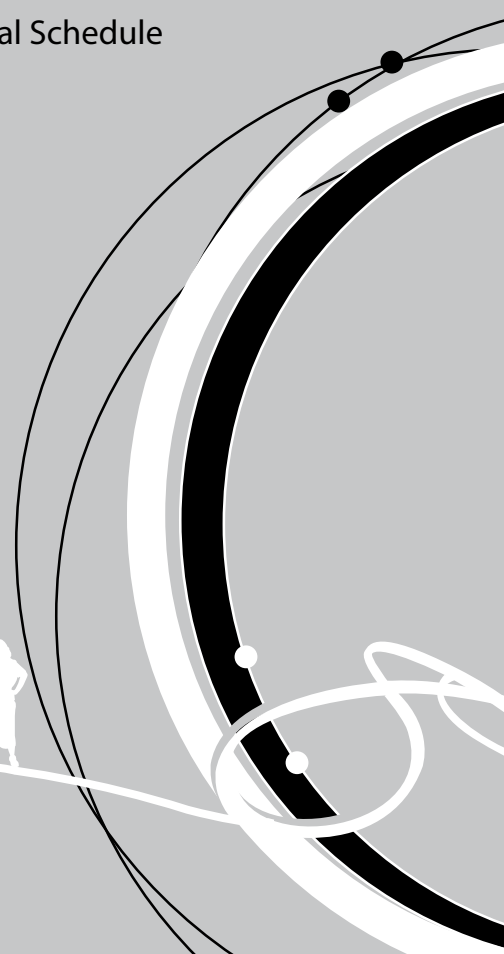


Pharmaceutical Management Agency

Section H for Hospital Pharmaceuticals

Effective 1 March 2013

New Zealand Pharmaceutical Schedule



Hospital Pharmaceuticals March 2013

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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

Stuart McLauchlan	Kura Denness	David Kerr
Anne Kolbe	Jens Mueller	Jan White

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 Pharmaceuticals in the Community approval.

The PHARMAC Hospital Team

Andrew Davies	Acting Manager, Funding and Procurement
Anne Glennie	Panel Co-ordinator
Katie Appleby	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 pharmaceuticals are to be subsidised from public monies by making recommendations to PHARMAC. Part of the role of PTAC is to review whether Pharmaceuticals already listed on the Schedule should continue to receive Government funds. The resources freed up can be used to subsidise other 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:

Sisira Jayathissa	MMedSc (Clin Epi), MMBS, MD, MRCP (UK), FRCP (Edin), FRACP, FAFPHM, Dip Clin Epi, Dip OHP, Dip HSM, MBS, Chair
Howard Wilson	BSc, PhD, MB, BS, Dip Obst, FRNZCGP, FRAGCP Deputy Chair
Chris Cameron	MBChB, FRACP, MClIn Pharm
Melissa Copland	PhD, BPharm(Hons), RegPharmNZ, FNZCP
Stuart Dalziel	MBChB, PhD, FRACP
Ian Hosford	MBChB, FRANZCP, psychiatrist
George Laking	PhD, MD, FRACP
Dee Mangin	MBChB, DPH, RNZCGP
Graham Mills	MBChB, MTropHlth, MD, FRACP, infectious disease specialist and general physician
Mark Weatherall	BA, MBChB, MAppStats, FRACP
Jane Thomas	MBChB, FANZCA
Marius Rademaker	BM (Soton), FRCP (Edin), FRACP DM
Sean Hanna	MBChB, FRNZCGP, FRACGP, PGDipGP

Contact PTAC C/-PTAC Secretary, Pharmaceutical Management Agency, PO Box 10 254, WELLINGTON 6143,

Email: PTAC@pharmac.govt.nz

Hospital Pharmaceuticals Subcommittee of PTAC

The Hospital Pharmaceuticals Subcommittee of PTAC is a subcommittee made up of representatives from DHB hospitals to provide PTAC and PHARMAC with advice in relation to our role in relation to hospital pharmaceuticals. The PHARMAC Board has appointed the following members to the Hospital Pharmaceuticals Subcommittee of PTAC:

Assoc. Prof. Mark Weatherall	Physician	Wellington
Dr Matthew Dawes	Clinical Pharmacologist	Auckland
Dr Andrew Stanley	Respiratory Physician	Rotorua
Dr Andrew Herbert	Gastroenterologist	Palmerston North
Prof. Murray Barclay	Clinical Pharmacologist	Christchurch
Dr Paul Tomlinson	Paediatrician	Invercargill
Sarah Fitt	Pharmacist	Auckland
Marilyn Crawley	Pharmacist	Auckland
Jan Goddard	Pharmacist	Hamilton
Billy Allen	Pharmacist	Hastings
Chris Jay	Pharmacist	Wellington

Purpose of the Pharmaceutical Schedule

The purpose of the Schedule is to list:

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

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

Finding Information in the Pharmaceutical Schedule

Community Pharmaceuticals

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

- Section **A** lists the General Rules in relation to Community Pharmaceuticals and related products.
- Section **B** lists Community Pharmaceuticals and related products by anatomical classification, which are further divided into one or more therapeutic headings. Community Pharmaceuticals used to treat similar conditions are grouped together.
- Section **C** lists the rules in relation to Extemporaneously Compounded Products (ECPs) and Community Pharmaceuticals that will be subsidised when extemporaneously compounded.
- Section **D** lists the rules in relation to Special Foods and the Special Foods that are subsidised.
- Section **E** Part I lists the Community Pharmaceuticals that are subsidised on a Practitioner's Supply Order (PSO) and Wholesale Supply Order (WSO).
- Section **E** Part II lists 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	
CHEMICAL				
Generic name listed alphabetically	Presentation A	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	Presentation B - 1% DV Limit Jan-10 to 2012	15.00	50	Brand C
	Presentation C	18.00	250 ml	Brand D
Form and strength	CHEMICAL Presentation D	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 (for use in DHB hospitals and/or in association with Outpatient services provided in DHB hospitals) is met by the relevant DHB hospital from its own budget. Pharmaceutical Cancer Treatments (for use in DHB hospitals and/or in association with Outpatient services provided in DHB hospitals) are funded through the Pharmaceutical 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>

Named Patient Pharmaceutical Assessment policy

The Named Patient Pharmaceutical Assessment (NPPA) Policy is PHARMAC's process for considering applications about named patients seeking funding for treatments not listed on the Schedule, either at all or for the named patient's clinical circumstances.

For PHARMAC to perform its legislative function of maintaining and managing a Schedule that applies consistently throughout New Zealand, the NPPA Policy will, and must, operate in a way that does not undermine the Schedule decision making process. Together, the Schedule process and the NPPA Policy, ensure there is a pathway for consideration of an individual's clinical circumstances. If an individual has a set of clinical circumstances not covered by the NPPA Policy, the Schedule decision making process is available. It is not the purpose of the NPPA Policy to provide access to every treatment not listed on the Schedule. There are three main pathways by which named patients can be considered for funding under the NPPA Policy. PHARMAC will exercise its discretion to determine the most appropriate pathway for an application under the NPPA Policy based on the information that is provided.

PHARMAC will assess applications that meet the prerequisites described below according to its Decision Criteria before deciding whether to approve applications for funding. The Decision Criteria will be used to assess both the individual clinical circumstances of each NPPA applicant, and the implications of each NPPA funding decision on PHARMAC's ability to carry out its legislative functions.

For more information on NPPA, or to apply, visit the PHARMAC website at <http://www.pharmac.govt.nz/nppa>, or call the Panel Coordinators at (04) 9167553 or (04) 9167521.

Unusual Clinical Circumstance (UCC)

The purpose of the Unusual Clinical Circumstances (UCC) pathway is to provide a process for consideration for funding for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule. The prerequisite requirements for UCC consideration are:

- The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or the patient has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and
- The patient is experiencing an indication or set of clinical circumstances that are so unusual that PHARMAC is unlikely to consider listing treatments for these on the Schedule; and
- Generally, PHARMAC has not already considered/is not considering, through the Schedule decision making process, the treatment for the patient's clinical circumstances, or has not considered the treatment at all.

Urgent Assessment (UA)

The purpose of the Urgent Assessment (UA) pathway is to provide a process for PHARMAC to consider funding treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient's clinical circumstances justify urgent assessment, prior to a decision on Schedule listing. The prerequisite requirements for UA are:

- The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or the patient has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and
- The patient is experiencing an indication or set of clinical circumstances that may be experienced by a population group (either currently or over time); and
- The patient has serious clinical circumstances and not receiving the treatment within six to 12 months would lead to either a significant deterioration in a serious clinical condition or the patient would miss the opportunity for significant improvement in clinical outcome (length or quality of life); and
- The treatment has either not been prioritised by PHARMAC, or if it has, PHARMAC has funded the treatment under the NPPA Policy for the same clinical circumstances prior to prioritisation.
- PHARMAC has not declined to list, on the Schedule, this treatment for these clinical circumstances.

Hospital Pharmaceuticals in the Community (HPC)

The purpose of the Hospital Pharmaceuticals in the Community (HPC) pathway is to allow District Health Board hospitals to fund a medicine for a patient in the community if it would be more affordable for the DHB than paying for the treatment that would otherwise need to be provided. PHARMAC's approval is required for any such funding, given DHBs' legislative obligation to act consistently with the Schedule. The prerequisite requirements for HPC are:

- The patient has reasonably tried and failed all alternative cheaper funded treatments (or these alternative treatments have been contraindicated) or the patient has experienced such serious side effects with all other cheaper relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and
- The application is for a DHB hospital to fund a treatment for use in the community for a patient under the care of a DHB hospital clinician (in-patient or out-patient); and
- The treatment is not being used to treat a cancer; and
- The treatment costs less for the DHB than the most likely alternative intervention or outcome; and
- The treatment is being sought for a short-term episode of care (usually a maximum of three months) and is not generally for the treatment of a chronic condition.

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.

“**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.

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

“**Hospital Pharmaceuticals in the Community (HPC)**” means the pathway under the Named Patient Pharmaceutical Assessment policy to allow District Health Board hospitals to fund a medicine for a patient in the community if this is more affordable for the DHB than paying for the treatment that would otherwise need to be provided.

“**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 discretionary variance limit, being the specified percentage of that DHB Hospital’s Total Market Volume up to which that DHB Hospital may purchase DV Pharmaceuticals of that Hospital Pharmaceutical.

“**Named Patient Pharmaceutical Assessment Advisory Panel**” means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for advising, within its Terms of Reference, on Named Patient Pharmaceutical Assessment applications and Exceptional Circumstances renewal applications submitted after 1 March 2012 (EC renewal application form located at <http://www.pharmac.govt.nz/healthpros/EC/ECForms>)

“**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 and Pharmaceutical Cancer Treatments including for named patients in exceptional circumstances.

“**Pharmaceutical Cancer Treatment**” means Pharmaceuticals for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a “PCT” or “PCT only” Pharmaceutical that DHBs must provide access to 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.

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

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

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

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

“**Unusual Clinical Circumstances (UCC)**” means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule.

“**Urgent Assessment (UA)**” means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient’s clinical circumstances justify urgent assessment, prior to a decision on Schedule listing.

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.

Part I: General Rules for Hospital Pharmaceuticals

- 2.2 From the day after a DHB Hospital's current supply contract for a chemical entity that is a National Contract Pharmaceutical expires, that DHB Hospital is to purchase the relevant National Contract Pharmaceutical listed in Section H Part II at the Price, and is to comply with the DV Limits for the National Contract Pharmaceutical where it has HSS.
- 2.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals are to take any steps available to them to terminate current contracts, and are not to enter into any new contracts or extend the period of any current contracts, for the supply of that National Contract Pharmaceutical listed in Section H Part II or the relevant chemical entity, unless PHARMAC expressly notifies otherwise.

3 National Contract Pharmaceutical Price

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

4 Hospital Supply Status (HSS)

- 4.1 The DV Limit for any National Contract Pharmaceutical which has HSS is set out beside the listing of the relevant National Contract Pharmaceutical in Section H Part II of the Schedule and may be amended from time to time.
- 4.2 If a National Contract Pharmaceutical is listed in Section H Part II as having HSS, DHB Hospitals:
 - a) are expected to use up any existing stocks of DV Pharmaceuticals during the First Transition Period;
 - b) must not purchase DV Pharmaceuticals in volumes exceeding their usual requirements, or in volumes exceeding those which they reasonably expect to use, within the First Transition Period; and
 - c) must purchase the Hospital Pharmaceutical with HSS except:
 - i) to the extent that the DHB Hospital may use its discretion to purchase a DV Pharmaceutical within the DV Limit, provided that (subject to subclause (iii) below) the DV Limit has not been exceeded nationally;
 - ii) if the pharmaceutical supplier fails to supply that Hospital Pharmaceutical, in which case the relevant DHB Hospital does not have to comply with the DV Limit for that Hospital Pharmaceutical during that period of non-supply (and any such month(s) included in a period of non-supply will be excluded in any review of the DV Limit in accordance with clause 4.3 below);
 - iii) that where the DV Limit has been exceeded nationally, the DHB Hospital may negotiate with the pharmaceutical supplier who supplies the National Contract Pharmaceutical with HSS for written permission to vary the application of that DHB Hospital's Individual DV Limit for any patient whose exceptional needs require a DV Pharmaceutical.
- 4.3 PHARMAC may, in its discretion, for any period or part period:
 - a) review usage by DHB Hospitals of the National Contract Pharmaceutical and DV Pharmaceuticals to determine whether the DV Limit has been exceeded; and
 - b) audit compliance by DHBs with the DV Limits and related requirements.
- 4.4 PHARMAC will address any issues of non-compliance by any individual DHB with a DV Limit by:
 - a) obtaining the relevant DHB's assurance that it will comply with the DV Limit for that National Contract Pharmaceutical with HSS in the remainder of the applicable period and any subsequent periods; and
 - b) informing the relevant supplier of the HSS Pharmaceutical of any individual DHB's non-compliance with the DV Limit for that HSS Pharmaceutical.
- 4.5 In addition to the steps taken by PHARMAC under clause 4.4 above to address any issues of non-compliance by any individual DHB with a DV Limit, the relevant pharmaceutical supplier may require, in its discretion, financial compensation from the relevant DHB:
 - a) an amount representing its contribution towards exceeding the DV Limit (where PHARMAC is able to quantify this based on the information available to it); or
 - b) the sum of \$1,000 or \$5,000 (depending on the terms of the applicable national contract applying to the HSS Pharmaceutical),whichever is the greater as between sub-paragraphs (a) and (b) within the number of business days specified in the notice requiring such payment to be made.

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 Named Patient Pharmaceutical Assessment Advisory 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 the Pharmaceutical Budget.
- 7.5 Subject to rule 7.6 and 7.7, 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 Pharmaceuticals in the community (HPC).
- 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 Hospital Pharmaceuticals in the community (HPC) approval provided that:
 - a) the quantity supplied does not exceed that sufficient for:
 - 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.

- 7.7 DHB Hospitals may fund from their own budgets any Pharmaceutical without Hospital Exceptional Circumstances approval provided that the Pharmaceutical is only being supplied to the patient for them to use in the 24 hours leading up to a procedure to be performed in a DHB Hospital.

8 Pharmaceutical Cancer Treatments

- 8.1 DHBs must provide access to Pharmaceutical Cancer Treatments for the treatment of cancers in their DHB hospitals, and/or in association with Outpatient services provided in their DHB hospitals.
- 8.2 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.
- 8.3 DHBs must only provide access to Pharmaceuticals for the treatment of cancer that are listed as Pharmaceutical Cancer Treatments in Sections A to G of the Schedule, provided that DHBs may provide access to an unlisted pharmaceutical for the treatment of cancer where that unlisted pharmaceutical:
- a) has Named Patient Pharmaceutical Assessment (NPPA) approval;
 - b) is being used as part of a bona fide clinical trial which has Ethics Committee approval;
 - c) is being used and funded as part of a paediatric oncology service; or
 - d) was being used to treat the patient in question prior to 1 July 2005.
- 8.4 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule are Unapproved Indications. Some of these formed part of the October 2001 decision by 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 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.
- 8.5 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 the *Guidelines for Funding Applications to PHARMAC 2010*, copies of which are available from PHARMAC or PHARMAC's website.

