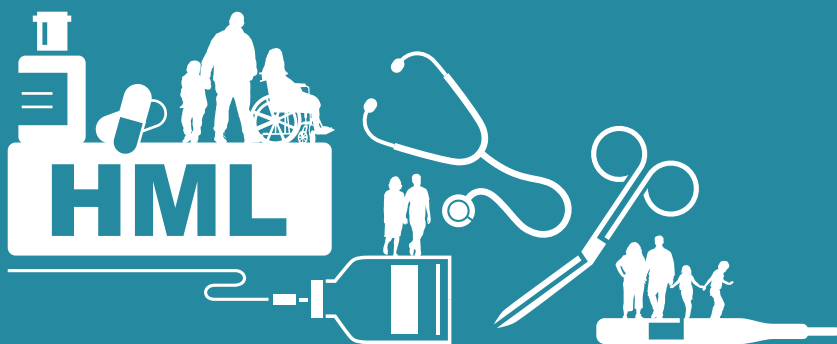


The Hospital Medicines List (HML)  
**Section H**  
for **Hospital**  
**Pharmaceuticals**

First edition effective 1 July 2013  
New Zealand Pharmaceutical Schedule



# Guide to Section H listings

ANATOMICAL HEADING				
	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer	
<b>THERAPEUTIC HEADING</b>				
Generic name listed by therapeutic group and subgroup	<b>CHEMICAL A</b> → Presentation A.....	10.00	100	<b>Brand A</b>
	<b>Restricted</b> Only for use in children under 12 years of age			Brand or manufacturer's name
Indicates only presentation B1 is Restricted	<b>CHEMICAL B</b> → Presentation B1..... Presentation B2	1,589.00	1	<b>Brand B1</b> <i>(Brand B2)</i>
From 1 January 2012 to 30 June 2014, at least 99% of the total volume of this item purchased must be Brand C	<b>CHEMICAL C</b> Presentation C <b>-1% DV Limit Jan-12 to 2014</b> .....	15.00	28	<b>Brand C</b>
	<b>CHEMICAL D</b> Presentation D <b>-1% DV Limit Mar-13 to 2014</b> .....	38.65	500	<b>Brand D</b>
Standard national price excluding GST	<b>Restricted</b> <i>Limited to five weeks' treatment</i> 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.			Product with Hospital Supply Status (HSS) Quantity the Price applies to
Form and strength	<b>CHEMICAL E</b> Presentation E.....			<b>(Brand E)</b> Not a contracted product

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

## Section H July 2013

### Editors

Kaye Wilson, Sarah Le Leu  
& Donna Jennings  
email: [schedule@pharmac.govt.nz](mailto:schedule@pharmac.govt.nz)  
Telephone +64 4 460 4990  
Facsimile +64 4 460 4995  
Level 9, 40 Mercer Street  
PO Box 10 254 Wellington 6143

### Freephone Information Line 0800 66 00 50

### Circulation

Accessible in an electronic format at no cost on the PHARMAC website [www.pharmac.govt.nz](http://www.pharmac.govt.nz)

You can register to have an electronic version of the Pharmaceutical Schedule (link to PDF copy) emailed each month. Alternatively there is an annual subscription to the printed Schedule publications. To access either of these subscriptions visit our subscription website [www.schedule.co.nz](http://www.schedule.co.nz).

### Programmers

Anrik Drenth & John Geering  
email: [texschedule@pharmac.govt.nz](mailto:texschedule@pharmac.govt.nz)

© Pharmaceutical Management Agency

## Contents

<b>Introducing PHARMAC</b> .....	3
<b>Introduction to Section H</b> .....	4
Named Patient Pharmaceutical Assessment (NPPA).....	4
Glossary.....	5
<b>Part I General Rules</b> .....	6
<b>Part II Hospital Pharmaceuticals</b>	
Alimentary Tract and Metabolism .....	14
Blood and Blood Forming Organs .....	27
Cardiovascular System .....	36
Dermatologicals .....	48
Genito-Urinary System.....	55
Hormone Preparations .....	59
Infections .....	65
Musculoskeletal System .....	87
Nervous System.....	97
Oncology Agents and Immunosuppressants.....	123
Respiratory System and Allergies.....	155
Sensory Organs.....	161
Special Foods.....	167
Vaccines .....	181
Various.....	186
Extemporaneously Compounded Preparations.....	194
<b>Part III Optional Pharmaceuticals</b> .....	197
<b>Index</b> .....	199

## HML Help Contact Details

**Email** [hml@pharmac.govt.nz](mailto:hml@pharmac.govt.nz)

**Freephone information line** 0800 66 00 50

**Fax** 04 974 7819

## The Hospital Medicines List

Kia ora and welcome to the first edition of a national prescribing list for New Zealand public hospitals – the Hospital Medicines List (the HML), Section H for Hospital Pharmaceuticals.

PHARMAC has developed the HML in response to Government's policy to nationally fund DHB-prescribed medicines and provide access to the same hospital medicines for all New Zealanders, wherever they are being treated.

The list is designed to meet clinical needs. It's built with standard practice of DHBs in mind. The sector has worked hard with us to get the details right and we're grateful for that input.

The rules and new exception processes are designed to ensure PHARMAC can keep responding to clinical needs and feedback. We are ready to respond quickly to how things actually work on the ground as DHBs transition to full use of the HML for all prescribing.

We know there will be things that won't seem perfect to start with. Some items may have been missed, and we need to work through that together with DHBs. We have already made changes in response to feedback on the first lists we published. In emergency or urgent situations, the clinically appropriate action should always be taken. We need you to let us know if that happens.

The HML, and its various updates, are available on the printed page, as a pdf and soon as an interactive online tool. We're also moving as fast as possible to integrate the information into DHB IT systems.

We need to hear how things are working for you. Please contact us with any questions or feedback. Our details are on the previous page.

Thanks to everyone who has helped get the list to this stage. I look forward to working with you to offer New Zealanders nationally consistent access to DHB hospital pharmaceuticals.



*Steffan Crausaz*  
**Chief Executive**

## Introducing PHARMAC

PHARMAC, the Pharmaceutical Management Agency, is a Crown entity established pursuant to the New Zealand Public Health and Disability Act 2000 (The Act). The primary objective of PHARMAC is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.

The PHARMAC Board consists of up to six members appointed by the Minister of Health. All decisions relating to PHARMAC's operation are made by or under the authority of the Board. More information on the Board can be found at [www.pharmac.govt.nz](http://www.pharmac.govt.nz)

The functions of PHARMAC are to perform, within the amount of funding provided to it in the Pharmaceutical Budget or to DHBs from their own budgets for the use of pharmaceuticals in their hospitals, as applicable, and in accordance with its annual plan and any directions given by the Minister (Section 103 of the Crown Entities Act)

### Decision Criteria

PHARMAC takes into account the following criteria when considering amendments to the Schedule:

- a) the health needs of all eligible people within New Zealand;
- b) the particular health needs of Maori and Pacific peoples;
- c) the availability and suitability of existing medicines, therapeutic medical devices and related products and related things;
- d) the clinical benefits and risks of pharmaceuticals;
- e) the cost-effectiveness of meeting health needs by funding pharmaceuticals rather than using other publicly funded health and disability support services;
- f) the budgetary impact (in terms of the pharmaceutical budget and the Government's overall health budget) of any changes to the Schedule;
- g) the direct cost to health service users;
- h) the Government's priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC's Funding Agreement, or elsewhere; and
- i) such other criteria as PHARMAC thinks fit. PHARMAC will carry out appropriate consultation when it intends to take any such "other criteria" into account.

Copies of PHARMAC's Operating Policies and Procedures and of any applicable supplements are available on the PHARMAC website ([www.pharmac.govt.nz](http://www.pharmac.govt.nz)), or on request.

### PHARMAC's clinical advisors

#### Pharmacology and Therapeutics Advisory Committee (PTAC)

PHARMAC works closely with the Pharmacology and Therapeutics Advisory Committee (PTAC), an expert medical committee which provides independent advice to PHARMAC on health needs and the clinical benefits of particular pharmaceuticals for use in the community and/or in DHB Hospitals. The chair of PTAC sits with the PHARMAC Board in an advisory capacity.

Contact PTAC C/-PTAC Secretary, Pharmaceutical Management Agency, PO Box 10 254, WELLINGTON 6143, Email: [PTAC@pharmac.govt.nz](mailto:PTAC@pharmac.govt.nz)

#### PTAC Subcommittees

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

Analgasic Subcommittee	Haematology Subcommittee	
Anti-Infective Subcommittee	Hospital Pharmaceuticals Subcommittee	Reproductive and Sexual Health Subcommittee
Cancer Treatments Subcommittee	Immunisation Subcommittee	Respiratory Subcommittee
Cardiovascular Subcommittee	Mental Health Subcommittee	Rheumatology Subcommittee
Dermatology Subcommittee	Neurological Subcommittee	Special Foods Subcommittee
Diabetes Subcommittee	Ophthalmology Subcommittee	Transplant Immunosuppressants Subcommittee
Endocrinology Subcommittee	Pulmonary Arterial Hypertension Subcommittee	
Gastrointestinal Subcommittee		

PTAC also has a Tender Medical Evaluation Subcommittee to provide advice on clinical matters relating to PHARMAC's annual multi-product tender and other purchasing strategies.

Current membership of PTAC's subcommittees can be found on PHARMAC's website: <http://www.pharmac.health.nz/about/committees/ptac>

## **Named Patient Pharmaceutical Assessment policy**

Named Patient Pharmaceutical Assessment (NPPA) provides a mechanism for individual patients to apply for funding for medicines not listed in the Pharmaceutical Schedule (either at all or for their clinical circumstances). PHARMAC will assess applications that meet the prerequisites according to its Decision Criteria before deciding whether to approve applications for funding. The Decision Criteria will be used to assess both the individual clinical circumstances of each NPPA applicant, and the implications of each NPPA funding decision on PHARMAC's ability to carry out its legislative functions.

For more information on NPPA, or to apply, visit the PHARMAC website at <http://www.pharmac.health.nz/tools-resources/forms/named-patient-pharmaceutical-assessment-nppa-forms>, or call the Panel Coordinators at (04) 9167553 or (04) 9167521.

## **The Pharmaceutical Schedule**

The purpose of the Schedule is to list:

- the Community Pharmaceuticals that are subsidised by the Government and to show the amount of the subsidy paid to contractors, as well as the manufacturer's price and any access conditions that may apply;
- the Hospital Pharmaceuticals that may be used in DHB Hospitals, as well as any access conditions that may apply; and
- the Pharmaceuticals used in DHB Hospitals for which national prices have been negotiated by PHARMAC.

The purpose of the Schedule is not to show the final cost to Government of subsidising each Community Pharmaceutical or to DHBs in purchasing each Hospital Pharmaceutical since that will depend on any rebate and other arrangements PHARMAC has with the supplier and, for some Hospital Pharmaceuticals, on any logistics arrangements put in place by individual DHB Hospitals.

## **Finding Information in Section H**

Section H lists Pharmaceuticals that can be used in DHB Hospitals, and is split into the following parts:

- Part I lists the rules in relation to use of Pharmaceuticals by DHB Hospitals.
- Part II lists Hospital Pharmaceuticals that are funded for use in DHB Hospitals. These are classified based on the Anatomical Therapeutic Chemical (ATC) system used for Community Pharmaceuticals. It also provides information on any national contracts that exist, and an indication of which products have Hospital Supply Status (HSS).
- Part III lists Optional Pharmaceuticals for which national contracts exist, and DHB Hospitals may choose to fund. These are listed alphabetically by generic chemical entity name and line item, the relevant Price negotiated by PHARMAC and, if applicable, an indication of whether it has Hospital Supply Status (HSS) and any associated Discretionary Variance Limit (DV Limit).

The index located at the back of the Section H can be used to find page numbers for generic chemical entities, or product brand names, for Hospital Pharmaceuticals

The listings are displayed alphabetically (where practical) within each level of the classification system. Each anatomical section contains a series of therapeutic headings, some of which may contain a further classification level.

Community Pharmaceuticals are listed in a separate publication with Sections A to I (excluding Section H).

## Glossary

### Units of Measure

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

### Abbreviations

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

HSS Hospital Supply Status (Refer to Rule 20)

### INTRODUCTION

Section H contains general rules that apply, and other information relating, to Hospital Pharmaceuticals and Optional Pharmaceuticals.

Where relevant, Section H shows the Price at which a Pharmaceutical can be purchased directly from the pharmaceutical supplier by DHBs, providers of logistics services, wholesalers or other such distributors, or Contract Manufacturers.

The Price is determined via contractual arrangements between PHARMAC and the relevant pharmaceutical supplier. Where a Pharmaceutical is listed in Part II of Section H, but no Price and/or brand of Pharmaceutical is indicated, each DHB may purchase any brand and/or pay the price that the DHB negotiates with the relevant pharmaceutical supplier.

As required by section 23(7) of the Act, in performing any of its functions in relation to the supply of Pharmaceuticals, a DHB must not act inconsistently with the Pharmaceutical Schedule.

### INTERPRETATION AND DEFINITIONS

#### 1 Interpretations and Definitions

1.1 In this Schedule, unless the context otherwise requires:

“**Act**” means the New Zealand Public Health and Disability Act 2000.

“**Combined Pharmaceutical Budget**” means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals and Pharmaceutical Cancer Treatments including for named patients in exceptional circumstances.

“**Community**” means any setting outside of a DHB Hospital.

“**Community Pharmaceutical**” means a Pharmaceutical listed in Sections A to G or I of the Pharmaceutical Schedule that is subsidised by the Funder from the Combined Pharmaceutical Budget and, for the purposes of this Section H, includes Pharmaceutical Cancer Treatments (PCTs).

“**Contract Manufacturer**” means a manufacturer or a supplier that is a party to a contract with the relevant DHB Hospital to compound Pharmaceuticals, on request from that DHB Hospital.

“**Designated Delivery Point**” means at a DHB Hospital’s discretion:

- a) a delivery point agreed between a pharmaceutical supplier and the relevant DHB Hospital, to which delivery point that pharmaceutical supplier must supply a National Contract Pharmaceutical directly at the Price; and/or
- b) any delivery point designated by the relevant DHB Hospital or PHARMAC, such delivery point being within 30 km of the relevant pharmaceutical supplier’s national distribution centre.

“**DHB**” means an organisation established as a District Health Board by or under Section 19 of the Act.

“**DHB Hospital**” means a hospital (including community trust hospitals) and/or an associated health service that is funded by a DHB including (but not limited to) district nursing services and child dental services.

“**DV Limit**” means, for a particular National Contract Pharmaceutical with HSS, the National DV Limit or the Individual DV Limit.

“**DV Pharmaceutical**” means a discretionary variance Pharmaceutical that does not have HSS but is used in place of one that does. Usually this means it is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant National Contract Pharmaceutical with HSS. Where this is not the case, a note will be included with the listing of the relevant Hospital Pharmaceutical.

“**Extemporaneously Compounded Product**” means a Pharmaceutical that is compounded from two or more Pharmaceuticals, for the purposes of reconstitution, dilution or otherwise.

“**First Transition Period**” means the period of time after notification that a Pharmaceutical has been awarded HSS and before HSS is implemented.

“**Funder**” means the body or bodies responsible, pursuant to the Act, for the funding of Pharmaceuticals listed on the Schedule (which may be one or more DHBs and/or the Ministry of Health) and their successors.

“**Give**” means to administer, provide or dispense a Pharmaceutical, or to arrange for the administration, provision or dispensing of a Pharmaceutical, and “**Given**” has a corresponding meaning.

“**Hospital Pharmaceuticals**” means the list of Pharmaceuticals set out in Section H Part II of the Schedule which includes some National Contract Pharmaceuticals.

“**HSS**” stands for hospital supply status, which means the status of being the brand of the relevant National Contract Pharmaceutical that DHBs are obliged to purchase, subject to any DV Limit, for the period of hospital



supply, as awarded under an agreement between PHARMAC and the relevant pharmaceutical supplier. Pharmaceuticals with HSS are listed in Section H in bold text.

**“Indication Restriction”** means a limitation placed by PHARMAC on the funding of a Hospital Pharmaceutical which restricts funding to treatment of particular clinical circumstances.

**“Individual DV Limit”** means, for a particular National Contract Pharmaceutical with HSS and a particular DHB Hospital, the discretionary variance limit, being the specified percentage of that DHB Hospital’s Total Market Volume up to which that DHB Hospital may purchase DV Pharmaceuticals of that National Contract Pharmaceutical.

**“Local Restriction”** means a restriction on the use of Pharmaceutical in specific DHB Hospitals on the basis of prescriber type that is implemented by the relevant DHB in accordance with rule 7.

**“Medical Device”** has the meaning set out in the Medicines Act 1981.

**“Named Patient Pharmaceutical Assessment Advisory Panel”** means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for advising PHARMAC, in accordance with its Terms of Reference, on Named Patient Pharmaceutical Assessment applications and any Exceptional Circumstances renewal applications submitted after 1 March 2012.

**“National Contract Pharmaceutical”** means a brand of Pharmaceutical listed in Section H, where PHARMAC has entered into contractual arrangements with the relevant pharmaceutical supplier that specify the terms and conditions of listing, including the Price. Such Pharmaceuticals are recognisable in Section H because the relevant listing identifies the brand and Price.

**“National DV Limit”** means, for a particular National Contract Pharmaceutical with HSS, the discretionary variance limit, being the specified percentage of the Total Market Volume up to which all DHB Hospitals may collectively purchase DV Pharmaceuticals of that National Contract Pharmaceutical.

**“Optional Pharmaceuticals”** means the list of National Contract Pharmaceuticals set out in Section H Part III of the Schedule.

**“PHARMAC”** means the Pharmaceutical Management Agency established by Section 46 of the Act.

**“Pharmacode”** means the six or seven digit identifier assigned to a Pharmaceutical by the Pharmacy Guild following application from a pharmaceutical supplier.

**“Pharmaceutical”** means a medicine, therapeutic medical device, or related product or related thing listed in Sections B to I of the Schedule.

**“Pharmaceutical Cancer Treatment”** means Pharmaceuticals for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a “PCT” or “PCT only” Pharmaceutical that DHBs must fund for use in their DHB hospitals, and/or in association with outpatient services provided by their DHB Hospitals, in relation to the treatment of cancers.

**“Prescriber Restriction”** means a restriction placed by PHARMAC on the funding of a Pharmaceutical on the basis of prescriber type (and where relevant in these rules, includes a Local Restriction).

**“Price”** means the standard national price for a National Contract Pharmaceutical, and, unless agreed otherwise between PHARMAC and the pharmaceutical supplier, includes any costs associated with the supply of the National Contract Pharmaceutical to, at a DHB Hospital’s discretion, any Designated Delivery Point, or to a Contract Manufacturer (expressly for the purpose of compounding), but does not include the effect of any rebates which may have been negotiated between PHARMAC and the pharmaceutical supplier.

**“Restriction”** means a limitation, put in place by PHARMAC or a DHB, restricting the funding of a Pharmaceutical and includes Indication Restrictions, Local Restrictions and Prescriber Restrictions (as defined in this Part I of Section H).

**“Schedule”** means this Pharmaceutical Schedule and all its sections and appendices.

**“Special Authority Approval”** means an approval for funding of a Community Pharmaceutical that is marked in Sections B-G of the Schedule as being subject to a Special Authority restriction.

**“Total Market Volume”** means, for a particular Hospital Pharmaceutical with HSS in any given period, in accordance with the data available to PHARMAC, the sum of:

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

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

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

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

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

## HOSPITAL SUPPLY OF PHARMACEUTICALS

### 2 Hospital Pharmaceuticals

- 2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals:
- a) Medical Devices;
  - b) whole or fractionated blood products;
  - c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
  - d) disinfectants and sterilising products, except those that are to be used in or on a patient;
  - e) foods and probiotics;
  - f) radioactive materials;
  - g) medical gases; and
  - h) parenteral nutrition.
- Subject to rule 2.2, the funding of pharmaceuticals identified in a) – h) above is a decision for individual DHB Hospitals.
- 2.2 Section H Part III lists Optional Pharmaceuticals that PHARMAC and the relevant pharmaceutical supplier have entered into contractual arrangements for the purchase of, including an agreement on a national price and other obligations such as HSS. DHB Hospitals may choose whether or not to fund the Optional Pharmaceuticals listed in Part III of Section H, but if they do, they must comply with any National Contract obligations.
- 2.3 Section H Part II does not encompass the provision of pharmaceutical treatments for DHB Hospital staff as part of an occupational health and safety programme. DHB Hospitals may choose whether or not to fund pharmaceutical treatments for such use, but if they do, they must comply with any National Contract obligations.

### 3 DHB Supply Obligations

- 3.1 In accordance with section 23(7) of the Act, in performing any of its functions in relation to the supply of pharmaceuticals, a DHB must not act inconsistently with the Pharmaceutical Schedule, which includes these General Rules.
- 3.2 DHB Hospitals are not required to hold stock of every Hospital Pharmaceutical listed in Section H Part II, but they must Give it within a reasonable time if it is prescribed.
- 3.3 DHB Hospitals are able to hold stock of an Unlisted Pharmaceutical if doing so is considered necessary for the DHB Hospital to be able to Give the Unlisted Pharmaceutical in a timely manner under rules 11-17 inclusive.
- 3.4 Except where permitted in accordance with rule 11, DHBs must not Give:
- a) an Unlisted Pharmaceutical; or
  - b) a Hospital Pharmaceutical outside of any relevant Restrictions.

**4 Funding**

- 4.1 The purchase costs of Hospital Pharmaceuticals or Optional Pharmaceuticals administered, provided or dispensed by DHB Hospitals must be funded by the relevant DHB Hospital from its own budget, with the exception of:
- Pharmaceutical Cancer Treatments;
  - Community Pharmaceuticals that have been brought to the DHB hospital by the patient who is being treated by outpatient Services or who is admitted as an inpatient;
  - Community Pharmaceuticals that have been dispensed to a mental health day clinic under a Practitioner's Supply Order; and
  - Unlisted Pharmaceutical that have been brought to the DHB Hospital by the patient who is admitted as an inpatient.
- 4.2 For the avoidance of doubt, Pharmaceutical Cancer Treatments and Community Pharmaceuticals are funded through the Combined Pharmaceutical Budget, and Unlisted Pharmaceuticals are funded by the patient.

**LIMITS ON SUPPLY****5 Prescriber Restrictions**

- 5.1 A DHB Hospital may only Give a Hospital Pharmaceutical that has a Prescriber Restriction if it is prescribed:
- by a clinician of the type specified in the restriction for that Pharmaceutical or, subject to rule 5.2, pursuant to a recommendation from such a clinician;
  - in accordance with a protocol or guideline that has been endorsed by the DHB Hospital; or
  - in an emergency situation, provided that the prescriber has made reasonable attempts to comply with rule 5.1(a) above. If on-going treatment is required (i.e. beyond 24 hours) subsequent prescribing must comply with rule 5.1(a).
- 5.2 Where a Hospital Pharmaceutical is prescribed pursuant to a recommendation from a clinician of the type specified in the restriction for that Pharmaceutical:
- the prescriber must consult with a clinician of the type specified in the restriction for that Pharmaceutical; and
  - the consultation must relate to the patient for whom the prescription is written; and
  - the consultation may be in person, by telephone, letter, facsimile or email; and
  - appropriate records are kept of the consultation, including recording the name of the advising clinician on the prescription/chart.
- 5.3 Where a clinician is working under supervision of a consultant who is of the type specified in the restriction for that Pharmaceutical, the requirements of rule 5.2 can be deemed to have been met.

**6 Indication Restrictions**

- 6.1 A DHB Hospital may only Give a Hospital Pharmaceutical that has an Indication Restriction, if it is prescribed for treatment of a patient with the particular clinical circumstances set out in the Indication Restriction.
- 6.2 If a patient has a current Special Authority Approval for the Hospital Pharmaceutical that the DHB Hospital wishes to Give, then the Indication Restriction is deemed to have been met.
- 6.3 If a Hospital Pharmaceutical has an Indication Restriction that is "for continuation only" then the DHB Hospital should only Give the Hospital Pharmaceutical where:
- the patient has been treated with the Pharmaceutical in the Community; or
  - the patient is unable to be treated with an alternative Hospital Pharmaceutical, and the prescriber has explained to the patient that the Pharmaceutical is not fully subsidised in the Community.

**7 Local Restrictions**

- 7.1 A DHB Hospital may implement a Local Restriction, provided that:
- in doing so, it ensures that the Local Restriction does not unreasonably limit funded access to the Hospital Pharmaceutical or undermine PHARMAC's decision that the Hospital Pharmaceutical must be funded;
  - it provides PHARMAC with details of each Local Restriction that it implements; and
- 7.2 PHARMAC may, when it considers that a Local Restriction does not conform to rule 7.1 above, require a DHB to amend or remove that Local Restriction.

**8 Community use of Hospital Pharmaceuticals**

- 8.1 Except where otherwise specified in Section H, DHB Hospitals can Give any Hospital Pharmaceutical to a patient for use in the Community, provided that:
- the quantity does not exceed that sufficient for up to 30 days' treatment, unless:

## GENERAL RULES

---

- i) it would be inappropriate to provide less than the amount in an original pack; or
  - ii) the relevant DHB Hospital has a *Dispensing for Discharge Policy* and the quantity dispensed is in accordance with that policy; and
- b) the Hospital Pharmaceutical is supplied consistent with any applicable Restrictions.

### 9 Community use of Medical Devices

9.1 Subject to rules 9.2 and 9.3, DHB Hospitals may Give a Medical Device for patients for use in the Community.

9.2 Where a Medical Device (or a similar Medical Device) is a Community Pharmaceutical, the DHB Hospital must supply:

- a) the brand of Medical Device that is listed in Sections A-G of the Schedule; and
- b) only to patients who meet the funding eligibility criteria set out in Sections A-G of the Schedule.

9.3 Where a DHB Hospital has supplied a Medical Device to a patient; and

- a) that Medical Device (or a similar Medical Device) is subsequently listed in Sections A-G of the Schedule ; and
- b) the patient would not meet any funding eligibility criteria for the Medical Device set out in Sections A-G of the Schedule; and
- c) the Medical Device has consumable components that need to be replaced throughout its usable life; then

DHB Hospitals may continue to fund consumable products for that patient until the end of the usable life of the Medical Device. At the end of the usable life of the device, funding for a replacement device must be consistent with the Pharmaceutical Schedule and/or in accordance with the Named Patient Pharmaceutical Assessment policy.

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

### 10 Extemporaneous Compounding

10.1 A DHB Hospital may Give any Extemporaneously Compounded Product for a patient in its care, provided that:

- a) all of the component Pharmaceuticals of the Extemporaneously Compounded Product are Hospital Pharmaceuticals; and
- b) the Extemporaneously Compounded Product is supplied consistent with any applicable rules or Restrictions for its component Hospital Pharmaceuticals.

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

## EXCEPTIONS

### 11 Named Patient Pharmaceutical Assessment

11.1 A DHB Hospitals may only Give:

- a) an Unlisted Pharmaceutical; or
- b) a Hospital Pharmaceutical outside of any relevant Restrictions, in accordance with the Named Patient Pharmaceutical Assessment Policy or rules 12 – 17 inclusive.

### 12 Continuation

12.1 Where a patient's clinical circumstances have been stabilised via treatment in the Community with Pharmaceutical that has not been funded by the Funder, and that patient is admitted to hospital as an inpatient, a DHB Hospital may fund that Pharmaceutical for the duration of the patient's stay, where:

- a) the patient has not brought (or cannot arrange to bring) the Pharmaceuticals to the DHB Hospital, or pharmacy staff consider that the Pharmaceuticals brought to the DHB Hospital by the patient cannot be used; and
- b) interrupted or delayed treatment would have significant adverse clinical consequences; and
- c) it is not considered appropriate to switch treatment to a Hospital Pharmaceutical.

### 13 Pre-Existing Use

13.1 Subject to 13.2, where a DHB Hospital has Given a Pharmaceutical for a patient prior to 1 July 2013, and the Pharmaceutical:

- a) is an Unlisted Pharmaceutical; or
- b) treatment of the patient would not comply with any relevant Restrictions;

the DHB Hospital may continue to Give that Pharmaceutical if it is considered that there would be significant

adverse clinical consequences from ceasing or switching treatment.

- 13.2 Each DHB Hospital must, by no later than 1 October 2013, provide PHARMAC with a report on Pharmaceuticals it has Given in accordance with this rule 13 where treatment has continued beyond 1 August 2013.

#### 14 Clinical Trials

DHB Hospitals may Give any Pharmaceutical that is funded by a third party and is being used:

- 14.1 as part of a clinical trial which has Ethics Committee approval; or  
 14.2 for on-going treatment of patients following the end of such a clinical trial.

#### 15 Pharmaceutical Cancer Treatments in Paediatrics

DHB Hospitals may Give any Pharmaceutical for use within a paediatric oncology/haematology service for the treatment of cancer.

#### 16 Other Government Funding

DHB Hospitals may Give any Pharmaceutical where funding for that Pharmaceutical has been specifically provided by a Government entity other than PHARMAC or a DHB.

#### 17 Other Exceptions

- 17.1 PHARMAC may also approve the funding of a Pharmaceutical within a single DHB Hospital for information gathering purposes or otherwise related to PHARMAC's decision-making process for considering additions to or amendments to the Pharmaceutical Schedule.
- 17.2 Funding approvals granted under rule 17.1 will be subject to specific limitations on use as determined appropriate by PHARMAC in each circumstance, in consultation with the relevant DHB Hospital and/or DHB.

### NATIONAL CONTRACTING

#### 18 Hospital Pharmaceutical Contracts

- 18.1 A DHB Hospital may enter into a contract for the purchase of any Pharmaceutical that it is entitled to fund in accordance with this Schedule H and that is not a National Contract Pharmaceutical, provided that such a contract:
- does not oblige the relevant DHB Hospital to purchase a volume of that Pharmaceutical, if that Pharmaceutical is a DV Pharmaceutical, that is greater than the relevant DV Limit;
  - enables PHARMAC to access and use future price and volume data in respect of that Pharmaceutical; and
  - enables the relevant DHB Hospital to terminate the contract or relevant parts of the contract in order to give full effect to the national contract on no more than 3 months' written notice to the pharmaceutical supplier.
- 18.2 From 1 July 2013, where a DHB Hospital has a pre-existing supply contract for a particular brand of chemical entity for which there is a National Contract Pharmaceutical, the DHB may continue purchasing the chemical entity in accordance with its pre-existing supply contract however:
- from the day its pre-existing supply contract expires, that DHB Hospital is to purchase the relevant National Contract Pharmaceutical listed in Section H at the Price, and is to comply with any DV Limits for the National Contract Pharmaceutical where it has HSS;
  - if purchase of the relevant National Contract Pharmaceutical listed in Section H at the Price, where it has HSS, would not cause the relevant DHB Hospital to be in breach of its pre-existing supply contract for a particular brand of chemical entity; the DHB Hospital must purchase the National Contract Pharmaceutical.
- 18.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals must, unless PHARMAC expressly notifies otherwise:
- take any steps available to them to terminate pre-existing contracts or relevant parts of such a contract, and
  - not to enter any new contracts or extend the period of any current contracts, for the supply of that National Contract Pharmaceutical or the relevant chemical entity.

#### 19 National Contract Pharmaceuticals

- 19.1 DHB Hospitals must take all necessary steps to enable any contracts between PHARMAC and a pharmaceutical supplier in relation to National Contract Pharmaceuticals to be given full effect.
- 19.2 The contractual arrangement between PHARMAC and the relevant pharmaceutical supplier of a National Contract Pharmaceutical requires it to be made available by for purchase at the relevant Price by any or all of the following:
- DHB Hospitals at Designated Delivery Points; and/or
  - Contract Manufacturers (expressly for the purpose of compounding).

## GENERAL RULES

---

### 20 Hospital Supply Status (HSS)

- 20.1 The DV Limit for any National Contract Pharmaceutical which has HSS is set out in the listing of the relevant National Contract Pharmaceutical in Section H, and may be amended from time to time.
- 20.2 If a National Contract Pharmaceutical is listed in Section H as having HSS, DHB Hospitals:
- a) are expected to use up any existing stocks of DV Pharmaceuticals during the First Transition Period;
  - b) must not purchase DV Pharmaceuticals in volumes exceeding their usual requirements, or in volumes exceeding those which they reasonably expect to use, within the First Transition Period;
  - c) must ensure that Contract Manufacturers, when manufacturing an Extemporaneously Compounded Product on their behalf, use the National Contract Pharmaceutical with HSS; and
  - d) must purchase the National Contract Pharmaceutical with HSS except:
    - i) to the extent that the DHB Hospital may use its discretion to purchase a DV Pharmaceutical within the DV Limit, provided that (subject to rule 20.2(d)(iii) below) the DV Limit has not been exceeded nationally;
    - ii) if the pharmaceutical supplier fails to supply that National Contract Pharmaceutical, in which case the relevant DHB Hospital does not have to comply with the DV Limit for that National Contract Pharmaceutical during that period of non-supply (and any such month(s) included in a period of non-supply will be excluded in any review of the DV Limit in accordance with rule 20.3 below);
    - iii) that where the DV Limit has been exceeded nationally, the DHB Hospital may negotiate with the pharmaceutical supplier that supplies the National Contract Pharmaceutical with HSS for written permission to vary the application of that DHB Hospital's Individual DV Limit for any patient whose exceptional needs require a DV Pharmaceutical.
- 20.3 PHARMAC may, in its discretion, for any period or part period:
- a) review usage by DHB Hospitals of the National Contract Pharmaceutical and DV Pharmaceuticals to determine whether the DV Limit has been exceeded; and
  - b) audit compliance by DHB Hospitals with the DV Limits and related requirements.
- 20.4 PHARMAC will address any issues of non-compliance by any individual DHB or DHB Hospital with a DV Limit by:
- a) obtaining the relevant DHB or DHB Hospital's assurance that it will comply with the DV Limit for that National Contract Pharmaceutical with HSS in the remainder of the applicable period and any subsequent periods; and
  - b) informing the relevant supplier of the HSS Pharmaceutical of any individual DHB or DHB Hospital's non-compliance with the DV Limit for that HSS Pharmaceutical.
- 20.5 In addition to the steps taken by PHARMAC under rule 20.4 above to address any issues of non-compliance by any individual DHB or DHB Hospital with a DV Limit, the relevant pharmaceutical supplier may require, in its discretion, financial compensation from the relevant DHB or DHB Hospital:
- a) an amount representing that DHB or DHB Hospital's contribution towards exceeding the DV Limit (where PHARMAC is able to quantify this based on the information available to it); or
  - b) the sum of \$1,000 or \$5,000 (depending on the terms of the applicable national contract applying to the HSS Pharmaceutical),

whichever is the greater as between sub-paragraphs (a) and (b) within the number of business days specified in the notice from the pharmaceutical supplier requiring such payment to be made.

### 21 Collection of rebates and payment of financial compensation

- 21.1 Following the receipt of any rebates from a pharmaceutical supplier in respect of a particular National Contract Pharmaceutical, PHARMAC will notify each relevant DHB and DHB Hospital of the amount of the rebate owing to it, being a portion of the total rebate determined by PHARMAC on the basis of that DHB Hospital's usage of that National Contract Pharmaceutical, where this is able to be determined. Where data to determine individual DHB Hospitals' usage is not available, PHARMAC will apportion rebates on the basis of an alternative method agreed between the relevant DHBs and PHARMAC.
- 21.2 PHARMAC will pay each DHB Hospital the rebate amounts (if any) owing to it, no less frequently than once each calendar quarter in respect of rebates received quarterly (or more often).

### 22 Price and Volume Data

- 22.1 DHB Hospitals must provide to PHARMAC, on a monthly basis in accordance with PHARMAC's requirements, any volume data and, unless it would result in a breach of a pre-existing contract, price data held by those DHB Hospitals in respect of any Hospital Pharmaceuticals listed in Part II of Section H of the Schedule.

- 22.2 All price and volume data provided to PHARMAC under rule 22.1 above should identify the relevant Hospital Pharmaceutical by using a Pharmacode or some other unique numerical identifier, and the date (month and year) on which the DHB Hospital incurred a cost for the purchase of that Hospital Pharmaceutical. Volume is to be measured in units (that being the smallest possible whole Unit – e.g. a capsule, a vial, a millilitre etc).

## MISCELLANEOUS PROVISIONS

### 23 Unapproved Pharmaceuticals

Prescribers should, where possible, prescribe Hospital Pharmaceuticals that are approved under the Medicines Act 1981. However, the funding criteria (including Restrictions) under which a Hospital Pharmaceutical is listed in Section H of the Schedule may:

- 23.1 in some cases, explicitly permit a DHB to fund a Pharmaceutical that is not approved under the Medicines Act 1981 or for an Unapproved Indication; or
- 23.2 not explicitly prohibit a DHB from funding a Pharmaceutical for use for an Unapproved Indication;
- Accordingly, if clinicians are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication, they should:
- 23.3 be aware of and comply with their obligations under sections 25 and/or 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;
- 23.4 be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that clinicians obtain written consent); and
- 23.5 exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication.

Clinicians should be aware that simply by listing a Pharmaceutical on the Pharmaceutical Schedule, PHARMAC makes no representations about whether that Pharmaceutical has any form of approval or consent under, or whether the supply or use of the Pharmaceutical otherwise complies with, the Medicines Act 1981. Further, the Pharmaceutical Schedule does not constitute an advertisement, advertising material or a medical advertisement as defined in the Medicines Act or otherwise.

## PART II: ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ANTACIDS AND ANTIFLATULENTS</b>			
<b>Antacids and Reflux Barrier Agents</b>			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE			
Oral liq 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg per 5 ml			(Mylanta)
Tab 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg			(Mylanta)
SIMETHICONE			
Oral drops 100 mg per ml			
SODIUM ALGINATE WITH MAGNESIUM ALGINATE			
Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet			(Gaviscon Infant)
SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE			
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml.....	4.95	500 ml	Acidex
Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg			(Gaviscon Double Strength)
SODIUM CITRATE			
Oral liq 8.8% (300 mmol/l)			
<b>Phosphate Binding Agents</b>			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE			
➔ Oral liq 250 mg per ml (100 mg elemental per ml) .....	39.00	500 ml	Roxane
<b>Restricted</b>			
Only for use in children under 12 years of age for use as a phosphate binding agent			
<b>ANTIDIARRHOEALS AND INTESTINAL ANTI-INFLAMMATORY AGENTS</b>			
<b>Antipropulsives</b>			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Cap 2 mg.....	8.95	400	Diamide Relief
Tab 2 mg			



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

## Rectal and Colonic Anti-Inflammatories

BUDESONIDE

→ Cap 3 mg

### Restricted

#### Crohn's disease

Both:

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

#### Collagenous and lymphocytic colitis (microscopic colitis)

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

#### Gut Graft versus Host disease

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

HYDROCORTISONE ACETATE

Rectal foam 10% (14 applications) – <b>1% DV Jan-13 to 2015</b> .....	25.30	21.1 g	<b>Colifoam</b>
---	-------	--------	-----------------

MESALAZINE

Tab 400 mg .....	49.50	100	Asacol
Tab EC 500 mg .....	49.50	100	Asamax
Tab long-acting 500 mg .....	59.05	100	Pentasa
Suppos 500 mg – <b>1% DV Sep-11 to 2014</b> .....	22.80	20	<b>Asacol</b>
Suppos 1 g .....	50.96	28	Pentasa
Enema 1 g per 100 ml – <b>1% DV Sep-12 to 2015</b> .....	44.12	7	<b>Pentasa</b>

OLSALAZINE

Cap 250 mg  
Tab 500 mg

SODIUM CROMOGLYCATe

Cap 100 mg

SULPHASALAZINE

Tab 500 mg .....	11.68	100	Salazopyrin
Tab EC 500 mg .....	12.89	100	Salazopyrin EN

## LOCAL PREPARATIONS FOR ANAL AND RECTAL DISORDERS

### Antihæmorrhoidal 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

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE</b>			
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

<b>GLYCERYL TRINITRATE</b>			
Oint 0.2%.....	22.00	30 g	Rectogesic

### Rectal Sclerosants

OILY PHENOL  
Inj 5%, 5 ml vial

## ANTISPASMODICS AND OTHER AGENTS ALTERING GUT MOTILITY

<b>GLYCOPYRRONIUM BROMIDE</b>			
Inj 0.2 mg per ml, 1 ml ampoule			
<b>HYOSCINE BUTYLBROMIDE</b>			
Inj 20 mg, 1 ml ampoule – 1% DV Nov-11 to 2014 .....	9.57	5	<b>Buscopan Gastrosoothe</b>
Tab 10 mg – 1% DV Sep-11 to 2014 .....	1.48	20	
<b>MEBEVERINE HYDROCHLORIDE</b>			
Tab 135 mg – 1% DV Sep-11 to 2014 .....	18.00	90	<b>Colofac</b>

## ANTIULCERANTS

### Antisecretory and Cytoprotective

MISOPROSTOL  
Tab 200 mcg

### H2 Antagonists

<b>CIMETIDINE</b>			
Tab 200 mg			
Tab 400 mg			
<b>RANITIDINE</b>			
Tab 150 mg – 1% DV Sep-11 to 2014 .....	6.79	250	<b>Arrow-Ranitidine Arrow-Ranitidine</b>
Tab 300 mg – 1% DV Sep-11 to 2014 .....	9.34	250	
Oral liq 150 mg per 10 ml – 1% DV Sep-11 to 2014.....	5.92	300 ml	<b>Peptisoothe</b>
Inj 25 mg per ml, 2 ml ampoule.....	8.75	5	Zantac

### Proton Pump Inhibitors

<b>LANSOPRAZOLE</b>			
Cap 15 mg – 1% DV Jan-13 to 2015 .....	2.00	28	<b>Solox</b>
Cap 30 mg – 1% DV Jan-13 to 2015 .....	2.32	28	<b>Solox</b>

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OMEPRAZOLE</b>			
Cap 10 mg – 1% DV Oct-11 to 2014.....	2.91	90	<b>Omezol Relief</b>
Cap 20 mg – 1% DV Oct-11 to 2014.....	3.78	90	<b>Omezol Relief</b>
Cap 40 mg – 1% DV Oct-11 to 2014.....	5.57	90	<b>Omezol Relief</b>
Powder for oral liq – 1% DV Sep-11 to 2014.....	42.50	5 g	<b>Midwest</b>
Inj 40 mg ampoule with diluent – 1% DV Sep-11 to 2014.....	28.65	5	<b>Dr Reddy's Omeprazole</b>
Inj 40 mg ampoule – 1% DV Sep-11 to 2014.....	19.00	5	<b>Dr Reddy's Omeprazole</b>

➔ Tab dispersible 20 mg

### Restricted

Only for use in tube-fed patients

### PANTOPRAZOLE

Tab 20 mg.....	1.23	28	Dr Reddy's Pantoprazole
Tab 40 mg.....	1.54	28	Dr Reddy's Pantoprazole
Inj 40 mg vial			

## Site Protective Agents

### BISMUTH TRIOXIDE

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

### SUCRALFATE

Tab 1 g

## BILE AND LIVER THERAPY

### L-ORNITHINE L-ASPARTATE

➔ Grans for oral liquid 3 g

### Restricted

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

## DIABETES

### Alpha Glucosidase Inhibitors

### ACARBOSE

Tab 50 mg – 1% DV Dec-12 to 2015.....	9.82	90	<b>Accarb</b>
Tab 100 mg – 1% DV Dec-12 to 2015.....	15.83	90	<b>Accarb</b>

### Hyperglycaemic Agents

### DIAZOXIDE

➔ Cap 25 mg.....	110.00	100	Proglicem
➔ Cap 100 mg.....	280.00	100	Proglicem

### Restricted

For patients with confirmed hypoglycaemia caused by hyperinsulinism

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
GLUCAGON HYDROCHLORIDE			
Inj 1 mg syringe kit.....	32.00	1	Glucagen Hypokit
GLUCOSE			
Gel 40%			
Tab 3.1 mg			
Tab 1.5 g			
GLUCOSE WITH SUCROSE AND FRUCTOSE			
Gel 19.7% with sucrose 35% and fructose 19.7%, 18 g sachet			

### Insulin – Intermediate-Acting Preparations

INSULIN ASPART WITH INSULIN ASPART PROTAMINE			
Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen.....	52.15	5	NovoMix 30 FlexPen
INSULIN ISOPHANE			
Inj insulin human 100 u per ml, 10 ml vial			
Inj insulin human 100 u per ml, 3 ml cartridge			
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge.....	52.15	5	Humalog Mix 25
Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge.....	52.15	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, 10 ml vial.....	63.00	1	Lantus
Inj 100 u per ml, 3 ml cartridge.....	94.50	5	Lantus
Inj 100 u per ml, 3 ml disposable pen.....	94.50	5	Lantus SoloStar

### Insulin – Rapid-Acting Preparations

INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
INSULIN GLULISINE			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra SoloStar

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

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

**Insulin – Short-Acting Preparations**

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

**Oral Hypoglycaemic Agents**

GLIBENCLAMIDE Tab 5 mg			
GLICLAZIDE Tab 80 mg – 1% DV Sep-11 to 2014 .....	17.60	500	<b>Apo-Gliclazide</b>
GLIPIZIDE Tab 5 mg – 1% DV Dec-12 to 2015 .....	3.00	100	<b>Minidiab</b>
METFORMIN Tab immediate-release 500 mg – 1% DV Oct-12 to 2015 .....	12.30	1,000	<b>Apotex</b>
Tab immediate-release 850 mg – 1% DV Oct-12 to 2015 .....	10.10	500	<b>Apotex</b>
PIOGLITAZONE Tab 15 mg – 1% DV Sep-12 to 2015 .....	1.50	28	<b>Pizaccord</b>
Tab 30 mg – 1% DV Sep-12 to 2015 .....	2.50	28	<b>Pizaccord</b>
Tab 45 mg – 1% DV Sep-12 to 2015 .....	3.50	28	<b>Pizaccord</b>

**DIGESTIVES INCLUDING ENZYMES**

PANCREATIC ENZYME Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease Cap EC 25,000 BP u lipase, 22,500 BP u amylase and 1,250 BP u protease Powder 25,000 u lipase with 30,000 u amylase and 1,400 u protease per g			
URSODEOXYCHOLIC ACID → Cap 250 mg – 1% DV May-12 to 2014 .....	71.50	100	<b>Ursosan</b>

**Restricted**

**Pregnancy/Cirrhosis**

Either:

1 Patient diagnosed with cholestasis of pregnancy; or

2 Both:

2.1 Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and

2.2 Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis).

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

**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.

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LAXATIVES</b>			
<b>Bowel-Cleansing Preparations</b>			
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			<i>(PicoPrep)</i>
MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet			<i>(Glycoprep-C)</i>
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			<i>(Glycoprep-C)</i>
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
<b>Bulk-Forming Agents</b>			
ISPAGHULA (PSYLLIUM) HUSK			
Powder for oral soln .....	6.02	500 g	Konsyl-D
STERCULIA WITH FRANGULA			
➔ Powder for oral soln			
<b>Restricted</b>			
For continuation only			
<b>Faecal Softeners</b>			
DOCUSATE SODIUM			
Cap 50 mg – 1% DV Sep-11 to 2014.....	2.57	100	<b>Laxofast 50</b>
Cap 120 mg – 1% DV Sep-11 to 2014.....	3.48	100	<b>Laxofast 120</b>
DOCUSATE SODIUM WITH SENNOSIDES			
Tab 50 mg with sennosides 8 mg.....	6.38	200	Laxsol
PARAFFIN			
Enema 133 ml			
Oral liquid 1 mg per ml			
POLOXAMER			
Oral drops 10% – 1% DV Sep-11 to 2014.....	3.78	30 ml	<b>Coloxyl</b>
<b>Osmotic Laxatives</b>			
GLYCEROL			
Suppos 1.27 g			
Suppos 2.55 g			
Suppos 3.6 g – 1% DV Jan-13 to 2015.....	6.50	20	<b>PSM</b>

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LACTULOSE</b>			
Oral liq 10 g per 15 ml.....	7.68	1,000 ml	Laevolac
<b>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE</b>			
→ 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 .....	10.00	30	Lax-Sachets Movicol
	18.14		
<b>Restricted</b>			
Either:			
1 The patient has problematic constipation requiring intervention with a per rectal preparation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; or			
2 For short-term use for faecal disimpaction.			
<b>SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE</b>			
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – <b>1% DV Sep-13 to 2016</b> .....	19.95	50	<b>Micolette</b>
<b>SODIUM PHOSPHATE WITH PHOSPHORIC ACID</b>			
Oral liq 16.4% with phosphoric acid 25.14%			
Enema 10% with phosphoric acid 6.58% .....	2.50	1	Fleet Phosphate Enema

### Stimulant Laxatives

<b>BISACODYL</b>			
Tab 5 mg .....	4.99	200	Lax-Tabs
Suppos 5 mg .....	3.00	6	Dulcolax
Suppos 10 mg .....	3.00	6	Dulcolax
<b>DANTHRON WITH POLOXAMER</b>			
→ Oral liq 25 mg with poloxamer 200 mg per 5 ml.....	21.30	300 ml	Pinorax
→ Oral liq 75 mg with poloxamer 1 g per 5 ml.....	43.60	300 ml	Pinorax Forte

#### Restricted

Only for the prevention or treatment of constipation in the terminally ill

#### SENNOSIDES

Tab 7.5 mg

### METABOLIC DISORDER AGENTS

#### ARGININE

Powder

Inj 600 mg per ml, 25 ml vial

#### BETAINE

→ Powder

#### Restricted

Metabolic disorders physician or metabolic disorders dietitian

#### HAEM ARGINATE

Inj 25 mg per ml, 10 ml ampoule

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### IMIGLUCERASE

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

#### Restricted

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

### LEVOCARNITINE

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

#### Restricted

Metabolic disorders physician, metabolic disorders dietitian or neurologist

### SODIUM BENZOATE

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

### SODIUM PHENYLBUTYRATE

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

### TRIENTINE DIHYDROCHLORIDE

- Cap 300 mg

## MINERALS

### Calcium

#### CALCIUM CARBONATE

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

### Fluoride

#### SODIUM FLUORIDE

- Tab 1.1 mg (0.5 mg elemental)

### Iodine

#### POTASSIUM IODATE

- Tab 256 mcg (150 mcg elemental iodine)

#### POTASSIUM IODATE WITH IODINE

- Oral liq 10% with iodine 5%

### Iron

#### FERROUS FUMARATE

Tab 200 mg (65 mg elemental) .....	4.35	100	Ferro-tab
------------------------------------	------	-----	-----------



## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
FERROUS FUMARATE WITH FOLIC ACID Tab 310 mg (100 mg elemental) with folic acid 350 mcg.....	4.75	60	Ferro-F-Tabs
FERROUS GLUCONATE WITH ASCORBIC ACID Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg			
FERROUS SULPHATE Oral liq 30 mg (6 mg elemental) per ml .....	10.30	500 ml	Ferodan
Tab long-acting 325 mg (105 mg elemental)			
FERROUS SULPHATE WITH ASCORBIC ACID Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			
FERROUS SULPHATE WITH FOLIC ACID Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg			
IRON POLYMALTOSE Inj 50 mg per ml, 2 ml ampoule – <b>1% DV Oct-11 to 2014</b> .....	19.90	5	<b>Ferrum H</b>
IRON SUCROSE Inj 20 mg per ml, 5 ml ampoule.....	100.00	5	Venofer

### Magnesium

MAGNESIUM HYDROXIDE Tab 5 mg Tab 311 mg			
MAGNESIUM SULPHATE Inj 0.4 mmol per ml, 250 ml bag Inj 2 mmol per ml, 5 ml ampoule – <b>1% DV Feb-13 to 2015</b> .....	18.35	10	<b>Martindale</b>

### Zinc

ZINC Oral liq 5 mg per drop			
ZINC CHLORIDE Inj 5.3 mg per ml, 2 ml ampoule			
ZINC SULPHATE Cap 137.4 mg (50 mg elemental) – <b>1% DV Nov-11 to 2014</b> .....	11.00	100	<b>Zincaps</b>

## VITAMINS

### Vitamin A

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

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Vitamin B</b>			
HYDROXOCOBALAMIN ACETATE Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-12 to 2015 .....	5.10	3	<b>ABM</b> Hydroxocobalamin
PYRIDOXINE HYDROCHLORIDE Tab 25 mg – 1% DV Sep-11 to 2014 .....	2.20	90	<b>PyridoxADE</b>
Tab 50 mg – 1% DV Sep-11 to 2014 .....	12.16	500	<b>Apo-Pyridoxine</b>
Inj 100 mg per ml, 1 ml ampoule			
THIAMINE HYDROCHLORIDE Tab 50 mg Tab 100 mg Inj 100 mg per ml, 2 ml vial			
VITAMIN B COMPLEX Tab, strong, BPC			
<b>Vitamin C</b>			
ASCORBIC ACID Tab 100 mg .....	13.80	500	Vitala-C
Tab chewable 250 mg			
<b>Vitamin D</b>			
ALFACALCIDOL Cap 0.25 mcg .....	26.32	100	One-Alpha
Cap 1 mcg .....	87.98	100	One-Alpha
Oral drops 2 mcg per ml			
CALCITRIOL Cap 0.25 mcg .....	3.03	30	Airflow
	10.10	100	Calcitriol-AFT
Cap 0.5 mcg .....	5.62	30	Airflow
	18.73	100	Calcitriol-AFT
Oral liq 1 mcg per ml .....	39.40	10 ml	Rocaltrol
Inj 1 mcg per ml, 1 ml ampoule			
CHOLECALCIFEROL Tab 1.25 mg (50,000 iu) .....	7.76	12	Cal-d-Forte
<b>Vitamin E</b>			
ALPHA TOCOPHERYL ACETATE → Cap 100 u → Cap 500 u → Oral liq 156 u per ml			
<b>Restricted</b> <b>Cystic fibrosis</b> Both: 1 Cystic fibrosis patient; and 2 Either:			

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

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

### Osteoradionecrosis

For the treatment of osteoradionecrosis

### Other indications

All of the following:

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

## Multivitamin Preparations

### MULTIVITAMINS

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

### Restricted

Either:

- 1 Patient has cystic fibrosis with pancreatic insufficiency; or
  - 2 Patient is an infant or child with liver disease or short gut syndrome.
- ➔ 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 *(Paediatric Seravit)*

### Restricted

Patient has inborn errors of metabolism.

