Section H
for Hospital Pharmaceuticals
Including the Hospital Medicines List (HML)
Effective 1 July 2017
Introducing PHARMAC

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

PHARMAC’s role:

“Secure for eligible people in need of pharmaceuticals, the best health outcomes that can reasonably be achieved, and from within the amount of funding provided.”

New Zealand Public Health and Disability Act 2000

To ensure our decisions are as fair and robust as possible we use a decision-making process that incorporates clinical, economic and commercial issues. We also seek the views of users and the wider community through consultation. The processes we generally use are outlined in our Operating Policies and Procedures. Further information about PHARMAC and the way we make funding decisions can be found on the PHARMAC website at http://www.pharmac.health.nz/about.

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 Factors for Consideration before deciding whether to approve applications for funding. The Factors for Consideration 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/link/nppa or call the Panel Coordinators at 0800 660 050 Option 2.

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 Schedule does not show the final cost to Government of subsidising each community pharmaceutical, nor to DHB hospitals in purchasing each hospital pharmaceutical or other pharmaceuticals, including medical devices. The final cost will depend on any rebate and other arrangements PHARMAC has with the supplier or on any logistics arrangements put in place.

Finding Information in Section H

This book contains Section H of the Pharmaceutical Schedule and lists pharmaceuticals that can be used in DHB hospitals:

- 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 listed by therapeutic group, which is based on the WHO Anatomical Therapeutic Chemical (ATC) system. It also provides information on any national contracts that exist, and indicates which products have Hospital Supply Status (HSS).
- Part III lists optional pharmaceuticals for which national contracts exist, and DHB hospitals may choose to fund. In addition to the products listed in this book, a number of additional Optional Pharmaceuticals are listed in an addendum to Part III available at http://www.pharmac.govt.nz.

The listings are displayed alphabetically under each heading. The index lists both chemical entities and product brand names.
### Glossary

#### Units of Measure

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#### Abbreviations

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HSS  Hospital Supply Status (Refer to Rule 20)
### Example

#### ANATOMICAL HEADING

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#### THERAPEUTIC HEADING

**CHEMICAL A** - Restricted see terms below
- Presentation A: $10.00 100 Brand A

- Restricted
Only for use in children under 12 years of age

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

- Restricted
Oncologist or haematologist

**CHEMICAL C**
- Presentation C: $15.00 28 Brand C

From 1 January 2012 to 30 June 2014, at least 99% of the total volume of this item purchased must be Brand C

**CHEMICAL D** - Restricted see terms below
- Presentation D: $38.65 500 Brand D

- 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: $e.g. Brand E

- Item restricted (see above); Item 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 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 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 Pharmaceutical with HSS purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit; and

b) the total number of Units of all the relevant DV Pharmaceuticals purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit.

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

“Unit”, means an individual unit of a Pharmaceutical (e.g. a tablet, 1 ml of an oral liquid, an ampoule or a syringe).
“Unlisted Pharmaceutical”, means a Pharmaceutical that is within the scope of a Hospital Pharmaceutical, but is not listed in Section H Part II.

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

HOSPITAL SUPPLY OF PHARMACEUTICALS

2 Hospital Pharmaceuticals

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

Subject to rule 2.2, the funding of pharmaceuticals identified in a–i 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.
PART I: GENERAL RULES

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 Phar-
      maceutical 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.

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.
PART I: GENERAL RULES

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:

i) to the extent that the DHB Hospital may use its discretion to purchase a DV Pharmaceutical within the DV Limit, provided that (subject to rule 20.2(d)(iii) below) the DV Limit has not been exceeded nationally;
ii) if the Pharmaceutical supplier fails to supply that National Contract Pharmaceutical, in which case the relevant DHB Hospital does not have to comply with the DV Limit for that National Contract Pharmaceutical during that period of non-supply (and any such month(s) included in a period of non-supply will be excluded in any review of the DV Limit in accordance with rule 20.3 below);

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

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

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

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

20.6 The terms and conditions of a National Contract shall apply for a National Contract Pharmaceutical which has HSS for a Medical Device. In the event there is any inconsistency between such a National Contract and these General Rules, for example but not limited to a DV Pharmaceutical or DV Limit, the National Contract shall prevail.

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.
## Antacids and Antiflatulents

### Antacids and Reflux Barrier Agents

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Dose</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE</td>
<td>Tab 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg, Oral liq 400 mg with magnesium hydroxide 400 mg and simethicone 30 mg per 5 ml</td>
<td>e.g. Mylanta, e.g. Mylanta Double Strength</td>
</tr>
<tr>
<td>SIMETHICONE</td>
<td>Oral drops 100 mg per ml</td>
<td></td>
</tr>
<tr>
<td>SODIUM ALGINATE WITH MAGNESIUM ALGINATE</td>
<td>Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet</td>
<td>e.g. Gaviscon Infant</td>
</tr>
<tr>
<td>SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE</td>
<td>Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg, Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml</td>
<td>e.g. Gaviscon Double Strength</td>
</tr>
<tr>
<td>SODIUM CITRATE</td>
<td>Oral liq 8.8% (300 mmol/l)</td>
<td></td>
</tr>
</tbody>
</table>

### Phosphate Binding Agents

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Dose</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALUMINIUM HYDROXIDE</td>
<td>Tab 600 mg</td>
<td></td>
</tr>
<tr>
<td>CALCIUM CARBONATE – Restricted see terms below</td>
<td>Oral liq 250 mg per ml (100 mg elemental per ml)</td>
<td>39.00 500 ml Roxane</td>
</tr>
<tr>
<td>&amp; Restricted Initiation</td>
<td>Only for use in children under 12 years of age for use as a phosphate binding agent.</td>
<td></td>
</tr>
</tbody>
</table>

### Antidiarrhoeals and Intestinal Anti-Inflammatory Agents

#### Antipropulsives

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Dose</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPhenoxylate HYDROchloride with Atropine Sulphate</td>
<td>Tab 2.5 mg with atropine sulphate 25 mcg</td>
<td></td>
</tr>
<tr>
<td>Loperamide HYDROchloride</td>
<td>Tab 2 mg – 1% DV Oct-16 to 2019, Cap 2 mg – 1% DV Sep-16 to 2019</td>
<td>10.75 400 Nodia, 7.05 400 Diamide Relief</td>
</tr>
</tbody>
</table>

### Rectal and Colonic Anti-Inflammatories

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Dose</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BudeSONIDE – Restricted see terms below</td>
<td>Cap 3 mg</td>
<td></td>
</tr>
<tr>
<td>&amp; Restricted Initiation – Crohn's disease</td>
<td>Both:</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.
continued…

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

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

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

HYDROCORTISONE ACETATE
   Rectal foam 10%, CFC free (14 applications) – 1% DV Oct-15 to 2018 ......26.55 21.1 g Colifoam

MESALAZINE
   Tab EC 400 mg ...............................................................49.50 100 Asacol
   Tab EC 500 mg ...............................................................49.50 100 Asamax
   Tab long-acting 500 mg ........................................59.05 100 Pentasa
   Tab 800 mg .................................................................85.50 90 Asacol
   Modified release granules 1 g ....................................141.72 120 g Pentasa
   Suppos 500 mg ..........................................................22.80 20 Asacol
   Suppos 1 g – 1% DV Jun-15 to 2018 ............................54.60 30 Pentasa
   Enema 1 g per 100 ml – 1% DV Sep-15 to 2018 ............41.30 7 Pentasa

OLSALAZINE
   Tab 500 mg
   Cap 250 mg

SODIUM CROMOGLYCATE
   Cap 100 mg

SULPHASALAZINE
   Tab 500 mg – 1% DV Oct-16 to 2019 .........................14.00 100 Salazopyrin
   Tab EC 500 mg – 1% DV Oct-16 to 2019 .....................13.50 100 Salazopyrin EN

Local Preparations for Anal and Rectal Disorders

Antihaemorrhoidal Preparations

CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE
   Oint 5 mg with hydrocortisone 5 mg per g ......................15.00 30 g Proctosedyl
   Suppos 5 mg with hydrocortisone 5 mg per g ...................9.90 12 Proctosedyl

FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE
   Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchoaine hydrochloride 5 mg per g ........................................6.35 30 g Ultraproct
   Suppos 630 mcg with fluocortolone pivalate 610 mcg and cinchoaine hydrochloride 1 mg ............................................2.66 12 Ultraproct
Management of Anal Fissures

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

Rectal Sclerosants

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

Antispasmodics and Other Agents Altering Gut Motility

**GLYCOPYRONIUM BROMIDE**
- Inj 200 mcg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019 .......... $17.14 10 Max Health
- Inj 20 mg, 1 ml ampoule ........................................ 9.57 5 Buscopan

**HYOSCINE BUTYLBROMIDE**
- Tab 10 mg ............................................................ 2.18 20 Gastrosoothe
- Tab 135 mg ......................................................... 18.00 90 Colofac

**MEBEVERINE HYDROCHLORIDE**
- Tab 135 mg ......................................................... 18.00 90 Colofac

Antiulcerants

Antisecretory and Cytoprotective

**MISOPROSTOL**
- Tab 200 mcg – 1% DV Jun-16 to 2019 ......................... $41.50 120 Cytotec

H2 Antagonists

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

**RANITIDINE**
- Tab 150 mg .......................................................... 10.30 500 Ranitidine Relief
- Tab 300 mg .......................................................... 14.73 500 Ranitidine Relief
- Oral liq 150 mg per 10 ml ....................................... 4.92 300 ml Peptisoothe
- Inj 25 mg per ml, 2 ml ampoule ............................ 8.75 5 Zantac

Proton Pump Inhibitors

**LANSOPRAZOLE**
- Cap 15 mg – 1% DV Jan-16 to 2018 ....................... $5.08 100 Lanzol Relief
- Cap 30 mg – 1% DV Jan-16 to 2018 ....................... $5.93 100 Lanzol Relief

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>

**OMEPRAZOLE**

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

  - Cap 10 mg: $2.23 90 Omezol Relief
  - Cap 20 mg: $2.91 90 Omezol Relief
  - Cap 40 mg: $4.42 90 Omezol Relief
  - Powder for oral liq: $42.50 5 g Midwest
  - Inj 40 mg ampoule with diluent – 1% DV Sep-16 to 2019: $33.98 5 Dr Reddy’s Omeprazole
  - Inj 40 mg vial – 1% DV Jan-17 to 2019: $13.00 5 Omezol IV

**PANTOPRAZOLE**

- **Tab EC 20 mg – 1% DV Dec-16 to 2019**: $2.41 100 Panzop Relief
  - **Tab EC 40 mg – 1% DV Dec-16 to 2019**: $3.35 100 Panzop Relief
  - **Inj 40 mg vial**

**Site Protective Agents**

**COLLOIDAL BISMUTH SUBCITRATE**

- **Tab 120 mg**: $14.51 50 Gastrodenol

**SUCRALFATE**

- **Tab 1 g**

**Bile and Liver Therapy**

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

- **Grans for oral liquid 3 g**

**RIFAXIMIN** – **Restricted** see terms below

- **Tab 550 mg – 1% DV Sep-17 to 2020**: $625.00 56 Xifaxan

**Diabetes**

**Alpha Glucosidase Inhibitors**

**ACARBOSE**

- **Tab 50 mg – 1% DV Oct-15 to 2018**: $4.28 90 Glucobay
  - **Tab 100 mg – 1% DV Oct-15 to 2018**: $7.78 90 Glucobay

**Hyperglycaemic Agents**

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

- **Cap 25 mg**: $110.00 100 Proglicem
  - **Cap 100 mg**: $280.00 100 Proglicem
  - **Oral liq 50 mg per ml**: $620.00 30 ml Proglycem

---

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

*e.g. Brand indicates brand example only. It is not a contracted product.*
### Insulin - Intermediate-Acting Preparations

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

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

**INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE**
- Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge .............................................................. 42.66 5 Humalog Mix 25
- Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge .............................................................. 42.66 5 Humalog Mix 50

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

### Insulin - Long-Acting Preparations

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

### Insulin - Rapid-Acting Preparations

**INSULIN ASPART**
- Inj 100 u per ml, 10 ml vial
- Inj 100 u per ml, 3 ml cartridge
- Inj 100 u per ml, 3 ml syringe ........................................................................ 51.19 5 NovoRapid FlexPen

---

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

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

**GLUCOSE [DEXTROSE]**
- Tab 1.5 g
- Tab 3.1 g
- Tab 4 g
- Gel 40%

**GLUCOSE WITH SUCROSE AND FRUCTOSE**
- Gel 19.7% with sucrose 35% and fructose 19.7%, 18 g sachet
INSULIN GLULISINE
Inj 100 u per ml, 10 ml vial ................................................................. 27.03 1 Apidra
Inj 100 u per ml, 3 ml cartridge ............................................................ 46.07 5 Apidra
Inj 100 u per ml, 3 ml disposable pen ................................................... 46.07 5 Apidra Solostar

INSULIN LISPRO
Inj 100 u per ml, 10 ml vial
Inj 100 u per ml, 3 ml cartridge

Insulin - Short-Acting Preparations

INSULIN NEUTRAL
Inj human 100 u per ml, 10 ml vial
Inj human 100 u per ml, 3 ml cartridge

Oral Hypoglycaemic Agents

GLIBENCLAMIDE
Tab 5 mg
GLICLAZIDE
Tab 80 mg – 1% DV Sep-17 to 2020 ...................................................... 10.29 500 Glizide
GLIPIZIDE
Tab 5 mg – 1% DV Sep-15 to 2018 ......................................................... 2.85 100 Minidiab
METFORMIN HYDROCHLORIDE
Tab immediate-release 500 mg – 1% DV Nov-15 to 2018 .......................... 9.59 1,000 Metchek
Tab immediate-release 850 mg ............................................................ 7.82 500 Apotex Metformin Mylan
PIOGLITAZONE
Tab 15 mg – 1% DV Dec-15 to 2018 ....................................................... 3.47 90 Vexazone
Tab 30 mg – 1% DV Dec-15 to 2018 ....................................................... 5.06 90 Vexazone
Tab 45 mg – 1% DV Dec-15 to 2018 ....................................................... 7.10 90 Vexazone

Digestives Including Enzymes

PANCREATIC ENZYME
Cap pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease))
Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) – 1% DV Oct-15 to 2018 ......................... 34.93 100 Creon 10000
Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) – 1% DV Oct-15 to 2018 ...................... 94.38 100 Creon 25000
Powder pancreatin 60.12 mg (3,600 Ph. Eur. u/amylase, 5,000 Ph. Eur. u/lipase and 200 Ph. Eur. u/protease)

URSODEOXYCHOLIC ACID – Restricted see terms below
Cap 250 mg – 1% DV Sep-17 to 2020 .................................................... 37.95 100 Ursosan

Initiation – Alagille syndrome or progressive familial intrahepatic cholestasis
Either:

1 Patient has been diagnosed with Alagille syndrome; or

continued…
continued...

2 Patient has progressive familial intrahepatic cholestasis.

**Initiation – Chronic severe drug induced cholestatic liver injury**

All of the following:

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

**Initiation – Cirrhosis**

Both:

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.

**Initiation – Pregnancy**

Patient diagnosed with cholestasis of pregnancy.

**Initiation – Haematological transplant**

Both:

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

**Initiation – Total parenteral nutrition induced cholestasis**

Both:

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

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**Laxatives**

**Bowel-Cleansing Preparations**

**CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE**

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

e.g. PicoPrep

**MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE**

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

e.g. Glycoprep-C

**MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE**

Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet

14.31 4 Klean Prep

**Bulk-Forming Agents**

**ISPAGHULA (PSYLLIUM) HUSK**

Powder for oral soln

5.51 500 g Konsyl-D

**STERCULIA WITH FRANGULA – Restricted:** For continuation only

Powder for oral soln
<table>
<thead>
<tr>
<th>Faecal Softeners</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOCUSATE SODIUM</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Sep-17 to 2020</td>
<td>$2.31</td>
</tr>
<tr>
<td>Tab 120 mg – 1% DV Sep-17 to 2020</td>
<td>$3.13</td>
</tr>
<tr>
<td><strong>DOCUSATE SODIUM WITH SENNOSIDES</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg with sennosides 8 mg</td>
<td>$4.40</td>
</tr>
<tr>
<td><strong>PARAFFIN</strong></td>
<td></td>
</tr>
<tr>
<td>Oral liquid 1 mg per ml</td>
<td></td>
</tr>
<tr>
<td>Enema 133 ml</td>
<td></td>
</tr>
<tr>
<td><strong>POLOXAMER</strong></td>
<td></td>
</tr>
<tr>
<td>Oral drops 10% – 1% DV Sep-17 to 2020</td>
<td>$3.78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Osmotic Laxatives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLYCEROL</strong></td>
<td></td>
</tr>
<tr>
<td>Suppos 1.27 g</td>
<td></td>
</tr>
<tr>
<td>Suppos 2.55 g</td>
<td></td>
</tr>
<tr>
<td>Suppos 3.6 g – 1% DV Sep-15 to 2018</td>
<td>$6.50</td>
</tr>
<tr>
<td><strong>LACTULOSE</strong></td>
<td></td>
</tr>
<tr>
<td>Oral liq 10 g per 15 ml – 1% DV Sep-16 to 2019</td>
<td>$3.18</td>
</tr>
<tr>
<td><strong>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – Restricted</strong></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>$7.65</td>
</tr>
<tr>
<td><strong>SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE</strong></td>
<td></td>
</tr>
<tr>
<td>Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml</td>
<td>$19.95</td>
</tr>
<tr>
<td><strong>SODIUM PHOSPHATE WITH PHOSPHORIC ACID</strong></td>
<td></td>
</tr>
<tr>
<td>Oral liq 16.4% with phosphoric acid 25.14%</td>
<td></td>
</tr>
<tr>
<td>Enema 10% with phosphoric acid 6.58%</td>
<td>$2.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stimulant Laxatives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BISACODYL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Oct-15 to 2018</td>
<td>$5.99</td>
</tr>
<tr>
<td>Suppos 10 mg – 1% DV Jan-16 to 2018</td>
<td>$3.78</td>
</tr>
<tr>
<td><strong>SENNOSIDES</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 7.5 mg</td>
<td></td>
</tr>
</tbody>
</table>
### Metabolic Disorder Agents

**ALGLUCOSIDASE ALFA – Restricted** see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg vial</td>
<td>1,142.60</td>
<td>Myozyme</td>
</tr>
</tbody>
</table>

- **Initiation**
  - Metabolic physician
  - Re-assessment required after 12 months

- **All of the following:**
  1. The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease; and
  2. Any of the following:
     1. Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
     2. Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
     3. Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or
     4. Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene; and
  3. Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT); and
  4. Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might be reasonably expected to compromise a response to ERT; and
  5. Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks.

- **Continuation**
  - Metabolic physician
  - Re-assessment required after 12 months

- **All of the following:**
  1. The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
  2. Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks; and
  3. Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
  4. Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT; and
  5. Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
  6. There is no evidence of life threatening progression of respiratory disease as evidenced by the needed for > 14 days of invasive ventilation; and
  7. There is no evidence of new or progressive cardiomyopathy.

**ARGININE**

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

**BETAINЕ – Restricted** see terms below

- Powder

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

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

---

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

Expiration date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>GALSULFASE</td>
<td>Naglazyme</td>
<td>2,234.00</td>
</tr>
</tbody>
</table>

**Initiation**
Metabolic physician

**Re-assessment required after 12 months**

Both:
1. The patient has been diagnosed with mucopolysaccharidosis VI; and
2. Either:
   2.1 Diagnosis confirmed by demonstration of N-acetyl-galactosamine-4-sulfatase (arylsulfatase B) deficiency confirmed by either enzyme activity assay in leukocytes or skin fibroblasts; or
   2.2 Detection of two disease causing mutations and patient has a sibling who is known to have mucopolysaccharidosis VI.

**Continuation**
Metabolic physician

**Re-assessment required after 12 months**

All of the following:
1. The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
2. Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
3. Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and
4. Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.

**HAEM ARGINATE**

| Inj 25 mg per ml, 10 ml ampoule | Elaprase | 4,608.30 |

**IDURSULFASE**

| Inj 2 mg per ml, 3 ml vial | Elaprase | 4,608.30 |

**IMIGLUCERASE**

<p>| Inj 40 iu per ml, 5 ml vial | |
| Inj 40 iu per ml, 10 ml vial | |</p>
<table>
<thead>
<tr>
<th>Products with Hospital Supply Status (HSS) are in bold</th>
<th>Цена (включая НДС)</th>
<th>Пер</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVOCARNITINE – <strong>Restricted</strong> see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral soln 1,100 mg per 15 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 200 mg per ml, 5 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong> Neurologist, metabolic physician or metabolic disorders dietitian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PYRIDOXAL-5-PHOSPHATE – <strong>Restricted</strong> see terms below</td>
<td></td>
<td></td>
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<tr>
<td>Tab 50 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong> Neurologist, metabolic physician or metabolic disorders dietitian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM BENZOATE</td>
<td></td>
<td></td>
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<tr>
<td>Cap 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
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<tr>
<td>Soln 100 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20%, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM PHENYL BUTYRATE – <strong>Some items restricted</strong> see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grans 483 mg per g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 250 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 200 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong> Metabolic physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-assessment required after 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For the chronic management of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Continuation</strong> Metabolic physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-assessment required after 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The treatment remains appropriate and the patient is benefiting from treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIENTINE DIHYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 300 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Minerals

#### Calcium

<table>
<thead>
<tr>
<th>CALCIUM CARBONATE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.25 g (500 mg elemental)</td>
<td>5.38</td>
<td>250</td>
</tr>
<tr>
<td>Tab eff 1.75 g (1 g elemental)</td>
<td>2.07</td>
<td>10</td>
</tr>
</tbody>
</table>

#### Fluoride

<table>
<thead>
<tr>
<th>SODIUM FLUORIDE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.1 mg (0.5 mg elemental)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ALIMENTARY TRACT AND METABOLISM

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

### Iodine

**POTASSIUM IODATE**
- Tab 253 mcg (150 mcg elemental iodine)......................3.65
  - 90 NeuroTabs

**POTASSIUM IODATE WITH IODINE**
- Oral liq 10% with iodine 5%

### Iron

**FERRIC CARBOXYMALTOSE** – **Restricted** see terms below
- Inj 50 mg per ml, 10 ml vial..................................................150.00
  - 1 Ferinject

Initiation
- Treatment with oral iron has proven ineffective or is clinically inappropriate.

**FERROUS FUMARATE**
- Tab 200 mg (65 mg elemental) – **1% DV Jun-15 to 2018**...........2.89
  - 100 Ferro-tab

**FERROUS FUMARATE WITH FOLIC ACID**
- Tab 310 mg (100 mg elemental) with folic acid 350 mcg.................4.75
  - 60 Ferro-F-Tabs

**FERROUS GLUCONATE WITH ASCORBIC ACID**
- Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg

**FERROUS SULPHATE**
- Tab long-acting 325 mg (105 mg elemental)..........................2.06
  - 30 Ferrograd
- Oral liq 30 mg (6 mg elemental) per ml – **1% DV Oct-16 to 2019**....10.80
  - 500 ml Ferodan

**FERROUS SULPHATE WITH ASCORBIC ACID**
- Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg

**FERROUS SULPHATE WITH FOLIC ACID**
- Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg

**IRON POLYMALTOSE**
- Inj 50 mg per ml, 2 ml ampoule ..............................................15.22
  - 5 Ferrum H

**IRON SUCCROSE**
- Inj 20 mg per ml, 5 ml ampoule .............................................100.00
  - 5 Venofer

### Magnesium

**MAGNESIUM HYDROXIDE**
- Tab 311 mg (130 mg elemental)

**MAGNESIUM OXIDE**
- Cap 663 mg (400 mg elemental)

**MAGNESIUM SULPHATE**
- Inj 0.4 mmol per ml, 250 ml bag
- Inj 2 mmol per ml, 5 ml ampoule – **1% DV Sep-17 to 2020**...........10.21
  - 10 DBL

### Zinc

**ZINC**
- Oral liq 5 mg per 5 drops

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

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<table>
<thead>
<tr>
<th>Item restricted (see  above);</th>
<th>Item restricted (see  below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. <em>Brand</em> indicates brand example only. It is not a contracted product.</td>
<td></td>
</tr>
</tbody>
</table>
### Mouth and Throat

#### Agents Used in Mouth Ulceration

**BENZYPYDAMINE HYDROCHLORIDE**
- Soln 0.15%
- Spray 0.15%
- Spray 0.3%

**BENZYPYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE**
- Lozenge 3 mg with ceterylpyridinium chloride

**CARBOXYMETHYLCELLULOSE**
- Oral spray

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

**CHLORHEXIDINE GLUCONATE**
- Mouthwash 0.2% – 1% DV Sep-15 to 2018

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

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

**TRIAMCINOLONE ACETONIDE**
- Paste 0.1% – 1% DV Sep-17 to 2020

#### Oropharyngeal Anti-Infectives

**AMPHOTERICIN B**
- Lozenge 10 mg

**MICONAZOLE**
- Oral gel 20 mg per g – 1% DV Sep-15 to 2018

**NYSTATIN**
- Oral liquid 100,000 u per ml

### Other Oral Agents

**SODIUM HYALURONATE [HYALURONIC ACID] – Restricted** see terms below
- Inj 20 mg per ml, 1 ml syringe

**THYMOL GLYCERIN**
- Compound, BPC – 1% DV Aug-16 to 2019

### Vitamins

#### Multivitamin Preparations

**MULTIVITAMIN AND MINERAL SUPPLEMENT – Restricted** see terms on the next page
- Cap

---

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Brand or Generic</td>
<td></td>
</tr>
</tbody>
</table>

**RestRICTED**

Initiation

_Limited to 3 months treatment_

Both:

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

MULTIVITAMIN RENAL — Restricted see terms below

![Cap](8.39 30 Clinicians Renal Vit)

Initiation

Either:

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

MULTIVITAMINS

Tab (BPC cap strength) — 1% DV Jan-17 to 2019

![Cap](10.50 1,000 Mvite)

![Powder](8.39 30 Clinicians Renal Vit)

Initiation

Either:

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

*Restricted*

Initiation

Patient has inborn errors of metabolism.

- Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)
  *e.g.* Pabrinex IV
- Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)
  *e.g.* Pabrinex IM
- Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1)
  *e.g.* Pabrinex IV

**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
# ALIMENTARY TRACT AND METABOLISM

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

## Vitamin A

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

## Vitamin B

### HYDROXOCOBALAMIN
- Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-15 to 2018

### PYRIDOXINE HYDROCHLORIDE
- Tab 25 mg
- Tab 50 mg
- Inj 100 mg per ml, 1 ml ampoule
- Inj 100 mg per ml, 30 ml vial

### THIAMINE HYDROCHLORIDE
- Tab 50 mg
- Tab 100 mg
- Inj 100 mg per ml, 1 ml vial
- Inj 100 mg per ml, 2 ml vial

### VITAMIN B COMPLEX
- Tab strong, BPC – 1% DV Jan-17 to 2019

## Vitamin C

### ASCORBIC ACID
- Tab 100 mg – 1% DV Jan-17 to 2019
- Tab chewable 250 mg

## Vitamin D

### ALFACALCIDOL
- Cap 0.25 mcg – 1% DV Aug-17 to 2020
- Cap 1 mcg – 1% DV Aug-17 to 2020
- Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020

### CALCITRIOL
- Cap 0.25 mcg – 1% DV Aug-16 to 2019
- Cap 0.5 mcg – 1% DV Aug-16 to 2019
- Oral liq 1 mcg per ml
- Inj 1 mcg per ml, 1 ml ampoule

### COLECALCIFEROL
- Cap 1.25 mg (50,000 iu)

## Vitamin E

### ALPHA TOCOPHERYL ACETATE – Restricted see terms on the next page
- Cap 100 u
- Cap 500 u
- Oral liq 156 u per ml

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Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
ALIMENTARY TRACT AND METABOLISM

[Table with columns for Price (ex man. excl. GST) and Brand or Generic Manufacturer]

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

**Initiation – Osteoradionecrosis**
For the treatment of osteoradionecrosis.

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

## Hypoplastic and Haemolytic

**EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Restricted**  
see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1,000 iu in 0.5 ml syringe – 5% DV Mar-15 to 28 Feb 2018</td>
<td>$48.68</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 2,000 iu in 0.5 ml syringe – 5% DV Mar-15 to 28 Feb 2018</td>
<td>$120.18</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 3,000 iu in 0.3 ml syringe – 5% DV Mar-15 to 28 Feb 2018</td>
<td>$166.87</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 4,000 iu in 0.4 ml syringe – 5% DV Mar-15 to 28 Feb 2018</td>
<td>$193.13</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 5,000 iu in 0.5 ml syringe – 5% DV Mar-15 to 28 Feb 2018</td>
<td>$243.26</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 6,000 iu in 0.6 ml syringe – 5% DV Mar-15 to 28 Feb 2018</td>
<td>$291.92</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 8,000 iu in 0.8 ml syringe – 5% DV May-15 to 28 Feb 2018</td>
<td>$263.45</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 10,000 iu in 1 ml syringe – 5% DV Mar-15 to 28 Feb 2018</td>
<td>$395.18</td>
<td>Eprex</td>
</tr>
<tr>
<td>Inj 40,000 iu in 1 ml syringe – 5% DV May-15 to 28 Feb 2018</td>
<td>$352.69</td>
<td>Eprex</td>
</tr>
</tbody>
</table>

### Restricted

**Initiation – chronic renal failure**

All of the following:

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

**Initiation – myelodysplasia**

*Re-assessment required after 2 months*

All of the following:

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

**Continuation – myelodysplasia**

*Re-assessment required after 12 months*

All of the following:

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

**Initiation – all other indications**

Haematologist

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

Note: Indications marked with * are Unapproved Indications

---

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

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EPOETIN BETA [ERYTHROPOIETIN BETA] – Restricted see terms below

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

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

Restricted

Initiation – chronic renal failure
All of the following:
1. Patient in chronic renal failure; and
2. Haemoglobin ≤ 100g/L; and
3. Either:
   - 3.1 Both: Patient does not have diabetes mellitus; and
   - 3.2 Both: Glomerular filtration rate ≤ 30ml/min; or
3.2 Both:
   - 3.2.1 Patient has diabetes mellitus; and
   - 3.2.2 Glomerular filtration rate ≤ 45ml/min; and
4. Patient is on haemodialysis or peritoneal dialysis.

Initiation – myelodysplasia*
Re-assessment required after 12 months
All of the following:
1. Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2. Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
3. Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5. Patient has a serum erythropoietin level of < 500 IU/L; and
6. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Continuation – myelodysplasia*
Re-assessment required after 2 months
All of the following:
1. The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2. Transformation to acute myeloid leukaemia has not occurred; and
3. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Initiation – all other indications
Haematologist.
For use in patients where blood transfusion is not a viable treatment alternative.

*Note: Indications marked with * are Unapproved Indications.

Megaloblastic

FOLIC ACID

Tab 0.8 mg → 1% DV Oct-15 to 2018..........................20.60 1,000 Apo-Folic Acid
Tab 5 mg → 1% DV Oct-15 to 2018..........................10.92 500 Apo-Folic Acid
Oral liq 50 mcg per ml .............................................................24.00 25 ml Biomed
Inj 5 mg per ml, 10 ml vial
Antifibrinolytics, Haemostatics and Local Sclerosants

ALUMINIUM CHLORIDE – Restricted see terms below

- Topical soln 20% w/v
e.g. Driclor

Initiation
For use as a haemostatis agent.

APROTININ – Restricted see terms below

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

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

ELTROMBOPAG – Restricted see terms below

- Tab 25 mg .................................................................................................. 1,771.00 28 Revolade
- Tab 50 mg .................................................................................................. 3,542.00 28 Revolade

Initiation – idiopathic thrombocytopenic purpura - post-splenectomy
Haematologist
Limited to 6 weeks treatment
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 ≤ 20,000 platelets per microlitre and has evidence of active bleeding; or
   3.3 Patient has a platelet count of ≤ 10,000 platelets per microlitre.

Initiation – (idiopathic thrombocytopenic purpura - preparation for splenectomy)
Haematologist
Limited to 6 weeks treatment
The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation – (idiopathic thrombocytopenic purpura - post-splenectomy)
Haematologist
Re-assessment required after 12 months
The patient has obtained a response (see Note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.

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

FERRIC SUBSULFATE
- Gel 25.9%
- Soln 500 ml

POLIDOCANOL
- Inj 0.5%, 30 ml vial

SODIUM TETRADECYL SULPHATE
- Inj 3%, 2 ml ampoule
BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THROMBIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRANEXAMIC ACID</strong></td>
<td>Tab 500 mg – 1% DV Sep-16 to 2019</td>
<td>20.67 100</td>
<td>Cyklokapron</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 5 ml ampoule – 1% DV Sep-15 to 2018</td>
<td>55.00 10</td>
<td>Cyklokapron</td>
<td></td>
</tr>
</tbody>
</table>

**Anticoagulant Reversal Agents**

IDARUCIZUMAB – **Restricted** see terms below

- **Restricted**

Initiation

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

**Blood Factors**

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

- **Restricted**

Initiation

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

FACTOR EIGHT INHIBITOR BYPASSING FRACTION – **Restricted** see terms below

- **Restricted**

Initiation

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

MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – **Restricted** see terms below

- **Restricted**

Initiation

Note: Preferred Brand of recombinant factor VIII from 1 March 2016 until 28 February 2019. When used in the treatment of haemophilia, funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

NONACOG ALFA [RECOMBINANT FACTOR IX] – **Restricted** see terms on the next page

- **Restricted**

Initiation

Note: Item restricted (see above); Item restricted (see below)
BLOOD AND BLOOD FORMING ORGANS

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

- **Restricted**

**Initiation**

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

**NONACOG GAMMA, [RECOMBINANT FACTOR IX] – Restricted** see terms below

- Inj 250 iu vial..........................................................287.50 1 RIXUBIS
- Inj 500 iu vial..........................................................575.00 1 RIXUBIS
- Inj 1,000 iu vial.........................................................1,150.00 1 RIXUBIS
- Inj 2,000 iu vial.........................................................2,300.00 1 RIXUBIS
- Inj 3,000 iu vial.........................................................3,450.00 1 RIXUBIS

- **Restricted**

**Initiation**

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] (ADVATE) – Restricted** see terms below

- Inj 250 iu vial..........................................................287.50 1 Advate
- Inj 500 iu vial..........................................................575.00 1 Advate
- Inj 1,000 iu vial.........................................................1,150.00 1 Advate
- Inj 1,500 iu vial.........................................................1,725.00 1 Advate
- Inj 2,000 iu vial.........................................................2,300.00 1 Advate
- Inj 3,000 iu vial.........................................................3,450.00 1 Advate

- **Restricted**

**Initiation**

Notes: Rare Clinical Circumstances Brand of recombinant factor VIII from 1 March 2016 until 28 February 2019. When used in the treatment of haemophilia, access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC’s website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel Phone: 0800 023 588 Option 2

PHARMAC PO Box 10 254 Facsimile: (04) 974 4881

Wellington Email: haemophilia@pharmac.govt.nz

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

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

- **Restricted**

**Initiation**

Notes: Second Brand of recombinant factor VIII from 1 March 2016 until 28 February 2019. When used in the treatment of haemophilia, access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC’s website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel Phone: 0800 023 588 Option 2

PHARMAC PO Box 10 254 Facsimile: (04) 974 4881

Wellington Email: haemophilia@pharmac.govt.nz

**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

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

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

#### Anticoagulants

**BIVALIRUDIN** – **Restricted** see terms below

- **Inj 250 mg vial**

**Initiation**

Either:

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

**DABIGATRAN**

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

**Initiation**

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

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

- **Inj 80 mg per ml, 2.5 ml ampoule**

**Initiation**

Haematologist

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

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

- **Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag**

**ENOXAPARIN SODIUM**

- **Inj 20 mg in 0.2 ml syringe** ............................................. 30.91 10 Clexane
- **Inj 40 mg in 0.4 ml ampoule**
- **Inj 40 mg in 0.4 ml syringe** ............................................. 41.24 10 Clexane
- **Inj 60 mg in 0.6 ml syringe** ............................................. 62.18 10 Clexane
- **Inj 80 mg in 0.8 ml syringe** ............................................. 82.88 10 Clexane
- **Inj 100 mg in 1 ml syringe** ........................................... 103.80 10 Clexane
- **Inj 120 mg in 0.8 ml syringe** .......................................... 128.98 10 Clexane
- **Inj 150 mg in 1 ml syringe** ........................................... 147.41 10 Clexane

**FONDAPARINUX SODIUM** – **Restricted** see terms on the next page

- **Inj 2.5 mg in 0.5 ml syringe**
- **Inj 7.5 mg in 0.6 ml syringe**
### Restricted

**Initiation**
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance.

#### Heparin Sodium

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 iu per ml, 250 ml bag</td>
<td>66.80</td>
<td>Hospira</td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 35 ml vial</td>
<td>61.04</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 1,000 iu per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5,000 iu in 0.2 ml ampoule</td>
<td>14.20</td>
<td>Hospira</td>
</tr>
<tr>
<td>Inj 5,000 iu per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5,000 iu per ml, 5 ml ampoule</td>
<td>236.60</td>
<td>Pfizer</td>
</tr>
</tbody>
</table>

#### Heparinised Saline

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 iu per ml, 5 ml ampoule</td>
<td>39.00</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 100 iu per ml, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 iu per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Phenindione

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Protamine Sulfate

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

#### Rivaroxaban – Restricted see terms below

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>153.00</td>
<td>Xarelto</td>
</tr>
</tbody>
</table>

**Restricted**

**Initiation – total hip replacement**

*Limited to 5 weeks* treatment  
For the prophylaxis of venous thromboembolism.

**Initiation – total knee replacement**

*Limited to 2 weeks* treatment  
For the prophylaxis of venous thromboembolism.

#### Sodium Citrate with Sodium Chloride and Potassium Chloride

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

#### Trisodium Citrate

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4%, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 46.7%, 3 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 46.7%, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Warfarin Sodium

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>6.86</td>
<td>Marevan</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 3 mg</td>
<td>9.70</td>
<td>Marevan</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>11.75</td>
<td>Marevan</td>
</tr>
</tbody>
</table>

### Antiplatelets

#### Aspirin

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg – 10% DV Dec-16 to 2019</td>
<td>1.60</td>
<td>Ethics Aspirin EC</td>
</tr>
<tr>
<td>Suppos 300 mg</td>
<td>12.50</td>
<td>Ethics Aspirin EC</td>
</tr>
</tbody>
</table>

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
### BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
<th>Pack Size</th>
<th>Price (excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLOPIDOGREL</strong></td>
<td>Tab 75 mg – 1% DV Mar-17 to 2019</td>
<td>84</td>
<td>5.44</td>
<td>Arrow - Clopid</td>
</tr>
<tr>
<td><strong>DIPYRIDAMOLE</strong></td>
<td>Tab 25 mg</td>
<td>60</td>
<td>11.52</td>
<td>Pytazen SR</td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 150 mg – 1% DV Sep-16 to 2019</td>
<td>60</td>
<td>11.52</td>
<td>Pytazen SR</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 2 ml ampoule</td>
<td>60</td>
<td>11.52</td>
<td>Pytazen SR</td>
</tr>
<tr>
<td><strong>EPTIFIBATIDE</strong> – Restricted see terms below</td>
<td>Inj 2 mg per ml, 10 ml vial</td>
<td>1</td>
<td>111.00</td>
<td>Integrilin</td>
</tr>
<tr>
<td></td>
<td>Inj 750 mcg per ml, 100 ml vial</td>
<td>1</td>
<td>324.00</td>
<td>Integrilin</td>
</tr>
<tr>
<td><strong>PRASUGREL</strong> – Restricted see terms below</td>
<td>Tab 5 mg</td>
<td>28</td>
<td>108.00</td>
<td>Effient</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg</td>
<td>28</td>
<td>120.00</td>
<td>Effient</td>
</tr>
<tr>
<td><strong>TICAGRELOR</strong> – Restricted see terms below</td>
<td>Tab 90 mg</td>
<td>56</td>
<td>90.00</td>
<td>Brilinta</td>
</tr>
</tbody>
</table>

### Fibrinolytic Agents

**ALTEPLASE**

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

**TENECTEPLASE**

- Inj 50 mg vial
**BLOOD AND BLOOD FORMING ORGANS**

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

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

**Colony-Stimulating Factors**

**Drugs Used to Mobilise Stem Cells**

**PLERIXAFOR – Restricted see terms below**
- Inj 20 mg per ml, 1.2 ml vial........................................................................8,740.00 1 Mozobil

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

**Granulocyte Colony-Stimulating Factors**

**FILGRASTIM – Restricted see terms below**
- Inj 300 mcg in 0.5 ml prefilled syringe ..................................................270.00 5 Zarzio
- Inj 300 mcg in 1 ml vial...........................................................................520.00 4 Neupogen
- Inj 480 mcg in 0.5 ml prefilled syringe ..................................................432.00 5 Zarzio

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

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

Note: *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.