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			
Tab 300 mg – 1% DV Jul-11 to 2014	229.00	60	Ziagen
Oral liq 20 mg per ml – 1% DV Jul-11 to 2014	50.00	240 ml	Ziagen
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 Dec-12 to 2015	9.82	90	Accarb
Tab 100 mg – 1% DV Dec-12 to 2015	15.83	90	Accarb
ACETAZOLAMIDE			
Tab 250 mg – 1% DV Nov-11 to 2014	17.03	100	Diamox
ACETYLCYSTEINE			
Inj 200 mg per ml, 10 ml – 1% DV Jul-12 to 2015	178.00	10	Martindale Acetylcysteine
Inj 200 mg per ml, 30 ml	219.00	4	Acetadote
ACICLOVIR			
Tab dispersible 200 mg – 1% DV Dec-10 to 2013	1.98	25	Lovir
Tab dispersible 400 mg – 1% DV Dec-10 to 2013	6.64	56	Lovir
Tab dispersible 800 mg – 1% DV Dec-10 to 2013	7.38	35	Lovir
Inj 250 mg – 1% DV Mar-13 to 2015	14.09	5	Zovirax IV
ACITRETIN			
Cap 10 mg	38.66	60	Novatretin
	35.95	100	Neotigason
Cap 25 mg	83.11	60	Novatretin
	85.40	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 DIPVOXIL			
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
	49.00	10	Aspen Adrenaline
ALENDRONATE SODIUM			
Tab 40 mg	133.00	30	Fosamax
Tab 70 mg	22.90	4	Fosamax
ALENDRONATE SODIUM WITH CHOLECALCIFEROL			
Tab 70 mg with cholecalciferol 5,600 iu	22.90	4	Fosamax Plus
ALFACALCIDOL			
Cap 0.25 µg	26.32	100	One-Alpha
Cap 1 µg	87.98	100	One-Alpha

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
ALLOPURINOL			
Tab 100 mg – 1% DV Dec-11 to 2014	15.90	1,000	Apo-Allopurinol
Tab 300 mg – 1% DV Dec-11 to 2014	16.75	500	Apo-Allopurinol
ALPROSTADIL			
Inj 0.5 mg per ml, 1 ml – 1% DV Oct-12 to 2015	1,417.50	5	Prostin VR
AMANTADINE HYDROCHLORIDE			
Cap 100 mg – 1% DV Sep-11 to 2014	38.24	60	Symmetrel
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 – 1% DV Nov-12 to 2014	176.00	10	Biomed
AMILORIDE			
Oral liq 1 mg per ml	30.00	25 ml	Biomed
AMINO ACID FORMULA			
Powder (unflavoured)	6.00	48.5 g	Vivonex Paediatric
	53.00	400 g	Elecare
	56.00		Elecare LCP
	56.00		Neocate Gold
Powder (vanilla)	53.00	400 g	Elecare
	56.00		Neocate Advance
AMINOACID WITHOUT PHENYLALANINE			
Liquid (berry)	13.10	125 ml	PKU Anamix Junior LQ
Liquid (orange)	13.10	125 ml	PKU Anamix Junior LQ
Liquid (unflavoured)	13.10	125 ml	PKU Anamix Junior LQ
AMINOPHYLLINE			
Inj 25 mg per ml, 10 ml – 1% DV Nov-11 to 2014	53.75	5	DBL Aminophylline
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 – 1% DV Jan-13 to 2014	3.32	100	Arrow-Amitriptyline
Tab 25 mg – 1% DV Jun-11 to 2014	1.85	100	Amitrip
Tab 50 mg – 1% DV Jun-11 to 2014	3.60	100	Amitrip
AMLODIPINE			
Tab 2.5 mg – 1% DV Mar-12 to 2014	2.45	100	Apo-Amlodipine
Tab 5 mg – 1% DV Oct-11 to 2014	2.65	100	Apo-Amlodipine
Tab 10 mg – 1% DV Oct-11 to 2014	4.15	100	Apo-Amlodipine

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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
AMOXYCILLIN			
Cap 250 mg – 1% DV Dec-10 to 2013.....	16.18	500	Alphamox
Cap 500 mg – 1% DV Dec-10 to 2013.....	26.50	500	Alphamox
Drops 100 mg per ml	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	1.10	100 ml	Ospamox
Inj 250 mg – 1% DV Nov-11 to 2014	12.96	10	Ibiamox
Inj 500 mg – 1% DV Nov-11 to 2014	15.08	10	Ibiamox
Inj 1 g – 1% DV Nov-11 to 2014	21.94	10	Ibiamox
AMOXYCILLIN CLAVULANATE			
Tab amoxicillin 500 mg with potassium clavulanate 125 mg – 1% DV Aug-12 to 2014	12.55	100	Curam Duo
Grans for oral liq 125 mg with potassium clavulanate 31.25 mg per 5 ml – 1% DV Nov-12 to 2015	1.61	100 ml	Augmentin
Grans for oral liq 250 mg with potassium clavulanate 62.5 mg per 5 ml – 1% DV Nov-12 to 2015	2.19	100 ml	Augmentin
Inj 600 mg – 1% DV Jan-13 to 2015	10.14	10	m-Amoxiclav
Inj 1.2 g – 1% DV Jan-13 to 2015	14.03	10	m-Amoxiclav
AMPHOTERICIN B			
Liposomal inj 50 mg – 1% DV Oct-12 to 2015	3,450.00	10	AmBisome
Lozenges 10 mg	5.86	20	Fungilin
ANASTROZOLE			
Tab 1 mg	26.55	30	Aremed DP-Anastrozole
ANTITHYMOCYTE GLOBULIN (EQUINE)			
Inj 50 mg per ml, 5 ml	2,137.50	5	ATGAM
A POMORPHINE 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 Sep-11 to 2014	1.23	100 g	AFT
Note: DV Limit applies to pack sizes of 100 g or less.			
Crm 500 g – 1% DV Sep-11 to 2014	1.96	500 g	AFT
Note: DV Limit applies to pack sizes of greater than 100 g.			
ARIPIPIRAZOLE			
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
ASCORBIC ACID			
Tab 100 mg – 1% DV Oct-10 to 2013	13.80	500	Vitala-C
ATAZANAVIR SULPHATE			
Cap 150 mg	568.34	60	Reyataz
Cap 200 mg	757.79	60	Reyataz

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
ATENOLOL			
Tab 50 mg – 1% DV Oct-12 to 2015	5.56	500	Mylan Atenolol
Tab 100 mg – 1% DV Oct-12 to 2015	9.12	500	Mylan Atenolol
Oral liq 25 mg per 5 ml	21.25	300 ml	Atenolol AFT
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
ATORVASTATIN			
Tab 10 mg – 1% DV Oct-12 to 2015	2.52	90	Zarator
Tab 20 mg – 1% DV Oct-12 to 2015	4.17	90	Zarator
Tab 40 mg – 1% DV Oct-12 to 2015	7.32	90	Zarator
Tab 80 mg – 1% DV Oct-12 to 2015	16.23	90	Zarator
ATRACURIUM BESYLATE			
Inj 10 mg per ml, 2.5 ml – 1% DV Sep-12 to 2015	6.13	5	Tracrium
Inj 10 mg per ml, 5 ml – 1% DV Sep-12 to 2015	9.19	5	Tracrium
ATROPINE SULPHATE			
Eye drops 1%	17.36	15 ml	Atropt
Inj 600 µg, 1 ml – 1% DV Jan-13 to 2015	71.00	50	AstraZeneca
AZATHIOPRINE			
Tab 50 mg – 1% DV Oct-10 to 2013	18.45	100	Imuprine Imuran
Inj 50 mg – 1% DV Oct-10 to 2013	60.00	1	Imuran
AZITHROMYCIN			
Tab 250 mg	10.00	30	Apo-Azithromycin
Tab 500 mg – 1% DV Feb-13 to 2015	1.25	2	Apo-Azithromycin
Grans for oral liq 200 mg per 5 ml	6.60	15 ml	Zithromax
AZTREONAM			
Inj 1 g – 1% DV Sep-11 to 2014	131.00	5	Azactam
BACILLUS CALMETTE-GUERIN (BCG) VACCINE			
a) Note: Subsidised only for bladder cancer.			
b) Note: Any BCG injection containing equal to or greater than 500 million CFU is considered a DV Pharmaceutical.			
Inj 2-8 × 100 million CFU – 1% DV Jan-11 to 2013	187.37	1	OncOTICE
BACLOFEN			
Tab 10 mg	5.10	100	Pacifen
Inj 0.05 mg per ml, 1 ml – 1% DV Oct-12 to 2015	11.55	1	Lioresal Intrathecal
Inj 2 mg per ml, 5 ml – 1% DV Oct-12 to 2015	209.29	1	Lioresal Intrathecal
BARIUM SULPHATE			
Oral suspension 2.2%, 250 ml	175.00	24	CT Plus+
Oral suspension 2.2%, 450 ml	220.00	24	CT Plus+
BASILIXIMAB			
Inj 20 mg amp	3,200.00	1	Simulect

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
BECLOMETHASONE DIPROPIONATE			
Aerosol inhaler, 50 µg per dose CFC-free	8.54	200 dose	Beclazone 50
Metered aqueous nasal spray, 50 µg per dose	4.85	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	5.75	200 dose	Alanase
Aerosol inhaler, 250 µg per dose CFC-free	22.67	200 dose	Beclazone 250
BENDROFLUAZIDE			
Tab 2.5 mg – 1% DV Sep-11 to 2014	6.48	500	Arrow-Bendrofluazide
Tab 5 mg – 1% DV Sep-11 to 2014	9.95	500	Arrow-Bendrofluazide
BENZATHINE BENZYL PENICILLIN			
Inj 1.2 mega u per 2.3 ml – 1% DV Sep-12 to 2015	315.00	10	Bicillin LA
BENZTROPINE MESYLATE			
Tab 2 mg	7.99	60	Benztrop
Inj 1 mg per ml, 2 ml	95.00	5	Cogentin
BENZYL PENICILLIN SODIUM (PENICILLIN G)			
Inj 600 mg – 1% DV Nov-11 to 2014	11.50	10	Sandoz
BERACTANT			
Inj 25 mg per ml, 8 ml intratracheal	550.00	1	Survanta
BETAHISTINE DIHYDROCHLORIDE			
Tab 16 mg	10.00	84	Vergo 16
BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL			
Oint 500 µg with calcipotriol 50 µg	26.12	30 g	Daivobet
Topical gel 500 µg with calcipotriol 50 µg	26.12	30 g	Daivobet
BETAMETHASONE VALERATE			
Scalp app 0.1%	7.75	100 ml	Beta Scalp
BEZAFIBRATE			
Tab 200 mg – 1% DV Mar-13 to 2015	9.70	90	Bezalip
Tab long-acting 400 mg – 1% DV Oct-12 to 2015	5.70	30	Bezalip Retard
BICALUTAMIDE			
Tab 50 mg – 1% DV Nov-11 to 2014	10.00	28	Bical Accord
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
BISOPROLOL FUMARATE			
Tab 2.5 mg	3.88	30	Bosvate
Tab 5 mg	4.74	30	Bosvate
Tab 10 mg	9.18	30	Bosvate
BLOOD GLUCOSE DIAGNOSTIC TEST METER			
1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips	20.00	1	CareSens II CareSens N CareSens N POP
Meter	19.00	1	Accu-Chek Performa FreeStyle Lite On Call Advanced
	9.00		

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	28.75	50 test	Accu-Chek Performa
	10.56		CareSens
	21.65		CareSens N
	28.75		FreeStyle Lite
Blood glucose test strips × 50 and lancets × 5	19.10	50 test	Freestyle Optium On Call Advanced
BLOOD KETONE DIAGNOSTIC TEST METER			
Meter	40.00	1	Freestyle Optium
BORTEZOMIB			
Inj 1 mg	540.70	1	Velcade
Inj 3.5 mg	1,892.50	1	Velcade
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 Jul-12 to 2014	6.45	5 ml	Arrow-Brimonidine
BUDESONIDE			
Metered aqueous nasal spray, 50 µg per dose	4.85	200 dose	Butacort Aqueous
Metered aqueous nasal spray, 100 µg per dose	5.75	200 dose	Butacort Aqueous
Powder for inhalation, 200 µg per dose	15.20	200 dose	Budenocort
Powder for inhalation, 400 µg per dose	25.60	200 dose	Budenocort
BUMETANIDE			
Tab 1 mg	16.36	100	Burinex
BUPIVACAINE HYDROCHLORIDE			
Inf 0.25%, 100 ml theatre pack	150.00	5	Marcain
Inj 0.5%, 4 ml	50.00	5	Marcain Isobaric
Inj 0.5%, 8% glucose, 4 ml	38.00	5	Marcain Heavy
Inj 0.25%, 20 ml – 1% DV Oct-12 to 2015	35.00	5	Marcain
Inj 0.5%, 10 ml	35.00	50	Marcain
Inj 0.5%, 10 ml theatre pack – 1% DV Oct-12 to 2015	28.00	5	Marcain
Inj 0.5%, 20 ml theatre pack – 1% DV Oct-12 to 2015	28.00	5	Marcain
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 0.25% with 1:400,000 adrenaline, 20 ml – 1% DV Nov-11 to 2014	135.00	5	Marcain with Adrenaline
Inj 0.5% with 1:200,000 adrenaline, 20 ml – 1% DV Nov-11 to 2014	115.00	5	Marcain with Adrenaline
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 0.125% with 2 µg fentanyl per ml, 100 ml bag – 1% DV Nov-11 to 2014	210.00	10	Bupafen
Inj 0.125% with 2 µg fentanyl per ml, 200 ml bag – 1% DV Nov-11 to 2014	210.00	10	Bupafen
Inj 0.125% with 2 µg fentanyl per ml, 15 ml prefilled syringe – 1% DV Nov-11 to 2014	72.00	10	Biomed
Inj 0.125% with 2 µg fentanyl per ml, 20 ml prefilled syringe – 1% DV Nov-11 to 2014	92.00	10	Biomed

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BUPRENORPHINE WITH NALOXONE			
Tab sublingual 2 mg with naloxone 0.5 mg	57.40	28	Suboxone
Tab sublingual 8 mg with naloxone 2 mg	166.00	28	Suboxone
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
BUSULPHAN			
Tab 2 mg	59.50	100	Myleran
CABERGOLINE			
Tab 0.5 mg – 1% DV Sep-12 to 2015	6.25	2	Dostinex
	25.00	8	Dostinex
CAFFEINE CITRATE			
Oral liq 20 mg per ml (10 mg base per ml)	14.85	25 ml	Biomed
Inj 20 mg per ml (10 mg base per ml), 2.5 ml	55.75	5	Biomed
CALAMINE			
Crm aqueous, BP – 1% DV Mar-13 to 2015	1.77	100 g	Pharmacy Health
Lothn, BP – 1% DV Nov-12 to 2015	13.45	2,000 ml	PSM
CALCIPOTRIOL			
Crm 50 µg per g	45.00	100 g	Daivonex
Oint 50 µg per g	45.00	100 g	Daivonex
Soln 50 µg per ml	16.00	30 ml	Daivonex
CALCITONIN			
Inj 100 u per ml, 1 ml – 1% DV Sep-11 to 2014	110.00	5	Miacalcic
CALCITRIOL			
Cap 0.25 µg	3.03	30	Airflow
	10.10	100	Calcitriol-AFT
Cap 0.5 µg	5.62	30	Airflow
	18.73	100	Calcitriol-AFT
Oral liq 1 µg per ml	39.40	10 ml	Rocaltrol
CALCIUM CARBONATE			
Tab 1.25 g (500 mg elemental) – 1% DV Feb-12 to 2014	6.38	250	Arrow-Calcium
Tab eff 1.75 g (1 g elemental) – 1% DV Nov-11 to 2014	6.21	30	Calsource
Oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml)	39.00	500 ml	Roxane
CALCIUM FOLINATE			
Tab 15 mg – 1% DV Nov-11 to 2014	82.45	10	DBL Leucovorin Calcium
Inj 50 mg – 1% DV Sep-08 to 2014	24.50	5	Calcium Folate Ebewe
Inj 100 mg – 1% DV Sep-08 to 2014	9.75	1	Calcium Folate Ebewe
Inj 300 mg – 1% DV Sep-08 to 2014	30.00	1	Calcium Folate Ebewe
Inj 1 g – 1% DV Sep-08 to 2014	90.00	1	Calcium Folate Ebewe

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CALCIUM GLUCONATE			
Inj 10%, 10 ml	21.40	10	Mayne
Gel, 2.5%, 50 g	21.00	1	healthE
CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
CANDESARTAN			
Tab 4 mg – 1% DV Nov-12 to 2015	4.13	90	Candestar
Tab 8 mg – 1% DV Nov-12 to 2015	6.10	90	Candestar
Tab 16 mg – 1% DV Nov-12 to 2015	10.18	90	Candestar
Tab 32 mg – 1% DV Nov-12 to 2015	17.66	90	Candestar
CAPECITABINE			
Tab 150 mg	115.00	60	Xeloda
Tab 500 mg	705.00	120	Xeloda
CAPSAICIN			
Crm 0.025%	9.95	45 g	Zostrix
Crm 0.075%	12.50	45 g	Zostrix HP
CAPTOPRIL			
Tab 12.5 mg – 1% DV Jan-11 to 2013	2.00	100	m-Captopril
Tab 25 mg – 1% DV Jan-11 to 2013	2.40	100	m-Captopril
Tab 50 mg – 1% DV Jan-11 to 2013	3.50	100	m-Captopril
Oral liq 5 mg per ml – 1% DV Nov-10 to 2013	94.99	95 ml	Capoten
CARBOPLATIN			
Inj 10 mg per ml, 5 ml	20.00	1	Carboplatin Ebewe
Inj 10 mg per ml, 15 ml – 1% DV Jan-13 to 2015	19.50	1	Carbaccord
Inj 10 mg per ml, 45 ml – 1% DV Jan-13 to 2015	48.50	1	Carbaccord
Inj 10 mg per ml, 100 ml	105.00	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 Oct-12 to 2015	667.50	1	Cancidas
Inj 70 mg – 1% DV Oct-12 to 2015	862.50	1	Cancidas
CEFACLOR MONOHYDRATE			
Cap 250 mg	24.57	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 Mar-12 to 2014	3.99	5	AFT
Inj 1 g – 1% DV Mar-12 to 2014	3.99	5	AFT
CEFEPIME HYDROCHLORIDE			
Inj 1 g – 1% DV Oct-12 to 2015	8.80	1	DBL Cefepime
Inj 2 g – 1% DV Oct-12 to 2015	17.60	1	DBL Cefepime
CEFOTAXIME			
Inj 500 mg – 1% DV Oct-11 to 2014	1.90	1	Cefotaxime Sandoz
Inj 1 g – 1% DV Nov-11 to 2014	15.58	10	DBL Cefotaxime
Inj 2 g	2.60	1	Cefotaxime Sandoz