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

### VITAMIN A WITH VITAMINS D AND C

- Soln 1000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops *(Vitadol C)*

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### MOUTH AND THROAT

#### Agents Used in Mouth Ulceration

##### BENZYDAMINE HYDROCHLORIDE

Soln 0.15%  
Spray 0.15%

##### BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE

Lozenge 3 mg with cetylpyridinium chloride

##### CARBOXYMETHYLCELLULOSE

Oral spray

##### CHLORHEXIDINE GLUCONATE

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

##### CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE

Adhesive gel 8.7% with cetalkonium chloride 0.01%

##### DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL

Lozenge 1.2 mg with amylmetacresol 0.6 mg

##### SODIUM CARBOXYMETHYLCELLULOSE WITH PECTIN AND GELATINE

Paste  
Powder

##### TRIAMCINOLONE ACETONIDE

Paste 0.1% – 1% DV Sep-11 to 2014 ..... 4.34      5 g      **Oracort**

#### Oropharyngeal Anti-Infectives

##### AMPHOTERICIN B

Lozenge 10 mg ..... 5.86      20      Fungiilin

##### MICONAZOLE

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

##### NYSTATIN

Oral liquid 100,000 iu per ml – 1% DV Sep-11 to 2014 ..... 3.19      24 ml      **Nilstat**

#### Other Oral Agents

##### SODIUM HYALURONATE

→ Inj 20 mg per ml, 1 ml syringe

**Restricted** – otolaryngologists

##### THYMOL GLYCERIN

Compound, BPC

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**ANTIANAEMICS**
**Hypoplastic and Haemolytic**
**ERYTHROPOIETIN ALPHA**

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

**Restricted**

Both:

1 Both:

- 1.1 Patient in chronic renal failure; and
- 1.2 Haemoglobin  $\leq$  100g/L; and

2 Any of the following:

2.1 Both:

- 2.1.1 Patient is not diabetic; and
- 2.1.2 Glomerular filtration rate  $\leq$  30ml/min; or

2.2 Both:

- 2.2.1 Patient is diabetic; and
- 2.2.2 Glomerular filtration rate  $\leq$  45ml/min; or

2.3 Patient is on haemodialysis or peritoneal dialysis.

**ERYTHROPOIETIN BETA**

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

**Restricted**

Both:

1 Both:

- 1.1 Patient in chronic renal failure; and
- 1.2 Haemoglobin  $\leq$  100g/L; and

2 Any of the following:

2.1 Both:

- 2.1.1 Patient is not diabetic; and
- 2.1.2 Glomerular filtration rate  $\leq$  30ml/min; or

2.2 Both:

- 2.2.1 Patient is diabetic; and
- 2.2.2 Glomerular filtration rate  $\leq$  45ml/min; or

2.3 Patient is on haemodialysis or peritoneal dialysis.

**Megaloblastic**
**FOLIC ACID**

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

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### ANTIFIBRINOLYTICS, HAEMOSTATICS AND LOCAL SCLEROSANTS

#### FERRIC SUBSULFATE

Soln 500 ml  
Gel 25.9%

#### POLIDOCANOL

Inj 0.5%, 30 ml vial

#### SODIUM TETRADECYL SULPHATE

Inj 3%, 2 ml ampoule

#### THROMBIN

Powder

#### TRANEXAMIC ACID

Tab 500 mg .....	32.92	100	Cyklokapron
Inj 100 mg per ml, 5 ml ampoule.....	124.73	10	Cyklokapron

### Blood Factors

#### EPTACOG ALFA [RECOMBINANT FACTOR VIIA]

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

#### MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII]

Inj 250 iu vial .....	225.00	1	Xyntha
Inj 500 iu vial .....	450.00	1	Xyntha
Inj 1,000 iu vial .....	900.00	1	Xyntha
Inj 2,000 iu vial .....	1,800.00	1	Xyntha
Inj 3,000 iu vial .....	2,700.00	1	Xyntha

#### NONACOG ALFA [RECOMBINANT FACTOR IX]

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

#### OCTOCOG ALFA [RECOMBINANT FACTOR VIII]

Inj 250 iu vial .....	237.50	1	Advate
	250.00		Kogenate FS
Inj 500 iu vial .....	475.00	1	Advate
	500.00		Kogenate FS
Inj 1,000 iu vial .....	950.00	1	Advate
	1,000.00		Kogenate FS
Inj 1,500 iu vial .....	1,425.00	1	Advate
Inj 2,000 iu vial .....	1,900.00	1	Advate
	2,000.00		Kogenate FS
Inj 3,000 iu vial .....	2,850.00	1	Advate
	3,000.00		Kogenate FS

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Vitamin K</b>			
PHYTOMENADIONE			
Inj 2 mg in 0.2 ml ampoule.....	8.00	5	Konaktion MM
Inj 10 mg per ml, 1 ml ampoule.....	9.21	5	Konaktion MM
<b>ANTITHROMBOTICS</b>			
<b>Anticoagulants</b>			
BIVALIRUDIN			
➔ Inj 250 mg vial			
<b>Restricted</b>			
Either:			
1 For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance; or			
2 For use in patients undergoing endovascular procedures.			
DABIGATRAN			
Cap 75 mg.....	148.00	60	Pradaxa
Cap 110 mg.....	148.00	60	Pradaxa
Cap 150 mg.....	148.00	60	Pradaxa
DALTEPARIN			
Inj 2,500 iu in 0.2 ml syringe.....	19.97	10	Fragmin
Inj 5,000 iu in 0.2 ml syringe.....	39.94	10	Fragmin
Inj 7,500 iu in 0.75 ml syringe.....	60.03	10	Fragmin
Inj 10,000 iu in 1 ml syringe.....	77.55	10	Fragmin
Inj 12,500 iu in 0.5 ml syringe.....	99.96	10	Fragmin
Inj 15,000 iu in 0.6 ml syringe.....	120.05	10	Fragmin
Inj 18,000 iu in 0.72 ml syringe.....	158.47	10	Fragmin
DANAPAROID			
➔ Inj 750 u in 0.6 ml ampoule			
<b>Restricted</b>			
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance.			
DEFIBROTIDE			
➔ Inj 80 mg per ml, 2.5 ml ampoule			
<b>Restricted</b> – Haematologist			
Patient has moderate or severe sinusoidal obstruction syndrome as a result of regime-related toxicities after allogeneic stem cell transplantation.			
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			
Inj 20 mg in 0.2 ml syringe – 1% DV Sep-12 to 2015.....	37.24	10	Clexane
Inj 40 mg in 0.4 ml syringe – 1% DV Sep-12 to 2015.....	49.69	10	Clexane
Inj 60 mg in 0.6 ml syringe – 1% DV Sep-12 to 2015.....	74.91	10	Clexane
Inj 80 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015.....	99.86	10	Clexane
Inj 100 mg in 1 ml syringe – 1% DV Sep-12 to 2015.....	125.06	10	Clexane
Inj 120 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015.....	155.40	10	Clexane
Inj 150 mg in 1 ml syringe – 1% DV Sep-12 to 2015.....	177.60	10	Clexane

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FONDAPARINUX SODIUM</b>			
→ Inj 2.5 mg in 0.5 ml syringe			
→ Inj 7.5 mg in 0.6 ml syringe			
<b>Restricted</b>			
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance.			
<b>HEPARIN SODIUM</b>			
Inj 100 iu per ml, 250 ml bag			
Inj 1,000 iu per ml, 1 ml ampoule.....	66.80	50	Mayne
Inj 1,000 iu per ml, 5 ml ampoule.....	11.44	10	Pfizer
	46.30	50	Pfizer
Inj 1,000 iu per ml, 35 ml ampoule			
Inj 5,000 iu per ml, 1 ml ampoule.....	14.20	5	Mayne
Inj 5,000 iu per ml, 5 ml ampoule.....	182.00	50	Pfizer
Inj 5,000 iu in 0.2 ml ampoule			
<b>HEPARINISED SALINE</b>			
Inj 10 iu per ml, 5 ml ampoule.....	32.50	50	Pfizer
Inj 100 iu per ml, 2 ml ampoule			
Inj 100 iu per ml, 5 ml ampoule			
<b>PHENINDIONE</b>			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
<b>PROTAMINE SULPHATE</b>			
Inj 10 mg per ml, 5 ml ampoule			
<b>RIVAROXABAN</b>			
→ Tab 10 mg.....	153.00	15	Xarelto
<b>Restricted</b>			
Either:			
1 Limited to five weeks' treatment for the prophylaxis of venous thromboembolism following a total hip replacement; or			
2 Limited to two weeks' treatment for the prophylaxis of venous thromboembolism following a total knee replacement.			
<b>SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE</b>			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
<b>TRISODIUM CITRATE</b>			
Inj 4%, 5 ml ampoule			
Inj 46.7%, 5 ml ampoule			
<b>WARFARIN SODIUM</b>			
Tab 1 mg			
Tab 2 mg			
Tab 3 mg			
Tab 5 mg			



## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antiplatelets</b>			
ASPIRIN			
Tab 100 mg			
Suppos 300 mg			
CLOPIDOGREL			
Tab 75 mg .....	16.25	90	Apo-Clopidogrel
DIPYRIDAMOLE			
Tab 25 mg			
Tab long-acting 150 mg – 1% DV Oct-11 to 2014 .....	11.52	60	<b>Pytazen SR</b>
Inj 5 mg per ml, 2 ml ampoule			
EPTIFIBATIDE			
→ Inj 750 mcg per ml, 100 ml vial .....	324.00	1	Integrilin
→ Inj 2 mg per ml, 10 ml vial .....	111.00	1	Integrilin
<b>Restricted</b>			
For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention.			
PRASUGREL			
→ Tab 5 mg .....	108.00	28	Effient
→ Tab 10 mg .....	120.00	28	Effient
<b>Restricted</b>			
<b>Bare metal stents</b>			
<i>Limited to 6 months' treatment</i>			
Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.			
<b>Drug-eluting stents</b>			
<i>Limited to 12 months' treatment</i>			
Patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.			
<b>Stent thrombosis</b>			
Patient has experienced cardiac stent thrombosis whilst on clopidogrel.			
<b>Myocardial infarction</b>			
<i>Limited to 7 days' treatment</i>			
For short term use while in hospital following ST-elevated myocardial infarction.			
Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.			
TICLOPIDINE			
Tab 250 mg			
<b>Fibrinolytic Agents</b>			
ALTEPLASE			
Inj 10 mg vial			
Inj 50 mg vial			
STREPTOKINASE			
Inj 250,000 iu vial .....	117.70	1	Streptase
Inj 1,500,000 iu vial .....	188.10	1	Streptase
TENECTEPLASE			
Inj 50 mg vial			

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>UROKINASE</b>			
Inj 10,000 iu vial			
Inj 50,000 iu vial			
Inj 100,000 iu vial			
Inj 500,000 iu vial			

## COLONY-STIMULATING FACTORS

### Granulocyte Colony-Stimulating Factors

<b>FILGRASTIM</b>			
→ Inj 300 mcg in 1 ml vial	650.00	5	Neupogen
→ Inj 300 mcg in 0.5 ml syringe			
- 1% DV Jan-13 to 31 Dec 2015	540.00	5	Zarzio
→ Inj 480 mcg in 0.5 ml syringe			
- 1% DV Jan-13 to 31 Dec 2015	864.00	5	Zarzio

#### Restricted

Oncologist or haematologist

#### PEGFILGRASTIM

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

#### Restricted

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

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

## FLUIDS AND ELECTROLYTES

### Intravenous Administration

#### CALCIUM CHLORIDE

Inj 100 mg per ml, 10 ml vial

#### CALCIUM GLUCONATE

Inj 10%, 10 ml ampoule	21.40	10	Mayne
------------------------	-------	----	-------

#### COMPOUND ELECTROLYTES

Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag	5.00	500 ml	Baxter
---	------	--------	--------

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

#### COMPOUND ELECTROLYTES WITH GLUCOSE

Inj glucose 50 g with 140 mmol/l sodium, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, bag	7.00	1,000 ml	Baxter
---	------	----------	--------

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]</b>			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, bag .....	1.77	500 ml	Baxter
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, bag .....	1.80	1,000 ml	Baxter
<b>COMPOUND SODIUM LACTATE WITH GLUCOSE</b>			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l and glucose 5%, bag .....	5.38	1,000 ml	Baxter
<b>GLUCOSE</b>			
Inj 5%, bag .....	2.87	50 ml	Baxter
Inj 5%, bag .....	2.84	100 ml	Baxter
Inj 5%, bag .....	3.87	250 ml	Baxter
Inj 5%, bag .....	1.77	500 ml	Baxter
Inj 5%, bag .....	1.80	1,000 ml	Baxter
Inj 10%, bag .....	3.70	500 ml	Baxter
Inj 10%, bag .....	5.29	1,000 ml	Baxter
Inj 50%, 10 ml ampoule – <b>1% DV Sep-11 to 2014</b> .....	19.50	5	<b>Biomed</b>
Inj 50%, 90 ml bottle – <b>1% DV Sep-11 to 2014</b> .....	11.25	1	<b>Biomed</b>
Inj 50%, bag .....	6.84	500 ml	Baxter
Inj 70%, 500 ml bag			
Inj 70%, 1,000 ml bag			
<b>GLUCOSE WITH POTASSIUM CHLORIDE</b>			
Inj 5% glucose with 20 mmol/l potassium chloride, bag .....	7.36	1,000 ml	Baxter
Inj 5% glucose with 30 mmol/l potassium chloride, 1,000 ml bag			
Inj 10% glucose with 10 mmol/l potassium chloride, 500 ml bag			
<b>GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag .....	3.45	500 ml	Baxter
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag .....	4.30	1,000 ml	Baxter
Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag .....	3.62	1,000 ml	Baxter
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
<b>GLUCOSE WITH SODIUM CHLORIDE</b>			
Inj glucose 2.5% with sodium chloride 0.45%, bag .....	4.95	500 ml	Baxter
Inj glucose 5% with sodium chloride 0.2%, 500 ml bag			
Inj glucose 5% with sodium chloride 0.45%, bag .....	5.80	1,000 ml	Baxter
Inj glucose 5% with sodium chloride 0.9%, bag .....	4.54	1,000 ml	Baxter
<b>POTASSIUM CHLORIDE</b>			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</b>			
Inj 10 mmol/l potassium chloride with 0.29% sodium chloride, 100 ml bag			
Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag.....	3.85	1,000 ml	Baxter
Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag.....	2.59	1,000 ml	Baxter
Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag.....	6.62	1,000 ml	Baxter
Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, 100 ml bag			
<b>POTASSIUM DIHYDROGEN PHOSPHATE</b>			
Inj 1 mmol per ml, 10 ml ampoule			
<b>RINGER'S SOLUTION</b>			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag.....	5.13	1,000 ml	Baxter
<b>SODIUM ACETATE</b>			
Inj 4 mmol per ml, 20 ml ampoule			
<b>SODIUM BICARBONATE</b>			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial .....	19.95	1	Biomed
Inj 8.4%, 100 ml vial .....	20.50	1	Biomed
<b>SODIUM CHLORIDE</b>			
Inj 0.45%, bag.....	5.50	500 ml	Baxter
➔ Inj 0.9%, 3 ml syringe			
➔ Inj 0.9%, 5 ml syringe			
➔ Inj 0.9%, 10 ml syringe			
Inj 0.9%, 5 ml ampoule .....	10.85	50	Multichem
	15.50		Pfizer
Inj 0.9%, 10 ml ampoule .....	11.50	50	Multichem
	15.50		Pfizer
Inj 0.9%, 20 ml ampoule .....	8.41	20	Multichem
Inj 0.9%, bag.....	3.01	50 ml	Baxter
Inj 0.9%, bag.....	2.28	100 ml	Baxter
Inj 0.9%, bag.....	3.60	250 ml	Baxter
Inj 0.9%, bag.....	1.70	500 ml	Freeflex
	1.77		Baxter
Inj 0.9%, bag.....	1.71	1,000 ml	Freeflex
	1.80		Baxter
Inj 1.8%, 500 ml bottle			
Inj 3%, bag.....	5.69	1,000 ml	Baxter
Inj 23.4% (4 mmol/ml), 20 ml – <b>1% Sep-13 to 2016</b> .....	31.25	5	<b>Biomed</b>

### Restricted

For use in flushing of in-situ vascular access devices only.

### SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]

Inj 1 mmol per ml, 20 ml ampoule

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>WATER</b>			
Inj 5 ml ampoule .....	10.25	50	Multichem
Inj 10 ml ampoule .....	11.25	50	Multichem
Inj 20 ml ampoule .....	6.50	20	Multichem
Inj 250 ml bag			
Inj 500 ml bag.....	2.61	500 ml	Baxter
Inj 1,000 ml bag.....	2.75	1,000 ml	Baxter

### Oral Administration

<b>CALCIUM POLYSTYRENE SULPHONATE</b>			
Powder .....	169.85	300 g	Calcium Resonium
<b>COMPOUND ELECTROLYTES</b>			
Powder for oral soln			
<b>COMPOUND ELECTROLYTES WITH GLUCOSE</b>			
Soln with electrolytes			
<b>PHOSPHORUS</b>			
Tab eff 500 mg			
<b>POTASSIUM CHLORIDE</b>			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – <b>1% DV Oct-12 to 2015</b> .....	7.42	200	<b>Span-K</b>
Oral liq 2 mmol per ml			
<b>SODIUM BICARBONATE</b>			
Cap 840 mg.....	8.52	100	Sodibic
<b>SODIUM CHLORIDE</b>			
Tab 600 mg			
Oral liq 2 mmol/ml			
<b>SODIUM POLYSTYRENE SULPHONATE</b>			
Powder			

### Plasma Volume Expanders

<b>GELATINE, SUCCINYLATED</b>			
Inj 4%, 500 ml bag .....	92.50	10	Gelifusal
	108.00	10	Gelofusine
<b>HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE</b>			
Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml bag .....			
	198.00	20	Volulyte 6%
<b>HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE</b>			
Inj 6% with sodium chloride 0.9%, 500 ml bag .....	198.00	20	Voluven

# CARDIOVASCULAR SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>AGENTS AFFECTING THE RENIN-ANGIOTENSIN SYSTEM</b>			
<b>ACE Inhibitors</b>			
<b>CAPTOPRIL</b>			
Tab 12.5 mg .....	2.00	100	m-Captopril
Tab 25 mg .....	2.40	100	m-Captopril
Tab 50 mg .....	3.50	100	m-Captopril
➔ Oral liq 5 mg per ml.....	94.99	95 ml	Capoten
<b>Restricted</b>			
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.			
<b>CILAZAPRIL</b>			
Tab 0.5 mg – 1% DV Sep-13 to 2016 .....	2.00	90	<b>Zapril</b>
Tab 2.5 mg – 1% DV Sep-13 to 2016 .....	4.31	90	<b>Zapril</b>
Tab 5 mg – 1% DV Sep-13 to 2016 .....	6.98	90	<b>Zapril</b>
<b>ENALAPRIL MALEATE</b>			
Tab 5 mg – 1% DV Dec-12 to 2015 .....	1.07	90	<b>m-Enalapril</b>
Tab 10 mg – 1% DV Dec-12 to 2015 .....	1.32	90	<b>m-Enalapril</b>
Tab 20 mg – 1% DV Dec-12 to 2015 .....	1.72	90	<b>m-Enalapril</b>
<b>LISINOPRIL</b>			
Tab 5 mg – 1% DV Jan-13 to 2015 .....	3.58	90	<b>Arrow-Lisinopril</b>
Tab 10 mg – 1% DV Jan-13 to 2015 .....	4.08	90	<b>Arrow-Lisinopril</b>
Tab 20 mg – 1% DV Jan-13 to 2015 .....	4.88	90	<b>Arrow-Lisinopril</b>
<b>PERINDOPRIL</b>			
Tab 2 mg .....	3.75	30	Apo-Perindopril
Tab 4 mg .....	4.80	30	Apo-Perindopril
<b>QUINAPRIL</b>			
Tab 5 mg – 1% DV Apr-13 to 2015 .....	3.44	90	<b>Arrow-Quinapril 5</b>
Tab 10 mg – 1% DV Apr-13 to 2015 .....	4.64	90	<b>Arrow-Quinapril 10</b>
Tab 20 mg – 1% DV Apr-13 to 2015 .....	6.34	90	<b>Arrow-Quinapril 20</b>
<b>TRANDOLAPRIL</b>			
➔ Cap 1 mg			
➔ Cap 2 mg			
<b>Restricted</b>			
For continuation only			
<b>ACE Inhibitors with Diuretics</b>			
<b>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</b>			
Tab 5 mg with hydrochlorothiazide 12.5 mg .....	6.30	28	Inhibace Plus
<b>ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE</b>			
➔ Tab 20 mg with hydrochlorothiazide 12.5 mg			
<b>Restricted</b>			
For continuation only			

➔ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</b>			
Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015 .....	3.37	30	<b>Accuretic 10</b>
Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015 .....	4.57	30	<b>Accuretic 20</b>

### Angiotensin II Antagonists

<b>CANDESARTAN CILEXETIL</b>			
→ Tab 4 mg – 1% DV Nov-12 to 2015 .....	4.13	90	<b>Candestar</b>
→ Tab 8 mg – 1% DV Nov-12 to 2015 .....	6.10	90	<b>Candestar</b>
→ Tab 16 mg – 1% DV Nov-12 to 2015 .....	10.18	90	<b>Candestar</b>
→ Tab 32 mg – 1% DV Nov-12 to 2015 .....	17.66	90	<b>Candestar</b>

#### Restricted

#### ACE inhibitor intolerance

Either:

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

#### Unsatisfactory response to ACE inhibitor

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

<b>LOSARTAN POTASSIUM</b>			
Tab 12.5 mg – 1% DV Dec-11 to 2014 .....	2.88	90	<b>Lostaar</b>
Tab 25 mg – 1% DV Dec-11 to 2014 .....	3.20	90	<b>Lostaar</b>
Tab 50 mg – 1% DV Dec-11 to 2014 .....	5.22	90	<b>Lostaar</b>
Tab 100 mg – 1% DV Dec-11 to 2014 .....	8.68	90	<b>Lostaar</b>

### Angiotensin II Antagonists with Diuretics

<b>LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE</b>			
Tab 50 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-11 to 2014 .....	4.89	30	<b>Arrow-Losartan &amp; Hydrochlorothiazide</b>

### ALPHA-ADRENOCEPTOR BLOCKERS

<b>DOXAZOSIN</b>			
Tab 2 mg – 1% DV Jun-11 to 2014 .....	8.23	500	<b>Apo-Doxazosin</b>
Tab 4 mg – 1% DV Jun-11 to 2014 .....	12.40	500	<b>Apo-Doxazosin</b>

#### PHENOXYBENZAMINE HYDROCHLORIDE

Cap 10 mg

Inj 50 mg per ml, 2 ml ampoule

#### PHENTOLAMINE MESYLATE

Inj 10 mg per ml, 1 ml ampoule

#### PRAZOSIN

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

## CARDIOVASCULAR SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>TERAZOSIN</b>			
Tab 1 mg – 1% DV Sep-13 to 2016 .....	0.50	28	<b>Arrow</b>
Tab 2 mg – 1% DV Sep-13 to 2016 .....	0.45	28	<b>Arrow</b>
Tab 5 mg – 1% DV Sep-13 to 2016 .....	0.68	28	<b>Arrow</b>

## ANTIARRHYTHMICS

### ADENOSINE

- Inj 3 mg per ml, 2 ml vial
- ➔ Inj 3 mg per ml, 10 ml vial

#### Restricted

For use in cardiac catheterisation, electrophysiology and MRI.

### AJMALINE

- ➔ Inj 5 mg per ml, 10 ml ampoule

#### Restricted

Cardiologist

### AMIODARONE HYDROCHLORIDE

- Inj 50 mg per ml, 3 ml ampoule – 1% DV Aug-13 to 2016 ..... 22.80      6      **Cordarone-X**
- Tab 100 mg
- Tab 200 mg

### ATROPINE SULPHATE

- Inj 600 mcg per ml, 1 ml ampoule – 1% DV Jan-13 to 2015 ..... 71.00      50      **AstraZeneca**

### DIGOXIN

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

### DISOPYRAMIDE PHOSPHATE

- Cap 100 mg
- Cap 150 mg

### FLECAINIDE ACETATE

- Tab 50 mg ..... 45.82      60      Tambocor
- Tab 100 mg ..... 80.92      60      Tambocor
- Cap long-acting 100 mg ..... 45.82      30      Tambocor CR
- Cap long-acting 200 mg ..... 80.92      30      Tambocor CR
- Inj 10 mg per ml, 15 ml ampoule ..... 52.45      5      Tambocor

### MEXILETINE HYDROCHLORIDE

- Cap 150 mg ..... 65.00      100      Mexiletine  
Hydrochloride USP
- Cap 250 mg ..... 102.00      100      Mexiletine  
Hydrochloride USP

### PROPAFENONE HYDROCHLORIDE

- Tab 150 mg



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**ANTIHYPOTENSIVES**

- MIDODRINE  
 → Tab 2.5 mg  
 → Tab 5 mg

**Restricted**

All of the following:

- 1 Disabling orthostatic hypotension not due to drugs; and
- 2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and
- 3 Patient has tried non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.

**BETA-ADRENOCEPTOR BLOCKERS**

**ATENOLOL**

Tab 50 mg – <b>1% DV Oct-12 to 2015</b> .....	5.56	500	<b>Mylan Atenolol</b>
Tab 100 mg – <b>1% DV Oct-12 to 2015</b> .....	9.12	500	<b>Mylan Atenolol</b>
Oral liq 5 mg per ml.....	21.25	300 ml	Atenolol AFT

**BISOPROLOL**

Tab 2.5 mg .....	3.88	30	Bosvate
Tab 5 mg .....	4.74	30	Bosvate
Tab 10 mg .....	9.18	30	Bosvate

**CARVEDILOL**

Tab 6.25 mg .....	21.00	30	Dilatrend
Tab 12.5 mg .....	27.00	30	Dilatrend
Tab 25 mg .....	33.75	30	Dilatrend

**CELIPROLOL**

Tab 200 mg .....	19.00	180	Celol
------------------	-------	-----	-------

**ESMOLOL HYDROCHLORIDE**

Inj 10 mg per ml, 10 ml vial

**LABELALOL**

Tab 50 mg .....	8.23	100	Hybloc
Tab 100 mg .....	10.06	100	Hybloc
Tab 200 mg .....	17.55	100	Hybloc
Tab 400 mg			
Inj 5 mg per ml, 20 ml ampoule			

**METOPROLOL SUCCINATE**

Tab long-acting 23.75 mg – <b>1% DV Sep-12 to 2015</b> .....	0.96	30	<b>Metoprolol - AFT CR</b>
Tab long-acting 47.5 mg – <b>1% DV Sep-12 to 2015</b> .....	1.41	30	<b>Metoprolol - AFT CR</b>
Tab long-acting 95 mg – <b>1% DV Sep-12 to 2015</b> .....	2.42	30	<b>Metoprolol - AFT CR</b>
Tab long-acting 190 mg – <b>1% DV Sep-12 to 2015</b> .....	4.66	30	<b>Metoprolol - AFT CR</b>

**METOPROLOL TARTRATE**

Tab 50 mg – <b>1% DV Aug-12 to 2015</b> .....	16.00	100	<b>Lopresor</b>
Tab 100 mg – <b>1% DV Aug-12 to 2015</b> .....	21.00	60	<b>Lopresor</b>
Tab long-acting 200 mg – <b>1% DV Aug-12 to 2015</b> .....	18.00	28	<b>Slow-Lopresor</b>
Inj 1 mg per ml, 5 ml vial – <b>1% DV Dec-12 to 2015</b> .....	24.00	5	<b>Lopresor</b>

## CARDIOVASCULAR SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>NADOLOL</b>			
Tab 40 mg – 1% DV Apr-13 to 2015.....	15.57	100	<b>Apo-Nadolol</b>
Tab 80 mg – 1% DV Apr-13 to 2015.....	23.74	100	<b>Apo-Nadolol</b>
<b>PINDOLOL</b>			
Tab 5 mg.....	5.40	100	Apo-Pindolol
Tab 10 mg.....	9.19	100	Apo-Pindolol
Tab 15 mg.....	13.80	100	Apo-Pindolol
<b>PROPRANOLOL</b>			
Tab 10 mg.....	3.65	100	Apo-Propranolol
Tab 40 mg.....	4.65	100	Apo-Propranolol
Cap long-acting 160 mg.....	16.06	100	Cardinol LA
Oral liq 4 mg per ml			
Inj 1 mg per ml, 1 ml ampoule			
<b>SOTALOL</b>			
Tab 80 mg.....	27.50	500	Mylan
Tab 160 mg.....	10.50	100	Mylan
Inj 10 mg per ml, 4 ml ampoule.....	65.39	5	Sotacor
<b>TIMOLOL MALEATE</b>			
Tab 10 mg			

## CALCIUM CHANNEL BLOCKERS

### Dihydropyridine Calcium Channel Blockers

<b>AMLODIPINE</b>			
Tab 2.5 mg – 1% DV Mar-12 to 2014.....	2.45	100	<b>Apo-Amlodipine</b>
Tab 5 mg – 1% DV Oct-11 to 2014.....	2.65	100	<b>Apo-Amlodipine</b>
Tab 10 mg – 1% DV Oct-11 to 2014.....	4.15	100	<b>Apo-Amlodipine</b>
<b>FELODIPINE</b>			
Tab long-acting 2.5 mg – 1% DV Sep-12 to 2015.....	2.90	30	<b>Plendil ER</b>
Tab long-acting 5 mg – 1% DV Nov-12 to 2015.....	3.10	30	<b>Plendil ER</b>
Tab long-acting 10 mg – 1% DV Nov-12 to 2015.....	4.60	30	<b>Plendil ER</b>
<b>ISRADIPINE</b>			
Tab 2.5 mg			
Cap long-acting 2.5 mg			
Cap long-acting 5 mg			
<b>NIFEDIPINE</b>			
Cap 5 mg			
Tab long-acting 10 mg			
Tab long-acting 20 mg.....	7.30	100	Nyefax Retard
Tab long-acting 30 mg.....	8.56	30	Adefin XL
Tab long-acting 60 mg.....	12.28	30	Arrow-Nifedipine XR
			Adefin XL
			Arrow-Nifedipine XR
<b>NIMODIPINE</b>			
Tab 30 mg			
Inj 200 mcg per ml, 50 ml vial			

➔ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Other Calcium Channel Blockers</b>			
<b>DILTIAZEM HYDROCHLORIDE</b>			
Tab 30 mg – <b>5% DV Sep-12 to 2015</b> .....	4.60	100	<b>Dilzem</b>
Tab 60 mg – <b>5% DV Sep-12 to 2015</b> .....	8.50	100	<b>Dilzem</b>
Cap long-acting 120 mg – <b>5% DV Feb-13 to 2015</b> .....	31.83	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 180 mg – <b>5% DV Feb-13 to 2015</b> .....	47.67	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 240 mg – <b>5% DV Feb-13 to 2015</b> .....	63.58	500	<b>Apo-Diltiazem CD</b>
Inj 5 mg per ml, 5 ml vial			
<b>PERHEXILINE MALEATE</b>			
→ Tab 100 mg .....	62.90	100	Pexsig
<b>Restricted</b>			
Both:			
1 Patient has refractory angina; and			
2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate.			
<b>VERAPAMIL HYDROCHLORIDE</b>			
Tab 40 mg – <b>1% DV Sep-11 to 2014</b> .....	7.01	100	<b>Isoptin</b>
Tab 80 mg – <b>1% DV Sep-11 to 2014</b> .....	11.74	100	<b>Isoptin</b>
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 .....	7.54	5	Isoptin
<b>CENTRALLY-ACTING AGENTS</b>			
<b>CLONIDINE</b>			
Patch 2.5 mg, 100 mcg per day .....	23.30	4	Catapres-TTS-1
Patch 5 mg, 200 mcg per day .....	32.80	4	Catapres-TTS-2
Patch 7.5 mg, 300 mcg per day .....	41.20	4	Catapres-TTS-3
<b>CLONIDINE HYDROCHLORIDE</b>			
Tab 25 mcg – <b>1% DV Jul-13 to 2015</b> .....	15.09	112	<b>Clonidine BNM</b>
Tab 150 mcg – <b>1% DV Feb-13 to 2015</b> .....	34.32	100	<b>Catapres</b>
Inj 150 mcg per ml, 1 ml ampoule – <b>1% DV Nov-12 to 2015</b> .....	16.07	5	<b>Catapres</b>
<b>METHYLDOPA</b>			
Tab 125 mg .....	14.25	100	Prodopa
Tab 250 mg .....	15.10	100	Prodopa
Tab 500 mg .....	23.15	100	Prodopa
<b>DIURETICS</b>			
<b>Loop Diuretics</b>			
<b>BUMETANIDE</b>			
Tab 1 mg .....	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			
<b>FUROSEMIDE [FRUSEMIDE]</b>			
Tab 40 mg – <b>1% DV Sep-12 to 2015</b> .....	10.25	1,000	<b>Diurin 40</b>
Tab 500 mg – <b>1% DV Feb-13 to 2015</b> .....	25.00	50	<b>Urex Forte</b>
Oral liq 10 mg per ml			
Inj 10 mg per ml, 2 ml ampoule .....	1.30	5	Frusemide-Claris
Inj 10 mg per ml, 25 ml ampoule			

## CARDIOVASCULAR SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Osmotic Diuretics</b>			
MANNITOL			
Inj 10%, 1,000 ml bag .....	14.21	1,000 ml	Baxter
Inj 15%, 500 ml bag .....	9.84	500 ml	Baxter
Inj 20%, 500 ml bag .....	10.80	500 ml	Baxter

### Potassium Sparing Combination Diuretics

#### AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE

Tab 5 mg with furosemide 40 mg

#### AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE

Tab 5 mg with hydrochlorothiazide 50 mg

### Potassium Sparing Diuretics

#### AMILORIDE HYDROCHLORIDE

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

#### SPIRONOLACTONE

Tab 25 mg – 1% DV Sep-13 to 2016 .....	3.65	100	Spirotone
Tab 100 mg – 1% DV Sep-13 to 2016 .....	11.80	100	Spirotone
Oral liq 5 mg per ml .....	30.00	25 ml	Biomed

### Thiazide and Related Diuretics

#### BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]

Tab 2.5 mg – 1% DV Sep-11 to 2014 .....	6.48	500	<b>Arrow-Bendrofluazide</b>
Tab 5 mg – 1% DV Sep-11 to 2014 .....	9.95	500	<b>Arrow-Bendrofluazide</b>

#### CHLORTALIDONE [CHLORTHALIDONE]

Tab 25 mg .....	8.00	50	Hygroton
-----------------	------	----	----------

#### CHLOROTHIAZIDE

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

#### INDAPAMIDE

Tab 2.5 mg .....	2.95	90	Dapa-Tabs
------------------	------	----	-----------

#### METOLAZONE

➔ Tab 5 mg

#### Restricted

For the treatment of patients with refractory heart failure who are intolerant or have not responded to loop diuretics and/or loop-thiazide combination therapy.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**LIPID-MODIFYING AGENTS**

**Fibrates**

<b>BEZAFIBRATE</b>			
Tab 200 mg – 1% DV Mar-13 to 2015 .....	9.70	90	<b>Bezalip</b>
Tab long-acting 400 mg – 1% DV Oct-12 to 2015 .....	5.70	30	<b>Bezalip Retard</b>
<b>GEMFIBROZIL</b>			
Tab 600 mg .....	14.00	60	Lipazil

**Resins**

<b>CHOLESTYRAMINE</b>			
Powder for oral liq 4 g			
<b>COLESTIPOL HYDROCHLORIDE</b>			
Grans for oral liq 5 g			

**HMG CoA Reductase Inhibitors (Statins)**

<b>ATORVASTATIN</b>			
Tab 10 mg – 1% DV Oct-12 to 2015 .....	2.52	90	<b>Zarator</b>
Tab 20 mg – 1% DV Oct-12 to 2015 .....	4.17	90	<b>Zarator</b>
Tab 40 mg – 1% DV Oct-12 to 2015 .....	7.32	90	<b>Zarator</b>
Tab 80 mg – 1% DV Oct-12 to 2015 .....	16.23	90	<b>Zarator</b>
<b>PRAVASTATIN</b>			
Tab 10 mg			
Tab 20 mg – 1% DV Nov-11 to 2014 .....	5.44	30	<b>Cholvastin</b>
Tab 40 mg – 1% DV Nov-11 to 2014 .....	9.28	30	<b>Cholvastin</b>
<b>SIMVASTATIN</b>			
Tab 10 mg – 1% DV Sep-11 to 2014 .....	1.40	90	<b>Arrow-Simva</b>
Tab 20 mg – 1% DV Sep-11 to 2014 .....	1.95	90	<b>Arrow-Simva</b>
Tab 40 mg – 1% DV Sep-11 to 2014 .....	3.18	90	<b>Arrow-Simva</b>
Tab 80 mg – 1% DV Sep-11 to 2014 .....	9.31	90	<b>Arrow-Simva</b>

**Selective Cholesterol Absorption Inhibitors**

<b>EZETIMIBE</b>			
➔ Tab 10 mg			

**Restricted**

All of the following:

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

## CARDIOVASCULAR SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### EZETIMIBE WITH SIMVASTATIN

- ➔ Tab 10 mg with simvastatin 10 mg
- ➔ Tab 10 mg with simvastatin 20 mg
- ➔ Tab 10 mg with simvastatin 40 mg
- ➔ Tab 10 mg with simvastatin 80 mg

#### Restricted

All of the following:

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

### Other Lipid-Modifying Agents

#### ACIPIMOX

Cap 250 mg

#### NICOTINIC ACID

Tab 50 mg

Tab 500 mg

### NITRATES

#### GLYCERYL TRINITRATE

Tab 600 mcg – 1% DV Sep-11 to 2014 .....	8.00	100	<b>Lycinate</b>
Oral spray, 400 mcg per dose – 1% DV Mar-12 to 2014 .....	4.45	250 dose	<b>Glytrin</b>
Patch 25 mg, 5 mg per day – 1% DV Sep-11 to 2014 .....	16.56	30	<b>Nitroderm TTS 5</b>
Patch 50 mg, 10 mg per day – 1% DV Sep-11 to 2014 .....	19.50	30	<b>Nitroderm TTS 10</b>
Inj 1 mg per ml, 5 ml ampoule – 1% DV Dec-12 to 2015 .....	22.70	10	<b>Nitronal</b>
Inj 5 mg per ml, 10 ml ampoule .....	40.00	5	Mayne
Inj 1 mg per ml, 50 ml vial – 1% DV Dec-12 to 2015 .....	86.60	10	<b>Nitronal</b>

#### ISOSORBIDE MONONITRATE

Tab 20 mg – 1% DV Jun-11 to 2014 .....	17.10	100	<b>Ismo-20</b>
Tab long-acting 40 mg – 1% DV Jun-11 to 2014 .....	7.50	30	<b>Corangin</b>
Tab long-acting 60 mg .....	3.94	90	Duride

### OTHER CARDIAC AGENTS

#### LEVOSIMENDAN

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

#### Restricted

##### Heart transplant

Either:

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

##### Heart failure – cardiologist or intensivist

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SYMPATHOMIMETICS</b>			
<b>ADRENALINE</b>			
Inj 1 in 1,000, 1 ml ampoule.....	4.98	5	Aspen Adrenaline
	5.25		Mayne
Inj 1 in 10,000, 10 ml ampoule.....	27.00	5	Mayne
	49.00	10	Aspen Adrenaline
Inj 1 in 10,000, 10 ml syringe			
Inj 1 in 1,000, 30 ml vial			
<b>DOBUTAMINE HYDROCHLORIDE</b>			
Inj 12.5 mg per ml, 20 ml vial			
<b>DOPAMINE HYDROCHLORIDE</b>			
Inj 40 mg per ml, 5 ml ampoule – <b>1% DV Sep-12 to 2015</b> .....	69.77	10	<b>Martindale</b>
<b>EPHEDRINE</b>			
Inj 3 mg per ml, 10 ml syringe			
Inj 30 mg per ml, 1 ml ampoule – <b>1% DV Nov-12 to 2014</b> .....	66.00	10	<b>Max Health</b>
<b>ISOPRENALINE</b>			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
<b>METARAMINOL</b>			
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			
<b>NORADRENALINE</b>			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 2 ml ampoule.....	42.00	6	Levophed
Inj 1 mg per ml, 100 ml bag			
<b>PHENYLEPHRINE HYDROCHLORIDE</b>			
Inj 10 mg per ml, 1 ml vial.....	115.50	25	Neosynephrine HCL

**VASODILATORS**

<b>ALPROSTADIL HYDROCHLORIDE</b>			
Inj 500 mcg per ml, 1 ml ampoule – <b>1% DV Oct-12 to 2015</b> ..	1,417.50	5	<b>Prostin VR</b>
<b>AMYL NITRITE</b>			
Liq 98% in 0.3 ml capsule			
<b>DIAZOXIDE</b>			
Inj 15 mg per ml, 20 ml ampoule			

## CARDIOVASCULAR SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYDRALAZINE HYDROCHLORIDE</b>			
Inj 20 mg ampoule .....	25.90	5	Apresoline
➔ Tab 25 mg			
<b>Restricted</b>			
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.			
<b>MILRINONE</b>			
Inj 1 mg per ml, 10 ml ampoule			
<b>MINOXIDIL</b>			
➔ Tab 10 mg			
<b>Restricted</b>			
For patients with severe refractory hypertension which has failed to respond to extensive multiple therapies.			
<b>NICORANDIL</b>			
➔ Tab 10 mg .....	27.95	60	Ikorel
➔ Tab 20 mg .....	33.28	60	Ikorel
<b>Restricted</b>			
Both:			
1 Patient has refractory angina; and			
2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate.			
<b>PAPAVERINE HYDROCHLORIDE</b>			
Inj 12 mg per ml, 10 ml ampoule .....	73.12	5	Mayne
Inj 30 mg per ml, 1 ml vial			
<b>PENTOXIFYLLINE (XPENTIFYLLINE)</b>			
Tab 400 mg			
<b>SODIUM NITROPRUSSIDE</b>			
Inj 50 mg vial			

### Endothelin Receptor Antagonists

<b>AMBRISANTAN</b>			
➔ Tab 5 mg .....	4,585.00	30	Volibris
➔ Tab 10 mg .....	4,585.00	30	Volibris
<b>Restricted</b>			
1. For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or			
2. In hospital stabilisations in emergency situations.			
<b>BOSENTAN</b>			
➔ Tab 62.5 mg .....	2,000.00	60	pms-Bosentan
	4,585.00		Tracleer
➔ Tab 125 mg .....	2,000.00	60	pms-Bosentan
	4,585.00		Tracleer
<b>Restricted</b>			
1. For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or			
2. In hospital stabilisation in emergency situations.			