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
### Fluids and Electrolytes

#### Intravenous Administration

**CALCIUM CHLORIDE**

Inj 100 mg per ml, 10 ml vial

**CALCIUM GLUCONATE**

Inj 10%, 10 ml ampoule

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$34.24</td>
<td>10 Hospira</td>
</tr>
</tbody>
</table>

**COMPONENT ELECTROLYTES**

Inj sodium 140 mmol/l, potassium 5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2.40</td>
<td>1,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>$5.00 500 ml Baxter</td>
</tr>
</tbody>
</table>

**COMPONENT ELECTROLYTES WITH GLUCOSE**

Inj glucose 50 g, sodium 140 mmol/l, potassium 5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate, bag

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

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

Inj sodium 131 mmol/l, potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.77</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>$1.80 1,000 ml Baxter</td>
</tr>
</tbody>
</table>

**COMPONENT SODIUM LACTATE WITH GLUCOSE**

Inj sodium 131 mmol/l, potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, and glucose 5%, bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5.38</td>
<td>1,000 ml Baxter</td>
</tr>
</tbody>
</table>

**GLUCOSE [DEXTROSE]**

Inj 5%, bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.77</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td>$1.80</td>
<td>1,000 ml Baxter</td>
</tr>
<tr>
<td>$2.84</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td>$2.87</td>
<td>50 ml Baxter</td>
</tr>
<tr>
<td>$3.87</td>
<td>250 ml Baxter</td>
</tr>
</tbody>
</table>

Inj 10%, bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6.11</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td>$9.33</td>
<td>1,000 ml Baxter</td>
</tr>
</tbody>
</table>

Inj 50%, bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18.74</td>
<td>500 ml Baxter</td>
</tr>
</tbody>
</table>

Inj 50%, 10 ml ampoule

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$27.50</td>
<td>10 ml Biomed</td>
</tr>
</tbody>
</table>

Inj 50%, 90 ml bottle

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14.50</td>
<td>90 ml Biomed</td>
</tr>
</tbody>
</table>

Inj 70%, 1,000 ml bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14.50</td>
<td>1,000 ml Biomed</td>
</tr>
</tbody>
</table>

Inj 70%, 500 ml bag

**GLUCOSE WITH POTASSIUM CHLORIDE**

Inj 5% glucose with 20 mmol/l potassium chloride, bag

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12.09</td>
<td>1,000 ml Baxter</td>
</tr>
</tbody>
</table>

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

---

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

e.g. *Brand* indicates brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag</td>
<td>$ 3.45</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag</td>
<td>$ 8.31</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag</td>
<td>$10.74</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, bag</td>
<td>$ 8.29</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, bag</td>
<td>$12.50</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLUCOSE WITH SODIUM CHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj glucose 2.5% with sodium chloride 0.45%, bag</td>
<td>$ 8.12</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj glucose 5% with sodium chloride 0.45%, bag</td>
<td>$ 5.80</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj glucose 5% with sodium chloride 0.9%, bag</td>
<td>$ 8.92</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj glucose 5% with sodium chloride 0.2%, 500 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 75 mg (1 mmol) per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 225 mg (3 mmol) per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag</td>
<td>$ 7.66</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag</td>
<td>$ 9.40</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag</td>
<td>$12.26</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM DIHYDROGEN PHOSPHATE</td>
<td>$151.80</td>
<td>Hospira</td>
</tr>
<tr>
<td>Inj 1 mmol per ml, 10 ml ampoule – 1% DV Oct-15 to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RINGER'S SOLUTION</td>
<td>$ 8.69</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM ACETATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 4 mmol per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM BICARBONATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 8.4%, 10 ml vial</td>
<td>$19.95</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 8.4%, 50 ml vial</td>
<td>$20.50</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 8.4%, 100 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>SODIUM CHLORIDE</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 0.9%, 5 ml ampoule – 1% DV Mar-17 to 2019</td>
<td>$7.00</td>
</tr>
<tr>
<td>Inj 0.9%, 10 ml ampoule – 1% DV Mar-17 to 2019</td>
<td>$6.63</td>
</tr>
<tr>
<td>Inj 0.9%, 3 ml syringe, non-sterile pack – 1% DV Jun-15 to 2018</td>
<td>$10.65</td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></td>
</tr>
<tr>
<td>Inj 0.9%, 5 ml syringe, non-sterile pack – 1% DV Jun-15 to 2018</td>
<td>$10.80</td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></td>
</tr>
<tr>
<td>Inj 0.9%, 10 ml syringe, non-sterile pack – 1% DV Jun-15 to 2018</td>
<td>$11.25</td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></td>
</tr>
<tr>
<td>Inj 0.9%, 20 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>$5.00</td>
</tr>
<tr>
<td>Inj 23.4% (4 mmol/ml), 20 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>$33.00</td>
</tr>
<tr>
<td>Inj 0.45%, 500 ml bag – 1% DV Sep-16 to 2019</td>
<td>$71.28</td>
</tr>
<tr>
<td>Inj 3%, 1,000 ml bag – 1% DV Sep-16 to 2019</td>
<td>$91.20</td>
</tr>
<tr>
<td>Inj 0.9%, 50 ml bag – 1% DV Sep-16 to 2019</td>
<td>$109.80</td>
</tr>
<tr>
<td>Inj 0.9%, 100 ml bag – 1% DV Sep-16 to 2019</td>
<td>$78.24</td>
</tr>
<tr>
<td>Inj 0.9%, 250 ml bag – 1% DV Sep-16 to 2019</td>
<td>$44.64</td>
</tr>
<tr>
<td>Inj 0.9%, 500 ml bag – 1% DV Sep-16 to 2019</td>
<td>$22.14</td>
</tr>
<tr>
<td>Inj 0.9%, 1,000 ml bag – 1% DV Sep-16 to 2019</td>
<td>$15.12</td>
</tr>
<tr>
<td>Inj 1.8%, 500 ml bottle</td>
<td></td>
</tr>
</tbody>
</table>

SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]

Inj 1 mmol per ml, 20 ml ampoule – 1% DV Oct-15 to 2018 | $47.50 |

WATER

Inj 5 ml ampoule – 1% DV Mar-17 to 2019 | $7.00  |
Inj 10 ml ampoule – 1% DV Mar-17 to 2019 | $6.63  |
Inj 20 ml ampoule | $7.50  |
Inj 250 ml bag | $5.00  |
Inj 500 ml bag |        |
Inj, 1,000 ml bag – 1% DV Sep-16 to 2019 | $19.08 |

Oral Administration

CALCIUM POLYSTYRENE SULPHONATE

Powder | $169.85 |

COMPOUND ELECTROLYTES

Powder for oral soln – 1% DV Dec-16 to 2019 | $2.30 |

COMPOUND ELECTROLYTES WITH GLUCOSE

Soln with electrolytes

PHOSPHORUS

Tab eff 500 mg (16 mmol)

POTASSIUM CHLORIDE

Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)
Tab long-acting 600 mg (8 mmol) | $7.42 |

Oral liq 2 mmol per ml |        |
## BLOOD AND BLOOD FORMING ORGANS

<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>SODIUM BICARBONATE Cap 840 mg</td>
<td>8.52</td>
<td>100 Sodibic</td>
</tr>
<tr>
<td>SODIUM CHLORIDE Tab 600 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM POLYSTYRENE SULPHONATE Powder – 1% DV Sep-15 to 2018</td>
<td>84.65</td>
<td>454 g Resonium A</td>
</tr>
</tbody>
</table>

### Plasma Volume Expanders

<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>GELATINE, SUCCINYLATED Inj 4%, 500 ml bag</td>
<td>108.00</td>
<td>10 Gelofusine</td>
</tr>
<tr>
<td>HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE 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>
<tr>
<td>HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE Inj 6% with sodium chloride 0.9%, 500 ml bag</td>
<td>198.00</td>
<td>20 Voluven</td>
</tr>
</tbody>
</table>

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
## Agents Affecting the Renin-Angiotensin System

### ACE Inhibitors

<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>CAPTOPRIL</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>94.99</td>
<td>95 ml</td>
</tr>
<tr>
<td><strong>CILAZAPRIL</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.00</td>
<td>90</td>
</tr>
<tr>
<td>Tab 0.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg – 1% DV Dec-16 to 2019</td>
<td>7.20</td>
<td>200</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Dec-16 to 2019</td>
<td>12.00</td>
<td>200</td>
</tr>
<tr>
<td><strong>ENALAPRIL MALEATE</strong></td>
<td>0.96</td>
<td>100</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-15 to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-15 to 2018</td>
<td>1.24</td>
<td>100</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Sep-15 to 2018</td>
<td>1.78</td>
<td>100</td>
</tr>
<tr>
<td><strong>LISINOPRIL</strong></td>
<td>1.80</td>
<td>90</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Jan-16 to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jan-16 to 2018</td>
<td>2.05</td>
<td>90</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Jan-16 to 2018</td>
<td>2.76</td>
<td>90</td>
</tr>
<tr>
<td><strong>PERINDOPRIL</strong></td>
<td>3.75</td>
<td>30</td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV Sep-17 to 2020</td>
<td>4.80</td>
<td>30</td>
</tr>
<tr>
<td><strong>QUINAPRIL</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.31</td>
<td>90</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-15 to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-15 to 2018</td>
<td>3.15</td>
<td>90</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Sep-15 to 2018</td>
<td>5.97</td>
<td>90</td>
</tr>
<tr>
<td><strong>TRANDOLAPRIL</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 2 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACE Inhibitors with Diuretics**

<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>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</strong></td>
<td>10.18</td>
<td>100</td>
</tr>
<tr>
<td>Tab 5 mg with hydrochlorothiazide 12.5 mg – 1% DV Sep-16 to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.65</td>
<td>30</td>
</tr>
<tr>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</strong></td>
<td>4.78</td>
<td>30</td>
</tr>
<tr>
<td>Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Oct-15 to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Oct-15 to 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> Item restricted (see ➤ above); <sup>b</sup> Item restricted (see ➤ below)

*E.g. Brand indicates brand example only. It is not a contracted product.*
### Angiotensin II Antagonists

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Manufacturer</th>
<th>Price</th>
<th>Expiry Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CANDESARTAN CILEXETIL</strong> – Restricted see terms below</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV Sep-15 to 2018</td>
<td>Candestar</td>
<td>2.50 90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 8 mg – 1% DV Sep-15 to 2018</td>
<td>Candestar</td>
<td>3.68 90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 16 mg – 1% DV Sep-15 to 2018</td>
<td>Candestar</td>
<td>6.12 90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 32 mg – 1% DV Sep-15 to 2018</td>
<td>Candestar</td>
<td>10.66 90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initiation – ACE inhibitor intolerance**

Either:

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

**Initiation – Unsatisfactory response to ACE inhibitor**

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Manufacturer</th>
<th>Price</th>
<th>Expiry Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOSARTAN POTASSIUM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 12.5 mg</td>
<td>Losartan Actavis</td>
<td>1.55 84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>Losartan Actavis</td>
<td>1.90 84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>Losartan Actavis</td>
<td>2.25 84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>Losartan Actavis</td>
<td>2.60 84</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Angiotensin II Antagonists with Diuretics

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Manufacturer</th>
<th>Price</th>
<th>Expiry Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg with hydrochlorothiazide 12.5 mg</td>
<td>Arrow-Losartan &amp; Hydrochlorothiazide</td>
<td>2.18 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Alpha-Adrenoceptor Blockers

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Manufacturer</th>
<th>Price</th>
<th>Expiry Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOXAZOSIN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Sep-17 to 2020</td>
<td>Apo-Doxazosin</td>
<td>6.75 500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV Sep-17 to 2020</td>
<td>Apo-Doxazosin</td>
<td>9.09 500</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENOXYBENZAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 10 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENTOLAMINE MESYLATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRAZOSIN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td>Apo-Prazosin</td>
<td>5.53 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>Apo-Prazosin</td>
<td>7.00 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>Apo-Prazosin</td>
<td>11.70 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TERAZOSIN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg – 1% DV Sep-16 to 2019</td>
<td>Actavis</td>
<td>0.59 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Apr-17 to 2019</td>
<td>Apo-Terazosin</td>
<td>7.50 500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Feb-17 to 2019</td>
<td>Apo-Terazosin</td>
<td>10.90 500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CARDIOVASCULAR SYSTEM

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

#### Antiarrhythmics

**ADENOSINE**

- Inj 3 mg per ml, 2 ml vial
  - 
- Inj 3 mg per ml, 10 ml vial
  - **Restricted**

**Initiation**

For use in cardiac catheterisation, electrophysiology and MRI.

**AJMALINE** – **Restricted** see terms below

- Inj 5 mg per ml, 10 ml ampoule
  - **Restricted**

**AMIODARONE HYDROCHLORIDE**

- Tab 100 mg – 1% DV Oct-16 to 2019 ................................................... 4.66 30 Cordarone-X
- Tab 200 mg – 1% DV Oct-16 to 2019 ................................................... 7.63 30 Cordarone-X
- Inj 50 mg per ml, 3 ml ampoule – 1% DV Jun-17 to 2019 .............. 9.98 5 Lodi

**ATROPINE SULPHATE**

- Inj 600 mcg per ml, 1 ml ampoule ............................................... 71.00 50 AstraZeneca

**DIGOXIN**

- Tab 62.5 mcg – 1% DV Jun-16 to 2019 ................................................... 6.67 240 Lanoxin PG
- Tab 250 mcg – 1% DV Jun-16 to 2019 ................................................... 14.52 240 Lanoxin
- Oral liq 50 mcg per ml
- Inj 250 mcg per ml, 2 ml vial

**DISOPYRAMIDE PHOSPHATE**

- Cap 100 mg

**FLECAINIDE ACETATE**

- Tab 50 mg .......................................................... 38.95 60 Tambocor
- Cap long-acting 100 mg .......................................................... 38.95 30 Tambocor CR
- Cap long-acting 200 mg .......................................................... 68.78 30 Tambocor CR
- Inj 10 mg per ml, 15 ml ampoule .............................................. 52.45 5 Tambocor

**IVABRADINE** – **Restricted** see terms below

- Tab 5 mg
  - 
  - **Restricted**

**Initiation**

Both:

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

**MEXILETINE HYDROCHLORIDE**

- Cap 150 mg ............................................................ 162.00 100 Mexiletine Hydrochloride USP
- Cap 250 mg ............................................................ 202.00 100 Mexiletine Hydrochloride USP

**PROPafenONE HYDROCHLORIDE**

- Tab 150 mg

---

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

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

**MIDODRINE** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg</td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td></td>
</tr>
</tbody>
</table>

**Initiation**

Patient has disabling orthostatic hypotension not due to drugs.

## Beta-Adrenoceptor Blockers

**ATENOLOL**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Sep-15 to 2018</td>
<td>500</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-15 to 2018</td>
<td>500</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml</td>
<td>300 ml</td>
</tr>
</tbody>
</table>

**BISOPROLOL FUMARATE**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg</td>
<td>30</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>30</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>30</td>
</tr>
</tbody>
</table>

**CARVEDILOL**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 6.25 mg</td>
<td>60</td>
</tr>
<tr>
<td>Tab 12.5 mg</td>
<td>60</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>60</td>
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</tbody>
</table>

**CELIPROLOL**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 200 mg</td>
<td>180</td>
</tr>
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</table>

**ESMOLOL HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td></td>
</tr>
</tbody>
</table>

**LABETALOL**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>100</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>100</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>100</td>
</tr>
<tr>
<td>Tab 400 mg</td>
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**METOPROLOL SUCCINATE**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 23.75 mg</td>
<td>90</td>
</tr>
<tr>
<td>Tab long-acting 47.5 mg</td>
<td>90</td>
</tr>
<tr>
<td>Tab long-acting 95 mg</td>
<td>90</td>
</tr>
<tr>
<td>Tab long-acting 190 mg</td>
<td>90</td>
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**METOPROLOL TARTRATE**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Aug-16 to 2018</td>
<td>100</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Aug-16 to 2018</td>
<td>60</td>
</tr>
<tr>
<td>Tab long-acting 200 mg</td>
<td>28</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml vial</td>
<td>5</td>
</tr>
</tbody>
</table>

**NADOLOL**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 40 mg – 1% DV Oct-15 to 2018</td>
<td>100</td>
</tr>
<tr>
<td>Tab 80 mg – 1% DV Oct-15 to 2018</td>
<td>100</td>
</tr>
</tbody>
</table>

**PINDOLOL**

<table>
<thead>
<tr>
<th>Form</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg</td>
<td>100</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>100</td>
</tr>
<tr>
<td>Tab 15 mg</td>
<td>100</td>
</tr>
</tbody>
</table>
### CARDIOVASCULAR SYSTEM

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

#### PROPRANOLOL
- Tab 10 mg
- Tab 40 mg
- Cap long-acting 160 mg
- Oral liq 4 mg per ml
- Inj 1 mg per ml, 1 ml ampoule

#### SOTALOL
- Tab 80 mg – 1% DV Oct-16 to 2019
- Tab 160 mg – 1% DV Oct-16 to 2019
- Inj 10 mg per ml, 4 ml ampoule

#### TIMOLOL MALEATE
- Tab 10 mg

## Calcium Channel Blockers
### Dihydropyridine Calcium Channel Blockers

#### AMLODIPINE
- Tab 2.5 mg – 1% DV Sep-17 to 2020
- Tab 5 mg – 1% DV Sep-17 to 2020
- Tab 10 mg – 1% DV Sep-17 to 2020

#### FELODIPINE
- Tab long-acting 2.5 mg – 1% DV Sep-15 to 2018
- Tab long-acting 5 mg – 1% DV Sep-15 to 2018
- Tab long-acting 10 mg – 1% DV Sep-15 to 2018

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

#### NICARDIPINE HYDROCHLORIDE
- Inj 2.5 mg per ml, 10 ml vial

## NICARDIPINE HYDROCHLORIDE – Restricted

**Initiation**
- Anaesthetist, intensivist or paediatric cardiologist

**Both:**
1. Patient is a Paediatric Patient; and
2. Any of the following:
   2.1 Patient has hypertension requiring urgent treatment with an intravenous agent; or
   2.2 Patient has excessive ventricular afterload; or
   2.3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass.

#### NIFEDIPINE
- Tab long-acting 10 mg – 1% DV Aug-17 to 2020
- Tab long-acting 20 mg
- Tab long-acting 30 mg
- Tab long-acting 60 mg
- Cap 5 mg

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

---

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

DILTIAZEM HYDROCHLORIDE
- Tab 30 mg ................................................................. 4.60 100 Dilzem
- Tab 60 mg .................................................................. 8.50 100 Dilzem
- Cap long-acting 120 mg ................................................ 31.83 500 Apo-Diltiazem CD
  1.91 30 Cardizem CD
- Cap long-acting 180 mg ................................................ 47.67 500 Apo-Diltiazem CD
  7.56 30 Cardizem CD
- Cap long-acting 240 mg ................................................ 63.58 500 Apo-Diltiazem CD
  10.22 30 Cardizem CD
- Inj 5 mg per ml, 5 ml vial

PERHEXILINE MALEATE
- Tab 100 mg – 1% DV Jun-16 to 2019 ......................... 62.90 100 Pexsig

VERAPAMIL HYDROCHLORIDE
- Tab 40 mg .................................................................. 7.01 100 Isoptin
- Tab 80 mg .................................................................. 11.74 100 Isoptin
- Tab long-acting 120 mg ................................................. 15.20 250 Verpamil SR
- Tab long-acting 240 mg ................................................. 25.00 250 Verpamil SR
- Inj 2.5 mg per ml, 2 ml ampoule .................................. 25.00 5 Isoptin

Centrally-Acting Agents

CLONIDINE
- Patch 2.5 mg, 100 mcg per day – 1% DV Sep-17 to 2020 ........................................ 12.80 4 Catapres-TTS-1
  7.40 Mylan
- Patch 5 mg, 200 mcg per day – 1% DV Sep-17 to 2020 ........................................ 18.04 4 Catapres-TTS-2
  10.04 Mylan
- Patch 7.5 mg, 300 mcg per day – 1% DV Sep-17 to 2020 .................................... 22.68 4 Catapres-TTS-3
  12.34 Mylan

(Catapres-TTS-1 Patch 2.5 mg, 100 mcg per day to be delisted 1 September 2017)
(Catapres-TTS-2 Patch 5 mg, 200 mcg per day to be delisted 1 September 2017)
(Catapres-TTS-3 Patch 7.5 mg, 300 mcg per day to be delisted 1 September 2017)

CLONIDINE HYDROCHLORIDE
- Tab 25 mcg – 1% DV Sep-15 to 2018 .................................. 10.53 112 Clonidine BNM
- Tab 150 mcg ................................................................ 34.32 100 Catapres
- Inj 150 mcg per ml, 1 ml ampoule .................................. 16.07 5 Catapres

METHYLDOPA
- Tab 250 mg ................................................................. 15.10 100 Methyldopa Mylan

Diuretics

Loop Diuretics

BUMETANIDE
- Tab 1 mg ................................................................. 16.36 100 Burinex
- Inj 500 mcg per ml, 4 ml vial
## 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>

### FUROSEMIDE [FRUSEMIDE]

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 40 mg – 1% DV Sep-15 to 2018</td>
<td>8.00</td>
<td>1,000</td>
<td>Diurin 40</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Sep-15 to 2018</td>
<td>25.00</td>
<td>50</td>
<td>Urex Forte</td>
</tr>
<tr>
<td>Oral liq 10 mg per ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule – 1% DV Jun-16 to 2019</td>
<td>1.20</td>
<td>5</td>
<td>Frusemide-Claris</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 25 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Osmotic Diuretics

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANNITOL Inj 10%, 1,000 ml bag</td>
<td>24.85</td>
<td>1,000 ml</td>
<td>Baxter</td>
</tr>
<tr>
<td>MANNITOL Inj 20%, 500 ml bag</td>
<td>23.08</td>
<td>500 ml</td>
<td>Baxter</td>
</tr>
</tbody>
</table>

### Potassium Sparing Combination Diuretics

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE Tab 5 mg with furosemide 40 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE Tab 5 mg with hydrochlorothiazide 50 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Potassium Sparing Diuretics

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMILORIDE HYDROCHLORIDE Tab 5 mg</td>
<td>15.00</td>
<td>100</td>
<td>Apo-Amiloride</td>
</tr>
<tr>
<td>AMILORIDE HYDROCHLORIDE Oral liq 1 mg per ml</td>
<td>30.00</td>
<td>25 ml</td>
<td>Biomed</td>
</tr>
<tr>
<td>SPIRONOLACTONE Tab 25 mg – 1% DV Oct-16 to 2019</td>
<td>4.38</td>
<td>100</td>
<td>Spiractin</td>
</tr>
<tr>
<td>SPIRONOLACTONE Tab 100 mg – 1% DV Oct-16 to 2019</td>
<td>11.80</td>
<td>100</td>
<td>Spiractin</td>
</tr>
<tr>
<td>SPIRONOLACTONE Oral liq 5 mg per ml</td>
<td>30.00</td>
<td>25 ml</td>
<td>Biomed</td>
</tr>
</tbody>
</table>

### Thiazide and Related Diuretics

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] Tab 2.5 mg</td>
<td>5.48</td>
<td>500</td>
<td>Arrow-Bendrofluazide</td>
</tr>
<tr>
<td>BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] Tab 5 mg</td>
<td>8.95</td>
<td>500</td>
<td>Arrow-Bendrofluazide</td>
</tr>
<tr>
<td>CHLOROTHIAZIDE Oral liq 50 mg per ml</td>
<td>26.00</td>
<td>25 ml</td>
<td>Biomed</td>
</tr>
<tr>
<td>CHLORTALIDONE [CHLORTHALIDONE] Tab 25 mg</td>
<td>8.00</td>
<td>50</td>
<td>Hygroton</td>
</tr>
<tr>
<td>INDAPAMIDE Tab 2.5 mg – 1% DV Oct-16 to 2019</td>
<td>2.60</td>
<td>90</td>
<td>Dapa-Tabs</td>
</tr>
</tbody>
</table>

### METOLAZONE – Restricted see terms below

- Tab 5 mg

#### Restricted Initiation

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 Oct-15 to 2018: $9.05 90 Bezalip
- Tab long-acting 400 mg – 1% DV Oct-15 to 2018: $6.78 30 Bezalip Retard

**GEMFIBROZIL**
- Tab 600 mg – 1% DV Jan-17 to 2019: $19.56 60 Lipazil

#### HMG CoA Reductase Inhibitors (Statins)

**ATORVASTATIN**
- Tab 10 mg – 1% DV Nov-16 to 2018: $9.29 500 Lorstat
- Tab 20 mg – 1% DV Nov-16 to 2018: $13.32 500 Lorstat
- Tab 40 mg – 1% DV Nov-16 to 2018: $21.23 500 Lorstat
- Tab 80 mg – 1% DV Nov-16 to 2018: $36.26 500 Lorstat

**PRAVASTATIN**
- Tab 10 mg: $3.45 30 Cholvastin
- Tab 20 mg: $6.36 30 Cholvastin

**SIMVASTATIN**
- Tab 10 mg: $0.95 90 Arrow-Simva
- Tab 20 mg: $1.61 90 Arrow-Simva
- Tab 40 mg: $2.83 90 Arrow-Simva
- Tab 80 mg: $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: $3.35 30 Ezemibe

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

<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>

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

**Initiation**

All of the following:

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

### Other Lipid-Modifying Agents

**ACIPIMOX**

Cap 250 mg

**NICOTINIC ACID**

Tab 50 mg ..........................................................3.96 100 Apo-Nicotinic Acid
Tab 500 mg ..........................................................17.37 100 Apo-Nicotinic Acid

### Nitrates

**GLYCERYL TRINITRATE**

Tab 600 mcg..........................................................8.00 100 Lycinate
Inj 1 mg per ml, 5 ml ampoule ..........................................................22.70 10 Nitronal
Inj 1 mg per ml, 50 ml vial
Inj 5 mg per ml, 10 ml ampoule ..........................................................100.00 5 Hospira
Oral pump spray, 400 mcg per dose ..................................................4.45 250 dose Nitrolingual Pump Spray
Oral spray, 400 mcg per dose .............................................................4.45 250 dose Glytrin
Patch 25 mg, 5 mg per day .................................................................15.73 30 Nitroderm TTS 5
Patch 50 mg, 10 mg per day .................................................................18.62 30 Nitroderm TTS 10

**ISOSORBIDE MONONITRATE**

Tab 20 mg .............................................................17.10 100 Ismo-20
Tab long-acting 40 mg – 1% DV Jun-16 to 2019 ......................................7.50 30 Ismo 40 Retard
Tab long-acting 60 mg – 1% DV Sep-17 to 2020 ......................................8.29 90 Duride

### Other Cardiac Agents

**LEVOSIMENDAN – Restricted see terms below**

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

**Initiation – Heart transplant**

Either:

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

**Initiation – Heart failure**

Cardiologist or intensivist

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADRENALINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 in 1,000, 1 ml ampoule</td>
<td></td>
<td>4.98</td>
<td>Aspen Adrenaline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.25</td>
<td>Hospira</td>
</tr>
<tr>
<td>Inj 1 in 1,000, 30 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 in 10,000, 10 ml ampoule</td>
<td></td>
<td>49.00</td>
<td>Aspen Adrenaline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27.00</td>
<td>Hospira</td>
</tr>
<tr>
<td>Inj 1 in 10,000, 10 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOBUTAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 12.5 mg per ml, 20 ml ampoule – 1% DV Jan-16 to 2018</td>
<td></td>
<td>24.45</td>
<td>Dobutamine-Claris</td>
</tr>
<tr>
<td><strong>DOPAMINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 40 mg per ml, 5 ml ampoule – 1% DV Sep-15 to 2018</td>
<td></td>
<td>16.89</td>
<td>DBL Sterile Dopamine Concentrate</td>
</tr>
<tr>
<td><strong>EPHEDRINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 3 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td></td>
<td>36.04</td>
<td>Max Health</td>
</tr>
<tr>
<td><strong>ISOPRENAline</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 200 mcg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 200 mcg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METARAMINOL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.5 mg per ml, 20 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NORADRENALINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.06 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.06 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.1 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.12 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.12 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.16 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2019</td>
<td></td>
<td>125.00</td>
<td>Noradrenaline BNM</td>
</tr>
<tr>
<td><strong>PHENYLEPHRINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td>115.50</td>
<td>Neosynephrine HCL</td>
</tr>
</tbody>
</table>

### Vasodilators

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALPROSTADIL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 1 ml ampoule – 1% DV Oct-15 to 2018</td>
<td></td>
<td>1,650.00</td>
<td>Prostin VR</td>
</tr>
<tr>
<td><strong>AMYL NITRITE</strong></td>
<td>Liq 98% in 3 ml capsule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIAZOXIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 15 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYDRALAZINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CARDIOVASCULAR SYSTEM

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

**Restricted Initiation**

Either:

1. For the treatment of refractory hypertension; or
2. For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.

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

**MILRINONE**

Inj 1 mg per ml, 10 ml ampoule – 1% DV Jul-16 to 2018 .................. 300.30 10 Milrinone Generic Health

**MINOXIDIL** – Restricted see terms below

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

**Restricted Initiation**

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

**NICORANDIL**

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

**PAPAVERINE HYDROCHLORIDE**

Inj 30 mg per ml, 1 ml vial
Inj 12 mg per ml, 10 ml ampoule ........................................... 217.90 5 Hospira

**PENTOXIFYLLINE [OXPENTIFYLLINE]**

Tab 400 mg

**SODIUM NITROPRUSSIDE**

Inj 50 mg vial

<table>
<thead>
<tr>
<th>Endothelin Receptor Antagonists</th>
</tr>
</thead>
</table>

**AMBRISENTAN** – Restricted see terms below

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

**BOSENTAN** – Restricted see terms below

Tab 62.5 mg – 1% DV Jan-16 to 2018 ....................................... 375.00 56 Mylan-Bosentan
Tab 125 mg – 1% DV Jan-16 to 2018 ...................................... 375.00 56 Mylan-Bosentan

**Restricted Initiation**

Either:

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

**Endothelin Receptor Antagonists**

**AMBRISENTAN** – Restricted see terms below

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

**BOSENTAN** – Restricted see terms below

Tab 62.5 mg – 1% DV Jan-16 to 2018 ....................................... 375.00 56 Mylan-Bosentan
Tab 125 mg – 1% DV Jan-16 to 2018 ...................................... 375.00 56 Mylan-Bosentan

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 Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SILDENAFIL</strong> – <strong>Restricted</strong> see terms below</td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Sep-15 to 2018 .................................................................</td>
<td>0.75</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Sep-15 to 2018 .................................................................</td>
<td>0.75</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-15 to 2018 ...............................................................</td>
<td>2.75</td>
</tr>
<tr>
<td>Inj 0.8 mg per ml, 12.5 ml vial</td>
<td></td>
</tr>
</tbody>
</table>

### Initiation – tablets

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).

### Initiation – injection

Both:

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

## Prostacyclin Analogues

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPOPROSTENOL</strong> – <strong>Restricted</strong> see terms below</td>
<td></td>
</tr>
<tr>
<td>Inj 0.5 mg vial .................................................................</td>
<td>36.61</td>
</tr>
<tr>
<td>Inj 1.5 mg vial .................................................................</td>
<td>73.21</td>
</tr>
</tbody>
</table>

### Initiation

For use as a bridge to transplant for patients with Pulmonary Arterial Hypertension who are on the active waiting list for lung transplantation.

**ILOPROST**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mcg in 0.5 ml ampoule – 1% DV Jan-17 to 2019 .........................................</td>
</tr>
<tr>
<td>Nebuliser soin 10 mcg per ml, 2 ml ...................................................................</td>
</tr>
</tbody>
</table>

### Initiation

Any of the following:

continued…
continued...

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.
## Anti-Infective Preparations

### Antibacterials

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FUSIDIC ACID</strong></td>
<td>Crm 2%</td>
<td>2.52</td>
<td>DP Fusidic Acid Cream</td>
</tr>
<tr>
<td></td>
<td>Oint 2%</td>
<td>3.45</td>
<td>Foban</td>
</tr>
<tr>
<td><strong>HYDROGEN PEROXIDE</strong></td>
<td>Crm 1%</td>
<td>8.56</td>
<td>Crystaderm</td>
</tr>
<tr>
<td></td>
<td>Soln 3% (10 vol)</td>
<td>1.40</td>
<td>Pharmacy Health</td>
</tr>
</tbody>
</table>

**MAFENIDE ACETATE** – Restricted see terms below

- Powder 50 g sachet
- Restricted

**Initiation**

For the treatment of burns patients.

**MUPIROCIN**

- Oint 2%

**SULPHADIAZINE SILVER**

- Crm 1% – 1% DV Aug-17 to 2020 | 10.80 | 50 g | Flamazine

### Antifungals

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMOROLFINE</strong></td>
<td>Nail soln 5%</td>
<td>15.95</td>
<td>MycoNail</td>
</tr>
<tr>
<td></td>
<td>– 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CICLOPIROX OLAMINE</strong></td>
<td>Nail soln 8%</td>
<td>6.50</td>
<td>Apo-Ciclopirox</td>
</tr>
<tr>
<td></td>
<td>– 1% DV Sep-15 to 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Soln 1% – Restricted: For continuation only

**CLOTRIMAZOLE**

- Crm 1% | 0.52 | 20 g | Clomazol |

- Soln 1% – Restricted: For continuation only

**ECONAZOLE NITRATE**

- Crm 1% – Restricted: For continuation only

- Foaming soln 1%

**KETOCONAZOLE**

- Shampoo 2% | 2.99 | 100 ml | Sebizole |

- 1% DV Sep-17 to 2020

**METRONIDAZOLE**

- Gel 0.75%

**MICONAZOLE NITRATE**

- Crm 2% | 0.55 | 15 g | Multichem |

- Lotn 2% – Restricted: For continuation only

- Tinc 2%

**NYSTATIN**

- Crm 100,000 u per g

### Antiparasitics

**DIMETHICONE**

- Lotn 4% – 1% DV Jul-17 to 2019 | 4.98 | 200 ml | healthE Dimethicone |

- 4% Lotion
### DERMATOLOGICALS

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

**MALATHION [MALDISON]**
- Lotn 0.5%
- Shampoo 1%

**PERMETHRIN**
- Crm 5% ................................................................. 4.20  30 g  Lyderm
- Lotn 5% ................................................................. 3.19  30 ml  A-Scabies

**PHENOTHRIN**
- Shampoo 0.5%

### Antiacne Preparations

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

**BENZOYL PEROXIDE**
- Soln 5%

**ISOTRETINOIN**
- Cap 10 mg ................................................................. 12.47  100  Isotane 10
- 14.96  120  Oratane
- Cap 20 mg ................................................................. 19.27  100  Isotane 20
- 23.12  120  Oratane

**TRETINOIN**
- Crm 0.05%

### Antipruritic Preparations

**CALAMINE**
- Crm, aqueous, BP – 1% DV Dec-15 to 2018 ................................................................. 1.49  100 g  Pharmacy Health
- Lotn, BP – 1% DV Dec-15 to 2018 ................................................................. 12.94  2,000 ml  PSM

**CROTAMITON**
- Crm 10% – 1% DV Sep-15 to 2018 ................................................................. 3.37  20 g  Itch-Soothe

### Barrier Creams and Emollients

**Barrier Creams**

**DIMETHICONE**
- Crm 5% tube – 1% DV Sep-16 to 2019 ................................................................. 1.59  100 g  healthE Dimethicone 5%
- Crm 5% pump bottle – 1% DV Sep-16 to 2019 ................................................................. 4.59  500 ml  healthE Dimethicone 5%
- Crm 10% pump bottle – 1% DV Nov-15 to 2018 ................................................................. 4.90  500 ml  healthE Dimethicone 10%

**ZINC**
- Crm ................................................................. 1.63  20 g  Orion
- Oint ................................................................. 1.39  20 g  healthE
- Paste ................................................................. 1.39  20 g  healthE

**ZINC AND CASTOR OIL**
- Crm ................................................................. 1.63  20 g  Orion
- Oint, BP ................................................................. 1.39  20 g  healthE
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ZINC WITH WOOL FAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm zinc 15.25% with wool fat 4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emollients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AQUEOUS CREAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 100 g – <strong>1% DV Jan-16 to 2018</strong></td>
<td>1.00</td>
<td>Pharmacy Health SLS-free</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of 100 g or less.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 500 g – <strong>1% DV Mar-16 to 2018</strong></td>
<td>1.99</td>
<td>AFT SLS-free</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of greater than 100 g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CETOMACROGOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm BP, 500 g – <strong>1% DV Nov-15 to 2018</strong></td>
<td>2.74</td>
<td>healthE</td>
</tr>
<tr>
<td>Crm BP, 100 g – <strong>1% DV Jan-16 to 2018</strong></td>
<td>1.47</td>
<td>healthE</td>
</tr>
<tr>
<td><strong>CETOMACROGOL WITH GLYCEROL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 90% with glycerol 10%,</td>
<td>2.00</td>
<td>Pharmacy Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacy Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>healthE</td>
</tr>
<tr>
<td></td>
<td>2.10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.20</td>
<td></td>
</tr>
<tr>
<td>Crm 90% with glycerol 10% – <strong>1% DV Aug-16 to 2019</strong></td>
<td>2.82</td>
<td>Pharmacy Health Sorbolene with Glycerin</td>
</tr>
<tr>
<td></td>
<td>3.87</td>
<td>Pharmacy Health Sorbolene with Glycerin</td>
</tr>
<tr>
<td></td>
<td>1,000 ml</td>
<td></td>
</tr>
<tr>
<td><strong>EMULSIFYING OINTMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint BP</td>
<td>1.84</td>
<td>Jaychem</td>
</tr>
<tr>
<td>Note: DV limit applies to pack sizes of less than 200 g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint BP, 500 g</td>
<td>2.73</td>
<td>AFT</td>
</tr>
<tr>
<td>Note: DV limit applies to pack sizes of greater than 200 g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GLYCEROL WITH PARAFFIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%</td>
<td></td>
<td>e.g. QV cream</td>
</tr>
<tr>
<td><strong>OIL IN WATER EMULSION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm</td>
<td>2.63</td>
<td>healthE Fatty Cream</td>
</tr>
<tr>
<td>Crm, 100 g</td>
<td>1.60</td>
<td>healthE Fatty Cream</td>
</tr>
<tr>
<td><strong>PARAFFIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint liquid paraffin 50% with white soft paraffin 50%</td>
<td>3.10</td>
<td>healthE</td>
</tr>
<tr>
<td>White soft – <strong>1% DV Sep-15 to 2018</strong></td>
<td>0.85</td>
<td>healthE</td>
</tr>
<tr>
<td>Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PARAFFIN WITH WOOL FAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lotn liquid paraffin 15.9% with wool fat 0.6%</td>
<td></td>
<td>e.g. AlphaKeri; BK; DP;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydroderm Lotn</td>
</tr>
<tr>
<td>Lotn liquid paraffin 91.7% with wool fat 3%</td>
<td></td>
<td>e.g. Alpha Keri Bath Oil</td>
</tr>
<tr>
<td><strong>UREA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 10% – <strong>1% DV Sep-16 to 2019</strong></td>
<td>1.37</td>
<td>healthE Urea Cream</td>
</tr>
<tr>
<td><strong>WOOL FAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Products with Hospital Supply Status (HSS) are in **bold**
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price Per (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corticosteroids</strong></td>
<td></td>
</tr>
<tr>
<td><strong>BETAMETHASONE DIPROPIONATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.05%</td>
<td></td>
</tr>
<tr>
<td>Oint 0.05%</td>
<td></td>
</tr>
<tr>
<td><strong>BETAMETHASONE VALERATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1% – 1% DV Jun-15 to 2018</td>
<td>3.15 50 g</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Jun-15 to 2018</td>
<td>3.15 50 g</td>
</tr>
<tr>
<td>Lotn 0.1%</td>
<td></td>
</tr>
<tr>
<td><strong>CLOBETASOL PROPIONATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.05% – 1% DV Dec-16 to 2019</td>
<td>2.20 30 g</td>
</tr>
<tr>
<td>Oint 0.05% – 1% DV Dec-16 to 2019</td>
<td>2.20 30 g</td>
</tr>
<tr>
<td><strong>CLOBETASONE BUTYRATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.05%</td>
<td></td>
</tr>
<tr>
<td><strong>DIFLUCORTOLONE VALERATE</strong></td>
<td></td>
</tr>
<tr>
<td>– Restricted: For continuation only</td>
<td></td>
</tr>
<tr>
<td>➤ Crm 0.1%</td>
<td></td>
</tr>
<tr>
<td>➤ Fatty oint 0.1%</td>
<td></td>
</tr>
<tr>
<td><strong>HYDROCORTISONE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 1%, 30 g – 1% DV Feb-17 to 2019</td>
<td>1.11 30 g</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of less than or equal to 100 g.</td>
<td></td>
</tr>
<tr>
<td>Crm 1%, 500 g – 1% DV Dec-16 to 2019</td>
<td>16.25 500 g</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of greater than 100 g.</td>
<td></td>
</tr>
<tr>
<td><strong>HYDROCORTISONE ACETATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 1%</td>
<td>2.48 14.2 g</td>
</tr>
<tr>
<td><strong>HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN</strong></td>
<td></td>
</tr>
<tr>
<td>Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – 1% DV Sep-17 to 2020</td>
<td>10.57 250 ml</td>
</tr>
<tr>
<td><strong>HYDROCORTISONE BUTYRATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1%</td>
<td>2.30 30 g</td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td>6.85 100 g</td>
</tr>
<tr>
<td>Milky emul 0.1%</td>
<td>6.85 100 ml</td>
</tr>
<tr>
<td><strong>HYDROCORTISONE WITH PARAFFIN AND WOOL FAT</strong></td>
<td></td>
</tr>
<tr>
<td>Lotn 1% with paraffin liquid 15.9% and wool fat 0.6%</td>
<td></td>
</tr>
<tr>
<td><strong>METHYLPREDNISOLONE ACEPONATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1%</td>
<td>4.95 15 g</td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td>4.95 15 g</td>
</tr>
<tr>
<td><strong>MOMETASONE FUROATE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1% – 1% DV Nov-15 to 2018</td>
<td>1.51 15 g</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Nov-15 to 2018</td>
<td>2.90 50 g</td>
</tr>
<tr>
<td>Lotn 0.1% – 1% DV Sep-15 to 2018</td>
<td>7.35 30 ml</td>
</tr>
<tr>
<td><strong>TRIAMCINOLONE ACETONIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Crm 0.02% – 1% DV Sep-17 to 2020</td>
<td>6.30 100 g</td>
</tr>
<tr>
<td>Oint 0.02% – 1% DV Sep-17 to 2020</td>
<td>6.35 100 g</td>
</tr>
</tbody>
</table>
## Corticosteroids with Anti-Infective Agents

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

- **Crm 0.1% with clioquinol 3%**
  - **Initiation**
    - 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 MICRONAZOLE**
- **Crm 1% with miconazole nitrate 2% – 1% DV Sep-15 to 2018**
  - 2.00 15 g *Micreme H*

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

**TRIAMCINOLONE ACETONIDE WITH NEO MYCIN SULPHATE, GRAMICIDIN AND NYSTATIN**
- **Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g**

### Psoriasis and Eczema Preparations

**ACITRETIN**
- **Cap 10 mg – 1% DV Sep-17 to 2020**
  - 17.86 60 *Novatretin*
- **Cap 25 mg – 1% DV Sep-17 to 2020**
  - 41.36 60 *Novatretin*

**BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL**
- **Gel 500 mcg with calcipotriol 50 mcg per g – 1% DV Sep-15 to 2018**
  - 26.12 30 g *Daivobet*
- **Oint 500 mcg with calcipotriol 50 mcg per g – 1% DV Sep-15 to 2018**
  - 26.12 30 g *Daivobet*

**CALCIPOTRIOL**
- **Oint 50 mcg per g – 1% DV Jul-17 to 2020**
  - 45.00 100 g *Daivonex*

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

**METHOXASALEN [8-METHOXYPSORALEN]**
- **Tab 10 mg**
- **Lotn 1.2%**

**PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCIN**
- **Solv 2.3% with trolamine laurilsulfate and fluorescein sodium**
  - 3.36 500 ml *Pinetarsol*
  - 5.82 1,000 ml *Pinetarsol*

**POTASSIUM PERMANGANATE**
- **Tab 400 mg**
- **Crystals**

### Scalp Preparations

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

**CLOBETASOL PROPIONATE**
- **Scalp app 0.05%**
  - 6.96 30 ml *Dermol*
<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DERMATOLOGICALS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROCORTISONE BUTYRATE</td>
<td>Scalp lotn 0.1%</td>
<td>3.65</td>
<td>Locoid</td>
</tr>
<tr>
<td>Wart Preparations</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IMIQUIMOD</td>
<td>Crm 5%, 250 mg sachet</td>
<td>17.98</td>
<td>Apo-Imiquimod Cream 5%</td>
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<tr>
<td>PODOPHYLLOTOXIN</td>
<td>Soln 0.5%</td>
<td>33.60</td>
<td>Condyline</td>
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<tr>
<td>SILVER NITRATE</td>
<td>Sticks with applicator</td>
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<tr>
<td>Other Skin Preparations</td>
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<tr>
<td>DIPHEMANIL METILSULFATE</td>
<td>Powder 2%</td>
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<tr>
<td>SUNSCREEN, PROPRIETARY</td>
<td>Crm Lotn</td>
<td>3.30</td>
<td>Marine Blue Lotion SPF 50+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.10</td>
<td>Marine Blue Lotion SPF 50+</td>
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<tr>
<td>Antineoplastics</td>
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<tr>
<td>FLUOROURACIL SODIUM</td>
<td>Crm 5% – 1% DV Sep-15 to 2018</td>
<td>8.95</td>
<td>Efudix</td>
</tr>
<tr>
<td>METHYL AMINOLEVULINATE HYDROCHLORIDE</td>
<td>Restricted see terms below</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Crm 16%</td>
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<tr>
<td>Wound Management Products</td>
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<tr>
<td>CALCIUM GLUCONATE</td>
<td>Gel 2.5%</td>
<td>21.00</td>
<td>healthE</td>
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</tbody>
</table>

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

e.g. *Brand* indicates brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>GENITO-URINARY SYSTEM</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td><strong>Anti-Infective Agents</strong></td>
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</tr>
<tr>
<td><strong>ACETIC ACID</strong></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><strong>ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator</td>
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</tr>
<tr>
<td><strong>CHLORHEXIDINE GLUCONATE</strong></td>
<td></td>
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</tr>
<tr>
<td>Crm 1% – 1% DV Sep-15 to 2018</td>
<td>1.21</td>
<td>healthE</td>
</tr>
<tr>
<td>Lotn 1%, 200 ml – 1% DV Sep-15 to 2018</td>
<td>2.98</td>
<td>healthE</td>
</tr>
<tr>
<td><strong>CLOTRIMAZOLE</strong></td>
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<tr>
<td>Vaginal crm 1% with applicator – 1% DV Nov-16 to 2019</td>
<td>1.60</td>
<td>Clomazol</td>
</tr>
<tr>
<td>Vaginal crm 2% with applicator – 1% DV Nov-16 to 2019</td>
<td>2.10</td>
<td>Clomazol</td>
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<tr>
<td><strong>MICONAZOLE NITRATE</strong></td>
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<tr>
<td>Vaginal crm 2% with applicator – 1% DV Sep-17 to 2020</td>
<td>3.88</td>
<td>Micreme</td>
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<tr>
<td><strong>NYSTATIN</strong></td>
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<tr>
<td>Vaginal crm 100,000 u per 5 g with applicator(s) – 1% DV Aug-17 to 2020</td>
<td>4.45</td>
<td>Nilstat</td>
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<tr>
<td><strong>Contraceptives</strong></td>
<td></td>
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<tr>
<td><strong>Antiandrogen Oral Contraceptives</strong></td>
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<tr>
<td><strong>CYPROTERONE ACETATE WITH ETHINYL OESTRADIOL</strong></td>
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</tr>
<tr>
<td>Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – 1% DV Sep-17 to 2020</td>
<td>4.67</td>
<td>168 Ginet</td>
</tr>
<tr>
<td><strong>Combined Oral Contraceptives</strong></td>
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<tr>
<td><strong>ETHINYL OESTRADIOL WITH DESOGESTREL</strong></td>
<td></td>
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<tr>
<td>Tab 20 mcg with desogestrel 150 mcg</td>
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<td></td>
</tr>
<tr>
<td>Tab 30 mcg with desogestrel 150 mcg</td>
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<td></td>
</tr>
<tr>
<td><strong>ETHINYL OESTRADIOL WITH LEVONORGESTREL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets</td>
<td>2.65</td>
<td>84 Ava 20 ED</td>
</tr>
<tr>
<td>Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets</td>
<td>2.30</td>
<td>84 Ava 30 ED</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>
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<td></td>
</tr>
<tr>
<td>Tab 50 mcg with levonorgestrel 125 mcg</td>
<td>9.45</td>
<td>84 Microgynon 50 ED</td>
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<tr>
<td><strong>ETHINYL OESTRADIOL WITH NORETHISTERONE</strong></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>
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</tr>
<tr>
<td><strong>NORETHISTERONE WITH MESTRANOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg with mestranol 50 mcg</td>
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<td></td>
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<tr>
<td><strong>Contraceptive Devices</strong></td>
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<tr>
<td><strong>INTRA-UTERINE DEVICE</strong></td>
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<tr>
<td>IUD 29.1 mm length x 23.2 mm width</td>
<td>31.60</td>
<td>1 Choice TT380 Short</td>
</tr>
<tr>
<td>IUD 33.6 mm length x 29.9 mm width</td>
<td>31.60</td>
<td>1 Choice TT380 Standard</td>
</tr>
<tr>
<td>IUD 35.5 mm length x 19.6 mm width</td>
<td>31.60</td>
<td>1 Choice Load 375</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.
Emergency Contraception

LEVONORGESTREL
Tab 1.5 mg – 1% DV Jun-17 to 2019 .................................................. 4.95 1 Postinor-1

Progestogen-Only Contraceptives

LEVONORGESTREL
Tab 30 mcg
Subdermal implant (2 x 75 mg rods) – 5% DV Oct-14 to 31 Dec 2017 .... 133.65 1 Jadelle
↓ Intra-uterine system, 20 mcg per day – 1% DV Aug-16 to 2019 .......... 269.50 1 Mirena

Restricted

Initiation – heavy menstrual bleeding
Obstetrician or gynaecologist
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
Obstetrician or gynaecologist
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
Obstetrician or gynaecologist
The patient has a clinical diagnosis of endometriosis confirmed by laparoscopy.

