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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. In particular, Board members decide on the strategic direction of PHARMAC and may decide which community pharmaceuticals should be subsidised and at what levels, and determine national prices for some pharmaceuticals to be purchased by and used in DHB Hospitals, and whether or not special conditions are to be applied to such purchases.

Members of the PHARMAC Board

Richard Waddel

Gregor Coster

Kura Denness

David Kerr

David Moore

Adrienne von Tunzelmann

Decisions taken by the PHARMAC Board members, or made under the authority of the Board, incorporate a balanced view of the needs of prescribers and patients. The aim is to achieve long-term gains and efficient ways of making pharmaceuticals available to the community and for DHB Hospitals to purchase them.

The functions of PHARMAC are to perform the following, 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):

- a) to maintain and manage a pharmaceutical schedule that applies consistently throughout New Zealand, including determining eligibility and criteria for the provision of subsidies;
- b) to manage incidental matters arising out of (a), including in exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the pharmaceutical schedule;
- c) to engage as it sees fit, but within its operational budget, in research to meet its objectives as set out in Section 47(a) of the Act;
- d) to promote the responsible use of pharmaceuticals;
- e) to manage the purchasing of any or all pharmaceuticals, whether used either in a hospital or outside it, on behalf of DHBs;
- f) any other functions given to PHARMAC by or under any enactment or authorised by the Minister.

The policies and criteria set out in the Pharmaceutical Schedule and PHARMAC's Operating Policies and Procedures arise out of, and are designed to help PHARMAC achieve and perform, PHARMAC's objective and functions under the Act.

However PHARMAC may, having regard to its public law obligations, depart from the strict application of those policies and criteria in certain exceptional cases where it considers this necessary or appropriate in the proper exercise of its statutory discretion and to give effect to its objective and functions, particularly with respect to:

- Determining eligibility and criteria for the provision of subsidies; and
- In exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the Pharmaceutical Schedule.

Decision Criteria

PHARMAC updates the Pharmaceutical Schedule at regular intervals to notify prescribers, pharmacists, hospital managers and patients of changes to Community Pharmaceutical subsidies and the prices for Hospital Pharmaceuticals. In making decisions about amendments to the Pharmaceutical Schedule, PHARMAC is guided by its Operating Policies and Procedures, as amended or supplemented from time to time. The criteria for decisions about proposed amendments to the schedule are:

- (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.

The Operating Policies and Procedures, including any supplements, also describe the way in which PHARMAC determines the level of subsidy or purchase price payable for each Community Pharmaceutical or Hospital Pharmaceutical, respectively.

Copies of PHARMAC's Operating Policies and Procedures and of any applicable supplements are available on the PHARMAC website, or on request.

PHARMAC and Section H of the Pharmaceutical Schedule

PHARMAC manages the national Pharmaceutical Schedule, which lists:

- Pharmaceuticals available in the community and subsidised by the Government with funding from the Pharmaceutical Budget; and
- some Pharmaceuticals purchased by DHBs for use in their hospitals, and includes those Hospital Pharmaceuticals for which national prices have been negotiated by PHARMAC.

In the community approximately 1848 Pharmaceuticals are subsidised by the Government. Most are available to all eligible people within New Zealand on prescription by a medical doctor. Some are listed with guidelines or conditions such as 'only if prescribed for a dialysis patient' or 'Special Authority – Retail Pharmacy', to ensure that Pharmaceuticals are used by those people who are most likely to benefit from them. Pharmaceuticals provided to patients for use while in DHB Hospitals are not covered by Sections A to G of the Pharmaceutical Schedule.

Section H of the Pharmaceutical Schedule includes Pharmaceuticals that can be purchased at a national price by DHBs for use in their hospitals. These are referred to as National Contract Pharmaceuticals.

Section H of the Pharmaceutical Schedule also identifies Pharmaceutical Cancer Treatments that DHBs have been directed to fund for use in their hospitals and/or in association with services provided in their hospitals, as well as new Pharmaceuticals used in hospitals, which have been or are being assessed by PHARMAC, the results of that analysis being available to DHB Hospitals via PHARMAC's website.

A list of Discretionary Community Supply Pharmaceuticals, in Section H of the Pharmaceutical Schedule identifies those products that currently are not subsidised from the Pharmaceutical Budget as Community Pharmaceuticals in Sections A to G of the Pharmaceutical Schedule but which DHBs can at their discretion fund for use in the community from their own budgets without specific Hospital Exceptional Circumstances approval.

The PHARMAC Hospital Team

Steffan Crausaz	Manager, Funding and Procurement
Andrew Davies	Procurement Initiatives Manager
Rachel Grocott	Health Economist/Team Leader, Assessment
Rachel Pratt	Hospital Exceptional Circumstances Panel Co-ordinator

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 committee members are all senior, practising clinicians. The chair of PTAC sits with the PHARMAC Board in an advisory capacity.

PTAC helps decide which community pharmaceuticals are to be subsidised from public monies by making recommendations to PHARMAC. Part of the role of PTAC is to review whether community pharmaceuticals already listed on the Schedule should continue to receive Government funds. The resources freed up can be used to subsidise other community pharmaceuticals with a greater therapeutic worth.

PHARMAC may obtain clinical advice from PTAC in relation to national purchasing strategies for Hospital Pharmaceuticals. There may be additional specialist hospital representatives on PTAC subcommittees, or additional PTAC subcommittees, where PHARMAC considers this necessary.

PTAC members are:

Carl Burgess	MBChB, MD, MRCP (UK), FRACP, FRCP, physician/clinical pharmacologist, Chair
Ian Hosford	MBChB, FRANZCP, psychiatrist
Sisira Jayathissa	MBBS, MD, MRCP, FAFPHM, FRCP, FRACP, physician
Peter Jones	BMedSci, MBChB, PhD, FRCP, FRACP, physician
Jim Lello	BHB, MBChB, DCH, FRNZCGP, general practitioner
Graham Mills	MBChB, MTropHith, MD, FRACP, infectious diseases specialist and general physician
Peter Pillans	MBBCh, MD, FCP, FRACP, clinical pharmacologist
Paul Tomlinson	MBChB, MD, MRCP, FRACP, BSc, paediatrician, Deputy Chair
Howard Wilson	BSc, PhD, MB, BS, Dip Obst, FRNZCGP, general practitioner
Mark Weatherall	BA, MBChB, MAppStats, FRACP
George Laking	PhD, MB, B.Med.Sci, MD, FRACP
<i>Contact PTAC C/-</i>	<i>Advisory Committee Manager Pharmaceutical Management Agency PO Box 10 254, WELLINGTON PTAC@pharmac.govt.nz</i>

Hospital Pharmaceuticals Advisory Committee (HPAC)

The Hospital Pharmaceutical Advisory Committee (HPAC) is a committee made up of representatives from DHBs, as nominated by DHBs and appointed by the PHARMAC Board. As part of the National Hospital Pharmaceutical Strategy Review in late 2004 a decision was made to seek new nominations for HPAC. The PHARMAC Board has appointed the following members to HPAC:

Neil Aitchison	Materials Manager	MidCentral
Paul Barrett	Pharmacy Services Manager	Canterbury
Sarah Fitt	Pharmacy Manager	Auckland
Jan Goddard	Pharmacy Services	Waikato
David Ryan	Pharmacy Operations Manager	Waitemata
Simon Donlevy	Pharmacy Manager	Southland
Chris Morgan	Materials Manager	Auckland

*Contact HPAC C/- Manager, Funding and Procurement
Pharmaceutical Management Agency
PO Box 10 254, WELLINGTON*

Purpose of 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; and
- some Hospital Pharmaceuticals that are purchased and used by DHB Hospitals, including those 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 the Pharmaceutical Schedule

Community Pharmaceuticals

For Community Pharmaceuticals, the Schedule is organised in a way to help the reader find Community Pharmaceuticals, which may be used to treat similar conditions. To do this, Community Pharmaceuticals are first classified anatomically, originally based on the Anatomical Therapeutic Chemical (ATC) system, and then further classified under section headings structured for the New Zealand medical system.

- Section **A** lists the General Rules in relation to Community Pharmaceuticals and related products.
- Section **B** lists Community Pharmaceuticals and related products by anatomical classification, which are further divided into one or more therapeutic headings. Community Pharmaceuticals used to treat similar conditions are grouped together.
- Section **C** lists the rules in relation to Extemporaneously Compounded Products (ECPs) and Community Pharmaceuticals that will be subsidised when extemporaneously compounded.
- Section **D** lists the rules in relation to Special Foods and the Special Foods that are subsidised.
- Section **E** Part I lists the Community Pharmaceuticals that are subsidised on a Practitioner's Supply Order (PSO) and Wholesale Supply Order (WSO).
- Section **E** Part II lists remote areas for the purpose of PSOs.
- Section **F** lists the Community Pharmaceutical dispensing period exemptions.
- Section **G** lists the Community Pharmaceuticals eligible for reimbursement of safety cap and related rules.

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. Where a Community Pharmaceutical is used in more than one therapeutic area, they may be cross-referenced.

The therapeutic headings in the Pharmaceutical Schedule do not necessarily correspond to the therapeutic groups and therapeutic subgroups, which PHARMAC establishes for the separate purpose of determining the level of subsidy to be paid for each Community Pharmaceutical.

The index located at the back of the book in which Sections A–G of the Pharmaceutical Schedule are published can be used to find page numbers for generic chemical entities, or product brand names.

Hospital Pharmaceuticals

- Section **H** lists Pharmaceuticals that DHBs fund from their own budgets. The Hospital Pharmaceuticals are grouped into the following Parts in Section H:
 - Part I lists the rules in relation to Hospital Pharmaceuticals.
 - Part II lists Hospital Pharmaceuticals for which national contracts exist (National Contract Pharmaceuticals). 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 (DV) Pharmaceuticals and DV Limit.
 - Part III lists Assessed Pharmaceuticals, which have been or are being assessed by PHARMAC and, where such assessment is available, PHARMAC's opinion regarding the use of the Assessed Pharmaceuticals in hospitals. DHB Hospitals are not obliged to implement those recommendations.
 - Part IV lists Discretionary Community Supply Pharmaceuticals, which are not Community Pharmaceuticals, but which a DHB Hospital can, in its discretion, fund for use in the community from its own budget.

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

Explaining hospital pharmaceutical entries

Section H of the Pharmaceutical Schedule lists National Contract Pharmaceuticals, DV Pharmaceuticals, Assessed Pharmaceuticals and Discretionary Community Supply Pharmaceuticals that are available to be purchased by DHBs. Where applicable, the listing of the Hospital Pharmaceutical may have an indication of whether it has HSS (if the brand name is in **bold**), its Price and any associated DV Pharmaceuticals and DV Limit.

Contracted Pharmaceutical Description	Brand (ex man. excl. GST)	Price(\$)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
CEFACLOR MONOHYDRATE Cap 250 mg	Ranbaxy-Cefaclor	28.90	100	1%	Sept-07	Clorotir
RITUXIMAB Inj 500 mg per 50 ml vial	Mabthera	2987.00	1	5%	Apr-06	(B)
RITONAVIR Cap 100 mg	Norvir	121.87	84			

In the case of cefaclor monohydrate, Ranbaxy-Cefaclor is the Pharmaceutical with HSS. While the price indicated applies from the date on which Ranbaxy-Cefaclor cap 250 mg is listed, it does not have HSS until 1 September 2007. The 1% DV Limit means that at least 99% of the total volume of all brands of cefaclor monohydrate caps 250 mg purchased by DHB Hospitals from 1 September 2007 must be Ranbaxy-Cefaclor. Subject to the provisions of 4.2(c)(iii) of the General Rules for Hospital Pharmaceuticals, DHB Hospitals may only purchase up to 1% of other brands of cefaclor monohydrate caps 250 mg. Those other brands of cefaclor monohydrate caps 250 mg known to be available in New Zealand are listed as DV Pharmaceuticals but the 1% DV Limit also applies to any unlisted brands of cefaclor monohydrate caps 250 mg.

The 5% DV Limit applying to rituximab inj 500mg per 50 ml has a similar effect as the 1% DV Limit in the cefaclor monohydrate example in that at least 95% of the total volume of all rituximab inj 500 mg per 50 ml purchased must be Mabthera. There are no other known brands of rituximab inj 500 mg per 50 ml available in New Zealand but the (B) noted under DV Pharmaceuticals indicates that DHB Hospitals are prohibited from purchasing any brands of 500 mg per 50 ml rituximab in the same or similar form distributed in New Zealand.

The brand of ritonavir 100 mg capsules contracted for, Norvir, does not have HSS or any DV Limit or DV Pharmaceuticals. Accordingly, DHB Hospitals are able to buy the Norvir brand of ritonavir 100 mg capsule at the listed Price if they choose but are not prohibited from buying any other brand of the Pharmaceutical in any quantities required.

Hospital Pharmaceutical and Pharmaceutical Cancer Treatment Costs

The cost of purchasing Hospital Pharmaceuticals and Pharmaceutical Cancer Treatments (for use in DHB hospitals and/or in association with Outpatient services provided in DHB Hospitals) is met by the Funder (in particular, the relevant DHB) from its own budget. As required by section 23(7) of the Act, in performing any of their functions in relation to the supply of Pharmaceuticals, including Pharmaceutical Cancer Treatments, DHBs must not act inconsistently with the Pharmaceutical Schedule.

PHARMAC website

Information about PHARMAC is available on its website at <http://www.pharmac.govt.nz>. The website includes copies of the Annual Review, Annual Report and Annual Plan, as well as information such as the Pharmaceutical Schedule, Pharmaceutical Schedule Updates, other publications and recent press releases.

Copies of the February 2002 *National Hospital Pharmaceutical Strategy* can be found on the website.

Also, for more details to that contained in Part III of Section H of the Pharmaceutical Schedule about hospital pharmaceuticals that have been assessed by PHARMAC and further information about assessments undertaken by DHB Hospitals, please refer to <http://www.pharmac.govt.nz/hpad>

Exceptional Circumstances policies

The purposes of the Exceptional Circumstances policies are to provide:

- funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule (“Community Exceptional Circumstances”); or
- an assessment process for DHB Hospitals to determine whether they can fund medication, to be used in the community, in circumstances where the medication is neither a Community Pharmaceutical nor a Discretionary Community Supply Pharmaceutical and where the patient does not meet the criteria for Community Exceptional Circumstances (“Hospital Exceptional Circumstances”); or
- an assessment process for DHB Hospitals to determine whether they can fund pharmaceuticals for the treatment of cancer in their DHB Hospital, or in association with Outpatient services provided in their DHB Hospital, in circumstances where the pharmaceutical is not identified as a Pharmaceutical Cancer Treatment (“Cancer Exceptional Circumstances”) in Sections A-H of the Pharmaceutical Schedule.

Upon receipt of an application for approval for Community Exceptional Circumstances or Hospital Exceptional Circumstances, the Exceptional Circumstances Panel first decides whether an application will be assessed initially under the Community Exceptional Circumstances criteria or the Hospital Exceptional Circumstances criteria. Cancer Exceptional Circumstances is a separate process.

Hospital Exceptional Circumstances (HEC)

If the application is first assessed but not approved under the Community Exceptional Circumstances criteria, the Exceptional Circumstances Panel may recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances.

If the application is first assessed under the Hospital Exceptional Circumstances criteria, the Exceptional Circumstances Panel may:

- a) recommend against the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget, in which case a DHB Hospital must not fund the pharmaceutical from its own budget;
- b) recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances, in which case a DHB Hospital may, but is not obliged to, fund the pharmaceutical from its own budget;
- c) defer its decision until further assessment under the Community Exceptional Circumstances criteria can be undertaken; or
- d) recommend interim funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances until further assessment under the Community Exceptional Circumstances criteria can be undertaken.

Permission to fund a pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that such funding is cost-effective for the relevant DHB in the region in which the patient resides.

If the patient being treated with a pharmaceutical under Hospital Exceptional Circumstances usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.

Community Exceptional Circumstances (CEC)

In order to qualify for Community Exceptional Circumstances approval one of the following entry criteria must be met:

- a) the condition must be rare; or
- b) the reaction to alternative funded treatment must be unusual; or
- c) an unusual combination of circumstances applies.

Rare and unusual are considered to be in the order of less than 10 people nationally.

Where one of the above Community Exceptional Circumstances entry criteria is met, the application may then be further examined under supplementary criteria, assessing suitability of the pharmaceutical, clinical benefit, the cost effectiveness of the treatment, and the patient's ability to pay for the treatment. Where these documented criteria are met, a subsidy sufficient to fully fund the pharmaceutical will be made available to the specific patient on whose behalf the application was made.

Community Exceptional Circumstances funding is only available where the criteria are met and is not available for financial reasons alone.

Cancer Exceptional Circumstances (CaEC)

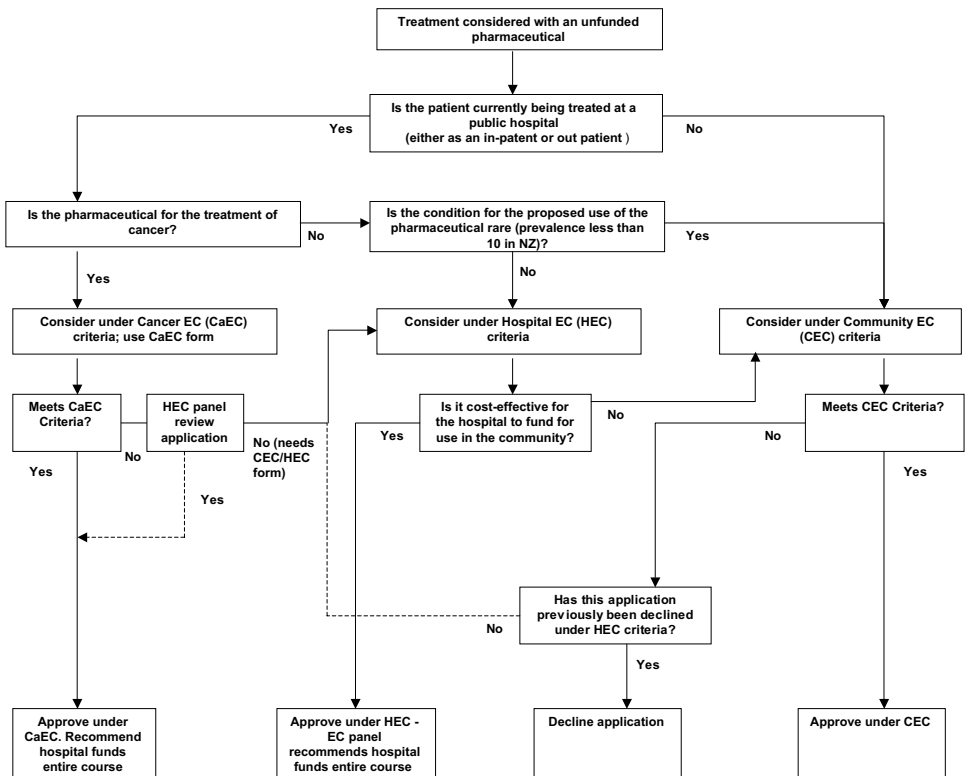
Permission to fund a pharmaceutical for the treatment of cancer from the Hospital's own budget under Cancer Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that the proposed use meets the criteria.

If the patient being treated with a pharmaceutical under Cancer Exceptional Circumstances usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.

Applications for Community Exceptional Circumstances, Hospital Exceptional Circumstances and Cancer Exceptional Circumstances should be made on the standard application form available from the PHARMAC website www.pharmac.govt.nz or the address below:

The Coordinator, Exceptional Circumstances Panel
 PHARMAC
 PO Box 10 254
 Wellington

Phone (04) 916 7553 CEC
 (04) 916 7521 HEC
 (04) 916 7561 CaEC
 or fax (09) 523 6870
 Email: ecpanel@pharmac.govt.nz



Part I – General Rules for Hospital Pharmaceuticals

Introduction

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

The amounts payable by a DHB to the relevant pharmaceutical supplier are based on the contractual arrangements between PHARMAC and the relevant pharmaceutical supplier for a national price for that National Contract Pharmaceutical.

The Pharmaceutical Schedule shows the national price at which the National Contract Pharmaceutical can be purchased by DHBs, providers of logistics services, wholesalers or other such distributors, or Contract Manufacturers directly from the pharmaceutical supplier. As required by section 23(7) of the Act, in performing any of its functions in relation to the supply of Pharmaceuticals, DHBs must not act inconsistently with the Schedule.

1. Interpretation and Definitions

1.1 In this Schedule, unless the context otherwise requires:

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

“**Assessed Pharmaceuticals**” means the list of Pharmaceuticals set out in Section H Part III of the Schedule, that have been or are being assessed by PHARMAC.

“**Cancer Exceptional Circumstances**” means the policies and criteria administered by PHARMAC relating to the ability to fund, from a DHB hospital’s own budget, pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical Cancer Treatments in Sections A-H of the Pharmaceutical Schedule.

“**Community Exceptional Circumstances**” means the policies and criteria administered by the Exceptional Circumstances Panel relating to funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule.

“**Community Pharmaceutical**” means a Pharmaceutical listed in Sections A to G of the Pharmaceutical Schedule that is subsidised by the Funder from the Pharmaceutical Budget for use in the community.

“**Contract Manufacturer**” means a manufacturer or a supplier that is a party to a contract with the relevant DHB Hospital to compound Hospital 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 the 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 DHB, including its hospital or associated provider unit that the DHB purchases Hospital Pharmaceuticals for.

“**Discretionary Community Supply Pharmaceuticals**” means the list of Pharmaceuticals set out in Section H Part IV of the Schedule, which may be funded by a DHB Hospital from its own budget for use in the community.

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

“**DV Pharmaceutical**” means a discretionary variance Pharmaceutical, that does not have HSS and which:

- (a) is either listed in Section H Part II of the Schedule as being a DV Pharmaceutical in association with the relevant Hospital Pharmaceutical with HSS; or
- (b) is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant Hospital Pharmaceutical with HSS, but which is not yet listed as being a DV Pharmaceutical.

“**Exceptional Circumstances Panel**” means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for administering policies in relation to Community Exceptional Circumstances and Hospital Exceptional Circumstances.

“**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.

“**GST**” means goods and services tax under the Goods and Services Tax Act 1985.

“**Hospital Exceptional Circumstances**” means the policies and criteria administered by the Exceptional Circumstances Panel relating to the ability to fund, from a DHB Hospital’s own budget, pharmaceuticals for use in the community by a specific patient where a subsidy is not available from the Pharmaceutical Budget or under Community Exceptional Circumstances.

“**Hospital Pharmaceuticals**” means National Contract Pharmaceuticals, DV Pharmaceuticals, Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals.

“**HSS**” means hospital supply status, the status of being the brand of the relevant Hospital Pharmaceutical listed in Section H Part II as HSS, that DHBs are obliged to purchase subject to any DV Limit for that Hospital Pharmaceutical for the period of hospital supply, as awarded under an agreement between PHARMAC and the relevant pharmaceutical supplier.

“**Individual DV Limit**” means, for a particular Hospital 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 Hospital Pharmaceutical.

“**National Contract Pharmaceutical**” means a Hospital Pharmaceutical for which PHARMAC has negotiated a national contract and the Price.

“**National DV Limit**” means, for a particular Hospital 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 Hospital Pharmaceutical.

“**Outpatient**”, in relation to a Community Pharmaceutical, means a person who, as part of treatment at a hospital or other institution under the control of a DHB, is prescribed the Community Pharmaceutical for consumption or use in the person’s home.

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

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

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

“**Pharmaceutical Budget**” means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals.

“**Pharmaceutical Cancer Treatments**” means Pharmaceutical 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, from their own budgets, for use in their hospitals, and/or in association with Outpatient services provided in their DHB Hospitals, in relation to the treatment of cancers.

“**Price**” means the standard national price, and, unless agreed otherwise between PHARMAC and the pharmaceutical supplier, includes any costs associated with the supply of a National Contract Pharmaceutical listed in Section H Part II of the Pharmaceutical Schedule to, at a DHB Hospital’s discretion, any Designated Delivery Point, or to a Contract Manufacturer (expressly for the purpose of compounding).

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

“**Section B**” of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies included in the Schedule.

