## Introducing PHARMAC

### Part I
- General Rules 5

### Part II
- Alimentary Tract and Metabolism 13
- Blood and Blood Forming Organs 26
- Cardiovascular System 36
- Dermatologicals 48
- Genito-Urinary System 55
- Hormone Preparations 59
- Infections 69
- Musculoskeletal System 92
- Nervous System 102
- Oncology Agents and Immunosuppressants 128
- Respiratory System and Allergies 167
- Sensory Organs 173
- Various 179
- Extemporaneous Compounds (ECPs) 187
- Special Foods 190
- Vaccines 204

### Part III
- Optional Pharmaceuticals 210

### Index 212
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 10254, WELLINGTON 6143, Email: PTAC@pharmac.govt.nz

PTAC Subcommittees

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

- Analgesic Subcommittee
- Anti-Infective Subcommittee
- Cancer Treatments Subcommittee
- Cardiovascular Subcommittee
- Dermatology Subcommittee
- Diabetes Subcommittee
- Endocrinology Subcommittee
- Gastrointestinal Subcommittee
- Haematology Subcommittee
- Hospital Pharmaceuticals Subcommittee
- Immunisation Subcommittee
- Mental Health Subcommittee
- Neurological Subcommittee
- Ophthalmology Subcommittee
- Pulmonary Arterial Hypertension Subcommittee
- Reproductive and Sexual Health Subcommittee
- Respiratory Subcommittee
- Rheumatology Subcommittee
- Special Foods Subcommittee
- Transplant Immunosuppressants Subcommittee
- PTAC also has a Tender Medical Evaluation Subcommittee to provide advice on clinical matters relating to PHARMAC’s annual multi-product tender and other purchasing strategies. Current membership of PTAC's subcommittees can be found on PHARMAC's website: http://www.pharmac.health.nz/about/committees/ptac
Named Patient Pharmaceutical Assessment policy

Named Patient Pharmaceutical Assessment (NPPA) provides a mechanism for individual patients to 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

<table>
<thead>
<tr>
<th>Unit</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>gram</td>
<td>g</td>
</tr>
<tr>
<td>kilogram</td>
<td>kg</td>
</tr>
<tr>
<td>international unit</td>
<td>lu</td>
</tr>
<tr>
<td>microgram</td>
<td>mcg</td>
</tr>
<tr>
<td>milligram</td>
<td>mg</td>
</tr>
<tr>
<td>millilitre</td>
<td>ml</td>
</tr>
<tr>
<td>millimole</td>
<td>mmol</td>
</tr>
<tr>
<td>unit</td>
<td>u</td>
</tr>
</tbody>
</table>

Abbreviations

<table>
<thead>
<tr>
<th>Type</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>application</td>
<td>app</td>
</tr>
<tr>
<td>capsule</td>
<td>cap</td>
</tr>
<tr>
<td>cream</td>
<td>crm</td>
</tr>
<tr>
<td>dispersible</td>
<td>disp</td>
</tr>
<tr>
<td>effervescent</td>
<td>eff</td>
</tr>
<tr>
<td>emulsion</td>
<td>emul</td>
</tr>
<tr>
<td>enteric coated</td>
<td>EC</td>
</tr>
<tr>
<td>granules</td>
<td>grans</td>
</tr>
<tr>
<td>injection</td>
<td>inj</td>
</tr>
<tr>
<td>linctus</td>
<td>linc</td>
</tr>
<tr>
<td>liquid</td>
<td>liq</td>
</tr>
<tr>
<td>lotion</td>
<td>lotn</td>
</tr>
<tr>
<td>ointment</td>
<td>oint</td>
</tr>
<tr>
<td>solution</td>
<td>soin</td>
</tr>
<tr>
<td>suppository</td>
<td>suppos</td>
</tr>
<tr>
<td>tablet</td>
<td>tab</td>
</tr>
<tr>
<td>tincture</td>
<td>tinc</td>
</tr>
</tbody>
</table>

HSS Hospital Supply Status (Refer to Rule 20)
### ANATOMICAL HEADING

<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>

### THERAPEUTIC HEADING

**CHEMICAL A**  
- **Restricted** see terms below
  - Presentation A: ........................................ 10.00  
  - **Restricted**  
  - Only for use in children under 12 years of age

**CHEMICAL B**  
- **Some items restricted** see terms below
  - Presentation B1: .................................... 1,589.00  
  - Presentation B2

- **Restricted**  
  - Oncologist or haematologist

**CHEMICAL C**  
- **Restricted** see terms below
  - Presentation C: .................................... 15.00  
  - To 2014

**CHEMICAL D**  
- **Restricted** see terms below
  - Presentation D:  
    - -1% DV Limit Jan-12 to 2014: .................. 38.65  
    - To 2014: .................................... 500  

- **Restricted**  
  - *Limited to five weeks’ treatment*
  - Either:
    1. For the prophylaxis of venous thromboembolism following a total hip replacement, or
    2. For the prophylaxis of venous thromboembolism following a total knee replacement.

**CHEMICAL E**  
- Presentation E

**Brand A**

**Brand B1**  
- *e.g. Brand B2*

**Brand C**

**Brand D**

**Brand E**  
- *e.g. Brand E*

- **Standard national price excluding GST**
- **Indicates only presentation B1 is Restricted**
- **From 1 January 2012 to 30 June 2014, at least 99% of the total volume of this item purchased must be Brand C**
- **Form and strength**
- **Not a contracted product**
- **Product with Hospital Supply Status (HSS)**
- **Quantity the Price applies to**

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

*Products with Hospital Supply Status (HSS) are in bold*
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.
PART I: GENERAL RULES

“Unapproved Indication”, means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981. Clinicians prescribing Pharmaceuticals for Unapproved Indications should be aware of, and comply with, their obligations under Section 25 and/or Section 29 of the Medicines Act 1981 and as set out in rule 23.

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

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

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

HOSPITAL SUPPLY OF PHARMACEUTICALS

2 Hospital Pharmaceuticals
2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals:
   a) Medical Devices;
   b) whole or fractionated blood products;
   c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
   d) disinfectants and sterilising products, except those that are to be used in or on a patient;
   e) foods and probiotics;
   f) radioactive materials;
   g) medical gases; and
   h) parenteral nutrition.

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

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

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

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

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

EXCEPTIONS

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

12 Continuation
12.1 Where a patient's clinical circumstances have been stabilised via treatment in the Community with 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.
PART I: GENERAL RULES

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.

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 Pharmaceutical supplier.
18.2 From 1 July 2013, where a DHB Hospital has a pre-existing supply contract for a particular brand of chemical entity for which there is a National Contract Pharmaceutical, the DHB may continue purchasing the chemical entity in accordance with its pre-existing supply contract however:
   a) from the day its pre-existing supply contract expires, that DHB Hospital is to purchase the relevant National Contract Pharmaceutical listed in Section H at the Price, and is to comply with any DV Limits for the National Contract Pharmaceutical where it has HSS;
   b) if purchase of the relevant National Contract Pharmaceutical listed in Section H at the Price, where it has HSS, would not cause the relevant DHB Hospital to be in breach of its pre-existing supply contract for a particular brand of chemical entity; the DHB Hospital must purchase the National Contract Pharmaceutical.
18.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals must, unless PHARMAC expressly notifies otherwise:
   a) take any steps available to them to terminate pre-existing contracts or relevant parts of such a contract, and
   b) not 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:
to the extent that the DHB Hospital may use its discretion to purchase a DV Pharmaceutical within the DV Limit, provided that (subject to rule 20.2(d)(iii) below) the DV Limit has not been exceeded nationally;

ii) if the Pharmaceutical supplier fails to supply that National Contract Pharmaceutical, in which case the relevant DHB Hospital does not have to comply with the DV Limit for that National Contract Pharmaceutical during that period of non-supply (and any such month(s) included in a period of non-supply will be excluded in any review of the DV Limit in accordance with rule 20.3 below);

iii) that where the DV Limit has been exceeded nationally, the DHB Hospital may negotiate with the Pharmaceutical supplier that supplies the National Contract Pharmaceutical with HSS for written permission to vary the application of that DHB Hospital's Individual DV Limit for any patient whose exceptional needs require a DV Pharmaceutical.

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

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

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

21 Collection of rebates and payment of financial compensation

21.1 Following the receipt of any 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>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antacids and Antiflatulents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antacids and Reflux Barrier Agents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE</strong></td>
<td>$</td>
<td></td>
<td>e.g. Mylanta</td>
</tr>
<tr>
<td>Tab 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg per 5 ml</td>
<td></td>
<td></td>
<td>e.g. Mylanta</td>
</tr>
<tr>
<td>Oral liq 400 mg with magnesium hydroxide 400 mg and simethicone 30 mg per 5 ml</td>
<td></td>
<td></td>
<td>e.g. Mylanta Double Strength</td>
</tr>
<tr>
<td><strong>SIMETHICONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral drops 100 mg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM ALGINATE WITH MAGNESIUM ALGINATE</strong></td>
<td>$</td>
<td></td>
<td>e.g. Gaviscon Infant</td>
</tr>
<tr>
<td>Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE</strong></td>
<td>$</td>
<td></td>
<td>e.g. Gaviscon Double Strength</td>
</tr>
<tr>
<td>Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml</td>
<td>$4.95</td>
<td>500 ml Acidex</td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM CITRATE</strong></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 8.8% (300 mmol/l)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phosphate Binding Agents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALUMINIUM HYDROXIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 600 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CALCIUM CARBONATE – Restricted</strong> see terms below**</td>
<td></td>
<td></td>
<td>Roxane</td>
</tr>
<tr>
<td>Oral liq 250 mg per ml (100 mg elemental per ml)</td>
<td>$39.00</td>
<td>500 ml</td>
<td></td>
</tr>
<tr>
<td><strong>Antidiarrhoeals and Intestinal Anti-Inflammatory Agents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antipropulsives</strong></td>
<td></td>
<td></td>
<td>Diamide Relief</td>
</tr>
<tr>
<td><strong>DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg with atropine sulphate 25 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOPERAMIDE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 2 mg – 1% DV Jul-14 to 2016</td>
<td>$7.84</td>
<td>400 Diamide Relief</td>
<td></td>
</tr>
<tr>
<td><strong>Rectal and Colonic Anti-Inflammatories</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BUDESONIDE – Restricted</strong> see terms on the next page**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 3 mg</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.
## 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>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

### Restricted

**Crohn’s disease**

Both:

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

**Collagenous and lymphocytic colitis (microscopic colitis)**

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

**Gut Graft versus Host disease**

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

### HYDROCORTISONE ACETATE

- **Rectal foam 10% (14 applications)** – 1% DV Jan-13 to 2015
  - Price: $25.30
  - Amount: 21.1 g
  - Brand: Colifoam

### MESALAZINE

- **Tab EC 400 mg**
  - Price: $49.50
  - Amount: 100
  - Brand: Asacol
- **Tab EC 500 mg**
  - Price: $49.50
  - Amount: 100
  - Brand: Asamax
- **Tab long-acting 500 mg**
  - Price: $59.05
  - Amount: 100
  - Brand: Pentasa
- **Modified release granules 1 g**
  - Price: $141.72
  - Amount: 120 g
  - Brand: Pentasa
- **Suppos 500 mg**
  - Price: $22.80
  - Amount: 20
  - Brand: Asacol
- **Suppos 1 g**
  - Price: $54.60
  - Amount: 30
  - Brand: Pentasa
- **Enema 1 g per 100 ml** – 1% DV Sep-12 to 2015
  - Price: $44.12
  - Amount: 7
  - Brand: Pentasa

### OLSALAZINE

- **Tab 500 mg**
  - Price: $11.68
  - Amount: 100
  - Brand: Salazopyrin
- **Cap 250 mg**

### SODIUM CROMOGLYCATE

- **Cap 100 mg**

### SULPHASALAZINE

- **Tab 500 mg** – 1% DV Oct-13 to 2016
  - Price: $11.68
  - Amount: 100
  - Brand: Salazopyrin
- **Tab EC 500 mg** – 1% DV Oct-13 to 2016
  - Price: $12.89
  - Amount: 100
  - Brand: Salazopyrin EN

### Local Preparations for Anal and Rectal Disorders

#### Antihaemorrhoidal Preparations

**CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE**

- **Oint 5 mg with hydrocortisone 5 mg per g**
  - Price: $15.00
  - Amount: 30 g
  - Brand: Proctosedyl
- **Suppos 5 mg with hydrocortisone 5 mg per g**
  - Price: $9.90
  - Amount: 12
  - Brand: Proctosedyl

**FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE**

- **Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g**
  - Price: $6.35
  - Amount: 30 g
  - Brand: Ultraproct
- **Suppos 630 mcg with fluocortolone pivalate 610 mcg and cinchocaine hydrochloride 1 mg**
  - Price: $2.66
  - Amount: 12
  - Brand: Ultraproct

---

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

*e.g. Brand* indicates brand example only. It is not a contracted product.
### Management of Anal Fissures

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCERYL TRINITRATE</td>
<td>$22.00</td>
<td>30 g</td>
</tr>
<tr>
<td>Oint 0.2%</td>
<td></td>
<td>Rectogesic</td>
</tr>
</tbody>
</table>

### Rectal Sclerosants

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>OILY PHENOL [PHENOL OILY]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5%, 5 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antispasmodics and Other Agents Altering Gut Motility

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCOPYRRONIUM BROMIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 200 mcg per ml, 1 ml ampoule – 1% DV Oct-13 to 2016</td>
<td>$28.56</td>
<td>10 Max Health</td>
</tr>
<tr>
<td>HYOSCINE BUTYLBROMIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>$1.48</td>
<td>20 Gastrosoothe</td>
</tr>
<tr>
<td>Inj 20 mg, 1 ml ampoule</td>
<td></td>
<td>5 Buscopan</td>
</tr>
<tr>
<td>MEBEVERINE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 135 mg – 1% DV Sep-14 to 2017</td>
<td>$18.00</td>
<td>90 Colofac</td>
</tr>
</tbody>
</table>

### Antulcerants

### Antisecretory and Cytoprotective

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISOPROSTOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 200 mcg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### H2 Antagonists

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIMETIDINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANITIDINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 150 mg</td>
<td>$6.79</td>
<td>250 Arrow-Ranitidine</td>
</tr>
<tr>
<td>Tab 300 mg</td>
<td>$9.34</td>
<td>250 Arrow-Ranitidine</td>
</tr>
<tr>
<td>Oral liq 150 mg per 10 ml – 1% DV Sep-14 to 2017</td>
<td>$4.92</td>
<td>300 ml Peptisothe</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 2 ml ampoule</td>
<td>$8.75</td>
<td>5 Zantac</td>
</tr>
</tbody>
</table>

### Proton Pump Inhibitors

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANSOPRAZOLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 15 mg – 1% DV Jan-13 to 2015</td>
<td>$2.00</td>
<td>28 Solox</td>
</tr>
<tr>
<td>Cap 30 mg – 1% DV Jan-13 to 2015</td>
<td>$2.32</td>
<td>28 Solox</td>
</tr>
<tr>
<td>OMEPRAZOLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab dispersible 20 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only for use in tube-fed patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 10 mg</td>
<td>$2.91</td>
<td>90 Omezol Relief</td>
</tr>
<tr>
<td>Cap 20 mg</td>
<td>$3.78</td>
<td>90 Omezol Relief</td>
</tr>
<tr>
<td>Cap 40 mg</td>
<td>$5.57</td>
<td>90 Omezol Relief</td>
</tr>
<tr>
<td>Powder for oral liq</td>
<td>$42.50</td>
<td>5 g Midwest</td>
</tr>
<tr>
<td>Inj 40 mg ampoule</td>
<td>$19.00</td>
<td>5 Dr Reddy's Omeprazole</td>
</tr>
<tr>
<td>Inj 40 mg ampoule with diluent</td>
<td>$28.65</td>
<td>5 Dr Reddy's Omeprazole</td>
</tr>
</tbody>
</table>
ALIMENTARY TRACT AND METABOLISM

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

PANTOPRAZOLE
Tab EC 20 mg – 1% DV May-14 to 2016 .................................................. 2.68 100 Pantoprazole Actavis 20
Tab EC 40 mg – 1% DV May-14 to 2016 .................................................. 3.54 100 Pantoprazole Actavis 40

Site Protective Agents

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

SUCRALFATE
Tab 1 g

Bile and Liver Therapy

L-ORNITHINE L-ASPARTATE – 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
Tab 50 mg – 1% DV Dec-12 to 2015 .................................................. 9.82 90 Accarb
Tab 100 mg – 1% DV Dec-12 to 2015 .................................................. 15.83 90 Accarb

Hyperglycaemic Agents

DIAZOXIDE – Restricted see terms below
Cap 25 mg .......................................................... 110.00 100 Proglicem
Cap 100 mg .......................................................... 280.00 100 Proglicem
Oral liq 50 mg per ml .......................................................... 620.00 30 ml Proglicem

Restricted
For patients with confirmed hypoglycaemia caused by hyperinsulinism.

GLUCAGON HYDROCHLORIDE
Inj 1 mg syringe kit .......................................................... 32.00 1 Glucagen Hypokit

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

Insulin - Intermediate-Acting Preparations

INSULIN ASPART WITH INSULIN ASPART PROTAMINE
Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml,
3 ml prefilled pen .......................................................... 52.15 5 NovoMix 30 FlexPen

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>INSULIN ISOPHANE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj insulin human 100 u per ml, 10 ml vial</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj insulin human 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>INSULIN NEUTRAL WITH INSULIN ISOPHANE</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
</tbody>
</table>

**Insulin - Long-Acting Preparations**

<table>
<thead>
<tr>
<th>INSULIN GLARGINE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 u per ml, 3 ml disposable pen</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj 100 u per ml, 10 ml vial</td>
<td>$.................................</td>
<td></td>
</tr>
</tbody>
</table>

**Insulin - Rapid-Acting Preparations**

<table>
<thead>
<tr>
<th>INSULIN ASPART</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 u per ml, 10 ml vial</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSULIN GLULISINE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 u per ml, 10 ml vial</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj 100 u per ml, 3 ml disposable pen</td>
<td>$.................................</td>
<td></td>
</tr>
</tbody>
</table>

**Insulin - Short-Acting Preparations**

<table>
<thead>
<tr>
<th>INSULIN NEUTRAL</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj human 100 u per ml, 10 ml vial</td>
<td>$.................................</td>
<td></td>
</tr>
<tr>
<td>Inj human 100 u per ml, 3 ml cartridge</td>
<td>$.................................</td>
<td></td>
</tr>
</tbody>
</table>

**Oral Hypoglycaemic Agents**

<table>
<thead>
<tr>
<th>GLIBENCLAMIDE</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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GLICLAZIDE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 80 mg</td>
<td>$.................................</td>
<td></td>
</tr>
</tbody>
</table>
## ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>GLIPIZIDE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg – 1% DV Dec-12 to 2015</td>
<td>$3.00</td>
<td>100 Minidiab</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METFORMIN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab immediate-release 500 mg – 1% DV Oct-12 to 2015</td>
<td>$12.30</td>
<td>1,000 Apotex</td>
</tr>
<tr>
<td>Tab immediate-release 850 mg – 1% DV Oct-12 to 2015</td>
<td>$10.10</td>
<td>500 Apotex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PIOGLITAZONE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 15 mg – 1% DV Sep-12 to 2015</td>
<td>$1.50</td>
<td>28 Pizaccord</td>
</tr>
<tr>
<td>Tab 30 mg – 1% DV Sep-12 to 2015</td>
<td>$2.50</td>
<td>28 Pizaccord</td>
</tr>
<tr>
<td>Tab 45 mg – 1% DV Sep-12 to 2015</td>
<td>$3.50</td>
<td>28 Pizaccord</td>
</tr>
</tbody>
</table>

### Digestives Including Enzymes

#### PANCREATIC ENZYME
- 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 Sep-14 to 2017 | $53.40 | 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:
- 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.

---

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

*Example Brand* indicates brand example only. It is not a contracted product.
## Laxatives

### Bowel-Cleansing 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>CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for oral soln 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>e.g. Glycoprep-C</td>
<td></td>
</tr>
<tr>
<td>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>14.31</td>
<td>Klean Prep</td>
</tr>
</tbody>
</table>

### Bulk-Forming Agents

<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>ISPAGHULA (PSYLLIUM) HUSK</td>
<td>5.51</td>
<td>Konsyl-D</td>
</tr>
<tr>
<td>Powder for oral soln – 1% DV Sep-13 to 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STERCULIA WITH FRANGULA – Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for oral soln</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Faecal Softeners

<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>DOCUSATE SODIUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 50 mg</td>
<td>2.57</td>
<td>Laxofast 50</td>
</tr>
<tr>
<td>Cap 120 mg</td>
<td>3.48</td>
<td>Laxofast 120</td>
</tr>
<tr>
<td>DOCUSATE SODIUM WITH SENNOSIDES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg with sennosides 8 mg</td>
<td>6.38</td>
<td>Laxsol</td>
</tr>
<tr>
<td>PARAFFIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liquid 1 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enema 133 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLOXAMER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral drops 10% – 1% DV Sep-14 to 2017</td>
<td>3.78</td>
<td>Coloxyl</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Osmotic Laxatives

<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>GLYCEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suppos 1.27 g</td>
<td>6.50</td>
<td>PSM</td>
</tr>
<tr>
<td>Suppos 2.55 g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suppos 3.6 g – 1% DV Jan-13 to 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACTULOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 10 g per 15 ml</td>
<td>3.84</td>
<td>Laevolac</td>
</tr>
<tr>
<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.
**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>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – <strong>Restricted</strong> see terms below</td>
<td></td>
</tr>
<tr>
<td>Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg</td>
<td></td>
</tr>
<tr>
<td>Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg</td>
<td></td>
</tr>
<tr>
<td>$10.00</td>
<td>30</td>
</tr>
</tbody>
</table>

**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**

Powder

Oral liq 25 mg with poloxamer 200 mg per 5 ml 21.30 | 300 ml | Pinorax

Oral liq 75 mg with poloxamer 1 g per 5 ml 43.60 | 300 ml | Pinorax Forte

**SENNOSIDES**

Tab 7.5 mg

**Metabolic Disorder Agents**

**ARGININE**

Powder

Inj 600 mg per ml, 25 ml vial

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

Powder

**Biotin – **Restricted** see terms below**

Cap 50 mg

Cap 100 mg

Inj 10 mg per ml, 5 ml vial

**HAEM ARGINATE**

Inj 25 mg per ml, 10 ml ampoule

---

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

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

- Cap 300 mg

### Minerals

**Calcium**

**CALCIUM CARBONATE**

- Tab 1.25 g (500 mg elemental)  – 1% DV Sep-14 to 2017 ........................................ 5.38  250  Arrow-Calcium
- Tab 1.5 g (600 mg elemental)
- Tab eff 1.75 g (1 g elemental) ........................................................................... 6.21  30  Calsource

*(Any Tab 1.5 g (600 mg elemental) to be delisted 1 September 2014)*

**Fluoride**

**SODIUM FLUORIDE**

- Tab 1.1 mg (0.5 mg elemental)

**Iodine**

**POTASSIUM IODATE**

- Tab 256 mcg (150 mcg elemental iodine)

**POTASSIUM IODATE WITH IODINE**

- Oral liq 10% with iodine 5%
## ALIMENTARY TRACT AND METABOLISM

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

### Iron

<table>
<thead>
<tr>
<th>Brand</th>
<th>Manufacturer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ferrous Fumarate</th>
<th>Tab 200 mg (65 mg elemental)</th>
<th>$4.35</th>
<th>100</th>
<th>Ferro-tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferrous Fumarate with Folic Acid</td>
<td>Tab 310 mg (100 mg elemental) with folic acid 350 mcg</td>
<td>$4.75</td>
<td>60</td>
<td>Ferro-F-Tabs</td>
</tr>
<tr>
<td>Ferrous Gluconate with Ascorbic Acid</td>
<td>Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ferrous Sulfate</td>
<td>Tab long-acting 325 mg (105 mg elemental)</td>
<td>$2.06</td>
<td>30</td>
<td>Ferrograd</td>
</tr>
<tr>
<td></td>
<td>Oral liq 30 mg (6 mg elemental) per ml – 1% DV Apr-14 to 2016</td>
<td>$10.28</td>
<td>500 ml</td>
<td>Ferodan</td>
</tr>
<tr>
<td>Ferrous Sulfate with Ascorbic Acid</td>
<td>Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ferrous Sulfate with Folic Acid</td>
<td>Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron Polymaltose</td>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-14 to 2017</td>
<td>$15.22</td>
<td>5</td>
<td>Ferrum H</td>
</tr>
<tr>
<td>Iron Sucrose</td>
<td>Inj 20 mg per ml, 5 ml ampoule</td>
<td>$100.00</td>
<td>5</td>
<td>Venofer</td>
</tr>
</tbody>
</table>

### Magnesium

<table>
<thead>
<tr>
<th>Magnesium Hydroxide</th>
<th>Tab 311 mg (130 mg elemental)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnesium Oxide</td>
<td>Cap 663 mg (400 mg elemental)</td>
</tr>
<tr>
<td>Magnesium Sulphate</td>
<td>Inj 0.4 mmol per ml, 250 ml bag</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mmol per ml, 5 ml ampoule</td>
</tr>
</tbody>
</table>

### Zinc

<table>
<thead>
<tr>
<th>Zinc</th>
<th>Oral liq 5 mg per 5 drops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc Chloride</td>
<td>Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule</td>
</tr>
<tr>
<td>Zinc Sulfate</td>
<td>Cap 137.4 mg (50 mg elemental)</td>
</tr>
</tbody>
</table>

### Mouth and Throat

#### Agents Used in Mouth Ulceration

<table>
<thead>
<tr>
<th>Benzydamine Hydrochloride</th>
<th>Soln 0.15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzydamine Hydrochloride with Cetylpyridinium Chloride</td>
<td>Lozenge 3 mg with cetylpyridinium chloride</td>
</tr>
</tbody>
</table>
ALIMENTARY TRACT AND METABOLISM

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

**CARBOXYMETHYLCELLULOSE**
Oral spray

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

**CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE**
Adhesive gel 8.7% with cetalkonium chloride 0.01%

**DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL**
Lozenge 1.2 mg with amylmetacresol 0.6 mg

**SODIUM CARBOXYMETHYLCELLULOSE WITH PECTIN AND GELATINE**
Past
Powder

**TRIAMCINOLONE ACETONIDE**
Paste 0.1% ........................................................................4.34 5 g Oracort

**Oropharyngeal Anti-Infectives**

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

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

**NYSTATIN**
Oral liquid 100,000 u per ml ..................................................3.19 24 ml Nilstat

**Other Oral Agents**

**SODIUM HYALURONATE** – **Restricted** see terms below

- Inj 20 mg per ml, 1 ml syringe
  - **Restricted**
  - Otolaryngologist

**THYMOL GLYCERIN**
Compound, BPC

**Vitamins**

**Multivitamin Preparations**

**MULTIVITAMINS**
- Tab (BPC cap strength)
  - **Cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg**
  - **e.g. Mvite**
  - **e.g. Vitabdeck**

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

---

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

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

e.g. Paediatric Seravit

**Restricted**

Patient has inborn errors of metabolism.

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

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

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

**VITAMIN A WITH VITAMINS D AND C**

- Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops
  - e.g. Vitadol C

**Vitamin A**

- RETINOL
  - Tab 10,000 iu
  - Cap 25,000 iu
  - Oral liq 150,000 iu per ml

**Vitamin B**

- HYDROXOCOBALAMIN ACETATE
  - Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-12 to 2015 ................. 5.10 3 ABM
    - Hydroxocobalamin

- PYRIDOXINE HYDROCHLORIDE
  - Tab 25 mg ................................................................. 2.20 90 PyridoxADE
  - Tab 50 mg ................................................................. 12.16 500 Apo-Pyridoxine
  - Inj 100 mg per ml, 1 ml ampoule

- THIAMINE HYDROCHLORIDE
  - Tab 50 mg
  - Tab 100 mg
  - Inj 100 mg per ml, 2 ml vial

- VITAMIN B COMPLEX
  - Tab strong, BPC

**Vitamin C**

- ASCORBIC ACID
  - Tab 100 mg – 1% DV Nov-13 to 2016 .................................... 7.00 500 Cvite
  - Tab chewable 250 mg

---

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

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

<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>Alfacalcidol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 0.25 mcg</td>
<td>26.32</td>
<td>100</td>
<td>One-Alpha</td>
</tr>
<tr>
<td>Cap 1 mcg</td>
<td>87.98</td>
<td>100</td>
<td>One-Alpha</td>
</tr>
<tr>
<td>Oral drops 2 mcg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcitriol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 0.25 mcg</td>
<td>3.03</td>
<td>30</td>
<td>Airflow</td>
</tr>
<tr>
<td>Cap 0.5 mcg</td>
<td>5.62</td>
<td>30</td>
<td>Airflow</td>
</tr>
<tr>
<td>Oral liq 1 mcg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mcg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholecalciferol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1.25 mg (50,000 iu)</td>
<td>7.76</td>
<td>12</td>
<td>Cal-d-Forte</td>
</tr>
</tbody>
</table>

### Vitamin E

**Alpha Tocopheryl Acetate** – *Restricted* see terms below
- Cap 100 u
- Cap 500 u
- Oral liq 156 u per ml

*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

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.

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

### Antanaemics

#### Hypoplastic and Haemolytic

**ERYTHROPOIETIN ALPHA – 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>Per</td>
</tr>
</tbody>
</table>

- **Inj 1,000 iu in 0.5 ml syringe**
  - **Price**: 48.68
  - **Quantity**: 6 Eprex

- **Inj 2,000 iu in 0.5 ml syringe**
  - **Price**: 120.18
  - **Quantity**: 6 Eprex

- **Inj 3,000 iu in 0.3 ml syringe**
  - **Price**: 166.87
  - **Quantity**: 6 Eprex

- **Inj 4,000 iu in 0.4 ml syringe**
  - **Price**: 193.13
  - **Quantity**: 6 Eprex

- **Inj 5,000 iu in 0.5 ml syringe**
  - **Price**: 243.26
  - **Quantity**: 6 Eprex

- **Inj 6,000 iu in 0.6 ml syringe**
  - **Price**: 291.92
  - **Quantity**: 6 Eprex

- **Inj 10,000 iu in 1 ml syringe**
  - **Price**: 395.18
  - **Quantity**: 6 Eprex

**Restricted**

1. **Both:**
   1.1 Patient in chronic renal failure; and
   1.2 Haemoglobin ≤ 100g/L; and

2. Any of the following:
   2.1 **Both:**
       2.1.1 Patient is not diabetic; and
       2.1.2 Glomerular filtration rate ≤ 30ml/min; or
   2.2 **Both:**
       2.2.1 Patient is diabetic; and
       2.2.2 Glomerular filtration rate ≤ 45ml/min; or
   2.3 Patient is on haemodialysis or peritoneal dialysis.

**ERYTHROPOIETIN BETA – 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>Per</td>
</tr>
</tbody>
</table>

- **Inj 2,000 iu in 0.3 ml syringe**
  - **Price**: 120.18
  - **Quantity**: 6 NeoRecormon

- **Inj 3,000 iu in 0.3 ml syringe**
  - **Price**: 166.87
  - **Quantity**: 6 NeoRecormon

- **Inj 4,000 iu in 0.3 ml syringe**
  - **Price**: 193.13
  - **Quantity**: 6 NeoRecormon

- **Inj 5,000 iu in 0.3 ml syringe**
  - **Price**: 243.26
  - **Quantity**: 6 NeoRecormon

- **Inj 6,000 iu in 0.3 ml syringe**
  - **Price**: 291.92
  - **Quantity**: 6 NeoRecormon

- **Inj 10,000 iu in 0.6 ml syringe**
  - **Price**: 395.18
  - **Quantity**: 6 NeoRecormon

**Restricted**

1. **Both:**
   1.1 Patient in chronic renal failure; and
   1.2 Haemoglobin ≤ 100g/L; and

2. Any of the following:
   2.1 **Both:**
       2.1.1 Patient is not diabetic; and
       2.1.2 Glomerular filtration rate ≤ 30ml/min; or
   2.2 **Both:**
       2.2.1 Patient is diabetic; and
       2.2.2 Glomerular filtration rate ≤ 45ml/min; or
   2.3 Patient is on haemodialysis or peritoneal dialysis.
Megaloblastic

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

Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer
24.00 25 ml Biomed

Antifibrinolitics, 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
$ Tab 50 mg

- 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></td>
</tr>
</tbody>
</table>

### TRANEXAMIC ACID

- **Tab 500 mg** .................................................................................. $32.92 Per 100
- **Inj 100 mg per ml, 5 ml ampoule** ........................................... $124.73 Per 10

### Blood Factors

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

- **Inj 1 mg syringe** ........................................................................ $1,163.75 Per 1
- **Inj 2 mg syringe** ........................................................................ $2,327.50 Per 1
- **Inj 5 mg syringe** ........................................................................ $5,818.75 Per 1
- **Inj 8 mg syringe** ........................................................................ $9,310.00 Per 1

- **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 Per 1
- **Inj 1,000 U** ............................................................................... $3,280.00 Per 1

- **Restricted**

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

#### MOROCOTOCOG ALFA [RECOMBINANT FACTOR VIII] – Restricted see terms below

- **Inj 250 iu vial** ........................................................................... $225.00 Per 1
- **Inj 500 iu vial** ........................................................................... $450.00 Per 1
- **Inj 1,000 iu vial** ......................................................................... $900.00 Per 1
- **Inj 2,000 iu vial** ......................................................................... $1,800.00 Per 1
- **Inj 3,000 iu vial** ......................................................................... $2,700.00 Per 1

- **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 Per 1
- **Inj 500 iu vial** ........................................................................... $620.00 Per 1
- **Inj 1,000 iu vial** ......................................................................... $1,240.00 Per 1
- **Inj 2,000 iu vial** ......................................................................... $2,480.00 Per 1

- **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 Per 1
- **Inj 500 iu vial** ........................................................................... $475.00 Per 1
- **Inj 1,000 iu vial** ......................................................................... $950.00 Per 1
- **Inj 1,500 iu vial** ......................................................................... $1,425.00 Per 1
- **Inj 2,000 iu vial** ......................................................................... $1,900.00 Per 1
- **Inj 3,000 iu vial** ......................................................................... $2,850.00 Per 1

- **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)

*Example: Brand indicates brand example only. It is not a contracted product.*
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

### Vitamin K

**PHYTOMENADIONE**

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

### Antithrombotics

#### Anticoagulants

**BIVALIRUDIN** – **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>Konakion MM</td>
<td>$8.00 5</td>
</tr>
</tbody>
</table>

**DABIGATRAN**

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

**DALTEPARIN**

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

**DANAPAROID** – **Restricted** see terms below

- Inj 750 u in 0.6 ml ampoule .................................................. 158.47 10 Fragmin

**DEFIBROTIDE** – **Restricted** see terms below

- Inj 80 mg per ml, 2.5 ml ampoule .................................................. 158.47 10 Fragmin

**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

---

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>Name</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENOXAPARIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<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></td>
<td>Inj 40 mg in 0.4 ml syringe</td>
<td>49.69</td>
<td>10 Clexane</td>
</tr>
<tr>
<td></td>
<td>Inj 60 mg in 0.6 ml syringe</td>
<td>74.91</td>
<td>10 Clexane</td>
</tr>
<tr>
<td></td>
<td>Inj 80 mg in 0.8 ml syringe</td>
<td>99.86</td>
<td>10 Clexane</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg in 1 ml syringe</td>
<td>125.06</td>
<td>10 Clexane</td>
</tr>
<tr>
<td></td>
<td>Inj 120 mg in 0.8 ml syringe</td>
<td>155.40</td>
<td>10 Clexane</td>
</tr>
<tr>
<td></td>
<td>Inj 150 mg in 1 ml syringe</td>
<td>177.80</td>
<td>10 Clexane</td>
</tr>
<tr>
<td>FONDAPARINUX SODIUM – Restricted</td>
<td>see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 mg in 0.5 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 7.5 mg in 0.6 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEPARIN SODIUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 100 iu per ml, 250 ml bag</td>
<td>66.80</td>
<td>50 Hospira</td>
</tr>
<tr>
<td></td>
<td>Inj 1,000 iu per ml, 1 ml ampoule</td>
<td>11.44</td>
<td>10 Pfizer</td>
</tr>
<tr>
<td></td>
<td>Inj 1,000 iu per ml, 35 ml ampoule</td>
<td>46.30</td>
<td>50 Pfizer</td>
</tr>
<tr>
<td></td>
<td>Inj 5,000 iu in 0.2 ml ampoule</td>
<td>14.20</td>
<td>5 Hospira</td>
</tr>
<tr>
<td></td>
<td>Inj 5,000 iu per ml, 1 ml ampoule</td>
<td>182.00</td>
<td>50 Pfizer</td>
</tr>
<tr>
<td>HEPARINISED SALINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 10 iu per ml, 5 ml ampoule</td>
<td>32.50</td>
<td>50 Pfizer</td>
</tr>
<tr>
<td></td>
<td>Inj 100 iu per ml, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 100 iu per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENINDIONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 50 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROTAMINE SULPHATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIVAROXABAN – Restricted</td>
<td>see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg</td>
<td>153.00</td>
<td>15 Xarelto</td>
</tr>
<tr>
<td>SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride</td>
<td>74.6 mcg per ml, 5,000 ml bag</td>
<td></td>
</tr>
<tr>
<td>TRISODIUM CITRATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4%, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 46.7%, 3 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 46.7%, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e.g. *Brand* indicates brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARFARIN SODIUM</td>
<td>Tab 1 mg</td>
<td>6.86</td>
<td>100 Marevan</td>
</tr>
<tr>
<td></td>
<td>Tab 2 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 3 mg</td>
<td>9.70</td>
<td>100 Marevan</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg</td>
<td>11.75</td>
<td>100 Marevan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPIRIN</td>
<td>Tab 100 mg – 1% DV Mar-14 to 2016</td>
<td>1.60</td>
<td>90 Ethics Aspirin EC</td>
</tr>
<tr>
<td></td>
<td>Suppos 300 mg</td>
<td>10.50</td>
<td>990 Ethics Aspirin EC</td>
</tr>
<tr>
<td>CLOPIDOGREL</td>
<td>Tab 75 mg – 1% DV Dec-13 to 2016</td>
<td>5.48</td>
<td>84 Arrow - Clopid</td>
</tr>
<tr>
<td>DIPYRIDAMOLE</td>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 2 ml ampoule</td>
<td>11.52</td>
<td>60 Pytazen SR</td>
</tr>
<tr>
<td>EPTIFIBATIDE – Restricted see terms below</td>
<td>Inj 2 mg per ml, 10 ml vial</td>
<td>111.00</td>
<td>1 Integrilin</td>
</tr>
<tr>
<td></td>
<td>Inj 750 mcg per ml, 100 ml vial</td>
<td>324.00</td>
<td>1 Integrilin</td>
</tr>
<tr>
<td>PRASUGREL – Restricted see terms below</td>
<td>Tab 5 mg</td>
<td>108.00</td>
<td>28 Effient</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg</td>
<td>120.00</td>
<td>28 Effient</td>
</tr>
<tr>
<td>TICAGRELOR – Restricted see terms below</td>
<td>Tab 90 mg</td>
<td>90.00</td>
<td>56 Brilinta</td>
</tr>
</tbody>
</table>

### Antiplatelets

### ASPIRIN
- Tab 100 mg – 1% DV Mar-14 to 2016
- Suppos 300 mg

### CLOPIDOGREL
- Tab 75 mg – 1% DV Dec-13 to 2016

### DIPYRIDAMOLE
- Tab 25 mg
- Inj 5 mg per ml, 2 ml ampoule

### EPTIFIBATIDE
- Inj 2 mg per ml, 10 ml vial
- Inj 750 mcg per ml, 100 ml vial

### PRASUGREL
- Tab 5 mg
- Tab 10 mg

### 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
- Tab 90 mg

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

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTEPLASE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENECTEPLASE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UROKINASE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10,000 iu vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50,000 iu vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100,000 iu vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500,000 iu vial</td>
<td></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 ...............540.00 $0.00 5 Zarzio
- Inj 300 mcg in 1 ml vial .................................................................650.00 $0.00 5 Neupogen
- Inj 480 mcg in 0.5 ml syringe – 1% DV Jan-13 to 31 Dec 2015 ...............864.00 $0.00 5 Zarzio

**PEGFILGRASTIM** – Restricted see terms below
- Inj 6 mg per 0.6 ml syringe ............................................................1,080.00 $0.00 1 Neulastim

*Restricted
Oncologist or haematologist

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

*Febrile neutropenia risk ≥ 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.