Continuation – endometriosis
Obstetrician or gynaecologist
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 Oct-16 to 2019 ....................... 7.25 1 Depo-Provera

NORETHISTERONE
Tab 350 mcg – 1% DV Oct-15 to 2018 ................................................. 6.25 84 Noriday 28

Obstetric Preparations

Antiprogesterones

MIFEPRISTONE
Tab 200 mg
**Oxytocics**

**CARBOPROST TROMETAMOL**  
Inj 250 mcg per ml, 1 ml ampoule

**DINOPROSTONE**  
Pessaries 10 mg  
Vaginal gel 1 mg in 3 g.................................52.65 1 Prostin E2  
Vaginal gel 2 mg in 3 g.................................64.60 1 Prostin E2

**ERGOMETRINE MALEATE**  
Inj 500 mcg per ml, 1 ml ampoule .........................94.70 5 DBL Ergometrine

**OXYTOCIN**  
Inj 5 iu per ml, 1 ml ampoule – 1% DV Nov-15 to 2018.................................4.03 5 Oxytocin BNM  
Inj 10 iu per ml, 1 ml ampoule – 1% DV Nov-15 to 2018.................................5.03 5 Oxytocin BNM

**OXYTOCIN WITH ERGOMETRINE MALEATE**  
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 1%  
DV Sep-15 to 2018 ..............................................11.13 5 Syntometrine

**Tocolytics**

**PROGESTERONE**  
Cap 100 mg – 1% DV Aug-16 to 2019...............................16.50 30 Utrogestan  
Initiation  
Gynaecologist or obstetrician  
Re-assessment required after 12 months  
Both:  
1. For the prevention of pre-term labour*; and  
2. Either:  
   2.1. The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or  
   2.2. The patient has a history of pre-term birth at less than 28 weeks.

**Continuation**  
Gynaecologist or obstetrician  
Re-assessment required after 12 months  
All of the following:  
1. For the prevention of pre-term labour*; and  
2. Treatment is required for second or subsequent pregnancy; and  
3. Either:  
   3.1. The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or  
   3.2. The patient has a history of pre-term birth at less than 28 weeks.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 23.1)

**TERBUTALINE**  
Inj 500 mcg ampoule  
Initiation  
Obstetrician

**Oestrogens**

**OESTRIOL**  
Crm 1 mg per g with applicator  
Pessaries 500 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.
## Urologicals

### 5-Alpha Reductase Inhibitors

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

- **Tab 5 mg** .......................................................... $2.08 30 Finpro

**Initiation**

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

### Alpha-1A Adrenoceptor Blockers

**TAMSULOSIN** – *Restricted* see terms below

- **Cap 400 mcg** .......................................................... $13.51 100 Tamsulosin-Rex

**Initiation**

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

### Urinary Alkalisers

**POTASSIUM CITRATE** – *Restricted* see terms below

- **Oral liq 3 mmol per ml** .................................................. $30.00 200 ml Biomed

**Initiation**

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

**SODIUM CITRO-TARTRATE**

- **Grans eff 4 g sachets – 1% DV Sep-17 to 2020** .................................. $2.34 28 Ural

### Urinary Antispasmodics

**OXYBUTYNIN**

- **Tab 5 mg – 1% DV Sep-16 to 2019** ............................................. $8.85 500 Apo-Oxybutynin
- **Oral liq 5 mg per 5 ml – 1% DV Sep-16 to 2019** ............................... $60.40 473 ml Apo-Oxybutynin

**SOLIFENACIN SUCCINATE** – *Restricted* see terms below

- **Tab 5 mg** .......................................................... $37.50 30 Vesicare
- **Tab 10 mg** .......................................................... $37.50 30 Vesicare

**Initiation**

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

**TOLTERODINE TARTRATE** – *Restricted* see terms on the next page

- **Tab 1 mg** .......................................................... $14.56 56 Arrow-Tolterodine
- **Tab 2 mg** .......................................................... $14.56 56 Arrow-Tolterodine
→ Restricted

Initiation

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

Anabolic Agents

OXANDROLONE

¬ Tab 2.5 mg

→ Restricted

Initiation

For the treatment of burns patients.

Androgen Agonists and Antagonists

CYPROTERONE ACETATE

Tab 50 mg – 1% DV Oct-15 to 2018.................................15.87 50 Procur
Tab 100 mg – 1% DV Oct-15 to 2018............................30.40 50 Procur

TESTOSTERONE

Patch 2.5 mg per day .................................................................80.00 60 Androderm
Patch 5 mg per day .................................................................80.00 30 Androderm

TESTOSTERONE CYPIONATE

Inj 100 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020 .......................76.50 1 Depo-Testosterone

TESTOSTERONE ESTERS

Inj testosterone decanoate 100 mg, testosterone isocarproate 60 mg,

testosterone phenylpropionate 60 mg and testosterone propionate

30 mg per ml, 1 ml ampoule

TESTOSTERONE UNDECANOATE

Cap 40 mg – 1% DV Sep-15 to 2018.................................16.80 60 Andriol Testocaps
Inj 250 mg per ml, 4 ml vial.............................................86.00 1 Reandron 1000

Calcium Homeostasis

CALCITONIN

Inj 100 iu per ml, 1 ml ampoule ......................................................121.00 5 Miacalcic

CINACALCET – Restricted see terms below

¬ Tab 30 mg .................................................................403.70 28 Sensipar

→ Restricted

Initiation

Nephrologist or endocrinologist

Re-assessment required after 6 months

Either:

1 All of the following:

1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and
1.2 The patient has persistent hypercalcaemia (serum calcium ≥ 3 mmol/L) despite previous first-line treatments

including sodium thiosulfate (where appropriate) and bisphosphonates; and
1.3 The patient is symptomatic; or

2 All of the following:

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

thiosulfate.

continued…
continued...

Continuation
Nephrologist or endocrinologist
Both:
1. The patient's serum calcium level has fallen to < 3mmol/L; and
2. The patient has experienced clinically significant symptom improvement.

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

ZOLEDRONIC ACID

- Inj 4 mg per 5 ml, vial

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 84.50</td>
<td>1 Zoledronic acid Mylan</td>
</tr>
<tr>
<td>550.00</td>
<td>Zometa</td>
</tr>
</tbody>
</table>

→ Restricted

Initiation
Oncologist, haematologist or palliative care specialist
Any of the following:
1. Patient has hypercalcaemia of malignancy; or
2. Both:
   2.1 Patient has bone metastases or involvement; and
   2.2 Patient has severe bone pain resistant to standard first-line treatments; or
3. Both:
   3.1 Patient has bone metastases or involvement; and
   3.2 Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone).

Corticosteroids

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

BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE
- Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml ampoule

DEXAMETHASONE
- Tab 0.5 mg – 1% DV Jan-16 to 2018
- Tab 4 mg – 1% DV Jan-16 to 2018
- Oral liq 1 mg per ml

DEXAMETHASONE PHOSPHATE
- Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019
- Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-16 to 2019

FLUDROCORTISONE ACETATE
- Tab 100 mcg

HYDROCORTISONE
- Tab 5 mg – 1% DV Sep-15 to 2018
- Tab 20 mg – 1% DV Sep-15 to 2018
- Inj 100 mg vial – 1% DV Oct-16 to 2019

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

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

#### METHYLPREDNISOLONE (AS SODIUM SUCCINATE)
- Tab 4 mg – 1% DV Oct-15 to 2018...80.00 100 Medrol
- Tab 100 mg – 1% DV Oct-15 to 2018...180.00 20 Medrol
- Inj 40 mg vial – 1% DV Oct-15 to 2018...10.50 1 Solu-Medrol
- Inj 125 mg vial – 1% DV Oct-15 to 2018...22.25 1 Solu-Medrol
- Inj 500 mg vial – 1% DV Oct-15 to 2018...9.00 1 Solu-Medrol
- Inj 1 g vial – 1% DV Oct-15 to 2018...16.00 1 Solu-Medrol

#### METHYLPREDNISOLONE ACETATE
- Inj 40 mg per ml, 1 ml vial – 1% DV Oct-15 to 2018...40.00 5 Depo-Medrol

#### METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE]
- Inj 40 mg with lidocaine [lignocaine], 1 ml vial – 1% DV Oct-15 to 2018...9.25 1 Depo-Medrol with Lidocaine

#### PREDNISOLONE
- Oral liq 5 mg per ml ..........................................................7.50 30 ml Redipred
- Enema 200 mcg per ml, 100 ml

#### PREDNISONE
- Tab 1 mg – 1% DV Jun-17 to 2020...10.68 500 Apo-Prednisone
- Tab 2.5 mg – 1% DV Jun-17 to 2020...12.09 500 Apo-Prednisone
- Tab 5 mg – 1% DV Jun-17 to 2020...11.09 500 Apo-Prednisone
- Tab 20 mg – 1% DV Jun-17 to 2020...29.03 500 Apo-Prednisone

#### TRIAMCINOLONE ACETONIDE
- Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020...20.80 5 Kenacort-A 10
- Inj 40 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020...51.10 5 Kenacort-A 40

#### TRIAMCINOLONE HEXACETONIDE
- Inj 20 mg per ml, 1 ml vial

### Hormone Replacement Therapy

#### Oestrogens

##### OESTRADIOL
- Tab 1 mg
- Tab 2 mg
- Patch 25 mcg per day – 1% DV Oct-16 to 2019...6.12 8 Estradot
- Patch 50 mcg per day – 1% DV Oct-16 to 2019...7.04 8 Estradot
- Patch 75 mcg per day – 1% DV Mar-17 to 2019...7.91 8 Estradot
- Patch 100 mcg per day – 1% DV Oct-16 to 2019...7.91 8 Estradot

##### OESTRADIOL VALERATE
- Tab 1 mg – 1% DV Jun-15 to 2018...12.36 84 Progynova
- Tab 2 mg – 1% DV Jun-15 to 2018...12.36 84 Progynova

##### 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

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

CABERGOLINE – Restricted see terms below

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<tr>
<td>Dostinex</td>
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<td>Dostinex</td>
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Other Oestrogen Preparations

ETHINYLÖSTRAZOL

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<tr>
<td>NZ Medical &amp; Scientific</td>
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OESTRADIOL

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<tr>
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<tr>
<td>Azol</td>
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Other Progestogen Preparations

MEDROXYPROGESTERONE

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<td>Provera HD</td>
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NORETHISTERONE

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<tbody>
<tr>
<td>Primolut N</td>
<td>$18.29</td>
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**Pituitary and Hypothalamic Hormones and Analogues**

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

**THYROTROPIN ALFA**
- Inj 900 mcg vial

**Adrenocorticotropic Hormones**

**TETRACOSACTIDE [TETRACOSACTRIN]**
- Inj 250 mcg per ml, 1 ml ampoule .................................................. $75.00 1 Synacthen
- Inj 1 mcg per ml, 1 ml ampoule .................................................. $690.00 1 Synacthen Depot

**GnRH Agonists and Antagonists**

**BUSERELIN**
- Inj 1 mg per ml, 5.5 ml vial

**GONADORELIN**
- Inj 100 mcg vial

**GOSERELIN**
- Implant 3.6 mg, syringe – 1% DV Dec-16 to 2019 .......................... $66.48 1 Zoladex
- Implant 10.8 mg, syringe – 1% DV Dec-16 to 2019 .......................... $177.50 1 Zoladex

**LEUPRORELIN ACETATE**
- Inj 3.75 mg prefilled dual chamber syringe ....................... $221.60 1 Lucrin Depot 1-month
- Inj 11.25 mg prefilled dual chamber syringe ....................... $591.68 1 Lucrin Depot 3-month
- Inj 30 mg prefilled dual chamber syringe ....................... $1,109.40 1 Lucrin Depot 6-month

*(Lucrin Depot 6-month Inj 30 mg prefilled dual chamber syringe to be delisted 1 August 2017)*

**Gonadothrophins**

**CHORIOGONADOTROPIN ALFA**
- Inj 250 mcg in 0.5 ml syringe

**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

*Restricted*

**Initiation – growth hormone deficiency in children**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
Either:
1. Growth hormone deficiency causing symptomatic hypoglycaemia, or with other significant growth hormone deficient sequelae (e.g. cardiomyopathy, hepatic dysfunction) and diagnosed with GH < 5 mcg/l on at least two random blood samples in the first 2 weeks of life, or from samples during established hypoglycaemia (whole blood glucose < 2 mmol/l using a laboratory device); or
2. All of the following:

*continued…*
continued...

2.1 Height velocity < 25th percentile for age; and adjusted for bone age/pubertal status if appropriate over 6 or
12 months using the standards of Tanner and Davies (1985); and

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

2.3 Peak growth hormone value of < 5.0 mcg per litre in response to two different growth hormone stimulation tests. In
children who are 5 years or older, GH testing with sex steroid priming is required; and

2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon
follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical
reasons why this is either not necessary or appropriate; and

2.5 Appropriate imaging of the pituitary gland has been obtained.

Continuation – growth hormone deficiency in children
Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1 A current bone age is ≤ 14 years (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 or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1 The patient has a post-natal genotype confirming Turner Syndrome; and

2 Height velocity < 25th percentile over 6-12 months using the standards of Tanner and Davies (1985); and

3 A current bone age is < 14 years.

Continuation – Turner syndrome
Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1 Height velocity ≥ 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 ≥ 2 cm per year, calculated over six months; and

3 A current bone age is ≤ 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 or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1 The patient’s height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth
acceleration or delay; and

2 Height velocity < 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

continued…

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

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

4 The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

Continuation – short stature without growth hormone deficiency
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*

All of the following:

1. Height velocity is $\geq$ 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 or renal physician on the recommendation of an endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*

All of the following:

1. The patient’s height is more than 2 standard deviations below the mean; and
2. Height velocity is $< 25$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 $\leq$ to 14 years (female patients) or $\leq$ to 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:

   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/l $\times 40 = \text{corrected GFR} (\text{ml/min/1.73 m}^2)$) in a child who may or may not be receiving dialysis; or

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

Continuation – short stature due to chronic renal insufficiency
Endocrinologist, paediatric endocrinologist or renal physician on the recommendation of an endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*

All of the following:

1. Height velocity is $\geq$ 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. 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.

continued…
continued...

Initiation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1. Height velocity is ≥ 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 ≥ 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 is likely to be attributable to growth hormone treatment has occurred; and
5. No malignancy has developed after growth hormone therapy was commenced; and
6. The patient has not developed type II diabetes or uncontrolled obesity as defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months.

Initiation – adults and adolescents

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Notes: For the purposes of adults and adolescents, severe growth hormone deficiency is defined as a peak serum growth hormone level of ≤ 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.

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

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

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

**Continuation – adults and adolescents**
Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

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.

**Thyroid and Antithyroid Preparations**

**CARBIMAZOLE**

Tab 5 mg

**IODINE**

Soln BP 50 mg per ml

**LEVOTHYROXINE**

Tab 25 mcg

Tab 50 mcg

Tab 100 mcg

**LIOTHYRONINE SODIUM**

★ Tab 20 mcg

★ Restricted

Initiation

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

Inj 20 mcg vial

**POTASSIUM IODATE**

Tab 170 mg

**POTASSIUM PERCHLORATE**

Cap 200 mg

**PROPYLTHIOURACIL – Restricted** see terms below

★ Tab 50 mg ......................................................................................................................35.00 100 PTU

★ Restricted

Initiation

Both:

continued…
continued...

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

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

**PROTIRELIN**

- Inj 100 mcg per ml, 2 ml ampoule

### Vasopressin Agents

**ARGIPRESSIN [VASOPRESSIN]**

- Inj 20 u per ml, 1 ml ampoule

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

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Quantity</th>
<th>Brand or Generic Manufacturer</th>
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<tr>
<td>Tab 100 mcg – 1% DV Jun-16 to 2019</td>
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<td>Minirin</td>
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<td>Tab 200 mcg – 1% DV Jun-16 to 2019</td>
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<td>Nasal spray 10 mcg per dose</td>
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<td>6 ml</td>
<td>Desmopressin-PH&amp;T</td>
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<tr>
<td>Inj 4 mcg per ml, 1 ml ampoule</td>
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<tr>
<td>Inj 15 mcg per ml, 1 ml ampoule</td>
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<tr>
<td>Nasal drops 100 mcg per ml</td>
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**TERLIPRESSIN**

- Inj 0.1 mg per ml, 8.5 ml ampoule | 450.00 | 5 | Glypressin |
- Inj 1 mg per 8.5 ml ampoule – 1% DV Jun-15 to 2018 | 215.00 | 5 | Glypressin |
## Antibacterials

### Aminoglycosides

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Concentration/Volume</th>
<th>Price ($)</th>
<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td><strong>AMIKACIN</strong> – Restricted see terms below</td>
<td>Inj 5 mg per ml, 10 ml syringe</td>
<td>176.00</td>
<td>Biomed</td>
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<td></td>
<td>Inj 5 mg per ml, 5 ml syringe</td>
<td>431.20</td>
<td>DBL Amikacin</td>
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<tr>
<td>simplified</td>
<td>Inj 15 mg per ml, 5 ml syringe</td>
<td>5</td>
<td>DBL Amikacin</td>
</tr>
<tr>
<td></td>
<td>Inj 250 mg per ml, 2 ml vial</td>
<td>5</td>
<td>DBL Amikacin</td>
</tr>
<tr>
<td>Clinical microbiologist, infectious disease specialist or respiratory specialist</td>
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<tr>
<td><strong>GENTAMICIN SULPHATE</strong></td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>8.56</td>
<td>Hospira</td>
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<td></td>
<td>Inj 10 mg per ml, 2 ml ampoule</td>
<td>175.10</td>
<td>APP Pharmaceuticals</td>
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<tr>
<td></td>
<td>Inj 40 mg per ml, 2 ml ampoule</td>
<td>6.00</td>
<td>Pfizer</td>
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<td><strong>PAROMOMYCIN</strong> – Restricted see terms below</td>
<td>Cap 250 mg</td>
<td>126.00</td>
<td>Humatin</td>
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<td><strong>STREPTOMYCIN SULPHATE</strong> – Restricted see terms below</td>
<td>Inj 400 mg per ml, 2.5 ml ampoule</td>
<td>15.00</td>
<td>Pfizer</td>
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<tr>
<td>Clinical microbiologist, infectious disease specialist or respiratory specialist</td>
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<tr>
<td><strong>TOBRAMYCIN</strong></td>
<td>Powder</td>
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<tr>
<td><strong>Tobramycin</strong></td>
<td>Inj 40 mg per ml, 2 ml vial – 1% DV Feb-17 to 2018</td>
<td>15.00</td>
<td>Pfizer</td>
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<td>Clinical microbiologist, infectious disease specialist or respiratory specialist</td>
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<td><strong>ERATAPENEM</strong> – Restricted see terms below</td>
<td>Inj 1 g vial</td>
<td>73.50</td>
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<tr>
<td>Clinical microbiologist or infectious disease specialist</td>
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<tr>
<td><strong>IMIPENEM WITH CILASTATIN</strong> – Restricted see terms on the next page</td>
<td>Inj 500 mg with 500 mg cilastatin vial</td>
<td>13.79</td>
<td>RBX</td>
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*Item restricted (see ➥ above); Item restricted (see ➥ below)*

*e.g. Brand indicates brand example only. It is not a contracted product.*
### Cephalosporins and Cephamycins - 1st Generation

#### Cefalexin
- Cap 250 mg – 1% DV Dec-16 to 2019: $3.50 20 Cephalexin ABM
- Cap 500 mg – 1% DV Oct-16 to 2019: $3.95 20 Cephalexin ABM
- Grans for oral liq 25 mg per ml – 1% DV Sep-15 to 2018: $8.00 100 ml Cefalexin Sandoz
- Grans for oral liq 50 mg per ml – 1% DV Sep-15 to 2018: $11.00 100 ml Cefalexin Sandoz

#### Ceftazolin
- Inj 500 mg vial – 1% DV Sep-17 to 2020: $3.39 5 AFT
- Inj 1 g vial – 1% DV Sep-17 to 2020: $3.29 5 AFT

### Cephalosporins and Cephamycins - 2nd Generation

#### Cefaclor
- Cap 250 mg – 1% DV Sep-16 to 2019: $24.70 100 Ranbaxy-Cefaclor
- Grans for oral liq 25 mg per ml – 1% DV Sep-16 to 2019: $3.53 100 ml Ranbaxy-Cefaclor

#### Cefoxitin
- Inj 1 g vial – 1% DV Jan-16 to 2018: $58.00 10 Cefoxitin Actavis

#### Cefuroxime
- Tab 250 mg: $29.40 50 Zinnat
- Inj 750 mg vial: $3.70 5 Zinacef
- Inj 1.5 g vial: $1.30 1 Zinacef

### Cephalosporins and Cephamycins - 3rd Generation

#### Cefotaxime
- Inj 500 mg vial: $1.90 1 Cefotaxime Sandoz
- Inj 1 g vial – 1% DV Sep-17 to 2020: $14.60 10 DBL Cefotaxime

#### Ceftazidime
- Inj 500 mg vial: $5.30 1 Fortum
- Inj 1 g vial: $1.55 1 Fortum
- Inj 2 g vial: $3.34 1 Fortum

### Cephalosporins and Cephamycins - 4th Generation

#### Cefepime
- Inj 1 g vial – 1% DV Oct-15 to 2018: $3.95 1 Cefepime-AFT
- Inj 2 g vial – 1% DV Oct-15 to 2018: $6.92 1 Cefepime-AFT

---

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

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

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

**Restricted**
Clinical microbiologist or infectious disease specialist

**Cephalosporins and Cephamycins - 5th Generation**

**CEFTAROLINE FOSAMIL – Restricted see terms below**

- **Inj 600 mg vial** ............................................................................................ 1,450.00 10 Zinforo

**Restricted**
Initiation – multi-resistant organism salvage therapy
Clinical microbiologist or infectious disease specialist
Either:
1. for patients where alternative therapies have failed; or
2. for patients who have a contraindication or hypersensitivity to standard current therapies.

**Macrolides**

**AZITHROMYCIN – Restricted see terms below**

- **Tab 250 mg – 1% DV Sep-15 to 2018** ............................................................. 9.00 30 Apo-Azithromycin
- **Tab 500 mg – 1% DV Sep-15 to 2018** ............................................................. 1.05 2 Apo-Azithromycin
- **Grans for oral liq 200 mg per 5 ml (40 mg per ml) – 1% DV Oct-15 to 2018** ..................................................................................................... 12.50 15 ml Zithromax

**Restricted**
Initiation – bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterium infections
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. Patient has an atypical Mycobacterium infection.

Note: Indications marked with * are Unapproved Indications

**Initiation – non-cystic fibrosis bronchiectasis*”
Respiratory specialist or paediatrician
*Re-assessment required after 12 months*
All of the following:
1. For prophylaxis of exacerbations of non-cystic fibrosis bronchiectasis*; and
2. Patient is aged 18 and under; and
3. Either:
   3.1 Patient has had 3 or more exacerbations of their bronchiectasis, within a 12 month period; or
   3.2 Patient has had 3 acute admissions to hospital for treatment of infective respiratory exacerbations within a 12 month period.

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

**Continuation – non-cystic fibrosis bronchiectasis*”
Respiratory specialist or paediatrician
*Re-assessment required after 12 months*
All of the following:
1. The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and
2. Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and
3. The patient will not receive more than a total of 24 months’ azithromycin cumulative treatment (see note).

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

### Initiation – other indications

*Re-assessment required after 5 days*

For any other condition.

### Continuation – other indications

*Re-assessment required after 5 days*

For any other condition.

#### CLARITHROMYCIN – Restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 250 mg – 1% DV Sep-17 to 2020</td>
<td>3.98</td>
<td>Apo-Clarithromycin</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Sep-17 to 2020</td>
<td>10.40</td>
<td>Apo-Clarithromycin</td>
</tr>
<tr>
<td>Grans for oral liq 50 mg per ml</td>
<td>23.12</td>
<td>Klacid</td>
</tr>
<tr>
<td>Inj 500 mg vial – 1% DV Sep-17 to 2020</td>
<td>12.40</td>
<td>Martindale</td>
</tr>
</tbody>
</table>

#### Initiation – Tab 250 mg and oral liquid

Either:

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

#### Initiation – Tab 500 mg

Helicobacter pylori eradication.

#### Initiation – Infusion

Any of the following:

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

#### ERYTHROMYCIN (AS ETHYLSUCCINATE)

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 400 mg</td>
<td>16.95</td>
<td>E-Mycin</td>
</tr>
<tr>
<td>Grans for oral liq 200 mg per 5 ml</td>
<td>5.00</td>
<td>E-Mycin</td>
</tr>
<tr>
<td>Grans for oral liq 400 mg per 5 ml</td>
<td>6.77</td>
<td>E-Mycin</td>
</tr>
</tbody>
</table>

#### ERYTHROMYCIN (AS LACTOBIONATE)

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 g vial</td>
<td>16.00</td>
<td>Erythrocin IV</td>
</tr>
</tbody>
</table>

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

- Tab 250 mg
- Tab 500 mg

#### ROXITHROMYCIN – Some items restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab dispersible 50 mg</td>
<td>7.19</td>
<td>Rulide D</td>
</tr>
<tr>
<td>Tab 150 mg</td>
<td>7.48</td>
<td>Arrow-Roxithromycin</td>
</tr>
<tr>
<td>Tab 300 mg</td>
<td>14.40</td>
<td>Arrow-Roxithromycin</td>
</tr>
</tbody>
</table>

#### Initiation

Only for use in patients under 12 years of age.
## Penicillins

<table>
<thead>
<tr>
<th>AMOXICILLIN</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 250 mg – 1% DV Sep-16 to 2019</td>
<td>........................................................... 14.97 500 Apo-Amoxi</td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Sep-16 to 2019</td>
<td>........................................................... 16.75 500 Apo-Amoxi</td>
</tr>
<tr>
<td>Grans for oral liq 125 mg per 5 ml</td>
<td>........................................................... 0.88 100 ml Amoxicillin Actavis</td>
</tr>
<tr>
<td>Grans for oral liq 250 mg per 5 ml</td>
<td>........................................................... 0.97 100 ml Amoxicillin Actavis</td>
</tr>
<tr>
<td>Inj 250 mg vial – 1% DV Sep-17 to 2020</td>
<td>....................................................... 10.67 10 Ibiamox</td>
</tr>
<tr>
<td>Inj 500 mg vial – 1% DV Sep-17 to 2020</td>
<td>....................................................... 12.41 10 Ibiamox</td>
</tr>
<tr>
<td>Inj 1 g vial – 1% DV Sep-17 to 2020</td>
<td>....................................................... 17.29 10 Ibiamox</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMOXICILLIN WITH CLAVULANIC ACID</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg with clavulanic acid 125 mg</td>
<td>....................................................... 1.95 20 Augmentin</td>
</tr>
<tr>
<td>Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml</td>
<td>....................................................... 3.83 100 ml Augmentin</td>
</tr>
<tr>
<td>Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV Aug-17 to 2019</td>
<td>....................................................... 4.97 100 ml Augmentin</td>
</tr>
<tr>
<td>Inj 500 mg with clavulanic acid 100 mg vial – 1% DV Sep-15 to 2018</td>
<td>....................................................... 10.14 10 m-Amoxiclav</td>
</tr>
<tr>
<td>Inj 1,000 mg with clavulanic acid 200 mg vial – 1% DV Sep-15 to 2018</td>
<td>....................................................... 12.80 10 m-Amoxiclav</td>
</tr>
</tbody>
</table>

*Augmentin Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml to be delisted 1 August 2017*

<table>
<thead>
<tr>
<th>BENZATHINE BENZYPENICILLIN</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Sep-15 to 2018</td>
<td>........................................................... 315.00 10 Bicillin LA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENZYPENICILLIN SODIUM [PENICILLIN G]</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 600 mg (1 million units) vial – 1% DV Sep-17 to 2020</td>
<td>........................................................... 10.35 10 Sandoz</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FLUCLOXACILLIN</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 250 mg – 1% DV Sep-15 to 2018</td>
<td>........................................................... 18.70 250 Staphlex</td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Sep-15 to 2018</td>
<td>........................................................... 62.90 500 Staphlex</td>
</tr>
<tr>
<td>Grans for oral liq 25 mg per ml – 1% DV Sep-15 to 2018</td>
<td>........................................................... 2.29 100 ml AFT</td>
</tr>
<tr>
<td>Grans for oral liq 50 mg per ml – 1% DV Sep-15 to 2018</td>
<td>........................................................... 3.08 100 ml AFT</td>
</tr>
<tr>
<td>Inj 250 mg vial – 1% DV Sep-17 to 2020</td>
<td>........................................................... 9.00 10 Flucloxin</td>
</tr>
<tr>
<td>Inj 500 mg vial – 1% DV Sep-17 to 2020</td>
<td>........................................................... 9.40 10 Flucloxin</td>
</tr>
<tr>
<td>Inj 1 g vial – 1% DV Sep-17 to 2020</td>
<td>........................................................... 5.22 5 Flucil</td>
</tr>
<tr>
<td>........................................................... 11.60 10 Flucloxin</td>
<td></td>
</tr>
</tbody>
</table>

*Flucloxin Inj 1 g vial to be delisted 1 September 2017*

<table>
<thead>
<tr>
<th>PHENOXYMETHYLPENICILLIN [PENICILLIN V]</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 250 mg – 1% DV Jun-15 to 2018</td>
<td>........................................................... 2.88 50 Cilicaine VK</td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Jun-15 to 2018</td>
<td>........................................................... 4.73 50 Cilicaine VK</td>
</tr>
<tr>
<td>Grans for oral liq 125 mg per 5 ml – 1% DV Sep-16 to 2019</td>
<td>........................................................... 1.48 100 ml AFT</td>
</tr>
<tr>
<td>Grans for oral liq 250 mg per 5 ml – 1% DV Sep-16 to 2019</td>
<td>........................................................... 1.58 100 ml AFT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 4 g with tazobactam 0.5 g vial</td>
<td>........................................................... 5.84 1 Hospira</td>
</tr>
<tr>
<td>........................................................... 15.50 Tazocin EF</td>
<td></td>
</tr>
</tbody>
</table>

*Restricted*

Clinical microbiologist, infectious disease specialist or respiratory specialist

<table>
<thead>
<tr>
<th>PROCAINE PENICILLIN</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-17 to 2020</td>
<td>........................................................... 123.50 5 Cilicaine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms on the next page</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 3 g with clavulanic acid 0.1 mg 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.
### INFECTIONS

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

#### Restricted
Clinical microbiologist, infectious disease specialist or respiratory specialist

#### Quinolones

**CIPROFLOXACIN** – **Restricted** see terms below

- Tab 250 mg – 1% DV Sep-17 to 2020
  - 1.45 28 Cipflox
- Tab 500 mg – 1% DV Sep-17 to 2020
  - 1.99 28 Cipflox
- Tab 750 mg – 1% DV Sep-17 to 2020
  - 3.15 28 Cipflox
- Oral liq 50 mg per ml
- Oral liq 100 mg per ml
- Inj 2 mg per ml, 100 ml bag – 1% DV Mar-16 to 2018
  - 30.58 10 Cipflox

**Moxifloxacin** – **Restricted** see terms below

- Tab 400 mg
  - 52.00 5 Avelox
- Inj 1.6 mg per ml, 250 ml bottle
  - 70.00 1 Avelox IV 400

#### Restricted
Clinical microbiologist or infectious disease specialist

#### Initiation – Mycobacterium infection
Infectious disease specialist or respiratory specialist

Either:

1. **Both:**
   1.1 Active tuberculosis; and
   1.2 Any of the following:
      1.2.1 Documented resistance to one or more first-line medications; or
      1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or
      1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or
      1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
      1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or

2. **Mycobacterium avium-intracellulare complex** not responding to other therapy or where such therapy is contraindicated.

#### Initiation – Pneumonia
Infectious disease specialist or clinical microbiologist

Either:

1. Immunocompromised patient with pneumonia that is unresponsive to first-line treatment; or
2. Pneumococcal pneumonia or other invasive pneumococcal disease highly resistant to other antibiotics.

#### Initiation – Penetrating eye injury
Ophthalmologist

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

#### Initiation – Mycoplasma genitalium

All of the following:

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

**NORFLOXACIN**

- Tab 400 mg
  - 13.50 100 Arrow-Norfloxacin

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

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

**DEMECLOCYCLINE HYDROCHLORIDE**
- Tab 150 mg
- Cap 150 mg
- Cap 300 mg

**DOXYCYCLINE**
- Tab 50 mg – **Restricted**: For continuation only
  - Tab 100 mg
  - Inj 5 mg per ml, 20 ml vial
  - Price: $6.75 250 Doxine

**MINOCYCLINE**
- Tab 50 mg
  - Cap 100 mg – **Restricted**: For continuation only

**TETRACYCLINE**
- Tab 250 mg
  - Cap 500 mg
  - Price: $46.00 30 Tetracyclin Wolff

**TIGECYCLINE** – **Restricted** see terms below
- Inj 50 mg vial
  - Clinical microbiologist or infectious disease specialist

### Other Antibacterials

**AZTREONAM** – **Restricted** see terms below
- Inj 1 g vial
  - Price: $131.00 5 Azactam
  - Clinical microbiologist or infectious disease specialist

**CHLORAMPHENICOL** – **Restricted** see terms below
- Inj 1 g vial
  - Clinical microbiologist or infectious disease specialist

**CLINDAMYCIN** – **Restricted** see terms below
- Cap 150 mg – 1% DV Sep-16 to 2019
  - Oral liq 15 mg per ml
  - Inj 150 mg per ml, 4 ml ampoule – 1% DV Sep-16 to 2019
  - Price: $4.10 16 Clindamycin ABM
  - Clinical microbiologist or infectious disease specialist

**COLISTIN SULPHOMETHATE [COLESTIMETHATE]** – **Restricted** see terms below
- Inj 150 mg per ml, 1 ml vial
  - Price: $65.00 10 Dalacin C
  - Clinical microbiologist or infectious disease specialist

**DAPTOMYCIN** – **Restricted** see terms below
- Inj 350 mg vial – 1% DV Sep-15 to 2018
  - Inj 500 mg vial – 1% DV Sep-15 to 2018
  - Price: $175.16 1 $243.52 1
  - Clinical microbiologist or infectious disease specialist or respiratory specialist

**FOSFOMYCIN** – **Restricted** see terms on the next page
- Powder for oral solution, 3 g sachet
  - Item restricted (see ➥ above); Item restricted (see ➥ below)
  - e.g. *Brand* indicates brand example only. It is not a contracted product.
### INFECTIONS

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

- **Restricted**
  Clinical microbiologist or infectious disease specialist

**FUSIDIC ACID** – Restricted see terms below
- Tab 250 mg – 1% DV Jun-17 to 2020 ................................................................. 34.50 12 Fucidin

- **Restricted**
  Clinical microbiologist or infectious disease specialist

**HEXAMINE HIPPURATE**
- Tab 1 g

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

- **Restricted**
  Clinical microbiologist or infectious disease specialist

**LINEZOLID** – Restricted see terms below
- Tab 600 mg – 1% DV Sep-15 to 2018 ................................................................. 800.00 10 Zyvox
- Oral liq 20 mg per ml – 1% DV Sep-15 to 2018 ........................................... 775.00 150 ml Zyvox
- Inj 2 mg per ml, 300 ml bag – 1% DV Sep-15 to 2018 .................................. 1,650.00 10 Zyvox

- **Restricted**
  Clinical microbiologist or infectious disease specialist

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

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

- **Restricted**
  Clinical microbiologist or infectious disease specialist

**SULPHADIAZINE** – Restricted see terms below
- Tab 500 mg

- **Restricted**
  Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist

**TEICOPLANIN** – Restricted see terms below
- Inj 400 mg vial

- **Restricted**
  Clinical microbiologist or infectious disease specialist

**TRIMETHOPRIM**
- Tab 100 mg
- Tab 300 mg – 1% DV Oct-15 to 2018 ................................................................. 15.00 50 TMP

**TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]**
- Tab 80 mg with sulphamethoxazole 400 mg
- Oral liq 8 mg with sulphamethoxazole 40 mg per ml ................................. 2.15 100 ml Deprim
- Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule

**VANCOMYCIN** – Restricted see terms below
- Inj 500 mg vial – 1% DV Sep-17 to 2020 ............................................................. 2.37 1 Mylan

- **Restricted**
  Clinical microbiologist or infectious disease specialist

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

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### Antifungals

#### Imidazoles

**KETOCONAZOLE**

- Tab 200 mg
  - Restricted

  Oncologist

#### Polyene Antimycotics

**AMPHTERICIN B**

- Inj (liposomal) 50 mg vial – 1% DV Sep-15 to 2018 .........................3,450.00 10 AmBisome
  - Restricted

  Initiation

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

  Either:

  1. Proven or probable invasive fungal infection, to be prescribed under an established protocol; or

  2. Both:

     2.1 Possible invasive fungal infection; and

     2.2 A multidisciplinary team (including an infectious disease physician or a clinical microbiologist) considers the treatment to be appropriate.