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CEFOXITIN SODIUM			
Powder for inj 1 g	55.00	5	Mayne
CEFTAZIDIME			
Inj 500 mg – 1% DV Oct-11 to 2014	2.37	1	Fortum
Inj 1 g – 1% DV Oct-11 to 2014	3.25	1	DBL Ceftazidime
Inj 2 g – 1% DV Oct-11 to 2014	6.49	1	DBL Ceftazidime
CEFTRIAZONE SODIUM			
Inj 2 g – 1% DV Nov-10 to 2013	5.20	1	Veracol
Inj 500 mg – 1% DV Nov-10 to 2013	2.70	1	Veracol
Inj 1 g – 1% DV May-11 to 2013	10.49	5	Aspen Ceftriaxone
CEFUROXIME AXETIL			
Tab 250 mg	29.40	50	Zinnat
CEFUROXIME SODIUM			
Inj 750 mg – 1% DV Mar-12 to 2014	6.96	5	m-Cefuroxime
Inj 1.5 g – 1% DV Apr-12 to 2014	2.65	1	Mylan
CELIPROLOL			
Tab 200 mg	19.00	180	Celol
CEPHALEXIN MONOHYDRATE			
Cap 500 mg	8.90	20	Cephalexin ABM
Grans for oral liq 125 mg per 5 ml	8.50	100 ml	Cefalexin Sandoz
Grans for oral liq 250 mg per 5 ml	11.50	100 ml	Cefalexin Sandoz
CETIRIZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Sep-11 to 2014	1.59	100	Zetop
Oral liq 1 mg per ml – 1% DV Nov-11 to 2014	3.52	200 ml	Cetirizine - AFT
CETOMACROGOL			
Crm BP 100 g	1.65	1	healthE
Crm BP 500 g	3.50	1	Pharmacy Health
CHLORAMPHENICOL			
Eye oint 1% – 1% DV Jan-13 to 2015	2.76	4 g	Chlorsig
Eye drops 0.5% – 1% DV Sep-12 to 2015	1.20	10 ml	Chlorofast
CHLORHEXIDINE			
Crm 1% obstetric – 1% DV Oct-12 to 2015	1.24	50 g	healthE
Soln 0.02% for irrigation	2.92	100 ml	Baxter
Soln 0.05% for irrigation	3.02	100 ml	Baxter
Soln 0.1% for irrigation	3.63	500 ml	Baxter
Soln 0.5% for irrigation	3.10	100 ml	Baxter
Foaming liquid 4%, 50 ml	4.69	500 ml	Baxter
Soln 5%, 500 ml	1.86	1	healthE
Soln 5%, 500 ml	15.50	1	healthE
CHLORHEXIDINE GLUCONATE			
Mouthwash 0.2% – 1% DV Dec-12 to 2015	2.68	200 ml	healthE
Obstetric lotion 1%, 200 ml	6.75	1	healthE

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CHLORHEXIDINE IN ALCOHOL			
Soln 0.5% with 70% alcohol, 25 ml (tinted pink)	1.55	1	healthE
Soln 0.5% with 70% alcohol, 100 ml (tinted pink)	2.65	1	healthE
Soln 0.5% with 70% alcohol, 100 ml (tinted red)	2.90	1	healthE
Soln 0.5% with 70% alcohol, 500 ml (tinted pink)	5.45	1	healthE
Soln 0.5% with 70% alcohol, 500 ml (tinted red)	5.90	1	healthE
Soln 2% with 70% alcohol, 100 ml (tinted pink)	3.54	1	healthE
Soln 2% with 70% alcohol, 100 ml (tinted red)	3.86	1	healthE
Soln 2% with 70% alcohol, 500 ml (tinted red)	9.56	1	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	26.00	25 ml	Biomed
CHLORTHALIDONE			
Tab 25 mg	4.80	30	Igroton
	8.00	50	Hygroton
CHOLECALCIFEROL			
Tab 50,000 iu	7.76	12	Cal-d-Forte
CILAZAPRIL WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with 12.5 mg	6.30	28	Inhibace Plus
CIPROFLOXACIN			
Tab 250 mg – 1% DV Dec-11 to 2014	2.20	28	Cipflox
Tab 500 mg – 1% DV Dec-11 to 2014	3.00	28	Cipflox
Tab 750 mg – 1% DV Dec-11 to 2014	5.15	28	Cipflox
Inj 2 mg per ml, 100 ml – 1% DV Jun-10 to 2013	41.00	10	Aspen Ciprofloxacin
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 Sep-11 to 2014	2.34	84	Arrow-Citalopram
CLADRIBINE			
Inj 1 mg per ml, 10 ml	5,249.72	7	Leustatin
CLARITHROMYCIN			
Tab 250 mg – 1% DV Jan-12 to 2014	4.19	14	Apo-Clarithromycin
Tab 500 mg – 1% DV Apr-12 to 2014	10.95	14	Apo-Clarithromycin
Grans for oral liq 125 mg per 5 ml	23.12	70 ml	Klacid
Inj 500 mg – 1% DV Oct-11 to 2014	30.00	1	Klacid
CLINDAMYCIN			
Cap hydrochloride 150 mg – 1% DV May-12 to 2013	9.90	16	Clindamycin ABM
Inj phosphate 150 mg per ml, 4 ml – 1% DV Jul-10 to 2013	160.00	10	Dalacin C

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
CLOBETASOL PROPIONATE			
Crn 0.05%	3.68	30 g	Dermol
Oint 0.05%	3.68	30 g	Dermol
Scalp app 0.05%	6.96	30 ml	Dermol
CLOMIPHENE CITRATE			
Tab 50 mg	29.84	10	Serophene
CLOMIPRAMINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Jan-13 to 2015	12.60	100	Apo-Clomipramine
Tab 25 mg – 1% DV Jan-13 to 2015	8.68	100	Apo-Clomipramine
CLONAZEPAM			
Tab 500 µg	6.68	100	Paxam
Tab 2 mg	12.75	100	Paxam
Inj 1 mg per ml, 1 ml	19.00	5	Rivotril
CLONIDINE			
TDDS 2.5 mg, 100 µg per day	23.30	4	Catapres-TTS-1
TDDS 5 mg, 200 µg per day	32.80	4	Catapres-TTS-2
TDDS 7.5 mg, 300 µg per day	41.20	4	Catapres-TTS-3
CLONIDINE HYDROCHLORIDE			
Tab 25 µg	19.25	100	Dixarit
Tab 150 µg – 1% DV Feb-13 to 2015	34.32	100	Catapres
Inj 150 µg per ml, 1 ml – 1% DV Nov-12 to 2015	16.07	5	Catapres
CLOPIDOGREL			
Tab 75 mg – 1% DV Nov-10 to 2013	16.25	90	Apo-Clopidogrel
CLOSTRIDIUM BOTULINUM			
Inj 100 u	467.50	1	Botox
Inj 500 u	1,295.00	2	Dysport
CLOTRIMAZOLE			
Crn 1% – 1% DV Nov-11 to 2014	0.54	20 g	Clomazol
Vaginal crm 1% with applicators – 1% DV Sep-10 to 2013	1.30	35 g	Clomazol
Vaginal crm 2% with applicators – 1% DV Sep-10 to 2013	2.50	20 g	Clomazol
CLOZAPINE			
Tab 25 mg	13.37	50	Clozaril
	26.74	100	Clozaril
	6.69	50	Clopine
	13.37	100	Clopine
Tab 50 mg	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg	34.65	50	Clozaril
	69.30	100	Clozaril
	17.33	50	Clopine
	34.65	100	Clopine
Tab 200 mg	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml	17.33	100 ml	Clopine
CO-TRIMOXAZOLE			
Oral liq 240 mg per 5 ml	2.15	100 ml	Deprim
COCAINE			
Soln 4%, 2 ml	25.46	1	Biomed

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
CORD ORAL FEED 1.5 KCAL/ML			
Liquid (vanilla)	1.66	237 ml	Pulmocare
CROTAMITON			
Crn 10% – 1% DV Sep-12 to 2015	3.48	20 g	Itch-Soothe
CYCLIZINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Sep-12 to 2015	0.59	10	Nausicalm
CYCLIZINE LACTATE			
Inj 50 mg per ml, 1 ml	14.95	5	Nausicalm
CYCLOPHOSPHAMIDE			
Tab 50 mg – 1% DV Sep-10 to 2013	25.71	50	Cycloblastin
Inj 1 g – 1% DV Nov-11 to 2014	26.70	1	Endoxan
Inj 2 g – 1% DV Nov-11 to 2014	56.90	1	Endoxan
CYCLOSPORIN			
Cap 25 mg	44.63	50	Neoral
Cap 50 mg	88.91	50	Neoral
Cap 100 mg	177.81	50	Neoral
Oral liq 100 mg per ml – 1% DV Oct-12 to 2015	198.13	50 ml	Neoral
Inf 50 mg per ml, 5 ml – 1% DV Oct-12 to 2015	276.30	10	Sandimmun
CYPROTERONE ACETATE			
Tab 50 mg – 1% DV Oct-12 to 2015	18.80	50	Siterone
Tab 100 mg – 1% DV Oct-12 to 2015	34.25	50	Siterone
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
Inj 1 g – 1% DV Aug-10 to 2013	37.00	1	Pfizer
Inj 2 g – 1% DV Aug-10 to 2013	31.00	1	Pfizer
DABIGATRAN			
Cap 75 mg	148.00	60	Pradaxa
Cap 110 mg	148.00	60	Pradaxa
Cap 150 mg	148.00	60	Pradaxa
DACARBAZINE			
Inj 200 mg – 1% DV Nov-10 to 2013	48.00	1	Hospira

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DALTEPARIN SODIUM			
Inj 2,500 iu per 0.2 ml prefilled syringe	19.97	10	Fragmin
Inj 5,000 iu per 0.2 ml prefilled syringe	39.94	10	Fragmin
Inj 7,500 iu per 0.75 ml graduated syringe	60.03	10	Fragmin
Inj 10,000 iu per 1 ml graduated syringe	77.55	10	Fragmin
Inj 12,500 iu per 0.5 ml prefilled syringe	99.96	10	Fragmin
Inj 15,000 iu per 0.6 ml prefilled syringe	120.05	10	Fragmin
Inj 18,000 iu per 0.72 ml prefilled syringe	158.47	10	Fragmin
DANAZOL			
Cap 100 mg	68.33	100	Azol
Cap 200 mg	97.83	100	Azol
DANTHRON WITH POLAXAMER			
Oral liq 25 mg with poloxamer 200 mg per 5 ml	21.30	300 ml	Pinorax
Oral liq 75 mg with poloxamer 1 g per 5 ml	43.60	300 ml	Pinorax Forte
DANTROLENE SODIUM			
Cap 25 mg	65.00	100	Dantrium
Cap 50 mg	77.00	100	Dantrium
DANTROLENE SODIUM HEMIHEPTAHYDRATE			
Inj 20 mg	800.00	6	Dantrium IV
DARUNAVIR			
Tab 400 mg	837.50	60	Prezista
Tab 600 mg	1,190.00	60	Prezista
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	118.72	1	Pfizer
DEFERIPRONE			
Tab 500 mg	533.17	100	Ferriprox
Oral liq 100 mg per ml	266.59	250 ml	Ferriprox
DEFERRIOXAMINE MESYLATE			
Inj 500 mg	99.00	10	Mayne
DESFLURANE			
Liq 240 ml bottle – 1% DV Dec-12 to 2015	1,230.00	6	Suprane
DESMOPRESSIN			
Tab 100 µg	36.40	30	Minirin
Nasal spray 10 µg per dose – 1% DV Sep-11 to 2014	27.48	6 ml	Desmopressin-PH&T
DEXAMETHASONE			
Eye oint 0.1% – 1% DV Sep-11 to 2014	5.86	3.5 g	Maxidex
Eye drops 0.1% – 1% DV Sep-10 to 2013	4.50	5 ml	Maxidex
Oral liq 1 mg per ml	45.00	25 ml	Biomed
Tab 1 mg – 1% DV Aug-12 to 2015	5.87	100 mg	Douglas
Tab 4 mg – 1% DV Aug-12 to 2015	8.16	100 mg	Douglas

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
DEXAMPHEMINE SULPHATE			
Tab 5 mg – 1% DV Mar-13 to 2015	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 Sep-11 to 2014	19.50	5	Biomed
Inj 50%, 90 ml – 1% DV Sep-11 to 2014	11.25	1	Biomed
DIABETIC ENTERAL FEED 1 KCAL/ML			
Liquid (vanilla)	7.50	1,000 ml	Glucerna Select RTH
DIABETIC ORAL FEED 1 KCAL/ML			
Liquid (vanilla)	2.10	237 ml	Resource Diabetic
	1.88	250 ml	Glucerna Select
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 EC 25 mg – 1% DV Mar-13 to 2015	4.00	100	Apo-Diclo
Tab EC 50 mg – 1% DV Mar-13 to 2015	16.00	500	Apo-Diclo
Tab long-acting 75 mg – 1% DV Dec-12 to 2015	3.10	30	Diclax SR
	24.52	500	Diclax SR
Tab long-acting 100 mg – 1% DV Dec-12 to 2015	42.25	500	Diclax SR
Eye drops 1 mg per ml – 1% DV Sep-11 to 2014	13.80	5 ml	Voltaren Ophtha
Inj 25 mg per ml, 3 ml – 1% DV Sep-11 to 2014	12.00	5	Voltaren
Suppos 12.5 mg – 1% DV Sep-11 to 2014	1.85	10	Voltaren
Suppos 25 mg – 1% DV Sep-11 to 2014	2.22	10	Voltaren
Suppos 50 mg – 1% DV Sep-11 to 2014	3.84	10	Voltaren
Suppos 100 mg – 1% DV Sep-11 to 2014	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 Sep-12 to 2015	4.60	100	Dilzem
Tab 60 mg – 5% DV Sep-12 to 2015	8.50	100	Dilzem
Cap long-acting 120 mg – 5% DV Feb-13 to 2015	31.83	500	Apo-Diltiazem CD
Cap long-acting 180 mg – 5% DV Feb-13 to 2015	47.67	500	Apo-Diltiazem CD
Cap long-acting 240 mg – 5% DV Feb-13 to 2015	63.58	500	Apo-Diltiazem 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-11 to 2014	11.52	60	Pytazen SR

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
DISULFIRAM			
Tab 200 mg	24.30	100	Antabuse
DOCETAXEL			
Inj 20 mg – 1% DV Sep-11 to 2014	48.75	1	Docetaxel Ebewe
Inj 80 mg – 1% DV Sep-11 to 2014	195.00	1	Docetaxel Ebewe
DOCUSATE SODIUM			
Cap 50 mg – 1% DV Sep-11 to 2014	2.57	100	Laxofast 50
Cap 120 mg – 1% DV Sep-11 to 2014	3.48	100	Laxofast 120
DOCUSATE SODIUM WITH SENNOSIDES			
Tab 50 mg with total sennosides 8 mg – 1% DV Jun-10 to 2013	6.38	200	Laxsol
DOMPERIDONE			
Tab 10 mg – 1% DV Mar-13 to 2015	3.25	100	Prokinex
DONEPEZIL HYDROCHLORIDE			
Tab 5 mg	7.71	90	Donepezil-Rex
Tab 10 mg	14.06	90	Donepezil-Rex
DOPAMINE HYDROCHLORIDE			
Inj 40 mg per ml, 5 ml – 1% DV Sep-12 to 2015	69.77	10	Martindale
DORIPENEM			
Vial for infusion 500 mg	454.50	10	Doribax
DORNASE ALFA			
Nebuliser soln, 2.5 mg per 2.5 ml amp	250.00	6	Pulmozyme
DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE			
Eye drops 2% with timolol maleate 0.5%	15.50	5 ml	Cosopt
DOTHIEPIN HYDROCHLORIDE			
Tab 75 mg	10.50	100	Dopress
Cap 25 mg	6.17	100	Dopress
DOXAZOSIN MESYLATE			
Tab 2 mg – 1% DV Jun-11 to 2014	8.23	500	Apo-Doxazosin
Tab 4 mg – 1% DV Jun-11 to 2014	12.40	500	Apo-Doxazosin
DOXORUBICIN			
Inj 50 mg – 1% DV Mar-13 to 2015	17.00	1	Arrow-Doxorubicin
Inj 200 mg – 1% DV Mar-13 to 2015	65.00	1	Arrow-Doxorubicin
DOXYCYCLINE HYDROCHLORIDE			
Tab 100 mg – 1% DV Sep-11 to 2014	7.95	250	Doxine
EFAVIRENZ			
Tab 50 mg	158.33	30	Stocrin
Tab 200 mg	474.99	90	Stocrin
Tab 600 mg	474.99	30	Stocrin
EFAVIRENZ WITH EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE			
Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg	1,313.19	30	Atripla
EMTRICITABINE			
Cap 200 mg	307.20	30	Emtriva
EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE			
Tab 200 mg with tenofovir disoproxil fumarate 300 mg	838.20	30	Truvada