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**Phosphodiesterase Type 5 Inhibitors**

SILDENAFIL

→ Tab 25 mg – 1% DV May-13 to 2014 .....	1.85	4	<b>Silagra</b>
→ Tab 50 mg – 1% DV May-13 to 2014 .....	1.85	4	<b>Silagra</b>
→ Tab 100 mg – 1% DV May-13 to 2014 .....	7.45	4	<b>Silagra</b>

**Restricted**

Any of the following:

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

**Prostacyclin Analogues**

ILOPROST

Inj 50 mcg in 0.5 ml ampoule .....	925.00	5	Ilomedin
→ Nebuliser soln 10 mcg per ml, 2 ml .....	1,185.00	30	Ventavis

**Restricted**

Any of the following:

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

## DERMATOLOGICALS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### ANTIACNE PREPARATIONS

#### ADAPALENE

Crm 0.1%

Gel 0.1%

#### BENZOYL PEROXIDE

Soln 5%

#### ISOTRETINOIN

Cap 10 mg – 1% DV Jan-13 to 2015 ..... 18.71 120

Cap 20 mg - 1% DV Jan-13 to 2015 ..... 28.91 120 **Oratane**  
**Oratane**

#### TRETINOIN

Crm 0.05%

### ANTIPRURITIC PREPARATIONS

#### CALAMINE

Crm, aqueous, BP – 1% DV Mar-13 to 2015 ..... 1.77 100 g **Pharmacy Health**

Lotn, BP – 1% DV Nov-12 to 2015 ..... 13.45 2,000 ml **PSM**

#### CROTAMITON

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

### ANTI-INFECTIVE PREPARATIONS

#### Antibacterials

#### FUSIDATE SODIUM [FUSIDIC ACID]

Crm 2% ..... 3.25 15 g **Foban**

Oint 2% ..... 3.25 15 g **Foban**

#### HYDROGEN PEROXIDE

Crm 1% ..... 8.56 15 g **Crystaderm**

Soln 3% (10 vol)

#### MAFENIDE ACETATE

➔ Powder 50 g sachet

#### Restricted

For the treatment of burns patients

#### MUPIROCIN

Oint 2%

#### SULPHADIAZINE SILVER

Crm 1% ..... 12.30 50 g **Flamazine**

#### Antifungals

#### AMOROLFINE

➔ Nail soln 5%

#### Restricted

For continuation only

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CICLOPIROX OLAXMINE</b>			
Nail soln 8%			
→ Soln 1% – <b>Restricted:</b> For continuation only			
<b>CLOTRIMAZOLE</b>			
Crm 1% – <b>1% DV Nov-11 to 2014</b> .....	0.54	20 g	<b>Clomazol</b>
→ Soln 1% – <b>Restricted:</b> For continuation only			
<b>ECONAZOLE NITRATE</b>			
→ Crm 1% – <b>Restricted:</b> For continuation only			
Foaming soln 1%			
<b>KETOCONAZOLE</b>			
Shampoo 2% – <b>1% DV Sep-11 to 2014</b> .....	3.08	100 ml	<b>Sebizole</b>
<b>METRONIDAZOLE</b>			
Gel 0.75%			
<b>MICONAZOLE NITRATE</b>			
Crm 2% – <b>1% DV Nov-11 to 2014</b> .....	0.46	15 g	<b>Multichem</b>
→ Lotn 2% – <b>Restricted</b> – For continuation only			
Tinc 2%			
<b>NYSTATIN</b>			
Crm 100,000 u per g			

**Antiparasitics**

**LINDANE [GAMMA BENZENE HEXACHLORIDE]**  
Crm 1%

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

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

<b>PERMETHRIN</b>			
Crm 5% – <b>1% DV Sep-11 to 2014</b> .....	4.20	30 g	<b>Lyderm</b>
Lotn 5% – <b>1% DV Sep-11 to 2014</b> .....	3.24	30 ml	<b>A-Scabies</b>

**BARRIER CREAMS AND EMOLLIENTS**

**Barrier Creams**

**DIMETHICONE**  
Crm 5%

**ZINC**  
Crm  
Oint  
Paste

## DERMATOLOGICALS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ZINC WITH CASTOR OIL</b>			
Crm – 1% DV Apr-12 to 2014 .....	1.63	20 g	<b>Orion</b>
Oint, BP			
<b>ZINC WITH WOOL FAT</b>			
Crm, zinc 15.25% with wool fat 4%.			
<b>Emollients</b>			
<b>AQUEOUS CREAM</b>			
Crm, 100 g – 1% DV Sep-11 to 2014 .....	1.23	100 g	<b>AFT</b>
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm, 500 g – 1% DV Sep-11 to 2014 .....	1.96	500 g	<b>AFT</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
<b>CETOMACROGOL</b>			
Crm BP, 100 g .....	1.65	1	healthE
Crm BP, 500 g .....	3.50	1	Pharmacy Health
<b>CETOMACROGOL WITH GLYCEROL</b>			
Crm 90% with glycerol 10%, 100 g .....	2.10	1	Pharmacy Health
	2.00		Pharmacy Health
	3.20		healthE
Crm 90% with glycerol 10%, 500 ml .....	4.50	1	Pharmacy Health
	7.30		healthE
Crm 90% with glycerol 10%, 1,000 ml .....	6.50	1	Pharmacy Health
<b>EMULSIFYING OINTMENT</b>			
Oint BP, 100 g – 1% DV Nov-11 to 2014 .....	1.95	100 g	<b>Jaychem</b>
Oint BP, 500 g – 1% DV Sep-11 to 2014 .....	3.04	500 g	<b>AFT</b>
Note: DV limit applies to pack sizes of greater than 100 g.			
<b>GLYCEROL WITH PARAFFIN</b>			
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			
<b>OIL IN WATER EMULSION</b>			
Crm – 1% DV Dec-12 to 2015 .....	2.63	500 g	<b>healthE Fatty Cream</b>
Crm, 100 g .....	1.60	1	healthE Fatty Cream
<b>PARAFFIN</b>			
White soft – 1% DV Feb-13 to 2015 .....	0.92	10 g	<b>healthE</b>
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
Yellow soft			
Oint liquid paraffin 50% with white soft paraffin 50%, 100 g .....	3.10	1	healthE
<b>PARAFFIN WITH WOOL FAT</b>			
Lotn liquid paraffin 15.9% with wool fat 0.6%			
Lotn liquid paraffin 91.7% with wool fat 3%			
<b>UREA</b>			
Crm 10%			
<b>WOOL FAT</b>			
Crm			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CORTICOSTEROIDS</b>			
<b>BETAMETHASONE DIPROPIONATE</b>			
Crm 0.05%			
Oint 0.05%			
<b>BETAMETHASONE VALERATE</b>			
Crm 0.1%			
Lotn 0.1%			
Oint 0.1%			
<b>CLOBETASOL PROPIONATE</b>			
Crm 0.05% .....	3.68	30 g	Dermol
Oint 0.05% .....	3.68	30 g	Dermol
<b>CLOBETASONE BUTYRATE</b>			
Crm 0.05%			
<b>DIFLUCORTOLONE VALERATE</b>			
→ Crm 0.1%			
→ Fatty oint 0.1%			
<b>Restricted</b>			
For continuation only			
<b>HYDROCORTISONE</b>			
Crm 1%, 100 g .....	3.75	100 g	Pharmacy Health
Crm 1%, 500 g – <b>1% DV Nov-11 to 2014</b> .....	14.00	500 g	<b>Pharmacy Health</b>
Note: DV limit applies to pack sizes of greater than 100 g.			
<b>HYDROCORTISONE ACETATE</b>			
Crm 1% .....	2.48	14.2 g	AFT
<b>HYDROCORTISONE BUTYRATE</b>			
Crm 0.1% – <b>1% DV Mar-13 to 2015</b> .....	2.30	30 g	<b>Locoid Lipocream</b>
	6.85	100 g	<b>Locoid Lipocream</b>
Milky emul 0.1% – <b>1% DV Mar-13 to 2015</b> .....	6.85	100 ml	<b>Locoid Crelo</b>
Oint 0.1% – <b>1% DV Mar-13 to 2015</b> .....	6.85	100 g	<b>Locoid</b>
<b>HYDROCORTISONE WITH PARAFFIN AND WOOL FAT</b>			
Lotn 1% with paraffin liquid 15.9% and wool fat 0.6%			
<b>METHYLPREDNISOLONE ACEPONATE</b>			
Crm 0.1% .....	4.95	15 g	Advantan
Oint 0.1% .....	4.95	15 g	Advantan
<b>MOMETASONE FUROATE</b>			
Crm 0.1% – <b>1% DV Sep-12 to 2015</b> .....	1.78	15 g	<b>m-Mometasone</b>
	3.42	45 g	<b>m-Mometasone</b>
Lotn 0.1%			
Oint 0.1% – <b>1% DV Sep-12 to 2015</b> .....	1.78	15 g	<b>m-Mometasone</b>
	3.42	45 g	<b>m-Mometasone</b>

## DERMATOLOGICALS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>TRIAMCINOLONE ACETONIDE</b>			
Crn 0.02% – 1% DV Sep-11 to 2014 .....	6.63	100	<b>Aristocort</b>
Oint 0.02% – 1% DV Sep-11 to 2014 .....	6.69	100	<b>Aristocort</b>

### Corticosteroids with Anti-Infective Agents

#### BETAMETHASONE VALERATE WITH CLIOQUINIOL

→ Crm 0.1% with clioquinol 3%

→ Oint 0.1% with clioquinol 3%

#### Restricted

Either:

1 For the treatment of intertrigo; or

2 For continuation use

#### BETAMETHASONE VALERATE WITH FUSIDIC ACID

Crn 0.1% with fusidic acid 2%

#### HYDROCORTISONE WITH MICONAZOLE

Crn 1% with miconazole nitrate 2%

#### HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN

Crn 1% with natamycin 1% and neomycin sulphate 0.5% ..... 2.79 15 g Pimafucort

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

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

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

### PSORIASIS AND ECZEMA PREPARATIONS

#### ACITRETIN

Cap 10 mg ..... 38.66 60 Novatretin

Cap 10 mg ..... 35.95 100 Neotigason

Cap 25 mg ..... 83.11 60 Novatretin

Cap 25 mg ..... 85.40 100 Neotigason

#### BETAMETHASONE WITH DIPROPIONATE WITH CALCIPOTRIOL

Gel 500 mcg with calcipotriol 50 mcg per g ..... 26.12 30 g Daivobet

Oint 500 mcg with calcipotriol 50 mcg per g ..... 26.12 30 g Daivobet

#### CALCIPOTRIOL

Crn 50 mcg per g ..... 45.00 100 g Daivonex

Oint 50 mcg per g ..... 45.00 100 g Daivonex

Soln 50 mcg per ml ..... 16.00 30 ml Daivonex

#### COAL TAR WITH SALICYLIC ACID AND SULPHUR

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

#### COAL TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCIN

Soln 2.3% with triethanolamine lauryl sulphate and  
fluorescein sodium – 1% DV Nov-11 to 2014 ..... 3.05 500 ml **Pinetarsol**

..... 5.82 1,000 ml **Pinetarsol**

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

METHOXSALEN [8-METHOXYPORALEN]  
Cap 10 mg  
Lotn 1.2%

POTASSIUM PERMANGANATE  
Tab 400 mg

**SCALP PREPARATIONS**

BETAMETHASONE VALERATE Scalp app 0.1%.....	7.75	100 ml	Beta Scalp
CLOBETASOL PROPIONATE Scalp app 0.05%.....	6.96	30 ml	Dermol
HYDROCORTISONE BUTYRATE Scalp lotn 0.1% – 1% <b>DV Mar-13 to 2015</b> .....	3.65	100 ml	<b>Locoid</b>

**WART PREPARATIONS**

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

**Restricted**

Any of the following:

- 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or
- 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or
- 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

**Notes:**

Superficial basal cell carcinoma

- Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.
- Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.
- Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.
- Every effort should be made to biopsy the lesion to confirm that it is a superficial basal cell carcinoma.

External anogenital warts

- Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

PODOPHYLLOTOXIN  
Soln 0.5%..... 33.60 3.5 ml Condyline

SILVER NITRATE  
Sticks with applicator

**OTHER SKIN PREPARATIONS**

SUNSCREEN, PROPRIETARY Crm Lotn.....	2.55	100 g	Marine Blue Lotion SPF 30+
	5.10	200 g	Marine Blue Lotion SPF 30+

## DERMATOLOGICALS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

DIPHEMANIL METILSULFATE  
Powder 2%

### Antineoplastics

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

METHYL AMINOLEVULINATE HYDROCHLORIDE  
→ Crm 16 %

#### Restricted

Dermatologist or plastic surgeon

### Wound Management Products

CALCIUM GLUCONATE  
Gel 2.5%..... 21.00      1      healthE



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**ANTI-INFECTIVE AGENTS**
**ACETIC ACID**

Soln 3%

Soln 5%

**ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID**

 Jelly 0.94% with hydroxyquinoline sulphate 0.025%,  
glycerol 5% and ricinoleic acid 0.75% with applicator

**CHLORHEXIDINE**

 Crm 1% – **1% DV Oct-12 to 2015** ..... 1.24      50 g      **healthE**
**CHLORHEXIDINE GLUCONATE**

Lotn 1%, 200 ml ..... 6.75      1      healthE

**CLOTRIMAZOLE**

Vaginal crm 1% with applicator ..... 1.30      35 g      Clomazol

Vaginal crm 2% with applicator ..... 2.50      20 g      Clomazol

**MICONAZOLE NITRATE**

Vaginal crm 2% with applicator

**NYSTATIN**

Vaginal crm 100,000 u per 5 g with applicator(s)

**CONTRACEPTIVES**
**Antiandrogen Oral Contraceptives**
**CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL**

Tab 2 mg with ethinylloestradiol 35 mcg

**Combined Oral Contraceptive**
**ETHINYLLOESTRADIOL WITH DESOGESTREL**

Tab 20 mcg with desogestrel 150 mcg

Tab 30 mcg with desogestrel 150 mcg

**ETHINYLLOESTRADIOL WITH LEVONORGESTREL**

Tab 20 mcg with levonorgestrel 100 mcg

Tab 30 mcg with levonorgestrel 150 mcg

Tab 50 mcg with levonorgestrel 125 mcg ..... 9.45      84      Microgynon 50 ED

**ETHINYLLOESTRADIOL WITH NORETHISTERONE**

Tab 35 mcg with norethisterone 500 mcg

Tab 35 mcg with norethisterone 1 mg

**NORETHISTERONE WITH MESTRANOL**

Tab 1 g with mestranol 50 mcg

## GENITO-URINARY SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### Emergency Contraceptive

LEVONORGESTREL Tab 1.5 mg – 1% DV Jul-13 to 2016.....	3.50	1	Postinor-1
--	------	---	------------

### Progestogen-Only Contraceptives

LEVONORGESTREL Tab 30 mcg Implant 75 mg.....	133.65	1	Jadelle
→ Intra-uterine system, 20 mcg per day			

#### Restricted Initiation

All of the following:

- 1 The patient has a clinical diagnosis of heavy menstrual bleeding; and
- 2 The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and
- 3 Either:
  - 3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
  - 3.2 Haemoglobin level < 120 g/l.

#### Continuation

Either:

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

MEDROXYPROGESTERONE ACETATE Inj 150 mg per ml, 1 ml syringe – 1% DV Sep-13 to 2016.....	7.00	1	Depo-Provera
--	------	---	--------------

NORETHISTERONE Tab 350 mcg			
-------------------------------	--	--	--

### ESTROGENS

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

### OBSTETRIC PREPARATIONS

#### Antiprogestogens

MIFEPRISTONE Tab 200 mg			
----------------------------	--	--	--

#### Oxytocics

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

DINOPROSTONE Pessaries 10 mg Gel 1 mg in 2.5 ml .....	52.62	1	Prostin E2
Gel 2 mg in 2.5 ml .....	64.60	1	Prostin E2

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ERGOMETRINE MALEATE</b>			
Inj 500 mcg per ml, 1 ml ampoule – <b>1% DV Nov-11 to 2014</b> .....	31.00	5	<b>DBL Ergometrine</b>
<b>OXYTOCIN</b>			
Inj 5 iu per ml, 1 ml ampoule .....	5.94	5	Syntocinon
Inj 10 iu per ml, 1 ml ampoule .....	7.48	5	Syntocinon
<b>OXYTOCIN WITH ERGOMETRINE MALEATE</b>			
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – <b>1% DV Oct-12 to 2015</b> .....	11.13	5	<b>Syntometrine</b>

### Tocolytics

#### PROGESTERONE

→ Cap 100 mg

#### Restricted

Only for use in women with previous preterm delivery (less than 28 weeks) and/or a short cervix (< 25 mm).

#### TERBUTALINE

→ Inj 500 mcg ampoule

#### Restricted

Obstetrician

## UROLOGICALS

### 5-Alpha Reductase Inhibitors

#### FINASTERIDE

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

#### Restricted

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

→ Cap 400 mcg ..... 5.98      30      Tamsulosin-Rex

#### Restricted

Both:

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

### Urinary Alkalisers

#### POTASSIUM CITRATE

→ Oral liq 3 mmol per ml ..... 30.00      200 ml      Biomed

#### Restricted

Both:

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

## GENITO-URINARY SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM CITRO-TARTRATE</b>			
Grans eff 4 g sachets .....	2.75	28	Ural

### Urinary Antispasmodics

<b>OXYBUTYNIN</b>			
Tab 5 mg – 1% DV Jun-13 to 2016.....	11.20	500	<b>Apo-Oxybutynin</b>
Oral liq 5 mg per 5 ml – 1% DV Jun-13 to 2016.....	56.45	473 ml	<b>Apo-Oxybutynin</b>

### SOLIFENACIN SUCCINATE

➔ Tab 5 mg .....	56.50	30	Vesicare
➔ Tab 10 mg .....	56.50	30	Vesicare

#### Restricted

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

### TOLTERODINE TARTRATE

➔ Tab 1 mg.....	14.56	56	Arrow-Tolterodine
➔ Tab 2 mg.....	14.56	56	Arrow-Tolterodine

#### Restricted

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### ANABOLIC AGENTS

OXANDROLONE

→ Tab 2.5 mg

**Restricted**

For the treatment of burns patients.

### ANDROGEN AGONISTS AND ANTAGONISTS

CYPROTERONE ACETATE

Tab 50 mg – **1% DV Oct-12 to 2015** ..... 18.80      50

Tab 100 mg – **1% DV Oct-12 to 2015** ..... 34.25      50

**Siterone**

**Siterone**

TESTOSTERONE

Patch 2.5 mg per day ..... 80.00      60

Androderm

TESTOSTERONE CYPIONATE

Inj 100 mg per ml, 10 ml vial – **1% DV Feb-12 to 2014** ..... 76.50      1

**Depo-Testosterone**

TESTOSTERONE ESTERS

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

TESTOSTERONE UNDECANOATE

Cap 40 mg – **1% DV Oct-12 to 2015** ..... 31.17      60

Inj 250 mg per ml, 4 ml ampoule ..... 86.00      1

**Andriol Testocaps**

Reandron 1000

### CALCIUM HOMEOSTASIS

CALCITONIN

Inj 100 iu per ml, 1 ml ampoule – **1% DV Sep-11 to 2014** ..... 110.00      5

**Miacalcic**

ZOLEDRONIC ACID

→ Inj 0.8 mg per ml, 5 ml vial ..... 550.00      1

Zometa

**Restricted**

For hypercalcaemia of malignancy

### CORTICOSTEROIDS

BETAMETHASONE

Tab 500 mcg

Inj 4 mg per ml, 1 ml ampoule

BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE

Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml ampoule

DEXAMETHASONE

Tab 1 mg – **1% DV Aug-12 to 2015** ..... 5.87      100

Tab 4 mg – **1% DV Aug-12 to 2015** ..... 8.16      100

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

**Douglas**

**Douglas**

Biomed

## HORMONE PREPARATIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DEXAMETHASONE PHOSPHATE</b>			
Inj 4 mg per ml, 1 ml ampoule.....	21.50	5	Hospira
Inj 4 mg per ml, 2 ml vial.....	31.00	5	Hospira
<b>FLUDROCORTISONE ACETATE</b>			
Tab 100 mcg.....	14.32	100	Florinef
<b>HYDROCORTISONE</b>			
Tab 5 mg – <b>1% DV Nov-12 to 2015</b> .....	8.10	100	<b>Douglas</b>
Tab 20 mg – <b>1% DV Nov-12 to 2015</b> .....	20.32	100	<b>Douglas</b>
Inj 100 mg vial.....	3.99	1	Solu-Cortef
<b>METHYLPREDNISOLONE ACETATE</b>			
Inj 40 mg per ml, 1 ml vial – <b>1% DV Oct-12 to 2015</b> .....	6.70	1	<b>Depo-Medrol</b>
<b>METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE</b>			
Inj 40 mg with lignocaine 10 mg per ml, 1 ml vial – <b>1% DV Oct-12 to 2015</b> .....	7.50	1	<b>Depo-Medrol with Lidocaine</b>
<b>METHYLPREDNISOLONE (AS SODIUM SUCCINATE)</b>			
Tab 4 mg – <b>1% DV Oct-12 to 2015</b> .....	60.00	100	<b>Medrol</b>
Tab 100 mg – <b>1% DV Oct-12 to 2015</b> .....	166.52	20	<b>Medrol</b>
Inj 40 mg vial – <b>1% DV Oct-12 to 2015</b> .....	7.50	1	<b>Solu-Medrol</b>
Inj 125 mg vial – <b>1% DV Oct-12 to 2015</b> .....	18.50	1	<b>Solu-Medrol</b>
Inj 500 mg vial – <b>1% DV Oct-12 to 2015</b> .....	18.00	1	<b>Solu-Medrol</b>
Inj 1 g vial – <b>1% DV Oct-12 to 2015</b> .....	37.50	1	<b>Solu-Medrol</b>
<b>PREDNISOLONE</b>			
Oral liq 5 mg per ml.....	10.45	30 ml	Redipred
Enema 200 mcg per ml, 100 ml			
<b>PREDNISONE</b>			
Tab 1 mg.....	10.68	500	Apo-Prednisone
Tab 2.5 mg.....	12.09	500	Apo-Prednisone
Tab 5 mg.....	11.09	500	Apo-Prednisone
Tab 20 mg.....	29.03	500	Apo-Prednisone
<b>TRIAMCINOLONE ACETONIDE</b>			
Inj 10 mg per ml, 1 ml ampoule – <b>1% DV Jun-12 to 2014</b> .....	21.90	5	<b>Kenacort-A</b>
Inj 40 mg per ml, 1 ml ampoule – <b>1% DV Jun-12 to 2014</b> .....	53.79	5	<b>Kenacort-A40</b>
<b>TRIAMCINOLONE HEXACETONIDE</b>			
Inj 20 mg per ml, 1 ml vial			

## HORMONE REPLACEMENT THERAPY

### Oestrogens

#### OESTRADIOL

- Tab 1 mg
- Tab 2 mg
- Patch 25 mcg per day
- Patch 50 mcg per day
- Patch 100 mcg per day

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

OESTRADIOL VALERATE

- Tab 1 mg
- Tab 2 mg

OESTROGENS (CONJUGATED EQUINE)

- Tab 300 mcg
- Tab 625 mcg

## Progestogen and Oestrogen Combined Preparations

OESTRADIOL WITH NORETHISTERONE ACETATE

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

OESTROGENS WITH MEDROXYPROGESTERONE ACETATE

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

## Progestogens

MEDROXYPROGESTERONE ACETATE

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

## OTHER ENDOCRINE AGENTS

CABERGOLINE

→ Tab 0.5 mg – 1% DV Sep-12 to 2015 .....	6.25	2	<b>Dostinex</b>
	25.00	8	<b>Dostinex</b>

**Restricted**

Either:

1. Patient has pathological hyperprolactinemia; or
2. Patient has acromegaly

CLOMIPHENE CITRATE

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

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

## HORMONE PREPARATIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

SECRETIN PENTAHYDROCHLORIDE  
Inj 100 u ampoule

### OTHER OESTROGEN PREPARATIONS

ETHINYLOESTRADIOL  
Tab 10 mcg

OESTRADIOL  
Tab 2 mg  
Implant 50 mg

### OTHER PROGESTOGEN PREPARATIONS

MEDROXYPROGESTERONE			
Tab 100 mg – 1% DV Sep-13 to 2016 .....	96.50	100	<b>Provera</b>
Tab 200 mg .....	70.50	30	Provera
NORETHISTERONE			
Tab 5 mg – 1% DV Nov-11 to 2014 .....	26.50	100	<b>Primolut N</b>

### PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

CORTICOTRORELIN (OVINE)  
Inj 100 mcg vial

THYROTROPIN ALFA  
Inj 900 mcg vial

### Adrenocorticotropic Hormones

TETRACOSACTIDE [TETRACOSACTRIN]			
Inj 250 mcg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 ....	177.18	10	<b>Synacthen</b>
Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 .....	29.56	1	<b>Synacthen Depot</b>

### GnRH Agonists and Antagonists

BUSERELIN  
Inj 1 mg per ml, 5.5 ml vial

GONADORELIN  
Inj 100 mcg vial

GOSERELIN			
Implant 3.6 mg .....	166.20	1	Zoladex
Implant 10.8 mg .....	443.76	1	Zoladex
LEUPRORELIN ACETATE			
Inj 3.75 mg syringe .....	221.60	1	Lucrin Depot PDS
Inj 3.75 mg vial .....	221.60	1	Lucrin Depot
Inj 7.5 mg syringe .....	166.20	1	Eligard
Inj 11.25 mg syringe .....	591.68	1	Lucrin Depot PDS
Inj 11.25 mg vial .....	591.68	1	Lucrin Depot
Inj 22.5 mg syringe .....	443.76	1	Eligard
Inj 30 mg syringe .....	1,109.40	1	Lucrin Depot PDS
Inj 30 mg vial .....	591.68	1	Eligard
Inj 45 mg syringe .....	832.05	1	Eligard



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**Gonadotrophins**

CHORIOGONADOTROPIN ALFA  
Inj 250 mcg in 0.5 ml syringe

**Growth Hormones**

SOMATROPIN  
→ Inj 16 iu (5.3 mg) vial  
→ Inj 36 iu (12 mg) vial

**Restricted**

Only for use in patients with approval by the New Zealand Growth Hormone Committee or the Adult Growth Hormone Panel

**THYROID AND ANTITHYROID PREPARATIONS**

CARBIMAZOLE  
Tab 5 mg

IODINE  
Soln BP 50 mg per ml

LEVOTHYROXINE  
Tab 25 mcg  
Tab 50 mcg  
Tab 100 mcg

LIOthyRONINE SODIUM  
Inj 20 mcg vial  
→ Tab 20 mcg

**Restricted**

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

POTASSIUM PERCHLORATE  
Cap 200 mg

PROPYLTHIOURACIL  
→ Tab 50 mg ..... 35.00      100      PTU

**Restricted**

Both:

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

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

PROTIRELIN  
Inj 100 mcg per ml, 2 ml ampoule

## HORMONE PREPARATIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>VASOPRESSIN AGENTS</b>			
ARGIPRESSIN [VASOPRESSIN] Inj 20 u per ml, 1 ml ampoule			
DESMOPRESSIN ACETATE			
Tab 100 mcg .....	36.40	30	Minirin
Inj 4 mcg per ml, 1 ml ampoule			
Inj 15 mcg per ml, 1 ml ampoule			
Nasal drops 100 mcg per ml			
Nasal spray 10 mcg per dose – <b>1% DV Sep-11 to 2014</b> .....	27.48	6 ml	<b>Desmopressin-PH&amp;T</b>
TERLIPRESSIN			
Inj 1 mg vial .....	450.00	5	Glypressin

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ANTIBACTERIALS</b>			
<b>Aminoglycosides</b>			
<b>AMIKACIN</b>			
→ Inj 250 mg per ml, 2 ml vial			
→ Inj 5 mg per ml, 5 ml syringe – <b>1% DV Nov-12 to 2014</b> .....	176.00	10	<b>Biomed</b>
→ Inj 5 mg per ml, 10 ml syringe			
→ Inj 15 mg per ml, 5 ml syringe			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>GENTAMICIN SULPHATE</b>			
Inj 10 mg per ml, 1 ml ampoule.....	8.56	5	Mayne
Inj 40 mg per ml, 2 ml ampoule – <b>1% DV Sep-12 to 2015</b> .....	6.50	10	<b>Pfizer</b>
<b>PAROMOMYCIN</b>			
→ Cap 250 mg.....	126.00	16	Humatin
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>STREPTOMYCIN SULPHATE</b>			
→ Inj 400 mg per ml, 2.5 ml ampoule			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>TOBRAMYCIN</b>			
→ Inj 40 mg per ml, 2 ml vial – <b>1% DV Sep-11 to 2014</b> .....	29.32	5	<b>DBL Tobramycin</b>
→ Inj 100 mg per ml, 5 ml vial			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>Carbapenems</b>			
<b>ERTAPENEM</b>			
→ Inj 1 g vial.....	70.00	1	Invanz
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>IMIPENEM WITH CILASTATIN</b>			
→ Inj 500 mg with 500 mg cilastatin vial			
– <b>1% DV Dec-12 to 2014</b> .....	18.37	1	<b>Primaxin</b>
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>MEROPENEM</b>			
→ Inj 500 mg vial – <b>1% DV Mar-12 to 2014</b> .....	10.50	1	<b>Penembact</b>
→ Inj 1 g vial – <b>1% DV Mar-12 to 2014</b> .....	21.00	1	<b>Penembact</b>
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			

## INFECTIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Cephalosporins and Cephameycins – 1st Generation</b>			
<b>CEFALEXIN</b>			
Cap 500 mg.....	8.90	20	Cephalexin ABM
Grans for oral liq 25 mg per ml.....	8.50	100 ml	Cefalexin Sandoz
Grans for oral liq 50 mg per ml.....	11.50	100 ml	Cefalexin Sandoz
<b>CEFAZOLIN</b>			
Inj 500 mg vial – 1% DV Mar-12 to 2014.....	3.99	5	<b>AFT</b>
Inj 1 g vial – 1% DV Mar-12 to 2014.....	3.99	5	<b>AFT</b>
<b>Cephalosporins and Cephameycins – 2nd Generation</b>			
<b>CEFACTOR</b>			
Cap 250 mg.....	24.57	100	Ranbaxy-Cefaclor
Grans for oral liq 25 mg per ml.....	3.53	100 ml	Ranbaxy-Cefaclor
<b>CEFOXITIN</b>			
Inj 1 g vial.....	55.00	5	Mayne
<b>CEFUROXIME</b>			
Tab 250 mg.....	29.40	50	Zinnat
Inj 750 mg vial – 1% DV Mar-12 to 2014.....	6.96	5	<b>m-Cefuroxime</b>
Inj 1.5 g vial – 1% DV Apr-12 to 2014.....	2.65	1	<b>Mylan</b>
<b>Cephalosporins and Cephameycins – 3rd Generation</b>			
<b>CEFOTAXIME</b>			
Inj 500 mg vial – 1% DV Oct-11 to 2014.....	1.90	1	<b>Cefotaxime Sandoz</b>
Inj 1 g vial – 1% DV Nov-11 to 2014.....	15.58	10	<b>DBL Cefotaxime</b>
<b>CEFTAZADIME</b>			
→ Inj 500 mg vial – 1% DV Oct-11 to 2014.....	2.37	1	<b>Fortum</b>
→ Inj 1 g vial – 1% DV Oct-11 to 2014.....	3.25	1	<b>DBL Ceftazidime</b>
→ Inj 2 g vial – 1% DV Oct-11 to 2014.....	6.49	1	<b>DBL Ceftazidime</b>
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>CEFTRIAZONE</b>			
Inj 500 mg vial.....	2.70	1	Veracol
Inj 1 g vial.....	10.49	5	Aspen Ceftriazone
Inj 2 g vial.....	5.20	1	Veracol
<b>Cephalosporins and Cephameycins – 4th Generation</b>			
<b>CEFEPIME</b>			
→ Inj 1 g vial – 1% DV Oct-12 to 2015.....	8.80	1	<b>DBL Cefepime</b>
→ Inj 2 g vial – 1% DV Oct-12 to 2015.....	17.60	1	<b>DBL Cefepime</b>
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Macrolides</b>			
<b>AZITHROMYCIN</b>			
→ Tab 250 mg .....	10.00	30	Apo-Azithromycin
→ Tab 500 mg – <b>1% DV Feb-13 to 2015</b> .....	1.25	2	<b>Apo-Azithromycin</b>
→ Oral liq 40 mg per ml.....	6.60	15 ml	Zithromax
<b>Restricted</b>			
Any of the following:			
1 Patient has received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome; or			
2 Patient has cystic fibrosis and has chronic infection with <i>Pseudomonas aeruginosa</i> or <i>Pseudomonas</i> related gram negative organisms; or			
3 For any other condition for five days' treatment, with review after five days.			
<b>CLARITHROMYCIN</b>			
→ Grans for oral liq 25 mg per ml.....	23.12	70 ml	Klacid
→ Tab 250 mg – <b>1% DV Jan-12 to 2014</b> .....	4.19	14	<b>Apo-Clarithromycin</b>
<b>Restricted</b>			
<b>Tab 250 mg and oral liquid</b>			
1 Atypical mycobacterial infection; or			
2 <i>Mycobacterium tuberculosis</i> infection where there is drug resistance or intolerance to standard pharmaceutical agents.			
→ Tab 500 mg – <b>1% DV Apr-12 to 2014</b> .....	10.95	14	<b>Apo-Clarithromycin</b>
<b>Restricted</b>			
<b>Tab 500 mg</b>			
<i>Helicobacter pylori</i> eradication.			
→ Inj 500 mg vial – <b>1% DV Oct-11 to 2014</b> .....	30.00	1	<b>Klacid</b>
<b>Restricted</b>			
<b>Infusion</b>			
1 Atypical mycobacterial infection; or			
2 <i>Mycobacterium tuberculosis</i> infection where there is drug resistance or intolerance to standard pharmaceutical agents; or			
3 Community-acquired pneumonia (clarithromycin is not to be used as the first-line macrolide).			
<b>ERYTHROMYCIN (AS ETHYLSUCCINATE)</b>			
Tab 400 mg .....	16.95	100	E-Mycin
Grans for oral liq 200 mg per 5 ml.....	4.35	100 ml	E-Mycin
Grans for oral liq 400 mg per 5 ml.....	5.85	100 ml	E-Mycin
<b>ERYTHROMYCIN (AS LACTOBIONATE)</b>			
Inj 1 g vial.....	16.00	1	Erythrocin IV
<b>ERYTHROMYCIN (AS STEARATE)</b>			
→ Tab 250 mg			
→ Tab 500 mg			
<b>Restricted</b>			
For continuation only			
<b>ROXITHROMYCIN</b>			
Tab 150 mg – <b>1% DV Sep-12 to 2015</b> .....	7.48	50	<b>Arrow-Roxithromycin</b>
Tab 300 mg – <b>1% DV Sep-12 to 2015</b> .....	14.40	50	<b>Arrow-Roxithromycin</b>

# INFECTIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Penicillins</b>			
<b>AMOXYCILLIN</b>			
Cap 250 mg.....	16.18	500	Alphamox
Cap 500 mg.....	26.50	500	Alphamox
Grans for oral liq 25 mg per ml.....	1.55	100 ml	Ospamox
Grans for oral liq 50 mg per ml.....	1.10	100 ml	Ospamox
Inj 250 mg vial – 1% DV Nov-11 to 2014.....	12.96	10	Ibiamox
Inj 500 mg vial – 1% DV Nov-11 to 2014.....	15.08	10	Ibiamox
Inj 1 g vial – 1% DV Nov-11 to 2014.....	21.94	10	Ibiamox
<b>AMOXYCILLIN WITH CLAVULANIC ACID</b>			
Tab 500 mg with clavulanic acid 125 mg – 1% DV Aug-12 to 2014.....	12.55	100	Curam Duo
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml – 1% DV Nov-12 to 2015.....	1.61	100 ml	Augmentin
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV Nov-12 to 2015.....	2.19	100 ml	Augmentin
Inj 500 mg with clavulanic acid 100 mg vial – 1% DV Jan-13 to 2015.....	10.14	10	m-Amoxiclav
Inj 1,000 mg with clavulanic acid 200 mg vial – 1% DV Jan-13 to 2015.....	14.03	10	m-Amoxiclav
<b>BENZATHINE BENZYL PENICILLIN</b>			
Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Sep-12 to 2015.....	315.00	10	Bicillin LA
<b>BENZYL PENICILLIN SODIUM [PENICILLIN G]</b>			
Inj 600 mg (1 million units) vial – 1% DV Nov-11 to 2014.....	11.50	10	Sandoz
<b>FLUCLOXACILLIN</b>			
Cap 250 mg – 1% DV Oct-12 to 2015.....	22.00	250	Staphlex
Cap 500 mg – 1% DV Oct-12 to 2015.....	74.00	500	Staphlex
Grans for oral liq 25 mg per ml – 1% DV Sep-12 to 2015.....	2.49	100 ml	AFT
Grans for oral liq 50 mg per ml – 1% DV Sep-12 to 2015.....	3.25	100 ml	AFT
Inj 250 mg vial – 1% DV Nov-11 to 2014.....	10.86	10	Flucloxin
Inj 500 mg vial – 1% DV Nov-11 to 2014.....	11.32	10	Flucloxin
Inj 1 g vial – 1% DV Nov-11 to 2014.....	14.28	10	Flucloxin
<b>PHENOXYMETHYL PENICILLIN [PENICILLIN V]</b>			
Cap 250 mg.....	9.71	50	Cilicaine VK
Cap 500 mg.....	11.70	50	Cilicaine VK
Grans for oral liq 25 mg per ml.....	1.68	100 ml	AFT
Grans for oral liq 50 mg per ml.....	1.78	100 ml	AFT
<b>PIPERACILLIN WITH TAZOBACTAM</b>			
➔ Inj 4 g with tazobactam 0.5 g vial.....	12.00	1	Tazocin EF
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>PROCAINE PENICILLIN</b>			
Inj 1.5 g in 3.4 ml syringe – 1% DV Nov-11 to 2014.....	123.50	5	Cilicaine

➔ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**TICARCILLIN WITH CLAVULANIC ACID**

→ Inj 3 g with clavulanic acid 0.1 mg vial

**Restricted**

Infectious disease physician, clinical microbiologist or respiratory physician

**Quinolones**
**CIPROFLOXACIN**

→ Tab 250 mg – <b>1% DV Dec-11 to 2014</b> .....	2.20	28	<b>Cipflo</b>
→ Tab 500 mg – <b>1% DV Dec-11 to 2014</b> .....	3.00	28	<b>Cipflo</b>
→ Tab 750 mg – <b>1% DV Dec-11 to 2014</b> .....	5.15	28	<b>Cipflo</b>
→ Oral liq 50 mg per ml			
→ Oral liq 100 mg per ml			
→ Inj 2 mg per ml, 100 ml bag .....	41.00	10	Aspen Ciprofloxacin

**Restricted**

Infectious disease physician or clinical microbiologist

**MOXIFLOXACIN**

→ Tab 400 mg .....	52.00	5	Avelox
→ Inj 2 mg per ml, 250 ml bag .....	70.00	1	Avelox IV 400

**Restricted**

**Mycobacterium infection** – infectious disease physician, clinical microbiologist or respiratory physician

1 Active tuberculosis, with any of the following:

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

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

**Pneumonia** – infectious disease physician, clinical microbiologist

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

**Penetrating eye injury** – ophthalmologist

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

**NORFLOXACIN**

Tab 400 mg – <b>1% DV Sep-11 to 2014</b> .....	15.45	100	<b>Arrow-Norfloxac</b>
--	-------	-----	------------------------

**Tetracyclines**
**DEMECLOCYCLINE HYDROCHLORIDE**

Cap 150 mg

**DOXYCYCLINE**

→ Tab 50 mg – <b>Restricted:</b> For continuation only			
Tab 100 mg – <b>1% DV Sep-11 to 2014</b> .....	7.95	250	<b>Doxine</b>
Inj 5 mg per ml, 20 ml vial			

**MINOCYCLINE**

Tab 50 mg

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

# INFECTIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
TETRACYCLINE Tab 250 mg Cap 500 mg.....	46.00	30	Tetracyclin Wolff
TIGECYCLINE → Inj 50 mg vial			
<b>Restricted</b> Infectious disease physician or clinical microbiologist			
<b>Other Antibacterials</b>			
AZTREONAM → Inj 1 g vial – 1% DV Sep-11 to 2014 .....	131.00	5	<b>Azactam</b>
<b>Restricted</b> Infectious disease physician or clinical microbiologist			
CHLORAMPHENICOL → Inj 1 g vial			
<b>Restricted</b> Infectious disease physician or clinical microbiologist			
CLINDAMYCIN → Cap 150 mg..... → Oral liq 15 mg per ml → Inj 150 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016 .....	9.90   100.00	16   10	Clindamycin ABM  <b>Dalacin C</b>
<b>Restricted</b> Infectious disease physician or clinical microbiologist			
COLISTIN SULPHOMETHATE [COLESTIMETHATE] → Inj 150 mg per ml, 1 ml vial.....	65.00	1	Colistin-Link
<b>Restricted</b> Infectious disease physician, clinical microbiologist or respiratory physician			
DAPTOMYCIN → Inj 350 mg vial			
<b>Restricted</b> Infectious disease physician or clinical microbiologist			
FUSIDIC ACID → Tab 250 mg .....	34.50	12	Fucidin
<b>Restricted</b> Infectious disease physician or clinical microbiologist			
HEXAMINE HIPPURATE Tab 1 g			
LINCOMYCIN → Inj 300 mg per ml, 2 ml vial			
<b>Restricted</b> Infectious disease physician or clinical microbiologist			

→ Restriction



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LINEZOLID</b>			
→ Tab 600 mg			
→ Oral liq 20 mg per ml			
→ Inj 2 mg per ml, 300 ml bag			
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>NITROFURANTOIN</b>			
Tab 50 mg			
Tab 100 mg			
<b>SULPHADIAZINE</b>			
→ Tab 500 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or maternal-foetal medicine specialist			
<b>TEICOPLANIN</b>			
→ Inj 400 mg vial			
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>TRIMETHOPRIM</b>			
Tab 100 mg			
Tab 300 mg .....	9.28	50	TMP
<b>TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]</b>			
Tab 80 mg with sulphamethoxazole 400 mg			
Oral liq 8 mg with sulphamethoxazole 40 mg per ml .....	2.15	100 ml	Deprim
Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule			
<b>VANCOMYCIN</b>			
→ Inj 500 mg vial – 1% DV Sep-11 to 2014 .....	3.58	1	<b>Mylan</b>
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			

## ANTIFUNGALS

### Imidazoles

#### KETOCONAZOLE

→ Tab 200 mg

#### Restricted

Infectious disease physician, clinical microbiologist, dermatologist, endocrinologist or oncologist

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Polyene Antimycotics</b>			
<b>AMPHOTERICIN B</b>			
→ Inj 50 mg vial			
→ Inj (liposomal) 50 mg vial – <b>1% DV Oct-12 to 2015</b> .....	3,450.00	10	<b>AmBisome</b>
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician			
Either:			
1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or			
2 Both:			
2.1 Possible invasive fungal infection; and			
2.2 A multidisciplinary team (including an Infectious Disease physician or a Clinical Microbiologist) considers the treatment to be appropriate.			
<b>NYSTATIN</b>			
Cap 500,000 u.....	12.81	50	Nilstat
Tab 500,000 u.....	14.16	50	Nilstat
Oral liq 100,000 u per ml – <b>1% DV Sep-11 to 2014</b> .....	3.19	24 ml	<b>Nilstat</b>
<b>Triazoles</b>			
<b>FLUCONAZOLE</b>			
→ Cap 50 mg – <b>1% DV Jan-12 to 2014</b> .....	4.77	28	<b>Ozole</b>
→ Cap 150 mg – <b>1% DV Jan-12 to 2014</b> .....	0.91	1	<b>Ozole</b>
→ Cap 200 mg – <b>1% DV Jan-12 to 2014</b> .....	13.34	28	<b>Ozole</b>
→ Oral liq 50 mg per 5 ml vial.....	34.56	35 ml	Diflucan
→ Inj 2 mg per ml, 50 ml vial.....	5.68	1	Fluconazole-Claris
<b>Restricted</b>			
Consultant			
<b>ITRACONAZOLE</b>			
→ Cap 100 mg.....	4.25	15	Itrazole
→ Oral liq 10 mg per ml			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist			
<b>POSACONAZOLE</b>			
→ Oral liq 40 mg per ml.....	761.13	105 ml	Noxafil
<b>Restricted</b>			
Infectious disease physician or haematologist			
<b>Initiation</b>			
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			
<b>Continuation</b>			
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.			

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>VORICONAZOLE</b>			
→ Tab 50 mg .....	730.00	56	Vfend
→ Tab 200 mg .....	2,930.00	56	Vfend
→ Oral liq 40 mg per ml.....	730.00	70 ml	Vfend
→ Inj 200 mg vial.....	185.00	1	Vfend

**Restricted**

Infectious disease physician, clinical microbiologist or haematologist

**Proven or probable aspergillus infection**

Both:

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

**Possible aspergillus infection**

All of the following:

- 1 Patient is immunocompromised; and
- 2 Patient has possible invasive aspergillus infection; and
- 3 A multidisciplinary team (including an Infectious Disease Physician) considers the treatment to be appropriate.

**Resistant candidiasis infections and other moulds**

All of the following:

- 1 Patient is immunocompromised, and
- 2 Either:
  - 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**

→ Inj 50 mg vial – 1% DV Oct-12 to 2015 .....	667.50	1	<b>Cancidas</b>
→ Inj 70 mg vial – 1% DV Oct-12 to 2015 .....	862.50	1	<b>Cancidas</b>

**Restricted**

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

Either:

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

**FLUCYTOSINE**

→ Cap 500 mg

**Restricted**

Infectious disease physician or clinical microbiologist.

**TERBINAFINE**

Tab 250 mg – 1% DV Nov-11 to 2014 .....	1.78	14	<b>Dr Reddy's Terbinafine</b>
---	------	----	-----------------------------------

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ANTIMYCOBACTERIALS</b>			
<b>Antileptotics</b>			
CLOFAZAMINE			
→ Cap 50 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or dermatologist			
DAPSONE			
→ Tab 25 mg			
→ Tab 100 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or dermatologist			
<b>Antituberculotics</b>			
CYCLOSERINE			
→ Cap 250 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
ETHAMBUTOL HYDROCHLORIDE			
→ Tab 100 mg .....	48.01	56	Myambutol
→ Tab 400 mg .....	49.34	56	Myambutol
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
ISONIAZID			
→ Tab 100 mg – 1% DV Mar-13 to 2015 .....	20.00	100	<b>PSM</b>
<b>Restricted</b>			
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician			
ISONIAZID WITH RIFAMPICIN			
→ Tab 100 mg with rifampicin 150 mg			
→ Tab 150 mg with rifampicin 300 mg			
<b>Restricted</b>			
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician			
PARA-AMINOSALICYLIC ACID			
→ Grans for oral liq 4 g .....	280.00	30	Paser
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
PROTIONAMIDE			
→ Tab 250 mg .....	305.00	100	Peteha
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
PYRAZINAMIDE			
→ Tab 500 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**RIFABUTIN**

→ Cap 150 mg – **1% DV Sep-13 to 2016** ..... 213.19      30      **Mycobutin**

**Restricted**

Infectious disease physician, clinical microbiologist, respiratory physician or gastroenterologist

**RIFAMPICIN**

- Cap 150 mg
- Cap 300 mg
- Tab 600 mg
- Oral liq 100 mg per 5 ml
- Inj 600 mg vial

**Restricted**

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

**ANTIPARASITICS**
**Anthelmintics**
**ALBENDAZOLE**

- Tab 200 mg
- Tab 400 mg

**Restricted**

Infectious disease physician or clinical microbiologist

**IVERMECTIN**

→ Tab 3 mg ..... 17.20      4      Stromectol

**Restricted**

Infectious disease physician, clinical microbiologist or dermatologist.

**MEBENDAZOLE**

Tab 100 mg – **1% DV Nov-11 to 2014** ..... 24.19      24      **De-Worm**  
Oral liq 100 mg per 5 ml

**PRAZQUANTEL**

Tab 600 mg

**Antiprotozoals**
**ARTEMETHER WITH LUMAFANTRINE**

→ Tab 20 mg with lumefantrine 120 mg

**Restricted**

Infectious disease physician or clinical microbiologist

**ARTESUNATE**

→ Inj 60 mg vial

**Restricted**

Infectious disease physician or clinical microbiologist

## INFECTIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE</b>			
➔ Tab 250 mg with proguanil hydrochloride 100 mg			
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>CHLOROQUINE PHOSPHATE</b>			
➔ Tab 250 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist, dermatologist or rheumatologist			
<b>MEFLOQUINE HYDROCHLORIDE</b>			
➔ Tab 250 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist, dermatologist or rheumatologist			
<b>METRONIDAZOLE</b>			
Tab 200 mg .....	10.45	100	Trichozole
Tab 400 mg .....	18.15	100	Trichozole
Oral liq benzoate 200 mg per 5 ml .....	25.00	100 ml	Flagyl-S
Suppos 500 mg .....	24.48	10	Flagyl
Inj 5 mg per ml, 100 ml bag .....	2.46	1	Baxter
	12.35	5	AFT
<b>NITAZOXANIDE</b>			
➔ Tab 500 mg ..... 1,680.00 30 Alinia			
➔ Oral liq 100 mg per 5 ml			
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>ORNIDAZOLE</b>			
Tab 500 mg .....	16.50	10	Arrow-Ornidazole
<b>PENTAMIDINE ISETHIONATE</b>			
➔ Inj 300 mg vial			
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>PRIMAQUINE PHOSPHATE</b>			
➔ Tab 7.5 mg			
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>PYRIMETHAMINE</b>			
➔ Tab 25 mg			
<b>Restricted</b>			
Infectious disease physician, clinical microbiologist or maternal-foetal medicine specialist			
<b>QUININE DIHYDROCHLORIDE</b>			
➔ Inj 60 mg per ml, 10 ml ampoule			
➔ Inj 300 mg per ml, 2 ml vial			
<b>Restricted</b>			
Infectious disease physician or clinical microbiologist			

➔ Restriction

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
QUININE SULPHATE Tab 300 mg .....	54.06	500	Q 300

**SODIUM STIBOGLUCONATE**

→ Inj 100 mg per ml, 1 ml vial

**Restricted**

Infectious disease physician or clinical microbiologist

**SPIRAMYCIN**

→ Tab 500 mg

**Restricted**

Maternal-foetal medicine specialist

**ANTIRETROVIRALS**
**Non-Nucleoside Reverse Transcriptase Inhibitors**
**Restricted**
**Confirmed HIV/AIDS**

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
  - 2.1 Symptomatic patient; or
  - 2.2 Patient aged 12 months and under; or
  - 2.3 Both:
    - 2.3.1 Patient aged 1 to 5 years; and
    - 2.3.2 Any of the following:
      - 2.3.2.1 CD4 counts < 1000 cells/mm<sup>3</sup>; or
      - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
      - 2.3.2.3 Viral load counts > 100000 copies per ml; or
    - 2.4 Both:
      - 2.4.1 Patient aged 6 years and over; and
      - 2.4.2 CD4 counts < 350 cells/mm<sup>3</sup>

**Prevention of maternal transmission**

Either:

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

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

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:
  - 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.

**Percutaneous exposure**

Patient has percutaneous exposure to blood known to be HIV positive

**EFAVIRENZ**

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

## INFECTIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ETRAVIRINE</b>			
→ Tab 100 mg .....	770.00	120	Intelligence
→ Tab 200 mg .....	770.00	60	Intelligence
<i>(Intelligence Tab 100 mg to be delisted 1 August 2013)</i>			
<b>NEVIRAPINE</b>			
→ Oral suspension 10 mg per ml .....	134.55	240 ml	Viramune Suspension
→ Tab 200 mg – 1% DV Jan-13 to 2015 .....	95.94	60	<b>Nevirapine</b> Alphapharm

### Nucleoside Reverse Transcriptase Inhibitors

#### Restricted

#### Confirmed HIV/AIDS

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
  - 2.1 Symptomatic patient; or
  - 2.2 Patient aged 12 months and under; or
  - 2.3 Both:
    - 2.3.1 Patient aged 1 to 5 years; and
    - 2.3.2 Any of the following:
      - 2.3.2.1 CD4 counts < 1000 cells/mm<sup>3</sup>; or
      - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
      - 2.3.2.3 Viral load counts > 100000 copies per ml; or
  - 2.4 Both:
    - 2.4.1 Patient aged 6 years and over; and
    - 2.4.2 CD4 counts < 350 cells/mm<sup>3</sup>

#### Prevention of maternal transmission

Either:

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

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

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:
  - 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.