- Inj 50 mg vial
  - Restricted

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

**NYSTATIN**

- Tab 500,000 u .................................................................17.09 50 Nilstat
- Cap 500,000 u .................................................................15.47 50 Nilstat

#### Triazoles

**FLUCONAZOLE** – Restricted see terms below

- Cap 50 mg .................................................................3.49 28 Ozole
- Cap 150 mg .................................................................0.71 1 Ozole
- Cap 200 mg .................................................................9.69 28 Ozole
- Oral liquid 50 mg per 5 ml ................................................98.50 35 ml Diflucan
- Inj 2 mg per ml, 50 ml vial – 1% DV Sep-16 to 2019 .........................4.95 1 Fluconazole-Claris
- Inj 2 mg per ml, 100 ml vial – 1% DV Sep-16 to 2019 .........................6.47 1 Fluconazole-Claris
  - Restricted

  Consultant

**ITRACONAZOLE** – Restricted see terms below

- Cap 100 mg – 1% DV Sep-16 to 2019 .........................................2.79 15 Itrazole
- Oral liquid 10 mg per ml

  - Restricted

  Clinical immunologist, clinical microbiologist, dermatologist or infectious disease specialist

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

- Tab modified-release 100 mg ..................................................869.86 24 Noxafil
- Oral liq 40 mg per ml .........................................................761.13 105 ml Noxafil
INFECTIONS

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

→ Restricted

Initiation
Haematologist or infectious disease specialist
Re-assessment required after 6 weeks
Both:

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

Continuation
Haematologist or infectious disease specialist
Re-assessment required after 6 weeks
Both:

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

VORICONAZOLE – Restricted see terms below

- Tab 50 mg – 1% DV Jan-16 to 2018 ...........................................................130.00 56 Vttack
- Tab 200 mg – 1% DV Jan-16 to 2018 .........................................................500.00 56 Vttack
- Powder for oral suspension 40 mg per ml .....................................................876.00 70 ml Vfend
- Inj 200 mg vial ...............................................................................................222.00 1 Vfend

→ Restricted

Initiation – Proven or probable aspergillus infection
Clinical microbiologist, haematologist or infectious disease specialist
Both:

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

Initiation – Possible aspergillus infection
Clinical microbiologist, haematologist or infectious disease specialist
All of the following:

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

Initiation – Resistant candidiasis infections and other moulds
Clinical microbiologist, haematologist or infectious disease specialist
All of the following:

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

Other Antifungals

CASPOFUNGIN – Restricted see terms on the next page

- Inj 50 mg vial .............................................................................................667.50 1 Cancidas
- Inj 70 mg vial .............................................................................................862.50 1 Cancidas

Products with Hospital Supply Status (HSS) are in bold

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
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<tr>
<th>Price (ex man. excl. GST)</th>
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<tbody>
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</tbody>
</table>

|
| ➝ Restricted |
| Initiation |
| Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist |

Either:

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

FLUCYTOSINE – Restricted see terms below

焗 Cap 500 mg

焗 Restricted

Clinical microbiologist or infectious disease specialist

TERBINAFINE

Tab 250 mg ................................................................. 1.50 14 Dr Reddy's Terbinafine

Antimycobacterials

Antileprotics

CLOFAZIMINE – Restricted see terms below

焗 Cap 50 mg

焗 Restricted

Clinical microbiologist, dermatologist or infectious disease specialist

DAPSONE – Restricted see terms below

焗 Cap 25 mg ................................................................. 95.00 100 Dapsone

焗 Cap 100 mg ................................................................. 110.00 100 Dapsone

焗 Restricted

Clinical microbiologist, dermatologist or infectious disease specialist

Antituberculotics

CYCLOSERINE – Restricted see terms below

焗 Cap 250 mg

焗 Restricted

Clinical microbiologist, infectious disease specialist or respiratory specialist

ETHAMBOTOL HYDROCHLORIDE – Restricted see terms below

焗 Cap 100 mg ................................................................. 48.01 56 Myambutol

焗 Cap 400 mg ................................................................. 49.34 56 Myambutol

焗 Restricted

Clinical microbiologist, infectious disease specialist or respiratory specialist

ISONIAZID – Restricted see terms below

焗 Cap 100 mg – 1% DV Sep-15 to 2018 ........................................ 20.00 100 PSM

焗 Restricted

Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician

ISONIAZID WITH RIFAMPICIN – Restricted see terms on the next page

焗 Cap 100 mg with rifampicin 150 mg – 1% DV Sep-15 to 2018 ................. 85.54 100 Rifinah

焗 Cap 150 mg with rifampicin 300 mg – 1% DV Sep-15 to 2018 ................. 170.60 100 Rifinah

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

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

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

#### Restricted
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician

**PARA-AMINOSALICYLIC ACID** – **Restricted** see terms below

- **Gran for oral liq 4 g**
  - Price: 280.00
  - Quantity: 30
  - Brand: Paser

#### Restricted
Clinical microbiologist, infectious disease specialist or respiratory specialist

**PROTIONAMIDE** – **Restricted** see terms below

- **Tab 250 mg**
  - Price: 305.00
  - Quantity: 100
  - Brand: Peteha

#### Restricted
Clinical microbiologist, infectious disease specialist or respiratory specialist

**PYRAZINAMIDE** – **Restricted** see terms below

- **Tab 500 mg**

#### Restricted
Clinical microbiologist, infectious disease specialist or respiratory specialist

**RIFABUTIN** – **Restricted** see terms below

- **Cap 150 mg – 1% DV Oct-16 to 2019**
  - Price: 275.00
  - Quantity: 30
  - Brand: Mycobutin

#### Restricted
Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist

**RIFAMPICIN** – **Restricted** see terms below

- **Cap 150 mg – 1% DV Sep-17 to 2020**
  - Price: 55.75
  - Quantity: 100
  - Brand: Rifadin

- **Cap 300 mg – 1% DV Sep-17 to 2020**
  - Price: 116.25
  - Quantity: 100
  - Brand: Rifadin

- **Oral liq 100 mg per 5 ml – 1% DV Sep-17 to 2020**
  - Price: 12.00
  - Quantity: 60 ml
  - Brand: Rifadin

- **Inj 600 mg vial – 1% DV Sep-17 to 2020**
  - Price: 128.85
  - Quantity: 1
  - Brand: Rifadin

#### Restricted
Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician

#### Antiparasitics

#### Anthelmintics

**ALBENDAZOLE** – **Restricted** see terms below

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

#### Restricted
Clinical microbiologist or infectious disease specialist

**IVERMECTIN** – **Restricted** see terms below

- **Tab 3 mg**
  - Price: 17.20
  - Quantity: 4
  - Brand: Stromectol

#### Restricted
Clinical microbiologist, dermatologist or infectious disease specialist

**MEBENDAZOLE**

- **Tab 100 mg**
  - Price: 24.19
  - Quantity: 24
  - Brand: De-Worm

- **Oral liq 100 mg per 5 ml**

**PRAZIQUANTEL**

- **Tab 600 mg**

#### Antiprotozoals

**ARTEMETHER WITH LUMEFANTRINE** – **Restricted** see terms on the next page

- **Tab 20 mg with lumefantrine 120 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.
### INFECTIONS

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

- **Restricted**
  - Clinical microbiologist or infectious disease specialist

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

**METRONIDAZOLE**
- Tab 200 mg
- Tab 400 mg
- Oral liq benzoate 200 mg per 5 ml
- Inj 5 mg per ml, 100 ml bottle
- Inj 5 mg per ml, 100 ml bag
- Suppos 500 mg

**NITAZOXANIDE** – **Restricted** see terms below
- Tab 500 mg
- Oral liq 100 mg per 5 ml

**ORNIDAZOLE**
- Tab 500 mg – 1% DV Oct-16 to 2019

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

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

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

**QUININE DIHYDROCHLORIDE** – **Restricted** see terms on the next page
- Inj 60 mg per ml, 10 ml ampoule
- Inj 300 mg per ml, 2 ml vial

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

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

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

** Restricted
Clinical microbiologist or infectious disease specialist

** QUININE SULPHATE
- Tab 300 mg .......................................................... $61.91 500 Q 300

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

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

** Restricted
Clinical microbiologist or infectious disease specialist

** Maternal-foetal medicine specialist

## Antiretrovirals

### Non-Nucleoside Reverse Transcriptase Inhibitors

** Restricted

** Initiation – Confirmed HIV
Patient has confirmed HIV infection.

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

** Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV
Both:
1. Treatment course to be initiated within 72 hours post exposure; and
2. Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

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

** EFAVIRENZ – Restricted see terms above
- Tab 50 mg – 1% DV Sep-15 to 2018 .......................................................... $63.38 30 Stocrin
- Tab 200 mg – 1% DV Sep-15 to 2018 ......................................................... $190.15 90 Stocrin
- Tab 600 mg – 1% DV Sep-15 to 2018 .......................................................... $63.38 30 Stocrin
- Oral liq 30 mg per ml

** ETRAVIRINE – Restricted see terms above
- Tab 200 mg ......................................................................................... $770.00 60 Intelence

** NEVIRAPINE – Restricted see terms above
- Tab 200 mg – 1% DV Nov-15 to 2018 ......................................................... $65.00 60 Nevirapine Alphapharm
- Oral suspension 10 mg per ml ................................................................. $203.55 240 ml Viramune Suspension
## Nucleoside Reverse Transcriptase Inhibitors

### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

### Initiation – Prevention of maternal transmission

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

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

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

### Initiation – Percutaneous exposure

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABACAVIR SULPHATE</strong> – Restricted see terms above</td>
<td>Tab 300 mg</td>
<td>229.00</td>
<td>60 Ziagen</td>
</tr>
<tr>
<td></td>
<td>Oral liq 20 mg per ml</td>
<td>256.31</td>
<td>240 ml Ziagen</td>
</tr>
<tr>
<td><strong>ABACAVIR SULPHATE WITH LAMIVUDINE</strong> – Restricted see terms above</td>
<td>Tab 600 mg with lamivudine 300 mg</td>
<td>427.29</td>
<td>30 Kivexa</td>
</tr>
<tr>
<td><strong>EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE</strong> – Restricted see terms above</td>
<td>Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg</td>
<td>1,313.19</td>
<td>30 Atripla</td>
</tr>
<tr>
<td><strong>EMTRICITABINE</strong> – Restricted see terms above</td>
<td>Cap 200 mg</td>
<td>307.20</td>
<td>30 Emtriva</td>
</tr>
<tr>
<td><strong>EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE</strong> – Restricted see terms above</td>
<td>Tab 200 mg with tenofovir disoproxil fumarate 300 mg</td>
<td>838.20</td>
<td>30 Truvada</td>
</tr>
<tr>
<td><strong>LAMIVUDINE</strong> – Restricted see terms above</td>
<td>Oral liq 10 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STAVUDINE</strong> – Restricted see terms above</td>
<td>Cap 30 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 40 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ZIDOVUDINE [AZT]</strong> – Restricted see terms above</td>
<td>Cap 100 mg – 1% DV Sep-16 to 2019</td>
<td>152.25</td>
<td>100 Retrovir</td>
</tr>
<tr>
<td></td>
<td>Oral liq 10 mg per ml – 1% DV Sep-16 to 2019</td>
<td>30.45</td>
<td>200 ml Retrovir</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 20 ml vial</td>
<td>750.00</td>
<td>5 Retrovir IV</td>
</tr>
<tr>
<td><strong>ZIDOVUDINE [AZT] WITH LAMIVUDINE</strong> – Restricted see terms above</td>
<td>Tab 300 mg with lamivudine 150 mg – 1% DV Sep-17 to 2020</td>
<td>33.00</td>
<td>60 Alphapharm</td>
</tr>
</tbody>
</table>
Protease Inhibitors

**→ Restricted**

**Initiation – Confirmed HIV**
Patient has confirmed HIV infection.

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

**Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV**
Both:
1. Treatment course to be initiated within 72 hours post exposure; and
2. Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

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

**ATAZANAVIR SULPHATE** – *Restricted* see terms above
- Cap 150 mg
  - $568.34 60 Reyataz
- Cap 200 mg
  - $757.79 60 Reyataz

**DARUNAVIR** – *Restricted* see terms above
- Tab 400 mg – 1% DV Jun-17 to 2020
  - $335.00 60 Prezista
- Tab 600 mg – 1% DV Jun-17 to 2020
  - $476.00 60 Prezista

**INDINAVIR** – *Restricted* see terms above
- Cap 200 mg
- Cap 400 mg

**LOPINAVIR WITH RITONAVIR** – *Restricted* see terms above
- Tab 100 mg with ritonavir 25 mg
  - $183.75 60 Kaletra
- Tab 200 mg with ritonavir 50 mg – 1% DV Sep-17 to 2020
  - $463.00 120 Kaletra
- Oral liq 80 mg with ritonavir 20 mg per ml
  - $735.00 300 ml Kaletra

**RITONAVIR** – *Restricted* see terms above
- Tab 100 mg
  - $43.31 30 Norvir
- Oral liq 80 mg per ml

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Strand Transfer Inhibitors

**→ Restricted**

**Initiation – Confirmed HIV**
Patient has confirmed HIV infection.

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

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

continued...

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

Both:

1. Treatment course to be initiated within 72 hours post exposure; and
2. Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

**Initiation – Percutaneous exposure**

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

**Dolutegravir – Restricted** see terms on the previous page

| Tab 50 mg | 1,090.00 | 30 | Tivicay |

**Raltegravir Potassium – Restricted** see terms on the previous page

| Tab 400 mg | 1,090.00 | 60 | Isentress |

**Antivirals**

**Hepatitis B**

**Adefovir Dipivoxil – Restricted** see terms below

| Tab 10 mg | 670.00 | 30 | Hepsera |

Gastroenterologist or infectious disease specialist

All of the following:

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

**Entecavir – Restricted** see terms below

| Tab 0.5 mg | 400.00 | 30 | Baraclude |

Gastroenterologist or infectious disease specialist

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

continued…

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

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

4 Either:
   4.1 ALT greater than upper limit of normal; or
   4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater or moderate fibrosis) on liver histology; and

5 Either:
   5.1 HBeAg positive; or
   5.2 Patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and

6 No continuing alcohol abuse or intravenous drug use; and

7 Not co-infected with HCV, HIV or HDV; and

8 Neither ALT nor AST greater than 10 times upper limit of normal; and

9 No history of hypersensitivity to entecavir; and

10 No previous documented lamivudine resistance (either clinical or genotypic).

LAMIVUDINE – Restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg</td>
<td>$6.00</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml</td>
<td>$270.00</td>
</tr>
</tbody>
</table>

Initiation
Gastroenterologist, infectious disease specialist, paediatrician or general physician

Limited to 12 months treatment

Any of the following:

1 Hepatitis B virus (HBV) DNA positive cirrhosis prior to liver transplantation; or
2 Hepatitis B surface antigen (HBsAg)-positive and have had a liver, kidney, heart, lung or bone marrow transplant; or
3 HBV-naïve patient who has received a liver transplant from a hepatitis B core antibody (anti-HBc)-positive donor; or
4 HbsAg positive patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20 mg/day for at least 7 days), or who has received such treatment within the previous two months; or
5 HBsAg-positive patient who is receiving anti tumour necrosis factor treatment; or
6 Anti-HBc-positive patient who is receiving rituximab in combination with immunosuppressive chemotherapies for a malignancy.

Continuation – patients who have maintained continuous treatment and response to lamivudine
Gastroenterologist, infectious disease specialist, paediatrician or general physician

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.

Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine
Gastroenterologist, infectious disease specialist, paediatrician or general physician

Re-assessment required after 2 years

All of the following:

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

continued…
Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil
Gastroenterologist, infectious disease specialist, paediatrician or general physician
Re-assessment required after 2 years
Both:
1 Lamivudine to be used in combination with adefovir dipivoxil; and
   Documented resistance to lamivudine defined as:
2 All of the following:
   2.1 Patient has raised serum ALT (> 1 × ULN); and
   2.2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10-fold over nadir; and
   2.3 Detection of N236T or A181T/V mutation.

TENOFOVIR DISOPROXIL FUMARATE – Restricted see terms below

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

Initiation – Pregnant or Breastfeeding, Active hepatitis B
Limited to 12 months treatment
Both:
1 Patient is HBsAg positive and pregnant; and
2 HBV DNA > 20,000 IU/mL and ALT > ULN.

Initiation – Pregnant, prevention of vertical transmission
Limited to 6 months treatment
Both:
1 Patient is HBsAg positive and pregnant; and
2 HBV DNA > 20 million IU/mL and ALT normal.

Initiation – 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

continued…
continued...

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
2.3.2.3 Viral load counts > 100,000 copies per ml; or

2.4 Both:
2.4.1 Patient aged 6 years and over; and
2.4.2 CD4 counts < 500 cells/mm³.

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

Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV
Both:
1. Treatment course to be initiated within 72 hours post exposure; and
2. Any of the following:
   2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
   2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
   2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

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

Hepatitis C

LEDIPASVIR WITH SOFOSBUVIR – Restricted see terms below

$ Tab 90 mg with sofosbuvir 400 mg...........................................................24,363.46  28 Harvoni

Initiation
Note: Only for use in patients with approval by the Hepatitis C Treatment Panel (HepCTP). Applications will be considered by HepCTP at its regular meetings and approved subject to eligibility according to the Access Criteria (set out in Section B of the Pharmaceutical Schedule).

PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR
Note: Only for use in patients who have received supply of treatment via PHARMAC’s approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC’s website http://www.pharmac.govt.nz/hepatitis-c-treatments/.

Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56).................................................................16,500.00 1 Viekira Pak

PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN
Note: Only for use in patients who have received supply of treatment via PHARMAC’s approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC’s website http://www.pharmac.govt.nz/hepatitis-c-treatments/.

Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168)...............16,500.00 1 Viekira Pak-RBV

Herpesviridae

ACICLOVIR

Tab dispersible 200 mg – 1% DV Sep-16 to 2019 ...........................................1.60  25 Lovir
Tab dispersible 400 mg – 1% DV Sep-16 to 2019 .......................................5.38  56 Lovir
Tab dispersible 800 mg – 1% DV Sep-16 to 2019 .......................................5.98  35 Lovir
Inj 250 mg vial – 1% DV Jan-16 to 2018 ....................................................10.10  5 Aciclovir-Claris

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>Medication</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>CIDOFOVIR</td>
<td>Inj 75 mg per ml, 5 ml vial</td>
<td>$ 96.00</td>
<td>Cymevene</td>
</tr>
<tr>
<td></td>
<td>Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOSCARNE SODIUM</td>
<td>Inj 24 mg per ml, 250 ml bottle</td>
<td>$ 96.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical microbiologist or infectious disease specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Restricted</strong></td>
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<td></td>
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<tr>
<td>GANCICLOVIR</td>
<td>Inj 500 mg vial</td>
<td>$ 380.00</td>
<td></td>
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<tr>
<td></td>
<td>Clinical microbiologist or infectious disease specialist</td>
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<tr>
<td>VALCICLOVIR</td>
<td>Tab 500 mg – 1% DV Mar-16 to 2018</td>
<td>$ 6.42</td>
<td>Vaclovir</td>
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<td></td>
<td>Tab 1,000 mg – 1% DV Mar-16 to 2018</td>
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<tr>
<td>VALGANCICLOVIR</td>
<td>Tab 450 mg – 1% DV Jun-15 to 2018</td>
<td>$ 1,050.00</td>
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<tr>
<td></td>
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<tr>
<td>OSELTAMIVIR</td>
<td>Tab 75 mg</td>
<td>$ 6.42</td>
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</tr>
<tr>
<td></td>
<td>Powder for oral suspension 6 mg per ml</td>
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<tr>
<td></td>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZANAMIVIR</td>
<td>Powder for inhalation 5 mg</td>
<td>$ 37.38</td>
<td>Relenza Rotadisk</td>
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**Influenza**

**OSELTAMIVIR** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Inventory Type</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 75 mg</td>
<td>$ 6.42</td>
</tr>
<tr>
<td>Powder for oral suspension 6 mg per ml</td>
<td>$ 6.42</td>
</tr>
</tbody>
</table>

**Initiation**

Either:

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

**ZANAMIVIR**

<table>
<thead>
<tr>
<th>Inventory Type</th>
<th>Price</th>
</tr>
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<tbody>
<tr>
<td>Powder for inhalation 5 mg</td>
<td>$ 37.38</td>
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</tbody>
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**Influenza**

**OSELTAMIVIR** – **Restricted** see terms below

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

**Initiation**

Either:

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

**ZANAMIVIR**

<table>
<thead>
<tr>
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<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder for inhalation 5 mg</td>
<td>$ 37.38</td>
</tr>
</tbody>
</table>
— Restricted

Initiation

Either:

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

## 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

— Restricted

Initiation

Patient has chronic granulomatous disease and requires interferon gamma.

### PEGYLATED INTERFERON ALFA-2A — Restricted see terms below
- 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) ........... 1159.84 1 Pegasys RBV Combination Pack
- Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)......... 1290.00 1 Pegasys RBV Combination Pack

(Pegasys RBV Combination Pack Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) to be delisted 1 August 2017)

— Restricted

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

Limited to 48 weeks treatment

Any of the following:

1. Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
2. Patient has chronic hepatitis C and is co-infected with HIV; or
3. Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant.

Notes: Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 500 IU/ml) AND Baseline serum HCV RNA is less than 400,000 IU/ml.

**Continuation — Chronic hepatitis C - genotype 1 infection**

Gastroenterologist, infectious disease specialist or general physician

Re-assessment required after 48 weeks

All of the following:

1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has had previous treatment with pegylated interferon and ribavirin; and

continued…
continued…

3 Either:
   3.1 Patient has responder relapsed; or
   3.2 Patient was a partial responder; and

4 Patient is to be treated in combination with boceprevir.

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

*Limited to 48 weeks* treatment

All of the following:

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

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

*Limited to 6 months* treatment

Patient has chronic hepatitis C, genotype 2 or 3 infection.

**Initiation – Hepatitis B**

Gastroenterologist, infectious disease specialist or general physician

*Limited to 48 weeks* treatment

All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2 Patient is Hepatitis B treatment-naive; and
3 ALT > 2 times Upper Limit of Normal; and
4 HBV DNA < 10 log10 IU/ml; and
5 Either:
   5.1 HBeAg positive; or
   5.2 Serum HBV DNA ≥ 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.

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.
## Anticholinesterases

**EDROPHONIUM CHLORIDE** – **Restricted** see terms below

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

**Initiation**

For the diagnosis of myasthenia gravis.

**NEOSTIGMINE METILSULFATE**

- Inj 2.5 mg per ml, 1 ml ampoule ................................................................. 98.00 50 AstraZeneca

**NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE**

- Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule –  
  1% DV Jul-16 to 2019 ................................................................. 20.90 10 Max Health

**PYRIDOSTIGMINE BROMIDE**

- Tab 60 mg – 1% DV Nov-16 to 2019 ............................................................... 42.79 100 Mestinon

## Antirheumatoid Agents

**AURANOFIN** – **Restricted**: For continuation only

- Tab 3 mg

*(Any Tab 3 mg to be delisted 1 September 2017)*

**HYDROXYCHLOROQUINE**

- Tab 200 mg – 1% DV Sep-15 to 2018 ............................................................... 10.50 100 Plaquenil

**LEFLUNOMIDE**

- Tab 10 mg – 1% DV Jun-17 to 2020 ............................................................... 2.90 30 Apo-Leflunomide
- Tab 20 mg – 1% DV Jun-17 to 2020 ............................................................... 2.90 30 Apo-Leflunomide

**PENICILLAMINE**

- Tab 125 mg ................................................................. 67.23 100 D-Penamine
- Tab 250 mg ................................................................. 110.12 100 D-Penamine

**SODIUM AUROTHIOMALATE**

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

## Drugs Affecting Bone Metabolism

### Bisphosphonates

**ALENDRONATE SODIUM**

- Tab 40 mg ...................................................................................... 133.00 30 Fosamax

**Restricted**

**Initiation** – Paget’s disease

Both:

1. Paget’s disease; and
2. Any of the following:

   2.1 Bone or articular pain; or

...continued
continued…

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.

Tab 70 mg ........................................................................................................... 12.90 4 Fosamax

Restricted

Initiation – Osteoporosis

Any of the following:

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

Initiation – glucocorticosteroid therapy

Re-assessment required after 12 months

Both:

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

Continuation – glucocorticosteroid therapy

Re-assessment required after 12 months

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

Notes:

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

ALENDRONATE SODIUM WITH COLECALCIFEROL – Restricted see terms on the next page

Tab 70 mg with colecalciferol 5,600 iu ................................................................. 12.90 4 Fosamax Plus
Restricted

Initiation – Osteoporosis

Any of the following:

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

Initiation – glucocorticoid therapy

Re-assessment required after 12 months

Both:

1. The patient is receiving systemic glucocorticoid 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 (glucocorticoid therapy) or raloxifene.

Continuation – glucocorticoid 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. Fracture 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-15 to 2018 ............................................................... 13.50 100 Arrow-Etidronate

PAMIDRONATE DISODIUM

Inj 3 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020 ................................. 5.98 1 Pamisol
Inj 6 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020 ................................. 15.02 1 Pamisol
Inj 9 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020 ................................. 17.05 1 Pamisol

RISEDRONATE SODIUM

Tab 35 mg – 1% DV Mar-17 to 2019 .............................................................. 3.80 4 Risedronate Sandoz
MUSCULOSKELETAL SYSTEM

ZOLEDRONIC ACID

<table>
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<tr>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
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<tbody>
<tr>
<td>$600.00</td>
<td>100 ml Aclasta</td>
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</tbody>
</table>

*Restricted*

Initiation – Inherited bone fragility disorders

Any specialist

Patient has been diagnosed with an inherited bone fragility disorder (e.g. osteogenesis imperfecta).

Initiation – Osteoporosis

Any specialist

*Therapy limited to 3 doses*

Both:

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

2. The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

Initiation – glucocorticosteroid therapy

Any specialist

*Re-assessment required after 12 months*

All of the following:

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

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

3. The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

Continuation – glucocorticosteroid therapy

Any specialist

*Re-assessment required after 12 months*

Both:

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

2. The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

Initiation – Paget’s disease

Any specialist

*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

continued…

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

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

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 5 mg of zoledronic acid in the 12-month approval period.

Continuation – Paget’s disease
Any specialist
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 5 mg of zoledronic acid 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

\[ Tab \ 60 \ mg \] .......................................................... \[ Per \] 53.76 28 Evista

Initiation

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:
continued…
continued...

1. BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.

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

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

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

TERIPARATIDE – Restricted see terms below

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

- Restricted

Initiation

Limited to 18 months treatment

All of the following:

1. The patient has severe, established osteoporosis; and
2. The patient has a documented T-score less than or equal to -3.0 (see Notes); and
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 restriction are defined as: alendronate sodium tab 70 mg or tab 70 mg with colecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months’ continuous therapy.

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 ................................................................. 15.11 1,000 Allopurinol-Apotex
- Tab 300 mg ................................................................. 15.91 500 Allopurinol-Apotex

BENZBROMARONE – Restricted see terms on the next page

- Tab 100 mg ................................................................. 45.00 100 Benzbromaron AL 100

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

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

<table>
<thead>
<tr>
<th>Price Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.08</td>
<td>Colgout</td>
</tr>
<tr>
<td>$39.50</td>
<td>Adenuric</td>
</tr>
</tbody>
</table>

-Colchicine-

Tab 500 mcg.................................................................10.08 100 Colgout

-Febuxostat - Restricted see terms below-

Tab 80 mg.............................................................................39.50 28 Adenuric
Tab 120 mg.............................................................................39.50 28 Adenuric

- Restricted Initiation -

Any specialist

Both:
1. Patient has been diagnosed with gout; and
2. Any of the following:
   2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
   2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
   2.3 Both:
      2.3.1 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
      2.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
   2.4 All of the following:
      2.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
      2.4.2 Allopurinol is contraindicated; and
      2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and
   3. The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. 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 www.rheumatology.org.nz/home/resources-2/

-Colchicine-

Tab 500 mcg.................................................................10.08 100 Colgout

-Febuxostat - Restricted see terms below-

Tab 80 mg.............................................................................39.50 28 Adenuric
Tab 120 mg.............................................................................39.50 28 Adenuric

Note: In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine...
MUSCULOSKELETAL SYSTEM

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

continued...

clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment. 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

Inj 1.5 mg vial

→ Restricted

Haematologist

Muscle Relaxants and Related Agents

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

BACLOFEN
Tab 10 mg ................................................................................. 3.85 100 Pacifen

Oral liq 1 mg per ml
Inj 0.05 mg per ml, 1 ml ampoule – 1% DV Sep-15 to 2018 .................. 11.55 1 Lioresal Intrathecal
Inj 2 mg per ml, 5 ml ampoule ..................................................... 209.29 1 Lioresal Intrathecal

CLOSTRIDIUM BOTULINUM TYPE A TOXIN
Inj 100 u vial .................................................................................. 467.50 1 Botox
Inj 300 u vial .................................................................................. 388.50 1 Dysport
Inj 500 u vial .................................................................................. 1,295.00 2 Dysport

DANTROLENE
Cap 25 mg .................................................................................. 65.00 100 Dantrium
Cap 50 mg .................................................................................. 77.00 100 Dantrium
Inj 20 mg vial ................................................................................ 800.00 6 Dantrium IV

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

ORPHENADRINE CITRATE
Tab 100 mg

PANCURONIUM BROMIDE
Inj 2 mg per ml, 2 ml ampoule ....................................................... 260.00 50 AstraZeneca

ROCURONIUM BROMIDE
Inj 10 mg per ml, 5 ml vial – 1% DV Aug-16 to 2019 ....................... 25.95 10 DBL Rocuronium Bromide

SUXAMETHONIUM CHLORIDE
Inj 50 mg per ml, 2 ml ampoule .................................................... 78.00 50 AstraZeneca

VECURONIUM BROMIDE
Inj 10 mg vial

Reversers of Neuromuscular Blockade

SUGAMMADEX – Restricted see terms on the next page

Inj 100 mg per ml, 2 ml vial .......................................................... 1,200.00 10 Bridion
Inj 100 mg per ml, 5 ml vial .......................................................... 3,000.00 10 Bridion

Item restricted (see ➥ above); Item restricted (see ➥ below)
e.g. Brand indicates brand example only. It is not a contracted product.
Any of the following:

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

**Non-Steroidal Anti-Inflammatory Drugs**

**CELECOXIB – Restricted** see terms below

Note - The DV limit of 1% applies to the celecoxib chemical rather than each individual line item.

- Cap 100 mg – 1% DV Aug-17 to 2020 ............................................................3.63 60 Celecoxib Pfizer
- Cap 200 mg – 1% DV Aug-17 to 2020 ............................................................2.30 30 Celecoxib Pfizer
- Cap 400 mg

(Any Cap 400 mg to be delisted 1 August 2017)

**DICLOFENAC SODIUM**

- Tab EC 25 mg – 1% DV Dec-15 to 2018 ..........................................................1.30 50 Diclofenac Sandoz
- Tab 50 mg dispersible ................................................................................1.50 20 Voltaren D
- Tab EC 50 mg – 1% DV Dec-15 to 2018 ..........................................................1.00 50 Diclofenac Sandoz
- Tab long-acting 75 mg – 1% DV Dec-15 to 2018 ........................................15.20 500 Apo-Diclo SR
- Tab long-acting 100 mg – 1% DV Dec-15 to 2018 .......................................26.20 500 Apo-Diclo SR
- Inj 25 mg per ml, 3 ml ampoule ................................................................13.20 5 Voltaren
- Suppos 12.5 mg .........................................................................................2.04 10 Voltaren
- Suppos 25 mg .........................................................................................2.44 10 Voltaren
- Suppos 50 mg .........................................................................................4.22 10 Voltaren
- Suppos 100 mg .........................................................................................7.00 10 Voltaren

**ETORICOXIB – Restricted** see terms below

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

**IBUPROFEN**

- Tab 200 mg
- Tab 400 mg – Restricted: For continuation only
- Tab 600 mg – Restricted: For continuation only
- Tab long-acting 800 mg – 1% DV Jul-15 to 2018 ........................................7.99 30 Brufen SR
- Oral liq 20 mg per ml ................................................................................1.89 200 ml Fenpaed
- Inj 5 mg per ml, 2 ml ampoule
- Inj 10 mg per ml, 2 ml vial
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulations</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDOMETHACIN</td>
<td>Cap 25 mg, Cap 50 mg, Cap long-acting 75 mg, Inj 1 mg vial, Suppos 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOPROFEN</td>
<td>Cap long-acting 200 mg</td>
<td>12.07</td>
<td>Oruvail SR</td>
</tr>
<tr>
<td>MEFENAMIC ACID</td>
<td>Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 250 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MELOXICAM</td>
<td>Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 7.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted Initiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Either:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 All of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1 Haemophilic arthropathy; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 Pain and inflammation associated with haemophilic arthropathy is inadequately controlled by alternative funded treatment options, or alternative funded treatment options are contraindicated; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 For preoperative and/or postoperative use for a total of up to 8 days’ use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAPROXEN</td>
<td>Tab 250 mg – 1% DV Sep-15 to 2018</td>
<td>18.06</td>
<td>Noflam 250</td>
</tr>
<tr>
<td></td>
<td>Tab 500 mg – 1% DV Sep-15 to 2018</td>
<td>18.91</td>
<td>Noflam 500</td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 750 mg – 1% DV Jun-15 to 2018</td>
<td>5.60</td>
<td>Naprosyn SR 750</td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 1 g – 1% DV Jun-15 to 2018</td>
<td>6.53</td>
<td>Naprosyn SR 1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.00</td>
<td>Naprosyn SR 1000</td>
</tr>
<tr>
<td>PARECOXIB</td>
<td>Inj 40 mg vial</td>
<td>100.00</td>
<td>Dynastat</td>
</tr>
<tr>
<td>SULINDAC</td>
<td>Tab 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 200 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENOXICAM</td>
<td>Tab 20 mg – 1% DV Sep-16 to 2019</td>
<td>10.95</td>
<td>Tilocotil</td>
</tr>
<tr>
<td></td>
<td>Inj 20 mg vial</td>
<td>9.95</td>
<td>AFT</td>
</tr>
<tr>
<td>Topical Products for Joint and Muscular Pain</td>
<td>CAPSAICIN Restricted see terms below</td>
<td>9.95</td>
<td>Zostrix</td>
</tr>
<tr>
<td></td>
<td>Crm 0.025%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted Initiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient has osteoarthritis that is not responsive to paracetamol and oral non-steroidal anti-inflammatories are contraindicated.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## NERVOUS SYSTEM

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

### Agents for Parkinsonism and Related Disorders

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

**RILUZOLE** – **Restricted** see terms **below**

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td></td>
<td>400.00</td>
<td>56 Rilutek</td>
</tr>
</tbody>
</table>

**Initiation**

Neurologist or respiratory specialist

**Re-assessment required after 6 months**

All of the following:

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

**Continuation**

**Re-assessment required after 18 months**

All of the following:

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

**TETRABENAZINE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td>91.10</td>
<td>112 Motetis</td>
</tr>
</tbody>
</table>

### Anticholinergics

**BENZATROPINE MESYLAATE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2 mg</td>
<td></td>
<td>7.99</td>
<td>60 Benztrop</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 2 ml ampoule</td>
<td></td>
<td>95.00</td>
<td>5 Cogentin</td>
</tr>
</tbody>
</table>

**PROCYCLIDINE HYDROCHLORIDE**

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

### Dopamine Agonists and Related Agents

**AMANTADINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 100 mg</td>
<td></td>
<td>38.24</td>
<td>60 Symmetrel</td>
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</table>

**APOMORPHINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule</td>
<td></td>
<td>119.00</td>
<td>5 Movapo</td>
</tr>
</tbody>
</table>

**BROMOCRIPTINE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<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>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 5 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.
**NERVOUS SYSTEM**

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

### ENTACAPONE
Tab 200 mg – 1% DV Sep-15 to 2018 ...................................................... 28.00 100 Entapone

### LEVODOPA WITH BENZERAZIDE
Tab dispersible 50 mg with benzerazide 12.5 mg .................................. 10.00 100 Madopar Rapid
Cap 50 mg with benzerazide 12.5 mg ...................................................... 8.00 100 Madopar 62.5
Cap 100 mg with benzerazide 25 mg ....................................................... 12.50 100 Madopar 125
Cap long-acting 100 mg with benzerazide 25 mg ................................... 17.00 100 Madopar HBS
Cap 200 mg with benzerazide 50 mg ....................................................... 25.00 100 Madopar 250

### LEVODOPA WITH CARBIDOPA
Tab 100 mg with carbidopa 25 mg ......................................................... 20.00 100 Sinemet
Tab long-acting 200 mg with carbidopa 50 mg ........................................ 47.50 100 Sinemet CR
Tab 250 mg with carbidopa 25 mg ......................................................... 40.00 100 Sinemet

### PRAMIPEXOLE HYDROCHLORIDE
Tab 0.25 mg – 1% DV Sep-16 to 2019 ...................................................... 7.20 100 Ramipex
Tab 1 mg – 1% DV Sep-16 to 2019 ......................................................... 24.39 100 Ramipex

### ROPINIROLE HYDROCHLORIDE
Tab 0.25 mg – 1% DV Sep-16 to 2019 ...................................................... 2.78 100 Apo-Ropinirole
Tab 1 mg – 1% DV Sep-16 to 2019 ......................................................... 5.00 100 Apo-Ropinirole
Tab 2 mg – 1% DV Sep-16 to 2019 ......................................................... 7.72 100 Apo-Ropinirole
Tab 5 mg – 1% DV Sep-16 to 2019 ......................................................... 16.51 100 Apo-Ropinirole

### SELEGILINE HYDROCHLORIDE
Tab 5 mg

### TOLCAPONE
Tab 100 mg – 1% DV Jan-17 to 2019 ....................................................... 132.50 100 Tasmart

### General Anaesthetics

#### DESFLURANE
Soln for inhalation 100%, 240 ml bottle – 1% DV Sep-16 to 2019 .......... 1,350.00 6 Suprane

#### DEXMEDETOMIDINE
Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020 ............................ 357.00 5 Precedex

#### ETOMIDATE
Inj 2 mg per ml, 10 ml ampoule

#### ISOFLURANE
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019 .......... 1,020.00 6 Aerrane

#### KETAMINE
Inj 1 mg per ml, 100 ml bag ................................................................. 27.00 1 Biomed
Inj 4 mg per ml, 50 ml syringe ............................................................. 25.00 1 Biomed
Inj 10 mg per ml, 10 ml syringe ......................................................... 14.00 1 Biomed
Inj 100 mg per ml, 2 ml ampoule – 1% DV May-16 to 2018 ......... 47.05 5 Ketamine-Claris

#### METHOHEXITAL SODIUM
Inj 10 mg per ml, 50 ml vial

#### PROPOFOL
Inj 10 mg per ml, 20 ml vial – 10% DV Jun-16 to 2019 ...................... 5.27 5 Provive MCT-LCT 1%
Inj 10 mg per ml, 50 ml vial – 10% DV Jun-16 to 2019 ...................... 24.50 10 Fresofol 1% MCT/LCT
Inj 10 mg per ml, 100 ml vial – 10% DV Jun-16 to 2019 ................. 49.00 10 Fresofol 1% MCT/LCT

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

#### ARTICaine HYDROCHLORIDE
- **Inj 1%**

#### ARTICaine HYDROCHLORIDE WITH ADRENALINE
- **Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge**
- **Inj 4% with adrenaline 1:100,000, 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 Sep-17 to 2020**
- **Inj 2.5 mg per ml, 20 ml ampoule**
- **Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 1% DV Sep-15 to 2018**
- **Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Sep-15 to 2018**
- **Inj 5 mg per ml, 20 ml ampoule**
- **Inj 5 mg per ml, 20 ml ampoule sterile pack – 1% DV Sep-15 to 2018**
- **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 Sep-17 to 2020**
- **Inj 2.5 mg per ml, 200 ml bag**
- **Inj 1.25 mg per ml, 500 ml bag**

#### BUPivACAINE HYDROCHLORIDE WITH ADRENALINE
- **Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial**
- **Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial**

#### BUPivACAINE HYDROCHLORIDE WITH FENTANYL
- **Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag**
- **Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag**
- **Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe**
- **Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag**
- **Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag**
- **Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe**
- **Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe**
- **Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe**

#### BUPivACAINE HYDROCHLORIDE WITH GLUCOSE
- **Inj 0.5% with glucose 8%, 4 ml ampoule**

#### COCAINE HYDROCHLORIDE
- **Paste 5%**
- **Solu 15%, 2 ml syringe**
- **Solu 4%, 2 ml syringe**

#### COCAINE HYDROCHLORIDE WITH ADRENALINE
- **Paste 15% with adrenaline 0.06%**
- **Paste 25% with adrenaline 0.06%**
# 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>

**ETHYL CHLORIDE**  
Spray 100%  

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMX4</td>
<td>$5.40 5 g</td>
</tr>
<tr>
<td>LMX4</td>
<td>$27.00 30 g</td>
</tr>
</tbody>
</table>

*(LMX4 Crm 4% (5 g tubes) to be delisted 1 December 2017)*

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Gel 2% – 1% DV Sep-15 to 2018</th>
<th>Orion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 4%</td>
<td></td>
</tr>
<tr>
<td>Spray 10%</td>
<td>$75.00 50 ml Xylocaine</td>
</tr>
<tr>
<td>Oral (viscous) soln 2%</td>
<td>$55.00 200 ml Xylocaine Viscous</td>
</tr>
<tr>
<td>Inj 1%, 20 ml ampoule, sterile pack</td>
<td></td>
</tr>
<tr>
<td>Inj 2%, 20 ml ampoule, sterile pack</td>
<td></td>
</tr>
<tr>
<td>Inj 1%, 5 ml ampoule</td>
<td>$8.75 25 Lidoceaine-Claris</td>
</tr>
<tr>
<td>Inj 1%, 20 ml ampoule</td>
<td>$2.40 1 Lidoceaine-Claris</td>
</tr>
<tr>
<td>Inj 1%, 20 ml vial</td>
<td>$12.00 5 Lidoceaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 5 ml ampoule</td>
<td>$6.90 25 Lidoceaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 20 ml ampoule</td>
<td>$2.40 1 Lidoceaine-Claris</td>
</tr>
<tr>
<td>Inj 2%, 20 ml vial</td>
<td>$12.00 5 Lidoceaine-Claris</td>
</tr>
<tr>
<td>Gel 2%, 10 ml urethral syringe</td>
<td>$43.26 10 Pfizer</td>
</tr>
</tbody>
</table>

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE**

| Inj 1% with adrenaline 1:100,000, 5 ml ampoule | Xylocaine |
| Inj 1% with adrenaline 1:200,000, 20 ml vial | Xylocaine |
| Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge |
| Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge |
| Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge |
| Inj 2% with adrenaline 1:200,000, 20 ml vial | Xylocaine |

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE**

| Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – 1% DV Sep-17 to 2020 | Topicaine |

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE**

| Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe | Pfizer |

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE**

| Nasal spray 5% with phenylephrine hydrochloride 0.5% |

**LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE**

| Crm 2.5% with prilocaine 2.5% | EMLA |
| Patch 25 mcg with prilocaine 25 mcg | EMLA |
| Crm 2.5% with prilocaine 2.5%, 5 g | EMLA |

**MEPIVACAINE HYDROCHLORIDE**

| Inj 3%, 1.8 ml dental cartridge | Scandonest 3% |
| Inj 3%, 2.2 ml dental cartridge | Scandonest 3% |

**PRILOCAINE HYDROCHLORIDE**

| Inj 0.5%, 50 ml vial | Citanest |
| Inj 2%, 5 ml ampoule | Citanest |

**PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN**

| Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge |
| Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge |
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>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>

ROPIVACAINE HYDROCHLORIDE

- **Inj 2 mg per ml, 10 ml ampoule** – 1% DV Sep-17 to 2020
  - Price: $8.80
  - Brand: Ropivacaine Kabi

- **Inj 2 mg per ml, 20 ml ampoule** – 1% DV Sep-17 to 2020
  - Price: $9.20
  - Brand: Ropivacaine Kabi

- **Inj 2 mg per ml, 100 ml bag** – 1% DV Sep-17 to 2020
  - Price: $60.00
  - Brand: Naropin

- **Inj 2 mg per ml, 200 ml bag** – 1% DV Sep-17 to 2020
  - Price: $79.50
  - Brand: Ropivacaine Kabi

- **Inj 7.5 mg per ml, 10 ml ampoule** – 1% DV Sep-17 to 2020
  - Price: $9.90
  - Brand: Ropivacaine Kabi

- **Inj 7.5 mg per ml, 20 ml ampoule** – 1% DV Sep-17 to 2020
  - Price: $12.15
  - Brand: Ropivacaine Kabi

- **Inj 10 mg per ml, 10 ml ampoule** – 1% DV Sep-17 to 2020
  - Price: $10.55
  - Brand: Ropivacaine Kabi

- **Inj 10 mg per ml, 20 ml ampoule** – 1% DV Sep-17 to 2020
  - Price: $15.80
  - Brand: Ropivacaine Kabi

(Naropin Inj 2 mg per ml, 100 ml bag to be delisted 1 September 2017)
(Naropin Inj 2 mg per ml, 200 ml bag to be delisted 1 September 2017)

ROPIVACAINE HYDROCHLORIDE WITH FENTANYL

- **Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag**
  - Price: $198.50
  - Brand: Naropin

- **Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag**
  - Price: $270.00
  - Brand: Naropin

TETRACAINE [AMETHOCAINE] HYDROCHLORIDE

- **Gel 4%**

**Analgesics**

**Non-Opioid Analgesics**

**ASPIRIN**
- **Tab dispersible 300 mg** – 1% DV Dec-16 to 2019
  - Price: $3.90
  - Brand: Ethics Aspirin

**CAPSAICIN** – **Restricted** see terms below

- **Crm 0.075%**
  - Price: $12.50
  - Brand: Zostrix HP

**METHOXYFLURANE** – **Restricted** see terms below

- **Soln for inhalation 99.9%, 3 ml bottle**

**NEFOPAM HYDROCHLORIDE**
- **Tab 30 mg**

For post-herpetic neuralgia or diabetic peripheral neuropathy.