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EMULSIFYING OINTMENT			
Oint BP 100 g – 1% DV Nov-11 to 2014.....	1.95	100 g	Jaychem
Oint BP 500 g – 1% DV Sep-11 to 2014.....	3.04	500 g	AFT
Note: DV Limit applies to pack sizes of greater than 100 g			
ENALAPRIL			
Tab 5 mg – 1% DV Dec-12 to 2015	1.07	90	m-Enalapril
Tab 10 mg – 1% DV Dec-12 to 2015	1.32	90	m-Enalapril
Tab 20 mg – 1% DV Dec-12 to 2015	1.72	90	m-Enalapril
ENFUVRTIDE			
Powder for inj 90 mg per ml × 60	2,380.00	1	Fuzeon
ENOXAPARIN SODIUM			
Inj 20 mg – 1% DV Sep-12 to 2015	37.24	10	Clexane
Inj 40 mg – 1% DV Sep-12 to 2015	49.69	10	Clexane
Inj 60 mg – 1% DV Sep-12 to 2015	74.91	10	Clexane
Inj 80 mg – 1% DV Sep-12 to 2015	99.86	10	Clexane
Inj 100 mg – 1% DV Sep-12 to 2015	125.06	10	Clexane
Inj 120 mg – 1% DV Sep-12 to 2015	155.40	10	Clexane
Inj 150 mg – 1% DV Sep-12 to 2015	177.60	10	Clexane
ENTACAPONE			
Tab 200 mg – 1% DV Dec-12 to 2015	47.92	100	Entapone
ENTECAVIR			
Tab 0.5 mg	400.00	30	Baraclude
ENTERAL FEED 1.5 KCAL/ML			
Liquid	7.00	1,000 ml	Nutrison Energy
ENTERAL FEED 2 KCAL/ML			
Liquid	5.50	500 ml	Nutrison Concentrated
	11.00	1,000 ml	Two Cal HN RTH
ENTERAL FEED 1 KCAL/ML			
Liquid	1.24	250 ml	Osmolite
	2.65	500 ml	Osmolite
	5.29	1,000 ml	Osmolite RTH
ENTERAL FEED WITH FIBRE 1 KCAL/ML			
Liquid	1.32	237 ml	Jevity
	2.65	500 ml	Jevity RTH
	5.29	1,000 ml	Jevity RTH
ENTERAL FEED WITH FIBRE 1.5 KCAL/ML			
Liquid	1.75	250 ml	Ensure Plus HN
	7.00	1,000 ml	Ensure Plus RTH
			Jevity HiCal RTH
ENTERAL/ORAL ELEMENTAL FEED 1 KCAL/ML			
Powder	7.50	76 g	Alitraq
	4.40	79 g	Vital HN
ENTERAL/ORAL FEED 1 KCAL/ML			
Powder (unflavoured)	78.97	400 g	Heparon Junior
EPHEDRINE HYDROCHLORIDE			
Inj 30 mg per ml, 1 ml – 1% DV Nov-12 to 2014.....	66.00	10	Max Health

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EPIRUBICIN			
Inj 2 mg per ml, 5 ml	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml – 1% DV Aug-12 to 2015	39.38	1	DBL Epirubicin Hydrochloride
Inj 2 mg per ml, 50 ml – 1% DV Aug-12 to 2015	58.20	1	DBL Epirubicin Hydrochloride
Inj 2 mg per ml, 100 ml – 1% DV Aug-12 to 2015	94.50	1	DBL Epirubicin Hydrochloride
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 – 1% DV Nov-11 to 2014	31.00	5	DBL Ergometrine
ERLOTINIB HYDROCHLORIDE			
Tab 100 mg	3,100.00	30	Tarceva
Tab 150 mg	3,950.00	30	Tarceva
ERTAPENEM SODIUM			
Inj 1 g	70.00	1	Invanz
ERYTHROMYCIN ETHYL SUCCINATE			
Tab 400 mg	16.95	100	E-Mycin
Grans for oral liq 200 mg per 5 ml	4.35	100 ml	E-Mycin
Grans for oral liq 400 mg per 5 ml	5.85	100 ml	E-Mycin
ERYTHROMYCIN LACTOBIONATE			
Inj 1 g	16.00	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
ESCITALOPRAM			
Tab 10 mg – 1% DV Feb-11 to 2013	2.65	28	Loxalate
Tab 20 mg – 1% DV Feb-11 to 2013	4.20	28	Loxalate
ETANERCEPT			
Inj 50 mg prefilled syringe	1,899.92	4	Enbrel
Inj 25 mg	949.96	4	Enbrel
Inj 50 mg autoinjector	1,899.92	4	Enbrel

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ETHAMBUTOL HYDROCHLORIDE			
Tab 100 mg	48.01	56	Myambutol
Tab 400 mg	49.34	56	Myambutol
ETHINYLOESTRADIOL WITH LEVONORGESTREL			
Tab 50 µg with levonorgestrel 125 µg and 7 inert tab	9.45	84	Microgynon 50 ED
ETIDRONATE DISODIUM			
Tab 200 mg – 1% DV Sep-12 to 2015	15.80	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
ETOPOSIDE PHOSPHATE			
Inj 100 mg (of etoposide base) – 1% DV Sep-11 to 2014.....	40.00	1	Etopophos
ETRAVIRINE			
Tab 100 mg	770.00	120	Intelence
Tab 200 mg	770.00	60	Intelence
<i>(Intelence Tab 100 mg to be delisted 1 August 2013)</i>			
EXEMESTANE			
Tab 25 mg – 1% DV Jun-11 to 2014.....	22.57	30	Aromasin
FACTOR EIGHT INHIBITORS BYPASSING AGENT			
Inj 500 U	1,640.00	1	FEIBA
Inj 1,000 U	3,280.00	1	FEIBA
FAT FREE ARGININE SUPPLEMENT			
Powder (orange)	2.15	9.2 g	Resource Arginaid
FELODIPINE			
Tab long-acting 2.5 mg – 1% DV Sep-12 to 2015.....	2.90	30	Plendil ER
Tab long-acting 5 mg – 1% DV Nov-12 to 2015.....	3.10	30	Plendil ER
Tab long-acting 10 mg – 1% DV Nov-12 to 2015.....	4.60	30	Plendil ER
FENTANYL			
Transdermal patch 12.5 µg per hour – 1% DV Aug-11 to 2013.....	8.90	5	Mylan Fentanyl Patch
Transdermal patch 25 µg per hour – 1% DV Aug-11 to 2013.....	9.15	5	Mylan Fentanyl Patch
Transdermal patch 50 µg per hour – 1% DV Aug-11 to 2013.....	11.50	5	Mylan Fentanyl Patch
Transdermal patch 75 µg per hour – 1% DV Aug-11 to 2013.....	13.60	5	Mylan Fentanyl Patch
Transdermal patch 100 µg per hour – 1% DV Aug-11 to 2013.....	14.50	5	Mylan Fentanyl Patch
FENTANYL CITRATE			
Inf 10 µg per ml, 50 ml premixed bag – 1% DV Dec-11 to 2014	210.00	10	Biomed
Inf 10 µg per ml, 100 ml premixed bag – 1% DV Dec-11 to 2014	210.00	10	Biomed
Inj 10 µg per ml, 50 ml prefilled syringe – 1% DV Dec-11 to 2014	165.00	10	Biomed
Inj 20 µg per ml, 50 ml prefilled syringe – 1% DV Dec-11 to 2014	185.00	10	Biomed
Inj 50 µg per ml, 2 ml – 1% DV Sep-12 to 2015	4.50	10	Boucher and Muir
Inj 50 µg per ml, 10 ml – 1% DV Sep-12 to 2015	11.77	10	Boucher and Muir
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

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 Jan-13 to 31 Dec 2015	540.00	5	Zarzio
Inj 300 µg per 1 ml vial	650.00	5	Neupogen
Inj 480 µg per 0.5 ml prefilled syringe – 1% DV Jan-13 to 31 Dec 2015	864.00	5	Zarzio
FINASTERIDE			
Tab 5 mg – 1% DV Nov-11 to 2014	5.10	30	Rex Medical
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 Oct-12 to 2015	22.00	250	Staphlex
Cap 500 mg – 1% DV Oct-12 to 2015	74.00	500	Staphlex
Grans for oral liq 125 mg per 5 ml – 1% DV Sep-12 to 2015	2.49	100 ml	AFT
Grans for oral liq 250 mg per 5 ml – 1% DV Sep-12 to 2015	3.25	100 ml	AFT
Inj 250 mg – 1% DV Nov-11 to 2014	10.86	10	Flucloxin
Inj 500 mg – 1% DV Nov-11 to 2014	11.32	10	Flucloxin
Inj 1 g – 1% DV Nov-11 to 2014	14.28	10	Flucloxin
FLUCONAZOLE			
Cap 50 mg – 1% DV Jan-12 to 2014	4.77	28	Ozole
Cap 150 mg – 1% DV Jan-12 to 2014	0.91	1	Ozole
Cap 200 mg – 1% DV Jan-12 to 2014	13.34	28	Ozole
Powder for oral suspension 10 mg per ml	34.56	35 ml	Diflucan
Inj 2 mg per ml, 50 ml	5.68	1	Fluconazole-Claris
FLUDARABINE PHOSPHATE			
Tab 10 mg – 1% DV Jun-12 to 2015	433.50	20	Fludara Oral
Inj 50 mg – 1% DV Sep-11 to 2014	525.00	5	Fludarabine Ebewe
FLUDROCORTISONE ACETATE			
Tab 100 µg	14.32	100	Florinef
FLUMAZENIL			
Inj 0.5 mg per 5 ml amp	170.10	5	Anexate
FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE			
Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	6.35	30 g	Ultraproct
Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	2.66	12	Ultraproct
FLUOROMETHOLONE			
Eye drops 0.1% – 1% DV Dec-12 to 2015	3.80	5 ml	Flucon

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUOROURACIL SODIUM			
Crn 5% – 1% DV Feb-13 to 2015	25.16	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 – 1% DV Nov-10 to 2013.....	26.25	5	Fluorouracil Ebewe
Inj 50 mg per ml, 20 ml – 1% DV Nov-10 to 2013.....	7.50	1	Fluorouracil Ebewe
Inj 50 mg per ml, 50 ml – 1% DV Nov-10 to 2013.....	18.00	1	Fluorouracil Ebewe
Inj 50 mg per ml, 100 ml – 1% DV Nov-10 to 2013.....	34.50	1	Fluorouracil Ebewe
FLUOXETINE HYDROCHLORIDE			
Tab dispersible 20 mg, scored – 1% DV Sep-10 to 2013.....	2.50	30	Fluox
Cap 20 mg – 1% DV Sep-10 to 2013.....	2.70	84	Fluox
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 – 1% DV Nov-10 to 2013	55.00	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 PROPIONATE			
Metered aqueous nasal spray, 50 µg per dose – 1% DV Apr-13 to 2015	2.30	120 dose	Flixonase Hayfever & Allergy
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	24.00	25 ml	Biomed
FUROSEMIDE			
Tab 40 mg – 1% DV Sep-12 to 2015	10.25	1,000	Diurin 40
Tab 500 mg – 1% DV Feb-13 to 2015.....	25.00	50	Urex Forte
Inj 10 mg per ml, 2 ml – 1% DV Nov-10 to 2013.....	1.30	5	Frusamide-Claris
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%	4.50	5 g	Fucithalmic
Oint 2% – 1% DV Sep-10 to 2013	3.25	15 g	Foban

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Pharmaceuticals Under National Contracts

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GABAPENTIN			
Cap 100 mg	7.16	100	Nupentin
Cap 300 mg	11.50	100	Nupentin
Cap 400 mg	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
GEFITINIB			
Tab 250 mg	1,700.00	30	Iressa
GELATIN PLASMA REPLACER			
Inf 3.5%, 500 ml bag	9.75	500 ml	Haemacel
Inf 4% per 500 ml bag	92.50	10	Gelafusal
	108.00		Gelofusine
GEMCITABINE HYDROCHLORIDE			
Inj 200 mg – 1% DV Sep-10 to 2013	12.50	1	Gemcitabine Actavis 200 Gemcitabine Ebewe
Inj 1 g – 1% DV Sep-10 to 2013	62.50	1	DBL Gemcitabine Gemcitabine Actavis 1000 Gemcitabine Ebewe
GEMFIBROZIL			
Tab 600 mg – 1% DV Feb-11 to 2013	14.00	60	Lipazil
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 Sep-12 to 2015	6.50	10	Pfizer
GLICLAZIDE			
Tab 80 mg – 1% DV Sep-11 to 2014	17.60	500	Apo-Gliclazide
GLIPIZIDE			
Tab 5 mg – 1% DV Dec-12 to 2015	3.00	100	Minidiab
GLUCAGON HYDROCHLORIDE			
Inj 1 mg syringe kit	32.00	1	Glucagen Hypokit

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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
GLYCERIN WITH SODIUM SACCHARIN			
Suspension	35.50	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE			
Suspension	35.50	473 ml	Ora-Sweet
GLYCEROL			
Liquid	19.80	2,000 ml	ABM
Suppos 3.6 g – 1% DV Jan-13 to 2015	6.50	20	PSM
GLYCERYL TRINITRATE			
Tab 600 µg – 1% DV Sep-11 to 2014	8.00	100	Lycinate
Inj 1 mg per ml, 5 ml – 1% DV Dec-12 to 2015	22.70	10	Nitronal
Inj 1 mg per ml, 50 ml – 1% DV Dec-12 to 2015	86.60	10	Nitronal
Inj 5 mg per ml, 10 ml	40.00	5	Mayne
Aerosol spray 400 µg per dose – 1% DV Mar-12 to 2014	4.45	250 dose	Glytrin
TDDS 5 mg – 1% DV Sep-11 to 2014	16.56	30	Nitroderm TTS 5
TDDS 10 mg – 1% DV Sep-11 to 2014	19.50	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	166.20	1	Zoladex
Inj 10.8 mg	443.76	1	Zoladex
HALOPERIDOL			
Tab 500 µg – 1% DV Nov-10 to 2013	5.42	100	Serenace
Tab 1.5 mg – 1% DV Nov-10 to 2013	8.20	100	Serenace
Tab 5 mg – 1% DV Nov-10 to 2013	25.84	100	Serenace
Oral liq 2 mg per ml – 1% DV Nov-10 to 2013	19.87	100 ml	Serenace
Inj 5 mg per ml, 1 ml – 1% DV Nov-10 to 2013	18.74	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

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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	182.00	50	Pfizer
HEPARINISED SALINE			
Inj 10 iu per ml, 5 ml	32.50	50	Pfizer
HIGH FAT LOW CARBOHYDRATE FORMULA			
Powder (vanilla)	35.50	300 g	KetoCal
HYDRALAZINE			
Inj 20 mg per ml, 1 ml	25.90	5	Apresoline
HYDROCORTISONE			
Tab 5 mg – 1% DV Nov-12 to 2015	8.10	100	Douglas
Tab 20 mg – 1% DV Nov-12 to 2015	20.32	100	Douglas
Crn 1%, 14.2 g	2.48	14.2 g	AFT
Powder – 1% DV Nov-11 to 2014	44.00	25 g	ABM
Crn 1%, 100 g	3.75	100 g	Pharmacy Health
Crn 1%, 500 g – 1% DV Nov-11 to 2014	14.00	500 g	Pharmacy Health
Note: DV Limit applies to pack sizes of greater than 100 g.			
Inj 50 mg per ml, 2 ml – 1% DV Nov-10 to 2013	3.99	1	Solu-Cortef
HYDROCORTISONE ACETATE			
Rectal foam 10%, CFC-Free (14 applications) – 1% DV Jan-13 to 2015	25.30	21.1 g	Colifoam
HYDROCORTISONE BUTYRATE			
Lipocream 0.1% – 1% DV Mar-13 to 2015	2.30	30 g	Locoid Lipocream
	6.85	100 g	Locoid Lipocream
Oint 0.1% – 1% DV Mar-13 to 2015	6.85	100 g	Locoid
Milky emul 0.1% – 1% DV Mar-13 to 2015	6.85	100 ml	Locoid Crelo
Scalp lotn 0.1% – 1% DV Mar-13 to 2015	3.65	100 ml	Locoid
HYDROCORTISONE WITH CINCHOCAINE			
Oint 5 mg with cinchocaine hydrochloride 5 mg per g	15.00	30 g	Proctosedyl
Suppos 5 mg with cinchocaine hydrochloride 5 mg per g	9.90	12	Proctosedyl
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	15 g	Crystaderm
HYDROXOCOBALAMIN			
Inj 1 mg per ml, 1 ml – 1% DV Sep-12 to 2015	5.10	3	ABM Hydroxocobalamin
HYDROXYCHLOROQUINE SULPHATE			
Tab 200 mg – 1% DV Nov-12 to 2015	18.00	100	Plaquenil