“**Section C**” of this Pharmaceutical Schedule means the list of community extemporaneously compounded preparations and galenicals eligible for Subsidies included in the Schedule.

“**Section D**” of this Pharmaceutical Schedule means the list of community special foods eligible for Subsidies included in the Schedule.

“**Section E Part I**” of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies and available on a Practitioner’s Supply Order or a Wholesale Supply Order included in the Schedule.

“**Section E Part II**” of this Pharmaceutical Schedule means the list of remote areas for the purpose of community Practitioner’s Supply Orders included in the Schedule.

“**Section F Part I**” of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots, and requirement to dispense in 90 Day Lots, in respect of the Community Pharmaceuticals referred to in this part of Section F;

“**Section F Part II**” of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots in respect of the Community Pharmaceuticals referred to in this part of Section F;

“**Section G**” of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for reimbursement of safety Cap.

“**Section H**” of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals and the lists of National Contract Pharmaceuticals and any associated DV Pharmaceuticals, of Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals included in Section H of the Schedule.

“**Section H Part I**” of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals.

“**Section H Part II**” of this Pharmaceutical Schedule means the list of National Contract Pharmaceuticals, the relevant Price, an indication of whether the Pharmaceutical has HSS and any associated DV Pharmaceuticals and DV Limit.

“**Section H Part III**” of this Pharmaceutical Schedule means the list of Assessed Pharmaceuticals.

“**Section H Part IV**” of this Pharmaceutical Schedule means the list of Discretionary Community Supply Pharmaceuticals.

“**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, listed in Section H Part II in association with that Pharmaceutical, purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit.

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

“**Unapproved Indication**” means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981.

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, where that legislation, regulation, Order in Council or other instrument has an effect on the prescribing, dispensing or subsidising of Pharmaceuticals.

2. Current Hospital Pharmaceutical Contracts

2.1 A DHB Hospital may enter into a contract for the purchase of any Pharmaceutical that is not a National Contract Pharmaceutical, provided that such contract:

- (a) does not oblige the relevant DHB Hospital to purchase a volume of that Pharmaceutical, if that Pharmaceutical is a DV Pharmaceutical, that is greater than the relevant DV Limit;
- (b) enables PHARMAC to access and use future price and volume data in respect of that Pharmaceutical; and
- (c) enables the relevant DHB Hospital to terminate the contract or relevant parts of the contract in order to give full effect to the national contract on 3 months’ written notice to the pharmaceutical supplier.

2.2 From the day after a DHB Hospital’s current supply contract for a chemical entity that is a National Contract Pharmaceutical expires, that DHB Hospital is to purchase the relevant National Contract Pharmaceutical listed in Section H Part II at the Price, and is to comply with the DV Limits for the National Contract Pharmaceutical where it has HSS.

2.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals are to take any steps available to them to terminate current contracts, and are not to enter into any new contracts or extend the period of any current contracts, for the supply of that National Contract Pharmaceutical listed in Section H Part II or the relevant chemical entity, unless PHARMAC expressly notifies otherwise.

3. National Contract Pharmaceutical Price

- 3.1 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.
- 3.2 National Contract Pharmaceuticals that can be purchased by DHBs at the relevant Price, as agreed between PHARMAC and the relevant pharmaceutical supplier, are hereby deemed to include every medicine, therapeutic medical device, or related product or related thing listed in Section H Part II of the Schedule except DV Pharmaceuticals.
- 3.3 A National Contract Pharmaceutical is to be made available by the relevant pharmaceutical supplier for purchase at the relevant Price by any or all of the following:
 - a) DHB Hospitals at Designated Delivery Points; and/or
 - b) Contract Manufacturers (expressly for the purpose of compounding).

4. Hospital Supply Status (HSS)

- 4.1 The DV Limit for any National Contract Pharmaceutical, which has HSS is set out beside the listing of the relevant National Contract Pharmaceutical in Section H Part II of the Schedule and may be amended from time to time.
- 4.2 If a National Contract Pharmaceutical is listed in Section H Part II 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; and
 - c) must purchase the Hospital 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 subclause (iii) below) the DV Limit has not been exceeded nationally;
 - ii) if the pharmaceutical supplier fails to supply that Hospital Pharmaceutical, in which case the relevant DHB Hospital does not have to comply with the DV Limit for that Hospital 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 clause 4.3 below);
 - iii) that where the DV Limit has been exceeded nationally, the DHB Hospital may negotiate with the pharmaceutical supplier who 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.
- 4.3 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 DHBs with the DV Limits and related requirements.
- 4.4 PHARMAC will address any issues of non-compliance by any individual DHB with a DV Limit by:
 - a) obtaining the relevant DHB'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's non-compliance with the DV Limit for that HSS Pharmaceutical.
- 4.5 In addition to the steps taken by PHARMAC under clause 4.4 above to address any issues of non-compliance by any individual DHB with a DV Limit, the relevant pharmaceutical supplier may require, in its discretion, financial compensation from the relevant DHB
 - a) an amount representing its 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 requiring such payment to be made.

- 4.6 The relevant DV Pharmaceuticals for any National Contract Pharmaceutical with HSS are listed in Schedule H Part II of the Schedule alongside that National Contract Pharmaceutical with HSS and may be amended from time to time. For the purposes of assessing a DHB Hospital's compliance with the DV Limit, if a Pharmaceutical has been added to be, or removed from being, a DV Pharmaceutical during the period that is being assessed PHARMAC is only to count the amount of those Pharmaceuticals that were purchased during the portion of the applicable period in which that Pharmaceutical was a DV Pharmaceutical.

5. Collection of rebates and payment of financial compensation

- 5.1 Following the receipt of any rebates from a pharmaceutical supplier in respect of a particular Hospital 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 Hospital 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.
- 5.2 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).

6. Price and Volume Data

- 6.1 DHB Hospitals are to 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 an existing contract, price data held by those DHB Hospitals in respect of any Hospital Pharmaceuticals listed in Section H of the Schedule.
- 6.2 All price and volume data provided to PHARMAC under clause 6.1 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 Pharmaceutical. Volume is to be measured in units (that being the smallest possible whole unit – e.g. a capsule, a vial, a millilitre etc).

7. Assessed Pharmaceuticals

- 7.1 Assessed Pharmaceuticals are hereby deemed to include every medicine, therapeutic medical device, or related product or related thing listed in Section H Part III of the Schedule.
- 7.2 Any DHB Hospital or pharmaceutical supplier may apply to PHARMAC at any time to have a pharmaceutical assessed and to be placed on the Assessed Pharmaceutical list in Section H Part III of the Schedule.

8. Discretionary Community Supply Pharmaceuticals

- 8.1 Discretionary Community Supply Pharmaceuticals are deemed to include every medicine, therapeutic medical device, or related product or related thing listed in Section H Part IV of the Schedule.
- 8.2 PHARMAC may, in its discretion, list any pharmaceutical that is not a Community Pharmaceutical as a Discretionary Community Supply Pharmaceutical, including a pharmaceutical that PHARMAC is made aware of by HPAC, the Exceptional Circumstances Panel, a DHB Hospital or relevant hospital personnel.
- 8.3 A DHB Hospital may use its discretion to purchase Discretionary Community Supply Pharmaceuticals for use in the community, provided that, if the patient being treated with a Discretionary Community Supply Pharmaceutical usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.
- 8.4 The funding of a Discretionary Community Supply Pharmaceutical for use in the community will be sourced from the relevant DHB's own budget. For the avoidance of doubt, the Discretionary Community Supply Pharmaceutical is not a Community Pharmaceutical and funding is not available for Discretionary Community Supply Pharmaceuticals from the Pharmaceutical Budget.
- 8.5 Subject to rule 8.6, DHB Hospitals must not fund for use in the community, any pharmaceuticals that are not Discretionary Community Supply Pharmaceuticals unless they have been approved under Hospital Exceptional Circumstances.

- 8.6 DHB Hospitals may fund from their own budgets, any Pharmaceutical that is listed in Sections A-G of the Pharmaceutical Schedule without Hospital Exceptional Circumstances (HEC) approval provided that:
- (a) the condition for which that Pharmaceutical is supplied is consistent with any restrictions applying to that Pharmaceutical in Section A-G of the Pharmaceutical Schedule; and
 - (b) the quantity supplied does not exceed that sufficient for up to 5 days treatment, or one original pack, where inappropriate to provide less.

9. Pharmaceutical Cancer Treatments

- 9.1 DHBs are obliged to fund Pharmaceutical Cancer Treatments in accordance with the October 2001 direction from the Minister of Health.
- 9.2 The list of Pharmaceutical Cancer Treatments may be amended from time to time. Additions and/or amendments to the list require the approval of the PHARMAC Board.
- 9.3 Pharmaceutical Cancer Treatments may be used in combination with each other, including where such combinations result in admixtures or dilutions that differ from those specified.
- 9.4 DHBs must not fund Pharmaceuticals for the treatment of cancer or Pharmaceutical Cancer Treatments for indications related to the treatment of cancer, if they are not listed in Sections A to G of the Pharmaceutical Schedule, unless the unlisted pharmaceutical:
- (a) has Cancer Exceptional Circumstances approval; or
 - (b) has Community Exceptional Circumstances or Hospital Exceptional Circumstances approval; or
 - (c) is being used as part of a *bona fide* clinical trial which has Ethics Committee approval; or
 - (d) is being used and funded as part of a paediatric oncology service; or
 - (e) was being used to treat the patient in question prior to 1 July 2005.
- 9.5 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule are Unapproved Indications. Some of these formed part of the October 2001 direction from the Minister of Health as to pharmaceuticals and indications for which DHBs must provide funding. As far as reasonably practicable, these Unapproved Indications are marked in the Schedule. However, PHARMAC makes no representation and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for such Unapproved Indications should:
- (a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;
 - (b) 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 Practitioners obtain written consent); and
 - (c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an Unapproved Indication.
- 9.6 Applications to add pharmaceuticals, and add or amend indications for Pharmaceutical Cancer Treatments, may be made in writing by pharmaceutical suppliers and/or clinicians to PHARMAC. Applications should follow PHARMAC's *Guidelines for Submissions to PTAC for New Chemical Entity Pharmaceuticals and Recommended methods to derive clinical inputs for proposals to PHARMAC*, copies of which are available from PHARMAC or PHARMAC's website.
- 9.7 Applications made under clause 9.6 must be assessed by HPAC, PHARMAC, PTAC and/or relevant subcommittees of PTAC.

10. Practitioners prescribing unapproved Pharmaceuticals

Practitioners should, where possible, prescribe Pharmaceuticals that are approved under the Medicines Act 1981. However, the access criteria under which a Pharmaceutical is listed on the Pharmaceutical Schedule may:

- (a) in some case, explicitly permit Government funded access to a Pharmaceutical that is not approved under the Medicines Act 1981 or for an Unapproved Indication; or
- (b) not explicitly preclude Government funded access to a Pharmaceutical when it is used for an Unapproved Indication.

Accordingly, if Practitioners are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication, Practitioners should:

- (a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;
- (b) 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 Practitioners obtain written consent); and
- (c) 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.

Practitioners 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

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*	
Acetazolamide	Tab 250 mg	Diamox	2011	
Aciclovir	Tab dispersible 200 mg	Lovir	2009	
	Tab dispersible 400 mg	Lovir		
	Tab dispersible 800 mg	Lovir		
Allopurinol	Tab 100 mg	Apo-Allopurinol	2011	
	Tab 300 mg	Apo-Allopurinol		
Alprostadil	Inj 0.5 mg per ml, 1 ml	Prostin VR	2009	
Amikacin sulphate	Inj 5 mg per ml, 5 ml	Biomed	2009	
	Inj 250 mg per ml, 2 ml	Amikin		
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011	
Amlodipine	Tab 5 mg	Apo-Amlodipine	2011	
	Tab 10 mg			
Amoxicillin	Inj 250 mg	Ibiamox	2011	
	Inj 500 mg	Ibiamox		
	Inj 1 g	Ibiamox		
	Drops 100 mg per 1 ml	Ospamox		
	Cap 250 mg & 500 mg	Apo-Amoxi		2010
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009	
Aqueous	Cream	Multichem	2011	
Atenolol	Tab 50 mg & 100 mg	Pacific Atenolol	2009	
Atropine sulphate	Eye drops 1%	Atropt	2011	
	Inj 600 µg, 1 ml	AstraZeneca	2009	
	Inj 1200 µg, 1 ml	AstraZeneca		
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2009	
Beclomethasone dipropionate	Metered aqueous nasal spray, 50 µg per dose	Alanase	2009	
	Metered aqueous nasal spray, 100 µg per dose	Alanase		
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2011	
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2009	
Bezafibrate	Tab 200 mg	Fibalip	2011	
	Tab long-acting 400 mg	Bezalip Retard	2009	
Bicalutamide	Tab 50 mg	Bicalox	2011	
Bisacodyl	Tab 5 mg	Lax-Tabs	2010	
Brimodine tartarate	Eye drops 0.2%	AFT	2011	
Bupivacaine hydrochloride	Inf 0.125%, 100 ml theatre pack	Marcaïn	2010	
	Inf 0.125%, 200 ml theatre pack	Marcaïn		
	Inf 0.25%, 100 ml theatre pack	Marcaïn		
	Inf 0.375%, 20 ml theatre pack	Marcaïn		
	Inj 0.5%, 4 ml	Marcaïn Isobaric		
	Inj 0.5%, 8% glucose, 4 ml	Marcaïn Heavy		
	Inj 0.25%, 20 ml	Marcaïn		2009
	Inj 0.5%, 10 ml theatre pack	Marcaïn		
	Inj 0.5%, 10 ml	Marcaïn		
	Inj 0.5%, 20 ml	Marcaïn		

*Expiry date of the Hospital Supply Status period is 30 June of the year indicated.

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Bupivacaine hydrochloride with fentanyl	Inj 0.125% with 2 µg fentanyl per ml, 15 ml	Biomed	2011
	Inj 0.125% with 2 µg fentanyl per ml, 20 ml	Biomed	
	Inj 0.125% with 2 µg fentanyl per ml, 100 ml	Bupafen	
	Inj 0.125% with 2 µg fentanyl per ml, 200 ml	Bupafen	
Caffeine citrate	Inj 10 mg per ml, 2.5 ml	Biomed	2009
	Oral liq 10 mg per ml	Biomed	
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
Calcium	Tab eff 1 g	Calsource	2011
Calcium folinate	Inj 50 mg, 100 mg, 300 mg & 1 g	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Carboplatin	Inj 10 mg per ml, 5 ml, 15 ml & 45 ml	Carboplatin Ebewe	2009
Cefaclor monohydrate	Cap 250 mg	Ranbaxy-Cefaclor	2010
	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefotaxime	Inj 500 mg	Cefotaxime Sandoz	2011
	Inj 1 g	Cefotaxime Sandoz	
	Inj 2 g	Cefotaxime Sandoz	
Ceftazidime	Inj 500 mg, 1 g & 2 g	Fortum	2011
Cefuroxime sodium	Inj 750 mg & 1 mg	Zinacef	2011
Cetirizine	Tab 10 mg	Zetop	2011
	Oral liq 1 mg per 1 ml	Cetirizine-AFT	
Chloramphenicol	Eye drops 0.5%	Chlorsig	2009
	Eye oint 1%	Chlorsig	
Chlorhexidine	Crn 1% obstetric	Orion	2009
Chlorthalidone	Tab 25 mg	Hygroton	2009
Ciprofloxacin	Tab 250 mg	Rex Medical	2011
	Tab 500 mg	Rex Medical	
	Tab 750 mg	Rex Medical	
	Inj 2 mg per ml, 100 ml	Aspen Ciprofloxacin	2009
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2011
Clarithromycin	Grans for oral liq 125 mg per 5 ml	Klacid	2010
	Tab 250 mg	Klamycin	
Clobetasol propionate	Crn 0.05%	Dermol	2009
Clonazepam	Tab 500 µg	Paxam	2011
	Tab 2 mg	Paxam	
Clostridium botulinum	Inj 500 u	Dysport	2009
Clotrimazole	Crn 1%	Clomazol	2011
	Vaginal crn 1% with applicator(s)	Clomazol	2010
	Vaginal crn 2% with applicator(s)	Clomazol	
Cocaine	Soln 4%, 2 ml	Biomed	2009
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Colchicine	Tab 500 µg	Colgout	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Co-Trimoxazole	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2011
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dacarbazine	Inj 200 mg	Mayne	2009
Daclizumab	Inj 25 mg per 5 ml vial	Zenapax	2009
Dalteparin sodium	Inj 2,500 iu per 0.2 ml prefilled syringe Inj 5,000 iu per 0.2 ml prefilled syringe Inj 7,500 iu per 0.75 ml graduated syringe Inj 10,000 iu per 1 ml graduated syringe Inj 12,500 iu per 0.5 ml prefilled syringe Inj 15,000 iu per 0.6 ml prefilled syringe Inj 18,000 iu per 0.72 ml prefilled syringe	Fragmin Fragmin Fragmin Fragmin Fragmin Fragmin Fragmin	2009
Dantrolene sodium	Cap 25 mg & 50 mg Inj 1 mg per ml, 20 ml	Dantrium Dantrium IV	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 µg per dose	Desmopressin PH&T	2011
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Mayne	2009
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml Inj 50%, 90 ml	Biomed Biomed	2011 2009
Diclofenac sodium	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren	2011
Dinoprostone	Gel 1 mg and 2 mg	Prostin E2	2009
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2009
Dopamine hydrochloride	Inj 40 mg per ml, 5 ml	Mayne	2009
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Doxorubicin	Inj 10 mg, 50 mg, 100 mg & 200 mg	Doxorubicin Ebewe	2009
Emulsifying Ointment	Ointment BP 100 g & 500 g	AFT	2011
Ephedrine sulphate	Inj 30 mg per ml, 1 ml	Mayne	2009
Epirubicin	Inj 2 mg per ml, 5 ml, 25 ml, 50 ml & 100 ml	Epirubicin Ebewe	2009
Ergometrine maleate	Inj 500 µg per ml, 1 ml	Mayne	2009
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin	2011

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Erythropoietin beta	Inj 1,000 iu prefilled syringe	New-Recormon	2009
	Inj 2,000 iu prefilled syringe	New-Recormon	
	Inj 3,000 iu prefilled syringe	New-Recormon	
	Inj 4,000 iu prefilled syringe	New-Recormon	
	Inj 5,000 iu prefilled syringe	New-Recormon	
	Inj 6,000 iu prefilled syringe	New-Recormon	
	Inj 10,000 iu prefilled syringe	New-Recormon	
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin	Grans for oral liq 125 mg per 5 ml	AFT	2009
	Grans for oral liq 250 mg per 5 ml	AFT	
Flucloxacillin sodium	Inj 250 mg	Flucloxin	2011
	Inj 500 mg		
	Inj 1 g		
	Cap 250 mg & 500 mg	Staphlex	2009
Fluconazole	Cap 50 mg	Pacific	2011
	Cap 150 mg	Pacific	
	Cap 200 mg	Pacific	
	Oral liq 10 mg per ml	Diflucan POS	2009
	Inj 2 mg per ml, 50 ml	m-Fluconazole	
Fludarabine	Tab 10 mg	Fludara	2011
Fludarabine Phosphate	Tab inj 50 mg	Fludara	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluorouracil sodium	Inj 25 mg per ml, 100 ml	Mayne	2010
	Inj 50 mg per ml, 10 ml	Fluorouracil Ebewe	
	Inj 50 mg per ml, 20 ml	Fluorouracil Ebewe	
	Inj 50 mg per ml, 50 ml	Fluorouracil Ebewe	
	Inj 50 mg per ml, 100 ml	Fluorouracil Ebewe	
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Glyceryl trinitrate	Tab 600 µg	Lycinate	2011
	TDDS 5 mg	Nitroderm TTS 5	
	TDDS 10 mg	Nitroderm TTS 10	
	Spray 400 µg per dose	Nitrolingual Pumpspray	
	Inj 1 mg per ml, 5 ml	Nitronal	2009
	Inj 1 mg per ml, 50 ml	Nitronal	
	Inj 5 mg per ml, 10 ml	Mayne	
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Heparin sodium	Inj 1,000 iu per ml, 1 ml	Mayne	2009
Hydralazine	Inj 20 mg per ml, 1 ml	Apresoline	2009
Hydrocortisone	Crm 1%	PSM	2011
	Tab 5 mg & 20 mg	Douglas	2009
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hyoscine N-Butylbromide	Inj 20 mg per ml, 1 ml	Buscopan	2011
	Tab 10 mg	Gastrosoothe	
Hypromellose	Eye drops 0.5%	Methopt	2011
Ibuprofen	Oral liq 100 mg per 5 ml	Fenpaed	2010
Idarubicin hydrochloride	Cap 5 mg & 10 mg	Zavedos	2009
	Inj 5 mg & 10 mg	Zavedos	
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Iodixanol	Inj 270 mg per ml (iodine equivalent), 50 ml	Visipaque	2009
	Inj 270 mg per ml (iodine equivalent), 100 ml	Visipaque	
	Inj 320 mg per ml (iodine equivalent), 50 ml	Visipaque	
	Inj 320 mg per ml (iodine equivalent), 100 ml	Visipaque	
	Inj 320 mg per ml (iodine equivalent), 100 ml	Visipaque	
	Inj 320 mg per ml (iodine equivalent), 200 ml	Visipaque	

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Iohexol	Inj 240 mg per ml (iodine equivalent), 50 ml	Omnipaque	2009
	Inj 300 mg per ml (iodine equivalent), 20 ml	Omnipaque	
	Inj 300 mg per ml (iodine equivalent), 50 ml	Omnipaque	
	Inj 300 mg per ml (iodine equivalent), 100 ml	Omnipaque	
	Inj 300 mg per ml (iodine equivalent), 500 ml	Omnipaque	
	Inj 350 mg per ml (iodine equivalent), 20 ml	Omnipaque	
	Inj 350 mg per ml (iodine equivalent), 50 ml	Omnipaque	
	Inj 350 mg per ml (iodine equivalent), 75 ml	Omnipaque	
	Inj 350 mg per ml (iodine equivalent), 100 ml	Omnipaque	
	Inj 350 mg per ml (iodine equivalent), 200 ml	Omnipaque	
	Inj 350 mg per ml (iodine equivalent), 500 ml	Omnipaque	
	Ipratropium bromide	Nebuliser soln 250 µg per ml, 1 ml	Ipratropium Steri-Neb
Nebuliser soln 250 µg per ml, 2 ml		Ipratropium Steri-Neb	
Irinotecan	Inj 20 mg per ml, 2 ml & 5 ml	Camptosar	2009
Iron Polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isoflurane	Liq 250 ml bottle	Abbott Forane	2009
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg	Isotane 10	2009
	Cap 20 mg	Isotane 20	
Itraconazole	Cap 100 mg	Sporanox	2010
Ivermectin	Tab 3 mg	Stromectol	2011
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg	Madopar 62.5	2009
	Tab dispersible 50 mg with benserazide 12.5 mg	Madopar Dispersible	
	Cap 100 mg with benserazide 25 mg	Madopar 125	
	Cap long-acting 100 mg with benserazide 25 mg	Madopar HBS	
	Cap 200 mg with benserazide 50 mg	Madopar 250	
Lignocaine	Gel 2%	Orion	2009
Lignocaine hydrochloride	Inj 0.5%, 5 ml	Xylocaine	2010
	Pump spray 10%, 50 ml CFC-free	Xylocaine	
	Inj 1%, 2 ml, 5 ml & 20 ml	Xylocaine	2009
	Inj 2%, 2 ml, 5 ml & 20 ml	Xylocaine	

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Lignocaine hydrochloride with adrenaline	Inj 1% with 1:100,000 of adrenaline, 5 ml	Xylocaine	2010
	Inj 1% with 1:200,000 of adrenaline, 20 ml	Xylocaine	
	Inj 2% with 1:200,000 of adrenaline 20 ml	Xylocaine	
Lignocaine with chlorhexidine	Gel 2% with 0.05% chlorhexidine	Pfizer	2009
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%, 5 g	EMLA	2010
	Crn 2.5% with prilocaine 2.5%, 30 g	EMLA	
Liposomal amphotericin	Inj 50 mg vial	AmBisome	2009
Loratadine	Oral liq 1 mg per ml	Lorapaed	2010
	Tab 10 mg	Loraclear Hayfever Relief	
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%, 5 ml	Mayne	2009
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Meglumine diatrizoate with sodium amidotrizoate	Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml	Gastrografin	2009
Meglumine gadopentetate	Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml prefilled syringe	Magnevist	2009
	Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 20 ml	Magnevist	
Meropenem	Inj 500 mg & 1 g	Merrem	2011
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Mesna	Inj 100 mg per ml, 4 ml	Uromitexan	2010
	Inj 100 mg per ml, 10 ml	Uromitexan	
Metformin hydrochloride	Tab 500 mg & 850 mg	Arrow-Metformin	2009
Methadone hydrochloride	Tab 5 mg	Methatabs	2010
Methotrexate	Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	2011
	Inj 100 mg per ml, 50 ml		
	Tab 2.5 mg & 10 mg	Methoblastin	2009
Methyl dopa	Tab 125 mg	Prodopa	2011
	Tab 250 mg	Prodopa	
	Tab 500 mg	Prodopa	
Methylphenidate hydrochloride	Tab 5 mg, 10 mg & 20 mg	Rubifen	2009
	Tab long-acting 20 mg	Rubifen SR	
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% & Oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo Medrol	2011
Methylprednisolone acetate with lidocaine	Inj 40 mg per ml with lignocaine	Depo Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml	Solu-Medrol	2009
	Inj 62.5 mg per ml, 1 ml	Solu-Medrol	
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopresor	2009

*Expiry date of the Hospital Supply Status period is 30 June of the year indicated.