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.
### NERVOUS SYSTEM

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

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

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab soluble 500 mg</td>
<td>1.60</td>
</tr>
<tr>
<td>Oral liq 120 mg per 5 ml</td>
<td>4.15</td>
</tr>
<tr>
<td>Oral liq 250 mg per 5 ml</td>
<td>4.35</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 50 ml vial</td>
<td>12.90</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial – 1% DV Sep-17 to 2020</td>
<td>8.40</td>
</tr>
<tr>
<td>Suppos 25 mg</td>
<td>56.35</td>
</tr>
<tr>
<td>Suppos 50 mg</td>
<td>56.35</td>
</tr>
<tr>
<td>Suppos 125 mg – 1% DV Dec-15 to 2018</td>
<td>3.69</td>
</tr>
<tr>
<td>Suppos 250 mg – 1% DV Dec-15 to 2018</td>
<td>3.79</td>
</tr>
<tr>
<td>Suppos 500 mg – 1% DV Nov-15 to 2018</td>
<td>12.60</td>
</tr>
</tbody>
</table>

(Perfalgan Inj 10 mg per ml, 50 ml vial to be delisted 1 September 2017)
(Perfalgan Inj 10 mg per ml, 100 ml vial to be delisted 1 September 2017)

**SUCROSE**

- Oral liq 25%

### Opioid Analgesics

**ALFENTANIL**

<table>
<thead>
<tr>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020</td>
</tr>
</tbody>
</table>

**CODEINE PHOSPHATE**

<table>
<thead>
<tr>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 15 mg – 1% DV Apr-17 to 2019</td>
</tr>
<tr>
<td>Tab 30 mg – 1% DV Apr-17 to 2019</td>
</tr>
<tr>
<td>Tab 60 mg – 1% DV Apr-17 to 2019</td>
</tr>
</tbody>
</table>

**DIHYDROCODEINE TARTRATE**

<table>
<thead>
<tr>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 60 mg – 1% DV Sep-16 to 2019</td>
</tr>
</tbody>
</table>

**FENTANYL**

<table>
<thead>
<tr>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mcg per ml, 10 ml syringe</td>
</tr>
<tr>
<td>Inj 50 mcg per ml, 2 ml ampoule – 1% DV Sep-15 to 2018</td>
</tr>
<tr>
<td>Inj 10 mcg per ml, 50 ml bag</td>
</tr>
<tr>
<td>Inj 10 mcg per ml, 50 ml syringe</td>
</tr>
<tr>
<td>Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-15 to 2018</td>
</tr>
<tr>
<td>Inj 10 mcg per ml, 100 ml bag</td>
</tr>
<tr>
<td>Inj 20 mcg per ml, 50 ml syringe</td>
</tr>
<tr>
<td>Inj 20 mcg per ml, 100 ml bag</td>
</tr>
<tr>
<td>Patch 12.5 mcg per hour</td>
</tr>
<tr>
<td>Patch 25 mcg per hour</td>
</tr>
<tr>
<td>Patch 50 mcg per hour</td>
</tr>
<tr>
<td>Patch 75 mcg per hour</td>
</tr>
<tr>
<td>Patch 100 mcg per hour</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.
### NERVOUS SYSTEM

<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>METHADONE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-15 to 2018</td>
<td>1.85</td>
<td>10 Methatabs</td>
</tr>
<tr>
<td>Oral liq 2 mg per ml – 1% DV Sep-15 to 2018</td>
<td>5.55</td>
<td>200 ml Biodone</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml – 1% DV Sep-15 to 2018</td>
<td>5.00</td>
<td>200 ml Biodone Forte</td>
</tr>
<tr>
<td>Oral liq 10 mg per ml – 1% DV Sep-15 to 2018</td>
<td>6.55</td>
<td>200 ml Biodone Extra Forte</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml vial</td>
<td>61.00</td>
<td>10 AFT</td>
</tr>
<tr>
<td><strong>MORPHINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Oct-15 to 2018</td>
<td>8.84</td>
<td>200 ml RA-Morph</td>
</tr>
<tr>
<td>Oral liq 2 mg per ml – 1% DV Oct-15 to 2018</td>
<td>14.00</td>
<td>200 ml RA-Morph</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml – 1% DV Oct-15 to 2018</td>
<td>18.00</td>
<td>200 ml RA-Morph</td>
</tr>
<tr>
<td>Oral liq 10 mg per ml – 1% DV Oct-15 to 2018</td>
<td>26.00</td>
<td>200 ml RA-Morph</td>
</tr>
<tr>
<td><strong>MORPHINE SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab long-acting 10 mg – 1% DV Sep-16 to 2019</td>
<td>1.93</td>
<td>10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Tab immediate-release 10 mg – 1% DV Sep-17 to 2020</td>
<td>2.80</td>
<td>10 Sevredol</td>
</tr>
<tr>
<td>Tab immediate-release 20 mg – 1% DV Sep-17 to 2020</td>
<td>5.52</td>
<td>10 Sevredol</td>
</tr>
<tr>
<td>Tab long-acting 30 mg – 1% DV Sep-16 to 2019</td>
<td>2.85</td>
<td>10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Tab long-acting 60 mg – 1% DV Sep-16 to 2019</td>
<td>5.60</td>
<td>10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Tab long-acting 100 mg – 1% DV Sep-16 to 2019</td>
<td>6.10</td>
<td>10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Cap long-acting 10 mg</td>
<td>1.70</td>
<td>10 m-Eslon</td>
</tr>
<tr>
<td>Cap long-acting 30 mg</td>
<td>2.50</td>
<td>10 m-Eslon</td>
</tr>
<tr>
<td>Cap long-acting 60 mg</td>
<td>5.40</td>
<td>10 m-Eslon</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td>185.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml syringe</td>
<td>45.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 50 ml syringe</td>
<td>87.50</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 2 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 30 ml syringe</td>
<td>135.00</td>
<td>10 Biomed</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>6.27</td>
<td>5 DBL Morphine Sulphate</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>4.47</td>
<td>5 DBL Morphine Sulphate</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 mg cassette</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 15 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>4.76</td>
<td>5 DBL Morphine Sulphate</td>
</tr>
<tr>
<td>Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>6.19</td>
<td>5 DBL Morphine Sulphate</td>
</tr>
<tr>
<td>Inj 200 mcg in 0.4 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 300 mcg in 0.3 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MORPHINE TARTRATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>42.72</td>
<td>5 DBL Morphine Tartrate</td>
</tr>
<tr>
<td>Inj 80 mg per ml, 2 ml ampoule</td>
<td>107.67</td>
<td>5 Hospira</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

#### OXYCODONE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab controlled-release 5 mg – 1% DV Sep-16 to 2018</td>
<td>$2.63</td>
<td>BNM</td>
</tr>
<tr>
<td>Tab controlled-release 10 mg – 1% DV Sep-16 to 2018</td>
<td>$2.76</td>
<td>BNM</td>
</tr>
<tr>
<td>Tab controlled-release 20 mg – 1% DV Sep-16 to 2018</td>
<td>$4.72</td>
<td>BNM</td>
</tr>
<tr>
<td>Tab controlled-release 40 mg – 1% DV Sep-16 to 2018</td>
<td>$7.69</td>
<td>BNM</td>
</tr>
<tr>
<td>Tab controlled-release 80 mg – 1% DV Sep-16 to 2018</td>
<td>$14.11</td>
<td>BNM</td>
</tr>
<tr>
<td>Cap immediate-release 5 mg – 1% DV Oct-15 to 2018</td>
<td>$1.98</td>
<td>OxyNorm</td>
</tr>
<tr>
<td>Cap immediate-release 10 mg – 1% DV Oct-15 to 2018</td>
<td>$3.91</td>
<td>OxyNorm</td>
</tr>
<tr>
<td>Cap immediate-release 20 mg – 1% DV Oct-15 to 2018</td>
<td>$6.84</td>
<td>OxyNorm</td>
</tr>
<tr>
<td>Oral liq 5 mg per 5 ml</td>
<td>$11.20</td>
<td>OxyNorm</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td>$8.57</td>
<td>OxyNorm</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Feb-16 to 2018</td>
<td>$16.89</td>
<td>OxyNorm</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV Dec-15 to 2018</td>
<td>$51.00</td>
<td>OxyNorm</td>
</tr>
</tbody>
</table>

#### PARACETAMOL WITH CODEINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Sep-17 to 2020</td>
<td>$18.21</td>
<td>Paracetamol + Codeine (Relieve)</td>
</tr>
</tbody>
</table>

#### PETHIDINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Nov-15 to 2018</td>
<td>$4.46</td>
<td>PSM</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Nov-15 to 2018</td>
<td>$6.25</td>
<td>PSM</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 10 ml syringe</td>
<td>$5.12</td>
<td>DBL Pethidine Hydrochloride</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 100 ml bag</td>
<td>$5.12</td>
<td>DBL Pethidine Hydrochloride</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>$4.98</td>
<td>DBL Pethidine Hydrochloride</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>$5.12</td>
<td>DBL Pethidine Hydrochloride</td>
</tr>
</tbody>
</table>

#### REMIFENTANIL HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mg vial</td>
<td>$10.00</td>
<td>Ultiva</td>
</tr>
<tr>
<td>Inj 2 mg vial</td>
<td>$18.00</td>
<td>Ultiva</td>
</tr>
</tbody>
</table>

#### TRAMADOL HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab sustained-release 100 mg – 1% DV Sep-17 to 2020</td>
<td>$1.55</td>
<td>Tramal SR 100</td>
</tr>
<tr>
<td>Tab sustained-release 150 mg – 1% DV Sep-17 to 2020</td>
<td>$2.10</td>
<td>Tramal SR 150</td>
</tr>
<tr>
<td>Tab sustained-release 200 mg – 1% DV Sep-17 to 2020</td>
<td>$2.75</td>
<td>Tramal SR 200</td>
</tr>
<tr>
<td>Cap 50 mg – 1% DV Sep-17 to 2020</td>
<td>$2.25</td>
<td>Arrow-Tramadol</td>
</tr>
<tr>
<td>Oral soln 10 mg per ml</td>
<td>$2.25</td>
<td>Tramal 50</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
<td>$4.50</td>
<td>Tramal 100</td>
</tr>
</tbody>
</table>

### Antidepressants

#### Cyclic and Related Agents

#### AMITRIPTYLINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>$1.68</td>
<td>Arrow-Amitriptyline</td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td>$1.68</td>
<td>Arrow-Amitriptyline</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>$2.82</td>
<td>Arrow-Amitriptyline</td>
</tr>
</tbody>
</table>

---

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

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NERVOUS SYSTEM

CLOMIPRAMINE HYDROCHLORIDE

Tab 10 mg – 1% DV Sep-15 to 2018 .............................................................. 12.60 100  Apo-Clomipramine
Tab 25 mg – 1% DV Sep-15 to 2018 .............................................................. 8.68 100  Apo-Clomipramine

DOSULEPIN [DOTHEPI] HYDROCHLORIDE

Tab 75 mg ................................................................................................. 11.19 100  Dopress
Cap 25 mg ................................................................................................. 6.45 100  Dopress

DOXEPIN HYDROCHLORIDE

Cap 10 mg
Cap 25 mg
Cap 50 mg

IMIPRAMINE HYDROCHLORIDE

Tab 10 mg ................................................................................................. 5.48 50  Tofranil
6.58 60  Tofranil
Tab 25 mg ................................................................................................. 8.80 50  Tofranil

MAPROTILINE HYDROCHLORIDE

Tab 25 mg
Tab 75 mg

MIANSERIN HYDROCHLORIDE – Restricted: For continuation only

⇒ Tab 30 mg

NORTRIPYLNE HYDROCHLORIDE

Tab 10 mg – 1% DV Sep-16 to 2019 .............................................................. 3.22 100  Norpress
Tab 25 mg – 1% DV Sep-16 to 2019 .............................................................. 7.08 180  Norpress

Monoamine-Oxidase Inhibitors - Non-Selective

PHENELZINE SULPHATE

Tab 15 mg

TRANLYCYPROMINE SULPHATE

Tab 10 mg

Monoamine-Oxidase Type A Inhibitors

MOCLOBEMIDE

Tab 150 mg – 1% DV Oct-15 to 2018 ............................................................ 85.10 500  Apo-Moclobemide
Tab 300 mg – 1% DV Oct-15 to 2018 ............................................................ 30.70 100  Apo-Moclobemide

Other Antidepressants

MIRTAZAPINE

Tab 30 mg – 1% DV Nov-15 to 2018 .............................................................. 2.55 30  Apo-Mirtazapine
Tab 45 mg – 1% DV Nov-15 to 2018 .............................................................. 3.25 30  Apo-Mirtazapine

VENLAFAXINE

Cap 37.5 mg – 1% DV Jun-17 to 2020 .......................................................... 6.38 84  Enlafax XR
Cap 75 mg – 1% DV Jun-17 to 2020 .............................................................. 8.11 84  Enlafax XR
Cap 150 mg – 1% DV Jun-17 to 2020 .......................................................... 11.16 84  Enlafax XR

Selective Serotonin Reuptake Inhibitors

CITALOPRAM HYDROBROMIDE

Tab 20 mg – 1% DV Jan-16 to 2018 .............................................................. 1.79 84  PSM Citalopram

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</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESCITALOPRAM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td>1.40</td>
<td>Air Flow Products</td>
</tr>
<tr>
<td>Tab 20 mg</td>
<td></td>
<td>2.40</td>
<td>Air Flow Products</td>
</tr>
<tr>
<td><strong>FLUOXETINE HYDROCHLORIDE</strong></td>
<td>Tab dispersible 20 mg, scored – 1% DV Oct-16 to 2019</td>
<td>2.47</td>
<td>Arrow-Fluoxetine</td>
</tr>
<tr>
<td>Cap 20 mg – 1% DV Oct-16 to 2019</td>
<td></td>
<td>1.99</td>
<td>Arrow-Fluoxetine</td>
</tr>
<tr>
<td><strong>PAROXETINE</strong></td>
<td>Tab 20 mg – 1% DV Apr-17 to 2019</td>
<td>4.02</td>
<td>Apo-Paroxetine</td>
</tr>
<tr>
<td><strong>SERTRALINE</strong></td>
<td>Tab 50 mg – 1% DV Sep-16 to 2019</td>
<td>3.05</td>
<td>Arrow-Sertraline</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-16 to 2019</td>
<td></td>
<td>5.25</td>
<td>Arrow-Sertraline</td>
</tr>
</tbody>
</table>

### Antiepilepsy Drugs

#### Agents for the Control of Status Epilepticus

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLONAZEPAM</strong></td>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td>19.00</td>
<td>Rivotril</td>
</tr>
<tr>
<td><strong>DIAZEPAM</strong></td>
<td>Inj 5 mg per ml, 2 ml ampoule</td>
<td>11.83</td>
<td>Hospira</td>
</tr>
<tr>
<td></td>
<td>Rectal tubes 5 mg</td>
<td>33.07</td>
<td>Stesolid</td>
</tr>
<tr>
<td></td>
<td>Rectal tubes 10 mg</td>
<td>40.87</td>
<td>Stesolid</td>
</tr>
<tr>
<td><strong>LORAZEPAM</strong></td>
<td>Inj 2 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 4 mg per ml, 1 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PARALDEHYDE</strong></td>
<td>Inj 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHENYTOIN SODIUM</strong></td>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Oct-15 to 2018</td>
<td>88.63</td>
<td>Hospira</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-15 to 2018</td>
<td>133.92</td>
<td>Hospira</td>
</tr>
</tbody>
</table>

#### Control of Epilepsy

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARBAMAZEPINE</strong></td>
<td>Tab 200 mg</td>
<td>14.53</td>
<td>Tegretol</td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 200 mg</td>
<td>16.98</td>
<td>Tegretol CR</td>
</tr>
<tr>
<td></td>
<td>Tab 400 mg</td>
<td>34.58</td>
<td>Tegretol</td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 400 mg</td>
<td>39.17</td>
<td>Tegretol CR</td>
</tr>
<tr>
<td></td>
<td>Oral liq 20 mg per ml</td>
<td>26.37</td>
<td>Tegretol</td>
</tr>
<tr>
<td><strong>CLOBAZAM</strong></td>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLONAZEPAM</strong></td>
<td>Oral drops 2.5 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ETHOSUXIMIDE</strong></td>
<td>Cap 250 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral liq 50 mg per ml</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.*
NERVOUS SYSTEM

### GABAPENTIN – 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>Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<td>Nupentin</td>
</tr>
<tr>
<td>Cap 100 mg..................</td>
<td>7.16</td>
</tr>
<tr>
<td></td>
<td>100 Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<td>Nupentin</td>
</tr>
<tr>
<td>Cap 300 mg..................</td>
<td>11.00</td>
</tr>
<tr>
<td></td>
<td>100 Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<td>Nupentin</td>
</tr>
<tr>
<td>Cap 400 mg..................</td>
<td>13.75</td>
</tr>
<tr>
<td></td>
<td>100 Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<td>Nupentin</td>
</tr>
</tbody>
</table>

- **Restricted**

**Initiation – preoperative and/or postoperative use**

*Limited to 8 days treatment*

**Initiation – pain management of burns patients**

*Re-assessment required after 1 month*

**Continuation – pain management of burns patients**

*Re-assessment required after 1 month*

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

**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 or Chronic Kidney Disease-associated pruritus**

*Re-assessment required after 3 months*

Either:

1. The patient has been diagnosed with neuropathic pain; or
2. Both:
   1. The patient has Chronic Kidney Disease Stage 5-associated pruritus* where no other cause for pruritus can be identified (e.g. scabies, allergy); and
   2. The patient has persistent pruritus not relieved with a trial of emollient/moisturising creams alone.

**Continuation – Neuropathic pain or Chronic Kidney Disease-associated pruritus**

Either:

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

Note: Indications marked with * are Unapproved Indications. Dosage adjustment of gabapentin is recommended for patients with renal impairment.
# NERVOUS SYSTEM

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

<table>
<thead>
<tr>
<th>LACOSAMIDE – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg ...............................................................</td>
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<tr>
<td>Tab 100 mg ............................................................</td>
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<td>.................................................................</td>
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<tr>
<td>Tab 150 mg ............................................................</td>
</tr>
<tr>
<td>Tab 200 mg ............................................................</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml vial</td>
</tr>
</tbody>
</table>

**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.

**LAMOTRIGINE**

| Tab dispersible 2 mg ............................................................... | 6.74 | 30 | Lamictal |
| Tab dispersible 5 mg ............................................................. | 15.00 | 56 | Arrow-Lamotrigine |
|................................................................. | 9.64 | 30 | Lamictal |
| Tab dispersible 25 mg ............................................................ | 20.40 | 56 | Arrow-Lamotrigine |
|................................................................. | 29.09 | 56 | Arrow-Lamotrigine |
|................................................................. | 19.38 | 56 | Arrow-Lamotrigine |
|................................................................. | 14.74 | 56 | Arrow-Lamotrigine |
| Tab dispersible 50 mg ............................................................ | 34.70 | 56 | Arrow-Lamotrigine |
|................................................................. | 47.89 | 56 | Arrow-Lamotrigine |
|................................................................. | 32.97 | 56 | Arrow-Lamotrigine |
|................................................................. | 24.73 | 56 | Arrow-Lamotrigine |
| Tab dispersible 100 mg ............................................................ | 59.90 | 56 | Arrow-Lamotrigine |
|................................................................. | 79.16 | 56 | Arrow-Lamotrigine |
|................................................................. | 56.91 | 56 | Arrow-Lamotrigine |
|................................................................. | 42.34 | 56 | Arrow-Lamotrigine |

**LEVETIRACETAM**

| Tab 250 mg ............................................................... | 24.03 | 60 | Everet |
| Tab 500 mg ............................................................. | 28.71 | 60 | Everet |
| Tab 750 mg ............................................................. | 45.23 | 60 | Everet |
| Tab 1,000 mg ............................................................ | 59.12 | 60 | Everet |
| Inj 100 mg per ml, 5 ml vial |

**PHENOBARBITONE**

| Tab 15 mg – 1% DV Dec-15 to 2018 ............................................................... | 30.00 | 500 | PSM |
| Tab 30 mg – 1% DV Dec-15 to 2018 ............................................................... | 31.00 | 500 | PSM |

**PHENYTOIN**

| Tab 50 mg |

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- Item restricted (see ➥ above);
- Item restricted (see ➥ below)

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

<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>

**PHENYTOIN SODIUM**
- Cap 30 mg
- Cap 100 mg
- Oral liq 6 mg per ml

**PRIMIDONE**
- Tab 250 mg

**SODIUM VALPROATE**
- Tab 100 mg
- Tab EC 200 mg
- Tab EC 500 mg
- Oral liq 40 mg per ml
- Inj 100 mg per ml, 4 ml vial – 1% DV Sep-15 to 2018 ....................................... 16.60 1 Epilim IV

**STIRIPENTOL** – Restricted see terms below
- Cap 250 mg ................................................................. 509.29 60 Diacomit
- Powder for oral liq 250 mg sachet ................................................................. 509.29 60 Diacomit

**TOPIRAMATE**
- Tab 25 mg ................................................................. 11.07 60 Arrow-Topiramate
- Cap 25 mg ................................................................. 26.04 Topamax
- Cap 15 mg ................................................................. 20.84 Topamax
- Cap sprinkle 15 mg ................................................................. 20.84 Topamax
- Cap sprinkle 25 mg ................................................................. 26.04 Topamax
- Tab 50 mg ................................................................. 18.81 60 Arrow-Topiramate
- Cap 25 mg ................................................................. 26.04 Topamax
- Cap 15 mg ................................................................. 20.84 Topamax
- Cap sprinkle 15 mg ................................................................. 20.84 Topamax
- Tab 100 mg ................................................................. 31.99 60 Arrow-Topiramate
- Cap 25 mg ................................................................. 26.04 Topamax
- Cap 15 mg ................................................................. 20.84 Topamax
- Cap sprinkle 15 mg ................................................................. 20.84 Topamax
- Tab 200 mg ................................................................. 55.19 60 Arrow-Topiramate
- Cap 25 mg ................................................................. 26.04 Topamax
- Cap 15 mg ................................................................. 20.84 Topamax

**VIGABATRIN** – Restricted see terms below
- Tab 500 mg

### Continued...

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

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

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NERVOUS SYSTEM

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

continued…

1 Either:
   1.1 Patient has infantile spasms; or
1.2 Both:
   1.2.1 Patient has epilepsy; and
   1.2.2 Either:
       1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
       1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:
   2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
   2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient’s visual fields.

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Continuation

Both:

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

Notes: 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.

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
METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL
   Tab 5 mg with paracetamol 500 mg
RIZATRIPTAN
   Tab orodispersible 10 mg – 1% DV Sep-17 to 2020.................................5.26 30 Rizamelt
SUMATRIPTAN
   Tab 50 mg – 1% DV Jun-17 to 2019...................................................24.44 100 Apo-Sumatriptan
   Tab 100 mg – 1% DV Jun-17 to 2019.................................................46.23 100 Apo-Sumatriptan
   Inj 12 mg per ml, 0.5 ml prefilled pen .............................................42.67 2 Clustran

Prophylaxis of Migraine

PIZOTIFEN
   Tab 500 mcg – 1% DV Sep-15 to 2018 ..............................................23.21 100 Sandomigran
### Antinausea and Vertigo Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose/Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APREPITANT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 2 x 80 mg and 1 x 125 mg</td>
<td>$100.00</td>
<td>3 Emend Tri-Pack</td>
<td></td>
</tr>
<tr>
<td>Cap 40 mg</td>
<td>$71.43</td>
<td>5 Emend</td>
<td></td>
</tr>
<tr>
<td><strong>BETAHISTINE DIHYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 16 mg – 1% DV Sep-17 to 2020</td>
<td>$2.89</td>
<td>84 Vergo 16</td>
<td></td>
</tr>
<tr>
<td><strong>CYCLIZINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Jan-16 to 2018</td>
<td>$0.59</td>
<td>20 Nauzene</td>
<td></td>
</tr>
<tr>
<td><strong>CYCLIZINE LACTATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>$14.95</td>
<td>5 Nausicalm</td>
<td></td>
</tr>
<tr>
<td><strong>DOMPERIDONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Dec-15 to 2018</td>
<td>$3.20</td>
<td>100 Prokinex</td>
<td></td>
</tr>
<tr>
<td><strong>DROPERIDOL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2.5 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRANISETRON</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td>$5.98</td>
<td>50 Granirex</td>
<td></td>
</tr>
<tr>
<td><em>(Granirex Tab 1 mg to be delisted 1 October 2017)</em></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYOSCINE HYDROBROMIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 400 mcg per ml, 1 ml ampoule</td>
<td>$46.50</td>
<td>5 Hospira</td>
<td></td>
</tr>
<tr>
<td>Patch 1.5 mg</td>
<td>$11.95</td>
<td>2 Scopoderm TTS</td>
<td></td>
</tr>
<tr>
<td><strong>METOCLOPRAMIDE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>$1.82</td>
<td>100 Metamide</td>
<td></td>
</tr>
<tr>
<td>Oral liq 5 mg per 5 ml</td>
<td></td>
<td></td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 2 ml ampoule</td>
<td>$4.50</td>
<td>10 Pfizer</td>
<td></td>
</tr>
<tr>
<td><strong>ONDANSETRON</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV May-17 to 2019</td>
<td>$3.36</td>
<td>50 Apo-Ondansetron</td>
<td></td>
</tr>
<tr>
<td>Tab dispersible 4 mg</td>
<td>$1.00</td>
<td>10 Dr Reddy's Ondansetron</td>
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</tr>
<tr>
<td>Tab 8 mg – 1% DV May-17 to 2019</td>
<td>$4.77</td>
<td>50 Apo-Ondansetron</td>
<td></td>
</tr>
<tr>
<td>Tab dispersible 8 mg</td>
<td>$1.50</td>
<td>10 Ondansetron ODT-DRLA</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 2 ml ampoule</td>
<td>$1.50</td>
<td>5 Ondansetron-Claris</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 4 ml ampoule</td>
<td>$2.20</td>
<td>5 Ondansetron Kabi</td>
<td></td>
</tr>
</tbody>
</table>

**Initiation**

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

**BETAHISTINE DIHYDROCHLORIDE**

- Tab 16 mg – 1% DV Sep-17 to 2020

**CYCLIZINE HYDROCHLORIDE**

- Tab 50 mg – 1% DV Jan-16 to 2018

**CYCLIZINE LACTATE**

- Inj 50 mg per ml, 1 ml ampoule

**GRANISETRON**

- Tab 1 mg

*(Granirex Tab 1 mg to be delisted 1 October 2017)*

**HYOSCINE HYDROBROMIDE**

- Inj 400 mcg per ml, 1 ml ampoule
- Patch 1.5 mg

**METOCLOPRAMIDE HYDROCHLORIDE**

- Tab 10 mg
- Oral liq 5 mg per 5 ml
- Inj 5 mg per ml, 2 ml ampoule

**ONDANSETRON**

- Tab 4 mg – 1% DV May-17 to 2019
- Tab dispersible 4 mg
- Tab 8 mg – 1% DV May-17 to 2019
- Tab dispersible 8 mg
- Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-16 to 2019
- Inj 2 mg per ml, 4 ml ampoule – 1% DV Nov-16 to 2019

**Initiation**

Any of the following:

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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.75</td>
<td>Antinaus</td>
</tr>
<tr>
<td>12.50</td>
<td></td>
</tr>
<tr>
<td>27.70</td>
<td></td>
</tr>
<tr>
<td>8.95</td>
<td>Tropisetron-AFT</td>
</tr>
<tr>
<td>13.95</td>
<td>Tropisetron-AFT</td>
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<tr>
<td>4.56</td>
<td>Sulprix</td>
</tr>
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<td>14.75</td>
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<td>Sulprix</td>
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<td>65.53</td>
<td>Solian</td>
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<tr>
<td>123.54</td>
<td>Abilify</td>
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<td>175.28</td>
<td>Abilify</td>
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<td>213.42</td>
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<td>Sulprix</td>
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<td>14.75</td>
<td>Sulprix</td>
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<td>27.70</td>
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<td>123.54</td>
<td>Abilify</td>
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<td>123.54</td>
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<td>213.42</td>
<td>Abilify</td>
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<tr>
<td>260.07</td>
<td>Abilify</td>
</tr>
</tbody>
</table>

#### Antipsychotic Agents

### General

<table>
<thead>
<tr>
<th>AMISULPRIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg – 1% DV Nov-16 to 2019</td>
</tr>
<tr>
<td>Tab 200 mg – 1% DV Nov-16 to 2019</td>
</tr>
<tr>
<td>Tab 400 mg – 1% DV Nov-16 to 2019</td>
</tr>
<tr>
<td>Oral liq 100 mg per ml – 1% DV Oct-16 to 2019</td>
</tr>
</tbody>
</table>

#### ARIPIPRAZOLE – Restricted see terms below

- Tab 5 mg ........................................ 123.54 | 30 | Abilify |
- 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 |

#### Initiative – schizophrenia or related psychoses

Any specialist

Both:

1. Patient is suffering from schizophrenia or related psychoses; and
2. Either:
   2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effect; or
   2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

#### Initiative – Autism spectrum disorder*

Psychiatrist or paediatrician

All of the following:

1. The patient has been diagnosed with an autism spectrum disorder* and has symptoms of severe irritability; and
2. An effective dose of risperidone has been trialled and has been discontinued because of unacceptable side effects or inadequate response; and
3. The patient is aged less than 18 years.

Note: Indications marked with * are Unapproved Indications

#### CHLORPROMAZINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Tab 10 mg</th>
<th>Tab 25 mg</th>
<th>Tab 100 mg</th>
<th>Oral liq 10 mg per ml</th>
<th>Oral liq 20 mg per ml</th>
<th>Inj 25 mg per ml, 2 ml ampoule</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>123.54</td>
<td>213.42</td>
<td>260.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Description</td>
<td>Price (ex man. excl. GST)</td>
<td>Brand or Generic Manufacturer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clozapine</td>
<td>Tab 25 mg</td>
<td>6.69</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.37</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.69</td>
<td>Clozaril</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11.36</td>
<td>Clozaril</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 50 mg</td>
<td>8.67</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.33</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg</td>
<td>17.33</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>34.65</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.73</td>
<td>Clozaril</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>29.45</td>
<td>Clozaril</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 200 mg</td>
<td>34.65</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>69.30</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral liq 50 mg per ml</td>
<td>17.33</td>
<td>Clopine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haloperidol</td>
<td>Tab 500 mcg – 1% DV Oct-16 to 2019</td>
<td>6.23</td>
<td>Serenace</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 1.5 mg – 1% DV Oct-16 to 2019</td>
<td>9.43</td>
<td>Serenace</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Oct-16 to 2019</td>
<td>29.72</td>
<td>Serenace</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral liq 2 mg per ml – 1% DV Oct-16 to 2019</td>
<td>23.84</td>
<td>Serenace</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-16 to 2019</td>
<td>21.55</td>
<td>Serenace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levomepromazine</td>
<td>Tab 25 mg</td>
<td></td>
<td>Wockhardt</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levomepromazine Hydrochloride</td>
<td>Inj 25 mg per ml, 1 ml ampoule – 1% DV Sep-16 to 2019</td>
<td>47.89</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lithium Carbonate</td>
<td>Tab long-acting 400 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 250 mg – 1% DV Sep-15 to 2018</td>
<td>34.30</td>
<td>Lithicarb FC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 400 mg – 1% DV Sep-15 to 2018</td>
<td>12.83</td>
<td>Lithicarb FC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cap 250 mg</td>
<td>9.42</td>
<td>Douglas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olanzapine</td>
<td>Tab 2.5 mg – 1% DV Sep-17 to 2020</td>
<td>0.64</td>
<td>Zypine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Sep-17 to 2020</td>
<td>1.15</td>
<td>Zypine</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Tab orodispersible 5 mg – 1% DV Sep-17 to 2020</td>
<td>1.25</td>
<td>Zypine ODT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg – 1% DV Sep-17 to 2020</td>
<td>1.65</td>
<td>Zypine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab orodispersible 10 mg – 1% DV Sep-17 to 2020</td>
<td>2.05</td>
<td>Zypine ODT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pericyazine</td>
<td>Tab 2.5 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quetiapine</td>
<td>Tab 25 mg – 1% DV Sep-17 to 2020</td>
<td>1.79</td>
<td>Quetapal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg – 1% DV Sep-17 to 2020</td>
<td>3.45</td>
<td>Quetapal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 200 mg – 1% DV Sep-17 to 2020</td>
<td>5.75</td>
<td>Quetapal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 300 mg – 1% DV Sep-17 to 2020</td>
<td>9.60</td>
<td>Quetapal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### NERVOUS SYSTEM

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

#### Risperidone

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 mg</td>
<td>1.90</td>
<td>Actavis</td>
</tr>
<tr>
<td>1 mg</td>
<td>2.10</td>
<td>Actavis</td>
</tr>
<tr>
<td>2 mg</td>
<td>2.40</td>
<td>Actavis</td>
</tr>
<tr>
<td>3 mg</td>
<td>2.55</td>
<td>Actavis</td>
</tr>
<tr>
<td>4 mg</td>
<td>3.50</td>
<td>Actavis</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Sep-17 to 2020</td>
<td>7.66</td>
<td>30 ml Risperon</td>
</tr>
</tbody>
</table>

#### Trifluoperazine Hydrochloride – Restricted: For continuation only

- Tab 1 mg
- Tab 2 mg
- Tab 5 mg

(Any Tab 1 mg to be delisted 1 December 2017)
(Any Tab 2 mg to be delisted 1 December 2017)
(Any Tab 5 mg to be delisted 1 December 2017)

#### Ziprasidone

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 mg</td>
<td>14.56</td>
<td>Zusdone</td>
</tr>
<tr>
<td>40 mg</td>
<td>24.75</td>
<td>Zusdone</td>
</tr>
<tr>
<td>60 mg</td>
<td>33.87</td>
<td>Zusdone</td>
</tr>
<tr>
<td>80 mg</td>
<td>39.74</td>
<td>Zusdone</td>
</tr>
</tbody>
</table>

#### Zuclopenthixol Acetate

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

#### Zuclopenthixol Hydrochloride

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mg</td>
<td>31.45</td>
<td>Clopixol</td>
</tr>
</tbody>
</table>

#### Depot Injections

#### Flupenthixol Decanoate

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 mg per ml, 1 ml ampoule</td>
<td>13.14</td>
<td>Fluanxol</td>
</tr>
<tr>
<td>20 mg per ml, 2 ml ampoule</td>
<td>20.90</td>
<td>Fluanxol</td>
</tr>
<tr>
<td>100 mg per ml, 1 ml ampoule</td>
<td>40.87</td>
<td>Fluanxol</td>
</tr>
</tbody>
</table>

#### Fluphenazine Decanoate – Restricted: For continuation only

- Inj 12.5 mg per 0.5 ml ampoule | 17.60 | Modecate |
- Inj 25 mg per ml, 1 ml ampoule | 27.90 | Modecate |
- Inj 25 mg per ml, 2 ml ampoule | e.g. Modecate |
- Inj 100 mg per ml, 1 ml ampoule | 154.50 | Modecate |

(Modecate Inj 12.5 mg per 0.5 ml ampoule to be delisted 1 December 2017)
(Modecate Inj 25 mg per ml, 1 ml ampoule to be delisted 1 December 2017)
(e.g. Modecate Inj 25 mg per ml, 2 ml ampoule to be delisted 1 December 2017)
(Modecate Inj 100 mg per ml, 1 ml ampoule to be delisted 1 December 2017)

#### Haloperidol Decanoate

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 mg per ml, 1 ml ampoule</td>
<td>28.39</td>
<td>Haldol</td>
</tr>
<tr>
<td>100 mg per ml, 1 ml ampoule</td>
<td>55.90</td>
<td>Haldol Concentrate</td>
</tr>
</tbody>
</table>

#### Olanzapine – Restricted see terms on the next page

- 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 |

---

*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>
</table>

- **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:
   1.1 The patient has schizophrenia; and
   1.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
   1.3 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 paliperidone 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 – Restricted: For continuation only**

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

**RISPERIDONE – Restricted** see terms below

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

- **Restricted**

**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.

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

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

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.

Continued

Re-assessment required after 12 months

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

ZUCLOPENTHIXOL DECANOATE

Inj 200 mg per ml, 1 ml ampoule ..................................................... 19.80 5 Clopixol
Inj 500 mg per ml, 1 ml ampoule

e.g. Clopixol Conc

Anxiolytics

ALPRAZOLAM – Restricted: For continuation only

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

(Any Tab 1 mg to be delisted 1 September 2017)
(Any Tab 250 mcg to be delisted 1 September 2017)
(Any Tab 500 mcg to be delisted 1 September 2017)

BUSPIRONE HYDROCHLORIDE

Tab 5 mg – 1% DV Jul-16 to 2018 .................................................. 23.80 100 Orion
Tab 10 mg – 1% DV Jul-16 to 2018 ............................................ 14.96 100 Orion

CLONAZEPAM

Tab 500 mcg .......................................................... 7.53 100 Paxam
Tab 2 mg .............................................................. 14.37 100 Paxam

DIAZEPAM

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

LORAZEPAM

Tab 1 mg – 1% DV Jun-15 to 2018 ........................................... 10.79 250 Ativan
Tab 2.5 mg – 1% DV Jun-15 to 2018 .................................... 13.88 100 Ativan

OXAZEPAM

Tab 10 mg – 1% DV Sep-17 to 2020 ..................................... 6.17 100 Ox-Pam
Tab 15 mg – 1% DV Sep-17 to 2020 ..................................... 8.53 100 Ox-Pam

Multiple Sclerosis Treatments

DIMETHYL FUMARATE – Restricted see terms below

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

Restricted

Initiation

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

FINGOLIMOD – Restricted see terms on the next page

Cap 0.5 mg ....................................................................... 2,650.00 28 Gilenya

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

→ Restricted

Initiation

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

NATALIZUMAB – Restricted see terms below

- Inj 20 mg per ml, 15 ml vial

1,750.00 1 Tysabri

TERIFLUNOMIDE – Restricted see terms below

- Tab 14 mg

1,582.62 28 Aubagio

Other Multiple Sclerosis Treatments

→ Restricted

Initiation

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

GLATIRAMER ACETATE – Restricted see terms above

- Inj 20 mg per ml, 1 ml syringe

INTERFERON BETA-1-ALPHA – Restricted see terms above

- Inj 6 million iu in 0.5 ml pen injector

1,170.00 4 Avonex Pen

- Inj 6 million iu in 0.5 ml syringe

1,170.00 4 Avonex

INTERFERON BETA-1-BETA – Restricted see terms above

- Inj 8 million iu per ml, 1 ml vial

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

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>

#### MELATONIN – Restricted see terms below

- Tab modified-release 2 mg ....................................................... 28.22 30 Circadin
- Tab 1 mg
- Tab 2 mg
- Tab 3 mg
- Cap 2 mg
- Cap 3 mg

(Any Tab 1 mg to be delisted 1 January 2018)
(Any Tab 2 mg to be delisted 1 January 2018)
(Any Cap 2 mg to be delisted 1 January 2018)
(Any Cap 3 mg to be delisted 1 January 2018)

**Initiation – insomnia secondary to neurodevelopmental disorder**

Psychiatrist, paediatrician, neurologist or respiratory specialist

*Re-assessment required after 12 months*

All of the following:

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

**Continuation – insomnia secondary to neurodevelopmental disorder**

Psychiatrist, paediatrician, neurologist or respiratory specialist

*Re-assessment required after 12 months*

All of the following:

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

**Initiation – insomnia where benzodiazepines and zopiclone are contraindicated**

Both:

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

#### MIDAZOLAM

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

- Tab 7.5 mg ................................................................. 40.00 100 Hypnovel
- Oral liq 2 mg per ml
- Inj 1 mg per ml, 5 ml ampoule – 5% DV Dec-16 to 2018 ......................... 4.30 10 Midazolam-Claris
- Inj 5 mg per ml, 3 ml ampoule – 5% DV Dec-16 to 2018 ......................... 2.50 5 Midazolam-Claris

#### NITRAZEPAM

- Tab 5 mg ............................................................................. 5.22 100 Nitrados

#### PHENOBARBITONE

- Inj 200 mg per ml, 1 ml ampoule

#### TEMAZEPAM

- Tab 10 mg – 1% DV Sep-17 to 2020 ............................................. 1.27 25 Normison

#### TRIAZOLAM – Restricted: For continuation only

- Tab 125 mcg
- Tab 250 mcg
NERVOUS SYSTEM

ZOPICLONE
Tab 7.5 mg – 1% DV Dec-15 to 2018 ................................. 0.98 30  Zopiclone Actavis
8.99 500  Zopiclone Actavis

Stimulants / ADHD Treatments

ATOMOXETINE – Restricted see terms below
✓ Cap 10 mg ................................................................. 107.03 28 Strattera
✓ Cap 18 mg ................................................................. 107.03 28 Strattera
✓ Cap 25 mg ................................................................. 107.03 28 Strattera
✓ Cap 40 mg ................................................................. 107.03 28 Strattera
✓ Cap 60 mg ................................................................. 107.03 28 Strattera
✓ Cap 80 mg ................................................................. 139.11 28 Strattera
✓ Cap 100 mg ............................................................... 139.11 28 Strattera

Restricted
Initiation
All of the following:
1. Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
2. Once-daily dosing; and
3. Any of the following:
   3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
   3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
   3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; or
   3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the patient has a history of psychoses or has a first-degree relative with schizophrenia; and
4. The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

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

CAFFEINE
Tab 100 mg

DEXAMFETAMINE SULFATE – Restricted see terms below
✓ Tab 5 mg – 1% DV Dec-15 to 2018 ................................. 17.00 100  PSM

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

Initiation – Narcolepsy
Neurologist or respiratory specialist
Re-assessment required after 24 months
Patient suffers from narcolepsy.

Continuation – Narcolepsy
Neurologist or respiratory specialist
Re-assessment required after 24 months
The treatment remains appropriate and the patient is benefiting from treatment.
NERVOUS SYSTEM

**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
- Tab immediate-release 20 mg………………………………………………………………………………..7.85 30 Rubifen
- Tab sustained-release 20 mg………………………………………………………………………………..50.00 100 Ritalin SR
- Tab sustained-release 30 mg………………………………………………………………………………..70.00 100 Ritalin SR
- Cap modified-release 10 mg………………………………………………………………………………..15.60 30 Ritalin LA
- Cap modified-release 20 mg………………………………………………………………………………..20.40 30 Ritalin LA
- Cap modified-release 30 mg………………………………………………………………………………..25.52 30 Ritalin LA
- Cap modified-release 40 mg………………………………………………………………………………..30.60 30 Ritalin LA

**MODAFINIL** – Restricted see terms below

- Tab 100 mg

Initiation – ADHD (immediate-release and sustained-release formulations)
Paediatrician or psychiatrist
Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.

Initiation – Narcolepsy (immediate-release and sustained-release formulations)
Neurologist or respiratory specialist
Re-assessment required after 24 months
Patient suffers from narcolepsy.

Continuation – Narcolepsy (immediate-release and sustained-release formulations)
Neurologist or respiratory specialist
Re-assessment required after 24 months
The treatment remains appropriate and the patient is benefiting from treatment.

Initiation – Extended-release and modified-release formulations
Paediatrician or psychiatrist
Both:

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

continued…
continued...

2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and

3 Either:
   3.1 An effective dose of a listed formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
   3.2 Methylphenidate and dexamphetamine are contraindicated.

Continuation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

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

Treatments for Dementia

DONEPEZIL HYDROCHLORIDE

Tab 5 mg – 1% DV Sep-17 to 2020.................................................................4.34 90 Donepezil-Rex
Tab 10 mg – 1% DV Sep-17 to 2020..........................................................6.64 90 Donepezil-Rex

RIVASTIGMINE – Restricted see terms below

Patch 4.6 mg per 24 hour .................................................................90.00 30 Exelon
Patch 9.5 mg per 24 hour .................................................................90.00 30 Exelon

Restricted

Initiation

Re-assessment required after 6 months

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

Continuation

Re-assessment required after 12 months

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

Treatments for Substance Dependence

BUPRENORPHINE WITH NALOXONE – Restricted see terms below

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

Restricted

Initiation – Detoxification

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

Initiation – Maintenance treatment

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

BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg – 1% DV Jun-17 to 2020..............................11.00 30 Zyban

Products with Hospital Supply Status (HSS) are in bold

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
DISULFIRAM  
Tab 200 mg ................................................................. $44.30 100 Antabuse

NALTREXONE HYDROCHLORIDE – Restricted see terms below

▶ Restricted
Initiation – Alcohol dependence
Both:
1. Patient is currently enrolled, or is planned to be enrolled, in a recognised comprehensive treatment programme for alcohol dependence; and
2. Naltrexone is to be prescribed by, or on the recommendation of, a physician working in an Alcohol and Drug Service.

Initiation – Constipation
For the treatment of opioid-induced constipation.

NICOTINE – Some items restricted see terms below

Patch 7 mg per 24 hours .................................................. $10.57 28 Habitrol
Patch 14 mg per 24 hours ............................................... $11.31 28 Habitrol
Patch 21 mg per 24 hours ............................................... $11.95 28 Habitrol

▶ Restricted
Initiation
Any of the following:
1. For perioperative use in patients who have a 'nil by mouth' instruction; or
2. For use within mental health inpatient units; or
3. For acute use in agitated patients who are unable to leave the hospital facilities.