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
HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE			
Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml	198.00	20	Volulyte 6%
HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE			
Inj 6% with sodium chloride 0.9%, 500 ml	198.00	20	Voluven
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
HYOSCINE N-BUTYLBROMIDE			
Tab 10 mg – 1% DV Sep-11 to 2014	1.48	20	Gastrosoothe Buscopan
Inj 20 mg per ml, 1 ml – 1% DV Nov-11 to 2014.....	9.57	5	
HYPROMELLOSE			
Eye drops 0.5%	3.92	15 ml	Methopt
IBUPROFEN			
Tab long-acting 800 mg – 1% DV Oct-11 to 2014	8.12	30	Brufen SR Fenpaed
Oral liq 100 mg per 5 ml – 1% DV Sep-10 to 2013	2.69	200 ml	
IDARUBICIN HYDROCHLORIDE			
Cap 5 mg	115.00	1	Zavedos
Cap 10 mg	144.50	1	Zavedos
Inj 5 mg – 1% DV Sep-12 to 2015	100.00	1	Zavedos
Inj 10 mg – 1% DV Sep-12 to 2015	200.00	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 – 1% DV Dec-12 to 2014	18.37	1	Primaxin
IMIPRAMINE HYDROCHLORIDE			
Tab 10 mg	5.48	50	Tofranil
Tab 25 mg	8.80	50	Tofranil
IMIQUIMOD			
Crm 5%, sachet – 1% DV Nov-11 to 2014	62.00	12	Aldara
INDAPAMIDE			
Tab 2.5 mg – 1% DV Oct-10 to 2013	2.95	90	Dapa-Tabs
INFLIXIMAB			
Powder for inj 100 mg	1,227.00	1	Remicade
INSULIN ASPART WITH INSULIN ASPART PROTAMINE			
Inj 100 iu per ml, 3 ml prefilled pen	52.15	5	NovoMix 30 FlexPen

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
INSULIN GLARGINE			
Inj 100 u per ml, 3 ml	94.50	5	Lantus Lantus SoloStar
Inj 100 u per ml, 10 ml	63.00	1	Lantus
INSULIN GLULISINE			
Inj 100 iu per ml, 10 ml	27.03	1	Apidra
Inj 100 iu per ml, 3 ml	46.07	5	Apidra
Inj 100 iu per ml, 3 ml disposable pen	46.07	5	Apidra Solostar
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 B-D Micro-Fine
31 g × 5 mm	11.75	100	B-D Micro-Fine
31 g × 6 mm	10.50	100	ABM
31 g × 8 mm	10.50	100	ABM B-D Micro-Fine
32 g × 4 mm	10.50	100	B-D Micro-Fine
<i>(ABM 29 g × 12.7 mm to be delisted 1 May 2013)</i>			
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE			
Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100	ABM B-D Ultra Fine
Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100	ABM B-D Ultra Fine II
Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100	ABM B-D Ultra Fine
Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100	ABM B-D Ultra Fine II
Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100	ABM B-D Ultra Fine
Syringe 1 ml with 31 g × 8 mm needle	13.00	100	ABM B-D Ultra Fine II
<i>(ABM Syringe 0.3 ml with 29 g × 12.7 mm needle to be delisted 1 May 2013)</i>			
<i>(ABM Syringe 0.5 ml with 29 g × 12.7 mm needle to be delisted 1 May 2013)</i>			
<i>(ABM Syringe 0.5 ml with 31 g × 8 mm needle to be delisted 1 May 2013)</i>			
IODINE WITH ALCOHOL			
Soln 1% with 70% alcohol, 100 ml	9.30	1	healthE
IODIXANOL			
Inj 270 mg per ml (iodine equivalent), 50 ml	223.50	10	Visipaque
Inj 270 mg per ml (iodine equivalent), 100 ml	447.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 50 ml	223.50	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 100 ml	447.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 150 ml	670.50	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 200 ml	565.56	6	Visipaque
	894.00	10	Visipaque

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IOHEXOL			
Note: Iomeron, Isovue, Optiray, Ultraject and Ultravist are DV Pharmaceuticals.			
Inj 240 mg per ml (iodine equivalent), 50 ml	77.80	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 20 ml	24.00	6	Omnipaque
Inj 300 mg per ml (iodine equivalent), 50 ml	77.80	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 100 ml	155.60	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 500 ml	468.00	6	Omnipaque
Inj 350 mg per ml (iodine equivalent), 20 ml	24.00	6	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml	77.80	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 75 ml	116.70	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml	155.60	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml	186.70	6	Omnipaque
Inj 350 mg per ml (iodine equivalent), 500 ml	780.00	10	Omnipaque
IPRATROPIUM BROMIDE			
Nebuliser soln, 250 µg per ml, 1 ml – 1% DV Oct-10 to 2013	3.79	20	Univent
Nebuliser soln, 250 µg per ml, 2 ml – 1% DV Oct-10 to 2013	4.06	20	Univent
IRINOTECAN			
Inj 20 mg per ml, 2 ml – 1% DV Nov-12 to 2015	9.34	1	Irinotecan Actavis 40
Inj 20 mg per ml, 5 ml – 1% DV Nov-12 to 2015	23.34	1	Irinotecan Actavis 100
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml – 1% DV Oct-11 to 2014	19.90	5	Ferrum H
IRON SUCROSE			
Inj 20 mg per ml, 5 ml	100.00	5	Venofer
ISOFLURANE			
Liq 250 ml bottle – 1% DV Dec-12 to 2015	1,020.00	6	Aerrane
ISONIAZID			
Tab 100 mg – 1% DV Mar-13 to 2015	20.00	100	PSM
ISOPROPYL ALCOHOL			
Soln 70%, 500 ml	5.65	1	healthE
	5.00		PSM
ISOSORBIDE MONONITRATE			
Tab 20 mg – 1% DV Jun-11 to 2014	17.10	100	Ismo-20
Tab long-acting 40 mg – 1% DV Jun-11 to 2014	7.50	30	Corangin
Tab long-acting 60 mg	3.94	90	Duride
ISOTRETINOIN			
Cap 10 mg – 1% DV Jan-13 to 2015	18.71	120	Oratane
Cap 20 mg – 1% DV Jan-13 to 2015	28.91	120	Oratane
ITRACONAZOLE			
Cap 100 mg – 1% DV Feb-11 to 2013	4.25	15	Itrazole
IVERMECTIN			
Tab 3 mg	17.20	4	Stromectol
KETOCONAZOLE			
Shampoo 2% – 1% DV Sep-11 to 2014	3.08	100 ml	Sebizole
KETONE BLOOD BETA-KETONE ELECTRODES			
Test strips	15.50	10 strip	Freestyle Optium Ketone

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
KETOPROFEN			
Cap long-acting 100 mg	21.56	100	Oruvail SR
Cap long-acting 200 mg	43.12	100	Oruvail SR
LABETALOL			
Tab 50 mg	8.23	100	Hybloc
Tab 100 mg	10.06	100	Hybloc
Tab 200 mg	17.55	100	Hybloc
LACOSAMIDE			
Tab 50 mg	25.04	14	Vimpat
Tab 100 mg	50.06	14	Vimpat
	200.24	56	Vimpat
Tab 150 mg	75.10	14	Vimpat
	300.40	56	Vimpat
Tab 200 mg	400.55	56	Vimpat
LACTULOSE			
Oral liq 10 g per 15 ml – 1% DV Mar-11 to 2013	7.68	1,000 ml	Laevolac
LAMIVUDINE			
Tab 100 mg – 1% DV Dec-12 to 2014	32.50	28	Zetlam
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	20.40	56	Arrow-Lamotrigine
	29.09		Lamictal
	19.38		Logem
	20.40		Mogine
Tab dispersible 50 mg	34.70	56	Arrow-Lamotrigine
	47.89		Lamictal
	32.97		Logem
	34.70		Mogine
Tab dispersible 100 mg	59.90	56	Arrow-Lamotrigine
	79.16		Lamictal
	56.91		Logem
	59.90		Mogine
LANSOPRAZOLE			
Cap 15 mg – 1% DV Jan-13 to 2015	2.00	28	Solox
Cap 30 mg – 1% DV Jan-13 to 2015	2.32	28	Solox
LAPATINIB DITOSYLATE			
Tab 250 mg	1,899.00	70	Tykerb
LATANOPROST			
Eye drops 50 µg per ml – 1% DV Sep-12 to 2015	1.99	2.5 ml	Hysite
LEFLUNOMIDE			
Tab 10 mg	55.00	30	Arava
Tab 20 mg	76.00	30	Arava
Tab 100 mg	54.44	3	Arava
LETROZOLE			
Tab 2.5 mg – 1% DV Oct-12 to 2015	4.85	30	Letraccord

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
LEVETIRACETAM			
Tab 250 mg	24.03	60	Levetiracetam-Rex
Tab 500 mg	28.71	60	Levetiracetam-Rex
Tab 750 mg	45.23	60	Levetiracetam-Rex
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
LEVONORGESTREL			
Tab 750 µg	12.50	2	Next Choice
Subdermal implant (2 × 75 mg rods)	133.65	1	Jadelle
LIGNOCAINE			
Gel 2% – 1% DV Oct-12 to 2015	3.40	20 ml	Orion
Gel 2%, 10 ml urethral syringe	43.26	10	Pfizer
LIGNOCAINE HYDROCHLORIDE			
Pump spray 10%, 50 ml CFC-free – 1% DV Nov-10 to 2013	75.00	50 ml	Xylocaine
Viscous soln 2% – 1% DV Sep-11 to 2014	55.00	200 ml	Xylocaine Viscous
Inj 1%, 2 ml	57.60	50	Xylocaine
Inj 1%, 5 ml	35.00	50	Xylocaine
Inj 1%, 20 ml	20.00	5	Xylocaine
Inj 2%, 2 ml	62.40	50	Xylocaine
Inj 2%, 5 ml	23.00	50	Xylocaine
Inj 2%, 20 ml	15.00	5	Xylocaine
LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 1% with 1:100,000 of adrenaline 5 ml – 1% DV Nov-10 to 2013	27.00	10	Xylocaine
Inj 1% with 1:200,000 of adrenaline 20 ml – 1% DV Nov-10 to 2013	50.00	5	Xylocaine
Inj 2% with 1:200,000 of adrenaline 20 ml – 1% DV Nov-10 to 2013	60.00	5	Xylocaine
LIGNOCAINE WITH CHLORHEXIDINE			
Gel 2% with 0.05% chlorhexidine	43.26	10	Pfizer

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Pharmaceuticals Under National Contracts

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LIGNOCAINE WITH PRILOCAINE			
Crm 2.5% with prilocaine 2.5%, 30 g – 1% DV Nov-10 to 2013	45.00	30 g	EMLA
Patch 2.5% with prilocaine 2.5% – 1% DV Nov-10 to 2013	115.00	20	EMLA
Crm 2.5% with prilocaine 2.5%, 5 g – 1% DV Nov-10 to 2013	45.00	5	EMLA
LISINOPRIL			
Tab 5 mg – 1% DV Jan-13 to 2015	3.58	90	Arrow-Lisinopril
Tab 10 mg – 1% DV Jan-13 to 2015	4.08	90	Arrow-Lisinopril
Tab 20 mg – 1% DV Jan-13 to 2015	4.88	90	Arrow-Lisinopril
LISURIDE HYDROGEN MALEATE			
Tab 200 µg	25.00	30	Dopergin
LITHIUM CARBONATE			
Tab 250 mg – 1% DV Sep-12 to 2015	34.30	500	Lithicarb FC
Tab 400 mg – 1% DV Sep-12 to 2015	12.83	100	Lithicarb FC
Cap 250 mg – 1% DV Nov-11 to 2014	9.42	100	Douglas
LOMUSTINE			
Cap 10 mg – 1% DV Sep-11 to 2014	132.59	20	Ceenu
Cap 40 mg – 1% DV Sep-11 to 2014	399.15	20	Ceenu
LOPERAMIDE HYDROCHLORIDE			
Cap 2 mg – 1% DV Dec-10 to 2013	8.95	400	Diamide Relief
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 – 1% DV Dec-10 to 2013	16.42	250	Ativan
Tab 2.5 mg – 1% DV Dec-10 to 2013	11.17	100	Ativan
LOSARTAN			
Tab 12.5 mg – 1% DV Dec-11 to 2014	2.88	90	Losstaar
Tab 25 mg – 1% DV Dec-11 to 2014	3.20	90	Losstaar
Tab 50 mg – 1% DV Dec-11 to 2014	5.22	90	Losstaar
Tab 50 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-11 to 2014	4.89	30	Arrow-Losartan & Hydrochlorothiazide
Tab 100 mg – 1% DV Dec-11 to 2014	8.68	90	Losstaar
MACROGOL 3350			
Powder 13.125 g, sachets – 1% DV Dec-12 to 2014	10.00	30	Lax-Sachets
MAGNESIUM SULPHATE			
Inj 2 mmol per ml, 5 ml – 1% DV Feb-13 to 2015	18.35	10	Martindale
MANNITOL			
Inf 10%	14.21	1,000 ml	Baxter
Inf 15%	9.84	500 ml	Baxter
Inf 20%	10.80	500 ml	Baxter
MASK FOR SPACER DEVICE			
Size 2	2.99	1	EZ-fit Paediatric Mask

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Pharmaceuticals Under National Contracts

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MEBENDAZOLE			
Tab 100 mg – 1% DV Nov-11 to 2014	24.19	24	De-Worm
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg – 1% DV Sep-11 to 2014	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 Jan-13 to 2015	51.55	30	Apo-Megestrol
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
MERCAPTOPYRINE			
Tab 50 mg – 1% DV Dec-10 to 2013	47.06	25	Purinethol
MEROPENEM			
Inj 500 mg – 1% DV Mar-12 to 2014	10.50	1	Penembact
Inj 1 g – 1% DV Mar-12 to 2014	21.00	1	Penembact
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-12 to 2015	44.12	7	Pentasa
Suppos 500 mg – 1% DV Sep-11 to 2014	22.80	20	Asacol
Suppos 1 g	50.96	28	Pentasa
MESNA			
Tab 400 mg – 1% DV Nov-10 to 2013	210.65	50	Uromitexan
Tab 600 mg – 1% DV Nov-10 to 2013	314.40	50	Uromitexan
Inj 100 mg per ml, 4 ml – 1% DV Nov-10 to 2013	137.04	15	Uromitexan
Inj 100 mg per ml, 10 ml – 1% DV Nov-10 to 2013	314.66	15	Uromitexan
METFORMIN HYDROCHLORIDE			
Tab immediate-release 500 mg – 1% DV Oct-12 to 2015	12.30	1,000	Apotex
Tab immediate-release 850 mg – 1% DV Oct-12 to 2015	10.10	500	Apotex
METHADONE HYDROCHLORIDE			
Tab 5 mg – 1% DV Oct-10 to 2013	1.85	10	Methatabs
Oral liq 2 mg per ml – 1% DV Sep-12 to 2015	5.55	200 ml	Biodone
Oral liq 5 mg per ml – 1% DV Sep-12 to 2015	5.55	200 ml	Biodone Forte
Oral liq 10 mg per ml – 1% DV Sep-12 to 2015	6.55	200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml	61.00	10	AFT

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHOTREXATE			
Tab 2.5 mg	5.22	30	Methoblastin
Tab 10 mg	40.93	50	Methoblastin
Inj 25 mg per ml, 40 ml	25.00	1	DBL Methotrexate
Inj 25 mg per ml, 2 ml – 1% DV Nov-10 to 2013	48.00	5	Hospira
Inj 25 mg per ml, 20 ml – 1% DV Nov-10 to 2013	90.00	1	Hospira
Inj 100 mg per ml, 10 ml – 1% DV Nov-08 to 2014	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml – 1% DV Nov-08 to 2014	125.00	1	Methotrexate Ebewe
METHYLCELLULOSE			
Powder	14.00	100 g	ABM
Suspension	35.50	473 ml	Ora-Plus
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN			
Suspension	35.50	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE			
Suspension	35.50	473 ml	Ora-Blend
METHYLDOPA			
Tab 125 mg	14.25	100	Prodopa
Tab 250 mg	15.10	100	Prodopa
Tab 500 mg	23.15	100	Prodopa
METHYLPHENIDATE HYDROCHLORIDE			
Tab immediate-release 5 mg	3.20	30	Rubifen
Tab immediate-release 10 mg	3.00	30	Ritalin Rubifen
Tab immediate-release 20 mg	7.85	30	Rubifen
Tab sustained-release 20 mg	10.95	30	Rubifen SR
	50.00	100	Ritalin SR
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 Oct-12 to 2015	60.00	100	Medrol
Tab 100 mg – 1% DV Oct-12 to 2015	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 Oct-12 to 2015	6.70	1	Depo-Medrol
METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE			
Inj 40 mg per ml with lignocaine 10 mg per ml, 1 ml – 1% DV Oct-12 to 2015	7.50	1	Depo-Medrol with Lidocaine

