

Pharmaceutical Management Agency

Section H for Hospital Pharmaceuticals

Effective 1 July 2010

New Zealand Pharmaceutical Schedule



Hospital Pharmaceuticals July 2010

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Circulation

Published each March, July and November. Changes to the contents are published in monthly updates. Annual subscription includes three Section H books. The Pharmaceutical Schedule is a separate publication.

The Schedule is distributed free of charge to over 1,000 health professionals, and is also available on an annual subscription.

Production

Typeset automatically from XML and T_EX.
See www.pharmac.govt.nz/schedule/archive/ for the XML version of this Schedule.

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ISSN 1179-3708 pdf
ISSN 1172-9694 print

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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 Waddell	Kura Denness	David Kerr
Stuart McLauchlan	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. PHARMAC takes into account the following criteria when considering proposed amendments to the Schedule:

- a) the health needs of all eligible people within New Zealand;
- b) the particular health needs of Māori 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 (www.pharmac.govt.nz), 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 is not a comprehensive list of pharmaceuticals that are used within DHB Hospitals.

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
Katie Appleby	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
Marianne Empson	BHB, MBChB, MMed (ClinEpi) FRACP, FRCPA
Ian Hosford	MBChB, FRANZCP, psychiatrist
Sisira Jayathissa	MMedSc (Clin Epi), MMBS, MD, MRCP (UK), FRCP (Edin), FRACP, FAFPHM, Dip Clin Epi, Dip OHP, Dip HSM, MBS
George Laking	PhD, MB, B.Med.Sci, MD, FRACP
Jim Lello	BHB, MBChB, DCH, FRNZCGP, general practitioner
Graham Mills	MBChB, MTropHlth, MD, FRACP, infectious disease specialist and general physician
Peter Pillans	MBBCh, MD, FCP, FRACP, clinical pharmacologist
Mark Weatherall	BA, MBChB, MAppStats, FRACP
Howard Wilson	BSc, PhD, MB, BS, Dip Obst, FRNZCGP, FRAGCP Deputy Chair

Contact PTAC C/-Advisory Committee Manager, Pharmaceutical Management Agency, PO Box 10 254, WELLINGTON 6143,
Email: PTAC@pharmac.govt.nz

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. The PHARMAC Board has appointed the following members to HPAC:

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

Contact HPAC C/- Manager, Funding and Procurement, Pharmaceutical Management Agency, PO Box 10 254 WELLINGTON 6143

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 rural areas for the purpose of PSOs.
- Section **F** lists the Community Pharmaceuticals 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 DV Limit.
- Part III 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 the 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 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 Limit.

Example

Pharmaceuticals Under National Contracts			
	Price (ex man. excl GST) \$	Per	Brand or Generic Manufacturer
Generic name listed alphabetically			
	10.00	100	Brand A Brand B
From 1 January 2010 to 30 June 2012, at least 99% of the total volume of this item purchased must be Brand C	15.00	50	Brand C
	18.00	250 ml	Brand D
Form and strength			
	26.53	100	Brand E

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

In the case of presentation B, Brand C is the Pharmaceutical with HSS. While the price indicated applies from the date on which it was listed, it does not have HSS until the date indicated in the DV Limit. The 1% DV Limit means that at least 99% of the total volume of all brands of that presentation purchased by DHB Hospitals from the date HSS effective indicated must be the HSS brand. Subject to clause 4 of the General Rules for Hospital Pharmaceuticals, DHB Hospitals may only purchase up to the DV Limit of other brands.

The brand E of Presentation D, does not have HSS or any DV Limit. Accordingly, DHB Hospitals are able to buy that brand at the listed Price if they choose, but may also buy any other brand of the presentation in any quantity required, at whatever price the DHB Hospital negotiates with the relevant supplier.

Glossary

Units of Measure

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

Abbreviations

Ampoule	Amp	Granules	Gran	Suppository	Supp
Capsule	Cap	Infusion	Inf	Tablet.....	Tab
Cream.....	Crn	Injection	Inj	Tincture.....	Tinc
Device.....	Dev	Linctus	Linc	Trans Dermal Delivery	
Dispersible.....	Disp	Liquid.....	Liq	System.....	TDDS
Effervescent.....	Eff	Long Acting.....	LA		
Emulsion.....	Emul	Ointment.....	Oint		
Enteric Coated.....	EC	Sachet	Sach		
Gelatinous	Gel	Solution.....	Soln		

HSS 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.

s29 This medicine is an unapproved medication supplied under Section 29 of the Medicines Act 1981. Practitioners prescribing this medication should:

- a) be aware of and comply with their obligations under Section 29 of the Medicines Act 1981 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, judgement, expertise and discretions, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an indication for which it is not approved.

Note: Where medicines supplied under Section 29 that are used for emergency situations, patient details required under Section 29 of the Medicines Act may be retrospectively provided to the supplier.

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 details 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 purpose 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.

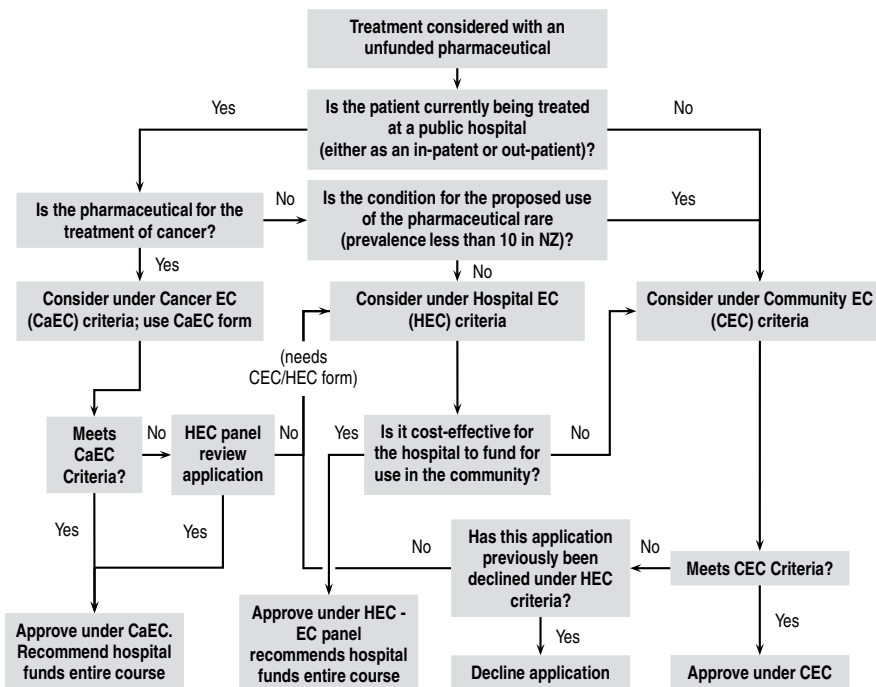
Cancer Exceptional Circumstances (CaEC)

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	Phone	(04) 916 7553 CEC
PHARMAC		(04) 916 7521 HEC
PO Box 10 254		(09) 916 7561 CaEC
Wellington 6143	or fax	(09) 523 6870
	Email:	ecpanel@pharmac.govt.nz



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.

“**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 Pharmaceutical**” means the list of Pharmaceuticals set out in Section H Part III 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 but is used in place of one that does. Usually this means it is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant Hospital Pharmaceutical with HSS. Where this is not the case, a note will be included with the listing of the HSS 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 and Discretionary Community Supply 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. Pharmaceuticals with HSS are listed in Section H Part II in bold text.

“**Individual DV Limit**” means, for a particular Hospital Pharmaceutical with HSS and a particular DHB Hospital, the dis-

cretionary 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 Pharmaceuticals for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a "PCT" or "PCT only" Pharmaceuticals 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 Limits and Discretionary Community Supply 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 Limit.

"Section H Part III" 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

Part I: General Rules for Hospital Pharmaceuticals

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

“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. Practitioners prescribing Pharmaceuticals for Unapproved Indications should be aware of, and comply with, their obligations under Section 25 and/or Section 29 of the Medicines Act 1981 and as set out in Part I: General Rules for Hospital Pharmaceuticals, rule 9.

- 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:
- review usage by DHB Hospitals of the National Contract Pharmaceutical and DV Pharmaceuticals to determine whether the DV Limit has been exceeded; and
 - 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:
- 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
 - 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:
- 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
 - 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.

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 Discretionary Community Supply Pharmaceuticals

- 7.1 Discretionary Community Supply Pharmaceuticals are deemed to include every medicine, therapeutic medical device, or related product or related thing listed in Section H Part III of the Schedule.
- 7.2 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.
- 7.3 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.
- 7.4 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

Part I: General Rules for Hospital Pharmaceuticals

the Pharmaceutical Budget.

- 7.5 Subject to rule 7.6, 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.
- 7.6 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)
 - i) up to 5 days treatment, or one original pack, (where inappropriate to provide less); or
 - ii) more than 5 days treatment, provided that the relevant DHB Hospital has a dispensing for discharge policy and the quantity supplied is in accordance with that policy; and
 - b) the Pharmaceutical is supplied consistent with any restrictions applying to that Pharmaceutical in Section A-G of the Pharmaceutical Schedule.

Note dispensing for discharge as described in rule 7.6 is at the discretion of individual DHBs.

8 Pharmaceutical Cancer Treatments

- 8.1 DHBs are obliged to fund Pharmaceutical Cancer Treatments in accordance with the October 2001 direction from the Minister of Health.
- 8.2 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.
- 8.3 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.
- 8.4 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.
- 8.5 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.
- 8.6 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.
- 8.7 Applications made under clause 8.6 must be assessed by HPAC, PHARMAC, PTAC and/or relevant subcommittees of PTAC.

9 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: Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ABACAVIR SULPHATE WITH LAMIVUDINE			
Tab 600 mg with lamivudine 300 mg	630.00	30	Kivexa
ABCIXIMAB			
Inj 10 mg	579.53	1	ReoPro
ACARBOSE			
Tab 50 mg – 1% DV Jul-09 to 2012	16.50	90	Glucobay
Tab 100 mg – 1% DV Jul-09 to 2012	26.70	90	Glucobay
ACETAZOLAMIDE			
Tab 250 mg – 1% DV Dec-08 to 2011	10.40	100	Diamox
ACETYLCYSTEINE			
Inj 200 mg per ml, 10 ml	219.75	10	Martindale Acetylcysteine
ACICLOVIR			
Tab dispersible 200 mg	1.98	25	Lovir
Tab dispersible 400 mg	6.64	56	Lovir
Tab dispersible 800 mg	7.38	35	Lovir
Inj 250 mg – 1% DV Nov-09 to 2012	25.50	5	Pfizer
ACITRETIN			
Cap 10 mg	75.80	100	Neotigason
Cap 25 mg	162.96	100	Neotigason
ACTIVATED CHARCOAL			
Oral liq 50 g per 250 ml	43.50	250 ml	Carbosorb-X
ADALIMUMAB			
Inj 40 mg per 0.8 ml prefilled pen	1,799.92	2	HumiraPen
Inj 40 mg per 0.8 ml prefilled syringe	1,799.92	2	Humira
ADEFOVIR DIPIVOXIL			
Tab 10 mg	670.00	30	Hepsera
ADRENALINE			
Inj 1 in 1,000, 1 ml	4.98	5	Aspen Adrenaline
	5.25		Mayne
Inj 1 in 10,000, 10 ml	27.00	5	Mayne
ALENDRONATE SODIUM			
Tab 40 mg	133.00	30	Fosamax
Tab 70 mg	35.91	4	Fosamax
ALENDRONATE SODIUM WITH CHOLECALCIFEROL			
Tab 70 mg with cholecalciferol 5,600 iu	35.91	4	Fosamax Plus
ALFACALCIDOL			
Cap 0.25 µg	26.32	100	One-Alpha
Cap 1 µg	87.98	100	One-Alpha
ALLOPURINOL			
Tab 100 mg – 1% DV Mar-09 to 2011	5.44	250	Apo-Allopurinol
Tab 300 mg – 1% DV Mar-09 to 2011	4.03	100	Apo-Allopurinol
ALPROSTADIL			
Inj 0.5 mg per ml, 1 ml – 1% DV Sep-09 to 2012	1,417.50	5	Prostin VR
AMANTADINE HYDROCHLORIDE			
Cap 100 mg – 1% DV Oct-08 to 2011	47.81	60	Symmetrel

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

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

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
AMBRISENTAN			
Tab 5 mg	4,585.00	30	Volibris
Tab 10 mg	4,585.00	30	Volibris
AMIKACIN SULPHATE			
Inj 5 mg per ml, 5 ml	88.00	10	Biomed
AMILORIDE			
Oral liq 1 mg per ml	26.20	25 ml	Biomed
AMILORIDE WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with hydrochlorothiazide 50 mg	13.00	500	Amizide
AMINOPHYLLINE			
Inj 25 mg per ml, 10 ml	12.84	5	Mayne
AMISULPRIDE			
Tab 100 mg	22.52	30	Solian
Tab 200 mg	97.03	60	Solian
Tab 400 mg	185.44	60	Solian
Oral liq 100 mg per ml	55.44	60 ml	Solian
AMITRIPTYLINE			
Tab 10 mg	2.77	50	Amirol
Tab 25 mg	3.40	100	Amitrip
Tab 50 mg	5.20	100	Amitrip
AMLODIPINE			
Note: HSS for Apo-Amlodipine tab 5 mg and tab 10 mg has been suspended due to an out-of-stock.			
Tab 5 mg	22.82	30	Norvasc
	7.33	100	Apo-Amlodipine
Tab 10 mg	34.85	30	Norvasc
	11.79	100	Apo-Amlodipine
AMOXYCILLIN			
Cap 250 mg	17.30	500	Apo-Amoxi
Cap 500 mg	27.25	500	Apo-Amoxi
Drops 100 mg per ml – 1% DV Jan-09 to 2011	4.00	30 ml	Ospamox
Grans for oral liq 125 mg per 5 ml	1.55	100 ml	Ospamox
Grans for oral liq 250 mg per 5 ml – 1% DV Feb-10 to 2012	1.10	100 ml	Ospamox
Inj 250 mg – 1% DV Jan-09 to 2011	12.42	10	Ibiamox
Inj 500 mg – 1% DV Jan-09 to 2011	14.24	10	Ibiamox
Inj 1 g – 1% DV Jan-09 to 2011	21.62	10	Ibiamox
AMOXYCILLIN CLAVULANATE			
Tab amoxicillin 500 mg with potassium clavulanate 125 mg – 1% DV May-09 to 2011	25.10	100	Synermox
Grans for oral liq 125 mg with potassium clavulanate 31.25 mg per 5 ml – 1% DV Jan-10 to 2012	2.20	100 ml	Curam
Grans for oral liq 250 mg with potassium clavulanate 62.5 mg per 5 ml – 1% DV Jan-10 to 2012	3.85	100 ml	Curam
Inj 600 mg – 1% DV Jan-10 to 2012	12.67	10	Curam
Inj 1.2 g – 1% DV Jan-10 to 2012	16.50	10	Curam
AMPHOTERICIN B			
Liposomal inj 50 mg vial – 1% DV Sep-09 to 2012	3,450.00	10	AmBisome

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

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ANASTROZOLE			
Tab 1 mg	29.50	30	DP-Anastrozole
ANTITHYMOCYTE GLOBULIN (EQUINE)			
Inj 50 mg per ml, 5 ml	2,137.50	5	ATGAM
APOMORPHINE HYDROCHLORIDE			
Inj 10 mg per ml, 2 ml	110.00	5	Apomine
APREPITANT			
Cap 2 × 80 mg and 1 × 125 mg	116.00	3	Emend Tri-Pack
AQUEOUS CREAM			
Crm 100 g – 1% DV Nov-08 to 2011	1.49	100 g	AFT
Note: DV Limit applies to pack sizes of 100 g or less.			
Crm 500 g – 1% DV Jan-09 to 2011	2.28	500 g	AFT
Note: DV Limit applies to pack sizes of greater than 100 g.			
ARIPIPRAZOLE			
Tab 10 mg	123.54	30	Abilify
Tab 15 mg	175.28	30	Abilify
Tab 20 mg	213.42	30	Abilify
Tab 30 mg	260.07	30	Abilify
ARSENIC TRIOXIDE			
Inj 10 mg	4,817.00	10	AFT
ATAZANAVIR SULPHATE			
Cap 150 mg	568.34	60	Reyataz
Cap 200 mg	757.79	60	Reyataz
ATENOLOL			
Note: HSS Status has been transferred to Atenolol Tablet USP tab 50 mg and 100 mg from Pacific Atenolol. Pacific Atenolol remains listed.			
Tab 50 mg – 1% DV May-10 to 2012	6.18	500	Pacific Atenolol
		1,000	Atenolol Tablet USP
Tab 100 mg – 1% DV May-10 to 2012	10.73	500	Pacific Atenolol
	21.46	1,000	Atenolol Tablet USP
ATOMOXETINE HYDROCHLORIDE			
Cap 10 mg	107.03	28	Strattera
Cap 18 mg	107.03	28	Strattera
Cap 25 mg	107.03	28	Strattera
Cap 40 mg	107.03	28	Strattera
Cap 60 mg	107.03	28	Strattera
Cap 80 mg	139.11	28	Strattera
Cap 100 mg	139.11	28	Strattera
ATRACURIUM BESYLATE			
Inj 10 mg per ml, 2.5 ml – 1% DV Sep-09 to 2012	12.55	5	Tracrium
Inj 10 mg per ml, 5 ml – 1% DV Sep-09 to 2012	26.04	5	Tracrium
ATROPINE SULPHATE			
Eye drops 1%	17.36	15 ml	Atropit
Inj 600 µg, 1 ml – 1% DV Dec-09 to 2012	52.00	50	AstraZeneca
AZITHROMYCIN			
Tab 500 mg – 1% DV Sep-09 to 2012	5.95	2	Arrow-Azithromycin