VARENICLINE – Restricted see terms below

▶ Restricted
Initiation
All of the following:
1. Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2. The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3. Either:
   3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
   3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
4. The patient has not used funded varenicline in the last 12 months; and

continued…
5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
6 The patient is not pregnant; and
7 The patient will not be prescribed more than 12 weeks' funded varenicline in a 12 month period.
Chemotherapeutic Agents

Alkylating Agents

BENDAMUSTINE HYDROCHLORIDE – **Restricted** see terms below

- **Inj 25 mg vial .................................................................................................271.35** 1 Ribomustin
- **Inj 100 mg vial .............................................................................................1,085.38** 1 Ribomustin

**Initiation – treatment naive CLL**

All of the following:

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

**Note:** 'Chronic lymphocytic leukaemia (CLL)’ includes small lymphocytic lymphoma (SLL). Chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

**Initiation – Indolent, Low-grade lymphomas**

*Re-assessment required after 9 months*

All of the following:

1. The patient has indolent low grade NHL requiring treatment; and
2. Patient has a WHO performance status of 0-2; and
3. Either:
   - 3.1 Both:
     - 3.1.1 Patient is treatment naive; and
     - 3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or
   - 3.2 All of the following:
     - 3.2.1 Patient has relapsed refractory disease following prior chemotherapy; and
     - 3.2.2 The patient has not received prior bendamustine therapy; and
     - 3.2.3 Either:
       - 3.2.3.1 Both:
         - 3.2.3.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
       - 3.2.3.2 Patient has had a rituximab treatment-free interval of 12 months or more; or
       - 3.2.3.3 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

**Continuation – Indolent, Low-grade lymphomas**

*Re-assessment required after 9 months*

Both:

1. Patients have not received a bendamustine regimen within the last 12 months; and
2. Either:
   - 2.1 Both:
     - 2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
     - 2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or

continued…
continued...

2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/Waldenström's macroglobulinaemia.

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUSULFAN</strong></td>
<td>Tab 2 mg</td>
<td>89.25</td>
<td>100 Myleran</td>
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<tr>
<td></td>
<td>Inj 6 mg per ml, 10 ml ampoule</td>
<td></td>
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<tr>
<td><strong>CARMUSTINE</strong></td>
<td>Inj 100 mg vial – 1% DV Sep-15 to 2018</td>
<td>532.00</td>
<td>1 BiCNU</td>
</tr>
<tr>
<td><strong>CHLORAMBUCLIL</strong></td>
<td>Tab 2 mg</td>
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<td></td>
</tr>
<tr>
<td><strong>CYCLOPHOSPHAMIDE</strong></td>
<td>Tab 50 mg</td>
<td>79.00</td>
<td>50 Endoxan</td>
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<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Oct-15 to 2018</td>
<td>35.03</td>
<td>1 Endoxan</td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial – 1% DV Oct-15 to 2018</td>
<td>70.06</td>
<td>1 Endoxan</td>
</tr>
<tr>
<td><strong>IFOSFAMIDE</strong></td>
<td>Inj 1 g vial</td>
<td>96.00</td>
<td>1 Holoxan</td>
</tr>
<tr>
<td></td>
<td>Inj 2 g vial</td>
<td>180.00</td>
<td>1 Holoxan</td>
</tr>
<tr>
<td><strong>LOMUSTINE</strong></td>
<td>Cap 10 mg</td>
<td>132.59</td>
<td>20 Ceenu</td>
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<tr>
<td></td>
<td>Cap 40 mg</td>
<td>399.15</td>
<td>20 Ceenu</td>
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<tr>
<td><strong>MELPHALAN</strong></td>
<td>Tab 2 mg</td>
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<tr>
<td></td>
<td>Inj 50 mg vial</td>
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<tr>
<td><strong>THIOTEPA</strong></td>
<td>Inj 15 mg vial</td>
<td></td>
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<tr>
<td></td>
<td>Inj 100 mg vial</td>
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<td></td>
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</tbody>
</table>

### Anthracyclines and Other Cytotoxic Antibiotics

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLEOMYCIN SULPHATE</strong></td>
<td>Inj 15,000 iu vial – 1% DV Oct-15 to 2018</td>
<td>150.48</td>
<td>1 DBL Bleomycin Sulfate</td>
</tr>
<tr>
<td><strong>DACTINOMYCIN [ACTINOMYCIN D]</strong></td>
<td>Inj 0.5 mg vial</td>
<td>145.00</td>
<td>1 Cosmegen</td>
</tr>
<tr>
<td><strong>DAUNORUBICIN</strong></td>
<td>Inj 2 mg per ml, 10 ml vial</td>
<td>118.72</td>
<td>1 Pfizer</td>
</tr>
<tr>
<td><strong>DOXORUBICIN HYDROCHLORIDE</strong></td>
<td>Inj 2 mg per ml, 5 ml vial</td>
<td></td>
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<tr>
<td></td>
<td>Inj 2 mg per ml, 25 ml vial – 1% DV Feb-16 to 2018</td>
<td>11.50</td>
<td>1 Doxorubicin Ebewe</td>
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<tr>
<td>Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride.</td>
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<tr>
<td><strong>EPIRUBICIN HYDROCHLORIDE</strong></td>
<td>Inj 2 mg per ml, 100 ml vial – 1% DV Nov-15 to 2018</td>
<td>46.00</td>
<td>1 Doxorubicin Ebewe</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 25 ml vial – 1% DV Nov-15 to 2018</td>
<td>30.00</td>
<td>1 Epirubicin Ebewe</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 50 ml vial – 1% DV Nov-15 to 2018</td>
<td>32.50</td>
<td>1 Epirubicin Ebewe</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 100 ml vial – 1% DV Nov-15 to 2018</td>
<td>65.00</td>
<td>1 Epirubicin Ebewe</td>
</tr>
</tbody>
</table>
## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

### IDARUBICIN HYDROCHLORIDE

- **Inj 5 mg vial – 1% DV Nov-15 to 2018**: $125.00 1 Zavedos
- **Inj 10 mg vial – 1% DV Nov-15 to 2018**: $250.00 1 Zavedos

### MITOMYCIN C

- **Inj 5 mg vial – 1% DV Oct-16 to 2019**: $204.08 1 Arrow

### MITOZANTRONE

- **Inj 2 mg per ml, 10 ml vial – 1% DV Sep-15 to 2018**: $97.50 1 Mitozantrone Ebewe

### Antimetabolites

#### AZACITIDINE – Restricted see terms below

- **Inj 100 mg vial**: $605.00 1 Vidaza

**Initiation**

- Haematologist
- **Re-assessment required after 12 months**

**All of the following:**

1. Any of the following:
   1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
   1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
   1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
2. The patient has performance status (WHO/ECOG) grade 0-2; and
3. The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and
4. The patient has an estimated life expectancy of at least 3 months.

**Continuation**

- Haematologist
- **Re-assessment required after 12 months**

**Both:**

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

#### CAPECITABINE

- **Tab 150 mg – 1% DV Jan-17 to 2019**: $11.15 60 Brinov
- **Tab 500 mg – 1% DV Jan-17 to 2019**: $62.28 120 Brinov

#### CLADRIBINE

- **Inj 2 mg per ml, 5 ml vial**: $5,249.72 7 Leustatin
- **Inj 1 mg per ml, 10 ml vial**: $5,249.72 7 Leustatin

#### CYTARABINE

- **Inj 20 mg per ml, 5 ml vial**: $55.00 5 Pfizer
- **Inj 100 mg per ml, 10 ml vial**: $8.83 1 Pfizer
- **Inj 100 mg per ml, 20 ml vial**: $17.65 1 Pfizer

#### FLUDARABINE PHOSPHATE

- **Tab 10 mg – 1% DV Sep-15 to 2018**: $412.00 20 Fludara Oral
- **Inj 50 mg vial – 1% DV Dec-16 to 2019**: $525.00 5 Fludarabine Ebewe
<table>
<thead>
<tr>
<th><strong>FLUOROURACIL</strong></th>
<th><strong>GEMCITABINE</strong></th>
<th><strong>MERCACTOPURINE</strong></th>
<th><strong>METHOTREXATE</strong></th>
<th><strong>THIOGUANINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg per ml, 20 ml vial – 1% DV Oct-15 to 2018</td>
<td>Inj 10 mg per ml, 20 ml vial</td>
<td>Tab 50 mg</td>
<td>Tab 2.5 mg – 1% DV Sep-15 to 2018</td>
<td>Tab 40 mg</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 50 ml vial – 1% DV Oct-15 to 2018</td>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td></td>
<td>Inj 10 mg per ml, 2 ml vial</td>
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<tr>
<td>Inj 50 mg per ml, 100 ml vial – 1% DV Oct-15 to 2018</td>
<td></td>
<td></td>
<td>Inj 7.5 mg prefilled syringe</td>
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<td></td>
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<td>Inj 10 mg prefilled syringe</td>
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<td>Inj 15 mg prefilled syringe</td>
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<td>Inj 20 mg prefilled syringe</td>
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<td>Inj 25 mg prefilled syringe</td>
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<td>Inj 30 mg prefilled syringe</td>
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<td>Inj 25 mg per ml, 2 ml vial – 1% DV Oct-16 to 2019</td>
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<td>Inj 25 mg per ml, 20 ml vial – 1% DV Oct-16 to 2019</td>
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<td>Inj 100 mg per ml, 10 ml vial</td>
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<td></td>
<td>Inj 100 mg per ml, 50 ml vial – 1% DV Sep-17 to 2020</td>
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**Other Cytotoxic Agents**

**AMSACRINE**
- Inj 50 mg per ml, 1.5 ml ampoule
- Inj 75 mg

**ANAGRELIDE HYDROCHLORIDE**
- Cap 0.5 mg

**ARSENIC TRIOXIDE**
- Inj 1 mg per ml, 10 ml vial
  - 10 AFT

**BORTEZOMIB** – Restricted see terms below
- Inj 3.5 mg vial – 1% DV Jul-16 to 2019
  - 1 Velcade

Initiation – treatment naive multiple myeloma/amyloidosis
Limited to 15 months treatment
Both:
- Either:
  1. The patient has treatment-naive symptomatic multiple myeloma; or
  1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis; and
- 2 Maximum of 9 treatment cycles.

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...

Initiation – relapsed/refractory multiple myeloma/amyloidosis

*Re-assessment required after 8 months*

All of the following:

1. Either:
   - 1.1 The patient has relapsed or refractory multiple myeloma; or
   - 1.2 The patient has relapsed or refractory systemic AL amyloidosis; and
2. The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
3. The patient has not had prior publicly funded treatment with bortezomib; and

Continuation – relapsed/refractory multiple myeloma/amyloidosis

*Re-assessment required after 8 months*

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]**

Inj 10,000 iu vial

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 102.32 | Leunase |

**DACARBAZINE**

Inj 200 mg vial – 1% DV Oct-16 to 2019

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 58.06 | DBL Dacarbazine |

**ETOPOSIDE**

Cap 50 mg

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 340.73 | Vepesid |

Cap 100 mg

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 340.73 | Vepesid |

Inj 20 mg per ml, 5 ml vial – 1% DV Apr-16 to 2018

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 7.90 | Rex Medical |

**ETOPOSIDE (AS PHOSPHATE)**

Inj 100 mg vial

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 40.00 | Etopophos |

**HYDROXYUREA**

Cap 500 mg

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 31.76 | Hydrea |

**IRINOTECAN HYDROCHLORIDE**

Inj 20 mg per ml, 2 ml vial – 1% DV Sep-15 to 2018

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 11.50 | Irinotecan Actavis 40 |

Inj 20 mg per ml, 5 ml vial – 1% DV Sep-15 to 2018

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 17.80 | Irinotecan Actavis 100 |

**LENALIDOMIDE – Restricted** see terms below

1. Cap 10 mg

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 6,207.00 | Revlimid |

2. Cap 15 mg

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 7,239.18 | Revlimid |

3. Cap 25 mg

| Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer | 7,627.00 | Revlimid |

**Initiation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

1. Patient has relapsed or refractory multiple myeloma with progressive disease; and
2. Either:

continued…
continued...

2.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or

2.2 Both:

2.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and

2.2.2 The patient has experienced severe (grade ≥ 3), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and

3 Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Continuation

Haematologist

Re-assessment required after 6 months

Both:

1 No evidence of disease progression; and

2 The treatment remains appropriate and patient is benefitting from treatment.

Note: Indication marked with * is an Unapproved Indication (refer to Interpretations and Definitions). A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

PEGASPARGASE – Restricted see terms below

I. Inj 750 iu per ml, 5 ml vial...........................................................................3,005.00 1 Oncaspar

Initiation – 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.

Initiation – 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]

Inj 10 mg vial

PROCARBAZINE HYDROCHLORIDE

Cap 50 mg.....................................................................................................498.00 50 Natulan

TEMZOLOMIDE – Restricted see terms below

I. Cap 5 mg – 1% DV Feb-17 to 2019.........................................................................10.20 5 Orion Temozolomide

I. Cap 20 mg – 1% DV Feb-17 to 2019.....................................................................18.30 5 Orion Temozolomide

I. Cap 100 mg – 1% DV Feb-17 to 2019..................................................................40.20 5 Orion Temozolomide

I. Cap 250 mg – 1% DV Feb-17 to 2019..................................................................96.80 5 Orion Temozolomide

Initiation – High grade gliomas

Re-assessment required after 12 months

All of the following:

1 Either:

continued…
1.1 Patient has newly diagnosed glioblastoma multiforme; or
1.2 Patient has newly diagnosed anaplastic astrocytoma*; and
2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
3 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day.

**Initiation – Neuroendocrine tumours**

*Re-assessment required after 9 months*

All of the following:
1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
2 Temozolomide is to be given in combination with capecitabine; and
3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day; and
4 Temozolomide to be discontinued at disease progression.

**Continuation – High grade gliomas**

*Re-assessment required after 12 months*

Either:
1 Both:
   1.1 Patient has glioblastoma multiforme; and
   1.2 The treatment remains appropriate and the patient is benefitting from treatment; or
2 All of the following:
   2.1 Patient has anaplastic astrocytoma*; and
   2.2 The treatment remains appropriate and the patient is benefitting from treatment; and
   2.3 Adjuvant temozolomide is to be used for a maximum of 24 months.

**Continuation – Neuroendocrine tumours**

*Re-assessment required after 6 months*

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

Note: Indication marked with a * is an Unapproved Indication. Temozolomide is not funded for the treatment of relapsed high grade glioma.

**THALIDOMIDE** – Restricted see terms below

- Cap 50 mg.................................................................378.00 28 Thalomid
- Cap 100 mg..............................................................756.00 28 Thalomid

**Initiation**

*Re-assessment required after 12 months*

Any of the following:
1 The patient has multiple myeloma; or
2 The patient has systemic AL amyloidosis*; or
3 The patient has erythema nodosum leprosum.

**Continuation**

Patient has obtained a response from treatment during the initial approval period.

Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier

Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen

Indication marked with * is an Unapproved Indication

**TRETINOIN**

Cap 10 mg.................................................................479.50 100 Vesanoid
## Platinum Compounds

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Expiry Date</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBOPLATIN</td>
<td>Inj 10 mg per ml, 5 ml vial</td>
<td>Sep-15 to 2018</td>
<td>$15.07</td>
<td>DBL Carboplatin</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 15 ml vial</td>
<td>Sep-15 to 2018</td>
<td>$14.05</td>
<td>DBL Carboplatin</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 45 ml vial</td>
<td>Sep-15 to 2018</td>
<td>$32.59</td>
<td>DBL Carboplatin</td>
</tr>
<tr>
<td>CISPLATIN</td>
<td>Inj 1 mg per ml, 50 ml vial</td>
<td>Nov-15 to 2018</td>
<td>$12.29</td>
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<tr>
<td></td>
<td>Inj 1 mg per ml, 100 ml vial</td>
<td>Nov-15 to 2018</td>
<td>$22.46</td>
<td>DBL Cisplatin</td>
</tr>
<tr>
<td>OXALIPLATIN</td>
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<td>Jun-16 to 2018</td>
<td>$13.32</td>
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<tr>
<td></td>
<td>Inj 5 mg per ml, 20 ml vial</td>
<td>Jun-16 to 2018</td>
<td>$16.00</td>
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## Protein-Tyrosine Kinase Inhibitors

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<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASATINIB – Restricted</td>
<td>Tab 20 mg</td>
<td>$3,774.06</td>
<td>Sprycel</td>
</tr>
<tr>
<td></td>
<td>Tab 50 mg</td>
<td>$6,214.20</td>
<td>Sprycel</td>
</tr>
<tr>
<td></td>
<td>Tab 70 mg</td>
<td>$7,692.58</td>
<td>Sprycel</td>
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<tr>
<td></td>
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<td>$6,214.20</td>
<td>Sprycel</td>
</tr>
</tbody>
</table>

### Restricted Initiation

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERLOTINIB – Restricted</td>
<td>Tab 100 mg</td>
<td>$764.00</td>
<td>Tarceva</td>
</tr>
<tr>
<td></td>
<td>Tab 150 mg</td>
<td>$1,146.00</td>
<td>Tarceva</td>
</tr>
</tbody>
</table>

### Restricted Initiation

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

## GeFTINIB – Restricted

### Restricted Initiation

### Re-assessment required after 4 months

All of the following:

1. Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2. There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
3. Either:
   - 3.1 Patient is treatment naive; or
   - 3.2 Both:
     - 3.2.1 The patient has discontinued gefitinib due to intolerance; and
     - 3.2.2 The cancer did not progress while on gefitinib; and
4. Erlotinib is to be given for a maximum of 3 months.

### Continuation

### Re-assessment required after 6 months

Both:

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEFITINIB – Restricted</td>
<td>Tab 250 mg</td>
<td>$1,700.00</td>
<td>Iressa</td>
</tr>
</tbody>
</table>

### Restricted Initiation

### Re-assessment required after 4 months

All of the following:

...continued
1 Patient has locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2 Either:
   2.1 Patient is treatment naive; or
   2.2 Both:
       2.2.1 The patient has discontinued erlotinib due to intolerance; and
       2.2.2 The cancer did not progress whilst on erlotinib; and
3 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and
4 Gefitinib is to be given for a maximum of 3 months.

Continuation
Re-assessment required after 6 months
Both:
1 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and
2 Gefitinib is to be given for a maximum of 3 months.

IMATINIB MESILATE
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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg........................................................................ 2,400.00 60 Glivec</td>
</tr>
<tr>
<td>Cap 100 mg.......................................................................... 298.90 60 Imatinib-AFT</td>
</tr>
<tr>
<td>Cap 400 mg.......................................................................... 597.80 30 Imatinib-AFT</td>
</tr>
</tbody>
</table>

Re-assessment required after 12 months
Both:
1 Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
2 Maximum dose of 400 mg/day.

Continuation
Re-assessment required after 12 months
Adequate clinical response to treatment with imatinib (prescriber determined).

Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 250 mg........................................................................ 1,899.00 70 Tykerb</td>
</tr>
</tbody>
</table>

LAPATINIB – Restricted see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 250 mg........................................................................ 1,899.00 70 Tykerb</td>
</tr>
</tbody>
</table>

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

continued…
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.

NILOTINIB – Restricted see terms below

<table>
<thead>
<tr>
<th>Format</th>
<th>Price</th>
<th>60s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 150 mg</td>
<td>4,680.00</td>
<td>120 Tasigna</td>
</tr>
<tr>
<td>Cap 200 mg</td>
<td>6,532.00</td>
<td>120 Tasigna</td>
</tr>
</tbody>
</table>

Initiation
Haematologist
Re-assessment required after 6 months
All of the following:
1. Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase; and
2. Either:
   2.1 Patient has documented CML treatment failure* with imatinib; or
   2.2 Patient has experienced treatment limiting toxicity with imatinib precluding further treatment with imatinib; and
3. Maximum nilotinib dose of 800 mg/day; and
4. Subsidised for use as monotherapy only.

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

Continuation
Haematologist
Re-assessment required after 6 months
All of the following:
1. Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines; and
2. Nilotinib treatment remains appropriate and the patient is benefiting from treatment; and
3. Maximum nilotinib dose of 800 mg/day; and
4. Subsidised for use as monotherapy only.

PAZOPANIB – Restricted see terms below

<table>
<thead>
<tr>
<th>Format</th>
<th>Price</th>
<th>60s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 200 mg</td>
<td>1,334.70</td>
<td>30 Votrient</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td>2,669.40</td>
<td>30 Votrient</td>
</tr>
</tbody>
</table>

Initiation
Re-assessment required after 3 months
All of the following:
1. The patient has metastatic renal cell carcinoma; and
2. Any of the following:

continued…
continued...

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

Continuation

Re-assessment required after 3 months

Both:

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

Notes: Pazopanib treatment should be stopped if disease progresses.
Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having
1 or 2 of criteria 5.1-5.6.

SUNITINIB – Restricted see terms below

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Sutent</td>
<td></td>
</tr>
<tr>
<td>Cap 12.5 mg</td>
<td>2,315.38</td>
</tr>
<tr>
<td>Cap 25 mg</td>
<td>4,630.77</td>
</tr>
<tr>
<td>Cap 50 mg</td>
<td>9,261.54</td>
</tr>
</tbody>
</table>

Initiation – RCC

Re-assessment required after 3 months

All of the following:

1 The patient has metastatic renal cell carcinoma; and
2 Any of the following:
   2.1 The patient is treatment naive; or
   2.2 The patient has only received prior cytokine treatment; or
   2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
   2.4 Both:
      2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
      2.4.2 The cancer did not progress whilst on pazopanib; and
3 The patient has good performance status (WHO/ECOG grade 0-2); and
4 The disease is of predominant clear cell histology; and
5 All of the following:
   5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
   5.2 Haemoglobin level < lower limit of normal; and
   5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
   5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
   5.5 Karnofsky performance score of ≤ 70; and

continued…
continued...

5.6 ≥ 2 sites of organ metastasis; and

6 Sunitinib to be used for a maximum of 2 cycles.

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

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

Continuation – RCC
Re-assessment required after 3 months

Both:

1 No evidence of disease progression; and

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

Initiation – GIST
Re-assessment required after 3 months

Both:

1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and

2 Either:

2.1 The patient’s disease has progressed following treatment with imatinib; or

2.2 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib.

Continuation – GIST
Re-assessment required after 6 months

Both:

1 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.

Note: GIST - It is recommended that response to treatment be assessed using Choi’s modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of ≥ 10% 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>Strength</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 2 ml vial – 1% DV Sep-17 to 2020</td>
<td>12.40</td>
<td>DBL Docetaxel</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 8 ml vial – 1% DV Sep-17 to 2020</td>
<td>26.95</td>
<td>DBL Docetaxel</td>
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</tbody>
</table>

PACLITAXEL

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 6 mg per ml, 5 ml vial</td>
<td>45.00</td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 16.7 ml vial</td>
<td>19.02</td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 25 ml vial</td>
<td>26.69</td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 50 ml vial</td>
<td>36.53</td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 100 ml vial</td>
<td>73.06</td>
<td>Paclitaxel 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.
## Treatment of Cytotoxic-Induced Side Effects

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALCIUM FOLINATE</strong></td>
<td>Tab 15 mg</td>
<td>$104.26</td>
<td>DBL Leucovorin Calcium</td>
</tr>
<tr>
<td></td>
<td>Inj 3 mg per ml, 1 ml ampoule</td>
<td>$18.25</td>
<td>Calcium Folinate Ebewe</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 5 ml ampoule</td>
<td>$7.33</td>
<td>Calcium Folinate Ebewe</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td>$22.51</td>
<td>Calcium Folinate Ebewe</td>
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<tr>
<td></td>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>$67.51</td>
<td>Calcium Folinate Ebewe</td>
</tr>
<tr>
<td><strong>MESNA</strong></td>
<td>Tab 400 mg – 1% DV Oct-16 to 2019</td>
<td>$273.00</td>
<td>Uromitexan</td>
</tr>
<tr>
<td></td>
<td>Tab 600 mg – 1% DV Oct-16 to 2019</td>
<td>$407.50</td>
<td>Uromitexan</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>$161.25</td>
<td>Uromitexan</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>$370.35</td>
<td>Uromitexan</td>
</tr>
<tr>
<td><strong>Vinca Alkaloids</strong></td>
<td><strong>VINBLASTINE SULPHATE</strong> Tab 1 ml vial</td>
<td>$186.46</td>
<td>Hospira</td>
</tr>
<tr>
<td></td>
<td><strong>VINCRISTINE SULPHATE</strong> Inj 1 ml vial – 1% DV Oct-16 to 2019</td>
<td>$74.52</td>
<td>DBL Vincristine Sulfate</td>
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<tr>
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<td>DBL Vincristine Sulfate</td>
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<tr>
<td></td>
<td><strong>VINORELBINE</strong> Inj 10 mg per ml, 1 ml vial – 1% DV Sep-15 to 2018</td>
<td>$8.00</td>
<td>Navelbine</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 5 ml vial – 1% DV Sep-15 to 2018</td>
<td>$40.00</td>
<td>Navelbine</td>
</tr>
<tr>
<td><strong>Endocrine Therapy</strong></td>
<td><strong>ABIRATERONE ACETATE</strong> – Restricted see terms below</td>
<td>$4,276.19</td>
<td>Zytiga</td>
</tr>
<tr>
<td></td>
<td>Tab 250 mg</td>
<td>$4,276.19</td>
<td>Zytiga</td>
</tr>
</tbody>
</table>

### Initiation

Medical oncologist, radiation oncologist or urologist
*Re-assessment required after 5 months*

All of the following:

1. Patient has prostate cancer; and
2. Patient has metastases; and
3. Patient's disease is castration resistant; and
4. Either:
   4.1 All of the following:
      4.1.1 Patient is symptomatic; and
      4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
      4.1.3 Patient has ECOG performance score of 0-1; and
      4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
   4.2 All of the following:
      4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
      4.2.2 Patient has ECOG performance score of 0-2; and
      4.2.3 Patient has not had prior treatment with abiraterone.

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

### BICALUTAMIDE
Tab 50 mg  

### FLUTAMIDE
Tab 250 mg  

### MEGESTROL ACETATE
Tab 160 mg – 1% DV Oct-15 to 2018  

### OCTREOTIDE – Some items restricted see terms below

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mcg per ml, 1 ml ampoule</td>
<td>13.50</td>
</tr>
<tr>
<td>Inj 100 mcg per ml, 1 ml ampoule</td>
<td>22.40</td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 1 ml ampoule</td>
<td>89.40</td>
</tr>
<tr>
<td>Inj 10 mg vial</td>
<td>1,772.50</td>
</tr>
<tr>
<td>Inj 20 mg vial</td>
<td>2,358.75</td>
</tr>
<tr>
<td>Inj 30 mg vial</td>
<td>2,951.25</td>
</tr>
</tbody>
</table>

### OCTREOTIDE – Restricted
- Inj 10 mg vial
- Inj 20 mg vial
- Inj 30 mg vial

### OCTREOTIDE – Initiation – Malignant bowel obstruction

### OCTREOTIDE – Initiation – acromegaly

### OCTREOTIDE – Continuation – acromegaly

### OCTREOTIDE – Continued...

---

**Continuation**

Medical oncologist, radiation oncologist or urologist

**Re-assessment required after 5 months**

All of the following:

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

**BICALUTAMIDE**
Tab 50 mg

**FLUTAMIDE**
Tab 250 mg

**MEGESTROL ACETATE**
Tab 160 mg – 1% DV Oct-15 to 2018

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

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

**OCTREOTIDE – Restricted**

Initiation – Malignant bowel obstruction

All of the following:

1. The patient has nausea* and vomiting* due to malignant bowel obstruction*; and
2. Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed; and
3. Octreotide to be given at a maximum dose 1500 mcg daily for up to 4 weeks.

Note: Indications marked with * are Unapproved Indications

**Initiation – acromegaly**

**Re-assessment required after 3 months**

Both:

1. The patient has acromegaly; and
2. Any of the following:
   1.1 Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
   1.2 Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or
   1.3 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.

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

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

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</thead>
<tbody>
<tr>
<td>$ Per Brand or Generic</td>
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**continued…**

**Initiation – Other indications**
Any of the following:

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

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

**TAMOXIFEN CITRATE**

<table>
<thead>
<tr>
<th>Tab 10 mg</th>
<th>Tab 20 mg</th>
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<tbody>
<tr>
<td>______________________</td>
<td>______________________</td>
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<tr>
<td>17.50 100 Genox</td>
<td>8.75 100 Genox</td>
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</tbody>
</table>

**Aromatase Inhibitors**

**ANASTROZOLE**

<table>
<thead>
<tr>
<th>Tab 1 mg</th>
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<tr>
<td>______________________</td>
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<tr>
<td>26.55 30 Aremed</td>
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**EXEMESTANE**

<table>
<thead>
<tr>
<th>Tab 25 mg – 1% DV Sep-17 to 2020</th>
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<tr>
<td>______________________</td>
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<tr>
<td>14.50 30 Pfizer Exemestane</td>
</tr>
</tbody>
</table>

**LETROZOLE**

<table>
<thead>
<tr>
<th>Tab 2.5 mg – 1% DV Jan-16 to 2018</th>
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<tbody>
<tr>
<td>______________________</td>
</tr>
<tr>
<td>2.95 30 Letrole</td>
</tr>
</tbody>
</table>

**Imaging Agents**

**AMINOLEVULINIC ACID HYDROCHLORIDE – Restricted** see terms below

<table>
<thead>
<tr>
<th>Powder for oral soln, 30 mg per ml, 1.5 g vial</th>
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<tbody>
<tr>
<td>______________________</td>
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<tr>
<td>4,400.00 1 GIloan</td>
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<tr>
<td>44,000.00 10 GIloan</td>
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</table>

**Restricted**

**Initiation – high grade malignant glioma**
All of the following:

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

#### Calcineurin Inhibitors

**CICLOSPORIN**
- Cap 25 mg
- Price: $44.63 50 Neoral

- Cap 50 mg
- Price: $88.91 50 Neoral

- Cap 100 mg
- Price: $177.81 50 Neoral

- Oral liq 100 mg per ml
- Price: $198.13 50 ml Neoral

- Inj 50 mg per ml, 5 ml ampoule – 1% DV Sep-15 to 2018
- Price: $276.30 10 Sandimmun

**TACROLIMUS – Restricted** see terms below
- Cap 0.5 mg – 1% DV Nov-14 to 31 Oct 2018
  - Price: $85.60 100 Tacrolimus Sandoz

- Cap 1 mg – 1% DV Nov-14 to 31 Oct 2018
  - Price: $171.20 100 Tacrolimus Sandoz

- Cap 5 mg – 1% DV Nov-14 to 31 Oct 2018
  - Price: $428.00 50 Tacrolimus Sandoz

- Inj 5 mg per ml, 1 ml ampoule
  - Restricted

**Initiation – organ transplant recipients**
- Any specialist
- For use in organ transplant recipients.

**Initiation – Steroid-resistant nephrotic syndrome**
- Any specialist
- Either:
  1. The patient is a child with steroid-resistant nephrotic syndrome (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or
  2. All of the following:
    1. The patient is an adult with SRNS; and
    2. Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and
    3. Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.

*Note: Indications marked with * are Unapproved Indications*

#### Fusion Proteins

**ETANERCEPT – Restricted** see terms below
- Inj 25 mg vial
  - Price: $799.96 4 Enbrel

- Inj 50 mg autoinjector
  - Price: $1,599.96 4 Enbrel

- Inj 50 mg syringe
  - Price: $1,599.96 4 Enbrel

**Initiation – juvenile idiopathic arthritis**
- Rheumatologist or named specialist
- Re-assessment required after 6 months
- Either:
  1. Both:
    1.1 The patient has had an initial Special Authority approval for adalimumab for 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
continued...

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

Both:

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

2 Either:
   2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
   2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – 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
   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 (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
   2.3 Patient has tried and not responded to at least three months of 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:

continued…
Continuation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

2. Either:

   2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

   2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

3. Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

1. Both:

   1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and

   1.2 Either:

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

       1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or

2. All of the following:

   2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and

   2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

   2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

   2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis; and

2.5 Either:

   2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by

continued…
continued…

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’ initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and

2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months

Either:

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

2 All of the following:
   2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
   2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
   2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
   2.4 Either:
      2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
continued...

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

2.5 Any of the following:

2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

1 Either:

1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and

2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – plaque psoriasis, prior TNF use

Dermatologist

Limited to 4 months treatment

All of the following:

1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and

2 Either:

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

2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; and

3 Patient must be reassessed for continuation after 3 doses.

Initiation – plaque psoriasis, treatment-naive

Dermatologist

Limited to 4 months treatment

All of the following:

1 Either:

1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 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

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**

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

2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation – pyoderma gangrenosum**

*Dermatologist*

All of the following:

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

**Continuation – pyoderma gangrenosum**

*Dermatologist*

All of the following:

1 Patient has shown clinical improvement; and
2 Patient continues to require treatment; and
3 A maximum of 4 doses.

**Initiation – adult-onset Still’s disease**

*Rheumatologist*

*Re-assessment required after 6 months*

Either:

1 Both:

   1.1 Either:
   
      1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still’s disease (AOSD); or
      1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and

Continued...
continued...

1.2 Either:
   1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
   1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:
   2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
   2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
   2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still’s disease
Rheumatologist
Re-assessment required after 6 months
The patient has a sustained improvement in inflammatory markers and functional status.

Monoclonal Antibodies

ABCIXIMAB – Restricted see terms below

Inj 2 mg per ml, 5 ml vial............................................................579.53 1 ReoPro

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

ADALIMUMAB – Restricted see terms below

Inj 10 mg per 0.2 ml prefilled syringe........................................1,599.96 2 Humira
Inj 20 mg per 0.4 ml syringe.......................................................1,599.96 2 Humira
Inj 40 mg per 0.8 ml syringe.......................................................1,599.96 2 HumiraPen
Inj 40 mg per 0.8 ml syringe.......................................................1,599.96 2 Humira

(Humira Inj 10 mg per 0.2 ml prefilled syringe to be delisted 1 August 2017)

Initiation – juvenile idiopathic arthritis
Rheumatologist or named specialist
Re-assessment required after 6 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
   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

continued…
continued…

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

Both:

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

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 4 months

All of the following:

1 Patient has confirmed Crohn's disease; and

2 Either:

2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or

2.2 Patient has one or more rectovaginal fistula(e); and

3 A Baseline Fistula Assessment (a copy of which is available at www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf) has been completed and is no more than 1 month old at the time of application.

Continuation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 6 months

Either:

1 The number of open draining fistulae have decreased from baseline by at least 50%; or

2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

Initiation – Crohn's disease
Gastroenterologist
Re-assessment required after 3 months

All of the following:

1 Patient has severe active Crohn's disease; and

2 Any of the following:

2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or

2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or

continued…
2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

**Continuation – Crohn’s disease**

Gastroenterologist

*Re-assessment required after 3 months*

*Both:*

1  Either:
   1.1 Either:
      1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
      1.1.2 CDAI score is 150 or less; or
   1.2 Both:
      1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
      1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and
2  Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

*Either:*

1  Both:
   1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from etanercept; or
      1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or
2  All of the following:
   2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
   2.3 Patient has tried and not responded to at least three months of 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:

continued...
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 40 mg every 14 days.

Initiation – ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

continued...
Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment.

Average normal chest expansion corrected for age and gender:

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
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<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>
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<tr>
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<td>6.5 cm</td>
<td>4.5 cm</td>
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<tr>
<td>45-54</td>
<td>6.0 cm</td>
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<tr>
<td>55-64</td>
<td>5.5 cm</td>
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<td>65-74</td>
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<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’ initial treatment and subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and
2. Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3. Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – psoriatic arthritis**

**Rheumatologist**

**Re-assessment required after 6 months**

Either:

1. Both:
   1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from etanercept; or
      1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or
2. All of the following:
   2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
   2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
   2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
   2.4 Either:
      2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
      2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
   2.5 Any of the following:
      2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
      2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

continued…
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
Limited to 4 months treatment
Both:
1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
2 Either:
   2.1 The patient has experienced intolerable side effects from etanercept; or
   2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis.

Initiation – plaque psoriasis, treatment-naive
Dermatologist
Limited to 4 months treatment
All of the following:
1 Either:
   1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 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
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:

continued…
continued...

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.

Initiation – pyoderma gangrenosum

Dermatologist

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

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:
1 Patient has shown clinical improvement; and
2 Patient continues to require treatment; and
3 A maximum of 4 doses.

Initiation – adult-onset Still’s disease

Rheumatologist

Re-assessment required after 6 months

Either:
1 Both:
   1.1 Either:
       1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still’s disease
           (AOSD); or
       1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H
           rules; and
   1.2 Either:
       1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
       1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or
           tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:
   2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

continued…
continued...

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Continuation – adult-onset Still’s disease**

Rheumatologist

*Re-assessment required after 6 months*

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

**BASILIXIMAB – Restricted** see terms below

ิตject 20 mg vial ................................................................. 3,200.00 1 Simulect

**Initiation**

For use in solid organ transplants.

**BEVACIZUMAB – Restricted** see terms below

ียject 25 mg per ml, 4 ml vial

ียject 25 mg per ml, 16 ml vial

**Initiation**

Either:

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

**INFlixIMAB – Restricted** see terms below

ียject 100 mg – 10% DV Mar-15 to 29 Feb 2020 ............................................. 806.00 1 Remicade

**Initiation – Graft vs host disease**

Patient has steroid-refractory acute graft vs. host disease of the gut.

**Initiation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2. Either:
   1.1 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

continued…
continued…

significant response to treatment in the opinion of the physician; and

3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

**Initiation – ankylosing spondylitis**  
Rheumatologist  
*Re-assessment required after 3 months*

Both:

1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and

2 Either:

   2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or

   2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

**Continuation – ankylosing spondylitis**  
Rheumatologist  
*Re-assessment required after 6 months*

All of the following:

1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and

2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

**Initiation – psoriatic arthritis**  
Rheumatologist  
*Re-assessment required after 4 months*

Both:

1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic arthritis; and

2 Either:

   2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or

   2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for psoriatic arthritis.

**Continuation – psoriatic arthritis**  
Rheumatologist  
*Re-assessment required after 6 months*

Both:

1 Either:

   1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

   1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and

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

**Initiation – severe ocular inflammation**  
*Re-assessment required after 3 doses*

Both:

1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and

2 Either:

   2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

   2.2 Patient developed new inflammatory symptoms while receiving high dose steroids.

continued…
continued…

**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. Either:
   1. Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
   2. Patient is under 18 years and treatment with methotrexate has proven ineffective.

**Continuation – severe ocular inflammation**

*Re-assessment required after 12 months*

*Any of the following:*

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

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

**Continuation – chronic ocular inflammation**

*Re-assessment required after 12 months*

*Any of the following:*

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

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

**Initiation – Pulmonary sarcoidosis**

*Both:*

1. Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and
2. Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

**Initiation – Crohn’s disease (adults)**

*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:
   1. Patient has a Crohn’s Disease Activity Index (CDAI) score of greater than or equal to 300; or
   2. Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
   3. Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
   4. Patient has an ileostomy or colostomy, and has intestinal inflammation; and

continued…
continued...

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

Both:

1 Any of the following:
   1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on infliximab; 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.

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 Either:
   2.1 Patient has a Paediatric Crohn’s Disease Activity Index (PCDAI) score of greater than or equal to 30; or
   2.2 Patient has extensive small intestine disease; and

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate; and

5 Patient must be reassessed for continuation after 3 months of therapy.

Continuation – Crohn’s disease (children)

Gastroenterologist

Re-assessment required after 6 months

Both:

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

2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation – fistulising Crohn’s disease

Gastroenterologist

Re-assessment required after 4 months

Both:

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).
**Continuation – fistulising Crohn's disease**
Gastroenterologist
*Re-assessment required after 6 months*
Both:

1. Either:
   1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
   1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and

2. Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

**Initiation – acute severe fulminant ulcerative colitis**
Gastroenterologist
*Limited to 6 weeks treatment*
Both:

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

**Continuation – severe fulminant ulcerative colitis**
Gastroenterologist
*Re-assessment required after 6 months*
Both:

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

**Initiation – severe ulcerative colitis**
Gastroenterologist
*Re-assessment required after 3 months*
All of the following:

1. Patient has histologically confirmed ulcerative colitis; and
2. Either:
   2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is ≥ 4; or
   2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is ≥ 65; 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 for an adequate duration (unless contraindicated) and corticosteroids; and
4. Surgery (or further surgery) is considered to be clinically inappropriate.

**Continuation – severe ulcerative colitis**
Gastroenterologist
*Re-assessment required after 6 months*
All of the following:

1. Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and
2. Either:
   2.1 Patient is 18 years or older and the SCCAI score has reduced by ≥ 2 points from the SCCAI score when the patient was initiated on infliximab; or

*continued…*
2.2 Patient is under 18 years and the PUCAI score has reduced by ≥ 30 points from the PUCAI 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
Dermatologist
Re-assessment required after 3 doses
Either:

1 Both:
   1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
      1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:
   2.1 Either:
      2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
      2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
   2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
   2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
   2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 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 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

continued…
continued...

1.2.2 Either:

1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subcores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and

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

**Initiation – neurosarcoidosis**

Neurologist

*Re-assessment required after 18 months*

All of the following:

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

**Continuation – neurosarcoidosis**

Neurologist

*Re-assessment required after 18 months*

Either:

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

**Initiation – severe Behcet’s disease**

*Re-assessment required after 4 months*

All of the following:

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

Notes:


2. Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thioldamide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.

continued…
Continuation – severe Behcet's disease
Re-assessment required after 6 months
Both:
1. Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
2. Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

OBINUTUZUMAB – Restricted see terms below
Inj 25 mg per ml, 40 ml vial ................................................................. 5,910.00 1 Gazyva

OMALIZUMAB – Restricted see terms below
Inj 150 mg vial .................................................................................... 500.00 1 Xolair

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.

* ≥ 1.5 x 10^9/L and platelets ≥ 75 x 10^9/L
continued...

**Continuation**

**Respiratory specialist**

*Re-assessment required after 6 months*

All of the following:

1. Hospital admissions have been reduced as a result of treatment; and
2. A reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 1.0 from baseline; and
3. A reduction in the maintenance oral corticosteroid dose of at least 50% from baseline.

**PERTUZUMAB – Restricted** see terms below

- **Initiation**
  
  *Re-assessment required after 12 months*

  All of the following:

  1. The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  2. Either:
     - 2.1 Patient is chemotherapy treatment naive; or
     - 2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
  3. The patient has good performance status (ECOG grade 0-1); and
  4. Pertuzumab to be administered in combination with trastuzumab; and
  5. Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
  6. Pertuzumab to be discontinued at disease progression.

**Continuation**

*Re-assessment required after 12 months*

Both:

1. The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2. The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab.

**RANIBIZUMAB – Restricted** see terms below

- **Initiation**
  
  *Re-assessment required after 3 doses*

  Both:

  1. Either:
     - 1.1 Age-related macular degeneration; or
     - 1.2 Choroidal neovascular membrane; and
  2. Any of the following:
     - 2.1 The patient has had a severe ophthalmic inflammatory response following bevacizumab; or
     - 2.2 The patient has had a myocardial infarction or stroke within the last three months; or
     - 2.3 The patient has failed to respond to bevacizumab following three intraocular injections; or
     - 2.4 The patient is of child-bearing potential and has not completed a family.

**Continuation**

Both:

1. Documented benefit after three doses must be demonstrated to continue; and
2. In the case of but previous non-response to bevacizumab, a retrial of bevacizumab is required to confirm non-response before continuing with ranibizumab.
## RITUXIMAB – Restricted see terms below

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<th>Brand or Generic Manufacturer</th>
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### Restricted

**Initiation – haemophilia with inhibitors**

Haematologist

Any of the following:

1. Patient has mild congenital haemophilia complicated by inhibitors; or
2. Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or
3. Patient has acquired haemophilia.

**Continuation – haemophilia with inhibitors**

Haematologist

All of the following:

1. Patient was previously treated with rituximab for haemophilia with inhibitors; and
2. An initial response lasting at least 12 months was demonstrated; and

**Initiation – post-transplant**

Both:

1. The patient has B-cell post-transplant lymphoproliferative disorder*; and
2. To be used for a maximum of 8 treatment cycles.

Note: Indications marked with * are Unapproved Indications.