#### Percutaneous exposure

Patient has percutaneous exposure to blood known to be HIV positive

#### ABACAVIR SULPHATE

- |  |        |        |               |
|--|--------|--------|---------------|
| → Oral liq 20 mg per ml – 1% DV Jul-11 to 2014 ..... | 50.00  | 240 ml | <b>Ziagen</b> |
| → Tab 300 mg – 1% DV Jul-11 to 2014 .....            | 229.00 | 60     | <b>Ziagen</b> |

#### ABACAVIR SULPHATE WITH LAMIVUDINE

- |   |        |    |        |
|---|--------|----|--------|
| → Tab 600 mg with lamivudine 300 mg ..... | 630.00 | 30 | Kivexa |
|---|--------|----|--------|

#### DIDANOSINE [DDI]

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



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE</b>			
→ Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg.....	1,313.19	30	Atripla
<b>EMTRICITABINE</b>			
→ Cap 200 mg.....	307.20	30	Emtriva
<b>EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE</b>			
→ Tab 200 mg with tenofovir disoproxil fumarate 300 mg.....	838.20	30	Truvada
<b>LAMIVUDINE</b>			
→ Oral liq 10 mg per ml			
→ Tab 150 mg			
<b>STAVUDINE</b>			
→ Cap 30 mg			
→ Cap 40 mg			
→ Powder for oral soln 1 mg per ml			
<b>ZIDOVUDINE [AZT]</b>			
→ Cap 100 mg.....	145.00	100	Retrovir
→ Oral liq 10 mg per ml.....	29.00	200 ml	Retrovir
→ Inj 10 mg per ml, 20 ml vial			
<b>ZIDOVUDINE [AZT] WITH LAMIVUDINE</b>			
→ Tab 300 mg with lamivudine 150 mg – 1% DV Dec-12 to 2014 .....	63.50	60	<b>Alphapharm</b>

## Protease Inhibitors

### Restricted

#### Confirmed HIV/AIDS

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
  - 2.1 Symptomatic patient; or
  - 2.2 Patient aged 12 months and under; or
  - 2.3 Both:
    - 2.3.1 Patient aged 1 to 5 years; and
    - 2.3.2 Any of the following:
      - 2.3.2.1 CD4 counts < 1000 cells/mm<sup>3</sup>; or
      - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
      - 2.3.2.3 Viral load counts > 100000 copies per ml; or
  - 2.4 Both:
    - 2.4.1 Patient aged 6 years and over; and
    - 2.4.2 CD4 counts < 350 cells/mm<sup>3</sup>

#### Prevention of maternal transmission

Either:

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

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

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:

*continued...*

## INFECTIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<i>continued...</i>			
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.		
<b>Percutaneous exposure</b>			
Patient has percutaneous exposure to blood known to be HIV positive			
<b>ATAZANAVIR SULPHATE</b>			
→ Cap 150 mg	568.34	60	Reyataz
→ Cap 200 mg	757.79	60	Reyataz
<b>DARUNAVIR</b>			
→ Tab 400 mg	837.50	60	Prezista
→ Tab 600 mg	1,190.00	60	Prezista
<b>INDINAVIR</b>			
→ Cap 200 mg			
→ Cap 400 mg			
<b>LOPINAVIR WITH RITONAVIR</b>			
→ Oral liq 80 mg with ritonavir 20 mg per ml	735.00	300 ml	Kaletra
→ Tab 100 mg with ritonavir 25 mg	183.75	60	Kaletra
→ Tab 200 mg with ritonavir 50 mg	735.00	120	Kaletra
<b>RITONAVIR</b>			
→ Tab 100 mg – 1% DV Oct-12 to 2015	43.31	30	<b>Norvir</b>
→ Oral liq 80 mg per ml			

### Strand Transfer Inhibitors

#### Restricted

#### Confirmed HIV/AIDS

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
  - 2.1 Symptomatic patient; or
  - 2.2 Patient aged 12 months and under; or
  - 2.3 Both:
    - 2.3.1 Patient aged 1 to 5 years; and
    - 2.3.2 Any of the following:
      - 2.3.2.1 CD4 counts < 1000 cells/mm<sup>3</sup>; or
      - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
      - 2.3.2.3 Viral load counts > 100000 copies per ml; or
  - 2.4 Both:
    - 2.4.1 Patient aged 6 years and over; and
    - 2.4.2 CD4 counts < 350 cells/mm<sup>3</sup>

#### Prevention of maternal transmission

Either:

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

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

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

- 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.

**Percutaneous exposure**

Patient has percutaneous exposure to blood known to be HIV positive

**RALTEGRAVIR POTASSIUM**

→ Tab 400 mg .....	1,090.00	60	Isentress
--------------------	----------	----	-----------

**HIV Fusion Inhibitors**

**ENFUVIRTIDE**

→ Inj 108 mg vial .....	2,380.00	60	Fuzeon
-------------------------	----------	----	--------

**Restricted**

**Initiation**

*Re-assessment required after 12 months*

All of the following:

- 1 Confirmed HIV infection; and
- 2 Enfuvirtide to be given in combination with optimized back ground therapy (including at least 1 other antiretroviral drug that the patient has never previously been exposed to) for treatment failure; and
- 3 Either:
  - 3.1 Patient has evidence of HIV replication, despite ongoing therapy; or
  - 3.2 Patient has treatment-limiting toxicity to previous antiretroviral agents; and
- 4 Previous treatment with 3 different antiretroviral regimens has failed; and
- 5 All of the following:
  - 5.1 Previous treatment with a non-nucleoside reverse transcriptase inhibitor has failed; and
  - 5.2 Previous treatment with a nucleoside reverse transcriptase inhibitor has failed; and
  - 5.3 Previous treatment with a protease inhibitor has failed.

**Continuation**

Patient has had at least a 10 fold reduction in viral load at 12 months

**ANTIVIRALS**

**Hepatitis B**

**ADEFOVIR DIPVOXIL**

→ Tab 10 mg .....	670.00	30	Hepsera
-------------------	--------	----	---------

**Restricted**

Gastroenterologist or infectious disease physician

All of the following:

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

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

## ENTECAVIR

→ Tab 0.5 mg ..... 400.00 30 Baraclude

### Restricted

Gastroenterologist or infectious disease physician

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B nucleoside analogue treatment-naïve; and
- 3 Entecavir dose 0.5 mg/day; and
- 4 Either:
  - 4.1 ALT greater than upper limit of normal; or
  - 4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater) on liver histology; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 Patient has  $\geq 2,000$  IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and
- 6 No continuing alcohol abuse or intravenous drug use; and
- 7 Not co-infected with HCV, HIV or HDV; and
- 8 Neither ALT nor AST greater than 10 times upper limit of normal; and
- 9 No history of hypersensitivity to entecavir; and
- 10 No previous documented lamivudine resistance (either clinical or genotypic).

## LAMIVUDINE

→ Oral liq 5 mg per ml

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

### Restricted

Gastroenterologist, infectious disease specialist, paediatrician or general physician

#### Initiation

*Re-assessment required after 12 months*

- 1 Any of the following:
  - 1.1 All of the following:
    - 1.1.1 HBsAg positive for more than 6 months; and
    - 1.1.2 HBeAg positive or HBV DNA positive defined as  $> 100,000$  copies per ml by quantitative PCR at a reference laboratory; and
    - 1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent) on liver histology clinical/radiological evidence of cirrhosis; or
  - 1.2 HBV DNA positive cirrhosis prior to liver transplantation; or
  - 1.3 HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or
  - 1.4 Hepatitis B surface antigen positive (HbsAg) patient who is receiving chemotherapy for a malignancy, or who has received such treatment within the previous two months; and
- 2 All of the following:
  - 2.1 No continuing alcohol abuse or intravenous drug use; and
  - 2.2 Not coinfecting with HCV or HDV; and
  - 2.3 Neither ALT nor AST greater than 10 times upper limit of normal; and
  - 2.4 No history of hypersensitivity to lamivudine; and
  - 2.5 No previous lamivudine therapy with genotypically proven lamivudine resistance.

#### Continuation – patients who have maintained continuous treatment and response to lamivudine

*Re-assessment required after 2 years*

All of the following:

- 1 Have maintained continuous treatment with lamivudine; and
- 2 Most recent test result shows continuing biochemical response (normal ALT); and
- 3 HBV DNA  $< 100,00$  copies per ml by quantitative PCR at a reference laboratory; or

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

**Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine**

*Re-assessment required after 2 years*

All of the following:

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

**Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil**

*Re-assessment required after 2 years*

All of the following:

- 1 Lamivudine to be used in combination with adefovir dipivoxil; and  
Documented resistance to adefovir, defined as:
- 2 Patient has raised serum ALT (> 1 × ULN); and
- 3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
- 4 Detection of N236T or A181T/V mutation.

**TENOFOVIR DISOPROXIL FUMARATE**

→ Tab 300 mg ..... 531.00      30      Viread

**Restricted**

**Confirmed hepatitis B**

Either:

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

**Pregnant patients**

*Limited to four months' treatment*

Both:

- 1 Patient is HBsAg positive and pregnant; and
- 2 Either:
  - 2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or
  - 2.2 HBV DNA > 100 million IU/mL and ALT normal.

**Confirmed HIV/AIDS**

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
  - 2.1 Symptomatic patient; or
  - 2.2 Patient aged 12 months and under; or
  - 2.3 Both:
    - 2.3.1 Patient aged 1 to 5 years; and
    - 2.3.2 Any of the following:
      - 2.3.2.1 CD4 counts < 1000 cells/mm<sup>3</sup>; or

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or

2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

2.4.1 Patient aged 6 years and over; and

2.4.2 CD4 counts < 350 cells/mm<sup>3</sup>

### Prevention of maternal transmission

Either:

1 Prevention of maternal foetal transmission; or

2 Treatment of the newborn for up to eight weeks.

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

Both:

1 Treatment course to be initiated within 72 hours post exposure; and

2 Either:

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.

### Percutaneous exposure

Patient has percutaneous exposure to blood known to be HIV positive

## Herpesviridae

### ACICLOVIR

Tab dispersible 200 mg – 1% DV Sep-13 to 2016 .....	1.78	25	<b>Lovir</b>
Tab dispersible 400 mg – 1% DV Sep-13 to 2016 .....	5.98	56	<b>Lovir</b>
Tab dispersible 800 mg – 1% DV Sep-13 to 2016 .....	6.64	35	<b>Lovir</b>
Inj 250 mg vial – 1% DV Mar-13 to 2015 .....	14.09	5	<b>Zovirax IV</b>

### CIDOFVIR

→ Inj 75 mg per ml, 5 ml vial

#### Restricted

Infectious disease physician, clinical microbiologist, otolaryngologist or oral surgeon

### FOSCARNET SODIUM

→ Inj 24 mg per ml, 250 ml bottle

#### Restricted

Infectious disease physician or clinical microbiologist

### GANCICLOVIR

→ Inj 500 mg vial ..... 380.00 5 Cymevene

#### Restricted

Infectious disease physician or clinical microbiologist

### VALACICLOVIR

→ Tab 500 mg ..... 102.72 30 Valtrex

#### Restricted

Any of the following:

1 Patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.

2 Patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.

3 Patient has undergone organ transplantation.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

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

**Restricted**

**Transplant cytomegalovirus prophylaxis**

*Limited to three months' treatment*

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

**Lung transplant cytomegalovirus prophylaxis**

*Limited to six months' treatment*

Both:

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

**Cytomegalovirus in immunocompromised patients**

Both:

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

**Influenza**

OSELTAMIVIR

- ➔ Tab 75 mg
- ➔ Powder for oral suspension 12 mg per ml

**Restricted**

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 ALPHA-2A

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

INTERFERON ALPHA-2B

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

INTERFERON GAMMA

- ➔ Inj 100 mcg in 0.5 ml vial

**Restricted**

Patient has chronic granulomatous disease and requires interferon gamma.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

## PEGYLATED INTERFERON ALPHA-2A

- ➔ Inj 135 mcg prefilled syringe
- ➔ Inj 180 mcg prefilled syringe
- ➔ Inl 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)
- ➔ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)
- ➔ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)
- ➔ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)

### Restricted

#### Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV

Both:

- 1 Either:
  - 1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
  - 1.2 Patient has chronic hepatitis C and is co-infected with HIV; and
- 2 Maximum of 48 weeks therapy.

#### Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV

Both:

- 1 Patient has chronic hepatitis C, genotype 2 or 3 infection; and
- 2 Maximum of 6 months therapy.

### Hepatitis B

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 log<sub>10</sub> IU/ml; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2); and
- 6 Compensated liver disease; and
- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon; and
- 11 Maximum of 48 weeks therapy.



## MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### ANTICHOLINESTERASES

#### EDROPHONIUM CHLORIDE

→ Inj 10 mg per ml, 1 ml ampoule

#### Restricted

For the diagnosis of myasthenia gravis

#### NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 ..... 140.00 50

**AstraZeneca**

#### NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE

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

#### PYRIDOSTIGMINE BROMIDE

Tab 60 mg – 1% DV Sep-11 to 2014 ..... 38.90 100

**Mestinon**

### ANTIRHEUMATOID AGENTS

#### AURANOFIN

Tab 3 mg

#### HYDROXYCHLOROQUINE

Tab 200 mg – 1% DV Nov-12 to 2015 ..... 18.00 100

**Plaquenil**

#### LEFLUNOMIDE

Tab 10 mg ..... 55.00 30

Arava

Tab 20 mg ..... 76.00 30

Arava

Tab 100 mg ..... 54.44 3

Arava

#### PENICILLAMINE

Tab 125 mg ..... 61.93 100

D-Penamine

Tab 250 mg ..... 98.98 100

D-Penamine

#### SODIUM AUROTHIOMALATE

Inj 10 mg in 0.5 ml ampoule

Inj 20 mg in 0.5 ml ampoule

Inj 50 mg in 0.5 ml ampoule

### DRUGS AFFECTING BONE METABOLISM

#### Bisphosphonates

#### ALENDRONATE SODIUM

→ Tab 40 mg ..... 133.00 30

Fosamax

#### Restricted

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

*continued...*

# MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

2.5 Preparation for orthopaedic surgery.

→ Tab 70 mg .....	22.90	4	Fosamax
-------------------	-------	---	---------

## Restricted Osteoporosis

Any of the following:

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

## Initiation – glucocorticosteroid therapy

Re-assessment required after 12 months

Both:

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

## Continuation – glucocorticosteroid therapy

Re-assessment required after 12 months

The patient is continuing systemic glucocorticosteroid therapy ( $\geq 5$  mg per day prednisone equivalents)

Notes:

- a) 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.
- b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score  $\leq -2.5$  and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- c) 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.
- d) In line with the Australian guidelines for funding alendronate, 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.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**ALENDRONATE SODIUM WITH CHOLECALCIFEROL**

➔ Tab 70 mg with cholecalciferol 5,600 iu .....	22.90	4	Fosamax Plus
---	-------	---	--------------

**Restricted  
Osteoporosis**

Any of the following:

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

**Initiation – glucocorticosteroid therapy**

*Re-assessment required after 12 months*

Both:

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

**Continuation – glucocorticosteroid therapy**

*Re-assessment required after 12 months*

The patient is continuing systemic glucocorticosteroid therapy ( $\geq 5$  mg per day prednisone equivalents)

Notes:

- a) 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.
- b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score  $\leq -2.5$  and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- c) 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.
- d) In line with the Australian guidelines for funding alendronate, 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 – <b>1% DV Sep-12 to 2015</b> .....	15.80	100	<b>Arrow-Etidronate</b>
--	-------	-----	-------------------------

**PAMIDRONATE DISODIUM**

Inj 3 mg per ml, 5 ml vial .....	18.75	1	Pamisol
Inj 3 mg per ml, 10 ml vial – <b>1% DV Feb-13 to 2014</b> .....	16.00	1	<b>Pamidronate BNM</b>
Inj 6 mg per ml, 10 ml vial – <b>1% DV Feb-13 to 2014</b> .....	32.00	1	<b>Pamidronate BNM</b>
Inj 9 mg per ml, 10 ml vial – <b>1% DV Feb-13 to 2014</b> .....	48.00	1	<b>Pamidronate BNM</b>

# MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

## ZOLEDRONIC ACID

➔ Inj 0.05 mg per ml, 100 ml vial..... 600.00 100 ml Aclasta

### Restricted

#### Osteogenesis imperfecta

Patient has been diagnosed with clinical or genetic osteogenesis imperfecta.

#### Osteoporosis

Both:

1 Any of the following:

- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD)  $\geq 2.5$  standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq -2.5$ ) (see Note); or
  - 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
  - 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
  - 1.4 Documented T-Score  $\leq -3.0$  (see Note); or
  - 1.5 A 10-year risk of hip fracture  $\geq 3\%$ , calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
  - 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and
- 2 The patient will not be prescribed more than one infusion in a 12-month period.

#### Initiation – glucocorticosteroid therapy

*Re-assessment required after 12 months*

All of the following:

- 1 The patient is receiving systemic glucocorticosteroid therapy ( $\geq 5$  mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Any of the following:
  - 2.1 The patient has documented BMD  $\geq 1.5$  standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq -1.5$ ) (see Note); or
  - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
  - 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and
- 3 The patient will not be prescribed more than one infusion in the 12-month approval period.

#### Continuation – glucocorticosteroid therapy

*Re-assessment required after 12 months*

Both:

- 1 The patient is continuing systemic glucocorticosteroid therapy ( $\geq 5$  mg per day prednisone equivalents); and
- 2 The patient will not be prescribed more than one infusion in the 12-month approval period.

#### Initiation – Paget's disease

*Re-assessment required after 12 months*

All of the following:

- 1 Paget's disease; and
- 2 Any of the following:
  - 2.1 Bone or articular pain; or
  - 2.2 Bone deformity; or
  - 2.3 Bone, articular or neurological complications; or
  - 2.4 Asymptomatic disease, but risk of complications; or
  - 2.5 Preparation for orthopaedic surgery; and
- 3 The patient will not be prescribed more than one infusion in the 12-month approval period.

#### Continuation – Paget's disease

*Re-assessment required after 12 months*

Both:

- 1 Any of the following:
  - 1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

- 1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
- 1.3 Symptomatic disease (prescriber determined); and
- 2 The patient will not be prescribed more than one infusion in the 12-month approval period.

Notes:

- a) 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.
- b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score  $\leq -2.5$  and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- c) 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.
- d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

**Other Drugs Affecting Bone Metabolism**

RALOXIFENE → Tab 60 mg .....	53.76	28	Evista
---------------------------------	-------	----	--------

**Restricted**

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD)  $\geq 2.5$  standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq -2.5$ ) (see 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  $\leq -3.0$  (see Notes); or
- 5 A 10-year risk of hip fracture  $\geq 3\%$ , calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Notes); or
- 6 Patient has had a prior Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) or alendronate (Underlying cause - Osteoporosis).

Notes:

- a) 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.
- b) Evidence used by the UK National Institute for Health and Clinical Excellence (NICE) in developing its guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score  $\leq -2.5$  and, therefore, do not require BMD measurement for raloxifene funding.
- c) 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.
- d) 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.

## MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### TERIPARATIDE

→ Inj 250 mcg per ml, 2.4 ml cartridge..... 490.00 1 Forteo

#### Restricted

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:

- a) 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.
- b) 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 cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.
- c) 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 Dec-11 to 2014 .....	15.90	1,000	<b>Apo-Allopurinol</b>
Tab 300 mg – 1% DV Dec-11 to 2014 .....	16.75	500	<b>Apo-Allopurinol</b>

### BENZBROMARONE

→ Tab 100 mg..... 45.00 100 Benzbromaron

#### Restricted

Both:

- 1 Any of the following:
  - 1.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid; or
  - 1.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or
  - 1.3 Both:
    - 1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
    - 1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
  - 1.4 All of the following:
    - 1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
    - 1.4.2 Allopurinol is contraindicated; and
    - 1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and
- 2 The patient is receiving monthly liver function tests.

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

→ Restriction

## MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
COLCHICINE Tab 500 mcg .....	9.60	100	Colgout
PROBENECID Tab 500 mg			
RASBURICASE → Inj 1.5 mg vial			
<b>Restricted</b> Haematologist			

### MUSCLE RELAXANTS AND RELATED AGENTS

ATRACURIUM BESYLATE Inj 10 mg per ml, 2.5 ml ampoule – <b>1% DV Sep-12 to 2015</b> .....	6.13	5	<b>Tracrium</b>
Inj 10 mg per ml, 5 ml ampoule – <b>1% DV Sep-12 to 2015</b> .....	9.19	5	<b>Tracrium</b>
BACLOFEN Tab 10 mg – <b>1% DV Jun-13 to 2016</b> .....	3.85	100	<b>Pacifen</b>
Oral liq 1 mg per ml			
Inj 0.05 mg per ml, 1 ml ampoule – <b>1% DV Oct-12 to 2015</b> .....	11.55	1	<b>Lioresal Intrathecal</b>
Inj 2 mg per ml, 5 ml ampoule – <b>1% DV Oct-12 to 2015</b> .....	209.29	1	<b>Lioresal Intrathecal</b>
CLOSTRIDIUM BOTULINUM TYPE A TOXIN Inj 100 u vial .....	467.50	1	Botox
Inj 500 u vial .....	1,295.00	2	Dysport
DANTROLENE Cap 25 mg .....	65.00	100	Dantrium
Cap 50 mg .....	77.00	100	Dantrium
Inj 20 mg vial			<i>(Dantrium IV)</i>
MIVACURIUM CHLORIDE Inj 2 mg per ml, 5 ml ampoule .....	33.92	5	Mivacron
Inj 2 mg per ml, 10 ml ampoule .....	67.17	5	Mivacron
ORPHENADRINE CITRATE Tab 100 mg			
PANCURONIUM BROMIDE Inj 2 mg per ml, 2 ml ampoule – <b>1% DV Jan-13 to 2015</b> .....	260.00	50	<b>AstraZeneca</b>
ROCURONIUM BROMIDE Inj 10 mg per ml, 5 ml vial – <b>1% DV Sep-12 to 2015</b> .....	38.25	10	<b>DBL Rocuronium Bromide</b>
SUXAMETHONIUM CHLORIDE Inj 50 mg per ml, 2 ml ampoule .....	130.00	50	AstraZeneca
VECURONIUM BROMIDE Inj 4 mg ampoule Inj 10 mg vial			

## MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### Reversers of Neuromuscular Blockade

#### SUGAMMADEX

→ Inj 100 mg per ml, 2 ml vial.....	1,200.00	10	Bridion
→ Inj 100 mg per ml, 5 ml vial.....	3,000.00	10	Bridion

#### Restricted

Any of the following:

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

### NON-STEROIDAL ANTI-INFLAMMATORY DRUGS

#### CELECOXIB

- Cap 100 mg
- Cap 200 mg
- Cap 400 mg

#### Restricted

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

#### DICLOFENAC SODIUM

Tab EC 25 mg – 1% DV Mar-13 to 2015.....	4.00	100	<b>Apo-Diclo</b>
Tab EC 50 mg – 1% DV Mar-13 to 2015.....	16.00	500	<b>Apo-Diclo</b>
Tab 50 mg dispersible			
Tab long-acting 75 mg – 1% DV Dec-12 to 2015 .....	3.10	30	<b>Diclax SR</b>
	24.52	500	<b>Diclax SR</b>
Tab long-acting 100 mg – 1% DV Dec-12 to 2015 .....	42.25	500	<b>Diclax SR</b>
Suppos 12.5 mg – 1% DV Sep-11 to 2014 .....	1.85	10	<b>Voltaren</b>
Suppos 25 mg – 1% DV Sep-11 to 2014 .....	2.22	10	<b>Voltaren</b>
Suppos 50 mg – 1% DV Sep-11 to 2014 .....	3.84	10	<b>Voltaren</b>
Suppos 100 mg – 1% DV Sep-11 to 2014 .....	6.36	10	<b>Voltaren</b>
Inj 25 mg per ml, 3 ml ampoule – 1% DV Sep-11 to 2014 .....	12.00	5	<b>Voltaren</b>

#### ETORICOXIB

- Tab 30 mg
- Tab 60 mg
- Tab 90 mg
- Tab 120 mg

#### Restricted

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

#### IBUPROFEN

Tab 200 mg			
→ Tab 400 mg – <b>Restricted:</b> For continuation only			
→ Tab 600 mg – <b>Restricted:</b> For continuation only			
Tab long-acting 800 mg – 1% DV Oct-11 to 2014 .....	8.12	30	<b>Brufen SR</b>
Oral liq 20 mg per ml.....	2.69	200 ml	<b>Fenpaed</b>
Inj 5 mg per ml, 2 ml ampoule			

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.



## MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>INDOMETHACIN</b>			
Cap 25 mg			
Cap 50 mg			
Cap long-acting 75 mg			
Suppos 100 mg			
Inj 1 mg vial			
<b>KETOPROFEN</b>			
Cap long-acting 100 mg.....	21.56	100	Oruvail SR
Cap long-acting 200 mg.....	43.12	100	Oruvail SR
<b>MEFENAMIC ACID</b>			
→ Cap 250 mg			
<b>Restricted</b>			
For continuation only			
<b>MELOXICAM</b>			
→ Tab 7.5 mg			
<b>Restricted</b>			
Either:			
1 Haemophilic arthropathy, with both of the following:			
1.1 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and			
1.2 Pain and inflammation associated with haemophilic arthropathy is inadequately controlled by alternative funded treatment options, or alternative funded treatment options are contraindicated; or			
2 For preoperative and/or postoperative use for a total of up to 8 days' use.			
<b>NAPROXEN</b>			
Tab 250 mg – <b>1% DV Jan-13 to 2015</b> .....	21.25	500	<b>Noflam 250</b>
Tab 500 mg – <b>1% DV Jan-13 to 2015</b> .....	22.25	250	<b>Noflam 500</b>
Tab long-acting 750 mg			
Tab long-acting 1 g			
<b>PARECOXIB</b>			
Inj 40 mg vial.....	100.00	10	Dynastat
<b>SULINDAC</b>			
→ Tab 100 mg			
→ Tab 200 mg			
<b>Restricted</b>			
For continuation only			
<b>TENOXCICAM</b>			
Tab 20 mg			
Inj 20 mg vial.....	9.95	1	AFT
<b>TIAPROFENIC ACID</b>			
Tab 300 mg.....	19.26	60	Surgam

## MUSCULOSKELETAL SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

CAPSAICIN

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

**Restricted**

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>AGENTS FOR PARKINSONISM AND RELATED DISORDERS</b>			
<b>Agents for Essential Tremor, Chorea and Related Disorders</b>			
TETRABENAZINE			
Tab 25 mg – <b>1% DV Sep-13 to 2016</b> .....	118.00	112	<b>Motetis</b>
<b>Anticholinergics</b>			
BENZTROPINE MESYLATE			
Inj 1 mg per ml, 2 ml ampoule.....	95.00	5	Cogentin
Tab 2 mg .....	7.99	60	Benztrop
ORPHENADRINE HYDROCHLORIDE			
Tab 50 mg			
PROCYCLIDINE HYDROCHLORIDE			
Tab 5 mg			
<b>Dopamine Agonists and Related Agents</b>			
AMANTADINE HYDROCHLORIDE			
Cap 100 mg – <b>1% DV Sep-11 to 2014</b> .....	38.24	60	<b>Symmetrel</b>
APOMORPHINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 2 ml ampoule.....	110.00	5	Apomine
BROMOCRIPTINE			
Tab 2.5 mg			
Cap 5 mg			
ENTACAPONE			
Tab 200 mg – <b>1% DV Dec-12 to 2015</b> .....	47.92	100	<b>Entapone</b>
LEVODOPA WITH BENSERAZIDE			
Cap 50 mg with benserazide 12.5 mg.....	8.00	100	Madopar 62.5
Tab dispersible 50 mg with benserazide 12.5 mg.....	10.00	100	Madopar Dispersible
Cap 100 mg with benserazide 25 mg.....	12.50	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg.....	17.00	100	Madopar HBS
Cap 200 mg with benserazide 50 mg.....	25.00	100	Madopar 250
LEVODOPA WITH CARBIDOPA			
Tab 100 mg with carbidopa 25 mg.....	20.00	100	Sinemet ( <i>Sindopa</i> )
Tab 250 mg with carbidopa 25 mg.....	40.00	100	Sinemet ( <i>Sindopa</i> )
Tab long-acting 200 mg with carbidopa 50 mg.....	47.50	100	Sinemet CR
LISURIDE HYDROGEN MALEATE			
Tab 200 mcg .....	25.00	30	Dopergin
PERGOLIDE			
Tab 0.25 mg – <b>1% DV Sep-11 to 2014</b> .....	48.00	100	<b>Permax</b>
Tab 1 mg – <b>1% DV Sep-11 to 2014</b> .....	170.00	100	<b>Permax</b>

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PRAMIPEXOLE HYDROCHLORIDE</b>			
Tab 0.125 mg .....	1.95	30	Dr Reddy's Pramipexole
Tab 0.25 mg .....	2.40	30	Dr Reddy's Pramipexole
Tab 0.5 mg .....	4.20	30	Dr Reddy's Pramipexole
Tab 1 mg .....	7.20	30	Dr Reddy's Pramipexole
<b>ROPINIROLE HYDROCHLORIDE</b>			
Tab 0.25 mg .....	6.20	84	Ropin
Tab 1 mg .....	15.95	84	Ropin
Tab 2 mg .....	24.95	84	Ropin
Tab 5 mg .....	38.00	84	Ropin
<b>SELEGILINE HYDROCHLORIDE</b>			
Tab 5 mg			
<b>TOLCAPONE</b>			
Tab 100 mg – 1% DV Sep-11 to 2014 .....	126.20	100	Tasmar

## ANAESTHETICS

### General Anaesthetics

<b>DESFLURANE</b>			
Soln for inhalation 100%, 240 ml bottle – 1% DV Dec-12 to 2015 .....	1,230.00	6	<b>Suprane</b>
<b>DEXMEDETOMIDINE HYDROCHLORIDE</b>			
Inj 100 mcg per ml, 2 ml vial			
<b>ETOMIDATE</b>			
Inj 2 mg per ml, 10 ml ampoule			
<b>ISOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015 .....	1,020.00	6	<b>Aerrane</b>
<b>KETAMINE HYDROCHLORIDE</b>			
Inj 1 mg per ml, 100 bag			
Inj 4 mg per ml, 50 ml syringe			
Inj 10 mg per ml, 10 ml syringe			
Inj 100 mg per ml, 2 ml vial			
<b>METHOHEXITAL SODIUM</b>			
Inj 10 mg per ml, 50 ml vial			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PROPOFOL</b>			
Inj 10 mg per ml, 20 ml vial.....	42.00	5	Diprivan
	7.60		Provive MCT-LCT 1%
Inj 10 mg per ml, 20 ml ampoule.....	7.60	5	Fresofol 1%
Inj 10 mg per ml, 50 ml vial.....	25.00	1	Diprivan
	4.00		Fresofol 1%
			Provive MCT-LCT 1%
Inj 10 mg per ml, 50 ml syringe.....	47.00	1	Diprivan
Inj 10 mg per ml, 100 ml vial.....	30.00	1	Diprivan
	7.60		Fresofol 1%
			Provive MCT-LCT 1%
<b>SEVOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle			
– 1% DV Dec-12 to 2015 .....	1,230.00	6	<b>Baxter</b>
<b>THIOPENTAL (THIOPENTONE) SODIUM</b>			
Inj 500 mg ampoule			

**Local Anaesthetics**

**ARTICAINE HYDROCHLORIDE WITH ADRENALINE**

Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge

**BENZOCAINE**

Gel 20%

**BUPIVACAINE HYDROCHLORIDE**

Inj 1.25 mg per ml, 100 ml bag

Inj 1.25 mg per ml, 200 ml bag

Inj 2.5 mg per ml, 20 ml ampoule – 1% DV Oct-12 to 2015..... 35.00

5

**Marcaïn**

Inj 2.5 mg per ml, 100 ml bag ..... 150.00

5

Marcaïn

Inj 2.5 mg per ml, 200 ml bag

Inj 5 mg per ml, 4 ml ampoule..... 50.00

5

Marcaïn Isobaric

Inj 5 mg per ml, 10 ml ampoule..... 35.00

50

Marcaïn

Inj 5 mg per ml, 10 ml ampoule – 1% DV Oct-12 to 2015..... 28.00

5

**Marcaïn**

Inj 5 mg per ml, 20 ml ampoule – 1% DV Oct-12 to 2015..... 28.00

5

**Marcaïn**

Note: DV limit applies to theatre packs only.

**BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE**

Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial

– 1% DV Nov-11 to 2014 ..... 135.00

5

**Marcaïn with  
Adrenaline**

Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial

– 1% DV Nov-11 to 2014 ..... 115.00

5

**Marcaïn with  
Adrenaline**

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BUPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe			
– 1% DV Nov-11 to 2014 .....	72.00	10	<b>Biomed</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe			
– 1% DV Nov-11 to 2014 .....	92.00	10	<b>Biomed</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag			
– 1% DV Nov-11 to 2014 .....	210.00	10	<b>Bupafen</b>
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 bag			
– 1% DV Nov-11 to 2014 .....	210.00	10	<b>Bupafen</b>
<b>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</b>			
Inj 0.5% with glucose 8%, 4 ml ampoule.....	38.00	5	Marcain Heavy
<b>COCAINE HYDROCHLORIDE</b>			
Paste 5%			
Soln 4%, 2 ml syringe .....	25.46	1	Biomed
Soln 15%, 2 ml syringe			
<b>COCAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
<b>ETHYL CHLORIDE</b>			
Spray 100%			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</b>			
Inj 1%, 5 ml ampoule – 1% DV Jul-13 to 2015 .....	8.75	25	<b>Lidocaine-Claris</b>
Inj 1%, 20 ml ampoule – 1% DV Jul-13 to 2015 .....	2.40	1	<b>Lidocaine-Claris</b>
Inj 2%, 5 ml ampoule – 1% DV Jul-13 to 2015 .....	6.90	25	<b>Lidocaine-Claris</b>
Inj 2%, 20 ml ampoule – 1% DV Jul-13 to 2015 .....	2.40	1	<b>Lidocaine-Claris</b>
Gel 2%, 10 ml urethral syringe.....	43.26	10	Pfizer
Gel 2% – 1% DV Oct-12 to 2015.....	3.40	20 ml	<b>Orion</b>
Oral (viscous) soln 2% – 1% DV Sep-11 to 2014 .....	55.00	200 ml	<b>Xylocaine Viscous</b>
Spray 10% – 1% DV Sep-13 to 2016 .....	75.00	50 ml	<b>Xylocaine</b>
Soln 4%			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule.....	27.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial.....	50.00	5	Xylocaine
Inj 2% with adrenaline 1:200,000, 20 ml vial.....	60.00	5	Xylocaine
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE</b>			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE</b>			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe.....	43.26	10	Pfizer

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE</b> Nasal spray 5% with phenylephrine hydrochloride 0.5%			
<b>LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE</b>			
Crn 2.5% with prilocaïne 2.5%, 5 g.....	45.00	5	EMLA
Crn 2.5% with prilocaïne 2.5%.....	45.00	30 g	EMLA
Patch 25 mcg with prilocaïne 25 mcg.....	115.00	20	EMLA
<b>MEPIVACAINE HYDROCHLORIDE</b>			
Inj 3%, 1.8 ml dental cartridge			
Inj 3%, 2.2 ml dental cartridge			
<b>PRILOCAINE HYDROCHLORIDE</b>			
Inj 0.5%, 50 ml vial .....	100.00	5	Citanest
Inj 2%, 5 ml ampoule .....	55.00	10	Citanest
<b>PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN</b>			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
<b>ROPIVACAINE HYDROCHLORIDE</b>			
Inj 2 mg per ml, 10 ml ampoule			
Inj 2 mg per ml, 20 ml ampoule.....	75.00	5	Naropin
Inj 2 mg per ml, 100 ml bag .....	200.00	5	Naropin
Inj 2 mg per ml, 200 ml bag .....	265.00	5	Naropin
Inj 7.5 mg per ml, 10 ml ampoule.....	45.00	5	Naropin
Inj 7.5 mg per ml, 20 ml ampoule.....	84.00	5	Naropin
Inj 10 mg per ml, 10 ml ampoule.....	54.00	5	Naropin
Inj 10 mg per ml, 20 ml ampoule			
<b>ROPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag .....	198.50	5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag .....	270.00	5	Naropin
<b>TETRACAINE (AMETHOCAINE) HYDROCHLORIDE</b> Gel 4%			

**ANALGESICS**

**Non-Opioid Analgesics**

**ASPIRIN**

Tab dispersible 300 mg  
Tab EG 300 mg

**CAPSAICIN**

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

**Restricted**

For post-herpetic neuralgia or diabetic peripheral neuropathy

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METHOXYFLURANE</b>			
➔ Soln for inhalation 99.9%, 3 ml bottle			
<b>Restricted</b>			
Both:			
1 Patient is undergoing a painful procedure with an expected duration of less than one hour; and			
2 Only to be used under supervision by a medical practitioner or nurse who is trained in the use of methoxyflurane.			
<b>NEFOPAM HYDROCHLORIDE</b>			
Tab 30 mg			
<b>PARACETAMOL</b>			
Tab 500 mg			
Tab soluble 500 mg			
Oral liq 120 mg per 5 ml – 20% DV Dec-11 to 2014.....	2.21	500 ml	<b>Ethics Paracetamol Paracare Double Strength</b>
Oral liq 250 mg per 5 ml – 20% DV Dec-11 to 2014.....	6.70	1,000 ml	
Suppos 25 mg .....	56.35	20	Biomed
Suppos 50 mg .....	56.35	20	Biomed
Suppos 125 mg .....	7.49	20	Panadol
Suppos 250 mg .....	14.40	20	Panadol
Suppos 500 mg – 1% DV Jan-13 to 2015.....	20.70	50	<b>Paracare</b>
➔ Inj 10 mg per ml, 50 ml vial			
➔ Inj 10 mg per ml, 100 ml vial – 1% DV Apr-13 to 2014 .....	22.50	10	<b>Paracetamol-AFT</b>
<b>Restricted</b>			
Intravenous paracetamol is only to be used where other routes are unavailable or impractical, or where there is reduced absorption. The need for IV paracetamol must be re-assessed every 24 hours.			
<b>SUCROSE</b>			
Oral liq 25%			
<b>Opioid Analgesics</b>			
<b>ALFENTANIL HYDROCHLORIDE</b>			
Inj 0.5 mg per ml, 2 ml ampoule			
<b>CODEINE PHOSPHATE</b>			
Tab 15 mg – 1% DV Jul-13 to 2016.....	4.75	100	<b>PSM</b>
Tab 30 mg – 1% DV Jul-13 to 2016.....	5.80	100	<b>PSM</b>
Tab 60 mg – 1% DV Jul-13 to 2016.....	12.50	100	<b>PSM</b>
<b>DIHYDROCODEINE TARTRATE</b>			
Tab long-acting 60 mg – 1% DV Sep-13 to 2016 .....	13.64	60	<b>DHC Continus</b>
<b>FENTANYL</b>			
Patch 12.5 mcg per hour.....	8.90	5	Mylan Fentanyl Patch
Patch 25 mcg per hour.....	9.15	5	Mylan Fentanyl Patch
Patch 50 mcg per hour.....	11.50	5	Mylan Fentanyl Patch
Patch 75 mcg per hour.....	13.60	5	Mylan Fentanyl Patch
Patch 100 mcg per hour.....	14.50	5	Mylan Fentanyl Patch
Inj 10 mcg per ml, 10 ml syringe			
Inj 10 mcg per ml, 50 ml bag – 1% DV Dec-11 to 2014 .....	210.00	10	<b>Biomed</b>
Inj 10 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014 .....	165.00	10	<b>Biomed</b>
Inj 10 mcg per ml, 100 ml bag – 1% DV Dec-11 to 2014 .....	210.00	10	<b>Biomed</b>
Inj 20 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014 .....	185.00	10	<b>Biomed</b>

*continued...*



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<i>continued...</i>			
Inj 20 mcg per ml, 100 ml bag			
Inj 50 mcg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015	4.50	10	<b>Boucher and Muir</b>
Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-12 to 2015	11.77	10	<b>Boucher and Muir</b>
<b>METHADONE HYDROCHLORIDE</b>			
Tab 5 mg	1.85	10	Methatabs
Oral liq 2 mg per ml – 1% DV Sep-12 to 2015	5.55	200 ml	<b>Biodone</b>
Oral liq 5 mg per ml – 1% DV Sep-12 to 2015	5.55	200 ml	<b>Biodone Forte</b>
Oral liq 10 mg per ml – 1% DV Sep-12 to 2015	6.55	200 ml	<b>Biodone Extra Forte</b>
Inj 10 mg per ml, 1 ml vial	61.00	10	AFT
<b>MORPHINE HYDROCHLORIDE</b>			
Oral liq 1 mg per ml – 1% DV Oct-12 to 2015	8.84	200 ml	<b>RA-Morph</b>
Oral liq 2 mg per ml – 1% DV Oct-12 to 2015	11.62	200 ml	<b>RA-Morph</b>
Oral liq 5 mg per ml – 1% DV Oct-12 to 2015	14.65	200 ml	<b>RA-Morph</b>
Oral liq 10 mg per ml – 1% DV Oct-12 to 2015	21.55	200 ml	<b>RA-Morph</b>
<b>MORPHINE SULPHATE</b>			
Tab immediate-release 10 mg	2.80	10	Sevredol
Tab immediate-release 20 mg	5.52	10	Sevredol
Tab long-acting 10 mg – 1% DV Sep-13 to 2016	1.95	10	<b>Arrow-Morphine LA</b>
Tab long-acting 30 mg – 1% DV Sep-13 to 2016	2.98	10	<b>Arrow-Morphine LA</b>
Tab long-acting 60 mg – 1% DV Sep-13 to 2016	5.75	10	<b>Arrow-Morphine LA</b>
Tab long-acting 100 mg – 1% DV Sep-13 to 2016	6.45	10	<b>Arrow-Morphine LA</b>
Cap long-acting 10 mg	2.22	10	m-Elson
Cap long-acting 30 mg	3.20	10	m-Elson
Cap long-acting 60 mg	6.90	10	m-Elson
Cap long-acting 100 mg	8.05	10	m-Elson
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
Inj 1 mg per ml, 2 ml syringe			
Inj 1 mg per ml, 10 ml syringe – 1% DV Dec-11 to 2014	39.50	10	<b>Biomed</b>
Inj 1 mg per ml, 50 ml syringe – 1% DV Dec-11 to 2014	79.50	10	<b>Biomed</b>
Inj 1 mg per ml, 100 ml bag – 1% DV Dec-11 to 2014	165.00	10	<b>Biomed</b>
Inj 2 mg per ml, 30 ml syringe – 1% DV Dec-11 to 2014	135.00	10	<b>Biomed</b>
Inj 5 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	5.51	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	4.79	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 100 ml bag			
Inj 10 mg per ml, 100 mg cassette			
Inj 15 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	5.01	5	<b>DBL Morphine Sulphate</b>
Inj 30 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	5.30	5	<b>DBL Morphine Sulphate</b>
<b>MORPHINE TARTRATE</b>			
Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Sep-13 to 2016	35.60	5	<b>Hospira</b>
Inj 80 mg per ml, 5 ml ampoule – 1% DV Sep-13 to 2016	107.67	5	<b>Hospira</b>

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OXYCODONE HYDROCHLORIDE</b>			
Cap 5 mg.....	2.83	20	OxyNorm
Cap 10 mg.....	5.58	20	OxyNorm
Cap 20 mg.....	9.77	20	OxyNorm
Oral liq 5 mg per 5 ml.....	11.20	250 ml	OxyNorm
Tab controlled-release 5 mg.....	7.51	20	OxyContin
Tab controlled-release 10 mg.....	11.14	20	OxyContin
Tab controlled-release 20 mg.....	18.93	20	OxyContin
Tab controlled-release 40 mg.....	33.29	20	OxyContin
Tab controlled-release 80 mg.....	58.03	20	OxyContin
Inj 1 mg per ml, 100 ml bag			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Dec-12 to 2015.....	10.08	5	<b>Oxycodone Orion</b>
Inj 10 mg per ml, 2 ml ampoule – 1% DV Dec-12 to 2015.....	19.87	5	<b>Oxycodone Orion</b>
Inj 50 mg per ml, 1 ml ampoule – 1% DV May-13 to 2015.....	60.00	5	<b>OxyNorm</b>
<b>PARACETAMOL WITH CODEINE</b>			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Nov-11 to 2014.....	2.70	100	<b>Paracetamol + Codeine (Relieve)</b>
<b>PETHIDINE HYDROCHLORIDE</b>			
Tab 50 mg – 1% DV Mar-13 to 2015.....	3.95	10	<b>PSM</b>
Tab 100 mg – 1% DV Mar-13 to 2015.....	5.80	10	<b>PSM</b>
Inj 5 mg per ml, 10 ml syringe			
Inj 5 mg per ml, 100 ml bag			
Inj 10 mg per ml, 50 ml syringe			
Inj 10 mg per ml, 100 ml bag			
Inj 50 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014.....	5.51	5	<b>DBL Pethidine Hydrochloride</b>
Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-11 to 2014.....	5.83	5	<b>DBL Pethidine Hydrochloride</b>
<b>REMIFENTANIL HYDROCHLORIDE</b>			
Inj 1 mg vial – 1% DV Feb-12 to 2014.....	27.95	5	<b>Remifentanil-AFT</b>
Inj 2 mg vial – 1% DV Feb-12 to 2014.....	41.80	5	<b>Remifentanil-AFT</b>
<b>TRAMADOL HYDROCHLORIDE</b>			
Cap 50 mg – 1% DV Sep-11 to 2014.....	4.95	100	<b>Arrow-Tramadol</b>
Tab sustained-release 100 mg.....	2.14	20	Tramal SR 100
Tab sustained-release 150 mg.....	3.21	20	Tramal SR 150
Tab sustained-release 200 mg.....	4.28	20	Tramal SR 200
Oral drops 100 mg per ml			
Inj 10 mg per ml, 100 ml bag			
Inj 50 mg per ml, 1 ml ampoule.....	4.50	5	Tramal 50
Inj 50 mg per ml, 2 ml ampoule.....	4.50	5	Tramal 100
<b>ANTIDEPRESSANTS</b>			
<b>Cyclic and Related Agents</b>			
<b>AMITRIPTYLINE</b>			
Tab 10 mg – 1% DV Jan-13 to 2014.....	3.32	100	<b>Arrow-Amitriptyline</b>
Tab 25 mg – 1% DV Jun-11 to 2014.....	1.85	100	<b>Amitrip</b>
Tab 50 mg – 1% DV Jun-11 to 2014.....	3.60	100	<b>Amitrip</b>

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CLOMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg – <b>1% DV Jan-13 to 2015</b> .....	12.60	100	<b>Apo-Clomipramine</b>
Tab 25 mg – <b>1% DV Jan-13 to 2015</b> .....	8.68	100	<b>Apo-Clomipramine</b>
<b>DOTHIEPIN HYDROCHLORIDE</b>			
Cap 25 mg.....	6.17	100	Dopress
Tab 75 mg.....	10.50	100	Dopress
<b>DOXEPIN HYDROCHLORIDE</b>			
Cap 10 mg			
Cap 25 mg			
Cap 50 mg			
<b>IMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg.....	5.48	50	Tofranil
Tab 25 mg.....	8.80	50	Tofranil
<b>MAPROTILINE HYDROCHLORIDE</b>			
Tab 25 mg			
Tab 75 mg			
<b>MIANSERIN HYDROCHLORIDE</b>			
➔ Tab 30 mg			
<b>Restricted</b>			
Either:			
1 Both:			
1.1 Depression; and			
1.2 Either:			
1.2.1 Co-existent bladder neck obstruction; or			
1.2.2 Cardiovascular disease; or			
2 Both:			
2.1 The patient has a severe major depressive episode; and			
2.2 Either:			
2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or			
2.2.2 Both:			
2.2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and			
2.2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.			
<b>NORTRIPTYLINE HYDROCHLORIDE</b>			
Tab 10 mg – <b>1% DV Jun-13 to 2016</b> .....	4.00	100	<b>Norpress</b>
Tab 25 mg – <b>1% DV Jun-13 to 2016</b> .....	9.00	180	<b>Norpress</b>

**Monoamine-Oxidase Inhibitors – Non-Selective**

**PHENELZINE SULPHATE**  
Tab 15 mg

**TRANLYCYPROMINE SULPHATE**  
Tab 10 mg

# NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Monoamine-Oxidase Type A Inhibitors</b>			
MOCLOBEMIDE			
Tab 150 mg – 1% DV Apr-13 to 2015 .....	81.83	500	<b>Apo-Moclobemide</b>
Tab 300 mg – 1% DV Apr-13 to 2015 .....	29.51	100	<b>Apo-Moclobemide</b>

## Other Antidepressants

MIRTAZAPINE			
→ Tab 30 mg – 1% DV Sep-12 to 2015 .....	8.78	30	<b>Avanza</b>
→ Tab 45 mg – 1% DV Sep-12 to 2015 .....	13.95	30	<b>Avanza</b>

### Restricted Initiation

*Re-assessment required after two years*

Both:

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

### Continuation

*Re-assessment required after two years*

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

VENLAFAXINE			
→ Cap modified release 37.5 mg .....	8.71	28	Efexor XR
→ Cap modified release 75 mg .....	17.42	28	Efexor XR
→ Cap modified release 150 mg .....	21.35	28	Efexor XR
→ Tab modified release 37.5 mg .....	7.84	28	Arrow-Venlafaxine XR
→ Tab modified release 75 mg .....	13.94	28	Arrow-Venlafaxine XR
→ Tab modified release 150 mg .....	17.08	28	Arrow-Venlafaxine XR
→ Tab modified release 225 mg .....	27.14	28	Arrow-Venlafaxine XR

### Restricted Initiation

*Re-assessment required after two years*

Both:

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

### Continuation

*Re-assessment required after two years*

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Selective Serotonin Reuptake Inhibitors</b>			
CITALOPRAM HYDROBROMIDE			
Tab 20 mg – <b>1% DV Sep-11 to 2014</b> .....	2.34	84	<b>Arrow-Citalopram</b>
ESCITALOPRAM			
Tab 10 mg .....	2.65	28	Loxalate
Tab 20 mg .....	4.20	28	Loxalate
FLUOXETINE HYDROCHLORIDE			
Cap 20 mg .....	2.70	84	Fluox
Tab dispersible 20 mg, scored .....	2.50	30	Fluox
PAROXETINE HYDROCHLORIDE			
Tab 20 mg .....	2.38	30	Loxamine
SETRALINE			
Tab 50 mg – <b>1% DV Sep-13 to 2016</b> .....	3.64	90	<b>Arrow-Sertraline</b>
Tab 100 mg – <b>1% DV Sep-13 to 2016</b> .....	6.28	90	<b>Arrow-Sertraline</b>

**ANTIEPILEPSY DRUGS**

**Agents for the Control of Status Epilepticus**

CLONAZEPAM			
Inj 1 mg per ml, 1 ml ampoule .....	19.00	5	Rivotril
DIAZEPAM			
Rectal tubes 5 mg .....	25.05	5	Stesolid
Rectal tubes 10 mg .....	30.50	5	Stesolid
Inj 5 mg per ml, 2 ml ampoule .....	9.24	5	Mayne
LORAZEPAM			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
PARALDEHYDE			
Inj 5 mg ampoule			
PHENYTOIN SODIUM			
Inj 50 mg per ml, 2 ml ampoule			
Inj 50 mg per ml, 5 ml ampoule			

**Control of Epilepsy**

CARBAMAZEPINE			
Oral liq 20 mg per ml			
Tab 200 mg			
Tab 400 mg			
Tab long-acting 200 mg			
Tab long-acting 400 mg			
CLOBAZAM			
Tab 10 mg			

# NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

## CLONAZEPAM

Oral drops 2.5 mg per ml

## ETHOSUXIMIDE

Cap 250 mg

Oral liq 50 mg per ml

## GABAPENTIN

→ Cap 100 mg.....	7.16	100	Nupentin
→ Cap 300 mg.....	11.50	100	Nupentin
→ Cap 400 mg.....	14.75	100	Nupentin
→ Tab 600 mg			

### Restricted

For preoperative and/or postoperative use for up to a total of 8 days' use

### Initiation – epilepsy

*Re-assessment required after 15 months*

Either:

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

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

### Continuation – epilepsy

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

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

### Initiation – neuropathic pain

*Re-assessment required after 3 months*

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

### Continuation – neuropathic pain

Either:

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

## LACOSAMIDE

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

### Restricted

### Initiation

*Re-assessment required after 15 months*

Both:

