New Zealand Pharmaceutical Schedule

Section H

for Hospital Pharmaceuticals

Including the Hospital Medicines List (HML)

Effective 1 November 2018
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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.

Glossary

Units of Measure

gram............................................  g
kilogram...................................... kg
international unit........................ iu

microgram................................. mcg
milligram..................................... mg
millilitre...................................... ml

millimole................................. mmol
unit........................................... u

Abbreviations

application................................. app
capsule........................................ cap
cream.......................................... crm
dispersible................................. disp
effervescent................................. eff
eulsion......................................... emul

enteric coated.............................. EC
granules....................................... grans
injection........................................ inj
liquid.......................................... liq
lotion.......................................... lotn
ointment...................................... oint

solution...................................... soln
suppository................................. suppos
tablet.......................................... tab
tincture....................................... tinc

HSS  Hospital Supply Status
# Guide to Section H listings

## Example

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<td>CHEMICAL E</td>
</tr>
<tr>
<td>Presentation E</td>
</tr>
</tbody>
</table>

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

Standard national price excluding GST

**Limited to five weeks’ treatment**

Either:

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

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

General Rules for Section H of the Pharmaceutical Schedule are included in Section A General Rules and are located on the PHARMAC website.
## Antacids and Antiflatulents

### Antacids and Reflux Barrier Agents

**ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE**
- **Tab** 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg  
  - *e.g.* Mylanta
- **Oral liq** 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml  
  - *e.g.* Mylanta Double Strength

**SIMETICONE**
- **Oral drops** 100 mg per ml
- **Oral drops** 20 mg per 0.3 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  
  - *e.g.* Gaviscon Double Strength
- **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)  
  - 39.00 500 ml Roxane

→ Restricted (RS1025)

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  
  - 10.75 400 Nodia
- **Cap** 2 mg – 1% DV Sep-16 to 2019  
  - 7.05 400 Diamide Relief

### Rectal and Colonic Anti-Inflammatories

**BUDESONIDE** – Restricted see terms below
- **Cap** 3 mg

→ Restricted (RS1026)

Initiation – Crohn’s disease

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.
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) ................................................. 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 ............................................................... 54.60 30 Pentasa
- Enema 1 g per 100 ml ................................................... 41.30 7 Pentasa

**OLSALAZINE**

- Tab 500 mg ............................................................. 93.37 100 Dipentum
- Cap 250 mg .............................................................. 53.00 100 Dipentum

**SODIUM CROMOGLICATE**

- Cap 100 mg

**SULFASALAZINE**

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

**Local Preparations for Anal and Rectal Disorders**

**Antihaemorrhoidal Preparations**

**CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE**

- Oint 5 mg with hydrocortisone 5 mg per g .......................... 15.00 30 g Proctosedyl
- Suppos 5 mg with hydrocortisone 5 mg per g ....................... 9.90 12 Proctosedyl

**FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE**

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

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

Rectal Sclerosants

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

Antispasmodics and Other Agents Altering Gut Motility

GLYCOPHYRINUM BROMIDE
Inj 200 mcg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019 ............................ 17.14 10 Max Health

HYOSCINE BUTYLBROMIDE
Tab 10 mg – 1% DV Dec-17 to 2020 ................................................................. 8.75 100 Buscopan
Inj 20 mg, 1 ml ampoule ................................................................................... 9.57 5 Buscopan

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

Antiulcerants

Antisecretory and Cytoprotective

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

H2 Antagonists

CIMETIDINE
Tab 200 mg
Tab 400 mg

RANITIDINE
Tab 150 mg – 1% DV Oct-17 to 2020 ............................................................. 12.91 500 Ranitidine Relief
Tab 300 mg – 1% DV Oct-17 to 2020 ............................................................. 18.21 500 Ranitidine Relief
Oral liq 150 mg per 10 ml – 1% DV Oct-17 to 2020 .................................. 5.14 300 ml Peptisoothe
Inj 25 mg per ml, 2 ml ampoule ................................................................. 8.75 5 Zantac

Proton Pump Inhibitors

LANSOPRAZOLE
Cap 15 mg – 1% DV Sep-18 to 2021 ............................................................... 4.58 100 Lanzol Relief
Cap 30 mg – 1% DV Sep-18 to 2021 ............................................................... 5.41 100 Lanzol Relief

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

- Tab dispersible 20 mg
  - Restricted (RS1027)

**Initiation**

Only for use in tube-fed patients.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 10 mg – 1% DV Mar-18 to 2020</td>
<td>1.98</td>
<td>Omeprazole actavis 10</td>
</tr>
<tr>
<td>Cap 20 mg – 1% DV Mar-18 to 2020</td>
<td>1.96</td>
<td>Omeprazole actavis 20</td>
</tr>
<tr>
<td>Cap 40 mg – 1% DV Mar-18 to 2020</td>
<td>3.12</td>
<td>Omeprazole actavis 40</td>
</tr>
<tr>
<td>Powder for oral liq.</td>
<td>42.50</td>
<td>Midwest</td>
</tr>
<tr>
<td>Inj 40 mg ampoule with diluent – 1% DV Sep-16 to 2019</td>
<td>33.98</td>
<td>Dr Reddy’s Omeprazole</td>
</tr>
<tr>
<td>Inj 40 mg vial – 1% DV Jan-17 to 2019</td>
<td>13.00</td>
<td>Omezol IV</td>
</tr>
</tbody>
</table>

**PANTOPRAZOLE**

- Tab EC 20 mg – 1% DV Dec-16 to 2019
- Tab EC 40 mg – 1% DV Dec-16 to 2019
- Inj 40 mg vial

**Site Protective Agents**

**COLLOIDAL BISMUTH SUBCITRATE**

- Tab 120 mg

**SUCRALFATE**

- Tab 1 g

**Bile and Liver Therapy**

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

- Grans for oral liquid 3 g
  - Restricted (RS1261)

**Initiation**

For patients with chronic hepatic encephalopathy who have not responded to treatment with, or are intolerant to lactulose, or where lactulose is contraindicated.

**RIFAXIMIN** – Restricted see terms below

- Tab 550 mg – 1% DV Sep-17 to 2020

**Initiation**

For patients with hepatic encephalopathy despite an adequate trial of maximum tolerated doses of lactulose.

**Diabetes**

**Alpha Glucosidase Inhibitors**

**ACARBOSE**

- Tab 50 mg – 1% DV Sep-18 to 2021
- Tab 100 mg – 1% DV Sep-18 to 2021

**Hyperglycaemic Agents**

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

- Cap 25 mg
- Cap 100 mg
- Oral liq 50 mg per ml
## Insulin - Intermediate-Acting Preparations

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

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

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

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

## Insulin - Long-Acting Preparations

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

## Insulin - Rapid-Acting Preparations

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

<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>1 Apidra</td>
</tr>
<tr>
<td>$46.07</td>
<td>5 Apidra</td>
</tr>
<tr>
<td>$46.07</td>
<td>5 Apidra Solostar</td>
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</tbody>
</table>

INSULIN LISPRO

<table>
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<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<td>$10</td>
<td>Item restricted (see above)</td>
</tr>
<tr>
<td>$5</td>
<td>Item restricted (see below)</td>
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</table>

**Insulin - Short-Acting Preparations**

INSULIN NEUTRAL

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<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6.00</td>
<td>100 Daonil</td>
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</tbody>
</table>

**Oral Hypoglycaemic Agents**

GLIBENCLAMIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>$6.00</td>
<td>100 Daonil</td>
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</table>

GLICLAZIDE

<table>
<thead>
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<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.29</td>
<td>500 Glizide</td>
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</tbody>
</table>

GLIPIZIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3.27</td>
<td>100 Minidiab</td>
</tr>
</tbody>
</table>

METFORMIN HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8.63</td>
<td>1,000 Apotex</td>
</tr>
<tr>
<td>$9.59</td>
<td>500 Metformin Mylan</td>
</tr>
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</table>

POIGLITAZONE

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3.47</td>
<td>90 Vexazone</td>
</tr>
<tr>
<td>$5.06</td>
<td>90 Vexazone</td>
</tr>
<tr>
<td>$7.10</td>
<td>90 Vexazone</td>
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</table>

VILDAGLIPTIN

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>$40.00</td>
<td>60 Galvus</td>
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VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE

<table>
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<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>$40.00</td>
<td>60 Galvumet</td>
</tr>
<tr>
<td>$40.00</td>
<td>60 Galvumet</td>
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</tbody>
</table>

**Digestives Including Enzymes**

PANCREATIC ENZYME

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$34.93</td>
<td>100 Creon 10000</td>
</tr>
<tr>
<td>$94.38</td>
<td>100 Creon 25000</td>
</tr>
<tr>
<td>$7.10</td>
<td>100 Ursosan</td>
</tr>
</tbody>
</table>

URSODEOXYCHOLIC ACID – Restricted see terms on the next page

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$37.95</td>
<td>100 Ursosan</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.*
Initiation – Alagille syndrome or progressive familial intrahepatic cholestasis
Either:
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 – Primary biliary cholangitis
Both:
1. Primary biliary cholangitis 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 umol/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

MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE
Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet............................................................14.31 4 Klean Prep

Bulk-Forming Agents

ISPAGHULA (PSYLLIUM) HUSK
Powder for oral soln – 1% DV Oct-17 to 2020.................................................................6.05 500 g Konsyl-D

Products with Hospital Supply Status (HSS) are in bold
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
STERCULIA WITH FRANGULA – **Restricted:** For continuation only

Powder for oral soln

### Faecal Softeners

#### Docusate Sodium

- **Tab 50 mg – 1% DV Sep-17 to 2020**
  - Price: $2.31
  - Manufacturer: Coloxyl

- **Tab 120 mg – 1% DV Sep-17 to 2020**
  - Price: $3.13
  - Manufacturer: Coloxyl

#### Docusate Sodium with Sennosides

- **Tab 50 mg with sennosides 8 mg – 1% DV Jun-18 to 2021**
  - Price: $3.10
  - Manufacturer: Laxsol

#### Paraffin

- Oral liquid 1 mg per ml
- Enema 133 ml

#### Poloxamer

- Oral drops 10% – 1% DV Sep-17 to 2020
  - Price: $3.78
  - Manufacturer: Coloxyl

### Opioid Receptor Antagonists - Peripheral

#### Methylnaltrexone Bromide – **Restricted** see terms below

- **Inj 12 mg per 0.6 ml vial**
  - Price: $36.00
  - Manufacturer: Relistor
  - Quantity: 1
  - Total: $246.00

**Restricted (RS1601)**

**Initiation – Opioid induced constipation**

Both:

1. The patient is receiving palliative care; and
2. Either:
   2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or
   2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.

### Osmotic Laxatives

#### Glycerol

- Suppos 1.27 g
- Suppos 2.55 g
- Suppos 3.6 g – 1% DV Oct-18 to 2021
  - Price: $9.25
  - Manufacturer: PSM
  - Quantity: 20

#### Lactulose

- Oral liq 10 g per 15 ml – 1% DV Sep-16 to 2019
  - Price: $3.18
  - Manufacturer: Laevolac
  - Quantity: 500 ml

#### Macrogol 3350 with Potassium Chloride, Sodium Bicarbonate and Sodium Chloride

- Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg
- Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – 1% DV
  - Price: $6.78
  - Manufacturer: Molaxole
  - Quantity: 30

#### Sodium Citrate with Sodium Lauryl Sulphoacetate

- Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml
  - Price: $26.72
  - Manufacturer: Micolette
  - Quantity: 50

#### Sodium Phosphate with Phosphoric Acid

- Oral liq 16.4% with phosphoric acid 25.14%
- Enema 10% with phosphoric acid 6.58%
  - Price: $2.50
  - Manufacturer: Fleet Phosphate Enema
  - Quantity: 1
<table>
<thead>
<tr>
<th>Stimulant Laxatives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BISACODYL</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-18 to 2021</td>
<td>$5.99</td>
</tr>
<tr>
<td>Suppos 10 mg – 1% DV Sep-18 to 2021</td>
<td>$3.74</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Metabolic Disorder Agents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALGLUCOSIDASE ALFA</strong> – Restricted see terms below</td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td>$1,142.60</td>
</tr>
</tbody>
</table>

**Initiation**

Metabolic physician

*Re-assessment required after 12 months*

All of the following:

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

**Continuation**

Metabolic physician

*Re-assessment required after 12 months*

All of the following:

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

<table>
<thead>
<tr>
<th>ARGinine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder</td>
<td></td>
</tr>
<tr>
<td>Inj 600 mg per ml, 25 ml vial</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.
BETAIN – Restricted see terms below

Powder for oral soln.................................................................575.00 180 g Cystadane

 Initiation
Metabolic physician
Re-assessment required after 12 months
All of the following:

1 The patient has a confirmed diagnosis of homocystinuria; and
2 Any of the following:
   2.1 A cystathionine beta-synthase (CBS) deficiency; or
   2.2 A 5,10-methylene-tetrahydrofolate reductase (MTHFR) deficiency; or
   2.3 A disorder of intracellular cobalamin metabolism; and
3 An appropriate homocysteine level has not been achieved despite a sufficient trial of appropriate vitamin supplementation.

Continuation
Metabolic physician
Re-assessment required after 12 months
The treatment remains appropriate and the patient is benefiting from treatment.

BIOTIN – Restricted see terms below

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

 Initiation
Metabolic physician or metabolic disorders dietitian

GALSULFASE – Restricted see terms below

Inj 1 mg per ml, 5 ml vial.........................................................2,234.00 1 Naglazyme

 Initiation
Metabolic physician
Re-assessment required after 12 months
Both:

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

Continuation
Metabolic physician
Re-assessment required after 12 months
All of the following:

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

HAEM ARGINATE

Inj 25 mg per ml, 10 ml ampoule
IDURSULFASE – Restricted see terms below

- Inj 2 mg per ml, 3 ml vial ................................................................. 4,608.30 1 Elaprase

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:
   2.1 Diagnosis confirmed by demonstration of iduronate 2-sulfatase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
   2.2 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.

IMIGLUCERASE – Restricted see terms below

- Inj 40 iu per ml, 5 ml vial
- Inj 40 iu per ml, 10 ml vial

(Any Inj 40 iu per ml, 5 ml vial to be delisted 1 March 2019)
(Any Inj 40 iu per ml, 10 ml vial to be delisted 1 March 2019)

Initiation

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

LARONIDASE – Restricted see terms below

- Inj 100 U per ml, 5 ml vial ................................................................. 1,335.16 1 Aldurazyme

Initiation

Metabolic physician

Limited to 24 weeks treatment

All of the following:

1. The patient has been diagnosed with Hurler Syndrome (mucopolysaccharidosis I-H); and
2. Either:
   2.1 Diagnosis confirmed by demonstration of alpha-L-iduronidase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
   2.2 Detection of two disease causing mutations in the alpha-L-iduronidase gene and patient has a sibling who is known to have Hurler syndrome; and
3. Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with laronidase 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. Laronidase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 weeks post-HSCT) at doses no greater than 100 units/kg every week.

LEVOCARNITINE – Restricted see terms on the next page

- Cap 500 mg
- Oral soln 1,000 mg per 10 ml
- Inj 200 mg per ml, 5 ml vial
**ALIMENTARY TRACT AND METABOLISM**

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

**Restricted (RS1035)**
Neurologist, metabolic physician or metabolic disorders dietitian

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

- Tab 50 mg

**Restricted (RS1331)**
Neurologist, metabolic physician or metabolic disorders dietitian

SAPROPTERIN DIHYDROCHLORIDE – **Restricted** see terms **below**

- Tab soluble 100 mg

**Restricted (RS1656)**

Initiation

Metabolic physician

*Re-assessment required after 1 month*

All of the following:

1. Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant; and
2. Treatment with sapropterin is required to support management of PKU during pregnancy; and
3. Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
4. Sapropterin to be used alone or in combination with PKU dietary management; and
5. Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

Continuation

Metabolic physician or any relevant practitioner on the recommendation of a metabolic physician

*Re-assessment required after 12 months*

All of the following:

1. Either:
   - 1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or
   - 1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and
2. Any of the following:
   - 2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or
   - 2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or
   - 2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and
3. Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
4. Sapropterin to be used alone or in combination with PKU dietary management; and
5. Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

**SODIUM BENZOATE**

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

**SODIUM PHENYLBUTYRATE** – **Some items restricted** see terms on the next page

- Tab 500 mg

- Grans 483 mg per g

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

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

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

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

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

### Minerals

#### Calcium

**CALCIUM CARBONATE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1.25 g (500 mg elemental)</td>
<td>7.52</td>
<td>Arrow-Calcium</td>
</tr>
<tr>
<td>Tab eff 1.75 g (1 g elemental)</td>
<td>2.07</td>
<td>Calsource</td>
</tr>
</tbody>
</table>

#### Fluoride

**SODIUM FLUORIDE**

- Tab 1.1 mg (0.5 mg elemental)

#### Iodine

**POTASSIUM IODATE**

- Tab 253 mcg (150 mcg elemental iodine)

**POTASSIUM IODATE WITH IODINE**

- Oral liq 10% with iodine 5%

#### Iron

**FERRIC CARBOXYMALTOSE**

- Inj 50 mg per ml, 10 ml vial

**FERREUS FUMARATE**

- Tab 200 mg (65 mg elemental) – 1% DV Jan-19 to 2021

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 200 unit vial</td>
<td>1,072.00</td>
<td>Eleyso</td>
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<tr>
<td><strong>Restricted (RS1526)</strong></td>
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</tbody>
</table>

**Initiation**

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

**Continuation**

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

**TALIGLUCERASE ALFA** – **Restricted** see terms **below**

**Initiation**

- Only for use in patients with approval by the Gaucher’s Treatment Panel.

**TRIENTINE DIHYDROCHLORIDE**

- Cap 300 mg

**FERROUS FUMARATE WITH FOLIC ACID**

- Tab 310 mg (100 mg elemental) with folic acid 350 mcg – 1% DV Jun-18 to 2021
### ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferrograd</td>
<td>2.06 30</td>
</tr>
<tr>
<td>Feronol</td>
<td>15.22 5</td>
</tr>
<tr>
<td>Venofer</td>
<td>10.00 100</td>
</tr>
<tr>
<td>DBL</td>
<td>10.21 10</td>
</tr>
</tbody>
</table>

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

**FERROUS SULPHATE**
Tab long-acting 325 mg (105 mg elemental) – 1% DV Jun-18 to 2021...........2.06 30 Ferrograd
Oral liq 30 mg (6 mg elemental) per ml – 1% DV Oct-16 to 2019 ..................10.80 500 ml Ferodan

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

**IRON POLYMALTOSE**
Inj 50 mg per ml, 2 ml ampoule .................................................................15.22 5 Ferrum H
*(Ferrum H Inj 50 mg per ml, 2 ml ampoule to be delisted 1 April 2019)*

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

**Magnesium**

**MAGNESIUM CHLORIDE**
Inj 1 mmol per 1 ml, 100 ml bag

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

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

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

**Zinc**

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

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

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

**Mouth and Throat**

**Agents Used in Mouth Ulceration**

**BENZYDAMINE HYDROCHLORIDE**
Soln 0.15%
Spray 0.15%
Spray 0.3%

**BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE**
Lozenge 3 mg with cetlypyridinium chloride

**CARBOXYMETHYLCELLULOSE**
Oral spray

**CARMELLOSE SODIUM WITH PECTIN AND GELATINE**
Paste
Powder
<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>

### CHLORHEXIDINE GLUCONATE
Mouthwash 0.2%..........................2.57 200 ml healthE

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

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

### TRIAMCINOLONE ACETONIDE
Paste 0.1% – 1% DV Sep-17 to 2020..........................5.33 5 g Kenalog in Orabase

### Oropharyngeal Anti-Infectives

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

#### MICONAZOLE
Oral gel 20 mg per g – 1% DV Sep-18 to 2021................4.74 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

- Inj 20 mg per ml, 1 ml syringe

  ➤ Restricted (RS1175
  Otolaryngologist

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

### Vitamins

#### Multivitamin Preparations

#### MULTIVITAMIN AND MINERAL SUPPLEMENT – Restricted see terms below

- Cap...........................................23.35 180 Clinicians Multivit & Mineral Boost

  ➤ Restricted (RS1498
  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

  ➤ Restricted (RS1499
  Initiation
  Either:

  continued…
continued…

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 .................................................10.50 1,000 Mvite
cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 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, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg e.g. Vitabdeck

► Restricted (RS1620)

Initiation

Any of the following:

1 Patient has cystic fibrosis with pancreatic insufficiency; or
2 Patient is an infant or child with liver disease or short gut syndrome; or
3 Patient has severe malabsorption 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 e.g. Paediatric Seravit

► Restricted (RS1178)

Initiation

Patient has inborn errors of metabolism.

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

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

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

VITAMIN A WITH VITAMINS D AND C

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

(e.g. Vitadol C Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops to be delisted 1 August 2019)

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-18 to 2021 .................................................1.89 3 Neo-B12
### ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PYRIDOXINE HYDROCHLORIDE</strong></td>
<td>Tab 25 mg – 1% DV Jan-18 to 2020</td>
<td>$2.70</td>
<td>Vitamin B6 25</td>
</tr>
<tr>
<td></td>
<td>Tab 50 mg – 1% DV Oct-17 to 2020</td>
<td>$13.63</td>
<td>Apo-Pyridoxine</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 30 ml vial</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td><strong>THIAMINE HYDROCHLORIDE</strong></td>
<td>Tab 50 mg – 1% DV Nov-18 to 2020</td>
<td>$4.89</td>
<td>Max Health</td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 1 ml vial</td>
<td>e.g. Benerva</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 2 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VITAMIN B COMPLEX</strong></td>
<td>Tab strong, BPC – 1% DV Jan-17 to 2019</td>
<td>$7.15</td>
<td>Bplex</td>
</tr>
<tr>
<td><strong>Vitamin C</strong></td>
<td>Tab 100 mg – 1% DV Jan-17 to 2019</td>
<td>$8.10</td>
<td>Cvite</td>
</tr>
<tr>
<td></td>
<td>Tab chewable 250 mg</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td><strong>Vitamin D</strong></td>
<td>Cap 0.25 mcg – 1% DV Aug-17 to 2020</td>
<td>$26.32</td>
<td>One-Alpha</td>
</tr>
<tr>
<td></td>
<td>Cap 1 mcg – 1% DV Aug-17 to 2020</td>
<td>$87.98</td>
<td>One-Alpha</td>
</tr>
<tr>
<td></td>
<td>Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020</td>
<td>$60.68</td>
<td>One-Alpha</td>
</tr>
<tr>
<td></td>
<td>Oral liq 1 mg per ml</td>
<td>20 ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>COLECALCIFEROL</strong></td>
<td>Cap 1.25 mg (50,000 iu) – 1% DV Oct-17 to 2020</td>
<td>$2.50</td>
<td>Vit.D3</td>
</tr>
<tr>
<td><strong>Vitamin E</strong></td>
<td>Oral liq 156 u per ml</td>
<td>Restricted (RS1632)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral liq 156 u per ml #</td>
<td>Restricted</td>
<td></td>
</tr>
</tbody>
</table>

**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:

---

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

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

1 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.

ALPHA TOCOPHERYL ACETATE – Restricted see terms below

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

- Restricted (RS1176)

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.
## Antianaemics

### Hypoplastic and Haemolytic

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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1,000 iu in 0.5 ml syringe.........................................................48.68 6 Eprex</td>
<td>Inj 1,000 iu in 0.5 ml syringe.........................................................48.68 6 Eprex</td>
</tr>
<tr>
<td>Inj 2,000 iu in 0.5 ml syringe...............................................................120.18 6 Eprex</td>
<td>Inj 2,000 iu in 0.5 ml syringe...............................................................120.18 6 Eprex</td>
</tr>
<tr>
<td>Inj 3,000 iu in 0.3 ml syringe.................................................................166.87 6 Eprex</td>
<td>Inj 3,000 iu in 0.3 ml syringe.................................................................166.87 6 Eprex</td>
</tr>
<tr>
<td>Inj 4,000 iu in 0.4 ml syringe.................................................................193.13 6 Eprex</td>
<td>Inj 4,000 iu in 0.4 ml syringe.................................................................193.13 6 Eprex</td>
</tr>
<tr>
<td>Inj 5,000 iu in 0.5 ml syringe.................................................................243.26 6 Eprex</td>
<td>Inj 5,000 iu in 0.5 ml syringe.................................................................243.26 6 Eprex</td>
</tr>
<tr>
<td>Inj 6,000 iu in 0.6 ml syringe.................................................................291.92 6 Eprex</td>
<td>Inj 6,000 iu in 0.6 ml syringe.................................................................291.92 6 Eprex</td>
</tr>
<tr>
<td>Inj 8,000 iu in 0.8 ml syringe.................................................................352.69 6 Eprex</td>
<td>Inj 8,000 iu in 0.8 ml syringe.................................................................352.69 6 Eprex</td>
</tr>
<tr>
<td>Inj 10,000 iu in 1 ml syringe.................................................................395.18 6 Eprex</td>
<td>Inj 10,000 iu in 1 ml syringe.................................................................395.18 6 Eprex</td>
</tr>
<tr>
<td>Inj 40,000 iu in 1 ml syringe.................................................................263.45 1 Eprex</td>
<td>Inj 40,000 iu in 1 ml syringe.................................................................263.45 1 Eprex</td>
</tr>
</tbody>
</table>

**Restricted (RS1420)**

**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:
   1. Both: Patient does not have diabetes mellitus; and
      1.1. Glomerular filtration rate is less than or equal to 30ml/min; or
   2. Both: Patient has diabetes mellitus; and
      1.2. 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.
EPOETIN BETA [ERYTHROPOIETIN BETA] – Restricted see terms below
Note: Epoetin beta is considered a Discretionary Variance Pharmaceutical for epoetin alfa.

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

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

Tab 0.8 mg – 1% DV Oct-18 to 2021...............................................................21.84 1,000 Apo-Folic Acid
Tab 5 mg – 1% DV Oct-18 to 2021...............................................................12.12 500 Apo-Folic Acid
Oral liq 50 mcg per ml .............................................................................24.00 25 ml Biomed
Inj 5 mg per ml, 10 ml vial
## Antifibrinolytics, Haemostatics and Local Sclerosants

### ALUMINIUM CHLORIDE – Restricted see terms below
- **Topical soln 20% w/v**
- **Restricted (RS1500)**

**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 (RS1332)**

**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**
- **Tab 50 mg**
- **Restricted (RS1648)**

**Initiation – idiopathic thrombocytopenic purpura - post-splenectomy**
Haematologist

*Re-assessment required after 6 weeks*

All of the following:
1. Patient has had a splenectomy; and
2. Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3. Any of the following:
   3.1 Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding; or
   3.2 Patient has a platelet count of 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

**Initiation – idiopathic thrombocytopenic purpura contraindicated to splenectomy**
Haematologist

*Re-assessment required after 3 months*

All of the following:
1. Patient has a significant and well-documented contraindication to splenectomy for clinical reasons; and

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

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

2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and

3 Either:
   3.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microliter; or
   3.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Continuation – idiopathic thrombocytopenic purpura contraindicated to splenectomy
Haematologist
Re-assessment required after 12 months
All of the following:
1 The patient’s significant contraindication to splenectomy remains; and
2 The patient has obtained a response from treatment during the initial approval period; and
3 Patient has maintained a platelet count of at least 50,000 platelets per microlitre on treatment; and
4 Further treatment with eltrombopag is required to maintain response.

Initiation – severe aplastic anaemia
Haematologist
Re-assessment required after 3 months
Both:
1 Two immunosuppressive therapies have been trialled and failed after therapy of at least 3 months duration; and
2 Either:
   2.1 Patient has severe aplastic anaemia with a platelet count of less than or equal to 20,000 platelets per microliter; or
   2.2 Patient has severe aplastic anaemia with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Continuation – severe aplastic anaemia
Haematologist
Re-assessment required after 12 months
Both:
1 The patient has obtained a response from treatment of at least 20,000 platelets per microlitre above baseline during the initial approval period; and
2 Platelet transfusion independence for a minimum of 8 weeks during the initial approval period.

FERRIC SUBSULFATE
Gel 25.9%
Soln 500 ml

POLIDOCANOL
Inj 0.5%, 30 ml vial

SODIUM TETRADECYL SULPHATE
Inj 3%, 2 ml ampoule

THROMBIN
Powder

TRANEXAMIC ACID
Tab 500 mg – 1% DV Sep-16 to 2019 .................................................................20.67 100 Cyklokapron
Inj 100 mg per ml, 5 ml ampoule – 1% DV Sep-18 to 2021 .........................6.95 5 Tranexamic-AFT
Inj 100 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021 ..................10.95 5 Tranexamic-AFT

Anticoagulant Reversal Agents

IDARUCIZUMAB – Restricted see terms on the next page
† Inj 50 mg per ml, 50 ml vial.................................................................4,250.00 2 Praxbind

† Item restricted (see ➥ above); ‡ Item restricted (see ➥ below)
e.g. Brand indicates brand example only. It is not a contracted product.
**Blood and Blood Forming Organs**

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

**BLOOD AND BLOOD FORMING ORGANS**

**Available under Hospital Supply Status (HSS)**

- **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

**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

**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

**NONACOG ALFA [RECOMBINANT FACTOR IX]**

- **Restricted** see terms below
  - **Inj 250 iu vial**
    - 310.00 1 BeneFix
  - **Inj 500 iu vial**
    - 620.00 1 BeneFix
  - **Inj 1,000 iu vial**
    - 1,240.00 1 BeneFix
  - **Inj 2,000 iu vial**
    - 2,480.00 1 BeneFix
  - **Inj 3,000 iu vial**
    - 3,720.00 1 BeneFix

**NONACOG GAMMA, [RECOMBINANT FACTOR IX]**

- **Restricted** see terms on the next page
  - **Inj 250 iu vial**
    - 287.50 1 Rixubis
  - **Inj 500 iu vial**
    - 575.00 1 Rixubis
  - **Inj 1,000 iu vial**
    - 1,150.00 1 Rixubis
  - **Inj 2,000 iu vial**
    - 2,300.00 1 Rixubis
  - **Inj 3,000 iu vial**
    - 3,450.00 1 Rixubis

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

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**MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII]**

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  - **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

**NONACOG ALFA [RECOMBINANT FACTOR IX]**

- **Restricted** see terms below
  - **Inj 250 iu vial**
    - 310.00 1 BeneFix
  - **Inj 500 iu vial**
    - 620.00 1 BeneFix
  - **Inj 1,000 iu vial**
    - 1,240.00 1 BeneFix
  - **Inj 2,000 iu vial**
    - 2,480.00 1 BeneFix
  - **Inj 3,000 iu vial**
    - 3,720.00 1 BeneFix

**NONACOG GAMMA, [RECOMBINANT FACTOR IX]**

- **Restricted** see terms on the next page
  - **Inj 250 iu vial**
    - 287.50 1 Rixubis
  - **Inj 500 iu vial**
    - 575.00 1 Rixubis
  - **Inj 1,000 iu vial**
    - 1,150.00 1 Rixubis
  - **Inj 2,000 iu vial**
    - 2,300.00 1 Rixubis
  - **Inj 3,000 iu vial**
    - 3,450.00 1 Rixubis

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<td>Bradex 28...</td>
<td>$ Per Brand or Generic Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

**Restricted (RS1363)**

*Initiation*

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

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

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

**Restricted (RS1509)**

*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 Facsimile: (04) 974 4881

Wellington Email: haemophilia@pharmac.govt.nz

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

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

**Restricted (RS1510)**

*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 Facsimile: (04) 974 4881

Wellington Email: haemophilia@pharmac.govt.nz

### Vitamin K

**PHYTOMENADIONE**

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

### Antithrombotics

#### Anticoagulants

**BIVALIRUDIN – Restricted see terms below**

- Inj 250 mg vial

**Restricted (RS1181)**

*Initiation*

Either:

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

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

1 For use in heparin-induced thrombocytopenia, 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**

### DEFIBROTIDE – Restricted see terms below

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

### 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**

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</tbody>
</table>

### HEPARIN SODIUM

- **Inj 100 iu per ml, 250 ml bag**
- **Inj 1,000 iu per ml, 1 ml ampoule** .................................................. 98.53 50 Hospira
- **Inj 1,000 iu per ml, 5 ml vial**
- **Inj 1,000 iu per ml, 5 ml ampoule – 1% DV Nov-18 to 2021** ...................... 58.57 50 Pfizer
- **Inj 5,000 iu in 0.2 ml ampoule**
- **Inj 5,000 iu per ml, 1 ml ampoule** .................................................. 28.40 5 Hospira
- **Inj 5,000 iu per ml, 5 ml ampoule – 1% DV Nov-18 to 2021** ...................... 203.68 50 Pfizer

*(Any Inj 1,000 iu per ml, 35 ml vial to be delisted 1 May 2019)*

### HEPARINISED SALINE

- **Inj 10 iu per ml, 5 ml ampoule** .................................................. 56.94 50 Pfizer
- **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

- **Tab 10 mg** .................................................. 83.10 30 Xarelto
- **Tab 15 mg** .................................................. 77.56 28 Xarelto
- **Tab 20 mg** .................................................. 77.56 28 Xarelto

### 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** .................................................. 6.86 100 Marevan
- **Tab 2 mg**
- **Tab 3 mg** .................................................. 9.70 100 Marevan
- **Tab 5 mg** .................................................. 11.75 100 Marevan

### Antithrombotic Agents

#### Heparinised Saline

- **Inj 10 iu per ml, 5 ml ampoule** .................................................. 56.94 50 Pfizer
- **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 Sulfate

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

#### Rivaroxaban

- **Tab 10 mg** .................................................. 83.10 30 Xarelto
- **Tab 15 mg** .................................................. 77.56 28 Xarelto
- **Tab 20 mg** .................................................. 77.56 28 Xarelto

#### 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** .................................................. 6.86 100 Marevan
- **Tab 2 mg**
- **Tab 3 mg** .................................................. 9.70 100 Marevan
- **Tab 5 mg** .................................................. 11.75 100 Marevan

## Antiplatelets

#### Aspirin

- **Tab 100 mg – 10% DV Dec-16 to 2019** .................................................. 1.60 90 Ethics Aspirin EC
  - 12.50 990 Ethics Aspirin EC
- **Suppos 300 mg**

#### Clopidogrel

- **Tab 75 mg – 1% DV Mar-17 to 2019** .................................................. 5.44 84 Arrow - Clopid

#### 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 on the next page

- **Inj 2 mg per ml, 10 ml vial – 1% DV Nov-18 to 2021** ................................ 138.75 1 Integrilin
- **Inj 750 mcg per ml, 100 ml vial – 1% DV Nov-18 to 2021** ...................... 405.00 1 Integrilin

---

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

*E.g. Brand indicates brand example only. It is not a contracted product.*
Products with Hospital Supply Status (HSS) are in **bold**

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

- Restricted (RS1536)

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

- Restricted (RS1188)

Haematologist or oncologist

PEGFILGRASTIM – Restricted see terms below

- Inj 6 mg per 0.6 ml syringe ...................................................... 1,080.00 1 Neulastim

- Restricted (RS1262)

Initiation

For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or 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

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALCIUM CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CALCIUM GLUCONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10%, 10 ml ampoule</td>
<td>$34.24</td>
<td>Hospira</td>
</tr>
<tr>
<td><strong>COMPOUND ELECTROLYTES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l,</td>
<td>$44.10</td>
<td>Plasma-Lyte 148</td>
</tr>
<tr>
<td>chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml bag – 1% DV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun-18 to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l,</td>
<td>$27.24</td>
<td>Plasma-Lyte 148</td>
</tr>
<tr>
<td>chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 1,000 ml bag – 1% DV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun-18 to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj sodium 140 mmol/l, 5 mmol/l potassium, 1.5 mmol/l magnesium,</td>
<td>$211.92</td>
<td>Plasma-Lyte 148 &amp; 5% Glucose</td>
</tr>
<tr>
<td>98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>glucose 23 mmol/l (5%), 1,000 ml bag – 1% DV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun-18 to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMPOUND SODIUM LACTATE [HARTMANN’S SOLUTION]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l,</td>
<td>$23.40</td>
<td>Baxter</td>
</tr>
<tr>
<td>bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag – 1% DV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun-18 to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate</td>
<td>$15.72</td>
<td>Baxter</td>
</tr>
<tr>
<td>29 mmol/l, chloride 111 mmol/l, 1,000 ml bag – 1% DV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun-18 to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GLUCOSE [DEXTROSE]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5%, 1,000 ml bag – 1% DV Aug-18 to 2021</td>
<td>$16.80</td>
<td>Fresenius Kabi</td>
</tr>
<tr>
<td>Inj 5%, 100 ml bag – 1% DV Aug-18 to 2021</td>
<td>$77.50</td>
<td>Fresenius Kabi</td>
</tr>
<tr>
<td>Inj 5%, 250 ml bag – 1% DV Aug-18 to 2021</td>
<td>$52.50</td>
<td>Fresenius Kabi</td>
</tr>
<tr>
<td>Inj 5%, 50 ml bag – 1% DV Jun-18 to 2021</td>
<td>$143.40</td>
<td>Baxter Glucose 5%</td>
</tr>
<tr>
<td>Inj 5%, 500 ml bag – 1% DV Aug-18 to 2021</td>
<td>$24.00</td>
<td>Fresenius Kabi</td>
</tr>
<tr>
<td>Inj 10%, 1,000 ml bag – 1% DV Jun-18 to 2021</td>
<td>$111.96</td>
<td>Baxter Glucose 10%</td>
</tr>
<tr>
<td>Inj 10%, 500 ml bag – 1% DV Jun-18 to 2021</td>
<td>$109.98</td>
<td>Baxter Glucose 10%</td>
</tr>
<tr>
<td>Inj 50%, 10 ml ampoule – 1% DV Oct-17 to 2020</td>
<td>$29.50</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 50%, 500 ml bag – 1% DV Jun-18 to 2021</td>
<td>$337.32</td>
<td>Baxter Glucose 50%</td>
</tr>
<tr>
<td>Inj 50%, 90 ml bottle – 1% DV Oct-17 to 2020</td>
<td>$14.50</td>
<td>Biomed</td>
</tr>
<tr>
<td><strong>GLUCOSE WITH POTASSIUM CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000</td>
<td></td>
<td>Baxter</td>
</tr>
<tr>
<td>ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ml bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000</td>
<td></td>
<td>Baxter</td>
</tr>
<tr>
<td>ml bag – 1% DV Jun-18 to 2021</td>
<td>$203.40</td>
<td></td>
</tr>
<tr>
<td>Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000</td>
<td></td>
<td>Baxter</td>
</tr>
<tr>
<td>ml bag – 1% DV Jun-18 to 2021</td>
<td>$159.96</td>
<td></td>
</tr>
<tr>
<td>Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000</td>
<td></td>
<td>Baxter</td>
</tr>
<tr>
<td>ml bag – 1% DV Jun-18 to 2021</td>
<td>$282.72</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLUCOSE WITH SODIUM CHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag</td>
<td></td>
</tr>
<tr>
<td>Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag – 1% DV</td>
<td></td>
</tr>
<tr>
<td><strong>Jun-18 to 2021</strong></td>
<td>163.32 12</td>
</tr>
<tr>
<td>Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag – 1% DV</td>
<td></td>
</tr>
<tr>
<td><strong>Jun-18 to 2021</strong></td>
<td>163.20 12</td>
</tr>
<tr>
<td>Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag – 1% DV</td>
<td></td>
</tr>
<tr>
<td><strong>Jun-18 to 2021</strong></td>
<td>173.40 12</td>
</tr>
<tr>
<td><strong>POTASSIUM CHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 75 mg (1 mmol) per ml, 10 ml ampoule</td>
<td></td>
</tr>
<tr>
<td>Inj 225 mg (3 mmol) per ml, 20 ml ampoule</td>
<td></td>
</tr>
<tr>
<td><strong>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag</td>
<td></td>
</tr>
<tr>
<td>– 1% DV <strong>Jun-18 to 2021</strong></td>
<td>476.64 48</td>
</tr>
<tr>
<td>Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag</td>
<td></td>
</tr>
<tr>
<td>– 1% DV <strong>Jun-18 to 2021</strong></td>
<td>163.08 12</td>
</tr>
<tr>
<td>Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag</td>
<td></td>
</tr>
<tr>
<td>– 1% DV <strong>Jun-18 to 2021</strong></td>
<td>253.32 12</td>
</tr>
<tr>
<td>Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag</td>
<td></td>
</tr>
<tr>
<td>– 1% DV <strong>Jun-18 to 2021</strong></td>
<td>772.32 48</td>
</tr>
<tr>
<td><strong>POTASSIUM DIHYDROGEN PHOSPHATE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mmol per ml, 10 ml ampoule</td>
<td>151.80 10</td>
</tr>
<tr>
<td><strong>RINGER’S SOLUTION</strong></td>
<td></td>
</tr>
<tr>
<td>Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag</td>
<td></td>
</tr>
<tr>
<td>Inj 4 mmol per ml, 20 ml ampoule</td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM BICARBONATE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 8.4%, 10 ml vial</td>
<td></td>
</tr>
<tr>
<td>Inj 8.4%, 50 ml vial</td>
<td>19.95 1</td>
</tr>
<tr>
<td>Inj 8.4%, 100 ml vial</td>
<td>20.50 1</td>
</tr>
<tr>
<td><strong>SODIUM CHLORIDE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 0.9%, 5 ml ampoule</td>
<td>7.00 50</td>
</tr>
<tr>
<td>Inj 0.9%, 10 ml ampoule – 1% DV <strong>Mar-17 to 2019</strong></td>
<td>6.63 50</td>
</tr>
<tr>
<td>![Restricted (RS1297)]</td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></td>
</tr>
<tr>
<td>![Restricted (RS1297)]</td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td></td>
</tr>
<tr>
<td>For use in flushing of in-situ vascular access devices only.</td>
<td></td>
</tr>
</tbody>
</table>