**Continuation – post-transplant**

All of the following:

1. The patient has had a rituximab treatment-free interval of 12 months or more; and
2. The patient has B-cell post-transplant lymphoproliferative disorder*; and
3. To be used for no more than 6 treatment cycles.

Note: Indications marked with * are Unapproved Indications.

**Initiation – indolent, low-grade lymphomas or hairy cell leukaemia* **

*Re-assessment required after 9 months*

Either:

1. Both:
   1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
   1.2 To be used for a maximum of 6 treatment cycles; or
2. Both:
   2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy; and
   2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

**Continuation – indolent, low-grade lymphomas or hairy cell leukaemia* **

*Re-assessment required after 9 months*

All of the following:

1. The patient has had a rituximab treatment-free interval of 12 months or more; and
2. The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
3. To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

continued...
continued…

Initiation – aggressive CD20 positive NHL

Either:

1. All of the following:
   1.1 The patient has treatment naive aggressive CD20 positive NHL; and
   1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
   1.3 To be used for a maximum of 8 treatment cycles; or

2. Both:

   2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
   2.2 To be used for a maximum of 6 treatment cycles.

Note: ‘Aggressive CD20 positive NHL’ includes large B-cell lymphoma and Burkitt’s lymphoma/leukaemia.

Continuation – aggressive CD20 positive NHL

All of the following:

1. The patient has had a rituximab treatment-free interval of 12 months or more; and
2. The patient has relapsed refractory/aggressive CD20 positive NHL; and
3. To be used with a multi-agent chemotherapy regimen given with curative intent; and
4. To be used for a maximum of 4 treatment cycles.

Note: ‘Aggressive CD20 positive NHL’ includes large B-cell lymphoma and Burkitt’s lymphoma/leukaemia.

Initiation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

1. The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2. 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 does not have chromosome 17p deletion CLL; and
6. Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of
6 treatment cycles; and
7. It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous
administration) or bendamustine.

Note: ‘Chronic lymphocytic leukaemia (CLL)’ includes small lymphocytic lymphoma. A line of chemotherapy treatment is
considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. ‘Good performance
status’ means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG
(2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to < 2.

Continuation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

1. The patient’s disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
2. The patient has had a rituximab treatment-free interval of 36 months or more; and
3. The patient does not have chromosome 17p deletion CLL; and
4. It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous
administration) or bendamustine; and
5. Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of

continued…
Note: ‘Chronic lymphocytic leukaemia (CLL)’ includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

### Initiation – rheumatoid arthritis - prior TNF inhibitor use

**Rheumatologist**

*Limited to 4 months* treatment

All of the following:

1. Both:
   1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
      1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

2. Either:
   2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

3. Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

### Initiation – rheumatoid arthritis - TNF inhibitors contraindicated

**Rheumatologist**

*Limited to 4 months* treatment

All of the following:

1. Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
2. Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
3. Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
4. Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
5. Any of the following:
   5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
   5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
   5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6. Either:
   6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
   6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7. Either:
   7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
   7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8. Either:

continued…
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

continued…

8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Continuation – rheumatoid arthritis - re-treatment in 'partial responders' to rituximab**

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

1 Any of the following:
   1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:
   3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Continuation – rheumatoid arthritis - re-treatment in 'responders' to rituximab**

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

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.

**Initiation – severe cold haemagglutinin disease (CHAD)**

Haematologist

*Re-assessment required after 4 weeks*

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

*Re-assessment required after 4 weeks*

Either:

continued…
continued...

1. Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or

2. All of the following:
   2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 4 weeks

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

Re-assessment required after 4 weeks

Either:

1. Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or

2. All of the following:
   2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

Initiation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 4 weeks

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:
   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

Re-assessment required after 4 weeks

Either:

1. Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or

continued…
continued...

2. All of the following:
   2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

Initiation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 4 weeks

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

Re-assessment required after 4 weeks

All of the following:

1. Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
2. An initial response lasting at least 12 months was demonstrated; and

Note: Indications marked with * are Unapproved Indications.

Initiation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.

Note: Indications marked with * are Unapproved Indications.

Continuation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

Patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative
Disorder and demonstrated an initial response lasting at least 12 months.

Note: Indications marked with * are Unapproved Indications.

Initiation – ANCA associated vasculitis

Re-assessment required after 4 weeks

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of
   4 weeks; and
3. Any of the following:
   3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant
       improvement of disease after at least 3 months; or
   3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction
       course of cyclophosphamide would result in a cumulative dose > 15 g; or
   3.3 Cyclophosphamide and methotrexate are contraindicated; or
   3.4 Patient is a female of child-bearing potential; or
   3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are Unapproved Indications.

continued…
Continuation – ANCA associated vasculitis

Re-assessment required after 4 weeks

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3. The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are Unapproved Indications.

Initiation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

1. The patient has severe, immediately life- or organ-threatening SLE*; and
2. The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and
3. The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
4. Maximum of four 1000 mg infusions of rituximab.

Note: Indications marked with * are Unapproved Indications.

Continuation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

1. Patient’s SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2. The disease has subsequently relapsed; and
3. Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are Unapproved Indications.

Initiation – Antibody-mediated renal transplant rejection

Nephrologist

Patient has been diagnosed with antibody-mediated renal transplant rejection*.

Note: Indications marked with * are Unapproved Indications.

Initiation – ABO-incompatible renal transplant

Nephrologist

Patient is to undergo an ABO-incompatible renal transplant*.

Note: Indications marked with * are Unapproved Indications.

Initiation – Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1. Patient is a child with SDNS* or FRNS*; and
2. Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
3. Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
4. Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
5. The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are Unapproved indications.

continued…
Continuation – Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1. Patient who was previously treated with rituximab for nephrotic syndrome*; and
2. Treatment with rituximab was previously successful and has demonstrated sustained response for > 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3. The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are Unapproved indications.

Initiation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1. Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
2. Treatment with tacrolimus for at least 3 months has been ineffective; and
3. Genetic causes of nephrotic syndrome have been excluded; and
4. The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are Unapproved indications.

Continuation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1. Patient who was previously treated with rituximab for nephrotic syndrome*; and
2. Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3. The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are Unapproved indications.

SILTUXIMAB – Restricted see terms below

Initiation

Haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

1. Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
2. Treatment with an adequate trial of corticosteroids has proven ineffective; and
3. Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

Continuation

Haematologist or rheumatologist

Re-assessment required after 12 months

The treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.

TOCILIZUMAB – Restricted see terms on the next page

Initiation

Haematologist or rheumatologist

Re-assessment required after 12 months

The treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.
Restricted
Initiation – Rheumatoid Arthritis
Rheumatologist
Re-assessment required after 6 months
Either:

1 All of the following:
   1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
      1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
   1.3 Either:
      1.3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
      1.3.2 Both:
         1.3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
         1.3.2.2 Either:
            1.3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
            1.3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:
   2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   2.2 Tocilizumab is to be used as monotherapy; and
   2.3 Either:
      2.3.1 Treatment with methotrexate is contraindicated; or
      2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
   2.4 Either:
      2.4.1 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
      2.4.2 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
   2.5 Either:
      2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
      2.5.2 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
   2.6 Either:
      2.6.1 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
      2.6.2 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.

Continuation – Rheumatoid Arthritis
Rheumatologist
Re-assessment required after 6 months
Either:

continued…
continued…

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.

**Initiation – systemic juvenile idiopathic arthritis**

*Rheumatologist*

*Re-assessment required after 6 months*

**Both:**

1. Patient diagnosed with systemic juvenile idiopathic arthritis; and

2. Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

**Continuation – systemic juvenile idiopathic arthritis**

*Rheumatologist*

*Re-assessment required after 6 months*

**Either:**

1. Following up to 6 months’ initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or

2. On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

**Initiation – adult-onset Still’s disease**

*Rheumatologist*

*Re-assessment required after 6 months*

**Either:**

1. Both:
   
   1.1 Either:
   
   1.1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for adult-onset Still’s disease (AOSD); or
   
   1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and
   
   1.2 Either:
   
   1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
   
   1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD; or

2. All of the following:

   2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
   
   2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
   
   2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Continuation – adult-onset Still’s disease**

*Rheumatologist*

*Re-assessment required after 6 months*

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

**Initiation – polyarticular juvenile idiopathic arthritis**

*Rheumatologist*

*Re-assessment required after 4 months*

**Either:**

1. Both:

   continued…
continued...

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

1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or

2 All of the following:

2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and

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

2.3 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

2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; 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 – polyarticular juvenile idiopathic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

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

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – idiopathic multicentric Castleman's disease

Haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's disease; and

2 Treatment with an adequate trial of corticosteroids has proven ineffective; and

3 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

Continuation – idiopathic multicentric Castleman's disease

Haematologist or rheumatologist

Re-assessment required after 12 months

The treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status.

Initiation – cytokine release syndrome

Paediatric haematologist or paediatric oncologist

Therapy limited to 3 doses

All of the following:

1 The patient is enrolled in the Children's Oncology Group AALL1331 trial; and

2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for continued…
continued…

the treatment of acute lymphoblastic leukaemia; and

3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

TRASTUZUMAB – Restricted see terms below

- Inj 150 mg vial ............................................................................................1,350.00 1 Herceptin
- Inj 440 mg vial ............................................................................................3,875.00 1 Herceptin

Initiation – Early breast cancer
Limited to 12 months treatment
All of the following:

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

2 Maximum cumulative dose of 106 mg/kg (12 months’ treatment); and

3 Any of the following:
   3.1 9 weeks’ concurrent treatment with adjuvant chemotherapy is planned; or
   3.2 12 months’ concurrent treatment with adjuvant chemotherapy is planned; or
   3.3 12 months’ sequential treatment following adjuvant chemotherapy is planned; or
   3.4 12 months’ treatment with neoadjuvant and adjuvant chemotherapy is planned; or
   3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

Initiation – metastatic breast cancer (trastuzumab-naive patients)
Limited to 12 months treatment
All of the following:

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

2 Either:
   2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
   2.2 Both:
      2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
      2.2.2 The cancer did not progress whilst on lapatinib; and

3 Either:
   3.1 Trastuzumab will not be given in combination with pertuzumab; or
   3.2 All of the following:
      3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
      3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
      3.2.3 The patient has good performance status (ECOG grade 0-1); and

4 Trastuzumab not to be given in combination with lapatinib; and

5 Trastuzumab to be discontinued at disease progression.

Initiation – metastatic breast cancer (patients previously treated with trastuzumab)
Limited to 12 months treatment
All of the following:

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

2 Either:
   2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
   2.2 Both:
      2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
      2.2.2 The cancer did not progress whilst on lapatinib; and

continued…
continued...

2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and

2.2.2 The cancer did not progress whilst on lapatinib; and

3 Either:
   3.1 Trastuzumab will not be given in combination with pertuzumab; or

3.2 All of the following:
   3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
   3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
   3.2.3 The patient has good performance status (ECOG grade 0-1); and

4 Trastuzumab not to be given in combination with lapatinib; and

5 Trastuzumab to be discontinued at disease progression.

Continuation – metastatic breast cancer
Re-assessment required after 12 months
All of the following:

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

2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and

3 Trastuzumab not to be given in combination with lapatinib; and

4 Trastuzumab to be discontinued at disease progression.

Programmed Cell Death-1 (PD-1) Inhibitors

NIVOLUMAB – Restricted see terms below

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<th>Strength</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
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Initiation
Medical oncologist
Re-assessment required after 4 months
All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and

2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and

3 The patient has ECOG performance score of 0-2; and

4 Either:
   4.1 Patient has not received funded pembrolizumab; or
   4.2 Both:
      4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
      4.2.2 The cancer did not progress while the patient was on pembrolizumab; and

5 Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and

6 Baseline measurement of overall tumour burden is documented (see Note); and

7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

continued…
Continuation
Medical oncologist
Re-assessment required after 4 months
All of the following:

1 Any of the following:
   1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
   1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
   1.3 Patient has stable disease according to RECIST criteria (see Note); and

2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and

3 No evidence of progressive disease according to RECIST criteria (see Note); and

4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and

5 Nivolumab will be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles).

Notes: Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

PEMBROLIZUMAB – Restricted see terms below

- Inj 50 mg vial ..............................................................................................................2,340.00 1 Keytruda

Initiation
Medical oncologist
Re-assessment required after 4 months
All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and

2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and

3 The patient has ECOG performance score of 0-2; and

4 Either:
   4.1 Patient has not received funded nivolumab; or
   4.2 Both:
      4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
      4.2.2 The cancer did not progress while the patient was on nivolumab; and

continued…
continued...

5. Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and

6. Baseline measurement of overall tumour burden is documented (see Note); and

7. Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

Continuation

Medical oncologist

Re-assessment required after 4 months

All of the following:

1. Any of the following:
   1.1 Patient’s disease has had a complete response to treatment according to RECIST criteria (see Note); or
   1.2 Patient’s disease has had a partial response to treatment according to RECIST criteria (see Note); or
   1.3 Patient has stable disease according to RECIST criteria (see Note); and

2. Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and

3. No evidence of progressive disease according to RECIST criteria (see Note); and

4. The treatment remains clinically appropriate and the patient is benefitting from the treatment; and

5. Pembrolizumab will be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles).

Notes: Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

**Other Immunosuppressants**

**ANTITHYMOCYTE GLOBULIN (EQUINE)**

Inj 50 mg per ml, 5 ml ampoule ................................................................. 2,351.25 5 ATGAM

**ANTITHYMOCYTE GLOBULIN (RABBIT)**

Inj 25 mg vial

**AZATHIOPRINE**

Tab 25 mg – 1% DV Jul-17 to 2019 .............................................................. 9.66 100 Imuran
Tab 50 mg – 1% DV Jul-17 to 2019 .............................................................. 10.58 100 Imuran
Inj 50 mg vial – 1% DV Jan-17 to 2019 ...................................................... 60.00 1 Imuran

**BACILLUS CALMETTE-GUERIN (BCG) – Restricted** see terms on the next page

† Inj 2-8 x 10^8 CFU vial ........................................................................... 149.37 1 OncoTICE
### EVEROLIMUS – Restricted see terms below

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<td>4,555.76</td>
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<td>Tab 10 mg</td>
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### PICIBANIL

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### SIROLIMUS – Restricted see terms below

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<td>Tab 2 mg</td>
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<tr>
<td>Oral liq 1 mg per ml</td>
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**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
Antiallergy Preparations

Allergic Emergencies

ICATIBANT – **Restricted** see terms below

- **Inj 10 mg per ml, 3 ml prefilled syringe..........................2,668.00**

  - **Restricted**

Initiation

Clinical immunologist or relevant specialist

*Re-assessment required after 12 months*

Both:

1. Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
2. The patient has undergone product training and has agreed upon an action plan for self-administration.

Continuation

*Re-assessment required after 12 months*

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

Allergy Desensitisation

BEE VENOM – **Restricted** see terms below

- **Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent**
- **Inj 550 mcg vial with diluent**

  - **Restricted**

Initiation

Both:

1. RAST or skin test positive; and
2. Patient has had severe generalised reaction to the sensitising agent.

PAPER WASP VENOM – **Restricted** see terms below

- **Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent**
- **Inj 550 mcg vial with diluent**

  - **Restricted**

Initiation

Both:

1. RAST or skin test positive; and
2. Patient has had severe generalised reaction to the sensitising agent.

YELLOW JACKET WASP VENOM – **Restricted** see terms below

- **Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent**
- **Inj 550 mcg vial with diluent**

  - **Restricted**

Initiation

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.................................................................5.26**
- **Nasal spray 100 mcg per dose..........................6.00**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
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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>
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<th>Drug Name</th>
<th>Formulation</th>
<th>Dose</th>
<th>Price ex GST</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
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<tbody>
<tr>
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<td>Butacort Aqueous</td>
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<td></td>
<td>Nasal spray 100 mcg per dose</td>
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<td>6.00</td>
<td>200 dose</td>
<td>Butacort Aqueous</td>
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<tr>
<td><strong>FLUTICASONE PROPIONATE</strong></td>
<td>Nasal spray 50 mcg per dose – 1% DV Sep-15 to 2018</td>
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<td>120 dose</td>
<td>Flixonase Hayfever &amp; Allergy</td>
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<td><strong>IPRATROPIUM BROMIDE</strong></td>
<td>Aqueous nasal spray 0.03%</td>
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<td>15 ml</td>
<td>Univent</td>
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<td><strong>SODIUM CROMOGLYCATE</strong></td>
<td>Nasal spray 4%</td>
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**Antihistamines**

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<tr>
<th>Drug Name</th>
<th>Formulation</th>
<th>Dose</th>
<th>Price ex GST</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
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<td></td>
<td>Oral liq 1 mg per ml</td>
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<td>Histaclear</td>
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<td><strong>CHLORPHENIRAMINE MALEATE</strong></td>
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<tr>
<td></td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
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<td><strong>CYPROHEPTADINE HYDROCHLORIDE</strong></td>
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<td><strong>FEXOFENADINE HYDROCHLORIDE</strong></td>
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<td>Tab 120 mg</td>
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<td><strong>LORATADINE</strong></td>
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<td>Oral liq 1 mg per ml – 1% DV Feb-17 to 2019</td>
<td></td>
<td>2.15</td>
<td>120 ml</td>
<td>Lorfast</td>
</tr>
<tr>
<td><strong>PROMETHAZINE HYDROCHLORIDE</strong></td>
<td>Tab 10 mg – 1% DV Sep-15 to 2018</td>
<td></td>
<td>1.78</td>
<td>50</td>
<td>Allersoothe</td>
</tr>
<tr>
<td></td>
<td>Tab 25 mg – 1% DV Sep-15 to 2018</td>
<td></td>
<td>1.99</td>
<td>50</td>
<td>Allersoothe</td>
</tr>
<tr>
<td></td>
<td>Oral liq 1 mg per ml – 1% DV Sep-15 to 2018</td>
<td></td>
<td>2.59</td>
<td>100 ml</td>
<td>Allersoothe</td>
</tr>
<tr>
<td></td>
<td>Inj 25 mg per ml, 2 ml ampoule – 1% DV Oct-16 to 2019</td>
<td></td>
<td>15.54</td>
<td>5</td>
<td>Hospira</td>
</tr>
<tr>
<td><strong>TRIMEPRAZINE TARTRATE</strong></td>
<td>Oral liq 6 mg per ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Anticholinergic Agents**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
<th>Dose</th>
<th>Price ex GST</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IPRATROPIUM BROMIDE</strong></td>
<td>Aerosol inhaler 20 mcg per dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nebuliser soln 250 mcg per ml, 1 ml ampoule – 1% DV Dec-16 to 2019</td>
<td></td>
<td>3.35</td>
<td>20</td>
<td>Univent</td>
</tr>
<tr>
<td></td>
<td>Nebuliser soln 250 mcg per ml, 2 ml ampoule – 1% DV Dec-16 to 2019</td>
<td></td>
<td>3.52</td>
<td>20</td>
<td>Univent</td>
</tr>
</tbody>
</table>

**Anticholinergic Agents with Beta-Adrenoceptor Agonists**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
<th>Dose</th>
<th>Price ex GST</th>
<th>Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALBUTAMOL WITH IPRATROPIUM BROMIDE</strong></td>
<td>Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule – 1% DV Sep-15 to 2018</td>
<td></td>
<td>3.59</td>
<td>20</td>
<td>Duolin</td>
</tr>
</tbody>
</table>
Long-Acting Muscarinic Agents

GLYCOPRYRONIUM
Note: inhaled glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium or umecclidinium.
Powder for inhalation 50 mcg per dose ........................................................... 61.00 30 dose Seebri Breezhaler

TIOTROPIUM BROMIDE – Restricted see terms below
Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umecclidinium.
- Soln for inhalation 2.5 mcg per dose ............................................................. 50.37 60 dose Spiriva Respimat
- Powder for inhalation 18 mcg per dose ....................................................... 50.37 30 dose Spiriva

UMECLIDINIUM
Note: Umeclidinium must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.
Powder for inhalation 62.5 mcg per dose ....................................................... 61.50 30 dose Incruse Ellipta

Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists

GLYCOPYRONIUM WITH INDACATEROL – Restricted see terms above
Powder for Inhalation 50 mcg with indacaterol 110 mcg ................................. 81.00 30 dose Ultibro Breezhaler
# RESPIRATORY SYSTEM AND ALLERGIES

<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>

**TIOTROPIUM BROMIDE WITH OLODATEROL – Restricted** see terms on the previous page

- Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg ........................................81.00 60 dose Spiolto Respimat

**UMECLIDINIUM WITH VILANTEROL – Restricted** see terms on the previous page

- Powder for inhalation 62.5 mcg with vilanterol 25 mcg ......................................77.00 30 dose Anoro Ellipta

## Antifibrotics

**PIRFENIDONE – Restricted** see terms below

- Cap 267 mg ........................................................................................................3,645.00 270 Esbriet

### Initiation

- Respiratory specialist

**Re-assessment required after 12 months**

- All of the following:
  1. Patient has been diagnosed with idiopathic pulmonary fibrosis as confirmed by histology, CT or biopsy; and
  2. Forced vital capacity is between 50% and 80% predicted; and
  3. Pirfenidone is to be discontinued at disease progression (See Notes).

### Continuation

- Respiratory specialist

**Re-assessment required after 12 months**

- Both:
  1. Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
  2. Pirfenidone is to be discontinued at disease progression (See Notes).

**Note:** disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

## Beta-Adrenoceptor Agonists

**SALBUTAMOL**

- Oral liq 400 mcg per ml ..........................................................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 ..........................................................3.80 200 dose SalAir
  - 6.00 Ventolin
- Nebuliser soln 1 mg per ml, 2.5 ml ampoule – 1% DV Sep-15 to 2018 ...........3.19 20 Asthalin
- Nebuliser soln 2 mg per ml, 2.5 ml ampoule – 1% DV Sep-15 to 2018 ...........3.29 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
**RESPIRATORY SYSTEM AND ALLERGIES**

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

**SODIUM CHLORIDE**
- Aqueous nasal spray isotonic

**SODIUM CHLORIDE WITH SODIUM BICARBONATE**
- Soln for nasal irrigation

**XYLOMETAZOLINE HYDROCHLORIDE**
- Aqueous nasal spray 0.05%
- Aqueous nasal spray 0.1%
- Nasal drops 0.05%
- Nasal drops 0.1%

### Inhaled Corticosteroids

**BECLOMETASONE 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

**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 – 1% DV Jan-17 to 2019 .......................................................... 5.25 28 Apo-Montelukast
- Tab 5 mg – 1% DV Jan-17 to 2019 .......................................................... 5.50 28 Apo-Montelukast
- Tab 10 mg – 1% DV Jan-17 to 2019 ...................................................... 5.65 28 Apo-Montelukast

#### Restricted

**Initiation – Pre-school wheeze**
Both:
1. To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
2. The patient has had at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention.

**Initiation – Exercise-induced asthma**
All of the following:

continued…

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

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

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.

Initiation – 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

**INDACATEROL**
- Powder for inhalation 150 mcg per dose ......................................................... 61.00 30 dose Onbrez Breezhaler
- Powder for inhalation 300 mcg per dose ......................................................... 61.00 30 dose Onbrez Breezhaler

**SALMETEROL**
- Aerosol inhaler 25 mcg per dose ..................................................................... 26.46 120 dose Meterol
- Powder for inhalation 50 mcg per dose ........................................................... 25.00 60 dose Serevent

### Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

**BUDESONIDE WITH EFORMOTEROL**
- 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

**FLUTICASONE FURUATE WITH VILANTEROL**
- Powder for inhalation 100 mcg with vilanterol 25 mcg ............................... 44.08 30 dose Breo Ellipta

**FLUTICASONE WITH SALMETEROL**
- Aerosol inhaler 50 mcg with salmeterol 25 mcg .............................................. 37.48 120 dose RexAir
- Powder for inhalation 100 mcg with salmeterol 50 mcg ................................ 33.74 60 dose Seretide Accuhaler
- Aerosol inhaler 125 mcg with salmeterol 25 mcg ......................................... 49.69 120 dose RexAir
- Powder for inhalation 250 mcg with salmeterol 50 mcg ............................. 44.08 60 dose Seretide Accuhaler

### Mast Cell Stabilisers

**NEDOCROMIL**
- Aerosol inhaler 2 mg per dose

**SODIUM CROMOGLYCATE**
- Aerosol inhaler 5 mg per dose
# 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>$ Per</td>
<td></td>
</tr>
</tbody>
</table>

## Methylxanthines

**AMINOPHYLLINE**
- Inj 25 mg per ml, 10 ml ampoule .................................................. 118.25 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

**Initiation – cystic fibrosis**
The patient has cystic fibrosis and has been approved by the Cystic Fibrosis Panel.

**Initiation – significant mucus production**
Limited to 4 weeks treatment
Both:
1. Patient is an in-patient; and
2. The mucus production cannot be cleared by first line chest techniques.

**Initiation – pleural emphyema**
Limited to 3 days treatment
Both:
1. Patient is an in-patient; and
2. Patient diagnoses with pleural emphyema.

**SODIUM CHLORIDE**
- Nebuliser soln 7%, 90 ml bottle .................................................. 23.50 90 ml Biomed

## Pulmonary Surfactants

**BERACTANT**
- Soln 200 mg per 8 ml vial .................................................. 550.00 1 Survanta

**PORACTANT ALFA**
- Soln 120 mg per 1.5 ml vial .................................................. 425.00 1 Curosurf
- Soln 240 mg per 3 ml vial .................................................. 695.00 1 Curosurf

## Respiratory Stimulants

**DOXAPRAM**
- Inj 20 mg per ml, 5 ml vial

## Sclerosing Agents

**TALC**
- Powder
- Soln (slurry) 100 mg per ml, 50 ml

---

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

### Anti-Infective Preparations

#### Antibacterials

<table>
<thead>
<tr>
<th>Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLORAMPHENICOL</td>
<td>Eye oint 1% – 1% DV Jul-16 to 2019</td>
<td>2.48</td>
<td>Chlorsig</td>
</tr>
<tr>
<td></td>
<td>Ear drops 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye drops 0.5% – 1% DV Sep-15 to 2018</td>
<td>0.98</td>
<td>Chlorafast</td>
</tr>
<tr>
<td></td>
<td>Eye drops 0.5%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPROFLOXACIN</td>
<td>Eye drops 0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRAMYCETIN SULPHATE</td>
<td>Ear/eye drops 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUSIDIC ACID</td>
<td>Eye drops 1%</td>
<td>4.50</td>
<td>Fucithalmic</td>
</tr>
<tr>
<td>GENTAMICIN SULPHATE</td>
<td>Eye drops 0.3%</td>
<td>11.40</td>
<td>Genoptic</td>
</tr>
<tr>
<td>PROPAMIDINE ISETHIONATE</td>
<td>Eye drops 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SULPHACETAMIDE SODIUM</td>
<td>Eye drops 10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOBRAMYCIN</td>
<td>Eye oint 0.3%</td>
<td>10.45</td>
<td>Tobrex</td>
</tr>
<tr>
<td></td>
<td>Eye drops 0.3%</td>
<td>11.48</td>
<td>Tobrex</td>
</tr>
</tbody>
</table>

#### Antifungals

<table>
<thead>
<tr>
<th>Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATAMYCIN</td>
<td>Eye drops 5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Antivirals

<table>
<thead>
<tr>
<th>Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACICLOVIR</td>
<td>Eye oint 3% – 1% DV Oct-16 to 2019</td>
<td>14.92</td>
<td>ViruPOS</td>
</tr>
</tbody>
</table>

#### Combination Preparations

<table>
<thead>
<tr>
<th>Name</th>
<th>Formulation</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIPROFLOXACIN WITH HYDROCORTISONE</td>
<td>Ear drops ciprofloxacin 0.2% with 1% hydrocortisone</td>
<td>16.30</td>
<td>Ciproxin HC Otic</td>
</tr>
<tr>
<td>DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN</td>
<td>Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMIXIN B SULPHATE</td>
<td>Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g</td>
<td>5.39</td>
<td>Maxitrol</td>
</tr>
<tr>
<td></td>
<td>Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml</td>
<td>4.50</td>
<td>Maxitrol</td>
</tr>
<tr>
<td>DEXAMETHASONE WITH TOBRAMYCIN</td>
<td>Eye drops 0.1% with tobramycin 0.3%</td>
<td>12.64</td>
<td>Tobradex</td>
</tr>
</tbody>
</table>
FLUMETASONE PIVALATE WITH Clioquinol
Ear drops 0.02% with clioquinol 1%

TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN
Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and
gramicidin 250 mcg per g ......................................................... 5.16 7.5 ml Kenacomb

**Anti-Inflammatory Preparations**

**Corticosteroids**

**DEXAMETHASONE**
- Eye oint 0.1% ................................................................. 5.86 3.5 g Maxidex
- Eye drops 0.1% ............................................................. 4.50 5 ml Maxidex

**FLUOROMETHOLONE**
Eye drops 0.1% – 1% DV Sep-15 to 2018 ........................................... 3.09 5 ml FML

**PREDNISOLONE ACETATE**
- Eye drops 0.12% .............................................................. 3.93 10 ml Prednisolone- AFT
- Eye drops 1% – 1% DV Jan-17 to 2019 ........................................... 3.93 10 ml Prednisolone- AFT

**PREDNISOLONE SODIUM PHOSPHATE**
- Eye drops 0.5%, single dose (preservative free) ......................... 38.50 20 dose Minims Prednisolone

**Non-Steroidal Anti-Inflammatory Drugs**

**DICLOFENAC SODIUM**
Eye drops 0.1% ........................................................................ 13.80 5 ml Voltaren Ophtha

**KETOROLAC TROMETAMOL**
Eye drops 0.5%

**Decongestants and Antiallergics**

**Antiallergic Preparations**

**LEVOCABASTINE**
Eye drops 0.05%

**LODOXAMIDE**
Eye drops 0.1% ........................................................................ 8.71 10 ml Lomide

**OLOPATADINE**
Eye drops 0.1% ........................................................................ 13.60 5 ml Patanol

**SODIUM CROMOGLYCATE**
Eye drops 2%

**Decongestants**

**NAPHAZOLINE HYDROCHLORIDE**
Eye drops 0.1% ........................................................................ 4.15 15 ml Naphcon Forte
## Diagnostic and Surgical Preparations

### Diagnostic Dyes

**FLUORESCIN SODIUM**
- Eye drops 2%, single dose
- Inj 10%, 5 ml vial ................................................................. 125.00 12 Fluorescite
- Ophthalmic strips 1 mg

**FLUORESCIN 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

**MIXED SALT SOLUTION FOR EYE IRRIGATION**
- Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle – 1% DV Jan-16 to 2018 ................................................................. 5.00 15 ml Balanced Salt Solution
- Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml e.g. Balanced Salt Solution
- Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bottle – 1% DV Jan-16 to 2018 ................................................................. 10.50 500 ml Balanced Salt Solution

### Ocular Anaesthetics

**OXYBUPROCAINE HYDROCHLORIDE**
- Eye drops 0.4%, single dose

**PROXYMETACAINE HYDROCHLORIDE**
- Eye drops 0.5%

**TETRACAIN [AMETHOCAINE] HYDROCHLORIDE**
- Eye drops 0.5%, single dose
- Eye drops 1%, single dose

### Viscoelastic Substances

**HYPROMELLOSE**
- Inj 2%, 1 ml syringe
- Inj 2%, 2 ml syringe

**SODIUM HYALURONATE [HYALURONIC ACID]**
- Inj 14 mg per ml, 0.85 ml syringe – 1% DV Sep-16 to 2019 ......................... 50.00 1 Healon GV
- Inj 14 mg per ml, 0.55 ml syringe – 1% DV Sep-16 to 2019 ......................... 50.00 1 Healon GV
- Inj 23 mg per ml, 0.6 ml syringe – 1% DV Sep-16 to 2019 ......................... 60.00 1 Healon 5
- Inj 10 mg per ml, 0.85 ml syringe – 1% DV Sep-16 to 2019 ......................... 28.50 1 Healon
## SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
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<tbody>
<tr>
<td>$ Per</td>
<td></td>
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<tr>
<td>----------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>64.00</td>
<td>1 Duovisc</td>
</tr>
<tr>
<td>74.00</td>
<td>1% DV Sep-16 to 2019</td>
</tr>
<tr>
<td>67.00</td>
<td>1% DV Sep-16 to 2019</td>
</tr>
</tbody>
</table>

### Other

<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>DISODIUM EDETATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 150 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 150 mg per ml, 20 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 150 mg per ml, 100 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RIBOFLAVIN 5-PHOSPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln trans epithelial riboflavin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.1% plus 20% dextran T500</td>
<td></td>
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</table>

### Glaucoma Preparations

#### Beta 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>BETAXOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.25%</td>
<td>11.80</td>
<td>5 ml Betoptic S</td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td>7.50</td>
<td>5 ml Betoptic</td>
</tr>
<tr>
<td><strong>LEVOBUNOLOL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td>7.00</td>
<td>5 ml Betagan</td>
</tr>
<tr>
<td><strong>TIMOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.25% – 1% DV Sep-17 to 2020</td>
<td>1.43</td>
<td>5 ml Arrow-Timolol</td>
</tr>
<tr>
<td>Eye drops 0.25%, gel forming – 1% DV Sep-16 to 2019</td>
<td>3.30</td>
<td>2.5 ml Timoptol XE</td>
</tr>
<tr>
<td>Eye drops 0.5% – 1% DV Sep-17 to 2020</td>
<td>1.43</td>
<td>5 ml Arrow-Timolol</td>
</tr>
<tr>
<td>Eye drops 0.5%, gel forming – 1% DV Sep-16 to 2019</td>
<td>3.78</td>
<td>2.5 ml Timoptol XE</td>
</tr>
</tbody>
</table>

#### Carbonic Anhydrase Inhibitors

<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>ACETAZOLAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg – 1% DV Sep-17 to 2020</td>
<td>17.03</td>
<td>100 Diamox</td>
</tr>
<tr>
<td>Inj 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BRINZOLAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DORZOLAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DORZOLAMIDE WITH TIMOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2% with timolol 0.5% – 1% DV Dec-15 to 2018</td>
<td>3.45</td>
<td>5 ml Arrow-Dortim</td>
</tr>
</tbody>
</table>

#### Miotics

<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>ACETYLCHOLINE CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mg vial with diluent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENSORY ORGANS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SENSORY ORGANS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Price</strong> (ex man. excl. GST) $</td>
<td><strong>Brand or Generic Manufacturer</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PILOCARPINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td>4.26</td>
<td>15 ml</td>
</tr>
<tr>
<td>Eye drops 2%</td>
<td>5.35</td>
<td>15 ml</td>
</tr>
<tr>
<td>Eye drops 2%, single dose</td>
<td>7.99</td>
<td>15 ml</td>
</tr>
</tbody>
</table>

**Prostaglandin Analogues**

**BIMATOPROST**
- Eye drops 0.03% – 1% DV Jul-16 to 2018
- 3.65 | 3 ml | Bimatoprost Actavis |

**LATANOPROST**
- Eye drops 0.005% – 1% DV Sep-15 to 2018
- 1.50 | 2.5 ml | Hysite |

**TRAVOPROST**
- Eye drops 0.004% |

**Sympathomimetics**

**APRACLONIDINE**
- Eye drops 0.5%
- 19.77 | 5 ml | Iopidine |

**BRIMONIDINE TARTRATE**
- Eye drops 0.2%
- 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 Sep-17 to 2020
- 17.36 | 15 ml | Atropt |

**CYCLOPENTOLATE HYDROCHLORIDE**
- Eye drops 0.5%, single dose
- Eye drops 1%
- 8.76 | 15 ml | Cyclogyl |

**TROPICAMIDE**
- Eye drops 0.5%
- Eye drops 0.5%, single dose
- Eye drops 1%
- 8.66 | 15 ml | Mydriacyl |

**Sympathomimetics**

**PHENYLEPHRINE HYDROCHLORIDE**
- Eye drops 2.5%, single dose
- Eye drops 10%, single dose |

**Ocular Lubricants**

**CARBOMER**
- Ophthalmic gel 0.3%, single dose
- 8.25 | 30 | Poly Gel |
- Ophthalmic gel 0.2% |
## SENSORY ORGANS

<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>CARMELLOSE SODIUM WITH PECTIN AND GELATINE</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>HYPROMELLOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td>3.92</td>
<td>Methopt 15 ml</td>
</tr>
<tr>
<td>HYPROMELLOSE WITH DEXTRAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.3% with dextran 0.1%</td>
<td>2.30</td>
<td>Poly-Tears 15 ml</td>
</tr>
<tr>
<td>Eye drops 0.3% with dextran 0.1%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACROGOL 400 AND PROPYLENE GLYCOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose</td>
<td>4.30</td>
<td>Systane Unit Dose 24</td>
</tr>
<tr>
<td>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 42.5% with soft white paraffin 57.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAFFIN LIQUID WITH WOOL FAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye oint 3% with wool fat 3%</td>
<td>3.63</td>
<td>Poly-Visc 3.5 g</td>
</tr>
<tr>
<td>POLYVINYL ALCOHOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1.4% – 1% DV Jun-16 to 2019</td>
<td>2.62</td>
<td>Vistil 15 ml</td>
</tr>
<tr>
<td>Eye drops 3% – 1% DV Jun-16 to 2019</td>
<td>3.68</td>
<td>Vistil Forte 15 ml</td>
</tr>
<tr>
<td>POLYVINYL ALCOHOL WITH POVIDONE</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>RETINOL PALMITATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 138 mcg per g</td>
<td>3.80</td>
<td>VitA-POS 5 g</td>
</tr>
<tr>
<td>SODIUM HYALURONATE [HYALURONIC ACID]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1 mg per ml</td>
<td>22.00</td>
<td>Hylo-Fresh 10 ml</td>
</tr>
</tbody>
</table>

### Other Otological 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>ACETIC ACID WITH PROPYLENE GLYCOL</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>DOCUSATE SODIUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear drops 0.5%</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.
## Agents Used in the Treatment of Poisonings

### Antidotes

<table>
<thead>
<tr>
<th>Substance</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACETYLCYSTEINE</strong></td>
<td>Tab eff 200 mg</td>
<td>$78.34 10</td>
<td>DBL Acetylcysteine</td>
</tr>
<tr>
<td></td>
<td>Inj 200 mg per ml, 10 ml ampoule – 1% DV Sep-15 to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIGOXIN IMMUNE FAB</strong></td>
<td>Inj 38 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 40 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ETHANOL</strong></td>
<td>Liq 96%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ETHANOL WITH GLUCOSE</strong></td>
<td>Inj 10% with glucose 5%, 500 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ETHANOL, DEHYDRATED</strong></td>
<td>Inj 100%, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 96%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLUMAZENIL</strong></td>
<td>Inj 0.1 mg per ml, 5 ml ampoule – 1% DV Sep-15 to 2018</td>
<td>$85.05 5</td>
<td>Anexate</td>
</tr>
<tr>
<td><strong>HYDROXOCOBALAMIN</strong></td>
<td>Inj 5 g vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 g vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NALOXONE HYDROCHLORIDE</strong></td>
<td>Inj 400 mcg per ml, 1 ml ampoule</td>
<td>$48.84 5</td>
<td>Hospira</td>
</tr>
<tr>
<td><em>PRLIDOXIME IODIDE</em></td>
<td>Inj 25 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM NITRITE</strong></td>
<td>Inj 30 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM THIOSULFATE</strong></td>
<td>Inj 250 mg per ml, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 250 mg per ml, 50 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg per ml, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SOYA OIL</strong></td>
<td>Inj 20%, 500 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 20%, 500 ml bottle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antitoxins

<table>
<thead>
<tr>
<th>Substance</th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOTULISM ANTITOXIN</strong></td>
<td>Inj 250 ml vial</td>
<td></td>
</tr>
<tr>
<td><strong>DIPHTHERIA ANTITOXIN</strong></td>
<td>Inj 10,000 lu vial</td>
<td></td>
</tr>
</tbody>
</table>

### Antivenoms

<table>
<thead>
<tr>
<th>Substance</th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RED BACK SPIDER ANTIVENOM</strong></td>
<td>Inj 500 u 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.
## Removal and Elimination

**SNAKE ANTIVENOM**

Inj 50 ml vial

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

### CHARCOAL

| Oral liq 200 mg per ml | 43.50 | 250 ml Carbasorb-X |

**DEFERASIROX – Restricted** see terms below

* Tab 125 mg dispersible | 276.00 | 28 Exjade
* Tab 250 mg dispersible | 552.00 | 28 Exjade
* Tab 500 mg dispersible | 1,105.00 | 28 Exjade

**DEFERIXPRONE – Restricted** see terms below

* Oral liq 100 mg per ml | 266.59 | 250 ml Ferriprox
* Tab 500 mg | 533.17 | 100 Ferriprox

---

### Haematologist

**Initiation**

*Re-assessment required after 2 years*

All of the following:

1. The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
2. Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
3. Any of the following:
   1. Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
   2. Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
   3. Treatment with deferiprone has resulted in arthritis; or
   4. Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per µL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per µL).

**Continuation**

*Haematologist*

*Re-assessment required after 2 years*

Either:

1. For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
2. For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels.

**DEFERIPRONE – Restricted** see terms below

* Oral liq 100 mg per ml | 266.59 | 250 ml Ferriprox
* Tab 500 mg | 533.17 | 100 Ferriprox

**DESFERRIOXAMINE MESILATE**

* Inj 500 mg vial – 1% DV Feb-16 to 2018 | 51.52 | 10 Desferal

**DICOBALT EDETATE**

* Inj 15 mg per ml, 20 ml ampoule

**DIMERCAPROL**

* Inj 50 mg per ml, 2 ml ampoule

---

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

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

**DIMERCAPTOSUCCINIC ACID**

- Cap 100 mg
- Cap 200 mg

**SODIUM CALCIUM EDETATE**

- Inj 200 mg per ml, 2.5 ml ampoule
- Inj 200 mg per ml, 5 ml ampoule

### Antiseptics and Disinfectants

**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

**IODINE WITH ETHANOL**

- Soln 1% with ethanol 70%, 100 ml .................................. 9.30 1 healthE

**ISOPROPYL ALCOHOL**

- Soln 70%, 500 ml ........................................ 5.65 1 healthE

**POVIDONE-IODINE**

- Vaginal tab 200 mg
- **Restricted**
- Rectal administration pre-prostate biopsy.