### Fluids and Electrolytes

#### Intravenous Administration

**CALCIUM CHLORIDE**
- Inj 100 mg per ml, 10 ml vial

**CALCIUM GLUCONATE**
- Inj 10%, 10 ml ampoule .................................................................21.40 10 Hospira

**COMPOUND ELECTROLYTES**
- Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag .................................................................5.00 500 ml Baxter
- 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 .................................................................3.10 1,000 ml Baxter

**COMPOUND ELECTROLYTES WITH GLUCOSE**
- Inj glucose 50 g with 140 mmol/l sodium, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, bag .................................................................7.00 1,000 ml Baxter
### 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>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

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

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

#### COMPOUND SODIUM LACTATE WITH GLUCOSE

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

#### GLUCOSE

- **Inj 5%, bag**
  - 2.87 $ 50 ml Baxter
  - 2.84 $ 100 ml Baxter
  - 3.87 $ 250 ml Baxter
  - 1.77 $ 500 ml Baxter
  - 1.80 $ 1,000 ml Baxter

- **Inj 10%, bag**
  - 3.70 $ 500 ml Baxter
  - 5.29 $ 1,000 ml Baxter

- **Inj 50%, bag**
  - 6.84 $ 500 ml Baxter
  - 19.50 $ 10 ml ampoule

- **Inj 50%, 10 ml ampoule**
  - 11.25 $ 90 ml bottle

- **Inj 70%, 1,000 ml bag**
  - 1.77 $ 500 ml Baxter
  - 1.80 $ 1,000 ml Baxter

#### GLUCOSE WITH POTASSIUM CHLORIDE

- **Inj 5% glucose with 20 mmol/l potassium chloride, bag**
  - 7.36 $ 1,000 ml Baxter

- **Inj 5% glucose with 30 mmol/l potassium chloride, 1,000 ml bag**

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

#### GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE

- **Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag**
  - 3.45 $ 500 ml Baxter

- **Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag**
  - 4.30 $ 1,000 ml Baxter

- **Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag**

- **Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag**

#### GLUCOSE WITH SODIUM CHLORIDE

- **Inj glucose 2.5% with sodium chloride 0.45%, bag**
  - 4.95 $ 500 ml Baxter

- **Inj glucose 5% with sodium chloride 0.45%, bag**
  - 9.87 $ 500 ml Baxter

- **Inj glucose 5% with sodium chloride 0.9%, bag**
  - 5.80 $ 1,000 ml Baxter

- **Inj glucose 5% with sodium chloride 0.2%, 500 ml bag**

#### POTASSIUM CHLORIDE

- **Inj 75 mg (1 mmol) per ml, 10 ml ampoule**

- **Inj 225 mg (3 mmol) per ml, 20 ml ampoule**
<table>
<thead>
<tr>
<th><strong>BLOOD AND BLOOD FORMING ORGANS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</strong></td>
</tr>
<tr>
<td><strong>Brand or</strong></td>
</tr>
<tr>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td><strong>Manufacturer</strong></td>
</tr>
<tr>
<td><strong>Price</strong></td>
</tr>
<tr>
<td><strong>(ex man. excl. GST)</strong></td>
</tr>
<tr>
<td><strong>Per</strong></td>
</tr>
<tr>
<td><strong>$</strong></td>
</tr>
<tr>
<td><strong>Brand</strong></td>
</tr>
<tr>
<td><strong>or</strong></td>
</tr>
<tr>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td><strong>Manufacturer</strong></td>
</tr>
<tr>
<td><strong>3.85</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>3.59</strong></td>
</tr>
<tr>
<td><strong>1,000 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>6.62</strong></td>
</tr>
<tr>
<td><strong>1,000 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>POTASSIUM DIHYDROGEN PHOSPHATE</strong></td>
</tr>
<tr>
<td><strong>Inj 1 mmol per ml, 10 ml ampoule</strong></td>
</tr>
<tr>
<td><strong>1.95</strong></td>
</tr>
<tr>
<td><strong>Biomed</strong></td>
</tr>
<tr>
<td><strong>SODIUM ACETATE</strong></td>
</tr>
<tr>
<td><strong>Inj 4 mmol per ml, 20 ml ampoule</strong></td>
</tr>
<tr>
<td><strong>SODIUM BICARBONATE</strong></td>
</tr>
<tr>
<td><strong>Inj 8.4%, 10 ml vial</strong></td>
</tr>
<tr>
<td><strong>19.95</strong></td>
</tr>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>Biomed</strong></td>
</tr>
<tr>
<td><strong>Inj 8.4%, 50 ml vial</strong></td>
</tr>
<tr>
<td><strong>20.50</strong></td>
</tr>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>Biomed</strong></td>
</tr>
<tr>
<td><strong>SODIUM CHLORIDE</strong></td>
</tr>
<tr>
<td><strong>Inj 0.45%, bag</strong></td>
</tr>
<tr>
<td><strong>5.50</strong></td>
</tr>
<tr>
<td><strong>500 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>Inj 0.9%, 3 ml syringe</strong></td>
</tr>
<tr>
<td><strong>Rest</strong></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
</tr>
<tr>
<td><strong>For use in flushing of in-situ vascular access devices only.</strong></td>
</tr>
<tr>
<td><strong>Inj 0.9%, bag</strong></td>
</tr>
<tr>
<td><strong>1.70</strong></td>
</tr>
<tr>
<td><strong>500 ml</strong></td>
</tr>
<tr>
<td><strong>Freeflex</strong></td>
</tr>
<tr>
<td><strong>1.71</strong></td>
</tr>
<tr>
<td><strong>1,000 ml</strong></td>
</tr>
<tr>
<td><strong>Freeflex</strong></td>
</tr>
<tr>
<td><strong>3.01</strong></td>
</tr>
<tr>
<td><strong>50 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>2.28</strong></td>
</tr>
<tr>
<td><strong>100 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>3.60</strong></td>
</tr>
<tr>
<td><strong>250 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>1.77</strong></td>
</tr>
<tr>
<td><strong>500 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>1.80</strong></td>
</tr>
<tr>
<td><strong>1,000 ml</strong></td>
</tr>
<tr>
<td><strong>Baxter</strong></td>
</tr>
<tr>
<td><strong>Inj 0.9%, 5 ml syringe</strong></td>
</tr>
<tr>
<td><strong>Rest</strong></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
</tr>
<tr>
<td><strong>For use in flushing of in-situ vascular access devices only.</strong></td>
</tr>
<tr>
<td><strong>Inj 0.9%, 5 ml ampoule</strong></td>
</tr>
<tr>
<td><strong>10.85</strong></td>
</tr>
<tr>
<td><strong>50</strong></td>
</tr>
<tr>
<td><strong>Multichem</strong></td>
</tr>
<tr>
<td><strong>15.50</strong></td>
</tr>
<tr>
<td><strong>Pfizer</strong></td>
</tr>
<tr>
<td><strong>Inj 0.9%, 20 ml ampoule</strong></td>
</tr>
<tr>
<td><strong>11.50</strong></td>
</tr>
<tr>
<td><strong>50</strong></td>
</tr>
<tr>
<td><strong>Pfizer</strong></td>
</tr>
<tr>
<td><strong>23.4% (4 mmol/ml), 20 ml – ** ❝DV Sep-13 to 2016</strong> ❝**</td>
</tr>
<tr>
<td><strong>20</strong></td>
</tr>
<tr>
<td><strong>Multichem</strong></td>
</tr>
<tr>
<td><strong>SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]</strong></td>
</tr>
<tr>
<td><strong>Inj 1 mmol per ml, 20 ml ampoule</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj, bag</td>
<td>$2.75</td>
<td>1,000 ml Baxter</td>
</tr>
<tr>
<td>Inj 5 ml ampoule</td>
<td>$10.25</td>
<td>50 Multichem</td>
</tr>
<tr>
<td>Inj 10 ml ampoule</td>
<td>$11.25</td>
<td>50 Multichem</td>
</tr>
<tr>
<td>Inj 20 ml ampoule</td>
<td>$6.50</td>
<td>20 Multichem</td>
</tr>
<tr>
<td>Inj 250 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 ml bag</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Oral Administration**

**CALCIUM POLYSTYRENE SULPHONATE**

<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</td>
<td>$169.85</td>
<td>300 g Calcium Resonium</td>
</tr>
</tbody>
</table>

**COMPOUND ELECTROLYTES**

<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 for oral soln</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMPOUND ELECTROLYTES WITH GLUCOSE**

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

**PHOSPHORUS**

<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 eff 500 mg (16 mmol)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**POTASSIUM CHLORIDE**

<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 eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)</td>
<td>$7.42</td>
<td>200 Span-K</td>
</tr>
<tr>
<td>Tab long-acting 600 mg (8 mmol) – 1% DV Oct-12 to 2015</td>
<td>$7.42</td>
<td>200 Span-K</td>
</tr>
<tr>
<td>Oral liq 2 mmol per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SODIUM BICARBONATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 840 mg</td>
<td>$8.52</td>
<td>100 Sodibic</td>
</tr>
</tbody>
</table>

**SODIUM CHLORIDE**

<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 600 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 2 mmol/ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SODIUM POLYSTYRENE SULPHONATE**

<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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Plasma Volume Expanders**

**GELATINE, SUCCINYLATED**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4%, 500 ml bag</td>
<td>$92.50</td>
<td>10 Gelafulsal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>108.00 Gelofusine</td>
</tr>
</tbody>
</table>

**HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</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>
<td>$198.00</td>
<td>20 Volulyte 6%</td>
</tr>
</tbody>
</table>

**HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 6% with sodium chloride 0.9%, 500 ml bag</td>
<td>$198.00</td>
<td>20 Voluven</td>
</tr>
</tbody>
</table>
## CARDIOVASCULAR SYSTEM

### Agents Affecting the Renin-Angiotensin System

#### ACE Inhibitors

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAPTOPRIL</strong></td>
<td>Oral liq 5 mg per ml</td>
<td>94.99</td>
<td>95 ml Capoten</td>
</tr>
<tr>
<td><strong>CILAZAPRIL</strong></td>
<td>Tab 0.5 mg – 1% DV Sep-13 to 2016</td>
<td>2.00</td>
<td>90 Zapril</td>
</tr>
<tr>
<td></td>
<td>Tab 2.5 mg – 1% DV Sep-13 to 2016</td>
<td>4.31</td>
<td>90 Zapril</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Sep-13 to 2016</td>
<td>6.98</td>
<td>90 Zapril</td>
</tr>
<tr>
<td><strong>ENALAPRIL MALEATE</strong></td>
<td>Tab 5 mg</td>
<td>1.19</td>
<td>100 Ethics Enalapril</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg</td>
<td>1.47</td>
<td>100 Ethics Enalapril</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg</td>
<td>1.91</td>
<td>100 Ethics Enalapril</td>
</tr>
<tr>
<td><strong>LISINOPRIL</strong></td>
<td>Tab 5 mg – 1% DV Jan-13 to 2015</td>
<td>3.58</td>
<td>90 Arrow-Lisinopril</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg – 1% DV Jan-13 to 2015</td>
<td>4.08</td>
<td>90 Arrow-Lisinopril</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg – 1% DV Jan-13 to 2015</td>
<td>4.88</td>
<td>90 Arrow-Lisinopril</td>
</tr>
<tr>
<td><strong>PERINDOPRIL</strong></td>
<td>Tab 2 mg</td>
<td>3.75</td>
<td>30 Apo-Perindopril</td>
</tr>
<tr>
<td></td>
<td>Tab 4 mg</td>
<td>4.80</td>
<td>30 Apo-Perindopril</td>
</tr>
<tr>
<td><strong>QUINAPRIL</strong></td>
<td>Tab 5 mg – 1% DV Apr-13 to 2015</td>
<td>3.44</td>
<td>90 Arrow-Quinapril 5</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg – 1% DV Apr-13 to 2015</td>
<td>4.64</td>
<td>90 Arrow-Quinapril 10</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg – 1% DV Apr-13 to 2015</td>
<td>6.34</td>
<td>90 Arrow-Quinapril 20</td>
</tr>
<tr>
<td><strong>TRANDOLAPRIL</strong></td>
<td>– Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 2 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ACE Inhibitors with Diuretics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</strong></td>
<td>Tab 5 mg with hydrochlorothiazide 12.5 mg – 1% DV Mar-14 to 2016</td>
<td>10.72</td>
<td>100 Apo-Cilazapril/ Hydrochlorothiazide</td>
</tr>
<tr>
<td><strong>ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE</strong></td>
<td>Restricted: For continuation only</td>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg</td>
<td></td>
</tr>
<tr>
<td><strong>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</strong></td>
<td>Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015</td>
<td>3.37</td>
<td>30 Accuretic 10</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015</td>
<td>4.57</td>
<td>30 Accuretic 20</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.*
CARDIOVASCULAR SYSTEM

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); or
2. Patient has a history of angioedema.

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

Losartan Potassium

- Tab 12.5 mg ................................................................. 2.88 90 Lostaar
- Tab 25 mg ................................................................. 3.20 90 Lostaar
- Tab 50 mg ................................................................. 5.22 90 Lostaar
- Tab 100 mg ................................................................. 8.68 90 Lostaar

Angiotensin II Antagonists with Diuretics

Losartan Potassium with Hydrochlorothiazide
Tab 50 mg with hydrochlorothiazide 12.5 mg ................................................................. 2.18 30 Arrow-Losartan & Hydrochlorothiazide

Alpha-Adrenoceptor Blockers

Doxazosin

- Tab 2 mg – 1% DV Sep-14 to 2017 ................................................................. 6.75 500 Apo-Doxazosin
- Tab 4 mg – 1% DV Sep-14 to 2017 ................................................................. 9.67 500 Apo-Doxazosin

Phenoxymethylamine 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
- Tab 2 mg ................................................................. 7.00 100 Apo-Prazosin
- Tab 5 mg ................................................................. 11.70 100 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

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>

### Antiarrhythmics

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

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

#### AJMALINE – **Restricted** see terms below
- **Inj 5 mg per ml, 10 ml ampoule**

- **Restricted**
  Cardiologist

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

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

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

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

#### FLECAINIDE ACETATE
- **Tab 50 mg**
- **Tab 100 mg**
- **Cap long-acting 100 mg**
- **Cap long-acting 200 mg**
- **Inj 10 mg per ml, 15 ml ampoule**
  - **Price** $52.45
  - **Per** 5
    - **Tambocor**

#### MEXILETINE HYDROCHLORIDE
- **Cap 150 mg**
- **Cap 250 mg**

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

### Antihypotensives

#### MIDODRINE – **Restricted** see terms on the next page
- **Tab 2.5 mg**
- **Tab 5 mg**

---

† Item restricted (see ➢ above); ‥ Item restricted (see ➢ below)

*E.g. 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>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATENOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Oct-12 to 2015</td>
<td>5.56</td>
<td>Mylan Atenolol</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Oct-12 to 2015</td>
<td>9.12</td>
<td>Mylan Atenolol</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml – Oct-12 to 2015</td>
<td>21.25 300 ml</td>
<td>Atenolol-AFT</td>
</tr>
<tr>
<td><strong>BISOPROLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg</td>
<td>3.88</td>
<td>Bosvate</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>4.74</td>
<td>Bosvate</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>9.18</td>
<td>Bosvate</td>
</tr>
<tr>
<td><strong>CARVEDILOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 6.25 mg</td>
<td>21.00</td>
<td>Dilatrend</td>
</tr>
<tr>
<td>Tab 12.5 mg</td>
<td>27.00</td>
<td>Dilatrend</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>33.75</td>
<td>Dilatrend</td>
</tr>
<tr>
<td><strong>CELIPROLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>19.00</td>
<td>Celol</td>
</tr>
<tr>
<td><strong>ESMOLOL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td>8.23</td>
<td>Hybloc</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>10.06</td>
<td>Hybloc</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>17.55</td>
<td>Hybloc</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg per ml, 20 ml ampoule</td>
<td>1.41</td>
<td>Metoprolol - AFT CR</td>
</tr>
<tr>
<td><strong>LABETALOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>8.32</td>
<td>AFT CR</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>10.06</td>
<td>AFT CR</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>17.55</td>
<td>AFT CR</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METOPROLOL SUCCINATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab long-acting 23.75 mg – 1% DV Sep-12 to 2015</td>
<td>0.96 30</td>
<td>Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 47.5 mg – 1% DV Sep-12 to 2015</td>
<td>1.41 30</td>
<td>Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 95 mg – 1% DV Sep-12 to 2015</td>
<td>2.42 30</td>
<td>Metoprolol - AFT CR</td>
</tr>
<tr>
<td>Tab long-acting 190 mg – 1% DV Sep-12 to 2015</td>
<td>4.66 30</td>
<td>Metoprolol - AFT CR</td>
</tr>
<tr>
<td><strong>METOPROLOL TARTRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Aug-12 to 2015</td>
<td>16.00 100</td>
<td>Lopresor</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Aug-12 to 2015</td>
<td>21.00 60</td>
<td>Lopresor</td>
</tr>
<tr>
<td>Tab long-acting 200 mg – 1% DV Aug-12 to 2015</td>
<td>18.00 28</td>
<td>Lopresor</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml vial – 1% DV Dec-12 to 2015</td>
<td>5.00 5</td>
<td>Lopresor</td>
</tr>
<tr>
<td><strong>NADOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 40 mg – 1% DV Apr-13 to 2015</td>
<td>15.57 100</td>
<td>Apo-Nadolol</td>
</tr>
<tr>
<td>Tab 80 mg – 1% DV Apr-13 to 2015</td>
<td>23.74 100</td>
<td>Apo-Nadolol</td>
</tr>
<tr>
<td><strong>PINDOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Nov-13 to 2016</td>
<td>9.72 100</td>
<td>Apo-Pindolol</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Nov-13 to 2016</td>
<td>15.62 100</td>
<td>Apo-Pindolol</td>
</tr>
<tr>
<td>Tab 15 mg – 1% DV Nov-13 to 2016</td>
<td>23.46 100</td>
<td>Apo-Pindolol</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROPRANOLOL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>3.65 100 Apo-Propranolol</td>
</tr>
<tr>
<td>Tab 40 mg</td>
<td>4.65 100 Apo-Propranolol</td>
</tr>
<tr>
<td>Cap long-acting 160 mg</td>
<td>16.06 100 Cardinol LA</td>
</tr>
<tr>
<td>Oral liq 4 mg per ml</td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td></td>
</tr>
</tbody>
</table>

**SOTALOL**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 80 mg</td>
<td>27.50 500 Mylan</td>
</tr>
<tr>
<td>Tab 160 mg</td>
<td>10.50 100 Mylan</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 4 ml ampoule</td>
<td>65.39 5 Sotacor</td>
</tr>
</tbody>
</table>

**TIMOLOL MALEATE**

<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></td>
</tr>
</tbody>
</table>

### Calcium Channel Blockers

#### Dihydropyridine Calcium Channel Blockers

**AMLODIPINE**

<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>
<td>2.45 100 Apo-Amlodipine</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>2.65 100 Apo-Amlodipine</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>4.15 100 Apo-Amlodipine</td>
</tr>
</tbody>
</table>

**FELODIPINE**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 2.5 mg – 1% DV Sep-12 to 2015</td>
<td>2.90 30 Plendil ER</td>
</tr>
<tr>
<td>Tab long-acting 10 mg – 1% DV Nov-12 to 2015</td>
<td>4.60 30 Plendil ER</td>
</tr>
</tbody>
</table>

**ISRADIPINE**

<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>
<td></td>
</tr>
<tr>
<td>Cap long-acting 2.5 mg</td>
<td></td>
</tr>
<tr>
<td>Cap long-acting 5 mg</td>
<td></td>
</tr>
</tbody>
</table>

**NIFEDIPINE**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 10 mg</td>
<td>9.59 100 Nyefax Retard</td>
</tr>
<tr>
<td>Tab long-acting 20 mg</td>
<td>8.56 30 Adefin XL Arrow-Nifedipine XR</td>
</tr>
<tr>
<td>Tab long-acting 30 mg</td>
<td>3.75 30 Adefin XL Arrow-Nifedipine XR</td>
</tr>
<tr>
<td>Tab long-acting 60 mg – 1% DV Sep-14 to 2017</td>
<td>5.75 30 Adefin XL Arrow-Nifedipine XR</td>
</tr>
<tr>
<td>Cap 5 mg</td>
<td></td>
</tr>
<tr>
<td>(Arrow-Nifedipine XR Tab long-acting 30 mg to be delisted 1 September 2014)</td>
<td></td>
</tr>
<tr>
<td>(Arrow-Nifedipine XR Tab long-acting 60 mg to be delisted 1 September 2014)</td>
<td></td>
</tr>
</tbody>
</table>

**NIMODIPINE**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 30 mg</td>
<td>8.56 30 Adefin XL Arrow-Nifedipine XR</td>
</tr>
<tr>
<td>Inj 200 mcg per ml, 50 ml vial</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.
### Other Calcium Channel Blockers

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Description</th>
<th>Price (Per Brand or Manufacturer)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DILTIAZEM HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 30 mg – 5% DV Sep-12 to 2015</td>
<td></td>
<td>4.60 100</td>
</tr>
<tr>
<td>Tab 60 mg – 5% DV Sep-12 to 2015</td>
<td></td>
<td>8.50 100</td>
</tr>
<tr>
<td>Cap long-acting 120 mg</td>
<td></td>
<td>1.91 30 Cardizem CD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31.83 500 Apo-Diltiazem CD</td>
</tr>
<tr>
<td>Cap long-acting 180 mg</td>
<td></td>
<td>7.56 30 Cardizem CD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>47.67 500 Apo-Diltiazem CD</td>
</tr>
<tr>
<td>Cap long-acting 240 mg</td>
<td></td>
<td>10.22 30 Cardizem CD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>63.58 500 Apo-Diltiazem CD</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 5 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PERHEXILINE MALEATE</strong></td>
<td>Restricted see terms below</td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td></td>
<td>62.90 100 Pexsig</td>
</tr>
<tr>
<td><strong>VERAPAMIL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 40 mg</td>
<td></td>
<td>7.01 100</td>
</tr>
<tr>
<td>Tab 80 mg – 1% DV Sep-14 to 2017</td>
<td></td>
<td>11.74 100</td>
</tr>
<tr>
<td>Tab long-acting 120 mg</td>
<td></td>
<td>15.20 250 Verpamil SR</td>
</tr>
<tr>
<td>Tab long-acting 240 mg</td>
<td></td>
<td>25.00 250 Verpamil SR</td>
</tr>
<tr>
<td>Inj 2.5 mg per ml, 2 ml ampoule</td>
<td></td>
<td>7.54 5 Isoptin</td>
</tr>
</tbody>
</table>

### Centrally-Acting Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Description</th>
<th>Price (Per Brand or Manufacturer)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLONIDINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 2.5 mg, 100 mcg per day – 1% DV Jul-14 to 2017</td>
<td></td>
<td>12.80 4 Catapres-TTS-1</td>
</tr>
<tr>
<td>Patch 5 mg, 200 mcg per day – 1% DV Jul-14 to 2017</td>
<td></td>
<td>18.04 4 Catapres-TTS-2</td>
</tr>
<tr>
<td>Patch 7.5 mg, 300 mcg per day – 1% DV Jul-14 to 2017</td>
<td></td>
<td>22.68 4 Catapres-TTS-3</td>
</tr>
<tr>
<td><strong>CLONIDINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mcg – 1% DV Jul-13 to 2015</td>
<td></td>
<td>15.09 112 Clonidine BNM</td>
</tr>
<tr>
<td>Tab 150 mcg – 1% DV Feb-13 to 2015</td>
<td></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></td>
<td>16.07 5 Catapres</td>
</tr>
<tr>
<td><strong>METHYLDOPA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 125 mg</td>
<td></td>
<td>14.25 100 Prodopa</td>
</tr>
<tr>
<td>Tab 250 mg</td>
<td></td>
<td>15.10 100 Prodopa</td>
</tr>
<tr>
<td>Tab 500 mg</td>
<td></td>
<td>23.15 100 Prodopa</td>
</tr>
</tbody>
</table>

### Diuretics

### Loop Diuretics

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Description</th>
<th>Price (Per Brand or Manufacturer)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUMETANIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td></td>
<td>16.36 100 Burinex</td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 4 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CARDIOVASCULAR SYSTEM

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

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

#### Osmotic Diuretics

**MANNITOL**
- **Inj 10%, 1,000 ml bag** .................................................. 14.21 1,000 ml Baxter
- **Inj 15%, 500 ml bag** .................................................. 9.84 500 ml Baxter
- **Inj 20%, 500 ml bag** .................................................. 10.80 500 ml Baxter

#### Potassium Sparing Combination Diuretics

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

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

#### Potassium Sparing Diuretics

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

**SPIRONOLACTONE**
- **Tab 25 mg – 1% DV Sep-13 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

*Spirone Tab 100 mg to be delisted 1 August 2014*

#### Thiazide and Related Diuretics

**BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]**
- **Tab 2.5 mg – 1% DV Sep-14 to 2017** .................................. 5.48 500 Arrow-Bendrofluazide
- **Tab 5 mg – 1% DV Sep-14 to 2017** .................................. 8.95 500 Arrow-Bendrofluazide

**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**
- **⇒ Restricted**

Either:
1. Patient has refractory heart failure and is intolerant or has not responded to loop diuretics and/or loop-thiazide combination therapy; or
2. Patient has severe refractory nephrotic oedema unresponsive to high dose loop diuretics and concentrated albumin infusions

---

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

e.g. *Brand* indicates brand example only. It is not a contracted product.
## 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........................................................................................................ 5.44  30  Cholvastin
- Tab 20 mg........................................................................................................ 9.28  30  Cholvastin

**SIMVASTATIN**
- Tab 10 mg – 1% DV Sep-14 to 2017 ................................................................. 0.95  90  Arrow-Simva
- Tab 20 mg – 1% DV Sep-14 to 2017 ................................................................. 1.61  90  Arrow-Simva
- Tab 40 mg – 1% DV Sep-14 to 2017 ................................................................. 2.83  90  Arrow-Simva
- Tab 80 mg – 1% DV Sep-14 to 2017 ................................................................. 7.91  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

All of the following:

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

<table>
<thead>
<tr>
<th>Card</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>EZETIMIBE WITH SIMVASTATIN – <strong>Restricted</strong> see terms below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 mg with simvastatin 10 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 mg with simvastatin 20 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 mg with simvastatin 40 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 mg with simvastatin 80 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ˊRestricted**

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

### Other Lipid-Modifying Agents

**ACIPIMOX**

- Cap 250 mg

**NICOTINIC ACID**

- Tab 50 mg
- Tab 500 mg

### Nitrates

**GLYCERYL TRINITRATE**

- Tab 600 mcg ........................................... 8.00 100 Lycinate
- Inj 1 mg per ml, 5 ml ampoule – 1% DV Dec-12 to 2015 ........................................... 22.70 10 Nitronal
- Inj 1 mg per ml, 50 ml vial – 1% DV Dec-12 to 2015 ........................................... 86.60 10 Nitronal
- Inj 5 mg per ml, 10 ml ampoule ........................................... 40.00 5 Hospira
- Oral spray, 400 mcg per dose ........................................... 4.45 250 dose Glytrin
- Patch 25 mg, 5 mg per day – 1% DV Sep-14 to 2017 ........................................... 15.73 30 Nitroderm TTS 5
- Patch 50 mg, 10 mg per day – 1% DV Sep-14 to 2017 ........................................... 18.62 30 Nitroderm TTS 10

**ISOSORBIDE MONONITRATE**

- Tab 20 mg – 1% DV Sep-14 to 2017 .................................................. 17.10 100 Ismo-20
- Tab long-acting 40 mg .................................................. 7.50 30 Corangin
- Tab long-acting 60 mg .................................................. 3.94 90 Ismo 40 Retard

*(Corangin Tab long-acting 40 mg to be delisted 1 August 2014)*

### Other Cardiac Agents

**LEVOSIMENDAN – **Restricted** see terms below

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

**ˊRestricted**

**Heart transplant**

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

**Heart failure - cardiologist or intensivist**

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

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

### Vasodilators

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPROSTADIL HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 1 ml ampoule</td>
<td>1,417.50</td>
<td>Prostin VR</td>
</tr>
<tr>
<td>– 1% DV Oct-12 to 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMYL NITRITE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liq 98% in 3 ml capsule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAZOXIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 15 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDRALAZINE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

- **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 below

- Tab 10 mg ................................................................. $27.95 60 Ikorel
- Tab 20 mg ................................................................. $33.28 60 Ikorel

- **Restricted**

Both:

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

**PAPAVERINE HYDROCHLORIDE**

Inj 30 mg per ml, 1 ml vial

Inj 12 mg per ml, 10 ml ampoule ................................................................. $73.12 5 Hospira

**PENTOXIFYLLINE [OXPENTIFYLLINE]**

Tab 400 mg

**SODIUM NITROPRUSSIDE**

Inj 50 mg vial

Endothelin Receptor Antagonists

**AMBRISENTAN** – **Restricted** see terms below

- Tab 5 mg ................................................................. $4,585.00 30 Volibris
- Tab 10 mg ................................................................. $4,585.00 30 Volibris

- **Restricted**

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

**BOSENTAN** – **Restricted** see terms below

- Tab 62.5 mg ................................................................. $1,500.00 60 pms-Bosentan
- Tab 125 mg ................................................................. $4,585.00 60 pms-Bosentan

- **Restricted**

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.
**Phosphodiesterase Type 5 Inhibitors**

<table>
<thead>
<tr>
<th>Brand or</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td><strong>SILDENAFIL</strong></td>
<td>Restricted see terms below</td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Silagra</td>
</tr>
</tbody>
</table>

- **Tab 25 mg** ............................................ .............................................................1.85 4 Silagra
- **Tab 50 mg** ............................................ .............................................................1.85 4 Silagra
- **Tab 100 mg** ........................................... ............................................................7.45 4 Silagra

- **Restricted**

Any of the following:

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

**Prostacyclin Analogues**

<table>
<thead>
<tr>
<th>Brand or</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>ILOPROST</td>
<td></td>
</tr>
<tr>
<td><strong>Inj 50 mcg in 0.5 ml ampoule</strong> – 1% DV Apr-14 to 2016.................................925.00 5 Ilomedin</td>
<td></td>
</tr>
<tr>
<td><strong>Nebuliser soln 10 mcg per ml, 2 ml</strong> .........................................................1,185.00 30 Ventavis</td>
<td></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

### Anti-Infective Preparations

#### Antibacterials

<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><strong>FUSIDATE SODIUM [FUSIDIC ACID]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 2%</td>
<td>3.25</td>
<td>15 g Foban</td>
</tr>
<tr>
<td>Oint 2% – 1% DV Sep-13 to 2016</td>
<td>3.45</td>
<td>15 g Foban</td>
</tr>
<tr>
<td><strong>HYDROGEN PEROXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%</td>
<td>8.56</td>
<td>15 g Crystaderm</td>
</tr>
<tr>
<td>Soln 3% (10 vol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAFENIDE ACETATE – Restricted see terms below</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 50 g sachet</td>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td><strong>MUPIROCIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SULPHADIAZINE SILVER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%</td>
<td>12.30</td>
<td>50 g Flamazine</td>
</tr>
</tbody>
</table>

#### Antifungals

<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><strong>AMOROLFINE – Restricted</strong>: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail soln 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CICLOPIROX OLAMINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail soln 8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 1% – Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLOTRIMAZOLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1% – 1% DV Sep-14 to 2017</td>
<td>0.52</td>
<td>20 g Clomazol</td>
</tr>
<tr>
<td>Soln 1% – Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECONAZOLE NITRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KETOCONAZOLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shampoo 2%</td>
<td>3.08</td>
<td>100 ml Sebizole</td>
</tr>
<tr>
<td><strong>METRONIDAZOLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 0.75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MICONAZOLE NITRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 2%</td>
<td>0.46</td>
<td>15 g Multichem</td>
</tr>
<tr>
<td>Lotn 2% – Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinc 2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NYSTATIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 100,000 u per g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Antiparasitics

<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><strong>LINDANE [GAMMA BENZENE HEXACHLORIDE]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Dermatologicals

**Price (ex man. excl. GST)**

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

**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% .................................................. 4.20 30 g Lyderm
- Lotn 5% – 1% DV Sep-14 to 2017 ........................................... 3.19 30 ml A-Scabies

### Antiacne Preparations

ADAPALENE
- Crm 0.1%
- Gel 0.1%

BENZOYL PEROXIDE
- Seln 5%

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

### Antipruritic Preparations

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

CROTAMITON
- Crm 10% – 1% DV Sep-12 to 2015 ........................................... 3.48 20 g Itch-Soothe

### Barrier Creams and Emollients

#### Barrier Creams

DIMETHICONE
- Crm 5% tube – 1% DV Apr-14 to 2016 ........................................... 1.65 100 g healthE Dimethicone
- Crm 5% pump bottle – 1% DV Apr-14 to 2016 ........................................... 4.73 500 ml healthE Dimethicone

ZINC
- Crm
  - e.g. Zinc Cream (Orion); Zinc Cream (PSM)
- Oint
- Paste

ZINC AND CASTOR OIL
- Crm ................................................................. 1.63 20 g Orion
- Oint, BP

**Note:** Temporary listing to cover out-of-stock.

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

---

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

<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>

## Emollients

### AQUEOUS CREAM
- Crm 100 g .......................................................... 1.23 100 g AFT
- Crm 500 g .......................................................... 1.96 500 g AFT
  - Note: DV limit applies to the pack sizes of 100 g or less.
- Crm 100 g .......................................................... 2.00 100 g Pharmacy Health
- Crm 500 g .......................................................... 3.20 500 g Pharmacy Health

### 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%, ....................................... 4.50 500 ml Pharmacy Health
  - Note: DV limit applies to pack sizes of greater than 100 g.
- Crm 90% with glycerol 10%, 500 ml, 1 bottle .................. 5.46 1 healthE

### EMULSIFYING OINTMENT
- Oint BP .......................................................... 1.95 100 g Jaychem
- Oint BP, 500 g .......................................................... 3.04 500 g AFT
  - Note: DV limit applies to pack sizes of greater than 100 g.

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

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

### PARAFFIN
- 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
  - Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.

### PARAFFIN WITH WOOL FAT
- Lotn liquid paraffin 15.9% with wool fat 0.6% ................................. 3.10 100 g healthE
- Lotn liquid paraffin 91.7% with wool fat 3% ................................. 0.92 10 g healthE
  - e.g. AlphaKeri; BK; DP; Hydroderm Lotn

### UREA
- Crm 10%

### WOOL FAT
- Crm

---

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

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

BETAMETHASONE DIPROPIONATE
- Crm 0.05%
- Oint 0.05%

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

CLOBETASOL PROPIONATE
- Crm 0.05% ........................................... ............................................................3.68 30 g Dermol
- Oint 0.05% ........................................... ..............................................................3.68 30 g Dermol

CLOBETASONE BUTYRATE
- Crm 0.05%

DIFLUCORTOLONE VALERATE – Restricted: For continuation only
- Crm 0.1%
- Fatty oint 0.1%

HYDROCORTISONE
- Crm 1%, 100 g ......................................... ........................................................3.75 100 g Pharmacy Health
- Crm 1%, 500 g ......................................... ......................................................14.00 500 g Pharmacy Health

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

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

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

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

METHYPREDNISOLONE ACetonate
- Crm 0.1% ................................................................. ........................................ 4.95 15 g Advantan
- Oint 0.1% ................................................................. ........................................ 4.95 15 g Advantan

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

Lotn 0.1%

TRIAMCINOLONE ACETONIDE
- Crm 0.02% ................................................................. ........................................ 6.63 100 g Aristocort
- Oint 0.02% ................................................................. ........................................ 6.69 100 g Aristocort
### DERMATOLOGICALS

<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>
</tbody>
</table>

#### Corticosteroids with Anti-Infective Agents

**BETAMETHASONE VALERATE WITH CLIQUINOL – Restricted** see terms below

- Crm 0.1% with clioquinol 3%
- Oint 0.1% with clioquinol 3%

*(Any Oint 0.1% with clioquinol 3% to be delisted 1 September 2014)*

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

**BETAMETHASONE VALERATE WITH FUSIDIC ACID**

Crm 0.1% with fusidic acid 2%

**HYDROCORTISONE WITH MICONAZOLE**

- Crm 1% with miconazole nitrate 2% ...........................................2.20 15 g Micreme H

**HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN**

- Crm 1% with natamycin 1% and neomycin sulphate 0.5% ..................2.79 15 g Pimafucort
- Oint 1% with natamycin 1% and neomycin sulphate 0.5% .............2.79 15 g Pimafucort

**TRIAMCINOLONE ACETONIDE WITH NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN**

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

#### Psoriasis and Eczema Preparations

**ACITRETIN**

- Cap 10 mg ..........................................................35.95 100 Neotigason
- Cap 25 mg ..........................................................83.11 60 Novatretin
- 38.66 60 Novatretin
- 85.40 100 Neotigason

**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**

- Crm 50 mcg per g ...................................................45.00 100 g Daivonex
- Oint 50 mcg per g ...................................................45.00 100 g Daivonex
- Soln 50 mcg per ml ..................................................16.00 30 ml Daivonex

**COAL TAR WITH SALICYLIC ACID AND SULPHUR**

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

**COAL TAR WITH TRIETHANOLAMINE LARYL SULPHATE AND FLUORESCIN**

- Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium ..........3.05 500 ml Pinetarsol
- 5.82 1,000 ml Pinetarsol

**METHOXSALEN [8-METHOXYPSORALEN]**

- Cap 10 mg
- Lotn 1.2%

**POTASSIUM PERMANGANATE**

- Tab 400 mg
- Crystals

---

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

*E.g. Brand indicates brand example only. It is not a contracted product.*
**Scalp Preparations**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAMETHASONE VALERATE</td>
<td>7.75</td>
<td>100 ml</td>
<td>Beta Scalp</td>
</tr>
<tr>
<td>CLOBETASOL PROPIONATE</td>
<td>6.96</td>
<td>30 ml</td>
<td>Dermol</td>
</tr>
<tr>
<td>HYDROCORTISONE BUTYRATE</td>
<td>3.65</td>
<td>100 ml</td>
<td>Locoid</td>
</tr>
</tbody>
</table>

**Wart Preparations**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Quantity</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMIQUIMOD – Restricted</td>
<td>62.00</td>
<td>12</td>
<td>Aldara</td>
</tr>
</tbody>
</table>

**Notes:**
- 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**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Quantity</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Podophyllotoxin</td>
<td>33.60</td>
<td>3.5 ml</td>
<td>Condyline</td>
</tr>
</tbody>
</table>

**Silver Nitrate**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Quantity</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver Nitrate</td>
<td>5.10</td>
<td>200 g</td>
<td>Marine Blue Lotion SPF 50+</td>
</tr>
</tbody>
</table>

**Other Skin Preparations**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPHEMANIL METILSULFATE</td>
<td>3.30</td>
<td>100 g</td>
<td>Marine Blue Lotion SPF 50+</td>
</tr>
</tbody>
</table>

**Antineoplastics**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Quantity</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluorouracil Sodium</td>
<td>25.16</td>
<td>20 g</td>
<td>Efudix</td>
</tr>
</tbody>
</table>

**Notes:**
- Products with Hospital Supply Status (HSS) are in bold.
- Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Wound Management Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCIUM GLUCONATE</td>
</tr>
<tr>
<td>Gel 2.5%</td>
</tr>
<tr>
<td>Price (ex man. excl. GST)</td>
</tr>
<tr>
<td>$21.00</td>
</tr>
<tr>
<td>Per Brand or Generic Manufacturer</td>
</tr>
</tbody>
</table>
## Anti-Infective Agents

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETIC ACID</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Soln 3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ricinoleic acid 0.75% with applicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORHEXIDINE</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Crm 1% – 1% DV Oct-12 to 2015</td>
<td>healthE</td>
<td>1.24 50 g</td>
</tr>
<tr>
<td>CHLORHEXIDINE GLUCONATE</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Lotn 1%, 200 ml</td>
<td>healthE</td>
<td>6.75 1</td>
</tr>
<tr>
<td>CLOTRIMAZOLE</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Vaginal crm 1% with applicator – 1% DV Dec-13 to 2016</td>
<td>Clomazol</td>
<td>1.45 35 g</td>
</tr>
<tr>
<td>Vaginal crm 2% with applicator – 1% DV Dec-13 to 2016</td>
<td>Clomazol</td>
<td>2.20 20 g</td>
</tr>
<tr>
<td>MICONAZOLE NITRATE</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Vaginal crm 2% with applicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYSTATIN</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Vaginal crm 100,000 u per 5 g with applicator(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Contraceptives

### Antiandrogen Oral Contraceptives

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPROTERONE ACETATE WITH ETHINYLDEOSTRADIOL</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Tab 2 mg with ethinyldeostradiol 35 mcg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Combined Oral Contraceptives

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHINYLDEOSTRADIOL WITH DESOGESTREL</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Tab 20 mcg with desogestrel 150 mcg</td>
<td>Ava 20 ED</td>
<td>2.65 84</td>
</tr>
<tr>
<td>Tab 30 mcg with desogestrel 150 mcg</td>
<td>Ava 30 ED</td>
<td>2.30 84</td>
</tr>
<tr>
<td>ETHINYLDEOSTRADIOL WITH LEVONORGESTREL</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets</td>
<td>Microgynon 50 ED</td>
<td>9.45 84</td>
</tr>
<tr>
<td>Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 20 mcg with levonorgestrel 100 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 30 mcg with levonorgestrel 150 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mcg with levonorgestrel 125 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLDEOSTRADIOL WITH NORETHISTERONE</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Tab 35 mcg with norethisterone 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 35 mcg with norethisterone 500 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORETHISTERONE WITH MESTRANOL</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Tab 1 mg with mestranol 50 mcg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contraceptive Devices

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRA-UTERINE DEVICE</td>
<td>e.g. Multiload Cu375,</td>
<td>$</td>
</tr>
<tr>
<td>IUD</td>
<td>Multiload Cu375 SL</td>
<td></td>
</tr>
</tbody>
</table>
## GENITO-URINARY SYSTEM

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

### Emergency Contraception

| Levonorgestrel Tab 1.5 mg – 1% DV Jul-13 to 2016 | $3.50 | 1 | Postinor-1 |

### Progestogen-Only Contraceptives

<table>
<thead>
<tr>
<th>Levonorgestrel Tab 30 mcg</th>
<th>Implant 75 mcg</th>
<th>$133.65</th>
<th>1</th>
<th>Jadelle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intra-uterine system, 20 mcg per day</td>
<td></td>
<td></td>
<td>e.g. Mirena</td>
</tr>
</tbody>
</table>

*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 |

| Norlethisterone Tab 350 mcg |

### Obstetric Preparations

#### Antiprogestogens

| Mifepristone Tab 200 mg |

#### Oxytocics

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

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

### DINOPROSTONE
- **Pessaries 10 mg**
  - Gel 1 mg in 2.5 ml ................................................................. 52.65 1 Prostin E2
  - Gel 2 mg in 2.5 ml ................................................................. 64.60 1 Prostin E2

### ERGOMETRINE MALEATE
- **Inj 500 mcg per ml, 1 ml ampoule** ........................................ 31.00 5 DBL Ergometrine

### OXYTOCIN
- **Inj 5 iu per ml, 1 ml ampoule** ............................................. 4.75 5 Oxytocin BNM
- **Inj 10 iu per ml, 1 ml ampoule** ............................................. 5.98 5 BNM

### OXYTOCIN WITH ERGOMETRINE MALEATE
- **Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule** 11.13 5 Syntometrine

### 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** ................................................................. 5.10 30 Rex Medical

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

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

### 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.
HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

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

**Anabolic Agents**

OXANDROLONE
- Tab 2.5 mg
- **Restricted**
  For the treatment of burns patients.

**Androgen Agonists and Antagonists**

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

**Calcium Homeostasis**

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

**Corticosteroids**

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
</table>
### HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

<table>
<thead>
<tr>
<th><strong>Hormone Replacement Therapy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oestrogens</strong></td>
</tr>
<tr>
<td><strong>OESTRADIOL</strong></td>
</tr>
<tr>
<td>Tab 1 mg</td>
</tr>
<tr>
<td>Tab 2 mg</td>
</tr>
<tr>
<td>Patch 25 mcg per day</td>
</tr>
<tr>
<td>Patch 50 mcg per day</td>
</tr>
<tr>
<td>Patch 100 mcg per day</td>
</tr>
</tbody>
</table>

---

**e.g. Brand** indicates brand example only. It is not a contracted product.
**HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES**

<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>

**OESTROGENS (CONJUGATED EQUINE)**

- Tab 300 mcg
- Tab 625 mcg

**Progestogen and Oestrogen Combined Preparations**

**OESTRADIOL WITH NORETHISTERONE ACETATE**

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

**OESTROGENS WITH MEDROXYPROGESTERONE ACETATE**

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

**Progestogens**

**MEDROXYPROGESTERONE ACETATE**

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

**Other Endocrine Agents**

**CABERGOLINE** – 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>Per</td>
</tr>
</tbody>
</table>

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

**Restricted**

Any of the following:

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

**CLOMIPHENE CITRATE**

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

**DANAZOL**

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

**GESTRINONE**

- Cap 2.5 mg

**METRYAPONE**

- Cap 250 mg

**PENTAGASTRIN**

- Inj 250 mcg per ml, 2 ml ampoule

**Other Oestrogen Preparations**

**ETHINYLOESTRADIOL**

- Tab 10 mcg

---

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

<table>
<thead>
<tr>
<th></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>
</tbody>
</table>

#### OESTRADIOL
- Implant 50 mg

#### OESTRIOL
- Tab 2 mg

#### Other Progestogen Preparations

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDROXYPROGESTERONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-13 to 2016</td>
<td>96.50 100</td>
<td>Provera</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>70.50 30</td>
<td>Provera</td>
</tr>
<tr>
<td>NORETHISTERONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>26.50 100</td>
<td>Primolut N</td>
</tr>
</tbody>
</table>

#### Pituitary and Hypothalamic Hormones and Analogues

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORTICOTRORELIN (OVINE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mcg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THYROTROPIN ALFA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 900 mcg vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Adrenocorticotropic Hormones

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>TETRACOSACTIDE [TETRACOSACTRIN]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 250 mcg per ml, 1 ml ampoule</td>
<td>177.18 10</td>
<td>Synacthen</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td>29.56 1</td>
<td>Synacthen Depot</td>
</tr>
</tbody>
</table>

#### GnRH Agonists and Antagonists

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSERELIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5.5 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GONADORELIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mcg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOSERELIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implant 3.6 mg</td>
<td>166.20 1</td>
<td>Zoladex</td>
</tr>
<tr>
<td>Implant 10.8 mg</td>
<td>443.76 1</td>
<td>Zoladex</td>
</tr>
<tr>
<td>LEUPRORELIN ACETATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 3.75 mg syringe</td>
<td>221.60 1</td>
<td>Lucrin Depot PDS</td>
</tr>
<tr>
<td>Inj 7.5 mg syringe</td>
<td>166.20 1</td>
<td>Eligard</td>
</tr>
<tr>
<td>Inj 11.25 mg syringe</td>
<td>591.68 1</td>
<td>Lucrin Depot PDS</td>
</tr>
<tr>
<td>Inj 22.5 mg syringe</td>
<td>443.76 1</td>
<td>Eligard</td>
</tr>
<tr>
<td>Inj 30 mg syringe</td>
<td>1,109.40 1</td>
<td>Lucrin Depot PDS</td>
</tr>
<tr>
<td>Inj 30 mg vial</td>
<td>591.68 1</td>
<td>Eligard</td>
</tr>
<tr>
<td>Inj 45 mg syringe</td>
<td>832.05 1</td>
<td>Eligard</td>
</tr>
</tbody>
</table>

#### Gonadotrophins

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHORIOGONADOTROPIN ALFA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 250 mcg in 0.5 ml syringe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

<table>
<thead>
<tr>
<th>Price</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>

**Growth Hormone**

**SOMATROPIN – Restricted** see terms below

- **Inj 5 mg cartridge – 1% DV Jan-15 to 31 Dec 2017** ........................................ 109.50 1 Omnitrope
- **Inj 10 mg cartridge – 1% DV Jan-15 to 31 Dec 2017** ......................................... 219.00 1 Omnitrope
- **Inj 15 mg cartridge – 1% DV Jan-15 to 31 Dec 2017** ........................................ 328.50 1 Omnitrope
- **Inj 16 iu (5.3 mg) vial**
- **Inj 36 iu (12 mg) vial**

*(Any Inj 16 iu (5.3 mg) vial to be delisted 1 January 2015)*

*(Any Inj 36 iu (12 mg) vial to be delisted 1 January 2015)*

**Restricted**

**Initiation - growth hormone deficiency in children**

Endocrinologist
Paediatric Endocrinologist

Either:

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

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

**Continuation - growth hormone deficiency in children**

Endocrinologist
Paediatric Endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

**Initiation - Turner syndrome**

Endocrinologist
Paediatric Endocrinologist

All of the following:

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

continued...
Continuation - Turner syndrome
Endocrinologist
Paediatric Endocrinologist
Re-assessment required after 12 months
All of the following:
1. Height velocity $\geq$ 50th percentile for age (while on growth hormone calculated over 6 to 12 months using the Ranke's Turner Syndrome growth velocity charts); and
2. Height velocity is $\geq$ 2 cm per year, calculated over six months; and
3. A current bone age is $\leq$ 14 years; and
4. No serious adverse effect that the specialist considers is likely to be attributable to growth hormone treatment has occurred; and
5. No malignancy has developed since starting growth hormone.

Initiation - short stature without growth hormone deficiency
Endocrinologist
Paediatric Endocrinologist
All of the following:
1. The patient's height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth acceleration or delay; and
2. Height velocity is < 25th percentile for age (adjusted for bone age/pubertal status if appropriate), as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3. A current bone age is < 14 years (female patients) or < 16 years (male patients); and
4. The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

Continuation - short stature without growth hormone deficiency
Endocrinologist
Paediatric Endocrinologist
Re-assessment required after 12 months
All of the following:
1. Height velocity is $\geq$ 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2. Height velocity is $\geq$ 2 cm per year as calculated over six months; and
3. Current bone age is $\leq$ 14 years (female patients) or $\leq$ 16 years (male patients); and
4. No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred.

Initiation - short stature due to chronic renal insufficiency
Endocrinologist
Paediatric Endocrinologist
Renal Physician on the recommendation of a Paediatric Endocrinologist or Endocrinologist
All of the following:
1. The patient's height is more than 2 standard deviations below the mean; and
2. Height velocity is $< 25$th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3. A current bone age is $\leq$ 14 years (female patients) or $\leq$ 16 years (male patients); and
4. The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
5. The patient is under the supervision of a specialist with expertise in renal medicine; and
6. Either: continued...
6.1 The patient has a GFR \( \leq 30 \) ml/min/1.73 m\(^2\) as measured by the Schwartz method (Height(cm)/plasma creatinine (umol\(\times 40 = \) corrected GFR (ml/min/1.73 m\(^2\)) in a child who may or may not be receiving dialysis; or

6.2 The patient has received a renal transplant and has received < 5mg/ m\(^2\)/day of prednisone or equivalent for at least 6 months.