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

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

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BACLOFEN			
Tab 10 mg – 1% DV Dec-09 to 2012	4.75	100	Pacifen
Inj 10 mg – 1% DV Nov-09 to 2012	190.08	1	Lioresal Intrathecal
BASILIXIMAB			
Inj 20 mg amp	3,200.00	1	Simulect
BECLOMETHASONE DIPROPIONATE			
Aerosol inhaler, 50 µg per dose CFC-free	8.54	200 dose	Beclazone 50
Metered aqueous nasal spray, 50 µg per dose	4.00	200 dose	Alanase
Aerosol inhaler, 100 µg per dose CFC-free	12.50	200 dose	Beclazone 100
Metered aqueous nasal spray, 100 µg per dose	4.81	200 dose	Alanase
Aerosol inhaler, 250 µg per dose CFC-free	22.67	200 dose	Beclazone 250
BENDROFLUAZIDE			
Tab 2.5 mg – 1% DV Jul-10 to 2011	7.58	500	Arrow-Bendrofluazide
Tab 5 mg – 1% DV Jul-10 to 2011	11.75	500	Arrow-Bendrofluazide
BENZATHINE BENZYL PENICILLIN			
inj 1.2 mega u per 2.3 ml	315.00	10	Bicillin LA
BENZTROPINE MESYLATE			
Tab 2 mg	7.99	60	Benztrop
BENZYL PENICILLIN SODIUM			
Inj 1 mega u – 1% DV Dec-08 to 2011	10.49	10	Sandoz
BERACTANT			
Inj 25 mg per ml, 8 ml intratracheal	550.00	1	Survanta
BETAHISTINE DIHYDROCHLORIDE			
Tab 16 mg	9.26	84	Vergo 16
BETAMETHASONE VALERATE			
Scalp app 0.1% – 1% DV Dec-09 to 2012	7.22	100 ml	Beta Scalp
BEZAFIBRATE			
Tab 200 mg – 1% DV Dec-08 to 2011	9.75	90	Fibalip
Tab long-acting 400 mg	5.70	30	Bezalip Retard
BICALUTAMIDE			
Tab 50 mg – 1% DV Jan-09 to 2011	27.10	30	Bicalox
BISACODYL			
Tab 5 mg – 1% DV Sep-10 to 2013	4.99	200	Lax-Tabs
Suppos 5 mg	3.00	6	Dulcolax
Suppos 10 mg	3.00	6	Dulcolax
BLOOD GLUCOSE DIAGNOSTIC TEST METER			
Meter	6.00	1	CareSens POP
	9.00		CareSens II
			FreeStyle Lite
			On Call Advanced
			Optium Xceed
	19.00		Accu-Chek Performa

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

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
Blood glucose test strips × 50 and lancets × 5	19.10	1	On Call Advanced CareSens
	19.60		
Blood glucose test strips	21.65	50 test	Accu-Chek Performa FreeStyle Lite
	10.82	25 test	Optium 5 second test
	21.65	50 test	Optium 5 second test
BOSENTAN			
Tab 62.5 mg	4,585.00	60	Tracleer
Tab 125 mg	4,585.00	60	Tracleer
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 1% DV Sep-08 to 2011	7.93	5 ml	AFT
BUDESONIDE			
Metered aqueous nasal spray, 50 µg per dose	4.00	200 dose	Butacort Aqueous
Metered aqueous nasal spray, 100 µg per dose	4.81	200 dose	Butacort Aqueous
BUMETANIDE			
Tab 1 mg	16.36	100	Burinex
BUPIVACAINE HYDROCHLORIDE			
Inf 0.125%, 100 ml theatre pack	109.39	5	Marcain
Inf 0.125%, 200 ml theatre pack	146.23	5	Marcain
Inf 0.25%, 100 ml theatre pack	132.42	5	Marcain
Inj 0.5%, 4 ml	29.35	5	Marcain Isobaric
Inj 0.5%, 8% glucose, 4 ml	24.50	5	Marcain Heavy
Inj 0.25%, 20 ml – 1% DV Sep-09 to 2012	35.00	5	Marcain
Inj 0.5%, 10 ml – 1% DV Sep-09 to 2012	35.00	50	Marcain
Inj 0.5%, 10 ml theatre pack – 1% DV Sep-09 to 2012	28.00	5	Marcain
Inj 0.375%, 20 ml theatre pack	56.20	5	Marcain
Inj 0.5%, 20 ml theatre pack – 1% DV Sep-09 to 2012	25.00	5	Marcain
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 0.25% with 1:400,000 adrenaline, 10 ml – 1% DV Sep-09 to 2011	134.76	5	Marcain with Adrenaline
Inj 0.5% with 1:200,000 adrenaline, 20 ml – 1% DV Sep-09 to 2011	115.40	5	Marcain with Adrenaline
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inf 0.125% with 2 µg fentanyl per ml, 100 ml bag – 1% DV Jan-09 to 2011	200.00	10	Bupafen
Inf 0.125% with 2 µg fentanyl per ml, 200 ml bag – 1% DV Jan-09 to 2011	200.00	10	Bupafen
Inj 0.125% with 2 µg fentanyl per ml, 15 ml prefilled syringe – 1% DV Jan-09 to 2011	61.50	10	Biomed
Inj 0.125% with 2 µg fentanyl per ml, 20 ml prefilled syringe – 1% DV Jan-09 to 2011	78.00	10	Biomed
BUPROPION HYDROCHLORIDE			
Tab modified-release 150 mg	65.00	30	Zyban
BUSPIRONE HYDROCHLORIDE			
Tab 5 mg	28.00	100	Pacific Buspirone
Tab 10 mg	17.00	100	Pacific Buspirone

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

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST)	Per	Brand or Generic Manufacturer
	\$		
CAFFEINE CITRATE			
Oral liq 10 mg per ml	13.50	25 ml	Biomed
Inj 10 mg per ml, 2.5 ml	50.70	5	Biomed
CALCIPOTRIOL			
Crm 50 µg per g	20.20	30 g	Daivonex
	56.32	100 g	Daivonex
Oint 50 µg per g	20.20	30 g	Daivonex
	56.32	100 g	Daivonex
Soln 50 µg per ml	20.22	30 ml	Daivonex
	33.79	60 ml	Daivonex
CALCITONIN			
Inj 100 u per ml, 1 ml – 1% DV Dec-08 to 2011	110.00	5	Miacalcic
CALCITRIOL			
Cap 0.25 µg – 1% DV Feb-10 to 2012	3.03	30	Airflow
Cap 0.5 µg – 1% DV Feb-10 to 2012	5.62	30	Airflow
Oral liq 1 µg per ml	39.40	10 ml	Rocaltrol
CALCIUM CARBONATE			
Tab eff 1.75 g (1 g elemental) – 1% DV Sep-08 to 2011	6.54	30	Calsource
CALCIUM FOLINATE			
Tab 15 mg	63.89	10	Mayne
Inj 50 mg – 1% DV Sep-08 to 2011	24.50	5	Calcium Folate Ebewe
Inj 100 mg – 1% DV Sep-08 to 2011	9.75	1	Calcium Folate Ebewe
Inj 300 mg – 1% DV Sep-08 to 2011	30.00	1	Calcium Folate Ebewe
Inj 1 g – 1% DV Sep-08 to 2011	100.00	1	Calcium Folate Ebewe
CALCIUM GLUCONATE			
Inj 10%, 10 ml	21.40	10	Mayne
CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
CANDESARTAN			
Tab 4 mg	16.22	30	Atacand
Tab 8 mg	19.30	30	Atacand
Tab 16 mg	23.54	30	Atacand
Tab 32 mg	38.50	30	Atacand
CAPECITABINE			
Tab 150 mg	115.00	60	Xeloda
Tab 500 mg	705.00	120	Xeloda
CAPSAICIN			
Crm 0.075%	12.50	45 g	Zostrix HP
CAPTOPRIL			
Tab 12.5 mg	10.40	500	Apo-Captopril
Tab 25 mg	13.40	500	Apo-Captopril
Tab 50 mg	19.00	500	Apo-Captopril

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CARBOPLATIN			
Inj 10 mg per ml, 5 ml – 1% DV Dec-09 to 2012.....	20.00	1	Carboplatin Ebewe
Inj 10 mg per ml, 15 ml – 1% DV Dec-09 to 2012.....	22.50	1	Carboplatin Ebewe
Inj 10 mg per ml, 45 ml – 1% DV Dec-09 to 2012.....	55.00	1	Carboplatin Ebewe
Inj 10 mg per ml, 100 ml – 1% DV Dec-09 to 2012.....	120.00	1	Carboplatin Ebewe
CARVEDILOL			
Tab 6.25 mg	21.00	30	Dilatrend
Tab 12.5 mg	27.00	30	Dilatrend
Tab 25 mg	33.75	30	Dilatrend
CASPOFUNGIN			
Inj 50 mg – 1% DV Nov-09 to 2012	667.50	1	Cancidas
Inj 70 mg – 1% DV Nov-09 to 2012	862.50	1	Cancidas
CEFACLOR MONOHYDRATE			
Cap 250 mg	28.90	100	Ranbaxy-Cefaclor
Grans for oral liq 125 mg per 5 ml – 1% DV Sep-10 to 2013.....	3.53	100 ml	Ranbaxy-Cefaclor
CEFAZOLIN SODIUM			
Inj 500 mg – 1% DV Dec-08 to 2011	5.00	5	Hospira
Inj 1 g – 1% DV Dec-08 to 2011	8.00	5	Hospira
CEFEPIME HYDROCHLORIDE			
Inj 1 g, 15 ml – 1% DV Apr-10 to 2011	19.55	1	Maxipime
Inj 2 g, 77 ml – 1% DV Apr-10 to 2011	39.10	1	Maxipime
CEFOTAXIME			
Inj 500 mg – 1% DV Oct-08 to 2011	1.69	1	Cefotaxime Sandoz
Inj 1 g – 1% DV Oct-08 to 2011	1.90	1	Cefotaxime Sandoz
Inj 2 g – 1% DV Oct-08 to 2011	2.60	1	Cefotaxime Sandoz
CEFOXITIN SODIUM			
Powder for inj 1 g	55.00	5	Mayne
CEFTAZIDIME			
Inj 500 mg – 1% DV Sep-08 to 2011	2.84	1	Fortum
Inj 1 g – 1% DV Sep-08 to 2011	5.63	1	Fortum
Inj 2 g – 1% DV Sep-08 to 2011	11.25	1	Fortum
CEFTRIAXONE SODIUM			
Inf 2 g	10.50	1	AFT
Inj 500 mg	3.99	1	AFT
Inj 1 g	5.40	1	AFT
CEFUROXIME AXETIL			
Tab 250 mg	29.40	50	Zinnat
CEFUROXIME SODIUM			
Inj 750 mg – 1% DV Aug-08 to 2011	10.71	5	Zinacef
Inj 1.5 g – 1% DV Aug-08 to 2011	4.04	1	Zinacef
CELIPROLOL			
Tab 200 mg	19.00	180	Celol
CEPHALEXIN MONOHYDRATE			
Grans for oral liq 125 mg per 5 ml – 1% DV Feb-10 to 2012.....	8.50	100 ml	Cefalexin Sandoz
Grans for oral liq 250 mg per 5 ml – 1% DV Feb-10 to 2012.....	11.50	100 ml	Cefalexin Sandoz

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CETIRIZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Feb-09 to 2011	2.21	100	Zetop
Oral liq 1 mg per ml – 1% DV Feb-09 to 2011	3.50	200 ml	Cetirizine-AFT
CHLORAMPHENICOL			
Eye oint 1% – 1% DV Sep-09 to 2012	2.37	4 g	Chlorsig
Eye drops 0.5%	2.40	10 ml	Chlorsig
CHLORHEXIDINE			
Crm 1% obstetric – 1% DV Nov-09 to 2012	1.36	50 g	healthE
Soln 0.02% for irrigation	2.92	100 ml	Baxter
Soln 0.05% for irrigation	3.02	100 ml	Baxter
	3.63	500 ml	Baxter
Soln 0.1% for irrigation	3.10	100 ml	Baxter
Soln 0.5% for irrigation	4.69	500 ml	Baxter
Soln 5%, 500 ml	186.00	12	healthE
CHLORHEXIDINE GLUCONATE			
Obstetric lotion 1%, 200 ml	81.00	12	healthE
CHLORHEXIDINE IN ALCOHOL			
Soln 0.5% with 70% alcohol, 100 ml (tinted pink)	31.80	12	healthE
Soln 0.5% with 70% alcohol, 100 ml (tinted red)	34.80	12	healthE
Soln 0.5% with 70% alcohol, 500 ml (tinted pink)	65.40	12	healthE
Soln 0.5% with 70% alcohol, 500 ml (tinted red)	70.80	12	healthE
Soln 2% with 70% alcohol, 100 ml (tinted pink)	42.48	12	healthE
Soln 2% with 70% alcohol, 100 ml (tinted red)	46.32	12	healthE
CHLORHEXIDINE WITH CETRIMIDE			
Soln 0.015% with 0.15% cetrimide for irrigation	3.21	100 ml	Baxter
	3.47	500 ml	Baxter
	4.17	1,000 ml	Baxter
Soln 0.05% with 0.5% cetrimide for irrigation	4.20	100 ml	Baxter
	3.87	500 ml	Baxter
Soln 0.1% with 1% cetrimide for irrigation	4.38	100 ml	Baxter
	5.81	500 ml	Baxter
CHLOROTHIAZIDE			
Oral liq 50 mg per ml	22.60	25 ml	Biomed
CHLORTHALIDONE			
Tab 25 mg	8.00	50	Hygroton
CHOLECALCIFEROL			
Tab 50,000 iu	7.76	12	Cal-d-Forte
CILAZAPRIL			
Tab 0.5 mg	2.20	30	Inhibace
Tab 2.5 mg	4.10	28	Inhibace
Tab 5 mg	6.01	28	Inhibace
CILAZAPRIL WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with 12.5 mg	6.30	28	Inhibace Plus
CIPROFLOXACIN			
Tab 250 mg – 1% DV Jan-09 to 2011	3.35	30	Rex Medical
Tab 500 mg – 1% DV Jan-09 to 2011	4.90	30	Rex Medical
Tab 750 mg – 1% DV Jan-09 to 2011	7.54	30	Rex Medical
Inj 2 mg per ml, 100 ml – 1% DV Jun-10 to 2013	41.00	10	Aspen Ciprofloxacin

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CISPLATIN			
Inj 1 mg per ml, 50 ml – 1% DV Jul-10 to 2013	15.00	1	Cisplatin Ebewe
Inj 1 mg per ml, 100 ml – 1% DV Jul-10 to 2013	21.00	1	Cisplatin Ebewe
CITALOPRAM HYDROBROMIDE			
Tab 20 mg – 1% DV Jan-09 to 2011	3.78	84	Arrow-Citalopram
CLADRIBINE			
Inj 1 mg per ml, 10 ml	5,249.72	7	Leustatin
CLARITHROMYCIN			
Tab 250 mg	7.75	14	Klamycin
Grans for oral liq 125 mg per 5 ml	23.12	70 ml	Klacid
CLINDAMYCIN			
Cap 150 mg	11.39	16	Dalacin C
Inj phosphate 150 mg per ml, 4 ml – 1% DV Jul-10 to 2013	16.00	1	Dalacin C
CLOBETASOL PROPIONATE			
Crm 0.05% – 1% DV Dec-09 to 2012	3.48	30 g	Dermol
Oint 0.05% – 1% DV Dec-09 to 2012	3.48	30 g	Dermol
Scalp app 0.05% – 1% DV Dec-09 to 2012	6.36	30 ml	Dermol
CLOMIPHENE CITRATE			
Tab 50 mg	2.50	5	Phenate
	29.84	10	Serophene
CLONAZEPAM			
Tab 500 µg – 1% DV Dec-08 to 2011	6.26	100	Paxam
Tab 2 mg – 1% DV Dec-08 to 2011	11.15	100	Paxam
Inj 1 mg per ml, 1 ml	19.00	5	Rivotril
CLONIDINE			
TDDS 2.5 mg, 100 µg per day – 1% DV Dec-09 to 2012	23.30	4	Catapres-TTS-1
TDDS 5 mg, 200 µg per day – 1% DV Dec-09 to 2012	32.80	4	Catapres-TTS-2
TDDS 7.5 mg, 300 µg per day – 1% DV Dec-09 to 2012	41.20	4	Catapres-TTS-3
CLONIDINE HYDROCHLORIDE			
Tab 25 µg – 1% DV Dec-09 to 2012	19.25	100	Dixarit
Tab 150 µg – 1% DV Dec-09 to 2012	33.00	100	Catapres
Inj 150 µg per ml, 1 ml – 1% DV Dec-09 to 2012	15.45	5	Catapres
CLOPIDOGREL			
Tab 75 mg	25.00	28	Apo-Clopidogrel
	73.38		Arrow-Clopidogrel Plavix
CLOSTRIDIUM BOTULINUM			
Inj 100 u	467.50	1	Botox
Inj 500 u	1,295.00	2	Dysport
CLOTRIMAZOLE			
Crm 1% – 1% DV Sep-08 to 2011	0.50	20 g	Clomazole
Vaginal crm 1% with applicators – 1% DV Sep-10 to 2013	1.30	35 g	Clomazole
Vaginal crm 2% with applicators – 1% DV Sep-10 to 2013	2.50	20 g	Clomazole

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CLOZAPINE			
Tab 25 mg	6.69	50	Clopine
	13.37	100	Clopine
	26.74	100	Clozaril
Tab 50 mg	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg	34.65	50	Clozaril
	69.30	100	Clozaril
	17.33	50	Clopine
	34.65	100	Clopine
Tab 200 mg	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml	17.33	100 ml	Clopine
CO-TRIMOXAZOLE			
Oral liq 240 mg per 5 ml	2.15	100 ml	Deprim
COCAINE			
Soln 4%, 2 ml	25.46	1	Biomed
CODEINE PHOSPHATE			
Tab 15 mg	5.39	100	PSM
Tab 30 mg	8.25	100	PSM
Tab 60 mg	17.76	100	PSM
COLASPASE (L-ASPARAGINASE)			
Inj 10,000 iu	102.32	1	Leunase
COLCHICINE			
Tab 500 µg – 1% DV Sep-10 to 2013	9.60	100	Colgout
COLISTIN SULPHOMETHATE			
Inj 150 mg	65.00	1	Colistin-Link
CROTAMITON			
Crm 10% – 1% DV May-10 to 2012.....	3.79	20 g	Itch-Soothe
CYCLIZINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Sep-09 to 2012	1.59	10	Nausicalm
CYCLIZINE LACTATE			
Inj 50 mg per ml, 1 ml	14.95	5	Valoid (AFT)
CYCLOPHOSPHAMIDE			
Tab 50 mg – 1% DV Sep-10 to 2013	25.71	50	Cycloblastin
Inj 1 g	23.65	1	Endoxan
Inj 2 g	47.30	1	Endoxan
CYCLOSPORIN			
Cap 25 mg	59.50	50	Neoral
Cap 50 mg	118.54	50	Neoral
Cap 100 mg	237.08	50	Neoral
Oral liq 100 mg per ml	264.17	50 ml	Neoral
Inf 50 mg per ml, 5 ml – 1% DV Sep-09 to 2012	276.30	10	Sandimmun
CYPROTERONE ACETATE			
Tab 50 mg – 1% DV Sep-09 to 2012	21.10	50	Siterone
Tab 100 mg – 1% DV Sep-09 to 2012	41.50	50	Siterone

