
# Schedule of Pharmaceutical Benefits

## for Approved Pharmacists and Medical Practitioners

**1 DECEMBER 1992**

# AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS DECEMBER 1992 EDITION FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

## OPERATIVE FROM 1 FEBRUARY 1993

Please retain. Amendments are non-cumulative and are issued two-monthly.

Restricted items are printed in ***bold italics***

## DOCTORS ARE ADVISED THAT CODE NUMBERS SHOULD NOT BE USED WHEN PRESCRIBING

### *DISPENSING FEES*

***The dispensing fees for the supply of ready prepared and extemporaneously prepared pharmaceutical benefits were increased on 1 January 1993.***

***The new dispensing fees are—***

***Ready prepared benefits—$3.69***

***Extemporaneously prepared benefits—$5.34***

***Prices in the December 1992 edition of the Schedule of Pharmaceutical Benefits and the Amendments relevant to this edition include dispensing fees of $3.57 and $5.16 respectively.***

***The new fees will be incorporated in prices listed in publications effective 1 April 1993.***

## SAFETY NET—CARD ISSUE FEE

The fee for the issue of a concession card or an entitlement card during 1993 is $5.33.

### *INFLUENZA VACCINE—1993 SEASON*

***2852D Injection (trivalent) 0.5 mL (Fluvax, Vaxigrip)***

***As from 1 March 1993 influenza vaccine available as a pharmaceutical benefit will be the formulation determined for the 1993 season (containing A/Shanghai/24/90, A/Texas/36/91 and B/Panama/45/90 like strains).***

***(See also Price Adjustments of Section 2)***

# SECTION 2—WHITE PAGES

## *NEW ITEMS*

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***EPIRUBICIN HYDROCHLORIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Advanced breast cancer.*** | | | | | | | |
| ***1375J*** | ***Solution for I.V. injection 10 mg in 5 mL*** | ***4*** | ***..*** | ***..*** | ****227.57*** | ***15.90*** | ***Pharmorubicin Solution*** | ***FE*** |
| ***1376K*** | ***Solution for I.V. injection 20 mg in 10 mL*** | ***4*** | ***..*** | ***..*** | ****421.05*** | ***15.90*** | ***Pharmorubicin Solution*** | ***FE*** |
| ***1377L*** | ***Solution for I.V. injection 50 mg in 25 mL*** | ***3*** | ***..*** | ***..*** | ****777.84*** | ***15.90*** | ***Pharmorubicin Solution*** | ***FE*** |
| | ***IPRATROPIUM BROMIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.*** | | | | | | | |
| ***1544G*** | ***Pressurised nasal spray 20 micrograms per dose (200 doses)*** | ***‡1*** | ***5*** | ***..*** | ***19.41*** | ***15.90*** | ***Atrovent Nasal*** | ***BY*** |
| | OESTRADIOL with NORETHISTERONE ACETATE | | | | | | | |
| 1764W | Pack containing 12 tablets oestradiol 2 mg, 10 tablets oestradiol 2 mg with norethisterone acetate 1 mg and 6 tablets oestradiol 1 mg | ‡1 | 5 | .. | 14.70 | 15.46 | Trisequens | NO |
| 1765X | Pack containing 12 tablets oestradiol 4 mg, 10 tablets oestradiol 4 mg with norethisterone acetate 1 mg and 6 tablets oestradiol 1 mg | ‡1 | 5 | .. | 14.70 | 15.46 | Trisequens Forte | NO |

(The two items above were listed as pharmaceutical benefits on **1 December 1992**.
See also Price Adjustments of Section 2)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | ***QUINAPRIL HYDROCHLORIDE*** | | | | | | | |
| | ***Mild to moderate hypertension.*** | | | | | | | |
| ***1968N*** | ***Tablet 5 mg (base)*** | ***30*** | ***5*** | ***..*** | ***22.09*** | ***15.90*** | ***Accupril Asig*** | ***PD SI*** |
| ***1969P*** | ***Tablet 10 mg (base)*** | ***30*** | ***5*** | ***..*** | ***29.29*** | ***15.90*** | ***Accupril Asig*** | ***PD SI*** |
| ***1970Q*** | ***Tablet 20 mg (base)*** | ***30*** | ***5*** | ***..*** | ***35.01*** | ***15.90*** | ***Accupril Asig*** | ***PD SI*** |

*Unrestricted Differential Maximum Quantity Listings*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | IBUPROFEN | | | | | | | |
| 3192B | Tablets 400 mg, 20 | ‡1 | .. | .. | 5.51 | 6.27 | Brufen | BT |
| | (The above item was listed as a pharmaceutical benefit on **1 December 1992**) | | | | | | | |
| | NAPROXEN | | | | | | | |
| 1232W | Tablets 750 mg (sustained release), 7 | ‡1 | .. | .. | 6.02 | 6.78 | Naprosyn SR750 | SD |
| 1236C | Tablets 1 g (sustained release), 7 | ‡1 | .. | .. | 6.68 | 7.44 | Naprosyn SR1000 | SD |

## *NEW BRANDS*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | HYPROMELLOSE with DEXTRAN | | | | | | | |
| 1509K | Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL | ‡1 | 5 | .. | 10.05 | 10.81 | Poly-Tears | IQ |
| | NAPROXEN | | | | | | | |
| 1237D | Tablets 250 mg, 20 | ‡1 | .. | 0.19 | 6.24 | 6.81 | [a] Naprosyn | SD |
| 1238E | Tablets 500 mg, 10 | ‡1 | .. | 0.19 | 6.13 | 6.70 | [a] Naprosyn | SD |

(NOTE: The brand equivalence indicator ( [a] ) is also added to Inza 250 and Inza 500 respectively)

## *MAXIMUM QUANTITY INCREASE*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | CYCLOPHOSPHAMIDE | | | | | | | |
| 1265N | Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents) | 10 | .. | .. | 65.91 | 15.90 | Cycloblastin | FE |
| 2381H | Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents) | 10 | .. | .. | 70.67 | 15.90 | Cycloblastin | FE |

# PRICE ADJUSTMENTS OF SECTION 2—WHITE PAGES
# GENERAL PHARMACEUTICAL BENEFITS

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***AMANTADINE HYDROCHLORIDE*** | | | | | | | |
| ***3016R*** | ***Capsule 100 mg*** | ***100*** | ***5*** | ***..*** | ***26.34*** | ***15.90*** | ***Antadine*** | ***BT*** |
| | | | | ***1.08*** | ***27.42*** | ***15.90*** | ***Symmetrel*** | ***CG*** |
| | ***AMINO ACID FORMULA without PHENYLALANINE*** | | | | | | | |
| ***3072Q*** | ***Powder 250 g*** | ***2*** | ***5*** | ***..*** | ****273.23*** | ***15.90*** | ***PK AID II*** | ***SB*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE*** | | | | | | | |
| ***3077Y*** | ***Powder 200 g*** | ***5*** | ***5*** | ***..*** | ****331.72*** | ***15.90*** | ***RVHB Maxamaid*** | ***SB*** |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE*** | | | | | | | |
| ***3078B*** | ***Powder 200 g*** | ***10*** | ***5*** | ***..*** | ****996.27*** | ***15.90*** | ***XPhen, Tyr Maxamum*** | ***SB*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE*** | | | | | | | |
| ***3075W*** | ***Powder 200 g*** | ***5*** | ***5*** | ***..*** | ****648.72*** | ***15.90*** | ***M.S.U.D. AID*** | ***SB*** |
| ***1045B*** | ***Powder 200 g*** | ***10*** | ***5*** | ***..*** | ****638.97*** | ***15.90*** | ***M.S.U.D. Maxamaid*** | ***SB*** |
| | ***AMYLOBARBITONE SODIUM*** | | | | | | | |
| ***1059R*** | ***Injection 500 mg (solvent required)*** | ***2*** | ***..*** | ***..*** | ****12.01*** | ***12.77*** | ***Amytal Sodium*** | ***LY*** |
| | ASPIRIN | | | | | | | |
| 1008C | Tablet 300 mg | 100 | 1 | .. | 5.24 | 6.00 | Spren | SI |
| 1010E | Tablet 300 mg (dispersible) | 100 | 1 | .. | 5.32 | 6.08 | Solprin | RC |
| | AUROTHIOGLUCOSE | | | | | | | |
| 2021J | Injection 50 mg per mL, 10 mL | 1 | .. | .. | 97.07 | 15.90 | Gold-50 | SH |
| | ***BISACODYL*** | | | | | | | |
| ***1260H*** | ***Suppositories 10 mg, 10*** | ***3*** | ***5*** | ***..*** | ****20.52*** | ***15.90*** | ***Durolax*** | ***BY*** |
| | CARBAMAZEPINE | | | | | | | |
| 2422L | Tablet 100 mg | 200 | 2 | .. | 20.51 | 15.90 | Tegretol 100 | CG |
| 2419H | Tablet 200 mg | 200 | 2 | .. | 35.87 | 15.90 | [a] Teril | AF |
| | | | | 0.59 | 36.46 | 15.90 | [a] Tegretol 200 | CG |
| | ***CHLORPROMAZINE HYDROCHLORIDE*** | | | | | | | |
| ***1201F*** | ***Mixture 25 mg per 5 mL, 100 mL*** | ***‡1*** | ***4*** | ***..*** | ***6.94*** | ***7.70*** | ***Largactil*** | ***MB*** |
| ***1195X*** | ***Injection 50 mg in 2 mL*** | ***10*** | ***..*** | ***..*** | ***11.04*** | ***11.80*** | ***Largactil*** | ***MB*** |
| | ***CISAPRIDE*** | | | | | | | |
| ***1190P*** | ***Oral suspension 1 mg per mL, 200 mL*** | ***‡1*** | ***5*** | ***..*** | ***21.50*** | ***15.90*** | ***Prepulsid*** | ***JC*** |
| | ***CLOMIPRAMINE HYDROCHLORIDE*** | | | | | | | |
| ***1561E*** | ***Tablet 25 mg*** | ***50*** | ***2*** | ***..*** | ***19.47*** | ***15.90*** | ***Anafranil*** | ***CG*** |
| | ***CLONAZEPAM*** | | | | | | | |
| ***1805B*** | ***Tablet 500 micrograms*** | ***200*** | ***2*** | ***..*** | ***16.77*** | ***15.90*** | ***Rivotril*** | ***RO*** |
| ***1806C*** | ***Tablet 2 mg*** | ***200*** | ***2*** | ***..*** | ***26.12*** | ***15.90*** | ***Rivotril*** | ***RO*** |
| ***1808E*** | ***Paediatric oral drops 2.5 mg in 1 mL, 10 mL*** | ***2*** | ***..*** | ***..*** | ****11.27*** | ***12.03*** | ***Rivotril*** | ***RO*** |
| ***1807D*** | ***Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)*** | ***5*** | ***..*** | ***..*** | ***9.18*** | ***9.94*** | ***Rivotril*** | ***RO*** |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | CODEINE PHOSPHATE with ASPIRIN | | | | | | | |
| 1222H | Tablet 30 mg–325 mg | 20 | .. | .. | 6.10 | 6.86 | Codral Forte | BW |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | | | | |
| 1215Y | Tablet 30 mg–500 mg | 20 | .. | .. | 6.22 | 6.98 | [a] Dymadon Forte | BW |
| | | | | | | | [a] Panadeine Forte Caplets | WL |
| | ***DANTROLENE SODIUM*** | | | | | | | |
| ***1779P*** | ***Capsule 25 mg*** | ***100*** | ***2*** | .. | ***24.64*** | ***15.90*** | ***Dantrium*** | ***NW*** |
| ***1780Q*** | ***Capsule 50 mg*** | ***100*** | ***2*** | .. | ***40.02*** | ***15.90*** | ***Dantrium*** | ***NW*** |
| | ***DEXAMPHETAMINE SULFATE*** | | | | | | | |
| ***1165H*** | ***Tablet 5 mg*** | ***100*** | ***5*** | .. | ***11.40*** | ***12.16*** | ***SI*** | |
| | DIAZEPAM | | | | | | | |
| 3161J | Tablet 2 mg | 50 | .. | .. | 5.69 | 6.45 | [a] Antenex 2 | AF |
| | | | | 0.30 | 5.99 | 6.45 | Ducene | SU |
| | | | | 0.85 | 6.54 | 6.45 | [a] Valium | RO |
| 3162K | Tablet 5 mg | 50 | .. | .. | 5.94 | 6.70 | [a] Antenex 5 | AF |
| | | | | 0.30 | 6.24 | 6.70 | Ducene | SU |
| | | | | 0.85 | 6.79 | 6.70 | [a] Valium | RO |
| 2558P | Injection 10 mg in 2 mL | 5 | .. | .. | 6.90 | 7.66 | BL | |
| | ***DICLOFENAC SODIUM*** | | | | | | | |
| ***1300K*** | ***Tablet 50 mg (enteric coated)*** | ***50*** | ***3*** | ***0.49*** | ***10.41*** | ***10.68*** | [a] ***Voltaren 50*** | ***CG*** |
| | DIHYDROERGOTAMINE MESYLATE | | | | | | | |
| 1323P | Injection 1 mg in 1 mL | 5 | .. | .. | 8.78 | 9.54 | Dihydergot | SZ |
| | ***DOCUSATE SODIUM with BISACODYL*** | | | | | | | |
| ***1125F*** | ***Suppositories 100 mg–10 mg, 5*** | ***6*** | ***5*** | .. | ****20.55*** | ***15.90*** | ***Coloxyl*** | ***FM*** |
| | DOXEPIN HYDROCHLORIDE | | | | | | | |
| 1012G | Tablet 50 mg (base) | 50 | 2 | .. | 6.93 | 7.69 | Deptran 50 | AF |
| 1011F | Capsule 10 mg (base) | 50 | 2 | 0.59 | 5.95 | 6.12 | Sinequan | PF |
| 1013H | Capsule 25 mg (base) | 50 | 2 | 0.60 | 6.27 | 6.43 | Sinequan | PF |
| | ELECTROLYTE REPLACEMENT (ORAL) | | | | | | | |
| 3196F | Sachets containing powder for oral solution 4.87 g, 10 | ‡1 | .. | .. | 9.61 | 10.37 | Repalyte New Formulation | MB |
| | ERGOTAMINE TARTRATE | | | | | | | |
| 1383T | Capsule 1 mg | 50 | 2 | .. | 9.43 | 10.19 | Ergodryl Mono | PD |
| | ETHOSUXIMIDE | | | | | | | |
| 1413J | Capsule 250 mg | 200 | 2 | .. | 29.75 | 15.90 | Zarontin | PD |
| 1414K | Paediatric syrup 250 mg per 5 mL, 250 mL | ‡1 | 4 | .. | 17.43 | 15.90 | Zarontin | PD |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | FERROUS AMINOACETOSULFATE | | | | | | | |
| 2465R | Paediatric syrup 100 mL | ‡1 | 4 | .. | 7.22 | 7.98 | Plesmet | NN |
| | FERROUS GLUCONATE | | | | | | | |
| 2726L | Paediatric elixir 300 mg per 5 mL (6%), 100 mL | ‡1 | 4 | .. | 7.22 | 7.98 | Fergon | WL |
| | FERROUS SULFATE DRIED | | | | | | | |
| 2689M | Tablet 350 mg (sustained release) | 30 | 2 | .. | 5.53 | 6.29 | Ferro-Gradumets | AB |
| 3100E | Capsule 320 mg (delayed release) | 30 | 2 | .. | 5.53 | 6.29 | Fespan | SK |
| | FERROUS SULFATE DRIED with FOLIC ACID | | | | | | | |
| 3160H | Tablet 270 mg–300 micrograms (sustained release) | 30 | 2 | .. | 5.58 | 6.34 | F.G.F. | AB |
| 3149R | Capsule 270 mg–300 micrograms (delayed release) | 30 | 2 | .. | 5.58 | 6.34 | Fefol | SK |
| | ***FLUPHENAZINE HYDROCHLORIDE*** | | | | | | | |
| ***2659Y*** | ***Tablet 1 mg*** | ***100*** | ***1*** | .. | ***7.39*** | ***8.15*** | ***Anatensol*** | ***BQ*** |
| | FOLIC ACID | | | | | | | |
| 1437P | Tablet 5 mg | 200 | 1 | 0.60 | *7.25 | 7.41 | Folicid | RR |
| 1436N | Injection 15 mg in 1 mL | 10 | .. | .. | *19.53 | 15.90 | AB | |
| | ***GLYCEROL*** | | | | | | | |
| ***2555L*** | ***Suppositories 700 mg (for infants), 12*** | ***3*** | ***5*** | .. | ***12.36** | ***13.12*** | ***PP*** | |
| ***2556M*** | ***Suppositories 1.4 g (for children), 12*** | ***3*** | ***5*** | .. | ***13.02** | ***13.78*** | ***PP*** | |
| ***2557N*** | ***Suppositories 2.8 g (for adults), 12*** | ***3*** | ***5*** | .. | ***13.38** | ***14.14*** | ***PP*** | |
| | IMIPRAMINE HYDROCHLORIDE | | | | | | | |
| 2420J | Tablet 10 mg | 50 | 2 | .. | 5.86 | 6.62 | Tofranil 10 | CG |
| 2719D | I.M. injection 25 mg in 2 mL | 10 | .. | .. | 18.29 | 15.90 | Tofranil | CG |
| | ***INFLUENZA VACCINE*** | | | | | | | |
| ***2852D*** | ***Injection (trivalent) 0.5 mL*** | ***1*** | .. | .. | ***16.77*** | ***15.90*** | ***Fluvax*** | ***CS*** |
| | | | | | | | ***Vaxigrip*** | ***PV*** |
| | (The above price increase is effective from 1 March 1993) | | | | | | | |
| | IRON POLYMALTOSE COMPLEX | | | | | | | |
| 2764L | Tablet 40 mg (iron) | 100 | 2 | .. | 6.18 | 6.94 | Ferrum H | SI |
| 2593L | Injection 100 mg (iron) in 2 mL | 5 | .. | .. | 11.71 | 12.47 | Ferrum H | SI |
| | ***MEFENAMIC ACID*** | | | | | | | |
| ***1824B*** | ***Capsule 250 mg*** | ***50*** | ***2*** | .. | ***9.40*** | ***10.16*** | ***Mefic*** | ***WW*** |
| | | | | | | | ***Ponstan*** | ***PD*** |
| | ***METHSUXIMIDE*** | | | | | | | |
| ***2398F*** | ***Capsule 300 mg*** | ***200*** | ***2*** | .. | ***68.58*** | ***15.90*** | ***Celontin*** | ***PD*** |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***METHYLPHENOBARBITONE*** | | | | | | | |
| ***1634B*** | ***Tablet 60 mg*** | ***200*** | ***2*** | ***..*** | ***20.54*** | ***15.90*** | ***Prominal*** | ***WL*** |
| ***1635C*** | ***Tablet 200 mg*** | ***200*** | ***2*** | ***..*** | ***44.05*** | ***15.90*** | ***Prominal*** | ***WL*** |
| | METHYSERGIDE | | | | | | | |
| 2826R | Tablet 1 mg | 100 | 2 | .. | 29.79 | 15.90 | Deseril | SZ |
| | ***MIANSERIN HYDROCHLORIDE*** | | | | | | | |
| ***1627P*** | ***Tablet 10 mg*** | ***50*** | ***5*** | ***..*** | ***15.20*** | ***15.90*** | ***Tolvon*** | ***OR*** |
| ***1628Q*** | ***Tablet 20 mg*** | ***50*** | ***5*** | ***..*** | ***26.74*** | ***15.90*** | ***Tolvon*** | ***OR*** |
| | ***MOCLOBEMIDE*** | | | | | | | |
| ***1900B*** | ***Tablet 150 mg*** | ***60*** | ***2*** | ***..*** | ***45.27*** | ***15.90*** | ***Aurorix*** | ***RO*** |
| | ***MORPHINE SULFATE*** | | | | | | | |
| ***1646P*** | ***Tablet 30 mg*** | ***20*** | ***..*** | ***..*** | ***9.63*** | ***10.39*** | ***Anamorph*** | ***FM*** |
| 1644M | Injection 10 mg in 1 mL | 5 | .. | .. | 8.38 | 9.14 | BL | |
| | | | | | | | SI | |
| | | | | 2.35 | 10.73 | 9.14 | AP | |
| 1645N | Injection 15 mg in 1 mL | 5 | .. | .. | 8.43 | 9.19 | BL | |
| | | | | | | | SI | |
| | | | | 2.40 | 10.83 | 9.19 | AP | |
| 1647Q | Injection 30 mg in 1 mL | 5 | .. | .. | 10.80 | 11.56 | BL | |
| | ***NAPROXEN*** | | | | | | | |
| ***1674D*** | ***Tablet 250 mg*** | ***100*** | ***3*** | ***1.80*** | ****15.29*** | ***14.25*** | ***[a] Naprosyn*** | ***SD*** |
| ***1659H*** | ***Tablet 500 mg*** | ***50*** | ***3*** | ***0.90*** | ***13.28*** | ***13.14*** | ***[a] Naprosyn*** | ***SD*** |
| | NICOTINIC ACID | | | | | | | |
| 1686R | Tablet 100 mg | 100 | 2 | .. | 6.27 | 7.03 | MB | |
| 1687T | Tablet 250 mg | 200 | 5 | .. | *12.63 | 13.39 | MB | |
| | ***NITRAZEPAM*** | | | | | | | |
| ***2732T*** | ***Tablet 5 mg*** | ***50*** | ***5*** | ***..*** | ****7.57*** | ***8.33*** | ***[a] Alodorm*** | ***AF*** |
| | | | | ***1.70*** | ****9.27*** | ***8.33*** | ***[a] Mogadon*** | ***RO*** |
| 2723H | Tablet 5 mg | 25 | .. | .. | 5.57 | 6.33 | [a] Alodorm | AF |
| | | | | 0.85 | 6.42 | 6.33 | [a] Mogadon | RO |
| | OESTRADIOL with NORETHISTERONE ACETATE | | | | | | | |
| 1764W | Pack containing 12 tablets oestradiol 2 mg, 10 tablets oestradiol 2 mg with norethisterone acetate 1 mg and 6 tablets oestradiol 1 mg | ‡1 | 5 | .. | 14.83 | 15.59 | Trisequens | NO |
| 1765X | Pack containing 12 tablets oestradiol 4 mg, 10 tablets oestradiol 4 mg with norethisterone acetate 1 mg and 6 tablets oestradiol 1 mg | ‡1 | 5 | .. | 14.83 | 15.59 | Trisequens Forte | NO |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***OXAZEPAM*** | | | | | | | |
| ***3134Y*** | ***Tablet 15 mg*** | ***50*** | ***5*** | ***..*** | ****6.79*** | ***7.55*** | [a] ***Alepam 15*** | ***AF*** |
| | | | | | | | [a] ***Murelax*** | ***AY*** |
| | | | | ***1.60*** | ****8.39*** | ***7.55*** | [a] ***Serepax*** | ***WY*** |
| ***3135B*** | ***Tablet 30 mg*** | ***50*** | ***5*** | ***..*** | ****7.23*** | ***7.99*** | [a] ***Alepam 30*** | ***AF*** |
| | | | | | | | [a] ***Murelax*** | ***AY*** |
| | | | | ***1.60*** | ****8.83*** | ***7.99*** | [a] ***Serepax*** | ***WY*** |
| 3132W | Tablet 15 mg | 25 | .. | .. | 5.18 | 5.94 | [a] Alepam 15 | AF |
| | | | | | | | [a] Murelax | AY |
| | | | | 0.80 | 5.98 | 5.94 | [a] Serepax | WY |
| 3133X | Tablet 30 mg | 25 | .. | .. | 5.40 | 6.16 | [a] Alepam 30 | AF |
| | | | | | | | [a] Murelax | AY |
| | | | | 0.80 | 6.20 | 6.16 | [a] Serepax | WY |
| | ***OXYCODONE HYDROCHLORIDE*** | | | | | | | |
| ***2622B*** | ***Tablet 5 mg*** | ***20*** | ***..*** | ***..*** | ***7.99*** | ***8.75*** | ***Endone*** | ***BT*** |
| | ***PANCREATIN ENZYME*** | | | | | | | |
| ***1735H*** | ***Tablet providing not less than 6,500 BP units of lipase activity*** | ***500*** | ***10*** | ***..*** | ***43.36*** | ***15.90*** | ***Viokase*** | ***AY*** |
| ***1737K*** | ***Capsule providing not less than 6,500 BP units of lipase activity*** | ***500*** | ***10*** | ***..*** | ***43.36*** | ***15.90*** | ***Viokase*** | ***AY*** |
| | ***PANCRELIPASE*** | | | | | | | |
| ***2495H*** | ***Capsule providing not less than 10,000 BP units of lipase activity*** | ***500*** | ***10*** | ***..*** | ****173.41*** | ***15.90*** | ***Cotazym S Forte*** | ***OR*** |
| | PARACETAMOL | | | | | | | |
| 1746X | Tablet 500 mg | 100 | 1 | .. | 6.90 | 7.66 | Dymadon P | BW |
| | | | | | | | Panamax | WL |
| | | | | | | | Paralgin | FM |
| 1747Y | Mixture 120 mg per 5 mL, 100 mL | ‡1 | 2 | .. | 6.72 | 7.48 | Dymadon | BW |
| | | | | | | | Panamax | WL |
| | PETHIDINE HYDROCHLORIDE | | | | | | | |
| 1828F | Injection 50 mg in 1 mL | 5 | .. | .. | 7.97 | 8.73 | BL | |
| | | | | | | | SI | |
| | | | | 2.32 | 10.29 | 8.73 | AP | |
| 1829G | Injection 100 mg in 2 mL | 5 | .. | .. | 8.32 | 9.08 | BL | |
| | | | | | | | SI | |
| | | | | 2.76 | 11.08 | 9.08 | AP | |
| | ***PHENOBARBITONE*** | | | | | | | |
| ***1850J*** | ***Tablet 30 mg*** | ***200*** | ***4*** | ***..*** | ***6.68*** | ***7.44*** | ***SI*** | |
| | ***PHENSUXIMIDE*** | | | | | | | |
| ***1863C*** | ***Capsule 500 mg*** | ***200*** | ***2*** | ***..*** | ***82.44*** | ***15.90*** | ***Milontin*** | ***PD*** |
| | PHENYTOIN | | | | | | | |
| 1249R | Tablet 50 mg | 200 | 2 | .. | 15.84 | 15.90 | Dilantin Infatabs | PD |

(continued)

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | PHENYTOIN—cont. | | | | | | | |
| 2692Q | Paediatric oral suspension 30 mg per 5 mL, 500 mL | ‡1 | 3 | .. | 11.09 | 11.85 | Dilantin | PD |
| | PHENYTOIN SODIUM | | | | | | | |
| 1873N | Capsule 30 mg | 200 | 2 | .. | 15.52 | 15.90 | Dilantin Sodium | PD |
| 1874P | Capsule 100 mg | 200 | 2 | .. | 16.33 | 15.90 | Dilantin Sodium | PD |
| | PIZOTIFEN MALATE | | | | | | | |
| 3074T | Tablet 500 micrograms (base) | 100 | 2 | .. | 16.40 | 15.90 | Sandomigran | SZ |
| | POTASSIUM CHLORIDE | | | | | | | |
| 2642C | Tablet 600 mg (sustained release) | 200 | 1 | .. | *9.73 | 10.49 | KSR<br>Slow-K<br>Span-K | AF<br>CG<br>FC |
| 3012M | Effervescent tablet 14 mmol $K^+$ and 8 mmol $Cl^-$ | 60 | 1 | .. | *9.73 | 10.49 | Chlorvescent | FC |
| 2625E | Elixir 1.5 g (20 mmol $K^+$ and 20 mmol $Cl^-$) per 15 mL, 500 mL | 2 | 1 | .. | *9.73 | 10.49 | Kay Ciel | SC |
| | PRIMIDONE | | | | | | | |
| 1939C | Tablet 250 mg | 200 | 2 | .. | 17.00 | 15.90 | Mysoline | IC |
| | PROCHLORPERAZINE | | | | | | | |
| 2369Q | Injection 12.5 mg in 1 mL | 10 | .. | 1.82 | 10.58 | 9.52 | Stemetil | MB |
| 2894H | Suppositories 5 mg, 5 | ‡1 | 2 | .. | 8.30 | 9.06 | Stemetil | MB |
| 2895J | Suppositories 25 mg, 5 | ‡1 | 2 | .. | 8.80 | 9.56 | Stemetil | MB |
| | PROMETHAZINE THEOCLATE | | | | | | | |
| 3049L | Tablet 25 mg | 30 | 1 | .. | 7.83 | 8.59 | Avomine | MB |
| ***3057X*** | ***PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE Powder 200 g*** | ***10*** | ***5*** | .. | ****772.27*** | ***15.90*** | ***Albumaid XPXT*** | ***SB*** |
| | PYRIDOXINE HYDROCHLORIDE | | | | | | | |
| 1961F | Injection 50 mg in 1 mL | 5 | 1 | .. | 7.61 | 8.37 | FM | |
| ***2946C*** | ***SODIUM ACID PHOSPHATE Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)*** | ***100*** | ***5*** | .. | ***25.90*** | ***15.90*** | ***Phosphate Sandoz*** | ***SZ*** |
| | SODIUM AUROTHIOMALATE | | | | | | | |
| 2016D | Injection 10 mg | 10 | .. | .. | 42.07 | 15.90 | Myocrisin | MB |
| 2017E | Injection 20 mg | 10 | 1 | .. | 62.75 | 15.90 | Myocrisin | MB |
| 2018F | Injection 50 mg | 10 | 1 | .. | 97.07 | 15.90 | Myocrisin | MB |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | SODIUM BICARBONATE | | | | | | | |
| 3015Q | Injection 100 mmol (8.4 g) in 100 mL | 5 | .. | .. | *57.67 | 15.90 | AB | |
| | SODIUM CITRO-TARTRATE | | | | | | | |
| 2656T | Sachets containing oral effervescent powder 3.7 g, 25 | ‡1 | 4 | .. | 7.09 | 7.85 | Citralite | FC |
| 2658X | Sachets containing oral effervescent powder 4 g, 25 | ‡1 | 4 | .. | 7.09 | 7.85 | Citravescent Sachets | FC |
| 2657W | Sachets containing oral effervescent powder 4 g, 25 | ‡1 | 4 | .. | 7.09 | 7.85 | Ural Sachets | AB |
| | SODIUM CROMOGLYCATE | | | | | | | |
| 2878L | Capsule 20 mg (oral inhalation) | 100 | 5 | .. | 27.42 | 15.90 | Intal Spincaps | FC |
| 2872E | Oral pressurised inhalation 1 mg per dose (200 doses) | ‡1 | 5 | .. | 24.38 | 15.90 | Intal | FC |
| 2871D | Oral pressurised inhalation 5 mg per dose (112 doses) | ‡1 | 5 | .. | 26.40 | 15.90 | Intal Forte | FC |
| | ***STERCULIA with FRANGULA BARK*** | | | | | | | |
| ***1102B*** | ***Granules 473 mg–83 mg per g (47.3%–8.3%), 250 g*** | ***2*** | ***1*** | .. | ****22.05*** | ***15.90*** | ***Granocol*** | ***SC*** |
| | SUCRALFATE | | | | | | | |
| 2055E | Tablet 1 g | 120 | 2 | 0.22 | 25.57 | 15.90 | [a] Carafate | BT |
| | ***SULFINPYRAZONE*** | | | | | | | |
| ***2094F*** | ***Tablet 100 mg*** | ***100*** | ***5*** | .. | ***29.87*** | ***15.90*** | ***Anturan*** | ***CG*** |
| | ***TEMAZEPAM*** | | | | | | | |
| ***2105T*** | ***Capsule 10 mg*** | ***50*** | ***5*** | .. | ****7.57*** | ***8.33*** | [a] ***Temaze 10*** | ***AF*** |
| | | | | | | | ***Euhypnos*** | ***FE*** |
| | | | | ***1.22*** | ****8.79*** | ***8.33*** | [a] ***Normison*** | ***WY*** |
| 2108Y | Capsule 10 mg | 25 | .. | .. | 5.57 | 6.33 | [a] Temaze 10 | AF |
| | | | | | | | Euhypnos | FE |
| | | | | 0.61 | 6.18 | 6.33 | [a] Normison | WY |
| | THIAMINE HYDROCHLORIDE | | | | | | | |
| 1070H | Tablet 100 mg | 100 | 2 | .. | 6.49 | 7.25 | Betamin | RR |
| | | | | | | | Invite-B | NN |
| | ***THIORIDAZINE HYDROCHLORIDE*** | | | | | | | |
| ***2164X*** | ***Tablet 50 mg*** | ***100*** | ***1*** | ***1.01*** | ***9.57*** | ***9.32*** | [a] ***Melleril*** | ***SZ*** |
| ***2402K*** | ***Oral solution 30 mg (base) per mL, 30 mL*** | ***‡1*** | ***4*** | .. | ***10.14*** | ***10.90*** | ***Melleril*** | ***SZ*** |
| | ZINC OXIDE | | | | | | | |
| 2984C | Compound ointment 50 g | ‡1 | 1 | .. | 8.74 | 9.50 | Anusol | WW |
| 1122C | Compound suppositories, 12 | ‡1 | 1 | .. | 8.06 | 8.82 | Anusol | WW |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | **PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY** | | | | | | | |
| | CODEINE PHOSPHATE with ASPIRIN | | | | | | | |
| 3315L | Tablet 30 mg–325 mg | 20 | .. | .. | 6.10 | 6.86 | Codral Forte | BW |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | | | | |
| 3316M | Tablet 30 mg–500 mg | 20 | .. | .. | 6.22 | 6.98 | [a] Dymadon Forte | BW |
| | | | | | | | [a] Panadeine Forte Caplets | WL |
| | PARACETAMOL | | | | | | | |
| 3348F | Mixture 120 mg per 5 mL, 100 mL | ‡1 | .. | .. | 6.72 | 7.48 | Dymadon | BW |
| | | | | | | | Panamax | WL |

## PRICE ADJUSTMENTS OF SECTION 3—STANDARD PACKS AND PRICES

| Code | Name and Form | Amended Price $ | |
|---|---|---|---|
| 3072Q | Amino Acid Formula without Phenylalanine 250 g | 1 @ 134.83 | SB |
| 3077Y | Amino Acid Formula with Vitamins and Minerals without Methionine 200 g | 1 @ 65.63 | SB |
| 3078B | Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine 200 g | 1 @ 99.27 | SB |
| 3075W | Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine 200 g | 1 @ 129.03 | SB |
| 1045B | 200 g | 1 @ 63.54 | SB |
| 1059R | Amylobarbitone Sodium 500 mg | 1 @ 4.22 | LY |
| 1260H | Bisacodyl 10 mg, 10 | 1 @ 5.65 | BY |
| 1808E | Clonazepam 2.5 mg in 1 mL, 10 mL | 1 @ 3.85 | RO |
| 1125F | Docusate Sodium with Bisacodyl 100 mg-10 mg, 5 | 1 @ 2.83 | FM |
| 1437P | Folic Acid 5 mg | 100 @ 1.84 | RR |
| 1436N | 15 mg in 1 mL | 5 @ 7.98 | AB |
| 2555L | Glycerol 700 mg | 1 @ 2.93 | PP |
| 2556M | 1.4 g | 1 @ 3.15 | PP |
| 2557N | 2.8 g | 1 @ 3.27 | PP |
| 1674D | Naproxen 250 mg | 50 @ 5.86 | SD |
| 1687T | Nicotinic Acid 250 mg | 100 @ 4.53 | MB |
| 2732T | Nitrazepam 5 mg | 25 @ 2.00 | AF |
| | | 25 @ 2.85 | RO |
| 3134Y | Oxazepam 15 mg | 25 @ 1.61 | AF,AY |
| | | 25 @ 2.41 | WY |
| 3135B | 30 mg | 25 @ 1.83 | AF,AY |
| | | 25 @ 2.63 | WY |
| 2495H | Pancrelipase not less than 10,000 BP units lipase activity | 250 @ 84.92 | OR |
| 2642C | Potassium Chloride 600 mg | 100 @ 3.08 | AF,CG,FC |
| 3012M | 14 mmol $K^+$ and 8 mmol $Cl^-$ | 30 @ 3.08 | FC |
| 2625E | 1.5 g (20 mmol $K^+$ and 20 mmol $Cl^-$) per 15 mL, 500 mL | 1 @ 3.08 | SC |
| 3057X | Protein Hydrolysate Formula without Phenylalanine and Tyrosine 200 g | 1 @ 76.87 | SB |
| 3015Q | Sodium Bicarbonate 100 mmol in 100 mL | 1 @ 10.82 | AB |
| 1102B | Sterculia with Frangula Bark 473 mg-83 mg per g, 250 g | 1 @ 9.24 | SC |
| 2105T | Temazepam 10 mg | 25 @ 2.00 | AF,FE |
| | | 25 @ 2.61 | WY |

## OTHER AMENDMENTS OF SECTION 3—STANDARD PACKS AND PRICES

| Code | Name and Form | Amendment |
|---|---|---|
| 1375J | Epirubicin Hydrochloride 10 mg in 5 mL, 1 @ 56.00, FE | Add entry |
| 1376K | Epirubicin Hydrochloride 20 mg in 10 mL, 1 @ 104.37, FE | Add entry |
| 1377L | Epirubicin Hydrochloride 50 mg in 25 mL, 1 @ 258.09, FE | Add entry |

## ADVANCE NOTICES

### DELETIONS—ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1993.

Items being discontinued by the manufacturer—

2376C **Acetazolamide,** capsule 500 mg (sustained release) *(Diamox)*
1372F **Epirubicin Hydrochloride,** powder for I.V. injection 10 mg *(Pharmorubicin)*
1373G **Epirubicin Hydrochloride,** powder for I.V. injection 20 mg *(Pharmorubicin)*
1374H **Epirubicin Hydrochloride,** powder for I.V. injection 50 mg *(Pharmorubicin)*
2749Q **Erythromycin Ethyl Succinate,** tablet 200 mg (base) *(E.E.S. Dulcet)*
3327D **Erythromycin Ethyl Succinate,** tablet 200 mg (base) *(E.E.S. Dulcet)* **(Dental)**
1618E **Hexamine Mandelate,** tablet 500 mg *(Mandelamine Hafgrams)*
2690N **Hexamine Mandelate,** tablet 1 mg *(Mandelamine)*
3088M **Phenethicillin,** capsule 500 mg *(Pensig)*
3354M **Phenethicillin,** capsule 500 mg *(Pensig)* **(Dental)**
3121G **Phenethicillin,** powder for syrup 250 mg per 5 mL, 100 mL *(Pensig)*
3356P **Phenethicillin,** powder for syrup 250 mg per 5 mL, 100 mL *(Pensig)* **(Dental)**
3091Q **Spectinomycin,** injection 4 g with 6.5 mL diluent *(Trobicin)*
2064P **Sulfacetamide Sodium,** eye drops 200 mg per mL (20%), 15 mL *(Acetopt)*

### DELETIONS—BRANDS

The brands listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1993.

Brands being discontinued by the manufacturer—

1399P *AB*—**Erythromycin,** tablet 250 mg
3324Y *AB*—**Erythromycin,** tablet 250 mg **(Dental)**
1917X *Delta-Cortef, UP*—**Prednisolone,** tablet 5 mg

Brand deleted at request of manufacturer—

2510D *Uro-Prep, SA*—**Butyl Monoester Polymer with Isopropyl Alcohol,** protective dressing wipes, 50

## REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS
## ADVANCE NOTICE

### DELETION—BRAND

The following brand will be deleted from the Repatriation Schedule of Pharmaceutical Benefits from 1 April 1993 at the request of the manufacturer.

4171M *Dymadon Co., BW*—**Codeine Phosphate with Paracetamol,** tablet 8 mg-500 mg

# AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS DECEMBER 1992 EDITION FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

## OPERATIVE FROM 1 DECEMBER 1992

Please retain. Amendments are non-cumulative and are issued two-monthly.

Restricted items are printed in ***bold italics***

## DOCTORS ARE ADVISED THAT CODE NUMBERS SHOULD NOT BE USED WHEN PRESCRIBING

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## SAFETY NET THRESHOLDS

FOR THE 1993 CALENDAR YEAR THE SAFETY NET THRESHOLDS WILL BE AS FOLLOWS:

| | |
|---|---|
| General (first tier) | $312.30 |
| General (second tier) | $52.00 |
| Concessional | $135.20 |

## CONCESSIONAL PATIENT CONTRIBUTION

The patient contribution for concessional beneficiaries will remain $2.60 for 1993.

### *LATE NOTICE —DELETION OF ITEM*

***Perhexiline maleate tablet 100 mg is deleted from the Schedule pending the remarketing of the product. It will continue to be available under the Special Access Scheme.***

### *DELETION*

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***PERHEXILINE MALEATE*** | | | | | | | |
| ***1822X*** | ***Tablet 100 mg*** | ***100*** | ***5*** | ***..*** | ***28.76*** | ***15.90*** | ***Pexid*** | ***ML*** |

# SECTION 2—WHITE PAGES

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | **NEW ITEMS** | | | | | | | |
| | ***CARMELLOSE SODIUM*** **Authority required.** ***Severe dry eye syndrome where less costly alternative preparations are inappropriate.*** | | | | | | | |
| ***2324H*** | ***Eye drops 10 mg per mL (1%) single dose units 0.4 mL, 30*** | ***4*** | ***5*** | ***..*** | ****33.93*** | ***15.90*** | ***Celluvisc*** | ***AG*** |
| | ***LEVODOPA with CARBIDOPA*** **Authority required.** ***Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.*** | | | | | | | |
| ***1255C*** | ***Tablet 200 mg-50 mg (modified release)*** | ***100*** | ***5*** | ***..*** | ***64.07*** | ***15.90*** | ***Sinemet CR*** | ***MK*** |
| | ***PIROXICAM*** ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***1895R*** | ***Dispersible tablet 10 mg*** | ***50*** | ***3*** | ***..*** | ***12.49*** | ***13.25*** | ***Feldene-D*** | ***PF*** |
| ***1896T*** | ***Dispersible tablet 20 mg*** | ***25*** | ***3*** | ***..*** | ***12.08*** | ***12.84*** | ***Feldene-D*** | ***PF*** |
| | *Unrestricted Differential Maximum Quantity Listing* | | | | | | | |
| | TIAPROFENIC ACID **NOTE:** The recommended maximum dose is 600 mg per day. | | | | | | | |
| 2097J | Tablets 200 mg, 20 | ‡1 | .. | .. | 6.27 | 7.03 | Surgam | RL |
| 2098K | Tablets 300 mg, 10 | ‡1 | .. | .. | 6.27 | 7.03 | Surgam | RL |
| | **NEW BRANDS** | | | | | | | |
| | CARBOPLATIN | | | | | | | |
| 1160C | Solution for I.V. injection 50 mg in 5 mL | 2 | .. | .. | *107.45 | 15.90 | [a] DW | |
| 1161D | Solution for I.V. injection 150 mg in 15 mL | 6 | .. | .. | *717.57 | 15.90 | [a] DW | |
| 1162E | Solution for I.V. injection 450 mg in 45 mL | 2 | .. | .. | *519.25 | 15.90 | [a] DW | |

# PRICE ADJUSTMENTS OF SECTION 2—WHITE PAGES
# GENERAL PHARMACEUTICAL BENEFITS

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***ACYCLOVIR*** | | | | | | | |
| ***1003T*** | ***Tablet 200 mg*** | ***50*** | ***..*** | ***..*** | ****111.81*** | ***15.90*** | ***Zovirax 200 mg*** | ***BW*** |
| ***1007B*** | ***Tablets 200 mg, 90*** | ***‡1*** | ***2*** | ***..*** | ***198.27*** | ***15.90*** | ***Zovirax 200 mg*** | ***BW*** |
| ***1009D*** | ***Tablets 200 mg, 90*** | ***‡1*** | ***5*** | ***..*** | ***198.27*** | ***15.90*** | ***Zovirax 200 mg*** | ***BW*** |
| ***1101Y*** | ***Tablets 400 mg, 70*** | ***‡1*** | ***..*** | ***..*** | ***269.97*** | ***15.90*** | ***Zovirax 400 mg*** | ***BW*** |
| | ALLOPURINOL | | | | | | | |
| 2604C | Tablet 300 mg | 60 | 2 | 0.43 | 10.10 | 10.43 | Zyloprim | BW |
| | ***ALTEPLASE*** | | | | | | | |
| ***1029E*** | ***Injection set containing one vial 50 mg in 2333 mg dry powder, one vial sterile water for injection 50 mL and one transfer cannula*** | ***2*** | ***..*** | ***..*** | ****2111.97*** | ***15.90*** | ***Actilyse*** | ***BY*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE*** | | | | | | | |
| ***3073R*** | ***Powder 200 g*** | ***20*** | ***5*** | ***..*** | ****1009.57*** | ***15.90*** | ***Maxamaid XP*** | ***SB*** |
| ***3076X*** | ***Powder 200 g*** | ***20*** | ***5*** | ***..*** | ****1589.17*** | ***15.90*** | ***Maxamum XP*** | ***SB*** |
| | ***AMIODARONE HYDROCHLORIDE*** | | | | | | | |
| ***2344J*** | ***Tablet 100 mg*** | ***30*** | ***5*** | ***0.60*** | ***20.79*** | ***15.90*** | ***[a] Cordarone X 100*** | ***RC*** |
| ***2343H*** | ***Tablet 200 mg*** | ***30*** | ***5*** | ***0.60*** | ***31.19*** | ***15.90*** | ***[a] Cordarone X 200*** | ***RC*** |
| | AZATHIOPRINE | | | | | | | |
| 2687K | Tablet 50 mg | 100 | 2 | .. | 78.81 | 15.90 | [a] Imuran<br>[a] Thioprine | BW<br>AF |
| | BENZATHINE PENICILLIN | | | | | | | |
| 1766Y | Injection 1.8 g in 4 mL, disposable syringe | 1 | .. | .. | 23.37 | 15.90 | Bicillin L-A | WY |
| | BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYLPENICILLIN POTASSIUM | | | | | | | |
| 1767B | Injection set 450 mg–300 mg–187 mg containing 1 vial and 2 mL sterilised water for injections | 1 | .. | .. | 13.67 | 14.43 | Bicillin All-Purpose | WY |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | BENZYLPENICILLIN | | | | | | | |
| 1774J | Injection 300 mg (solvent required) | 5 | 1 | .. | 10.50 | 11.26 | CS | |
| 1775K | Injection 600 mg (solvent required) | 5 | 1 | .. | 11.71 | 12.47 | CS | |
| 2647H | Injection 3 g (solvent required) | 10 | .. | .. | *46.03 | 15.90 | CS | |
| | BUDESONIDE | | | | | | | |
| 2067T | Oral pressurised inhalation 50 micrograms per dose (200 doses) | ‡1 | 5 | .. | 12.21 | 12.97 | Pulmicort | AP |
| | BUSULFAN | | | | | | | |
| 1128J | Tablet 2 mg | 100 | .. | .. | 37.57 | 15.90 | Myleran | BW |
| | CEPHALEXIN | | | | | | | |
| 3058Y | Capsule 250 mg | 20 | 1 | 0.80 | 8.17 | 8.13 | Ceporex | GL |
| | | | | 0.97 | 8.34 | 8.13 | [a] Keflex | LY |
| 3119E | Capsule 500 mg | 20 | 1 | 0.80 | 11.19 | 11.15 | Ceporex | GL |
| | | | | 0.99 | 11.38 | 11.15 | [a] Keflex | LY |
| 3094W | Granules for syrup 125 mg per 5 mL, 100 mL | ‡1 | 1 | 0.80 | #10.68 | 10.98 | Ceporex | GL |
| | | | | 0.99 | #10.87 | 10.98 | [a] Keflex | LY |
| 3095X | Granules for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | 0.80 | #12.88 | 13.18 | Ceporex | GL |
| | | | | 0.99 | #13.07 | 13.18 | [a] Keflex | LY |
| | CHLORAMBUCIL | | | | | | | |
| 1163F | Tablet 2 mg | 100 | 2 | .. | *75.29 | 15.90 | Leukeran | BW |
| 1164G | Tablet 5 mg | 100 | 2 | .. | *85.85 | 15.90 | Leukeran | BW |
| | ***CHLORAMPHENICOL*** | | | | | | | |
| ***1174T*** | ***Capsule 250 mg*** | ***16*** | .. | .. | ***9.29*** | ***10.05*** | ***Chloromycetin*** | ***PD*** |
| ***1167K*** | ***Injection 1.2 g (solvent required)*** | ***3*** | .. | .. | ***58.02*** | ***15.90*** | ***Chloromycetin Succinate*** | ***PD*** |
| | CHLOROQUINE | | | | | | | |
| 1184H | Tablet equivalent to 150 mg (approx.) chloroquine base | 100 | .. | 0.99 | 9.13 | 8.90 | Nivaquine | MB |
| | ***CLOFIBRATE*** | | | | | | | |
| ***2892F*** | ***Capsule 500 mg*** | ***100*** | ***5*** | ***1.00*** | ***14.14*** | ***13.90*** | ***Atromid-S*** | ***IC*** |
| | CLONIDINE | | | | | | | |
| 3145M | Tablet 100 micrograms | 100 | 5 | .. | 23.01 | 15.90 | Catapres 100 | BY |
| 3141H | Tablet 150 micrograms | 100 | 5 | .. | 30.41 | 15.90 | Catapres | BY |
| | COLISTIN | | | | | | | |
| 2621Y | Injection 150 mg (solvent required) | 5 | .. | .. | *188.37 | 15.90 | Coly-Mycin | WW |
| | DIAZOXIDE | | | | | | | |
| 3068L | Injection 300 mg in 20 mL | 1 | .. | .. | 18.20 | 15.90 | [a] Hyperstat I.V. | SH |
| | | | | | | | [a] BL | |
| | DIGOXIN | | | | | | | |
| 1322N | Tablet 250 micrograms | 100 | 1 | .. | 7.20 | 7.96 | Lanoxin | BW |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***DILTIAZEM HYDROCHLORIDE*** | | | | | | | |
| ***1335G*** | ***Tablet 60 mg*** | ***90*** | ***5*** | ***..*** | ***31.03*** | ***15.90*** | ***Cardizem*** | ***IC*** |
| | DISOPYRAMIDE | | | | | | | |
| 2923W | Capsule 100 mg | 100 | 5 | .. | 22.60 | 15.90 | [a] Norpace<br>[a] Rythmodan | SR<br>RL |
| 2924X | Capsule 150 mg | 100 | 5 | .. | 30.19 | 15.90 | [a] Norpace<br>[a] Rythmodan | SR<br>RL |
| | ***DOXYCYCLINE*** | | | | | | | |
| ***2711Q*** | ***Tablet 50 mg*** | ***25*** | ***5*** | ***0.63*** | ***9.04*** | ***9.17*** | ***Vibra-Tabs*** | ***PF*** |
| | ERYTHROMYCIN | | | | | | | |
| 1395K | I.M. injection 100 mg in 2 mL | 5 | .. | .. | 15.20 | 15.90 | Erythrocin-I.M. | AB |
| | ERYTHROMYCIN ESTOLATE | | | | | | | |
| 2423M | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | 7.35 | 8.11 | Ilosone | LY |
| | ERYTHROMYCIN ETHYL SUCCINATE | | | | | | | |
| 2424N | Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | #9.66 | 10.76 | E.E.S. 200 | AB |
| | ERYTHROMYCIN LACTOBIONATE | | | | | | | |
| 1398N | I.V. infusion 300 mg (base) | 5 | .. | .. | *27.97 | 15.90 | Erythrocin | AB |
| | ERYTHROMYCIN STEARATE | | | | | | | |
| 2425P | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | 7.35 | 8.11 | Erythrocin | AB |
| 2610J | Oral suspension 250 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 9.20 | 9.96 | Erythrocin | AB |
| | FELODIPINE | | | | | | | |
| 2366M | Tablet 5 mg (extended release) | 30 | 5 | .. | 19.80 | 15.90 | [a] Agon SR<br>[a] Plendil ER | HP<br>AP |
| 2367N | Tablet 10 mg (extended release) | 30 | 5 | .. | 32.39 | 15.90 | [a] Agon SR<br>[a] Plendil ER | HP<br>AP |
| | ***FLUCONAZOLE*** | | | | | | | |
| ***1471K*** | ***Capsule 50 mg*** | ***30*** | ***5*** | ***..*** | ***177.29*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| ***1472L*** | ***Capsule 100 mg*** | ***30*** | ***5*** | ***..*** | ***335.25*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| ***1473M*** | ***Solution for I.V. infusion 100 mg in 50 mL*** | ***7*** | ***..*** | ***..*** | ****169.12*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| ***1474N*** | ***Solution for I.V. infusion 200 mg in 100 mL*** | ***7*** | ***..*** | ***..*** | ****319.76*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| | FRUSEMIDE | | | | | | | |
| 2411X | Oral solution 10 mg per mL, 30 mL | ‡1 | 3 | .. | 10.78 | 11.54 | Lasix | HP |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | GLYCERYL TRINITRATE | | | | | | | |
| 1459T | Tablets 600 micrograms, 100 | ‡1 | 5 | .. | 5.66 | 6.42 | Anginine Stabilised | BW |
| 1470J | Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) | ‡1 | 5 | .. | 16.33 | 15.90 | Nitrolingual Spray | FC |
| 1513P | Transdermal disc releasing approximately 5 mg per 24 hours | 30 | 2 | .. | 28.65 | 15.90 | Nitradisc | SR |
| 1514Q | Transdermal disc releasing approximately 10 mg per 24 hours | 30 | 2 | .. | 36.32 | 15.90 | Nitradisc | SR |
| 1515R | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 2 | .. | 28.65 | 15.90 | Transiderm-Nitro 25 | CG |
| 1516T | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 2 | .. | 36.32 | 15.90 | Transiderm-Nitro 50 | CG |
| | ***GRISEOFULVIN*** | | | | | | | |
| ***2982Y*** | ***Tablet 500 mg*** | ***28*** | ***2*** | ***2.00*** | ***13.73*** | ***12.49*** | ***Fulcin 500*** | ***IC*** |
| | HYDROXYUREA | | | | | | | |
| 3093T | Capsule 500 mg | 100 | .. | .. | 60.53 | 15.90 | Hydrea | BQ |
| | ***IDARUBICIN HYDROCHLORIDE*** | | | | | | | |
| ***2452C*** | ***Powder for I.V. injection 5 mg*** | ***3*** | .. | .. | ****590.43*** | ***15.90*** | ***Zavedos*** | ***FE*** |
| ***2453D*** | ***Powder for I.V. injection 10 mg*** | ***6*** | .. | .. | ****2288.37*** | ***15.90*** | ***Zavedos*** | ***FE*** |
| | IPRATROPIUM BROMIDE | | | | | | | |
| 1542E | Nebuliser solution single dose units 250 micrograms in 1 mL, 30 | 2 | 5 | .. | *62.09 | 15.90 | Atrovent | BY |
| 1543F | Nebuliser solution single dose units 500 micrograms in 2 mL, 30 | 2 | 5 | .. | *72.87 | 15.90 | Atrovent | BY |
| 1541D | Nebuliser solution 250 micrograms per mL (0.025%), 20 mL | 2 | 2 | .. | *17.15 | 15.90 | Atrovent | BY |
| 1540C | Oral pressurised inhalation 20 micrograms per dose (200 doses) | ‡1 | 5 | .. | 19.41 | 15.90 | Atrovent | BY |
| | ISONIAZID | | | | | | | |
| 1554T | Tablet 100 mg | 100 | 2 | .. | 6.41 | 7.17 | FM | |
| | ISOSORBIDE DINITRATE | | | | | | | |
| 2587E | Tablet 10 mg | 200 | 2 | .. | *13.09 | 13.85 | Isordil | AY |
| | | | | | | | Isotrate | PD |
| 2588F | Sublingual tablet 5 mg | 200 | 2 | .. | *12.15 | 12.91 | Isordil Sublingual | AY |
| | | | | | | | Isotrate Sublingual | PD |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | LABETALOL HYDROCHLORIDE | | | | | | | |
| 1566K | Tablet 100 mg | 100 | 5 | 0.80 | 13.57 | 13.53 | [a] Trandate | GL |
| 1567L | Tablet 200 mg | 100 | 5 | 0.81 | 20.37 | 15.90 | [a] Trandate | GL |
| | LEVODOPA with CARBIDOPA | | | | | | | |
| 1244L | Tablet 100 mg–10 mg | 100 | 5 | .. | 23.59 | 15.90 | Sinemet M | MK |
| 1242J | Tablet 100 mg–25 mg | 100 | 5 | .. | 41.74 | 15.90 | Sinemet 100/25 | MK |
| 1245M | Tablet 250 mg–25 mg | 100 | 5 | .. | 48.89 | 15.90 | Sinemet | MK |
| | LIGNOCAINE HYDROCHLORIDE | | | | | | | |
| 2875H | Injection 100 mg in 5 mL | ‡2 | .. | .. | 10.83 | 11.59 | Xylocard 100 | AP |
| 2876J | Infusion 500 mg in 5 mL | 5 | .. | .. | 10.50 | 11.26 | Xylocard 500 | AP |
| | MELPHALAN | | | | | | | |
| 2547C | Tablet 2 mg | 100 | .. | .. | *94.37 | 15.90 | Alkeran | BW |
| 2548D | Tablet 5 mg | 100 | .. | .. | *153.17 | 15.90 | Alkeran | BW |
| | MERCAPTOPURINE | | | | | | | |
| 1598D | Tablet 50 mg | 100 | 2 | .. | *102.05 | 15.90 | Purinethol | BW |
| | METHOTREXATE | | | | | | | |
| 1623K | Tablet 10 mg | 50 | 2 | .. | 45.92 | 15.90 | Methoblastin | FE |
| | ***METRONIDAZOLE*** | | | | | | | |
| ***1621H*** | ***Tablet 400 mg*** | ***21*** | ***1*** | ***0.88*** | ***9.35*** | ***9.23*** | ***Flagyl*** | ***MB*** |
| 1636D | Tablet 200 mg | 21 | 1 | 0.88 | 6.54 | 6.42 | [a] Flagyl | MB |
| 1626N | Tablet 400 mg | 5 | 2 | 0.88 | 6.43 | 6.31 | Flagyl Statpak | MB |
| | METRONIDAZOLE BENZOATE | | | | | | | |
| 1630T | Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL | ‡1 | .. | .. | 11.40 | 12.16 | Flagyl S | MB |
| | MEXILETINE HYDROCHLORIDE | | | | | | | |
| 1682M | Capsule 50 mg | 100 | 5 | .. | 24.40 | 15.90 | Mexitil | BY |
| 1683N | Capsule 200 mg | 100 | 5 | .. | 50.21 | 15.90 | Mexitil | BY |
| | ***MITOZANTRONE*** | | | | | | | |
| ***1929M*** | ***Injection 20 mg in 10 mL*** | ***1*** | .. | .. | ***303.57*** | ***15.90*** | ***Novantrone*** | ***LE*** |
| ***1930N*** | ***Injection 25 mg in 12.5 mL*** | ***1*** | .. | .. | ***373.57*** | ***15.90*** | ***Novantrone*** | ***LE*** |
| ***1931P*** | ***Injection 30 mg in 15 mL*** | ***1*** | .. | .. | ***445.62*** | ***15.90*** | ***Novantrone*** | ***LE*** |
| | MUSTINE HYDROCHLORIDE | | | | | | | |
| 1668T | Injection 10 mg (solvent required) | 4 | .. | .. | *102.13 | 15.90 | BT | |
| | ***NICLOSAMIDE*** | | | | | | | |
| ***1681L*** | ***Tablet 500 mg*** | ***16*** | .. | .. | ***15.69*** | ***15.90*** | ***Yomesan*** | ***BN*** |
| 1680K | Tablet 500 mg | 4 | .. | .. | 6.60 | 7.36 | Yomesan | BN |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ***NIFEDIPINE*** | | | | | | | |
| ***1688W*** | ***Capsule 10 mg*** | ***100*** | ***5*** | ***0.69*** | ***19.11*** | ***15.90*** | ****Adalat*** | ***BN*** |
| 1695F | Tablet 20 mg | 60 | 5 | .. | 25.79 | 15.90 | Adalat 20 | BN |
| | NITROFURANTOIN | | | | | | | |
| 1692C | Capsule 50 mg | 30 | 1 | .. | 8.86 | 9.62 | Macrodantin | NW |
| 1693D | Capsule 100 mg | 30 | 1 | .. | 11.16 | 11.92 | Macrodantin | NW |
| 1691B | Paediatric oral suspension 25 mg per 5 mL, 200 mL | ‡1 | .. | .. | 14.98 | 15.74 | Furadantin | NW |
| | NYSTATIN | | | | | | | |
| 1696G | Tablet 500,000 units | 50 | .. | 0.88 | 11.18 | 11.06 | Mycostatin | BQ |
| | PHENETHICILLIN | | | | | | | |
| 3088M | Capsule 500 mg | 25 | 1 | .. | 8.30 | 9.06 | Pensig | SI |
| 3120F | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | #8.25 | 9.35 | Pensig 125 | SI |
| 3121G | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #8.85 | 9.95 | Pensig 250 | SI |
| | PHENINDIONE | | | | | | | |
| 1843B | Tablet 10 mg | 100 | 2 | .. | 11.28 | 12.04 | Dindevan | BT |
| | ***PHENOXYMETHYLPENICILLIN*** | | | | | | | |
| ***1702N*** | ***Tablet 125 mg*** | ***50*** | ***5*** | ***..*** | ****9.49*** | ***10.25*** | ***Abbocillin-V*** | ***AB*** |
| ***1703P*** | ***Tablet 250 mg*** | ***50*** | ***5*** | ***..*** | ****9.79*** | ***10.55*** | ***Abbocillin-VK*** | ***AB*** |
| | | | | | | | ***PVK*** | ***LY*** |
| ***1705R*** | ***Capsule 250 mg*** | ***50*** | ***5*** | ***..*** | ****9.79*** | ***10.55*** | ***Abbocillin-VK*** | ***AB*** |
| | | | | | | | ***Cilicaine VK*** | ***SI*** |
| | | | | | | | ***LPV*** | ***CS*** |
| | | | | | | | ***PVK*** | ***LY*** |
| 1786B | Tablet 125 mg | 25 | 1 | .. | 6.53 | 7.29 | Abbocillin-V | AB |
| 1787C | Tablet 250 mg | 25 | 1 | .. | 6.68 | 7.44 | Abbocillin-VK | AB |
| | | | | | | | PVK | LY |
| 3028J | Tablet 500 mg | 25 | 1 | .. | 8.30 | 9.06 | Abbocillin-VK | AB |
| | | | | | | | PVK | LY |
| 1789E | Capsule 250 mg | 25 | 1 | .. | 6.68 | 7.44 | Abbocillin-VK | AB |
| | | | | | | | Cilicaine VK | SI |
| | | | | | | | LPV | CS |
| | | | | | | | PVK | LY |
| 2965C | Capsule 500 mg | 25 | 1 | .. | 8.30 | 9.06 | Cilicaine VK | SI |
| | | | | | | | LPV | CS |
| 2356B | Paediatric oral suspension 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | 6.46 | 7.22 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.40 | 6.86 | 7.22 | LPV 125 | CS |

(continued)

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | PHENOXYMETHYLPENICILLIN—cont. | | | | | | | |
| 2354X | Oral suspension 250 mg per 5 mL, 100 mL | ‡1 | 1 | .. | 7.06 | 7.82 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.49 | 7.55 | 7.82 | LPV 250 | CS |
| | PINDOLOL | | | | | | | |
| 3062E | Tablet 5 mg | 100 | 5 | 1.50 | 11.95 | 11.21 | [a] Visken | SZ |
| 3065H | Tablet 15 mg | 50 | 5 | 1.50 | 14.97 | 14.23 | [a] Visken | SZ |
| | ***PNEUMOCOCCAL VACCINE, POLYVALENT*** | | | | | | | |
| ***1903E*** | ***Injection 0.5 mL (23 valent)*** | ***1*** | ***..*** | ***..*** | ***28.87*** | ***15.90*** | ***Pneumovax 23*** | ***CS*** |
| | PRAZOSIN HYDROCHLORIDE | | | | | | | |
| 1479W | Tablet 1 mg (base) | 100 | 5 | .. | 12.06 | 12.82 | Minipress | PF |
| 1480X | Tablet 2 mg (base) | 100 | 5 | .. | 15.23 | 15.90 | Minipress | PF |
| 1478T | Tablet 5 mg (base) | 100 | 5 | .. | 23.68 | 15.90 | Minipress | PF |
| | PROCAINE PENICILLIN | | | | | | | |
| 1793J | Injection 1 g | 5 | .. | .. | 51.31 | 15.90 | Cilicaine | SI |
| 1794K | Injection 1.5 g | 5 | .. | .. | 51.31 | 15.90 | Cilicaine | SI |
| | PROPRANOLOL HYDROCHLORIDE | | | | | | | |
| 2565B | Tablet 10 mg | 100 | 5 | 2.00 | 6.98 | 5.74 | Inderal | IC |
| 2566C | Tablet 40 mg | 100 | 5 | 2.00 | 8.32 | 7.08 | Inderal | IC |
| 2899N | Tablet 160 mg | 50 | 5 | 2.00 | 9.81 | 8.57 | [a] Inderal | IC |
| 2830Y | Injection 1 mg in 1 mL | 5 | .. | .. | *18.57 | 15.90 | Inderal | IC |
| | ***PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE*** | | | | | | | |
| ***3056W*** | ***Powder 200 g*** | ***10*** | ***5*** | ***..*** | ****654.57*** | ***15.90*** | ***Albumaid XP*** | ***SB*** |
| | PYRIMETHAMINE | | | | | | | |
| 1966L | Tablet 25 mg | 50 | .. | .. | 10.61 | 11.37 | Daraprim | BW |
| | ROLITETRACYCLINE | | | | | | | |
| 1987N | I.V. injection set containing 275 mg and 10 mL solvent | 5 | .. | .. | *29.17 | 15.90 | Reverin | HP |
| | SALBUTAMOL SULFATE | | | | | | | |
| 1099W | Capsule 200 micrograms (base) (oral inhalation) | 200 | 5 | .. | *19.47 | 15.90 | Ventolin Rotacaps | GL |
| | SULFAMETHIZOLE | | | | | | | |
| 2084Q | Tablet 500 mg | 40 | 2 | .. | 10.36 | 11.12 | Urolucosil | WW |
| 2081M | Tablet 1 g | 20 | 2 | .. | 10.36 | 11.12 | Urolucosil | WW |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | TERBUTALINE SULFATE | | | | | | | |
| 1251W | Nebuliser solution single dose units 5 mg in 2 mL, 30 | 2 | 5 | .. | *31.29 | 15.90 | Bricanyl Respules | AP |
| 1252X | Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses) | ‡1 | 5 | .. | 14.88 | 15.64 | Bricanyl Turbuhaler | AP |
| | THEOPHYLLINE | | | | | | | |
| 2632M | Tablet 200 mg (sustained release) | 100 | 5 | .. | 8.97 | 9.73 | Theo-Dur | AP |
| 2634P | Tablet 250 mg (sustained release) | 100 | 5 | .. | 10.06 | 10.82 | Nuelin-S.R. 250 | MM |
| | THIOGUANINE | | | | | | | |
| 1233X | Tablet 40 mg | 25 | 1 | .. | 79.10 | 15.90 | Lanvis | BW |
| | TRIMETHOPRIM | | | | | | | |
| 2922T | Tablet 300 mg | 7 | 1 | .. | 6.38 | 7.14 | [a] Alprim | AF |
| | | | | 0.49 | 6.87 | 7.14 | [a] Triprim | BW |
| | VERAPAMIL HYDROCHLORIDE | | | | | | | |
| 1060T | Injection 5 mg in 2 mL | 5 | .. | .. | 8.63 | 9.39 | [a] Cordilox | SC |
| | | | | | | | [a] Isoptin | KN |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | BENZYLPENICILLIN | | | | | | | |
| 3399X | Injection 3 g (solvent required) | 5 | .. | .. | 24.80 | 15.90 | CS | |
| | CEPHALEXIN | | | | | | | |
| 3317N | Capsule 250 mg | 20 | .. | 0.80 | 8.17 | 8.13 | Ceporex | GL |
| | | | | 0.97 | 8.34 | 8.13 | [a] Keflex | LY |
| 3318P | Capsule 500 mg | 20 | .. | 0.80 | 11.19 | 11.15 | Ceporex | GL |
| | | | | 0.99 | 11.38 | 11.15 | [a] Keflex | LY |
| 3319Q | Granules for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | 0.80 | #10.68 | 10.98 | Ceporex | GL |
| | | | | 0.99 | #10.87 | 10.98 | [a] Keflex | LY |
| 3320R | Granules for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | 0.80 | #12.88 | 13.18 | Ceporex | GL |
| | | | | 0.99 | #13.07 | 13.18 | [a] Keflex | LY |
| | ERYTHROMYCIN ESTOLATE | | | | | | | |
| 3335M | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 7.35 | 8.11 | Ilosone | LY |
| | ERYTHROMYCIN ETHYL SUCCINATE | | | | | | | |
| 3334L | Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | #9.66 | 10.76 | E.E.S. 200 | AB |

| Code | Name and Form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Prop Name and Mfr | |
|---|---|---|---|---|---|---|---|---|
| | ERYTHROMYCIN STEARATE | | | | | | | |
| 3332J | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 7.35 | 8.11 | Erythrocin | AB |
| 3333K | Oral suspension 250 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 9.20 | 9.96 | Erythrocin | AB |
| | METRONIDAZOLE | | | | | | | |
| 3339R | Tablet 200 mg | 21 | .. | 0.88 | 6.54 | 6.42 | [a] Flagyl | MB |
| | NYSTATIN | | | | | | | |
| 3342X | Tablet 500,000 units | 25 | .. | 0.55 | *8.47 | 8.68 | Mycostatin | BQ |
| | PHENETHICILLIN | | | | | | | |
| 3354M | Capsule 500 mg | 25 | .. | .. | 8.30 | 9.06 | Pensig | SI |
| 3355N | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | #8.25 | 9.35 | Pensig 125 | SI |
| 3356P | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #8.85 | 9.95 | Pensig 250 | SI |
| | PHENOXYMETHYLPENICILLIN | | | | | | | |
| 3359T | Tablet 125 mg | 25 | .. | .. | 6.53 | 7.29 | Abbocillin-V | AB |
| 3360W | Tablet 250 mg | 25 | .. | .. | 6.68 | 7.44 | Abbocillin-VK | AB |
| | | | | | | | PVK | LY |
| 3361X | Tablet 500 mg | 25 | .. | .. | 8.30 | 9.06 | Abbocillin-VK | AB |
| | | | | | | | PVK | LY |
| 3363B | Capsule 250 mg | 25 | .. | .. | 6.68 | 7.44 | Abbocillin-VK | AB |
| | | | | | | | Cilicaine VK | SI |
| | | | | | | | LPV | CS |
| | | | | | | | PVK | LY |
| 3364C | Capsule 500 mg | 25 | .. | .. | 8.30 | 9.06 | Cilicaine VK | SI |
| | | | | | | | LPV | CS |
| 3365D | Paediatric oral suspension 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | 6.46 | 7.22 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.40 | 6.86 | 7.22 | LPV 125 | CS |
| 3366E | Oral suspension 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | 7.06 | 7.82 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.49 | 7.55 | 7.82 | LPV 250 | CS |
| | PROCAINE PENICILLIN | | | | | | | |
| 3370J | Injection 1 g | 5 | .. | .. | 51.31 | 15.90 | Cilicaine | SI |
| 3371K | Injection 1.5 g | 5 | .. | .. | 51.31 | 15.90 | Cilicaine | SI |

# PRICE ADJUSTMENTS OF SECTION 3—STANDARD PACKS AND PRICES

| Code | Name and Form | Amended Price $ | | | |
|---|---|---|---|---|---|
| 1003T | Acyclovir 200 mg | 25 | @ | 54.12 | BW |
| 1029E | Alteplase 50 mg set | 1 | @ | 1054.20 | BY |
| 3073R | Amino Acid Formula with Vitamins and Minerals without Phenylalanine 200 g | 1 | @ | 50.30 | SB |
| 3076X | 200 g | 1 | @ | 79.28 | SB |
| 2647H | Benzylpenicillin 3 g | 5 | @ | 21.23 | CS |
| 1163F | Chlorambucil 2 mg | 25 | @ | 17.93 | BW |
| 1164G | 5 mg | 25 | @ | 20.57 | BW |
| 1167K | Chloramphenicol 1.2 g | 1 | @ | 18.15 | PD |
| 2621Y | Colistin 150 mg | 1 | @ | 36.96 | WW |
| 1398N | Erythromycin Lactobionate 300 mg | 1 | @ | 4.88 | AB |
| 1473M | Fluconazole 100 mg in 50 mL | 1 | @ | 23.65 | PF |
| 1474N | 200 mg in 100 mL | 1 | @ | 45.17 | PF |
| 2452C | Idarubicin Hydrochloride 5 mg | 1 | @ | 195.62 | FE |
| 2453D | 10 mg | 1 | @ | 380.80 | FE |
| 1542E | Ipratropium Bromide 250 mcg in 1 mL, 30 | 1 | @ | 29.26 | BY |
| 1543F | 500 mcg in 2 mL, 30 | 1 | @ | 34.65 | BY |
| 1541D | 250 mcg per mL, 20 mL | 1 | @ | 6.79 | BY |
| 2587E | Isosorbide Dinitrate 10 mg | 100 | @ | 4.76 | AY,PD |
| 2588F | 5 mg | 100 | @ | 4.29 | AY,PD |
| 2547C | Melphalan 2 mg | 25 | @ | 22.70 | BW |
| 2548D | 5 mg | 25 | @ | 37.40 | BW |
| 1598D | Mercaptopurine 50 mg | 25 | @ | 24.62 | BW |
| 1668T | Mustine Hydrochloride 10 mg | 1 | @ | 24.64 | BT |
| 1681L | Niclosamide 500 mg | 4 | @ | 3.03 | BN |
| 1702N | Phenoxymethylpenicillin 125 mg | 25 | @ | 2.96 | AB |
| 1703P | 250 mg | 25 | @ | 3.11 | AB,LY |
| 1705R | 250 mg | 25 | @ | 3.11 | AB,CS,LY,SI |
| 2830Y | Propranolol Hydrochloride 1 mg in 1 mL | 10 | @ | 23.41 | IC |
| 3056W | Protein Hydrolysate Formula without Phenylalanine 200 g | 1 | @ | 65.10 | SB |
| 1987N | Rolitetracycline 275 mg | 1 | @ | 5.12 | HP |
| 1099W | Salbutamol Sulfate 200 mcg (base) | 100 | @ | 7.95 | GL |
| 1251W | Terbutaline Sulfate 5 mg in 2 mL, 30 | 1 | @ | 13.86 | AP |

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| | | | | | |
|---|---|---|---|---|---|
| 3342X | Nystatin 500,000 units | 50 | @ | 7.61 | BQ |

# OTHER AMENDMENTS OF SECTION 3—STANDARD PACKS AND PRICES

| Code | Name and Form | Amendment |
|---|---|---|
| 2604C | Allopurinol, 300 mg, 30 @ 3.27, BW | Delete entry |
| 1160C | Carboplatin, 50 mg in 5 mL, 1 @ 51.94 | Add DW |
| 1161D | Carboplatin, 150 mg in 15 mL, 1 @ 119.00 | Add DW |
| 1162E | Carboplatin, 450 mg in 45 mL, 1 @ 257.84 | Add DW |
| 2324H | Carmellose Sodium, 10 mg per mL, 0.4 mL, 30, 1 @ 7.59, AG | Add entry |
| 1322N | Digoxin, 250 mcg, 50 @ 1.73, BW | Delete entry |

# ADVANCE NOTICES

## DELETIONS—ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1993.

Items being discontinued by the manufacturer—

3031M **Adrenaline,** eye drops 5 mg per mL (0.5%), 10 mL *(Epifrin)*
1617D **Hexamine Mandelate,** tablet 250 mg *(Mandelamine)*
2945B **Sodium Acid Citrate,** mixture 5.5 g per 20 mL, 500 mL *(Citralka)*

## DELETIONS—BRANDS

The brands listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1993.