**Continuation - short stature due to chronic renal insufficiency**

**Endocrinologist**

**Paediatric Endocrinologist**

*Renal Physician on the recommendation of a Paediatric Endocrinologist or Endocrinologist*

**Re-assessment required after 12 months**

All of the following:

1. Height velocity is \( \geq 50\)th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and

2. Height velocity is \( \geq 2\) cm per year as calculated over six months; and

3. A current bone age is \( \leq 14\) years (female patients) or \( \leq 16\) years (male patients); and

4. No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone has occurred; and

5. No malignancy has developed after growth hormone therapy was commenced; and

6. The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and

7. The patient has not received renal transplantation since starting growth hormone treatment; and

8. If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

**Initiation - Prader-Willi syndrome**

**Endocrinologist**

**Paediatric Endocrinologist**

*All of the following:*

1. The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and

2. The patient's height velocity is < 25th percentile for bone age adjusted for bone age/pubertal status if appropriate as calculated over 6 to 12 months using the standards of Tanner and Davies (1985) or pubertal status over 6 to 12 months; and

3. Either:
   
   3.1 The patient is under two years of age and height velocity has been assessed over a minimum six month period from the age of 12 months, with at least three supine length measurements over this period demonstrating clear and consistent evidence of linear growth failure (with height velocity < 25th percentile); or

   3.2 The patient is aged two years or older; and

4. A current bone age is < 14 years (female patients) or < 16 years (male patients); and

5. Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and

6. There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by \( \geq 0.5\) standard deviations in the preceding 12 months.

**Continuation - Prader-Willi syndrome**

**Endocrinologist**

**Paediatric Endocrinologist**

**Re-assessment required after 12 months**

All of the following:

1. Height velocity is \( \geq 50\)th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and

continued...
continued...

2 Height velocity is ≥ 2 cm per year as calculated over six months; and
3 A current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and
4 No serious adverse effect that the patient’s specialist considers likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed after growth hormone therapy was commenced; and
6 The patient has not developed type II diabetes or uncontrolled obesity as defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months.

**Initiation - adults and adolescents**

Endocrinologist
Paediatric Endocrinologist

All of the following:

1 The patient has a medical condition that is known to cause growth hormone deficiency (e.g. surgical removal of the pituitary for treatment of a pituitary tumour); and
2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
3 The patient has severe growth hormone deficiency (see notes); and
4 The patient’s serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

Notes:

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

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

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

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

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

**Continuation - adults and adolescents**

Endocrinologist
Paediatric Endocrinologist

**Re-assessment required after 12 months**

Either:

1 All of the following:
   1.1 The patient has been treated with somatropin for < 12 months; and
   1.2 There has been an improvement in the Quality of Life Assessment defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and
   1.3 Serum IGF-I levels have increased to within ±1SD of the mean of the normal range for age and sex; and
   1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or

2 All of the following:
   2.1 The patient has been treated with somatropin for more than 12 months; and
   2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
   2.3 Serum IGF-I levels have continued to be maintained within ±1SD of the mean of the normal range for age and sex (other than for obvious external factors); and
   2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients.

---

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

_e.g. Brand_ indicates brand example only. It is not a contracted product.
### Thyroid and Antithyroid Preparations

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBIMAZOLE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IODINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln BP 50 mg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVOTHYROXINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIOTHYRONINE SODIUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Tab 20 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For a maximum of 14 days' treatment in patients with thyroid cancer who are due to receive radioiodine therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mcg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM IODATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 170 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM PERCHLORATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 200 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPYLTHIOURACIL</td>
<td><strong>Restricted</strong> see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Tab 50 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> Propylthiouracil is not recommended for patients under the age of 18 years unless the patient is pregnant and other treatments are contraindicated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROTIRELIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mcg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vasopressin Agents

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARGIPRESSIN [VASOPRESSIN]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 u per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESMOPRESSIN ACETATE - <strong>Some items restricted</strong> see terms below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Tab 100 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Tab 200 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal spray 10 mcg per dose – 1% DV Sep-14 to 2017</td>
<td></td>
<td></td>
<td></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>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nocturnal enuresis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Either:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 The nasal forms of desmopressin are contraindicated; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 An enuresis alarm is contraindicated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranial diabetes insipidus and the nasal forms of desmopressin are contraindicated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>450.00</td>
<td>Glypressin</td>
</tr>
</tbody>
</table>

**TERLIPRESSIN**

- **Inj 0.1 mg per ml, 8.5 ml ampoule** ................................................................. 450.00  5  Glypressin
- **Inj 1 mg vial** ................................................................................................. 450.00  5  Glypressin

*(Glyphressin Inj 1 mg vial to be delisted 1 December 2014)*

---

*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

<table>
<thead>
<tr>
<th>AMIKACIN – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Inj 5 mg per ml, 10 ml syringe</td>
</tr>
<tr>
<td>→ Inj 5 mg per ml, 5 ml syringe</td>
</tr>
<tr>
<td>→ Inj 15 mg per ml, 5 ml syringe</td>
</tr>
<tr>
<td>→ Inj 250 mg per ml, 2 ml vial</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Gentamicin SULPHATE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>8.56</td>
<td>5</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule</td>
<td>175.10</td>
<td>25</td>
</tr>
<tr>
<td>Inj 40 mg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015</td>
<td>6.50</td>
<td>10</td>
</tr>
</tbody>
</table>

PAROMOMYCYCIN – Restricted see terms below

| → Inj 250 mg                                      | 126.00   | 16   |

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

<table>
<thead>
<tr>
<th>Streptomycin SULPHATE – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Inj 400 mg per ml, 2.5 ml ampoule</td>
</tr>
</tbody>
</table>

| TOBRAMYCIN                                      |          |      |
| Inj 40 mg per ml, 2 ml vial                       | 29.32    | 5    |

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

| Carbapenems                                      |          |      |
| ERTAPENEM – Restricted see terms below           |          |      |
| → Inj 1 g vial                                    | 70.00    | 1    |

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

<table>
<thead>
<tr>
<th>Imipenem WITH CILASTATIN – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Inj 500 mg with 500 mg cilastatin vial</td>
</tr>
</tbody>
</table>

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

| Meropenem – Restricted see terms below            |          |      |
| → Inj 500 mg vial                                 | 10.50    | 1    |
| → Inj 1 g vial                                    | 21.00    | 1    |

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

### Carbapenems

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

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

#### Cephalosporins and Cephamycins - 1st Generation

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYFLEXIN</td>
<td>Cap 500 mg – 1% DV Oct-13 to 2016</td>
<td>$5.70</td>
<td>20</td>
<td>Cephalexin ABM</td>
</tr>
<tr>
<td></td>
<td>Grans for oral liq 25 mg per ml – 1% DV Oct-13 to 2016</td>
<td>$8.50</td>
<td>100 ml</td>
<td>Cefalexin Sandoz</td>
</tr>
<tr>
<td></td>
<td>Grans for oral liq 50 mg per ml – 1% DV Oct-13 to 2016</td>
<td>$11.50</td>
<td>100 ml</td>
<td>Cefalexin Sandoz</td>
</tr>
</tbody>
</table>

| CYFAXOLIN | Inj 500 mg vial – 1% DV Sep-14 to 2017 | $3.99 | 5 | AFT |
| | Inj 1 g vial – 1% DV Sep-14 to 2017 | $3.38 | 5 | AFT |

#### Cephalosporins and Cephamycins - 2nd Generation

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYFACLOR</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>CYFAXITIN</td>
<td>Inj 1 g vial</td>
<td>$55.00</td>
<td>5</td>
<td>Hospira</td>
</tr>
<tr>
<td>CYFAXOXIME</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</td>
<td>$6.96</td>
<td>5</td>
<td>m-Cefuroxime</td>
</tr>
<tr>
<td></td>
<td>Inj 1.5 g vial</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</th>
<th>Pack Size</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYFATAXIME</td>
<td>Inj 500 mg vial</td>
<td>$1.90</td>
<td>1</td>
<td>Cefotaxime Sandoz</td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial</td>
<td>$15.58</td>
<td>10</td>
<td>DBL Cefotaxime</td>
</tr>
<tr>
<td>CYFATAZADIME – Restricted see terms below</td>
<td>Inj 500 mg vial</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</th>
<th>Pack Size</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYFEPIME – Restricted see terms below</td>
<td>Inj 500 mg vial – 1% DV Mar-14 to 2016</td>
<td>$1.50</td>
<td>1</td>
<td>Ceftriaxone-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>Ceftriaxone-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>Ceftriaxone-AFT</td>
</tr>
</tbody>
</table>

#### Macrolides

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYAZITHROMYCIN – Restricted see terms on the next page</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>

*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

<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>

### Restricted

Any of the following:

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

**CLARITHROMYCIN** — Restricted see terms below

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

- Tab 250 mg – 1% DV Sep-14 to 2017 ................................................. 3.98 14 | Apo-Clarithromycin |
- Tab 500 mg – 1% DV Sep-14 to 2017 ................................................. 10.40 14 | Apo-Clarithromycin |
- Grans for oral liq 25 mg per ml .................................................. 23.12 70 ml | Klacid |
- Inj 500 mg vial ................................................................. 30.00 1 | Klacid |

### Restricted

**Tab 250 mg and oral liquid**

Tab 250 mg and oral liquid

1. Atypical mycobacterial infection; or
2. *Mycobacterium tuberculosis* infection where there is drug resistance or intolerance to standard pharmaceutical agents.

**Tab 500 mg**

Helicobacter pylori eradication.

**Infusion**

Infusion

1. Atypical mycobacterial infection; or
2. *Mycobacterium tuberculosis* infection where there is drug resistance or intolerance to standard pharmaceutical agents; or
3. Community-acquired pneumonia (*clarithromycin* is not to be used as the first-line macrolide).

**ERYTHROMYCIN (AS ETHYLSUCCINATE)**

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

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

**ERYTHROMYCIN (AS LACTOBIONATE)**

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

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

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

- Tab 250 mg
- Tab 500 mg

**ROXITHROMYCIN**

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

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

### Penicillins

**AMOXICILLIN**

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

- Cap 250 mg – 1% DV Mar-14 to 2016 .................................... 16.18 500 | Apo-Amoxi |
- Cap 500 mg – 1% DV Jul-14 to 2016 .................................... 20.94 500 | Apo-Amoxi |
- Grans for oral liq 125 mg per 5 ml – 1% DV Oct-14 to 2017 ........... 0.88 100 ml | Amoxicillin Actavis |
- ................................................................. 1.55 | Ospamox |

- Grans for oral liq 250 mg per 5 ml – 1% DV Oct-14 to 2017 ........... 0.97 100 ml | Amoxicillin Actavis |
- ................................................................. 1.10 | Ospamox |

- Inj 250 mg vial ........................................................... 12.96 10 | Ibiamox |
- Inj 500 mg vial ........................................................... 15.08 10 | Ibiamox |
- Inj 1 g vial ................................................................. 21.94 10 | Ibiamox |

(Ospamox Grans for oral liq 125 mg per 5 ml to be delisted 1 October 2014)
(Ospamox Grans for oral liq 250 mg per 5 ml to be delisted 1 October 2014)

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>INFECTIONS-AGENTSFORSYSTEMIC USE</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMOXICILLIN WITH CLAVULANIC ACID</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 500 mg with clavulanic acid 125 mg</td>
<td>12.55</td>
<td>100</td>
<td>Curam Duo</td>
</tr>
<tr>
<td>Gran for oral liq 25 mg with clavulanic acid 6.25 mg per ml – 1% DV</td>
<td>1.61</td>
<td>100 ml</td>
<td>Augmentin</td>
</tr>
<tr>
<td>Nov-12 to 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gran for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV</td>
<td>2.19</td>
<td>100 ml</td>
<td>Augmentin</td>
</tr>
<tr>
<td>Nov-12 to 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 mg with clavulanic acid 100 mg vial – 1% DV Jan-13 to 2015</td>
<td>10.14</td>
<td>10</td>
<td>m-Amoxiclav</td>
</tr>
<tr>
<td>Inj 1,000 mg with clavulanic acid 200 mg vial – 1% DV Jan-13 to 2015</td>
<td>14.03</td>
<td>10</td>
<td>m-Amoxiclav</td>
</tr>
<tr>
<td><strong>BENZATHINE BENZYL PENICILLIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Sep-12 to 2015</td>
<td>315.00</td>
<td>10</td>
<td>Bicillin LA</td>
</tr>
<tr>
<td><strong>BENZYL PENICILLIN SODIUM [PENICILLIN G]</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 600 mg (1 million units) vial – 1% DV Sep-14 to 2017</td>
<td>10.35</td>
<td>10</td>
<td>Sandoz</td>
</tr>
<tr>
<td><strong>FLUCLOXACILLIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 250 mg – 1% DV Oct-12 to 2015</td>
<td>22.00</td>
<td>250</td>
<td>Staphlex</td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Oct-12 to 2015</td>
<td>74.00</td>
<td>500</td>
<td>Staphlex</td>
</tr>
<tr>
<td>Gran for oral liq 25 mg per ml – 1% DV Sep-12 to 2015</td>
<td>2.49</td>
<td>100 ml</td>
<td>AFT</td>
</tr>
<tr>
<td>Gran for oral liq 50 mg per ml – 1% DV Sep-12 to 2015</td>
<td>3.25</td>
<td>100 ml</td>
<td>AFT</td>
</tr>
<tr>
<td>Inj 250 mg vial – 1% DV Sep-14 to 2017</td>
<td>8.80</td>
<td>10</td>
<td>Flucloxic</td>
</tr>
<tr>
<td>Inj 500 mg vial – 1% DV Sep-14 to 2017</td>
<td>9.20</td>
<td>10</td>
<td>Flucloxic</td>
</tr>
<tr>
<td>Inj 1 g vial – 1% DV Sep-14 to 2017</td>
<td>11.60</td>
<td>10</td>
<td>Flucloxic</td>
</tr>
<tr>
<td><strong>PHENOXYMETHYLPENICILLIN [PENICILLIN V]</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td>11.99</td>
<td>50</td>
<td>Cilmacaine VK</td>
</tr>
<tr>
<td>Cap 500 mg</td>
<td>14.45</td>
<td>50</td>
<td>Cilmacaine VK</td>
</tr>
<tr>
<td>Gran for oral liq 125 mg per ml – 1% DV Apr-14 to 2016</td>
<td>1.64</td>
<td>100 ml</td>
<td>AFT</td>
</tr>
<tr>
<td>Gran for oral liq 250 mg per 5 ml – 1% DV Apr-14 to 2016</td>
<td>1.74</td>
<td>100 ml</td>
<td>AFT</td>
</tr>
<tr>
<td><strong>PIPERACILLIN WITH TAZOBACTAM – Restricted</strong></td>
<td>see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Inj 4 g with tazobactam 0.5 g vial – 1% DV Oct-13 to 2016</td>
<td>5.84</td>
<td>1</td>
<td>Tazocin EF</td>
</tr>
<tr>
<td>$ Inj 4 g with tazobactam 0.5 g vial – 1% DV Oct-13 to 2016</td>
<td>5.84</td>
<td>1</td>
<td>Tazocin EF</td>
</tr>
<tr>
<td>$ Inj 4 g with tazobactam 0.5 g vial – 1% DV Oct-13 to 2016</td>
<td>5.84</td>
<td>1</td>
<td>Tazocin EF</td>
</tr>
<tr>
<td><strong>PROCAINE PENICILLIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-14 to 2017</td>
<td>123.50</td>
<td>5</td>
<td>Cilicaine</td>
</tr>
<tr>
<td><strong>TICARCILLIN WITH CLAVULANIC ACID – Restricted</strong></td>
<td>see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Inj 3 g with clavulanic acid 0.1 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Inj 3 g with clavulanic acid 0.1 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Inj 3 g with clavulanic acid 0.1 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quinolones</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CIPROFLOXACIN – Restricted</strong></td>
<td>see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Tab 250 mg – 1% DV Sep-14 to 2017</td>
<td>1.75</td>
<td>28</td>
<td>Cipflox</td>
</tr>
<tr>
<td>$ Tab 250 mg – 1% DV Sep-14 to 2017</td>
<td>1.75</td>
<td>28</td>
<td>Cipflox</td>
</tr>
<tr>
<td>$ Tab 750 mg – 1% DV Sep-14 to 2017</td>
<td>3.75</td>
<td>28</td>
<td>Cipflox</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>$ Oral liq 2 mg per ml, 100 ml bag</td>
<td>41.00</td>
<td>10</td>
<td>Aspen Ciprofloxacin</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious disease physician or clinical microbiologist or respiratory physician</td>
<td></td>
<td></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.*
### INFECTIONS - AGENTS FOR SYSTEMIC USE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOXIFLOXACIN – <strong>Restricted</strong> see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td>52.00</td>
<td>5 Avelox</td>
</tr>
<tr>
<td>Inj 1.6 mg per ml, 250 ml bag</td>
<td>70.00</td>
<td>1 Avelox IV 400</td>
</tr>
</tbody>
</table>

**→ Restricted**

**Mycobacterium infection**

Infectious disease physician, clinical microbiologist or respiratory physician

1. Active tuberculosis, with any of the following:
   1.1 Documented resistance to one or more first-line medications; or
   1.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or
   1.3 Impaired visual acuity (considered to preclude ethambutol use); or
   1.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
   1.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications.
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-14 to 2017 .................................................................. 13.50 100 Arrow-Noroxacin

**Tetracyclines**

**DEMECLOCYCLINE HYDROCHLORIDE**

Cap 150 mg

**DOXYCYCLINE**

→ Tab 50 mg – **Restricted**: For continuation only

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg – 1% DV Sep-14 to 2017</td>
<td>6.75</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 20 ml vial</td>
<td></td>
</tr>
</tbody>
</table>

**MINOCYCLINE**

Tab 50 mg

→ Cap 100 mg – **Restricted**: For continuation only

**TETRACYCLINE**

Cap 500 mg

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 250 mg</td>
<td>46.00</td>
</tr>
</tbody>
</table>

**TIGECYCLINE – **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>Inj 50 mg vial</td>
<td></td>
</tr>
</tbody>
</table>

**→ Restricted**

Infectious disease physician or clinical microbiologist

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 Antibacterials

AZTREONAM – Restricted see terms below

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>131.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Azactam</td>
</tr>
</tbody>
</table>

CHLORAMPHENICOL – Restricted see terms below

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>100.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Dalacin C</td>
</tr>
</tbody>
</table>

CLINDAMYCIN – Restricted see terms below

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>65.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Colistin-Link</td>
</tr>
</tbody>
</table>

COLISTIN SULPHOMETHATE [COLESTIMETHATE] – Restricted see terms below

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>34.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Fucidin</td>
</tr>
</tbody>
</table>

DAPTOMYCIN – Restricted see terms below

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>30.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Linezolid</td>
</tr>
</tbody>
</table>

FOSFOMYCIN – Restricted see terms below

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>15.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Nitrofurantoin</td>
</tr>
</tbody>
</table>

FUSIDIC ACID – Restricted see terms below

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>3.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Nitrofurantoin</td>
</tr>
</tbody>
</table>

HEXAMINE HIPPURATE

$ Per Brand or Generic Manufacturer

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>1.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>𫚭</td>
</tr>
</tbody>
</table>
## INFECTIONS - AGENTS FOR SYSTEMIC USE

<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><strong>PIVMECILLINAM – Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SULPHADIAZINE – Restricted**
- Tab 500 mg

**TEICOPLANIN – Restricted**
- Inj 400 mg vial

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

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

**VANCOMYCIN – Restricted**
- Inj 500 mg vial

### Antifungals

#### Imidazoles

**KETOCONAZOLE**
- Tab 200 mg

**Polyene Antimycotics**

**AMPHOTERICIN B**
- Inj (liposomal) 50 mg vial – 1% DV Oct-12 to 2015

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

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

- Inj 50 mg vial

**Restricted**
- Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician
### INFECTIONS - AGENTS FOR SYSTEMIC USE

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

#### NYSTATIN
- **Tab 500,000 u**: $17.09 50 Nilstat
- **Cap 500,000 u**: $15.47 50 Nilstat

#### Triazoles

**FLUCONAZOLE – Restricted** see terms below
- **Cap 50 mg**: $4.77 28 Ozole
- **Cap 150 mg**: $0.91 1 Ozole
- **Cap 200 mg**: $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 on the next page
- **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

---

*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**

<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
Infectious disease physician, clinical microbiologist or haematologist

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

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

**Resistant candidiasis infections and other moulds**
All of the following:
1. Patient is immunocompromised, and
2. Either:
   1. Patient has fluconazole resistant candidiasis; or
   2. Patient has mould strain such as Fusarium spp. and Scedosporium spp; and
3. A multidisciplinary team (including an infectious disease physician or clinical microbiologist) considers the treatment to be appropriate.

### Other Antifungals

<table>
<thead>
<tr>
<th>CASPOFUNGIN – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 50 mg vial – 1% DV Oct-12 to 2015</td>
</tr>
<tr>
<td>$ 70 mg vial – 1% DV Oct-12 to 2015</td>
</tr>
</tbody>
</table>

### Antimycobacterials

**Antileprotics**

<table>
<thead>
<tr>
<th>CLOFAZIMINE – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Cap 50 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAPSONE – Restricted see terms on the next page</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Tab 25 mg – 1% DV Sep-14 to 2017</td>
</tr>
<tr>
<td>$ Tab 100 mg – 1% DV Sep-14 to 2017</td>
</tr>
</tbody>
</table>

Products with Hospital Supply Status (HSS) are in **bold**
Expriy 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>
<tbody>
<tr>
<td>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

### Antituberculotics

**CYCLOSERINE** – Restricted see terms below
- Cap 250 mg

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

**ISONIAZID** – Restricted see terms below
- Tab 100 mg ........................................... 20.00 100 PSM

**ISONIAZID WITH RIFAMPICIN** – Restricted see terms below
- Tab 100 mg with rifampicin 150 mg
- Tab 150 mg with rifampicin 300 mg

**PARA-AMINOSALICYLIC ACID** – Restricted see terms below
- Grans for oral liq 4 g .................................. 280.00 30 Paser

**PYRAZINAMIDE** – Restricted see terms below
- Tab 250 mg ........................................... 305.00 100 Peteha

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

**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

*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

### Antiparasitics

#### Anthelmintics

**ALBENDAZOLE** – **Restricted** see terms below
- Tab 200 mg
- Tab 400 mg

**IVERMECTIN** – **Restricted** see terms below
- Tab 3 mg .......................................................... $17.20
- Restricted

**MEBENDAZOLE**
- Tab 100 mg .......................................................... $24.19
- Oral liq 100 mg per 5 ml

**PRAZIQUANTEL**
- Tab 600 mg

#### Antiprotozoals

**ARTEMETHER WITH LUMEFANTRINE** – **Restricted** see terms below
- Tab 20 mg with lumefantrine 120 mg

**ARTESUNATE** – **Restricted** see terms below
- Inj 60 mg vial

**ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE** – **Restricted** see terms below
- Tab 62.5 mg with proguanil hydrochloride 25 mg
- Tab 250 mg with proguanil hydrochloride 100 mg

**CHLOROQUINE PHOSPHATE** – **Restricted** see terms below
- Tab 250 mg

**MEFLOQUINE HYDROCHLORIDE** – **Restricted** see terms below
- Tab 250 mg

**METRONIDAZOLE**
- Tab 200 mg .......................................................... $10.45
- Tab 400 mg .......................................................... $18.15
- Oral liq benzoate 200 mg per 5 ml .......................................................... $25.00
- Inj 5 mg per ml, 100 ml bag .......................................................... $2.46
- Suppos 500 mg .......................................................... $24.48

---

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>INFECTIONS - AGENTS FOR SYSTEMIC USE</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

### NITAZOXANIDE – Restricted see terms below
- Tab 500 mg ................................................................. 1,680.00 30 Alinia
- Oral liq 100 mg per 5 ml

#### Restricted
Infectious disease physician or clinical microbiologist

### ORNIDAZOLE
- Tab 500 mg ................................................................. 16.50 10 Arrow-Ornidazole

#### Restricted
Infectious disease physician or clinical microbiologist

### PENTAMIDINE ISETHIONATE – Restricted see terms below
- Inj 300 mg vial

#### Restricted
Infectious disease physician or clinical microbiologist

### PRIMAQUINE PHOSPHATE – Restricted see terms below
- Tab 7.5 mg

#### Restricted
Infectious disease physician or clinical microbiologist

### PYRIMETHAMINE – Restricted see terms below
- Tab 25 mg

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

### QUININE DIHYDROCHLORIDE – Restricted see terms below
- Inj 60 mg per ml, 10 ml ampoule
- Inj 300 mg per ml, 2 ml vial

#### Restricted
Infectious disease physician or clinical microbiologist

### QUININE SULPHATE
- Tab 300 mg ................................................................. 54.06 500 Q 300

### SODIUM STIBOGLUCONATE – Restricted see terms below
- Inj 100 mg per ml, 1 ml vial

#### Restricted
Infectious disease physician or clinical microbiologist

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

#### Restricted
Maternal-foetal medicine specialist

#### Antiretrovirals

### HIV Fusion Inhibitors

#### ENFUVIRTIDE – Restricted see terms on the next page
- Inj 108 mg vial × 60 ...................................................... 2,380.00 1 Fuzeon

---

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

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

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.
### INFECTIONS - AGENTS FOR SYSTEMIC USE

#### Nucleoside Reverse Transcriptase Inhibitors

**EFAVIRENZ – Restricted** see terms on the preceding page

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

**ETRAVIRINE – Restricted** see terms on the preceding page

- **Tab 200 mg** ........................................... ................................. 770.00 60 Intelence

**NEVIRAPINE – Restricted** see terms on the preceding page

- **Tab 200 mg – 1% DV Jan-13 to 2015** ........................................... 95.94 60 Nevirapine Alphapharm
- **Oral suspension 10 mg per ml** ........................................... 134.55 240 ml Viramune Suspension

**ABACAVIR SULPHATE – Restricted** see terms above

- **Tab 300 mg** ........................................... ................................. 229.00 60 Ziagen
- **Oral liq 20 mg per ml** ........................................... .......................... 50.00 240 ml Ziagen

**ABACAVIR SULPHATE WITH LAMIVUDINE – Restricted** see terms above

- **Tab 600 mg with lamivudine 300 mg** ........................................... 630.00 30 Kivexa

**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/mm³; 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/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:
   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.

**ABACAVIR SULPHATE – Restricted** see terms above

- **Tab 300 mg** ........................................... ................................. 229.00 60 Ziagen
- **Oral liq 20 mg per ml** ........................................... .......................... 50.00 240 ml Ziagen

**ABACAVIR SULPHATE WITH LAMIVUDINE – Restricted** see terms above

- **Tab 600 mg with lamivudine 300 mg** ........................................... 630.00 30 Kivexa
### Protease 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.

---

### 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></td>
</tr>
</tbody>
</table>

**DIDANOSINE [DDI] — Restricted** see terms on the preceding page

- Cap 125 mg  
- Cap 200 mg  
- Cap 250 mg  
- Cap 400 mg

**EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE — Restricted** see terms on the preceding page

- 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

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

**EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE — Restricted** see terms on the preceding page

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

**LAMIVUDINE — Restricted** see terms on the preceding page

- Tab 150 mg  
- Oral liq 10 mg per ml

**STAVUDINE — Restricted** see terms on the preceding page

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

**ZIDOVUDINE [AZT] — Restricted** see terms on the preceding page

- Cap 100 mg – 1% DV Oct-13 to 2016 ........................................... 152.25 100 Retrovir  
- Oral liq 10 mg per ml – 1% DV Oct-13 to 2016 ........................................... 30.45 200 ml Retrovir  
- Inj 10 mg per ml, 20 ml vial

**ZIDOVUDINE [AZT] WITH LAMIVUDINE — Restricted** see terms on the preceding page

- Tab 300 mg with lamivudine 150 mg – 1% DV Sep-14 to 2017 ..................... 44.00 60 Alphapharm

---

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...

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 on the preceding page
Cap 150 mg .................................................................568.34 60 Reyataz
Cap 200 mg .................................................................757.79 60 Reyataz

DARUNAVIR – Restricted see terms on the preceding page
Tab 400 mg .................................................................837.50 60 Prezista
Tab 600 mg .................................................................1,190.00 60 Prezista

INDINAVIR – Restricted see terms on the preceding page
Cap 200 mg
Cap 400 mg

LOPINAVIR WITH RITONAVIR – Restricted see terms on the preceding page
Tab 100 mg with ritonavir 25 mg ..............................................183.75 60 Kaletra
Tab 200 mg with ritonavir 50 mg ..............................................735.00 120 Kaletra
Oral liq 80 mg with ritonavir 20 mg per ml ..................................735.00 300 ml Kaletra

RITONAVIR – Restricted see terms on the preceding page
Tab 100 mg – 1% DV Oct-12 to 2015 ............................................43.31 30 Norvir
Oral liq 80 mg per ml

Strand Transfer Inhibitors

Confined 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 $\times$ 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

continued…
continued...

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 on the preceding page

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,090.00</td>
<td>60 Isentress</td>
</tr>
</tbody>
</table>

Antivirals

Hepatitis B

ADEFOVIR DIPIVOXIL – 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>$670.00</td>
<td>30 Hepsera</td>
</tr>
</tbody>
</table>

★ 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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400.00</td>
<td>30 Baraclude</td>
</tr>
</tbody>
</table>

★ 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

continued...
continued...
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: $32.50 28 Zetlam
Oral liq 5 mg per ml

**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
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 <100,000 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 on the next page

Tab 300 mg: $531.00 30 Viread

---

*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

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>
</table>

### 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/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:

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/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

continued...
continued...

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

\[ \text{Cap } 200 \text{ mg } \] \hspace{1em} \$5,015.00 \hspace{1em} \text{336} \hspace{1em} \text{Viecelis}

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
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

\[ \text{Tab dispersible } 200 \text{ mg } - 1\% \text{ DV Sep-13 to 2016 } \] \hspace{1em} $1.78 \hspace{1em} \text{25} \hspace{1em} \text{Lovir}
\[ \text{Tab dispersible } 400 \text{ mg } - 1\% \text{ DV Sep-13 to 2016 } \] \hspace{1em} $5.98 \hspace{1em} \text{56} \hspace{1em} \text{Lovir}
\[ \text{Tab dispersible } 800 \text{ mg } - 1\% \text{ DV Sep-13 to 2016 } \] \hspace{1em} $6.64 \hspace{1em} \text{35} \hspace{1em} \text{Lovir}
\[ \text{Inj } 250 \text{ mg vial } - 1\% \text{ DV Mar-13 to 2015 } \] \hspace{1em} $14.09 \hspace{1em} \text{5} \hspace{1em} \text{Zovirax IV}

CIDOFOVIR – Restricted see terms below

\[ \text{Inj } 75 \text{ mg per ml, 5 ml vial } \]

\[ \text{Restricted} \]

Infectious disease physician, clinical microbiologist, otolaryngologist or oral surgeon

FOSCARNET SODIUM – Restricted see terms below

\[ \text{Inj } 24 \text{ mg per ml, 250 ml bottle } \]

\[ \text{Restricted} \]

Infectious disease physician or clinical microbiologist

GANCICLOVIR – Restricted see terms below

\[ \text{Inj } 500 \text{ mg vial } \] \hspace{1em} $380.00 \hspace{1em} \text{5} \hspace{1em} \text{Cymevene}

\[ \text{Restricted} \]

Infectious disease physician or clinical microbiologist

VALACICLOVIR – Restricted see terms on the next page

\[ \text{Tab } 500 \text{ mg } \] \hspace{1em} $102.72 \hspace{1em} \text{30} \hspace{1em} \text{Valtrex}

\[ \text{Restricted} \]

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

\[ \text{e.g. Brand indicates brand example only. It is not a contracted product.} \]
INFECTIONS - AGENTS FOR SYSTEMIC USE

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

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

---

**Restricted**

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 below

- Tab 450 mg ............................................................... 3,000.00  60  Valcyte

**Transplant cytomegalovirus prophylaxis**

Limited to three months’ treatment

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

**Lung transplant cytomegalovirus prophylaxis**

Limited to six months’ treatment

Both:

1. Patient has undergone a lung transplant; and
2. Either:
   2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
   2.2 The recipient is cytomegalovirus positive.

**Cytomegalovirus in immunocompromised patients**

Both:

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

**Influenza**

**OSELTAMIVIR – 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

**Influenza**

Either:

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

**ZANAMIVIR**

Either:

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

### 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

геRestricted
Patient has chronic granulomatous disease and requires interferon gamma.

**PEGYLATED INTERFERON ALFA-2A – Restricted** see terms below
- $ Inj 135 mcg prefilled syringe
- $ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)
- $ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)
- $ Inj 180 mcg prefilled syringe .................................................. 900.00 4 Pegasys
- $ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) ....... 1,159.84 1 Pegasus RBV Combination Pack
- $ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) ........... 1,290.00 1 Pegasus RBV Combination Pack

геRestricted
**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.

continued...
continued…

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

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>
<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>

### 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**

<table>
<thead>
<tr>
<th>1% DV Sep-14 to 2017</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.00</td>
<td>50 AstraZeneca</td>
<td></td>
</tr>
</tbody>
</table>

**NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE**

<table>
<thead>
<tr>
<th>1% DV Nov-13 to 2016</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.86</td>
<td>10 Max Health</td>
<td></td>
</tr>
</tbody>
</table>

**PYRIDOSTIGMINE BROMIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.90</td>
<td>100 Mestinon</td>
</tr>
</tbody>
</table>

### Antirheumatoid Agents

**AURANOFIN**

<table>
<thead>
<tr>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mg</td>
<td></td>
</tr>
</tbody>
</table>

**HYDROXYCHLOROQUINE**

<table>
<thead>
<tr>
<th>1% DV Nov-12 to 2015</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.00</td>
<td>100 Plaquenil</td>
<td></td>
</tr>
</tbody>
</table>

**LEFLUNOMIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mg</td>
<td>30 Arava</td>
</tr>
<tr>
<td>20 mg</td>
<td>30 Arava</td>
</tr>
<tr>
<td>100 mg</td>
<td>3 Arava</td>
</tr>
</tbody>
</table>

**PENICILLAMINE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>125 mg</td>
<td>100 D-Penamine</td>
</tr>
<tr>
<td>250 mg</td>
<td>100 D-Penamine</td>
</tr>
</tbody>
</table>

**SODIUM AUROTHIOMALATE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mg in 0.5 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>20 mg in 0.5 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>50 mg in 0.5 ml ampoule</td>
<td></td>
</tr>
</tbody>
</table>

### Drugs Affecting Bone Metabolism

#### Bisphosphonates

**ALENDRONATE SODIUM**

<table>
<thead>
<tr>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 mg</td>
<td>30 Fosamax</td>
</tr>
</tbody>
</table>

**Tab 70 mg**

<table>
<thead>
<tr>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.90</td>
<td>4 Fosamax</td>
</tr>
</tbody>
</table>

Both:

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

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

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

**Restricted**

**Osteoporosis**

Any of the following:

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

**Initiation - glucocorticosteroid therapy**

*Re-assessment required after 12 months*

Both:

1. The patient is receiving systemic glucocorticosteroid therapy (\( \geq 5 \) 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 \( \leq -2.5 \) 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 ........................................12.90 4 Fosamax Plus

**Restricted**

**Osteoporosis**

Any of the following:

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

continued...
MUSCULOSKELETAL SYSTEM

continued...

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.

---

**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 ...........................................................6.80 1 Pamisol

Pamidronate BNM Inj 6 mg per ml, 10 ml vial .................................................13.20 1 Pamisol

Pamidronate BNM Inj 9 mg per ml, 10 ml vial .................................................19.20 1 Pamisol

(Pamisol Inj 3 mg per ml, 5 ml vial to be delisted 1 September 2014)

(Pamidronate BNM Inj 3 mg per ml, 10 ml vial to be delisted 1 September 2014)

(Pamidronate BNM Inj 6 mg per ml, 10 ml vial to be delisted 1 September 2014)

(Pamidronate BNM Inj 9 mg per ml, 10 ml vial to be delisted 1 September 2014)
ZOLEDRONIC ACID – **Restricted** see terms below

$f$ Inj 0.05 mg per ml, 100 ml vial ...........................................600.00 100 ml Aclasta

**Restrict**

**Osteogenesis imperfecta**

Patient has been diagnosed with clinical or genetic osteogenesis imperfecta.

**Osteoporosis**

*Both:*

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

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

**Initiation - glucocorticosteroid therapy**

*Re-assessment required after 12 months*

All of the following:

1. The patient is receiving systemic glucocorticosteroid therapy (\( \geq 5 \) 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 alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and

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

**Continuation - glucocorticosteroid therapy**

*Re-assessment required after 12 months*

*Both:*

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

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

**Initiation - Paget’s disease**

*Re-assessment required after 12 months*

All of the following:

1. Paget’s disease; and

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

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

continued...
Continuation - Paget’s disease

Re-assessment required after 12 months

Both:

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

Notes:

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></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 60 mg</td>
<td>$53.76</td>
<td>28 Evista</td>
</tr>
</tbody>
</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.
continued…

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
Tab 35 mg .................................................................4.00 4 Risedronate Sandoz

TERIPARATIDE – Restricted see terms below
$ Inj 250 mcg per ml, 2.4 ml cartridge ........................................490.00 1 Forteo

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
Tab 100 mg .................................................................15.90 1,000 Apo-Allopurinol
Tab 300 mg .................................................................16.75 500 Apo-Allopurinol

BENZBROMARONE – Restricted see terms on the next page
$ Tab 100 mg .................................................................45.00 100 Benzbromaron AL 100

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

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

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

**Restricted**

Both:

1. Any of the following:
   1.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid; or
   
   1.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or

   1.3 Both:
      
      1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
      
      1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or

   1.4 All of the following:
      
      1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
      
      1.4.2 Allopurinol is contraindicated; and
      
      1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

2. The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

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](http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm)

**COLCHICINE**

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

**FEBUXOSTAT – Restricted see terms below**

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

FEBUXOSTAT – Restricted see terms below

1. Any of the following:
   
   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
   
   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

3. Both:
   
   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
   
   3.2 The patient has a rate of creatinine clearance greater than or equal to 30 ml/min.

Note: 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.

**PROBENECID**

Tab 500 mg

**RASBURICASE – Restricted see terms below**

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

RASBURICASE – Restricted see terms below

1. Inj 1.5 mg vial

**Haematologist**
# MUSCULOSKELETAL SYSTEM

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

## Muscle Relaxants and Related Agents

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

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

### CLOSTRIDIUM BOTULINUM TYPE A TOXIN
- Inj 100 u vial
  - 467.50
- Inj 500 u vial
  - 1,295.00

### DANTROLENE
- Cap 25 mg
  - 65.00
- Cap 50 mg
  - 77.00
- Inj 20 mg vial

### MIVACURIUM CHLORIDE
- Inj 2 mg per ml, 5 ml ampoule
  - 33.92
- Inj 2 mg per ml, 10 ml ampoule
  - 67.17

### ORPHENADRINE CITRATE
- Tab 100 mg

### PANCRURONIUM BROMIDE
- Inj 2 mg per ml, 2 ml ampoule – 1% DV Jan-13 to 2015
  - 260.00

### ROCURONIUM BROMIDE
- Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015
  - 38.25

### SUXAMETHONIUM CHLORIDE
- Inj 50 mg per ml, 2 ml ampoule – 1% DV Jun-14 to 2017
  - 78.00

### VECURONIUM BROMIDE
- Inj 4 mg ampoule
- Inj 10 mg vial

## Reversers of Neuromuscular Blockade

**SUGAMMADEX – Restricted** see terms below
- Inj 100 mg per ml, 2 ml vial
  - 1,200.00
- Inj 100 mg per ml, 5 ml vial
  - 3,000.00

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.