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CYTARABINE			
Inj 100 mg – 1% DV Aug-10 to 2013	76.00	5	Pfizer
Inj 500 mg – 1% DV Aug-10 to 2013	18.15	1	Pfizer
	95.36	5	Mayne
Inj 1 g – 1% DV Aug-10 to 2013	37.00	1	Pfizer
	42.65		Mayne
Inj 2 g – 1% DV Aug-10 to 2013	31.00	1	Pfizer
	34.47		Mayne
<i>(Mayne Inj 500 mg to be delisted 1 August 2010)</i>			
<i>(Mayne Inj 1 g to be delisted 1 August 2010)</i>			
<i>(Mayne Inj 2 g to be delisted 1 August 2010)</i>			
DACARBAZINE			
Inj 200 mg	43.86	1	Mayne
DALTEPARIN SODIUM			
Inj 2,500 iu per 0.2 ml prefilled syringe	49.00	10	Fragmin
Inj 5,000 iu per 0.2 ml prefilled syringe	52.30	10	Fragmin
Inj 7,500 iu per 0.75 ml graduated syringe	78.85	10	Fragmin
Inj 10,000 iu per 1 ml graduated syringe	105.12	10	Fragmin
Inj 12,500 iu per 0.5 ml prefilled syringe	84.50	5	Fragmin
Inj 15,000 iu per 0.6 ml prefilled syringe	105.00	5	Fragmin
Inj 18,000 iu per 0.72 ml prefilled syringe	125.00	5	Fragmin
DANAZOL			
Cap 100 mg	68.33	100	Azol
Cap 200 mg	29.35	30	D-Zol
	97.83	100	Azol
<i>(D-Zol Cap 200 mg to be delisted 1 November 2010)</i>			
DANTHRON WITH POLAXAMER			
Oral liq 25 mg with poloxamer 200 mg per 5 ml	9.50	300 ml	Pinorax
DANTROLENE SODIUM			
Cap 25 mg	32.96	100	Dantrium
Cap 50 mg	51.70	100	Dantrium
Inj 1 mg per ml, 20 ml	800.00	6	Dantrium IV
DASATINIB			
Tab 20 mg	3,774.06	60	Sprycel
Tab 50 mg	6,214.20	60	Sprycel
Tab 70 mg	7,692.58	60	Sprycel
Tab 100 mg	6,214.20	30	Sprycel
DAUNORUBICIN			
Inj 2 mg per ml, 10 ml	99.00	1	Pfizer
Inj 5 mg per ml, 4 ml	99.00	1	Mayne
DEFERRIOXAMINE MESYLATE			
Inj 500 mg	99.00	10	Mayne
DESFLURANE			
Liq 240 ml bottle – 1% DV Nov-09 to 2012	1,230.00	6	Suprane
DESMOPRESSIN			
Tab 100 µg	36.40	30	Minirin
Nasal spray 10 µg per dose – 1% DV Sep-08 to 2011	29.94	6 ml	Desmopressin-PH&T

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DEXAMETHASONE			
Eye drops 0.1% – 1% DV Sep-10 to 2013	4.50	5 ml	Maxidex
Oral liq 1 mg per ml	39.90	25 ml	Biomed
DEXAMETHASONE SODIUM PHOSPHATE			
Inj 4 mg per ml, 1 ml – 1% DV Aug-10 to 2013	21.50	5	Hospira
Inj 4 mg per ml, 2 ml – 1% DV Aug-10 to 2013	31.00	5	Hospira
DEXAMPHETAMINE SULPHATE			
Tab 5 mg	16.50	100	PSM
DEXTRAN 70 WITH SODIUM CHLORIDE			
Inf 6% with 0.9% sodium chloride	16.59	500 ml	Baxter
DEXTROSE			
Inj 50%, 10 ml – 1% DV Jul-08 to 2011	22.75	5	Biomed
Inj 50%, 90 ml	11.25	1	Biomed
DIAZEPAM			
Tab 2 mg	11.44	500	Arrow-Diazepam
Tab 5 mg	13.71	500	Arrow-Diazepam
Inj 5 mg per ml, 2 ml	9.24	5	Mayne
Rectal tubes 5 mg	25.05	5	Stesolid
Rectal tubes 10 mg	30.50	5	Stesolid
DICLOFENAC SODIUM			
Tab long-acting 75 mg	3.10	30	Diclax
Eye drops 1 mg per ml – 1% DV Sep-08 to 2011	13.80	5 ml	Voltaren Ophtha
Inj 25 mg per ml, 3 ml – 1% DV Sep-08 to 2011	12.00	5	Voltaren
Suppos 12.5 mg – 1% DV Sep-08 to 2011	1.85	10	Voltaren
Suppos 25 mg – 1% DV Sep-08 to 2011	2.22	10	Voltaren
Suppos 50 mg – 1% DV Sep-08 to 2011	3.84	10	Voltaren
Suppos 100 mg – 1% DV Sep-08 to 2011	6.36	10	Voltaren
DIHYDROCODEINE TARTRATE			
Tab long-acting 60 mg – 1% DV Jun-10 to 2013	27.27	60	DHC Continus
DILTIAZEM HYDROCHLORIDE			
Tab 30 mg – 5% DV Jun-09 to 31 Dec 2011	4.60	100	Dilzem
Tab 60 mg – 5% DV Jun-09 to 31 Dec 2011	8.50	100	Dilzem
Cap long-acting 120 mg – 5% DV Jun-09 to 31 Dec 2011	4.34	30	Cardizem CD
Cap long-acting 180 mg – 5% DV Jun-09 to 31 Dec 2011	6.50	30	Cardizem CD
Cap long-acting 240 mg – 5% DV Jun-09 to 31 Dec 2011	8.67	30	Cardizem CD
DINOPROSTONE			
Gel 1 mg, 2.5 ml	52.65	1	Prostin E2
Gel 2 mg, 2.5 ml	64.60	1	Prostin E2
DIPYRIDAMOLE			
Tab long-acting 150 mg – 1% DV Oct-08 to 2011	11.52	60	Pytazen SR
DISULFIRAM			
Tab 200 mg	24.30	100	Antabuse
DOCETAXEL			
Inj 20 mg – 1% DV Jul-10 to 2011	325.00	1	Docetaxel Ebewe
Inj 80 mg – 1% DV Jul-10 to 2011	1,300.00	1	Docetaxel Ebewe

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DOCUSATE SODIUM			
Cap 50 mg – 1% DV Jun-10 to 2011	3.95	100	Laxofast 50
Cap 120 mg – 1% DV Jun-10 to 2011	5.49	100	Laxofast 120
DOCUSATE SODIUM WITH SENNOSIDES			
Tab 50 mg with total sennosides 8 mg – 1% DV Jun-10 to 2012	6.38	200	Laxsol
DOPAMINE HYDROCHLORIDE			
Inj 40 mg per ml, 5 ml	54.00	5	Mayne
DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE			
Eye drops 2% with timolol maleate 0.5%	15.50	5 ml	Cosopt
DOTHIEPIN HYDROCHLORIDE			
Tab 75 mg	8.75	100	Dopress
Cap 25 mg	4.75	100	Dopress
DOXAZOSIN MESYLATE			
Tab 2 mg	22.85	500	Apo-Doxazosin
Tab 4 mg	30.26	500	Apo-Doxazosin
DOXORUBICIN			
Inj 10 mg	8.80	1	Doxorubicin Ebewe
Inj 50 mg	39.40	1	Doxorubicin Ebewe
Inj 100 mg	81.00	1	Doxorubicin Ebewe
Inj 200 mg	162.00	1	Doxorubicin Ebewe
DOXYCYCLINE HYDROCHLORIDE			
Tab 100 mg	8.10	250	Doxine
EMTRICITABINE			
Cap 200 mg	307.20	30	Emtriva
EMULSIFYING OINTMENT			
Oint BP 100 g – 1% DV Nov-08 to 2011	2.50	100 g	AFT
Note: DV Limit applies to pack sizes of 100 g or less.			
Oint BP 500 g – 1% DV Sep-08 to 2011	3.69	500 g	AFT
Note: DV Limit applies to pack sizes of greater than 100 g			
ENALAPRIL			
Tab 5 mg – 1% DV Aug-10 to 2012	1.98	90	Arrow-Enalapril
Tab 10 mg – 1% DV Aug-10 to 2012	2.44	90	Arrow-Enalapril
Tab 20 mg – 1% DV Aug-10 to 2012	3.24	90	Arrow-Enalapril
ENFUVRTIDE			
Powder for inj 90 mg per ml × 60	2,380.00	1	Fuzeon
ENOXAPARIN SODIUM			
Inj 20 mg – 1% DV Aug-09 to 2012	39.20	10	Clexane
Inj 40 mg – 1% DV Aug-09 to 2012	52.30	10	Clexane
Inj 60 mg – 1% DV Aug-09 to 2012	78.85	10	Clexane
Inj 80 mg – 1% DV Aug-09 to 2012	105.12	10	Clexane
Inj 100 mg – 1% DV Aug-09 to 2012	135.20	10	Clexane
Inj 120 mg – 1% DV Aug-09 to 2012	168.00	10	Clexane
Inj 150 mg – 1% DV Aug-09 to 2012	192.00	10	Clexane
ENTACAPONE			
Tab 200 mg – 1% DV Jul-09 to 2012	116.00	100	Comtan
ENTECAVIR			
Tab 0.5 mg	400.00	30	Baraclude

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Pharmaceuticals Under National Contracts

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EPHEDRINE SULPHATE			
Inj 30 mg per ml, 1 ml	44.00	5	Mayne
EPIRUBICIN			
Inj 2 mg per ml, 5 ml – 1% DV Oct-09 to 2012	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml – 1% DV Oct-09 to 2012	87.50	1	Epirubicin Ebewe
Inj 2 mg per ml, 50 ml – 1% DV Oct-09 to 2012	155.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml – 1% DV Oct-09 to 2012	310.00	1	Epirubicin Ebewe
EPTIFIBATIDE			
Inj 2 mg per ml, 10 ml	111.00	1	Integrilin
Inj 0.75 mg per ml, 100 ml	324.00	1	Integrilin
ERGOMETRINE MALEATE			
Inj 500 µg per ml, 1 ml	11.60	5	Mayne
ERTAPENEM SODIUM			
Inj 1 g	70.00	1	Invanz
ERYTHROMYCIN ETHYL SUCCINATE			
Tab 400 mg – 1% DV Jul-09 to 2012	16.95	100	E-Mycin
Grans for oral liq 200 mg per 5 ml – 1% DV Dec-08 to 2011	4.35	100 ml	E-Mycin
Grans for oral liq 400 mg per 5 ml – 1% DV Dec-08 to 2011	5.85	100 ml	E-Mycin
ERYTHROMYCIN LACTOBIONATE			
Inj 300 mg	70.97	5	Mayne
Inj 1 g	10.93	1	Erythrocin IV
ERYTHROPOIETIN ALPHA			
Inj human recombinant 1,000 iu, prefilled syringe	48.68	6	Eprex
Inj human recombinant 2,000 iu, prefilled syringe	120.18	6	Eprex
Inj human recombinant 3,000 iu, prefilled syringe	166.87	6	Eprex
Inj human recombinant 4,000 iu, prefilled syringe	193.13	6	Eprex
Inj human recombinant 5,000 iu, prefilled syringe	243.26	6	Eprex
Inj human recombinant 6,000 iu, prefilled syringe	291.92	6	Eprex
Inj human recombinant 10,000 iu, prefilled syringe	395.18	6	Eprex
ERYTHROPOIETIN BETA			
Inj 2,000 iu, prefilled syringe	120.18	6	NeoRecormon
Inj 3,000 iu, prefilled syringe	166.87	6	NeoRecormon
Inj 4,000 iu, prefilled syringe	193.13	6	NeoRecormon
Inj 5,000 iu, prefilled syringe	243.26	6	NeoRecormon
Inj 6,000 iu, prefilled syringe	291.92	6	NeoRecormon
Inj 10,000 iu, prefilled syringe	395.18	6	NeoRecormon
ETANERCEPT			
Inj 25 mg	949.96	4	Enbrel
ETHAMBUTOL HYDROCHLORIDE			
Tab 100 mg	57.81	56	Myambutol
Tab 400 mg	56.84	56	Myambutol
ETIDRONATE DISODIUM			
Tab 200 mg – 1% DV Jan-10 to 2012	23.95	100	Arrow-Etidronate
ETOPOSIDE			
Cap 50 mg	340.73	20	Vepesid
Cap 100 mg	340.73	10	Vepesid
Inj 20 mg per ml, 5 ml	25.00	1	Mayne

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EXEMESTANE			
Tab 25 mg	175.00	30	Aromasin
FELODIPINE			
Tab long-acting 5 mg – 1% DV Sep-09 to 2012	10.73	90	Felo 5 ER
Tab long-acting 10 mg – 1% DV Sep-09 to 2012	15.60	90	Felo 10 ER
FENTANYL CITRATE			
Inj 50 µg per ml, 2 ml	6.10	5	Hospira
Inj 50 µg per ml, 10 ml	15.65	5	Hospira
FERROUS FUMARATE			
Tab 200 mg (65 mg elemental)	4.35	100	Ferro-tab
FERROUS FUMARATE WITH FOLIC ACID			
Tab 310 mg (100 mg elemental) with folic acid 350 µg	4.75	60	Ferro-F-Tabs
FERROUS SULPHATE			
Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml) – 1% DV Sep-10 to 2013	10.30	500 ml	Ferodan
FILGRASTIM			
Inj 300 µg per 0.5 ml prefilled syringe – 1% DV Jun-09 to 31 Dec 2011	135.00	1	Neupogen
Inj 300 µg per 1 ml vial – 1% DV Jun-09 to 31 Dec 2011	650.00	5	Neupogen
Inj 480 µg per 0.5 ml prefilled syringe – 1% DV Jun-09 to 31 Dec 2011	216.00	1	Neupogen
FINASTERIDE			
Tab 5 mg – 1% DV Dec-08 to 2011	19.20	30	Fintral
FLECAINIDE ACETATE			
Tab 50 mg	45.82	60	Tambocor
Tab 100 mg	80.92	60	Tambocor
Cap long-acting 100 mg	45.82	30	Tambocor CR
Cap long-acting 200 mg	80.92	30	Tambocor CR
Inj 10 mg per ml, 15 ml	52.45	5	Tambocor
FLUCLOXACILLIN SODIUM			
Cap 250 mg – 1% DV Mar-10 to 2012	32.00	250	AFT
Cap 500 mg – 1% DV Mar-10 to 2012	110.00	500	AFT
Grans for oral liq 125 mg per 5 ml – 1% DV Dec-09 to 2012	3.12	100 ml	AFT
Grans for oral liq 250 mg per 5 ml – 1% DV Dec-09 to 2012	3.55	100 ml	AFT
Inj 250 mg – 1% DV Feb-09 to 2011	9.00	10	Flucloxin
Inj 500 mg – 1% DV Feb-09 to 2011	10.40	10	Flucloxin
Inj 1 g – 1% DV Feb-09 to 2011	14.00	10	Flucloxin
FLUCONAZOLE			
Cap 50 mg – 1% DV Sep-08 to 2011	6.82	28	Pacific
Cap 150 mg – 1% DV Sep-08 to 2011	1.30	1	Pacific
Cap 200 mg – 1% DV Sep-08 to 2011	19.05	28	Pacific
Oral liq 10 mg per ml	34.56	35 ml	Diflucan POS
Inj 2 mg per ml, 50 ml	7.10	1	m-Fluconazole
FLUDARABINE PHOSPHATE			
Tab 10 mg – 1% DV Nov-08 to 2011	867.00	20	Fludara Oral
Inj 50 mg – 1% DV Nov-08 to 2011	1,430.00	5	Fludara
FLUDROCORTISONE ACETATE			
Tab 100 µg	7.62	100	Florinef

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUMAZENIL			
Inj 0.5 mg per 5 ml amp	170.10	5	Anexate
FLUCORTOLONE CAPROATE WITH FLUCORTOLONE PIVALATE AND CINCHOCAINE			
Oint 950 µg, with flucortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	6.35	30 g	Ultraproct
Suppos 630 µg, with flucortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	2.66	12	Ultraproct
FLUOROMETHOLONE			
Eye drops 0.1% – 1% DV Sep-09 to 2012	4.05	5 ml	FML
FLUOROURACIL SODIUM			
Crn 5%	26.49	20 g	Efudix
Inj 25 mg per ml, 20 ml	55.60	10	Mayne
Inj 25 mg per ml, 100 ml	13.55	1	Mayne
Inj 50 mg per ml, 10 ml	24.75	5	Fluorouracil Ebewe
Inj 50 mg per ml, 20 ml	8.60	1	Fluorouracil Ebewe
Inj 50 mg per ml, 50 ml	21.50	1	Fluorouracil Ebewe
Inj 50 mg per ml, 100 ml	43.00	1	Fluorouracil Ebewe
FLUOXETINE HYDROCHLORIDE			
Tab dispersible 20 mg, scored – 1% DV Sep-10 to 2013	2.50	30	Floox
Cap 20 mg – 1% DV Sep-10 to 2013	2.70	84	Floox
FLUPENTHIXOL DECANOATE			
Inj 20 mg per ml, 1 ml	13.14	5	Fluanxol
Inj 20 mg per ml, 2 ml	20.90	5	Fluanxol
Inj 100 mg per ml, 1 ml	40.87	5	Fluanxol
FLUPHENAZINE DECANOATE			
Inj 12.5 mg per 0.5 ml, 0.5 ml	17.60	5	Modecate
Inj 25 mg per ml, 1 ml	27.90	5	Modecate
Inj 100 mg per ml, 1 ml	154.50	5	Modecate
FLUTAMIDE			
Tab 250 mg	48.30	100	Flutamin
FLUTICASONE			
Aerosol inhaler, 50 µg per dose CFC-free	7.50	120 dose	Flixotide
Powder for inhalation, 50 µg per dose	8.67	60 dose	Flixotide Accuhaler
Powder for inhalation, 100 µg per dose	13.87	60 dose	Flixotide Accuhaler
Aerosol inhaler, 125 µg per dose CFC-free	13.60	120 dose	Flixotide
Aerosol inhaler, 250 µg per dose CFC-free	27.20	120 dose	Flixotide
Powder for inhalation, 250 µg per dose	24.51	60 dose	Flixotide Accuhaler
FLUTICASONE WITH SALMETEROL			
Aerosol inhaler 50 µg with salmeterol 25 µg	37.48	120 dose	Seretide
Powder for inhalation 100 µg with salmeterol 50 µg	37.48	60 dose	Seretide Accuhaler
Aerosol inhaler 125 µg with salmeterol 25 µg	49.69	120 dose	Seretide
Powder for inhalation 250 µg with salmeterol 50 µg	49.69	60 dose	Seretide Accuhaler
FOLIC ACID			
Oral liq 50 µg per ml	21.05	25 ml	Biomed

