table>
<thead>
<tr>
<th>Tab 100 mg – 1% DV Dec-11 to 2014</th>
<th>15.90</th>
<th>1,000</th>
<th>Apo-Allopurinol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 300 mg – 1% DV Dec-11 to 2014</td>
<td>16.75</td>
<td>500</td>
<td>Apo-Allopurinol</td>
</tr>
</tbody>
</table>

**BENZBROMARONE – Restricted** see terms below

<table>
<thead>
<tr>
<th>✎ Restricted</th>
</tr>
</thead>
</table>

*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

### Notes

- 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.
- Antiresorptive agents and their adequate doses for the purposes of this Special Authority 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.
- A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.
continued...

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. The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm

COLCHICINE

Tab 500 mcg – 1% DV Oct-13 to 2016 .........................................................10.08 100 Colgout

PROBENECID

Tab 500 mg

RASBURICASE – Restricted see terms below
  $ Inj 1.5 mg vial
  * Restricted

Haematologist

Muscle Relaxants and Related Agents

ATRACURIUM BESYLATE

Inj 10 mg per ml, 2.5 ml ampoule – 1% DV Sep-12 to 2015 .......................6.13 5 Tracrium
Inj 10 mg per ml, 5 ml ampoule – 1% DV Sep-12 to 2015 .......................9.19 5 Tracrium

BACLOFEN

Tab 10 mg – 1% DV Jun-13 to 2016 .............................................................3.85 100 Pacifen
Oral liq 1 mg per ml
Inj 0.05 mg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015 ...................11.55 1 Lioresal Intrathecal
Inj 2 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015 .......................209.29 1 Lioresal Intrathecal

CLOSTRIDIUM BOTULINUM TYPE A TOXIN

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

DANTROLENE

Cap 25 mg ..................................................................................................65.00 100 Dantrium
Cap 50 mg ..................................................................................................77.00 100 Dantrium
Inj 20 mg vial
  e.g. Dantrium IV

MIVACURIUM CHLORIDE

Inj 2 mg per ml, 5 ml ampoule .................................................................33.92 5 Mivacron
Inj 2 mg per ml, 10 ml ampoule .........................................................67.17 5 Mivacron

ORPHENADRINE CITRATE

Tab 100 mg

PANCURONIUM BROMIDE

Inj 2 mg per ml, 2 ml ampoule – 1% DV Jan-13 to 2015 .......................260.00 50 AstraZeneca

ROCURONIUM BROMIDE

Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015 .......................38.25 10 DBL Rocuronium Bromide

SUXAMETHONIUM CHLORIDE

Inj 50 mg per ml, 2 ml ampoule .............................................................130.00 50 AstraZeneca

VECURONIUM BROMIDE

Inj 4 mg ampoule
Inj 10 mg vial
### Reversers of Neuromuscular Blockade

**SUGAMMADEX – Restricted** see terms below

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridion</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Bridion</td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

→ **Restricted**

Any of the following:

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

### Non-Steroidal Anti-Inflammatory Drugs

**CELECOXIB – Restricted** see terms below

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apo-Diclo</td>
<td>$4.00</td>
</tr>
<tr>
<td>Apo-Diclo</td>
<td>$16.00</td>
</tr>
<tr>
<td>Diclax SR</td>
<td>$24.52</td>
</tr>
<tr>
<td>Voltaren</td>
<td>$42.25</td>
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<tr>
<td>Voltaren</td>
<td>$12.00</td>
</tr>
<tr>
<td>Voltaren</td>
<td>$2.22</td>
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<tr>
<td>Voltaren</td>
<td>$3.84</td>
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<tr>
<td>Voltaren</td>
<td>$6.36</td>
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</table>

**ETORICOXIB – Restricted** see terms below

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brufen SR</td>
<td>$8.12</td>
</tr>
<tr>
<td>Fenpaed</td>
<td>$1.89</td>
</tr>
</tbody>
</table>

**IBUPROFEN**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brufen SR</td>
<td>$8.12</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.
**MUSCULOSKELETAL SYSTEM**

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

**INDOMETHACIN**
- Cap 25 mg
- Cap 50 mg
- Cap long-acting 75 mg
- Inj 1 mg vial
- Suppos 100 mg

**KETOPROFEN**
- Cap long-acting 100 mg
- Cap long-acting 200 mg

*(Oruvail SR Cap long-acting 100 mg to be delisted 1 September 2014)*

**MEFENAMIC ACID – Restricted:** For continuation only
- Cap 250 mg

**MELOXICAM – Restricted** see terms below
- 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
- Tab 500 mg – 1% DV Jan-13 to 2015
- Tab long-acting 750 mg
- Tab long-acting 1 g

**PARECOXIB**
- Inj 40 mg vial

**SULINDAC – Restricted:** For continuation only
- Tab 100 mg
- Tab 200 mg

**TENOXICAM**
- Tab 20 mg
- Inj 20 mg vial

**TIAPROFENIC ACID**
- Tab 300 mg

**Topical Products for Joint and Muscular Pain**

**CAPSAICIN – Restricted** see terms below
- Crm 0.025%
- **Restricted**

Patient has osteoarthritis that is not responsive to paracetamol and oral non-steroidal anti-inflammatory agents are contraindicated.
Agents for Parkinsonism and Related Disorders

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

RILUZOLE – Restricted see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>400.00</td>
</tr>
</tbody>
</table>

Neurologist or respiratory specialist

**Re-assessment required after 6 months**

All of the following:

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

**Continuation**

**Re-assessment required after 18 months**

All of the following:

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

TETRABENAZINE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg – 1% DV Sep-13 to 2016</td>
<td>118.00</td>
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</table>

**Anticholinergics**

BENZTROPINE MESYLATE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2 mg</td>
<td>7.99</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 2 ml ampoule</td>
<td>95.00</td>
</tr>
</tbody>
</table>

ORPHENADRINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
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<tbody>
<tr>
<td>Tab 50 mg</td>
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PROCYCLIDINE HYDROCHLORIDE

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<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Tab 5 mg</td>
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</table>

**Dopamine Agonists and Related Agents**

AMANTADINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 100 mg – 1% DV Sep-11 to 2014</td>
<td>38.24</td>
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APOMORPHINE HYDROCHLORIDE

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<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>110.00</td>
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BROMOCRIPTINE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg</td>
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<tr>
<td>Cap 5 mg</td>
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</table>
### NERVOUS SYSTEM

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<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 200 mg – 1% DV Dec-12 to 2015</td>
<td>Entapone</td>
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<td>47.92</td>
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</table>

#### LEVODOPA WITH BENSERAZIDE

<table>
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<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab dispersible 50 mg with benserazide 12.5 mg</td>
<td>10.00</td>
<td>Madopar Rapid</td>
</tr>
<tr>
<td>Tab 50 mg with benzerazide 12.5 mg</td>
<td>8.00</td>
<td>Madopar 62.5</td>
</tr>
<tr>
<td>Tab 100 mg with benserazide 25 mg</td>
<td>12.50</td>
<td>Madopar 125</td>
</tr>
<tr>
<td>Cap long-acting 100 mg with benserazide 25 mg</td>
<td>17.00</td>
<td>Madopar HBS</td>
</tr>
<tr>
<td>Tab 200 mg with benzerazide 50 mg</td>
<td>25.00</td>
<td>Madopar 250</td>
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#### LEVODOPA WITH CARBIDOPA

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<th>Item</th>
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<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg with carbidopa 25 mg</td>
<td>20.00</td>
<td>Sinemet</td>
</tr>
<tr>
<td>Tab long-acting 200 mg with carbidopa 50 mg</td>
<td>47.50</td>
<td>Sinemet CR</td>
</tr>
<tr>
<td>Tab 250 mg with carbidopa 25 mg</td>
<td>40.00</td>
<td>Sinemet</td>
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#### LISURIDE HYDROGEN MALEATE

<table>
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<th>Item</th>
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<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 200 mcg</td>
<td>25.00</td>
<td>Dopergin</td>
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#### PERGOLIDE

<table>
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<tr>
<th>Item</th>
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<th>Brand or Generic Manufacturer</th>
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<tr>
<td>Tab 0.25 mg – 1% DV Sep-11 to 2014</td>
<td>48.00</td>
<td>Permax</td>
</tr>
<tr>
<td>Tab 1 mg – 1% DV Sep-11 to 2014</td>
<td>170.00</td>
<td>Permax</td>
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#### PRAMIPEXOLE HYDROCHLORIDE

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<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 0.125 mg</td>
<td>1.95</td>
<td>Dr Reddy's Pramipexole</td>
</tr>
<tr>
<td>Tab 0.25 mg</td>
<td>2.40</td>
<td>Dr Reddy's Pramipexole</td>
</tr>
<tr>
<td></td>
<td>7.20</td>
<td>Ramipex</td>
</tr>
<tr>
<td>Tab 0.5 mg</td>
<td>4.20</td>
<td>Dr Reddy's Pramipexole</td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td>7.20</td>
<td>Dr Reddy's Pramipexole</td>
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<tr>
<td></td>
<td>24.39</td>
<td>Ramipex</td>
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</tbody>
</table>

#### ROPINIROLE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 0.25 mg – 1% DV Mar-14 to 2016</td>
<td>2.36</td>
<td>Apo-Ropinirole</td>
</tr>
<tr>
<td>Tab 1 mg – 1% DV Mar-14 to 2016</td>
<td>5.32</td>
<td>Apo-Ropinirole</td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Mar-14 to 2016</td>
<td>7.72</td>
<td>Apo-Ropinirole</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Mar-14 to 2016</td>
<td>14.48</td>
<td>Apo-Ropinirole</td>
</tr>
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</table>

#### SELEGILINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg</td>
<td></td>
<td></td>
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</tbody>
</table>

#### TOLCAPONE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg – 1% DV Sep-11 to 2014</td>
<td>126.20</td>
<td>Tasmar</td>
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</table>

### Anaesthetics

#### General Anaesthetics

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>DESFLURANE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln for inhalation 100%, 240 ml bottle – 1% DV Dec-12 to 2015</td>
<td>1,230.00</td>
<td>Suprane</td>
</tr>
<tr>
<td>DEXMEDETOMIDINE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mcg per ml, 2 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETOMIDATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISOFLURANE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015</td>
<td>1,020.00</td>
<td>Aerrane</td>
</tr>
</tbody>
</table>

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*Item restricted (see ‡ above); ‡Item restricted (see ‡ below)*  
*e.g. Brand indicates 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.**

### KETAMINE HYDROCHLORIDE
- Inj 1 mg per ml, 100 ml 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

### PROPOFOL
- Inj 10 mg per ml, 20 ml ampoule
- Inj 10 mg per ml, 20 ml vial
- Inj 10 mg per ml, 50 ml syringe
- Inj 10 mg per ml, 50 ml vial

### SEVOFLURANE
- Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015

### THIOPENTAL [THIOPENTONE] SODIUM
- Inj 500 mg ampoule

### Local Anaesthetics

#### ARTICAINE HYDROCHLORIDE WITH ADRENALINE
- Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge
- Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge
- Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge
- Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge

#### BENZOCAINE
- Gel 20%

#### BUPIVACAINE HYDROCHLORIDE
- Inj 5 mg per ml, 4 ml ampoule
- Inj 2.5 mg per ml, 20 ml ampoule
- Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015
- Inj 5 mg per ml, 10 ml ampoule
- Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Oct-12 to 2015
- Inj 5 mg per ml, 20 ml ampoule
- Inj 5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015
- Inj 1.25 mg per ml, 100 ml bag
- Inj 1.25 mg per ml, 200 ml bag
- Inj 2.5 mg per ml, 100 ml bag
- Inj 2.5 mg per ml, 200 ml bag
- Inj 1.25 mg per ml, 500 ml bag

---

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>KETAMINE HYDROCHLORIDE</td>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4 mg per ml, 50 ml syringe</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 2 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHOHEXITAL SODIUM</td>
<td>Inj 10 mg per ml, 50 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPOFOL</td>
<td>Inj 10 mg per ml, 20 ml ampoule</td>
<td>7.60</td>
<td>Fresofol 1%</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 20 ml vial</td>
<td>42.00</td>
<td>Diprivan</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 50 ml syringe</td>
<td>47.00</td>
<td>Diprivan</td>
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<tr>
<td></td>
<td>Inj 10 mg per ml, 50 ml vial</td>
<td>4.00</td>
<td>Fresofol 1%</td>
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<tr>
<td></td>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>25.00</td>
<td>Diprivan</td>
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<tr>
<td></td>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>7.60</td>
<td>Fresofol 1%</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>30.00</td>
<td>Diprivan</td>
</tr>
<tr>
<td>SEVOFLURANE</td>
<td>Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015</td>
<td>1,230.00</td>
<td>Baxter</td>
</tr>
<tr>
<td>THIOPENTAL [THIOPENTONE] SODIUM</td>
<td>Inj 500 mg ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTICAINE HYDROCHLORIDE WITH ADRENALINE</td>
<td>Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENZOCAINE</td>
<td>Gel 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUPIVACAINE HYDROCHLORIDE</td>
<td>Inj 5 mg per ml, 4 ml ampoule</td>
<td>50.00</td>
<td>Marcain Isobaric</td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015</td>
<td>35.00</td>
<td>Marcain</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 10 ml ampoule</td>
<td>35.00</td>
<td>Marcain</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Oct-12 to 2015</td>
<td>28.00</td>
<td>Marcain</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015</td>
<td>28.00</td>
<td>Marcain</td>
</tr>
<tr>
<td></td>
<td>Inj 1.25 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1.25 mg per ml, 200 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 mg per ml, 100 ml bag</td>
<td>150.00</td>
<td>Marcain</td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 mg per ml, 200 ml bag</td>
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<tr>
<td></td>
<td>Inj 1.25 mg per ml, 500 ml bag</td>
<td></td>
<td></td>
</tr>
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</table>
### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – 1% DV Nov-11 to 2014</td>
<td>$135.00</td>
<td>5 Marcain with Adrenaline</td>
</tr>
<tr>
<td>Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 1% DV Nov-11</td>
<td>$115.00</td>
<td>5 Marcain with Adrenaline</td>
</tr>
<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>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, 100 ml bag – 1% DV Nov-11 to 2014</td>
<td>$210.00</td>
<td>10 Bupafen</td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Nov-11 to 2014</td>
<td>$210.00</td>
<td>10 Bupafen</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, 15 ml syringe – 1% DV Nov-11 to 2014</td>
<td>$72.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe – 1% DV Nov-11 to 2014</td>
<td>$92.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td><strong>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</strong></td>
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<tr>
<td>Inj 0.5% with glucose 8%, 4 ml ampoule</td>
<td>$38.00</td>
<td>5 Marcain Heavy</td>
</tr>
<tr>
<td><strong>COCAINE HYDROCHLORIDE</strong></td>
<td></td>
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</tr>
<tr>
<td>Paste 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 15%, 2 ml syringe</td>
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<td></td>
</tr>
<tr>
<td>Soln 4%, 2 ml syringe</td>
<td>$25.46</td>
<td>1 Biomed</td>
</tr>
<tr>
<td><strong>COCAINE HYDROCHLORIDE WITH ADRENALINE</strong></td>
<td></td>
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</tr>
<tr>
<td>Paste 15% with adrenaline 0.06%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste 25% with adrenaline 0.06%</td>
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<tr>
<td><strong>ETHYL CHLORIDE</strong></td>
<td></td>
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</tr>
<tr>
<td>Spray 100%</td>
<td></td>
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<tr>
<td><strong>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 2% – 1% DV Oct-12 to 2015</td>
<td>$3.40</td>
<td>20 ml Orion</td>
</tr>
<tr>
<td>Soln 4%</td>
<td></td>
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<tr>
<td>Spray 10% – 1% DV Sep-13 to 2016</td>
<td>$0.75</td>
<td>50 ml Xylocaine</td>
</tr>
<tr>
<td>Oral (viscous) soln 2% – 1% DV Sep-11 to 2014</td>
<td>$0.55</td>
<td>200 ml Xylocaine Viscous</td>
</tr>
<tr>
<td>Inj 1%, 20 ml ampoule, sterile pack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2%, 20 ml ampoule, sterile pack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1%, 5 ml ampoule – 1% DV Jul-13 to 2015</td>
<td>$8.75</td>
<td>25 Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 1%, 20 ml ampoule – 1% DV Jul-13 to 2015</td>
<td>$2.40</td>
<td>1 Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 5 ml ampoule – 1% DV Jul-13 to 2015</td>
<td>$6.90</td>
<td>25 Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 20 ml ampoule – 1% DV Jul-13 to 2015</td>
<td>$2.40</td>
<td>1 Lidocaine-Claris</td>
</tr>
<tr>
<td>Gel 2%, 10 ml urethral syringe</td>
<td>$43.26</td>
<td>10 Pfizer</td>
</tr>
<tr>
<td>Product Description</td>
<td>Price (ex man. excl. GST)</td>
<td>Brand or Generic Manufacturer</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Lidocaine [Lignocaine] Hydrochloride with adrenaline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1% with adrenaline 1:100,000, 5 ml ampoule</td>
<td>27.00</td>
<td>Xylocaine</td>
</tr>
<tr>
<td>Inj 1% with adrenaline 1:200,000, 20 ml vial</td>
<td>50.00</td>
<td>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>Inj 2% with adrenaline 1:200,000, 20 ml vial</td>
<td>60.00</td>
<td>Xylocaine</td>
</tr>
<tr>
<td>Lidocaine [Lignocaine] Hydrochloride with adrenaline and Tetracaine Hydrochloride</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>Lidocaine [Lignocaine] Hydrochloride with Chlorhexidine</td>
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<td></td>
</tr>
<tr>
<td>Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe</td>
<td>43.26</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Lidocaine [Lignocaine] Hydrochloride with Phenylephrine Hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal spray 5% with phenylephrine hydrochloride 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lidocaine [Lignocaine] with Prilocaine</td>
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<td></td>
</tr>
<tr>
<td>Creme 2.5% with prilocaine 2.5%</td>
<td>45.00</td>
<td>EMLA</td>
</tr>
<tr>
<td>Patch 25 mcg with prilocaine 25 mcg</td>
<td>115.00</td>
<td>EMLA</td>
</tr>
<tr>
<td>Creme 2.5% with prilocaine 2.5%, 5 g</td>
<td>45.00</td>
<td>EMLA</td>
</tr>
<tr>
<td>Mepivacaine Hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 3%, 1.8 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 3%, 2.2 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prilocaine Hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.5%, 50 ml vial</td>
<td>100.00</td>
<td>Citanest</td>
</tr>
<tr>
<td>Inj 2%, 5 ml ampoule</td>
<td>55.00</td>
<td>Citanest</td>
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<tr>
<td>Prilocaine Hydrochloride with Felypressin</td>
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<tr>
<td>Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge</td>
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<tr>
<td>Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge</td>
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<tr>
<td>Ropivacaine Hydrochloride</td>
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<tr>
<td>Inj 2 mg per ml, 10 ml ampouse</td>
<td>75.00</td>
<td>Naropin</td>
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<tr>
<td>Inj 2 mg per ml, 20 ml ampouse</td>
<td>200.00</td>
<td>Naropin</td>
</tr>
<tr>
<td>Inj 7.5 mg per ml, 10 ml ampouse</td>
<td>265.00</td>
<td>Naropin</td>
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<td>Inj 7.5 mg per ml, 20 ml ampouse</td>
<td>45.00</td>
<td>Naropin</td>
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<tr>
<td>Inj 10 mg per ml, 10 ml ampouse</td>
<td>54.00</td>
<td>Naropin</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml ampouse</td>
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<td></td>
</tr>
<tr>
<td>Ropivacaine Hydrochloride with Fentanyl</td>
<td></td>
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</tr>
<tr>
<td>Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag</td>
<td>198.50</td>
<td>Naropin</td>
</tr>
<tr>
<td>Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag</td>
<td>270.00</td>
<td>Naropin</td>
</tr>
<tr>
<td>Tetracaine [Amethocaine] Hydrochloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 4%</td>
<td></td>
<td></td>
</tr>
</tbody>
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### NERVOUS 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>

### Analgesics

#### Non-Opioid Analgesics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPIRIN</td>
<td>Tab EC 300 mg</td>
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</tr>
<tr>
<td></td>
<td>Tab dispersible 300 mg</td>
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</tr>
<tr>
<td>CAPSAICIN – Restricted</td>
<td>Crm 0.075%</td>
<td>12.50</td>
<td>Zostrix HP</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>METHOXYFLURANE – Restricted</td>
<td>Soln for inhalation 99.9%, 3 ml bottle</td>
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<tr>
<td>NEFOPAM HYDROCHLORIDE</td>
<td>Tab 30 mg</td>
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<tr>
<td>PARACETAMOL – Some items restricted</td>
<td>Tab soluble 500 mg</td>
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</tr>
<tr>
<td></td>
<td>Oral liq 120 mg per 5 ml – 20% DV Dec-11 to 2014</td>
<td>2.21</td>
<td>Ethics Paracetamol</td>
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<td>Oral liq 250 mg per 5 ml – 20% DV Sep-11 to 2014</td>
<td>6.70</td>
<td>Paracare Double Strength</td>
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<tr>
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<td>Inj 10 mg per ml, 50 ml vial – 1% DV Dec-13 to 2014</td>
<td>22.50</td>
<td>Paracetamol-AFT</td>
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<td>Inj 10 mg per ml, 100 ml vial – 1% DV Apr-13 to 2014</td>
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<td>Paracetamol-AFT</td>
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<tr>
<td></td>
<td>Suppos 25 mg</td>
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<td>Suppos 250 mg</td>
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<td>Suppos 500 mg – 1% DV Jan-13 to 2015</td>
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<td>Paracare</td>
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<tr>
<td>NEFOPAM HYDROCHLORIDE</td>
<td>Tab 30 mg</td>
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<tr>
<td>PARACETAMOL – Some items restricted</td>
<td>Oral liq 25%</td>
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<td>SUCROSE</td>
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#### Opioid Analgesics

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<th>Drug</th>
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<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td>ALFENTANIL HYDROCHLORIDE</td>
<td>Inj 0.5 mg per ml, 2 ml ampoule</td>
<td></td>
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<tr>
<td>CODEINE PHOSPHATE</td>
<td>Tab 15 mg – 1% DV Jul-13 to 2016</td>
<td>4.75</td>
<td>PSM</td>
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<td>Tab 30 mg – 1% DV Jul-13 to 2016</td>
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<td>Tab 60 mg – 1% DV Jul-13 to 2016</td>
<td>12.50</td>
<td>PSM</td>
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<tr>
<td>DIHYDROCODEINE TARTRATE</td>
<td>Tab long-acting 60 mg – 1% DV Sep-13 to 2016</td>
<td>13.64</td>
<td>DHC Continus</td>
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*Note: Item restricted (see ➤ above); Item restricted (see ➤ below)*

