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Introducing PHARMAC

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

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

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

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

### ANATOMICAL HEADING

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

**CHEMICAL A** - Restricted see terms below

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**CHEMICAL B** - Some items restricted see terms below

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<tr>
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**CHEMICAL C** - Restricted

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

**CHEMICAL D** - Restricted see terms below

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<td>D</td>
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**CHEMICAL E**

<table>
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<th>Price</th>
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</thead>
<tbody>
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<td>E</td>
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</table>

- For the prophylaxis of venous thromboembolism following a total hip replacement; or
- For the prophylaxis of venous thromboembolism following a total knee replacement.

**CHEMICAL F**

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Price</th>
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<tbody>
<tr>
<td>F</td>
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</tbody>
</table>

- Limited to five weeks’ treatment
- Standard national price excluding GST
- Form and strength
- Generic name listed by therapeutic group and subgroup
- Indicates only presentation B1 is Restricted
- From 1 January 2012 to 30 June 2014, at least 99% of the total volume of this item purchased must be Brand C
- Not a contracted product
-indicating only presentation B1 is Restricted
- -1% DV Limit Jan-12
- -1% DV Limit Mar-13
- Oncologist or haematologist
- e.g. Brand B2
- e.g. Brand E
- 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.
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;

- must ensure that Contract Manufacturers, when manufacturing an Extemporaneously Compounded Product on their behalf, use the National Contract Pharmaceutical with HSS; and

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

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

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

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

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

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

**ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE**

- 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

  e.g. Mylanta
  e.g. Mylanta Double Strength

**SIMETHICONE**

- Oral drops 100 mg per ml

**SODIUM ALGINATE WITH MAGNESIUM ALGINATE**

- Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet

  e.g. Gaviscon Infant

**SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE**

- Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg
- Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml

  4.95 500 ml Acidex

**SODIUM CITRATE**

- Oral liq 8.8% (300 mmol/l)

#### Phosphate Binding Agents

**ALUMINIUM HYDROXIDE**

- Tab 600 mg

**CALCIUM CARBONATE** – **Restricted** see terms below

- Oral liq 250 mg per ml (100 mg elemental per ml)

  \[ \text{39.00 500 ml Roxane} \]

- **Restricted** Initiation

  Only for use in children under 12 years of age for use as a phosphate binding agent.

#### Antidiarrhoeals and Intestinal Anti-Inflammatory Agents

#### Antipropulsives

**DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE**

- Tab 2.5 mg with atropine sulphate 25 mcg

**LOPERAMIDE HYDROCHLORIDE**

- Tab 2 mg – 1% DV Oct-16 to 2019
- Cap 2 mg – 1% DV Sep-16 to 2019

  \[ \begin{array}{ll}
  10.75 & 400 \text{ Nodia} \\
  7.05 & 400 \text{ Diamide Relief} 
  \end{array} \]

#### Rectal and Colonic Anti-Inflammatories

**BUDESONIDE** – **Restricted** see terms below

- Cap 3 mg

  \[ \begin{array}{ll}
  \text{Restricted} \\
  \text{Initiation – Crohn's disease} \\
  \text{Both:} 
  \end{array} \]

continued…
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 .................................................................. 93.37 100 Dipentum
Cap 250 mg .................................................................. 53.00 100 Dipentum

**SODIUM CROMOGLICATE**

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

**FLUCORTOLONE CAPROATE WITH FLUCORTOLONE PIVALATE AND CINCHOCAINE**

Oint 950 mcg with flucortolone pivalate 920 mcg and cinchoaine hydrochloride 5 mg per g........................................6.35 30 g Ultraproct
Suppos 630 mcg with flucortolone pivalate 610 mcg and cinchoaine hydrochloride 1 mg................................. 2.66 12 Ultraproct
### Management of Anal Fissures

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Expiry</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCERYL TRINITRATE</td>
<td>Oint 0.2%</td>
<td></td>
<td>22.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30 g Rectogesic</td>
</tr>
</tbody>
</table>

### Rectal Sclerosants

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

### Antispasmodics and Other Agents Altering Gut Motility

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Expiry</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCOPYRRONIUM BROMIDE</td>
<td>Inj 200 mcg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019</td>
<td></td>
<td>17.14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 Max Health</td>
</tr>
<tr>
<td>HYOSCINE BUTYLBROMIDE</td>
<td>Tab 10 mg – 1% DV Dec-17 to 2020</td>
<td></td>
<td>8.75</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>100 Buscopan</td>
</tr>
<tr>
<td></td>
<td>Inj 20 mg, 1 ml ampoule</td>
<td></td>
<td>2.18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20 Gastrosoothe</td>
</tr>
<tr>
<td>MEBEVERINE HYDROCHLORIDE</td>
<td>Tab 135 mg</td>
<td></td>
<td>18.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>90 Colofac</td>
</tr>
</tbody>
</table>

### Antiulcerants

#### Antisecretory and Cytoprotective

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Expiry</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISOPROSTOL</td>
<td>Tab 200 mcg – 1% DV Jun-16 to 2019</td>
<td></td>
<td>41.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>120 Cytotec</td>
</tr>
</tbody>
</table>

#### H2 Antagonists

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Expiry</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIMETIDINE</td>
<td>Tab 200 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANITIDINE</td>
<td>Tab 150 mg – 1% DV Oct-17 to 2020</td>
<td></td>
<td>12.91</td>
</tr>
<tr>
<td></td>
<td>Tab 300 mg – 1% DV Oct-17 to 2020</td>
<td></td>
<td>18.21</td>
</tr>
<tr>
<td></td>
<td>Oral liq 150 mg per 10 ml – 1% DV Oct-17 to 2020</td>
<td></td>
<td>5.14</td>
</tr>
<tr>
<td></td>
<td>Inj 25 mg per ml, 2 ml ampoule</td>
<td></td>
<td>8.75</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 Zantac</td>
</tr>
</tbody>
</table>

#### Proton Pump Inhibitors

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Expiry</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANSOPRAZOLE</td>
<td>Cap 15 mg – 1% DV Jan-16 to 2018</td>
<td></td>
<td>5.08</td>
</tr>
<tr>
<td></td>
<td>Cap 30 mg – 1% DV Jan-16 to 2018</td>
<td></td>
<td>5.93</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.
OMEPRAZOLE

Tab dispersible 20 mg

Restricted

Initiation

Only for use in tube-fed patients.

- Cap 10 mg: $2.23
- Cap 20 mg: $2.91
- Cap 40 mg: $4.42
- Powder for oral liq.: $42.50
- Inj 40 mg ampoule with diluent: $33.98
- Inj 40 mg vial: $13.00

Brand or Generic

- Per
- Manufacturer

90 Omezol Relief
90 Omezol Relief
90 Omezol Relief
Midwest
Dr Reddy's Omeprazole
Omezol IV

PANTOPRAZOLE

Tab EC 20 mg: $2.41
Tab EC 40 mg: $3.35
Inj 40 mg vial: $625.00

Brand or Generic

- Per
- Manufacturer

100 Panzop Relief
100 Panzop Relief
Xifaxan

Site Protective Agents

COLLOIDAL BISMUTH SUBCITRATE

Tab 120 mg: $14.51

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: $625.00

Diabetes

Alpha Glucosidase Inhibitors

ACARBOSE

Tab 50 mg: $4.28
Tab 100 mg: $7.78

Hyperglycaemic Agents

DIAZOXIDE – Restricted see terms on the next page

Cap 25 mg: $110.00
Cap 100 mg: $280.00
Oral liq 50 mg per ml: $620.00

Brand or Generic

- Per
- Manufacturer

90 Glucobay
90 Glucobay
100 Proglicem
100 Proglicem
30 ml Proglycem
ALIMENTARY TRACT AND METABOLISM

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

Restricted

Initiation
For patients with confirmed hypoglycaemia caused by hyperinsulinism.

GLUCAGON HYDROCHLORIDE

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

GLUCOSE [DEXTROSE]

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.5 g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 3.1 g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 4 g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 40%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GLUCOSE WITH SUCROSE AND FRUCTOSE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gel 19.7% with sucrose 35% and fructose 19.7%, 18 g sachet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insulin - Intermediate-Acting Preparations

INSULIN ASPART WITH INSULIN ASPART PROTAMINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen</td>
<td>52.15</td>
<td>NovoMix 30 FlexPen</td>
</tr>
</tbody>
</table>

INSULIN ISOPHANE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj insulin human 100 u per ml, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj insulin human 100 u per ml, 3 ml cartridge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge</td>
<td>42.66</td>
<td>Humalog Mix 25</td>
</tr>
<tr>
<td>Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge</td>
<td>42.66</td>
<td>Humalog Mix 50</td>
</tr>
</tbody>
</table>

INSULIN NEUTRAL WITH INSULIN ISOPHANE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insulin - Long-Acting Preparations

INSULIN GLARGINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 u per ml, 3 ml disposable pen</td>
<td>94.50</td>
<td>Lantus SoloStar</td>
</tr>
<tr>
<td>Inj 100 u per ml, 3 ml cartridge</td>
<td>94.50</td>
<td>Lantus</td>
</tr>
<tr>
<td>Inj 100 u per ml, 10 ml vial</td>
<td>63.00</td>
<td>Lantus</td>
</tr>
</tbody>
</table>

Insulin - Rapid-Acting Preparations

INSULIN ASPART

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 u per ml, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 u per ml, 3 ml cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 u per ml, 3 ml syringe</td>
<td>51.19</td>
<td>NovoRapid FlexPen</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>27.03</td>
<td>Apidra</td>
</tr>
<tr>
<td>46.07</td>
<td>Apidra</td>
</tr>
<tr>
<td>46.07</td>
<td>Apidra Solostar</td>
</tr>
</tbody>
</table>

**INSULIN GLULISINE**

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

**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

**GLIPIZIDE**

- Tab 5 mg – 1% DV Sep-15 to 2018

**METFORMIN HYDROCHLORIDE**

- Tab immediate-release 500 mg – 1% DV Nov-15 to 2018
- Tab immediate-release 850 mg

(Apoptex Tab immediate-release 850 mg to be delisted 1 February 2018)

**PIOGLITAZONE**

- Tab 15 mg – 1% DV Dec-15 to 2018
- Tab 30 mg – 1% DV Dec-15 to 2018
- Tab 45 mg – 1% DV Dec-15 to 2018

#### 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
- Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur, total protease 1,000 Ph Eur U) – 1% DV Oct-15 to 2018
- 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**

| 37.95 | Ursosan |

Initiation – Alagille syndrome or progressive familial intrahepatic cholestasis

Either:

**continued…**
continued...

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

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

All of the following:

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

**Initiation – 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.

---

**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

**ISPAGHULA (PSYLLIUM) HUSK**

- Powder for oral soln 1% DV Oct-17 to 2020
  - 6.05 500 g  Konsyl-D

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

- Powder for oral soln
### Faecal Softeners

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</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>2.31 100 Coloxyl</td>
</tr>
<tr>
<td>Tab 120 mg – 1% DV Sep-17 to 2020</td>
<td>3.13 100 Coloxyl</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>4.40 200 Laxsol</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 30 ml Coloxyl</td>
</tr>
</tbody>
</table>

### Osmotic Laxatives

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</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 20 PSM</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>3.18 500 ml Laevolac</td>
</tr>
<tr>
<td><strong>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE</strong> – Restricted see terms below</td>
<td></td>
</tr>
<tr>
<td>Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg</td>
<td></td>
</tr>
<tr>
<td>Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – 1% DV Feb-18 to 2020</td>
<td>7.65 30 Lax-Sachets Molaxole</td>
</tr>
<tr>
<td>(Lax-Sachets Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg to be delisted 1 February 2018)</td>
<td></td>
</tr>
</tbody>
</table>

### Stimulant Laxatives

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</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>5.99 200 Lax-Tabs</td>
</tr>
<tr>
<td>Suppos 10 mg – 1% DV Jan-16 to 2018</td>
<td>3.78 10 Lax-Suppositories</td>
</tr>
</tbody>
</table>
**Sennosides**
Tab 7.5 mg

### Metabolic Disorder Agents

**ALGLUCOSIDASE ALFA** – **Restricted** see terms below

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

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

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

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

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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.
### ALIMENTARY TRACT AND METABOLISM

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

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

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

- **Restricted**

Metabolic physician or metabolic disorders dietitian

**GALSULFASE** – **Restricted** see terms below

- Inj 1 mg per ml, 5 ml vial – 1% DV May-16 to 2018

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,234.00</td>
<td>Naglazyme</td>
</tr>
</tbody>
</table>

**HAEM ARGINATE**

Inj 25 mg per ml, 10 ml ampoule

**IDURSULFASE** – **Restricted** see terms below

- Inj 2 mg per ml, 3 ml vial

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,608.30</td>
<td>Elaprase</td>
</tr>
</tbody>
</table>

### Chronic Enzyme Replacement Therapy (ERT)

**Initiation**

Metabolic physician

- **Re-assessment required after 12 months**

**Both:**

1. The patient has been diagnosed with mucopolysaccharidosis VI; and
2. Either:
   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. 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

**IDURSULFASE** – **Restricted** see terms below

- Inj 2 mg per ml, 3 ml vial

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,608.30</td>
<td>Elaprase</td>
</tr>
</tbody>
</table>

**Initiation**

Metabolic physician

- **Limited to 24 weeks treatment**

All of the following:

1. The patient has been diagnosed with Hunter Syndrome (mucopolysaccharidosis II); and
2. Either:
   1. Diagnosis confirmed by demonstration of iduronate 2-sulfatase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
   2. Detection of a disease causing mutation in the iduronate 2-sulfatase gene; and
3. Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with idursulfase would be bridging treatment to transplant; and
4. Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and
5. Idursulfase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 weeks post-HSCT) at doses no greater than 0.5 mg/kg every week.
<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
</table>

**IMIGLUCERASE** – **Restricted** see terms below
- Inj 40 iu per ml, 5 ml vial
- Inj 40 iu per ml, 10 ml vial

**Initiation**
Only for use in patients with approval by the Gaucher's Treatment Panel.

**LEVOCARNITINE** – **Restricted** see terms below
- Cap 500 mg
- Oral soln 1,100 mg per 15 ml
- Inj 200 mg per ml, 5 ml vial

**PYRIDOXAL-5-PHOSPHATE** – **Restricted** see terms below
- Tab 50 mg

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

**SODIUM PHENYLBUTYRATE** – **Some items restricted** see terms below
- Tab 500 mg
- Grans 483 mg per g.................................................................1,920.00 174 g Pheburane
- Oral liq 250 mg per ml
- Inj 200 mg per ml, 10 ml ampoule

**TRIENTINE DIHYDROCHLORIDE**
- Cap 300 mg

**Minerals**

**Calcium**

**CALCIUM CARBONATE**
- Tab 1.25 g (500 mg elemental) ...............................................5.38 250 Arrow-Calcium
- Tab eff 1.75 g (1 g elemental) .................................................2.07 10 Calsource

**Fluoride**

**SODIUM FLUORIDE**
- Tab 1.1 mg (0.5 mg elemental)
## Iodine

<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>POTASSIUM IODATE</td>
<td>$3.65</td>
<td>NeuroTabs</td>
</tr>
<tr>
<td>POTASSIUM IODATE WITH IODINE</td>
<td>$90</td>
<td></td>
</tr>
</tbody>
</table>

## Iron

<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>FERRIC CARBOXYMALTASE – Restricted see terms below</td>
<td>$150.00</td>
<td>Ferinject</td>
</tr>
<tr>
<td>FERROUS FUMARATE – Restricted see terms below</td>
<td>$2.89</td>
<td>Ferro-tab</td>
</tr>
<tr>
<td>FERROUS FUMARATE WITH FOLIC ACID</td>
<td>$4.75</td>
<td>Ferro-F-Tabs</td>
</tr>
<tr>
<td>FERROUS GLUCONATE WITH ASCORBIC ACID</td>
<td>$2.06</td>
<td>Ferrograd</td>
</tr>
<tr>
<td>FERROUS SULPHATE</td>
<td>$10.80</td>
<td>Ferodan</td>
</tr>
<tr>
<td>FERROUS SULPHATE WITH ASCORBIC ACID</td>
<td>$15.22</td>
<td>Ferrum H</td>
</tr>
<tr>
<td>FERROUS SULPHATE WITH FOLIC ACID</td>
<td>$100.00</td>
<td>Venofer</td>
</tr>
</tbody>
</table>

## Magnesium

<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>MAGNESIUM HYDROXIDE</td>
<td>$2.06</td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM OXIDE</td>
<td>$10.80</td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM SULPHATE</td>
<td>$10.21</td>
<td>DBL</td>
</tr>
</tbody>
</table>

## Zinc

<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>ZINC</td>
<td>$5.26</td>
<td></td>
</tr>
<tr>
<td>ZINC CHLORIDE</td>
<td>$10.21</td>
<td>DBL</td>
</tr>
</tbody>
</table>
## Mouth and Throat

### Agents Used in Mouth Ulceration

**ZINC SULPHATE**
Cap 137.4 mg (50 mg elemental) .................................................. 11.00 100 Zincaps

### Oropharyngeal Anti-Infectives

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

**MICONAZOLE**
Oral gel 20 mg per g – 1% DV Sep-15 to 2018 ................................... 4.79 40 g Decozol

**NYSTATIN**
Oral liquid 100,000 u per ml – 1% DV Oct-17 to 2020 ......................... 1.95 24 ml Nilstat

### Other Oral Agents

**SODIUM HYALURONATE [HYALURONIC ACID]** – Restricted see terms below

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Description</th>
<th>Concentration</th>
<th>Volume</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 20 mg per ml, 1 ml syringe</td>
<td>Hyaluronate</td>
<td>100,000 u</td>
<td>1 ml</td>
<td>9.15 500 ml PSM</td>
</tr>
</tbody>
</table>

**THYMOL GLYCERIN**
Compound, BPC – 1% DV Aug-16 to 2019 ............................................. 9.15 500 ml PSM

### Vitamins

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

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Description</th>
<th>Concentration</th>
<th>Volume</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap</td>
<td>Multivitamin</td>
<td>................................. 23.35 180 Clinicians Multivit &amp; Mineral Boost</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 Brand or Generic Manufacturer</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 | 6.49 | 30 Clinicians Renal Vit |

**Restriction**

**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

| Tab | 10.50 | 1,000 Mvite |

| Cap vitamin A 2500 u, betacarotene 3 mg, colecalciferol 11 mcg, alpha tocopherol 150 u, phytonadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, rib | 6.49 | 30 Clinicians Renal Vit |

**Restriction**

**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.

| Powder vitamin A 4200 mcg with vitamin D 155.5 mcg, vitamin E 21.4 mg, vitamin C 400 mg, vitamin K1 166 mcg thiamine 3.2 mg, riboflavin 4.4 mg, niacin 35 mg, vitamin B6 3.4 mg, folic acid 303 mcg, vitamin B12 8.6 mcg, biotin 214 mcg, pantothenic acid 17 mg, choline 350 mg and inositol 700 mg | 6.49 | 30 Clinicians Renal Vit |

**Restriction**

**Initiation**

Either:

1. Patient has inborn errors of metabolism.
2. Patient is an infant or child with liver disease or short gut syndrome.

| 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) | 6.49 | 30 Clinicians Renal Vit |

| 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) | 6.49 | 30 Clinicians Renal Vit |

| 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) | 6.49 | 30 Clinicians Renal Vit |

**VITAMIN A WITH VITAMINS D AND C**

Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops

| Soln | 6.49 | 30 Clinicians Renal Vit |

---

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

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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per 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
  - 2.31 3 Neo-B12

**PYRIDOXINE HYDROCHLORIDE**
- Tab 25 mg – 1% DV Jan-18 to 2020
  - 2.70 90 Vitamin B6 25
- Tab 50 mg – 1% DV Oct-17 to 2020
  - 13.63 500 Apo-Pyridoxine
- 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
  - e.g. Benerva

**VITAMIN B COMPLEX**
- Tab strong, BPC – 1% DV Jan-17 to 2019
  - 7.15 500 Bplex

#### Vitamin C

**ASCORBIC ACID**
- Tab 100 mg – 1% DV Jan-17 to 2019
  - 8.10 500 Cvite
- Tab chewable 250 mg

#### Vitamin D

**ALFACALCIDOL**
- Cap 0.25 mcg – 1% DV Aug-17 to 2020
  - 26.32 100 One-Alpha
- Cap 1 mcg – 1% DV Aug-17 to 2020
  - 87.98 100 One-Alpha
- Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020
  - 60.68 20 ml One-Alpha

**CALCITRIOL**
- Cap 0.25 mcg – 1% DV Aug-16 to 2019
  - 9.95 100 Calcitriol-AFT
- Cap 0.5 mcg – 1% DV Aug-16 to 2019
  - 18.39 100 Calcitriol-AFT
- Oral liq 1 mcg per ml
- Inj 1 mcg per ml, 1 ml ampoule

**COLECALCIFEROL**
- Cap 1.25 mg (50,000 iu) – 1% DV Oct-17 to 2020
  - 2.50 12 Vit.D3

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

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

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.
BLOOD AND BLOOD FORMING ORGANS

Antianaemics

Hypoplastic and Haemolytic

EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Restricted see terms below

1. Injection (Inj) 1,000 iu in 0.5 ml syringe – 5% DV Mar-15 to 28 Feb 2018

   Price: $48.68

   Per: 6

   Brand or Generic: Eprex

2. Injection (Inj) 2,000 iu in 0.5 ml syringe – 5% DV Mar-15 to 28 Feb 2018

   Price: $120.18

   Per: 6

   Brand or Generic: Eprex

3. Injection (Inj) 3,000 iu in 0.3 ml syringe – 5% DV Mar-15 to 28 Feb 2018

   Price: $166.87

   Per: 6

   Brand or Generic: Eprex

4. Injection (Inj) 4,000 iu in 0.4 ml syringe – 5% DV Mar-15 to 28 Feb 2018

   Price: $193.13

   Per: 6

   Brand or Generic: Eprex

5. Injection (Inj) 5,000 iu in 0.5 ml syringe – 5% DV Mar-15 to 28 Feb 2018

   Price: $243.26

   Per: 6

   Brand or Generic: Eprex

6. Injection (Inj) 6,000 iu in 0.6 ml syringe – 5% DV Mar-15 to 28 Feb 2018

   Price: $291.92

   Per: 6

   Brand or Generic: Eprex

7. Injection (Inj) 8,000 iu in 0.8 ml syringe – 5% DV May-15 to 28 Feb 2018

   Price: $352.69

   Per: 6

   Brand or Generic: Eprex

8. Injection (Inj) 10,000 iu in 1 ml syringe – 5% DV Mar-15 to 28 Feb 2018

   Price: $395.18

   Per: 6

   Brand or Generic: Eprex

9. Injection (Inj) 40,000 iu in 1 ml syringe – 5% DV May-15 to 28 Feb 2018

   Price: $263.45

   Per: 1

   Brand or Generic: Eprex

Initiation – chronic renal failure

All of the following:

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

Initiation – myelodysplasia*

Re-assessment required after 2 months

All of the following:

1. Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2. Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
3. Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5. Patient has a serum 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

Price (ex man. excl. GST)

Brand or Generic Manufacturer

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
EPOETIN BETA [ERYTHROPOIETIN BETA] – Restricted see terms below

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

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

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

Initiation – myelodysplasia*

Re-assessment required after 12 months
All of the following:
1. Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2. Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
3. Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5. Patient has a serum 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

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 0.8 mg – 1% DV Oct-15 to 2018</td>
<td>20.60 1,000 Apo-Folic Acid</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Oct-15 to 2018</td>
<td>10.92 500 Apo-Folic Acid</td>
</tr>
<tr>
<td>Oral liq 50 mcg per ml</td>
<td>24.00 25 ml Biomed</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 10 ml vial</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.
Antifibrinolytics, Haemostatics and Local Sclerosants

**ALUMINIUM CHLORIDE** – **Restricted** see terms below
- Topical soln 20% w/v
  - **Restricted**
  - **Initiation**
  - For use as a haemostatis agent.

**APROTININ** – **Restricted** see terms below
- Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial
  - **Restricted**
  - **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
  - **Restricted**
  - **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 less than or equal to 20,000 platelets per microlitre and has evidence of active bleeding; or
        3.3 Patient has a platelet count of less than or equal to 10,000 platelets per microlitre.
  - **Initiation** – (idiopathic thrombocytopenic purpura - preparation for splenectomy)
    - Haematologist
    - Limited to 6 weeks treatment
    - The patient requires eltrombopag treatment as preparation for splenectomy.
  - **Continuation** – (idiopathic thrombocytopenic purpura - post-splenectomy)
    - Haematologist
    - Re-assessment required after 12 months
    - The patient has obtained a response (see Note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.
  - **Note**: Response to treatment is defined as a platelet count of > 30,000 platelets per microlitre

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

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

**SODIUM TETRADECYL SULPHATE**
- Inj 3%, 2 ml ampoule
## Anticoagulant Reversal Agents

**IDARUCIZUMAB** – Restricted see terms below

- **Inj 50 mg per ml, 50 ml vial** .............................................................. \$4,250.00 2 Praxbind

### 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

- **Inj 1 mg syringe** ........................................................................... \$1,178.30 1 NovoSeven RT
- **Inj 2 mg syringe** ........................................................................... \$2,356.60 1 NovoSeven RT
- **Inj 5 mg syringe** ........................................................................... \$5,891.50 1 NovoSeven RT
- **Inj 8 mg syringe** ........................................................................... \$9,426.40 1 NovoSeven RT

### Restricted 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

- **Inj 500 U** ...................................................................................... \$1,450.00 1 FEIBA NF
- **Inj 1,000 U** .................................................................................. \$2,900.00 1 FEIBA NF
- **Inj 2,500 U** .................................................................................. \$7,250.00 1 FEIBA NF

### 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

- **Inj 250 iu prefilled syringe** ........................................................... \$210.00 1 Xyntha
- **Inj 500 iu prefilled syringe** ........................................................... \$420.00 1 Xyntha
- **Inj 1,000 iu prefilled syringe** ......................................................... \$840.00 1 Xyntha
- **Inj 2,000 iu prefilled syringe** ......................................................... \$1,680.00 1 Xyntha
- **Inj 3,000 iu prefilled syringe** ......................................................... \$2,520.00 1 Xyntha

### 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

- **Inj 250 iu vial** .............................................................................. \$310.00 1 BeneFIX
- **Inj 500 iu vial** .............................................................................. \$620.00 1 BeneFIX
- **Inj 1,000 iu vial** ........................................................................... \$1,240.00 1 BeneFIX
- **Inj 2,000 iu vial** ........................................................................... \$2,480.00 1 BeneFIX
- **Inj 3,000 iu vial** ........................................................................... \$3,720.00 1 BeneFIX
BLOOD AND BLOOD FORMING ORGANS

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

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<tbody>
<tr>
<td></td>
<td>Inj 250 iu vial</td>
<td>$287.50</td>
</tr>
<tr>
<td></td>
<td>Inj 500 iu vial</td>
<td>$575.00</td>
</tr>
<tr>
<td></td>
<td>Inj 1,000 iu vial</td>
<td>$1,150.00</td>
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<tr>
<td></td>
<td>Inj 2,000 iu vial</td>
<td>$2,300.00</td>
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<tr>
<td></td>
<td>Inj 3,000 iu vial</td>
<td>$3,450.00</td>
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</tbody>
</table>

→ **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

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<tr>
<td></td>
<td>Inj 250 iu vial</td>
<td>$287.50</td>
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<tr>
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<td>Inj 500 iu vial</td>
<td>$575.00</td>
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<tr>
<td></td>
<td>Inj 1,000 iu vial</td>
<td>$1,150.00</td>
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<tr>
<td></td>
<td>Inj 1,500 iu vial</td>
<td>$1,725.00</td>
</tr>
<tr>
<td></td>
<td>Inj 2,000 iu vial</td>
<td>$2,300.00</td>
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<td>Inj 3,000 iu vial</td>
<td>$3,450.00</td>
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→ **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](http://www.pharmac.govt.nz) or:

The Co-ordinator, Haemophilia Treatments Panel

Phone: 0800 023 588 Option 2

PHARMAC PO Box 10 254

Wellington

Email: haemophilia@pharmac.govt.nz

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

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<tbody>
<tr>
<td></td>
<td>Inj 250 iu vial</td>
<td>$237.50</td>
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<tr>
<td></td>
<td>Inj 500 iu vial</td>
<td>$475.00</td>
</tr>
<tr>
<td></td>
<td>Inj 1,000 iu vial</td>
<td>$950.00</td>
</tr>
<tr>
<td></td>
<td>Inj 2,000 iu vial</td>
<td>$1,900.00</td>
</tr>
<tr>
<td></td>
<td>Inj 3,000 iu vial</td>
<td>$2,850.00</td>
</tr>
</tbody>
</table>

→ **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](http://www.pharmac.govt.nz) or:

The Co-ordinator, Haemophilia Treatments Panel

Phone: 0800 023 588 Option 2

PHARMAC PO Box 10 254

Wellington

Email: haemophilia@pharmac.govt.nz

**Vitamin K**

PHOTOMENADIONE

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Inj 2 mg in 0.2 ml ampoule</td>
<td>$8.00</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>$9.21</td>
</tr>
</tbody>
</table>
### Antithrombotics

#### Anticoagulants

**BIVALIRUDIN** – **Restricted** see terms below
- **Inj 250 mg vial**
- **Initiation**
  - Either:
    1. For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance; or
    2. For use in patients undergoing endovascular procedures.

**CITRATE SODIUM**
- **Inj 4% (200 mg per 5 ml), 5 ml ampoule**
- **Inj 46.7% (1.4 g per 3 ml), 3 ml syringe**
- **Inj 46.7% (2.36 g per 5 ml), 5 ml ampoule**

**DABIGATRAN**
- **Cap 75 mg**
- **Cap 110 mg**
- **Cap 150 mg**

**DALTEPARIN**
- **Inj 2,500 iu in 0.2 ml syringe**
- **Inj 5,000 iu in 0.2 ml syringe**
- **Inj 7,500 iu in 0.75 ml syringe**
- **Inj 10,000 iu in 1 ml syringe**
- **Inj 12,500 iu in 0.5 ml syringe**
- **Inj 15,000 iu in 0.6 ml syringe**
- **Inj 18,000 iu in 0.72 ml syringe**

**DANAPAROID** – **Restricted** see terms below
- **Inj 750 u in 0.6 ml ampoule**
- **Initiation**
  - For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.

**DEFIBROTIDE** – **Restricted** see terms below
- **Inj 80 mg per ml, 2.5 ml ampoule**
- **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**
- **Inj 40 mg in 0.4 ml ampoule**
- **Inj 40 mg in 0.4 ml syringe**
- **Inj 60 mg in 0.6 ml syringe**
- **Inj 80 mg in 0.8 ml syringe**
- **Inj 100 mg in 1 ml syringe**
- **Inj 120 mg in 0.8 ml syringe**
- **Inj 150 mg in 1 ml syringe**
FONDAPARINUX SODIUM – Restricted see terms below

- Inj 2.5 mg in 0.5 ml syringe
- Inj 7.5 mg in 0.6 ml syringe

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

HEPARIN SODIUM
- Inj 100 iu per ml, 250 ml bag
- Inj 1,000 iu per ml, 1 ml ampoule
- Inj 1,000 iu per ml, 10 ml ampoule
- Inj 1,000 iu per ml, 5 ml ampoule
- Inj 1,000 iu per ml, 35 ml vial
- Inj 5,000 iu per ml, 1 ml ampoule
- Inj 5,000 iu per ml, 35 ml vial
- Inj 5,000 iu per ml, 5 ml ampoule
- Inj 5,000 iu per ml, 50 ml vial

HEPARINISED SALINE
- Inj 10 iu per ml, 5 ml ampoule
- Inj 100 iu per ml, 2 ml ampoule
- Inj 100 iu per ml, 5 ml ampoule

PHENINDIONE
- Tab 10 mg
- Tab 25 mg
- Tab 50 mg

PROTAMINE SULPHATE
- Inj 10 mg per ml, 5 ml ampoule

RIVAROXABAN – Restricted see terms below

- Tab 10 mg
- Tab 20 mg
- Tab 30 mg

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
- Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag

WARFARIN SODIUM
- Tab 1 mg
- Tab 2 mg
- Tab 3 mg
- Tab 5 mg

Antiplatelets

ASPIRIN
- Tab 100 mg – 10% DV Dec-16 to 2019
- Suppos 300 mg

CLOPIDOGREL
- Tab 75 mg – 1% DV Mar-17 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.
BLOOD AND BLOOD FORMING ORGANS

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

**DIPYRIDAMOLE**

- **Tab** 25 mg
  - Tab long-acting 150 mg – 1% DV Sep-16 to 2019 ........................................11.52 60 Pytazen SR
  - Inj 5 mg per ml, 2 ml ampoule

**EPTIFIBATIDE** – **Restricted** see terms below

- Inj 2 mg per ml, 10 ml vial.................................................................111.00 1 Integrilin
- Inj 750 mcg per ml, 100 ml vial........................................................324.00 1 Integrilin

**PRASUGREL** – **Restricted** see terms below

- Tab 5 mg .................................................................108.00 28 Effient
- Tab 10 mg .................................................................120.00 28 Effient

**TICAGRELOR** – **Restricted** see terms below

- Tab 90 mg .................................................................90.00 56 Brilinta

**TICLOPIDINE**

- Tab 250 mg

**Fibrinolytic Agents**

**ALTEPLASE**

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

**TENECTEPLASE**

- Inj 50 mg 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.
BLOOD AND BLOOD FORMING ORGANS

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

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 less than or equal to $10 \times 10^6/L$ 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 less than or equal to $10 \times 10^6/L$; or
3.2.2.2 Efforts to collect $> 1 \times 10^6$ CD34 cells/kg have failed after one apheresis procedure; or
3.2.2.3 The peripheral blood CD34 cell counts are decreasing before the target has been received; or
3.3 A previous mobilisation attempt with G-CSF or G-CSF plus chemotherapy has failed.