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

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<i>continued...</i>			
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.			
<b>Continuation</b>			
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.			
<b>LAMOTRIGINE</b>			
Tab dispersible 2 mg.....	6.74	30	Lamictal
Tab dispersible 5 mg.....	9.64	30	Lamictal
	15.00	56	Arrow-Lamotrigine
Tab dispersible 25 mg.....	20.40	56	Arrow-Lamotrigine
	29.09		Lamictal
	19.38		Logem
	20.40		Mogine
Tab dispersible 50 mg.....	34.70	56	Arrow-Lamotrigine
	47.89		Lamictal
	32.97		Logem
	34.70		Mogine
Tab dispersible 100 mg.....	59.90	56	Arrow-Lamotrigine
	79.16		Lamictal
	56.91		Logem
	59.90		Mogine
<b>LEVETIRACETAM</b>			
Tab 250 mg.....	24.03	60	Levetiracetam-Rex
Tab 500 mg.....	28.71	60	Levetiracetam-Rex
Tab 750 mg.....	45.23	60	Levetiracetam-Rex
Inj 100 mg per ml, 5 ml vial			
<b>PHENOBARBITONE</b>			
Tab 15 mg – 1% DV Mar-13 to 2015.....	28.00	500	<b>PSM</b>
Tab 30 mg – 1% DV Mar-13 to 2015.....	29.00	500	<b>PSM</b>
<b>PHENYTOIN</b>			
Tab 50 mg			
<b>PHENYTOIN SODIUM</b>			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
<b>PRIMIDONE</b>			
Tab 250 mg			
<b>SODIUM VALPROATE</b>			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial			

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>STIRIPENTOL</b>			
→ Cap 250 mg.....	509.29	60	Diacomit
→ Powder for oral liq 250 mg sachet.....	509.29	60	Diacomit
<b>Restricted</b>			
Paediatric neurologist			
<b>Initiation</b>			
<i>Re-assessment required after 6 months</i>			
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.			
<b>Continuation</b>			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
<b>TOPIRAMATE</b>			
Tab 25 mg.....	11.07	60	Arrow-Topiramte
	26.04		Topamax
Tab 50 mg.....	18.81	60	Arrow-Topiramte
	44.26		Topamax
Tab 100 mg.....	31.99	60	Arrow-Topiramte
	75.25		Topamax
Tab 200 mg.....	55.19	60	Arrow-Topiramte
	129.85		Topamax
Cap sprinkle 15 mg.....	20.84	60	Topamax
Cap sprinkle 25 mg.....	26.04	60	Topamax

### VIGABATRIN

→ Tab 500 mg

#### Restricted

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:

2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes:

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ANTIMIGRAINE PREPARATIONS</b>			
<b>Acute Migraine Treatment</b>			
DIHYDROERGOTAMINE MESYLATE Inj 1 mg per ml, 1 ml ampoule			
ERGOMETRINE TARTRATE WITH CAFFEINE Tab 1 mg with caffeine 100 mg			
METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL Tab 5 mg with paracetamol 500 mg			
RIZATRIPTAN BENZOATE Tab orodispersible 10 mg – <b>1% DV May-12 to 2014</b> .....	18.00	30	<b>Rizamelt</b>
SUMATRIPTAN Tab 50 mg .....	38.83	100	Arrow-Sumatriptan
Tab 100 mg .....	77.66	100	Arrow-Sumatriptan
Inj 12 mg per ml, 0.5 ml cartridge.....	36.00	2	Arrow-Sumatriptan
<b>Prophylaxis of Migraine</b>			
PIZOTIFEN Tab 500 mcg – <b>1% DV Mar-13 to 2015</b> .....	23.21	100	<b>Sandomigran</b>
<b>ANTINAUSEA AND VERTIGO AGENTS</b>			
APREPITANT → Cap 2 x 80 mg with 1 x 125 mg .....	116.00	3	Emend Tri-Pack
<b>Restricted</b> Patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.			
BETAHISTINE DIHYDROCHLORIDE Tab 16 mg .....	10.00	84	Vergo 16
CYCLIZINE HYDROCHLORIDE Tab 50 mg – <b>1% DV Sep-12 to 2015</b> .....	0.59	10	<b>Nausicalm</b>
CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml ampoule.....	14.95	5	Nausicalm
DOMPERIDONE Tab 10 mg – <b>1% DV Mar-13 to 2015</b> .....	3.25	100	<b>Prokinex</b>
DROPERIDOL Inj 2.5 mg per ml, 1 ml ampoule			

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYOSCINE HYDROBROMIDE</b>			
➔ Patch 1.5 mg .....	11.95	2	Scopoderm TTS
<b>Restricted</b>			
Any of the following:			
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or			
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or			
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.			
Inj 400 mcg per ml, 1 ml ampoule .....	6.66	5	Mayne
<b>METOCLOPRAMIDE HYDROCHLORIDE</b>			
Tab 10 mg – <b>1% DV Jun-11 to 2014</b> .....	3.95	100	<b>Metamide</b>
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule – <b>1% DV Sep-11 to 2014</b> .....	4.50	10	<b>Pfizer</b>
<b>ONDANSETRON</b>			
Tab 4 mg .....	5.10	30	Dr Reddy's Ondansetron
Tab 8 mg .....	1.70	10	Dr Reddy's Ondansetron
Tab dispersible 4 mg .....	0.68	4	Dr Reddy's Ondansetron
	1.70	10	Dr Reddy's Ondansetron
	17.18		Zofran Zydys
Tab dispersible 8 mg .....	2.00	10	Dr Reddy's Ondansetron
Inj 2 mg per ml, 2 ml ampoule .....	2.64	5	Ondanaccord
Inj 2 mg per ml, 4 ml ampoule .....	2.98	5	Ondanaccord
<b>PROCHLORPERAZINE</b>			
Tab 3 mg buccal			
Tab 5 mg .....	16.85	500	Antinaus
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
<b>PROMETHAZINE THEOCLATE</b>			
➔ Tab 25 mg			
<b>Restricted</b>			
For continuation only			
<b>TROPISETRON</b>			
Cap 5 mg .....	77.41	5	Navoban
Inj 1 mg per ml, 2 ml ampoule .....	19.20	1	Navoban
Inj 1 mg per ml, 5 ml ampoule .....	38.40	1	Navoban

➔ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ANTIPSYCHOTIC AGENTS</b>			
<b>General</b>			
<b>AMISULPRIDE</b>			
Tab 100 mg .....	22.52	30	Solian
Tab 200 mg .....	97.03	60	Solian
Tab 400 mg .....	185.44	60	Solian
Oral liq 100 mg per ml.....	55.44	60 ml	Solian
<b>ARIPIPRAZOLE</b>			
→ Tab 10 mg .....	123.54	30	Abilify
→ Tab 15 mg .....	175.28	30	Abilify
→ Tab 20 mg .....	213.42	30	Abilify
→ Tab 30 mg .....	260.07	30	Abilify
<b>Restricted</b>			
Both:			
1 Patient is suffering from schizophrenia or related psychoses; and			
2 Either:			
2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or			
2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.			
<b>CHLORPROMAZINE HYDROCHLORIDE</b>			
Tab 10 mg			
Tab 25 mg			
Tab 100 mg			
Oral liq 10 mg per ml			
Inj 25 mg per ml, 2 ml ampoule			
<b>CLOZAPINE</b>			
Tab 25 mg .....	13.37	50	Clozaril
	26.74	100	Clozaril
	6.69	50	Clopine
	13.37	100	Clopine
Tab 50 mg .....	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg .....	34.65	50	Clozaril
	69.30	100	Clozaril
	17.33	50	Clopine
	34.65	100	Clopine
Tab 200 mg .....	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml.....	17.33	100 ml	Clopine
<b>HALOPERIDOL</b>			
Tab 500 mcg .....	5.42	100	Serenace
Tab 1.5 mg .....	8.20	100	Serenace
Tab 5 mg .....	25.84	100	Serenace
Oral liq 2 mg per ml.....	19.87	100 ml	Serenace
Inj 5 mg per ml, 1 ml ampoule.....	18.74	10	Serenace

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LEVOMEPRMAZINE MALEATE</b>			
Tab 25 mg			
Tab 100 mg			
Inj 25 mg per ml, 1 ml ampoule			
<b>LITHIUM CARBONATE</b>			
Cap 250 mg – 1% DV Nov-11 to 2014	9.42	100	<b>Douglas</b>
Tab 250 mg – 1% DV Sep-12 to 2015	34.30	500	<b>Lithicarb FC</b>
Tab 400 mg – 1% DV Sep-12 to 2015	12.83	100	<b>Lithicarb FC</b>
Tab long-acting 400 mg			
<b>OLANZAPINE</b>			
Tab 2.5 mg	2.00	28	Olanzine
Tab 5 mg	3.85	28	Olanzine
Tab 10 mg	6.35	28	Olanzine
Inj 10 mg vial			
<b>PERICYAZINE</b>			
Tab 2.5 mg			
Tab 10 mg			
<b>QUETIAPINE</b>			
Tab 25 mg	7.00	60	Dr Reddy's Quetiapine
			Seroquel
	10.50	90	Quetapel
Tab 100 mg	14.00	60	Dr Reddy's Quetiapine
			Seroquel
	21.00	90	Quetapel
Tab 200 mg	24.00	60	Dr Reddy's Quetiapine
			Seroquel
	36.00	90	Quetapel
Tab 300 mg	40.00	60	Dr Reddy's Quetiapine
			Seroquel
	60.00	90	Quetapel
<b>RISPERIDONE</b>			
Tab 0.5 mg	2.86	20	Risperdal
	3.51	60	Apo-Risperidone
			Dr Reddy's
			Risperidone
			Ridal
Tab 1 mg	6.00	60	Apo-Risperidone
			Dr Reddy's
			Risperidone
			Ridal
	16.92		Risperdal
Tab 2 mg	11.00	60	Apo-Risperidone
			Dr Reddy's
			Risperidone
			Ridal
	33.84		Risperdal

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<i>continued...</i>			
Tab 3 mg .....	15.00	60	Apo-Risperidone Dr Reddy's Risperidone Ridal
Tab 4 mg .....	50.78 20.00	60	Risperdal Apo-Risperidone Dr Reddy's Risperidone Ridal
Oral liq 1 mg per ml.....	67.68 18.35 25.26 18.35	30 ml	Risperdal Apo-Risperidone Risperdal Risperon

**TRIFLUOPERAZINE HYDROCHLORIDE**

- Tab 1 mg
- Tab 2 mg
- Tab 5 mg

**ZIPRASIDONE**

→ Cap 20 mg.....	87.88	60	Zeldox
→ Cap 40 mg.....	164.78	60	Zeldox
→ Cap 60 mg.....	247.17	60	Zeldox
→ Cap 80 mg.....	329.56	60	Zeldox
Inj 20 mg			
Inj 100 mg			

**Restricted**

- 1 Patient is suffering from schizophrenia or related psychoses; and
- 2 Either:
  - 2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or
  - 2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

**ZUCLOPENTHIXOL ACETATE**

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

**ZUCLOPENTHIXOL HYDROCHLORIDE**

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

**Depot injections**

**FLUPENTHIXOL DECANOATE**

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

**FLUPHENAZINE DECANOATE**

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

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HALOPERIDOL DECANOATE</b>			
Inj 50 mg per ml, 1 ml ampoule.....	28.39	5	Haldol
Inj 100 mg per ml, 1 ml ampoule.....	55.90	5	Haldol Concentrate
<b>OLANZAPINE</b>			
→ Inj 210 mg vial.....	280.00	1	Zyprexa Relprevv
→ Inj 300 mg vial.....	460.00	1	Zyprexa Relprevv
→ Inj 405 mg vial.....	560.00	1	Zyprexa Relprevv
<b>Restricted</b>			
<b>Initiation</b>			
<i>Re-assessment required after 6 months</i>			
All of the following:			
1 The patient has schizophrenia; and			
2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and			
3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.			
<b>Continuation</b>			
<i>Re-assessment required after 12 months</i>			
Either:			
1 The patient has had less than 12 months' treatment with olanzapine depot injection and there is no clinical reason to discontinue treatment; or			
2 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 olanzapine depot injection.			
<b>PIPOTHIAZINE PALMITATE</b>			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
<b>RISPERIDONE</b>			
→ Inj 25 mg vial.....	175.00	1	Risperdal Consta
→ Inj 37.5 mg vial.....	230.00	1	Risperdal Consta
→ Inj 50 mg vial.....	280.00	1	Risperdal Consta
<b>Restricted</b>			
<i>Re-assessment required after 6 months</i>			
All of the following:			
1 The patient has schizophrenia or other psychotic disorder; and			
2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and			
3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.			
<b>Continuation</b>			
<i>Re-assessment required after 12 months</i>			
Either:			
1 The patient has had less than 12 months' treatment with risperidone depot injection and there is no clinical reason to discontinue treatment; or			
2 The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of risperidone depot injection.			
<b>ZUCLOPENTHIXOL DECANOATE</b>			
Inj 200 mg per ml, 1 ml ampoule.....	19.80	5	Clopixol

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**Orodispersible Antipsychotics**

**OLANZAPINE**

Tab orodispersible 5 mg.....	6.36	28	Olanzine-D
Tab orodispersible 10 mg.....	8.76	28	Olanzine-D

**RISPERIDONE**

➔ Tab orodispersible 0.5 mg.....	21.42	28	Risperdal Quicklet
➔ Tab orodispersible 1 mg.....	42.84	28	Risperdal Quicklet
➔ Tab orodispersible 2 mg.....	85.71	28	Risperdal Quicklet

**Restricted**

**Acute situations**

Both:

- 1 For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

**Chronic situations**

Both:

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

**ANXIOLYTICS**

**ALPRAZOLAM**

Tab 250 mcg
Tab 500 mcg
Tab 1 mg

**BUSPIRONE HYDROCHLORIDE**

➔ Tab 5 mg.....	28.00	100	Pacific Busipirone
➔ Tab 10 mg.....	17.00	100	Pacific Busipirone

**Restricted**

Both:

- 1 For use only as an anxiolytic; and
- 2 Other agents are contraindicated or have failed.

**CLONAZEPAM**

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

**DIAZEPAM**

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

**LORAZEPAM**

Tab 1 mg.....	16.42	250	Ativan
Tab 2.5 mg.....	11.17	100	Ativan

**OXAZEPAM**

Tab 10 mg
Tab 15 mg

## NERVOUS SYSTEM

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

### MULTIPLE SCLEROSIS TREATMENTS

#### GLATIRAMER ACETATE

→ Inj 20 mg per ml, 1 ml syringe

#### Restricted

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

#### INTERFERON BETA-1-ALPHA

→ Inj 6 million iu vial

→ Inj 6 million iu in 0.5 ml pen

→ Inj 6 million iu in 0.5 ml syringe

#### Restricted

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

#### INTERFERON BETA-1-BETA

→ Inj 8 million iu per ml, 1 ml vial

#### Restricted

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

### SEDATIVES AND HYPNOTICS

#### CHLORAL HYDRATE

Oral liq 100 mg per ml

Oral liq 200 mg per ml

#### LORMETAZEPAM

→ Tab 1 mg

#### Restricted

For continuation only

#### MELATONIN

→ Cap 2 mg

→ Cap 3 mg

→ Tab 1 mg

→ Tab 2 mg

→ Tab 3 mg

→ Tab modified-release 2 mg

#### Restricted

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

#### MIDAZOLAM

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

#### NITRAZEPAM

Tab 5 mg

#### PHENOBARBITONE

Inj 200 mg per ml, 1 ml ampoule



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>TEMAZEPAM</b>			
Tab 10 mg – <b>1% DV Nov-11 to 2014</b> .....	1.27	25	<b>Normison</b>
<b>TRIAZOLAM</b>			
→ Tab 125 mcg			
→ Tab 250 mcg			
<b>Restricted</b>			
For continuation only			
<b>ZOPICLONE</b>			
Tab 7.5 mg – <b>1% DV Jan-12 to 2014</b> .....	1.90	30	<b>Apo-Zopiclone</b>

**STIMULANTS/ADHD TREATMENTS**

<b>ATOMOXETINE</b>			
→ Cap 10 mg .....	107.03	28	Strattera
→ Cap 18 mg .....	107.03	28	Strattera
→ Cap 25 mg .....	107.03	28	Strattera
→ Cap 40 mg .....	107.03	28	Strattera
→ Cap 60 mg .....	107.03	28	Strattera
→ Cap 80 mg .....	139.11	28	Strattera
→ Cap 100 mg .....	139.11	28	Strattera

**Restricted**

All of the following:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Once-daily dosing; and
- 3 Any of the following:
  - 3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
  - 3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
  - 3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; 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 subsidised methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

**CAFFEINE**

Tab 100 mg

**DEXAMPHETAMINE SULPHATE**

→ Tab 5 mg – **1% DV Mar-13 to 2015** .....

16.50	100	<b>PSM</b>
-------	-----	------------

**Restricted**

**ADHD** – paediatrician or psychiatrist

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

**Narcolepsy** – neurologist or respiratory specialist

Patient suffers from narcolepsy

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METHYLPHENIDATE HYDROCHLORIDE</b>			
→ Tab immediate-release 5 mg .....	3.20	30	Rubifen
→ Tab immediate-release 10 mg .....	3.00	30	Ritalin
			Rubifen
→ Tab immediate-release 20 mg .....	7.85	30	Rubifen
→ Tab sustained-release 20 mg .....	10.95	30	Rubifen SR
	50.00	100	Ritalin SR
→ 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
→ Cap modified-release 10 mg .....	19.50	30	Ritalin LA
→ Cap modified-release 20 mg .....	25.50	30	Ritalin LA
→ Cap modified-release 30 mg .....	31.90	30	Ritalin LA
→ Cap modified-release 40 mg .....	38.25	30	Ritalin LA

### Restricted

**ADHD (immediate-release and sustained-release formulations)** – paediatrician or psychiatrist

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

**Narcolepsy (immediate-release and sustained-release formulations)** – neurologist or respiratory specialist

Patient suffers from narcolepsy

**Extended-release and modified-release formulations** – paediatrician or psychiatrist

Both:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Either:
  - 2.1 Patient is taking a currently subsidised 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

→ Tab 100 mg

**Restricted** – neurologist or respiratory specialist

All of the following:

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

## TREATMENTS FOR DEMENTIA

### DONEPEZIL HYDROCHLORIDE

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

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**TREATMENTS FOR SUBSTANCE DEPENDENCE**

**BUPRENORPHINE WITH NALOXONE**

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

**Restricted**

**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.

**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 .....	65.00	30	Zyban
-----------------------------------	-------	----	-------

**DISULFIRAM**

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

**NALTREXONE HYDROCHLORIDE**

→ Tab 50 mg – <b>1% DV Sep-13 to 2016</b> .....	79.00	30	<b>Naltraccord</b>
---	-------	----	--------------------

**Restricted**

**Alcohol dependence**

Both:

- 1 Patient is currently enrolled, or is planned to be enrolled, in a recognised comprehensive treatment programme for alcohol dependence; and
- 2 Naltrexone is to be prescribed by, or on the recommendation of, a physician working in an Alcohol and Drug Service.

**Constipation**

For the treatment of opioid-induced constipation

**NICOTINE**

Gum 2 mg – <b>5% DV Oct-11 to 2014</b> .....	36.47	384	<b>Habitrol</b> (Classic)
Gum 2 mg – <b>5% DV Oct-11 to 2014</b> .....	36.47	384	<b>Habitrol</b> (Fruit)
Gum 2 mg – <b>5% DV Oct-11 to 2014</b> .....	36.47	384	<b>Habitrol</b> (Mint)
Gum 4 mg – <b>5% DV Oct-11 to 2014</b> .....	42.04	384	<b>Habitrol</b> (Classic)
Gum 4 mg – <b>5% DV Oct-11 to 2014</b> .....	42.04	384	<b>Habitrol</b> (Fruit)
Gum 4 mg – <b>5% DV Oct-11 to 2014</b> .....	42.04	384	<b>Habitrol</b> (Mint)
Lozenge 1 mg – <b>5% DV Jul-11 to 2014</b> .....	19.94	216	<b>Habitrol</b>
Lozenge 2 mg – <b>5% DV Jul-11 to 2014</b> .....	24.27	216	<b>Habitrol</b>
Patch 7 mg per 24 hours – <b>5% DV Jul-11 to 2014</b> .....	18.13	28	<b>Habitrol</b>
Patch 14 mg per 24 hours – <b>5% DV Jul-11 to 2014</b> .....	18.81	28	<b>Habitrol</b>
Patch 21 mg per 24 hours – <b>5% DV Jul-11 to 2014</b> .....	19.14	28	<b>Habitrol</b>

→ Soln for inhalation 15 mg cartridge

*(Nicorette Inhalator)*

**Restricted**

Any of the following:

- 1 For perioperative use in patients who have a 'nil by mouth' instruction; or
- 2 For use within mental health inpatient units; or
- 3 For acute use in agitated patients who are unable to leave the hospital facilities.

## NERVOUS SYSTEM

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
VARENICLINE			
➔ Tab 0.5 mg x 11 and 1 mg x 14.....	60.48	25	Champix
➔ Tab 1 mg.....	67.74	28	Champix
	135.48	56	Champix

### Restricted

All of the following:

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 Either:
  - 3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
  - 3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
- 4 The patient has not used funded varenicline in the last 12 months; and
- 5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
- 6 The patient is not pregnant; and
- 7 The patient will not be prescribed more than 3 months' funded varenicline in a 12 month period.

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CHEMOTHERAPEUTIC AGENTS</b>			
<b>Alkylating Agents</b>			
<b>BUSULFAN</b>			
Tab 2 mg .....	59.50	100	Myleran
Inj 6 mg per ml, 10 ml ampoule			
<b>CARMUSTINE</b>			
Inj 100 mg vial			
<b>CHLORAMBUCIL</b>			
Tab 2 mg			
<b>CYCLOPHOSPHAMIDE</b>			
Tab 50 mg .....	25.71	50	Cycloblastin
Inj 1 g vial – <b>1% DV Nov-11 to 2014</b> .....	26.70	1	<b>Endoxan</b>
Inj 2 g vial – <b>1% DV Nov-11 to 2014</b> .....	56.90	1	<b>Endoxan</b>
<b>IFOSFAMIDE</b>			
Inj 1 g vial .....	96.00	1	Holoxan
Inj 2 g vial .....	180.00	1	Holoxan
<b>LOMUSTINE</b>			
Cap 10 mg – <b>1% DV Sep-11 to 2014</b> .....	132.59	20	<b>Ceenu</b>
Cap 40 mg – <b>1% DV Sep-11 to 2014</b> .....	399.15	20	<b>Ceenu</b>
<b>MELPHALAN</b>			
Tab 2 mg			
Inj 50 mg vial			
<b>THIOTEPA</b>			
Inj 15 mg vial			
<b>Anthracyclines and Other Cytotoxic Antibiotics</b>			
<b>BLEOMYCIN SULPHATE</b>			
Inj 15,000 iu (10 mg) vial			
<b>DACTINOMYCIN [ACTINOMYCIN D]</b>			
Inj 0.5 mg vial			
<b>DAUNORUBICIN</b>			
Inj 2 mg per ml, 10 ml vial – <b>1% DV Aug-13 to 2016</b> .....	118.72	1	<b>Pfizer</b>
<b>DOXORUBICIN HYDROCHLORIDE</b>			
Inj 2 mg per ml, 5 ml vial			
Inj 2 mg per ml, 25 ml vial – <b>1% DV Mar-13 to 2015</b> .....	17.00	1	<b>Arrow-Doxorubicin</b>
Inj 2 mg per ml, 50 ml vial			
Inj 2 mg per ml, 100 ml vial – <b>1% DV Mar-13 to 2015</b> .....	65.00	1	<b>Arrow-Doxorubicin</b>

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>EPIRUBICIN HYDROCHLORIDE</b>			
Inj 2 mg per ml, 5 ml vial.....	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial– <b>1% DV Aug-12 to 2015</b> .....	39.38	1	<b>DBL Epirubicin Hydrochloride</b>
Inj 2 mg per ml, 50 ml vial– <b>1% DV Aug-12 to 2015</b> .....	58.20	1	<b>DBL Epirubicin Hydrochloride</b>
Inj 2 mg per ml, 100 ml vial– <b>1% DV Aug-12 to 2015</b> .....	94.50	1	<b>DBL Epirubicin Hydrochloride</b>
<b>IDARUBICIN HYDROCHLORIDE</b>			
Cap 5 mg.....	115.00	1	Zavedos
Cap 10 mg.....	144.50	1	Zavedos
Inj 5 mg vial – <b>1% DV Sep-12 to 2015</b> .....	100.00	1	<b>Zavedos</b>
Inj 10 mg vial – <b>1% DV Sep-12 to 2015</b> .....	200.00	1	<b>Zavedos</b>
<b>MITOMYCIN C</b>			
Inj 5 mg vial.....	72.75	1	Arrow
<b>MITOZANTRONE</b>			
Inj 2 mg per ml, 5 ml vial.....	110.00	1	Mitozantrone Ebewe
Inj 2 mg per ml, 10 ml vial.....	100.00	1	Mitozantrone Ebewe
Inj 2 mg per ml, 12.5 ml vial.....	407.50	1	Onkotrone
<b>Antimetabolites</b>			
<b>CAPECITABINE</b>			
Tab 150 mg.....	115.00	60	Xeloda
Tab 500 mg.....	705.00	120	Xeloda
<b>CLADRIBINE</b>			
Inj 1 mg per ml, 10 ml vial.....	5,249.75	7	Leustatin
Inj 2 mg per ml, 5 ml vial			
<b>CYTARABINE</b>			
Inj 20 mg per ml, 5 ml vial.....	76.00	5	Pfizer
Inj 200 mg per ml, 25 ml vial.....	18.15	1	Pfizer
Inj 100 mg per ml, 10 ml vial.....	37.00	1	Pfizer
Inj 100 mg per ml, 20 ml vial.....	31.00	1	Pfizer
<b>FLUDARABINE PHOSPHATE</b>			
Tab 10 mg – <b>1% DV Jun-12 to 2015</b> .....	433.50	20	<b>Fludara Oral</b>
Inj 50 mg vial – <b>1% DV Sep-11 to 2014</b> .....	525.00	5	<b>Fludarabine Ebewe</b>
<b>FLUOROURACIL</b>			
Inj 25 mg per ml, 100 ml vial.....	13.55	1	Mayne
Inj 50 mg per ml, 10 ml vial.....	26.25	5	Fluorouracil Ebewe
Inj 50 mg per ml, 20 ml vial.....	7.50	1	Fluorouracil Ebewe
Inj 50 mg per ml, 50 ml vial.....	18.00	1	Fluorouracil Ebewe
Inj 50 mg per ml, 100 ml vial.....	34.50	1	Fluorouracil Ebewe

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>GEMCITABINE</b>			
Inj 10 mg per ml, 20 ml vial.....	12.50	1	Gemcitabine Ebewe
Inj 10 mg per ml, 100 ml vial.....	62.50	1	Gemcitabine Ebewe
Inj 200 mg vial.....	12.50	1	Gemcitabine Actavis 200
Inj 1 g vial.....	62.50	1	DBL Gemcitabine Gemcitabine Actavis 1000
<b>MERCAPTOPYRINE</b>			
Tab 50 mg.....	47.06	25	<b>Purinethol</b>
<b>METHOTREXATE</b>			
Tab 2.5 mg.....	5.22	30	Methoblastin
Tab 10 mg.....	40.93	50	Methoblastin
Inj 2.5 mg per ml, 2 ml vial			
Inj 25 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016.....	20.20	5	<b>Hospira</b>
Inj 25 mg per ml, 20 ml vial – 1% DV Sep-13 to 2016.....	27.78	1	<b>Hospira</b>
Inj 100 mg per ml, 10 ml vial – 1% DV Sep-11 to 2014.....	25.00	1	<b>Methotrexate Ebewe</b>
Inj 100 mg per ml, 50 ml vial – 1% DV Sep-11 to 2014.....	125.00	1	<b>Methotrexate Ebewe</b>
<b>THIOGUANINE</b>			
Tab 40 mg			

### Other Cytotoxic Agents

<b>AMSACRINE</b>			
Inj 50 mg per ml, 1.5 ml ampoule			
<b>ANAGRELIDE HYDROCHLORIDE</b>			
Cap 0.5 mg			
<b>ARSENIC TRIOXIDE</b>			
Inj 1 mg per ml, 10 ml vial.....	4,817.00	10	AFT
<b>BORTEZOMIB</b>			
→ Inj 1 mg vial.....	540.70	1	Velcade
→ Inj 3.5 mg vial.....	1,892.50	1	Velcade

#### **Restricted**

#### **Initiation – treatment naive multiple myeloma/amyloidosis**

Both:

1 Either:

- 1.1 The patient has treatment-naive symptomatic multiple myeloma; or
- 1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis \*; and

2 Maximum of 9 treatment cycles.

Note: Indications marked with \* are Unapproved Indications.

#### **Initiation – relapsed/refractory multiple myeloma/amyloidosis**

All of the following:

1 Either:

- 1.1 The patient has relapsed or refractory multiple myeloma; or
- 1.2 The patient has relapsed or refractory systemic AL amyloidosis \*; and
- 2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
- 3 The patient has not had prior publicly funded treatment with bortezomib; and

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

4 Maximum of 4 treatment cycles.

Note: Indications marked with \* are Unapproved Indications.

### Continuation – relapsed/refractory multiple myeloma/amyloidosis

Both:

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and

2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

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

a) A known therapeutic chemotherapy regimen and supportive treatments; or

b) 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 ..... 48.00 1 Hospira

### ETOPOSIDE

Cap 50 mg ..... 340.73 20 Vepesid

Cap 100 mg ..... 340.73 10 Vepesid

Inj 20 mg per ml, 5 ml vial ..... 25.00 1 Mayne

### ETOPOSIDE (AS PHOSPHATE)

Inj 100 mg vial – 1% DV Sep-11 to 2014 ..... 40.00 1 **Etopophos**

### HYDROXYUREA

Cap 500 mg ..... 31.76 100 Hydreia

### IRINOTECAN HYDROCHLORIDE

Inj 20 mg per ml, 2 ml vial – 1% DV Nov-12 to 2015 ..... 9.34 1 **Irinotecan Actavis 40**

Inj 20 mg per ml, 5 ml vial – 1% DV Nov-12 to 2015 ..... 23.34 1 **Irinotecan Actavis 100**

### PEGASPARGASE

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

### Restricted

#### Newly diagnosed ALL

Limited to 12 months' treatment

All of the following:

- 1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.

#### Relapsed ALL

Limited to 12 months' treatment

All of the following:

- 1 The patient has relapsed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.



## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PENTOSTATIN [DEOXYCOFORMYCIN]</b>			
Inj 10 mg vial			
<b>PROCARBAZINE HYDROCHLORIDE</b>			
Cap 50 mg.....	225.00	50	Natulan
<b>TEMOZOLOMIDE</b>			
→ Cap 5 mg – 1% DV Sep-13 to 2016.....	8.00	5	<b>Temaccord</b>
→ Cap 20 mg – 1% DV Sep-13 to 2016.....	36.00	5	<b>Temaccord</b>
→ Cap 100 mg – 1% DV Sep-13 to 2016.....	175.00	5	<b>Temaccord</b>
→ Cap 250 mg – 1% DV Sep-13 to 2016.....	410.00	5	<b>Temaccord</b>
<b>Restricted</b>			
All of the following:			
1 Either:			
1.1 Patient has newly diagnosed glioblastoma multiforme; or			
1.2 Patient has newly diagnosed anaplastic astrocytoma*; and			
2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and			
3 Following concomitant treatment temozolomide is to be used for a maximum of six cycles of 5 days treatment, at a maximum dose of 200 mg/m <sup>2</sup> .			
Notes: Indication marked with a * is an Unapproved Indication.			
Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.			
<b>THALIDOMIDE</b>			
→ Cap 50 mg.....	504.00	28	Thalomid
→ Cap 100 mg.....	1,008.00	28	Thalomid
<b>Restricted</b>			
<b>Initiation</b>			
Either:			
1 The patient has multiple myeloma; or			
2 The patient has systemic AL amyloidosis*; or			
3 The patient has erythema nodosum leprosum.			
<b>Continuation</b>			
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			
<b>TRETINOIN</b>			
Cap 10 mg.....	435.90	100	Vesanoid
<b>Platinum Compounds</b>			
<b>CARBOPLATIN</b>			
Inj 10 mg per ml, 5 ml vial.....	20.00	1	Carboplatin Ebewe
Inj 10 mg per ml, 15 ml vial.....	19.50	1	Carbaccord
Inj 10 mg per ml, 45 ml vial.....	48.50	1	Carbaccord
Inj 10 mg per ml, 100 ml vial.....	105.00	1	Carboplatin Ebewe
<b>CISPLATIN</b>			
Inj 1 mg per ml, 50 ml vial.....	15.00	1	Cisplatin Ebewe
Inj 1 mg per ml, 100 ml vial.....	21.00	1	Cisplatin Ebewe

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

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

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OXALIPLATIN</b>			
Inj 50 mg vial – 1% DV Aug-12 to 2015 .....	15.32	1	<b>Oxaliplatin Actavis 50</b>
Inj 100 mg vial – 1% DV Aug-12 to 2015 .....	25.01	1	<b>Oxaliplatin Actavis 100</b>

### Protein-Tyrosine Kinase Inhibitors

<b>DASATINIB</b>			
➔ 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

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

<b>ERLOTINIB</b>			
➔ Tab 100 mg .....	3,100.00	30	Tarceva
➔ Tab 150 mg .....	3,950.00	30	Tarceva

#### Restricted

##### Initiation

*Re-assessment required after 3 months*

Both:

- 1 Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and
- 2 Patient has documented disease progression following treatment with first line platinum based chemotherapy.

##### Continuation

*Re-assessment required after 6 months*

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

<b>GEFITINIB</b>			
➔ Tab 250 mg .....	1,700.00	30	Iressa

#### Restricted

##### Initiation

*Re-assessment required after 3 months*

Both

- 1 Patient has treatment naive locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
- 2 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase.

##### Continuation

*Re-assessment required after 6 months*

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

<b>IMATINIB</b>			
➔ Tab 100 mg .....	2,400.00	60	Glivec

#### Restricted

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

<b>LAPATINIB</b>			
➔ Tab 250 mg .....	1,899.00	70	Tykerb

#### Restricted

##### Initiation

*Re-assessment required after 12 months*

Either:

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

- 1 All of the following:
  - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 1.2 The patient has not previously received trastuzumab treatment for HER 2 positive metastatic breast cancer; and
  - 1.3 Lapatinib not to be given in combination with trastuzumab; and
  - 1.4 Lapatinib to be discontinued at disease progression; or
- 2 All of the following:
  - 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 2.2 The patient started trastuzumab for metastatic breast cancer but discontinued trastuzumab within 3 months of starting treatment due to intolerance; and
  - 2.3 The cancer did not progress whilst on trastuzumab; and
  - 2.4 Lapatinib not to be given in combination with trastuzumab; and
  - 2.5 Lapatinib to be discontinued at disease progression

**Continuation**

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
- 3 Lapatinib not to be given in combination with trastuzumab; and
- 4 Lapatinib to be discontinued at disease progression

**PAZOPANIB**

➔ Tab 200 mg .....	1,334.70	30	Votriert
➔ Tab 400 mg .....	2,669.40	30	Votriert

**Restricted**

**Initiation**

*Re-assessment required after 3 months*

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
  - 2.1 The patient is treatment naive; or
  - 2.2 The patient has only received prior cytokine treatment; or
  - 2.3 Both:
    - 2.3.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
    - 2.3.2 The cancer did not progress whilst on sunitinib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 The patient has intermediate or poor prognosis defined as any of the following:
  - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
  - 5.2 Haemoglobin level < lower limit of normal; or
  - 5.3 Corrected serum calcium level > 10 mg/dl (2.5 mmol/l); or
  - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
  - 5.5 Karnofsky performance score of ≤ 70; or
  - 5.6 ≥ 2 sites of organ metastasis.

**Continuation**

*Re-assessment required after 3 months*

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

Notes: Pazopanib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

### SUNITINIB

→ Cap 12.5 mg.....	2,315.38	28	Sutent
→ Cap 25 mg.....	4,630.77	28	Sutent
→ Cap 50 mg.....	9,261.54	28	Sutent

### Restricted

*Re-assessment required after 3 months*

#### Initiation – RCC

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
  - 2.1 The patient is treatment naive; or
  - 2.2 The patient has only received prior cytokine treatment; or
  - 2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
  - 2.4 Both:
    - 2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
    - 2.4.2 The cancer did not progress whilst on pazopanib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 The patient has intermediate or poor prognosis defined as any of the following:
  - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
  - 5.2 Haemoglobin level < lower limit of normal; or
  - 5.3 Corrected serum calcium level > 10 mg/dl (2.5 mmol/l); or
  - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
  - 5.5 Karnofsky performance score of ≤ 70; or
  - 5.6 ≥ 2 sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

#### Continuation – RCC

*Re-assessment required after 3 months*

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

#### Initiation – GIST

*Re-assessment required after 3 months*

Both:

- 1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and
- 2 Either:
  - 2.1 The patient's disease has progressed following treatment with imatinib; or
  - 2.2 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib.

#### Continuation – GIST

*Re-assessment required after 6 months*

Both:

The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:

- 1 Any of the following:
  - 1.1 The patient has had a complete response (disappearance of all lesions and no new lesions); or
  - 1.2 The patient has had a partial response (a decrease in size of ≥ 10% or decrease in tumour density in Hounsfield Units (HU) of ≥ 15% on CT and no new lesions and no obvious progression of non-measurable disease); or

continued...

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

- 1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes: RCC – Sunitinib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

GIST – it is recommended that response to treatment be assessed using Choi’s modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of  $\geq 10\%$  and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

## Taxanes

<b>DOCETAXEL</b>			
Inj 10 mg per ml, 2 ml vial .....	48.75	1	Docetaxel Ebewe
Inj 10 mg per ml, 2 ml vial – <b>1% DV May-13 to 2014</b> .....	48.75	1	<b>Docetaxel Sandoz</b>
Inj 10 mg per ml, 8 ml vial .....	195.00	1	Docetaxel Ebewe
Inj 10 mg per ml, 8 ml vial – <b>1% DV May-13 to 2014</b> .....	195.00	1	<b>Docetaxel Sandoz</b>

<b>PACLITAXEL</b>			
Inj 6 mg per ml, 5 ml vial – <b>1% DV Oct-08 to 2014</b> .....	137.50	5	<b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 16.7 ml vial – <b>1% DV Oct-08 to 2014</b> .....	91.67	1	<b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 25 ml vial – <b>1% DV Oct-08 to 2014</b> .....	137.50	1	Paclitaxel Actavis Anzatax Paclitaxel Actavis <b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 50 ml vial – <b>1% DV Oct-08 to 2014</b> .....	275.00	1	Anzatax Paclitaxel Actavis <b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 100 ml vial – <b>1% DV Oct-08 to 2014</b> .....	550.00	1	<b>Paclitaxel Ebewe</b>

## Treatment of Cytotoxic-Induced Side Effects

<b>CALCIUM FOLINATE</b>			
Tab 15 mg – <b>1% DV Nov-11 to 2014</b> .....	82.45	10	<b>DBL Leucovorin Calcium</b>
Inj 3 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 5 ml ampoule – <b>1% DV Sep-08 to 2014</b> .....	24.50	5	<b>Calcium Folate Ebewe</b>
Inj 10 mg per ml, 10 ml vial – <b>1% DV Sep-08 to 2014</b> .....	9.75	1	<b>Calcium Folate Ebewe</b>
Inj 10 mg per ml, 30 ml vial – <b>1% DV Sep-08 to 2014</b> .....	30.00	1	<b>Calcium Folate Ebewe</b>
Inj 10 mg per ml, 100 ml vial – <b>1% DV Sep-08 to 2014</b> .....	90.00	1	<b>Calcium Folate Ebewe</b>

<b>MESNA</b>			
Tab 400 mg .....	210.65	50	Uromitexan
Tab 600 mg .....	314.40	50	Uromitexan
Inj 100 mg per ml, 4 ml ampoule .....	137.04	15	Uromitexan
Inj 100 mg per ml, 10 ml ampoule .....	314.66	15	Uromitexan

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Vinca Alkaloids</b>			
VINBLASTINE SULPHATE			
Inj 1 mg per ml, 10 ml vial.....	137.50	5	Mayne
VINCRIStINE SULPHATE			
Inj 1 mg per ml, 1 ml vial – 1% DV Sep-13 to 2016.....	64.80	5	Hospira
Inj 1 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016.....	69.60	5	Hospira
VINORELBINE			
Inj 10 mg per ml, 1 ml vial – 1% DV Sep-12 to 2015.....	12.85	1	Navelbine
Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015.....	64.25	1	Navelbine

## ENDOCRINE THERAPY

BICALUTAMIDE			
➔ Tab 50 mg – 1% DV Nov-11 to 2014.....	10.00	28	Bicalaccord
<b>Restricted</b>			
For the treatment of advanced prostate cancer.			
FLUTAMIDE			
Tab 250 mg.....	55.00	100	Flutamin
MEGESTROL ACETATE			
Tab 160 mg – 1% DV Jan-13 to 2015.....	51.55	30	Apo-Megestrol
OCTREOTIDE			
Inj 50 mcg per ml, 1 ml ampoule			
– 1% DV May-12 to 2014.....	19.24	5	Octreotide MaxRx
Inj 100 mcg per ml, 1 ml ampoule			
– 1% DV May-12 to 2014.....	36.38	5	Octreotide MaxRx
Inj 500 mcg per ml, 1 ml ampoule			
– 1% DV May-12 to 2014.....	131.25	5	Octreotide MaxRx
➔ Inj 10 mg vial.....	1,772.50	1	Sandostatin LAR
➔ Inj 20 mg vial.....	2,358.75	1	Sandostatin LAR
➔ Inj 30 mg vial.....	2,951.25	1	Sandostatin LAR

### Restricted

Note: restriction applies only to the long-acting formulations of octreotide

### Malignant bowel obstruction

All of the following:

- 1 The patient has nausea\* and vomiting\* due to malignant bowel obstruction\*; and
- 2 Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed; and
- 3 Octreotide to be given at a maximum dose 1500 mcg daily for up to 4 weeks.

Note: Indications marked with \* are Unapproved Indications

### Initiation – acromegaly

Re-assessment required after 3 months

Both:

- 1 The patient has acromegaly; and
- 2 Any of the following:
  - 2.1 Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
  - 2.2 Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

- 2.3 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy

### Continuation – acromegaly

Both:

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

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months treatment. In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Octreotide treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following octreotide treatment withdrawal for at least 4 weeks

### Other indications

Any of the following:

- 1 VIPomas and Glucagonomas – for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 2 Both:
  - 2.1 Gastrinoma; and
  - 2.2 Either:
    - 2.2.1 Patient has failed surgery; or
    - 2.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or
- 3 Both:
  - 3.1 Insulinomas; and
  - 3.2 Surgery is contraindicated or has failed; or
- 4 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 5 Both:
  - 5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
  - 5.2 Disabling symptoms not controlled by maximal medical therapy.

### TAMOXIFEN CITRATE

Tab 10 mg .....	17.50	100	Genox
Tab 20 mg – <b>1% DV Jun-11 to 2014</b> .....	8.75	100	<b>Genox</b>

### Aromatase Inhibitors

#### ANASTROZOLE

Tab 1 mg .....	26.55	30	Aremed DP-Anastrozole
----------------	-------	----	--------------------------

#### EXEMESTANE

Tab 25 mg – <b>1% DV Jun-11 to 2014</b> .....	22.57	30	<b>Aromasin</b>
---	-------	----	-----------------

#### LETROZOLE

Tab 2.5 mg – <b>1% DV Oct-12 to 2015</b> .....	4.85	30	<b>Letraccord</b>
--	------	----	-------------------

### 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 – <b>1% DV Oct-12 to 2015</b> .....	198.13	50 ml	<b>Neoral</b>
Inj 50 mg per ml, 5 ml ampoule – <b>1% DV Oct-12 to 2015</b> .....	276.30	10	<b>Sandimmun</b>

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>TACROLIMUS</b>			
→ Cap 0.5 mg.....	214.00	100	Prograf
→ Cap 1 mg.....	428.00	100	Prograf
→ Cap 5 mg.....	1,070.00	50	Prograf
→ Inj 5 mg per ml, 1 ml ampoule			

### Restricted

For use in organ transplant recipients

### Fusion Proteins

<b>ETANERCEPT</b>			
→ Inj 25 mg vial.....	949.96	4	Enbrel
→ Inj 50 mg autoinjector.....	1,899.92	4	Enbrel
→ Inj 50 mg syringe.....	1,899.92	4	Enbrel

### Restricted

**Initiation – juvenile idiopathic arthritis** – rheumatologist or named specialist

*Re-assessment required after 4 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for JIA; or
- 2 All of the following:
  - 2.1 Patient diagnosed with 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/m<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
  - 2.5 Both:
    - 2.5.1 Either:
      - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
      - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
    - 2.5.2 Physician's global assessment indicating severe disease.

**Continuation – juvenile idiopathic arthritis** – rheumatologist or named specialist

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
  - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

**Initiation – rheumatoid arthritis** – rheumatologist

*Re-assessment required after 6 months*

Either:

*continued...*



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

- 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 for six months duration or longer; and
  - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  - 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
  - 2.5 Any of the following:
    - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
    - 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
    - 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
  - 2.6 Either:
    - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
    - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
  - 2.7 Either:
    - 2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
    - 2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation – rheumatoid arthritis – rheumatologist**

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation – ankylosing spondylitis – rheumatologist**

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
  - 1.2 Either:
    - 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

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

*continued...*

- 2 All of the following:
  - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
  - 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
  - 2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
  - 2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and
  - 2.5 Either:
    - 2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
    - 2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
  - 2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment.

Average normal chest expansion corrected for age and gender:

- 18-24 years – Male: 7.0 cm; Female: 5.5 cm
- 25-34 years – Male: 7.5 cm; Female: 5.5 cm
- 35-44 years – Male: 6.5 cm; Female: 4.5 cm
- 45-54 years – Male: 6.0 cm; Female: 5.0 cm
- 55-64 years – Male: 5.5 cm; Female: 4.0 cm
- 65-74 years – Male: 4.0 cm; Female: 4.0 cm
- 75+ years – Male: 3.0 cm; Female: 2.5 cm

### **Continuation – ankylosing spondylitis** – rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Following 12 weeks of etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

### **Initiation – psoriatic arthritis** – rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or
- 2 All of the following:
  - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
  - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  - 2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
  - 2.4 Either:
    - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
    - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

following: wrist, elbow, knee, ankle, and either shoulder or hip; and

- 2.5 Any of the following:
  - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
  - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation – psoriatic arthritis – rheumatologist**

*Re-assessment required after 6 months*

All of the following:

- 1 Either:
  - 1.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
- 2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation – plaque psoriasis, prior TNF use – dermatologist**

*Re-assessment required after 4 months*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and
- 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-naïve – dermatologist**

*Re-assessment required after 4 months*

All of the following:

- 1 Either:
  - 1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 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*

All of the following:

- 1 Either:
  - 1.1 Both:

*continued...*

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

- 1.1.1 Patient had “whole body” severe chronic plaque psoriasis at the start of treatment; and
- 1.1.2 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-etanercept treatment baseline value; or
- 1.2 Both:
  - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
  - 1.2.2 Either:
    - 1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
    - 1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and
- 2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

## Monoclonal Antibodies

### ABCIXIMAB

→ Inj 2 mg per ml, 5 ml vial..... 579.53      1      ReoPro

#### Restricted

Either:

- 1 For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or
- 2 For use in patients undergoing intra-cranial intervention.

### ADALIMUMAB

→ Inj 40 mg per 0.8 ml pen ..... 1,799.92      2      HumiraPen  
 → Inj 40 mg per 0.8 ml syringe..... 1,799.92      2      Humira  
 → Inj 20 mg per 0.4 ml syringe ..... 1,799.92      2      Humira

#### Restricted

**Initiation – juvenile idiopathic arthritis** – rheumatologist or named specialist

*Re-assessment required after 4 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); 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 JIA; or
- 2 All of the following:
  - 2.1 Patient diagnosed with 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/m<sup>2</sup> 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

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

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](http://www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf)) has been completed and is no more than 1 month old at the time of application.

**Continuation – fistulising Crohn's disease** – gastroenterologist

*Re-assessment required after 6 months:*

Either:

- 1 The number of open draining fistulae have decreased from baseline by at least 50%; or
- 2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

**Initiation – Crohn's disease** – gastroenterologist

*Re-assessment required after 3 months*

All of the following:

- 1 Patient has severe active Crohn's disease; and
- 2 Any of the following:
  - 2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
  - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

**Continuation – Crohn's disease** – gastroenterologist

*Re-assessment required after 3 months*

Both:

- 1 Either:
  - 1.1 Either:
    - 1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
    - 1.1.2 CDAI score is 150 or less; or
  - 1.2 Both:
    - 1.1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
    - 1.1.4 Applicant to indicate the reason that CDAI score cannot be assessed; and

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

*continued...*

2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – rheumatoid arthritis – rheumatologist**

*Re-assessment required after 6 months*

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 Any of the following:

2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or

2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or

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 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 Either:

3.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or

3.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

**Initiation – ankylosing spondylitis – rheumatologist**

*Re-assessment required after 6 months*

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis.

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and

2.5 Either:

2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and

2.6 A 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:

18-24 years – Male: 7.0 cm; Female: 5.5 cm

25-34 years – Male: 7.5 cm; Female: 5.5 cm

35-44 years – Male: 6.5 cm; Female: 4.5 cm

45-54 years – Male: 6.0 cm; Female: 5.0 cm

55-64 years – Male: 5.5 cm; Female: 4.0 cm

65-74 years – Male: 4.0 cm; Female: 4.0 cm

75+ years – Male: 3.0 cm; Female: 2.5 cm

**Continuation – ankylosing spondylitis – rheumatologist**

*Re-assessment required after 6 months*

All of the following:

1 Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-adalimumab baseline on a 10 point scale, or by 50%, whichever is less; and

2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – psoriatic arthritis – rheumatologist**

*Re-assessment required after 6 months*

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or

2 All of the following:

2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and

2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

*continued...*

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

continued...

- 2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
- 2.4 Either:
  - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
  - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
  - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
  - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

### Continuation – psoriatic arthritis – rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Either:
  - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

### Initiation – plaque psoriasis, prior TNF use – dermatologist

*Re-assessment required after 4 months*

Both:

- 1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from etanercept; or
  - 2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis.