Products with Hospital Supply Status (HSS) are in **bold**
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
### Non-Steroidal Anti-Inflammatory Drugs

#### CELECOXIB – Restricted see terms below
- **Cap 100 mg**
- **Cap 200 mg**
- **Cap 400 mg**

**Restricted**
For preoperative and/or postoperative use for a total of up to 8 days’ use.

#### DICLOFENAC SODIUM
- Tab EC 25 mg – 1% DV Mar-13 to 2015
- Tab 50 mg dispersible
- Tab EC 50 mg – 1% DV Mar-13 to 2015
- Tab long-acting 75 mg – 1% DV Dec-12 to 2015
- Tab long-acting 100 mg – 1% DV Dec-12 to 2015
- Inj 25 mg per ml, 3 ml ampoule
- Suppos 12.5 mg
- Suppos 25 mg
- Suppos 50 mg
- Suppos 100 mg

#### ETORICOXIB – Restricted see terms below
- **Tab 30 mg**
- **Tab 60 mg**
- **Tab 90 mg**
- **Tab 120 mg**

**Restricted**
For preoperative and/or postoperative use for a total of up to 8 days’ use.

#### IBUPROFEN
- Tab 200 mg
- **Tab 400 mg – Restricted:** For continuation only
- **Tab 600 mg – Restricted:** For continuation only
- Tab long-acting 800 mg
- Oral liq 20 mg per ml – 1% DV Mar-14 to 2016
- Inj 5 mg per ml, 2 ml ampoule

#### 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 on the next page
- **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

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noflam 250</td>
<td>21.25</td>
</tr>
<tr>
<td>Noflam 500</td>
<td>22.25</td>
</tr>
</tbody>
</table>

PARECOXIB

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dynastat</td>
<td>100.00</td>
</tr>
</tbody>
</table>

SULINDAC – Restricted: For continuation only

- Tab 100 mg
- Tab 200 mg

TENOXICAM

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFT</td>
<td>9.95</td>
</tr>
</tbody>
</table>

Topical Products for Joint and Muscular Pain

CAPSAICIN – Restricted see terms below

- Crm 0.025%                       ............................................................ 9.95 45 g Zostrix

Restricted

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

Agents for Parkinsonism and Related Disorders

RILUZOLE – Restricted see terms below

- Tab 50 mg ................................................................. 400.00 56 Rilutek

Initiation

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

Tab 25 mg – 1% DV Sep-13 to 2016 ..................................................... 118.00 112 Motetis

Anticholinergics

BENZTROPINE MESYLATE

Tab 2 mg ................................................................. 7.99 60 Benztrop

Inj 1 mg per ml, 2 ml ampoule ...................................................... 95.00 5 Cogentin

ORPHENADRINE HYDROCHLORIDE

Tab 50 mg

PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg

Dopamine Agonists and Related Agents

AMANTADINE HYDROCHLORIDE

Cap 100 mg ................................................................. 38.24 60 Symmetrel

APOMORPHINE HYDROCHLORIDE

Inj 10 mg per ml, 1 ml ampoule

Inj 10 mg per ml, 2 ml ampoule ..................................................... 110.00 5 Apomine

BROMOCRIPTINE

Tab 2.5 mg

Cap 5 mg
### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Details</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENTACAPONE</strong></td>
<td>Tab 200 mg – 1% DV Dec-12 to 2015</td>
<td>$47.92 100</td>
<td>Entapone</td>
</tr>
<tr>
<td><strong>LEVODOPA WITH BENSERAZIDE</strong></td>
<td>Tab dispersible 50 mg with benzerazide 12.5 mg</td>
<td>$10.00 100</td>
<td>Madopar Rapid</td>
</tr>
<tr>
<td></td>
<td>Cap 50 mg with benzerazide 12.5 mg</td>
<td>$8.00 100</td>
<td>Madopar 62.5</td>
</tr>
<tr>
<td></td>
<td>Cap 100 mg with benzerazide 25 mg</td>
<td>$12.50 100</td>
<td>Madopar 125</td>
</tr>
<tr>
<td></td>
<td>Cap long-acting 100 mg with benzerazide 25 mg</td>
<td>$17.00 100</td>
<td>Madopar HBS</td>
</tr>
<tr>
<td></td>
<td>Cap 200 mg with benzerazide 50 mg</td>
<td>$25.00 100</td>
<td>Madopar 250</td>
</tr>
<tr>
<td><strong>LEVODOPA WITH CARBIDOPA</strong></td>
<td>Tab 100 mg with carbidopa 25 mg</td>
<td>$20.00 100</td>
<td>Sinemet e.g. Sindopa</td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 200 mg with carbidopa 50 mg</td>
<td>$47.50 100</td>
<td>Sinemet e.g. Sindopa</td>
</tr>
<tr>
<td></td>
<td>Tab 250 mg with carbidopa 25 mg</td>
<td>$40.00 100</td>
<td>Sinemet</td>
</tr>
<tr>
<td><strong>LISURIDE HYDROGEN MALEATE</strong></td>
<td>Tab 200 mcg</td>
<td>$25.00 30</td>
<td>Dopergin</td>
</tr>
<tr>
<td><strong>PRAMIPEXOLE HYDROCHLORIDE</strong></td>
<td>Tab 0.125 mg</td>
<td>$1.95 30</td>
<td>Dr Reddy’s Pramipexole</td>
</tr>
<tr>
<td></td>
<td>Tab 0.25 mg</td>
<td>$2.40 30</td>
<td>Dr Reddy’s Pramipexole</td>
</tr>
<tr>
<td></td>
<td>Tab 0.5 mg</td>
<td>$2.40 100</td>
<td>Ramipex</td>
</tr>
<tr>
<td></td>
<td>Tab 1 mg</td>
<td>$7.20 30</td>
<td>Dr Reddy’s Pramipexole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$24.39 100</td>
<td>Ramipex</td>
</tr>
<tr>
<td><strong>ROPINIRE HOCYDROCHLORIDE</strong></td>
<td>Tab 0.25 mg – 1% DV Mar-14 to 2016</td>
<td>$2.36 100</td>
<td>Apo-Ropinirole</td>
</tr>
<tr>
<td></td>
<td>Tab 1 mg – 1% DV Mar-14 to 2016</td>
<td>$5.32 100</td>
<td>Apo-Ropinirole</td>
</tr>
<tr>
<td></td>
<td>Tab 2 mg – 1% DV Mar-14 to 2016</td>
<td>$7.72 100</td>
<td>Apo-Ropinirole</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Mar-14 to 2016</td>
<td>$14.48 100</td>
<td>Apo-Ropinirole</td>
</tr>
<tr>
<td><strong>SELEGILINE HYDROCHLORIDE</strong></td>
<td>Tab 5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOLCAPONE</strong></td>
<td>Tab 100 mg</td>
<td>$126.20 100</td>
<td>Tasmar</td>
</tr>
</tbody>
</table>

### Anaesthetics

#### General Anaesthetics

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Details</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DESFLURANE</strong></td>
<td>Soln for inhalation 100%, 240 ml bottle – 1% DV Dec-12 to 2015</td>
<td>$1,230.00 6</td>
<td>Suprane</td>
</tr>
<tr>
<td><strong>DEXMEDETOMIDINE HYDROCHLORIDE</strong></td>
<td>Inj 100 mcg per ml, 2 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ETOMIDATE</strong></td>
<td>Inj 2 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ISOFLURANE</strong></td>
<td>Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015</td>
<td>$1,020.00 6</td>
<td>Aerrane</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.
## NERVOUS SYSTEM

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

### KETAMINE

- **Inj 1 mg per ml, 100 ml bag – 1% DV Sep-14 to 2017** .............................................. 27.00 1 Biomed
- **Inj 4 mg per ml, 50 ml syringe – 1% DV Sep-14 to 2017** ........................................... 25.00 1 Biomed
- **Inj 10 mg per ml, 10 ml syringe – 1% DV Sep-14 to 2017** ........................................ 14.00 1 Biomed
- **Inj 100 mg per ml, 2 ml vial**

### METHOHEXITAL SODIUM

- **Inj 10 mg per ml, 50 ml vial**

### PROPOFOL

- **Inj 10 mg per ml, 2 ml ampoule** ................................................................. 7.60 5 Fresofol 1%
- **Inj 10 mg per ml, 20 ml vial** ................................................................. 7.60 5 Provive MCT-LCT 1%
- **Inj 10 mg per ml, 50 ml syringe** ............................................................... 42.00 1 Diprivan
- **Inj 10 mg per ml, 50 ml vial** ................................................................. 47.00 1 Diprivan
- **Inj 10 mg per ml, 10 ml vial** ................................................................. 4.00 1 Fresofol 1%
- **Inj 10 mg per ml, 100 ml vial** ................................................................. 7.60 1 Fresofol 1%
- **Inj 10 mg per ml, 100 ml vial** ................................................................. 30.00 1 Provive MCT-LCT 1%

### SEVOFLURANE

- **Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015** .............. 1,230.00 6 Baxter

### THIOPENTAL [THIOPENTONE] SODIUM

- **Inj 500 mg ampoule**

### Local Anaesthetics

#### ARTICaine HYDROCHLORIDE WITH ADRENALINE

- **Inj 4% with adrenaline 1:100,000, 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 – 1% DV Jul-14 to 2017** ................................. 50.00 5 Marcain Isobaric
- **Inj 2.5 mg per ml, 20 ml ampoule**
- **Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015** .............. 35.00 5 Marcain
- **Inj 5 mg per ml, 10 ml ampoule** ............................................................... 35.00 50 Marcain
- **Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Oct-12 to 2015** .............. 28.00 5 Marcain
- **Inj 5 mg per ml, 20 ml ampoule**
- **Inj 5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015** .............. 28.00 5 Marcain
- **Inj 1.25 mg per ml, 100 ml bag**
- **Inj 1.25 mg per ml, 200 ml bag**
- **Inj 2.5 mg per ml, 100 ml bag – 1% DV Jul-14 to 2017** ................................. 150.00 5 Marcain
- **Inj 2.5 mg per ml, 200 ml bag**
- **Inj 1.25 mg per ml, 500 ml bag**

---

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

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

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – 1% DV Sep-14 to 2017</td>
<td>135.00</td>
<td>Marcain with Adrenaline</td>
</tr>
<tr>
<td>Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 1% DV Sep-14 to 2017</td>
<td>115.00</td>
<td>Marcain with Adrenaline</td>
</tr>
<tr>
<td>BUPIVACAINE HYDROCHLORIDE WITH FENTANYL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe</td>
<td>210.00</td>
<td>Bupafend</td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml syringe</td>
<td>210.00</td>
<td>Bupafend</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</td>
<td>72.00</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe</td>
<td>92.00</td>
<td>Biomed</td>
</tr>
<tr>
<td>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.5% with glucose 8%, 4 ml ampoule</td>
<td>38.00</td>
<td>Marcain Heavy</td>
</tr>
<tr>
<td>COCAINE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste 5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 15%, 2 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 4%, 2 ml syringe</td>
<td>25.46</td>
<td>Biomed</td>
</tr>
<tr>
<td>COCAINE HYDROCHLORIDE WITH ADRENALINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste 15% with adrenaline 0.06%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste 25% with adrenaline 0.06%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHYL CHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 2% – 1% DV Oct-12 to 2015</td>
<td>3.40</td>
<td>Orion</td>
</tr>
<tr>
<td>Soln 4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray 10% – 1% DV Sep-13 to 2016</td>
<td>75.00</td>
<td>Xylocaine</td>
</tr>
<tr>
<td>Oral (viscous) soln 2% – 1% DV Sep-14 to 2017</td>
<td>55.00</td>
<td>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>Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 1%, 20 ml ampoule – 1% DV Jul-13 to 2015</td>
<td>2.40</td>
<td>Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 5 ml ampoule – 1% DV Jul-13 to 2015</td>
<td>6.90</td>
<td>Lidocaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 20 ml ampoule – 1% DV Jul-13 to 2015</td>
<td>2.40</td>
<td>Lidocaine-Claris</td>
</tr>
<tr>
<td>Gel 2%, 10 ml urethral syringe</td>
<td>43.26</td>
<td>Pfizer</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>
</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>Drug Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe</td>
<td>$43.26</td>
<td>10 Pfizer</td>
</tr>
<tr>
<td>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE Nasal spray 5% with phenylephrine hydrochloride 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE Crm 2.5% with prilocaine 2.5% Patch 25 mcg with prilocaine 25 mcg Crm 2.5% with prilocaine 2.5%, 5 g</td>
<td>$45.00 $115.00 $45.00</td>
<td>30 g EMLA 20 EMLA 5 EMLA</td>
</tr>
<tr>
<td>MEPIVACAINE HYDROCHLORIDE Inj 3%, 1.8 ml dental cartridge Inj 3%, 2.2 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRILOCAINE HYDROCHLORIDE Inj 0.5%, 50 ml vial Inj 2%, 5 ml ampoule</td>
<td>$100.00 $55.00</td>
<td>5 Citanest 10 Citanest</td>
</tr>
<tr>
<td>PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROPIVACAINE HYDROCHLORIDE Inj 2 mg per ml, 10 ml ampoule Inj 2 mg per ml, 20 ml ampoule Inj 7.5 mg per ml, 10 ml ampoule Inj 7.5 mg per ml, 20 ml ampoule Inj 10 mg per ml, 10 ml ampoule Inj 10 mg per ml, 20 ml ampoule</td>
<td>$75.00 $200.00 $45.00 $84.00 $54.00</td>
<td>5 Naropin 5 Naropin 5 Naropin 5 Naropin 5 Naropin</td>
</tr>
<tr>
<td>ROPIVACAINE HYDROCHLORIDE WITH FENTANYL Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag</td>
<td>$198.50 $270.00</td>
<td>5 Naropin 5 Naropin</td>
</tr>
<tr>
<td>TETRACAINE [AMETHOCAIN] HYDROCHLORIDE Gel 4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Analgesics**

**Non-Opioid Analgesics**

**ASPIRIN**
- Tab EC 300 mg
- Tab dispersible 300 mg

**CAPSAICIN** – **Restricted** see terms below
- Crm 0.075% .................................................. $12.50 45 g Zostrix HP

**METHOXYFLURANE** – **Restricted** see terms on the next page
- Soln for inhalation 99.9%, 3 ml bottle

---

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

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

Both:
1. Patient is undergoing a painful procedure with an expected duration of less than one hour; and
2. Only to be used under supervision by a medical practitioner or nurse who is trained in the use of methoxyflurane.

NEFOPAM HYDROCHLORIDE
Tab 30 mg

PARACETAMOL – Some items restricted see terms below
Tab soluble 500 mg
Tab 500 mg
Oral liq 120 mg per 5 ml .................................................................2.21 500 ml Ethics Paracetamol
Oral liq 250 mg per 5 ml – 20% DV Sep-14 to 2017 .........................4.35 1,000 ml Paracare Double Strength

Inj 10 mg per ml, 50 ml vial – 1% DV Sep-14 to 2017 ....................22.50 12 Perfalgan
Inj 10 mg per ml, 100 ml vial – 1% DV Sep-14 to 2017 ....................22.50 10 Perfalgan
Suppos 25 mg ........................................................................56.35 20 Biomed
Suppos 50 mg ........................................................................56.35 20 Biomed
Suppos 125 mg ........................................................................7.49 20 Panadol
Suppos 250 mg ........................................................................14.40 20 Panadol
Suppos 500 mg – 1% DV Jan-13 to 2015 .....................................20.70 50 Paracare

SUCROSE
Oral liq 25%

Opioid Analgesics

ALFENTANIL HYDROCHLORIDE
Inj 0.5 mg per ml, 2 ml ampoule

CODEINE PHOSPHATE
Tab 15 mg – 1% DV Jul-13 to 2016 ..............................................4.75 100 PSM
Tab 30 mg – 1% DV Jul-13 to 2016 ..............................................5.80 100 PSM
Tab 60 mg – 1% DV Jul-13 to 2016 ..............................................12.50 100 PSM

DIHYDROCODEINE TARTRATE
Tab long-acting 60 mg – 1% DV Sep-13 to 2016 .........................13.64 60 DHC Continus
### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FENTANYL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mcg per ml, 10 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mcg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015</td>
<td>4.50</td>
<td>10 Boucher and Muir</td>
</tr>
<tr>
<td>Inj 10 mcg per ml, 50 ml bag</td>
<td>210.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 10 mcg per ml, 50 ml syringe</td>
<td>165.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-12 to 2015</td>
<td>11.77</td>
<td>10 Boucher and Muir</td>
</tr>
<tr>
<td>Inj 10 mcg per ml, 100 ml bag</td>
<td>210.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 20 mcg per ml, 50 ml syringe</td>
<td>185.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 20 mcg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 12.5 mcg per hour</td>
<td>8.90</td>
<td>5 Mylan Fentanyl Patch</td>
</tr>
<tr>
<td>Patch 25 mcg per hour</td>
<td>9.15</td>
<td>5 Mylan Fentanyl Patch</td>
</tr>
<tr>
<td>Patch 50 mcg per hour</td>
<td>11.50</td>
<td>5 Mylan Fentanyl Patch</td>
</tr>
<tr>
<td>Patch 75 mcg per hour</td>
<td>13.60</td>
<td>5 Mylan Fentanyl Patch</td>
</tr>
<tr>
<td>Patch 100 mcg per hour</td>
<td>14.50</td>
<td>5 Mylan Fentanyl Patch</td>
</tr>
</tbody>
</table>

| METHADONE HYDROCHLORIDE | | |
| Tab 5 mg | 1.85 | 10 Methatabs |
| Oral liq 2 mg per ml – 1% DV Sep-12 to 2015 | 5.55 | 200 ml Biodone |
| Oral liq 5 mg per ml – 1% DV Sep-12 to 2015 | 5.55 | 200 ml Biodone Forte |
| Oral liq 10 mg per ml – 1% DV Sep-12 to 2015 | 6.55 | 200 ml Biodone Extra Forte |
| Oral liq 10 mg per ml, 1 ml vial | 61.00 | 10 AFT |

| MORPHINE HYDROCHLORIDE | | |
| Oral liq 1 mg per ml – 1% DV Oct-12 to 2015 | 8.84 | 200 ml RA-Morph |
| Oral liq 2 mg per ml – 1% DV Oct-12 to 2015 | 11.62 | 200 ml RA-Morph |
| Oral liq 5 mg per ml – 1% DV Oct-12 to 2015 | 14.65 | 200 ml RA-Morph |
| Oral liq 10 mg per ml – 1% DV Oct-12 to 2015 | 21.55 | 200 ml RA-Morph |

| MORPHINE SULPHATE | | |
| Tab long-acting 10 mg – 1% DV Sep-13 to 2016 | 1.95 | 10 Arrow-Morphine LA |
| Tab immediate-release 10 mg | 2.80 | 10 Sevedrol |
| Tab immediate-release 20 mg | 5.52 | 10 Sevedrol |
| Tab long-acting 30 mg – 1% DV Sep-13 to 2016 | 2.98 | 10 Arrow-Morphine LA |
| Tab long-acting 60 mg – 1% DV Sep-13 to 2016 | 5.75 | 10 Arrow-Morphine LA |
| Tab long-acting 100 mg – 1% DV Sep-13 to 2016 | 6.45 | 10 Arrow-Morphine LA |
| Cap long-acting 10 mg – 1% DV Feb-14 to 2016 | 1.70 | 10 m-Eslon |
| Cap long-acting 30 mg – 1% DV Feb-14 to 2016 | 2.50 | 10 m-Eslon |
| Cap long-acting 60 mg – 1% DV Feb-14 to 2016 | 5.40 | 10 m-Eslon |
| Cap long-acting 100 mg – 1% DV Feb-14 to 2016 | 6.38 | 10 m-Eslon |
| Inj 1 mg per ml, 100 ml bag | 165.00 | 10 Biomed |
| Inj 1 mg per ml, 10 ml syringe | 39.50 | 10 Biomed |
| Inj 1 mg per ml, 50 ml syringe | 79.50 | 10 Biomed |
| Inj 1 mg per ml, 2 ml syringe | | |
| Inj 2 mg per ml, 30 ml syringe | 135.00 | 10 Biomed |
| Inj 5 mg per ml, 1 ml ampoule | 5.51 | 5 DBL Morphine Sulphate |
| Inj 10 mg per ml, 1 ml ampoule | 4.79 | 5 DBL Morphine Sulphate |
| Inj 10 mg per ml, 100 mg cassette | | |
| Inj 10 mg per ml, 100 ml bag | | |
| Inj 15 mg per ml, 1 ml ampoule | 5.01 | 5 DBL Morphine Sulphate |
| Inj 30 mg per ml, 1 ml ampoule | 5.30 | 5 DBL Morphine Sulphate |
| Inj 200 mcg in 0.4 ml syringe | | |
| Inj 300 mcg in 0.3 ml syringe | | |

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

#### MORPHINE TARTRATE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Sep-13 to 2016</td>
<td>$35.60</td>
<td>5</td>
</tr>
<tr>
<td>Inj 80 mg per ml, 5 ml ampoule – 1% DV Sep-13 to 2016</td>
<td>$107.67</td>
<td>5</td>
</tr>
</tbody>
</table>

#### OXYCODONE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab controlled-release 5 mg</td>
<td>$7.51</td>
<td>20</td>
</tr>
<tr>
<td>Tab controlled-release 10 mg – 1% DV Oct-13 to 2015</td>
<td>$6.75</td>
<td>20</td>
</tr>
<tr>
<td>Tab controlled-release 20 mg – 1% DV Oct-13 to 2015</td>
<td>$11.50</td>
<td>20</td>
</tr>
<tr>
<td>Tab controlled-release 40 mg – 1% DV Oct-13 to 2015</td>
<td>$18.50</td>
<td>20</td>
</tr>
<tr>
<td>Tab controlled-release 80 mg – 1% DV Oct-13 to 2015</td>
<td>$34.00</td>
<td>20</td>
</tr>
<tr>
<td>Cap immediate-release 5 mg</td>
<td>$2.83</td>
<td>20</td>
</tr>
<tr>
<td>Cap immediate-release 10 mg</td>
<td>$5.58</td>
<td>20</td>
</tr>
<tr>
<td>Cap immediate-release 20 mg</td>
<td>$9.77</td>
<td>20</td>
</tr>
<tr>
<td>Oral liq 5 mg per 5 ml</td>
<td>$11.20</td>
<td>250 ml</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td>$10.08</td>
<td>5</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Dec-12 to 2015</td>
<td>$10.08</td>
<td>5</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule – 1% DV Dec-12 to 2015</td>
<td>$19.87</td>
<td>5</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ampoule – 1% DV May-13 to 2015</td>
<td>$60.00</td>
<td>5</td>
</tr>
</tbody>
</table>

(Oxydone BNM Tab controlled-release 10 mg to be delisted 1 August 2014)

(Oxydone BNM Tab controlled-release 20 mg to be delisted 1 August 2014)

(Oxydone BNM Tab controlled-release 80 mg to be delisted 1 September 2014)

#### PARACETAMOL WITH CODEINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab paracetamol 500 mg with codeine phosphate 8 mg</td>
<td>$2.70</td>
<td>100</td>
</tr>
</tbody>
</table>

Paracetamol + Codeine (Relieve)

#### PETHIDINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Mar-13 to 2015</td>
<td>$3.95</td>
<td>10</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Mar-13 to 2015</td>
<td>$5.80</td>
<td>10</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 10 ml syringe</td>
<td>$5.80</td>
<td>10</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 100 ml bag</td>
<td>$5.80</td>
<td>10</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
<td>$5.80</td>
<td>10</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 50 ml syringe</td>
<td>$5.80</td>
<td>10</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017</td>
<td>$5.51</td>
<td>5</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-14 to 2017</td>
<td>$5.83</td>
<td>5</td>
</tr>
</tbody>
</table>

DBL Pethidine Hydrochloride

#### REMIFENTANIL HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mg vial</td>
<td>$27.95</td>
<td>5</td>
</tr>
<tr>
<td>Inj 2 mg vial</td>
<td>$41.80</td>
<td>5</td>
</tr>
</tbody>
</table>

Remifentanil-AFT

#### TRAMADOL HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab sustained-release 100 mg</td>
<td>$2.14</td>
<td>20</td>
</tr>
<tr>
<td>Tab sustained-release 150 mg</td>
<td>$3.21</td>
<td>20</td>
</tr>
<tr>
<td>Tab sustained-release 200 mg</td>
<td>$4.28</td>
<td>20</td>
</tr>
<tr>
<td>Cap 50 mg</td>
<td>$4.95</td>
<td>100</td>
</tr>
<tr>
<td>Oral drops 100 mg per ml</td>
<td>$4.95</td>
<td>100</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
<td>$4.50</td>
<td>5</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>$4.50</td>
<td>5</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td>$4.50</td>
<td>5</td>
</tr>
</tbody>
</table>

Tramal 100
## NERVOUS SYSTEM

### Antidepressants

#### Cyclic and Related 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><strong>AMITRIPTYLINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-14 to 2017</td>
<td>1.68</td>
<td>Arrow-Amitriptyline</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>1.85</td>
<td>Amitrip</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>3.60</td>
<td>Amitrip</td>
</tr>
<tr>
<td><strong>CLOMIPRAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jan-13 to 2015</td>
<td>12.60</td>
<td>Apo-Clomipramine</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Jan-13 to 2015</td>
<td>8.68</td>
<td>Apo-Clomipramine</td>
</tr>
<tr>
<td><strong>DOTHIEPIN HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 75 mg</td>
<td>10.50</td>
<td>Dopress</td>
</tr>
<tr>
<td>Cap 25 mg</td>
<td>6.17</td>
<td>Dopress</td>
</tr>
<tr>
<td><strong>DOXEPIN HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 50 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMIPRAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>5.48</td>
<td>Tofranil</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>6.58</td>
<td>Tofranil</td>
</tr>
<tr>
<td><strong>MAPROTILINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 75 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MIANSERIN HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 30 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NORTRIPTYLINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jun-13 to 2016</td>
<td>4.00</td>
<td>Norpress</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Jun-13 to 2016</td>
<td>9.00</td>
<td>Norpress</td>
</tr>
</tbody>
</table>

#### Monoamine-Oxidase Inhibitors - Non-Selective

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHENELZINE SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 15 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRANYLCYPROMINE SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Monoamine-Oxidase Type A Inhibitors

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOCLOBEMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 150 mg – 1% DV Apr-13 to 2015</td>
<td>81.83</td>
<td>Apo-Moclobemide</td>
</tr>
<tr>
<td>Tab 300 mg – 1% DV Apr-13 to 2015</td>
<td>29.51</td>
<td>Apo-Moclobemide</td>
</tr>
</tbody>
</table>

#### Other Antidepressants

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIRTAZAPINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 30 mg – 1% DV Sep-12 to 2015</td>
<td>8.78</td>
<td>Avanza</td>
</tr>
<tr>
<td>Tab 45 mg – 1% DV Sep-12 to 2015</td>
<td>13.95</td>
<td>Avanza</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.
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>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Brand or Generic Manufacturer</td>
</tr>
</tbody>
</table>

#### Restricted Initiation

*Re-assessment required after two years*

Both:

1. The patient has a severe major depressive episode; and
2. Either:
   1. The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or
   2. Both:
      1. The patient is currently a hospital in-patient as a result of an acute depressive episode; and
      2. The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.

#### Continuation

*Re-assessment required after two years*

The patient has a high risk of relapse (prescriber determined)

**VENLAFAXINE – Some items restricted** see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab modified release 37.5 mg</td>
<td>5.06</td>
<td>28 Arrow-Venlafaxine XR</td>
</tr>
<tr>
<td>Tab modified release 75 mg</td>
<td>6.44</td>
<td>28 Arrow-Venlafaxine XR</td>
</tr>
<tr>
<td>Tab modified release 150 mg</td>
<td>8.86</td>
<td>28 Arrow-Venlafaxine XR</td>
</tr>
<tr>
<td>Tab modified release 225 mg</td>
<td>14.34</td>
<td>28 Arrow-Venlafaxine XR</td>
</tr>
<tr>
<td>Cap modified release 37.5 mg</td>
<td>8.71</td>
<td>28 Efexor XR</td>
</tr>
<tr>
<td>Cap modified release 75 mg</td>
<td>17.42</td>
<td>28 Efexor XR</td>
</tr>
<tr>
<td>Cap modified release 150 mg</td>
<td>21.35</td>
<td>28 Efexor XR</td>
</tr>
</tbody>
</table>

#### Restricted Initiation

*Re-assessment required after two years*

Both:

1. The patient has 'treatment-resistant' depression; and
2. Either:
   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. Both:
      1. The patient is currently a hospital in-patient as a result of an acute depressive episode; and
      2. The patient must have had a trial of one other antidepressant and have had an inadequate response from 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)

**Selective Serotonin Reuptake Inhibitors**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITALOPRAM HYDROBROMIDE Tab 20 mg</td>
<td>2.34</td>
<td>84 Arrow-Citalopram</td>
</tr>
<tr>
<td>ESCITALOPRAM Tab 10 mg</td>
<td>2.65</td>
<td>28 Loxalate</td>
</tr>
<tr>
<td>Tab 20 mg</td>
<td>4.20</td>
<td>28 Loxalate</td>
</tr>
<tr>
<td>FLUOXETINE HYDROCHLORIDE Tab dispersible 20 mg, scored – 1% DV Apr-14 to 2016</td>
<td>2.50</td>
<td>30 Arrow-Fluoxetine</td>
</tr>
<tr>
<td>Cap 20 mg – 1% DV Apr-14 to 2016</td>
<td>1.74</td>
<td>90 Arrow-Fluoxetine</td>
</tr>
<tr>
<td>PAROXETINE HYDROCHLORIDE Tab 20 mg</td>
<td>4.32</td>
<td>90 Loxamine</td>
</tr>
</tbody>
</table>
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 Hospira
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

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 on the next page
↓ Tab 600 mg
↓ Cap 100 mg ..........................................................................................7.16 100 Arrow-Gabapentin
Nupentin
↓ Cap 300 mg ..........................................................................................11.00 100 Arrow-Gabapentin
Nupentin
↓ Cap 400 mg ..........................................................................................13.75 100 Arrow-Gabapentin
Nupentin
**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

1. For preoperative and/or postoperative use for up to a total of 8 days’ use; or
2. For the pain management of burns patients with monthly review.

**Initiation - epilepsy**

*Re-assessment required after 15 months*

Either:

1. Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
2. Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: “Optimal treatment with other antiepilepsy agents” is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient’s age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

**Continuation - epilepsy**

Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

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

**Initiation - neuropathic pain**

*Re-assessment required after 3 months*

Patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.

**Continuation - neuropathic pain**

Either:

1. The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
2. The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

LACOSAMIDE – Restricted see terms below

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

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

### Restricted

**Initiation**

*Re-assessment required after 15 months*

Both:

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

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.

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

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LAMOTRIGINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab dispersible 2 mg</td>
<td></td>
<td>6.74</td>
<td>Lamictal</td>
</tr>
<tr>
<td>Tab dispersible 5 mg</td>
<td></td>
<td>9.64</td>
<td>Lamictal</td>
</tr>
<tr>
<td>Tab dispersible 25 mg</td>
<td></td>
<td>19.38</td>
<td>Logem</td>
</tr>
<tr>
<td>Tab dispersible 50 mg</td>
<td></td>
<td>32.97</td>
<td>Logem</td>
</tr>
<tr>
<td>Tab dispersible 100 mg</td>
<td></td>
<td>56.91</td>
<td>Logem</td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logem</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logem</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logem</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logem</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logem</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrow-Lamotrigine</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LEVETIRACETAM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg</td>
<td></td>
<td>24.03</td>
<td>Levetiracetam-Rex</td>
</tr>
<tr>
<td>Tab 500 mg</td>
<td></td>
<td>28.71</td>
<td>Levetiracetam-Rex</td>
</tr>
<tr>
<td>Tab 750 mg</td>
<td></td>
<td>45.23</td>
<td>Levetiracetam-Rex</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 5 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENOBARBITONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 15 mg – 1% DV Mar-13 to 2015</td>
<td>28.00</td>
<td>500</td>
<td>PSM</td>
</tr>
<tr>
<td>Tab 30 mg – 1% DV Mar-13 to 2015</td>
<td>29.00</td>
<td>500</td>
<td>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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM VALPROATE</strong></td>
<td></td>
<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>
<td></td>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STIRIPENTOL</strong></td>
<td>Restricted see terms on the next page</td>
<td>509.29</td>
<td>60</td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td></td>
<td>509.29</td>
<td>Diacomit</td>
</tr>
<tr>
<td>Powder for oral liq 250 mg sachet</td>
<td></td>
<td>509.29</td>
<td>60</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.
**Restricted**

Paediatric neurologist

**Initiation**

*Re-assessment required after 6 months*

Both:

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

**Continuation**

Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.

**TOPIRAMATE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (Per Brand or Generic Manufacturer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg</td>
<td>$11.07, 60 Arrow-Topiramate</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>$18.81, 60 Arrow-Topiramate</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>$31.99, 60 Arrow-Topiramate</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>$55.19, 60 Arrow-Topiramate</td>
</tr>
<tr>
<td>Cap sprinkle 15 mg</td>
<td>$20.84, 60 Topamax</td>
</tr>
<tr>
<td>Cap sprinkle 25 mg</td>
<td>$26.04, 60 Topamax</td>
</tr>
</tbody>
</table>

**VIGABATRIN – Restricted** see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (Per Generic Manufacturer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg</td>
<td>$26.04, 60 Topamax</td>
</tr>
</tbody>
</table>

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

- **ERGOTAMINE TARTRATE WITH CAFFEINE**
  - Tab 1 mg with caffeine 100 mg
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>

<table>
<thead>
<tr>
<th>METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg with paracetamol 500 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RIZATRIPTAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab orodispersible 10 mg – 1% DV Sep-14 to 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUMATRIPTAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Sep-13 to 2016</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-13 to 2016</td>
</tr>
<tr>
<td>Inj 12 mg per ml, 0.5 ml cartridge – 1% DV Sep-13 to 2016</td>
</tr>
</tbody>
</table>

**Prophylaxis of Migraine**

<table>
<thead>
<tr>
<th>PIZOTIFEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mcg – 1% DV Mar-13 to 2015</td>
</tr>
</tbody>
</table>

**Antinausea and Vertigo Agents**

**APREPIPIANT** – Restricted see terms below

- Cap 2 × 80 mg and 1 × 125 mg – 1% DV Sep-14 to 2017 | 100.00 | 3 | Emend Tri-Pack
- Restricted

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

**BETAHISTINE DIHYDROCHLORIDE**

| Tab 16 mg – 1% DV Jun-14 to 2017 | 4.95 | 84 | Vergo 16 |

**CYCLIZINE HYDROCHLORIDE**

| Tab 50 mg – 1% DV Sep-12 to 2015 | 0.59 | 10 | Nausicalm |
| 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 |
| Inj 2.5 mg per ml, 1 ml ampoule | |

**DROPERIDOL**

| Inj 5 mg per ml, 2 ml ampoule | 4.50 | 10 | Pfizer |

**HYOSCINE HYDROBROMIDE**

| Inj 400 mcg per ml, 1 ml ampoule | 6.66 | 5 | Hospira |
| 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 Sep-14 to 2017 | 1.82 | 100 | Metamide |
| Oral liq 5 mg per 5 ml | |
| Inj 5 mg per ml, 2 ml ampoule – 1% DV Sep-14 to 2017 | 4.50 | 10 | Pfizer |

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

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
- 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 – **1% DV Jun-14 to 2017**.................................$9.75 500 Antinaus
- Inj 12.5 mg per ml, 1 ml ampoule
- Suppos 25 mg

PROMETHAZINE THEOCLATE – **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
- Inj 1 mg per ml, 5 ml ampoule – **1% DV May-14 to 2015**...$13.95 1 Tropisetron-AFT

*(Navoban Cap 5 mg to be delisted 1 August 2014)*

**Antipsychotic Agents**

**General**

AMISULPRIDE

- Tab 100 mg – **1% DV Jul-13 to 2016**..............................$6.22 30 Solian
- Tab 200 mg – **1% DV Jul-13 to 2016**..............................$21.92 60 Solian
- Tab 400 mg – **1% DV Jul-13 to 2016**..............................$44.52 60 Solian
- Oral liq 100 mg per ml – **1% DV Jul-13 to 2016**..............$52.50 60 ml Solian

ARIPIPRAZOLE – **Restricted** see terms below

- $ Tab 10 mg .........................................................$123.54 30 Abilify
- $ Tab 15 mg .........................................................$175.28 30 Abilify
- $ Tab 20 mg .........................................................$213.42 30 Abilify
- $ Tab 30 mg .........................................................$260.07 30 Abilify

**Restricted**

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

- Tab 10 mg
- Tab 25 mg
- Tab 100 mg
- Oral liq 10 mg per ml
- Inj 25 mg per ml, 2 ml ampoule
### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th></th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(ex man. excl. GST) $</td>
<td>Per</td>
</tr>
<tr>
<td><strong>CLOZAPINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>13.37</td>
<td>50 Clozaril</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>8.67</td>
<td>50 Clopine</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>17.33</td>
<td>100 Clopine</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>34.65</td>
<td>100 Clopine</td>
</tr>
<tr>
<td>Oral liq 50 mg per ml</td>
<td>17.33</td>
<td>100 ml Clopine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HALOPERIDOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 500 mcg – 1% DV Oct-13 to 2016</td>
<td>6.23</td>
<td>100 Serenace</td>
</tr>
<tr>
<td>Tab 1.5 mg – 1% DV Oct-13 to 2016</td>
<td>9.43</td>
<td>100 Serenace</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Oct-13 to 2016</td>
<td>29.72</td>
<td>100 Serenace</td>
</tr>
<tr>
<td>Oral liq 2 mg per ml – 1% DV Oct-13 to 2016</td>
<td>23.84</td>
<td>100 ml Serenace</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 1 ml ampoule – 1% DV Oct-13 to 2016</td>
<td>21.55</td>
<td>10 Serenace</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LEVOMEPROMAZINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 25 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LITHIUM CARBONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab long-acting 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg – 1% DV Sep-12 to 2015</td>
<td>34.30</td>
<td>500 Lithicarb FC</td>
</tr>
<tr>
<td>Tab 400 mg – 1% DV Sep-12 to 2015</td>
<td>12.83</td>
<td>100 Lithicarb FC</td>
</tr>
<tr>
<td>Cap 250 mg – 1% DV Sep-14 to 2017</td>
<td>9.42</td>
<td>100 Douglas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OLANZAPINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg – 1% DV Sep-14 to 2017</td>
<td>0.75</td>
<td>28 Zypine</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-14 to 2017</td>
<td>1.65</td>
<td>28 Zypine</td>
</tr>
<tr>
<td></td>
<td>3.85</td>
<td>Zypine</td>
</tr>
<tr>
<td>Tab orodispersible 5 mg – 1% DV Sep-14 to 2017</td>
<td>1.75</td>
<td>28 Zypine OD T</td>
</tr>
<tr>
<td></td>
<td>6.36</td>
<td>Zypine OD T</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-14 to 2017</td>
<td>2.55</td>
<td>28 Zypine</td>
</tr>
<tr>
<td></td>
<td>6.35</td>
<td>Zypine</td>
</tr>
<tr>
<td>Tab orodispersible 10 mg – 1% DV Sep-14 to 2017</td>
<td>3.05</td>
<td>28 Zypine OD T</td>
</tr>
<tr>
<td></td>
<td>8.76</td>
<td>Zypine OD T</td>
</tr>
<tr>
<td>Inj 10 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Olanzine Tab 5 mg to be delisted 1 September 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Olanzine-D Tab orodispersible 5 mg to be delisted 1 August 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Olanzine Tab 10 mg to be delisted 1 August 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Olanzine-D Tab orodispersible 10 mg to be delisted 1 August 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PERICYAZINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

<table>
<thead>
<tr>
<th>QUETIAPINE</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg – 1% DV Sep-14 to 2017</td>
<td>2.10</td>
<td>Quetapel</td>
</tr>
<tr>
<td></td>
<td>7.00</td>
<td>Dr Reddy’s Quetiapine</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-14 to 2017</td>
<td>4.20</td>
<td>Quetapel</td>
</tr>
<tr>
<td></td>
<td>14.00</td>
<td>Seroquel</td>
</tr>
<tr>
<td>Tab 200 mg – 1% DV Sep-14 to 2017</td>
<td>7.20</td>
<td>Quetapel</td>
</tr>
<tr>
<td></td>
<td>24.00</td>
<td>Dr Reddy’s Quetiapine</td>
</tr>
<tr>
<td>Tab 300 mg – 1% DV Sep-14 to 2017</td>
<td>12.00</td>
<td>Quetapel</td>
</tr>
<tr>
<td></td>
<td>40.00</td>
<td>Dr Reddy’s Quetiapine</td>
</tr>
<tr>
<td>()</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dr Reddy’s Quetiapine Tab 25 mg to be delisted 1 September 2014**
**Seroquel Tab 25 mg to be delisted 1 September 2014**
**Dr Reddy’s Quetiapine Tab 100 mg to be delisted 1 September 2014**
**Seroquel Tab 100 mg to be delisted 1 September 2014**
**Dr Reddy’s Quetiapine Tab 200 mg to be delisted 1 September 2014**
**Seroquel Tab 200 mg to be delisted 1 September 2014**
**Dr Reddy’s Quetiapine Tab 300 mg to be delisted 1 September 2014**
**Seroquel Tab 300 mg to be delisted 1 September 2014**

## RISPERIDONE – Some items restricted see terms on the next page

<table>
<thead>
<tr>
<th>Risperidone</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 0.5 mg</td>
<td>2.86</td>
<td>Risperdal</td>
</tr>
<tr>
<td></td>
<td>3.51</td>
<td>Dr-Risperidone</td>
</tr>
<tr>
<td>Tab orodispersible 0.5 mg</td>
<td>21.42</td>
<td>Risperdal Quicklet</td>
</tr>
<tr>
<td></td>
<td>6.00</td>
<td>Dr Reddy’s Risperidone</td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td>16.92</td>
<td>Risperdal Quicklet</td>
</tr>
<tr>
<td>Tab orodispersible 1 mg</td>
<td>42.84</td>
<td>Dr Reddy’s Risperidone</td>
</tr>
<tr>
<td></td>
<td>11.00</td>
<td>Risperdal</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>33.84</td>
<td>Dr Reddy’s Risperidone</td>
</tr>
<tr>
<td>Tab orodispersible 2 mg</td>
<td>85.71</td>
<td>Risperdal Quicklet</td>
</tr>
<tr>
<td></td>
<td>15.00</td>
<td>Dr Reddy’s Risperidone</td>
</tr>
<tr>
<td>Tab 3 mg</td>
<td>50.78</td>
<td>Risperdal</td>
</tr>
<tr>
<td></td>
<td>20.00</td>
<td>Dr Reddy’s Risperidone</td>
</tr>
<tr>
<td>Tab 4 mg</td>
<td>67.68</td>
<td>Risperdal Quicklet</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Sep-14 to 2017</td>
<td>9.75</td>
<td>Risperlon</td>
</tr>
<tr>
<td></td>
<td>18.35</td>
<td>Apo-Risperidone</td>
</tr>
<tr>
<td></td>
<td>25.26</td>
<td>Risperdal</td>
</tr>
</tbody>
</table>

**Apo-Risperidone Oral liq 1 mg per ml to be delisted 1 September 2014**
**Risperdal Oral liq 1 mg per ml to be delisted 1 September 2014**

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>$ 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.

---

**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 below**

- 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

**ZUCLOPENTHIXOL ACETATE**

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

**ZUCLOPENTHIXOL HYDROCHLORIDE**

- Tab 10 mg ............................................ ...........................................................31.45 100 Clopixol

**Depot Injections**

**FLUPENTHIXOL DECANOATE**

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

**FLUPHENAZINE DECANOATE**

- Inj 12.5 mg per 0.5 ml ampoule .............................................17.60 5 Modecate
- Inj 25 mg per ml, 1 ml ampoule .............................................27.90 5 Modecate
- Inj 100 mg per ml, 1 ml ampoule .............................................154.50 5 Modecate

**HALOPERIDOL DECANOATE**

- Inj 50 mg per ml, 1 ml ampoule .............................................28.39 5 Haldol
- Inj 100 mg per ml, 1 ml ampoule .............................................55.90 5 Haldol Concentrate
NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Products with Hospital Supply Status (HSS) are in bold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.</td>
</tr>
</tbody>
</table>

<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>

OLANZAPINE – Restricted see terms below

- Inj 210 mg vial ................................................................. $280.00 1 Zyprexa Relprevv
- Inj 300 mg vial ................................................................. $460.00 1 Zyprexa Relprevv
- Inj 405 mg vial ................................................................. $560.00 1 Zyprexa Relprevv

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

Continuation
Re-assessment required after 12 months
The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

PALIPERIDONE – Restricted see terms below

- Inj 25 mg syringe ................................................................. $194.25 1 Invega Sustenna
- Inj 50 mg syringe ................................................................. $271.95 1 Invega Sustenna
- Inj 75 mg syringe ................................................................. $357.42 1 Invega Sustenna
- Inj 100 mg syringe ............................................................... $435.12 1 Invega Sustenna
- Inj 150 mg syringe ............................................................... $435.12 1 Invega Sustenna

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

Continuation
Re-assessment required after 12 months
The initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

PIPOTHIAZINE PALMITATE

<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>

RISPERIDONE – Restricted see terms on the next page

- Inj 25 mg vial ................................................................. $135.98 1 Risperdal Consta
- Inj 37.5 mg vial .............................................................. $178.71 1 Risperdal Consta
- Inj 50 mg vial ................................................................. $217.56 1 Risperdal Consta

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) Per Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

#### Restricted

**Initiation**

*Re-assessment required after 12 months*

Either:

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

**Continuation**

*Re-assessment required after 12 months*

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

#### ZUCLOPENTHIXOL DECANOATE

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.80</td>
<td>Clopixol</td>
</tr>
</tbody>
</table>

#### Anxiolytics

**ALPRAZOLAM**

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

**BUSPIRONE HYDROCHLORIDE**

- Tab 5 mg
- Tab 10 mg

**CLONAZEPAM**

- Tab 500 mcg
- Tab 2 mg

**DIAZEPAM**

- Tab 2 mg
- Tab 5 mg

**LORAZEPAM**

- Tab 1 mg
- Tab 2.5 mg

**OXAZEPAM**

- Tab 10 mg
- Tab 15 mg

#### Multiple Sclerosis Treatments

**GLATIRAMER ACETATE** – *Restricted* see terms below

- Inj 20 mg per ml, 1 ml syringe

**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
### 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>

**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
- 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
- Inj 5 mg per ml, 3 ml ampoule ......................................11.90 5 Hypnovel

**NITRAZEPAM**

- Tab 5 mg

**PHENOBARBITONE**

- Inj 200 mg per ml, 1 ml ampoule

**TEMAZEPAM**

- Tab 10 mg – 1% DV Sep-14 to 2017 ..................................1.27 25 Normison

**TRIAZOLAM – Restricted**: For continuation only

- Tab 125 mcg
- Tab 250 mcg

**ZOPICLONE**

- Tab 7.5 mg .................................................................1.90 30 Apo-Zopiclone
## 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></td>
</tr>
<tr>
<td>Per</td>
<td></td>
</tr>
</tbody>
</table>

### Stimulants / ADHD Treatments

**ATOMOXETINE – Restricted** see terms below

<table>
<thead>
<tr>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>$107.03</td>
<td>28</td>
</tr>
<tr>
<td>$107.03</td>
<td>28</td>
</tr>
<tr>
<td>$107.03</td>
<td>28</td>
</tr>
<tr>
<td>$107.03</td>
<td>28</td>
</tr>
<tr>
<td>$139.11</td>
<td>28</td>
</tr>
<tr>
<td>$139.11</td>
<td>28</td>
</tr>
</tbody>
</table>

**Caffeine**

**Tab 100 mg**

**DEXAMPHETAMINE SULPHATE – Restricted** see terms below

<table>
<thead>
<tr>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>$16.50</td>
<td>100</td>
</tr>
</tbody>
</table>

**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.

---

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.

**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>
</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**...............................$3.00 30 Ritalin Rubifen
- **Tab immediate-release 20 mg**...............................$7.85 30 Rubifen
- **Tab sustained-release 20 mg**...............................$10.95 30 Rubifen SR

#### Restricted

**ADHD (immediate-release and sustained-release formulations)**

*Paediatrician or psychiatrist*

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

**Narcolepsy (immediate-release and sustained-release formulations)**

*Neurologist or respiratory specialist*

Patient suffers from narcolepsy

**Extended-release and modified-release formulations**

*Paediatrician or psychiatrist*

Both:

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

**MODAFINIL – Restricted** see terms below

- **Tab 100 mg**

#### Restricted

*Neurologist or respiratory specialist*

All of the following:

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

### Treatments for Dementia

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DONEPEZIL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>7.71</td>
<td>90 Donepezil-Rex</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>14.06</td>
<td>90 Donepezil-Rex</td>
</tr>
</tbody>
</table>

### Treatments for Substance Dependence

#### BUPRENORPHINE WITH NALOXONE – 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>57.40</td>
<td>Suboxone</td>
</tr>
<tr>
<td>166.00</td>
<td>Suboxone</td>
</tr>
</tbody>
</table>

#### DISULFIRAM

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Antabuse</td>
</tr>
<tr>
<td>24.30</td>
<td></td>
</tr>
</tbody>
</table>

#### NALTREXONE HYDROCHLORIDE – 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>Naltraccord</td>
</tr>
<tr>
<td>76.00</td>
<td></td>
</tr>
</tbody>
</table>

#### BUPROPION HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Habitol (Classic)</td>
</tr>
<tr>
<td>4.97</td>
<td></td>
</tr>
</tbody>
</table>

#### NICOTINE – Some items restricted see terms on the next page

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.13</td>
<td>Habitrol (Classic)</td>
</tr>
<tr>
<td>30.12</td>
<td>Habitrol (Fruit)</td>
</tr>
<tr>
<td>15.15</td>
<td>Habitrol (Mint)</td>
</tr>
<tr>
<td>16.60</td>
<td>Habitrol (Mint)</td>
</tr>
<tr>
<td>12.40</td>
<td>Habitrol</td>
</tr>
<tr>
<td>13.27</td>
<td>Habitrol</td>
</tr>
<tr>
<td>14.02</td>
<td>Habitrol</td>
</tr>
<tr>
<td>15.15</td>
<td>Habitrol</td>
</tr>
<tr>
<td>16.60</td>
<td>Habitrol</td>
</tr>
<tr>
<td>26.13</td>
<td>Habitrol</td>
</tr>
</tbody>
</table>

---

Available as gums, patches, and lozenges.