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

e.g. *Brand* indicates brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 0.9%, 20 ml ampoule</td>
<td>$7.50</td>
<td>30</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>5</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>18</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>12</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>60</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>48</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>24</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>18</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>12</td>
<td>Baxter</td>
</tr>
<tr>
<td>Inj 1.8%, 500 ml bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]</td>
<td>$48.70</td>
<td>5</td>
<td>Biomed</td>
</tr>
<tr>
<td>Inj 1 mmol per ml, 20 ml ampoule – 1% DV Oct-18 to 2021</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WATER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 ml ampoule – 1% DV Mar-17 to 2019</td>
<td>$7.00</td>
<td>50</td>
<td>InterPharma</td>
</tr>
<tr>
<td>Inj 10 ml ampoule – 1% DV Mar-17 to 2019</td>
<td>$6.63</td>
<td>50</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Inj 20 ml ampoule</td>
<td>$7.50</td>
<td>30</td>
<td>InterPharma</td>
</tr>
<tr>
<td>Inj 250 ml bag</td>
<td>$5.00</td>
<td>20</td>
<td>Multichem</td>
</tr>
<tr>
<td>Inj 500 ml bag</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Inj, 1,000 ml bag – 1% DV Sep-16 to 2019</td>
<td>$19.08</td>
<td>12</td>
<td>Baxter</td>
</tr>
<tr>
<td><strong>Oral Administration</strong></td>
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<tr>
<td><strong>CALCIUM POLYSTYRENE SULPHONATE</strong></td>
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<tr>
<td>Powder</td>
<td>$169.85</td>
<td>300</td>
<td>Calcium Resonium</td>
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<tr>
<td><strong>COMPound Electrolytes</strong></td>
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</tr>
<tr>
<td>Powder for oral soln – 1% DV Dec-16 to 2019</td>
<td>$2.30</td>
<td>10</td>
<td>Enerly</td>
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<tr>
<td><strong>COMPOUND ELECTROlyTES WITH GLUCOSE [DEXTROSE]</strong></td>
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<td></td>
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</tr>
<tr>
<td>Soln with electrolytes (2 x 500 ml) – 1% DV Nov-18 to 2021</td>
<td>$6.55</td>
<td>1,000</td>
<td>Pedialyte - Bubblegum</td>
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<tr>
<td><strong>PHOSPHORUS</strong></td>
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<tr>
<td>Tab eff 500 mg (16 mmol)</td>
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</tr>
<tr>
<td><strong>POTASSIUM CHLORIDE</strong></td>
<td></td>
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</tr>
<tr>
<td>Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)</td>
<td></td>
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<tr>
<td>Tab long-acting 600 mg (8 mmol) – 1% DV Oct-18 to 2021</td>
<td>$8.90</td>
<td>200</td>
<td>Span-K</td>
</tr>
<tr>
<td>Oral liq 2 mmol per ml</td>
<td></td>
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</tr>
<tr>
<td><strong>SODIUM BICARBONATE</strong></td>
<td></td>
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</tr>
<tr>
<td>Cap 840 mg</td>
<td>$8.52</td>
<td>100</td>
<td>Sodibic</td>
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<tr>
<td><strong>SODIUM CHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 600 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 2 mmol/ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM POLYSTYRENE SULPHONATE</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Powder – 1% DV Sep-18 to 2021</td>
<td>$84.65</td>
<td>454</td>
<td>Resonium A</td>
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<tr>
<td><strong>Plasma Volume Expanders</strong></td>
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</tr>
<tr>
<td><strong>GELATINE, SUCCINYLATED</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Inj 4%, 500 ml bag – 1% DV Jun-18 to 2021</td>
<td>$120.00</td>
<td>10</td>
<td>Gelofusine</td>
</tr>
</tbody>
</table>
## Agents Affecting the Renin-Angiotensin System

### ACE Inhibitors

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

- **Restricted (RS1263)**

**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.

**CILAZAPRIL**
- Tab 0.5 mg ................................................................. $2.00 90 Zapril
- Tab 2.5 mg – 1% DV Dec-16 to 2019 .................................................. $7.20 200 Apo-Cilazapril
- Tab 5 mg – 1% DV Dec-16 to 2019 .................................................. $12.00 200 Apo-Cilazapril

**ENALAPRIL MALEATE**
- Tab 5 mg ................................................................. $0.96 100 Ethics Enalapril
- Tab 10 mg ................................................................. $1.24 100 Ethics Enalapril
- Tab 20 mg ................................................................. $1.78 100 Ethics Enalapril

**LISINOPRIL**
- Tab 5 mg – 1% DV Dec-18 to 2021 .................................................. $2.07 90 Ethics Lisinopril
- Tab 10 mg – 1% DV Dec-18 to 2021 .................................................. $2.36 90 Ethics Lisinopril
- Tab 20 mg – 1% DV Dec-18 to 2021 .................................................. $3.17 90 Ethics Lisinopril

**PERINDOPRIL**
- Tab 2 mg – 1% DV Sep-17 to 2020 .................................................. $3.75 30 Apo-Perindopril
- Tab 4 mg – 1% DV Sep-17 to 2020 .................................................. $4.80 30 Apo-Perindopril

**QUINAPRIL**
- Tab 5 mg – 1% DV Nov-18 to 2021 .................................................. $6.01 90 Arrow-Quinapril 5
- Tab 10 mg – 1% DV Nov-18 to 2021 .................................................. $3.16 90 Arrow-Quinapril 10
- Tab 20 mg – 1% DV Nov-18 to 2021 .................................................. $4.89 90 Arrow-Quinapril 20

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

(Any Cap 1 mg to be delisted 1 January 2019)
(Any Cap 2 mg to be delisted 1 January 2019)

### ACE Inhibitors with Diuretics

**CILAZAPRIL WITH HYDROCHLOROTHIAZIDE**
- Tab 5 mg with hydrochlorothiazide 12.5 mg – 1% DV Sep-16 to 2019 ........ $10.18 100 Apo-Cilazapril/ Hydrochlorothiazide

**ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE** – **Restricted:** For continuation only
- Tab 20 mg with hydrochlorothiazide 12.5 mg

(Any Tab 20 mg with hydrochlorothiazide 12.5 mg to be delisted 1 January 2019)
### Angiotensin II Antagonists

#### Candesartan Cilexetil
- **Tab 4 mg** – **1% DV Sep-18 to 2021** ......................................................... 1.90 90 Candestar
- **Tab 8 mg** – **1% DV Sep-18 to 2021** ......................................................... 2.28 90 Candestar
- **Tab 16 mg** – **1% DV Sep-18 to 2021** ....................................................... 3.67 90 Candestar
- **Tab 32 mg** – **1% DV Sep-18 to 2021** ....................................................... 6.39 90 Candestar

#### Losartan Potassium
- **Tab 12.5 mg** – **1% DV Nov-17 to 2020** ..................................................... 1.39 84 Losartan Actavis
- **Tab 25 mg** – **1% DV Nov-17 to 2020** ..................................................... 1.63 84 Losartan Actavis
- **Tab 50 mg** – **1% DV Nov-17 to 2020** ..................................................... 2.00 84 Losartan Actavis
- **Tab 100 mg** – **1% DV Nov-17 to 2020** ................................................... 2.31 84 Losartan Actavis

#### Angiotensin II Antagonists with Diuretics

##### Losartan Potassium with Hydrochlorothiazide
- **Tab 50 mg** with hydrochlorothiazide 12.5 mg – **1% DV Jan-19 to 2021** .... 1.88 30 Arrow-Losartan & Hydrochlorothiazide

#### Angiotensin II Antagonists with Neprilysin Inhibitors

##### Sacubitril with Valsartan
- **Tab 24.3 mg** with valsartan 25.7 mg .............................................................. 190.00 56 Entresto 24/26
- **Tab 48.6 mg** with valsartan 51.4 mg .............................................................. 190.00 56 Entresto 49/51
- **Tab 97.2 mg** with valsartan 102.8 mg ............................................................ 190.00 56 Entresto 97/103
- **Restricted (RS1649)**

**Initiation**

*Re-assessment required after 12 months*

All of the following:

1. Patient has heart failure; and
2. Any of the following:
   2.1 Patient is in NYHA/WHO functional class II; or
   2.2 Patient is in NYHA/WHO functional class III; or
   2.3 Patient is in NYHA/WHO functional class IV; and
3. Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; and
4. Patient is receiving concomitant optimal standard chronic heart failure treatments.

**Continuation**

*Re-assessment required after 12 months*

The treatment remains appropriate and the patient is benefiting from treatment.

Note: Due to the angiotensin II receptor blocking activity of sacubitril with valsartan it should not be co-administered with an ACE inhibitor or another ARB.

### Alpha-Adrenoceptor Blockers

##### Doxazosin
- **Tab 2 mg** – **1% DV Sep-17 to 2020** ......................................................... 6.75 500 Apo-Doxazosin
- **Tab 4 mg** – **1% DV Sep-17 to 2020** ......................................................... 9.09 500 Apo-Doxazosin

---

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
PHENOXYBENZAMINE HYDROCHLORIDE
Cap 10 mg
Inj 50 mg per ml, 2 ml ampoule

PHENTOLAMINE MESYLATE
Inj 5 mg per ml, 1 ml ampoule
Inj 10 mg per ml, 1 ml ampoule

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

TERAZOSIN
Tab 1 mg – 1% DV Sep-16 to 2019 ................................................................. 0.59 28 Actavis
Tab 2 mg – 1% DV Apr-17 to 2019 ................................................................. 7.50 500 Apo-Terazosin
Tab 5 mg – 1% DV Feb-17 to 2019 ............................................................... 10.90 500 Apo-Terazosin

Antiarrhythmics

ADENOSINE
Inj 3 mg per ml, 2 ml vial
Inj 3 mg per ml, 10 ml vial
Restricted (RS1266)
Initiation
For use in cardiac catheterisation, electrophysiology and MRI.

AJMALINE – Restricted see terms below
Inj 5 mg per ml, 10 ml ampoule
Restricted (RS1001)

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

ATROPINE SULPHATE
Inj 600 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021 ...................... 12.07 10 Martindale

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

DISOPYRAMIDE PHOSPHATE
Cap 100 mg

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

IVABRADINE – Restricted see terms on the next page
Tab 5 mg
## Cardinal System

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

### Brand or Generic Manufacturer

### CARDIOVASCULAR SYSTEM

#### Restricted (RS1566)

**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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 150 mg</td>
<td>162.00</td>
<td>100 Mexiletine Hydrochloride USP</td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td>202.00</td>
<td>100 Mexiletine Hydrochloride USP</td>
</tr>
</tbody>
</table>

### Propafenone Hydrochloride

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<tr>
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<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 150 mg</td>
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</tbody>
</table>

### Antihypotensives

**MIDODRINE – Restricted see terms below**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg</td>
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<td></td>
</tr>
</tbody>
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#### Restricted (RS1427)

**Initiation**

Patient has disabling orthostatic hypotension not due to drugs.

### Beta-Adrenoceptor Blockers

**ATENOLOL**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg – 1% DV Sep-18 to 2021</td>
<td>4.26</td>
<td>500 Mylan Atenolol</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-18 to 2021</td>
<td>7.30</td>
<td>500 Mylan Atenolol</td>
</tr>
<tr>
<td>Oral liq 5 mg per ml</td>
<td>21.25</td>
<td>300 ml Atenolol-AFT</td>
</tr>
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**BISOPROLOL FUMARATE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg – 1% DV Dec-17 to 2020</td>
<td>3.53</td>
<td>90 Bosvate</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Dec-17 to 2020</td>
<td>5.15</td>
<td>90 Bosvate</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Dec-17 to 2020</td>
<td>9.40</td>
<td>90 Bosvate</td>
</tr>
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</table>

**CARVEDILOL**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 6.25 mg – 1% DV Dec-17 to 2020</td>
<td>2.24</td>
<td>60 Carvedilol Sandoz</td>
</tr>
<tr>
<td>Tab 12.5 mg – 1% DV Dec-17 to 2020</td>
<td>2.30</td>
<td>60 Carvedilol Sandoz</td>
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<tr>
<td>Tab 25 mg – 1% DV Dec-17 to 2020</td>
<td>2.95</td>
<td>60 Carvedilol Sandoz</td>
</tr>
</tbody>
</table>

**CELIPROLOL**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 200 mg</td>
<td>21.40</td>
<td>180 Celol</td>
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</tbody>
</table>

**ESMOLOL HYDROCHLORIDE**

<table>
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<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
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<td></td>
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</table>

**LABETALOL**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>8.99</td>
<td>100 Hybloc</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>11.36</td>
<td>100 Hybloc</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>29.74</td>
<td>100 Hybloc</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg per ml, 20 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

### METOPROLOL SUCCINATE
- **Tab long-acting 23.75 mg – 1% DV Mar-18 to 2020** ........................................... 1.03 30 Betaloc CR
- **Tab long-acting 47.5 mg – 1% DV Mar-18 to 2020** ........................................... 1.25 30 Betaloc CR
- **Tab long-acting 95 mg – 1% DV Mar-18 to 2020** ........................................... 1.99 30 Betaloc CR
- **Tab long-acting 190 mg – 1% DV Mar-18 to 2020** .......................................... 3.00 30 Betaloc CR

### METOPROLOL TARTRATE
- **Tab 50 mg – 1% DV Oct-18 to 2021** ..................................................................... 5.66 100 Apo-Metoprolol
- **Tab 100 mg – 1% DV Oct-18 to 2021** ................................................................. 7.55 60 Apo-Metoprolol
- **Tab long-acting 200 mg** .................................................................................. 23.40 28 Slow-Lopresor
- **Inj 1 mg per ml, 5 ml vial – 1% DV Feb-19 to 31 Jan 2022** ............................... 24.00 5 Lopresor
  - *Metroprolol IV Mylan (Lopresor Inj 1 mg per ml, 5 ml vial to be delisted 1 February 2019)*

### NADOLOL
- **Tab 40 mg – 1% DV Oct-18 to 2021** .................................................................... 16.69 100 Apo-Nadolol
- **Tab 80 mg – 1% DV Oct-18 to 2021** ................................................................. 26.43 100 Apo-Nadolol

### PINDOLOL
- **Tab 5 mg – 1% DV Oct-18 to 2021** ..................................................................... 13.22 100 Apo-Pindolol
- **Tab 10 mg – 1% DV Oct-18 to 2021** ................................................................. 23.12 100 Apo-Pindolol
- **Tab 15 mg – 1% DV Oct-18 to 2021** ................................................................. 33.31 100 Apo-Pindolol

### PROPRANOLOL
- **Tab 10 mg – 1% DV Oct-18 to 2021** .................................................................. 4.64 100 Apo-Propranolol
- **Tab 40 mg – 1% DV Oct-18 to 2021** ................................................................. 5.72 100 Apo-Propranolol
- **Cap long-acting 160 mg** .................................................................................. 18.17 100 Cardinol LA
- **Oral liq 4 mg per ml**
- **Inj 1 mg per ml, 1 ml ampoule**

### SOTALOL
- **Tab 80 mg – 1% DV Oct-16 to 2019** ................................................................. 39.53 500 Mylan
- **Tab 160 mg – 1% DV Oct-16 to 2019** ............................................................... 12.48 100 Mylan

### TIMOLOL MALEATE
- **Tab 10 mg**

### Calcium Channel Blockers

#### Dihydropyridine Calcium Channel Blockers

### AMLODIPINE
- **Tab 2.5 mg – 1% DV Sep-17 to 2020** ................................................................. 1.72 100 Apo-Amlodipine
- **Tab 5 mg – 1% DV Sep-17 to 2020** ................................................................. 3.33 250 Apo-Amlodipine
- **Tab 10 mg – 1% DV Sep-17 to 2020** ............................................................... 4.40 250 Apo-Amlodipine

### FELODIPINE
- **Tab long-acting 2.5 mg – 1% DV Sep-18 to 2021** ............................................. 1.45 30 Plendil ER
- **Tab long-acting 5 mg – 1% DV Dec-18 to 2021** .............................................. 3.93 90 Felo 5 ER
  - *Plendil ER Tab long-acting 5 mg to be delisted 1 December 2018*
- **Tab long-acting 10 mg – 1% DV Dec-18 to 2021** .............................................. 4.32 90 Felo 10 ER
  - *Plendil ER Tab long-acting 10 mg to be delisted 1 December 2018*

### ISRADIPINE
- **Tab 2.5 mg**
- **Cap 2.5 mg**

---

1 Item restricted (see above); 2 Item restricted (see below)  
*e.g. Brand indicates brand example only. It is not a contracted product.*
NICARDIPINE HYDROCHLORIDE – Restricted see terms below

Brand or
Generic
Manufacturer

Price
(ex man. excl. GST)
$ Per

Inj 2.5 mg per ml, 10 ml vial

Restricted (RS1474)

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 ........................................ 10.63 60 Adalat 10
Tab long-acting 20 mg .............................................................. 9.59 100 Nyefax Retard
Tab long-acting 30 mg .............................................................. 5.67 30 Adalat Oros
Cap 5 mg

NIMODIPINE

Tab 30 mg

Inj 200 mcg per ml, 50 ml vial

Other Calcium Channel Blockers

DILTIAZEM HYDROCHLORIDE

Tab 30 mg .............................................................. 4.60 100 Dilzem
Tab 60 mg .............................................................. 8.50 100 Dilzem
Cap long-acting 120 mg – 1% DV Oct-18 to 2021 .................................. 33.42 500 Apo-Diltiazem CD
Cap long-acting 180 mg – 1% DV Oct-18 to 2021 .................................. 50.05 500 Apo-Diltiazem CD
Cap long-acting 240 mg – 1% DV Oct-18 to 2021 .................................. 66.76 500 Apo-Diltiazem CD
Inj 5 mg per ml, 5 ml vial

PERHEXILINE MALEATE

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

VERAPAMIL HYDROCHLORIDE

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

Centrally-Acting Agents

CLONIDINE

Patch 2.5 mg, 100 mcg per day – 1% DV Sep-17 to 2020 .................................. 7.40 4 Mylan
Patch 5 mg, 200 mcg per day – 1% DV Sep-17 to 2020 .................................. 10.04 4 Mylan
Patch 7.5 mg, 300 mcg per day – 1% DV Sep-17 to 2020 .................................. 12.34 4 Mylan

CLONIDINE HYDROCHLORIDE

Tab 25 mcg – 1% DV Oct-18 to 2021 ........................................... 8.75 112 Clonidine BNM
Tab 150 mcg ................................................................ 34.32 100 Catapres
Inj 150 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021 .................................. 25.96 10 Medsurge

METHYLDOPA

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

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

### Loop Diuretics

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

**FUROSEMIDE [FURSEMIDE]**
- Tab 40 mg .................................................................8.00 1,000 Diurin 40
- Tab 500 mg .................................................................25.00 50 Urex Forte
- Oral liq 10 mg per ml
- Inj 10 mg per ml, 2 ml ampoule – 1% DV Jun-16 to 2019 ......................1.20 5 Frusemide-Claris
- Inj 10 mg per ml, 25 ml ampoule

### Osmotic Diuretics

**MANNITOL**
- Inj 10%, 1,000 ml bag – 1% DV Jun-18 to 2021 .................................747.24 12 Baxter
- Inj 20%, 500 ml bag – 1% DV Jun-18 to 2021 .................................1,096.92 18 Baxter

### Potassium Sparing Combination Diuretics

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

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

### Potassium Sparing Diuretics

**AMILORIDE HYDROCHLORIDE**
- Tab 5 mg .................................................................15.00 100 Apo-Amiloride
- Oral liq 1 mg per ml ......................................................30.00 25 ml Biomed

*(Apo-Amiloride Tab 5 mg to be delisted 1 January 2019)*

**EPLERENONE – Restricted see terms below**

- Tab 25 mg – 1% DV Sep-18 to 2021 ..............................................11.87 30 Inspra
- Tab 50 mg – 1% DV Dec-18 to 2021 ..............................................17.00 30 Inspra

*Restricted (RS1640)*

**SPIRONOLACTONE**
- Tab 25 mg – 1% DV Oct-16 to 2019 ..............................................4.38 100 Spiractin
- Tab 100 mg – 1% DV Oct-16 to 2019 ..............................................11.80 100 Spiractin
- Oral liq 5 mg per ml ..............................................................30.00 25 ml Biomed
Thiazide and Related Diuretics

**BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]**
- Tab 2.5 mg – 1% DV Mar-18 to 2020 .................................................. 12.50 500 Arrow-Bendrofluazide
- Tab 5 mg – 1% DV Mar-18 to 2020 .................................................. 20.42 500 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 (RS1595)

**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 Dec-18 to 2021 .................................................. 19.01 90 Be zalip
- Tab long-acting 400 mg – 1% DV Dec-18 to 2021 .................................. 12.89 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 Sep-18 to 2021 .................................................. 6.96 500 Lorstat
- Tab 20 mg – 1% DV Sep-18 to 2021 .................................................. 9.99 500 Lorstat
- Tab 40 mg – 1% DV Sep-18 to 2021 .................................................. 15.93 500 Lorstat
- Tab 80 mg – 1% DV Sep-18 to 2021 .................................................. 27.19 500 Lorstat

**PRAVASTATIN**
- Tab 10 mg
  - Tab 20 mg – 1% DV Mar-18 to 2020 .................................................. 4.72 100 Apo-Pravastatin
  - Tab 40 mg – 1% DV Mar-18 to 2020 .................................................. 8.06 100 Apo-Pravastatin

**SIMVASTATIN**
- Tab 10 mg – 1% DV Mar-18 to 2020 .................................................. 0.95 90 Simvastatin Mylan
- Tab 20 mg – 1% DV Mar-18 to 2020 .................................................. 1.52 90 Simvastatin Mylan
- Tab 40 mg – 1% DV Mar-18 to 2020 .................................................. 2.63 90 Simvastatin Mylan
- Tab 80 mg – 1% DV Mar-18 to 2020 .................................................. 6.00 90 Simvastatin Mylan

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

Resins

CHOLESTYRAMINE
Powder for oral liq 4 g

COLESTIPOL HYDROCHLORIDE
Grans for oral liq 5 g

Selective Cholesterol Absorption Inhibitors

EZE TIMIBE – Restricted see terms below

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
<tr>
<td>2.00</td>
<td>30</td>
</tr>
<tr>
<td>Ezetimibe Sandoz</td>
<td></td>
</tr>
</tbody>
</table>

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

EZETIMIBE WITH SIMVASTATIN – Restricted see terms below

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
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<tbody>
<tr>
<td>$</td>
<td>Per</td>
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<tr>
<td>5.15</td>
<td>30</td>
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<tr>
<td>6.15</td>
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<td>30</td>
</tr>
<tr>
<td>Zimybe</td>
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Initiation
All of the following:
1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
2 Patient’s LDL cholesterol is 2.0 mmol/litre or greater; and
3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

Other Lipid-Modifying Agents

ACIPIMOX
Cap 250 mg

NICOTINIC ACID

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
<tr>
<td>4.12</td>
<td>100</td>
</tr>
<tr>
<td>17.89</td>
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<tr>
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### Nitrates

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>GLYCERYL TRINITRATE</td>
<td>Tab 600 mcg</td>
<td>$8.00</td>
<td>100 Lycinate</td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 10 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 50 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 10 ml ampoule</td>
<td>$100.00</td>
<td>5 Hospira</td>
</tr>
<tr>
<td></td>
<td>Oral pump spray, 400 mcg per dose</td>
<td>$4.45</td>
<td>250 dose Nitrolinguale Pump Spray</td>
</tr>
<tr>
<td></td>
<td>Oral spray, 400 mcg per dose</td>
<td>$4.45</td>
<td>200 dose Glytrin</td>
</tr>
<tr>
<td></td>
<td>Patch 25 mg, 5 mg per day</td>
<td>$15.73</td>
<td>30 Nitroderm TTS 5</td>
</tr>
<tr>
<td></td>
<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>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 20 mg – 1% DV Oct-17 to 2020</td>
<td></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></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></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

**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>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>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

<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 12.5 mg per ml, 20 ml ampoule – 1% DV Jan-19 to 2021</td>
<td>$24.45</td>
<td>5 Dobutamine-Claris</td>
</tr>
<tr>
<td>(Dobutamine-Claris Inj 12.5 mg per ml, 20 ml ampoule to be delisted 1 January 2019)</td>
<td>61.13</td>
<td>Dobutamine-hameln</td>
</tr>
<tr>
<td>Inj 40 mg per ml, 5 ml ampoule – 1% DV Sep-18 to 2020</td>
<td>$29.73</td>
<td>10 Max Health Ltd</td>
</tr>
</tbody>
</table>

#### DOPAMINE HYDROCHLORIDE

<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 3 mg per ml, 10 ml syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>$36.04</td>
<td>10 Max Health</td>
</tr>
</tbody>
</table>
## ISOPRENALINE [ISOPROTERENOL]
- **Inj 200 mcg per ml, 1 ml ampoule**
- **Inj 200 mcg per ml, 5 ml ampoule**

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

## NORADRENALINE
- **Inj 0.06 mg per ml, 100 ml bag**
- **Inj 0.06 mg per ml, 50 ml syringe**
- **Inj 0.1 mg per ml, 100 ml bag**
- **Inj 0.12 mg per ml, 100 ml bag**
- **Inj 0.12 mg per ml, 50 ml syringe**
- **Inj 0.16 mg per ml, 50 ml syringe**
- **Inj 1 mg per ml, 100 ml bag**
- **Inj 1 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2019.............................125.00 10 Noradrenaline BNM**

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

### Vasodilators

## ALPROSTADIL HYDROCHLORIDE
- **Inj 500 mcg per ml, 1 ml ampoule – 1% DV Dec-18 to 2021..................... 1,765.50 5 Prostin VR**

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

## HYDRALAZINE HYDROCHLORIDE
- **Tab 25 mg**
  - **Restricted (RS1008)**

### Initiation

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

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

## MILRINONE
- **Inj 1 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021............................ 99.00 10 Primacor**

## MINOXIDIL
- **Tab 10 mg ........................................................................................................... 70.00 100 Loniten**

## NICORANDIL
- **Tab 10 mg ........................................................................................................... 27.95 60 Ikorel**
- **Tab 20 mg ........................................................................................................... 33.28 60 Ikorel**

## PAPAVERINE HYDROCHLORIDE
- **Inj 30 mg per ml, 1 ml vial**
- **Inj 12 mg per ml, 10 ml ampoule ..................................................................... 217.90 5 Hospira**

## PENTOXIFYLLINE [OXPENTIFYLLINE]
- **Tab 400 mg**

## SODIUM NITROPRUSSIDE
- **Inj 50 mg vial**
### Endothelin Receptor Antagonists

<table>
<thead>
<tr>
<th>Product</th>
<th>Status</th>
<th>Details</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>AMBRISENTAN – Restricted</td>
<td>see terms below</td>
<td>Tab 5 mg</td>
<td>4,585.00</td>
<td>30 Volibris</td>
</tr>
<tr>
<td>AMBRISENTAN</td>
<td>Restricted</td>
<td>Tab 10 mg</td>
<td>4,585.00</td>
<td>30 Volibris</td>
</tr>
<tr>
<td>BOSENTAN</td>
<td>Restricted</td>
<td>Tab 62.5 mg – 1% DV Dec-18 to 2021</td>
<td>141.00</td>
<td>60 Bosentan Dr Reddy's</td>
</tr>
<tr>
<td>BOSENTAN</td>
<td></td>
<td>Tab 125 mg – 1% DV Dec-18 to 2021</td>
<td>141.00</td>
<td>60 Bosentan Dr Reddy's</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Bosentan-Mylan Tab 62.5 mg to be delisted 1 December 2018)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Bosentan-Mylan Tab 125 mg to be delisted 1 December 2018)</td>
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<td></td>
</tr>
</tbody>
</table>

**Initiation**

Either:

1. For use in patients with a valid Special Authority approval for ambrisentan by the Pulmonary Arterial Hypertension Panel; or
2. In-hospital stabilisations in emergency situations.

**BOSENTAN** – Restricted see terms below

1. All of the following:
   1.1 Patient has pulmonary arterial hypertension (PAH); and
   1.2 PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and
   1.3 PAH is at NYHA/WHO functional class II, III, or IV; and
   1.4 Any of the following:
      1.4.1 Both:
      1.4.1.1 Bosentan is to be used as PAH monotherapy; and
      1.4.1.2 Either:
         1.4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or
         1.4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or
      1.4.2 Both:
      1.4.2.1 Bosentan is to be used as PAH dual therapy; and
      1.4.2.2 Either:
         1.4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond; or
         1.4.2.2.2 Patient deteriorated while on a PAH monotherapy; or
      1.4.3 Both:
      1.4.3.1 Bosentan is to be used as PAH triple therapy; and
      1.4.3.2 Any of the following:
         1.4.3.2.1 Patient is on the lung transplant list; or
         1.4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
         1.4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
         1.4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSXD) who have no major morbidities and are deteriorating despite combination therapy; or

Continued…
continued...

2 In-hospital stabilisation in emergency situations.

Continuation – Pulmonary arterial hypertension
Re-assessment required after 6 months

Any of the following:

1 Both:
   1.1 Bosentan is to be used as PAH monotherapy; and
   1.2 Patient is stable or has improved while on bosentan; or

2 Both:
   2.1 Bosentan is to be used as PAH dual therapy; and
   2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or

3 Both:
   3.1 Bosentan is to be used as PAH triple therapy; and
   3.2 Any of the following:
      3.2.1 Patient is on the lung transplant list; or
      3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
      3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
      3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (PAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

Phosphodiesterase Type 5 Inhibitors

SILDENAFIL – Restricted see terms below

Tab 25 mg – 1% DV Sep-18 to 2021 ................................. 0.64 4  Vedafil
Tab 50 mg – 1% DV Sep-18 to 2021 ................................. 0.64 4  Vedafil
Tab 100 mg – 1% DV Sep-18 to 2021 ............................... 6.60 12  Vedafil
Inj 0.8 mg per ml, 12.5 ml vial

Restricted (RS1643)

Initiation – tablets Raynaud’s Phenomenon

All of the following:

1 Patient has Raynaud’s phenomenon; and
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
3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

Initiation – tablets Pulmonary arterial hypertension

Any of the following:

1 All of the following:
   1.1 Patient has pulmonary arterial hypertension (PAH); and
   1.2 Any of the following:
      1.2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
      1.2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
      1.2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
   1.3 Any of the following:

continued…
continued...

1.3.1 PAH is in NYHA/WHO functional class II; or
1.3.2 PAH is in NYHA/WHO functional class III; or
1.3.3 PAH is in NYHA/WHO functional class IV; and
1.4 Either:
   1.4.1 All of the following:
      1.4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
      1.4.1.2 Either:
         1.4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
         1.4.1.2.2 Patient is peri Fontan repair; and
      1.4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm⁻⁵); or
   1.4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient’s young age; or
   2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or
   3 In-hospital stabilisation in emergency situations.

Initiation – tablets other conditions
Any of the following:
  1 For use in weaning patients from inhaled nitric oxide; or
  2 For perioperative use in cardiac surgery patients; or
  3 For use in intensive care as an alternative to nitric oxide.

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

Prostacyclin Analogues
EPOPROSTENOL – Restricted see terms below
   - Inj 500 mcg vial.................................................................36.61 1 Veletri
   - Inj 1.5 mg vial..............................................................73.21 1 Veletri

**Restricted (RS1624)**

Initiation
Either:
  1 For use in patients with a valid Special Authority approval for epoprostenol by the Pulmonary Arterial Hypertension Panel; or
  2 In-hospital stabilisation in emergency situations.
ILOPROST

Inj 50 mcg in 0.5 ml ampoule – 1% DV Jan-17 to 2019.........................380.00 5 Illomedin

Restricted (RS1625)

Initiation

Any of the following:

1. For use in patients with a valid Special Authority approval for iloprost 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

**HYDROGEN PEROXIDE**
- Crm 1% ................................................................. 8.56 15 g Crystaderm
- Soln 3% (10 vol) .................................................. 1.40 100 ml Pharmacy Health

**MAFENIDE ACETATE** – Restricted see terms below
- Powder 50 g sachet
- **Restricted (RS1299)**

**Initiation**
For the treatment of burns patients.

**MUPIROCIN**
- Oint 2%

**SODIUM FUSIDATE [FUSIDIC ACID]**
- Crm 2% ........................................................................ 2.52 15 g DP Fusidic Acid Cream
- Oint 2% ........................................................................ 3.45 15 g Foban

**SULFADIAZINE SILVER**
- Crm 1% – 1% DV Aug-17 to 2020 .............................. 10.80 50 g Flamazine

### Antifungals

**AMOROLFINE**
- Nail soln 5% – 1% DV Sep-17 to 2020 ....................... 15.95 5 ml MycoNail

**CICLOPIROX OLAMINE**
- Nail soln 8% – 1% DV Sep-18 to 2021 ....................... 5.72 7 ml Apo-Ciclopirox
- **Soln 1% – Restricted:** For continuation only

**CLOTRIMAZOLE**
- Crm 1% – 1% DV Jan-18 to 2020 ................................. 0.70 20 g Clomazol
- **Soln 1% – Restricted:** For continuation only

**ECONAZOLE NITRATE**
- **Crm 1% – Restricted:** For continuation only
- Foaming soln 1%

**KETOCONAZOLE**
- Shampoo 2% – 1% DV Sep-17 to 2020 ....................... 2.99 100 ml Sebizole

**METRONIDAZOLE**
- Gel 0.75%

**MICONAZOLE NITRATE**
- Crm 2% – 1% DV Jan-18 to 2020 ................................. 0.74 15 g Multichem
- **Lotn 2% – Restricted:** For continuation only
- Tinc 2%

**NYSTATIN**
- Crm 100,000 u per g

### Antiparasitics

**DIMETHICONE**
- Lotn 4% – 1% DV Jul-17 to 2019 ................................. 4.98 200 ml healthE Dimethicone 4% Lotion
DERMATOLOGICALS

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

MALATHION [MALDISON]
Lotn 0.5%
Shampoo 1%

PERMETHRIN
Crm 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

PHENOTHIRIN
Shampoo 0.5%

Antiacne Preparations

ADAPALENE
Crm 0.1%
Gel 0.1%

BENZOYL PEROXIDE
Soln 5%

ISOTRETINOIN
Cap 5 mg – 1% DV Oct-18 to 2021 ............................................. 8.14 60 Oratane
Cap 10 mg – 1% DV Oct-18 to 2021 ..................................... 13.34 120 Oratane
Cap 20 mg – 1% DV Oct-18 to 2021 ..................................... 20.49 120 Oratane

TRETINOIN
Crm 0.05% – 1% DV Jun-18 to 2021 ....................................... 13.90 50 g ReTrieve

Antipruritic Preparations

CALAMINE
Crm, aqueous, BP – 1% DV Nov-18 to 2021 .................................. 1.26 100 g healthE Calamine Aqueous Cream BP
Lotn, BP .................................................................................. 12.94 2,000 ml PSM

CROTAMITON
Crm 10% – 1% DV Sep-18 to 2021 ......................................... 3.29 20 g Itch-Soothe

Barrier Creams and Emollients

Barrier Creams

DIMETHICONE
Crm 5% tube – 1% DV Sep-16 to 2019 ...................................... 1.59 100 g healthE Dimethicone 5%
Crm 5% pump bottle – 1% DV Sep-16 to 2019 ................................................. 4.59 500 ml healthE Dimethicone 5%
Crm 10% pump bottle – 1% DV Sep-18 to 2021 ................................................. 4.52 500 ml healthE Dimethicone 10%

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

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

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zinc and Castor Oil</strong></td>
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<td></td>
</tr>
<tr>
<td>Crm</td>
<td>$1.63</td>
<td>Orion</td>
</tr>
<tr>
<td>Oint – 1% DV Jul-18 to 2020</td>
<td>$4.25</td>
<td>Boucher</td>
</tr>
<tr>
<td>Oint, BP – 1% DV Nov-17 to 2020</td>
<td>$1.26</td>
<td>healthE</td>
</tr>
</tbody>
</table>

Note: DV limit applies to the pack sizes of greater than 30 g.

Note: DV limit applies to the pack sizes of 30 g or less.

**Zinc with Wool Fat**

Crm zinc 15.25% with wool fat 4% — e.g. Sudocrem

**Emollients**

**Aqueous Cream**

Crm 100 g – 1% DV Oct-18 to 2021 — $1.05

Note: DV limit applies to the pack sizes of 100 g or less.

Crm 500 g – 1% DV Dec-18 to 2021 — $1.99

Crm 500 g – 1% DV Dec-18 to 2021 — $1.92

(AFT SLS-free Crm 500 g to be delisted 1 December 2018)

**Cetomacrogol**

Crm BP, 500 g – 1% DV Sep-18 to 2021 — $2.48

Crm BP, 100 g – 1% DV Sep-18 to 2021 — $1.42

**Cetomacrogol with Glycerol**

Crm 90% with glycerol 10% — $3.20

Crm 90% with glycerol 10% – 1% DV Aug-16 to 2019 — $2.82

Crm 90% with glycerol 10% — $3.87

**Emulsifying Ointment**

Oint BP – 1% DV Oct-17 to 2020 — $1.84

Note: DV limit applies to pack sizes of less than 200 g.

Oint BP, 500 g – 1% DV Oct-17 to 2020 — $3.59

Note: DV limit applies to pack sizes of greater than 200 g.