*Example: Brand indicates brand example only. It is not a contracted product.*
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<th>Brand or Generic Manufacturer</th>
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<tr>
<td><strong>FENTANYL</strong></td>
<td>Inj 10 mcg per ml, 10 ml syringe</td>
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<tr>
<td>Inj 50 mcg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015</td>
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<td>4.50</td>
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<td>Boucher and Muir</td>
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<tr>
<td>Inj 10 mcg per ml, 50 ml bag – 1% DV Dec-11 to 2014</td>
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<td>210.00</td>
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<td>Inj 10 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014</td>
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<td>165.00</td>
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<tr>
<td>Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-12 to 2015</td>
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<td>11.77</td>
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<td>Boucher and Muir</td>
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<td>Inj 10 mcg per ml, 100 ml bag – 1% DV Dec-11 to 2014</td>
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<td>210.00</td>
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<td>Inj 20 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014</td>
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<td>Inj 20 mcg per ml, 100 ml bag</td>
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<tr>
<td>Patch 12.5 mcg per hour</td>
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<td>Mylan Fentanyl Patch</td>
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<td>Patch 25 mcg per hour</td>
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<td>Mylan Fentanyl Patch</td>
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<td>Patch 50 mcg per hour</td>
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<td>Patch 75 mcg per hour</td>
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<td>Patch 100 mcg per hour</td>
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<td>Mylan Fentanyl Patch</td>
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<td><strong>METHADONE HYDROCHLORIDE</strong></td>
<td>Tab 5 mg</td>
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<td>1.85</td>
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</tr>
<tr>
<td>Oral liq 2 mg per ml – 1% DV Sep-12 to 2015</td>
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<td>5.55</td>
<td>200 ml</td>
<td>Biodone</td>
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<tr>
<td>Oral liq 5 mg per ml – 1% DV Sep-12 to 2015</td>
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<td>5.55</td>
<td>200 ml</td>
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<tr>
<td>Oral liq 10 mg per ml – 1% DV Sep-12 to 2015</td>
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<td>6.55</td>
<td>200 ml</td>
<td>Biodone Extra Forte</td>
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<tr>
<td>Inj 10 mg per ml, 1 ml vial</td>
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<td>61.00</td>
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<td>AFT</td>
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<td><strong>MORPHINE HYDROCHLORIDE</strong></td>
<td>Oral liq 1 mg per ml – 1% DV Oct-12 to 2015</td>
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<td>Oral liq 2 mg per ml – 1% DV Oct-12 to 2015</td>
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<td>11.62</td>
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<td>14.65</td>
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<td>21.55</td>
<td>200 ml</td>
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<td>NERVOUS SYSTEM</td>
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<td><strong>MORPHINE SULPHATE</strong></td>
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<td>Tab long-acting 10 mg – 1% DV Sep-13 to 2016</td>
<td>1.95</td>
<td>Arrow-Morphine LA</td>
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<tr>
<td>Tab immediate-release 10 mg</td>
<td>2.80</td>
<td>Sevredol</td>
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<td>Tab immediate-release 20 mg</td>
<td>5.52</td>
<td>Sevredol</td>
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<td>Tab long-acting 30 mg – 1% DV Sep-13 to 2016</td>
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<td>Arrow-Morphine LA</td>
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<td>Tab long-acting 60 mg – 1% DV Sep-13 to 2016</td>
<td>5.75</td>
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<td>Tab long-acting 100 mg – 1% DV Sep-13 to 2016</td>
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<td>m-Eslon</td>
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<td>165.00</td>
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<td>Inj 1 mg per ml, 10 ml syringe – 1% DV Dec-11 to 2014</td>
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<td>Inj 1 mg per ml, 50 ml syringe – 1% DV Dec-11 to 2014</td>
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<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014</td>
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<td>DBL Morphine Sulphate</td>
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<td>Inj 10 mg per ml, 100 mg cassette</td>
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<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
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<td>Inj 15 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014</td>
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<td>DBL Morphine Sulphate</td>
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<td>Inj 30 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014</td>
<td>5.30</td>
<td>DBL Morphine Sulphate</td>
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<tr>
<td>Inj 200 mcg in 0.4 ml syringe</td>
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<tr>
<td>Inj 300 mcg in 0.3 ml syringe</td>
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<td><strong>MORPHINE TARTRATE</strong></td>
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<td>Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Sep-13 to 2016</td>
<td>35.60</td>
<td>Hospira</td>
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<td>Inj 80 mg per ml, 5 ml ampoule – 1% DV Sep-13 to 2016</td>
<td>107.67</td>
<td>Hospira</td>
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<td><strong>OXYCODONE HYDROCHLORIDE</strong></td>
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<td>Tab controlled-release 5 mg</td>
<td>7.51</td>
<td>OxyContin</td>
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<tr>
<td>Tab controlled-release 10 mg – 1% DV Oct-13 to 2015</td>
<td>6.75</td>
<td>Oxydone BNM</td>
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<tr>
<td>Tab controlled-release 20 mg – 1% DV Oct-13 to 2015</td>
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<td>Oxydone BNM</td>
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<td>Tab controlled-release 40 mg – 1% DV Oct-13 to 2015</td>
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<td>Tab controlled-release 80 mg – 1% DV Oct-13 to 2015</td>
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<td>Cap immediate-release 5 mg</td>
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<td>Cap immediate-release 10 mg</td>
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<td>OxyNorm</td>
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<td>Cap immediate-release 20 mg</td>
<td>9.77</td>
<td>OxyNorm</td>
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<td>Oral liq 5 mg per 5 ml</td>
<td>11.20</td>
<td>OxyNorm</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 – 1% DV Dec-12 to 2015</td>
<td>10.08</td>
<td>Oxycodeone Orion</td>
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<tr>
<td>Inj 10 mg per ml, 2 ml ampoule – 1% DV Dec-12 to 2015</td>
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<td>Oxycodeone Orion</td>
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<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV May-13 to 2015</td>
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<td>OxyNorm</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</td>
<td>Paracetamol + Codeine (Relieve)</td>
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</tbody>
</table>

*Item restricted (see ➡️ above); Item restricted (see ➡️ below)*

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

**PETHIDINE HYDROCHLORIDE**

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<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Mar-13 to 2015</td>
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<td>PSM</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Mar-13 to 2015</td>
<td>$5.80</td>
<td>10</td>
<td>PSM</td>
</tr>
<tr>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014</td>
<td>$5.51</td>
<td>5</td>
<td>DBL Pethidine Hydrochloride</td>
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<tr>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-11 to 2014</td>
<td>$5.83</td>
<td>5</td>
<td>DBL Pethidine Hydrochloride</td>
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**REMIFENTANIL HYDROCHLORIDE**

<table>
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<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Inj 1 mg vial – 1% DV Feb-12 to 2014</td>
<td>$27.95</td>
<td>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</td>
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<td>Remifentanil-AFT</td>
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**TRAMADOL HYDROCHLORIDE**

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<tbody>
<tr>
<td>Tab sustained-release 100 mg</td>
<td>$2.14</td>
<td>20</td>
<td>Tramal SR 100</td>
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<tr>
<td>Tab sustained-release 150 mg</td>
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<td>20</td>
<td>Tramal SR 150</td>
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<tr>
<td>Tab sustained-release 200 mg</td>
<td>$4.28</td>
<td>20</td>
<td>Tramal SR 200</td>
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<tr>
<td>Cap 50 mg – 1% DV Sep-11 to 2014</td>
<td>$4.95</td>
<td>100</td>
<td>Arrow-Tramadol</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>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014</td>
<td>$4.50</td>
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<td>Tramal 50</td>
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<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-11 to 2014</td>
<td>$4.50</td>
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<td>Tramal 100</td>
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**Antidepressants**

**Cyclic and Related Agents**

**AMITRIPTYLINE**

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<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 10 mg – 1% DV Jan-13 to 2014</td>
<td>$3.32</td>
<td>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</td>
<td>100</td>
<td>Amitrip</td>
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<td>Tab 50 mg – 1% DV Jun-11 to 2014</td>
<td>$3.60</td>
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<td>Amitrip</td>
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**CLOMIPRAMINE HYDROCHLORIDE**

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<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Tab 10 mg – 1% DV Jan-13 to 2015</td>
<td>$12.60</td>
<td>100</td>
<td>Apo-Clomipramine</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Jan-13 to 2015</td>
<td>$8.68</td>
<td>100</td>
<td>Apo-Clomipramine</td>
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**DOTHIEPIN HYDROCHLORIDE**

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<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 75 mg</td>
<td>$10.50</td>
<td>100</td>
<td>Dopress</td>
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<tr>
<td>Cap 25 mg</td>
<td>$6.17</td>
<td>100</td>
<td>Dopress</td>
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**DOXEPIN HYDROCHLORIDE**

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<tbody>
<tr>
<td>Cap 10 mg</td>
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<tr>
<td>Cap 25 mg</td>
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<tr>
<td>Cap 50 mg</td>
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**IMIPRAMINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>$5.48</td>
<td>50</td>
<td>Tofranil</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>$6.58</td>
<td>60</td>
<td>Tofranil</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>$8.80</td>
<td>50</td>
<td>Tofranil</td>
</tr>
</tbody>
</table>

**MAPROTILINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 75 mg</td>
<td></td>
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</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.
## NERVOUS SYSTEM

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

**MIANSERIN HYDROCHLORIDE**  
Tab 30 mg

**NORTRIPTYLINE HYDROCHLORIDE**  
Tab 10 mg – 1% DV Jun-13 to 2016........................................................................ 4.00  100  Norpress  
Tab 25 mg – 1% DV Jun-13 to 2016........................................................................ 9.00  180  Norpress

### Monoamine-Oxidase Inhibitors - Non-Selective

**PHENELZINE SULPHATE**  
Tab 15 mg

**TRANLYCYPROMINE SULPHATE**  
Tab 10 mg

### Monoamine-Oxidase Type A Inhibitors

**MOCLOBEMIDE**  
Tab 150 mg – 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

**MIRTAZAPINE – Restricted** see terms below  
* 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  
**Restricted**  
Initiation  
* Re-assessment required after two years  
Both:
1. The patient has a severe major depressive episode; and  
2. Either:
   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  
   2.2 Both:
      2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and  
      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.

Continuation  
* Re-assessment required after two years  
The patient has a high risk of relapse (prescriber determined)  
**VENLAFAXINE – Some items restricted** see terms on the next page  
* Tab modified release 37.5 mg ................................................................. 5.06  28  Arrow-Venlafaxine XR  
* Tab modified release 75 mg ................................................................. 6.44  28  Arrow-Venlafaxine XR  
* Tab modified release 150 mg ............................................................... 8.86  28  Arrow-Venlafaxine XR  
* Tab modified release 225 mg ............................................................... 14.34  28  Arrow-Venlafaxine XR  
* 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

† Item restricted (see ‡ above); ‡ Item restricted (see ‡ below)  
e.g. Brand indicates brand example only. It is not a contracted product.
NERVOUS SYSTEM

Restricted
Initiation
Re-assessment required after two years
Both:
1. The patient has ‘treatment-resistant’ depression; and
2. Either:
   2.1. The patient must have had a trial of two different antidepressants and have had an inadequate response from an adequate dose over an adequate period of time (usually at least four weeks); or
   2.2. Both:
       2.2.1. The patient is currently a hospital in-patient as a result of an acute depressive episode; and.
       2.2.2. The patient must have had a trial of one other antidepressant and have had an inadequate response from an adequate dose over an adequate period of time. Continuation.

Continuation
Re-assessment required after two years
The patient has a high risk of relapse (prescriber determined)

Selective Serotonin Reuptake Inhibitors

CITALOPRAM HYDROBROMIDE
Tab 20 mg – 1% DV Sep-11 to 2014 .................................................. 2.34 84 Arrow-Citalopram
ESCITALOPRAM
Tab 10 mg .................................................................................. 2.65 28 Loxalate
Tab 20 mg .................................................................................. 4.20 28 Loxalate
FLUOXETINE HYDROCHLORIDE
Tab dispersible 20 mg, scored – 1% DV Apr-14 to 2016 ...................... 2.50 30 Arrow-Fluoxetine
Cap 20 mg – 1% DV Apr-14 to 2016 .................................................. 1.74 90 Arrow-Fluoxetine
2.70 84 Fluoxx
(Fluox Tab dispersible 20 mg, scored to be delisted 1 April 2014)
(Fluox Cap 20 mg to be delisted 1 April 2014)
PAROXETINE HYDROCHLORIDE
Tab 20 mg .................................................................................. 4.32 90 Loxamine
SERTRALINE
Tab 50 mg – 1% DV Sep-13 to 2016 .................................................. 3.64 90 Arrow-Sertraline
Tab 100 mg – 1% DV Sep-13 to 2016 .............................................. 6.28 90 Arrow-Sertraline

Antiepilepsy Drugs

Agents for the Control of Status Epilepticus

CLONAZEPAM
Inj 1 mg per ml, 1 ml ampoule ...................................................... 19.00 5 Rivotril
DIAZEPAM
Inj 5 mg per ml, 2 ml ampoule ...................................................... 9.24 5 Mayne
Rectal tubes 5 mg ................................................................. 25.05 5 Stesolid
Rectal tubes 10 mg ............................................................... 30.50 5 Stesolid
LORAZEPAM
Inj 2 mg vial
Inj 4 mg per ml, 1 ml vial
PARALDEHYDE
Inj 5 ml ampoule
NERVOUS SYSTEM

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

**PHENYTOIN SODIUM**
- Inj 50 mg per ml, 2 ml ampoule
- Inj 50 mg per ml, 5 ml ampoule

## Control of Epilepsy

**CARBAMAZEPINE**
- Tab 200 mg
- Tab long-acting 200 mg
- Tab 400 mg
- Tab long-acting 400 mg
- Oral liq 20 mg per ml

**CLOBAZAM**
- Tab 10 mg

**CLONAZEPAM**
- Oral drops 2.5 mg per ml

**ETHOSUXIMIDE**
- Cap 250 mg
- Oral liq 50 mg per ml

**GABAPENTIN – Restricted** see terms below
- Tab 600 mg ................................................................. 7.16 100 Arrow-Gabapentin Nupentin
- Cap 100 mg .......................................................................... 11.00 100 Arrow-Gabapentin Nupentin
- Cap 300 mg .......................................................................... 13.75 100 Arrow-Gabapentin Nupentin
- Cap 400 mg .......................................................................... 29.16 100 Arrow-Gabapentin Nupentin

**continued…**

**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:

*Item restricted (see ➔ above); †Item restricted (see ➔ below)*

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

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 – Restricted** see terms below

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vimpat</td>
<td>25.04</td>
</tr>
<tr>
<td>Vimpat</td>
<td>50.06</td>
</tr>
<tr>
<td>Vimpat</td>
<td>75.10</td>
</tr>
<tr>
<td>Vimpat</td>
<td>100.24</td>
</tr>
<tr>
<td>Vimpat</td>
<td>150.40</td>
</tr>
<tr>
<td>Vimpat</td>
<td>200.55</td>
</tr>
</tbody>
</table>

Initiation

*Re-assessment required after 15 months*

Both:

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

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

Continuation

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

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

**LAMOTRIGINE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamictal</td>
<td>6.74</td>
</tr>
<tr>
<td>Lamictal</td>
<td>9.64</td>
</tr>
<tr>
<td>Logem</td>
<td>19.38</td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>20.40</td>
</tr>
<tr>
<td>Logem</td>
<td>29.09</td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>32.97</td>
</tr>
<tr>
<td>Mogine</td>
<td>34.70</td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>47.89</td>
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<tr>
<td>Mogine</td>
<td>56.91</td>
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<tr>
<td>Mogine</td>
<td>79.16</td>
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</table>

**LEVETIRACETAM**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
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</thead>
<tbody>
<tr>
<td>Levetiracetam-Rex</td>
<td>24.03</td>
</tr>
<tr>
<td>Levetiracetam-Rex</td>
<td>28.71</td>
</tr>
<tr>
<td>Levetiracetam-Rex</td>
<td>45.23</td>
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</table>
### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per</td>
<td></td>
</tr>
<tr>
<td><strong>PHENOBARBITONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 15 mg</td>
<td>– 1% DV Mar-13 to 2015</td>
<td>28.00</td>
<td>500 PSM</td>
</tr>
<tr>
<td>Tab 30 mg</td>
<td>– 1% DV Mar-13 to 2015</td>
<td>29.00</td>
<td>500 PSM</td>
</tr>
<tr>
<td><strong>PHENYTOIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENYTOIN SODIUM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 30 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 100 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 6 mg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRIMIDONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM VALPROATE</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab EC 200 mg</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tab EC 500 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 40 mg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg per ml, 4 ml vial</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>STIRIPENTOL – Restricted</strong></td>
<td>see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td></td>
<td>509.29</td>
<td>60 Diacomit</td>
</tr>
<tr>
<td>Powder for oral liq 250 mg sachet</td>
<td></td>
<td>509.29</td>
<td>60 Diacomit</td>
</tr>
<tr>
<td><strong>VIGABATRIN – Restricted</strong></td>
<td>see terms on the next page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 500 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

** 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per</td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>11.07</td>
<td>60 Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>26.04</td>
<td>Topamax</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>18.81</td>
<td>60 Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>44.26</td>
<td>Topamax</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>31.99</td>
<td>60 Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>75.25</td>
<td>Topamax</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>55.19</td>
<td>60 Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>129.85</td>
<td>Topamax</td>
</tr>
<tr>
<td>Cap sprinkle 15 mg</td>
<td>20.84</td>
<td>60 Topamax</td>
</tr>
<tr>
<td>Cap sprinkle 25 mg</td>
<td>26.04</td>
<td>60 Topamax</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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>Per</td>
</tr>
</tbody>
</table>

**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.

**Antimigraine Preparations**

**Acute Migraine Treatment**

**DIHYDROERGOTAMINE MESYLAPE**

Inj 1 mg per ml, 1 ml ampoule

**ERGOTAMINE TARTRATE WITH CAFFEINE**

Tab 1 mg with caffeine 100 mg

**METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL**

Tab 5 mg with paracetamol 500 mg

**RIZATRIPTAN BENZOATE**

Tab orodispersible 10 mg – 1% DV May-12 to 2014 ............................................ 18.00 30 Rizamelt

**SUMATRIPTAN**

Tab 50 mg – 1% DV Sep-13 to 2016 .......................................................... 29.80 100 Arrow-Sumatriptan

Tab 100 mg – 1% DV Sep-13 to 2016 ......................................................... 54.80 100 Arrow-Sumatriptan

Inj 12 mg per ml, 0.5 ml cartridge – 1% DV Sep-13 to 2016 ...................... 13.80 2 Arrow-Sumatriptan

**Prophylaxis of Migraine**

**PIZOTIFEN**

Tab 500 mcg – 1% DV Mar-13 to 2015 ......................................................... 23.21 100 Sandomigran

**Antinausea and Vertigo Agents**

**APREPITANT – Restricted** see terms below

Cap 2 × 80 mg and 1 × 125 mg ................................................................. 116.00 3 Emend Tri-Pack

**BETAHISTINE DIHYDROCHLORIDE**

Tab 16 mg ................................................................. 10.00 84 Vergo 16

**CYCLIZINE HYDROCHLORIDE**

Tab 50 mg – 1% DV Sep-12 to 2015 ......................................................... 0.59 10 Nausicalm

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>NERVOUS SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Price</strong></td>
</tr>
<tr>
<td>(ex man. excl. GST)</td>
</tr>
</tbody>
</table>

**CYCLIZINE LACTATE**
- Inj 50 mg per ml, 1 ml ampoule ......................................................... 14.95 5 Nausicalm

**DOMPERIDONE**
- Tab 10 mg – 1% DV Mar-13 to 2015 ......................................................... 3.25 100 Prokinex

**DROPERIDOL**
- Inj 2.5 mg per ml, 1 ml ampoule

**HYOSCINE HYDROBROMIDE**
- Inj 400 mcg per ml, 1 ml ampoule ......................................................... 6.66 5 Mayne
- Patch 1.5 mg – 1% DV Dec-13 to 2016 ..................................................... 11.95 2 Scopoderm TTS

**Restricted**
Any of the following:
1. Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or
2. Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or
3. For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.

**METOCLOPRAMIDE HYDROCHLORIDE**
- Tab 10 mg – 1% DV Jun-11 to 2014 ......................................................... 3.95 100 Metamide
- Oral liq 5 mg per 5 ml
- Inj 5 mg per ml, 2 ml ampoule – 1% DV Sep-11 to 2014 ................................ 4.50 10 Pfizer

**ONDANSETRON**
- Tab 4 mg – 1% DV Jan-14 to 2016 ......................................................... 5.51 50 Onrex
- Tab dispersible 4 mg ............................................................ 1.70 10 Dr Reddy's Ondansetron
- 17.18 Zofran Zydis
- Tab 8 mg – 1% DV Jan-14 to 2016 ......................................................... 6.19 50 Onrex
- Tab dispersible 8 mg ............................................................ 2.00 10 Dr Reddy's Ondansetron
- Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-13 to 2016 ................................ 1.82 5 Ondanaccord
- Inj 2 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016 ................................ 2.18 5 Ondanaccord

**PROCHLORPERAZINE**
- Tab buccal 3 mg
- Tab 5 mg ............................................................ 16.85 500 Antinaus
- Inj 12.5 mg per ml, 1 ml ampoule
- Suppos 25 mg

**PROMETHAZINE THEOCCLATE – Restricted:** For continuation only
- Tab 25 mg

**TROPISETRON**
- Cap 5 mg ............................................................ 77.41 5 Navoban
- Inj 1 mg per ml, 2 ml ampoule – 1% DV May-14 to 2015 .......................... 8.95 1 Tropisetron-AFT
- 19.20 Navoban
- Inj 1 mg per ml, 5 ml ampoule – 1% DV May-14 to 2015 .......................... 13.95 1 Tropisetron-AFT
- 38.40 Navoban

(Navoban Inj 1 mg per ml, 2 ml ampoule to be delisted 1 May 2014)
(Navoban Inj 1 mg per ml, 5 ml ampoule to be delisted 1 May 2014)

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

### Antipsychotic Agents

#### General

<table>
<thead>
<tr>
<th>AMISULPRIDE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg  – 1% DV Jul-13 to 2016</td>
<td>6.22</td>
<td>Solian</td>
</tr>
<tr>
<td>Tab 200 mg  – 1% DV Jul-13 to 2016</td>
<td>21.92</td>
<td>Solian</td>
</tr>
<tr>
<td>Tab 400 mg  – 1% DV Jul-13 to 2016</td>
<td>44.52</td>
<td>Solian</td>
</tr>
<tr>
<td>Oral liq 100 mg per ml – 1% DV Jul-13 to 2016</td>
<td>52.50</td>
<td>Solian</td>
</tr>
</tbody>
</table>

#### ARIPIPRAZOLE – Restricted see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>123.54</td>
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<tr>
<td>Tab 15 mg</td>
<td>175.28</td>
</tr>
<tr>
<td>Tab 20 mg</td>
<td>213.42</td>
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<tr>
<td>Tab 30 mg</td>
<td>260.07</td>
</tr>
</tbody>
</table>

Both:

1. Patient is suffering from schizophrenia or related psychoses; and
2. Either:
   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. 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.

#### CHLORPROMAZINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>13.37</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>26.74</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>6.69</td>
</tr>
<tr>
<td>Oral liq 10 mg per ml</td>
<td>13.37</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 2 ml ampoule</td>
<td>26.74</td>
</tr>
</tbody>
</table>

#### CLOZAPINE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg</td>
<td>13.37</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>8.67</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>17.33</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>34.65</td>
</tr>
<tr>
<td>Oral liq 50 mg per ml</td>
<td>17.33</td>
</tr>
</tbody>
</table>

#### HALOPERIDOL

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mcg – 1% DV Oct-13 to 2016</td>
<td>6.23</td>
</tr>
<tr>
<td>Tab 1.5 mg – 1% DV Oct-13 to 2016</td>
<td>9.43</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Oct-13 to 2016</td>
<td>29.72</td>
</tr>
<tr>
<td>Oral liq 2 mg per ml – 1% DV Oct-13 to 2016</td>
<td>23.84</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-13 to 2016</td>
<td>21.55</td>
</tr>
<tr>
<td>NERVOUS SYSTEM</td>
<td>Price (ex man. excl. GST)</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**LEVOMEPROMAZINE**
- Tab 25 mg
- Tab 100 mg
- Inj 25 mg per ml, 1 ml ampoule

**LITHIUM CARBONATE**
- Tab long-acting 400 mg
- Tab 250 mg – 1% DV Sep-12 to 2015 ........................................ 34.30 500 Lithicarb FC
- Tab 400 mg – 1% DV Sep-12 to 2015 ........................................ 12.83 100 Lithicarb FC
- Cap 250 mg – 1% DV Nov-11 to 2014 ....................................... 9.42 100 Douglas

**OLANZAPINE**
- Tab 2.5 mg .............................................................................. 2.00 28 Olanzine
- Tab 5 mg .................................................................................. 3.85 28 Olanzine
- Tab orodispersible 5 mg ......................................................... 6.36 28 Olanzine-D
- Tab 10 mg ............................................................................... 6.35 28 Olanzine
- Tab orodispersible 10 mg ....................................................... 8.76 28 Olanzine-D

Tab 10 mg vial
*(Olanzine Tab 2.5 mg to be delisted 1 April 2014)*

**PERICYZINE**
- Tab 2.5 mg
- Tab 10 mg

**QUETIAPINE**
- Tab 25 mg ............................................................................... 7.00 60 Dr Reddy's Quetiapine
- Tab 100 mg ............................................................................ 10.50 90 Quetapel
- Tab 200 mg ........................................................................... 21.00 90 Dr Reddy's Quetiapine
- Tab 300 mg ........................................................................... 36.00 90 Dr Reddy's Quetiapine
- Inj 25 mg per ml, 2 ml ampoule
- Inj 100 mg vial
- Inj 200 mg vial
- Inj 300 mg vial

*Item restricted (see ➔ above); ‡Item restricted (see ➔ below)*

e.g. Brand indicates brand example only. It is not a contracted product.
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>NERVOUS SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RISPERIDONE</strong> – <strong>Some items restricted</strong> see terms below</td>
</tr>
<tr>
<td>Tab 0.5 mg ........................................................................................................2.86 20 Risperdal</td>
</tr>
<tr>
<td>Tab 1 mg ...........................................................................................................3.51 60 Apo-Risperidone</td>
</tr>
<tr>
<td>Tab orodispersible 0.5 mg ..............................................................................21.42 28 Risperdal Quicklet</td>
</tr>
<tr>
<td>Tab orodispersible 1 mg ..............................................................................42.84 28 Risperdal Quicklet</td>
</tr>
<tr>
<td>Tab orodispersible 2 mg ..............................................................................85.71 28 Risperdal Quicklet</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml ........................................................................................18.35 30 ml Apo-Risperidone</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.

**TRIFLUOPERAZINE HYDROCHLORIDE**
Tab 1 mg
Tab 2 mg
Tab 5 mg

**ZIPRASIDONE** – **Some items restricted** see terms on the next page
Cap 20 mg ...........................................................................................................87.88 60 Zeldox
Cap 40 mg ...........................................................................................................164.78 60 Zeldox
Cap 60 mg ...........................................................................................................247.17 60 Zeldox
Cap 80 mg ...........................................................................................................329.56 60 Zeldox
Inj 20 mg
Inj 100 mg
## Nervous System

### Restricted

1. Patient is suffering from schizophrenia or related psychoses; and
2. Either:
   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. 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.