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FUROSEMIDE			
Tab 40 mg – 1% DV Jul-09 to 2012	10.75	1,000	Diurin 40
Tab 500 mg	50.00	50	Urex Forte
Inj 10 mg per ml, 2 ml	29.50	50	Mayne
FUSIDIC ACID			
Tab 250 mg	34.50	12	Fucidin
Crn 2% – 1% DV Sep-10 to 2013	3.25	15 g	Foban
Eye drops 1%	9.83	5 g	Fucithalmic
Oint 2% – 1% DV Sep-10 to 2013	3.25	15 g	Foban
GABAPENTIN			
Note: DV limit of 5% applies to gabapentin chemical rather than each individual line item.			
Cap 100 mg – 5% DV Aug-09 to 31 Jul 2012	7.16	100	Nupentin
Cap 300 mg – 5% DV Aug-09 to 31 Jul 2012	11.50	100	Nupentin
Cap 400 mg – 5% DV Aug-09 to 31 Jul 2012	14.75	100	Nupentin
GADOBENDATE DIMEGLUMINE			
Inj 0.5 g per litre, 10 ml	324.74	10	Multihance
Inj 0.5 g per litre, 20 ml	636.28	10	Multihance
GADOBUTROL			
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe	253.10	5	Gadovist
GADODIAMIDE			
Inj 287 mg per ml, 10 ml	180.00	10	Omniscan
Inj 287 mg per ml, 10 ml prefilled syringe	220.00	10	Omniscan
Inj 287 mg per ml, 15 ml	270.00	10	Omniscan
Inj 287 mg per ml, 15 ml prefilled syringe	330.00	10	Omniscan
Inj 287 mg per ml, 20 ml prefilled syringe	440.00	10	Omniscan
GANCICLOVIR			
Inj 500 mg vial	380.00	5	Cymevene
GELATIN PLASMA REPLACER			
Inf 3.5%, 500 ml bag	9.75	500 ml	Haemaccel
Inf 4% per 500 ml bag	108.00	10	Gelofusine
GEMCITABINE HYDROCHLORIDE			
Inj 200 mg – 1% DV Sep-10 to 2013	12.50	1	Gemcitabine Ebewe
Inj 1 g – 1% DV Sep-10 to 2013	62.50	1	Gemcitabine Ebewe
GENTAMICIN SULPHATE			
Eye drops 0.3%	11.40	5 ml	Genoptic
Inj 10 mg per ml, 1 ml	8.56	5	Mayne
Inj 40 mg per ml, 2 ml – 1% DV Dec-09 to 2012	9.00	10	Pfizer
GLICLAZIDE			
Tab 80 mg – 1% DV Sep-08 to 2011	22.24	500	Apo-Gliclazide
GLIPIZIDE			
Tab 5 mg – 1% DV Sep-08 to 2011	3.50	100	Minidiab

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLUCOSE			
Inf 5%	2.87	50 ml	Baxter
	2.84	100 ml	Baxter
	3.87	250 ml	Baxter
	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
Inf 10%	3.70	500 ml	Baxter
	5.29	1,000 ml	Baxter
Inf 50%	6.84	500 ml	Baxter
GLUCOSE WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE AND ACETATE			
Inf 50 g with 40 mmol/L sodium, 13 mmol/L potassium, 1.5 mmol/L magnesium, 40 mmol/L chloride, and 16 mmol/L acetate	4.50	500 ml	Baxter
GLUCOSE WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE, ACETATE AND GLUCONATE			
Inf 50 g with 140 mmol/L sodium, 5 mmol/L potassium, 1.5 mmol/L magnesium, 98 mmol/L chloride, 27 mmol/L acetate and 23 mmol/L gluconate	7.00	1,000 ml	Baxter
GLYCEROL			
Liquid	19.80	2,000 ml	ABM
Suppos 3.6 g	6.00	20	PSM
GLYCERYL TRINITRATE			
Tab 600 µg – 1% DV Mar-09 to 2011	8.00	100	Lycinate
Inj 1 mg per ml, 5 ml – 1% DV Dec-09 to 2012	22.70	10	Nitronal
Inj 1 mg per ml, 50 ml – 1% DV Dec-09 to 2012	86.60	10	Nitronal
Inj 5 mg per ml, 10 ml	40.00	5	Mayne
Aerosol spray 400 µg per dose – 1% DV Sep-08 to 2011	5.16	250 dose	Nitrolingual Pumpspray
TDDS 5 mg – 1% DV Jul-08 to 2011	16.56	30	Nitroderm TTS 5
TDDS 10 mg – 1% DV Jul-08 to 2011	19.60	30	Nitroderm TTS 10
GLYCINE			
Soln 1.5% for irrigation	11.38	2,000 ml	Baxter
	14.44	3,000 ml	Baxter
GOSERELIN ACETATE			
Inj 3.6 mg	200.00	1	Zoladex
Inj 10.8 mg	500.00	1	Zoladex
HALOPERIDOL			
Tab 500 µg	4.93	100	Serenace
Tab 1.5 mg	7.45	100	Serenace
Tab 5 mg	23.49	100	Serenace
Oral liq 2 mg per ml	18.06	100 ml	Serenace
Inj 5 mg per ml, 1 ml	17.04	10	Serenace
HALOPERIDOL DECANOATE			
Inj 50 mg per ml, 1 ml	28.39	5	Haldol
Inj 100 mg per ml, 1 ml	55.90	5	Haldol Concentrate
HEPARIN SODIUM			
Inj 1,000 iu per ml, 1 ml	66.80	50	Mayne
Inj 1,000 iu per ml, 5 ml	11.44	10	Pfizer
	46.30	50	Pfizer
Inj 5,000 iu per ml, 1 ml	14.20	5	Mayne
Inj 5,000 iu per ml, 5 ml	118.50	50	Pfizer

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HEPARIN WITH SODIUM CHLORIDE			
Inf 25,000 iu with 0.9% sodium chloride	7.25	250 ml	Baxter
	7.67	500 ml	Baxter
HEPARINISED SALINE			
Inj 10 iu per ml, 5 ml	32.50	50	Pfizer
HYDRALAZINE			
Inj 20 mg per ml, 1 ml	25.90	5	Apresoline
HYDROCORTISONE			
Tab 5 mg – 1% DV Dec-09 to 2012	8.35	100	Douglas
Tab 20 mg – 1% DV Dec-09 to 2012	20.95	100	Douglas
Crn 1%, 14.2 g	2.48	14.2 g	AFT
Powder – 1% DV Aug-09 to 2011	33.00	25 g	ABM
Crn 1%, 100 g	3.75	100 g	Pharmacy Health
Crn 1%, 500 g – 1% DV Sep-08 to 2011	12.20	500 g	PSM
Note: DV Limit applies to pack sizes of greater than 100 g.			
HYDROCORTISONE ACETATE			
Rectal foam 10%, CFC-Free (14 applications) – 1% DV Dec-09 to 2012	23.00	21.1 g	Colifoam
HYDROCORTISONE BUTYRATE			
Lipocream 0.1%	2.30	30 g	Locoid Lipocream
	6.85	100 g	Locoid Lipocream
Oint 0.1%	6.85	100 g	Locoid
Milky emul 0.1%	6.85	100 ml	Locoid Crelo
Scalp lotn 0.1%	3.65	100 ml	Locoid
HYDROCORTISONE WITH MICONAZOLE			
Crn 1% with miconazole nitrate 2%	2.20	15 g	Micreme H
HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN			
Crn 1% with natamycin 1% and neomycin sulphate 0.5%	2.79	15 g	Pimafucort
Oint 1% with natamycin 1% and neomycin sulphate 0.5%	2.79	15 g	Pimafucort
HYDROGEN PEROXIDE			
Crn 1%	8.56	10 g	Crystacide
HYDROXOCOBALAMIN			
Inj 1 mg per ml, 1 ml – 1% DV Apr-10 to 2012	6.15	3	ABM
HYDROXYCHLOROQUINE SULPHATE			
Tab 200 mg – 1% DV Jul-09 to 2012	22.50	100	Plaquenil
HYDROXYETHYL STARCH 130/0.4			
Inj 6% – 1% DV Nov-09 to 2012	198.00	20	Voluven
HYDROXYETHYL STARCH 200/0.5			
Inj 6%, 500 ml bag – 1% DV Dec-09 to 2012	296.00	16	Starquin 200 6%
Inj 10% – 1% DV Sep-08 to 2011	13.50	1	StarQuin 10%
HYDROXYUREA			
Cap 500 mg	31.76	100	Hydrea
HYOSCINE (SCOPOLAMINE)			
Patches 1.5 mg	11.95	2	Scopoderm TTS
HYOSCINE HYDROBROMIDE			
Inj 400 µg per ml, 1 ml	6.66	5	Mayne

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HYOSCINE N-BUTYLBROMIDE			
Tab 10 mg – 1% DV Dec-08 to 2011	1.62	20	Gastrosoothe Buscopan
Inj 20 mg per ml, 1 ml – 1% DV Dec-08 to 2011	8.04	5	
HYPROMELLOSE			
Eye drops 0.5% – 1% DV Mar-09 to 2011	2.00	15 ml	Methopt
IBUPROFEN			
Oral liq 100 mg per 5 ml – 1% DV Sep-10 to 2013	2.69	200 ml	Fenpaed
IDARUBICIN HYDROCHLORIDE			
Cap 5 mg – 1% DV Jan-10 to 2012	115.00	1	Zavedos
Cap 10 mg – 1% DV Jan-10 to 2012	144.50	1	Zavedos
Inj 5 mg – 1% DV Jan-10 to 2012	170.00	1	Zavedos
Inj 10 mg – 1% DV Jan-10 to 2012	340.00	1	Zavedos
IFOSFAMIDE			
Inj 1 g	96.00	1	Holoxan
Inj 2 g	180.00	1	Holoxan
ILOPROST			
Inf 100 µg per ml, 0.5 ml	925.00	5	Ilomedin
Nebuliser soln 10 µg per ml, 2 ml	1,185.00	30	Ventavis
IMATINIB MESYLATE			
Tab 100 mg	2,400.00	60	Glivec
IMIPENEM WITH CILASTATIN			
Inj 500 mg with cilastatin 500 mg	21.61	1	Primaxin
IMIPRAMINE HYDROCHLORIDE			
Tab 10 mg	5.48	50	Tofranil
Tab 25 mg	8.80	50	Tofranil
IMIQUIMOD			
Crm 5%, sachet	110.40	12	Aldara
INDAPAMIDE			
Tab 2.5 mg	4.00	100	Napamide
INFLIXIMAB			
Powder for inj 100 mg	1,227.00	1	Remicade
INSULIN GLARGINE			
Inj 100 u per ml, 3 ml	94.50	5	Lantus
Inj 100 u per ml, 10 ml	63.00	1	Lantus SoloStar Lantus
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
Inj lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml	52.15	5	Humalog Mix 25
Inj lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml	52.15	5	Humalog Mix 50
INSULIN PEN NEEDLES			
29 g × 12.7 mm	10.50	100	ABM
	11.75		SC Profi-Fine
31 g × 5 mm	11.75	100	SC Profi-Fine
31 g × 6 mm	10.50	100	ABM
31 g × 8 mm	10.50	100	ABM
	11.75		SC Profi-Fine

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE			
Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100	ABM DM Ject
Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100	ABM DM Ject
Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100	ABM DM Ject
Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100	ABM DM Ject
Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100	ABM DM Ject
Syringe 1 ml with 31 g × 8 mm needle	13.00	100	ABM DM Ject
IODINE WITH ALCOHOL			
Soln 1% with 70% alcohol, 100 ml	111.60	12	healthE
IODIXANOL			
Inj 270 mg per ml (iodine equivalent), 50 ml – 5% DV Apr-10 to 2012	223.50	10	Visipaque
Inj 270 mg per ml (iodine equivalent), 100 ml – 5% DV Apr-10 to 2012	447.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 50 ml – 5% DV Apr-10 to 2012	223.50	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 100 ml – 5% DV Apr-10 to 2012	447.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 150 ml – 5% DV Apr-10 to 2012	670.50	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 200 ml – 5% DV Apr-10 to 2012	565.56	6	Visipaque
	894.00	10	Visipaque
IOHEXOL			
Note: Iomeron, Isovue, Optiray, Ultraject and Ultravist are DV Pharmaceuticals.			
Inj 240 mg per ml (iodine equivalent), 50 ml – 5% DV Apr-10 to 2012	77.80	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 20 ml – 5% DV Apr-10 to 2012	24.00	6	Omnipaque
Inj 300 mg per ml (iodine equivalent), 50 ml – 5% DV Apr-10 to 2012	77.80	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 100 ml – 5% DV Apr-10 to 2012	155.60	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 500 ml – 5% DV Apr-10 to 2012	468.00	6	Omnipaque
Inj 350 mg per ml (iodine equivalent), 20 ml – 5% DV Apr-10 to 2012	24.00	6	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml – 5% DV Apr-10 to 2012	77.80	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 75 ml – 5% DV Apr-10 to 2012	116.70	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml – 5% DV Apr-10 to 2012	155.60	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml – 5% DV Apr-10 to 2012	186.70	6	Omnipaque
Inj 350 mg per ml (iodine equivalent), 500 ml – 5% DV Apr-10 to 2012	780.00	10	Omnipaque
IPRATROPIUM BROMIDE			
Nebuliser soln, 250 µg per ml, 1 ml	4.30	20	Ipratropium Steri-Neb
Nebuliser soln, 250 µg per ml, 2 ml	5.25	20	Ipratropium Steri-Neb
IRINOTECAN			
Inj 20 mg per ml, 2 ml – 1% DV Aug-10 to 2012	41.00	1	Irinotecan-Rex
	124.00		Camptosar
Inj 20 mg per ml, 5 ml – 1% DV Aug-10 to 2012	100.00	1	Irinotecan-Rex
	310.00		Camptosar
<i>(Camptosar Inj 20 mg per ml, 2 ml to be delisted 1 August 2010)</i>			
<i>(Camptosar Inj 20 mg per ml, 5 ml to be delisted 1 August 2010)</i>			
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml – 1% DV Sep-08 to 2011	20.95	5	Ferrum H

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IRON SUCROSE			
Inj 20 mg per ml, 5 ml – 1% DV Apr-10 to 2011	100.00	5	Venofer
ISOFLURANE			
Liq 250 ml bottle – 1% DV Nov-09 to 2012	540.00	6	Aerrane
ISONIAZID			
Tab 100 mg	20.00	100	PSM
ISOPROPYL ALCOHOL			
Soln 70%, 500 ml	67.80	12	healthE
ISOSORBIDE MONONITRATE			
Tab 20 mg	18.00	100	Ismo-20
Tab long-acting 60 mg	4.15	90	Duride
ISOTRETINOIN			
Cap 10 mg – 1% DV Nov-09 to 2012	48.48	180	Oratane
Cap 20 mg – 1% DV Nov-09 to 2012	69.70	180	Oratane
ITRACONAZOLE			
Cap 100 mg	23.70	15	Sporanox
IVERMECTIN			
Tab 3 mg – 1% DV Oct-08 to 2011	25.96	4	Stromectol
KETOCONAZOLE			
Shampoo 2% – 1% DV Oct-08 to 2011	3.48	100 ml	Sebizole
KETONE BLOOD BETA-KETONE ELECTRODES			
Test strips	8.50	10 strip	Optium Blood Ketone Test Strips
LABELALOL			
Tab 50 mg	8.66	100	Hybloc
Tab 100 mg	10.59	100	Hybloc
Tab 200 mg	18.47	100	Hybloc
Tab 400 mg	34.44	100	Hybloc
LACTULOSE			
Oral liq 10 g per 15 ml	6.65	1,000 ml	Duphalac
LAMOTRIGINE			
Tab dispersible 2 mg	6.74	30	Lamictal
Tab dispersible 5 mg	9.64	30	Lamictal
	15.00	56	Arrow-Lamotrigine
Tab dispersible 25 mg	19.38	56	Logem
	20.40		Arrow-Lamotrigine Mogine
	29.09		Lamictal
Tab dispersible 50 mg	32.97	56	Logem
	34.70		Arrow-Lamotrigine Mogine
	47.89		Lamictal
Tab dispersible 100 mg	56.91	56	Logem
	59.90		Arrow-Lamotrigine Mogine
	79.16		Lamictal

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Pharmaceuticals Under National Contracts