**Glycerol with Paraffin**

Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10% — e.g. QV cream

**Oil in Water Emulsion**

Crm, 500 g – 1% DV Jan-19 to 2021 — $2.19

Crm, 500 g – 1% DV Dec-18 to 2021 — $1.44

(healthE Fatty Cream Crm, 500 g to be delisted 1 January 2019)

**Paraffin**

Oint liquid paraffin 50% with white soft paraffin 50% – 1% DV Jan-19 to 2021 — $1.97

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

White soft – 1% DV Sep-18 to 2021 — $0.79

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

Yellow soft

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

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

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

<table>
<thead>
<tr>
<th>PARAFFIN WITH WOOL FAT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotn liquid paraffin 15.9% with wool fat 0.6%</td>
<td>e.g. AlphaKeri; BK; DP; Hydroderm Lotn</td>
</tr>
<tr>
<td>Lotn liquid paraffin 91.7% with wool fat 3%</td>
<td>e.g. Alpha Keri Bath Oil</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UREA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 10% – 1% DV Sep-16 to 2019</td>
<td>1.37 100 g healthE Urea Cream</td>
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</table>

<table>
<thead>
<tr>
<th>WOOL FAT</th>
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</thead>
<tbody>
<tr>
<td>Crm</td>
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**Corticosteroids**

<table>
<thead>
<tr>
<th>BETAMETHASONE DIPROPIONATE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.05%</td>
<td></td>
</tr>
<tr>
<td>Oint 0.05%</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BETAMETHASONE VALERATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.1% – 1% DV Oct-18 to 2021</td>
<td>3.45 50 g Beta Cream</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Oct-18 to 2021</td>
<td>3.45 50 g Beta Ointment</td>
</tr>
<tr>
<td>Lotn 0.1% – 1% DV Dec-18 to 2021</td>
<td>18.00 50 ml Betnovate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLOBETASOL PROPIONATE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.05%</td>
<td></td>
</tr>
<tr>
<td>Oint 0.05% – 1% DV Dec-16 to 2019</td>
<td>2.20 30 g Dermol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLOBETASONE BUTYRATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.05%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIFLUCORTOLONE VALERATE – Restricted: For continuation only</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.1%</td>
<td></td>
</tr>
<tr>
<td>Fatty oint 0.1%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYDROCORTISONE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 1%, 30 g – 1% DV Feb-17 to 2019</td>
<td>1.11 30 g DermAssist</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of less than or equal to 100 g.</td>
<td></td>
</tr>
<tr>
<td>Crm 1%, 500 g – 1% DV Dec-16 to 2019</td>
<td>16.25 500 g Pharmacy Health</td>
</tr>
<tr>
<td>Note: DV limit applies to the pack sizes of greater than 100 g.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYDROCORTISONE ACETATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 1%</td>
<td>2.48 14.2 g AFT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – 1% DV Sep-17 to 2020</td>
<td>10.57 250 ml DP Lotn HC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYDROCORTISONE BUTYRATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.1%</td>
<td>2.30 30 g Lociod Lipocream</td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td>6.85 100 g Lociod Lipocream</td>
</tr>
<tr>
<td>Milky emul 0.1%</td>
<td>6.85 100 ml Lociod Crelo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METHYLPREDNISOLONE ACAPEONATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.1%</td>
<td>4.95 15 g Advantan</td>
</tr>
<tr>
<td>Oint 0.1%</td>
<td>4.95 15 g Advantan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOMETASONE FUROATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crm 0.1% – 1% DV Nov-18 to 2021</td>
<td>1.51 15 g Elocon Alcohol Free</td>
</tr>
<tr>
<td>Oint 0.1% – 1% DV Nov-18 to 2021</td>
<td>2.50 50 g Elocon Alcohol Free</td>
</tr>
<tr>
<td>Lotn 0.1% – 1% DV Nov-18 to 2021</td>
<td>6.30 30 ml Elocon</td>
</tr>
</tbody>
</table>
Corticosteroids with Anti-Infective Agents

BETAMETHASONE VALERATE WITH Clioquinol – Restricted see terms below

- Crm 0.1% with clioquinol 3%
- Restricted (RS1125)

Initiation

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

BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [Fusidic Acid]

Crm 0.1% with sodium fusidate (fusidic acid) 2%

Psoriasis and Eczema Preparations

ACITRETIN

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

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

- Gel 500 mcg with calcipotriol 50 mcg per g – 1% DV Dec-18 to 2021 ..........52.24 60 g Daivobet
- Oint 500 mcg with calcipotriol 50 mcg per g – 1% DV Dec-18 to 2021 .......19.95 30 g Daivobet

CALCIPOTRIOL

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

COAL TAR WITH SALICYLIC ACID AND SULPHUR

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

METHOXSALEN [8-METHOXYPSORALEN]

- Tab 10 mg
- Lotion 1.2%

PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN

- Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – 1% DV Oct-17 to 2020..................3.86 500 ml Pinetarsol

POTASSIUM PERMANGANATE

- Tab 400 mg
- Crystals

Scalp Preparations

BETAMETHASONE VALERATE

- Scalp app 0.1% – 1% DV Oct-18 to 2021...........................................7.75 100 ml Beta Scalp
<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>CLOBETASOL PROPIONATE</td>
<td>$6.96</td>
<td>Dermol</td>
</tr>
<tr>
<td>HYDROCORTISONE BUTYRATE</td>
<td>$3.65</td>
<td>Locoid</td>
</tr>
<tr>
<td><strong>Wart Preparations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMIQUIMOD</td>
<td>$21.72</td>
<td>Perrigo</td>
</tr>
<tr>
<td>PODOPHYLLOTOXIN</td>
<td>$33.60</td>
<td>Condyline</td>
</tr>
<tr>
<td>SILVER NITRATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Skin Preparations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIPHEMANIL METILSULFATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUNSCREEN, PROPRIETARY</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antineoplastics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUOROURACIL SODIUM</td>
<td>$7.95</td>
<td>Efudix</td>
</tr>
<tr>
<td>METHYL AMINOLEVULINATE HYDROCHLORIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wound Management Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALCIUM GLUCONATE</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.
## Anti-Infective Agents

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETIC ACID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln 5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ricinoleic acid 0.75% with applicator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORHEXIDINE GLUCONATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cm 1%</td>
<td>healthE</td>
<td>1.21</td>
<td>50 g</td>
</tr>
<tr>
<td>Lotn 1%, 200 ml</td>
<td>healthE</td>
<td>2.98</td>
<td>1</td>
</tr>
<tr>
<td>CLOTRIMAZOLE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal crm 1% with applicator – 1% DV Nov-16 to 2019</td>
<td>Clomazol</td>
<td>1.60</td>
<td>35 g</td>
</tr>
<tr>
<td>Vaginal crm 2% with applicator – 1% DV Nov-16 to 2019</td>
<td>Clomazol</td>
<td>2.10</td>
<td>20 g</td>
</tr>
<tr>
<td>MICONAZOLE NITRATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal crm 2% with applicator – 1% DV Sep-17 to 2020</td>
<td>Micreme</td>
<td>3.88</td>
<td>40 g</td>
</tr>
<tr>
<td>NYSTATIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal crm 100,000 u per 5 g with applicator(s) – 1% DV Aug-17 to 2020....4.45</td>
<td>Nilstat</td>
<td>75 g</td>
<td></td>
</tr>
</tbody>
</table>

## Contraceptives

### Antiandrogen Oral Contraceptives

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPROTERONE ACETATE WITH ETHINYL Estradiol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2 mg with ethinylestradiol 35 mcg and 7 inert tablets – 1% DV</td>
<td>Ginet</td>
<td>4.67</td>
<td>168</td>
</tr>
<tr>
<td>Sep-17 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Combined Oral Contraceptives

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHINYL Estradiol WITH DESOGESTREL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 20 mcg with desogestrel 150 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 30 mcg with desogestrel 150 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYL Estradiol WITH LEVONORGESTREL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – 1% DV</td>
<td>Microgynon 20 ED</td>
<td>2.18</td>
<td>84</td>
</tr>
<tr>
<td>Jan-18 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – 1% DV</td>
<td>Levlen ED</td>
<td>1.77</td>
<td>84</td>
</tr>
<tr>
<td>Jan-18 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 20 mcg with levonorgestrel 100 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 30 mcg with levonorgestrel 150 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mcg with levonorgestrel 125 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYL Estradiol WITH NORETHISTERONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 35 mcg with norethisterone 1 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 35 mcg with norethisterone 500 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORETHISTERONE WITH MESTRANOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg with mestranol 50 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Contraceptive Devices

<table>
<thead>
<tr>
<th>Device Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRA-UTERINE DEVICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IUD 29.1 mm length × 23.2 mm width</td>
<td>31.60</td>
<td>1 Choice TT380 Short</td>
</tr>
<tr>
<td>IUD 33.6 mm length × 29.9 mm width</td>
<td>31.60</td>
<td>1 Choice TT380 Standard</td>
</tr>
<tr>
<td>IUD 35.5 mm length × 19.6 mm width</td>
<td>31.60</td>
<td>1 Choice Load 375</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) – 1% DV Mar-18 to 2020: 106.92 1 Jadelle
  - Intra-uterine system, 20 mcg per day – 1% DV Aug-16 to 2019: 269.50 1 Mirena

**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 Sep-18 to 2021: 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.*
## GENITO-URINARY SYSTEM

### 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 250 mcg per ml, 1 ml ampoule  
- Inj 500 mcg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020**........105.00 5 DBL Ergometrine  
(Any Inj 250 mcg per ml, 1 ml ampoule to be delisted 1 July 2019)

**OXYTOCIN**  

- Inj 5 iu per ml, 1 ml ampoule – **1% DV Nov-18 to 2021**........3.98 5 Oxytocin BNM  
- Inj 10 iu per ml, 1 ml ampoule – **1% DV Nov-18 to 2021**........4.98 5 Oxytocin BNM

**OXYTOCIN WITH ERGOMETRINE MALEATE**  

- Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – **1% DV Oct-18 to 2021**..........................15.00 5 Syntometrine

#### Tocolytics

**PROGESTERONE**  

- Cap 100 mg – **1% DV Aug-16 to 2019**........................................16.50 30 Utrogestan  
- **Restricted (RS1533)**

**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.

**TERBUTALINE**  

- Inj 500 mcg ampoule  
- **Restricted** see terms on the next page

---

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

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

- **Restricted (RS1130)** Obstetrician

### Oestrogens

**OESTRIOL**
- Crm 1 mg per g with applicator – 1% DV Oct-17 to 2020……………………………6.62 15 g Ovestin
- Pessaries 500 mcg – 1% DV Oct-17 to 2020………………………………………6.86 15 Ovestin

### Urologicals

#### 5-Alpha Reductase Inhibitors

**FINASTERIDE** – **Restricted** see terms below
- $ Tab 5 mg – 1% DV Dec-17 to 2020………………………………………4.81 100 Ricit

- **Restricted (RS1131)**
  - **Initiation**
    - Both:
      1. Patient has symptomatic benign prostatic hyperplasia; and
      2. Either:
        2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or
        2.2 Symptoms are not adequately controlled with non-selective alpha blockers.

#### Alpha-1A Adrenoceptor Blockers

**TAMSULOSIN HYDROCHLORIDE** – **Restricted** see terms below
- $ Cap 400 mcg – 1% DV Sep-18 to 2019………………………………………11.25 100 Tamsulosin-Rex

- **Restricted (RS1132)**
  - **Initiation**
    - Both:
      1. Patient has symptomatic benign prostatic hyperplasia; and
      2. The patient is intolerant of non-selective alpha blockers or these are contraindicated.

#### Urinary Alkalisers

**POTASSIUM CITRATE** – **Restricted** see terms below
- $ Oral liq 3 mmol per ml – 1% DV Oct-18 to 2021…………………………………31.80 200 ml Biomed

- **Restricted (RS1133)**
  - **Initiation**
    - Both:
      1. The patient has recurrent calcium oxalate urolithiasis; and
      2. The patient has had more than two renal calculi in the two years prior to the application.

**SODIUM CITRO-TARTRATE**
- Grans eff 4 g sachets – 1% DV Sep-17 to 2020…………………………………2.34 28 Ural

#### Urinary Antispasmodics

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

---

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg – 1% DV Dec-18 to 2021</td>
<td>3.00</td>
<td>Solifenacin Mylan</td>
</tr>
<tr>
<td>Tablet 5 mg</td>
<td>37.50</td>
<td>Vescicare</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Dec-18 to 2021</td>
<td>5.50</td>
<td>Solifenacin Mylan</td>
</tr>
<tr>
<td>Tablet 10 mg</td>
<td>37.50</td>
<td>Vescicare</td>
</tr>
</tbody>
</table>

(Vescicare Tablet 5 mg to be delisted 1 December 2018)
(Vescicare Tablet 10 mg to be delisted 1 December 2018)

**Initiation**

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

### TOLTERODINE TARTRATE – Restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg</td>
<td>14.56</td>
<td>Arrow-Tolterodine</td>
</tr>
<tr>
<td>Tab 2 mg</td>
<td>14.56</td>
<td>Arrow-Tolterodine</td>
</tr>
</tbody>
</table>

**Initiation**

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

### Anabolic Agents

**OXANDROLONE**

- Tab 2.5 mg
- **Restricted (RS1302)**

**Initiation**

For the treatment of burns patients.

### Androgen Agonists and Antagonists

**CYPROTERONE ACETATE**

- Tab 50 mg – 1% DV Dec-18 to 2021
  - Price: 15.87
  - Per 50 Procur: 13.17

- Tab 100 mg – 1% DV Dec-18 to 2021
  - Price: 30.40
  - Per 50 Procur: 26.75

*(Procour Tab 50 mg to be delisted 1 December 2018)*
*(Procour Tab 100 mg to be delisted 1 December 2018)*

**TESTOSTERONE**

- Patch 5 mg per day
  - Price: 80.00
  - Per 30 Androderm

**TESTOSTERONE CIPIONATE**

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

**TESTOSTERONE ESTERS**

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

**TESTOSTERONE UNDECANOATE**

- Cap 40 mg – 1% DV Nov-18 to 2021
  - Price: 21.00
  - Per 60 Andriol Testocaps

- Inj 250 mg per ml, 4 ml vial
  - Price: 86.00
  - Per 1 Reandron 1000

### Calcium Homeostasis

**CALCITONIN**

- Inj 100 iu per ml, 1 ml ampoule
  - Price: 121.00
  - Per 5 Miacalcic

**CINACALCET**

- **Restricted** see terms below

- Tab 30 mg – 1% DV Sep-18 to 2021
  - Price: 210.30
  - Per 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

*continued…*
continued...

2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L); and

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 <3 mmol/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

$\text{Inj 4 mg per 5 ml, vial} \quad 84.50 \quad 1 \quad \text{Zoledronic acid Mylan}$

$\text{550.00 Zometa}$

$\Rightarrow \text{Restricted (RS1602)}$

Initiation – bone metastases

Oncologist, haematologist or palliative care specialist

Any of the following:

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

Initiation – early breast cancer

Oncologist

All of the following:

1. Treatment to be used as adjuvant therapy for early breast cancer; and
2. Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
3. Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years.

Corticosteroids

BETAMETHASONE

Tab 500 mcg

$\text{Inj 4 mg per ml, 1 ml ampoule}$

BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE

$\text{Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml ampoule}$

DEXAMETHASONE

Tab 0.5 mg – 1% DV Oct-18 to 2021 .................................................. 0.99 30  Dexamethsone

Tab 4 mg – 1% DV Oct-18 to 2021 .................................................. 1.90 30  Dexamethsone

Oral liq 1 mg per ml ...................................................................... 45.00 25 ml Biomed

DEXAMETHASONE PHOSPHATE

$\text{Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019} \quad 14.19 \quad 10 \quad \text{Max Health}$

$\text{Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-16 to 2019} \quad 25.18 \quad 10 \quad \text{Max Health}$

Products with Hospital Supply Status (HSS) are in bold

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

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex man. excl. GST) $ Per</td>
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<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FLUDROCORTISONE ACETATE</strong></td>
<td>Tab 100 mcg</td>
<td>14.32</td>
<td>Florinef</td>
</tr>
<tr>
<td><strong>HYDROCORTISONE</strong></td>
<td>Tab 5 mg – 1% DV Sep-18 to 2021</td>
<td>8.10</td>
<td>Douglas</td>
</tr>
<tr>
<td></td>
<td>Tab 20 mg – 1% DV Sep-18 to 2021</td>
<td>20.32</td>
<td>Douglas</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg vial – 1% DV Oct-16 to 2019</td>
<td>5.30</td>
<td>Solu-Cortef</td>
</tr>
<tr>
<td><strong>METHYLprednisolone (AS SODIUM SUCCINATE)</strong></td>
<td>Tab 4 mg – 1% DV Dec-18 to 2021</td>
<td>112.00</td>
<td>Medrol</td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg – 1% DV Dec-18 to 2021</td>
<td>194.00</td>
<td>Medrol</td>
</tr>
<tr>
<td></td>
<td>Inj 40 mg vial – 1% DV Dec-18 to 2021</td>
<td>18.90</td>
<td>Solu-Medrol Act-O-Vial</td>
</tr>
<tr>
<td></td>
<td>Inj 125 mg vial – 1% DV Dec-18 to 2021</td>
<td>28.90</td>
<td>Solu-Medrol Act-O-Vial</td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg vial – 1% DV Dec-18 to 2021</td>
<td>22.78</td>
<td>Solu-Medrol Act-O-Vial</td>
</tr>
<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Dec-18 to 2021</td>
<td>27.83</td>
<td>Solu-Medrol</td>
</tr>
<tr>
<td><strong>METHYLprednisolone ACETATE</strong></td>
<td>Inj 40 mg per ml, 1 ml vial – 1% DV Dec-18 to 2021</td>
<td>44.40</td>
<td>Depo-Medrol</td>
</tr>
<tr>
<td><strong>METHYLprednisolone ACETATE WITH LIDOCAINE [LIGNOCAINE]</strong></td>
<td>Inj 40 mg with lidocaine [lignocaine], 1 ml vial</td>
<td>9.25</td>
<td>Depo-Medrol with Lidocaine</td>
</tr>
<tr>
<td><strong>PREDNISOLONE</strong></td>
<td>Oral liq 5 mg per ml – 1% DV Jun-18 to 2021</td>
<td>6.00</td>
<td>Redipred</td>
</tr>
<tr>
<td></td>
<td>Enema 200 mcg per ml, 100 ml</td>
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<tr>
<td><strong>PREDNISONE</strong></td>
<td>Tab 1 mg – 1% DV Jun-17 to 2020</td>
<td>10.68</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td></td>
<td>Tab 2.5 mg – 1% DV Jun-17 to 2020</td>
<td>12.09</td>
<td>Apo-Prednisone</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Jun-17 to 2020</td>
<td>11.09</td>
<td>Apo-Prednisone</td>
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<td></td>
<td>Tab 20 mg – 1% DV Jun-17 to 2020</td>
<td>29.03</td>
<td>Apo-Prednisone</td>
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<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</td>
<td>Kenacort-A 10</td>
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<tr>
<td></td>
<td>Inj 40 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020</td>
<td>51.10</td>
<td>Kenacort-A 40</td>
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<tr>
<td><strong>TRIAMCINOLONE HEXACETONIDE</strong></td>
<td>Inj 20 mg per ml, 1 ml vial</td>
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</tbody>
</table>

### Hormone Replacement Therapy

#### Oestrogens

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oestradiol</strong></td>
<td>Tab 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 2 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patch 25 mcg per day – 1% DV Oct-16 to 2019</td>
<td>6.12</td>
<td>Estradot</td>
</tr>
<tr>
<td></td>
<td>Patch 50 mcg per day – 1% DV Oct-16 to 2019</td>
<td>7.04</td>
<td>Estradot</td>
</tr>
<tr>
<td></td>
<td>Patch 75 mcg per day – 1% DV Mar-17 to 2019</td>
<td>7.91</td>
<td>Estradot</td>
</tr>
<tr>
<td></td>
<td>Patch 100 mcg per day – 1% DV Oct-16 to 2019</td>
<td>7.91</td>
<td>Estradot</td>
</tr>
<tr>
<td><strong>Oestradiol Valerate</strong></td>
<td>Tab 1 mg – 1% DV Sep-18 to 2021</td>
<td>12.36</td>
<td>Progynova</td>
</tr>
<tr>
<td></td>
<td>Tab 2 mg – 1% DV Sep-18 to 2021</td>
<td>12.36</td>
<td>Progynova</td>
</tr>
<tr>
<td><strong>Oestrogens (Conjugated Equine)</strong></td>
<td>Tab 300 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 625 mcg</td>
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</tr>
</tbody>
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Item restricted (see above); Item restricted (see below)

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

### Price

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

### Progestogen and Oestrogen Combined Preparations

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

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

### Progestogens

**MEDROXYPROGESTERONE ACETATE**
- Tab 2.5 mg – 1% DV 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-18 to 2021
  - 3.75 2 Dostinex
  - 15.20 8 Dostinex

**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

**ETHINYLÖESTRADIOL**
- Tab 10 mcg – 1% DV Sep-18 to 2021
  - 17.60 100 NZ Medical and Scientific

**OESTRADIOL**
- Implant 50 mg

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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.
HORMONE PREPARATIONS

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

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 ................................................................. 18.29 100 Primolut N

Pituitary and Hypothalamic Hormones and Analogues

CORTICOTRORELIN (OVINE)
Inj 100 mcg vial

THYROTROPIN ALFA
Inj 900 mcg vial

Adrenocorticotropic Hormones

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

GnRH Agonists and Antagonists

BUSERELIN
Inj 1 mg per ml, 5.5 ml vial

GONADORELIN
Inj 100 mcg vial

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

LEUPRORELIN ACETATE
Inj 3.75 mg prefilled dual chamber syringe .................................. 221.60 1 Lucrin Depot 1-month
Inj 11.25 mg prefilled dual chamber syringe .................................. 591.68 1 Lucrin Depot 3-month

Gonadotrophins

CHORIOGONADOTROPIN ALFA
Inj 250 mcg in 0.5 ml syringe

Growth Hormone

SOMATROPIN – Restricted see terms below

* Inj 5 mg cartridge – 1% DV Oct-18 to 2021 .................................. 34.88 1 Omnitrope
* Inj 10 mg cartridge – 1% DV Oct-18 to 2021 .............................. 69.75 1 Omnitrope
* Inj 15 mg cartridge – 1% DV Oct-18 to 2021 .............................. 104.63 1 Omnitrope

Restricted (RS1549)
Initiation – growth hormone deficiency in children
Endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months
Either:

continued…

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

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

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

**Continuation – growth hormone deficiency in children**

Endocrinologist 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 Davies (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:

continued…
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**continued…**

1. The patient's height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth acceleration or delay; and
2. Height velocity is < 25th percentile for age (adjusted for bone age/pubertal status if appropriate), as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3. A current bone age is < 14 years (female patients) or < 16 years (male patients); and
4. The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

**Continuation – short stature without growth hormone deficiency**

Endocrinologist 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 an endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1. The patient's height is more than 2 standard deviations below the mean; and
2. Height velocity is < 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
   
   \[
   \text{Height(cm)/plasma creatinine (umol/l} \times 40 = \text{corrected GFR (ml/min/1.73 m}^2) \text{ in a child who may or may not be receiving dialysis; or}
   \]
   
   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 an 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 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

continued…
continued...

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:

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.

continued…
continued…

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.

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

**Continuation – adults and adolescents**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

Either:

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

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

**Thyroid and Antithyroid Preparations**

**CARBIMAZOLE**
  Tab 5 mg

**IODINE**
  Soln BP 50 mg per ml

**LEVOTHYROXINE**
  Tab 25 mcg
  Tab 50 mcg
  Tab 100 mcg

**LIOTHYRONINE SODIUM**
  Tab 20 mcg
  **Restricted (RS1301)**

**Initiation**

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

Inj 20 mcg vial

**POTASSIUM IODATE**
  Tab 170 mg

**POTASSIUM PERCHLORATE**
  Cap 200 mg

**PROPYLTHIOURACIL** – **Restricted** see terms on the next page
  Tab 50 mg .......................................................................................................................... 35.00  100  PTU
Products with Hospital Supply Status (HSS) are in **bold**

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

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**→ Restricted (RS1276)**

**Initiation**

*Both:*

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

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

**PROTIRELIN**

*Inj 100 mcg per ml, 2 ml ampoule*

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**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 (RS1339)**

**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 ............................................................... 215.00 5 Glypressin*
## Antibacterials

### Aminoglycosides

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

- **Inj 5 mg per ml, 10 ml syringe**
- **Inj 5 mg per ml, 5 ml syringe**
- **Inj 15 mg per ml, 5 ml syringe**
- **Inj 250 mg per ml, 2 ml vial - 1% DV Aug-18 to 2021**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$176.00</td>
</tr>
<tr>
<td>$265.00</td>
</tr>
</tbody>
</table>

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

**GENTAMICIN SULPHATE**

- **Inj 10 mg per ml, 1 ml ampoule**
- **Inj 10 mg per ml, 2 ml ampoule**
- **Inj 40 mg per ml, 2 ml ampoule**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25.00</td>
</tr>
<tr>
<td>$175.10</td>
</tr>
<tr>
<td>$6.00</td>
</tr>
</tbody>
</table>

*(APP Pharmaceuticals Inj 10 mg per ml, 2 ml ampoule to be delisted 1 April 2019)*

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

- **Cap 250 mg**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>$126.00</td>
</tr>
</tbody>
</table>

**Clinical microbiologist, infectious disease specialist or gastroenterologist**

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

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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15.00</td>
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</tbody>
</table>

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

**TOBRAMYCIN**

- **Powder**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$73.50</td>
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</tbody>
</table>

** Initiation**

For addition to orthopaedic bone cement.

- **Inj 40 mg per ml, 2 ml vial - 1% DV Sep-18 to 2021**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>$15.00</td>
</tr>
</tbody>
</table>

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

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

**Initiation**

Patient has cystic fibrosis.

### Carbapenems

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

- **Inj 1 g vial**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>$73.50</td>
</tr>
</tbody>
</table>

**Clinical microbiologist or infectious disease specialist**

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

- **Inj 500 mg with 500 mg cilastatin vial**

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60.00</td>
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### INFECTIONS

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

#### Restricted (RS1046)

Clinical microbiologist or infectious disease specialist

**MEROPENEM** — Restricted see terms below

- Inj 500 mg vial − 1% DV Oct-18 to 2020.......................... 4.00 1 Meropenem Ranbaxy
- Inj 1 g vial − 1% DV Oct-18 to 2020............................. 8.00 1 Meropenem Ranbaxy

#### Restricted (RS1047)

Clinical microbiologist or infectious disease specialist

### Cephalosporins and Cephamycins - 1st Generation

**CEFALEXIN**

- Cap 250 mg − 1% DV Dec-16 to 2019.................................................. 3.50 20 Cephalexin ABM
- Cap 500 mg − 1% DV Oct-16 to 2019.................................................. 3.95 20 Cephalexin ABM
- Grans for oral liq 25 mg per ml − 1% DV Oct-18 to 2021.................. 8.75 100 ml Cefalexin Sandoz
- Grans for oral liq 50 mg per ml − 1% DV Oct-18 to 2021.................. 11.75 100 ml Cefalexin Sandoz

**CEFAZOLIN**

- Inj 500 mg vial − 1% DV Sep-17 to 2020.......................... 3.39 5 AFT
- Inj 1 g vial − 1% DV Sep-17 to 2020............................. 3.29 5 AFT

### Cephalosporins and Cephamycins - 2nd Generation

**CEFACLOR**

- Cap 250 mg − 1% DV Sep-16 to 2019.................................................. 24.70 100 Ranbaxy-Cefaclor
- Grans for oral liq 25 mg per ml − 1% DV Sep-16 to 2019.................. 3.53 100 ml Ranbaxy-Cefaclor

**CEFOXITIN**

- Inj 1 g vial ................................................................. 58.00 10 Cefoxitin Actavis

**CEFUROXIME**

- Tab 250 mg.................................................................................. 29.40 50 Zinnat
- Inj 750 mg vial − 1% DV Feb-18 to 2020.......................... 9.85 10 Cefuroxime Actavis
- Inj 1.5 g vial − 1% DV Feb-18 to 2020............................. 14.36 10 Cefuroxime Actavis

### Cephalosporins and Cephamycins - 3rd Generation

**CEFOTAXIME**

- Inj 500 mg vial ........................................................................ 1.90 1 Cefotaxime Sandoz
- Inj 1 g vial − 1% DV Sep-17 to 2020.......................... 14.60 10 DBL Cefotaxime

**CEFTAZIDIME** — Restricted see terms below

- Inj 1 g vial ........................................................................ 23.00 5 Ceftazidime Mylan

#### Restricted (RS1048)

Clinical microbiologist, infectious disease specialist or respiratory specialist

**CEFTRIAXONE**

- Inj 500 mg vial − 1% DV Nov-16 to 2019.......................... 1.20 1 DEVA
- Inj 1 g vial − 1% DV Dec-16 to 2019............................. 0.84 1 DEVA
- Inj 2 g vial ........................................................................... 2.75 1 Ceftriaxone-AFT

### Cephalosporins and Cephamycins - 4th Generation

**CEFEPIME** — Restricted see terms below

- Inj 1 g vial − 1% DV Sep-18 to 2021............................. 3.75 1 Cefepime-AFT
- Inj 2 g vial − 1% DV Sep-18 to 2021............................. 5.69 1 Cefepime-AFT

#### Restricted (RS1049)

Clinical microbiologist or infectious disease specialist

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Products with Hospital Supply Status (HSS) are in bold

Expiration date of HSS period is 30 June of the year indicated unless otherwise stated.
Cephalosporins and Cephamycins - 5th Generation

CEFTAROLINE FOSAMIL – Restricted see terms below

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

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

Macrolides

AZITHROMYCIN – Restricted see terms below

- Tab 250 mg – 1% DV Sep-18 to 2021 ........................................ 8.19 30 Apo-Azithromycin
- Tab 500 mg – 1% DV Sep-18 to 2021 ........................................ 0.93 2 Apo-Azithromycin
- Grans for oral liq 200 mg per 5 ml (40 mg per ml) – 1% DV Dec-18 to 2021 .................................................. 14.38 15 ml Zithromax

Initiation – bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterium infections
Any of the following:
1. Patient has received a lung transplant, stem cell transplant or bone marrow transplant and requires treatment for bronchiolitis obliterans syndrome*; or
2. Patient has received a lung transplant and requires prophylaxis for bronchiolitis obliterans syndrome*; or
3. Patient has cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*; or
4. Patient has an atypical Mycobacterium infection.

Note: Indications marked with * are unapproved indications

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

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

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

continued…
continue...

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 – 1% DV Dec-17 to 31 Aug 2020 .......................................... 12.04 1 Martindale

**ERYTHROMYCIN (AS ETHYLSUCCINATE)**

- 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 LACTOBIONATE)**

- 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 below

- 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

**Restricted (RS1569)**
Initiation
Only for use in patients under 12 years of age.
## Penicillins

### AMOXICILLIN
- **Cap 250 mg – 1% DV Sep-16 to 2019** ............................................. 14.97 500 Apo-Amoxi
- **Cap 500 mg – 1% DV Sep-16 to 2019** ............................................. 16.75 500 Apo-Amoxi
- **Grans for oral liq 125 mg per 5 ml – 1% DV Feb-18 to 2020** ........... 1.20 100 ml Alphamox 125
- **Grans for oral liq 250 mg per 5 ml – 1% DV Feb-18 to 2020** ........... 1.31 100 ml Alphamox 250
- **Inj 250 mg vial – 1% DV Sep-17 to 2020** ........................................ 10.67 10 Ibiaox
- **Inj 500 mg vial – 1% DV Sep-17 to 2020** ........................................ 12.41 10 Ibiaox
- **Inj 1 g vial – 1% DV Sep-17 to 2020** ............................................. 17.29 10 Ibiaox

### AMOXICILLIN WITH CLAVULANIC ACID
- **Tab 500 mg with clavulanic acid 125 mg – 1% DV Oct-17 to 2020** .... 1.88 20 Augmentin
- **Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml** .......... 3.83 100 ml Augmentin
- **Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV Aug-17 to 2019** ............................................................. 2.20 100 ml Curam
- **Inj 500 mg with clavulanic acid 100 mg vial** .................................. 10.14 10 m-Amoxiclav
- **Inj 1,000 mg with clavulanic acid 200 mg vial** ................................. 12.80 10 m-Amoxiclav

### BENZATHINE BENZYL PENCILLIN
- **Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Dec-18 to 2021** ... 344.93 10 Bicillin LA

### BENZYL PENCILLIN SODIUM [PENICILLIN G]
- **Inj 600 mg (1 million units) vial – 1% DV Sep-17 to 2020** ................. 10.35 10 Sandoz

### FLUCLOXACILLIN
- **Cap 250 mg – 1% DV Sep-18 to 2021** ............................................ 16.83 250 Staphlex
- **Cap 500 mg – 1% DV Sep-18 to 2021** ............................................ 56.61 500 Staphlex
- **Grans for oral liq 25 mg per ml – 1% DV Oct-18 to 2021** ................. 2.29 100 ml AFT
- **Grans for oral liq 50 mg per ml – 1% DV Oct-18 to 2021** ................. 3.68 100 ml AFT
- **Inj 250 mg vial – 1% DV Sep-17 to 2020** ........................................ 9.00 10 Flucloxin
- **Inj 500 mg vial – 1% DV Sep-17 to 2020** ........................................ 9.40 10 Flucloxin
- **Inj 1 g vial – 1% DV Sep-17 to 2020** ........................................... 5.22 5 Flucil

### PHENOXYMETHYL PENCILLIN [PENICILLIN V]
- **Cap 250 mg – 1% DV Sep-18 to 2021** ........................................... 2.59 50 Cilicaine VK
- **Cap 500 mg – 1% DV Sep-18 to 2021** ........................................... 4.26 50 Cilicaine VK
- **Grans for oral liq 125 mg per 5 ml – 1% DV Sep-16 to 2019** ............ 1.48 100 ml AFT
- **Grans for oral liq 250 mg per 5 ml – 1% DV Sep-16 to 2019** ............ 1.58 100 ml AFT

### PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below
- **Inj 4 g with tazobactam 0.5 g vial** ................................................ 38.00 10 PipTaz Sandoz
- **Inj 0.5 g with tazobactam 0.2 g vial** ............................................. 15.50 1 Tazocin EF

#### Restricted (RS1053)
Clinical microbiologist, infectious disease specialist or respiratory specialist

### PROCAINE PENCILLIN
- **Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-17 to 2020** .......................... 123.50 5 Cilicaine

### TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms below
- **Inj 3 g with clavulanic acid 0.1 mg vial**

#### Restricted (RS1054)
Clinical microbiologist, infectious disease specialist or respiratory specialist
### Quinolones

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 250 mg – 1% DV Sep-17 to 2020</td>
<td>1.45</td>
<td>Cipflox</td>
</tr>
<tr>
<td>Tab 500 mg – 1% DV Sep-17 to 2020</td>
<td>1.99</td>
<td>Cipflox</td>
</tr>
<tr>
<td>Tab 750 mg – 1% DV Sep-17 to 2020</td>
<td>3.15</td>
<td>Cipflox</td>
</tr>
<tr>
<td>Oral liq 50 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 100 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 100 ml bag – 1% DV Oct-18 to 2021</td>
<td>68.20</td>
<td>10 Cipflox</td>
</tr>
</tbody>
</table>

**MOXIFLOXACIN** – *Restricted* see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 400 mg ..........................................................52.00</td>
<td>Avelox</td>
<td></td>
</tr>
<tr>
<td>Inj 1.6 mg per ml, 250 ml bottle ........................................70.00</td>
<td>1 Avelox IV 400</td>
<td></td>
</tr>
</tbody>
</table>

**Initiation – Mycobacterium infection**

Infectious disease specialist, clinical microbiologist or respiratory specialist

Any of the following:

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; or
      3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.

**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 is symptomatic; and
2. Either:
   2.1 Has tried and failed to clear infection using azithromycin; or
   2.2 Has laboratory confirmed azithromycin resistance; and
3. Treatment is only for 7 days.

**NORFLOXACIN**

<table>
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<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
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<tbody>
<tr>
<td>Tab 400 mg ..........................................................135.00</td>
<td>Arrow-Norfloxacin</td>
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</tbody>
</table>
## Tetracyclines

**DEMECLOCYLINE 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** (RS1059)
  - Clinical microbiologist or infectious disease specialist

## Other Antibacterials

**AZTREONAM – **Restricted** see terms below**
- Inj 1 g vial ................................................................. $182.46 5 Azactam
  - **Restricted** (RS1277)
  - Clinical microbiologist or infectious disease specialist

**CHLORAMPHENICOL – **Restricted** see terms below**
- Inj 1 g vial
  - **Restricted** (RS1277)
  - 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** (RS1061)
  - 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** (RS1062)
  - Clinical microbiologist, infectious disease specialist or respiratory specialist

**DAPTOMYCIN – **Restricted** see terms below**
- Inj 350 mg vial ................................................................. $175.16 1 Cubicin
  - Inj 500 mg vial ................................................................. $243.52 1 Cubicin
  - **Restricted** (RS1063)
  - Clinical microbiologist or infectious disease specialist

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

<table>
<thead>
<tr>
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- **Restricted (RS1315)**  
  Clinical microbiologist or infectious disease specialist

  **HEXAMINE HIPPURATE**
  
  Tab 1 g

- **Restricted (RS1065)**  
  Clinical microbiologist or infectious disease specialist

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

- **Restricted (RS1066)**  
  Clinical microbiologist or infectious disease specialist

  **LINEZOLID** – **Restricted** see terms below
  
  ↗ Tab 600 mg – 1% DV Oct-18 to 2021.................................553.77 10 Zyvox
  ↗ Oral liq 20 mg per ml – 1% DV Dec-18 to 2021......................1,879.00 150 ml Zyvox
  ↗ Inj 2 mg per ml, 300 ml bag........................................1,650.00 10 Zyvox

- **Restricted (RS1322)**  
  Clinical microbiologist or infectious disease specialist

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

- **Restricted (RS1064)**  
  Clinical microbiologist or infectious disease specialist

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

- **Restricted (RS1067)**  
  Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist

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

- **Restricted (RS1068)**  
  Clinical microbiologist or infectious disease specialist

  **TRIMETHOPRIM**
  
  Tab 100 mg
  Tab 300 mg – 1% DV Oct-18 to 2021.................................16.50 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

- **Restricted (RS1069)**  
  Clinical microbiologist or infectious disease specialist

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

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**

- **Brand or Generic Manufacturer**

  - **Price (ex man. excl. GST) $ Per**

    | Description | Price |
    |-------------|-------|
    | Tab 200 mg | **Per** |
    | Restricted (RS1410) | **3,450.00** |

Oncologist

#### Polyene Antimycotics

**AMPHOTERICIN B**

- **Brand or Generic Manufacturer**

  - **Price (ex man. excl. GST) $ Per**

    | Description | Price |
    |-------------|-------|
    | Inj (liposomal) 50 mg vial | **3,450.00** |
    | Restricted (RS1071) | **10 AmBisome** |

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.