---

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

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

**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.
## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

### Chemotherapeutic Agents

#### Alkylating Agents

**BUSULFAN**
- Tab 2 mg .......................................................... 59.50 $ 100 Myleran
- Inj 6 mg per ml, 10 ml ampoule

**CARMUSTINE**
- Inj 100 mg vial

**CHLORAMBUCIL**
- Tab 2 mg

**CYCLOPHOSPHAMIDE**
- Tab 50 mg .......................................................... 79.00 $ 50 Endoxan
- Inj 1 g vial .......................................................... 26.70 $ 1 Endoxan
- Inj 2 g vial .......................................................... 56.90 $ 1 Endoxan

**IFOSFAMIDE**
- Inj 1 g vial .......................................................... 96.00 $ 1 Holoxan
- Inj 2 g vial .......................................................... 180.00 $ 1 Holoxan

**LOMUSTINE**
- Cap 10 mg .......................................................... 132.59 $ 20 Ceenu
- Cap 40 mg .......................................................... 399.15 $ 20 Ceenu

**MELPHALAN**
- Tab 2 mg
- Inj 50 mg vial

**THIOTEPA**
- Inj 15 mg vial

### Anthracyclines and Other Cytotoxic Antibiotics

**BLEOMYCIN SULPHATE**
- Inj 15,000 iu (10 mg) vial

**DACTINOMYCIN [ACTINOMYCIN D]**
- Inj 0.5 mg vial

**DAUNORUBICIN**
- Inj 2 mg per ml, 10 ml vial – 1% DV Aug-13 to 2016 ........................................ 118.72 $ 1 Pfizer

**DOXORUBICIN HYDROCHLORIDE**
- Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride.
- Inj 2 mg per ml, 5 ml vial
- Inj 2 mg per ml, 25 ml vial – 1% DV Mar-13 to 2015 ........................................ 17.00 $ 1 Arrow-Doxorubicin
- Inj 50 mg vial
- Inj 2 mg per ml, 50 ml vial
- Inj 2 mg per ml, 100 ml vial – 1% DV Mar-13 to 2015 ........................................ 65.00 $ 1 Arrow-Doxorubicin

---

† Item restricted (see ➔ above); ‡ Item restricted (see ➔ below)
e.g. *Brand* indicates brand example only. It is not a contracted product.
### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPIRUBICIN HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml vial</td>
<td>25.00</td>
<td>1 Epirubicin Ebewe</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 25 ml vial – 1% DV Aug-12 to 2015</td>
<td>39.38</td>
<td>1 DBL Epirubicin Hydrochloride</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 50 ml vial – 1% DV Aug-12 to 2015</td>
<td>58.20</td>
<td>1 DBL Epirubicin Hydrochloride</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 100 ml vial – 1% DV Aug-12 to 2015</td>
<td>94.50</td>
<td>1 DBL Epirubicin Hydrochloride</td>
</tr>
<tr>
<td><strong>IDARUBICIN HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 5 mg</td>
<td>115.00</td>
<td>1 Zavedos</td>
</tr>
<tr>
<td>Cap 10 mg</td>
<td>144.50</td>
<td>1 Zavedos</td>
</tr>
<tr>
<td>Inj 5 mg vial – 1% DV Sep-12 to 2015</td>
<td>100.00</td>
<td>1 Zavedos</td>
</tr>
<tr>
<td>Inj 10 mg vial – 1% DV Sep-12 to 2015</td>
<td>200.00</td>
<td>1 Zavedos</td>
</tr>
<tr>
<td><strong>MITOMYCIN C</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg vial – 1% DV Oct-13 to 2016</td>
<td>79.75</td>
<td>1 Arrow</td>
</tr>
<tr>
<td><strong>MITOZANTRONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml vial</td>
<td>110.00</td>
<td>1 Mitozantrone Ebewe</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 10 ml vial</td>
<td>100.00</td>
<td>1 Mitozantrone Ebewe</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 12.5 ml vial</td>
<td>407.50</td>
<td>1 Onkotrone</td>
</tr>
<tr>
<td><strong>Antimetabolites</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CAPECITABINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 150 mg – 1% DV Sep-14 to 2016</td>
<td>30.00</td>
<td>60 Capecitabine Winthrop</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Sep-14 to 2016</td>
<td>120.00</td>
<td>120 Capecitabine Winthrop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Xeloda</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Xeloda</td>
</tr>
<tr>
<td><em>(Xeloda Tab 150 mg to be delisted 1 September 2014)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Xeloda Tab 500 mg to be delisted 1 September 2014)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLADRIBINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml vial</td>
<td></td>
<td>7 Leustatin</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml vial</td>
<td>5,249.72</td>
<td></td>
</tr>
<tr>
<td><strong>CYTARABINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mg per ml, 5 ml vial – 1% DV Nov-13 to 2016</td>
<td>55.00</td>
<td>5 Pfizer</td>
</tr>
<tr>
<td>Inj 20 mg per ml, 25 ml vial</td>
<td>18.15</td>
<td>1 Pfizer</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml vial – 1% DV Nov-13 to 2016</td>
<td>8.83</td>
<td>1 Pfizer</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 20 ml vial – 1% DV Nov-13 to 2016</td>
<td>17.65</td>
<td>1 Pfizer</td>
</tr>
<tr>
<td><strong>FLUDARABINE PHOSPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jun-12 to 2015</td>
<td>433.50</td>
<td>20 Fludara Oral</td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td>525.00</td>
<td>5 Fludarabine Ebewe</td>
</tr>
<tr>
<td><strong>FLUOROURACIL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 25 mg per ml, 100 ml vial</td>
<td>13.55</td>
<td>1 Hospira</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 10 ml vial</td>
<td>26.25</td>
<td>5 Fluorouracil Ebewe</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 20 ml vial</td>
<td>7.50</td>
<td>1 Fluorouracil Ebewe</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 50 ml vial</td>
<td>18.00</td>
<td>1 Fluorouracil Ebewe</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 100 ml vial</td>
<td>34.50</td>
<td>1 Fluorouracil Ebewe</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.
# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GEMCITABINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td></td>
<td>62.50</td>
<td>1 Gemcitabine Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml vial</td>
<td></td>
<td>12.50</td>
<td>1 Gemcitabine Ebewe</td>
</tr>
<tr>
<td>Inj 1 g vial</td>
<td></td>
<td>62.50</td>
<td>1 DBL Gemcitabine</td>
</tr>
<tr>
<td><strong>MERCAPTOPURINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Oct-13 to 2016</td>
<td></td>
<td>49.41</td>
<td>25 Puri-nethol</td>
</tr>
<tr>
<td><strong>METHOTREXATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg – 1% DV Jun-14 to 2015</td>
<td></td>
<td>3.82</td>
<td>30 Trexate</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jun-14 to 2015</td>
<td></td>
<td>26.25</td>
<td>50 Trexate</td>
</tr>
<tr>
<td>Inj 2.5 mg per ml, 2 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 7.5 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td></td>
<td>17.19</td>
<td>1 Methotrexate Sandoz</td>
</tr>
<tr>
<td>Inj 10 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td></td>
<td>17.25</td>
<td>1 Methotrexate Sandoz</td>
</tr>
<tr>
<td>Inj 15 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td></td>
<td>17.38</td>
<td>1 Methotrexate Sandoz</td>
</tr>
<tr>
<td>Inj 20 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td></td>
<td>17.50</td>
<td>1 Methotrexate Sandoz</td>
</tr>
<tr>
<td>Inj 25 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td></td>
<td>17.63</td>
<td>1 Methotrexate Sandoz</td>
</tr>
<tr>
<td>Inj 30 mg prefilled syringe – 1% DV Jan-14 to 2016</td>
<td></td>
<td>17.75</td>
<td>1 Methotrexate Sandoz</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016</td>
<td></td>
<td>20.20</td>
<td>5 Hospira</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 20 ml vial – 1% DV Sep-13 to 2016</td>
<td></td>
<td>27.78</td>
<td>1 Hospira</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml vial</td>
<td></td>
<td>25.00</td>
<td>1 Methotrexate Ebewe</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 50 ml vial</td>
<td></td>
<td>125.00</td>
<td>1 Methotrexate Ebewe</td>
</tr>
<tr>
<td><strong>THIOGUANINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 40 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Cytotoxic Agents**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMSACRINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1.5 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANAGRELINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 0.5 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARSENIC TIOXIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml vial</td>
<td></td>
<td>4,817.00</td>
<td>10 AFT</td>
</tr>
<tr>
<td><strong>BORTEZOMIB – Restricted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ Inj 1 mg vial</td>
<td></td>
<td>540.70</td>
<td>1 Velcade</td>
</tr>
<tr>
<td>$ Inj 3.5 mg vial</td>
<td></td>
<td>1,892.50</td>
<td>1 Velcade</td>
</tr>
</tbody>
</table>

**Restricted**

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

Both:

1. Either:
   1.1 The patient has treatment-naive symptomatic multiple myeloma; or
   1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis *; and

Note: Indications marked with * are Unapproved Indications.

**Initiation - relapsed/refractory multiple myeloma/amyloidosis**

All of the following:

1. Either:
   1.1 The patient has relapsed or refractory multiple myeloma; or
   1.2 The patient has relapsed or refractory systemic AL amyloidosis *; and
2. The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
   continued…

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

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

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

continued…

3 The patient has not had prior publicly funded treatment with bortezomib; and
4 Maximum of 4 treatment cycles.

Note: Indications marked with * are Unapproved Indications.

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

Both:
1 The patient’s disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either:
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-ASPARAGINASE]**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$102.32</td>
<td>Leunase</td>
</tr>
</tbody>
</table>

**DACARBazine**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$51.84</td>
<td>Hospira</td>
</tr>
</tbody>
</table>

**ETOPOSIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$340.73</td>
<td>Vepesid</td>
</tr>
</tbody>
</table>

**ETOPOSIDE (AS PHOSPHATE)**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40.00</td>
<td>Etopophos</td>
</tr>
</tbody>
</table>

**HYDROXYUREA**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$31.76</td>
<td>Hydrea</td>
</tr>
</tbody>
</table>

**IRINOTECAN HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$9.34</td>
<td>Irinotecan Actavis 40</td>
</tr>
</tbody>
</table>

**PEGASPARGASE – Restricted** see terms below

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,005.00</td>
<td>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 Pegaspargase 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 Pegaspargase 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>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>$498.00</td>
<td>Natulan</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.
## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

### TEMOZOLOMIDE – Restricted see terms below
- Cap 5 mg – 1% DV Sep-13 to 2016 .................................................. 8.00 5 Temaccord
- Cap 20 mg – 1% DV Sep-13 to 2016 ............................................. 36.00 5 Temaccord
- Cap 100 mg – 1% DV Sep-13 to 2016 ........................................... 175.00 5 Temaccord
- Cap 250 mg – 1% DV Sep-13 to 2016 .......................................... 410.00 5 Temaccord

Restricted

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

Notes: Indication marked with * is an Unapproved Indication. Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.

### THALIDOMIDE – Restricted see terms below
- Cap 50 mg ............................................. 504.00 28 Thalomid
- Cap 100 mg .......................................... 1,008.00 28 Thalomid

Restricted

Initiation

Either:
1. The patient has multiple myeloma; or
2. The patient has systemic AL amyloidosis; or
3. The patient has erythema nodosum leprosum.

Continuation

Patient has obtained a response from treatment during the initial approval period.

Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier.

Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.

Indication marked with * is an Unapproved Indication

### TRETINOIN
- Cap 10 mg ............................................... 435.90 100 Vesanoid

### Platinum Compounds

#### CARBOPLATIN
- Inj 10 mg per ml, 5 ml vial .................................................. 20.00 1 Carboplatin Ebewe
- Inj 10 mg per ml, 15 ml vial – 1% DV Jan-13 to 2015 ............................. 19.50 1 Carbaccord
- Inj 10 mg per ml, 45 ml vial – 1% DV Jan-13 to 2015 .......................... 48.50 1 Carbaccord
- Inj 10 mg per ml, 100 ml vial ................................................. 105.00 1 Carboplatin Ebewe

#### CISPLATIN
- Inj 1 mg per ml, 50 ml vial ............................................... 15.00 1 Cisplatin Ebewe
- Inj 1 mg per ml, 100 ml vial ............................................. 21.00 1 Cisplatin Ebewe

#### OXALIPLATIN
- Inj 50 mg vial – 1% DV Aug-12 to 2015 ....................................... 15.32 1 Oxaliplatin Actavis 50
- Inj 100 mg vial – 1% DV Aug-12 to 2015 ................................... 25.01 1 Oxaliplatin Actavis 100

---

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

* Brand indicates brand example only. It is not a contracted product.
### Protein-Tyrosine Kinase Inhibitors

<table>
<thead>
<tr>
<th>Product</th>
<th>Restrictions</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DASATINIB</strong></td>
<td><em>Restricted</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 20 mg</td>
<td></td>
<td>3,774.06 60 Sprycel</td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td></td>
<td>6,214.20 60 Sprycel</td>
<td></td>
</tr>
<tr>
<td>Tab 70 mg</td>
<td></td>
<td>7,692.58 60 Sprycel</td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td></td>
<td>6,214.20 30 Sprycel</td>
<td></td>
</tr>
<tr>
<td><strong>ERLOTINIB</strong></td>
<td><em>Restricted</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td></td>
<td>1,133.00 30 Tarceva</td>
<td></td>
</tr>
<tr>
<td>Tab 150 mg</td>
<td></td>
<td>1,700.00 30 Tarceva</td>
<td></td>
</tr>
<tr>
<td><strong>GEFITINIB</strong></td>
<td><em>Restricted</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg</td>
<td></td>
<td>1,700.00 30 Iressa</td>
<td></td>
</tr>
</tbody>
</table>

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

**ERLOTINIB** – *Restricted* see terms below

- **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

- **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**

- Tab 100 mg 2,400.00 60 Glivec
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>Per</td>
<td></td>
</tr>
</tbody>
</table>

**Imatinib-AFT**

**Restricted**

Initiation

Re-assessment required after 12 months

Both:

1. Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
2. Maximum dose of 400 mg/day.

Continuation

Re-assessment required after 12 months

Adequate clinical response to treatment with imatinib (prescriber determined).

<table>
<thead>
<tr>
<th>Cap 100 mg – 1% DV Jul-14 to 2017</th>
<th>298.90 60</th>
</tr>
</thead>
</table>

Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.

**Lapatinib** – Restricted see terms below

<table>
<thead>
<tr>
<th>Tab 250 mg</th>
<th>1,899.00 70</th>
</tr>
</thead>
</table>

**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 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 on the next page

| Tab 200 mg | 1,334.70 30 |
| Tab 400 mg | 2,669.40 30 |

*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.

---

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

**Price (ex man. excl. GST) $**

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

---

**Restricted**

Initiation

*Re-assessment required after 3 months*

**All of the following:**

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

- **Cap 12.5 mg** ....................................................2,315.38 28 Sutent
- **Cap 25 mg** .....................................................4,630.77 28 Sutent
- **Cap 50 mg** .....................................................9,261.54 28 Sutent

---

**Restricted**

Initiation - RCC

*Re-assessment required after 3 months*

1. The patient has metastatic renal cell carcinoma; and
2. Any of the following:
   2.1. The patient is treatment naive; or
   2.2. The patient has only received prior cytokine treatment; or
   2.3. The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
   2.4. Both:
      2.4.1. The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
      2.4.2. The cancer did not progress whilst on pazopanib; and
3. The patient has good performance status (WHO/ECOG grade 0-2); and
4. The disease is of predominant clear cell histology; and
5. The patient has intermediate or poor prognosis defined as any of the following:
   5.1. Lactate dehydrogenase level > 1.5 times upper limit of normal; or
   5.2. Haemoglobin level < lower limit of normal; or
   5.3. Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or
continued...
continued…

5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
5.5 Karnofsky performance score of ≤ 70; or
5.6 ≥ 2 sites of organ metastasis; and
6 Sunitinib to be used for a maximum of 2 cycles.

**Continuation - RCC**
*Re-assessment required after 3 months*
Both:

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

**Initiation - GIST**
*Re-assessment required after 3 months*
Both:

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

**Continuation - GIST**
*Re-assessment required after 6 months*
Both:

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

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

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

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

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

### Taxanes

**DOCETAXEL**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 2 ml vial</td>
<td>................................................48.75</td>
<td>1 Docetaxel Sandoz</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 8 ml vial</td>
<td>................................................195.00</td>
<td>1 Docetaxel Sandoz</td>
</tr>
</tbody>
</table>
### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<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>PACLITAXEL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 6 mg per ml, 5 ml vial – 1% DV Sep-14 to 2017</td>
<td>45.00</td>
<td>5 Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 16.7 ml vial – 1% DV Sep-14 to 2017</td>
<td>19.02</td>
<td>1 Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 25 ml vial – 1% DV Sep-14 to 2017</td>
<td>26.69</td>
<td>1 Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 50 ml vial – 1% DV Sep-14 to 2017</td>
<td>36.53</td>
<td>1 Paclitaxel Ebewe</td>
</tr>
<tr>
<td>(Paclitaxel Actavis Inj 6 mg per ml, 16.7 ml vial to be delisted 1 September 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Anzatax Inj 6 mg per ml, 25 ml vial to be delisted 1 September 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CALCIUM FOLINATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 15 mg</td>
<td>82.45</td>
<td>10 DBL Leucovorin Calcium</td>
</tr>
<tr>
<td>Inj 3 mg per ml, 1 ml ampoule</td>
<td>24.50</td>
<td>5 Calcium Folinate Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml ampoule</td>
<td>9.75</td>
<td>1 Calcium Folinate Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td>30.00</td>
<td>1 Calcium Folinate Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>90.00</td>
<td>1 Calcium Folinate Ebewe</td>
</tr>
<tr>
<td><strong>MESNA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 400 mg – 1% DV Oct-13 to 2016</td>
<td>227.50</td>
<td>50 Uromitexan</td>
</tr>
<tr>
<td>Tab 600 mg – 1% DV Oct-13 to 2016</td>
<td>339.50</td>
<td>50 Uromitexan</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-13 to 2016</td>
<td>148.05</td>
<td>15 Uromitexan</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-13 to 2016</td>
<td>339.90</td>
<td>15 Uromitexan</td>
</tr>
<tr>
<td><strong>VINBLASTINE SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml vial</td>
<td>137.50</td>
<td>5 Hospira</td>
</tr>
<tr>
<td><strong>VINCRISTINE SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 1 ml vial – 1% DV Sep-13 to 2016</td>
<td>64.80</td>
<td>5 Hospira</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016</td>
<td>69.60</td>
<td>5 Hospira</td>
</tr>
<tr>
<td><strong>VINORELBINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml vial – 1% DV Sep-12 to 2015</td>
<td>12.85</td>
<td>1 Navelbine</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015</td>
<td>64.25</td>
<td>1 Navelbine</td>
</tr>
</tbody>
</table>

### Treatment of Cytotoxic-Induced Side Effects

#### Treatment of Cytotoxic-Induced Side Effects

<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>BICALUTAMIDE – Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Sep-14 to 2017</td>
<td>4.90</td>
<td>28 Bicalaccord</td>
</tr>
<tr>
<td><strong>For the treatment of advanced prostate cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLUTAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg</td>
<td>55.00</td>
<td>100 Flutamin</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.
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>$51.55</td>
<td>Apo-Megestrol</td>
</tr>
<tr>
<td>$13.50</td>
<td>DBL</td>
</tr>
<tr>
<td>$22.40</td>
<td>DBL</td>
</tr>
<tr>
<td>$89.40</td>
<td>DBL</td>
</tr>
<tr>
<td>$1,772.50</td>
<td>Sandostatin LAR</td>
</tr>
<tr>
<td>$2,358.75</td>
<td>Sandostatin LAR</td>
</tr>
<tr>
<td>$2,951.25</td>
<td>Sandostatin LAR</td>
</tr>
</tbody>
</table>

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 Sep-14 to 2017........................................13.50 5 DBL
- Inj 100 mcg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017.................................22.40 5 DBL
- Inj 500 mcg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017.................................89.40 5 DBL

(Octreotide MaxRx Inj 50 mcg per ml, 1 ml ampoule to be delisted 1 September 2014)
(Octreotide MaxRx Inj 100 mcg per ml, 1 ml ampoule to be delisted 1 September 2014)
(Octreotide MaxRx Inj 500 mcg per ml, 1 ml ampoule to be delisted 1 September 2014)

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

Malignant bowel obstruction
All of the following:
1. The patient has nausea* and vomiting* due to malignant bowel obstruction*; and
2. Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed; and
3. Octreotide to be given at a maximum dose 1500 mcg daily for up to 4 weeks.

Note: Indications marked with * are Unapproved Indications

Initiation - acromegaly
Re-assessment required after 3 months
Both:
1. The patient has acromegaly; and
2. Any of the following:
   2.1 Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
   2.2 Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or
   2.3 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy.

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

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

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

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

2.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or

3 Both:
   3.1 Insulinomas; and
   3.2 Surgery is contraindicated or has failed; or

4 For pre-operative control of hypoglycaemia and for maintenance therapy; or

5 Both:
   5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
   5.2 Disabling symptoms not controlled by maximal medical therapy.

**TAMOXIFEN CITRATE**

Tab 10 mg ................................................................. 2.63 60 Genox
       17.50 100 Genox

Tab 20 mg ................................................................. 2.63 30 Genox
       8.75 100 Genox

**Aromatase Inhibitors**

**ANASTROZOLE**

Tab 1 mg ................................................................. 26.55 30 Aremed
                                               DP-Anastrozole

**EXEMESTANE**

Tab 25 mg – 1% DV Sep-14 to 2017 ........................................... 14.50 30 Aromasin

**LETROZOLE**

Tab 2.5 mg – 1% DV Oct-12 to 2015 ............................................ 4.85 30 Letraccord

**Immunosuppressants**

**Calcineurin Inhibitors**

**CICLOSPORIN**

Cap 25 mg ................................................................. 44.63 50 Neoral
Cap 50 mg ................................................................. 88.91 50 Neoral
Cap 100 mg ............................................................... 177.81 50 Neoral
Oral liq 100 mg per ml – 1% DV Oct-12 to 2015 ........................................... 198.13 50 ml Neoral
Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015 .................................... 276.30 10 Sandimmun

**TACROLIMUS** – **Restricted** see terms below

$ Cap 0.5 mg – 1% DV Nov-14 to 31 Oct 2018 ........................................... 85.60 100 Tacrolimus Sandoz
       214.00 Prograf

$ Cap 1 mg – 1% DV Nov-14 to 31 Oct 2018 ........................................... 171.20 100 Tacrolimus Sandoz
       428.00 Prograf

$ Cap 5 mg – 1% DV Nov-14 to 31 Oct 2018 ........................................... 428.00 50 Tacrolimus Sandoz
       1,070.00 Prograf

$ Inj 5 mg per ml, 1 ml ampoule
   (Prograf Cap 0.5 mg to be delisted 1 November 2014)
   (Prograf Cap 1 mg to be delisted 1 November 2014)
   (Prograf Cap 5 mg to be delisted 1 November 2014)

**Restricted**

For use in organ transplant recipients
Fusion Proteins

**ETANERCEPT – 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>$949.96</td>
<td>4 Enbrel</td>
</tr>
<tr>
<td>$1,899.92</td>
<td>4 Enbrel</td>
</tr>
</tbody>
</table>

**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:**
   1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and

   continued…

---

**Note:** Item restricted (see ➤ above); ➤ Item restricted (see ➤ below)

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

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 ciclosporin; or
2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

2.6 Either:
2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.7 Either:
2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation - rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
All of the following:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
2.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation - ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or

continued…
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>
<td>5.5 cm</td>
</tr>
<tr>
<td>35-44</td>
<td>6.5 cm</td>
<td>4.5 cm</td>
</tr>
<tr>
<td>45-54</td>
<td>6.0 cm</td>
<td>5.0 cm</td>
</tr>
<tr>
<td>55-64</td>
<td>5.5 cm</td>
<td>4.0 cm</td>
</tr>
<tr>
<td>65-74</td>
<td>4.0 cm</td>
<td>4.0 cm</td>
</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 etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation - psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:
   1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from adalimumab; or
      1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or
2 All of the following:
   2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and

continued…
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of 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, ciclosporin, 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.

**Indication - pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and

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

3 A maximum of 4 doses.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part V (Miscellaneous Provisions) rule 5.5).

**Renewal - pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and

2 Patient continues to require treatment; and

3 A maximum of 4 doses

**Monoclonal Antibodies**

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

* Inj 2 mg per ml, 5 ml vial ...............................................................579.53 1 ReoPro
Products with Hospital Supply Status (HSS) are in **bold**

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

---

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

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

**ADALIMUMAB – Restricted** see terms below

- Inj 20 mg per 0.4 ml syringe .............................................. 1,799.92 2 Humira
- Inj 40 mg per 0.8 ml pen .................................................. 1,799.92 2 HumiraPen
- Inj 40 mg per 0.8 ml syringe .............................................. 1,799.92 2 Humira

**Restricted**

**Initiation - juvenile idiopathic arthritis**

Rheumatologist or named specialist

*Re-assessment required after 4 months*

Either:
1. Either:
   1.1 Both:
      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
   1.2 All of the following:
      1.2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
      1.2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
      1.2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
      1.2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m\(^2\) 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. 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.

continued...
Initiation - fistulising Crohn’s disease
Gastroenterologist
Re-assessment required after 4 months

All of the following
1 Patient has confirmed Crohn’s disease; and
2 Either:
   2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
   2.2 Patient has one or more rectovaginal fistula(e); and
3 A Baseline Fistula Assessment (a copy of which is available at www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf) has been completed and is no more than 1 month old at the time of application.

Continuation - fistulising Crohn’s disease
Gastroenterologist
Re-assessment required after 6 months
Either:
1 The number of open draining fistulae have decreased from baseline by at least 50%; or
2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

Initiation - Crohn’s disease
Gastroenterologist
Re-assessment required after 3 months

All of the following:
1 Patient has severe active Crohn’s disease; and
2 Any of the following:
   2.1 Patient has a Crohn’s Disease Activity Index (CDAI) score of greater than or equal to 300; or
   2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
   2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
   2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Continuation - Crohn’s disease
Gastroenterologist
Re-assessment required after 3 months

Both:
1 Either:
   1.1 Either:
      1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
      1.1.2 CDAI score is 150 or less; or
   1.2 Both:
      1.2.1 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: continued…

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

1. The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and

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

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 ciclosporin; 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 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:

   continued...
continued...

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.

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>
<td>5.5 cm</td>
</tr>
<tr>
<td>35-44</td>
<td>6.5 cm</td>
<td>4.5 cm</td>
</tr>
<tr>
<td>45-54</td>
<td>6.0 cm</td>
<td>5.0 cm</td>
</tr>
<tr>
<td>55-64</td>
<td>5.5 cm</td>
<td>4.0 cm</td>
</tr>
<tr>
<td>65-74</td>
<td>4.0 cm</td>
<td>4.0 cm</td>
</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:  

continued...
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
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 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 plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
   2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

continued...
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 adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
   1.2 Both:
      1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
      1.2.2 Either:
         1.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
         1.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and

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

**Indication - pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and
2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
3 A maximum of 4 doses.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part V (Miscellaneous Provisions) rule 5.5).

**Renewal - pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and
2 Patient continues to require treatment; and
3 A maximum of 4 doses

**Basiliximab – 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>$3,200.00</td>
<td>1 Simulect</td>
</tr>
</tbody>
</table>

*Restricted

For use in solid organ transplants
BEVACIZUMAB – Restricted see terms below
- Inj 25 mg per ml, 16 ml vial
- Inj 25 mg per ml, 4 ml vial

**Restricted**
Either:
1. Ocular neovascularisation; or
2. Exudative ocular angiopathy.

INFLIXIMAB – Restricted see terms below
- Inj 100 mg ........................................... .......................................................1,227.00 1 Remicade

**Restricted**

**Graft vs host disease**
Patient has steroid-refractory acute graft vs. host disease of the gut

**Initiation - rheumatoid arthritis**
Rheumatologist
*Re-assessment required after 3-4 months*
All of the following:
1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2. Either:
   2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and
3. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance

**Continuation - rheumatoid arthritis**
Rheumatologist
*Re-assessment required after 6 months*
All of the following:
1. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2. Either:
   2.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
3. Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

**Initiation - ankylosing spondylitis**
Rheumatologist
*Re-assessment required after 3 months*
Both:
1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
2. Either:
   2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

**Continuation - ankylosing spondylitis**
Rheumatologist
*Re-assessment required after 6 months*
All of the following:
continued...
### 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>

continued...

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:
   1.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   1.2 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. 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 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:
   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. 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**

**Both:**

1. Patient had a good clinical response to initial treatment; and
2. Either:
   1. A withdrawal of infliximab has been trialled and patient has relapsed after trial withdrawal; or
   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.

continued...
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. Paediatric Crohn’s Disease Activity Index (PCDAI) score of greater than or equal to 30; or
   2.2. Patient has extensive small intestine disease; and
3. Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4. Surgery (or further surgery) is considered to be clinically inappropriate; and
5. Patient must be reassessed for continuation after 3 months of therapy.

Continuation - Crohn’s disease (children)
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
continued...
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:
   1.1 Patient has one or more complex externally draining entero-cutaneous fistula(e); or
   1.2 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

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

continued...
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:
   2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
   2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis.

**Initiation - plaque psoriasis, treatment-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**

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 Patient must be reassessed for continuation after 3 months of therapy.
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></td>
</tr>
</tbody>
</table>

continued...

1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or

1.2 Both:
   1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
   1.2.2 Either:
      1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
      1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and

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

RANIBIZUMAB – Restricted see terms below

1 Inj 10 mg per ml, 0.23 ml vial
2 Inj 10 mg per ml, 0.3 ml vial

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

1 Inj 10 mg per ml, 10 ml vial .........................................................1,075.50 2 Mabthera
2 Inj 10 mg per ml, 50 ml vial .........................................................2,688.30 1 Mabthera

Initiation - haemophilia with inhibitors

Haematologist
Any of the following:

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

Continuation - haemophilia with inhibitors

Haematologist
All of the following:

1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
2 An initial response lasting at least 12 months was demonstrated; and

continued...
continued...

3 Patient now requires repeat treatment.

Initiation - post-transplant

Both:

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

Note: Indications marked with * are Unapproved Indications.

Continuation - post-transplant

All of the following:

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

Note: Indications marked with * are Unapproved Indications

Initiation - indolent, low-grade lymphomas

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 macroglobulinemia.

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 macroglobulinemia.

Initiation - aggressive CD20 positive NHL

Either:

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

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

Continuation - aggressive CD20 positive NHL

All of the following:

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

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

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

continued...
continued...
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 adali-
mumab for rheumatoid arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept;
      or
      1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal
criteria for adalimumab and/or etanercept for rheumatoid arthritis; and
2 Either:
   2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initiation - rheumatoid arthritis - TNF inhibitors contraindicated
Rheumatologist
Re-assessment required after 2 doses
All of the following:
1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
2 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg
   weekly or a maximum tolerated dose; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sul-
phasalazine 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

continued...
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
   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.

continued...
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)
Haematologist
Limited to 4 weeks’ treatment
Both:
1. Either:
   1.1 Patient has immune thrombocytopenic purpura* with a platelet count of ≤ 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:

continued...
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/m² weekly for 4 weeks) is now planned; or
2. All of the following:
   2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

**Initiation – thrombotic thrombocytopenic purpura (TTP)**
Haematologist

*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*

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**

*Limited to 4 weeks’ treatment*

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. Either:

continued...
continued...

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/m\(^2\) 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

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/m\(^2\) 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

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 on the next page

|$|Inj 20 mg per ml, 4 ml vial|220.00|1|Actemra|
|$|Inj 20 mg per ml, 10 ml vial|550.00|1|Actemra|
|$|Inj 20 mg per ml, 20 ml vial|1,100.00|1|Actemra|
\textbf{Restricted}

\textbf{Initiation - Rheumatoid Arthritis}

Rheumatologist

\textit{Re-assessment required after 6 months}

All of the following:

1. Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
2. Tocilizumab is to be used as monotherapy; and
3. Either:
   3.1 Treatment with methotrexate is contraindicated; or
   3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
4. Either:
   4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or
   4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
5. Either:
   5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
   5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
6. Either:
   6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
   6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

\textbf{Continuation}

Rheumatologist

\textit{Re-assessment required after 6 months}

Either:

1. Following 6 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2. On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

\textbf{Initiation - systemic juvenile idiopathic arthritis}

Paediatric rheumatologist

\textit{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.

\textbf{Continuation - systemic juvenile idiopathic arthritis}

Paediatric rheumatologist

\textit{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.

\textbf{TRASTUZUMAB – Restricted}

see terms on the next page

\begin{tabular}{lll}
\textbf{Price}  & \textbf{Brand or Generic} & \textbf{Manufacturer} \\
\textbf{(ex man. excl. GST)} & & \\
$ & Per & \\
\end{tabular}

\begin{itemize}
\item $1,350.00 1 Herceptin
\item $3,875.00 1 Herceptin
\end{itemize}
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
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.
### 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>

**continued...**

**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 – 1% DV Jun-14 to 2016 | $13.22 100 Azamun |
| Inj 50 mg vial                    | $126.00 1 Imuran |

**BACILLUS CALMETTE-GUERIN (BCG) – Restricted** see terms below

- Inj 2-8 × 10⁸ CFU vial – 1% DV Sep-13 to 2016
  - $149.37 1 OncoTICE

**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 on the next page

- 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

---

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

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

165
### 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>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

**Restricted**

For rescue therapy for an organ transplant recipient

Notes: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:

- GFR < 30 ml/min; or
- Rapidly progressive transplant vasculopathy; or
- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencephalopathy; or
- Significant malignant disease
RESPIRATORY SYSTEM AND ALLERGIES

Antiallergy Preparations

Allergy Desensitisation

BEE VENOM – Restricted see terms below
- Inj 120 mcg vial with diluent, 6 vial
- Inj 550 mcg vial with diluent

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

PAPER WASP VENOM – Restricted see terms below
- Inj 550 mcg vial with diluent

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
- Inj 550 mcg vial with diluent

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

Allergy Prophylactics

BECLOMETHASONE DIPROPIONATE
Nasal spray 50 mcg per dose ............................................................. 4.85 200 dose Alanase
Nasal spray 100 mcg per dose ............................................................. 5.75 200 dose Alanase

BUDESONIDE
Nasal spray 50 mcg per dose ............................................................. 4.85 200 dose Butacort Aqueous
Nasal spray 100 mcg per dose ............................................................. 5.75 200 dose Butacort Aqueous

FLUTICASONE PROPIONATE
Nasal spray 50 mcg per dose – 1% DV Apr-13 to 2015 .................................. 2.30 120 dose Flixonase Hayfever & Allergy

IPRATROPIUM BROMIDE
Nasal spray 0.03%

SODIUM CROMOGLYCATE
Nasal spray 4%

Antihistamines

CETIRIZINE HYDROCHLORIDE
Tab 10 mg .......................................................... 1.59 100 Zetop
Oral liq 1 mg per ml .......................................................... 3.52 200 ml Cetirizine - AFT

CHLORPHENIRAMINE MALEATE
Oral liq 0.4 mg per ml
Inj 10 mg per ml, 1 ml ampoule

CYPROHEPTADINE HYDROCHLORIDE
Tab 4 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.
RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEXOFENADINE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 60 mg</td>
<td></td>
<td></td>
</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>LORATADINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Dec-13 to 2016</td>
<td>1.30</td>
<td>100 Lorafix</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml</td>
<td>3.10</td>
<td>100 ml Lorapaed</td>
</tr>
<tr>
<td>PROMETHAZINE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-12 to 2015</td>
<td>1.30</td>
<td>100 ml Allersoothe</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Sep-12 to 2015</td>
<td>2.99</td>
<td>100 ml Allersoothe</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Feb-13 to 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 25 mg per ml – 1% DV Feb-13 to 2015</td>
<td>11.00</td>
<td>5 Hospira</td>
</tr>
<tr>
<td>TRIMEPRAZINE TARTRATE</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

*e.g. Brand* indicates brand example only. It is not a contracted product.
### Beta-Adrenoceptor Agonists

<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>

**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**

**BUDERONIDE**
- 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

---

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

**FLUTICASONE**

- Aerosol inhaler 50 mcg per dose ............................................. 7.50  120 dose Flixotide
- Powder for inhalation 50 mcg per dose ............................................. 8.67  60 dose Flixotide Accuhaler
- Powder for inhalation 100 mcg per dose ............................................ 13.87  60 dose Flixotide Accuhaler
- Aerosol inhaler 125 mcg per dose ............................................. 13.60  120 dose Flixotide
- Aerosol inhaler 250 mcg per dose ............................................. 27.20  120 dose Flixotide
- Powder for inhalation 250 mcg per dose ............................................. 24.51  60 dose Flixotide Accuhaler

**Leukotriene Receptor Antagonists**

**MONTELUKAST** – **Restricted** see terms below

- Tab 4 mg ................................................................. 18.48  28 Singulair
- Tab 5 mg ................................................................. 18.48  28 Singulair
- Tab 10 mg ......................................................... 18.48  28 Singulair

**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**

- Powder for inhalation 6 mcg per dose
- Powder for inhalation 12 mcg per dose

**SALMETEROL**

- Aerosol inhaler 25 mcg per dose ......................................................... 26.46  120 dose Serevent
- Powder for inhalation 50 mcg per dose ......................................................... 26.46  60 dose Serevent Accuhaler

**Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists**

**BUDESONIDE WITH EFORMOTEROL** – **Restricted** see terms on the next page

- Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg
- Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg
- Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg
- Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg
- Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg

---

*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

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 ..................................................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.

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></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</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>Chlorafast</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>$4.50</td>
<td>Fucithalmic</td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td>5 g</td>
<td></td>
</tr>
<tr>
<td><strong>GENTAMICIN SULPHATE</strong></td>
<td>$11.40</td>
<td>Genoptic</td>
</tr>
<tr>
<td>Eye drops 0.3%</td>
<td>5 ml</td>
<td></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-14 to 2017</td>
<td>$10.45</td>
<td>Tobrex</td>
</tr>
<tr>
<td>Eye drops 0.3% – 1% DV Sep-14 to 2017</td>
<td>$11.48</td>
<td>Tobrex</td>
</tr>
</tbody>
</table>

#### Antifungals

<table>
<thead>
<tr>
<th>Product</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</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</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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 – 1% DV Sep-14 to 2017</td>
<td>$5.39</td>
<td>Maxitrol</td>
</tr>
<tr>
<td>Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml – 1% DV Sep-14 to 2017</td>
<td>$4.50</td>
<td>Maxitrol</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 CLOQUINOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear drops 0.02% with cloquinol 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.
HYDROCORTISONE WITH CIPROFLOXACIN
Ear drops 1% with ciprofloxacin 0.2%

TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN
Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg
and gramicidin 250 mcg per g .................................................................5.16 7.5 ml Kenacomb

Anti-Inflammatory Preparations

Corticosteroids

DEXAMETHASONE
Eye oint 0.1% ......................................................................................5.86 3.5 g Maxidex
Eye drops 0.1% .................................................................................4.50 5 ml Maxidex

FLUOROMETHOLONE
Eye drops 0.1% – 1% DV Dec-12 to 2015 ........................................3.80 5 ml Flucon

PREDNISOLONE ACETATE
Eye drops 0.12%
Eye drops 1%

PREDNISOLONE SODIUM PHOSPHATE
Eye drops 0.5%, single dose

Non-Steroidal Anti-Inflammatory Drugs

DICLOFENAC SODIUM
Eye drops 0.1% – 1% DV Sep-14 to 2017 ........................................13.80 5 ml Voltaren Ophtha
Eye drops 0.1%, single dose

KETOROLAC TROMETAMOL
Eye drops 0.5%

Decongestants and Antiallergics

Antiallergic Preparations

LEVOCABASTINE
Eye drops 0.05%

LODOXAMIDE
Eye drops 0.1% – 1% DV Sep-14 to 2017 ...........................................8.71 10 ml Lomide

OLOPATADINE
Eye drops 0.1%

SODIUM Cromoglycate
Eye drops 2%

Decongestants

NAPHAZOLINE HYDROCHLORIDE
Eye drops 0.1% – 1% DV Sep-14 to 2017 .........................................4.15 15 ml Naphcon Forte
## 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

---

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

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SODIUM HYALURONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 14 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015</td>
<td>50.00 1</td>
<td>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 1</td>
<td>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>Provisc</td>
</tr>
</tbody>
</table>

| **SODIUM HYALURONATE WITH CHONDROITIN SULPHATE** |                             |                               |
| Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe and inj 10 mg sodium hyaluronate per ml, 0.4 ml syringe | 64.00 | Duovisc |
| 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 | 74.00 | Duovisc |

| **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% – 1% DV Sep-14 to 2017 | 11.80 | Betoptic S |
| Eye drops 0.5% – 1% DV Sep-14 to 2017 | 7.50  | Betoptic   |

**LEVOBUNOLOL HYDROCHLORIDE**

| Eye drops 0.25% | 7.00  | Betagan |
| Eye drops 0.5% | 7.00  | Betagan |

**TIMOLOL**

| Eye drops 0.25% – 1% DV Sep-14 to 2017 | 1.45  | Arrow-Timolol |
| Eye drops 0.25%, gel forming – 1% DV Mar-14 to 2016 | 3.30  | Timoptic XE   |
| Eye drops 0.5% – 1% DV Sep-14 to 2017 | 1.45  | Arrow-Timolol |
| Eye drops 0.5%, gel forming – 1% DV Mar-14 to 2016 | 3.78  | Timoptic XE   |

### Carbonic Anhydrase Inhibitors

**ACETAZOLAMIDE**

| Tab 250 mg – 1% DV Sep-14 to 2017 | 17.03 | Diamox |
| Inj 500 mg |                             |       |

**BRINZOLAMIDE**

| Eye drops 1% |         |       |

**DORZOLAMIDE**

| Eye drops 2% |         |       |

**DORZOLAMIDE WITH TIMOLOL**

| Eye drops 2% with timolol 0.5% | 15.50 | Cosopt |

### Miotics

**ACETYLCHOLINE CHLORIDE**

| Inj 20 mg vial with diluent |         |       |

---

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

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

**PILOCARPINE HYDROCHLORIDE**
- Eye drops 1% – 1% DV Sep-14 to 2017 ........................................ 4.26 15 ml Isopto Carpine
- Eye drops 2% – 1% DV Sep-14 to 2017 ........................................ 5.35 15 ml Isopto Carpine
- Eye drops 2%, single dose
- Eye drops 4% – 1% DV Sep-14 to 2017 ........................................ 7.99 15 ml Isopto Carpine

### 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 Sep-14 to 2017 ................................. 4.32 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% – 1% DV Jul-14 to 2017 ................................. 17.36 15 ml Atropt

- **CYCLOPENTOLATE HYDROCHLORIDE**
  - Eye drops 0.5%, single dose
  - Eye drops 1% – 1% DV Sep-14 to 2017 ................................. 8.76 15 ml Cyclogyl
  - Eye drops 1%, single dose

- **TROPICAMIDE**
  - Eye drops 0.5% ................................. 7.15 15 ml Mydriacyl
  - Eye drops 0.5%, single dose
  - Eye drops 1% ........................................ 8.66 15 ml Mydriacyl
  - Eye drops 1%, single dose

### Sympathomimetics

- **PHENYLEPHRINE HYDROCHLORIDE**
  - Eye drops 2.5%, single dose
  - Eye drops 10%, single dose

### Ocular Lubricants

- **CARBOMER**
  - Ophthalmic gel 0.3%, single dose ................................. 8.25 30 Poly Gel
  - Ophthalmic gel 0.2%

---

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.*
## SENSORY ORGANS

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<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>15 ml 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>15 ml 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>24 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>3.63</td>
<td>3.5 g Poly-Visc</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% – 1% DV Jul-14 to 2017</td>
<td>3.62</td>
<td>15 ml Vistil Liquifilm Tears</td>
</tr>
<tr>
<td>Eye drops 3%</td>
<td>3.80</td>
<td>15 ml Vistil Forte</td>
</tr>
<tr>
<td></td>
<td>3.88</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>15 ml Vistil</td>
</tr>
<tr>
<td></td>
<td>3.62</td>
<td></td>
</tr>
<tr>
<td>Eye drops 3%</td>
<td>3.80</td>
<td>15 ml Vistil Forte</td>
</tr>
<tr>
<td></td>
<td>3.88</td>
<td></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>5 g 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>10 ml Hylo-Fresh</td>
</tr>
</tbody>
</table>

### Other Otological Preparations

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td>Product Name</td>
<td>Description</td>
<td>Price</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Agents Used in the Treatment of Poisonings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antidotes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACETYLCYSTEINE</td>
<td>Tab eff 200 mg</td>
<td>$178.00</td>
</tr>
<tr>
<td></td>
<td>Inj 200 mg per ml, 10 ml ampoule</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>– 1% DV Jul-12 to 2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 200 mg per ml, 30 ml vial</td>
<td>$219.00</td>
</tr>
<tr>
<td>DIGOXIN IMMUNE FAB</td>
<td>Inj 38 mg vial</td>
<td></td>
</tr>
<tr>
<td>ETHANOL</td>
<td>Liq 96%</td>
<td></td>
</tr>
<tr>
<td>ETHANOL WITH GLUCOSE</td>
<td>Inj 10% with glucose 5%, 500 ml bottle</td>
<td></td>
</tr>
<tr>
<td>ETHANOL, DEHYDRATED</td>
<td>Inj 100%, 5 ml ampoule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 96%</td>
<td></td>
</tr>
<tr>
<td>FLUMAZENIL</td>
<td>Inj 0.1 mg per ml, 5 ml ampoule</td>
<td>$170.10</td>
</tr>
<tr>
<td>HYDROXOCOBALAMIN</td>
<td>Inj 5 g vial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 g vial</td>
<td></td>
</tr>
<tr>
<td>NALOXONE HYDROCHLORIDE</td>
<td>Inj 400 mcg per ml, 1 ml ampoule</td>
<td>$33.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>PRALIDOXIME IODIDE</td>
<td>Inj 25 mg per ml, 20 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>SODIUM NITRITE</td>
<td>Inj 30 mg per ml, 10 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>SODIUM THIOSULFATE</td>
<td>Inj 500 mg per ml, 20 ml ampoule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 250 mg per ml, 10 ml vial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg per ml, 10 ml vial</td>
<td></td>
</tr>
<tr>
<td>SOYA OIL</td>
<td>Inj 20%, 500 ml bag</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 20%, 500 ml bottle</td>
<td></td>
</tr>
<tr>
<td><strong>Antitoxins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOTULISM ANTITOXIN</td>
<td>Inj 250 ml vial</td>
<td></td>
</tr>
<tr>
<td>DIPHTHERIA ANTITOXIN</td>
<td>Inj 10,000 iu vial</td>
<td></td>
</tr>
<tr>
<td><strong>VARIOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Antivenoms</strong></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**RED BACK SPIDER ANTIVENOM**

*Inj 500 u vial*

**SNAKE ANTIVENOM**

*Inj 50 ml vial*

<table>
<thead>
<tr>
<th><strong>Removal and Elimination</strong></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**CHARCOAL**

*Oral liq 200 mg per ml* ..................................................43.50 250 ml Carbasorb-X

**DEFERIPRONE – Restricted** see terms below

$ Tab 500 mg .................................................................533.17 100 Ferriprox

$ Oral liq 100 mg per ml ..................................................266.59 250 ml Ferriprox