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LANSOPRAZOLE			
Cap 15 mg	3.50	28	Solox
Cap 30 mg	4.65	28	Solox
LEFLUNOMIDE			
Tab 10 mg	55.00	30	AFT-Leflunomide
	79.27		Arava
Tab 20 mg	76.00	30	AFT-Leflunomide
	108.60		Arava
Tab 100 mg	54.44	3	Arava
LETROZOLE			
Tab 2.5 mg – 1% DV Apr-10 to 2012	26.55	30	Letara
LEUPRORELIN			
Inj 3.75 mg	221.60	1	Lucrin Depot
Inj 3.75 mg prefilled syringe	221.60	1	Lucrin Depot PDS
Inj 7.5 mg	166.20	1	Eligard
Inj 11.25 mg	591.68	1	Lucrin Depot
Inj 11.25 mg prefilled syringe	591.68	1	Lucrin Depot PDS
Inj 22.5 mg	443.76	1	Eligard
Inj 30 mg	591.68	1	Eligard
Inj 30 mg prefilled syringe	1,109.40	1	Lucrin Depot PDS
Inj 45 mg	832.05	1	Eligard
LEVOBUNOLOL			
Eye drops 0.25%	7.00	5 ml	Betagan
Eye drops 0.5%	7.00	5 ml	Betagan
LEVODOPA WITH BENSERAZIDE			
Tab dispersible 50 mg with benserazide 12.5 mg	10.00	100	Madopar Dispersible
Cap 50 mg with benserazide 12.5 mg	8.00	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg	12.50	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg	17.00	100	Madopar HBS
Cap 200 mg with benserazide 50 mg	25.00	100	Madopar 250
LEVODOPA WITH CARBIDOPA			
Tab 100 mg with carbidopa 25 mg	20.00	100	Sinemet
Tab long-acting 200 mg with carbidopa 50 mg	47.50	100	Sinemet CR
Tab 250 mg with carbidopa 25 mg	40.00	100	Sinemet
LIGNOCAINE			
Gel 2% – 1% DV Nov-09 to 2012	6.00	30 ml	Xylocaine Jelly
Gel 2%, 10 ml urethral syringe	43.26	10	Pfizer
LIGNOCAINE HYDROCHLORIDE			
Pump spray 10%, 50 ml CFC-free	60.00	50 ml	Xylocaine
Inj 0.5%, 5 ml	44.10	50	Xylocaine
Inj 1%, 2 ml – 1% DV Sep-09 to 2012	57.60	50	Xylocaine
Inj 1%, 5 ml – 1% DV Sep-09 to 2012	35.00	50	Xylocaine
Inj 1%, 20 ml – 1% DV Sep-09 to 2012	20.00	5	Xylocaine
Inj 2%, 2 ml – 1% DV Sep-09 to 2012	62.40	50	Xylocaine
Inj 2%, 5 ml – 1% DV Sep-09 to 2012	23.00	50	Xylocaine
Inj 2%, 20 ml – 1% DV Sep-09 to 2012	15.00	5	Xylocaine

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

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 1% with 1:100,000 of adrenaline 5 ml	18.00	10	Xylocaine
Inj 1% with 1:200,000 of adrenaline 20 ml	44.00	5	Xylocaine
Inj 2% with 1:200,000 of adrenaline 20 ml	49.50	5	Xylocaine
LIGNOCAINE WITH CHLORHEXIDINE			
Gel 2% with 0.05% chlorhexidine	43.26	10	Pfizer
LIGNOCAINE WITH PRILOCAINE			
Crn 2.5% with prilocaine 2.5%, 30 g	41.00	30 g	EMLA
Patch 2.5% with prilocaine 2.5%	104.00	20	EMLA
Crn 2.5% with prilocaine 2.5%, 5 g	41.00	5	EMLA
LISINAPRIL			
Tab 5 mg – 1% DV Sep-09 to 2012	2.06	30	Arrow-Lisinopril
Tab 10 mg – 1% DV Sep-09 to 2012	2.36	30	Arrow-Lisinopril
Tab 20 mg – 1% DV Sep-09 to 2012	2.87	30	Arrow-Lisinopril
LOPINAVIR WITH RITONAVIR			
Tab 100 mg with ritonavir 25 mg	183.75	60	Kaletra
Tab 200 mg with ritonavir 50 mg	735.00	120	Kaletra
Oral liq 80 mg with ritonavir 20 mg per ml	735.00	300 ml	Kaletra
LORATADINE			
Tab 10 mg – 1% DV Sep-10 to 2013	2.09	100	Loraclear Hayfever Relief
Oral liq 1 mg per ml – 1% DV Sep-10 to 2013	3.10	100 ml	Lorapaed
LORAZEPAM			
Tab 1 mg	16.42	250	Ativan
Tab 2.5 mg	11.17	100	Ativan
MACROGOL 3350			
Powder 13.125 g, sachets	18.14	30	Movicol
MAGNESIUM SULPHATE			
Inj 49.3%, 5 ml	26.60	10	Mayne
MANNITOL			
Inf 10%	14.21	1,000 ml	Baxter
Inf 15%	9.84	500 ml	Baxter
Inf 20%	10.80	500 ml	Baxter
MEBENDAZOLE			
Tab 100 mg – 1% DV May-09 to 2011	17.28	24	De-Worm
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg – 1% DV Dec-08 to 2011	18.00	90	Colofac
MEDROXYPROGESTERONE ACETATE			
Tab 2.5 mg – 1% DV Jul-10 to 2013	3.09	30	Provera
Tab 5 mg – 1% DV Jul-10 to 2013	13.06	100	Provera
Tab 10 mg – 1% DV Jul-10 to 2013	6.85	30	Provera
Tab 100 mg – 1% DV Jul-10 to 2013	96.50	100	Provera
Tab 200 mg – 1% DV Jul-10 to 2013	70.50	30	Provera
Inj 150 mg per ml, 1 ml syringe – 1% DV Jul-10 to 2013	7.15	1	Depo-Provera
MEGESTROL ACETATE			
Tab 160 mg – 1% DV May-10 to 2012	57.92	30	Apo-Megestrol

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE			
Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml	21.00	100 ml	Gastrografin
Oral soln 660 mg per ml, with sodium amidotrizoate 100 mg per ml, 100 ml	210.00	10	Gastrografin
MEGLUMINE GADOPENTETATE			
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml prefilled sy- ringe	92.00	5	Magnevist
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml vial	184.00	10	Magnevist
MEROPENEM			
Inj 500 mg – 1% DV Sep-08 to 2011	255.00	10	Merrem
Inj 1 g – 1% DV Sep-08 to 2011	505.00	10	Merrem
MESALAZINE			
Tab 400 mg	49.50	100	Asacol
Tab EC 500 mg	49.50	100	Asamax
Tab long-acting 500 mg	59.05	100	Pentasa
Enema 1 g per 100 ml – 1% DV Sep-09 to 2012	45.96	7	Pentasa
Suppos 500 mg	25.20	20	Asacol
Suppos 1 g	50.96	28	Pentasa
MESNA			
Tab 400 mg	168.30	50	Uromitexan
Tab 600 mg	251.35	50	Uromitexan
Inj 100 mg per ml, 4 ml	109.63	15	Uromitexan
Inj 100 mg per ml, 10 ml	251.73	15	Uromitexan
METFORMIN HYDROCHLORIDE			
Tab immediate-release 500 mg – 1% DV Jan-10 to 2012	8.09	500	Apotex
Tab immediate-release 850 mg – 1% DV Jan-10 to 2012	6.67	250	Apotex
METHADONE HYDROCHLORIDE			
Tab 5 mg	2.10	10	Methatabs
Oral liq 2 mg per ml – 1% DV Jul-09 to 2012	5.95	200 ml	Biodone
Oral liq 5 mg per ml – 1% DV Jul-09 to 2012	5.55	200 ml	Biodone Forte
Oral liq 10 mg per ml – 1% DV Jul-09 to 2012	8.95	200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml	61.00	10	AFT
METHOTREXATE			
Tab 2.5 mg – 1% DV Sep-09 to 2012	5.22	30	Methoblastin
Tab 10 mg – 1% DV Sep-09 to 2012	40.93	50	Methoblastin
Inj 100 mg per ml, 10 ml – 1% DV Nov-08 to 2011	27.50	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml – 1% DV Nov-08 to 2011	135.00	1	Methotrexate Ebewe
METHYL HYDROXYBENZOATE			
Powder	10.00	25 g	ABM
METHYLCELLULOSE			
Powder	14.00	100 g	ABM
METHYLDOPA			
Tab 125 mg – 1% DV Dec-08 to 2011	12.00	100	Prodopa
Tab 250 mg – 1% DV Dec-08 to 2011	13.10	100	Prodopa
Tab 500 mg – 1% DV Dec-08 to 2011	20.85	100	Prodopa

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHYLPHENIDATE HYDROCHLORIDE			
Tab 5 mg	3.20	30	Rubifen
Tab 10 mg	3.00	30	Rubifen
Tab immediate-release 10 mg	3.00	30	Ritalin
Tab 20 mg	7.85	30	Rubifen
Tab immediate-release 20 mg	50.00	100	Ritalin SR
Tab long-acting 20 mg	10.95	30	Rubifen SR
METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE			
Tab extended-release 18 mg	58.96	30	Concerta
Tab extended-release 27 mg	65.44	30	Concerta
Tab extended-release 36 mg	71.93	30	Concerta
Tab extended-release 54 mg	86.24	30	Concerta
Cap modified-release 10 mg	19.50	30	Ritalin LA
Cap modified-release 20 mg	25.50	30	Ritalin LA
Cap modified-release 30 mg	31.90	30	Ritalin LA
Cap modified-release 40 mg	38.25	30	Ritalin LA
METHYLPREDNISOLONE			
Tab 4 mg – 1% DV Sep-09 to 2012	48.57	100	Medrol
Tab 100 mg – 1% DV Sep-09 to 2012	166.52	20	Medrol
METHYLPREDNISOLONE ACEPONATE			
Crm 0.1%	4.95	15 g	Advantan
Oint 0.1%	4.95	15 g	Advantan
METHYLPREDNISOLONE ACETATE			
Inj 40 mg per ml, 1 ml – 1% DV Sep-08 to 2011	6.03	1	Depo-Medrol
METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE			
Inj 40 mg per ml with lignocaine 10 mg per ml, 1 ml – 1% DV Sep-08 to 2011	6.03	1	Depo-Medrol with Lidocaine
METHYLPREDNISOLONE SODIUM SUCCINATE			
Inj 40 mg per ml, 1 ml – 1% DV Dec-09 to 2012	151.40	25	Solu-Medrol
Inj 62.5 mg per ml, 2 ml – 1% DV Dec-09 to 2012	412.59	25	Solu-Medrol
Inj 500 mg – 1% DV Dec-09 to 2012	20.80	1	Solu-Medrol
Inj 1 g – 1% DV Dec-09 to 2012	42.57	1	Solu-Medrol
METOCLOPRAMIDE HYDROCHLORIDE			
Tab 10 mg	5.15	100	Metamide
Inj 5 mg per ml, 2 ml – 1% DV Sep-08 to 2011	4.50	10	Pfizer
METOPROLOL SUCCINATE			
Tab long-acting 23.75 mg	2.18	30	Betaloc CR Metoprolol - AFT CR
Tab long-acting 47.5 mg	2.74	30	Betaloc CR Metoprolol - AFT CR
Tab long-acting 95 mg	4.71	30	Betaloc CR Metoprolol - AFT CR
Tab long-acting 190 mg	8.51	30	Betaloc CR Metoprolol - AFT CR
METOPROLOL TARTRATE			
Tab long-acting 200 mg	18.40	28	Slow-Lopresor

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METRONIDAZOLE			
Tab 200 mg	9.50	100	Trichozole
Tab 400 mg	17.50	100	Trichozole
Oral liq 200 mg per 5 ml	25.00	100 ml	Flagyl-S
Inj 500 mg, 100 ml – 1% DV Sep-08 to 2011	12.30	5	AFT
Suppos 500 mg	24.48	10	Flagyl
MICONAZOLE NITRATE			
Crn 2% – 1% DV Sep-08 to 2011	0.42	15 g	Multichem
Powder 2%	8.50	30 g	Daktarin
MIDAZOLAM			
Inj 1 mg per ml, 5 ml	10.75	10	Hypnovel
Inj 5 mg per ml, 3 ml	11.90	5	Hypnovel
MIRTAZAPINE			
Tab 30 mg	22.00	30	Avanza
Tab 45 mg	35.00	30	Avanza
MITOZANTRONE			
Inj 2 mg per ml, 5 ml	110.00	1	Mitozantrone Ebewe
Inj 2 mg per ml, 10 ml – 1% DV Sep-10 to 2013	100.00	1	Mitozantrone Ebewe
Inj 2 mg per ml, 12.5 ml	407.50	1	Onkotrone
MIVACURIUM			
Inj 10 mg per 5 ml	33.92	5	Mivacron
Inj 20 mg per 10 ml	67.17	5	Mivacron
MOCLOBEMIDE			
Tab 150 mg – 1% DV May-10 to 2012	69.23	500	Apo-Moclobemide
Tab 300 mg – 1% DV May-10 to 2012	31.33	100	Apo-Moclobemide
MOMETASONE FUROATE			
Crn 0.1% – 1% DV Jan-10 to 2012	2.38	15 g	m-Mometasone
	4.55	45 g	m-Mometasone
Oint 0.1% – 1% DV Jan-10 to 2012	2.38	15 g	m-Mometasone
	4.55	45 g	m-Mometasone
Lotn 0.1%	4.80	30 ml	Elocon
MORPHINE HYDROCHLORIDE			
Oral liq 1 mg per ml – 1% DV Dec-09 to 2012	8.84	200 ml	RA-Morph
Oral liq 2 mg per ml – 1% DV Dec-09 to 2012	11.62	200 ml	RA-Morph
Oral liq 5 mg per ml – 1% DV Dec-09 to 2012	14.65	200 ml	RA-Morph
Oral liq 10 mg per ml – 1% DV Dec-09 to 2012	21.55	200 ml	RA-Morph

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MORPHINE SULPHATE			
Tab immediate-release 10 mg – 1% DV Dec-09 to 2012	2.80	10	Sevredol
Tab immediate-release 20 mg – 1% DV Dec-09 to 2012	5.52	10	Sevredol
Cap long-acting 10 mg	1.80	10	m-Eslon
Cap long-acting 30 mg	2.64	10	m-Eslon
Cap long-acting 60 mg	7.20	10	m-Eslon
Cap long-acting 100 mg	7.85	10	m-Eslon
Cap long-acting 200 mg	17.00	10	m-Eslon
Inj 1 mg per ml, 10 ml prefilled syringe – 1% DV Jan-09 to 2011	34.50	10	Biomed
Inj 1 mg per ml, 30 ml prefilled syringe – 1% DV Jan-09 to 2011	75.00	10	Biomed
Inj 1 mg per ml, 50 ml prefilled syringe – 1% DV Jan-09 to 2011	59.50	10	Biomed
Inj 2 mg per ml, 30 ml prefilled syringe – 1% DV Jan-09 to 2011	95.00	10	Biomed
Inj 5 mg per ml, 1 ml	5.17	5	Mayne
Inj 10 mg per ml, 1 ml – 1% DV Aug-08 to 2011	4.50	5	Mayne
Inj 15 mg per ml, 1 ml	4.70	5	Mayne
Inj 30 mg per ml, 1 ml – 1% DV Aug-08 to 2011	4.98	5	Mayne
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml	20.20	5	Mayne
Inj 80 mg per ml, 5 ml	67.37	5	Mayne
MUCILAGINOUS LAXATIVES			
Dry	5.72	325 g	Konsyl-D
MYCOPHENOLATE MOFETIL			
Tab 500 mg	206.66	50	CellCept
Cap 250 mg	206.66	100	CellCept
Pwd for oral liq 1 g per 5 ml	285.00	165 ml	CellCept
Inj 500 mg vial	133.33	4	CellCept
NADOLOL			
Tab 40 mg	14.97	100	Apo-Nadolol
Tab 80 mg	22.19	100	Apo-Nadolol
NALOXONE HYDROCHLORIDE			
Inj 400 µg per ml, 1 ml	33.00	5	Mayne
NALTREXONE HYDROCHLORIDE			
Tab 50 mg	180.00	30	ReVia
NAPROXEN			
Tab 250 mg – 1% DV Dec-09 to 2012	23.70	500	Noflam 250
Tab 500 mg – 1% DV Dec-09 to 2012	24.88	250	Noflam 500
NAPROXEN SODIUM			
Tab 275 mg	6.00	120	Sonafam
NEOSTIGMINE METHYLSULPHATE			
Inj 2.5 mg per ml, 1 ml	20.30	50	AstraZeneca
NEVIRAPINE			
Tab 200 mg – 1% DV Oct-09 to 2012	319.80	60	Viramune
Oral suspension 10 mg per ml – 1% DV Oct-09 to 2012	134.55	240 ml	Viramune Suspension

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
NICOTINE			
Note: Nicotrol and Nicorette patches are DV Pharmaceuticals.			
Patch 7 mg – 10% DV Apr-08 to 31 Dec 2010	10.53	7	Habitrol
Patch 14 mg – 10% DV Apr-08 to 31 Dec 2010	11.63	7	Habitrol
Patch 21 mg – 10% DV Apr-08 to 31 Dec 2010	12.32	7	Habitrol
Lozenge 1 mg – 10% DV Apr-08 to 31 Dec 2010	11.08	36	Habitrol
Lozenge 2 mg – 10% DV Apr-08 to 31 Dec 2010	11.08	36	Habitrol
Gum 2 mg (fruit) – 10% DV Apr-08 to 31 Dec 2010	14.97	96	Habitrol
Gum 2 mg (mint) – 10% DV Apr-08 to 31 Dec 2010	14.97	96	Habitrol
Gum 4 mg (fruit) – 10% DV Apr-08 to 31 Dec 2010	20.02	96	Habitrol
Gum 4 mg (mint) – 10% DV Apr-08 to 31 Dec 2010	20.02	96	Habitrol
NIFEDIPINE			
Tab long-acting 20 mg	7.30	100	Nyefax Retard
Tab long-acting 30 mg	10.70	30	Adefin XL Arrow-Nifedipine XR
Tab long-acting 60 mg	15.35	30	Adefin XL Arrow-Nifedipine XR
NORADRENALINE ACID TARTRATE			
Inj 1:1,000 per 2 ml	42.00	6	Levophed
NORETHISTERONE			
Tab 5 mg – 1% DV Sep-08 to 2011	25.00	100	Primolut N
NORFLOXACIN			
Tab 400 mg	22.50	100	Arrow-Norfloxacin
NORTRIPTYLINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Dec-08 to 2011	5.94	100	Norpress
Tab 25 mg – 1% DV Dec-08 to 2011	20.06	250	Norpress
NYSTATIN			
Tab 500,000 u	9.60	50	Nilstat
Cap 500,000 u	11.64	50	Nilstat
Oral liq 100,000 u per ml – 1% DV Dec-08 to 2011	3.19	24 ml	Nilstat
OCTREOTIDE			
Inj LAR, 10 mg prefilled syringe	1,772.50	1	Sandostatin LAR
Inj LAR, 20 mg prefilled syringe	2,358.75	1	Sandostatin LAR
Inj LAR, 30 mg prefilled syringe	2,951.25	1	Sandostatin LAR
Inj 50 µg per ml, 1 ml	25.65	5	Hospira
	39.15		Sandostatin
Inj 100 µg per ml, 1 ml	48.50	5	Hospira
	72.90		Sandostatin
Inj 500 µg per ml, 1 ml	175.00	5	Hospira
	359.10		Sandostatin
OIL IN WATER EMULSION			
Crn	2.80	500 g	healthE Fatty Cream
OLANZAPINE			
Tab 2.5 mg	51.07	28	Zyprexa
Tab 5 mg	101.21	28	Zyprexa
Tab 10 mg	204.49	28	Zyprexa
Wafer 5 mg	102.19	28	Zyprexa Zydis
Wafer 10 mg	204.37	28	Zyprexa Zydis