Granulocyte Colony-Stimulating Factors

FILGRASTIM – Restricted see terms below
- Inj 300 mcg in 0.5 ml prefilled syringe .............................................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

Initiation
Haematologist or oncologist
PEGFILGRASTIM – Restricted see terms below
- Inj 6 mg per 0.6 ml syringe..........................................................1,080.00 1 Neulastim

Initiation
For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or...
BLOOD AND BLOOD FORMING ORGANS

continued…

equal to 20%*).

Note: *Febrile neutropenia risk greater than or equal to 20% after taking into account other risk factors as defined by the
European Organisation for Research and Treatment of Cancer (EORTC) guidelines

### Fluids and Electrolytes

#### Intravenous Administration

**CALCIUM CHLORIDE**

- Inj 100 mg per ml, 10 ml vial

**CALCIUM GLUCONATE**

- Inj 10%, 10 ml ampoule

**COMPOUND ELECTROLYTES**

- Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l,
  chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag

- Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l,
  chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag

**COMPOUND ELECTROLYTES WITH GLUCOSE**

- Inj glucose 50 g with 140 mmol/l sodium, 5 mmol/l potassium, 1.5 mmol/l
  magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l
  gluconate, bag

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

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

**COMPOUND SODIUM LACTATE WITH GLUCOSE**

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

**GLUCOSE [DEXTROSE]**

- Inj 5%, bag

- Inj 10%, bag

**GLUCOSE WITH POTASSIUM CHLORIDE**

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

- 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

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

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

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

### GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE

- **Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag**
- **Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag**
  - **Price:** $3.45 Per 500 ml
  - **Price:** $8.31 Per 1,000 ml
- **Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag**
  - **Price:** $10.74 Per 1,000 ml
- **Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, bag**
  - **Price:** $8.29 Per 1,000 ml
- **Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, bag**
  - **Price:** $12.50 Per 1,000 ml
- **Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag**

### GLUCOSE WITH SODIUM CHLORIDE

- **Inj glucose 2.5% with sodium chloride 0.45%, bag**
  - **Price:** $8.12 Per 500 ml
- **Inj glucose 5% with sodium chloride 0.45%, bag**
  - **Price:** $5.80 Per 1,000 ml
- **Inj glucose 5% with sodium chloride 0.9%, bag**
  - **Price:** $8.92 Per 1,000 ml

### POTASSIUM CHLORIDE

- **Inj 75 mg (1 mmol) per ml, 10 ml ampoule**
- **Inj 225 mg (3 mmol) per ml, 20 ml ampoule**

### POTASSIUM CHLORIDE WITH SODIUM CHLORIDE

- **Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag**
  - **Price:** $7.66 Per 1,000 ml
- **Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag**
  - **Price:** $9.40 Per 1,000 ml
- **Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag**
  - **Price:** $12.26 Per 1,000 ml
- **Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag**
- **Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag**

### POTASSIUM DIHYDROGEN PHOSPHATE

- **Inj 1 mmol per ml, 10 ml ampoule**
  - **Price:** $151.80 Per 10
  - **Date of Validation:** Oct-15 to 2018

### RINGER’S SOLUTION

- **Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag**
  - **Price:** $8.69 Per 1,000 ml

### SODIUM ACETATE

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

### SODIUM BICARBONATE

- **Inj 8.4%, 10 ml vial**
- **Inj 8.4%, 50 ml vial**
- **Inj 8.4%, 100 ml vial**
### BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>SODIUM CHLORIDE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 0.9%, 5 ml ampoule</td>
<td>$7.00</td>
<td>InterPharma</td>
</tr>
<tr>
<td>Inj 0.9%, 10 ml ampoule – 1% DV Mar-17 to 2019</td>
<td>$6.63</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 0.9%, 3 ml syringe, non-sterile pack – 1% DV Jun-15 to 2018</td>
<td>$10.65</td>
<td>BD PosiFlush</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></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>
<td>BD PosiFlush</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></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>
<td>BD PosiFlush</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 0.9%, 20 ml ampoule</td>
<td>$7.50</td>
<td>InterPharma</td>
</tr>
<tr>
<td>Inj 23.4% (4 mmol/ml), 20 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>$33.00</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 0.45%, 500 ml bag – 1% DV Sep-16 to 2019</td>
<td>$71.28</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 3%, 1,000 ml bag – 1% DV Sep-16 to 2019</td>
<td>$91.20</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 0.9%, 50 ml bag – 1% DV Sep-16 to 2019</td>
<td>$109.80</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 0.9%, 100 ml bag – 1% DV Sep-16 to 2019</td>
<td>$78.24</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 0.9%, 250 ml bag – 1% DV Sep-16 to 2019</td>
<td>$44.64</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 0.9%, 500 ml bag – 1% DV Sep-16 to 2019</td>
<td>$22.14</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 0.9%, 1,000 ml bag – 1% DV Sep-16 to 2019</td>
<td>$15.12</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 1.8%, 500 ml bottle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mmol per ml, 20 ml ampoule – 1% DV Oct-15 to 2018</td>
<td>$47.50</td>
<td>Biomed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WATER</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 5 ml ampoule – 1% DV Mar-17 to 2019</td>
<td>$7.00</td>
<td>InterPharma</td>
</tr>
<tr>
<td>Inj 10 ml ampoule – 1% DV Mar-17 to 2019</td>
<td>$6.63</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 20 ml ampoule</td>
<td></td>
<td>InterPharma</td>
</tr>
<tr>
<td></td>
<td>$5.00</td>
<td>Multichem</td>
</tr>
<tr>
<td>Inj 250 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj, 1,000 ml bag – 1% DV Sep-16 to 2019</td>
<td>$19.08</td>
<td>Baxter</td>
</tr>
</tbody>
</table>

### Oral Administration

<table>
<thead>
<tr>
<th>CALCIUM POLYSTYRENE SULPHONATE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder</td>
<td>$169.85</td>
<td>Calcium Resonium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPOUND ELECTROLYTES</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder for oral soln – 1% DV Dec-16 to 2019</td>
<td>$2.30</td>
<td>Enerlyte</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPOUND ELECTROLYTES WITH GLUCOSE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln with electrolytes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHOSPHORUS</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab eff 500 mg (16 mmol)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POTASSIUM CHLORIDE</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)</td>
<td>$7.42</td>
<td>Span-K</td>
</tr>
<tr>
<td>Tab long-acting 600 mg (8 mmol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 2 mmol per ml</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>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SODIUM BICARBONATE</strong></td>
<td>$8.52</td>
<td>100 Sodibic</td>
</tr>
<tr>
<td>Cap 840 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 600 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 2 mmol/ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM POLYSTYRENE SULPHONATE</strong></td>
<td>$84.65</td>
<td>454 g Resonium A</td>
</tr>
<tr>
<td>Powder – 1% <strong>DV Sep-15 to 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plasma Volume Expanders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GELATINE, SUCCINYLATED</strong></td>
<td>$108.00</td>
<td>10 Gelofusine</td>
</tr>
<tr>
<td>Inj 4%, 500 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE</strong></td>
<td>$198.00</td>
<td>20 Volulyte 6%</td>
</tr>
<tr>
<td>Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE</strong></td>
<td>$198.00</td>
<td>20 Voluven</td>
</tr>
<tr>
<td>Inj 6% with sodium chloride 0.9%, 500 ml bag</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Agents Affecting the Renin-Angiotensin System

#### ACE Inhibitors

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAPTOPRIL</strong></td>
<td></td>
</tr>
<tr>
<td>Oral liq 5 mg per ml</td>
<td>94.99</td>
</tr>
<tr>
<td>95 ml Capoten</td>
<td></td>
</tr>
</tbody>
</table>

- **Restricted**
- **Initiation**

Any of the following:

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

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CILAZAPRIL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 0.5 mg</td>
<td>2.00</td>
</tr>
<tr>
<td>Tab 2.5 mg – 1% DV Dec-16 to 2019</td>
<td>7.20</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Dec-16 to 2019</td>
<td>12.00</td>
</tr>
<tr>
<td>Apo-Cilazapril</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENALAPRIL MALEATE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-15 to 2018</td>
<td>0.96</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-15 to 2018</td>
<td>1.24</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Sep-15 to 2018</td>
<td>1.78</td>
</tr>
<tr>
<td>Ethics Enalapril</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LISINOPRIL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Jan-16 to 2018</td>
<td>1.80</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jan-16 to 2018</td>
<td>2.05</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Jan-16 to 2018</td>
<td>2.76</td>
</tr>
<tr>
<td>Ethics Lisinopril</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERINDOPRIL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Sep-17 to 2020</td>
<td>3.75</td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV Sep-17 to 2020</td>
<td>4.80</td>
</tr>
<tr>
<td>Apo-Perindopril</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUINAPRIL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-15 to 2018</td>
<td>4.31</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-15 to 2018</td>
<td>3.15</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Sep-15 to 2018</td>
<td>5.97</td>
</tr>
<tr>
<td>Arrow-Quinapril 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANDOLAPRIL</strong></td>
<td></td>
</tr>
<tr>
<td>Cap 1 mg</td>
<td></td>
</tr>
<tr>
<td>Cap 2 mg</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) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg with hydrochlorothiazide 12.5 mg – 1% DV Sep-16 to 2019</td>
<td>10.18</td>
</tr>
<tr>
<td>Apo-Cilazapril/ Hydrochlorothiazide</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE</strong> – Restricted</td>
<td>For continuation only</td>
</tr>
<tr>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Oct-15 to 2018</td>
<td>3.65</td>
</tr>
<tr>
<td>Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Oct-15 to 2018</td>
<td>4.78</td>
</tr>
<tr>
<td>Accuretic 10</td>
<td></td>
</tr>
<tr>
<td>Accuretic 20</td>
<td></td>
</tr>
</tbody>
</table>
## Angiotensin II Antagonists

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANDESARTAN CILEXETIL – Restricted see terms below</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</td>
<td>90</td>
</tr>
<tr>
<td>Tab 8 mg – 1% DV Sep-15 to 2018</td>
<td>Candestar</td>
<td>3.68</td>
<td>90</td>
</tr>
<tr>
<td>Tab 16 mg – 1% DV Sep-15 to 2018</td>
<td>Candestar</td>
<td>6.12</td>
<td>90</td>
</tr>
<tr>
<td>Tab 32 mg – 1% DV Sep-15 to 2018</td>
<td>Candestar</td>
<td>10.66</td>
<td>90</td>
</tr>
</tbody>
</table>

**Initiation – ACE inhibitor intolerance**

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

**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 (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOSARTAN POTASSIUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 12.5 mg – 1% DV Nov-17 to 2020</td>
<td>Losartan Actavis</td>
<td>1.39</td>
<td>84</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Nov-17 to 2020</td>
<td>Losartan Actavis</td>
<td>1.63</td>
<td>84</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Nov-17 to 2020</td>
<td>Losartan Actavis</td>
<td>2.00</td>
<td>84</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Nov-17 to 2020</td>
<td>Losartan Actavis</td>
<td>2.31</td>
<td>84</td>
</tr>
</tbody>
</table>

## Angiotensin II Antagonists with Diuretics

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE</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</td>
<td>30</td>
</tr>
</tbody>
</table>

## Alpha-Adrenoceptor Blockers

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOXAZOSIN</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</td>
<td>500</td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV Sep-17 to 2020</td>
<td>Apo-Doxazosin</td>
<td>9.09</td>
<td>500</td>
</tr>
<tr>
<td>PHENOXYBENZAMINE HYDROCHLORIDE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 10 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENTOLAMINE MESYLATE</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>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAZOSIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td>Apo-Prazosin</td>
<td>5.53</td>
<td>100</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>Apo-Prazosin</td>
<td>7.00</td>
<td>100</td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>Apo-Prazosin</td>
<td>11.70</td>
<td>100</td>
</tr>
<tr>
<td>TERAZOSIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg – 1% DV Sep-16 to 2019</td>
<td>Apo-Terazosin</td>
<td>0.59</td>
<td>28</td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Apr-17 to 2019</td>
<td>Apo-Terazosin</td>
<td>7.50</td>
<td>500</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Feb-17 to 2019</td>
<td>Apo-Terazosin</td>
<td>10.90</td>
<td>500</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**
  - Cardiologist

**AMIODARONE HYDROCHLORIDE**
- Tab 100 mg – 1% DV Oct-16 to 2019
- Tab 200 mg – 1% DV Oct-16 to 2019
- Inj 50 mg per ml, 3 ml ampoule – 1% DV Jun-17 to 2019

**ATROPINE SULPHATE**
- Inj 600 mcg per ml, 1 ml ampoule

**DIGOXIN**
- Tab 62.5 mcg – 1% DV Jun-16 to 2019
- Tab 250 mcg – 1% DV Jun-16 to 2019
- Oral liq 50 mcg per ml
- Inj 250 mcg per ml, 2 ml vial

**DISOPYRAMIDE PHOSPHATE**
- Cap 100 mg

**FLECAINIDE ACETATE**
- Tab 50 mg
- Cap long-acting 100 mg
- Cap long-acting 200 mg
- Inj 10 mg per ml, 15 ml ampoule

**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
- Cap 250 mg

**PROPFAENONE HYDROCHLORIDE**
- Tab 150 mg

---

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cordarone-X</td>
</tr>
<tr>
<td>Lodi</td>
</tr>
<tr>
<td>AstraZeneca</td>
</tr>
<tr>
<td>Lanoxin PG</td>
</tr>
<tr>
<td>Lanoxin</td>
</tr>
<tr>
<td>Tambocor</td>
</tr>
<tr>
<td>Tambocor CR</td>
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<tr>
<td>Tambocor CR</td>
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</tr>
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</table>
# Cardiovascular System

## Antihypotensives

MIDODRINE – **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>Tab 2.5 mg</td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td></td>
</tr>
<tr>
<td><strong>Restricted</strong> Initiation</td>
<td></td>
</tr>
</tbody>
</table>

Patient has disabling orthostatic hypotension not due to drugs.

## Beta-Adrenoceptor Blockers

ATENOLOL

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Sep-15 to 2018</td>
<td>4.61 500 Mylan Atenolol</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-15 to 2018</td>
<td>7.67 500 Mylan Atenolol</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml</td>
<td>21.25 300 ml Atenolol-AFT</td>
</tr>
</tbody>
</table>

BISOPROLOL FUMARATE

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg – 1% DV Dec-17 to 2020</td>
<td>3.53 90 Bosvate</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Dec-17 to 2020</td>
<td>5.15 90 Bosvate</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Dec-17 to 2020</td>
<td>9.40 90 Bosvate</td>
</tr>
</tbody>
</table>

CARVEDILOL

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 6.25 mg – 1% DV Dec-17 to 2020</td>
<td>2.24 60 Carvedilol Sandoz</td>
</tr>
<tr>
<td>Tab 12.5 mg – 1% DV Dec-17 to 2020</td>
<td>3.90 60 Carvedilol Sandoz</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Dec-17 to 2020</td>
<td>5.10 60 Carvedilol Sandoz</td>
</tr>
</tbody>
</table>

*Dicarz Tab 6.25 mg to be delisted 1 December 2017*

*Dicarz Tab 12.5 mg to be delisted 1 December 2017*

*Dicarz Tab 25 mg to be delisted 1 December 2017*

CELIPROLOL

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 200 mg</td>
<td>21.40 180 Celol</td>
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ESMOLOL HYDROCHLORIDE

<table>
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<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td></td>
</tr>
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LABETALOL

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>8.99 100 Hybloc</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>11.36 100 Hybloc</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>29.74 100 Hybloc</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg per ml, 20 ml ampoule</td>
<td></td>
</tr>
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### METOPROLOL SUCCINATE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 23.75 mg – 1% DV Mar-18 to 2020</td>
<td>1.03</td>
<td>30</td>
</tr>
<tr>
<td>Tab long-acting 47.5 mg – 1% DV Mar-18 to 2020</td>
<td>2.39</td>
<td>90</td>
</tr>
<tr>
<td>Tab long-acting 95 mg – 1% DV Mar-18 to 2020</td>
<td>3.48</td>
<td>90</td>
</tr>
<tr>
<td>Tab long-acting 190 mg – 1% DV Mar-18 to 2020</td>
<td>11.54</td>
<td>90</td>
</tr>
</tbody>
</table>

*(Metoprolol - AFT CR Tab long-acting 23.75 mg to be delisted 1 March 2018)*

*(Metoprolol - AFT CR Tab long-acting 47.5 mg to be delisted 1 March 2018)*

*(Metoprolol - AFT CR Tab long-acting 95 mg to be delisted 1 March 2018)*

*(Metoprolol - AFT CR Tab long-acting 190 mg to be delisted 1 March 2018)*

### METOPROLOL TARTRATE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Aug-16 to 2018</td>
<td>4.64</td>
<td>100</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Aug-16 to 2018</td>
<td>6.09</td>
<td>60</td>
</tr>
<tr>
<td>Tab long-acting 200 mg</td>
<td>23.40</td>
<td>28</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml vial</td>
<td>24.00</td>
<td>5</td>
</tr>
</tbody>
</table>

### NADOLOL

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 40 mg – 1% DV Oct-15 to 2018</td>
<td>16.05</td>
<td>100</td>
</tr>
<tr>
<td>Tab 80 mg – 1% DV Oct-15 to 2018</td>
<td>24.70</td>
<td>100</td>
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### PINDOLOL

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg</td>
<td>9.72</td>
<td>100</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>15.62</td>
<td>100</td>
</tr>
<tr>
<td>Tab 15 mg</td>
<td>23.46</td>
<td>100</td>
</tr>
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</table>

### PROPRANOLOL

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td>3.65</td>
<td>100</td>
</tr>
<tr>
<td>Tab 40 mg</td>
<td>4.65</td>
<td>100</td>
</tr>
<tr>
<td>Cap long-acting 160 mg</td>
<td>18.17</td>
<td>100</td>
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<tr>
<td>Oral liq 4 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SOTALOL

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 80 mg – 1% DV Oct-16 to 2019</td>
<td>39.53</td>
<td>500</td>
</tr>
<tr>
<td>Tab 160 mg – 1% DV Oct-16 to 2019</td>
<td>12.48</td>
<td>100</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 4 ml ampoule</td>
<td>65.39</td>
<td>5</td>
</tr>
</tbody>
</table>

### TIMOLOL MALEATE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Calcium Channel Blockers

#### Dihydropyridine Calcium Channel Blockers

### AMLODIPINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg – 1% DV Sep-17 to 2020</td>
<td>1.72</td>
<td>100</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-17 to 2020</td>
<td>3.33</td>
<td>250</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-17 to 2020</td>
<td>4.40</td>
<td>250</td>
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### FELODIPINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 2.5 mg – 1% DV Sep-15 to 2018</td>
<td>1.45</td>
<td>30</td>
</tr>
<tr>
<td>Tab long-acting 5 mg – 1% DV Sep-15 to 2018</td>
<td>1.55</td>
<td>30</td>
</tr>
<tr>
<td>Tab long-acting 10 mg – 1% DV Sep-15 to 2018</td>
<td>2.30</td>
<td>30</td>
</tr>
</tbody>
</table>
ISRADIPINE
- Tab 2.5 mg
- Cap 2.5 mg
- Cap long-acting 2.5 mg
- Cap long-acting 5 mg

NICARDIPINE HYDROCHLORIDE – Restricted see terms below
- Inj 2.5 mg per ml, 10 ml vial

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 – 1% DV Dec-17 to 2020
- Tab long-acting 60 mg – 1% DV Dec-17 to 2020
- Cap 5 mg

(Adelin XL Tab long-acting 30 mg to be delisted 1 December 2017)
(Adelin XL Tab long-acting 60 mg to be delisted 1 December 2017)

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

Other Calcium Channel Blockers

DILTIAZEM HYDROCHLORIDE
- Tab 30 mg
- Tab 60 mg
- Cap long-acting 120 mg
- Cap long-acting 180 mg
- Cap long-acting 240 mg
- Inj 5 mg per ml, 5 ml vial

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

VERAPAMIL HYDROCHLORIDE
- Tab 40 mg
- Tab 80 mg
- Tab long-acting 120 mg
- Tab long-acting 240 mg
- Inj 2.5 mg per ml, 2 ml ampoule
### Centrally-Acting Agents

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLONIDINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 2.5 mg, 100 mcg per day</td>
<td>1% DV Sep-17 to 2020</td>
<td>7.40 4</td>
<td>Mylan</td>
</tr>
<tr>
<td>Patch 5 mg, 200 mcg per day</td>
<td>1% DV Sep-17 to 2020</td>
<td>10.04 4</td>
<td>Mylan</td>
</tr>
<tr>
<td>Patch 7.5 mg, 300 mcg per day</td>
<td>1% DV Sep-17 to 2020</td>
<td>12.34 4</td>
<td>Mylan</td>
</tr>
<tr>
<td><strong>CLONIDINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mcg – 1% DV Sep-15 to 2018</td>
<td></td>
<td>10.53 112</td>
<td>Clonidine BNM</td>
</tr>
<tr>
<td>Tab 150 mcg</td>
<td></td>
<td>34.32 100</td>
<td>Catapres</td>
</tr>
<tr>
<td>Inj 150 mcg per ml, 1 ml ampoule</td>
<td></td>
<td>16.07 5</td>
<td>Catapres</td>
</tr>
<tr>
<td><strong>METHYLDOPA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg</td>
<td></td>
<td>15.10 100</td>
<td>Methyldopa Mylan</td>
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### Diuretics

#### Loop Diuretics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUMETANIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td></td>
<td>16.36 100</td>
<td>Burinex</td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 4 ml vial</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>FUROSEMIDE [FRUSEMIDE]</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 40 mg – 1% DV Sep-15 to 2018</td>
<td></td>
<td>8.00 1,000</td>
<td>Diurin 40</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Sep-15 to 2018</td>
<td></td>
<td>25.00 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</td>
<td>1% DV Jun-16 to 2019</td>
<td>1.20 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>
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</table>

#### Osmotic Diuretics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MANNITOL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10%, 1,000 ml bag</td>
<td></td>
<td>24.85 1,000</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 20%, 500 ml bag</td>
<td></td>
<td>23.08 500</td>
<td>Baxter</td>
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#### Potassium Sparing Combination Diuretics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg with furosemide 40 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg with hydrochlorothiazide 50 mg</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

#### Potassium Sparing Diuretics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMILORIDE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td></td>
<td>15.00 100</td>
<td>Apo-Amiloride</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml</td>
<td></td>
<td>30.00 25 ml</td>
<td>Biomed</td>
</tr>
<tr>
<td><strong>SPIRONOLACTONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Oct-16 to 2019</td>
<td></td>
<td>4.38 100</td>
<td>Spiractin</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Oct-16 to 2019</td>
<td></td>
<td>11.80 100</td>
<td>Spiractin</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml</td>
<td></td>
<td>30.00 25 ml</td>
<td>Biomed</td>
</tr>
</tbody>
</table>
## Thiazide and Related Diuretics

**BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]**
- Tab 2.5 mg .......................................................... 5.48 500 Arrow-Bendrofluazide
- Tab 5 mg .......................................................... 8.95 500 Arrow-Bendrofluazide

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

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

**INDAPAMIDE**
- Tab 2.5 mg – 1% DV Oct-16 to 2019 ....................... 2.60 90 Dapa-Tabs

**METOLAZONE** – Restricted see terms below
- Tab 5 mg
  - Restricted Initiation
    - Any of the following:
      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; or
      3. Paediatric patient has oedema secondary to nephrotic syndrome that has not responded to loop diuretics.

### 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
  - Tab 20 mg ................................................. 3.45 30 Cholvastin
  - Tab 40 mg ................................................. 6.36 30 Cholvastin

---

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

<table>
<thead>
<tr>
<th>SIMVASTATIN</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg – 1% DV Jan-18 to 2020</td>
<td>0.95</td>
<td>Arrow-Simva Simvastatin Mylan</td>
</tr>
<tr>
<td>Tab 20 mg – 1% DV Jan-18 to 2020</td>
<td>1.61</td>
<td>Arrow-Simva Simvastatin Mylan</td>
</tr>
<tr>
<td>Tab 40 mg – 1% DV Jan-18 to 2020</td>
<td>2.63</td>
<td>Arrow-Simva Simvastatin Mylan</td>
</tr>
<tr>
<td>Tab 80 mg – 1% DV Jan-18 to 2020</td>
<td>6.00</td>
<td>Arrow-Simva Simvastatin Mylan</td>
</tr>
</tbody>
</table>

(Arrow-Simva Tab 10 mg to be delisted 1 January 2018)
(Arrow-Simva Tab 20 mg to be delisted 1 January 2018)
(Arrow-Simva Tab 40 mg to be delisted 1 January 2018)
(Arrow-Simva Tab 80 mg to be delisted 1 January 2018)

---

### 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

**EZETIMIBE WITH SIMVASTATIN** – **Restricted** see terms below

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

---

### Other Lipid-Modifying Agents

**ACIPIMOX**
- Cap 250 mg
CARDIOVASCULAR SYSTEM

NICOTINIC ACID

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Oct-17 to 2020</td>
<td>$4.12</td>
<td>100 Apo-Nicotinic Acid</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Oct-17 to 2020</td>
<td>$17.89</td>
<td>100 Apo-Nicotinic Acid</td>
</tr>
</tbody>
</table>

Nitrates

GLYCERYL TRINITRATE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 600 mcg</td>
<td>$8.00</td>
<td>100 Lycinate</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml ampoule</td>
<td>$22.70</td>
<td>10 Nitronal</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 50 ml vial</td>
<td>$100.00</td>
<td>5 Hospira</td>
</tr>
<tr>
<td>Oral pump spray, 400 mcg per dose</td>
<td>$4.45</td>
<td>250 dose Nitrolingual Pump Spray</td>
</tr>
<tr>
<td>Oral spray, 400 mcg per dose</td>
<td>$4.45</td>
<td>250 dose Glytrin</td>
</tr>
<tr>
<td>Patch 25 mg, 5 mg per day</td>
<td>$15.73</td>
<td>30 Nitroderm TTS 5</td>
</tr>
<tr>
<td>Patch 50 mg, 10 mg per day</td>
<td>$18.62</td>
<td>30 Nitroderm TTS 10</td>
</tr>
</tbody>
</table>

ISOSORBIDE MONONITRATE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 20 mg – 1% DV Oct-17 to 2020</td>
<td>$18.80</td>
<td>100 Ismo-20</td>
</tr>
<tr>
<td>Tab long-acting 40 mg – 1% DV Jun-16 to 2019</td>
<td>$7.50</td>
<td>30 Ismo 40 Retard</td>
</tr>
<tr>
<td>Tab long-acting 60 mg – 1% DV Sep-17 to 2020</td>
<td>$8.29</td>
<td>90 Duride</td>
</tr>
</tbody>
</table>

Other Cardiac Agents

LEVOSIMENDAN – Restricted see terms below

† Inj 2.5 mg per ml, 5 ml vial |
† Inj 2.5 mg per ml, 10 ml vial |
→ Restricted

Initiation – Heart transplant

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

Initiation – Heart failure

Cardiologist or intensivist

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

Sympathomimetics

ADRENALINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 in 1,000, 1 ml ampoule</td>
<td>$4.98</td>
<td>5 Aspen Adrenaline</td>
</tr>
<tr>
<td>Inj 1 in 1,000, 30 ml vial</td>
<td>5.25</td>
<td>Hospira</td>
</tr>
<tr>
<td>Inj 1 in 10,000, 10 ml ampoule</td>
<td>$49.00</td>
<td>10 Aspen Adrenaline</td>
</tr>
<tr>
<td>Inj 1 in 10,000, 10 ml syringe</td>
<td>27.00</td>
<td>5 Hospira</td>
</tr>
</tbody>
</table>

DOBUTAMINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 12.5 mg per ml, 20 ml ampoule – 1% DV Jan-16 to 2018</td>
<td>$24.45</td>
<td>5 Dobutamine-Claris</td>
</tr>
</tbody>
</table>

DOPAMINE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 40 mg per ml, 5 ml ampoule – 1% DV Sep-15 to 2018</td>
<td>$16.89</td>
<td>5 DBL Sterile Dopamine Concentrate</td>
</tr>
</tbody>
</table>

EPHEDRINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 3 mg per ml, 10 ml syringe</td>
<td>$36.04</td>
<td>10 Max Health</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>Drug Name</th>
<th>Formulation</th>
<th>Price (ex. man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISOPRENALINE</td>
<td>Inj 200 mcg per ml, 1 ml ampoule</td>
<td>$25.90</td>
<td>Loniten</td>
</tr>
<tr>
<td></td>
<td>Inj 200 mcg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METARAMINOL</td>
<td>Inj 0.5 mg per ml, 20 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORADRENALINE</td>
<td>Inj 0.06 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 0.06 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 0.1 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 0.12 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 0.12 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 0.16 mg per ml, 50 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2019</td>
<td>$125.00</td>
<td>Noradrenaline BNM</td>
</tr>
<tr>
<td>PHENYLEPHRINE HYDROCHLORIDE</td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
<td>$115.50</td>
<td>Neosynephrine HCL</td>
</tr>
</tbody>
</table>

Vasodilators

ALPROSTADIL HYDROCHLORIDE
Inj 500 mcg per ml, 1 ml ampoule – 1% DV Oct-15 to 2018 | $1,650.00 | Prostin VR

AMYL NITRITE
Liq 98% in 3 ml capsule

DIAZOXIDE
Inj 15 mg per ml, 20 ml ampoule

HYDRAZINE HYDROCHLORIDE
Tab 25 mg
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 | Apresoline

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

MINOXIDIL
Tab 10 mg | $70.00 | Loniten

NICORANDIL
Tab 10 mg | $27.95 | Ikorel
Tab 20 mg | $33.28 | Ikorel

PAPAVERINE HYDROCHLORIDE
Inj 30 mg per ml, 1 ml vial
Inj 12 mg per ml, 10 ml ampoule | $217.90 | Hospira

PENTOXIFYLLINE [OXPENTIFYLLINE]
Tab 400 mg
SODIUM NITROPRUSSIDE
Inj 50 mg vial

**Endothelin Receptor Antagonists**

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

- Tab 5 mg
  - \[\text{Price}\] 4,585.00 30 Volibris
- Tab 10 mg
  - \[\text{Price}\] 4,585.00 30 Volibris

*Restricted* Initiation

Either:

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

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

- Tab 62.5 mg – 1% DV Jan-16 to 2018
  - \[\text{Price}\] 375.00 56 Mylan-Bosentan
- Tab 125 mg – 1% DV Jan-16 to 2018
  - \[\text{Price}\] 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 stabilisation in emergency situations.