**Patient has been diagnosed with chronic transfusional iron overload due to congenital inherited anaemia.**

**DESFERRIOXAMINE MESILATE**

*Inj 500 mg vial* ...........................................................99.00 10 Hospira

**DICOBALT EDETATE**

*Inj 15 mg per ml, 20 ml ampoule*

**DIMERCAPROL**

*Inj 50 mg per ml, 2 ml ampoule*

**DIMERCAPTOSUCCINIC ACID**

*Cap 100 mg*

**DISODIUM EDETATE**

*Inj 150 mg per ml, 20 ml ampoule*  
*Inj 150 mg per ml, 20 ml vial*  
*Inj 150 mg per ml, 100 ml vial*

**SODIUM CALCIUM EDETATE**

*Inj 200 mg per ml, 2.5 ml ampoule*  
*Inj 200 mg per ml, 5 ml ampoule*

<table>
<thead>
<tr>
<th><strong>Antiseptics and Disinfectants</strong></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**CHLORHEXIDINE**

*Soln 4%* .................................................................1.86 50 ml healthE  
*Soln 5%* ...............................................................15.50 500 ml healthE

**CHLORHEXIDINE WITH CETRIMIDE**

*Crm 0.1% with cetrimide 0.5%*  
*Foaming soln 0.5% with cetrimide 0.5%*

**CHLORHEXIDINE WITH ETHANOL**

*Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml* .........................2.65 1 healthE  
*Soln 2% with ethanol 70%, non-staining (pink) 100 ml* .........................3.54 1 healthE  
*Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml* .........................1.55 1 healthE  
*Soln 0.5% with ethanol 70%, staining (red) 100 ml* ................................2.90 1 healthE  
*Soln 2% with ethanol 70%, staining (red) 100 ml* ................................3.86 1 healthE  
*Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml* .........................5.45 1 healthE  
*Soln 0.5% with ethanol 70%, staining (red) 500 ml* ................................5.90 1 healthE  
*Soln 2% with ethanol 70%, staining (red) 500 ml* ................................9.56 1 healthE

*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><strong>PRODUCT</strong></th>
<th><strong>DESCRIPTION</strong></th>
<th><strong>PRICE (ex man. excl. GST)</strong></th>
<th><strong>PER</strong></th>
<th><strong>BRAND</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IODINE WITH ETHANOL</strong></td>
<td>Soln 1% with ethanol 70%, 100 ml</td>
<td>9.30</td>
<td>1</td>
<td>healthE</td>
</tr>
<tr>
<td><strong>ISOPROPYL ALCOHOL</strong></td>
<td>Soln 70%, 500 ml</td>
<td>5.00</td>
<td>1</td>
<td>PSM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.65</td>
<td></td>
<td>healthE</td>
</tr>
<tr>
<td><strong>POVIDONE-IODINE</strong></td>
<td>Vaginal tab 200 mg</td>
<td>9.30</td>
<td>1 healhE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted Rectal administration pre-prostate biopsy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oint 10%</td>
<td>3.27</td>
<td>25 g</td>
<td>Betadine</td>
</tr>
<tr>
<td></td>
<td>Soln 10%</td>
<td>2.95</td>
<td>100 ml</td>
<td>Riodine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.20</td>
<td>500 ml</td>
<td>Riodine</td>
</tr>
<tr>
<td></td>
<td>Soln 5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Soln 7.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pad 10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Swab set 10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POVIDONE-IODINE WITH ETHANOL</strong></td>
<td>Soln 10% with ethanol 30%</td>
<td>10.00</td>
<td>500 ml</td>
<td>Betadine Skin Prep</td>
</tr>
<tr>
<td></td>
<td>Soln 10% with ethanol 70%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM HYPOCHLORITE</strong></td>
<td>Soln</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contrast Media</strong></td>
<td><strong>Iodinated X-ray Contrast Media</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE</strong></td>
<td>Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle</td>
<td>22.50</td>
<td>100 ml</td>
<td>Gastrografin</td>
</tr>
<tr>
<td></td>
<td>Inj 146 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle</td>
<td>80.00</td>
<td>1</td>
<td>Urografin</td>
</tr>
<tr>
<td><strong>DIATRIZOATE SODIUM</strong></td>
<td>Oral liq 370 mg per ml, 10 ml sachet</td>
<td>156.12</td>
<td>50</td>
<td>Ioscan</td>
</tr>
<tr>
<td><strong>IODISED OIL</strong></td>
<td>Inj 38% w/w (480 mg per ml), 10 ml ampoule</td>
<td>143.00</td>
<td>1</td>
<td>Lipiodol Ultra Fluid</td>
</tr>
<tr>
<td><strong>IODIXANOL</strong></td>
<td>Inj 270 mg per ml, 20 ml vial</td>
<td>220.00</td>
<td>10</td>
<td>Visipaque</td>
</tr>
<tr>
<td></td>
<td>Inj 270 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 320 mg per ml, 20 ml vial</td>
<td>220.00</td>
<td>10</td>
<td>Visipaque</td>
</tr>
<tr>
<td></td>
<td>Inj 320 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017</td>
<td>430.00</td>
<td>10</td>
<td>Visipaque</td>
</tr>
<tr>
<td></td>
<td>Inj 320 mg per ml (iodine equivalent), 100 ml bottle – 5% DV Sep-14 to 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 320 mg per ml (iodine equivalent), 200 ml bottle – 5% DV Sep-14 to 2017</td>
<td>850.00</td>
<td>10</td>
<td>Visipaque</td>
</tr>
</tbody>
</table>
VARIOUS

<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>

**IOHEXOL**

- Inj 240 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017 $75.00 10 Omnipoque
- Inj 300 mg per ml (iodine equivalent), 20 ml bottle – 5% DV Sep-14 to 2017 $57.00 10 Omnipoque
- Inj 300 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017 $75.00 10 Omnipoque
- Inj 300 mg per ml (iodine equivalent), 100 ml bottle – 5% DV Sep-14 to 2017 $75.00 10 Omnipoque
- Inj 350 mg per ml (iodine equivalent), 20 ml bottle – 5% DV Sep-14 to 2017 $59.00 10 Omnipoque
- Inj 350 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017 $75.00 10 Omnipoque
- Inj 350 mg per ml (iodine equivalent), 75 ml bottle – 5% DV Sep-14 to 2017 $114.00 10 Omnipoque
- Inj 350 mg per ml (iodine equivalent), 100 ml bottle – 5% DV Sep-14 to 2017 $150.00 10 Omnipoque
- Inj 350 mg per ml (iodine equivalent), 200 ml bottle – 5% DV Sep-14 to 2017 $290.00 10 Omnipoque

**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
- Eosphogeal cream 30 mg per g
- Eosphogeal 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
- Eosphogeal 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
- e.g. E-Z-GAS II

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

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

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Product Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GADOBENIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multihance</td>
<td>324.74</td>
<td>Inj 334 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td></td>
<td>636.28</td>
<td>Inj 334 mg per ml, 20 ml vial</td>
</tr>
<tr>
<td><strong>GADOBUTROL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gadovist</td>
<td>180.00</td>
<td>Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe</td>
</tr>
<tr>
<td></td>
<td>700.00</td>
<td>Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe</td>
</tr>
<tr>
<td><strong>GADODIAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omniscan</td>
<td>200.00</td>
<td>Inj 287 mg per ml, 10 ml prefilled syringe</td>
</tr>
<tr>
<td></td>
<td>170.00</td>
<td>Inj 287 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td></td>
<td>120.00</td>
<td>Inj 287 mg per ml, 5 ml vial</td>
</tr>
<tr>
<td></td>
<td>320.00</td>
<td>Inj 287 mg per ml, 15 ml prefilled syringe</td>
</tr>
<tr>
<td><strong>GADOTERIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dotarem</td>
<td>24.50</td>
<td>Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe</td>
</tr>
<tr>
<td></td>
<td>34.50</td>
<td>Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle</td>
</tr>
<tr>
<td></td>
<td>41.00</td>
<td>Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe</td>
</tr>
<tr>
<td></td>
<td>55.00</td>
<td>Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe</td>
</tr>
<tr>
<td></td>
<td>23.20</td>
<td>Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle</td>
</tr>
<tr>
<td></td>
<td>46.30</td>
<td>Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle</td>
</tr>
<tr>
<td></td>
<td>12.30</td>
<td>Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle</td>
</tr>
<tr>
<td><strong>GADOXETATE DISODIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primovist</td>
<td>300.00</td>
<td>Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe</td>
</tr>
<tr>
<td><strong>MEGLUMINE GADOPENTETATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnevist</td>
<td>95.00</td>
<td>Inj 469 mg per ml, 10 ml prefilled syringe</td>
</tr>
<tr>
<td></td>
<td>185.00</td>
<td>Inj 469 mg per ml, 10 ml vial</td>
</tr>
<tr>
<td><strong>MEGLUMINE IOTROXATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biliscopin</td>
<td>150.00</td>
<td>Inj 105 mg per ml, 100 ml bottle</td>
</tr>
</tbody>
</table>

### Ultrasound Contrast Media

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definity</td>
<td>180.00 1</td>
</tr>
<tr>
<td></td>
<td>720.00 4</td>
</tr>
<tr>
<td><strong>PERFLUTREN</strong></td>
<td></td>
</tr>
<tr>
<td>Definity</td>
<td>180.00 1</td>
</tr>
<tr>
<td></td>
<td>720.00 4</td>
</tr>
</tbody>
</table>

### Diagnostic Agents

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ARGININE</strong></td>
<td></td>
</tr>
<tr>
<td>50 mg per ml, 500 ml bottle</td>
<td></td>
</tr>
<tr>
<td>100 mg per ml, 300 ml bottle</td>
<td></td>
</tr>
<tr>
<td><strong>HISTAMINE ACID PHOSPHATE</strong></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 0.6%, 10 ml vial</td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 2.5%, 10 ml vial</td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 5%, 10 ml vial</td>
<td></td>
</tr>
<tr>
<td><strong>METHACHOLINE CHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Powder 100 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.
### VARIOUS

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

#### SECRETIN PENTAHYDROCHLORIDE
- **Inj 100 u ampoule**

#### SINCALIDE
- **Inj 5 mcg per vial**

#### TUBERCULIN, PURIFIED PROTEIN DERIVATIVE
- **Inj 5 TU per 0.1 ml, 1 ml vial**

### Diagnostic Dyes

- **BONNEY’S BLUE DYE**
  - Soln

- **INDIGO CARMINE**
  - **Inj 4 mg per ml, 5 ml ampoule**
  - **Inj 8 mg per ml, 5 ml ampoule**

- **INDOCYANINE GREEN**
  - **Inj 25 mg vial**

- **METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]**
  - **Inj 10 mg per ml, 10 ml ampoule**
  - **Inj 10 mg per ml, 5 ml ampoule**

- **PATENT BLUE V**
  - **Inj 2.5%, 2 ml ampoule**

### Irrigation Solutions

- **CHLORHEXIDINE**
  - **Irrigation soln 0.02%, bottle**
  - **Irrigation soln 0.05%, bottle**
  - **Irrigation soln 0.1%, bottle**
  - **Irrigation soln 0.5%, bottle**
  - **Irrigation soln 0.02%, 500 ml bottle**
  - **Irrigation soln 0.1%, 30 ml ampoule**

- **CHLORHEXIDINE WITH CETRIMIDE**
  - **Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule**
  - **Irrigation soln 0.015% with cetrimide 0.15%, bottle**
  - **Irrigation soln 0.05% with cetrimide 0.5%, bottle**
  - **Irrigation soln 0.1% with cetrimide 1%, bottle**

- **GLYCINE**
  - **Irrigation soln 1.5%, bottle**

---

- **e.g. Brand** indicates brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>VARIOUS</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM CHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.9%, 30 ml ampoule</td>
<td>19.50</td>
<td>30 ml Pfizer</td>
</tr>
<tr>
<td>Irrigation soln 0.9%, bottle</td>
<td>2.49</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>2.88</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>2.96</td>
<td>1,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>10.00</td>
<td>2,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>12.67</td>
<td>3,000 ml Baxter</td>
</tr>
<tr>
<td>WATER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln, bottle</td>
<td>2.68</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>2.61</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>2.75</td>
<td>1,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>9.71</td>
<td>2,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>15.80</td>
<td>3,000 ml Baxter</td>
</tr>
<tr>
<td>Surgical Preparations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BISMUTH SUBNITRATE AND IODOFORM PARAFFIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIMETHYL SULFOXIDE</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>PHENOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 6%, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENOL WITH IOXAGLIC ACID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 12%, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TROMETAMOL</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.
## VARIOUS

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

### Cardioplegia Solutions

**ELECTROLYTES**

| 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 |
|-------------------------------|-------------------------------|
| 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 |
| Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag |
| 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 |
| Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag |
| e.g. Cardioplegia Enriched Paed. Soln. |
| e.g. Cardioplegia Enriched Solution |
| e.g. Cardioplegia Base Solution |
| e.g. Cardioplegia Solution AHB7832 |
| e.g. Cardioplegia Electrolyte Solution |

**MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE**

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

**MONOSODIUM L-ASPARTATE**

| Inj 14 mmol per 10 ml, 10 ml |

### Cold Storage Solutions

**SODIUM WITH POTASSIUM**

| Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag |
### Extemporaneously Compounded Preparations

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACETIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquity</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>ALUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder BP</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>ARACHIS OIL [PEANUT OIL]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquity</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>ASCORBIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>BENZOIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tincture compound BP</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>BISMUTH SUBGALLATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>BORIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CARBOXYMETHYLCELLULOSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 1.5%</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CETRIMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 40%</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CHLORHEXIDINE GLUCONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 20 %</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CHLOROFORM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquity</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CITRIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder BP</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CLOVE OIL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquity</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>COAL TAR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln BP</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CODEINE PHOSPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>COLLODION FLEXIBLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquity</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>COMPOUND HYDROXYBENZOATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>CYSTEAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>DITHRANOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
### Extemporaneously Compounded Preparations and Galenicals

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLUCOSE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLYCERIN WITH SODIUM SACCHARIN</td>
<td>Suspension</td>
<td>35.50</td>
<td>473 ml Ora-Sweet SF</td>
</tr>
<tr>
<td>GLYCERIN WITH SUCROSE</td>
<td>Suspension</td>
<td>35.50</td>
<td>473 ml Ora-Sweet</td>
</tr>
<tr>
<td>GLYCEROL</td>
<td>Liq</td>
<td>19.80</td>
<td>2,000 ml ABM</td>
</tr>
<tr>
<td>HYDROCORTISONE</td>
<td>Powder</td>
<td>44.00</td>
<td>25 g ABM</td>
</tr>
<tr>
<td>LACTOSE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM HYDROXIDE</td>
<td>Paste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTHOL</td>
<td>Crystals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHADONE HYDROCHLORIDE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYL HYDROXYBENZOATE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYLCELLULOSE</td>
<td>Powder</td>
<td>35.50</td>
<td>473 ml Ora-Plus</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN</td>
<td>Suspension</td>
<td>35.50</td>
<td>473 ml Ora-Blend SF</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SUCROSE</td>
<td>Suspension</td>
<td>35.50</td>
<td>473 ml Ora-Blend</td>
</tr>
<tr>
<td>OLIVE OIL</td>
<td>Liq</td>
<td>12.00</td>
<td>500 ml ABM</td>
</tr>
<tr>
<td>PARAFFIN</td>
<td>Liq</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENOBARBITONE SODIUM</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENOL</td>
<td>Liq</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PILOCARPINE NITRATE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLYHYDRAMETHYLENE BIGUANIDE</td>
<td>Liq</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Povidone K30</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPYLENE GLYCOL</td>
<td>Liq</td>
<td>12.00</td>
<td>500 ml ABM</td>
</tr>
</tbody>
</table>

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

*Example: Brand indicates brand example only. It is not a contracted product.*

188
## Extemporaneously Compounded Preparations and Galenicals

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALICYLIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SILVER NITRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM BICARBONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM CITRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM METABISULFITE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STARCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SULPHUR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precipitated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sublimed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SYRUP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liq (pharmaceutical grade)</td>
<td>21.75</td>
<td>Midwest</td>
</tr>
<tr>
<td></td>
<td>2,000 ml</td>
<td></td>
</tr>
<tr>
<td><strong>TRI-SODIUM CITRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystals</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRICHLORACETIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grans</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UREA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WOOL FAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint, anhydrous</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>XANTHAN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gum 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ZINC OXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</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.
SPECIAL FOODS

<table>
<thead>
<tr>
<th>Food Modules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrate</td>
</tr>
<tr>
<td>Restricted</td>
</tr>
<tr>
<td>Use as an additive</td>
</tr>
<tr>
<td>Any of the following:</td>
</tr>
<tr>
<td>1 Cystic fibrosis; or</td>
</tr>
<tr>
<td>2 Chronic kidney disease; or</td>
</tr>
<tr>
<td>3 Cancer in children; or</td>
</tr>
<tr>
<td>4 Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or</td>
</tr>
<tr>
<td>5 Faltering growth in an infant/child; or</td>
</tr>
<tr>
<td>6 Bronchopulmonary dysplasia; or</td>
</tr>
<tr>
<td>7 Premature and post premature infant; or</td>
</tr>
<tr>
<td>8 Inborn errors of metabolism.</td>
</tr>
<tr>
<td>Use as a module</td>
</tr>
<tr>
<td>For use as a component in a modular formula</td>
</tr>
<tr>
<td>CARBOHYDRATE SUPPLEMENT – Restricted see terms above</td>
</tr>
<tr>
<td>Powder 95 g carbohydrate per 100 g, 368 g can</td>
</tr>
<tr>
<td>Powder 96 g carbohydrate per 100 g, 400 g can</td>
</tr>
<tr>
<td>e.g. Polycal</td>
</tr>
</tbody>
</table>

| 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 |
| Liq |

Item restricted (see ➢ above); Item restricted (see ➤ below)

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

**➦ Restricted**

**Use as an additive**

Either:

1. Protein losing enteropathy; or
2. High protein needs.

**Use as a module**

For use as a component in a modular formula

**PROTEIN SUPPLEMENT – Restricted** see terms above

- Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can  
  e.g. Promod

- Powder 6 g protein per 7 g, can .............................. 8.95 227 g  
  Resource Beneprotein

- Powder 89 g protein, <1.5 g carbohydrate and 2 g fat per 100 g, 225 g can  
  e.g. Protifar

### Other Supplements

**BREAST MILK FORTIFIER**

- Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet  
  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 Fortifier

**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

**➦ Restricted**

Both:

1. Infant or child aged four years or under; and
2. Any of the following:
   - 2.1 Cystic fibrosis; or
   - 2.2 Cancer in children; or
   - 2.3 Faltering growth; or
   - 2.4 Bronchopulmonary dysplasia; or
   - 2.5 Premature and post premature infants.

### Food/Fluid Thickeners

**NOTE:**

While pre-thickened drinks 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
**SPECIAL FOODS**

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUAR GUM</td>
<td></td>
<td>e.g. Guarcol</td>
</tr>
<tr>
<td>MAIZE STARCH</td>
<td></td>
<td>e.g. Resource Thicken Up; Nutilis</td>
</tr>
<tr>
<td>MALTODEXTRIN WITH XANTHAN GUM</td>
<td></td>
<td>e.g. Instant Thick</td>
</tr>
<tr>
<td>MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID</td>
<td></td>
<td>e.g. Easy Thick</td>
</tr>
</tbody>
</table>

**Metabolic Products**

**Restricted**

Any of the following:
1. For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidemia, propionic acidemia, methylmalonic acidemia, tyrosinaemia or urea cycle disorders; or
2. Patient has adrenoleukodystrophy; or
3. For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

**Glutaric Aciduria Type 1 Products**

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms above

| Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can | e.g. GA1 Anamix Infant |
| Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can | e.g. XLYS Low TRY Maxamaid |

**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 | e.g. HCU Anamix Infant |
| Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can | e.g. XMET Maxamaid |
| Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can | e.g. XMET Maxamum |
| Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle | e.g. HCU Anamix Junior LQ |

**Isovaleric Acidaemia Products**

AMINO ACID FORMULA (WITHOUT LEUCINE) – **Restricted** see terms above

| Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can | e.g. IVA Anamix Infant |
| Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can | e.g. XLEU Maxamaid |
| Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can | e.g. XLEU Maxamum |

---

- Item restricted (see ➪ above); Item restricted (see ➪ below)
- *e.g. Brand* indicates brand example only. It is not a contracted product.
### 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, 400 g can</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, 125 ml bottle</td>
<td></td>
<td>e.g. MSUD Anamix Junior LQ</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>$13.10</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, 400 g can</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 100 g, 500 g can</td>
<td></td>
<td>e.g. XP Maxamum</td>
</tr>
<tr>
<td>Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet</td>
<td></td>
<td>e.g. Phlexy-10</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></td>
<td>e.g. PKU Lophlex LQ 10</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>e.g. PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle</td>
<td></td>
<td>PKU Anamix Junior LQ (Berry)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PKU Anamix Junior LQ (Orange)</td>
</tr>
<tr>
<td></td>
<td></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 100 ml, 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 100 ml, 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 192

- 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 192

- 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 192

- 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 192

- 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 192

- Liquid, 1,000 ml bottle

**GLYCEROL TRIOLEATE** – *Restricted* see terms on page 192

- Liquid, 500 ml bottle

### Specialised Formulas

### Diabetic Products

*Restricted*

Any of the following:

1. For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
2. For patients with pancreatic insufficiency; or
3. For patients who have, or are expected to, eat little or nothing for 5 days; or
4. For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or

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

*e.g. 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

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

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

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

**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

- **Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton** ............4.95 237 ml Peptamen OS 1.0 (Vanilla)

**Fat Modified Products**

**FAT-MODIFIED FEED – Restricted** see terms below

- **Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g,**
  400 g can e.g. Monogen

**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
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
  
  *e.g. Nutrison Protein Plus*

**Restricted**

Both:

1. The patient has a high protein requirement; and
2. Any of the following:
   1. Patient has liver disease; or
   2. Patient is obese (BMI > 30) and is undergoing surgery; or
   3. Patient is fluid restricted; or
   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
  
  *e.g. Nutrison Protein Plus Multi Fibre*

**Restricted**

Both:

1. The patient has a high protein requirement; and
2. Any of the following:
   1. Patient has liver disease; or
   2. Patient is obese (BMI > 30) and is undergoing surgery; or
   3. Patient is fluid restricted; or
   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
  
  *e.g. Fortimel Regular*

**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.
SPECIAL FOODS

Infant Formulas

AMINO ACID FORMULA – Restricted see terms below

Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can

Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can

Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can ........... 53.00

Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can

Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can ........... 53.00

Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 g, 400 g can

Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet ................. 6.00

Elecare LCP

Elecare (Unflavoured)

Elecare (Vanilla)

Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can

e.g. Neocate

e.g. Neocate LCP

Neocate Gold

(Unflavoured)

Neocate Advance

(Unflavoured)

Neocate Advance

(Vanilla)

Elecare (Unflavoured)

Elecare (Vanilla)

Vivonex Paediatric

EXTENSIVELY HYDROLYSED FORMULA – Restricted see terms below

Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can

e.g. Gold Pepti Junior

Karicare Aptamil

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.

Restricted Initiation - new patients

Any of the following:

1. Both:
   1.1 Cows’ milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
   1.2 Either:
      1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
      1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2. Severe malabsorption; or
3. Short bowel syndrome; or
4. Intractable diarrhoea; or
5. Biliary atresia; or
6. Cholestatic liver diseases causing malsorption; 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
e.g. Infatrini

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

Liquid 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can …………15.25 400 g S-26 Gold Premgro
Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle ………0.75 100 ml S26 LBW Gold RTF
Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle
e.g. Pre Nan Gold RTF
Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle
e.g. Karicare Aptamil Gold+Preterm

RESTRICTED

For infants born before 33 weeks’ gestation or weighing less than 1.5 kg at birth.

THICKENED FORMULA

Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml,
900 g can
e.g. Karicare Aptamil Thickened AR
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)

Pediasure (Vanilla)

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 ...........................................................20.00 850 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 e.g. Nutrini RTH

Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag

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

Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag

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)
Pediasure (Strawberry)
Pediasure (Vanilla)

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)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Manufacturer</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML</strong> – Restricted</td>
<td>Nepro HP RTH</td>
<td>$6.08</td>
</tr>
<tr>
<td>Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle</td>
<td>500 ml</td>
<td></td>
</tr>
<tr>
<td>Restricted For patients with acute or chronic kidney disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML</strong> – Restricted</td>
<td>Nepro RTH</td>
<td>$6.08</td>
</tr>
<tr>
<td>Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle</td>
<td>500 ml</td>
<td></td>
</tr>
<tr>
<td>Restricted For patients with acute or chronic kidney disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ORAL FEED</strong> – Restricted</td>
<td>e.g. Kindergen</td>
<td></td>
</tr>
<tr>
<td>Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted For children (up to 18 years) with acute or chronic kidney disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML</strong></td>
<td>Nepro HP (Strawberry)</td>
<td>$2.67</td>
</tr>
<tr>
<td>Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton</td>
<td>220 ml</td>
<td></td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ORAL FEED 2 KCAL/ML</strong> – Restricted</td>
<td>Nepro (Strawberry)</td>
<td>$2.43</td>
</tr>
<tr>
<td>Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton</td>
<td>200 ml</td>
<td></td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML</strong></td>
<td>Novasource Renal (Vanilla)</td>
<td>$3.31</td>
</tr>
<tr>
<td>Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton</td>
<td>237 ml</td>
<td></td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ORAL FEED 2 KCAL/ML</strong> – Restricted</td>
<td>e.g. Suplena</td>
<td></td>
</tr>
<tr>
<td>Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted For patients with acute or chronic kidney disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Respiratory Products

<table>
<thead>
<tr>
<th>Description</th>
<th>Manufacturer</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML</strong> – Restricted</td>
<td>Pulmocare (Vanilla)</td>
<td>$1.66</td>
</tr>
<tr>
<td>Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle</td>
<td>237 ml</td>
<td></td>
</tr>
<tr>
<td>Restricted For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SPECIAL FOODS

<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>

**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)
- 237 ml Impact Advanced Recovery (Vanilla)

**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

- Liquid 5.4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 1,000 ml bottle
  e.g. Isosource Standard RTH
- Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag .......... 7.00
  e.g. Nutrison Energy
- Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag
  e.g. Nutrison Energy Multi Fibre
- Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can .......... 1.75
- Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag ......... 7.00
  e.g. Ensure Plus HN
- Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag ........................................... 7.00
  e.g. Jevity HiCal RTH

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

### ENTERAL FEED 1 KCAL/ML – Restricted

See terms on the preceding page

- **Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle**
  - 500 ml: $2.65
  - 1,000 ml: $5.29

- **Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, can**
  - 250 ml: $1.24

- **Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle**
  - 500 ml: $2.65
  - 1,000 ml: $5.29

- **Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, can**
  - 237 ml: $1.32

- **Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag**

- **Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag**

### ENTERAL FEED 1.2 KCAL/ML – Restricted

See terms on the preceding page

- **Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag**

### ORAL FEED – Restricted

See terms on the preceding page

- **Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can**
  - 850 g: $13.00

- **Powder 18.7 g protein, 54.5 g carbohydrate and 18.9 g fat per 100 g, can**
  - 900 g: $9.50

- **Powder 21.9 g protein, 53.5 g carbohydrate and 14.5 g fat per 100 g, can**
  - 350 g: $3.67

- **Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can**
  - 900 g: $10.22

- **Powder 23 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle**

### 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**

- **Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can**
  - 1.33

- **Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton**
  - 1.26

- **Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle**

- **Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle**

- **Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 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.
## Bacterial and Viral Vaccines

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – Restricted</td>
<td>$0.00</td>
<td>Infanrix IPV</td>
</tr>
<tr>
<td>Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – 1% DV Jul-14 to 2017</td>
<td>0.00 10</td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funded for any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 A single dose for children up to the age of 7 who have completed primary immunisation; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Five doses will be funded for children requiring solid organ transplantation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Restricted</td>
<td>$0.00</td>
<td>Infanrix-hexa</td>
</tr>
<tr>
<td>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 – 1% DV Jul-14 to 2017</td>
<td>0.00 10</td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funded for patients meeting any of the following criteria:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Up to four doses for children up to the age of 10 for primary immunisation; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Up to four doses (as appropriate) for children are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; renal dialysis and other severely immunosuppressive regimens; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Up to five doses for children up to the age of 10 receiving solid organ transplantation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: A course of up-to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Bacterial Vaccines

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT DIPHTHERIA AND TETANUS VACCINE</td>
<td>$0.00</td>
<td>ADT Booster</td>
</tr>
<tr>
<td>Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – 1% DV Jul-14 to 2017</td>
<td>0.00 5</td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 For vaccination of patients aged 45 and 65 years old; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 For vaccination of previously unimmunised or partially immunised patients; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 For revaccination following immunosuppression; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 For boosting of patients with tetanus-prone wounds; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACILLUS CALMETTE-GUERIN VACCINE – Restricted</td>
<td>$0.00</td>
<td>BCG Vaccine</td>
</tr>
<tr>
<td>Inj Mycobacterium bovis BCG (Bacillus Calmette-Guérin), Danish strain 1331, live attenuated, vial Danish strain 1331, live attenuated, vial with diluent – 1% DV Oct-14 to 2017</td>
<td>0.00 10</td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></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.
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.

Note: A list of countries with high rates of TB are available at http://www.health.govt.nz/tuberculosis (Search for Downloads) or www.bcgatlas.org/index.php

DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – Restricted see terms below

Inject 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 – 1% DV Jul-14 to 2017..........................................0.00 1

Boostrix

Boostrix

RESTRICTED

Funded for any of the following:

1. A single vaccine for pregnant woman between gestational weeks 28 and 38 during epidemics.
2. A course of up to four vaccines is funded for children from age 7 to 17 years inclusive to complete full primary immunisation.
3. A course of up to four vaccines is funded for children from age 7 to 17 years inclusive for reimmunisation following immunosuppression

Note: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Restricted see terms below

Inject 10 mcg vial with diluent syringe – 1% DV Jul-14 to 2017 ..............................................0.00 1

Act-HIB

RESTRICTED

One dose for patients meeting 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

Inject 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – 1% DV Jul-14 to 2017.........................................................0.00 1

Menactra

RESTRICTED

Any of the following:

1. Up to three doses for patients pre- and post splenectomy and patients with functional or anatomic asplenia; or
2. One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
3. One dose for close contacts of meningococcal cases; or
4. A maximum of two doses for bone marrow transplant patients; or
5. A maximum of two doses for patients following immunosuppression*.

Note: children under seven years of age require a second dose three years after the first and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE – Restricted see terms on the next page

Inject 200 mcg vial with diluent

(Any Inj 200 mcg vial with diluent to be delisted 1 October 2014)
**VACCINES**

<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 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 – 1% DV Jul-14 to 2017 ...........................................0.00 1 Neisvac-C
- Inj 10 Neisvac-C

**Restricted**

Any of the following:

1. Up to three doses for patients pre- and post-splenectomy and patients with functional or anatomic asplenia; or
2. One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
3. One dose for close contacts of meningococcal cases; or
4. A maximum of two doses for bone marrow transplant patients; or
5. A maximum of two doses for patients following immunosuppression*.

Note: children under seven years of age require a second dose three years after the first and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – **Restricted** see terms below

- Inj 16 mcg in 0.5 ml syringe
  (Any Inj 16 mcg in 0.5 ml syringe to be delisted 1 October 2014)

**Restricted**

For primary vaccination in children

PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – **Restricted** see terms below

- Inj 30.8 mcg in 0.5 ml syringe – 1% DV Oct-14 to 2017 ...........................................0.00 1 Prevenar 13
- Inj 30 Prevenar 13

**Restricted**

Any of the following:

1. A primary course of up to four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
2. Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or
3. One dose is funded for high risk children who have previously received four doses of PCV10; or
4. Up to an additional four doses (as appropriate) are funded for (re-)immunisation for patients with HIV, patients post HSCT, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis and other severely immunosuppressive regimens up to the age of 18; or
5. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – **Restricted** see terms below

- Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) – 1% DV Jul-14 to 2017 ...........................................0.00 1 Pneumovax 23

**Restricted**

Either of the following:

1. Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or
2. Up to two doses are funded for high risk children to the age of 18.

SALMONELLA TYPHI VACCINE – **Restricted** see terms below

- Inj 25 mcg in 0.5 ml syringe

**Restricted**

For use during typhoid fever outbreaks

---

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

*E.g. Brand* indicates brand example only. It is not a contracted product.
### Viral Vaccines

**HEPATITIS A VACCINE** — Restricted see terms below

- **Inj 720 ELISA units in 0.5 ml syringe — 1% DV Jul-14 to 2017**
  - Price: $0.00 1
  - Brand: Havrix Junior

- **Inj 1440 ELISA units in 1 ml syringe — 1% DV Jul-14 to 2017**
  - Price: $0.00 1
  - Brand: Havrix

#### Restricted

Funded for patients meeting any of the following criteria:

1. Two vaccinations for use in transplant patients; or
2. Two vaccinations for use in children with chronic liver disease; or
3. One dose of vaccine for close contacts of known hepatitis A cases; or
4. One dose for any of the following on the recommendation of a local medical officer of health:
   1. Children, aged 1–4 years inclusive who reside in Ashburton district; or
   2. Children, aged 1–9 years inclusive, residing in Ashburton; or
   3. Children, aged 1–9 years inclusive, who attend a preschool or school in Ashburton; or
   4. Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton funded for children in Ashburton.

**HEPATITIS B RECOMBINANT VACCINE**

- **Inj 40 mcg per 1 ml vial — 1% DV Jul-14 to 2017**
  - Price: $0.00 1
  - Brand: HBvaxPRO

#### Restricted

Funded for any of the following criteria:

- For dialysis patients; or
- For liver or kidney transplant patient.

- **Inj 5 mcg in 0.5 ml vial — 1% DV Jul-14 to 2017**
  - Price: $0.00 1
  - Brand: HBvaxPRO

#### Restricted

Funded for any of the following criteria:

- For household or sexual contacts of known hepatitis B carriers; or
- For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- For children up to the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or
- For HIV positive patients; or
- For hepatitis C positive patients; or
- For patients following immunosuppression; or
- For transplant patients.

- **Inj 10 mcg in 1 ml vial — 1% DV Jul-14 to 2017**
  - Price: $0.00 1
  - Brand: HBvaxPRO

#### Restricted

Funded for any of the following criteria:

- For household or sexual contacts of known hepatitis B carriers; or
- For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- For children up to the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or
- For HIV positive patients; or
- For hepatitis C positive patients; or
- For patients following immunosuppression; or
- For transplant patients.

**HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV]** — Restricted see terms on the next page

- **Inj 120 mcg in 0.5 ml syringe — 1% DV Jul-14 to 2017**
  - Price: $0.00 10
  - Brand: Gardasil
**VACCINES**

<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**

Maximum of three doses for patient meeting any of the following criteria:

1. Females aged under 20 years old; or
2. Patients aged under 26 years old with confirmed HIV infection; or
3. For use in transplant patients.

**INFLUENZA VACCINE – Restricted** see terms below

- Inj 45 mcg in 0.5 ml syringe ............................................... 90.00 10 Fluarix
  Influvac

**Restricted**

Any of the following:

1. All people 65 years of age and over; or
2. People under 65 years of age who:
   - Have any of the following cardiovascular diseases:
     1. Ischaemic heart disease; or
     2. Congestive heart disease; or
     3. Rheumatic heart disease; or
     4. Congenital heart disease; or
     5. Cerebro-vascular disease; or
   - Have any of the following chronic respiratory diseases:
     1. Asthma, if on a regular preventative therapy; or
     2. Other chronic respiratory disease with impaired lung function; or
   - Have diabetes;
   - Have chronic renal disease;
   - Have any cancer, excluding basal and squamous skin cancers if not invasive;
   - Have any of the following other conditions:
     1. Autoimmune disease;
     2. Immune suppression;
     3. HIV;
     4. Transplant recipients;
     5. Neuromuscular and CNS diseases;
     6. Haemoglobinopathies;
     7. Are children on long term aspirin; or
   - Are pregnant, or
   - 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 – 1% DV Jul-14 to 2017 ......................... 0.00 10 M-M-R-II

**Restricted**

A maximum of two doses for any patient meeting the following criteria:

1. For primary vaccination in children; or
2. For revaccination following immunosuppression; or
3. For any individual susceptible to measles, mumps or rubella

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

**POLIOMYELITIS VACCINE – Restricted** see terms on the next page

- Inj 80 D-antigen units in 0.5 ml syringe – 1% DV Jul-14 to 2017 ................. 0.00 1 IPOL

---

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

**VACCINES**

- **Restricted**
  - Up to three doses for patients meeting either of the following:
    1. For partially vaccinated or previously unvaccinated individuals; or
    2. For revaccination following immunosuppression.
  - Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

**Rabies Vaccine**

Inj 2.5 IU vial with diluent

**Rotavirus Live Reassortant Oral Vaccine** – **Restricted** see terms below

- Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50 units per 2 ml, tube – 1% DV Jul-14 to 2017
- $0.00 10 RotaTeq

**Varicella Vaccine [Chicken Pox Vaccine]** – **Restricted** see terms below

- Inj 2,000 PFU vial with diluent – 1% DV Jul-14 to 2017
- $0.00 1 Varilrix

- **Restricted**
  - Maximum of two doses for 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*.
    2. For patients at least 2 years after bone marrow transplantation, on advice of their specialist.
    3. For patients at least 6 months after completion of chemotherapy, on advice of their specialist.
    4. For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist.
    5. For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella.
    6. For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.
    7. For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days
### 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. The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

#### BLOOD GLUCOSE DIAGNOSTIC TEST METER
- 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips ........20.00
- 
  **Caresens II**
  - Meter ................................................................. 9.00
  - 9.00
  - 19.00

#### BLOOD GLUCOSE DIAGNOSTIC TEST STRIP
- Blood glucose test strips ...................................................... 10.56
- 
  50 test
  - 21.65
  - 28.75

#### BLOOD KETONE DIAGNOSTIC TEST METER
- Meter ................................................................. 40.00
- 
  1 Freestyle Optium

#### INSULIN PEN NEEDLES
- 29 g \(\times\) 12.7 mm ...................................................... 10.50
- 100 B-D Micro-Fine
- 31 g \(\times\) 5 mm ...................................................... 11.75
- 100 B-D Micro-Fine
- 31 g \(\times\) 6 mm ...................................................... 10.50
- 100 ABM
- 31 g \(\times\) 8 mm ...................................................... 10.50
- 100 ABM
- 32 g \(\times\) 4 mm ...................................................... 10.50
- 100 B-D Micro-Fine

#### INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE
- Syringe 0.3 ml with 29 g \(\times\) 12.7 mm needle ..................... 13.00
- 100 B-D Ultra Fine
- Syringe 0.3 ml with 31 g \(\times\) 8 mm needle ..................... 13.00
- 100 B-D Ultra Fine II
- Syringe 0.5 ml with 29 g \(\times\) 8 mm needle ..................... 13.00
- 100 B-D Ultra Fine
- Syringe 0.5 ml with 31 g \(\times\) 8 mm needle ..................... 13.00
- 100 B-D Ultra Fine II
- Syringe 1 ml with 29 g \(\times\) 12.7 mm needle ..................... 13.00
- 100 ABM
- Syringe 1 ml with 31 g \(\times\) 8 mm needle ................. 13.00
- 100 B-D Ultra Fine II

#### KETONE BLOOD BETA-KETONE ELECTRODES
- Test strips .................................................. 15.50
- 10 strip Freestyle Optium Ketone

#### MASK FOR SPACER DEVICE
- Size 2 .................................................. 2.99
- 1 EZ-fit Paediatric Mask

#### PEAK FLOW METER
- Low Range .................................................. 11.44
- 1 Breath-Alert
- Normal Range .................................................. 11.44
- 1 Breath-Alert

---

⚠️ Item restricted (see ➢ above); ⚠️ Item restricted (see ➢ below)

*e.g.* *Brand* indicates brand example only. It is not a contracted product.
## PART III - OPTIONAL PHARMACEUTICALS

<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>
<tr>
<td><strong>PREGNANCY TEST - HCG URINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cassette</td>
<td>22.80</td>
<td>40 test</td>
</tr>
<tr>
<td><strong>SODIUM NITROPRUSSIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test strip</td>
<td>6.00</td>
<td>50 strip</td>
</tr>
<tr>
<td><strong>SPACER DEVICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>230 ml (single patient)</td>
<td>4.72</td>
<td>1</td>
</tr>
<tr>
<td>800 ml</td>
<td>8.50</td>
<td>1</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.
# INDEX
## Generic Chemicals and Brands

### - Symbols -
- 8-methoxypsoralen ........................................... 52

### - A -
- A-Scabies ........................................... 49
- Abacavir sulphate ........................................... 82
- Abacavir sulphate with lamivudine ........................................... 82
- Abciximab ........................................... 144
- Abilify ........................................... 117
- ABB Hydrocortisone ........................................... 24
- Acarbose ........................................... 16
- Acarbid ........................................... 16
- Accu-Chek Ketur-Test ........................................... 211
- Accu-Chek Performa ........................................... 210
- Accuretic 10 ........................................... 36
- Accuretic 20 ........................................... 36
- Acetadote ........................................... 179
- Acetazolamide ........................................... 176
- Acetic acid ........................................... 176
- Extemporaneous ........................................... 187
- Genito-Urinary ........................................... 55
- Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid ........................................... 55
- Acetic acid with propylene glycol ........................................... 178
- Acetylcysteine ........................................... 176
- Acetilcysteine ........................................... 179
- Acilocvir ........................................... 179
- Infection ........................................... 88
- Sensory ........................................... 173
- Acid Citrate Dextrose A ........................................... 29
- Acidex ........................................... 13
- Acipimox ........................................... 44
- Actretin ........................................... 52
- Aclasta ........................................... 95
- Act-HIB ........................................... 205
- Actemra ........................................... 162
- Actinomycin D ........................................... 128
- Adalimumab ........................................... 145
- Adapalene ........................................... 49
- Adefin XL ........................................... 40
- Adefovir dipivoxil ........................................... 85
- Adenosine ........................................... 38
- Adenuric ........................................... 98
- Adrenaline ........................................... 45
- ADT Booster ........................................... 204
- Adult diphtheria and tetanus vaccine ........................................... 204
- Advantan ........................................... 51
- Advate ........................................... 28
- Aerrane ........................................... 103
- Agents Affecting the Nervous System ........................................... 36
- Agents for Parkinsonism and Related Disorders ........................................... 102
- Agents Used in the Treatment of Poisonings ........................................... 179
- Ajmaline ........................................... 38
- Alasase ........................................... 167
- Albenzolate ........................................... 79
- Aldara ........................................... 53
- Alendronate sodium ........................................... 92–93
- Alendronate sodium with cholecalciferol ........................................... 93
- Alfacalcidol ........................................... 25
- Altentan hydrochloride ........................................... 107
- Alina ........................................... 80
- Alitraq ........................................... 196
- Allersothe ........................................... 168
- Allopurinol ........................................... 97
- Alpha tocopherol acetate ........................................... 25
- Alpha-Adrenoceptor Blockers ........................................... 37
- Alprazolam ........................................... 122
- Alprostadil hydrochloride ........................................... 45
- Alpeplase ........................................... 32
- Alum ........................................... 187
- Aluminium hydroxide ........................................... 13
- Aluminium hydroxide with magnesium hydroxide and simethicone ........................................... 13
- Amantadine hydrochloride ........................................... 102
- AmBisome ........................................... 75
- Ambrisentan ........................................... 46
- Amethocaine ........................................... 106, 175
- Nervous ........................................... 106
- Sensory ........................................... 175
- Amikacin ........................................... 69
- Amiloride hydrochloride ........................................... 42
- Amiloride hydrochloride with furosemide ........................................... 42
- Amiloride hydrochloride with hydrochlorothiazide ........................................... 42
- Aminophylline ........................................... 171
- Amiodarone hydrochloride ........................................... 38
- Amisulpride ........................................... 117
- Amtal ........................................... 110
- Amtriptyline ........................................... 110
- Amloptine ........................................... 40
- Amorolfine ........................................... 48
- Aminocillin ........................................... 71
- Amoxicillin Actavis ........................................... 71
- Amoxicillin with clavulanic acid ........................................... 72
- Amphoterine B ........................................... 23
- Alimentary ........................................... 23
- Infection ........................................... 75
- Amsacrine ........................................... 130
- Amyl nitrite ........................................... 45
- Anabolic Agents ........................................... 59
- Anaesthetics ........................................... 103
- Anagrelide hydrochloride ........................................... 130
- Analgesic ........................................... 106
- Anastrozole ........................................... 139
- Andriol Testocaps ........................................... 59
- Androderm ........................................... 59
- Androgen Agonists and Antagonists ........................................... 59
- Anexate ........................................... 179
- Antabuse ........................................... 126
- Antacids and Antiflatulents ........................................... 13
- Anti-Infective Agents ........................................... 55
- Anti-Infective Preparations ........................................... 48
- Dermatological ........................................... 173
- Anti-Inflammatory Preparations ........................................... 174
- Antiacne Preparations ........................................... 49
- Antiallergy Preparations ........................................... 167
- Antinaemics ........................................... 26
- Antiarrhythmics ........................................... 38
- Antibacterials ........................................... 69
- Anticholinergic Agents ........................................... 168
- Anticholinesterases ........................................... 92
- Antidepressants ........................................... 110
- Antidiarrhoeals and Intestinal Sensory ........................................... 27
- Anti-Inflammatory Agents ........................................... 13
- Antiepilepsy Drugs ........................................... 112
- Antifibrinolytics, Haemostatics and Local Sclerosants ........................................... 27
- Antifungals ........................................... 75
- Antihypotensives ........................................... 38
- Antimigraine Preparations ........................................... 115
- Antimycobacterial Agents ........................................... 77
- Antinausea and Vertigo Agents ........................................... 116
- Antiparasitics ........................................... 79
- Antipruritic Preparations ........................................... 49
- Antipsychotic Agents ........................................... 117
- Antiretrovirals ........................................... 80
- Antirheumatoid Agents ........................................... 92
- Antiseptics and Disinfectants ........................................... 180
- Antispasmodics and Other Agents Altering Gut