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Pharmaceuticals Under National Contracts

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OMEPRAZOLE			
Cap 10 mg – 1% DV May-09 to 2011	2.14	30	Dr Reddy's Omeprazole
Cap 20 mg – 1% DV May-09 to 2011	3.05	30	Dr Reddy's Omeprazole
Cap 40 mg – 1% DV May-09 to 2011	3.59	30	Dr Reddy's Omeprazole
Inf 40 mg – 1% DV May-09 to 2011	38.65	5	Dr Reddy's Omeprazole
Inj 40 mg – 1% DV May-09 to 2011	38.20	5	Dr Reddy's Omeprazole
ONDANSETRON HYDROCHLORIDE			
Tab 4 mg	17.18	10	Zofran
Tab disp 4 mg	17.18	10	Zofran Zydys
Tab 8 mg	33.89	20	Zofran
Tab disp 8 mg	20.43	10	Zofran Zydys
Inj 2 mg per ml, 2 ml – 1% DV Nov-09 to 2012.....	14.40	5	Zofran
Inj 2 mg per ml, 4 ml – 1% DV Nov-09 to 2012.....	23.20	5	Zofran
OXALIPLATIN			
Inj 50 mg – 1% DV Jan-10 to 2012.....	65.00	1	Oxaliplatin Ebewe
Inj 100 mg – 1% DV Jan-10 to 2012.....	130.00	1	Oxaliplatin Ebewe
OXYBUTYNIN			
Tab 5 mg	44.79	500	Apo-Oxybutynin
Oral liq 5 mg per 5 ml	50.40	473 ml	Apo-Oxybutynin
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg	7.51	20	OxyContin
Tab controlled-release 10 mg	11.14	20	OxyContin
Tab controlled-release 20 mg	18.93	20	OxyContin
Tab controlled-release 40 mg	33.29	20	OxyContin
Tab controlled-release 80 mg	58.03	20	OxyContin
Cap 5 mg	2.83	20	OxyNorm
Cap 10 mg	5.58	20	OxyNorm
Cap 20 mg	9.77	20	OxyNorm
Oral liq 5 mg per 5 ml	11.20	250 ml	OxyNorm
Inj 10 mg per ml, 1 ml	14.40	5	OxyNorm
Inj 10 mg per ml, 2 ml	28.80	5	OxyNorm
OXYTOCIN			
Inj 5 iu per ml, 1 ml – 1% DV Dec-09 to 2012.....	5.94	5	Syntocinon
Inj 10 iu per ml, 1 ml – 1% DV Dec-09 to 2012.....	7.48	5	Syntocinon
OXYTOCIN WITH ERGOMETRINE MALEATE			
Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml – 1% DV Dec-09 to 2012.....	10.12	5	Syntometrine
PACLITAXEL			
Inj 30 mg – 1% DV Oct-08 to 2011	189.75	5	Paclitaxel Ebewe
Inj 100 mg – 1% DV Oct-08 to 2011	125.35	1	Paclitaxel Ebewe
Inj 150 mg – 1% DV Oct-08 to 2011	188.03	1	Paclitaxel Ebewe
Inj 300 mg – 1% DV Oct-08 to 2011	376.05	1	Paclitaxel Ebewe
Inj 600 mg – 1% DV Oct-08 to 2011	724.50	1	Paclitaxel Ebewe
PAMIDRONATE DISODIUM			
Inj 3 mg per ml, 5 ml – 1% DV Sep-08 to 2011.....	18.75	1	Pamisol
Inj 3 mg per ml, 10 ml – 1% DV Sep-08 to 2011.....	37.50	1	Pamisol
Inj 6 mg per ml, 10 ml – 1% DV Sep-08 to 2011.....	75.00	1	Pamisol
Inj 9 mg per ml, 10 ml – 1% DV Sep-08 to 2011.....	112.50	1	Pamisol

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PANCURONIUM BROMIDE			
Inj 2 mg per ml, 2 ml – 1% DV Dec-09 to 2012	128.00	50	AstraZeneca
PANTOPRAZOLE			
Tab 20 mg – 1% DV Sep-10 to 2013	1.23	28	Dr Reddy's Pantoprazole
Tab 40 mg – 1% DV Sep-10 to 2013	1.54	28	Dr Reddy's Pantoprazole
Inj 40 mg	8.75	1	Pantocid
PAPAVERINE HYDROCHLORIDE			
Inj 12 mg per ml, 10 ml	73.12	5	Mayne
PARACETAMOL			
Oral liq 120 mg per 5 ml – 20% DV Sep-08 to 2011	6.80	1,000 ml	Paracare Junior
Oral liq 250 mg per 5 ml – 20% DV Sep-08 to 2011	7.00	1,000 ml	Paracare Double Strength
Suppos 25 mg	56.35	20	Biomed
Suppos 50 mg	56.35	20	Biomed
Suppos 125 mg	7.49	20	Panadol
Suppos 250 mg	14.40	20	Panadol
Suppos 500 mg	20.50	50	Paracare
PARAFFIN			
Yellow soft – 1% DV Oct-09 to 2012	1.04	10 g	API
PAROXETINE HYDROCHLORIDE			
Tab 20 mg – 1% DV Sep-10 to 2013	2.38	30	Loxamine
PEGFILGRASTIM			
Inj 6 mg per 0.6 ml prefilled syringe	1,395.00	1	Neulastim
PENICILLAMINE			
Tab 125 mg	61.93	100	D-Penamamine
Tab 250 mg	98.98	100	D-Penamamine
PERGOLIDE			
Tab 0.25 mg – 1% DV Sep-08 to 2011	48.00	100	Permax
Tab 1 mg – 1% DV Sep-08 to 2011	170.00	100	Permax
PERHEXILINE MALEATE			
Tab 100 mg	62.90	100	Pexsig
PERMETHRIN			
Lotn 5% – 1% DV Feb-10 to 2011	3.65	30 ml	A-Scabies
PETHIDINE HYDROCHLORIDE			
Tab 50 mg	3.20	10	PSM
Tab 100 mg	4.20	10	PSM
Inj 50 mg per ml, 1 ml	5.20	5	Mayne
Inj 50 mg per ml, 2 ml	5.50	5	Mayne
PHENOBARBITONE			
Tab 15 mg	25.00	500	PSM
Tab 30 mg	26.00	500	PSM

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHENOXYMETHYLPENICILLIN (PENICILLIN V)			
Cap potassium salt 250 mg	4.29	50	Cilicaine VK
Cap potassium salt 500 mg	8.15	50	Cilicaine VK
Grans for oral liq 125 mg per 5 ml – 1% DV Sep-10 to 2013	1.68	100 ml	AFT
Grans for oral liq 250 mg per 5 ml – 1% DV Sep-10 to 2013	1.78	100 ml	AFT
PHENTOLAMINE MESYLATE			
Inj 10 mg per ml, 1 ml	27.50	5	Regitine
PHENYLEPHRINE HYDROCHLORIDE			
Inj 1%, 1 ml	115.50	25	Neosynephrine HCL
PHYTOMENADIONE			
Inj 2 mg per 0.2 ml	8.00	5	Konakion MM
Inj 10 mg per ml, 1 ml	9.21	5	Konakion MM
PINDOLOL			
Tab 5 mg – 1% DV Mar-10 to 2012	5.40	100	Apo-Pindolol
Tab 10 mg – 1% DV Mar-10 to 2012	9.19	100	Apo-Pindolol
Tab 15 mg – 1% DV Mar-10 to 2012	13.80	100	Apo-Pindolol
PIOGLITAZONE			
Tab 15 mg – 1% DV Dec-09 to 2012	2.61	28	Pizaccord
Tab 30 mg – 1% DV Dec-09 to 2012	5.23	28	Pizaccord
Tab 45 mg – 1% DV Dec-09 to 2012	7.80	28	Pizaccord
PIPERACILLIN SODIUM WITH TAZOBACTAM SODIUM			
Inj 4 g with tazobactam sodium 500 mg – 1% DV Jun-10 to 2013	12.00	1	Tazocin EF
PIROXICAM			
Tab dispersible 10 mg	3.25	50	Piram-D
Tab dispersible 20 mg	5.50	100	Piram-D
PIZOTIFEN			
Tab 500 µg – 1% DV Apr-10 to 2012	21.10	100	Sandomigran
PODOPHYLLOTOXIN			
Soln 0.5%	33.60	3.5 ml	Condyline
POLOXAMER			
Oral drops 10% – 1% DV Dec-08 to 2011	3.78	30 ml	Coloxyl
POLYETHYLENE GLYCOL WITH SODIUM SULPHATE			
Powder, sachets	16.46	4	Klean Prep
POLYVINYL ALCOHOL			
Eye drops 1.4%	2.95	15 ml	Vistil
	3.62		Liquifilm Tears
Eye drops 3%	3.80	15 ml	Vistil Forte
	3.88		Liquifilm Forte
PORACTANT ALFA			
Inj 80 mg per ml, 1.5 ml	425.00	1	Curosurf
Inj 80 mg per ml, 3 ml	695.00	1	Curosurf
POTASSIUM CHLORIDE			
Tab long-acting 600 mg – 1% DV Dec-09 to 2012	7.00	200	Span-K
POTASSIUM CHLORIDE WITH GLUCOSE			
Inf 20 mmol/L with 5% glucose	7.36	1,000 ml	Baxter

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Pharmaceuticals Under National Contracts

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POTASSIUM CHLORIDE WITH GLUCOSE AND SODIUM CHLORIDE			
Inf 20 mmol/L with 2.5% glucose and 0.45% sodium chloride	4.95	500 ml	Baxter
Inf 20 mmol/L with 4% glucose and 0.18% sodium chloride	3.45	500 ml	Baxter
	4.30	1,000 ml	Baxter
Inf 30 mmol/L with 4% glucose and 0.18% sodium chloride	3.62	1,000 ml	Baxter
POTASSIUM CHLORIDE WITH SODIUM CHLORIDE			
Inf 20 mmol/L with 0.9% sodium chloride	3.85	1,000 ml	Baxter
Inf 30 mmol/L with 0.9% sodium chloride	2.59	1,000 ml	Baxter
Inf 40 mmol/L with 0.9% sodium chloride	6.62	1,000 ml	Baxter
POVIDONE IODINE			
Oint 10%	3.27	25 g	Betadine
Alcohol skin preparation 10% with 30% alcohol	10.00	500 ml	Betadine Skin Prep
Antiseptic soln 10%	6.20	500 ml	Betadine
	2.95	100 ml	Riodine
	6.20	500 ml	Riodine
PRAZOSIN HYDROCHLORIDE			
Tab 1 mg	5.53	100	Apo-Prazo
Tab 2 mg	7.00	100	Apo-Prazo
Tab 5 mg	11.70	100	Apo-Prazo
PREDNISOLONE SODIUM PHOSPHATE			
Oral liq 5 mg per ml – 1% DV Sep-09 to 2012	9.95	30 ml	Redipred
PREDNISONE			
Tab 1 mg – 1% DV Dec-08 to 2011	10.68	500	Apo-Prednisone
Tab 2.5 mg – 1% DV Dec-08 to 2011	12.09	500	Apo-Prednisone
Tab 5 mg – 1% DV Dec-08 to 2011	11.09	500	Apo-Prednisone
Tab 20 mg – 1% DV Dec-08 to 2011	29.03	500	Apo-Prednisone
PREGNANCY TEST – HCG URINE			
Cassette – 1% DV May-10 to 2012	22.80	40 test	Innovacon hCG One Step Pregnancy Test
PRILOCAINE HYDROCHLORIDE			
Inj 0.5%, 50 ml	80.00	5	Citanest
Inj 2%, 5 ml	30.90	10	Citanest
PROCAINE PENICILLIN			
Inj 1.5 mega u – 1% DV Dec-08 to 2011	50.86	5	Cilicaine
PROCARBAZINE HYDROCHLORIDE			
Cap 50 mg	225.00	50	Natulan
PROCHLORPERAZINE			
Tab 5 mg	16.85	500	Antinaus
PROMETHAZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Jan-09 to 2011	2.72	50	Allersoothe
Tab 25 mg – 1% DV Jan-09 to 2011	4.44	50	Allersoothe
Oral liq 5 mg per 5 ml – 1% DV Apr-10 to 2012	3.10	100 ml	Promethazine Winthrop Elixir
Inj 25 mg per ml, 2 ml	11.00	5	Mayne

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Pharmaceuticals Under National Contracts

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PROPOFOL			
Inj 1%, 20 ml	10.21	5	Diprivan Provive 1%
Inj 1%, 50 ml	5.56	1	Diprivan Provive 1%
Inj 1%, 50 ml prefilled syringe	14.19	1	Diprivan
Inj 1%, 100 ml	9.28	1	Diprivan Provive 1%
Inj 2%, 50 ml prefilled syringe	15.43	1	Diprivan
PROPRANOLOL			
Cap long-acting 160 mg	16.90	100	Cardinol LA
PROPYLENE GLYCOL			
Liq	12.00	500 ml	ABM
QUETIAPINE			
Tab 25 mg	46.20	60	Seroquel
	16.78	90	Quetapel
Tab 100 mg	92.40	60	Seroquel
	32.59	90	Quetapel
Tab 200 mg	158.76	60	Seroquel
	56.70	90	Quetapel
Tab 300 mg	267.12	60	Seroquel
	95.40	90	Quetapel
QUINAPRIL			
Tab 5 mg	1.60	30	Accupril
Tab 10 mg	1.75	30	Accupril
Tab 20 mg	2.35	30	Accupril
QUINAPRIL WITH HYDROCHLOROTHIAZIDE			
Tab 10 mg with hydrochlorothiazide 12.5 mg	3.37	30	Accuretic 10
Tab 20 mg with hydrochlorothiazide 12.5 mg	4.57	30	Accuretic 20
QUININE SULPHATE			
Tab 200 mg	17.20	250	Q 200
Tab 300 mg – 1% DV Dec-09 to 2012	54.06	500	Q 300
RALTEGRAVIR POTASSIUM			
Tab 400 mg	1,350.00	60	Isentress
RANITIDINE HYDROCHLORIDE			
Tab 150 mg	7.99	250	Arrow-Ranitidine
Tab 300 mg	10.94	250	Arrow-Ranitidine
Oral liq 150 mg per 10 ml	7.95	300 ml	Peptisoothe
Inj 25 mg per ml, 2 ml	8.75	5	Zantac

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RECOMBINANT FACTOR VIII			
Inj 250 IU	225.00	1	Xyntha
	237.50		Advate
	250.00		Kogenate FS
Inj 500 IU	450.00	1	Xyntha
	475.00		Advate
	500.00		Kogenate FS
Inj 1,000 IU	900.00	1	Xyntha
	950.00		Advate
	1,000.00		Kogenate FS
Inj 1,500 IU	1,425.00	1	Advate
Inj 2,000 IU	1,800.00	1	Xyntha
	2,000.00		Kogenate FS
REMIFENTANIL HYDROCHLORIDE			
Inj 1 mg vial	50.75	5	Ultiva
Inj 2 mg vial	101.50	5	Ultiva
RETEPLASE			
Inj 10 iu vial	1,850.00	2	Rapilysin
RIFABUTIN			
Cap 150 mg – 1% DV Sep-10 to 2013	213.19	30	Mycobutin
RISPERIDONE			
Orally-disintegrating tab 0.5 mg	21.42	28	Risperdal Quicklet
Tab 0.5 mg	1.17	20	Ridal
	3.51	60	Ridal
	5.20	20	Risperdal
	3.51	60	Apo-Risperidone
Orally-disintegrating tab 1 mg	42.84	28	Risperdal Quicklet
Tab 1 mg	6.00	60	Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
	30.77		Risperdal
Orally-disintegrating tab 2 mg	85.71	28	Risperdal Quicklet
Tab 2 mg	11.00	60	Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
	61.53		Risperdal
Tab 3 mg	15.00	60	Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
	92.32		Risperdal
Tab 4 mg	20.00	60	Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
	123.05		Risperdal
Oral liq 1 mg per ml	18.35	30 ml	Apo-Risperidone
			Risperon
	45.92		Risperdal
Microspheres for inj 25 mg	175.00	1	Risperdal Consta
Microspheres for inj 37.5 mg	230.00	1	Risperdal Consta
Microspheres for inj 50 mg	280.00	1	Risperdal Consta