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Metronidazole	Inj 500 mg, 100 ml	AFT	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Midazolam	Inj 1 mg per ml, 5 ml Inj 5 mg per ml, 3 ml	Hypnovel Hypnovel	2009
Mitozantrone	Inj 2 mg per ml, 5 ml & 10 ml	Mitozantrone Ebewe	2010
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009
Morphine sulphate	Inj 1 mg per ml, 10 ml prefilled syringe Inj 1 mg per ml, 30 ml prefilled syringe Inj 1 mg per ml, 50 ml prefilled syringe Inj 2 mg per ml, 30 ml prefilled syringe Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg and 200 mg Tab immediate release 10 mg & 20 mg Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml	Biomed Biomed Biomed Biomed Mayne Mayne m-Eslon Sevredol Mayne Mayne	2011 2009 2009 2009
Morphine tartrate	Inj 80 mg per ml, 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine methylsulphate	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotine	Gum 2 mg (mint & fruit) Gum 4 mg (mint & fruit)	Habitrol	2010
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Norethisterone	Tab 5 mg	Primolut N	2011
Nortriptyline	Tab 10 mg Tab 25 mg	Norpress Norpress	2011
Nystatin	Oral liq 1000,000 u per ml Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2011 2010
Ondansetron hydrochloride	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydys	2010
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml Inj 10 mg per ml, 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm OxyNorm	2010
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml	Syntocinon Syntocinon	2009
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	2009

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Paclitaxel	Inj 30 mg	Paclitaxel Ebewe	2011
	Inj 100 mg	Paclitaxel Ebewe	
	Inj 150 mg	Paclitaxel Ebewe	
	Inj 300 mg	Paclitaxel Ebewe	
	Inj 600 mg	Paclitaxel Ebewe	
Pamidronate disodium	Inj 3 mg per ml, 5 ml & 10 ml	Pamisol	2011
	Inj 6 mg per ml, 10 ml	Pamisol	
	Inj 9 mg per ml, 10 ml	Pamisol	
Pancuronium bromide	Inj 2 mg per ml, 2 ml	AstraZeneca	2009
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2010
Paracetamol	Oral liq 120 mg per 5 ml	Paracare Junior	2011
	Oral liq 250 mg per 5 ml	Paracare Adult	
	Suppos 25 mg & 50 mg	Biomed	2009
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Pentastarch plasma expander	Inf 10%, 500 ml bag	StarQuin 10%	2011
	Inf 6%, 500 ml bag	StarQuin 200 6%	2009
Pergolide	Tab 1 mg	Permax	2011
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxyethylpenicillin (Penicillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2010
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	
Poloxamer	Oral drops 10%	Coloxyl	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2009
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
Prednisone	Tab 1 mg	Apo-Prednisone	2011
	Tab 2.5 mg	Apo-Prednisone	
	Tab 5 mg	Apo-Prednisone	
	Tab 20 mg	Apo-Prednisone	
Prilocaine hydrochloride	Inj 0.5%, 50 ml	Citanest	2010
	Inj 2%, 5 ml	Citanest	
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2011
Propofol	Inj 1%, 20 ml	Diprivan	2009
	Inj 1%, 50 ml	Diprivan	
	Inj 1%, 100 ml	Diprivan	
	Inj 1%, 50 ml prefilled syringe	Diprivan	
	Inj 2%, 50 ml prefilled syringe	Diprivan	
Quinine sulphate	Tab 200 mg	Q 200	2009
	Tab 300 mg	Q 300	
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Retepase	Inj 10 iu vial	Rapilysin	2009
Rifabutin	Cap 150 mg	Mycobutin	2010
Rituximab	Inj 100 mg per 10 ml vial	Mabthera	2009
	Inj 500 mg per 50 ml vial	Mabthera	

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Ropivacaine hydrochloride	Inj 2 mg per ml, 10 ml	Naropin	2010
	Inj 2 mg per ml, 20 ml	Naropin	
	Inf 2 mg per ml, 100 ml	Naropin	
	Inf 2 mg per ml, 200 ml	Naropin	
	Inj 7.5 mg per ml, 10 ml	Naropin	
	Inj 7.5 mg per ml, 20 ml	Naropin	
	Inj 10 mg per ml, 10 ml	Naropin	
	Inj 10 mg per ml, 20 ml	Naropin	
Ropivacaine hydrochloride with fentanyl	Inf 2 mg per ml with 2 µg of fentanyl per ml, 100 ml	Naropin	2010
	Inf 2 mg per ml with 2 µg of fentanyl per ml, 200 ml	Naropin	
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2009
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2010
	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2009
	Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin	
Sevoflurane	Liq 250 ml bottle	Abbott Sevorane	2009
Sodium chloride	Soln 0.9% for irrigation	Pfizer	2011
	Inj 0.9% per 5 ml & 10 ml	AstraZeneca	2009
	Inj 23.4%, 20 ml	Biomed	2009
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium hyaluronate	Inj 10 mg per ml, 0.35 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.4 ml	Duovisc	2009
	Inj 10 mg per ml, 0.5 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.55 ml	Duovisc	
	Ophthalmic inj 14 mg per ml	Healon GV	
	Ophthalmic soln 10 mg per ml	Healon Clear	
Streptokinase	Inj 250,000 iu	Streptase	2011
	Inj 1,500,000 iu	Streptase	
Suxamethonium chloride	Inj 50 mg per ml, 2 ml	AstraZeneca	2010
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Terlipressin	Inj 1 mg	Glypressin	2011
Testosterone cypionate	Inj 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 µg	Synachten	2011
	Inj 1 mg per ml, 1 ml	Synachten Depot	
Timolol maleate	Eye drops 0.25% & 0.5%	Apo-Timop	2011
Tranexamic acid	Inj 100 mg per ml, 5 ml	Cyklokapron	2009
Triamcinolone acetoneide	Crn 0.02%	Aristocort	2011
	Oint 0.02%	Aristocort	
	Inj 40 mg per ml, 1 ml	Kenacort-A 40	
	0.1% in dental paste	Kenalog in Orabase	

Hospital Supply Status Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, Kenacomb neomycin sulphate 2.5 mg and gramicidin 250 µg per g		2009
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2009
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Vincristine sulphate	Inj 1 mg per ml, 1 ml & 2 ml	Mayne	2009
Vinorelbine	Inj 10 mg per ml, 1 ml & 5 ml	Vinorelbine Ebewe	2009
Water	Purified for inj 5 ml, 10 ml & 20 ml	Multichem	2009
Zinc sulphate	Cap 220 mg	Zincaps	2011
Zinc and castor oil	Oint	Orion	2009
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

Part II - Pharmaceuticals Under National Contracts

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
ABACAVIR SULPHATE WITH LAMIVUDINE Tab 600 mg with lamivudine 300 mg	Kivexa	630.00	30			
ABCIXIMAB Inj 10 mg.....	ReoPro	579.53	1			
ACETAZOLAMIDE Tab 250 mg.....	Diamox	10.40	100	1%	Dec-08	(B)
ACICLOVIR Inj 25 mg per ml, 10 ml	Mayne	28.72	5			
Tab dispersible 200 mg	Lovir	1.98	25	1%	Jun-07	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax
Tab dispersible 400 mg	Lovir	6.64	56	1%	Jun-07	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax
Tab dispersible 800 mg	Lovir	7.38	35	1%	Jun-07	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax
ACTIVATED CHARCOAL Oral liq 50 g per 250 ml	Carbosorb-X	37.75	250 ml			
ADALIMUMAB Inj 40 mg per 0.8 ml prefilled syringe.....	Humira	1,799.92	2			
Inj 40 mg per 0.8 ml prefilled pen	HumiraPen	1,799.92	2			
ADEFOVIR DIPIVOXIL Tab 10 mg.....	Hepsera	670.00	30			
ADRENALINE Inj 1 in 1,000, 1 ml	Mayne	5.25	5			
	Aspen-Adrenaline	4.98	5			
Inj 1 in 10,000, 10 ml	Mayne	27.00	5			
ALENDRONATE SODIUM Tab 70 mg.....	Fosamax	35.91	4			
ALENDRONATE SODIUM WITH CHOLECALCIFEROL Tab 70 mg with cholecalciferol 2,800 iu.....	Fosamax Plus	35.91	4			
ALFACALCIDOL Cap 0.25 µg	One-Alpha	26.32	100			
Cap 1 µg	One-Alpha	87.98	100			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
ALLOPURINOL						
Tab 100 mg	Apo-Allopurinol	5.44	250	1%	Mar-09	Allohexal Allorin Progout Allohexal Allorin Progout
Tab 300 mg.....	Apo-Allopurinol	4.03	100	1%	Mar-09	
ALPROSTADIL						
Inj 0.5 mg per ml, 1 ml	Prostin VR	1,417.50	5	1%	Dec-06	(B)
AMANTADINE HYDROCHLORIDE						
Cap 100 mg	Symmetrel	47.81	60	1%	Oct-08	(B)
AMIKACIN SULPHATE						
Inj 5 mg per ml, 5 ml	Biomed	88.00	10	1%	Nov-06	(B)
Inj 250 mg per ml, 2 ml	Amikin	15.00	1	1%	Sept-06	(B)
AMILORIDE						
Oral liq 1 mg per ml	Biomed	26.20	25 ml			
AMILORIDE WITH HYDROCHLOROTHIAZIDE						
Tab 5 mg with hydrochlorothiazide 50 mg	Amizide	13.00	500			
AMINOPHYLLINE						
Inj 25 mg per ml, 10 ml	Mayne	12.84	5			
AMISULPRIDE						
Tab 100 mg.....	Solian	22.52	30			
Tab 200 mg.....	Solian	97.03	60			
Tab 400 mg.....	Solian	185.44	60			
Oral liquid 100 mg per ml	Solian	55.44	60 ml			
AMITRIPTYLINE						
Tab 10 mg.....	Amirol	2.77	50			
Tab 25 mg.....	Amitrip	3.40	100			
Tab 50 mg.....	Amitrip	5.20	100			
AMLODIPINE						
Tab 5 mg.....	Apo-Amlodipine	7.33	100	1%	Feb-09	Calvasc Norvasc
Tab 10 mg.....	Apo-Amlodipine	11.79	100	1%	Feb-09	Calvasc Norvasc
AMOXYCILLIN						
Cap 250 mg	Apo-Amoxi	17.30	500	1%	Sept-07	Amoxil Moxlin Ospamox
Cap 500 mg	Apo-Amoxi	27.25	500	1%	Sept-07	Amoxil Moxlin Ospamox
Inj 250 mg.....	Ibiamox	12.42	10	1%	Jan-09	(B)
Inj 500 mg.....	Ibiamox	14.24	10	1%	Jan-09	(B)
Inj 1 g.....	Ibiamox	21.62	10	1%	Jan-09	(B)

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
AMOXYCILLIN CLAVULANATE						
Gran 125 mg with 31.25 mg clavulanic acid per 5 ml.....	Augmentin	2.75	100 ml			
Gran 250 mg with 62.5 mg clavulanic acid per 5 ml.....	Augmentin	4.75	100 ml			
Inj 600 mg, 500 mg with 100 mg clavulanic acid	Augmentin	28.24	10			
Inj 1.2 g, 1000 mg with 200 mg clavulanic acid.....	Augmentin	31.60	10			
Tab amoxicillin 500 mg with potassium clavulanate 125 mg.....	Synermox Augmentin	25.10 6.40	100 20	1%	May-09	Augmentin
Note – the Augmentin brand of amoxicillin clavulanate tablets will be delisted from 1 May 2009						
ANASTROZOLE-DP						
Tab 1 mg.....	DP-Anastrozole	29.50	30			
ANTITHYMOCYTE GLOBULIN (EQUINE)						
Inj 50 mg per ml, 5 ml	ATGAM	2,137.50	5			
APOMORPHINE HYDROCHLORIDE						
Inj 10 mg per ml, 1 ml	Mayne	50.43	5	1%	Oct-06	(B)
AQUEOUS						
Cream	AFT	1.49	100 g	1%	Nov-08	Orion Multichem PSM
Note – DV limit applies to pack sizes 100 g or less						
Cream	AFT	2.28	500 g	1%	Jan-09	Adern 500 g Multichem 500 g Multichem 2,000 g Pharmacy Health
DV limit applies to pack sizes of 500 g or greater						
ARIPIPIRAZOLE						
Tab 10 mg.....	Abilify	123.54	30			
Tab 15 mg.....	Abilify	175.28	30			
Tab 20 mg.....	Abilify	213.42	30			
Tab 30 mg.....	Abilify	260.07	30			
ATAZANAVIR SULPHATE						
Cap 150 mg	Reyataz	568.34	60			
Cap 200 mg	Reyataz	757.79	60			
ATENOLOL						
Tab 50 mg.....	Pacific Atenolol	6.50	500	1%	Sept-06	Anselol Apo-Atenolol Global Atenolol
Tab 100 mg.....	Pacific Atenolol	11.30	500	1%	Sept-06	Anselol Apo-Atenolol Global Atenolol
ATRACURIUM BESYLATE						
Inj 10 mg per ml, 2.5 ml	Mayne Tracrium	12.55 20.65	5 5			
Inj 10 mg per ml, 5 ml	Mayne Tracrium	32.55 38.50	5 5			

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

(B) – Subject only to part (b) of the definition of “DV Pharmaceutical”

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
ATROPINE SULPHATE						
Eye drops 1%	Atropt	4.40	15 ml	1%	Dec-08	(B)
Inj 600 µg, 1 ml.....	AstraZeneca	26.00	50	1%	Dec-06	Pfizer
Inj 1200 µg, 1 ml.....	AstraZeneca	32.00	50	1%	Dec-06	(B)
AZITHROMYCIN						
Tab 500 mg.....	Arrow- Azithromycin	9.90	2	1%	Nov-07	Zithromax
BACLOFEN						
Tab 10 mg.....	Pacifen	3.75	100			
BASILIXIMAB						
Inj 20 mg amp.....	Simulect	3,200.00	1			
BECLOMETHASONE DIPROPIONATE						
Metered aqueous nasal spray, 50 µg per dose	Alanase	2.35	200 doses	1%	Dec-06	Aldecin Atomase Beconase
Metered aqueous nasal spray, 100 µg per dose	Alanase	2.46	200 doses	1%	Dec-06	Atomase Beconase
BENZATHINE BENZYL PENICILLIN						
Inj 1.2 mega u per 2 ml.....	Bicillin LA	200.00	10			
BENZYL PENICILLIN SODIUM						
Inj 1 mega u	Sandoz	10.49	10	1%	Dec-08	Benpen
BERACTANT						
Inj 25 mg per ml, 8 ml intratracheal.....	Survanta	550.00	1			
BETAHISTINE DIHYDROCHLORIDE						
Tab 16 mg.....	Vergo 16	7.56	84			
BETAMETHASONE VALERATE						
Scalp app 0.1%	Beta Scalp	5.25	100 ml	1%	Dec-06	(B)
BEZAFIBRATE						
Tab 200 mg.....	Fibalip	9.75	90	1%	Dec-08	(B)
Tab long-acting 400 mg.....	Bezalip Retard	7.60	30	5%	Apr-08	(B)
BICALUTAMIDE						
Tab 50 mg.....	Bicalox	27.10	30	1%	Jan-09	Cosudex Rex Medical
BISACODYL						
Suppos 10 mg.....	Fleet	3.96	12			
Tab 5 mg.....	Lax-Tabs	5.09	200	1%	Sept-07	Apo-Bisacodyl Dulcolax
BLEOMYCIN SULPHATE						
Inj 15,000 iu.....	Blenoxane	680.00	10			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
BRIMONIDINE TARTARATE						
Eye drops 0.2%	AFT	7.93	5 ml	1%	Sept-08	Alphagan
BUDESONIDE						
Metered aqueous nasal spray, 50 µg per dose	Butacort Aqueous	2.95	200 doses			
Metered aqueous nasal spray, 100 µg per dose	Butacort Aqueous	3.30	200 doses			
BUMETANIDE						
Tab 1 mg	Burinex	16.36	100			
BUPIVACAINE HYDROCHLORIDE						
Inf 0.125%, 100 ml theatre pack	Marcain	109.39	5	1%	Aug-07	(B)
Inf 0.125%, 200 ml theatre pack	Marcain	146.23	5	1%	Aug-07	(B)
Inf 0.25%, 100 ml theatre pack	Marcain	132.42	5	1%	Aug-07	(B)
Inj 0.25% per 20 ml	Marcain	39.00	5	1%	Sept-06	Pfizer
Inj 0.375%, 20 ml theatre pack	Marcain	56.20	5	1%	Aug-07	(B)
Inj 0.5% per 10 ml theatre pack	Marcain	28.00	5	1%	Sept-06	Pfizer
Inj 0.5% per 10 ml	Marcain	85.00	50	1%	Sept-06	Pfizer
Inj 0.5% per 20 ml	Marcain	42.00	5	1%	Sept-06	(B)
Inj 0.5%, 4 ml	Marcain Isobaric	29.35	5	1%	Aug-07	(B)
Inj 0.5%, 8% glucose, 4 ml	Marcain Heavy	24.50	5	1%	Aug-07	(B)
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL						
Inj 0.125% with 2 µg fentanyl per ml, 15 ml prefilled syringe	Biomed	61.50	10	1%	Jan-09	(B)
Inj 0.125% with 2 µg fentanyl per ml, 20 ml prefilled syringe	Biomed	78.00	10	1%	Jan-09	(B)
Inf 0.125% with 2 µg fentanyl per ml, 100 ml bag	Bupafen	200.00	10	1%	Jan-09	(B)
Inf 0.125% with 2 µg fentanyl per ml, 200 ml bag	Bupafen	200.00	10	1%	Jan-09	(B)
BUSPIRONE HYDROCHLORIDE						
Tab 5 mg	Pacific Buspirone	28.00	100			
Tab 10 mg	Pacific Buspirone	17.00	100			
CAFFEINE CITRATE						
Inj 10 mg per ml, 2.5 ml	Biomed	50.70	5	1%	Nov-06	(B)
Oral liq 10 mg per ml	Biomed	13.50	25 ml	1%	Nov-06	(B)
CALCIPOTRIOL						
Crn 50 µg per g	Daivonex	20.76	30 g			
Oint 50 µg per g	Daivonex	20.76	30 g			
Crn 50 µg per g	Daivonex	57.89	100 g			
Oint 50 µg per g	Daivonex	57.89	100 g			
Soln 50 µg per ml	Daivonex	20.78	30 ml			
Soln 50 µg per ml	Daivonex	34.72	60 ml			
CALCITONIN						
Inj 100 u per ml, 1 ml	Miacalcic	110.00	5	1%	Dec-08	(B)

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
CALCITRIOL						
Cap 0.25 µg	Calcitriol-AFT	13.45	100	1%	Feb-07	Rocaltrol
Cap 0.5 µg.....	Calcitriol-AFT	24.95	100	1%	Feb-07	Rocaltrol
Oral liq 1 µg per ml.....	Rocaltrol	39.40	10 ml			
CALCIUM						
Tab eff 1 g.....	Calsource	6.54	30	1%	Sept-08	Calci-Tab Effervescent
CALCIUM FOLINATE						
Inj 3 mg per ml, 1 ml	Mayne	17.10	5			
Inj 50 mg.....	Calcium Folate Ebewe	24.50	5	1%	Sept-08	Leucovorin Calcium Hospira
Inj 100 mg.....	Calcium Folate Ebewe	9.75	1	1%	Sept-08	(B)
Inj 300 mg.....	Calcium Folate Ebewe	30.00	1	1%	Sept-08	Leucovorin Calcium Hospira
Inj 1 g.....	Calcium Folate Ebewe	100.00	1	1%	Sept-08	(B)
Tab 15 mg.....	Mayne	63.89	10			
CALCIUM GLUCONATE						
Inj 10%, 10 ml.....	Mayne	21.40	10			
CALCIUM POLYSTYRENE SULPHONATE						
Powder	Calcium Resonium	169.85	300 g			
CANDESARTAN						
Tab 4 mg.....	Atacand	16.22	30			
Tab 8 mg.....	Atacand	19.30	30			
Tab 16 mg.....	Atacand	23.54	30			
Tab 32 mg.....	Atacand	38.50	30			
CAPECITABINE						
Tab 150 mg.....	Xeloda	115.00	60			
Tab 500 mg.....	Xeloda	705.00	120			
CAPSAICIN						
Crn 0.075%.....	Zostrix HP	12.50	45 g			
CAPTOPRIL						
Tab 12.5 mg.....	Apo-Captopril	10.40	500	1%	Dec-07	Capoten Captohexal
Tab 25 mg.....	Apo-Captopril	13.40	500	1%	Dec-07	Capoten Captohexal
Tab 50 mg.....	Apo-Captopril	19.00	500	1%	Dec-07	Capoten Captohexal