### Zuclopenthixol Acetate

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or General Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Zuclopenthixol Hydrochloride

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or General Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>31.45</td>
<td>100</td>
<td>Clopixol</td>
</tr>
</tbody>
</table>

### Depot Injections

#### Flupenthixol Decanoate

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or General Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 20 mg per ml, 1 ml ampoule</td>
<td>13.14</td>
<td>5</td>
<td>Fluanxol</td>
</tr>
<tr>
<td>Inj 20 mg per ml, 2 ml ampoule</td>
<td>20.90</td>
<td>5</td>
<td>Fluanxol</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td>40.87</td>
<td>5</td>
<td>Fluanxol</td>
</tr>
</tbody>
</table>

#### Fluphenazine Decanoate

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or General Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 12.5 mg per 0.5 ml ampoule</td>
<td>17.60</td>
<td>5</td>
<td>Modecate</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 1 ml ampoule</td>
<td>27.90</td>
<td>5</td>
<td>Modecate</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td>154.50</td>
<td>5</td>
<td>Modecate</td>
</tr>
</tbody>
</table>

#### Haloperidol Decanoate

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or General Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>28.39</td>
<td>5</td>
<td>Haldol</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td>55.90</td>
<td>5</td>
<td>Haldol Concentrate</td>
</tr>
</tbody>
</table>

### Olanzapine – Restricted see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or General Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Inj 210 mg vial</td>
<td>280.00</td>
<td>1</td>
<td>Zyprexa Relprevv</td>
</tr>
<tr>
<td>$ Inj 300 mg vial</td>
<td>460.00</td>
<td>1</td>
<td>Zyprexa Relprevv</td>
</tr>
<tr>
<td>$ Inj 405 mg vial</td>
<td>560.00</td>
<td>1</td>
<td>Zyprexa Relprevv</td>
</tr>
</tbody>
</table>

### Pipothiazine Palmitate

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or General Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*Item restricted (see ** above); $Item restricted (see $ above)*

*E.g. Brand indicates brand example only. It is not a contracted product.*
RISPERIDONE – Restricted see terms below

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

- Inj 25 mg vial ................................................................. 175.00 1 Risperdal Consta
- Inj 37.5 mg vial ........................................................................ 230.00 1 Risperdal Consta
- Inj 50 mg vial ........................................................................... 280.00 1 Risperdal Consta

**Restricted**

Initiation

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 5 Clopixol

**Anxiolytics**

ALPRAZOLAM

- Tab 1 mg
- Tab 250 mcg
- Tab 500 mcg

BUSPIRONE HYDROCHLORIDE

- Tab 5 mg .......................................................... 28.00 100 Pacific Buspirole
- Tab 10 mg ......................................................... 17.00 100 Pacific Buspirole

CLONAZEPAM

- Tab 500 mcg ....................................................... 6.68 100 Paxam
- Tab 2 mg .......................................................... 12.75 100 Paxam

DIAZEPAM

- Tab 2 mg .......................................................... 11.44 500 Arrow-Diazepam
- Tab 5 mg .......................................................... 13.71 500 Arrow-Diazepam

LORAZEPAM

- Tab 1 mg .......................................................... 19.82 250 Ativan
- Tab 2.5 mg ......................................................... 13.49 100 Ativan

OXAZEPAM

- Tab 10 mg
- Tab 15 mg

**Multiple Sclerosis Treatments**

GLATIRAMER ACETATE – Restricted see terms below

- Inj 20 mg per ml, 1 ml syringe

**Restricted**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
INTERFERON BETA-1-ALPHA – Restricted see terms below
- Inj 6 million iu in 0.5 ml pen
- Inj 6 million iu in 0.5 ml syringe
- Inj 6 million iu vial

Restricted
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

INTERFERON BETA-1-BETA – Restricted see terms below
- 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 – Restricted: For continuation only
- Tab 1 mg

MELATONIN – Restricted see terms below

- Tab modified-release 2 mg e.g. Circadin
- Tab 1 mg
- Tab 2 mg
- Tab 3 mg
- Cap 2 mg
- Cap 3 mg

Restricted
For in hospital use only. For the treatment of insomnia where benzodiazepines and zopiclone are contraindicated.

MIDAZOLAM
- Tab 7.5 mg .......................................................... 40.00 100 Hypnovel
- Oral liq 2 mg per ml
- Inj 1 mg per ml, 5 ml ampoule ...................................................... 10.00 10 Pfizer
- 10.75 Hypnovel
- Inj 5 mg per ml, 3 ml ampoule ...................................................... 11.90 5 Hypnovel
- Pfizer

NITRAZEPAM
- Tab 5 mg

PHENOBARBITONE
- Inj 200 mg per ml, 1 ml ampoule

TEMAZEPAM
- Tab 10 mg – 1% DV Nov-11 to 2014 .............................................. 1.27 25 Normison

TRIAZOLAM – Restricted: For continuation only
- Tab 125 mcg
- Tab 250 mcg

ZOPICLONE
- Tab 7.5 mg – 1% DV Jan-12 to 2014.............................................. 1.90 30 Apo-Zopiclone
NERVOUS SYSTEM

### Stimulants / ADHD Treatments

**ATOMOXETINE** – **Restricted** see terms below

- **Cap 10 mg** ................................................................. 107.03 28 Strattera
- **Cap 18 mg** ................................................................. 107.03 28 Strattera
- **Cap 25 mg** ................................................................. 107.03 28 Strattera
- **Cap 40 mg** ................................................................. 107.03 28 Strattera
- **Cap 60 mg** ................................................................. 107.03 28 Strattera
- **Cap 80 mg** ................................................................. 139.11 28 Strattera
- **Cap 100 mg** ................................................................. 139.11 28 Strattera

**Restricted**

All of the following:

1. Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
2. Once-daily dosing; and
3. Any of the following:
   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
   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
   3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; or
   3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the patient has a history of psychoses or has a first-degree relative with schizophrenia; and
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.

Note: A “subsidised formulation of a stimulant” refers to currently listed methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

**CAFFEINE**

- **Tab 100 mg**

**DEXAMPHETAMINE SULPHATE** – **Restricted** see terms below

- **Tab 5 mg** – 1% DV Mar-13 to 2015 .............................................. 16.50 100 PSM

**Restricted**

**ADHD**

Paediatrician or psychiatrist

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

**Narcolepsy**

Neurologist or respiratory specialist

Patient suffers from narcolepsy
## 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>

**METHYLPHENIDATE HYDROCHLORIDE – Restricted** see terms below

- 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
- Tab immediate-release 5 mg .................................................. 3.20 30 Rubifen
- Tab immediate-release 10 mg ............................................... 7.85 30 Ritalin
- Tab immediate-release 20 mg .............................................. 10.95 30 Rubifen SR
- Tab sustained-release 20 mg .............................................. 50.00 100 Ritalin SR
- Cap modified-release 10 mg .................................................. 19.50 30 Rubifen SR
- 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

**MODAFINIL – Restricted** see terms below

- Tab 100 mg

**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:
   1. Patient is taking a currently listed formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
   2. There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

**Narcolepsy**

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:
   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. The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
3. Either:
   1. An effective dose of a listed formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
   2. Methylphenidate and dexamphetamine are contraindicated.
Treatments for Dementia

DONEPEZIL HYDROCHLORIDE

Tab 5 mg ................................................................. 7.71 90 Donepezil-Rex
Tab 10 mg ............................................................... 14.06 90 Donepezil-Rex

Treatments for Substance Dependence

BUPRENORPHINE WITH NALOXONE – Restricted see terms below

Tab 2 mg with naloxone 0.5 mg ....................................... 57.40 28 Suboxone
Tab 8 mg with naloxone 2 mg ........................................ 166.00 28 Suboxone

BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg – 1% DV Oct-13 to 2016 .............. 4.97 30 Zyban

DISULFIRAM

Tab 200 mg ...................................................................... 24.30 100 Antabuse

NALTREXONE HYDROCHLORIDE – Restricted see terms below

Tab 50 mg – 1% DV Sep-13 to 2016 ....................................... 76.00 30 Naltrexone

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 – Some items restricted see terms on the next page

Gum 2 mg – 5% DV Oct-11 to 2014 ....................................... 36.47 384 Habitrol (Classic)
Gum 4 mg – 5% DV Oct-11 to 2014 ....................................... 42.04 384 Habitrol (Classic)

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
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

Soln for inhalation 15 mg cartridge

E.g. Nicorette Inhalator

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

**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.

**Varenicline – Restricted** see terms below

- Tab 0.5 mg × 11 and 1 mg × 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.

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

## Alkylating Agents

<table>
<thead>
<tr>
<th>Name</th>
<th>Presentation</th>
<th>Expiry Date</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUSULFAN</strong></td>
<td>Tab 2 mg</td>
<td></td>
<td></td>
<td>59.50 100 Myleran</td>
</tr>
<tr>
<td></td>
<td>Inj 6 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CARMUSTINE</strong></td>
<td>Inj 100 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHLORAMBUCIL</strong></td>
<td>Tab 2 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CYCLOPHOSPHAMIDE</strong></td>
<td>Tab 50 mg</td>
<td></td>
<td>79.00 50 Endoxan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Nov-11 to 2014</td>
<td></td>
<td>26.70 1 Endoxan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial – 1% DV Nov-11 to 2014</td>
<td></td>
<td>56.90 1 Endoxan</td>
<td></td>
</tr>
<tr>
<td><strong>IFOSFAMIDE</strong></td>
<td>Inj 1 g vial</td>
<td></td>
<td>96.00 1 Holoxan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial</td>
<td></td>
<td>180.00 1 Holoxan</td>
<td></td>
</tr>
<tr>
<td><strong>LOMUSTINE</strong></td>
<td>Cap 10 mg – 1% DV Sep-11 to 2014</td>
<td></td>
<td>132.59 20 Ceenu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 40 mg – 1% DV Sep-11 to 2014</td>
<td></td>
<td>399.15 20 Ceenu</td>
<td></td>
</tr>
<tr>
<td><strong>MELPHALAN</strong></td>
<td>Tab 2 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>THIOTEA</strong></td>
<td>Inj 15 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Anthracyclines and Other Cytotoxic Antibiotics

<table>
<thead>
<tr>
<th>Name</th>
<th>Presentation</th>
<th>Expiry Date</th>
<th>Price (ex man. excl. GST) $</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></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DACTINOMYCIN [ACTINOMYCIN D]</strong></td>
<td>Inj 0.5 mg vial</td>
<td></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></td>
<td>118.72 1 Pfizer</td>
<td></td>
</tr>
<tr>
<td><strong>DOXORUBICIN HYDROCHLORIDE</strong></td>
<td>Inj 2 mg per ml, 5 ml vial</td>
<td></td>
<td></td>
<td>Arrow-Doxorubicin</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 25 ml vial – 1% DV Mar-13 to 2015</td>
<td></td>
<td>17.00 1 Arrow-Doxorubicin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 50 ml vial</td>
<td></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></td>
<td>65.00 1 Arrow-Doxorubicin</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>ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>EPIRUBICIN HYDROCHLORIDE</strong></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml vial</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 25 ml vial – 1% DV Aug-12 to 2015</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 50 ml vial – 1% DV Aug-12 to 2015</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 100 ml vial – 1% DV Aug-12 to 2015</td>
</tr>
<tr>
<td><strong>IDARUBICIN HYDROCHLORIDE</strong></td>
</tr>
<tr>
<td>Cap 5 mg</td>
</tr>
<tr>
<td>Cap 10 mg</td>
</tr>
<tr>
<td>Inj 5 mg vial – 1% DV Sep-12 to 2015</td>
</tr>
<tr>
<td>Inj 10 mg vial – 1% DV Sep-12 to 2015</td>
</tr>
<tr>
<td><strong>MITOMYCIN C</strong></td>
</tr>
<tr>
<td>Inj 5 mg vial – 1% DV Oct-13 to 2016</td>
</tr>
<tr>
<td><strong>MITOZANTRONE</strong></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml vial</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 12.5 ml vial</td>
</tr>
<tr>
<td><strong>Antimetabolites</strong></td>
</tr>
<tr>
<td><strong>CAPECITABINE</strong></td>
</tr>
<tr>
<td>Tab 150 mg</td>
</tr>
<tr>
<td>Tab 500 mg</td>
</tr>
<tr>
<td><strong>CLADRIBINE</strong></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml vial</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td><strong>CYTARABINE</strong></td>
</tr>
<tr>
<td>Inj 20 mg per ml, 5 ml vial – 1% DV Nov-13 to 2016</td>
</tr>
<tr>
<td>Inj 20 mg per ml, 25 ml vial</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml vial – 1% DV Nov-13 to 2016</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 20 ml vial – 1% DV Nov-13 to 2016</td>
</tr>
<tr>
<td><strong>FLUDARABINE PHOSPHATE</strong></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jun-12 to 2015</td>
</tr>
<tr>
<td>Inj 50 mg vial – 1% DV Sep-11 to 2014</td>
</tr>
<tr>
<td><strong>FLUOROURACIL</strong></td>
</tr>
<tr>
<td>Inj 25 mg per ml, 100 ml vial</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 10 ml vial – 1% DV Aug-12 to 2015</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 50 ml vial</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td><strong>GEMCITABINE</strong></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml vial</td>
</tr>
<tr>
<td>Inj 200 mg vial</td>
</tr>
<tr>
<td>Inj 1 g vial</td>
</tr>
</tbody>
</table>

*Brand* indicates brand example only. It is not a contracted product.
**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCAPTOPURINE</td>
<td>Tab 50 mg – 1% DV Oct-13 to 2016</td>
<td>$49.41 25 Puri-nethol</td>
</tr>
<tr>
<td>METHOTREXATE</td>
<td>Tab 2.5 mg</td>
<td>$5.22 30 Methoblastin</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg</td>
<td>$40.93 50 Methoblastin</td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 mg per ml, 2 ml vial</td>
<td>$17.19 1 Methotrexate Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 7.5 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td>$17.25 1 Methotrexate Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td>$17.38 1 Methotrexate Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 15 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td>$17.50 1 Methotrexate Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 20 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td>$17.75 1 Methotrexate Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 25 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td>$18.03 1 Methotrexate Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 30 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td>$18.30 1 Methotrexate Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 25 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016</td>
<td>$20.20 5 Hospira</td>
</tr>
<tr>
<td></td>
<td>Inj 25 mg per ml, 20 ml vial – 1% DV Sep-13 to 2016</td>
<td>$27.78 1 Hospira</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 10 ml vial – 1% DV Nov-08 to 2014</td>
<td>$25.00 1 Methotrexate Ebewe</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 50 ml vial – 1% DV Nov-08 to 2014</td>
<td>$125.00 1 Methotrexate Ebewe</td>
</tr>
</tbody>
</table>

**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 ...................................................... $4,817.00 10 AFT

**BORTEZOMIB – Restricted** see terms below

* Inj 1 mg vial ................................................................. $540.70 1 Velcade
* Inj 3.5 mg vial ............................................................. $1,892.50 1 Velcade

**Initiation - treatment naive multiple myeloma/myeloidosis**

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/myeloidosis**

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


Note: Indications marked with * are Unapproved Indications.

**Continuation - relapsed/refractory multiple myeloma/myeloidosis**

Both:

continued...
continued...

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:
1 A known therapeutic chemotherapy regimen and supportive treatments; or
2 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-ASPARGINASE]

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10,000 iu vial</td>
<td>102.32</td>
<td>1 Leunase</td>
</tr>
</tbody>
</table>

DACARBAZINE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 200 mg vial</td>
<td>51.84</td>
<td>1 Hospira</td>
</tr>
</tbody>
</table>

ETOPOSIDE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 50 mg</td>
<td>340.73</td>
<td>20 Vepesid</td>
</tr>
<tr>
<td>Cap 100 mg</td>
<td>340.73</td>
<td>10 Vepesid</td>
</tr>
<tr>
<td>Inj 20 mg per ml, 5 ml vial</td>
<td>25.00</td>
<td>1 Mayne</td>
</tr>
</tbody>
</table>

ETOPOSIDE (AS PHOSPHATE)

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 mg vial</td>
<td>40.00</td>
<td>1 Etopophos</td>
</tr>
</tbody>
</table>

HYDROXYUREA

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 500 mg</td>
<td>31.76</td>
<td>100 Hydrea</td>
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IRINOTECAN HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 20 mg per ml, 2 ml vial</td>
<td>9.34</td>
<td>1 Irinotecan Actavis 40</td>
</tr>
<tr>
<td>Inj 20 mg per ml, 5 ml vial</td>
<td>23.34</td>
<td>1 Irinotecan Actavis 100</td>
</tr>
</tbody>
</table>

PEGASPARGASE – Restricted see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 750 IU per ml, 5 ml vial</td>
<td>3,005.00</td>
<td>1 Oncaspar</td>
</tr>
</tbody>
</table>

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.

PENTOSTATIN [DEOXYCOFORMYCIN]

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg vial</td>
<td>225.00</td>
<td>50 Natulan</td>
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</table>

PROCARBAZINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 50 mg</td>
<td>225.00</td>
<td>50 Natulan</td>
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</tbody>
</table>

TEMOZOLOMIDE – Restricted see terms on the next page

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 5 mg</td>
<td>8.00</td>
<td>5 Temaccord</td>
</tr>
<tr>
<td>Cap 20 mg</td>
<td>36.00</td>
<td>5 Temaccord</td>
</tr>
<tr>
<td>Cap 100 mg</td>
<td>175.00</td>
<td>5 Temaccord</td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td>410.00</td>
<td>5 Temaccord</td>
</tr>
</tbody>
</table>

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

e.g. Brand indicates brand example only. It is not a contracted product.
<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><strong>restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All of the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Either:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Patient has newly diagnosed glioblastoma multiforme; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Patient has newly diagnosed anaplastic astrocytoma*; and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>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 &gt;80), and in patients who have had at least a partial resection of the tumour.</td>
<td></td>
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</tr>
<tr>
<td><strong>Thalidomide</strong> – <strong>restricted</strong> see terms below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Either:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 The patient has multiple myeloma; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 The patient has systemic AL amyloidosis*; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The patient has erythema nodosum leprosum.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient has obtained a response from treatment during the initial approval period.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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</td>
<td></td>
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</tr>
<tr>
<td><strong>Tretinoin</strong></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Platinum Compounds</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>Carboplatin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml vial</td>
<td>20.00</td>
<td>1</td>
<td>Carboplatin Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 15 ml vial – 1% DV Jan-13 to 2015</td>
<td>19.50</td>
<td>1</td>
<td>Carbaccord</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 45 ml vial – 1% DV Jan-13 to 2015</td>
<td>48.50</td>
<td>1</td>
<td>Carbaccord</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>105.00</td>
<td>1</td>
<td>Carboplatin Ebewe</td>
</tr>
<tr>
<td><strong>Cisplatin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 50 ml vial</td>
<td>15.00</td>
<td>1</td>
<td>Cisplatin Ebewe</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml vial</td>
<td>21.00</td>
<td>1</td>
<td>Cisplatin Ebewe</td>
</tr>
<tr>
<td><strong>Oxaliplatin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg vial – 1% DV Aug-12 to 2015</td>
<td>15.32</td>
<td>1</td>
<td>Oxaliplatin Actavis 50</td>
</tr>
<tr>
<td>Inj 100 mg vial – 1% DV Aug-12 to 2015</td>
<td>25.01</td>
<td>1</td>
<td>Oxaliplatin Actavis 100</td>
</tr>
<tr>
<td><strong>Protein-Tyrosine Kinase Inhibitors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dasatinib</strong> – <strong>restricted</strong> see terms below</td>
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<td></td>
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</tr>
<tr>
<td>For use in patients with approval from the CML/GIST Co-ordinator</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.
ERLOTINIB – Restricted see terms below

$ Tab 100 mg ................................................................................................1,133.00 30 Tarceva
$ Tab 150 mg ................................................................................................1,700.00 30 Tarceva

**Restricted**

Initiation

*Re-assessment required after 3 months*

Either:

1. All of the following:
   1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
   1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
   1.3 Either:
      1.3.1 Patient is treatment naive; or
      1.3.2 Both:
         1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
         1.3.2.2 Patient has not received prior treatment with gefitinib; and
   1.4 Erlotinib is to be given for a maximum of 3 months, or
2. The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

**Continuation**

*Re-assessment required after 6 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

GEFITINIB – Restricted see terms below

$ 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 MESILATE – Restricted see terms below

$ Tab 100 mg ................................................................................................2,400.00 60 Glivec

**Restricted**

For use in patients with approval from the CML/GIST Co-ordinator.

LAPATINIB – Restricted see terms below

$ Tab 250 mg ................................................................................................1,899.00 70 Tykerb

**Restricted**

Initiation

*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 trastuzumab treatment for HER 2 positive metastatic breast cancer; and
   1.3 Either:
      1.3.1 The patient has HER 2 positive breast cancer and Karnofsky performance status of 70; or
      1.3.2 The patient has HER 2 positive breast cancer and Karnofsky performance status of 70; and
      1.3.3 The patient has HER 2 positive breast cancer and Karnofsky performance status of 70; and
   1.4 Lapatinib is to be given for a maximum of 3 months, or
2. The patient received funded lapatinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

**Continuation**

*Re-assessment required after 12 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.
continued...

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 – Restricted** see terms below

|$\$1,334.70$| $\$2,669.40$

<table>
<thead>
<tr>
<th>Tab 200 mg</th>
<th>Tab 400 mg</th>
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<tr>
<td>30 Votrient</td>
<td>30 Votrient</td>
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</table>

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 $\leq$ 70; or
   5.6 $\geq$ 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.

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 – **Restricted** see terms below

<table>
<thead>
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<th>Price (ex man. excl. GST)</th>
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<td>$2,315.38</td>
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<tr>
<td>$4,630.77</td>
<td>28 Sutent</td>
</tr>
<tr>
<td>$9,261.54</td>
<td>28 Sutent</td>
</tr>
</tbody>
</table>

**Re-assessment required after 3 months**

**Initiation - RCC**

1. The patient has metastatic renal cell carcinoma; and
2. Any of the following:
   1. The patient is treatment naive; or
   2. The patient has only received prior cytokine treatment; or
   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
   4. Both:
      1. The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
      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:
   1. Lactate dehydrogenase level > 1.5 times upper limit of normal; or
   2. Haemoglobin level < lower limit of normal; or
   3. Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or
   4. Interval of < 1 year from original diagnosis to the start of systemic therapy; or
   5. Karnofsky performance score of ≤ 70; or
   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:
   1. The patient’s disease has progressed following treatment with imatinib; or
   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. The patient has had a complete response (disappearance of all lesions and no new lesions); or
   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
   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

continued...
continued...

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>Price</th>
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<td>$48.75</td>
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<td>$195.00</td>
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**PACLITAXEL**

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<tr>
<td>$91.67</td>
<td>Paclitaxel Actavis</td>
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**Treatment of Cytotoxic-Induced Side Effects**

**CALCIUM FOLINATE**

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<td>DBL Leucovorin Calcium</td>
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<td>$24.50</td>
<td>Calcium Folate Ebewe</td>
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<td>$9.75</td>
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<tr>
<td>$90.00</td>
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**MESNA**

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<td>Uromitexan</td>
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<td>Uromitexan</td>
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<td>Uromitexan</td>
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**Vinca Alkaloids**

**VINBLASTINE SULPHATE**

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<tr>
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<tbody>
<tr>
<td>$137.50</td>
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ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

VINCRISTINE SULPHATE

| Inj 1 mg per ml, 1 ml vial – 1% DV Sep-13 to 2016 | 64.80 $ | 5 Hospira |
| Inj 1 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016 | 69.60 $ | 5 Hospira |

VINORELBINE

| Inj 10 mg per ml, 1 ml vial – 1% DV Sep-12 to 2015 | 12.85 $ | 1 Navelbine |
| Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015 | 64.25 $ | 1 Navelbine |

Endocrine Therapy

BICALUTAMIDE – Restricted see terms below

| Tab 50 mg – 1% DV Nov-11 to 2014 | 10.00 $ | 28 Bicalaccord |

For the treatment of advanced prostate cancer

FLUTAMIDE

| Tab 250 mg | 55.00 $ | 100 Flutamin |

MEGESTROL ACETATE

| Tab 160 mg – 1% DV Jan-13 to 2015 | 51.55 $ | 30 Apo-Megestrol |

OCTREOTIDE – Some items restricted see terms below

| Inj 50 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 | 19.24 $ | 5 Octreotide MaxRx |
| Inj 100 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 | 36.38 $ | 5 Octreotide MaxRx |
| Inj 500 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 | 131.25 $ | 5 Octreotide MaxRx |

| Inj 10 mg vial | 1,772.50 $ | 1 Sandostatin LAR |
| Inj 20 mg vial | 2,358.75 $ | 1 Sandostatin LAR |
| Inj 30 mg vial | 2,951.25 $ | 1 Sandostatin LAR |

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

Continuation - acromegaly

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

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months treatment. In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment continued…
continued... 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**

<table>
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<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $</th>
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<tbody>
<tr>
<td>Genox</td>
<td>Tab 10 mg</td>
<td>2.63</td>
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<td></td>
<td></td>
<td>17.50</td>
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<tr>
<td>Genox</td>
<td>Tab 20 mg – 1% DV Jun-11 to 2014</td>
<td>2.63</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8.75</td>
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**Aromatase Inhibitors**

**ANASTROZOLE**

<table>
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<tr>
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<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
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<tbody>
<tr>
<td>Aremed</td>
<td>Tab 1 mg</td>
<td>26.55</td>
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**EXEMESTANE**

<table>
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<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
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<tbody>
<tr>
<td>Aromasin</td>
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**LETROZOLE**

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<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
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<tr>
<td>Letraccord</td>
<td>Tab 2.5 mg – 1% DV Oct-12 to 2015</td>
<td>4.85</td>
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**Immunosuppressants**

**Calcineurin Inhibitors**

**CICLOSPORIN**

<table>
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<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
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<tbody>
<tr>
<td>Neoral</td>
<td>Cap 25 mg</td>
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<td></td>
<td>Cap 50 mg</td>
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<td></td>
<td>Cap 100 mg</td>
<td>177.81</td>
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<tr>
<td></td>
<td>Oral liq 100 mg per ml – 1% DV Oct-12 to 2015</td>
<td>198.13</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015</td>
<td>276.30</td>
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</table>

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

- 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
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

**Restricted**
For use in organ transplant recipients

### Fusion Proteins

ETANERCEPT – **Restricted** see terms below

- **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 Juvenile Idiopathic Arthritis (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:

1. **Both:**

continued…
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:

continued...
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or

2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of 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:

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>7.0 cm</td>
<td>5.5 cm</td>
</tr>
<tr>
<td>25-34</td>
<td>7.5 cm</td>
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<tr>
<td>35-44</td>
<td>6.5 cm</td>
<td>4.5 cm</td>
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<td>45-54</td>
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<td>5.0 cm</td>
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<tr>
<td>55-64</td>
<td>5.5 cm</td>
<td>4.0 cm</td>
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<td>65-74</td>
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<td>4.0 cm</td>
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<tr>
<td>75+</td>
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<td>2.5 cm</td>
</tr>
</tbody>
</table>

**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:

   continued…
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 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 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

Either:

1.1 The patient has experienced intolerable side effects from adalimumab; or
1.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; and
2 Patient must be reassessed for continuation after 3 doses.