- Oint 10% ................................................................. 3.27 25 g Betadine
- Soln 10% ................................................................. 6.20 500 ml Betadine
- ................................. 2.95 100 ml Riodine
- ........................................ 6.20 500 ml Riodine
- Soln 5%
- Soln 7.5%
- Pad 10%
- Swab set 10%

**POVIDONE-IODINE WITH ETHANOL**

- Soln 10% with ethanol 30% ........................................... 10.00 500 ml Betadine Skin Prep
- Soln 10% with ethanol 70%

**SODIUM HYPOCHLORITE**

- Soln
## Contrast Media

### Iodinated X-ray Contrast Media

**DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE**
- Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle..........................22.50 100 ml Gastrografin
- Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle..........................80.00 1 Urografin

**DIATRIZOATE SODIUM**
- Oral liq 370 mg per ml, 10 ml sachet..........................156.12 50 Ioscan

**IODISED OIL**
- Inj 38% w/w (480 mg per ml), 10 ml ampoule..........................280.00 1 Lipiodol Ultra Fluid

**IODIXANOL**
- Inj 270 mg per ml (iodine equivalent), 50 ml bottle..........................220.00 10 Visipaque
- Inj 320 mg per ml (iodine equivalent), 50 ml bottle..........................220.00 10 Visipaque
- Inj 320 mg per ml (iodine equivalent), 100 ml bottle..........................430.00 10 Visipaque
- Inj 320 mg per ml (iodine equivalent), 200 ml bottle..........................850.00 10 Visipaque

**IOHEXOL**
- Inj 240 mg per ml (iodine equivalent), 50 ml bottle..........................75.00 10 Omnipaque
- Inj 300 mg per ml (iodine equivalent), 20 ml bottle..........................57.00 10 Omnipaque
- Inj 300 mg per ml (iodine equivalent), 50 ml bottle..........................75.00 10 Omnipaque
- Inj 300 mg per ml (iodine equivalent), 100 ml bottle..........................150.00 10 Omnipaque
- Inj 350 mg per ml (iodine equivalent), 20 ml bottle..........................59.00 10 Omnipaque
- Inj 350 mg per ml (iodine equivalent), 50 ml bottle..........................75.00 10 Omnipaque
- Inj 350 mg per ml (iodine equivalent), 75 ml bottle..........................114.00 10 Omnipaque
- Inj 350 mg per ml (iodine equivalent), 100 ml bottle..........................150.00 10 Omnipaque
- Inj 350 mg per ml (iodine equivalent), 200 ml bottle..........................290.00 10 Omnipaque

### Non-iodinated X-ray Contrast Media

**BARIUM SULPHATE**
- Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet..........................507.50 50 E-Z-Cat Dry
- Oral liq 400 mg per ml (40% w/v, 30% w/w), bottle..........................17.39 148 g Varibar - Thin Liquid
- Oral liq 600 mg per g (60% w/w), tube..........................36.51 454 g E-Z-Paste
- Oral liq 400 mg per ml (40% w/v), bottle..........................155.35 250 ml Varibar - Honey
- Enema 1,250 mg per ml (125% w/w), 500 ml bag..........................282.30 12 Liquibar
- Oral liq 22 mg per g (2.2% w/w), 250 ml bottle..........................175.00 24 CT Plus+
- Oral liq 22 mg per g (2.2% w/w), 450 ml bottle..........................220.00 24 CT Plus+
- Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle..........................441.12 24 Volumen
- Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle..........................140.94 24 Readi-CAT 2
- Powder for oral soln 97.65% w/w, 300 g bottle..........................237.76 24 X-Opaque-HD
- Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle..........................52.35 3 Tagitol V
- Oral liq 1,250 mg per ml (125% w/w), 2,000 ml bottle..........................91.77 1 Liquibar

**BARIUM SULPHATE WITH SODIUM BICARBONATE**
- Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet..........................102.93 50 E-Z-Gas II
**VARIOUS**

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

**CITRIC ACID WITH SODIUM BICARBONATE**

Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet

*e.g. E-Z-GAS II*

### Paramagnetic Contrast Media

**GADOBENCIC ACID**

- Inj 334 mg per ml, 10 ml vial ......................................................... 324.74 10 Multihance
- Inj 334 mg per ml, 20 ml vial ......................................................... 636.28 10 Multihance

**GADOBUTROL**

- Inj 1 mmol per ml, 15 ml vial
  - Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe ......................................................... 180.00 5 Gadovist
  - Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe ......................................................... 700.00 10 Gadovist

**GADODIAMIDE**

- Inj 287 mg per ml, 10 ml prefilled syringe ........................................... 200.00 10 Omniscan
- Inj 287 mg per ml, 10 ml vial ................................................................ 170.00 10 Omniscan
- Inj 287 mg per ml, 5 ml vial ................................................................. 120.00 10 Omniscan
- Inj 287 mg per ml, 15 ml prefilled syringe ........................................... 320.00 10 Omniscan

**GADOTERIC ACID**

- Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe .......... 24.50 1 Dotarem
- Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle ......................... 34.50 1 Dotarem
- Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe .......... 41.00 1 Dotarem
- Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe .......... 55.00 1 Dotarem
- Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle ......................... 23.20 1 Dotarem
- Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle ......................... 46.30 1 Dotarem
- Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle ......................... 12.30 1 Dotarem

**GADOXETATE DISODIUM**

- Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe ......................................................... 300.00 1 Primovist

**MEGLUMINE GADOPENTETATE**

- Inj 469 mg per ml, 10 ml prefilled syringe ........................................... 95.00 5 Magnevist
- Inj 469 mg per ml, 10 ml vial ................................................................ 185.00 10 Magnevist

**MEGLUMINE IOTROXATE**

- Inj 105 mg per ml, 100 ml bottle ......................................................... 150.00 100 ml Biliscopin

### Ultrasound Contrast Media

**PERFLUTREN**

- Inj 1.1 mg per ml, 1.5 ml vial ......................................................... 180.00 1 Definity
  - 720.00 4 Definity

### Diagnostic Agents

**ARGININE**

- Inj 50 mg per ml, 500 ml bottle
- Inj 100 mg per ml, 300 ml bottle

**HISTAMINE ACID PHOSPHATE**

- Nebuliser soln 0.6%, 10 ml vial
- Nebuliser soln 2.5%, 10 ml vial
- Nebuliser soln 5%, 10 ml vial

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

*e.g. Brand indicates brand example only. It is not a contracted product.*
MANNITOL
Powder for inhalation

METHACHOLINE CHLORIDE
Powder 100 mg

SECRETIN PENTAHYDROCHLORIDE
Inj 100 u ampoule

SINCALIDE
Inj 5 mcg per vial

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**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 .......................................................... 440.00 5 Obex Medical

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**Irrigation Solutions**

**CHLORHEXIDINE**
Irrigation soln 0.02%, bottle .................................................. 6.20 100 ml Baxter
Irrigation soln 0.05%, bottle .................................................. 7.37 500 ml Baxter
Irrigation soln 0.1%, bottle .................................................. 8.71 100 ml Baxter

**CHLORHEXIDINE WITH CETRIMIDE**
Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule
Irrigation soln 0.015% with cetrimide 0.15%, bottle .......................... 4.17 1,000 ml Baxter
Irrigation soln 0.015% with cetrimide 0.15%, bottle .......................... 6.04 100 ml Baxter
Irrigation soln 0.015% with cetrimide 0.15%, bottle .......................... 9.55 500 ml Baxter
Irrigation soln 0.05% with cetrimide 0.5%, bottle ........................... 9.31 100 ml Baxter
Irrigation soln 0.05% with cetrimide 0.5%, bottle ........................... 12.14 500 ml Baxter
Irrigation soln 0.1% with cetrimide 1%, bottle .............................. 10.00 100 ml Baxter

**GLYCINE**
Irrigation soln 1.5%, bottle .......................................................... 19.48 2,000 ml Baxter
Irrigation soln 1.5%, bottle .......................................................... 22.70 3,000 ml Baxter

**SODIUM CHLORIDE**
Irrigation soln 0.9%, bottle .......................................................... 5.22 100 ml Baxter
Irrigation soln 0.9%, bottle .......................................................... 6.19 500 ml Baxter
Irrigation soln 0.9%, bottle .......................................................... 6.59 1,000 ml Baxter
Irrigation soln 0.9%, bottle .......................................................... 15.11 2,000 ml Baxter
Irrigation soln 0.9%, 30 ml ampoule ............................................ 19.26 3,000 ml Baxter
Irrigation soln 0.9%, 30 ml ampoule ............................................ 19.50 30 Pfizer

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
WATER
Irrigation soln, bottle ..........................................................................................5.24 100 ml Baxter
5.94 500 ml Baxter
6.58 1,000 ml Baxter
16.47 2,000 ml Baxter
29.21 3,000 ml Baxter

Surgical Preparations

BISMUTH SUBNITRATE AND IODOFORM PARAFFIN Paste

DIMETHYL SULFOXIDE
Soln 50%
Soln 99%

PHENOL
Inj 6%, 10 ml ampoule

PHENOL WITH IOXAGLIC ACID
Inj 12%, 10 ml ampoule

TROMETAMOL
Inj 36 mg per ml, 500 ml bottle

Cardioplegia Solutions

ELECTROLYTES
Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag e.g. Custodiol-HTK

Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag e.g. Cardioplegia Enriched Paed. Soln.

Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag e.g. Cardioplegia Base Solution

Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag e.g. Cardioplegia Electrolyte Solution

Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag e.g. Cardioplegia Solution AHB7832

Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag e.g. Cardioplegia
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>Preparation</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETIC ACID</td>
<td></td>
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</tr>
<tr>
<td>ALUM</td>
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<tr>
<td>ARACHIS OIL [PEANUT OIL]</td>
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<td>ASCORBIC ACID</td>
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<td>BENZOIN</td>
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<td>CARBOXYMETHYLCELLULOSE</td>
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<tr>
<td>CETRIMIDE</td>
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<tr>
<td>CHLORHEXIDINE GLUCONATE</td>
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<tr>
<td>CLOVE OIL</td>
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<tr>
<td>COAL TAR</td>
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<tr>
<td>DITHRANOL</td>
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<td></td>
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<tr>
<td>GLUCOSE [DEXTROSE]</td>
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</tr>
</tbody>
</table>

- Item restricted (see above); Item restricted (see below)
- e.g. Brand indicates brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCERIN WITH SODIUM SACCHARIN Suspension</td>
<td>32.50</td>
<td>Ora-Sweet SF</td>
</tr>
<tr>
<td>GLYCERIN WITH SUCCROSE Suspension</td>
<td>32.50</td>
<td>Ora-Sweet</td>
</tr>
<tr>
<td>GLYCEROL Liq – 1% DV Sep-17 to 2020</td>
<td>19.80 2,000 ml 3.28 500 ml</td>
<td>ABM healthE Glycerol BP Liquid</td>
</tr>
<tr>
<td>HYDROCORTISONE Powder – 1% DV Sep-17 to 2020</td>
<td>49.95 25 g</td>
<td>ABM</td>
</tr>
<tr>
<td>LACTOSE Powder</td>
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<tr>
<td>MAGNESIUM HYDROXIDE Paste</td>
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<tr>
<td>MENTHOL Crystals</td>
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<tr>
<td>METHADONE HYDROCHLORIDE Powder</td>
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<tr>
<td>METHYL HYDROXYBENZOATE Powder</td>
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<tr>
<td>METHYLCELLULOSE Powder</td>
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<td></td>
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<tr>
<td>METHYLCELLULOSE Suspension</td>
<td>32.50 473 ml</td>
<td>Ora-Plus</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN</td>
<td>32.50 473 ml</td>
<td>Ora-Blend SF</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SUCCROSE Suspension</td>
<td>32.50 473 ml</td>
<td>Ora-Blend</td>
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<tr>
<td>OLIVE OIL Liq</td>
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<tr>
<td>PHENOBARBITONE SODIUM Powder</td>
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<td>PHENOL Liq</td>
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<tr>
<td>PILOCARPINE NITRATE Powder</td>
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<tr>
<td>POLYHEXAMETHYLENE BIGUANIDE Liq</td>
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<tr>
<td>Povidone K30 Powder</td>
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<tr>
<td>PROPYLENE GLYCOL Liq</td>
<td>12.00 500 ml</td>
<td>ABM</td>
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<tr>
<td>SALICYLIC ACID Powder</td>
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Products with Hospital Supply Status (HSS) are in **bold**

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### Extemporaneously Compounded Preparations

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td><strong>Silver Nitrate</strong></td>
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<tr>
<td>Crystals</td>
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<tr>
<td><strong>Sodium Bicarbonate</strong></td>
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<td>Powder BP</td>
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<tr>
<td><strong>Sodium Citrate</strong></td>
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<tr>
<td>Powder</td>
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<tr>
<td><strong>Sodium Metabisulfite</strong></td>
<td></td>
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<tr>
<td>Powder</td>
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<tr>
<td><strong>Starch</strong></td>
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<td>Powder</td>
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<tr>
<td><strong>Sulphur</strong></td>
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<tr>
<td>Precipitated</td>
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<tr>
<td>Sublimed</td>
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<tr>
<td><strong>Syrup</strong></td>
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<tr>
<td>Liq (pharmaceutical grade)</td>
<td>21.75</td>
<td>Midwest</td>
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<tr>
<td><strong>Theobroma Oil</strong></td>
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<tr>
<td>Oint</td>
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<tr>
<td><strong>Tri-Sodium Citrate</strong></td>
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<tr>
<td>Crystals</td>
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<tr>
<td><strong>Trichloracetic Acid</strong></td>
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<td><strong>Urea</strong></td>
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<td>Powder BP</td>
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<tr>
<td><strong>Wool Fat</strong></td>
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<tr>
<td>Oint, anhydrous</td>
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<tr>
<td><strong>Xanthan</strong></td>
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<tr>
<td>Gum 1%</td>
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<tr>
<td><strong>Zinc Oxide</strong></td>
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<td></td>
</tr>
<tr>
<td>Powder</td>
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</tbody>
</table>

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

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

### Carbohydrate

**Restricted**

**Initiation – Use as an additive**

Any of the following:

1. Cystic fibrosis; or
2. Chronic kidney disease; or
3. Cancer in children; or
4. Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
5. Faltering growth in an infant/child; or
6. Bronchopulmonary dysplasia; or
7. Premature and post premature infant; or
8. Inborn errors of metabolism.

**Initiation – Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

**CARBOHYDRATE SUPPLEMENT – Restricted** see terms above

- Powder 95 g carbohydrate per 100 g, 368 g can
- Powder 96 g carbohydrate per 100 g, 400 g can

*E.g. Polycal*

### Fat

**Restricted**

**Initiation – Use as an additive**

Any of the following:

1. Patient has inborn errors of metabolism; or
2. Faltering growth in an infant/child; or
3. Bronchopulmonary dysplasia; or
4. Fat malabsorption; or
5. Lymphangiectasia; or
6. Short bowel syndrome; or
7. Infants with necrotising enterocolitis; or
8. Biliary atresia; or
9. For use in a ketogenic diet; or
10. Chyle leak; or
11. Ascites; or
12. Patient has increased energy requirements, and for whom dietary measures have not been successful.

**Initiation – Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

**LONG-CHAIN TRIGLYCERIDE SUPPLEMENT – Restricted** see terms above

- Liquid 50 g fat per 100 ml, 200 ml bottle
- Liquid 50 g fat per 100 ml, 500 ml bottle

*E.g. Calogen*
## SPECIAL FOODS

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

### MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT
- **Restricted** see terms on the previous page
- **Liq**
  - Liquid 50 g fat per 100 ml, 250 ml bottle
  - Liquid 95 g fat per 100 ml, 500 ml bottle

### WALNUT OIL
- **Restricted** see terms on the previous page
- **Liq**

### Protein

- **Restricted**
  - **Initiation** – Use as an additive
    - Either:
      1. Protein losing enteropathy; or
      2. High protein needs.
  - **Initiation** – Use as a module
    - For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.
    - **Note**: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

### PROTEIN SUPPLEMENT
- **Restricted** see terms above
  - **Powder**
    - 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can
    - 6 g protein per 7 g, can
  - **Powder** 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can

### Other Supplements

### BREAST MILK FORTIFIER
- Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet
- Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet
- Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet

### CARBOHYDRATE AND FAT SUPPLEMENT
- **Restricted** see terms below
  - Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can

- **Restricted**
  - **Initiation**
    - Both:
      1. Infant or child aged four years or under; and
      2. Any of the following:
        - 2.1 Cystic fibrosis; or
        - 2.2 Cancer in children; or
        - 2.3 Faltering growth; or
        - 2.4 Bronchopulmonary dysplasia; or
        - 2.5 Premature and post premature infants.
Food/Fluid Thickener

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

GUAR GUM
  Powder  e.g. Guarcol

MAIZE STARCH
  Powder  e.g. Resource Thicken
  Up; Nutilis

MALTODEXTRIN WITH XANTHAN GUM
  Powder  e.g. Instant Thick

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID
  Powder  e.g. Easy Thick

Metabolic Products

→ Restricted
Initiation
Any of the following:
  1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidemia, propionic acidemia, methylmalonic acidemia, 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
  e.g. XLYS Low TRY Maxamaid
  Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can
### Special Foods

<table>
<thead>
<tr>
<th>Hoeplin Acetate</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
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</thead>
<tbody>
<tr>
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#### Homocystinuria Products

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms on the previous page

<table>
<thead>
<tr>
<th>Description</th>
<th>Brand or 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>e.g. HCU Anamix Infant</td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XMET Maxamaid</td>
</tr>
<tr>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XMET 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>e.g. HCU Anamix Junior LQ</td>
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</tbody>
</table>

#### Isovaleric Acidaemia Products

AMINO ACID FORMULA (WITHOUT LEUCINE) – **Restricted** see terms on the previous page

<table>
<thead>
<tr>
<th>Description</th>
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</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>e.g. IVA Anamix Infant</td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XLEU Maxamaid</td>
</tr>
<tr>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XLEU Maxamum</td>
</tr>
</tbody>
</table>

#### Maple Syrup Urine Disease Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – **Restricted** see terms on the previous page

<table>
<thead>
<tr>
<th>Description</th>
<th>Brand or 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>e.g. MSUD Anamix Infant</td>
</tr>
<tr>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</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>e.g. MSUD Anamix Junior LQ</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.
### Phenylketonuria Products

**AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted see terms on page 215**

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit</th>
<th>Brand/Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 8.33 mg</td>
<td></td>
<td>e.g. Phlexy-10</td>
</tr>
<tr>
<td>Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g</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</td>
<td></td>
<td>e.g. PKU Anamix Infant</td>
</tr>
<tr>
<td>100 g, 400 g can</td>
<td></td>
<td>e.g. XP Maxamaid</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 Maxamum</td>
</tr>
<tr>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td></td>
<td>e.g. Phlexy-10</td>
</tr>
<tr>
<td>Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml,</td>
<td>125 ml</td>
<td>PKU Lophlex LQ 10</td>
</tr>
<tr>
<td>62.5 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml,</td>
<td>125 ml</td>
<td>PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>125 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml</td>
<td>125 ml</td>
<td>PKU Lophlex LQ 10</td>
</tr>
<tr>
<td>bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml,</td>
<td>125 ml</td>
<td>PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>125 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml,</td>
<td>125 ml</td>
<td>PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>62.5 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml,</td>
<td>125 ml</td>
<td>PKU Lophlex LQ 10</td>
</tr>
<tr>
<td>62.5 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml,</td>
<td>125 ml</td>
<td>PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>62.5 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 16 g protein, 7 g carbohydrate and 2 g fat per 100 ml,</td>
<td>250 ml carton</td>
<td></td>
</tr>
<tr>
<td>250 ml carton</td>
<td></td>
<td>e.g. Easiphen</td>
</tr>
<tr>
<td>Liquid 6.7 g protein, 5.1 g carbohydrate and 0.1 g fibre per 100 ml,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Propionic Acidaemia and Methylmalonic Acidaemia Products

**AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – Restricted see terms on page 215**

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit</th>
<th>Brand/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></td>
<td>e.g. MMA/PA 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. XMTVI 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. XMTVI Maxamum</td>
</tr>
</tbody>
</table>

### Protein Free Supplements

**PROTEIN FREE SUPPLEMENT – Restricted see terms on page 215**

<table>
<thead>
<tr>
<th>Description</th>
<th>Unit</th>
<th>Brand/Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can</td>
<td></td>
<td>e.g. Energivit</td>
</tr>
</tbody>
</table>
### Tyrosinaemia Products

**AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) – Restricted** see terms on page 215

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet</td>
<td>e.g. TYR Anamix Junior</td>
<td></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>e.g. TYR Anamix Infant</td>
<td></td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can</td>
<td>e.g. XPHEN, TYR Maxamaid</td>
<td></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>e.g. TYR Anamix Junior LQ</td>
<td></td>
</tr>
</tbody>
</table>

### Urea Cycle Disorders Products

**AMINO ACID SUPPLEMENT – Restricted** see terms on page 215

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can</td>
<td>e.g. Dialamine</td>
<td></td>
</tr>
<tr>
<td>Powder 79 g protein per 100 g, 200 g can</td>
<td>e.g. Essential Amino Acid Mix</td>
<td></td>
</tr>
</tbody>
</table>

### X-Linked Adrenoleukodystrophy Products

**GLYCEROL TRIERUCATE – Restricted** see terms on page 215

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid, 1,000 ml bottle</td>
<td></td>
</tr>
</tbody>
</table>

**GLYCEROL TRIOLEATE – Restricted** see terms on page 215

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid, 500 ml bottle</td>
<td></td>
</tr>
</tbody>
</table>

### Specialised Formulas

#### Diabetic Products

**LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted** see terms above

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 ml bottle</td>
<td>7.50 1,000 ml Glucerna Select RTH (Vanilla)</td>
<td></td>
</tr>
<tr>
<td>Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag</td>
<td>e.g. Nutrison Advanced Diason</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.
LOW-GI ORAL FEED 1 KCAL/ML – Restricted see terms on the previous 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

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
- Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle...18.06 1,000 ml Vital
- Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 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 (Alitraq Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet to be delisted 1 September 2017)

PEPTIDE-BASED ORAL FEED – Restricted see terms above

- Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet.....................4.50 80 g Vivonex TEN
- 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 (Alitraq Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet to be delisted 1 September 2017)

PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted see terms above

- Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton...........4.95 237 ml Peptamen OS 1.0 (Vanilla)
## SPECIAL FOODS

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

### Fat Modified Products

**FAT-MODIFIED FEED – Restricted** see terms below

- **Powder** 12.9 g protein, 69.1 g carbohydrate and 12.9 g fat per 100 g, 400 g can
  - e.g. Monogen

  **Initiation**
  
  Any of the following:
  
  1. Patient has metabolic disorders of fat metabolism; or
  2. Patient has a chyle leak; or
  3. Modified as a modular feed, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.

  **Note:** Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

### Hepatic Products

**Hepatic Products – Restricted** see terms above

**Initiation**

For children (up to 18 years) who require a liver transplant.

**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

**High Calorie Products – Restricted** see terms above

**Initiation**

Any of the following:

1. Patient is fluid volume or rate restricted; or
2. Patient requires low electrolyte; or
3. Both:
   
   3.1 Any of the following:
   
   3.1.1 Cystic fibrosis; or
   3.1.2 Any condition causing malabsorption; or
   3.1.3 Faltering growth in an infant/child; or
   3.1.4 Increased nutritional requirements; and

   3.2 Patient has substantially increased metabolic requirements.

**ENTERAL FEED 2 KCAL/ML – Restricted** see terms above

- **Liquid** 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
  - 1,000 ml bottle
  - 11.00 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 on the next page

- **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

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

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

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

→ Restricted
Initiation

Both:

1. The patient has a high protein requirement; and
2. Any of the following:
   2.1 Patient has liver disease; or
   2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
   2.3 Patient is fluid restricted; or
   2.4 Patient's needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – Restricted see terms below

Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag

e.g. Nutrison Protein Plus Multi Fibre

→ Restricted
Initiation

Both:

1. The patient has a high protein requirement; and
2. Any of the following:
   2.1 Patient has liver disease; or
   2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
   2.3 Patient is fluid restricted; or
   2.4 Patient's needs cannot be more appropriately met using high calorie product.

Infant Formulas

AMINO ACID FORMULA – Restricted see terms below

- Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can
  e.g. Neocate

- Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can
  e.g. Neocate LCP

- Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can 53.00 400 g
  Neocate Gold (Unflavoured)

- Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can
  e.g. Neocate Advance

- Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can 43.60 400 g
  Alfamino Junior

- Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can 53.00 400 g
  Neocate Advance (Vanilla)

- Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can 53.00 400 g
  Elecare LCP (Unflavoured)

- Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can 53.00 400 g
  Elecare (Unflavoured)
  Elecare (Vanilla)

→ Restricted
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.

continued…

Products with Hospital Supply Status (HSS) are in bold

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

---

**continued…**

Note: A reasonable trial is defined as a 2-4 week trial.

**Continuation**

**Both:**

1. An assessment as to whether the infant can be transitioned to a cows’ milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and

2. The outcome of the assessment is that the infant continues to require an amino acid infant formula.

**EXTENSIVELY HYDROLYSED FORMULA – Restricted** see terms [below](#)

- **Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g,**
  - 450 g can
  - *e.g.* Aptamil Gold+ Pepti Junior

- **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 [on the next page](#)
  - **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

---

*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>

- **Restricted Initiation**
  - 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**
- Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can ............$15.25 400 g S-26 Gold Premgro
- 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

**Ketogenic Diet Products**

**HIGH FAT FORMULA – Restricted see terms below**
- Powder 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can ......$35.50 300 g Ketocal
- Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can ......$35.50 300 g Ketocal

- **Restricted Initiation**
  - For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

**Paediatric Products**

- **Restricted Initiation**
  - Both:
    1. Child is aged one to ten years; and
    2. Any of the following:
       2.1 The child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or
       2.2 Any condition causing malabsorption; or
       2.3 Faltering growth in an infant/child; or
       2.4 Increased nutritional requirements; or
       2.5 The child is being transitioned from TPN or tube feeding to oral feeding; or
       2.6 The child has eaten, or is expected to eat, little or nothing for 3 days.

**PAEDIATRIC ORAL FEED – Restricted see terms above**
- Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can ....$28.00 850 g Pediasure (Vanilla)
### SPECIAL FOODS

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML</strong> – Restricted see terms on the previous page</td>
<td></td>
</tr>
<tr>
<td>Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag</td>
<td>4.00 500 ml Nutrini Low Energy Multifibre RTH</td>
</tr>
<tr>
<td><strong>PAEDIATRIC ENTERAL FEED 1 KCAL/ML</strong> – Restricted see terms on the previous page</td>
<td></td>
</tr>
<tr>
<td>Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag</td>
<td>2.68 500 ml Pediasure RTH</td>
</tr>
<tr>
<td>Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag</td>
<td>e.g. Nutrini RTH</td>
</tr>
<tr>
<td><strong>PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML</strong> – Restricted see terms on the previous page</td>
<td></td>
</tr>
<tr>
<td>Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag</td>
<td>6.00 500 ml Nutrini Energy Multi Fibre</td>
</tr>
<tr>
<td>Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag</td>
<td>e.g. Nutrini Energy RTH</td>
</tr>
<tr>
<td><strong>PAEDIATRIC ORAL FEED 1 KCAL/ML</strong> – Restricted see terms on the previous page</td>
<td></td>
</tr>
<tr>
<td>Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle</td>
<td>1.07 200 ml Pediasure (Chocolate)</td>
</tr>
<tr>
<td>Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can</td>
<td>1.34 250 ml Pediasure (Vanilla)</td>
</tr>
<tr>
<td><strong>PAEDIATRIC ORAL FEED 1.5 KCAL/ML</strong> – Restricted see terms on the previous page</td>
<td></td>
</tr>
<tr>
<td>Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle</td>
<td>e.g. Fortini</td>
</tr>
<tr>
<td>Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle</td>
<td>e.g. Fortini Multifibre</td>
</tr>
</tbody>
</table>

### Renal Products

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML</strong> – Restricted see terms below</td>
<td></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>6.08 500 ml Nepro HP RTH</td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ORAL FEED</strong> – Restricted see terms below</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>e.g. Kindergen</td>
</tr>
<tr>
<td><strong>LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML</strong></td>
<td></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>2.67 220 ml Nepro HP (Strawberry)</td>
</tr>
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</tr>
</tbody>
</table>

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

*e.g. Brand indicates brand example only. It is not a contracted product.*
LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted see terms below

- Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton...........3.31 237 ml Novasource Renal (Vanilla)
- Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml
- Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton e.g. Renilon 7.5

Initiation
For patients with acute or chronic kidney disease.

Respiratory Products

LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML – Restricted see terms below

- Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle......1.66 237 ml Pulmocare (Vanilla)

Initiation
For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg.

Surgical Products

HIGH ARGinine ORAL FEED 1.4 KCAL/ML – Restricted see terms below

- Liquid 10.1 g protein, 15 g carbohydrate, 4.5 g fat and 0 g fibre per 100 ml, carton..........................4.00 178 ml Impact Advanced Recovery

Initiation
Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – Restricted see terms below

- Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle..................................................6.80 4 preOp

Initiation
Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

Standard Feeds

Initiation
Any of the following:

1 Any of the following:
   1.1 BMI < 18.5; or
   1.2 Greater than 10% weight loss in the last 3-6 months; or
   1.3 BMI < 20 with greater than 5% weight loss in the last 3-6 months; or

2 For patients who have, or are expected to, eat little or nothing for 5 days; or

3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from

continued…
continued…

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 on the previous page

- 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 1,000 ml Nutrison Energy
  - e.g. Nutrison Energy Multi Fibre

- 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............1.75 250 ml Ensure Plus HN

- Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag........7.00 1,000 ml Ensure Plus HN RTH

- Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag.................................................................7.00 1,000 ml Jevity HiCal RTH

**ENTERAL FEED 1 KCAL/ML – Restricted** see terms on the previous page

- Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle...........5.29 1,000 ml Osmolite RTH
  - e.g. NutrisonStdRTH; NutrisonLowSodium

- Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle..............................................................5.29 1,000 ml Jevity RTH
  - e.g. Nutrison Multi Fibre

- Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag
  - e.g. Nutrison Multi Fibre

**ENTERAL FEED 1.2 KCAL/ML – Restricted** see terms on the previous page

- Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag
  - e.g. Jevity Plus RTH

**ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted** see terms on the previous page

- Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bag........................................................................5.29 1,000 ml Nutrison 800 Complete Multi Fibre

**ORAL FEED – Restricted** see terms on the previous page

- Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can ........26.00 850 g Ensure (Chocolate)

- Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can ........26.00 850 g Ensure (Vanilla)

- Powder 21.9 g protein, 53.5 g carbohydrate and 14.5 g fat per 100 g, can ....3.67 350 g Fortisip (Vanilla)

- Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can........14.90 840 g Sustagen Hospital Formula (Chocolate)

  - Sustagen Hospital Formula (Vanilla)

Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer’s surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.

(Ensure (Chocolate) Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can to be delisted 1 August 2017)

(Ensure (Vanilla) Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can to be delisted 1 August 2017)
<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>

**ORAL FEED 1 KCAL/ML – Restricted** see terms on page 225
- Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton

**ORAL FEED 1.5 KCAL/ML – Restricted** see terms on page 225
- Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can ........ 1.33 237 ml Ensure Plus (Vanilla)
- Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton .............................................................. 1.26 200 ml Ensure Plus (Banana)
  - Ensure Plus (Chocolate)
  - Ensure Plus (Fruit of the Forest)
- 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

- e.g. Resource Fruit Beverage
- e.g. Fortijuice
- e.g. Fortisip
- e.g. Fortisip Multi Fibre

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

**DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE** – *Restricted* see terms below

- **Initiation**
  - 1. A single dose for children up to the age of 7 who have completed primary immunisation; or
  - 2. A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
  - 3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
  - 4. Five doses will be funded for children requiring solid organ transplantation.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

**DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE** – *Restricted* see terms below

- **Initiation**
  - 1. Up to four doses for children up to and under the age of 10 for primary immunisation; or
  - 2. An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
  - 3. Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

### Bacterial Vaccines

**ADULT DIPHTHERIA AND TETANUS VACCINE**

- **Initiation**
  - 1. For vaccination of patients aged 45 and 65 years old; or
  - 2. For vaccination of previously unimmunised or partially immunised patients; or

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

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

3 For revaccination following immunosuppression; or
4 For boosting of patients with tetanus-prone wounds; or
5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

BACILLUS CALMETTE-GUERIN VACCINE – Restricted see terms below

Injectable Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial Danish strain 1331, live attenuated, vial with diluent

$0.00 10 BCG Vaccine

Initiation

All of the following:

1 Living in a house or family with a person with current or past history of TB; and
2 Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; and
3 During their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note: A list of countries with high rates of TB are available at http://www.health.govt.nz/tuberculosis (Search for Downloads) or www.bcgatlas.org/index.php

DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – Restricted see terms below

Injectable 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe

0% DV Sep-17 to 2020

$0.00 1 Boostrix

Initiation

Any of the following:

1 A single vaccine for pregnant woman between gestational weeks 28 and 38; or
2 A course of up to four vaccines is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation; or
3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens.

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

Injectable Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml

0% DV Sep-17 to 2020

$0.00 1 Hiberix

Initiation

Any of the following:

1 For primary vaccination in children; or
230

VACCINES

continued…

2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or

3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – Restricted see terms below

Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – 0% DV Jul-17 to 2020

Menactra

Initiation
Any of the following:

1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or

2 One dose for close contacts of meningococcal cases; or

3 A maximum of two doses for bone marrow transplant patients; or

4 A maximum of two doses for patients following immunosuppression*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Meningococcal due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

MENINGOCOCCAL C CONJUGATE VACCINE – Restricted see terms below

Inj 10 mcg in 0.5 ml syringe – 0% DV Jul-17 to 2020

Neisvac-C

Initiation
Any of the following:

1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or

2 One dose for close contacts of meningococcal cases; or

3 A maximum of two doses for bone marrow transplant patients; or

4 A maximum of two doses for patients following immunosuppression*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Meningococcal 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

mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – 0% DV Sep-17 to 2020

Synflorix

Initiation
Either:

1 A primary course of 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 PCV13.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – Restricted see terms on the next page

Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe

Prevenar 13
Restrict

Initiation – High risk children who have received PCV10

Therapy limited to 1 dose

One dose is funded for high risk children (over the age of 17 months and under 18 years) who have previously received four doses of PCV10.

Initiation – High risk children aged under 5 years

Therapy limited to 4 doses

Both:
1. Up to an additional four doses (as appropriate) are funded for children aged under 5 years for (re-)immunisation; and
2. Any of the following:
   2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
   2.2 With primary immune deficiencies; or
   2.3 With HIV infection; or
   2.4 With renal failure, or nephrotic syndrome; or
   2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
   2.6 With cochlear implants or intracranial shunts; or
   2.7 With cerebrospinal fluid leaks; or
   2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
   2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
   2.10 Pre term infants, born before 28 weeks gestation; or
   2.11 With cardiac disease, with cyanosis or failure; or
   2.12 With diabetes; or
   2.13 With Down syndrome; or
   2.14 Who are pre-or post-splenectomy, or with functional asplenia.

Initiation – High risk adults and children 5 years and over

Therapy limited to 4 doses

Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients 5 years and over with HIV, for patients pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – Restricted see terms below

$ 0% DV Jul-17 to 2020............................................................0.00 1 Pneumovax 23

Restrict

Initiation – High risk patients

Therapy limited to 3 doses

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

continued…
continued…

Initiation – High risk children

Therapy limited to 2 doses

Both:

1. Patient is a child under 18 years for (re-)immunisation; and
2. Any of the following:
   2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
   2.2 With primary immune deficiencies; or
   2.3 With HIV infection; or
   2.4 With renal failure, or nephrotic syndrome; or
   2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
   2.6 With cochlear implants or intracranial shunts; or
   2.7 With cerebrospinal fluid leaks; or
   2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
   2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
   2.10 Pre term infants, born before 28 weeks gestation; or
   2.11 With cardiac disease, with cyanosis or failure; or
   2.12 With diabetes; or
   2.13 With Down syndrome; or
   2.14 Who are pre-or post-splenectomy, or with functional asplenia.

Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE – Restricted see terms below

↓ Inj 25 mcg in 0.5 ml syringe

⇒ Restricted

Initiation

For use during typhoid fever outbreaks.

Viral Vaccines

HEPATITIS A VACCINE – Restricted see terms below

↓ Inj 720 ELISA units in 0.5 ml syringe – 0% DV Sep-17 to 2020 .......................0.00 1 Havrix Junior

↓ Inj 1440 ELISA units in 1 ml syringe – 0% DV Sep-17 to 2020 .......................0.00 1 Havrix

⇒ Restricted

Initiation

All of the following:

1. Two vaccinations for use in transplant patients; and
2. Two vaccinations for use in children with chronic liver disease; and
3. One dose of vaccine for close contacts of known hepatitis A cases.

HEPATITIS B RECOMBINANT VACCINE

↓ Inj 5 mcg in 0.5 ml vial – 0% DV Jul-17 to 2020 ........................................0.00 1 HBvaxPRO

⇒ Restricted

Initiation

Any of the following:
continued...

1. For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2. For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3. For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4. For HIV positive patients; or
5. For hepatitis C positive patients; or
6. For patients following non-consensual sexual intercourse; or
7. For patients following immunosuppression; or
8. For solid organ transplant patients; or
9. For post-haematopoietic stem cell transplant (HSCT) patients; or
10. Following needle stick injury.

Inj 10 mcg in 1 ml vial – 0% DV Jul-17 to 2020

Restricted Initiation

Any of the following:
1. For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2. For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3. For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4. For HIV positive patients; or
5. For hepatitis C positive patients; or
6. For patients following non-consensual sexual intercourse; or
7. For patients following immunosuppression; or
8. For solid organ transplant patients; or
9. For post-haematopoietic stem cell transplant (HSCT) patients; or
10. Following needle stick injury.

Inj 40 mcg per 1 ml vial – 0% DV Jul-17 to 2020

Restricted Initiation

Both:
1. For dialysis patients; and
2. For liver or kidney transplant patient.

HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – Restricted see terms below

Inj 120 mcg in 0.5 ml syringe

Restrict Initiation – people aged 9 to 26 years
Therapy limited to 3 doses
Up to three doses for people aged 9 to 26 years inclusive.

Restrict Initiation – post chemotherapy
Therapy limited to 4 doses
Up to 4 doses for people aged 9 to 26 years inclusive, post chemotherapy.

HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – Restricted see terms below

Inj 270 mcg in 0.5 ml syringe – 0% DV Jun-17 to 2020

Restrict Initiation – Children aged 14 years and under
Therapy limited to 2 doses
Children aged 14 years and under.
continued…

Initiation – other conditions

Either:
  1 Up to 3 doses for people aged 15 to 26 years inclusive; or
  2 Both:
     2.1 People aged 9 to 26 years inclusive; and
     2.2 Any of the following:
        2.2.1 Up to 3 doses for confirmed HIV infection; or
        2.2.2 Up to 3 doses for transplant (including stem cell) patients; or
        2.2.3 Up to 4 doses for Post chemotherapy.

INFLUENZA VACCINE – Restricted see terms below

打 Inj 45 mcg in 0.5 ml syringe...............................................................90.00  10  Influvac

Initiation – People over 65

The patient is 65 years of age or over.

Initiation – cardiovascular disease

Any of the following:
  1 Ischaemic heart disease; or
  2 Congestive heart failure; or
  3 Rheumatic heart disease; or
  4 Longenital heart disease; or
  5 Cerebro-vascular disease.

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

Initiation – chronic respiratory disease

Either:
  1 Asthma, if on a regular preventative therapy; or
  2 Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

Initiation – Other conditions

Any of the following:
  1 Any of the following:
     1.1 Diabetes; or
     1.2 chronic renal disease; or
     1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
     1.4 Autoimmune disease; or
     1.5 Immune suppression or immune deficiency; or
     1.6 HIV; or
     1.7 Transplant recipient; or
     1.8 Neuromuscular and CNS diseases/ disorders; or
     1.9 Haemoglobinopathies; or
     1.10 Is a child on long term aspirin; or
     1.11 Has a cochlear implant; or
     1.12 Errors of metabolism at risk of major metabolic decompensation; or
     1.13 Pre and post splenectomy; or
     1.14 Down syndrome; or
     1.15 Is pregnant; or
     1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or

continued…
continued...

- Patients who are compulsorily detained long-term in a forensic unit within a DHB hospital; or
- People under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board); or
- People under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region.

MEASLES, MUMPS AND RUBELLA VACCINE – Restricted see terms below
- Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent
- 0.5 ml – 0% DV Sep-17 to 2020 ...............................................................0.00 10 Priorix
- Inj 1000 TCID50 measles, 12500 TCID50 mumps and
- 1000 TCID50 rubella vial with diluent.........................................................0.00 10 M-M-R-II

(M-M-R-II Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent to be delisted 1 October 2017)

⇒ Restricted
Initiation – first dose prior to 12 months
Therapy limited to 3 doses
Any of the following:
- For primary vaccination in children; or
- For revaccination following immunosuppression; or
- For any individual susceptible to measles, mumps or rubella.

Initiation – first dose after 12 months
Therapy limited to 2 doses
Any of the following:
- For primary vaccination in children; or
- For revaccination following immunosuppression; or
- For any individual susceptible to measles, mumps or rubella.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

POLIOMYELITIS VACCINE – Restricted see terms below
- Inj 80 D-antigen units in 0.5 ml syringe – 0% DV Jul-17 to 2020 .................0.00 1 IPOL

⇒ Restricted
Initiation
Therapy limited to 3 doses
Either:
- For partially vaccinated or previously unvaccinated individuals; or
- For revaccination following immunosuppression.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

RABIES VACCINE
Inj 2.5 IU vial with diluent

ROTAVIRUS 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......0.00 10 RotaTeq

(RotaTeq Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50 units per 2 ml, tube to be delisted 1 October 2017)

⇒ Restricted
Initiation
Therapy limited to 3 doses
Both:
- First dose to be administered in infants aged under 15 weeks of age; and
- No vaccination being administered to children aged 8 months or over.

ROTAVIRUS ORAL VACCINE – Restricted see terms on the next page
- Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – 0% DV Sep-17 to 2020 .................................................0.00 10 Rotarix
### VACCINES

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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#### VARICELLA VACCINE [CHICKENPOX VACCINE] – Restricted see terms below

- Inj 2000 PFU prefilled syringe plus vial – 0% DV Sep-17 to 2020
  - 0.00 1 Varilrix

#### Diagnostic Agents

<table>
<thead>
<tr>
<th>TUBERCULIN PPD [MANTOUX] TEST</th>
</tr>
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<tbody>
<tr>
<td>Inj 5 TU per 0.1 ml, 1 ml vial – 0% DV Jul-17 to 2020</td>
</tr>
<tr>
<td>0.00 1 Tubersol</td>
</tr>
</tbody>
</table>

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**Note:**
- * 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](http://www.pharmac.govt.nz). The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

**BLOOD GLUCOSE DIAGNOSTIC TEST METER**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
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<tbody>
<tr>
<td>1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips</td>
<td>$20.00</td>
</tr>
<tr>
<td>Meter</td>
<td>$19.00</td>
</tr>
</tbody>
</table>

**BLOOD GLUCOSE DIAGNOSTIC TEST STRIP**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose test strips</td>
<td>$28.75</td>
</tr>
<tr>
<td>Blood glucose test strips x 50 and lancets x 5</td>
<td>$19.10</td>
</tr>
</tbody>
</table>

**BLOOD KETONE DIAGNOSTIC TEST METER**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

**INSULIN PEN NEEDLES**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 g x 12.7 mm</td>
<td>$10.50</td>
</tr>
<tr>
<td>31 g x 5 mm</td>
<td>$11.75</td>
</tr>
<tr>
<td>31 g x 6 mm</td>
<td>$10.50</td>
</tr>
<tr>
<td>31 g x 8 mm</td>
<td>$10.50</td>
</tr>
<tr>
<td>32 g x 4 mm</td>
<td>$10.50</td>
</tr>
</tbody>
</table>

**INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syringe 0.3 ml with 29 g x 12.7 mm needle</td>
<td>$13.00</td>
</tr>
<tr>
<td>Syringe 0.3 ml with 31 g x 8 mm needle</td>
<td>$13.00</td>
</tr>
<tr>
<td>Syringe 0.5 ml with 29 g x 12.7 mm needle</td>
<td>$13.00</td>
</tr>
<tr>
<td>Syringe 0.5 ml with 31 g x 8 mm needle</td>
<td>$13.00</td>
</tr>
<tr>
<td>Syringe 1 ml with 29 g x 12.7 mm needle</td>
<td>$13.00</td>
</tr>
<tr>
<td>Syringe 1 ml with 31 g x 8 mm needle</td>
<td>$13.00</td>
</tr>
</tbody>
</table>

**KETONE BLOOD BETA-KETONE ELECTRODES**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test strips</td>
<td>$15.50</td>
</tr>
</tbody>
</table>

**MASK FOR SPACER DEVICE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>$2.20</td>
</tr>
</tbody>
</table>

**PEAK FLOW METER**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Range</td>
<td>$9.54</td>
</tr>
<tr>
<td>Normal Range</td>
<td>$9.54</td>
</tr>
</tbody>
</table>

**PREGNANCY TEST - HCG URINE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassette</td>
<td>$17.60</td>
</tr>
</tbody>
</table>

**SODIUM NITROPRUSSIDE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test strip</td>
<td>$6.00</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.
### OPTIONAL PHARMACEUTICALS

<table>
<thead>
<tr>
<th>SPACER DEVICE</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>220 ml (single patient)</td>
<td>2.95</td>
<td>1</td>
<td>e-chamber Turbo</td>
</tr>
<tr>
<td>510 ml (single patient)</td>
<td>5.12</td>
<td>1</td>
<td>e-chamber La Grande</td>
</tr>
<tr>
<td>800 ml</td>
<td>6.50</td>
<td>1</td>
<td>Volumatic</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.
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