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
CARBOPLATIN						
Inj 10 mg per ml, 5 ml	Carboplatin Ebewe	12.00	1	1%	Jan-07	(B)
Inj 10 mg per ml, 15 ml	Carboplatin Ebewe	18.70	1	1%	Jan-07	Mayne
Inj 10 mg per ml, 45 ml	Carboplatin Ebewe	55.50	1	1%	Jan-07	Mayne
Inj 10 mg per ml, 100 ml	Carboplatin Ebewe	135.65	1			
CARVEDILOL						
Tab 6.25 mg.....	Dilatrend	21.00	30			
Tab 12.5 mg.....	Dilatrend	27.00	30			
Tab 25 mg.....	Dilatrend	33.75	30			
CEFACTOR MONOHYDRATE						
Cap 250 mg	Ranbaxy-Cefactor	28.90	100	1%	Sept-07	Clorotir
Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefactor	3.92	100 ml	1%	Sept-07	CEC Suspension Clorotir
CEFAZOLIN SODIUM						
Inj 500 mg.....	Hospira	5.00	5	1%	Dec-08	m-Cefazolin
Inj 1 g.....	Hospira	8.00	5	1%	Dec-08	m-Cefazolin
CEFEPIME HYDROCHLORIDE						
Inj 1 g, 15 ml.....	Maxipime	23.00	1			
Inj 2 g, 77 ml.....	Maxipime	46.00	1			
CEFOTAXIME						
Inj 500 mg.....	Cefotaxime Sandoz	1.69	1	1%	Oct-08	AFT
Inj 1 g.....	Cefotaxime Sandoz	1.90	1	1%	Oct-08	AFT
Inj 2 g.....	Cefotaxime Sandoz	2.60	1	1%	Oct-08	AFT
CEFOXITIN SODIUM						
Powder for inj 1 g.....	Mayne	48.48	5			
CEFTAZIDIME						
Inj 500 mg.....	Fortum	2.84	1	1%	Sept-08	Novartis
Inj 1 g.....	Fortum	5.63	1	1%	Sept-08	Novartis Hospira
Inj 2 g.....	Fortum	11.25	1	1%	Sept-08	Novartis Ceftazidime 2GM Hospira
CEFTRIAXONE SODIUM						
Inj 500 mg.....	AFT	3.99	1			
Inj 1 g.....	AFT	5.40	1			
Inj 2 g	AFT	10.50	1			
CEFUROXIME AXETIL						
Tab 250 mg.....	Zinnat	29.40	50			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
CEFUROXIME SODIUM						
Inj 750 mg.....	Zinacef	10.71	5	1%	Aug-08	Axetine Pacific Zilisten
Inj 1.5 g.....	Zinacef	4.04	1	1%	Aug-08	Axetine Pacific Zilisten
CELIPROLOL						
Tab 200 mg.....	Celol	19.00	180			
CETIRIZINE HYDROCHLORIDE						
Tab 10 mg.....	Zetop	2.21	100	1%	Feb-09	Apo-Cetirizine Allerid-C Cetirizine Histaclear Razene
Oral Liquid 1 mg per 1 ml	Cetirizine-AFT	3.50	200 ml	1%	Feb-09	Allerid-C Zyrtec
CHLORAMPHENICOL						
Eye drops 0.5%.....	Chlorsig	1.40	10 ml	1%	Dec-06	(B)
Eye oint 1%	Chlorsig	2.48	4 g	1%	Dec-06	(B)
CHLORHEXIDINE						
Crm 1% obstetric.....	Orion	1.70	50 g	1%	Sept-06	PSM
CHLOROTHIAZIDE						
Oral liq 50 mg per ml.....	Biomed	22.60	25 ml			
CHLORTHALIDONE						
Tab 25 mg.....	Hygroton	8.00	50	1%	Nov-06	(B)
CHOLECALCIFEROL						
Tab 50,000 iu.....	Cal-d-Forte	10.35	12			
CILAZAPRIL						
Tab 0.5 mg.....	Inhibace	2.20	30			
Tab 2.5 mg.....	Inhibace	4.10	28			
	Inhibace	4.39	30			
Tab 5 mg.....	Inhibace	6.01	28			
	Inhibace	6.44	30			
Note – the 30 tab pack of Inhibace brand of cilazapril tabs 2.5 mg and 5 mg will be delisted from 1 April 2009						
CILAZAPRIL WITH HYDROCHLOROTHIAZIDE						
Tab 5 mg with 12.5 mg	Inhibace Plus	6.30	28			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
CIPROFLOXACIN						
Tab 250 mg.....	Rex Medical	3.35	30	1%	Jan-09	Cifran Cipflox
Tab 500 mg.....	Rex Medical	4.90	30	1%	Jan-09	Cifran Cipflox
Tab 750 mg.....	Rex Medical	7.54	30	1%	Jan-09	Cifran Cipflox
Inj 2 mg per ml, 100 ml	Aspen Ciprofloxacin	75.00	10	1%	Sept-07	Ciproxin Ciprofloxacin (AFT) m-Ciprofloxacin Topistin Ufexil
CISPLATIN						
Inj 1 mg per ml, 50 ml	Cisplatin Ebewe Mayne	19.00 19.00	1 1			
Inj 1 mg per ml, 100 ml	Cisplatin Ebewe Mayne	38.00 38.00	1 1			
CITALOPRAM HYDROBROMIDE						
Tab 20 mg.....	Arrow-Citalopram	3.78	84	1%	Jan-09	Apo-Citalopram Celapram Cipramil Citalopram-Rex
CLADRIBINE						
Inj 1 mg per ml, 10 ml	Leustatin	5,249.72	7			
CLARITHROMYCIN						
Grans for oral liq 125 mg per 5 ml	Klacid	23.12	70 ml	1%	Sept-07	(B)
Tab 250 mg.....	Klamycin	7.75	14	1%	Mar-08	Clarac Klacid
CLINDAMYCIN						
Cap 150 mg	Dalacin C	11.39	16			
Inj phosphate 150 mg per ml, 4 ml.....	Dalacin C	19.45	1			
CLOBETASOL PROPIONATE						
Crm 0.05%.....	Dermol	2.35	30 g	1%	Dec-06	Dermovate
CLOMIPHENE CITRATE						
Tab 50 mg.....	Phenate	2.50	5			
CLOMIPRAMINE HYDROCHLORIDE						
Tab 25 mg.....	Clopress	26.00	500			
CLONAZEPAM						
Inj 1 mg per ml, 1 ml	Rivotril	9.36	5			
Tab 500 mcg.....	Paxam	6.26	100	1%	Dec-08	(B)
Tab 2 mg.....	Paxam	11.15	100	1%	Dec-08	(B)

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
CLONIDINE						
Inj 150 µg per ml, 1 ml.....	Catapres	14.00	5			
Tab 150 µg	Catapres	30.33	100			
TDDS 2.5 mg, 100 µg per day	Catapres-TTS-1	21.29	4			
TDDS 5 mg, 200 µg per day	Catapres-TTS-2	30.79	4			
TDDS 7.5 mg, 300 µg per day	Catapres-TTS-3	39.10	4			
CLOPIDOGREL						
Tab 75 mg.....	Apo-Clopidogrel	35.00	28			
	Plavix	73.38	28			
CLOSTRIDIUM BOTULINUM						
Inj 100 u.....	Botox	467.50	1			
Inj 500 u.....	Dysport	1,295.00	2	1%	Sept-06	(B)
CLOTRIMAZOLE						
Crm 1%.....	Clomazol	0.50	20 g	1%	Sept-08	Canesten Clocreme Clotrimaderm 1% Fungizid
Vaginal crm 1% with applicator(s).....	Clomazol	1.45	35 g	1%	Sept-07	Canesten Clocreme Clotrimaderm 1% Fungizid
Vaginal crm 2% with applicator(s).....	Clomazol	2.75	20 g	1%	Jan-09	Canesten Clotrimaderm 2%
CLOZAPINE						
Oral liq 50 mg per ml.....	Clopine	45.60	100 ml			
Tab 25 mg	Clozaril	13.37	50			
	Clopine	26.74	100			
Tab 50 mg	Clopine	17.33	50			
	Clopine	34.65	100			
Tab 100 mg	Clozaril	34.65	50			
	Clopine	69.30	100			
Tab 200 mg	Clopine	55.45	50			
	Clopine	110.90	100			
COCAINE						
Soln 4%, 2 ml.....	Biomed	25.46	1	1%	Nov-06	(B)
CODEINE PHOSPHATE						
Tab 15 mg.....	PSM	5.50	100	1%	Mar-08	(B)
Tab 30 mg.....	PSM	8.50	100	1%	Mar-08	(B)
Tab 60 mg.....	PSM	18.50	100	1%	Mar-08	(B)
COLASPASE (L-ASPARAGINASE)						
Inj 10,000 iu.....	Leunase	102.32	1			
COLCHICINE						
Tab 500 µg	Colgout	9.60	100	1%	Sept-07	Colchicine Abbott

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
COLISTIN SULPHOMETHATE Inj 150 mg.....	Colistin-Link	65.00	1	1%	Dec-07	(B)
CYCLIZINE HYDROCHLORIDE Tab 50 mg.....	Nausicalm	1.99	10	1%	Feb-07	Marzine
CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml.....	Valoid (AFT)	14.95	5			
CYCLOPHOSPHAMIDE Tab 50 mg.....	Cycloblastin	25.71	50	1%	Aug-07	Endoxan
Inj 1 g.....	Endoxan	21.51	1			
Inj 2 g.....	Endoxan	43.00	1			
CYCLOSPORIN Cap 25 mg	Neoral	85.00	50			
Cap 50 mg	Neoral	169.34	50			
Cap 100 mg	Neoral	338.69	50			
Oral liq 100 mg per ml	Neoral	377.38	50 ml			
Inf 50 mg per ml, 5 ml.....	Sandimmun	276.30	10			
CYPROTERONE ACETATE Tab 50 mg.....	Siterone	23.50	50	1%	Oct-06	Androcur Pacific Cyproterone Procur
CYTARABINE Inj 100 mg per ml, 5 ml.....	Mayne	95.36	5			
Inj 100 mg per ml, 10 ml.....	Mayne	42.65	1			
Inj 100 mg per ml, 20 ml.....	Mayne	34.47	1			
DACARBAZINE Inj 200 mg.....	Mayne	43.86	1	1%	Aug-06	(B)
DACLIZUMAB Inj 25 mg per 5 ml vial.....	Zenapax	635.00	1	5%	Apr-06	(B)
DALTEPARIN SODIUM Inj 2,500 iu per 0.2 ml prefilled syringe.....	Fragmin	49.00	10	1%	Nov-06	(B)
Inj 5,000 iu per 0.2 ml prefilled syringe.....	Fragmin	52.30	10	1%	Nov-06	(B)
Inj 7,500 iu per 0.75 ml graduated syringe	Fragmin	78.85	10	1%	Nov-06	(B)
Inj 10,000 iu per 1 ml graduated syringe	Fragmin	105.12	10	1%	Nov-06	(B)
Inj 12,500 iu per 0.5 ml prefilled syringe.....	Fragmin	84.50	5	1%	Nov-06	(B)
Inj 15,000 iu per 0.6 ml prefilled syringe.....	Fragmin	105.00	5	1%	Nov-06	(B)
Inj 18,000 iu per 0.72 ml prefilled syringe.....	Fragmin	125.00	5	1%	Nov-06	(B)

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
DANAZOL						
Cap 100 mg	D-Zol	17.00	30			
Cap 200 mg	D-Zol	25.00	30			
DANTROLENE SODIUM						
Cap 25 mg	Dantrium	32.96	100	1%	Sept-06	(B)
Cap 50 mg	Dantrium	51.70	100	1%	Sept-06	(B)
Inj 1 mg per ml, 20 ml	Dantrium IV	800.00	6	1%	Nov-06	(B)
DAUNORUBICIN						
Inj 5 mg per ml, 4 ml	Mayne	99.00	1			
DEFERIOXAMINE MESYLATE						
Inj 500 mg	Mayne	99.00	10	1%	Sept-07	(B)
DESMOPRESSIN						
Nasal spray 10 µg per dose	Desmopressin PH&T	29.94	6 ml	1%	Sept-08	Minirin
Tab 100 µg	Minirin	36.40	30			
DEXAMETHASONE						
Oral liq 1 mg per ml	Biomed	39.90	25 ml			
DEXAMETHASONE SODIUM PHOSPHATE						
Inj 4 mg per ml, 1 ml	Mayne	21.50	5	1%	Aug-06	(B)
Inj 4 mg per ml, 2 ml	Mayne	31.00	5	1%	Aug-06	(B)
DEXAMPHETAMINE SULPHATE						
Tab 5 mg	PSM	17.00	100	1%	Apr-08	(B)
DEXTRAN 70 WITH SODIUM CHLORIDE						
Inf 6% with 0.9% sodium chloride, 500 ml	Baxter	16.59	1			
DEXTROSE						
Inj 50%, 10 ml	Biomed	22.75	5	1%	Jul-08	Mayne
Inj 50%, 90 ml	Biomed	11.25	1	1%	Dec-06	(B)
DIAZEPAM						
Inj 5 mg per ml, 2 ml	Mayne	9.24	5			
Rectal tubes 5 mg	Stesolid	27.83	5			
Rectal tubes 10 mg	Stesolid	33.89	5			
Tab 2 mg	Pro-Pam	8.40	500			
Tab 5 mg	Pro-Pam	5.00	250			
Tab 10 mg	Pro-Pam	3.45	100			
DICLOFENAC SODIUM						
Eye drops 1 mg per ml	Voltaren Ophtha	13.80	5 ml	1%	Sept-08	(B)
Inj 25 mg per ml, 3 ml	Voltaren	12.00	5	1%	Sept-08	(B)
Suppos 12.5 mg	Voltaren	1.85	10	1%	Sept-08	(B)
Suppos 25 mg	Voltaren	2.22	10	1%	Sept-08	(B)
Suppos 50 mg	Voltaren	3.84	10	1%	Sept-08	(B)
Suppos 100 mg	Voltaren	6.36	10	1%	Sept-08	(B)
Tab long-acting 75 mg	Diclax	3.10	30			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
DILTIAZEM HYDROCHLORIDE						
Tab 30 mg.....	Dilzem	4.50	100	5%	Jun-09	(B)
Tab 60 mg.....	Dilzem	8.50	100	5%	Jun-09	(B)
Cap long-acting 120 mg.....	Cardizem CD	4.72	30	5%	Jun-09	(B)
Cap long-acting 180 mg.....	Cardizem CD	7.08	30	5%	Jun-09	Dilzem LA
Cap long-acting 240 mg.....	Cardizem CD	9.44	30	5%	Jun-09	Dilzem LA
DINOPROSTONE						
Gel 1 mg.....	Prostin E2	52.65	2.5 ml	1%	Sept-06	(B)
Gel 2 mg.....	Prostin E2	64.60	2.5 ml	1%	Sept-06	(B)
DIPYRIDAMOLE						
Tab long-acting 150 mg.....	Pytazen SR	11.52	60	1%	Oct-08	Persantin
DISULFIRAM						
Tab 200 mg.....	Antabuse	24.30	100			
DOCETAXEL						
Inj 20 mg.....	Taxotere	460.00	1			
Inj 80 mg.....	Taxotere	1,650.00	1			
DOCUSATE SODIUM WITH SENNOSIDES						
Tab 50 mg with total sennosides 8 mg.....	Laxsol	7.98	200	1%	Sept-06	(B)
DOPAMINE HYDROCHLORIDE						
Inj 40 mg per ml, 5 ml.....	Mayne	54.00	5	1%	Oct-06	(B)
DOTHIEPIN HYDROCHLORIDE						
Cap 25 mg.....	Dopress	4.75	100			
Tab 75 mg.....	Dopress	8.75	100			
DOXAZOSIN MESYLATE						
Tab 2 mg.....	Apo-Doxazosin	22.85	500	1%	Jan-09	Dosan
Tab 4 mg.....	Apo-Doxazosin	6.37	100	1%	Jan-08	Dosan
	Apo-Doxazosin	30.26	500	1%	Jan-09	Dosan
DOXORUBICIN						
Inj 10 mg.....	Doxorubicin Ebewe	8.80	1	1%	Sept-06	Adriamycin Asta Medica Mayne
Inj 50 mg.....	Doxorubicin Ebewe	39.40	1	1%	Sept-06	Adriamycin Asta Medica Mayne
Inj 100 mg.....	Doxorubicin Ebewe	81.00	1	1%	Sept-06	Mayne
Inj 200 mg.....	Doxorubicin Ebewe	162.00	1	1%	Sept-06	Adriamycin Mayne
DOXYCYCLINE HYDROCHLORIDE						
Tab 100 mg.....	Doxine	8.10	250			
EMTRICITABINE						
Cap 200 mg.....	Emtriva	307.20	30			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
EMULSIFYING OINTMENT						
Ointment BP	AFT	2.50	100 g	1%	Nov-08	(B)
Ointment BP	AFT	3.69	500 g	1%	Sept-08	IPW Sigma
ENFUVRTIDE						
Powder for inj 90 mg per ml x 60	Fuzeon	2,380.00	1			
ENTACAPONE						
Tab 200 mg.....	Comtan	129.00	100			
EPHEDRINE SULPHATE						
Inj 30 mg per ml, 1 ml	Mayne	44.00	5	1%	Oct-06	(B)
EPIRUBICIN						
Inj 2 mg per ml, 5 ml	Epirubicin Ebewe	24.70	1	1%	Sept-06	Mayne Pharmorubicin
Inj 2 mg per ml, 25 ml	Epirubicin Ebewe	123.50	1	1%	Sept-06	Mayne Pharmorubicin
Inj 2 mg per ml, 50 ml	Epirubicin Ebewe	247.00	1	1%	Sept-06	(B)
Inj 2 mg per ml, 100 ml	Epirubicin Ebewe	494.00	1	1%	Sept-06	Pharmorubicin
EPTIFIBATIDE						
Inj 2 mg per ml, 10 ml	Integrilin	111.00	1			
Inj 0.75 mg per ml, 100 ml	Integrilin	324.00	1			
ERGOMETRINE MALEATE						
Inj 500 µg per ml, 1 ml	Mayne	11.60	5	1%	Sept-06	(B)
ERTAPENEM SODIUM						
Inj 1 g.....	Invanz	70.00	1			
ERYTHROMYCIN ETHYL SUCCINATE						
Tab 400 mg.....	E-Mycin	18.95	100			
Grans for oral liq 200 mg per 5 ml	E-Mycin	4.35	100 ml	1%	Dec-08	(B)
Grans for oral liq 400 mg per 5 ml	E-Mycin	5.85	100 ml	1%	Dec-08	(B)
ERYTHROMYCIN LACTOBIONATE						
Inj 300 mg.....	Mayne	70.97	5			
Inj 1 g.....	Erythrocin IV	6.50	1			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
ERYTHROPOIETIN ALPHA						
Inj human recombinant 1,000 iu, pre-filled syringe	Eprex	48.68	6			
Inj human recombinant 2,000 iu, pre-filled syringe	Eprex	120.18	6			
Inj human recombinant 3,000 iu, pre-filled syringe	Eprex	166.87	6			
Inj human recombinant 4,000 iu, pre-filled syringe	Eprex	193.13	6			
Inj human recombinant 5,000 iu, pre-filled syringe	Eprex	243.26	6			
Inj human recombinant 6,000 iu, pre-filled syringe	Eprex	291.92	6			
Inj human recombinant 10,000 iu, pre-filled syringe	Eprex	395.18	6			
ERYTHROPOIETIN BETA						
Inj 1,000 iu prefilled syringe.....	Recormon	48.68	6			
Inj 2,000 iu prefilled syringe.....	Recormon	120.18	6			
	NeoRecormon	152.04	6	5%	Apr-06	(B)
Inj 3,000 iu prefilled syringe.....	Recormon	166.87	6			
	NeoRecormon	228.06	6	5%	Apr-06	(B)
Inj 4,000 iu prefilled syringe.....	Recormon	193.13	6			
	NeoRecormon	304.08	6	5%	Apr-06	(B)
Inj 5,000 iu prefilled syringe.....	Recormon	243.26	6			
	NeoRecormon	380.10	6	5%	Apr-06	(B)
Inj 6,000 iu prefilled syringe.....	Recormon	291.92	6			
	NeoRecormon	456.12	6	5%	Apr-06	(B)
Inj 10,000 iu prefilled syringe.....	Recormon	395.18	6			
	NeoRecormon	760.20	6	5%	Apr-06	(B)
ETANERCEPT						
Inj 25 mg.....	Enbrel	949.96	4			
ETIDRONATE DISODIUM						
Tab 200 mg.....	Didronel	22.80	60			
	Etidrate	38.00	100			
ETOPOSIDE						
Cap 50 mg	Vepesid	340.73	20	1%	Sept-06	(B)
Cap 100 mg	Vepesid	340.73	10	1%	Sept-06	(B)
Inj 20 mg per ml, 5 ml	Mayne	25.00	1			
EXEMESTANE						
Tab 25 mg.....	Aromasin	175.00	30			
FELODIPINE						
Tab long-acting 5 mg.....	Felo 5 ER	16.50	90			
Tab long-acting 10 mg.....	Felo 10 ER	24.00	90			
FENTANYL						
Inj 50 µg per ml, 2 ml.....	Hospira	6.10	5			
Inj 50 µg per ml, 10 ml.....	Hospira	15.65	5			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
FERROUS FUMARATE						
Tab 200 mg.....	Ferro-tab	3.75	100			
FERROUS FUMARATE WITH FOLIC ACID						
Tab 310 mg with folic acid 350 µg	Ferro-F-Tabs	3.95	60			
FERROUS SULPHATE						
Oral liquid 150 mg per 5 ml	Ferodan	10.30	500 ml	1%	Jan-08	Ferro-liquid
FILGRASTIM						
Inj 300 µg per 0.5 ml prefilled syringe	Neupogen	135.00	1	1%	Jun-09	(B)
Inj 300 µg per 1 ml vial.....	Neupogen	650.00	5	1%	Jun-09	(B)
Inj 480 µg per 0.5 ml prefilled syringe	Neupogen	216.00	1	1%	Jun-09	(B)
FINASTERIDE						
Tab 5 mg.....	Fintral	19.20	30	1%	Dec-08	Proscar
FLUCLOXACILLIN						
Grans for oral liq 125 mg per 5 ml.....	AFT	2.05	100 ml	1%	Sept-06	Floxapen Flucloxin Staphlex
Grans for oral liq 250 mg per 5 ml.....	AFT	2.72	100 ml	1%	Sept-06	Floxapen Flucloxin Staphlex
FLUCLOXACILLIN SODIUM						
Cap 250 mg	Staphlex	18.50	250	1%	Sept-06	AFT Flucloxin
Cap 500 mg	Staphlex	57.90	500	1%	Sept-06	AFT Flucloxin Floxapen
Inj 250 mg.....	Flucloxin	9.00	10	1%	Feb-09	Floxapen
Inj 500 mg.....	Flucloxin	10.40	10	1%	Feb-09	Floxapen
Inj 1 g.....	Flucloxin	14.00	10	1%	Feb-09	Floxapen
FLUCONAZOLE						
Inj 2 mg per ml, 50 ml	m-Fluconazole	7.10	1	1%	Feb-07	Diflucan IV (B)
Oral liq 10 mg per ml.....	Diflucan POS	34.56	35 ml	1%	Nov-06	
Cap 50 mg	Pacific	6.82	28	1%	Sept-08	Flucoran m-Fluconazole Diflucan Rex
Cap 150 mg	Pacific	1.30	1	1%	Sept-08	Canesten Fluconazole Flucoran Diflucan One m-Fluconazole Diflucan Rex
Cap 200 mg	Pacific	19.05	28	1%	Sept-08	Flucoran m-Fluconazole Diflucan Rex