- **Brand or Generic Manufacturer**

  - **Price (ex man. excl. GST) $ Per**

    | Description | Price |
    |-------------|-------|
    | Inj 50 mg vial | **17.09** |
    | Restricted (RS1316) | **50 Nilstat** |

#### Triazoles

**FLUCONAZOLE** – **Restricted** see terms below

- **Brand or Generic Manufacturer**

  - **Price (ex man. excl. GST) $ Per**

    | Description | Price |
    |-------------|-------|
    | Cap 50 mg – 1% DV Feb-18 to 2020 | **2.09** |
    | Mylan | **28** |
    | Cap 150 mg – 1% DV Feb-18 to 2020 | **0.33** |
    | Mylan | **1** |
    | Cap 200 mg – 1% DV Feb-18 to 2020 | **5.08** |
    | Mylan | **28** |
    | Oral liquid 50 mg per 5 ml | **98.50** |
    | Diflucan | **35 ml** |
    | Inj 2 mg per ml, 50 ml vial – 1% DV Sep-16 to 2019 | **4.95** |
    | Fluconazole-Claris | **1** |
    | Inj 2 mg per ml, 100 ml vial – 1% DV Sep-16 to 2019 | **6.47** |
    | Fluconazole-Claris | **1** |

- **Brand or Generic Manufacturer**

  - **Price (ex man. excl. GST) $ Per**

    | Description | Price |
    |-------------|-------|
    | Oral liquid 10 mg per ml | **2.79** |
    | Itrazole | **15** |

**ITRACONAZOLE** – **Restricted** see terms below

- **Brand or Generic Manufacturer**

  - **Price (ex man. excl. GST) $ Per**

    | Description | Price |
    |-------------|-------|
    | Cap 100 mg – 1% DV Sep-16 to 2019 | **2.79** |
    | Itrazole | **15** |

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

- **Brand or Generic Manufacturer**

  - **Price (ex man. excl. GST) $ Per**

    | Description | Price |
    |-------------|-------|
    | Tab modified-release 100 mg | **869.86** |
    | Noxafil | **24** |
    | Oral liq 40 mg per ml | **761.13** |
    | Noxafil | **105 ml** |
**INFECTIONS**

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

**→ Restricted (RS1074)**

**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 Sep-18 to 2021 .............................................................. 91.00 56 Vttack
- Tab 200 mg – 1% DV Sep-18 to 2021 ........................................................... 350.00 56 Vttack
- Powder for oral suspension 40 mg per ml – 1% DV Dec-18 to 2021 ......... 1,437.00 70 ml Vfend
- Inj 200 mg vial – 1% DV Feb-18 to 2019 .................................................... 65.00 1 Generic Partners

**→ Restricted (RS1075)**

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

- **Restricted (RS1076)**
  
  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

- **Restricted (RS1279)**
  Clinical microbiologist or infectious disease specialist

TERBINAFINE

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

Antimycobacterials

### Antileprotics

CLOFAZIMINE – **Restricted** see terms below

- Cap 50 mg

- **Restricted (RS1077)**
  Clinical microbiologist, dermatologist or infectious disease specialist

DAPSONE – **Restricted** see terms below

- Tab 25 mg ..................................................................................................... 268.50 100 Dapsone

- Tab 100 mg ................................................................................................... 329.50 100 Dapsone

- **Restricted (RS1078)**
  Clinical microbiologist, dermatologist or infectious disease specialist

Cycloserine – **Restricted** see terms below

- Cap 250 mg

- **Restricted (RS1079)**
  Clinical microbiologist, infectious disease specialist or respiratory specialist

ETHAMBUTOL HYDROCHLORIDE – **Restricted** see terms below

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

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

(Myambutol Tab 100 mg to be delisted 1 February 2019)

- **Restricted (RS1080)**
  Clinical microbiologist, infectious disease specialist or respiratory specialist

ISONIAZID – **Restricted** see terms below

- Tab 100 mg – 1% DV Oct-18 to 2021 .............................................................. 22.00 100 PSM

- **Restricted (RS1281)**
  Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician

ISONIAZID WITH RIFAMPICIN – **Restricted** see terms on the next page

- Tab 100 mg with rifampicin 150 mg – 1% DV Sep-18 to 2021 ....................... 85.54 100 Rifinah

- Tab 150 mg with rifampicin 300 mg – 1% DV Sep-18 to 2021 .................... 170.60 100 Rifinah

---

- Item restricted (see ➥ above);

- Item restricted (see ➥ below)

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

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

**Restricted (RS1282)**
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 (RS1083)**
Clinical microbiologist, infectious disease specialist or respiratory specialist

**PROTIONAMIDE** – Restricted see terms below

- Tab 250 mg..........................305.00 100 Peteha

**Restricted (RS1084)**
Clinical microbiologist, infectious disease specialist or respiratory specialist

**PYRAZINAMIDE** – Restricted see terms below

- Tab 500 mg

**Restricted (RS1085)**
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 (RS1086)**
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 (RS1087)**
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 (RS1088)**
Clinical microbiologist or infectious disease specialist

**IVERMECTIN** – Restricted see terms below

- Tab 3 mg...............................17.20 4 Stromectol

**Restricted (RS1283)**
Clinical microbiologist, dermatologist or infectious disease specialist

**MEBENDAZOLE**

- Tab 100 mg..............................24.19 24 De-Worm

- Oral liq 100 mg per 5 ml

**PRAZIQUANTEL**

- Tab 600 mg

**Antiprotozoals**

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

- Tab 20 mg with lumefantrine 120 mg

Products with Hospital Supply Status (HSS) are in **bold**
Expired 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>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTESUNATE – Restricted see terms below</td>
<td>$25.00</td>
<td>12 Malarone Junior</td>
</tr>
<tr>
<td>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted see terms below</td>
<td>$25.00</td>
<td>12 Malarone</td>
</tr>
<tr>
<td>CHLOROQUINE PHOSPHATE – Restricted see terms below</td>
<td>$33.48</td>
<td>8 Lariam</td>
</tr>
<tr>
<td>(Lariam Tab 250 mg to be delisted 1 January 2019)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEFLOQUINE – Restricted see terms below</td>
<td>$33.48</td>
<td>8 Lariam</td>
</tr>
<tr>
<td>METRONIDAZOLE</td>
<td>Tab 200 mg</td>
<td>100 Trichozole</td>
</tr>
<tr>
<td></td>
<td>Tab 400 mg</td>
<td>100 Trichozole</td>
</tr>
<tr>
<td></td>
<td>Oral liq benzoate 200 mg per 5 ml</td>
<td>100 ml Flagyl-S</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 100 ml bottle</td>
<td>100 ml AFT</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 100 ml bag</td>
<td>10 Baxter</td>
</tr>
<tr>
<td></td>
<td>Suppos 500 mg</td>
<td>10 Flagyl</td>
</tr>
<tr>
<td>NITAZOXANIDE – Restricted see terms below</td>
<td>1,680.00</td>
<td>30 Alinia</td>
</tr>
<tr>
<td>PENTAMIDINE ISETHIONATE – Restricted see terms below</td>
<td>$180.00</td>
<td>5 Pentacarinat</td>
</tr>
<tr>
<td>PRIMAQUINE PHOSPHATE – Restricted see terms below</td>
<td>$180.00</td>
<td>5 Pentacarinat</td>
</tr>
<tr>
<td>PYRIMETHAMINE – Restricted see terms below</td>
<td>$23.00</td>
<td>10 Flagyl</td>
</tr>
<tr>
<td>QUININE DIHYDROCHLORIDE – Restricted see terms on the next page</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Item restricted (see above); Item restricted (see below) | e.g. Brand indicates brand example only. It is not a contracted product.
INFECTIONS

Price (ex man. excl. GST) $ Per

Brand or
Generic
Manufacturer

→ Restricted (RS1099)
Clinical microbiologist or infectious disease specialist
QUININE SULPHATE
   Tab 300 mg .................................................................61.91 500 Q 300

SODIUM STIBOGLUCONATE – Restricted see terms below
   → Restricted (RS1100)
Clinical microbiologist or infectious disease specialist
SPIRAMYCIN – Restricted see terms below
   → Restricted (RS1101)
Maternal-foetal medicine specialist

Antiretrovirals
Non-Nucleoside Reverse Transcriptase Inhibitors

→ Restricted (RS1571)
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 .................................................................63.38 30 Stocrin
   → Tab 200 mg ..............................................................190.15 90 Stocrin
   → Tab 600 mg .............................................................63.38 30 Stocrin
   → Oral liq 30 mg per ml

ETRAVIRINE – Restricted see terms above
   → Tab 200 mg ..............................................................770.00 60 Intelence

NEVIRAPINE – Restricted see terms above
   → Tab 200 mg – 1% DV Sep-18 to 2021 .............................................60.00 60 Nevirapine Alphapharm
   → Oral suspension 10 mg per ml.....................................................203.55 240 ml Viramune Suspension

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 (RS1572)**

**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.

**ABACAVIR SULPHATE – Restricted** see terms above

- Tab 300 mg ................................................................. 229.00 60 Ziagen
- Oral liq 20 mg per ml .................................................. 256.31 240 ml Ziagen

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

- Tab 600 mg with lamivudine 300 mg .................................. 427.29 30 Kivexa

**EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – Restricted** see terms above

- Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg .......................................................... 237.52 30 Atripla

**EMTRICITABINE – Restricted** see terms above

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

**LAMIVUDINE – Restricted** see terms above

- Oral liq 10 mg per ml

**STAVUDINE – Restricted** see terms above

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

**ZIDOVUDINE [AZT] – Restricted** see terms above

- Cap 100 mg – 1% DV Sep-16 to 2019 .................................. 152.25 100 Retrovir
- Oral liq 10 mg per ml – 1% DV Sep-16 to 2019 .................. 30.45 200 ml Retrovir
- Inj 10 mg per ml, 20 ml vial ........................................... 750.00 5 Retrovir IV

**ZIDOVUDINE [AZT] WITH LAMIVUDINE – Restricted** see terms above

- Tab 300 mg with lamivudine 150 mg – 1% DV Sep-17 to 2020 .......... 33.00 60 Alphapharm

Protease Inhibitors

- **Restricted (RS1573)**

**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 on the previous page
- Cap 150 mg..........................................................568.34 60 Reyataz
- Cap 200 mg..........................................................757.79 60 Reyataz

**DARUNAVIR** – Restricted see terms on the previous page
- 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 on the previous page
- Cap 200 mg
- Cap 400 mg

**LOPINAVIR WITH RITONAVIR** – Restricted see terms on the previous page
- 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 on the previous page
- Tab 100 mg .........................................................................................43.31 30 Norvir

---

**Strand Transfer Inhibitors**

- **Restricted** (RS1574)

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

continued…
continued…

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>1,090.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 400 mg</td>
<td>1,090.00</td>
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</tbody>
</table>

**Antivirals**

**Hepatitis B**

**Adefovir Dipivoxil** – **Restricted** see terms below

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

**Restricted (RS1104)**

**Initiation**

Gastroenterologist or infectious disease specialist

All of the following:

1. Patient has confirmed Hepatitis B infection (HBsAg+); and

   * Documented resistance to lamivudine defined as:

2. Patient has raised serum ALT (> 1 × ULN); and

3. Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 10-fold over nadir; and

4. Detection of M204I or M204V mutation; and

5. Either:

   5.1 Both:

      5.1.1 Patient is cirrhotic; and

      5.1.2 Adefovir dipivoxil to be used in combination with lamivudine; or

   5.2 Both:

      5.2.1 Patient is not cirrhotic; and

      5.2.2 Adefovir dipivoxil to be used as monotherapy.

**Entecavir**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 0.5 mg</td>
<td>52.00</td>
</tr>
</tbody>
</table>

**Lamivudine**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg</td>
<td>4.20</td>
</tr>
</tbody>
</table>

**Oral liq 5 mg per ml** | 270.00 |

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral liq 245 mg (300.6 mg as a succinate)</td>
<td>38.10</td>
</tr>
</tbody>
</table>

**Hepatitis C**

**Ledipasvir with Sofosbuvir** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 90 mg</td>
<td>24,363.46</td>
</tr>
</tbody>
</table>

**Restricted (RS1528)**

**Initiation**

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

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

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 Sep-18 to 2021..................................................9.60 5 Aciclovir-Claris

CIDOFOVIR – Restricted see terms below

- Inj 75 mg per ml, 5 ml vial
  - Restricted (RS1108)

Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon

FOSCARNET SODIUM – Restricted see terms below

- Inj 24 mg per ml, 250 ml bottle
  - Restricted (RS1109)

Clinical microbiologist or infectious disease specialist

GANCICLOVIR – Restricted see terms below

- Inj 500 mg vial ..........................................................380.00 5 Cymevene
  - Restricted (RS1110)

Clinical microbiologist or infectious disease specialist

VALACICLOVIR

- Tab 500 mg – 1% DV Sep-18 to 2021....................................................5.75 30 Vaclovir
- Tab 1,000 mg – 1% DV Sep-18 to 2021.............................................11.35 30 Vaclovir

VALGANCICLOVIR – Restricted see terms below

- Tab 450 mg..........................................................1,050.00 60 Valcyte
  - Restricted (RS1112)

Initiation – Transplant cytomegalovirus prophylaxis

Limited to 3 months treatment

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

Initiation – Lung transplant cytomegalovirus prophylaxis

Limited to 6 months treatment

Both:

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

continued…
INFECTIONS

continued...

2.2 The recipient is cytomegalovirus positive.

Initiation – Cytomegalovirus in immunocompromised patients

Both:

1 Patient is immunocompromised; and
2 Any of the following:

2.1 Patient has cytomegalovirus syndrome or tissue invasive disease; or
2.2 Patient has rapidly rising plasma CMV DNA in absence of disease; or
2.3 Patient has cytomegalovirus retinitis.

HIV Prophylaxis and Treatment

EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – Restricted see terms below

Tab 200 mg with tenofovir disoproxil fumarate 300 mg.........................190.02 30 Truvada

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.

Initiation – Pre-exposure prophylaxis

Re-assessment required after 3 months

Both:

1 Patient has tested HIV negative; and
2 Either:

2.1 All of the following:

2.1.1 Patient is male or transgender; and
2.1.2 Patient has sex with men; and
2.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
2.1.4 Any of the following:

2.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
2.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
2.1.4.3 Patient has used methamphetamine in the last three months; or

2.2 All of the following:

2.2.1 Patient has a regular partner who has HIV infection; and
2.2.2 Partner is either not on treatment or has a detectable viral load; and

continued…
2.2.3 Condoms have not been consistently used.

Continuation – Pre-exposure prophylaxis

Re-assessment required after 3 months

All of the following:

1. Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis; and
2. Patient has undergone testing for HIV, syphilis, and a full STI screen in the previous two weeks; and
3. Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; and
4. Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
5. Patient has tested HIV negative; and
6. Either:
   6.1 All of the following:
      6.1.1 Patient is male or transgender; and
      6.1.2 Patient has sex with men; and
      6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
      6.1.4 Any of the following:
         6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
         6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
         6.1.4.3 Patient has used methamphetamine in the last three months; or
   6.2 All of the following:
      6.2.1 Patient has a regular partner who has HIV infection; and
      6.2.2 Partner is either not on treatment or has a detectable viral load; and
      6.2.3 Condoms have not been consistently used.

Influenza

OSELTMIVIR – Restricted see terms below

Note: The restriction on the use of oseltamivir to hospitalised patients means that supply into the community for a new course is not permitted. Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted.

Tab 75 mg
Powder for oral suspension 6 mg per ml

Initiation

Either:

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

ZANAMIVIR

Note: The restriction on the use of zanamivir to hospitalised patients means that supply into the community for a new course is not permitted. Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted.

Powder for inhalation 5 mg

Initiation

Either:

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

**INTERFERON ALFA-2A**
- Inj 3 mIU prefilled syringe
- Inj 6 mIU prefilled syringe
- Inj 9 mIU prefilled syringe

**INTERFERON ALFA-2B**
- Inj 18 mIU, 1.2 ml multidose pen
- Inj 30 mIU, 1.2 ml multidose pen
- Inj 60 mIU, 1.2 ml multidose pen

**INTERFERON GAMMA** – Restricted see terms below
- Inj 100 mcg in 0.5 ml vial
  - Restricted (RS1113)

**Initiation**

Patient has chronic granulomatous disease and requires interferon gamma.

**PEGYLATED INTERFERON ALFA-2A** – Restricted see terms below
- Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)
- Inj 180 mcg prefilled syringe – 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

(Any Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) to be delisted 1 December 2018)
(Pegasys RBV Combination Pack Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) to be delisted 1 December 2018)
(Pegasys RBV Combination Pack Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) to be delisted 1 December 2018)
  - Restricted (RS1340)

**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:

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
continued...

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
→ Restricted (RS1015)

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

NEOSTIGMINE METILSULFATE
- Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020
- Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019

NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE
- Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020
- Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019

PYRIDOSTIGMINE BROMIDE
- Tab 60 mg – 1% DV Nov-16 to 2019

### Antirheumatoid Agents

HYDROXYCHLOROQUINE
- Tab 200 mg – 1% DV Sep-18 to 2021

LEFLUNOMIDE
- Tab 10 mg – 1% DV Jun-17 to 2020
- Tab 20 mg – 1% DV Jun-17 to 2020

PENICILLAMINE
- Tab 125 mg
- Tab 250 mg

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

→ Restricted (RS1139)

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

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

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<th>Product</th>
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<td>.................................................................</td>
<td>4.82</td>
<td>Fosamax</td>
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</table>

**Restricted (RS1140)**

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:
   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 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

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<th>Price</th>
<th>Manufacturer</th>
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<td>4.82</td>
<td>Fosamax Plus</td>
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</table>

**Restricted (RS1141)**

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. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

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

ETIDRONATE DISODIUM

Tab 200 mg ................................................................. 13.50 100 Arrow-Etidronate

(Arrow-Etidronate Tab 200 mg to be delisted 1 January 2019)

PAMIDRONATE DISODIUM

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

RISEDRONATE SODIUM

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

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:
   2.1 Bone or articular pain; or
   2.2 Bone deformity; or
<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

continued…

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

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

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

DENOSUMAB – Restricted see terms below

Inj 60 mg prefilled syringe..................................................................................................................326.00 1 Prolia

Initiation

All of the following:

1 The patient has severe, established osteoporosis; and
2 Either:
   2.1 The patient is female and postmenopausal; or
   2.2 The patient is male or non-binary; and

3 Any of the following:
   3.1 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
   3.2 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; or
   3.3 History of two significant osteoporotic fractures demonstrated radiologically; or

continued...
continued…

3.4 Documented T-Score less than or equal to -3.0 (see Note); or

3.5 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

3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and

4 Zoledronic acid is contraindicated because the patient’s creatinine clearance is less than 35 mL/min; and

5 The patient has experienced at least one symptomatic new fracture after at least 12 months’ continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and

6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

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 denosumab.

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.

5 Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months’ continuous therapy.

RANOXIFEN – Restricted see terms below

Tab 60 mg .......................................................... 53.76 28 Evista

→ Restricted (RS1142)

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

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

Initiation

Limited to 18 months treatment

All of the following:

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

Notes:

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

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

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

Enzymes

HYALURONIDASE

Inj 1,500 iu ampoule

Hyperuricaemia and Antigout

ALLOPURINOL

Tab 100 mg – 1% DV Jan-18 to 2020 .............................................................. 4.54 500 DP-Allopurinol
Tab 300 mg – 1% DV Jan-18 to 2020 .............................................................. 10.35 500 DP-Allopurinol

BENZBROMARONE – Restricted see terms on the next page

Tab 100 mg ..................................................................................................... 45.00 100 Benzbromaron AL 100
### MUSCULOSKELETAL SYSTEM

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

- **Restricted (RS1489)**

**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: Benz bromarone 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/](http://www.rheumatology.org.nz/home/resources-2/)

**COLCHICINE**

Tab 500 mcg – 1% DV Jan-19 to 2021............................................................9.58 100 Colgout

**FEBUXOSTAT** – Restricted see terms below

- Tab 80 mg .................................................................39.50 28 Adenuric
- Tab 120 mg .................................................................39.50 28 Adenuric

- **Restricted (RS1490)**

**Initiation**

Any specialist

Both:

1. Patient has been diagnosed with gout; and
2. Any of the following:
   
   2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
   
   2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
   
   2.3 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 continued…
continued...

clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol; 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 (RS1016)

Haematologist

# Muscle Relaxants and Related Agents

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST) Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATRACURIUM BESYLATE</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2.5 ml ampoule – 1% DV Jun-18 to 2021</td>
<td>$10.00 5 Tracrium</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml ampoule – 1% DV Jun-18 to 2021</td>
<td>$12.50 5 Tracrium</td>
</tr>
<tr>
<td>BACLOFEN</td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Oct-18 to 2021</td>
<td>$4.20 100 Pacifen</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml</td>
<td></td>
</tr>
<tr>
<td>Inj 0.05 mg per ml, 1 ml ampoule</td>
<td>$11.55 1 Lioresal Intrathecal</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml ampoule</td>
<td>$209.29 1 Lioresal Intrathecal</td>
</tr>
<tr>
<td>CLOSTRIDIUM BOTULINUM TYPE A TOXIN</td>
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</tr>
<tr>
<td>Inj 100 u vial</td>
<td>$467.50 1 Botox</td>
</tr>
<tr>
<td>Inj 300 u vial</td>
<td>$388.50 1 Dysport</td>
</tr>
<tr>
<td>Inj 500 u vial</td>
<td>$1,295.00 2 Dysport</td>
</tr>
<tr>
<td>DANTROLENE</td>
<td></td>
</tr>
<tr>
<td>Cap 25 mg</td>
<td>$65.00 100 Dantrium</td>
</tr>
<tr>
<td>Cap 50 mg</td>
<td>$77.00 100 Dantrium</td>
</tr>
<tr>
<td>Inj 20 mg vial</td>
<td>$800.00 6 Dantrium IV</td>
</tr>
<tr>
<td>MIVACURIUM CHLORIDE</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 5 ml ampoule</td>
<td>$33.92 5 Mivacron</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 10 ml ampoule</td>
<td>$67.17 5 Mivacron</td>
</tr>
<tr>
<td>ORPHENADRINE CITRATE</td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Jun-18 to 2021</td>
<td>$18.54 100 Norflex</td>
</tr>
<tr>
<td>PANCURONIUM BROMIDE</td>
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</tr>
<tr>
<td>Inj 2 mg per ml, 2 ml ampoule</td>
<td>$260.00 50 AstraZaneca</td>
</tr>
<tr>
<td>ROCURONIUM BROMIDE</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml vial – 1% DV May-18 to 2019</td>
<td>$25.95 10 DBL Rocuronium Bromide</td>
</tr>
<tr>
<td>SUXAMETHONIUM CHLORIDE</td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td>$78.00 50 AstraZaneca</td>
</tr>
<tr>
<td>VECURONIUM BROMIDE</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg vial</td>
<td></td>
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</tbody>
</table>

# Reversers of Neuromuscular Blockade

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST) Per Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUGAMMADEX – Restricted see terms on the next page</td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg per ml, 2 ml vial</td>
<td>$1,200.00 10 Bridion</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 5 ml vial</td>
<td>$3,000.00 10 Bridion</td>
</tr>
</tbody>
</table>

Products with Hospital Supply Status (HSS) are in bold

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

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

#### Restricted (RS1370)

**Initiation**

Any of the following:

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

### Non-Steroidal Anti-Inflammatory Drugs

**CELECOXIB**

Note - The DV limit of 1% applies to the celecoxib chemical rather than each individual line item.

| Cap 100 mg | 1% DV Aug-17 to 2020 | 3.63 | 60 | Celecoxib Pfizer |
| Cap 200 mg | 1% DV Aug-17 to 2020 | 2.30 | 30 | Celecoxib Pfizer |

**DICLOFENAC SODIUM**

| Tab EC 25 mg | 1% DV Oct-18 to 2021 | 1.23 | 50 | Diclofenac Sandoz |
| Tab 50 mg dispersible | | 1.50 | 20 | Voltaren D |
| Tab EC 50 mg | 1% DV Oct-18 to 2021 | 1.23 | 50 | Diclofenac Sandoz |
| Tab long-acting 75 mg | 1% DV Oct-18 to 2021 | 22.80 | 500 | Apo-Diclo SR |
| Tab long-acting 100 mg | 1% DV Oct-18 to 2021 | 25.15 | 500 | Apo-Diclo SR |
| Inj 25 mg per ml, 3 ml ampoule | | 13.20 | 5 | Voltaren |
| Suppos 12.5 mg | | 2.04 | 10 | Voltaren |
| Suppos 25 mg | | 2.44 | 10 | Voltaren |
| Suppos 50 mg | | 4.22 | 10 | Voltaren |
| Suppos 100 mg | | 7.00 | 10 | Voltaren |

**ETORICOXIB** – Restricted see terms below

| Tab 30 mg | |
| Tab 60 mg | |
| Tab 90 mg | |
| Tab 120 mg | |

#### Restricted (RS1290)

**Initiation**

For in-vivo investigation of allergy only.

**IBuprofen**

| Tab 200 mg | 1% DV Feb-18 to 2020 | 11.71 | 1,000 | Relieve |

#### Restricted: For continuation only

| Tab 600 mg | Restricted: For continuation only | |

| Tab long-acting 800 mg | | 7.99 | 30 | Brufen SR |
| Oral liq 20 mg per ml | | 2.39 | 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 | |
### MUSCULOSKELETAL SYSTEM

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

<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>
</table>

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>KETOPROFEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap long-acting 200 mg</td>
<td>12.07</td>
<td>Oruvail SR</td>
</tr>
</tbody>
</table>

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

- Cap 250 mg

**NAPROXEN**

- Tab 250 mg – 1% DV Dec-18 to 2021: 32.69
- Tab 500 mg – 1% DV Dec-18 to 2021: 22.19
- Tab long-acting 750 mg – 1% DV Oct-18 to 2021: 6.16
- Tab long-acting 1 g – 1% DV Oct-18 to 2021: 8.21

**PARECOXIB**

- Inj 40 mg vial: 100.00

**SULINDAC**

- Tab 100 mg
- Tab 200 mg

**TENOXICAM**

- Tab 20 mg – 1% DV Sep-16 to 2019: 10.95
- Inj 20 mg vial: 9.95

### Topical Products for Joint and Muscular Pain

**CAPSAICIN – ** Restricted see terms below

- Crm 0.025%: 9.95

**Restricted (RS1309)**

**Initiation**

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

---

*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 Name</th>
<th>Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTACAPONE</td>
<td>Tab 200 mg – 1% DV Sep-18 to 2021</td>
<td>Entapone</td>
<td>22.00 100</td>
</tr>
<tr>
<td>LEVODOPA WITH BENSERAZIDE</td>
<td>Tab dispersible 50 mg with benserazide 12.5 mg</td>
<td>Madopan Rapid</td>
<td>13.25 100</td>
</tr>
<tr>
<td></td>
<td>Cap 50 mg with benserazide 12.5 mg</td>
<td>Madopan 62.5</td>
<td>13.75 100</td>
</tr>
<tr>
<td></td>
<td>Cap 100 mg with benserazide 25 mg</td>
<td>Madopan 125</td>
<td>15.80 100</td>
</tr>
<tr>
<td></td>
<td>Cap long-acting 100 mg with benserazide 25 mg</td>
<td>Madopan HBS</td>
<td>22.85 100</td>
</tr>
<tr>
<td></td>
<td>Cap 200 mg with benserazide 50 mg</td>
<td>Madopan 250</td>
<td>26.25 100</td>
</tr>
<tr>
<td>LEVODOPA WITH CARBIDOPA</td>
<td>Tab 100 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020</td>
<td>Sinemet</td>
<td>17.97 100</td>
</tr>
<tr>
<td></td>
<td>Tab long-acting 200 mg with carbidopa 50 mg – 1% DV Feb-18 to 2020</td>
<td>Sinemet CR</td>
<td>37.15 100</td>
</tr>
<tr>
<td></td>
<td>Tab 250 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020</td>
<td>Sinemet</td>
<td>32.67 100</td>
</tr>
<tr>
<td>PRAMIPEXOLE HYDROCHLORIDE</td>
<td>Tab 0.25 mg – 1% DV Sep-16 to 2019</td>
<td>Ramipex</td>
<td>7.20 100</td>
</tr>
<tr>
<td></td>
<td>Tab 1 mg – 1% DV Sep-16 to 2019</td>
<td>Ramipex</td>
<td>24.39 100</td>
</tr>
<tr>
<td>ROPINIROLE HYDROCHLORIDE</td>
<td>Tab 0.25 mg – 1% DV Sep-16 to 2019</td>
<td>Apo-Ropinirole</td>
<td>2.78 100</td>
</tr>
<tr>
<td></td>
<td>Tab 1 mg – 1% DV Sep-16 to 2019</td>
<td>Apo-Ropinirole</td>
<td>5.00 100</td>
</tr>
<tr>
<td></td>
<td>Tab 2 mg – 1% DV Sep-16 to 2019</td>
<td>Apo-Ropinirole</td>
<td>7.72 100</td>
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<tr>
<td></td>
<td>Tab 5 mg – 1% DV Sep-16 to 2019</td>
<td>Apo-Ropinirole</td>
<td>16.51 100</td>
</tr>
<tr>
<td>SELEGILINE HYDROCHLORIDE</td>
<td>Tab 5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOLCAPONE</td>
<td>Tab 100 mg – 1% DV Jan-17 to 2019</td>
<td>Tasmar</td>
<td>132.50 100</td>
</tr>
</tbody>
</table>

**Anaesthetics**

**General Anaesthetics**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) $ Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESFLURANE</td>
<td>Soln for inhalation 100%, 240 ml bottle – 1% DV Sep-16 to 2019</td>
<td>Suprane</td>
<td>1,350.00 6</td>
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<tr>
<td>DEXMEDETOMIDINE</td>
<td>Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020</td>
<td>Precedex</td>
<td>357.00 5</td>
</tr>
<tr>
<td>ETOMIDATE</td>
<td>Inj 2 mg per ml, 10 ml ampoule</td>
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</tr>
<tr>
<td>ISOFLURANE</td>
<td>Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019</td>
<td>Aerrane</td>
<td>1,020.00 6</td>
</tr>
<tr>
<td>KETAMINE</td>
<td>Inj 1 mg per ml, 100 ml bag</td>
<td>Biomed</td>
<td>27.00 1</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 10 ml syringe</td>
<td>Biomed</td>
<td>14.00 1</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 2 ml ampoule</td>
<td>Ketamine-Claris</td>
<td>47.05 5</td>
</tr>
<tr>
<td></td>
<td>Inj 100 mg per ml, 2 ml vial – 1% DV Jan-19 to 2021</td>
<td>Ketalar</td>
<td>31.50 5</td>
</tr>
<tr>
<td>(Ketamine-Claris)</td>
<td>Inj 100 mg per ml, 2 ml ampoule to be delisted 1 January 2019</td>
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<td></td>
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<tr>
<td>METHOHEXITAL SODIUM</td>
<td>Inj 10 mg per ml, 50 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPOFOL</td>
<td>Inj 10 mg per ml, 20 ml vial – 10% DV Jun-16 to 2019</td>
<td>Provive MCT-LCT 1%</td>
<td>5.27 5</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 50 ml vial – 10% DV Jun-16 to 2019</td>
<td>Fresofol 1% MCT/LCT</td>
<td>24.50 10</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 100 ml vial – 10% DV Jun-16 to 2019</td>
<td>Fresofol 1% MCT/LCT</td>
<td>49.00 10</td>
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</table>
### NERVOUS SYSTEM

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

#### 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 .............................................. 29.20 5 Marcain
Inj 5 mg per ml, 10 ml ampoule sterile pack .............................................. 20.25 5 Marcain
Inj 5 mg per ml, 20 ml ampoule
Inj 5 mg per ml, 20 ml ampoule sterile pack .............................................. 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, 200 ml syringe ........................................ 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%
### NERVOUS SYSTEM

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

**ETHYL CHLORIDE**

Spray 100%

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.40</td>
<td>LMX4</td>
</tr>
<tr>
<td>27.00</td>
<td>LMX4</td>
</tr>
</tbody>
</table>

**LIDOCAINE [LIGNOCAINE]**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.87</td>
<td>Orion</td>
</tr>
<tr>
<td>81.50</td>
<td>Pfizer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 g</td>
<td>XYLOCAINE</td>
</tr>
<tr>
<td>25 g</td>
<td>CATHEJEJIL</td>
</tr>
</tbody>
</table>

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

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.00</td>
<td>Orion</td>
</tr>
<tr>
<td>81.50</td>
<td>Pfizer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 g</td>
<td>XYLOCAINE</td>
</tr>
<tr>
<td>25 g</td>
<td>CATHEJEJIL</td>
</tr>
</tbody>
</table>

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.00</td>
<td>Xylocaine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 g</td>
<td>Xylocaine</td>
</tr>
</tbody>
</table>

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.50</td>
<td>TOPICAINE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 g</td>
<td>TOPICAINE</td>
</tr>
</tbody>
</table>

**LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.50</td>
<td>Pfizer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 g</td>
<td>PHENYLEPHRINE</td>
</tr>
</tbody>
</table>

**LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.00</td>
<td>EMLA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 g</td>
<td>EMLA</td>
</tr>
</tbody>
</table>

**MEPIVACAINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>43.60</td>
<td>Scandonest 3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 g</td>
<td>Scandonest 3%</td>
</tr>
</tbody>
</table>

**PRILOCAINE HYDROCHLORIDE**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.00</td>
<td>Citanest</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 g</td>
<td>Citanest</td>
</tr>
</tbody>
</table>

**PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.00</td>
<td>Citanest</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 g</td>
<td>Citanest</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Duration</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROPIVACAINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td>$ Per Brand or Generic Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>8.80 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>9.20 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>29.50 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 200 ml bag – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>39.00 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td>Inj 7.5 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>9.90 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td>Inj 7.5 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>12.15 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>10.55 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020</td>
<td></td>
<td></td>
<td>15.80 5 Ropivacaine Kabi</td>
<td></td>
</tr>
<tr>
<td><strong>ROPIVACAINE HYDROCHLORIDE WITH FENTANYL</strong></td>
<td></td>
<td></td>
<td>$ Per Brand or Generic Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag</td>
<td></td>
<td></td>
<td>198.50 5 Naropin</td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag</td>
<td></td>
<td></td>
<td>270.00 5 Naropin</td>
<td></td>
</tr>
<tr>
<td><strong>TETRACAINE [AMETHOCAINE] HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td>$ Per Brand or Generic Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Gel 4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analgesics

### Non-Opioid Analgesics

**ASPIRIN**

Tab dispersible 300 mg – 1% DV Dec-16 to 2019

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.90</td>
<td>100 Ethics Aspirin</td>
</tr>
</tbody>
</table>

**CAPSAICIN** – Restricted see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.50</td>
<td>45 g Zostrix HP</td>
</tr>
</tbody>
</table>

**METHOXYFLURANE** – Restricted see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.9%</td>
<td>Soln for inhalation 3 ml bottle</td>
</tr>
</tbody>
</table>

**NEFOPAM HYDROCHLORIDE**

Tab 30 mg

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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.40</td>
<td>10 Paracetamol Kabi</td>
</tr>
<tr>
<td>5.35</td>
<td>1,000 ml Paracare</td>
</tr>
<tr>
<td>5.81</td>
<td>1,000 ml Paracare Double Strength</td>
</tr>
<tr>
<td>3.29</td>
<td>10 Gacet</td>
</tr>
<tr>
<td>3.79</td>
<td>10 Gacet</td>
</tr>
<tr>
<td>12.60</td>
<td>50 Paracare</td>
</tr>
</tbody>
</table>

**NEURAL SYSTEM**

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

*Note: Prices are subject to change and are accurate at the time of printing. Prices are exclusive of GST and are per item.