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHYLPREDNISOLONE SODIUM SUCCINATE			
Inj 40 mg per ml, 1 ml – 1% DV Oct-12 to 2015	7.50	1	Solu-Medrol
Inj 62.5 mg per ml, 2 ml – 1% DV Oct-12 to 2015	18.50	1	Solu-Medrol
Inj 500 mg – 1% DV Oct-12 to 2015	18.00	1	Solu-Medrol
Inj 1 g – 1% DV Oct-12 to 2015	37.50	1	Solu-Medrol
METOCLOPRAMIDE HYDROCHLORIDE			
Tab 10 mg – 1% DV Jun-11 to 2014	3.95	100	Metamide
Inj 5 mg per ml, 2 ml – 1% DV Sep-11 to 2014	4.50	10	Pfizer
METOPROLOL SUCCINATE			
Tab long-acting 23.75 mg – 1% DV Sep-12 to 2015	0.96	30	Metoprolol - AFT CR
Tab long-acting 47.5 mg – 1% DV Sep-12 to 2015	1.41	30	Metoprolol - AFT CR
Tab long-acting 95 mg – 1% DV Sep-12 to 2015	2.42	30	Metoprolol - AFT CR
Tab long-acting 190 mg – 1% DV Sep-12 to 2015	4.66	30	Metoprolol - AFT CR
METOPROLOL TARTRATE			
Tab 50 mg – 1% DV Aug-12 to 2015	16.00	100	Lopresor
Tab 100 mg – 1% DV Aug-12 to 2015	21.00	60	Lopresor
Tab long-acting 200 mg – 1% DV Aug-12 to 2015	18.00	28	Slow-Lopresor
Inj 1 mg per ml, 5 ml – 1% DV Dec-12 to 2015	24.00	5	Lopresor
METRONIDAZOLE			
Tab 200 mg	10.45	100	Trichozole
Tab 400 mg	18.15	100	Trichozole
Oral liq 200 mg per 5 ml	25.00	100 ml	Flagyl-S
Inj 500 mg, 100 ml	2.46	1	Baxter
	12.30	5	AFT
Suppos 500 mg	24.48	10	Flagyl
MEXILETINE HYDROCHLORIDE			
Cap 250 mg	102.00	100	Mexiletine Hydrochloride USP
Cap 150 mg	65.00	100	Mexiletine Hydrochloride USP
MICONAZOLE			
Oral gel 20 mg per g – 1% DV Feb-13 to 2015	4.95	40 g	Decozol
MICONAZOLE NITRATE			
Crn 2% – 1% DV Nov-11 to 2014	0.46	15 g	Multichem
Powder 2%	8.50	30 g	Daktarin
MIDAZOLAM			
Inj 1 mg per ml, 5 ml	10.75	10	Hypnovel
	10.00		Pfizer
Inj 5 mg per ml, 3 ml	11.90	5	Hypnovel Pfizer
MINOXIDIL			
Tab 10 mg	70.00	100	Loniten
MIRTAZAPINE			
Tab 30 mg – 1% DV Sep-12 to 2015	8.78	30	Avanza
Tab 45 mg – 1% DV Sep-12 to 2015	13.95	30	Avanza
MITOMYCIN C			
Inj 5 mg	72.75	1	Arrow

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 Apr-13 to 2015	81.83	500	Apo-Moclobemide
Tab 300 mg – 1% DV Apr-13 to 2015	29.51	100	Apo-Moclobemide
MOMETASONE FUROATE			
Crm 0.1% – 1% DV Sep-12 to 2015	1.78	15 g	m-Mometasone
	3.42	45 g	m-Mometasone
Oint 0.1% – 1% DV Sep-12 to 2015	1.78	15 g	m-Mometasone
	3.42	45 g	m-Mometasone
MONTELUKAST			
Tab 10 mg	18.48	28	Singulair
Tab 4 mg	18.48	28	Singulair
Tab 5 mg	18.48	28	Singulair
MORPHINE HYDROCHLORIDE			
Oral liq 1 mg per ml – 1% DV Oct-12 to 2015.....	8.84	200 ml	RA-Morph
Oral liq 2 mg per ml – 1% DV Oct-12 to 2015.....	11.62	200 ml	RA-Morph
Oral liq 5 mg per ml – 1% DV Oct-12 to 2015.....	14.65	200 ml	RA-Morph
Oral liq 10 mg per ml – 1% DV Oct-12 to 2015.....	21.55	200 ml	RA-Morph
MORPHINE SULPHATE			
Tab immediate-release 10 mg	2.80	10	Sevredol
Tab long-acting 10 mg – 1% DV Aug-11 to 2013.....	1.98	10	Arrow-Morphine LA
Tab immediate-release 20 mg	5.52	10	Sevredol
Tab long-acting 30 mg – 1% DV Aug-11 to 2013.....	3.15	10	Arrow-Morphine LA
Tab long-acting 60 mg – 1% DV Aug-11 to 2013.....	7.20	10	Arrow-Morphine LA
Tab long-acting 100 mg – 1% DV Aug-11 to 2013.....	7.85	10	Arrow-Morphine LA
Cap long-acting 10 mg – 1% DV Nov-10 to 2013.....	2.22	10	m-Eslon
Cap long-acting 30 mg – 1% DV Nov-10 to 2013.....	3.20	10	m-Eslon
Cap long-acting 60 mg – 1% DV Nov-10 to 2013.....	6.90	10	m-Eslon
Cap long-acting 100 mg – 1% DV Nov-10 to 2013.....	8.05	10	m-Eslon
Inj 1 mg per ml, 100 ml premixed bag – 1% DV Dec-11 to 2014.....	165.00	10	Biomed
Inj 1 mg per ml, 10 ml prefilled syringe – 1% DV Dec-11 to 2014	39.50	10	Biomed
Inj 1 mg per ml, 30 ml prefilled syringe	75.00	10	Biomed
Inj 1 mg per ml, 50 ml prefilled syringe – 1% DV Dec-11 to 2014	79.50	10	Biomed
Inj 2 mg per ml, 30 ml prefilled syringe – 1% DV Dec-11 to 2014	135.00	10	Biomed
Inj 5 mg per ml, 1 ml – 1% DV Nov-11 to 2014.....	5.51	5	DBL Morphine Sulphate
Inj 10 mg per ml, 1 ml – 1% DV Nov-11 to 2014.....	4.79	5	DBL Morphine Sulphate
Inj 15 mg per ml, 1 ml – 1% DV Nov-11 to 2014.....	5.01	5	DBL Morphine Sulphate
Inj 30 mg per ml, 1 ml – 1% DV Nov-11 to 2014.....	5.30	5	DBL Morphine Sulphate

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml – 1% DV Nov-10 to 2013	30.00	5	Hospira
Inj 80 mg per ml, 5 ml – 1% DV Nov-10 to 2013	75.00	5	Hospira
MOXIFLOXACIN			
Tab 400 mg	52.00	5	Avelox
Soln for inf 1.6 mg per ml, 250 ml	70.00	1	Avelox IV 400
MUCILAGINOUS LAXATIVES			
Dry – 1% DV Nov-10 to 2013	6.02	500 g	Konsyl-D
MYCOPHENOLATE MOFETIL			
Tab 500 mg	70.00	50	CellCept
	60.00		Ceptolate
			Myaccord
Cap 250 mg	30.00	50	Ceptolate
	70.00	100	CellCept
	60.00		Myaccord
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 – 1% DV Apr-13 to 2015	15.57	100	Apo-Nadolol
Tab 80 mg – 1% DV Apr-13 to 2015	23.74	100	Apo-Nadolol
NALOXONE HYDROCHLORIDE			
Inj 400 µg per ml, 1 ml	33.00	5	Mayne
NALTREXONE HYDROCHLORIDE			
Tab 50 mg – 1% DV Jun-11 to 2013	123.00	30	Naltraccord
NAPHAZOLINE HYDROCHLORIDE			
Eye drops 0.1 % – 1% DV Sep-11 to 2014	4.15	15 ml	Naphcon Forte
NAPROXEN			
Tab 250 mg – 1% DV Jan-13 to 2015	21.25	500	Noflam 250
Tab 500 mg – 1% DV Jan-13 to 2015	22.25	250	Noflam 500
NEOSTIGMINE METHYLSULPHATE			
Inj 2.5 mg per ml, 1 ml – 1% DV Sep-11 to 2014	140.00	50	AstraZeneca
NEVIRAPINE			
Tab 200 mg – 1% DV Jan-13 to 2015	95.94	60	Nevirapine Alphapharm
Oral suspension 10 mg per ml	134.55	240 ml	Viramune Suspension
NICORANDIL			
Tab 10 mg	27.95	60	Ikorel
Tab 20 mg	33.28	60	Ikorel

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
NICOTINE			
Patch 7 mg – 5% DV Jul-11 to 2014	18.13	28	Habitrol
Patch 14 mg – 5% DV Jul-11 to 2014	18.81	28	Habitrol
Patch 21 mg – 5% DV Jul-11 to 2014	19.14	28	Habitrol
Lozenge 1 mg – 5% DV Jul-11 to 2014	19.94	216	Habitrol
Lozenge 2 mg – 5% DV Jul-11 to 2014	24.27	216	Habitrol
Gum 2 mg (classic) – 5% DV Oct-11 to 2014	36.47	384	Habitrol
Gum 2 mg (fruit) – 5% DV Oct-11 to 2014	36.47	384	Habitrol
Gum 2 mg (mint) – 5% DV Oct-11 to 2014	36.47	384	Habitrol
Gum 4 mg (classic) – 5% DV Oct-11 to 2014	42.04	384	Habitrol
Gum 4 mg (fruit) – 5% DV Oct-11 to 2014	42.04	384	Habitrol
Gum 4 mg (mint) – 5% DV Oct-11 to 2014	42.04	384	Habitrol
NIFEDIPINE			
Tab long-acting 20 mg	7.30	100	Nyefax Retard
Tab long-acting 30 mg	8.56	30	Adefin XL Arrow-Nifedipine XR
Tab long-acting 60 mg	12.28	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 Nov-11 to 2014	26.50	100	Primolut N
NORFLOXACIN			
Tab 400 mg – 1% DV Sep-11 to 2014	15.45	100	Arrow-Norfloxacin
NORTRIPTYLINE HYDROCHLORIDE			
Tab 10 mg	6.69	100	Norpress
Tab 25 mg	14.77	180	Norpress
NYSTATIN			
Tab 500,000 u – 1% DV Nov-10 to 2013	14.16	50	Nilstat
Cap 500,000 u – 1% DV Nov-10 to 2013	12.81	50	Nilstat
Oral liq 100,000 u per ml – 1% DV Sep-11 to 2014	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 – 1% DV May-12 to 2014	19.24	5	Octreotide MaxRx
Inj 100 µg per ml, 1 ml – 1% DV May-12 to 2014	36.38	5	Octreotide MaxRx
Inj 500 µg per ml, 1 ml – 1% DV May-12 to 2014	131.25	5	Octreotide MaxRx
OIL IN WATER EMULSION			
Crm – 1% DV Dec-12 to 2015	2.63	500 g	healthE Fatty Cream
Crm 100 g	1.60	1	healthE
OLANZAPINE			
Orodispersible tab 5 mg – 5% DV Aug-11 to 2013	6.36	28	Olanzine-D
Orodispersible tab 10 mg – 5% DV Aug-11 to 2013	8.76	28	Olanzine-D
Tab 2.5 mg – 5% DV Aug-11 to 2013	2.00	28	Olanzine
Tab 5 mg – 5% DV Aug-11 to 2013	3.85	28	Olanzine
Tab 10 mg – 5% DV Aug-11 to 2013	6.35	28	Olanzine

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OLANZAPINE PAMOATE MONOHYDRATE			
Inj 210 mg	280.00	1	Zyprexa Relprev
Inj 300 mg	460.00	1	Zyprexa Relprev
Inj 405 mg	560.00	1	Zyprexa Relprev
OMEPRAZOLE			
Cap 10 mg – 1% DV Oct-11 to 2014	2.91	90	Omezol Relief
Cap 20 mg – 1% DV Oct-11 to 2014	3.78	90	Omezol Relief
Cap 40 mg – 1% DV Oct-11 to 2014	5.57	90	Omezol Relief
Powder – 1% DV Sep-11 to 2014	42.50	5 g	Midwest
Inf 40 mg – 1% DV Sep-11 to 2014	19.00	5	Dr Reddy's Omeprazole
Inj 40 mg – 1% DV Sep-11 to 2014	28.65	5	Dr Reddy's Omeprazole
ONDANSETRON			
Tab 4 mg – 1% DV Feb-11 to 2013	5.10	30	Dr Reddy's Ondansetron
Tab disp 4 mg	0.68	4	Dr Reddy's Ondansetron
	1.70	10	Dr Reddy's Ondansetron
	17.18		Zofran Zydis
Tab 8 mg – 1% DV Feb-11 to 2013	1.70	10	Dr Reddy's Ondansetron
Tab disp 8 mg – 5% DV May-11 to 2013	2.00	10	Dr Reddy's Ondansetron
Inj 2 mg per ml, 2 ml	2.64	5	Ondanaccord
	14.40		Zofran
Inj 2 mg per ml, 4 ml	2.98	5	Ondanaccord
	23.20		Zofran
<i>(Zofran Inj 2 mg per ml, 2 ml to be delisted 1 April 2013)</i>			
<i>(Zofran Inj 2 mg per ml, 4 ml to be delisted 1 April 2013)</i>			
ORAL ELEMENTAL FEED 1KCAL/ML			
Powder (unflavoured)	4.50	80.4 g	Vivonex TEN
Liquid (vanilla)	4.95	237 ml	Peptamen OS 1.0
ORAL FEED 1.5KCAL/ML			
Liquid (banana)	1.26	200 ml	Ensure Plus
Liquid (chocolate)	1.26	200 ml	Ensure Plus
	1.33	237 ml	Ensure Plus
Liquid (fruit of the forest)	1.26	200 ml	Ensure Plus
Liquid (strawberry)	1.33	237 ml	Ensure Plus
Liquid (vanilla)	1.26	200 ml	Ensure Plus
	1.33	237 ml	Ensure Plus
ORAL FEED 2KCAL/ML			
Liquid (vanilla)	2.25	237 ml	Two Cal HN
ORNIDAZOLE			
Tab 500 mg	16.50	10	Arrow-Ornidazole
OXALIPLATIN			
Inj 50 mg – 1% DV Aug-12 to 2015	15.32	1	Oxaliplatin Actavis 50
Inj 100 mg – 1% DV Aug-12 to 2015	25.01	1	Oxaliplatin Actavis 100
OXYBUTYNIN			
Tab 5 mg	44.79	500	Apo-Oxybutynin
Oral liq 5 mg per 5 ml	50.40	473 ml	Apo-Oxybutynin

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 1% DV Dec-12 to 2015.....	10.08	5	Oxycodone Orion
Inj 10 mg per ml, 2 ml – 1% DV Dec-12 to 2015.....	19.87	5	Oxycodone Orion
inj 50 mg per ml, 1 ml – 1% DV May-13 to 2015.....	60.00	5	OxyNorm
OXYTOCIN			
Inj 5 iu per ml, 1 ml	5.94	5	Syntocinon
Inj 10 iu per ml, 1 ml	7.48	5	Syntocinon
Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml – 1% DV Oct-12 to 2015	11.13	5	Syntometrine
PACLITAXEL			
Inj 30 mg – 1% DV Oct-08 to 2014	137.50	5	Paclitaxel Ebewe
Inj 100 mg – 1% DV Oct-08 to 2014	91.67	1	Paclitaxel Actavis
			Paclitaxel Ebewe
Inj 150 mg – 1% DV Oct-08 to 2014	137.50	1	Anzatax
			Paclitaxel Actavis
			Paclitaxel Ebewe
Inj 300 mg – 1% DV Oct-08 to 2014	275.00	1	Anzatax
			Paclitaxel Actavis
			Paclitaxel Ebewe
Inj 600 mg – 1% DV Oct-08 to 2014	550.00	1	Paclitaxel Ebewe
PAEDIATRIC ORAL FEED			
Powder (vanilla)	20.00	900 g	Pediasure
PAEDIATRIC ENTERAL FEED 1 KCAL/ML			
Liquid	2.68	500 ml	Pediasure RTH
PAEDIATRIC ENTERAL FEED WITH FIBRE 0.75 KCAL/ML			
Liquid	4.00	500 ml	Nutrini Low Energy Multi Fibre
PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5 KCAL/ML			
Liquid	6.00	500 ml	Nutrini Energy Multi Fibre
PAEDIATRIC ORAL FEED 1 KCAL/ML			
Liquid (chocolate)	1.07	200 ml	Pediasure
Liquid (strawberry)	1.07	200 ml	Pediasure
Liquid (vanilla)	1.07	200 ml	Pediasure
	1.27	237 ml	Pediasure
PAMIDRONATE DISODIUM			
Inj 3 mg per ml, 5 ml	18.75	1	Pamisol
Inj 3 mg per ml, 10 ml – 1% DV Feb-13 to 2014	16.00	1	Pamidronate BNM
Inj 6 mg per ml, 10 ml – 1% DV Feb-13 to 2014	32.00	1	Pamidronate BNM
Inj 9 mg per ml, 10 ml – 1% DV Feb-13 to 2014	48.00	1	Pamidronate BNM

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PANCURONIUM BROMIDE			
Inj 2 mg per ml, 2 ml – 1% DV Jan-13 to 2015	260.00	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
PAPAVERINE HYDROCHLORIDE			
Inj 12 mg per ml, 10 ml	73.12	5	Mayne
PARACETAMOL			
Oral liq 120 mg per 5 ml – 20% DV Dec-11 to 2014	2.21	500 ml	Ethics Paracetamol
Oral liq 250 mg per 5 ml – 20% DV Sep-11 to 2014	6.70	1,000 ml	Paracare Double Strength
Inj 10 mg per ml, 100 ml – 1% DV Apr-13 to 2014	22.50	10	Paracetamol-AFT
Suppos 25 mg	56.35	20	Biomed
Suppos 50 mg	56.35	20	Biomed
Suppos 125 mg	7.49	20	Panadol
Suppos 250 mg	14.40	20	Panadol
Suppos 500 mg – 1% DV Jan-13 to 2015	20.70	50	Paracare
PARACETAMOL WITH CODEINE			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Nov-11 to 2014	2.70	100	Paracetamol + Codeine (Relieve)
PARAFFIN			
White soft – 1% DV Feb-13 to 2015	0.92	10 g	healthE
Note: DV Limit applies to pack sizes of 30 g or less, and to white soft paraffin and yellow soft paraffin.			
PARCOXIB			
Inj 40 mg	100.00	10	Dynastat
PAROXETINE HYDROCHLORIDE			
Tab 20 mg – 1% DV Sep-10 to 2013	2.38	30	Loxamine
PAZOPANIB			
Tab 200 mg	1,334.70	30	Votrient
Tab 400 mg	2,669.40	30	Votrient
PEAK FLOW METER			
Low Range	11.44	1	Breath-Alert
Normal Range	11.44	1	Breath-Alert
PEGFILGRASTIM			
Inj 6 mg per 0.6 ml prefilled syringe	1,395.00	1	Neulastim
PENICILLAMINE			
Tab 125 mg	61.93	100	D-Penaminate
Tab 250 mg	98.98	100	D-Penaminate
PERGOLIDE			
Tab 0.25 mg – 1% DV Sep-11 to 2014	48.00	100	Permax
Tab 1 mg – 1% DV Sep-11 to 2014	170.00	100	Permax
PERHEXILINE MALEATE			
Tab 100 mg	62.90	100	Pexsig