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
FLUDARABINE Tab 10 mg.....	Fludara	650.25	15	1%	Nov-08	(B)
FLUDARABINE PHOSPHATE Inj 50 mg	Fludara	1,430.00	5	1%	Nov-08	(B)
FLUDROCORTISONE ACETATE Tab 100 µg	Florinef	7.62	100			
FLUMAZENIL Inj 0.5 mg per 5 ml amp	Anexate	170.10	5			
FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g.....	Ultraproct	6.35	30 g	1%	Sept-07	Proctosedyl Xyloproct
Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg.....	Ultraproct	2.66	12	1%	Sept-07	Proctosedyl Xyloproct
FLUOROMETHOLONE Eye drops 0.1%	Flucon	4.30	5 ml	1%	Sept-06	FML
FLUOROURACIL SODIUM Crm 5%.....	Efudix	26.49	20 g			
Inj 25 mg per ml, 20 ml	Mayne	55.60	10			
Inj 25 mg per ml, 100 ml	Mayne	13.55	1	1%	Oct-07	(B)
Inj 50 mg per ml, 10 ml	Fluorouracil Ebewe	4.95	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 20 ml	Fluorouracil Ebewe	8.60	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 50 ml	Fluorouracil Ebewe	21.50	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 100 ml	Fluorouracil Ebewe	43.00	1	1%	Oct-07	(B)
FLUOXETINE HYDROCHLORIDE Cap 20 mg	Floox	4.39	90	1%	Mar-08	Apo-Fluoxetine Flexetor Prozac
Tab disp 20 mg, scored.....	Floox	5.50	30	1%	Mar-08	Lovan Prozac
FLUPENTHIXOL DECANOATE Inj 20 mg per ml, 1 ml	Fluanxol	13.14	5			
Inj 20 mg per ml, 2 ml	Fluanxol	20.90	5			
Inj 100 mg per ml, 1 ml	Fluanxol	40.87	5			
FLUPHENAZINE DECANOATE Inj 12.5 mg per 0.5 ml, 0.5 ml	Modecate	17.60	5			
Inj 25 mg per ml, 1 ml	Modecate	27.90	5			
Inj 100 mg per ml, 1 ml	Modecate	154.50	5			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
FLUTAMIDE						
Tab 250 mg	Flutamin	39.50	100			
FLUTICASONE WITH SALMETEROL						
Aerosol inhaler 50 µg with salmeterol 25 µg	Seretide	37.48	120 dose			
Aerosol inhaler 125 µg with salmeterol 25 µg	Seretide	49.69	120 dose			
Powder for inhalation 100 µg with salmeterol 50 µg	Seretide Accuhaler	37.48	60 dose			
Powder for inhalation 250 µg with salmeterol 50 µg	Seretide Accuhaler	49.69	60 dose			
FOLIC ACID						
Oral liq 50 µg per ml	Biomed	21.05	25 ml			
FRUSEMIDE						
Inj 10 mg per ml, 2 ml	Mayne	29.50	50			
Tab 40 mg	Diurin 40	11.50	1,000			
Tab 500 mg	Diurin 500	12.00	100			
FUSIDIC ACID						
Crn 2%	Foban	3.95	15 g	1%	Sept-07	Fucidin
Oint 2%	Foban	3.95	15 g	1%	Sept-07	Fucidin
Tab 250 mg	Fucidin	34.50	12			
Eye drops 1%	Fucithalmic	9.83	5 g			
GABAPENTIN						
Cap 100 mg	Nupentin	13.26	100			
	Neurontin	15.67	100			
Cap 300 mg	Nupentin	39.76	100			
	Neurontin	47.00	100			
Cap 400 mg	Nupentin	53.01	100			
	Neurontin	62.66	100			
Tab 600 mg	Neurontin	79.79	100			
GADOBENDATE DIMEGLUMINE						
Inj 0.5 g per litre, 10 ml	Multihance	324.74	10			
Inj 0.5 g per litre, 20 ml	Multihance	636.28	10			
GANCICLOVIR						
Inj 500 mg vial	Cymevene	380.00	5			
GELATIN PLASMA REPLACER						
Inf 3.5%, 500 ml bag	Haemaccel	9.75	1			
Inf 4% per 500 ml bag	Gelofusine	108.00	10			
GEMCITABINE HYDROCHLORIDE						
Inj 200 mg	Gemzar	78.00	1			
Inj 1 g	Gemzar	349.20	1			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
GENTAMICIN SULPHATE						
Inj 10 mg per ml, 1 ml	Mayne	8.56	5			
Inj 40 mg per ml, 2 ml	Pfizer	4.56	10	1%	Aug-06	Mayne
Eye drops 0.3%	Genoptic	11.40	5 ml			
GLICLAZIDE						
Tab 80 mg.....	Apo-Gliclazide	22.24	500	1%	Sept-08	Glizon
GLIPIZIDE						
Tab 5 mg.....	Minidiab	3.50	100	1%	Sept-08	(B)
GLUCOSE						
Inf 5%, 50 ml.....	Baxter	2.87	1			
Inf 5%, 100 ml.....	Baxter	2.64	1			
Inf 5%, 250 ml.....	Baxter	3.35	1			
Inf 5%, 500 ml.....	Baxter	1.75	1			
Inf 5%, 1,000 ml.....	Baxter	1.78	1			
Inf 10%, 500 ml.....	Baxter	2.47	1			
Inf 10%, 1,000 ml.....	Baxter	4.77	1			
Inf 50%, 500 ml.....	Baxter	6.09	1			
GLUCOSE WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE, ACETATE AND GLUCONATE						
Inf 50 g with 140 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 1.5 mmol.L ⁻¹ magnesium, 98 mmol.L ⁻¹ chloride, 27 mmol.L ⁻¹ acetate and 23 mmol.L ⁻¹ gluconate, 1,000 ml	Baxter	4.50	1			
GLUCOSE WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE AND ACETATE						
Inf 50 g with 40 mmol.L ⁻¹ sodium, 13 mmol.L ⁻¹ potassium, 1.5 mmol.L ⁻¹ magnesium, 40 mmol.L ⁻¹ chloride and 16 mmol.L ⁻¹ acetate, 500 ml.....	Baxter	4.50	1			
GLYCEROL						
Liquid.....	ABM	19.80	2000 ml			
Suppos 3.6 g.....	PSM	5.00	20			
GLYCERYL TRINITRATE						
Aerosol spray 400 µg per dose.....	Nitrolingual Pumpspray	5.16	250 doses	1%	Sept-08	(B)
Inj 1 mg per ml, 5 ml	Nitronal	21.00	10	1%	Nov-06	(B)
Inj 1 mg per ml, 50 ml	Nitronal	80.01	10	1%	Nov-06	(B)
Inj 5 mg per ml, 10 ml	Mayne	40.00	5	1%	Sept-06	(B)
Tab 600 µg	Lycinate	8.00	100	1%	Mar-09	(B)
TDDS 5 mg	Nitroderm TTS 5	16.56	30	1%	Jul-08	Minitran Nitrocor Nitro-Dur
TDDS 10 mg	Nitroderm TTS 10	19.60	30	1%	Jul-08	Minitran Nitrocor Nitro-Dur

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
GOSERELIN ACETATE						
Inj 3.6 mg.....	Zoladex	221.60	1			
Inj 10.8 mg.....	Zoladex	554.70	1			
HALOPERIDOL						
Tab 500 µg.....	Serenace	4.93	100			
Tab 1.5 mg.....	Serenace	7.45	100			
Tab 5 mg.....	Serenace	23.49	100			
Oral liq 2 mg per ml.....	Serenace	18.06	100 ml			
Inj 5 mg per ml, 1 ml.....	Serenace	17.04	10			
HALOPERIDOL DECANOATE						
Inj 50 mg per ml, 1 ml.....	Haldol	28.39	5			
Inj 100 mg per ml, 1 ml.....	Haldol Concentrate	55.90	5			
HEPARINISED SALINE						
Inj 10 iu per ml, 5 ml.....	AstraZeneca	18.00	50	1%	Sept-06	Baxter Pfizer
Inj 100 iu per ml, 5 ml.....	Mayne	103.76	50			
HEPARIN SODIUM						
Inj 1,000 iu per ml, 1 ml.....	Mayne	66.80	50	1%	Oct-06	(B)
Inj 5,000 iu per ml, 1 ml.....	Mayne	10.32	5			
HEPARIN WITH SODIUM CHLORIDE						
Inf 25,000 iu with 0.9% sodium chloride, 250 ml.....	Baxter	7.25	1			
Inf 25,000 iu with 0.9% sodium chloride, 500 ml.....	Baxter	7.67	1			
HYDRALAZINE						
Inj 20 mg per ml, 1 ml.....	Apresoline	25.90	5	1%	Sept-06	(B)
HYDROCORTISONE						
Tab 5 mg.....	Douglas	7.95	100	1%	Dec-06	(B)
Tab 20 mg.....	Douglas	19.95	100	1%	Dec-06	(B)
Crm 1%.....	AFT	2.48	14.2 g			
Crm 1%.....	PSM	12.20	500 g	1%	Sept-08	(B)
HYDROCORTISONE ACETATE						
Rectal foam 10%, CFC-Free (14 applications).....	Colifoam	21.10	21.1 g	1%	Dec-06	(B)
HYDROCORTISONE BUTYRATE						
Lipocream 0.1%.....	Locoid Lipocream	5.00	30 g			
Lipocream 0.1%.....	Locoid Lipocream	15.00	100 g			
Milky emulsion 0.1%.....	Locoid Crelo	15.00	100 ml			
Oint 0.1%.....	Locoid Ointment	15.00	100 g			
HYDROCORTISONE WITH MICONAZOLE						
Crm 1% with miconazole nitrate 2%.....	Micreme H	2.20	15 g			
HYDROGEN PEROXIDE						
Crm 1%.....	Crystacide	8.56	10 g			

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HYDROXOCOBALAMIN Inj 1 mg per ml, 1 ml	ABM Neo-B12	9.21 10.84	3 3			
HYDROXYCHLOROQUINE SULPHATE Tab 200 mg.....	Plaquenil	31.09	100			
HYDROXYUREA Cap 500 mg	Hydrea	31.76	100			
HYOSCINE (SCOPOLAMINE) Patches 1.5 mg	Scopoderm TTS	11.95	2			
HYOSCINE HYDROBROMIDE Inj 400 µg per ml, 1 ml.....	Mayne	6.66	5			
HYOSCINE N-BUTYLBROMIDE Inj 20 mg per ml, 1 ml	Buscopan	8.04	5	1%	Dec-08	(B)
Tab 10 mg.....	Gastrosoothe	1.62	20	1%	Dec-08	Buscopan
HYPROMELLOSE Eye drops 0.5%.....	Methopt	2.00	15 ml	1%	Mar-09	(B)
IBUPROFEN Oral liq 100 mg per 5 ml	Fenpaed	3.49	200 ml	1%	Oct-07	Nurofen
IDARUBICIN HYDROCHLORIDE Cap 5 mg	Zavedos	80.75	1	1%	Aug-06	(B)
Cap 10 mg	Zavedos	144.50	1	1%	Aug-06	(B)
Inj 5 mg.....	Zavedos	170.00	1	1%	Aug-06	(B)
Inj 10 mg.....	Zavedos	340.00	1	1%	Aug-06	(B)
IFOSFAMIDE Inj 1 g.....	Holoxan	87.26	1			
Inj 2 g.....	Holoxan	162.80	1			
IMATINIB MESYLATE Tab 100 mg.....	Glivec	2,400.00	60			
IMIPENEM WITH CILASTATIN Inj 500 mg with cilastatin 500 mg	Primaxin	21.61	1			
IMIPRAMINE HYDROCHLORIDE Tab 10 mg.....	Tofranil	5.48	50	1%	Dec-06	(B)
Tab 25 mg.....	Tofranil	8.80	50	1%	Dec-06	(B)
IMIQUIMOD Cream 5 %, sachet	Aldara	110.40	12			
INDAPAMIDE Tab 2.5 mg.....	Napamide	4.00	100	1%	Dec-06	Naplin
INFLIXIMAB Powder for inj 100 mg.....	Remicade	1,227.00	1			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
INSULIN GLARGINE						
Inj 100 u per ml, 3 ml	Lantus	94.50	5			
	Lantus SoloStar	94.50	5			
Inj 100 u per ml, 10 ml	Lantus	63.00	1			
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE						
Inj lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml	Humalog Mix 25	52.15	5			
Inj lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml	Humalog Mix 50	52.15	5			
INSULIN PEN NEEDLES						
29 g x 12.7 mm.....	ABM	11.75	100			
31 g x 6 mm.....	ABM	11.75	100			
31 g x 8 mm.....	ABM	11.75	100			
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE						
Syringe 0.3 ml with 29 g x 12.7 mm needle	ABM	14.45	100			
Syringe 0.3 ml with 31 g x 8 mm needle	ABM	14.45	100			
Syringe 0.5 ml with 29 g x 12.7 mm needle	ABM	14.45	100			
Syringe 0.5 ml with 31 g x 8 mm needle	ABM	14.45	100			
Syringe 1 ml with 29 g x 12.7 mm needle	ABM	14.45	100			
Syringe 1 ml with 31 g x 8 mm needle	ABM	14.45	100			
IODIXANOL						
Inj 270 mg per ml (iodine equivalent), 50 ml.....	Visipaque	235.60	10	5%	Mar-07	(B)
Inj 270 mg per ml (iodine equivalent), 100 ml.....	Visipaque	471.30	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 50 ml.....	Visipaque	235.60	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 100 ml.....	Visipaque	471.30	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 200 ml.....	Visipaque	565.56	6	5%	Mar-07	(B)
IOHEXOL						
Inj 240 mg per ml (iodine equivalent), 50 ml	Omnipaque	88.00	10	5%	Mar-07	Iomeron Isovue 50 ml & 100 ml Optiray Ultravist
Inj 300 mg per ml (iodine equivalent), 20 ml	Omnipaque	35.40	6	5%	Mar-07	Iomeron Isovue Optiray 20 ml & 30 ml Ultravist

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
Inj 300 mg per ml (iodine equivalent), 50 ml	Omnipaque	88.00	10	5%	Mar-07	lomeron Isovue Optiray Ultraject 50 ml & 75 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 100 ml	Omnipaque	176.00	10	5%	Mar-07	lomeron Isovue Optiray 100 ml, 150 ml & 200 ml Ultraject 125 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 500 ml	Omnipaque	527.88	6	5%	Mar-07	(B)
Inj 350 mg per ml (iodine equivalent), 20 ml	Omnipaque	35.40	6	5%	Mar-07	lomeron Isovue Optiray 20 ml & 30 ml Ultraject 30 ml Ultravist 30 ml
Inj 350 mg per ml (iodine equivalent), 50 ml	Omnipaque	88.00	10	5%	Mar-07	lomeron Isovue Optiray Ultraject Ultravist
Inj 350 mg per ml (iodine equivalent), 75 ml	Omnipaque	132.00	10	5%	Mar-07	lomeron Optiray Ultraject
Inj 350 mg per ml (iodine equivalent), 100 ml	Omnipaque	176.00	10	5%	Mar-07	lomeron Isovue Optiray Ultraject 100 ml & 125 ml Ultravist
Inj 350 mg per ml (iodine equivalent), 200 ml	Omnipaque	211.20	6	5%	Mar-07	lomeron Isovue Optiray Ultravist
Inj 350 mg per ml (iodine equivalent), 500 ml	Omnipaque	879.80	10	5%	Mar-07	(B)
IPRATROPIUM BROMIDE						
Nebuliser soln 250 µg per ml, 1 ml.....	Ipratropium Steri-Neb	4.30	20	1%	Sept-07	IPRA 250
Nebuliser soln 250 µg per ml, 2 ml.....	Ipratropium Steri-Neb	5.25	20	1%	Sept-07	IPRA 500

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
IRINOTECAN						
Inj 20 mg per ml, 2 ml	Camptosar	124.00	1	1%	Sept-06	(B)
Inj 20 mg per ml, 5 ml	Camptosar	310.00	1	1%	Sept-06	(B)
IRON POLYMALTOSE						
Inj 50 mg per ml, 2 ml	Ferrum H	20.95	5	1%	Sept-08	Ferrosig
ISOFLURANE						
Liq 250 ml bottle	Forthane	99.00	250 ml	1%	Jan-07	Aerrane Rhodia
ISONIAZID						
Tab 100 mg.....	PSM	20.50	100			
ISOSORBIDE MONONITRATE						
Tab 20 mg	Ismo-20	18.00	100			
Tab long-acting 60 mg.....	Duride	4.15	90	1%	Sept-06	Imtrate
ISOTRETINOIN						
Cap 10 mg	Isotane 10	36.00	100	1%	Sept-06	Oratane Roaccutane
Cap 20 mg	Isotane 20	47.50	100	1%	Sept-06	Oratane Roaccutane
ITRACONAZOLE						
Cap 100 mg	Sporanox	23.70	15	1%	Aug-07	Itrazole
IVERMECTIN						
Tab 3 mg.....	Stromectol	25.96	4	1%	Oct-08	(B)
KETOCONAZOLE						
Shampoo 2 %.....	Sebizole	3.48	100 ml	1%	Oct-08	Ketopine Nizoral
LABETALOL						
Tab 50 mg.....	Hybloc	8.66	100			
Tab 100 mg.....	Hybloc	10.59	100			
Tab 200 mg.....	Hybloc	18.47	100			
Tab 400 mg.....	Hybloc	34.44	100			
LACTULOSE						
Oral liq 10 g per 15 ml	Duphalac	6.65	1000 ml	1%	Dec-07	Actilax Laevolac

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
LAMOTRIGINE						
Tab dispersible 2 mg	Lamictal	6.74	30			
Tab dispersible 5 mg	Arrow-Lamotrigine	15.00	56			
	Lamictal	9.64	30			
Tab dispersible 25 mg	Arrow-Lamotrigine	20.40	56			
	Lamictal	29.09	56			
	Logem	19.38	56			
	Mogine	20.40	56			
Tab dispersible 50 mg	Arrow-Lamotrigine	34.70	56			
	Lamictal	47.89	56			
	Logem	32.97	56			
	Mogine	34.70	56			
Tab dispersible 100 mg	Arrow-Lamotrigine	59.90	56			
	Lamictal	79.16	56			
	Logem	56.91	56			
	Mogine	59.90	56			
Tab dispersible 200 mg	Arrow-Lamotrigine	101.80	56			
	Mogine	101.80	56			
LANSOPRAZOLE						
Cap 15 mg	Solox	4.30	28			
Cap 30 mg	Solox	8.59	28			
LEFLUNOMIDE						
Tab 10 mg.....	AFT-Leflunomide	55.00	30			
	Arava	79.27	30			
Tab 20 mg.....	AFT-Leflunomide	76.00	30			
	Arava	108.60	30			
Tab 100 mg.....	Arava	54.44	3			
LETROZOLE						
Tab 2.5 mg.....	Femara	200.00	30			
LEUPRORELIN						
Inj 3.75 mg.....	Lucrin Depot	221.60	1			
Inj 7.5 mg.....	Eligard	184.90	1			
Inj 11.25 mg.....	Lucrin Depot	591.68	1			
Inj 22.5 mg.....	Eligard	554.70	1			
Inj 30 mg.....	Eligard	739.60	1			
Inj 45 mg.....	Eligard	1,109.40	1			
LEVOBUNOLOL						
Eye drops 0.25%	Betagan	7.00	5 ml	1%	Aug-07	(B)
Eye drops 0.5%	Betagan	7.00	5 ml	1%	Aug-07	Alcon- Levobunolol

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
LEVODOPA WITH BENSERAZIDE						
Cap 50 mg with benserazide 12.5 mg.....	Madopar 62.5	8.00	100	1%	Oct-06	(B)
Tab dispersible 50 mg with benserazide 12.5 mg.....	Madopar Dispersible	10.00	100	1%	Oct-06	(B)
Cap 100 mg with benserazide 25 mg.....	Madopar 125	12.50	100	1%	Oct-06	(B)
Cap long-acting 100 mg with benserazide 25 mg.....	Madopar HBS	17.00	100	1%	Oct-06	(B)
Cap 200 mg with benserazide 50 mg.....	Madopar 250	25.00	100	1%	Oct-06	(B)
LIGNOCAINE						
Gel 2%	Orion	6.10	20 g	1%	Dec-06	Xylocaine
LIGNOCAINE HYDROCHLORIDE						
Inj 0.5%, 5 ml	Xylocaine	44.10	50	1%	Sept-07	(B)
Inj 1%, 2 ml	Xylocaine	48.00	50	1%	Sept-06	(B)
Inj 1%, 5 ml	Xylocaine	42.00	50	1%	Sept-06	(B)
Inj 1%, 20 ml	Xylocaine	23.50	5	1%	Sept-06	(B)
Inj 2%, 2 ml	Xylocaine	52.00	50	1%	Sept-06	(B)
Inj 2%, 5 ml	Xylocaine	45.00	50	1%	Sept-06	CSL
Inj 2%, 20 ml	Xylocaine	28.00	5	1%	Sept-06	Pharmacia
Pump spray 10%, 50 ml CFC-free	Xylocaine	60.00	1	1%	Aug-07	(B)
LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE						
Inj 1% with 1:100,000 of adrenaline, 5 ml	Xylocaine	18.00	10	1%	Aug-07	(B)
Inj 1% with 1:200,000 of adrenaline, 20 ml	Xylocaine	44.00	5	1%	Aug-07	(B)
Inj 2% with 1:200,000 of adrenaline, 20 ml	Xylocaine	49.50	5	1%	Aug-07	(B)
LIGNOCAINE WITH CHLORHEXIDINE						
Gel 2% with 0.05% chlorhexidine	Pfizer	43.26	10	1%	Nov-06	(B)
LIGNOCAINE WITH PRILOCAINE						
Crn 2.5% with prilocaine 2.5%, 5 g	EMLA	41.00	5	1%	Sept-07	(B)
Crn 2.5% with prilocaine 2.5%, 30 g	EMLA	41.00	1	1%	Sept-07	(B)
Patch 2.5% with prilocaine 2.5%	EMLA	10.40	2			
Patch 2.5% with prilocaine 2.5%	EMLA	104.00	20			
LIPOSOMAL AMPHOTERICIN						
Inj 50 mg vial	AmBisome	3,450.00	10	1%	Oct-06	(B)
LOPINAVIR WITH RITONAVIR						
Tab 200 mg with ritonavir 50 mg	Kaletra	735.00	120			
Oral liq 80 mg with ritonavir 20 mg per ml.....	Kaletra	735.00	300 ml			

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LORATADINE						
Oral liq 1 mg per ml.....	Lorapaed	3.65	100 ml	1%	Sept-07	Claratyne Lorafast
Tab 10 mg.....	Loraclear Hayfever Relief	3.58	100	1%	Dec-07	Apo-Loratadine Aridine Arrow-Loratadine Claratyne Lorastyne Lora-tabs Lorfast Tirlor
LORAZEPAM						
Tab 1 mg.....	Ativan	6.28	250	1%	Dec-06	Lorapam Lorzem
Tab 2.5 mg.....	Ativan	4.12	100	1%	Dec-06	Lorapam Lorzem
MACROGOL 3350						
Powder 13.125 g, sachets.....	Movicol	18.14	30			
MAGNESIUM SULPHATE						
Inj 49.3%, 5 ml.....	Mayne	26.60	10	1%	Oct-06	(B)
MANNITOL						
Inj 10%, 1,000 ml.....	Baxter	10.59	1			
Inj 15%, 500 ml.....	Baxter	7.88	1			
Inj 20%, 500 ml.....	Baxter	10.59	1			
MEBENDAZOLE						
Tab 10 mg.....	De-Worm	17.28	24	1%	May-09	Vermox
MEBEVERINE HYDROCHLORIDE						
Tab 135 mg.....	Colofac	18.00	90	1%	Dec-08	(B)
MEDROXYPROGESTERONE ACETATE						
Tab 2.5 mg.....	Provera	2.07	30	1%	Sept-07	Cycin
Tab 5 mg.....	Provera	13.75	100	1%	Sept-07	Cycin
Tab 10 mg.....	Provera	7.57	30	1%	Sept-07	Cycin
Tab 100 mg.....	Provera	104.26	100	1%	Sept-07	(B)
Tab 200 mg.....	Provera	78.06	30	1%	Sept-07	(B)
MEGESTROL ACETATE						
Tab 160 mg.....	Megace	74.25	30			
MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE						
Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml.....	Gastrografin	190.00	10	5%	Mar-07	Gastroview 120 ml

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
MEGLUMINE GADOPENTETATE						
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml prefilled syringe	Magnevist	84.64	5	5%	Mar-07	Dotarem Omniscan 5 ml & 10 ml
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 20 ml	Magnevist	33.85	1	5%	Mar-07	Dotarem 15 ml & 20 ml Omniscan 15 ml & 20 ml
MEROPENEM						
Inj 500 mg.....	Merrem	255.00	10	1%	Sept-08	(B)
Inj 1 g.....	Merrem	505.00	10	1%	Sept-08	(B)
MESALAZINE						
Enema 1 g per 100 ml	Pentasa	46.90	7	1%	Sept-06	Asacol
Suppos 500 mg.....	Asacol	25.20	20			
Suppos 1 g.....	Pentasa	50.96	28			
Tab 400 mg.....	Asacol	49.50	100			
MESNA						
Inj 100 mg per ml, 4 ml	Uromitexan	109.63	15	1%	Oct-07	(B)
Inj 100 mg per ml, 10 ml	Uromitexan	251.73	15	1%	Oct-07	(B)
Tab 400 mg.....	Uromitexan	168.30	50			
Tab 600 mg.....	Uromitexan	251.35	50			
METFORMIN HYDROCHLORIDE						
Tab 500 mg.....	Arrow-Metformin	9.75	500	1%	Oct-07	3M Metformin Apo-Metformin Glucomet Metomin
Tab 850 mg.....	Arrow-Metformin	8.00	250	1%	Oct-07	3M Metformin Apo-Metformin Glucomet Metomin
METHADONE HYDROCHLORIDE						
Tab 5 mg.....	Methatabs	2.10	10	1%	Nov-07	Pallidone
Oral liq 2 mg per ml.....	Biodone	6.55	200 ml			
Oral liq 5 mg per ml.....	Biodone Forte	6.52	200 ml			
Oral liq 10 mg per ml.....	Biodone Extra Forte	9.50	200 ml			
Inj 10 mg per ml, 1 ml	AFT	52.00	10			
METHOTREXATE						
Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	27.50	1	1%	Nov-08	Hospira
Inj 100 mg per ml, 50 ml	Methotrexate Ebewe	135.00	1	1%	Nov-08	Hospira
Tab 2.5 mg.....	Methoblastin	5.80	30	1%	Sept-06	Emthexate Mayne
Tab 10 mg.....	Methoblastin	40.93	50	1%	Sept-06	Emthexate Mayne