Brands being discontinued by the manufacturer—

1426C *Actraphane HM, NO*—**Insulin Neutral—Insulin (Isophane (N.P.H.), (Mixed) (Biphasic Isophane),** injection (human) 100 units (30 units-70 units) per mL, 10 mL
1248Q *Verpamil, PT*—**Verapamil Hydrochloride,** tablet 40 mg
1250T *Verpamil, PT*—**Verapamil Hydrochloride,** tablet 80 mg
1254B *Verpamil 120, PT*—**Verapamil Hydrochloride,** tablet 120 mg

# PHARMACEUTICAL BENEFITS

***This Schedule will take effect on 1 December 1992 and all previous editions are cancelled.***

**Brand equivalence**

Equivalence between brands of some items is now indicated in the Schedule of Pharmaceutical Benefits. Please refer to page 2, Section 2.

**Non Steroidal Anti-inflammatory Drugs (NSAIDs)**

Following recommendations by the Pharmaceutical Benefits Advisory Committee, in an effort to promote more appropriate usage, the listings of NSAIDs have been changed so that larger quantities are now restricted to "**inflammatory arthropathies requiring long-term therapy**". Where manufacturers have been able to supply them, smaller pack sizes have been added and these are available as **unrestricted** benefits. (See below: *Addition of Unrestricted Differential Maximum Quantity Listings, Alterations—Unrestricted to Restricted* and *Maximum Quantities of Restricted NSAIDs.*)

Educational advice on the use of NSAIDs is enclosed with the Schedule.

**Drugs of Addiction**

Medical practitioners and pharmacists are reminded that care must be taken to comply with the provisions of State law in regard to drugs listed as narcotic, specified or restricted under State legislation (see paragraph 76, Section 1).

**Change of Spelling**

In relation to the element S and its chemical compounds, the spelling has been changed from "ph" to "f" wherever occurring to comply with the current Australian Approved Names List.

# SUMMARY OF CHANGES

## ADDITIONS

*Addition of Items*

*Section 1*

*Emergency Drug (Doctor's Bag) Supplies*

**Glyceryl Trinitrate,** buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)

*Section 2*

**Azathioprine,** tablet 25 mg *(Imuran)*
**Deodorant Concentrate,** liquid 15 mL *(Cancel)*
**Flecainide Acetate,** tablet 50 mg *(Tambocor)*
**Interferon Alfa-2a,** injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 1 mL *(Roferon-A)*
**Interferon Alfa-2b,** injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL *(Intron A)*
**Selegiline Hydrochloride,** tablet 5 mg *(Eldepryl)* (Special Pharmaceutical Benefit)

### *Addition of Restricted Differential Maximum Quantity Listing*

| | *Max. Qty* | *No. of Rpts* |
|---|---|---|
| **Ketoconazole,** tablet 200 mg *(Nizoral)* | 10 | .. |

### *Addition of Unrestricted Differential Maximum Quantity Listings of NSAIDs*

| | *Max. Qty* | *No. of Rpts* |
|---|---|---|
| **Diclofenac Sodium,** tablets 50 mg (enteric coated), 10 *(Fenac)* | ‡1 | .. |
| **Ibuprofen,** tablets 200 mg, 20 *(Rafen 200)* | ‡1 | .. |
| **Indomethacin,** capsules 25 mg, 20 *(Arthrexin)* | ‡1 | .. |
| **Ketoprofen,** capsules 100 mg (sustained release), 10 *(Orudis SR)* | ‡1 | .. |
| capsules 200 mg (sustained release), 7 *(Orudis SR 200)* | ‡1 | .. |
| **Naproxen,** tablets 250 mg, 20 *(Inza 250)* | ‡1 | .. |
| tablets 500 mg, 10 *(Inza 500)* | ‡1 | .. |
| **Sulindac,** tablets 100 mg, 20 *(Aclin)* | ‡1 | .. |
| tablets 200 mg, 10 *(Aclin 200)* | ‡1 | .. |

### *Addition of Brands*

**Baclofen,** tablet 10 mg *(Clofen 10)*
tablet 25 mg *(Clofen 25)*
**Calcium Folinate,** tablet equivalent to 15 mg folinic acid *(BL)* (effective 1 October 1992)
**Hydrochlorothiazide with Triamterene,** tablet 25 mg-50 mg *(Hydrene 25/50)*
**Salbutamol,** oral pressurised inhalation 100 micrograms per dose (200 doses) *(Asmol)*

## DELETIONS

### *Deletion of Items*

### *Section 1*

### *Emergency Drug (Doctor's Bag) Supplies*

**Digoxin,** injection 500 micrograms in 2 mL

### *Section 2*

**Acrylic Resin,** solution 125 g aerosol spray *(Nobecutane)*
**Atropine Sulphate,** eye ointment 10 mg per g (1%), 4 g *(PD)*
**Carmellose Sodium with Pectin and Gelatin,** paste 167 mg-167 mg-167 mg per g (16.7%-16.7%-16.7%), 15 g *(Orabase)*
**Felodipine,** tablet 5 mg *(Agon, Plendil)*
**Fosfestrol Sodium,** injection 250 mg in 5 mL *(Honvan)*
**Hydrocortisone Acetate,** injection 25 mg in 1 mL *(Hysone-A)*
**Influenza Vaccine,** injection (bivalent) 0.5 mL *(Fluvax (Type A))*

**Iron Dextran,** injection 2 mL *(Imferon)*
**Levodopa,** tablet 100 mg *(Larodopa)*
tablet 250 mg *(Larodopa)*
tablet 500 mg *(Larodopa)*
**Phenethicillin,** capsule 250 mg *(Pensig)*
capsule 250 mg *(Pensig)* **(Dental)**

*Deletion of Brands*

*Ortho-Novum 1/50, JC*—**norethisterone with mestranol,** tablets 1 mg-50 micrograms, 21
*Cilicaine VK, SI*—**phenoxymethylpenicillin,** tablet 250 mg
*Cilicaine VK, SI*—**phenoxymethylpenicillin,** tablet 250 mg **(Dental)**
*Hostacycline P, HP*—**tetracycline hydrochloride (buffered),** capsule 250 mg
*Hostacycline P, HP*—**tetracycline hydrochloride (buffered),** capsule 250 mg **(Dental)**
*Hydracycline, FM*—**tetracycline hydrochloride (buffered),** capsule 250 mg
*Hydracycline, FM*—**tetracycline hydrochloride (buffered),** capsule 250 mg **(Dental)**
*BZ*—**water for injections, sterilised,** injection 2 mL
*BZ*—**water for injections, sterilised,** injection 2 mL **(Dental)**
*BZ*—**water for injections, sterilised,** injection 5 mL
*BZ*—**water for injections, sterilised,** injection 5 mL **(Dental)**
*BZ*—**water for injections, sterilised,** injection 10 mL
*BZ*—**water for injections, sterilised,** injection 10 mL **(Dental)**

## ALTERATIONS

*Unrestricted to Restricted*

(Listings of larger quantities of NSAIDs)

**Diclofenac Sodium,** tablet 25 mg (enteric coated) *(Voltaren)*
tablet 50 mg (enteric coated) *(Fenac, Voltaren 50)*
**Diflunisal,** tablet 250 mg *(Dolobid)*
tablet 500 mg *(Dolobid)*
**Ibuprofen,** tablet 200 mg *(Rafen 200)*
tablet 400 mg *(Brufen)*
**Indomethacin,** capsule 25 mg *(Arthrexin, Indocid)*
**Ketoprofen,** capsule 50 mg *(Orudis)*
capsule 100 mg *(Orudis)*
capsule 100 mg (sustained release) *(Orudis SR)*
capsule 200 mg (sustained release) *(Orudis SR 200)*
**Naproxen,** tablet 250 mg *(Inza 250, Naprosyn)*
tablet 500 mg *(Inza 500, Naprosyn)*
tablet 750 mg (sustained release) *(Naprosyn SR750)*
tablet 1 g (sustained release) *(Naprosyn SR1000)*
oral suspension 125 mg per 5 mL, 500 mL *(Naprosyn)*
**Piroxicam,** capsule 10 mg *(Feldene)*
capsule 20 mg *(Feldene)*
**Sulindac,** tablet 100 mg *(Aclin, Clinoril)*
tablet 200 mg *(Aclin 200, Clinoril 200)*
**Tenoxicam,** tablet 10 mg *(Tilcotil)*
**Tiaprofenic Acid,** tablet 200 mg *(Surgam)*
tablet 300 mg *(Surgam)*

## *Restricted to Unrestricted*

**Carboplatin,** solution for I.V. injection 50 mg in 5 mL *(Paraplatin, BL)*
solution for I.V. injection 150 mg in 15 mL *(Paraplatin, BL)*
solution for I.V. injection 450 mg in 45 mL *(Paraplatin, BL)*
**Cisplatin,** I.V. injection 10 mg in 10 mL *(BL)*
I.V. injection 50 mg in 50 mL *(BL)*
I.V. injection 100 mg in 100 mL *(BL)*

## *Restriction Changes*

**Acyclovir,** tablets 400 mg, 70 *(Zovirax 400 mg)*
**Bleomycin,** injection 15 units bleomycin activity (solvent required) *(Blenoxane)*
**Docusate Sodium with Bisacodyl,** suppositories 100 mg-10 mg, 5 *(Coloxyl)*
**Flecainide Acetate,** tablet 100 mg *(Tambocor)*
**Glycerol,** suppositories 700 mg (for infants), 12 *(PP)*
suppositories 1.4 g (for children), 12 *(PP)*
suppositories 2.8 g (for adults), 12 *(PP)*
**Mesalazine,** tablet 250 mg *(Mesasal)*
**Mianserin Hydrochloride,** tablet 10 mg *(Tolvon)*
tablet 20 mg *(Tolvon)*
**Nandrolone Decanoate,** injection 50 mg in 1 mL, disposable syringe *(Deca-Durabolin)*
**Nandrolone Phenylpropionate,** injection 25 mg in 1 mL *(Durabolin)*
**Olsalazine Sodium,** capsule 250 mg *(Dipentum)*
**Omeprazole,** capsule 20 mg *(Losec)*
**Tamoxifen Citrate,** tablet 10 mg (base) *(Genox 10, Nolvadex)*
tablet 20 mg (base) *(Genox 20, Nolvadex-D)*

## *Maximum Quantities of Restricted NSAIDs*

| | *From* | *To* |
|---|---|---|
| **Diclofenac Sodium,** tablet 25 mg (enteric coated) *(Voltaren)* | 50 | 100 |
| **Diflunisal,** tablet 250 mg *(Dolobid)* | 50 | 100 |
| **Ibuprofen,** tablet 200 mg *(Rafen 200)* | 50 | 100 |
| tablet 400 mg *(Brufen)* | 50 | 100 |
| **Indomethacin,** capsule 25 mg *(Arthrexin, Indocid)* | 50 | 100 |
| **Naproxen,** tablet 250 mg *(Inza 250, Naprosyn)* | 50 | 100 |
| **Sulindac,** tablet 100 mg *(Aclin, Clinoril)* | 50 | 100 |

## *Number of Repeats*

| | *From* | *To* |
|---|---|---|
| **Dexamethasone,** injection 8 mg in 2 mL *(Decadron)* | .. | 1 |

## *Proprietary Names*

| | |
|---|---|
| **Amino Acid Formula with Vitamins and Minerals without Methionine,** powder 200 g | *From* *Maxamaid RVHB* *To* *RVHB Maxamaid* |
| **Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine,** powder 200 g | *From* *Maxamum XPhen, Tyr* *To* *XPhen, Tyr Maxamum* |
| **Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine,** powder 200 g | *From* *Maxamaid M.S.U.D.* *To* *M.S.U.D. Maxamaid* |
| **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed), (Biphasic Isophane)** injection (human) 100 units (30 units-70 units) per mL, 10 mL | *From* *Mixtard 30/70 Human* *To* *Mixtard 30/70* |
| *(The change in proprietary name is accompanied by a change in vial shape)* | |
| **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed), (Biphasic Isophane)** injections (human) 100 units (30 units-70 units) per mL, 1.5 mL, 5 | *From* *Actraphane HM Penfill (NO)* *To* *Mixtard 30/70 Penfill (ND)* |
| **Naproxen,** tablet 250 mg | *From* *Flexin* *To* *Inza 250* |
| tablet 500 mg | *From* *Flexin 500* *To* *Inza 500* |

## *Manufacturers' Codes*

| | *From* | *To* |
|---|---|---|
| **Urea,** cream 100 mg per g (10%), 100 g *(Calmurid)* | *PS* | *OL* |

**NOTE**

**Notes have been amended in respect of the following items:**

**Moclobemide**
**Nandrolone Decanoate**
**Nandrolone Phenylpropionate**
**Omeprazole**

Department of Health, Housing and
Community Services

# SCHEDULE OF

# PHARMACEUTICAL BENEFITS

## for

## Approved Pharmacists

## and

## Medical Practitioners

**OPERATIVE FROM 1 DECEMBER 1992**

(ALL PREVIOUS EDITIONS CANCELLED)

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# CONTENTS

# Section 1—Explanatory Notes

These notes are designed for use by medical practitioners and approved pharmacists. They detail procedures under the Safety Net Scheme and charges to patients. They set out the procedures to be followed by medical practitioners and participating dental practitioners in prescribing pharmaceutical benefits and the procedures to be followed by approved pharmacists in supplying pharmaceutical benefits. They also outline the action on the part of approved pharmacists in preparing claims for payment. Finally the notes explain the pricing arrangements in accordance with which approved pharmacists' claims are paid.

## OUTLINE OF THE SAFETY NET SCHEME

**1.** Under the Pharmaceutical Benefits Scheme there are two basic maximum patient contribution rates. General beneficiaries are able to receive items listed in the Pharmaceutical Benefits Schedule at a maximum cost of $15.90 (except for items where a special patient contribution or a brand price premium applies). Concessional beneficiaries and Safety Net Concession Card holders are able to receive items listed in the Schedule at a cost of $2.60 (except for items where a special patient contribution or a brand price premium applies).

**2.** Concessional beneficiaries are the recipients of benefits from either the Department of Social Security or Veterans' Affairs and may be the holders of any one of the following cards:

- Pensioner Health Benefits Card
- Health Benefits Card
- Pharmaceutical Benefits Concession Card
- Health Care Card
- Dependant Treatment Entitlement Card (lilac)
- Service Pensioner Benefits Card (red)
- Personal Treatment Entitlement Card (yellow)—concessional beneficiary under RPBS
- Specific Treatment Entitlement Card (white) (only regarded as concessional beneficiaries in respect of RPBS prescriptions or if they hold a separate entitlement from the Department of Social Security—otherwise they are regarded as general beneficiaries and are required to pay the general beneficiary contribution rate).

**3.** To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'safety net' as outlined below will apply—

(a) General beneficiaries—

There are two levels of 'safety net' for general beneficiaries. Once the threshold for the first level has been reached a Safety Net Concession Card is issued and prescriptions will cost $2.60 until the general beneficiary reaches the "full safety net" threshold. At this point a Safety Net Entitlement Card will be issued and further prescriptions will be free of charge for the remainder of the calendar year.

(b) Concessional beneficiaries—

Once the threshold for the concessional beneficiary safety net has been reached a Safety Net Entitlement Card is issued and all subsequent pharmaceutical benefit items will be free of charge.

### Safety Net Cross-over Arrangements

**4.** General beneficiaries who during the course of the year become concessional beneficiaries are able to gain a credit towards their Safety Net Entitlement Card for the expenditure incurred while they were general beneficiaries.

**5.** A credit of $2.60 for each PBS prescription item purchased during the year as a general beneficiary counts towards their safety net entitlement.

**6.** When the concessional beneficiary reverts to the general beneficiary category (e.g. when a Health Care Card is cancelled by the Department of Social Security) the amounts originally paid for PBS prescription items as general beneficiaries are reinstated and added together with the amounts paid at the concessional rate of $2.60. The new total amount counts towards the threshold for the issue of the Safety Net Concession Card.

**7.** Similar cross-over arrangements apply in respect of Department of Veterans' Affairs Specific Treatment Entitlement Card holders (STEC). These patients are regarded as either general or concessional (dependent upon whether they hold a Department of Social Security Entitlement) beneficiaries under the Pharmaceutical Benefits Scheme unless they are being treated for a specific disability which has been recognised by the Department of Veterans' Affairs. In this case they are supplied with items under the Repatriation Schedule of Pharmaceutical Benefits on RPBS prescription forms and are treated as concessional beneficiaries.

**8.** As general beneficiaries, STEC holders receive items on the Pharmaceutical Benefits Schedule at a maximum cost of $15.90 and general beneficiary safety net thresholds apply. As concessional beneficiaries, STEC holders receive RPBS items at a maximum cost of $2.60 and work towards the safety net thresholds which apply to concessional patients. They therefore need to maintain both a general and concessional prescription record form.

**9.** However the STEC holder may choose at any time during the year to count their contributions made at the general level towards the concessional beneficiary safety net threshold. The patient receives a credit of $2.60 for each PBS prescription item purchased. If the card holder decides to count his/her contributions at the concessional level towards the general beneficiary safety net, the patient receives a credit of $2.60 for each RPBS prescription purchased.

**10.** These cross-over arrangements will not apply to Department of Veterans' Affairs Personal Treatment Entitlement Card holders (PTEC) because they receive all of their drugs, under the Repatriation Schedule of Pharmaceutical Benefits on RPBS prescription forms.

**11.** The dependants of both STEC and PTEC holders are treated separately and may be regarded as general beneficiaries or concessional beneficiaries depending on the status accorded them by the Department of Social Security. Prescriptions purchased by dependants may be included in the cross-over arrangements.

**12.** The value of PBS prescriptions purchased by the dependants of STEC and PTEC holders may be included in the cross-over arrangements discussed in the preceding paragraphs. Both RPBS and PBS prescriptions can be counted towards the Safety Net limit(s). However different Prescription Record Forms should be used to record concessional or general prescriptions.

### Recording of Prescriptions

**13.** Each person (or family) presenting a PBS or RPBS prescription for dispensing may request the issue by an approved pharmacist of a Prescription Record Form (PRF). Details of family members whose prescriptions are to be recorded on the relevant form should be entered by the applicant. It is the responsibility of the applicant to enter his/her Department of Social Security, Department of Veterans' Affairs or Safety Net Concession Card Number in the box provided on the front of the PRF.

**14.** Entries on the form must be for pharmaceutical benefit items supplied to either the applicant, his/her spouse (including de facto spouse), children under 16 in his/her care and control and dependent full time students aged 16 to 24.

**15.** A person who has been or becomes a family member at any time during the year is considered to be a family member for the whole of that year. Pharmaceutical benefit items supplied for that person may count towards the family's Safety Net limit.

**16.** The approved pharmacist, if requested, will enter on this form, at the time of supply, details of prescriptions dispensed for pharmaceutical benefit items only. An item qualifies for inclusion on the PRF if the item is PBS listed (including preparations which may be prescribed by participating dental practitioners for dental treatment) and satisfies the relevant restrictions (e.g. diseases or conditions) at the date of prescribing or is available under the RPBS.

**17.** The value which can be recorded on the PRF is:

(a) the relevant patient contribution where the PBS dispensed price is greater than the relevant patient contribution; or

(b) the safety net value shown in this Schedule, or any lesser amount charged, where the PBS dispensed price is less than or equal to the relevant patient contribution.

Note: The safety net value is the PBS dispensed price plus a surcharge up to a maximum of the patient contribution. Where the above calculation indicates a price less than $5.50 the safety net value is $5.50.

**18.** Under no circumstances should a special patient contribution or brand price premium be included in the price recorded on the PRF.

**19.** Pharmaceutical benefit items and authority items can only be counted towards the safety net limit when prescribed as a pharmaceutical benefit.

**20.** The details to be listed are the date of supply, the PBS or RPBS code number of the item supplied, the safety net value of the item supplied and the pharmacy approval number. The pharmacist (or a person authorised by the approved pharmacist) must then sign the entry.

**21.** Some computer software suppliers provide this service as a software option by printing a special label for use as a record on the PRF.

**22.** Some suppliers also provide the facility for a computer printout which is an acceptable replacement for the PRF.

**23.** The patient is responsible for maintenanee and storage of this form. However, the form may be retained in the pharmacy. An individual (or family) may have more than one PRF.

### Multi-item Forms

**24.** If the patient submits a multi-item prescription form which raises the value of items entered on the PRF to the Safety Net expenditure limit, any items in excess are to be treated as entitled items after the issue of an Entitlement/Concession Card. If a multi-item prescription (which raises the cost to the expenditure limit) would result in general (or concessional) and entitlement items being claimed on the same prescription form, a Repeat Authorisation must be created to separate the items. Those items on the form which would be in excess of

the safety net expenditure limit are to be treated in a similar manner as 'deferred supply' items.

**25.** It would be to the patient's advantage for this procedure to be used in such a way that the lowest cost pharmaceutical benefit items are used to attain the entitlement.

### Qualifying Prescriptions

**26.** Where the safety net value of the last prescription, which if included on a patient's PRF, has the effect of qualifying the patient for a Safety Net Entitlement or Concession Card, the patient may receive the last prescription at either the concessional rate or free of charge, as appropriate.

### Lost Pharmaceutical Benefits Prescription Record Forms

**27.** Although an approved pharmacist may wish to give every assistance to recreate the details previously recorded on a PRF that has been lost, stolen or destroyed, there is no obligation to do so.

### Retrospective Entitlement

**28.** The responsibility for claiming entitlement rests with the patient. If the cost of items accumulated on all Prescription Record Forms presented for entitlement is greater than the safety net expenditure limit, then the cost of those items in excess cannot be refunded by an approved pharmacist. In certain circumstances the cost may be recovered by the patient from the Commonwealth (see paragraph 207).

### Application for Original Entitlement/Concession Card Issue

**29.** An Entitlement/Concession Card is issued to general beneficiaries who have satisfied the safety net threshold. The responsibility for claiming entitlement rests with the beneficiary who must complete the application and declaration on the back of the PRF.

**30.** When presented with a completed application and declaration for the issue of an Entitlement/Concession Card, it is important for the approved pharmacist to confirm that—

(a) the relevant safety net threshold has been reached;

(b) only eligible family members are recorded on the Entitlement/Concession Card. Primary responsibility for nominating the family members who are eligible to be covered on the Entitlement/Concession Card rests with the applicant. Eligible family members are the primary card holder and spouse (or de facto spouse) and family members who, at any time during the year, were either children under 16 in the card holder's care and control or dependent full-time students under 25;

(Eligible family members whose names do not appear on the front of the Prescription Record Form(s) may be covered by the Entitlement/Concession Card. However, all persons named on the PRF will not necessarily be included on the Entitlement/Concession Card e.g. deceased persons or family members who have since married and become members of new family units. A person who is included as a family member on an Entitlement/Concession Card is covered by that entitlement for the calendar year even if family arrangements change, e.g. a child or student who qualifies as a family member at the beginning of the year, but who has ceased to be a dependant, may be included as a family member for the remainder of that year.

It is an offence for an applicant to make a false or misleading statement in connection with an application for an Entitlement/Concession Card or for a person to obtain the issue of an Entitlement/Concession Card to which he/she is not entitled.)

(c) The date of supply of all items entered falls within the current entitlement period;

(d) details of items have been entered on the PRF and there are no apparent irregularities. Items dispensed in public hospitals are not to be included. If the approved pharmacist is unable to do this, it is recommended that the applicant be told to send the Application/Prescription Record Form(s) to the Health Insurance Commission in the relevant State capital.

**31.** An Entitlement/Concession Card must not be issued unless the approved pharmacist is satisfied that the person or family is eligible to receive pharmaceutical benefit entitlement, nor must the name of any person whom the approved pharmacist knows is not a family member be entered on an Entitlement/Concession Card.

### Issue of Entitlement/Concession Card

**32.** When satisfied that the individual or family is entitled, the approved pharmacist should issue the next blank Entitlement/Concession Card. The following details should be entered on the Entitlement/Concession Card to be issued:

(a) the names of family members to be covered by this entitlement. If more than 10 family members, a second card should issued listing the card holder and the members of the family not listed on the first card. Provision has been made on the PRF to record both Entitlement/Concession Cards issued;

(b) the two character code to indicate the relationship to the card holder. Applicable codes are:

SP—spouse

DC—child under 16 in the care and control of the card holder; and

DS—dependent full time student under 25.

**33.** The unused space provided on the Entitlement/Concession Card for listing the names of family members to prevent the entry of additional names should be ruled through. The approved pharmacist should then copy the Entitlement/Concession Number which appears at the top of the Entitlement/Concession Card in the space provided on the PRF and sign and stamp each form with the pharmacy's stamp. The

Entitlement/Concession Card issue details must be entered on the Safety Net—Claim for Payment Form.

### Issue of Supplementary Cards

**34.** A card holder may be issued with a supplementary Entitlement/Concession Card for a spouse or child/student at the time of issue of an original card. When this occurs the issue of the duplicate card should be recorded in the additional box provided on the PRF.

**35.** All requests for the issue of supplementary Entitlement/Concession Cards at some time after the issue of the original card should be referred to the Health Insurance Commission in the State concerned. The Health Insurance Commission will issue a supplementary card when details of the original card are received.

**36.** All requests to add a new family member(s) e.g. newborn or adopted children, not covered by the original card should be referred to the Health Insurance Commission in the State concerned.

### Notification to Commission and Claim for Payment

**37.** Payment for the issue of Entitlement/Concession Cards will be made on submission of a Safety Net—Claim for Payment Form. It should be noted that payment will not be made for void cards. The following procedures should be followed:

(a) The Safety Net—Claim for Payment Form must be submitted to the relevant State Office of the Health Insurance Commission as soon as possible but no later than one month after the issue of the Entitlement/Concession Card.

(b) Each Safety Net—Claim for Payment Form must be accompanied by all relevant supporting documentation (Prescription Record Forms and all cancelled or void Entitlement/Concession Cards).

### Lost Entitlement/Concession Cards

**38.** Where an Entitlement/Concession Card has been lost, damaged, stolen or destroyed, the original card holder (or spouse) should apply in writing to the relevant State Office of the Health Insurance Commission for the issue of a replacement card.

**39.** It should be noted that replacement cards can only be issued by the Health Insurance Commission.

### Death of Prescription Record Form Holder

**40.** If the person listed as 'self' on the Pharmaceutical Benefits Prescription Record Form dies, any other member of the family can assume the role of applicant for purposes of establishing the family entitlement.

### Pharmacy Record of Issued Cards

**41.** A record must be maintained within the approved pharmacy of all cards issued. The duplicate ('bookfast') copy in the Safety Net—Claim for Payment book is provided for this purpose.

### Use of Entitlement/Concession Card

**42.** Before supplying a prescription item which attracts a pharmaceutical benefit for use by an Entitlement/Concession Card holder, the approved pharmacist must check that an Entitlement/Concession Number has been entered, and a cross entered in the appropriate box on the prescription form. On supplying the pharmaceutical benefit, the recipient is to sign the prescription form.

**43.** A holder of a Safety Net Entitlement Card who is also the holder of a Concessional Card issued by the Department of Social Security or the Department of Veterans' Affairs must quote the Entitlement Number (not the Concessional Beneficiary Number) to obtain the benefit free of charge.

**44.** An approved pharmacist must be satisfied that the person for whom a pharmaceutical benefit is supplied is entitled to receive the relevant pharmaceutical benefit. Otherwise the person must provide evidence of entitlement to receive pharmaceutical benefits free of charge or at the concessional rate.

## CHARGES TO PATIENTS

### Patient Contribution

**45.** An approved pharmacist is required for each supply by him, whether on a prescription or Repeat Authorisation, to charge the person to whom the pharmaceutical benefit is supplied, being a pharmaceutical benefit having a dispensed price greater than $15.90, an amount of $15.90 for general patients or an amount of $2.60 for patients with a concessional entitlement. A charge is not to be made for patients who are holders of an Entitlement Card. Where a solvent is prescribed as part of a pharmaceutical benefit, only one relevant patient contribution is to be made for each supply of the pharmaceutical benefit. Neither of these patient contributions can be discounted and the circumstances outlined in paragraph 62 apply.

**46.** For those items supplied to general patients with a dispensed price of $15.90 or less the maximum price that an approved pharmacist can include on the PRF for safety net purposes is shown in the 'Safety Net Value' column. The approved pharmacist may discount the price for these items.

**47.** Where a medical practitioner has obtained a written Authority from the State Manager, Health Insurance Commission to prescribe a quantity greater than the normal maximum quantity the relevant patient contribution should be made for each supply of the increased maximum quantity.

**48.** Where a medical practitioner has endorsed a prescription 'Regulation 24' (see paragraphs 97 and 116) the approved pharmacist should make a relevant patient contribution charge for the original and the same charge for each repeat that would normally be needed to make up the total supplies. For example, if the prescription ordered two repeats, a charge of $47.70 should be made to a general patient, or $7.80 to a patient with a concessional

entitlement plus the special patient contribution or brand price premium where applicable.

**49.** A prescription, other than a prescription for a holder of an Entitlement/Concession Card, written for a pharmaceutical benefit for which the dispensed price at the date of supply is equal to or less than $15.90 for general patients, or $2.60 for patients with a concessional entitlement, is only a prescription for the pharmaceutical benefits Safety Net provisions. This also applies to prescriptions endorsed 'Regulation 24', for which the price of the total quantity of the pharmaceutical benefit supplied is equal to or less than the relevant patient contribution specified in paragraph 46.

### Special Patient Contribution

**50.** A special patient contribution is calculated for certain drugs in regard to which there exists a price disagreement with the manufacturer. The special patient contribution is the difference between the dispensed price of the benefit based on the price to pharmacist sought by the manufacturer and the dispensed price based on the price to pharmacist acceptable to the Commonwealth. The special patient contribution is thus an additional charge over and above the relevant patient contribution set out in paragraph 45. All patients, including concessional beneficiaries and dependants and holders of a Pharmaceutical Benefits Concession Card or Entitlement/Concession Card, are required to pay this special patient contribution for these special pharmaceutical benefits.

### Minimum Pricing Arrangements

**51.** Under the minimum pricing arrangements the Commonwealth reimbursement will be based on the lowest priced brand.Where the price of a manufacturer's brand is greater than the base price level, all patients who are prescribed that brand will be required to pay the price premium which is the difference between the base price and the price of that brand. The amount shown in the brand price premium column includes the pharmacist's mark-up and is payable by patients receiving that brand in addition to the appropriate patient contribution. This amount is excluded from the price accumulating for safety net purposes.

**52.** The special patient contributions and brand price premiums shown in this Schedule are those which apply to the supply of the maximum quantity. When a quantity other than the maximum quantity is prescribed and supplied (including the supply of an increased quantity on authority), the special patient contribution or brand price premium is the difference between the relevant dispensed price for that quantity, using standard pricing rules.

### Establishment by Eligible Entitlement/Concession Card Holders and Concessional Beneficiaries of Entitlements to Pharmaceutical Benefit Concessions

**53.** Any person may enter the relevant information to establish the patient as an eligible Entitlement/Concession Card holder or concessional beneficiary in the spaces provided on prescription forms (front or back) supplied by the Health Insurance Commission. The person entering the entitlement information shall complete all the relevant details applicable to the patient's entitlement on the prescription.

**54.** Concessional beneficiaries who will be the holders of a Concession Card will possess a:

- Pensioner Health Benefits Card
- Health Benefits Card
- Pharmaceutical Benefits Concession Card
- Health Care Card
- Dependant Treatment Entitlement Card (lilac)
- Service Pensioner Benefits Card (red)
- Personal Treatment Entitlement Card (yellow)—concessional beneficiary under RPBS
- Specific Treatment Entitlement Card (white) (only regarded as concessional beneficiaries in respect of RPBS prescriptions or if they hold a separate entitlement from the Department of Social Security—otherwise they are regarded as general beneficiaries and are required to pay the general beneficiary contribution rate).

**55.** Prescriptions for holders of a valid Dependant Treatment Entitlement Card (Lilac) or a Service Pensioner Benefits Card (Red) issued by the Department of Veterans' Affairs, and their dependants, should be prepared on PBS prescription forms and not on the green prescription forms supplied under the RPBS. It should be noted that the entitlement number on these cards contains fewer digits than those allowed for on the prescription form.

**56.** The numbers comprising the entitlement/concession number should be entered consecutively from the left. The information to be provided in the appropriate spaces is—

(a) the entitlement/concession number appearing on the card, i.e., an eleven-character alpha-numeric number (see exception above) (the entitlement number does not identify the type of card or the entitlement category); and

(b) a cross (x) in the appropriate box indicating the type of entitlement card held by the patient or entitlement category. The type of card or category denotes the entitlement of the patient to receive pharmaceutical benefits free of charge or at the concessional patient contribution rate.

Where a patient or agent is required to sign and date a receipt for the supply of a pharmaceutical benefit on an original prescription form (see paragraphs 128-129), that person also accepts responsibility for the validity of the entitlement information shown on the prescription. Where the approved pharmacist supplies a pharmaceutical benefit before the prescription is written, the approved pharmacist is authorised to obtain the patient's entitlement information so that this information can be entered on the prescription if the prescription, when received from the medical practitioner, does not include the relevant information.

**57.** Where prescriptions are written on forms which do not provide space (front or back) for the entry of entitlement information, the dispensing approved pharmacist, on request, shall place the declaration stamp imprint on the back of the original prescription form to enable the patient's entitlement information to be provided. In these cases a signature and date is not required on the declaration form.

**58.** In those cases where the patient obtains an Entitlement/Concession Card or becomes a concessional beneficiary after the original prescription has been supplied and wishes to establish entitlement for subsequent repeat or deferred supplies, the approved pharmacist shall place the declaration stamp imprint on the back of the Repeat Authorisation Form to enable the relevant information to be provided.

### After Hours

**59.** A charge, to be set by the approved pharmacist, may be made when an approved pharmacist is required to return to the approved premises in order to supply a pharmaceutical benefit or pharmaceutical benefits at a time outside normal trading hours. The charge is recoverable from the patient concerned and not from the Commission.

### Delivery

**60.** A charge equal to the cost of delivering the pharmaceutical benefit may be made if supply is made at or to a place other than the approved pharmacist's pharmacy.

### Responsibility

**61.** It is the patient's responsibility to meet any charge lawfully demanded and an approved pharmacist may refuse to supply a pharmaceutical benefit if payment of a charge is not made.

### Approval Conditions

**62.** The approval of an approved pharmacist is subject to the condition that an approved pharmacist—

(a) will not, by advertisement, notice or otherwise, state or indicate that he/she is willing to supply all or any pharmaceutical benefits being pharmaceutical benefits that attract a Commonwealth contribution to all or any persons (except holders of an Entitlement/Concession Card) without charge or for a charge of less than the relevant patient contribution(s) for each supply;

(b) will not follow a practice of supplying all or any pharmaceutical benefits being items that attract a Commonwealth contribution to all or any persons (except holders of an Entitlement Card) without charge or for a charge that is less than the relevant patient contribution(s);

(c) will clearly indicate in any statement made by advertisement, notice or otherwise, that any offer to supply drugs or medicinal preparations without charge or at a reduced charge does not apply to the supply of pharmaceutical benefits again being items that attract a Commonwealth contribution; and

(d) will not enter into any agreement or arrangement to pay rebates or refunds of the relevant patient contribution for those items which attract a Commonwealth contribution nor will he/she become a party to such agreements.

## THE SCHEDULE OF PHARMACEUTICAL BENEFITS

**63.** Pharmaceutical benefits which may be prescribed by medical practitioners are listed in this book, *Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners*, referred to throughout as 'the Schedule'. The Schedule also includes a list of pharmaceutical benefits which may be prescribed by participating dental practitioners for dental treatment only. These items are listed separately at the end of Section 2.

**64.** Ready prepared items are listed in Section 2 of the Schedule. Restrictions apply to the prescribing of certain items in Section 2. All restricted items are printed in ***bold italics***.

**65.** The Schedule of ready prepared items includes the form, manner of administration and brand of these items which may be prescribed. Where the words 'solvent required' are included after the form, the item and a solvent may be prescribed as one pharmaceutical benefit. In such cases, any determined brand of solvent may be ordered with the item. Medical practitioners and participating dental practitioners should write such pharmaceutical benefits as one prescription, e.g., 'Ampicillin, Injection 1 g with 2 mL sterilised water for injections'.

**66.** The maximum quantity and maximum number of repeats allowable for each item are also shown in Section 2 of the Schedule.

**67.** Container prices, fees, standard packs and prices for ready prepared preparations are listed in Section 3.

**68.** The drugs which may be used in extemporaneous preparations are listed in Section 4—Drug Tariff. Where a restriction applies to the use of a drug listed in this section it is indicated against the item. The following are also included in Section 4:

(a) container prices;

(b) a list of Standard Formulae preparations and prices. The list is comprised of formulae taken from formularies in common use and is referred to in this book as the Standard Formulae List; and

(c) table of maximum quantities and number of repeats for extemporaneously prepared benefits.

**69.** Formulae in common use are listed in Section 4—Prescribers' List

**70.** A proprietary name index of PBS and RPBS ready prepared items is published after the Repatriation Schedule of Pharmaceutical Benefits.

**71.** Symbols used in the Schedule of Benefits are explained on page 2, Section 2.

**72.** Price changes and other alterations are advised by amendment so that the information in the Schedule may be updated.

**73.** The following admixtures are not pharmaceutical benefits:

(a) the admixture of two or more ready prepared items listed in the Schedule; or

(b) the admixture of a ready prepared item and a drug or drugs listed in Section 4 of the Schedule; or

(c) the admixture of two or more items which may be prescribed by participating dental practitioners for dental treatment only.

### Explanatory and Warning Statements

**74.** The use of 'NOTE' in Section 2 of the Schedule is reserved for explanatory purposes in relation to the prescribing of some drugs as pharmaceutical benefits.

**75.** The use of 'CAUTION' in Section 2 of the Schedule is reserved for the purpose of warning of adverse reactions or precautions associated with the use of a drug. The absence of a cautionary note does not necessarily imply that significant adverse reactions may not be encountered.

## CONDITIONS UNDER WHICH PHARMACEUTICAL BENEFITS MAY BE PRESCRIBED AND DISPENSED

### Drugs of Addiction

**76.** ***Care must be taken to comply with the provisions of State law in regard to drugs listed as narcotic, specified or restricted under State legislation.***

With regard to DRUGS OF ADDICTION, notification to or approval from the appropriate State Health Authority or officer is required in all States for therapeutic use for a period exceeding two months (four weeks in Victoria, 30 days in Western Australia). Prior approval of the appropriate State Health Authority or officer is required in all States for the treatment of DRUG DEPENDENT PERSONS with ANY DRUG OF ADDICTION.

### PRESCRIBING OF PHARMACEUTICAL BENEFITS—PROCEDURE BY MEDICAL PRACTITIONERS AND PARTICIPATING DENTAL PRACTITIONERS

### Prescriptions

**77.** A prescription ordering a pharmaceutical benefit may be written only for the medical or dental treatment of the person named on the prescription and requiring treatment with that pharmaceutical benefit. A prescription must not be written for any other purpose and is valid only when it is written by a registered medical practitioner or a participating dental practitioner.

**78.** Except on authority prescription forms (PB86), a medical practitioner may write up to three pharmaceutical benefit prescriptions on a single prescription form. Each prescription must be written legibly. Prescriptions for pharmaceutical benefits for more than one person must not be written on the one prescription form.

**79.** Medical practitioners and participating dental practitioners are required by legislation under the *National Health Act 1953* to observe the following rules when writing prescriptions for pharmaceutical benefits:

(a) write the prescription in indelible form, i.e., ink or ball point pen in own handwriting (or with the approval of the General Manager, Health Insurance Commission otherwise record the prescription) either on the standard prescription form supplied by the Commission or on paper as near as convenient to 18 cm x 12 cm. The standard prescription forms supplied by the Commission to participating dental practitioners have a blue margin to distinguish them from the forms supplied to medical practitioners. The name and address of the medical practitioner or participating dental practitioner must be shown and 'PBS' endorsed on the form. Each participating dental practitioner is also required to endorse each prescription with the participating dental practitioner (DP) number in the appropriate space. Medical practitioners who have obtained approval to record prescriptions in other than their own handwriting will endorse the prescriptions 'Regulation 19(1)(a) approval obtained';

(b) write the prescription in duplicate marking the duplicate copy with the word 'Duplicate'. This is pre-printed on the standard prescription forms;

(c) set out the name and full address of the patient. Medical practitioners are reminded that full details of the patient's address are required on each PBS prescription;

(d) the pharmaceutical benefit must be identified in the prescription by such particulars, including the name, form, strength and quantity, as are necessary for the complete identification of that pharmaceutical benefit. ***Code numbers must not be used when prescribing***;

(e) if the pharmaceutical benefit is a single drug, the manner of administration must be indicated;

(f) restricted pharmaceutical benefits may only be prescribed by medical practitioners subject to the restrictions specified in the Schedule. The prescription requirements for these benefits are indicated under the item in the Schedule. Further details may be found in these notes—paragraph 82;

(g) when directing that the maximum quantity and repeats of a pharmaceutical benefit be supplied at the one time, the prescription must be endorsed in the medical practitioner's own handwriting with the words 'Regulation 24'. Further details are available in paragraphs 97 and 116;

(h) where the words 'solvent required' are included after the form of a benefit, the medical practitioner or participating dental practitioner must specify the volume and number of ampoules of solvent to be supplied;

(i) sign and date the prescription.

**80.** A prescription is not a valid pharmaceutical benefit prescription if—

(a) the medical practitioner prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same medical practitioner;

(b) the medical practitioner prescribes on the one form a pharmaceutical benefit that is a drug of addiction and another pharmaceutical benefit and directs that the supply of either pharmaceutical benefit is to be made on more than one occasion. NOTE: If no repeats of either item are ordered, the prescription may be accepted, subject to State law;

(c) the medical practitioner prescribes a narcotic drug for the medical practitioner writing the prescription; or

(d) the participating dental practitioner prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same participating dental practitioner.

Medical practitioners must not write prescriptions for pharmaceutical benefits and non-pharmaceutical benefits on the one form. Where the prescription is for a restricted benefit and the patient is not suffering from one of the allowable conditions the medical practitioner should write the prescription on a private prescription form, or if he does use a PBS standard prescription form, delete 'PBS' from the top of the form.

### Manner of Administration

**81.** Where a particular manner of administration is indicated in the Schedule, the item may not be supplied as a pharmaceutical benefit for administration in any other way, e.g. an ophthalmic preparation prescribed for topical use.

### Restrictions

**82.** Certain pharmaceutical benefits may only be prescribed for a particular class of person, for a specified purpose, disease or condition, and where specified, with the written authority of the State Manager, Health Insurance Commission in the State concerned. Full particulars of these items and their restrictions are printed in ***bold italics*** in Section 2 of the Schedule. It is only necessary for the patient's condition to be identified when completing an Authority Prescription form (PB86).

### Maximum Quantities and Repeats

**83.** For ready prepared preparations, the allowable maximum quantity and number of repeats are shown in Section 2. For extemporaneously prepared preparations, details are set out in the Table of Maximum Quantities and Repeats, Section 4.

**84.** Where the maximum quantity of an item is marked with a double dagger (‡) the maximum quantity has been determined as a single pack. In such instances, approved pharmacists are required to supply unbroken packs irrespective of the quantity prescribed. For any item where a maximum quantity greater than 1 is marked with a double dagger, that maximum quantity should be supplied.

**85.** For other items, it is not necessary to prescribe the maximum quantity if the medical practitioner or participating dental practitioner considers a lesser quantity is sufficient for the patient's needs. Medical practitioners or participating dental practitioners are required to specify the actual quantity of the pharmaceutical benefit required.

**86.** A pharmaceutical benefit may not be supplied to the same person more than once in any four days (see paragraph 107).

**87.** If a medical practitioner requires a prescription to be repeated he must specify the actual number of repeats required. It is not necessary for the maximum quantity to be ordered before the supply can be repeated. Repeats may be for any quantity up to the maximum, irrespective of whether the original supply is for an equal, greater or lesser quantity.

**88.** Some prescriptions for pharmaceutical benefits do not completely identify the pharmaceutical benefit, in that they do not clearly state the quantity and/or the number of repeats. For example, some medical practitioners or participating dental practitioners write 'Max. Qty', 'M.Q.' or 'M.R.' instead of the actual number of tablets, capsules, etc., or the number of repeats required. The abbreviations 'Max. Qty', 'M.Q.' or 'M.R.' are not acceptable unless the approved pharmacist endorses in his own handwriting that the prescriber has been contacted and the quantity and/or repeats clarified.

**89.** The relevant maximum quantity and number of repeats are not to be exceeded, unless the prescription has the written authority from the State Manager, Health Insurance Commission.

**90.** Normally the maximum quantity and number of repeats for pharmaceutical benefit items are those recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). For the treatment of an acute condition the PBAC recommends a maximum quantity which will provide sufficient medication for the treatment of the condition. For the treatment of chronic conditions the PBAC recommends a quantity made up of the original prescription and repeats, at normal dosage levels for up to six months' treatment.

**91.** Special provisions also exist to assist chronically ill patients who require large quantities of drugs and/or continuous treatment. In most cases under these provisions a medical practitioner may, if in the patient's interest, apply to the State Manager, Health Insurance Commission in the relevant State for authority to prescribe a quantity in excess of the listed maximum quantity and/or number of repeats.

**92.** Under these provisions (except where otherwise stated in Section 2) a quantity made up of the original prescription and repeats, sufficient for

approximately six months' treatment at the higher dosage levels may be authorised.

**93.** For drugs which require the written authority of the State Manager, the provisions of paragraphs 94-96 apply.

### Authority Prescriptions

**94.** Where the written authority of the State Manager, Health Insurance Commission is required to prescribe—

(a) restricted drugs; or

(b) increased maximum quantities; and/or

(c) increased number of repeats

application must be made on the combined application/authority prescription form (Form PB86). The Commission copy together with the completed original and duplicate of the authority prescription are to be forwarded to the State Manager. The medical practitioner should retain the quadruplicate. Only one item may be prescribed on each authority prescription form.

**95.** The original and duplicate authority prescription, when authorised, can be returned to the medical practitioner or sent direct to the patient. Also see urgent arrangements for restricted drugs at paragraph 104. If the application can be approved after some amendment, an Authority to Prescribe (Form PB15) will be forwarded to the medical practitioner, specifying what has been approved. A new prescription should then be written on the form PB15, the original and duplicate sent to the patient, and the triplicate (green copy) retained by the medical practitioner.

**96.** Where the authority of the State Manager is required to prescribe restricted drugs (see paragraph 104) medical practitioners may—

(a) seek the written authority of the State Manager in the normal manner;

(b) seek, in urgent cases, telephone approval; or

(c) in those cases where it is clear that the patient's condition meets the listed restrictions, and in a matter of urgency, prepare an Authority Prescription form (Form PB86) in accordance with paragraph 94 and issue the original and duplicate to the patient for immediate dispensing. The Commission copy must be forwarded to reach the relevant State Manager within 7 days.

### Regulation 24

**97.** While a pharmaceutical benefit may not be supplied to the same person more than once in any four days, a medical practitioner may direct that the original supply and repeat supplies of a pharmaceutical benefit ordered in a prescription be supplied at the one time, provided he is satisfied that all of the following circumstances apply—

(a) the maximum quantity specified for the pharmaceutical benefit prescribed is insufficient for the medical treatment of the person for whom the prescription is written; and

(b) that person is suffering from a chronic illness or is resident in a place remote from the nearest approved pharmacist or approved medical practitioner; and

(c) that person, without great hardship, could not obtain the pharmaceutical benefit on separate occasions.

The medical practitioner must endorse the prescription 'Regulation 24', as certification that all the above conditions have been satisfied.

**98.** Where a prescription is endorsed 'Regulation 24' the dispensing approved pharmacist should charge the applicable patient contribution for the original and the same charge for each repeat that would normally be needed to make up the total supply, for example, if the prescription orders two repeats, three applicable patient contributions, plus three special patient contributions if applicable, would be charged to a patient other than a person issued with an Entitlement Card.

### Emergency Drug (Doctor's Bag) Supplies

**99.** Certain pharmaceutical benefits are provided without charge to medical practitioners for supply to patients for emergency use. The patient is not required to make any payment when pharmaceutical benefits are made available to him/her from these supplies. The items available as Emergency Drug (Doctor's Bag) Supplies are listed at the end of this section. These emergency supplies are not available to ships' doctors.

**100.** Supplies of these drugs may be obtained from an approved pharmacist upon the production of an official Emergency Drug (Doctor's Bag) Order Form (Form PB7) in duplicate, signed by the medical practitioner personally. Each order form is valid during the month printed thereon and each medical practitioner may obtain the benefits not more often than once per month. (Medical practitioners approved to supply pharmaceutical benefits under section 92 of the National Health Act are to use Form PB7A which must not be presented to an approved pharmacist for supplies. Special instructions are issued to these medical practitioners.)

**101.** The maximum quantity listed against the Emergency Drug items permitted to be obtained at the one time may be ordered provided the quantity of the item that the medical practitioner has on hand is less than the maximum quantity.

**102.** A medical practitioner may also specify on the order form any listed brand of a pharmaceutical benefit. If this brand is not available, the medical practitioner will be requested by the approved pharmacist to specify in the order another listed brand which is available, and to initial the alteration. Brand price premiums do not apply to items supplied on Emergency Drug (Doctor's Bag) Order forms. The medical practitioner issuing the order form must sign and date the form. A receipt for the pharmaceutical benefits supplied on this order form must be signed by either the medical practitioner

personally or by a person authorised by the medical practitioner.

### Urgent Cases

**103.** In cases of urgency and where State law allows, a medical practitioner or participating dental practitioner may communicate a prescription to an approved pharmacist by telephone or other means. *In such cases the medical practitioner or participating dental practitioner who communicated the prescription must write the prescription and forward it within 24 hours of such communication to the approved pharmacist who made the supply.*

**104.** The provision for communication of prescriptions in urgent cases applies also to those drugs for which the authority of the State Manager is necessary for supply as a pharmaceutical benefit. In such cases, the medical practitioner who wishes to prescribe increased maximum quantities and/or a number of repeats and/or a restricted drug may obtain telephone approval from the relevant State Manager. If the application is approved the medical practitioner will be informed of the approval number which he/she will mark on the authority prescription form along with the words 'Approval granted No.....'. *The medical practitioner must subsequently submit the completed Form PB86 within 24 hours to the approved pharmacist who supplied the pharmaceutical benefit.*

## SUPPLY OF PHARMACEUTICAL BENEFITS— PROCEDURE BY APPROVED PHARMACISTS

### Prescriptions

**105.** An approved pharmacist is authorised to supply a pharmaceutical benefit only upon the surrender of—

(a) a valid prescription, dated within twelve months before the date of its presentation; or

(b) an Authority Prescription or an Authority to Prescribe which has been dated by the prescribing medical practitioner within twelve months before the date of its presentation; or

(c) a repeat authorisation presented with a duplicate prescription within twelve months of the date of the prescription.

**106.** A pharmaceutical benefit may not be supplied to the same person more than once in any four days, except in the circumstances provided for in paragraph 107 or where a prescription is endorsed 'Regulation 24' (see paragraph 97).

**107.** If the prescription directs the supply of a quantity insufficient for four days' treatment of the person for whom the prescription was written, or if the benefit is destroyed, lost or stolen, the approved pharmacist can supply the benefit within the four days so as not to interrupt the patient's treatment. The approved pharmacist must, in these cases, endorse the prescription with the words 'immediate supply required' and sign his or her name.

**108.** Prescriptions for items deleted from the Schedule may not be dispensed as benefits as from the date of effect of deletion (see also paragraph 120).

**109.** Where restrictions are removed or applied with regard to the prescribing of a pharmaceutical benefit, valid prescriptions written before the date of effect of the restriction changes may still be dispensed as pharmaceutical benefits.

**110.** Where the maximum quantity and/or number of repeats of an item are altered, the quantities and repeats which have been prescribed on valid prescriptions written before the date of effect of the alteration may be dispensed.

**111.** Prescription forms should not have both pharmaceutical benefit items and non-pharmaceutical benefit items prescribed on the same form. In the event of this happening the non-benefit items may be supplied as private prescriptions, cancelled from the form and must not be serially numbered.

**112.** A pharmaceutical benefit shall not be supplied a number of times greater than the number specified in the prescription.

**113.** Where a brand of a benefit item is specified by the prescriber, the approved pharmacist is required to supply that brand. The only exceptions to this are—

(a) where prior to supply the prescriber has given approval for supply of a listed brand different from that specified in the prescription; or

(b) where the prescribed brand is unavailable, the approved pharmacist supplying the benefit can satisfy the State Manager, Health Insurance Commission in the relevant State that—

(i) the approved pharmacist was unable, after a conscientious attempt, to obtain approval from the prescribing medical practitioner to supply an alternative listed brand; and

(ii) the supply of the benefit was required as a matter of urgency.

An appropriate certification setting out the relevant facts is to be made on such prescriptions by the approved pharmacist.

### Suspected Forgery

**114.** The National Health Act requires that a prescription must be written by a registered medical practitioner or a participating dental practitioner. In the event that the approved pharmacist cannot recognise the medical practitioner's or participating dental practitioner's signature he should take all reasonable steps to satisfy himself that the prescription was written by a registered medical practitioner or a participating dental practitioner. If an approved pharmacist is not satisfied that the signature on a prescription form is that of a medical practitioner or participating dental practitioner, or suspects that the prescription has been forged or fraudulently obtained, he is entitled, before supplying the pharmaceutical benefit, to obtain a statement from the person obtaining the pharmaceutical benefit. However, in the case of Emergency Drug (Doctor's Bag) Order Forms particular requirements are set out in paragraph 130.

### Procedure before Supply of Pharmaceutical Benefit

**115.** Before a pharmaceutical benefit is supplied on presentation of a prescription the approved pharmacist is required to—

(a) endorse the prescription form and duplicate with the approved pharmacist's name and approval number;

(b) allot a prescription identifying number (see paragraphs 134 and 135) which will identify the prescription item and mark that number on the form and duplicate; and

(c) if more than one item has been written on the one form allot a separate prescription identifying number to each prescription item.

### Regulation 24

**116.** Where a prescription is endorsed 'Regulation 24' (see paragraph 97), an approved pharmacist is authorised to supply the pharmaceutical benefit and the repeats of that benefit at the one time. The approved pharmacist should not complete a Repeat Authorisation Form (see paragraph 122). An amount equivalent to one professional fee and, where applicable, one dangerous drug fee is payable for the total supply.

### Deferred Supply

**117.** When a patient presents a prescription form, in duplicate, ordering more than one pharmaceutical benefit item, and does not require the supply of one or more of the pharmaceutical benefit items at the same time as other pharmaceutical benefit items prescribed on the form, a separate Repeat Authorisation for each deferred item must be prepared in duplicate and the words 'Original Supply Deferred' must be stamped across the relevant item on the original and duplicate of the prescription form and the Repeat Authorisation. The duplicate must be stamped in such a manner as to not render the duplicate illegible. DEFERRED ITEMS MUST NOT BE CLAIMED ON THE ORIGINAL PRESCRIPTION FORM.

### Repeat Authorisations

**118.** Before a pharmaceutical benefit is supplied on presentation of a valid prescription, Authority Prescription or Authority to Prescribe which contains a direction to repeat the supply (when repeats are allowable) or on a Repeat Authorisation requiring further allowable repeats the approved pharmacist shall prepare a Repeat Authorisation Form (Form PB13 or PB13A) in duplicate, except when supply under the provisions of Regulation 24 is authorised.

**119.** Where repeats are allowable a pharmaceutical benefit may be supplied on a Repeat Authorisation only when it is presented with a duplicate prescription to which it is duly related and it is indicated that the pharmaceutical benefit to be supplied has not already been supplied the number of times directed in the prescription.

**120.** Repeat Authorisations which relate to prescriptions for items deleted from the Schedule may not be dispensed as pharmaceutical benefits as from the date of effect of deletion.

**121.** However, where changes to restrictions, maximum quantities and/or number of repeats occur (as for original prescriptions, paragraphs 109-110), Repeat Authorisations which relate to valid prescriptions written before the date of effect of the alterations, may be dispensed as pharmaceutical benefits.

**122.** Before a pharmaceutical benefit is supplied on presentation of a Repeat Authorisation, the approved pharmacist shall mark his name and approval number in the space provided on the Repeat Authorisation Form.

### Preparation of Repeat Authorisation Form—Repeat Supply

**123.** The Repeat Authorisation Form shall show—

(a) the category of benefit (either PBS General, PBS Concessional, Entitlement/Concession Card holder, or RPBS)—by placing a cross (x) in the relevant box;

(b) the patient's name and full address;

(c) if the prescription is for a concessional beneficiary, the entitlement number appearing on the prescription, or, in the case of a previous Repeat Authorisation, the entitlement number appearing on the front of the previous Repeat Authorisation Form;

(d) in the case of repeats authorised on Authority Prescriptions, the authority number;

(e) the transcription of the original prescription stating the item, form, strength, quantity and directions;

(f) on the first occasion of supply of the pharmaceutical benefit, the approval number, the date of the original prescription together with the prescription identifying number allotted by the pharmacist to the prescription (see paragraph 134);

(g) on subsequent occasions of supply, the approval number, the date of the original prescription and the prescription identifying number as shown on the previous Repeat Authorisation Form;

(h) the number of times the pharmaceutical benefit has been directed to be repeated and the number of times supply has been made; and

(i) the name and approval number of the approved pharmacist issuing the Repeat Authorisation, together with the date on which the Repeat Authorisation was prepared.

### Repeat Authorisations for Injectables and Solvents

**124.** Only one Repeat Authorisation is to be prepared in respect of an injectable pharmaceutical benefit which requires a solvent, and the solvent ordered. Details of both the injectable and the solvent should appear in the space provided for the 'Original Prescription Transcription'.

**Repeat Authorisations for Deferred Supply**

**125.** The Repeat Authorisation Form when it is used for a deferred supply of an original prescription item, is to be prepared and issued in the same manner as is required for the normal authorisation of repeats except that—

(a) '0' is to be inserted in the space for 'No. of times already dispensed';

(b) if no repeats are ordered, '0' is to be inserted in the space for 'No. of Repeats Authorised';

(c) where a Repeat Authorisation Form authorises the first supply of deferred original supply prescription items, the words 'Original Supply Deferred' should be stamped horizontally across the form just below the space provided for the 'Original Prescription Transcription' in such a manner that will not render illegible any of the other information entered on the form.

**126.** The supply of a benefit on a Repeat Authorisation which has been prepared for deferred supply is to be regarded as the first occasion of supply. If repeats have been directed the normal procedure in regard to Repeat Authorisations will apply at the time of first supply.

**Issue of Repeat Authorisations**

**127.** At the time of supply of the benefit the completed Repeat Authorisation for any further allowable repeat(s) or deferred supply together with the duplicate of the prescription is to be issued to the person to whom the benefit is supplied.

**Receipts**

**128.** Upon the supply to a person of a pharmaceutical benefit item, for which reimbursement will be sought from the Commonwealth by an approved pharmacist that person shall sign and date a receipt for that benefit on the prescription or Repeat Authorisation, as the case may be. If the person taking delivery of the benefit is not the person for whose treatment the prescription was written, that person shall in addition endorse the prescription form or Repeat Authorisation with his/her address. Not in any circumstances must a person give or an approved pharmacist demand a receipt until supply of the pharmaceutical benefit has actually been made.

**129.** Where a pharmaceutical benefit is supplied through the post, by rail, or other means of transport, and it is impracticable to obtain a receipt, the approved pharmacist must certify on the prescription or Repeat Authorisation, as the case may be, that the pharmaceutical benefit has been supplied, the date on which the supply was made and particulars of the means of supply. Where a pharmaceutical benefit is supplied prior to the presentation of a prescription (urgent cases see paragraphs 103, 104 and 133) or to a person who cannot read or write, or who is unable to write, the approved pharmacist should sign and date a statement on the prescription or Repeat Authorisation, certifying that the pharmaceutical benefit has been supplied and indicating the reason why a receipt was not obtained.

**Emergency Drug (Doctor's Bag) Supplies**

**130.** Certain pharmaceutical benefit items may be supplied to medical practitioners on receipt of an Emergency Drug (Doctor's Bag) Order Form (PB7) in duplicate, signed by the medical practitioner personally. These items are listed at the end of this section. Each order form is valid during the month printed thereon and each medical practitioner may obtain the benefits not more often than once per month. If the signature appearing on an Emergency Drug (Doctor's Bag) Order Form is that of a medical practitioner unknown to the approved pharmacist the latter is required to obtain, from the person presenting the order, particulars of the full name and address and medical registration number of the medical practitioner, and endorse these particulars on the back of the original copy of the order form.

**131.** The quantity of emergency drug items which may be supplied at the one time must not exceed those quantities specified in the list shown at the end of this section.

**132.** A medical practitioner may also specify on the order form a particular brand of a pharmaceutical benefit. If it is not available, the medical practitioner should be requested to specify in the order a permitted brand which is available, and to initial the alteration. On supply of the pharmaceutical benefits ordered on the order form, a receipt for the benefits must be signed by either the medical practitioner or by a person authorised by the medical practitioner.

**Urgent Cases**

**133.** A pharmaceutical benefit may be supplied by an approved pharmacist before the prescription for that benefit has been surrendered to the approved pharmacist, where in cases of urgency, the medical practitioner or participating dental practitioner communicates the prescription to the approved pharmacist by telephone or other means. *In such cases the medical practitioner or participating dental practitioner who communicated the prescription must write the prescription and forward it within 24 hours.* This provision does not apply to prescriptions for supply by approved pharmacists where the law of the State in which that approved pharmacist's premises are situated requires the prescription to be in writing. This provision also applies to drugs for which the written authority of the State Manager, Health Insurance Commission is necessary for supply as pharmaceutical benefits. In such cases the medical practitioner can first obtain the approval of the State Manager in the particular State, by telephone or other means. The State Manager will issue the medical practitioner with an approval authority prescription form along with the words 'Approval granted No.....'. The medical practitioner may issue an authority prescription in accordance with the procedures set out in paragraph 104 in urgent cases.

**Prescription Identifying Numbers**

**134.** In addition to a serial number (see paragraph 144), each pharmaceutical benefit prescription dispensed must be given an identifying number which identifies it specifically. Any recognised series which will meet the purpose may be used, provided

that the pharmacist's approval number is not a component of such numbers.

**135.** Further, in cases where an approved pharmacist allots a prescription identifying number to a Repeat Authorisation different from the original prescription number allotted by the approved pharmacist issuing the Repeat Authorisation, he/she should enter this new identifying number in the appropriate space.

## PREPARATION AND SUBMISSION OF CLAIMS FOR REIMBURSEMENT—PROCEDURE BY APPROVED PHARMACISTS

**136.** The pricing of valid prescriptions, Repeat Authorisation Forms and Emergency Drug (Doctor's Bag) Order Forms and the calculation of the total amount payable for each claim are carried out by computer operating on information provided in respect of each pharmaceutical benefit supplied under the National Health Act.

**137.** The payment system is designed to enable approved pharmacists to prepare claims correctly with a minimum of work and it is essential that the instructions be followed carefully and without modification. The inclusion in claims of incorrectly prepared or otherwise defective prescriptions can be expected to interrupt processing and delay payments.

**138.** The interest and co-operation of approved pharmacists in ensuring that claims are always correctly prepared is invited and would substantially assist the Commission to maintain a program of prompt and satisfactory payments.

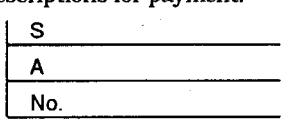
### PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

#### Entering of Information

**139.** The approved pharmacist will enter relevant information on each document he submits in support of his claim. The information to be entered will depend upon the type of document, i.e., original or repeat supply, Emergency Drug (Doctor's Bag) Order Form, etc.

#### Prescription Identification Stamp

**140.** A stamp in the following format may be used to facilitate the presentation of pharmaceutical benefit prescriptions for payment:




The stamp may be used for identifying all pharmaceutical benefit prescriptions and provides spaces for information required on original prescription forms. Stamp imprints must be placed on the extreme left of the front side of the prescription form, opposite each prescription item being claimed. Care must be taken not to obliterate any of the prescription details written by the prescriber. Most medical practitioners as well as participating dental practitioners use pharmaceutical benefit prescription forms which provide space suitable for this purpose. Repeat Authorisation Forms, Emergency Drug (Doctor's Bag) Order Forms, Authority Prescription Forms and Authority to Prescribe Forms currently on issue have printed spaces designed for the information required.

**141.** Where the prescription identification stamp is not used, the required information must be inserted in the same area on the prescription form as that designated for the stamp and in the same order as that shown in the stamp.

**142.** Approved pharmacists are asked to avoid stamping or writing over the prescriber number pre-printed on the PBS prescription forms supplied to medical practitioners or over the 'DP No.' box on PBS dental prescription forms supplied to participating dental practitioners by the Health Insurance Commission.

#### Information to be Entered in Prescription Identification Stamp

**143.** The spaces in the stamp imprint are to be used for the following information:

'S'—Serial Number (see paragraphs 144-149)

'A'—(a) To indicate the price claimed for pricing elect prescriptions (see paragraph 153), exceptional priced prescriptions (see paragraph 152) and Repatriation non-scheduled prescriptions (see paragraph 154).

(b) To confirm the prescription is endorsed 'Regulation 24' (see paragraph 97).

(c) To claim for a glass dropper bottle where applicable (see paragraph 150).

(d) To make any clarification concerning the prescription which the approved pharmacist considers will assist the Commission in the payment of the prescription.

'No.'—The prescription identifying number.

#### Serial Numbering of Prescriptions, Repeat Authorisations, Authority Forms and Emergency Drug (Doctor's Bag) Order Forms

**144.** Prescriptions, Repeat Authorisation Forms, Authority Prescription Forms and Emergency Drug (Doctor's Bag) Order Forms submitted in each claim must bear consecutive serial numbers commencing at—

(a) 1 for Emergency Drug (Doctor's Bag) supplies;

(b) 1 for general benefits;

(c) C1 for concessional and concession card benefits;

(d) E1 for entitlement card benefits; and

(e) R1 for repatriation benefits.

Each serial number allotted should also be endorsed on the corresponding document retained by the

approved pharmacist for record purposes. Each Emergency Drug (Doctor's Bag) item should be given a serial number, e.g., if there are five items on the first form in the claim the first item on the second form in the claim will bear the serial number 6.

**145.** Each serial number allotted by an approved pharmacist to a prescription item or allowable repeat supplied as a pharmaceutical benefit should be entered in the prescription identification stamp imprint on the original prescription form or in the printed space on the Repeat Authorisation Form or the Authority Prescription Form.

**146.** Serial numbers allotted in respect of prescription items or allowable repeats supplied as concessional benefits including those supplied to pensioners or Concession Card holders must be prefixed with the letter 'C', in respect of those supplied to Entitlement Card holders with the letter 'E' and in respect of repatriation benefits with the letter 'R'.