### Initiation – plaque psoriasis, treatment-naïve – dermatologist

*Re-assessment required after 4 months*

All of the following:

- 1 Either:
  - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 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...



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

**Continuation – plaque psoriasis – dermatologist**

*Re-assessment required after 6 months*

All of the following:

- 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-adalimumab treatment baseline value; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**BASILIXIMAB**

→ Inj 20 mg vial ..... 3,200.00      1      Simulect

**Restricted**

For use in solid organ transplants

**BEVACIZUMAB**

- Inj 25 mg per ml, 4 ml vial
- Inj 25 mg per ml, 16 ml vial

**Restricted**

Either:

- 1 Ocular neovascularisation; or
- 2 Exudative ocular angiopathy.

**INFLIXIMAB**

→ Inj 100 mg ..... 1,227.00      1      Remicade

**Restricted**

**Graft vs host disease**

Patient has steroid-refractory acute graft vs. host disease of the gut

**Initiation – rheumatoid arthritis – rheumatologist**

*Re-assessment required after 3-4 months*

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and
- 3 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.

**Continuation – rheumatoid arthritis – rheumatologist**

*Re-assessment required after 6 months*

All of the following:

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

*continued...*

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

### **Initiation – ankylosing spondylitis – rheumatologist**

*Re-assessment required after 3 months*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

### **Continuation – ankylosing spondylitis – rheumatologist**

*Re-assessment required after 6 months*

All of the following:

- 1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

### **Initiation – psoriatic arthritis – rheumatologist**

*Re-assessment required after 3-4 months*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic arthritis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for psoriatic arthritis.

### **Continuation – psoriatic arthritis – rheumatologist**

*Re-assessment required after 6 months*

Both:

- 1 Either:
  - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

### **Initiation – severe ocular inflammation**

*Re-assessment required after 3 doses*

Both:

- 1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2 Either:
  - 2.1 Patient has failed to achieve control of severe vision-threatening ocular inflammation following high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids; or
  - 2.2 Patient developed new inflammatory symptoms while receiving high dose steroids.

### **Initiation – chronic ocular inflammation**

*Re-assessment required after 3 doses*

Both:

*continued...*

➔ Restriction  
(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

- 1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
- 2 Patient has tried at least two other immunomodulatory agents.

**Continuation – ocular inflammation**

Both:

- 1 Patient had a good clinical response to initial treatment; and
- 2 Either:
  - 2.1 A withdrawal of infliximab has been trialed and patient has relapsed after trial withdrawal; or
  - 2.2 Patient has Behçet’s disease.

**Pulmonary sarcoidosis**

Both:

- 1 Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and
- 2 Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

**Initiation – Crohn’s disease (adults) – gastroenterologist**

*Re-assessment required after 3 months*

All of the following:

- 1 Patient has severe active Crohn’s disease; and
- 2 Any of the following:
  - 2.1 Patient has a Crohn’s Disease Activity Index (CDAI) score of greater than or equal to 300; or
  - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate; and
- 5 Patient must be reassessed for continuation after 3 months of therapy.

**Continuation – Crohn’s disease (adults) – gastroenterologist**

*Re-assessment required after 6 months*

All of the following:

- 1 One of the following:
  - 1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
  - 1.2 CDAI score is 150 or less; or
  - 1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle; and
- 3 Patient must be reassessed for continuation after further 6 months.

**Initiation – Crohn’s disease (children) – gastroenterologist**

*Re-assessment required after 3 months*

All of the following:

- 1 Paediatric patient has severe active Crohn’s disease; and
- 2 Any of the following:
  - 2.1 Patient has a Paediatric Crohn’s Disease Activity Index (PCDAI) score of greater than or equal to 30; or
  - 2.2 Patient has extensive small intestine disease; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate; and
- 5 Patient must be reassessed for continuation after 3 months of therapy;

*continued...*

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

continued...

## Continuation – Crohn's disease (children) – gastroenterologist

Re-assessment required after 6 months

- 1 One of the following:
  - 1.1 PCDAI score has reduced by 10 points from the CDAI 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 CDAI score cannot be assessed; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle; and
- 3 Patient must be reassessed for continuation after further 6 months;

## Initiation – fistulising Crohn's disease – gastroenterologist

All of the following:

- 1 Patient has confirmed Crohn's disease; and
- 2 Either:
  - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
  - 2.2 Patient has one or more rectovaginal fistula(e); and
- 3 Patient must be reassessed for continuation after 4 months of therapy.

## Continuation – fistulising Crohn's disease – gastroenterologist

All of the following:

- 1 Either:
  - 1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
  - 1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle; and
- 3 Patient must be reassessed for continuation after further 6 months.

## Initiation – acute severe fulminant ulcerative colitis – gastroenterologist

All of the following:

- 1 Patient has acute, severe fulminant ulcerative colitis; and
- 2 Treatment with intravenous or high dose oral corticosteroids has not been successful; and
- 3 Patient must be reassessed for continuation after 6 weeks of therapy.

## Continuation – severe fulminant ulcerative colitis – gastroenterologist

All of the following:

- 1 Where maintenance treatment is considered appropriate, infliximab should be used in combination with immunomodulators and reassessed every 6 months;
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle; and
- 3 Patient must be reassessed for continuation after further 6 months.

## Initiation – severe ulcerative colitis – gastroenterologist

All of the following:

- 1 Patient has histologically confirmed ulcerative colitis; and
- 2 The Simple Clinical Colitis Activity Index (SCCAI) is  $\geq 4$
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate; and
- 5 Patient must be reassessed for continuation after 3 months of therapy.

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

**Continuation – severe ulcerative colitis – gastroenterologist**

All of the following:

- 1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks;
- 2 SCCAI score has reduced by  $\geq 2$  points from the SCCAI score when the patient was initiated on infliximab; and
- 3 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

**Initiation – plaque psoriasis, prior TNF use – dermatologist**

*Re-assessment required after 3 doses*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
  - 2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis.

**Initiation – plaque psoriasis, treatment-naïve – dermatologist**

*Re-assessment required after 3 doses*

All of the following:

- 1 Either:
  - 1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: “Inadequate response” is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Continuation – plaque psoriasis – dermatologist**

*Re-assessment required after 3 doses*

All of the following:

- 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

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

continued...

- level, as compared to the treatment course baseline values; or
- 1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

### RANIBIZUMAB

- Inj 10 mg per ml, 0.23 ml vial
- Inj 10 mg per ml, 0.3 ml vial

#### Restricted

##### Initiation

Re-assessment required after 3 doses

Both:

- 1 Either
  - 1.1 Age-related macular degeneration; or
  - 1.2 Choroidal neovascular membrane; and
- 2 Any of the following:
  - 2.1 The patient has had a severe ophthalmic inflammatory response following bevacizumab; or
  - 2.2 The patient has had a myocardial infarction or stroke within the last three months; or
  - 2.3 The patient has failed to respond to bevacizumab following three intraocular injections; or
  - 2.4 The patient is of child-bearing potential and has not completed a family.

##### Continuation

Both:

- 1 Documented benefit after three doses must be demonstrated to continue; and
- 2 In the case of but previous non-response to bevacizumab, a retrieval of bevacizumab is required to confirm non-response before continuing with ranibizumab.

### RITUXIMAB

- |                                     |          |   |          |
|-------------------------------------|----------|---|----------|
| → 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 |

#### Restricted

**Initiation – haemophilia with inhibitors** – haematologist

Any of the following:

- 1 Patient has mild congenital haemophilia complicated by inhibitors; or
- 2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or
- 3 Patient has acquired haemophilia.

**Continuation – haemophilia with inhibitors** – haematologist

All of the following:

- 1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 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.

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

Note: Indications marked with \* are Unapproved Indications.

### **Initiation – indolent, low-grade lymphomas**

Either:

- 1 Both:
  - 1.1 The patient has indolent low grade NHL with relapsed disease following prior chemotherapy; and
  - 1.2 To be used for a maximum of 6 treatment cycles; or
- 2 Both:
  - 2.1 The patient has indolent, low grade lymphoma 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.

### **Continuation – indolent, low-grade lymphomas**

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has indolent, low-grade NHL with relapsed disease following prior chemotherapy; and
- 3 To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia.

### **Initiation – aggressive CD20 positive NHL**

Either:

- 1 All of the following:
  - 1.1 The patient has treatment naive aggressive CD20 positive NHL; and
  - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
  - 1.3 To be used for a maximum of 8 treatment cycles; or
- 2 Both:
  - 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
  - 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

### **Continuation – aggressive CD20 positive NHL**

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
- 3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 4 To be used for a maximum of 4 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

### **Chronic lymphocytic leukaemia**

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 The patient is rituximab treatment naive; and
- 3 Either:
  - 3.1 The patient is chemotherapy treatment naive; or
  - 3.2 Both:
    - 3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
    - 3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and
- 4 The patient has good performance status; and
- 5 The patient has good renal function (creatinine clearance  $\geq$  30 ml/min); and
- 6 The patient does not have chromosome 17p deletion CLL; and
- 7 Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles; and

*continued...*

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

*continued...*

- 8 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration).

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to <2.

### **Initiation – rheumatoid arthritis – prior TNF inhibitor use – rheumatologist**

*Re-assessment required after 2 doses*

All of the following:

- 1 Both:
  - 1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
    - 1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
  - 2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  - 2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

### **Initiation – rheumatoid arthritis – TNF inhibitors contraindicated – rheumatologist**

*Re-assessment required after 2 doses*

All of the following:

- 1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
- 2 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
- 3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
- 5 Any of the following:
  - 5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
  - 5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  - 5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
- 6 Either:
  - 6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  - 6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 7 Either:
  - 7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and
- 8 Either:
  - 8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  - 8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

*continued...*



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

**Continuation – rheumatoid arthritis – re-treatment in ‘partial responders’ to rituximab – rheumatologist**

*Re-assessment required after 2 doses*

All of the following:

- 1 Either:
  - 1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
  - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Continuation – rheumatoid arthritis – re-treatment in ‘responders’ to rituximab – rheumatologist**

*Re-assessment required after 2 doses*

All of the following:

- 1 Either:
  - 1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
  - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**TOCILIZUMAB**

→ Inj 20 mg per ml, 4 ml vial.....	1	220.00	Actemra
→ Inj 20 mg per ml, 10 ml vial.....	1	550.00	Actemra
→ Inj 20 mg per ml, 20 ml vial.....	1	1,100.00	Actemra

**Initiation – systemic juvenile idiopathic arthritis – paediatric rheumatologist**

*Re-assessment required after 6 months*

Both:

- 1 Patient diagnosed with systemic juvenile idiopathic arthritis; and
- 2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

**Continuation – systemic juvenile idiopathic arthritis – paediatric rheumatologist**

*Re-assessment required after 6 months*

Either:

- 1 Following up to 6 months’ initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
TRASTUZUMAB			
➔ Inj 150 mg vial .....	1,350.00	1	Herceptin
➔ Inj 440 mg vial .....	3,875.00	1	Herceptin

### Restricted

#### Early breast cancer

*Limited to 12 months' treatment*

All of the following:

- 1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
- 3 Any of the following:
  - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
  - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
  - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
  - 3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

#### Initiation – metastatic breast cancer (trastuzumab-naïve patients)

*Re-assessment required after 12 months*

Either:

- 1 All of the following:
  - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 1.2 The patient has not previously received lapatinib treatment for HER 2 positive metastatic breast cancer; and
  - 1.3 Trastuzumab not to be given in combination with lapatinib; and
  - 1.4 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
  - 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 2.2 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
  - 2.3 The cancer did not progress whilst on lapatinib; and
  - 2.4 Trastuzumab not to be given in combination with lapatinib; and
  - 2.5 Trastuzumab to be discontinued at disease progression

#### Initiation – metastatic breast cancer (patients previously treated with trastuzumab)

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 3 Any of the following:
  - 3.1 All of the following:
    - 3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
    - 3.1.2 Trastuzumab not to be given in combination with lapatinib; and
    - 3.1.3 Trastuzumab to be discontinued at disease progression; or
  - 3.2 All of the following:
    - 3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    - 3.2.2 The cancer did not progress whilst on lapatinib; and
    - 3.2.3 Trastuzumab not to be given in combination with lapatinib; and
    - 3.2.4 Trastuzumab to be discontinued at disease progression; or
  - 3.3 All of the following:
    - 3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
    - 3.3.2 Trastuzumab not to be given in combination with lapatinib; and
    - 3.3.3 Trastuzumab to be discontinued at disease progression.

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

continued...

**Continuation – metastatic breast cancer**

*Re-assessment required after 12 months*

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 3 Trastuzumab not to be given in combination with lapatinib; and
- 4 Trastuzumab to be discontinued at disease progression.

### Other Immunosuppressants

ANTITHYMOCYTE GLOBULIN (EQUINE) Inj 50 mg per ml, 5 ml ampoule.....	2,137.50	5	ATGAM
ANTITHYMOCYTE GLOBULIN (RABBIT) Inj 25 mg vial			
AZATHIOPRINE Tab 50 mg.....	18.45	100	Imuprine Imuran
Inj 50 mg vial.....	60.00	1	Imuran
BACILLUS CALMETTE-GUERIN (BCG) → Inj 2-8 x 10 <sup>8</sup> CFU vial – <b>1% DV Sep-13 to 2016</b> .....	149.37	1	<b>OncoTICE</b>
<b>Restricted</b> For use in bladder cancer			
MYCOPHENOLATE MOFETIL → Cap 250 mg.....	30.00	50	Ceptolate CellCept
	70.00	100	Myaccord
→ Tab 500 mg.....	70.00	50	CellCept Ceptolate Myaccord
	60.00		CellCept
→ Powder for oral liq 1 g per 5 ml.....	285.00	165 ml	CellCept
→ Inj 500 mg vial.....	133.33	4	CellCept

**Restricted**

Either:

- 1 Transplant recipient; or

2 Both:

Patients with diseases where:

- 2.1 Steroids and azathioprine have been trialed and discontinued because of unacceptable side effects or inadequate clinical response; and

2.2 Either:

Patients with diseases where:

- 2.2.1 Cyclophosphamide has been trialed and discontinued because of unacceptable side effects or inadequate clinical response; or

- 2.2.2 Cyclophosphamide treatment is contraindicated

PICIBANIL

Inj 100 mg vial

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
SIROLIMUS			
➔ Tab 1 mg .....	813.00	100	Rapamune
➔ Tab 2 mg .....	1,626.00	100	Rapamune
➔ Oral liq 1 mg per ml.....	487.80	60 ml	Rapamune

### Restricted

For rescue therapy for an organ transplant recipient

Notes: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:

- GFR < 30 ml/min; or
- Rapidly progressive transplant vasculopathy; or
- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencephalopathy; or
- Significant malignant disease

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

## ANTIALLERGY PREPARATIONS

### Allergy Desensitisation

#### BEE VENOM

- ➔ Inj 120 mcg vial with diluent, 6 vial
- ➔ Inj 550 mcg vial with diluent

#### Restricted

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

#### PAPER WASP VENOM

- ➔ Inj 550 mcg vial with diluent

#### Restricted

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

#### YELLOW JACKET WASP VENOM

- ➔ Inj 550 mcg vial with diluent

#### Restricted

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

### Allergy Prophylactics

#### BECLOMETHASONE DIPROPIONATE

Nasal spray 50 mcg per dose .....	4.85	200 dose	
Nasal spray 100 mcg per dose .....	5.75	200 dose	Alanase

#### BUDESONIDE

Nasal spray 50 mcg per dose .....	4.85	200 dose	
Nasal spray 100 mcg per dose .....	5.75	200 dose	Butacort Aqueous

#### FLUTICASONE PROPIONATE

Nasal spray 50 mcg per dose – <b>1% DV Apr-13 to 2015</b> .....	2.30	120 dose	Flixonase Hayfever & Allergy
---	------	----------	---------------------------------

#### IPRATROPIUM BROMIDE

Nasal spray 0.03%

#### SODIUM CROMOGLYCATE

Nasal spray 4%

### Antihistamines

#### CETIRIZINE HYDROCHLORIDE

Oral liq 1 mg per ml – <b>1% DV Nov-11 to 2014</b> .....	3.52	200 ml	
Tab 10 mg – <b>1% DV Sep-11 to 2014</b> .....	1.59	100	Cetirizine - AFT Zetop

## RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CHLORPHENIRAMINE MALEATE</b>			
Inj 10 mg per ml, 1 ml ampoule			
Oral liq 0.4 mg per ml			
<b>CYPROHEPTADINE HYDROCHLORIDE</b>			
Tab 4 mg			
<b>FEXOFENADINE HYDROCHLORIDE</b>			
Tab 60 mg			
Tab 120 mg			
Tab 180 mg			
<b>LORATADINE</b>			
Oral liq 1 mg per ml.....	3.10	100 ml	Lorapaed
Tab 10 mg.....	2.09	100	Loraclear Hayfever Relief
<b>PROMETHAZINE HYDROCHLORIDE</b>			
Inj 25 mg per ml, 2 ml ampoule.....	11.00	5	Mayne
Oral liq 1 mg per ml – <b>1% DV Feb-13 to 2015</b> .....	2.79	100 ml	<b>Allersoothe</b>
Tab 10 mg – <b>1% DV Sep-12 to 2015</b> .....	1.99	50	<b>Allersoothe</b>
Tab 25 mg – <b>1% DV Sep-12 to 2015</b> .....	2.99	50	<b>Allersoothe</b>
<b>TRIMEPAZINE TARTRATE</b>			
Oral liq 6 mg per ml			

## ANTICHOLINERGIC AGENTS

<b>IPRATROPIUM BROMIDE</b>			
Aerosol inhaler 20 mcg per dose			
Nebuliser soln 250 mcg per ml, 1 ml ampoule			
– <b>1% DV Sep-13 to 2016</b> .....	3.26	20	<b>Univent</b>
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
– <b>1% DV Sep-13 to 2016</b> .....	3.37	20	<b>Univent</b>
<b>TIOTROPIUM BROMIDE</b>			
➔ Powder for inhalation 18 mcg per dose.....	70.00	30 dose	Spiriva

### Restricted

All of the following:

- 1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
- 2 In addition to standard treatment, the patient has trialled a short acting bronchodilator of at least 40 mcg ipratropium q.i.d for one month; and
- 3 Either:
 

The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:

  - 3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
  - 3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
- 4 Actual FEV<sub>1</sub> as a % of predicted, must be below 60%.
- 5 Either:
  - 5.1 Patient is not a smoker; or
  - 5.2 Patient is a smoker and has been offered smoking cessation counselling; and
  - 5.3 The patient has been offered annual influenza immunisation.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**Anticholinergic Agents with Beta-Adrenoceptor Agonists**

**SALBUTAMOL WITH IPRATROPIUM BROMIDE**

Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose			
Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule – <b>1% DV Nov-12 to 2015</b> .....	3.75	20	<b>Duolin</b>

**BETA-ADRENOCEPTOR AGONISTS**

**SALBUTAMOL**

Aerosol inhaler, 100 mcg per dose .....	4.00	200 dose	Salamol
	6.00	200 dose	Ventolin
Inj 1 mg per ml, 5 ml ampoule			
Inj 500 mcg per ml, 1 ml ampoule			
Nebuliser soln 1 mg per ml, 2.5 ml ampoule – <b>1% DV Nov-12 to 2015</b> .....	3.25	20	<b>Asthalin</b>
Nebuliser soln 2 mg per ml, 2.5 ml ampoule – <b>1% DV Nov-12 to 2015</b> .....	3.44	20	<b>Asthalin</b>
Oral liq 0.4 mg per ml.....	1.99	150 ml	Salapin

**TERBUTALINE SULPHATE**

Powder for inhalation 250 mcg per dose			
Inj 0.5 mg per ml, 1 ml ampoule			

**COUGH SUPPRESSANTS**

**PHOLCODINE**

Oral liq 1 mg per ml			
----------------------	--	--	--

**DECONGESTANTS**

**OXYMETAZOLINE HYDROCHLORIDE**

Aqueous nasal spray 0.25 mg per ml			
Aqueous nasal spray 0.5 mg per ml			

**PSEUDOPHEDRINE HYDROCHLORIDE**

Tab 60 mg			
-----------	--	--	--

**SODIUM CHLORIDE**

Aqueous nasal spray 6.5 mg per ml			
-----------------------------------	--	--	--

**SODIUM CHLORIDE WITH SODIUM BICARBONATE**

Soln for nasal irrigaiton			
---------------------------	--	--	--

**XYLOMETAZOLINE HYDROCHLORIDE**

Aqueous nasal spray 0.05%			
Aqueous nasal spray 0.1%			
Nasal drops 0.05%			
Nasal drops 0.1%			

## RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>INHALED CORTICOSTEROIDS</b>			
<b>BECLOMETHASONE DIPROPIONATE</b>			
Aerosol inhaler 50 mcg per dose .....	8.54	200 dose	Beclazone 50
Aerosol inhaler 100 mcg per dose .....	12.50	200 dose	Beclazone 100
Aerosol inhaler 250 mcg per dose .....	22.67	200 dose	Beclazone 250
<b>BUDESONIDE</b>			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose.....	15.20	200 dose	Budenocort
Powder for inhalation 400 mcg per dose.....	25.60	200 dose	Budenocort
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
<b>FLUTICASONE</b>			
Aerosol inhaler 50 mcg per dose .....	7.50	120 dose	Flixotide
Aerosol inhaler 125 mcg per dose .....	13.60	120 dose	Flixotide
Aerosol inhaler 250 mcg per dose .....	27.20	120 dose	Flixotide
Powder for inhalation 50 mcg per dose.....	8.67	60 dose	Flixotide Accuhaler
Powder for inhalation 100 mcg per dose.....	13.87	60 dose	Flixotide Accuhaler
Powder for inhalation 250 mcg per dose.....	24.51	60 dose	Flixotide Accuhaler

## LEUKOTRIENE RECEPTOR ANTAGONISTS

### MONTELUKAST

➔ Tab 4 mg .....	18.48	28	Singulair
➔ Tab 5 mg .....	18.48	28	Singulair
➔ Tab 10 mg .....	18.48	28	Singulair

#### Restricted

##### Pre-school wheeze

All of the following:

- 1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
- 2 The patient has trialed inhaled corticosteroids at a dose of up to 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone for at least one month; and
- 3 The patient continues to have at least three severe exacerbations at least one of which required hospitalisation (defined as in-patient stay or prolonged Emergency Department treatment) in the past 12 months.

##### Exercise-induced asthma

Both:

- 1 Patient is being treated with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and
- 2 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

##### Aspirin desensitisation – clinical immunologist or allergist

All of the following:

- 1 Patient is undergoing aspirin desensitisation therapy under the supervision of a clinical immunologist or allergist; and
- 2 Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter's triad; and
- 3 Nasal polyposis, confirmed radiologically or surgically; and
- 4 Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**LONG-ACTING BETA-ADRENOCEPTOR AGONISTS**

**EFORMOTEROL FUMARATE**

- Powder for inhalation 6 mcg per dose
- Powder for inhalation 12 mcg per dose

**SALMETEROL**

Aerosol inhaler 25 mcg per dose .....	26.46	120 dose	Serevent
Powder for inhalation 50 mcg dose .....	26.46	60 dose	Serevent Accuhaler

**Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists**

**Restricted**

Either:

- 1 All of the following:
  - 1.1 Patient is a child under the age of 12; and
  - 1.2 Has been treated with inhaled corticosteroids of at least 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone; and
  - 1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or
- 2 All of the following:
  - 2.1 Patient is over the age of 12; and
  - 2.2 Has been treated with inhaled corticosteroids of at least 800 mcg per day beclomethasone or budesonide, or 500 mcg per day fluticasone; and
  - 2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

**BUDESONIDE WITH EFORMETEROL**

- ➔ Aerosol inhaler 100 mcg with eformeterol fumarate 6 mcg
- ➔ Aerosol inhaler 200 mcg with eformeterol fumarate 6 mcg
- ➔ Powder for inhalation 100 mcg with eformeterol fumarate 6 mcg
- ➔ Powder for inhalation 200 mcg with eformeterol fumarate 6 mcg
- ➔ Powder for inhalation 400 mcg with eformeterol fumarate 12 mcg

**FLUTICASONE WITH SALMETEROL**

➔ Aerosol inhaler 50 mcg with salmeterol 25 mcg.....	37.48	120 dose	Seretide
➔ Aerosol inhaler 125 mcg with salmeterol 25 mcg.....	49.69	120 dose	Seretide
➔ Powder for inhalation 100 mcg with salmeterol 50 mcg .....	37.48	60 dose	Seretide Accuhaler
➔ Powder for inhalation 250 mcg with salmeterol 50 mcg .....	49.69	60 dose	Seretide Accuhaler

**MAST CELL STABILISERS**

**NEDOCROMIL**

- Aerosol inhaler 2 mg per dose

**SODIUM CROMOGLYCATE**

- Aerosol inhaler 5 mg per dose
- Powder for inhalation 20 mcg per dose

**METHYLXANTHINES**

**AMINOPHYLLINE**

Inj 25 mg per ml, 10 ml ampoule – 1% DV Nov-11 to 2014.....	53.75	5	<b>DBL Aminophylline</b>
---	-------	---	--------------------------

## RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CAFFEINE CITRATE</b>			
Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule.....	55.75	5	Biomed
Oral liq 20 mg per ml (caffeine 10 mg per ml).....	14.85	25 ml	Biomed
<b>THEOPHYLLINE</b>			
Oral liq 80 mg per 15 ml			
Tab long-acting 250 mg			

## MUCOLYTICS AND EXPECTORANTS

<b>DORNASE ALFA</b>			
→ Nebuliser soln 2.5 mg per 2.5 ml ampoule.....	250.00	6	Pulmozyme

### Restricted

#### Cystic fibrosis

For use in patients with approval by the Cystic Fibrosis Advisory Panel

#### Significant mucus production

All of the following:

- 1 Up to four weeks treatment; and
- 2 Patient is an in-patient; and
- 3 The mucus production cannot be cleared by first line chest techniques.

<b>SODIUM CHLORIDE</b>			
Nebuliser soln 7%, 90 ml bottle .....	23.50	90 ml	Biomed

## PULMONARY SURFACTANTS

<b>BERACTANT</b>			
Soln 200 mg per 8 ml vial .....	550.00	1	Survanta

<b>PORACTANT ALFA</b>			
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

<b>DOXAPRAM</b>			
Inj 20 mg per ml, 5 ml vial			

## SCLEROSING AGENTS

<b>TALC</b>			
Powder			
Soln (slurry) 100 mg per ml, 50 ml			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ANTI-INFECTIVE PREPARATIONS</b>			
<b>Antibacterials</b>			
CHLORAMPHENICOL			
Ear drops 0.5%			
Eye drops 0.5% – 1% DV Sep-12 to 2015 .....	1.20	10 ml	<b>Chlorafast</b>
Eye drops 0.5%, single dose			
Eye oint 1% – 1% DV Jan-13 to 2015 .....	2.76	4 g	<b>Chlorsig</b>
CIPROFLOXACIN			
Eye drops 0.3%			
FRAMYCETIN SULPHATE			
Ear/eye drops 0.5%			
FUSIDIC ACID			
Eye drops 1%.....	4.50	5 g	Fucithalmic
GENTAMICIN SULPHATE			
Eye drops 0.3%.....	11.40	5 ml	Genoptic
PROPAMIDINE ISETHIONATE			
Eye drops 0.1%			
SULPHACETAMIDE SODIUM			
Eye drops 10%			
TOBRAMYCIN			
Eye drops 0.3% – 1% DV Sep-11 to 2014.....	11.48	5 ml	<b>Tobrex</b>
Eye oint 0.3% – 1% DV Sep-11 to 2014.....	10.45	3.5 g	<b>Tobrex</b>
<b>Antifungals</b>			
NATAMYCIN			
Eye drops 5%			
<b>Antivirals</b>			
ACICLOVIR			
Eye oint 3%			
<b>Combination Preparations</b>			
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 POLYMYXIN B SULPHATE			
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml			
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g			

## SENSORY ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
DEXAMETHASONE WITH TOBRAMYCIN Eye drops 0.1% with tobramycin 0.3%			
FLUMETASONE PIVALATE WITH CLIOQUINOL Ear drops 0.02% with clioquinol 1%			
HYDROCORTISONE WITH CIPROFLOXACIN Ear drops 1% with ciprofloxacin 0.2%			
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg with gramicidin 250 mcg per g .....	5.16	7.5 ml	Kenacomb

## ANTI-INFLAMMATORY PREPARATIONS

### Corticosteroids

DEXAMETHASONE Eye drops 0.1%.....	4.50	5 ml	Maxidex
Eye oint 0.1% – <b>1% DV Sep-11 to 2014</b> .....	5.86	3.5 g	Maxidex
FLUOROMETHOLONE Eye drops 0.1% – <b>1% DV Dec-12 to 2015</b> .....	3.80	5 ml	Flucon
PREDNISOLONE ACETATE Eye drops 0.12% Eye drops 1%			
PREDNISOLONE SODIUM PHOSPHATE Eye drops 0.5%, single dose			

### Non-Steroidal Anti-Inflammatory Drugs

DICLOFENAC SODIUM Eye drops 0.1% – <b>1% DV Sep-11 to 2014</b> .....	13.80	5 ml	Voltaren Ophtha
Eye drops 0.1%, single dose			
KETOROLAC TROMETAMOL Eye drops 0.5%			

## DECONGESTANTS AND ANTIALLERGICS

### Antiallergic Preparations

LEVOCABASTINE Eye drops 0.05%			
LODOXAMIDE Eye drops 0.1%			
OLOPATADINE Eye drops 0.1%			
SODIUM CROMOGLYCATE Eye drops 2%			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**Decongestants**

NAPHAZOLINE HYDROCHLORIDE Eye drops 0.1% – 1% <b>DV Sep-11 to 2014</b> .....	4.15	15 ml	<b>Naphcon Forte</b>
---	------	-------	----------------------

**DIAGNOSTIC AND SURGICAL PREPARATIONS**

**Diagnostic Dyes**

FLUORESCEIN SODIUM Eye drops 2%, single dose Ophthalmic strips 1 mg Inj 10%, 5 ml vial .....	125.00	12	Fluorescite
---	--------	----	-------------

FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE Eye drops 0.25% with lignocaine hydrochloride 4%, single dose			
---	--	--	--

LISSAMINE GREEN Ophthalmic strips 1.5 mg			
---	--	--	--

ROSE BENGAL SODIUM Ophthalmic strips 1%			
--	--	--	--

**Irrigation Solutions**

CALCIUM CHLORIDE WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE, SODIUM CHLORIDE AND SODIUM CITRATE Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium acetate 0.17%, 15 ml			<i>(Balanced Salt Solution)</i>
Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium acetate 0.17%, 250 ml			<i>(Balanced Salt Solution)</i>
Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium acetate 0.17%, 500 ml			<i>(Balanced Salt Solution)</i>

**Ocular Anaesthetics**

OXYBUPROCAINE HYDROCHLORIDE Eye drops 0.4%, single dose			
--	--	--	--

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			
--	--	--	--

## SENSORY ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM HYALURONATE</b>			
Inj 10 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015.....	30.00	1	<b>Provisc</b>
Inj 14 mg per ml, 0.55 ml syringe – 1% DV Oct-12 to 2015.....	50.00	1	<b>Healon GV</b>
Inj 14 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015.....	50.00	1	<b>Healon GV</b>
Inj 23 mg per ml, 0.6 ml syringe			
<b>SODIUM HYALURONATE WITH CHONDROITIN SULPHATE</b>			
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe and inj 10 mg sodium hyaluronate per ml, 0.4 ml syringe.....	64.00	1	Duovisc
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.5 ml syringe and inj 10 mg sodium hyaluronate per ml, 0.55 ml syringe – 1% DV Sep-11 to 2014.....	74.00	1	<b>Duovisc</b>
Inj 30 mg with chondroitin sulphate 40 mg per ml, 0.75 ml syringe			

## GLAUCOMA PREPARATIONS

### Beta Blockers

#### BETAXOLOL

Eye drops 0.25%  
Eye drops 0.5%

#### LEVOBUNOLOL HYDROCHLORIDE

Eye drops 0.25%..... 7.00 5 ml Betagan  
Eye drops 0.5%..... 7.00 5 ml Betagan

#### TIMOLOL

Eye drops 0.25%  
Eye drops 0.25%, gel forming..... 3.30 2.5 ml Timoptol XE  
Eye drops 0.5%  
Eye drops 0.5%, gel forming..... 3.78 2.5 ml Timoptol XE

### Carbonic Anhydrase Inhibitors

#### ACETAZOLAMIDE

Tab 250 mg – 1% DV Nov-11 to 2014 ..... 17.03 100 **Diamox**  
Inj 500 mg

#### BRINZOLAMIDE

Eye drops 1%

#### DORZOLAMIDE

Eye drops 2%

#### DORZOLAMIDE WITH TIMOLOL

Eye drops 2% with timolol 0.5% ..... 15.50 5 ml Cosopt

### Miotics

#### ACETYLCHOLINE CHLORIDE

Inj 20 mg vial with diluent

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
PILOCARPINE HYDROCHLORIDE			
Eye drops 1%			
Eye drops 2%			
Eye drops 2%, single dose			
Eye drops 4%			

**Prostaglandin Analogues**

BIMATOPROST			
Eye drops 0.03%			
LATANOPROST			
Eye drops 0.005% – <b>1% DV Sep-12 to 2015</b> .....	1.99	2.5 ml	<b>Hysite</b>
TRAVOPROST			
Eye drops 0.004%			

**Sympathomimetics**

APRACLONIDINE			
Eye drops 0.5%			
BRIMONIDINE TARTRATE			
Eye drops 0.2% – <b>1% DV Jul-12 to 2014</b> .....	6.45	5 ml	<b>Arrow-Brimonidine</b>
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%.....	17.36	15 ml	Atropt
Eye drops 1%, single dose			
CYCLOPENTOLATE HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
TROPICAMIDE			
Eye drops 0.5% – <b>1% DV Sep-11 to 2014</b> .....	7.15	15 ml	<b>Mydriacyl</b>
Eye drops 0.5%, single dose			
Eye drops 1% – <b>1% DV Sep-11 to 2014</b> .....	8.66	15 ml	<b>Mydriacyl</b>
Eye drops 1%, single dose			

**Sympathomimetics**

PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			

## SENSORY ORGANS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OCULAR LUBRICANTS</b>			
<b>CARBOMER</b>			
Ophthalmic gel 0.2%			
Ophthalmic gel 0.3%, single dose .....	8.25	30	Poly Gel
<b>CARMELLOSE SODIUM</b>			
Eye drops 0.5%			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
<b>HYPROMELLOSE</b>			
Eye drops 0.5% .....	3.92	15 ml	Methopt
<b>HYPROMELLOSE WITH DEXTRAN</b>			
Eye drops 0.3% with dextran 0.1%			(Poly-Tears)
Eye drops 0.3% with dextran 0.1%, single dose			
<b>MACROGOL 400 AND PROPYLENE GLYCOL</b>			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose .....	4.30	24	Systane Unit Dose
<b>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</b>			
Eye oint 42.5% with soft white paraffin 57.3%			
<b>PARAFFIN LIQUID WITH WOOL FAT</b>			
Eye oint 3% with wool fat 3%			
<b>POLYVINYL ALCOHOL</b>			
Eye drops 1.4% .....	3.62	15 ml	Liquifilm Tears
	2.95		Vistil
Eye drops 3% .....	3.88	15 ml	Liquifilm Forte
	3.80		Vistil Forte
<b>POLYVINYL ALCOHOL WITH POVIDONE</b>			
Eye drops 1.4% with povidone 0.6%, single dose			
<b>RETINOL PALMITATE</b>			
Oint 138 mcg per g .....	3.80	5 g	VitA-POS
<b>SODIUM HYALURONATE</b>			
Eye drops 1 mg per ml .....	22.00	10 ml	Hylo-Fresh

## OTHER OTOLOGICAL PREPARATIONS

<b>ACETIC ACID WITH PROPYLENE GLYCOL</b>			
Ear drops 2.3% with propylene glycol 2.8%			
<b>DOCUSATE SODIUM</b>			
Ear drops 0.5%			



Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

## FOOD MODULES

### Carbohydrates

#### Restricted

##### Use as an additive

Any of the following:

- 1 Cystic fibrosis; or
- 2 Chronic kidney disease; or
- 3 Cancer in children; or
- 4 Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 5 Faltering growth in an infant/child; or
- 6 Bronchopulmonary dysplasia; or
- 7 Premature and post premature infant; or
- 8 Inborn errors of metabolism.

##### Use as a module

For use as a component in a modular formula

#### CARBOHYDRATE SUPPLEMENT

- Powder 95 g carbohydrate per 100 g, 400 g can *(Polycal)*
- Powder 95 g carbohydrate per 100 g, 368 g can *(Moducal)*

### Fat

#### Restricted

##### Use as an additive

Any of the following:

- 1 Patient has inborn errors of metabolism; or
- 2 Faltering growth in an infant/child; or
- 3 Bronchopulmonary dysplasia; or
- 4 Fat malabsorption; or
- 5 Lymphangiectasia; or
- 6 Short bowel syndrome; or
- 7 Infants with necrotising enterocolitis; or
- 8 Biliary atresia; or
- 9 For use in a ketogenic diet; or
- 10 Chyle leaks; or
- 11 Ascites; or
- 12 Patient has increased energy requirements, and for whom dietary measures have not been successful.

##### Use as a module

For use as a component in a modular formula

#### MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT

- Liquid 95 g fat per 100 ml, 500 ml bottle *(MCT Oil)*
- Liquid 50 g fat per 100 ml, 250 ml bottle *(Liquigen)*

#### LONG-CHAIN TRIGLYCERIDE SUPPLEMENT

- Liquid 50 g fat per 100 ml, 200 ml bottle *(Calogen)*
- Liquid 50 g fat per 100 ml, 500 ml bottle *(Calogen)*

#### WALNUT OIL

- Liq

## SPECIAL FOODS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Protein</b>			
<b>Restricted</b>			
<b>Use as an additive</b>			
Either:			
1 Protein losing enteropathy; or			
2 High protein needs.			
<b>Use as a module</b>			
For use as a component in a modular formula			
PROTEIN SUPPLEMENT			
➔ Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can			(Promod)
➔ Powder 6 g protein per 7 g, can.....	8.95	227 g	Resource Beneprotein
➔ Powder 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can			(Protifar)
<b>Other Supplements</b>			
BREAST MILK FORTIFIER			
Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet			(FM 85)
Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet			(S26 Human Milk Fortifier)
Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet			(Nutricia Breast Milk Fortifier)
CARBOHYDRATE AND FAT SUPPLEMENT			
➔ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can			(Super Soluble Duocal)
<b>Restricted</b>			
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.			
<b>FOOD/FLUID THICKENERS</b>			
<b>NOTE:</b> While pre-thickened drinks have not been included in Section H, DHB hospitals may continue to use such products, provided that use was established prior to 1 July 2013. PHARMAC intends to make a further decision in relation to pre-thickened drinks in the future, and will notify of any change to this situation.			
CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN Powder			(Kaicare Aptamil Feed Thickener)
GUAR GUM Powder			(Guarcol)

➔ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
MAIZE STARCH Powder			(Resource Thicken Up) (Nutilis)
MALTODEXTRIN WITH XANTHAN GUM Powder			(Instant Thick)
MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID Powder			(Easy Thick)

**STANDARD FEEDS**

**Restricted**

Any of the following:

- 1 For patients with malnutrition, defined as any of the following:
  - 1.1 BMI < 18.5;
  - 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 conditions that meet the community Special Authority criteria.

**ORAL FEED**

→ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can .....	13.00	900 g	Ensure (Chocolate) Ensure (Vanilla)
→ Powder 18.7 g protein, 54.5 g carbohydrate and 18.9 g fat per 100 g, can .....	9.50	900 g	Fortisip (Vanilla)
→ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can .....	10.22	900 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)

**ORAL FEED 1 KCAL/ML**

→ Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml bottle			(Resource Fruit Beverage)
---	--	--	------------------------------

**ORAL FEED 1.5 KCAL/ML**

→ Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			(Fortijuice)
→ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can .....	1.33	237 ml	Ensure Plus (Chocolate) Ensure Plus (Strawberry) Ensure Plus (Vanilla)
→ Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle			(Fortisip) continued...

## SPECIAL FOODS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<i>continued...</i>			
→ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton .....	1.26	200 ml	Ensure Plus (Banana) Ensure Plus (Chocolate) Ensure Plus (Fruit of the Forest) Ensure Plus (Vanilla)
→ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle			(Fortisip Multi Fibre)
ENTERAL FEED 1 KCAL/ML			
→ Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag			(Nutrison Standard RTH) (Nutrison Low Sodium)
→ Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, can .....	1.24	250 ml	Osmolite
→ Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle .....	2.65	500 ml	Osmolite RTH
→ 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, can .....	1.32	237 ml	Jevity
→ Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle .....	2.65	500 ml	Jevity 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, 3.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag			(Nutrison Multi Fibre)
ENTERAL FEED 1.2 KCAL/ML			
→ Liquid 5.55 g protein, 15.1 g carbohydrate and 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag			(Jevity Plus RTH)
ENTERAL FEED 1.5 KCAL/ML			
→ Liquid 5.4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 1,000 ml bottle			(Isosource Standard RTH)
→ Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag .....	7.00	1,000 ml	Nutrison Energy
→ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag			(Nutrison Energy Multi Fibre)
→ Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can.....	1.75	250 ml	Ensure Plus HN
→ Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag.....	7.00	1,000 ml	Ensure Plus HN RTH
→ Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag.....	7.00	1,000 ml	Jevity HiCal RTH

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**SPECIALISED FORMULAS**

**Diabetic Products**

**Restricted**

Any of the following:

- 1 For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
- 2 For patients with pancreatic insufficiency; or
- 3 For patients who have, or are expected to, eat little or nothing for 5 days;
- 4 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 5 For use pre- and post-surgery; or
- 6 For patients being tube-fed; or
- 7 For tube-feeding as a transition from intravenous nutrition.

**LOW-GI ORAL FEED 1 KCAL/ML**

➔ Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, bottle .....	1.88	250 ml	Glucerna Select (Vanilla)
➔ Liquid 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 fibre per 100 ml, can .....	2.10	237 ml	Resource Diabetic (Vanilla)
➔ Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle			(Diasip)
<b>LOW-GI ENTERAL FEED 1 KCAL/ML</b>			
➔ Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, bottle .....	7.50	1,000 ml	Glucerna Select RTH (Vanilla)
➔ Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bottle			(Nutrison Advanced Diason)

**Fat Modified Products**

**Restricted**

Any of the following:

- 1 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has a chyle leak; or
- 3 Modified as a modular feed for adults.

**FAT-MODIFIED FEED**

➔ Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can			(Monogen)
---	--	--	-----------

## SPECIAL FOODS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Elemental and Semi-Elemental Products</b>			
<b>Restricted</b>			
Any of the following:			
1 Malabsorption; or			
2 Short bowel syndrome; or			
3 Enterocutaneous fistulas; or			
4 Eosinophilic enteritis (including oesophagitis); or			
5 Inflammatory bowel disease; or			
6 Acute pancreatitis where standard feeds are not tolerated; or			
7 Patients with multiple food allergies requiring enteral feeding.			
<b>AMINO ACID ORAL FEED</b>			
→ Powder 11.5 g protein, 61.7 g carbohydrate and 0.8 g fat per sachet .....	4.50	80.4 g	Vivonex TEN
<b>AMINO ACID ORAL FEED 0.8 KCAL/ML</b>			
→ Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton			<i>(Elemental 028 Extra)</i>
<b>PEPTIDE-BASED ORAL FEED</b>			
→ Powder 12.5 g protein, 55.4 g carbohydrate and 3.25 g fat per sachet .....	4.40	79 g	Vital HN
→ Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can			<i>(Peptamen Junior)</i>
→ Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can			<i>(MCT Peptide)</i> <i>(MCT Peptide 1+)</i>
→ Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per sachet .....	7.50	76 g	Alitraq
<b>PEPTIDE-BASED ORAL FEED 1 KCAL/ML</b>			
→ Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton .....	4.95	237 ml	Peptamen OS 1.0 (Vanilla)
<b>PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML</b>			
→ Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag			<i>(Nutrison Advanced Peptisorb)</i>

## Hepatic Products

### Restricted

For children (up to 18 years) who require a liver transplant

#### HEPATIC ORAL FEED

→ Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can .....	78.97	400 g	Heparon Junior
---	-------	-------	----------------

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**High Calorie Products**

**Restricted**

Either:

- 1 Patient is fluid restricted; or
- 2 Both:
  - 2.1 Any of the following:
    - 2.1.1 Cystic fibrosis; or
    - 2.1.2 Any condition causing malabsorption; or
    - 2.1.3 Faltering growth in an infant/child; or
    - 2.1.4 Increased nutritional requirements; and
  - 2.2 Patient has substantially increased metabolic requirements.

**ORAL FEED 2 KCAL/ML**

→ Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat  
and 0.8 g fibre per 100 ml, can ..... 2.25      237 ml      TwoCal HN

**ENTERAL FEED 2 KCAL/ML**

→ Liquid 7.5 g protein, 20 g carbohydrate  
and 10 g fat per 100 ml, bottle ..... 5.50      500 ml      Nutrison Concentrated

→ Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat  
and 0.5 g fibre per 100 ml, bottle ..... 11.00      1,000 ml      TwoCal HN RTH  
(Vanilla)

**High Protein Products**

**HIGH PROTEIN ORAL FEED 1 KCAL/ML**

→ Liquid 10 g protein, 10.3 g carbohydrate  
and 2.1 g fat per 100 ml, 200 ml bottle  
*(Fortimel Regular)*

**Restricted**

Either:

- 1 Decompensating liver disease without encephalopathy; or
- 2 Protein losing gastro-enteropathy; or
- 3 Patient has substantially increased metabolic requirements.

**HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML**

→ Liquid 6.3 g protein, 14.2 g carbohydrate  
and 4.9 g fat per 100 ml, 1,000 ml bag  
*(Nutrison Protein Plus)*

→ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat  
and 1.5 g fibre per 100 ml, 1,000 ml bag  
*(Nutrison Protein Plus  
Multi Fibre)*

**Restricted**

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
  - 2.1 Patient has liver disease; or
  - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
  - 2.3 Patient is fluid restricted; or
  - 2.4 Patient does not have increased energy requirements.

## SPECIAL FOODS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Infant Formulas</b>			
<b>AMINO ACID FORMULA</b>			
→ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can.....	56.00	400 g	Neocate Advance (Vanilla)
→ Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can			(Neocate Advance)
→ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can			(Neocate)
→ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can.....	56.00	400 g	Neocate Gold (Unflavoured)
→ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can.....	53.00	400 g	Elecare LCP (Unflavoured)
→ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can.....	53.00	400 g	Elecare (Unflavoured) Elecare (Vanilla)
→ Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet.....	6.00	48.5 g	Vivonex Paediatric
→ Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can			(Neocate LCP)
<b>Restricted</b>			
<b>Initiation</b>			
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.			
<b>Continuation</b>			
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.			
<b>EXTENSIVELY HYDROLYSED FORMULA</b>			
→ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can			(Karicare Aptamil Gold Pepti Junior)
<b>Restricted</b>			
<b>Initiation – new patients</b>			
Any of the following:			
1 Both:			
1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and			
1.2 Either:			
1.2.1 Soy milk formula has been trialled without resolution of symptoms; or			
1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or			
2 Severe malabsorption; or			
3 Short bowel syndrome; or			
4 Intractable diarrhoea; or			
5 Biliary atresia; or			
6 Cholestatic liver diseases causing malsorption; or			
7 Cystic fibrosis; or			

continued...

→ Restriction  
(Brand) indicates a brand example only. It is not a contracted product.



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

*continued...*

- 8 Proven fat malabsorption; or
- 9 Severe intestinal motility disorders causing significant malabsorption; or
- 10 Intestinal failure.

**Initiation – step down from amino acid formula**

Both:

- 1 The infant is currently receiving funded amino acid formula; and
- 2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula.

**Continuation**

Both:

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula.

**FRUCTOSE-BASED FORMULA**

Powder 14.6 g protein, 49.7 g carbohydrate and 30.8 g fat per 100 g, 400 g can *(Galactomin 19)*

**LACTOSE-FREE FORMULA**

Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml, 900 g can *(S26 Lactose Free)*

Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml, 900 g can *(Karicare Aptamil Gold De-Lact)*

**LOW-CALCIUM FORMULA**

Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g, 400 g can *(Locasol)*

**PRETERM FORMULA**

➔ 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 *(Pre Nan Gold RTF)*

➔ Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle *(Karicare Aptamil Gold + Preterm)*

Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can ..... 15.25 400 g S-26 Gold Premgro

**Restricted**

For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth

**THICKENED FORMULA**

Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can *(Karicare Aptamil Thickened AR)*

## SPECIAL FOODS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Ketogenic Diet Products</b>			
<b>HIGH FAT FORMULA</b>			
→ Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can .....	35.50	300 g	Ketocal 3:1 (Unflavoured)
→ Powder 15.25 g protein, 3 g carbohydrate and 73 g fat per 100 g, can .....	35.50	300 g	Ketocal 4:1 (Unflavoured) Ketocal 4:1 (Vanilla)
<b>Restricted</b>			
For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.			
<b>Paediatric Products</b>			
<b>Restricted</b>			
Both:			
1 Child is aged one to ten years; and			
2 Any of the following:			
2.1 The child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or			
2.2 Any condition causing malabsorption; or			
2.3 Faltering growth in an infant/child; or			
2.4 Increased nutritional requirements; or			
2.5 The child is being transitioned from TPN or tube feeding to oral feeding.			
<b>PAEDIATRIC ORAL FEED</b>			
→ Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can .....	20.00	900 g	Pediasure (Vanilla)
<b>PAEDIATRIC ORAL FEED 1 KCAL/ML</b>			
→ Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle			( <i>Infatrini</i> )
→ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, carton .....	1.07	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla)
→ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can .....	1.27	237 ml	Pediasure (Vanilla)
<b>PAEDIATRIC ENTERAL FEED 0.75 KCAL/ML</b>			
→ Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag .....	4.00	500 ml	Nutrini Low Energy Multifibre RTH
<b>PAEDIATRIC ENTERAL FEED 1 KCAL/ML</b>			
→ Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag .....	2.68	500 ml	Pediasure RTH
→ Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag			( <i>Nutrini RTH</i> )

→ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PAEDIATRIC ORAL FEED 1.5 KCAL/ML</b>			
→ Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle			(Fortini)
→ Liquid 4 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle			(Fortini Multifibre)
<b>PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML</b>			
→ Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag			(Nutrini Energy RTH)
→ 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

**Renal Products**

<b>LOW ELECTROLYTE ORAL FEED</b>			
→ Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can			(Kindergen)
<b>Restricted</b>			
For children (up to 18 years) with acute or chronic kidney disease			
<b>LOW ELECTROLYTE ORAL FEED 2 KCAL/ML</b>			
→ Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			(Suplena)
→ Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton .....	2.43	200 ml	Nepro (Strawberry) Nepro (Vanilla)
→ Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton .....	3.31	237 ml	Novasource Renal (Vanilla)
→ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml bottle			(Renilon 7.5)
<b>Restricted</b>			
For patients with acute or chronic kidney disease			
<b>LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML</b>			
→ Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle .....	6.08	500 ml	Nepro RTH
<b>Restricted</b>			
For patients with acute or chronic kidney disease			

**Respiratory Products**

<b>LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML</b>			
→ Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle .....	1.66	237 ml	Pulmocare (Vanilla)
<b>Restricted</b>			
For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg			

## SPECIAL FOODS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### Surgical Products

#### HIGH ARGININE ORAL FEED 1.4 KCAL/ML

→ Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton .....	4.00	237 ml	Impact Advanced Recovery (Chocolate) Impact Advanced Recovery (Vanilla)
--	------	--------	--

#### Restricted

Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery

### METABOLIC PRODUCTS

#### Restricted

Either:

- 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.