**Phosphodiesterase Type 5 Inhibitors**

**SILDENAFIL**  – *Restricted* see terms below

- Tab 25 mg – 1% DV Sep-15 to 2018
  - \[\text{Price}\] 0.75 4 Vedaril
- Tab 50 mg – 1% DV Sep-15 to 2018
  - \[\text{Price}\] 0.75 4 Vedaril
- Tab 100 mg – 1% DV Sep-15 to 2018
  - \[\text{Price}\] 2.75 4 Vedaril
- Inj 0.8 mg per ml, 12.5 ml vial

*Restricted* 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 peroperative 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:

continued…
Prostacyclin Analogues

EPOPROSTENOL – Restricted see terms below

- Inj 0.5 mg vial ................................................................. 36.61 1 Veletri
- Inj 1.5 mg vial ................................................................. 73.21 1 Veletri

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

- Inj 50 mcg in 0.5 ml ampoule – 1% DV Jan-17 to 2019 ......................... 380.00 5 Ilomedin
- Nebuliser soln 10 mcg per ml, 2 ml .............................................. 1,185.00 30 Ventavis

Initiation

Any of the following:

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

### Antibacterials

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROGEN PEROXIDE</td>
<td>Crystaderm</td>
<td>$8.56</td>
<td>15 g</td>
</tr>
<tr>
<td>Crm 1%</td>
<td>Pharmacy Health</td>
<td>$1.40</td>
<td>100 ml</td>
</tr>
<tr>
<td>Soln 3% (10 vol) – 1% DV Nov-15 to 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAFENIDE ACETATE – Restricted see terms below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 50 g sachet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUPIROCIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM FUSIDATE [FUSIDIC ACID]</td>
<td>DP Fusidic Acid Cream</td>
<td>$2.52</td>
<td>15 g</td>
</tr>
<tr>
<td>Crm 2%</td>
<td>Foban</td>
<td>$3.45</td>
<td>15 g</td>
</tr>
<tr>
<td>Oint 2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SULFADIAZINE SILVER</td>
<td>Flamazine</td>
<td>$10.80</td>
<td>50 g</td>
</tr>
<tr>
<td>Crm 1% – 1% DV Aug-17 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antifungals

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMOROLFINE</td>
<td>MycoNail</td>
<td>$15.95</td>
<td>5 ml</td>
</tr>
<tr>
<td>Nail soln 5% – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CICLOPIROX OLAMINE</td>
<td>Apo-Ciclopirox</td>
<td>$6.50</td>
<td>7 ml</td>
</tr>
<tr>
<td>Nail soln 8% – 1% DV Sep-15 to 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>→ Soln 1% – Restricted: For continuation only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOTRIMAZOLE</td>
<td>Clomazol</td>
<td>$0.70</td>
<td>20 g</td>
</tr>
<tr>
<td>Crm 1% – 1% DV Jan-18 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>→ Soln 1% – Restricted: For continuation only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECONAZOLE NITRATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1% – Restricted: For continuation only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foaming soln 1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METRONIDAZOLE</td>
<td>Sebizole</td>
<td>$2.99</td>
<td>100 ml</td>
</tr>
<tr>
<td>Gel 0.75%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOCONAZOLE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shampoo 2% – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METRONIDAZOLE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gel 0.75%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICONAZOLE NITRATE</td>
<td>Multichem</td>
<td>$0.74</td>
<td>15 g</td>
</tr>
<tr>
<td>Crm 2% – 1% DV Jan-18 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>→ Lotn 2% – Restricted: For continuation only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinc 2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYSTATIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 100,000 u per g</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antiparasitics

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIMETHICONE</td>
<td>healthE Dimethicone</td>
<td>$4.98</td>
<td>200 ml</td>
</tr>
<tr>
<td>Lotn 4% – 1% DV Jul-17 to 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

**PERMETHRIN**
- Cram 5% – 1% DV Dec-17 to 2020: $4.95 30 g Lyderm
- Lotn 5% – 1% DV Oct-17 to 2020: $3.69 30 ml A-Scabies

**PHENOTHIN**
- Shampoo 0.5%

---

### Antiacne Preparations

**ADAPALEN**
- Cram 0.1%
- Gel 0.1%

**BENZOYL PEROXIDE**
- SoIn 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

**TRETOINOIN**
- Cram 0.05%

---

### Antipruritic Preparations

**CALAMINE**
- Cram, 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**
- Cram 10% – 1% DV Sep-15 to 2018: $3.37 20 g Itch-Soothe

---

### Barrier Creams and Emollients

#### Barrier Creams

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

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

**ZINC AND CASTOR OIL**
- Cram: $1.63 20 g Orion
- Oint, BP – 1% DV Nov-17 to 2020: $1.26 20 g healthE

---

*Note: 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 Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZINC WITH WOOL FAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm zinc 15.25% with wool fat 4%</td>
<td></td>
<td>e.g. Sudocrem</td>
</tr>
<tr>
<td><strong>Emollients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AQUEOUS CREAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 100 g – 1% DV Jan-16 to 2018</td>
<td>1.00</td>
<td>Pharmacy Health SLS-free</td>
</tr>
<tr>
<td>Crm 500 g – 1% DV Mar-16 to 2018</td>
<td>1.99</td>
<td>AFT 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>CETOMACROGOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm BP, 500 g – 1% DV Nov-15 to 2018</td>
<td>2.74</td>
<td>healthE</td>
</tr>
<tr>
<td>Crm BP, 100 g – 1% DV Jan-16 to 2018</td>
<td>1.47</td>
<td>healthE</td>
</tr>
<tr>
<td>CETOMACROGOL WITH GLYCEROL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 90% with glycerol 10%</td>
<td></td>
<td>Pharmacy Health</td>
</tr>
<tr>
<td>Crm 90% with glycerol 10% – 1% DV Aug-16 to 2019</td>
<td></td>
<td>Pharmacy Health Sorbolene with Glycerin</td>
</tr>
<tr>
<td>Crm 90% with glycerol 10%</td>
<td></td>
<td>Pharmacy Health Sorbolene with Glycerin</td>
</tr>
<tr>
<td>EMULSIFYING OINTMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint BP – 1% DV Oct-17 to 2020</td>
<td>1.84</td>
<td>Jaychem</td>
</tr>
<tr>
<td>Oint BP, 500 g – 1% DV Oct-17 to 2020</td>
<td>3.59</td>
<td>AFT</td>
</tr>
<tr>
<td>Note: DV limit applies to pack sizes of less than 200 g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLYCEROL WITH PARAFFIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%</td>
<td>2.63</td>
<td>Pharmacy Health Sorbolene with Glycerin</td>
</tr>
<tr>
<td>OIL IN WATER EMULSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm</td>
<td></td>
<td>healthE Fatty Cream</td>
</tr>
<tr>
<td>Crm, 100 g</td>
<td></td>
<td>healthE Fatty Cream</td>
</tr>
<tr>
<td>PARAFFIN</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 – 1% DV Sep-15 to 2018</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>Yellow soft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAFFIN WITH WOOL FAT</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; 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>UREA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 10% – 1% DV Sep-16 to 2019</td>
<td>1.37</td>
<td>healthE Urea Cream</td>
</tr>
<tr>
<td>WOOL FAT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Corticosteroids

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) per</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BETAMETHASONE DIPROPIONATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.05%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oint 0.05%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BETAMETHASONE VALERATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1% – 1% DV Jun-15 to 2018</td>
<td>3.15</td>
<td>50 g</td>
<td>Beta Cream</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Jun-15 to 2018</td>
<td>3.15</td>
<td>50 g</td>
<td>Beta Ointment</td>
</tr>
<tr>
<td>Lotn 0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLOBETASOL PROPIONATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.05% – 1% DV Dec-16 to 2019</td>
<td>2.20</td>
<td>30 g</td>
<td>Dermol</td>
</tr>
<tr>
<td>Oint 0.05% – 1% DV Dec-16 to 2019</td>
<td>2.20</td>
<td>30 g</td>
<td>Dermol</td>
</tr>
<tr>
<td><strong>CLOBETASONE BUTYRATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.05%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIFLUCORTOLONE VALERATE</strong> – Restricted: For continuation only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Crm 0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Fatty oint 0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYDROCORTISONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%, 30 g – 1% DV Feb-17 to 2019</td>
<td>1.11</td>
<td>30 g</td>
<td>DermAssist</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of less than or equal to 100 g.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%, 500 g – 1% DV Dec-16 to 2019</td>
<td>16.25</td>
<td>500 g</td>
<td>Pharmacy Health</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of greater than 100 g.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HYDROCORTISONE ACETATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1%</td>
<td></td>
<td>14.2 g</td>
<td>AFT</td>
</tr>
<tr>
<td><strong>HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN</strong></td>
<td></td>
<td></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</td>
<td>250 ml</td>
<td>DP Lotn HC</td>
</tr>
<tr>
<td><strong>HYDROCORTISONE BUTYRATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1%</td>
<td></td>
<td>6.85</td>
<td>30 g</td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td></td>
<td>6.85</td>
<td>100 g</td>
</tr>
<tr>
<td>Milky emul 0.1%</td>
<td></td>
<td>6.85</td>
<td>100 ml</td>
</tr>
<tr>
<td><strong>METHYLPROPIONATE ACEPONATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1%</td>
<td></td>
<td>4.95</td>
<td>15 g</td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td></td>
<td>4.95</td>
<td>15 g</td>
</tr>
<tr>
<td><strong>MOMETASONE FURUATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.1% – 1% DV Nov-15 to 2018</td>
<td>1.51</td>
<td>15 g</td>
<td>Elocon Alcohol Free</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Nov-15 to 2018</td>
<td>2.90</td>
<td>50 g</td>
<td>Elocon Alcohol Free</td>
</tr>
<tr>
<td>Lotn 0.1% – 1% DV Sep-15 to 2018</td>
<td>7.35</td>
<td>30 ml</td>
<td>Elocon</td>
</tr>
<tr>
<td><strong>TRIAMCINOLONE ACETONIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 0.02% – 1% DV Sep-17 to 2020</td>
<td>6.30</td>
<td>100 g</td>
<td>Aristocort</td>
</tr>
<tr>
<td>Oint 0.02% – 1% DV Sep-17 to 2020</td>
<td>6.35</td>
<td>100 g</td>
<td>Aristocort</td>
</tr>
</tbody>
</table>

## Corticosteroids with Anti-Infective Agents

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) per</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BETAMETHASONE VALERATE WITH CLIQUINOL</strong> – Restricted see terms on the next page</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Crm 0.1% with clioquinol 3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

*e.g. Brand indicates brand example only. It is not a contracted product.*
### Psoriasis and Eczema Preparations

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACITRETIN</td>
<td>Cap 10 mg – 1% DV Sep-17 to 2020</td>
<td>17.86</td>
<td>60</td>
<td>Novatretin</td>
</tr>
<tr>
<td></td>
<td>Cap 25 mg – 1% DV Sep-17 to 2020</td>
<td>41.36</td>
<td>60</td>
<td>Novatretin</td>
</tr>
<tr>
<td>BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL</td>
<td>Gel 500 mcg with calcipotriol 50 mcg per g – 1% DV Sep-15 to 2018</td>
<td>26.12</td>
<td>30 g</td>
<td>Daivobet</td>
</tr>
<tr>
<td></td>
<td>Oint 500 mcg with calcipotriol 50 mcg per g – 1% DV Sep-15 to 2018</td>
<td>26.12</td>
<td>30 g</td>
<td>Daivobet</td>
</tr>
<tr>
<td>CALCIPOTRIOL</td>
<td>Oint 50 mcg per g – 1% DV Jul-17 to 2020</td>
<td>45.00</td>
<td>100 g</td>
<td>Daivonex</td>
</tr>
<tr>
<td>COAL TAR WITH SALICYLIC ACID AND SULPHUR</td>
<td>Oint 12% with salicylic acid 2% and sulphur 4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHOXSALEN [8-METHOXYPSORALEN]</td>
<td>Tab 10 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lotion 1.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCIN</td>
<td>Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – 1% DV Oct-17 to 2020</td>
<td>3.86</td>
<td>500 ml</td>
<td>Pinetarsol</td>
</tr>
<tr>
<td>POTASSIUM PERMANGANATE</td>
<td>Tab 400 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crystals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scalp Preparations

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAMETHASONE VALERATE</td>
<td>Scalp app 0.1%</td>
<td>7.75</td>
<td>100 ml</td>
<td>Beta Scalp</td>
</tr>
<tr>
<td>CLOBETASOL PROPIONATE</td>
<td>Scalp app 0.05%</td>
<td>6.96</td>
<td>30 ml</td>
<td>Dermol</td>
</tr>
<tr>
<td>HYDROCORTISONE BUTYRATE</td>
<td>Scalp lotion 0.1%</td>
<td>3.65</td>
<td>100 ml</td>
<td>Locoid</td>
</tr>
</tbody>
</table>
### DERMATOLOGICALS

<table>
<thead>
<tr>
<th>Wart Preparations</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMIQUIMOD</td>
<td>17.98 12 Apo-Imiquimod Cream 5%</td>
</tr>
<tr>
<td>Crm 5%, 250 mg sachet</td>
<td></td>
</tr>
<tr>
<td>PODOPHYLLOTOXIN</td>
<td>33.60 3.5 ml Condyline</td>
</tr>
<tr>
<td>Soln 0.5%</td>
<td></td>
</tr>
<tr>
<td>SILVER NITRATE</td>
<td></td>
</tr>
<tr>
<td>Sticks with applicator</td>
<td></td>
</tr>
<tr>
<td>Other Skin Preparations</td>
<td></td>
</tr>
<tr>
<td>DIPHEMANIL METILSULFATE</td>
<td></td>
</tr>
<tr>
<td>Powder 2%</td>
<td></td>
</tr>
<tr>
<td>SUNSCREEN, PROPRIETARY</td>
<td></td>
</tr>
<tr>
<td>Crm</td>
<td>3.30 100 g Marine Blue Lotion SPF 50+</td>
</tr>
<tr>
<td>Lotn</td>
<td>5.10 200 g Marine Blue Lotion SPF 50+</td>
</tr>
<tr>
<td>Antineoplastics</td>
<td></td>
</tr>
<tr>
<td>FLUOROURACIL SODIUM</td>
<td>8.95 20 g Efudix</td>
</tr>
<tr>
<td>Crm 5% – 1% DV Sep-15 to 2018</td>
<td></td>
</tr>
<tr>
<td>METHYL AMINOLEVULINATE HYDROCHLORIDE – Restricted see terms below</td>
<td></td>
</tr>
<tr>
<td>Crm 16%</td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
</tr>
<tr>
<td>Dermatologist or plastic surgeon</td>
<td></td>
</tr>
<tr>
<td>Wound Management Products</td>
<td></td>
</tr>
<tr>
<td>CALCIUM GLUCONATE</td>
<td>21.00 1 healthE</td>
</tr>
<tr>
<td>Gel 2.5%</td>
<td></td>
</tr>
</tbody>
</table>

*healthE Gel 2.5% to be delisted 1 April 2018*
# GENITO-URINARY SYSTEM

## Anti-Infective Agents

### ACETIC ACID
- Soln 3%
- Soln 5%

### ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID
Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator

### CHLORHEXIDINE GLUCONATE
- Crm 1% – 1% DV Sep-15 to 2018 ................................................................. 1.21 50 g healthE
- Lotn 1%, 200 ml – 1% DV Sep-15 to 2018 .................................................. 2.98 1 healthE

### CLOTRIMAZOLE
- Vaginal crm 1% with applicator – 1% DV Nov-16 to 2019 .......................... 1.60 35 g Clomazol
- Vaginal crm 2% with applicator – 1% DV Nov-16 to 2019 ......................... 2.10 20 g Clomazol

### MICONAZOLE NITRATE
- Vaginal crm 2% with applicator – 1% DV Sep-17 to 2020 ......................... 3.88 40 g Micreme

### NYSTATIN
- Vaginal crm 100,000 u per 5 g with applicator(s) – 1% DV Aug-17 to 2020... 4.45 75 g Nilstat

## Contraceptives

### Antiandrogen Oral Contraceptives

#### CYPROTERONE ACETATE WITH ETHINYL Estradiol
- Tab 2 mg with ethinyl estradiol 35 mcg and 7 inert tablets – 1% DV
  - Sep-17 to 2020 .................................................................................. 4.67 168 Ginet

### Combined Oral Contraceptives

#### ETHINYL Estradiol WITH DESOGESTREL
- Tab 20 mcg with desogestrel 150 mcg
- Tab 30 mcg with desogestrel 150 mcg

#### ETHINYL Estradiol WITH LEVONORGESTREL
- Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – 1% DV
  - Jan-18 to 2020 .................................................................................. 2.65 84 Microgynon 20 ED
  - 2.18
- Tab 20 mcg with levonorgestrel 150 mcg and 7 inert tablets – 1% DV
  - Jan-18 to 2020 .................................................................................. 2.30 84 Microgynon 50 ED
  - 1.77
- Tab 20 mcg with levonorgestrel 100 mcg
- Tab 20 mcg with levonorgestrel 150 mcg
- Tab 50 mcg with levonorgestrel 125 mcg
  - 9.45 84 Microgynon 50 ED

(Ava 20 ED Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets to be delisted 1 January 2018)
(Ava 30 ED Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets to be delisted 1 January 2018)

#### ETHINYL Estradiol WITH NORETHISTERONE
- Tab 35 mcg with norethisterone 1 mg
- Tab 35 mcg with norethisterone 500 mcg

#### NORETHISTERONE WITH MESTRANOL
- Tab 1 mg with mestranol 50 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.
## GENITO-URINARY SYSTEM

### Contraceptive Devices

<table>
<thead>
<tr>
<th>INTRA-UTERINE DEVICE</th>
<th>Price (ex man. excl. GST) Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD 29.1 mm length × 23.2 mm width.............................31.60 1 Choice TT380 Short</td>
<td></td>
</tr>
<tr>
<td>IUD 33.6 mm length × 29.9 mm width.............................31.60 1 Choice TT380 Standard</td>
<td></td>
</tr>
<tr>
<td>IUD 35.5 mm length × 19.6 mm width.............................31.60 1 Choice Load 375</td>
<td></td>
</tr>
</tbody>
</table>

### 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 × 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

### Contraceptive Devices

**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

---

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

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

Antiprogestogens

MIFEPRISTONE
Tab 200 mg

Oxytocics

CARBOPROST TROMETAMOL
Inj 250 mcg per ml, 1 ml ampoule

DINOPROSTONE
Pessaries 10 mg
Vaginal gel 1 mg in 3 g..........................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 – 1% DV Nov-17 to 2020......105.00 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 – Restricted see terms below
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 – Restricted see terms on the next page
Inj 500 mcg ampoule
## GENITO-URINARY SYSTEM

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oestrogens</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OESTRIOL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crm 1 mg per g with applicator – 1% DV Oct-17 to 2020</td>
<td>6.62</td>
<td>15 g</td>
<td>Ovestin</td>
</tr>
<tr>
<td>Pessaries 500 mcg – 1% DV Oct-17 to 2020</td>
<td>6.86</td>
<td>15 g</td>
<td>Ovestin</td>
</tr>
<tr>
<td><strong>Urologicals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5-Alpha Reductase Inhibitors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINASTERIDE – Restricted see terms below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Dec-17 to 2020</td>
<td>2.08</td>
<td>30</td>
<td>Finpro</td>
</tr>
<tr>
<td>4.81</td>
<td>100</td>
<td>Ricit</td>
<td></td>
</tr>
</tbody>
</table>

(Finpro Tab 5 mg to be delisted 1 December 2017)

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alpha-1A Adrenoceptor Blockers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAMSULOSIN – Restricted see terms below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 400 mcg</td>
<td>13.51</td>
<td>100</td>
<td>Tamsulosin-Rex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urinary Alkalisers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CITRATE – Restricted see terms below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 3 mmol per ml</td>
<td>30.00</td>
<td>200 ml</td>
<td>Biomed</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urinary Antispasmodics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OXYBUTYNIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-16 to 2019</td>
<td>8.85</td>
<td>500</td>
<td>Apo-Oxybutynin</td>
</tr>
<tr>
<td>Oral liq 5 mg per 5 ml – 1% DV Sep-16 to 2019</td>
<td>60.40</td>
<td>473 ml</td>
<td>Apo-Oxybutynin</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.*
### GENITO-URINARY SYSTEM

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLIFENACIN SUCCINATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Restricted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tab 5 mg</td>
<td>37.50</td>
<td>30</td>
<td>Vesicare</td>
</tr>
<tr>
<td>- Tab 10 mg</td>
<td>37.50</td>
<td>30</td>
<td>Vesicare</td>
</tr>
<tr>
<td>TOLTERODINE TARTRATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Restricted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tab 1 mg</td>
<td>14.56</td>
<td>56</td>
<td>Arrow-Tolterodine</td>
</tr>
<tr>
<td>- Tab 2 mg</td>
<td>14.56</td>
<td>56</td>
<td>Arrow-Tolterodine</td>
</tr>
</tbody>
</table>

**Initiation**

**SOLIFENACIN SUCCINATE** — **Restricted** see terms below

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

**TOLTERODINE TARTRATE** — **Restricted** see terms below

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

*(Androderm Patch 2.5 mg per day to be delisted 1 March 2018)*

**TESTOSTERONE CIPIONATE**
- 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 isocaproate 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

**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 greater than or equal to 3 mmol/L) despite previous
      first-line treatments including sodium thiosulfate (where appropriate) and bisphosphonates; and
   1.3 The patient is symptomatic; or
2. All of the following:
   2.1 The patient has been diagnosed with calciphylaxis (calcific uraemic arteriolopathy); and
   2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to
      3 mmol/L); and

*continued…*
2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate.

**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**
  - Price: $84.50
  - Per: 550.00
  - Manufacturer: Zoledronic acid Mylan

**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
  - Price: $0.88
  - Per: 30
  - Manufacturer: Dexamethsone

- Tab 4 mg – 1% DV Jan-16 to 2018
  - Price: $1.84
  - Per: 30
  - Manufacturer: Dexamethsone

- Oral liq 1 mg per ml
  - Price: $45.00
  - Per: 25 ml
  - Manufacturer: Biomed

**DEXAMETHASONE PHOSPHATE**

- Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019
  - Price: $14.19
  - Per: 10
  - Manufacturer: Max Health

- Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-16 to 2019
  - Price: $25.18
  - Per: 10
  - Manufacturer: Max Health

**FLUDROCORTISONE ACETATE**

- Tab 100 mcg
  - Price: $14.32
  - Per: 100
  - Manufacturer: Florinef

**HYDROCORTISONE**

- Tab 5 mg – 1% DV Sep-15 to 2018
  - Price: $8.10
  - Per: 100
  - Manufacturer: Douglas

- Tab 20 mg – 1% DV Sep-15 to 2018
  - Price: $20.32
  - Per: 100
  - Manufacturer: Douglas

- Inj 100 mg vial – 1% DV Oct-16 to 2019
  - Price: $5.30
  - Per: 1
  - Manufacturer: Solu-Cortef

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>Drug Description</th>
<th>Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METHYLPREDNISOLONE (AS SODIUM SUCCINATE)</strong></td>
<td>Tab 4 mg – 1% DV Oct-15 to 2018</td>
<td>80.00 100</td>
<td>Medrol</td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg – 1% DV Oct-15 to 2018</td>
<td>180.00 20</td>
<td>Medrol</td>
</tr>
<tr>
<td></td>
<td>Inj 40 mg vial – 1% DV Oct-15 to 2018</td>
<td>10.50 1</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td></td>
<td>Inj 125 mg vial – 1% DV Oct-15 to 2018</td>
<td>22.25 1</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg vial – 1% DV Oct-15 to 2018</td>
<td>9.00 1</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Oct-15 to 2018</td>
<td>16.00 1</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td><strong>METHYLPREDNISOLONE ACETATE</strong></td>
<td>Inj 40 mg per ml, 1 ml vial – 1% DV Oct-15 to 2018</td>
<td>40.00 5</td>
<td>Depo-Medrol</td>
</tr>
<tr>
<td><strong>METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINA]</strong></td>
<td>Inj 40 mg with lidocaine [lignocaine], 1 ml vial – 1% DV Oct-15 to 2018</td>
<td>9.25 1</td>
<td>Depo-Medrol with Lidocaine</td>
</tr>
<tr>
<td><strong>PREDNISOLONE</strong></td>
<td>Oral liq 5 mg per ml</td>
<td>7.50 30 ml</td>
<td>Redipred</td>
</tr>
<tr>
<td></td>
<td>Enema 200 mcg per ml, 100 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREDNISONE</strong></td>
<td>Tab 1 mg – 1% DV Jun-17 to 2020</td>
<td>10.68 500</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td></td>
<td>Tab 2.5 mg – 1% DV Jun-17 to 2020</td>
<td>12.09 500</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Jun-17 to 2020</td>
<td>11.09 500</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg – 1% DV Jun-17 to 2020</td>
<td>29.03 500</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td><strong>TRIAMCINOLONE ACETONIDE</strong></td>
<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>20.80 5</td>
<td>Kenacort-A 10</td>
</tr>
<tr>
<td></td>
<td>Inj 40 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>51.10 5</td>
<td>Kenacort-A 40</td>
</tr>
<tr>
<td><strong>TRIAMCINOLONE HEXACETONIDE</strong></td>
<td>Inj 20 mg per ml, 1 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hormone Replacement Therapy

#### Oestrogens

**OESTRADIOL**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>6.12 8</td>
<td>Estradot</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>7.04 8</td>
<td>Estradot</td>
</tr>
<tr>
<td>Patch 25 mcg per day – 1% DV Oct-16 to 2019</td>
<td>7.91 8</td>
<td>Estradot</td>
</tr>
<tr>
<td>Patch 50 mcg per day – 1% DV Oct-16 to 2019</td>
<td>8</td>
<td>Estradot</td>
</tr>
<tr>
<td>Patch 75 mcg per day – 1% DV Mar-17 to 2019</td>
<td>7.91</td>
<td>Estradot</td>
</tr>
<tr>
<td>Patch 100 mcg per day – 1% DV Oct-16 to 2019</td>
<td>7.91</td>
<td>Estradot</td>
</tr>
</tbody>
</table>

**OESTRADIOL VALERATE**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg – 1% DV Jun-15 to 2018</td>
<td>12.36 84</td>
<td>Progynova</td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Jun-15 to 2018</td>
<td>12.36 84</td>
<td>Progynova</td>
</tr>
</tbody>
</table>

**OESTROGENS (CONJUGATED EQUINE)**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 300 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 625 mcg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Progestogen and Oestrogen Combined Preparations

**OESTRADIOL WITH NORETHISTERONE ACETATE**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg with 0.5 mg norethisterone acetate</td>
<td>12.36 84</td>
<td>Progynova</td>
</tr>
<tr>
<td>Tab 2 mg with 1 mg norethisterone acetate</td>
<td>12.36 84</td>
<td>Progynova</td>
</tr>
<tr>
<td>Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OESTROGENS WITH MEDROXYPROGESTERONE ACETATE
Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate
Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate

Progestogens

MEDROXYPROGESTERONE ACETATE
Tab 2.5 mg – 1% DV Oct-16 to 2019 .......................................................... 3.75 30 Provera
Tab 5 mg – 1% DV Oct-16 to 2019 ........................................................... 14.00 100 Provera
Tab 10 mg – 1% DV Oct-16 to 2019 ......................................................... 7.15 30 Provera

Other Endocrine Agents

CABERGOLINE – Restricted see terms below
Tab 0.5 mg – 1% DV Sep-15 to 2018 ........................................................... 4.75 2 Dostinex
19.00 8 Dostinex

Restricted
Initiation
Any of the following:
1 Inhibition of lactation; or
2 Patient has pathological hyperprolactinemia; or
3 Patient has acromegaly.

CLOMIFENE CITRATE
Tab 50 mg ......................................................................................... 29.84 10 Mylan Clomiphen Serophene

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

GESTRINONE
Cap 2.5 mg

METYRAPONE
Cap 250 mg

PENTAGASTRIN
Inj 250 mcg per ml, 2 ml ampoule

Other Oestrogen Preparations

ETHINYLOESTRADIOL
Tab 10 mcg – 1% DV Sep-15 to 2018 ..................................................... 17.60 100 NZ Medical & Scientific

OESTRADIOL
Implant 50 mg

OESTRIOL
Tab 2 mg

Other Progestogen Preparations

MEDROXYPROGESTERONE
Tab 100 mg – 1% DV Oct-16 to 2019 ..................................................... 101.00 100 Provera HD

NORETHISTERONE
Tab 5 mg – 1% DV Jun-15 to 2018 ......................................................... 18.29 100 Primolut N
HORMONE PREPARATIONS

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

**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 mg per ml, 1 ml ampoule ....................................................................... 690.00 1 Synacthen Depot

**GnRH Agonists and Antagonists**

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

**GONADORELIN**
Inj 100 mcg vial

**GOSERELIN**
Implant 3.6 mg, syringe – 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

**Gonadotrophins**

**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:
   
   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

continued…
continued...

2.2 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
2.3 Peak growth hormone value of < 5.0 mcg per litre in response to two different growth hormone stimulation tests. In children who are 5 years or older, GH testing with sex steroid priming is required; and
2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical reasons why this is either not necessary or appropriate; and
2.5 Appropriate imaging of the pituitary gland has been obtained.

Continuation – growth hormone deficiency in children
Endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months
All of the following:
1 A current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
2 Height velocity is greater than or equal to 25th percentile for age (adjusted for bone age/pubertal status if appropriate) while on growth hormone treatment, as calculated over six months using the standards of Tanner and Davis (1985); and
3 Height velocity is greater than or equal to 2.0 cm per year, as calculated over 6 months; and
4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed since starting growth hormone.

Initiation – Turner syndrome
Endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months
All of the following:
1 The patient has a post-natal genotype confirming Turner Syndrome; and
2 Height velocity is < 25th percentile over 6-12 months using the standards of Tanner and Davies (1985); and
3 A current bone age is < 14 years.

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

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

continued…
continued...

Continuation – short stature without growth hormone deficiency
Endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months
All of the following:

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

Initiation – short stature due to chronic renal insufficiency
Endocrinologist, paediatric endocrinologist or renal physician on the recommendation of a endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months
All of the following:

1. The patient’s height is more than 2 standard deviations below the mean; and
2. Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3. A current bone age is to 14 years or under (female patients) or to 16 years or under (male patients); and
4. The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
5. The patient is under the supervision of a specialist with expertise in renal medicine; and
6. Either:
   6.1 The patient has a GFR less than or equal to 30 ml/min/1.73 m$^2$ as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 40 = corrected GFR (ml/min/1.73 m$^2$)) in a child who may or may not be receiving dialysis; or
   6.2 The patient has received a renal transplant and has received < 5mg/m$^2$/day of prednisone or equivalent for at least 6 months.

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

1. Height velocity is greater than or equal to 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2. Height velocity is greater than or equal to 2 cm per year as calculated over six months; and
3. A current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
4. No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone has occurred; and
5. No malignancy has developed after growth hormone therapy was commenced; and
6. The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and
7. The patient has not received renal transplantation since starting growth hormone treatment; and
8. If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

Initiation – Prader-Willi syndrome
Endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months
All of the following:

continued…
continued...

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

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

Initiation – adults and adolescents
Endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months
All of the following:
1 The patient has a medical condition that is known to cause growth hormone deficiency (e.g. surgical removal of the pituitary for treatment of a pituitary tumour); and
2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
3 The patient has severe growth hormone deficiency (see notes); and
4 The patient’s serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

Notes: For the purposes of adults and adolescents, severe growth hormone deficiency is defined as a peak serum growth hormone level of less than or equal to 3 mcg per litre during an adequately performed insulin tolerance test (ITT) or glucagon stimulation test. Patients with one or more additional anterior pituitary hormone deficiencies and a known structural pituitary lesion only require one test. Patients with isolated growth hormone deficiency require two growth hormone stimulation tests, of which, one should be ITT unless otherwise contraindicated. Where an additional test is required, an arginine provocation test can be used with a peak serum growth hormone level of less than or equal to 0.4 mcg per litre.

The dose of somatropin should be started at 0.2 mg daily and be titrated by 0.1 mg monthly until it is within 1 standard deviation of the mean normal value for age and sex; and
The dose of somatropin not to exceed 0.7 mg per day for male patients, or 1 mg per day for female patients.

continued…
HORMONE PREPARATIONS

continued…

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**

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBIMAZOLE</td>
<td>Tab 5 mg</td>
<td></td>
</tr>
<tr>
<td>IODINE</td>
<td>Soln BP 50 mg per ml</td>
<td></td>
</tr>
<tr>
<td>LEVOthyroxINE</td>
<td>Tab 25 mcg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 50 mcg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 100 mcg</td>
<td></td>
</tr>
<tr>
<td>LIOTHYRONINE SODIUM</td>
<td>Tab 20 mcg</td>
<td><strong>Restricted</strong></td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For a maximum of 14 days' treatment in patients with thyroid cancer who are due to receive radioiodine therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 20 mcg vial</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM IODATE</td>
<td>Tab 170 mg</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM PERCHLORATE</td>
<td>Cap 200 mg</td>
<td></td>
</tr>
<tr>
<td>PROPYLTHIOURACIL</td>
<td>Tab 50 mg</td>
<td><strong>Restricted see terms below</strong></td>
</tr>
<tr>
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</tbody>
</table>

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

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

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

<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>

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

- Tab 100 mcg – 1% DV Jun-16 to 2019 ......................................................... 25.00 30 Minirin
- Tab 200 mcg – 1% DV Jun-16 to 2019 ......................................................... 54.45 30 Minirin
- Nasal spray 10 mcg per dose – 1% DV Oct-17 to 2020 ................................ 23.95 6 ml Desmopressin-PH&T

Inj 4 mcg per ml, 1 ml ampoule
Inj 15 mcg per ml, 1 ml ampoule
Nasal drops 100 mcg per ml

→ Restricted
Initiation – Nocturnal enuresis
Either:
1. The nasal forms of desmopressin are contraindicated; or
2. An enuresis alarm is contraindicated.

Note: Cranial diabetes insipidus and the nasal forms of desmopressin are contraindicated.

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
## INFECTIONS

### Price

<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>

### Antibacterials

#### Aminoglycosides

**AMIKACIN** – *Restricted* see terms below

- Inj 5 mg per ml, 10 ml syringe .......................................................... 176.00 10 Biomed
- Inj 5 mg per ml, 5 ml syringe ............................................................. 431.20 5 DBL Amikacin
- ** Restricted

Clinical microbiologist, infectious disease specialist or respiratory specialist

**GENTAMICIN SULPHATE**

- Inj 10 mg per ml, 1 ml ampoule ............................................................. 8.56 5 Hospira
- Inj 10 mg per ml, 2 ml ampoule ............................................................ 175.10 25 APP Pharmaceuticals
- Inj 40 mg per ml, 2 ml ampoule – *1% DV Sep-15 to 2018* ......................... 6.00 10 Pfizer

**PAROMOMYCIN** – *Restricted* see terms below

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

Clinical microbiologist or infectious disease specialist

**STREPTOMYCIN SULPHATE** – *Restricted* see terms below

- Inj 400 mg per ml, 2.5 ml ampoule .........................................................
- ** Restricted

Clinical microbiologist, infectious disease specialist or respiratory specialist

**TOBRAMYCIN**

- Powder
- ** Restricted

Initiation

For addition to orthopaedic bone cement.

- Inj 40 mg per ml, 2 ml vial – *1% DV Feb-17 to 2018* ............................. 15.00 5 Tobramycin Mylan
- ** Restricted

Clinical microbiologist, infectious disease specialist or respiratory specialist

- Inj 100 mg per ml, 5 ml vial
- ** Restricted

Clinical microbiologist, infectious disease specialist or respiratory specialist

- Solution for inhalation 60 mg per ml, 5 ml ........................................... 2,200.00 56 dose TOBI
- ** Restricted

Initiation

Patient has cystic fibrosis.