---

212
INDEX

Generic Chemicals and Brands

Molility ................................. 15
Antithrombotics ......................... 29
Antithymocyte globulin
(equine) ..................................... 165
Antithymocyte globulin
(rabbit) ..................................... 165
Antulcerants .............................. 15
Antivirals ................................. 85
Anxiolytics ............................... 122
Anzatax .................................. 137
Apida ....................................... 17
Apida Solostar ......................... 17
Apo-Allopurinol ....................... 97
Apo-Amiloride ......................... 42
Apo-Amloclaine ....................... 40
Apo-Amoxi .................................. 71
Apo-Azithromycin .................... 70
Apo-Cilazapril/ 
Apo-Azithromycin .................... 70
Hydrochlorothiazide ................... 36
Apo-Clarithromycin .................... 71
Apo-Clopidopram ..................... 110
Apo-Diclo ....................... 100
Apo-Diltiazem CD ....................... 41
Apo-Doxazosin ....................... 37
Apo-Gliclazide ......................... 17
Apo-Megestrol ......................... 138
Apo-Moclombemide ..................... 110
Apo-Nadolol ......................... 39
Apo-Oxybutynin ....................... 58
Apo-Perindopril ....................... 36
Apo-Pindolol ......................... 39
Apo-Prazo ....................... 37
Apo-Prazosin ....................... 37
Apo-Prednisone ....................... 60
Apo-Prednisone S29 ................. 60
Apo-Propranolol .................... 40
Apo-Pyridoxine ......................... 24
Apo-Risperidone ...................... 119
Apo-Ropinrole ......................... 103
Apo-Zopiclone ......................... 123
Apmicine ............................... 102
Apmorphine hydrochloride ........... 102
Apraclonidine ......................... 177
Aprepitant ............................. 116
Apreproline ......................... 46
Aprotinin ............................... 27
Aqueous cream ......................... 50
Arachis oil [Peanut oil] ............ 187
Arava ................................. 92
Aremed .................................. 139
Arginine ................................. 20
Arginine ................................. 183
Argipressin [Vasopressin] .......... 67
Argipressin [Vasopressin] .......... 67
Argipressin [Vasopressin] .......... 67
Aripiprazole ......................... 117
Aristolact ......................... 51
Aromasin ............................. 139
Arrow - Clopid ....................... 31
Arrow-Amitriptyline ............... 110
Arrow-Bendrofluazide ............. 42
Arrow-Brimonidine ................. 177
Arrow-Calcium ......................... 21
Arrow-Citalopram ................... 111
Arrow-Diazepam ....................... 122
Arrow-Doxubrine ................. 128
Arrow-Ertidronate ........... 94
Arrow-Fluxetine ................. 111
Arrow-Gabapentin ................. 112
Arrow-Lamotrigine ............. 114
Arrow-Lisinopril ..................... 36
Arrow-Losartan & 
Hydrochlorothiazide ................... 37
Arrow-Morphine LA ............ 108
Arrow-Nifedipine XR ............ 40
Arrow-Perindopril ........... 73
Arrow-Ornidazole ................. 189
Arrow-Quniprin 10 ................. 36
Arrow-Quniprin 20 ................. 36
Arrow-Quniprin 5 .................. 36
Arrow-Ranolidine ............. 15
Arrow-Roxithromycin ........... 71
Arrow-Seralaine ................. 112
Arrow-Simva ......................... 43
Arrow-Sumatriptan ............ 116
Arrow-Timolol ....................... 176
Arrow-Tolterodine ............. 58
Arrow-Toralpame ............. 115
Arrow-Trimadol ...................... 109
Arrow-Venlafaxine XR ........ 111
Arsenic trioxide ................. 130
Artemether with lumefantrine ...... 79
Artesunate ......................... 79
Articaine hydrochloride with 
adrenaline .................................. 104
Asacol ................................. 14
Asamex ................................. 14
Ascorbic acid ............................ 24
Alimentary ............................ 24
Extemporaneous ........... 187
Aspens Adrenaline ............ 45
Aspens Ciprofloxacin ............. 72
Aspirin ............................... 31
Blood ................................. 31
Nervous ............................ 106
Ashalin ............................... 169
Atazanavir sulphate ............ 84
Atenolol ............................... 39
Atenolol-AFT ....................... 39
ATGAM .............................. 165
Ativan ............................... 122
Atomoxetine ...................... 124
Atorvastatin ....................... 43
Atovaquone with proguanil 
hydrochloride .................. 79
Atracurium besylate ................. 99
Atropl ......................... 83
Atropine sulphate .............................. 177
Cardiovascular ................... 38
Sensory ............................. 177
Augmentin ............................ 72
Auranofin ............................ 92
Avaza ................................. 110
Avexol ....................... 73
Avelox IV 400 ....................... 73
Azactam ............................... 74
Azamun ......................... 165
Azathioprine ......................... 165
Azithromycin ....................... 70
Azol ................................. 61
AZT ............................... 83
Aztenuom ......................... 74
B-D Micro-Fine .................... 210
B-D Ultra Fine ................... 210
B-D Ultra Fine II .................. 210
Bacillus calmette-guerin 
(BCG) .................................. 165
Bacillus calmette-guerin 
vaccine .................................. 204
Baclofen ............................... 99
Bacterial and Viral Vaccines ...... 204
Bacterial Vaccines .................. 204
Baracloide ......................... 85
Barium sulphate ...................... 182
Barrier Creams and 
Emollients ........................ 49
Basilikimab .................. 150
BCG Vaccine ....................... 204
Beclazone 100 .................... 169
Beclazone 250 .................... 169
Beclazone 50 .................... 169
Beclomethasone 
dipropionate .................. 167, 169
Bee venom ......................... 167
Bendrofluazide ....................... 42
Bendroflumethiazide
<table>
<thead>
<tr>
<th>INDEX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Chemicals and Brands</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Bendrofluazide]</td>
<td>42</td>
</tr>
<tr>
<td>BeneFIX</td>
<td>28</td>
</tr>
<tr>
<td>Benzathine benzylpenicillin</td>
<td>72</td>
</tr>
<tr>
<td>Benz bromonar AL 100</td>
<td>97</td>
</tr>
<tr>
<td>Benz bromonarone</td>
<td>97</td>
</tr>
<tr>
<td>Benzocaine</td>
<td>104</td>
</tr>
<tr>
<td>Benzoin</td>
<td>187</td>
</tr>
<tr>
<td>Benzoyl peroxide</td>
<td>49</td>
</tr>
<tr>
<td>Benztrap</td>
<td>102</td>
</tr>
<tr>
<td>Benztropine mesylate</td>
<td>102</td>
</tr>
<tr>
<td>Benzydamine hydrochloride</td>
<td>22</td>
</tr>
<tr>
<td>Benzydamine hydrochloride with cetylpyridinium chloride</td>
<td>22</td>
</tr>
<tr>
<td>Benzyl penicillin sodium [Penicillin G]</td>
<td>72</td>
</tr>
<tr>
<td>Beractant</td>
<td>172</td>
</tr>
<tr>
<td>Beta Scalp</td>
<td>53</td>
</tr>
<tr>
<td>Beta-Adrenoceptor Agonists</td>
<td>169</td>
</tr>
<tr>
<td>Beta-Adrenoceptor Blockers</td>
<td>39</td>
</tr>
<tr>
<td>Betadine Skin Prep</td>
<td>181</td>
</tr>
<tr>
<td>Betagan</td>
<td>176</td>
</tr>
<tr>
<td>Betahistine dihydrochloride</td>
<td>116</td>
</tr>
<tr>
<td>Betaine</td>
<td>28</td>
</tr>
<tr>
<td>Betamethasone</td>
<td>59</td>
</tr>
<tr>
<td>Betamethasone dipropionate</td>
<td>51</td>
</tr>
<tr>
<td>Betamethasone dipropionate with calcipotriol</td>
<td>52</td>
</tr>
<tr>
<td>Betamethasone sodium phosphate with betamethasone acetate</td>
<td>59</td>
</tr>
<tr>
<td>Betamethasone valerate</td>
<td>51, 53</td>
</tr>
<tr>
<td>Betamethasone valerate with clobetasol propionate</td>
<td>52</td>
</tr>
<tr>
<td>Betamethasone valerate with fusidic acid</td>
<td>52</td>
</tr>
<tr>
<td>Betaxolol</td>
<td>176</td>
</tr>
<tr>
<td>Betoptic</td>
<td>176</td>
</tr>
<tr>
<td>Betoptic S</td>
<td>176</td>
</tr>
<tr>
<td>Bevacizumab</td>
<td>151</td>
</tr>
<tr>
<td>Bezafibrate</td>
<td>43</td>
</tr>
<tr>
<td>Bezalip Retard</td>
<td>43</td>
</tr>
<tr>
<td>Bicalacord</td>
<td>137</td>
</tr>
<tr>
<td>Bicalutamide</td>
<td>137</td>
</tr>
<tr>
<td>Bicillin LA</td>
<td>72</td>
</tr>
<tr>
<td>Bile and Liver Therapy</td>
<td>16</td>
</tr>
<tr>
<td>Biliscopin</td>
<td>183</td>
</tr>
<tr>
<td>Bimatoprost</td>
<td>177</td>
</tr>
<tr>
<td>Biodone</td>
<td>108</td>
</tr>
<tr>
<td>Biodone Extra Forte</td>
<td>108</td>
</tr>
<tr>
<td>Biodone Forte</td>
<td>108</td>
</tr>
<tr>
<td>Biotin</td>
<td>20</td>
</tr>
<tr>
<td>Bisacodyl</td>
<td>20</td>
</tr>
<tr>
<td>Bismuth subgallate</td>
<td>187</td>
</tr>
<tr>
<td>Bismuth subnitrate and iodiform paraffin</td>
<td>185</td>
</tr>
<tr>
<td>Bismuth trioxide</td>
<td>16</td>
</tr>
<tr>
<td>Bisoprolol</td>
<td>39</td>
</tr>
<tr>
<td>Bivalirudin</td>
<td>29</td>
</tr>
<tr>
<td>Bleomycin sulphate</td>
<td>128</td>
</tr>
<tr>
<td>Blood glucose diagnostic test meter</td>
<td>210</td>
</tr>
<tr>
<td>Blood glucose diagnostic test strip</td>
<td>210</td>
</tr>
<tr>
<td>Blood ketone diagnostic test meter</td>
<td>210</td>
</tr>
<tr>
<td>Boceprevir</td>
<td>88</td>
</tr>
<tr>
<td>Bonney’s blue dye</td>
<td>184</td>
</tr>
<tr>
<td>Boostrix</td>
<td>205</td>
</tr>
<tr>
<td>Boric acid</td>
<td>187</td>
</tr>
<tr>
<td>Bortezomib</td>
<td>130</td>
</tr>
<tr>
<td>Bosentan</td>
<td>46</td>
</tr>
<tr>
<td>Bosvate</td>
<td>39</td>
</tr>
<tr>
<td>Botox</td>
<td>99</td>
</tr>
<tr>
<td>Botulism antitoxin</td>
<td>179</td>
</tr>
<tr>
<td>Breath-Anti</td>
<td>210</td>
</tr>
<tr>
<td>Bridion</td>
<td>99</td>
</tr>
<tr>
<td>Brilinta</td>
<td>31</td>
</tr>
<tr>
<td>Brimonidine tartrate</td>
<td>177</td>
</tr>
<tr>
<td>Brimonidine tartrate with timolol</td>
<td>177</td>
</tr>
<tr>
<td>Brinzolamide</td>
<td>176</td>
</tr>
<tr>
<td>Bromocriptine</td>
<td>102</td>
</tr>
<tr>
<td>Brufen SR</td>
<td>100</td>
</tr>
<tr>
<td>Budesonide</td>
<td>13</td>
</tr>
<tr>
<td>Respiratory</td>
<td>167, 169</td>
</tr>
<tr>
<td>Budesonide with eformoterol</td>
<td>41</td>
</tr>
<tr>
<td>Bumetanide</td>
<td>170</td>
</tr>
<tr>
<td>Bupafene</td>
<td>105</td>
</tr>
<tr>
<td>Bupivacaine hydrochloride</td>
<td>104</td>
</tr>
<tr>
<td>Bupivacaine hydrochloride with adrenaline</td>
<td>105</td>
</tr>
<tr>
<td>Bupivacaine hydrochloride with fentanyl</td>
<td>105</td>
</tr>
<tr>
<td>Bupivacaine hydrochloride with glucose</td>
<td>105</td>
</tr>
<tr>
<td>Buprenorphine with naloxone</td>
<td>126</td>
</tr>
<tr>
<td>Bupropion hydrochloride</td>
<td>126</td>
</tr>
<tr>
<td>Burinex</td>
<td>41</td>
</tr>
<tr>
<td>Buscopan</td>
<td>15</td>
</tr>
<tr>
<td>Buselen</td>
<td>62</td>
</tr>
<tr>
<td>Buspirone hydrochloride</td>
<td>122</td>
</tr>
<tr>
<td>Busulfan</td>
<td>128</td>
</tr>
<tr>
<td>Butacort Aqueous</td>
<td>167</td>
</tr>
<tr>
<td>- C -</td>
<td></td>
</tr>
<tr>
<td>Cabergoline</td>
<td>61</td>
</tr>
<tr>
<td>Caffeine</td>
<td>124</td>
</tr>
<tr>
<td>Caffeine citrate</td>
<td>171</td>
</tr>
<tr>
<td>Cal-d-Forte</td>
<td>25</td>
</tr>
<tr>
<td>Calamine</td>
<td>49</td>
</tr>
<tr>
<td>Calcipotriol</td>
<td>52</td>
</tr>
<tr>
<td>Calcitonin</td>
<td>59</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>25</td>
</tr>
<tr>
<td>Calcitriol-AFT</td>
<td>25</td>
</tr>
<tr>
<td>Calcium carbonate</td>
<td>13, 21</td>
</tr>
<tr>
<td>Calcium Channel Blockers</td>
<td>40</td>
</tr>
<tr>
<td>Calcium chloride</td>
<td>32</td>
</tr>
<tr>
<td>Calcium carbonate with magnesium chloride, potassium chloride, sodium acetate, sodium chloride and sodium citrate</td>
<td>175</td>
</tr>
<tr>
<td>Calcium folinate</td>
<td>137</td>
</tr>
<tr>
<td>Calcium Folinate Ebeve</td>
<td>137</td>
</tr>
<tr>
<td>Calcium gluconate</td>
<td>32</td>
</tr>
<tr>
<td>Blood</td>
<td>32</td>
</tr>
<tr>
<td>Dermatological</td>
<td>54</td>
</tr>
<tr>
<td>Calcium Homeostasis</td>
<td>59</td>
</tr>
<tr>
<td>Calcium poly styrene sulphonate</td>
<td>35</td>
</tr>
<tr>
<td>Calcium Resonium</td>
<td>35</td>
</tr>
<tr>
<td>Calsource</td>
<td>21</td>
</tr>
<tr>
<td>Cancidas</td>
<td>77</td>
</tr>
<tr>
<td>Candesartan cilexetil</td>
<td>37</td>
</tr>
<tr>
<td>Candesartan</td>
<td>37</td>
</tr>
<tr>
<td>Capcitabine</td>
<td>129</td>
</tr>
<tr>
<td>Capecitabine Winthrop</td>
<td>129</td>
</tr>
<tr>
<td>Capoten</td>
<td>36</td>
</tr>
<tr>
<td>Capsaicin</td>
<td>36</td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>101</td>
</tr>
<tr>
<td>Nervous</td>
<td>106</td>
</tr>
<tr>
<td>Captoril</td>
<td>36</td>
</tr>
<tr>
<td>Carbaccord</td>
<td>132</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>112</td>
</tr>
<tr>
<td>Carbamorph-X</td>
<td>180</td>
</tr>
<tr>
<td>Carbimazole</td>
<td>67</td>
</tr>
<tr>
<td>Carbomer</td>
<td>177</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>132</td>
</tr>
<tr>
<td>Carboplatin Ebeve</td>
<td>132</td>
</tr>
<tr>
<td>Carboprost trometamol</td>
<td>56</td>
</tr>
<tr>
<td>Carboxymethylcellulose</td>
<td>23</td>
</tr>
<tr>
<td>Extemporaneous</td>
<td>187</td>
</tr>
<tr>
<td>Cardiol LA</td>
<td>40</td>
</tr>
<tr>
<td>Cardizem CD</td>
<td>41</td>
</tr>
<tr>
<td>Index</td>
<td>Page</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Chlorhexidine gluconate</td>
<td>23</td>
</tr>
<tr>
<td>Artifilm</td>
<td>187</td>
</tr>
<tr>
<td>Artifilm</td>
<td>120, 122</td>
</tr>
<tr>
<td>Artifilm</td>
<td>118</td>
</tr>
<tr>
<td>Artifilm</td>
<td>118</td>
</tr>
<tr>
<td>Artifilm</td>
<td>117</td>
</tr>
<tr>
<td>Artifilm</td>
<td>116</td>
</tr>
<tr>
<td>Artifilm</td>
<td>115</td>
</tr>
<tr>
<td>Artifilm</td>
<td>113</td>
</tr>
<tr>
<td>Artifilm</td>
<td>112</td>
</tr>
<tr>
<td>Artifilm</td>
<td>111</td>
</tr>
<tr>
<td>Artifilm</td>
<td>110</td>
</tr>
<tr>
<td>Artifilm</td>
<td>109</td>
</tr>
<tr>
<td>Artifilm</td>
<td>108</td>
</tr>
<tr>
<td>Artifilm</td>
<td>106</td>
</tr>
<tr>
<td>Artifilm</td>
<td>105</td>
</tr>
<tr>
<td>Artifilm</td>
<td>104</td>
</tr>
<tr>
<td>Artifilm</td>
<td>103</td>
</tr>
<tr>
<td>Artifilm</td>
<td>102</td>
</tr>
<tr>
<td>Artifilm</td>
<td>101</td>
</tr>
<tr>
<td>Artifilm</td>
<td>100</td>
</tr>
<tr>
<td>Artifilm</td>
<td>99</td>
</tr>
<tr>
<td>Artifilm</td>
<td>98</td>
</tr>
<tr>
<td>Artifilm</td>
<td>97</td>
</tr>
<tr>
<td>Artifilm</td>
<td>96</td>
</tr>
<tr>
<td>Artifilm</td>
<td>95</td>
</tr>
<tr>
<td>Artifilm</td>
<td>94</td>
</tr>
<tr>
<td>Artifilm</td>
<td>93</td>
</tr>
<tr>
<td>Artifilm</td>
<td>92</td>
</tr>
<tr>
<td>Artifilm</td>
<td>91</td>
</tr>
<tr>
<td>Artifilm</td>
<td>90</td>
</tr>
<tr>
<td>Artifilm</td>
<td>89</td>
</tr>
<tr>
<td>Artifilm</td>
<td>88</td>
</tr>
<tr>
<td>Artifilm</td>
<td>87</td>
</tr>
<tr>
<td>Artifilm</td>
<td>86</td>
</tr>
<tr>
<td>Artifilm</td>
<td>85</td>
</tr>
<tr>
<td>Artifilm</td>
<td>84</td>
</tr>
<tr>
<td>Artifilm</td>
<td>83</td>
</tr>
<tr>
<td>Artifilm</td>
<td>82</td>
</tr>
<tr>
<td>Artifilm</td>
<td>81</td>
</tr>
<tr>
<td>Artifilm</td>
<td>80</td>
</tr>
<tr>
<td>Artifilm</td>
<td>79</td>
</tr>
<tr>
<td>Artifilm</td>
<td>78</td>
</tr>
<tr>
<td>Artifilm</td>
<td>77</td>
</tr>
<tr>
<td>Artifilm</td>
<td>76</td>
</tr>
<tr>
<td>Artifilm</td>
<td>75</td>
</tr>
<tr>
<td>Artifilm</td>
<td>74</td>
</tr>
<tr>
<td>Artifilm</td>
<td>73</td>
</tr>
<tr>
<td>Artifilm</td>
<td>72</td>
</tr>
<tr>
<td>Artifilm</td>
<td>71</td>
</tr>
<tr>
<td>Artifilm</td>
<td>70</td>
</tr>
<tr>
<td>Artifilm</td>
<td>69</td>
</tr>
<tr>
<td>Artifilm</td>
<td>68</td>
</tr>
<tr>
<td>Artifilm</td>
<td>67</td>
</tr>
<tr>
<td>Artifilm</td>
<td>66</td>
</tr>
<tr>
<td>Artifilm</td>
<td>65</td>
</tr>
<tr>
<td>Artifilm</td>
<td>64</td>
</tr>
<tr>
<td>Artifilm</td>
<td>63</td>
</tr>
<tr>
<td>Artifilm</td>
<td>62</td>
</tr>
<tr>
<td>Artifilm</td>
<td>61</td>
</tr>
<tr>
<td>Artifilm</td>
<td>60</td>
</tr>
<tr>
<td>Artifilm</td>
<td>59</td>
</tr>
<tr>
<td>Artifilm</td>
<td>58</td>
</tr>
<tr>
<td>Artifilm</td>
<td>57</td>
</tr>
<tr>
<td>Artifilm</td>
<td>56</td>
</tr>
<tr>
<td>Artifilm</td>
<td>55</td>
</tr>
<tr>
<td>Artifilm</td>
<td>54</td>
</tr>
<tr>
<td>Artifilm</td>
<td>53</td>
</tr>
<tr>
<td>Artifilm</td>
<td>52</td>
</tr>
<tr>
<td>Artifilm</td>
<td>51</td>
</tr>
<tr>
<td>Artifilm</td>
<td>50</td>
</tr>
<tr>
<td>Artifilm</td>
<td>49</td>
</tr>
<tr>
<td>Artifilm</td>
<td>48</td>
</tr>
<tr>
<td>Artifilm</td>
<td>47</td>
</tr>
<tr>
<td>Artifilm</td>
<td>46</td>
</tr>
<tr>
<td>Artifilm</td>
<td>45</td>
</tr>
<tr>
<td>Artifilm</td>
<td>44</td>
</tr>
<tr>
<td>Artifilm</td>
<td>43</td>
</tr>
<tr>
<td>Artifilm</td>
<td>42</td>
</tr>
<tr>
<td>Artifilm</td>
<td>41</td>
</tr>
<tr>
<td>Artifilm</td>
<td>40</td>
</tr>
<tr>
<td>Artifilm</td>
<td>39</td>
</tr>
<tr>
<td>Artifilm</td>
<td>38</td>
</tr>
<tr>
<td>Artifilm</td>
<td>37</td>
</tr>
<tr>
<td>Artifilm</td>
<td>36</td>
</tr>
<tr>
<td>Artifilm</td>
<td>35</td>
</tr>
<tr>
<td>Artifilm</td>
<td>34</td>
</tr>
<tr>
<td>Artifilm</td>
<td>33</td>
</tr>
<tr>
<td>Artifilm</td>
<td>32</td>
</tr>
<tr>
<td>Artifilm</td>
<td>31</td>
</tr>
<tr>
<td>Artifilm</td>
<td>30</td>
</tr>
<tr>
<td>Artifilm</td>
<td>29</td>
</tr>
<tr>
<td>Artifilm</td>
<td>28</td>
</tr>
<tr>
<td>Artifilm</td>
<td>27</td>
</tr>
<tr>
<td>Artifilm</td>
<td>26</td>
</tr>
<tr>
<td>Artifilm</td>
<td>25</td>
</tr>
<tr>
<td>Artifilm</td>
<td>24</td>
</tr>
<tr>
<td>Artifilm</td>
<td>23</td>
</tr>
<tr>
<td>Artifilm</td>
<td>22</td>
</tr>
<tr>
<td>Artifilm</td>
<td>21</td>
</tr>
<tr>
<td>Artifilm</td>
<td>20</td>
</tr>
<tr>
<td>Artifilm</td>
<td>19</td>
</tr>
<tr>
<td>Artifilm</td>
<td>18</td>
</tr>
<tr>
<td>Artifilm</td>
<td>17</td>
</tr>
<tr>
<td>Artifilm</td>
<td>16</td>
</tr>
<tr>
<td>Artifilm</td>
<td>15</td>
</tr>
<tr>
<td>Artifilm</td>
<td>14</td>
</tr>
<tr>
<td>Artifilm</td>
<td>13</td>
</tr>
<tr>
<td>Artifilm</td>
<td>12</td>
</tr>
<tr>
<td>Artifilm</td>
<td>11</td>
</tr>
<tr>
<td>Artifilm</td>
<td>10</td>
</tr>
<tr>
<td>Artifilm</td>
<td>9</td>
</tr>
<tr>
<td>Artifilm</td>
<td>8</td>
</tr>
<tr>
<td>Artifilm</td>
<td>7</td>
</tr>
<tr>
<td>Artifilm</td>
<td>6</td>
</tr>
<tr>
<td>Artifilm</td>
<td>5</td>
</tr>
<tr>
<td>Artifilm</td>
<td>4</td>
</tr>
<tr>
<td>Artifilm</td>
<td>3</td>
</tr>
<tr>
<td>Artifilm</td>
<td>2</td>
</tr>
<tr>
<td>Artifilm</td>
<td>1</td>
</tr>
<tr>
<td>Artifilm</td>
<td>0</td>
</tr>
</tbody>
</table>
INDEX
Generic Chemicals and Brands

Concerta ........................................ 125
Condyline ....................................... 53
Contraceptives ............................... 55
Contrast Media .............................. 181
Corangin ........................................ 49
Cordarone-X ................................... 72
Corticosteroids
Dermatological ............................. 51
Hormone ...................................... 59
Corticotreolin (ovine) .................... 62
Cosopt .......................................... 176
Cough Suppressants ....................... 169
Crotamiton ..................................... 49
Crystaderm ..................................... 48
CT Plus+ ....................................... 182
Curam Duo ..................................... 72
Cuurosurf ....................................... 172
Cvite ............................................ 24
Cyclizine hydrochloride .................. 116
Cyclizine lactate ............................. 116
Cylogyl ......................................... 177
Cyclopentolate hydrochloride .......... 177
Cyclophosphamide ......................... 128
Cycloserine ................................... 78
Cyclolakron ................................... 28
Cyonevene .................................... 88
Cyproheptadine hydrochloride ....... 167
Cyproterone acetate ....................... 59
Cyproterone acetate with ethinyloestradiol .... 55
Cysteamine hydrochloride ............. 187
Cytarabine ..................................... 129

- D -
D-Penamine .................................. 92
Dabigatran .................................... 29
Dacarbazine .................................. 131
Dactinomycin [Actinomycin D] ....... 128
Daivobet ....................................... 52
Daivonex ....................................... 52
Dalacin C ...................................... 74
Daltexarin ..................................... 29
Danaparoid .................................... 29
Danazol .......................................... 61
Danthron with poloxamer ............... 20
Dantrium ........................................ 99
Dantron ......................................... 99
Dapa-Tabs ..................................... 42
Dapsone
Infection ...................................... 77

Dapomycin ..................................... 74
Darnavir ....................................... 84
Dasatinib ....................................... 133
Daunorubicin ................................ 128
DBL Aminophylline ......................... 171
DBL Cefepime ................................ 70
DBL Cefotaxime ............................. 70
DBL Ceftazidime ............................ 70
DBL Epirubicin Hydrochloride .......... 129
DBL Ergometrine ............................ 57
DBL Gencitabine ............................. 130
DBL Leucovorin Calcium ............... 137
DBL Morphine Sulphate .................. 108
DBL Pethidine Hydrochloride .......... 109
DBL Rucuronium Bromide ............. 99
DBL Tobramycin ............................. 69
DDI ................................................ 82
De-Nol .......................................... 16
De-Worm ...................................... 79
Decongestants and Antiallergics .... 174
Decolzo ........................................ 23
Deferiprone ................................... 180
Defibrotide ................................... 29
Definity ....................................... 183
Demeclocycline hydrochloride ....... 73
Deoxycoformycin ........................... 131
Depo-Medrol ................................. 60
Depo-Medrol with Lidocaine ......... 60
Depo-Provera ................................ 56
Depo-Testosterone ......................... 59
Deprimi ........................................ 75
Dermol ......................................... 51, 53
Desferrioxamine mesilate ............ 180
Desflurane ..................................... 103
Desmopressin acetate .................... 67
Desmopressin-PH&T ....................... 67
Dexamethasone
Hormone ...................................... 59
Sensory ....................................... 174
Dexamethasone phosphate ............. 59
Dexamethasone with framycetin and gramicidin .... 173
Dexamethasone with neomycin sulphate and polymyxin B sulphate .... 173
Dexamethasone with tobramycin .... 173
Dexamethasone-hameln .................. 59
Dexamethasone sulphate ............... 124
Dexmedetomidine hydrochloride .... 103
Dextrose with sodium citrate and citric acid [Citrate Dextrone] .......... 29
Dextrans A .................................... 29
DHC Continus ................................ 107
Diabetes ....................................... 16
Diaconit ....................................... 114
Diagnostic Agents ....................... 183
Diagnostic and Surgical Preparations .......... 175
Diamide Relief .............................. 13
Diamox ........................................ 176
Diatrizoate meglumine with sodium amidotrizoate .......... 181
Diatrizoate sodium ....................... 181
Diazipem .................................... 112, 122
Diazoxide ............................ 128, 129
Dichlorobenzyl alcohol with amylmetacresol ........ 23
Diclax SR ..................................... 100
Dclofenac sodium .......................... 100
Musculoskeletal System ............... 100
Dicyclopin ............................ 174
Dicyclopin ............................ 174
Dicobalt edetate ............................ 180
Didanosine [DDI] ......................... 83
Diffucan ....................................... 76
Diflucortolone valerate ................ 51
Digestives Including
Enzymes ..................................... 18
Digoxin ....................................... 38
Dinex .......................... 179, 188
Diphenhydramine ......................... 179
Dihydrocodeine tartrate .............. 107
Dihydroergotamine mesylate .......... 115
Dilantin ...................................... 39
Diltiazem hydrochloride .............. 41
Diltiazem .......................... 180, 188
Dimethicone ............................... 49
Dimethyl sulfoxide ....................... 185
Dinoprostone ................................ 57
Diphenamid methylsulphate .......... 53
Diphenoxylate hydrochloride with atropine sulphate .......... 13
Diphtheria antitoxin ....................... 179
Diphtheria, tetanus and pertussis
vaccine ................................... 205
Diphtheria, tetanus, pertussis

216
and polio vaccine ........................................204
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine ..........204
Diprivan .........................................................104
Dipyriramole ..................................................31
Disodium edetate ..........................................180
Disodium hydrogen phosphate with sodium dihydrogen phosphate .............................................187
Disopramide phosphate .....................................38
Disulfiram ......................................................126
Dithranol .......................................................187
Diuirin 40 .........................................................42
Dobutamine hydrochloride ................................45
Docetaxel .......................................................136
Docetaxel Sandoz ....................................136
Docusate sodium
Alimentary ...................................................19
Sensory .........................................................178
Docusate sodium with sennosides ..................19
Domperidone ..................................................116
Donepezil hydrochloride ................................126
Donepezil-Rex .............................................126
Dopamine hydrochloride ..................................45
Dopergin .........................................................103
Dopress .........................................................110
Dornase alfa ..................................................171
Dorzolamide ...................................................176
Dorzolamide with timolol ................................176
Dostinex .........................................................61
Dotarem .........................................................183
Dothiepin hydrochloride ................................110
Doxapram .......................................................172
Doxazosin .......................................................37
Doxepin hydrochloride ....................................110
Doxine ............................................................73
Doxorubicin hydrochloride ................................128
Doxycline .......................................................73
DP-Anastrozole ..............................................139
Dr Reddy's Omeprazole ................................15
Dr Reddy's Ondansetron ................................117
Dr Reddy's Pramipexole ................................103
Dr Reddy's Quetiapine ................................119
Dr Reddy's Risperidone ................................119
Dr Reddy's Terbutaline ...................................77
Droperidol .....................................................116
Drugs Affecting Bone Metabolism .........................92
Durolax ..........................................................20
Duolix ............................................................168
Duvisc ............................................................176
Duride ............................................................44
Dynastat ........................................................101
Dysport ...........................................................99
- E -
E-Mycin ..........................................................71
Econazole nitrate ............................................48
Etopophos ......................................................131
Efavirenz .......................................................82
Efavirenz with emtricitabine and tenofovir disoproxil fumarate .............................................83
Efexor XR .........................................................111
Effient ..............................................................31
Efomterol fumarate ..........................................170
Efudix ..............................................................53
Elecare (Unflavoured) ....................................198
Elecare (Vanilla) .............................................198
Elecare LCP (Unflavoured) ............................198
Electrolytes ...................................................186
Eligard .............................................................62
Elmiron ...........................................................27
Emend Tri-Pack ..............................................116
EMLA .............................................................106
Emtricitabine ..................................................83
Emtricitabine with tenofovir disoproxil fumarate .............................................83
Emtriva ...........................................................83
Emulsifying ointment ......................................50
Enalapril maleate ............................................36
Enalapril maleate with hydrochlorothiazide ......36
Enbrel ............................................................140
Endocrine Therapy ...........................................137
Endoxan ..........................................................128
Enfuvirtide .....................................................80
Enoxaparin .....................................................30
Ensure (Chocolate) .........................................203
Ensure Plus (Banana) .......................................203
Ensure Plus (Chocolate) ..................................203
Ensure Plus (Fruit of the Forest) .......................203
Ensure Plus (Vanilla) ........................................203
Ensure Plus HN ...............................................202
Ensure Plus HN RTH .......................................202
Entacapone ....................................................103
Entacapone ....................................................103
Entecavir .......................................................85
Enzymes .......................................................97
Ephedrine ......................................................45
Epirubicin Ebewe ............................................129
Epirubicin hydrochloride ................................129
Eprex ..............................................................26
Eptacog alfa [Recombinant factor VIIa] .................28
Eptifibatide .....................................................31
Ergometrine maleate .......................................57
Ergotamine tartrate with caffeine ......................115
Erlotinib .........................................................133
Ertapenem ......................................................69
Erythromycin IV .............................................71
Erythromycin (as ethylsuccinate) .......................71
Erythromycin (as lactobionate) .........................71
Erythromycin (as stearate) ................................71
Erythropoietin alpha .......................................26
Erythropoietin beta ........................................26
Escitalopram ................................................111
Esmolol hydrochloride ....................................39
Etanercept .....................................................140
Ethambutol hydrochloride ................................78
Ethanol ............................................................179
Ethanol with glucose .......................................179
Ethanol, dehydrated .........................................179
Ethics Aspirin EC .............................................31
Ethics Enalapril ................................................36
Ethics Paracetamol .........................................107
Ethinyloestradiol ............................................61
Ethinyloestradiol with desogestrel .....................55
Ethinyloestradiol with levonorgestrel .................55
Ethinyloestradiol with norlevotharena ...............55
Ethosuximide ................................................112
Ethyl chloride ................................................105
Etidronate disodium ........................................94
Etomide ..........................................................103
Etopophos ......................................................131
Etoposide .......................................................131
Etoposide (as phosphate) .................................131
Etoricoxib .....................................................100
Etravirine .......................................................82
Evista .............................................................96
Exemestane ....................................................139
Extemporaneously Compounded Preparations ......187
EZ-fit Paediatric Mask ....................................210
Ezetimibe .......................................................43
Ezetimibe with simvastatin ..............................44
<table>
<thead>
<tr>
<th>INDEX</th>
<th>Generic Chemicals and Brands</th>
</tr>
</thead>
<tbody>
<tr>
<td>- F -</td>
<td></td>
</tr>
<tr>
<td>Factor eight inhibitors bypassing agent</td>
<td>28</td>
</tr>
<tr>
<td>Febuxostat</td>
<td>98</td>
</tr>
<tr>
<td>FEIBA</td>
<td>28</td>
</tr>
<tr>
<td>Felodipine</td>
<td>40</td>
</tr>
<tr>
<td>Fenpaed</td>
<td>100</td>
</tr>
<tr>
<td>Fentany</td>
<td>108</td>
</tr>
<tr>
<td>Ferdan</td>
<td>22</td>
</tr>
<tr>
<td>Ferric subsulfate</td>
<td>27</td>
</tr>
<tr>
<td>Ferriprox</td>
<td>180</td>
</tr>
<tr>
<td>Ferro-F-Tabs</td>
<td>22</td>
</tr>
<tr>
<td>Ferro-tab</td>
<td>22</td>
</tr>
<tr>
<td>Ferrograd</td>
<td>22</td>
</tr>
<tr>
<td>Ferrous fumarate</td>
<td>22</td>
</tr>
<tr>
<td>Ferrous fumarate with folic acid</td>
<td>22</td>
</tr>
<tr>
<td>Ferrous gluconate with ascorbic acid</td>
<td>22</td>
</tr>
<tr>
<td>Ferrous sulphate</td>
<td>22</td>
</tr>
<tr>
<td>Ferrous sulphate with ascorbic acid</td>
<td>22</td>
</tr>
<tr>
<td>Ferrous sulphate with folic acid</td>
<td>22</td>
</tr>
<tr>
<td>Ferrum H</td>
<td>22</td>
</tr>
<tr>
<td>Fexofenadine hydrochloride</td>
<td>168</td>
</tr>
<tr>
<td>Filgrastim</td>
<td>32</td>
</tr>
<tr>
<td>Finasteride</td>
<td>57</td>
</tr>
<tr>
<td>Flagyl</td>
<td>79</td>
</tr>
<tr>
<td>Flagyl-S</td>
<td>79</td>
</tr>
<tr>
<td>Flamazine</td>
<td>48</td>
</tr>
<tr>
<td>Flecaïnide acetate</td>
<td>38</td>
</tr>
<tr>
<td>Fleet Phosphate Enema</td>
<td>20</td>
</tr>
<tr>
<td>Fliixonase Hayfever &amp; Allergy</td>
<td>167</td>
</tr>
<tr>
<td>Flixotide</td>
<td>170</td>
</tr>
<tr>
<td>Flixotide Accuhaler</td>
<td>170</td>
</tr>
<tr>
<td>Florinef</td>
<td>60</td>
</tr>
<tr>
<td>Fluanacl</td>
<td>120</td>
</tr>
<tr>
<td>Fluarix</td>
<td>208</td>
</tr>
<tr>
<td>Flucloxacillin</td>
<td>72</td>
</tr>
<tr>
<td>Flucloxin</td>
<td>72</td>
</tr>
<tr>
<td>Flucon</td>
<td>174</td>
</tr>
<tr>
<td>Fluconazole</td>
<td>76</td>
</tr>
<tr>
<td>Fluconazole-Claris</td>
<td>76</td>
</tr>
<tr>
<td>Flucytosine</td>
<td>77</td>
</tr>
<tr>
<td>Fludara Oral</td>
<td>129</td>
</tr>
<tr>
<td>Fludarabine Ebeewe</td>
<td>129</td>
</tr>
<tr>
<td>Fludarabine phosphate</td>
<td>129</td>
</tr>
<tr>
<td>Fluodrocortisone acetate</td>
<td>60</td>
</tr>
<tr>
<td>Fluids and Electrolytes</td>
<td>32</td>
</tr>
<tr>
<td>Flumazenil</td>
<td>179</td>
</tr>
</tbody>
</table>

- G -

| Gabapentin | 112  |
| Gadobenec acid | 183 |
| Gadobutrol | 183  |
| Gadodiamide | 183 |
| Gadoteric acid | 183 |
| Gadovist | 183  |
| Gadoxetate disodium | 183 |
| Gamma benzene | 48 |
| Ganciclovir | 88   |
| Gardsil | 207  |
| Gastrografin | 181 |
| Gastrosothe | 15   |
| Gefitinib | 133  |
| Gelafusol | 35   |
| Gelatine, succinylated | 35 |
| Gelofusine | 35   |
| Gencitabine | 130 |
| Gencitabine Ebeewe | 130 |
| Gemfibrozil | 43   |
| Genoptic | 173  |
| Genox | 139  |
| Gentamicin sulphate | 69 |
| Infection | 173  |
| Sensory | 61  |
| Gestrinone | 122 |
| Glattiramer acetate | 176 |
| Glaucoma Preparations | 176 |
| Gilbenclamide | 17 |
| Gliclazide | 17   |
| Glipizide | 18   |
| Gliclazide | 133 |
| Glucagon Hypokit | 16 |
| Glucagon hydrochloride | 16 |
| Glucerna Select (Vanilla) | 195 |
| Glucerna Select RTH (Vanilla) | 195 |
| Glucose | 16   |
| Blood | 33   |
| Extemporaneous | 188 |
| Glucose with potassium chloride | 33 |
| Glucose with potassium chloride and sodium chloride | 33 |
| Glucose with sodium chloride | 33 |
| Glucose with sucrose | 16 |
| Glycerin with sodium saccharin | 188 |
| Glycerin with sucrose | 188 |
INDEX

Glycerol ........................................ 19
Alimentary ..................................... 19
Extemporaneous ............................... 188
Glycerol with paraffin ....................... 50
Glyceryl trinitrate 
Alimentary .......................... 15
Cardiovascular ............................... 44
Glycine ......................................... 184
Glycopyrronium bromide ............... 15
Glypressin ..................................... 68
Glytrin .......................................... 44
Gonadorelin .................................. 62
Goserelin ....................................... 62

- H -
Habitrol ......................................... 126
Habitrol (Classic) ......................... 126
Habitrol (Fruit) .............................. 126
Habitrol (Mint) ............................... 126
Haem arginate ................................ 20
Haemophilus influenzae type B vaccine 205
Haldol ........................................... 120
Haldol Concentrate ....................... 120
Haloperidol ................................... 118
Haloperidol decanoate ..................... 120
Hartmann’s solution ....................... 32
Havrix ........................................... 207
Havrix Junior ................................ 207
HBVaxPRO .................................... 207
Healon GV ...................................... 176
healthE Dimethicone 5% ............... 49
healthE Fatty Cream ..................... 50
Heparin sodium ............................ 30
Heparinised saline ......................... 30
Heparon Junior ................................ 196
Hepatitis A vaccine ....................... 207
Hepatitis B recombinant vaccine 207
Hepsera ......................................... 85
Herceptin ...................................... 163
Hexamine hippurate ...................... 74
Histamine acid phosphate ............. 183
Holoxan ......................................... 128
Hormone Replacement Therapy .......... 60
HPV ............................................. 207
Humalog Mix 25 ............................ 17
Humalog Mix 50 ............................ 17
Human papillomavirus (6, 11, 16 and 18) vaccine [HPV] 207
Humatin ....................................... 69
Humira ......................................... 145
HumiraPen .................................... 145
Hyaluronidase ................................. 97
Hybloc ......................................... 39
Hydralazine hydrochloride ......... 45–46
Hydrea ......................................... 131
Hydrocortisone Dermatological .......... 51
Extemporaneous ......................... 188
Hormone ....................................... 60
Hydrocortisone acetate 
Alimentary .................................... 14
Dermatological ............................ 51
Hydrocortisone butyrate .......... 51, 53
Hydrocortisone with 
ciprofloxacin .................................. 174
Hydrocortisone with miconazole ....... 52
Hydrocortisone with 
and neomycin ............................... 52
Hydrocortisone with paraffin and 
wool fat .................................... 51
Hydrogen peroxide ....................... 48
Hydroxyzine hydrochloride ......... 179
Hydroxyzine hydrochloride acetate ... 24
Hydroxyzine chloroquine ............. 92
Hydroxymethyl starch 130/0.4 with 
magnesium chloride, 
potassium chloride, sodium 
acetate and sodium chloride .......... 35
Hydroxymethyl starch 130/0.4 with 
sodium chloride ........................ 35
Hydroxyurea .................................. 131
Hygromycin ................................. 42
Hylo-Fresh .................................... 178
Hyoscyne butylbromide ............. 15
Hyoscyne hydrobromide ............. 116
Hyperuricaemia and Antigout ........ 97
Hypnol ......................................... 123
Hyprocellose ............................... 175, 178
Hyprocellose with dextran ............ 178
Hysite .......................................... 177

- I -
Ibiamox ....................................... 61
Ibuprofen ..................................... 100
Idarubicin hydrochloride .......... 129
Ifosfamide ................................... 128
Iloprol ......................................... 46
Ilomedin ...................................... 47
Iloprost ........................................ 47
Imatinib mesilate ....................... 133–134
Imatinib-AFT ...................... 133–134
Imiglucerase ................................. 21
Imipenem with cilastatin .......... 69
Imipramine hydrochloride .......... 110
Imiquimod .................................. 53
Immune Modulators ..................... 90
Immunosuppressants ................. 139
Impact Advanced Recovery (Chocolat) 202
Impact Advanced Recovery (Vanilla) 202
Imuran ......................................... 165
Indapamide .................................. 42
Indigo carmine ............................ 184
Indinavir ...................................... 84
Indocyanine green ....................... 184
Indomethacin ............................ 100
Infanrix IPV .................................. 204
Infanrix-hexa ............................... 204
Infliximab .................................... 151
Influenza vaccine ....................... 208
Influvac ........................................ 208
Inhaled Corticosteroids ............. 169
Innovac hCG One Step Pregnancy Test 211
Insulin aspart ...................... 17
Insulin aspart with insulin aspart 
proamine .................................. 16
Insulin glargine ......................... 17
Insulin glulisine ......................... 17
Insulin isophane .......................... 17
Insulin lispro ............................. 17
Insulin lispro with insulin lispro 
proamine ................................. 17
Insulin neutral ......................... 17
Insulin neutral with insulin 
isophane .................................. 17
Insulin pen needles ................. 210
Insulin syringes, disposable with 
attached needle ..................... 210
Integriil ....................................... 31
Intelence ..................................... 82
Interferon alfa-2a ....................... 90
Interferon alfa-2b ....................... 90
Interferon beta-1-alpha .......... 122
Interferon beta-1-beta .......... 123
Interferon gamma ....................... 90
Intra-uterine device ............... 55
Invanz ...................................... 69
Invega Sustenna ....................... 121
Iodine ......................................... 67
Iodine with ethanol .................... 181
Iodised oil ............................... 181
Iodixanol ................................. 181
INDEX