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
METHYL HYDROXYBENZOATE Powder	ABM	10.00	25 g			
METHYLCELLULOSE Powder	ABM	14.00	100 g			
METHYLDOPA Tab 125 mg.....	Prodopa	12.00	100	1%	Dec-08	(B)
Tab 250 mg.....	Prodopa	13.10	100	1%	Dec-08	(B)
Tab 500 mg.....	Prodopa	20.85	100	1%	Dec-08	(B)
METHYLPHENIDATE HYDROCHLORIDE Tab 5 mg.....	Rubifen	3.20	30	1%	Jan-07	(B)
Tab 10 mg.....	Rubifen	4.29	30	1%	Oct-06	Ritalin
Tab 20 mg.....	Rubifen	7.85	30	1%	Jan-07	(B)
Tab long-acting 20 mg.....	Rubifen SR	10.95	30	1%	Jan-07	Ritalin SR
METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE Tablet extended-release 18 mg	Concerta	58.96	30			
Tablet extended-release 27 mg	Concerta	65.44	30			
Tablet extended-release 36 mg	Concerta	71.93	30			
Tablet extended-release 54 mg	Concerta	86.24	30			
METHYLPREDNISOLONE Tab 4 mg.....	Medrol	48.57	100	1%	Sept-06	(B)
Tab 100 mg.....	Medrol	166.52	20	1%	Sept-06	(B)
METHYLPREDNISOLONE ACEPONATE Crm 0.1%.....	Advantan	4.95	15 g	1%	Sept-06	(B)
Oint 0.1%.....	Advantan	4.95	15 g	1%	Sept-06	(B)
METHYLPREDNISOLONE ACETATE Inj 40 mg per ml, 1 ml.....	Depo-Medrol	6.03	1	1%	Sept-08	(B)
METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE Inj 40 mg per ml with lignocaine 10 mg per ml, 1 ml.....	Depo-Medrol with Lidocaine	6.03	1	1%	Sept-08	(B)
METHYLPREDNISOLONE SODIUM SUCCINATE Inj 40 mg per ml, 1 ml.....	Solu-Medrol	151.40	25	1%	Sept-06	Mayne
Inj 62.5 mg per ml, 2 ml	Solu-Medrol	412.59	25	1%	Sept-06	Mayne
Inj 500 mg.....	Solu-Medrol	16.45	1			
Inj 1 g.....	Solu-Medrol	42.57	1			
METOCLOPRAMIDE HYDROCHLORIDE Tab 10 mg.....	Metamide	5.15	100			
Inj 5 mg per ml, 2 ml	Pfizer	4.50	10	1%	Sept-08	Metoclopramide Astra Maxolon
METOPROLOL TARTRATE Tab long-acting 200 mg.....	Slow-Lopresor	18.40	28	1%	Sept-06	(B)

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
METRONIDAZOLE						
Inj 500 mg, 100 ml.....	AFT	12.30	5	1%	Sept-08	Baxter Pfizer
Tab 200 mg	Trichozone	9.50	100			
Tab 400 mg.....	Trichozone	17.50	100			
Oral liq 200 mg per 5 ml.....	Flagyl-S	25.00	100 ml			
Suppos 500 mg.....	Flagyl	24.48	10			
MICONAZOLE NITRATE						
Crm 2%.....	Multichem	0.42	15 g	1%	Sept-08	AFT Daktarin Fungo Micreme Tinasolve Resolve
Powder 2%	Daktarin	8.50	30 g			
MIDAZOLAM						
Inj 1 mg per ml, 5 ml.....	Hypnovel	10.75	10	5%	Apr-06	Mayne
Inj 5 mg per ml, 3 ml.....	Hypnovel	11.90	5	5%	Apr-06	Mayne
MITOZANTRONE						
Inj 2 mg per ml, 5 ml.....	Mitozantrone Ebewe	110.00	1	1%	Feb-08	Onkotrone
Inj 2 mg per ml, 10 ml.....	Mitozantrone Ebewe	220.00	1	1%	Feb-08	Mayne Novatrone Onkotrone
Inj 2 mg per ml, 12.5 ml.....	Onkotrone	407.50	1			
MIVACURIUM						
Inj 10 mg per 5 ml.....	Mivacron	33.92	5			
Inj 20 mg per 10 ml.....	Mivacron	67.17	5			
MOMETASONE FUROATE						
Crm 0.1%.....	Elocon	3.96	15 g			
Crm 0.1%.....	Elocon	10.82	45 g			
Oint 0.1%	Elocon	3.96	15 g			
Oint 0.1%	Elocon	10.82	45 g			
Lotn 0.1%.....	Elocon	4.80	30 ml			
MORPHINE HYDROCHLORIDE						
Oral liq 1 mg per ml.....	RA-Morph	8.06	200 ml	1%	Nov-06	(B)
Oral liq 2 mg per ml.....	RA-Morph	8.56	200 ml	1%	Nov-06	(B)
Oral liq 5 mg per ml.....	RA-Morph	9.61	200 ml	1%	Nov-06	(B)
Oral liq 10 mg per ml.....	RA-Morph	12.56	200 ml	1%	Nov-06	(B)

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
MORPHINE SULPHATE						
Cap long-acting 10 mg	m-Eslon	1.80	10	1%	Sept-06	Kapanol
Cap long-acting 30 mg	m-Eslon	2.64	10	1%	Sept-06	Kapanol
Cap long-acting 60 mg	m-Eslon	7.20	10	1%	Sept-06	Kapanol
Cap long-acting 100 mg	m-Eslon	7.85	10	1%	Sept-06	Kapanol
Cap long-acting 200 mg	m-Eslon	17.00	10	1%	Sept-06	Kapanol
Tab immediate release 10 mg	Sevredol	2.64	10	1%	Sept-06	(B)
Tab immediate release 20 mg	Sevredol	5.10	10	1%	Sept-06	(B)
Inj 1 mg per ml, 10 ml prefilled syringe.....	Biomed	34.50	10	1%	Jan-09	Baxter
Inj 1 mg per ml, 30 ml prefilled syringe.....	Biomed	75.00	10	1%	Jan-09	Baxter
Inj 1 mg per ml, 50 ml prefilled syringe.....	Biomed	59.50	10	1%	Jan-09	Baxter
Inj 2 mg per ml, 30 ml prefilled syringe.....	Biomed	95.00	10	1%	Jan-09	Baxter
Inj 5 mg per ml, 1 ml	Mayne	5.17	5	1%	Oct-06	(B)
Inj 10 mg per ml, 1 ml	Mayne	4.50	5	1%	Aug-08	(B)
Inj 15 mg per ml, 1 ml	Mayne	4.70	5	1%	Oct-06	(B)
Inj 30 mg per ml, 1 ml	Mayne	4.98	5	1%	Aug-08	(B)
MORPHINE TARTRATE						
Inj 80 mg per ml, 1.5 ml	Mayne	20.20	5			
Inj 80 mg per ml, 5 ml	Mayne	67.37	5	1%	Oct-06	(B)
MUCILAGINOUS LAXATIVES						
Dry.....	Konsyl-D	5.72	325 g			
MYCOPHENOLATE MOFETIL						
Inj 500 mg vial	CellCept	133.33	4			
Cap 250 mg	CellCept	206.66	100			
Tab 500 mg.....	CellCept	206.66	50			
Pwd oral liq 1 g per 5 ml.....	CellCept	285.00	165 ml			
NADOLOL						
Tab 40 mg.....	Apo-Nadolol	14.97	100	1%	Sept-07	Corgard
Tab 80 mg.....	Apo-Nadolol	22.19	100	1%	Sept-07	Corgard
NALOXONE HYDROCHLORIDE						
Inj 400 µg per ml, 1 ml.....	Mayne	33.00	5			
NALTREXONE HYDROCHLORIDE						
Tab 50 mg.....	ReVia	180.00	30	1%	Sept-07	(B)
NAPROXEN SODIUM						
Tab 275 mg.....	Sonaflam	6.00	120	1%	Feb-08	Synflex
NEOSTIGMINE METHYLSULPHATE						
Inj 2.5 mg per ml, 1 ml	AstraZeneca	20.30	50	1%	Sept-07	(B)
NEVIRAPINE						
Oral suspension 10 mg per ml	Viramune Suspension	134.55	240 ml	1%	Nov-06	(B)

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
NICOTINE						
Gum 2 mg (mint).....	Habitrol	14.97	96	10%	Apr-08	Nicorette Nicotinell Nicotrol
Gum 2 mg (fruit).....	Habitrol	14.97	96	10%	Apr-08	Nicorette Nicotinell Nicotrol
Gum 4 mg (mint).....	Habitrol	20.02	96	10%	Apr-08	Nicorette Nicotinell Nicotrol
Gum 4 mg (fruit).....	Habitrol	20.02	96	10%	Apr-08	Nicorette Nicotinell Nicotrol
Lozenge 1 mg	Habitrol	11.08	36			
Lozenge 2 mg	Habitrol	11.08	36			
Patch 7 mg.....	Habitrol	10.53	7	10%	Apr-08	Nicorette Nicotrol
Patch 14 mg.....	Habitrol	11.63	7	10%	Apr-08	Nicorette Nicotrol
Patch 21 mg.....	Habitrol	12.32	7	10%	Apr-08	Nicorette Nicotrol
NIFEDIPINE						
Tab long-acting 20 mg.....	Nyefax Retard	7.30	100	1%	Nov-06	(B)
Tab long-acting 30 mg.....	Arrow-Nifedipine XR	10.70	30			
Tab long-acting 60 mg.....	Adefin XL Arrow-Nifedipine XR Adefin XL	15.35	30			
NORADRENALINE ACID TARTRATE						
Inj 1:1,000 per 2 ml.....	Levophed	42.00	6			
NORETHISTERONE						
Tab 5 mg.....	Primolut N	25.00	100	1%	Sept-08	(B)
NORFLOXACIN						
Tab 400 mg.....	Arrow- Norfloxacin	22.50	100			
NORTRIPTYLINE HYDROCHLORIDE						
Tab 10 mg.....	Norpress	5.94	100	1%	Dec-08	(B)
Tab 25mg.....	Norpress	20.06	250	1%	Dec-08	(B)
NYSTATIN						
Cap 500,000 u	Nilstat	11.64	50	1%	Sept-07	(B)
Tab 500,000 u.....	Nilstat	9.60	50	1%	Sept-07	Mycostatin
Oral liq 100,000 u per ml.....	Nilstat	3.19	24 ml	1%	Dec-08	(B)

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
OCTREOTIDE						
Inj 50 µg per ml, 1 ml.....	Hospira	25.65	5			
	Sandostatin	39.15	5			
Inj 100 µg per ml, 1 ml	Hospira	48.50	5			
	Sandostatin	72.90	5			
Inj 500 µg per ml, 1 ml	Hospira	175.00	5			
	Sandostatin	359.10	5			
Inj LAR, 10 mg prefilled syringe	Sandostatin LAR	1,772.50	1			
Inj LAR, 20 mg prefilled syringe	Sandostatin LAR	2,358.75	1			
Inj LAR, 30 mg prefilled syringe	Sandostatin LAR	2,951.25	1			
OLANZAPINE						
Tab 2.5 mg.....	Zyprexa	51.07	28			
Tab 5 mg.....	Zyprexa	101.21	28			
Tab 10 mg.....	Zyprexa	204.49	28			
Wafer 5 mg	Zyprexa Zydys	102.19	28			
Wafer 10 mg	Zyprexa Zydys	204.37	28			
OMEPRAZOLE						
Cap 10 mg	Dr Reddy's Omeprazole	2.00	28			
	Dr Reddy's Omeprazole	2.14	30			
	Losec	4.40	30			
Cap 20 mg	Dr Reddy's Omeprazole	2.85	28			
	Dr Reddy's Omeprazole	3.05	30			
	Losec	4.70	30			
Cap 40 mg	Dr Reddy's Omeprazole	3.35	28			
	Dr Reddy's Omeprazole	3.59	30			
	Losec	5.90	30			
Inj 40 mg.....	Losec IV	7.73	1			
	Dr Reddy's Omeprazole	38.20	5			
Inj 40 mg	Dr Reddy's Omeprazole	38.65	5			
	Losec IV	38.65	5			
Note – Losec 10 mg, 20 mg and 40 mg to be delisted 1 May 2009						
ONDANSETRON HYDROCHLORIDE						
Tab disp 4 mg	Zofran Zydys	17.18	10	1%	Aug-07	(B)
Tab disp 8 mg	Zofran Zydys	20.43	10	1%	Aug-07	(B)
Tab 4 mg.....	Zofran	17.18	10	1%	Aug-07	(B)
Tab 8 mg.....	Zofran	33.89	20	1%	Aug-07	(B)
Inj 2 mg per ml, 2 ml	Mayne	18.00	5			
	Zofran	24.64	5			
Inj 2 mg per ml, 4 ml	Mayne	29.00	5			
	Zofran	52.79	5			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
OXALIPLATIN						
Inj 50 mg.....	Eloxatin	200.00	1			
Inj 100 mg.....	Eloxatin	400.00	1			
OXYBUTYNIN						
Oral liq 5 mg per 5 ml.....	Apo-Oxybutynin	50.40	473 ml	1%	Dec-07	(B)
Tab 5 mg.....	Apo-Oxybutynin	44.79	500	1%	Dec-07	(B)
OXYCODONE HYDROCHLORIDE						
Inj 10 mg per ml, 1 ml.....	OxyNorm	14.40	5	1%	Nov-07	(B)
Inj 10 mg per ml, 2 ml.....	OxyNorm	28.80	5	1%	Nov-07	(B)
Oral liq 5 mg per 5 ml.....	OxyNorm	11.20	250 ml	1%	Nov-07	(B)
Cap 5 mg.....	OxyNorm	2.83	20			
Cap 10 mg.....	OxyNorm	5.58	20			
Cap 20 mg.....	OxyNorm	9.77	20			
Tab controlled-release 5 mg.....	OxyContin	7.51	20			
Tab controlled-release 10 mg.....	OxyContin	11.14	20			
Tab controlled-release 20 mg.....	OxyContin	18.93	20			
Tab controlled-release 40 mg.....	OxyContin	33.29	20			
Tab controlled-release 80 mg.....	OxyContin	58.03	20			
OXYTOCIN						
Inj 5 iu per ml, 1 ml.....	Syntocinon	5.40	5	1%	May-07	(B)
Inj 10 iu per ml, 1 ml.....	Syntocinon	6.80	5	1%	May-07	(B)
OXYTOCIN WITH ERGOMETRINE MALEATE						
Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml.....	Syntometrine	9.20	5	1%	May-07	(B)
PACLITAXEL						
Inj 30 mg.....	Paclitaxel Ebewe	37.95	1	1%	Oct-08	Anzatax Taxol
	Paclitaxel Ebewe	189.75	5	1%	Oct-08	Anzatax Taxol
Inj 100 mg.....	Paclitaxel Ebewe	125.35	1	1%	Oct-08	Anzatax Taxol
Inj 150 mg.....	Paclitaxel Ebewe	188.03	1	1%	Oct-08	Anzatax Taxol
Inj 300 mg.....	Paclitaxel Ebewe	376.05	1	1%	Oct-08	Anzatax Taxol
Inj 600 mg.....	Paclitaxel Ebewe	724.50	1	1%	Oct-08	(B)
PAMIDRONATE DISODIUM						
Inj 3 mg per ml, 5 ml.....	Pamisol	18.75	1	1%	Sept-08	(B)
Inj 3 mg per ml, 10 ml.....	Pamisol	37.50	1	1%	Sept-08	AFT-Pamidronate
Inj 6 mg per ml, 10 ml.....	Pamisol	75.00	1	1%	Sept-08	AFT-Pamidronate
Inj 9 mg per ml, 10 ml.....	Pamisol	112.50	1	1%	Sept-08	AFT-Pamidronate
PANCURONIUM BROMIDE						
Inj 2 mg per ml, 2 ml.....	AstraZeneca	125.00	50	1%	Sept-06	Mayne

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
PANTOPRAZOLE						
Inj 40 mg.....	Pantocid	8.75	1	1%	May-09	Somac
Tab 20 mg.....	Dr Reddy's Pantoprazole	2.24	28	1%	Mar-08	Somac
Tab 40 mg.....	Dr Reddy's Pantoprazole	3.36	28	1%	Mar-08	Somac
PAPAVERINE HYDROCHLORIDE						
Inj 12 mg per ml, 10 ml	Mayne	73.12	5			
PARACETAMOL						
Oral liquid 120 mg per 5 ml	Paracare Junior	6.80	1000 ml 20%		Sept-08	Amcal Junior Parapaed Pamol Panadol Colourfree
Oral liquid 250 mg per 5 ml	Paracare Double Strength	7.00	1000 ml 20%		Sept-08	Amcal Six Plus Parapaed Pamol PSM
Suppos 25 mg.....	Biomed	56.35	20	1%	Nov-06	(B)
Suppos 50 mg.....	Biomed	56.35	20	1%	Nov-06	(B)
Suppos 125 mg.....	Panadol	6.51	20			
Suppos 250 mg.....	Panadol	12.52	20			
Suppos 500 mg.....	Paracare	20.50	50			
PAROXETINE HYDROCHLORIDE						
Tab 20 mg.....	Loxamine	5.90	30	1%	Jul-07	Apo-Paroxetine Aropax Luxotine
PEGFILGRASTIM						
Inj 6 mg per 0.6 ml prefilled syringe	Neulastim	1,395.00	1			
PENICILLAMINE						
Tab 125 mg.....	D-Penaminate	61.93	100			
Tab 250 mg.....	D-Penaminate	98.98	100			
PENTASTARCH						
Inf 6%, 500 ml bag	StarQuin 200 6%	239.68	16	10%	Nov-06	Voluven
Inf 10% per 500 ml bag	StarQuin 10%	216.00	16	1%	Sept-08	Pentaspan
PERGOLIDE						
Tab 0.25 mg.....	Permax	48.00	100	1%	Sept-08	(B)
Tab 1 mg.....	Permax	170.00	100	1%	Sept-08	(B)
PERHEXILINE MALEATE						
Tab 100 mg.....	Pexsig	62.90	100	1%	Dec-06	Pexcid
PERMETHRIN						
Crm 5%.....	Lyderm	4.20	30 g			

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PETHIDINE HYDROCHLORIDE						
Inj 50 mg per ml, 1 ml	Mayne	3.75	5			
Inj 50 mg per ml, 2 ml	Mayne	4.18	5			
Tab 50 mg.....	PSM	3.00	10			
Tab 100 mg.....	PSM	4.00	10			
PHENOXYMETHYLPENICILLIN (PENICILLIN V)						
Cap potassium salt 250 mg	Cilicaine VK	4.29	50	1%	Sept-07	(B)
Cap potassium salt 500 mg	Cilicaine VK	8.15	50	1%	Sept-07	(B)
Grans for oral liq 125 mg per 5 ml	AFT	1.68	100 ml	1%	Dec-07	(B)
Grans for oral liq 250 mg per 5 ml	AFT	1.82	100 ml	1%	Dec-07	(B)
PHENTOLAMINE MESYLATE						
Inj 10 mg per ml, 1 ml	Regitine	27.50	5			
PHENYLEPHRINE HYDROCHLORIDE						
Inj 1%, 1 ml	Neosynephrine HCL	115.50	25			
PHYTOMENADIONE						
Inj 2 mg per 0.2 ml	Konakion MM	8.00	5			
Inj 10 mg per ml, 1 ml	Konakion MM	9.21	5			
Tab 10 mg.....	Konakion	5.60	10			
PIOGLITAZONE						
Tab 15 mg.....	Actos	61.04	28			
Tab 30 mg.....	Actos	93.90	28			
Tab 45 mg.....	Actos	119.18	28			
PIROXICAM						
Tab dispersible 10 mg	Piram-D	3.25	50			
Tab dispersible 20 mg	Piram-D	5.50	100			
PODOPHYLLOTOXIN						
Soln 0.5%.....	Condyline	33.60	3.5 ml			
POLOXAMER						
Oral drops 10%	Coloxyl	3.78	30 ml	1%	Dec-08	(B)
POLYETHYLENE GLYCOL WITH SODIUM SULPHATE						
Powder, sachets.....	Klean-Prep	13.80	4			
POLYVINYL ALCOHOL						
Eye drops 1.4%	Vistil	2.95	15 ml			
	Liquifilm Tears	3.62	15 ml			
Eye drops 3%	Vistil Forte	3.80	15 ml			
	Liquifilm Forte	3.88	15 ml			
PORACTANT ALFA						
Inj 80 mg per ml, 1.5 ml	Curosurf	425.00	1			
Inj 80 mg per ml, 3 ml	Curosurf	695.00	1			
POTASSIUM CHLORIDE						
Tab long-acting 600 mg.....	Span-K	5.20	200	1%	Dec-06	Slow-K K-SR

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
POTASSIUM CHLORIDE WITH GLUCOSE						
Inf 20 mmol.L ⁻¹ with 5% glucose, 1,000 ml	Baxter	3.37	1			
POTASSIUM CHLORIDE WITH GLUCOSE AND SODIUM CHLORIDE						
Inf 20 mmol.L ⁻¹ with 2.5% glucose and 0.45% sodium chloride, 500 ml	Baxter	4.95	1			
Inf 20 mmol.L ⁻¹ with 4% glucose and 0.18% sodium chloride, 500 ml	Baxter	3.45	1			
Inf 20 mmol.L ⁻¹ with 4% glucose and 0.18% sodium chloride, 1,000 ml	Baxter	3.37	1			
Inf 30 mmol.L ⁻¹ with 4% glucose and 0.18% sodium chloride, 1,000 ml	Baxter	3.62	1			
POTASSIUM CHLORIDE WITH SODIUM CHLORIDE						
Inf 20 mmol.L ⁻¹ with 0.9% sodium chloride, 1,000 ml	Baxter	3.37	1			
Inf 30 mmol.L ⁻¹ with 0.9% sodium chloride, 1,000 ml	Baxter	2.59	1			
POVIDONE IODINE						
Alcohol skin preparation 10% with 30% alcohol	Betadine Skin Prep	8.13	500 ml			
Antiseptic soln 10%	Riodine	2.95	100 ml			
	Riodine	6.20	500 ml			
	Betadine	6.42	500 ml			
Oint 10%	Betadine	2.88	25 g			
PRAZOSIN HYDROCHLORIDE						
Tab 1 mg	Apo-Prazo	5.53	100	1%	May-08	(B)
Tab 2 mg	Apo-Prazo	7.00	100	1%	May-08	(B)
Tab 5 mg	Apo-Prazo	11.70	100	1%	May-08	(B)
PREDNISOLONE SODIUM PHOSPHATE						
Oral liq 5 mg per ml	Redipred	9.95	30 ml			
PREDNISON						
Tab 1 mg	Apo-Prednisone	10.68	500	1%	Dec-08	Douglas Origen
Tab 2.5 mg	Apo-Prednisone	12.09	500	1%	Dec-08	Douglas Origen
Tab 5 mg	Apo-Prednisone	11.09	500	1%	Dec-08	Douglas Origen
Tab 20 mg	Apo-Prednisone	29.03	500	1%	Dec-08	Douglas Origen
PRILOCAINE HYDROCHLORIDE						
Inf 0.5%, 50 ml	Citanest	80.00	5	1%	Aug-07	(B)
Inf 2%, 5 ml	Citanest	30.90	10	1%	Aug-07	(B)