**Initiation - plaque psoriasis, treatment-naive**

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

continued...
continued...

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

Both:

1 Either:
   1.1 Both:
      1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
      1.1.2 Following each prior 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

<table>
<thead>
<tr>
<th>ABCIXIMAB</th>
<th>Restricted see terms below</th>
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<tbody>
<tr>
<td>$ Inj 2 mg per ml, 5 ml vial</td>
<td>579.53</td>
</tr>
</tbody>
</table>

⇒ 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.

<table>
<thead>
<tr>
<th>ADALIMUMAB</th>
<th>Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Inj 20 mg per 0.4 ml syringe</td>
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<tr>
<td>$ Inj 40 mg per 0.8 ml pen</td>
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</tr>
<tr>
<td>$ Inj 40 mg per 0.8 ml syringe</td>
<td>1,799.92</td>
</tr>
</tbody>
</table>

⇒ Restricted

Initiation - juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 4 months

Either:

1 Either:
   1.1 Both:

continued…
continued...

1.1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and

1.1.2 Either:
   1.1.2.1 The patient has experienced intolerable side effects from etanercept; or
   1.1.2.2 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 Juvenile Idiopathic Arthritis (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 - 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

continued...
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:
      1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
      1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and
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

continued…
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. Adalimumab 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 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; or

2. All of the following:
   2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
   2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
   2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
   2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of 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.
continued...

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:

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<th>Age</th>
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<th>Female</th>
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<tr>
<td>25-34</td>
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<tr>
<td>35-44</td>
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<tr>
<td>45-54</td>
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</tr>
<tr>
<td>75+</td>
<td>3.0 cm</td>
<td>2.5 cm</td>
</tr>
</tbody>
</table>

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-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. 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
   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
Both:

continued…
continued...  

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; and

**Initiation - plaque psoriasis, treatment-naive**  
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 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*

Both:  
1 Either:
   1.1 Both:
      1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
      1.1.2 Following each prior 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:
continued...
Continued...

1.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

1.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre- etanercept treatment baseline value; and

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

### BASILIXIMAB – Restricted

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 20 mg vial</td>
<td>3,200.00</td>
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</tbody>
</table>

For use in solid organ transplants

### BEVACIZUMAB – Restricted

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<th>Price (ex man. excl. GST)</th>
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</tr>
<tr>
<td>Inj 25 mg per ml, 4 ml vial</td>
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</tr>
</tbody>
</table>

Either:

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

### INFLIXIMAB – Restricted

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 mg</td>
<td>1,227.00</td>
</tr>
</tbody>
</table>

For use in:

- 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:
   1. The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2. Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and
3. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance

#### Continuation - rheumatoid arthritis

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

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

All of the following:

1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
2. Either:
   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. 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.

*continued...*
continued…

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:
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
continued…
continued...

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 Behcet'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 further 3 months of therapy.

**Continuation - Crohn's disease (children)**

continued…
continued...

Gastroenterologist

Re-assessment required after 6 months

All of the following:

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

2. Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle; 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; 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 - severe ulcerative colitis

Gastroenterologist

continued...
All of the following:

1. Patient has histologically confirmed ulcerative colitis; and
2. The Simple Clinical Colitis Activity Index (SCCAI) is $\geq 4$
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.

**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; and
2. SCCAI score has reduced by $\geq 2$ 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:
   1.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
   1.2 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-naive**

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, thotrexate, 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**

*continued...*
continued...

Dermatologist

Re-assessment required after 3 doses

Both:

1 Either:
   1.1 Both:
      1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
      1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or

1.2 Both:
   1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
   1.2.2 Either:
      1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom sub-scores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
      1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and

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

RANIBIZUMAB – **Restricted** see terms below

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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 – **Restricted** see terms below

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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.

continued...
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.

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
   1.3 Both:
   1.3.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and
   1.3.2 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
All of the following:
1. The patient has had a rituximab treatment-free interval of 12 months or more; and
2. The patient has relapsed refractory/aggressive CD20 positive NHL; and

continued…
continued...

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 ≥ 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
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

continued...
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and

5 Any of the following:
   5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
   5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
   5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6 Either:
   6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
   6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7 Either:
   7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
   7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:
   8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Continuation - rheumatoid arthritis - re-treatment in 'partial responders' to rituximab**

Rheumatologist

*Re-assessment required after 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

continued...
continued...

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.

Initiation – severe cold haemagglutinin disease (CHAD)
Haematologist

Limited to 4 weeks’ treatment

Both:
1 Patient has cold haemagglutinin disease*; and
2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are Unapproved Indications.

Continuation – severe cold haemagglutinin disease (CHAD)
Haematologist

Limited to 4 weeks’ treatment

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

Note: Indications marked with * are Unapproved Indications.

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)
Haematologist

Limited to 4 weeks’ treatment

Both:
1 Patient has warm autoimmune haemolytic anaemia*; and
2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to >5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin.

Note: Indications marked with * are Unapproved Indications.

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)
Haematologist

Limited to 4 weeks’ treatment

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

Note: Indications marked with * are Unapproved Indications.

Initiation – immune thrombocytopenic purpura (ITP)

continued...
continued...

Haematologist

**Limited to 4 weeks' treatment**

Both:

1. Either:
   1.1 Patient has immune thrombocytopenic purpura* with a platelet count of \( \leq \) 20,000 platelets per microlitre; or
   1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and

2. Any of the following:
   2.1 Treatment with steroids and splenectomy have been ineffective; or
   2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
   2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

Note: Indications marked with * are Unapproved Indications.

**Continuation – immune thrombocytopenic purpura (ITP)**

Haematologist

**Limited to 4 weeks' treatment**

Either:

1. Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m\(^2\) weekly for 4 weeks) is now planned; or

2. All of the following:
   2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

**Initiation – thrombotic thrombocytopenic purpura (TTP)**

Haematologist

**Limited to 4 weeks' treatment**

Either:

1. Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or

2. Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are Unapproved Indications.

**Continuation – thrombotic thrombocytopenic purpura (TTP)**

Haematologist

**Limited to 4 weeks' treatment**

All of the following:

1. Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and

2. An initial response lasting at least 12 months was demonstrated; and


Note: Indications marked with * are Unapproved Indications.

**Initiation – pure red cell aplasia (PRCA)**

Haematologist

**Limited to 6 weeks' treatment**

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

Note: Indications marked with * are Unapproved Indications.

**Continuation – pure red cell aplasia (PRCA)**

Haematologist

**Limited to 6 weeks' treatment**

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

Note: Indications marked with * are Unapproved Indications.

**Initiation – ANCA associated vasculitis**
Rheumatologist or nephrologist

**Limited to 4 weeks’ treatment**

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. Either:
   2.1 Patient does not have MPO-ANCA positive vasculitis*; or
   2.2 Mycophenolate mofetil has not been effective in those patients who have MPO-ANCA positive vasculitis*; and
3. The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and
4. Any of the following:
   4.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve complete absence of disease after at least 3 months; or
   4.2 Patient has previously had a cumulative dose of cyclophosphamide >15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose >15 g; or
   4.3 Cyclophosphamide and methotrexate are contraindicated; or
   4.4 Patient is a female of child-bearing potential; or
   4.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are Unapproved Indications.

**Continuation – ANCA associated vasculitis**
Rheumatologist or nephrologist

**Limited to 4 weeks’ treatment**

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3. The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are Unapproved Indications.

**Initiation – treatment refractory systemic lupus erythematosus (SLE)**
Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are Unapproved Indications.

**Continuation – treatment refractory systemic lupus erythematosus (SLE)**
Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are Unapproved Indications.

**Antibody-mediated renal transplant rejection**
Nephrologist

continued...
continued...

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

Note: Indications marked with * are Unapproved Indications.

**ABO-incompatible renal transplant**

Nephrologist

Patient is to undergo an ABO-incompatible renal transplant*.

Note: Indications marked with * are Unapproved Indications.

**TOCILIZUMAB – Restricted** see terms below

- **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 reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

**TRASTUZUMAB – Restricted** see terms below

- **Early breast cancer**
  Limited to 12 months’ treatment
  
  All of the following:
  
  1. The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
  2. Maximum cumulative dose of 106 mg/kg (12 months’ treatment); and
  3. Any of the following:
     
     3.1 9 weeks’ concurrent treatment with adjuvant chemotherapy is planned; or
     3.2 12 months’ concurrent treatment with adjuvant chemotherapy is planned; or
     3.3 12 months’ sequential treatment following adjuvant chemotherapy is planned; or
     3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

- **Initiation - metastatic breast cancer (trastuzumab-naive 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

    continued…
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.

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

ANTITHYMOCYTE GLOBULIN (EQUINE)
   Inj 50 mg per ml, 5 ml ampoule .........................................................2,137.50 5  ATGAM

ANTITHYMOCYTE GLOBULIN (RABBIT)
   Inj 25 mg vial

AZATHIOPRINE
   Tab 50 mg ................................................................................................18.45 100  Imuprine
   Inj 50 mg vial .........................................................................................126.00 1  Imuran

BACILLUS CALMETTE-GUERIN (BCG) – Restricted see terms below
   Inj 2-8 × 10^8 CFU vial – 1% DV Sep-13 to 2016 ....................................149.37 1  OncoTICE

For use in bladder cancer
### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<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>

**MYCOPHENOLATE MOFETIL – Restricted** see terms below

- **Tab 500 mg – 1% DV Nov-13 to 2016** ................................................................. 25.00 50  **CellCept**
- **Cap 250 mg – 1% DV Nov-13 to 2016** ................................................................. 25.00 100  **CellCept**
- **Powder for oral liq 1 g per 5 ml – 1% DV Nov-13 to 2016** ......................... 187.25 165 ml  **CellCept**
- **Inj 500 mg vial – 1% DV Nov-13 to 2016** ......................................................... 133.33 4  **CellCept**

**PICIBANIL**

- **Inj 100 mg vial**

**SIROLIMUS – Restricted** see terms below

- **Tab 1 mg** ....................................................................................................... 813.00 100  **Rapamune**
- **Tab 2 mg** .................................................................................................... 1,626.00 100  **Rapamune**
- **Oral liq 1 mg per ml** ...................................................................................... 487.80 60 ml  **Rapamune**

**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

---

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

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

### Allergy Desensitisation

**BEE VENOM – Restricted** see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 120 mcg vial with diluent, 6 vial</td>
<td>$4.85</td>
<td>Alanase</td>
</tr>
<tr>
<td>Inj 550 mcg vial with diluent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**PAPER WASP VENOM – Restricted** see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 550 mcg vial with diluent</td>
<td>$5.75</td>
<td>Butacort Aqueous</td>
</tr>
</tbody>
</table>

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

**YELLOW JACKET WASP VENOM – Restricted** see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 550 mcg vial with diluent</td>
<td>$5.75</td>
<td>Butacort Aqueous</td>
</tr>
</tbody>
</table>

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

### Allergy Prophylactics

**BECLOMETHASONE DIPROPIONATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal spray 50 mcg per dose</td>
<td>$4.85</td>
<td>Alanase</td>
</tr>
<tr>
<td>Nasal spray 100 mcg per dose</td>
<td>$5.75</td>
<td>Alanase</td>
</tr>
</tbody>
</table>

**BUDESONIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal spray 50 mcg per dose</td>
<td>$4.85</td>
<td>Butacort Aqueous</td>
</tr>
<tr>
<td>Nasal spray 100 mcg per dose</td>
<td>$5.75</td>
<td>Butacort Aqueous</td>
</tr>
</tbody>
</table>

**FLUTICASONE PROPIONATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal spray 50 mcg per dose</td>
<td>$2.30</td>
<td>Flixonase Hayfever &amp; Allergy</td>
</tr>
</tbody>
</table>

1% DV Apr-13 to 2015

**IPRATROPIUM BROMIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal spray 0.03%</td>
<td></td>
</tr>
</tbody>
</table>

**SODIUM CROMOGLYCATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal spray 4%</td>
<td></td>
</tr>
</tbody>
</table>

### Antihistamines

**CETIRIZINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg – 1% DV Sep-11 to 2014</td>
<td>$1.59</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Nov-11 to 2014</td>
<td>$3.52</td>
</tr>
</tbody>
</table>

100 Zetop

200 ml Cetirizine - AFT

**CHLORPHENIRAMINE MALEATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 0.4 mg per ml</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
</tr>
</tbody>
</table>

**CYPROHEPTADINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 4 mg</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.
### RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEXOFENADINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 60 mg</td>
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</tr>
<tr>
<td>Tab 120 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 180 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LORATADINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Dec-13 to 2016</td>
<td>1.30</td>
<td>100</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml</td>
<td>3.10</td>
<td>100 ml</td>
</tr>
<tr>
<td><strong>PROMETHAZINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-12 to 2015</td>
<td>1.99</td>
<td>50</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Sep-12 to 2015</td>
<td>2.99</td>
<td>50</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Feb-13 to 2015</td>
<td>2.79</td>
<td>100 ml</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 2 ml ampoule</td>
<td>11.00</td>
<td>5</td>
</tr>
<tr>
<td><strong>TRIMEPRAZINE TARTRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 6 mg per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 3.26 20 Univent
- Nebuliser soln 250 mcg per ml, 2 ml ampoule – 1% DV Sep-13 to 2016 3.37 20 Univent

#### TIOTROPIUM BROMIDE – Restricted see terms below

- Powder for inhalation 18 mcg per dose 70.00 30 dose Spiriva

### 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 3.75 20 Duolin

---

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

*E.g. Brand indicates brand example only. It is not a contracted product.*
## RESPIRATORY SYSTEM AND ALLERGIES

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### Beta-Adrenoceptor Agonists

<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>

#### SALBUTAMOL
- Oral liq 400 mcg per ml – 1% **DV Jan-14 to 2016** …………………………………… 2.06 150 ml **Ventolin**
- Inj 500 mcg per ml, 1 ml ampoule
- Inj 1 mg per ml, 5 ml ampoule
- Aerosol inhaler, 100 mcg per dose ……………………………………………………… 4.00 200 dose **Salamol**
- Nebuliser soln 1 mg per ml, 2.5 ml ampoule – 1% **DV Nov-12 to 2015** ……… 3.25 20 **Asthalin**
- Nebuliser soln 2 mg per ml, 2.5 ml ampoule – 1% **DV Nov-12 to 2015** ……… 3.44 20 **Asthalin**

#### 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

#### PSEUDOEPHEDRINE HYDROCHLORIDE
- Tab 60 mg

#### SODIUM CHLORIDE
- Aqueous nasal spray 7.4 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

#### BECLOMETHASONE DIPROPIONATE
- Aerosol inhaler 50 mcg per dose ………………………………………………………… 8.54 200 dose **Beclazone 50**
- Aerosol inhaler 100 mcg per dose ………………………………………………………… 12.50 200 dose **Beclazone 100**
- Aerosol inhaler 250 mcg per dose ………………………………………………………… 22.67 200 dose **Beclazone 250**

#### BUDESONIDE
- Nebuliser soln 250 mcg per ml, 2 ml ampoule
- Nebuliser soln 500 mcg per ml, 2 ml ampoule
- Powder for inhalation 100 mcg per dose
- Powder for inhalation 200 mcg per dose
- Powder for inhalation 400 mcg per dose
FLUTICASONE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosol inhaler 50 mcg per dose</td>
<td>7.50</td>
<td>120 dose Flixotide</td>
</tr>
<tr>
<td>Powder for inhalation 50 mcg per dose</td>
<td>8.67</td>
<td>60 dose Flixotide Accuhaler</td>
</tr>
<tr>
<td>Powder for inhalation 100 mcg per dose</td>
<td>13.87</td>
<td>60 dose Flixotide Accuhaler</td>
</tr>
<tr>
<td>Aerosol inhaler 125 mcg per dose</td>
<td>13.60</td>
<td>120 dose Flixotide</td>
</tr>
<tr>
<td>Aerosol inhaler 250 mcg per dose</td>
<td>27.20</td>
<td>120 dose Flixotide</td>
</tr>
<tr>
<td>Powder for inhalation 250 mcg per dose</td>
<td>24.51</td>
<td>60 dose Flixotide Accuhaler</td>
</tr>
</tbody>
</table>

Leukotriene Receptor Antagonists

MONTELUKAST – Restricted see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 4 mg</td>
<td>18.48</td>
<td>28 Singulair</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>18.48</td>
<td>28 Singulair</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>18.48</td>
<td>28 Singulair</td>
</tr>
</tbody>
</table>

Pre-school wheeze

Both:
1. To be used for the treatment of intermittent severe wheezing (possibly viral); and
2. The patient has had at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention.

Exercise-induced asthma

Both:
1. Patient has been trialed with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and
2. Patient continues to receive optimal inhaled corticosteroid therapy; and
3. 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.

Long-Acting Beta-Adrenoceptor Agonists

EFORMOTEROL FUMARATE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder for inhalation 6 mcg per dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 12 mcg per dose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SALMETEROL

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosol inhaler 25 mcg per dose</td>
<td>26.46</td>
<td>120 dose Serevent</td>
</tr>
<tr>
<td>Powder for inhalation 50 mcg per dose</td>
<td>26.46</td>
<td>60 dose Serevent Accuhaler</td>
</tr>
</tbody>
</table>

Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

BUDESONIDE WITH EFOMOTEROL – Restricted see terms on the next page

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder for inhalation 100 mcg with efomoterol fumarate 6 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 200 mcg with efomoterol fumarate 6 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 400 mcg with efomoterol fumarate 12 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerosol inhaler 100 mcg with efomoterol fumarate 6 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerosol inhaler 200 mcg with efomoterol fumarate 6 mcg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RESPIRATORY SYSTEM AND ALLERGIES

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

### 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.

### FLUTICASONE WITH SALMETEROL

- Aerosol inhaler 50 mcg with salmeterol 25 mcg .............................................37.48 120 dose Seretide
- Powder for inhalation 100 mcg with salmeterol 50 mcg .................................37.48 60 dose Seretide Accuhaler
- Aerosol inhaler 125 mcg with salmeterol 25 mcg ...........................................49.69 120 dose Seretide
- Powder for inhalation 250 mcg with salmeterol 50 mcg .................................49.69 60 dose Seretide Accuhaler

### Mast Cell Stabilisers

- NEDOCROMIL
  - Aerosol inhaler 2 mg per dose

- SODIUM CROMOGLYCATE
  - Powder for inhalation 20 mg per dose
  - Aerosol inhaler 5 mg per dose

### Methylxanthines

- AMINOPHYLLINE
  - Inj 25 mg per ml, 10 ml ampoule – 1% DV Nov-11 to 2014..................53.75 5 DBL Aminophylline

- CAFFEINE CITRATE
  - Oral liq 20 mg per ml (caffeine 10 mg per ml) ................................................14.85 25 ml Biomed
  - Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule .................55.75 5 Biomed

- THEOPHYLLINE
  - Tab long-acting 250 mg
  - Oral liq 80 mg per 15 ml

### Mucolytics and Expectorants

- DORNASE ALFA – **Restricted** see terms below
  - Nebuliser soln 2.5 mg per 2.5 ml ampoule .................................................250.00 6 Pulmozyme

**Restricted**

Any of the following:

1. Cystic fibrosis and the patient has been approved by the Cystic Fibrosis Panel; and/or
2. Significant mucus production and meets the following criteria
3. Treatment for up to four weeks for patients meeting the following:
   3.1 Patient is an in-patient; and
   3.2 The mucus production cannot be cleared by first line chest techniques; or
4. Treatment for up to three days for patients diagnosed with empyema.