**Serial Numbering of an Injectable Item Ordered with a Solvent**

**147.** Where the words '(solvent required)' are included after the form of a pharmaceutical benefit and the prescriber has directed in the prescription that both the injectable and the solvent are to be supplied, only one serial number is to be allocated and should be placed on the left hand side of the prescription form opposite the injectable item.

**Serial Numbering of Repeat Authorisations for Authority Prescriptions**

**148.** Where a Repeat Authorisation is dispensed in respect of a benefit for which an Authority Form is required, the serial number allotted must be prefixed with the letter 'A' in the case of a general benefit, the letters 'AC' in the case of a concessional or pensioner benefit or a benefit supplied to a Concession Card holder, the letters 'AE' in the case of a benefit supplied to an Entitlement Card holder, or the letters 'AR' in the case of a repatriation benefit.

**Serial Numbering of Repeat Authorisations for Deferred Supply**

**149.** Where a benefit is supplied on a Repeat Authorisation which has been prepared for deferred supply, the serial number allotted must be prefixed with the letter 'D' in the case of a general benefit, the letters 'DC' in the case of a concessional benefit or a benefit supplied to a Concession Card holder, the letters 'DE' in the case of a benefit supplied to an Entitlement Card holder, or the letters 'DR' in the case of a repatriation benefit.

**Dropper Containers**

**150.** Dispensed prices for extemporaneously prepared eye drops, ear drops and nasal instillations include the price of a polythene dropper container. Where a glass dropper container is specified by the prescriber or considered necessary by the approved pharmacist, payment for same should be claimed by writing the words 'glass bottle' in box 'A' of the stamp imprint.

**Extemporaneously Prepared Pharmaceutical Benefits which are not Listed in the Standard Formulae List**

**151.** In the case of a formula which is not listed in the Standard Formulae List, claimants will receive an average 10g/mL rate for the type of preparation with provision to price exceptional prescriptions (see paragraph 194) or the claimants may elect to calculate the cost of ingredients, containers and professional fee manually (see paragraphs 192-198). These arrangements have been agreed between the Department of Health, Housing and Community Services and the Pharmacy Guild of Australia.

**Action to be taken when an Approved Pharmacist is to be paid on an Average Price Basis**

**152.** —

(a) Where a prescription is to be reimbursed on an average price basis, the prescription identification stamp should be completed as outlined in paragraph 143.

(b) Where a prescription is to be claimed as an exceptional prescription, as defined in paragraph 194, the approved pharmacist should detail the formula supplied on the prescription form or Repeat Authorisation Form, price the prescription in accordance with the pricing principles set out in paragraphs 180-191 and enter the calculated price in box 'A' of the stamp imprint or the appropriate space on Repeat Authorisation Forms.

**Action to be taken when an Approved Pharmacist elects to price Non-pre-priced Extemporaneous Preparations**

**153.** When the approved pharmacist has advised the Commission of his or her election to price out non-pre-priced extemporaneous preparations, the approved pharmacist should price each prescription in this category in accordance with the pricing principles set out in paragraphs 180-191 and enter the calculated price in box 'A' of the stamp imprint or the appropriate space on Repeat Authorisation Forms.

**Items Not Included in either the PBS or RPBS Schedule of Pharmaceutical Benefits**

**154.** Where a prescription for a repatriation beneficiary is for an item which is not included in either the PBS or the Repatriation Schedule of Pharmaceutical Benefits, the price claimed should be entered in box 'A' of the stamp imprint. Full details concerning the pricing of such items and their availability under the RPBS are set out in the booklet 'Notes for Pharmacists' issued by the Department of Veterans' Affairs.

### Action by an Approved Pharmacist Dispensing a Repeat Authorisation

**155.** It is the responsibility of the approved pharmacist dispensing a repeat supply to ensure that all details required on the Repeat Authorisation Form have been completed and are correct. It should be noted that—

(a) The serial number allotted by the approved pharmacist to the Repeat Authorisation is to be entered in the space at the top of the form.

(b) The new prescription identifying number of the Repeat Authorisation is to be entered in the space marked 'Prescription No.' on the front of the form.

## SUBMISSION OF CLAIMS

### Documents to be Submitted

**156.** A claim for pharmaceutical benefits consists of—

(a) the original and duplicate of a completed Claim for Payment Form (Form PB1);

(b) a completed Isolated Pharmacy Allowance—Claim for Payment Form (Form PB42) where applicable;

(c) the original orders for Emergency Drug (Doctor's Bag) supplies in a separate bundle submitted in serial number order;

(d) three separate bundles, each consisting of the originals of all prescriptions, Repeat Authorisations and authority prescription forms for benefits supplied to the general public, concessional beneficiaries and Entitlement/Concession Card holders. Each bundle is to be submitted in serial number order;

(e) a separate bundle, consisting of the originals of all prescriptions, Repeat Authorisations and prior approval forms for benefits supplied to repatriation beneficiaries and submitted in serial number order.

**157.** Prescriptions in each bundle should be submitted in serial number order, with the first serial number at the top of the bundle.

**158.** Prescriptions submitted for payment which are apparently in a wrong bundle will be returned to the approved pharmacist for any necessary clarification and if appropriate, resubmission in the correct bundle of the next claim.

### Completion of Claim Form

**159.** Particulars of claimant's name, address of approved premises, approval number and reference should be entered in the spaces provided on the Claim for Payment Form. It is important that these particulars agree entirely with the latest written information held by the Commission, i.e. Application for Approval as a Pharmacist Form or later letter. In the event of discrepancies, payment will necessarily be delayed pending clarification.

**160.** The claimant's reference should indicate the number of claims submitted by the approved pharmacist thus far in the particular calendar year, e.g. the sixth claim submitted by an approved pharmacist in 1992 should bear a claimant's reference of 9206.

**161.** The numbers of prescriptions to be entered on the Claim for Payment Form are the first and last serial numbers given to items in the Emergency Drug (Doctor's Bag), General, Concessional, Entitlement Card holders and Repatriation bundles respectively (see paragraph ). The last numbers should be the total numbers of these categories.

**162.** Please note that no entry of the amount of the claim is required—this will be calculated by computer after the prescriptions have been individually priced.

**163.** The declaration on the Claim for Payment Form must be signed by the approved pharmacist unless an authority for another pharmacist to do so has been sent by the approved pharmacist to the Health Insurance Commission in the State concerned.

### Lodgement of Claims

**164.** Claims for pharmaceutical benefits may be lodged at any time during the month at the relevant State office of the Health Insurance Commission. Unless other arrangements have been made with the State Manager, claims may be lodged under the following conditions:

(a) no more than one claim in any month;

(b) forwarded to the relevant State office within thirty days from the end of the period in which the benefits were supplied;

(c) the period of the claim shall cover pharmaceutical benefits supplied during a period not exceeding one month.

**165.** Claims for pharmaceutical benefits supplied more than eighteen months prior to the date of claiming will not be accepted for computer processing, but will require manual pricing of prescriptions and the preparation of tally sheets and claim forms by the approved pharmacist prior to presentation. Approved pharmacists desiring to submit such claims should contact the Pharmaceutical Branch in the relevant State office of the Health Insurance Commission for instructions regarding the preparation of such claims.

## STATEMENT OF ACCOUNT

**166.** A Statement of Account will be forwarded in respect of each claim passed for payment. This gives, in addition to the details of payment, the number of prescriptions paid and the total amount paid in respect of each brand of each pharmaceutical benefit item supplied in that claim.

**167.** The reason for non-payment of any item will be indicated by a code number. An explanation of the code number(s) employed appears in the Statement of Account.

**168.** Prescriptions and Repeat Authorisations which are not acceptable for payment, with the

exception of those for which the dispensed price is equal to or less than the applicable patient contribution, will be returned with the Statement of Account. Other prescriptions appearing on such forms will have been paid and appropriately cancelled before being returned to the approved pharmacist. Where prescriptions are resubmitted they must be allotted an entirely new serial number and included as a normal part of the next claim.

**169.** If prescriptions from previous claims are the subject of adjustment to current claims, details will be shown on the Statement of Account.

**170.** The Statement of Account will include a statement reconciling the number of prescriptions claimed for by the approved pharmacist with the number of prescriptions for which payment has been made.

**171.** A fully itemised Statement of Account in respect of a claim can be obtained on application to the relevant State office of the Health Insurance Commission.

## PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR PBS DISPENSING

### READY PREPARED BENEFITS

#### Price where Maximum Quantity Prescribed (Ready Prepared Items)

**172.** The price payable for a pharmaceutical benefit is the amount shown in the Schedule against the pharmaceutical benefit.

**173.** Injectables with required solvent—where the words '(solvent required)' are included after the form of the pharmaceutical benefit, and the prescriber has directed in the prescription that both the injectable and the solvent are to be supplied, the price payable is the sum of the listed prices for the injectable and the solvent less a dispensing fee (i.e., only one dispensing fee is payable).

#### Price where Broken Quantity Prescribed (Ready Prepared Items)

**174.** —

(a) Packs not to be broken—where items packed by the manufacturer under special conditions or for which the maximum quantity has been determined as a single pack are prescribed, the maximum quantity should be supplied and the price payable is that for the maximum quantity.

(b) Ready prepared items where standard pack coincides with maximum quantity—where the standard pack coincides with the maximum quantity, the price payable for a broken quantity is ascertained as follows:

(i) an amount equivalent to the dispensing fee and where applicable the dangerous drug fee is deducted from the price shown in the Schedule in relation to the benefit;

(ii) to the resultant amount is applied the appropriate wastage percentage ascertained from the Wastage Factor Table;

(iii) the amount ascertained under (ii) is added to an amount equivalent to the dispensing fee, the dangerous drug fee, where applicable, and the appropriate container fee.

In no case shall the price payable for a broken quantity exceed the dispensed price shown in the Schedule in relation to the maximum quantity of the pharmaceutical benefit.

(c) Ready prepared items where standard pack does not coincide with maximum quantity (i.e. where an asterisk is shown against the price)—In cases where the standard pack does not coincide with the maximum quantity an asterisk has been placed beside the price shown for the pharmaceutical benefit concerned. In such cases the standard pack rate is set out in Section 3 of the Schedule. The price payable for the quantity supplied is ascertained as follows:

(i) to the standard pack rate is applied the appropriate wastage table percentage ascertained from the Wastage Factor Table;

(ii) the amount so ascertained is added to an amount equivalent to the dispensing fee, the dangerous drug fee, where applicable, and the appropriate container fee.

In no case shall the price payable for a broken quantity which is less than the maximum quantity of the item exceed the dispensed price for the maximum quantity of that item.

(d) No container fee is payable where the quantity of pharmaceutical benefit ordered and supplied is more than the quantity contained in the standard or non-standard packs.

#### Price for Unbranded Prescriptions

**175.** For unbranded prescriptions the price shown in the Schedule for the lowest priced brand in the relevant State in relation to that item is payable.

#### Unbroken Packs to be Supplied (‡)

**176.** The maximum quantity of certain forms of pharmaceutical benefits such as eye drops and oral suspensions has been determined as a single pack corresponding to the manufacturer's pack. Where a prescription calls for a quantity less than the manufacturer's pack, the maximum quantity should be dispensed and claimed from the Commission. These items are indicated by a double dagger (‡) in the Schedule.

#### Wastage Table Percentage for Ready Prepared Preparations

**177.** The Wastage Factor Table shown below is used in ascertaining the price payable for quantities dispensed from the standard pack. (Refer paragraph 174 (b) and (c).)

**178.** The appropriate wastage table percentage is ascertained as follows:

(a) the percentage that the quantity supplied bears to the number contained in the standard pack is determined; and

(b) where the percentage determined in subparagraph (a) coincides with a percentage listed in Column A of the Wastage Factor Table, the percentage used is the relative figure shown in Column B; or

(c) where the percentage determined in subparagraph (a) does not coincide with a percentage in Column A, then the nearest upward percentage in Column A applies, and the percentage used is the relative figure shown in Column B.

For example, suppose that 24 tablets are supplied and that the number in the standard pack is 100. Thus 24% of the number contained in the standard pack is supplied. As this percentage does not appear in Column A the next higher (i.e. 25%) is used. Reading down from 25% to Column B, the wastage table percentage is found to be 38%.

**Wastage Factor Table**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Column A | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 |
| Column B | 10 | 18 | 26 | 32 | 38 | 44 | 50 | 54 | 58 | 62 |
| Column A | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 |
| Column B | 66 | 70 | 74 | 78 | 82 | 86 | 90 | 94 | 98 | 100 |

## EXTEMPORANEOUSLY PREPARED PHARMACEUTICAL BENEFITS

### Prescribers' List Items

**179.** The price payable for the supply of the maximum quantity of extemporaneous preparations included in the Prescribers' List is shown in the Standard Formulae List.

### Pricing Prescriptions Not Pre-priced

**180.** The following are the principles applied in determining the prices of all pre-priced extemporaneous formulae shown in the Standard Formulae List, Section 4. They also apply where an approved pharmacist elects to price out extemporaneous prescriptions outside the Standard Formulae List.

**181.** The amount payable is ascertained as the sum of—

(a) the recovery price of each ingredient as shown in the Drug Tariff;

(b) the price of the appropriate container as shown in the price section; and

(c) a dispensing fee as shown in the price section.

### Pricing of Ingredients

**182.** Where the quantity is not specified in the Drug Tariff, the recovery price may be ascertained as follows:

(a) determine the basic pricing unit relative to the quantity by reference to the following table:

| *Quantity* | *Basic Pricing Unit* |
|---|---|
| Up to 50 mg (minimum price) | 100 mg price multiplied by 0.5 |
| Over 50 mg and up to and including 700 mg | 100 mg price |
| Over 700 mg and up to and including 1 g | price as 1 g |
| Over 1 g and up to and including 7 g | 1 g price |
| Over 7 g and up to and including 10 g | price as 10 g |
| Over 10 g and up to and including 80 g | 10 g price |
| Over 80 g and up to and including 90 g | price as 80 g |
| Over 90 g | 100 g price |

(b) ascertain the recovery price of the basic pricing unit by the application of the following quantity divisors to the recovery price shown for the ingredient in the Drug Tariff—

100 g price is 500 g price divided by 5 or 1 kg price divided by 10

10 g price is 100 g price plus 12.5% divided by 10

1 g price is 10 g price plus 25% divided by 10

100 mg price is 1 g price plus 25% divided by 10

(c) ascertain the recovery price by multiplying the price of the basic pricing unit, as ascertained in (b), by the fraction that the quantity bears to the basic pricing unit.

(d) for pricing purposes the quantity is to be taken to the next upward 50 milligrams or 0.05 millilitres.

### Miscellaneous Pricing Rules

**183.** —

(a) The minimum recovery price for any ingredient is 1 cent.

(b) Where a fraction of a cent occurs in a price that price is to be taken to the nearest cent, a half cent being taken up to the next cent.

(c) The amount payable for a quantity of an ingredient or preparation shall not exceed the amount which would be payable for a greater amount of that ingredient or preparation.

**Pricing Prescriptions where Additional Ingredients have been added to a Specified Formula**

**184.** The amount payable for a prescription which comprises a vehicle which is specified under a particular name, and an additional specified ingredient or ingredients shall be calculated in accordance with paragraphs 185-188.

**185.** Where the vehicle is a single liquid ingredient and one or more solid ingredients are added, displacement of the vehicle by solids shall be disregarded and the amount payable shall be calculated in accordance with paragraph 182.

**186.** Where the vehicle is a single liquid ingredient and one or more liquids are added, the amount payable for the ingredients shall be the sum of—

(a) the recovery price of the added ingredients, calculated in accordance with paragraph 182; and

(b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 182.

**187.** Where the vehicle is compounded from two or more ingredients and one or more solid ingredients are added, displacement of the vehicle by the solid ingredients shall be disregarded and the amount payable for the ingredients shall be the sum of—

(a) the recovery price of the added ingredients, calculated in accordance with paragraph 182; and

(b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 182.

**188.** Where the vehicle is compounded from two or more ingredients and one or more liquid ingredients are added, the amount payable for the ingredients shall be the sum of—

(a) the recovery price of the added ingredients, calculated in accordance with paragraph 182; and

(b) the recovery price of the quantity of the vehicle, this amount being the sum of the recovery prices for each ingredient of the vehicle in such quantity as calculated in accordance with paragraph 178.

**Containers**

**189.** Separate container rates are payable in each State.

**190.** Where a quantity is ordered in excess of the published container sizes, payment for containers will be made as if that quantity had been supplied in more than one of the published containers.

**191.** A double size container is allowed for bulk powders.

**Special Provisions Governing Payment for Extemporaneous Prescriptions Outside the Standard Formulae List**

**192.** Where an approved pharmacist elects to price out these prescriptions written advice is required by the Commission. Once made, however, such an election cannot be varied for a period of three months and applies to all extemporaneously dispensed formulae not listed in the Standard Formulae List. An election under this paragraph applies to both PBS and RPBS prescriptions.

**193.** Unless so elected, the approved pharmacist will be paid at an average reimbursement rate for these prescriptions. Under this system, payment is made on the basis of an average 10 g/mL rate applied to the category of preparation concerned, i.e. the price will be ascertained by multiplying the appropriate 10 g/mL rate by the number of 10 g/mL units supplied and adding container and dispensing fees. For example, an 80 mL mixture would be priced at eight times the average 10 mL rate for mixtures, plus container and dispensing fee. Notwithstanding that an approved pharmacist is accepting the average price for non-pre-priced prescriptions, he/she may price out exceptional prescriptions and claim for reimbursement at that price.

**194.** The average 10 g/mL rate may vary from month to month but the rate for a particular prescription will be that applicable for the month in which it was supplied.

**195.** By agreement with the Pharmacy Guild of Australia the average 10 g/mL rate is determined as in paragraph 192.

**196.** Each month the total number of 10 g/mL units of each type of pre-priced extemporaneous preparation claimed for will be ascertained, together with the total values minus container and dispensing fees. Based on these statistics an average 10 g/mL rate will be calculated for each type of preparation. This rate will be used as the rate for calculating prices for the prescriptions supplied in the succeeding month. It should be noted that prescriptions ordering a combination of standard preparations also fall outside the scope of the Standard Formulae List and therefore are subject to this section.

**197.** —

(a) Any variant to a formula included in the Standard Formulae List (addition or deletion of an ingredient or variation of dose up or down) takes the formula dispensed outside the Standard Formulae List.

(b) Where an approved pharmacist is accepting the average price for non-pre-priced prescriptions, and where an ingredient is added to a standard formula and the recovery price for the standard formula plus additive under the average price system is less than that for the standard formula alone, the approved pharmacist may indicate that the prescription is to be priced as though it were the basic standard formula item

**198.** An exceptional prescription is a prescription for an extemporaneously prepared pharmaceutical benefit which is not included in the Standard Formulae List and for which the price of the ingredients calculated in accordance with the basic pricing rules is twice or more than twice the recovery price of the ingredients calculated on an average price basis.

## GENERAL

### Pricing Principles

**199.** Identical pricing principles apply to all PBS prescriptions, whether written for general patients, concessional beneficiaries or Entitlement/ Concession Card holders.

**200.** Where a prescription for a pharmaceutical benefit, a formulation of which is available as a ready prepared pharmaceutical benefit, does not specify a brand, payment is made on the basis of the lowest priced brand of the ready prepared benefit item which is listed. This also applies if the preparation is, or the ingredients are, available for use in the dispensing of extemporaneously prepared benefits listed in Section 4.

**201.** Where, in a prescription for a pharmaceutical benefit which is not listed as a ready prepared pharmaceutical benefit, a monograph title of a formulation is stated but no formulary is specified, payment is made on the basis of the formula, if any, specified in the Prescribers' List, Section 4. Should there be no formula specified in the Prescribers' List, payment is made on the basis of the precedence of formularies accorded by State legislation.

### Fees and Containers

**202.** The amounts payable by way of dispensing fee, dangerous drug fee and container charges for ready prepared preparations are set out in Section 3 of the Schedule. The dispensing fee and container charges for extemporaneously prepared preparations are set out in Section 4 of the Schedule.

### Pricing Dates

**203.** For pricing purposes the operative dates are—

(a) for extemporaneously prepared pharmaceutical benefits—the first day of January, May and September each year for benefits supplied as from the first day of the third succeeding month.

(b) for ready prepared pharmaceutical benefits—the first day of the month in which the pharmaceutical benefits are supplied.

(c) for containers—

(i) for extemporaneously prepared pharmaceutical benefits—the first day of April, August and December each year for benefits supplied as from the first day of the fourth succeeding month.

(ii) for ready prepared benefits—the first day of January each year for benefits supplied as from the first day of April in that year.

## MISCELLANEOUS

### Premises

**204.** Approval to supply pharmaceutical benefits is granted to an approved pharmacist in respect of particular premises. Pharmaceutical benefits may be supplied from those premises only.

### Hours of Supply

**205.** A person is entitled to be supplied with pharmaceutical benefits during normal trading hours established by or under the State or Territory when that person presents a valid prescription and pays any charge applicable. When the prescription is marked 'urgent' and initialled by the medical practitioner or participating dental practitioner who wrote the prescription, it is obligatory for the approved pharmacist to make supply at the pharmacy at any hour.

**206.** An approved pharmacist shall, at all times, keep prominently displayed, at each of the premises in respect of which approval is granted, a notice setting out his/her normal trading hours for the supply of pharmaceutical benefits.

### Retrospective Reimbursement

**207.** In certain circumstances the Commonwealth may reimburse patients who, through no fault of their own, fail to establish eligibility for free or concessional pharmaceutical benefits at the time of supply. Approved pharmacists who are approached by patients seeking such refunds should advise them to contact the relevant State office of the Health Insurance Commission.

### Approved Medical Practitioners, Friendly Societies

**208.** Medical practitioners approved to supply pharmaceutical benefits should follow the procedures in these Explanatory Notes unless otherwise indicated. Friendly Society pharmacies should follow the procedures subject to additional instructions made available to them.

### Isolated Pharmacy Allowance (IPA)

**209.** Approved pharmacists providing a pharmaceutical service in isolated areas may apply for IPA on the basis of economic need. Application forms may be obtained from the Pharmaceutical Benefits Branch, Health Insurance Commission, PO Box 1001, Tuggeranong ACT 2901.

**210.** Approved pharmacists eligible to receive IPA will be—

(a) those where the pharmacy is more than 25 kilometres from the nearest pharmacy and who are able to demonstrate the need for such allowance on the basis of economic need;

(b) those where the pharmacy can be demonstrated to be 'isolated' on a basis other than distance (e.g. on an island, intervening mountain range, no roads) and where economic need can be demonstrated.

### Standards

**211.** An approved pharmacist should not supply as a pharmaceutical benefit a substance that does not conform to the standards of composition or purity prescribed, or that has as an ingredient a substance that does not conform to those standards. The standards which are applicable to pharmaceutical benefits are—

(a) in the case of drugs or medicinal preparations which are the subject of a monograph in the

British Pharmacopoeia, the standards set out in that pharmacopoeia; and

(b) in the case of drugs or medicinal preparations contained in editions of the British Pharmaceutical Codex or the Australian Pharmaceutical Formulary (and Handbook) or earlier editions of the British Pharmacopoeia, the standards specified in the particular edition in relation to the drug or medicinal preparation.

**References**

**212.** Monographs of the British Pharmacopoeia, the British Pharmaceutical Codex, the Australian Pharmaceutical Formulary (and Handbook) and items listed in the Prescribers' List are identified in the Schedule and associated publications by the letters BP, BPC, APF and PL respectively. References to all editions of the BPC and to earlier editions of the BP and APF also include the year of publication or the number of the edition.

**Proper Stocks to be Kept**

**213.** An approved pharmacist shall, as far as practicable, keep in stock an adequate supply of all drugs and medicinal preparations that he may reasonably be expected to be called upon to supply as pharmaceutical benefits, or as ingredients of pharmaceutical benefits.

**Statement of Stocks**

**214.** An approved pharmacist may be required to furnish, within a specified time and in accordance with the form supplied, a signed statement setting out particulars of stocks and drugs or medicinal preparations that are in the approved pharmacist's possession or under his/her control immediately before the date on which the statement is signed. This refers only to drugs and medicinal preparations that are pharmaceutical benefits or are capable of being used as ingredients in pharmaceutical benefits.

**Retention of Documents**

**215.** Without affecting the requirements of the law of a State in regard to drugs of addiction or restricted drugs, every approved pharmacist is required to retain for not less than one year from the date on which the pharmaceutical benefits attracting a Commonwealth contribution were supplied—

(a) the duplicates of prescriptions which do not bear repeat instructions;

(b) the duplicates of Repeat Authorisations;

(c) in the case of an approved pharmacist making supply on the last occasion of supply, the duplicates of prescriptions that bear instructions to repeat; and

(d) the duplicates of order forms presented in connection with Emergency Drug (Doctor's Bag) supplies.

**Sale Copies**

**216.** Copies of the National Health Act and the National Health (Pharmaceutical Benefits) Regulations are available from the Australian Government Publishing Service in each capital city.

**217.** Additional copies of the Schedules of Pharmaceutical Benefits may be purchased from the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission.

**Supplies of Stationery**

**218.** Prescription Record Forms, Entitlement Cards, Claim for Payment Forms, Repeat Authorisation Forms, etc. are available from the relevant State Office of the Health Insurance Commission.

**Enquiries**

**219.** Enquiries regarding pharmaceutical benefits may be made to the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission.

## EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

**220.** In all the following examples the box 'A', which is for additional information or clarification, can be used when it is considered that this additional information is required to accurately identify the item. In the majority of cases this clarification should not be required.

**READY PREPARED ITEMS**

Example 1: Item with prescribed quantity of 50 tablets or capsules with 2 repeats.

| | |
|---|---|
| S | 53 |
| A | |
| No. | 12345678 |

Example 2: Item with prescribed quantity of 50 tablets or capsules with 2 repeats dispensed under Regulation 24, concessional benefit.

| | |
|---|---|
| S | C54 |
| A | Reg 24 |
| No. | 12345679 |

Example 3: Item prescribed under Regulation 24 where the quantity prescribed for the original differs from the quantity for any of the repeats e.g. quantity of 50 for the original and 100 for each of 2 repeats, concessional benefit.

| | |
|---|---|
| S | C55 |
| A | 250 Reg 24 |
| No. | 12345680 |

Example 4: Item ordered as a synonym where it is considered that the synonym would not be readily known.

| | |
|---|---|
| S | 56 |
| A | Common name of item |
| N0. | 12345681 |

Example 5: Injectable item prescribed with required solvent e.g.—
Ampicillin injection 250 mg
mitte: 5 ampoules
Water for Injection 2 mL
mitte: 5 ampoules

| | |
|---|---|
| S | 57 |
| A | |
| No. | 12345682 |

Note: The injection and its solvent are to be claimed as one item.

## EXTEMPORANEOUSLY PREPARED ITEMS

Example 6: Item prescribed as a standard formula.

| | |
|---|---|
| S | 58 |
| A | |
| No. | 12345683 |

Example 7: Non standard formula item where the cost of the ingredients is greater than twice the price paid for ingredients in the average price item, i.e. exceptionally priced extemporaneous items. This item supplied under Regulation 24 provisions.

| | |
|---|---|
| S | 59 |
| A | $20.49 Reg 24 |
| No. | 12345684 |

Example 8: Item prescribed as an extemporaneous prescription outside the Standard Formulae List, for pharmacists who have not elected to price extemporaneous prescriptions outside the Standard Formulae List.

| | |
|---|---|
| S | 60 |
| A | |
| No. | 12345685 |

Example 9: Item prescribed as an extemporaneous prescription outside the Standard Formulae List, for pharmacists who have elected to price extemporaneous prescriptions outside the Standard Formulae List.

| | |
|---|---|
| S | 61 |
| A | $8.36 |
| No. | 12345686 |

Example 10: Item prescribed as extemporaneously prepared eye drops, ear drops or nasal instillations where a glass bottle is dispensed.

| | |
|---|---|
| S | 62 |
| A | Glass bottle |
| No. | 12345687 |

## REPATRIATION SCHEDULE ITEM

Example 11: Item prescribed from the Repatriation Schedule of Pharmaceutical Benefits.

| | |
|---|---|
| S | R2 |
| A | |
| No. | 12345689 |

The clarification box 'A' may need to be used for identifying bandages because of the variety of names under which they may be prescribed. The clarification which would be of most benefit is the name of the item as published in the Repatriation Schedule of Pharmaceutical Benefits.

# Addresses—Health Insurance Commission

**The Health Insurance Commission has responsibility for operational aspects of the Pharmaceutical Benefits Scheme. This responsibility covers the processing of pharmaceutical benefit and safety net claims and Authority applications together with the distribution of stationery used by dental and medical practitioners and pharmacists.**

**The postal address for the Health Insurance Commission in all States/Territories is:**

**Health Insurance Commission**
**GPO Box 9826**
**IN YOUR CAPITAL CITY**

### CANBERRA

Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
**General enquiries— Telephone 203 6333**

### NEW SOUTH WALES/NORTHERN TERRITORY

Pharmaceutical Benefits Branch
4th Floor Medibank House
33 Erskine Street
Sydney NSW 2000
**Enquiries— Telephone 561 2444**
**Stationery enquiries outside Sydney metropolitan area—Telephone 008 226 070**

Blacktown Processing Centre
Westpoint Tower
Level 5, 17 Patrick Street
Blacktown NSW 2148
**General enquiries— Telephone 831 6444**
**Stationery enquiries— Telephone 831 1682**

Gosford Processing Centre
Level 2, 107-109 Mann Street
Gosford NSW 2250
**General enquiries— Telephone 043 23 3011**
**Enquiries outside Gosford metropolitan area— Telephone 008 043 338**

### VICTORIA

Pharmaceutical Branch
Medibank House
460 Bourke Street
Melbourne Vic 3000
**Enquiries— Telephone 284 3888**

### QUEENSLAND

Pharmaceutical Services Branch
232 Adelaide Street
Brisbane Qld 4000
**Enquiries— Telephone 864 8000**

### SOUTH AUSTRALIA

Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063
**Enquiries— Telephone 201 8844**
**Outside Adelaide metropolitan area— Telephone 008 888 333**

### WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
11th Floor R & I Tower
108 St George's Terrace
Perth WA 6000
**Enquiries— Telephone 263 8000**
**WA country callers only— Telephone 008 808 330**

### TASMANIA

Pharmaceutical Branch
242 Liverpool Street
Hobart Tas 7000
**Enquiries— Telephone 32 1400**

# Authority Prescription Applications

**Applications for authority to prescribe and Commission copies of urgent authorities should be sent to your State office using the free postal service.**

REPLY PAID No. 9857
Attention: Pharmaceutical Benefits Authority Section
Health Insurance Commission
GPO Box 9857
in your capital city.

**Telephone—Business hours:**

NSW:
Blacktown: 831 2406, 831 6358, 831 6359
Gosford: (043) 23 4052, (043) 23 4053

Vic: 284 3707, 284 3791, 284 3792

Qld: 864 9362, 864 9363; toll free 008 177 893

SA: 201 8855, 201 8856, 201 8857; toll free 008 888 333

NT: Toll free 008 226 070

WA: 263 8122, 263 8130; toll free 008 808 330 (WA country callers only)

Tas: 321 400; toll free 008 001 126

ACT: 203 6884

**Telephone—After hours (5 p.m.-8 a.m.) and weekends:**
**008 033 200 (Australia-wide)**

## Please note

This after hours 008 number is connected to a commercial telephone answering service. The service will contact, if necessary, a Commission pharmacist to provide authorisation of authorities or resolve any PBS matter.

# Poisons Information Centres

**NEW SOUTH WALES**

Royal Alexandra Hospital for Children
Pyrmont Bridge Road
Camperdown Telephone (02) 519 0466
Country Areas 008 251 525

**VICTORIA**

Royal Children's Hospital
Flemington Road
Parkville Telephone (03) 345 5678
Country Areas 008 133 890

**QUEENSLAND**

Pharmacy Department
Royal Children's Hospital
Herston Road
Herston Telephone (07) 253 8233
Country Areas 008 177 333

**SOUTH AUSTRALIA**

Adelaide Children's Hospital (Incorporated)
King William Road
North Adelaide Telephone (08) 204 6117
Country Areas and Broken Hill 008 182 111

**WESTERN AUSTRALIA**

Princess Margaret Hospital for Children
Roberts Road
Subiaco Telephone (09) 381 1177
Country Areas 008 119 244

**TASMANIA**

Royal Hobart Hospital
Liverpool Street
Hobart Telephone (002) 38 8485
Country Areas 008 001 400

**NORTHERN TERRITORY**

Royal Darwin Hospital
Rocklands Drive
Casuarina Telephone (089) 228 842

**AUSTRALIAN CAPITAL TERRITORY**

Woden Valley Hospital
Garran Telephone (06) 285 2852

# Drug Information Centres

**AUSTRALIAN CAPITAL TERRITORY**

Drug Information Pharmacist
Woden Valley Hospital
Garran ACT 2605
Telephone (06) 244 3333

**NEW SOUTH WALES**

Drug Information Pharmacist
New South Wales Therapeutic
Medicines Information Centre
PO Box 766
Darlinghurst NSW 2010
Telephone (02) 361 3011

**QUEENSLAND**

Senior Pharmacist
Queensland Drug Information
Centre
Royal Brisbane Hospital
E Floor, Block 7
Herston Road
Herston Qld 4029
Telephone (07) 253 7098
(07) 253 7599

**SOUTH AUSTRALIA**

Drug Information Pharmacist
Royal Adelaide Hospital
North Terrace
Adelaide SA 5000
Telephone (08) 224 5546

Drug Information Pharmacist
South Australian Drug
Information Centre
Flinders Medical Centre
Bedford Park SA 5042
Telephone (08) 275 9301

Drug Information Pharmacist
Queen Elizabeth Hospital
Woodville Road
Woodville SA 5011
Telephone (08) 243 6777

**NORTHERN TERRITORY**

Chief Pharmacist
Royal Darwin Hospital
PO Box 41326
Casuarina NT 0811
Telephone (089) 228 424

**VICTORIA**

Pharmacist-in-Charge
Victorian Drug Information Centre
C/- Post Office
Royal Melbourne Hospital
Parkville Vic 3050
Telephone (03) 342 7777

Senior Drug Information
Pharmacist
Drug Information Centre
Heidelberg Repatriation Hospital
Banksia Street
West Heidelberg Vic 3081
Telephone (03) 490 2881

**WESTERN AUSTRALIA**

Drug Information Pharmacist
Sir Charles Gairdner Hospital
Verdun Street
Nedlands WA 6009
Telephone (09) 389 2923

**TASMANIA**

Drug Information Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart Tas 7001
Telephone (002) 38 8737

# Requests for Drugs via the Special Access Scheme (SAS)

Requests for individual patient approval to obtain drugs which are available only through the SAS may be directed to a delegate within the Drug Evaluation Branch, Therapeutic Goods Administration, telephone (06) 289 8573, facsimile (06) 289 7724, or by mail to PO Box 100 Woden ACT 2606.

# List of Contact Officers for Recalls of Therapeutic Goods

**For details of consumer level recalls only—Telephone (008) 02 0512**

These officers may be contacted—

- to obtain information about current recalls
- to report suspected problems relating to the quality, safety, or efficacy of a therapeutic good—

**Commonwealth Co-ordinator**

Therapeutic Goods Administration
Department of Health, Housing and
Community Services
(Compliance Branch)
PO Box 100
Woden ACT 2606

Mr L. R. Murray .....(06) 286 0244

**Australian Capital Territory**

ACT Board of Health
GPO Box 825
Canberra ACT 2601

Drugs—
Mr V. Bugler .....(06) 205 0961
Therapeutic Devices—
Mr K. Wyatt .....(06) 244 2250

**New South Wales**

Department of Health, NSW
PO Box 380
North Ryde NSW 2113

Duty Pharmacist .....(02) 887 5678

**Victoria**

Health Department Victoria
Drugs and Poisons Section
555 Collins Street
Melbourne Vic 3000

Duty Pharmacist .....(03) 616 7426

**Northern Territory**

Department of Health
Health House
87 Mitchell Street
Darwin NT 0800

Mr G. Fyson .....(089) 892 986
Mr J. Gorrell .....(089) 227 341

**Queensland**

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—
Mr R. Lowry .....(07) 234 0960
Mr T.J. Lunney .....(07) 234 0349
Therapeutic Devices—
Mr D. F. Mines .....(07) 252 5446
Mr R. Lowry .....(07) 234 0960

**South Australia**

Public & Environmental Health Service
South Australian Health Commission
PO Box 6
Rundle Mall SA 5000

Drugs—
Mr M. L. Abbott .....(08) 226 6324
Mr R. J. Grant .....(08) 226 6406

Therapeutic Devices—
Mr R. Eden .....(08) 226 6311
Mr M. Essex .....(08) 265 8156

**Tasmania**

Department of Health
GPO Box 191B
Hobart Tas 7001

Drugs and Therapeutic Devices—
Mrs M. Collins .....(002) 33 6337

**Western Australia**

Health Department of WA
Box 8172, Stirling Street
Perth WA 6000

Mr R. Moyle .....(09) 222 4985
Ms R. Bebee .....(09) 222 4980

# Index of Manufacturers' Codes

| Codes | Manufacturer |
|---|---|
| AB | Abbott Laboratories Pty Ltd<br>Captain Cook Drive<br>Kurnell NSW 2231 |
| AC | Alberto Culver Company<br>14 Loyalty Road<br>North Rocks NSW 2113 |
| AD | Amrad Pharmaceuticals Pty Ltd<br>17-27 Cotham Road<br>Kew Vic 3101 |
| AF | Alphapharm Pty Ltd<br>12 Crown Street<br>Glebe NSW 2037 |
| AG | Allergan Australia Pty Ltd<br>5 George Place<br>Artarmon NSW 2064 |
| AM | Ames Product Group<br>Division of Bayer Diagnostics<br>Aust. Pty Limited<br>500 Wellington Road<br>Mulgrave Vic 3170 |
| AP | Astra Pharmaceuticals Pty Ltd<br>10-14 Khartoum Road<br>North Ryde NSW 2113 |
| AQ | Alcon Laboratories (Australia) Pty Ltd<br>Allambie Grove Park<br>25 Frenchs Forest Road<br>Frenchs Forest NSW 2086 |
| AY | Ayerst Laboratories Pty Ltd<br>Gregory Place<br>Parramatta NSW 2150 |
| BA | Boots Pharmaceuticals<br>A Division of The Boots Company<br>(Australia) Pty Ltd<br>21 Loyalty Road<br>North Rocks NSW 2151 |
| BE | BDF Australia Ltd<br>424 Lane Cove Rd<br>North Ryde NSW 2113 |
| BF | Barnes-Hind Pty Limited<br>7 Dickson Avenue<br>Artarmon NSW 2064 |
| BK | Becton Dickinson Pty Ltd<br>15 Orion Road<br>Lane Cove NSW 2066 |
| BL | David Bull Laboratories<br>11-15 Lexia Place<br>Mulgrave Vic 3170 |
| BN | Bayer Australia Limited<br>875 Pacific Highway<br>Pymble NSW 2073 |
| BO | Boehringer Mannheim<br>Australia Pty Ltd<br>31 Victoria Avenue<br>Castle Hill NSW 2154 |
| BQ | Bristol-Myers Squibb Pharmaceuticals<br>Pty Ltd<br>556 Princes Highway<br>Noble Park Vic 3174 |
| BS | Sancella Pty Limited<br>15 Ellingworth Parade<br>Box Hill Vic 3128 |
| BT | The Boots Company (Australia) Pty Ltd<br>21 Loyalty Road<br>North Rocks NSW 2151 |
| BW | Wellcome Australia Limited<br>53 Phillips Street<br>Cabarita NSW 2137 |
| BX | Baxter Healthcare Pty Ltd<br>Oakes Road<br>Old Toongabbie NSW 2146 |
| BY | Boehringer Ingelheim Pty Ltd<br>50 Broughton Road<br>Artarmon NSW 2064 |
| BZ | Boucher & Muir Pty Ltd<br>118-124 Willoughby Road<br>Crows Nest NSW 2065 |
| CC | ConvaTec<br>606 Hawthorn Road<br>East Brighton Vic 3187 |
| CG | Ciba-Geigy Australia Limited<br>140 Bungaree Road<br>Pendle Hill NSW 2145 |
| CL | Cilag Pty Limited<br>Unit 3, 706 Mowbray Road West<br>Lane Cove NSW 2066 |
| CS | Commonwealth Serum Laboratories<br>45 Poplar Road<br>Parkville Vic 3052 |
| CT | Coloplast Pty Ltd<br>Unit 6, 154 Highbury Road<br>Burwood Vic 3125 |
| DL | Dista Products (Australia) & Company<br>Waratah Street and Wharf Road<br>Ermington NSW 2115 |

| Codes | Manufacturer |
|---|---|
| DM | Dermacare Pty Ltd<br>61 Norman Street<br>Peakhurst NSW 2210 |
| DT | DermaTech Laboratories Pty Ltd<br>21 Victoria Avenue<br>Castle Hill NSW 2154 |
| DW | Delta West Pty Ltd<br>15 Brodie Hall Drive<br>Technology Park<br>Bentley WA 6102 |
| EG | Eagle Pharmaceuticals Pty Ltd<br>26 Winchcombe Place<br>Castle Hill NSW 2154 |
| EO | Ego Pharmaceuticals Pty Ltd<br>21-31 Malcolm Road<br>Braeside Vic 3195 |
| EX | Essex Laboratories<br>11 Gibbon Road<br>Baulkham Hills NSW 2153 |
| FA | F. H. Faulding & Co. Limited<br>1538 Main North Road<br>Salisbury SA 5108 |
| FC | Fisons Pty Ltd<br>7 Gladstone Road<br>Castle Hill NSW 2154 |
| FE | Farmitalia Carlo Erba<br>10 Ferntree Place<br>(Rear 310 Ferntree Gully Road)<br>Clayton North Vic 3168 |
| FM | Fawns and McAllan Pty Ltd<br>432 Mt Dandenong Road<br>Croydon Vic 3136 |
| FR | Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd<br>54-68 Ferndell Street<br>South Granville NSW 2142 |
| GA | Galderma Australia Pty Ltd<br>Allambie Grove Park<br>25 Frenchs Forest Road<br>Frenchs Forest NSW 2086 |
| GL | Glaxo Australia Pty Ltd<br>1061 Mountain Highway<br>Boronia Vic 3155 |
| GP | G. P. Laboratories<br>Wharf Road<br>West Ryde NSW 2114 |
| HA | Hamilton Laboratories Pty Ltd<br>217 Flinders Street<br>Adelaide SA 5000 |

| Codes | Manufacturer |
|---|---|
| HG | Hypoguard (Exports) Ltd<br>Dock Lane Melton<br>Woodbridge Suffolk<br>England 1P121PE<br>Australian Agents:<br>General Diabetes Services<br>Rear, 137 Mt Alexander Road<br>Flemington Vic 3031 |
| HO | Hollister Incorporated, U.S.A.<br>Australian Distributor<br>Sigma Co. Ltd |
| HP | Hoechst Australia Ltd<br>606 St Kilda Road<br>Melbourne Vic 3000 |
| IC | ICI Australia Operations Pty Ltd<br>ICI House, 1 Nicholson Street<br>Melbourne Vic 3000 |
| IQ | The Ioquin Company<br>Allambie Grove Park<br>25 Frenchs Forest Road<br>Frenchs Forest NSW 2086 |
| JC | Janssen-Cilag Pty Ltd<br>Unit 3, 706 Mowbray Road West<br>Lane Cove NSW 2066 |
| JJ | Johnson & Johnson (Australia) Pty Ltd<br>154 Pacific Highway<br>St Leonards NSW 2065 |
| JP | Janssen Pharmaceutica Pty Ltd<br>Unit 3, 706 Mowbray Road West<br>Lane Cove NSW 2066 |
| KC | Kimberly-Clark Australia Pty Ltd<br>20 Alfred South Street<br>Milsons Pt NSW 2061 |
| KE | Kendall Australasia Pty Ltd<br>Unit C, 6 Lyon Park Road<br>North Ryde NSW 2113 |
| KN | Knoll AG, Germany<br>27-31 Doody Street<br>Alexandria NSW 2015 |
| KY | Key Pharmaceuticals Pty Ltd<br>21 Leeds Street<br>Rhodes NSW 2138 |
| LA | L. A. Chemicals Pty Ltd<br>213 Angas Street<br>Adelaide SA 5000 |
| LE | Lederle Laboratories Division<br>Cyanamid Australia Pty Ltd<br>5 Gibbon Road<br>Baulkham Hills NSW 2153 |

| Codes | Manufacturer |
|---|---|
| LH | Lipha Pharmaceuticals, London, U.K.<br>Australian Distributor<br>3M Pharmaceuticals Pty Ltd |
| LY | Eli Lilly (Aust.) and Company<br>Wharf Road<br>West Ryde NSW 2114 |
| MB | May & Baker<br>Division of Rhône-Poulenc Rorer<br>Australia Pty Ltd<br>19-23 Paramount Road<br>West Footscray Vic 3012 |
| MG | J. McGloin Pty Ltd<br>20 Forrester Street<br>Kingsgrove NSW 2208 |
| MJ | Mead Johnson<br>320 Victoria Road<br>Rydalmere NSW 2116 |
| MK | Merck Sharp & Dohme (Australia) Pty Ltd<br>54-68 Ferndell Street<br>South Granville NSW 2142 |
| ML | Marion Merrell Dow Australia Pty Limited<br>Unit 1, 25 Frenchs Forest Road East<br>Frenchs Forest NSW 2086 |
| MM | 3M Pharmaceuticals Pty Ltd<br>9-15 Chilvers Road<br>Thornleigh NSW 2120 |
| NA | National Diagnostic Products<br>(Australia) Pty Ltd<br>12 Stella Close<br>Killara NSW 2071 |
| ND | Nordisk Products of<br>Novo Nordisk Pharmaceuticals Pty Ltd<br>22 Loyalty Road<br>North Rocks NSW 2151 |
| NE | Norgine Pty Ltd<br>532 Hampton Street<br>Hampton Vic 3188 |
| NN | Nelson Laboratories<br>Division of Laboratories Pharm-a-care<br>Pty Ltd<br>Unit 16<br>1 Jubilee Avenue<br>Warriewood NSW 2102 |
| NO | Novo Products of<br>Novo Nordisk Pharmaceuticals Pty Ltd<br>22 Loyalty Road<br>North Rocks NSW 2151 |
| NR | Nordia, Denmark<br>Australian Distributor<br>Ascot Pharmaceuticals Pty Ltd<br>33 Myrtle Street<br>North Sydney NSW 2060 |
| NS | Nicholas Products Pty Limited<br>4-10 Inman Road<br>Dee Why NSW 2099 |
| NT | Nestlé Australia Ltd<br>60 Bathurst Street<br>Sydney NSW 2000 |
| NW | Norwich Eaton Pharmaceuticals Pty Ltd<br>1062-1064 Centre Road<br>Oakleigh South Vic 3167 |
| OB | Oral B Laboratories Pty Ltd<br>221 Miller Street<br>North Sydney NSW 2060 |
| OL | Owen Laboratories<br>Division of Galderma Australia Pty Ltd<br>Allambie Grove Park<br>25 Frenchs Forest Road<br>Frenchs Forest NSW 2086 |
| OM | Colgate Oral Care<br>345 George Street<br>Sydney NSW 2000 |
| OR | Organon (Australia) Pty Ltd<br>31-33 Sirius Road<br>Lane Cove NSW 2066 |
| PD | Parke, Davis Pty Ltd<br>32 Cawarra Road<br>Caringbah NSW 2229 |
| PF | Pfizer Pty Ltd<br>Wharf Road<br>West Ryde NSW 2114 |
| PP | Petrus Pharmaceuticals<br>1360 Viveash Road<br>Swan View WA 6056 |
| PS | Pharmacia (Australia) Pty Ltd<br>4 Byfield Street<br>North Ryde NSW 2113 |
| PT | CP Protea<br>6 Chilvers Road<br>Thornleigh NSW 2120 |
| PV | Pasteur Mérieux Sérums & Vaccins<br>Division of Rhône-Poulenc Rorer<br>Australia Pty Ltd<br>19-23 Paramount Road<br>West Footscray Vic 3012 |

| Codes | Manufacturer |
|---|---|
| PY | Proctor & Gamble Australia Pty Ltd<br>99 Phillip Street<br>Parramatta NSW 2150 |
| RC | Reckitts Pty Ltd<br>44 Wharf Road<br>West Ryde NSW 2114 |
| RL | Roussel Uclaf Australia Pty Limited<br>Level 8<br>423 Pennant Hills Road<br>Pennant Hills NSW 2120 |
| RO | Roche Products Pty Ltd<br>Inman Road<br>Dee Why NSW 2099 |
| RR | Rorer Consumer<br>Division of Rhône-Poulenc Rorer<br>Australia Pty Ltd<br>19-23 Paramount Road<br>West Footscray Vic 3012 |
| SA | Sayco Pty Ltd<br>Unit 5<br>260-264 Wickham Road<br>Moorabbin Vic 3189 |
| SB | Scientific Hospital Supplies<br>(Australia) Pty Ltd<br>3/12 Hope Street<br>Ermington NSW 2115 |
| SC | Schering Pty Ltd<br>Australian Subsidiary of<br>Schering AG, Berlin<br>27-29 Doody Street<br>Alexandria NSW 2015 |
| SD | Syntex Pharmaceuticals Ltd<br>Funds of Australia Building,<br>10th Floor,<br>275 Alfred Street North<br>North Sydney NSW 2060 |
| SE | Servier Laboratories (Aust.) Pty Ltd<br>Servier House<br>13 Cato Street<br>Hawthorn Vic 3122 |
| SG | Serono Australia Pty Ltd<br>Unit 4, Allambie Grove Business Park<br>25 Frenchs Forest Road East<br>Frenchs Forest NSW 2086 |
| SH | Schering-Plough Pty Ltd<br>11 Gibbon Road<br>Baulkham Hills NSW 2153 |
| SI | Sigma Co. Ltd<br>P.O. Box 144,<br>Clayton Vic 3168 |

| Codes | Manufacturer |
|---|---|
| SJ | Sharpe Laboratories Pty Ltd<br>3/12 Hope Street<br>Ermington NSW 2115 |
| SK | SmithKline Beecham (Australia) Pty Ltd<br>300 Frankston Road<br>Dandenong Vic 3175 |
| SN | Smith & Nephew (Aust.) Pty Ltd<br>Wellington Road<br>Clayton Vic 3168 |
| SO | Scholl International (ANZ) Pty Ltd<br>255A Boundary Road<br>Braeside Vic 3195 |
| SR | Searle Laboratories<br>20 Clarke Street<br>Crows Nest NSW 2065 |
| SU | Sauter Laboratories (Aust.) Pty Ltd<br>60 Campbell Avenue<br>Dee Why NSW 2099 |
| SV | Stafford-Miller Limited<br>5-9 Enterprise Avenue<br>Padstow NSW 2211 |
| SX | Stiefel Laboratories Pty Limited<br>Unit 14, 5 Salisbury Road<br>Castle Hill NSW 2154 |
| SY | Schering AG<br>27-31 Doody Street<br>Alexandria NSW 2015 |
| SZ | Sandoz Australia Pty Ltd<br>54 Waterloo Road<br>North Ryde NSW 2113 |
| UP | Upjohn Pty Ltd<br>55-73 Kirby Street<br>Rydalmere NSW 2116 |
| UW | United Works of Pharmaceutical<br>and Dietetic Products, Hungary<br>Australian Distributor<br>Boucher & Muir Pty Ltd |
| VG | Vita Glow Pty Ltd<br>6 Hayes Street<br>Balgowlah NSW 2093 |
| WE | Wille Laboratories Pty Ltd<br>100 Antimony Street<br>Carole Park Qld 4300 |
| WL | Sterling Winthrop Pty Ltd<br>82 Hughes Avenue<br>Ermington NSW 2115 |
| WO | Wooltec Australia<br>80C Charles Street<br>Putney NSW 2112 |

| *Codes* | *Manufacturer* |
|---|---|
| WT | Whitehall Laboratories Pty Limited<br>102 Bonds Road<br>Punchbowl NSW 2196 |
| WW | Wm R. Warner<br>32 Cawarra Road<br>Caringbah NSW 2229 |
| WY | Wyeth Pharmaceuticals Pty Ltd<br>Gregory Place<br>Parramatta NSW 2150 |

# Emergency Drug (Doctor's Bag) Supplies

| *Code* | *Name of Pharmaceutical Benefit* | *Form, Strength and Volume* | *Maximum Quantity* |
|---|---|---|---|
| 3451P | Adrenaline | Injection 1 mg in 1 mL (1 in 1 000) | 5 |
| 3452Q | Aminophylline | I.V. injection 250 mg in 10 mL | 5 |
| 3453R | Atropine Sulfate | Injection 600 micrograms in 1 mL | 5 |
| 3455W | Chlorpromazine Hydrochloride | Injection 50 mg in 2 mL | 10 |
| or | or | | |
| 3456X | Haloperidol | Injection 5 mg in 1 mL | 10 |
| 3458B | Diazepam | Injection 10 mg in 2 mL | 5 |
| 3460D | Dihydroergotamine Mesylate | Injection 1 mg in 1 mL | 5 |
| 3461E | Diphtheria and Tetanus Vaccine, Adsorbed | Injection 0.5 mL | 10 |
| 3462F | Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use | Injection 0.5 mL | 10 |
| 3464H | Ergometrine Maleate | Injection 250 micrograms in 1 mL | 5 |
| 3465J | Erythromycin | I.M. injection 100 mg in 2 mL | 5 |
| 3466K | Frusemide | Injection 20 mg in 2 mL | 5 |
| 3467L | Glucagon Hydrochloride | Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe | 1 set |
| 3468M | Glucose | Injection 5 g in 10 mL (50%) | 5 |
| 3454T | Glyceryl Trinitrate | Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) | ‡1 |
| 3470P | Hydrocortisone Sodium Succinate | Injection set containing equivalent of | |
| or | or | 100 mg hydrocortisone and 2 mL solvent | 2 sets |
| 3471Q | Hydrocortisone Sodium Succinate | Injection set containing equivalent of | |
| or | or | 250 mg hydrocortisone and 2 mL solvent | 1 set |
| 3472R | Dexamethasone | Injection 4 mg in 1 mL | 5 |
| 3474W | Lignocaine Hydrochloride | Injection 100 mg in 5 mL | 4 |
| 3476Y | Metoclopramide Hydrochloride | Injection 10 mg in 2 mL | 10 |
| or | or | | |
| 3477B | Prochlorperazine | Injection 12.5 mg in 1 mL | 10 |
| 3479D | Morphine Sulfate | Injection 15 mg in 1 mL | 5 |
| or | or | | |
| 3480E | Morphine Sulfate | Injection 30 mg in 1 mL | 5 |
| 3482G | Naloxone Hydrochloride | Injection (pre-filled syringe) 2 mg in 5 mL | 2 |
| 3483H | Pethidine Hydrochloride | Injection 100 mg in 2 mL | 5 |
| 3485K | Procaine Penicillin | Injection (pre-filled syringe) 1.5 g | 10 |
| or | or | | |
| 6999J | Benzylpenicillin | Injection 600 mg (with sterilised Water for Injections 2 mL) | 10 |
| 3488N | Promethazine Hydrochloride | Injection 50 mg in 2 mL | 10 |
| 3496B | Salbutamol Sulfate | Nebuliser solution, single dose units 2.5 mg (base) in 2.5 mL, 30 | 1 pack of 30 |
| 3497C | Salbutamol Sulfate | Nebuliser solution, single dose units 5 mg (base) in 2.5 mL, 30 | 1 pack of 30 |
| 3490Q | Terbutaline Sulfate | Injection 100 micrograms in 1 mL | 5 |
| or | or | | |
| 3491R | Terbutaline Sulfate | Injection 500 micrograms in 1 mL | 5 |
| 3493W | Tetanus Vaccine, Adsorbed | Injection 0.5 mL | 10 |
| 3494X | Verapamil Hydrochloride | Injection 5 mg in 2 mL | 5 |

**NOTE**—*Only those brands of benefits listed in Section 2 (White Pages) may be ordered on a Doctor's Bag Order Form.*

# Section 2

Special Pharmaceutical Benefits

General, Pensioner and Restricted Benefits

Preparations which may be Prescribed by Participating Dental Practitioners for Dental Treatment Only

## SYMBOLS USED IN THE SCHEDULE

An arrow ( ➤ ) in front of a restriction indicates an additional or amended purpose in this issue.

An asterisk ( * ) against the dispensed price of a benefit indicates that the manufacturer's pack does not coincide with the maximum quantity.

A double dagger ( ‡ ) in the maximum quantity column indicates an item for which the maximum quantity has been specially determined to correspond to the manufacturer's pack and the manufacturer's standard pack should be prescribed/supplied. For any item where a maximum quantity greater than 1 is marked with a double dagger ( ‡ ), that maximum quantity should be prescribed/supplied.

A gauge sign ( # ) against the dispensed price of a benefit indicates that the product is not preconstituted and that a special dispensing fee of $5.16 is included in the dispensed price.

Where a STATE is indicated after a manufacturer's code, that brand may be available only in the State indicated. NSW—(N); Vic—(V); Qld—(Q); SA—(S); WA—(W); Tas—(T).

### Brand equivalence

"a" located immediately before brand names of a particular strength of an item indicates that the sponsors of these brands have submitted evidence that they have been demonstrated to be bioequivalent or therapeutically equivalent, or that justification for not needing bioequivalence or therapeutic equivalence data has been provided to and accepted by the Department. It would thus be expected that these brands may be interchanged without differences in clinical effect.

For other brands of an item, i.e. those not indicated as above, it is unknown whether or not they are equivalent. This may be for several reasons, such as bioequivalence data not being considered necessary when the products were approved for marketing, or that advice or data have not been forthcoming from sponsors. This does not necessarily suggest a lack of safety or efficacy, but in these circumstances caution should be taken if brands are interchanged.

"b" attached to brand names indicates that these brands are also equivalent, but that it is not known if there is equivalence between brands marked "a" and brands marked "b".

## RESTRICTED BENEFITS

All restricted items are printed in ***bold italics.***

A straight line is drawn between entries for different forms and strengths of an item to indicate clearly the different restrictions which apply to these various forms and strengths.

The maximum quantity and/or number of repeats in respect of an item shown in the Schedule may be varied by the General Manager of the Health Insurance Commission when issuing an Authority Prescription (Form PB86) or an Authority to Prescribe (Form PB15). The quantity and number of repeats shown on the authority shall be supplied. (See paragraph 89 of Section 1—Explanatory Notes (Lemon Pages).) Payment will be made on the basis of the price shown for that item in the Schedule.

## CODES FOR INJECTABLE ITEMS WITH ALLOWABLE SOLVENTS

The entry in this Schedule of those pharmaceutical benefit injectable items which require a solvent includes the codes of the items with the relevant solvents. For each such item—

First code is for the injectable with 2 mL sterilised water for injections
Second code is for the injectable with 5 mL sterilised water for injections
Third code is for the injectable with 10 mL sterilised water for injections
Fourth code is for the injectable with 2 mL sodium chloride injection 9 mg per mL (0.9%)
Fifth code is for the injectable with 5 mL sodium chloride injection 9 mg per mL (0.9%)
Sixth code is for the injectable with 10 mL sodium chloride injection 9 mg per mL (0.9%)

For dental injectable items the additional codes are for the injectable with 2 mL, 5 mL and 10 mL sterilised water for injections respectively.

# GENERAL STATEMENT FOR LIPID-LOWERING DRUGS PRESCRIBED AS PHARMACEUTICAL BENEFITS

Having taken into account the Consensus Statement which resulted from the October 1991 consensus conference on the management of hyperlipidaemia, the following criteria, as recommended by the Pharmaceutical Benefits Advisory Committee, qualify the indications 'hypercholesterolaemia' and 'hypertriglyceridaemia' in relation to the prescribing of cholestyramine, clofibrate, colestipol hydrochloride, gemfibrozil and simvastatin as pharmaceutical benefits.

As far as authority prescriptions approvals are concerned, the Health Insurance Commission will accept the terms 'hypercholesterolaemia' and 'hypertriglyceridaemia' to indicate that the drugs are being prescribed in accordance with the criteria below.

**QUALIFYING CRITERIA FOR HYPERCHOLESTEROLAEMIA/HYPERTRIGLYCERIDAEMIA**

***Dietary Therapy***

At least six months' intensive dietary therapy must be undertaken before resorting to drug treatment. Exceptions are patients at risk of pancreatitis, those who have had coronary artery by-pass surgery or coronary angioplasty, and those who have a definite history of coronary heart disease. In these cases shorter periods of dietary therapy may be appropriate.

In addition to dietary advice, specific advice should be provided about life-style changes to modify risk factors such as smoking, obesity, excessive alcohol intake and physical inactivity.

***Cholesterol Levels***

1. In addition to dietary therapy, drug therapy is indicated in patients who have had coronary artery by-pass surgery or coronary angioplasty, and in patients who have a definite history of coronary heart disease, where the serum cholesterol level is 6.5 mmol per litre or above, and such patients qualify for pharmaceutical benefit availability.

2. Drug therapy may also be beneficial in patients with a serum cholesterol level of 6.5 mmol per litre or above in association with one or more of the following risk factors—

   hypertension
   family history of cardiovascular disease (first degree relative less than 60 years of age)
   diabetes mellitus
   cigarette smoking

   and such patients qualify for pharmaceutical benefit availability if the serum cholesterol level remains 6.5 mmol per litre or above after six months' intensive dietary therapy.

   It should be noted that the more risk factors that are present, the greater the absolute risk, the stronger the indication to treate dyslipidaemia, and the more cost effective the treatment.

3. For patients without any of the above risk factors, drug therapy as a pharmaceutical benefit may commence only when the serum cholesterol level is 7.5 mmol per litre or above after six months' intensive dietary therapy.

NOTE: In all cases where drug therapy is instituted, dietary therapy should continue.

(continued)

### *Triglyceride Levels*

Drug therapy is available only when the fasting serum trigyceride level is in excess of 4 mmol per litre (8.5 mmol per litre for clofibrate) after the appropriate dietary therapy including reduction of alcohol intake.

### *Choice of Drug*

**Predominant hypercholesterolaemia.** Because of established efficacy and long term safety, a bile acid resin (cholestyramine or colestipol) should be tried as initial therapy. If cholestyramine or colestipol are unsatisfactory simvastatin, gemfibrozil or nicotinic acid may be used.

**Mixed Hyperlipidaemia.** The preferred drugs are gemfibrozil, nicotinic acid or simvastatin.

**Predominant Hypertriglyceridaemia.** The drugs recommended are gemfibrozil or nicotinic acid.

### *Measurement of Plasma Lipids*

The decision to commence drug therapy should be based on at least two measurements made at an accredited laboratory.

## SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Special Patient Contribution for Max. Qty | Reimbursement Price for Max. Qty | Total Dispensed Price for Max. Qty | Maximum Recordable Value for Safety Net |
|---|---|---|---|---|---|---|---|
| | | | | $ | $ | $ | $ |
| | ***BLEOMYCIN (Blenoxane BQ)*** | | | | | | |
| | **CAUTION:** | | | | | | |
| | ***Bleomycin can cause irreversible pulmonary fibrosis.*** | | | | | | |
| | ***Germ cell neoplasms; Lymphoma.*** | | | | | | |
| ***2315W*** | ***Injection 15 units bleomycin activity (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)*** | ***10*** | .. | ***540.17*** | ***526.00*** | ***1066.17*** | ***15.90*** |
| | ***CLOMIPHENE CITRATE (Clomid ML)*** | | | | | | |
| | ***Anovulatory infertility; Patients undergoing in-vitro fertilisation.*** | | | | | | |
| | **NOTE:** | | | | | | |
| | ***Care must be taken to comply with the provisions of State law when prescribing clomiphene citrate.*** | | | | | | |
| ***1211R*** | ***Tablet 50 mg*** | ***10*** | ***5*** | ***32.14*** | ****30.61*** | ****62.75*** | ***15.90*** |
| | POLYGELINE (Haemaccel HP) | | | | | | |
| 2334W | I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL | 3 | .. | 7.20 | *53.58 | *60.78 | 15.90 |
| | ***SELEGILINE HYDROCHLORIDE (Eldepryl RC)*** | | | | | | |
| | **Authority required.** | | | | | | |
| | ***Adjunctive therapy in late stage Parkinson's disease in patients being treated with levodopa with benserazide or levodopa with carbidopa.*** | | | | | | |
| ***1973W*** | ***Tablet 5 mg*** | ***100*** | ***5*** | ***39.67*** | ***80.02*** | ***119.69*** | ***15.90*** |

## GENERAL, PENSIONER AND RESTRICTED BENEFITS

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ACETAZOLAMIDE | | | | | | | |
| 1004W | Tablet 250 mg | 100 | 3 | .. | 13.60 | 14.36 | Diamox | LE |
| 2376C | Capsule 500 mg (sustained release) | 50 | 3 | .. | 14.48 | 15.24 | Diamox | LE |
| 1005X | Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents) | 1 | .. | .. | 12.01 | 12.77 | Diamox | LE |
| | ***ACETYLCYSTEINE*** | | | | | | | |
| | ***Bronchiectasis;*** | | | | | | | |
| | ***Cystic fibrosis (mucoviscidosis).*** | | | | | | | |
| ***2630K*** | ***Solution for inhalation 200 mg per mL (20%), 10 mL*** | ***5*** | ***3*** | .. | ***34.37*** | ***15.90*** | ***Mucomyst*** | ***AP*** |
| | ***ACYCLOVIR*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Moderate or severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.*** | | | | | | | |
| ***1003T*** | ***Tablet 200 mg*** | ***50*** | .. | .. | ****104.59*** | ***15.90*** | ***Zovirax 200 mg*** | ***BW*** |
| | **Authority required.** | | | | | | | |
| | ***Moderate to severe recurrent genital herpes (more than ten attacks per year). Microbiological confirmation of diagnosis is required prior to issue of authority.*** | | | | | | | |
| ***1007B*** | ***Tablets 200 mg, 90*** | ***‡1*** | ***2*** | .. | ***178.91*** | ***15.90*** | ***Zovirax 200 mg*** | ***BW*** |
| | **Authority required.** | | | | | | | |
| | ***Suppression of genital herpes in severely immunocompromised patients.*** | | | | | | | |
| ***1009D*** | ***Tablets 200 mg, 90*** | ***‡1*** | ***5*** | .. | ***178.91*** | ***15.90*** | ***Zovirax 200 mg*** | ***BW*** |
| | **Authority required.** | | | | | | | |
| | ➤ ***Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***No repeats will be issued.*** | | | | | | | |
| ***1101Y*** | ***Tablets 400 mg, 70*** | ***‡1*** | .. | .. | ***252.60*** | ***15.90*** | ***Zovirax 400 mg*** | ***BW*** |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***ACYCLOVIR—cont.*** | | | | | | | |
| | ***Eye infections caused by herpes simplex virus.*** | | | | | | | |
| ***1002R*** | ***Eye ointment 30 mg per g (3%), 4.5 g*** | ***‡1*** | ***..*** | ***..*** | ***21.83*** | ***15.90*** | ***Zovirax*** | ***BW*** |
| | ADRENALINE | | | | | | | |
| 1016L | Injection 1 mg in 1 mL (1 in 1,000) | 5 | 1 | .. | 7.42 | 8.18 | AP | |
| 2434D | Eye drops 5 mg per mL (0.5%), 7.5 mL | ‡1 | 5 | .. | 7.46 | 8.22 | Eppy/N | BF |
| 3031M | Eye drops 5 mg per mL (0.5%), 10 mL | ‡1 | 5 | .. | 9.97 | 10.73 | Epifrin | AG |
| 1014J | Eye drops 10 mg per mL (1%), 7.5 mL | ‡1 | 5 | .. | 7.86 | 8.62 | Eppy/N | BF |
| 2955M | Eye drops 10 mg per mL (1%), 10 mL | ‡1 | 5 | .. | 10.19 | 10.95 | Epifrin | AG |
| 1015K | Eye drops 20 mg per mL (2%), 10 mL | ‡1 | 5 | .. | 14.43 | 15.19 | Epifrin | AG |
| | ALLOPURINOL | | | | | | | |
| 2600W | Tablet 100 mg | 200 | 2 | .. | *12.85 | 13.61 | [a] Progout 100 | AF |
| | | | | 0.48 | *13.33 | 13.61 | [a] Zyloprim | BW |
| 2604C | Tablet 300 mg | 60 | 2 | .. | *9.67 | 10.43 | [a] Progout 300 | AF |
| | | | | 0.44 | *10.11 | 10.43 | [a] Zyloprim | BW |
| 2601X | Capsule 100 mg | 200 | 2 | .. | *12.85 | 13.61 | Capurate-100 | FM |
| 2603B | Capsule 300 mg | 60 | 2 | .. | *9.67 | 10.43 | Capurate-300 | FM |
| | ALPRENOLOL HYDROCHLORIDE | | | | | | | |
| 2991K | Tablet 100 mg | 100 | 5 | .. | 10.67 | 11.43 | Aptin | AP |
| | ***ALTEPLASE*** | | | | | | | |
| | ***(Recombinant tissue-type plasminogen activator)*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment in a hospital of acute myocardial infarction within six hours of onset of attack where the patient has received parenteral streptokinase within the preceding twelve months.*** | | | | | | | |
| ***1029E*** | ***Injection set containing one vial 50 mg in 2333 mg dry powder, one vial sterile water for injection 50 mL and one transfer cannula*** | ***2*** | ***..*** | ***..*** | ****1878.41*** | ***15.90*** | ***Actilyse*** | ***BY*** |
| | ALUMINIUM HYDROXIDE | | | | | | | |
| 2153H | Oral suspension 321 mg per 5 mL, 500 mL | 2 | 5 | .. | *10.23 | 10.99 | Amphojel | WT |
| | ALUMINIUM HYDROXIDE with KAOLIN | | | | | | | |
| 2552H | Oral suspension 137 mg–1 g per 5 mL, 500 mL | ‡1 | 2 | .. | 6.90 | 7.66 | Kaomagma | WT |
| | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE | | | | | | | |
| 2576N | Tablet 200 mg–200 mg | 200 | 5 | .. | *10.23 | 10.99 | Gelusil | WW |
| | | | | | | | Mylanta | PD |
| 2156L | Oral suspension 215 mg–80 mg per 5 mL, 500 mL | 2 | 5 | .. | *10.23 | 10.99 | Simeco | WT |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE—cont. | | | | | | | |
| 2157M | Oral suspension 200 mg–200 mg per 5 mL, 500 mL | 2 | 5 | .. | *10.23 | 10.99 | Gelusil<br>Mylanta<br>Sodexol | WW<br>PD<br>SC |
| 2155K | Oral suspension 306 mg–97.5 mg per 5 mL, 500 mL | 2 | 5 | .. | *10.23 | 10.99 | Aludrox | WT |
| | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE | | | | | | | |
| 2158N | Oral suspension 306 mg–97.5 mg–10 mg per 5 mL, 500 mL | 2 | 5 | .. | *10.23 | 10.99 | Mucaine | WT |
| | ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE | | | | | | | |
| 1032H | Tablet 250 mg–120 mg–120 mg | 200 | 5 | .. | *10.23 | 10.99 | Gastrogel | FM |
| 2159P | Oral suspension 250 mg–120 mg–120 mg per 5 mL, 500 mL | 2 | 5 | .. | *10.23 | 10.99 | Gastrogel | FM |
| | ***AMANTADINE HYDROCHLORIDE***<br>***Parkinson's disease which is not drug induced.*** | | | | | | | |
| ***3016R*** | ***Capsule 100 mg*** | ***100*** | ***5*** | ..<br>***1.08*** | ***26.12***<br>***27.20*** | ***15.90***<br>***15.90*** | ***Antadine***<br>***Symmetrel*** | ***BT***<br>***CG*** |
| | AMILORIDE HYDROCHLORIDE<br>**CAUTION:**<br>Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. | | | | | | | |
| 3109P | Tablet 5 mg | 100 | 1 | ..<br>0.48 | *9.07<br>*9.55 | 9.83<br>9.83 | [a] Kaluril<br>[a] Midamor | AF<br>MK |
| | AMINACRINE HYDROCHLORIDE | | | | | | | |
| 1035L | Eye drops 3 mg in 15 mL | ‡1 | 2 | .. | 7.61 | 8.37 | Aminopt | SI |
| | ***AMINO ACID FORMULA without PHENYLALANINE***<br>***Phenylketonuria.*** | | | | | | | |
| ***3071P*** | ***Powder 250 g*** | ***2*** | ***5*** | .. | ***210.45** | ***15.90*** | ***PK AID I*** | ***SB*** |
| ***3072Q*** | ***Powder 250 g*** | ***2*** | ***5*** | .. | ***249.57** | ***15.90*** | ***PK AID II*** | ***SB*** |
| ***1450H*** | ***Food supplement powder 500 g*** | ***‡1*** | ***5*** | .. | ***186.47*** | ***15.90*** | ***Aminogran*** | ***F.S.GL*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE***<br>***Pyridoxine non-responsive homocystinuria.*** | | | | | | | |
| ***3077Y*** | ***Powder 200 g*** | ***5‡*** | ***5*** | .. | ***268.37** | ***15.90*** | ***RVHB Maxamaid*** | ***SB*** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE*** ***Phenylketonuria.*** | | | | | | | |
| ***3073R*** | ***Powder 200 g*** | ***20*** | ***5*** | .. | ****905.37*** | ***15.90*** | ***Maxamaid XP*** | **SB** |
| ***3076X*** | ***Powder 200 g*** | ***20*** | ***5*** | .. | ****1410.57*** | ***15.90*** | ***Maxamum XP*** | **SB** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE*** ***Tyrosinaemia.*** | | | | | | | |
| ***3078B*** | ***Powder 200 g*** | ***10*** | ***5*** | .. | ****815.57*** | ***15.90*** | ***XPhen, Tyr Maxamum*** | **SB** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE*** ***Maple syrup urine disease.*** | | | | | | | |
| ***3075W*** | ***Powder 200 g*** | ***5*** | ***5*** | .. | ****549.57*** | ***15.90*** | ***M.S.U.D. AID*** | **SB** |
| ***1045B*** | ***Powder 200 g*** | ***10*** | ***5*** | .. | ****521.87*** | ***15.90*** | ***M.S.U.D. Maxamaid*** | **SB** |
| | ***AMINOGLUTETHIMIDE*** **Authority required.** ***Post-menopausal metastatic breast cancer in patients who have failed to respond adequately to endocrine manipulation; Cushing's syndrome.*** **NOTE:** ***Replacement therapy with a corticosteroid is essential.*** | | | | | | | |
| ***1036M*** | ***Tablet 250 mg*** | ***100*** | ***5*** | .. | ***143.36*** | ***15.90*** | ***Cytadren*** | **CG** |
| | AMINOPHYLLINE | | | | | | | |
| 1038P | I.V. injection 250 mg in 10 mL | 5 | .. | .. | 8.19 | 8.95 | SI | |
| | ***AMIODARONE HYDROCHLORIDE*** **CAUTION:** ***Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.*** **Authority required.** ***For the continuing treatment of severe refractory cardiac arrhythmias where treatment with amiodarone hydrochloride was initiated in a hospital (in-patient or out-patient).*** | | | | | | | |
| ***2344J*** | ***Tablet 100 mg*** | ***30*** | ***5*** | .. | ***20.19*** | ***15.90*** | ***‡ Aratac 100*** ***‡ Cordarone X 100*** | **AF** **RC** |
| ***2343H*** | ***Tablet 200 mg*** | ***30*** | ***5*** | .. | ***30.59*** | ***15.90*** | ***‡ Aratac 200*** ***‡ Cordarone X 200*** | **AF** **RC** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | AMITRIPTYLINE HYDROCHLORIDE | | | | | | | |
| 2417F | Tablet 10 mg | 50 | 2 | .. | 4.71 | 5.50 | Endep 10 | AF |
| | | | | 0.51 | 5.22 | 5.50 | Tryptanol | MK |
| 2418G | Tablet 25 mg | 50 | 2 | .. | 5.23 | 5.99 | [a] Endep 25 | AF |
| | | | | 0.51 | 5.74 | 5.99 | [a] Tryptanol | MK |
| 2429W | Tablet 50 mg | 50 | 2 | .. | 6.39 | 7.15 | Endep 50 | AF |
| | AMMONIUM CHLORIDE | | | | | | | |
| 1044Y | Tablet 500 mg | 100 | 5 | .. | 10.17 | 10.93 | FM | |
| | AMOXYCILLIN | | | | | | | |
| 1883D | Chewable tablet 250 mg | 20 | 1 | .. | 7.78 | 8.54 | [a] Amoxil | SK |
| | | | | | | | [a] Moxacin | CS |
| 1884E | Capsule 250 mg | 20 | 1 | .. | 6.99 | 7.75 | [a] Alphamox 250 | AF |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox 250 | FC |
| | | | | 0.38 | 7.37 | 7.75 | [a] Moxacin | CS |
| | | | | 0.43 | 7.42 | 7.75 | [a] Amoxil | SK |
| 1889K | Capsule 500 mg | 20 | 1 | .. | 10.30 | 11.06 | Alphamox 500 | AF |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox 500 | FC |
| | | | | 0.53 | 10.83 | 11.06 | [a] Amoxil | SK |
| | | | | 0.55 | 10.85 | 11.06 | [a] Moxacin | CS |
| 1878W | Sachet containing oral powder 3 g | 1 | .. | .. | 7.63 | 8.39 | [a] Amoxil | SK |
| | | | | | | | [a] Moxacin | CS |
| 1888J | Powder for paediatric oral drops 100 mg per mL, 20 mL | ‡1 | 1 | .. | #10.15 | 11.25 | Amoxil | SK |
| 1886G | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | #8.67 | 9.77 | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox | FC |
| | | | | 0.18 | #8.85 | 9.77 | [a] Moxacin | CS |
| | | | | 0.21 | #8.88 | 9.77 | [a] Amoxil | SK |
| 1887H | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #10.05 | 11.15 | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox | FC |
| | | | | 0.37 | #10.42 | 11.15 | [a] Amoxil Forte | SK |
| | | | | 0.38 | #10.43 | 11.15 | [a] Moxacin 250 | CS |
| 1877T | Injection 1 g with 4 mL solvent | 5 | 1 | .. | *15.77 | 15.90 | Ibiamox | FC |
| | AMOXYCILLIN with CLAVULANIC ACID<br>**NOTE:**<br>This combination should not be used in preference to amoxycillin unless resistance to amoxycillin is suspected or proven. | | | | | | | |
| 1890L | Tablet 250 mg–125 mg | 15 | 1 | .. | 12.29 | 13.05 | Augmentin | SK |
| 1891M | Tablet 500 mg–125 mg | 15 | 1 | .. | 16.00 | 15.90 | Augmentin Forte | SK |
| 1892N | Powder for syrup 125 mg–31.25 mg per 5 mL, 75 mL | ‡1 | 1 | .. | #10.72 | 11.82 | Augmentin | SK |
| 1893P | Powder for syrup 250 mg–62.5 mg per 5 mL, 75 mL | ‡1 | .. | .. | #13.02 | 14.12 | Augmentin Forte | SK |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | AMPHOTERICIN | | | | | | | |
| 2931G | Lozenge 10 mg | 20 | 1 | .. | 6.07 | 6.83 | Fungilin | BQ |
| 1047D | Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents) | 1 | .. | .. | 20.22 | 15.90 | Fungizone | BQ |
| 2927C | Cream 30 mg per g (3%), 15 g | ‡1 | 1 | .. | 5.62 | 6.38 | Fungilin | BQ |
| 2929E | Ointment 30 mg per g (3%), 15 g | ‡1 | 1 | .. | 5.62 | 6.38 | Fungilin | BQ |
| | AMPICILLIN | | | | | | | |
| 1048E | Capsule 250 mg | 24 | 1 | ..<br>2.82 | 7.53<br>10.35 | 8.29<br>8.29 | Alphacin 250<br>Penbritin | AF<br>SK |
| 2671N | Capsule 500 mg | 24 | .. | ..<br>2.42 | 11.00<br>13.42 | 11.76<br>11.76 | Alphacin 500<br>Penbritin | AF<br>SK |
| 2389R | Injection 250 mg (solvent required) (codes 6519D, 6520E, 6521F, 6522G, 6523H, 6524J apply to above item with approved solvents) | 5 | 1 | .. | 7.83 | 8.59 | Austrapen | CS |
| 2390T | Injection 500 mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents) | 5 | 1 | .. | 9.77 | 10.53 | [a] Ampicyn<br>[a] Austrapen | FC<br>CS |
| 2977Q | Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents) | 5 | 1 | .. | 13.73 | 14.49 | [a] Ampicyn<br>[a] Austrapen | FC<br>CS |
| | ***AMYLOBARBITONE SODIUM***<br>***Epilepsy.*** | | | | | | | |
| ***1059R*** | ***Injection 500 mg (solvent required) (codes 6543J, 6544K, 6545L, 6546M, 6547N, 6548P apply to above item with approved solvents)*** | ***2*** | .. | .. | ****11.93*** | ***12.69*** | ***Amytal Sodium*** | ***LY*** |
| | ANTAZOLINE with NAPHAZOLINE | | | | | | | |
| 1075N | Eye drops 5 mg (sulfate)–250 micrograms (nitrate) per mL (0.5%–0.025%), 10 mL | ‡1 | 5 | .. | 6.61 | 7.37 | Antistine-Privine | CG |
| 1077Q | Eye drops 5 mg (phosphate)–500 micrograms (hydrochloride) per mL (0.5%–0.05%), 15 mL | ‡1 | 5 | .. | 8.45 | 9.21 | Albalon-A | AG |
| | ANTIVENOM—RED BACK SPIDER | | | | | | | |
| 1980F | Injection 500 units | 2 | .. | .. | *182.79 | 15.90 | CS | |
| | ASPIRIN | | | | | | | |
| 1008C | Tablet 300 mg | 100 | 1 | .. | 5.13 | 5.89 | Spren | SI |
| 1010E | Tablet 300 mg (dispersible) | 100 | 1 | .. | 5.20 | 5.96 | Solprin | RC |
| 3110Q | Tablet 325 mg (buffered) | 100 | 1 | .. | 5.88 | 6.64 | Bufferin | MJ |
| 1230R | Tablet 650 mg (enteric coated) | 100 | 2 | .. | 8.41 | 9.17 | Ecotrin | SK |
| 1231T | Tablet 650 mg (sustained release) | 100 | 2 | .. | 8.41 | 9.17 | S.R.A. | BT |

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|---|---|---|---|---|---|---|---|---|
| | ATENOLOL | | | | | | | |
| 1081X | Tablet 50 mg | 30 | 5 | .. | 9.84 | 10.60 | [a] Noten | AF |
| | | | | 1.00 | 10.84 | 10.60 | [a] Tenormin | IC |
| | ATROPINE SULFATE | | | | | | | |
| 2704H | Tablet 600 micrograms | 100 | 2 | .. | 9.21 | 9.97 | FM | |
| 1089H | Injection 600 micrograms in 1 mL | 5 | 1 | .. | 7.70 | 8.46 | AP | |
| 1091K | Injection 1.2 mg in 1 mL | 5 | 1 | .. | 7.81 | 8.57 | AP | |
| 1092L | Eye drops 5 mg per mL (0.5%), 15 mL | ‡1 | 2 | .. | 7.50 | 8.26 | Atropt | SI |
| 1093M | Eye drops 10 mg per mL (1%), 15 mL | ‡1 | 2 | .. | 7.50 | 8.26 | Atropt | SI |
| | AURANOFIN<br>**CAUTION:**<br>Regular blood and urine checks are essential. | | | | | | | |
| 1095P | Tablet 3 mg | 60 | 5 | .. | 46.16 | 15.90 | Ridaura | SK |
| | AUROTHIOGLUCOSE | | | | | | | |
| 2021J | Injection 50 mg per mL, 10 mL | 1 | .. | .. | 95.42 | 15.90 | Gold-50 | SH |
| | AZATHIOPRINE | | | | | | | |
| 2688L | Tablet 25 mg | 100 | 2 | .. | 46.64 | 15.90 | Imuran | BW |
| 2687K | Tablet 50 mg | 100 | 2 | .. | 75.36 | 15.90 | [a] Imuran | BW |
| | | | | | | | [a] Thioprine | AF |
| | BACLOFEN | | | | | | | |
| 2729P | Tablet 10 mg | 100 | 5 | .. | 39.87 | 15.90 | [a] Clofen 10 | AF |
| | | | | 0.95 | 40.82 | 15.90 | [a] Lioresal 10 | CG |
| 2730Q | Tablet 25 mg | 100 | 5 | .. | 81.67 | 15.90 | [a] Clofen 25 | AF |
| | | | | 0.95 | 82.62 | 15.90 | [a] Lioresal 25 | CG |
| | ***BECLOMETHASONE DIPROPIONATE***<br>**Authority required.**<br>***Severe intractable rhinitis.*** | | | | | | | |
| ***1657F*** | ***Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)*** | ***‡1*** | ***1*** | .. | ***13.47*** | ***14.23*** | ***Aldecin Aqueous Beconase AQ*** | ***SH GL*** |
| ***1637E*** | ***Aqueous nasal spray refill 50 micrograms per dose (200 doses)*** | ***‡1*** | ***1*** | .. | ***11.35*** | ***12.11*** | ***Aldecin Aqueous*** | ***SH*** |
| | BECLOMETHASONE DIPROPIONATE | | | | | | | |
| 1649T | Capsule 100 micrograms (oral inhalation) | 200 | 5 | .. | *26.43 | 15.90 | Becotide Rotacaps | GL |
| 1650W | Oral pressurised inhalation 50 micrograms per dose (200 doses) | ‡1 | 5 | .. | 10.05 | 10.81 | Aldecin<br>Becotide | SH<br>GL |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | BECLOMETHASONE DIPROPIONATE—cont. | | | | | | | |
| 1651X | Oral pressurised inhalation 100 micrograms per dose (200 doses) | ‡1 | 5 | .. | 16.52 | 15.90 | Becotide 100 | GL |
| 1652Y | Oral pressurised inhalation 250 micrograms per dose (200 doses) **CAUTION:** Higher doses of inhaled beclomethasone may suppress the hypothalamic-pituitary-adrenal axis. | ‡1 | 5 | .. | 30.80 | 15.90 | Becloforte | GL |
| | BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulfate and Hyoscine Hydrobromide | | | | | | | |
| 2705J | Tablet 92.5 micrograms-13.5 micrograms-9.9 micrograms | 100 | 2 | .. | 5.25 | 6.01 | Atrobel | FM |
| 2706K | Tablet 138.7 micrograms-20.3 micrograms-14.8 micrograms | 100 | 2 | .. | 5.34 | 6.10 | Atrobel Forte | FM |
| | BELLADONNA ALKALOIDS Hyoscyamine Sulfate, Atropine Sulfate and Hyoscine Hydrobromide | | | | | | | |
| 2916L | Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms | 100 | 2 | .. | 5.39 | 6.15 | Donnatab | WT |
| | BENDROFLUAZIDE | | | | | | | |
| 1105E | Tablet 2.5 mg | 100 | 1 | .. | 6.87 | 7.63 | Aprinox-M | BT |
| 1106F | Tablet 5 mg | 100 | 1 | .. | 7.11 | 7.87 | Aprinox | BT |
| | BENZATHINE PENICILLIN | | | | | | | |
| 1766Y | Injection 1.8 g in 4 mL, disposable syringe | 1 | .. | .. | 22.95 | 15.90 | Bicillin L-A | WY |
| | BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYLPENICILLIN POTASSIUM | | | | | | | |
| 1767B | Injection set 450 mg-300 mg-187 mg containing 1 vial and 2 mL sterilised water for injections | 1 | .. | .. | 13.36 | 14.12 | Bicillin All-Purpose | WY |
| | BENZHEXOL HYDROCHLORIDE | | | | | | | |
| 1109J | Tablet 2 mg | 200 | 2 | .. | 8.04 | 8.80 | Artane | LE |
| 1110K | Tablet 5 mg | 200 | 1 | .. | 9.93 | 10.69 | Artane | LE |
| | ***BENZOIN*** ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2683F*** | ***Compound tincture 3.5 mL per 10 mL (35%), 167 mL aerosol spray*** | ***‡1*** | .. | .. | ***10.10*** | ***10.86*** | ***EG*** | |
| | BENZTROPINE MESYLATE | | | | | | | |
| 2362H | Tablet 2 mg | 60 | 2 | .. | *6.69 | 7.45 | Cogentin | MK |
| 3038X | Injection 2 mg in 2 mL | 5 | .. | .. | 16.99 | 15.90 | Cogentin | MK |

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|---|---|---|---|---|---|---|---|---|
| | BENZYL BENZOATE | | | | | | | |
| 1114P | Application 50 g in 200 mL (25%) | ‡1 | 2 | .. | 5.78 | 6.54 | Benzemul | MG |
| | BENZYLPENICILLIN | | | | | | | |
| 1774J | Injection 300 mg (solvent required) (codes 6555B, 6556C, 6557D, 6558E, 6559F, 6560G apply to above item with approved solvents) | 5 | 1 | .. | 10.23 | 10.99 | CS | |
| 1775K | Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents) | 5 | 1 | .. | 11.27 | 12.03 | CS | |
| 2647H | Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents) | 10 | .. | .. | *45.15 | 15.90 | CS | |
| | BETAMETHASONE | | | | | | | |
| 1117T | Tablet 500 micrograms | 30 | 4 | .. | 5.99 | 6.75 | Celestone | SH |
| | ***BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE*** ***Alopecia areata;*** ***For local intra-articular or peri-articular infiltration;*** ***Granulomata dermal;*** ***Keloid;*** ***Lichen planus hypertrophic;*** ***Lichen simplex chronicus;*** ***Lupus erythematosus, chronic discoid;*** ***Necrobiosis lipoidica;*** ***Uveitis*** | | | | | | | |
| ***2694T*** | ***Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL*** | ***5*** | .. | .. | ***18.85*** | ***15.90*** | ***Celestone Chronodose*** | ***SH*** |
| | BETAMETHASONE DIPROPIONATE | | | | | | | |
| 1115Q | Cream 500 micrograms per g (0.05%), 15 g | ‡1 | 1 | .. | 5.46 | 6.22 | [a] Diprosone<br>[a] Eleuphrat | SH<br>EX |
| 1119X | Ointment 500 micrograms per g (0.05%), 15 g | ‡1 | 1 | .. | 5.46 | 6.22 | [a] Diprosone<br>[a] Eleuphrat | SH<br>EX |
| 1118W | Scalp lotion 500 micrograms per g (0.05%), 30 mL | ‡1 | .. | .. | 8.41 | 9.17 | [a] Diprosone<br>[a] Eleuphrat | SH<br>EX |

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|---|---|---|---|---|---|---|---|---|
| | BETAMETHASONE VALERATE | | | | | | | |
| 2812B | Cream 200 micrograms per g (0.02%), 100 g | 2 | .. | .. | *9.89 | 10.65 | Betnovate 1/5 | GL |
| | | | | | | | Celestone–M | SH |
| 2813C | Cream 500 micrograms per g (0.05%), 15 g | ‡1 | 1 | .. | 5.41 | 6.17 | Betnovate 1/2 | GL |
| | | | | | | | Celestone–V Half Strength | SH |
| 2820K | Ointment 200 micrograms per g (0.02%), 100 g | 2 | .. | .. | *9.89 | 10.65 | Celestone–M | SH |
| 2815E | Ointment 500 micrograms per g (0.05%), 15 g | ‡1 | 1 | .. | 5.41 | 6.17 | Betnovate 1/2 | GL |
| | | | | | | | Celestone–V Half Strength | SH |
| 2814D | Gel 500 micrograms per g (0.05%), 15 g | ‡1 | 1 | .. | 5.41 | 6.17 | Betnovate 1/2 | GL |
| | BETAXOLOL HYDROCHLORIDE | | | | | | | |
| 2825Q | Eye drops 5 mg (base) per mL (0.5%), 5 mL | ‡1 | 5 | .. | 11.93 | 12.69 | Betoptic | AQ |
| | BETHANECHOL CHLORIDE | | | | | | | |
| 1062X | Tablet 10 mg | 100 | 2 | .. | 9.42 | 10.18 | Uro–Carb | HA |
| | | | | 0.49 | *9.91 | 10.18 | Urecholine | MK |
| 1071J | Injection 5 mg in 1 mL | 2 | .. | .. | *11.51 | 12.27 | Urecholine | MK |
| | BIPERIDEN HYDROCHLORIDE | | | | | | | |
| 2544X | Tablet 2 mg | 200 | 2 | .. | *17.87 | 15.90 | Akineton | KN |
| | ***BISACODYL*** ***For use by paraplegic and quadriplegic patients; For use by patients who are receiving long–term nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved; Anorectal congenital abnormalities; Acquired megacolon; Hirschprung's disease.*** | | | | | | | |
| ***1259G*** | ***Tablet 5 mg*** | ***200*** | ***2*** | .. | ****10.33*** | ***11.09*** | ***Bisalax*** | ***FC*** |
| ***1260H*** | ***Suppositories 10 mg, 10*** | ***3*** | ***5*** | .. | ****18.42*** | ***15.90*** | ***Durolax*** | ***BY*** |
| ***1263L*** | ***Enemas 10 mg in 5 mL, 25*** | ***‡1*** | ***2*** | .. | ***34.59*** | ***15.90*** | ***Bisalax*** | ***FC*** |
| | BISMUTH SUBCITRATE **CAUTION:** Long–term bismuth therapy is potentially toxic. | | | | | | | |
| 2203Y | Tablet 107.7 mg (Bi) | 112 | 2 | .. | 27.98 | 15.90 | De–Nol | PD |
| | ***BLEOMYCIN*** ***See Special Pharmaceutical Benefits*** | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| | ***BROMOCRIPTINE MESYLATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.*** | | | | | | | |
| ***1443Y*** | ***Tablet 2.5 mg*** | ***60*** | ***5*** | ***..*** | ***36.32*** | ***15.90*** | ***Parlodel*** | ***SZ*** |
| ***1446D*** | ***Capsule 5 mg*** | ***60*** | ***5*** | ***..*** | ***69.06*** | ***15.90*** | ***Parlodel*** | ***SZ*** |
| ***1445C*** | ***Capsule 10 mg*** | ***100*** | ***5*** | ***..*** | ***232.63*** | ***15.90*** | ***Parlodel*** | ***SZ*** |
| | ***Urgent suppression of physiological lactation.*** | | | | | | | |
| ***1444B*** | ***Tablet 2.5 mg*** | ***30*** | ***..*** | ***..*** | ***20.22*** | ***15.90*** | ***Parlodel*** | ***SZ*** |
| | ***BUDESONIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Severe intractable rhinitis.*** | | | | | | | |
| ***2075F*** | ***Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)*** | ***‡1*** | ***..*** | ***..*** | ***19.08*** | ***15.90*** | ***Rhinocort Aqueous*** | ***AP*** |
| | **Authority required.** | | | | | | | |
| | ***Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.*** | | | | | | | |
| ***2065Q*** | ***Nebuliser suspension single dose units 500 micrograms in 2 mL, 30*** | ***‡1*** | ***5*** | ***..*** | ***31.13*** | ***15.90*** | ***Pulmicort Respules*** | ***AP*** |
| ***2066R*** | ***Nebuliser suspension single dose units 1 mg in 2 mL, 30*** | ***‡1*** | ***5*** | ***..*** | ***41.98*** | ***15.90*** | ***Pulmicort Respules*** | ***AP*** |
| | BUDESONIDE | | | | | | | |
| 2067T | Oral pressurised inhalation 50 micrograms per dose (200 doses) | ‡1 | 5 | .. | 10.87 | 11.63 | Pulmicort | AP |
| 2068W | Oral pressurised inhalation 100 micrograms per dose (200 doses) | ‡1 | 5 | .. | 16.00 | 15.90 | Pulmicort | AP |
| 2069X | Oral pressurised inhalation 200 micrograms per dose (200 doses) | ‡1 | 5 | .. | 24.35 | 15.90 | Pulmicort | AP |
| 2070Y | Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses) | ‡1 | 5 | .. | 20.33 | 15.90 | Pulmicort Turbuhaler | AP |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | BUDESONIDE—cont. | | | | | | | |
| 2071B | Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses) | ‡1 | 5 | .. | 28.01 | 15.90 | Pulmicort Turbuhaler | AP |
| 2072C | Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses) | ‡1 | 5 | .. | 43.38 | 15.90 | Pulmicort Turbuhaler | AP |
| | BUMETANIDE | | | | | | | |
| 1130L | Tablet 1 mg | 100 | 1 | .. | 9.49 | 10.25 | Burinex | AP |
| | BUSULFAN | | | | | | | |
| 1128J | Tablet 2 mg | 100 | .. | .. | 34.48 | 15.90 | Myleran | BW |
| | ***BUTYL MONOESTER POLYMER with ETHANOL*** ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2680C*** | ***Paste 60 g*** | ***‡1*** | ***..*** | ***..*** | ***13.03*** | ***13.79*** | ***Stomahesive Paste*** | ***BQ*** |
| | ***BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL*** ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2503R*** | ***Protective dressing aerosol 120 g*** | ***‡1*** | ***..*** | ***..*** | ***15.73*** | ***15.90*** | ***Skin-Prep*** | ***SN*** |
| ***2504T*** | ***Protective dressing solution 59 mL*** | ***‡1*** | ***..*** | ***..*** | ***12.63*** | ***13.39*** | ***Skin-Prep*** | ***SN*** |
| ***2510D*** | ***Protective dressing wipes, 50*** | ***‡1*** | ***..*** | ***..*** | ***15.27*** | ***15.90*** | ***Skin-Prep*** ***Uro-Prep*** | ***SN*** ***SA*** |
| | ***CALCITONIN*** **NOTE:** ***The maximum quantities for calcitonin shown represent the number of individual ampoules/vials and NOT multiples of the manufacturers' packs.*** **Authority required.** ***Proven active Paget's disease of bone causing pain or disability; Treatment initiated in a hospital (in-patient or out-patient) of hypercalcaemia; For the continuation of treatment of patients already established on calcitonin under section 100 arrangements.*** **NOTE:** ***Application for initial authority for use in Paget's disease in patients not already established on calcitonin under section 100 arrangements must state the date and details of radiological and biochemical tests confirming the presence of this disease.*** | | | | | | | |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***CALCITONIN—cont.*** | | | | | | | |
| ***2994N*** | ***Injection (porcine)***<br>***160 i.u. with 2 mL gelatin solvent***<br>**NOTE:**<br>***Manufacturer's pack is 10 vials plus 10 vials solvent*** | ***20*** | ***5*** | ***..*** | ****339.97*** | ***15.90*** | ***Calcitare*** | ***MB*** |
| ***2995P*** | ***Injection (salmon)***<br>***50 i.u. in 1 mL ampoule***<br>**NOTE:**<br>***Manufacturer's pack is 5 ampoules*** | ***30*** | ***5*** | ***..*** | ****145.89*** | ***15.90*** | ***Miacalcic*** | ***SZ*** |
| ***2996Q*** | ***Injection (salmon)***<br>***80 i.u. in 0.8 mL ampoule***<br>**NOTE:**<br>***Manufacturer's pack is 5 ampoules*** | ***15*** | ***5*** | ***..*** | ****104.67*** | ***15.90*** | ***Miacalcic*** | ***SZ*** |
| ***2997R*** | ***Injection (salmon)***<br>***100 i.u. in 1 mL ampoule***<br>**NOTE:**<br>***Manufacturer's pack is 5 ampoules*** | ***15*** | ***5*** | ***..*** | ****117.78*** | ***15.90*** | ***Calsynar***<br>***Miacalcic*** | ***MB***<br>***SZ*** |
| ***2998T*** | ***Injection (salmon)***<br>***400 i.u. in 2 mL vial***<br>**NOTE:**<br>***Manufacturer's pack is a single vial*** | ***4*** | ***5*** | ***..*** | ****106.93*** | ***15.90*** | ***Calsynar*** | ***MB*** |
| | **Authority required.**<br>***Proven active Paget's disease of bone, or hypercalcaemia, in patients unable to tolerate both pork and salmon calcitonin or who are resistant to treatment with either pork or salmon calcitonin.*** | | | | | | | |
| ***2999W*** | ***Injection (synthetic human)***<br>***0.5 mg with 1 mL solvent***<br>**NOTE:**<br>***Manufacturer's pack is 5 ampoules plus 5 ampoules solvent*** | ***15*** | ***5*** | ***..*** | ****185.07*** | ***15.90*** | ***Cibacalcin*** | ***CG*** |
| | ***CALCITRIOL***<br>**Authority required.**<br>***Established post-menopausal osteoporosis with one or more non-traumatic vertebral compression fractures on x-ray;***<br>***Hypocalcaemia due to renal disease;***<br>***Hypoparathyroidism;***<br>***Hypophosphataemic rickets;***<br>***Vitamin D-resistant rickets.*** | | | | | | | |
| ***2502Q*** | ***Capsule 0.25 microgram*** | ***100*** | ***5*** | ***..*** | ***56.37*** | ***15.90*** | ***Rocaltrol*** | ***RO*** |

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|---|---|---|---|---|---|---|---|---|
| | ***CALCIUM*** ***Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.*** | | | | | | | |
| ***3116B*** | ***Tablet (chewable) 500 mg (as carbonate)*** | ***120*** | ***1*** | ***..*** | ****11.55*** | ***12.31*** | ***Cal-Sup*** | ***MM*** |
| ***3117C*** | ***Tablet 600 mg (as carbonate)*** | ***120*** | ***1*** | ***..*** | ****11.77*** | ***12.53*** | ***Caltrate*** | ***LE*** |
| ***3122H*** | ***Compound effervescent tablet equivalent to 1 g (25 mmol) $Ca^{2+}$*** | ***60*** | ***1*** | ***..*** | ****14.05*** | ***14.81*** | ***Sandocal 1000*** | ***SZ*** |
| | **NOTE:** ***Each 'Sandocal 1000' tablet also contains 18 mmol $Na^{+}$.*** | | | | | | | |
| | ***CALCIUM FOLINATE*** ***Antidote to folic acid antagonists.*** | | | | | | | |
| ***2308L*** | ***Tablet equivalent to 15 mg folinic acid*** | ***10*** | ***..*** | ***..*** | ***98.10*** | ***15.90*** | ***BL LE*** | |
| | **NOTE:** ***Increased quantities may be authorised up to a maximum of 20 tablets. Repeats will not be authorised.*** | | | | | | | |
| ***2309M*** | ***Injection equivalent to 3 mg folinic acid in 1 mL*** | ***5*** | ***..*** | ***..*** | ***15.25*** | ***15.90*** | ***BL*** | |
| | ***CAPTOPRIL*** ***Cardiac failure; Hypertension.*** | | | | | | | |
| ***1147J*** | ***Tablet 12.5 mg*** | ***90*** | ***5*** | ***..*** | ***28.67*** | ***15.90*** | ***Capoten*** | ***BQ*** |
| ***1148K*** | ***Tablet 25 mg*** | ***90*** | ***5*** | ***..*** | ***39.32*** | ***15.90*** | ***Capoten*** | ***BQ*** |
| ***1149L*** | ***Tablet 50 mg*** | ***90*** | ***5*** | ***..*** | ***72.87*** | ***15.90*** | ***Capoten*** | ***BQ*** |
| | CARBACHOL | | | | | | | |
| 2535K | Eye drops 15 mg per mL (1.5%), 15 mL | ‡1 | 5 | .. | 10.79 | 11.55 | AQ | |
| 2536L | Eye drops 30 mg per mL (3%), 15 mL | ‡1 | 5 | .. | 10.92 | 11.68 | AQ | |
| | CARBAMAZEPINE | | | | | | | |
| 2422L | Tablet 100 mg | 200 | 2 | .. | 19.23 | 15.90 | Tegretol 100 | CG |
| 2419H | Tablet 200 mg | 200 | 2 | .. | 33.44 | 15.90 | [a] Teril | AF |
| | | | | 0.60 | 34.04 | 15.90 | [a] Tegretol 200 | CG |
| 2427R | Oral suspension 100 mg per 5 mL, 300 mL | ‡1 | 5 | .. | 18.48 | 15.90 | Tegretol | CG |
| | CARBIMAZOLE | | | | | | | |
| 1153Q | Tablet 5 mg | 200 | 2 | .. | *10.67 | 11.43 | Neo-Mercazole | NS |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | CARBOPLATIN | | | | | | | |
| 1160C | Solution for I.V. injection 50 mg in 5 mL | 2 | .. | .. | *107.45 | 15.90 | [a] Paraplatin [a] BL | BQ |
| 1161D | Solution for I.V. injection 150 mg in 15 mL | 6 | .. | .. | *717.57 | 15.90 | [a] Paraplatin [a] BL | BQ |
| 1162E | Solution for I.V. injection 450 mg in 45 mL | 2 | .. | .. | *519.25 | 15.90 | [a] Paraplatin [a] BL | BQ |
| | ***CARMELLOSE SODIUM with PECTIN and GELATIN*** ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2327L*** | ***Powder 333 mg-333 mg-333 mg per g (33.3%-33.3%-33.3%), 28.3 g*** | ***‡1*** | .. | .. | ***10.72*** | ***11.48*** | ***Stomahesive Powder*** | ***BQ*** |
| | CEFACLOR | | | | | | | |
| 1155T | Capsule 250 mg | 15 | 1 | .. | 12.29 | 13.05 | Ceclor | LY |
| 2460L | Powder for oral suspension 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | #12.49 | 13.59 | Ceclor | LY |
| 2461M | Powder for oral suspension 250 mg per 5 mL, 75 mL | ‡1 | .. | .. | #13.02 | 14.12 | Ceclor | LY |
| | ***CEFOTAXIME*** **Authority required.** ***Treatment where less costly alternative therapy is inappropriate for:*** ***Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent;*** ***Septicaemia, suspected or proven.*** | | | | | | | |
| ***1085D*** | ***Injection 1 g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)*** | ***5*** | .. | .. | ****58.12*** | ***15.90*** | ***Claforan*** | ***RL*** |
| ***1086E*** | ***Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)*** | ***5*** | .. | .. | ****107.47*** | ***15.90*** | ***Claforan*** | ***RL*** |
| | ***CARMELLOSE SODIUM*** **Authority required.** ***Severe dry eye syndrome where less costly alternative preparations are inappropriate.*** | | | | | | | |
| ***2324H*** | ***Eye drops 10 mg per mL (1%) single dose units 0.4 mL, 30*** | ***4*** | ***5*** | .. | ****33.93*** | ***15.90*** | ***Celluvisc*** | ***AG*** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***CEFOTETAN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for:*** | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent;*** | | | | | | | |
| | ***Septicaemia, suspected or proven.*** | | | | | | | |
| ***1772G*** | ***Injection 1 g (solvent required) (codes 6639K, 6640L, 6641M, 6642N, 6643P, 6644Q apply to above item with approved solvents)*** | ***10*** | .. | .. | ***143.27*** | ***15.90*** | ***Apatef*** | ***LE*** |
| ***1773H*** | ***Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)*** | ***10*** | .. | .. | ***241.57*** | ***15.90*** | ***Apatef*** | ***LE*** |
| | ***CEFTRIAXONE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for:*** | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent;*** | | | | | | | |
| | ***Septicaemia, suspected or proven.*** | | | | | | | |
| ***1790F*** | ***Injection 250 mg (solvent required) (codes 6885J, 6886K, 6887L, 6888M, 6889N, 6890P apply to above item with approved solvents)*** | ***2*** | .. | .. | ****32.17*** | ***15.90*** | ***Rocephin*** | ***RO*** |
| ***1783W*** | ***Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)*** | ***2*** | .. | .. | ****44.93*** | ***15.90*** | ***Rocephin*** | ***RO*** |
| ***1784X*** | ***Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)*** | ***2*** | .. | .. | ****68.47*** | ***15.90*** | ***Rocephin*** | ***RO*** |
| ***1785Y*** | ***Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)*** | ***2*** | .. | .. | ****123.69*** | ***15.90*** | ***Rocephin*** | ***RO*** |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***CEFTRIAXONE—cont.*** | | | | | | | |
| | ***Gonorrhoea.*** | | | | | | | |
| ***1782T*** | ***Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)*** | ***1*** | ***..*** | ***..*** | ***17.87*** | ***15.90*** | ***Rocephin*** | ***RO*** |
| | CEPHALEXIN | | | | | | | |
| 3058Y | Capsule 250 mg | 20 | 1 | .. | 7.37 | 8.13 | [a] Ibilex 250 | AF |
| | | | | 0.63 | 8.00 | 8.13 | Ceporex | GL |
| | | | | 0.75 | 8.12 | 8.13 | [a] Keflex | LY |
| 3119E | Capsule 500 mg | 20 | 1 | .. | 10.39 | 11.15 | [a] Ibilex 500 | AF |
| | | | | 0.65 | 11.04 | 11.15 | Ceporex | GL |
| | | | | 0.77 | 11.16 | 11.15 | [a] Keflex | LY |
| 3094W | Granules for syrup 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | #9.88 | 10.98 | [a] Ibilex 125 | AF |
| | | | | 0.65 | #10.53 | 10.98 | Ceporex | GL |
| | | | | 0.77 | #10.65 | 10.98 | [a] Keflex | LY |
| 3095X | Granules for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #12.08 | 13.18 | [a] Ibilex 250 | AF |
| | | | | 0.65 | #12.73 | 13.18 | Ceporex | GL |
| | | | | 0.77 | #12.85 | 13.18 | [a] Keflex | LY |
| | CEPHALOTHIN | | | | | | | |
| 2964B | Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents) | 5 | .. | .. | *20.82 | 15.90 | Keflin Neutral | LY |
| | ***CEPHAZOLIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for:*** | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that cephazolin is an appropriate therapeutic agent;*** | | | | | | | |
| | ***Septicaemia, suspected or proven.*** | | | | | | | |
| ***1256D*** | ***Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)*** | ***5*** | ***..*** | ***..*** | ***20.95*** | ***15.90*** | ***Cefamezin*** | ***SI*** |
| | | | | ***..*** | ****20.97*** | ***15.90*** | ***Kefzol*** | ***LY*** |
| ***1257E*** | ***Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)*** | ***5*** | ***..*** | ***..*** | ****36.57*** | ***15.90*** | ***Kefzol*** | ***LY*** |
| | | | | ***..*** | ***36.57*** | ***15.90*** | ***Cefamezin*** | ***SI*** |
| | ***CHARCOAL, ACTIVATED*** | | | | | | | |
| | ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2718C*** | ***Tablet 300 mg*** | ***500*** | ***1*** | ***..*** | ***20.07*** | ***15.90*** | ***Ad-Sorb*** | ***MM*** |
| | | | | | | | ***Karbons*** | ***EG*** |
| | | | | | | | ***WE (NQ)*** | |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | CHLORAMBUCIL | | | | | | | |
| 1163F | Tablet 2 mg | 100 | 2 | .. | *70.89 | 15.90 | Leukeran | BW |
| 1164G | Tablet 5 mg | 100 | 2 | .. | *84.89 | 15.90 | Leukeran | BW |
| | ***CHLORAMPHENICOL*** ***Bacterial meningitis; Intracranial bacterial infections; Intraocular infections; Rickettsioses; Typhoid; Other serious infections where positive bacteriological evidence confirms that chloramphenicol is the ONLY appropriate antibiotic.*** **CAUTION:** ***Chloramphenicol may cause aplastic anaemia.*** | | | | | | | |
| ***1174T*** | ***Capsule 250 mg*** | ***16*** | .. | .. | ***9.02*** | ***9.78*** | ***Chloromycetin*** | ***PD*** |
| ***1167K*** | ***Injection 1.2 g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)*** | ***3*** | .. | .. | ****54.72*** | ***15.90*** | ***Chloromycetin Succinate*** | ***PD*** |
| | CHLORAMPHENICOL | | | | | | | |
| 1172Q | Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL | ‡1 | 2 | .. | 6.77 | 7.53 | Chloromycetin | PD |
| 2360F | Eye drops 5 mg per mL (0.5%), 10 mL | ‡1 | 2 | .. | 6.32 | 7.08 | Chloromycetin | PD |
| | | | | | | | Chlorsig | SI |
| 1171P | Eye ointment 10 mg per g (1%), 4 g | ‡1 | .. | .. | 5.88 | 6.64 | Chloromycetin | PD |
| | | | | | | | Chlorsig | SI |
| | **CAUTION:** Topical chloramphenicol may cause aplastic anaemia. | | | | | | | |
| | CHLORAMPHENICOL with POLYMYXIN B SULFATE | | | | | | | |
| 1181E | Eye drops 5 mg (0.5%)– 5,000 units per mL, 10 mL | ‡1 | 2 | .. | 6.36 | 7.12 | Chloromyxin | PD |
| 1177Y | Eye ointment 10 mg (1%)– 5,000 units per g, 4 g | ‡1 | .. | .. | 6.02 | 6.78 | Chloromyxin | PD |
| | **CAUTION:** Topical chloramphenicol may cause aplastic anaemia. | | | | | | | |
| | CHLORHEXIDINE GLUCONATE | | | | | | | |
| 1066D | Solution 50 mg per mL (5%), 200 mL | ‡1 | 1 | .. | 8.88 | 9.64 | Hibitane Concentrate | IC |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***CHLORMETHIAZOLE EDISYLATE*** | | | | | | | |
| | ***Status epilepticus.*** | | | | | | | |
| ***1409E*** | ***I.V. infusion 8 mg per mL (0.8%), 500 mL*** | ***1*** | .. | .. | ***21.79*** | ***15.90*** | ***Hemineurin*** | ***AP*** |
| | CHLOROQUINE | | | | | | | |
| 1184H | Tablet equivalent to 150 mg (approx.) chloroquine base | 100 | .. | .. | 8.14 | 8.90 | Chlorquin | FC |
| | | | | 0.38 | 8.52 | 8.90 | Nivaquine | MB |
| | CHLOROTHIAZIDE | | | | | | | |
| 1187L | Tablet 500 mg | 100 | 1 | .. | *9.79 | 10.55 | Chlotride | AD |
| | ***CHLORPROMAZINE HYDROCHLORIDE*** | | | | | | | |
| | ***Chorea;*** | | | | | | | |
| | ***Hyperactive states of organic or toxic delirium;*** | | | | | | | |
| | ***Malignant neoplasia (late stage);*** | | | | | | | |
| | ***Radiation sickness;*** | | | | | | | |
| | ***Severe conduct disorders of children;*** | | | | | | | |
| | ***Major psychoses including—*** | | | | | | | |
| | ***Major organic psychoses including arteriopathic dementia;*** | | | | | | | |
| | ***Manic-depressive disorder—manic phase;*** | | | | | | | |
| | ***Paranoid states;*** | | | | | | | |
| | ***Schizophrenia;*** | | | | | | | |
| | ***Senile dementia.*** | | | | | | | |
| ***1196Y*** | ***Tablet 10 mg*** | ***100*** | ***1*** | .. | ***6.69*** | ***7.45*** | ***Largactil*** | ***MB*** |
| ***1197B*** | ***Tablet 25 mg*** | ***100*** | ***1*** | .. | ***8.19*** | ***8.95*** | ***Largactil*** | ***MB*** |
| ***1199D*** | ***Tablet 100 mg*** | ***100*** | ***1*** | .. | ***12.01*** | ***12.77*** | ***Largactil*** | ***MB*** |
| ***1201F*** | ***Mixture 25 mg per 5 mL, 100 mL*** | ***‡1*** | ***4*** | .. | ***6.87*** | ***7.63*** | ***Largactil*** | ***MB*** |
| ***1195X*** | ***Injection 50 mg in 2 mL*** | ***10*** | .. | .. | ***10.90*** | ***11.66*** | ***Largactil*** | ***MB*** |
| | CHLORPROPAMIDE | | | | | | | |
| 1202G | Tablet 250 mg | 100 | 5 | .. | 11.27 | 12.03 | Diabinese | PF |
| | CHLORTHALIDONE | | | | | | | |
| 1585K | Tablet 25 mg | 100 | 1 | .. | *9.79 | 10.55 | Hygroton | CG |
| | ***CHOLESTYRAMINE*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***See General Statement for Lipid-Lowering Drugs (page 3, Section 2).*** | | | | | | | |
| | ***Bile salt malabsorption;*** | | | | | | | |
| | ***Hypercholesterolaemia in accordance with the qualifying criteria;*** | | | | | | | |
| | ***Pruritus associated with partial biliary obstruction;*** | | | | | | | |
| | ***Severe diarrhoea associated with pelvic irradiation.*** | | | | | | | |
| ***2967E*** | ***Sachets 4.7 g (equivalent to 4 g cholestyramine), 50*** | ***2*** | ***5*** | .. | ***51.97*** | ***15.90*** | ***Questran Lite*** | ***AP*** |
| ***2978R*** | ***Sachets 9.4 g (equivalent to 8 g cholestyramine), 50*** | ***‡1*** | ***5*** | .. | ***49.10*** | ***15.90*** | ***Questran Lite*** | ***AP*** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | CHOLINE THEOPHYLLINATE | | | | | | | |
| 2789T | Tablet 200 mg | 100 | 5 | .. | 6.58 | 7.34 | Brondecon-PD<br>Choledyl | PD<br>WW |
| 2786P | Elixir 50 mg per 5 mL, 500 mL | ‡1 | 5 | .. | 7.35 | 8.11 | Brondecon Elixir-PD | PD |
| | CIMETIDINE | | | | | | | |
| 1157X | Tablet 200 mg | 120 | 2 | .. | 34.55 | 15.90 | Tagamet | SK |
| 1158Y | Tablet 400 mg | 60 | 2 | .. | 34.55 | 15.90 | Tagamet | SK |
| 1159B | Tablet 800 mg | 30 | 1 | .. | 34.55 | 15.90 | Tagamet | SK |
| 1156W | Effervescent tablet 800 mg (as hydrochloride) | 30 | 1 | .. | 34.55 | 15.90 | Tagamet 800 Express | SK |
| | ***CIPROFLOXACIN***<br>**Authority required.**<br>***Serious infections for which no other oral antimicrobial agent is appropriate.*** | | | | | | | |
| ***1208N*** | ***Tablet 250 mg*** | ***14*** | .. | .. | ***35.47*** | ***15.90*** | ***Ciproxin 250*** | ***BN*** |
| ***1209P*** | ***Tablet 500 mg*** | ***14*** | .. | .. | ***64.07*** | ***15.90*** | ***Ciproxin 500*** | ***BN*** |
| ***1210Q*** | ***Tablet 750 mg*** | ***14*** | .. | .. | ***93.77*** | ***15.90*** | ***Ciproxin 750*** | ***BN*** |
| | ***CISAPRIDE***<br>**Authority required.**<br>***Gastroparesis;<br>Severe reflux oesophagitis unresponsive to other measures.*** | | | | | | | |
| ***1188M*** | ***Tablet 5 mg*** | ***90*** | ***5*** | .. | ***23.37*** | ***15.90*** | ***Prepulsid*** | ***JC*** |
| ***1189N*** | ***Tablet 10 mg*** | ***90*** | ***5*** | .. | ***35.47*** | ***15.90*** | ***Prepulsid*** | ***JC*** |
| ***1190P*** | ***Oral suspension 1 mg per mL, 200 mL*** | ***‡1*** | ***5*** | .. | ***21.17*** | ***15.90*** | ***Prepulsid*** | ***JC*** |
| | CISPLATIN | | | | | | | |
| 2578Q | I.V. injection 10 mg in 10 mL | 1 | .. | .. | 17.10 | 15.90 | BL | |
| 2579R | I.V. injection 50 mg in 50 mL | 1 | .. | .. | 39.87 | 15.90 | BL | |
| 2580T | I.V. injection 100 mg in 100 mL | 1 | .. | .. | 68.47 | 15.90 | BL | |
| | ***CLINDAMYCIN***<br>***Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.*** | | | | | | | |
| ***3138E*** | ***Capsule 150 mg*** | ***25*** | .. | .. | ***12.19*** | ***12.95*** | ***Dalacin C*** | ***UP*** |
| ***3139F*** | ***Granules for syrup 75 mg per 5 mL, 100 mL*** | ***‡1*** | .. | .. | ***#20.35*** | ***15.90*** | ***Dalacin C*** | ***UP*** |
| | CLIOQUINOL | | | | | | | |
| 3030L | Cream 10 mg per g (1%), 30 g | ‡1 | .. | .. | 5.70 | 6.46 | Vioform | SI |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***CLOFIBRATE*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***See General Statement for Lipid-Lowering Drugs (page 3, Section 2).*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Hypertriglyceridaemia in accordance with the qualifying criteria. (Triglyceride levels in excess of 8.5 mmol per litre.)*** | | | | | | | |
| ***2892F*** | ***Capsule 500 mg*** | ***100*** | ***5*** | ***..*** | ***13.14*** | ***13.90*** | ***Col*** | ***AF*** |
| | | | | ***0.20*** | ***13.34*** | ***13.90*** | ***Atromid-S*** | ***IC*** |
| | ***CLOMIPHENE CITRATE*** | | | | | | | |
| | ***See Special Pharmaceutical Benefits*** | | | | | | | |
| | ***CLOMIPRAMINE HYDROCHLORIDE*** | | | | | | | |
| | ***Cataplexy associated with narcolepsy; Obsessive compulsive disorders; Phobic disorders in adults.*** | | | | | | | |
| ***1561E*** | ***Tablet 25 mg*** | ***50*** | ***2*** | ***..*** | ***17.47*** | ***15.90*** | ***Anafranil*** | ***CG*** |
| | ***CLONAZEPAM*** | | | | | | | |
| | ***Epilepsy.*** | | | | | | | |
| ***1805B*** | ***Tablet 500 micrograms*** | ***200*** | ***2*** | ***..*** | ***16.00*** | ***15.90*** | ***Rivotril*** | ***RO*** |
| ***1806C*** | ***Tablet 2 mg*** | ***200*** | ***2*** | ***..*** | ***25.46*** | ***15.90*** | ***Rivotril*** | ***RO*** |
| ***1808E*** | ***Paediatric oral drops 2.5 mg in 1 mL, 10 mL*** | ***2*** | ***..*** | ***..*** | ****10.09*** | ***10.85*** | ***Rivotril*** | ***RO*** |
| ***1807D*** | ***Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)*** | ***5*** | ***..*** | ***..*** | ***8.58*** | ***9.34*** | ***Rivotril*** | ***RO*** |
| | CLONIDINE | | | | | | | |
| 3145M | Tablet 100 micrograms | 100 | 5 | .. | 20.91 | 15.90 | Catapres 100 | BY |
| 3141H | Tablet 150 micrograms | 100 | 5 | .. | 27.51 | 15.90 | Catapres | BY |
| | CLOTRIMAZOLE | | | | | | | |
| 1017M | Cream 10 mg per g (1%), 20 g | ‡1 | 1 | .. | 5.77 | 6.53 | Clonea | AF |
| | | | | 0.63 | 6.40 | 6.53 | Lotremin | SH |
| | | | | 0.64 | 6.41 | 6.53 | Canesten | BN |
| 1027C | Lotion 10 mg per mL (1%), 20 mL | ‡1 | 1 | .. | 6.41 | 7.17 | Canesten | BN |
| | | | | | | | Lotremin | SH |
| 1018N | Pessaries 100 mg, 6 | ‡1 | .. | .. | 7.55 | 8.31 | Canesten | BN |
| | | | | | | | Gyne-Lotremin | SH |
| 1020Q | Pessary 500 mg | 1 | .. | .. | 7.55 | 8.31 | Canesten 1 | BN |
| 1019P | Vaginal cream 50 mg per 5 g (1%), 35 g | ‡1 | .. | .. | 7.41 | 8.17 | Canesten | BN |
| | | | | | | | Gyne-Lotremin | SH |
| 1006Y | Vaginal cream 100 mg per 5 g (2%), 20 g | ‡1 | .. | .. | 7.41 | 8.17 | Canesten 3 | BN |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | CLOXACILLIN | | | | | | | |
| 2300C | Capsule 250 mg | 24 | .. | .. | 11.27 | 12.03 | Alclox 250 | AF |
| 1120Y | Capsule 500 mg | 24 | .. | .. | 18.97 | 15.90 | Alclox 500 | AF |
| | CODEINE PHOSPHATE | | | | | | | |
| 1214X | Tablet 30 mg | 20 | .. | .. | 8.03 | 8.79 | [a] FA<br>[a] FM | |
| | | | | 0.27 | 8.30 | 8.79 | Codate | MB |
| | CODEINE PHOSPHATE with ASPIRIN | | | | | | | |
| 1222H | Tablet 30 mg–325 mg<br>**NOTE:**<br>Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics. | 20 | .. | .. | 5.87 | 6.63 | Codral Forte | BW |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | | | | |
| 1215Y | Tablet 30 mg–500 mg<br>**NOTE:**<br>Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics. | 20 | .. | .. | 5.98 | 6.74 | [a] Dymadon Forte<br>[a] Panadeine Forte Caplets | BW<br>WL |
| | COLCHICINE | | | | | | | |
| 1227N | Tablet 500 micrograms | 100 | 2 | .. | 6.18 | 6.94 | Colgout | FC |
| | ***COLESTIPOL HYDROCHLORIDE***<br>**NOTE:**<br>***See General Statement for Lipid-Lowering Drugs (page 3, Section 2).***<br>***Hypercholesterolaemia in accordance with the qualifying criteria.*** | | | | | | | |
| ***1224K*** | ***Sachets 5 g, 120*** | ***‡1*** | ***5*** | .. | ***59.67*** | ***15.90*** | ***Colestid*** | ***UP*** |
| | COLISTIN | | | | | | | |
| 2621Y | Injection 150 mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents) | 5 | .. | .. | *172.97 | 15.90 | Coly-Mycin | WW |
| | COLISTIN with NEOMYCIN | | | | | | | |
| 2756C | Ear drops 3 mg–3.3 mg per mL, 10 mL | ‡1 | 2 | .. | 8.23 | 8.99 | Coly-Mycin | WW |
| | COPPER SULFATE | | | | | | | |
| 1228P | Diagnostic compound tablets, 36 | 2 | 3 | .. | *15.51 | 15.90 | Clinitest | AM |
| | CORTISONE ACETATE | | | | | | | |
| 1246N | Tablet 5 mg | 50 | 4 | .. | 10.50 | 11.26 | Cortate | FC |
| 1247P | Tablet 25 mg | 60 | 4 | .. | 10.56 | 11.32 | Cortate | FC |
| | CYCLOPENTHIAZIDE | | | | | | | |
| 1264M | Tablet 500 micrograms | 100 | 1 | .. | *10.01 | 10.77 | Navidrex | CG |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | CYCLOPHOSPHAMIDE | | | | | | | |
| 1266P | Tablet 50 mg | 50 | 2 | .. | 24.95 | 15.90 | Cycloblastin | FE |
| 1265N | Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents) | 6 | .. | .. | 40.97 | 15.90 | Cycloblastin | FE |
| 2381H | Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents) | 6 | .. | .. | 43.83 | 15.90 | Cycloblastin | FE |
| 1079T | Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents) | 2 | .. | .. | *24.97 | 15.90 | Cycloblastin | FE |
| 1080W | Injection 1 g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents) | 1 | .. | .. | 22.28 | 15.90 | Cycloblastin | FE |
| | ***CYPROHEPTADINE HYDROCHLORIDE*** ***Prevention of migraine.*** | | | | | | | |
| ***1798P*** | ***Tablet 4 mg*** | ***100*** | ***2*** | ***..*** | ****8.23*** | ***8.99*** | ***Periactin*** | ***FR*** |
| | ***CYPROTERONE ACETATE*** **Authority required.** ***Idiopathic precocious puberty; Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).*** **CAUTION:** ***This drug should not be used during pregnancy as it may result in feminisation of the male foetus.*** | | | | | | | |
| ***1269T*** | ***Tablet 50 mg*** | ***20*** | ***5*** | ***..*** | ***64.82*** | ***15.90*** | ***Androcur*** | ***SC*** |
| | **Authority required.** ***Inoperable carcinoma of the prostate; Reduction of drive in sexual deviations in males.*** | | | | | | | |
| ***1270W*** | ***Tablet 50 mg*** | ***50*** | ***5*** | ***..*** | ***140.74*** | ***15.90*** | ***Androcur*** | ***SC*** |
| | CYTARABINE | | | | | | | |
| 2910E | Injection set containing 100 mg and 5 mL solvent | 10 | 1 | .. | *72.47 | 15.90 | Cytosar-U BL | UP |
| 2904W | Injection set containing 500 mg and 10 mL solvent | 2 | 1 | .. | *72.37 | 15.90 | BL | |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***DANAZOL*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Pregnancy must be excluded prior to administration of this drug.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Endometriosis, visually proven; Hereditary angio-oedema; Menorrhagia, intractable primary; Short-term treatment (up to six months) of severe benign (fibrocystic) breast disease or mastalgia associated with severe symptomatic benign breast disease in patients refractory to other treatments.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Not more than six months' therapy will be authorised for use in intractable primary menorrhagia or severe benign breast disease.*** | | | | | | | |
| *1285P* | *Capsule 100 mg* | *100* | *5* | *..*<br>*2.20* | *86.43*<br>*88.63* | *15.90*<br>*15.90* | *# Azol 100*<br>*# Danocrine* | *AF*<br>*WL* |
| *1287R* | *Capsule 200 mg* | *100* | *5* | *..*<br>*2.20* | *120.47*<br>*122.67* | *15.90*<br>*15.90* | *# Azol 200*<br>*# Danocrine* | *AF*<br>*WL* |
| | ***DANTROLENE SODIUM*** | | | | | | | |
| | ***Treatment of chronic spasticity.*** | | | | | | | |
| *1779P* | *Capsule 25 mg* | *100* | *2* | *..* | *23.70* | *15.90* | *Dantrium* | *NW* |
| *1780Q* | *Capsule 50 mg* | *100* | *2* | *..* | *38.41* | *15.90* | *Dantrium* | *NW* |
| | ***DEMECLOCYCLINE HYDROCHLORIDE*** | | | | | | | |
| | ***Syndrome of inappropriate anti-diuretic hormone secretion, which is not drug induced.*** | | | | | | | |
| *2854F* | *Capsule 150 mg* | *100* | *3* | *..* | *34.13* | *15.90* | *Ledermycin* | *LE* |
| | ***DEODORANT CONCENTRATE*** | | | | | | | |
| | ***For colostomy and ileostomy use.*** | | | | | | | |
| *3115Y* | *Liquid 7.5 mL* | *‡1* | *..* | *..* | *6.50* | *7.26* | *Super Banish* | *SN* |
| *3125L* | *Liquid 15 mL* | *‡1* | *..* | *..* | *5.83* | *6.59* | *Banish*<br>*Odorgon* | *SN*<br>*LA* |
| *3126M* | *Liquid 15 mL* | *‡1* | *..* | *..* | *6.68* | *7.44* | *Cancel* | *WO* |
| | DESIPRAMINE HYDROCHLORIDE | | | | | | | |
| 2972K | Tablet 25 mg | 50 | 2 | .. | 6.65 | 7.41 | Pertofran | CG |
| | ***DESMOPRESSIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Diabetes insipidus.*** | | | | | | | |
| *2129C* | *Intranasal solution 100 micrograms per mL, 2.5 mL* | *5* | *2* | *..* | **141.12* | *15.90* | *Minirin* | *FC* |

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|---|---|---|---|---|---|---|---|---|
| | ***DEXAMETHASONE*** | | | | | | | |
| | ***For use in a hospital.*** | | | | | | | |
| ***2508B*** | ***Injection 120 mg in 5 mL*** | ***1*** | .. | .. | ***30.19*** | ***15.90*** | ***Decadron Shock Pak*** | ***MK*** |
| | DEXAMETHASONE | | | | | | | |
| 1292B | Tablet 500 micrograms | 30 | 4 | .. | 5.80 | 6.56 | Dexmethsone | FC |
| 2507Y | Tablet 4 mg | 30 | 4 | .. | 9.26 | 10.02 | Dexmethsone | FC |
| 2509C | Injection 4 mg in 1 mL | 5 | .. | .. | 12.40 | 13.16 | Decadron | MK |
| 1290X | Injection 5 mg in 1 mL | 5 | .. | .. | 14.00 | 14.76 | Oradexon | OR |
| 1291Y | Injection 8 mg in 2 mL | 5 | 1 | .. | 19.52 | 15.90 | Decadron | MK |
| 1288T | Eye drops 1 mg per mL (0.1%), 5 mL | ‡1 | 2 | .. | 7.00 | 7.76 | Maxidex | AQ |
| | DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN | | | | | | | |
| 2781J | Ear drops 500 micrograms–5 mg–50 micrograms per mL, 8 mL | ‡1 | 2 | .. | 5.48 | 6.24 | Sofradex | RL |
| 2759F | Ear ointment 500 micrograms–5 mg–50 micrograms per g, 5 g | ‡1 | 2 | .. | 5.26 | 6.02 | Sofradex | RL |
| | ***DEXAMPHETAMINE SULFATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Attention deficit and hyperactivity disorder in children; Narcolepsy.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Care must be taken to comply with the provisions of State law when prescribing dexamphetamine.*** | | | | | | | |
| ***1165H*** | ***Tablet 5 mg*** | ***100*** | ***5*** | .. | ***11.18*** | ***11.94*** | ***SI*** | |
| | DEXTRAN 40 with GLUCOSE | | | | | | | |
| 2304G | I.V. infusion 100 mg per mL–139 mmol (anhydrous) per 500 mL (10%–5%), 500 mL | 3 | .. | .. | 74.43 | 15.90 | Rheomacrodex | PS |
| | DEXTRAN 40 with SODIUM CHLORIDE | | | | | | | |
| 2306J | I.V. infusion 100 mg per mL–77 mmol per 500 mL (10%–0.9%), 500 mL | 3 | .. | .. | 74.43 | 15.90 | Rheomacrodex | PS |
| | DEXTRAN 70 with GLUCOSE | | | | | | | |
| 3081E | I.V. infusion 60 mg per mL–139 mmol (anhydrous) per 500 mL (6%–5%), 500 mL | 3 | .. | .. | 75.28 | 15.90 | Macrodex | PS |
| | DEXTRAN 70 with SODIUM CHLORIDE | | | | | | | |
| 3011L | I.V. infusion 60 mg per mL–77 mmol per 500 mL (6%–0.9%), 500 mL | 3 | .. | .. | 75.28 | 15.90 | Macrodex | PS |

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|---|---|---|---|---|---|---|---|---|
| | DIAZEPAM<br>**NOTE:**<br>Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for the treatment of disabling spasticity, malignant neoplasia (late stage) or for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested. | | | | | | | |
| 3161J | Tablet 2 mg | 50 | .. | ..<br>0.30<br>0.75 | 5.36<br>5.66<br>6.11 | 6.12<br>6.12<br>6.12 | [a] Antenex 2<br>Ducene<br>[a] Valium | AF<br>SU<br>RO |
| 3162K | Tablet 5 mg | 50 | .. | ..<br>0.30<br>0.75 | 5.65<br>5.95<br>6.40 | 6.41<br>6.41<br>6.41 | [a] Antenex 5<br>Ducene<br>[a] Valium | AF<br>SU<br>RO |
| 2558P | Injection 10 mg in 2 mL | 5 | .. | .. | 6.67 | 7.43 | BL | |
| | DIAZOXIDE | | | | | | | |
| 3068L | Injection 300 mg in 20 mL | 1 | .. | .. | 16.77 | 15.90 | [a] Hyperstat I.V.<br>[a] BL | SH |
| | DICHLORPHENAMIDE | | | | | | | |
| 1303N | Tablet 50 mg | 50 | 6 | .. | 11.89 | 12.65 | Daranide | SI |
| | ***DICLOFENAC SODIUM***<br>➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***1299J*** | ***Tablet 25 mg (enteric coated)*** | ***100*** | ***3*** | .. | ****13.77*** | ***14.53*** | ***Voltaren*** | ***CG*** |
| ***1300K*** | ***Tablet 50 mg (enteric coated)*** | ***50*** | ***3*** | .. | ***9.92*** | ***10.68*** | [a] ***Fenac***<br>[a] ***Voltaren 50*** | ***AF***<br>***CG*** |
| | DICLOFENAC SODIUM | | | | | | | |
| 1301L | Tablets 50 mg (enteric coated), 10 | ‡1 | .. | .. | 5.36 | 6.12 | Fenac | AF |
| | DIENOESTROL | | | | | | | |
| 1310Y | Cream 500 micrograms per 5 g (0.01%), 85 g | ‡1 | 1 | .. | 7.74 | 8.50 | JC | |
| | ***DIFLUNISAL***<br>➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***1319K*** | ***Tablet 250 mg*** | ***100*** | ***3*** | .. | ****14.11*** | ***14.87*** | ***Dolobid*** | ***MK*** |
| ***1320L*** | ***Tablet 500 mg*** | ***50*** | ***3*** | .. | ***13.80*** | ***14.56*** | ***Dolobid*** | ***MK*** |

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|---|---|---|---|---|---|---|---|---|
| | DIGOXIN | | | | | | | |
| 2605D | Tablet 62.5 micrograms | 200 | 1 | .. | 7.33 | 8.09 | Lanoxin-PG | BW |
| 1322N | Tablet 250 micrograms | 100 | 1 | .. | *7.03 | 7.79 | Lanoxin | BW |
| 3164M | Oral solution for children 50 micrograms per mL, 100 mL | ‡1 | 3 | .. | 16.10 | 15.90 | Lanoxin | BW |
| 1321M | Injection 500 micrograms in 2 mL | 5 | 1 | .. | 9.29 | 10.05 | Lanoxin | BW |
| | DIHYDROERGOTAMINE MESYLATE | | | | | | | |
| 1323P | Injection 1 mg in 1 mL | 5 | .. | .. | 8.54 | 9.30 | Dihydergot | SZ |
| | ***DIHYDROTACHYSTEROL*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.*** | | | | | | | |
| ***1483C*** | ***Capsule 125 micrograms*** | ***100*** | ***5*** | .. | ***42.46*** | ***15.90*** | ***A.T.10*** | ***WL*** |
| | ***DILTIAZEM HYDROCHLORIDE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***The myocardial depressant effects of this drug and of beta-blocking drugs are additive.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment of hypertension where less costly alternative therapy is inappropriate.*** | | | | | | | |
| ***1314E*** | ***Capsule 90 mg (sustained release)*** | ***60*** | ***5*** | .. | ***34.06*** | ***15.90*** | ***Cardizem-SR Vasocardol SR*** | ***IC ML*** |
| ***1315F*** | ***Capsule 120 mg (sustained release)*** | ***60*** | ***5*** | .. | ***44.23*** | ***15.90*** | ***Cardizem-SR Vasocardol SR*** | ***IC ML*** |
| | ***Angina.*** | | | | | | | |
| ***1335G*** | ***Tablet 60 mg*** | ***90*** | ***5*** | .. | ***30.09*** | ***15.90*** | ***Cardizem*** | ***IC*** |
| | DIMERCAPROL | | | | | | | |
| 1334F | Injection 100 mg in 2 mL | 12 | .. | .. | 71.55 | 15.90 | B.A.L. | BT |
| | ***DIMETHICONE*** | | | | | | | |
| | ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2617R*** | ***Solution 100 mg per mL (10%), 180 mL aerosol spray*** | ***‡1*** | .. | .. | ***8.41*** | ***9.17*** | ***Silicon Skin Spray*** | ***EG*** |
| | DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE | | | | | | | |
| 2501P | Tablet 2.5 mg-25 micrograms | 20 | .. | .. | 5.23 | 5.99 | Lomotil | SR |
| | DIPHTHERIA ANTITOXIN | | | | | | | |
| 1344R | Injection 10,000 units | 2 | 1 | .. | *164.59 | 15.90 | CS | |

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|---|---|---|---|---|---|---|---|---|
| | DIPHTHERIA and TETANUS VACCINE, ADSORBED<br>**NOTE:**<br>For immunisation of children up to the age of eight years. | | | | | | | |
| 1341N | Injection 0.5 mL | 3 | .. | .. | *17.61 | 15.90 | CS | |
| | DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE<br>**NOTE:**<br>For immunisation of adults and children over the age of eight years. | | | | | | | |
| 3019X | Injection 0.5 mL | 3 | .. | .. | *17.85 | 15.90 | CS | |
| | DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED | | | | | | | |
| 1346W | Injection 0.5 mL | 3 | .. | .. | *19.08 | 15.90 | CS | |
| | DIPHTHERIA VACCINE, ADSORBED<br>**NOTE:**<br>For immunisation of children up to the age of eight years. | | | | | | | |
| 1348Y | Injection 0.5 mL | 2 | 1 | .. | *14.57 | 15.33 | CS | |
| | DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE<br>**NOTE:**<br>For immunisation of adults and children over the age of eight years. | | | | | | | |
| 3020Y | Injection 0.5 mL | 2 | .. | .. | *14.27 | 15.03 | CS | |
| | DIPIVEFRINE HYDROCHLORIDE | | | | | | | |
| 1351D | Eye drops 1 mg per mL (0.1%), 10 mL | ‡1 | 5 | .. | 14.30 | 15.06 | Propine | AG |
| | ***DISODIUM ETIDRONATE***<br>**Authority required.**<br>***Active Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects;***<br>***Heterotopic ossification.*** | | | | | | | |
| ***2920Q*** | ***Tablet 200 mg*** | ***60*** | ***5*** | .. | ***97.36*** | ***15.90*** | ***Didronel*** | ***NW*** |
| | DISOPYRAMIDE | | | | | | | |
| 2923W | Capsule 100 mg | 100 | 5 | .. | 21.50 | 15.90 | [a] Norpace<br>[a] Rythmodan | SR<br>RL |
| 2924X | Capsule 150 mg | 100 | 5 | .. | 28.63 | 15.90 | [a] Norpace<br>[a] Rythmodan | SR<br>RL |