**e.g. Brand** indicates brand example only. It is not a contracted product.
### 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 Nov-18 to 2021**........................3.56 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 Nov-18 to 2021**..................9.41 10 Boucher and Muir
- Inj 10 mcg per ml, 100 ml bag.................................................................210.00 10 Biomed
- Inj 20 mcg per ml, 50 ml syringe – **1% DV Oct-18 to 2021**....................18.74 1 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..............................................................................................................1.85 10 Methatabs
- Oral liq 2 mg per ml – **1% DV Oct-18 to 2021**.................................5.79 200 ml Biodone
- Oral liq 5 mg per ml – **1% DV Oct-18 to 2021**.................................5.79 200 ml Biodone Forte
- Oral liq 10 mg per ml – **1% DV Oct-18 to 2021**.................................6.79 200 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 Dec-18 to 2021**...............................9.28 200 ml RA-Morph
- Oral liq 2 mg per ml – **1% DV Dec-18 to 2021**...............................16.24 200 ml RA-Morph
- Oral liq 5 mg per ml – **1% DV Dec-18 to 2021**...............................19.44 200 ml RA-Morph
- Oral liq 10 mg per ml – **1% DV Dec-18 to 2021**.............................27.74 200 ml RA-Morph
<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrow-Morphine LA</td>
<td>1.93</td>
<td>10</td>
</tr>
<tr>
<td>Sevredol</td>
<td>2.80</td>
<td>10</td>
</tr>
<tr>
<td>Arrow-Morphine LA</td>
<td>2.85</td>
<td>10</td>
</tr>
<tr>
<td>Arrow-Morphine LA</td>
<td>5.60</td>
<td>10</td>
</tr>
<tr>
<td>Arrow-Morphine LA</td>
<td>6.10</td>
<td>10</td>
</tr>
<tr>
<td>m-Eslon</td>
<td>1.70</td>
<td>10</td>
</tr>
<tr>
<td>m-Eslon</td>
<td>2.50</td>
<td>10</td>
</tr>
<tr>
<td>m-Eslon</td>
<td>5.40</td>
<td>10</td>
</tr>
<tr>
<td>m-Eslon</td>
<td>5.60</td>
<td>10</td>
</tr>
<tr>
<td>m-Eslon</td>
<td>6.10</td>
<td>10</td>
</tr>
<tr>
<td>DBL Morphine Sulphate</td>
<td>97.25</td>
<td>5</td>
</tr>
<tr>
<td>DBL Morphine Sulphate</td>
<td>24.00</td>
<td>5</td>
</tr>
<tr>
<td>DBL Morphine Sulphate</td>
<td>50.75</td>
<td>5</td>
</tr>
<tr>
<td>DBL Morphine Sulphate</td>
<td>4.47</td>
<td>5</td>
</tr>
<tr>
<td>DBL Morphine Sulphate</td>
<td>4.76</td>
<td>5</td>
</tr>
<tr>
<td>DBL Morphine Sulphate</td>
<td>6.19</td>
<td>5</td>
</tr>
<tr>
<td>DBL Morphine Sulphate</td>
<td>42.72</td>
<td>5</td>
</tr>
<tr>
<td>BNM</td>
<td>2.63</td>
<td>20</td>
</tr>
<tr>
<td>BNM</td>
<td>2.76</td>
<td>20</td>
</tr>
<tr>
<td>BNM</td>
<td>4.72</td>
<td>20</td>
</tr>
<tr>
<td>BNM</td>
<td>7.69</td>
<td>20</td>
</tr>
<tr>
<td>BNM</td>
<td>14.11</td>
<td>20</td>
</tr>
<tr>
<td>OxyNorm</td>
<td>1.88</td>
<td>20</td>
</tr>
<tr>
<td>OxyNorm</td>
<td>3.32</td>
<td>20</td>
</tr>
<tr>
<td>OxyNorm</td>
<td>5.81</td>
<td>20</td>
</tr>
<tr>
<td>OxyNorm</td>
<td>11.20</td>
<td>250 ml</td>
</tr>
<tr>
<td>OxyNorm</td>
<td>7.28</td>
<td>5</td>
</tr>
<tr>
<td>OxyNorm</td>
<td>14.36</td>
<td>5</td>
</tr>
<tr>
<td>OxyNorm</td>
<td>30.60</td>
<td>5</td>
</tr>
<tr>
<td>Paracetamol + Codeine (Relieve)</td>
<td>18.21</td>
<td>1,000</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>NERVOUS SYSTEM</th>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETHIDINE HYDROCHLORIDE</td>
<td>Tab 50 mg – 1% DV Sep-18 to 2021 ........................................ 4.46 10 PSM</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 10 ml syringe</td>
</tr>
<tr>
<td></td>
<td>Inj 5 mg per ml, 100 ml bag</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 100 ml bag</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 50 ml syringe</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020 ............. 4.98 5 DBL Pethidine Hydrochloride</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020 ............. 5.12 5 DBL Pethidine Hydrochloride</td>
</tr>
<tr>
<td>REMIFENTANIL</td>
<td>Inj 1 mg vial – 1% DV Oct-17 to 2020 .................................. 13.95 5 Remifentanil-AFT</td>
</tr>
<tr>
<td></td>
<td>Inj 2 mg vial – 1% DV Oct-17 to 2020 .................................. 19.95 5 Remifentanil-AFT</td>
</tr>
<tr>
<td>TRAMADOL HYDROCHLORIDE</td>
<td>Tab sustained-release 100 mg – 1% DV Sep-17 to 2020 .............. 1.55 20 Tramal SR 100</td>
</tr>
<tr>
<td></td>
<td>Tab sustained-release 150 mg – 1% DV Sep-17 to 2020 .............. 2.10 20 Tramal SR 150</td>
</tr>
<tr>
<td></td>
<td>Tab sustained-release 200 mg – 1% DV Sep-17 to 2020 .............. 2.75 20 Tramal SR 200</td>
</tr>
<tr>
<td></td>
<td>Cap 50 mg – 1% DV Sep-17 to 2020 ......................................... 2.25 100 Arrow-Tramadol</td>
</tr>
<tr>
<td></td>
<td>Oral soln 10 mg per ml</td>
</tr>
<tr>
<td></td>
<td>Inj 10 mg per ml, 100 ml bag</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020 ............. 4.50 5 Tramal 50</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020 ............. 4.50 5 Tramal 100</td>
</tr>
</tbody>
</table>

Antidepressants

Cyclic and Related Agents

AMITRIPTYLINE
| | Tab 10 mg – 1% DV Apr-18 to 2020 ......................................... 1.96 100 Arrow-Amitriptyline |
| | Tab 25 mg – 1% DV Apr-18 to 2020 ......................................... 1.52 100 Arrow-Amitriptyline |
| | Tab 50 mg – 1% DV Apr-18 to 2020 ......................................... 2.51 100 Arrow-Amitriptyline |

CLOMIPRAMINE HYDROCHLORIDE
| | Tab 10 mg – 1% DV Oct-18 to 2021 ......................................... 13.99 100 Apo-Clomipramine |
| | Tab 25 mg – 1% DV Oct-18 to 2021 ......................................... 9.46 100 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 | |
### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>NORTRIPTYLINE HYDROCHLORIDE</th>
<th>Price (ex man. excl. GST) Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg – 1% DV Sep-16 to 2019</td>
<td>3.22 100</td>
<td>Norpress</td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Sep-16 to 2019</td>
<td>7.08 180</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**
Tab 150 mg .............................................. 85.10 500 Apo-Moclobemide
Tab 300 mg .............................................. 30.70 100 Apo-Moclobemide

**Other Antidepressants**

**MIRTAZAPINE**
Tab 30 mg – 1% DV Oct-18 to 2021 .............................................. 2.63 30 Apo-Mirtazapine
Tab 45 mg – 1% DV Oct-18 to 2021 .............................................. 3.48 30 Apo-Mirtazapine

**VENLAFAXINE**
Cap 37.5 mg – 1% DV Jun-17 to 2020 .............................................. 6.38 84 Enlafax XR
Cap 75 mg – 1% DV Jun-17 to 2020 .............................................. 8.11 84 Enlafax XR
Cap 150 mg – 1% DV Jun-17 to 2020 .............................................. 11.16 84 Enlafax XR

**Selective Serotonin Reuptake Inhibitors**

**CITALOPRAM HYDROBROMIDE**
Tab 20 mg – 1% DV Sep-18 to 2021 .............................................. 1.52 84 PSM Citalopram

**ESCITALOPRAM**
Tab 10 mg – 1% DV Dec-17 to 2020 .............................................. 1.11 28 Escitalopram-Apotex
Tab 20 mg – 1% DV Dec-17 to 2020 .............................................. 1.90 28 Escitalopram-Apotex

**FLUOXETINE HYDROCHLORIDE**
Tab dispersible 20 mg, scored – 1% DV Oct-16 to 2019 .............................................. 2.47 30 Arrow-Fluoxetine
Cap 20 mg – 1% DV Oct-16 to 2019 .............................................. 1.99 90 Arrow-Fluoxetine

**PAROXETINE**
Tab 20 mg – 1% DV Apr-17 to 2019 .............................................. 4.02 90 Apo-Paroxetine

**SERTRALINE**
Tab 50 mg – 1% DV Sep-16 to 2019 .............................................. 3.05 90 Arrow-Sertraline
Tab 100 mg – 1% DV Sep-16 to 2019 .............................................. 5.25 90 Arrow-Sertraline

### Antiepilepsy Drugs

**Agents for the Control of Status Epilepticus**

**CLONAZEPAM**
Inj 1 mg per ml, 1 ml ampoule .............................................. 21.00 5 Rivotril
### Control of Epilepsy

**CARBAMAZEPINE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 200 mg</td>
<td>14.53 $</td>
<td>100 Tegretol</td>
</tr>
<tr>
<td>Tab long-acting 200 mg</td>
<td>16.98 $</td>
<td>100 Tegretol CR</td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td>34.58 $</td>
<td>100 Tegretol</td>
</tr>
<tr>
<td>Tab long-acting 400 mg</td>
<td>39.17 $</td>
<td>100 Tegretol CR</td>
</tr>
<tr>
<td>Oral liq 20 mg per ml</td>
<td>26.37 $</td>
<td>250 ml Tegretol</td>
</tr>
</tbody>
</table>

**CLOBAZAM**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CLONAZEPAM**

<table>
<thead>
<tr>
<th>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>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>281.75 $</td>
<td>200 Zarontin</td>
</tr>
<tr>
<td>Oral liq 50 mg per ml</td>
<td>56.35 $</td>
<td>200 ml Zarontin</td>
</tr>
</tbody>
</table>

**GABAPENTIN**

Note: Gabapentin not to be given in combination with pregabalin

- Cap 100 mg – 1% DV Aug-18 to 2021 | 2.65 $ | 100 Apo-Gabapentin
- Cap 300 mg – 1% DV Aug-18 to 2021 | 4.07 $ | 100 Apo-Gabapentin
- Cap 400 mg – 1% DV Aug-18 to 2021 | 5.64 $ | 100 Apo-Gabapentin

**LACOSAMIDE** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 50 mg</td>
<td>25.04 $</td>
<td>14 Vimpat</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>50.06 $</td>
<td>14 Vimpat</td>
</tr>
<tr>
<td>Tab 150 mg</td>
<td>75.10 $</td>
<td>14 Vimpat</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>400.55 $</td>
<td>56 Vimpat</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 20 ml vial</td>
<td>200.24 $</td>
<td>56 Vimpat</td>
</tr>
<tr>
<td><strong>Restricted (RS1151)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initiation**

*Re-assessment required after 15 months*

Both:

1. Patient has partial-onset epilepsy; and
2. Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).

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

**Continuation**

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

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

### LAMOTRIGINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab dispersible 2 mg</td>
<td>6.74</td>
<td>30 Lamictal</td>
</tr>
<tr>
<td>Tab dispersible 5 mg</td>
<td>15.00</td>
<td>56 Arrow-Lamotrigine</td>
</tr>
<tr>
<td></td>
<td>9.64</td>
<td>30 Lamictal</td>
</tr>
<tr>
<td>Tab dispersible 25 mg</td>
<td>20.40</td>
<td>56 Arrow-Lamotrigine</td>
</tr>
<tr>
<td></td>
<td>29.09</td>
<td>Lamictal</td>
</tr>
<tr>
<td></td>
<td>19.38</td>
<td>Logem</td>
</tr>
<tr>
<td>Tab dispersible 50 mg</td>
<td>34.70</td>
<td>56 Arrow-Lamotrigine</td>
</tr>
<tr>
<td></td>
<td>47.89</td>
<td>Lamictal</td>
</tr>
<tr>
<td></td>
<td>32.97</td>
<td>Logem</td>
</tr>
<tr>
<td>Tab dispersible 100 mg</td>
<td>59.90</td>
<td>56 Arrow-Lamotrigine</td>
</tr>
<tr>
<td></td>
<td>79.16</td>
<td>Lamictal</td>
</tr>
<tr>
<td></td>
<td>56.91</td>
<td>Logem</td>
</tr>
</tbody>
</table>

### LEVETIRACETAM

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 250 mg</td>
<td>24.03</td>
<td>60 Everet</td>
</tr>
<tr>
<td>Tab 500 mg</td>
<td>28.71</td>
<td>60 Everet</td>
</tr>
<tr>
<td>Tab 750 mg</td>
<td>45.23</td>
<td>60 Everet</td>
</tr>
<tr>
<td>Tab 1,000 mg</td>
<td>59.12</td>
<td>60 Everet</td>
</tr>
<tr>
<td>Oral liq 100 mg per ml – 1% DV Apr-18 to 2020</td>
<td>44.78</td>
<td>300 ml Levetiracetam-AFT</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 5 ml vial – 1% DV May-18 to 2019</td>
<td>52.68</td>
<td>10 Levetiracetam-AFT</td>
</tr>
</tbody>
</table>

### PHENOBARBITONE

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 15 mg – 1% DV Oct-18 to 2021</td>
<td>40.00</td>
<td>500 PSM</td>
</tr>
<tr>
<td>Tab 30 mg – 1% DV Oct-18 to 2021</td>
<td>40.00</td>
<td>500 PSM</td>
</tr>
</tbody>
</table>

### PHENYTOIN

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

### PHENYTOIN SODIUM

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 30 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 6 mg per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PREGABALIN

Note: Pregabalin not to be given in combination with gabapentin

<table>
<thead>
<tr>
<th>Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 25 mg – 1% DV Jul-18 to 2021</td>
<td>2.25</td>
<td>56 Pregabalin Pfizer</td>
</tr>
<tr>
<td>Cap 75 mg – 1% DV Jul-18 to 2021</td>
<td>2.65</td>
<td>56 Pregabalin Pfizer</td>
</tr>
<tr>
<td>Cap 150 mg – 1% DV Jul-18 to 2021</td>
<td>4.01</td>
<td>56 Pregabalin Pfizer</td>
</tr>
<tr>
<td>Cap 300 mg – 1% DV Jul-18 to 2021</td>
<td>7.38</td>
<td>56 Pregabalin Pfizer</td>
</tr>
</tbody>
</table>

### PRIMIDONE

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

#### SODIUM VALPROATE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab EC 200 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab EC 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 40 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 100 mg per ml, 4 ml vial – 1% DV Sep-18 to 2021</td>
<td>9.98</td>
<td>Epilim IV</td>
</tr>
</tbody>
</table>

#### STIRIPENTOL – Restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 250 mg</td>
<td>509.29</td>
<td>Diacomit</td>
</tr>
<tr>
<td>Powder for oral liq 250 mg sachet</td>
<td>509.29</td>
<td>Diacomit</td>
</tr>
</tbody>
</table>

#### TOPIRAMATE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 25 mg</td>
<td>11.07</td>
<td>Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>26.04</td>
<td>Topamax</td>
</tr>
<tr>
<td></td>
<td>11.07</td>
<td>Topiramate Actavis</td>
</tr>
<tr>
<td>Tab 50 mg</td>
<td>18.81</td>
<td>Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>44.26</td>
<td>Topamax</td>
</tr>
<tr>
<td></td>
<td>18.81</td>
<td>Topiramate Actavis</td>
</tr>
<tr>
<td>Tab 100 mg</td>
<td>31.99</td>
<td>Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>75.25</td>
<td>Topamax</td>
</tr>
<tr>
<td></td>
<td>31.99</td>
<td>Topiramate Actavis</td>
</tr>
<tr>
<td>Tab 200 mg</td>
<td>55.19</td>
<td>Arrow-Topiramate</td>
</tr>
<tr>
<td></td>
<td>129.85</td>
<td>Topamax</td>
</tr>
<tr>
<td></td>
<td>55.19</td>
<td>Topiramate Actavis</td>
</tr>
<tr>
<td>Cap sprinkle 15 mg</td>
<td>20.84</td>
<td>Topamax</td>
</tr>
<tr>
<td>Cap sprinkle 25 mg</td>
<td>26.04</td>
<td>Topamax</td>
</tr>
</tbody>
</table>

#### VIGABATRIN – Restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

### 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…

optimal treatment with other antiepilepsy agents; and

2 Either:
   2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
   2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Continuation

Both:

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and
2 Either:
   2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or
   2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient’s visual fields.

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

### Antimigraine Preparations

#### Acute Migraine Treatment

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIHYDROERGOTAMINE MESYLATE</td>
<td>Inj 1 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERGOTAMINE TARTRATE WITH CAFFEINE</td>
<td>Tab 1 mg with caffeine 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL</td>
<td>Tab 5 mg with paracetamol 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIZATRIPTAN</td>
<td>Tab orodispersible 10 mg – 1% DV Sep-17 to 2020</td>
<td>5.26</td>
<td>30 Rizamelt</td>
</tr>
<tr>
<td>SUMATRIPTAN</td>
<td>Tab 50 mg – 1% DV Jun-17 to 2019</td>
<td>24.44</td>
<td>100 Apo-Sumatriptan</td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg – 1% DV Jun-17 to 2019</td>
<td>46.23</td>
<td>100 Apo-Sumatriptan</td>
</tr>
<tr>
<td></td>
<td>Inj 12 mg per ml, 0.5 ml prefilled pen</td>
<td>42.67</td>
<td>2 Clustran</td>
</tr>
</tbody>
</table>

#### Prophylaxis of Migraine

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIZOTIFEN</td>
<td>Tab 500 mcg</td>
<td>23.21</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Antinausea and Vertigo Agents

**APREPITANT – Restricted** see terms below

- Cap 2 x 80 mg and 1 x 125 mg – 1% DV Jul-18 to 2021 | 84.00 | 3 Emend Tri-Pack

*Restricted (RS1154)*

**Initiation**

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BETAHISTINE DIHYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 16 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>$2.89</td>
<td>84</td>
</tr>
<tr>
<td><strong>CYCLIZINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 50 mg – 1% DV Jan-19 to 2021</td>
<td></td>
<td>$0.55</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0.59</td>
<td>20</td>
</tr>
<tr>
<td><em>(Nausene Tab 50 mg to be delisted 1 January 2019)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CYCLIZINE LACTATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td></td>
<td>$14.95</td>
<td>5</td>
</tr>
<tr>
<td><strong>DOMPERIDONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td>$3.20</td>
<td>100</td>
</tr>
<tr>
<td><strong>DROPERIDOL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Jun-18 to 2019</td>
<td>Droperidol Panpharma</td>
<td>$35.00</td>
<td>10</td>
</tr>
<tr>
<td><strong>GRANISETRON</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 3 ml ampoule – 1% DV Dec-18 to 2020</td>
<td>Deva</td>
<td>$0.40</td>
<td>1</td>
</tr>
<tr>
<td><strong>HYOSCINE HYDROBROMIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 400 mcg per ml, 1 ml ampoule</td>
<td></td>
<td>$46.50</td>
<td>5</td>
</tr>
<tr>
<td>Patch 1.5 mg</td>
<td></td>
<td>$11.95</td>
<td>2</td>
</tr>
<tr>
<td>*(Restricted (RS1155))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any of the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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 contraindicated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>METOCLOPRAMIDE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Jan-18 to 2020</td>
<td></td>
<td>$1.30</td>
<td>100</td>
</tr>
<tr>
<td>Oral liq 5 mg per 5 ml</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg per ml, 2 ml ampoule</td>
<td></td>
<td>$4.50</td>
<td>10</td>
</tr>
<tr>
<td><strong>ONDANSETRON</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 4 mg – 1% DV May-17 to 2019</td>
<td></td>
<td>$3.36</td>
<td>50</td>
</tr>
<tr>
<td>Tab dispersible 4 mg – 1% DV Apr-18 to 2020</td>
<td></td>
<td>$0.95</td>
<td>10</td>
</tr>
<tr>
<td>Tab 8 mg – 1% DV May-17 to 2019</td>
<td></td>
<td>$4.77</td>
<td>50</td>
</tr>
<tr>
<td>Tab dispersible 8 mg – 1% DV Apr-18 to 2020</td>
<td></td>
<td>$1.43</td>
<td>10</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-16 to 2019</td>
<td></td>
<td>$1.50</td>
<td>5</td>
</tr>
<tr>
<td>Inj 2 mg per ml, 4 ml ampoule – 1% DV Nov-16 to 2019</td>
<td></td>
<td>$2.20</td>
<td>5</td>
</tr>
<tr>
<td><strong>PROCHLORPERAZINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab buccal 3 mg</td>
<td></td>
<td>$6.35</td>
<td>250</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Mar-18 to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 12.5 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suppos 25 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PROMETHAZINE THEOCLATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Restricted: For continuation only)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Any Tab 25 mg to be delisted 1 December 2018)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

#### TROPISETRON

- Inj 1 mg per ml, 2 ml ampoule – 1% DV Sep-18 to 2021
  - $8.95 1 Tropisetron-AFT
- Inj 1 mg per ml, 5 ml ampoule
  - $13.95 1 Tropisetron-AFT

#### Antipsychotic Agents

### General

#### AMISULPRIDE

- Tab 100 mg – 1% DV Nov-16 to 2019
  - $4.56 30 Sulpriz
- Tab 200 mg – 1% DV Nov-16 to 2019
  - $14.75 60 Sulpriz
- Tab 400 mg – 1% DV Nov-16 to 2019
  - $27.70 60 Sulpriz
- Oral liq 100 mg per ml – 1% DV Oct-16 to 2019
  - $65.53 60 ml Solian

#### ARIPIPRAZOLE

- Tab 5 mg – 1% DV Aug-18 to 2021
  - $17.50 30 Aripiprazole Sandoz
- Tab 10 mg – 1% DV Aug-18 to 2021
  - $17.50 30 Aripiprazole Sandoz
- Tab 15 mg – 1% DV Aug-18 to 2021
  - $17.50 30 Aripiprazole Sandoz
- Tab 20 mg – 1% DV Aug-18 to 2021
  - $17.50 30 Aripiprazole Sandoz
- Tab 30 mg – 1% DV Aug-18 to 2021
  - $17.50 30 Aripiprazole Sandoz

#### CHLORPROMAZINE HYDROCHLORIDE

- Tab 10 mg
- Tab 25 mg
- Tab 100 mg
- Oral liq 10 mg per ml
- Oral liq 20 mg per ml
- Inj 25 mg per ml, 2 ml ampoule

#### CLOZAPINE

- Tab 25 mg
  - $6.69 50 Clopine
  - $13.37 100 Clopine
  - $5.69 50 Clozaril
  - $11.36 100 Clozaril
- Tab 50 mg
  - $8.67 50 Clopine
  - $17.33 100 Clopine
- Tab 100 mg
  - $17.33 50 Clopine
  - $34.65 100 Clopine
  - $14.73 50 Clozaril
  - $29.45 100 Clozaril
- Oral liq 50 mg per ml
  - $34.65 50 Clopine
  - $69.30 100 Clopine

#### HALOPERIDOL

- Tab 500 mcg – 1% DV Oct-16 to 2019
  - $6.23 100 Serenace
- Tab 1.5 mg – 1% DV Oct-16 to 2019
  - $9.43 100 Serenace
- Tab 5 mg – 1% DV Oct-16 to 2019
  - $29.72 100 Serenace
- Oral liq 2 mg per ml – 1% DV Oct-16 to 2019
  - $23.84 100 ml Serenace
- Inj 5 mg per ml, 1 ml ampoule – 1% DV Oct-16 to 2019
  - $21.55 10 Serenace

#### LEVOMEPROPMAZINE

- Tab 25 mg
- Tab 100 mg

#### LEVOMEPROPMAZINE HYDROCHLORIDE

- Inj 25 mg per ml, 1 ml ampoule – 1% DV Sep-16 to 2019
  - $47.89 10 Wockhardt

---

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

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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Strength</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LITHIUM CARBONATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab long-acting 400 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 400 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 250 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OLANZAPINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>0.64</td>
<td>Zypine</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>1.15</td>
<td>Zypine</td>
</tr>
<tr>
<td>Tab orodispersible 5 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>1.25</td>
<td>Zypine ODT</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>1.65</td>
<td>Zypine</td>
</tr>
<tr>
<td>Tab orodispersible 10 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>2.05</td>
<td>Zypine ODT</td>
</tr>
<tr>
<td>Inj 10 mg vial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PERICYAZINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 2.5 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QUETIAPINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 25 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>1.79</td>
<td>Quetapel</td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>3.45</td>
<td>Quetapel</td>
</tr>
<tr>
<td>Tab 200 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>5.75</td>
<td>Quetapel</td>
</tr>
<tr>
<td>Tab 300 mg – 1% DV Sep-17 to 2020</td>
<td></td>
<td>9.60</td>
<td>Quetapel</td>
</tr>
<tr>
<td><strong>RISPERIDONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 0.5 mg – 1% DV Dec-17 to 2020</td>
<td></td>
<td>1.86</td>
<td>Actavis</td>
</tr>
<tr>
<td>Tab 1 mg – 1% DV Dec-17 to 2020</td>
<td></td>
<td>2.06</td>
<td>Actavis</td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Dec-17 to 2020</td>
<td></td>
<td>2.29</td>
<td>Actavis</td>
</tr>
<tr>
<td>Tab 3 mg – 1% DV Dec-17 to 2020</td>
<td></td>
<td>2.50</td>
<td>Actavis</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml – 1% DV Sep-17 to 2020</td>
<td></td>
<td>3.43</td>
<td>Actavis</td>
</tr>
<tr>
<td><strong>ZIPRASIDONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cap 20 mg</td>
<td></td>
<td>14.50</td>
<td>Zusdone</td>
</tr>
<tr>
<td>Cap 40 mg – 1% DV Sep-18 to 2021</td>
<td></td>
<td>24.70</td>
<td>Zusdone</td>
</tr>
<tr>
<td>Cap 60 mg – 1% DV Sep-18 to 2021</td>
<td></td>
<td>33.80</td>
<td>Zusdone</td>
</tr>
<tr>
<td>Cap 80 mg – 1% DV Sep-18 to 2021</td>
<td></td>
<td>39.70</td>
<td>Zusdone</td>
</tr>
<tr>
<td><strong>ZUCLOPENTHIXOL ACETATE</strong></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>
</tr>
<tr>
<td>Inj 50 mg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ZUCLOPENTHIXOL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 10 mg</td>
<td></td>
<td>31.45</td>
<td>Clopixol</td>
</tr>
<tr>
<td><strong>Depot Injections</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLUPENTHIXOL DECANOATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mg per ml, 1 ml ampoule</td>
<td></td>
<td>13.14</td>
<td>Fluanxol</td>
</tr>
<tr>
<td>Inj 20 mg per ml, 2 ml ampoule</td>
<td></td>
<td>20.90</td>
<td>Fluanxol</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td></td>
<td>40.87</td>
<td>Fluanxol</td>
</tr>
<tr>
<td><strong>HALOPERIDOL DECANOATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg per ml, 1 ml ampoule</td>
<td></td>
<td>28.39</td>
<td>Haldol</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td></td>
<td>55.90</td>
<td>Haldol Concentrate</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLANZAPINE – Restricted see terms below</td>
</tr>
<tr>
<td>✏ Inj 210 mg vial – 1% DV Oct-18 to 2021 .......................... 252.00 1 Zyprexa Relprevv</td>
</tr>
<tr>
<td>✏ Inj 300 mg vial – 1% DV Oct-18 to 2021 .......................... 414.00 1 Zyprexa Relprevv</td>
</tr>
<tr>
<td>✏ Inj 405 mg vial – 1% DV Oct-18 to 2021 .......................... 504.00 1 Zyprexa Relprevv</td>
</tr>
</tbody>
</table>

Initiation
Re-assessment required after 12 months

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

Continuation
Re-assessment required after 12 months

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

PALIPERIDONE – Restricted see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✏ Inj 25 mg syringe ......................................................... 194.25 1 Invega Sustenna</td>
</tr>
<tr>
<td>✏ Inj 50 mg syringe ......................................................... 271.95 1 Invega Sustenna</td>
</tr>
<tr>
<td>✏ Inj 75 mg syringe ......................................................... 357.42 1 Invega Sustenna</td>
</tr>
<tr>
<td>✏ Inj 100 mg syringe ......................................................... 435.12 1 Invega Sustenna</td>
</tr>
<tr>
<td>✏ Inj 150 mg syringe ......................................................... 435.12 1 Invega Sustenna</td>
</tr>
</tbody>
</table>

Initiation
Re-assessment required after 12 months

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

Continuation
Re-assessment required after 12 months

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

PIPOTHIAZINE PALMITATE – Restricted: For continuation only

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✏ Inj 50 mg per ml, 1 ml ampoule</td>
</tr>
<tr>
<td>✏ Inj 50 mg per ml, 2 ml ampoule</td>
</tr>
</tbody>
</table>

RISPERIDONE – Restricted see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✏ Inj 25 mg vial .......................................................... 135.98 1 Risperdal Consta</td>
</tr>
<tr>
<td>✏ Inj 37.5 mg vial ........................................................ 178.71 1 Risperdal Consta</td>
</tr>
<tr>
<td>✏ Inj 50 mg vial .......................................................... 217.56 1 Risperdal Consta</td>
</tr>
</tbody>
</table>

Initiation
Re-assessment required after 12 months

Either:

continued…
continued...

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

Continuation

Re-assessment required after 12 months

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

ZUCLOPENTHIXOL DECANOATE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 200 mg per ml, 1 ml ampoule</td>
<td>$19.80</td>
<td>Clopixol</td>
</tr>
<tr>
<td>Inj 500 mg per ml, 1 ml ampoule</td>
<td>$19.80</td>
<td>e.g. Clopixol Conc</td>
</tr>
</tbody>
</table>

Anxiolytics

BUSPIRONE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg – 1% DV Sep-18 to 2021</td>
<td>$20.23</td>
<td>Orion</td>
</tr>
<tr>
<td>Tab 10 mg – 1% DV Sep-18 to 2021</td>
<td>$13.16</td>
<td>Orion</td>
</tr>
</tbody>
</table>

CLONAZEPAM

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 500 mcg – 1% DV Jun-18 to 2021</td>
<td>$5.64</td>
<td>Paxam</td>
</tr>
<tr>
<td>Tab 2 mg – 1% DV Jun-18 to 2021</td>
<td>$10.78</td>
<td>Paxam</td>
</tr>
</tbody>
</table>

DIAZEPAM

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2 mg – 1% DV Mar-18 to 2020</td>
<td>$15.05</td>
<td>Arrow-Diazepam</td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Mar-18 to 2020</td>
<td>$16.18</td>
<td>Arrow-Diazepam</td>
</tr>
</tbody>
</table>

LORAZEPAM

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 1 mg – 1% DV Sep-18 to 2021</td>
<td>$9.72</td>
<td>Ativan</td>
</tr>
<tr>
<td>Tab 2.5 mg – 1% DV Sep-18 to 2021</td>
<td>$12.50</td>
<td>Ativan</td>
</tr>
</tbody>
</table>

OXAZEPAM

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 10 mg – 1% DV Sep-17 to 2020</td>
<td>$6.17</td>
<td>Ox-Pam</td>
</tr>
<tr>
<td>Tab 15 mg – 1% DV Sep-17 to 2020</td>
<td>$8.53</td>
<td>Ox-Pam</td>
</tr>
</tbody>
</table>

Multiple Sclerosis Treatments

DIMETHYL FUMARATE – Restricted see terms below

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 120 mg</td>
<td>$520.00</td>
<td>Tecfidera</td>
</tr>
<tr>
<td>Cap 240 mg</td>
<td>$2,000.00</td>
<td>Tecfidera</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 0.5 mg</td>
<td>$2,200.00</td>
<td>Gilenya</td>
</tr>
</tbody>
</table>

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).

Products with Hospital Supply Status (HSS) are in bold

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

- Restricted (RS1447)

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

- Restricted (RS1505)

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).

Other Multiple Sclerosis Treatments

- Restricted (RS1434)

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
- Inj 6 million iu in 0.5 ml syringe

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
- Tab 3 mg

Note: Only for use in compounding an oral liquid formulation, for in-hospital use only.

- Restricted (RS1576)

Initiation – insomnia secondary to neurodevelopmental disorder

Psychiatrist, paediatrician, neurologist or respiratory specialist

Re-assessment required after 12 months

All of the following:

1. Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder

continued…
continued...

(including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and
2 Behavioural and environmental approaches have been tried or are inappropriate; and
3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and
4 Patient is aged 18 years 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>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 7.5 mg</td>
<td>.......................................................... 40.00 100</td>
<td>Hypnovel</td>
</tr>
<tr>
<td>Oral liq 2 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml ampoule – 1% DV Jan-19 to 2021</td>
<td>4.30 10</td>
<td>Midazolam-Claris Mylan Midazolam</td>
</tr>
<tr>
<td>2.98</td>
<td>Mylan Midazolam</td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg per ml, 3 ml ampoule – 1% DV Jan-19 to 2021</td>
<td>2.50 5</td>
<td>Midazolam-Claris</td>
</tr>
<tr>
<td>2.36</td>
<td>Mylan Midazolam</td>
<td></td>
</tr>
</tbody>
</table>

(Midazolam-Claris Inj 1 mg per ml, 5 ml ampoule to be delisted 1 January 2019)
(Midazolam-Claris Inj 5 mg per ml, 3 ml ampoule to be delisted 1 January 2019)

**NITRAZEPAM**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg</td>
<td>.......................................................... 5.22 100</td>
<td>Nitrados</td>
</tr>
</tbody>
</table>

**PHENOBARBITONE**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 200 mg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TEMAZEPAM**

<table>
<thead>
<tr>
<th>Formulation</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-17 to 2020</td>
<td>1.27 25</td>
<td>Normison</td>
</tr>
</tbody>
</table>

**TRIAZOLAM – Restricted:** For continuation only

- Tab 125 mcg
- Tab 250 mcg

**ZOPICLONE**

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 7.5 mg</td>
<td>.......................................................... 0.98 30</td>
<td>Zopiclone Actavis</td>
</tr>
</tbody>
</table>

**Stimulants / ADHD Treatments**

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

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


NERVOUS SYSTEM

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

→ Restricted (RS1371)

Initiation

All of the following:
1. Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
2. Once-daily dosing; and
3. Any of the following:
   3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
   3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
   3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; or
   3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the patient has a history of psychoses or has a first-degree relative with schizophrenia; and
4. The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

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

CAFFEINE

Tab 100 mg

Dexamfetamine Sulfate – Restricted see terms below

→ Restricted (RS1169)

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 Ritalin
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

**Restricted (RS1294)**

**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 (RS1171)**

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

**Treatments for Substance Dependence**

**BUPRENORPHINE WITH NALOXONE** – Restricted see terms below

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

**Initiation – Detoxification**

All of the following:

1. Patient is opioid dependent; and
2. Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and
3. Prescriber works in an opioid treatment service approved by the Ministry of Health.

**Initiation – Maintenance treatment**

All of the following:

1. Patient is opioid dependent; and
2. Patient will not be receiving methadone; and
3. Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health; and
4. Prescriber works in an opioid treatment service approved by the Ministry of Health.

**BUPROPION HYDROCHLORIDE**

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

**DISULFIRAM**

Tab 200 mg .............................................................................................. 44.30 100 Antabuse

**NALTREXONE HYDROCHLORIDE** – Restricted see terms below

- Tab 50 mg – 1% DV Sep-17 to 2020 ....................................................... 112.55 30 Naltraccord

**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.
### NERVOUS SYSTEM

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

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

<table>
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<tr>
<th>Product Description</th>
<th>Expiry Date</th>
<th>Price</th>
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<tbody>
<tr>
<td>Patch 7 mg per 24 hours – 1% DV Apr-18 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 14 mg per 24 hours – 1% DV Apr-18 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch 21 mg per 24 hours – 1% DV Apr-18 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral spray 1 mg per dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lozenge 1 mg – 1% DV Apr-18 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lozenge 2 mg – 1% DV Apr-18 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soln for inhalation 15 mg cartridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gum 2 mg – 1% DV Apr-18 to 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gum 4 mg – 1% DV Apr-18 to 2020</td>
<td></td>
<td></td>
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</tbody>
</table>

#### VARENICLINE – Restricted see terms below

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Expiry Date</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 0.5 mg x 11 and 1 mg x 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 1 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Restricted (RS1210)

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.

#### Restricted (RS1511)

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

### Alkylating Agents

**BENDAMUSTINE HYDROCHLORIDE** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>271.35</td>
<td>1 Ribomustin</td>
</tr>
<tr>
<td>1,085.38</td>
<td>1 Ribomustin</td>
</tr>
</tbody>
</table>

↓ **Restricted (RS1578)**

**Initiation – treatment naive CLL**

All of the following:

1. The patient has Binet stage B or C, or progressive stage A chronic lymphocytic leukaemia requiring treatment; and
2. The patient is chemotherapy treatment naive; and
3. The patient is unable to tolerate toxicity of full-dose FCR; and
4. Patient has ECOG performance status 0-2; and
5. Patient has a Cumulative Illness Rating Scale (CIRS) score of < 6; and
6. Bendamustine is to be administered at a maximum dose of 100 mg/m$^2$ on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

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

**Initiation – Indolent, Low-grade lymphomas**

*Re-assessment required after 9 months*

All of the following:

1. The patient has indolent low grade NHL requiring treatment; and
2. Patient has a WHO performance status of 0-2; and
3. Either:
   3.1 Both:
      3.1.1 Patient is treatment naive; and
      3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or
   
3.2 All of the following:
   3.2.1 Patient has relapsed refractory disease following prior chemotherapy; and
   3.2.2 The patient has not received prior bendamustine therapy; and
   3.2.3 Either:
      3.2.3.1 Both:
         3.2.3.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
         3.2.3.1.2 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…

---

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

e.g. *Brand* indicates brand example only. It is not a contracted product.
2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenström's macroglobulinaemia.

<table>
<thead>
<tr>
<th>Product</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSULFAN</td>
<td>Myleran</td>
<td>$89.25 100</td>
<td></td>
</tr>
<tr>
<td>CARMUSTINE</td>
<td>BiCNU</td>
<td>$532.00 1</td>
<td></td>
</tr>
<tr>
<td>CHLORAMBUCIL</td>
<td></td>
<td>$158.00 2</td>
<td></td>
</tr>
<tr>
<td>CYCLOPHOSPHAMIDE</td>
<td>Endoxan</td>
<td>$79.00 50</td>
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<tr>
<td>LOMUSTINE</td>
<td>Ceenu</td>
<td>$132.59 20</td>
<td></td>
</tr>
<tr>
<td>MELPHALAN</td>
<td></td>
<td>$180.00 1</td>
<td></td>
</tr>
<tr>
<td>THIOTEPA</td>
<td></td>
<td>$96.00 1</td>
<td></td>
</tr>
<tr>
<td>Anthracyclines and Other Cytotoxic Antibiotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLEOMYCIN SULPHATE</td>
<td>DBL Bleomycin Sulfate</td>
<td>$161.01 1</td>
<td></td>
</tr>
<tr>
<td>DACTINOMYCIN [ACTINOMYCIN D]</td>
<td>Cosmegen</td>
<td>$166.75 1</td>
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</tr>
<tr>
<td>DAUNORUBICIN</td>
<td>Pfizer</td>
<td>$130.00 1</td>
<td></td>
</tr>
<tr>
<td>DOXORUBICIN HYDROCHLORIDE</td>
<td>Doxorubicin Ebewe</td>
<td>$11.50 1</td>
<td></td>
</tr>
<tr>
<td>EPIRUBICIN HYDROCHLORIDE</td>
<td>Doxorubicin Ebewe</td>
<td>$23.00 1</td>
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</tr>
</tbody>
</table>
| Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
### Oncology Agents and Immunosuppressants

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Brand or Manufacturer</th>
<th>Price (ex man. excl. GST)</th>
<th>Per</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IDARUBICIN HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg vial – 1% DV Sep-18 to 2021</td>
<td>1</td>
<td>93.00</td>
<td>1</td>
<td>Zavedos</td>
</tr>
<tr>
<td>Inj 10 mg vial – 1% DV Sep-18 to 2021</td>
<td>1</td>
<td>198.00</td>
<td>1</td>
<td>Zavedos</td>
</tr>
<tr>
<td><strong>MITOMYCIN C</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 5 mg vial – 1% DV Oct-16 to 2019</td>
<td>1</td>
<td>204.08</td>
<td>1</td>
<td>Arrow</td>
</tr>
<tr>
<td><strong>MITOZANTRONE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 10 ml vial</td>
<td>1</td>
<td>97.50</td>
<td>1</td>
<td>Mitozantrone Ebewe</td>
</tr>
</tbody>
</table>

### Antimetabolites

**AZACITIDINE** — **Restricted** see terms below

- **Inj 100 mg vial – 1% DV Dec-18 to 2021**
  - 139.00
  - 1
  - Azacitidine Dr Reddy's Vidaza

*(Vidaza Inj 100 mg vial to be delisted 1 December 2018)*

**Initiation**

Haematologist

*Re-assessment required after 12 months*

All of the following:

1. Any of the following:
   1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
   1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
   1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and

2. The patient has performance status (WHO/ECOG) grade 0-2; and

3. The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and

4. The patient has an estimated life expectancy of at least 3 months.

**Continuation**

Haematologist

*Re-assessment required after 12 months*

Both:

1. No evidence of disease progression, and; and
2. The treatment remains appropriate and patient is benefitting from treatment.

**CAPECITABINE**

- **Tab 150 mg – 1% DV Jan-17 to 2019**
  - 11.15
  - 60
  - Brinov

- **Tab 500 mg – 1% DV Jan-17 to 2019**
  - 62.28
  - 120
  - Brinov

**CLADRIBINE**

- **Inj 2 mg per ml, 5 ml vial**
  - 5.249.72
  - 7
  - Leustatin

**CYTARABINE**

- **Inj 20 mg per ml, 5 ml vial**
  - 400.00
  - 5
  - Pfizer

- **Inj 100 mg per ml, 20 ml vial – 1% DV Dec-18 to 2021**
  - 41.36
  - 1
  - Pfizer

**FLUDARABINE PHOSPHATE**

- **Tab 10 mg – 1% DV Sep-18 to 2021**
  - 412.00
  - 20
  - Fludara Oral

- **Inj 50 mg vial – 1% DV Dec-16 to 2019**
  - 525.00
  - 5
  - Fludarabine Ebewe

---

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

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

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

<table>
<thead>
<tr>
<th><strong>FLUOROURACIL</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 50 mg per ml, 20 ml vial – <strong>1% DV Oct-18 to 2021</strong></td>
<td>12.00 $</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 50 ml vial</td>
<td>17.00 $</td>
</tr>
<tr>
<td>Inj 50 mg per ml, 100 ml vial – <strong>1% DV Oct-18 to 2021</strong></td>
<td>30.00 $</td>
</tr>
</tbody>
</table>

*Fluorouracil Ebewe Inj 50 mg per ml, 50 ml vial to be delisted 1 March 2019*

<table>
<thead>
<tr>
<th><strong>GEMCITABINE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 20 ml vial</td>
<td>8.36 $</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>15.89 $</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>MERCAPTOPURINE</strong></th>
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<tbody>
<tr>
<td>Tab 50 mg</td>
<td>49.41 $</td>
</tr>
<tr>
<td>Oral suspension 20 mg per ml</td>
<td>428.00 $</td>
</tr>
</tbody>
</table>

*Restricted (RS1635)*

**Initiation**
Paediatric haematologist or paediatric oncologist

*Re-assessment required after 12 months*

The patient requires a total dose of less than one full 50 mg tablet per day.