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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>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Chloride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 7%, 90 ml bottle</td>
<td>23.50</td>
<td>Biomed</td>
</tr>
</tbody>
</table>

### Pulmonary Surfactants

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beractant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 200 mg per 8 ml vial</td>
<td>550.00</td>
<td>Survanta</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Poractant Alfa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 120 mg per 1.5 ml vial</td>
<td>425.00</td>
<td>Curosurf</td>
</tr>
<tr>
<td>Soln 240 mg per 3 ml vial</td>
<td>695.00</td>
<td>Curosurf</td>
</tr>
</tbody>
</table>

### Respiratory Stimulants

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxapram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mg per ml, 5 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sclerosing Agents

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln (slurry) 100 mg per ml, 50 ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Anti-Infective Preparations
### Antibacterials

<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>CHLORAMPHENICOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 1% – 1% DV Jan-13 to 2015</td>
<td>2.76</td>
<td>Chlorsig</td>
</tr>
<tr>
<td>Ear drops 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5% – 1% DV Sep-12 to 2015</td>
<td>1.20</td>
<td>Chlorfast</td>
</tr>
<tr>
<td>Eye drops 0.5%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CIPROFLOXACIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FRAMYCETIN SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear/eye drops 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FUSIDIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td>4.50</td>
<td>Fucithalmic</td>
</tr>
<tr>
<td><strong>GENTAMICIN SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.3%</td>
<td>11.40</td>
<td>Genoptic</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></td>
<td></td>
</tr>
<tr>
<td>Eye oint 0.3% – 1% DV Sep-11 to 2014</td>
<td>10.45</td>
<td>Tobrex</td>
</tr>
<tr>
<td>Eye drops 0.3% – 1% DV Sep-11 to 2014</td>
<td>11.48</td>
<td>Tobrex</td>
</tr>
</tbody>
</table>

### Antifungals

<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>NATAMYCIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antivirals

<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>ACICLOVIR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Combination Preparations

<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>DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN</strong></td>
<td></td>
<td></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 POLYMYXIN B SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DEXAMETHASONE WITH TOBRAMYCIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% with tobramycin 0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLUMETASONE PIVALATE WITH CLIQUINOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear drops 0.02% with clioquinol 1%</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.
<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCORTISONE WITH CIROFLOXACIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear drops 1% with ciprofloxacin 0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN</td>
<td>5.16 7.5 ml</td>
<td>Kenacomb</td>
</tr>
<tr>
<td>Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Anti-Inflammatory Preparations**

**Corticosteroids**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEXAMETHASONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 0.1% – 1% DV Sep-11 to 2014</td>
<td>5.86 3.5 g</td>
<td>Maxidex</td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUOROMETHOLONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% – 1% DV Dec-12 to 2015</td>
<td>3.80 5 ml</td>
<td>Flucon</td>
</tr>
<tr>
<td>PREDNISOLONE ACETATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%, single dose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Non-Steroidal Anti-Inflammatory Drugs**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DICLOFENAC SODIUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% – 1% DV Sep-11 to 2014</td>
<td>13.80 5 ml</td>
<td>Voltaren Ophtha</td>
</tr>
<tr>
<td>Eye drops 0.1%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOROLAC TROMETAMOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Decongestants and Antiallergics**

**Antiallergic Preparations**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVOCABASTINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.05%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LODOXAMIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OLOPATADINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM CROMOGLYCATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Decongestants**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAPHAZOLINE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% – 1% DV Sep-11 to 2014</td>
<td>4.15 15 ml</td>
<td>Naphcon Forte</td>
</tr>
</tbody>
</table>

*Item restricted (see ➸ above); Item restricted (see ➸ below)*

*E.g. Brand indicates brand example only. It is not a contracted product.*
### Diagnostic and Surgical Preparations

#### Diagnostic Dyes

**FLUORESCEIN SODIUM**
- Eye drops 2%, single dose
- Inj 10%, 5 ml vial ................................................................. 125.00 12 Fluorescite
- Ophthalmic strips 1 mg

**FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE**
- Eye drops 0.25% with lignocaine hydrochloride 4%, single dose

**LISSAMINE GREEN**
- Ophthalmic strips 1.5 mg

**ROSE BENGAL SODIUM**
- Ophthalmic strips 1%

#### Irrigation Solutions

**CALCIUM CHLORIDE WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE, SODIUM CHLORIDE AND SODIUM CITRATE**
- Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml  
  - e.g. Balanced Salt Solution
- Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml  
  - e.g. Balanced Salt Solution
- Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml  
  - e.g. Balanced Salt Solution

#### Ocular Anaesthetics

**OXYBUPROCAINE HYDROCHLORIDE**
- Eye drops 0.4%, single dose

**PROXYMETACAINE HYDROCHLORIDE**
- Eye drops 0.5%

**TETRACAINE [AMETHOCAINE] HYDROCHLORIDE**
- Eye drops 0.5%, single dose
- Eye drops 1%, single dose

#### Viscoelastic Substances

**HYPROMELLOSE**
- Inj 2%, 1 ml syringe
- Inj 2%, 2 ml syringe
### SODIUM HYALURONATE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 14 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015</td>
<td>50.00</td>
<td>1 Healon GV</td>
</tr>
<tr>
<td>Inj 14 mg per ml, 0.55 ml syringe – 1% DV Oct-12 to 2015</td>
<td>50.00</td>
<td>1 Healon GV</td>
</tr>
<tr>
<td>Inj 23 mg per ml, 0.6 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015</td>
<td>30.00</td>
<td>1 Provisc</td>
</tr>
</tbody>
</table>

### SODIUM HYALURONATE WITH CHONDROITIN SULPHATE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</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 per ml, 0.4 ml syringe</td>
<td>64.00</td>
<td>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 per ml, 0.55 ml syringe – 1% DV Sep-11 to 2014</td>
<td>74.00</td>
<td>1 Duovisc</td>
</tr>
<tr>
<td>Inj 30 mg with chondroitin sulphate 40 mg per ml, 0.75 ml syringe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other

**RIBOFLAVIN 5-PHOSPHATE**

Soln trans epithelial riboflavin

- Inj 0.1%
- Inj 0.1% plus 20% dextran T500

### Glaucoma Preparations

#### Beta Blockers

**BETAXOLOL**

- Eye drops 0.25%
- Eye drops 0.5%

**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 – 1% DV Mar-14 to 2016 .................................. 3.30 2.5 ml Timoptol XE
- Eye drops 0.5%
- Eye drops 0.5%, gel forming – 1% DV Mar-14 to 2016 .................................. 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
<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PILOCARPINE HYDROCHLORIDE</strong></td>
<td></td>
</tr>
<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**

- **BIMATOPROST**
  - Eye drops 0.03%

- **LATANOPROST**
  - Eye drops 0.005% – 1% DV Sep-12 to 2015..............................................1.99 2.5 ml Hysite

- **TRAVOPROST**
  - Eye drops 0.004%

**Sympathomimetics**

- **APRACLONIDINE**
  - Eye drops 0.5%

- **BRIMONIDINE TARTRATE**
  - Eye drops 0.2% – 1% DV Jul-12 to 2014 ......................................................6.45 5 ml Arrow-Brimonidine

- **BRIMONIDINE TARTRATE WITH TIMOLOL**
  - Eye drops 0.2% with timolol 0.5%

**Mydriatics and Cycloplegics**

**Anticholinergic Agents**

- **ATROPINE SULPHATE**
  - Eye drops 0.5%
  - Eye drops 1%, single dose
  - Eye drops 1% .................................................................17.36 15 ml Atropt

- **CYCLOPENTOLATE HYDROCHLORIDE**
  - Eye drops 0.5%, single dose
  - Eye drops 1%
  - Eye drops 1%, single dose

- **TROPICAMIDE**
  - Eye drops 0.5% – 1% DV Sep-11 to 2014......................................................7.15 15 ml Mydriacyl
  - Eye drops 0.5%, single dose
  - Eye drops 1% – 1% DV Sep-11 to 2014......................................................8.66 15 ml Mydriacyl
  - Eye drops 1%, single dose

**Sympathomimetics**

- **PHENYLEPHRINE HYDROCHLORIDE**
  - Eye drops 2.5%, single dose
  - Eye drops 10%, single dose

**Ocular Lubricants**

- **CARBOMER**
  - Ophthalmic gel 0.3%, single dose .........................................................8.25 30 Poly Gel
  - Ophthalmic gel 0.2%
<table>
<thead>
<tr>
<th>SENSORY ORGANS</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>Per</td>
</tr>
<tr>
<td><strong>CARMELLOSE SODIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYPROMELLOSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td>3.92</td>
<td>Methopt</td>
</tr>
<tr>
<td><strong>HYPROMELLOSE WITH DEXTRAN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.3% with dextran 0.1%</td>
<td>2.30</td>
<td>Poly-Tears</td>
</tr>
<tr>
<td>Eye drops 0.3% with dextran 0.1%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MACROGOL 400 AND PROPYLENE GLYCOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose</td>
<td>4.30</td>
<td>Systane Unit Dose</td>
</tr>
<tr>
<td><strong>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 42.5% with soft white paraffin 57.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PARAFFIN LIQUID WITH WOOL FAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 3% with wool fat 3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POLYVINYL ALCOHOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1.4%</td>
<td>2.95</td>
<td>Vistil</td>
</tr>
<tr>
<td></td>
<td>3.62</td>
<td>Liquifilm Tears</td>
</tr>
<tr>
<td>Eye drops 3%</td>
<td>3.80</td>
<td>Vistil Forte</td>
</tr>
<tr>
<td></td>
<td>3.88</td>
<td>Liquifilm Forte</td>
</tr>
<tr>
<td><strong>POLYVINYL ALCOHOL WITH POVIDONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1.4% with povidone 0.6%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RETINOL PALMITATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 138 mcg per g</td>
<td>3.80</td>
<td>VitA-POS</td>
</tr>
<tr>
<td><strong>SODIUM HYALURONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1 mg per ml</td>
<td>22.00</td>
<td>Hylo-Fresh</td>
</tr>
<tr>
<td><strong>Other Otological Preparations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ACETIC ACID WITH PROPYLENE GLYCOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear drops 2.3% with propylene glycol 2.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOCUSATE SODIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear drops 0.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*e.g. Brand indicates brand example only. It is not a contracted product.*
## Agents Used in the Treatment of Poisonings

### Antidotes

**ACETYLCYSTEINE**
- Tab eff 200 mg
- Inj 200 mg per ml, 10 ml ampoule – 1% DV Jul-12 to 2015
  - Price: $178.00 10
  - Brand: Martindale
  - Generic: Acetylcysteine
- Inj 200 mg per ml, 30 ml vial
  - Price: $219.00
  - Brand: Acetadote

**DIGOXIN IMMUNE FAB**
- Inj 38 mg vial
- Inj 40 mg vial

**ETHANOL**
- Liq 96%

**ETHANOL WITH GLUCOSE**
- Inj 10% with glucose 5%, 500 ml bottle

**ETHANOL, DEHYDRATED**
- Inj 100%, 5 ml ampoule

**FLUMAZENIL**
- Inj 0.1 mg per ml, 5 ml ampoule
  - Price: $170.10 5
  - Brand: Anexate

**HYDROXOCOBALAMIN**
- Inj 5 g vial
- Inj 2.5 g vial

**NALOXONE HYDROCHLORIDE**
- Inj 400 mcg per ml, 1 ml ampoule
  - Price: $33.00 5
  - Brand: Mayne

**PRLIDOXIME IODIDE**
- Inj 25 mg per ml, 20 ml ampoule

**SODIUM NITRITE**
- Inj 30 mg per ml, 10 ml ampoule

**SODIUM THIOSULFATE**
- Inj 500 mg per ml, 20 ml ampoule
- Inj 250 mg per ml, 10 ml vial
- Inj 500 mg per ml, 10 ml vial

**SOYA OIL**
- Inj 20%, 500 ml bag
- Inj 20%, 500 ml bottle

### Antitoxins

**BOTULISM ANTITOXIN**
- Inj 250 ml vial

**DIPHTHERIA ANTITOXIN**
- Inj 10,000 iu vial

### Antivenoms

**RED BACK SPIDER ANTIVENOM**
- Inj 500 u vial
<table>
<thead>
<tr>
<th><strong>Item restricted (see ° above); Item restricted (see ¯ below)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>e.g. Brand</em> indicates brand example only. It is not a contracted product.*</td>
</tr>
</tbody>
</table>

### VARIOUS

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

#### SNAKE ANTIVENOM

**Inj 50 ml vial**

**Removal and Elimination**

<table>
<thead>
<tr>
<th><strong>CHARCOAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 200 mg per ml .................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DEFERIPRONE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg .................................................................</td>
</tr>
<tr>
<td>Oral liq 100 mg per ml ..................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DESFERRIOXAMINE MESILATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 500 mg vial .................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DICOBALT EDETATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 15 mg per ml, 20 ml ampoule</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DIMERCAPROL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DIMERCAPTONOSUCCINIC ACID</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 100 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DISODIUM EDETATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 150 mg per ml, 20 ml ampoule</td>
</tr>
<tr>
<td>Inj 150 mg per ml, 20 ml vial</td>
</tr>
<tr>
<td>Inj 150 mg per ml, 100 ml vial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SODIUM CALCIUM EDETATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 200 mg per ml, 2.5 ml ampoule</td>
</tr>
<tr>
<td>Inj 200 mg per ml, 5 ml ampoule</td>
</tr>
</tbody>
</table>

#### Antiseptics and Disinfectants

<table>
<thead>
<tr>
<th><strong>CHLORHEXIDINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 4% .................................................................</td>
</tr>
<tr>
<td>Soln 5% .................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CHLORHEXIDINE WITH CETRIMIDE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cm 0.1% with cetrimide 0.5%</td>
</tr>
<tr>
<td>Foaming soln 0.5% with cetrimide 0.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CHLORHEXIDINE WITH ETHANOL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml .................</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, non-staining (pink) 100 ml ..................</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml ..................</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, staining (red) 100 ml ..........................</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, staining (red) 100 ml ...............................</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml ..................</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, staining (red) 500 ml ...........................</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, staining (red) 500 ml ...............................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>IODINE WITH ETHANOL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 1% with ethanol 70%, 100 ml ............................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ISOPROPYL ALCOHOL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 70%, 500 ml ...............................................................</td>
</tr>
</tbody>
</table>

5.65 | healthE |
### 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>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>POVIDONE-IODINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal tab 200 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Restricted**

Rectal administration pre-prostate biopsy.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oint 10%</strong></td>
<td>3.27</td>
<td>25 g Betadine</td>
</tr>
<tr>
<td><strong>Soln 10%</strong></td>
<td>2.95</td>
<td>100 ml Riodine</td>
</tr>
<tr>
<td><strong>Soln 5%</strong></td>
<td>6.20</td>
<td>500 ml Riodine</td>
</tr>
<tr>
<td><strong>Soln 7.5%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pad 10%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Swab set 10%</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

POVIDONE-IODINE WITH ETHANOL

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soln 10% with ethanol 30%</strong></td>
<td>10.00</td>
<td>500 ml Betadine Skin Prep</td>
</tr>
<tr>
<td><strong>Soln 10% with ethanol 70%</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SODIUM HYPOCHLORITE

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soln</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Contrast Media

#### Iodinated X-ray Contrast Media

**DIATRIZOATE MEGLUMINE WITH DIATRIZOATE SODIUM**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 660 mg per ml with diatrizoate sodium 100 mg per ml, 100 ml</td>
<td>21.00</td>
<td>100 ml Gastrografin</td>
</tr>
<tr>
<td>Inj 370 mg with sodium amidotrizoate 100 mg per ml, 50 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 146 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle</td>
<td>210.00</td>
<td>10 Gastrografin</td>
</tr>
</tbody>
</table>

**DIATRIZOATE SODIUM**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 370 mg per ml, 10 ml sachet</td>
<td>156.12</td>
<td>50 Ioscan</td>
</tr>
</tbody>
</table>

**IODISED OIL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 480 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IODIXANOL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 270 mg per ml, 20 ml vial</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 270 mg per ml, 50 ml bottle</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 270 mg per ml, 100 ml bottle</td>
<td>447.00</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 20 ml vial</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 50 ml bottle</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 100 ml bottle</td>
<td>447.00</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 150 ml bottle</td>
<td>670.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 200 ml bottle</td>
<td>565.56</td>
<td>6 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 300 ml bottle</td>
<td>894.00</td>
<td>10 Visipaque</td>
</tr>
</tbody>
</table>

**IODOXANOL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 270 mg per ml, 20 ml vial</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 270 mg per ml, 50 ml bottle</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 270 mg per ml, 100 ml bottle</td>
<td>447.00</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 20 ml vial</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 50 ml bottle</td>
<td>223.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 100 ml bottle</td>
<td>447.00</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 150 ml bottle</td>
<td>670.50</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 200 ml bottle</td>
<td>565.56</td>
<td>6 Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml, 300 ml bottle</td>
<td>894.00</td>
<td>10 Visipaque</td>
</tr>
<tr>
<td>VARIOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOHEXOL</td>
<td></td>
</tr>
<tr>
<td>Inj 240 mg per ml, 50 ml bottle ...........................................</td>
<td>77.80</td>
</tr>
<tr>
<td>Inj 300 mg per ml, 20 ml bottle ...........................................</td>
<td>24.00</td>
</tr>
<tr>
<td>Inj 300 mg per ml, 50 ml bottle ...........................................</td>
<td>77.80</td>
</tr>
<tr>
<td>Inj 300 mg per ml, 100 ml bottle ..........................................</td>
<td>155.60</td>
</tr>
<tr>
<td>Inj 300 mg per ml, 500 ml bottle ..........................................</td>
<td>468.00</td>
</tr>
<tr>
<td>Inj 350 mg per ml, 20 ml bottle ...........................................</td>
<td>24.00</td>
</tr>
<tr>
<td>Inj 350 mg per ml, 50 ml bottle ...........................................</td>
<td>77.80</td>
</tr>
<tr>
<td>Inj 350 mg per ml, 75 ml bottle ...........................................</td>
<td>116.70</td>
</tr>
<tr>
<td>Inj 350 mg per ml, 100 ml bottle ..........................................</td>
<td>155.60</td>
</tr>
<tr>
<td>Inj 350 mg per ml, 200 ml bottle ..........................................</td>
<td>311.16</td>
</tr>
<tr>
<td>IOPEPROL</td>
<td></td>
</tr>
<tr>
<td>Inj 150 mg per ml, 50 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 300 mg per ml, 20 ml vial</td>
<td></td>
</tr>
<tr>
<td>Inj 300 mg per ml, 50 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 300 mg per ml, 100 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 350 mg per ml, 20 ml vial</td>
<td></td>
</tr>
<tr>
<td>Inj 350 mg per ml, 50 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 350 mg per ml, 75 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 350 mg per ml, 100 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 400 mg per ml, 50 ml bottle</td>
<td></td>
</tr>
<tr>
<td>IOPROMIDE</td>
<td></td>
</tr>
<tr>
<td>Inj 240 per ml, 50 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 300 per ml, 20 ml vial</td>
<td></td>
</tr>
<tr>
<td>Inj 300 per ml, 50 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 370 per ml, 30 ml vial</td>
<td></td>
</tr>
<tr>
<td>Inj 370 per ml, 50 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 370 per ml, 100 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 370 per ml, 200 ml bottle</td>
<td></td>
</tr>
<tr>
<td>Inj 300 per ml, 100 ml bottle</td>
<td></td>
</tr>
<tr>
<td>IOTROLAN</td>
<td></td>
</tr>
<tr>
<td>Inj 240 mg per ml, 10 ml vial</td>
<td></td>
</tr>
</tbody>
</table>

e.g. Brand indicates brand example only. It is not a contracted product.
## Non-iodinated X-ray Contrast Media

**BARIUM SULPHATE**
- Powder for enema 397 g
- Powder for oral liq 10,000 g
- Powder for oral liq 100 g
- Powder for oral liq 148 g
- Powder for oral liq 22.1 g
- Powder for oral liq 300 g
- Powder for oral liq 340 g
- Eosophageal cream 30 mg per g
- Eosophageal cream 600 mg per g
- Liq 1,000 mg per ml
- Oral liq 1 mg per ml
- Oral liq 1,250 mg per ml
- Oral liq 13 mg per ml
- Oral liq 130 mg per ml
- Oral liq 21 mg per ml
- Oral liq 400 mg per ml
- Eosophageal paste 400 mg per ml
- Oral liq 22 mg per g, 250 ml .................................................................175.00 24 CT Plus+
- Oral liq 22 mg per g, 450 ml .................................................................220.00 24 CT Plus+
- Enema 1,250 mg per ml

**CITRIC ACID WITH SODIUM BICARBONATE**
- Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet

## Paramagnetic Contrast Media

**GADOBENIC ACID**
- Inj 334 mg per ml, 10 ml vial .................................................................324.74 10 Multihance
- Inj 334 mg per ml, 20 ml vial .................................................................636.28 10 Multihance

**GADOBUTROL**
- Inj 1 mmol per ml, 15 ml vial
- Inj 1 mmol per ml, 7.5 ml syringe ............................................................253.10 5 Gadovist

**GADODIAMIDE**
- Inj 287 mg per ml, 10 ml syringe .............................................................220.00 10 Omniscan
- Inj 287 mg per ml, 10 ml vial .................................................................180.00 10 Omniscan
- Inj 287 mg per ml, 5 ml vial
- Inj 287 mg per ml, 15 ml syringe .............................................................330.00 10 Omniscan
- Inj 287 mg per ml, 15 ml vial .................................................................270.00 10 Omniscan
- Inj 287 mg per ml, 20 ml syringe .............................................................440.00 10 Omniscan
- Inj 287 mg per ml, 20 ml vial

**GADOTERIC ACID**
- Inj 0.5 mmol per ml, 10 ml syringe
- Inj 0.5 mmol per ml, 20 ml syringe
- Inj 0.5 mmol per ml, 10 ml bottle
- Inj 0.5 mmol per ml, 20 ml bottle
- Inj 0.5 mmol per ml, 5 ml bottle

---

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>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GADOXETATE DISODIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 181 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEGLUMINE GADOPENTETATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 469 mg per ml, 10 ml syringe</td>
<td>92.00 5</td>
<td>Magnevist</td>
</tr>
<tr>
<td>Inj 469 mg per ml, 10 ml vial</td>
<td>184.00 10</td>
<td>Magnevist</td>
</tr>
<tr>
<td>Inj 469 mg per ml, 15 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 469 mg per ml, 20 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ultrasound Contrast Media</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PLERFUTREN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1.1 mg per ml, 2 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARGININE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 500 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg per ml, 300 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HISTAMINE ACID PHOSPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 0.6%, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 2.5%, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 5%, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METHACHOLINE CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECRETIN PENTAHYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 u ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SINCALIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mcg per vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TUBERCULIN, PURIFIED PROTEIN DERIVATIVE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 TU per 0.1 ml, 1 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Dyes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BONNEY'S BLUE DYE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDIGO CARMINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 4 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 8 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDOCYANINE GREEN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 25 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METHYLTHIONINUM CHLORIDE [METHYLENE BLUE]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PATENT BLUE V</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2.5%, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Irrigation Solutions

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
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<tbody>
<tr>
<td><strong>CHLORHEXIDINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.02%, bottle</td>
<td>2.92</td>
<td>Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.05%, bottle</td>
<td>3.02</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>3.63</td>
<td>Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.1%, bottle</td>
<td>3.10</td>
<td>Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.5%, bottle</td>
<td>4.69</td>
<td>Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.02%, 500 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.1%, 30 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHLORHEXIDINE WITH CETRIMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule</td>
<td>3.21</td>
<td>Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.015% with cetrimide 0.15%, bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.47</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>4.17</td>
<td>Baxter</td>
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<tr>
<td>Irrigation soln 0.05% with cetrimide 0.5%, bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.20</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>3.87</td>
<td>Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.1% with cetrimide 1%, bottle</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>4.38</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>5.81</td>
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<tr>
<td><strong>GLYCINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 1.5%, bottle</td>
<td>11.38</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>14.44</td>
<td>Baxter</td>
</tr>
<tr>
<td><strong>SODIUM CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.9%, 30 ml ampoule – <strong>1% DV Nov-11 to 2014</strong></td>
<td>19.50</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Irrigation soln 0.9%, bottle</td>
<td>2.49</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>2.88</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>2.96</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>10.00</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>12.67</td>
<td>Baxter</td>
</tr>
<tr>
<td><strong>WATER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln, bottle</td>
<td>2.68</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>2.61</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>2.75</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>9.71</td>
<td>Baxter</td>
</tr>
<tr>
<td></td>
<td>15.80</td>
<td>Baxter</td>
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## Surgical Preparations

<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>BISMUTH SUBNITRATE AND IODOFORM PARAFFIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIMETHYL SULFOXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 99%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENOL WITH IOXAGLIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 12%, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TROMETAMOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 36 mg per ml, 500 ml bottle</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.
# Cardioplegia Solutions

## ELECTROLYTES

<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>

**Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag**

**e.g. Cardioplegia Enriched Paed. Soln.**

**Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag**

**e.g. Cardioplegia Enriched Solution**

**Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg per ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag**

**e.g. Cardioplegia Base Solution**

**Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag**

**e.g. Cardioplegia Electrolyte Solution**

**Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag**

**MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE**

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

**MONOSODIUM L-ASPARTATE**

**Inj 14 mmol per 10 ml, 10 ml**

## Cold Storage Solutions

**SODIUM WITH POTASSIUM**

**Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag**

†Item restricted (see ➝ above); ‡Item restricted (see ➝ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.
### Extemporaneously Compounded Preparations

<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>ACETIC ACID</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Liq</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder BP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARACHIS OIL [PEANUT OIL]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liq</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ASCORBIC ACID</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BENZoin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tincture compound BP</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BISMUTH SUBGALLATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORIC ACID</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARBOXYMETHYLCELLULOSE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 1.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CETRIMIDE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Soln 40%</td>
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<tr>
<td>CHLORHEXIDINE GLUCONATE</td>
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</tr>
<tr>
<td>Soln 20%</td>
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<tr>
<td>CHLOROFORM</td>
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</tr>
<tr>
<td>Liq BP</td>
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<td></td>
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</tr>
<tr>
<td>CITRIC ACID</td>
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<tr>
<td>Powder BP</td>
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</tr>
<tr>
<td>CLOVE OIL</td>
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<tr>
<td>Liq</td>
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</tr>
<tr>
<td>COAL TAR</td>
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<tr>
<td>Soln BP</td>
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<td></td>
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</tr>
<tr>
<td>CODEINE PHOSPHATE</td>
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<tr>
<td>Powder</td>
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<tr>
<td>COLLODION FLEXIBLE</td>
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</tr>
<tr>
<td>Liq</td>
<td></td>
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</tr>
<tr>
<td>COMPOUND HYDROXYBENZOATE</td>
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<td></td>
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<tr>
<td>Soln</td>
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<tr>
<td>CYSTEAMINE HYDROCHLORIDE</td>
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<tr>
<td>Powder</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE</td>
<td>37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule</td>
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</tr>
<tr>
<td>DITHRANOL</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Powder</td>
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</table>
## Extemporaneously Compounded Preparations and Galenicals

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>GLUCOSE</td>
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<tr>
<td>GLYCERIN WITH SODIUM SACCHARIN</td>
<td>$35.50</td>
<td>Ora-Sweet SF</td>
</tr>
<tr>
<td>GLYCERIN WITH SUCROSE</td>
<td>$35.50</td>
<td>Ora-Sweet</td>
</tr>
<tr>
<td>GLYCEROL</td>
<td>$19.80</td>
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<td>HYDROCORTISONE</td>
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<td>ABM</td>
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<tr>
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<td>MAGNESIUM HYDROXIDE</td>
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<tr>
<td>MENTHOL</td>
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<td>METHADONE HYDROCHLORIDE</td>
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<td>METHYL HYDROXYBENZOATE</td>
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<td>METHYLCELLULOSE</td>
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<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN</td>
<td>$35.50</td>
<td>ABM</td>
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<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SUCROSE</td>
<td>$35.50</td>
<td>ABM</td>
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<tr>
<td>OLIVE OIL</td>
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<td>PARAFFIN</td>
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<td>PHENOBARBITONE SODIUM</td>
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<tr>
<td>PHENOL</td>
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<tr>
<td>PILOCARPINE NITRATE</td>
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<td>POLYHEXAMETHYLENE BIGUANIDE</td>
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<tr>
<td>Povidone K30</td>
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<tr>
<td>PROPYLENE GLYCOL</td>
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*Item restricted (see ➤ above); †Item restricted (see ➤ below)