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|---|---|---|---|---|---|---|---|---|
| | ***DOCUSATE SODIUM with BISACODYL*** | | | | | | | |
| | ***For use by paraplegic and quadriplegic patients;*** | | | | | | | |
| | ***For use by patients who are receiving long-term nursing care in hospitals and nursing homes;*** | | | | | | | |
| | ***For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** | | | | | | | |
| | ➤ ***Anorectal congenital abnormalities;*** | | | | | | | |
| | ➤ ***Acquired megacolon;*** | | | | | | | |
| | ➤ ***Hirschprung's disease.*** | | | | | | | |
| ***1125F*** | ***Suppositories 100 mg–10 mg, 5*** | ***6*** | ***5*** | ***..*** | ****18.45*** | ***15.90*** | ***Coloxyl*** | ***FM*** |
| | DOMPERIDONE | | | | | | | |
| 1347X | Tablet 10 mg | 25 | .. | .. | 6.01 | 6.77 | Motilium | JC |
| | DOTHIEPIN HYDROCHLORIDE | | | | | | | |
| 1357K | Capsule 25 mg | 50 | 2 | .. | 6.28 | 7.04 | [a] Dothep 25 | AF |
| | | | | 0.55 | 6.83 | 7.04 | [a] Prothiaden | BT |
| 1358L | Tablet 75 mg | 30 | 2 | .. | 6.58 | 7.34 | [a] Dothep 75 | AF |
| | | | | 0.55 | 7.13 | 7.34 | [a] Prothiaden | BT |
| | DOXEPIN HYDROCHLORIDE | | | | | | | |
| 1012G | Tablet 50 mg (base) | 50 | 2 | .. | 6.86 | 7.62 | Deptran 50 | AF |
| 1011F | Capsule 10 mg (base) | 50 | 2 | .. | 5.36 | 6.12 | Deptran 10 | AF |
| | | | | 0.55 | 5.91 | 6.12 | Sinequan | PF |
| 1013H | Capsule 25 mg (base) | 50 | 2 | .. | 5.67 | 6.43 | Deptran 25 | AF |
| | | | | 0.55 | 6.22 | 6.43 | Sinequan | PF |
| | DOXORUBICIN HYDROCHLORIDE | | | | | | | |
| 1336H | Solution for I.V. injection or intravesical administration 10 mg in 5 mL | 4 | .. | .. | *216.33 | 15.90 | Adriamycin Solution | FE |
| 1340M | Solution for I.V. injection or intravesical administration 20 mg in 10 mL | 4 | .. | .. | *387.45 | 15.90 | Adriamycin Solution | FE |
| 1342P | Solution for I.V. injection or intravesical administration 50 mg in 25 mL | 3 | .. | .. | *703.92 | 15.90 | Adriamycin Solution | FE |
| | ***DOXYCYCLINE*** | | | | | | | |
| | ***Bronchiectasis in patients over the age of eight years;*** | | | | | | | |
| | ***Chronic bronchitis in patients over the age of eight years;*** | | | | | | | |
| | ***Severe acne.*** | | | | | | | |
| ***2711Q*** | ***Tablet 50 mg*** | ***25*** | ***5*** | ***..*** | ***8.41*** | ***9.17*** | ***Doxylin 50*** | ***AF*** |
| | | | | ***0.61*** | ***9.02*** | ***9.17*** | ***Vibra-Tabs*** | ***PF*** |
| ***2707L*** | ***Capsule 50 mg*** | ***25*** | ***5*** | ***0.59*** | ***9.00*** | ***9.17*** | ***Doryx*** | ***FA*** |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***DOXYCYCLINE—cont.*** | | | | | | | |
| | ***Pelvic inflammatory disease.*** | | | | | | | |
| ***2702F*** | ***Tablet 100 mg*** | ***28*** | ***..*** | ***..*** | ****14.25*** | ***15.01*** | ***Doxylin 100*** | ***AF*** |
| | | | | ***2.84*** | ****17.09*** | ***15.01*** | ***[a] Vibramycin*** | ***PF*** |
| ***2703G*** | ***Capsule 100 mg*** | ***28*** | ***..*** | ***2.68*** | ****16.93*** | ***15.01*** | ***[a] Doryx*** | ***FA*** |
| | ***Urethritis.*** | | | | | | | |
| ***2714W*** | ***Tablet 100 mg*** | ***21*** | ***..*** | ***..*** | ****11.58*** | ***12.34*** | ***Doxylin 100*** | ***AF*** |
| | | | | ***2.13*** | ****13.71*** | ***12.34*** | ***[a] Vibramycin*** | ***PF*** |
| ***2715X*** | ***Capsule 100 mg*** | ***21*** | ***..*** | ***1.48*** | ***13.06*** | ***12.34*** | ***[a] Doryx*** | ***FA*** |
| | DOXYCYCLINE | | | | | | | |
| 2709N | Tablet 100 mg | 7 | 1 | .. | 6.24 | 7.00 | Doxylin 100 | AF |
| | | | | 0.71 | 6.95 | 7.00 | [a] Vibramycin | PF |
| 2708M | Capsule 100 mg | 7 | 1 | 0.67 | 6.91 | 7.00 | [a] Doryx | FA |
| | ***DYDROGESTERONE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Endometriosis, visually proven.*** | | | | | | | |
| ***1350C*** | ***Tablet 10 mg*** | ***50*** | ***5*** | ***..*** | ***28.65*** | ***15.90*** | ***Duphaston*** | ***JC*** |
| | ECONAZOLE NITRATE | | | | | | | |
| 1364T | Cream 10 mg per g (1%), 20 g | ‡1 | 1 | .. | 6.41 | 7.17 | Ecostatin | BQ |
| | | | | 0.37 | 6.78 | 7.17 | Pevaryl | SK |
| 1365W | Lotion 10 mg per mL (1%), 20 mL | ‡1 | 1 | .. | 6.41 | 7.17 | Pevaryl | SK |
| 1366X | Pessaries 150 mg, 3 | ‡1 | .. | .. | 7.55 | 8.31 | Ecostatin | BQ |
| | | | | | | | Pevaryl | SK |
| 1367Y | Vaginal cream 75 mg per 5 g (1.5%), 35 g | ‡1 | .. | .. | 7.41 | 8.17 | Ecostatin | BQ |
| | ECOTHIOPATE IODIDE | | | | | | | |
| 1359M | Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent | ‡1 | 5 | .. | #19.21 | 15.90 | Phospholine Iodide | AY |
| 2405N | Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent | ‡1 | 5 | .. | #19.21 | 15.90 | Phospholine Iodide | AY |
| 1360N | Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent | ‡1 | 5 | .. | #19.46 | 15.90 | Phospholine Iodide | AY |
| 1361P | Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent | ‡1 | 5 | .. | #20.54. | 15.90 | Phospholine Iodide | AY |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ELECTROLYTE REPLACEMENT (ORAL) | | | | | | | |
| 3196F | Sachets containing powder for oral solution 4.87 g, 10<br>**NOTE:**<br>Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g. | ‡1 | .. | .. | 9.26 | 10.02 | Repalyte New Formulation | MB |
| | ELECTROLYTE REPLACEMENT SOLUTION | | | | | | | |
| 3199J | I.V. infusion 1 L | 2 | 1 | .. | *9.75 | 10.51 | [a] Normosol R<br>[a] Plasma-Lyte 148 | AB<br>BX |
| | ***ENALAPRIL MALEATE***<br>***Cardiac failure;***<br>***Hypertension.*** | | | | | | | |
| ***1370D*** | ***Tablet 5 mg*** | ***30*** | ***5*** | .. | ***20.81*** | ***15.90*** | [a] ***Amprace 5***<br>[a] ***Renitec M*** | ***AD***<br>***MK*** |
| ***1368B*** | ***Tablet 10 mg*** | ***30*** | ***5*** | .. | ***28.94*** | ***15.90*** | [a] ***Amprace 10***<br>[a] ***Renitec*** | ***AD***<br>***MK*** |
| ***1369C*** | ***Tablet 20 mg*** | ***30*** | ***5*** | .. | ***35.24*** | ***15.90*** | [a] ***Amprace 20***<br>[a] ***Renitec 20*** | ***AD***<br>***MK*** |
| | ***EPIRUBICIN HYDROCHLORIDE***<br>**Authority required.**<br>***Advanced breast cancer.*** | | | | | | | |
| ***1372F*** | ***Powder for I.V. injection 10 mg*** | ***4*** | .. | .. | ***208.85*** | ***15.90*** | ***Pharmorubicin*** | ***FE*** |
| ***1373G*** | ***Powder for I.V. injection 20 mg*** | ***4*** | .. | .. | ***383.01*** | ***15.90*** | ***Pharmorubicin*** | ***FE*** |
| ***1374H*** | ***Powder for I.V. injection 50 mg*** | ***3*** | .. | .. | ***707.61*** | ***15.90*** | ***Pharmorubicin*** | ***FE*** |
| | ***ERGOCALCIFEROL***<br>***Hypocalcaemia;***<br>***Hypoparathyroidism;***<br>***Osteomalacia following gastrectomy, severe steatorrhoea or renal failure;***<br>***Vitamin D-resistant rickets.*** | | | | | | | |
| ***2498L*** | ***Tablet 250 micrograms*** | ***100*** | ***5*** | .. | ***24.68*** | ***15.90*** | ***Ostelin*** | ***BT*** |
| | ERGOMETRINE MALEATE | | | | | | | |
| 1378M | Injection 250 micrograms in 1 mL | 5 | .. | .. | 7.97 | 8.73 | BL | |
| | ERGOTAMINE TARTRATE | | | | | | | |
| 1383T | Capsule 1 mg | 50 | 2 | .. | 9.02 | 9.78 | Ergodryl Mono | PD |
| | ERGOTAMINE TARTRATE with CAFFEINE | | | | | | | |
| 1386Y | Suppositories 2 mg-100 mg, 5 | ‡1 | 2 | .. | 6.80 | 7.56 | Cafergot S | SZ |
| | ERYTHROMYCIN | | | | | | | |
| 1399P | Tablet 250 mg | 25 | 1 | ..<br>0.24 | 6.83<br>7.07 | 7.59<br>7.59 | EMU-V<br>AB | UP |
| 1402T | Capsule 125 mg | 25 | 1 | .. | 6.58 | 7.34 | Eryc | FA |
| 1400Q | Capsule 175 mg | 25 | 1 | .. | 6.83 | 7.59 | Eryc LD | FA |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ERYTHROMYCIN—cont. | | | | | | | |
| 1404X | Capsule 250 mg | 25 | 1 | .. | 8.16 | 8.92 | Eryc | FA |
| 1395K | I.M. injection 100 mg in 2 mL | 5 | .. | .. | 14.70 | 15.46 | Erythrocin-I.M. | AB |
| | ERYTHROMYCIN ESTOLATE | | | | | | | |
| 2499M | Paediatric oral drops 100 mg (base) per mL, 10 mL | ‡1 | 1 | .. | 6.53 | 7.29 | Ilosone | LY |
| 2423M | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | 6.53 | 7.29 | Ilosone | LY |
| | ERYTHROMYCIN ETHYL SUCCINATE | | | | | | | |
| 2749Q | Tablet 200 mg (base) | 25 | 1 | .. | 6.58 | 7.34 | E.E.S. Dulcet | AB |
| 2750R | Tablet 400 mg (base) | 25 | 1 | .. | 8.16 | 8.92 | E.E.S. 400 | AB |
| 2424N | Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | #9.46 | 10.56 | E.E.S. 200 | AB |
| | ERYTHROMYCIN LACTOBIONATE | | | | | | | |
| 1398N | I.V. infusion 300 mg (base) | 5 | .. | .. | *24.87 | 15.90 | Erythrocin | AB |
| 1397M | I.V. infusion 1 g (base) | 1 | .. | .. | 13.79 | 14.55 | Erythrocin | AB |
| | ERYTHROMYCIN STEARATE | | | | | | | |
| 1401R | Tablet 250 mg (base) | 25 | 1 | .. | 6.83 | 7.59 | Erythrocin | AB |
| 1403W | Capsule 250 mg (base) | 25 | 1 | .. | 6.83 | 7.59 | Erythrocin | AB |
| 2425P | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | 1 | .. | 6.53 | 7.29 | Erythrocin | AB |
| 2610J | Oral suspension 250 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 8.82 | 9.58 | Erythrocin | AB |
| | ***ETHACRYNIC ACID*** ***Patients hypersensitive to other oral diuretics.*** | | | | | | | |
| ***2511E*** | ***Tablet 50 mg*** | ***50*** | ***3*** | .. | ***17.52*** | ***15.90*** | ***Edecril*** | ***MK*** |
| | ETHINYLOESTRADIOL | | | | | | | |
| 1405Y | Tablet 10 micrograms | 200 | 1 | .. | *8.63 | 9.39 | Estigyn | GL |
| 1406B | Tablet 20 micrograms | 200 | 1 | .. | *9.03 | 9.79 | Estigyn | GL |
| 1407C | Tablet 50 micrograms | 200 | 1 | .. | *9.51 | 10.27 | Estigyn | GL |
| | ETHOSUXIMIDE | | | | | | | |
| 1413J | Capsule 250 mg | 200 | 2 | .. | 28.21 | 15.90 | Zarontin | PD |
| 1414K | Paediatric syrup 250 mg per 5 mL, 250 mL | ‡1 | 4 | .. | 16.44 | 15.90 | Zarontin | PD |
| | ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL | | | | | | | |
| 3166P | Tablets 500 micrograms–50 micrograms, 21 | 4 | 2 | .. | *11.41 | 12.17 | Ovulen 0.5/50 | SR |
| 3167Q | Tablets 1 mg–50 micrograms, 21 | 4 | 2 | .. | *11.41 | 12.17 | Ovulen 1/50 | SR |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL—cont. | | | | | | | |
| 2447T | Pack containing 21 tablets 500 micrograms–50 micrograms and 7 inert tablets | 4 | 2 | .. | *11.41 | 12.17 | Ovulen 0.5/50–28 | SR |
| 3168R | Pack containing 21 tablets 1 mg–50 micrograms and 7 inert tablets | 4 | 2 | .. | *11.41 | 12.17 | Ovulen 1/50–28 | SR |
| | ***ETOPOSIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Acute monocytic and myelo-monocytic leukaemia; Hodgkin's disease; Non-Hodgkin's lymphoma; Small cell carcinoma of the lung.*** | | | | | | | |
| ***1396L*** | ***Capsule 50 mg*** | ***20*** | ***..*** | ***..*** | ***498.27*** | ***15.90*** | ***Vepesid*** | ***BQ*** |
| ***1389D*** | ***Capsule 100 mg*** | ***10*** | ***..*** | ***..*** | ***434.49*** | ***15.90*** | ***Vepesid*** | ***BQ*** |
| ***1390E*** | ***Solution for I.V. infusion 100 mg in 5 mL*** | ***5*** | ***..*** | ***..*** | ****206.57*** | ***15.90*** | ***‡ Vepesid ‡ BL*** | ***BQ*** |
| | ***ETRETINATE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Acantholytic dermatosis; Darier's disease; Erythrokeratoderma; Pityriasis rubra pilaris; Severe congenital ichthyosis (lamellar, bullous and sex linked); Severe intractable psoriasis; Severe lichen planus; Severe palmo-plantar keratoderma.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Care must be taken to comply with the provisions of State law when prescribing etretinate.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Etretinate is not available under the 'urgent supply' mechanism.*** | | | | | | | |
| ***1421T*** | ***Capsule 10 mg*** | ***100*** | ***2*** | ***..*** | ***165.73*** | ***15.90*** | ***Tigason*** | ***RO*** |
| ***1422W*** | ***Capsule 25 mg*** | ***100*** | ***2*** | ***..*** | ***329.16*** | ***15.90*** | ***Tigason*** | ***RO*** |

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|---|---|---|---|---|---|---|---|---|
| | FAMOTIDINE | | | | | | | |
| 2487X | Tablet 20 mg | 60 | 2 | .. | 34.98 | 15.90 | [a] Amfamox 20 | AD |
| | | | | | | | [a] Pepcidine M | MK |
| 2488Y | Tablet 40 mg | 30 | 1 | .. | 34.98 | 15.90 | [a] Amfamox 40 | AD |
| | | | | | | | [a] Pepcidine | MK |
| | FELODIPINE | | | | | | | |
| 2366M | Tablet 5 mg (extended release) | 30 | 5 | .. | 19.30 | 15.90 | [a] Agon SR | HP |
| | | | | | | | [a] Plendil ER | AP |
| 2367N | Tablet 10 mg (extended release) | 30 | 5 | .. | 30.14 | 15.90 | [a] Agon SR | HP |
| | | | | | | | [a] Plendil ER | AP |
| | FERROUS AMINOACETOSULFATE | | | | | | | |
| 2465R | Paediatric syrup 100 mL | ‡1 | 4 | .. | 6.90 | 7.66 | Plesmet | NN |
| | FERROUS GLUCONATE | | | | | | | |
| 2726L | Paediatric elixir 300 mg per 5 mL (6%), 100 mL | ‡1 | 4 | .. | 6.90 | 7.66 | Fergon | WL |
| | FERROUS SULFATE DRIED | | | | | | | |
| 2689M | Tablet 350 mg (sustained release) | 30 | 2 | .. | 5.19 | 5.95 | Ferro-Gradumets | AB |
| 3100E | Capsule 320 mg (delayed release) | 30 | 2 | .. | 5.19 | 5.95 | Fespan | SK |
| | FERROUS SULFATE DRIED with FOLIC ACID | | | | | | | |
| 3160H | Tablet 270 mg–300 micrograms (sustained release) | 30 | 2 | .. | 5.23 | 5.99 | F.G.F. | AB |
| 3149R | Capsule 270 mg–300 micrograms (delayed release) | 30 | 2 | .. | 5.23 | 5.99 | Fefol | SK |
| | ***FLECAINIDE ACETATE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Flecainide acetate should be avoided in patients with poor cardiac function.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ➤ ***Treatment of serious cardiac arrhythmias. Treatment must be initiated in a hospital (in-patient or out-patient).*** | | | | | | | |
| ***1088G*** | ***Tablet 50 mg*** | ***60*** | ***5*** | ***..*** | ***31.31*** | ***15.90*** | ***Tambocor*** | ***MM*** |
| ***1090J*** | ***Tablet 100 mg*** | ***60*** | ***5*** | ***..*** | ***41.91*** | ***15.90*** | ***Tambocor*** | ***MM*** |
| | FLUCLOROLONE ACETONIDE | | | | | | | |
| 1363R | Cream 250 micrograms per g (0.025%), 15 g | ‡1 | 1 | .. | 5.41 | 6.17 | Topilar | SD |
| | FLUCLOXACILLIN | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Severe cholestatic hepatitis may result with this drug. | | | | | | | |
| 1526H | Capsule 250 mg | 24 | .. | .. | 10.39 | 11.15 | [a] Flucil 250 | FC |
| | | | | | | | Staphylex 250 | AF |
| | | | | 0.20 | 10.59 | 11.15 | [a] Flopen | CS |
| | | | | 0.22 | 10.61 | 11.15 | [a] Floxapen | SK |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | FLUCLOXACILLIN—cont. | | | | | | | |
| 1527J | Capsule 500 mg | 24 | .. | .. | 17.87 | 15.90 | [a] Flucil 500 | FC |
| | | | | | | | Staphylex 500 | AF |
| | | | | 0.33 | 18.20 | 15.90 | [a] Floxapen | SK |
| | | | | 0.36 | 18.23 | 15.90 | [a] Flopen | CS |
| 1528K | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | #11.38 | 12.48 | [a] Flopen | CS |
| | | | | | | | [a] Floxapen | SK |
| 1529L | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #15.15 | 15.90 | [a] Flopen | CS |
| | | | | | | | [a] Floxapen | SK |
| 1523E | Injection 250 mg (solvent required) (codes 6717M, 6718N, 6719P, 6720Q, 6721R, 6722T apply to above item with approved solvents) | 5 | .. | .. | 10.81 | 11.57 | Flopen | CS |
| 1524F | Injection 500 mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents) | 5 | .. | .. | 15.65 | 15.90 | [a] Flopen | CS |
| | | | | | | | [a] Floxapen | SK |
| 1525G | Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents) | 5 | .. | .. | 22.51 | 15.90 | [a] Flopen | CS |
| | | | | | | | [a] Floxapen | SK |
| | ***FLUCONAZOLE*** **Authority required.** ***Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin; Maintenance therapy in patients with cryptococcal meningitis and immunosuppression; Treatment of oropharyngeal and oesophageal candidiasis in immunosuppressed patients; Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients; Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.*** | | | | | | | |
| ***1471K*** | ***Capsule 50 mg*** | ***30*** | ***5*** | .. | ***172.23*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| ***1472L*** | ***Capsule 100 mg*** | ***30*** | ***5*** | .. | ***328.24*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| ***1473M*** | ***Solution for I.V. infusion 100 mg in 50 mL*** | ***7*** | .. | .. | ****166.11*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| ***1474N*** | ***Solution for I.V. infusion 200 mg in 100 mL*** | ***7*** | .. | .. | ****314.02*** | ***15.90*** | ***Diflucan*** | ***PF*** |
| | FLUDROCORTISONE ACETATE | | | | | | | |
| 1433K | Tablet 100 micrograms | 200 | 1 | .. | *11.71 | 12.47 | Florinef | BQ |

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|---|---|---|---|---|---|---|---|---|
| | FLUMETHASONE PIVALATE with CLIOQUINOL | | | | | | | |
| 2823N | Ear drops 200 micrograms–10 mg per mL (0.02%–1%), 7.5 mL | ‡1 | .. | .. | 5.48 | 6.24 | Locacorten Vioform | CG |
| | FLUOCORTOLONE ESTERS | | | | | | | |
| 1305Q | Cream 2 mg per g (0.2%), 15 g | ‡1 | 1 | .. | 5.41 | 6.17 | Ultralan–D | SC |
| | FLUOROMETHOLONE | | | | | | | |
| 1204J | Eye drops 1 mg per mL (0.1%), 5 mL | ‡1 | 5 | .. | 7.00 | 7.76 | Flucon<br>FML Liquifilm | AQ<br>AG |
| | FLUOROMETHOLONE ACETATE | | | | | | | |
| 1438Q | Eye drops 1 mg per mL (0.1%), 5 mL | ‡1 | 2 | .. | 7.00 | 7.76 | Flarex | AQ |
| | FLUOROURACIL | | | | | | | |
| 2521Q | Injection 250 mg in 10 mL | 20 | .. | .. | *66.93 | 15.90 | [a] BL<br>[a] RO | |
| 2528C | Injection 500 mg in 10 mL | 10 | .. | .. | *65.97 | 15.90 | BL | |
| | ***FLUOXETINE HYDROCHLORIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment of major depressive disorders where other therapy has failed or is inappropriate.*** | | | | | | | |
| ***1434L*** | ***Capsule 20 mg (base)*** | ***28*** | ***2*** | .. | ***51.97*** | ***15.90*** | ***Prozac 20*** | ***LY*** |
| | ***FLUOXYMESTERONE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Aplastic anaemias, proven;<br>Carcinoma of the breast;<br>Hypogonadism;<br>Osteoporosis.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***An authority for six months' treatment of osteoporosis will be limited to the maximum quantity and repeats shown in this schedule.*** | | | | | | | |
| ***1435M*** | ***Tablet 5 mg*** | ***100*** | ***3*** | .. | ***19.32*** | ***15.90*** | ***Halotestin*** | ***UP*** |
| | ***FLUPHENAZINE DECANOATE***<br>***Chorea;<br>Hyperactive states of organic or toxic delirium;<br>Malignant neoplasia (late stage);<br>Radiation sickness;<br>Major psychoses including—<br>Major organic psychoses including arteriopathic dementia;<br>Manic-depressive disorder—manic phase;<br>Paranoid states;<br>Schizophrenia;<br>Senile dementia.*** | | | | | | | |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***FLUPHENAZINE DECANOATE—cont.*** | | | | | | | |
| ***1046C*** | ***Injection 12.5 mg in 0.5 mL*** | ***5*** | ** | ** | ***16.22*** | ***15.90*** | ***Modecate*** | ***BQ*** |
| ***3098C*** | ***Injection 25 mg in 1 mL*** | ***5*** | ** | ** | ***23.30*** | ***15.90*** | ***Modecate*** | ***BQ*** |
| ***1001Q*** | ***Injection 50 mg in 2 mL*** | ***5*** | ** | ** | ***34.45*** | ***15.90*** | ***Modecate*** | ***BQ*** |
| | ***FLUPHENAZINE HYDROCHLORIDE*** | | | | | | | |
| | ***Chorea;*** | | | | | | | |
| | ***Hyperactive states of organic or toxic delirium;*** | | | | | | | |
| | ***Malignant neoplasia (late stage);*** | | | | | | | |
| | ***Radiation sickness;*** | | | | | | | |
| | ***Major psychoses including—*** | | | | | | | |
| | ***Major organic psychoses including arteriopathic dementia;*** | | | | | | | |
| | ***Manic-depressive disorder—manic phase;*** | | | | | | | |
| | ***Paranoid states;*** | | | | | | | |
| | ***Schizophrenia;*** | | | | | | | |
| | ***Senile dementia.*** | | | | | | | |
| ***2659Y*** | ***Tablet 1 mg*** | ***100*** | ***1*** | ** | ***7.12*** | ***7.88*** | ***Anatensol*** | ***BQ*** |
| ***2660B*** | ***Tablet 2.5 mg*** | ***100*** | ***1*** | ** | ***8.40*** | ***9.16*** | ***Anatensol*** | ***BQ*** |
| ***2661C*** | ***Tablet 5 mg*** | ***100*** | ***1*** | ** | ***10.70*** | ***11.46*** | ***Anatensol*** | ***BQ*** |
| | ***FLUTAMIDE*** | | | | | | | |
| | ***Authority required.*** | | | | | | | |
| | ***For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.*** | | | | | | | |
| ***1417N*** | ***Tablet 250 mg*** | ***100*** | ** | ** | ***223.79*** | ***15.90*** | ***Eulexin*** | ***SH*** |
| | FOLIC ACID | | | | | | | |
| 2958Q | Tablet 500 micrograms | 200 | ** | ** | *6.65 | 7.41 | Megafol 0.5 | AF |
| | | | | | | | SI | |
| 1437P | Tablet 5 mg | 200 | 1 | ** | *6.65 | 7.41 | Folasic | NN |
| | | | | | | | Megafol 5 | AF |
| | **NOTE:** | | | | | | SI | |
| | The 5 mg strength tablet should be used in malabsorption states only. | | | 0.38 | *7.03 | 7.41 | Folicid | RR |
| 1436N | Injection 15 mg in 1 mL | 10 | ** | ** | *15.85 | 15.90 | AB | |
| | ***FOSFESTROL SODIUM*** | | | | | | | |
| | ***Carcinoma of the prostate.*** | | | | | | | |
| ***1353F*** | ***Tablet 120 mg*** | ***100*** | ***2*** | ** | ***60.49*** | ***15.90*** | ***Honvan*** | ***BQ*** |
| | ***FOSINOPRIL SODIUM*** | | | | | | | |
| | ***Mild to moderate hypertension.*** | | | | | | | |
| ***1182F*** | ***Tablet 10 mg*** | ***30*** | ***5*** | ** | ***23.27*** | ***15.90*** | ***Monopril*** | ***BQ*** |
| ***1183G*** | ***Tablet 20 mg*** | ***30*** | ***5*** | ** | ***30.12*** | ***15.90*** | ***Monopril*** | ***BQ*** |

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|---|---|---|---|---|---|---|---|---|
| | FRAMYCETIN SULFATE | | | | | | | |
| 1439R | Eye ointment 5 mg per g (0.5%), 5 g | ‡1 | .. | .. | 5.88 | 6.64 | Soframycin | RL |
| 1440T | Eye and ear drops 5 mg per mL (0.5%), 8 mL | ‡1 | 2 | .. | 6.32 | 7.08 | Soframycin | RL |
| | ***FRUSEMIDE*** | | | | | | | |
| | ***Renal failure.*** | | | | | | | |
| ***2415D*** | ***Tablet 500 mg*** | ***50*** | ***3*** | ***..*** | ***19.97*** | ***15.90*** | ***Urex-Forte*** | ***FM*** |
| | | | | ***3.46*** | ***23.43*** | ***15.90*** | ***Lasix*** | ***HP*** |
| | FRUSEMIDE | | | | | | | |
| 2414C | Tablet 20 mg | 100 | 1 | .. | *7.15 | 7.91 | Lasix-M | HP |
| | | | | | | | Urex-M | FM |
| 2412Y | Tablet 40 mg | 100 | 1 | .. | *7.75 | 8.51 | [a] Uremide | AF |
| | | | | .. | 7.75 | 8.51 | [a] Lasix | HP |
| | | | | | | | Urex | FM |
| 2411X | Oral solution 10 mg per mL, 30 mL | ‡1 | 3 | .. | 10.08 | 10.84 | Lasix | HP |
| 2413B | Injection 20 mg in 2 mL | 5 | .. | .. | 6.32 | 7.08 | Lasix | HP |
| | | | | | | | AF | |
| | ***FUSIDIC ACID*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate, when used in combination with another antibiotic in the treatment of proven serious staphylococcal infections. Clinical diagnosis to be specified.*** | | | | | | | |
| ***2312Q*** | ***Tablet (sodium salt) 250 mg*** | ***36*** | ***..*** | ***..*** | ***67.37*** | ***15.90*** | ***Fucidin*** | ***CS*** |
| ***2311P*** | ***Oral suspension 50 mg per mL, 90 mL*** | ***‡1*** | ***..*** | ***..*** | ***53.03*** | ***15.90*** | ***Fucidin*** | ***CS*** |
| | GAS GANGRENE ANTITOXIN—MIXED (POLYVALENT) | | | | | | | |
| 2699C | Injection: 1 ampoule containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum | 2 | 1 | .. | *258.55 | 15.90 | CS | |
| | ***GEMFIBROZIL*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***See General Statement for Lipid-Lowering Drugs (page 3, Section 2).*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Hypercholesterolaemia in accordance with the qualifying criteria; Hypertriglyceridaemia in accordance with the qualifying criteria.*** | | | | | | | |
| ***1453L*** | ***Tablet 600 mg*** | ***60*** | ***5*** | ***..*** | ***45.37*** | ***15.90*** | ***Lopid*** | ***PD*** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***GENTAMICIN SULFATE*** ***Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.*** | | | | | | | |
| ***1441W*** | ***Eye drops 3 mg (base) per mL (0.3%), 5 mL*** | ‡1 | 2 | .. | ***12.52*** | ***13.28*** | ***Genoptic*** | ***AG*** |
| | GENTAMICIN SULFATE | | | | | | | |
| 1068F | Injection 40 mg (base) in 1 mL | 5 | .. | .. | 15.05 | 15.81 | BL | |
| | | | | 1.15 | 16.20 | 15.81 | Garamycin | SH |
| 1168L | Injection 60 mg (base) in 1.5 mL | 5 | .. | .. | 17.80 | 15.90 | BL | |
| | | | | 1.42 | 19.22 | 15.90 | Garamycin | SH |
| 2824P | Injection 80 mg (base) in 2 mL | 5 | .. | .. | 10.12 | 10.88 | Cidomycin | RL |
| | | | | 1.30 | 11.42 | 10.88 | BL Garamycin | SH |
| | GLIBENCLAMIDE | | | | | | | |
| 2939Q | Tablet 5 mg | 100 | 5 | .. | 9.51 | 10.27 | [a] Euglucon | SK |
| | | | | | | | [a] Glimel | AF |
| | | | | 0.48 | 9.99 | 10.27 | [a] Daonil | HP |
| | GLICLAZIDE | | | | | | | |
| 2449X | Tablet 80 mg | 100 | 5 | .. | 14.58 | 15.34 | Diamicron | SE |
| | GLIPIZIDE | | | | | | | |
| 2440K | Tablet 5 mg | 100 | 5 | .. | 14.58 | 15.34 | Minidiab | FE |
| | GLUCAGON HYDROCHLORIDE | | | | | | | |
| 1447E | Injection 1 i.u. with diluent | 1 | 1 | .. | 11.93 | 12.69 | LY | |
| 1449G | Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe | 1 | 1 | .. | 16.97 | 15.90 | Glucagon Novo | NO |
| | GLUCOSE | | | | | | | |
| 3040B | Injection 5 g in 10 mL (50%) | 5 | .. | .. | 10.39 | 11.15 | AP | |
| 2245E | I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L | 5 | 1 | .. | *12.92 | 13.68 | [a] AB | |
| | | | | | | | [a] BX | |
| 2247G | I.V. infusion 555 mmol (anhydrous) per L (10%), 1 L | 5 | 1 | .. | *18.32 | 15.90 | [a] AB | |
| | | | | | | | [a] BX | |
| 2249J | I.V. infusion 1110 mmol (anhydrous) per L (20%), 1 L | 2 | 1 | .. | *9.75 | 10.51 | AB | |
| 2251L | I.V. infusion 1387 mmol (anhydrous) per L (25%), 1 L | 2 | 1 | .. | *9.75 | 10.51 | [a] AB | |
| | | | | | | | [a] BX | |
| 2252M | I.V. infusion 1387 mmol (anhydrous) per 500 mL (50%), 500 mL | 2 | 1 | .. | *9.75 | 10.51 | AB | |
| | GLUCOSE INDICATOR—BLOOD | | | | | | | |
| 2915K | Electrode strips, 100 | ‡1 | 5 | .. | 47.57 | 15.90 | ExacTech | FE |
| 2909D | Reagent strips, 50 | 2 | 5 | .. | *36.57 | 15.90 | Ames-BG | AM |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | GLUCOSE INDICATOR—BLOOD—cont. | | | | | | | |
| 2912G | Reagent strips, 50 | 2 | 5 | .. | *36.57 | 15.90 | BM-Test-BG | BO |
| 2908C | Reagent strips, 50 | 2 | 5 | .. | *42.07 | 15.90 | Hypoguard GA | HG |
| 2919P | Reagent strips, 50 | 2 | 5 | .. | *43.65 | 15.90 | Accutrend Glucose | BO |
| 2890D | Reagent strips, 50 | 2 | 5 | .. | *43.65 | 15.90 | Betachek | NA |
| 2914J | Reagent strips, 50 | 2 | 5 | .. | *43.65 | 15.90 | BM-Test-Glycemie 20-800 | BO |
| 2889C | Reagent strips, 50 | 2 | 5 | .. | *43.65 | 15.90 | Glucofilm | AM |
| 2917M | Reagent strips, 50 | 2 | 5 | .. | *43.65 | 15.90 | Glucostix | AM |
| 2921R | Reagent strips, 50 | 2 | 5 | .. | *43.65 | 15.90 | Hypoguard Supreme | HG |
| | GLUCOSE INDICATOR—URINE | | | | | | | |
| 1448F | Test dispenser 4 m | ‡1 | 2 | .. | 11.84 | 12.60 | Tes-Tape | LY |
| 2352T | Reagent strips, 100 | ‡1 | 2 | .. | 11.16 | 11.92 | Clinistix | AM |
| 3104J | Reagent strips, 100 | ‡1 | 2 | .. | 11.84 | 12.60 | Diastix | AM |
| | GLUCOSE and KETONE INDICATOR—URINE | | | | | | | |
| 3106L | Reagent strips, 50 | 2 | 2 | .. | *14.03 | 14.79 | Keto-Diabur-Test 5000 | BO |
| 3107M | Reagent strips, 100 | ‡1 | 2 | .. | 14.44 | 15.20 | Keto-Diastix | AM |
| | ***GLYCEROL*** ***For use by paraplegic and quadriplegic patients; For use by patients who are receiving long-term nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved.;*** ➤ ***Anorectal congenital abnormalities;*** ➤ ***Acquired megacolon;*** ➤ ***Hirschprung's disease.*** | | | | | | | |
| ***2555L*** | ***Suppositories 700 mg (for infants), 12*** | ***3*** | ***5*** | .. | ***12.15** | ***12.91*** | ***PP*** | |
| ***2556M*** | ***Suppositories 1.4 g (for children), 12*** | ***3*** | ***5*** | .. | ***12.48** | ***13.24*** | ***PP*** | |
| ***2557N*** | ***Suppositories 2.8 g (for adults), 12*** | ***3*** | ***5*** | .. | ***12.81** | ***13.57*** | ***PP*** | |
| | GLYCERYL TRINITRATE | | | | | | | |
| 1459T | Tablets 600 micrograms, 100 | ‡1 | 5 | .. | 5.61 | 6.37 | Anginine Stabilised | BW |
| 1470J | Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) **NOTE**: The spray should not be inhaled. | ‡1 | 5 | .. | 13.47 | 14.23 | Nitrolingual Spray | FC |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | GLYCERYL TRINITRATE—cont. | | | | | | | |
| 1452K | Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g | ‡1 | 5 | .. | 14.68 | 15.44 | Nitro-Bid | FC |
| 1513P | Transdermal disc releasing approximately 5 mg per 24 hours | 30 | 2 | .. | 26.81 | 15.90 | Nitradisc | SR |
| 1514Q | Transdermal disc releasing approximately 10 mg per 24 hours | 30 | 2 | .. | 34.48 | 15.90 | Nitradisc | SR |
| 1515R | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 2 | .. | 26.81 | 15.90 | Transiderm-Nitro 25 | CG |
| 1516T | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 2 | .. | 34.48 | 15.90 | Transiderm-Nitro 50 | CG |
| | ***GOSERELIN*** **Authority required.** ***Advanced carcinoma of the prostate.*** | | | | | | | |
| ***1454M*** | ***Subcutaneous implant 3.6 mg*** | ***1*** | ***5*** | .. | ***431.63*** | ***15.90*** | ***Zoladex Depot*** | ***IC*** |
| | ***GRISEOFULVIN*** ***Use in recalcitrant tinea infections;*** ***Kerion.*** | | | | | | | |
| ***1460W*** | ***Tablet 125 mg*** | ***100*** | ***2*** | .. | ***12.54*** | ***13.30*** | ***Grisovin*** | ***GL*** |
| ***2983B*** | ***Tablet 330 mg*** | ***28*** | ***2*** | .. | ***11.73*** | ***12.49*** | ***Griseostatin*** | ***SH*** |
| ***2982Y*** | ***Tablet 500 mg*** | ***28*** | ***2*** | .. | ***11.73*** | ***12.49*** | ***Grisovin 500*** | ***GL*** |
| | | | | ***1.00*** | ***12.73*** | ***12.49*** | ***Fulcin 500*** | ***IC*** |
| | ***HALOPERIDOL*** ***Chorea;*** ***Hyperactive states of organic or toxic delirium;*** ***Malignant neoplasia (late stage);*** ***Radiation sickness;*** ***Major psychoses including—*** ***Major organic psychoses including arteriopathic dementia;*** ***Manic-depressive disorder—manic phase;*** ***Paranoid states;*** ***Schizophrenia;*** ***Senile dementia.*** | | | | | | | |
| ***2761H*** | ***Tablet 500 micrograms*** | ***100*** | ***1*** | .. | ***5.22*** | ***5.98*** | ***Serenace*** | ***SR*** |
| ***2767P*** | ***Tablet 1.5 mg*** | ***100*** | ***1*** | .. | ***6.80*** | ***7.56*** | ***Serenace*** | ***SR*** |
| ***2770T*** | ***Tablet 5 mg*** | ***50*** | ***1*** | .. | ***7.64*** | ***8.40*** | ***Serenace*** | ***SR*** |
| ***2762J*** | ***Oral liquid 2 mg per mL, 15 mL*** | ***‡1*** | ***2*** | .. | ***6.68*** | ***7.44*** | ***Serenace*** | ***SR*** |
| ***2763K*** | ***Oral liquid 2 mg per mL, 100 mL*** | ***‡1*** | ***1*** | .. | ***12.58*** | ***13.34*** | ***Serenace*** | ***SR*** |
| ***2768Q*** | ***Injection 5 mg in 1 mL*** | ***10*** | .. | .. | ***11.77*** | ***12.53*** | ***Serenace*** | ***SR*** |

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|---|---|---|---|---|---|---|---|---|
| | ***HALOPERIDOL DECANOATE*** | | | | | | | |
| | ***Chorea;*** | | | | | | | |
| | ***Hyperactive states of organic or toxic delirium;*** | | | | | | | |
| | ***Malignant neoplasia (late stage);*** | | | | | | | |
| | ***Radiation sickness;*** | | | | | | | |
| | ***Major psychoses including—*** | | | | | | | |
| | ***Major organic psychoses including arteriopathic dementia;*** | | | | | | | |
| | ***Manic-depressive disorder—manic phase;*** | | | | | | | |
| | ***Paranoid states;*** | | | | | | | |
| | ***Schizophrenia;*** | | | | | | | |
| | ***Senile dementia.*** | | | | | | | |
| ***2765M*** | ***I.M. injection equivalent to 50 mg haloperidol in 1 mL*** | ***5*** | .. | .. | ***23.37*** | ***15.90*** | ***Haldol decanoate*** | ***JC*** |
| ***2766N*** | ***I.M. injection equivalent to 150 mg haloperidol in 3 mL*** | ***5*** | .. | .. | ***42.07*** | ***15.90*** | ***Haldol decanoate*** | ***JC*** |
| | HEPARIN CALCIUM | | | | | | | |
| 1234Y | Injection 5,000 units in 0.2 mL | 5 | 5 | .. | 9.82 | 10.58 | Calcihep<br>Calciparine<br>Caprin 5000 Forte | FC<br>BL<br>CS |
| 1235B | Injection 5,000 units in 0.5 mL | 5 | 5 | .. | 9.82 | 10.58 | Caprin 5000 | CS |
| 1053K | Injection 12,500 units in 0.5 mL | 2 | 5 | ..<br>.. | *9.29<br>9.29 | 10.05<br>10.05 | Caprin 12500<br>Calciparine | CS<br>BL |
| 1054L | Injection 25,000 units in 1 mL | 2 | 5 | .. | 10.98 | 11.74 | Calciparine | BL |
| | HEPARIN SODIUM | | | | | | | |
| 1466E | Injection 5,000 units in 0.2 mL | 5 | 5 | .. | 8.63 | 9.39 | BL<br>CS<br>FC | |
| 1467F | Injection 5,000 units in 1 mL | 5 | 5 | .. | 8.63 | 9.39 | BL<br>CS<br>FC | |
| 1469H | Injection 20,000 units in 20 mL | 12 | 5 | .. | 48.45 | 15.90 | BL | |
| 1468G | Injection 25,000 units in 5 mL | 2 | 5 | .. | *10.99 | 11.75 | FC | |
| 1076P | Injection 35,000 units in 35 mL | 12 | 5 | .. | *85.89 | 15.90 | CS<br>FC | |
| | HEXAMINE HIPPURATE | | | | | | | |
| 3124K | Tablet 1 g | 100 | 5 | .. | 17.43 | 15.90 | Hiprex | MM |
| | HEXAMINE MANDELATE | | | | | | | |
| 1617D | Tablet 250 mg | 200 | 2 | .. | *14.39 | 15.15 | Mandelamine | WW |
| 1618E | Tablet 500 mg | 200 | 2 | .. | *18.03 | 15.90 | Mandelamine Hafgrams | WW |
| 2690N | Tablet 1 g | 100 | 5 | .. | 14.27 | 15.03 | Mandelamine | WW |

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|---|---|---|---|---|---|---|---|
| | HOMATROPINE HYDROBROMIDE | | | | | | |
| 2541R | Eye drops 20 mg per mL (2%), 15 mL | ‡1 | 2 | .. | 10.18 | 10.94 | AQ |
| 2542T | Eye drops 50 mg per mL (5%), 15 mL | ‡1 | 2 | .. | 12.33 | 13.09 | AQ |
| | ***HUMAN CHORIONIC GONADOTROPHIN*** | | | | | | |
| | **Authority required.** | | | | | | |
| | ***For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.*** | | | | | | |
| | **NOTE:** | | | | | | |
| | ***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.*** | | | | | | |
| | ***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.*** | | | | | | |
| | ***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment.*** | | | | | | |
| | ***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.*** | | | | | | |
| *1579D* | *Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL* | *1* | *5* | .. | *21.10* | *15.90* | *Pregnyl* *OR*<br>*Profasi 500* *SG* |
| *1580E* | *Injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL* | *1* | *5* | .. | *27.28* | *15.90* | *Profasi 1000* *SG* |
| *1581F* | *Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL* | *1* | *5* | .. | *29.48* | *15.90* | *Pregnyl* *OR* |
| *1582G* | *Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL* | *1* | *5* | .. | *31.68* | *15.90* | *Profasi 2000* *SG* |
| *1477R* | *Injection set containing one ampoule powder for injection 5,000 units and one ampoule solvent 1 mL* | *1* | *5* | .. | *16.77* | *15.90* | *Profasi 5000* *SG* |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***HUMAN CHORIONIC GONADOTROPHIN—cont.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***For the treatment of infertility in males due to hypogonadotrophic hypogonadism; For the treatment of infertility in males associated with isolated luteinising hormone deficiency; For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***A maximum of six months' treatment for this indication will be authorised.*** | | | | | | | |
| *1579D* | *Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL* | *1* | *5* | *..* | *21.10* | *15.90* | *Pregnyl* *Profasi 500* | *OR* *SG* |
| *1580E* | *Injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL* | *1* | *5* | *..* | *27.28* | *15.90* | *Profasi 1000* | *SG* |
| *1581F* | *Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL* | *1* | *5* | *..* | *29.48* | *15.90* | *Pregnyl* | *OR* |
| *1582G* | *Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL* | *1* | *5* | *..* | *31.68* | *15.90* | *Profasi 2000* | *SG* |
| | ***HUMAN MENOPAUSAL GONADOTROPHIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.*** | | | | | | | |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***HUMAN MENOPAUSAL GONADOTROPHIN—cont.*** | | | | | | | |
| | ***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.*** | | | | | | | |
| | ***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment.*** | | | | | | | |
| | ***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***For the treatment of infertility in males due to hypogonadotrophic hypogonadism.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities will only be granted following failure of six months' treatment with human chorionic gonadotrophin to have achieved adequate spermatogenesis. Combined treatment with HCG should then be given.*** | | | | | | | |
| *1599E* | ***Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinising hormone and 10 ampoules solvent 1 mL*** | *1* | *5* | *..* | *221.57* | *15.90* | ***Pergonal*** | ***SG*** |
| *1600F* | ***Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising hormone and 10 ampoules solvent 1 mL*** | *1* | *5* | *..* | *423.57* | *15.90* | ***Pergonal 150*** | ***SG*** |
| | ***HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.*** | | | | | | | |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN—cont.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.*** | | | | | | | |
| | ***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.*** | | | | | | | |
| | ***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment.*** | | | | | | | |
| | ***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***For the treatment of infertility in males due to hypogonadotrophic hypogonadism.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities will only be granted following failure of six months' treatment with human chorionic gonadotrophin to have achieved adequate spermatogenesis. Combined treatment with HCG should then be given.*** | | | | | | | |
| *1603J* | ***Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinising activity (approximately two thirds of the latter is of placental origin and approximately one third is of pituitary origin) and 10 ampoules solvent 1 mL*** | ***1*** | ***5*** | ***..*** | ***221.57*** | ***15.90*** | ***Humegon*** | ***OR*** |
| *1604K* | ***Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising activity (approximately two thirds of the latter is of placental origin and approximately one third is of pituitary origin) and 10 ampoules solvent 1 mL*** | ***1*** | ***5*** | ***..*** | ***423.57*** | ***15.90*** | ***Humegon*** | ***OR*** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | HYDRALAZINE HYDROCHLORIDE | | | | | | | |
| 1640H | Tablet 25 mg | 200 | 2 | .. | *10.09 | 10.85 | Alphapress 25 | AF |
| 1639G | Tablet 50 mg | 200 | 2 | .. | *12.75 | 13.51 | Alphapress 50 | AF |
| | HYDROCHLOROTHIAZIDE | | | | | | | |
| 1484D | Tablet 25 mg | 100 | 1 | .. | *9.03 | 9.79 | Dichlotride | MK |
| 1485E | Tablet 50 mg | 100 | 1 | .. | *10.01 | 10.77 | Dichlotride | MK |
| | HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE<br>**CAUTION:**<br>Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. | | | | | | | |
| 1486F | Tablet 50 mg–5 mg | 100 | 1 | .. | *11.79 | 12.55 | [a] Amizide | AF |
| | | | | 0.50 | *12.29 | 12.55 | [a] Moduretic | MK |
| | HYDROCHLOROTHIAZIDE with TRIAMTERENE<br>**CAUTION:**<br>Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. | | | | | | | |
| 1280J | Tablet 25 mg–50 mg | 100 | 1 | .. | 10.17 | 10.93 | [a] Hydrene 25/50 | AF |
| | | | | 2.36 | *12.53 | 10.93 | [a] Dyazide | SK |
| | HYDROCORTISONE | | | | | | | |
| 1499X | Tablet 4 mg | 50 | 4 | .. | 8.52 | 9.28 | Hysone 4 | AF |
| 1500Y | Tablet 20 mg | 60 | 4 | .. | 12.32 | 13.08 | Hysone 20 | AF |
| 1489J | Eye drops 5 mg per mL (0.5%), 10 mL | ‡1 | 5 | .. | 8.89 | 9.65 | Hycor | SI |
| 1492M | Eye drops 10 mg per mL (1%), 10 mL | ‡1 | 5 | .. | 9.13 | 9.89 | Hycor | SI |
| 1495Q | Cream 10 mg per g (1%), 50 g | ‡1 | 1 | .. | 5.89 | 6.65 | Egocort Cream 1% | EO |
| | ***HYDROCORTISONE ACETATE***<br>***Proctitis;***<br>***Ulcerative colitis.*** | | | | | | | |
| ***1502C*** | ***Rectal foam 125 mg per applicator (10%), aerosol 25 g*** | ***2*** | ***3*** | .. | ****30.49*** | ***15.90*** | ***Colifoam*** | ***SV*** |
| | HYDROCORTISONE ACETATE | | | | | | | |
| 1497T | Eye ointment 5 mg per g (0.5%), 5 g | ‡1 | .. | .. | 7.88 | 8.64 | Hycor | SI |
| 2441L | Eye ointment 10 mg per g (1%), 5 g | ‡1 | .. | .. | 7.97 | 8.73 | Hycor | SI |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | HYDROCORTISONE ACETATE—cont. | | | | | | | |
| 2887Y | Cream 10 mg per g (1%), 30 g | ‡1 | 1 | .. | 5.41 | 6.17 | Adacor | NN |
| | | | | | | | Dermacort | PD |
| | | | | | | | Sigmacort | SI |
| | | | | | | | Squibb-HC | BQ |
| | | | | 0.36 | 5.77 | 6.17 | Cortef | UP |
| 2881P | Cream 10 mg per g (1%), 50 g | ‡1 | 1 | .. | 5.89 | 6.65 | Adacor | NN |
| | | | | | | | Dermacort | PD |
| | | | | | | | Sigmacort | SI |
| | | | | | | | Squibb-HC | BQ |
| | | | | 0.43 | 6.32 | 6.65 | Cortef | UP |
| 2888B | Topical ointment 10 mg per g (1%), 30 g | ‡1 | 1 | .. | 5.41 | 6.17 | Adacor | NN |
| | | | | | | | Sigmacort | SI |
| | | | | | | | Squibb-HC | BQ |
| | | | | 0.48 | 5.89 | 6.17 | Cortef | UP |
| 2882Q | Topical ointment 10 mg per g (1%), 50 g | ‡1 | 1 | .. | 5.89 | 6.65 | Adacor | NN |
| | | | | | | | Dermacort "O" | PD |
| | | | | | | | Sigmacort | SI |
| | | | | | | | Squibb-HC | BQ |
| | | | | 0.98 | 6.87 | 6.65 | Cortef | UP |
| | ***HYDROCORTISONE SODIUM SUCCINATE*** | | | | | | | |
| | ***For use in a hospital.*** | | | | | | | |
| ***1510L*** | ***Injection set containing equivalent of 100 mg hydrocortisone and 2 mL solvent*** | ***6*** | .. | .. | ****22.05*** | ***15.90*** | ***Nordicort*** | ***NR*** |
| | | | | | | | ***Solu-Cortef*** | ***UP*** |
| ***1511M*** | ***Injection set containing equivalent of 250 mg hydrocortisone and 2 mL solvent*** | ***6*** | .. | .. | ****37.05*** | ***15.90*** | ***Solu-Cortef*** | ***UP*** |
| ***3097B*** | ***Injection set containing equivalent of 500 mg hydrocortisone and 4 mL solvent*** | ***2*** | .. | .. | ****24.69*** | ***15.90*** | ***Solu-Cortef*** | ***UP*** |
| | HYDROCORTISONE SODIUM SUCCINATE | | | | | | | |
| 1501B | Injection set containing equivalent of 100 mg hydrocortisone and 2 mL solvent | 2 | .. | .. | *9.73 | 10.49 | Nordicort | NR |
| | | | | | | | Solu-Cortef | UP |
| 3096Y | Injection set containing equivalent of 250 mg hydrocortisone and 2 mL solvent | 1 | .. | .. | 9.15 | 9.91 | Solu-Cortef | UP |

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|---|---|---|---|---|---|---|---|---|
| | ***HYDROXOCOBALAMIN*** | | | | | | | |
| | ***Pernicious anaemia;*** | | | | | | | |
| | ***Other proven vitamin $B_{12}$ deficiencies.*** | | | | | | | |
| ***1508J*** | ***Injection 1 mg in 1 mL*** | ***3*** | ***..*** | ***..*** | ***10.17*** | ***10.93*** | ***Neo-Cytamen*** | ***BL*** |
| | **NOTE:** | | | | | | | |
| | ***One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin $B_{12}$ deficiencies.*** | | | | | | | |
| | HYDROXYCHLOROQUINE SULFATE | | | | | | | |
| 1512N | Tablet 200 mg | 100 | 1 | .. | 29.62 | 15.90 | Plaquenil | WL |
| | ***HYDROXYPROPYLCELLULOSE*** | | | | | | | |
| | ***Severe dry eye syndrome unresponsive to artificial tear solutions.*** | | | | | | | |
| ***1522D*** | ***Ophthalmic inserts 5 mg, 60*** | ***‡1*** | ***5*** | ***..*** | ***30.08*** | ***15.90*** | ***Lacrisert*** | ***SI*** |
| | HYDROXYUREA | | | | | | | |
| 3093T | Capsule 500 mg | 100 | .. | .. | 59.67 | 15.90 | Hydrea | BQ |
| | HYPROMELLOSE | | | | | | | |
| 2956N | Eye drops 5 mg per mL (0.5%), 15 mL | ‡1 | 5 | .. | 7.59 | 8.35 | Isopto Tears<br>Lacril<br>Methopt | AQ<br>AG<br>SI |
| 2952J | Eye drops 10 mg per mL (1%), 15 mL | ‡1 | 5 | .. | 8.03 | 8.79 | Methopt Forte | SI |
| | HYPROMELLOSE with DEXTRAN | | | | | | | |
| 1509K | Eye drops 3 mg–1 mg per mL (0.3%–0.1%), 15 mL | ‡1 | 5 | .. | 10.05 | 10.81 | Tears Naturale | AQ |
| | ***IBUPROFEN*** | | | | | | | |
| | ➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***3198H*** | ***Tablet 200 mg*** | ***100*** | ***3*** | ***..*** | ****8.05*** | ***8.81*** | ***Rafen 200*** | ***AF*** |
| ***3190X*** | ***Tablet 400 mg*** | ***100*** | ***3*** | ***..*** | ****11.31*** | ***12.07*** | ***Brufen*** | ***BT*** |
| | IBUPROFEN | | | | | | | |
| 3191Y | Tablets 200 mg, 20 | ‡1 | .. | .. | 4.87 | 5.63 | Rafen 200 | AF |
| | ***IDARUBICIN HYDROCHLORIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Acute myelogenous leukaemia.*** | | | | | | | |
| ***2452C*** | ***Powder for I.V. injection 5 mg*** | ***3*** | ***..*** | ***..*** | ****581.07*** | ***15.90*** | ***Zavedos*** | ***FE*** |
| ***2453D*** | ***Powder for I.V. injection 10 mg*** | ***6*** | ***..*** | ***..*** | ****2243.61*** | ***15.90*** | ***Zavedos*** | ***FE*** |
| | IDOXURIDINE | | | | | | | |
| 2442M | Eye drops 1 mg per mL (0.1%), 15 mL | ‡1 | 2 | ..<br>0.93 | 8.88<br>9.81 | 9.64<br>9.64 | Stoxil<br>Herplex | SK<br>AG |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | IDOXURIDINE—cont. | | | | | | | |
| 2569F | Eye ointment 5 mg per g (0.5%), 5 g | ‡1 | .. | .. | 11.24 | 12.00 | Stoxil | SK |
| 2567D | Topical ointment 5 mg per g (0.5%), 5 g | ‡1 | .. | .. | 5.19 | 5.95 | Stoxil | SK |
| | IMIPRAMINE HYDROCHLORIDE | | | | | | | |
| 2420J | Tablet 10 mg | 50 | 2 | .. | 5.18 | 5.94 | Tofranil 10 | CG |
| 2421K | Tablet 25 mg | 50 | 2 | .. | 5.86 | 6.62 | Melipramine | UW(N) |
| | | | | | | | Tofranil 25 | CG |
| 2719D | I.M. injection 25 mg in 2 mL | 10 | .. | .. | 17.51 | 15.90 | Tofranil | CG |
| | INDAPAMIDE | | | | | | | |
| 2436F | Tablet 2.5 mg | 60 | 1 | .. | 13.69 | 14.45 | [a] Dapa-Tabs | AF |
| | | | | 1.82 | *15.51 | 14.45 | [a] Natrilix | SE |
| | ***INDOMETHACIN*** | | | | | | | |
| | ➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***2454E*** | ***Capsule 25 mg*** | ***100*** | ***3*** | .. | ****8.41*** | ***9.17*** | [a] ***Arthrexin*** | ***AF*** |
| | | | | ***1.02*** | ****9.43*** | ***9.17*** | [a] ***Indocid*** | ***MK*** |
| | INDOMETHACIN | | | | | | | |
| 2459K | Capsules 25 mg, 20 | ‡1 | .. | .. | 4.93 | 5.69 | Arthrexin | AF |
| 2757D | Suppository 100 mg | 40 | 3 | .. | *18.47 | 15.90 | Indocid | MK |
| | ***INFLUENZA VACCINE*** ***Persons at special risk of adverse consequences from infections of the lower respiratory tract.*** | | | | | | | |
| ***2852D*** | ***Injection (trivalent) 0.5 mL*** | ***1*** | .. | .. | ***15.56*** | ***15.90*** | ***Fluvax*** | ***CS*** |
| | | | | | | | ***Vaxigrip*** | ***PV*** |
| | INSECT ALLERGEN EXTRACT—HONEY BEE VENOM | | | | | | | |
| 2886X | Injection set containing 550 micrograms | 1 | .. | .. | 69.02 | 15.90 | Albay Bee Venom | BN |
| | INSECT ALLERGEN EXTRACT—PAPER WASP VENOM **NOTE:** Paper wasp venom is not European wasp venom. | | | | | | | |
| 2918N | Injection set containing 550 micrograms | 1 | .. | .. | 83.56 | 15.90 | Albay Wasp Venom | BN |
| | INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM | | | | | | | |
| 2883R | Injection set containing 550 micrograms | 1 | .. | .. | 89.37 | 15.90 | Albay Yellow Jacket Venom | BN |

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|---|---|---|---|---|---|---|---|
| | INSULIN, ACID | | | | | | |
| 1710B | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Insulin 2 NO |
| | INSULIN ISOPHANE (N.P.H.) | | | | | | |
| 1711C | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Hypurin Isophane FC<br>Isotard MC NO |
| 1533Q | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Humulin NPH LY<br>Insulatard Human ND<br>Protaphane HM NO |
| 1534R | Injections (human) 100 units per mL, 1.5 mL, 5 | 10 | 1 | .. | *198.37 | 15.90 | Humulin NPH LY<br>Protaphane HM Penfill NO |
| 1535T | Injections (human) 100 units per mL, 2.5 mL, 5 | 6 | 1 | .. | *198.39 | 15.90 | Insulatard Human Nordisk 2.5 mL<br>Insuject-X ND |
| | INSULIN NEUTRAL | | | | | | |
| 1713E | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *100.37 | 15.90 | Hypurin Neutral FC |
| 1531N | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Actrapid HM NO<br>Humulin R LY<br>Velosulin Human ND |
| 1532P | Injections (human) 100 units per mL, 1.5 mL, 5 | 10 | 1 | .. | *198.37 | 15.90 | Actrapid HM Penfill NO<br>Humulin R LY |
| 1537X | Injections (human) 100 units per mL, 2.5 mL, 5 | 6 | 1 | .. | *198.39 | 15.90 | Velosulin Human Nordisk 2.5 mL<br>Insuject (white) ND |
| | INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane) | | | | | | |
| 1431H | Injection (human) 100 units (15 units–85 units) per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Mixtard 15/85 Human ND |
| 1426C | Injection (human) 100 units (30 units–70 units) per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Actraphane HM NO<br>Humulin 30/70 LY<br>Mixtard 30/70 ND |

(continued)

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|---|---|---|---|---|---|---|---|
| | INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)—cont. | | | | | | |
| 1425B | Injection (human) 100 units (50 units–50 units) per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Mixtard 50/50 Human ND |
| 1461X | Injections (human) 100 units (15 units–85 units) per mL, 2.5 mL, 5 | 6 | 1 | .. | *198.39 | 15.90 | Mixtard 15/85 Human Nordisk 2.5 mL Insuject-X ND |
| 1429F | Injections (human) 100 units (30 units–70 units) per mL, 1.5 mL, 5 | 10 | 1 | .. | *198.37 | 15.90 | Humulin 30/70 LY<br>Mixtard 30/70 Penfill ND |
| 1430G | Injections (human) 100 units (30 units–70 units) per mL, 2.5 mL, 5 | 6 | 1 | .. | *198.39 | 15.90 | Mixtard 30/70 Human Nordisk 2.5 mL Insuject-X ND |
| 1462Y | Injections (human) 100 units (50 units–50 units) per mL, 2.5 mL, 5 | 6 | 1 | .. | *198.39 | 15.90 | Mixtard 50/50 Human Nordisk 2.5 mL Insuject-X ND |
| | INSULIN PROTAMINE ZINC | | | | | | |
| 1715G | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Protamine Zinc Insulin MC NO |
| | INSULIN ZINC SUSPENSION (Lente) | | | | | | |
| 1716H | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Lente MC NO |
| 1718K | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Humulin L LY<br>Monotard HM NO |
| | INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) | | | | | | |
| 1721N | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Ultralente MC NO |
| 1722P | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | *116.52 | 15.90 | Humulin UL LY<br>Ultratard HM NO |
| | ***INTERFERON ALFA-2a*** **Authority required.** ***Hairy cell leukaemia.*** | | | | | | |
| ***2086T*** | ***Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 1 mL*** | ***2*** | ***5*** | .. | ****457.17*** | ***15.90*** | ***Roferon-A RO*** |

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|---|---|---|---|---|---|---|---|---|
| | ***INTERFERON ALFA-2b*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Hairy cell leukaemia.*** | | | | | | | |
| ***2087W*** | ***Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL*** | ***2*** | ***5*** | .. | ****457.17*** | ***15.90*** | ***Intron A*** | ***SH*** |
| | IPRATROPIUM BROMIDE | | | | | | | |
| 1542E | Nebuliser solution single dose units 250 micrograms in 1 mL, 30 | 2 | 5 | .. | *58.35 | 15.90 | Atrovent | BY |
| 1543F | Nebuliser solution single dose units 500 micrograms in 2 mL, 30 | 2 | 5 | .. | *67.93 | 15.90 | Atrovent | BY |
| 1541D | Nebuliser solution 250 micrograms per mL (0.025%), 20 mL | 2 | 2 | .. | *15.81 | 15.90 | Atrovent | BY |
| 1540C | Oral pressurised inhalation 20 micrograms per dose (200 doses) | ‡1 | 5 | .. | 17.69 | 15.90 | Atrovent | BY |
| | IRON POLYMALTOSE COMPLEX | | | | | | | |
| 2764L | Tablet 40 mg (iron) | 100 | 2 | .. | 5.73 | 6.49 | Ferrum H | SI |
| 2593L | Injection 100 mg (iron) in 2 mL | 5 | .. | .. | 11.53 | 12.29 | Ferrum H | SI |
| | ISOCONAZOLE NITRATE | | | | | | | |
| 1550N | Cream 10 mg per g (1%), 20 g | ‡1 | 1 | .. | 6.41 | 7.17 | Travogen | SC |
| 1551P | Pessaries 300 mg, 2 | ‡1 | .. | .. | 7.55 | 8.31 | Gyno–Travogen | SC |
| | ISONIAZID | | | | | | | |
| 1554T | Tablet 100 mg | 100 | 2 | .. | 6.32 | 7.08 | FM | |
| | ***ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL*** | | | | | | | |
| | ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2505W*** | ***Adhesive protective gel 28.35 g*** | ***‡1*** | .. | .. | ***8.28*** | ***9.04*** | ***Skin Gel*** | ***HO*** |
| | ISOSORBIDE DINITRATE | | | | | | | |
| 2587E | Tablet 10 mg | 200 | 2 | .. | *12.97 | 13.73 | Isordil<br>Isotrate | AY<br>PD |
| 2588F | Sublingual tablet 5 mg | 200 | 2 | .. | *12.05 | 12.81 | Isordil Sublingual<br>Isotrate Sublingual | AY<br>PD |
| | ISOSORBIDE MONONITRATE | | | | | | | |
| 1558B | Tablet 60 mg (sustained release) | 30 | 5 | .. | 22.26 | 15.90 | Imdur | AP |
| | ***ISOTRETINOIN*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Severe cystic acne not responsive to other therapy.*** | | | | | | | |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***ISOTRETINOIN—cont.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Care must be taken to comply with the provisions of State law when prescribing isotretinoin.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***An authority will be limited to the maximum quantity and repeats shown in this schedule.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Isotretinoin is not available under the 'urgent supply' mechanism.*** | | | | | | | |
| *2591J* | *Capsule 10 mg* | *60* | *3* | .. | *100.34* | *15.90* | *Roaccutane* | *RO* |
| *2592K* | *Capsule 20 mg* | *60* | *3* | .. | *187.52* | *15.90* | *Roaccutane* | *RO* |
| | ***KETOCONAZOLE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Hepatotoxicity has been reported with ketoconazole.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ➤ ***Symptomatic vaginal candidiasis recurring after treatment of at least two episodes with topical therapy.*** | | | | | | | |
| *1573T* | *Tablet 200 mg* | *10* | .. | .. | *12.11* | *12.87* | *Nizoral* | *JC* |
| | **Authority required.** | | | | | | | |
| | ***Oral candidiasis in severely immunocompromised persons where other forms of therapy have failed;*** ***Systemic or deep mycoses where other forms of therapy have failed.*** | | | | | | | |
| *1572R* | *Tablet 200 mg* | *30* | *5* | .. | *25.57* | *15.90* | *Nizoral* | *JC* |
| | ***KETOPROFEN*** | | | | | | | |
| | ➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| *1586L* | *Capsule 50 mg* | *50* | *3* | .. | *8.76* | *9.52* | *Orudis* | *MB* |
| *1587M* | *Capsule 100 mg* | *50* | *3* | .. | *12.08* | *12.84* | *Orudis* | *MB* |
| *1589P* | *Capsule 100 mg (sustained release)* | *50* | *3* | .. | *13.03* | *13.79* | *Orudis SR* | *MB* |
| *1590Q* | *Capsule 200 mg (sustained release)* | *28* | *3* | .. | *14.16* | *14.92* | *Orudis SR 200* | *MB* |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | KETOPROFEN—cont. | | | | | | | |
| 1506G | Capsules 100 mg (sustained release), 10 | ‡1 | .. | .. | 5.99 | 6.75 | Orudis SR | MB |
| 1507H | Capsules 200 mg (sustained release), 7 | ‡1 | .. | .. | 6.72 | 7.48 | Orudis SR 200 | MB |
| 1588N | Suppository 100 mg | 40 | 3 | .. | *20.21 | 15.90 | Orudis | MB |
| | LABETALOL HYDROCHLORIDE | | | | | | | |
| 1566K | Tablet 100 mg | 100 | 5 | .. | 12.77 | 13.53 | [a] Presolol 100 | AF |
| | | | | 0.22 | 12.99 | 13.53 | [a] Trandate | GL |
| 1567L | Tablet 200 mg | 100 | 5 | .. | 19.56 | 15.90 | [a] Presolol 200 | AF |
| | | | | 0.22 | 19.78 | 15.90 | [a] Trandate | GL |
| | ***LACTULOSE*** | | | | | | | |
| | ***Hepatic coma or precoma (chronic porto-systemic encephalopathy); Malignant neoplasia.*** | | | | | | | |
| ***3064G*** | ***Mixture 3.34 g per 5 mL, 500 mL*** | ***‡1*** | ***5*** | ***..*** | ***16.06*** | ***15.90*** | ***Duphalac*** | ***JC*** |
| | ***LEUPRORELIN ACETATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Advanced cancer of the prostate.*** | | | | | | | |
| ***1568M*** | ***Injection 5 mg per mL, 2.8 mL*** | ***2*** | ***2*** | ***..*** | ****314.35*** | ***15.90*** | ***Lucrin*** | ***AB*** |
| | ***LEVODOPA with BENSERAZIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.*** | | | | | | | |
| ***2231K*** | ***Capsule 100 mg–25 mg (sustained release)*** | ***100*** | ***5*** | ***..*** | ***42.35*** | ***15.90*** | ***Madopar HBS*** | ***RO*** |
| | LEVODOPA with BENSERAZIDE | | | | | | | |
| 2228G | Tablet 200 mg–50 mg | 100 | 5 | .. | 48.01 | 15.90 | Madopar | RO |
| 2227F | Capsule 50 mg–12.5 mg | 100 | 5 | .. | 19.96 | 15.90 | Madopar Q | RO |
| 2225D | Capsule 100 mg–25 mg | 100 | 5 | .. | 35.69 | 15.90 | Madopar–M | RO |
| 2226E | Capsule 200 mg–50 mg | 100 | 5 | .. | 48.01 | 15.90 | Madopar | RO |
| | LEVODOPA with CARBIDOPA | | | | | | | |
| 1244L | Tablet 100 mg–10 mg | 100 | 5 | .. | 23.37 | 15.90 | Sinemet M | MK |
| 1242J | Tablet 100 mg–25 mg | 100 | 5 | .. | 35.69 | 15.90 | Sinemet 100/25 | MK |
| 1245M | Tablet 250 mg–25 mg | 100 | 5 | .. | 48.01 | 15.90 | Sinemet | MK |
| | LEVONORGESTREL | | | | | | | |
| 2913H | Tablets 30 micrograms, 28 | 4 | 2 | .. | *13.33 | 14.09 | Microlut 28 | SC |
| | | | | | | | Microval 28 | WY |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | LEVONORGESTREL with ETHINYLOESTRADIOL | | | | | | | |
| 1455N | Tablets 125 micrograms–50 micrograms, 21 | 4 | 2 | .. | *13.33 | 14.09 | Microgynon 50 | SC |
| 1456P | Pack containing 21 tablets 125 micrograms–50 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | Microgynon 50 ED | SC |
| | | | | | | | Nordette 50 | WY |
| 1393H | Tablets 150 micrograms–30 micrograms, 21 | 4 | 2 | 2.48 | *15.81 | 15.90 | [a] Microgynon 30 | SC |
| | | | | | | | [b] Nordette 21 | WY |
| 1394J | Pack containing 21 tablets 150 micrograms–30 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | [a] Levlen ED | SY |
| | | | | | | | [b] Monofeme 28 | AY |
| | | | | 2.48 | *15.81 | 15.90 | [a] Microgynon 30 ED | SC |
| | | | | | | | [b] Nordette 28 | WY |
| 3186Q | Tablets 250 micrograms–50 micrograms, 21 | 4 | 2 | .. | *13.33 | 14.09 | Nordiol 21 | WY |
| 3188T | Pack containing 21 tablets 250 micrograms–50 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | Nordiol 28 | WY |
| 1457Q | Pack containing 11 tablets 50 micrograms–50 micrograms and 10 tablets 125 micrograms–50 micrograms | 4 | 2 | .. | *13.33 | 14.09 | Biphasil 21 | WY |
| 1458R | Pack containing 11 tablets 50 micrograms–50 micrograms, 10 tablets 125 micrograms–50 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | Biphasil 28 | WY |
| | | | | | | | Sequilar ED | SC |
| 1391F | Pack containing 6 tablets 50 micrograms–30 micrograms, 5 tablets 75 micrograms–40 micrograms and 10 tablets 125 micrograms–30 micrograms | 4 | 2 | 2.48 | *15.81 | 15.90 | [b] Triphasil | WY |
| | | | | | | | [a] Triquilar | SC |
| 1392G | Pack containing 6 tablets 50 micrograms–30 micrograms, 5 tablets 75 micrograms–40 micrograms, 10 tablets 125 micrograms–30 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | [a] Logynon ED | SY |
| | | | | | | | [b] Trifeme 28 | AY |
| | | | | 2.48 | *15.81 | 14.09 | [b] Triphasil 28 | WY |
| | | | | | | | [a] Triquilar ED | SC |
| | LIGNOCAINE HYDROCHLORIDE | | | | | | | |
| 2875H | Injection 100 mg in 5 mL | ‡2 | .. | .. | 10.06 | 10.82 | Xylocard 100 | AP |
| 2876J | Infusion 500 mg in 5 mL | 5 | .. | .. | 10.06 | 10.82 | Xylocard 500 | AP |