Generic Chemicals and Brands

Ilohexol ............................................182
Ioscan ...........................................181
IPOL ............................................208
Ipratropium bromide .....................167–168
IPOL .............................................208
Ioscan ...........................................181
Iohexol ...........................................182
Isotretinoin ......................................49
Isosorbide mononitrate .....................44
Isoptin .............................................41
Isopto Carpine ..............................177
Irrigation Solutions ........................184
Isetrexx ...........................................85
Ismo 40 Retard .................................44
Ismo-20 ..........................................44
Isoflurane .....................................103
Isoniazid .........................................79
Isoniazid with rifampicin .................79
Isoprenaline ....................................45
Isospropyl alcohol ..........................181
Ispaghula (psyllium) husk ...............19
Isradipine ........................................40
Itch-Soothe .....................................49
Itraconazole ....................................76
Itraconazole ....................................76
Ivermectin .....................................79

- J -
Jadelle .............................................56
Jevity .............................................203
Jevity HiCal RTH .............................202
Jevity RTH .....................................203

- K -
Kaletra ..........................................84
Kenacort ...................................174
Kenacort-A40 ................................60
Kenacort-A40 ................................60
Ketamine ........................................104
Ketocal 3:1 (Unflavoured) ..............200
Ketocal 4:1 (Unflavoured) ..............200
Ketocal 4:1 (Vanilla) .......................200
Ketocaprazole .................................49
Ketone blood beta-ketone ..........................48
Infection .......................................75
Ketoprofen .....................................100
Ketorolac trometamol .....................174
Kivexa ..........................................82
Klacid .............................................71

Klean Prep .....................................19
Kogenate FS ...................................28
Konakion MM ................................29
Konsyl-D .......................................19

- L -
L-asparaginase ................................131
L-ornithine L-aspartate ...............16
Labetalol .......................................39
Lacosamide ...................................113
Lactose .......................................188
Lactulose .......................................19
Laevolac .......................................19
Lamictal .......................................114
Lamivudine ...................................83, 86
Lamotrigine ...................................114
Lansoprazole ..................................15
Lantus ..........................................17
Lantus SoloStar ...............................17
Levothyroxine ................................67
Levophed .......................................45
Levonorgestrel ................................56
Levodopa with carbidopa ..........103
Levodopa with benserazide ...........103
Levocarnitine ................................21
Levocabastine ...............................174
Levetiracetam ...............................114
Leukotriene Receptor
Antagonists ...................................170
Leumase .......................................131
Leuprorelin acetate ......................62
Leustatin .......................................129
Levetiracetam ................................114
Levetiracetam-Rex .........................114
Levobunolol hydrochloride ..........176
Levocarbastine .............................174
Levocarnitine ...............................21
Levodopa with benserazide ..........103
Levodopa with carbidopa ..........103
Levomepromazine .........................118
Levonorgestrel .............................56
Levophed .......................................45
Levosimendan ...............................44
Levotrolole ....................................139
Lezretrolole ....................................139
Leukotriene Receptor
Antagonists ...................................170
Leumase .......................................131
Leuprorelin acetate ......................62
Leustatin .......................................129
Levetiracetam ................................114
Levetiracetam-Rex .........................114
Levobunolol hydrochloride ..........176
Levocarbastine .............................174
Levocarnitine ...............................21
Levodopa with benserazide ..........103
Levodopa with carbidopa ..........103
Levomepromazine .........................118
Levonorgestrel .............................56
Levophed .......................................45
Levosimendan ...............................44
Levotrolole ....................................139
Lezretrolole ....................................139

Lidocone [Lignocaine] ............105
hydrochloride with adrenaline
and tetracaine..........................105
hydrochloride ............................105
Lidocone [Lignocaine] ............105
hydrochloride with
chlorhexidine ............................106
Lidocone [Lignocaine] ............105
hydrochloride with
phenylephrine
hydrochloride ............................106
Lidocone [Lignocaine] with prilocaine ..........................106
Lidocone-Claris ..........................105
Lignocaine .................................105, 106
Lincomycin .................................74
Lindane [Gamma benzene
hexachloride] .......................48
Linezolid .......................................74
Lloresal Intrathecal .........................99
Liothyronine sodium .....................67
Lipazil .........................................43
Lipid-Modifying Agents .................43
Lidiodol Ultra Fluid .......................181
Liquifilm Forte .............................178
Liquifilm Tears .............................178
Lisinopril ......................................36
Lissamine green .............................175
Lisuride hydrogen maleate ...........103
Lithicarb FC .................................118
Lithium carbonate .........................118
Local Preparations for Anal and
Rectal Disorders .........................14
Locoid .........................................51, 53
Locoid Crelo .................................51
Locoid Lipocream .........................51
Lodoxamide ..................................174
Logem ..........................................114
Lomide .........................................174
Lomustine .................................128
Long-Acting Beta-Adrenergic
Agonists ...................................170
Loniten .........................................46
Loperamide hydrochloride ..........13
Lopinavir with ritonavir ..............84
Lopresor .......................................39
Lorafix ..........................................168
Lorapad .......................................168
Loradoal .........................................168
Lorazepam .................................112, 122
Lormetazepam .............................123
Losartan potassium ......................37
Losartan potassium with
hydrochlorothiazide ...............37
Lostar ...........................................37
Lovir ...........................................88
Loxalate .......................................111
Loxamine ......................................111
Lucrin Depot PDS .........................62
Lycinate ........................................44
Lyderm ..........................................49
- M -
m-Amoxiclav ..................................72
m-Cefuroxime ..................................70
m-Esion .........................................108
M-M-R-II ........................................208
m-Mometasone .................................51
Mabthera ........................................156
Macrogol 3350 with ascorbic acid, potassium chloride and sodium chloride .............19
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride ..........20
Macrogol 3350 with potassium chloride, sodium bicarbonate, sodium chloride and sodium sulphate .........................................................19
Macrogol 400 and propylene glycol .............178
Madopar 125 ....................................103
Madopar 250 ....................................103
Madopar 62.5 ....................................103
Madopar HBS ....................................103
Madopar Rapid ..................................103
Mafenide acetate ..................................48
Magnesium hydroxide
Alimentary .......................................22
Extemporaneous .............................188
Magnesium oxide ................................22
Magnesium sulphate ...........................22
Magnesist ........................................183
Malathion [Maldison] .........................49
Malathion with permethrin and piperonyl butoxide .................................49
Maldison ...........................................48
Mannitol ..........................................42
Maprotiline hydrochloride ..................110
Marcain ..........................................104
Marcain Heavy ..................................105
Marcain Isobasic ...............................104
Marcain with Adrenaline ....................105
Marevan .........................................31
Marine Blue Lotion SPF 50+ ..................53
Martindale Acetylcysteine ...............179
Mask for spacer device ......................210
Mast Cell Stabilisers .........................171
Maxidex ..........................................174
Maxitrol .........................................173
Measles, mumps and rubella vaccine .................208
Mebendazole ....................................79
Mebeverine hydrochloride ..................15
Medrol .............................................60
Medroxyprogesterone ..........................62
Medroxyprogesterone acetate
Genito-Urinary ................................56
Hormone .........................................61
Mefenamic acid ................................100
Methoquine hydrochloride .................79
Megestrol acetate ...............................138
Meglimine gadopentetate .....................183
Meglimine iotroxate ............................183
Melatonin .........................................123
Meloxicam .........................................100
Melphalan ........................................128
Menactra ..........................................205
Meningococcal (A, C, Y and W-135) conjugate
vaccine ..........................................205
Meningococcal (A, C, Y and W-135) polysaccharide vaccine .......................205
Meningococcal C conjugate
vaccine ..........................................206
Menthol .............................................188
Mexiletine hydrochloride ....................38
Mexicalm ..........................................37
Mexicalm ..........................................82
Methacetin ..........................Methylaminolevulinate
hydrochloride ..................................53
Methyl hydroxybenzoate ....................188
Methylcellulose ................................188
Methylcellulose with glycerin and sodium saccharin ..........................188
Methylcellulose with glycerin and sucrose ........................................188
Methylprednisolone ...........................41
Methylene blue .................................184
Methylphenidate ................................
hydrochloride ................................125
Methylprednisolone (as sodium succinate) ..................................60
Methylprednisolone aceponate .................51
Methylprednisolone acetate .................60
Methylprednisolone acetate with lignocaine .........................................60
Methylthioninium chloride
[Methylene blue] ..............................184
Methyloxanthines ..............................171
Metclopropramide hydrochloride ..................116
Metclopropramide hydrochloride with paracetamol ........................116
Metolazone .......................................42
Metoprolol - AFT CR ...........................39
Metoprolol succinate .........................39
Metoprolol tartrate ............................39
Metronidazole ....................................79
Metyrapone .......................................61
Mexiletine hydrochloride ....................38
Mexiletine Hydrochloride
USP ..................................................38
Micacalcic .......................................59
Mianserin hydrochloride .....................110
Micolette .........................................20
Miconazole ......................................23
Miconazole nitrate ..............................48
Miconazole nitrate Dermatological ..........48
Infection .........................................79
Minirin ............................................55
Microgynon 50 ED ..............................55
Midazolam .......................................123
Midodrine .........................................38
Mifepristone .....................................56
Mirinone .........................................46
Minerals ..........................................21
Minidib ............................................18
Minirin ............................................67
INDEX
Generic Chemicals and Brands

Minocycline ........................................73
Minoxidil ...........................................46
Mirtazapine ........................................110
Misoprostol ........................................15
Mitomycin C .........................................129
Mitoxantrone ........................................129
Mitoxantrone Ebeve ...............................129
Mivacron ............................................99
Mivacurium chloride ...............................99
Moclomibide .........................................110
Modafinil ............................................125
Mogine .............................................114
Mometasone furoate ................................51
Monosodium glutamate with sodium aspartate ..........186
Monosodium l-aspartate .............................186
Montelukast .........................................170
Morocctocog alfa [Recombinant factor VIII] ...........28
Morphine hydrochloride ................................108
Morphine sulphate ...................................108
Morphine tartrate ....................................109
Morphine ............................................102
Mouth and Throat ....................................22
Moxifloxacin .......................................73
Mucolytics and Expectorants ..........................171
Multivitamins .......................................183
Mupirocin ............................................48
Muscle Relaxants and Related Agents ....................99
Myambutol ..........................................78
Mycobutin ..........................................165
Mydriacyl ............................................177
Mydriatics and Cycloplegics ........................177
Mylan Atenolol .....................................39
Mylan Fentanyl Patch ................................108
Myleran .............................................128

- N -
Nadolol ..............................................39
Naloxone hydrochloride ................................179
Naltrexone hydrochloride ............................126
Naprazoline hydrochloride ...........................174
Naproxen Forte .....................................174
Naproxen ............................................101
Naropin ..............................................106
Natamycin ..........................................173
Natulan ..............................................131
Nausicalm ..........................................116
Navelbine ..........................................137
Navoban ..............................................117
Nedocromil .........................................171
Nefopam hydrochloride ................................107
Neisvac-C ...........................................206
Necocate Advance (Vanilla) ..........................198
Necocate Gold (Unflavoured) ........................198
Neoal ...............................................139
Neoral ...............................................26
NeoRecomron .......................................92
NeoStigmine metilsulfate ............................92
NeoStigmine metilsulfate with glycopyrronium bromide ...92
Neosynephrine HCL ................................45
Neotigason ..........................................52
Nepro (Strawberry) ..................................201
Nepro (Vanilla) ......................................201
Nepro HP (Strawberry) ...............................201
Nepro HP (Vanilla) ...................................201
Nepro HP RTH .......................................201
Nepro RTH ...........................................201
Neulastim ............................................32
Neupogen ............................................32
Nevirapine ..........................................82
Nevirapine Alphapharm .............................82
Nicorandil ..........................................46
Nicotine .............................................126
Nicotinic acid .......................................44
Nifedipine ..........................................40
Nifedipine ..........................................40
Nistat ...............................................23, 76
Nimodipine ..........................................40
Nitazoxanide .......................................80
Nitrates ..............................................44
Nitrazepam .........................................123
Nitroderm TTS 10 ...................................44
Nitroderm TTS 5 ...................................44
Nitrofurantoin ......................................74
Nitrofurantoin ......................................74
Nitrofurantoin ......................................74
Nitrofurantoin ......................................74
Nitrofurantoin ......................................74
Nitrofurantoin ......................................74
Nifedipine ..........................................40
Nifedipine ..........................................40
Natrium ............................................100
Nonacog alfa [Recombinant factor IX] ................28
Noradrenaline ......................................45
Norethisterone ......................................56
Norethisterone Genito-Urinary .........................56
Norethisterone Hormone ................................62
Norethisterone with mestranol ........................55
Norfloxacin .........................................73
Normison ............................................123
Norpress ............................................110
Nortriptyline hydrochloride ........................110
Norvir .................................................84
Novasource Renal (Vanilla) ........................201
Novatretin ..........................................52
NovoMix 30 FlexPen ................................16
NovoSeven RT .......................................28
Noxafil ..............................................76
Nupentin .............................................112
Nutrini Energy Multi Fibre ..........................200
Nutrini Low Energy Multifibre .........................200
Nutrion Concentrated ................................196
Nutrion Energy ......................................202
Nyefax Retard ......................................40

- O -
Obstetric Preparations .............................56
Octocog alfa [Recombinant factor VIII] ..............28
Octreotide ..........................................138
Octreotide MaxRx ....................................138
Ocular Lubricants ....................................177
Oestradiol ............................................60, 62
Oestradiol valerate ..................................60
Oestradiol with norethisterone acetate .............61
Oestriol ..............................................57
Oestrogens ..........................................62
Oestrogens (conjugated equine) .......................61
Oestrogens with medroxyprogesterone acetate ....61
Oil in water emulsion ................................50
Oily phenol [Phenol oily] ............................15
Olanzapine ..........................................118, 121
Olanzine .............................................118
Olanzine-D ..........................................118
Olive oil .............................................188
Olopataidine .........................................174
Olusalazine ..........................................14
Omeprazole .........................................15
Omezol Relief ........................................15
Omnipaque ..........................................182
Omniscan ..........................................183
Oxytocin with ergometrine ........................................ 57
Oxytocin BNM ...................................................... 109
Oxymetazoline .......................................................... 122
Oxydone BNM .......................................................... 137
Oxazepam ................................................................. 137
Oxaliplatin Actavis .................................................. 137
Oxaliplatin Actavis.................................................. 137
Oxaliplatin................................................................. 137
Other Skin Preparations ........................................... 144
Other Otological Preparations .................................. 144
Other Oestrogen Preparations .................................. 144
Other Oestrogen....................................................... 144
Other Endocrine Agents ........................................... 144
Other Cardiac Agents .............................................. 144
Other Progestogen Preparations ................................ 144
Other Progestogen Preparations ................................ 144
Other Skin Preparations ........................................... 144
Oxaliplatin .............................................................. 144
Oxaliplatin Actavis 100 ............................................ 144
Oxaliplatin Actavis 50 ............................................. 144
Oxandrolone ............................................................ 144
Oxazepam ............................................................... 144
Oxentifyline ........................................................... 144
Oxybuprocaine hydrochloride .................................. 144
Oxybutynin .............................................................. 144
Oxycodeone hydrochloride ....................................... 144
Oxycodeone Orion ................................................... 144
OxyContin ............................................................... 144
Oxydone BNM .......................................................... 144
Oxymetazoline hydrochloride .................................. 144
OxyNorm ................................................................. 144
Oxytocin ................................................................. 144
Oxytocin BNM .......................................................... 144
Oxytocin with ergometrine ...................................... 144
<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Povidone K30</td>
<td>188</td>
</tr>
<tr>
<td>Potassium permanganate</td>
<td>52</td>
</tr>
<tr>
<td>Potassium iodate with iodine</td>
<td>21</td>
</tr>
<tr>
<td>Potassium dihydrogen</td>
<td>19</td>
</tr>
<tr>
<td>Potassium citrate</td>
<td>58</td>
</tr>
<tr>
<td>Potassium chloride with sodium chloride</td>
<td>33, 35</td>
</tr>
<tr>
<td>Potassium chloride with sodium citrate</td>
<td>34</td>
</tr>
<tr>
<td>Potassium citrate</td>
<td>58</td>
</tr>
<tr>
<td>Potassium dihydrogen phosphate</td>
<td>34</td>
</tr>
<tr>
<td>Potassium iodate</td>
<td>21</td>
</tr>
<tr>
<td>Potassium perchlorate</td>
<td>67</td>
</tr>
<tr>
<td>Potassium permanganate</td>
<td>52</td>
</tr>
<tr>
<td>Povidone-iodine with ethanol</td>
<td>181</td>
</tr>
<tr>
<td>Pradaxa</td>
<td>29</td>
</tr>
<tr>
<td>Pralidoxime iodide</td>
<td>179</td>
</tr>
<tr>
<td>Pramipexole hydrochloride</td>
<td>103</td>
</tr>
<tr>
<td>Prasugrel</td>
<td>31</td>
</tr>
<tr>
<td>Pravastatin</td>
<td>43</td>
</tr>
<tr>
<td>Praziquantel</td>
<td>79</td>
</tr>
<tr>
<td>Prednisolone</td>
<td>60</td>
</tr>
<tr>
<td>Prednisolone acetate</td>
<td>174</td>
</tr>
<tr>
<td>Prednisolone sodium phosphates</td>
<td>174</td>
</tr>
<tr>
<td>Pregnancy test - hCG urine</td>
<td>211</td>
</tr>
<tr>
<td>Prevena 13</td>
<td>206</td>
</tr>
<tr>
<td>Prezista</td>
<td>84</td>
</tr>
<tr>
<td>Procacline hydrochloride</td>
<td>106</td>
</tr>
<tr>
<td>Procacline hydrochloride with felypresin</td>
<td>106</td>
</tr>
<tr>
<td>Primargine phosphate</td>
<td>80</td>
</tr>
<tr>
<td>Primatine</td>
<td>69</td>
</tr>
<tr>
<td>Primidone</td>
<td>114</td>
</tr>
<tr>
<td>Primolut N</td>
<td>62</td>
</tr>
<tr>
<td>Primovist</td>
<td>183</td>
</tr>
<tr>
<td>Probenecid</td>
<td>98</td>
</tr>
<tr>
<td>Procaine penicillin</td>
<td>72</td>
</tr>
<tr>
<td>Procainamide</td>
<td>131</td>
</tr>
<tr>
<td>Prochlorperazene</td>
<td>117</td>
</tr>
<tr>
<td>Proctosedyl</td>
<td>14</td>
</tr>
<tr>
<td>Procyclidine hydrochloride</td>
<td>102</td>
</tr>
<tr>
<td>Procystox</td>
<td>128</td>
</tr>
<tr>
<td>Progesterone</td>
<td>57</td>
</tr>
<tr>
<td>Proglicem</td>
<td>16</td>
</tr>
<tr>
<td>Proglycem</td>
<td>16</td>
</tr>
<tr>
<td>Prograf</td>
<td>139</td>
</tr>
<tr>
<td>Proinex</td>
<td>116</td>
</tr>
<tr>
<td>Promethazine hydrochloride</td>
<td>168</td>
</tr>
<tr>
<td>Promethazine threonol</td>
<td>117</td>
</tr>
<tr>
<td>Propafenone hydrochloride</td>
<td>38</td>
</tr>
<tr>
<td>Propamidine isethionate</td>
<td>173</td>
</tr>
<tr>
<td>Propofol</td>
<td>104</td>
</tr>
<tr>
<td>Propranolol</td>
<td>40</td>
</tr>
<tr>
<td>Propylene glycol</td>
<td>188</td>
</tr>
<tr>
<td>Propylthiouracil</td>
<td>67</td>
</tr>
<tr>
<td>Prostin E2</td>
<td>57</td>
</tr>
<tr>
<td>Prostin VR</td>
<td>45</td>
</tr>
<tr>
<td>Protamine sulphate</td>
<td>30</td>
</tr>
<tr>
<td>Protonamide</td>
<td>78</td>
</tr>
<tr>
<td>Protriptylene</td>
<td>67</td>
</tr>
<tr>
<td>Provera</td>
<td>61, 62</td>
</tr>
<tr>
<td>Provisc</td>
<td>176</td>
</tr>
<tr>
<td>Proveive MCTLCT 1%</td>
<td>104</td>
</tr>
<tr>
<td>Proxymetacaine</td>
<td>175</td>
</tr>
<tr>
<td>Pseudoephedrine</td>
<td>169</td>
</tr>
<tr>
<td>Psoriasis and Eczema</td>
<td>169</td>
</tr>
<tr>
<td>Preparations</td>
<td>52</td>
</tr>
<tr>
<td>PTU</td>
<td>67</td>
</tr>
<tr>
<td>Pulmocare (Vanilla)</td>
<td>201</td>
</tr>
<tr>
<td>Pulmonary Surfactants</td>
<td>172</td>
</tr>
<tr>
<td>Pulmozyme</td>
<td>171</td>
</tr>
<tr>
<td>Puri-netol</td>
<td>130</td>
</tr>
<tr>
<td>Pyrazinamide</td>
<td>78</td>
</tr>
<tr>
<td>Pyridostigmine bromide</td>
<td>92</td>
</tr>
<tr>
<td>PyridoxAde</td>
<td>24</td>
</tr>
<tr>
<td>Pyridoxal-5-phosphate</td>
<td>21</td>
</tr>
<tr>
<td>Pyridoxine hydrochloride</td>
<td>24</td>
</tr>
<tr>
<td>Pyrimethamine</td>
<td>80</td>
</tr>
<tr>
<td>Pytazen SR</td>
<td>31</td>
</tr>
<tr>
<td>Q 300</td>
<td>80</td>
</tr>
<tr>
<td>Quetapez</td>
<td>119</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>119</td>
</tr>
<tr>
<td>Quinapril</td>
<td>36</td>
</tr>
<tr>
<td>Quinapril with hydrochlorothiazide</td>
<td>36</td>
</tr>
<tr>
<td>Quinine dhydrochloride</td>
<td>80</td>
</tr>
<tr>
<td>Quinine sulphate</td>
<td>80</td>
</tr>
<tr>
<td>RA-Morph</td>
<td>108</td>
</tr>
<tr>
<td>Rabies vaccine</td>
<td>209</td>
</tr>
<tr>
<td>Raloxifene</td>
<td>96</td>
</tr>
<tr>
<td>Raltegravir potassium</td>
<td>85</td>
</tr>
<tr>
<td>Ramipex</td>
<td>103</td>
</tr>
<tr>
<td>Ranbaxy-Cefalexal</td>
<td>70</td>
</tr>
<tr>
<td>Ranibizumab</td>
<td>156</td>
</tr>
<tr>
<td>Ranitidine</td>
<td>15</td>
</tr>
<tr>
<td>Rapamune</td>
<td>165</td>
</tr>
<tr>
<td>Rasburicase</td>
<td>98</td>
</tr>
<tr>
<td>Reandron 1000</td>
<td>59</td>
</tr>
<tr>
<td>Recombinant factor IX</td>
<td>28</td>
</tr>
<tr>
<td>Recombinant factor VIIa</td>
<td>28</td>
</tr>
<tr>
<td>Recombinant factor VIII</td>
<td>28</td>
</tr>
<tr>
<td>Rectogesic</td>
<td>15</td>
</tr>
<tr>
<td>Red back spider antivenom</td>
<td>180</td>
</tr>
<tr>
<td>Redipred</td>
<td>60</td>
</tr>
<tr>
<td>Relezena Rotadisk</td>
<td>89</td>
</tr>
<tr>
<td>Remicade</td>
<td>151</td>
</tr>
<tr>
<td>Remifentanil hydrochloride</td>
<td>109</td>
</tr>
<tr>
<td>Remifentanil-AFT</td>
<td>109</td>
</tr>
<tr>
<td>ReoPro</td>
<td>144</td>
</tr>
<tr>
<td>Generic Chemicals and Brands</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Resource Benefine ..............</td>
<td>191</td>
</tr>
<tr>
<td>Resource Diabetic (Vanilla) ...</td>
<td>195</td>
</tr>
<tr>
<td>Respiratory Stimulants ........</td>
<td>172</td>
</tr>
<tr>
<td>Retinol ...........................</td>
<td>24</td>
</tr>
<tr>
<td>Retinol Palmitate ..............</td>
<td>178</td>
</tr>
<tr>
<td>Retrovir ...........................</td>
<td>83</td>
</tr>
<tr>
<td>Revolade ..........................</td>
<td>27</td>
</tr>
<tr>
<td>Reyataz ................................</td>
<td>84</td>
</tr>
<tr>
<td>Riboflavin 5-phosphate ..........</td>
<td>176</td>
</tr>
<tr>
<td>Rialid .............................</td>
<td>119</td>
</tr>
<tr>
<td>Rifabutin ..........................</td>
<td>78</td>
</tr>
<tr>
<td>Rifampicin ........................</td>
<td>78</td>
</tr>
<tr>
<td>Rilutek ................................</td>
<td>102</td>
</tr>
<tr>
<td>Riluzole ................................</td>
<td>102</td>
</tr>
<tr>
<td>Ringer's solution ..................</td>
<td>34</td>
</tr>
<tr>
<td>Riodine ............................</td>
<td>181</td>
</tr>
<tr>
<td>Risedonrate Sandoz ..............</td>
<td>97</td>
</tr>
<tr>
<td>Risedronate sodium ..............</td>
<td>97</td>
</tr>
<tr>
<td>Risperdal ..........................</td>
<td>119</td>
</tr>
<tr>
<td>Risperdal Consta .................</td>
<td>121</td>
</tr>
<tr>
<td>Risperal Quicklet .................</td>
<td>119</td>
</tr>
<tr>
<td>Risperidone .........................</td>
<td>119, 121</td>
</tr>
<tr>
<td>Risperon ............................</td>
<td>125</td>
</tr>
<tr>
<td>Ritalin .............................</td>
<td>125</td>
</tr>
<tr>
<td>Ritalin LA ...........................</td>
<td>125</td>
</tr>
<tr>
<td>Ritalin SR ...........................</td>
<td>125</td>
</tr>
<tr>
<td>Ritonavir ...........................</td>
<td>84</td>
</tr>
<tr>
<td>Rituximab ...........................</td>
<td>156</td>
</tr>
<tr>
<td>Rivaroxaban .........................</td>
<td>30</td>
</tr>
<tr>
<td>Rivotril ................................</td>
<td>112</td>
</tr>
<tr>
<td>Rizamelt ............................</td>
<td>116</td>
</tr>
<tr>
<td>RizatRIPTAN .........................</td>
<td>116</td>
</tr>
<tr>
<td>Rocuronium bromide ..............</td>
<td>99</td>
</tr>
<tr>
<td>Ropivacine hydrochloride ........</td>
<td>103</td>
</tr>
<tr>
<td>Ropivacine hydrochloride with fentanyl ..........</td>
<td>106</td>
</tr>
<tr>
<td>Rose bengal sodium ................</td>
<td>175</td>
</tr>
<tr>
<td>RotaTeq ..............................</td>
<td>209</td>
</tr>
<tr>
<td>Rotavirus live reassortant oral vaccine ..........</td>
<td>209</td>
</tr>
<tr>
<td>Roxane ................................</td>
<td>13</td>
</tr>
<tr>
<td>Roxithromycin .......................</td>
<td>71</td>
</tr>
<tr>
<td>Rubifen ..............................</td>
<td>125</td>
</tr>
<tr>
<td>Rubifen SR ...........................</td>
<td>125</td>
</tr>
<tr>
<td>S-26 Gold Premgro ...............</td>
<td>199</td>
</tr>
<tr>
<td>S26 LBW Gold RTF .................</td>
<td>199</td>
</tr>
<tr>
<td>Salamol ................................</td>
<td>169</td>
</tr>
<tr>
<td>Salazopyrin ........................</td>
<td>14</td>
</tr>
<tr>
<td>Salazopyrin EN .................</td>
<td>14</td>
</tr>
<tr>
<td>Salbutamol .........................</td>
<td>169</td>
</tr>
<tr>
<td>Salbutamol with ipratropium ..</td>
<td></td>
</tr>
<tr>
<td>Salicylic acid ......................</td>
<td>189</td>
</tr>
<tr>
<td>Salmeterol ..........................</td>
<td>170</td>
</tr>
<tr>
<td>Salmonella typhi vaccine ..........</td>
<td>206</td>
</tr>
<tr>
<td>Sandimmun ...........................</td>
<td>139</td>
</tr>
<tr>
<td>Sandomigran ........................</td>
<td>116</td>
</tr>
<tr>
<td>Sandostatin LAR .....................</td>
<td>138</td>
</tr>
<tr>
<td>Scelbize .............................</td>
<td>48</td>
</tr>
<tr>
<td>Secretin pentahydrochloride ......</td>
<td>184</td>
</tr>
<tr>
<td>Sedatives and Hypnotics ..........</td>
<td>123</td>
</tr>
<tr>
<td>Selegiline hydrochloride ..........</td>
<td>103</td>
</tr>
<tr>
<td>Sevoflurane ..........................</td>
<td>104</td>
</tr>
<tr>
<td>Serotonin ...........................</td>
<td>112</td>
</tr>
<tr>
<td>Seretide .............................</td>
<td>171</td>
</tr>
<tr>
<td>Seretide Accuhaler ..................</td>
<td>171</td>
</tr>
<tr>
<td>Serevent ............................</td>
<td>170</td>
</tr>
<tr>
<td>Serevent Accuhaler ..................</td>
<td>170</td>
</tr>
<tr>
<td>Serophene ...........................</td>
<td>61</td>
</tr>
<tr>
<td>Seroquel .............................</td>
<td>119</td>
</tr>
<tr>
<td>Sertraline ...........................</td>
<td>112</td>
</tr>
<tr>
<td>Sevredol .............................</td>
<td>108</td>
</tr>
<tr>
<td>Silagra ..............................</td>
<td>47</td>
</tr>
<tr>
<td>Sildenafil ...........................</td>
<td>47</td>
</tr>
<tr>
<td>Silver nitrate ......................</td>
<td>53</td>
</tr>
<tr>
<td>Dermatological ......................</td>
<td>53</td>
</tr>
<tr>
<td>Extemporaneous ......................</td>
<td>189</td>
</tr>
<tr>
<td>Simethicone ..........................</td>
<td>13</td>
</tr>
<tr>
<td>Simulcet .............................</td>
<td>150</td>
</tr>
<tr>
<td>Simvastatin ..........................</td>
<td>43</td>
</tr>
<tr>
<td>Sincalide ............................</td>
<td>184</td>
</tr>
<tr>
<td>Sinemet .............................</td>
<td>103</td>
</tr>
<tr>
<td>Sinemet CR ............................</td>
<td>103</td>
</tr>
<tr>
<td>Singulair .............................</td>
<td>170</td>
</tr>
<tr>
<td>Sirolimus .............................</td>
<td>165</td>
</tr>
<tr>
<td>Siterone .............................</td>
<td>59</td>
</tr>
<tr>
<td>Slow-Loresor .........................</td>
<td>39</td>
</tr>
<tr>
<td>Snake antivenom .....................</td>
<td>180</td>
</tr>
<tr>
<td>Sodibic .............................</td>
<td>35</td>
</tr>
<tr>
<td>Sodium acetate .......................</td>
<td>34</td>
</tr>
<tr>
<td>Sodium acid phosphate ..........</td>
<td>34</td>
</tr>
<tr>
<td>Sodium alginate with magnesium alginate .................</td>
<td>13</td>
</tr>
<tr>
<td>Sodium alginate with sodium bicarbonate and calcium carbonate ..........</td>
<td>13</td>
</tr>
<tr>
<td>Sodium aurothiomalate ..........</td>
<td>92</td>
</tr>
<tr>
<td>Sodium benzoate .....................</td>
<td>21</td>
</tr>
<tr>
<td>Sodium bicarbonate ..................</td>
<td></td>
</tr>
<tr>
<td>Sodium carbonate with sodium bicarbonate and calcium carbonate ..........</td>
<td>13</td>
</tr>
<tr>
<td>Sodium chloride ........................</td>
<td></td>
</tr>
<tr>
<td>Sodium chloride with sodium bicarbonate ..........</td>
<td></td>
</tr>
<tr>
<td>Sodium chloride with sodium bicarbonate and calcium carbonate ..........</td>
<td></td>
</tr>
<tr>
<td>Sodium cromoglycate ................</td>
<td></td>
</tr>
<tr>
<td>Sodium cromorhtrate ...............</td>
<td>58</td>
</tr>
<tr>
<td>Sodium dihydrogen phosphate ........</td>
<td>34</td>
</tr>
<tr>
<td>Sodium diphosphonate ...............</td>
<td></td>
</tr>
<tr>
<td>Sodium dihydrogen phosphate ........</td>
<td></td>
</tr>
<tr>
<td>Sodium diphosphonate ...............</td>
<td></td>
</tr>
<tr>
<td>Sodium hyaluronate ..................</td>
<td></td>
</tr>
<tr>
<td>Sodium hyaluronate with chondroitin sulphate ........</td>
<td>176</td>
</tr>
<tr>
<td>Sodium hypochlorite ...............</td>
<td>181</td>
</tr>
<tr>
<td>Sodium metabisulfite ..............</td>
<td>189</td>
</tr>
<tr>
<td>Sodium nitrite ........................</td>
<td>179</td>
</tr>
<tr>
<td>Sodium nitroprusside ...............</td>
<td></td>
</tr>
<tr>
<td>Sodium polystyrene .................</td>
<td></td>
</tr>
<tr>
<td>Sodium phenylbutyrate .............</td>
<td>21</td>
</tr>
<tr>
<td>Sodium phosphate with phosphoric acid ..........</td>
<td>20</td>
</tr>
<tr>
<td>Sodium stibogluconate .............</td>
<td>80</td>
</tr>
<tr>
<td>Sodium tetradecyl sulphate ..........</td>
<td>27</td>
</tr>
<tr>
<td>Sodium thiosulfate .................</td>
<td>179</td>
</tr>
<tr>
<td>Sodium valproate ..................</td>
<td>114</td>
</tr>
<tr>
<td>Sodium with potassium ..............</td>
<td>186</td>
</tr>
<tr>
<td>Solfinacn succinate ..................</td>
<td>58</td>
</tr>
<tr>
<td>Solox .................................</td>
<td>15</td>
</tr>
<tr>
<td>Solu-Cortef ...........................</td>
<td>60</td>
</tr>
<tr>
<td>Solu-Medrol ...........................</td>
<td>60</td>
</tr>
</tbody>
</table>
INDEX

Generic Chemicals and Brands

Somatropin .............................................63
Sotacor ...........................................40
Sotalol ...........................................40
Soya oil ...........................................179
Space Chamber Plus ....................211
Spacer device ...................................211
Span-K ...........................................35
Specialised Formulas ..................194
Spiractin ...........................................42
Spiramycin .....................................80
Spiriva ...........................................168
Spiironolactone ................................42
Spirotone .........................................42
Sprycel ...........................................133
Standard Feeds ............................202
Staphlex ..........................................72
Surgical Preparations ...................185
Sunitinib ........................................135
Sumatriptan ..................................116
Sulphasalazine ...............................14
Sulphadiazine .................................75
Sulphadiazine silver ......................48
Sulphasalazine ................................14
Sulphur ...........................................189
Sumatriptan ..................................116
Sunitinib ........................................135
Sunscreen, proprietary .................53
Suprane ...........................................103
Surgical Preparations .................185
Survanta ......................................172
Sustagen Diabetic (Vanilla) ..........195
Sustagen Hospital Formula (Chocolate) ..........203
Sustagen Hospital Formula (Vanilla) ..........203
Sutent ...........................................135
Suxamethonium chloride ..........99
Symmetrel .......................................102
Sympathomimetics .......................45
Synacthen .......................................62
Synacthen Depot .........................62
Syntometrine ................................57
Symp ...........................................189
Sysiane Unit Dose .........................178
- T -
Tacrolimus .....................................139
Tacrolimus Sandoz .......................139
Talc .............................................172
Tambocor .....................................38
Tambocor CR ................................38
Tamoxifen citrate ......................139
Tamsulosin .....................................58
Tamsulosin-Rex .........................58
Tarceva .........................................133
Tasmar .........................................103
Tazocin EF ......................................72
Teicoplanin .....................................75
Temaccord .....................................132
Temazepam .....................................123
Temozolomide ..............................132
Teneclerplase ................................32
Tefofovir disoproxil fumarate ..........86
Tenoxicam ......................................101
Teracotide ......................................37
Terbinafine .....................................77
Terbutaline .....................................57
Terbutaline sulphate ...................169
Teriparatide ...................................97
Terlipressin .....................................68
Testosterone .....................................59
Testosterone cypionate ................59
Testosterone esters .......................59
Testosterone undecanoate ...........59
Tetrahexazine ................................102
Tetracaine [Amethocaine] ........................
  hydrochloride ..........................106
  Nervous ..................................106
  Sensory .....................................175
Tetracosactide ..............................62
[Tetracosactrin] ..........................62
Tetracosactin ................................62
Tetracyclin Wolff ..........................73
Tetracycline .....................................73
Thalidomide ..................................132
Thalomid ......................................132
Theophylline ..................................171
Thiamine hydrochloride ...........24
Thioguanine ..................................130
Thiopenal [Thiopentone] ..............130
Thiopentone ................................104
Thiotepa .......................................128
Thrombin .....................................27
Thymol glycerin ............................23
Thyroid and Antithyroid..............67
Thyrotropin alfa ..........................62
Ticagrelor .....................................31
Ticarcillin with clavulanic acid ....72
Ticlopidine ....................................31
Tigecycline .....................................73
Timolol .........................................176
Timolol maleate .........................176
Timoptol XR ..............................176
Tiotropium bromide ....................168
TMP .............................................75
Tobramycin ....................................69
Infection ....................................133
Sensory ....................................173
Tobrex ...........................................173
Tocilizumab .................................162
Tofranil .......................................110
Tolcapone .....................................103
Tolterodine tartrate .....................58
Topamax .......................................115
Topical Products for Joint and
  Muscular Pain ..............................101
Topiramate ....................................115
Tracleer .........................................46
Tramadol .........................................99
Tramadol hydrochloride ..............109
Tramal 100 .....................................109
Tramal 50 .......................................109
Tramal SR 100 ..............................109
Tramal SR 150 ..............................109
Tramal SR 200 ..............................109
Trandolapril ...................................36
Tranexamic acid .........................28
Tranylcypromine sulphate ..........110
Trastuzumab .................................163
Travoprost .................................177
Treatments for Dementia ..........126
Treatments for Substance
  Dependence ..............................126
Tretinoin .......................................101
Dermatological .........................49
Oncology ......................................132
Trexate ......................................130
Tri-sodium citrate .....................189
Triamcinolone acetonide ........................
  Alimentary ............................23
  Dermatological .......................51
  Hormone .................................60
  Triamcinolone acetonide with
  gramicidin, neomycin and
  nystatin .............................174
INDEX

Generic Chemicals and Brands

- A -
  Acetaminophen ..............................30
  Acetylsalicylic acid .......................18
  Acitretin ....................................116
  Acitretin with dermatological derivative ....50
  Acetone ......................................49

- B -
  Bakson........................................58
  Bactrim belonging to trimethoprim and sulfamethoxazole ..............................75
  Bactroban ...................................185
  Bambuterol ..................................178
  Banex ........................................113

- C -
  Carbamazepine ................................184
  Carboplatin ..................................83
  Carboplatin with lamivudine ..............83
  Carboplatin with lamivudine and zidovudine [AZT] with lamivudine .................83
  Carbenoxolone .................................57
  Carboplatin with lamivudine and zidovudine [AZT] with lamivudine .................83
  Carbetopan ...................................185
  Carisoprodol ................................70
  Carisoprodol capsule ........................52
  Carisoprodol tab ..............................51
  Carisoprodol tab ..............................51
  Carisoprodol tab ..............................51

- D -
  Dequalinium chloride .........................185
  Dequalinium chloride .........................185
  Desferal ......................................35
  Desferal with ascorbic acid .................35
  Desferal with dermitological agent .........50
  Desferal with ascorbic acid ..................35
  Desferal with ascorbic acid ..................35
  Desferal with ascorbic acid ..................35
  Desferal with ascorbic acid ..................35

- E -
  Emfiteron......................................53
  Emfiteron......................................53
  Emfiteron......................................53
  Emfiteron......................................53
  Emfiteron......................................53
  Emfiteron......................................53

- F -
  Farinas 16 ...................................185
  Farinas 16 ...................................185
  Fat ..............................................185
  Fat ..............................................185
  Fat ..............................................185
  Fat ..............................................185

- G -
  Genistein .....................................49
  Genistein .....................................49
  Genistein .....................................49
  Genistein .....................................49
  Genistein .....................................49
  Genistein .....................................49

- H -
  Hepatitis C viral interferon beta 3b ..........................120
  Hepatitis HGV-1 interferon beta 3b ...120
  Hepatitis HGV-1 interferon beta 3b ...120
  Hepatitis HGV-1 interferon beta 3b ...120
  Hepatitis HGV-1 interferon beta 3b ...120
  Hepatitis HGV-1 interferon beta 3b ...120
  Hepatitis HGV-1 interferon beta 3b ...120

- I -
  Ivermectin ....................................184
  Ivermectin ....................................184
  Ivermectin ....................................184
  Ivermectin ....................................184
  Ivermectin ....................................184
  Ivermectin ....................................184
  Ivermectin ....................................184

- J -
  Jaro-Sal ......................................185
  Jaro-Sal ......................................185
  Jaro-Sal ......................................185
  Jaro-Sal ......................................185
  Jaro-Sal ......................................185
  Jaro-Sal ......................................185
  Jaro-Sal ......................................185

- K -
  Ketamine .......................................35
  Ketamine .......................................35
  Ketamine .......................................35
  Ketamine .......................................35
  Ketamine .......................................35
  Ketamine .......................................35
  Ketamine .......................................35

- L -
  Lactobacillus acidophilus probiotic ....185
  Lactobacillus acidophilus probiotic ....185
  Lactobacillus acidophilus probiotic ....185
  Lactobacillus acidophilus probiotic ....185
  Lactobacillus acidophilus probiotic ....185
  Lactobacillus acidophilus probiotic ....185
  Lactobacillus acidophilus probiotic ....185

- M -
  Methylprednisolone .........................123
  Methylprednisolone .........................123
  Methylprednisolone .........................123
  Methylprednisolone .........................123
  Methylprednisolone .........................123
  Methylprednisolone .........................123
  Methylprednisolone .........................123

- N -
  Naloxone ......................................48
  Naloxone ......................................48
  Naloxone ......................................48
  Naloxone ......................................48
  Naloxone ......................................48
  Naloxone ......................................48
  Naloxone ......................................48

- O -
  Olanzapine ...................................113
  Olanzapine ...................................113
  Olanzapine ...................................113
  Olanzapine ...................................113
  Olanzapine ...................................113
  Olanzapine ...................................113
  Olanzapine ...................................113

- P -
  Piroxicam .....................................48
  Piroxicam .....................................48
  Piroxicam .....................................48
  Piroxicam .....................................48
  Piroxicam .....................................48
  Piroxicam .....................................48
  Piroxicam .....................................48

- Q -
  Quinapril ......................................48
  Quinapril ......................................48
  Quinapril ......................................48
  Quinapril ......................................48
  Quinapril ......................................48
  Quinapril ......................................48
  Quinapril ......................................48

- R -
  Ramipril .......................................48
  Ramipril .......................................48
  Ramipril .......................................48
  Ramipril .......................................48
  Ramipril .......................................48
  Ramipril .......................................48
  Ramipril .......................................48

- S -
  Simvastatin ..................................185
  Simvastatin ..................................185
  Simvastatin ..................................185
  Simvastatin ..................................185
  Simvastatin ..................................185
  Simvastatin ..................................185
  Simvastatin ..................................185

- T -
  Temozolomide ................................184
  Temozolomide ................................184
  Temozolomide ................................184
  Temozolomide ................................184
  Temozolomide ................................184
  Temozolomide ................................184
  Temozolomide ................................184

- U -
  Ultrasound ...................................185
  Ultrasound ...................................185
  Ultrasound ...................................185
  Ultrasound ...................................185
  Ultrasound ...................................185
  Ultrasound ...................................185
  Ultrasound ...................................185

- V -
  Valacyclovir ................................88
  Valacyclovir ................................88
  Valacyclovir ................................88
  Valacyclovir ................................88
  Valacyclovir ................................88
  Valacyclovir ................................88
  Valacyclovir ................................88

- W -
  Warfarin sodium ............................184
  Warfarin sodium ............................184
  Warfarin sodium ............................184
  Warfarin sodium ............................184
  Warfarin sodium ............................184
  Warfarin sodium ............................184
  Warfarin sodium ............................184

- Y -
  Yellow jacket wasp venom ..................184
  Yellow jacket wasp venom ..................184
  Yellow jacket wasp venom ..................184
  Yellow jacket wasp venom ..................184
  Yellow jacket wasp venom ..................184
  Yellow jacket wasp venom ..................184
  Yellow jacket wasp venom ..................184

- Z -
  Zsnamivir ....................................48
  Zsnamivir ....................................48
  Zsnamivir ....................................48
  Zsnamivir ....................................48
  Zsnamivir ....................................48
  Zsnamivir ....................................48
  Zsnamivir ....................................48

227
<table>
<thead>
<tr>
<th>Generic Chemicals and Brands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zypine ..........................118</td>
</tr>
</tbody>
</table>
Hospital Medicines List queries:
Freephone Information line 0800 66 00 50
Fax: 64 4 974 7819
Email: HML@pharmac.govt.nz

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Freephone Information line (9am-5pm weekdays) 0800 66 00 50

ISSN 1179-3694 (Print) - ISSN 1179-3708 (Online)
While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.

newzealand.govt.nz