*e.g. Brand indicates brand example only. It is not a contracted product.*
### Extemporaneously Compounded Preparations and Galenicals

<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><strong>SALICYLIC ACID</strong></td>
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<tr>
<td>Powder</td>
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</tr>
<tr>
<td><strong>SILVER NITRATE</strong></td>
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</tr>
<tr>
<td>Crystals</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>SODIUM BICARBONATE</strong></td>
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<tr>
<td>Powder BP</td>
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<tr>
<td><strong>SODIUM CITRATE</strong></td>
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<tr>
<td>Powder</td>
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<tr>
<td><strong>SODIUM METABISULFITE</strong></td>
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<td><strong>STARCH</strong></td>
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</tr>
<tr>
<td>Powder</td>
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</tr>
<tr>
<td><strong>SULPHUR</strong></td>
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</tr>
<tr>
<td>Precipitated</td>
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</tr>
<tr>
<td>Sublimed</td>
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</tr>
<tr>
<td><strong>SYRUP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liq (pharmaceutical grade)</td>
<td>21.75</td>
<td>2,000 ml</td>
<td>Midwest</td>
</tr>
<tr>
<td><strong>TRI-SODIUM CITRATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRICHLORACETIC ACID</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grans</td>
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</tr>
<tr>
<td><strong>UREA</strong></td>
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<td></td>
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</tr>
<tr>
<td>Powder BP</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>WOOL FAT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint, anhydrous</td>
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</tr>
<tr>
<td><strong>XANTHAN</strong></td>
<td></td>
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</tr>
<tr>
<td>Gum 1%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>ZINC OXIDE</strong></td>
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</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Food Modules

**Carbohydrate**

- **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 – **Restricted** see terms above
      - Powder 95 g carbohydrate per 100 g, 368 g can
      - Powder 96 g carbohydrate per 100 g, 400 g can  
        - *e.g.* Polycal

**Fat**

- **Restricted**
  - Use as an additive
    - Any of the following:
      1. Patient has inborn errors of metabolism; or
      2. Faltering growth in an infant/child; or
      3. Bronchopulmonary dysplasia; or
      4. Fat malabsorption; or
      5. Lymphangiectasia; or
      6. Short bowel syndrome; or
      7. Infants with necrotising enterocolitis; or
      8. Biliary atresia; or
      9. For use in a ketogenic diet; or
      10. Chyle leak; or
      11. Ascites; or
      12. Patient has increased energy requirements, and for whom dietary measures have not been successful.
  - Use as a module
    - For use as a component in a modular formula
    - LONG-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms above
      - Liquid 50 g fat per 100 ml, 200 ml bottle
      - Liquid 50 g fat per 100 ml, 500 ml bottle  
        - *e.g.* Calogen
    - MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms above
      - Liquid 50 g fat per 100 ml, 250 ml bottle
      - Liquid 95 g fat per 100 ml, 500 ml bottle  
        - *e.g.* Liquigen
    - WALNUT OIL – **Restricted** see terms above
      - Liquid

*Item restricted (see above); **Item restricted (see below)

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

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
</table>

**Protein**

<Restrict>

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 – Restricted see terms above

- Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can
- Powder 6 g protein per 7 g, can ................................................................. 8.95 227 g Resource Beneprotein
- Powder 89 g protein, <1.5 g carbohydrate and 2 g fat per 100 g, 225 g can

Other Supplements

BREAST MILK FORTIFIER

- Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet e.g. FM 85
- Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet e.g. S26 Human Milk Fortifier
- Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet e.g. Nutricia Breast Milk Fortifer

CARBOHYDRATE AND FAT SUPPLEMENT – Restricted see terms below

- Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can e.g. Super Soluble Duocal

<Restrict>

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 and supplements have not been included in Section H, DHB hospitals may continue to use such products for patients with dysphagia, provided that:

- use was established prior to 1 July 2013; and
- the product has not been specifically considered and excluded by PHARMAC; and
- use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

PHARMAC intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN

- Powder e.g. Feed Thickener Karicare Aptamil

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
GUAR GUM
Powder
e.g. Guarcol

MAIZE STARCH
Powder
e.g. Resource Thicken Up; Nutilis

MALTODEXTRIN WITH XANTHAN GUM
Powder
e.g. Instant Thick

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID
Powder
e.g. Easy Thick

Metabolic Products

- **Restricted**
  Any of the following:
  1. For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidaemia, propionic acidaemia, methylmalonic acidaemia, tyrosinaemia or urea cycle disorders; or
  2. Patient has adrenoleukodystrophy; or
  3. For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPOTOPHAN) – **Restricted** see terms above

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can
  e.g. GA1 Anamix Infant
  e.g. XLYS Low TRY Maxamaid

Homocystinuria Products

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms above

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can
- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle
  e.g. HCU Anamix Infant
  e.g. HCU Anamix Junior LQ
  e.g. XMET Maxamaid
  e.g. XMET Maxamum

Isovaleric Acidaemia Products

AMINO ACID FORMULA (WITHOUT LEUCINE) – **Restricted** see terms above

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can
  e.g. IVA Anamix Infant
  e.g. XLEU Maxamaid
  e.g. XLEU Maxamum
## Maple Syrup Urine Disease Products

**AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – Restricted** see terms on the preceding page

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g</td>
<td>$13.10</td>
<td>e.g. MSUD Anamix Infant</td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td></td>
<td>e.g. MSUD Maxamaid</td>
</tr>
<tr>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td></td>
<td>e.g. MSUD Maxamum</td>
</tr>
<tr>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml</td>
<td></td>
<td>e.g. MSUD Anamix</td>
</tr>
</tbody>
</table>

## Phenylketonuria Products

**AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted** see terms on the preceding page

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 8.33 mg</td>
<td>$8.33</td>
<td>e.g. Phlexy-10</td>
</tr>
<tr>
<td>Powder 29 g protein, 38 g carbohydrate and 13.5 g fibre per 100 g, 29 g sachet</td>
<td></td>
<td>e.g. PKU Anamix Junior</td>
</tr>
<tr>
<td>Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g</td>
<td></td>
<td>e.g. PKU Anamix Infant</td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td></td>
<td>e.g. XP Maxamaid</td>
</tr>
<tr>
<td>Powder 39 g protein and 34 g carbohydrate per 200 g can</td>
<td></td>
<td>e.g. XP Maxamum</td>
</tr>
<tr>
<td>Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle</td>
<td>$13.00</td>
<td>PKU Anamix Junior LQ (Berry)</td>
</tr>
<tr>
<td>Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle</td>
<td></td>
<td>PKU Anamix Junior LQ (Orange)</td>
</tr>
<tr>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle</td>
<td>$13.00</td>
<td>PKU Anamix Junior LQ (Unflavoured)</td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle</td>
<td></td>
<td>e.g. PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 62.5 ml bottle</td>
<td></td>
<td>e.g. PKU Lophlex LQ 10</td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle</td>
<td></td>
<td>e.g. PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 62.5 ml bottle</td>
<td></td>
<td>e.g. PKU Lophlex LQ 10</td>
</tr>
<tr>
<td>Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton</td>
<td></td>
<td>e.g. Easiphen</td>
</tr>
</tbody>
</table>
### Propionic Acidaemia and Methylmalonic Acidaemia Products

**AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE)** – Restricted see terms on page 184

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
  - e.g. MMA/PA Anamix Infant
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can
  - e.g. XMTVI Maxamaid
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can
  - e.g. XMTVI Maxamum

### Protein Free Supplements

**PROTEIN FREE SUPPLEMENT** – Restricted see terms on page 184

- Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can
  - e.g. Energivit

### Tyrosinaemia Products

**AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE)** – Restricted see terms on page 184

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
  - e.g. TYR Anamix Infant
- Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can
  - e.g. XPHEN, TYR Maxamaid
- Powder 29 g protein, 38 g carbohydrate and 13.5 g fat per 100 g, 29 g sachet
  - e.g. TYR Anamix Junior
- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle
  - e.g. TYR Anamix Junior LQ

### Urea Cycle Disorders Products

**AMINO ACID SUPPLEMENT** – Restricted see terms on page 184

- Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can
  - e.g. Dialamine
- Powder 79 g protein per 100 g, 200 g can
  - e.g. Essential Amino Acid Mix

### X-Linked Adrenoleukodystrophy Products

**GLYCEROL TRIERUCATE** – Restricted see terms on page 184

- Liquid, 1,000 ml bottle

**GLYCEROL TRIOLEATE** – Restricted see terms on page 184

- Liquid, 500 ml bottle

### Specialised Formulas

### Diabetic Products

- Item restricted (see above); $Item restricted (see below)

*Note: Brand indicates brand example only. It is not a contracted product.*
continued...  
5 For use pre- and post-surgery; or 
6 For patients being tube-fed; or 
7 For tube-feeding as a transition from intravenous nutrition.

LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted see terms on the preceding page

- Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 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 bag e.g. Nutrison Advanced Diason

LOW-GI ORAL FEED 1 KCAL/ML – Restricted see terms on the preceding page

- Liquid 4.5 g protein, 9.8 g carbohydrate, 4.4 g fat and 1.9 g fibre per 100 ml, can ........................................................................................................ 2.10 237 ml Sustagen Diabetic (Vanilla)

- Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 250 ml bottle ..................................................................................................... 1.88 250 ml Glucerna Select (Vanilla)

- Liquid 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 g 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 e.g. Diasip

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 – Restricted see terms above
- Powder 11.5 g protein, 61.7 g carbohydrate and 0.8 g fat per sachet .......... 4.50 80.4 g Vivonex TEN

AMINO ACID ORAL FEED 0.8 KCAL/ML – Restricted see terms above
- Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton e.g. Elemental 028 Extra

PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – Restricted see terms above
- Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag e.g. Nutrison Advanced Peptisorb
SPECIAL FOODS

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

PEPTIDE-BASED ORAL FEED – Restricted see terms on the preceding page

- Powder 12.5 g protein, 55.4 g carbohydrate and 3.25 g fat per sachet .......... 4.40 79 g Vital HN
- Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can e.g. Peptamen Junior
- Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can e.g. MCT Pepdite; MCT Pepdite 1+
- Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet ........................................................................................................ 7.50 76 g Alitraq

PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted see terms on the preceding page

- Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can e.g. Monogen

Fat Modified Products

FAT-MODIFIED FEED – Restricted see terms below

- Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can e.g. Monogen

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.

Hepatic Products

HEPATIC ORAL FEED – Restricted see terms above

- Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can ........... 78.97 400 g Heparon Junior

High Calorie Products

ENTERAL FEED 2 KCAL/ML – Restricted see terms above

- Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle .......... 5.50 500 ml Nutrison Concentrated
- Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, bottle ........................................................................................... 11.00 1,000 ml TwoCal HN RTH (Vanilla)

ORAL FEED 2 KCAL/ML – Restricted see terms above

- Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle ............................................................................................. 1.90 200 ml Two Cal HN

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

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

<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>

**High Protein Products**

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – **Restricted** see terms below

- Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag

  ![Nutrison Protein Plus](image)

**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’s needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – **Restricted** see terms below

- Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag

  ![Nutrison Protein Plus Multi Fibre](image)

**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’s needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ORAL FEED 1 KCAL/ML – **Restricted** see terms below

- Liquid 10 g protein, 10.3 g carbohydrate and 2.1 g fat per 100 ml, 200 ml bottle

  ![Fortimel Regular](image)

**Restricted**

Any of the following:

1. Decompensating liver disease without encephalopathy; or
2. Protein losing gastro-enteropathy; or
3. Patient has increased protein requirements without increased energy requirements.
### Infant Formulas

**AMINO ACID FORMULA – Restricted** see terms below

<table>
<thead>
<tr>
<th>Powder</th>
<th>Protein</th>
<th>Carbohydrate</th>
<th>Fat</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can</td>
<td>1.95</td>
<td>8.1</td>
<td>3.5</td>
<td>e.g. Neocate</td>
</tr>
<tr>
<td>13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can</td>
<td>13</td>
<td>52.5</td>
<td>24.5</td>
<td>e.g. Neocate LCP</td>
</tr>
<tr>
<td>13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can</td>
<td>13.5</td>
<td>52</td>
<td>24.5</td>
<td>Neocate Gold (Unflavoured)</td>
</tr>
<tr>
<td>14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can</td>
<td>14</td>
<td>50</td>
<td>24.3</td>
<td>e.g. Neocate Advance</td>
</tr>
<tr>
<td>16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can</td>
<td>16</td>
<td>51.4</td>
<td>21</td>
<td>Neocate Advance (Vanilla)</td>
</tr>
<tr>
<td>2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 g, can</td>
<td>2.2</td>
<td>7.8</td>
<td>3.4</td>
<td>Elecare LCP (Unflavoured)</td>
</tr>
<tr>
<td>Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet</td>
<td>6</td>
<td>31.5</td>
<td>5.88</td>
<td>Elecare (Unflavoured) Elecare (Vanilla)</td>
</tr>
<tr>
<td>48.5 g Vivonex Paediatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXTENSIVELY HYDROLYSED FORMULA – Restricted** see terms below

<table>
<thead>
<tr>
<th>Powder</th>
<th>Protein</th>
<th>Carbohydrate</th>
<th>Fat</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can</td>
<td>14</td>
<td>53.4</td>
<td>27.3</td>
<td>e.g. Gold Pepti Junior Karicare Aptamil</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 – Restricted

**Initiation - new patients**

Any of the following:

1. Both:
   1. Cows’ milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
   2. Either:
      1. Soy milk formula has been trialled without resolution of symptoms; or
      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

continued...
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

- e.g. Galactomin 19

**LACTOSE-FREE FORMULA**

Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml, 900 g can

- e.g. Karicare Aptamil Gold De-Lact

Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml, 900 g can

- e.g. S26 Lactose Free

**LOW-CALCIUM FORMULA**

Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g, 400 g can

- e.g. Locasol

**PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted see terms below**

- Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle

  - → Restricted

**Both:**

1. Either:
   1.1 The patient is fluid restricted; or
   1.2 The patient has increased nutritional requirements due to faltering growth; and
2. Patient is under 18 months old and weighs less than 8kg.

**PRETERM FORMULA – Restricted see terms below**

<table>
<thead>
<tr>
<th>Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle ...........0.75</th>
<th>100 ml S26 LBW Gold RTF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle</td>
<td>e.g. Pre Nan Gold RTF</td>
</tr>
<tr>
<td>Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle</td>
<td>e.g. Karicare Aptamil Gold+Preterm</td>
</tr>
</tbody>
</table>

**THICKENED FORMULA**

Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can

- e.g. Karicare Aptamil Thickened AR
Ketogenic Diet Products

HIGH FAT FORMULA – Restricted see terms below

- Powder 15.25 g protein, 3 g carbohydrate and 73 g fat per 100 g, can ...........35.50 300 g Ketocal 4:1 (Unflavoured)
- 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)

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 – Restricted see terms above

- 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 ENTERAL FEED 0.76 KCAL/ML – Restricted see terms above

- Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag .....................................4.00 500 ml Nutrini Low Energy Multifibre RTH

PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted see terms above

- Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag ...........2.68 500 ml Pediasure RTH
- Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag e.g. Nutrini RTH

PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted see terms above

- Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag .............................................6.00 500 ml Nutrini Energy Multi Fibre e.g. Nutrini Energy RTH

PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted see terms above

- Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle ..................................................1.07 200 ml Pediasure (Chocolate)
- Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can ...........1.34 250 ml Pediasure (Vanilla)

PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted see terms above

- Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle e.g. Fortini
- Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle e.g. Fortini Multifibre

*Item restricted (see ➤ above); †Item restricted (see ➤ below)*
Renal Products

LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML – Restricted see terms below
- Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle ............................................................................................. 6.08 500 ml Nepro RTH

- Restricted
For patients with acute or chronic kidney disease

LOW ELECTROLYTE ORAL FEED – Restricted see terms below
- Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can e.g. Kindergen

- Restricted
For children (up to 18 years) with acute or chronic kidney disease

LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted see terms below
- Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton ............................................................................................ 2.43 200 ml Nepro (Strawberry)
- Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton ........3.31 237 ml Novasource Renal (Vanilla)
- Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle e.g. Suplena
- Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton e.g. Renilon 7.5

- Restricted
For patients with acute or chronic kidney disease

Respiratory Products

LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML – Restricted see terms below
- Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle .......................................................................................................... 1.66 237 ml Pulmocare (Vanilla)

- Restricted
For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg

Surgical Products

HIGH ARGININE ORAL FEED 1.4 KCAL/ML – Restricted see terms below
- Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton ............................................................................................ 4.00 237 ml Impact Advanced Recovery (Chocolate)

- Restricted
Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery

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

**Restricted**

Any of the following:

1. For patients with malnutrition, defined as any of the following:
   - 1.1 BMI < 18.5; or
   - 1.2 Greater than 10% weight loss in the last 3-6 months; or
   - 1.3 BMI < 20 with greater than 5% weight loss in the last 3-6 months; or
2. For patients who have, or are expected to, eat little or nothing for 5 days; or
3. For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
4. For use pre- and post-surgery; or
5. For patients being tube-fed; or
6. For tube-feeding as a transition from intravenous nutrition; or
7. For any other condition that meets the community Special Authority criteria.

**ENTERAL FEED 1.5 KCAL/ML – Restricted** see terms above

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid 5.4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 1,000 ml bottle</td>
<td>$7.00</td>
<td>e.g. Isosource Standard RTH</td>
</tr>
<tr>
<td>Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag</td>
<td>$7.00</td>
<td>1,000 ml Nutrison Energy</td>
</tr>
<tr>
<td>Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag</td>
<td>$7.00</td>
<td>e.g. Nutrison Energy Multi Fibre</td>
</tr>
<tr>
<td>Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can</td>
<td>$1.75</td>
<td>250 ml Ensure PlusHN</td>
</tr>
<tr>
<td>Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag</td>
<td>$7.00</td>
<td>1,000 ml Ensure PlusHN RTH</td>
</tr>
<tr>
<td>Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag</td>
<td>$7.00</td>
<td>1,000 ml Jevity HiCal RTH</td>
</tr>
</tbody>
</table>

**ENTERAL FEED 1 KCAL/ML – Restricted** see terms above

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle</td>
<td>$2.65</td>
<td>500 ml Osmolite RTH</td>
</tr>
<tr>
<td>Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, can</td>
<td>$1.24</td>
<td>250 ml Osmolite</td>
</tr>
<tr>
<td>Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle</td>
<td>$2.65</td>
<td>500 ml Jevity RTH</td>
</tr>
<tr>
<td>Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, can</td>
<td>$1.32</td>
<td>237 ml Jevity</td>
</tr>
<tr>
<td>Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag</td>
<td>$1.32</td>
<td>e.g. NutrisonStdRTH; NutrisonLowSodium</td>
</tr>
<tr>
<td>Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag</td>
<td>$2.37</td>
<td>e.g. Nutrison Multi Fibre</td>
</tr>
<tr>
<td>Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag</td>
<td>$2.37</td>
<td>e.g. Jevity Plus RTH</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>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORAL FEED – Restricted</strong> see terms on the preceding page</td>
<td></td>
</tr>
<tr>
<td>Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can</td>
<td>850 g Ensure (Vanilla)</td>
</tr>
<tr>
<td>Powder 18.7 g protein, 54.5 g carbohydrate and 18.9 g fat per 100 g, can</td>
<td>900 g Ensure (Chocolate)</td>
</tr>
<tr>
<td>Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can</td>
<td>900 g Fortisip (Vanilla)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SPECIAL FOODS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Price</strong></td>
</tr>
<tr>
<td><strong>Brand or Generic Manufacturer</strong></td>
</tr>
<tr>
<td><strong>Per</strong></td>
</tr>
<tr>
<td><strong>ORAL FEED – Restricted</strong> see terms on the preceding page</td>
</tr>
<tr>
<td>Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can</td>
</tr>
<tr>
<td>Powder 18.7 g protein, 54.5 g carbohydrate and 18.9 g fat per 100 g, can</td>
</tr>
<tr>
<td>Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can</td>
</tr>
</tbody>
</table>

| **ORAL FEED 1 KCAL/ML – Restricted** see terms on the preceding page |
| Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton | e.g. Resource Fruit Beverage |

| **ORAL FEED 1.5 KCAL/ML – Restricted** see terms on the preceding page |
| Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can | 237 ml Ensure Plus (Chocolate) | 1.33 |
| Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton | 200 ml Ensure Plus (Banana) | 1.26 |

| **ORAL FEED 1.5 KCAL/ML – Restricted** see terms on the preceding page |
| Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Vanilla) | 0.98 |
| Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Fruit of the Forest) | 0.95 |
| Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Vanilla) | 0.94 |

| **ORAL FEED 1.5 KCAL/ML – Restricted** see terms on the preceding page |
| Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Vanilla) | 0.98 |
| Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Fruit of the Forest) | 0.95 |
| Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Vanilla) | 0.94 |

<table>
<thead>
<tr>
<th><strong>SPECIAL FOODS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Price</strong></td>
</tr>
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<td><strong>Brand or Generic Manufacturer</strong></td>
</tr>
<tr>
<td><strong>Per</strong></td>
</tr>
<tr>
<td><strong>ORAL FEED – Restricted</strong> see terms on the preceding page</td>
</tr>
<tr>
<td>Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can</td>
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<td>Powder 18.7 g protein, 54.5 g carbohydrate and 18.9 g fat per 100 g, can</td>
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<tr>
<td>Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can</td>
</tr>
</tbody>
</table>

| **ORAL FEED 1 KCAL/ML – Restricted** see terms on the preceding page |
| Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton | e.g. Resource Fruit Beverage |

| **ORAL FEED 1.5 KCAL/ML – Restricted** see terms on the preceding page |
| Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can | 237 ml Ensure Plus (Chocolate) | 1.33 |
| Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton | 200 ml Ensure Plus (Banana) | 1.26 |

| **ORAL FEED 1.5 KCAL/ML – Restricted** see terms on the preceding page |
| Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Vanilla) | 0.98 |
| Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Fruit of the Forest) | 0.95 |
| Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle | 200 ml Ensure Plus (Vanilla) | 0.94 |

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
### Bacterial and Viral Vaccines

**DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE** – *Restricted* see terms below

- **Inj** 30 IU diphtheria toxoid with 30 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe

*Restricted*

For primary vaccination in children

**DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE** – *Restricted* see terms below

- **Inj** 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial

*Restricted*

Either:
1. For primary vaccination in children; or
2. For revaccination of children following immunosuppression.

### Bacterial Vaccines

**BACILLUS CALMETTE-GUERIN VACCINE** – *Restricted* see terms below

- **Inj** 1.5 mg 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. Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; 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.

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** – *Restricted* see terms below

- **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 between 45 and 65 years old; or
2. For vaccination of previously unimmunised patients; or
3. For revaccination of children following immunosuppression; or
4. For revaccination for patients with tetanus-prone wounds; or
5. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

**DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE** – *Restricted* see terms below

- **Inj** 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe

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

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

### HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms below

- **Inj 10 mcg vial with diluent syringe**

**Restricted**

Any of the following:

1. For primary vaccination in children; or
2. For revaccination of children following immunosuppression; or
3. For children aged 0-18 years with functional asplenia; or
4. For patients pre- and post-splenectomy; or
5. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

### MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – **Restricted** see terms below

- **Inj 48 mcg in 0.5 ml vial**

**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 – **Restricted** see terms below

- **Inj 200 mcg vial with diluent**

**Restricted**

Any of the following:

1. For patients pre- and post-splenectomy; or
2. For children aged 2-18 years with functional asplenia; or
3. For organisation and community based outbreaks.

### MENINGOCOCCAL C CONJUGATE VACCINE – **Restricted** see terms below

- **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.

### PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – **Restricted** see terms below

- **Inj 16 mcg in 0.5 ml syringe**

**Restricted**

For primary vaccination in children

### PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – **Restricted** see terms below

- **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 of children following immunosuppression; or
4. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.
VACCINES

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

PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – Restricted see terms below

神经元地址： £ Inj 575 mcg in 0.5 ml vial

- Restricted

Any of the following:
1. For patients pre- and post-splenectomy; or
2. For children aged 2-18 years with functional asplenia; or
3. For revaccination of children following immunosuppression; or
4. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHII VACCINE – Restricted see terms below

神经元地址： £ Inj 25 mcg in 0.5 ml syringe

- Restricted

For use during typhoid fever outbreaks

Viral Vaccines

HEPATITIS A VACCINE – Restricted see terms below

神经元地址： £ Inj 720 ELISA units in 0.5 ml syringe
神经元地址： £ 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 – Restricted see terms below

神经元地址： £ Inj 5 mcg in 0.5 ml vial
神经元地址： £ 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; or
8. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – Restricted see terms below

神经元地址： £ Inj 120 mcg in 0.5 ml syringe

- Restricted

Any of the following:
1. Women aged between 9 and 19 years old; or
2. Male patients aged between 9 and 25 years old with confirmed HIV infection; or
3. For use in transplant patients.