#### Carbapenems

**ERTAPENEM** – *Restricted* see terms below

- Inj 1 g vial .................................................................................. 73.50 1 Invanz
- ** Restricted

Clinical microbiologist or infectious disease specialist

**IMIPENEM WITH CILASTATIN** – *Restricted* see terms on the next page

- Inj 500 mg with 500 mg cilastatin vial ..................................................... 13.79 1 Imipenem+Cilastatin
- ** Restricted

Clinical microbiologist or infectious disease specialist

Patient has cystic fibrosis.
INFECTIONS

Price

(ex man. excl. GST)

Brand or

Generic

Manufacturer

$ Per

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEROPENEM</td>
<td>Restricted</td>
<td>see terms below</td>
</tr>
<tr>
<td>Inj 500 mg vial</td>
<td>$35.22</td>
<td>10 DBL Meropenem</td>
</tr>
<tr>
<td>Inj 1 g vial</td>
<td>$65.21</td>
<td>10 DBL Meropenem</td>
</tr>
</tbody>
</table>

Cephalosporins and Cephamycins - 1st Generation

CEFALEXIN

- Cap 250 mg – 1% DV Dec-16 to 2019

- Cap 500 mg – 1% DV Oct-16 to 2019

- Granules for oral liq 25 mg per ml – 1% DV Sep-15 to 2018

- Granules for oral liq 50 mg per ml – 1% DV Sep-15 to 2018

CEFAZOLIN

- Inj 500 mg vial – 1% DV Sep-17 to 2020

- Inj 1 g vial – 1% DV Sep-17 to 2020

Cephalosporins and Cephamycins - 2nd Generation

CEFACLOR

- Cap 250 mg – 1% DV Sep-16 to 2019

- Grains for oral liq 25 mg per ml – 1% DV Sep-16 to 2019

CEFOXITIN

- Inj 1 g vial – 1% DV Jan-16 to 2018

CEFUROXIME

- Tab 250 mg

- Inj 750 mg vial – 1% DV Feb-18 to 2020

- Inj 1.5 g vial – 1% DV Feb-18 to 2020

(Zinacef Inj 750 mg vial to be delisted 1 February 2018)

(Zinacef Inj 1.5 g vial to be delisted 1 February 2018)

Cephalosporins and Cephamycins - 3rd Generation

CEFOTAXIME

- Inj 500 mg vial

- Inj 1 g vial – 1% DV Sep-17 to 2020

CEFTAZIDIME – Restricted | see terms below |

- Inj 500 mg vial

- Inj 1 g vial

- Inj 2 g vial

(Fortum Inj 500 mg vial to be delisted 1 March 2018)

(Fortum Inj 1 g vial to be delisted 1 March 2018)

(Fortum Inj 2 g vial to be delisted 1 March 2018)

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

### CEFTRIAXONE

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 500 mg vial – 1% DV Nov-16 to 2019</td>
<td>1.20</td>
<td>DEVA</td>
</tr>
<tr>
<td>Inj 1 g vial – 1% DV Dec-16 to 2019</td>
<td>0.84</td>
<td>DEVA</td>
</tr>
<tr>
<td>Inj 2 g vial</td>
<td>2.75</td>
<td>Ceftriaxone-AFT</td>
</tr>
</tbody>
</table>

### Cefalosporins and Cephamycins - 4th Generation

**CEFEPIME** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 g vial – 1% DV Oct-15 to 2018</td>
<td>3.95</td>
<td>Cefepime-AFT</td>
</tr>
<tr>
<td>Inj 2 g vial – 1% DV Oct-15 to 2018</td>
<td>6.92</td>
<td>Cefepime-AFT</td>
</tr>
</tbody>
</table>

**Recognised**

Clinical microbiologist or infectious disease specialist

### Cefalosporins and Cephamycins - 5th Generation

**CEFTAROLINE FOSAMIL** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 600 mg vial</td>
<td>1,450.00</td>
<td>Zinforo</td>
</tr>
</tbody>
</table>

**Recognised**

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 250 mg – 1% DV Sep-15 to 2018</td>
<td>9.00</td>
<td>Apo-Azithromycin</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Sep-15 to 2018</td>
<td>1.05</td>
<td>Apo-Azithromycin</td>
</tr>
<tr>
<td>Grans for oral liq 200 mg per 5 ml (40 mg per ml) – 1% DV Oct-15 to 2018</td>
<td>12.50</td>
<td>Zithromax</td>
</tr>
</tbody>
</table>

**Recognised**

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.

continued…

---

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

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

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

**Initiation – other indications**
*Re-assessment required after 5 days*
For any other condition.

**Continuation – other indications**
*Re-assessment required after 5 days*
For any other condition.

**CLARITHROMYCIN – Restricted** see terms **below**
- Tab 250 mg – 1% DV Sep-17 to 2020 ................................................................. 3.98 14 Apo-Clarithromycin
- Tab 500 mg – 1% DV Sep-17 to 2020 ............................................................... 10.40 14 Apo-Clarithromycin
- Grans for oral liq 50 mg per ml ........................................................................ 23.12 50 ml Klacid
- Inj 500 mg vial .................................................................................................. 12.04 1 Klacid

**ERYTHROMYCIN (AS ETHYL SUCCINATE)**
- Tab 400 mg ..................................................................................................... 16.95 100 E-Mycin
- Grans for oral liq 200 mg per 5 ml ................................................................... 5.00 100 ml E-Mycin
- Grans for oral liq 400 mg per 5 ml ................................................................... 6.77 100 ml E-Mycin

**ERYTHROMYCIN (AS LACTOBI ONATE)**
- Inj 1 g vial ........................................................................................................ 16.00 1 Erythrocin IV

**ERYTHROMYCIN (AS STEARATE) – Restricted:** For continuation only
- Tab 250 mg
- Tab 500 mg

**ROXITHROMYCIN – Some items restricted** see terms **on the next page**
- Tab dispersible 50 mg ..................................................................................... 7.19 10 Rulide D
- Tab 150 mg ..................................................................................................... 7.48 50 Arrow-Roxithromycin
- Tab 300 mg ..................................................................................................... 14.40 50 Arrow-Roxithromycin
### INFECTIONS

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

#### Restricted

Initiation

Only for use in patients under 12 years of age.

### Penicillins

**AMOXICILLIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 250 mg – 1% DV Sep-16 to 2019</td>
<td>14.97</td>
<td>Apo-Amoxi</td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Sep-16 to 2019</td>
<td>16.75</td>
<td>Apo-Amoxi</td>
</tr>
<tr>
<td>Grans for oral liq 125 mg per 5 ml</td>
<td>0.88</td>
<td>Amoxicillin Actavis</td>
</tr>
<tr>
<td></td>
<td>2.00</td>
<td>Ospamox</td>
</tr>
<tr>
<td>Grans for oral liq 250 mg per 5 ml</td>
<td>1.31</td>
<td>Alphamox 250</td>
</tr>
<tr>
<td></td>
<td>0.97</td>
<td>Amoxicillin Actavis</td>
</tr>
<tr>
<td></td>
<td>2.00</td>
<td>Ospamox</td>
</tr>
</tbody>
</table>

**AMOXICILLIN WITH CLAVULANIC ACID**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg with clavulanic acid 125 mg – 1% DV Oct-17 to 2020</td>
<td>1.88</td>
<td>Augmentin</td>
</tr>
<tr>
<td>Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml</td>
<td>3.83</td>
<td>Augmentin</td>
</tr>
<tr>
<td>Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV</td>
<td>2.20</td>
<td>Curam</td>
</tr>
<tr>
<td>Aug-17 to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 500 mg with clavulanic acid 100 mg vial – 1% DV Sep-15 to 2018</td>
<td>10.14</td>
<td>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</td>
<td>m-Amoxiclav</td>
</tr>
</tbody>
</table>

**BENZATHINE BENZYLPENICILLIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or 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</td>
<td>Bicillin LA</td>
</tr>
</tbody>
</table>

**BENZYL PENICILLIN SODIUM [PENICILLIN G]**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 600 mg (1 million units) vial – 1% DV Sep-17 to 2020</td>
<td>10.35</td>
<td>Sandoz</td>
</tr>
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</table>

**FLUCLOXACILLIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 250 mg – 1% DV Sep-15 to 2018</td>
<td>18.70</td>
<td>Staphlex</td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Sep-15 to 2018</td>
<td>62.90</td>
<td>Staphlex</td>
</tr>
<tr>
<td>Grans for oral liq 25 mg per ml – 1% DV Sep-15 to 2018</td>
<td>2.29</td>
<td>AFT</td>
</tr>
<tr>
<td>Grans for oral liq 50 mg per ml – 1% DV Sep-15 to 2018</td>
<td>3.08</td>
<td>AFT</td>
</tr>
<tr>
<td>Inj 250 mg vial – 1% DV Sep-17 to 2020</td>
<td>9.40</td>
<td>Flucloxin</td>
</tr>
<tr>
<td>Inj 500 mg vial – 1% DV Sep-17 to 2020</td>
<td>5.22</td>
<td>Flucil</td>
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</table>

**PHENOXYMETHYLPENICILLIN [PENICILLIN V]**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 250 mg – 1% DV Jun-15 to 2018</td>
<td>2.88</td>
<td>Cilicaine VK</td>
</tr>
<tr>
<td>Cap 500 mg – 1% DV Jun-15 to 2018</td>
<td>4.73</td>
<td>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</td>
<td>AFT</td>
</tr>
<tr>
<td>Grans for oral liq 250 mg per 5 ml – 1% DV Sep-16 to 2019</td>
<td>1.58</td>
<td>AFT</td>
</tr>
</tbody>
</table>

**PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below**

- Inj 4 g with tazobactam 0.5 g vial | 5.84 | Hospira |
| | 15.50 | Tazocin EF |

(Hospira Inj 4 g with tazobactam 0.5 g vial to be delisted 1 January 2018)

**PROCAINE PENICILLIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or 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</td>
<td>Cilicaine</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 3 g with clavulanic acid 0.1 mg vial</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

- Restricted

Clinical microbiologist or infectious disease specialist

**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

**Initiation – Mycobacterium infection**

Infectious disease specialist, clinical microbiologist 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

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.................................6.75 250 Doxine
  - Inj 5 mg per ml, 20 ml vial

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

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

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

### Other Antibacterials

**AZTREONAM** – **Restricted** see terms below
- Inj 1 g vial.................................182.46 5 Azactam
- **Restricted**
  Clinical microbiologist or infectious disease specialist

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

**CLINDAMYCIN** – **Restricted** see terms below
- Cap 150 mg – 1% DV Sep-16 to 2019.................................4.10 16 Clindamycin ABM
- Oral liq 15 mg per ml
- Inj 150 mg per ml, 4 ml ampoule – 1% DV Sep-16 to 2019...........................65.00 10 Dalacin C
- **Restricted**
  Clinical microbiologist or infectious disease specialist

**COLISTIN SULPHOMETHATE [COLESTIMETHATE]** – **Restricted** see terms below
- Inj 150 mg per ml, 1 ml vial.................................65.00 1 Colistin-Link
- **Restricted**
  Clinical microbiologist, infectious disease specialist or respiratory specialist

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

**FOSFOMYCIN** – **Restricted** see terms on the next page
- Powder for oral solution, 3 g sachet

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*Item restricted (see ➥ above); Item restricted (see ➥ below)*
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<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>$ Per</td>
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</tbody>
</table>

**INFECTIONS**

- **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

**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

**SODIUM FUSIDATE [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

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

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

**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 – 1% DV Oct-17 to 2020.........................................................2.97 100 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

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

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

### Imidazoles

**KETOCONAZOLE**
- **Tab 200 mg**
- **Restricted**
- Oncologist

### Polyene Antimycotics

**AMPHOTERICIN B**
- **Inj (liposomal) 50 mg vial – 1% DV Sep-15 to 2018**
  - Price: $3,450.00
  - Per: 10
  - Brand or Generic: AmBisome

**NYSTATIN**
- **Tab 500,000 u**
  - Price: $17.09
  - Per: 50
  - Brand or Generic: Nilstat
- **Cap 500,000 u**
  - Price: $15.47
  - Per: 50
  - Brand or Generic: Nilstat

### Triazoles

**FLUCONAZOLE – Restricted see terms below**
- **Cap 50 mg**
  - Price: $3.49
  - Per: 28
  - Brand or Generic: Ozole
- **Cap 150 mg**
  - Price: $0.71
  - Per: 1
  - Brand or Generic: Ozole
- **Cap 200 mg**
  - Price: $9.69
  - Per: 28
  - Brand or Generic: Ozole
- **Oral liquid 50 mg per 5 ml**
  - Price: $98.50
  - Per: 35 ml
  - Brand or Generic: Diflucan
- **Inj 2 mg per ml, 50 ml vial – 1% DV Sep-16 to 2019**
  - Price: $4.95
  - Per: 1
  - Brand or Generic: Fluconazole-Claris
- **Inj 2 mg per ml, 100 ml vial – 1% DV Sep-16 to 2019**
  - Price: $6.47
  - Per: 1
  - Brand or Generic: Fluconazole-Claris

**ITRACONAZOLE – Restricted see terms below**
- **Cap 100 mg – 1% DV Sep-16 to 2019**
  - Price: $2.79
  - Per: 15
  - Brand or Generic: Itrazole
- **Oral liquid 10 mg per ml**
  - Price: $761.13
  - Per: 105 ml
  - Brand or Generic: Noxafil

**POSACONAZOLE – Restricted see terms on the next page**
- **Tab modified-release 100 mg**
  - Price: $869.86
  - Per: 24
  - Brand or Generic: Noxafil
- **Oral liq 40 mg per ml**
  - Price: $761.13
  - Per: 105 ml
  - Brand or Generic: Noxafil

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

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Infections

Price
(ex man. excl. GST)
$ Per
Brand or
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.
INFECTIONS

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

- Cap 500 mg

**TERBINAFINE**

Tab 250 mg – 1% DV Jan-18 to 2020 ................................................................. 1.33 14 Deolate

1.50 Dr Reddy's Terbinafine

(Dr Reddy's Terbinafine Tab 250 mg to be delisted 1 January 2018)

**Antimycobacterials**

<table>
<thead>
<tr>
<th>Antileprotics</th>
</tr>
</thead>
</table>

**Clofazimine** – **Restricted** see terms below

- Cap 50 mg

**Dapsone** – **Restricted** see terms below

- Tab 25 mg ....................................................................................................... 95.00 100 Dapsone

- Tab 100 mg .................................................................................................... 110.00 100 Dapsone

**Antituberculotics**

**Cycloserine** – **Restricted** see terms below

- Cap 250 mg

**Ethambutol Hydrochloride** – **Restricted** see terms below

- Tab 100 mg ....................................................................................................... 48.01 56 Myambutol

- Tab 400 mg ....................................................................................................... 49.34 56 Myambutol

**Isoniazid** – **Restricted** see terms below

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

**Isoniazid with Rifampicin** – **Restricted** see terms on the next page

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

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

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### INFECTIONS

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ (ex man. excl. GST) Per</td>
<td></td>
</tr>
</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......................................................................................280.00 30 Paser

**→ Restricted**
Clinical microbiologist, infectious disease specialist or respiratory specialist

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

- Tab 250 mg ...................................................................................................305.00 100 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 .........................................................275.00 30 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...........................................................55.75 100 Rifadin
- Cap 300 mg – 1% DV Sep-17 to 2020...........................................................116.25 100 Rifadin
- Oral liq 100 mg per 5 ml – 1% DV Sep-17 to 2020 .................................12.00 60 ml Rifadin
- Inj 600 mg vial – 1% DV Sep-17 to 2020 .................................................................................128.85 1 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.........................................................................................................17.20 4 Stromectol

**→ Restricted**
Clinical microbiologist, dermatologist or infectious disease specialist

**MEBENDAZOLE**

- Tab 100 mg .................................................................................................24.19 24 De-Worm
- Oral liq 100 mg per 5 ml

**PRAZQUIANTEL**

- Tab 600 mg

### Antiprotozoals

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

- Tab 20 mg with lumefantrine 120 mg
## 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

**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

**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)

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## INFECTIONS

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

### Restricted

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 Intence

**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

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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.
### Nucleoside Reverse Transcriptase Inhibitors

**↓ Restricted**

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

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

**Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV**
Both:
- Treatment course to be initiated within 72 hours post exposure; and
- 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 Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABACAVIR SULPHATE</td>
<td>Tab 300 mg...............................................229.00 60 Ziagen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg per ml</td>
<td>256.31 240 ml Ziagen</td>
<td></td>
</tr>
<tr>
<td>ABACAVIR SULPHATE WITH LAMIVUDINE</td>
<td>Tab 300 mg with lamivudine 300 mg..................427.29 30 Kivexa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE</td>
<td>Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg..................1,313.19 30 Atripla</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMTRICITABINE</td>
<td>Cap 200 mg................................................307.20 30 Emtriva</td>
<td></td>
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</tr>
<tr>
<td>EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE</td>
<td>Tab 200 mg with tenofovir disoproxil fumarate 300 mg..................838.20 30 Truvada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAMIVUDINE</td>
<td>Oral liq 10 mg per ml</td>
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<td></td>
</tr>
<tr>
<td>STAVUDINE</td>
<td>Cap 30 mg</td>
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<td></td>
<td>Cap 40 mg</td>
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<td></td>
<td>Powder for oral soln 1 mg per ml</td>
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<tr>
<td>ZIDOVUDINE [AZT]</td>
<td>Cap 100 mg – 1% DV Sep-16 to 2019..................152.25 100 Retrovir</td>
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<tr>
<td></td>
<td>Oral liq 10 mg per ml – 1% DV Sep-16 to 2019.....30.45 200 ml Retrovir</td>
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<tr>
<td></td>
<td>Inj 10 mg per ml, 20 ml vial..........................750.00 5 Retrovir IV</td>
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</tr>
<tr>
<td>ZIDOVUDINE [AZT] WITH LAMIVUDINE</td>
<td>Tab 300 mg with lamivudine 150 mg – 1% DV Sep-17 to 2020 ..........33.00 60 Alphapharm</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.*
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 .......................................................... $183.75 60 Kaletra
- Cap 400 mg .......................................................... $183.75 60 Kaletra

**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 .......................................................... $43.31 30 Norvir

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.

**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 – 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

ENTECAVIR – Restricted see terms below

≥ Tab 0.5 mg ....................................................................................................400.00 30 Baraclude

continued…
### LAMIVUDINE – Restricted

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<tr>
<th>Price (ex man. excl. GST)</th>
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<tr>
<td>$6.00</td>
<td>28 Zeffix</td>
</tr>
<tr>
<td>$270.00</td>
<td>240 ml Zeffix</td>
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</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
   Documentation of resistance to lamivudine defined as:
3. All of the following:
   1. Patient has raised serum ALT (> 1 × ULN); and
   2. Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 10-fold over nadir; and
   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 greater than or equal to 10-fold over nadir; and

   2.3 Detection of N236T or A181T/V mutation.

**TENOFOVIR DISOPROXIL FUMARATE – Restricted see terms below**

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

isers

**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 less than or equal to 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 less than or equal to 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 less than or equal to ULN and ALT less than or equal to ULN.

**Initiation – Pregnant, prevention of vertical transmission**

*Limited to 6 months* treatment

Both:

1. Patient is HBsAg positive and pregnant; and

2. HBV DNA less than or equal to 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:

continued…
continued...

2.3.2.1 CD4 counts less than or equal to 1000 cells/mm³; or
2.3.2.2 CD4 counts less than or equal to 0.25 x total lymphocyte count; or
2.3.2.3 Viral load counts less than or equal to 10000 copies per ml; or

2.4 Both:
2.4.1 Patient aged 6 years and over; and
2.4.2 CD4 counts less than or equal to 500 cells/mm³; or

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

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
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<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
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<td>CIDOFOVIR – Restricted see terms below</td>
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<tr>
<td>Inj 75 mg per ml, 5 ml vial</td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
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<tr>
<td>Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon</td>
<td></td>
</tr>
<tr>
<td>FOSCARNET SODIUM – Restricted see terms below</td>
<td></td>
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<tr>
<td>Inj 24 mg per ml, 250 ml bottle</td>
<td></td>
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<td>Restricted</td>
<td></td>
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<tr>
<td>Clinical microbiologist or infectious disease specialist</td>
<td></td>
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<tr>
<td>GANCICLOVIR – Restricted see terms below</td>
<td></td>
</tr>
<tr>
<td>Inj 500 mg vial ...............................................................380.00 5 Cymevene</td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
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<tr>
<td>Clinical microbiologist or infectious disease specialist</td>
<td></td>
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<tr>
<td>VALACICLOVIR</td>
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<tr>
<td>Tab 500 mg – 1% DV Mar-16 to 2018 ..................................................6.42 30 Vaclovir</td>
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<tr>
<td>Tab 1,000 mg – 1% DV Mar-16 to 2018 ..............................................12.75 30 Vaclovir</td>
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<tr>
<td>VALGANCICLOVIR – Restricted see terms below</td>
<td></td>
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<tr>
<td>Tab 450 mg – 1% DV Jun-15 to 2018 ..................................................1,050.00 60 Valcyte</td>
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<tr>
<td>Restricted</td>
<td></td>
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<tr>
<td>Initiation – Transplant cytomegalovirus prophylaxis</td>
<td></td>
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<tr>
<td>Limited to 3 months treatment</td>
<td></td>
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<tr>
<td>Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.</td>
<td></td>
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<tr>
<td>Initiation – Lung transplant cytomegalovirus prophylaxis</td>
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</tr>
<tr>
<td>Limited to 6 months treatment</td>
<td></td>
</tr>
<tr>
<td>Both:</td>
<td></td>
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<tr>
<td>1 Patient has undergone a lung transplant; and</td>
<td></td>
</tr>
<tr>
<td>2 Either:</td>
<td></td>
</tr>
<tr>
<td>2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or</td>
<td></td>
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<tr>
<td>2.2 The recipient is cytomegalovirus positive.</td>
<td></td>
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<tr>
<td>Initiation – Cytomegalovirus in immunocompromised patients</td>
<td></td>
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<tr>
<td>Both:</td>
<td></td>
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<tr>
<td>1 Patient is immunocompromised; and</td>
<td></td>
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<tr>
<td>2 Any of the following:</td>
<td></td>
</tr>
<tr>
<td>2.1 Patient has cytomegalovirus syndrome or tissue invasive disease; or</td>
<td></td>
</tr>
<tr>
<td>2.2 Patient has rapidly rising plasma CMV DNA in absence of disease; or</td>
<td></td>
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<tr>
<td>2.3 Patient has cytomegalovirus retinitis.</td>
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<tr>
<td>Influenza</td>
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<tr>
<td>OSELTAMIVIR – Restricted see terms below</td>
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<tr>
<td>Note: The restriction on the use of oseltamivir to hospitalised patients means that supply into the community under Rule 8 of Section H is not permitted.</td>
<td></td>
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<tr>
<td>Tab 75 mg</td>
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<tr>
<td>Powder for oral suspension 6 mg per ml</td>
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<tr>
<td>Restricted</td>
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<tr>
<td>Initiation</td>
<td></td>
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<tr>
<td>Either:</td>
<td></td>
</tr>
<tr>
<td>1 Only for hospitalised patient with known or suspected influenza; or</td>
<td></td>
</tr>
<tr>
<td>2 For prophylaxis of influenza in hospitalised patients as part of a DHB hospital approved infections control plan.</td>
<td></td>
</tr>
</tbody>
</table>
**ZANAMIVIR**

Note: The restriction on the use of zanamivir to hospitalised patients means that supply into the community under Rule 8 of Section H is not permitted.

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

**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.

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**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

**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 – 1% DV Oct-17 to 2020........................500.00 4 Pegasys
- Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)........1,159.84 1 Pegasys RBV Combination Pack
- Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)........1,290.00 1 Pegasys RBV Combination Pack

**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 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml.

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

Gastroenterologist, infectious disease specialist or general physician

*Re-assessment required after 48 weeks*

All of the following:
continued...

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

Initiation – Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior
Gastroenterologist, infectious disease specialist or general physician
Limited to 48 weeks treatment

All of the following:

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

Initiation – Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV
Limited to 6 months treatment

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

Initiation – Hepatitis B
Gastroenterologist, infectious disease specialist or general physician
Limited to 48 weeks treatment

All of the following:

1. Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2. Patient is Hepatitis B treatment-naive; and
3. ALT > 2 times Upper Limit of Normal; and
4. HBV DNA < 10 log10 IU/ml; and
5. Either:
   5.1 HBeAg positive; or
   5.2 Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to Metavir Stage F2 or moderate fibrosis); and
6. Compensated liver disease; and
7. No continuing alcohol abuse or intravenous drug use; and
8. Not co-infected with HCV, HIV or HDV; and
9. Neither ALT nor AST > 10 times upper limit of normal; and
10. No history of hypersensitivity or contraindications to pegylated interferon.

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

**Initiation**
For the diagnosis of myasthenia gravis.

**NEOSTIGMINE METILSULFATE**
- Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020.................................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

**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

**Initiation – Paget's disease**
Both:
1. Paget's disease; and
2. Any of the following:
   1. Bone or articular pain; or
   2. Bone deformity; or
   3. Bone, articular or neurological complications; or
   4. Asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs); or
   5. Preparation for orthopaedic surgery.
### MUSCULOSKELETAL SYSTEM

<table>
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<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>Tab 70 mg</td>
<td>12.90</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Restricted

**Initiation – Osteoporosis**

Any of the following:

1. History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see 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 less than or equal to -3.0 (see Note); or
5. A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see 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 (greater than or equal to 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:
   1. The patient has documented BMD greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or
   2. The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
   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 (greater than or equal to 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 less than or equal to -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 below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Tab 70 mg with colecalciferol 5,600 iu</td>
<td>12.90</td>
<td>4</td>
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#### Restricted

**Initiation – Osteoporosis**

Any of the following:

continued…
continued...

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

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 less than or equal to -3.0 (see Note); or

5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see 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 (greater than or equal to 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 greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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 (greater than or equal to 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 greater than or equal to -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. Frailty fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

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**

<table>
<thead>
<tr>
<th>Tab 200 mg – 1% DV Sep-15 to 2018</th>
<th>1% DV Sep-15 to 2018</th>
<th>3.80</th>
<th>4</th>
<th>Risedronate Sandoz</th>
</tr>
</thead>
</table>

**PAMIDRONATE DISODIUM**

<table>
<thead>
<tr>
<th>Inj 3 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020</th>
<th>1% DV Sep-17 to 2020</th>
<th>5.98</th>
<th>1</th>
<th>Pamisol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 6 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020</td>
<td>1% DV Sep-17 to 2020</td>
<td>15.02</td>
<td>1</td>
<td>Pamisol</td>
</tr>
<tr>
<td>Inj 9 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020</td>
<td>1% DV Sep-17 to 2020</td>
<td>17.05</td>
<td>1</td>
<td>Pamisol</td>
</tr>
</tbody>
</table>

**RISEDRONATE SODIUM**

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

**ZOLEDRONIC ACID**

| Inj 5 mg per 100 ml, vial | 5 mg per 100 ml, vial | 600.00 | 100 ml | Aclasta |

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

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

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

$ Per

102

⇒ 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) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
   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 greater than or equal to -3.0 (see Note); or
   1.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
   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 (greater than or equal to 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 greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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 (greater than or equal to 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:

continued…
continued...

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

3 The patient will not be prescribed more than 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 less than or equal to -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........................................................................................................53.76  28  Evista

Restricted

Initiation

Any of the following:

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

continued...
6 Patient has had a prior Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) or alendronate (Underlying cause - Osteoporosis).

Notes:
1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -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

**Enzymes**

**HYALURONIDASE**

- **Inj 1,500 iu ampoule**
Hyperuricaemia and Antigout

ALLOPURINOL

Tab 100 mg – 1% DV Jan-18 to 2020 ................................................................. 15.11 1,000 Allopurinol-Apotex
4.54 500 DP-Allopurinol
Tab 300 mg – 1% DV Jan-18 to 2020 ................................................................. 15.91 500 Allopurinol-Apotex
10.35 DP-Allopurinol

(Allopurinol-Apotex Tab 100 mg to be delisted 1 January 2018)
(Allopurinol-Apotex Tab 300 mg to be delisted 1 January 2018)

BENZBROMARONE – Restricted see terms below

Initiation
Any specialist

All of the following:
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

Initiation
Any specialist

Both:

continued…
continued…

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. 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).

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 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 BESYLAATE

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
MUSCULOSKELETAL SYSTEM

Price (ex man. excl. GST) Per Brand or

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Per</th>
<th>Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROCURONIUM BROMIDE</td>
<td>$25.95</td>
<td>10</td>
<td>DBL Rocuronium Bromide</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml vial – 1% DV Aug-16 to 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUXAMETHONIUM CHLORIDE</td>
<td>$78.00</td>
<td>50</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-17 to 2020</td>
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<tr>
<td>VECURONIUM BROMIDE</td>
<td>$1,200.00</td>
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<td>Inj 10 mg vial</td>
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<td>Reversers of Neuromuscular Blockade</td>
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<tr>
<td>SUGAMMADEX – Restricted see terms below</td>
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<tr>
<td></td>
<td>Inj 100 mg per ml, 2 ml vial..........................</td>
<td>1,200.00</td>
<td>10</td>
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<tr>
<td></td>
<td>Inj 100 mg per ml, 5 ml vial..........................</td>
<td>3,000.00</td>
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<tr>
<td>Non-Steroidal Anti-Inflammatory Drugs</td>
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<tr>
<td>CELECOXIB</td>
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<td></td>
</tr>
<tr>
<td>Note - The DV limit of 1% applies to the celecoxib chemical rather than each individual line item.</td>
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<tr>
<td>Cap 100 mg – 1% DV Aug-17 to 2020.................</td>
<td>3.63</td>
<td>60</td>
<td>Celecoxib Pfizer</td>
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<tr>
<td>Cap 200 mg – 1% DV Aug-17 to 2020.................</td>
<td>2.30</td>
<td>30</td>
<td>Celecoxib Pfizer</td>
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<tr>
<td>DICLOFENAC SODIUM</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tab EC 25 mg – 1% DV Dec-15 to 2018..............</td>
<td>1.30</td>
<td>50</td>
<td>Diclofenac Sandoz</td>
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<tr>
<td>Tab 50 mg dispersible..................................</td>
<td>1.50</td>
<td>20</td>
<td>Voltaren D</td>
</tr>
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<td>Tab EC 50 mg – 1% DV Dec-15 to 2018..............</td>
<td>1.00</td>
<td>50</td>
<td>Diclofenac Sandoz</td>
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<tr>
<td>Tab long-acting 75 mg – 1% DV Dec-15 to 2018.....</td>
<td>15.20</td>
<td>500</td>
<td>Apo-Diclo SR</td>
</tr>
<tr>
<td>Tab long-acting 100 mg – 1% DV Dec-15 to 2018....</td>
<td>26.20</td>
<td>500</td>
<td>Apo-Diclo SR</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 3 ml ampoule....................</td>
<td>13.20</td>
<td>5</td>
<td>Voltaren</td>
</tr>
<tr>
<td>Suppos 12.5 mg ...........................................</td>
<td>2.04</td>
<td>10</td>
<td>Voltaren</td>
</tr>
<tr>
<td>Suppos 25 mg .............................................</td>
<td>2.44</td>
<td>10</td>
<td>Voltaren</td>
</tr>
<tr>
<td>Suppos 50 mg .............................................</td>
<td>4.22</td>
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<td>Voltaren</td>
</tr>
<tr>
<td>Suppos 100 mg ............................................</td>
<td>7.00</td>
<td>10</td>
<td>Voltaren</td>
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<tr>
<td>ETORICOXIB – Restricted see terms below</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Tab 30 mg</td>
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<td></td>
<td>Tab 60 mg</td>
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<td></td>
<td>Tab 90 mg</td>
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<tr>
<td></td>
<td>Tab 120 mg</td>
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<tr>
<td>Initiation</td>
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<td></td>
</tr>
<tr>
<td>For in-vivo investigation of allergy only.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

INDOMETHACIN

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

KETOPROFEN

Cap long-acting 200 mg ................................................................. 12.07 28 Oruvail SR

MEFENAMIC ACID – **Restricted**: For continuation only

→ Cap 250 mg

MELOXICAM – **Restricted** see terms below

→ Tab 7.5 mg

Initiation

Either:

1 All of the following:
   1.1 Haemophilic arthropathy; and
   1.2 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and
   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

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

NAPROXEN

Tab 250 mg – 1% DV Sep-15 to 2018...................................................... 18.06 500 Noflam 250
Tab 500 mg – 1% DV Sep-15 to 2018 .................................................. 18.91 250 Noflam 500
Tab long-acting 750 mg – 1% DV Jun-15 to 2018................................. 5.60 28 Naprosyn SR 750
Tab long-acting 1 g – 1% DV Jun-15 to 2018................................. 6.53 28 Naprosyn SR 1000

PARECOXIB

Inj 40 mg vial ......................................................................................... 100.00 10 Dynastat

SULINDAC

Tab 100 mg
Tab 200 mg

TENOXICAM

Tab 20 mg – 1% DV Sep-16 to 2019...................................................... 10.95 100 Tilocotil
Inj 20 mg vial ......................................................................................... 9.55 1 AFT

**Topical Products for Joint and Muscular Pain**

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

→ Crm 0.025%................................................................. 9.95 45 g Zostrix
### MUSCULOSKELETAL SYSTEM

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

**Restricted Initiation**

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

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 for Parkinsonism and Related Disorders

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

**RILUZOLE** – **Restricted** see terms below

- **Initiation**
  - Neurologist or respiratory specialist
  - *Re-assessment required after 6 months*
  
  All of the following:
  
  1. The patient has amyotrophic lateral sclerosis with disease duration of 5 years or less; and
  2. The patient has at least 60 percent of predicted forced vital capacity within 2 months prior to the initial application; and
  3. The patient has not undergone a tracheostomy; and
  4. The patient has not experienced respiratory failure; and
  5. Any of the following:
     - 5.1 The patient is ambulatory; or
     - 5.2 The patient is able to use upper limbs; or
     - 5.3 The patient is able to swallow.

- **Continuation**
  - *Re-assessment required after 18 months*
  
  All of the following:
  
  1. The patient has not undergone a tracheostomy; and
  2. The patient has not experienced respiratory failure; and
  3. Any of the following:
     - 3.1 The patient is ambulatory; or
     - 3.2 The patient is able to use upper limbs; or
     - 3.3 The patient is able to swallow.