**Continuation**
Paediatric haematologist or paediatric oncologist

*Re-assessment required after 12 months*

The patient requires a total dose of less than one full 50 mg tablet per day.

<table>
<thead>
<tr>
<th><strong>METHOTREXATE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 2.5 mg – <strong>1% DV Jan-19 to 2021</strong></td>
<td>8.05 $</td>
</tr>
<tr>
<td>Tab 10 mg – <strong>1% DV Jan-19 to 2021</strong></td>
<td>31.75 $</td>
</tr>
<tr>
<td>Inj 2.5 mg per ml, 2 ml vial</td>
<td>14.61 $</td>
</tr>
<tr>
<td>Inj 7.5 mg prefilled syringe</td>
<td>14.66 $</td>
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<tr>
<td>Inj 10 mg prefilled syringe</td>
<td>14.77 $</td>
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<tr>
<td>Inj 15 mg prefilled syringe</td>
<td>14.88 $</td>
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<tr>
<td>Inj 20 mg prefilled syringe</td>
<td>14.99 $</td>
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<tr>
<td>Inj 25 mg prefilled syringe</td>
<td>15.09 $</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 2 ml vial – <strong>1% DV Oct-16 to 2019</strong></td>
<td>30.00 $</td>
</tr>
<tr>
<td>Inj 25 mg per ml, 20 ml vial – <strong>1% DV Oct-16 to 2019</strong></td>
<td>45.00 $</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 10 ml vial</td>
<td>25.00 $</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 50 ml vial – <strong>1% DV Sep-17 to 2020</strong></td>
<td>79.99 $</td>
</tr>
</tbody>
</table>

*PEMETREXED – Restricted see terms below*

**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/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.

continued…
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/m² 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-naive disease; and
      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

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

continued…
continued...

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:

1 The patient’s disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and

2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

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

1 A known therapeutic chemotherapy regimen and supportive treatments; or

2 A transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments.

Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

**COLASPASE [L-ASPARAGINASE]**

Inj 10,000 iu vial ................................................................. 102.32 1 Leunase

**DACARBAZINE**

Inj 200 mg vial ................................................................. 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 ................................................................. 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 ................................................................. 11.50 1 Irinotecan Actavis 40

Inj 20 mg per ml, 5 ml vial ................................................................. 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 |

**Restricted (RS1419)**

**Initiation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has relapsed or refractory multiple myeloma with progressive disease; and

continued…
continued...

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.

Note: Indication marked with * is an unapproved indication. A line of treatment is considered to comprise either: a) a known
therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell
transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk
management programme operated by the supplier.

PEGASPARGASE – Restricted see terms below

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

→ Restricted (RS1190)

Initiation – Newly diagnosed ALL

Limited to 12 months treatment

All of the following:

1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
3 Treatment is with curative intent.

Initiation – Relapsed ALL

Limited to 12 months treatment

All of the following:

1 The patient has relapsed acute lymphoblastic leukaemia; and
2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
3 Treatment is with curative intent.

PENTOSTATIN [DEOXYCOFORMYCIN]

Inj 10 mg vial

PROCARBAZINE HYDROCHLORIDE

Cap 50 mg .......................................................................................................................... 498.00 50 Natulan

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

→ Restricted (RS1645)

Initiation – High grade gliomas

Re-assessment required after 12 months

All of the following:

continued…

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

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

1 Either:
   1.1 Patient has newly diagnosed glioblastoma multiforme; or
   1.2 Patient has newly diagnosed anaplastic astrocytoma*; and
2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
3 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle at a maximum
dose of 200 mg/m² per day.

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.

Initiation – Neuroendocrine tumours
Re-assessment required after 9 months
All of the following:
   1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
   2 Temozolomide is to be given in combination with capecitabine; and
   3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose
      of 200 mg/m² per day; and
   4 Temozolomide to be discontinued at disease progression.

Continuation – 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.

Initiation – ewing's sarcoma
Re-assessment required after 9 months
Patient has relapse or refractory Ewing’s sarcoma.

Continuation – ewing's sarcoma
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

Restricted (RS1192)

Initiation
Re-assessment required after 12 months
Any of the following:
continued…

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 Vesanooid

Platinum Compounds

CARBOPLATIN
- Inj 10 mg per ml, 5 ml vial……………………………………………………………15.07 1 DBL Carboplatin
- Inj 10 mg per ml, 15 ml vial…………………………………………………………14.05 1 DBL Carboplatin
- Inj 10 mg per ml, 45 ml vial…………………………………………………………32.59 1 DBL Carboplatin

(Carboplatin Inj 10 mg per ml, 5 ml vial to be delisted 1 March 2019)

(Carboplatin Inj 10 mg per ml, 15 ml vial to be delisted 1 March 2019)

CISPLATIN
- Inj 1 mg per ml, 50 ml vial…………………………………………………………-12.29 1 DBL Cisplatin
- Inj 1 mg per ml, 100 ml vial – 1% DV Sep-18 to 2021…………………………19.70 1 DBL Cisplatin

OXALIPLATIN
- Inj 5 mg per ml, 10 ml vial…………………………………………………………-13.32 1 Oxalicord
- Inj 5 mg per ml, 20 ml vial – 1% DV Jan-19 to 2021…………………………46.32 1 Oxalicord

(Oxalicord Inj 5 mg per ml, 10 ml vial to be delisted 1 January 2019)

Protein-Tyrosine Kinase Inhibitors

DASATINIB – Restricted see terms below
- Tab 20 mg……………………………………………………………………………3,774.06 60 Sprycel
- Tab 50 mg……………………………………………………………………………6,214.20 60 Sprycel
- Tab 70 mg……………………………………………………………………………7,692.58 60 Sprycel
- Tab 100 mg…………………………………………………………………………6,214.20 30 Sprycel

Restricted (RS1193)

Initiation

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

ERLOTINIB – Restricted see terms below
- Tab 100 mg……………………………………………………………………………764.00 30 Tarceva
- Tab 150 mg…………………………………………………………………………1,146.00 30 Tarceva

Restricted (RS1579)

Initiation

Re-assessment required after 4 months

All of the following:

1. Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2. There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
continued...

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

→ **Restricted (RS1580)**

**Initiation**

*Re-assessment required after 4 months*

All of the following:

1 Patient has locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

2 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

→ **Restricted (RS1402)**

**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

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

→ Restricted (RS1197)

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 HER2 positive metastatic breast cancer; and
   1.3 Lapatinib not to be given in combination with trastuzumab; and
   1.4 Lapatinib to be discontinued at disease progression; or

2 All of the following:
   2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   2.2 The patient started trastuzumab for metastatic breast cancer but discontinued trastuzumab within 3 months of starting treatment due to intolerance; and
   2.3 The cancer did not progress whilst on trastuzumab; and
   2.4 Lapatinib not to be given in combination with trastuzumab; and
   2.5 Lapatinib to be discontinued at disease progression.

Continuation
Re-assessment required after 12 months

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
3 Lapatinib not to be given in combination with trastuzumab; and
4 Lapatinib to be discontinued at disease progression.

NILOTINIB – Restricted see terms on the next page

Cap 150 mg ........................................................................................................... 4,680.00 120 Tasigna
Cap 200 mg ........................................................................................................... 6,532.00 120 Tasigna


**Restricted (RS1437)**

**Initiation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

1. Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase; and
2. Either:
   1. Patient has documented CML treatment failure* with imatinib; or
   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 (RS1198)**

**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:
   1. The patient is treatment naive; or
   2. The patient has only received prior cytokine treatment; or
   3. Both:
      1. The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
      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:
   1. Lactate dehydrogenase level > 1.5 times upper limit of normal; and
   2. Haemoglobin level < lower limit of normal; and
   3. Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
   4. Interval of < 1 year from original diagnosis to the start of systemic therapy; and
   5. Karnofsky performance score of less than or equal to 70; and
   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.
RUXOLITINIB – Restricted see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand</th>
<th>Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 5 mg</td>
<td>2,500.00</td>
<td>56</td>
<td>Jakavi</td>
</tr>
<tr>
<td>Tab 15 mg</td>
<td>5,000.00</td>
<td>56</td>
<td>Jakavi</td>
</tr>
<tr>
<td>Tab 20 mg</td>
<td>5,000.00</td>
<td>56</td>
<td>Jakavi</td>
</tr>
</tbody>
</table>

Initiation
Haematologist
Re-assessment required after 12 months
All of the following:
1. The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and
2. A classification of risk of intermediate-2 or high-risk myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and
3. A maximum dose of 20 mg twice daily is to be given.

Continuation
Haematologist
Re-assessment required after 12 months
Both:
1. The treatment remains appropriate and the patient is benefiting from treatment; and
2. A maximum dose of 20 mg twice daily is to be given.

SUNITINIB – Restricted see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) $</th>
<th>Per Brand</th>
<th>Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 12.5 mg</td>
<td>2,315.38</td>
<td>28</td>
<td>Sutent</td>
</tr>
<tr>
<td>Cap 25 mg</td>
<td>4,630.77</td>
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<td>Sutent</td>
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<tr>
<td>Cap 50 mg</td>
<td>9,261.54</td>
<td>28</td>
<td>Sutent</td>
</tr>
</tbody>
</table>

Initiation – RCC
Re-assessment required after 3 months
All of the following:
1. The patient has metastatic renal cell carcinoma; and
2. Any of the following:
   2.1 The patient is treatment naive; or
   2.2 The patient has only received prior cytokine treatment; or
   2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
   2.4 Both:
      2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
      2.4.2 The cancer did not progress whilst on pazopanib; and
3. The patient has good performance status (WHO/ECOG grade 0-2); and
4. The disease is of predominant clear cell histology; and
5. All of the following:
   5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
   5.2 Haemoglobin level < lower limit of normal; and
   5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
   5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
   5.5 Karnofsky performance score of 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:
   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**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 2 ml vial – 1% DV Sep-17 to 2020</td>
<td>12.40</td>
<td>DBL Docetaxel</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 8 ml vial – 1% DV Sep-17 to 2020</td>
<td>26.95</td>
<td>DBL Docetaxel</td>
</tr>
</tbody>
</table>

**PACLITAXEL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 6 mg per ml, 5 ml vial – 1% DV Oct-17 to 2020</td>
<td>47.30</td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 16.7 ml vial – 1% DV Oct-17 to 2020</td>
<td>20.00</td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 25 ml vial</td>
<td>26.69</td>
<td>Paclitaxel Ebewe</td>
</tr>
<tr>
<td>Inj 6 mg per ml, 50 ml vial – 1% DV Oct-17 to 2020</td>
<td>35.35</td>
<td>Paclitaxel Ebewe</td>
</tr>
</tbody>
</table>
## Treatment of Cytotoxic-Induced Side Effects

### Calcium Folinate

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 15 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 3 mg per ml, 1 ml ampoule</td>
<td>104.26</td>
<td>DBL Leucovorin Calcium</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 30 ml</td>
<td>18.25</td>
<td>Calcium Folinate Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td>7.33</td>
<td>Calcium Folinate Sandoz</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 50 ml vial</td>
<td>70.00</td>
<td>Calcium Folinate Sandoz</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 100 ml vial</td>
<td>60.00</td>
<td>Calcium Folinate Sandoz</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml</td>
<td>7.30</td>
<td>Calcium Folinate Ebewe</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td>20.95</td>
<td>Calcium Folinate Sandoz</td>
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<tr>
<td>Inj 10 mg per ml, 30 ml vial</td>
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<td>Calcium Folinate Ebewe</td>
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<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td>20.95</td>
<td>Calcium Folinate Sandoz</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 10 ml vial</td>
<td>7.30</td>
<td>Calcium Folinate Ebewe</td>
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### Mesna

<table>
<thead>
<tr>
<th>Product Description</th>
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<tbody>
<tr>
<td>Tab 400 mg – 1% DV Oct-16 to 2019</td>
<td>273.00</td>
<td>Uromitexan</td>
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<tr>
<td>Tab 600 mg – 1% DV Oct-16 to 2019</td>
<td>407.50</td>
<td>Uromitexan</td>
</tr>
<tr>
<td>Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>161.25</td>
<td>Uromitexan</td>
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<tr>
<td>Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>370.35</td>
<td>Uromitexan</td>
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</table>

### Vinca Alkaloids

#### Vinblastine Sulfate

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mg per ml, 10 ml vial</td>
<td>186.46</td>
<td>Hospira</td>
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</table>

#### Vincristine Sulfate

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 1 mg per ml, 1 ml vial – 1% DV Oct-16 to 2019</td>
<td>74.52</td>
<td>DBL Vincristine Sulfate</td>
</tr>
<tr>
<td>Inj 1 mg per ml, 2 ml vial – 1% DV Oct-16 to 2019</td>
<td>85.61</td>
<td>DBL Vincristine Sulfate</td>
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</table>

#### Vinorelbine

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj 10 mg per ml, 1 ml vial</td>
<td>8.00</td>
<td>Navelbine</td>
</tr>
<tr>
<td>Inj 10 mg per ml, 5 ml vial</td>
<td>40.00</td>
<td>Navelbine</td>
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### Endocrine Therapy

#### Abiraterone Acetate

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price</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:

**Continued…**
continued...

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

Tab 50 mg – 1% DV Feb-18 to 2020 ................................................................. 3.80 28 Binarex

FLUTAMIDE

Tab 250 mg ........................................................................................................ 55.00 100 Flutamin

MEGESTROL ACETATE

Tab 160 mg – 1% DV Oct-18 to 2021 ............................................................... 63.53 30 Apo-Megestrol

OCTREOTIDE – Some items restricted see terms below

Inj 50 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020 ................................ 30.64 5 DBL Octreotide

Inj 100 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020 ............................ 18.69 5 DBL Octreotide

Inj 500 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020 ............................ 72.50 5 DBL Octreotide

Inj 10 mg vial ..................................................................................................... 1,772.50 1 Sandostatin LAR

Inj 20 mg vial ..................................................................................................... 2,358.75 1 Sandostatin LAR

Inj 30 mg vial ..................................................................................................... 2,951.25 1 Sandostatin LAR

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

Continuation – acromegaly

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

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months

continued…
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**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genox</td>
<td>19.50 $ 100 Tamoxifen Sandoz</td>
</tr>
<tr>
<td>Tamoxifen Sandoz</td>
<td>11.75 $ 60 Tamoxifen Sandoz</td>
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</table>

*(Genox Tab 10 mg to be delisted 1 January 2019)*

*(Genox Tab 20 mg to be delisted 1 January 2019)*

**Aromatase Inhibitors**

**ANASTROZOLE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rolin</td>
<td>5.04 $ 30 Rolin</td>
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</table>

**EXEMESTANE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
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</thead>
<tbody>
<tr>
<td>Pfizer Exemestane</td>
<td>14.50 $ 30 Pfizer Exemestane</td>
</tr>
</tbody>
</table>

**LETROZOLE**

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letrole</td>
<td>4.68 $ 30 Letrole</td>
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</table>

**Imaging Agents**

**AMINOLEVULINIC ACID HYDROCHLORIDE – Restricted** see terms below

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powder for oral soln, 30 mg per ml, 1.5 g vial</td>
<td>4,400.00 $ 1 Gliolan</td>
</tr>
<tr>
<td></td>
<td>44,000.00 $ 10 Gliolan</td>
</tr>
</tbody>
</table>

*(RS1565)*

**Initiation – high grade malignant glioma**

All of the following:

1. Patient has newly diagnosed, untreated, glioblastoma multiforme; and
2. Treatment to be used as adjuvant to fluorescence-guided resection; and
3. Patient's tumour is amenable to complete resection.
Immunosuppressants

Calcineurin Inhibitors

CICLOSPORIN
- Cap 25 mg.......................................................................................................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 .................................................................276.30 10 Sandimmun

TACROLIMUS – Restricted see terms below
- Cap 0.5 mg......................................................................................................55.64 100 Tacrolimus Sandoz
- Cap 1 mg.......................................................................................................111.28 100 Tacrolimus Sandoz
- Cap 5 mg.......................................................................................................278.20 50 Tacrolimus Sandoz
- Inj 5 mg per ml, 1 ml ampoule
  - Restricted (RS1651)

Initiation – organ transplant recipients
Any specialist
For use in organ transplant recipients.

Initiation – non-transplant indications*
Any specialist
Both:
1 Patient requires long-term systemic immunosuppression; and
2 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response.

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
  - Restricted (RS1541)

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

continued...
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

continued…

2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
2.5 Both:
   2.5.1 Either:
       2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
       2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
   2.5.2 Physician’s global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis
Rheumatologist or named specialist
Re-assessment required after 6 months
Both:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
   2.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician’s global assessment from baseline; or
   2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician’s global assessment from baseline.

Initiation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
   1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
   1.2 Either:
       1.2.1 The patient has experienced intolerable side effects from adalimumab; or
       1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or
2 All of the following:
   2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
   2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
   2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine 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

continued…
continued...

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
Re-assessment required after 6 months

All of the following:
1. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2. Either:
   2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

3. Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – Ankylosing Spondylitis
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

continued…
continued...

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>
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<td>4.0 cm</td>
</tr>
<tr>
<td>75+</td>
<td>3.0 cm</td>
<td>2.5 cm</td>
</tr>
</tbody>
</table>

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

1. Following 12 weeks’ initial treatment and 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 sulfasalazine 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

continued…
continued...

2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Both:

1 Either:
   1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and

2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – plaque psoriasis, prior TNF use
Dermatologist
Limited to 4 months treatment
All of the following:

1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and
2 Either:
   2.1 The patient has experienced intolerable side effects from adalimumab; or
   2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; and

3 Patient must be reassessed for continuation after 3 doses.

Initiation – plaque psoriasis, treatment-naive
Dermatologist
Limited to 4 months treatment
All of the following:

1 Either:
   1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
   1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

continued…
Continuation – plaque psoriasis
Dermatologist
Re-assessment required after 6 months
Both:
1 Either:
   1.1 Both:
      1.1.1 Patient had “whole body” severe chronic plaque psoriasis at the start of treatment; and
      1.1.2 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre- etanercept treatment baseline value; or
   1.2 Both:
      1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
      1.2.2 Either:
         1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
         1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and
2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

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.

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

continued…
continued...

1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:
   2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
   2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
   2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Continuation – adult-onset Still’s disease**

Rheumatologist

*Re-assessment required after 6 months*

The patient has a sustained improvement in inflammatory markers and functional status.

### Monoclonal Antibodies

**ABCIXIMAB** – **Restricted** see terms below

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>ReoPro</td>
<td>579.53</td>
</tr>
</tbody>
</table>

**Inj 2 mg per ml, 5 ml vial**

**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

<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
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</thead>
<tbody>
<tr>
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<tr>
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<td>1,599.96</td>
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</tbody>
</table>

**Inj 20 mg per 0.4 ml syringe**

**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:

continued…
2.5.1 Either:
    2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
    2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

2.5.2 Physician's global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis
Rheumatologist or named specialist
Re-assessment required after 6 months

Both:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
   2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
   2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 4 months

All of the following:
1 Patient has confirmed Crohn's disease; and
2 Either:
   2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
   2.2 Patient has one or more rectovaginal fistula(e); and
3 A Baseline Fistula Assessment (a copy of which is available at www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf) has been completed and is no more than 1 month old at the time of application.

Continuation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 6 months

Either:
1 The number of open draining fistulae have decreased from baseline by at least 50%; or
2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

Initiation – Crohn's disease - 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

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.

**Continuation – Crohn’s disease - adults**

Gastroenterologist

*Re-assessment required after 3 months*

Both:

1 Either:

   1.1 Either:

      1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or

      1.1.2 CDAI score is 150 or less; or

   1.2 Both:

      1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and

      1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – Crohn’s disease - children**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

1 Paediatric patient has severe active Crohn’s disease; and

2 Either:

   2.1 Patient has a Paediatric Crohn’s Disease Activity Index (PCDAI) score of greater than or equal to 30; or

   2.2 Patient has extensive small intestine disease; and

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate.

**Continuation – Crohn’s disease - children**

Gastroenterologist

*Re-assessment required after 3 months*

Both:

1 Any of the following:

   1.1 PCDAI score has reduced by 100 points from the PCDAI score when the patient was initiated on adalimumab; or

   1.2 PCDAI score is 150 or less; or

   1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and

2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

   1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and

   1.2 Either:

      1.2.1 The patient has experienced intolerable side effects from etanercept; or

      1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

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

continued...

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 sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
   
2.5 Any of the following:
   
   2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
   
   2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
   
   2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

2.6 Either:
   
   2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
   
   2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.7 Either:
   
   2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
   
   2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1. Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2. Either:
   
   2.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   
   2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

3. Adalimumab to be administered at doses no greater than 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

continued…
continued…

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</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>
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<td>45-54</td>
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</tr>
<tr>
<td>75+</td>
<td>3.0 cm</td>
<td>2.5 cm</td>
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</table>

**Continuation – ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1. Following 12 weeks’ initial treatment and subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and

2. Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

3. Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1. Both:
   
   1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and

   1.2 Either:

   1.2.1 The patient has experienced intolerable side effects from etanercept; or

continued…
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 sulfasalazine 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.

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

continued...
continued...

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

3 A maximum of 4 doses.

Note: Indications marked with * are unapproved indications.

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.
continued…

**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.

**AFLIBERCEPT – Restricted** see terms below

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) Per Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>$1,250.00 Eylea</td>
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</tbody>
</table>

**Initiation – Wet Age Related Macular Degeneration**

*Ophthalmologist*

*Re-assessment required after 3 months*

Either:

1. All of the following:
   1.1 Any of the following:
      1.1.1 Wet age-related macular degeneration (wAMD); or
      1.1.2 Polypoidal choroidal vasculopathy; or
      1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
   1.2 Either:
      1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
      1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
   1.3 There is no structural damage to the central fovea of the treated eye; and
   1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or

2. Any of the following:
   2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
   2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable

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

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

while on treatment; or

2.3 Patient has current approval to use ranibizumab for treatment of wAMD; or

2.4 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.

Note: Criteria 2.3 and 2.4 will be removed from 1 January 2019.

Continuation – Wet Age Related Macular Degeneration

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

1. Documented benefit must be demonstrated to continue; and
2. Patient’s vision is 6/36 or better on the Snellen visual acuity score; and
3. There is no structural damage to the central fovea of the treated eye.

Initiation – Diabetic Macular Oedema

Ophthalmologist

*Re-assessment required after 4 months*

Either:

1. All of the following:
   1.1 Patient has centre involving diabetic macular oedema (DMO); and
   1.2 Patient’s disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
   1.3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
   1.4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and
   1.5 There is no centre-involving sub-retinal fibrosis or foveal atrophy; or
2. Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.

Note: Criterion 2 will be removed from 1 January 2019.

Continuation – Diabetic Macular Oedema

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

1. There is stability or two lines of Snellen visual acuity gain; and
2. There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
3. Patient’s vision is 6/36 or better on the Snellen visual acuity score; and
4. There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
5. After each consecutive 12 months treatment with aflibercept, patient has retrialled with at least one injection of bevacizumab and had no response.

BASILIXIMAB – Restricted see terms below

- **Inj 20 mg vial** .......................................................... 2,560.00 1 Simulect
  - Restricted (RS1203)

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**
  - Restricted (RS1115)

Initiation

Either:

1. Ocular neovascularisation; or
2. Exudative ocular angiopathy.
CETUXIMAB – Restricted see terms below

- Inj 5 mg per ml, 20 ml vial.................................................................364.00 1 Erbitux
- Inj 5 mg per ml, 100 ml vial...............................................................1,820.00 1 Erbitux

 Initiation
Medical oncologist
All of the following:
1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and
2 Patient is contraindicated to, or is intolerant of, cisplatin; and
3 Patient has good performance status; and
4 To be administered in combination with radiation therapy.

INFLIXIMAB – Restricted see terms below

- Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020.............................................806.00 1 Remicade

 Initiation – Graft vs host disease
Patient has steroid-refractory acute graft vs. host disease of the gut.

Initiation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 4 months
All of the following:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2 Either:
   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.

continued…
Continuation – ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
All of the following:
1. Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
2. Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3. Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

Initiation – psoriatic arthritis
Rheumatologist
Re-assessment required after 4 months
Both:
1. The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic arthritis; and
2. Either:
   2.1. The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   2.2. Following 3-4 months' initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for psoriatic arthritis.

Continuation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Both:
1. Either:
   1.1. Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   1.2. The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
2. Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Initiation – severe ocular inflammation
Re-assessment required after 3 doses
Both:
1. Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
2. Either:
   2.1. Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
   2.2. Patient developed new inflammatory symptoms while receiving high dose steroids.

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:
continued...
continued...

1. The patient has had a good clinical response following 3 initial doses; or
2. The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months’ treatment; or
3. The patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months’ treatment.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

**Continuation – chronic ocular inflammation**

*Re-assessment required after 12 months*

Any of the following:

1. The patient has had a good clinical response following 3 initial doses; or
2. The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months’ treatment; or
3. The patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months’ treatment.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

**Initiation – Pulmonary sarcoidosis**

*Both:*

1. Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and
2. Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

**Initiation – Crohn’s disease (adults)**

*Gastroenterologist*

*Re-assessment required after 3 months*

All of the following:

1. Patient has severe active Crohn’s disease; and
2. Any of the following:
   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

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 – 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:
   1. Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
   2. Patient has extensive small intestine disease; and
3. Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4. Surgery (or further surgery) is considered to be clinically inappropriate; and
5. Patient must be reassessed for continuation after 3 months of therapy.

**Continuation – Crohn's disease (children)**

Gastroenterologist

*Re-assessment required after 6 months*

Both:

1. Any of the following:
   1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on infliximab; or
   1.2 PCDAI score is 15 or less; or
   1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and
2. Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

**Initiation – fistulising Crohn's disease**

Gastroenterologist

*Re-assessment required after 4 months*

Both:

1. Patient has confirmed Crohn's disease; and
2. Either:
   2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
   2.2 Patient has one or more rectovaginal fistula(e).

**Continuation – fistulising Crohn's disease**

Gastroenterologist

*Re-assessment required after 6 months*

Both:

1. Either:
   1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
   1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and
2. Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

continued...
continued…

**Initiation – acute severe fulminant ulcerative colitis**
Gastroenterologist

*Limited to 6 weeks treatment*

Both:
1. Patient has acute, severe fulminant ulcerative colitis; and
2. Treatment with intravenous or high dose oral corticosteroids has not been successful.

**Continuation – severe fulminant ulcerative colitis**
Gastroenterologist

*Re-assessment required after 6 months*

Both:
1. Where maintenance treatment is considered appropriate, infliximab should be used in combination with immunomodulators and reassessed every 6 months; and
2. Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

**Initiation – severe ulcerative colitis**
Gastroenterologist

*Re-assessment required after 3 months*

All of the following:
1. Patient has histologically confirmed ulcerative colitis; and
2. Either:
   2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is 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

continued…
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

continued...

psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Both:

1 Either:

1.1 Both:

1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or

1.2 Both:

1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
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.
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

continued…

**Initiation – neurosarcoidosis**
Neurologist

_Re-assessment required after 18 months_

All of the following:

1. Biopsy consistent with diagnosis of neurosarcoidosis; and
2. Patient has CNS involvement; and
3. Patient has steroid-refractory disease; and
4. Either:
   4.1 IV cyclophosphamide has been tried; or
   4.2 Treatment with IV cyclophosphamide is clinically inappropriate.

**Continuation – neurosarcoidosis**
Neurologist

_Re-assessment required after 18 months_

Either:

1. A withdrawal period has been tried and the patient has relapsed; or
2. All of the following:
   2.1 A withdrawal period has been considered but would not be clinically appropriate; and
   2.2 There has been a marked reduction in prednisone dose; and
   2.3 Either:
      2.3.1 There has been an improvement in MRI appearances; or
      2.3.2 Marked improvement in other symptomology.

**Initiation – severe Behcet's disease**

Re-assessment required after 4 months

All of the following:

1. The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and
2. Either:
   2.1 The patient has severe ocular, neurological and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s) (see Notes); or
   2.2 The patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has not responded adequately to two or more treatment appropriate for the particular symptom(s) (see Notes); and
3. The patient is experiencing significant loss of quality of life.

**Notes:**

2. Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, 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 on the next page

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<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
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<td>Inj 25 mg per ml, 40 ml vial</td>
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<td>5,910.00</td>
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1 Item restricted (see ➥ above); 2 Item restricted (see ➥ below)

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


Restricted (RS1550)

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 cytophenias 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 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

<table>
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<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>$450.00</td>
<td>1 Xolair</td>
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Restricted (RS1652)

Initiation – severe asthma

Clinical immunologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

1. Patient must be aged 6 years or older; and
2. Patient has a diagnosis of severe 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 adherence with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 mcg per day or fluticasone propionate 1,000 mcg per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 mcg bd or eformoterol 12 mcg bd) for at least 12 months, unless contraindicated or not tolerated; and
6. Either:
   6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; or
   6.2 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and
7. Patient has an Asthma Control Test (ACT) score of 10 or less; and
8. Baseline measurements of the patient’s asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

Continuation – severe asthma

Respiratory specialist

Re-assessment required after 6 months

Both:
continued…

1. An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
2. A reduction in the maintenance oral corticosteroid dose or number of exacerbations of at least 50% from baseline.

**Initiation – severe chronic spontaneous urticaria**

Clinical immunologist or dermatologist

*Re-assessment required after 6 months*

All of the following:

1. Patient must be aged 12 years or older; and
2. Either:
   2.1 Both:
      2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
      2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; and
3. Any of the following:
   3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (> 3 mg/kg day) for at least 6 weeks; or
   3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (> 20 mg prednisone per day for at least 5 days) in the previous 6 months; or
   3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and
4. Either:
   4.1 Treatment to be stopped if inadequate response* following 4 doses; or
   4.2 Complete response* to 6 doses of omalizumab.

**Continuation – severe chronic spontaneous urticaria**

Clinical immunologist or dermatologist

*Re-assessment required after 6 months*

Either:

1. Patient has previously had a complete response* to 6 doses of omalizumab; or
2. Both:
   2.1 Patient has previously had a complete response* to 6 doses of omalizumab; and
   2.2 Patient has relapsed after cessation of omalizumab therapy.

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

**PERTUZUMAB – Restricted** see terms below

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

continued…
continued...

5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
6 Pertuzumab to be discontinued at disease progression.

Continuation
Re-assessment required after 12 months

Both:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology);
and
2 The cancer has not progressed at any point during the previous 12 months whilst on pertuzumab and trastuzumab.

RANIBIZUMAB – Restricted see terms below

- Inj 10 mg per ml, 0.23 ml vial
- Inj 10 mg per ml, 0.3 ml vial

Initiation – Wet Age Related Macular Degeneration
Ophthalmologist
Re-assessment required after 3 months

Either:

1 All of the following:
   1.1 Any of the following:
      1.1.1 Wet age-related macular degeneration (wet AMD); or
      1.1.2 Polypoidal choroidal vasculopathy; or
      1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
   1.2 Either:
      1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
      1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
   1.3 There is no structural damage to the central fovea of the treated eye; and
   1.4 Patient has not previously been treated with aflibercept for longer than 3 months; or
2 Patient has current approval to use aflibercept for treatment of wAMD and was found to be intolerant to aflibercept within 3 months.

Continuation – Wet Age Related Macular Degeneration
Ophthalmologist
Re-assessment required after 12 months

All of the following:

1 Documented benefit must be demonstrated to continue; and
2 Patient’s vision is 6/36 or better on the Snellen visual acuity score; and
3 There is no structural damage to the central fovea of the treated eye.

RITUXIMAB – Restricted see terms below

- Inj 10 mg per ml, 10 ml vial........................................................................1,075.50 2 Mabthera
- Inj 10 mg per ml, 50 ml vial........................................................................2,688.30 1 Mabthera

Initiation – haemophilia with inhibitors
Haematologist

Any of the following:

1 Patient has mild congenital haemophilia complicated by inhibitors; or
2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or

continued…

Products with Hospital Supply Status (HSS) are in bold

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

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
3 Patient now requires repeat treatment.

**Initiation – post-transplant**

Both:

1 The patient has B-cell post-transplant lymphoproliferative disorder*; and
2 To be used for a maximum of 8 treatment cycles.

Note: Indications marked with * are unapproved indications.

**Continuation – post-transplant**

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
3 To be used for no more than 6 treatment cycles.

Note: Indications marked with * are unapproved indications.

**Initiation – indolent, low-grade lymphomas 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 8 treatment cycles; or

continued…
continued...

2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

**Continuation – aggressive CD20 positive NHL**

All of the following:
1. The patient has had a rituximab treatment-free interval of 12 months or more; and
2. The patient has relapsed refractory/aggressive CD20 positive NHL; and
3. To be used with a multi-agent chemotherapy regimen given with curative intent; and
4. To be used for a maximum of 4 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

**Initiation – Chronic lymphocytic leukaemia**

*Re-assessment required after 12 months*

All of the following:
1. The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2. The patient is rituximab treatment naive; and
3. Either:
   3.1 The patient is chemotherapy treatment naive; or
   3.2 Both:
      3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
      3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and
cyclophosphamide chemotherapy; and
4. The patient has good performance status; and
5. The patient does not have chromosome 17p deletion CLL; and
6. Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of
6 treatment cycles; and
7. It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous
administration) or bendamustine.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is
considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance
status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG
(2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to < 2.

**Continuation – Chronic lymphocytic leukaemia**

*Re-assessment required after 12 months*

All of the following:
1. The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
2. The patient has had an interval of 36 months or more since the commencement of initial rituximab treatment; 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:
continued…

1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and

1.2 Either:
   1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
   1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

2 Either:
   2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initiation – rheumatoid arthritis - TNF inhibitors contraindicated

Rheumatologist

Limited to 4 months treatment

All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and

2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and

3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and

5 Any of the following:
   5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
   5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
   5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6 Either:
   6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
   6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7 Either:
   7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
   7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:
   8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Continuation – rheumatoid arthritis - re-treatment in 'partial responders' to rituximab

Rheumatologist

Re-assessment required after 4 months

All of the following:

1 Any of the following:

continued…
continued...

1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:
   3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Continuation – rheumatoid arthritis - re-treatment in 'responders' to rituximab

Rheumatologist

Re-assessment required after 4 months

All of the following:

1 Either:
   1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
   1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:
   3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
   3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initiation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 4 weeks

Both:

1 Patient has cold haemagglutinin disease*; and
2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are unapproved indications.

Continuation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 4 weeks

Either:

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.

continued…
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.

continued…
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**Initiation – thrombotic thrombocytopenic purpura (TTP)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

1. Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
2. Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

**Continuation – thrombotic thrombocytopenic purpura (TTP)**

Haematologist

*Re-assessment required after 4 weeks*

All of the following:

1. Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
2. An initial response lasting at least 12 months was demonstrated; and

Note: Indications marked with * are unapproved indications.

**Initiation – pure red cell aplasia (PRCA)**

Haematologist

*Re-assessment required after 6 weeks*

Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.

Note: Indications marked with * are unapproved indications.

**Continuation – pure red cell aplasia (PRCA)**

Haematologist

*Re-assessment required after 6 weeks*

Patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months.

Note: Indications marked with * are unapproved indications.

**Initiation – ANCA associated vasculitis**

*Re-assessment required after 4 weeks*

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and
3. Any of the following:
   3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
   3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
   3.3 Cyclophosphamide and methotrexate are contraindicated; or
   3.4 Patient is a female of child-bearing potential; or
   3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are unapproved indications.

**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

continued…
continued…

4 weeks.

Note: Indications marked with * are unapproved indications.

**Initiation – treatment refractory systemic lupus erythematosus (SLE)**
Rheumatologist or nephrologist

All of the following:

1. The patient has severe, immediately life- or organ-threatening SLE*; and
2. The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and
3. The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
4. Maximum of four 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

**Continuation – treatment refractory systemic lupus erythematosus (SLE)**
Rheumatologist or nephrologist

All of the following:

1. Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2. The disease has subsequently relapsed; and
3. Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

**Initiation – Antibody-mediated renal transplant rejection**
Nephrologist

Patient has been diagnosed with antibody-mediated renal transplant rejection*.

Note: Indications marked with * are unapproved indications.

**Initiation – ABO-incompatible renal transplant**
Nephrologist

Patient is to undergo an ABO-incompatible renal transplant*.

Note: Indications marked with * are unapproved indications.

**Initiation – Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)**
Nephrologist

Re-assessment required after 4 weeks

All of the following:

1. Patient is a child with SDNS* or FRNS*; and
2. Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
3. Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
4. Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
5. The total rituximab dose used would not exceed the equivalent of 375 mg/m$^2$ 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/m$^2$ of body surface area per week for a total of 4 weeks.

continued…

e.g. Brand indicates brand example only. It is not a contracted product.
Note: Indications marked with a * are unapproved indications.

**Initiation – Steroid resistant nephrotic syndrome (SRNS)**

Nephrologist

*Re-assessment required after 4 weeks*

All of the following:

1. Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
2. Treatment with tacrolimus for at least 3 months has been ineffective; and
3. Genetic causes of nephrotic syndrome have been excluded; and
4. The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

**Continuation – Steroid resistant nephrotic syndrome (SRNS)**

Nephrologist

*Re-assessment required after 4 weeks*

All of the following:

1. Patient who was previously treated with rituximab for nephrotic syndrome*; and
2. Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3. The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

**SECUKINUMAB – Restricted**

Restrict see terms below

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Initiation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

*Re-assessment required after 4 months*

All of the following:

1. The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule, for severe chronic plaque psoriasis; and
2. Either:
   2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
   2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and
3. A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
4. The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Continuation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

*Re-assessment required after 6 months*

Both:

1. Either:
   1.1 Patient’s PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
   1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and
continued…

2. Secukinumab to be administered at a maximum dose of 300 mg monthly.

**Initiation – severe chronic plaque psoriasis, first-line biologic**

**Dermatologist**

*Re-assessment required after 4 months*

All of the following:

1. Either:
   1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, 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 or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

4. The most recent PASI or DLQI assessment is no more than 1 month old at the time of application.

**Note:** A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, 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 sub scores 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 – severe chronic plaque psoriasis, first-line biologic**

**Dermatologist**

*Re-assessment required after 6 months*

Both:

1. Either:
   1.1 Patient’s PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
   1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and

2. Secukinumab to be administered at a maximum dose of 300 mg monthly.

SILTUXIMAB – **Restricted** see terms below

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**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

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<td>1 Actemra</td>
</tr>
</tbody>
</table>

#### Initiation – Rheumatoid Arthritis

Reumatologist

**Re-assessment required after 6 months**

**Either:**

1. **All of the following:**
   1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
   1.2 **Either:**
      1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
      1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
   1.3 **Either:**
      1.3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
      1.3.2 Both:
         1.3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
         1.3.2.2 **Either:**
            1.3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
            1.3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or
2. **All of the following:**
   2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   2.2 Tocilizumab is to be used as monotherapy; and
   2.3 **Either:**
      2.3.1 Treatment with methotrexate is contraindicated; or
      2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
   2.4 **Either:**
      2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or
      2.4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
   2.5 **Either:**
      2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
      2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
   2.6 **Either:**
      2.6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
      2.6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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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.
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 General Rules of the Pharmaceutical Schedule; 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.

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continued...