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RITONAVIR			
Cap 100 mg	121.27	84	Norvir
RITUXIMAB			
Inj 100 mg per 10 ml vial	1,195.00	2	Mabthera
Inj 500 mg per 50 ml vial	2,987.00	1	Mabthera
RIZATRIPTAN BENZOATE			
Wafer 10 mg	25.32	3	Maxalt Melt
ROPINIROLE HYDROCHLORIDE			
Tab 0.25 mg – 1% DV Sep-10 to 2013	6.20	84	Ropin
Tab 1 mg – 1% DV Sep-10 to 2013	15.95	84	Ropin
Tab 2 mg – 1% DV Sep-10 to 2013	24.95	84	Ropin
Tab 5 mg – 1% DV Sep-10 to 2013	38.00	84	Ropin
ROPIVACAINE HYDROCHLORIDE			
Inj 2 mg per ml, 10 ml	19.75	5	Naropin
Inj 2 mg per ml, 20 ml	33.20	5	Naropin
Inj 2 mg per ml, 100 ml	104.00	5	Naropin
Inj 2 mg per ml, 200 ml	184.00	5	Naropin
Inj 7.5 mg per ml, 10 ml	35.00	5	Naropin
Inj 7.5 mg per ml, 20 ml	62.45	5	Naropin
Inj 10 mg per ml, 10 ml	41.10	5	Naropin
Inj 10 mg per ml, 20 ml	74.20	5	Naropin
ROPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 2 mg per ml with 2 µg of fentanyl per ml, 100 ml	145.20	5	Naropin
Inj 2 mg per ml with 2 µg of fentanyl per ml, 200 ml	262.60	5	Naropin
ROXITHROMYCIN			
Tab 150 mg – 1% DV Sep-09 to 2012	8.98	50	Arrow-Roxithromycin
Tab 300 mg – 1% DV Sep-09 to 2012	16.48	50	Arrow-Roxithromycin
SALBUTAMOL			
Oral liq 2 mg per 5 ml – 1% DV Sep-10 to 2013	1.99	150 ml	Salapin
Aerosol inhaler 100 µg per dose, CFC-free	4.00	200 dose	Salamol
Inhaler 100 µg dose, 200 doses	6.00	200 dose	Ventolin
Nebuliser soln, 1 mg per ml, 2.5 ml – 1% DV Sep-09 to 2012	3.52	20	Asthalin
Nebuliser soln, 2 mg per ml, 2.5 ml – 1% DV Sep-09 to 2012	3.70	20	Asthalin
SALBUTAMOL WITH IPRATROPIUM BROMIDE			
Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose	13.50	200 dose	Combivent
Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml – 1% DV Sep-09 to 2012	4.29	20	Duolin
SALICYLIC ACID			
Powder	15.00	500 g	ABM
SALMETEROL			
Aerosol inhaler CFC-free, 25 µg per dose	26.46	120 dose	Serevent
Powder for inhalation, breath activated 50 µg per dose	26.46	60 dose	Serevent Accuhaler
SEVOFLURANE			
Liq 250 ml bottle – 1% DV Nov-09 to 2012	1,230.00	6	Baxter
SILVER SULPHADIAZINE			
Crm 1%	12.30	50 g	Flamazone

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SIMVASTATIN			
Tab 10 mg – 1% DV May-09 to 2011	2.05	90	Arrow-Simva
Tab 20 mg – 1% DV May-09 to 2011	3.00	90	Arrow-Simva
Tab 40 mg – 1% DV May-09 to 2011	5.35	90	Arrow-Simva
Tab 80 mg – 1% DV May-09 to 2011	11.65	90	Arrow-Simva
SIROLIMUS			
Tab 1 mg	813.00	100	Rapamune
Tab 2 mg	1,626.00	100	Rapamune
Oral liq 1 mg per ml	487.80	60 ml	Rapamune
SODIUM ACID PHOSPHATE			
Enema 16% with sodium phosphate 8%	2.50	1	Fleet Phosphate Enema
SODIUM ALGINATE			
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml	4.95	500 ml	Acidex
SODIUM BICARBONATE			
Powder BP	9.80	500 g	ABM
	11.99		Biomed
Inf 5%	19.06	500 ml	Baxter
Inj 8.4%, 50 ml	19.95	1	Biomed
Inj 8.4%, 100 ml	20.50	1	Biomed
SODIUM CHLORIDE			
Soln 0.9% for irrigation	2.49	100 ml	Baxter
	2.88	500 ml	Baxter
	2.96	1,000 ml	Baxter
	10.00	2,000 ml	Baxter
	12.67	3,000 ml	Baxter
Inf 0.45%	5.50	500 ml	Baxter
Inf 0.9%	3.01	50 ml	Baxter
	2.28	100 ml	Baxter
	3.60	250 ml	Baxter
	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
Inf 3%	5.69	1,000 ml	Baxter
Soln 0.9% for irrigation, 30 ml – 1% DV Nov-08 to 2011	20.00	30	Pfizer
Inj 0.9%, 5 ml	8.77	50	AstraZeneca
Inj 0.9%, 10 ml	8.77	50	AstraZeneca
Inj 0.9%, 20 ml	7.86	20	Multichem
Inj 23.4%, 20 ml	26.50	5	Biomed
SODIUM CHLORIDE WITH GLUCOSE			
Inf 0.18% with glucose 4%	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
Inf 0.45% with glucose 2.5%	4.95	500 ml	Baxter
Inf 0.45% with glucose 5%	9.87	500 ml	Baxter
	5.80	1,000 ml	Baxter
Inf 0.9%, with glucose 5%	4.54	1,000 ml	Baxter
SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE			
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	7.30	12	Microlax
SODIUM CITRO-TARTRATE			
Gran eff 4 g sachets	2.75	28	Ural

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SODIUM DIOTRIZOATE			
Powder for oral soln 3.705 g, 10 ml sachet	149.50	50	Ioscan
SODIUM HYALURONATE			
Ophthalmic inj 14 mg per ml – 1% DV Oct-09 to 2012	50.00	1	Healon GV
Ophthalmic solution 10 mg per ml, 0.85 ml – 1% DV Oct-09 to 2012	35.00	1	Healon
Inj 10 ml per ml, 0.35 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.4 ml	64.00	1	Duovisc
Inj 10 ml per ml, 0.5 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.55 ml	74.00	1	Duovisc
SOLIFENACIN SUCCINATE			
Tab 5 mg	56.50	30	Vesicare
Tab 10 mg	56.50	30	Vesicare
SORBOLENE WITH GLYCERIN			
Crm with 10% glycerine, 500 ml	87.60	12	healthE
SOTALOL			
Tab 80 mg – 1% DV Sep-09 to 2012	27.50	500	Mylan
Tab 160 mg – 1% DV Sep-09 to 2012	10.50	100	Mylan
SPACER DEVICE			
800 ml	8.50	1	Volumatic
SPECIAL FOOD SUPPLEMENT			
Amino acid based elemental formula, powder (unflavoured)	6.00	48.5 g	Vivonex Paediatric
Fat free arginine supplement, powder (orange)	2.15	9.2 g	Resource Arginaid
Oral elemental feed 1 kcal/ml, powder (unflavoured)	4.50	80.4 g	Vivonex TEN
Oral supplement 1 kcal/ml, powder (chocolate)	10.22	900 g	Sustagen Hospital Formula
Oral supplement 1 kcal/ml, powder (vanilla)	10.22	900 g	Sustagen Hospital Formula
Protein supplement powder	8.95	227 g	Resource Beneprotein
Liquid (chocolate)	4.00	237 ml	Impact Advanced Recovery
Liquid (vanilla)	4.00	237 ml	Impact Advanced Recovery
Oral elemental feed 1 kcal/ml liquid (vanilla)	4.95	237 ml	Peptamen OS 1.0
Oral feed 1 kcal/ml, liquid (vanilla)	2.10	237 ml	Resource Diabetic
Renal oral feed 2 kcal/ml, liquid (vanilla)	3.31	237 ml	Novasource Renal
SPIRONOLACTONE			
Tab 25 mg – 1% DV Sep-10 to 2013	4.60	100	Spirotone
Tab 100 mg – 1% DV Sep-10 to 2013	15.15	100	Spirotone
Oral liq 5 mg per ml	26.80	25 ml	Biomed
STREPTOKINASE			
Inj 250,000 IU – 1% DV Dec-08 to 2011	117.70	1	Streptase
Inj 1,500,000 IU – 1% DV Dec-08 to 2011	188.10	1	Streptase
SULPHASALAZINE			
Tab 500 mg	11.68	100	Salazopyrin
Tab EC 500 mg	12.89	100	Salazopyrin EN
SULPHUR			
Precipitated	6.50	100 g	ABM

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SUMATRIPTAN			
Tab 50 mg – 1% DV Apr-10 to 2013	38.83	100	Arrow-Sumatriptan
Tab 100 mg – 1% DV Apr-10 to 2013	77.66	100	Arrow-Sumatriptan
SUNSCREENS, PROPRIETARY			
Lotn	2.55	100 g	Marine Blue Lotion SPF 30+
	5.10	200 g	Marine Blue Lotion SPF 30+
SUXAMETHONIUM CHLORIDE			
Inj 50 mg per ml, 2 ml	95.00	50	AstraZeneca
SYRUP (PHARMACEUTICAL GRADE)			
Liq	21.75	2,000 ml	Midwest
TACROLIMUS			
Cap 0.5 mg	214.00	100	Prograf
Cap 1 mg	428.00	100	Prograf
Cap 5 mg	1,070.00	50	Prograf
TAMOXIFEN CITRATE			
Tab 10 mg	10.80	100	Genox
Tab 20 mg	6.66	60	Tamoxifen Sandoz
	11.10	100	Genox
TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN			
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium – 1% DV Dec-08 to 2011	2.90	500 ml	Pinetarsol
	5.45	1,000 ml	Pinetarsol
TEMAZEPAM			
Tab 10 mg – 1% DV Dec-08 to 2011	0.83	25	Normison
TEMOZOLOMIDE			
Cap 5 mg	50.00	5	Temodal
Cap 20 mg	170.00	5	Temodal
Cap 100 mg	840.00	5	Temodal
Cap 250 mg	2,100.00	5	Temodal
TENOFOVIR DISOPROXIL FUMARATE			
Tab 300 mg	531.00	30	Viread
TENOXICAM			
Inj 20 mg – 1% DV Jul-10 to 2013	9.95	1	AFT
TERBINAFINE			
Tab 250 mg – 1% DV Sep-08 to 2011	25.50	100	Apo-Terbinafine
TERLIPRESSIN			
Inj 1 mg – 1% DV Dec-08 to 2011	450.00	5	Glypressin
TESTOSTERONE			
Transdermal patch, 2.5 mg per day	80.00	60	Androderm
TESTOSTERONE CYPIONATE			
Inj long-acting 100 mg per ml, 10 ml – 1% DV Sep-08 to 2011	61.41	1	Depo-Testosterone
TESTOSTERONE UNDECANOATE			
Cap 40 mg – 1% DV Jul-10 to 2012	79.92	100	Arrow-Testosterone

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TETRACOSACTRIN			
Inj 1 mg per ml, 1 ml – 1% DV Sep-08 to 2011	26.88	1	Synacthen Depot
Inj 250 µg – 1% DV Sep-08 to 2011	177.18	10	Synacthen
TIMOLOL MALEATE			
Eye drops 0.25%, gel forming	3.30	2.5 ml	Timoptol XE
Eye drops 0.5%, gel forming	3.78	2.5 ml	Timoptol XE
TIOTROPIUM BROMIDE			
Powder for inhalation 18 µg per dose	70.00	30 dose	Spiriva
TIROFIBAN HYDROCHLORIDE			
Inj 0.25 mg per ml, 50 ml	370.00	1	Aggrastat
TOBRAMYCIN			
Inj 40 mg per ml, 2 ml	34.50	5	Mayne
TOLBUTAMIDE			
Tab 500 mg	12.00	100	Diatol
TOPIRAMATE			
Tab 25 mg	11.07	60	Arrow-Topiramate
	26.04		Topamax
Tab 50 mg	18.81	60	Arrow-Topiramate
	44.26		Topamax
Tab 100 mg	31.99	60	Arrow-Topiramate
	75.25		Topamax
Tab 200 mg	55.19	60	Arrow-Topiramate
	129.85		Topamax
Sprinkle cap 15 mg	20.84	60	Topamax
Sprinkle cap 25 mg	26.04	60	Topamax
TRAMADOL HYDROCHLORIDE			
Tab sustained release 100mg	5.60	20	Tramal Retard
Tab sustained release 150 mg	8.40	20	Tramal Retard
Tab sustained release 200 mg	11.20	20	Tramal Retard
Cap 50 mg – 1% DV Aug-10 to 2011	2.80	20	Tramal
	6.95	100	Arrow-Tramadol
Inj 50 mg per ml, 1 ml	4.50	5	Tramal 50
Inj 50 mg per ml, 2 ml	4.50	5	Tramal 100
<i>(Tramal Cap 50 mg to be delisted 1 August 2010)</i>			
TRANEXAMIC ACID			
Tab 500 mg – 1% DV Jun-10 to 2013	32.92	100	Cyklokapron
Inj 100 mg per ml, 5 ml – 1% DV Sep-09 to 2012	124.73	10	Cyklokapron
TRASTUZUMAB			
Inj 150 mg vial	1,350.00	1	Herceptin
Inj 440 mg vial	3,875.00	1	Herceptin
TRETINOIN			
Cap 10 mg	435.90	100	Vesanoid

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TRIAMCINOLONE ACETONIDE			
0.1% in dental paste USP – 1% DV Sep-08 to 2011	4.38	5 g	Oracort
Crm 0.02% – 1% DV Dec-08 to 2011	6.63	100 g	Aristocort
Oint 0.02% – 1% DV Dec-08 to 2011	6.69	100 g	Aristocort
Inj 10 mg per ml, 1 ml	11.11	5	Kenacort-A
Inj 10 mg per ml, 5 ml	10.31	1	Kenacort-A
Inj 40 mg per ml, 1 ml – 1% DV Dec-08 to 2011	29.09	5	Kenacort-A40
Inj 40 mg per ml, 5 ml	23.44	1	Kenacort-A40
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	3.35	7.5 ml	Kenacomb
TRIAMTERENE WITH HYDROCHLOROTHIAZIDE			
Tab 50 mg with hydrochlorothiazide 25 mg	5.00	100	Triamizide
TRIMETHOPRIM			
Tab 300 mg – 1% DV Dec-08 to 2011	8.69	50	TMP
TROPISETRON			
Cap 5 mg – 1% DV Mar-10 to 2012	77.41	5	Navoban
Inj 1 mg per ml, 2 ml	19.20	1	Navoban
Inj 1 mg per ml, 5 ml	38.40	1	Navoban
URSODEOXYCHOLIC ACID			
Cap 300 mg – 1% DV Sep-08 to 2011	179.00	100	Actigall
VALACICLOVIR			
Tab 500 mg	102.72	30	Valtrex
VANCOMYCIN HYDROCHLORIDE			
Inj 50 mg per ml, 10 ml – 1% DV Dec-08 to 2011	5.04	1	Pacific
VENLAFAXINE			
Cap 37.5 mg	18.64	28	Efexor XR
Cap 75 mg	37.27	28	Efexor XR
Cap 150 mg	45.68	28	Efexor XR
VERAPAMIL HYDROCHLORIDE			
Tab 40 mg	7.01	100	Isoptin
Tab 80 mg	11.74	100	Isoptin
Tab long-acting 240 mg	25.00	250	Verpamil SR
Inj 2.5 mg per ml, 2 ml	7.54	5	Isoptin
VINBLASTINE SULPHATE			
Inj 10 mg	137.50	5	Mayne
VINCRISTINE SULPHATE			
Inj 1 mg per ml, 1 ml – 1% DV Aug-10 to 2013	108.00	5	Hospira
Inj 1 mg per ml, 2 ml – 1% DV Aug-10 to 2013	116.00	5	Hospira
VINORELBINE			
Inj 10 mg per ml, 1 ml – 1% DV Sep-09 to 2012	24.00	1	Navelbine
Inj 10 mg per ml, 5 ml – 1% DV Sep-09 to 2012	120.00	1	Navelbine

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

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

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
WATER			
Inf	4.50	1,000 ml	Baxter
Soln for irrigation	2.68	100 ml	Baxter
	2.61	500 ml	Baxter
	2.75	1,000 ml	Baxter
	9.71	2,000 ml	Baxter
	15.80	3,000 ml	Baxter
Purified for inj 5 ml	9.31	50	Multichem
	10.51		AstraZeneca
Purified for inj 10 ml	10.38	50	Multichem
	11.32		AstraZeneca
Purified for inj 20 ml	5.04	20	Multichem
WATER WITH SODIUM, POTASSIUM, CALCIUM AND CHLORIDE			
Inf 147 mmol/L sodium, 4 mmol/L potassium, 2.2 mmol/L calcium and 156 mmol/L chloride	5.13	1,000 ml	Baxter
WATER WITH SODIUM, POTASSIUM, CALCIUM, BICARBONATE AND CHLORIDE			
Inf 131 mmol/L sodium, 5 mmol/L potassium, 2 mmol/L calcium, 29 mmol/L bicarbonate and 111 mmol/L chloride	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
WATER WITH SODIUM, POTASSIUM, CALCIUM, BICARBONATE, CHLORIDE AND GLUCOSE			
Inf 131 mmol/L sodium, 5 mmol/L potassium, 2 mmol/L calcium, 29 mmol/L bicarbonate, 111 mmol/L chloride and glucose 5%	5.38	1,000 ml	Baxter
WATER WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE, ACETATE AND GLUCONATE			
Inf 140 mmol/L sodium, 5 mmol/L potassium, 1.5 mmol/L magnesium, 98 mmol/L chloride, 27 mmol/L acetate and 23 mmol/L gluconate	5.00	500 ml	Baxter
	3.10	1,000 ml	Baxter
ZIDOVUDINE (AZT)			
Cap 100 mg – 1% DV Jun-10 to 2013	145.00	100	Retrovir
Oral liq 10 mg per ml – 1% DV Jun-10 to 2013	29.00	200 ml	Retrovir
ZINC AND CASTOR OIL			
Ointment	1.20	20 g	Orion
ZINC SULPHATE			
Cap 137.4 mg (50 mg elemental) – 1% DV Dec-08 to 2011	10.00	100	Zincaps
ZIPRASIDONE			
Cap 20 mg	87.88	60	Zeldox
Cap 40 mg	164.78	60	Zeldox
Cap 60 mg	247.17	60	Zeldox
Cap 80 mg	329.56	60	Zeldox
ZOLEDRONIC ACID			
Soln for Inf 4 mg, 5 ml	550.00	1	Zometa
ZOPICLONE			
Tab 7.5 mg – 1% DV Feb-09 to 2011	21.02	500	Apo-Zopiclone
ZUCLOPENTHIXOL DECAANOATE			
Depot inj 200 mg per ml, 1 ml	19.80	5	Clopixol
ZUCLOPENTHIXOL HYDROCHLORIDE			
Tab 10 mg	31.45	100	Clopixol

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

ALBENDAZOLE

Tab 200 mg

Albenza
Zentel

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)

AMIKACIN SULPHATE

Inj 250 mg per ml, 2 ml

For any indication approved by the hospital service, with review at 6 weeks

AMOXYCILLIN CLAVULANATE

Inj 600 mg

Inj 1.2 g

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)

Up to 6 weeks supply for any appropriate indication

AZTREONAM

Inj 1 g

For any indication approved by the hospital service, with review at 6 weeks.