**TETRABENAZINE**

- **Tab 25 mg** – 1% DV Sep-16 to 2019 ............................................................. 91.10 112 Motetis

**Anticholinergics**

**BENZATROPINE MESYLATE**

- **Tab 2 mg** ........................................................................................................... 7.99 60 Benztrop
- **Inj 1 mg per ml, 2 ml ampoule** ........................................................................ 95.00 5 Cogentin

**PROCYCLIDINE HYDROCHLORIDE**

- **Tab 5 mg**

**Dopamine Agonists and Related Agents**

**AMANTADINE HYDROCHLORIDE**

- **Cap 100 mg**..................................................................................................... 38.24 60 Symmetrel

**APOMORPHINE HYDROCHLORIDE**

- **Inj 10 mg per ml, 1 ml ampoule**
  - **Inj 10 mg per ml, 2 ml ampoule** ................................................................. 119.00 5 Movapo

**BROMOCRIPTINE**

- **Tab 2.5 mg**
- **Cap 5 mg**
# NERVOUS SYSTEM

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

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

## ENTACAPONE
- Tab 200 mg – 1% DV Sep-15 to 2018

## LEVODOPA WITH BENZERAZIDE
- Cap 50 mg with benzerazide 12.5 mg
- Cap 100 mg with benzerazide 25 mg
- Cap long-acting 100 mg with benzerazide 25 mg
- Tab dispersible 50 mg with benzerazide 15 mg

## LEVODOPA WITH CARBIDOPA
- Tab 100 mg with carbidopa 25 mg
- Tab long-acting 200 mg with carbidopa 50 mg
- Tab 250 mg with carbidopa 25 mg

## PRAMIPEXOLE HYDROCHLORIDE
- Tab 0.25 mg – 1% DV Sep-16 to 2019
- Tab 1 mg – 1% DV Sep-16 to 2019

## ROPINIROLE HYDROCHLORIDE
- Tab 0.25 mg – 1% DV Sep-16 to 2019
- Tab 1 mg – 1% DV Sep-16 to 2019
- Tab 2 mg – 1% DV Sep-16 to 2019
- Tab 5 mg – 1% DV Sep-16 to 2019

## SELEGILINE HYDROCHLORIDE
- Tab 5 mg

## TOLCAPONE
- Tab 100 mg – 1% DV Jan-17 to 2019

## Anaesthetics

### General Anaesthetics

## DESFLURANE
- Soln for inhalation 100%, 240 ml bottle – 1% DV Sep-16 to 2019

## DEXMEDETOMIDINE
- Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020

## ETOMIDATE
- Inj 2 mg per ml, 10 ml ampoule

## ISOFLURANE
- Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019

## KETAMINE
- Inj 1 mg per ml
- Inj 4 mg per ml
- Inj 10 mg per ml, 10 ml syringe
- Inj 100 mg per ml, 2 ml ampoule – 1% DV May-16 to 2018

## 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
- Inj 10 mg per ml, 50 ml vial – 10% DV Jun-16 to 2019
- Inj 10 mg per ml, 100 ml vial – 10% DV Jun-16 to 2019

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### NERVOUS SYSTEM

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

**SEVOFLURANE**
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019..........840.00 6 Baxter

**THIOPENTAL [THIOPENTONE] SODIUM**
Inj 500 mg ampoule

### Local Anaesthetics

**ARTICaine HYDROCHLORIDE**
Inj 1%

**ARTICaine HYDROCHLORIDE WITH ADRENALINE**
Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge
Inj 4% with adrenaline 1:100,000, 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.......................50.00 5 Marcain Isobaric
Inj 2.5 mg per ml, 20 ml ampoule
Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 1% DV Sep-15 to 2018......29.20 5 Marcain
Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Sep-15 to 2018........20.25 5 Marcain
Inj 5 mg per ml, 20 ml ampoule
Inj 5 mg per ml, 20 ml ampoule sterile pack – 1% DV Sep-15 to 2018........20.70 5 Marcain
Inj 1.25 mg per ml, 100 ml bag
Inj 1.25 mg per ml, 200 ml bag
Inj 2.5 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020......................150.00 5 Marcain
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 .....................135.00 5 Marcain with Adrenaline
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial .......................115.00 5 Marcain with Adrenaline

**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..............................210.00 10 Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag..............................210.00 10 Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe..........................72.00 10 Biomed
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe.........................92.00 10 Biomed

**BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE**
Inj 0.5% with glucose 8%, 4 ml ampoule.............................................38.00 5 Marcain Heavy

**COCAINE HYDROCHLORIDE**
Paste 5%
Soln 15%, 2 ml syringe
Soln 4%, 2 ml syringe.................................................................25.46 1 Biomed

**COCAINE HYDROCHLORIDE WITH ADRENALINE**
Paste 15% with adrenaline 0.06%
Paste 25% with adrenaline 0.06%

---

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</table>

### ETHYL CHLORIDE
- Spray 100%

### LIDOCAINE [LIGNOCAINE]
- Crm 4% ......................................................... 5.40 5 g LMX4
- Crm 4% (5 g tubes) ............................................. 27.00 30 g LMX4

*(LMX4 Crm 4% (5 g tubes) to be delisted 1 December 2017)*

### LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE
- Gel 2% – 1% DV Sep-15 to 2018 ................................ 3.40 20 ml Orion
- Soln 4% ............................................................... 75.00 50 ml Xylocaine
- Oral (gel) soln 2% – 1% DV Oct-17 to 2020 ................. 38.00 200 ml Mucosoothe

### LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE
- Inj 1% with adrenaline 1:100,000, 5 ml ampoule ............ 27.00 10 Xylocaine
- Inj 1% with adrenaline 1:200,000, 20 ml vial ............... 50.00 5 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 ............... 60.00 5 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 .................. 17.50 1 Topicaine

### LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE
- Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe ........ 43.26 10 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% ................................ 45.00 30 g EMLA
- Patch 25 mcg with prilocaine 25 mcg ......................... 115.00 20 EMLA
- Crm 2.5% with prilocaine 2.5%, 5 g .......................... 45.00 5 EMLA

### MEPIVACAINE HYDROCHLORIDE
- Inj 3%, 1.8 ml dental cartridge ................................ 43.60 50 Scandonest 3%
- Inj 3%, 2.2 ml dental cartridge ................................. 43.60 50 Scandonest 3%

### PRILOCAINE HYDROCHLORIDE
- Inj 0.5%, 50 ml vial ............................................. 100.00 5 Citanest
- Inj 2%, 5 ml ampoule ........................................... 55.00 10 Citanest

### PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN
- Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge
- Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge

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NERVOUS SYSTEM

ROPIVACAINE HYDROCHLORIDE

Inj 2 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020.................................8.80 5  Ropivacaine Kabi
Inj 2 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020.................................9.20 5  Ropivacaine Kabi
Inj 2 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020.................................29.50 5  Ropivacaine Kabi
Inj 2 mg per ml, 200 ml bag – 1% DV Sep-17 to 2020.................................39.00 5  Ropivacaine Kabi
Inj 7.5 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020............................9.90 5  Ropivacaine Kabi
Inj 7.5 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020..........................12.15 5  Ropivacaine Kabi
Inj 10 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020...........................10.55 5  Ropivacaine Kabi
Inj 10 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020...........................15.80 5  Ropivacaine Kabi

ROPIVACAINE HYDROCHLORIDE WITH FENTANYL

Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag...........................................198.50 5  Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag...........................................270.00 5  Naropin

TETRACAINE [AMETHOCAINE] HYDROCHLORIDE

Gel 4%

Analgesics

Non-Opioid Analgesics

ASPIRIN

Tab dispersible 300 mg – 1% DV Dec-16 to 2019.................................3.90 100  Ethics Aspirin

CAPSAICIN – Restricted see terms below

Crm 0.075%.................................................................12.50 45 g  Zostrix HP

METHOXYFLURANE – Restricted see terms below

Soln for inhalation 99.9%, 3 ml bottle

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

NEFOPAM HYDROCHLORIDE

Tab 30 mg

PARACETAMOL – Some items restricted see terms below

Tab soluble 500 mg.................................................................1.60 20  Paragesic Soluble
Tab 500 mg

Oral liq 120 mg per 5 ml – 1% DV Dec-17 to 2020.................................5.35 1,000 ml  Paracare
Oral liq 250 mg per 5 ml...........................................................4.35 1,000 ml  Paracare Double Strength

Inj 10 mg per ml, 100 ml vial – 1% DV Sep-17 to 2020.................................8.40 10  Paracetamol Kabi
Suppos 25 mg.................................................................56.35 20  Biomed
Suppos 50 mg.................................................................56.35 20  Biomed
Suppos 125 mg – 1% DV Dec-15 to 2018.................................3.69 10  Gacet
Suppos 250 mg – 1% DV Dec-15 to 2018.................................3.79 10  Gacet
Suppos 500 mg – 1% DV Nov-15 to 2018.................................12.60 50  Paracare

Intravenous paracetamol is only to be used where other routes are unavailable or impractical, or where there is reduced absorption. The need for IV paracetamol must be re-assessed every 24 hours.

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NERVOUS SYSTEM

SUCROSE
Oral liq 25%

Opioid Analgesics

ALFENTANIL
Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020 ......................... 34.38 10 Hameln

CODEINE PHOSPHATE
Tab 15 mg – 1% DV Apr-17 to 2019 ..................................................... 5.75 100 PSM
Tab 30 mg – 1% DV Apr-17 to 2019 ............................................... 6.80 100 PSM
Tab 60 mg – 1% DV Apr-17 to 2019 ............................................ 13.50 100 PSM

DIHYDROCODEINE TARTRATE
Tab long-acting 60 mg – 1% DV Sep-16 to 2019 ............................ 9.55 60 DHC Continus

FENTANYL
Inj 10 mcg per ml, 10 ml syringe
Inj 50 mcg per ml, 2 ml ampoule – 1% DV Sep-15 to 2018 ..................... 3.95 10 Boucher and Muir
Inj 10 mcg per ml, 50 ml bag ......................................................... 210.00 10 Biomed
Inj 10 mcg per ml, 50 ml syringe .................................................... 165.00 10 Biomed
Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-15 to 2018 .................. 10.45 10 Boucher and Muir
Inj 10 mcg per ml, 100 ml bag ......................................................... 210.00 10 Biomed
Inj 20 mcg per ml, 50 ml syringe ....................................................... 185.00 10 Biomed
Inj 20 mcg per ml, 100 ml bag
Patch 12.5 mcg per hour – 1% DV Oct-17 to 2020 ............................. 2.95 5 Fentanyl Sandoz
Patch 25 mcg per hour – 1% DV Oct-17 to 2020 ............................... 3.66 5 Fentanyl Sandoz
Patch 50 mcg per hour – 1% DV Oct-17 to 2020 ............................... 6.65 5 Fentanyl Sandoz
Patch 75 mcg per hour – 1% DV Oct-17 to 2020 ............................... 9.25 5 Fentanyl Sandoz
Patch 100 mcg per hour – 1% DV Oct-17 to 2020 ......................... 11.40 5 Fentanyl Sandoz

METHADONE HYDROCHLORIDE
Tab 5 mg – 1% DV Sep-15 to 2018 ................................................. 1.85 10 Methatabs
Oral liq 2 mg per ml – 1% DV Sep-15 to 2018 ................................. 5.55 200 ml Biodone
Oral liq 5 mg per ml – 1% DV Sep-15 to 2018 ................................. 5.00 200 ml Biodone Forte
Oral liq 10 mg per ml – 1% DV Sep-15 to 2018 ............................... 6.55 200 ml Biodone Extra Forte
Inj 10 mg per ml, 1 ml vial ......................................................... 61.00 10 AFT

MORPHINE HYDROCHLORIDE
Oral liq 1 mg per ml – 1% DV Oct-15 to 2018 ................................. 8.84 200 ml RA-Morph
Oral liq 2 mg per ml – 1% DV Oct-15 to 2018 ................................. 14.00 200 ml RA-Morph
Oral liq 5 mg per ml – 1% DV Oct-15 to 2018 ................................. 18.00 200 ml RA-Morph
Oral liq 10 mg per ml – 1% DV Oct-15 to 2018 ............................. 26.00 200 ml RA-Morph
### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>MORPHINE SULPHATE</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab long-acting 10 mg – 1% DV Sep-16 to 2019</td>
<td>1.93 10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Tab immediate-release 10 mg – 1% DV Sep-17 to 2020</td>
<td>2.80 10 Sevredol</td>
</tr>
<tr>
<td>Tab immediate-release 20 mg – 1% DV Sep-17 to 2020</td>
<td>5.52 10 Sevredol</td>
</tr>
<tr>
<td>Tab long-acting 30 mg – 1% DV Sep-16 to 2019</td>
<td>2.85 10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Tab long-acting 60 mg – 1% DV Sep-16 to 2019</td>
<td>5.60 10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Tab long-acting 100 mg – 1% DV Sep-16 to 2019</td>
<td>6.10 10 Arrow-Morphine LA</td>
</tr>
<tr>
<td>Cap long-acting 10 mg</td>
<td>1.70 10 m-Eslon</td>
</tr>
<tr>
<td>Cap long-acting 30 mg</td>
<td>2.50 10 m-Eslon</td>
</tr>
<tr>
<td>Cap long-acting 60 mg</td>
<td>5.40 10 m-Eslon</td>
</tr>
<tr>
<td>Cap long-acting 100 mg</td>
<td>6.38 10 m-Eslon</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml bag – 1% DV Oct-17 to 2020</td>
<td>97.25 5 Biomed</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 10 ml syringe – 1% DV Oct-17 to 2020</td>
<td>24.00 5 Biomed</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 50 ml syringe – 1% DV Oct-17 to 2020</td>
<td>50.75 5 Biomed</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 2 ml syringe</td>
<td>135.00 10 Biomed</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>6.27 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 5 DBL Morphine Sulphate</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 mg cassette</td>
<td>7.25 5 DBL Morphine Sulphate</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml bag</td>
<td>8.57 5 OxyNorm</td>
</tr>
<tr>
<td>Inj 15 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>4.76 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 5 DBL Morphine Sulphate</td>
</tr>
<tr>
<td>Inj 200 mcg in 0.4 ml syringe</td>
<td>11.20 5 OxyNorm</td>
</tr>
<tr>
<td>Inj 300 mcg in 0.3 ml syringe</td>
<td>42.72 5 DBL Morphine Tartrate</td>
</tr>
<tr>
<td>MORPHINE TARTRATE</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 5 DBL Morphine Tartrate</td>
</tr>
<tr>
<td>OXYCODONE HYDROCHLORIDE</td>
<td></td>
</tr>
<tr>
<td>Tab controlled-release 5 mg – 1% DV Sep-16 to 2018</td>
<td>2.63 20 BNM</td>
</tr>
<tr>
<td>Tab controlled-release 10 mg – 1% DV Sep-16 to 2018</td>
<td>2.76 20 BNM</td>
</tr>
<tr>
<td>Tab controlled-release 20 mg – 1% DV Sep-16 to 2018</td>
<td>4.72 20 BNM</td>
</tr>
<tr>
<td>Tab controlled-release 40 mg – 1% DV Sep-16 to 2018</td>
<td>7.69 20 BNM</td>
</tr>
<tr>
<td>Tab controlled-release 80 mg – 1% DV Sep-16 to 2018</td>
<td>14.11 20 BNM</td>
</tr>
<tr>
<td>Cap immediate-release 5 mg – 1% DV Oct-15 to 2018</td>
<td>1.98 20 OxyNorm</td>
</tr>
<tr>
<td>Cap immediate-release 10 mg – 1% DV Oct-15 to 2018</td>
<td>3.91 20 OxyNorm</td>
</tr>
<tr>
<td>Cap immediate-release 20 mg – 1% DV Oct-15 to 2018</td>
<td>6.84 20 OxyNorm</td>
</tr>
<tr>
<td>Oral liq 5 mg per 5 ml</td>
<td>11.20 250 ml OxyNorm</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td>8.57 5 OxyNorm</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule – 1% DV Feb-16 to 2018</td>
<td>8.57 5 OxyNorm</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule – 1% DV Feb-16 to 2018</td>
<td>16.89 5 OxyNorm</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV Dec-15 to 2018</td>
<td>51.00 5 OxyNorm</td>
</tr>
<tr>
<td>PARACETAMOL WITH CODEINE</td>
<td></td>
</tr>
<tr>
<td>Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Sep-17 to 2020</td>
<td>18.21 1,000 Paracetamol + Codeine (Relieve)</td>
</tr>
</tbody>
</table>

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</table>

### PETHIDINE HYDROCHLORIDE
- **Tab 50 mg – 1% DV Nov-15 to 2018** ........................................ 4.46 10 PSM
- **Tab 100 mg – 1% DV Nov-15 to 2018** ....................................... 6.25 10 PSM
- **Inj 5 mg per ml, 10 ml syringe**
- **Inj 5 mg per ml, 100 ml bag**
- **Inj 10 mg per ml, 100 ml bag**
- **Inj 10 mg per ml, 50 ml syringe**
- **Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020** ................. 4.98 5 DBL Pethidine Hydrochloride
- **Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020** ................. 5.12 5 DBL Pethidine Hydrochloride

### REMIFENTANIL
- **Inj 1 mg vial – 1% DV Oct-17 to 2020** ........................................ 13.95 5 Remifentanil-AFT
- **Inj 2 mg vial – 1% DV Oct-17 to 2020** ....................................... 19.95 5 Remifentanil-AFT

### TRAMADOL HYDROCHLORIDE
- **Tab sustained-release 100 mg – 1% DV Sep-17 to 2020** ................. 1.55 20 Tramal SR 100
- **Tab sustained-release 150 mg – 1% DV Sep-17 to 2020** ................. 2.10 20 Tramal SR 150
- **Tab sustained-release 200 mg – 1% DV Sep-17 to 2020** ................. 2.75 20 Tramal SR 200
- **Cap 50 mg – 1% DV Sep-17 to 2020** ......................................... 2.25 100 Arrow-Tramadol
- **Oral soln 10 mg per ml**
- **Inj 10 mg per ml, 100 ml bag**
- **Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020** ................. 4.50 5 Tramal 50
- **Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020** ................. 4.50 5 Tramal 100

### Antidepressants

#### Cyclic and Related Agents

### AMITRIPTYLINE
- **Tab 10 mg** .................................................................................. 1.68 100 Arrow-Amitriptyline
- **Tab 25 mg** .................................................................................. 1.68 100 Arrow-Amitriptyline
- **Tab 50 mg** .................................................................................. 2.82 100 Arrow-Amitriptyline

### 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 [DOTHIEPIN] 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
- **Tab 25 mg** .................................................................................. 6.58 60 Tofranil
- **Tab 50 mg** .................................................................................. 8.80 50 Tofranil

### MAPROTLINE HYDROCHLORIDE
- **Tab 25 mg**
- **Tab 75 mg**

### MIANSERIN HYDROCHLORIDE – Restricted: For continuation only
- **Tab 30 mg**

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

#### NorTrpTylne Hyd rocHloride

<table>
<thead>
<tr>
<th>Tab 10 mg – 1% DV Sep-16 to 2019</th>
<th>3.22</th>
<th>100</th>
<th>Norpress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg – 1% DV Sep-16 to 2019</td>
<td>7.08</td>
<td>180</td>
<td>Norpress</td>
</tr>
</tbody>
</table>

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

**Phenelzine Sulphate**

Tab 15 mg

**Tranylcypromine Sulphate**

Tab 10 mg

#### Monoamine-Oxidase Type A Inhibitors

**Moclobemide**

<table>
<thead>
<tr>
<th>Tab 150 mg – 1% DV Oct-15 to 2018</th>
<th>85.10</th>
<th>500</th>
<th>Apo-Moclobemide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 300 mg – 1% DV Oct-15 to 2018</td>
<td>30.70</td>
<td>100</td>
<td>Apo-Moclobemide</td>
</tr>
</tbody>
</table>

#### Other Antidepressants

**Mirtazapine**

<table>
<thead>
<tr>
<th>Tab 30 mg – 1% DV Nov-15 to 2018</th>
<th>2.55</th>
<th>30</th>
<th>Apo-Mirtazapine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 45 mg – 1% DV Nov-15 to 2018</td>
<td>3.25</td>
<td>30</td>
<td>Apo-Mirtazapine</td>
</tr>
</tbody>
</table>

**Venlafaxine**

<table>
<thead>
<tr>
<th>Cap 37.5 mg – 1% DV Jun-17 to 2020</th>
<th>6.38</th>
<th>84</th>
<th>Enlafax XR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 75 mg – 1% DV Jun-17 to 2020</td>
<td>8.11</td>
<td>84</td>
<td>Enlafax XR</td>
</tr>
<tr>
<td>Cap 150 mg – 1% DV Jun-17 to 2020</td>
<td>11.16</td>
<td>84</td>
<td>Enlafax XR</td>
</tr>
</tbody>
</table>

#### Selective Serotonin Reuptake Inhibitors

**Citalopram Hydrobromide**

<table>
<thead>
<tr>
<th>Tab 20 mg – 1% DV Jan-16 to 2018</th>
<th>1.79</th>
<th>84</th>
<th>PSM Citalopram</th>
</tr>
</thead>
</table>

**Escitalopram**

<table>
<thead>
<tr>
<th>Tab 10 mg – 1% DV Dec-17 to 2020</th>
<th>1.40</th>
<th>28</th>
<th>Air Flow Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 20 mg – 1% DV Dec-17 to 2020</td>
<td>2.40</td>
<td>28</td>
<td>Apo-Escitalopram</td>
</tr>
</tbody>
</table>

(Air Flow Products Tab 10 mg to be delisted 1 December 2017)
(Air Flow Products Tab 20 mg to be delisted 1 December 2017)

**Fluoxetine Hydrochloride**

<table>
<thead>
<tr>
<th>Tab dispersible 20 mg, scored – 1% DV Oct-16 to 2019</th>
<th>2.47</th>
<th>30</th>
<th>Arrow-Fluoxetine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 20 mg – 1% DV Oct-16 to 2019</td>
<td>1.99</td>
<td>90</td>
<td>Arrow-Fluoxetine</td>
</tr>
</tbody>
</table>

**Paroxetine**

<table>
<thead>
<tr>
<th>Tab 20 mg – 1% DV Apr-17 to 2019</th>
<th>4.02</th>
<th>90</th>
<th>Apo-Paroxetine</th>
</tr>
</thead>
</table>

**Sertraline**

<table>
<thead>
<tr>
<th>Tab 50 mg – 1% DV Sep-16 to 2019</th>
<th>3.05</th>
<th>90</th>
<th>Arrow-Sertraline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg – 1% DV Sep-16 to 2019</td>
<td>5.25</td>
<td>90</td>
<td>Arrow-Sertraline</td>
</tr>
</tbody>
</table>

#### Antiepilepsy Drugs

### Agents for the Control of Status Epilepticus

**Clonazepam**

| Inj 1 mg per ml, 1 ml ampoule                        | 19.00 | 5 | Rivotril |

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

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

DIAZEPAM

<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>Inj 5 mg per ml, 2 ml ampoule</td>
<td>$11.83</td>
<td>Hospira</td>
</tr>
<tr>
<td>Rectal tubes 5 mg</td>
<td>$33.07</td>
<td>Stesolid</td>
</tr>
<tr>
<td>Rectal tubes 10 mg</td>
<td>$40.87</td>
<td>Stesolid</td>
</tr>
</tbody>
</table>

LORAZEPAM

<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>Inj 2 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 4 mg per ml, 1 ml vial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARALDEHYDE

<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>Inj 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PHENYTOIN SODIUM

<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>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>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

CARBAMAZEPINE

<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>Tab 200 mg</td>
<td>$14.53</td>
<td>Tegretol</td>
</tr>
<tr>
<td>Tab long-acting 200 mg</td>
<td>$16.98</td>
<td>Tegretol CR</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td>$34.58</td>
<td>Tegretol</td>
</tr>
<tr>
<td>Tab long-acting 400 mg</td>
<td>$39.17</td>
<td>Tegretol CR</td>
</tr>
<tr>
<td>Oral liq 20 mg per ml</td>
<td>$26.37</td>
<td>Tegretol</td>
</tr>
</tbody>
</table>

CLOBAZAM

<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>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CLONAZEPAM

<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>Oral drops 2.5 mg per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ETHOSUXIMIDE

<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>Cap 250 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 50 mg per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GABAPENTIN – Restricted see terms below

<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>Cap 100 mg</td>
<td>$7.16</td>
<td>Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nupentin</td>
</tr>
<tr>
<td>Cap 300 mg</td>
<td>$11.00</td>
<td>Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nupentin</td>
</tr>
<tr>
<td>Cap 400 mg</td>
<td>$13.75</td>
<td>Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neurontin</td>
</tr>
<tr>
<td></td>
<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.

continued…
continued...

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:
   1.1 The patient has Chronic Kidney Disease Stage 5-associated pruritus* where no other cause for pruritus can be identified (e.g. scabies, allergy); and
   1.2 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.

LACOSAMIDE – Restricted see terms below

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

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.

continued…
Continued...

**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

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LAMOTRIGINE</strong></td>
<td>Tab dispersible 2 mg</td>
<td>6.74</td>
<td>30 Lamictal</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 5 mg</td>
<td>15.00</td>
<td>56 Arrow-Lamotrigine</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 25 mg</td>
<td>9.64</td>
<td>30 Lamictal</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 50 mg</td>
<td>20.40</td>
<td>56 Arrow-Lamotrigine</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 100 mg</td>
<td>34.70</td>
<td>56 Arrow-Lamotrigine</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 25 mg</td>
<td>29.09</td>
<td>Lamictal</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 50 mg</td>
<td>19.38</td>
<td>Logem</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 100 mg</td>
<td>14.74</td>
<td>Motrig</td>
</tr>
</tbody>
</table>

(Motrig Tab dispersible 25 mg to be delisted 1 April 2018)
(Motrig Tab dispersible 50 mg to be delisted 1 April 2018)
(Motrig Tab dispersible 100 mg to be delisted 1 April 2018)

| **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 | 16.60 | 1 Epilim IV |

| **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 | |

| **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 |

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
STIRIPENTOL – Restricted see terms below

- Cap 250 mg...................................................................................................509.29 60 Diacomit
- Powder for oral liq 250 mg sachet .................................................................509.29 60 Diacomit

Initiation
Paediatric neurologist
Re-assessment required after 6 months
Both:
1. Patient has confirmed diagnosis of Dravet syndrome; and
2. Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.

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

TOPIRAMATE

Tab 25 mg .......................................................................................................11.07 60 Arrow-Topiramate
   26.04 Topamax
   11.07 Topiramate Actavis

Tab 50 mg .......................................................................................................18.81 60 Arrow-Topiramate
   44.26 Topamax
   18.81 Topiramate Actavis

Tab 100 mg .....................................................................................................31.99 60 Arrow-Topiramate
   75.25 Topamax
   31.99 Topiramate Actavis

Tab 200 mg .....................................................................................................55.19 60 Arrow-Topiramate
   129.85 Topamax
   55.19 Topiramate Actavis

Cap sprinkle 15 mg ..........................................................................................20.84 60 Topamax
Cap sprinkle 25 mg ..........................................................................................26.04 60 Topamax

VIGABATRIN – Restricted see terms below

- Tab 500 mg

Initiation
Re-assessment required after 15 months
Both:
1. Either:
   1.1 Patient has infantile spasms; or
   1.2 Both:
      1.2.1 Patient has epilepsy; and
      1.2.2 Either:
         1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
         1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and
2. Either:
   2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
   2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient’s visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are

continued…
continued...

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**

**APREPISTANT – Restricted** see terms below

- Cap 2 x 80 mg and 1 x 125 mg ................................................................. 100.00 3 Emend Tri-Pack
- Cap 40 mg ............................................................................................... 71.43 5 Emend

**BETAHISTINE DIHYDROCHLORIDE**

Tab 16 mg – 1% DV Sep-17 to 2020 ............................................................. 2.89 84 Vergo 16

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 Name</th>
<th>Strength</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYCLIZINE HYDROCHLORIDE</td>
<td>Tab 50 mg – 1% DV Jan-16 to 2018</td>
<td>0.59</td>
<td>20 Nauzene</td>
</tr>
<tr>
<td>CYCLIZINE LACTATE</td>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td>14.95</td>
<td>5 Nausicalm</td>
</tr>
<tr>
<td>DOMPERIDONE</td>
<td>Tab 10 mg – 1% DV Dec-15 to 2018</td>
<td>3.20</td>
<td>100 Prokinex</td>
</tr>
<tr>
<td>DROPERIDOL</td>
<td>Inj 2.5 mg per ml, 1 ml ampoule</td>
<td>Cost</td>
<td></td>
</tr>
<tr>
<td>HYOSCINE HYDROBROMIDE</td>
<td>Inj 400 mcg per ml, 1 ml ampoule</td>
<td>46.50</td>
<td>5 Hospira</td>
</tr>
<tr>
<td></td>
<td>Patch 1.5 mg</td>
<td>11.95</td>
<td>2 Scopoderm TTS</td>
</tr>
<tr>
<td>Resticted Initiation</td>
<td>Any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindiated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METOCLOPRAMIDE HYDROCHLORIDE</td>
<td>Tab 10 mg – 1% DV Jan-18 to 2020</td>
<td>1.82</td>
<td>100 Metamide</td>
</tr>
<tr>
<td></td>
<td>Oral liq 5 mg per 5 ml</td>
<td>1.30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 2 ml ampoule</td>
<td>4.50</td>
<td>10 Pfizer</td>
</tr>
<tr>
<td>(Metamide Tab 10 mg to be delisted 1 January 2018)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONDANSETRON</td>
<td>Tab 4 mg – 1% DV May-17 to 2019</td>
<td>3.36</td>
<td>50 Apo-Ondansetron</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 4 mg</td>
<td>1.00</td>
<td>10 Dr Reddy’s Ondansetron</td>
</tr>
<tr>
<td></td>
<td>Tab 8 mg – 1% DV May-17 to 2019</td>
<td>4.77</td>
<td>50 Apo-Ondansetron</td>
</tr>
<tr>
<td></td>
<td>Tab dispersible 8 mg</td>
<td>1.50</td>
<td>10 Ondansetron ODT-DRLA</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-16 to 2019</td>
<td>1.50</td>
<td>5 Ondansetron-Claris</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg per ml, 4 ml ampoule – 1% DV Nov-16 to 2019</td>
<td>2.20</td>
<td>5 Ondansetron Kabi</td>
</tr>
<tr>
<td>PROCHLORPERAZINE</td>
<td>Tab buccal 3 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg</td>
<td>9.75</td>
<td>500 Antinaus</td>
</tr>
<tr>
<td></td>
<td>Inj 12.5 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suppos 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROMETHAZINE THEOCLATE</td>
<td>Restricted: For continuation only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 25 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TROPISETRON</td>
<td>Inj 1 mg per ml, 2 ml ampoule – 1% DV Sep-15 to 2018</td>
<td>8.95</td>
<td>1 Tropisetron-AFT</td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 5 ml ampoule – 1% DV Sep-15 to 2018</td>
<td>13.95</td>
<td>1 Tropisetron-AFT</td>
</tr>
</tbody>
</table>
## Antipsychotic Agents

### General

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMISULPRIDE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Nov-16 to 2019</td>
<td>Sulprix</td>
<td>4.56</td>
<td>30</td>
</tr>
<tr>
<td>Tab 200 mg – 1% DV Nov-16 to 2019</td>
<td>Sulprix</td>
<td>14.75</td>
<td>60</td>
</tr>
<tr>
<td>Tab 400 mg – 1% DV Nov-16 to 2019</td>
<td>Sulprix</td>
<td>27.70</td>
<td>60</td>
</tr>
<tr>
<td>Oral liq 100 mg per ml – 1% DV Oct-16 to 2019</td>
<td>Solian</td>
<td>65.53</td>
<td>60 ml</td>
</tr>
<tr>
<td>ARIPIPRAZOLE – Restricted**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
<td>Abilify</td>
<td>123.54</td>
<td>30</td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>Abilify</td>
<td>123.54</td>
<td>30</td>
</tr>
<tr>
<td>Tab 15 mg</td>
<td>Abilify</td>
<td>175.28</td>
<td>30</td>
</tr>
<tr>
<td>Tab 20 mg</td>
<td>Abilify</td>
<td>213.42</td>
<td>30</td>
</tr>
<tr>
<td>Tab 30 mg</td>
<td>Abilify</td>
<td>260.07</td>
<td>30</td>
</tr>
</tbody>
</table>

**Initiation – 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.

**Initiation – 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>Product</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td></td>
</tr>
<tr>
<td>Oral liq 10 mg per ml</td>
<td></td>
</tr>
<tr>
<td>Oral liq 20 mg per ml</td>
<td></td>
</tr>
<tr>
<td>Inj 25 mg per ml, 2 ml ampoule</td>
<td></td>
</tr>
</tbody>
</table>
### NERVOUS SYSTEM

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

#### CLOZAPINE

<table>
<thead>
<tr>
<th>Tablet Size</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 mg</td>
<td>6.69</td>
<td>50  Clopine</td>
</tr>
<tr>
<td></td>
<td>13.37</td>
<td>100 Clopine</td>
</tr>
<tr>
<td></td>
<td>5.69</td>
<td>50  Clozaril</td>
</tr>
<tr>
<td></td>
<td>11.36</td>
<td>100 Clozaril</td>
</tr>
<tr>
<td>50 mg</td>
<td>8.67</td>
<td>50  Clopine</td>
</tr>
<tr>
<td></td>
<td>17.33</td>
<td>100 Clopine</td>
</tr>
<tr>
<td>100 mg</td>
<td>17.33</td>
<td>50  Clopine</td>
</tr>
<tr>
<td></td>
<td>34.65</td>
<td>100 Clopine</td>
</tr>
<tr>
<td></td>
<td>14.73</td>
<td>50  Clozaril</td>
</tr>
<tr>
<td></td>
<td>29.45</td>
<td>100 Clozaril</td>
</tr>
<tr>
<td>200 mg</td>
<td>34.65</td>
<td>50  Clopine</td>
</tr>
<tr>
<td></td>
<td>69.30</td>
<td>100 Clopine</td>
</tr>
<tr>
<td>Oral liq 50 mg per ml</td>
<td>17.33</td>
<td>100 ml Clopine</td>
</tr>
</tbody>
</table>

#### HALOPERIDOL

<table>
<thead>
<tr>
<th>Tablet Size</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 mcg – 1% DV Oct-16 to 2019</td>
<td>6.23</td>
<td>100 Serenace</td>
</tr>
<tr>
<td>1.5 mg – 1% DV Oct-16 to 2019</td>
<td>9.43</td>
<td>100 Serenace</td>
</tr>
<tr>
<td>5 mg – 1% DV Oct-16 to 2019</td>
<td>29.72</td>
<td>100 Serenace</td>
</tr>
<tr>
<td>Oral liq 2 mg per ml – 1% DV Oct-16 to 2019</td>
<td>23.84</td>
<td>100 ml Serenace</td>
</tr>
<tr>
<td>Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-16 to 2019</td>
<td>21.55</td>
<td>10 Serenace</td>
</tr>
</tbody>
</table>

#### LEVOMEPROMAZINE

<table>
<thead>
<tr>
<th>Tablet</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 mg</td>
<td>47.89</td>
<td>10  Wockhardt</td>
</tr>
<tr>
<td>100 mg</td>
<td>9.42</td>
<td>100 Douglas</td>
</tr>
</tbody>
</table>

#### LITHIUM CARBONATE

<table>
<thead>
<tr>
<th>Tablet Size</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-acting 400 mg</td>
<td>34.30</td>
<td>500 Lithicarb FC</td>
</tr>
<tr>
<td>250 mg – 1% DV Sep-15 to 2018</td>
<td>34.30</td>
<td>500 Lithicarb FC</td>
</tr>
<tr>
<td>400 mg – 1% DV Sep-15 to 2018</td>
<td>12.83</td>
<td>100 Lithicarb FC</td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td>9.42</td>
<td>100 Douglas</td>
</tr>
</tbody>
</table>