**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

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.

continued…
continued…

**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

**Initiation – Early breast cancer**

*Limited to 12 months treatment*

All of the following:

1. The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
2. Maximum cumulative dose of 106 mg/kg (12 months’ treatment); and
3. Any of the following:
   3.1 9 weeks’ concurrent treatment with adjuvant chemotherapy is planned; or
   3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
   3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
   3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
   3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

**Initiation – metastatic breast cancer (trastuzumab-naive patients)**

*Limited to 12 months treatment*

All of the following:

1. The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2. Either:
   2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
   2.2 Both:
      2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
      2.2.2 The cancer did not progress whilst on lapatinib; and
3. Either:
   3.1 Trastuzumab will not be given in combination with pertuzumab; or
   3.2 All of the following:
      3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
      3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
      3.2.3 The patient has good performance status (ECOG grade 0-1); and
4. Trastuzumab not to be given in combination with lapatinib; and
5. Trastuzumab to be discontinued at disease progression.

**Initiation – metastatic breast cancer (patients previously treated with trastuzumab)**

*Limited to 12 months treatment*

All of the following:

continued…
continued...
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

<table>
<thead>
<tr>
<th>Inj 10 mg per ml, 4 ml vial</th>
<th>NIVOLUMAB</th>
<th>Opdivo</th>
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<td>1,051.98</td>
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</table>

<table>
<thead>
<tr>
<th>Inj 10 mg per ml, 10 ml vial</th>
<th>NIVOLUMAB</th>
<th>Opdivo</th>
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<tr>
<td>2,629.96</td>
<td>1</td>
<td>Opdivo</td>
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</tbody>
</table>

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	

continued…
continued...

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 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

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,340.00</td>
<td>Keytruda</td>
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</table>

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:

continued…
continued...

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

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.

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- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

### Other Immunosuppressants

**ANTITHYMOCYTE GLOBULIN (EQUINE)**

Inj 50 mg per ml, 5 ml ampoule ........................................................2,351.25 5 ATGAM

**ANTITHYMOCYTE GLOBULIN (RABBIT)**

Inj 25 mg vial

**AZATHIOPRINE**

Tab 25 mg – 1% DV Jul-17 to 2019 .................................................................9.66 100 Imuran

Tab 50 mg – 1% DV Jul-17 to 2019 ..............................................................10.58 100 Imuran

Inj 50 mg vial – 1% DV Jan-17 to 2019 .........................................................60.00 1 Imuran

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

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


<table>
<thead>
<tr>
<th>ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS</th>
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</thead>
<tbody>
<tr>
<td><strong>Price (ex man. excl. GST)</strong></td>
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</tbody>
</table>

**BACILLUS CALMETTE-GUERIN (BCG) — Restricted see terms below**

- **Inj 2.8 x 10^8 CFU vial** .............................................................. 149.37 1  OncoTICE

**EVEROLIMUS — Restricted see terms below**

- **Tab 5 mg** ................................................................. 4,555.76 30  Afinitor
- **Tab 10 mg** ................................................................. 6,512.29 30  Afinitor

**PICIBANIL**

- **Inj 100 mg vial**

**SIROLIMUS — Restricted see terms below**

- **Tab 1 mg** ................................................................. 749.99 100  Rapamune
- **Tab 2 mg** ................................................................. 1,499.99 100  Rapamune
- **Oral liq 1 mg per ml** .......................................................... 449.99 60 ml  Rapamune

**MYCOPHENOLATE MOFETIL**

- **Tab 500 mg** ............................................................... 25.00 50  CellCept
- **Cap 250 mg** ............................................................... 25.00 100  CellCept
- **Powder for oral liq 1 g per 5 ml** ........................................... 187.25 165 ml  CellCept
- **Inj 500 mg vial** ............................................................. 133.33 4  CellCept

For use in bladder cancer.

**EVEROLIMUS — Restricted see terms below**

- **Tab 5 mg** ................................................................. 4,555.76 30  Afinitor
- **Tab 10 mg** ................................................................. 6,512.29 30  Afinitor

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- **Powder for oral liq 1 g per 5 ml** ........................................... 187.25 165 ml  CellCept
- **Inj 500 mg vial** ............................................................. 133.33 4  CellCept

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

> **Restricted (RS1501)**

**Initiation**
Clinical immunologist or relevant specialist

**Re-assessment required after 12 months**

Both:
1. Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
2. The patient has undergone product training and has agreed upon an action plan for self-administration.

**Continuation**

**Re-assessment required after 12 months**
The treatment remains appropriate and the patient is benefiting from treatment.

### Allergy Desensitisation

**BEE VENOM** – **Restricted** see terms below

- Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent
- Inj 550 mcg vial with diluent

> **Restricted (RS1117)**

**Initiation**

Both:
1. RAST or skin test positive; and
2. Patient has had severe generalised reaction to the sensitising agent.

**PAPER WASP VENOM** – **Restricted** see terms below

- Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent
- Inj 550 mcg vial with diluent

> **Restricted (RS1118)**

**Initiation**

Both:
1. RAST or skin test positive; and
2. Patient has had severe generalised reaction to the sensitising agent.

**YELLOW JACKET WASP VENOM** – **Restricted** see terms below

- Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent
- Inj 550 mcg vial with diluent

> **Restricted (RS1119)**

**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
- Nasal spray 100 mcg per dose

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
<td>Manufacturer</td>
</tr>
<tr>
<td>5.26</td>
<td>Alanase</td>
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<tr>
<td>6.00</td>
<td>Alanase</td>
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## RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Brand or Manufacturer</th>
<th>Budesonide Acid</th>
<th>Fluticasone Propionate</th>
<th>Ipratropium Bromide</th>
<th>Sodium Cromoglicate</th>
<th>Antihistamines</th>
<th>Anticholinergic Agents</th>
<th>Anticholinergic Agents with Beta-Adrenoceptor Agonists</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUDESONIDE</strong></td>
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<tr>
<td>Nasal spray 50 mcg per dose – 1% DV Oct-18 to 2020</td>
<td>2.59</td>
<td>200 dose</td>
<td>SteroClear</td>
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<tr>
<td>Nasal spray 100 mcg per dose – 1% DV Oct-18 to 2020</td>
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<td>SteroClear</td>
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<td><strong>FLUTICASONE PROPIONATE</strong></td>
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<tr>
<td>Nasal spray 50 mcg per dose – 1% DV Nov-18 to 2021</td>
<td>1.98</td>
<td>120 dose</td>
<td>Flixonase Hayfever &amp; Allergy</td>
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<td><strong>IPRATROPียม BROMIDE</strong></td>
<td>Aqueous nasal spray 0.03% – 1% DV Oct-17 to 2020</td>
<td>4.61</td>
<td>15 ml</td>
<td>Univent</td>
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<td>SODIUM CROMOGLICATE</td>
<td>Nasal spray 4%</td>
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<td><strong>Antihistamines</strong></td>
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<tr>
<td>CETIRIZINE HYDROCHLORIDE</td>
<td>Tab 10 mg – 1% DV Mar-17 to 2019</td>
<td>1.01</td>
<td>100</td>
<td>Zista</td>
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<tr>
<td></td>
<td>Oral liq 1 mg per ml</td>
<td>2.99</td>
<td>200 ml</td>
<td>Histaclear</td>
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<td>CHLORPHENIRAMINE MALEATE</td>
<td>Oral liq 0.4 mg per ml</td>
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<tr>
<td></td>
<td>Inj 10 mg per ml, 1 ml ampoule</td>
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<tr>
<td>CYPROHEPTADINE HYDROCHLORIDE</td>
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<td></td>
<td>Tab 120 mg</td>
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<td></td>
<td>Tab 180 mg</td>
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<tr>
<td>LORATADINE</td>
<td>Tab 10 mg – 1% DV Sep-16 to 2019</td>
<td>1.28</td>
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<td>Lorafix</td>
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<tr>
<td></td>
<td>Oral liq 1 mg per ml – 1% DV Feb-17 to 2019</td>
<td>2.15</td>
<td>120 ml</td>
<td>Lorfast</td>
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<tr>
<td>PROMETHAZINE HYDROCHLORIDE</td>
<td>Tab 10 mg – 1% DV Sep-18 to 2021</td>
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<td>50</td>
<td>Allersoothe</td>
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<td></td>
<td>Tab 25 mg – 1% DV Sep-18 to 2021</td>
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<tr>
<td></td>
<td>Oral liq 1 mg per ml – 1% DV Sep-18 to 2021</td>
<td>2.69</td>
<td>100 ml</td>
<td>Allersoothe</td>
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<tr>
<td></td>
<td>Inj 25 mg per ml, 2 ml ampoule – 1% DV Oct-16 to 2019</td>
<td>15.54</td>
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<td><strong>Anticholinergic Agents</strong></td>
<td>Ipratropium Bromide</td>
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<tr>
<td>Aerosol inhaler 20 mcg per dose</td>
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</tr>
<tr>
<td>Nebuliser soln 250 mcg per ml, 1 ml ampoule – 1% DV Dec-16 to 2019</td>
<td>3.35</td>
<td>20</td>
<td>Univent</td>
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<tr>
<td>Nebuliser soln 250 mcg per ml, 2 ml ampoule – 1% DV Dec-16 to 2019</td>
<td>3.52</td>
<td>20</td>
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<tr>
<td><strong>Anticholinergic Agents with Beta-Adrenoceptor Agonists</strong></td>
<td>Salbutamol with Ipratropium Bromide</td>
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<tr>
<td>Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose</td>
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<tr>
<td>Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule – 1% DV Oct-18 to 2021</td>
<td>5.20</td>
<td>20</td>
<td>Duolin</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.*
Long-Acting Muscarinic Agents

GLYCOPPYRONIUM
Note: inhaled glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium or umecclidinium.
Powder for inhalation 50 mcg per dose.................................61.00 30 dose Seebri Breezhaler

TIOTROPIUM BROMIDE
Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umecclidinium.
Soln for inhalation 2.5 mcg per dose.................................50.37 60 dose Spiriva Respimat
Powder for inhalation 18 mcg per dose.................................50.37 30 dose Spiriva

UMECLIDINIUM
Note: Umeclidinium must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.
Powder for inhalation 62.5 mcg per dose.................................61.50 30 dose Incruse Ellipta

Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists

- Restricted (RS1518)

Initiation
Re-assessment required after 2 years
Both:
1. Patient has been stabilised on a long acting muscarinic antagonist; and
2. The prescriber considers that the patient would receive additional benefit from switching to a combination product.

Continuation
Re-assessment required after 2 years
Both:
1. Patient is compliant with the medication; and
2. Patient has experienced improved COPD symptom control (prescriber determined).

Note: Combination long acting muscarinic antagonist and long acting beta-2 agonist must not be used if the patient is also receiving treatment with a combination inhaled corticosteroid and long acting beta-2 agonist.

GLYCOPPYRONIUM WITH INDACATEROL – Restricted see terms above
1. Powder for Inhalation 50 mcg with indacaterol 110 mcg.................................81.00 30 dose Ultibro Breezhaler

TIOTROPIUM BROMIDE WITH OLODATEROL – Restricted see terms above
1. Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg.................................81.00 60 dose Spiolto Respimat

UMECLIDINIUM WITH VILANTEROL – Restricted see terms above
1. Powder for inhalation 62.5 mcg with vilanterol 25 mcg.................................77.00 30 dose Anoro Ellipta

Antifibrotics

NINTEDANIB – Restricted see terms below
1. Cap 100 mg.................................2,554.00 60 Ofev
2. Cap 150 mg.................................3,870.00 60 Ofev

- Restricted (RS1654)

Initiation – idiopathic pulmonary fibrosis
Respiratory specialist
Re-assessment required after 12 months
All of the following:

continued…
continued…

1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
2 Forced vital capacity is between 50% and 90% predicted; and
3 Nintedanib is to be discontinued at disease progression (See Note); and
4 Nintedanib is not to be used in combination with subsidised pirfenidone; and
5 Any of the following:
   5.1 The patient has not previously received treatment with pirfenidone; or
   5.2 Patient has previously received pirfenidone, but discontinued pirfenidone within 12 weeks due to intolerance; or
   5.3 Patient has previously received pirfenidone, but the patient’s disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with pirfenidone).

**Continuation – idiopathic pulmonary fibrosis**
Respiratory specialist
*Re-assessment required after 12 months*
All of the following:

1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Nintedanib is not to be used in combination with subsidised pirfenidone; and
3 Nintedanib is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

**PIRFENIDONE – Restricted see terms below**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price (ex man. excl. GST)</th>
<th>Per Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap 267 mg</td>
<td>$3,645.00</td>
<td>270 Esbriet</td>
</tr>
</tbody>
</table>

**Initiation – idiopathic pulmonary fibrosis**
Respiratory specialist
*Re-assessment required after 12 months*
All of the following:

1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
2 Forced vital capacity is between 50% and 80% predicted; and
3 Pirfenidone is to be discontinued at disease progression (See Notes); and
4 Pirfenidone is not to be used in combination with subsidised nintedanib; and
5 Any of the following:
   5.1 The patient has not previously received treatment with nintedanib; or
   5.2 Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or
   5.3 Patient has previously received nintedanib, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib).

**Continuation – idiopathic pulmonary fibrosis**
Respiratory specialist
*Re-assessment required after 12 months*
All of the following:

1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Pirfenidone is not to be used in combination with subsidised nintedanib; and
3 Pirfenidone is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.
# RESPIRATORY SYSTEM AND ALLERGIES

## Beta-Adrenoceptor Agonists

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALBUTAMOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 400 mcg per ml – 1% DV Nov-18 to 2021</td>
<td>20.00 150 ml</td>
<td>Ventolin</td>
</tr>
<tr>
<td>Inj 500 mcg per ml, 1 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 1 mg per ml, 5 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerosol inhaler, 100 mcg per dose</td>
<td>3.80 200 dose</td>
<td>SalAir</td>
</tr>
<tr>
<td>NEBULISER soln 1 mg per ml, 2.5 ml ampoule – 1% DV Oct-18 to 2021</td>
<td>3.93 20</td>
<td>Asthalin</td>
</tr>
<tr>
<td>NEBULISER soln 2 mg per ml, 2.5 ml ampoule – 1% DV Oct-18 to 2021</td>
<td>4.03 20</td>
<td>Asthalin</td>
</tr>
</tbody>
</table>

## Cough Suppressants

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHOLCODINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 1 mg per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Decongestants

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OXYMETAZOLINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aqueous nasal spray 0.25 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aqueous nasal spray 0.5 mg per ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PSEUDOEPHEDRINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 60 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Sodium Chloride

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SODIUM CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aqueous nasal spray isotonic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Sodium Chloride with Sodium Bicarbonate

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>XYLOMETAZOLINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aqueous nasal spray 0.05%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aqueous nasal spray 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal drops 0.05%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal drops 0.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Inhaled Corticosteroids

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BECLOMETHASONE DIPROPIONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerosol inhaler 50 mcg per dose</td>
<td>8.54 200 dose</td>
<td>Beclazone 50</td>
</tr>
<tr>
<td>Aerosol inhaler 100 mcg per dose</td>
<td>9.30 200 dose</td>
<td>Qvar</td>
</tr>
<tr>
<td>Aerosol inhaler 250 mcg per dose</td>
<td>12.50 200 dose</td>
<td>Beclazone 100</td>
</tr>
<tr>
<td>Aerosol inhaler 250 mcg per dose</td>
<td>15.50 200 dose</td>
<td>Qvar</td>
</tr>
<tr>
<td>Aerosol inhaler 250 mcg per dose</td>
<td>22.67 200 dose</td>
<td>Beclazone 250</td>
</tr>
</tbody>
</table>

## Budesonide

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nebuliser soln 250 mcg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebuliser soln 500 mcg per ml, 2 ml ampoule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 100 mcg per dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 200 mcg per dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for inhalation 400 mcg per dose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUTICASONE</td>
<td>Aerosol inhaler 50 mcg per dose</td>
<td>7.50</td>
<td>120 dose</td>
<td>Flixotide</td>
</tr>
<tr>
<td></td>
<td>powder for inhalation 50 mcg per dose</td>
<td>4.68</td>
<td>60 dose</td>
<td>Floair</td>
</tr>
<tr>
<td></td>
<td>powder for inhalation 100 mcg per dose</td>
<td>8.67</td>
<td>60 dose</td>
<td>Flixotide Accuhaler</td>
</tr>
<tr>
<td></td>
<td>aerosol inhaler 125 mcg per dose</td>
<td>13.87</td>
<td>60 dose</td>
<td>Flixotide</td>
</tr>
<tr>
<td></td>
<td>aerosol inhaler 250 mcg per dose</td>
<td>13.60</td>
<td>120 dose</td>
<td>Flixotide</td>
</tr>
<tr>
<td></td>
<td>powder for inhalation 250 mcg per dose</td>
<td>27.20</td>
<td>60 dose</td>
<td>Flixotide Accuhaler</td>
</tr>
</tbody>
</table>

## Leukotriene Receptor Antagonists

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTELUKAST</td>
<td>Tab 4 mg – 1% DV Jan-17 to 2019</td>
<td>5.25</td>
<td>28</td>
<td>Apo-Montelukast</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg – 1% DV Jan-17 to 2019</td>
<td>5.50</td>
<td>28</td>
<td>Apo-Montelukast</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg – 1% DV Jan-17 to 2019</td>
<td>5.65</td>
<td>28</td>
<td>Apo-Montelukast</td>
</tr>
</tbody>
</table>

## Long-Acting Beta-Adrenoceptor Agonists

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFORMOTEROL FUMARATE</td>
<td>Powder for inhalation 6 mcg per dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder for inhalation 12 mcg per dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Any Powder for inhalation 6 mcg per dose to be delisted 1 April 2019)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFORMOTEROL FUMARATE DIHYDRATE</td>
<td>Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDACATEROL</td>
<td>Powder for inhalation 150 mcg per dose</td>
<td>61.00</td>
<td>30 dose</td>
<td>Onbrez Breezhaler</td>
</tr>
<tr>
<td></td>
<td>Powder for inhalation 300 mcg per dose</td>
<td>61.00</td>
<td>30 dose</td>
<td>Onbrez Breezhaler</td>
</tr>
<tr>
<td>SALMETEROL</td>
<td>Aerosol inhaler 25 mcg per dose</td>
<td>9.90</td>
<td>120 dose</td>
<td>Meterol</td>
</tr>
<tr>
<td></td>
<td>Powder for inhalation 50 mcg per dose</td>
<td>25.00</td>
<td>60 dose</td>
<td>Serevent</td>
</tr>
</tbody>
</table>

## Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUDESONIDE WITH EFORMOTEROL</td>
<td>Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUTICASONE FUROATE WITH VILANTEROL</td>
<td>Powder for inhalation 100 mcg with vilanterol 25 mcg</td>
<td>44.08</td>
<td>30 dose</td>
<td>Breo Ellipta</td>
</tr>
<tr>
<td>FLUTICASONE WITH SALMETEROL</td>
<td>Aerosol inhaler 50 mcg with salmeterol 25 mcg</td>
<td>14.58</td>
<td>120 dose</td>
<td>ShortAir</td>
</tr>
<tr>
<td></td>
<td>Powder for inhalation 100 mcg with salmeterol 50 mcg</td>
<td>33.74</td>
<td>60 dose</td>
<td>Seretide Accuhaler</td>
</tr>
<tr>
<td></td>
<td>aerosol inhaler 125 mcg with salmeterol 25 mcg</td>
<td>16.83</td>
<td>120 dose</td>
<td>ShortAir</td>
</tr>
<tr>
<td></td>
<td>Powder for inhalation 250 mcg with salmeterol 50 mcg</td>
<td>44.08</td>
<td>60 dose</td>
<td>Seretide Accuhaler</td>
</tr>
<tr>
<td>Brand or Generic Manufacturer</td>
<td>Price (ex man. excl. GST) Per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DBL Aminophylline</td>
<td>$124.37 5</td>
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<td>Biomed</td>
<td>$55.75 5</td>
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<td>Biomed</td>
<td>$14.85 25 ml</td>
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<td>Pulmozyme</td>
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<td>Survanta</td>
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<td>Survanta</td>
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<tr>
<td>Survanta</td>
<td>$695.00 1</td>
<td></td>
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</tr>
</tbody>
</table>

**Mast Cell Stabilisers**

**NEDOCROMIL**
- Aerosol inhaler 2 mg per dose

**SODIUM CROMOGLICATE**
- Aerosol inhaler 5 mg per dose

**Methyloxanthines**

**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 (RS1352)

**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

*(Survanta Soln 200 mg per 8 ml vial to be delisted 1 January 2019)*

**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

**CHLORAMPHENICOL**

- Eye oint 1% – 1% DV Jul-16 to 2019 ......................................................... 2.48 4 g Chlorsig
- Ear drops 0.5%
- Eye drops 0.5% ............................................................. 0.98 10 ml Chlorafast
- Eye drops 0.5%, single dose

**CIPROFLOXACIN**

- Eye drops 0.3% – 1% DV Jun-18 to 2020 ....................................................... 9.99 5 ml Ciprofloxacin Teva

**FRAMYCETIN SULPHATE**

- Ear/eye drops 0.5%

**GENTAMICIN SULPHATE**

- Eye drops 0.3% ............................................................. 11.40 5 ml Genoptic

**PROPAMIDINE ISETHIONATE**

- Eye drops 0.1%

**SODIUM FUSIDATE [FUSIDIC ACID]**

- Eye drops 1% ............................................................. 5.29 5 g Fucithalmic

**SULPHACETAMIDE SODIUM**

- Eye drops 10%

**TOBRAMYCIN**

- Eye oint 0.3% ............................................................. 10.45 3.5 g Tobrex
- Eye drops 0.3% ............................................................. 11.48 5 ml Tobrex

#### Antifungals

**NATAMYCIN**

- Eye drops 5%

#### Antivirals

**ACICLOVIR**

- Eye oint 3% – 1% DV Oct-16 to 2019 ............................................................. 14.92 4.5 g ViruPOS

#### Combination Preparations

**CIPROFLOXACIN WITH HYDROCORTISONE**

- Ear drops ciprofloxacin 0.2% with 1% hydrocortisone ........................................ 16.30 10 ml Ciproxin HC Otic

**DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN**

- Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml

**DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMIXIN B SULPHATE**

- Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g ........................................ 5.39 3.5 g Maxitrol
- Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml ........................................ 4.50 5 ml Maxitrol

**DEXAMETHASONE WITH TOBRAMYCIN**

- Eye drops 0.1% with tobramycin 0.3% ......................................................... 12.64 5 ml Tobradex
FLUMETASONE PIVALATE WITH CLIQUINOL
Ear drops 0.02% with clioquinol 1%

TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN
Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and
gramicidin 250 mcg per g

<table>
<thead>
<tr>
<th>Price (ex man. excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.16</td>
<td>7.5 ml Kenacomb</td>
</tr>
</tbody>
</table>

### Anti-Inflammatory Preparations

#### Corticosteroids

**DEXAMETHASONE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye oint 0.1%</td>
<td>5.86</td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td>4.50</td>
</tr>
<tr>
<td>Ocular implant 700 mcg</td>
<td>1,444.50</td>
</tr>
<tr>
<td></td>
<td>3.5 g Maxidex</td>
</tr>
<tr>
<td></td>
<td>5 ml Maxidex</td>
</tr>
<tr>
<td></td>
<td>1 Ozurdex</td>
</tr>
</tbody>
</table>

**Restricted (RS1606)**

**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 agents; and
4. Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye 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 into each eye, and up to a maximum of 3 implants per eye 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 into each eye, and up to a maximum of 3 implants per eye 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 into each eye, and up to a maximum of 3 implants per eye per year.
### Sensory Organs

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fluorometholone</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td>3.09</td>
<td>FML</td>
</tr>
<tr>
<td><strong>Prednisolone Acetate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.12%</td>
<td>7.00</td>
<td>Pred Forte</td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td>3.93</td>
<td>Prednisolone- AFT</td>
</tr>
<tr>
<td><strong>Prednisolone Sodium Phosphate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%, single dose (preservative free)</td>
<td>38.50</td>
<td>20 dose Minims Prednisolone</td>
</tr>
<tr>
<td><strong>Non-Steroidal Anti-Inflammatory Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diclofenac Sodium</strong></td>
<td>13.80</td>
<td>Voltaren Ophtha</td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ketorolac Trometamol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decongestants and Antiallergics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Antiallergic Preparations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Levocabastine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.05%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lodoxamide</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td>8.71</td>
<td>Lomide</td>
</tr>
<tr>
<td><strong>Olopatadine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td>10.00</td>
<td>Patanol</td>
</tr>
<tr>
<td><strong>Sodium Cromoglicate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decongestants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Naphazoline Hydrochloride</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.1%</td>
<td>4.15</td>
<td>Naphcon Forte</td>
</tr>
<tr>
<td><strong>Diagnostic and Surgical Preparations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Dyes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fluorescein Sodium</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%, single dose</td>
<td>125.00</td>
<td>Fluorescite</td>
</tr>
<tr>
<td>Inj 10%, 5 ml vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmic strips 1 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fluorescein Sodium with Lignocaine Hydrochloride</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.25% with lignocaine hydrochloride 4%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lissamine Green</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmic strips 1.5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rose Bengal Sodium</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmic strips 1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Irrigation Solutions

**MIXED SALT SOLUTION FOR EYE IRRIGATION**

Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle ..........5.00 15 ml Balanced Salt Solution

Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml

e.g. Balanced Salt Solution

Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bottle .................10.50 500 ml Balanced Salt Solution

### Ocular Anaesthetics

**OXYPREPAICAINE HYDROCHLORIDE**

Eye drops 0.4%, single dose

**PROXYMETAICINE HYDROCHLORIDE**

Eye drops 0.5%

**TETRACAINE [AMETHOCAINE] HYDROCHLORIDE**

Eye drops 0.5%, single dose
Eye drops 1%, single dose

### Viscoelastic Substances

**HYPROMELLOSE**

Inj 2%, 1 ml syringe
Inj 2%, 2 ml syringe

**SODIUM HYALURONATE [HYALURONIC ACID]**

| Inj 14 mg per ml, 0.85 ml syringe – 1% DV Sep-16 to 2019 | 50.00 | 1 | Healon GV |
| Inj 14 mg per ml, 0.55 ml syringe – 1% DV Sep-16 to 2019 | 50.00 | 1 | Healon GV |
| Inj 23 mg per ml, 0.6 ml syringe – 1% DV Sep-16 to 2019 | 60.00 | 1 | Healon 5 |
| Inj 10 mg per ml, 0.85 ml syringe – 1% DV Sep-16 to 2019 | 28.50 | 1 | Healon |

**SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE**

Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe
and inj 10 mg sodium hyaluronate [hyaluronic acid] per ml, 0.4 ml syringe ...........................................................................................................64.00 1 Duovisc

Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.5 ml syringe
and inj 10 mg sodium hyaluronate [hyaluronic acid] per ml, 0.55 ml syringe – 1% DV Sep-16 to 2019 ...........................................................................74.00 1 Duovisc

Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.75 ml syringe – 1% DV Sep-16 to 2019 .................................................................67.00 1 Viscoat

### Other

**DISODIUM EDTATE**

| Inj 150 mg per ml, 20 ml ampoule |
| Inj 150 mg per ml, 20 ml vial |
| Inj 150 mg per ml, 100 ml vial |

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

### Glaucoma Preparations

#### Beta Blockers

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BETAXOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.25%</td>
<td>11.80</td>
<td>Betoptic S</td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td>7.50</td>
<td>Betoptic</td>
</tr>
<tr>
<td><strong>LEVOBUNOLOL HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.5%</td>
<td>7.00</td>
<td>Betagan</td>
</tr>
<tr>
<td><strong>TIMOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.25% – 1% DV Sep-17 to 2020</td>
<td>1.43</td>
<td>Arrow-Timolol</td>
</tr>
<tr>
<td>Eye drops 0.25%, gel forming – 1% DV Sep-16 to 2019</td>
<td>3.30</td>
<td>Timoptol XE</td>
</tr>
<tr>
<td>Eye drops 0.5% – 1% DV Sep-17 to 2020</td>
<td>1.43</td>
<td>Arrow-Timolol</td>
</tr>
<tr>
<td>Eye drops 0.5%, gel forming – 1% DV Sep-16 to 2019</td>
<td>3.78</td>
<td>Timoptol XE</td>
</tr>
</tbody>
</table>

#### Carbonic Anhydrase Inhibitors

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACETAZOLAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tab 250 mg – 1% DV Sep-17 to 2020</td>
<td>17.03</td>
<td>Diamox</td>
</tr>
<tr>
<td>Inj 500 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BRINZOLAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DORZOLAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DORZOLAMIDE WITH TIMOLOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 2% with timolol 0.5% – 1% DV Jan-19 to 2021</td>
<td>3.45</td>
<td>Arrow-Dortim</td>
</tr>
<tr>
<td></td>
<td>2.87</td>
<td>Dortimopt</td>
</tr>
</tbody>
</table>

*(Arrow-Dortim Eye drops 2% with timolol 0.5% to be delisted 1 January 2019)*

#### Miotics

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACETYLCHELINE CHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 20 mg vial with diluent</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PILOCARPINE HYDROCHLORIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1%</td>
<td>4.26</td>
<td>Isopto Carpine</td>
</tr>
<tr>
<td>Eye drops 2%</td>
<td>5.35</td>
<td>Isopto Carpine</td>
</tr>
<tr>
<td>Eye drops 2%, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 4%</td>
<td>7.99</td>
<td>Isopto Carpine</td>
</tr>
</tbody>
</table>

#### Prostaglandin Analogues

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BIMATOPROST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.03%</td>
<td>3.65</td>
<td>Bimatoprost Actavis</td>
</tr>
<tr>
<td><strong>LATANOPROST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 0.005%</td>
<td>1.50</td>
<td>Hysite</td>
</tr>
</tbody>
</table>

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

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

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

### TRAVOPROST
Eye drops 0.004% – 1% DV Jan-18 to 2020 .................................................. 7.30 5 ml Travopt

### Sympathomimetics

#### APRACLONIDINE
Eye drops 0.5% ................................................................. 19.77 5 ml Iopidine

#### BRIMONIDINE TARTRATE
Eye drops 0.2% – 1% DV Feb-18 to 2020 ................................................. 4.29 5 ml Arrow-Brimonidine

#### BRIMONIDINE TARTRATE WITH TIMOLOL
Eye drops 0.2% with timolol 0.5%

### Mydriatics and Cycloplegics

#### Anticholinergic Agents

#### ATROPINE SULPHATE
Eye drops 0.5%
Eye drops 1%, single dose
Eye drops 1% – 1% DV Sep-17 to 2020 ...................................................... 17.36 15 ml Atropt

#### CYCLOPENTOLATE HYDROCHLORIDE
Eye drops 0.5%, single dose
Eye drops 1% ................................................................. 8.76 15 ml Cyclogyl
Eye drops 1%, single dose

#### TROPICAMIDE
Eye drops 0.5% ................................................................. 7.15 15 ml Mydriacyl
Eye drops 0.5%, single dose
Eye drops 1% ................................................................. 8.66 15 ml Mydriacyl
Eye drops 1%, single dose

### Sympathomimetics

#### PHENYLEPHRINE HYDROCHLORIDE
Eye drops 2.5%, single dose
Eye drops 10%, single dose

### Ocular Lubricants

#### CARBOMER
Ophthalmic gel 0.3%, single dose ............................................................... 8.25 30 Poly Gel
Ophthalmic gel 0.2%

#### CARMELLOSE SODIUM WITH PECTIN AND GELATINE
Eye drops 0.5%
Eye drops 0.5%, single dose
Eye drops 1%
Eye drops 1%, single dose

#### HYPROMELLOSE
Eye drops 0.5% ................................................................. 3.92 15 ml Methopt

#### HYPROMELLOSE WITH DEXTRAN
Eye drops 0.3% with dextran 0.1% ...................................................... 2.30 15 ml Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose

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*e.g. Brand indicates brand example only. It is not a contracted product.*
<table>
<thead>
<tr>
<th><strong>SENSORY ORGANS</strong></th>
<th><strong>Price (ex man. excl. GST) $</strong></th>
<th><strong>Brand or Generic Manufacturer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MACROGOL 400 AND PROPYLENE GLYCOL</strong></td>
<td>4.30</td>
<td>24 Systane Unit Dose</td>
</tr>
<tr>
<td>Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</strong></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><strong>PARAFFIN LIQUID WITH WOOL FAT</strong></td>
<td>2.62</td>
<td>Vistil</td>
</tr>
<tr>
<td>Eye oint 3% with wool fat 3%</td>
<td>15 ml</td>
<td></td>
</tr>
<tr>
<td><strong>POLYVINYL ALCOHOL</strong></td>
<td>3.68</td>
<td>Vistil Forte</td>
</tr>
<tr>
<td>Eye drops 1.4% – 1% DV Jun-16 to 2019</td>
<td>15 ml</td>
<td></td>
</tr>
<tr>
<td>Eye drops 3% – 1% DV Jun-16 to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POLYVINYL ALCOHOL WITH POVIDONE</strong></td>
<td>3.80</td>
<td>VitA-POS</td>
</tr>
<tr>
<td>Eye drops 1.4% with povidone 0.6%, single dose</td>
<td>5 g</td>
<td></td>
</tr>
<tr>
<td><strong>RETINOL PALMITATE</strong></td>
<td>22.00</td>
<td>Hylo-Fresh</td>
</tr>
<tr>
<td>Oint 138 mcg per g</td>
<td>10 ml</td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM HYALURONATE [HYALURONIC ACID]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops 1 mg per ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Otological Preparations**

| **ACETIC ACID WITH PROPYLENE GLYCOL** | | |
| Ear drops 2.3% with propylene glycol 2.8% | | |
| **DOCUSATE SODIUM** | | |
| Ear drops 0.5% | | |

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
Agents Used in the Treatment of Poisonings

**Antidotes**

**ACETYLICYSTEINE**
- Tab eff 200 mg
- Inj 200 mg per ml, 10 ml ampoule — 1% DV Sep-18 to 2021 .................. 58.76 10 DBL Acetylcysteine

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

**DIGOXIN IMMUNE FAB**
- Inj 38 mg vial
- Inj 40 mg vial

**ETHANOL**
- Liq 96%

**ETHANOL WITH GLUCOSE**
- Inj 10% with glucose 5%, 500 ml bottle

**ETHANOL, DEHYDRATED**
- Inj 100%, 5 ml ampoule
- Inj 96%

**FLUMAZENIL**
- Inj 0.1 mg per ml, 5 ml ampoule — 1% DV Dec-18 to 2021 .................. 85.05 5 Anexate

*(Anexate Inj 0.1 mg per ml, 5 ml ampoule to be delisted 1 December 2018)*

**HYDROXOCOBALAMIN**
- Inj 5 g vial
- Inj 2.5 g vial

**NALOXONE HYDROCHLORIDE**
- Inj 400 mcg per ml, 1 ml ampoule — 1% DV Aug-18 to 2021 .................. 22.60 5 DBL Naloxone Hydrochloride

**PRALIDOXIME IODIDE**
- Inj 25 mg per ml, 20 ml ampoule

**SODIUM NITRITE**
- Inj 30 mg per ml, 10 ml ampoule

**SODIUM THIOSULFATE**
- Inj 250 mg per ml, 10 ml vial
- Inj 250 mg per ml, 50 ml vial
- Inj 500 mg per ml, 10 ml vial
- Inj 500 mg per ml, 20 ml ampoule

**SOYA OIL**
- Inj 20%, 500 ml bag
- Inj 20%, 500 ml bottle

**Antitoxins**

**BOTULISM ANTITOXIN**
- Inj 250 ml vial

**DIPHTHERIA ANTITOXIN**
- Inj 10,000 lu vial
VARIOUS

Price
(ex man. excl. GST)

Brand or Generic Manufacturer

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

### Antivenoms

**RED BACK SPIDER ANTIVENOM**
- Inj 500 u vial

**SNAKE ANTIVENOM**
- Inj 50 ml vial

### Removal and Elimination

**CHARCOAL**
- Oral liq 200 mg per ml ................................................................. 43.50 250 ml Carbosorb-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

- **Restricted (RS1444)**

**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

- **Restricted (RS1445)**

**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 ................................................................. 51.52 10 Desferal

**DICOBALT EDETATE**
- Inj 15 mg per ml, 20 ml ampoule

**DIMERCAPROL**
- Inj 50 mg per ml, 2 ml ampoule

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>VARIOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIMERCAPTOSUCCINIC ACID</strong></td>
</tr>
<tr>
<td>Cap 100 mg</td>
</tr>
<tr>
<td>Cap 200 mg</td>
</tr>
<tr>
<td><strong>SODIUM CALCIUM EDETATE</strong></td>
</tr>
<tr>
<td>Inj 200 mg per ml, 2.5 ml ampoule</td>
</tr>
<tr>
<td>Inj 200 mg per ml, 5 ml ampoule</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Antiseptics and Disinfectants</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHLORHEXIDINE</strong></td>
</tr>
<tr>
<td>Soln 4% .......................................................... 1.86 50 ml healthE</td>
</tr>
<tr>
<td>Soln 5% .......................................................... 15.50 500 ml healthE</td>
</tr>
<tr>
<td><strong>CHLORHEXIDINE WITH CETRIMIDE</strong></td>
</tr>
<tr>
<td>Crm 0.1% with cetrimide 0.5%</td>
</tr>
<tr>
<td>Foaming soln 0.5% with cetrimide 0.5%</td>
</tr>
<tr>
<td><strong>CHLORHEXIDINE WITH ETHANOL</strong></td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml ................. 2.65 1 healthE</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, non-staining (pink) 100 ml ................. 3.54 1 healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml ................. 1.55 1 healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, staining (red) 100 ml ................. 2.90 1 healthE</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, staining (red) 100 ml ................. 3.86 1 healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml ............... 5.45 1 healthE</td>
</tr>
<tr>
<td>Soln 0.5% with ethanol 70%, staining (red) 500 ml ............... 5.90 1 healthE</td>
</tr>
<tr>
<td>Soln 2% with ethanol 70%, staining (red) 500 ml ............... 9.56 1 healthE</td>
</tr>
<tr>
<td><strong>IODINE WITH ETHANOL</strong></td>
</tr>
<tr>
<td>Soln 1% with ethanol 70%, 100 ml ........................................ 9.30 1 healthE</td>
</tr>
<tr>
<td><strong>ISOPROPYL ALCOHOL</strong></td>
</tr>
<tr>
<td>Soln 70%, 500 ml ........................................ 5.65 1 healthE</td>
</tr>
<tr>
<td><strong>POVIDONE-IODINE</strong></td>
</tr>
<tr>
<td>Vaginal tab 200 mg</td>
</tr>
<tr>
<td>Restricted (RS1354)</td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
</tr>
<tr>
<td>Rectal administration pre-prostate biopsy.</td>
</tr>
<tr>
<td>Oint 10% ......................................................... 3.27 25 g Betadine</td>
</tr>
<tr>
<td>Soln 10% ......................................................... 6.20 500 ml Betadine</td>
</tr>
<tr>
<td>Soln 5% ......................................................... 2.95 100 ml Riodine</td>
</tr>
<tr>
<td>Soln 7.5% ......................................................... 6.20 500 ml Riodine</td>
</tr>
<tr>
<td>Pad 10%</td>
</tr>
<tr>
<td>Swab set 10%</td>
</tr>
<tr>
<td><strong>POVIDONE-IODINE WITH ETHANOL</strong></td>
</tr>
<tr>
<td>Soln 10% with ethanol 30% ......................................................... 10.00 500 ml Betadine Skin Prep</td>
</tr>
<tr>
<td>Soln 10% with ethanol 70%</td>
</tr>
<tr>
<td><strong>SODIUM HYPOCHLORITE</strong></td>
</tr>
<tr>
<td>Soln</td>
</tr>
</tbody>
</table>
## Contrast Media