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
PROCAINE PENICILLIN						
Inj 1.5 mega u	Cilicaine	50.86	5	1%	Dec-08	(B)
PROCHLORPERAZINE						
Tab 5 mg.....	Antinaus	16.85	500			
PROMETHAZINE HYDROCHLORIDE						
Inj 25 mg per ml, 2 ml	Mayne	8.05	5			
Tab 10 mg.....	Allersoothe	2.72	50	1%	Jan-09	Phenergan
Tab 25 mg.....	Allersoothe	4.44	50	1%	Jan-09	Phenergan
PROPOFOL						
Inj 1%, 20 ml	Diprivan	17.02	5	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 50 ml	Diprivan	9.26	1	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 100 ml.....	Diprivan	15.46	1	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 50 ml prefilled syringe.....	Diprivan	14.19	1	1%	Dec-06	(B)
Inj 2%, 50 ml prefilled syringe.....	Diprivan	15.43	1	1%	Dec-06	(B)
PROPRANOLOL						
Cap long-acting 160 mg	Cardinol LA	16.90	100			
PROPYLENE GLYCOL						
Liquid.....	ABM	12.00	500 ml			
QUETIAPINE						
Tab 25 mg.....	Seroquel	46.20	60			
	Quetapel	20.62	90			
Tab 100 mg.....	Seroquel	92.40	60			
	Quetapel	41.25	90			
Tab 200 mg.....	Seroquel	158.76	60			
	Quetapel	70.88	90			
Tab 300 mg.....	Seroquel	267.12	60			
	Quetapel	119.25	90			
QUINAPRIL						
Tab 5 mg.....	Accupril	1.60	30			
Tab 10 mg.....	Accupril	1.75	30			
Tab 20 mg.....	Accupril	2.35	30			
QUINAPRIL WITH HYDROCHLOROTHIAZIDE						
Tab 10 mg with hydrochlorothiazide 12.5 mg.....	Accuretic 10	3.37	30			
Tab 20 mg with hydrochlorothiazide 12.5 mg.....	Accuretic 20	4.57	30			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
QUININE SULPHATE						
Tab 200 mg.....	Q 200	15.95	250	1%	Sept-06	Apo-Quinine Quinoc-F Quinoc-S
Tab 300 mg.....	Q 300	34.75	500	1%	Sept-06	Apo-Quinine Quinoc-F Quinoc-S
RANITIDINE HYDROCHLORIDE						
Inj 25 mg per ml, 2 ml.....	Zantac	8.75	5			
Oral liq 150 mg per 10 ml.....	Peptisothe	7.95	300 ml	1%	Jan-08	Zantac
Tab 150 mg.....	Arrow Ranitidine	7.99	250			
Tab 300 mg.....	Arrow Ranitidine	10.94	250			
RECOMBINANT FACTOR VIII						
Inj 250 IU.....	Kogenate FS	250.00	1			
	ReFacto	225.00	1			
	Advate	237.50	1			
Inj 500 IU.....	Kogenate FS	500.00	1			
	ReFacto	450.00	1			
	Advate	475.00	1			
Inj 1,000 IU.....	Kogenate FS	1,000.00	1			
	ReFacto	900.00	1			
	Advate	950.00	1			
Inj 1,500 IU.....	Advate	1,425.00	1			
Inj 2,000 IU.....	Kogenate FS	2,000.00	1			
	ReFacto	1,800.00	1			
REMIFENTANIL HYDROCHLORIDE						
Inj 1 mg vial.....	Ultiva	50.75	5			
Inj 2 mg vial.....	Ultiva	101.50	5			
RETEPLASE						
Inj 10 iu vial.....	Rapilysin	1,850.00	2	5%	Apr-06	(B)
RIFABUTIN						
Cap 150 mg.....	Mycobutin	213.19	30	1%	Sept-07	(B)
RISPERIDONE						
Microspheres for inj 25 mg.....	Risperdal Consta	175.00	1			
Microspheres for inj 37.5 mg.....	Risperdal Consta	230.00	1			
Microspheres for inj 50 mg.....	Risperdal Consta	280.00	1			
Orally-disintegrating tab 0.5 mg.....	Risperdal Quicklet	21.42	28			
Orally-disintegrating tab 1 mg.....	Risperdal Quicklet	42.84	28			
Orally-disintegrating tab 2 mg.....	Risperdal Quicklet	85.71	28			
Oral liq 1 mg per ml.....	Risperdal	45.92	30 ml			
Tab 0.5 mg.....	Risperdal	5.20	20			
	Ridal					
Tab 1 mg.....	Ridal	15.60	60			
	Risperdal	30.77	60			
Tab 2 mg.....	Ridal					
	Risperdal	61.53	60			
Tab 3 mg.....	Ridal					
	Risperdal	92.32	60			
Tab 4 mg.....	Ridal					
	Risperdal	123.05	60			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
RITONAVIR						
Cap 100 mg	Norvir	121.27	84			
RITUXIMAB						
Inj 100 mg per 10 ml vial.....	Mabthera	1,195.00	2	5%	Apr-06	(B)
Inj 500 mg per 50 ml vial.....	Mabthera	2,987.00	1	5%	Apr-06	(B)
RIZATRIPTAN BENZOATE						
Wafer 10 mg	Maxalt Melt	25.32	3			
ROPINIROLE HYDROCHLORIDE						
Tab 0.25 mg.....	Requip	31.50	210			
Tab 0.25 mg x 42, 0.5 mg x 42 and 1 mg x 21	Requip Starter Pack	35.70	105			
Tab 0.5 mg x 42, 1 mg x 42 and 2 mg x 63	Requip Follow-on Pack	122.11	147			
Tab 1 mg.....	Requip	67.20	84			
Tab 2 mg.....	Requip	101.21	84			
Tab 5 mg.....	Requip	150.00	84			
ROPIVACAINE HYDROCHLORIDE						
Inj 2 mg per ml, 10 ml	Naropin	19.75	5	1%	Aug-07	(B)
Inj 2 mg per ml, 20 ml	Naropin	33.20	5	1%	Aug-07	(B)
Inf 2 mg per ml, 100 ml.....	Naropin	104.00	5	1%	Aug-07	(B)
Inf 2 mg per ml, 200 ml.....	Naropin	184.00	5	1%	Aug-07	(B)
Inj 7.5 mg per ml, 10 ml	Naropin	35.00	5	1%	Aug-07	(B)
Inj 7.5 mg per ml, 20 ml	Naropin	62.45	5	1%	Aug-07	(B)
Inj 10 mg per ml, 10 ml	Naropin	41.10	5	1%	Aug-07	(B)
Inj 10 mg per ml, 20 ml	Naropin	74.20	5	1%	Aug-07	(B)
ROPIVACAINE HYDRCHLORIDE WITH FENTANYL						
Inf 2 mg per ml with 2 µg of fentanyl per ml, 100 ml.....	Naropin	145.20	5	1%	Aug-07	(B)
Inf 2 mg per ml with 2 µg of fentanyl per ml, 200 ml	Naropin	262.60	5	1%	Aug-07	(B)
ROXITHROMYCIN						
Tab 150 mg.....	Arrow- Roxithromycin	9.50	50	1%	May-07	Romicin Rulide
Tab 300 mg.....	Arrow- Roxithromycin	18.00	50	1%	May-07	Romicin Rulide
SALBUTAMOL						
Inhaler 100 µg dose, 200 doses	Ventolin	6.00	1			
Aerosol inhaler 100 µg per dose, CFC-free.....	Salamol	4.00	200 doses			
Nebuliser soln, 1 mg per ml, 2.5 ml.....	Asthalin	3.70	20	1%	Jul-07	(B)
Nebuliser soln, 2 mg per ml, 2.5 ml.....	Asthalin	3.85	20	1%	Jul-07	(B)
Oral liq 2 mg per 5 ml.....	Salapin	2.25	150 ml	1%	Sept-07	Ventolin

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
SALBUTAMOL WITH IPRATROPIUM BROMIDE						
Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose.....	Combivent	13.50	200 dose			
SALICYLIC ACID						
Powder	ABM	15.00	500 g			
SALMETEROL						
Aerosol inhaler CFC-free 25 µg per dose	Serevent	26.46	120 dose			
Powder for inhalation, breath activated 50 µg per dose.....	Serevent Accuhaler	26.46	60 dose			
SAQUNAVIR						
Tab 500 mg.....	Invirase	556.59	120			
SEVOFLURANE						
Liq 250 ml bottle	Abbott Sevorane	325.88	250 ml	1%	Jan-07	Baxter
SIMVASTATIN						
Tab 10 mg.....	SimvaRex Arrow-Simva	1.27 2.05	30 90			
				1%	May-09	Lipex SimvaRex
Tab 20 mg.....	SimvaRex Arrow-Simva	1.54 3.00	30 90			
				1%	May-09	Lipex SimvaRex
Tab 40 mg.....	SimvaRex Arrow-Simva	2.74 5.35	30 90			
				1%	May-09	Lipex SimvaRex
Tab 80 mg.....	SimvaRex Arrow-Simva	3.18 11.65	30 90			
				1%	May-09	Lipex SimvaRex
Note – the SimvaRex brand of simvastatin tabs 10 mg, 20 mg, 40 mg and 80 mg will be delisted from 1 May 2009						
SIROLIMUS						
Tab 1 mg.....	Rapamune	813.00	100			
Tab 2 mg.....	Rapamune	1,626.00	100			
Oral liq 1 mg per ml.....	Rapamune	487.80	60 ml			
SODIUM ACID PHOSPHATE						
Enema 16% with sodium phosphate 8%	Fleet Phosphate Enema	2.50	1			
SODIUM ALGINATE						
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml	Acidex	4.95	500 ml			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
SODIUM BICARBONATE						
Inj 8.4%, 50 ml.....	Biomed	19.95	1			
Inj 8.4%, 100 ml.....	Biomed	20.50	1			
Powder BP.....	ABM	9.80	500 g			
	Biomed	11.99	500 g			
Inf 5%, 500 ml.....	Baxter	19.06	1			
SODIUM CHLORIDE						
Inf 0.45%, 500 ml.....	Baxter	3.92	1			
Inj 0.9% per 5 ml.....	AstraZeneca	8.77	50	1%	Sept-06	Pharmacia
Inj 0.9% per 10 ml.....	AstraZeneca	8.77	50	1%	Sept-06	Pharmacia
Inj 0.9% per 20 ml.....	Multichem	7.86	20			
Inf 0.9%, 50 ml.....	Baxter	2.87	1			
Inf 0.9%, 100 ml.....	Baxter	2.19	1			
Inf 0.9%, 250 ml.....	Baxter	3.07	1			
Inf 0.9%, 500 ml.....	Baxter	1.75	1			
Inf 0.9%, 1,000 ml.....	Baxter	1.78	1			
Inf 3%, 1,000 ml.....	Baxter	4.91	1			
Inj 23.4%, 20 ml.....	Biomed	26.50	5	1%	Dec-06	(B)
Soln 0.9% for irrigation.....	Pfizer	20.00	30 ml	1%	Nov 08	Orion
SODIUM CHLORIDE WITH GLUCOSE						
Inf 0.18%, with glucose 4%, 500 ml.....	Baxter	1.75	1			
Inf 0.18%, with glucose 4%, 1,000 ml.....	Baxter	1.78	1			
Inf 0.45%, with glucose 2.5%, 500 ml.....	Baxter	3.85	1			
Inf 0.45%, with glucose 5%, 500 ml.....	Baxter	8.09	1			
Inf 0.45%, with glucose 5%, 1,000 ml.....	Baxter	5.80	1			
Inf 0.9%, with glucose 5%, 1,000 ml.....	Baxter	4.54	1			
SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE						
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml.....	MicroLax	7.30	12			
SODIUM CITRO-TARTRATE						
Gran eff 4 g sachets.....	Ural	2.75	28	1%	Sept-07	Citravescent
SODIUM DIOTRIZOATE						
Powder for oral soln 3.705 g, 10 ml sachet.....	Ioscan	149.50	50			
SODIUM HYALURONATE						
Inj 10 mg per ml, 0.35 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.4 ml.....	Duovisc	64.00	0.75 ml	1%	Oct-06	(B)
Inj 10 mg per ml, 0.5 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.55 ml.....	Duovisc	74.00	1.05 ml	1%	Oct-06	(B)
Ophthalmic inj 14 mg per ml.....	Healon GV	50.00	1	1%	Oct-06	(B)
Ophthalmic soln 10 mg per ml.....	Healon Clear	35.00	0.85 ml	1%	Oct-06	Provisc
SOTALOL						
Tab 80 mg.....	Pacific	27.50	500			
Tab 160 mg.....	Pacific	10.50	100			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
SPECIAL FOOD SUPPLEMENT						
Powder, sachet 74 g.....	Oral Impact	17.50	5			
SPIRONOLACTONE						
Tab 25 mg.....	Spirotone	8.50	100			
Tab 100 mg.....	Spirotone	21.70	100			
Oral liq 5 mg per ml.....	Biomed	26.80	25 ml			
STREPTOKINASE						
Inj 250,000 IU.....	Streptase	117.70	1	1%	Dec-08	(B)
Inj 1,500,000 IU.....	Streptase	188.10	1	1%	Dec-08	(B)
SULPHUR						
Precipitated.....	ABM	6.50	100 g			
SUMATRIPTAN						
Tab 50 mg.....	Arrow- Sumatriptan	12.00	4			
	Sumagran	12.00	4			
Tab 100 mg.....	Arrow- Sumatriptan	12.00	2			
	Sumagran	12.00	2			
SUNSCREENS, PROPRIETARY						
Lotn.....	Marine Blue Lotion SPF 30+	2.55	100 g			
Lotn.....	Marine Blue Lotion SPF 30+	5.10	200 g			
SUXAMETHONIUM CHLORIDE						
Inj 50 mg per ml, 2 ml.....	AstraZeneca	95.00	50	1%	Aug-07	(B)
SYRUP (PHARMACEUTICAL GRADE)						
Liq.....	Midwest	21.75	2,000 ml	1%	Sept-07	David Craig
TACROLIMUS						
Cap 0.5 mg.....	Prograf	214.00	100			
Cap 1 mg.....	Prograf	428.00	100			
Cap 5 mg.....	Prograf	1,070.00	50			
TAMOXIFEN CITRATE						
Tab 10 mg.....	Genox	9.00	100			
Tab 20 mg.....	Genox	9.25	100			
TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN						
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium.....	Pinetarsol	2.90	500 ml	1%	Dec-08	(B)
	Pinetarsol	5.45	1000 ml			
TEMAZEPAM						
Tab 10 mg.....	Normison	0.83	25	1%	Dec-08	(B)

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
TEMOZOLOMIDE						
Cap 5 mg	Temodal	50.00	5			
Cap 20 mg	Temodal	170.00	5			
Cap 100 mg	Temodal	840.00	5			
Cap 250 mg	Temodal	2,100.00	5			
TENOFOVIR DISOPROXIL FUMARATE						
Tab 300 mg.....	Viread	531.00	30			
TERBINAFINE						
Tab 250 mg.....	Apo-Terbinafine	25.50	100	1%	Sept-08	Arrow Lamisil Terbinafin Terbinafine-DP
TERLIPRESSIN						
Inj 1 mg.....	Glypressin	450.00	5	1%	Dec-08	(B)
TESTOSTERONE						
Transdermal patch, 2.5 mg per day.....	Androderm	80.00	60			
TESTOSTERONE CYPIONATE						
Inj long-acting 100 mg per ml, 10 ml	Depo- Testosterone	61.41	1	1%	Sept-08	(B)
TETRACOSACTRIN						
Inj 250 µg	Synacthen	177.18	10	1%	Sept-08	(B)
Inj 1 mg per ml, 1ml	Synacthen Depot	26.88	1	1%	Sept-08	(B)
TIOTROPIUM BROMIDE						
Powder for inhalation 18 µg per dose.....	Spiriva	70.00	30 monodoses			
TIROFIBAN HYDROCHLORIDE						
Inj 0.25 mg per ml, 50 ml	Aggrastat	370.00	1			
TOBRAMYCIN						
Inj 40 mg per ml, 2 ml	Mayne	27.50	5			
TOLBUTAMIDE						
Tab 500 mg.....	Diatol	12.00	100			
TOPIRAMATE						
Tab 25 mg.....	Topamax	26.04	60			
Tab 50 mg.....	Topamax	44.26	60			
Tab 100 mg.....	Topamax	75.25	60			
Tab 200 mg.....	Topamax	129.85	60			
Sprinkle cap 15 mg.....	Topamax	20.84	60			
Sprinkle cap 25 mg.....	Topamax	26.04	60			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
TRAMADOL HYDROCHLORIDE						
Cap 50 mg	Tramal	2.80	20			
Tab sustained release 100 mg	Tramal Retard	5.60	20			
Tab sustained release 150 mg	Tramal Retard	8.40	20			
Tab sustained release 200 mg	Tramal Retard	11.20	20			
Inj 50 mg per ml, 1 ml	Tramal 50	4.50	5			
Inj 50 mg per ml, 2 ml	Tramal 100	4.50	5			
TRANEXAMIC ACID						
Inj 100 mg per ml, 5ml	Cyklokapron	124.73	10	1%	Nov-06	(B)
Tab 500 mg	Cyklokapron	49.14	100			
TRASTUZUMAB						
Inj 150 mg vial	Herceptin	1,350.00	1			
Inj 440 mg vial	Herceptin	3,875.00	1			
TRETINOIN						
Cap 10 mg	Vesanoid	435.90	100			
TRIAMCINOLONE ACETONIDE						
Inj 10 mg per ml, 1 ml	Kenacort-A	11.11	5			
Inj 10 mg per ml, 5 ml	Kenacort-A	10.31	1			
Inj 40 mg per ml, 1 ml	Kenacort-A40	29.09	5	1%	Dec-08	Baxter
Inj 40 mg per ml, 5 ml	Kenacort-A40	23.44	1			
0.1% in dental paste USP	Oracort	4.38	5 g	1%	Sept-08	Kenalog in Orabase
Crm 0.02%	Aristocort	6.63	100 g	1%	Dec-08	(B)
Oint 0.02%	Aristocort	6.69	100 g	1%	Dec-08	(B)
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN						
Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	Kenacomb	3.35	7.5 ml	1%	Feb-07	(B)
TRIAMTERENE WITH HYDROCHLOROTHIAZIDE						
Tab 50 mg with hydrochlorothiazide 25 mg	Triamizide	5.00	100			
TRIMETHOPRIM						
Tab 300 mg	TMP	8.69	50	1%	Dec-08	(B)
TROPISETRON						
Cap 5 mg	Navoban	77.41	5	1%	Sept-06	(B)
Inj 1 mg per ml, 2 ml	Navoban	19.20	1			
Inj 1 mg per ml, 5 ml	Navoban	38.40	1			
URSODEOXYCHOLIC ACID						
Cap 300 mg	Actigall	179.00	100	1%	Sept-08	(B)
VANCOMYCIN HYDROCHLORIDE						
Inj 50 mg per ml, 10 ml	Pacific	5.04	1	1%	Dec-08	Hospira

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man.) excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
VENLAFAXINE						
Cap 37.5 mg	Efexor XR	18.64	28			
Cap 75 mg	Efexor XR	37.27	28			
Cap 150 mg	Efexor XR	45.68	28			
VERAPAMIL HYDROCHLORIDE						
Tab 40 mg.....	Verpamil	4.75	100			
	Isoptin	7.01	100			
Tab 80 mg.....	Isoptin	11.74	100			
Tab long-acting 240 mg.....	Verpamil SR	25.00	250			
Inj 2.5 mg per ml, 2 ml	Isoptin	7.54	5			
VINBLASTINE SULPHATE						
Inj 10 mg.....	Mayne	137.50	5			
VINCRISTINE SULPHATE						
Inj 1 mg per ml, 1 ml	Mayne	99.00	5	1%	Aug-06	(B)
Inj 1 mg per ml, 2 ml	Mayne	199.00	5	1%	Aug-06	(B)
VINORELBINE						
Inj 10 mg per ml, 1 ml	Vinorelbine Ebewe	42.00	1	1%	Jan-07	Mayne Navelbine
Inj 10 mg per ml, 5 ml	Vinorelbine Ebewe	210.00	1	1%	Jan-07	Mayne Navelbine
WATER						
Inf 1,000 ml	Baxter	3.54	1			
Purified for inj 5 ml	Multichem	9.31	50	1%	Feb-07	Pharmacia
Purified for inj 10 ml	Multichem	10.38	50	1%	Feb-07	Pharmacia
Purified for inj 20 ml	Multichem	5.04	20	1%	Mar-07	Pharmacia
WATER WITH SODIUM, POTASSIUM, CALCIUM, BICARBONATE AND CHLORIDE						
Inf 131 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 2 mmol.L ⁻¹ calcium, 29 mmol.L ⁻¹ bicarbonate and 111 mmol.L ⁻¹ chloride, 500 ml	Baxter	1.75	1			
Inf 131 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 2 mmol.L ⁻¹ calcium, 29 mmol.L ⁻¹ bicarbonate and 111 mmol.L ⁻¹ chloride, 1,000 ml	Baxter	1.78	1			
WATER WITH SODIUM, POTASSIUM, CALCIUM, BICARBONATE, CHLORIDE AND GLUCOSE						
Inf 131 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 2 mmol.L ⁻¹ calcium, 29 mmol.L ⁻¹ bicarbonate 111 mmol.L ⁻¹ chloride and glucose 5%, 1,000 ml	Baxter	5.38	1			
WATER WITH SODIUM, POTASSIUM, CALCIUM AND CHLORIDE						
Inf 147 mmol.L ⁻¹ sodium, 4 mmol.L ⁻¹ potassium, 2.2 mmol.L ⁻¹ calcium and 156 mmol.L ⁻¹ chloride, 1,000 ml....	Baxter	4.43	1			

Contracted Pharmaceutical Description	Brand	Price (\$ (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceuticals
WATER WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE, ACETATE AND GLUCONATE						
Inf 140 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 1.5 mmol.L ⁻¹ magnesium, 98 mmol.L ⁻¹ chloride, 27 mmol.L ⁻¹ acetate and 23 mmol.L ⁻¹ gluconate, 500 ml	Baxter	2.95	1			
Inf 140 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 1.5 mmol.L ⁻¹ magnesium, 98 mmol.L ⁻¹ chloride, 27 mmol.L ⁻¹ acetate and 23 mmol.L ⁻¹ gluconate, 1,000 ml	Baxter	3.00	1			
ZINC AND CASTOR OIL						
Ointment	Orion	1.20	20 g	1%	Sept-06	Douglas PSM M&C Care and Health Midwest Multichem Sigma
Note - Pack sizes larger than 30 g are not considered DV Pharmaceuticals.						
ZINC SULPHATE						
Cap 220 mg	Zincaps	10.00	100	1%	Dec-08	(B)
ZIPRASIDONE						
Cap 20 mg	Zeldox	87.88	60			
Cap 40 mg	Zeldox	164.78	60			
Cap 60 mg	Zeldox	247.17	60			
Cap 80 mg	Zeldox	329.56	60			
ZOLEDRONIC ACID						
Soln for Inf 4 mg, 5 ml	Zometa	550.00	1			
ZOPICLONE						
Tab 7.5 mg	Apo-Zopiclone	21.02	500	1%	Feb-09	Imovane
ZUCLOPENTHIXOL DECANOATE						
Depot inj 200 mg per ml, 1 ml	Clopixol	19.80	5			

Part III – Hospital Pharmaceuticals Assessed by PHARMAC

To obtain a copy of the summary discussion documents, please contact either Rachel Grocott (04 916 7535; rachel.grocott@pharmac.govt.nz) or Ginny Priest (04 916 7568; ginny.priest@pharmac.govt.nz)

Assessments in 2006

Pharmaceutical	Comparator	Indication(s) Assessed	Status of Assessment	Cost/QALY Result	Value for Money?	Recommendations
Tenecteplase (Metalyse)	Other fibrin-specific thrombolytics (alteplase and reteplase)	ST-elevated myocardial infarction.	Draft version distributed in June 2006	N/A	The three fibrin-specific thrombolytics are similar in terms of efficacy and safety profiles. The costs of administration and monitoring of the two drugs are comparable.	Hospitals should contract for the fibrin-specific bolus thrombolytic (i.e reteplase or tenecteplase) that can be purchased at least cost.
Bevacizumab (Avastin)	Standard treatment (verteporfin photodynamic therapy/ placebo)	Exudative age-related macular degeneration (ARMD).	Draft version distributed in September 2006.	Cost-saving to \$15,000/QALY.	Bevacizumab is cost-saving compared with verteporfin treatment. Bevacizumab is also cost-saving compared with placebo in patients with poor initial visual acuity (VA) (<20/100 on the Snellen VA scale), and moderately cost-effective (cost/QALY \$10,000-\$15,000) in patients with better initial VA (20/40 on the Snellen VA scale).	Bevacizumab appears to be a relatively cost-effective treatment for exudative ARMD. However, it should be noted that this is both an unapproved indication and route of administration for bevacizumab. Therefore any use of bevacizumab must comply with Section 25 of the Medicines Act 1981.