#### OLANZAPINE

<table>
<thead>
<tr>
<th>Tablet Size</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 mg – 1% DV Sep-17 to 2020</td>
<td>0.64</td>
<td>28  Zypine</td>
</tr>
<tr>
<td>5 mg – 1% DV Sep-17 to 2020</td>
<td>1.15</td>
<td>28  Zypine</td>
</tr>
<tr>
<td>Orodispersible 5 mg – 1% DV Sep-17 to 2020</td>
<td>1.25</td>
<td>28  Zypine ODT</td>
</tr>
<tr>
<td>10 mg – 1% DV Sep-17 to 2020</td>
<td>1.65</td>
<td>28  Zypine</td>
</tr>
<tr>
<td>Orodispersible 10 mg – 1% DV Sep-17 to 2020</td>
<td>2.05</td>
<td>28  Zypine ODT</td>
</tr>
<tr>
<td>Inj 10 mg vial</td>
<td>9.60</td>
<td>90  Zypine</td>
</tr>
</tbody>
</table>

#### PERICYAZINE

<table>
<thead>
<tr>
<th>Tablet</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 mg</td>
<td>1.79</td>
<td>90  Quetapal</td>
</tr>
<tr>
<td>10 mg</td>
<td>3.45</td>
<td>90  Quetapal</td>
</tr>
</tbody>
</table>

#### QUETIAPINE

<table>
<thead>
<tr>
<th>Tablet Size</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 mg – 1% DV Sep-17 to 2020</td>
<td>1.79</td>
<td>90  Quetapal</td>
</tr>
<tr>
<td>100 mg – 1% DV Sep-17 to 2020</td>
<td>3.45</td>
<td>90  Quetapal</td>
</tr>
<tr>
<td>200 mg – 1% DV Sep-17 to 2020</td>
<td>5.75</td>
<td>90  Quetapal</td>
</tr>
<tr>
<td>300 mg – 1% DV Sep-17 to 2020</td>
<td>9.60</td>
<td>90  Quetapal</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

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Container</th>
<th>Brand</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RISPERIDONE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 0.5 mg – 1% DV Dec-17 to 2020</td>
<td>1.86</td>
<td>60</td>
<td>Actavis</td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg – 1% DV Dec-17 to 2020</td>
<td>2.06</td>
<td>60</td>
<td>Actavis</td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Dec-17 to 2020</td>
<td>2.29</td>
<td>60</td>
<td>Actavis</td>
<td></td>
</tr>
<tr>
<td>Tab 3 mg – 1% DV Dec-17 to 2020</td>
<td>2.50</td>
<td>60</td>
<td>Actavis</td>
<td></td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV Dec-17 to 2020</td>
<td>3.43</td>
<td>60</td>
<td>Actavis</td>
<td></td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Sep-17 to 2020</td>
<td>7.66</td>
<td>30 ml</td>
<td>Risperon</td>
<td></td>
</tr>
<tr>
<td><strong>TRIFLUOPERAZINE HYDROCHLORIDE – Restricted</strong></td>
<td></td>
<td></td>
<td></td>
<td>For continuation only</td>
</tr>
<tr>
<td>➤ Tab 1 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Tab 2 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Tab 5 mg</td>
<td>(Any Tab 1 mg to be delisted 1 December 2017)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Tab 2 mg</td>
<td>(Any Tab 2 mg to be delisted 1 December 2017)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Tab 5 mg</td>
<td>(Any Tab 5 mg to be delisted 1 December 2017)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ZIPRASIDONE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 20 mg – 1% DV Jan-16 to 2018</td>
<td>14.56</td>
<td>60</td>
<td>Zusdone</td>
<td></td>
</tr>
<tr>
<td>Cap 40 mg – 1% DV Jan-16 to 2018</td>
<td>24.75</td>
<td>60</td>
<td>Zusdone</td>
<td></td>
</tr>
<tr>
<td>Cap 60 mg – 1% DV Jan-16 to 2018</td>
<td>33.87</td>
<td>60</td>
<td>Zusdone</td>
<td></td>
</tr>
<tr>
<td>Cap 80 mg – 1% DV Jan-16 to 2018</td>
<td>39.74</td>
<td>60</td>
<td>Zusdone</td>
<td></td>
</tr>
<tr>
<td><strong>ZUCLOPENTHIXOL ACETATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</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>ZUCLOPENTHIXOL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td>31.45</td>
<td>100</td>
<td>Clopixol</td>
<td></td>
</tr>
</tbody>
</table>

### Depot Injections

#### FLUPENTHIXOL DECANOATE

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

#### FLUPHENAZINE DECANOATE – Restricted: For continuation only

<table>
<thead>
<tr>
<th>Price</th>
<th>Container</th>
<th>Brand</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Inj 12.5 mg per 0.5 ml ampoule</td>
<td>17.60</td>
<td>5</td>
<td>Modecate</td>
</tr>
<tr>
<td>➤ Inj 25 mg per ml, 1 ml ampoule</td>
<td>27.90</td>
<td>5</td>
<td>Modecate</td>
</tr>
<tr>
<td>➤ Inj 25 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Inj 100 mg per ml, 1 ml ampoule</td>
<td>154.50</td>
<td>5</td>
<td>Modecate</td>
</tr>
</tbody>
</table>

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

#### OLANZAPINE – Restricted see terms on the next page

<table>
<thead>
<tr>
<th>Price</th>
<th>Container</th>
<th>Brand</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Inj 210 mg vial</td>
<td>280.00</td>
<td>1</td>
<td>Zyprexa Relprevv</td>
</tr>
<tr>
<td>➤ Inj 300 mg vial</td>
<td>460.00</td>
<td>1</td>
<td>Zyprexa Relprevv</td>
</tr>
<tr>
<td>➤ Inj 405 mg vial</td>
<td>560.00</td>
<td>1</td>
<td>Zyprexa Relprevv</td>
</tr>
</tbody>
</table>

---

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

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

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

 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. The patient has schizophrenia; and
     2. The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
     3. The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Continuation

Re-assessment required after 12 months

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

\[
\begin{align*}
\text{Inj 25 mg syringe} & \quad \text{Invega Sustenna} \\
\text{Inj 50 mg syringe} & \quad \text{Invega Sustenna} \\
\text{Inj 75 mg syringe} & \quad \text{Invega Sustenna} \\
\text{Inj 100 mg syringe} & \quad \text{Invega Sustenna} \\
\text{Inj 150 mg syringe} & \quad \text{Invega Sustenna}
\end{align*}
\]

Restricted

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

\[
\begin{align*}
\text{Inj 50 mg per ml, 1 ml ampoule} & \\
\text{Inj 50 mg per ml, 2 ml ampoule}
\end{align*}
\]

RISPERIDONE – Restricted see terms below

\[
\begin{align*}
\text{Inj 25 mg vial} & \quad \text{Risperdal Consta} \\
\text{Inj 37.5 mg vial} & \quad \text{Risperdal Consta} \\
\text{Inj 50 mg vial} & \quad \text{Risperdal Consta}
\end{align*}
\]

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:

continued…
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.

Continuation

*Re-assessment required after 12 months*

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

### ZUCLOPENTHIXOL DECANOATE

- **Inj 200 mg per ml, 1 ml ampoule**: $19.80 5 Clopixol
- **Inj 500 mg per ml, 1 ml ampoule**
  - *e.g. Clopixol Conc*

### Anxiolytics

#### 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 below

- **Cap 0.5 mg**: $2,650.00 28 Gilenya

**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 on the next page

- **Inj 20 mg per ml, 15 ml vial**: $1,750.00 1 Tysabri

---

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

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

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

**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).

**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

**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)

**Restricted Initiation** – insomnia secondary to neurodevelopmental disorder

Psychiatrist, paediatrician, neurologist or respiratory specialist

Re-assessment required after 12 months

All of the following:

continued…
continued...

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 years or under.

Continuation – insomnia secondary to neurodevelopmental disorder

Psychiatrist, paediatrician, neurologist or respiratory specialist

*Re-assessment required after 12 months*

All of the following:

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

Initiation – insomnia where benzodiazepines and zopiclone are contraindicated

Both:

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

**MIDAZOLAM**

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypnovel</td>
<td>40.00</td>
</tr>
<tr>
<td>Midazolam-Claris</td>
<td>4.30</td>
</tr>
<tr>
<td>Midazolam-Claris</td>
<td>2.50</td>
</tr>
</tbody>
</table>

**NITRAZEPAM**

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrados</td>
<td>5.22</td>
</tr>
</tbody>
</table>

**PHENOBARBITONE**

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam-Claris</td>
<td>1% DV Sep-17 to 2020 1.27 25 Normison</td>
</tr>
</tbody>
</table>

**TEMAZEPAM**

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normison</td>
<td>1% DV Sep-17 to 2020 1.27 25 Normison</td>
</tr>
</tbody>
</table>

**TRIAZOLAM – Restricted:** For continuation only

1. Tab 125 mcg
2. Tab 250 mcg

**ZOPICLONE**

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zopiclone Actavis</td>
<td>1% DV Sep-17 to 2020 1.27 25 Normison</td>
</tr>
</tbody>
</table>

**Stimulants / ADHD Treatments**

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

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strattera</td>
<td>107.03</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.
### NEUROLOGICAL SYSTEM

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

#### 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:
   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
   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. An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; or
   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.

#### Methylphenidate Hydrochloride – Restricted see terms on the next page

- 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 Rubifen
- Tab immediate-release 20 mg.................................................................7.85 30 Rubifen
- Tab sustained-release 20 mg.................................................................50.00 100 Ritalin SR 10.95 30 Rubifen SR
- Cap modified-release 10 mg.................................................................15.60 30 Ritalin LA
- Cap modified-release 20 mg.................................................................20.40 30 Ritalin LA
- Cap modified-release 30 mg.................................................................25.52 30 Ritalin LA
- Cap modified-release 40 mg.................................................................30.60 30 Ritalin LA

---

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

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

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

- Restricted

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.

MODAFINIL – Restricted see terms below
- Tab 100 mg

- Restricted

Initiation – Narcolepsy
Neurologist or respiratory specialist
Re-assessment required after 24 months
All of the following:
1. The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
2. Either:
   2.1. The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
   2.2. The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
3. Either:
   3.1. An effective dose of a listed formulation of methylphenidate or dexamphetamine has been 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 on the next page
- Patch 4.6 mg per 24 hour ............................................................................. 90.00 30 Exelon
- Patch 9.5 mg per 24 hour ............................................................................. 90.00 30 Exelon

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

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

**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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Pack size</th>
</tr>
</thead>
<tbody>
<tr>
<td>☢️ Tab 2 mg with naloxone 0.5 mg</td>
<td>……………………………………………………………………………………………………………………………57.40</td>
<td>28</td>
<td>Suboxone</td>
</tr>
<tr>
<td>☢️ Tab 8 mg with naloxone 2 mg</td>
<td>……………………………………………………………………………………………………………………………166.00</td>
<td>28</td>
<td>Suboxone</td>
</tr>
</tbody>
</table>

**BUPROPION HYDROCHLORIDE**

Tab modified-release 150 mg – 1% DV Jun-17 to 2020…………………………………….11.00 | 30 | Zyban |

**DISULFIRAM**

Tab 200 mg ……………………………………………………………………………………………………………………………44.30 | 100 | Antabuse |

**NALTREXONE HYDROCHLORIDE** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Pack size</th>
</tr>
</thead>
<tbody>
<tr>
<td>☢️ Tab 50 mg – 1% DV Sep-17 to 2020……………………………………………………………………………………………………112.55</td>
<td>30</td>
<td>Naltraccord</td>
<td></td>
</tr>
</tbody>
</table>

**Naltrexone is to be prescribed by, or on the recommendation of, a physician working in an Alcohol and Drug Service.**

**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.

---

*Item restricted (see ➥ above); ☢️ Item restricted (see ➥ below)  
e.g. Brand indicates brand example only. It is not a contracted product.*
NICOTINE – Some items restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch 7 mg per 24 hours</td>
<td>10.57</td>
<td>28 Habitrol</td>
</tr>
<tr>
<td>Patch 14 mg per 24 hours</td>
<td>11.31</td>
<td>28 Habitrol</td>
</tr>
<tr>
<td>Patch 21 mg per 24 hours</td>
<td>11.95</td>
<td>28 Habitrol</td>
</tr>
<tr>
<td>Oral spray 1 mg per dose</td>
<td>12.91 14.14</td>
<td>216 Habitrol</td>
</tr>
<tr>
<td>Lozenge 1 mg</td>
<td>12.91</td>
<td>Habitrol</td>
</tr>
<tr>
<td>Lozenge 2 mg</td>
<td>14.14</td>
<td>Habitrol</td>
</tr>
<tr>
<td>Soln for inhalation 15 mg cartridge</td>
<td>22.26</td>
<td>384 Habitrol (Fruit) Habitrol (Mint)</td>
</tr>
<tr>
<td>Gum 2 mg</td>
<td>22.26</td>
<td>384 Habitrol</td>
</tr>
<tr>
<td>Gum 4 mg</td>
<td>25.67</td>
<td>384 Habitrol (Fruit) Habitrol (Mint)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 0.5 mg x 11 and 1 mg x 14</td>
<td>60.48</td>
<td>25 Champix</td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td>67.74</td>
<td>28 Champix</td>
</tr>
<tr>
<td>135.48</td>
<td>56 Champix</td>
<td></td>
</tr>
</tbody>
</table>

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
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

Alkylation 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/m² on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

Note: ‘Chronic lymphocytic leukaemia (CLL)’ includes small lymphocytic lymphoma (SLL). Chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

Initiation – Indolent, Low-grade lymphomas

Re-assessment required after 9 months

All of the following:

1. The patient has indolent low grade NHL requiring treatment; and
2. Patient has a WHO performance status of 0-2; and
3. 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
            3.2.3.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or
         3.2.3.2 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…
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.

**BUSULFAN**
- Tab 2 mg: $89.25 100 Myleran
- Inj 6 mg per ml, 10 ml ampoule

**CARMUSTINE**
- Inj 100 mg vial – 1% DV Sep-15 to 2018: $532.00 1 BiCNU

**CHLORAMBUCIL**
- Tab 2 mg

**CYCLOPHOSPHAMIDE**
- Tab 50 mg: $79.00 50 Endoxan
- Inj 1 g vial – 1% DV Oct-15 to 2018: $35.03 1 Endoxan
- Inj 2 g vial – 1% DV Oct-15 to 2018: $70.06 1 Endoxan

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

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

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

**THIOTEPA**
- Inj 15 mg vial
- Inj 100 mg vial

---

**Anthracyclines and Other Cytotoxic Antibiotics**

**BLEOMYCIN SULPHATE**
- Inj 15,000 iu vial – 1% DV Oct-15 to 2018: $150.48 1 DBL Bleomycin Sulfate

**DACTINOMYCIN [ACTINOMYCIN D]**
- Inj 0.5 mg vial: $145.00 1 Cosmegen

**DAUNORUBICIN**
- Inj 2 mg per ml, 10 ml vial: $118.72 1 Pfizer

**DOXORUBICIN HYDROCHLORIDE**
- Inj 2 mg per ml, 5 ml vial
- Inj 2 mg per ml, 25 ml vial – 1% DV Feb-16 to 2018: $11.50 1 Doxorubicin Ebewe
  - Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride.
- Inj 50 mg vial
- Inj 2 mg per ml, 50 ml vial – 1% DV Feb-16 to 2018: $23.00 1 Doxorubicin Ebewe
- Inj 2 mg per ml, 100 ml vial – 1% DV Feb-16 to 2018: $46.00 1 Doxorubicin Ebewe

**EPIRUBICIN HYDROCHLORIDE**
- Inj 2 mg per ml, 5 ml vial: $25.00 1 Epirubicin Ebewe
- Inj 2 mg per ml, 25 ml vial – 1% DV Nov-15 to 2018: $30.00 1 Epirubicin Ebewe
- Inj 2 mg per ml, 50 ml vial – 1% DV Nov-15 to 2018: $32.50 1 Epirubicin Ebewe
- Inj 2 mg per ml, 100 ml vial – 1% DV Nov-15 to 2018: $65.00 1 Epirubicin Ebewe

---

Products with Hospital Supply Status (HSS) are in bold

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
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
<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 100 mg vial</td>
<td>605.00 1</td>
<td>Vidaza</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 150 mg – 1% DV Jan-17 to 2019</td>
<td>11.15 60</td>
<td>Brinov</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Jan-17 to 2019</td>
<td>62.28 120</td>
<td>Brinov</td>
</tr>
</tbody>
</table>

CLADRIBINE
<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 2 mg per ml, 5 ml vial</td>
<td>5,249.72 7</td>
<td>Leustatin</td>
</tr>
</tbody>
</table>

CYTARABINE
<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 20 mg per ml, 5 ml vial</td>
<td>55.00 5</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml vial</td>
<td>8.83 1</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 20 ml vial</td>
<td>17.65 1</td>
<td>Pfizer</td>
</tr>
</tbody>
</table>

FLUDARABINE PHOSPHATE
<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg – 1% DV Sep-15 to 2018</td>
<td>412.00 20</td>
<td>Fludara Oral</td>
</tr>
<tr>
<td>Inj 50 mg vial – 1% DV Dec-16 to 2019</td>
<td>525.00 5</td>
<td>Fludarabine Ebewe</td>
</tr>
<tr>
<td>Product</td>
<td>Description</td>
<td>Price (ex man. excl. GST)</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>FLUOROURACIL</td>
<td>Inj 50 mg per ml, 20 ml vial – 1% DV Oct-15 to 2018</td>
<td>$10.00</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 50 ml vial – 1% DV Oct-15 to 2018</td>
<td>$17.00</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 100 ml vial – 1% DV Oct-15 to 2018</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 20 ml vial</td>
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<td>$3.18</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, 50 ml vial – 1% DV Sep-17 to 2020</td>
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<td></td>
<td>Inj 500 mg vial – 1% DV Jan-18 to 2019</td>
<td>$217.77</td>
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</tbody>
</table>

Initiation – Mesothelioma

*Re-assessment required after 8 months*

Both:
1. Patient has been diagnosed with mesothelioma; and
2. Pemetrexed to be administered at a dose of 500 mg/m$^2$ every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.

Continuation – Mesothelioma

*Re-assessment required after 8 months*

All of the following:
1. No evidence of disease progression; and
2. The treatment remains appropriate and the patient is benefitting from treatment; and
3. Pemetrexed to be administered at a dose of 500mg/m$^2$ every 21 days for a maximum of 6 cycles.

Initiation – Non small cell lung cancer

*Re-assessment required after 8 months*

Both:
1. Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma; and
2. Either:
   2.1 Both:
      2.1.1 Patient has chemotherapy-naïve disease; and...
continued...

2.1.2 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles; or

2.2 All of the following:

2.2.1 Patient has had first-line treatment with platinum based chemotherapy; and

2.2.2 Patient has not received prior funded treatment with pemetrexed; and

2.2.3 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days for a maximum of 6 cycles.

Continuation – Non small cell lung cancer
Re-assessment required after 8 months
All of the following:

1 No evidence of disease progression; and

2 The treatment remains appropriate and the patient is benefitting from treatment; and

3 Pemetrexed is to be administered at a dose of 500mg/m² every 21 days.

THIOGUANINE
Tab 40 mg

Other Cytotoxic Agents

AMSACRINE
Inj 50 mg per ml, 1.5 ml ampoule
Inj 75 mg

ANAGRELIDE HYDROCHLORIDE
Cap 0.5 mg

ARSENIC TRIOXIDE
Inj 1 mg per ml, 10 ml vial.................................................................4,817.00 10 AFT

BORTEZOMIB – Restricted see terms below
† Inj 3.5 mg vial – 1% DV Jul-16 to 2019 .........................................1,892.50 1 Velcade

Restrict

Initiation – treatment naive multiple myeloma/amyloidosis
Limited to 15 months treatment
Both:

1 Either:

1.1 The patient has treatment-naive symptomatic multiple myeloma; or

1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis; and

2 Maximum of 9 treatment cycles.

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

4 Maximum of 4 treatment cycles.

Continuation – relapsed/refractory multiple myeloma/amyloidosis
Re-assessment required after 8 months
Both:

continued…
continued...

1. The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
2. Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either:

1. A known therapeutic chemotherapeutic 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 .......................................................... 102.32 1 Leunase

**DACARBAZINE**

Inj 200 mg vial – 1% DV Oct-16 to 2019.......................................................... 58.06 1 DBL Dacarbazine

**ETOPOSIDE**

Cap 50 mg .......................................................... 340.73 20 Vepesid

Cap 100 mg .......................................................... 340.73 10 Vepesid

Inj 20 mg per ml, 5 ml vial – 1% DV Apr-16 to 2018........................................ 7.90 1 Rex Medical

**ETOPOSIDE (AS PHOSPHATE)**

Inj 100 mg vial .......................................................... 40.00 1 Etopophos

**HYDROXYUREA**

Cap 500 mg .......................................................... 31.76 100 Hydrea

**IRINOTECAN HYDROCHLORIDE**

Inj 20 mg per ml, 2 ml vial – 1% DV Sep-15 to 2018........................................ 11.50 1 Irinotecan Actavis 40

Inj 20 mg per ml, 5 ml vial – 1% DV Sep-15 to 2018........................................ 17.80 1 Irinotecan Actavis 100

**LENALIDOMIDE – Restricted** see terms below

Cap 10 mg .......................................................... 6,207.00 21 Revlimid

Cap 15 mg .......................................................... 7,239.18 21 Revlimid

Cap 25 mg .......................................................... 7,627.00 21 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:
   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 or higher), 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.

continued…
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.

PEGASPARAGASE – Restricted see terms below

- Inj 750 iu per ml, 5 ml vial.................................................................3,005.00 1 Oncaspar

PENTOSTATIN [DEOXYCOFORMYCIN]
Inj 10 mg vial

TEMOZOLOMIDE – Restricted see terms below

- Cap 5 mg – 1% DV Feb-17 to 2019.............................................................10.20 5 Orion Temozolomide
- Cap 20 mg – 1% DV Feb-17 to 2019...........................................................18.30 5 Orion Temozolomide
- Cap 100 mg – 1% DV Feb-17 to 2019..........................................................40.20 5 Orion Temozolomide
- Cap 250 mg – 1% DV Feb-17 to 2019.........................................................96.80 5 Orion Temozolomide

PROCARBAZINE HYDROCHLORIDE
Cap 50 mg.....................................................................................................498.00 50 Natulan

PENTOSTATIN [DEOXYCOFORMYCIN]

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.

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.

continued...
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

CARBOPLATIN

- Inj 10 mg per ml, 5 ml vial – 1% DV Sep-15 to 2018 .................. 15.07 1 DBL Carboplatin
- Inj 10 mg per ml, 15 ml vial – 1% DV Sep-15 to 2018 .................. 14.05 1 DBL Carboplatin
- Inj 10 mg per ml, 45 ml vial – 1% DV Sep-15 to 2018 .................. 32.59 1 DBL Carboplatin

CISPLATIN

- Inj 1 mg per ml, 50 ml vial – 1% DV Nov-15 to 2018 .................. 12.29 1 DBL Cisplatin
- Inj 1 mg per ml, 100 ml vial – 1% DV Nov-15 to 2018 .................. 22.46 1 DBL Cisplatin

OXALIPLATIN

- Inj 5 mg per ml, 10 ml vial – 1% DV Jun-16 to 2018 .................. 13.32 1 Oxaliccord
- Inj 5 mg per ml, 20 ml vial – 1% DV Jun-16 to 2018 .................. 16.00 1 Oxaliccord

Products with Hospital Supply Status (HSS) are in bold

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
## Protein-Tyrosine Kinase Inhibitors

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<th>Brand or Manufacturer</th>
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<td>1,700.00</td>
<td>30</td>
<td>Iressa</td>
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</table>

**Initiation**

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

**ERLOTINIB – Restricted see terms below**

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 getitinib 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.

**GEFITINIB – Restricted see terms below**

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>Brand or Generic Manufacturer</th>
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</table>

Initiation

Re-assessment required after 12 months

Both:

1. Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
2. Maximum dose of 400 mg/day.

Continuation

Re-assessment required after 12 months

Adequate clinical response to treatment with imatinib (prescriber determined).

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.

LAPATINIB – Restricted see terms below

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<td>Imatinib-AFT</td>
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<td>Imatinib-AFT</td>
<td>197.50 30</td>
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Initiation

Re-assessment required after 12 months

Either:

1. All of the following:
   1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   1.2 The patient has not previously received trastuzumab treatment for HER 2 positive metastatic breast cancer; and
   1.3 Lapatinib not to be given in combination with trastuzumab; and
   1.4 Lapatinib to be discontinued at disease progression; or

2. All of the following:
   2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   2.2 The patient started trastuzumab for metastatic breast cancer but discontinued trastuzumab within 3 months of starting treatment due to intolerance; and
   2.3 The cancer did not progress whilst on trastuzumab; and
   2.4 Lapatinib not to be given in combination with trastuzumab; and
   2.5 Lapatinib to be discontinued at disease progression.

Continuation

Re-assessment required after 12 months

All of the following:

1. The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2. The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
3. Lapatinib not to be given in combination with trastuzumab; and
4. Lapatinib to be discontinued at disease progression.

NILOTINIB – Restricted see terms on the next page

<table>
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<th>Price (ex man. excl. GST) $ Per</th>
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ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

**→ Restricted**

**Initiation**

*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**

*Tab 200 mg* ........................................................................................................1,334.70 30 Votrient

*Tab 400 mg* ........................................................................................................2,669.40 30 Votrient

**→ Restricted**

**Initiation**

*Re-assessment required after 3 months*

All of the following:

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

**Continuation**

*Re-assessment required after 3 months*

Both:

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

Notes: Pazopanib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.
SUNITINIB — Restricted see terms below

- Cap 12.5 mg................................................................. 2,315.38 28 Sutent
- Cap 25 mg................................................................. 4,630.77 28 Sutent
- Cap 50 mg................................................................. 9,261.54 28 Sutent

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 less than or equal to 70; and
   5.6 2 or more sites of organ metastasis; and
6. Sunitinib to be used for a maximum of 2 cycles.

Notes: RCC - Sunitinib treatment should be stopped if disease progresses. Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

Continuation — RCC

Re-assessment required after 3 months

Both:

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

Initiation — GIST

Re-assessment required after 3 months

Both:

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

Continuation — GIST

Re-assessment required after 6 months

Both:

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

1. Any of the following:
continued...

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

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

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

**Taxanes**

**DOCETAXEL**

Inj 10 mg per ml, 2 ml vial – 1% DV Sep-17 to 2020 ........................................ 12.40 1 DBL Docetaxel

Inj 10 mg per ml, 8 ml vial – 1% DV Sep-17 to 2020 .................................... 26.95 1 DBL Docetaxel

**PACLITAXEL**

Inj 6 mg per ml, 5 ml vial – 1% DV Oct-17 to 2020 ...................................... 47.30 5 Paclitaxel Ebewe

Inj 6 mg per ml, 16.7 ml vial – 1% DV Oct-17 to 2020 ............................... 20.00 1 Paclitaxel Ebewe

Inj 6 mg per ml, 25 ml vial .............................................................. 26.69 1 Paclitaxel Ebewe

Inj 6 mg per ml, 50 ml vial – 1% DV Oct-17 to 2020 ............................... 35.35 1 Paclitaxel Ebewe

Inj 6 mg per ml, 100 ml vial ........................................................... 73.06 1 Paclitaxel Ebewe

(Paclitaxel Ebewe Inj 6 mg per ml, 100 ml vial to be delisted 1 April 2018)

**Treatment of Cytotoxic-Induced Side Effects**

**CALCIUM FOLINATE**

Tab 15 mg ......................................................................................... 104.26 10 DBL Leucovorin Calcium

Inj 3 mg per ml, 1 ml ampoule

Inj 10 mg per ml, 5 ml ampoule ......................................................... 18.25 5 Calcium Folinate Ebewe

Inj 10 mg per ml, 10 ml vial .............................................................. 7.33 1 Calcium Folinate Ebewe

Inj 10 mg per ml, 30 ml vial ............................................................. 22.51 1 Calcium Folinate Ebewe

Inj 10 mg per ml, 100 ml vial .......................................................... 67.51 1 Calcium Folinate Ebewe

**MESNA**

Tab 400 mg – 1% DV Oct-16 to 2019 .................................................. 273.00 50 Uromitexan

Tab 600 mg – 1% DV Oct-16 to 2019 ............................................. 407.50 50 Uromitexan

Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-16 to 2019 .................. 161.25 15 Uromitexan

Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-16 to 2019.............. 370.35 15 Uromitexan

**Vinca Alkaloids**

**VINBLASTINE SULPHATE**

Inj 1 mg per ml, 10 ml vial ............................................................... 186.46 5 Hospira

**VINCRIStINE SULPHATE**

Inj 1 mg per ml, 1 ml vial – 1% DV Oct-16 to 2019 .......................... 74.52 5 DBL Vincristine Sulfate

Inj 1 mg per ml, 2 ml vial – 1% DV Oct-16 to 2019 .......................... 85.61 5 DBL Vincristine Sulfate

**VINORELBINE**

Inj 10 mg per ml, 1 ml vial – 1% DV Sep-15 to 2018 ......................... 8.00 1 Navelbine

Inj 10 mg per ml, 5 ml vial – 1% DV Sep-15 to 2018 ....................... 40.00 1 Navelbine

Item restricted (see above); Item restricted (see below)
e.g. Brand indicates brand example only. It is not a contracted product.
## Endocrine Therapy

### ABIRATERONE ACETATE – Restricted see terms below

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

#### 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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>$4.90</td>
<td>Bicalaccord</td>
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### FLUTAMIDE

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<tbody>
<tr>
<td>Tab 250 mg</td>
<td>$55.00</td>
<td>Flutamin</td>
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### MEGESTROL ACETATE

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<th>Product</th>
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</thead>
<tbody>
<tr>
<td>Tab 160 mg</td>
<td>$54.30</td>
<td>Apo-Megestrol</td>
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</table>

### OCTREOTIDE – Some items restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020</td>
<td>$30.64</td>
<td>DBL Octreotide</td>
</tr>
<tr>
<td>Inj 20 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020</td>
<td>$18.69</td>
<td>DBL Octreotide</td>
</tr>
<tr>
<td>Inj 30 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020</td>
<td>$72.50</td>
<td>DBL Octreotide</td>
</tr>
</tbody>
</table>

#### 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. Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
   2. Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or
   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.

**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**

| Tab 10 mg | .......................................................................................... | 17.50 | 100 | Genox |
| Tab 20 mg | .......................................................................................... | 2.63 | 30 | Genox |
Aromatase Inhibitors

ANASTROZOLE
Tab 1 mg – 1% DV Jan-18 to 2020 ................................................................. 26.55 30 Aremed

(DP-Anastrozole Tab 1 mg to be delisted 1 January 2018)

EXEMESTANE
Tab 25 mg – 1% DV Sep-17 to 2020 ............................................................... 14.50 30 Pfizer Exemestane

LETROZOLE
Tab 2.5 mg – 1% DV Jan-16 to 2018 ............................................................. 2.95 30 Letrole

Imaging Agents

AMINOLEVULINIC ACID HYDROCHLORIDE – Restricted see terms below
Powder for oral soln, 30 mg per ml, 1.5 g vial ............................................ 4,400.00 1 Gliolan
44,000.00 10 Gliolan

Immunosuppressants

Calcineurin Inhibitors

CICLOSPORIN
Cap 25 mg ....................................................................................................... 44.63 50 Neoral
Cap 50 mg ....................................................................................................... 88.91 50 Neoral
Cap 100 mg ................................................................................................... 177.81 50 Neoral
Oral liq 100 mg per ml .................................................................................. 198.13 50 ml Neoral
Inj 50 mg per ml, 5 ml ampoule – 1% DV Sep-15 to 2018 ....................... 276.30 10 Sandimmun

TACROLIMUS – Restricted see terms below
Cap 0.5 mg – 1% DV Nov-14 to 31 Oct 2018 ............................................. 85.60 100 Tacrolimus Sandoz
Cap 1 mg – 1% DV Nov-14 to 31 Oct 2018 ................................................ 171.20 100 Tacrolimus Sandoz
Cap 5 mg – 1% DV Nov-14 to 31 Oct 2018 .................................................. 428.00 50 Tacrolimus Sandoz
Inj 5 mg per ml, 1 ml ampoule

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...
continued...

with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or

2. All of the following:

2.1 The patient is an adult with SRNS; and

2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and

2.3 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 ................................................................. 799.96 4 Enbrel

→ Inj 50 mg autoinjector ....................................................... 1,599.96 4 Enbrel

→ Inj 50 mg syringe ............................................................. 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 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

continued…
continued...

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:
         2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
         2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
         2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
      2.6 Either:
         2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
         2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
      2.7 Either:
         2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
         2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
All of the following:
   1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

continued…
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 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>

continued…
continued...

**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
      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.

continued…
continued…

**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:
   1. The patient has experienced intolerable side effects from adalimumab; or
   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**

Dermatologist

*Re-assessment required after 6 months*

Both:

1. Either:
   1.1 Both:
      1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
      1.1.2 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre- etanercept treatment baseline value; or
   1.2 Both:
      1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
      1.2.2 Either:
         1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

continued…
continued…

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
   
   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 on the next page

*  Inj 2 mg per ml, 5 ml vial..........................................................................................................................579.53  1  ReoPro
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>

**Restricted**

**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 20 mg per 0.4 ml syringe ................................................................. $1,599.96 2 Humira
- Inj 40 mg per 0.8 ml pen ................................................................. $1,599.96 2 HumiraPen
- Inj 40 mg per 0.8 ml syringe ................................................................. $1,599.96 2 Humira

**Restricted**

**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
      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

continued…
continued...

2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 4 months
All of the following:
1 Patient has confirmed Crohn's disease; and
2 Either:
   2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
   2.2 Patient has one or more rectovaginal fistula(e); and
3 A Baseline Fistula Assessment (a copy of which is available at www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf) has been completed and is no more than 1 month old at the time of application.