INFLUENZA VACCINE – Restricted see terms on the next page

神经元地址： £ Inj 45 mcg in 0.5 ml syringe

10 Fluarix
神经元地址： 10 Influvac

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

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 Haemoglobinopathies;
      2.6.6 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 – Restricted see terms below

$ Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent

POLIOMYELITIS VACCINE – Restricted see terms below

$ Inj 80 D-antigen units in 0.5 ml syringe

RABIES VACCINE

$ Inj 2.5 IU vial with diluent

VARICELLA ZOSTER VACCINE [CHICKEN POX VACCINE] – Restricted see terms on the next page

$ Inj 1350 PFU vial with diluent

$ Inj 2000 PFU vial with diluent
<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

**Restricted**

Any of the following:

1. For non-immune patients:
   1.1 with chronic liver disease who may in future be candidates for transplantation; or
   1.2 with deteriorating renal function before transplantation; or
   1.3 prior to solid organ transplant; or
   1.4 prior to any elective immunosuppression; or
   1.5 for post exposure prophylaxis who are immune competent inpatients.

2. For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or

3. For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or

4. For HIV positive non-immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or

5. For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has:
   5.1 adult household contact - a negative serology result for varicella; or
   5.2 child household contact - no clinical history of varicella or negative varicella serology.
### Optional Pharmaceuticals

#### NOTE:
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a number of additional Optional Pharmaceuticals, including some wound care products and disposable laparoscopic equipment, are listed in an addendum to Part III which is available at [www.pharmac.govt.nz](http://www.pharmac.govt.nz). The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

#### BLOOD GLUCOSE DIAGNOSTIC TEST METER

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<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>1 meter</td>
<td>$9.00</td>
<td>On Call Advanced</td>
</tr>
</tbody>
</table>

**Total:** $19.00

#### BLOOD GLUCOSE DIAGNOSTIC TEST STRIP

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose test strips</td>
<td>$10.56</td>
<td>CareSens N</td>
</tr>
<tr>
<td>Blood glucose test strips × 50</td>
<td>$21.65</td>
<td>FreeStyle Lite</td>
</tr>
<tr>
<td>Blood glucose test strips × 50 and lancets × 5</td>
<td>$28.75</td>
<td>Accu-Chek Performa</td>
</tr>
</tbody>
</table>

**Total:** $58.90

#### BLOOD KETONE DIAGNOSTIC TEST METER

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Price</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Meter</td>
<td>$40.00</td>
<td>Freestyle Optium</td>
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</tbody>
</table>

#### INSULIN PEN NEEDLES

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 g × 12.7 mm</td>
<td>$10.50</td>
<td>100</td>
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#### INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE

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#### KETONE BLOOD BETA-KETONE ELECTRODES

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#### MASK FOR SPACER DEVICE

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#### PEAK FLOW METER

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*Example: Brand indicates brand example only. It is not a contracted product.*
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<th>Chemical/Brand</th>
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<tbody>
<tr>
<td>Arrow - Clopid</td>
<td>31</td>
</tr>
<tr>
<td>Aristocort</td>
<td>51</td>
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<td>Argipressin</td>
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<td>Benzoyl peroxide</td>
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**INDEX**

**Generic Chemicals and Brands**

A (rabbit) ......................... 157
Antacid ......................... 14
Antidermatitis .......... 176
Argirexin [Provasin] ...... 64
Aripiprazole .............. 113
Aristocort .............. 51
Aromasin ............... 133
Arrow - Clomid .... 31
Atovaquone with proguanil hydrochloride ........ 75
Atracurium besylate .... 94
Atripla ..................... 78
Atropine sulphate ......... 38
Sensory ................... 169
Avadex .................... 68
Avant ..................... 106
Avantra .................. 55
Avazan ................... 55
Barium sulphate .......... 175
Barrier Creams and Emollients .......... 49
Basiliximab ............. 144
Beclamide ............... 161
Beclason ................. 161
Beclason 50 ............. 161
Beclomethasone ........ 159
Bee venom .................. 159
Bendrofluazide .......... 42
Bendrofluamethasone [Bendrofluazide] .......... 42
BeneFIX ................... 28
Benulamine .............. 68
Benzbromarone AL 100 ... 93
Benzbromarone .......... 93
Benzzocaine ............ 99
Benzoil .................. 179
Benzoyl peroxide .......... 49
INDEX

Generic Chemicals and Brands

Catapres-TTS-3 ......................... 41

[Chlorthalidone] ......................... 42

Chlorthalidone ......................... 42

Cholesterol ......................... 24

Cholestyramine ......................... 43

Choline salicylate with
cetalkonium chloride .............. 22

Cholovastin ......................... 43

Choriongonadotropin alfa ........... 63

Ciclopirox olamine ................. 48

Ciclosporin ............................. 133

Cidofovir ................................ 84

Citazapril ............................... 36

Citazapril with
dydrochlorothiazide .............. 36

Cilicaine ................................ 68

Cilicaine hydrochloride ............. 68

Cimetidine ............................... 14

Cinchocaine hydrochloride with
hydrocortisone ................... 13

Ciprofloxacin ............................

Infection ............................... 68

Sensory .................................. 165

Cisplatin ................................ 127

Cisplatin Ebewe ......................... 127

Citalopram hydrobromide .......... 107

Citazapril ............................... 101

Citric acid .............................. 179

Citric acid with magnesium oxide
and sodium picosulfate ........... 18

Citric acid with sodium
bicarbonate ............................ 175

Cladribine ......................... 124

Clarithromycin ......................... 67

Clexane ................................ 30

Clindamycin ......................... 70

Clindamycin ABM ...................... 70

Clobazam ......................... 108

Clobetasol propionate .......... 51–52

Clobetasone butyrate .............. 51

Clobazoline ......................... 73

Clomazol ............................... 48, 55

Clomiphene citrate ................... 61

Clomipramine hydrochloride ....... 105

Clonazepam ................. 107–108, 117

Clonidine ......................... 41

Clonidine BNM ......................... 41

Clonidine hydrochloride ........... 41

Clopidogrel ......................... 31

Clopin ............................... 113

Clopinol ......................... 116, 117

Clostridium botulinum type A
toxin ................................ 94

Clotrimazole .......................... 100

Corticosteroids .......................... 51

Dermatological ......................... 48

Genito-Urinary ......................... 55

Clove oil ............................... 179

Clozapine ............................... 113

Clozaril ............................... 113

Coe-trimoxazole ......................... 71

Coal tar ............................... 179

Coal tar with salicylic acid and
sulphur ................................... 52

Coal tar with triethanolamine laryl
sulphate and fluorescein .......... 52

Cocaine hydrochloride .......................... 100

Cocaine hydrochloride with
adrenaline ........................... 100

Codeine phosphate ................. Extemporaneous 179

Nervous ................................ 102

Cogentin ............................... 97

Colaspase [L-asparaginase] ........ 126

Colchicine ............................ 94

Colestidemate ......................... 70

Colestipol hydrochloride ........... 43

Colgout ............................... 94

Colifoam ............................... 13

Colistin sulphomethate
[Colistimethate] ................. 70

Colistin-Link ......................... 70

Colloidion flexible ................. 179

Colofac ................................ 14

Colony-Stimulating Factors ........ 32

Coloxyl ............................... 18

Compound electrolytes ........... 32, 35

Compound electrolytes with
glucose ............................... 32, 35

Compound
hydroxybenzoate ................. 179

Compound sodium lactate
[Hartmann's solution] ........... 33

Compound sodium lactate with
glucose ............................... 33

Concerta ............................. 120

Condyline ........................... 53

Contraceptives ......................... 55

Contrast Media ......................... 173

Corangin ......................... 44

Cordarone-X ......................... 38

Corticosteroids .......................... 51

Dermatological ......................... 51

Hormone ............................. 59

Corticotrorelin (ovine) ........... 62

Cosopt ............................... 168

Cough Suppressants ................. 161
DIURETICS..............................................41
Diurin 40 ..............................................41
Dobutamine hydrochloride ..................44
Docetaxel ............................................131
Docetaxel Sandoz .................................131
Docusate sodium
  Alimentary ...........................................18
  Sensory .............................................170
Docusate sodium with
gennosides ...........................................18
Domperidone ........................................112
Donepezil hydrochloride ......................121
Donepezil-Rex ........................................121
Dopamine hydrochloride .......................44
Dopergin ................................................98
Dopress ................................................105
Dornase alfa .........................................168
Dorzolamide ..........................................168
Dostinex ...............................................61
Doxazosin ..............................................37
Doxepin hydrochloride .........................105
Doxine ..................................................69
Doxorubicin hydrochloride ....................123
Doxycline ................................................69
DP-Anastrozole .....................................133
Dr Reddy’s Omeprazole ....................... 13
Dr Reddy’s Ondansetron ....................... 112
Dr Reddy’s Pantoprazole ...................... 13
Dr Reddy’s Pramipexole ......................... 98
Dr Reddy’s Quetiapine ......................... 114
Dr Reddy’s Risperidone ......................... 115
Dr Reddy’s Terbinafine ......................... 73
Droperidol .............................................112
Drugs Affecting Bone
  Metabolism ......................................... 88
Dulcolax ............................................... 19
Duolin ..................................................160
Duovisc ............................................... 168
Duride ...................................................44
Dynastat .............................................. 96
Dysport ................................................ 94

- E -

E-Mycin .............................................. 67
Econazole nitrate .....................................48
Edrophonium chloride ............................88
Efavirenz ............................................. 77
Efavirenz with emtricitabine and
tenofivir disoproxil
  fumarate ............................................ 78
Efexor XR ...............................................106
Eftonoterol fumarate ......................... 162
Eftodoxax.............................................. 53
Elecare (Unflavoured) ......................... 190
Elecare (Vanilla) .....................................190
Elecare LCP (Unflavoured) .....................190
Electrolytes ......................................... 178
Elgard ...................................................63
Eltrobrocap ........................................... 27
Emend Tri-Pack ......................................111
EMLA .....................................................101
Emtricitabine ........................................ 78
Emtricitabine with tenofovir
  disoproxil fumarate ............................. 78
Emtriva ................................................ 134
Emulsifying ointment ...........................  50
Enalapril maleate ....................................36
Enalapril maleate with
  hydrochlorothiazide ..............................36
Enbrel ..................................................134
Endocrine Therapy ................................ 132
Endoxan ............................................... 123
Efuviride .............................................. 76
Enoxaparin ............................................ 30
Ensure (Chocolate) .................................195
Ensure (Vanilla) .......................................195
Ensure Plus (Banana) ............................. 195
Ensure Plus (Chocolate) ......................... 195
Ensure Plus (Forest) ................................ 195
Ensure Plus (Strawberry) ...................... 195
Ensure Plus (Vanilla) .............................. 195
Ensure Plus NH ....................................... 194
Ensure Plus NH RTH ............................... 194
Entacapone ........................................... 98
Entapone .............................................. 98
Entecavir ............................................. 81
Enzymes ............................................... 93
Ephedrine ............................................. 45
Epigallocatechin gallate ....................... 124
Epigallocatechin gallate
  hydrochloride ........................................124
Epiprodil .............................................. 26
Eptacog alfa [Recombinant factor
  VIIIa] .................................................. 28
Eptifibatide ........................................... 31
Ergometrine maleate ............................... 57
Ergotamine tartrate with
caffeine ................................................ 112
Erlotinib .............................................. 128
Ertilapenem .......................................... 65
Erythrocin IV ......................................... 67
Erythromycin (as
  lactobionate) ........................................ 67
Erythromycin (as stearate) ....................  67
Erythropoietin alpha ............................. 26
Erythropoietin beta ................................ 26
Escalapram ...........................................107
Esmolol hydrochloride ......................... 39
Etanercept ...........................................134
Ethambutol hydrochloride ..................... 74
Ethanol ..................................................171
Ethanol with glucose ......................... 171
Ethanol, dehydrated ......................... 171
Ethics Aspirin EC ................................. 31
Ethics Enalapril ..................................... 36
Ethics Paracetamol ...............................102
Ethineylodrestradiol .........................  62
Ethiinyloestradiol with
desogestrel ............................................ 55
Ethiinyloestradiol with
  levonorgestrel ...................................... 55
Ethiinyloestradiol with
  norethisterone ....................................  55
Ethosuximide .......................................108
Ethyl chloride ..................................... 100
Etidronate disodium .............................. 90
Etomideate ........................................... 98
Etopophos ............................................ 126
Etoposide ............................................ 126
Etoposide (as phosphate) ...................... 126
Etoricoxib ............................................  95
Etriavirine ............................................ 77
Evista .................................................... 92
Exemestane ........................................ 133
Extemporaneously Compounded
  Preparations ....................................... 179
EZ-fit Paediatric Mask ................. 201
Ezetimibe ............................................. 43
Ezetimibe with simvastatin ................... 43

- F -

Factor eight inhibitors bypassing
  agent .................................................. 28
FEIBA .................................................. 28
Felodipine .......................................... 40
Fenpaed .............................................. 95
Fentanyl ..............................................103
Ferodan ............................................... 21
Ferric subsulfate .................................. 27
Ferrirprox .......................................... 172
Ferro-F-Tabs .........................................28
Ferro-F-Tabs .........................................28
Ferro-G ................................................ 21
Ferro-G ................................................ 21
Ferro-F-Tabs .........................................28
Ferro-G ................................................ 21
Ferro-F-Tabs .........................................28
Ferro-G ................................................ 21
Ferro-F-Tabs .........................................28
Ferro-G ................................................ 21
Ferro-F-Tabs .........................................28
Ferro-G ................................................ 21
Ferro-F-Tabs .........................................28

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<td>21</td>
<td>Ferrous gluconate with ascorbic acid</td>
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<td>Fexofenadine hydrochloride</td>
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<td>Flacainide acetate</td>
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<td>Fleet Phosphate Enema</td>
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<td>159</td>
<td>Flonase Hayfever &amp; Allergy</td>
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<tr>
<td>162</td>
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<td>Flucon</td>
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<tr>
<td>72</td>
<td>Flucanazole</td>
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<td>Flucanazole-Claris</td>
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<td>124</td>
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</tr>
<tr>
<td>124</td>
<td>Fludarabine Ebewe</td>
</tr>
<tr>
<td>124</td>
<td>Fludarabine phosphate</td>
</tr>
<tr>
<td>60</td>
<td>Fludrocortisone acetate</td>
</tr>
<tr>
<td>32</td>
<td>Fluids and Electrolytes</td>
</tr>
<tr>
<td>171</td>
<td>Flumazenil</td>
</tr>
<tr>
<td>165</td>
<td>Flumetasone pivalate with cloquinol</td>
</tr>
<tr>
<td>165</td>
<td>Flucortolone caproate with flucortolone pivalate and cinchocaine</td>
</tr>
<tr>
<td>167</td>
<td>Fluorescein sodium</td>
</tr>
<tr>
<td>167</td>
<td>Fluorescein sodium with lignocaine hydrochloride</td>
</tr>
<tr>
<td>167</td>
<td>Fluoresceite</td>
</tr>
<tr>
<td>166</td>
<td>Fluorometholone</td>
</tr>
<tr>
<td>124</td>
<td>Fluorouracil</td>
</tr>
<tr>
<td>124</td>
<td>Fluorouracil Ebewe</td>
</tr>
<tr>
<td>53</td>
<td>Fluorouracil sodium</td>
</tr>
<tr>
<td>107</td>
<td>Flux</td>
</tr>
<tr>
<td>107</td>
<td>Fluoxetine hydrochloride</td>
</tr>
<tr>
<td>116</td>
<td>Flupenthixol decanoate</td>
</tr>
<tr>
<td>116</td>
<td>Fluphenazine decanoate</td>
</tr>
<tr>
<td>116</td>
<td>Flutamide</td>
</tr>
<tr>
<td>132</td>
<td>Flutamin</td>
</tr>
<tr>
<td>162</td>
<td>Fluticasone</td>
</tr>
<tr>
<td>159</td>
<td>Fluticasone propionate</td>
</tr>
<tr>
<td>163</td>
<td>Fluticasone with salmeterol</td>
</tr>
<tr>
<td>48</td>
<td>Foban</td>
</tr>
<tr>
<td>27</td>
<td>Folic acid</td>
</tr>
<tr>
<td>30</td>
<td>Fondaparinux sodium</td>
</tr>
<tr>
<td>182</td>
<td>Food Modules</td>
</tr>
<tr>
<td>183</td>
<td>Food/Fluid Thickeners</td>
</tr>
<tr>
<td>93</td>
<td>Forteo</td>
</tr>
<tr>
<td>195</td>
<td>Fortisip (Vanilla)</td>
</tr>
<tr>
<td>66</td>
<td>Fortum</td>
</tr>
<tr>
<td>88</td>
<td>Fosamax</td>
</tr>
<tr>
<td>89</td>
<td>Fosamax Plus</td>
</tr>
<tr>
<td>84</td>
<td>Foscarnet sodium</td>
</tr>
<tr>
<td>70</td>
<td>Fosfomycin</td>
</tr>
<tr>
<td>29</td>
<td>Framin</td>
</tr>
<tr>
<td>165</td>
<td>Frumycetin sulphate</td>
</tr>
<tr>
<td>34</td>
<td>Freeflex</td>
</tr>
<tr>
<td>201</td>
<td>Freestyle Lite</td>
</tr>
<tr>
<td>201</td>
<td>Freestyle Optium</td>
</tr>
<tr>
<td>201</td>
<td>Freestyle Optium Ketone</td>
</tr>
<tr>
<td>99</td>
<td>Fresofol 1%</td>
</tr>
<tr>
<td>41</td>
<td>Frusemide-Claris</td>
</tr>
<tr>
<td>70</td>
<td>Fucidin</td>
</tr>
<tr>
<td>165</td>
<td>Fucithalmic</td>
</tr>
<tr>
<td>22</td>
<td>Fungilin</td>
</tr>
<tr>
<td>41</td>
<td>Furosemide (frusemide)</td>
</tr>
<tr>
<td>48</td>
<td>Fusidate sodium [Fusidic acid]</td>
</tr>
<tr>
<td>48</td>
<td>Fusidic acid</td>
</tr>
<tr>
<td>48</td>
<td>Dermatological</td>
</tr>
<tr>
<td>70</td>
<td>Infection</td>
</tr>
<tr>
<td>165</td>
<td>Sensory</td>
</tr>
<tr>
<td>76</td>
<td>Fuzeon</td>
</tr>
<tr>
<td>108</td>
<td>Gabapentin</td>
</tr>
<tr>
<td>175</td>
<td>Gadobenic acid</td>
</tr>
<tr>
<td>175</td>
<td>Gadobutrol</td>
</tr>
<tr>
<td>175</td>
<td>Gadodiamide</td>
</tr>
<tr>
<td>175</td>
<td>Gadoteric acid</td>
</tr>
<tr>
<td>175</td>
<td>Gadovist</td>
</tr>
<tr>
<td>176</td>
<td>Gadoxetate disodium</td>
</tr>
<tr>
<td>48</td>
<td>Gamma benzene hexachloride</td>
</tr>
<tr>
<td>84</td>
<td>Ganciclovir</td>
</tr>
<tr>
<td>173</td>
<td>Gastrografin</td>
</tr>
<tr>
<td>14</td>
<td>Gastrosothe</td>
</tr>
<tr>
<td>128</td>
<td>Gefitinib</td>
</tr>
<tr>
<td>35</td>
<td>Gelafusal</td>
</tr>
<tr>
<td>35</td>
<td>Gelatine, succinylated</td>
</tr>
<tr>
<td>35</td>
<td>Gelofusine</td>
</tr>
<tr>
<td>124</td>
<td>Gemcitabine</td>
</tr>
<tr>
<td>124</td>
<td>Gemcitabine Actavis 1000</td>
</tr>
<tr>
<td>124</td>
<td>Gemcitabine Actavis 200</td>
</tr>
<tr>
<td>124</td>
<td>Gemcitabine Ebewe</td>
</tr>
<tr>
<td>42</td>
<td>Gemfibrozil</td>
</tr>
<tr>
<td>165</td>
<td>Genoptic</td>
</tr>
<tr>
<td>133</td>
<td>Genox</td>
</tr>
<tr>
<td>65</td>
<td>Gentamicin sulphate</td>
</tr>
<tr>
<td>165</td>
<td>Sensory</td>
</tr>
<tr>
<td>62</td>
<td>Gestrinone</td>
</tr>
<tr>
<td>117</td>
<td>Glatiramer acetate</td>
</tr>
<tr>
<td>168</td>
<td>Glucanoma Preparations</td>
</tr>
<tr>
<td>17</td>
<td>Gilbenclamide</td>
</tr>
<tr>
<td>17</td>
<td>Gilclazide</td>
</tr>
<tr>
<td>17</td>
<td>Gilipizide</td>
</tr>
<tr>
<td>128</td>
<td>Glivec</td>
</tr>
<tr>
<td>15</td>
<td>Glucagen Hypokit</td>
</tr>
<tr>
<td>15</td>
<td>Glucagon hydrochloride</td>
</tr>
<tr>
<td>187</td>
<td>Glucerna Select (Vanilla)</td>
</tr>
<tr>
<td>187</td>
<td>Glucerna Select RTH (Vanilla)</td>
</tr>
<tr>
<td>15</td>
<td>Glucose</td>
</tr>
<tr>
<td>33</td>
<td>Glucose with potassium chloride</td>
</tr>
<tr>
<td>33</td>
<td>Glucose with potassium chloride and sodium chloride</td>
</tr>
<tr>
<td>33</td>
<td>Glucose with sodium chloride</td>
</tr>
<tr>
<td>15</td>
<td>Glucose with sucrose and fructose</td>
</tr>
<tr>
<td>180</td>
<td>Glycerin with sodium saccharin</td>
</tr>
<tr>
<td>180</td>
<td>Glycerin with sucrose</td>
</tr>
<tr>
<td>19</td>
<td>Glycerol</td>
</tr>
<tr>
<td>19</td>
<td>Extemporaneous</td>
</tr>
<tr>
<td>14</td>
<td>Glycine</td>
</tr>
<tr>
<td>14</td>
<td>Glycopyrronium bromide</td>
</tr>
<tr>
<td>64</td>
<td>Glyprressin</td>
</tr>
<tr>
<td>44</td>
<td>Glytrin</td>
</tr>
<tr>
<td>62</td>
<td>Gonoridarin</td>
</tr>
<tr>
<td>62</td>
<td>Goserelin</td>
</tr>
<tr>
<td>121</td>
<td>Habitrol</td>
</tr>
<tr>
<td>121</td>
<td>Habitrol (Classic)</td>
</tr>
<tr>
<td>121</td>
<td>Habitrol (Fruit)</td>
</tr>
</tbody>
</table>
Habitrol (Mint) ........................................ 121
Haem arginate ......................................... 20
Haemophilus influenzae type B vaccine ................. 197
Haldol ................................................ 116
Haldol Concentrate .................................. 116
Haloperidol ........................................... 113
Haloperidol decanoate .................................. 116
Hartmann’s solution ................................ 32
Healon GV .......................................... 168
healthE Dimethicone 5% ................................ 49
healthE Fatty Cream .................................. 50
Heparin sodium ........................................ 30
Heparinised fatty cream ................................ 30
Heparon Junior ........................................ 30
Hepatitis A vaccine .................................... 198
Hepatitis B vaccine .................................... 198
Hepsfree ............................................. 80
Herceptin ........................................... 156
Hexamine hippurate ................................... 70
Hismine acid phosphate .................................. 176
Holoxan ......................................... 123
Hormone Replacement Therapy ......................... 61
HPV ........................................... 198
Humalog Mix 25 ........................................ 16
Humalog Mix 50 ........................................ 16
Human papillomavirus (6, 11, 16 and 18) vaccine [HPV] ........................................ 198
Humatin .............................................. 65
Humira ............................................. 138
Humira Pen ......................................... 138
Hyaluronidase ........................................... 93
Hybloc ............................................... 39
Hydralazine hydrochloride .................................. 45
Hydrea ............................................. 126
Hydrocortisone
Dermatological ......................................... 51
Extemporaneous ...................................... 180
Hormone ............................................. 60
Hydrocortisone acetate
Alimentary .............................................. 13
Dermatological ......................................... 51
Hydrocortisone butyrate ................................... 51
Hydrocortisone with ciprofloxacin ................. 166
Hydrocortisone with miconazole ................. 166
Hydrocortisone with natamycin and neomycin ................. 52
Hydrocortisone with paraffin and wool fat ................. 51
Hydrogen peroxide ..................................... 48
Hydroxocobalamin .................................... 171
Hydroxocobalamin acetate .................................. 23
Hydroxychloroquine .................................... 88
Hydroxyethyl starch 130/0.4 with magnesium chloride, potassium chloride, sodium acetate and sodium chloride ........................................ 35
Hydroxyethyl starch 130/0.4 with sodium chloride ........................................ 35
Hydroxyurea ........................................ 126
Hygroton ............................................ 42
Hylo-Fresh ........................................ 170
Hyoscine butylbromide .................................. 14
Hyoscine hydrobromide .................................. 112
Hyperuricaemia and Antigout ......................... 93
Hypnovel ........................................... 118
Hypromellose ........................................ 167, 170
Hypromellose with dextran .................................. 170
Hysite ............................................. 169
-I-
Ibiamox ........................................... 67
Ibuprofen ........................................... 95
Idarubicin hydrochloride .................................. 124
Ifosamide ........................................... 123
Ikorel ............................................... 45
Ilomedin ........................................... 47
Ilprost ............................................ 47
Imatinib mesylate ...................................... 128
Imiglurecase ......................................... 20
Imipenem with cilastatin .................................. 65
Imipramine hydrochloride .................................. 105
Imiquimod ........................................... 53
Immune Modulators .................................... 85
Immunosuppressants .................................... 133
Impact Advanced Recovery (Chocolate) .................... 193
Impact Advanced Recovery (Vanilla) ...................... 193
Imiprime ........................................... 157
Imuran ............................................ 157
Indapamide ........................................... 42
Indigo carmine ........................................ 176
Indinavir ........................................... 80
Indocyanine green ..................................... 176
Indomethacin ........................................... 96
Infliximab ........................................... 144
Influenza vaccine ...................................... 198
Influvac ............................................. 198
Inhaled Corticosteroids .................................. 161
Innovacon hCG One Step Pregnancy Test .................. 202
Insulin aspart ........................................ 16
Insulin aspart with insulin aspart protamine .................... 16
Insulin glargine ........................................ 16
Insulin glulisine ........................................ 16
Insulin isophane ........................................ 16
Insulin lispro .......................................... 16
Insulin lispro with insulin lispro protamine .................... 16
Insulin neutral .......................................... 16
Insulin neutral with insulin isophane ......................... 16
Insulin pen needles .................................... 201
Insulin syringes, disposable with attached needle ............ 201
Integrilin ............................................ 31
Integrel ............................................. 77
Interferon alfa-2a ...................................... 85
Interferon alfa-2b ...................................... 85
Interferon beta-1-alpha .................................. 118
Interferon beta-1-beta .................................. 118
Interferon gamma ..................................... 85
Intra-uterine device ..................................... 55
Inovance ............................................ 65
Iodine ............................................... 63
Iodine with ethanol ...................................... 172
Iodised oil .......................................... 173
Iodixanol ........................................... 173
Iohexol ............................................ 174
Iomeprol ........................................... 174
Iopromide ........................................... 174
Ioscan ............................................. 173
Iotrolan ............................................. 174
Ipratropium bromide .................................. 159–160
Iressa ................................................ 128
Irinotecan Actavis 100 .................................. 126
Irinotecan Actavis 40 .................................. 126
Irinotecan hydrochloride .................................. 126
Iron polymaltose ....................................... 21
Iron sucrose ........................................... 21
Irrigation Solutions ..................................... 177
Isetrentress ........................................... 80
Ismo 40 Retard ....................................... 44
Ismo-20 ............................................. 44
Isoflurane ............................................ 98
Isoniazid ............................................. 74
Isoniazid with rifampicin .................................. 74
Isoprenaline ......................................... 45
Isopropyl alcohol ...................................... 172
Isosorbid mononitrate .................................... 44
Isotretinoin ........................................... 49
Ispaghula (psyllium) husk .................................. 18
INDEX