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Assessments in 2005

Pharmaceutical	Comparator	Indication(s) Assessed	Status of Assessment	Cost/QALY Result	Value for Money?	Recommendations
TNF-alpha inhibitors - etanercept (Enbrel), infliximab (Remicade) and adalimumab (Humira)	Methotrexate	Rheumatoid arthritis.	Final version distributed in February 2005.	\$191,000/QALY	At current price, not very good value for money.	Another TNF-inhibitor - adalimumab (Humira) is now funded for use in the community under Special Authority criteria. Hospital funding should be restricted to patients who would meet the Special Authority criteria for funding in the community to allow continuation of care upon discharge.
Risperidone microspheres (Risperdal Consta)	Partial adherence with oral olanzapine or oral risperidone	Last-line treatment of schizophrenia.	Final version distributed in September 2005.	\$9,000/QALY when used in non-compliant patients.	Cost-saving for patients on a Community Treatment Order.	Hospital funding should be restricted to patients who would meet the Special Authority criteria for funding in the community.
Tirofiban (Aggrastat)	Standard treatment	High-risk patients with acute coronary syndrome.	Distributed in June 2005.	Cost-minimisation indicated increase in cost of \$240 per patient.	Unlikely to be good value for money.	There is no evidence indicating that treatment with tirofiban is associated with reduced mortality. Absolute risk reductions in myocardial infarctions and refractory ischemic events are small, hence any hospital savings from reduced ischemic events are likely to be modest. The budgetary impact is likely to be significant.

Part III – Hospital Pharmaceuticals Assessed by PHARMAC

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Assessments in 2004

Pharmaceutical	Comparator	Indication(s) Assessed	Status of Assessment	Cost/QALY Result	Value for Money?	Recommendations
Celecoxib (Celebrex) and rofecoxib (Vioxx)	Conventional NSAIDs (diclofenac and naproxen)	Pain and inflammation in rheumatoid arthritis and osteoarthritis.	Final version distributed in February 2004.	\$60,000/QALY - \$220,000/QALY (depending on risk of GI ulcer). No net health gains associated with celecoxib compared with diclofenac, or rofecoxib compared with naproxen.	Poor value for money, even when targeted.	COX-2 inhibitors provide little (if any) additional clinical benefit over traditional NSAIDs, and at significantly higher cost. Therefore they do not represent good value for money compared with other pharmaceuticals that could be funded.
Moxifloxacin (Avelox) and gatifloxacin (Tequin)	Standard treatment	Community-acquired respiratory infections.	Final version distributed in April 2004.	N/A	Not good value for money for first-line empiric treatment of respiratory infections (costs approximately 12 times more than standard treatment, with no evidence of increased efficacy).	The new fluoroquinolones should be reserved for last-line treatment of severe community acquired pneumonia (where alternative agents have failed or are contraindicated). Unnecessary use of the new fluoroquinolones in any circumstances other than those specified above may lead to enhanced antibiotic resistance, increased side-effects and increased costs.
Venlafaxine (Efexor)	Paroxetine	Treatment resistant depression.	Draft version distributed in June 2004.	\$4,000/QALY	Good value for money when targeted.	Treatment in hospital should be restricted to patients who will meet the community Special Authority criteria to allow continuation of treatment upon discharge.

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Assessments in 2003

Pharmaceutical	Comparator	Indication(s) Assessed	Status of Assessment	Cost/QALY Result	Value for Money?	Recommendations
Desflurane (Suprane)	Sevoflurane, isoflurane, and propofol	N/A	Final version distributed in November 2003.	N/A	For day surgery isoflurane is associated with lower costs and similar rates of post-operative nausea and vomiting (PONV) as sevoflurane and desflurane. For major surgery the costs associated with the volatile anaesthetics are very similar (due to shorter post-operative care unit stays for patients administered sevoflurane or desflurane).	Each anaesthetic agent has specific clinical uses. However in cases where more than one agent is suitable it is important that cost-effectiveness is considered. Significant savings can also be made through the use of low gas flows. Compliance with low gas flows could be improved through regular gas flow audits. Cost savings can also be obtained through the choice of the default vapouriser, availability of the different anaesthetics, regular drug expenditure audits, adherence to contract arrangements and prevention of DV limit breaches.
Drotrecogin alfa (activated) (Xigris)	Placebo	Severe sepsis.	Final version distributed in March 2003.	\$35,000/QALY for patients with a high risk of death. \$97,000/QALY for all patients with severe sepsis. Less effective and more costly for patients with low risk of death.	May be reasonable value for money for patients with severe sepsis at high risk of death (APACHE II score ≥ 25).	Drotrecogin alfa (activated) represents reasonable value for money only if targeted to patients who are most likely to benefit. Drotrecogin alfa (activated) should not be used in patients with severe sepsis at low risk of death (APACHE II score ≤ 24).
Gabapentin (Neurontin)	Placebo	Neuropathic pain for patients who are intolerant or unresponsive to alternative treatments.	Final version distributed in July 2003.	\$3,000-\$5,000/QALY for last-line treatment.	Good value for money if well targeted.	Hospital funding should be restricted to patients who would meet the Special Authority criteria for funding in the community to allow continuation of care upon discharge.
Infliximab (Remicade)	Usual care	Moderate to severe Crohn's disease for patients who are refractory to conventional treatment.	Final version distributed in November 2002.	\$53,000/QALY for single dose. \$118,000/QALY for retreatment. \$382,000/QALY for maintenance treatment.	May represent reasonable value for money if only a single-dose is administered. Other options represent poor value for money.	It is recommended that only a single-dose of infliximab be administered to patients with severe first presentation of Crohn's disease. This may induce remission of disease, and allow patients to be stabilised on conventional therapies. Clear treatment guidelines and criteria are recommended in order to avoid overuse or inappropriate use.

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Assessments in 2003 continued

Pharmaceutical	Comparator	Indication(s) Assessed	Status of Assessment	Cost/QALY Result	Value for Money?	Recommendations
Linezolid (Zyvox)	Vancomycin	Methicillin-resistant staphylococcus aureus (MRSA) infections.	Final version distributed in July 2003.	Increase in cost of \$1,300 per patient compared to vancomycin.	Cost-saving if patients can be discharged on oral treatment within the first week of hospitalisation.	For patients who are vancomycin-resistant, unable to be administered intravenous treatment or have not shown any improvement with vancomycin treatment, linezolid may be a useful option. Linezolid should not displace vancomycin as the standard antibiotic in the treatment of MRSA infections. With the emergence of linezolid-resistant strains, it is important that hospitals have strict protocols for the use of linezolid and that susceptibility patterns are closely monitored.
Zoledronic acid (Zometa)	Pamidronate in cases of HCM and cancer metastases, alendronate for osteoporosis	Hypercalcaemia of malignancy (HCM), bone metastases in patients with breast cancer, osteolytic lesions in patients with multiple myeloma, and osteoporosis.	Update distributed in October 2003.	\$40,000/QALY for patients with HCM. \$800,000/QALY for bone metastases and osteolytic lesions.	Most cost-effective if treatment is targeted to patients with HCM where the benefits are greatest. Zoledronic acid represents very poor value for money when used for the treatment of bone metastases and osteolytic lesions.	Providing treatment is targeted to patients with HCM, zoledronic acid may be a useful option for hospitals that have waiting lists for bisphosphonate treatment (due to shorter administration time). Insufficient evidence is available to evaluate the use of zoledronic acid for osteoporosis.
Voriconazole (Vfend)	Amphotericin B	Invasive Aspergillosis (IA).	Final version distributed in March 2004.	\$28,000/QALY - \$72,000/QALY (depending on improvement in survival). \$22,000/QALY - \$46,000/QALY if only oral voriconazole used.	Oral voriconazole represents reasonable value for money. For patients who are intolerant or unresponsive to amphotericin B, it is cost saving to use oral voriconazole instead of liposomal amphotericin or caspofungin. If patients are unable to be administered an oral formulation, caspofungin is cheaper than intravenous voriconazole and lipid amphotericin.	Amphotericin B should remain the first-line treatment for suspected IA (unless renal impairment prevents usage). Where amphotericin B is contraindicated or must be discontinued due to intolerance or ineffectiveness, caspofungin should be delivered whilst the patient remains an inpatient and requires intravenous treatment. When the patient is fit for discharge, oral voriconazole should be given as an alternative to IV caspofungin.

Part IIIb – Preliminary Pharmaceutical Assessments

Preliminary pharmaceutical assessments are undertaken for individual DHBs within shorter timeframes. These assessments are available for DHBs to access via a secure website: www.pharmac.govt.nz/hpad. To obtain a password for the website, please contact either Rachel Grocott (04 916 7535; rachel.grocott@pharmac.govt.nz) or Ginny Priest (04 916 7568; ginny.priest@pharmac.govt.nz)

Pharmaceutical	Indication(s) Assessed	Date Completed
Recombinant activated factor VIIa (Neovoseven)	Non-haemophilic bleeding.	2005
Palizumab (Synagis)	Prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in infants at high-risk of RSV disease.	2004
Levosimendan (Simdax)	Severe low-output heart failure.	2004

The Hospital Pharmaceutical Assessment Process (HPAP)

The Hospital Pharmaceutical Assessment process (HPAP) involves concurrent (or as near as possible) assessments by PHARMAC of pharmaceuticals assessed by DHB Hospitals. It relies on pharmaceutical suppliers and DHBs submitting applications on new hospital pharmaceuticals to PHARMAC for national assessment.

The aims of the HPAP are to:

- facilitate the introduction of economic analysis into hospital assessments for pharmaceuticals;
- reduce duplication of work;
- promote dialogue between DHBs;
- facilitate review;
- improve the consistency and quality of assessments; and
- improve consistency of access to pharmaceuticals.

National assessment by PHARMAC does not confer any obligation on DHBs to fund or not to fund new pharmaceuticals. Hospitals may commence funding of the new pharmaceuticals prior to any PHARMAC review and may continue to do so irrespective of any recommendation PHARMAC may make following review.

Part IV – Discretionary Community Supply Pharmaceuticals

Chemical and presentation	Brand	Chemical and presentation	Brand
ALBENDAZOLE Tab 200 mg	Albenza Zentel	CEFOTAXIME SODIUM Inj 500 mg Inj 1 g	
Indefinite supply to cover treatment of hydatid disease, strongyloidiasis, toxocariasis, ancylostomiasis, neurocysticercosis and schistosomiasis (where first line treatment has failed) until EC funding is approved (Section 29)		For any indication approved by the hospital service, with review at 6 weeks.	
AMIKACIN SULPHATE Inj 250 mg per ml, 2 ml		CEFOXITIN SODIUM Powder for injection 1 g	
For any indication approved by the hospital service, with review at 6 weeks		For any indication approved by the hospital service, with review at 6 weeks.	
AMOXYCILLIN WITH CLAVULANIC ACID Inj 600 mg, 500 mg with 100 mg clavulanic acid Inj 1.2 g, 1000 mg with 200 mg clavulanic acid		CEFTAZIDIME Inj 500 mg Inj 1 g Inj 2 g	
For any indication approved by the hospital service, with review at 6 weeks		For any indication approved by the hospital service, with review at 6 weeks.	
AMPHOTERICIN B Inj 50 mg Oral liq 100 mg per ml (non-liposomal only)		CEFTRIAOXONE SODIUM Inj 1 g	
Up to 6 weeks supply for any appropriate indication		For any indication approved by the hospital service, with review at 6 weeks.	
AZTREONAM Inj 1 g		CEFUROXIME AXETIL Tab 250 mg Oral liq 125 mg per 5 ml	
For any indication approved by the hospital service, with review at 6 weeks.		Up to 2 weeks supply for any appropriate indication	
BENZATHINE PENICILLIN Inj 1.2 mega u per 2ml		CEFUROXIME SODIUM Inj 250 mg Inj 750 mg Inj 1.5 g	
For prophylaxis of endocarditis		For any indication approved by the hospital service, with review at 6 weeks.	
BENZYL PENICILLIN SODIUM (PENICILLIN G) Inj 1 mega u		CHLORHEXIDINE Eye drops 0.02%	
For any indication approved by the hospital service, with review at 8 weeks.		For a period of 3 months for treatment of acanthamoeba keratitis.	
CEFAMANDOLE NAFATE Inj 500 mg Inj 1 g		CIPROFLOXACIN Oral liq 5% Oral liq 10%	
For any indication approved by the hospital service, with review at 8 weeks.		Up to 6 weeks supply for any appropriate indication	
CEFAZOLIN SODIUM Inj 500 mg Inj 1 g		CLOPIDOGREL Tab 75 mg	Plavix
For any indication approved by the hospital service, with review at 8 weeks.		Up to 4 weeks supply post stenting. Not to be funded for acute coronary syndrome or transient ischaemic attacks	
CEFEPIME HYDROCHLORIDE Inj 1 g, 15 ml Inj 2 g, 77 ml			
For any indication approved by the hospital service, with review at 6 weeks.			

Chemical and presentation	Brand	Chemical and presentation	Brand
CYCLOSPORIN		DEXTROSE	
Cap 25 mg	Gengraf	Inj 5%, 10 ml	
Cap 50 mg	Neoral	Where required for antibiotic treatment funded under DCS or HEC	
Cap 100 mg	Gengraf		
Oral liq 100 mg per ml	Neoral	ENOXAPARIN SODIUM	
For aplastic anaemia	Gengraf	Inj 20 mg per 0.2 ml	Clexane
	Neoral	Inj 40 mg per 0.4 ml	Clexane
	Gengraf	Inj 60 mg per 0.6 ml	Clexane
	Neoral	Inj 80 mg per 0.8 ml	Clexane
		Inj 100 mg per ml	Clexane
		Inj 120 mg per 0.8 ml	Clexane
		Inj 150 mg per ml	Clexane
DALTEPARIN SODIUM		For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.	
Inj 2,500 IU per 0.2 ml	Fragmin	For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.	
Inj 5,000 IU per 0.2 ml	Fragmin	For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.	
Inj 7,500 IU per 0.75 ml	Fragmin	For a maximum treatment period from diagnosis of pregnancy to 8 weeks post partum for women normally maintained on long-term oral anticoagulation who are at very high risk of thromboembolism.	
Inj 10,000 IU per 0.4 ml	Fragmin	For the treatment for a maximum of 7 days pre and post operatively for patients on oral anticoagulants requiring surgical intervention in a public hospital or until an appropriate therapeutic INR level is reached.	
Inj 10,000 IU per 1 ml	Fragmin	For a maximum of 14 days treatment in high-risk patients post pelvic, colo-rectal and major orthopaedic surgery.	
Inj 12,500 IU per 0.5 ml	Fragmin	For a maximum of 7 days treatment for patients with an acute coronary syndrome (ACS) awaiting further hospital intervention.	
Inj 15,000 IU per 0.6 ml	Fragmin	For a maximum of 14 days treatment post cardioversion in non anticoagulated patients with atrial fibrillation or until appropriate therapeutic INR level is reached.	
Inj 18,000 IU per 0.72 ml	Fragmin	For treatment of malignancy - associated venous thromboembolism.	
For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.		ERTAPENEM SODIUM	
For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.		Inj 1 g	
For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.		For any indication approved by the hospital service, with review at 6 weeks.	
For a maximum treatment period from diagnosis of pregnancy to 8 weeks post partum for women normally maintained on long-term oral anticoagulation who are at very high risk of thromboembolism.		FILGRASTIM	
For the treatment for a maximum of 7 days pre and post operatively for patients on oral anticoagulants requiring surgical intervention in a public hospital or until an appropriate therapeutic INR level is reached.		Inj 300 µg per 0.5 ml prefilled syringe	Neupogen
For a maximum of 14 days treatment in high-risk patients post pelvic, colo-rectal and major orthopaedic surgery.		Inj 300 µg per 1 ml vial	Neupogen
For a maximum of 7 days treatment for patients with an acute coronary syndrome (ACS) awaiting further hospital intervention.		Inj 480 µg per 0.5 ml prefilled syringe	Neupogen
For a maximum of 14 days treatment post cardioversion in non anticoagulated patients with atrial fibrillation or until appropriate therapeutic INR level is reached.		Indefinite supply for any appropriate indication for the management of patients with cancer.	
For treatment of malignancy - associated venous thromboembolism.			
DEMECLOCYCLINE			
Cap 150 mg	Ledermycin		
Indefinite supply for SIADH (syndrome of inappropriate anti diuretic hormone) (Section 29)			

Chemical and presentation	Brand	Chemical and presentation	Brand
FLUCLOXACILLIN SODIUM Inj 250 mg Inj 500 mg Inj 1g		LENOGRASTIM Inj 13.4 million iu vial Inj 33.6 million iu vial	Granocyte Granocyte
For any indication approved by the hospital service, with review at 8 weeks.		Indefinite supply for any appropriate indication for the management of patients with cancer.	
FLUCONAZOLE Inj 100 mg per 50 ml		LIGNOCAINE Viscous solution 2%	
For any indication approved by the hospital service, with review at 6 weeks.		For patients with head, neck and oesophageal cancer for up to 9 weeks following radiation therapy.	
FORTIFIED EYE DROPS Up to 4 weeks supply of proprietary eyedrops fortified with any appropriate anti-infective agent for the treatment of severe corneal or eye surface infections		MEROPENEM Inj 500 mg Inj 1 g	
FOSCARNET Inj 24 mg per ml IV soln Indefinite supply for any appropriate indication		For any indication approved by the hospital service, with review at 6 weeks.	
GANCICLOVIR Inj 500 mg	Cymevene	METHOXSALEN Cap 10 mg Tab 10 mg	Oxsoralen Methoxypsoralen
For prophylaxis and treatment of CMV-associated disease in immunocompromised patients and following organ transplant.		Indefinite supply for PUVA – psoralen plus ultraviolet a (UVA) therapy for severe, disabling psoriasis prephototherapy.	
GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml		MINOXIDIL Tab 2.5 mg Tab 5 mg Tab 10 mg	Loniten Loniten Loniten
Indefinite supply for any indication approved by the hospital service.		Indefinite supply for the treatment of severe hypertension that is resistant to other anti-hypertensives or where alternatives are not tolerated (Section 29)	
HEPARINISED SALINE Inj 10 iu per ml, 5 ml Inj 100 iu per ml, 5 ml		MOLGRAMOSTIM Inj 300 µg	Leucomax
For the maintenance of IV lines		Indefinite supply for any appropriate indication for the management of patients with cancer.	
HYOSCINE (Scopolamine) Patches 1.5 mg	Scopoderm TTS	NETILMICIN Inj 150 mg per 1.5 ml	
Up to 6 months supply for symptom control in terminally ill patients		Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital EC)	
IMIPENEM WITH CILASTATIN Inj 500 mg with cilastin 500 mg		NIMODIPINE Tab 30mg	
For any indication approved by the hospital service, with review at 6 weeks.		Up to 21 days supply post sub-arachnoid haemorrhage	
ITRACONAZOLE Oral liq 10 mg per ml		ONDANSETRON HYDROCHLORIDE Tab 4 mg Tab 8 mg Tab dispersible 4 mg Tab dispersible 8 mg	Zofran Zofran Zofran Zydis Zofran Zydis
Up to 3 months supply for use in liver transplant patients		For treatment of patients with hyperemesis gravidarum for the term of the pregnancy following failure of other antiemetic regimens.	
IVERMECTIN Tab 6 mg			
Indefinite supply for the treatment of filaricidies, cutaneous larva migrans (creeping eruption) and Strongyloidiasis (Section 29)			

Chemical and presentation	Brand	Chemical and presentation	Brand
PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml	Pamisol	SODIUM CHLORIDE Tab 600 mg	Slow Sodium
Inj 6 mg per ml, 10 ml	Aredia	Indefinite supply for salt wasting nephropathy (Section 29)	
Inj 9 mg per ml, 10 ml	Pamisol	Inj 0.9%	
For malignant hypercalcaemia, metastatic breast cancer – predominant lytic bone metastases, myeloma with lytic bone metastases, control of pain due to lytic bone metastases in addition to standard care (analgesics + radiotherapy), Gaucher disease with established bone disease.	Pamisol	Where required for injection of antibiotic treatment funded under DCS or HEC	
PENTAMIDINE Inj 300 mg		SPECIAL FOOD SUPPLEMENT Powder, sachet 74 g	Oral Impact
Indefinite supply for any appropriate indication		Three sachets per day for 5-7 days prior to major gastrointestinal or head or neck surgery.	
PHENINDIONE Tab 10 mg		Liquid, 237 ml	Impact
Tab 25 mg			Advanced
Tab 50 mg			Recovery
Indefinite supply for warfarin resistance anti-coagulation therapy (Section 29)			Vanilla and Chocolate
PIPERACILLIN SODIUM Inj 2 g		Three packs of 237 mls per days for 5 to 7 days prior to major gastrointestinal or head or neck surgery.	
Inj 4 g		SULPHADIAZINE Tab 500 mg (Section 29)	
For any indication approved by the hospital service, with review at 6 weeks.		For the treatment of toxoplasmosis in patients with HIV for a period of 3 months;	
PIPERACILLIN WITH TAZOACTAM Inj 4 g with tazobactam 500 mg		For pregnant patients for the term of the pregnancy;	
For any indication approved by the hospital service, with review at 6 weeks.		For infants with congenital toxoplasmosis until 12 months of age.	
POLYHEXAMETHYLENE BIGUANIDE Eye drops 0.02%		TEICOPLANIN Inj 400 mg	
For a period of 3 months for treatment of acanthamoeba keratitis.		For any indication approved by the hospital service, with review at 6 weeks.	
PRAZIQUANTEL Tab (s29) 500 mg	Cysticide	TICARCILLIN DISODIUM WITH CLAVULANIC ACID Inj 3 g with clavulanic acid 0.1 g	
For the treatment of worm infestations (Section 29)		For any indication approved by the hospital service, with review at 6 weeks.	
PRIMOQUIN Tab 2.5 mg		TINZAPARIN SODIUM Inj 3,500 anti-Xa IU/0.35ml	Innohep
Tab 5 mg		Inj 4,500 anti Xa IU/0.45ml	Innohep
Tab 7.5 mg		Inj 10,000 anti Xa IU/0.5ml	Innohep
Indefinite supply for any appropriate indication (Section 29)		Inj 14,000 anti Xa IU/0.7ml	Innohep
		Inj 18,000 anti Xa IU/0.9ml	Innohep
		Inj 20,000 anti XaIU/ml, 2ml	Innohep
		For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.	
PYRIMETHAMINE Tab 25 mg (Section 29)		For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.	
For the treatment of toxoplasmosis in patients with HIV for a period of 3 months;		For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.	
For pregnant patients for the term of the pregnancy;		For a maximum treatment period from diagnosis of pregnancy to 8 weeks post partum for women normally	
For infants with congenital toxoplasmosis until 12 months of age.			

Chemical and presentation	Brand	Chemical and presentation	Brand
maintained on long-term oral anticoagulation who are at very high risk of thromboembolism.			
For the treatment for a maximum of 7 days pre and post operatively for patients on oral anticoagulants requiring surgical intervention in a public hospital or until an appropriate therapeutic INR level is reached.			
For a maximum of 14 days treatment in high-risk patients post pelvic, colo-rectal and major orthopaedic surgery.			
For a maximum of 7 days treatment for patients with an acute coronary syndrome (ACS) awaiting further hospital intervention.			
For a maximum of 14 days treatment post cardioversion in non anticoagulated patients with atrial fibrillation or until appropriate therapeutic INR level is reached.			
For treatment of malignancy - associated venous thromboembolism.			
TOBRAMYCIN Inj 40 mg per ml, 2 ml Indefinite supply for any indication approved by the hospital service.			
TRIMETHOPRIM Tab 100 mg Indefinite supply for any appropriate indication (Section 29)			
VALGANCICLOVIR Tab 450 mg Up to 14 weeks supply for cytomegalovirus (CMV) retinitis in immunocompromised patients and prophylaxis of CMV following solid organ transplant			
VANCOMYCIN HYDROCHLORIDE Inj 50 mg per ml, 10 ml For any indication approved by the hospital service, with review at 6 weeks.			
WATER Purified for inj Where required for injection of antibiotic treatment funded under DCS or HEC			

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