Continuation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 6 months
Either:
1 The number of open draining fistulae have decreased from baseline by at least 50%; or
2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

Initiation – Crohn's disease
Gastroenterologist
Re-assessment required after 3 months
All of the following:
1 Patient has severe active Crohn's disease; and
2 Any of the following:
   2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
   2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
   2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
   2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Continuation – Crohn's disease
Gastroenterologist
Re-assessment required after 3 months
Both:
1 Either:
   1.1 Either:
      1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
      1.1.2 CDAI score is 150 or less; or
   1.2 Both:
      1.2.1 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.

continued...
continued…

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:
      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

continued…
continued...

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.

*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 (years)</th>
<th>Male (cm)</th>
<th>Female (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>7.0</td>
<td>5.5</td>
</tr>
<tr>
<td>25-34</td>
<td>7.5</td>
<td>5.5</td>
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<td>6.5</td>
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<tr>
<td>75+</td>
<td>3.0</td>
<td>2.5</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

continued…
3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
  1 Both:
     1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
     1.2 Either:
        1.2.1 The patient has experienced intolerable side effects from etanercept; or
        1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or
  2 All of the following:
    2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
    2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
    2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
    2.4 Either:
       2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
       2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
    2.5 Any of the following:
       2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
       2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
       2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Both:
  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.

continued...
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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:
   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

continued…
continued...

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
   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.

BASILIXIMAB – Restricted see terms below

|$ Inj 20 mg vial ..........................................................................................3,200.00 1 Simulect

Initiation
For use in solid organ transplants.

BEVACIZUMAB – Restricted see terms below

|$ Inj 25 mg per ml, 4 ml vial
|$ Inj 25 mg per ml, 16 ml vial

Initiation
Either:
1 Ocular neovascularisation; or
2 Exudative ocular angiopathy.

INFLIXIMAB – Restricted see terms on the next page

|$ Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020 .............................................806.00 1 Remicade
Restricted

Initiation – Graft vs host disease
Patient has steroid-refractory acute graft vs. host disease of the gut.

Initiation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 4 months
All of the following:
1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2. Either:
   2.1. The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2.2. Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and
3. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.

Continuation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
All of the following:
1. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2. Either:
   2.1. Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   2.2. The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
3. Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

Initiation – ankylosing spondylitis
Rheumatologist
Re-assessment required after 3 months
Both:
1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
2. Either:
   2.1. The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2.2. Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation – ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
All of the following:
1. Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 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:

continued…
continued...

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.

**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:
   2.1. Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
   2.2. 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
continued...

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:
   
   2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
   2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
   2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
   2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and

3. Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4. Surgery (or further surgery) is considered to be clinically inappropriate; and
5. Patient must be reassessed for continuation after 3 months of therapy.

**Continuation – Crohn's disease (adults)**

Gastroenterologist

*Re-assessment required after 6 months*

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

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 (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

continued…
continued...

2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

**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 greater than or equal to 4; or
   2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is greater than or equal to 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 or more from the SCCAI score when the patient was initiated on infliximab; or
   2.2 Patient is under 18 years and the PUCAI score has reduced by 30 points or more 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

continued...
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

1.2.2 Either:

1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and

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

**Initiation – neurosarcoidosis**

**Neurologist**

*Re-assessment required after 18 months*

All of the following:

1 Biopsy consistent with diagnosis of neurosarcoidosis; and

2 Patient has CNS involvement; and

3 Patient has steroid-refractory disease; and

4 Either:

4.1 IV cyclophosphamide has been tried; or

4.2 Treatment with IV cyclophosphamide is clinically inappropriate.

**Continuation – neurosarcoidosis**

**Neurologist**

*Re-assessment required after 18 months*

Either:

1 A withdrawal period has been tried and the patient has relapsed; or

continued…
continued...

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, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.

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 |

Inj 25 mg per ml, 40 ml vial

Initiation
Haematologist
Limited to 6 months treatment

All of the following:
1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
2 The patient is obinutuzumab treatment naive; and
3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min); and
4 Patient has adequate neutrophil and platelet counts unless the cytopenias are a consequence of marrow infiltration by CLL; and
5 Patient has good performance status; and
6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other
continued…

than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.

* greater than or equal to $1.5 \times 10^9/L and platelets greater than or equal to $75 \times 10^9/L

OMALIZUMAB – Restricted see terms below

- Restricted

Initiation

Respiratory specialist

Re-assessment required after 6 months

All of the following:

1. Patient is over the age of 6; and
2. Patient has a diagnosis of severe, life threatening asthma; and
3. Past or current evidence of atopy, documented by skin prick testing or RAST; and
4. Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
5. Proven compliance with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or eformoterol 12 micrograms bd) for at least 12 months, unless contraindicated or not tolerated; and
6. Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; and
7. At least four admissions to hospital for a severe asthma exacerbation over the previous 24 months with at least one of those being in the previous 12 months; and
8. An Asthma Control Questionnaire (ACQ-5) score of at least 3.0 as assessed in the previous month.

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

- Restricted

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.

continued…
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

1. Inj 10 mg per ml, 0.23 ml vial
2. Inj 10 mg per ml, 0.3 ml vial

Initiation

Re-assessment required after 3 doses

Both:

1. Either:
   1.1 Age-related macular degeneration; or
   1.2 Choroidal neovascular membrane; and
2. Any of the following:
   2.1 The patient has had a severe ophthalmic inflammatory response following bevacizumab; or
   2.2 The patient has had a myocardial infarction or stroke within the last three months; or
   2.3 The patient has failed to respond to bevacizumab following three intraocular injections; or
   2.4 The patient is of child-bearing potential and has not completed a family.

Continuation

Both:

1. Documented benefit after three doses must be demonstrated to continue; and
2. In the case of but previous non-response to bevacizumab, a retrial of bevacizumab is required to confirm non-response before continuing with ranibizumab.

RITUXIMAB – Restricted see terms below

1. Inj 10 mg per ml, 10 ml vial
2. Inj 10 mg per ml, 50 ml vial

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.

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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.

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.

continued…
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**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
6 treatment cycles.

Note: ‘Chronic lymphocytic leukaemia (CLL)’ includes small lymphocytic lymphoma. A line of chemotherapy treatment is
considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

**Initiation – 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
   ...
continued...

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:

   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:

   continued…
continued...

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:

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 less than or equal to 20,000 platelets per microlitre; or
   1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and

2 Any of the following:

   2.1 Treatment with steroids and splenectomy have been ineffective; or
   2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
   2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

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

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.

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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.

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,
continued…

-myocophenolate 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.

**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

continued…
continued...

3 Genetic causes of nephrotic syndrome have been excluded; and
4 The total rituximab dose used would not exceed the equivalent of 375 mg/m\(^2\) of body surface area per week for a total of 4 weeks.

Note: Indications marked with 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/m\(^2\) 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**

- Inj 100 mg vial – 1% DV Jun-16 to 2018 ..................................................... 770.57 1 Sylvant
- Inj 400 mg vial – 1% DV Jun-16 to 2018 .................................................. 3,082.33 1 Sylvant

**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 **below**

- Inj 20 mg per ml, 4 ml vial ................................................................. 220.00 1 Actemra
- Inj 20 mg per ml, 10 ml vial ............................................................... 550.00 1 Actemra
- Inj 20 mg per ml, 20 ml vial ............................................................... 1,100.00 1 Actemra

**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:

continued…
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:
   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:
   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

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

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

Restricted

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

continued…
continued...

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

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

- Inj 10 mg per ml, 4 ml vial: $1,051.98 1 Opdivo
- Inj 10 mg per ml, 10 ml vial: $2,629.96 1 Opdivo

**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.

**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
continued...

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
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
continued…

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

<table>
<thead>
<tr>
<th>ANTITHYMOCYTE GLOBULIN (EQUINE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg per ml, 5 ml ampoule</td>
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<table>
<thead>
<tr>
<th>ANTITHYMOCYTE GLOBULIN (RABBIT)</th>
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<tr>
<td>Inj 25 mg vial</td>
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<table>
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<tr>
<th>AZATHIOPRINE</th>
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<tr>
<td>Tab 25 mg – 1% DV Jul-17 to 2019</td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Jul-17 to 2019</td>
</tr>
<tr>
<td>Inj 50 mg vial – 1% DV Jan-17 to 2019</td>
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<table>
<thead>
<tr>
<th>BACILLUS CALMETTE-GUERIN (BCG) – Restricted see terms below</th>
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<tbody>
<tr>
<td>$  Inj 2-8 x 10^8 CFU vial .................................. 149.37  1  OncoTICE</td>
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</table>

- Restricted

Initiation

For use in bladder cancer.

<table>
<thead>
<tr>
<th>EVEROLIMUS – Restricted see terms below</th>
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</thead>
<tbody>
<tr>
<td>$  Tab 5 mg ...................................................... 4,555.76  30  Afinitor</td>
</tr>
<tr>
<td>$  Tab 10 mg .................................................. 6,512.29  30  Afinitor</td>
</tr>
</tbody>
</table>

- Restricted

Initiation

Neurologist or oncologist

*Re-assessment required after 3 months*

Both:

1 Patient has tuberous sclerosis; and
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.

continued…
Continuation

Neurologist or oncologist

Re-assessment required after 12 months

All of the following:

1. Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and
2. The treatment remains appropriate and the patient is benefiting from treatment; and
3. Everolimus to be discontinued at progression of SEGAs.

Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.

Mycophenolate Mofetil

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg</td>
<td>$25.00</td>
<td>50 CellCept</td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td>$25.00</td>
<td>100 CellCept</td>
</tr>
<tr>
<td>Powder for oral liq 1 g per 5 ml</td>
<td>$187.25</td>
<td>165 ml CellCept</td>
</tr>
<tr>
<td>Inj 500 mg vial</td>
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Picibanil

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<th>Product Description</th>
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<th>Per</th>
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<tbody>
<tr>
<td>Inj 100 mg vial</td>
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Sirolimus – Restricted see terms below

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<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
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</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>$749.99</td>
<td>100 Rapamune</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>$1,499.99</td>
<td>100 Rapamune</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml</td>
<td>$449.99</td>
<td>60 ml Rapamune</td>
</tr>
</tbody>
</table>

Initiation

For rescue therapy for an organ transplant recipient.

Notes: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:

- 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 1 Firazyr

Initiation

Clinical immunologist or relevant specialist

Re-assessment required after 12 months

Both:

1. Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
2. The patient has undergone product training and has agreed upon an action plan for self-administration.

Continuation

Re-assessment required after 12 months

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

Allergy Desensitisation

BEE VENOM – Restricted see terms below

- Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent
- Inj 550 mcg vial with diluent

Initiation

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

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

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.................................................................5.26 200 dose Alanase
Nasal spray 100 mcg per dose.................................................................6.00 200 dose Alanase
### RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
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<tbody>
<tr>
<td><strong>BUDESONIDE</strong></td>
</tr>
<tr>
<td>Nasal spray 50 mcg per dose.......................................................5.26 200 dose Butacort Aqueous</td>
</tr>
<tr>
<td>Nasal spray 100 mcg per dose.....................................................6.00 200 dose Butacort Aqueous</td>
</tr>
<tr>
<td><strong>FLUTICASONE PROPIONATE</strong></td>
</tr>
<tr>
<td>Nasal spray 50 mcg per dose – 1% DV Sep-15 to 2018 ..................2.18 120 dose Flixonase Hayfever &amp; Allergy</td>
</tr>
<tr>
<td><strong>IPRATROPIUM BROMIDE</strong></td>
</tr>
<tr>
<td>Aqueous nasal spray 0.03% – 1% DV Oct-17 to 2020.......................4.61 15 ml Univent</td>
</tr>
<tr>
<td><strong>SODIUM CROMOGLICATE</strong></td>
</tr>
<tr>
<td>Nasal spray 4%</td>
</tr>
</tbody>
</table>

#### Antihistamines

<table>
<thead>
<tr>
<th>CETIRIZINE HYDROCHLORIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg – 1% DV Mar-17 to 2019.............................................1.01 100 Zista</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml ............................................................2.99 200 ml Histaclear</td>
</tr>
<tr>
<td>CHLORPHENIRAMINE MALEATE</td>
</tr>
<tr>
<td>Oral liq 0.4 mg per ml ...........................................................</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
</tr>
<tr>
<td>CYPROHEPTADINE HYDROCHLORIDE</td>
</tr>
<tr>
<td>Tab 4 mg</td>
</tr>
<tr>
<td>FEXOFENADINE HYDROCHLORIDE</td>
</tr>
<tr>
<td>Tab 60 mg</td>
</tr>
<tr>
<td>Tab 120 mg</td>
</tr>
<tr>
<td>Tab 180 mg</td>
</tr>
<tr>
<td>LORATADINE</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-16 to 2019.............................................1.28 100 Lorafix</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Feb-17 to 2019 .........................2.15 120 ml Lorfast</td>
</tr>
<tr>
<td>PROMETHAZINE HYDROCHLORIDE</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-15 to 2018.............................................1.78 50 Allersoothe</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Sep-15 to 2018.............................................1.99 50 Allersoothe</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Sep-15 to 2018 .........................2.59 100 ml Allersoothe</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 1 ml ampoule – 1% DV Oct-16 to 2019 .............15.54 5 Hospira</td>
</tr>
<tr>
<td>TRIMEPRAZINE TARTRATE</td>
</tr>
<tr>
<td>Oral liq 6 mg per ml</td>
</tr>
</tbody>
</table>

#### Anticholinergic Agents

<table>
<thead>
<tr>
<th>IPRATROPIUM BROMIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosol inhaler 20 mcg per dose</td>
</tr>
<tr>
<td>Nebuliser soln 250 mcg per ml, 1 ml ampoule – 1% DV Dec-16 to 2019 ......3.35 20 Univent</td>
</tr>
<tr>
<td>Nebuliser soln 250 mcg per ml, 2 ml ampoule – 1% DV Dec-16 to 2019 ......3.52 20 Univent</td>
</tr>
</tbody>
</table>

#### Anticholinergic Agents with Beta-Adrenoceptor Agonists

<table>
<thead>
<tr>
<th>SALBUTAMOL WITH IPRATROPIUM BROMIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose</td>
</tr>
<tr>
<td>Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule – 1% DV Sep-15 to 2018 .......3.59 20 Duolin</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.
Long-Acting Muscarinic Agents

GLYCOPHYRRONIUM  
Note: inhaled glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium or umeclidinium.

Powder for inhalation 50 mcg per dose ............................................................. 61.00 30 dose Seebri Breezhaler

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 umeclidinium.

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

GLYCOPHYRRONIUM WITH INDACATEROL  – Restricted see terms above  
Powder for Inhalation 50 mcg with indacaterol 110 mcg........................................... 81.00 30 dose Ultibro Breezhaler
### 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

**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

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

#### BECLOMETHASONE DIPROPIONATE
Aerosol inhaler 50 mcg per dose ................................................................. 8.54 200 dose Beclazone 50
Aerosol inhaler 100 mcg per dose ............................................................... 12.50 200 dose Beclazone 100
Aerosol inhaler 250 mcg per dose ............................................................... 22.67 200 dose Beclazone 250

#### BUDERONIDE
Nebuliser soln 250 mcg per ml, 2 ml ampoule
Nebuliser soln 500 mcg per ml, 2 ml ampoule
Powder for inhalation 100 mcg per dose
Powder for inhalation 200 mcg per dose
Powder for inhalation 400 mcg per dose

#### FLUTICASONE
Aerosol inhaler 50 mcg per dose ................................................................. 7.50 120 dose Flixotide
Powder for inhalation 50 mcg per dose ....................................................... 4.68 60 dose Flixotide Accuhaler
Powder for inhalation 100 mcg per dose ..................................................... 6.67 60 dose Flixotide Accuhaler
Aerosol inhaler 125 mcg per dose ............................................................... 7.22 120 dose Flixotide
Aerosol inhaler 250 mcg per dose ............................................................... 27.20 120 dose Flixotide
Powder for inhalation 250 mcg per dose ..................................................... 10.18 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 |

#### 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:

---

Item restricted (see above); Item restricted (see below)
e.g. Brand indicates brand example only. It is not a contracted product.
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.........................................................9.90 120 dose Meterol
25.00 Serevent
Powder for inhalation 50 mcg per dose....................................................25.00 60 dose Serevent Accuhaler

Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

**BUDESONIDE WITH EFORMOTEROL**
Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg
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 FUROATE 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 .......................................14.58 120 dose RexAir
33.74 Serevent
Powder for inhalation 100 mcg with salmeterol 50 mcg ................................33.74 60 dose Sere tide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg .......................................16.83 120 dose RexAir
44.08 Serevent
Powder for inhalation 250 mcg with salmeterol 50 mcg .............................. 44.08 60 dose Sere tide Accuhaler

Mast Cell Stabilisers

**NEDOCROMIL**
Aerosol inhaler 2 mg per dose

**SODIUM CROMOGLICATE**
Aerosol inhaler 5 mg per dose

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### Methylxanthines

**AMINOPHYLLINE**

Inj 25 mg per ml, 10 ml ampoule – 1% DV Nov-17 to 2020 ................. 124.37 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
## Anti-Infective Preparations

### Antibacterials

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</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>Chlorfast</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>GENTAMICIN SULPHATE</td>
<td>Eye drops 0.3%</td>
<td>$11.40</td>
<td>Genoptic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPAMIDINE ISETHIONATE</td>
<td>Eye drops 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM FUSIDATE [FUSIDIC ACID]</td>
<td>Eye drops 1%</td>
<td>$4.50</td>
<td>Fucithalmic</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>Product</th>
<th>Description</th>
<th>Price</th>
<th></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>Product</th>
<th>Description</th>
<th>Price</th>
<th></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>Product</th>
<th>Description</th>
<th>Price</th>
<th></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>
**SENSORY ORGANS**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUMETASONE PIVALATE WITH CLIOQUINOL</td>
<td>$7.5 ml Kenacomb</td>
<td>5.16</td>
</tr>
<tr>
<td>TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN</td>
<td>7.5 ml Kenacomb</td>
<td>5.16</td>
</tr>
</tbody>
</table>

### Anti-Inflammatory Preparations

#### Corticosteroids

**DEXAMETHASONE**

- Eye oint 0.1% .................................................................................................... 5.86 3.5 g Maxidex
- Eye drops 0.1% ................................................................................................. 4.50 5 ml Maxidex
- ‡ Ocular implant 700 mcg.............................................................................. 1,444.50 1 Ozurdex

**§ Restricted**

**Initiation – Diabetic macular oedema**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

1. Patients have diabetic macular oedema with pseudophakic lens; and
2. Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
3. Either:
   3.1 Patient’s disease has progressed despite 3 injections with bevacizumab; or
   3.2 Patient is unsuitable or contraindicated to treatment with anti-VEGF inhibitors; and
4. Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

**Continuation – Diabetic macular oedema**

Ophthalmologist

*Re-assessment required after 12 months*

Both:

1. Patient’s vision is stable or has improved (prescriber determined); and
2. Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

**Initiation – Women of child bearing age with diabetic macular oedema**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

1. Patients have diabetic macular oedema; and
2. Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
3. Patient is of child bearing potential and has not yet completed a family; and
4. Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

**Continuation – Women of child bearing age with diabetic macular oedema**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

1. Patient’s vision is stable or has improved (prescriber determined); and
2. Patient is of child bearing potential and has not yet completed a family; and
3. Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.
### SENSORY ORGANS

<table>
<thead>
<tr>
<th>Products with Hospital Supply Status (HSS) are in <strong>bold</strong></th>
<th>Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SENSORY ORGANS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLUOROMETHOLONE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% – 1% <strong>DV Sep-15 to 2018</strong>..........................3.09 5 ml <strong>FML</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PREDNISOLONE ACETATE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.12% ................................................................3.93 10 ml Prednisolone- AFT</td>
<td></td>
</tr>
<tr>
<td>Eye drops 1% ..................................................................3.93 10 ml Prednisolone- AFT</td>
<td></td>
</tr>
<tr>
<td><strong>PREDNISOLONE SODIUM PHOSPHATE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%, single dose (preservative free)...............38.50 20 dose Minims Prednisolone</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Steroidal Anti-Inflammatory Drugs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DICLOFENAC SODIUM</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% ................................................................13.80 5 ml Voltaren Ophtha</td>
<td></td>
</tr>
<tr>
<td><strong>KETOROLAC TROMETAMOL</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5% ..................................................................8.71 10 ml Lomide</td>
<td></td>
</tr>
<tr>
<td><strong>Decongestants and Antiallergics</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Antiallergic Preparations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>LEVOCABASTINE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.05% ................................................................4.15 15 ml Naphcon Forte</td>
<td></td>
</tr>
<tr>
<td><strong>LODOXAMIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% ..................................................................8.71 10 ml Lomide</td>
<td></td>
</tr>
<tr>
<td><strong>OLOPATADINE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% ..................................................................13.60 5 ml Patanol</td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM CROMOGlicate</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2% ......................................................................8.71 10 ml Lomide</td>
<td></td>
</tr>
<tr>
<td><strong>Decongestants</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NAPHAZOLINE HYDROCHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1% ..................................................................4.15 15 ml Naphcon Forte</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic and Surgical Preparations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Dyes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FLUORESCEIN SODIUM</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%, single dose</td>
<td></td>
</tr>
<tr>
<td>Inj 10%, 5 ml vial .......................................................125.00 12 Fluorescite</td>
<td></td>
</tr>
<tr>
<td>Ophthalmic strips 1 mg</td>
<td></td>
</tr>
<tr>
<td><strong>FLUORESCEIN SODIUM WITH LIGNOCaine HYDROCHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.25% with lignocaine hydrochloride 4%, single dose</td>
<td></td>
</tr>
<tr>
<td><strong>LISSAMINE GREEN</strong></td>
<td></td>
</tr>
<tr>
<td>Ophthalmic strips 1.5 mg</td>
<td></td>
</tr>
<tr>
<td><strong>ROSE BENGAL SODIUM</strong></td>
<td></td>
</tr>
<tr>
<td>Ophthalmic strips 1%</td>
<td></td>
</tr>
</tbody>
</table>
## Irrigation Solutions

**MIXED SALT SOLUTION FOR EYE IRRIGATION**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.00 15 ml</td>
<td>Balanced Salt Solution</td>
</tr>
<tr>
<td>10.50 500 ml</td>
<td>Balanced Salt Solution</td>
</tr>
</tbody>
</table>

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

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%, 250 ml

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

## Ocular Anaesthetics

**OXYBUPROCAINE HYDROCHLORIDE**

Eye drops 0.4%, single dose

**PROXYMETACAINE HYDROCHLORIDE**

Eye drops 0.5%

**TETRACAINE [AMETHOCAINE] HYDROCHLORIDE**

Eye drops 0.5%, single dose  
Eye drops 1%, single dose

## Viscoelastic Substances

**HYPROMELLOSE**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.00 1 ml syringe</td>
<td>Healon GV</td>
</tr>
<tr>
<td>60.00 1 ml syringe</td>
<td>Healon 5</td>
</tr>
<tr>
<td>28.50 1 ml syringe</td>
<td>Healon</td>
</tr>
</tbody>
</table>

**SODIUM HYALURONATE [HYALURONIC ACID]**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.00 20 ml ampoule</td>
<td>Healon GV</td>
</tr>
<tr>
<td>50.00 20 ml vial</td>
<td>Healon GV</td>
</tr>
<tr>
<td>50.00 100 ml vial</td>
<td>Healon 5</td>
</tr>
</tbody>
</table>

**SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>64.00 1 ml syringe</td>
<td>Duovisc</td>
</tr>
<tr>
<td>74.00 1 ml syringe</td>
<td>Duovisc</td>
</tr>
<tr>
<td>67.00 1 ml syringe</td>
<td>Viscoat</td>
</tr>
</tbody>
</table>

## Other

**DISODIUM EDETATE**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 mg per ml, 20 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>150 mg per ml, 20 ml vial</td>
<td></td>
</tr>
<tr>
<td>150 mg per ml, 100 ml vial</td>
<td></td>
</tr>
</tbody>
</table>
### Sensory Organs

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

#### RIBOFLAVIN 5-PHOSPHATE
Soln trans epithelial riboflavin

- Inj 0.1%
- Inj 0.1% plus 20% dextran T500

#### Glaucoma Preparations

### Beta Blockers

**BETAXOLOL**

- Eye drops 0.25% .................................................. 11.80 5 ml Betoptic S
- Eye drops 0.5% .................................................. 7.50 5 ml Betoptic

**LEVOBUNOLOL HYDROCHLORIDE**

- Eye drops 0.5% .................................................. 7.00 5 ml Betagan

**TIMOLOL**

- Eye drops 0.25% – 1% DV Sep-17 to 2020 .................. 1.43 5 ml Arrow-Timolol
- Eye drops 0.25%, gel forming – 1% DV Sep-16 to 2019 ........ 3.30 2.5 ml Timoptol XE
- Eye drops 0.5% – 1% DV Sep-17 to 2020 .................. 1.43 5 ml Arrow-Timolol
- Eye drops 0.5%, gel forming – 1% DV Sep-16 to 2019 ........ 3.78 2.5 ml Timoptol XE

#### Carbonic Anhydrase Inhibitors

**ACETAZOLAMIDE**

- Tab 250 mg – 1% DV Sep-17 to 2020 .................. 17.03 100 Diamox
- Inj 500 mg

**BRINZOLAMIDE**

- Eye drops 1%

**DORZOLAMIDE**

- Eye drops 2%

**DORZOLAMIDE WITH TIMOLOL**

- Eye drops 2% with timolol 0.5% – 1% DV Dec-15 to 2018 .................. 3.45 5 ml Arrow-Dortim

#### Miotics

**ACETYLCHOLINE CHLORIDE**

- Inj 20 mg vial with diluent

**PILOCARPINE HYDROCHLORIDE**

- Eye drops 1% .................................................. 4.26 15 ml Isopto Carpine
- Eye drops 2% .................................................. 5.35 15 ml Isopto Carpine
- Eye drops 2%, single dose
- Eye drops 4% .................................................. 7.99 15 ml Isopto Carpine

#### 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% – 1% DV Jan-18 to 2020 .................. 7.30 5 ml Travopt

---

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

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

<table>
<thead>
<tr>
<th>Sympathomimetics</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>APRACLONIDINE</td>
<td>$ 19.77 Per 5 ml</td>
<td>Iopidine</td>
</tr>
<tr>
<td>BRIMONIDINE TARTRATE</td>
<td>$ 4.32 Per 5 ml</td>
<td>Arrow-Brimonidine</td>
</tr>
<tr>
<td>BRIMONIDINE TARTRATE WITH TIMOLOL</td>
<td>$ 4.32 Per 5 ml</td>
<td>Arrow-Brimonidine</td>
</tr>
</tbody>
</table>

## Mydriatics and Cycloplegics

### Anticholinergic Agents

<table>
<thead>
<tr>
<th>Anticholinergic Agents</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATROPINE SULPHATE</td>
<td>$ 17.36 Per 15 ml</td>
<td>Atropt</td>
</tr>
<tr>
<td>CYCLOPENTOLATE HYDROCHLORIDE</td>
<td>$ 8.76 Per 15 ml</td>
<td>Cyclogyl</td>
</tr>
<tr>
<td>TROPICAMIDE</td>
<td>$ 8.66 Per 15 ml</td>
<td>Mydriacyl</td>
</tr>
</tbody>
</table>

## Sympathomimetics

<table>
<thead>
<tr>
<th>Sympathomimetics</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHENYLEPHRINE HYDROCHLORIDE</td>
<td>$ 8.25 Per 30 ml</td>
<td>Poly Gel</td>
</tr>
<tr>
<td>HYROMELLOSE</td>
<td>$ 3.92 Per 15 ml</td>
<td>Methopt</td>
</tr>
<tr>
<td>HYROMELLOSE WITH DEXTRAN</td>
<td>$ 2.30 Per 15 ml</td>
<td>Poly-Tears</td>
</tr>
</tbody>
</table>

## Ocular Lubricants

<table>
<thead>
<tr>
<th>Ocular Lubricants</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARBOMER</td>
<td>$ 8.25 Per 30 ml</td>
<td>Poly Gel</td>
</tr>
<tr>
<td>CARMELLOSE SODIUM WITH PECTIN AND GELATINE</td>
<td>$ 2.30 Per 15 ml</td>
<td>Poly-Tears</td>
</tr>
<tr>
<td>HYROMELLOSE</td>
<td>$ 3.92 Per 15 ml</td>
<td>Methopt</td>
</tr>
<tr>
<td>HYROMELLOSE WITH DEXTRAN</td>
<td>$ 2.30 Per 15 ml</td>
<td>Poly-Tears</td>
</tr>
</tbody>
</table>

---

1 Item restricted (see above); 2 Item restricted (see below)  
E.g. Brand indicates brand example only. It is not a contracted product.
<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>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</td>
<td>$3.63</td>
<td>Poly-Visc</td>
</tr>
<tr>
<td>Eye oint 42.5% with soft white paraffin 57.3%</td>
<td>3.5 g</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</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</td>
</tr>
<tr>
<td>Eye drops 3% – 1% DV Jun-16 to 2019</td>
<td>$3.68</td>
<td>Vistil Forte</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>$3.80</td>
<td>VitA-POS</td>
</tr>
<tr>
<td>Oint 138 mcg per g</td>
<td>5 g</td>
<td></td>
</tr>
<tr>
<td>SODIUM HYALURONATE [HYALURONIC ACID]</td>
<td>$22.00</td>
<td>Hylo-Fresh</td>
</tr>
<tr>
<td>Eye drops 1 mg per ml</td>
<td>10 ml</td>
<td></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>$3.63</td>
<td>Poly-Visc</td>
</tr>
<tr>
<td>Ear drops 2.3% with propylene glycol 2.8%</td>
<td>3.5 g</td>
<td></td>
</tr>
<tr>
<td>DOCUSATE SODIUM</td>
<td>$3.57</td>
<td></td>
</tr>
<tr>
<td>Ear drops 0.5%</td>
<td>3.5 g</td>
<td></td>
</tr>
</tbody>
</table>
## Agents Used in the Treatment of Poisonings

### Antidotes

<table>
<thead>
<tr>
<th>Substance</th>
<th>Formulation</th>
<th>Price (£)</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACETYLCYSTEINE</strong></td>
<td>Tab eff 200 mg</td>
<td>78.34</td>
<td>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>
<td></td>
</tr>
<tr>
<td><strong>DIGOXIN IMMUNE FAB</strong></td>
<td>Inj 38 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 40 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ETHANOL</strong></td>
<td>Liq 96%</td>
<td></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>
<td></td>
</tr>
<tr>
<td><strong>ETHANOL, DEHYDRATED</strong></td>
<td>Inj 100%, 5 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 96%</td>
<td></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</td>
<td>5</td>
<td>Anexate</td>
</tr>
<tr>
<td><strong>HYDROXOCOBALAMIN</strong></td>
<td>Inj 5 g vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2.5 g vial</td>
<td></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</td>
<td>5</td>
<td>Hospira</td>
</tr>
<tr>
<td><strong>PRALIDOXIME IODIDE</strong></td>
<td>Inj 25 mg per ml, 20 ml ampoule</td>
<td></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>
<td></td>
</tr>
<tr>
<td><strong>SODIUM THIOSULFATE</strong></td>
<td>Inj 250 mg per ml, 10 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 250 mg per ml, 50 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg per ml, 10 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SOYA OIL</strong></td>
<td>Inj 20%, 500 ml bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 20%, 500 ml bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antitoxins

<table>
<thead>
<tr>
<th>Substance</th>
<th>Formulation</th>
<th>Price (£)</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOTULISM ANTITOXIN</strong></td>
<td>Inj 250 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIPHTHERIA ANTITOXIN</strong></td>
<td>Inj 10,000 iu vial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Antivenoms

<table>
<thead>
<tr>
<th>Substance</th>
<th>Formulation</th>
<th>Price (£)</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RED BACK SPIDER ANTIVENOM</strong></td>
<td>Inj 500 u vial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Item restricted (see [above](#)); Item restricted (see [below](#))*

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

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

DEFERIPRONE – Restricted see terms below
  Tab 500 mg ................................................................. 533.17 100 Ferriprox
  Oral liq 100 mg per ml ................................................................. 266.59 250 ml Ferriprox

Initiation

Haematologist
Re-assessment required after 2 years
All of the following:
1. The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
2. Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
3. Any of the following:
   3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
   3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
   3.3 Treatment with deferiprone has resulted in arthritis; or
   3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per µL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per µL).

Continuation
Haematologist
Re-assessment required after 2 years
Either:
1. For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
2. For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels.

DEFERIPRONE – Restricted see terms below
  Tab 500 mg ................................................................. 533.17 100 Ferriprox
  Oral liq 100 mg per ml ................................................................. 266.59 250 ml Ferriprox

Initiation

Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

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
### DIMERCAPTSUCCINIC ACID
Cap 100 mg

Cap 200 mg
e.g. PCNZ, Optimus Healthcare, Chemet

**SODIUM CALCIUM EDTATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 200 mg per ml, 2.5 ml ampoule</td>
<td>$206.15</td>
<td></td>
</tr>
<tr>
<td>Inj 200 mg per ml, 5 ml ampoule</td>
<td>$412.25</td>
<td></td>
</tr>
</tbody>
</table>

### Antiseptics and Disinfectants

**CHLORHEXIDINE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 4%</td>
<td>$1.86</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 5%</td>
<td>$15.50</td>
<td>healthE</td>
</tr>
</tbody>
</table>

**CHLORHEXIDINE WITH CETRIMIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.1% with cetrimide 0.5%</td>
<td>$2.95</td>
<td></td>
</tr>
<tr>
<td>Foaming soln 0.5% with cetrimide 0.5%</td>
<td>$15.50</td>
<td></td>
</tr>
</tbody>
</table>

**CHLORHEXIDINE WITH ETHANOL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml</td>
<td>$2.65</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, non-staining (pink) 100 ml</td>
<td>$3.54</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml</td>
<td>$1.55</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, staining (red) 100 ml</td>
<td>$2.90</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, staining (red) 100 ml</td>
<td>$3.86</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml</td>
<td>$5.45</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, staining (red) 500 ml</td>
<td>$5.90</td>
<td>healthE</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, staining (red) 500 ml</td>
<td>$9.56</td>
<td>healthE</td>
</tr>
</tbody>
</table>

**IODINE WITH ETHANOL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 1% with ethanol 70%, 100 ml</td>
<td>$9.30</td>
<td>healthE</td>
</tr>
</tbody>
</table>

**ISOPROPYL ALCOHOL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 70%, 500 ml</td>
<td>$5.65</td>
<td>healthE</td>
</tr>
</tbody>
</table>

**POVIDONE-IODINE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal tab 200 mg</td>
<td>Item restricted (see above); Item restricted (see below)</td>
<td></td>
</tr>
</tbody>
</table>

**Initiation**

Rectal administration pre-prostate biopsy.