### Iodinated X-ray Contrast Media

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle</td>
<td>22.50</td>
<td>Gastrografin</td>
</tr>
<tr>
<td>Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle</td>
<td>80.00</td>
<td>Urografin</td>
</tr>
<tr>
<td><strong>DIATRIZOATE SODIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral liq 370 mg per ml, 10 ml sachet</td>
<td>156.12</td>
<td>Ioscan</td>
</tr>
<tr>
<td><strong>IODISED OIL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 38% w/w (480 mg per ml), 10 ml ampoule</td>
<td>280.00</td>
<td>Lipiodol Ultra Fluid</td>
</tr>
<tr>
<td><strong>IODIXANOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 270 mg per ml (iodine equivalent), 50 ml bottle</td>
<td>220.00</td>
<td>Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml (iodine equivalent), 50 ml bottle</td>
<td>220.00</td>
<td>Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml (iodine equivalent), 100 ml bottle</td>
<td>430.00</td>
<td>Visipaque</td>
</tr>
<tr>
<td>Inj 320 mg per ml (iodine equivalent), 200 ml bottle</td>
<td>850.00</td>
<td>Visipaque</td>
</tr>
<tr>
<td><strong>IOHEXOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 240 mg per ml (iodine equivalent), 50 ml bottle</td>
<td>75.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 300 mg per ml (iodine equivalent), 20 ml bottle</td>
<td>57.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 300 mg per ml (iodine equivalent), 50 ml bottle</td>
<td>75.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 300 mg per ml (iodine equivalent), 100 ml bottle</td>
<td>150.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 350 mg per ml (iodine equivalent), 20 ml bottle</td>
<td>59.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 350 mg per ml (iodine equivalent), 50 ml bottle</td>
<td>75.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 350 mg per ml (iodine equivalent), 75 ml bottle</td>
<td>114.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 350 mg per ml (iodine equivalent), 100 ml bottle</td>
<td>150.00</td>
<td>Omnipaque</td>
</tr>
<tr>
<td>Inj 350 mg per ml (iodine equivalent), 200 ml bottle</td>
<td>290.00</td>
<td>Omnipaque</td>
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</tbody>
</table>

### Non-iodinated X-ray Contrast Media

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BARIUM SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet</td>
<td>507.50</td>
<td>E-Z-Cat Dry</td>
</tr>
<tr>
<td>Oral liq 400 mg per ml (40% w/v, 30% w/w), bottle</td>
<td>17.39</td>
<td>Varibar - Thin Liquid</td>
</tr>
<tr>
<td>Oral liq 600 mg per g (60% w/w), tube</td>
<td>36.51</td>
<td>E-Z-Paste</td>
</tr>
<tr>
<td>Oral liq 400 mg per ml (40% w/v), bottle</td>
<td>155.35</td>
<td>Varibar - Honey</td>
</tr>
<tr>
<td>Enema 1,250 mg per ml (125% w/v), 500 ml bag</td>
<td>282.30</td>
<td>Liquibar</td>
</tr>
<tr>
<td>Oral liq 22 mg per g (2.2% w/w), 250 ml bottle</td>
<td>175.00</td>
<td>CT Plus+</td>
</tr>
<tr>
<td>Oral liq 22 mg per g (2.2% w/w), 450 ml bottle</td>
<td>220.00</td>
<td>CT Plus+</td>
</tr>
<tr>
<td>Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle</td>
<td>441.12</td>
<td>Volumen</td>
</tr>
<tr>
<td>Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle</td>
<td>140.94</td>
<td>Readi-CAT 2</td>
</tr>
<tr>
<td>Powder for oral soln 97.65% w/w, 300 g bottle</td>
<td>237.76</td>
<td>X-Opaque-HD</td>
</tr>
<tr>
<td>Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle</td>
<td>52.35</td>
<td>Tagitol V</td>
</tr>
<tr>
<td>Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle</td>
<td>91.77</td>
<td>Liquibar</td>
</tr>
<tr>
<td><strong>BARIUM SULPHATE WITH SODIUM BICARBONATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet</td>
<td>102.93</td>
<td>E-Z-Gas II</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>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex man. excl. GST) $</td>
<td>Per</td>
</tr>
</tbody>
</table>

### 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 (equivalent to 1 mmol per ml), 5 ml prefilled syringe**: $120.00 5 Gadovist 1.0
- **Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe**: $180.00 5 Gadovist 1.0
- **Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe**: $700.00 10 Gadovist 1.0

#### 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

#### Gadofosette 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
- **Inj 1.1 mg per ml, 1.5 ml vial**: $720.00 4 Definity

### Diagnostic Agents

#### Arginine
- **Inj 50 mg per ml, 500 ml bottle**
- **Inj 100 mg per ml, 300 ml bottle**
## Various

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

### Histamine Acid Phosphate
- Nebuliser soln 0.6%, 10 ml vial
- Nebuliser soln 2.5%, 10 ml vial
- Nebuliser soln 5%, 10 ml vial

### Mannitol
- Powder for inhalation

### Methacholine Chloride
- Powder 100 mg

### Secretin Pentahydrochloride
- Inj 100 u ampoule

### Sinalide
- Inj 5 mcg per vial

### Diagnostic Dyes

#### Bonney’s Blue Dye
- Soln

#### Indigo Carmine
- Inj 4 mg per ml, 5 ml ampoule
- Inj 8 mg per ml, 5 ml ampoule

#### Indocyanine Green
- Inj 25 mg vial

#### Methylthioninium Chloride [Methylene Blue]
- Inj 5 mg per ml, 10 ml ampoule

#### Patent Blue V
- Inj 2.5%, 2 ml ampoule

### Irrigation Solutions

#### Chlorhexidine with Cetrimide
- Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule – 1% DV
  - Aug-18 to 2021

#### Glycine
- Irrigation soln 1.5%, 3,000 ml bag – 1% DV Sep-18 to 2021

#### Sodium Chloride
- Irrigation soln 0.9%, 3,000 ml bag – 1% DV Sep-18 to 2021
- Irrigation soln 0.9%, 30 ml ampoule – 1% DV Sep-18 to 2021
- Irrigation soln 0.9%, 1,000 ml bottle – 1% DV Jun-18 to 2021

#### Water
- Irrigation soln, 3,000 ml bag – 1% DV Sep-18 to 2021
- Irrigation soln, 1,000 ml bottle – 1% DV Jun-18 to 2021

### Surgical Preparations

#### Bismuth Subnitrate and Iodoform Paraffin
- Paste
<table>
<thead>
<tr>
<th>Brand or Generic Manufacturer</th>
<th>Price (ex man. excl. GST) Per</th>
</tr>
</thead>
</table>

**DIMETHYL SULFOXIDE**
- Soln 50%
- Soln 99%

**PHENOL**
- Inj 6%, 10 ml ampoule

**PHENOL WITH IOXAGLIC ACID**
- Inj 12%, 10 ml ampoule

**TROMETAMOL**
- Inj 36 mg per ml, 500 ml bottle

### Cardioplegia Solutions

#### ELECTROLYTES

- Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag
- Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag
- Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag
- Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag
- Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag
- Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag

**MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE**
- Inj 42.68 mg with sodium aspartate 39.48 mg per ml, 250 ml bottle

**MONOSODIUM L-ASPARTATE**
- Inj 14 mmol per 10 ml, 10 ml

### Cold Storage Solutions

**SODIUM WITH POTASSIUM**
- Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag
Extemporaneously Compounded Preparations

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Formulation</th>
<th>Expiry Date</th>
<th>Price Per 200 ml</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETIC ACID</td>
<td>Liq</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALUM</td>
<td>Powder BP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARACHIS OIL [PEANUT OIL]</td>
<td>Liq</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASCORBIC ACID</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENZOIN</td>
<td>Tincture compound BP</td>
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<td></td>
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</tr>
<tr>
<td>BISMUTH SUBGALLATE</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORIC ACID</td>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARBOXYMETHYLCELLULOSE</td>
<td>Soln 1.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CETRIMIDE</td>
<td>Soln 40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORHEXIDINE GLUCONATE</td>
<td>Soln 20%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CHLOROFORM</td>
<td>Liq BP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITRIC ACID</td>
<td>Powder BP</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CLOVE OIL</td>
<td>Liq</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COAL TAR</td>
<td>Soln BP – 1% DV Dec-16 to 2019</td>
<td>32.95</td>
<td>200 ml</td>
<td>Midwest</td>
</tr>
<tr>
<td>CODEINE PHOSPHATE</td>
<td>Powder</td>
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<td></td>
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<tr>
<td>COLLODION FLEXIBLE</td>
<td>Liq</td>
<td></td>
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<tr>
<td>COMPOUND HYDROXYBENZOATE</td>
<td>Soln</td>
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<tr>
<td>CYSTEAMINE HYDROCHLORIDE</td>
<td>Powder</td>
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<tr>
<td>DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE</td>
<td>Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DITHRANOL</td>
<td>Powder</td>
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<tr>
<td>GLUCOSE [DEXTROSE]</td>
<td>Powder</td>
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<td></td>
</tr>
</tbody>
</table>

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## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

<table>
<thead>
<tr>
<th></th>
<th>Price (ex man. excl. GST) $</th>
<th>Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCERIN WITH SODIUM SACCHARIN Suspension</td>
<td>32.50</td>
<td>473 ml</td>
<td>Ora-Sweet SF</td>
</tr>
<tr>
<td>GLYCERIN WITH SUCROSE Suspension</td>
<td>32.50</td>
<td>473 ml</td>
<td>Ora-Sweet</td>
</tr>
<tr>
<td>GLYCEROL Liq – 1% DV Sep-17 to 2020</td>
<td>3.28</td>
<td>500 ml</td>
<td>healthE Glycerol BP Liquid</td>
</tr>
<tr>
<td>HYDROCORTISONE Powder – 1% DV Sep-17 to 2020</td>
<td>49.95</td>
<td>25 g</td>
<td>ABM</td>
</tr>
<tr>
<td>LACTOSE Powder</td>
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<tr>
<td>MAGNESIUM HYDROXIDE Paste</td>
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<tr>
<td>MENTHOL Crystals</td>
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<tr>
<td>METHADONE HYDROCHLORIDE Powder</td>
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<td>METHYL HYDROXYBENOATE Powder</td>
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<tr>
<td>METHYLCELLULOSE Powder</td>
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<tr>
<td></td>
<td>Suspension</td>
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<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN Suspension</td>
<td>32.50</td>
<td>473 ml</td>
<td>Ora-Blend SF</td>
</tr>
<tr>
<td>METHYLCELLULOSE WITH GLYCERIN AND SUCROSE Suspension</td>
<td>32.50</td>
<td>473 ml</td>
<td>Ora-Blend</td>
</tr>
<tr>
<td>OLIVE OIL Liq</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PARAFFIN Liq</td>
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<td></td>
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</tr>
<tr>
<td>PHENOBARBITONE SODIUM Powder</td>
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<td></td>
</tr>
<tr>
<td>PHENOL Liq</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PILOCARPINE NITRATE Powder</td>
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<tr>
<td>POLYHEXAMETHYLENE BIGUANIDE Liq</td>
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<tr>
<td>Povidone K30 Powder</td>
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<tr>
<td>PROPYLENE GLYCOL Liq</td>
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<tr>
<td>SALICYLIC ACID Powder</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SILVER NITRATE Crystals</td>
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</tbody>
</table>
### Extemporaneously Compounded Preparations

<table>
<thead>
<tr>
<th>Product</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM BICARBONATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder BP</td>
<td></td>
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</tr>
<tr>
<td>SODIUM CITRATE</td>
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<td></td>
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<tr>
<td>Powder</td>
<td></td>
<td></td>
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<tr>
<td>SODIUM METABISULFITE</td>
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<tr>
<td>Powder</td>
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<td>STARCH</td>
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<tr>
<td>SYRUP</td>
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<tr>
<td>Liq (pharmaceutical grade)</td>
<td>21.75</td>
<td>Midwest</td>
</tr>
<tr>
<td>THEOBROMA OIL</td>
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<td></td>
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<tr>
<td>Oint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRI-SODIUM CITRATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystals</td>
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<td>TRICHLORACETIC ACID</td>
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<td>Grans</td>
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<tr>
<td>UREA</td>
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<tr>
<td>Powder BP</td>
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<td></td>
</tr>
<tr>
<td>WOOL FAT</td>
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<tr>
<td>Oint, anhydrous</td>
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</tr>
<tr>
<td>XANTHAN</td>
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<td></td>
</tr>
<tr>
<td>Gum 1%</td>
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</tr>
<tr>
<td>ZINC OXIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
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</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.
Food Modules

Carbohydrate

**Restricted** (RS1467)

**Initiation – Use as an additive**

Any of the following:

1. Cystic fibrosis; or  
2. Chronic kidney disease; or  
3. Cancer in children; or  
4. Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or  
5. Faltering growth in an infant/child; or  
6. Bronchopulmonary dysplasia; or  
7. Premature and post premature infant; or  
8. Inborn errors of metabolism.

**Initiation – Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.  

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

**CARBOHYDRATE SUPPLEMENT** – **Restricted** see terms above

- Powder 95 g carbohydrate per 100 g, 368 g can  
- Powder 96 g carbohydrate per 100 g, 400 g can  

*e.g. Polycal*

Fat

**Restricted** (RS1468)

**Initiation – Use as an additive**

Any of the following:

1. Patient has inborn errors of metabolism; or  
2. Faltering growth in an infant/child; or  
3. Bronchopulmonary dysplasia; or  
4. Fat malabsorption; or  
5. Lymphangiectasia; or  
6. Short bowel syndrome; or  
7. Infants with necrotising enterocolitis; or  
8. Biliary atresia; or  
9. For use in a ketogenic diet; or  
10. Chyle leak; or  
11. Ascites; or  
12. Patient has increased energy requirements, and for whom dietary measures have not been successful.

**Initiation – Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.  

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

**LONG-CHAIN TRIGLYCERIDE SUPPLEMENT** – **Restricted** see terms above

- Liquid 50 g fat per 100 ml, 200 ml bottle  
- Liquid 50 g fat per 100 ml, 500 ml bottle  

*e.g. Calogen*
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 (RS1469)
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 .......................................................... 8.95 227 g Resource Beneprotein
- Powder 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can
  - e.g. Protifar

### Other Supplements

#### BREAST MILK FORTIFIER

- Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet
  - e.g. FM 85
- Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet
  - e.g. S26 Human Milk Fortifier
- Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet
  - e.g. Nutricia Breast Milk Fortifer

#### CARBOHYDRATE AND FAT SUPPLEMENT – **Restricted** see terms below

- Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can
  - e.g. Super Soluble Duocal

#### Restricted (RS1212)
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.
**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>

## 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 (RS1232)

**Initiation**

Any of the following:

1. For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidaemia, propionic acidaemia, methylmalonic acidaemia, tyrosinaemia or urea cycle disorders; or
2. Patient has adrenoleukodystrophy; or
3. For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

## Glutaric Aciduria Type 1 Products

**AMINO ACID FORMULA (WITHOUT LYSINE AND LOW 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

---

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

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

**AMINO ACID FORMULA (WITHOUT METHIONINE) – Restricted** see terms on the previous page

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can</td>
<td>e.g. HCU Anamix Infant</td>
<td></td>
</tr>
<tr>
<td>✤ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XMET Maxamid</td>
<td></td>
</tr>
<tr>
<td>✤ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XMET Maxamum</td>
<td></td>
</tr>
<tr>
<td>✤ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle</td>
<td>e.g. HCU Anamix Junior LQ</td>
<td></td>
</tr>
</tbody>
</table>

### Isovaleric Acidaemia Products

**AMINO ACID FORMULA (WITHOUT LEUCINE) – Restricted** see terms on the previous page

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can</td>
<td>e.g. IVA Anamix Infant</td>
<td></td>
</tr>
<tr>
<td>✤ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XLEU Maxamaid</td>
<td></td>
</tr>
<tr>
<td>✤ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. XLEU Maxamum</td>
<td></td>
</tr>
</tbody>
</table>

### Maple Syrup Urine Disease Products

**AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – Restricted** see terms on the previous page

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can</td>
<td>e.g. MSUD Anamix Infant</td>
<td></td>
</tr>
<tr>
<td>✤ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can</td>
<td>e.g. MSUD Maxamum</td>
<td></td>
</tr>
<tr>
<td>✤ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle</td>
<td>e.g. MSUD Anamix Junior LQ</td>
<td></td>
</tr>
</tbody>
</table>
### Phenylketonuria Products

**AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted** see terms on page 216

- Tab 8.33 mg  
  e.g. Phlexy-10
- Powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet  
  e.g. PKU Lophlex Powder (unflavoured)
- Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet  
  e.g. PKU Anamix Junior
- 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. PKU Anamix Infant
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can  
  e.g. XP Maxamaid
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can  
  e.g. XP Maxamum
- Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet  
  e.g. Phlexy-10
- Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle  
  e.g. PKU Lophlex LQ 10
- Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle  
  e.g. PKU Lophlex LQ 20
- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle  
  e.g. PKU Anamix Junior LQ (Berry)
- Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle  
  e.g. PKU Anamix Junior LQ (Orange)
- Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle  
  e.g. PKU Anamix Junior LQ (Unflavoured)
- Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle  
  e.g. PKU Lophlex LQ 20
- Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle  
  e.g. PKU Lophlex LQ 20
- Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 250 ml carton  
  e.g. Easiphen
- Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot  
  e.g. PKU Lophlex Sensations 20 (berries)

(e.g. XP Maxamaid Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can to be delisted 1 April 2019)

### Propionic Acidaemia and Methylmalonic Acidaemia Products

**AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – Restricted** see terms on page 216

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can  
  e.g. MMA/PA Anamix Infant
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can  
  e.g. XMTVI Maxamaid
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can  
  e.g. XMTVI Maxamum

---

*Item restricted (see → above); Item restricted (see → below)*  
e.g. *Brand* indicates brand example only. It is not a contracted product.
### Protein Free Supplements

**PROTEIN FREE SUPPLEMENT** – *Restricted* see terms on page 216

- Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can
  
  *e.g.* Energivit

### Tyrosinaemia Products

**AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE)** – *Restricted* see terms on page 216

- Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet
  
  *e.g.* TYR Anamix Junior

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can
  
  *e.g.* TYR Anamix Infant

- Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can
  
  *e.g.* XPHEN, TYR Maxamaid

- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle
  
  *e.g.* TYR Anamix Junior LQ

### Urea Cycle Disorders Products

**AMINO ACID SUPPLEMENT** – *Restricted* see terms on page 216

- Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can
  
  *e.g.* Dialamine

- Powder 79 g protein per 100 g, 200 g can
  
  *e.g.* Essential Amino Acid Mix

### X-Linked Adrenoleukodystrophy Products

**GLYCEROL TRIERUCATE** – *Restricted* see terms on page 216

- Liquid, 1,000 ml bottle

**GLYCEROL TRIOLEATE** – *Restricted* see terms on page 216

- Liquid, 500 ml bottle

### Specialised Formulas

### Diabetic Products

- *Restricted (RS1215)*

**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.
## ELEMENTAL AND SEMI-ELEMENTAL PRODUCTS

### Amino Acid Oral Feed – Restricted see terms above
- **Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet**
  - **Price:** $4.50 80 g
  - **Brand:** Vivonex TEN

### Amino Acid Oral Feed 0.8 KCAL/ML – Restricted see terms above
- **Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton**
  - **Price:** $18.06 1,000 ml
  - **Brand:** Vital

### 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**
  - **Price:** $18.06 1,000 ml
  - **Brand:** Vital

### 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**
  - **Price:** $18.06 1,000 ml
  - **Brand:** Vital

### Peptide-Based Oral Feed – Restricted see terms above
- **Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 400 g can**
  - **Price:** $22.06 400 g can
  - **Brand:** Peptamen Junior

- **Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can**
  - **Price:** $22.06 400 g can
  - **Brand:** MCT Pepdite; MCT Pepdite 1+
PEPTIDE-BASED ORAL FEED 1 KCAL/ML – **Restricted** see terms on the previous page

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>237 ml</td>
<td>Peptamen OS 1.0 (Vanilla)</td>
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**Fat Modified Products**

FAT-MODIFIED FEED – **Restricted** see terms below

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<th>Price</th>
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<tbody>
<tr>
<td>400 g can</td>
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</table>

**Hepatic Products**

HEPATIC ORAL FEED – **Restricted** see terms above

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>400 g</td>
<td>Heparon Junior</td>
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</tbody>
</table>

**High Calorie Products**

ENTERAL FEED 2 KCAL/ML – **Restricted** see terms above

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>500 ml</td>
<td>Nutrison Concentrated</td>
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</tbody>
</table>

ORAL FEED 2 KCAL/ML – **Restricted** see terms above

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
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<tbody>
<tr>
<td>200 ml</td>
<td>Two Cal HN</td>
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SPECIAL FOODS

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

### High Protein Products

**HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – Restricted see terms below**
- Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag

**Initiation**
- **Both:**
  1. The patient has a high protein requirement; and
  2. Any of the following:
     - 2.1 Patient has liver disease; or
     - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
     - 2.3 Patient is fluid restricted; or
     - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

**HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – Restricted see terms below**
- Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag

**Initiation**
- **Both:**
  1. The patient has a high protein requirement; and
  2. Any of the following:
     - 2.1 Patient has liver disease; or
     - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
     - 2.3 Patient is fluid restricted; or
     - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

### Infant Formulas

**AMINO ACID FORMULA – Restricted see terms on the next page**
- Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can

- Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g can

- Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can

- Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g can

- Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can 53.00 400 g Neocate

- Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can 43.60 400 g Neocate Junior

- Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can 53.00 400 g 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

- 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 LCP Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can to be delisted 1 May 2019)
**Restricted (RS1471)**

**Initiation**

Any of the following:

1. Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
2. History of anaphylaxis to cows’ milk protein formula or dairy products; or
3. Eosinophilic oesophagitis.

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 (RS1502)**

**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 malabsorption; 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

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

#### LOW-CALCIUM FORMULA
- Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g, 400 g can
  - e.g. **Locasol**

#### PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Restricted see terms below
- Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, bottle
  - 2.35 125 ml **Infatrini**

- **Restricted (RS1614)**
  - Initiation – Fluid restricted or volume intolerance with faltering growth
  - Both:
    1. Either:
      1.1 The patient is fluid restricted or volume intolerant; 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.
  - Note: ‘Volume intolerant’ patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

#### PRETERM FORMULA – Restricted see terms below
- Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle
  - 0.75 100 ml **S26 LBW Gold RTF**
- Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle
  - e.g. **Pre Nan Gold RTF**
- Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle
  - e.g. **Karicare Aptamil Gold+Preterm**

- **Restricted (RS1224)**
  - Initiation
  - For infants born before 33 weeks’ gestation or weighing less than 1.5 kg at birth.

#### THICKENED FORMULA
- Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can
  - e.g. **Karicare Aptamil Thickened AR**

#### Ketogenic Diet Products

#### HIGH FAT FORMULA – Restricted see terms below
- Powder 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can
  - 35.50 300 g **Ketocal 4:1 (Unflavoured)**
  - 300 g **Ketocal 4:1 (Vanilla)**
  - 300 g **Ketocal 3:1 (Unflavoured)**

- **Restricted (RS1225)**
  - Initiation
  - For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

#### Paediatric Products

- **Restricted (RS1473)**
  - Initiation
  - Both:

---

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

*e.g. Brand indicates brand example only. It is not a contracted product.*
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 ENTERAL FEED 0.76 KCAL/ML – **Restricted** see terms on the previous page

- Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag.................................4.00
- 500 ml Nutrini Low Energy Multifibre

PAEDIATRIC ENTERAL FEED 1 KCAL/ML – **Restricted** see terms on the previous page

- Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag..................2.68
- 500 ml Pediasure RTH

PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms on the previous page

- Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag.................................6.00
- 500 ml Nutrini Energy Multi Fibre

- Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag

PAEDIATRIC ORAL FEED 1 KCAL/ML – **Restricted** see terms on the previous page

- Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle........1.07
- 200 ml Pediasure (Chocolate)

- Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can...........1.34
- 250 ml Pediasure (Vanilla)

PAEDIATRIC ORAL FEED 1.5 KCAL/ML – **Restricted** see terms on the previous page

- Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle

- Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle

### Renal Products

LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – **Restricted** see terms below

- 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 Nepro HP RTH

**→ Restricted (RS1229)**

Initiation

For patients with acute or chronic kidney disease.

LOW ELECTROLYTE ORAL FEED – **Restricted** see terms below

- Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can

**→ Restricted (RS1227)**

Initiation

For children (up to 18 years) with acute or chronic kidney disease.
LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML

- Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton..........................................................2.67

- **Restricted (RS1228)**
- **Initiation**
- For patients with acute or chronic kidney disease.

LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – **Restricted** see terms below

- Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton...........3.31

- **Restricted (RS1228)**
- **Initiation**
- For patients with acute or chronic kidney disease.

Respiratory Products

LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML – **Restricted** see terms below

- Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle......1.66

- **Restricted (RS1230)**
- **Initiation**
- For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg.

Surgical Products

HIGH ARGININE ORAL FEED 1.4 KCAL/ML – **Restricted** see terms below

- Liquid 10.1 g protein, 15 g carbohydrate, 4.5 g fat and 0 g fibre per 100 ml, carton..........................................................4.00

- **Restricted (RS1231)**
- **Initiation**
- Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – **Restricted** see terms below

- Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle..............................................................6.80

- **Restricted (RS1415)**
- **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 (RS1214)**
- **Initiation**
- Any 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...

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

- Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag..............7.00 1,000 ml Nutrison Energy
- Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per
  100 ml, 1,000 ml bag
- Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can..............1.75 250 ml Ensure Plus HN
- Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag...........7.00 1,000 ml Ensure Plus HN RTH
- Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per
  100 ml, bag.................................................................................................7.00 1,000 ml Jevity HiCal RTH

ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page

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

- Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle...........5.29 1,000 ml Osmolite RTH
- Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per
  100 ml, bottle..............................................................................................5.29 1,000 ml Jevity RTH
- Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml,
  1,000 ml bag
  e.g. NutrisonStdRTH; NutrisonLowSodium

- Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per
  100 ml, 1,000 ml bag
  e.g. Nutrison Multi Fibre

ENTERAL FEED 1.2 KCAL/ML – Restricted see terms on the previous page

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

- Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per
  100 ml, 1,000 ml bag
  e.g. Jevity Plus RTH

ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted see terms on the previous page

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

- Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per
  100 ml, bag.................................................................................................5.29 1,000 ml Nutrison 800 Complete Multi Fibre

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>

### ORAL FEED — **Restricted** see terms on page 226

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☼ Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can</td>
<td>26.00</td>
<td>Ensure (Chocolate)</td>
<td></td>
</tr>
<tr>
<td>☼ Powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can</td>
<td>8.54</td>
<td>Fortisip (Vanilla)</td>
<td></td>
</tr>
<tr>
<td>☼ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can</td>
<td>26.00</td>
<td>Sustagen Hospital Formula Active (Choc)</td>
<td></td>
</tr>
</tbody>
</table>

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 226

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☼ Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton</td>
<td>e.g. Resource Fruit Beverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ORAL FEED 1.5 KCAL/ML — **Restricted** see terms on page 226

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☼ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can</td>
<td>1.33</td>
<td>Ensure Plus (Vanilla)</td>
<td></td>
</tr>
<tr>
<td>☼ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton</td>
<td>1.26</td>
<td>Ensure Plus (Vanilla)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☼ Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle</td>
<td>e.g. Fortijuice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☼ Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle</td>
<td>e.g. Fortisip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☼ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle</td>
<td>e.g. Fortisip Multi Fibre</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Bacterial and Viral Vaccines

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – Restricted see terms below

- Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis
toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg
pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe
- 0% DV Sep-17 to 2020 ................................................................. 0.00 10 Infanrix IPV

- Restricted (RS1387)

Initiation

Any of the following:

1. A single dose for children up to the age of 7 who have completed primary immunisation; or
2. A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full
primary immunisation; or
3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre-
or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
4. Five doses will be funded for children requiring solid organ transplantation.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLuenZAE TYPE B VACCINE – Restricted see terms below

- Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis
toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg
pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B
surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus
influenzae type B vaccine vial – 0% DV Sep-17 to 2020 ................. 0.00 10 Infanrix-hexa

- Restricted (RS1478)

Initiation

Any of the following:

1. Up to four doses for children up to and under the age of 10 for primary immunisation; or
2. An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who
are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid
organ transplant, renal dialysis and other severely immunosuppressive regimens; or
3. Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to
complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up
programmes.

Bacterial Vaccines

ADULT DIPHTHERIA AND TETANUS VACCINE

- 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

- Restricted (RS1386)

Initiation

Any of the following:

1. For vaccination of patients aged 45 and 65 years old; or
2. For vaccination of previously unimmunised or partially immunised patients; or

continued…
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 ........................................................................................................... 0.00 10 BCG Vaccine

→ **Restricted (RS1233)**

**Initiation**

All of the following:

1. For infants at increased risk of tuberculosis defined as:
   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 diptheria 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 ................................................. 0.00 1 Boostrix

→ **Restricted (RS1493)**

**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 ................................................. 0.00 1 Hiberix

→ **Restricted (RS1520)**

**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.
<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Price (ex man. excl. GST) $</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meningococcal (A, C, Y and W-135) Conjugate Vaccine</strong> – Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>0.00 1</td>
<td>Menactra</td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 One dose for close contacts of meningococcal cases; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 A maximum of two doses for bone marrow transplant patients; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 A maximum of two doses for patients following immunosuppression*.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal C Conjugate Vaccine</strong> – Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mcg in 0.5 ml syringe – 0% DV Jul-17 to 2020</td>
<td>0.00 1</td>
<td>Neisvac-C</td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 One dose for close contacts of meningococcal cases; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 A maximum of two doses for bone marrow transplant patients; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 A maximum of two doses for patients following immunosuppression*.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal (PCV10) Conjugate Vaccine</strong> – Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>0.00 10</td>
<td>Synflorix</td>
</tr>
<tr>
<td><strong>Initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Either:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal (PCV13) Conjugate Vaccine</strong> – Restricted see terms below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>0.00 1</td>
<td>Prevenar 13</td>
</tr>
<tr>
<td><strong>Initiation – High risk children who have received PCV10</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy limited to 1 dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</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.
**VACCINES**

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

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 (RS1587)**

**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…
continued…

response; or
2.2 With primary immune deficiencies; or
2.3 With HIV infection; or
2.4 With renal failure, or nephrotic syndrome; or
2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
2.6 With cochlear implants or intracranial shunts; or
2.7 With cerebrospinal fluid leaks; or
2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
2.10 Pre term infants, born before 28 weeks gestation; or
2.11 With cardiac disease, with cyanosis or failure; or
2.12 With diabetes; or
2.13 With Down syndrome; or
2.14 Who are pre-or post-splenectomy, or with functional asplenia.

Initiation – Testing for primary immunodeficiency diseases
For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE – Restricted see terms below

Inj 25 mcg in 0.5 ml syringe

Restricted (RS1243)

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 (RS1638)

Initiation
Any of the following:
1 Two vaccinations for use in transplant patients; or
2 Two vaccinations for use in children with chronic liver disease; or
3 One dose of vaccine for close contacts of known hepatitis A cases.

HEPATITIS B RECOMBINANT VACCINE

Inj 5 mcg in 0.5 ml vial – 0% DV Jul-17 to 2020 ...........................................0.00 1 HBvaxPRO

Restricted (RS1588)

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

continued…
VACCINES

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

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 ................................................................. 0.00 1 HBvaxPRO

Restricted (RS1588)

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 20 mcg per 1 ml prefilled syringe ............................................. 0.00 1 Engerix-B

Restricted (RS1588)

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 (RS1413)

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 (RS1556)

Initiation – Children aged 14 years and under
Therapy limited to 2 doses
Children aged 14 years and under.

continued…

Note: Item restricted (see ➩ above); Item restricted (see ➩ below)
e.g. Brand indicates brand example only. It is not a contracted product.
continued…

**Initiation – other conditions**

Either:

1. Up to 3 doses for people aged 15 to 26 years inclusive; or
2. Both:
   1. People aged 9 to 26 years inclusive; and
   2. Any of the following:
      1.1 Up to 3 doses for confirmed HIV infection; or
      1.2 Up to 3 doses for transplant (including stem cell) patients; or
      1.3 Up to 4 doses for Post chemotherapy.

**INFLUENZA VACCINE**

Inj 45 mcg in 0.5 ml syringe (trivalent vaccine)......................... 90.00 10 Influvac

*Restricted (RS1642)*

**Initiation – People over 65**

The patient is 65 years of age or over.

**Initiation – cardiovascular disease**

Any of the following:

1. Ischaemic heart disease; or
2. Congestive heart failure; or
3. Rheumatic heart disease; or
4. Congenital heart disease; or
5. Cerebro-vascular disease.

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

**Initiation – chronic respiratory disease**

Either:

1. Asthma, if on a regular preventative therapy; or
2. Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

**Initiation – Other conditions**

Any of the following:

1. Any of the following:
   1.1 Diabetes; or
   1.2 Chronic renal disease; or
   1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
   1.4 Autoimmune disease; or
   1.5 Immune suppression or immune deficiency; or
   1.6 HIV; or
   1.7 Transplant recipient; or
   1.8 Neuromuscular and CNS diseases/ disorders; or
   1.9 Haemoglobinopathies; or
   1.10 Is a child on long term aspirin; or
   1.11 Has a cochlear implant; or
   1.12 Errors of metabolism at risk of major metabolic decompensation; or
   1.13 Pre and post splenectomy; or
   1.14 Down syndrome; or
   1.15 Is pregnant; or
   1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or

continued…

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

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

2 Patients in a long-stay inpatient mental health care unit or 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.

- Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine)..........................9.00 1 Fluarix Tetra

- Restricted (RS1618)

**Initiation – cardiovascular disease for patients aged 6 months to 35 months**

Any of the following:

1. Ischaemic heart disease; or
2. Congestive heart failure; or
3. Rheumatic heart disease; or
4. Congenital 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 for patients aged 6 months to 35 months**

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 for patients aged 6 months to 35 months**

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 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or

2. Child is 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

3. Child has been displaced from their homes in Edgecumbe and the surrounding region.

- Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).........................................90.00 10 Influvac Tetra

- Restricted (RS1617)

**Initiation – People over 65**

The patient is 65 years of age or over.

**Initiation – cardiovascular disease for patients 3 years and over**

Any of the following:

continued…
continued...

1. Ischaemic heart disease; or
2. Congestive heart failure; or
3. Rheumatic heart disease; or
4. Congenital 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 for patients 3 years and over

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 for patients 3 years and over

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 in a long-stay inpatient mental health care unit or 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

Restricted (RS1487)

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

- **Restricted** (RS1398)

Initiation

*Therapy limited to 3 doses*

Either:

1. For partially vaccinated or previously unvaccinated individuals; or
2. For revaccination following immunosuppression.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

RABIES VACCINE

Inj 2.5 IU vial with diluent

ROTAVIRUS 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

- **Restricted** (RS1590)

Initiation

*Therapy limited to 2 doses*

Both:

1. First dose to be administered in infants aged under 14 weeks of age; and
2. No vaccination being administered to children aged 24 weeks or over.

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

- **Restricted** (RS1591)

Initiation – primary vaccinations

*Therapy limited to 1 dose*

Either:

1. Any infant born on or after 1 April 2016; or
2. For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox).

Initiation – other conditions

*Therapy limited to 2 doses*

Any of the following:

1. Any of the following:
   - for non-immune patients:
     1.1 With chronic liver disease who may in future be candidates for transplantation; or
     1.2 With deteriorating renal function before transplantation; or

continued…
VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – Restricted see terms below

Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] .......................................................... 0.00 1

Zostavax

implified – people aged 65 years

Therapy limited to 1 dose
One dose for all people aged 65 years.

Initiation – people aged between 66 and 80 years

Therapy limited to 1 dose
One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 March 2020.

TUBERCULIN PPD [MANTOUX] TEST

Inj 5 TU per 0.1 ml, 1 ml vial – 0% DV Jul-17 to 2020 ................................................ 0.00 1

Tubersol

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days.

Products with Hospital Supply Status (HSS) are in bold

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

**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.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Price (ex man. excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD GLUCOSE DIAGNOSTIC TEST METER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips</td>
<td>$20.00</td>
<td>CareSens N Premier</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caresens N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caresens N POP</td>
</tr>
<tr>
<td>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</td>
<td>$10.56</td>
<td>CareSens N</td>
</tr>
<tr>
<td>Test strips</td>
<td></td>
<td>CareSens PRO</td>
</tr>
<tr>
<td>BLOOD KETONE DIAGNOSTIC TEST STRIP</td>
<td>$15.50</td>
<td>KetoSens</td>
</tr>
<tr>
<td>Test strips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER</td>
<td>$20.00</td>
<td>CareSens Dual</td>
</tr>
<tr>
<td>Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSULIN PEN NEEDLES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 g x 12.7 mm</td>
<td>$10.50</td>
<td>B-D Micro-Fine</td>
</tr>
<tr>
<td>31 g x 5 mm</td>
<td>$11.75</td>
<td>B-D Micro-Fine</td>
</tr>
<tr>
<td>31 g x 6 mm</td>
<td>$10.50</td>
<td>ABM</td>
</tr>
<tr>
<td>31 g x 8 mm</td>
<td>$10.50</td>
<td>B-D Micro-Fine</td>
</tr>
<tr>
<td>32 g x 4 mm</td>
<td>$10.50</td>
<td>B-D Micro-Fine</td>
</tr>
<tr>
<td>INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syringe 0.3 ml with 29 g x 12.7 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine</td>
</tr>
<tr>
<td>Syringe 0.3 ml with 31 g x 8 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine II</td>
</tr>
<tr>
<td>Syringe 0.5 ml with 29 g x 12.7 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine</td>
</tr>
<tr>
<td>Syringe 0.5 ml with 31 g x 8 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine II</td>
</tr>
<tr>
<td>Syringe 1 ml with 29 g x 12.7 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine</td>
</tr>
<tr>
<td>Syringe 1 ml with 31 g x 8 mm needle</td>
<td>$13.00</td>
<td>B-D Ultra Fine II</td>
</tr>
<tr>
<td>MASK FOR SPACER DEVICE</td>
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<td></td>
</tr>
<tr>
<td>Small</td>
<td>$2.20</td>
<td>e-chamber Mask</td>
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<tr>
<td>PEAK FLOW METER</td>
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<td></td>
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<tr>
<td>Low Range</td>
<td>$9.54</td>
<td>Mini-Wright AFS Low Range</td>
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<tr>
<td>Normal Range</td>
<td>$9.54</td>
<td>Mini-Wright Standard</td>
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<tr>
<td>PREGNANCY TEST - HCG URINE</td>
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<td></td>
</tr>
<tr>
<td>Cassette</td>
<td>$12.00</td>
<td>Smith BioMed Rapid Pregnancy Test</td>
</tr>
<tr>
<td>SODIUM NITROPRUSSIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test strip</td>
<td>$22.00</td>
<td>Ketostix</td>
</tr>
<tr>
<td>SPACER DEVICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>220 ml (single patient)</td>
<td>$2.95</td>
<td>e-chamber Turbo</td>
</tr>
<tr>
<td>510 ml (single patient)</td>
<td>$5.12</td>
<td>e-chamber La Grande</td>
</tr>
<tr>
<td>800 ml</td>
<td>$6.50</td>
<td>Volumatic</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.*
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Abciximab
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Adenine
Adenuric
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Adrenaline with aminophylline
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#### Agents Used in the Treatment of Poisons

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