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PERMETHRIN			
Crn 5% – 1% DV Sep-11 to 2014	4.20	30 g	Lyderm
Lotn 5% – 1% DV Sep-11 to 2014	3.24	30 ml	A-Scabies
PETHIDINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Mar-13 to 2015	3.95	10	PSM
Tab 100 mg – 1% DV Mar-13 to 2015	5.80	10	PSM
Inj 50 mg per ml, 1 ml – 1% DV Nov-11 to 2014	5.51	5	DBL Pethidine Hydrochloride
Inj 50 mg per ml, 2 ml – 1% DV Nov-11 to 2014	5.83	5	DBL Pethidine Hydrochloride
PHENOBARBITONE			
Tab 15 mg – 1% DV Mar-13 to 2015	28.00	500	PSM
Tab 30 mg – 1% DV Mar-13 to 2015	29.00	500	PSM
PHENOXYMETHYLPENICILLIN (PENICILLIN V)			
Cap potassium salt 250 mg – 1% DV Nov-10 to 2013	9.71	50	Cilicaine VK
Cap potassium salt 500 mg – 1% DV Nov-10 to 2013	11.70	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
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	5.40	100	Apo-Pindolol
Tab 10 mg	9.19	100	Apo-Pindolol
Tab 15 mg	13.80	100	Apo-Pindolol
PIOGLITAZONE			
Tab 15 mg – 1% DV Sep-12 to 2015	1.50	28	Pizaccord
Tab 30 mg – 1% DV Sep-12 to 2015	2.50	28	Pizaccord
Tab 45 mg – 1% DV Sep-12 to 2015	3.50	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
PIZOTIFEN			
Tab 500 µg – 1% DV Mar-13 to 2015	23.21	100	Sandomigran
PODOPHYLLOTOXIN			
Soln 0.5%	33.60	3.5 ml	Condyline
POLOXAMER			
Oral drops 10% – 1% DV Sep-11 to 2014	3.78	30 ml	Coloxyl
POLYETHYLENE GLYCOL WITH SODIUM SULPHATE			
Powder, sachets	14.31	4	Klean Prep
POLYVINYL ALCOHOL			
Eye drops 1.4%	3.62	15 ml	Liquifilm Tears
	2.95		Vistil
Eye drops 3%	3.88	15 ml	Liquifilm Forte
	3.80		Vistil Forte

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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
POSACONAZOLE			
Oral liq 40 mg per ml	761.13	105 ml	Noxafil
POTASSIUM CHLORIDE			
Tab long-acting 600 mg – 1% DV Oct-12 to 2015	7.42	200	Span-K
POTASSIUM CHLORIDE WITH GLUCOSE			
Inf 20 mmol/L with 5% glucose	7.36	1,000 ml	Baxter
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
POTASSIUM CITRATE			
Oral liq 3 mmol per ml	30.00	200 ml	Biomed
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%	2.95	100 ml	Riodine
	6.20	500 ml	Riodine Betadine
PRAMIPEXOLE HYDROCHLORIDE			
Tab 0.125 mg – 1% DV Jun-12 to 2013	1.95	30	Dr Reddy's Pramipexole
Tab 0.25 mg – 1% DV Jun-12 to 2013	2.40	30	Dr Reddy's Pramipexole
Tab 0.5 mg	4.20	30	Dr Reddy's Pramipexole
Tab 1 mg	7.20	30	Dr Reddy's Pramipexole
PRASUGREL			
Tab 5 mg	108.00	28	Effient
Tab 10 mg	120.00	28	Effient
PRAVASTATIN			
Tab 20 mg – 1% DV Nov-11 to 2014	5.44	30	Cholvastin
Tab 40 mg – 1% DV Nov-11 to 2014	9.28	30	Cholvastin
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	10.45	30 ml	Redipred

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
PREDNISONE			
Tab 1 mg	10.68	500	Apo-Prednisone
Tab 2.5 mg	12.09	500	Apo-Prednisone
Tab 5 mg	11.09	500	Apo-Prednisone
Tab 20 mg	29.03	500	Apo-Prednisone
PREGNANCY TEST – HCG URINE			
Cassette	22.80	40 test	Innovacon hCG One Step Pregnancy Test
PREMATURE BIRTH FORMULA			
Liquid	0.75	100 ml	S26LBW Gold RTF
PRETERM POST-DISCHARGE INFANT FORMULA			
Powder	15.25	400 g	S-26 Gold Premgro
PRILOCAINE HYDROCHLORIDE			
Inj 0.5%, 50 ml – 1% DV Nov-10 to 2013	100.00	5	Citanest
Inj 2%, 5 ml – 1% DV Nov-10 to 2013	55.00	10	Citanest
PROCAINE PENICILLIN			
Inj 1.5 mega u – 1% DV Nov-11 to 2014	123.50	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 Sep-12 to 2015	1.99	50	Allersoothe
Tab 25 mg – 1% DV Sep-12 to 2015	2.99	50	Allersoothe
Oral liq 5 mg per 5 ml – 1% DV Feb-13 to 2015	2.79	100 ml	Allersoothe
Inj 25 mg per ml, 2 ml	11.00	5	Mayne
PROPOFOL			
Inj 1%, 20 ml	42.00	5	Diprivan
	7.60		Fresofol 1%
			Provive MCT-LCT 1%
Inj 1%, 50 ml	25.00	1	Diprivan
	4.00		Fresofol 1%
			Provive MCT-LCT 1%
Inj 1%, 50 ml pre-filled syringe	47.00	1	Diprivan
Inj 1%, 100 ml	30.00	1	Diprivan
	7.60		Fresofol 1%
			Provive MCT-LCT 1%
Inj 2%, 50 ml pre-filled syringe	60.00	1	Diprivan
PROPRANOLOL			
Tab 10 mg	3.65	100	Apo-Propranolol
Tab 40 mg	4.65	100	Apo-Propranolol
Cap long-acting 160 mg	16.06	100	Cardinol LA
PROPYLENE GLYCOL			
Liq	12.00	500 ml	ABM
PROPYLTHIOURACIL			
Tab 50 mg	35.00	100	PTU

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PROTEIN SUPPLEMENT			
Powder	8.95	227 g	Resource Beneprotein
PYRIDOSTIGMINE BROMIDE			
Tab 60 mg – 1% DV Sep-11 to 2014	38.90	100	Mestinon
PYRIDOXINE HYDROCHLORIDE			
Tab 25 mg – 1% DV Sep-11 to 2014	2.20	90	PyridoxADE
Tab 50 mg – 1% DV Sep-11 to 2014	12.16	500	Apo-Pyridoxine
QUETIAPINE			
Tab 25 mg	7.00	60	Dr Reddy's Quetiapine
			Seroquel
	10.50	90	Quetapel
Tab 100 mg	14.00	60	Dr Reddy's Quetiapine
			Seroquel
	21.00	90	Quetapel
Tab 200 mg	24.00	60	Dr Reddy's Quetiapine
			Seroquel
	36.00	90	Quetapel
Tab 300 mg	40.00	60	Dr Reddy's Quetiapine
			Seroquel
	60.00	90	Quetapel
QUINAPRIL			
Tab 5 mg – 1% DV Apr-13 to 2015	1.60	30	Accupril
	3.44	90	Arrow-Quinapril 5
Tab 10 mg – 1% DV Apr-13 to 2015	1.75	30	Accupril
	4.64	90	Arrow-Quinapril 10
Tab 20 mg – 1% DV Apr-13 to 2015	2.35	30	Accupril
	6.34	90	Arrow-Quinapril 20
<i>(Accupril Tab 5 mg to be delisted 1 April 2013)</i>			
<i>(Accupril Tab 10 mg to be delisted 1 April 2013)</i>			
<i>(Accupril Tab 20 mg to be delisted 1 April 2013)</i>			
QUINAPRIL WITH HYDROCHLOROTHIAZIDE			
Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015	3.37	30	Accuretic 10
Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015	4.57	30	Accuretic 20
QUININE SULPHATE			
Tab 300 mg	54.06	500	Q 300
RALOXIFENE HYDROCHLORIDE			
Tab 60 mg	53.76	28	Evista
RALTEGRAVIR POTASSIUM			
Tab 400 mg	1,090.00	60	Isentress
RANITIDINE HYDROCHLORIDE			
Tab 150 mg – 1% DV Sep-11 to 2014	6.79	250	Arrow-Ranitidine
Tab 300 mg – 1% DV Sep-11 to 2014	9.34	250	Arrow-Ranitidine
Oral liq 150 mg per 10 ml – 1% DV Sep-11 to 2014	5.92	300 ml	Peptisoothe
Inj 25 mg per ml, 2 ml	8.75	5	Zantac

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RECOMBINANT COAGULATION FACTOR VIIA			
Combination pack (powder and diluent for inj) 1 mg	1,163.75	1	NovoSeven RT
Combination pack (powder and diluent for inj) 2 mg	2,327.50	1	NovoSeven RT
Combination pack (powder and diluent for inj) 5 mg	5,818.75	1	NovoSeven RT
Combination pack (powder and diluent for inj) 8 mg	9,310.00	1	NovoSeven RT
RECOMBINANT FACTOR IX			
Inj 250 IU	310.00	1	BeneFIX
Inj 500 IU	620.00	1	BeneFIX
Inj 1,000 IU	1,240.00	1	BeneFIX
Inj 2,000 IU	2,480.00	1	BeneFIX
RECOMBINANT FACTOR VIII			
Inj 250 IU	237.50	1	Advate
	250.00		Kogenate FS
	225.00		Xyntha
Inj 500 IU	475.00	1	Advate
	500.00		Kogenate FS
	450.00		Xyntha
Inj 1,000 IU	950.00	1	Advate
	1,000.00		Kogenate FS
	900.00		Xyntha
Inj 1,500 IU	1,425.00	1	Advate
Inj 2,000 IU	1,900.00	1	Advate
	2,000.00		Kogenate FS
	1,800.00		Xyntha
Inj 3,000 IU	2,850.00	1	Advate
	3,000.00		Kogenate FS
	2,700.00		Xyntha
REMIFENTANIL HYDROCHLORIDE			
Inj 1 mg vial – 1% DV Feb-12 to 2014	27.95	5	Remifentanil-AFT
Inj 2 mg vial – 1% DV Feb-12 to 2014	41.80	5	Remifentanil-AFT
RENAL ENTERAL FEED 2 KCAL/ML			
Liquid	6.08	500 ml	Nepro RTH
RENAL ORAL FEED 2 KCAL/ML			
Liquid (strawberry)	2.43	200 ml	Nepro
Liquid (vanilla)	2.43	200 ml	Nepro
	3.31	237 ml	Novasource Renal
RETINOL PALMITATE			
Oint 25 g	2.00	1	PSM
Oint 50 g	2.86	1	healthE
RIFABUTIN			
Cap 150 mg – 1% DV Sep-10 to 2013	213.19	30	Mycobutin

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RISPERIDONE			
Orally-disintegrating tab 0.5 mg	21.42	28	Risperdal Quicklet
Tab 0.5 mg	2.86	20	Risperdal
	3.51	60	Apo-Risperidone Dr Reddy's Risperidone Ridal
Orally-disintegrating tab 1 mg	42.84	28	Risperdal Quicklet
Tab 1 mg	6.00	60	Apo-Risperidone Dr Reddy's Risperidone Ridal
	16.92		Risperdal
Orally-disintegrating tab 2 mg	85.71	28	Risperdal Quicklet
Tab 2 mg	11.00	60	Apo-Risperidone Dr Reddy's Risperidone Ridal
	33.84		Risperdal
Tab 3 mg	15.00	60	Apo-Risperidone Dr Reddy's Risperidone Ridal
	50.78		Risperdal
Tab 4 mg	20.00	60	Apo-Risperidone Dr Reddy's Risperidone Ridal
	67.68		Risperdal
Oral liq 1 mg per ml	18.35	30 ml	Apo-Risperidone
	25.26		Risperdal
	18.35		Risperon
Inj 25 mg per 2 ml	175.00	1	Risperdal Consta
Inj 37.5 mg per 2 ml	230.00	1	Risperdal Consta
Inj 50 mg per 2 ml	280.00	1	Risperdal Consta
RITONAVIR			
Tab 100 mg – 1% DV Oct-12 to 2015	43.31	30	Norvir
RITUXIMAB			
Inj 100 mg per 10 ml vial	1,075.50	2	Mabthera
Inj 500 mg per 50 ml vial	2,688.30	1	Mabthera
RIVAROXABAN			
Tab 10 mg	153.00	15	Xarelto
RIZATRIPTAN			
Tab orodispersible 10 mg – 1% DV May-12 to 2014	18.00	30	Rizamelt
ROCURONIUM BROMIDE			
Inj 10 mg per ml, 5 ml – 1% DV Sep-12 to 2015	38.25	10	DBL Rocuronium Bromide
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

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ROPIVACAINE HYDROCHLORIDE			
Inj 2 mg per ml, 20 ml	75.00	5	Naropin
Inj 2 mg per ml, 100 ml	200.00	5	Naropin
Inj 2 mg per ml, 200 ml	265.00	5	Naropin
Inj 7.5 mg per ml, 10 ml	45.00	5	Naropin
Inj 7.5 mg per ml, 20 ml	84.00	5	Naropin
Inj 10 mg per ml, 10 ml	54.00	5	Naropin
ROPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 2 mg per ml with 2 µg of fentanyl per ml, 100 ml – 1% DV Nov-10 to 2013	198.50	5	Naropin
Inj 2 mg per ml with 2 µg of fentanyl per ml, 200 ml – 1% DV Nov-10 to 2013	270.00	5	Naropin
ROXITHROMYCIN			
Tab 150 mg – 1% DV Sep-12 to 2015	7.48	50	Arrow-Roxithromycin
Tab 300 mg – 1% DV Sep-12 to 2015	14.40	50	Arrow-Roxithromycin
SALBUTAMOL			
Oral liq 2 mg per 5 ml	1.20	90 ml	Broncolin
	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 Nov-12 to 2015	3.25	20	Asthalin
Nebuliser soln, 2 mg per ml, 2.5 ml – 1% DV Nov-12 to 2015	3.44	20	Asthalin
SALBUTAMOL WITH IPRATROPIUM BROMIDE			
Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml – 1% DV Nov-12 to 2015	3.75	20	Duolin
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
SERTRALINE			
Tab 50 mg – 1% DV Feb-11 to 2013	5.40	90	Arrow-Sertraline
Tab 100 mg – 1% DV Feb-11 to 2013	9.60	90	Arrow-Sertraline
SEVOFLURANE			
Liq 250 ml bottle – 1% DV Dec-12 to 2015	1,230.00	6	Baxter
SILDENAFIL			
Tab 25 mg – 1% DV May-13 to 2014	1.85	4	Silagra
Tab 50 mg – 1% DV May-13 to 2014	1.85	4	Silagra
Tab 100 mg – 1% DV May-13 to 2014	7.45	4	Silagra
SILVER SULPHADIAZINE			
Crm 1%	12.30	50 g	Flamazine
SIMVASTATIN			
Tab 10 mg – 1% DV Sep-11 to 2014	1.40	90	Arrow-Simva
Tab 20 mg – 1% DV Sep-11 to 2014	1.95	90	Arrow-Simva
Tab 40 mg – 1% DV Sep-11 to 2014	3.18	90	Arrow-Simva
Tab 80 mg – 1% DV Sep-11 to 2014	9.31	90	Arrow-Simva

Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SIROLIMUS			
Tab 1 mg	813.00	100	Rapamune
Tab 2 mg	1,626.00	100	Rapamune
Oral liq 1 mg per ml	487.80	60 ml	Rapamune
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 carbon- ate 160 mg per 10 ml	4.95	500 ml	Acidex
SODIUM BICARBONATE			
Cap 840 mg	8.52	100	Sodibic
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
Soln 7%	23.50	90 ml	Biomed
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
	1.70	500 ml	Freeflex
	1.71	1,000 ml	Freeflex
Inf 3%	5.69	1,000 ml	Baxter
Soln 0.9% for irrigation, 30 ml – 1% DV Nov-11 to 2014	19.50	30	Pfizer
Inj 0.9%, 5 ml	10.85	50	Multichem
	15.50		Pfizer
Inj 0.9%, 10 ml	11.50	50	Multichem
	15.50		Pfizer
Inj 0.9%, 20 ml	8.41	20	Multichem
Inj 23.4%, 20 ml – 1% DV Nov-10 to 2013	31.25	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 – 1% DV Oct-10 to 2013	25.00	50	Micolette
SODIUM CITRO-TARTRATE			
Gran eff 4 g sachets	2.75	28	Ural