Generic Chemicals and Brands

Madopar 250 ......................................... 98
Madopar 62.5 ........................................ 98
Madopar HBS ........................................ 98
Madopar Rapid ....................................... 98
Mafenide acetate ..................................... 48
Magnesium hydroxide
  Alimentary ........................................... 21
  Extemporaneous ................................ 180
Magnesium oxide .................................... 21
Magnesium sulphate ................................ 21
Magnevist ........................................... 176
Malamath [Maldison] ................................ 49
Malamath with permethrin and
  piperonyl butoxide ................................ 49
Maldison ............................................... 48
Mannitol .............................................. 41
Maprotiline hydrochloride ......................... 105
Marcain ................................................. 99
Marcain Heavy ......................................... 100
Marcain Isobaric ..................................... 99
Marcain with Adrenaline ......................... 100
Marven ................................................ 31
Marine Blue Lotion SPF 30+ ......................... 53
Marine Blue Lotion SPF 50+ ......................... 53
Martindale Acetylcysteine ........................ 171
Mask for spacer device ................................ 201
Mast Cell Stabilisers ................................ 163
Maxidex ............................................... 166
Measles, mumps and rubella
  vaccine ............................................ 199
Mebendazole ......................................... 75
Mebeverine hydrochloride ......................... 14
Medrol ............................................... 60
Medroxyprogesterone .................... 62
Medroxyprogesterone acetate
  Genito-Urinary .................................. 56
  Hormone ......................................... 61
Mefenamic acid ..................................... 96
Mefloquine hydrochloride ......................... 75
Megestrol acetate .................................. 132
Meglumine gadopentetate ......................... 176
Melatonin ............................................ 118
Meloicam ............................................. 96
Melphalan .......................................... 123
Meningococcal (A, C, Y and
  W-135) conjugate
  vaccine .............................................. 197
Meningococcal (A, C, Y and
  W-135) polysaccharide
  vaccine .............................................. 197
Meningococcal C conjugate
  vaccine .............................................. 197
Menthol .............................................. 180
Mepivacaine hydrochloride ......................... 101
Mercaptothione ................................... 125
Meropenem ......................................... 65
Mesalazine .......................................... 13
Mesna ................................................. 131
Mestinon ............................................. 88
Metabolic Disorder Agents ......................... 19
Metabolic Products ................................ 184
Metamid ............................................. 112
Metaraminol ....................................... 45
Metformin .......................................... 17
Methacholine chloride .............................. 176
Methadone hydrochloride
  Extemporaneous ................................ 180
  Nervous .......................................... 103
Methhatabs ......................................... 103
Methoblastin ..................................... 125
Methohexital sodium .............................. 99
Methopt ............................................. 170
Methotrexate ....................................... 125
Methotrexate Ebeewe .............................. 125
Methotrexate Sandoz .............................. 125
Methoxalen [8-methoxysporalen] ............... 52
Methoxyflurane ................................... 102
Methyl aminolevulinate
  hydrochloride ..................................... 53
Methyl hydroxybenzoate ......................... 180
Methylcellulose .................................... 180
Methylcellulose with glycerin and
  sodium saccharin ................................ 180
Methylcellulose with glycerin and
  sucrose ............................................. 180
Methyldopa ......................................... 41
Methylene blue ..................................... 176
Methylenephidnin
  hydrochloride ..................................... 120
Methylprednisolone (as sodium
  succinate) ......................................... 60
Methylprednisolone
  aceponate ......................................... 51
Methylprednisolone acetate ...................... 60
Methylprednisolone acetate with
  lignocaine ......................................... 60
Methylthioninium chloride
  [Methylene blue] ................................ 176
Methylxanthisnes ................................ 163
Metoclopramide
  hydrochloride ..................................... 112
Metoclopramide hydrochloride
  with paracetamol ................................ 111
Metolazone ........................................ 42
Metoprolol - AFT CR ............................. 39
Metoprolol succinate .................... 39
Metoprolol tartrate .............................. 39
Metronidazole
  Dermatological ................................ 48
Infection ........................................... 75
Metyrapone ........................................ 62
Mexiletine hydrochloride ......................... 38
Mexiletine Hydrochloride
  USP ................................................. 38
Miacalcic ........................................... 59
Mianserin hydrochloride ......................... 106
Micolette ............................................. 19
Miconazole ......................................... 22
Miconazole nitrate
  Dermatological ................................ 48
Genito-Urinary .................................... 55
Micreem H ........................................... 52
Microgynon 50 ED ................................. 55
Midazolam .......................................... 118
Midodrine .......................................... 38
Mifepristone ....................................... 56
Milrinone ........................................... 45
Minerals ............................................. 20
Minidiab ............................................ 17
Minirin .............................................. 64
Minocycline ........................................ 69
Minoxidil .......................................... 45
Mirtazapine ....................................... 106
Misoprostol ......................................... 14
Mitomycin C ........................................ 124
Mitoxantrone ....................................... 124
Mitoxantrone Ebeewe .............................. 124
Mivacron .......................................... 94
Mivacurium chloride .............................. 94
Moclobemide .................................... 106
Modafinil .......................................... 120
Mocedate .......................................... 116
Mogine .............................................. 109
Mometason furoate ................................ 51
Monosodium glutamate with
  sodium aspartate ................................ 178
Monosodium l-aspartate ......................... 178
Montelukast ...................................... 162
Morocotocog alfa [Recombinant
  factor VIII] ...................................... 28
Morphine hydrochloride ......................... 103
Morphine sulphate ................................. 104
Morphine tartrate ................................. 104
Motetis ............................................. 97
Mouth and Throat ................................. 22
Moxifloxacin ........................................ 68
Mucolytics and
  Expectorants .................................... 163
INDEX

Generic Chemicals and Brands

Multihance ........................................175
Multiple Sclerosis Treatments ......................117
Multivitamins .........................................23
Mupirocin ..............................................48
Muscle Relaxants and Related Agents ..................94
Myambutol ..............................................74
Myobutin ................................................74
Mycofenolate mofetil ..................................158
Mydriacyl .................................................169
Myrdatics and Cycloplegics ..........................169
Mylan Atenolol ..........................................39
Mylan Fentanyl Patch .................................103
Mylaner ..................................................123

N -
Nadolol ..................................................39
Naloxone hydrochloride ................................171
Naltiraccord ............................................121
Naltrexone hydrochloride .............................121
Naphazoline hydrochloride ...........................166
Naphcon Forte ..........................................166
Naproxen ..................................................96
Naropin ...................................................101
Natamycin ...............................................165
Natulan ....................................................126
Nausicalm ...............................................111,112
Navelbine .................................................132
Navoban ....................................................112
Nedocromil ..............................................163
Nefopam hydrochloride ................................102
Neocate Advance (Vanilla) ..........................190
Neocate Gold (Unflavoured) .........................190
Neoral .....................................................133
NeoRecormon ..........................................26
Neostigmine methylsulphate .........................88
Neostigmine methylsulphate with glycopyronium bromide .......88
Neosynephrine HCL ....................................45
Neotigason ...............................................52
Nepro (Strawberry) .....................................193
Nepro (Vanilla) ..........................................193
Nepro RTH ...............................................193
Neulasim ..................................................32
Neupogen ..................................................32
Nevirapine .................................................77
Nevirapine Alphapharm ...............................77
Nicorandil ...............................................45
Nicotine ....................................................121
Nicotinic acid ............................................44
Nifedipine ..................................................40
Nilstat .......................................................22, 71

Nimodipine ..............................................40
Nitazoxanide ............................................75
Nitrites .....................................................44
Nitrazepam ..............................................118
Nitroderm TTS 10 ......................................44
Nitroderm TTS 5 .......................................44
Nitrofurantoin .........................................70
Nitronal ....................................................44
Noflam 250 ..............................................96
Noflam 500 ..............................................96
Non-Steroidal Anti-Inflammatory Drugs ..............95
Nonacog alfa [Recombinant factor IX] ..............28
Noradrenaline .........................................45
Norethisterone Genito-Urinary .......................56
Hormone ...............................................62
Norethisterone with mestranol .......................55
Norflaxacin ..............................................69
Normison ...............................................118
Norpres ...................................................106
Nortripyline hydrochloride ............................106
Norvir .....................................................80
Novasource Renal (Vanilla) .........................193
Novatretin ...............................................52
NuvoMix 30 FlexPen ....................................16
NuoSeven RT .............................................28
Noxafil .....................................................72
Nupentin ....................................................108
Nutrini Energy Multi Fibre ...........................192
NutriN Low Energy Multifibre RTH .................192
Nutrison Concentrated ................................188
Nutrison Energy .......................................194
Nyefax Retard ..........................................40
Nystatin
Alimentary ...............................................22
Dermatological .........................................48
Genito-Urinary .........................................55
Infection ...............................................71

- O -
Obstetric Preparations ...............................56
Octocog alfa [Recombinant factor VIII] .............28
Octreotide .................................................132
Octreotide MaxRx .....................................132
Ocular Lubricants .....................................169
Oestradiol ..............................................61–62
Oestradiol valerate .....................................61
Oestradiol with norethisterone acetate ..............61

Oestriol
Genito-Urinary ........................................57
Hormone ...............................................62
Oestrogens .............................................57
Oestrogens (conjugated equine) .......................61
Oestrogens with medroxyprogesterone acetate .......61
Oil in water emulsion ..................................50
Oily phenol [Phenol oily] ..............................14
Olanzapine ..............................................114, 116
Olanzine ..................................................114
Olanzine-D ..............................................114
Olive oil .................................................180
Olopatadine .............................................166
Olsalazine .................................................13
Omeprazole ..............................................14
Omezol Relief ...........................................14
Omnipaque ...............................................174
Omniscan ...............................................175
On Call Advanced .....................................201
Oncaspar ...............................................126
OncoTICE ..............................................157
Ondanaccord ..........................................112
Ondanetron .............................................112
One-Alpha ...............................................24
Onkotrone ...............................................124
Onrex .....................................................112
Optional Pharmaceuticals ............................201
Ora-Blend ...............................................180
Ora-Blend SF ............................................180
Ora-Plus ...............................................180
Ora-Sweet ...............................................180
Ora-Sweet SF ..........................................180
Oracort ...................................................22
Oratane ....................................................49
Omnidazole .............................................75
Orphenadrine citrate ...................................94
Orphenadrine hydrochloride .........................97
Oruval SR ...............................................96
Oseltamivir .............................................85
Osmolite ...................................................194
Osmolite RTH ..........................................194
Losapomox ..............................................67
Other Cardiac Agents ..................................44
Other Endocrine Agents ..............................61
Other Oestrogen Preparations .........................62
Other Otological Preparations .......................170
Other Progestogen Preparations .....................62
Other Skin Preparations ...............53
Oxaliplatin ..................................127
Oxaliplatin Actavis 100 .................127
Oxaliplatin Actavis 50 .................127
Oxandrolone ..................................59
Oxazepam ..................................117
Oxybutynin ..................................58
Oxycodeone hydrochloride ..............104
Oxycodeone Orion .......................104
OxyContin ..................................104
Oxydone BNM ...............................104
Oxydone BNM ...............................104
Oxydone .................................. 104
Oxymetazoline hydrochloride ..........167
Oxybutynin ..................................58
Oxycodeone hydrochloride ..............104
Oxycodeone Orion .......................104
OxyContin ..................................104
Paraffin liquid with wool fat ...........170
Paraffin with wool fat ...............50
Paraldehyde .............................107
Parecoxib .....................................96
Paromomycin ...............................65
Paroxetine hydrochloride ..........107
Paser ........................................74
Pediasure .........................176
Pediasure (Chocolate) ...............192
Pediasure (Strawberry) ..............192
Pediasure (Vanilla) ......................192
Pediasure RTH ..............................192
Pegasparagase .........................126
Pegasus .......................................86
Pegfilgrastim ...............................32
Pegylated interferon alfa-2a ..........86
Penicillamine ...............................88
Penicillin G ............................... 68
Penicillin V ............................... 68
Pentagastrin ............................... 62
Pentamidine isethionate .............75
Pentasa .......................................13
Pentostatin [Deoxycoformycin] ....126
Pentoxifylline (Oxpentifylline) ......46
Peptisoothe .....................................14
Pethidine hydrochloride .............188
Pepitosoothe ............................... 14
Pergolide .....................................98
Perhexiline maleate ....................41
Pericyazine ...............................114
Perindopril ............................... 36
Permax ....................................... 98
Permethrin ............................... 49
Pexig ...........................................41
 Phenelzine sulphate ........................106
Phenindione ............................... 30
Phenobarbital .......10, 110
Phenobarbital sodium .............180
Phenol Extemporaneous ............180
Phenol hydrochloride .............37
Phenoxymethylpenicillin [Penicillin V] ....68
Phentolamine mesylate ...............37
Phenylephrine hydrochloride ....45
Phenytoin ..................................110
Phenytoin sodium ....................108, 110
Pholcodine ..................................161
Phosphorus ..................................35
Phytomenadione .........................29
Picibanil ..................................158
Pilocarpine hydrochloride ............169
Pilocarpine nitrate .....................180
Pimaricin with tazobactam .......68
Pipitaizone ..................................17
Piritrexim .........................116
Pipitoneal Hypothalamic Hormones and Analogues ......62
Pivmecillinam ......................... 70
Pizaccord ....................................17
Pizotifen ..................................111
PKU Anamix Junior LQ (Berry) ....185
PKU Anamix Junior LQ (Orange) ...185
PKU Anamix Junior LQ (Unflavoured) ....185
Pneumococcal (PCV10) conjugate vaccine ..........197
Pneumococcal (PCV13) conjugate vaccine ..........197
Pneumococcal (PPV23) polysaccharide vaccine ..........198
Podophyllotoxin ......................... 53
Polidocanol ..................................27
Polimyelitis vaccine ...................199
Polyoxamer ............................... 18
Poly Gel .....................................169
Poly-Tears .....................................180
Polyhexamethylene biguanide ........180
Polyvinyl alcohol ......................170
Index

Generic Chemicals and Brands

Polyvinyl alcohol with
povidone ..................................... 170
Poractant alfa ................................ 164
Posaconazole ................................ 72
Postino-1 ..................................... 50
Potassium chloride .......................... 33, 35
Potassium chloride with sodium
chloride ........................................... 34
Potassium citrate ................................ 58
Potassium dihydrogen phosphate ........... 34
Potassium iodate
Alimentary ...................................... 21
Hormone ....................................... 63
Potassium iodate with iodine ............... 21
Potassium perchlorate ......................... 63
Potassium permanganate ..................... 52
Povidone K30 .................................. 180
Povidone-iodine ............................... 173
Povidone-iodine with
ethanol ........................................... 173
Pradaxa .......................................... 29
Pralidoxime iodide ............................. 171
Pramipexole hydrochloride ................. 98
Prasugrel ........................................ 31
Pravastatin ...................................... 43
Praziquantel ................................... 75
Prazosin .......................................... 37
Prednisolone ................................. 60
Prednisolone acetate ......................... 166
Prednisolone sodium phosphate .......... 166
Prednisone ..................................... 60
Pregnancy test - hCG urine ................. 202
Prezista .......................................... 79
Prilocaine hydrochloride .................... 101
Prilocaine hydrochloride with
telypressin ...................................... 101
Primaquine phosphate ......................... 76
Primaxin ......................................... 65
Primidone ....................................... 110
Primolut N ....................................... 62
Probenecid ..................................... 94
Procaine penicillin ............................ 68
Procarbazine hydrochloride ............... 126
Prochlorperazine ......................... 112
Proctosedyl .................................... 13
Procyclidine hydrochloride .............. 97
Proctoxyz ....................................... 123
Prodoca .......................................... 41
Progestrone ................................... 57
Progicem ....................................... 15
Prograf ......................................... 133
Prokinex ........................................ 112
Promethazine hydrochloride ............ 160
Promethazine theoclate ..................... 112
Propafenone hydrochloride ............... 38
Propamidine isethionate ................... 165
Propanolol ..................................... 40
Propylene glycol ............................. 180
Propylthiouracil ............................. 63
Prostin E2 ....................................... 57
Prostin VR ....................................... 45
Protamine sulphate ............................ 30
Protonamide .................................... 74
Protirelin ....................................... 63
Provera .......................................... 61, 62
Provic .......................................... 168
Provia MCT-LCT 1% ......................... 99
Proxymetacaine
hydrochloride .................................. 167
Pseudoephedrine
hydrochloride .................................. 161
Psoriasis and Eczema
Preparations ................................. 52
PTU .............................................. 63
Pulmocare (Vanilla) ......................... 193
Pulmonary Surfactants ....................... 164
Pulmozyme ..................................... 163
Puri-nethol .................................... 125
Pyrazinamide .................................. 74
Pyridostigmine bromide .................... 88
PyridoxAD ....................................... 24
Pyridoxal-5-phosphate .................... 20
Pyridoxine hydrochloride ................. 24
Pyrimethamine ................................ 76
Pytazen SR ..................................... 31
Q 300 ............................................. 76
Quetapine ...................................... 114
Quetiapine ...................................... 114
Quinapril ....................................... 36
Quinapril with
hydrochlorothiazide ......................... 36
Quinine dihydrochloride .................. 76
Quinine sulphate ............................. 76
RA-Morph ...................................... 103
Rabies vaccine ............................... 199
Raloxifene ..................................... 92
Raltegravir potassium ...................... 80
Ramipex ......................................... 98
Ranbaxy-Cefaclor ......................... 66
Ranibizumab .................................. 149
Ranitidine .................................... 14
Rapamune ...................................... 158
Rasburicase ................................. 94
Reandron 1000 .............................. 18
Recombinant factor IX ...................... 28
Recombinant factor VIII .................... 28
Recombinant factor VIII .................... 28
Red back spider antivenom ............... 171
Redipred ........................................ 60
Relenza Rotadisk .............................. 85
Remicade ....................................... 144
Remifentanil hydrochloride .............. 105
Remifentanil-AFT ......................... 105
ReoPro .......................................... 138
Resource Beneprotein ...................... 183
Resource Diabetic (Vanilla) ............. 187
Respiratory Stimulants ...................... 164
Retinol .......................................... 23
Retinol Palmitate ............................. 170
Retovir .......................................... 79
Revolade ........................................ 27
Reyataz .......................................... 79
RiboFlavin 5-phosphate ..................... 168
Ridal ............................................ 115
Rifabutin ....................................... 74
Rifaximin ....................................... 74
Rilutek .......................................... 97
Riluzole ........................................ 97
Ringer's solution ............................. 34
Riodine ......................................... 173
Risedronate Sandoz ......................... 92
Risedronate sodium ......................... 92
Risperdal ....................................... 115
Risperdal Consta ............................ 117
Risperdal Quicklet .......................... 117
Risperidone .................................. 115, 117
Risperon ........................................ 115
Ritalin ......................................... 120
Ritalin LA ...................................... 120
Ritalin SR ..................................... 120
Ritonavir ....................................... 80
Rituximab ...................................... 149
Rivaroxaban .................................. 30
Rivotril ......................................... 107
Rizamelt ....................................... 111
RizatRIPTAN benzoate ..................... 111
Rocuronium bromide ....................... 94
Ropinirole hydrochloride .................. 98
Ropivacaine hydrochloride ............... 101
Ropivacaine hydrochloride with
fentanyl ........................................ 101
Rose bengal sodium ......................... 167
### INDEX

**Generic Chemicals and Brands**

<table>
<thead>
<tr>
<th>Alphabet</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>84</td>
</tr>
<tr>
<td>B</td>
<td>23</td>
</tr>
<tr>
<td>C</td>
<td>84</td>
</tr>
<tr>
<td>D</td>
<td>23</td>
</tr>
<tr>
<td>E</td>
<td>190</td>
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<td>F</td>
<td>46</td>
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<td>95</td>
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<td>H</td>
<td>166</td>
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<td>35</td>
</tr>
<tr>
<td>J</td>
<td>72</td>
</tr>
<tr>
<td>K</td>
<td>120</td>
</tr>
<tr>
<td>L</td>
<td>35</td>
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<tr>
<td>M</td>
<td>199</td>
</tr>
<tr>
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<td>117</td>
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<td>V</td>
<td>79</td>
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<tr>
<td>W</td>
<td>115</td>
</tr>
<tr>
<td>X</td>
<td>124</td>
</tr>
<tr>
<td>Y</td>
<td>115</td>
</tr>
<tr>
<td>Z</td>
<td>116</td>
</tr>
</tbody>
</table>

- **Vitamin A** with vitamins D and E
- **Vitamin** A
- **Valaciclovir**
- **Valcyte**
- **Valganciclovir**
- **Valtrex**
- **Vancomycin**
- **Varenicline**
- **Varicella zoster vaccine [Chicken pox vaccine]**
- **Vasodilators**
- **Vasopressin**
- **Vasopressin Agents**
- **Vecuronium bromide**
- **Velcade**
- **Venlafaxine**
- **Venofer**
- **Ventavis**
- **Ventolin**
- **Verasamil hydrochloride**
- **Vergo 16**
- **Verpamyl SR**
- **Vesanoid**
- **Vesicare**
- **Vfend**
- **Victril**
- **Vigabatrin**
- **Vimpat**
- **Vinblastine sulphate**
- **Vincristine sulphate**
- **Vinorelbine**
- **Viral Vaccines**
- **Virmune Suspension**
- **Viread**
- **Visipaque**
- **Vistil**
- **Vistil Forte**
- **VitA-POS**
- **Vital HN**
- **Zavedos**
- **Zedox**
- **Zetlami**
- **Zetop**
- **Ziagen**
- **Zidovudine [AZT]**
- **Zidovudine [AZT] with lamivudine**
- **Zinc**
- **Yellow jacket wasp venom**
- **Zyprexa Relprevv**
- **Zypine ODT**
- **Zypine**
- **Zyban**
- **Zuclopenthixol**
- **Zoledronic acid**
- **Zovirax IV**
- **Zostrix HP**
- **Zostrix**
- **Zopiclone**
- **Zometa**
- **Zotrix**
- **Zotrix HP**
- **Zovirax IV**
- **Zuclopenthixol acetate**
- **Zuclopenthixol decanoate**
- **Zuclopenthixol hydrochloride**
- **Zyban**
- **Zypine**
- **Zypine ODT**
- **Zyprexa Relprevv**
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