BENZATHINE PENICILLIN

Inj 1.2 mega u per 2 ml

For prophylaxis of endocarditis

BENZYL PENICILLIN SODIUM (PENICILLIN G)

Inj 1 mega u

For any indication approved by the hospital service, with review at 8 weeks.

CEFAMANDOLE NAFATE

Inj 500 mg

Inj 1 g

For any indication approved by the hospital service, with review at 8 weeks.

CEFAZOLIN SODIUM

Inj 500 mg

Inj 1 g

For any indication approved by the hospital service, with review at 8 weeks.

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.

CEFOTAXIME SODIUM

Inj 500 mg

Inj 1 g

For any indication approved by the hospital service, with review at 6 weeks.

CEFOXITIN SODIUM

Powder for injection 1 g

For any indication approved by the hospital service, with review at 6 weeks.

CEFTAZIDIME

Inj 500 mg

Inj 1 g

Inj 2 g

For any indication approved by the hospital service, with review at 6 weeks.

CEFTRIAZONE SODIUM

Inj 1 g

For any indication approved by the hospital service, with review at 6 weeks.

CEFUROXIME AXETIL

Tab 250 mg

Oral liq 125 mg per 5 ml

Up to 2 weeks supply for any appropriate indication

CEFUROXIME SODIUM

Inj 250 mg

Inj 750 mg

Inj 1.5 g

For any indication approved by the hospital service, with review at 6 weeks.

CHLORHEXIDINE

Eye drops 0.02%

For a period of 3 months for treatment of acanthamoeba keratitis.

CIPROFLOXACIN

Oral liq 5%

Oral liq 10%

Up to 6 weeks supply for any appropriate indication

CLOPIDOGREL

Tab 75 mg

Up to 4 weeks supply post stenting. Not to be funded for acute coronary syndrome or transient ischaemic attacks

CYCLOSPORIN

Cap 25 mg	Gengraf
	Neoral
Cap 50 mg	Gengraf
	Neoral
Cap 100 mg	Gengraf
	Neoral
Oral liq 100 mg per ml	Gengraf
	Neoral

For aplastic anaemia

DALTEPARIN SODIUM

Inj 2,500 IU per 0.2 ml	Fragmin
Inj 5,000 IU per 0.2 ml	Fragmin
Inj 7,500 IU per 0.75 ml	Fragmin
Inj 10,000 IU per 0.4 ml	Fragmin
Inj 10,000 IU per 1 ml	Fragmin
Inj 12,500 IU per 0.5 ml	Fragmin
Inj 15,000 IU per 0.6 ml	Fragmin
Inj 18,000 IU per 0.72 ml	Fragmin

For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.

For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.

For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.

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.

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.

DEMECLOCYCLINE

Cap 150 mg	Ledermycin
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Indefinite supply for SIADH (syndrome of inappropriate anti diuretic hormone) (Section 29)

DEXTROSE

Inj 5%, 10 ml

Where required for antibiotic treatment funded under DCS or HEC

ENOXAPARIN SODIUM

Inj 20 mg per 0.2 ml	Clexane
Inj 40 mg per 0.4 ml	Clexane
Inj 60 mg per 0.6 ml	Clexane
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

For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.

For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.

For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.

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.

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.

ERTAPENEM SODIUM

Inj 1 g

For any indication approved by the hospital service, with review at 6 weeks.

FILGRASTIM

Inj 300 µg per 0.5 ml prefilled syringe	Neupogen
Inj 300 µg per 1 ml vial	Neupogen
Inj 480 µg per 0.5 ml prefilled syringe	Neupogen

Indefinite supply for any appropriate indication for the management of patients with cancer.

FLUCLOXACILLIN SODIUM

Inj 250 mg
Inj 500 mg
Inj 1 g

For any indication approved by the hospital service, with review at 8 weeks.

FLUCONAZOLE

Inj 100 mg per 50 ml

For any indication approved by the hospital service, with review at 6 weeks.

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

FOSCARNET

Inj 24 mg per ml IV soln

Indefinite supply for any appropriate indication

GANCICLOVIR

Inj 500 mg Cymevene

For prophylaxis and treatment of CMV-associated disease in immunocompromised patients and following organ transplant.

GENTAMICIN SULPHATE

Inj 40 mg per ml, 2 ml

Indefinite supply for any indication approved by the hospital service.

HEPARINISED SALINE

Inj 10 iu per ml, 5 ml
Inj 100 iu per ml, 5 ml

For the maintenance of IV lines

HYDRALAZINE

Tab 25 mg S29

For patients with congestive heart failure:

- 1) who have not responded to treatment with ACE inhibitors and/or ARBs; or
- 2) in whom treatment with ACE inhibitors and/or ARBs is not tolerated due to renal impairment

HYOSCINE (SCOPOLAMINE)

Patches 1.5 mg Scopoderm
TTS

Up to 6 months supply for symptom control in terminally ill patients

IMIPENEM WITH CILASTATIN

Inj 500 mg with cilastin 500 mg

For any indication approved by the hospital service, with review at 6 weeks.

INDOMETHACIN

Cap 25 mg S29
Cap 50 mg S29

For any indication approved by the hospital service

ITRACONAZOLE

Oral liq 10 mg per ml

Up to 3 months supply for use in liver transplant patients

IVERMECTIN

Tab 6 mg

Indefinite supply for the treatment of filaricides, cutaneous larva migrans (creeping eruption) and Strongyloidiasis (Section 29)

LENOGRASTIM

Inj 13.4 million iu vial Granocyte
Inj 33.6 million iu vial Granocyte

Indefinite supply for any appropriate indication for the management of patients with cancer.

LIGNOCAINE

Viscous solution 2%

For patients with head, neck and oesophageal cancer for up to 9 weeks following radiation therapy.

L-ORNITHINE L-ASPARTATE (LOLA) S29

Sach 5 mg

For patients with chronic hepatic encephalopathy who have not responded to treatment with lactulose

MEROPENEM

Inj 500 mg
Inj 1 g

For any indication approved by the hospital service, with review at 6 weeks.

METHOXSALEN

Cap 10 mg Oxoralen
Tab 10 mg Methoxypsoralen

Indefinite supply for PUVA – psoralen plus ultraviolet a (UVA) therapy for severe, disabling psoriasis prephototherapy.

METOLAZONE S29

Tab 5 mg

For patients with congestive heart failure:

- 1) who have not responded to treatment with ACE inhibitors and/or ARBs; or
- 2) in whom treatment with ACE inhibitors and/or ARBs is not tolerated due to renal impairment

MINOXIDIL

Tab 2.5 mg	Loniten
Tab 5 mg	Loniten
Tab 10 mg	Loniten

Indefinite supply for the treatment of severe hypertension that is resistant to other anti-hypertensives or where alternatives are not tolerated (Section 29)

MOLGRAMOSTIM

Inj 300 µg	Leucomax
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Indefinite supply for any appropriate indication for the management of patients with cancer.

NETILMICIN

Inj 150 mg per 1.5 ml

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)

NIMODIPINE

Tab 30 mg

Up to 21 days supply post sub-arachnoid haemorrhage

ONDANSETRON HYDROCHLORIDE

Tab 4 mg	Zofran
Tab 8 mg	Zofran
Tab dispersible 4 mg	Zofran Zydis
Tab dispersible 8 mg	Zofran Zydis

For treatment of patients with hyperemesis gravidarum for the term of the pregnancy following failure of other antiemetic regimens.

PEGFILGRASTIM

Inj 6 mg per 0.6 ml prefilled syringe

Indefinite supply for any appropriate indication for the management of patients with cancer.

PENTAMIDINE

Inj 300 mg

Indefinite supply for any appropriate indication

PHENINDIONE

Tab 10 mg
Tab 25 mg
Tab 50 mg

Indefinite supply for warfarin resistance anti-coagulation therapy (Section 29)

PIPERACILLIN SODIUM

Inj 2 g
Inj 4 g

For any indication approved by the hospital service, with review at 6 weeks.

PIPERACILLIN WITH TAZOBACTAM

Inj 4 g with tazobactam 500 mg

For any indication approved by the hospital service, with review at 6 weeks.

POLYHEXAMETHYLENE BIGUANIDE

Eye drops 0.02%

For a period of 3 months for treatment of acanthamoeba keratitis.

PRAZQUANTEL

Tab 500 mg S29	Cysticide
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For the treatment of worm infestations (Section 29)

PRIMAQUINE

Tab 2.5 mg
Tab 5 mg
Tab 7.5 mg

Indefinite supply for any appropriate indication (Section 29)

PYRIMETHAMINE

Tab 25 mg ~~S29~~

For the treatment of toxoplasmosis in patients with HIV for a period of 3 months;

For pregnant patients for the term of the pregnancy;
For infants with congenital toxoplasmosis until 12 months of age.

SODIUM CHLORIDE

Tab 600 mg	Slow Sodium
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Indefinite supply for salt wasting nephropathy (Section 29)
Inj 0.9%

Where required for injection of antibiotic treatment funded under DCS or HEC

SPECIAL FOOD SUPPLEMENT

Liquid, 237 ml	Impact
	Advanced
	Recovery
	Vanilla and
	Chocolate

Three packs of 237 mls per days for 5 to 7 days prior to major gastrointestinal or head or neck surgery.

SULPHADIAZINE

Tab 500 mg ~~S29~~

For the treatment of toxoplasmosis in patients with HIV for a period of 3 months;

For pregnant patients for the term of the pregnancy;
For infants with congenital toxoplasmosis until 12 months of age.

TEICOPLANIN

Inj 400 mg

For any indication approved by the hospital service, with review at 6 weeks.

TICARCILLIN DISODIUM WITH CLAVULANIC ACID

Inj 3 g with clavulanic acid 0.1 g

For any indication approved by the hospital service, with review at 6 weeks.

TINZAPARIN SODIUM

Inj 3,500 anti-Xa IU/0.35 ml	Innohep
Inj 4,500 anti-Xa IU/0.45 ml	Innohep
Inj 10,000 anti-Xa IU/0.5 ml	Innohep
Inj 14,000 anti-Xa IU/0.7 ml	Innohep
Inj 18,000 anti-Xa IU/0.9 ml	Innohep
Inj 20,000 anti-Xa IU/ml, 2 ml	Innohep

For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.

For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.

For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.

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.

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

- A -

A-Scabies	46	Amitriptyline	17	Arrow-Lisinopril	39
Abacavir sulphate with lamivudine	16	Amizide	17	Arrow-Nifedipine XR	44
Abciximab	16	Amlodipine	17	Arrow-Norfloxacin	44
Abilify	18	Amoxicillin	17	Arrow-Ranitidine	49
Acarbose	16	Amoxicillin clavulanate Contracted	17	Arrow-Roxithromycin	51
Accu-Chek Performa	19, 20	DCS	58	Arrow-Simva	52
Accupril	49	Amphotericin B Contracted	17	Arrow-Sumatriptan	54
Accuretic 10	49	DCS	58	Arrow-Testosterone	54
Accuretic 20	49	Anastrozole	18	Arrow-Topiramate	55
Acetazolamide	16	Androderm	54	Arrow-Tramadol	55
Acetylcysteine	16	Anexate	31	Arsenic trioxide	18
Aciclovir	16	Antabuse	27	Asacol	40
Acidex	52	Antinaus	48	Asamax	40
Acitretin	16	Antithymocyte globulin (equine)	18	Aspen Adrenaline	16
Actigall	56	Apo-Allopurinol	16	Aspen Ciprofloxacin	23
Activated charcoal	16	Apo-Amlodipine	17	Asthalin	51
Adalimumab	16	Apo-Amoxi	17	Atacand	21
Adefin XL	44	Apo-Captopril	21	Atazanavir sulphate	18
Adefovir dipivoxil	16	Apo-Clopidogrel	24	Atenolol	18
Adrenaline	16	Apo-Doxazosin	28	Atenolol Tablet USP	18
Advantan	41	Apo-Gliclazide	32	ATGAM	18
Advate	50	Apo-Megestrol	39	Ativan	39
Aerrane	37	Apo-Moclobemide	42	Atomoxetine hydrochloride	18
AFT-Leflunomide	38	Apo-Nadolol	43	Atracurium besylate	18
Aggrastat	55	Apo-Oxybutynin	45	Atropine sulphate	18
Alanase	19	Apo-Pindolol	47	Atropt	18
Albendazole	58	Apo-Prazo	48	Avanza	42
Albenza	58	Apo-Prednisone	48	Azithromycin	18
Aldara	35	Apo-Risperidone	50	Azol	26
Alendronate sodium	16	Apo-Terbinafine	54	Aztreonam	58
Alendronate sodium with cholecalciferol	16	Apo-Zopiclone	57		
Alfacalcidol	16	Apomine	18	- B -	
Allersoothe	48	Apomorphine hydrochloride	18	Baclofen	19
Allopurinol	16	Aprepitant	18	Baraclude	28
Alprostadil	16	Apresoline	34	Basiliximab	19
Amantadine hydrochloride	16	Aqueous cream	18	Beclazone 100	19
AmBisome	17	Arava	38	Beclazone 250	19
Amikacin sulphate Contracted	17	Aripiprazole	18	Beclazone 50	19
DCS	58	Aristocort	56	Beclomethasone dipropionate	19
Amiloride	17	Aromasin	30	Bendrofluazide	19
Amiloride with hydrochlorothiazide	17	Arrow-Azithromycin	18	Benzathine benzylpenicillin	19
Aminophylline	17	Arrow-Bendrofluazide	19	Benzathine penicillin	58
Amirol	17	Arrow-Citalopram	24	Benztrop	19
Amisulpride	17	Arrow-Clopidogrel	24	Benztropine mesylate	19
Amitrip	17	Arrow-Diazepam	27	Benzylpenicillin sodium	19
		Arrow-Enalapril	28	Benzylpenicillin sodium (penicillin G)	58
		Arrow-Etidronate	29	Beractant	19
		Arrow-Lamotrigine	37	Beta Scalp	19
				Betadine	48
				Betadine Skin Prep	48

INDEX**Generic Chemicals and Brands**

Betagan	38	Captopril	21	Chlorhexidine in alcohol	23
Betahistine dihydrochloride	19	Carboplatin	22	Chlorhexidine with cetrimide	23
Betaloc CR	41	Carboplatin Ebewe	22	Chlorothiazide	23
Betamethasone valerate	19	Carbosorb-X	16	Chlorsig	23
Bezafibrate	19	Cardinol LA	49	Chlorthalidone	23
Bezalip Retard	19	Cardizem CD	27	Cholecalciferol	23
Bicalox	19	CareSens	20	Cilazapril	23
Bicalutamide	19	CareSens II	19	Cilazapril with hydrochlorothiazide	23
Bicillin LA	19	CareSens POP	19	Cilicaine	48
Biodone	40	Carvedilol	22	Cilicaine VK	47
Biodone Extra Forte	40	Caspofungin	22	Ciprofloxacin Contracted	23
Biodone Forte	40	Catapres	24	DCS	58
Bisacodyl	19	Catapres-TTS-1	24	Cisplatin	24
Blood glucose diagnostic test meter	19	Catapres-TTS-2	24	Cisplatin Ebewe	24
Blood glucose diagnostic test strip	20	Catapres-TTS-3	24	Citalopram hydrobromide	24
Bosentan	20	Cefaclor monohydrate	22	Citanest	48
Botox	24	Cefalexin Sandoz	22	Cladribine	24
Brimonidine tartrate	20	Cefamandole nafate	58	Clarithromycin	24
Budesonide	20	Cefazolin sodium Contracted	22	Clexane Contracted	28
Bumetanide	20	DCS	58	DCS	59
Bupafen	20	Cefepime hydrochloride Contracted	22	Clindamycin	24
Bupivacaine hydrochloride	20	DCS	58	Clobetasol propionate	24
Bupivacaine hydrochloride with adrenaline	20	Cefotaxime	22	Clomazol	24
Bupivacaine hydrochloride with fentanyl	20	Cefotaxime Sandoz	22	Clomiphene citrate	24
Bupropion hydrochloride	20	Cefotaxime sodium	58	Clonazepam	24
Burinex	20	Cefoxitin sodium Contracted	22	Clonidine	24
Buscopan	35	DCS	58	Clonidine hydrochloride	24
Buspirone hydrochloride	20	Ceftazidime Contracted	22	Clopidogrel Contracted	24
Butacort Aqueous	20	DCS	58	DCS	58
- C -					
Caffeine citrate	21	Ceftriaxone sodium Contracted	22	Clopine	25
Cal-d-Forte	23	DCS	58	Clopixol	57
Calcipotriol	21	Cefuroxime axetil Contracted	22	Clostridium botulinum	24
Calcitonin	21	DCS	58	Clotrimazole	24
Calcitriol	21	Cefuroxime sodium Contracted	22	Clozapine	25
Calcium carbonate	21	DCS	58	Clozaril	25
Calcium folinate	21	Celiprolol	22	Co-trimoxazole	25
Calcium Folate Ebewe	21	CellCept	43	Cocaine	25
Calcium gluconate	21	Celol	22	Codeine phosphate	25
Calcium polystyrene sulphonate	21	Cephalexin monohydrate	22	Colaspase (L-asparaginase)	25
Calcium Resonium	21	Cetirizine hydrochloride	23	Colchicine	25
Calsource	21	Cetirizine-AFT	23	Colgout	25
Camptosar	36	Chloramphenicol	23	Colifoam	34
Candidas	22	Chlorhexidine Contracted	23	Colistin sulphomethate	25
Candesartan	21	DCS	58	Colistin-Link	25
Capecitabine	21	Chlorhexidine gluconate	23	Colofac	39
Capsaicin	21			Coloxyl	47

Condyline	47	Dexamphetamine sulphate	27	Eligard	38
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ISSN 1172-3694 (Print)

ISSN 1179-3708 (Online)



PHARMAC is the Government agency responsible for deciding which medicines are subsidised for New Zealanders. It manages spending on pharmaceuticals for the District Health Boards, and ensures that a comprehensive list of medicines (the Pharmaceutical Schedule) is subsidised for New Zealanders, and that the list of medicines continues to grow to meet the needs of patients.