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|---|---|---|---|---|---|---|---|---|
| | LINCOMYCIN | | | | | | | |
| 3084H | Injection 300 mg in 1 mL | 5 | .. | .. | 13.95 | 14.71 | Lincocin SS Paediatric | UP |
| 2530E | Injection 600 mg in 2 mL | 5 | .. | .. | 13.95 | 14.71 | Lincocin | UP |
| | LIOTHYRONINE SODIUM | | | | | | | |
| 2318B | Tablet 20 micrograms | 100 | 2 | .. | 11.71 | 12.47 | Tertroxin | BT |
| | ***LISINOPRIL*** | | | | | | | |
| | ***Cardiac failure;*** | | | | | | | |
| | ***Mild to moderate hypertension.*** | | | | | | | |
| ***2456G*** | ***Tablet 5 mg*** | ***30*** | ***5*** | .. | ***20.81*** | ***15.90*** | ***Prinivil 5*** | ***AD*** |
| | | | | | | | ***Zestril*** | ***IC*** |
| ***2457H*** | ***Tablet 10 mg*** | ***30*** | ***5*** | .. | ***28.94*** | ***15.90*** | ***Prinivil 10*** | ***AD*** |
| | | | | | | | ***Zestril*** | ***IC*** |
| ***2458J*** | ***Tablet 20 mg*** | ***30*** | ***5*** | .. | ***35.24*** | ***15.90*** | ***Prinivil 20*** | ***AD*** |
| | | | | | | | ***Zestril*** | ***IC*** |
| | LITHIUM CARBONATE | | | | | | | |
| 3059B | Tablet 250 mg | 200 | 2 | .. | *10.31 | 11.07 | Lithicarb | FC |
| 3060C | Tablet 400 mg (controlled release) | 200 | 1 | .. | *19.13 | 15.90 | Priadel | FC |
| | LOPERAMIDE HYDROCHLORIDE | | | | | | | |
| 1571Q | Capsule 2 mg | 12 | .. | .. | 5.23 | 5.99 | Imodium | JC |
| | ***MEDROXYPROGESTERONE*** | | | | | | | |
| | ***Endometriosis.*** | | | | | | | |
| ***2722G*** | ***Tablet 10 mg*** | ***100*** | ***2*** | .. | ***27.77*** | ***15.90*** | ***Provera*** | ***UP*** |
| | ***Advanced breast cancer.*** | | | | | | | |
| ***2728N*** | ***Tablet 500 mg*** | ***30*** | ***2*** | .. | ***107.45*** | ***15.90*** | ***Farlutal*** | ***FE*** |
| | | | | | | | ***Provera*** | ***UP*** |
| | ***Breast cancer;*** | | | | | | | |
| | ***Endometrial cancer.*** | | | | | | | |
| ***2725K*** | ***Tablet 100 mg*** | ***100*** | ***2*** | .. | ***76.29*** | ***15.90*** | ***Farlutal*** | ***FE*** |
| | | | | | | | ***Provera*** | ***UP*** |
| ***2316X*** | ***Tablet 200 mg*** | ***60*** | ***2*** | .. | ***86.69*** | ***15.90*** | ***Farlutal*** | ***FE*** |
| | | | | | | | ***Provera*** | ***UP*** |
| ***2727M*** | ***Tablet 250 mg*** | ***60*** | ***2*** | .. | ***107.45*** | ***15.90*** | ***Provera*** | ***UP*** |
| ***2319C*** | ***Injection 50 mg in 1 mL*** | ***1*** | .. | .. | ***7.75*** | ***8.51*** | ***Depo-Provera*** | ***UP*** |
| ***2322F*** | ***Injection 500 mg in 2.5 mL*** | ***7*** | .. | .. | ***346.57*** | ***15.90*** | ***Farlutal*** | ***FE*** |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***MEDROXYPROGESTERONE—cont.*** | | | | | | | |
| | ***Breast cancer;*** | | | | | | | |
| | ***Endometrial cancer;*** | | | | | | | |
| | ***Endometriosis.*** | | | | | | | |
| ***3118D*** | ***Injection 150 mg in 1 mL*** | ***1*** | .. | .. | ***11.14*** | ***11.90*** | ***Depo-Provera*** | ***UP*** |
| | MEDROXYPROGESTERONE | | | | | | | |
| 2321E | Tablet 10 mg | 30 | 2 | .. | 12.60 | 13.36 | Provera | UP |
| | MEDRYSONE | | | | | | | |
| 3197G | Eye drops 10 mg per mL (1%), 5 mL | ‡1 | 5 | .. | 7.00 | 7.76 | HMS Liquifilm | AG |
| | ***MEFENAMIC ACID*** | | | | | | | |
| | ***Dysmenorrhoea;*** | | | | | | | |
| | ***Menorrhagia.*** | | | | | | | |
| ***1824B*** | ***Capsule 250 mg*** | ***50*** | ***2*** | .. | ***7.19*** | ***7.95*** | ***ª Mefic*** | ***WW*** |
| | | | | | | | ***ª Ponstan*** | ***PD*** |
| | ***MEGESTROL ACETATE*** | | | | | | | |
| | ***Advanced breast cancer.*** | | | | | | | |
| ***2731R*** | ***Tablet 40 mg*** | ***100*** | ***2*** | .. | ***44.82*** | ***15.90*** | ***Megostat*** | ***BQ*** |
| ***2734X*** | ***Tablet 160 mg*** | ***30*** | ***2*** | .. | ***72.32*** | ***15.90*** | ***Megostat*** | ***BQ*** |
| | MELPHALAN | | | | | | | |
| 2547C | Tablet 2 mg | 100 | .. | .. | *91.45 | 15.90 | Alkeran | BW |
| 2548D | Tablet 5 mg | 100 | .. | .. | *148.29 | 15.90 | Alkeran | BW |
| | MERCAPTOPURINE | | | | | | | |
| 1598D | Tablet 50 mg | 100 | 2 | .. | *100.45 | 15.90 | Purinethol | BW |
| | ***MESALAZINE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ➤ ***Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.*** | | | | | | | |
| ***1611T*** | ***Tablet 250 mg*** | ***100*** | ***5*** | .. | ***61.20*** | ***15.90*** | ***Mesasal*** | ***SK*** |
| | METFORMIN HYDROCHLORIDE | | | | | | | |
| 2430X | Tablet 500 mg | 100 | 5 | .. | 15.01 | 15.77 | Diabex | FC |
| | | | | | | | Diaformin | AF |
| | | | | | | | Glucophage | LH |
| | METHACYCLINE HYDROCHLORIDE | | | | | | | |
| 2901Q | Capsule 300 mg | 10 | 1 | .. | 7.95 | 8.71 | Rondomycin | WW |
| | ***METHADONE HYDROCHLORIDE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***The risk of drug dependence is high.*** | | | | | | | |
| | ***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***METHADONE HYDROCHLORIDE—cont.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).*** | | | | | | | |
| ***1608P*** | ***Tablet 5 mg*** | ***20*** | ***..*** | ***..*** | ***8.50*** | ***9.26*** | ***Physeptone*** | ***BW*** |
| ***1609Q*** | ***Tablet 10 mg*** | ***20*** | ***..*** | ***..*** | ***9.19*** | ***9.95*** | ***Physeptone*** | ***BW*** |
| ***1606M*** | ***Injection 10 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***10.76*** | ***11.52*** | ***Physeptone*** | ***BW*** |
| | ***METHDILAZINE HYDROCHLORIDE*** | | | | | | | |
| | ***Prevention of migraine.*** | | | | | | | |
| ***1612W*** | ***Tablet 4 mg*** | ***100*** | ***2*** | ***..*** | ***8.23*** | ***8.99*** | ***Dilosyn*** | ***SI*** |
| ***1613X*** | ***Tablet 8 mg*** | ***100*** | ***2*** | ***..*** | ***12.68*** | ***13.44*** | ***Dilosyn*** | ***SI*** |
| | ***METHENOLONE ACETATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Osteoporosis;*** | | | | | | | |
| | ***Patients on long-term treatment with corticosteroids.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.*** | | | | | | | |
| ***1620G*** | ***Tablet 5 mg*** | ***100*** | ***3*** | ***..*** | ****30.41*** | ***15.90*** | ***Primobolan*** | ***SC*** |
| | METHOTREXATE | | | | | | | |
| 1622J | Tablet 2.5 mg | 100 | 2 | .. | 19.41 | 15.90 | [a] Ledertrexate<br>[a] Methoblastin<br>[a] BL | LE<br>FE |
| 1623K | Tablet 10 mg | 50 | 2 | .. | 44.29 | 15.90 | Methoblastin | FE |
| 2396D | Injection 5 mg in 2 mL | 5 | .. | .. | *45.27 | 15.90 | Ledertrexate | LE |
| 2395C | Injection 50 mg in 2 mL | 5 | .. | .. | *47.22<br>47.24 | 15.90<br>15.90 | Ledertrexate<br>Methoblastin<br>BL | LE<br>FE |
| | ***METHSUXIMIDE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate.*** | | | | | | | |
| ***2398F*** | ***Capsule 300 mg*** | ***200*** | ***2*** | ***..*** | ***67.37*** | ***15.90*** | ***Celontin*** | ***PD*** |
| | METHYCLOTHIAZIDE | | | | | | | |
| 1624L | Tablet 2.5 mg | 100 | 1 | .. | *7.91 | 8.67 | Enduron-M | AB |
| 1625M | Tablet 5 mg | 100 | 1 | .. | *8.43 | 9.19 | Enduron | AB |

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|---|---|---|---|---|---|---|---|---|
| | METHYLDOPA | | | | | | | |
| 3194D | Tablet 125 mg | 100 | 5 | .. | 8.22 | 8.98 | Aldomet-M | MK |
| 1629R | Tablet 250 mg | 100 | 5 | .. | 10.79 | 11.55 | [a] Hydopa | AF |
| | | | | 0.50 | 11.29 | 11.55 | [a] Aldomet | MK |
| | ***METHYLPHENOBARBITONE*** | | | | | | | |
| | ***Epilepsy.*** | | | | | | | |
| ***1634B*** | ***Tablet 60 mg*** | ***200*** | ***2*** | ***..*** | ***20.40*** | ***15.90*** | ***Prominal*** | ***WL*** |
| ***1635C*** | ***Tablet 200 mg*** | ***200*** | ***2*** | ***..*** | ***43.50*** | ***15.90*** | ***Prominal*** | ***WL*** |
| | ***METHYLPREDNISOLONE ACETATE*** | | | | | | | |
| | ***For local intra-articular or peri-articular infiltration.*** | | | | | | | |
| ***1928L*** | ***Injection 40 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***17.87*** | ***15.90*** | ***Depo-Medrol*** | ***UP*** |
| | METHYLPREDNISOLONE SODIUM SUCCINATE | | | | | | | |
| 2981X | Injection equivalent to 40 mg methylprednisolone in 1 mL | 5 | .. | .. | 27.33 | 15.90 | Solu-Medrol | UP |
| | METHYL SALICYLATE | | | | | | | |
| 1641J | Liniment APF, 100 mL | ‡1 | 1 | .. | 5.03 | 5.79 | Linsal | SI |
| | | | | | | | Metsal | MM |
| | | | | | | | MG | |
| | | | | | | | NN | |
| | | | | | | | WE(NQ) | |
| | METHYSERGIDE | | | | | | | |
| 2826R | Tablet 1 mg | 100 | 2 | .. | 28.34 | 15.90 | Deseril | SZ |
| | METOCLOPRAMIDE HYDROCHLORIDE | | | | | | | |
| 1207M | Tablet 10 mg | 25 | .. | .. | 5.23 | 5.99 | Pramin | AF |
| | | | | 1.32 | 6.55 | 5.99 | Maxolon | SK |
| 1205K | Syrup 5 mg per 5 mL, 100 mL | ‡1 | .. | .. | 5.77 | 6.53 | Maxolon | SK |
| 1206L | Injection 10 mg in 2 mL | 10 | .. | .. | 9.02 | 9.78 | Maxolon | SK |
| | METOLAZONE | | | | | | | |
| 1203H | Tablet 2.5 mg | 100 | 1 | .. | 8.12 | 8.88 | Diulo | SR |
| | METOPROLOL TARTRATE | | | | | | | |
| 1324Q | Tablet 50 mg | 100 | 5 | .. | 11.09 | 11.85 | [a] Minax 50 | AF |
| | | | | 0.77 | 11.86 | 11.85 | [a] Betaloc | AP |
| | | | | 0.84 | 11.93 | 11.85 | Lopresor 50 | CG |
| 1325R | Tablet 100 mg | 60 | 5 | .. | 12.76 | 13.52 | [a] Minax 100 | AF |
| | | | | 0.77 | 13.53 | 13.52 | [a] Betaloc | AP |
| | | | | 0.82 | 13.58 | 13.52 | Lopresor 100 | CG |
| | ***METRONIDAZOLE*** | | | | | | | |
| | ***Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.*** | | | | | | | |
| ***1638F*** | ***I.V. infusion 500 mg in 100 mL*** | ***1*** | ***..*** | ***..*** | ***8.40*** | ***9.16*** | ***[a] Flagyl*** | ***MB*** |
| | | | | | | | ***[a] BL*** | |
| | | | | | | | ***[a] DW*** | |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***METRONIDAZOLE—cont.*** | | | | | | | |
| | ***Treatment of anaerobic infections.*** | | | | | | | |
| ***1621H*** | ***Tablet 400 mg*** | ***21*** | ***1*** | ***..*** | ***8.47*** | ***9.23*** | ***Metrogyl 400*** | ***AF*** |
| | | | | ***0.55*** | ***9.02*** | ***9.23*** | ***Flagyl*** | ***MB*** |
| | METRONIDAZOLE | | | | | | | |
| 1636D | Tablet 200 mg | 21 | 1 | .. | 5.66 | 6.42 | [a] Metrogyl 200 | AF |
| | | | | | | | Metrozine | SR |
| | | | | 0.55 | 6.21 | 6.42 | [a] Flagyl | MB |
| 1626N | Tablet 400 mg | 5 | 2 | .. | 5.55 | 6.31 | Metrogyl 400 | AF |
| | | | | 0.55 | 6.10 | 6.31 | Flagyl Statpak | MB |
| 1642K | Suppositories 500 mg, 10 | ‡1 | .. | .. | 17.43 | 15.90 | Flagyl | MB |
| 1643L | Suppositories 1 g, 10 | ‡1 | .. | .. | 24.14 | 15.90 | Flagyl | MB |
| | METRONIDAZOLE BENZOATE | | | | | | | |
| 1630T | Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL | ‡1 | .. | .. | 11.27 | 12.03 | Flagyl S | MB |
| | MEXILETINE HYDROCHLORIDE | | | | | | | |
| 1682M | Capsule 50 mg | 100 | 5 | .. | 22.09 | 15.90 | Mexitil | BY |
| 1683N | Capsule 200 mg | 100 | 5 | .. | 45.04 | 15.90 | Mexitil | BY |
| | ***MIANSERIN HYDROCHLORIDE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.*** | | | | | | | |
| | ***Severe depression.*** | | | | | | | |
| ***1627P*** | ***Tablet 10 mg*** | ***50*** | ***5*** | ***..*** | ***13.80*** | ***14.56*** | ***Tolvon*** | ***OR*** |
| ***1628Q*** | ***Tablet 20 mg*** | ***50*** | ***5*** | ***..*** | ***23.93*** | ***15.90*** | ***Tolvon*** | ***OR*** |
| | MICONAZOLE NITRATE | | | | | | | |
| 1276E | Cream 20 mg per g (2%), 20 g | ‡1 | 1 | .. | 6.41 | 7.17 | Monistat Derm | JC |
| 1277F | Pessaries 100 mg, 7 | ‡1 | .. | .. | 7.55 | 8.31 | [a] Monistat 7 | CL |
| | | | | 1.73 | 9.28 | 8.31 | [a] Gyno–Daktarin 7 | JP |
| 1273B | Vaginal cream 100 mg per 5 g (2%), 40 g | ‡1 | .. | .. | 7.56 | 8.32 | [a] Monistat 7 | CL |
| | | | | 1.63 | 9.19 | 8.32 | [a] Gyno–Daktarin 7 | JP |
| | ***MILK POWDER—LACTOSE MODIFIED*** | | | | | | | |
| | ***Acute lactose intolerance.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***No authorities will be granted for increased maximum quantities and/or repeats.*** | | | | | | | |
| ***1387B*** | ***Lactose-predigested powder 500 g*** | ***4*** | ***1*** | ***..*** | ****36.21*** | ***15.90*** | ***Digestelact*** | ***SJ*** |

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|---|---|---|---|---|---|---|---|---|
| | ***MILK POWDER—LACTOSE MODIFIED—cont.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Proven chronic lactose intolerance.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***No authorities will be granted for increased maximum quantities and/or repeats. Confirmation of lactose intolerance to be included in application. Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.*** | | | | | | | |
| *1284N* | *Lactose-predigested powder 500 g* | *4* | *10* | *..* | **36.21* | *15.90* | *Digestelact* | *SJ* |
| | ***MILK POWDER—LOW LACTOSE FORMULA*** | | | | | | | |
| | ***Acute lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***No authorities will be granted for increased maximum quantities and/or repeats.*** | | | | | | | |
| *1283M* | *Lactose-predigested powder infant formula 500 g* | *4* | *1* | *..* | **36.21* | *15.90* | *De-Lact Infant* | *SJ* |
| | **Authority required.** | | | | | | | |
| | ***Proven chronic lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***No authorities will be granted for increased maximum quantities and/or repeats. Confirmation of lactose intolerance to be included in application. Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.*** | | | | | | | |
| *1388C* | *Lactose-predigested powder infant formula 500 g* | *4* | *10* | *..* | **36.21* | *15.90* | *De-Lact Infant* | *SJ* |

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|---|---|---|---|---|---|---|---|---|
| | ***MINERAL MIXTURE*** ***Phenylketonuria.*** **NOTE:** ***For use with amino acid formula without phenylalanine.*** | | | | | | | |
| ***1451J*** | ***Powder 250 g*** | ***‡1*** | ***5*** | ***..*** | ***40.97*** | ***15.90*** | ***Aminogran*** | ***M.M. GL*** |
| | ***MINOCYCLINE*** **CAUTION:** ***There are concerns about the incidence of benign intracranial hypertension associated with this drug.*** ***Severe acne not responding to other tetracyclines.*** | | | | | | | |
| ***1616C*** | ***Tablet 50 mg*** | ***60*** | ***5*** | ***..*** | ***16.20*** | ***15.90*** | ***Minomycin-50*** | ***LE*** |
| | MINOCYCLINE **CAUTION:** There are concerns about the incidence of benign intracranial hypertension associated with this drug. | | | | | | | |
| 3037W | Capsule 100 mg | 11 | .. | .. | 8.20 | 8.96 | Minomycin | LE |
| | ***MINOXIDIL*** **Authority required.** ***For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient); For the continuing treatment of a patient who has already received long-term (greater than six months) therapy with minoxidil for severe refractory hypertension.*** | | | | | | | |
| ***2313R*** | ***Tablet 10 mg*** | ***100*** | ***5*** | ***..*** | ***43.94*** | ***15.90*** | ***Loniten*** | ***UP*** |
| | ***MISOPROSTOL*** **CAUTION:** ***Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.*** **Authority required.** ***Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery; Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.*** | | | | | | | |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***MISOPROSTOL—cont.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Increased maximum quantities and/or repeats FOR MAINTENANCE THERAPY will not be authorised.*** | | | | | | | |
| ***1648R*** | ***Tablet 200 micrograms*** | ***120*** | ***1*** | ***..*** | ***44.93*** | ***15.90*** | ***Cytotec*** | ***SR*** |
| | ***MITOZANTRONE*** | | | | | | | |
| | ***Leukaemia; Metastatic or locally advanced breast cancer; Non-Hodgkin's lymphoma.*** | | | | | | | |
| ***1929M*** | ***Injection 20 mg in 10 mL*** | ***1*** | ***..*** | ***..*** | ***295.57*** | ***15.90*** | ***Novantrone*** | ***LE*** |
| ***1930N*** | ***Injection 25 mg in 12.5 mL*** | ***1*** | ***..*** | ***..*** | ***363.57*** | ***15.90*** | ***Novantrone*** | ***LE*** |
| ***1931P*** | ***Injection 30 mg in 15 mL*** | ***1*** | ***..*** | ***..*** | ***433.02*** | ***15.90*** | ***Novantrone*** | ***LE*** |
| | ***MOCLOBEMIDE*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***This selective and reversible type A monoamine oxidase inhibitor is less likely to cause hypertensive crises than other monoamine oxidase inhibitors.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate.*** | | | | | | | |
| ***1900B*** | ***Tablet 150 mg*** | ***60*** | ***2*** | ***..*** | ***40.96*** | ***15.90*** | ***Aurorix*** | ***RO*** |
| | ***MORPHINE SULFATE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***The risk of drug dependence is high.*** | | | | | | | |
| | ***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).*** | | | | | | | |
| ***1646P*** | ***Tablet 30 mg*** | ***20*** | ***..*** | ***..*** | ***9.52*** | ***10.28*** | ***Anamorph*** | ***FM*** |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***MORPHINE SULFATE—cont.*** | | | | | | | |
| | ***Chronic severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities for increased maximum quantities and/or repeats will be granted only for chronic severe disabling pain associated with proven malignant neoplasia or chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).*** | | | | | | | |
| ***1653B*** | ***Tablet 10 mg (controlled release)*** | ***20*** | .. | .. | ***14.06*** | ***14.82*** | ***MS Contin*** | ***PS*** |
| ***1654C*** | ***Tablet 30 mg (controlled release)*** | ***20*** | .. | .. | ***26.43*** | ***15.90*** | ***MS Contin*** | ***PS*** |
| ***1655D*** | ***Tablet 60 mg (controlled release)*** | ***20*** | .. | .. | ***41.63*** | ***15.90*** | ***MS Contin*** | ***PS*** |
| ***1656E*** | ***Tablet 100 mg (controlled release)*** | ***20*** | .. | .. | ***62.07*** | ***15.90*** | ***MS Contin*** | ***PS*** |
| | MORPHINE SULFATE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | The risk of drug dependence is high. | | | | | | | |
| 1644M | Injection 10 mg in 1 mL | 5 | .. | .. | 8.16 | 8.92 | BL | |
| | | | | | | | SI | |
| | | | | 2.57 | 10.73 | 8.92 | AP | |
| 1645N | Injection 15 mg in 1 mL | 5 | .. | .. | 8.21 | 8.97 | BL | |
| | | | | | | | SI | |
| | | | | 2.62 | 10.83 | 8.97 | AP | |
| 1647Q | Injection 30 mg in 1 mL | 5 | .. | .. | 10.59 | 11.35 | BL | |
| | MORPHINE TARTRATE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | The risk of drug dependence is high. | | | | | | | |
| 1607N | Injection 120 mg in 1.5 mL | 5 | .. | .. | 18.79 | 15.90 | BL | |
| | MUSTINE HYDROCHLORIDE | | | | | | | |
| 1668T | Injection 10 mg (solvent required) (codes 6759R, 6760T, 6761W, 6762X, 6763Y, 6764B apply to above item with approved solvents) | 4 | .. | .. | *93.69 | 15.90 | BT | |
| | ***NALIDIXIC ACID*** | | | | | | | |
| | ***For use as a urinary antiseptic in patients with neurogenic bladder;*** | | | | | | | |
| | ***Urinary tract infections where current clinical and bacteriological evidence confirms that nalidixic acid is an appropriate therapeutic agent.*** | | | | | | | |
| ***2451B*** | ***Tablet 500 mg*** | ***56*** | ***2*** | .. | ***25.57*** | ***15.90*** | ***Negram*** | ***WL*** |

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|---|---|---|---|---|---|---|---|---|
| | NALOXONE HYDROCHLORIDE | | | | | | | |
| 1670X | Injection 40 micrograms in 2 mL | 5 | .. | .. | 28.51 | 15.90 | Narcan Neonatal | BT |
| 1751E | Injection 400 micrograms in 1 mL | 1 | .. | .. | 16.55 | 15.90 | Naloxone Min-I-Jet | CS |
| 1752F | Injection 800 micrograms in 2 mL | 1 | .. | .. | 17.65 | 15.90 | Naloxone Min-I-Jet | CS |
| 1753G | Injection 2 mg in 5 mL | 1 | .. | .. | 25.36 | 15.90 | Naloxone Min-I-Jet | CS |
| | ***NANDROLONE DECANOATE*** **Authority required.** ***Osteoporosis; Patients on long-term treatment with corticosteroids.*** **NOTE:** ***An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.*** | | | | | | | |
| ***1671Y*** | ***Injection 50 mg in 1 mL, disposable syringe*** | ***1*** | ***3*** | .. | ***13.95*** | ***14.71*** | ***Deca-Durabolin*** | ***OR*** |
| | ***NANDROLONE PHENYLPROPIONATE*** **Authority required.** ***Osteoporosis; Patients on long-term treatment with corticosteroids.*** **NOTE:** ***An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.*** | | | | | | | |
| ***1672B*** | ***Injection 25 mg in 1 mL*** | ***3*** | ***3*** | .. | ***13.95*** | ***14.71*** | ***Durabolin*** | ***OR*** |
| | NAPHAZOLINE HYDROCHLORIDE | | | | | | | |
| 1317H | Eye drops 1 mg per mL (0.1%), 15 mL | ‡1 | 5 | .. | 8.12 | 8.88 | Albalon Liquifilm | AG |
| | | | | | | | Naphcon Forte | AQ |
| | ***NAPROXEN*** ➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***1674D*** | ***Tablet 250 mg*** | ***100*** | ***3*** | .. | ****13.49*** | ***14.25*** | ***Inza 250*** | ***AF*** |
| | | | | ***0.94*** | ****14.43*** | ***14.25*** | ***Naprosyn*** | ***SD*** |
| ***1659H*** | ***Tablet 500 mg*** | ***50*** | ***3*** | .. | ***12.38*** | ***13.14*** | ***Inza 500*** | ***AF*** |
| | | | | ***0.47*** | ***12.85*** | ***13.14*** | ***Naprosyn*** | ***SD*** |
| ***1614Y*** | ***Tablet 750 mg (sustained release)*** | ***28*** | ***3*** | .. | ***11.42*** | ***12.18*** | ***Naprosyn SR750*** | ***SD*** |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***NAPROXEN—cont.*** | | | | | | | |
| ***1615B*** | ***Tablet 1 g (sustained release)*** | ***28*** | ***3*** | ***..*** | ***14.04*** | ***14.80*** | ***Naprosyn SR1000*** | ***SD*** |
| ***1658G*** | ***Oral suspension 125 mg per 5 mL, 500 mL*** | ***‡1*** | ***3*** | ***..*** | ***18.19*** | ***15.90*** | ***Naprosyn*** | ***SD*** |
| | NAPROXEN | | | | | | | |
| 1237D | Tablets 250 mg, 20 | ‡1 | .. | .. | 6.05 | 6.81 | Inza 250 | AF |
| 1238E | Tablets 500 mg, 10 | ‡1 | .. | .. | 5.94 | 6.70 | Inza 500 | AF |
| 1662L | Suppository 500 mg | 40 | 3 | .. | *18.47 | 15.90 | Naprosyn | SD |
| | ***NEOMYCIN SULFATE*** ***Acute leukaemia during induction of remission with chemotherapy; Bowel sterilisation preparatory to major surgery; Encephalopathy, hepatic.*** | | | | | | | |
| ***2325J*** | ***Tablet 500 mg*** | ***25*** | ***1*** | ***..*** | ***11.05*** | ***11.81*** | ***Neosulf*** | ***AF*** |
| | NEOMYCIN UNDECENOATE with BACITRACIN ZINC | | | | | | | |
| 2296W | Ear ointment 12 mg (3.5 mg base)–400 units per g, 10 g | ‡1 | .. | .. | 5.47 | 6.23 | Nemdyn | HA |
| | NEOSTIGMINE BROMIDE | | | | | | | |
| 1675E | Tablet 15 mg | 200 | 1 | .. | *14.47 | 15.23 | Prostigmin | RO |
| | ***NICLOSAMIDE*** ***Hymenolepiasis nana.*** | | | | | | | |
| ***1681L*** | ***Tablet 500 mg*** | ***16*** | ***..*** | ***..*** | ****15.01*** | ***15.77*** | ***Yomesan*** | ***BN*** |
| | NICLOSAMIDE | | | | | | | |
| 1680K | Tablet 500 mg | 4 | .. | .. | 6.43 | 7.19 | Yomesan | BN |
| | NICOTINIC ACID | | | | | | | |
| 1686R | Tablet 100 mg | 100 | 2 | .. | 6.01 | 6.77 | MB | |
| 1687T | Tablet 250 mg | 200 | 5 | .. | *12.37 | 13.13 | MB | |
| | ***NIFEDIPINE*** ***Angina.*** | | | | | | | |
| ***1678H*** | ***Capsule 5 mg*** | ***100*** | ***5*** | ***..*** | ***16.77*** | ***15.90*** | ***Adalat 5*** | ***BN*** |
| ***1688W*** | ***Capsule 10 mg*** | ***100*** | ***5*** | ***..*** | ***18.42*** | ***15.90*** | ***#Anpine*** | ***AF*** |
| | | | | ***0.45*** | ***18.87*** | ***15.90*** | ***#Adalat*** | ***BN*** |
| | **CAUTION:** ***Capsule formulations of nifedipine are associated with more rapid and higher peak levels which may cause serious adverse effects.*** | | | | | | | |
| | NIFEDIPINE | | | | | | | |
| 1695F | Tablet 20 mg | 60 | 5 | .. | 25.35 | 15.90 | Adalat 20 | BN |

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|---|---|---|---|---|---|---|---|---|
| | ***NITRAZEPAM*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Myoclonic epilepsy; Malignant neoplasia (late stage); For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.*** | | | | | | | |
| ***2732T*** | ***Tablet 5 mg*** | ***50*** | ***5*** | ***..*** | ****7.09*** | ***7.85*** | [a] ***Alodorm*** | ***AF*** |
| | | | | ***1.48*** | ****8.57*** | ***7.85*** | [a] ***Mogadon*** | ***RO*** |
| | NITRAZEPAM | | | | | | | |
| 2723H | Tablet 5 mg | 25 | .. | .. | 5.33 | 6.09 | [a] Alodorm | AF |
| | **NOTE:** | | | 0.74 | 6.07 | 6.09 | [a] Mogadon | RO |
| | Authorities for increased maximum quantities and/or repeats will be granted only for (i) myoclonic epilepsy or malignant neoplasia (late stage); or (ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested. | | | | | | | |
| | NITROFURANTOIN | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions. | | | | | | | |
| 1692C | Capsule 50 mg | 30 | 1 | .. | 8.66 | 9.42 | Macrodantin | NW |
| 1693D | Capsule 100 mg | 30 | 1 | .. | 10.89 | 11.65 | Macrodantin | NW |
| 1691B | Paediatric oral suspension 25 mg per 5 mL, 200 mL | ‡1 | .. | .. | 14.57 | 15.33 | Furadantin | NW |
| | NORETHISTERONE | | | | | | | |
| 1967M | Tablets 350 micrograms, 28 | 4 | 2 | .. | *13.33 | 14.09 | Micronor | JC |
| | | | | | | | Noriday 28 Day | SD |
| 2993M | Tablet 5 mg | 30 | 2 | .. | 12.02 | 12.78 | Primolut N | SC |

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|---|---|---|---|---|---|---|---|---|
| | NORETHISTERONE with ETHINYLOESTRADIOL | | | | | | | |
| 2772X | Tablets 500 micrograms–35 micrograms, 21 | 4 | 2 | .. | *13.33 | 14.09 | Brevinor | SD |
| 2773Y | Tablets 1 mg–35 micrograms, 21 | 4 | 2 | .. | *13.33 | 14.09 | Brevinor–1 | SD |
| 2774B | Pack containing 21 tablets 500 micrograms–35 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | Brevinor | SD |
| 2775C | Pack containing 21 tablets 1 mg–35 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | Brevinor–1 | SD |
| 2776D | Pack containing 12 tablets 500 micrograms–35 micrograms, 9 tablets 1 mg–35 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | Synphasic | SD |
| | NORETHISTERONE with MESTRANOL | | | | | | | |
| 3176E | Tablets 1 mg–50 micrograms, 21 | 4 | 2 | .. | *13.33 | 14.09 | Norinyl–1 | SD |
| 3179H | Pack containing 21 tablets 1 mg–50 micrograms and 7 inert tablets | 4 | 2 | .. | *13.33 | 14.09 | Norinyl–1/28 | SD |
| | ***NORFLOXACIN*** **Authority required.** ***Acute bacterial enterocolitis; Complicated urinary tract infection.*** | | | | | | | |
| ***3010K*** | ***Tablet 400 mg*** | ***14*** | ***1*** | .. | ***20.19*** | ***15.90*** | ***Noroxin*** | ***MK*** |
| | NORTRIPTYLINE HYDROCHLORIDE | | | | | | | |
| 2522R | Tablet 10 mg (base) | 50 | 2 | .. | 5.18 | 5.94 | Allegron | DL |
| 2523T | Tablet 25 mg (base) | 50 | 2 | .. | 5.86 | 6.62 | Allegron<br>Nortab | DL<br>BQ |
| 2524W | Paediatric elixir 10 mg (base) per 5 mL, 100 mL | ‡1 | 4 | .. | 7.00 | 7.76 | Allegron | DL |
| | NYSTATIN | | | | | | | |
| 1696G | Tablet 500,000 units | 50 | .. | ..<br>0.55 | 10.30<br>10.85 | 11.06<br>11.06 | Nilstat<br>Mycostatin | LE<br>BQ |
| 1699K | Capsule 500,000 units | 50 | .. | .. | 10.30 | 11.06 | Mycostatin<br>Nilstat | BQ<br>LE |
| 3032N | Lozenge 100,000 units | 20 | 1 | .. | 6.07 | 6.83 | Nilstat | LE |
| 3033P | Oral suspension 100,000 units per mL, 24 mL | ‡1 | 1 | .. | 6.39 | 7.15 | Mycostatin<br>Nilstat | BQ<br>LE |
| 1698J | Cream 100,000 units per g, 15 g | ‡1 | 1 | .. | 5.51 | 6.27 | Mycostatin<br>Nilstat | BQ<br>LE |
| 1179C | Ointment 100,000 units per g, 15 g | ‡1 | 1 | .. | 5.51 | 6.27 | Mycostatin<br>Nilstat | BQ<br>LE |
| 1697H | Pessaries 100,000 units, 15 | ‡1 | 1 | .. | 7.29 | 8.05 | Mycostatin<br>Nilstat | BQ<br>LE |
| 1660J | Cream pessaries 100,000 units, 15 | ‡1 | 1 | .. | 7.29 | 8.05 | Nilstat | LE |
| 3102G | Vaginal cream 100,000 units per dose, 15 doses, 75 g | ‡1 | 1 | .. | 7.53 | 8.29 | Mycostatin<br>Nilstat | BQ<br>LE |

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|---|---|---|---|---|---|---|---|---|
| | ***OCTOXINOL*** | | | | | | | |
| | ***For colostomy and ileostomy use.*** | | | | | | | |
| ***1569N*** | ***Compound cleansing solution 20 mg per g (2%), 240 mL*** | ***‡1*** | ***..*** | ***..*** | ***10.68*** | ***11.44*** | ***Uni Wash*** | ***SN*** |
| | ***OESTRADIOL*** | | | | | | | |
| | ***For use where oral oestrogen therapy cannot be tolerated.*** | | | | | | | |
| ***1743R*** | ***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8*** | ***‡1*** | ***5*** | ***..*** | ***20.76*** | ***15.90*** | ***Estraderm 25*** | ***CG*** |
| ***1744T*** | ***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8*** | ***‡1*** | ***5*** | ***..*** | ***22.69*** | ***15.90*** | ***Estraderm 50*** | ***CG*** |
| ***1745W*** | ***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8*** | ***‡1*** | ***5*** | ***..*** | ***26.26*** | ***15.90*** | ***Estraderm 100*** | ***CG*** |
| | OESTRADIOL | | | | | | | |
| 1742Q | Vaginal tablets 25 micrograms, 15 | ‡1 | 2 | .. | 19.49 | 15.90 | Vagifem | NO |
| | OESTRADIOL VALERATE | | | | | | | |
| 1663M | Tablets 1 mg, 28 | 2 | 2 | .. | *8.55 | 9.31 | Progynova | SC |
| 1664N | Tablets 2 mg, 28 | 2 | 2 | .. | *10.33 | 11.09 | Progynova | SC |
| 1061W | Injection 10 mg in 1 mL | 3 | .. | .. | 17.10 | 15.90 | Primogyn Depot | SC |
| | OESTRIOL | | | | | | | |
| 1776L | Tablets 1 mg, 30 | 2 | 2 | .. | *8.89 | 9.65 | Ovestin | OR |
| 1781R | Vaginal cream 1 mg per g (0.1%), 15 g | ‡1 | 1 | .. | 10.69 | 11.45 | Ovestin | OR |
| | OESTROGENS—CONJUGATED | | | | | | | |
| 1733F | Tablets 300 micrograms, 28 | 2 | 2 | .. | *8.55 | 9.31 | Premarin | AY |
| 1734G | Tablets 625 micrograms, 28 | 2 | 2 | .. | *10.33 | 11.09 | Premarin | AY |
| | OESTRONE | | | | | | | |
| 1700L | Pessaries 100 micrograms, 12 | ‡1 | 2 | .. | 11.71 | 12.47 | Kolpon | OR |
| 1701M | Pessaries 1 mg, 12 | ‡1 | 2 | .. | 12.70 | 13.46 | Kolpon | OR |
| | ***OLSALAZINE SODIUM*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ➤ ***Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.*** | | | | | | | |
| ***1728Y*** | ***Capsule 250 mg*** | ***100*** | ***5*** | ***..*** | ***60.40*** | ***15.90*** | ***Dipentum*** | ***PS*** |

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|---|---|---|---|---|---|---|---|---|
| | ***OMEPRAZOLE*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Omeprazole is not available under the 'urgent supply' mechanism.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ➤ ***Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***The application for omeprazole must include the date of final assessment (x-ray, endoscopy or surgery). Approval will be restricted to a single course of therapy for up to eight weeks.*** | | | | | | | |
| *1326T* | ***Capsule 20 mg*** | *28* | *1* | .. | *90.95* | *15.90* | ***Losec*** | ***AP*** |
| | **Authority required.** | | | | | | | |
| | ➤ ***Severe refractory ulcerating oesophagitis with proven failure to heal despite eight weeks of strict anti-reflux therapy, including treatment with other 'ulcer-healing' drugs.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***The application must include the date of the assessment establishing failure to heal. The initial authority will not exceed 28 capsules and one repeat. Subsequent authorities, for up to six months' therapy, will be strictly limited to patients whose symptoms recur after a trial cessation of therapy.*** | | | | | | | |
| *1327W* | ***Capsule 20 mg*** | *28* | *1* | .. | *90.95* | *15.90* | ***Losec*** | ***AP*** |
| | **Authority required.** | | | | | | | |
| | ***Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.*** | | | | | | | |
| *1328X* | ***Capsule 20 mg*** | *28* | *5* | .. | *90.95* | *15.90* | ***Losec*** | ***AP*** |
| | **Authority required.** | | | | | | | |
| | ***Zollinger-Ellison syndrome.*** | | | | | | | |
| *1329Y* | ***Capsule 20 mg*** | *56* | *5* | .. | **178.33* | *15.90* | ***Losec*** | ***AP*** |

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|---|---|---|---|---|---|---|---|---|
| | ***ONDANSETRON*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Management of nausea and vomiting associated with cytotoxic chemotherapy or radiotherapy.*** | | | | | | | |
| *1594X* | ***Tablet 4 mg*** | *15* | .. | .. | *202.57* | *15.90* | ***Zofran*** | ***GL*** |
| *1595Y* | ***Tablet 8 mg*** | *15* | .. | .. | *336.57* | *15.90* | ***Zofran*** | ***GL*** |
| *1596B* | ***I.V. injection 4 mg in 2 mL*** | *5* | .. | .. | *115.33* | *15.90* | ***Zofran*** | ***GL*** |
| *1597C* | ***I.V. injection 8 mg in 4 mL*** | *5* | .. | .. | *200.80* | *15.90* | ***Zofran*** | ***GL*** |
| | ***ORPHENADRINE HYDROCHLORIDE*** | | | | | | | |
| | ***Parkinsonism.*** | | | | | | | |
| *2627G* | ***Tablet 50 mg*** | *200* | *2* | .. | **17.87* | *15.90* | ***Disipal*** | ***MM*** |
| | ***OXAZEPAM*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Malignant neoplasia (late stage); For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.*** | | | | | | | |
| *3134Y* | ***Tablet 15 mg*** | *50* | *5* | .. | **6.29* | *7.05* | ***[a] Alepam 15*** | ***AF*** |
| | | | | | | | ***[a] Murelax*** | ***AY*** |
| | | | | *1.46* | **7.75* | *7.05* | ***[a] Serepax*** | ***WY*** |
| *3135B* | ***Tablet 30 mg*** | *50* | *5* | .. | **6.79* | *7.55* | ***[a] Alepam 30*** | ***AF*** |
| | | | | | | | ***[a] Murelax*** | ***AY*** |
| | | | | *1.60* | **8.39* | *7.55* | ***[a] Serepax*** | ***WY*** |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | OXAZEPAM—cont. | | | | | | | |
| 3132W | Tablet 15 mg | 25 | .. | .. | 4.93 | 5.69 | [a] Alepam 15 | AF |
| | | | | | | | [a] Murelax | AY |
| | | | | 0.73 | 5.66 | 5.69 | [a] Serepax | WY |
| 3133X | Tablet 30 mg | 25 | .. | .. | 5.18 | 5.94 | [a] Alepam 30 | AF |
| | | | | | | | [a] Murelax | AY |
| | | | | 0.80 | 5.98 | 5.94 | [a] Serepax | WY |
| | **NOTE:** Authorities for increased maximum quantities and/or repeats will be granted only for (i) malignant neoplasia (late stage); or (ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested. | | | | | | | |
| | OXPRENOLOL HYDROCHLORIDE | | | | | | | |
| 2942W | Tablet 20 mg | 100 | 5 | .. | 7.21 | 7.97 | Corbeton 20 | AF |
| 2961W | Tablet 40 mg | 100 | 5 | .. | 9.03 | 9.79 | Corbeton 40 | AF |
| | ***OXYCODONE*** **CAUTION:** ***The risk of drug dependence is high.*** ***Severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).*** | | | | | | | |
| ***2481N*** | ***Suppository 30 mg*** | ***12*** | .. | .. | ***14.85*** | ***15.61*** | ***Proladone*** | ***BT*** |
| | ***OXYCODONE HYDROCHLORIDE*** **CAUTION:** ***The risk of drug dependence is high.*** ***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***OXYCODONE HYDROCHLORIDE—cont.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).*** | | | | | | | |
| ***2622B*** | ***Tablet 5 mg*** | ***20*** | ***..*** | ***..*** | ***7.86*** | ***8.62*** | ***Endone*** | ***BT*** |
| | ***OXYMETHOLONE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Aplastic anaemias, proven; Myelosclerosis.*** | | | | | | | |
| ***2902R*** | ***Tablet 50 mg*** | ***100*** | ***5*** | ***..*** | ***105.10*** | ***15.90*** | ***Anapolon*** | ***SD*** |
| ***2903T*** | ***Tablet 100 mg*** | ***100*** | ***5*** | ***..*** | ***195.30*** | ***15.90*** | ***Adroyd*** | ***PD*** |
| | OXYTOCIN | | | | | | | |
| 1727X | Injection 2 units in 2 mL | 5 | .. | .. | 8.30 | 9.06 | Syntocinon | SZ |
| 1729B | Injection 5 units in 1 mL | 5 | .. | .. | 7.70 | 8.46 | Syntocinon | SZ |
| 1730C | Injection 10 units in 1 mL | 5 | .. | .. | 8.33 | 9.09 | Syntocinon | SZ |
| | OXYTOCIN with ERGOMETRINE MALEATE | | | | | | | |
| 2400H | Injection 5 units-500 micrograms in 1 mL | 5 | .. | .. | 8.52 | 9.28 | Syntometrine | SZ |
| | ***PANCREATIN ENZYME*** | | | | | | | |
| | ***Cystic fibrosis (mucoviscidosis); Following pancreatico-duodenectomy; Steatorrhoea, pancreatic.*** | | | | | | | |
| ***1735H*** | ***Tablet providing not less than 6,500 BP units of lipase activity*** | ***500*** | ***10*** | ***..*** | ***42.96*** | ***15.90*** | ***Viokase*** | ***AY*** |
| ***1737K*** | ***Capsule providing not less than 6,500 BP units of lipase activity*** | ***500*** | ***10*** | ***..*** | ***42.96*** | ***15.90*** | ***Viokase*** | ***AY*** |
| | ***PANCRELIPASE*** | | | | | | | |
| | ***Cystic fibrosis (mucoviscidosis); Following pancreatico-duodenectomy; Steatorrhoea, pancreatic.*** | | | | | | | |
| ***2496J*** | ***Capsule providing not less than 5,000 BP units of lipase activity*** | ***500*** | ***10*** | ***..*** | ***114.67*** | ***15.90*** | ***Pancrease*** | ***JC*** |
| ***2495H*** | ***Capsule providing not less than 10,000 BP units of lipase activity*** | ***500*** | ***10*** | ***..*** | ****168.57*** | ***15.90*** | ***Cotazym S Forte*** | ***OR*** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | PARACETAMOL | | | | | | | |
| 1746X | Tablet 500 mg | 100 | 1 | .. | 6.85 | 7.61 | Dymadon P<br>Panamax<br>Paralgin | BW<br>WL<br>FM |
| 1747Y | Mixture 120 mg per 5 mL, 100 mL | ‡1 | 2 | .. | 6.67 | 7.43 | Dymadon<br>Panamax | BW<br>WL |
| | ***PARAFFIN*** | | | | | | | |
| | ***For colostomy and ileostomy use.*** | | | | | | | |
| ***1748B*** | ***Compound cream 85 g*** | ***‡1*** | ***..*** | ***..*** | ***10.64*** | ***11.40*** | ***Uni Derm*** | ***SN*** |
| ***1749C*** | ***Compound ointment 70 g*** | ***‡1*** | ***..*** | ***..*** | ***10.79*** | ***11.55*** | ***Uni Salve*** | ***SN*** |
| | PARAFFIN | | | | | | | |
| 1754H | Compound eye ointment 3.5 g | ‡1 | 5 | .. | 9.41 | 10.17 | Duratears | AQ |
| 1750D | Compound eye ointment 7 g | ‡1 | 5 | .. | 12.47 | 13.23 | Lacri-Lube S.O.P. | AG |
| | ***PENICILLAMINE*** | | | | | | | |
| | ***Acute heavy metal intoxication; Cystinosis; Cystinuria with calculus formation; Haemoglobinuria, paroxysmal cold; Severe rheumatoid arthritis; Wilson's disease (hepato-lenticular degeneration).*** | | | | | | | |
| ***2721F*** | ***Tablet 125 mg*** | ***100*** | ***1*** | ***..*** | ***25.90*** | ***15.90*** | ***D-Penamine*** | ***DL*** |
| ***2838J*** | ***Tablet 250 mg*** | ***100*** | ***1*** | ***..*** | ***40.97*** | ***15.90*** | ***D-Penamine*** | ***DL*** |
| | ***PERHEXILINE MALEATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Angina not responding to other therapy.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Perhexiline maleate tablet 100 mg (Pexid) is still temporarily unavailable through usual distribution channels. Until normal marketing resumes doctors need to apply for individual patient approval (via the Special Access Scheme) with the drug being distributed direct from the manufacturer.*** | | | | | | | |
| ***1822X*** | ***Tablet 100 mg*** | ***100*** | ***5*** | ***..*** | ***28.76*** | ***15.90*** | ***Pexid*** | ***ML*** |

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|---|---|---|---|---|---|---|---|---|
| | ***PERICYAZINE*** | | | | | | | |
| | ***Chorea;*** | | | | | | | |
| | ***Hyperactive states of organic or toxic delirium;*** | | | | | | | |
| | ***Malignant neoplasia (late stage);*** | | | | | | | |
| | ***Radiation sickness;*** | | | | | | | |
| | ***Severe conduct disorders of children;*** | | | | | | | |
| | ***Major psychoses including—*** | | | | | | | |
| | ***Major organic psychoses including arteriopathic dementia;*** | | | | | | | |
| | ***Manic-depressive disorder—manic phase;*** | | | | | | | |
| | ***Paranoid states;*** | | | | | | | |
| | ***Schizophrenia;*** | | | | | | | |
| | ***Senile dementia.*** | | | | | | | |
| ***3052P*** | ***Tablet 2.5 mg*** | ***100*** | ***1*** | ***..*** | ***7.31*** | ***8.07*** | ***Neulactil*** | ***MB*** |
| ***3053Q*** | ***Tablet 10 mg*** | ***100*** | ***1*** | ***..*** | ***11.51*** | ***12.27*** | ***Neulactil*** | ***MB*** |
| | ***PERINDOPRIL ERBUMINE*** | | | | | | | |
| | ***Mild to moderate hypertension.*** | | | | | | | |
| ***3050M*** | ***Tablet 2 mg*** | ***30*** | ***5*** | ***..*** | ***23.27*** | ***15.90*** | ***Coversyl*** | ***SE*** |
| ***3051N*** | ***Tablet 4 mg*** | ***30*** | ***5*** | ***..*** | ***30.12*** | ***15.90*** | ***Coversyl*** | ***SE*** |
| | PETHIDINE HYDROCHLORIDE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | The risk of drug dependence is high. | | | | | | | |
| 1828F | Injection 50 mg in 1 mL | 5 | .. | .. | 7.77 | 8.53 | BL | |
| | | | | | | | SI | |
| | | | | 2.52 | 10.29 | 8.53 | AP | |
| 1829G | Injection 100 mg in 2 mL | 5 | .. | .. | 8.10 | 8.86 | BL | |
| | | | | | | | SI | |
| | | | | 2.98 | 11.08 | 8.86 | AP | |
| | **NOTE:** | | | | | | | |
| | Authorities for increased maximum quantities and/or repeats for these items will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient). | | | | | | | |
| | ***PHENELZINE SULFATE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***This drug is a monoamine oxidase inhibitor.*** | | | | | | | |
| | ***Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy;*** | | | | | | | |
| | ***Phobic states.*** | | | | | | | |
| ***2856H*** | ***Tablet 15 mg (base)*** | ***50*** | ***2*** | ***..*** | ***8.50*** | ***9.26*** | ***Nardil*** | ***WW*** |

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|---|---|---|---|---|---|---|---|---|
| | PHENETHICILLIN | | | | | | | |
| 3088M | Capsule 500 mg | 25 | 1 | .. | 8.04 | 8.80 | Pensig | SI |
| 3120F | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | #8.10 | 9.20 | Pensig 125 | SI |
| 3121G | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #8.73 | 9.83 | Pensig 250 | SI |
| | PHENINDIONE | | | | | | | |
| 1843B | Tablet 10 mg | 100 | 2 | .. | 10.94 | 11.70 | Dindevan | BT |
| 1844C | Tablet 50 mg | 100 | 2 | .. | 16.00 | 15.90 | Dindevan | BT |
| | ***PHENOBARBITONE*** ***Epilepsy.*** | | | | | | | |
| ***1850J*** | ***Tablet 30 mg*** | ***200*** | ***4*** | .. | ***6.63*** | ***7.39*** | ***SI*** | |
| | ***PHENOBARBITONE SODIUM*** ***Epilepsy.*** | | | | | | | |
| ***1853M*** | ***Injection 200 mg in 1 mL*** | ***5*** | .. | .. | ***7.75*** | ***8.51*** | ***FM*** | |
| | ***PHENOXYBENZAMINE HYDROCHLORIDE*** **Authority required.** ***Phaeochromocytoma; Neurogenic urinary retention.*** | | | | | | | |
| ***1862B*** | ***Capsule 10 mg*** | ***100*** | ***5*** | .. | ***14.48*** | ***15.24*** | ***Dibenyline*** | ***SK*** |
| | ***PHENOXYMETHYLPENICILLIN*** ***Prophylaxis of recurrent streptococcal infections (including rheumatic fever).*** | | | | | | | |
| ***1702N*** | ***Tablet 125 mg*** | ***50*** | ***5*** | .. | ****9.31*** | ***10.07*** | ***Abbocillin–V*** | ***AB*** |
| ***1703P*** | ***Tablet 250 mg*** | ***50*** | ***5*** | .. | ****9.59*** | ***10.35*** | ***Abbocillin–VK*** ***PVK*** | ***AB*** ***LY*** |
| ***1705R*** | ***Capsule 250 mg*** | ***50*** | ***5*** | .. | ****9.59*** | ***10.35*** | ***Abbocillin–VK*** ***Cilicaine VK*** ***LPV*** ***PVK*** | ***AB*** ***SI*** ***CS*** ***LY*** |
| | PHENOXYMETHYLPENICILLIN | | | | | | | |
| 1786B | Tablet 125 mg | 25 | 1 | .. | 6.44 | 7.20 | Abbocillin–V | AB |
| 1787C | Tablet 250 mg | 25 | 1 | .. | 6.58 | 7.34 | Abbocillin–VK<br>PVK | AB<br>LY |
| 3028J | Tablet 500 mg | 25 | 1 | .. | 8.04 | 8.80 | Abbocillin–VK<br>PVK | AB<br>LY |
| 1789E | Capsule 250 mg | 25 | 1 | .. | 6.58 | 7.34 | Abbocillin–VK<br>Cilicaine VK<br>LPV<br>PVK | AB<br>SI<br>CS<br>LY |
| 2965C | Capsule 500 mg | 25 | 1 | .. | 8.04 | 8.80 | Cilicaine VK<br>LPV | SI<br>CS |

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|---|---|---|---|---|---|---|---|---|
| | PHENOXYMETHYLPENICILLIN—cont. | | | | | | | |
| 2356B | Paediatric oral suspension 125 mg per 5 mL, 100 mL | ‡1 | 1 | .. | 6.31 | 7.07 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.44 | 6.75 | 7.07 | LPV 125 | CS |
| 2354X | Oral suspension 250 mg per 5 mL, 100 mL | ‡1 | 1 | .. | 6.94 | 7.70 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.50 | 7.44 | 7.70 | LPV 250 | CS |
| | ***PHENSUXIMIDE*** **Authority required.** ***Treatment where less costly alternative therapy is inappropriate.*** | | | | | | | |
| ***1863C*** | ***Capsule 500 mg*** | ***200*** | ***2*** | .. | ***72.87*** | ***15.90*** | ***Milontin*** | ***PD*** |
| | ***PHENYLALANINE LOW CONTENT FORMULA*** ***Phenylketonuria.*** | | | | | | | |
| ***1865E*** | ***Powder 1 lb*** | ***5*** | ***5*** | .. | ****141.07*** | ***15.90*** | ***Lofenalac*** | ***MJ*** |
| | PHENYLEPHRINE HYDROCHLORIDE | | | | | | | |
| 2829X | Eye drops 1.2 mg per mL (0.12%), 15 mL | ‡1 | 5 | .. | 8.12 | 8.88 | Isopto Frin | AQ |
| | PHENYTOIN | | | | | | | |
| 1249R | Tablet 50 mg | 200 | 2 | .. | 14.99 | 15.75 | Dilantin Infatabs | PD |
| 2692Q | Paediatric oral suspension 30 mg per 5 mL, 500 mL | ‡1 | 3 | .. | 10.54 | 11.30 | Dilantin | PD |
| | PHENYTOIN SODIUM | | | | | | | |
| 1873N | Capsule 30 mg | 200 | 2 | .. | 14.53 | 15.29 | Dilantin Sodium | PD |
| 1874P | Capsule 100 mg | 200 | 2 | .. | 15.21 | 15.90 | Dilantin Sodium | PD |
| | ***PILOCARPINE*** **Authority required.** ***Chronic glaucoma when other miotics are not tolerated.*** | | | | | | | |
| ***2777E*** | ***Eye disc 5 mg (releasing 20 micrograms per hour)*** | ***8*** | ***5*** | .. | ***71.68*** | ***15.90*** | ***Ocusert Pilo 20*** | ***AG*** |
| ***2782K*** | ***Eye disc 11 mg (releasing 40 micrograms per hour)*** | ***8*** | ***5*** | .. | ***74.28*** | ***15.90*** | ***Ocusert Pilo 40*** | ***AG*** |
| | PILOCARPINE HYDROCHLORIDE | | | | | | | |
| 2778F | Eye drops 5 mg per mL (0.5%), 15 mL | ‡1 | 5 | .. | 8.52 | 9.28 | Isopto Carpine | AQ |
| | | | | | | | Pilopt | SI |
| | | | | | | | P.V. Carpine | AG |
| | | | | | | | IQ | |

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|---|---|---|---|---|---|---|---|---|
| | PILOCARPINE HYDROCHLORIDE—cont. | | | | | | | |
| 2595N | Eye drops 10 mg per mL (1%), 15 mL | ‡1 | 5 | .. | 8.52 | 9.28 | Isopto Carpine | AQ |
| | | | | | | | Pilopt | SI |
| | | | | | | | P.V. Carpine | AG |
| | | | | | | | IQ | |
| 2596P | Eye drops 20 mg per mL (2%), 15 mL | ‡1 | 5 | .. | 9.53 | 10.29 | Isopto Carpine | AQ |
| | | | | | | | Pilopt | SI |
| | | | | | | | P.V. Carpine | AG |
| | | | | | | | IQ | |
| 2597Q | Eye drops 30 mg per mL (3%), 15 mL | ‡1 | 5 | .. | 11.60 | 12.36 | Isopto Carpine | AQ |
| | | | | | | | Pilopt | SI |
| | | | | | | | P.V. Carpine | AG |
| | | | | | | | IQ | |
| 2598R | Eye drops 40 mg per mL (4%), 15 mL | ‡1 | 5 | .. | 11.86 | 12.62 | Isopto Carpine | AQ |
| | | | | | | | Pilopt | SI |
| | | | | | | | P.V. Carpine | AG |
| | | | | | | | IQ | |
| 2779G | Eye drops 60 mg per mL (6%), 15 mL | ‡1 | 5 | .. | 15.01 | 15.77 | Isopto Carpine | AQ |
| | | | | | | | Pilopt | SI |
| | | | | | | | P.V. Carpine | AG |
| | PINDOLOL | | | | | | | |
| 3062E | Tablet 5 mg | 100 | 5 | .. | 10.45 | 11.21 | [a] Barbloc 5 | AF |
| | | | | 1.01 | 11.46 | 11.21 | [a] Visken | SZ |
| 3065H | Tablet 15 mg | 50 | 5 | .. | 13.47 | 14.23 | [a] Barbloc 15 | AF |
| | | | | 1.00 | 14.47 | 14.23 | [a] Visken | SZ |
| | PIPERAZINE OESTRONE SULFATE | | | | | | | |
| 1777M | Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate), 28 | 2 | 2 | .. | *8.55 | 9.31 | Ogen .625 | AB |
| 1778N | Tablets 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate), 28 | 2 | 2 | .. | *10.33 | 11.09 | Ogen 1.25 | AB |
| | ***PIROXICAM*** | | | | | | | |
| | ➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***1897W*** | ***Capsule 10 mg*** | ***50*** | ***3*** | .. | ***12.49*** | ***13.25*** | ***Feldene*** | ***PF*** |
| ***1898X*** | ***Capsule 20 mg*** | ***25*** | ***3*** | .. | ***12.08*** | ***12.84*** | ***Feldene*** | ***PF*** |
| | PIZOTIFEN MALATE | | | | | | | |
| 3074T | Tablet 500 micrograms (base) | 100 | 2 | .. | 15.19 | 15.90 | Sandomigran | SZ |
| | ***PIROXICAM*** | | | | | | | |
| | ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***1895R*** | ***Dispersible tablet 10 mg*** | ***50*** | ***3*** | .. | ***12.49*** | ***13.25*** | ***Feldene-D*** | ***PF*** |
| ***1896T*** | ***Dispersible tablet 20 mg*** | ***25*** | ***3*** | .. | ***12.08*** | ***12.84*** | ***Feldene-D*** | ***PF*** |

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|---|---|---|---|---|---|---|---|---|
| | ***PNEUMOCOCCAL VACCINE, POLYVALENT*** ***Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.*** | | | | | | | |
| ***1903E*** | ***Injection 0.5 mL (23 valent)*** | ***1*** | .. | .. | ***26.67*** | ***15.90*** | ***Pneumovax 23*** | ***CS*** |
| | POLYGELINE<br>See Special Pharmaceutical Benefits | | | | | | | |
| | ***POLYISOBUTYLENE*** ***For colostomy and ileostomy use.*** | | | | | | | |
| ***3146N*** | ***Compound adhesive wafers, 5*** | ***‡1*** | ***5*** | .. | ***15.32*** | ***15.90*** | ***Hollihesive Skin Barrier*** | ***HO*** |
| | | | | | | | ***Soft Guard XL Skin Barrier*** | ***SN*** |
| ***3148Q*** | ***Compound adhesive wafers with adhesive discs, 5*** | ***‡1*** | ***5*** | .. | ***15.32*** | ***15.90*** | ***Stomahesive Set*** | ***BQ*** |
| | POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE | | | | | | | |
| 1910M | Eye ointment 5,000 units–400 units–5 mg per g, 4 g | ‡1 | .. | .. | 6.02 | 6.78 | Neosporin | BW |
| | POLYMYXIN B SULFATE with NEOMYCIN SULFATE and GRAMICIDIN | | | | | | | |
| 1911N | Eye drops 5,000 units–2.5 mg–25 micrograms per mL, 10 mL | ‡1 | 2 | .. | 6.41 | 7.17 | Neosporin | BW |
| | POLYVINYL ALCOHOL | | | | | | | |
| 2682E | Eye drops 14 mg per mL (1.4%), 15 mL | ‡1 | 5 | .. | 8.03 | 8.79 | Liquifilm Tears | AG |
| 2681D | Eye drops 30 mg per mL (3%), 15 mL | ‡1 | 5 | .. | 10.14 | 10.90 | Liquifilm Forte | AG |
| | POLYVINYL ALCOHOL with POVIDONE | | | | | | | |
| 2675T | Eye drops 14 mg–6 mg per mL (1.4%–0.6%), 15 mL | ‡1 | 5 | .. | 10.05 | 10.81 | Tears Plus | AG |
| | ***POLYVINYLPYRROLIDONE and VINYL ACETATE COPOLYMER*** ***For colostomy and ileostomy use.*** | | | | | | | |
| ***2950G*** | ***Aerosol spray 60 mg per mL (6%), 121 mL*** | ***‡1*** | .. | .. | ***8.36*** | ***9.12*** | ***Spray-On Bande*** | ***EG*** |

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|---|---|---|---|---|---|---|---|---|
| | POTASSIUM CHLORIDE<br>**NOTE:**<br>Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia. | | | | | | | |
| 2642C | Tablet 600 mg (sustained release) | 200 | 1 | .. | *9.29 | 10.05 | KSR<br>Slow-K<br>Span-K | AF<br>CG<br>FC |
| 3012M | Effervescent tablet 14 mmol $K^+$ and 8 mmol $Cl^-$ | 60 | 1 | .. | *9.29 | 10.05 | Chlorvescent | FC |
| 2625E | Elixir 1.5 g (20 mmol $K^+$ and 20 mmol $Cl^-$) per 15 mL, 500 mL | 2 | 1 | .. | *9.29 | 10.05 | Kay Ciel | SC |
| | PRALIDOXIME IODIDE | | | | | | | |
| 2336Y | Injection 500 mg | 5 | .. | .. | 22.93 | 15.90 | AB | |
| | PRAZOSIN HYDROCHLORIDE | | | | | | | |
| 1479W | Tablet 1 mg (base) | 100 | 5 | .. | 11.97 | 12.73 | Minipress | PF |
| 1480X | Tablet 2 mg (base) | 100 | 5 | .. | 15.07 | 15.83 | Minipress | PF |
| 1478T | Tablet 5 mg (base) | 100 | 5 | .. | 23.28 | 15.90 | Minipress | PF |
| | PREDNISOLONE | | | | | | | |
| 3152X | Tablet 1 mg | 100 | 4 | .. | 5.69 | 6.45 | Panafcortelone | FC |
| 1917X | Tablet 5 mg | 60 | 4 | .. | 5.86 | 6.62 | Adnisolone<br>Delta-Cortef<br>Panafcortelone<br>Solone | NN<br>UP<br>FC<br>FM |
| | | | | 0.35 | 6.21 | 6.62 | Deltasolone | MB |
| 1916W | Tablet 25 mg | 30 | 4 | .. | 7.00 | 7.76 | Panafcortelone<br>Solone | FC<br>FM |
| | PREDNISOLONE ACETATE | | | | | | | |
| 2684G | Eye drops 5 mg per mL (0.5%), 5 mL | ‡1 | 2 | .. | 7.00 | 7.76 | Sterofrin | AQ |
| | ***PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE***<br>***Corneal grafts;***<br>***Uveitis.*** | | | | | | | |
| ***3112T*** | ***Eye drops 10 mg–1.2 mg per mL (1%–0.12%), 10 mL*** | ***‡1*** | ***2*** | .. | ***11.75*** | ***12.51*** | ***Prednefrin Forte*** | ***AG*** |
| | ***PREDNISOLONE SODIUM PHOSPHATE***<br>**Authority required.**<br>***Treatment where less costly alternative therapy is inappropriate for:***<br>***Proctitis;***<br>***Ulcerative colitis.*** | | | | | | | |
| ***1920C*** | ***Retention enema equivalent to 20 mg prednisolone in 100 mL*** | ***28*** | ***3*** | .. | ***71.65*** | ***15.90*** | ***Predsol*** | ***GL*** |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***PREDNISOLONE SODIUM PHOSPHATE—cont.*** | | | | | | | |
| | ***Proctitis;*** | | | | | | | |
| | ***Ulcerative colitis.*** | | | | | | | |
| ***2554K*** | ***Suppositories equivalent to 5 mg prednisolone, 10*** | ***3*** | ***3*** | .. | ****20.28*** | ***15.90*** | ***Predsol*** | ***GL*** |
| | PREDNISOLONE SODIUM PHOSPHATE | | | | | | | |
| 1922E | Eye and ear drops 5 mg per mL (0.5%), 5 mL | ‡1 | 2 | .. | 7.00 | 7.76 | Predsol | GL |
| | PREDNISONE | | | | | | | |
| 1934T | Tablet 1 mg | 100 | 4 | .. | 5.69 | 6.45 | Panafcort | FC |
| 1935W | Tablet 5 mg | 60 | 4 | .. | 5.86 | 6.62 | Adasone<br>Panafcort<br>Sone | NN<br>FC<br>FM |
| | | | | 0.35 | 6.21 | 6.62 | Deltasone | MB |
| 1936X | Tablet 25 mg | 30 | 4 | .. | 7.00 | 7.76 | Panafcort<br>Sone | FC<br>FM |
| | PRIMIDONE | | | | | | | |
| 1939C | Tablet 250 mg | 200 | 2 | .. | 16.73 | 15.90 | Mysoline | IC |
| | PROBENECID | | | | | | | |
| 1940D | Tablet 500 mg | 100 | 5 | .. | 17.10 | 15.90 | Benemid | FR |
| | ***PROBUCOL*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Familial hypercholesterolaemia inadequately responsive to diet and a cholesterol lowering resin.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***An authority will be granted only if the initial fasting serum cholesterol level is at least 8 mmol per L after a period of dietary therapy and the patient cannot be managed adequately with a cholesterol lowering resin. An authority for a second course of treatment with probucol may be granted where there is a fall in serum cholesterol since commencement of probucol therapy.*** | | | | | | | |
| ***1942F*** | ***Tablet 250 mg*** | ***120*** | ***5*** | .. | ***31.10*** | ***15.90*** | ***Lurselle*** | ***ML*** |
| | PROCAINAMIDE HYDROCHLORIDE | | | | | | | |
| 2653P | Capsule 250 mg | 200 | 1 | .. | *15.75 | 15.90 | Pronestyl | BQ |
| 1074M | Capsule 375 mg | 100 | 2 | .. | 12.37 | 13.13 | Pronestyl | BQ |
| 1941E | Injection 100 mg per mL, 10 mL | 2 | .. | .. | *17.95 | 15.90 | Pronestyl | BQ |
| | PROCAINE PENICILLIN | | | | | | | |
| 1793J | Injection 1 g | 5 | .. | .. | 50.87 | 15.90 | Cilicaine | SI |
| 1794K | Injection 1.5 g | 5 | .. | .. | 50.87 | 15.90 | Cilicaine | SI |

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|---|---|---|---|---|---|---|---|---|
| | PROCHLORPERAZINE<br>**CAUTION:**<br>Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.<br>**NOTE:**<br>As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease. | | | | | | | |
| 2893G | Tablet 5 mg | 25 | .. | .. | *5.57 | 6.33 | Compazine<br>Stemetil | SK<br>MB |
| 2369Q | Injection 12.5 mg in 1 mL | 10 | .. | ..<br>1.25 | 8.76<br>10.01 | 9.52<br>9.52 | Compazine<br>Stemetil | SK<br>MB |
| 2894H | Suppositories 5 mg, 5 | ‡1 | 2 | .. | 8.19 | 8.95 | Stemetil | MB |
| 2895J | Suppositories 25 mg, 5 | ‡1 | 2 | .. | 8.69 | 9.45 | Stemetil | MB |
| | PROCYCLIDINE HYDROCHLORIDE | | | | | | | |
| 1943G | Tablet 5 mg | 200 | 2 | .. | *13.25 | 14.01 | Kemadrin | BW |
| | PROMETHAZINE HYDROCHLORIDE | | | | | | | |
| 1948M | Injection 50 mg in 2 mL | 10 | .. | .. | *11.93 | 12.69 | BL | |
| | PROMETHAZINE THEOCLATE | | | | | | | |
| 3049L | Tablet 25 mg | 30 | 1 | .. | 7.75 | 8.51 | Avomine | MB |
| | ***PROPANTHELINE BROMIDE***<br>***Chronic neurogenic incontinence of urine.*** | | | | | | | |
| ***1953T*** | ***Tablet 15 mg*** | ***200*** | ***2*** | ***..*** | ****10.03*** | ***10.79*** | ***Pro-Banthine*** | ***SR*** |
| | PROPRANOLOL HYDROCHLORIDE | | | | | | | |
| 2565B | Tablet 10 mg | 100 | 5 | ..<br>1.00 | 4.98<br>5.98 | 5.74<br>5.74 | Deralin 10<br>Inderal | AF<br>IC |
| 2566C | Tablet 40 mg | 100 | 5 | ..<br>1.00 | 6.32<br>7.32 | 7.08<br>7.08 | Deralin 40<br>Inderal | AF<br>IC |
| 2899N | Tablet 160 mg | 50 | 5 | ..<br>1.00 | 7.81<br>8.81 | 8.57<br>8.57 | [a] Deralin 160<br>[a] Inderal | AF<br>IC |
| 2830Y | Injection 1 mg in 1 mL | 5 | .. | .. | *17.63 | 15.90 | Inderal | IC |
| | PROPYLTHIOURACIL | | | | | | | |
| 1955X | Tablet 50 mg | 200 | 2 | .. | *21.45 | 15.90 | JC | |
| | PROTAMINE SULFATE | | | | | | | |
| 1957B | Injection 10 mg per mL (1%), 10 mL | 6 | .. | .. | 27.22 | 15.90 | BT | |