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oint 10%</td>
<td>$3.27</td>
<td>Betadine</td>
</tr>
<tr>
<td>Soln 10%</td>
<td>$6.20</td>
<td>Betadine</td>
</tr>
<tr>
<td>Soln 5%</td>
<td>$2.95</td>
<td>Riodine</td>
</tr>
<tr>
<td>Soln 7.5%</td>
<td>$6.20</td>
<td>Riodine</td>
</tr>
<tr>
<td>Pad 10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swab set 10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**POVIDONE-IODINE WITH ETHANOL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soln 10% with ethanol 30%</td>
<td>$10.00</td>
<td>Betadine Skin Prep</td>
</tr>
<tr>
<td>Soln 10% with ethanol 70%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SODIUM HYPOCHLORITE**

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

#### Iodinated X-ray Contrast Media

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Unit</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIATRIZOATE SODIUM</td>
<td>Oral liq 370 mg per ml, 10 ml sachet</td>
<td>156.12</td>
</tr>
<tr>
<td>IODISED OIL</td>
<td>Inj 38% w/w (480 mg per ml), 10 ml ampoule</td>
<td>280.00</td>
</tr>
<tr>
<td>IODIXANOL</td>
<td>Inj 270 mg per ml (iodine equivalent), 50 ml bottle</td>
<td>220.00</td>
</tr>
<tr>
<td>IOHEXOL</td>
<td>Inj 240 mg per ml (iodine equivalent), 50 ml bottle</td>
<td>75.00</td>
</tr>
</tbody>
</table>

#### Non-iodinated X-ray Contrast Media

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Unit</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>BARIUM SULPHATE</td>
<td>Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet</td>
<td>507.50</td>
</tr>
<tr>
<td>BARIUM SULPHATE WITH SODIUM BICARBONATE</td>
<td>Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet</td>
<td>102.93</td>
</tr>
<tr>
<td>Price (ex man. excl. GST)</td>
<td>Brand or Generic Manufacturer</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>$ Per</td>
<td></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

#### GADOBENIC ACID
- Inj 334 mg per ml, 10 ml vial................................................................. 324.74 10 Multihance
- Inj 334 mg per ml, 20 ml vial................................................................. 636.28 10 Multihance

#### GADOBUTROL
- Inj 604.72 mg per ml, 15 ml vial
  - 5 ml prefilled syringe........................................................................ 120.00 5 Gadovist
  - 7.5 ml prefilled syringe...................................................................... 180.00 5 Gadovist
  - 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
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HISTAMINE ACID PHOSPHATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 0.6%, 10 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 2.5%, 10 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 5%, 10 ml vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MANNITOL</strong></td>
<td>Powder for inhalation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METHACHOLINE CHLORIDE</strong></td>
<td>Powder 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECRETIN PENTAHYDROCHLORIDE</strong></td>
<td>Inj 100 u ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SINCALIDE</strong></td>
<td>Inj 5 mcg per vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Dyes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BONNEY'S BLUE DYE</strong></td>
<td>Soln</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDIGO CARMINE</strong></td>
<td>Inj 4 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDIGO CARMINE</strong></td>
<td>Inj 8 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDOCYANINE GREEN</strong></td>
<td>Inj 25 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]</strong></td>
<td>Inj 10 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]</strong></td>
<td>Inj 10 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PATENT BLUE V</strong></td>
<td>Inj 2.5%, 2 ml ampoule</td>
<td>440.00</td>
<td>5 Obex Medical</td>
</tr>
<tr>
<td><strong>Irrigation Solutions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHLORHEXIDINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.02%, bottle</td>
<td></td>
<td>6.20</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.05%, bottle</td>
<td></td>
<td>7.37</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.1%, bottle</td>
<td></td>
<td>8.71</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td><strong>CHLORHEXIDINE WITH CETRIMIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule</td>
<td></td>
<td>4.17</td>
<td>1,000 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.015% with cetrimide 0.15%, bottle</td>
<td></td>
<td>6.04</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.015% with cetrimide 0.15%, bottle</td>
<td></td>
<td>9.55</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.05% with cetrimide 0.5%, bottle</td>
<td></td>
<td>9.31</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.05% with cetrimide 0.5%, bottle</td>
<td></td>
<td>12.14</td>
<td>500 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.1% with cetrimide 1%, bottle</td>
<td></td>
<td>10.00</td>
<td>100 ml Baxter</td>
</tr>
<tr>
<td><strong>GLYCINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 1.5%, bottle</td>
<td></td>
<td>19.48</td>
<td>2,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22.70</td>
<td>3,000 ml Baxter</td>
</tr>
</tbody>
</table>

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SODIUM CHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln 0.9%, bottle</td>
<td>5.22 100 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>6.19 500 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>6.59 1,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>15.11 2,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>19.26 3,000 ml Baxter</td>
</tr>
<tr>
<td>Irrigation soln 0.9%, 30 ml ampoule</td>
<td>19.50 30 Pfizer</td>
</tr>
<tr>
<td><strong>WATER</strong></td>
<td></td>
</tr>
<tr>
<td>Irrigation soln, bottle</td>
<td>5.24 100 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>5.94 500 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>6.58 1,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>16.47 2,000 ml Baxter</td>
</tr>
<tr>
<td></td>
<td>29.21 3,000 ml Baxter</td>
</tr>
<tr>
<td><strong>Surgical Preparations</strong></td>
<td></td>
</tr>
<tr>
<td>BISMUTH SUBNITRATE AND IODOFORM PARAFFIN Paste</td>
<td></td>
</tr>
<tr>
<td>DIMETHYL SULFOXIDE</td>
<td></td>
</tr>
<tr>
<td>Soln 50%</td>
<td></td>
</tr>
<tr>
<td>Soln 99%</td>
<td></td>
</tr>
<tr>
<td>PHENOL</td>
<td></td>
</tr>
<tr>
<td>Inj 6%, 10 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>PHENOL WITH IOXAGLIC ACID</td>
<td></td>
</tr>
<tr>
<td>Inj 12%, 10 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>TROMETAMOL</td>
<td></td>
</tr>
<tr>
<td>Inj 36 mg per ml, 500 ml bottle</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.*
### Cardioplegia Solutions

#### ELECTROLYTES

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag</td>
</tr>
</tbody>
</table>

**e.g. Custodiol-HTK**

**e.g. Cardioplegia Enriched Paed. Soln.**

**e.g. Cardioplegia Enriched Solution**

**e.g. Cardioplegia Base Solution**

**e.g. Cardioplegia Solution AHB7832**

**e.g. Cardioplegia Electrolyte Solution**

---

### Cold Storage Solutions

#### SODIUM WITH POTASSIUM

| Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag |

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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.
ACETIC ACID  
Liq

ALUM  
Powder BP

ARACHIS OIL [PEANUT OIL]  
Liq

ASCORBIC ACID  
Powder

BENZOIN  
Tincture compound BP

BISMUTH SUBGALLATE  
Powder

BORIC ACID  
Powder

CARBOXYMETHYLCELLULOSE  
Soln 1.5%

CETRIMIDE  
Soln 40%

CHLORHEXIDINE GLUCONATE  
Soln 20%

CHLOROFORM  
Liq BP

CITRIC ACID  
Powder BP

CLOVE OIL  
Liq

COAL TAR  
Soln BP – 1% DV Dec-16 to 2019 ................................................................. 32.95  200 ml  Midwest

CODEINE PHOSPHATE  
Powder

COLLODION FLEXIBLE  
Liq

COMPOUND HYDROXYBENOATE  
Soln

CYSTEAMINE HYDROCHLORIDE  
Powder

DITHRANOL  
Powder

GLUCOSE [DEXTROSE]  
Powder
<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>GLYCERIN WITH SODIUM SACCHARIN</td>
<td>$32.50</td>
<td>473 ml Ora-Sweet SF</td>
</tr>
<tr>
<td>GLYCERIN WITH SUCROSE</td>
<td>$32.50</td>
<td>473 ml Ora-Sweet</td>
</tr>
<tr>
<td>GLYCEROL</td>
<td>$3.28</td>
<td>500 ml healthE Glycerol BP Liquid</td>
</tr>
<tr>
<td>HYDROCORTISONE</td>
<td>$49.95</td>
<td>25 g ABM</td>
</tr>
<tr>
<td>LACTOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM HYDROXIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTHOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHADONE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYL HYDROXYBENZOATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHYLCELLULOSE</td>
<td>$32.50</td>
<td>473 ml Ora-Plus</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN</td>
<td>$32.50</td>
<td>473 ml Ora-Blend SF</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SUCROSE</td>
<td>$32.50</td>
<td>473 ml Ora-Blend</td>
</tr>
<tr>
<td>OLIVE OIL</td>
<td>$12.00</td>
<td>500 ml ABM</td>
</tr>
<tr>
<td>PHENOBARBITONE SODIUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PILOCARPINE NITRATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLYHEXAMETHYLENE BIGUANIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Povidone K30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPYLENE GLYCOL</td>
<td>$12.00</td>
<td>500 ml ABM</td>
</tr>
<tr>
<td>SALICYLIC ACID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SILVER NITRATE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

<table>
<thead>
<tr>
<th>Material</th>
<th>Form</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM BICARBONATE</td>
<td>Powder BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM CITRATE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM METABISULFITE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STARCH</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SULPHUR</td>
<td>Precipitated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sublimed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYRUP</td>
<td>Liq (pharmaceutical grade)</td>
<td>21.75</td>
<td>2,000 ml Midwest</td>
</tr>
<tr>
<td>THEOBROMA OIL</td>
<td>Oint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRI-SODIUM CITRATE</td>
<td>Crystals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICHLORACETIC ACID</td>
<td>Grans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UREA</td>
<td>Powder BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOOL FAT</td>
<td>Oint, anhydrous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XANTHAN</td>
<td>Gum 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZINC OXIDE</td>
<td>Powder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Powder 95 g carbohydrate per 100 g, 368 g can</th>
<th>e.g. Polycal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder 96 g carbohydrate per 100 g, 400 g can</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Liquid 50 g fat per 100 ml, 200 ml bottle</th>
<th>e.g. Calogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid 50 g fat per 100 ml, 500 ml bottle</td>
<td>e.g. Calogen</td>
</tr>
</tbody>
</table>
SPECIAL FOODS

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

MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – Restricted see terms on the previous page

- Liquid 50 g fat per 100 ml, 250 ml bottle
  - e.g. Liquigen
- Liquid 95 g fat per 100 ml, 500 ml bottle
  - e.g. MCT Oil

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
  - e.g. Protifar
- Powder 6 g protein per 7 g, can
  - Resource Beneprotein
- Powder 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can

**Other Supplements**

BREAST MILK FORTIFIER

- Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet
  - e.g. FM 85
- Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet
  - e.g. S26 Human Milk Fortifier
- Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet
  - e.g. Nutricia Breast Milk Fortifier

CARBOHYDRATE AND FAT SUPPLEMENT – Restricted see terms below

- Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can
  - e.g. Super Soluble Duocal

- Restricted

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 Thickeners

NOTE:
While pre-thickened drinks and supplements have not been included in Section H, DHB hospitals may continue to use such products for patients with dysphagia, provided that:
- use was established prior to 1 July 2013; and
- the product has not been specifically considered and excluded by PHARMAC; and
- use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

PHARMAC intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN
  Powder  e.g. Feed Thickener
           Karicare Aptamil

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
  Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can  e.g. XLYS Low TRY Maxamaid
### Special Foods

#### Homocystinuria Products

**AMINO ACID FORMULA (WITHOUT METHIONINE) – Restricted** see terms on the previous page

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can   
  - e.g. HCU Anamix Infant
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can   
  - e.g. XMET Maxamaid
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can   
  - e.g. XMET Maxamum
- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle   
  - e.g. HCU Anamix Junior LQ

#### Isovaleric Acidaemia Products

**AMINO ACID FORMULA (WITHOUT LEUCINE) – Restricted** see terms on the previous page

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can   
  - e.g. IVA Anamix Infant
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can   
  - e.g. XLEU Maxamaid
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can   
  - e.g. XLEU Maxamum

#### Maple Syrup Urine Disease Products

**AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – Restricted** see terms on the previous page

- 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. MSUD Anamix Infant
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can   
  - e.g. MSUD Maxamum
- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle   
  - e.g. MSUD Anamix Junior LQ

---

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

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

<table>
<thead>
<tr>
<th>AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted see terms on page 217</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 8.33 mg</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 sachet</td>
<td>e.g. PKU Anamix Junior</td>
</tr>
<tr>
<td>Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can</td>
<td>e.g. PKU Anamix Infant</td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XP Maxamaid</td>
</tr>
<tr>
<td>Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XP Maxamum</td>
</tr>
<tr>
<td>Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet</td>
<td>e.g. Phlexy-10</td>
</tr>
<tr>
<td>Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle</td>
<td>e.g. PKU Lophlex LQ 10</td>
</tr>
<tr>
<td>Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle</td>
<td>e.g. PKU Lophlex LQ 20</td>
</tr>
<tr>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle</td>
<td>PKU Anamix Junior LQ (Berry)</td>
</tr>
<tr>
<td></td>
<td>PKU Anamix Junior LQ (Orange)</td>
</tr>
<tr>
<td></td>
<td>PKU Anamix Junior LQ (Unflavoured)</td>
</tr>
</tbody>
</table>

## Propionic Acidaemia and Methylmalonic Acidaemia Products

<table>
<thead>
<tr>
<th>AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – Restricted see terms on page 217</th>
<th></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. MMA/PA Anamix Infant</td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XMTVI Maxamaid</td>
</tr>
</tbody>
</table>

## Protein Free Supplements

<table>
<thead>
<tr>
<th>PROTEIN FREE SUPPLEMENT – Restricted see terms on page 217</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can</td>
<td>e.g. Energivit</td>
</tr>
</tbody>
</table>
## Tyrosinaemia Products

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino Acid Formula (Without Phenylalanine and Tyrosine)</td>
<td>Restricted see terms on page 217</td>
<td>e.g. TYR Anamix Junior</td>
</tr>
<tr>
<td>Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet</td>
<td>$220</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></td>
<td>e.g. TYR Anamix Infant</td>
</tr>
<tr>
<td>Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can</td>
<td></td>
<td>e.g. XPHEN, TYR Maxamaid</td>
</tr>
<tr>
<td>Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle</td>
<td></td>
<td>e.g. TYR Anamix Junior LQ</td>
</tr>
</tbody>
</table>

## Urea Cycle Disorders Products

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino Acid Supplement</td>
<td>Restricted see terms on page 217</td>
<td>e.g. Dialamine</td>
</tr>
<tr>
<td>Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can</td>
<td></td>
<td>e.g. Essential Amino Acid Mix</td>
</tr>
<tr>
<td>Powder 79 g protein per 100 g, 200 g can</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## X-Linked Adrenoleukodystrophy Products

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycerol Trierucate</td>
<td>Restricted see terms on page 217</td>
<td></td>
</tr>
<tr>
<td>Liquid, 1,000 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glycerol Trioleate</td>
<td>Restricted see terms on page 217</td>
<td></td>
</tr>
<tr>
<td>Liquid, 500 ml bottle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Specialised Formulas

### Diabetic Products

**Restricted**

**Initiation**

Any of the following:

1. For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
2. For patients with pancreatic insufficiency; or
3. For patients who have, or are expected to, eat little or nothing for 5 days; or
4. For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
5. For use pre- and post-surgery; or
6. For patients being tube-fed; or
7. For tube-feeding as a transition from intravenous nutrition.

**LOW-GI ENTERAL FEED 1 KCAL/ML** – Restricted see terms above

- Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 ml bottle .......................................................... 7.50 1,000 ml Glucerna Select RTH (Vanilla)
- Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag e.g. Nutrison Advanced Diason
### 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>

#### Low-GI Oral Feed 1 kcal/ml

- **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

#### Elemental and Semi-Elemental Products

- **→ Restricted**
  - **Initiation**
    - Any of the following:
      1. Malabsorption; or
      2. Short bowel syndrome; or
      3. Enterocutaneous fistulas; or
      4. Eosinophilic enteritis (including oesophagitis); or
      5. Inflammatory bowel disease; or
      6. Acute pancreatitis where standard feeds are not tolerated; or
      7. Patients with multiple food allergies requiring enteral feeding.

#### Amino Acid Oral Feed

- **Amino Acid 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

#### Amino Acid Oral Feed 0.8 kcal/ml

- **Amino Acid Oral Feed 0.8 kcal/ml – Restricted** see terms above
  - Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton
    - e.g. Elemental 028 Extra

#### Peptide-Based Enteral Feed 1 kcal/ml

- **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

#### Peptide-Based Enteral Feed 1.5 kcal/ml

- **Peptide-Based Enteral Feed 1.5 kcal/ml – Restricted** see terms above
  - Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle....18.06 1,000 ml Vital

#### Peptide-Based Oral Feed

- **Peptide-Based Oral Feed – Restricted** see terms above
  - Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can
    - e.g. Peptamen Junior
  - Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can
    - e.g. MCT Pepdite; MCT Pepdite 1+

#### Peptide-Based Oral Feed 1 kcal/ml

- **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)

#### Fat Modified Products

- **Fat-Modified Feed – Restricted** see terms on the next page
  - Powder 12.9 g protein, 69.1 g carbohydrate and 12.9 g fat per 100 g, 400 g can
    - e.g. Monogen

---

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>

- Restricted

Initiation

Any of the following:

1. Patient has metabolic disorders of fat metabolism; or
2. Patient has a chyle leak; or
3. Modified as a modular feed, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Hepatic Products

- Restricted

Initiation

For children (up to 18 years) who require a liver transplant.

HEPATIC ORAL FEED – Restricted see terms above

1. Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can .............. 78.97 400 g Heparon Junior

High Calorie Products

- Restricted

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

1. Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle ............ 5.50 500 ml Nutrison Concentrated

ORAL FEED 2 KCAL/ML – Restricted see terms above

1. Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle ........................................................................................................... 1.90 200 ml Two Cal HN

High Protein Products

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – Restricted see terms below

1. Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag

continued…
continued...

  1 The patient has a high protein requirement; and
  2 Any of the following:
     2.1 Patient has liver disease; or
     2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
     2.3 Patient is fluid restricted; or
     2.4 Patient’s needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.28 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

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 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g can
  e.g. Neocate Junior Unflavoured
- 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)
  Neocate Junior 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)

(e.g. Neocate Advance Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can to be delisted 1 January 2018)
(Neocate Advance (Vanilla) Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can to be delisted 1 January 2018)

- Restricted

Initiation

Any of the following:

continued…
SPECIAL FOODS

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

continued...

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.

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

- Restricted Initiation

Any of the following:

1. Both:
   1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
   1.2 Either:
      1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
      1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2. Severe malabsorption; or
3. Short bowel syndrome; or
4. Intractable diarrhoea; or
5. Biliary atresia; or
6. Cholestatic liver diseases causing malsorption; or
7. Cystic fibrosis; or
8. Proven fat malabsorption; or
9. Severe intestinal motility disorders causing significant malabsorption; or
10. Intestinal failure; or
11. For step down from Amino Acid Formula.

Note: A reasonable trial is defined as a 2-4 week trial, or signs of an immediate IgE mediated allergic reaction.

Continuation

Both:

1. An assessment as to whether the infant can be transitioned to a cows' milk protein or soy infant formula has been undertaken; and
2. The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula.

FRUCTOSE-BASED FORMULA

Powder 14.6 g protein, 49.7 g carbohydrate and 30.8 g fat per 100 g,
400 g can

   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
SPECIAL FOODS

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW-CALCIUM FORMULA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g, 400 g can</td>
<td>15.25</td>
<td>e.g. Locasol</td>
</tr>
<tr>
<td>PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle</td>
<td>0.75</td>
<td>e.g. Infatrini</td>
</tr>
</tbody>
</table>

- **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.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRETERM FORMULA – Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can</td>
<td>15.25</td>
<td>S-26 Gold Premgro</td>
</tr>
<tr>
<td>Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle</td>
<td>0.75</td>
<td>100 ml S26 LBW Gold RTF</td>
</tr>
<tr>
<td>Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid 2.3 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle</td>
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<td></td>
</tr>
</tbody>
</table>

- **Initiation**
  - For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>THICKENED FORMULA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can</td>
<td>35.50</td>
<td>e.g. Karicare Aptamil Gold+Preterm</td>
</tr>
</tbody>
</table>

- **Ketogenic Diet Products**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH FAT FORMULA – Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can</td>
<td>35.50</td>
<td>Ketocal 4:1 (Unflavoured)</td>
</tr>
<tr>
<td>Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can</td>
<td>35.50</td>
<td>Ketocal 3:1 (Unflavoured)</td>
</tr>
</tbody>
</table>

- **Initiation**
  - For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

- **Paediatric Products**

- **Initiation**
  - Both:

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

**continued…**

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 on the previous page

- **Pediasure (Vanilla)**
  - Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can...28.00 850 g

**PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – Restricted** see terms on the previous page

- **Nutrini Low Energy Multifibre RTH**
  - Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag...4.00 500 ml

**PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted** see terms on the previous page

- **Pediasure RTH**
  - Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag...2.68 500 ml

**PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted** see terms on the previous page

- **Nutrini Energy Multi Fibre**
  - Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag...6.00 500 ml

**PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted** see terms on the previous page

- **Pediasure (Chocolate)**
  - Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle...1.07 200 ml

**PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted** see terms on the previous page

- **Pediasure (Vanilla)**
  - Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle...1.34 250 ml

**Renal Products**

**LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – Restricted** see terms below

- **Nepro HP RTH**
  - Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle...6.08 500 ml

**LOW ELECTROLYTE ORAL FEED – Restricted** see terms below

- **Kindergen**
  - Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can...e.g. Kindergen

---

*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>Brand or Generic Manufacturer</th>
<th>Per 100 ml, carton</th>
<th>Price (ex man. excl. GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepro HP (Strawberry)</td>
<td>2.67</td>
<td>$2.67</td>
</tr>
<tr>
<td>Nepro HP (Vanilla)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novasource Renal (Vanilla)</td>
<td>3.31</td>
<td>$3.31</td>
</tr>
<tr>
<td>Renilon 7.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmocare (Vanilla)</td>
<td>1.66</td>
<td>$1.66</td>
</tr>
<tr>
<td>Impact Advanced Recovery</td>
<td>4.00</td>
<td>$4.00</td>
</tr>
<tr>
<td>preOp</td>
<td>6.80</td>
<td>$6.80</td>
</tr>
</tbody>
</table>

### LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML

- **Restricted Initiation**
  - For patients with acute or chronic kidney disease.

- Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton.

- **Price**: $2.67
- **Volume**: 220 ml
- **Manufacturer**: Nepro HP (Strawberry, Vanilla)

### 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.
- **Price**: $3.31
- **Volume**: 237 ml
- **Manufacturer**: Novasource Renal (Vanilla)

### LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – restricted see terms below

- Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle.
- Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton.

- **Restricted 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.
- **Price**: $1.66
- **Volume**: 237 ml
- **Manufacturer**: Pulmocare (Vanilla)

### 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.
- **Price**: $4.00
- **Volume**: 178 ml
- **Manufacturer**: Impact Advanced Recovery

- **Restricted 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.
- **Price**: $6.80
- **Volume**: 4 preOp

- **Restricted Initiation**
  - Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

### Standard Feeds

- **Restricted Initiation**
  - Any of the following:

  - [continued...]
continued…

For patients with malnutrition, defined as any of the following:

1 Any of the following:
   1.1 BMI < 18.5; or
   1.2 Greater than 10% weight loss in the last 3-6 months; or
   1.3 BMI < 20 with greater than 5% weight loss in the last 3-6 months; or

2 For patients who have, or are expected to, eat little or nothing for 5 days; or

3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or

4 For use pre- and post-surgery; or

5 For patients being tube-fed; or

6 For tube-feeding as a transition from intravenous nutrition; or

7 For any other condition that meets the community Special Authority criteria.

ENTERAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isosource Standard RTH</td>
<td>Liquid 5.4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 1,000 ml bottle</td>
</tr>
<tr>
<td>Nutrison Energy RTH</td>
<td>Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag</td>
</tr>
<tr>
<td>Nutrison Multi Fibre RTH</td>
<td>Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag</td>
</tr>
<tr>
<td>Nutrison Energy RTH</td>
<td>Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can</td>
</tr>
<tr>
<td>Ensure Plus HN RTH</td>
<td>Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag</td>
</tr>
<tr>
<td>Jevity HiCal RTH</td>
<td>Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag</td>
</tr>
</tbody>
</table>

ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osmolite RTH</td>
<td>Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle</td>
</tr>
<tr>
<td>Jevity RTH</td>
<td>Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle</td>
</tr>
<tr>
<td>NutrisonStdRTH; NutrisonLowSodium</td>
<td>Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag</td>
</tr>
</tbody>
</table>

ENTERAL FEED 1.2 KCAL/ML – Restricted see terms on the previous page

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jevity Plus RTH</td>
<td>Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag</td>
</tr>
</tbody>
</table>

ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted see terms on the previous page

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrison 800 Complete Multi Fibre</td>
<td>Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bag</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.
### SPECIAL FOODS

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

### ORAL FEED – Restricted see terms on page 227

- Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can ....26.00 850 g Ensure (Chocolate)  
  Ensure (Vanilla)
- Powder 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.

### ORAL FEED 1 KCAL/ML – Restricted see terms on page 227

- Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton  
  *e.g. Resource Fruit Beverage*  
- 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)  
  Ensure Plus (Banana)  
  Ensure Plus (Chocolate)  
  Ensure Plus (Fruit of the Forest)  
  Ensure Plus (Vanilla)  
  *e.g. Fortijuice*  
- 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  
  *e.g. Fortisip*  
- 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. Fortisip Multi Fibre*
# Bacterial and Viral Vaccines

**DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE** – Restricted see terms below

- Inj 30 IU diphtheria toxoid with 30 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe
  - 0% DV Sep-17 to 2020 ................................................................. 0.00 10 Infanrix IPV

**Bacterial Vaccines**

**ADULT DIPHTHERIA AND TETANUS VACCINE**

- Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – 0% DV Jul-17 to 2020 ................................................................. 0.00 5 ADT Booster

---

*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

- Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial Danish strain 1331, live attenuated, vial with diluent

  ➥ Restricted
  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

- Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe – 0% DV Sep-17 to 2020

  ➥ Restricted
  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

- 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

  ➥ Restricted
  Initiation

Therapy limited to 1 dose

Any of the following:

1 For primary vaccination in children; or
2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.
### Meningococcal (A, C, Y and W-135) Conjugate Vaccine

- **Restricted** see terms below
  - 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
  - **Price** (ex man. excl. GST) $ Per Brand or Generic Manufacturer
  - 0.00 1 Menactra

#### Restricted

**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.

*Immunosuppression 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
  - **Price** (ex man. excl. GST) $ Per Brand or Generic Manufacturer
  - 0.00 1 Neisvac-C

#### Restricted

**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.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

### Pneumococcal (PCV10) Conjugate Vaccine

- **Restricted** see terms below
  - 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
  - **Price** (ex man. excl. GST) $ Per Brand or Generic Manufacturer
  - 0.00 10 Synflorix

#### Restricted

**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 below
  - 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
  - **Price** (ex man. excl. GST) $ Per Brand or Generic Manufacturer
  - 0.00 1 Prevenar 13 10 Prevenar 13

#### Restricted

**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.

continued…
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; 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

| Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – 0% DV Jul-17 to 2020 | $ | 0.00 | 1 | Pneumovax 23 |

→ Restricted

Initiation – High risk patients

Therapy limited to 3 doses

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

Initiation – High risk children

Therapy limited to 2 doses

Both:

1. Patient is a child under 18 years for (re-)immunisation; and
2. Any of the following:
   2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
continued...

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:
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

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continued...

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 | $0.00 | 1 | HBvaxPRO |

**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 | $0.00 | 1 | HBvaxPRO |

**Restricted**

**Initiation**

Both:

1 For dialysis patients; and
2 For liver or kidney transplant patient.

**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 | $0.00 | 10 | Gardasil 9 |

**Restricted**

**Initiation – Children aged 14 years and under**

*Therapy limited to 2 doses*

Children aged 14 years and under.

**Initiation – other conditions**

Either:

1 Up to 3 doses for people aged 15 to 26 years inclusive; or
2 Both:
   2.1 People aged 9 to 26 years inclusive; and
   2.2 Any of the following:
      2.2.1 Up to 3 doses for confirmed HIV infection; or
      2.2.2 Up to 3 doses for transplant (including stem cell) patients; or
      2.2.3 Up to 4 doses for Post chemotherapy.

**INFLUENZA VACCINE – Restricted see terms below**

| Inj 45 mcg in 0.5 ml syringe | $90.00 | 10 | Influvac |

**Restricted**

**Initiation – People over 65**

The patient is 65 years of age or over.

continued…
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
2. Patients who are compulsorily detained long-term in a forensic unit within a DHB hospital; or
3. 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
4. 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

Initiation – first dose prior to 12 months
Therapy limited to 3 doses
Any of the following:
1. For primary vaccination in children; or
2. For revaccination following immunosuppression; or

continued…
continued...

3 For any individual susceptible to measles, mumps or rubella.

**Initiation – first dose after 12 months**

*Therapy limited to 2 doses*

Any of the following:

1. For primary vaccination in children; or
2. For revaccination following immunosuppression; or
3. For any individual susceptible to measles, mumps or rubella.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

**POLIOMYELITIS VACCINE** – **Restricted** see terms **below**

- Inj 80 D-antigen units in 0.5 ml syringe – *0% DV Jul-17 to 2020* 0.00 1 IPOL

**RABIES VACCINE**

- Inj 2.5 IU vial with diluent

**ROTA VIRUS ORAL VACCINE** – **Restricted** see terms **below**

- 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

**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

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.
continued...

1.3 Prior to solid organ transplant; or
1.4 Prior to any elective immunosuppression*; or
1.5 For post exposure prophylaxis who are immune competent inpatients; or
2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or
5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or
6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or
7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

Diagnostic Agents

TUBERCULIN PPD [MANTOUX] TEST

Inj 5 TU per 0.1 ml, 1 ml vial – 0% DV Jul-17 to 2020.................................................0.00 1 Tubersol
### Optional Pharmaceuticals

**NOTE:**
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a range of hospital medical devices are listed in an addendum to Part III which is available at [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

- 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .......... **20.00**
- Meter .............................................................................................................. **19.00**
- 1 Caresens II
- 1 Caresens N
- 1 Caresens N POP
- 1 Accu-Chek Performa
- 1 FreeStyle Lite
- 1 On Call Advanced

#### BLOOD GLUCOSE DIAGNOSTIC TEST STRIP

- Blood glucose test strips .............................................................................. **28.75**
- Blood glucose test strips × 50 and lancets × 5 ........................................... **19.10**
- Accu-Chek Performa
- CareSens
- CareSens N
- FreeStyle Lite
- FreeStyle Optium
- On Call Advanced

#### BLOOD KETONE DIAGNOSTIC TEST METER

- Meter .............................................................................................................. **40.00**
- 1 Freestyle Optium Neo

#### INSULIN PEN NEEDLES

- 29 g × 12.7 mm ............................................................................................ **10.50**
- 31 g × 5 mm .................................................................................................. **11.75**
- 31 g × 6 mm .................................................................................................. **10.50**
- 31 g × 8 mm .................................................................................................. **10.50**
- 32 g × 4 mm .................................................................................................. **10.50**
- 100 B-D Micro-Fine
- 100 B-D Micro-Fine
- 100 ABM
- 100 B-D Micro-Fine

#### INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE

- Syringe 0.3 ml with 29 g × 12.7 mm needle .................................................. **13.00**
- Syringe 0.3 ml with 31 g × 8 mm needle ...................................................... **13.00**
- Syringe 0.5 ml with 29 g × 12.7 mm needle .................................................. **13.00**
- Syringe 0.5 ml with 31 g × 8 mm needle ...................................................... **13.00**
- Syringe 1 ml with 29 g × 12.7 mm needle ..................................................... **13.00**
- Syringe 1 ml with 31 g × 8 mm needle ....................................................... **13.00**
- 100 B-D Ultra Fine
- 100 B-D Ultra Fine II
- 100 B-D Ultra Fine
- 100 B-D Ultra Fine II

#### KETONE BLOOD BETA-KETONE ELECTRODES

- Test strips ...................................................................................................... **15.50**
- 10 strip Freestyle Optium Ketone

#### MASK FOR SPACER DEVICE

- Small .............................................................................................................. **2.20**
- 1 e-chamber Mask

#### PEAK FLOW METER

- Low Range ................................................................................................. **9.54**
- Normal Range ............................................................................................. **9.54**
- 1 Mini-Wright AFS Low Range
- 1 Mini-Wright Standard

#### PREGNANCY TEST - HCG URINE

- Cassette ....................................................................................................... **17.60**
- 40 test EasyCheck
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<td>6.00</td>
<td>50 strip Accu-Chek Ketur-Test</td>
</tr>
<tr>
<td></td>
<td>12.00</td>
<td>Ketostix</td>
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*(Accu-Chek Ketur-Test Test strip to be delisted 1 March 2018)*

<table>
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<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
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<tr>
<td>220 ml (single patient)</td>
<td>2.95</td>
<td>1 e-chamber Turbo</td>
</tr>
<tr>
<td>510 ml (single patient)</td>
<td>5.12</td>
<td>1 e-chamber La Grande</td>
</tr>
<tr>
<td>800 ml</td>
<td>6.50</td>
<td>1 Volumatic</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.
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