### Homocystinuria Products

#### AMINO ACID FORMULA (WITHOUT METHIONINE)

→ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle			(HCU Anamix Junior LQ)
→ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			(HCU Anamix Infant)
→ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			(XMET Maxamaid)
→ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			(XMET Maxamum)

### Maple Syrup Urine Disease Products

#### AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE)

→ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle			(MSUD Anamix Junior LQ)
→ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			(MSUD Anamix Infant)
→ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			(MSUD Maxamaid)
→ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			(MSUD Maxamum)

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Phenylketonuria Products</b>			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE)			
→ Tab 8.33 g			(Phlexy-10)
→ Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton			(Easiphen)
→ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle .....	13.10	125 ml	PKU Anamix Junior LQ (Berry) PKU Anamix Junior LQ (Orange) PKU Anamix Junior LQ (Unflavoured)
→ Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle			(PKU Lophlex LQ 10)
→ Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle			(PKU Lophlex LQ 10)
→ Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle			(PKU Lophlex LQ 10)
→ Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle			(PKU Lophlex LQ 20)
→ Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle			(PKU Lophlex LQ 20)
→ Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle			(PKU Lophlex LQ 20)
→ Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet			(Phlexy-10)
→ Powder 13.1 g protein, 45.9 g carbohydrate, 23 g fat and 5.3 fibre per 100 g, 400 g can			(PKU Anamix Infant)
→ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			(XP Maxamaid)
→ Powder 29 g protein, 38 g carbohydrate and 13.5 g fibre per 100 g, 29 g sachet			(PKU Anamix Junior)
→ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			(XP Maxamum)
<b>Glutaric Aciduria Type 1 Products</b>			
AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN)			
→ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			(GA1 Anamix Infant)
→ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			(XLYS Low TRY Maxamaid)
<b>Isovaleric Acidemia Products</b>			
AMINO ACID FORMULA (WITHOUT LEUCINE)			
→ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			(IVA Anamix Infant)
→ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			(XLEU Maxamaid)
→ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			(XLEU Maxamum)

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### Propionic Acidaemia and Methylmalonic Acidaemia Products

#### AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE)

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 fibre per 100 g, 400 g can  
*(MMA/PA Anamix Infant)*
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can  
*(XMTVI Maxamaid)*
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can  
*(XMTVI Maxamum)*

### Tyrosinaemia Products

#### AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE)

- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 fibre per 100 ml, 125 ml bottle  
*(TYR Anamix Junior LQ)*
- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 fibre per 100 g, 400 g can  
*(TYR Anamix Infant)*
- Powder 29 g protein, 38 g carbohydrate and 13.5 g fat per 100 g, 29 g sachet  
*(TYR Anamix Junior)*
- Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can  
*(XPHEN, TYR Maxamaid)*

### Urea Cycle Disorders Products

#### AMINO ACID SUPPLEMENT

- Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can  
*(Dialamine)*
- Powder 79 g protein per 100 g, 200 g can  
*(Essential Amino Acid Mix)*

### X-Linked Adrenoleukodystrophy Products

#### GLYCERYL TRIERUCATE

- Liquid, 1,000 ml bottle

#### GLYCERYL TRIOLEATE

- Liquid, 500 ml bottle

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

## BACTERIAL VACCINES

### BACILLUS CALMETTE-GUERIN VACCINE

→ Inj 2-8 million CFU per ml vial with diluent

#### Restricted

For infants at increased risk of tuberculosis.

Note: Increased risk is defined as:

- 1 living in a house or family with a person with current or past history of TB; or
- 2 have one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; or
- 3 during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note: A list of countries with high rates of TB are available at [www.moh.govt.nz/immunisation](http://www.moh.govt.nz/immunisation) or [www.bcgatlas.org/index.php](http://www.bcgatlas.org/index.php).

### DIPHTHERIA AND TETANUS VACCINE

→ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe

#### Restricted

Any of the following:

- 1 For vaccination of patients aged 45 and 65 years old; or
- 2 For vaccination of previously unimmunised patients; or
- 3 For revaccination following immunosuppression; or
- 4 For revaccination for patients with tetanus-prone wounds.

### DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE

→ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe

#### Restricted

Either:

- 1 For primary vaccination in children aged 7-18 years; or
- 2 For pregnant women between gestational weeks 28 and 38 during epidemics.

### HAEMOPHILUS INFLUENZAE TYPE B VACCINE

→ Inj 10 mcg vial with diluent syringe

#### Restricted

Any of the following:

- 1 For primary vaccination in children; or
- 2 For revaccination following immunosuppression; or
- 3 For children aged 0-18 years with functional asplenia; or
- 4 For patients pre- and post-splenectomy.

### MENIGOCOCCAL C CONJUGATE VACCINE

→ Inj 10 mcg in 0.5 ml syringe

#### Restricted

Any of the following:

- 1 For patients pre- and post-splenectomy; or
- 2 For children aged 0-18 years with functional asplenia; or
- 3 For organisation and community based outbreaks; or
- 4 For use in transplant patients aged under 2 years; or
- 5 For use following immunosuppression in patients aged under 2 years.

## VACCINES

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE</b>			
➔ Inj 48 mcg in 0.5 ml vial			
<b>Restricted</b>			
Any of the following:			
1 For patients pre- and post-splenectomy; or			
2 For children aged 0-18 years with functional asplenia; or			
3 For organisation and community based outbreaks; or			
4 For use in transplant patients; or			
5 For use following immunosuppression.			
<b>MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE</b>			
➔ Inj 200 mcg vial with diluent			
<b>Restricted</b>			
Any of the following:			
1 For patients pre- and post-splenectomy; or			
2 For children aged 0-18 years with functional asplenia; or			
3 For organisation and community based outbreaks.			
<b>PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE</b>			
➔ Inj 16 mcg in 0.5 ml syringe			
<b>Restricted</b>			
For primary vaccination in children			
<b>PNEUMOCOCCAL CONJUGATE (PCV13) VACCINE</b>			
➔ Inj 30.8 mcg in 0.5 ml syringe			
<b>Restricted</b>			
Any of the following:			
1 For high risk children under the age of 5; or			
2 For patients aged less than 18 years pre- or post-splenectomy or with functional asplenia; or			
3 For revaccination following immunosuppression.			
<b>PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE</b>			
➔ Inj 575 mcg in 0.5 ml vial			
<b>Restricted</b>			
Any of the following:			
1 For patients pre- and post-splenectomy or			
2 children aged 0-18 years with functional asplenia			
3 For revaccination following immunosuppression.			
<b>SALMONELLA TYPHI VACCINE</b>			
➔ Inj 25 mcg in 0.5 ml syringe			
<b>Restricted</b>			
For use during typhoid fever outbreaks			



Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

**BACTERIAL AND VIRAL VACCINES**
**DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE**

- Inj 30 IU diphtheria toxoid with 30 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D antigen units poliomyelitis virus in 0.5 ml syringe

**Restricted**

For primary vaccination in children

**DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE**

- Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial

**Restricted**

Either:

- 1 For primary vaccination in children; or
- 2 For revaccination following immunosuppression.

**VIRAL VACCINES**
**HEPATITIS A VACCINE**

- Inj 720 ELISA units in 0.5 ml syringe  
→ Inj 1440 ELISA units in 1 ml syringe

**Restricted**

Any of the following:

- 1 For use in transplant patients; or
- 2 For use in children with chronic liver disease; or
- 3 For close contacts of known hepatitis A carriers.

**HEPATITIS B VACCINE**

- Inj 5 mcg in 0.5 ml vial  
→ Inj 10 mcg in 1 ml vial

**Restricted**

Any of the following:

- 1 Household or sexual contacts of known hepatitis B carriers; or
- 2 Children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 Dialysis patients; or
- 4 HIV-positive patients; or
- 5 Hepatitis C positive patients; or
- 6 For use in transplant patients; or
- 7 For use following immunosuppression.

**HUMAN PAPILOMAVIRUS (6, 11, 16 AND 18) VACCINE**

- Inj 120 mcg in 0.5 ml syringe

**Restricted**

Any of the following:

- 1 Women aged between 9 and 18 years old; or
- 2 Male patients aged between 9 and 25 years old with confirmed HIV infection; or
- 3 For use in transplant patients.

# VACCINES

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

## INFLUENZA VACCINE

→ Inj 45 mcg in 0.5 ml syringe

### Restricted

Any of the following:

- 1 All people 65 years of age and over; or
- 2 People under 65 years of age who:
  - 2.1 Have any of the following cardiovascular diseases:
    - 2.1.1 Ischaemic heart disease; or
    - 2.1.2 Congestive heart disease; or
    - 2.1.3 Rheumatic heart disease; or
    - 2.1.4 Congenital heart disease; or
    - 2.1.5 Cerebo-vascular disease; or
  - 2.2 Have any of the following chronic respiratory diseases:
    - 2.2.1 Asthma, if on a regular preventative therapy; or
    - 2.2.2 Other chronic respiratory disease with impaired lung function; or
  - 2.3 Have diabetes;
  - 2.4 Have chronic renal disease;
  - 2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive;
  - 2.6 Have any of the following other conditions:
    - 2.6.1 Autoimmune disease;
    - 2.6.2 Immune suppression;
    - 2.6.3 HIV;
    - 2.6.4 Transplant recipients;
    - 2.6.5 Neuromuscular and CNS diseases;
    - 2.6.6 Haemoglobinopathies;
    - 2.6.7 Are children on long term aspirin; or
  - 2.7 Are pregnant, or
  - 2.8 Are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or
- 3 People under 18 years of age living within the boundaries of the Canterbury District Health Board.

Note: The following conditions are excluded from funding:

- asthma not requiring regular preventative therapy; and
- hypertension and/or dyslipidaemia without evidence of end-organ disease.

## MEASLES, MUMPS AND RUBELLA VACCINE

→ Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent

### Restricted

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.

## POLIOMYELITIS VACCINE

→ Inj 80 D antigen units in 0.5 ml syringe

### Restricted

Either:

- 1 For previously unvaccinated individuals; or
- 2 For revaccination following immunosuppression.

## RABIES VACCINE

Inj 2.5 IU vial with diluent

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

VARICELLA ZOSTER VACCINE

- ➔ Inj 1350 PFU vial with diluent
- ➔ Inj 2000 PFU vial with diluent

**Restricted**

Any of the following:

- 1 For use in transplant patients; or
- 2 For use following immunosuppression; or
- 3 For household contacts of children undergoing immunosuppression with no previous history or disease (clinical history of disease or negative serology) or vaccination.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>AGENTS USED IN THE TREATMENT OF POISONINGS</b>			
<b>Antidotes</b>			
<b>ACETYLCYSTEINE</b>			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml ampoule – 1% DV Jul-12 to 2015 .....	178.00	10	<b>Martindale Acetylcysteine Acetadote</b>
Inj 200 mg per ml, 30 ml vial.....	219.00	4	
<b>DIGOXIN IMMUNE FAB</b>			
Inj 38 mg vial			
Inj 40 mg vial			
<b>ETHANOL</b>			
Liq 96%			
<b>ETHANOL, DEHYDRATED</b>			
Inj 100%, 5 ml ampoule			
<b>ETHANOL WITH GLUCOSE</b>			
Inj 10% with glucose 5%, 500 ml bottle			
<b>FLUMAZENIL</b>			
Inj 0.1 mg per ml, 5 ml ampoule.....	170.10	5	Anexate
<b>HYDROXOCOBALAMIN</b>			
Inj 2.5 g vial			
<b>NALOXONE HYDROCHLORIDE</b>			
Inj 400 mcg per ml, 1 ml ampoule .....	33.00	5	Mayne
<b>PRALIDOXIME IODIDE</b>			
Inj 25 mg per ml, 20 ml ampoule			
<b>SODIUM NITRITE</b>			
Inj 30 mg per ml, 10 ml ampoule			
<b>SODIUM THIOSULFATE</b>			
Inj 250 mg per ml, 10 ml vial			
Inj 500 mg per ml, 10 ml vial			
<b>SOYA OIL</b>			
Inj 20%, 500 ml bag			
Inj 20%, 500 ml bottle			
<b>Antitoxins</b>			
<b>BOTULISM ANTITOXIN</b>			
Inj 250 mg vial			
<b>DIPHTHERIA ANTITOXIN</b>			
Inj 10,000 iu vial			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**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 Carbasorb-X

DEFERIPRONE  
Tab 500 mg ..... 533.17 100 Ferriprox  
Oral liq 100 mg per ml..... 266.59 250 ml Ferriprox

DESFERIOXAMINE MESILATE  
Inj 500 mg vial ..... 99.00 10 Mayne

DICOBALT EDETATE  
Inj 15 mg per ml, 20 ml ampoule

DIMERCAPROL  
Inj 50 mg per ml, 2 ml ampoule

DIMERCAPTOSUCCINIC ACID  
Cap 100 mg

DISODIUM EDETATE  
Inj 150 mg per ml, 20 ml ampoule  
Inj 150 mg per ml, 20 ml vial  
Inj 150 mg per ml, 100 ml vial

SODIUM CALCIUM EDETATE  
Inj 200 mg per ml, 2.5 ml ampoule  
Inj 200 mg per ml, 5 ml ampoule

**ANTISEPTICS AND DISINFECTANTS**

CHLORHEXIDINE WITH ETHANOL  
Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml..... 1.55 1 healthE  
Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml..... 2.65 1 healthE  
Soln 0.5% with ethanol 70%, staining (red) 100 ml ..... 2.90 1 healthE  
Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml..... 5.45 1 healthE  
Soln 0.5% with ethanol 70%, staining (red) 500 ml ..... 5.90 1 healthE  
Soln 2% with ethanol 70%, non-staining (pink) 100 ml..... 3.54 1 healthE  
Soln 2% with ethanol 70%, staining (red) 100 ml ..... 3.86 1 healthE  
Soln 2% with ethanol 70%, staining (red) 500 ml ..... 9.56 1 healthE

CHLORHEXIDINE  
Soln 4% ..... 1.86 50 ml healthE  
Soln 5% ..... 15.50 500 ml healthE

## VARIOUS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CHLORHEXIDINE WITH CETRIMIDE</b>			
Foaming soln 0.5% with cetrimide			
Crn 1% with cetrimide 0.5%			
<b>IODINE WITH ETHANOL</b>			
Soln 1% with ethanol 70%, 100 ml .....	9.30	1	healthE
<b>ISOPROPYL ALCOHOL</b>			
Soln 70%, 500 ml .....	5.65	1	healthE
	5.00		PSM
<b>POVIDONE-IODINE</b>			
Soln 5%			
Soln 7.5%			
Soln 10% .....	2.95	100 ml	Riodine
	6.20	500 ml	Betadine
Oint 10% .....	3.27	25 g	Riodine
Pad 10%			Betadine
Swab set 10%			
<b>POVIDONE-IODINE WITH ETHANOL</b>			
Soln 10% with ethanol 30% .....	10.00	500 ml	Betadine Skin Prep
Soln 10% with ethanol 70%			
<b>SODIUM HYPOCHLORITE</b>			
Soln			

## CONTRAST MEDIA

### Iodinated X-ray Contrast Media

<b>DIATRIZOATE MEGLUMINE WITH DIATRIZOATE SODIUM</b>			
Oral liq 660 mg per ml with			
diatrizoate sodium 100 mg per ml, 100 ml .....	21.00	100 ml	Gastrografin
Inj 146 mg with sodium amidotrizoate 40 mg per ml, .....	210.00	10	Gastrografin
250 ml bottle			
Inj 370 mg with sodium amidotrizoate 100 mg per ml,			
50 ml bottle			
<b>DIATRIZOATE SODIUM</b>			
Oral liq 370 mg per ml, 10 ml			
<b>IODISED OIL</b>			
Inj 480 mg per ml, 10 ml ampoule			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>IODIXANOL</b>			
Inj 270 mg per ml, 20 ml vial			
Inj 270 mg per ml, 50 ml bottle .....	223.50	10	Visipaque
Inj 270 mg per ml, 100 ml bottle .....	447.00	10	Visipaque
Inj 320 mg per ml, 20 ml vial			
Inj 320 mg per ml, 50 ml bottle .....	223.50	10	Visipaque
Inj 320 mg per ml, 100 ml bottle .....	447.00	10	Visipaque
Inj 320 mg per ml, 150 ml bottle .....	670.50	10	Visipaque
Inj 320 mg per ml, 200 ml bottle .....	565.56	6	Visipaque
	894.00	10	Visipaque
<b>IOHEXOL</b>			
Inj 240 mg per ml, 50 ml bottle .....	77.80	10	Omnipaque
Inj 300 mg per ml, 20 ml bottle .....	24.00	6	Omnipaque
Inj 300 mg per ml, 50 ml bottle .....	77.80	10	Omnipaque
Inj 300 mg per ml, 100 ml bottle .....	155.60	10	Omnipaque
Inj 300 mg per ml, 500 ml bottle .....	468.00	6	Omnipaque
Inj 350 mg per ml, 20 ml bottle .....	24.00	6	Omnipaque
Inj 350 mg per ml, 50 ml bottle .....	77.80	10	Omnipaque
Inj 350 mg per ml, 75 ml bottle .....	116.70	10	Omnipaque
Inj 350 mg per ml, 100 ml bottle .....	155.60	10	Omnipaque
Inj 350 mg per ml, 200 ml bottle .....	186.70	6	Omnipaque
Inj 350 mg per ml, 500 ml bottle .....	780.00	10	Omnipaque
<b>IOMEPROL</b>			
Inj 150 mg per ml, 50 ml bottle			
Inj 300 mg per ml, 20 ml vial			
Inj 300 mg per ml, 50 ml bottle			
Inj 300 mg per ml, 100 ml bottle			
Inj 350 mg per ml, 20 ml vial			
Inj 350 mg per ml, 50 ml bottle			
Inj 350 mg per ml, 75 ml bottle			
Inj 350 mg per ml, 100 ml bottle			
Inj 400 mg per ml, 50 ml bottle			
<b>IOPROMIDE</b>			
Inj 240 per ml, 50 ml bottle			
Inj 300 per ml, 20 ml vial			
Inj 300 per ml, 50 ml bottle			
Inj 300 per ml, 100 ml bottle			
Inj 370 per ml, 30 ml vial			
Inj 370 per ml, 50 ml bottle			
Inj 370 per ml, 100 ml bottle			
Inj 370 per ml, 200 ml bottle			
<b>IOTROLAN</b>			
Inj 240 mg per ml, 10 ml vial			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Non-iodinated X-ray Contrast Media</b>			
<b>BARIUM SULPHATE</b>			
Oral liq 1 mg per ml			
Oral liq 13 mg per ml			
Oral liq 21 mg per ml			
Oral liq 22 mg per g, 250 ml.....	175.00	24	CT Plus+
Oral liq 22 mg per g, 450 ml.....	220.00	24	CT Plus+
Oral liq 130 mg per ml			
Oral liq 400 mg per ml			
Oral liq 1,250 mg per ml			
Liq 1,000 mg per ml			
Eosophageal cream 30 mg per g			
Eosophageal cream 600 mg per g			
Eosophageal paste 400 mg per ml			
Enema 1,250 mg per ml			
Powder for oral liq 22.1 g			
Powder for oral liq 100 g			
Powder for oral liq 148 g			
Powder for oral liq 300 g			
Powder for oral liq 340 g			
Powder for oral liq 10,000 g			
Powder for enema 397 g			
<b>CITRIC ACID WITH SODIUM BICARBONATE</b>			
Powder 382.2 mg per g with sodium bicarbonate			
551.3 mg per g, 4 g sachet			<i>(E-2-GAS II)</i>
<b>Paramagnetic Contrast Media</b>			
<b>GADOBENIC ACID</b>			
Inj 334 mg per ml, 10 ml vial.....	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial.....	636.28	10	Multihance
<b>GADOBUTROL</b>			
Inj 1 mmol per ml, 7.5 ml syringe.....	253.10	5	Gadovist
Inj 1 mmol per ml, 15 ml vial			
<b>GADODIAMIDE</b>			
Inj 287 mg per ml, 5 ml vial			
Inj 287 mg per ml, 10 ml vial.....	180.00	10	Omniscan
Inj 287 mg per ml, 10 ml syringe.....	220.00	10	Omniscan
Inj 287 mg per ml, 15 ml vial.....	270.00	10	Omniscan
Inj 287 mg per ml, 15 ml syringe.....	330.00	10	Omniscan
Inj 287 mg per ml, 20 ml vial			
Inj 287 mg per ml, 20 ml syringe.....	440.00	10	Omniscan
<b>GADOTERIC ACID</b>			
Inj 0.5 mmol per ml, 5 ml bottle			
Inj 0.5 mmol per ml, 10 ml bottle			
Inj 0.5 mmol per ml, 20 ml bottle			
<b>GADOXETATE DISODIUM</b>			
Inj 181 mg per ml, 10 ml syringe			



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MEGLUMINE GADOPENTATE</b>			
Inj 469 mg per ml, 10 ml vial.....	184.00	10	Magnevist
Inj 469 mg per ml, 10 ml syringe.....	92.00	5	Magnevist
Inj 469 mg per ml, 15 ml vial			
Inj 469 mg per ml, 20 ml vial			

**DIAGNOSTIC AGENTS**

**ARGININE**

- Inj 50 mg per ml, 500 ml bottle
- Inj 100 mg per ml, 300 ml bottle

**HISTAMINE ACID PHOSPHATE**

- Nebuliser soln 0.6%, 10 ml vial
- Nebuliser soln 2.5%, 10 ml vial
- Nebuliser soln 5%, 10 ml vial

**SECRETIN PENTAHYDROCHLORIDE**

- Inj 100 u ampoule

**TUBERCULIN, PURIFIED PROTEIN DERIVATIVE**

- Inj 10 TIU per 0.1 ml, 1 ml vial

**Diagnostic Dyes**

**BONNEY'S BLUE DYE**

- Soln

**INDIGO CARMINE**

- Inj 4 mg per ml, 5 ml ampoule
- Inj 8 mg per ml, 5 ml ampoule

**INDOCYANINE GREEN**

- Inj 25 mg vial

**METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]**

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

**PATENT BLUE V**

- Inj 2.5%, 2 ml ampoule

**IRRIGATION SOLUTIONS**

**CHLORHEXIDINE**

Irrigation soln 0.02%, bottle.....	2.92	100 ml	Baxter
Irrigation soln 0.02%, 500 ml bottle			
Irrigation soln 0.05%, bottle.....	3.02	100 ml	Baxter
Irrigation soln 0.05%, bottle.....	3.63	500 ml	Baxter
Irrigation soln 0.1%, 30 ml ampoule			
Irrigation soln 0.1%, bottle.....	3.10	100 ml	Baxter
Irrigation soln 0.5%, bottle.....	4.69	500 ml	Baxter

## VARIOUS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CHLORHEXIDINE WITH CETRIMIDE</b>			
Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule			
Irrigation soln 0.015% with cetrimide 0.15%, bottle.....	3.21	100 ml	Baxter
Irrigation soln 0.015% with cetrimide 0.15%, bottle.....	3.47	500 ml	Baxter
Irrigation soln 0.015% with cetrimide 0.15%, bottle .....	4.17	1,000 ml	Baxter
Irrigation soln 0.05% with cetrimide 0.5%, bottle.....	4.20	100 ml	Baxter
Irrigation soln 0.05% with cetrimide 0.5%, bottle.....	3.87	500 ml	Baxter
Irrigation soln 0.1% with cetrimide 1%, bottle.....	4.38	100 ml	Baxter
Irrigation soln 0.1% with cetrimide 1%, bottle.....	5.81	500 ml	Baxter
<b>GLYCINE</b>			
Irrigation soln 1.5%, bottle.....	11.38	2,000 ml	Baxter
Irrigation soln 1.5%, bottle.....	14.44	3,000 ml	Baxter
<b>SODIUM CHLORIDE</b>			
Irrigation soln 0.9%, 30 ml ampoule – <b>1% DV Nov-11 to 2014</b> ...	19.50	30 ml	<b>Pfizer</b>
Irrigation soln 0.9%, bottle.....	2.49	100 ml	Baxter
Irrigation soln 0.9%, bottle.....	2.88	500 ml	Baxter
Irrigation soln 0.9%, bottle.....	2.96	1,000 ml	Baxter
Irrigation soln 0.9%, bottle.....	10.00	2,000 ml	Baxter
Irrigation soln 0.9%, bottle.....	12.67	3,000 ml	Baxter
<b>WATER</b>			
Irrigation soln, bottle.....	2.68	100 ml	Baxter
Irrigation soln, bottle.....	2.61	500 ml	Baxter
Irrigation sol, bottle .....	2.75	1,000 ml	Baxter
Irrigation soln, bottle.....	9.71	2,000 ml	Baxter
Irrigation soln, bottle.....	15.80	3,000 ml	Baxter

## SURGICAL PREPARATIONS

### BISMUTH SUBNITRATE AND IODOFORM PARAFFIN

Paste

### DIMETHYL SULFOXIDE

Soln 50%

### PHENOL

Inj 6%, 10 ml ampoule

### PHENOL WITH IOXAGLIC ACID

Inj 12%, 10 ml ampoule

### TROMETAMOL

Inj 36 mg per ml, 500 ml bottle

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**Cardioplegia Solutions**

**ELECTROLYTES**

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			<i>(Cardioplegia Solution AHB7832)</i>
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			<i>(Cardioplegia Base Solution)</i>
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			<i>(Cardioplegia Enriched Solution)</i>
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			<i>(Cardioplegia Enriched Paediatric Solution)</i>
Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag			<i>(Cardioplegia Electrolyte Solution)</i>

**MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE**

Inj 42.68 mg with sodium aspartate 39.48 mg per ml, 250 ml bottle

**Cold Storage Solution**

**SODIUM WITH POTASSIUM**

Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag

## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

### EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

ACETIC ACID

Liq

ALUM

Powder BP

ARACHIS OIL [PEANUT OIL]

Liq

ASCORBIC ACID

Powder

BENZOIN

Tincture compound BP

BISMUTH SUBGALLATE

Powder

BORIC ACID

Powder

CARBOXYMETHYLCELLULOSE

Soln 1.5%

CETRIMIDE

Soln 40%

CHLOROFORM

Liq BP

CITRIC ACID

Powder BP

CLOVE OIL

Liq

COAL TAR

Soln BP

CODEINE PHOSPHATE

Powder

COLLODION FLEXIBLE

Liq

COMPOUND HYDROXYBENZOATE

Soln

CYSTEAMINE HYDROCHLORIDE

Powder

DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE

Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule

## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
DITHRANOL Powder			
GLUCOSE Powder			
GLYCERIN WITH SODIUM SACCHARIN Suspension.....	35.50	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE Suspension .....	35.50	473 ml	Ora-Sweet
GLYCEROL Liq.....	19.80	2,000 ml	ABM
HYDROCORTISONE Powder – <b>1% DV Nov-11 to 2014</b> .....	44.00	25 g	<b>ABM</b>
LACTOSE Powder			
MAGNESIUM HYDROXIDE Paste			
MENTHOL Crystals			
METHADONE HYDROCHLORIDE Powder			
METHYL HYDROXYBENZOATE Powder			
METHYLCELLULOSE Powder			
Suspension.....	35.50	473 ml	Ora-Plus
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN Suspension.....	35.50	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE Suspension.....	35.50	473 ml	Ora-Blend
OLIVE OIL Liq			
PARAFFIN Liq			
PHENOBARBITONE SODIUM Powder			
PHENOL Liq			

## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
PILOCARPINE NITRATE Powder			
POLYHEXAMETHYLENE BIGUANIDE Liq			
POVIDONE K30 Powder			
PROPYLENE GLYCOL Liq.....	12.00	500 ml	ABM
SALICYLIC ACID Powder			
SILVER NITRATE Crystals			
SODIUM BICARBONATE Powder BP			
SODIUM CITRATE Powder			
SODIUM METABISULFITE Powder			
STARCH Powder			
SULPHUR Precipitated Sublimed			
SYRUP Liq (pharmaceutical grade).....	21.75	2,000 ml	Midwest
TRICHLORACETIC ACID Grans			
TRI-SODIUM CITRATE Crystals			
UREA Powder BP			
WOOL FAT Oint, anhydrous			
XANTHAN Gum 1%			
ZINC OXIDE Powder			

## PART III: OPTIONAL PHARMACEUTICALS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BLOOD GLUCOSE DIAGNOSTIC TEST METER</b>			
1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	20.00	1	CareSens II CareSens N CareSens N POP
Meter .....	19.00 9.00	1	Accu-Chek Performa FreeStyle Lite On Call Advanced
<b>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</b>			
Blood glucose test strips .....	28.75 10.56	50 test	Accu-Chek Performa CareSens CareSens N FreeStyle Lite
Blood glucose test strips × 50 and lancets × 5 .....	28.75 19.10	50 test	Freestyle Optium On Call Advanced
<b>BLOOD KETONE DIAGNOSTIC TEST METER</b>			
Meter .....	40.00	1	Freestyle Optium
<b>FACTOR EIGHT INHIBITORS BYPASSING AGENT</b>			
Inj 500 U .....	1,640.00	1	FEIBA
Inj 1,000 U .....	3,280.00	1	FEIBA
<b>INSULIN PEN NEEDLES</b>			
29 g × 12.7 mm .....	10.50	100	B-D Micro-Fine
31 g × 5 mm .....	11.75	100	B-D Micro-Fine
31 g × 6 mm .....	10.50	100	ABM
31 g × 8 mm .....	10.50	100	ABM B-D Micro-Fine
32 g × 4 mm .....	10.50	100	B-D Micro-Fine
<b>INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE</b>			
Syringe 0.3 ml with 29 g × 12.7 mm needle .....	13.00	100	B-D Ultra Fine
Syringe 0.3 ml with 31 g × 8 mm needle .....	13.00	100	B-D Ultra Fine II
Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	B-D Ultra Fine
Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	B-D Ultra Fine II
Syringe 1 ml with 29 g × 12.7 mm needle .....	13.00	100	ABM B-D Ultra Fine
Syringe 1 ml with 31 g × 8 mm needle .....	13.00	100	ABM B-D Ultra Fine II
<b>KETONE BLOOD BETA-KETONE ELECTRODES</b>			
Test strips .....	15.50	10 strip	Freestyle Optium Ketone
<b>MASK FOR SPACER DEVICE</b>			
Size 2 .....	2.99	1	EZ-fit Paediatric Mask
<b>PEAK FLOW METER</b>			
Low Range .....	11.44	1	Breath-Alert
Normal Range .....	11.44	1	Breath-Alert

## OPTIONAL PHARMACEUTICALS

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PREGNANCY TEST – HCG URINE</b>			
Cassette.....	22.80	40 test	Innovacon hCG One Step Pregnancy Test
<b>SODIUM NITROPRUSSIDE</b>			
Test strip.....	6.00	50 strip	Accu-Chek Ketur-Test
<b>SPACER DEVICE</b>			
800 ml.....	8.50	1	Volumatic
230 ml (single patient) .....	4.72	1	Space Chamber Plus



**Symbols**

8-methoxypsoralen .....	53	Alpha tocopheryl acetate .....	24
<b>A</b>		Alprazolam .....	117
Abacavir sulphate.....	78	Alprostadil hydrochloride.....	45
Abacavir sulphate with lamivudine .....	78	Alteplase .....	31
Abciximab .....	138	Alum .....	194
Abilify .....	113	Aluminium hydroxide.....	14
ABM Hydroxocobalamin .....	24	Aluminium hydroxide with magnesium hydroxide and simethicone.....	14
Acarbose .....	17	Amantadine hydrochloride .....	97
Accarb.....	17	AmBisome .....	72
Accu-Chek Ketur-Test .....	198	Ambrisentan .....	46
Accu-Chek Performa .....	197	Amethocaine.....	101, 163
Accuretic 10 .....	37	Amikacin.....	65
Accuretic 20 .....	37	Amiloride hydrochloride.....	42
Acetadote .....	186	Amiloride hydrochloride with furosemide .....	42
Acetazolamide .....	164	Amiloride hydrochloride with hydrochlorothiazide.....	42
Acetic acid.....	55, 194	Amino acid formula .....	174
Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid .....	55	Amino acid formula (without isoleucine, leucine and valine) .....	178
Acetic acid with propylene glycol.....	166	Amino acid formula (without isoleucine, methionine, threonine and valine) .....	180
Acetylcholine chloride .....	164	Amino acid formula (without leucine).....	179
Acetylcysteine.....	186	Amino acid formula (without lysine and low tryptophan).....	179
Aciclovir .....	84, 161	Amino acid formula (without methionine).....	178
Acid citrate dextrose A .....	29	Amino acid formula (without phenylalanine).....	179
Acidex .....	14	Amino acid formula (without phenylalanine and tyrosine).....	180
Acipimox .....	44	Amino acid oral feed .....	172
Acitretin .....	52	Amino acid oral feed 0.8 kcal/ml .....	172
Aclasta .....	90	Amino acid supplement.....	180
Actemra.....	151	Aminophylline .....	159
Actinomycin D .....	123	Amiodarone hydrochloride.....	38
Adalimumab.....	138	Amisulpride.....	113
Adapalene.....	48	Amitrip .....	104
Adefin XL .....	40	Amitriptyline.....	104
Adefovir dipivoxil.....	81	Amlodipine.....	40
Adenosine.....	38	Amorolfine .....	48
Adrenaline.....	45	Amoxycillin .....	68
Advantan .....	51	Amoxycillin with clavulanic acid .....	68
Advate .....	28	Amphotericin B .....	26, 72
Aerrane .....	98	Amsacrine .....	125
Airflow .....	24	Amyl nitrite .....	45
Ajmaline.....	38	Anagrelide hydrochloride.....	125
Alanase.....	155	Anastrozole .....	133
Albendazole .....	75	Andriol Testocaps .....	59
Aldara .....	53	Androderm.....	59
Alendronate sodium .....	87	Anexate.....	186
Alendronate sodium with cholecalciferol .....	89	Antabuse .....	121
Alfacalcidol .....	24	Antinaus .....	112
Alfentanil hydrochloride.....	102	Antithymocyte globulin (equine) .....	153
Alinia .....	76	Antithymocyte globulin (rabbit).....	153
Alitraq .....	172	Anzatax.....	131
Allersoothe.....	156		
Allopurinol.....	92		
Alphamox .....	68		
Alphapharm .....	79		

Apidra.....	18	Arrow-Quinapril 5.....	36
Apidra SoloStar.....	18	Arrow-Quinapril 10.....	36
Apo-Allopurinol.....	92	Arrow-Quinapril 20.....	36
Apo-Amiloride.....	42	Arrow-Ranitidine.....	16
Apo-Amlodipine.....	40	Arrow-Roxithromycin.....	67
Apo-Azithromycin.....	67	Arrow-Sertraline.....	107
Apo-Clarithromycin.....	67	Arrow-Simva.....	43
Apo-Clomipramine.....	105	Arrow-Sumatriptan.....	111
Apo-Clopidogrel.....	31	Arrow-Tolterodine.....	58
Apo-Diclo.....	94	Arrow-Topiramate.....	110
Apo-Diltiazem CD.....	41	Arrow-Tramadol.....	104
Apo-Doxazosin.....	37	Arrow-Venlafaxine XR.....	106
Apo-Gliclazide.....	19	Arsenic trioxide.....	125
Apo-Megestrol.....	132	Artemether with lumafantrine.....	75
Apomine.....	97	Artesunate.....	75
Apo-Moclobemide.....	106	Articaine hydrochloride with adrenaline.....	99
Apomorphine hydrochloride.....	97	Asacol.....	15
Apo-Nadolol.....	40	Asamax.....	15
Apo-Oxybutynin.....	58	A-Scabies.....	49
Apo-Perindopril.....	36	Ascorbic acid.....	24, 194
Apo-Pindolol.....	40	Aspen Adrenaline.....	45
Apo-Prazo.....	37	Aspen Ceftriaxone.....	66
Apo-Prednisone.....	60	Aspen Ciprofloxacin.....	69
Apo-Propranolol.....	40	Aspirin.....	31, 101
Apo-Pyridoxine.....	24	Asthalin.....	157
Apo-Risperidone.....	114	Atazanavir sulphate.....	80
Apo-Zopiclone.....	119	Atenolol.....	39
Apraclonidine.....	165	Atenolol AFT.....	39
Aprepitant.....	111	ATGAM.....	153
Apresoline.....	46	Ativan.....	117
Aqueous cream.....	50	Atomoxetine.....	119
Arachis oil [peanut oil].....	194	Atorvastatin.....	43
Arava.....	87	Atovaquone with proguanil hydrochloride.....	76
Aremed.....	133	Atracurium besylate.....	93
Arginine.....	21, 191	Atripla.....	79
Argipressin [Vasopressin].....	64	Atropine sulphate.....	38, 165
Aripiprazole.....	113	Atropt.....	165
Aristocort.....	52	Augmentin.....	68
Aromasin.....	133	Auranofin.....	87
Arrow-Amitriptyline.....	104	Avanza.....	106
Arrow-Bendrofluazide.....	42	Avelox.....	69
Arrow-Brimonidine.....	165	Avelox IV 400.....	69
Arrow-Calcium.....	22	Azactam.....	70
Arrow-Citalopram.....	107	Azathioprine.....	153
Arrow-Diazepam.....	117	Azithromycin.....	67
Arrow-Doxorubicin.....	123	Azol.....	61
Arrow-Etidronate.....	89	AZT.....	79
Arrow-Lamotrigine.....	109	Aztreonam.....	70
Arrow-Lisinopril.....	36	<b>B</b>	
Arrow-Losartan & Hydrochlorothiazide.....	37	Bacillus calmette-guerin (BCG).....	153
Arrow-Morphine LA.....	103	Bacillus calmette-guerin vaccine.....	181
Arrow-Nifedipine XR.....	40	Baclofen.....	93
Arrow-Norfloraxacin.....	69	Balanced Salt Solution.....	163
Arrow-Ornidazole.....	76	Baraclude.....	82

Barium sulphate .....	190	Bismuth subnitrate and iodoform paraffin.....	192
Basiliximab .....	143	Bismuth trioxide .....	17
B-D Micro-Fine.....	197	Bisoprolol .....	39
B-D Ultra Fine.....	197	Bivalirudin .....	29
B-D Ultra Fine II.....	197	Bleomycin sulphate.....	123
Beclazone 50 .....	158	Blood glucose diagnostic test meter .....	197
Beclazone 100 .....	158	Blood glucose diagnostic test strip .....	197
Beclazone 250 .....	158	Blood ketone diagnostic test meter.....	197
Beclomethasone dipropionate.....	155, 158	Bonney's blue dye.....	191
Bee venom.....	155	Boric acid .....	194
Bendrofluazide .....	42	Bortezomib .....	125
Bendroflumethiazide [bendrofluazide] .....	42	Bosentan .....	46
BeneFIX .....	28	Bosvate .....	39
Benzathine benzylpenicillin .....	68	Botox.....	93
Benzbromaron .....	92	Botulism antitoxin.....	186
Benzbromarone.....	92	Breast milk fortifier .....	168
Benzocaine .....	99	Breath-Alert.....	197
Benzoin.....	194	Bridion .....	94
Benzoyl peroxide.....	48	Brimonidine tartrate.....	165
Benztrop .....	97	Brimonidine tartrate with timolol .....	165
Benztropine mesylate .....	97	Brinzolamide .....	164
Benzydamine hydrochloride.....	26	Bromocriptine .....	97
Benzydamine hydrochloride with cetylpyridinium chloride.....	26	Brufen SR .....	94
Benzylpenicillin sodium [Penicillin G].....	68	Budenocort.....	158
Beractant .....	160	Budesonide.....	15, 155, 158
Betadine.....	188	Budesonide with eformeterol .....	159
Betadine Skin Prep .....	188	Bumetanide.....	41
Betagan .....	164	Bupafen .....	100
Betahistine dihydrochloride.....	111	Bupivacaine hydrochloride.....	99
Betaine .....	21	Bupivacaine hydrochloride with adrenaline.....	99
Betamethasone .....	59	Bupivacaine hydrochloride with fentanyl .....	100
Betamethasone dipropionate .....	51	Bupivacaine hydrochloride with glucose .....	100
Betamethasone sodium phosphate with betamethasone acetate .....	59	Buprenorphine with naloxone.....	121
Betamethasone valerate .....	51, 53	Bupropion hydrochloride .....	121
Betamethasone valerate with clioquinol.....	52	Burinex .....	41
Betamethasone valerate with fusidic acid.....	52	Buscopan .....	16
Betamethasone with dipropionate with calcipotriol .....	52	Buserelin.....	62
Beta Scalp .....	53	Buspirone hydrochloride.....	117
Betaxolol.....	164	Busulfan .....	123
Bevacizumab .....	143	Butacort Aqueous .....	155
Bezafibrate.....	43	<b>C</b>	
Bezalip .....	43	Cabergoline.....	61
Bezalip Retard .....	43	Caffeine .....	119
Bicalaccord.....	132	Caffeine citrate.....	160
Bicalutamide.....	132	Calamine.....	48
Bicillin LA.....	68	Calcipotriol.....	52
Bimatoprost.....	165	Calcitonin.....	59
Biodone Extra Forte .....	103	Calcitriol .....	24
Biodone Forte.....	103	Calcitriol-AFT .....	24
Bisacodyl.....	21	Calcium carbonate .....	14, 22
Bismuth subgallate.....	194	Calcium chloride .....	32
		Calcium chloride with magnesium chloride, potassium chloride, sodium acetate, sodium chloride and sodium citrate .....	163

Calcium folinate .....	131	Ceftazadime .....	66
Calcium Folate Ebewe.....	131	Ceftriaxone.....	66
Calcium gluconate .....	32, 54	Cefuroxime .....	66
Calcium polystyrene sulphonate .....	35	Celecoxib .....	94
Calcium Resonium.....	35	Celiprolol .....	39
Cal-d-Forte.....	24	CellCept.....	153
Calogen .....	167	Celol .....	39
Cancidas.....	73	Cephalexin ABM.....	66
Candesartan cilexetil .....	37	Ceptolate .....	153
Candestar .....	37	Cetirizine hydrochloride .....	155
Capecitabine .....	124	Cetomacrogol .....	50
Capoten .....	36	Cetomacrogol with glycerol.....	50
Capsaicin.....	96, 101	Cetrimide .....	194
Captopril .....	36	Cetrizine - AFT .....	155
Carbaccord.....	127	Champix .....	122
Carbamazepine .....	107	Charcoal .....	187
Carbasorb-X.....	187	Chlorafast .....	161
Carbimazole.....	63	Chloral hydrate.....	118
Carbohydrate and fat supplement .....	168	Chlorambucil.....	123
Carbohydrate supplement.....	167	Chloramphenicol.....	70, 161
Carbomer.....	166	Chlorhexidine .....	55, 187, 191
Carboplatin .....	127	Chlorhexidine gluconate .....	26, 55
Carboplatin Ebewe .....	127	Chlorhexidine with cetrimide.....	189, 191
Carboprost trometamol .....	56	Chlorhexidine with ethanol.....	187
Carboxymethylcellulose.....	26, 194	Chloroform .....	194
Cardinol LA .....	40	Chloroquine phosphate.....	76
Cardioplegia Base Solution.....	193	Chlorothiazide .....	42
Cardioplegia Electrolyte Solution.....	193	Chlorpheniramine maleate .....	156
Cardioplegia Enriched Paediatric Solution .....	193	Chlorpromazine hydrochloride .....	113
Cardioplegia Enriched Solution .....	193	Chlorsig .....	161
Cardioplegia Solution AHB7832.....	193	Chlortalidone [chlorthalidone].....	42
CareSens .....	197	Chlorthalidone.....	42
CareSens II .....	197	Cholecalciferol .....	24
CareSens N.....	197	Cholestyramine .....	43
CareSens N POP .....	197	Choline salicylate with cetalkonium chloride.....	26
Carmellose sodium .....	166	Cholvastin .....	43
Carmustine .....	123	Choriogonadotropin alfa .....	63
Carob bean gum with maize starch and maltodextrin .....	168	Ciclopirox olaxmine.....	49
Carvedilol.....	39	Ciclosporin .....	133
Caspofungin.....	73	Cidofovir.....	84
Catapres .....	41	Cilazapril .....	36
Catapres-TTS-1 .....	41	Cilazapril with hydrochlorothiazide.....	36
Catapres-TTS-2 .....	41	Cilicaine.....	68
Catapres-TTS-3 .....	41	Cilicaine VK.....	68
Ceenu .....	123	Dimetidine.....	16
Cefaclor.....	66	Cinchocaine hydrochloride with hydrocortisone.....	15
Cefalexin.....	66	Cipflox .....	69
Cefalexin Sandoz.....	66	Ciprofloxacin.....	69, 161
Cefazolin.....	66	Cisplatin.....	127
Cefepime .....	66	Cisplatin Ebewe.....	127
Cefotaxime.....	66	Citalopram hydrobromide .....	107
Cefotaxime Sandoz .....	66	Citanest .....	101
Cefoxitin .....	66	Citric acid .....	194

Citric acid with magnesium oxide and sodium picosulfate.....	20	Corangin .....	44
Citric acid with sodium bicarbonate .....	190	Cordarone-X .....	38
Cladribine.....	124	Corticotrorelin (ovine).....	62
Clarithromycin.....	67	Co-trimoxazole.....	71
Clexane.....	29	Cosopt.....	164
Clindamycin.....	70	Crotamiton.....	48
Clindamycin ABM.....	70	Crystaderm.....	48
Clobazam.....	107	CT Plus+ .....	190
Clobetasol propionate.....	51, 53	Curam Duo .....	68
Clobetasone butyrate.....	51	Curosurf .....	160
Clofazamine.....	74	Cyclizine hydrochloride .....	111
Clomazol.....	49, 55	Cyclizine lactate .....	111
Clomiphene citrate .....	61	Cycloblastin .....	123
Clomipramine hydrochloride.....	105	Cyclopentolate hydrochloride .....	165
Clonazepam.....	107, 108, 117	Cyclophosphamide .....	123
Clonidine.....	41	Cycloserine.....	74
Clonidine BNM.....	41	Cyklokapron.....	28
Clonidine hydrochloride.....	41	Cymevene.....	84
Clopidogrel .....	31	Cyproheptadine hydrochloride .....	156
Clopine .....	113	Cyproterone acetate .....	59
Clopixol.....	116	Cyproterone acetate with ethinyloestradiol .....	55
Clostridium botulinum type A toxin .....	93	Cysteamine hydrochloride .....	194
Clotrimazole.....	49, 55	Cytarabine .....	124
Clove oil.....	194	<b>D</b>	
Clozapine.....	113	Dabigatran .....	29
Clozaril .....	113	Dacarbazine .....	126
Coal tar.....	194	Dactinomycin [Actinomycin D].....	123
Coal tar with salicylic acid and sulphur .....	52	Daivobet .....	52
Coal tar with triethanolamine lauryl sulphate and fluorescein .....	52	Daivonex.....	52
Cocaine hydrochloride.....	100	Dalacin C .....	70
Cocaine hydrochloride with adrenaline.....	100	Dalteparin .....	29
Codeine phosphate .....	102, 194	Danaparoid .....	29
Cogentin .....	97	Danazol.....	61
Colaspase [L-asparaginase].....	126	Danthron with poloxamer.....	21
Colchicine.....	93	Dantrium.....	93
Colestimethate .....	70	Dantrium IV.....	93
Colestipol hydrochloride.....	43	Dantrolene .....	93
Colgout.....	93	Dapa-Tabs .....	42
Colifoam .....	15	Dapsone .....	74
Colistin-Link.....	70	Daptomycin .....	70
Colistin sulphomethate [Colestimethate] .....	70	Darunavir .....	80
Collodion flexible.....	194	Dasatinib.....	128
Colofac.....	16	Daunorubicin .....	123
Coloxyl .....	20	DBL Aminophylline.....	159
Compound electrolytes.....	32, 35	DBL Cefepime .....	66
Compound electrolytes with glucose .....	32, 35	DBL Cefotaxime .....	66
Compound hydroxybenzoate .....	194	DBL Ceftazidime.....	66
Compound sodium lactate .....		DBL Epirubicin Hydrochloride .....	124
[hartmann's solution].....	33	DBL Ergometrine.....	57
Compound sodium lactate with glucose .....	33	DBL Gemcitabine .....	125
Concerta .....	120	DBL Leucovorin Calcium .....	131
Condylina.....	53	DBL Morphine Sulphate.....	103
		DBL Pethidine Hydrochloride .....	104
		DBL Rocuronium Bromide.....	93