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|---|---|---|---|---|---|---|---|---|
| | ***PROTEIN HYDROLYSATE FORMULA*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***An authority will be limited to the maximum quantity and repeats shown in this schedule.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Allergy to both cows' milk and soya protein in children under the age of two years;*** | | | | | | | |
| | ***Cystic fibrosis (mucoviscidosis);*** | | | | | | | |
| | ***Galactosaemia;*** | | | | | | | |
| | ***Glycogen storage disease due to glucose-6-phosphatase deficiency in children under the age of two years;*** | | | | | | | |
| | ***Homocystinuria;*** | | | | | | | |
| | ***Lactose intolerance.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Allergy to cows' milk and soya protein means eczema, asthma or severe gastro-intestinal upset (not including simple infant colic), demonstrated to be due to both cows' milk and to soya milk substitutes by relief on withdrawal of each for one week and recurrence on subsequent feeding.*** | | | | | | | |
| | ***Since cows' milk/soya protein allergies and lactose intolerance are not always permanent, a further challenge with cows' milk/soya milk substitute should be made each three months.*** | | | | | | | |
| | ***Age of patient to be shown on application for authority.*** | | | | | | | |
| ***2564Y*** | ***Powder 1 kg*** | ***‡1*** | ***20*** | ***..*** | ***36.46*** | ***15.90*** | ***Nutramigen*** | ***MJ*** |
| | ***PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE*** | | | | | | | |
| | ***Phenylketonuria.*** | | | | | | | |
| ***3056W*** | ***Powder 200 g*** | ***10*** | ***5*** | ***..*** | ****563.27*** | ***15.90*** | ***Albumaid XP*** | ***SB*** |
| | ***PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE*** | | | | | | | |
| | ***Tyrosinaemia.*** | | | | | | | |
| ***3057X*** | ***Powder 200 g*** | ***10*** | ***5*** | ***..*** | ****548.97*** | ***15.90*** | ***Albumaid XPXT*** | ***SB*** |
| | PYRANTEL EMBONATE | | | | | | | |
| 3047J | Tablet 125 mg (base) | 6 | .. | .. | 5.23 | 5.99 | Anthel 125 | AF |
| 3048K | Tablet 250 mg (base) | 6 | .. | .. | 6.68 | 7.44 | Anthel 250 | AF |

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|---|---|---|---|---|---|---|---|---|
| | PYRIDOSTIGMINE BROMIDE | | | | | | | |
| 2724J | Tablet 10 mg | 100 | 2 | .. | 12.98 | 13.74 | Mestinon | RO |
| 1959D | Tablet 60 mg | 100 | 2 | .. | 29.37 | 15.90 | Mestinon | RO |
| 2608G | Tablet 180 mg (sustained release) | 100 | 1 | .. | 79.47 | 15.90 | Mestinon | RO |
| | ***PYRIDOXINE HYDROCHLORIDE*** ***Homocystinuria;*** ***Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment;*** ***Primary hyperoxaluria;*** ***Pyridoxine-responsive anaemia, proven;*** ***Pyridoxine-responsive convulsions;*** ***Radiation sickness;*** ***Sideroblastic (refractory) anaemia.*** | | | | | | | |
| ***1965K*** | ***Tablet 25 mg*** | ***100*** | .. | .. | ***6.89*** | ***7.65*** | ***FM*** | |
| | PYRIDOXINE HYDROCHLORIDE | | | | | | | |
| 1961F | Injection 50 mg in 1 mL | 5 | 1 | .. | 7.33 | 8.09 | FM | |
| | PYRIMETHAMINE | | | | | | | |
| 1966L | Tablet 25 mg | 50 | .. | .. | 9.70 | 10.46 | Daraprim | BW |
| | QUINETHAZONE | | | | | | | |
| 2337B | Tablet 50 mg | 100 | 1 | .. | 10.02 | 10.78 | Aquamox | LE |
| | QUINIDINE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug. | | | | | | | |
| 2623C | Tablet 250 mg (sustained release) | 100 | 5 | .. | 21.06 | 15.90 | Kinidin | AP |
| | QUININE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug. | | | | | | | |
| 1972T | Tablet 300 mg | 50 | 2 | .. | 9.36 | 10.12 | Bi-Chinine | MB |
| | | | | | | | Myoquin | FM |
| | | | | | | | Quinbisul | AF |
| | | | | 0.06 | 9.42 | 10.12 | Biquin | NN |
| | | | | 0.55 | 9.91 | 10.12 | Bi-Quinate | RR |
| | QUININE SULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug. | | | | | | | |
| 1975Y | Tablet 300 mg | 50 | 2 | .. | 9.36 | 10.12 | Chinine | MB |
| | | | | | | | Quinoctal | FM |
| | | | | | | | [a] Quinsul | AF |
| | | | | 0.06 | 9.42 | 10.12 | Adaquin | NN |
| | | | | 0.55 | 9.91 | 10.12 | [a] Quinate | RR |

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|---|---|---|---|---|---|---|---|---|
| | ***RAMIPRIL*** | | | | | | | |
| | ***Mild to moderate hypertension.*** | | | | | | | |
| ***1944H*** | ***Capsule 1.25 mg*** | ***28*** | ***5*** | ***..*** | ***20.86*** | ***15.90*** | ***Ramace 1.25 mg*** | ***AP*** |
| | | | | | | | ***Tritace 1.25 mg*** | ***HP*** |
| ***1945J*** | ***Capsule 2.5 mg*** | ***28*** | ***5*** | ***..*** | ***27.57*** | ***15.90*** | ***Ramace 2.5 mg*** | ***AP*** |
| | | | | | | | ***Tritace 2.5 mg*** | ***HP*** |
| ***1946K*** | ***Capsule 5 mg*** | ***28*** | ***5*** | ***..*** | ***32.91*** | ***15.90*** | ***Ramace 5 mg*** | ***AP*** |
| | | | | | | | ***Tritace 5 mg*** | ***HP*** |
| | RANITIDINE HYDROCHLORIDE | | | | | | | |
| 1978D | Tablet 150 mg (base) | 60 | 2 | .. | 34.55 | 15.90 | Zantac | GL |
| 1979E | Dispersible tablet 150 mg (base) | 60 | 2 | .. | 34.55 | 15.90 | Zantac Dispersible | GL |
| 1977C | Tablet 300 mg (base) | 30 | 1 | .. | 34.55 | 15.90 | Zantac | GL |
| | ***RIFAMPICIN*** | | | | | | | |
| | ***Authority required.*** | | | | | | | |
| | ***Leprosy in adults.*** | | | | | | | |
| ***1982H*** | ***Capsule 150 mg*** | ***100*** | ***..*** | ***..*** | ***34.73*** | ***15.90*** | ***Rimycin 150*** | ***AF*** |
| ***1983J*** | ***Capsule 300 mg*** | ***100*** | ***..*** | ***..*** | ***65.91*** | ***15.90*** | ***Rimycin 300*** | ***AF*** |
| | ***Prophylactic treatment of contacts of patients with Haemophilus influenzae type B;*** | | | | | | | |
| | ***Prophylaxis of meningococcal disease in close contacts and carriers.*** | | | | | | | |
| ***1981G*** | ***Capsule 150 mg*** | ***10*** | ***..*** | ***..*** | ***7.73*** | ***8.49*** | ***Rimycin 150*** | ***AF*** |
| ***1984K*** | ***Capsule 300 mg*** | ***10*** | ***..*** | ***..*** | ***10.84*** | ***11.60*** | ***Rimycin 300*** | ***AF*** |
| | ROLITETRACYCLINE | | | | | | | |
| 1987N | I.V. injection set containing 275 mg and 10 mL solvent | 5 | .. | .. | *27.22 | 15.90 | Reverin | HP |
| | ***ROXITHROMYCIN*** | | | | | | | |
| | ***Lower respiratory tract infections.*** | | | | | | | |
| ***1760P*** | ***Tablet 150 mg*** | ***10*** | ***1*** | ***..*** | ***11.60*** | ***12.36*** | ***Rulide*** | ***RL*** |
| | SALBUTAMOL | | | | | | | |
| 3087L | Oral pressurised inhalation 100 micrograms per dose (200 doses) | 2 | 5 | .. | *9.07 | 9.83 | [a] Asmol | AF |
| | | | | 0.34 | *9.41 | 9.83 | [a] Ventolin | GL |

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|---|---|---|---|---|---|---|---|---|
| | SALBUTAMOL SULFATE | | | | | | | |
| 1098T | Tablet 4 mg (base) | 100 | 5 | .. | 11.27 | 12.03 | Ventolin | GL |
| 1103C | Syrup 2 mg (base) per 5 mL, 300 mL | ‡1 | 5 | .. | 8.74 | 9.50 | Ventolin | GL |
| 1099W | Capsule 200 micrograms (base) (oral inhalation) | 200 | 5 | .. | *18.81 | 15.90 | Ventolin Rotacaps | GL |
| 2000G | Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 | 2 | 5 | .. | *28.11 | 15.90 | Salbutamol 2.5 mg Sterinebs | DW |
| | | | | 0.62 | *28.73 | 15.90 | Ventolin Nebules | GL |
| 2001H | Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 | 2 | 5 | .. | *29.51 | 15.90 | Salbutamol 5 mg Sterinebs | DW |
| | | | | 0.62 | *30.13 | 15.90 | Ventolin Nebules | GL |
| 2003K | Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL | 2 | 2 | .. | *12.21 | 12.97 | Respolin | MM |
| | | | | 1.10 | *13.31 | 12.97 | DW Ventolin | GL |
| 1096Q | Oral pressurised inhalation 100 micrograms (base) per dose (200 doses) | 2 | 5 | .. | *10.17 | 10.93 | Respolin | MM |
| 1097R | Oral pressurised inhalation 100 micrograms (base) per dose (400 doses) | ‡1 | 5 | .. | 9.22 | 9.98 | Respolin | MM |
| | ***SELEGILINE HYDROCHLORIDE*** ***See Special Pharmaceutical Benefits*** | | | | | | | |
| | ***SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE*** ***For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.*** **NOTE:** ***Care must be taken to comply with the provisions of State law when prescribing silver sulfadiazine with chlorhexidine gluconate.*** | | | | | | | |
| ***1996C*** | ***Cream 10 mg–2 mg per g (1%–0.2%), 50 g*** | ***‡1*** | .. | .. | ***10.39*** | ***11.15*** | ***Silvazine*** | ***SN*** |
| ***1997D*** | ***Cream 10 mg–2 mg per g (1%–0.2%), 100 g*** | ***‡1*** | .. | .. | ***12.48*** | ***13.24*** | ***Silvazine*** | ***SN*** |

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|---|---|---|---|---|---|---|---|---|
| | ***SIMVASTATIN*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***See General Statement for Lipid-Lowering Drugs (page 3, Section 2).*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Hypercholesterolaemia in accordance with the qualifying criteria.*** | | | | | | | |
| ***2013Y*** | ***Tablet 5 mg*** | ***30*** | ***5*** | .. | ***32.91*** | ***15.90*** | ***[a] Lipex 5<br>[a] Zocor*** | ***AD<br>MK*** |
| ***2011W*** | ***Tablet 10 mg*** | ***30*** | ***5*** | .. | ***45.48*** | ***15.90*** | ***[a] Lipex 10<br>[a] Zocor*** | ***AD<br>MK*** |
| ***2012X*** | ***Tablet 20 mg*** | ***30*** | ***5*** | .. | ***63.32*** | ***15.90*** | ***[a] Lipex 20<br>[a] Zocor*** | ***AD<br>MK*** |
| | SODIUM ACID CITRATE | | | | | | | |
| 2945B | Mixture 5.5 g per 20 mL, 500 mL | ‡1 | 4 | .. | 7.82 | 8.58 | Citralka | PD |
| | ***SODIUM ACID PHOSPHATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.*** | | | | | | | |
| ***2946C*** | ***Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)*** | ***100*** | ***5*** | .. | ***23.37*** | ***15.90*** | ***Phosphate Sandoz*** | ***SZ*** |
| | SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE | | | | | | | |
| 2014B | Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL | 2 | 5 | .. | *10.61 | 11.37 | Gaviscon P | RC |
| | SODIUM AUROTHIOMALATE | | | | | | | |
| 2016D | Injection 10 mg | 10 | .. | .. | 40.97 | 15.90 | Myocrisin | MB |
| 2017E | Injection 20 mg | 10 | 1 | .. | 61.10 | 15.90 | Myocrisin | MB |
| 2018F | Injection 50 mg | 10 | 1 | .. | 95.42 | 15.90 | Myocrisin | MB |
| | SODIUM BICARBONATE | | | | | | | |
| 3015Q | Injection 100 mmol (8.4 g) in 100 mL | 5 | .. | .. | *42.47 | 15.90 | AB | |
| | ***SODIUM CELLULOSE PHOSPHATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment of recurrent renal calculi in patients with urine calcium in excess of 8 mmol per 24 hours who are unresponsive to dietary measures and thiazides.*** | | | | | | | |
| ***2948E*** | ***Oral powder, sachet 5 g*** | ***100*** | ***5*** | .. | ***127.87*** | ***15.90*** | ***Calcisorb*** | ***MM*** |

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|---|---|---|---|---|---|---|---|---|
| | SODIUM CHLORIDE | | | | | | | |
| 2024M | Injection 9 mg per mL (0.9%), 2 mL | 5 | 1 | .. | 7.53 | 8.29 | AP | |
| 2025N | Injection 9 mg per mL (0.9%), 5 mL | 5 | 1 | .. | 9.29 | 10.05 | AP | |
| 2026P | Injection 9 mg per mL (0.9%), 10 mL | 5 | 1 | .. | 9.55 | 10.31 | AP | |
| 2264E | I.V. infusion 154 mmol per L (0.9%), 1 L | 5 | 1 | .. | *12.92 | 13.68 | [a]AB<br>[a]BX | |
| 2260Y | I.V. infusion 513 mmol per L (3%), 1 L | 2 | 1 | .. | *9.75 | 10.51 | BX | |
| | SODIUM CHLORIDE with GLUCOSE | | | | | | | |
| 2281C | I.V. infusion 31 mmol–222 mmol (anhydrous) per L (0.18%–4%), 1 L | 5 | 1 | .. | *12.92 | 13.68 | [a]AB<br>[a]BX | |
| 2279Y | I.V. infusion 19 mmol–104 mmol (anhydrous) per 500 mL (0.225%–3.75%), 500 mL | 5 | 1 | .. | *16.32 | 15.90 | [a]AB<br>[a]BX | |
| 2278X | I.V. infusion 39 mmol–69 mmol (anhydrous) per 500 mL (0.45%–2.5%), 500 mL | 5 | 1 | .. | *16.32 | 15.90 | [a]AB<br>[a]BX | |
| 2271M | I.V. infusion 154 mmol–278 mmol (anhydrous) per L (0.9%–5%), 1 L | 2 | 1 | .. | *9.75 | 10.51 | [a]AB<br>[a]BX | |
| | SODIUM CHLORIDE COMPOUND | | | | | | | |
| 2266G | I.V. infusion 1 L | 4 | 1 | .. | *15.45 | 15.90 | [a]AB<br>[a]BX | |
| | SODIUM CITRO-TARTRATE | | | | | | | |
| 2656T | Sachets containing oral effervescent powder 3.7 g, 25 | ‡1 | 4 | .. | 6.65 | 7.41 | Citralite | FC |
| 2658X | Sachets containing oral effervescent powder 4 g, 25 | ‡1 | 4 | .. | 6.65 | 7.41 | Citravescent Sachets | FC |
| 2657W | Sachets containing oral effervescent powder 4 g, 25 | ‡1 | 4 | .. | 6.65 | 7.41 | Ural Sachets | AB |
| | ***SODIUM CROMOGLYCATE*** **Authority required.** | | | | | | | |
| | ***Vernal kerato-conjunctivitis.*** | | | | | | | |
| ***1127H*** | ***Eye drops 20 mg per mL (2%), 10 mL*** | ***‡1*** | ***5*** | .. | ***11.82*** | ***12.58*** | ***Opticrom*** | ***FC*** |
| | ***Use in a power-operated nebuliser for prophylaxis of asthma in persons who are unable to use the capsule or oral pressurised inhalations.*** | | | | | | | |
| ***1124E*** | ***Nebuliser solution 20 mg per 2 mL, ampoule*** | ***120*** | ***3*** | .. | ***54.81*** | ***15.90*** | ***Intal*** | ***FC*** |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | SODIUM CROMOGLYCATE—cont. | | | | | | | |
| 2878L | Capsule 20 mg (oral inhalation) | 100 | 5 | .. | 25.26 | 15.90 | Intal Spincaps | FC |
| 2872E | Oral pressurised inhalation 1 mg per dose (200 doses) | ‡1 | 5 | .. | 22.48 | 15.90 | Intal | FC |
| 2871D | Oral pressurised inhalation 5 mg per dose (112 doses) | ‡1 | 5 | .. | 24.75 | 15.90 | Intal Forte | FC |
| | SODIUM LACTATE COMPOUND | | | | | | | |
| 2286H | I.V. infusion 1 L | 5 | 1 | .. | *12.92 | 13.68 | AB<br>BX | |
| | SODIUM LACTATE COMPOUND with ANHYDROUS GLUCOSE | | | | | | | |
| 2288K | I.V. infusion with 278 mmol per L (5%), 1 L | 2 | 1 | .. | *9.75 | 10.51 | AB<br>BX | |
| | SODIUM NITROPRUSSIDE | | | | | | | |
| 1100X | I.V. infusion 50 mg | 10 | .. | .. | 48.09 | 15.90 | BL | |
| | SODIUM VALPROATE<br>**CAUTION:**<br>There are reports of<br>(i) fatal hepatotoxicity, particularly in children;<br>(ii) teratogenesis (spina bifida in humans). | | | | | | | |
| 2294R | Crushable tablet 100 mg | 200 | 2 | .. | *28.49 | 15.90 | Epilim | RC |
| 2289L | Tablet 200 mg (enteric coated) | 200 | 2 | ..<br>0.60 | *36.57<br>*37.17 | 15.90<br>15.90 | [a] Valpro 200<br>[a] Epilim EC | AF<br>RC |
| 2290M | Tablet 500 mg (enteric coated) | 200 | 2 | ..<br>0.60 | *68.47<br>*69.07 | 15.90<br>15.90 | [a] Valpro 500<br>[a] Epilim EC | AF<br>RC |
| 2293Q | Oral liquid 200 mg per 5 mL, 300 mL | 2 | 2 | .. | *31.73 | 15.90 | Epilim Liquid | RC |
| 2295T | Syrup 200 mg per 5 mL, 300 mL | 2 | 2 | .. | *31.73 | 15.90 | Epilim Syrup | RC |
| | ***SOTALOL HYDROCHLORIDE***<br>**Authority required.**<br>***Treatment of severe refractory cardiac arrhythmias.*** | | | | | | | |
| ***2043M*** | ***Tablet 160 mg*** | ***60*** | ***5*** | ***..*** | ***32.12*** | ***15.90*** | ***Sotacor*** | ***AP*** |
| | SPECTINOMYCIN | | | | | | | |
| 3090P | Injection 2 g with 3.2 mL diluent | 1 | .. | .. | 12.99 | 13.75 | Trobicin | UP |
| 3091Q | Injection 4 g with 6.5 mL diluent | 1 | .. | .. | 19.36 | 15.90 | Trobicin | UP |
| | ***SPIRONOLACTONE***<br>**CAUTION:**<br>***Serum electrolytes should be checked regularly. Concomitant amiloride, triamterene or supplementary potassium may cause life-threatening hyperkalaemia.*** | | | | | | | |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***SPIRONOLACTONE—cont.*** | | | | | | | |
| | ***Hyperaldosteronism;*** | | | | | | | |
| | ***Female hirsutism.*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Treatment of hirsutism with spironolactone should be considered only after all avenues of non-drug therapy have been explored.*** | | | | | | | |
| | ***Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.*** | | | | | | | |
| *2339D* | *Tablet 25 mg* | *100* | *5* | *..* | *11.71* | *12.47* | *Aldactone* | *SR* |
| *2340E* | *Tablet 100 mg* | *100* | *5* | *..* | *30.69* | *15.90* | *Aldactone* | *SR* |
| | ***STERCULIA*** | | | | | | | |
| | ***(Indian Tragacanth; Gum Karaya)*** | | | | | | | |
| | ***For colostomy and ileostomy use.*** | | | | | | | |
| *2258W* | *Paste 127.6 g* | *‡1* | *..* | *..* | *13.62* | *14.38* | *Karaya Paste* | *HO* |
| *2259X* | *Powder 71 g* | *‡1* | *..* | *..* | *10.30* | *11.06* | *SN* | |
| | ***STERCULIA with FRANGULA BARK*** | | | | | | | |
| | ***For use by paraplegic and quadriplegic patients;*** | | | | | | | |
| | ***For use by patients who are receiving long-term nursing care in hospitals and nursing homes;*** | | | | | | | |
| | ***For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** | | | | | | | |
| | ***Terminal malignant neoplasia.*** | | | | | | | |
| *1102B* | *Granules 473 mg–83 mg per g (47.3%–8.3%), 250 g* | *2* | *1* | *..* | **19.75* | *15.90* | *Granocol* | *SC* |
| | ***STREPTOKINASE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.*** | | | | | | | |
| *2907B* | *Injection 750,000 i.u. (solvent required)* | *2* | *..* | *..* | **192.77* | *15.90* | *[a] Kabikinase* | *PS* |
| | *(codes 6807G, 6808H, 6809J, 6810K, 6811L, 6812M apply to above item with approved solvents)* | | | | | | *[a] Streptase* | *HP* |
| *2905X* | *Injection 1,500,000 i.u. (solvent required)* | *1* | *..* | *..* | *168.57* | *15.90* | *[a] Kabikinase* | *PS* |
| | *(codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)* | | | | | | *[a] Streptase* | *HP* |

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|---|---|---|---|---|---|---|---|---|
| | SUCRALFATE | | | | | | | |
| 2055E | Tablet 1 g | 120 | 2 | .. | 25.35 | 15.90 | [a] SCF | SR |
| | | | | 4.77 | 30.12 | 15.90 | [a] Carafate | BT |
| | SULFACETAMIDE SODIUM | | | | | | | |
| 2063N | Eye drops 100 mg per mL (10%), 15 mL | ‡1 | 2 | .. | 7.61 | 8.37 | Acetopt | SI |
| | | | | 0.69 | 8.30 | 8.37 | Bleph 10 | AG |
| 2064P | Eye drops 200 mg per mL (20%), 15 mL | ‡1 | 2 | .. | 8.39 | 9.15 | Acetopt | SI |
| | SULFAMETHIZOLE | | | | | | | |
| 2084Q | Tablet 500 mg | 40 | 2 | .. | 10.01 | 10.77 | Urolucosil | WW |
| 2081M | Tablet 1 g | 20 | 2 | .. | 10.01 | 10.77 | Urolucosil | WW |
| | ***SULFASALAZINE*** | | | | | | | |
| | ***Crohn's disease;*** | | | | | | | |
| | ***Rheumatoid arthritis;*** | | | | | | | |
| | ***Ulcerative colitis.*** | | | | | | | |
| ***2093E*** | ***Tablet 500 mg*** | ***200*** | ***5*** | .. | ***36.50*** | ***15.90*** | ***Ulcol*** | ***AF*** |
| | | | | .. | ****36.51*** | ***15.90*** | ***Salazopyrin*** | ***PS*** |
| ***2096H*** | ***Tablet 500 mg (enteric coated)*** | ***200*** | ***5*** | .. | ****42.57*** | ***15.90*** | ***Salazopyrin-EN*** | ***PS*** |
| | ***SULFINPYRAZONE*** | | | | | | | |
| | ***Glomerulonephritis;*** | | | | | | | |
| | ***Gout;*** | | | | | | | |
| | ***Renal transplantation.*** | | | | | | | |
| ***2094F*** | ***Tablet 100 mg*** | ***100*** | ***5*** | .. | ***26.55*** | ***15.90*** | ***Anturan*** | ***CG*** |
| | ***SULINDAC*** | | | | | | | |
| | ➤ ***Inflammatory arthropathies*** | | | | | | | |
| | ***requiring long-term therapy.*** | | | | | | | |
| ***2047R*** | ***Tablet 100 mg*** | ***100*** | ***3*** | .. | ****13.69*** | ***14.45*** | [a] ***Aclin*** | ***AF*** |
| | | | | ***1.02*** | ****14.71*** | ***14.45*** | [a] ***Clinoril*** | ***FR*** |
| ***2048T*** | ***Tablet 200 mg*** | ***50*** | ***3*** | .. | ***13.58*** | ***14.34*** | [a] ***Aclin 200*** | ***AF*** |
| | | | | ***0.55*** | ***14.13*** | ***14.34*** | [a] ***Clinoril 200*** | ***FR*** |
| | SULINDAC | | | | | | | |
| 2049W | Tablets 100 mg, 20 | ‡1 | .. | .. | 5.99 | 6.75 | Aclin | AF |
| 2050X | Tablets 200 mg, 10 | ‡1 | .. | .. | 6.10 | 6.86 | Aclin 200 | AF |
| | SULTHIAME | | | | | | | |
| 2099L | Tablet 50 mg | 200 | 2 | .. | 17.06 | 15.90 | Ospolot | BN |
| 2100M | Tablet 200 mg | 200 | 2 | .. | 35.55 | 15.90 | Ospolot | BN |
| | ***SURGICAL CEMENT*** | | | | | | | |
| | ***For colostomy and ileostomy use;*** | | | | | | | |
| | ***For use by paraplegic and*** | | | | | | | |
| | ***quadriplegic patients;*** | | | | | | | |
| | ***For use with surgical appliances.*** | | | | | | | |
| ***2238T*** | ***Skin bond adhesive 118 mL*** | ***‡1*** | ***2*** | .. | ***10.94*** | ***11.70*** | ***SN*** | |

(continued)

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|---|---|---|---|---|---|---|---|---|
| | ***SURGICAL CEMENT—cont.*** | | | | | | | |
| ***2467W*** | ***Solvent 237 mL*** | ***‡1*** | ***2*** | ***..*** | ***7.90*** | ***8.66*** | ***Unisolve*** | ***SN*** |
| ***2469Y*** | ***Solvent 240 mL*** | ***‡1*** | ***2*** | ***..*** | ***7.97*** | ***8.73*** | ***Sacsol*** | ***EG*** |
| ***2472D*** | ***Solvent 250 mL*** | ***‡1*** | ***2*** | ***..*** | ***8.30*** | ***9.06*** | ***Sacsol Non Flammable*** | ***EG*** |
| | ***TAMOXIFEN CITRATE*** | | | | | | | |
| | ➤ ***Breast cancer.*** | | | | | | | |
| ***2109B*** | ***Tablet 10 mg (base)*** | ***60*** | ***5*** | ***..*** | ****60.77*** | ***15.90*** | ***[a] Genox 10*** | ***AF*** |
| | | | | ***1.02*** | ****61.79*** | ***15.90*** | ***[a] Nolvadex*** | ***IC*** |
| ***2110C*** | ***Tablet 20 mg (base)*** | ***60*** | ***5*** | ***..*** | ****100.37*** | ***15.90*** | ***[a] Genox 20*** | ***AF*** |
| | | | | ***1.02*** | ****101.39*** | ***15.90*** | ***[a] Nolvadex-D*** | ***IC*** |
| | ***TEMAZEPAM*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Malignant neoplasia (late stage); For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.*** | | | | | | | |
| ***2105T*** | ***Capsule 10 mg*** | ***50*** | ***5*** | ***..*** | ****7.09*** | ***7.85*** | ***[a] Temaze 10*** | ***AF*** |
| | | | | | | | ***Euhypnos*** | ***FE*** |
| | | | | ***1.22*** | ****8.31*** | ***7.85*** | ***[a] Normison*** | ***WY*** |
| | TEMAZEPAM | | | | | | | |
| 2108Y | Capsule 10 mg | 25 | .. | .. | 5.33 | 6.09 | [a] Temaze 10 | AF |
| | **NOTE:** | | | | | | Euhypnos | FE |
| | Authorities for increased maximum quantities and/or repeats will be granted only for (i) malignant neoplasia (late stage); or (ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested. | | | 0.61 | 5.94 | 6.09 | [a] Normison | WY |
| | ***TENOXICAM*** | | | | | | | |
| | ➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***2104R*** | ***Tablet 10 mg*** | ***50*** | ***3*** | ***..*** | ***12.49*** | ***13.25*** | ***Tilcotil*** | ***RO*** |

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|---|---|---|---|---|---|---|---|---|
| | TERBUTALINE SULFATE | | | | | | | |
| 1028D | Tablet 5 mg | 100 | 5 | .. | 11.27 | 12.03 | Bricanyl | AP |
| 1030F | Elixir 300 micrograms per mL, 300 mL | ‡1 | 5 | .. | 6.67 | 7.43 | Bricanyl | AP |
| 1239F | Injection 100 micrograms in 1 mL | 5 | .. | .. | 7.53 | 8.29 | Bricanyl | AP |
| 1034K | Injection 500 micrograms in 1 mL | 5 | .. | .. | 7.66 | 8.42 | Bricanyl | AP |
| 1251W | Nebuliser solution single dose units 5 mg in 2 mL, 30 | 2 | 5 | .. | *29.75 | 15.90 | Bricanyl Respules | AP |
| 1243K | Nebuliser solution 10 mg per mL (1%), 50 mL | ‡1 | 5 | .. | 11.33 | 12.09 | Bricanyl | AP |
| 1240G | Oral pressurised inhalation 250 micrograms per dose (400 doses) | ‡1 | 5 | .. | 9.22 | 9.98 | Bricanyl | AP |
| 1252X | Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses) | ‡1 | 5 | .. | 14.41 | 15.17 | Bricanyl Turbuhaler | AP |
| | ***TESTOSTERONE ENANTHATE*** ***Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).*** | | | | | | | |
| ***2114G*** | ***Injection 250 mg in 1 mL*** | ***3*** | ***3*** | .. | ***24.28*** | ***15.90*** | ***Primoteston Depot*** | ***SC*** |
| | ***TESTOSTERONE ESTERS*** ***Gigantism; Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).*** | | | | | | | |
| ***2670M*** | ***Injection 100 mg*** | ***3*** | ***3*** | .. | ***13.10*** | ***13.86*** | ***Sustanon "100"*** | ***OR*** |
| ***2101N*** | ***Injection 250 mg*** | ***3*** | ***3*** | .. | ***23.88*** | ***15.90*** | ***Sustanon "250"*** | ***OR*** |
| | ***TESTOSTERONE UNDECANOATE*** ***Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.*** | | | | | | | |
| ***2115H*** | ***Capsule 40 mg*** | ***60*** | ***5*** | .. | ***28.32*** | ***15.90*** | ***Andriol*** | ***OR*** |
| | TETANUS VACCINE, ADSORBED | | | | | | | |
| 2127Y | Injection 0.5 mL | 3 | .. | .. | *15.96 | 15.90 | CS | |
| | ***TETRABENAZINE*** ***Chorea not adequately controlled by other drug therapy.*** | | | | | | | |
| ***1330B*** | ***Tablet 25 mg*** | ***100*** | ***2*** | .. | ***20.51*** | ***15.90*** | ***Nitoman*** | ***RO*** |

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|---|---|---|---|---|---|---|---|---|
| | ***TETRACOSACTRIN*** **Authority required.** ***Children who need long-term corticosteroid therapy but who are in danger of growth suppression as a result; Hypsarrhythmia; Multiple sclerosis, acute exacerbation; (An authority for up to 10 ampoules may be issued for each acute exacerbation.) Patients who are being withdrawn from long-term corticosteroid therapy; (An authority for up to 5 ampoules may be issued for this purpose.) Ulcerative colitis, proven, not responding to parenteral corticosteroids.*** | | | | | | | |
| ***2832C*** | ***Injection 1 mg in 1 mL*** | ***5*** | ***5*** | ***..*** | ****64.27*** | ***15.90*** | ***Synacthen Depot 1*** | ***CG*** |
| | ***TETRACYCLINE HYDROCHLORIDE*** ***Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.*** | | | | | | | |
| ***2135J*** | ***Capsule 250 mg*** | ***50*** | ***5*** | ***..*** | ***8.21*** | ***8.97*** | ***Achromycin*** | ***LE*** |
| | TETRACYCLINE HYDROCHLORIDE | | | | | | | |
| 2134H | Capsule 250 mg | 25 | 1 | .. | 5.89 | 6.65 | Achromycin | LE |
| 2143T | Eye ointment 10 mg per g (1%), 5 g | ‡1 | .. | .. | 5.64 | 6.40 | Latycin | BZ |
| | ***TETRACYCLINE HYDROCHLORIDE (BUFFERED)*** ***Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.*** | | | | | | | |
| ***2146Y*** | ***Capsule 250 mg*** | ***50*** | ***5*** | ***..*** | ****8.21*** | ***8.97*** | ***Mysteclin-250*** | ***BQ*** |
| | | | | ***..*** | ***8.21*** | ***8.97*** | ***Achromycin V*** | ***LE*** |
| | | | | ***1.30*** | ****9.51*** | ***8.97*** | ***Tetrex*** | ***AP*** |
| | TETRACYCLINE HYDROCHLORIDE (BUFFERED) | | | | | | | |
| 2145X | Capsule 250 mg | 25 | 1 | .. | 5.89 | 6.65 | Achromycin V | LE |
| | | | | | | | Mysteclin-250 | BQ |
| | | | | 0.65 | 6.54 | 6.65 | Tetrex | AP |

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|---|---|---|---|---|---|---|---|---|
| | THEOPHYLLINE<br>**CAUTION:**<br>Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring. | | | | | | | |
| 2611K | Tablet 50 mg | 100 | 5 | .. | 5.58 | 6.34 | Nuelin Paediatric | MM |
| 1143E | Tablet 125 mg | 100 | 5 | .. | 6.30 | 7.06 | Nuelin | MM |
| 2615P | Tablet 200 mg | 100 | 5 | .. | 6.90 | 7.66 | Nuelin | MM |
| 2632M | Tablet 200 mg (sustained release) | 100 | 5 | .. | 8.76 | 9.52 | Theo-Dur | AP |
| 2634P | Tablet 250 mg (sustained release) | 100 | 5 | .. | 9.81 | 10.57 | Nuelin-S.R. 250 | MM |
| 2633N | Tablet 300 mg (sustained release) | 100 | 5 | .. | 11.27 | 12.03 | Theo-Dur | AP |
| 2619W | Capsule 50 mg (containing sustained release beads) | 100 | 5 | .. | 8.80 | 9.56 | Nuelin-Sprinkle<br>Slo-bid | MM<br>MB |
| 2620X | Capsule 100 mg (containing sustained release beads) | 100 | 5 | .. | 10.83 | 11.59 | Nuelin-Sprinkle<br>Slo-bid | MM<br>MB |
| 2538N | Capsule 100 mg (containing sustained release pellets) | 100 | 5 | .. | 10.50 | 11.26 | Austyn | FA |
| 2539P | Capsule 200 mg (containing sustained release pellets) | 100 | 5 | .. | 11.77 | 12.53 | Austyn | FA |
| 2540Q | Capsule 300 mg (containing sustained release pellets) | 100 | 5 | .. | 12.70 | 13.46 | Austyn | FA |
| 2613M | Elixir 80 mg per 15 mL, 500 mL | ‡1 | 5 | .. | 6.60 | 7.36 | Elixophyllin | SC |
| 2614N | Syrup 80 mg per 15 mL, 500 mL | ‡1 | 5 | .. | 6.60 | 7.36 | Nuelin | MM |
| | THIABENDAZOLE | | | | | | | |
| 2947D | Tablet 500 mg | 16 | .. | .. | 11.49 | 12.25 | Mintezol | MK |
| | THIAMINE HYDROCHLORIDE | | | | | | | |
| 1070H | Tablet 100 mg | 100 | 2 | .. | 6.30 | 7.06 | Betamin<br>Invite-B | RR<br>NN |
| 1065C | Injection 100 mg in 1 mL | 5 | 1 | .. | 6.87 | 7.63 | Beta-Sol | FM |
| | THIETHYLPERAZINE | | | | | | | |
| 2368P | Injection 6.5 mg (base) in 1 mL | 10 | .. | .. | *12.05 | 12.81 | Torecan | SZ |
| | THIOGUANINE | | | | | | | |
| 1233X | Tablet 40 mg | 25 | 1 | .. | 72.23 | 15.90 | Lanvis | BW |

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|---|---|---|---|---|---|---|---|---|
| | ***THIORIDAZINE HYDROCHLORIDE*** | | | | | | | |
| | ***Chorea;*** | | | | | | | |
| | ***Hyperactive states of organic or toxic delirium;*** | | | | | | | |
| | ***Malignant neoplasia (late stage);*** | | | | | | | |
| | ***Radiation sickness;*** | | | | | | | |
| | ***Severe conduct disorders of children;*** | | | | | | | |
| | ***Major psychoses including—*** | | | | | | | |
| | ***Major organic psychoses including arteriopathic dementia;*** | | | | | | | |
| | ***Manic-depressive disorder—manic phase;*** | | | | | | | |
| | ***Paranoid states;*** | | | | | | | |
| | ***Schizophrenia;*** | | | | | | | |
| | ***Senile dementia.*** | | | | | | | |
| ***2163W*** | ***Tablet 10 mg*** | ***100*** | ***1*** | ***..*** | ***6.69*** | ***7.45*** | ***Aldazine 10*** ***Melleril*** | ***AF*** ***SZ*** |
| ***2359E*** | ***Tablet 25 mg*** | ***100*** | ***1*** | ***..*** | ***8.19*** | ***8.95*** | ***Aldazine 25*** ***Melleril*** | ***AF*** ***SZ*** |
| ***2164X*** | ***Tablet 50 mg*** | ***100*** | ***1*** | ***..*** | ***8.56*** | ***9.32*** | ***Aldazine 50*** ***Melleril*** | ***AF*** ***SZ*** |
| ***2165Y*** | ***Tablet 100 mg*** | ***100*** | ***1*** | ***..*** | ***12.11*** | ***12.87*** | ***Aldazine 100*** ***Melleril*** | ***AF*** ***SZ*** |
| ***2402K*** | ***Oral solution 30 mg (base) per mL, 30 mL*** | ***‡1*** | ***4*** | ***..*** | ***8.65*** | ***9.41*** | ***Melleril*** | ***SZ*** |
| | THIOTEPA | | | | | | | |
| 2345K | Injection 15 mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents) | 2 | 1 | .. | *24.33 | 15.90 | LE | |
| 2858K | Eye drops set containing 15 mg vial, 2 × 10 mL ampoules sterile water, syringe with needle and 15 mL dropper bottle | ‡1 | 5 | .. | #20.58 | 15.90 | LE | |
| | THYROXINE SODIUM | | | | | | | |
| 2174K | Tablet equivalent to 50 micrograms anhydrous thyroxine sodium | 200 | 1 | .. | 6.41 | 7.17 | Oroxine | BW |
| 2175L | Tablet equivalent to 100 micrograms anhydrous thyroxine sodium | 200 | 1 | .. | 6.65 | 7.41 | Oroxine | BW |
| 2173J | Tablet equivalent to 200 micrograms anhydrous thyroxine sodium | 200 | 1 | .. | 9.00 | 9.76 | Oroxine | BW |
| | ***TIAPROFENIC ACID*** | | | | | | | |
| | ***NOTE:*** | | | | | | | |
| | ***The recommended maximum dose is 600 mg per day.*** | | | | | | | |
| | ➤ ***Inflammatory arthropathies requiring long-term therapy.*** | | | | | | | |
| ***2102P*** | ***Tablet 200 mg*** | ***50*** | ***3*** | ***..*** | ***9.31*** | ***10.07*** | ***Surgam*** | ***RL*** |
| ***2103Q*** | ***Tablet 300 mg*** | ***50*** | ***3*** | ***..*** | ***12.76*** | ***13.52*** | ***Surgam*** | ***RL*** |
| 2097J | Tablets 200 mg, 20 | ‡1 | .. | .. | 6.27 | 7.03 | Surgam | RL |
| 2098K | Tablets 300 mg, 10 | ‡1 | .. | .. | 6.27 | 7.03 | Surgam | RL |

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|---|---|---|---|---|---|---|---|---|
| | ***TICARCILLIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for:*** ***Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent;*** ***Septicaemia, suspected or proven.*** | | | | | | | |
| ***2177N*** | ***Injection 1 g (solvent required) (codes 6849L, 6850M, 6851N, 6852P, 6853Q, 6854R apply to above item with approved solvents)*** | ***10*** | .. | .. | ****57.21*** | ***15.90*** | ***# Tarcil*** ***# Ticillin*** | **SK** **CS** |
| ***2176M*** | ***Injection 3 g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)*** | ***10*** | .. | .. | ****122.63*** | ***15.90*** | ***# Tarcil*** ***# Ticillin*** | **SK** **CS** |
| | ***TICARCILLIN with CLAVULANIC ACID*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for:*** ***Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent;*** ***Septicaemia, suspected or proven.*** | | | | | | | |
| ***2179Q*** | ***Injection 3 g–100 mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)*** | ***10*** | .. | .. | ***146.02*** | ***15.90*** | ***Timentin*** | **SK** |
| | TIMOLOL MALEATE | | | | | | | |
| | **CAUTION:** Timolol eye drops may precipitate bronchospasm in susceptible patients. | | | | | | | |
| 1281K | Tablet 5 mg | 100 | 5 | .. | 10.67 | 11.43 | Blocadren | FR |
| 1278G | Eye drops 2.5 mg (base) per mL (0.25%), 5 mL | ‡1 | 5 | .. | 9.81 | 10.57 | Tenopt<br>Timoptol | SI<br>FR |
| 1279H | Eye drops 5 mg (base) per mL (0.5%), 5 mL | ‡1 | 5 | .. | 10.59 | 11.35 | Tenopt<br>Timoptol | SI<br>FR |
| | TINIDAZOLE | | | | | | | |
| 1465D | Tablet 500 mg | 4 | .. | .. | 6.39 | 7.15 | Fasigyn | PF |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TOBRAMYCIN*** | | | | | | | |
| | ***Invasive ocular infection;*** | | | | | | | |
| | ***Perioperative use;*** | | | | | | | |
| | ***Suspected pseudomonal eye infection.*** | | | | | | | |
| ***2328M*** | ***Eye drops 3 mg per mL (0.3%), 5 mL*** | ***‡1*** | ***2*** | ***..*** | ***12.52*** | ***13.28*** | ***Tobrex*** | ***AQ*** |
| ***2329N*** | ***Eye ointment 3 mg per g (0.3%), 3.5 g*** | ***‡1*** | ***..*** | ***..*** | ***12.52*** | ***13.28*** | ***Tobrex*** | ***AQ*** |
| | ***TOBRAMYCIN SULFATE*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for:*** | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that tobramycin is an appropriate antibiotic;*** | | | | | | | |
| | ***Septicaemia, suspected or proven.*** | | | | | | | |
| ***1356J*** | ***Injection 80 mg (base)*** | ***5*** | ***..*** | ***..*** | ****34.77*** | ***15.90*** | ***Nebcin*** | ***LY*** |
| | TOLBUTAMIDE | | | | | | | |
| 2178P | Tablet 500 mg | 200 | 2 | .. | *13.81 | 14.57 | Rastinon | HP |
| 2607F | Tablet 1 g | 100 | 5 | .. | 13.80 | 14.56 | Rastinon | HP |
| | ***TRANEXAMIC ACID*** | | | | | | | |
| | ***Hereditary angio-oedema.*** | | | | | | | |
| ***2180R*** | ***Tablet 500 mg*** | ***100*** | ***2*** | ***..*** | ***43.83*** | ***15.90*** | ***Cyklokapron*** | ***PS*** |
| | ***TRANYLCYPROMINE SULFATE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***This drug is a monoamine oxidase inhibitor.*** | | | | | | | |
| | ***Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy;*** | | | | | | | |
| | ***Phobic states.*** | | | | | | | |
| ***2444P*** | ***Tablet 10 mg (base)*** | ***50*** | ***2*** | ***..*** | ***8.50*** | ***9.26*** | ***Parnate*** | ***SK*** |
| | ***TRIAMCINOLONE ACETONIDE*** | | | | | | | |
| | ***Alopecia areata;*** | | | | | | | |
| | ***For local intra-articular or peri-articular infiltration;*** | | | | | | | |
| | ***Granulomata, dermal;*** | | | | | | | |
| | ***Keloid;*** | | | | | | | |
| | ***Lichen planus hypertrophic;*** | | | | | | | |
| | ***Lichen simplex chronicus;*** | | | | | | | |
| | ***Lupus erythematosus, chronic discoid;*** | | | | | | | |
| | ***Necrobiosis lipoidica;*** | | | | | | | |
| | ***Psoriasis.*** | | | | | | | |
| ***2990J*** | ***Injection 10 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***18.85*** | ***15.90*** | ***Kenacort-A10*** | ***BQ*** |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | TRIAMCINOLONE ACETONIDE—cont. | | | | | | | |
| 2117K | Cream 200 micrograms per g (0.02%), 100 g | 2 | .. | .. | *9.89 | 10.65 | Aristocort 0.02%<br>Kenalone 0.02% | LE<br>BQ |
| 2125W | Cream 500 micrograms per g (0.05%), 15 g | ‡1 | 1 | .. | 5.41 | 6.17 | Aristocort 0.05%<br>Kenalone | LE<br>BQ |
| 2118L | Ointment 200 micrograms per g (0.02%), 100 g | 2 | .. | .. | *9.89 | 10.65 | Aristocort 0.02%<br>Kenalone 0.02% | LE<br>BQ |
| 2126X | Ointment 500 micrograms per g (0.05%), 15 g | ‡1 | 1 | .. | 5.41 | 6.17 | Aristocort 0.05%<br>Kenalone | LE<br>BQ |
| | TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN | | | | | | | |
| 2971J | Ear drops 1 mg–2.5 mg (base)–250 micrograms–100,000 units per g (0.1%–0.25%–0.025%–100,000 units per g), 7.5 mL | ‡1 | 2 | .. | 5.48 | 6.24 | Kenacomb Otic | BQ |
| 2973L | Ear cream 1 mg–2.5 mg (base)–250 micrograms–100,000 units per g (0.1%–0.25%–0.025%–100,000 units per g), 5 g | ‡1 | 2 | .. | 5.26 | 6.02 | Kenacomb Otic | BQ |
| 2974M | Ear ointment 1 mg–2.5 mg (base)–250 micrograms–100,000 units per g (0.1%–0.25%–0.025%–100,000 units per g), 5 g | ‡1 | 2 | .. | 5.26 | 6.02 | Kenacomb Otic | BQ |
| | TRIAMTERENE<br>**CAUTION:**<br>Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. | | | | | | | |
| 2342G | Tablet 100 mg | 100 | 1 | .. | *11.05 | 11.81 | Dytac | SK |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TRIFLUOPERAZINE HYDROCHLORIDE*** | | | | | | | |
| | ***Chorea;*** | | | | | | | |
| | ***Hyperactive states of organic or toxic delirium;*** | | | | | | | |
| | ***Malignant neoplasia (late stage);*** | | | | | | | |
| | ***Radiation sickness;*** | | | | | | | |
| | ***Severe conduct disorders of children;*** | | | | | | | |
| | ***Major psychoses including—*** | | | | | | | |
| | ***Major organic psychoses including arteriopathic dementia;*** | | | | | | | |
| | ***Manic-depressive disorder—manic phase;*** | | | | | | | |
| | ***Paranoid states;*** | | | | | | | |
| | ***Schizophrenia;*** | | | | | | | |
| | ***Senile dementia.*** | | | | | | | |
| ***2185B*** | ***Tablet 1 mg (base)*** | ***100*** | ***1*** | ***..*** | ***6.76*** | ***7.52*** | ***Stelazine*** | ***SK*** |
| ***2386N*** | ***Tablet 2 mg (base)*** | ***100*** | ***1*** | ***..*** | ***7.02*** | ***7.78*** | ***Stelazine*** | ***SK*** |
| ***2186C*** | ***Tablet 5 mg (base)*** | ***100*** | ***1*** | ***..*** | ***7.42*** | ***8.18*** | ***Stelazine*** | ***SK*** |
| | ***TRIGLYCERIDES, MEDIUM CHAIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Chyloascites;*** | | | | | | | |
| | ***Chylothorax;*** | | | | | | | |
| | ***Patients requiring a ketogenic diet for intractable childhood epilepsy;*** | | | | | | | |
| | ***Proven malabsorption.*** | | | | | | | |
| ***2686J*** | ***Compound powder 450 g*** | ***2*** | ***20*** | ***..*** | ****27.25*** | ***15.90*** | ***Portagen*** | ***MJ*** |
| | **NOTE:** | | | | | | | |
| | ***Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Biliary atresia;*** | | | | | | | |
| | ***Chyloascites;*** | | | | | | | |
| | ***Chylothorax;*** | | | | | | | |
| | ***Cystic fibrosis;*** | | | | | | | |
| | ***Enterokinase deficiency;*** | | | | | | | |
| | ***Intolerance to both milk protein and soya protein;*** | | | | | | | |
| | ***Severe diarrhoea of greater than two weeks duration in infants under the age of four months.*** | | | | | | | |
| ***2676W*** | ***Lactalbumin demineralised powder 400 g*** | ***2*** | ***20*** | ***..*** | ****27.31*** | ***15.90*** | ***Alfaré*** | ***NT*** |
| ***2679B*** | ***Protein hydrolysate compound powder 454 g*** | ***2*** | ***20*** | ***..*** | ****36.57*** | ***15.90*** | ***Pregestimil*** | ***MJ*** |

(continued)

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TRIGLYCERIDES, MEDIUM CHAIN—cont.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Abetalipoproteinaemia; Chyloascites; Chylothorax; Intestinal lymphangiectasia; Intractable childhood epilepsy requiring a ketogenic diet; Short-term nutritional support in severe steatorrhoea; Steatorrhoea due to distal small bowel resection.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Not more than one authority may be granted for short-term nutritional support in severe steatorrhoea.*** | | | | | | | |
| ***3129Q*** | ***Oil 1 L*** | ***‡1*** | ***5*** | ***..*** | ***36.57*** | ***15.90*** | ***MCT Oil*** | ***MJ*** |
| | **NOTE:** | | | | | | | |
| | ***An authority will be limited to the maximum quantity and repeats shown in this schedule.*** | | | | | | | |
| | TRIMETHOPRIM | | | | | | | |
| 2922T | Tablet 300 mg | 7 | 1 | ..<br>0.49 | 5.87<br>6.36 | 6.63<br>6.63 | [a] Alprim<br>[a] Triprim | AF<br>BW |
| | TRIMETHOPRIM with SULFAMETHOXAZOLE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | There is an increased risk of severe adverse reactions with this combination in the elderly. | | | | | | | |
| 2949F | Tablet 80 mg–400 mg | 10 | .. | .. | 6.63 | 7.39 | Bactrim<br>Resprim<br>Septrin | RO<br>AF<br>BW |
| 2951H | Tablet 160 mg–800 mg | 10 | .. | .. | 7.64 | 8.40 | Bactrim DS<br>[a] Resprim Forte<br>[a] Septrin Forte | RO<br>AF<br>BW |
| 3103H | Oral suspension 40 mg–200 mg per 5 mL, 100 mL | ‡1 | 1 | .. | 7.15 | 7.91 | Bactrim<br>[a] Resprim<br>[a] Septrin | RO<br>AF<br>BW |
| | TRIMIPRAMINE MALEATE | | | | | | | |
| 2970H | Tablet 25 mg (base) | 50 | 2 | .. | 5.86 | 6.62 | Surmontil | MB |
| 2969G | Capsule 50 mg (base) | 50 | 2 | .. | 6.39 | 7.15 | Surmontil | MB |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TRIOXYSALEN*** | | | | | | | |
| | ***Vitiligo.*** | | | | | | | |
| ***1570P*** | ***Tablet 5 mg*** | ***100*** | ***2*** | ***..*** | ***29.31*** | ***15.90*** | ***Trisoralen*** | ***DT*** |
| | TRIPLE ANTIGEN<br>See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed | | | | | | | |
| | UREA | | | | | | | |
| 1293C | Cream 100 mg per g (10%), 100 g | ‡1 | 2 | .. | 7.28 | 8.04 | Aquacare H.P.<br>Calmurid<br>Nutraplus<br>Urederm | AG<br>OL<br>GA<br>HA |
| | | | | 1.02 | 8.30 | 8.04 | Aquadrate | NW |
| | ***UROFOLLITROPHIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.*** | | | | | | | |
| | ***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.*** | | | | | | | |
| | ***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment.*** | | | | | | | |
| | ***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.*** | | | | | | | |
| ***1601G*** | ***Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL*** | ***1*** | ***5*** | ***..*** | ***221.57*** | ***15.90*** | ***Metrodin 75*** | ***SG*** |
| ***1602H*** | ***Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 10 ampoules solvent 1 mL*** | ***1*** | ***5*** | ***..*** | ***423.57*** | ***15.90*** | ***Metrodin 150*** | ***SG*** |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***VANCOMYCIN*** | | | | | | | |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for antibiotic associated colitis.*** | | | | | | | |
| ***3113W*** | ***Capsule 125 mg (125,000 i.u.) vancomycin activity*** | ***40*** | ***..*** | ***..*** | ****254.91*** | ***15.90*** | ***Vancocin*** | ***LY*** |
| ***3114X*** | ***Capsule 250 mg (250,000 i.u.) vancomycin activity*** | ***40*** | ***..*** | ***..*** | ****493.57*** | ***15.90*** | ***Vancocin*** | ***LY*** |
| | **Authority required.** | | | | | | | |
| | ***Treatment where less costly alternative therapy is inappropriate for:*** <br> ***Endophthalmitis;*** <br> ***Use in a hospital.*** | | | | | | | |
| ***3131T*** | ***Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)*** | ***5*** | ***..*** | ***..*** | ****131.87*** | ***15.90*** | ***Vancocin*** | ***LY*** |
| | VERAPAMIL HYDROCHLORIDE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | The myocardial depressant effects of this drug and of beta-blocking drugs are additive. | | | | | | | |
| 1248Q | Tablet 40 mg | 100 | 5 | .. | 10.35 | 11.11 | [a] Anpec 40 | AF |
| | | | | | | | [a] Verpamil | PT |
| | | | | 0.50 | 10.85 | 11.11 | [a] Cordilox | SC |
| | | | | | | | [a] Isoptin | KN |
| 1250T | Tablet 80 mg | 100 | 5 | .. | 15.60 | 15.90 | [a] Anpec 80 | AF |
| | | | | | | | [a] Verpamil | PT |
| | | | | 0.50 | 16.10 | 15.90 | [a] Cordilox | SC |
| | | | | | | | [a] Isoptin | KN |
| 1254B | Tablet 120 mg | 100 | 5 | .. | 22.20 | 15.90 | [a] Cordilox | SC |
| | | | | | | | [a] Isoptin | KN |
| | | | | | | | [a] Verpamil 120 | PT |
| 1253Y | Tablet 160 mg | 60 | 5 | .. | 19.58 | 15.90 | [a] Cordilox | SC |
| | | | | | | | [a] Isoptin | KN |
| 1241H | Tablet 240 mg (sustained release) | 30 | 5 | .. | 16.52 | 15.90 | [a] Cordilox SR | SC |
| | | | | | | | [a] Isoptin SR | KN |
| 2206D | Capsule 160 mg (sustained release) | 60 | 5 | .. | 19.58 | 15.90 | Veracaps SR | SI |
| 2207E | Capsule 240 mg (sustained release) | 30 | 5 | .. | 16.52 | 15.90 | Veracaps SR | SI |
| 1060T | Injection 5 mg in 2 mL | 5 | .. | .. | 7.92 | 8.68 | [a] Cordilox | SC |
| | | | | | | | [a] Isoptin | KN |

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***VIDARABINE*** | | | | | | | |
| | ***Eye infections caused by herpes simplex virus.*** | | | | | | | |
| ***2570G*** | ***Eye ointment 30 mg per g (3%), 3.5 g*** | ***‡1*** | ***..*** | ***..*** | ***20.84*** | ***15.90*** | ***Vira A*** | ***PD*** |
| | VINBLASTINE SULFATE | | | | | | | |
| 2198Q | Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents) | 2 | .. | .. | *41.27 | 15.90 | Velbe | LY |
| 2199R | Injection set containing 10 mg and 10 mL solvent | 2 | .. | .. | *44.67 | 15.90 | BL | |
| | VINCRISTINE SULFATE | | | | | | | |
| 2371T | Injection set containing 1 mg and 10 mL solvent | 10 | .. | .. | *167.67 | 15.90 | [a] Oncovin<br>[a] BL | LY |
| 2372W | Injection set containing 5 mg and 10 mL solvent | 1 | .. | .. | 73.08 | 15.90 | BL | |
| | WARFARIN | | | | | | | |
| 2843P | Tablet 1 mg | 50 | 2 | .. | 6.41 | 7.17 | Coumadin<br>Marevan | BT<br>BA |
| 2209G | Tablet 2 mg | 50 | 2 | .. | 6.58 | 7.34 | Coumadin | BT |
| 2210H | Tablet 2.5 mg | 50 | 2 | .. | 6.69 | 7.45 | Coumadin | BT |
| 2844Q | Tablet 3 mg | 50 | 2 | .. | 6.75 | 7.51 | Marevan | BA |
| 2211J | Tablet 5 mg | 50 | 2 | .. | 6.75 | 7.51 | Coumadin<br>Marevan | BT<br>BA |
| 2212K | Tablet 7.5 mg | 50 | 2 | .. | 7.42 | 8.18 | Coumadin | BT |
| 2213L | Tablet 10 mg | 50 | 2 | .. | 8.40 | 9.16 | Coumadin | BT |
| | WATER FOR INJECTIONS, STERILISED | | | | | | | |
| 2216P | Injection 2 mL | 5 | 3 | .. | 7.75 | 8.51 | AP | |
| 2217Q | Injection 5 mL | 5 | 3 | .. | 8.96 | 9.72 | AP | |
| 2218R | Injection 10 mL | 5 | 3 | .. | 10.06 | 10.82 | AP | |
| | WOOL ALCOHOLS | | | | | | | |
| 2219T | Ointment 100 g | ‡1 | 1 | .. | 6.16 | 6.92 | Eucerin | SN |
| | ZINC OXIDE | | | | | | | |
| 2984C | Compound ointment 50 g | ‡1 | 1 | .. | 8.52 | 9.28 | Anusol | WW |
| 1122C | Compound suppositories, 12 | ‡1 | 1 | .. | 7.89 | 8.65 | Anusol | WW |
| | ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE | | | | | | | |
| 3154B | Eye drops 2.5 mg–1.2 mg per mL (0.25%–0.12%), 15 mL | ‡1 | 5 | .. | 8.45 | 9.21 | Prefrin-Z<br>Zincfrin | AG<br>AQ |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | AMOXYCILLIN | | | | | | | |
| 3303W | Chewable tablet 250 mg | 20 | .. | .. | 7.78 | 8.54 | [a] Amoxil | SK |
| | | | | | | | [a] Moxacin | CS |
| 3301R | Capsule 250 mg | 20 | .. | .. | 6.99 | 7.75 | [a] Alphamox 250 | AF |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox 250 | FC |
| | | | | 0.38 | 7.37 | 7.75 | [a] Moxacin | CS |
| | | | | 0.43 | 7.42 | 7.75 | [a] Amoxil | SK |
| 3300Q | Capsule 500 mg | 20 | .. | .. | 10.30 | 11.06 | Alphamox 500 | AF |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox 500 | FC |
| | | | | 0.53 | 10.83 | 11.06 | [a] Amoxil | SK |
| | | | | 0.55 | 10.85 | 11.06 | [a] Moxacin | CS |
| 3309E | Sachet containing oral powder 3 g | 1 | .. | .. | 7.63 | 8.39 | [a] Amoxil | SK |
| | | | | | | | [a] Moxacin | CS |
| 3302T | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | #8.67 | 9.77 | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox | FC |
| | | | | 0.18 | #8.85 | 9.77 | [a] Moxacin | CS |
| | | | | 0.21 | #8.88 | 9.77 | [a] Amoxil | SK |
| 3393N | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #10.05 | 11.15 | [a] Cilamox | SI |
| | | | | | | | [a] Fisamox | FC |
| | | | | 0.37 | #10.42 | 11.15 | [a] Amoxil Forte | SK |
| | | | | 0.38 | #10.43 | 11.15 | [a] Moxacin 250 | CS |
| | AMPHOTERICIN | | | | | | | |
| 3306B | Lozenge 10 mg | 20 | .. | .. | 6.07 | 6.83 | Fungilin | BQ |
| 3308D | Ointment 30 mg per g (3%), 15 g | ‡1 | .. | .. | 5.62 | 6.38 | Fungilin | BQ |
| | AMPICILLIN | | | | | | | |
| 3312H | Injection 250 mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents) | 5 | .. | .. | 7.83 | 8.59 | Austrapen | CS |
| 3313J | Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents) | 5 | .. | .. | 9.77 | 10.53 | [a] Ampicyn | FC |
| | | | | | | | [a] Austrapen | CS |
| 3314K | Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R apply to above item with approved solvents) | 5 | .. | .. | 13.73 | 14.49 | [a] Ampicyn | FC |
| | | | | | | | [a] Austrapen | CS |
| | ASPIRIN with CODEINE | | | | | | | |
| 7002M | Mixture—See Section 4, Standard Formulae Preparations | | | | | | | |
| | BENZYLPENICILLIN | | | | | | | |
| 3397T | Injection 300 mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents) | 5 | .. | .. | 10.23 | 10.99 | CS | |

(continued)

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | BENZYLPENICILLIN—cont. | | | | | | | |
| 3398W | Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents) | 5 | .. | .. | 11.27 | 12.03 | CS | |
| 3399X | Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents) | 5 | .. | .. | 24.36 | 15.90 | CS | |
| | CEPHALEXIN | | | | | | | |
| 3317N | Capsule 250 mg | 20 | .. | .. | 7.37 | 8.13 | [a] Ibilex 250 | AF |
| | | | | 0.63 | 8.00 | 8.13 | Ceporex | GL |
| | | | | 0.75. | 8.12 | 8.13 | [a] Keflex | LY |
| 3318P | Capsule 500 mg | 20 | .. | .. | 10.39 | 11.15 | [a] Ibilex 500 | AF |
| | | | | 0.65 | 11.04 | 11.15 | Ceporex | GL |
| | | | | 0.77 | 11.16 | 11.15 | [a] Keflex | LY |
| 3319Q | Granules for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | #9.88 | 10.98 | [a] Ibilex 125 | AF |
| | | | | 0.65 | #10.53 | 10.98 | Ceporex | GL |
| | | | | 0.77 | #10.65 | 10.98 | [a] Keflex | LY |
| 3320R | Granules for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #12.08 | 13.18 | [a] Ibilex 250 | AF |
| | | | | 0.65 | #12.73 | 13.18 | Ceporex | GL |
| | | | | 0.77 | #12.85 | 13.18 | [a] Keflex | LY |
| | CEPHALOTHIN | | | | | | | |
| 3376Q | Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y apply to above item with approved solvents) | 5 | .. | .. | *20.82 | 15.90 | Keflin Neutral | LY |
| | CODEINE PHOSPHATE with ASPIRIN | | | | | | | |
| 3315L | Tablet 30 mg–325 mg | 20 | .. | .. | 5.87 | 6.63 | Codral Forte | BW |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | | | | |
| 3316M | Tablet 30 mg–500 mg | 20 | .. | .. | 5.98 | 6.74 | [a] Dymadon Forte | BW |
| | | | | | | | [a] Panadeine Forte Caplets | WL |
| | DOXYCYCLINE | | | | | | | |
| 3321T | Tablet 100 mg | 7 | .. | .. | 6.24 | 7.00 | Doxylin 100 | AF |
| | | | | 0.71 | 6.95 | 7.00 | [a] Vibramycin | PF |
| 3322W | Capsule 100 mg | 7 | .. | 0.67 | 6.91 | 7.00 | [a] Doryx | FA |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| Code | Name, Restriction, Manner of administration and form | Max. Qty | No.of Rpts | Brand Price Premium $ | Dispensed Price for Max.Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ERYTHROMYCIN | | | | | | | |
| 3324Y | Tablet 250 mg | 25 | .. | .. | 6.83 | 7.59 | EMU-V | UP |
| | | | | 0.24 | 7.07 | 7.59 | AB | |
| 3329F | Capsule 125 mg | 25 | .. | .. | 6.58 | 7.34 | Eryc | FA |
| 3326C | Capsule 175 mg | 25 | .. | .. | 6.83 | 7.59 | Eryc LD | FA |
| 3325B | Capsule 250 mg | 25 | .. | .. | 8.16 | 8.92 | Eryc | FA |
| | ERYTHROMYCIN ESTOLATE | | | | | | | |
| 3331H | Paediatric oral drops 100 mg (base) per mL, 10 mL | ‡1 | .. | .. | 6.53 | 7.29 | Ilosone | LY |
| 3335M | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 6.53 | 7.29 | Ilosone | LY |
| | ERYTHROMYCIN ETHYL SUCCINATE | | | | | | | |
| 3327D | Tablet 200 mg (base) | 25 | .. | .. | 6.58 | 7.34 | E.E.S. Dulcet | AB |
| 3336N | Tablet 400 mg (base) | 25 | .. | .. | 8.16 | 8.92 | E.E.S. 400 | AB |
| 3334L | Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | #9.46 | 10.56 | E.E.S. 200 | AB |
| | ERYTHROMYCIN STEARATE | | | | | | | |
| 3328E | Tablet 250 mg (base) | 25 | .. | .. | 6.83 | 7.59 | Erythrocin | AB |
| 3330G | Capsule 250 mg (base) | 25 | .. | .. | 6.83 | 7.59 | Erythrocin | AB |
| 3332J | Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 6.53 | 7.29 | Erythrocin | AB |
| 3333K | Oral suspension 250 mg (base) per 5 mL, 100 mL | ‡1 | .. | .. | 8.82 | 9.58 | Erythrocin | AB |
| | METRONIDAZOLE | | | | | | | |
| 3339R | Tablet 200 mg | 21 | .. | .. | 5.66 | 6.42 | [a] Metrogyl 200 | AF |
| | | | | | | | Metrozine | SR |
| | | | | 0.55 | 6.21 | 6.42 | [a] Flagyl | MB |
| | NYSTATIN | | | | | | | |
| 3342X | Tablet 500,000 units | 25 | .. | .. | *7.92 | 8.68 | Nilstat | LE |
| | | | | 0.34 | *8.26 | 8.68 | Mycostatin | BQ |
| 3344B | Lozenge 100,000 units | 20 | .. | .. | 6.07 | 6.83 | Nilstat | LE |
| 3343Y | Oral suspension 100,000 units per mL, 24 mL | ‡1 | .. | .. | 6.39 | 7.15 | Mycostatin | BQ |
| | | | | | | | Nilstat | LE |
| | PARACETAMOL | | | | | | | |
| 3348F | Mixture 120 mg per 5 mL, 100 mL | ‡1 | .. | .. | 6.67 | 7.43 | Dymadon | BW |
| | | | | | | | Panamax | WL |

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|---|---|---|---|---|---|---|---|---|
| | PHENETHICILLIN | | | | | | | |
| 3354M | Capsule 500 mg | 25 | .. | .. | 8.04 | 8.80 | Pensig | SI |
| 3355N | Powder for syrup 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | #8.10 | 9.20 | Pensig 125 | SI |
| 3356P | Powder for syrup 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | #8.73 | 9.83 | Pensig 250 | SI |
| | PHENOXYMETHYLPENICILLIN | | | | | | | |
| 3359T | Tablet 125 mg | 25 | .. | .. | 6.44 | 7.20 | Abbocillin-V | AB |
| 3360W | Tablet 250 mg | 25 | .. | .. | 6.58 | 7.34 | Abbocillin-VK | AB |
| | | | | | | | PVK | LY |
| 3361X | Tablet 500 mg | 25 | .. | .. | 8.04 | 8.80 | Abbocillin-VK | AB |
| | | | | | | | PVK | LY |
| 3363B | Capsule 250 mg | 25 | .. | .. | 6.58 | 7.34 | Abbocillin-VK | AB |
| | | | | | | | Cilicaine VK | SI |
| | | | | | | | LPV | CS |
| | | | | | | | PVK | LY |
| 3364C | Capsule 500 mg | 25 | .. | .. | 8.04 | 8.80 | Cilicaine VK | SI |
| | | | | | | | LPV | CS |
| 3365D | Paediatric oral suspension 125 mg per 5 mL, 100 mL | ‡1 | .. | .. | 6.31 | 7.07 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.44 | 6.75 | 7.07 | LPV 125 | CS |
| 3366E | Oral suspension 250 mg per 5 mL, 100 mL | ‡1 | .. | .. | 6.94 | 7.70 | Abbocillin-V | AB |
| | | | | | | | Cilicaine V | SI |
| | | | | 0.50 | 7.44 | 7.70 | LPV 250 | CS |
| | PROCAINE PENICILLIN | | | | | | | |
| 3370J | Injection 1 g | 5 | .. | .. | 50.87 | 15.90 | Cilicaine | SI |
| 3371K | Injection 1.5 g | 5 | .. | .. | 50.87 | 15.90 | Cilicaine | SI |
| | TETRACYCLINE HYDROCHLORIDE | | | | | | | |
| 3383C | Capsule 250 mg | 25 | .. | .. | 5.89 | 6.65 | Achromycin | LE |
| | TETRACYCLINE HYDROCHLORIDE (BUFFERED) | | | | | | | |
| 3386F | Capsule 250 mg | 25 | .. | .. | 5.89 | 6.65 | Achromycin V | LE |
| | | | | | | | Mysteclin-250 | BQ |
| | | | | 0.65 | 6.54 | 6.65 | Tetrex | AP |

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|---|---|---|---|---|---|---|---|---|
| | TRIMETHOPRIM with SULFAMETHOXAZOLE<br>**CAUTION:**<br>There is an increased risk of severe adverse reactions with this combination in the elderly. | | | | | | | |
| 3389J | Tablet 80 mg–400 mg | 10 | .. | .. | 6.63 | 7.39 | Bactrim<br>Resprim<br>Septrin | RO<br>AF<br>BW |
| 3390K | Tablet 160 mg–800 mg | 10 | .. | .. | 7.64 | 8.40 | Bactrim DS<br>[a] Resprim Forte<br>[a] Septrin Forte | RO<br>AF<br>BW |
| 3391L | Oral suspension 40 mg–200 mg per 5 mL, 100 mL | ‡1 | .. | .. | 7.15 | 7.91 | Bactrim<br>[a] Resprim<br>[a] Septrin | RO<br>AF<br>BW |
| | WATER FOR INJECTIONS, STERILISED | | | | | | | |
| 3394P | Injection 2 mL | 5 | .. | .. | 7.75 | 8.51 | AP | |
| 3395Q | Injection 5 mL | 5 | .. | .. | 8.96 | 9.72 | AP | |
| 3396R | Injection 10 mL | 5 | .. | .. | 10.06 | 10.82 | AP | |
| | **NOTE:**<br>For use only with an injectable benefit which requires a solvent. | | | | | | | |

# Section 3

## Container Prices, Fees, Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits

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**CONTAINER PRICES FOR QUANTITIES OF READY PREPARED BENEFITS LESS THAN THE MAXIMUM:**

| | | |
|---|---|---|
| **Injectables** | **150 mL vial** | **$0.49** |
| **Other Items** | **25 mL vial** | **$0.18** |

**(The 25 mL is the most commonly used size)**

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**FEES:**

| | |
|---|---|
| **Ready Prepared Dispensing Fee** | **$3.57** |
| **Dangerous Drug Fee** | **$1.78** |
| **Additional Fee for Agreed Price Ready Prepared Benefits** | **$0.76** |

**NOTE—**
*Standard packs and prices (including mark-up, but without dispensing fee and dangerous drug fee) are for items against the price of which an asterisk (*) is shown in Section 2 of the Schedule.*

| Code | Approved Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|

## SPECIAL PHARMACEUTICAL BENEFITS

1211R Clomiphene Citrate (ML) 50 mg
The pricing pack (i.e. 5 tablets) price which the Commonwealth is prepared to pay (including 10% mark-up) is $13.52.
The price sought by the manufacturer for this pricing pack (including 10% mark-up) is $29.59.