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM DIOTRIZOATE			
Powder for oral soln 3.705 g, 10 ml sachet	156.12	50	Ioscan
SODIUM FLUORESCHEIN			
Inj 100 mg per ml, 5 ml – 1% DV Nov-10 to 2013.....	125.00	12	Fluorescite
SODIUM HYALURONATE			
Ophthalmic soln 10 mg per ml, 1 ml – 1% DV Oct-12 to 2015	30.00	1	Provisc
Ophthalmic inj 14 mg per ml – 1% DV Oct-12 to 2015	50.00	1	Healon GV
Inj 10 mg per ml, 0.4 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml	64.00	1	Duovisc
Inj 10 mg per ml, 0.55 ml; and inj 30 mg per ml with chondroitin sul- phate 40 mg per ml, 0.5 ml – 1% DV Sep-11 to 2014	74.00	1	Duovisc
SODIUM NITROPRUSSIDE			
Test strip	6.00	50 strip	Accu-Chek Ketur-Test
SOFT WHITE PARAFFIN WITH PARAFFIN LIQUID			
Oint 50% with 50% paraffin liquid, 100 g	3.10	1	healthE
SOLIFENACIN SUCCINATE			
Tab 5 mg	56.50	30	Vesicare
Tab 10 mg	56.50	30	Vesicare
SORBOLENE WITH GLYCERIN			
Crn with 10% glycerine, 100 g	2.10	1	Pharmacy Health
	2.00		Pharmacy Health
	3.20		healthE
Crn with 10% glycerine, 500 ml	4.50	1	Pharmacy Health
	7.30		healthE
Crn with 10% glycerine, 1,000 ml	6.50	1	Pharmacy Health
SOTALOL			
Tab 80 mg	27.50	500	Mylan
Tab 160 mg	10.50	100	Mylan
Inj 10 mg per ml, 4 ml	65.39	5	Sotacor
SPACER DEVICE			
800 ml	8.50	1	Volumatic
230 ml (single patient)	4.72	1	Space Chamber Plus
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	30.00	25 ml	Biomed
STANDARD SUPPLEMENT ORAL FEED (POWDER)			
Powder (chocolate)	13.00	900 g	Ensure
	10.22		Sustagen Hospital Formula
Powder (vanilla)	13.00	900 g	Ensure
	9.50		Fortisip
	10.22		Sustagen Hospital Formula

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
STANDARD SUPPLEMENT ORAL FEED 1.4 KCAL/ML			
Liquid (chocolate)	4.00	237 ml	Impact Advanced Recovery
Liquid (vanilla)	4.00	237 ml	Impact Advanced Recovery
STREPTOKINASE			
Inj 250,000 IU	117.70	1	Streptase
Inj 1,500,000 IU	188.10	1	Streptase
SULPHASALAZINE			
Tab 500 mg	11.68	100	Salazopyrin
Tab EC 500 mg	12.89	100	Salazopyrin EN
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
Inj 12 mg per ml, 0.5 ml – 1% DV Jun-11 to 2013	36.00	2	Arrow-Sumatriptan
SUNITINIB			
Cap 12.5 mg	2,315.38	28	Sutent
Cap 25 mg	4,630.77	28	Sutent
Cap 50 mg	9,261.54	28	Sutent
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	130.00	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	17.50	100	Genox
Tab 20 mg – 1% DV Jun-11 to 2014	8.75	100	Genox
TAMSULOSIN HYDROCHLORIDE			
Cap 400 µg – 1% DV Oct-10 to 2013	5.98	30	Tamsulosin-Rex
TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN			
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium – 1% DV Nov-11 to 2014	3.05	500 ml	Pinetarsol
	5.82	1,000 ml	Pinetarsol
TEMAZEPAM			
Tab 10 mg – 1% DV Nov-11 to 2014	1.27	25	Normison

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Pharmaceuticals Under National Contracts

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TEMOZOLOMIDE			
Cap 5 mg – 1% DV Mar-12 to 2013	16.00	5	Temaccord
Cap 20 mg – 1% DV Mar-12 to 2013	72.00	5	Temaccord
Cap 100 mg – 1% DV Mar-12 to 2013	350.00	5	Temaccord
Cap 250 mg – 1% DV Mar-12 to 2013	820.00	5	Temaccord
TENOFOVIR DISOPROXIL FUMARATE			
Tab 300 mg	531.00	30	Viread
TENOXCAM			
Inj 20 mg – 1% DV Jul-10 to 2013	9.95	1	AFT
TERBINAFINE			
Tab 250 mg – 1% DV Nov-11 to 2014	1.78	14	Dr Reddy's Terbinafine
TERIPARATIDE			
Inj 250 µg per ml, 2.4 ml	490.00	1	Forteo
TERLIPRESSIN			
Inj 1 mg	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 Feb-12 to 2014	76.50	1	Depo-Testosterone
TESTOSTERONE UNDECANOATE			
Cap 40 mg – 1% DV Oct-12 to 2015	31.17	60	Andriol Testocaps
Inj 250 mg per ml, 4 ml	86.00	1	Reandron 1000
TETRABENAZINE			
Tab 25 mg – 1% DV Jul-12 to 2015	178.00	112	Motetis
TETRACOSACTRIN			
Inj 1 mg per ml, 1 ml – 1% DV Sep-11 to 2014	29.56	1	Synacthen Depot
Inj 250 µg – 1% DV Sep-11 to 2014	177.18	10	Synacthen
THALIDOMIDE			
Cap 50 mg	504.00	28	Thalomid
Cap 100 mg	1,008.00	28	Thalomid
TIAPROFENIC ACID			
Tab 300 mg	19.26	60	Surgam
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			
Eye oint 0.3% – 1% DV Sep-11 to 2014	10.45	3.5 g	Tobrex
Eye drops 0.3% – 1% DV Sep-11 to 2014	11.48	5 ml	Tobrex
Inj 40 mg per ml, 2 ml – 1% DV Sep-11 to 2014	29.32	5	DBL Tobramycin
TOLCAPONE			
Tab 100 mg – 1% DV Sep-11 to 2014	126.20	100	Tasmar

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
TOLTERODINE			
Tab 1 mg	14.56	56	Arrow-Tolterodine
Tab 2 mg	14.56	56	Arrow-Tolterodine
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 100 mg	2.14	20	Tramal SR 100
Tab sustained-release 150 mg	3.21	20	Tramal SR 150
Tab sustained-release 200 mg	4.28	20	Tramal SR 200
Cap 50 mg – 1% DV Sep-11 to 2014	4.95	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
TRANEXAMIC ACID			
Tab 500 mg – 1% DV Jun-10 to 2013	32.92	100	Cyklokapron
Inj 100 mg per ml, 5 ml	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
TRIAMCINOLONE ACETONIDE			
0.1% in dental paste USP – 1% DV Sep-11 to 2014	4.34	5 g	Oracort
Crn 0.02% – 1% DV Sep-11 to 2014	6.63	100 g	Aristocort
Oint 0.02% – 1% DV Sep-11 to 2014	6.69	100 g	Aristocort
Inj 10 mg per ml, 1 ml – 1% DV Jun-12 to 2014	21.90	5	Kenacort-A
Inj 40 mg per ml, 1 ml – 1% DV Jun-12 to 2014	53.79	5	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	5.16	7.5 ml	Kenacomb
TRICLOSAN			
Soln 1%	4.50	500 ml	Pharmacy Health
TRIMETHOPRIM			
Tab 300 mg	9.28	50	TMP
TROPICAMIDE			
Eye drops 0.5% – 1% DV Sep-11 to 2014	7.15	15 ml	Mydiacyl
Eye drops 1% – 1% DV Sep-11 to 2014	8.66	15 ml	Mydiacyl

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
TROPISETRON			
Cap 5 mg	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 250 mg – 1% DV May-12 to 2014	71.50	100	Ursosan
VALACICLOVIR			
Tab 500 mg	102.72	30	Valtrex
VALGANCICLOVIR			
Tab 450 mg	3,000.00	60	Valcyte
VANCOMYCIN HYDROCHLORIDE			
Inj 500 mg – 1% DV Sep-11 to 2014	3.58	1	Mylan
VARENICLINE TARTRATE			
Tab 0.5 mg × 11 and 1 mg × 14	60.48	25	Champix
Tab 1 mg	67.74	28	Champix
	135.48	56	Champix
VENLAFAXINE			
Cap 37.5 mg	15.84	28	Efexor XR
Tab 37.5 mg	12.67	28	Arrow-Venlafaxine XR
Cap 75 mg	31.67	28	Efexor XR
Tab 75 mg	19.00	28	Arrow-Venlafaxine XR
Cap 150 mg	38.82	28	Efexor XR
Tab 150 mg	23.41	28	Arrow-Venlafaxine XR
Tab 225 mg	35.12	28	Arrow-Venlafaxine XR
VERAPAMIL HYDROCHLORIDE			
Tab long-acting 120 mg	15.20	250	Verpamil SR
Tab 40 mg – 1% DV Sep-11 to 2014	7.01	100	Isoptin
Tab 80 mg – 1% DV Sep-11 to 2014	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-12 to 2015	12.85	1	Navelbine
Inj 10 mg per ml, 5 ml – 1% DV Sep-12 to 2015	64.25	1	Navelbine
VORICONAZOLE			
Tab 50 mg	730.00	56	Vfend
Tab 200 mg	2,930.00	56	Vfend
Powder for suspension, 40 mg per ml	730.00	70 ml	Vfend
Inj 200 mg	185.00	1	Vfend

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
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	10.25	50	Multichem
Purified for inj 10 ml	11.25	50	Multichem
Purified for inj 20 ml	6.50	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
ZIDOVUDINE [AZT] WITH LAMIVUDINE			
Tab 300 mg with lamivudine 150 mg – 1% DV Dec-12 to 2014	63.50	60	Alphapharm
ZINC AND CASTOR OIL			
Crm – 1% DV Apr-12 to 2014	1.63	20 g	Orion
ZINC SULPHATE			
Cap 137.4 mg (50 mg elemental) – 1% DV Nov-11 to 2014	11.00	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 5 mg in 100 ml	600.00	100 ml	Aclasta
Soln for inf 4 mg, 5 ml	550.00	1	Zometa
ZOPICLONE			
Tab 7.5 mg – 1% DV Jan-12 to 2014	1.90	30	Apo-Zopiclone
ZUCLOPENTHIXOL DECANOATE			
Depot inj 200 mg per ml, 1 ml	19.80	5	Clopixol

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
ZUCLOPENTHIXOL HYDROCHLORIDE			
Tab 10 mg	31.45	100	Clopixol

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 NPPA 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.

BACLOFEN

Inj 10 mg

Lioresal
Intrathecal

Indefinite supply for patients with severe chronic spasticity of cerebral origin or due to multiple sclerosis, spinal cord injury or spinal cord disease, where oral antispastic agents have failed or have caused unacceptable side effects.

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.

CEFTRIAXONE 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

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

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 NPPA

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

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**
Cap long-acting 75 mg **S29**
Supp 100 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.

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 Oxsoralen
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

MOLGRAMOSTIM

Inj 300 µg Leucomax

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 NPPA)

NIMODIPINE

Tab 30 mg

Up to 21 days supply post sub-arachnoid haemorrhage

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.

PRAZIQUANTEL

Tab 500 mg Cysticide

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

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

Indefinite supply for salt wasting nephropathy (Section 29)

Inj 0.9%

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

SPECIAL FOOD SUPPLEMENT

Liquid, 237 ml (Vanilla,Chocolate) Impact

Advanced

Recovery

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

Powder 1kcal/ml, 900 g

Sustagen

Hospital

Formula

Liquid 1.5kcal/ml, 200 ml

Ensure

Ensure Plus

Fortisip

Liquid 1.5kcal/ml, 237 ml

Ensure Plus

Liquid 1.5kcal/ml with fibre, 200 ml

Fortisip Multi

Fibre

For use in community/non-hospitalised patients for 10 days prior to hospitalisation and 30 days following discharge.

SULPHADIAZINE

Tab 500 mg

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)

VANCOMYCIN HYDROCHLORIDE

Inj 500 mg

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 NPPA

- A -

A-Scabies	53	Amiloride	16	Apresoline	37
Abacavir sulphate	15	Amino acid formula	16	Aqueous cream	17
Abacavir sulphate with lamivudine	15	Aminoacid without phenylalanine	16	Arava	41
Abciximab	15	Aminophylline	16	Aremed	17
Abilify	17	Amisulpride	16	Aripiprazole	17
ABM Hydroxocobalamin	37	Amitrip	16	Aristocort	64
Acarbose	15	Amitriptyline	16	Aromasin	32
Accarb	15	Amlodipine	16	Arrow-Amitriptyline	16
Accu-Chek Ketur-Test	61	Amoxicillin	17	Arrow-Bendrofluzide	19
Accu-Chek Performa	19, 20	Amoxicillin clavulanate Contracted	17	Arrow-Brimonidine	20
Accupril	56	DCS	68	Arrow-Calcium	21
Accuretic 10	56	Amphotericin B Contracted	17	Arrow-Citalopram	24
Accuretic 20	56	DCS	68	Arrow-Diazepam	28
Acetadote	15	Anastrozole	17	Arrow-Doxorubicin	29
Acetazolamide	15	Andriol Testocaps	63	Arrow-Etidronate	32
Acetylcysteine	15	Androderm	63	Arrow-Lamotrigine	41
Aciclovir	15	Anexate	33	Arrow-Lisinopril	43
Acidex	60	Antabuse	29	Arrow-Losartan & Hydrochlorothiazide	43
Acitretin	15	Antinaus	55	Arrow-Morphine LA	47
Aclasta	66	Antithymocyte globulin (equine)	17	Arrow-Nifedipine XR	49
Activated charcoal	15	Anzatax	51	Arrow-Norfloraxacin	49
Adalimumab	15	Apidra	39	Arrow-Ornidazole	50
Adefin XL	49	Apidra Solostar	39	Arrow-Quinapril 10	56
Adefovir dipivoxil	15	Apo-Allopurinol	16	Arrow-Quinapril 20	56
Adrenaline	15	Apo-Amlodipine	16	Arrow-Quinapril 5	56
Advantan	45	Apo-Azithromycin	18	Arrow-Ranitidine	56
Advate	57	Apo-Clarithromycin	24	Arrow-Roxithromycin	59
Aerrane	40	Apo-Clomipramine	25	Arrow-Sertraline	59
Aggrastat	63	Apo-Clopidogrel	25	Arrow-Simva	59
Alanase	19	Apo-Diclo	28	Arrow-Sumatriptan	62
Albendazole	68	Apo-Diltiazem CD	28	Arrow-Tolterodine	64
Albenza	68	Apo-Doxazosin	29	Arrow-Topiramate	64
Aldara	38	Apo-Gliclazide	35	Arrow-Tramadol	64
Alendronate sodium	15	Apo-Megestrol	44	Arrow-Venlafaxine XR	65
Alendronate sodium with cholecalciferol	15	Apo-Moclobemide	47	Arsenic trioxide	17
Alfacalcidol	15	Apo-Nadolol	48	Asacol	44
Alitraq	30	Apo-Oxybutynin	50	Asamax	44
Allersoothe	55	Apo-Pindolol	53	Ascorbic acid	17
Allopurinol	16	Apo-Prazo	54	Aspen Adrenaline	15
Alphamox	17	Apo-Prednisone	55	Aspen Ceftriaxone	23
Alphapharm	66	Apo-Propranolol	55	Aspen Ciprofloxacin	24
Alprostadiil	16	Apo-Pyridoxine	56	Asthalin	59
Amantadine hydrochloride	16	Apo-Risperidone	58	Atazanavir sulphate	17
AmBisome	17	Apo-Zopiclone	66	Atenolol	18
Ambrisentan	16	Apomine	17	Atenolol AFT	18
Amikacin sulphate Contracted	16	Apomorphine hydrochloride	17	ATGAM	17
DCS	68	Aprepitant	17	Ativan	43
				Atomoxetine hydrochloride	18
				Atorvastatin	18
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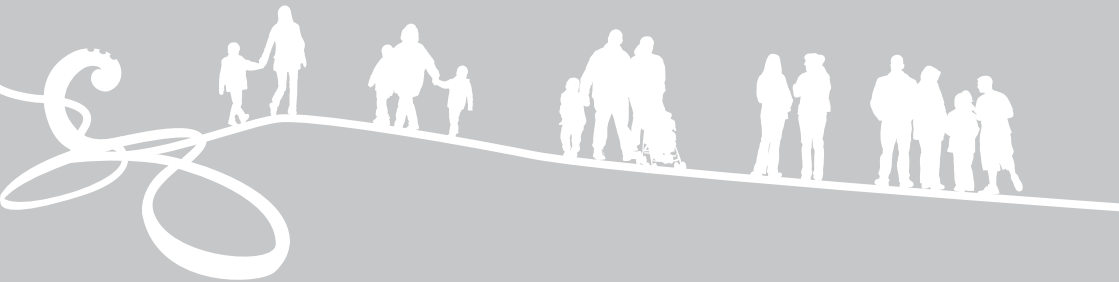
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