DBL Tobramycin .....	65	Dimercaprol .....	187
DDI .....	78	Dimercaptosuccinic acid .....	187
Decozol .....	26	Dimethicone.....	49
Deferiprone .....	187	Dimethyl sulfoxide.....	192
Defibrotide .....	29	Dinoprostone .....	56
Demeclocycline hydrochloride.....	69	Diphepanil metilsulfate .....	54
De-Nol .....	17	Diphenoxylate hydrochloride with atropine sulphate.....	14
Deoxycoformycin .....	127	Diphtheria and tetanus vaccine .....	181
Depo-Medrol .....	60	Diphtheria antitoxin.....	186
Depo-Medrol with Lidocaine.....	60	Diphtheria, tetanus and pertussis vaccine .....	181
Depo-Provera.....	56	Diphtheria, tetanus, pertussis and polio vaccine.....	183
Depo-Testosterone.....	59	Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine....	183
Deprim.....	71	Diprivan .....	99
Dermol.....	51, 53	Dipyridamole.....	31
Desferrioxamine mesilate .....	187	Disodium edetate .....	187
Desflurane .....	98	Disodium hydrogen phosphate with sodium dihydrogen phosphate.....	194
Desmopressin acetate.....	64	Disopyramide phosphate.....	38
Desmopressin-PH&T.....	64	Disulfiram .....	121
De-Worm .....	75	Dithranol .....	195
Dexamethasone .....	59, 162	Diurin 40.....	41
Dexamethasone phosphate.....	60	Dobutamine hydrochloride.....	45
Dexamethasone with framycetin and gramicidin .....	161	Docetaxel.....	131
Dexamethasone with neomycin sulphate and polymyxin B sulphate.....	161	Docetaxel Ebewe.....	131
Dexamethasone with tobramycin .....	162	Docetaxel Sandoz.....	131
Dexamphetamine sulphate.....	119	Docusate sodium .....	20, 166
Dexmedetomidine hydrochloride.....	98	Docusate sodium with sennosides .....	20
Dextrose with sodium citrate and citric acid [acid citrate dextrose A].....	29	Domperidone .....	111
DHC Continus .....	102	Donepezil hydrochloride .....	120
Diacomit .....	110	Donepezil-Rex.....	120
Dialamine.....	180	Dopamine hydrochloride .....	45
Diamide Relief.....	14	Dopergin .....	97
Diamox .....	164	Dopress .....	105
Diasip .....	171	Dornase alfa.....	160
Diatrizoate meglumine with diatrizoate sodium..	188	Dorzolamide.....	164
Diatrizoate sodium .....	188	Dorzolamide with timolol .....	164
Diazepam.....	107, 117	Dostinex .....	61
Diazoxide .....	17, 45	Dothiepin hydrochloride.....	105
Dichlorobenzyl alcohol with amylmetacresol.....	26	Doxapram .....	160
Diclax SR .....	94	Doxazosin.....	37
Diclofenac sodium .....	94, 162	Doxepin hydrochloride.....	105
Dicobalt edetate .....	187	Doxine .....	69
Didanosine [DDI].....	78	Doxorubicin hydrochloride.....	123
Diflucan .....	72	Doxycycline .....	69
Diflucortolone valerate.....	51	DP-Anastrozole .....	133
Digoxin .....	38	D-Penamine.....	87
Digoxin immune fab .....	186	Droperidol.....	111
Dihydrocodeine tartrate .....	102	Dr Reddy's Omeprazole.....	17
Dihydroergotamine mesylate .....	111	Dr Reddy's Ondansetron .....	112
Dilatrend .....	39	Dr Reddy's Pantoprazole .....	17
Diltiazem hydrochloride .....	41	Dr Reddy's Pramipexole .....	98
Dilzem .....	41		

Dr Reddy's Quetiapine.....	114	Enteral feed 1.2 Kcal/ml.....	170
Dr Reddy's Risperidone.....	114	Enteral feed 1.5 Kcal/ml.....	170
Dr Reddy's Terbinafine.....	73	Enteral feed 1 kcal/ml.....	170
Dulcolax.....	21	Enteral feed 2 kcal/ml.....	173
Duolin.....	157	Ephedrine.....	45
Duovisc.....	164	Epirubicin Ebewe.....	124
Duride.....	44	Epirubicin hydrochloride.....	124
Dynastat.....	95	Epex.....	27
Dysport.....	93	Eptacog alfa [recombinant factor viia].....	28
<b>E</b>		Eptifibatide.....	31
E-2-GAS ii.....	190	Ergometrine maleate.....	57
Easiphen.....	179	Ergometrine tartrate with caffeine.....	111
Easy Thick.....	169	Erlotinib.....	128
Econazole nitrate.....	49	Ertapenem.....	65
Edrophonium chloride.....	87	Erythromycin IV.....	67
Efavirenz.....	77	Erythromycin (as ethylsuccinate).....	67
Efavirenz with emtricitabine and tenofovir disoproxil fumarate.....	79	Erythromycin (as lactobionate).....	67
Efexor XR.....	106	Erythromycin (as stearate).....	67
Effient.....	31	Erythropoietin alpha.....	27
Eformoterol fumarate.....	159	Erythropoietin beta.....	27
Efudix.....	54	Escitalopram.....	107
Elecare LCP (Unflavoured).....	174	Esmolol hydrochloride.....	39
Elecare (Unflavoured).....	174	Essential Amino Acid Mix.....	180
Elecare (Vanilla).....	174	Etanercept.....	134
Electrolytes.....	193	Ethambutol hydrochloride.....	74
Elemental O28 Extra.....	172	Ethanol.....	186
Eligard.....	62	Ethanol, dehydrated.....	186
Emend Tri-Pack.....	111	Ethanol with glucose.....	186
EMLA.....	101	Ethics Paracetamol.....	102
Emtricitabine.....	79	Ethinylloestradiol.....	62
Emtricitabine with tenofovir disoproxil fumarate.....	79	Ethinylloestradiol with desogestrel.....	55
Emtriva.....	79	Ethinylloestradiol with levonorgestrel.....	55
Emulsifying ointment.....	50	Ethinylloestradiol with norethisterone.....	55
E-Mycin.....	67	Ethosuximide.....	108
Enalapril maleate.....	36	Ethyl chloride.....	100
Enalapril maleate with hydrochlorothiazide.....	36	Etidronate disodium.....	89
Enbrel.....	134	Etomidate.....	98
Endoxan.....	123	Etopophos.....	126
Enfuvirtide.....	81	Etoposide.....	126
Enoxaparin.....	29	Etoposide (as phosphate).....	126
Ensure (Chocolate).....	169	Etoricoxib.....	94
Ensure Plus (Banana).....	170	Etravirine.....	78
Ensure Plus (Chocolate).....	169, 170	Evista.....	91
Ensure Plus (Fruit of the Forest).....	170	Exemestane.....	133
Ensure Plus HN.....	170	Extensively hydrolysed formula.....	174
Ensure Plus HN RTH.....	170	Ezetimibe.....	43
Ensure Plus (Strawberry).....	169	Ezetimibe with simvastatin.....	44
Ensure Plus (Vanilla).....	169, 170	EZ-fit Paediatric Mask.....	197
Ensure (Vanilla).....	169	<b>F</b>	
Entacapone.....	97	Factor eight inhibitors bypassing agent.....	197
Entapone.....	97	Fat-Modified Feed.....	171
Entecavir.....	82	FEIBA.....	197
		Felodipine.....	40
		Fenpaed.....	94

Fentanyl.....	102	Fluticasone .....	158
Ferodan .....	23	Fluticasone propionate .....	155
Ferric subsulfate.....	28	Fluticasone with salmeterol .....	159
Ferriprox .....	187	FM 85 .....	168
Ferro-F-Tabs .....	23	Foban .....	48
Ferro-tab .....	22	Folic acid .....	27
Ferrous fumarate.....	22	Fondaparinux sodium .....	30
Ferrous fumarate with folic acid.....	23	Forteo .....	92
Ferrous gluconate with ascorbic acid.....	23	Fortijuice.....	169
Ferrous sulphate .....	23	Fortimel Regular.....	173
Ferrous sulphate with ascorbic acid.....	23	Fortini .....	177
Ferrous sulphate with folic acid .....	23	Fortini Multifibre .....	177
Ferrum H.....	23	Fortisip .....	169
Fexofenadine hydrochloride .....	156	Fortisip Multi Fibre.....	170
Filgrastim.....	32	Fortisip (Vanilla).....	169
Finasteride .....	57	Fortum .....	66
Flagyl.....	76	Fosamax.....	87, 88
Flagyl-S .....	76	Fosamax Plus .....	89
Flamazine.....	48	Foscarnet sodium .....	84
Flecainide acetate.....	38	Fragmin .....	29
Fleet Phosphate Enema .....	21	Framycetin sulphate .....	161
Flixonase Hayfever & Allergy .....	155	Freeflex .....	34
Flixotide .....	158	FreeStyle Lite .....	197
Flixotide Accuhaler .....	158	Freestyle Optium .....	197
Florinef .....	60	Freestyle Optium Ketone.....	197
Fluanxol .....	115	Fresofol 1%.....	99
Flucloxacillin .....	68	Fructose-based formula .....	175
Flucloxin .....	68	Frusemide.....	41
Flucon.....	162	Frusemide-Claris .....	41
Fluconazole.....	72	Fucidin.....	70
Fluconazole-Claris.....	72	Fucithalmic .....	161
Flucytosine .....	73	Fungilin .....	26
Fludarabine Ebewe .....	124	Furosemide [frusemide] .....	41
Fludarabine phosphate .....	124	Fusidate sodium [Fusidic acid] .....	48
Fludara Oral .....	124	Fusidic acid.....	70, 48, 161
Fludrocortisone acetate .....	60	Fuzeon.....	81
Flumazenil.....	186	<b>G</b>	
Flumetasone pivalate with clioquinol .....	162	GA1 Anamix Infant .....	179
Fluocortolone caproate with fluocortolone pivalate and cinchocaine .....	16	Gabapentin .....	108
Fluorescein sodium .....	163	Gadobenic acid .....	190
Fluorescein sodium with lignocaine hydrochloride.....	163	Gadobutrol .....	190
Fluorescite .....	163	Gadodiamide.....	190
Fluorometholone .....	162	Gadoteric acid.....	190
Fluorouracil .....	124	Gadoxetate disodium.....	190
Fluorouracil Ebewe.....	124	Galactomin 19 .....	175
Fluorouracil sodium.....	54	Gamma benzene hexachloride .....	49
Fluox.....	107	Ganciclovir.....	84
Fluoxetine hydrochloride.....	107	Gastrografin.....	188
Flupentixol decanoate .....	115	Gastrosoothe .....	16
Fluphenazine decanoate .....	115	Gaviscon Double Strength .....	14
Flutamide.....	132	Gaviscon Infant .....	14
Flutamin.....	132	Gefitinib .....	128
		Gelafusal.....	35
		Gelatine, succinylated .....	35



Gelofusine.....	35	HCU Anamix Junior LQ.....	178
Gemcitabine.....	125	Healon.....	164
Gemcitabine Actavis 200.....	125	Healon GV.....	164
Gemcitabine Actavis 1000.....	125	healthE Fatty Cream.....	50
Gemcitabine Ebewe.....	125	Heparinised saline.....	30
Gemfibrozil.....	43	Heparin sodium.....	30
Genoptic.....	161	Heparon Junior.....	172
Genox.....	133	Hepatic oral feed.....	172
Gentamicin sulphate.....	65, 161	Hepatitis A vaccine.....	183
Gestrinone.....	61	Hepatitis B vaccine.....	183
Glatiramer acetate.....	118	Hepsera.....	81
Glibenclamide.....	19	Herceptin.....	152
Gliclazide.....	19	Hexamine hippurate.....	70
Glipizide.....	19	High arginine oral feed 1.4 kcal/ml.....	178
Glivec.....	128	High fat formula.....	176
Glucagen Hypokit.....	18	High protein enteral feed 1.25 kcal/ml.....	173
Glucagon hydrochloride.....	18	High protein oral feed 1 kcal/ml.....	173
Glucerna Select RTH (Vanilla).....	171	Histamine acid phosphate.....	191
Glucerna Select (Vanilla).....	171	Holoxan.....	123
Glucose.....	18, 33, 195	Humalog Mix 25.....	18
Glucose with potassium chloride.....	33	Humalog Mix 50.....	18
Glucose with potassium chloride and sodium chloride.....	33	Human papillomavirus (6, 11, 16 and 18) vaccine.....	183
Glucose with sodium chloride.....	33	Humatin.....	65
Glucose with sucrose and fructose.....	18	Humira.....	138
Glycerin with sodium saccharin.....	195	HumiraPen.....	138
Glycerin with sucrose.....	195	Hyaluronidase.....	92
Glycerol.....	20, 195	Hybloc.....	39
Glycerol with paraffin.....	50	Hydralazine hydrochloride.....	46
Glyceryl trierucate.....	180	Hydrea.....	126
Glyceryl trinitrate.....	16, 44	Hydrocortisone.....	51, 60, 195
Glyceryl trioleate.....	180	Hydrocortisone acetate.....	15, 51
Glycine.....	192	Hydrocortisone butyrate.....	51, 53
Glycoprep-C.....	20	Hydrocortisone with ciprofloxacin.....	162
Glycopyrronium bromide.....	16	Hydrocortisone with miconazole.....	52
Glypressin.....	64	Hydrocortisone with natamycin and neomycin....	52
Glytrin.....	44	Hydrocortisone with paraffin and wool fat.....	51
Gonadorelin.....	62	Hydrogen peroxide.....	48
Goserelin.....	62	Hydroxocobalamin.....	186
Guarcol.....	168	Hydroxocobalamin acetate.....	24
Guar gum.....	168	Hydroxychloroquine.....	87
<b>H</b>		Hydroxyethyl starch 130/0.4 with magnesium chloride, potassium chloride, sodium acetate and sodium chloride.....	35
Habitrol.....	121	Hydroxyethyl starch 130/0.4 with sodium chloride.....	35
Habitrol (Classic).....	121	Hydroxyurea.....	126
Habitrol (Fruit).....	121	Hygroton.....	42
Habitrol (Mint).....	121	Hylo-Fresh.....	166
Haem arginate.....	21	Hyoscine butylbromide.....	16
Haemophilus influenzae type b vaccine.....	181	Hyoscine hydrobromide.....	112
Haldol.....	116	Hypnovel.....	118
Haldol Concentrate.....	116	Hypromellose.....	163, 166
Haloperidol.....	113	Hypromellose with dextran.....	166
Haloperidol decanoate.....	116		
Hartmann's solution.....	33		
HCU Anamix Infant.....	178		

Hysite .....	165	lomeprol .....	189
<b>I</b>		lopromide .....	189
Ibiamox.....	68	lotrolan .....	189
Ibuprofen .....	94	lpratropium bromide.....	155, 156
Idarubicin hydrochloride .....	124	Iressa .....	128
Ifosfamide.....	123	Irinotecan Actavis 40 .....	126
Ikorel .....	46	Irinotecan Actavis 100.....	126
Ilomedin.....	47	Irinotecan hydrochloride.....	126
Iloprost .....	47	Iron polymaltose .....	23
Imatinib.....	128	Iron sucrose.....	23
Imiglucerase .....	22	Isentress .....	81
Imipenem with cilastatin .....	65	Ismo-20.....	44
Imipramine hydrochloride.....	105	Isoflurane.....	98
Imiquimod .....	53	Isoniazid .....	74
Impact Advanced Recovery (Chocolate) .....	178	Isoniazid with rifampicin .....	74
Impact Advanced Recovery (Vanilla) .....	178	Isoprenaline .....	45
Imuprine .....	153	Isopropyl alcohol.....	188
Imuran .....	153	Isoptin .....	41
Indapamide .....	42	Isosorbide mononitrate.....	44
Indigo carmine.....	191	Isosource Standard RTH .....	170
Indinavir.....	80	Isotretinoin .....	48
Indocyanine green.....	191	Ispaghula (psyllium) husk.....	20
Indomethacin .....	95	Isradipine .....	40
Infatrini .....	176	Itch-Soothe .....	48
Infliximab .....	143	Itraconazole .....	72
Influenza vaccine.....	184	Itrazole .....	72
Inhibace Plus .....	36	IVA Anamix Infant.....	179
Innovacon hCG One Step Pregnancy Test.....	198	Ivermectin.....	75
Instant Thick .....	169	<b>J</b>	
Insulin aspart .....	18	Jadelle .....	56
Insulin aspart with insulin aspart protamine.....	18	Jevity .....	170
Insulin glargine.....	18	Jevity HiCal RTH .....	170
Insulin glulisine .....	18	Jevity Plus RTH.....	170
Insulin isophane.....	18	Jevity RTH .....	170
Insulin lispro .....	19	<b>K</b>	
Insulin lispro with insulin lispro protamine.....	18	Kaletra .....	80
Insulin neutral .....	19	Karicare Aptamil Feed Thickener.....	168
Insulin neutral with insulin isophane.....	18	Karicare Aptamil Gold De-Lact.....	175
Insulin pen needles.....	197	Karicare Aptamil Gold Pepti Junior.....	174
Insulin syringes, disposable with attached needle .....	197	Karicare Aptamil Gold + Preterm .....	175
Integrilin.....	31	Karicare Aptamil Thickened AR.....	175
Intelligence .....	78	Kenacomb .....	162
Interferon alpha-2a.....	85	Kenacort-A.....	60
Interferon alpha-2b.....	85	Kenacort-A40.....	60
Interferon beta-1-alpha .....	118	Ketamine hydrochloride.....	98
Interferon beta-1-beta .....	118	Ketocal 3:1 (Unflavoured).....	176
Interferon gamma.....	85	Ketocal 4:1 (Unflavoured).....	176
Invanz.....	65	Ketocal 4:1 (Vanilla) .....	176
Iodine .....	63	Ketoconazole .....	49, 71
Iodine with ethanol .....	188	Ketone blood beta-ketone electrodes .....	197
Iodised oil .....	188	Ketoprofen .....	95
Iodixanol .....	189	Ketorolac trometamol.....	162
Iohexol.....	189	Kindergen .....	177
		Kivexa.....	78

Klacid .....	67	Lidocaine [Lignocaine] with prilocaine .....	101
Klean Prep .....	20	Lignocaine .....	100, 101
Kogenate FS .....	28	Lincomycin .....	70
Konakion MM .....	29	Lindane [Gamma benzene hexachloride] .....	49
Konsyl-D .....	20	Linezolid .....	71
<b>L</b>		Lioresal Intrathecal .....	93
L-asparaginase .....	126	Liothyronine sodium .....	63
Labetalol .....	39	Lipazil .....	43
Lacosamide .....	108	Liquifilm Forte .....	166
Lactose .....	195	Liquifilm Tears .....	166
Lactose-free formula .....	175	Liquigen .....	167
Lactulose .....	21	Lisinopril .....	36
Laevolac .....	21	Lissamine green .....	163
Lamictal .....	109	Lisuride hydrogen maleate .....	97
Lamivudine .....	79, 82	Lithicarb FC .....	114
Lamotrigine .....	109	Lithium carbonate .....	114
Lansoprazole .....	16	Locasol .....	175
Lantus .....	18	Locoid .....	51, 53
Lantus SoloStar .....	18	Locoid Crelo .....	51
Lapatinib .....	128	Locoid Lipocream .....	51
Latanoprost .....	165	Lodoxamide .....	162
Laxofast 50 .....	20	Logem .....	109
Laxofast 120 .....	20	Lomustine .....	123
Lax-Sachets .....	21	Long-chain triglyceride supplement .....	167
Laxsol .....	20	Loperamide hydrochloride .....	14
Lax-Tabs .....	21	Lopinavir with ritonavir .....	80
Leflunomide .....	87	Lopresor .....	39
Letraccord .....	133	Loraclear Hayfever Relief .....	156
Letrozole .....	133	Lorapæd .....	156
Leunase .....	126	Loratadine .....	156
Leuprorelin acetate .....	62	Lorazepam .....	107, 117
Leustatin .....	124	Lormetazepam .....	118
Levetiracetam .....	109	L-ornithine L-aspartate .....	17
Levetiracetam-Rex .....	109	Losartan potassium .....	37
Levobunolol hydrochloride .....	164	Losartan potassium with hydrochlorothiazide .....	37
Levocabastine .....	162	Lostaar .....	37
Levocarnitine .....	22	Lovir .....	84
Levodopa with benserazide .....	97	Low-calcium formula .....	175
Levodopa with carbidopa .....	97	Low carbohydrate oral feed 1.5 kcal/ml .....	177
Levomepromazine maleate .....	114	Low electrolyte enteral feed 2 kcal/ml .....	177
Levonorgestrel .....	56	Low electrolyte oral feed .....	177
Levophed .....	45	Low electrolyte oral feed 2 kcal/ml .....	177
Levosimendan .....	44	Low-GI enteral feed 1 kcal/ml .....	171
Levothyroxine .....	63	Low-GI oral feed 1 kcal/ml .....	171
Lidocaine-Clarix .....	100	Loxalate .....	107
Lidocaine [Lignocaine] hydrochloride .....	100	Loxamine .....	107
Lidocaine [Lignocaine] hydrochloride with adrenaline .....	100	Lucrin Depot .....	62
Lidocaine [Lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride ..	100	Lucrin Depot PDS .....	62
Lidocaine [Lignocaine] hydrochloride with chlorhexidine .....	100	Lycinate .....	44
Lidocaine [Lignocaine] hydrochloride with phenylephrine hydrochloride .....	101	Lyderm .....	49
		<b>M</b>	
		Mabthera .....	148
		Macrogol 400 and Propylene glycol .....	166
		Macrogol 3350 with ascorbic acid,	

potassium chloride and sodium chloride.....	20	m-Enalapril .....	36
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride.....	21	Menigococcal c conjugate vaccine .....	181
Macrogol 3350 with potassium chloride, sodium bicarbonate, sodium chloride and sodium sulphate.....	20	Meningococcal (a, c, y and w-135) conjugate vaccine .....	182
Madopar 62.5 .....	97	Meningococcal (a, c, y and w-135) polysaccharide vaccine .....	182
Madopar 125 .....	97	Menthol .....	195
Madopar 250 .....	97	Mepivacaine hydrochloride.....	101
Madopar Dispersible .....	97	Mercaptopurine.....	125
Madopar HBS .....	97	Meropenem .....	65
Mafenide acetate.....	48	Mesalazine.....	15
Magnesium hydroxide .....	23, 195	Mesna .....	131
Magnesium sulphate .....	23	Mestinon.....	87
Magnevist.....	191	Metamide.....	112
Maize starch .....	169	Metaraminol.....	45
Malathion [Maldison] .....	49	Metformin .....	19
Malathion with permethrin and piperonyl butoxide.....	49	Methadone hydrochloride.....	103, 195
Maldison.....	49	Methatabs.....	103
Maltodextrin with xanthan gum .....	169	Methoblastin .....	125
Maltodextrin with xanthan gum and ascorbic acid .....	169	Methohexital sodium .....	98
m-Amoxiclav.....	68	Methopt .....	166
Mannitol.....	42	Methotrexate .....	125
Maprotiline hydrochloride .....	105	Methotrexate Ebewe.....	125
Marcain .....	99	Methoxsalen [8-methoxypsoralen].....	53
Marcain Heavy .....	100	Methoxyflurane .....	102
Marcain Isobaric .....	99	Methyl aminolevulinate hydrochloride .....	54
Marcain with Adrenaline.....	99	Methylcellulose .....	195
Marine Blue Lotion SPF 30+ .....	53	Methylcellulose with glycerin and sodium saccharin.....	195
Martindale Acetylcysteine.....	186	Methylcellulose with glycerin and sucrose .....	195
Mask for spacer device .....	197	Methyldopa.....	41
Maxidex.....	162	Methyl hydroxybenzoate.....	195
m-Captopril.....	36	Methylene blue.....	191
m-Cefuroxime.....	66	Methylphenidate hydrochloride .....	120
MCT Oil .....	167	Methylprednisolone aceponate .....	51
MCT Peptide .....	172	Methylprednisolone acetate.....	60
MCT Peptide 1+ .....	172	Methylprednisolone acetate with lignocaine .....	60
Measles, mumps and rubella vaccine .....	184	Methylprednisolone (as sodium succinate) .....	60
Mebendazole.....	75	Methylthioninium chloride [methylene blue] .....	191
Mebeverine hydrochloride .....	16	Metoclopramide hydrochloride .....	112
Medium-chain triglyceride supplement.....	167	Metoclopramide hydrochloride with paracetamol.....	111
Medrol .....	60	Metolazone .....	42
Medroxyprogesterone.....	62	Metoprolol - AFT CR.....	39
Medroxyprogesterone acetate.....	56, 61	Metoprolol succinate.....	39
Mefenamic acid .....	95	Metoprolol tartrate.....	39
Mefloquine hydrochloride .....	76	Metronidazole .....	49, 76
Megestrol acetate.....	132	Metyrapone.....	61
Meglumine gadopentate .....	191	Mexiletine hydrochloride.....	38
Melatonin .....	118	Mexiletine Hydrochloride USP.....	38
Meloxicam .....	95	Miacalcic .....	59
Melphalan.....	123	Mianserin hydrochloride .....	105
m-Elson.....	103	Micolette.....	21
		Miconazole .....	26

Miconazole nitrate .....	49, 55	Naloxone hydrochloride .....	186
Microgynon 50 ED .....	55	Naltracord .....	121
Midazolam .....	118	Naltrexone hydrochloride .....	121
Midodrine .....	39	Naphazoline hydrochloride .....	163
Mifepristone .....	56	Naphcon Forte .....	163
Milrinone .....	46	Naproxen .....	95
Minidiab .....	19	Naropin .....	101
Minirin .....	64	Natamycin .....	161
Minocycline .....	69	Natulan .....	127
Minoxidil .....	46	Nausicalm .....	111
Mirtazapine .....	106	Navelbine .....	132
Misoprostol .....	16	Navoban .....	112
Mitomycin C .....	124	Nedocromil .....	159
Mitozantrone .....	124	Nefopam hydrochloride .....	102
Mitozantrone Ebewe .....	124	Neocate .....	174
Mivacron .....	93	Neocate Advance .....	174
Mivacurium chloride .....	93	Neocate Advance (Vanilla) .....	174
MMA/PA Anamix Infant .....	180	Neocate Gold (Unflavoured) .....	174
m-Mometasone .....	51	Neocate LCP .....	174
Moclobemide .....	106	Neoral .....	133
Modafinil .....	120	NeoRecormon .....	27
Modecate .....	115	Neostigmine metilsulfate .....	87
Moducal .....	167	Neostigmine metilsulfate with glycopyrronium bromide .....	87
Mogine .....	109	Neosynephrine HCL .....	45
Mometasone furoate .....	51	Neotigason .....	52
Monogen .....	171	Nepro RTH .....	177
Monosodium glutamate with sodium aspartate .....	193	Nepro (Strawberry) .....	177
Montelukast .....	158	Nepro (Vanilla) .....	177
Moroctocog alfa [recombinant factor viii] .....	28	Neulastim .....	32
Morphine hydrochloride .....	103	Neupogen .....	32
Morphine sulphate .....	103	Nevirapine .....	78
Morphine tartrate .....	103	Nevirapine Alphapharm .....	78
Motetis .....	97	Nicorandil .....	46
Movicol .....	21	Nicorette Inhalator .....	121
Moxifloxacin .....	69	Nicotine .....	121
MSUD Anamix Infant .....	178	Nicotinic acid .....	44
MSUD Anamix Junior LQ .....	178	Nifedipine .....	40
MSUD Maxamaid .....	178	Nilstat .....	26, 72
MSUD Maxamum .....	178	Nimodipine .....	40
MultiADE .....	25	Nitazoxanide .....	76
Multihance .....	190	Nitrazepam .....	118
Multivitamins .....	25	Nitroderm TTS 5 .....	44
Mupirocin .....	48	Nitroderm TTS 10 .....	44
Myaccord .....	153	Nitrofurantoin .....	71
Myambutol .....	74	Nitronal .....	44
Mycobutin .....	75	Noflam 250 .....	95
Mycophenolate mofetil .....	153	Noflam 500 .....	95
Mydriacyl .....	165	Nonacog alfa [recombinant factor ix] .....	28
Mylan Atenolol .....	39	Noradrenaline .....	45
Mylan Fentanyl Patch .....	102	Norethisterone .....	56, 62
Mylanta .....	14	Norethisterone with mestranol .....	55
Myleran .....	123	Norfloxacin .....	69
<b>N</b>		Normison .....	119
Nadolol .....	40		

Norpress.....	105	Ondansetron .....	112
Nortriptyline hydrochloride.....	105	One-Alpha.....	24
Norvir .....	80	Onkotrone.....	124
Novasource Renal (Vanilla) .....	177	Ora-Blend .....	195
Novatretin .....	52	Ora-Blend SF.....	195
NovoMix 30 FlexPen.....	18	Oracort .....	26
NovoSeven RT .....	28	Oral feed .....	169
Noxafil .....	72	Oral feed 1.5 kcal/ml.....	169
Nupentin .....	108	Oral feed 1 kcal/ml.....	169
Nutilus .....	169	Oral feed 2 kcal/ml.....	173
Nutricia Breast Milk Fortifer.....	168	Ora-Plus .....	195
Nutrini Energy Multi Fibre.....	177	Ora-Sweet.....	195
Nutrini Energy RTH.....	177	Ora-Sweet SF.....	195
Nutrini Low Energy Multifibre RTH .....	176	Oratane .....	48
Nutrini RTH .....	176	Ornidazole.....	76
Nutrison Advanced Diason .....	171	Orphenadrine citrate .....	93
Nutrison Advanced Peptisorb .....	172	Orphenadrine hydrochloride.....	97
Nutrison Concentrated.....	173	Oruvail SR.....	95
Nutrison Energy .....	170	Osetamivir.....	85
Nutrison Energy Multi Fibre.....	170	Osmolite .....	170
Nutrison Low Sodium.....	170	Osmolite RTH.....	170
Nutrison Multi Fibre .....	170	Ospamox .....	68
Nutrison Protein Plus.....	173	Oxaliplatin .....	128
Nutrison Protein Plus Multi Fibre.....	173	Oxaliplatin Actavis 50 .....	128
Nutrison Standard RTH.....	170	Oxaliplatin Actavis 100 .....	128
Nyefax Retard .....	40	Oxandrolone.....	59
Nystatin .....	26, 49, 55, 72	Oxazepam.....	117
<b>O</b>		Oxpentifylline .....	46
Octocog alfa [recombinant factor viii] .....	28	Oxybuprocaine hydrochloride .....	163
Octreotide.....	132	Oxybutynin .....	58
Octreotide MaxRx.....	132	Oxycodone hydrochloride.....	104
Oestradiol .....	60, 62	Oxycodone Orion .....	104
Oestradiol valerate.....	61	OxyContin .....	104
Oestradiol with norethisterone acetate .....	61	Oxymetazoline hydrochloride .....	157
Oestriol .....	56	OxyNorm .....	104
Oestrogens (conjugated equine) .....	61	Oxytocin .....	57
Oestrogens with medroxyprogesterone acetate.....	61	Oxytocin with ergometrine maleate .....	57
Oil in water emulsion.....	50	Ozole .....	72
Oily phenol.....	16	<b>P</b>	
Olanzapine .....	114, 116, 117	Pacifen .....	93
Olanzine.....	114	Pacific Busipirone .....	117
Olanzine-D .....	117	Paclitaxel .....	131
Olive oil.....	195	Paclitaxel Actavis .....	131
Olopatadine.....	162	Paclitaxel Ebewe .....	131
Olsalazine .....	15	Paediatric enteral feed 0.75 kcal/ml.....	176
Omeprazole.....	17	Paediatric enteral feed 1.5 kcal/ml.....	177
Omezol Relief.....	17	Paediatric enteral feed 1 kcal/ml.....	176
Omnipaque .....	189	Paediatric oral feed.....	176
Omniscan .....	190	Paediatric oral feed 1.5 kcal/ml.....	177
On Call Advanced.....	197	Paediatric oral feed 1 kcal/ml.....	176
Oncaspar .....	126	Pamidronate BNM .....	89
OncoTICE.....	153	Pamidronate disodium .....	89
Ondanaccord .....	112	Pamisol .....	89
		Panadol .....	102

Pancreatic enzyme.....	19	Peteha .....	74
Pancuronium bromide.....	93	Pethidine hydrochloride.....	104
Pantoprazole.....	17	Pexsig.....	41
Papaverine hydrochloride.....	46	Phenelzine sulphate.....	105
Paper wasp venom.....	155	Phenindione.....	30
Para-aminosalicylic acid.....	74	Phenobarbitone.....	109, 118
Paracare.....	102	Phenobarbitone sodium.....	195
Paracare Double Strength.....	102	Phenol.....	192, 195
Paracetamol.....	102	Phenol with ioxaglic acid.....	192
Paracetamol-AFT.....	102	Phenoxybenzamine hydrochloride.....	37
Paracetamol + Codeine (Relieve).....	104	Phenoxyethylpenicillin [Penicillin V].....	68
Paracetamol with codeine.....	104	Phentolamine mesylate.....	37
Paraffin.....	20, 50, 196	Phenylephrine hydrochloride.....	45, 165
Paraffin liquid with soft white paraffin.....	166	Phenytoin.....	109
Paraffin liquid with wool fat.....	166	Phenytoin sodium.....	107, 109
Paraffin with wool fat.....	50	Phlexy-10.....	179
Paraldehyde.....	107	Pholcodine.....	157
Parecoxib.....	95	Phosphorus.....	35
Paromomycin.....	65	Phytomenadione.....	29
Paroxetine hydrochloride.....	107	Picibanil.....	153
Paser.....	74	PicoPrep.....	20
Patent blue V.....	191	Pilocarpine hydrochloride.....	165
Paxam.....	117	Pilocarpine nitrate.....	196
Pazopanib.....	129	Pimafucort.....	52
Peak flow meter.....	197	Pindolol.....	40
Peanut oil.....	194	Pinetarsol.....	52
Pediasure (Chocolate).....	176	Pinorax.....	21
Pediasure RTH.....	176	Pinorax Forte.....	21
Pediasure (Strawberry).....	176	Pioglitazone.....	19
Pediasure (Vanilla).....	176	Piperacillin with tazobactam.....	68
Pegaspargase.....	126	Pipothiazine palmitate.....	116
Pegfilgrastim.....	32	Pizaccord.....	19
Pegylated interferon alpha-2a.....	86	Pizotifen.....	111
Penembact.....	65	PKU Anamix Infant.....	179
Penicillamine.....	87	PKU Anamix Junior.....	179
Penicillin G.....	68	PKU Anamix Junior LQ (Berry).....	179
Penicillin V.....	68	PKU Anamix Junior LQ (Orange).....	179
Pentagastrin.....	61	PKU Anamix Junior LQ (Unflavoured).....	179
Pentamidine isethionate.....	76	PKU Lophlex LQ 10.....	179
Pentasa.....	15	PKU Lophlex LQ 20.....	179
Pentostatin [Deoxycofomycin].....	127	Plaquenil.....	87
Pentoxifylline [Oxpentifylline].....	46	Plendil ER.....	40
Peptamen Junior.....	172	pms-Bosentan.....	46
Peptamen OS 1.0 (Vanilla).....	172	Pneumococcal conjugate (pcv13) vaccine.....	182
Peptide-based enteral feed 1 kcal/ml.....	172	Pneumococcal (pcv10) conjugate vaccine.....	182
Peptide-based oral feed.....	172	Pneumococcal (ppv23) polysaccharide vaccine.....	182
Peptide-based oral feed 1 kcal/ml.....	172	Podophyllotoxin.....	53
Peptisoothe.....	16	Polidocanol.....	28
Pergolide.....	97	Poliomyelitis vaccine.....	184
Perhexiline maleate.....	41	Poloxamer.....	20
Pericyazine.....	114	Polycal.....	167
Perindopril.....	36	Poly Gel.....	166
Permax.....	97	Polyhexamethylene biguanide.....	196
Permethrin.....	49		

Poly-Tears .....	166	Propofol.....	99
Polyvinyl alcohol.....	166	Propranolol.....	40
Polyvinyl alcohol with povidone.....	166	Propylene glycol.....	196
Poractant alfa.....	160	Propylthiouracil.....	63
Posaconazole.....	72	Prostin E2.....	56
Postinor-1.....	56	Prostin VR.....	45
Potassium chloride.....	33, 35	Protamine sulphate.....	30
Potassium chloride with sodium chloride.....	34	Protein supplement.....	168
Potassium citrate.....	57	Protifar.....	168
Potassium dihydrogen phosphate.....	34	Protionamide.....	74
Potassium iodate.....	22	Protirelin.....	63
Potassium iodate with iodine.....	22	Provera.....	61, 62
Potassium perchlorate.....	63	Provisc.....	164
Potassium permanganate.....	53	Provive MCT-LCT 1%.....	99
Povidone-iodine.....	188	Pseudophedrine hydrochloride.....	157
Povidone-iodine with ethanol.....	188	PTU.....	63
Povidone K30.....	196	Pulmocare (Vanilla).....	177
Pradaxa.....	29	Pulmozyme.....	160
Pralidoxime iodide.....	186	Purinethol.....	125
Pramipexole hydrochloride.....	98	Pyrazinamide.....	74
Prasugrel.....	31	Pyridostigmine bromide.....	87
Pravastatin.....	43	PyridoxADE.....	24
Praziquantel.....	75	Pyridoxine hydrochloride.....	24
Prazosin.....	37	Pyrimethamine.....	76
Prednisone.....	60	Pytazen SR.....	31
Prednisolone.....	60	<b>Q</b>	
Prednisolone acetate.....	162	Q 300.....	77
Prednisolone sodium phosphate.....	162	Quetapel.....	114
Pregnancy test – hCG urine.....	198	Quetiapine.....	114
Pre Nan Gold RTF.....	175	Quinapril.....	36
Preterm formula.....	175	Quinapril with hydrochlorothiazide.....	37
Prezista.....	80	Quinine dihydrochloride.....	76
Prilocaine hydrochloride.....	101	Quinine sulphate.....	77
Prilocaine hydrochloride with felypressin.....	101	<b>R</b>	
Primaquine phosphate.....	76	Rabies vaccine.....	184
Primaxin.....	65	Raloxifene.....	91
Primidone.....	109	Raltegravir potassium.....	81
Primolut N.....	62	RA-Morph.....	103
Probenecid.....	93	Ranbaxy-Cefaclor.....	66
Procaine penicillin.....	68	Ranibizumab.....	148
Procarbazine hydrochloride.....	127	Ranitidine.....	16
Prochlorperazine.....	112	Rapamune.....	154
Proctosedyl.....	15	Rasburicase.....	93
Procyclidine hydrochloride.....	97	Reandron 1000.....	59
Prodopa.....	41	Recombinant factor ix.....	28
Progesterone.....	57	Recombinant factor viia.....	28
Proglicem.....	17	Recombinant factor viii.....	28
Prograf.....	134	Rectogesic.....	16
Prokinex.....	111	Red back spider antivenom.....	187
Promethazine hydrochloride.....	156	Redipred.....	60
Promethazine theoclate.....	112	Remicade.....	143
Promod.....	168	Remifentanil-AFT.....	104
Propafenone hydrochloride.....	38	Remifentanil hydrochloride.....	104
Propamidine isethionate.....	161	Renilon 7.5.....	177



ReoPro .....	138	Sandostatin LAR .....	132
Resource Beneprotein .....	168	Scopoderm TTS .....	112
Resource Diabetic (Vanilla) .....	171	Sebizole .....	49
Resource Fruit Beverage .....	169	Secretin pentahydrochloride .....	62, 191
Resource Thicken Up .....	169	Selegiline hydrochloride .....	98
Retinol .....	23	Sennosides .....	21
Retinol palmitate .....	166	Serenace .....	113
Retrovir .....	79	Seretide .....	159
Reyataz .....	80	Seretide Accuhaler .....	159
Ridal .....	114	Serevent .....	159
Rifabutin .....	75	Serevent Accuhaler .....	159
Rifampicin .....	75	Serophene .....	61
Ringer's solution .....	34	Seroquel .....	114
Riodine .....	188	Setraline .....	107
Risperdal .....	114	Sevoflurane .....	99
Risperdal Consta .....	116	Sevredol .....	103
Risperdal Quicklet .....	117	Silagra .....	47
Risperidone .....	114, 116, 117	Sildenafil .....	47
Risperon .....	115	Silver nitrate .....	53, 196
Ritalin .....	120	Simethicone .....	14
Ritalin LA .....	120	Simlect .....	143
Ritalin SR .....	120	Simvastatin .....	43
Ritonavir .....	80	Sinemet .....	97
Rituximab .....	148	Sinemet CR .....	97
Rivaroxaban .....	30	Singulair .....	158
Rivotril .....	107	Sirolimus .....	154
Rizamelt .....	111	Siterone .....	59
Rizatriptan benzoate .....	111	Slow-Lopresor .....	39
Rocaltrol .....	24	Snake antivenom .....	187
Rocuronium bromide .....	93	Sodibic .....	35
Ropin .....	98	Sodium acetate .....	34
Ropinirole hydrochloride .....	98	sodium acid phosphate .....	34
Ropivacaine hydrochloride .....	101	Sodium alginate with magnesium alginate .....	14
Ropivacaine hydrochloride with fentanyl .....	101	Sodium alginate with sodium bicarbonate and calcium carbonate .....	14
Rose bengal sodium .....	163	Sodium aurothiomalate .....	87
Roxithromycin .....	67	Sodium benzoate .....	22
Rubifen .....	120	Sodium bicarbonate .....	34, 35, 196
Rubifen SR .....	120	Sodium calcium edetate .....	187
<b>S</b>		Sodium carboxymethylcellulose with pectin and gelatine .....	26
S-26 Gold Premgro .....	175	Sodium chloride .....	34, 35, 157, 160, 192
S26 Human Milk Fortifier .....	168	Sodium chloride with sodium bicarbonate .....	157
S26 Lactose Free .....	175	Sodium citrate .....	14, 196
S26 LBW Gold RTF .....	175	Sodium citrate with sodium chloride and potassium chloride .....	30
Salamol .....	157	Sodium citrate with sodium lauryl sulphoacetate .....	21
Salapin .....	157	Sodium citro-tartrate .....	58
Salazopyrin .....	15	Sodium cromoglycate .....	15, 155, 159, 162
Salazopyrin EN .....	15	Sodium dihydrogen phosphate [sodium acid phosphate] .....	34
Salbutamol .....	157	Sodium fluoride .....	22
Salbutamol with ipratropium bromide .....	157	Sodium hyaluronate .....	166, 26
Salicylic acid .....	196		
Salmeterol .....	159		
Salmonella typhi vaccine .....	182		
Sandimmun .....	133		
Sandomigran .....	111		

Sodium hyaluronate with chondroitin sulphate ..	164	Super Soluble Duocal .....	168
Sodium hypochlorite .....	188	Suplena .....	177
Sodium metabisulfite .....	196	Suprane .....	98
Sodium nitrite .....	186	Surgam .....	95
Sodium nitroprusside .....	46, 198	Survanta .....	160
Sodium phenylbutyrate .....	22	Sustagen Hospital Formula (Chocolate) .....	169
Sodium phosphate with phosphoric acid .....	21	Sustagen Hospital Formula (Vanilla) .....	169
Sodium polystyrene sulphonate .....	35	Sutent .....	130
Sodium stibogluconate .....	77	Suxamethonium chloride .....	93
Sodium tetradecyl sulphate .....	28	Symmetrel .....	97
Sodium thiosulfate .....	186	Synacthen .....	62
Sodium valproate .....	109	Synacthen Depot .....	62
Sodium with potassium .....	193	Syntocinon .....	57
Solian .....	113	Syntometrine .....	57
Solifenacin succinate .....	58	Syrup .....	196
Solox .....	16	Systane Unit Dose .....	166
Solu-Cortef .....	60	<b>T</b>	
Solu-Medrol .....	60	Tacrolimus .....	134
Somatropin .....	63	Talc .....	160
Sotacor .....	40	Tambocor .....	38
Sotalol .....	40	Tambocor CR .....	38
Soya oil .....	186	Tamoxifen citrate .....	133
Space Chamber Plus .....	198	Tamsulosin .....	57
Spacer device .....	198	Tamsulosin-Rex .....	57
Span-K .....	35	Tarceva .....	128
Spiramycin .....	77	Tasmar .....	98
Spiriva .....	156	Tazocin EF .....	68
Spirolactone .....	42	Teicoplanin .....	71
Spirotone .....	42	Temaccord .....	127
Sprycel .....	128	Temazepam .....	119
Staphlex .....	68	Temozolomide .....	127
Starch .....	196	Tenecteplase .....	31
Stavudine .....	79	Tenofovir disoproxil fumarate .....	83
Sterculia with frangula .....	20	Tenoxicam .....	95
Stesolid .....	107	Terazosin .....	38
Stiripentol .....	110	Terbinafine .....	73
Stocrin .....	77	Terbutaline .....	57
Streptase .....	31	Terbutaline sulphate .....	157
Streptokinase .....	31	Teriparatide .....	92
Streptomycin sulphate .....	65	Terlipressin .....	64
Stromectol .....	75	Testosterone .....	59
Suboxone .....	121	Testosterone cypionate .....	59
Sucralfate .....	17	Testosterone esters .....	59
Sucrose .....	102	Testosterone undecanoate .....	59
Sugammadex .....	94	Tetrabenazine .....	97
Sulindac .....	95	Tetracaine [amethocaine] hydrochloride ...	101, 163
Sulphacetamide sodium .....	161	Tetracosactide [tetracosactrin] .....	62
Sulphadiazine .....	71	Tetracosactrin .....	62
Sulphadiazine silver .....	48	Tetracycline .....	70
Sulphasalazine .....	15	Tetracyclin Wolff .....	70
Sulphur .....	196	Thalidomide .....	127
Sumatriptan .....	111	Thalomid .....	127
Sunitinib .....	130	Theophylline .....	160
Sunscreen, proprietary .....	53	Thiamine hydrochloride .....	24

Thickened formula.....	175	Trisodium citrate.....	30
Thioguanine.....	125	Trometamol.....	192
Thiopental (thiopentone) sodium.....	99	Tropicamide.....	165
Thiotepa.....	123	Tropisetron.....	112
Thrombin.....	28	Truvada.....	79
Thymol glycerin.....	26	Tuberculin, purified protein derivative.....	191
Thyrotropin alfa.....	62	TwoCal HN.....	173
Tiaprofenic acid.....	95	TwoCal HN RTH (Vanilla).....	173
Ticarcillin with clavulanic acid.....	69	Tykerb.....	128
Ticlopidine.....	31	TYR Anamix Infant.....	180
Tigecycline.....	70	TYR Anamix Junior.....	180
Timolol.....	164	TYR Anamix Junior LQ.....	180
Timolol maleate.....	40	<b>U</b>	
Timoptol XE.....	164	Ultraproct.....	16
Tiotropium bromide.....	156	Univent.....	156
TMP.....	71	Ural.....	58
Tobramycin.....	65, 161	Urea.....	50, 196
Tobrex.....	161	Urex Forte.....	41
Tocilizumab.....	151	Urokinase.....	32
Tofranil.....	105	Uromitexan.....	131
Tolcapone.....	98	Ursodeoxycholic acid.....	19
Tolterodine tartrate.....	58	Ursosan.....	19
Topamax.....	110	<b>V</b>	
Topiramate.....	110	Valaciclovir.....	84
Tracleer.....	46	Valcyte.....	85
Tracrium.....	93	Valganciclovir.....	85
Tramadol hydrochloride.....	104	Valtrex.....	84
Tramal 50.....	104	Vancomycin.....	71
Tramal 100.....	104	Varenicline.....	122
Tramal SR 100.....	104	Varicella zoster vaccine.....	184
Tramal SR 150.....	104	Vasopressin.....	64
Tramal SR 200.....	104	Vecuronium bromide.....	93
Trandolapril.....	36	Velcade.....	125
Tranexamic acid.....	28	Venlafaxine.....	106
Tranylcypromine sulphate.....	105	Venofer.....	23
Trastuzumab.....	152	Ventavis.....	47
Travoprost.....	165	Ventolin.....	157
Tretinoin.....	48, 127	Vepesid.....	126
Triamcinolone acetonide.....	26, 52, 60	Veracol.....	66
Triamcinolone acetonide with gramicidin, neomycin and nystatin.....	162	Verapamil hydrochloride.....	41
Triamcinolone acetonide with neomycin sulphate, gramicidin and nystatin.....	52	Vergo 16.....	111
Triamcinolone hexacetonide.....	60	Verpamil SR.....	41
Triazolam.....	119	Vesanoid.....	127
Trichloroacetic acid.....	196	Vesicare.....	58
Trichozole.....	76	Vfend.....	73
Trientine dihydrochloride.....	22	Vigabatrin.....	110
Trifluoperazine hydrochloride.....	115	Vimpat.....	108
Trimeprazine tartrate.....	156	Vinblastine sulphate.....	132
Trimethoprim.....	71	Vincristine sulphate.....	132
Trimethoprim with sulphamethoxazole [Co-trimoxazole].....	71	Vinorelbine.....	132
Tri-sodium citrate.....	196	Viramune Suspension.....	78
		Viread.....	83
		Visipaque.....	189
		Vistil.....	166

Vistil Forte.....	166	Xyntha .....	28
Vitabdeck.....	25	<b>Y</b>	
Vitala-C.....	24	Yellow jacket wasp venom .....	155
Vital HN .....	172	<b>Z</b>	
Vitamin B complex .....	24	Zantac.....	16
VitA-POS.....	166	Zapril .....	36
Vivonex Paediatric.....	174	Zarator.....	43
Vivonex TEN.....	172	Zarzio.....	32
Volibris .....	46	Zavedos .....	124
Voltaren .....	94	Zeldox.....	115
Voltaren Ophtha .....	162	Zetlam .....	82
Volulyte 6%.....	35	Zetop .....	155
Volumatic .....	198	Ziagen.....	78
Voluven.....	35	Zidovudine [AZT].....	79
Voriconazole .....	73	Zidovudine [AZT] with lamivudine .....	79
Votrient .....	129	Zinc .....	23, 49
<b>W</b>		Zincaps .....	23
Walnut oil.....	167	Zinc chloride .....	23
Warfarin sodium.....	30	Zinc oxide .....	196
Water.....	35, 192	Zinc sulphate.....	23
Wool fat.....	50, 196	Zinc with castor oil .....	50
<b>X</b>		Zinc with wool fat.....	50
Xanthan .....	196	Zinnat .....	66
Xarelto .....	30	Ziprasidone .....	115
Xeloda .....	124	Zithromax.....	67
XLEU Maxamaid.....	179	Zofran Zydis .....	112
XLEU Maxamum .....	179	Zoladex .....	62
XLYS Low TRY Maxamaid .....	179	Zoledronic acid .....	59, 90
XMET Maxamaid .....	178	Zometa .....	59
XMET Maxamum.....	178	Zopiclone .....	119
XMTVI Maxamaid .....	180	Zostrix.....	96
XMTVI Maxamum.....	180	Zostrix HP .....	101
XPHEN, TYR Maxamaid.....	180	Zovirax IV .....	84
XP Maxamaid.....	179	Zuclopenthixol acetate .....	115
XP Maxamum .....	179	Zuclopenthixol decanoate .....	116
Xylocaine .....	100	Zuclopenthixol hydrochloride .....	115
Xylocaine Viscous.....	100	Zyban .....	121
Xylometazoline hydrochloride .....	157	Zyprexa Relprevv.....	116

**Hospital Medicines List queries:**

**Freephone Information line 0800 66 00 50**

**Fax: 64 4 974 7819**

**Email: [HML@pharmac.govt.nz](mailto:HML@pharmac.govt.nz)**

Pharmaceutical Management Agency  
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand  
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - [www.pharmac.govt.nz](http://www.pharmac.govt.nz)  
Freephone Information line (9am-5pm weekdays) 0800 66 00 50

ISSN 1172-3694 (Print) - ISSN 1179-3708 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.

**[newzealand.govt.nz](http://newzealand.govt.nz)**