2334W Polygeline (HP) 17.5 g per 500 mL, 500 mL
The pricing pack (i.e. 500 mL) price which the Commonwealth is prepared to pay (including 10% mark-up) is $16.67.
The price sought by the manufacturer for this pricing pack (including 10% mark-up) is $19.07.

## GENERAL PHARMACEUTICAL BENEFITS

| | | | | | | |
|---|---|---|---|---|---|---|
| 1003T | Acyclovir | 200 mg | 25 | @ | 50.51 | BW |
| 2600W | Allopurinol | 100 mg | 100 | @ | 4.64 | AF |
| | | | 100 | @ | 4.88 | BW |
| 2604C | | 300 mg | 30 | @ | 3.05 | AF |
| | | | 30 | @ | 3.27 | BW |
| 2601X | | 100 mg | 100 | @ | 4.64 | FM |
| 2603B | | 300 mg | 30 | @ | 3.05 | FM |
| 1029E | Alteplase | 50 mg set | 1 | @ | 937.42 | BY |
| 2153H | Aluminium Hydroxide | 321 mg per 5 mL, 500 mL | 1 | @ | 3.33 | WT |
| 2576N | Aluminium Hydroxide with Magnesium Hydroxide | 200 mg-200 mg | 100 | @ | 3.33 | PD,WW |
| 2156L | | 215 mg-80 mg per 5 mL, 500 mL | 1 | @ | 3.33 | WT |
| 2157M | | 200 mg-200 mg per 5 mL, 500 mL | 1 | @ | 3.33 | PD,SC,WW |
| 2155K | | 306 mg-97.5 mg per 5 mL, 500 mL | 1 | @ | 3.33 | WT |
| 2158N | Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine | 306 mg-97.5 mg-10 mg per 5 mL, 500 mL | 1 | @ | 3.33 | WT |
| 1032H | Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide | 250 mg-120 mg-120 mg | 100 | @ | 3.33 | FM |
| 2159P | | 250 mg-120 mg-120 mg per 5 mL, 500 mL | 1 | @ | 3.33 | FM |
| 3109P | Amiloride Hydrochloride | 5 mg | 50 | @ | 2.75 | AF |
| | | | 50 | @ | 2.99 | MK |
| 3077Y | Amino Acid Formula with Vitamins and Minerals without Methionine | 200 g | 1 | @ | 52.96 | SB |
| 3073R | Amino Acid Formula with Vitamins and Minerals without Phenylalanine | 200 g | 1 | @ | 45.09 | SB |
| 3076X | | 200 g | 1 | @ | 70.35 | SB |
| 3078B | Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine | 200 g | 1 | @ | 81.20 | SB |
| 3075W | Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine | 200 g | 1 | @ | 109.20 | SB |
| 1045B | | 200 g | 1 | @ | 51.83 | SB |
| 3071P | Amino Acid Formula without Phenylalanine | 250 g | 1 | @ | 103.44 | SB |
| 3072Q | | 250 g | 1 | @ | 123.00 | SB |
| 1877T | Amoxycillin | 1 g | 1 | @ | 2.44 | FC |
| 1059R | Amylobarbitone Sodium | 500 mg | 1 | @ | 4.18 | LY |

| Code | Approved Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 1980F | Antivenom—Red Back Spider | 500 units | 1 @ 89.61 | CS |
| 1649T | Beclomethasone Dipropionate | 100 mcg | 100 @ 11.43 | GL |
| 2362H | Benztropine Mesylate | 2 mg | 100 @ 4.20 | MK |
| 2647H | Benzylpenicillin | 3 g | 5 @ 20.79 | CS |
| 2812B | Betamethasone Valerate | 200 mcg per g, 100 g | 1 @ 3.16 | GL,SH |
| 2820K | | 200 mcg per g, 100 g | 1 @ 3.16 | SH |
| 1062X | Bethanechol Chloride | 10 mg | 50 @ 3.17 | MK |
| 1071J | | 5 mg in 1 mL | 1 @ 3.97 | MK |
| 2544X | Biperiden Hydrochloride | 2 mg | 100 @ 7.15 | KN |
| 1259G | Bisacodyl | 5 mg | 100 @ 3.38 | FC |
| 1260H | | 10 mg, 10 | 1 @ 4.95 | BY |
| 2994N | Calcitonin (porcine) | 160 i.u. | 10 @ 168.20 | MB |
| 2995P | (salmon) | 50 i.u. in 1 mL | 5 @ 23.72 | SZ |
| 2996Q | | 80 i.u. in 0.8 mL | 5 @ 33.70 | SZ |
| 2997R | | 100 i.u. in 1 mL | 5 @ 38.07 | MB,SZ |
| 2998T | | 400 i.u. in 2 mL | 1 @ 25.84 | MB |
| 2999W | (synthetic human) | 0.5 mg | 5 @ 60.50 | CG |
| 3116B | Calcium | 500 mg | 60 @ 3.99 | MM |
| 3117C | | 600 mg | 60 @ 4.10 | LE |
| 3122H | | equiv. to 1 g (25 mmol) $Ca^{2+}$ | 30 @ 5.24 | SZ |
| 1153Q | Carbimazole | 5 mg | 100 @ 3.55 | NS |
| 1160C | Carboplatin | 50 mg in 5 mL | 1 @ 51.94 | BL,BQ |
| 1161D | | 150 mg in 15 mL | 1 @ 119.00 | BL,BQ |
| 1162E | | 450 mg in 45 mL | 1 @ 257.84 | BL,BQ |
| 1085D | Cefotaxime | 1 g | 1 @ 10.91 | RL |
| 1086E | | 2 g | 1 @ 20.78 | RL |
| 1790F | Ceftriaxone | 250 mg | 1 @ 14.30 | RO |
| 1783W | | 500 mg | 1 @ 20.68 | RO |
| 1784X | | 1 g | 1 @ 32.45 | RO |
| 1785Y | | 2 g | 1 @ 60.06 | RO |
| 2964B | Cephalothin | 1 g | 1 @ 3.45 | LY |
| 1256D | Cephazolin | 500 mg | 1 @ 3.48 | LY |
| 1257E | | 1 g | 1 @ 6.60 | LY |
| 1163F | Chlorambucil | 2 mg | 25 @ 16.83 | BW |
| 1164G | | 5 mg | 25 @ 20.33 | BW |
| 1167K | Chloramphenicol | 1.2 g | 1 @ 17.05 | PD |
| 1187L | Chlorothiazide | 500 mg | 50 @ 3.11 | AD |
| 1585K | Chlorthalidone | 25 mg | 50 @ 3.11 | CG |
| 2967E | Cholestyramine | 4.7 g (equiv. to 4 g cholestyramine) | 1 @ 24.20 | AP |
| 1808E | Clonazepam | 2.5 mg in 1 mL, 10 mL | 1 @ 3.26 | RO |
| 2621Y | Colistin | 150 mg | 1 @ 33.88 | WW |
| 1228P | Copper Sulfate | Tablets, 36 | 1 @ 5.97 | AM |
| 1264M | Cyclopenthiazide | 500 mcg | 50 @ 3.22 | CG |
| 1079T | Cyclophosphamide | 500 mg | 1 @ 10.70 | FE |
| 1798P | Cyproheptadine Hydrochloride | 4 mg | 50 @ 2.33 | FR |
| 2910E | Cytarabine | 100 mg set | 1 @ 6.89 | BL,UP |
| 2904W | | 500 mg set | 1 @ 34.40 | BL |
| 2129C | Desmopressin | 100 mcg per mL, 2.5 mL | 1 @ 27.51 | FC |
| 1299J | Diclofenac Sodium | 25 mg (e.c.) | 50 @ 5.10 | CG |
| 1319K | Diflunisal | 250 mg | 50 @ 5.27 | MK |
| 1322N | Digoxin | 250 mcg | 50 @ 1.73 | BW |
| 1344R | Diphtheria Antitoxin | 10,000 units | 1 @ 80.51 | CS |
| 1341N | Diphtheria and Tetanus Vaccine, Adsorbed | 0.5 mL | 1 @ 4.68 | CS |
| 3019X | Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use | 0.5 mL | 1 @ 4.76 | CS |
| 1346W | Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed | 0.5 mL | 1 @ 5.17 | CS |
| 1348Y | Diphtheria Vaccine, Adsorbed | 0.5 mL | 1 @ 5.50 | CS |

| Code | Approved Name | Form/Strength | Pack and Price $ | | | Manufacturer |
|---|---|---|---|---|---|---|
| 3020Y | Diphtheria Vaccine, Adsorbed, Diluted for Adult Use | 0.5 mL | 1 | @ | 5.35 | CS |
| 1125F | Docusate Sodium with Bisacodyl | 100 mg-10 mg, 5 | 1 | @ | 2.48 | FM |
| 1336H | Doxorubicin Hydrochloride | 10 mg in 5 mL | 1 | @ | 53.19 | FE |
| 1340M | | 20 mg in 10 mL | 1 | @ | 95.97 | FE |
| 1342P | | 50 mg in 25 mL | 1 | @ | 233.45 | FE |
| 2702F | Doxycycline | 100 mg | 7 | @ | 2.67 | AF |
| | | | 7 | @ | 3.38 | PF |
| 2703G | | 100 mg | 7 | @ | 3.34 | FA |
| 2714W | | 100 mg | 7 | @ | 2.67 | AF |
| | | | 7 | @ | 3.38 | PF |
| 3199J | Electrolyte Replacement Solution | 1 L | 1 | @ | 3.09 | AB,BX |
| 1372F | Epirubicin Hydrochloride | 10 mg | 1 | @ | 51.32 | FE |
| 1373G | | 20 mg | 1 | @ | 94.86 | FE |
| 1374H | | 50 mg | 1 | @ | 234.68 | FE |
| 1398N | Erythromycin Lactobionate | 300 mg | 1 | @ | 4.26 | AB |
| 1405Y | Ethinyloestradiol | 10 mcg | 100 | @ | 2.53 | GL |
| 1406B | | 20 mcg | 100 | @ | 2.73 | GL |
| 1407C | | 50 mcg | 100 | @ | 2.97 | GL |
| 3166P | Ethynodiol Diacetate with Ethinyloestradiol | 500 mcg-50 mcg | 1 | @ | 1.96 | SR |
| 3167Q | | 1 mg-50 mcg | 1 | @ | 1.96 | SR |
| 2447T | | Tablet-Pack | 1 | @ | 1.96 | SR |
| 3168R | | Tablet-Pack | 1 | @ | 1.96 | SR |
| 1390E | Etoposide | 100 mg in 5 mL | 1 | @ | 40.60 | BL,BQ |
| 1473M | Fluconazole | 100 mg in 50 mL | 1 | @ | 23.22 | PF |
| 1474N | | 200 mg in 100 mL | 1 | @ | 44.35 | PF |
| 1433K | Fludrocortisone Acetate | 100 mcg | 100 | @ | 4.07 | BQ |
| 2521Q | Fluorouracil | 250 mg in 10 mL | 5 | @ | 15.84 | BL |
| | | | 10 | @ | 31.68 | RO |
| 2528C | | 500 mg in 10 mL | 5 | @ | 31.20 | BL |
| 2958Q | Folic Acid | 500 mcg | 100 | @ | 1.54 | AF,SI |
| 1437P | | 5 mg | 100 | @ | 1.54 | AF,FM,NN,SI |
| | | | 100 | @ | 1.73 | RR |
| 1436N | | 15 mg in 1 mL | 5 | @ | 6.14 | AB |
| 1353F | Fosfestrol Sodium | 120 mg | 50 | @ | 28.46 | BQ |
| 2414C | Frusemide | 20 mg | 50 | @ | 1.79 | FM,HP |
| 2412Y | | 40 mg | 50 | @ | 2.09 | AF |
| 2699C | Gas Gangrene Antitoxin—Mixed (Polyvalent) | 25,000 units | 1 | @ | 127.49 | CS |
| 2245E | Glucose | 278 mmol per L, 1 L | 1 | @ | 1.87 | AB,BX |
| 2247G | | 555 mmol per L, 1 L | 1 | @ | 2.95 | AB,BX |
| 2249J | | 1110 mmol per L, 1 L | 1 | @ | 3.09 | AB |
| 2251L | | 1387 mmol per L, 1 L | 1 | @ | 3.09 | AB,BX |
| 2252M | | 1387 mmol per 500 mL, 500 mL | 1 | @ | 3.09 | AB |
| 2909D | Glucose Indicator—Blood | Reagent strips, 50 | 1 | @ | 16.50 | AM |
| 2912G | | Reagent strips, 50 | 1 | @ | 16.50 | BO |
| 2908C | | Reagent strips, 50 | 1 | @ | 19.25 | HG |
| 2919P | | Reagent strips, 50 | 1 | @ | 20.04 | BO |
| 2890D | | Reagent strips, 50 | 1 | @ | 20.04 | NA |
| 2914J | | Reagent strips, 50 | 1 | @ | 20.04 | BO |
| 2889C | | Reagent strips, 50 | 1 | @ | 20.04 | AM |
| 2917M | | Reagent strips, 50 | 1 | @ | 20.04 | AM |
| 2921R | | Reagent strips, 50 | 1 | @ | 20.04 | HG |
| 3106L | Glucose and Ketone Indicator—Urine | Reagent strips, 50 | 1 | @ | 5.23 | BO |
| 2555L | Glycerol | 700 mg | 1 | @ | 2.86 | PP |
| 2556M | | 1.4 g | 1 | @ | 2.97 | PP |
| 2557N | | 2.8 g | 1 | @ | 3.08 | PP |
| 1053K | Heparin Calcium | 12,500 units in 0.5 mL | 1 | @ | 2.86 | CS |

| Code | Approved Name | Form/Strength | Pack and Price | | $ | Manufacturer |
|---|---|---|---|---|---|---|
| 1468G | Heparin Sodium | 25,000 units in 5 mL | 1 | @ | 3.71 | FC |
| 1076P | | 35,000 units in 35 mL | 1 | @ | 6.86 | CS,FC |
| 1617D | Hexamine Mandelate | 250 mg | 100 | @ | 5.41 | WW |
| 1618E | | 500 mg | 100 | @ | 7.23 | WW |
| 1640H | Hydralazine Hydrochloride | 25 mg | 100 | @ | 3.26 | AF |
| 1639G | | 50 mg | 100 | @ | 4.59 | AF |
| 1484D | Hydrochlorothiazide | 25 mg | 50 | @ | 2.73 | MK |
| 1485E | | 50 mg | 50 | @ | 3.22 | MK |
| 1486F | Hydrochlorothiazide with Amiloride Hydrochloride | 50 mg-5 mg | 50 | @ | 4.11 | AF |
| | | | 50 | @ | 4.36 | MK |
| 1280J | Hydrochlorothiazide with Triamterene | 25 mg-50 mg | 50 | @ | 4.48 | SK |
| 1502C | Hydrocortisone Acetate | 25 g | 1 | @ | 13.46 | SV |
| 1510L | Hydrocortisone Sodium Succinate | 100 mg set | 1 | @ | 3.08 | NR,UP |
| 1511M | | 250 mg set | 1 | @ | 5.58 | UP |
| 3097B | | 500 mg set | 1 | @ | 10.56 | UP |
| 1501B | | 100 mg set | 1 | @ | 3.08 | NR,UP |
| 3198H | Ibuprofen | 200 mg | 50 | @ | 2.24 | AF |
| 3190X | | 400 mg | 50 | @ | 3.87 | BT |
| 2452C | Idarubicin Hydrochloride | 5 mg | 1 | @ | 192.50 | FE |
| 2453D | | 10 mg | 1 | @ | 373.34 | FE |
| 2436F | Indapamide | 2.5 mg | 30 | @ | 5.97 | SE |
| 2454E | Indomethacin | 25 mg | 50 | @ | 2.42 | AF |
| | | | 50 | @ | 2.93 | MK |
| 2757D | | 100 mg | 20 | @ | 7.45 | MK |
| 1710B | Insulin, Acid (bovine) | 100 units per mL, 10 mL | 1 | @ | 22.59 | NO |
| | Insulin Isophane (N.P.H.) | | | | | |
| 1711C | (bovine) | 100 units per mL, 10 mL | 1 | @ | 22.59 | FC,NO |
| 1533Q | (human) | 100 units per mL, 10 mL | 1 | @ | 22.59 | LY,ND,NO |
| 1534R | (human) | 100 units per mL, 1.5 mL, 5 | 1 | @ | 19.48 | LY,NO |
| 1535T | (human) | 100 units per mL, 2.5 mL, 5 | 1 | @ | 32.47 | ND |
| | Insulin Neutral | | | | | |
| 1713E | (bovine) | 100 units per mL, 10 mL | 1 | @ | 19.36 | FC |
| 1531N | (human) | 100 units per mL, 10 mL | 1 | @ | 22.59 | LY,ND,NO |
| 1532P | (human) | 100 units per mL, 1.5 mL, 5 | 1 | @ | 19.48 | LY,NO |
| 1537X | (human) | 100 units per mL, 2.5 mL, 5 | 1 | @ | 32.47 | ND |
| | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Isophane Biphasic) | | | | | |
| 1431H | (human) | 100 units (15 units-85 units) per mL, 10 mL | 1 | @ | 22.59 | ND |
| 1426C | (human) | 100 units (30 units-70 units) per mL, 10 mL | 1 | @ | 22.59 | LY,ND,NO |
| 1425B | (human) | 100 units (50 units-50 units) per mL, 10 mL | 1 | @ | 22.59 | ND |
| 1461X | (human) | 100 units (15 units-85 units) per mL, 2.5 mL, 5 | 1 | @ | 32.47 | ND |
| 1429F | (human) | 100 units (30 units-70 units) per mL, 1.5 mL, 5 | 1 | @ | 19.48 | LY,ND |
| 1430G | (human) | 100 units (30 units-70 units) per mL, 2.5 mL, 5 | 1 | @ | 32.47 | ND |
| 1462Y | (human) | 100 units (50 units-50 units) per mL, 2.5 mL, 5 | 1 | @ | 32.47 | ND |
| 1715G | Insulin Protamine Zinc (bovine) | 100 units per mL, 10 mL | 1 | @ | 22.59 | NO |
| | Insulin Zinc Suspension (Lente) | | | | | |
| 1716H | (bovine) | 100 units per mL, 10 mL | 1 | @ | 22.59 | NO |
| 1718K | (human) | 100 units per mL, 10 mL | 1 | @ | 22.59 | LY,NO |
| | Insulin Zinc Suspension (Crystalline) (Ultralente) | | | | | |
| 1721N | (bovine) | 100 units per mL, 10 mL | 1 | @ | 22.59 | NO |
| 1722P | (human) | 100 units per mL, 10 mL | 1 | @ | 22.59 | LY,NO |
| 2086T | Interferon Alfa-2a | 3,000,000 i.u. set | 1 | @ | 226.80 | RO |
| 2087W | Interferon Alfa-2b | 3,000,000 i.u. set | 1 | @ | 226.80 | SH |
| 1542E | Ipratropium Bromide | 250 mcg in 1 mL, 30 | 1 | @ | 27.39 | BY |

| Code | Approved Name | Form/Strength | Pack and Price $ | | | Manufacturer |
|---|---|---|---|---|---|---|
| 1543F | Ipratropium Bromide | 500 mcg in 2 mL, 30 | 1 | @ | 32.18 | BY |
| 1541D | | 250 mcg per mL, 20 mL | 1 | @ | 6.12 | BY |
| 2587E | Isosorbide Dinitrate | 10 mg | 100 | @ | 4.70 | AY,PD |
| 2588F | | 5 mg | 100 | @ | 4.24 | AY,PD |
| 1588N | Ketoprofen | 100 mg | 20 | @ | 8.32 | MB |
| 1568M | Leuprorelin Acetate | 5 mg | 1 | @ | 155.39 | AB |
| 2913H | Levonorgestrel | 30 mcg | 1 | @ | 2.44 | SC,WY |
| 1455N | Levonorgestrel with Ethinyloestradiol | 125 mcg-50 mcg | 1 | @ | 2.44 | SC |
| 1456P | | Tablet-Pack | 1 | @ | 2.44 | SC,WY |
| 1393H | | 150 mcg-30 mcg | 1 | @ | 3.06 | SC,WY |
| 1394J | | Tablet-Pack | 1 | @ | 2.44 | AY,SY |
| | | | 1 | @ | 3.06 | SC,WY |
| 3186Q | | 250 mcg-50 mcg | 1 | @ | 2.44 | WY |
| 3188T | | Tablet-Pack | 1 | @ | 2.44 | WY |
| 1457Q | | Tablet-Pack | 1 | @ | 2.44 | WY |
| 1458R | | Tablet-Pack | 1 | @ | 2.44 | SC,WY |
| 1391F | | Tablet-Pack | 1 | @ | 3.06 | SC,WY |
| 1392G | | Tablet-Pack | 1 | @ | 2.44 | AY,SY |
| | | | 1 | @ | 3.06 | SC,WY |
| 3059B | Lithium Carbonate | 250 mg | 100 | @ | 3.37 | FC |
| 3060C | | 400 mg | 100 | @ | 7.78 | FC |
| 2322F | Medroxyprogesterone | 500 mg in 2.5 mL | 1 | @ | 49.00 | FE |
| 2547C | Melphalan | 2 mg | 25 | @ | 21.97 | BW |
| 2548D | | 5 mg | 25 | @ | 36.18 | BW |
| 1598D | Mercaptopurine | 50 mg | 25 | @ | 24.22 | BW |
| 1620G | Methenolone Acetate | 5 mg | 50 | @ | 13.42 | SC |
| 2396D | Methotrexate | 5 mg in 2 mL | 1 | @ | 8.34 | LE |
| 2395C | | 50 mg in 2 mL | 1 | @ | 8.73 | LE |
| 1624L | Methyclothiazide | 2.5 mg | 50 | @ | 2.17 | AB |
| 1625M | | 5 mg | 50 | @ | 2.43 | AB |
| 1387B | Milk Powder—Lactose Modified | 500 g | 1 | @ | 8.16 | SJ |
| 1284N | | 500 g | 1 | @ | 8.16 | SJ |
| 1283M | Milk Powder—Low Lactose Formula | 500 g | 1 | @ | 8.16 | SJ |
| 1388C | | 500 g | 1 | @ | 8.16 | SJ |
| 1668T | Mustine Hydrochloride | 10 mg | 1 | @ | 22.53 | BT |
| 1674D | Naproxen | 250 mg | 50 | @ | 4.96 | AF |
| | | | 50 | @ | 5.43 | SD |
| 1662L | | 500 mg | 20 | @ | 7.45 | SD |
| 1675E | Neostigmine Bromide | 15 mg | 100 | @ | 5.45 | RO |
| 1681L | Niclosamide | 500 mg | 4 | @ | 2.86 | BN |
| 1687T | Nicotinic Acid | 250 mg | 100 | @ | 4.40 | MB |
| 2732T | Nitrazepam | 5 mg | 25 | @ | 1.76 | AF |
| | | | 25 | @ | 2.50 | RO |
| 1967M | Norethisterone | 350 mcg | 1 | @ | 2.44 | JC,SD |
| 2772X | Norethisterone with Ethinyloestradiol | 500 mcg-35 mcg | 1 | @ | 2.44 | SD |
| 2773Y | | 1 mg-35 mcg | 1 | @ | 2.44 | SD |
| 2774B | | Tablet-Pack | 1 | @ | 2.44 | SD |
| 2775C | | Tablet-Pack | 1 | @ | 2.44 | SD |
| 2776D | | Tablet-Pack | 1 | @ | 2.44 | SD |
| 3176E | Norethisterone with Mestranol | 1 mg-50 mcg | 1 | @ | 2.44 | SD |
| 3179H | | Tablet-Pack | 1 | @ | 2.44 | SD |
| 1663M | Oestradiol Valerate | 1 mg | 1 | @ | 2.49 | SC |
| 1664N | | 2 mg | 1 | @ | 3.38 | SC |
| 1776L | Oestriol | 1 mg | 1 | @ | 2.66 | OR |
| 1733F | Oestrogens—Conjugated | 300 mcg | 1 | @ | 2.49 | AY |
| 1734G | | 625 mcg | 1 | @ | 3.38 | AY |
| 1329Y | Omeprazole | 20 mg | 28 | @ | 87.38 | AP |
| 2627G | Orphenadrine Hydrochloride | 50 mg | 100 | @ | 7.15 | MM |

| Code | Approved Name | Form/Strength | Pack and Price | $ | Manufacturer |
|---|---|---|---|---|---|
| 3134Y | Oxazepam | 15 mg | 25 @ | 1.36 | AF,AY |
| | | | 25 @ | 2.09 | WY |
| 3135B | | 30 mg | 25 @ | 1.61 | AF,AY |
| | | | 25 @ | 2.41 | WY |
| 2495H | Pancrelipase | not less than 10,000 BP units lipase activity | 250 @ | 82.50 | OR |
| 1702N | Phenoxymethylpenicillin | 125 mg | 25 @ | 2.87 | AB |
| 1703P | | 250 mg | 25 @ | 3.01 | AB,LY |
| 1705R | | 250 mg | 25 @ | 3.01 | AB,CS,LY,SI |
| 1865E | Phenylalanine Low Content Formula | 1 lb | 1 @ | 27.50 | MJ |
| 1777M | Piperazine Oestrone Sulfate | 730 mcg (equiv. to 625 mcg sodium oestrone sulfate) | 1 @ | 2.49 | AB |
| 1778N | | 1.46 mg (equiv. to 1.25 mg sodium oestrone sulfate) | 1 @ | 3.38 | AB |
| 2642C | Potassium Chloride | 600 mg | 100 @ | 2.86 | AF,CG,FC |
| 3012M | | 14 mmol $K^+$ and 8 mmol $Cl^-$ | 30 @ | 2.86 | FC |
| 2625E | | 1.5 g (20 mmol $K^+$ and 20 mmol $Cl^-$) per 15 mL, 500 mL | 1 @ | 2.86 | SC |
| 1920C | Prednisolone Sodium Phosphate | equiv. to 20 mg prednisolone in 100 mL | 7 @ | 17.02 | GL |
| 2554K | | equiv. to 5 mg prednisolone, 10 | 1 @ | 5.57 | GL |
| 2653P | Procainamide Hydrochloride | 250 mg | 100 @ | 6.09 | BQ |
| 1941E | | 100 mg per mL, 10 mL | 1 @ | 7.19 | BQ |
| 2893G | Prochlorperazine | 5 mg | 100 @ | 4.80 | MB,SK |
| 1943G | Procyclidine Hydrochloride | 5 mg | 100 @ | 4.84 | BW |
| 1948M | Promethazine Hydrochloride | 50 mg in 2 mL | 5 @ | 4.18 | BL |
| 1953T | Propantheline Bromide | 15 mg | 100 @ | 3.23 | SR |
| 2830Y | Propranolol Hydrochloride | 1 mg in 1 mL | 10 @ | 21.88 | IC |
| 1955X | Propylthiouracil | 50 mg | 100 @ | 8.94 | JC |
| 3056W | Protein Hydrolysate Formula without Phenylalanine | 200 g | 1 @ | 55.97 | SB |
| 3057X | Protein Hydrolysate Formula without Phenylalanine and Tyrosine | 200 g | 1 @ | 54.54 | SB |
| 1987N | Rolitetracycline | 275 mg | 1 @ | 4.73 | HP |
| 3087L | Salbutamol | 100 mcg per dose (200 doses) | 1 @ | 2.75 | AF |
| | | | 1 @ | 2.92 | GL |
| 1099W | Salbutamol Sulfate | 200 mcg (base) | 100 @ | 7.62 | GL |
| 2000G | | 2.5 mg (base) in 2.5 mL, 30 | 1 @ | 12.27 | DW |
| | | | 1 @ | 12.58 | GL |
| 2001H | | 5 mg (base) in 2.5 mL, 30 | 1 @ | 12.97 | DW |
| | | | 1 @ | 13.28 | GL |
| 2003K | | 5 mg (base) per mL, 30 mL | 1 @ | 4.32 | DW,MM |
| | | | 1 @ | 4.87 | GL |
| 1096Q | | 100 mcg (base) per dose (200 doses) | 1 @ | 3.30 | MM |
| 2014B | Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate | 1 g-320 mg-534 mg in 20 mL, 500 mL | 1 @ | 3.52 | RC |
| 3015Q | Sodium Bicarbonate | 100 mmol in 100 mL | 1 @ | 7.78 | AB |
| 2264E | Sodium Chloride | 154 mmol per L, 1 L | 1 @ | 1.87 | AB,BX |
| 2260Y | | 513 mmol per L, 1 L | 1 @ | 3.09 | BX |
| 2281C | Sodium Chloride with Glucose | 31 mmol-222 mmol per L, 1 L | 1 @ | 1.87 | AB,BX |
| 2279Y | | 19 mmol-104 mmol per 500 mL, 500 mL | 1 @ | 2.55 | AB,BX |
| 2278X | | 39 mmol-69 mmol per 500 mL, 500 mL | 1 @ | 2.55 | AB,BX |
| 2271M | | 154 mmol-278 mmol per L, 1 L | 1 @ | 3.09 | AB,BX |

| Code | Approved Name | Form/Strength | Pack and Price $ | | | Manufacturer |
|---|---|---|---|---|---|---|
| 2266G | Sodium Chloride Compound | 1 L | 1 | @ | 2.97 | AB,BX |
| 2286H | Sodium Lactate Compound | 1 L | 1 | @ | 1.87 | AB,BX |
| 2288K | Sodium Lactate Compound with Anhydrous Glucose | 278 mmol per L, 1 L | 1 | @ | 3.09 | AB,BX |
| 1124E | Sodium Cromoglycate | 20 mg per 2 mL | 60 | @ | 25.62 | FC |
| 2294R | Sodium Valproate | 100 mg | 100 | @ | 12.46 | RC |
| 2289L | | 200 mg (e.c.) | 100 | @ | 16.50 | AF |
| | | | 100 | @ | 16.80 | RC |
| 2290M | | 500 mg (e.c.) | 100 | @ | 32.45 | AF |
| | | | 100 | @ | 32.75 | RC |
| 2293Q | | 200 mg per 5 mL, 300 mL | 1 | @ | 14.08 | RC |
| 2295T | | 200 mg per 5 mL, 300 mL | 1 | @ | 14.08 | RC |
| 1102B | Sterculia with Frangula Bark | 473 mg-83 mg per g, 250 g | 1 | @ | 8.09 | SC |
| 2907B | Streptokinase | 750,000 i.u. | 1 | @ | 94.60 | HP,PS |
| 2047R | Sulindac | 100 mg | 50 | @ | 5.06 | AF |
| | | | 50 | @ | 5.57 | FR |
| 2093E | Sulfasalazine | 500 mg | 100 | @ | 16.47 | PS |
| 2096H | | 500 mg (e.c.) | 100 | @ | 19.50 | PS |
| 2109B | Tamoxifen Citrate | 10 mg (base) | 30 | @ | 29.11 | IC |
| 2110C | | 20 mg (base) | 30 | @ | 48.91 | IC |
| 2105T | Temazepam | 10 mg | 25 | @ | 1.76 | AF,FE |
| | | | 25 | @ | 2.37 | WY |
| 1251W | Terbutaline Sulfate | 5 mg in 2 mL, 30 | 1 | @ | 13.09 | AP |
| 2127Y | Tetanus Vaccine, Adsorbed | 0.5 mL | 1 | @ | 4.13 | CS |
| 2832C | Tetracosactrin | 1 mg in 1 mL | 1 | @ | 12.14 | CG |
| 2146Y | Tetracycline Hydrochloride (Buffered) | 250 mg | 25 | @ | 2.32 | BQ |
| | | | 25 | @ | 2.97 | AP |
| 2368P | Thiethylperazine | 6.5 mg (base) in 1 mL | 5 | @ | 4.24 | SZ |
| 2345K | Thiotepa | 15 mg | 1 | @ | 10.38 | LE |
| 2177N | Ticarcillin | 1 g | 5 | @ | 26.82 | CS,SK |
| 2176M | | 3 g | 5 | @ | 59.53 | CS,SK |
| 1356J | Tobramycin Sulfate | 80 mg (base) | 1 | @ | 6.24 | LY |
| 2178P | Tolbutamide | 500 mg | 100 | @ | 5.12 | HP |
| 2117K | Triamcinolone Acetonide | 200 mcg per g, 100 g | 1 | @ | 3.16 | BQ,LE |
| 2118L | | 200 mcg per g, 100 g | 1 | @ | 3.16 | BQ,LE |
| 2342G | Triamterene | 100 mg | 50 | @ | 3.74 | SK |
| 2686J | Triglycerides, Medium Chain | 450 g | 1 | @ | 11.84 | MJ |
| 2676W | | 400 g | 1 | @ | 11.87 | NT |
| 2679B | | 454 g | 1 | @ | 16.50 | MJ |
| 3113W | Vancomycin | 125 mg | 20 | @ | 125.67 | LY |
| 3114X | | 250 mg | 20 | @ | 245.00 | LY |
| 3131T | | 500 mg | 1 | @ | 25.66 | LY |
| 2198Q | Vinblastine Sulfate | 10 mg | 1 | @ | 18.85 | LY |
| 2199R | | 10 mg set | 1 | @ | 20.55 | BL |
| 2371T | Vincristine Sulfate | 1 mg | 1 | @ | 16.41 | BL,LY |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| | | | | | | |
|---|---|---|---|---|---|---|
| 3376Q | Cephalothin | 1 g | 1 | @ | 3.45 | LY |
| 3342X | Nystatin | 500,000 units | 50 | @ | 6.73 | LE |
| | | | 50 | @ | 7.28 | BQ |

# Section 4

Drug Tariff

Container Prices

Standard Formulae Preparations

Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits

Prescribers' List

Prescribers' List—Children's Section

# Drug Tariff

Where liquids are purchased by weight, the recovery price includes the 'Specific Gravity Factor'.

Drugs marked (a) and (b)—

(a) Where the quantity dispensed is greater than the quantity shown against items marked thus, the recovery price is:

$$\frac{\text{Quantity dispensed}}{\text{Quantity listed}} \times \text{price shown;}$$

(b) Items marked thus are packed sterile or are unstable. The recovery price is:

$$\left\{\frac{\text{Quantity dispensed}}{\text{Quantity listed}}\right\} \text{ taken to next whole number} \times \text{price shown.}$$

***Special Note:***

Purified Water BP is the minimum requirement for water in all PBS extemporaneous preparations

| Drug | Standard | Recovery Prices | | | |
|---|---|---|---|---|---|
| | | 1 g/mL | 10 g/mL | 100 g/mL | Other |
| | | $ | $ | $ | $ |
| Acacia Powdered | BP | 0.11 | 0.90 | 7.97 | |
| Acetone | BP | 0.02 | 0.18 | 1.56 | |
| (use as additive only) | | | | | |
| ACIDS | | | | | |
| Acetic (6 per cent) | BP | 0.01 | 0.05 | 0.40 | |
| Acetic (33 per cent) | BP | 0.02 | 0.14 | 1.21 | |
| Ascorbic | BP | 0.12 | 0.99 | .. | 0.02: 100 mg |
| (use as ingredient of Mixtures of Ferrous Sulfate APF and PL) | | | | | |
| Benzoic | BP | 0.14 | 1.09 | .. | 0.02: 100 mg |
| Boric | BP | 0.04 | 0.31 | 2.73 | |
| (use as additive only) | | | | | |
| Citric Monohydrate | BP | 0.03 | 0.20 | 1.76 | |
| Hydrochloric Dilute | BP | 0.04 | 0.31 | 2.71 | |
| Lactic | BP | 0.15 | 1.22 | .. | |
| Oleic | BP | 0.08 | 0.67 | 5.95 | |
| Salicylic | BP | 0.07 | 0.58 | 5.16 | |
| Trichloroacetic | BP 1980 | 0.59 | 4.70 | .. | |
| Alum | BP | 0.02 | 0.12 | 1.06 | |
| Aminophylline | BP | 0.76 | 6.09 | .. | |
| Ammoniated Mercury | BP 1973 | 0.64 | 5.12 | .. | |
| Aspirin | BP | 0.07 | 0.52 | 4.61 | |
| Beeswax White | BP | 0.05 | 0.43 | 3.82 | |
| Benzocaine | BP | 0.42 | 3.37 | .. | |
| Borax | BP | 0.03 | 0.25 | 2.20 | |
| (use as additive only) | | | | | |
| Calamine | BP | 0.04 | 0.33 | 2.95 | |
| Calcium Hydroxide | BP | 0.08 | 0.61 | 5.42 | |
| Cetomacrogol Emulsifying Wax | BP | 0.11 | 0.85 | 7.58 | |
| Cetostearyl Alcohol | BP | 0.08 | 0.60 | 5.33 | |
| Cetrimide | BP | 0.23 | 1.86 | 16.55 | |
| Chlorbutol | BP | 0.29 | 2.28 | .. | |
| Chlorhexidine Acetate | BP | 0.97 | 7.73 | .. | 0.12: 100 mg |
| (use as additive only) | | | | | |
| Chlorinated Lime | BP | 0.04 | 0.28 | 2.50 | |
| Chloroform | BP | 0.03 | 0.22 | 1.96 | |
| (use as additive only) | | | | | |
| Clioquinol (a) | BP | .. | .. | .. | 13.62: 3.5 g |
| Cocaine Hydrochloride | BP | 20.30 | .. | .. | 2.54: 100 mg |
| Codeine Phosphate | BP | 2.46 | 19.70 | .. | 0.31: 100 mg |
| Collodion Flexible | BP | 0.10 | 0.76 | 6.74 | |
| CREAMS | | | | | |
| Aqueous | APF | 0.02 | 0.13 | 1.19 | |
| Aqueous | BP | 0.02 | 0.13 | 1.19 | |
| Calamine Oily | APF | 0.04 | 0.30 | 2.70 | |
| Cetomacrogol Aqueous | APF | 0.02 | 0.15 | 1.37 | |
| Cetrimide (0.5 per cent) | BP | 0.03 | 0.21 | 1.90 | |
| Cetrimide Aqueous | APF | 0.03 | 0.21 | 1.90 | |
| Chlorhexidine Aqueous | APF | 0.04 | 0.28 | 2.49 | |
| Zinc | BP | 0.06 | 0.51 | 4.53 | |
| Zinc Oily | APF | 0.04 | 0.28 | 2.47 | |
| Dithranol | BP | 5.22 | 41.79 | .. | 0.65: 100 mg |

| Drug | Standard | Recovery Prices | | | |
|---|---|---|---|---|---|
| | | 1 g/mL | 10 g/mL | 100 g/mL | Other |
| | | $ | $ | $ | $ |
| Emulsifying Wax | BP | 0.10 | 0.76 | 6.75 | |
| Ephedrine Hydrochloride (may only be prescribed in nasal instillations) | BP | 0.55 | 4.43 | .. | 0.07: 100 mg |
| Ethanol (90 per cent) (use as additive only) | BP | 0.01 | 0.08 | 0.68 | |
| Ethanol (96 per cent) (use as additive only) | BP | 0.01 | 0.08 | 0.73 | |
| Ether Solvent (use as additive only) | BP | 0.04 | 0.35 | 3.07 | |
| EXTRACT | | | | | |
| Liquorice Liquid | BP | 0.09 | 0.72 | 6.38 | |
| Ferrous Sulfate | BP | 0.09 | 0.75 | 6.70 | |
| Glucose (use as additive only) | BP | 0.03 | 0.26 | 2.34 | |
| GLYCERIN | | | | | |
| Ichthammol | APF | 0.11 | 0.89 | 7.89 | |
| Glycerol | BP | 0.02 | 0.16 | 1.42 | |
| Honey Purified (use as additive only) | BP | 0.01 | 0.05 | 0.48 | |
| Ichthammol | BP | 0.23 | 1.82 | 16.15 | |
| INFUSION | | | | | |
| Gentian Compound Concentrated 1 in 10 | BP | 0.05 | 0.43 | 3.80 | |
| Iodine | BP | 0.36 | 2.89 | .. | |
| Kaolin, Light or Kaolin, Light (Natural) | BP | 0.02 | 0.17 | 1.54 | |
| Lactose | BP | 0.02 | 0.12 | 1.09 | |
| LINIMENTS | | | | | |
| Methyl Salicylate | APF | 0.02 | 0.16 | 1.46 | |
| Methyl Salicylate Compound | APF | 0.04 | 0.28 | 2.52 | |
| Turpentine | BP | 0.05 | 0.38 | 3.41 | |
| LOTION | | | | | |
| Calamine | BP | 0.02 | 0.14 | 1.24 | |
| MAGNESIUM | | | | | |
| Carbonate Light | BP | 0.04 | 0.32 | 2.88 | |
| Sulfate (may only be prescribed for other than oral use) | BP | 0.01 | 0.05 | 0.41 | |
| Trisilicate | BP | 0.03 | 0.26 | 2.31 | |
| Menthol, Racemic or Levomenthol | BP | 0.34 | 2.71 | .. | |
| Methyl Salicylate | BP | 0.03 | 0.24 | 2.11 | |
| Morphine Hydrochloride | BP | 4.99 | 39.89 | .. | 0.62: 100 mg |
| MUCILAGES | | | | | |
| Acacia (by weight) | APF 13 | 0.05 | 0.38 | 3.36 | |
| Tragacanth | APF 13 | 0.01 | 0.11 | 1.02 | |
| Tragacanth | BPC 1973 | 0.01 | 0.11 | 1.01 | |

| Drug | Standard | Recovery Prices | | | |
|---|---|---|---|---|---|
| | | 1 g/mL | 10 g/mL | 100 g/mL | Other |
| | | $ | $ | $ | $ |
| OILS | | | | | |
| Arachis (use as additive only) | BP | 0.02 | 0.16 | 1.39 | |
| Cade | BPC 1973 | 0.26 | 2.06 | .. | |
| Castor (use as additive only) | BP | 0.04 | 0.31 | 2.76 | |
| Coconut | BP | 0.03 | 0.25 | 2.18 | |
| Eucalyptus (use as additive only) | BP | 0.05 | 0.40 | 3.56 | |
| Lavender Spike | BPC 1968 | 0.31 | 2.48 | .. | |
| Olive (use as additive only) | BP | 0.02 | 0.17 | 1.51 | |
| Peppermint (use as additive only) | BP | 0.28 | 2.27 | .. | |
| Pumilio Pine | BP 1980 | 0.55 | 4.42 | .. | |
| Siberian Fir | BPC 1949 | 0.22 | 1.79 | .. | |
| Turpentine (use as additive only) | BP | 0.03 | 0.25 | 2.22 | |
| OINTMENTS | | | | | |
| Ammoniated Mercury | BP 1973 | 0.05 | 0.40 | 3.56 | |
| Benzoic Acid Compound | APF | 0.03 | 0.27 | 2.39 | |
| Emulsifying | BP | 0.03 | 0.27 | 2.41 | |
| Methyl Salicylate | BP | 0.05 | 0.36 | 3.17 | |
| Methyl Salicylate Compound | APF 1934 | 0.04 | 0.31 | 2.78 | |
| Paraffin (white) | BP | 0.02 | 0.19 | 1.70 | |
| Paraffin (yellow) | BP 1968 | 0.02 | 0.19 | 1.70 | |
| Salicylic Acid | APF | 0.03 | 0.26 | 2.30 | |
| Salicylic Acid | BP | 0.05 | 0.36 | 3.22 | |
| Simple (white) | BP | 0.04 | 0.30 | 2.68 | |
| Simple (yellow) | BP | 0.04 | 0.31 | 2.77 | |
| Sulfur | BP 1980 | 0.04 | 0.31 | 2.74 | |
| Wool Alcohols (white) | BP | 0.05 | 0.37 | 3.29 | |
| Wool Alcohols (yellow) | BP | 0.05 | 0.37 | 3.29 | |
| Zinc | BP | 0.05 | 0.40 | 3.57 | |
| Zinc and Castor Oil | BP | 0.03 | 0.22 | 1.91 | |
| Oxymel | APF 13 | 0.03 | 0.26 | 2.29 | |
| Paraffin Hard | BP | 0.02 | 0.18 | 1.59 | |
| Paraffin Liquid (may only be prescribed for other than oral use) | BP | 0.02 | 0.12 | 1.07 | |
| Paraffin Light Liquid | BP | 0.02 | 0.14 | 1.24 | |
| Paraffin Soft White | BP | 0.02 | 0.16 | 1.40 | |
| Paraffin Soft Yellow | BP | 0.02 | 0.16 | 1.46 | |
| PASTES | | | | | |
| Zinc Compound | BP | 0.04 | 0.31 | 2.78 | |
| Zinc and Salicylic Acid | BP | 0.04 | 0.32 | 2.86 | |
| Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy) | BP | 0.98 | 7.80 | .. | 0.12: 100 mg |
| Phenol (not available for ear drops) | BP | 0.25 | 1.96 | 17.45 | |
| Phenol Liquefied (not available for ear drops) | BP | 0.15 | 1.18 | 10.48 | |
| Podophyllum Resin | BP | 0.78 | 6.24 | .. | |

| Drug | Standard | Recovery Prices | | | |
|---|---|---|---|---|---|
| | | 1 g/mL | 10 g/mL | 100 g/mL | Other |
| | | $ | $ | $ | $ |
| POTASSIUM | | | | | |
| Citrate | BP | 0.03 | 0.25 | 2.18 | |
| Iodide | BP | 0.16 | 1.27 | 11.26 | |
| Permanganate | BP | 0.09 | 0.75 | 6.66 | |
| POWDER | | | | | |
| Tragacanth Compound | BP 1980 | 0.13 | 1.06 | 9.43 | |
| Propylene Glycol | BP | 0.06 | 0.46 | 4.12 | |
| Resorcinol | BP | 0.27 | 2.12 | .. | |
| Silver Nitrate | BP | 2.19 | 17.49 | .. | |
| SOAPS | | | | | |
| Ethereal | APF 1955 | 0.05 | 0.39 | 3.46 | |
| Soft | BP | 0.04 | 0.34 | 2.99 | |
| SODIUM | | | | | |
| Bicarbonate | BP | 0.02 | 0.15 | 1.30 | |
| Chloride | BP | 0.02 | 0.16 | 1.41 | |
| Citrate | BP | 0.05 | 0.36 | 3.17 | |
| Thiosulfate (use as additive only) | BP | 0.03 | 0.24 | 2.14 | |
| SOLUTIONS | | | | | |
| Aluminium Acetate | BP | 0.04 | 0.32 | 2.84 | |
| Benzoic Acid | BP | 0.05 | 0.42 | .. | |
| Calcium Hydroxide | BP | 0.01 | 0.03 | 0.28 | |
| Coal Tar | BP | 0.06 | 0.44 | 3.90 | |
| Formaldehyde | BP | 0.02 | 0.15 | 1.37 | |
| Iodine Alcoholic | BP | 0.05 | 0.37 | 3.26 | |
| Iodine Aqueous Oral | BP | 0.11 | 0.88 | 7.86 | |
| Morphine Hydrochloride | BPC 1973 | 0.19 | 1.49 | 13.23 | |
| Sodium Chloride | BP | 0.01 | 0.02 | 0.22 | |
| SPIRITS | | | | | |
| Ammonia Aromatic | BP | 0.06 | 0.44 | 3.91 | |
| Camphor Compound | APF | 0.06 | 0.44 | 3.89 | |
| Chloroform | BP | 0.02 | 0.18 | 1.62 | |
| Methylated Industrial (use as additive only) | BP | 0.01 | 0.09 | 0.76 | |
| Starch | BP | 0.02 | 0.18 | 1.59 | |
| Sulfur Precipitated | BP 1980 | 0.04 | 0.33 | 2.94 | |
| SYRUPS | | | | | |
| Lemon | APF | 0.05 | 0.41 | 3.66 | |
| Orange | BP | 0.03 | 0.22 | 1.98 | |
| Pholcodine Citrate (use as additive only) | BPC 1959 | 0.04 | 0.28 | 2.46 | |
| Red | APF | 0.05 | 0.38 | 3.40 | |
| Syrup | BP | 0.01 | 0.07 | 0.63 | |
| Tolu | BP | 0.04 | 0.32 | 2.82 | |
| Talc Purified BP, sterilised | | 0.04 | 0.30 | 2.67 | |
| Tar Coal | BP | 0.06 | 0.48 | 4.23 | |
| Thymol | BP | 0.37 | 2.94 | .. | |
| Thymol Mouth Wash Compound | APF | 0.02 | 0.17 | 1.49 | |

| Drug | Standard | Recovery Prices | | | |
|---|---|---|---|---|---|
| | | 1 g/mL | 10 g/mL | 100 g/mL | Other |
| | | $ | $ | $ | $ |
| TINCTURES | | | | | |
| Belladonna | BP | 0.05 | 0.38 | 3.38 | |
| Benzoin Compound | BP | 0.05 | 0.40 | 3.58 | |
| Ipecacuanha | BP | 0.10 | 0.82 | 7.31 | |
| Lobelia Ethereal | BPC 1973 | 0.28 | 2.27 | 20.18 | |
| Opium | BP | 0.21 | 1.69 | 15.02 | |
| Orange | BP | 0.05 | 0.41 | 3.65 | |
| Stramonium | BP 1980 | 0.04 | 0.35 | 3.08 | |
| Tragacanth Powdered | BP | 0.60 | 4.77 | 42.43 | |
| Triethanolamine | BP | 0.08 | 0.62 | 5.47 | |
| WATERS | | | | | |
| Anise Concentrated 1 in 40 (use as additive only) | BP | 0.05 | 0.39 | 3.50 | |
| Chloroform Concentrated 1 in 40 | APF | 0.03 | 0.20 | 1.74 | |
| For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions) | BP | .. | .. | 3.80 | |
| Peppermint Concentrated 1 in 40 (use as additive only) | APF | 0.07 | 0.57 | 5.09 | |
| Purified | BP | 0.01 | 0.02 | 0.20 | |
| Wool Alcohols | BP | 0.20 | 1.57 | .. | |
| Wool Fat | BP | 0.04 | 0.34 | 3.02 | |
| Wool Fat Hydrous | BP | 0.05 | 0.39 | 3.46 | |
| ZINC | | | | | |
| Oxide | BP | 0.03 | 0.24 | 2.12 | |
| Sulfate | BP | 0.11 | 0.85 | 7.55 | |

# Container Prices

| Container Sizes | Prices | | | | | |
|---|---|---|---|---|---|---|
| | NSW & ACT | Vic | Qld | SA & NT | WA | Tas |
| | $ | $ | $ | $ | $ | $ |
| DISPENSING BOTTLES— | | | | | | |
| 25 mL | 0.21 | 0.44 | 0.28 | 0.34 | 0.51 | 0.28 |
| 50 mL | 0.27 | 0.35 | 0.31 | 0.35 | 0.44 | 0.37 |
| 100 mL | 0.38 | 0.56 | 0.41 | 0.60 | 0.54 | 0.41 |
| 200 mL | 0.50 | 0.64 | 0.53 | 0.70 | 0.70 | 0.54 |
| 500 mL | 0.82 | 1.69 | 2.12 | 1.40 | 1.02 | 1.32 |
| POISON BOTTLES— | | | | | | |
| 25 mL | 0.37 | 0.49 | 0.45 | 0.54 | 0.42 | 0.35 |
| 50 mL | 0.36 | 0.52 | 0.33 | 0.57 | 0.48 | 0.34 |
| 100 mL | 0.33 | 0.59 | 0.39 | 0.65 | 0.50 | 0.37 |
| 200 mL | 0.53 | 0.78 | 0.64 | 0.86 | 0.71 | 0.71 |
| 500 mL | 0.76 | 0.94 | 0.89 | 1.03 | 0.66 | 0.94 |
| SCREW CAP JARS— | | | | | | |
| 25 g | 0.58 | 0.47 | 0.70 | 0.52 | 0.53 | 0.56 |
| 50 g | 0.57 | 0.59 | 0.73 | 0.64 | 0.67 | 0.57 |
| 100 g | 0.42 | 0.64 | 0.51 | 0.73 | 0.77 | 0.64 |
| 200 g | 0.51 | 0.69 | 0.80 | 0.66 | 0.66 | 0.66 |
| 500 g | 1.60 | 1.60 | 1.60 | 1.60 | 1.60 | 1.60 |
| DROPPER CONTAINERS— | | | | | | |
| 15 mL polythene | 0.43 | 0.40 | 0.55 | 0.34 | 0.53 | 0.66 |
| 15 mL glass | 0.68 | 0.87 | 1.21 | 0.96 | 0.65 | 1.00 |

| | |
|---|---|
| **Dispensing Fee for Extemporaneously Prepared Benefits** | **$5.16** |
| **Additional Fee for Agreed Price Extemporaneously Prepared Benefits** | **$1.10** |

# Standard Formulae Preparations

The following list is not intended to indicate in any way which particular formula an approved pharmacist should use in filling a prescription.

The prices shown in the column 'Dispensed Price for Max. Qty' are for the ingredients and dispensing fee only. The prices shown in the column 'Maximum Recordable Value for Safety Net' are for the ingredients, the dispensing fee and, where applicable the additional fee for agreed price benefits. In both cases the appropriate container prices as shown on page 8 (Section 4) are to be added.

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## KEY TO REFERENCES:

| | |
|---|---|
| **APF** | **Australian Pharmaceutical Formulary** |
| **BP** | **British Pharmacopoeia** |
| **BPC** | **British Pharmaceutical Codex** |
| **PL** | **Prescribers' List** |
| **QHF** | **Queensland Hospital Formulary** |

| Code | Item | Reference | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ |
|---|---|---|---|---|
| | **CREAMS** (Maximum Quantity 100 g and 1 Repeat) | | | |
| 7655X | Aluminium Acetate Oily | PL & APF | 7.14 | 8.24 |
| 7912K | Aqueous | APF | 6.35 | 7.45 |
| 7913L | Aqueous | BP | 6.35 | 7.45 |
| 7383N | Calamine Aqueous | PL & APF | 6.71 | 7.81 |
| 7659D | Calamine Oily | PL & APF | 7.86 | 8.96 |
| 7497N | Cetomacrogol Aqueous | APF | 6.53 | 7.63 |
| 7660E | Cetrimide 0.5% (extemporaneous formula) | BP | 7.06 | 8.16 |
| 7661F | Cetrimide Aqueous | APF | 7.06 | 8.16 |
| 7490F | Chlorhexidine 1% (extemporaneous formula) | BP | 7.65 | 8.75 |
| 7490F | Chlorhexidine Aqueous | APF | 7.65 | 8.75 |
| 7504Y | Clioquinol Aqueous | APF | 10.40 | 11.50 |
| 7318E | Coal Tar and Zinc Oily | PL & APF | 7.68 | 8.78 |
| 7499Q | Cold | PL & APF | 6.60 | 7.70 |
| 7664J | Glycerol Oily | PL & APF | 6.79 | 7.89 |
| 7666L | Ichthammol and Zinc Oily | PL & APF | 9.06 | 10.16 |
| 7668N | Methyl Salicylate Compound | APF | 9.29 | 10.39 |
| 7892J | Salicylic Acid and Resorcinol Aqueous | PL & APF | 6.98 | 8.08 |
| 7502W | Salicylic Acid and Sulfur Aqueous | PL & APF | 6.52 | 7.62 |
| 7897P | Zinc (extemporaneous formula) | BP | 9.69 | 10.79 |
| 7376F | Zinc and Ichthammol (extemporaneous formula) | BP | 10.97 | 12.07 |
| 7667M | Zinc Oily | PL & APF | 7.63 | 8.73 |
| 7654W | Zinc Weak | PL | 6.93 | 8.03 |
| | **DUSTING POWDERS** (Maximum Quantity 100 g and 1 Repeat) | | | |
| 7474J | Kaolin Compound | APF | 7.69 | 8.79 |
| 7473H | Talc | APF & BP | 7.74 | 8.84 |
| 9868J | Zinc and Salicylic Acid | BPC 1968 | 7.34 | 8.44 |
| 7458M | Zinc, Starch and Talc | PL, APF & BPC 1973 | 7.71 | 8.81 |
| | **EAR DROPS** (Maximum Quantity 15 mL and 2 Repeats) | | | |
| 7544C | Acetic Acid | APF | 5.21 | 6.31 |
| 7642F | Aluminium Acetate | PL & APF | 5.50 | 6.60 |
| 8116E | Aluminium Acetate | BP | 5.64 | 6.74 |
| 7487C | Chlorhexidine | PL & APF | 5.25 | 6.35 |
| 7645J | Ichthammol | PL & APF | 6.50 | 7.60 |
| 7315B | Salicylic Acid | PL & APF | 5.29 | 6.39 |
| 7314Y | Sodium Bicarbonate | PL, APF & BP | 5.29 | 6.39 |
| 7313X | Spirit | PL & APF | 5.26 | 6.36 |
| 8204T | Spirit | BPC 1973 | 5.26 | 6.36 |
| | **ELIXIR** (Maximum Quantity 100 mL and 4 Repeats) | | | |
| 7949J | Rubrum | APF | 8.56 | 9.66 |
| | **EYE DROPS OF COCAINE** (Maximum Quantity 15 mL and no Repeats) | | | |
| 7589K | Cocaine Strong | APF | 29.32 | 15.90 |

| Code | Item | Reference | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ |
|---|---|---|---|---|
| | **EYE DROPS, OTHER** (Maximum Quantity 15 mL and 5 Repeats) | | | |
| 7416H | Zinc Sulfate | APF | 9.06 | 10.16 |
| | **EYE LOTIONS** (Maximum Quantity 200 mL and 2 Repeats) | | | |
| 7363M | Sodium Bicarbonate | APF | 12.90 | 14.00 |
| 8418C | Sodium Chloride | BP | 12.80 | 13.90 |
| | **GARGLE** (Maximum Quantity 200 mL and 4 Repeats) | | | |
| 7453G | Thymol Compound | APF | 8.14 | 9.24 |
| | **GLYCERIN** (Maximum Quantity 100 mL and 1 Repeat) | | | |
| 8070R | Ichthammol | APF | 13.05 | 14.15 |
| | **INHALATIONS** (Maximum Quantity 50 mL and 1 Repeat) | | | |
| 7485Y | Benzoin | PL | 7.16 | 8.26 |
| 8577K | Benzoin Compound | PL | 7.95 | 9.05 |
| 7484X | Benzoin and Menthol | PL & APF | 7.50 | 8.60 |
| 8579M | Menthol | APF | 5.90 | 7.00 |
| 7310R | Menthol and Eucalyptus | PL & BP 1980 | 5.98 | 7.08 |
| 7309Q | Menthol and Pine | PL & APF | 7.26 | 8.36 |
| | **INHALATION, SOLID** (Maximum Quantity 4 g and 1 Repeat) | | | |
| 8072W | Racemic Menthol or Levomenthol Crystals | BP | 6.52 | 7.62 |
| | **LINCTUSES** (Maximum Quantity 100 mL and 2 Repeats) | | | |
| 7529G | Camphor Compound | APF | 8.13 | 9.23 |
| 7530H | Codeine | APF | 7.62 | 8.72 |
| 7536P | Menthol | APF 1964 | 6.66 | 7.76 |
| | **LINIMENTS** (Maximum Quantity 100 mL and 1 Repeat) | | | |
| 7480Q | Methyl Salicylate Compound | PL & APF | 7.68 | 8.78 |
| 7419L | Turpentine | BP | 8.57 | 9.67 |
| | **LOTIONS** (Maximum Quantity 200 mL and 2 Repeats) | | | |
| 7709R | Aluminium Acetate Aqueous | APF | 5.86 | 6.96 |
| 7629M | Calamine | APF | 7.64 | 8.74 |
| 7630N | Calamine Oily | PL, APF & BP 1980 | 7.32 | 8.42 |
| 7710T | Formaldehyde | APF | 5.67 | 6.77 |
| 8793T | Resorcinol Compound | APF 13 | 8.28 | 9.38 |
| 7706N | Salicylic Acid | APF & BP | 6.97 | 8.07 |
| 7712X | Salicylic Acid and Coal Tar | APF | 7.32 | 8.42 |
| 7632Q | Sodium Thiosulfate | APF | 6.52 | 7.62 |

— CONTAINER RATES TO BE ADDED —

| Code | Item | Reference | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ |
|---|---|---|---|---|
| | **MIXTURES** (Maximum Quantity 200 mL and 4 Repeats) | | | |
| 7905C | Aspirin | APF 13 | 7.27 | 8.37 |
| 7908F | Ferrous Sulfate | PL & APF | 6.54 | 7.64 |
| 7598X | Gentian Acid (extemporaneous formula) | BP | 6.81 | 7.91 |
| 7604F | Gentian Alkaline | PL & APF | 6.67 | 7.77 |
| 7599Y | Gentian Alkaline (extemporaneous formula) | BP | 6.56 | 7.66 |
| 7605G | Hydrochloric Acid | APF 1969 | 10.02 | 11.12 |
| 7491G | Ipecacuanha and Tolu | PL & APF | 7.72 | 8.82 |
| 7348R | Kaolin | BPC 1968 | 7.19 | 8.29 |
| 7301G | Kaolin and Opium | PL & APF | 8.24 | 9.34 |
| 7347Q | Lobelia and Stramonium Compound | BPC 1968 | 9.39 | 10.49 |
| 7346P | Magnesium Carbonate | BPC 1968 | 6.37 | 7.47 |
| 7342K | Magnesium Trisilicate | BPC 1968 | 6.63 | 7.73 |
| 7343L | Magnesium Trisilicate and Belladonna | BPC 1968 | 6.97 | 8.07 |
| 7909G | Morphine (1 mg/mL) | APF | 7.22 | 8.32 |
| 7910H | Morphine Forte (5 mg/mL) | APF | 10.97 | 12.07 |
| 7911J | Potassium Citrate | PL & APF | 7.65 | 8.75 |
| 7932L | Potassium Citrate and Sodium Bicarbonate | PL & APF | 6.80 | 7.90 |
| 7618Y | Potassium Iodide and Stramonium Compound | PL & APF | 10.20 | 11.30 |
| 7933M | Sodium Citrate | PL & APF | 8.09 | 9.19 |
| 7333Y | Stramonium and Potassium Iodide | BPC 1973 | 7.17 | 8.27 |
| | **MIXTURES FOR CHILDREN** (Maximum Quantity 100 mL and 4 Repeats) | | | |
| 7785R | Belladonna | APF 13 | 6.23 | 7.33 |
| 7789Y | Ferrous Sulfate | APF 13 | 6.02 | 7.12 |
| 7330T | Ipecacuanha | BPC 1973 | 6.27 | 7.37 |
| 7494K | Ipecacuanha and Camphor | PL & APF | 6.13 | 7.23 |
| 7791C | Potassium Citrate | PL & APF | 6.82 | 7.92 |
| 7792D | Sodium Citrate | PL & APF | 7.04 | 8.14 |
| | **MOUTH WASH** (Maximum Quantity 200 mL and 1 Repeat) | | | |
| 7457L | Thymol Compound | APF | 8.14 | 9.24 |
| | **NASAL INSTILLATIONS** (Maximum Quantity 15 mL and 2 Repeats) | | | |
| 7574P | Ephedrine | PL & APF | 5.41 | 6.51 |
| 7576R | Glucose and Glycerol | PL & APF | 5.49 | 6.59 |
| | **OINTMENTS** (Maximum Quantity 100 g and 1 Repeat) | | | |
| 9497W | Benzoic Acid Compound | PL & APF | 7.55 | 8.65 |
| 9497W | Benzoic Acid Compound (extemporaneous formula) | BP | 7.55 | 8.65 |
| 9519B | Boric Acid, Olive Oil and Zinc Oxide | QHF | 8.18 | 9.28 |
| 7915N | Calamine (extemporaneous formula) | BP | 6.94 | 8.04 |
| 7916P | Cetomacrogol Emulsifying | BP | 8.79 | 9.89 |
| 7917Q | Cetrimide Emulsifying | BP | 8.55 | 9.65 |
| 7452F | Dithranol 0.1% | APF | 7.27 | 8.37 |
| 7451E | Dithranol 1% | APF | 11.83 | 12.93 |
| 7918R | Emulsifying | PL, APF & BP | 7.57 | 8.67 |

— CONTAINER RATES TO BE ADDED —

| Code | Item | Reference | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ |
|---|---|---|---|---|
| | **OINTMENTS**—cont. | | | |
| 9557B | Hydrous Wool Fat | BPC 1973 | 7.91 | 9.01 |
| 9559D | Ichthammol | BP 1980 | 9.23 | 10.33 |
| 9576B | Methyl Salicylate (extemporaneous formula) | BP | 8.33 | 9.43 |
| 9577C | Methyl Salicylate Compound | APF 1934 | 7.94 | 9.04 |
| 7924C | Paraffin (white) | BP | 6.86 | 7.96 |
| 7925D | Paraffin (yellow) | BP 1968 | 6.86 | 7.96 |
| 9592W | Resorcinol and Sulfur Compound | PL & APF | 8.41 | 9.51 |
| 7926E | Salicylic Acid | PL & APF | 7.46 | 8.56 |
| 8022F | Salicylic Acid (extemporaneous formula) | BP | 8.38 | 9.48 |
| 7927F | Simple White | PL & APF | 7.84 | 8.94 |
| 7927F | Simple (white) | BP | 7.84 | 8.94 |
| 7930J | Simple (yellow) | BP | 7.93 | 9.03 |
| 8060F | Sulfur | BP 1980 | 7.90 | 9.00 |
| 7450D | Wool Alcohols | APF | 7.76 | 8.86 |
| 7936Q | Wool Alcohols (white) | BP | 8.45 | 9.55 |
| 7937R | Wool Alcohols (yellow) | BP | 8.45 | 9.55 |
| 7896N | Zinc (extemporaneous formula) | BP | 8.73 | 9.83 |
| 7899R | Zinc and Castor Oil | PL, APF & BP | 7.07 | 8.17 |
| 7573N | Zinc and Coal Tar | APF | 7.22 | 8.32 |
| 7896N | Zinc Oxide | PL & APF | 8.73 | 9.83 |
| | **PAINTS** (Maximum Quantity 25 mL and 1 Repeat) | | | |
| 7781M | Coal Tar | APF & BP 1980 | 5.76 | 6.86 |
| 7842R | Formaldehyde and Salicylic Acid | APF | 5.67 | 6.77 |
| 7562B | Ichthammol | PL & APF | 7.39 | 8.49 |
| 7563C | Iodine | APF 1964 | 6.01 | 7.11 |
| 7326N | Iodine Compound | APF | 5.90 | 7.00 |
| 7569J | Lactic and Salicylic Acid | APF | 7.78 | 8.88 |
| 7566F | Podophyllin | PL | 7.14 | 8.24 |
| 7567G | Podophyllin Compound | PL, APF & BP | 9.09 | 10.19 |
| 7568H | Salicylic Acid | PL & APF | 7.24 | 8.34 |
| | **PASTES** (Maximum Quantity 100 g and 1 Repeat) | | | |
| 7555P | Coal Tar and Zinc | PL & APF | 7.98 | 9.08 |
| 9740P | Dithranol 0.1% | PL & APF | 8.67 | 9.77 |
| 9738M | Dithranol 0.1% (extemporaneous formula) | BP | 8.67 | 9.77 |
| 9737L | Dithranol 1% | APF | 13.21 | 14.31 |
| 9739N | Dithranol 1% (extemporaneous formula) | BP | 13.21 | 14.31 |
| 7323K | Resorcinol and Sulfur | BP 1980 | 9.02 | 10.12 |
| 9741Q | Zinc and Coal Tar (extemporaneous formula) | BP | 7.60 | 8.70 |
| 7558T | Zinc Compound | PL & APF | 7.94 | 9.04 |
| 7558T | Zinc Compound (extemporaneous formula) | BP | 7.94 | 9.04 |
| 7559W | Zinc and Salicylic Acid | PL & APF | 8.02 | 9.12 |
| 9773J | Zinc and Salicylic Acid | BP | 8.02 | 9.12 |
| | **POWDER FOR INTERNAL USE** (Maximum Quantity 100 g and 2 Repeats) | | | |
| 9825D | Magnesium Trisilicate | BP | 7.47 | 8.57 |

| Code | Item | Reference | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ |
|---|---|---|---|---|
| | **POWDER, IRRIGATION** (Maximum Quantity 100 g and 1 Repeat) | | | |
| 7546E | Alkaline Nasal Douche | APF | 7.02 | 8.12 |
| | **SOAPS** (Maximum Quantity 200 mL and 1 Repeat) | | | |
| 9896W | Spirit | BP | 10.41 | 11.51 |
| 9897X | Spirit (Industrial Methylated) | BP | 10.57 | 11.67 |
| | **SOLUTIONS** (Maximum Quantity 200 mL and 2 Repeats) | | | |
| 7539T | Calcium Hypochlorite (Eusol) | APF | 5.74 | 6.84 |
| 7923B | Iodine Alcoholic | BP | 11.68 | 12.78 |
| 7922Y | Iodine Aqueous Oral (Lugol's) | BP | 20.88 | 15.90 |
| 7540W | Soap Alcoholic | APF | 9.51 | 10.61 |
| | **SYRUP** (Maximum Quantity 100 mL and 4 Repeats) | | | |
| 7375E | Codeine | APF | 7.36 | 8.46 |
| | **TINCTURES** (Maximum Quantity 25 mL and 1 Repeat) | | | |
| 8073X | Belladonna | BP | 6.11 | 7.21 |
| 8075B | Stramonium | BP 1980 | 6.04 | 7.14 |
| | **PREPARATION WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY** | | | |
| | **MIXTURE** (Maximum Quantity 200 mL and no Repeats) | | | |
| 7002M | Aspirin APF 13 with Codeine Phosphate BP 30 mg per 10 mL | | 9.13 | 10.23 |

# Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Benefits

| Code | Preparations | Maximum Quantity | Number of Repeats |
|---|---|---|---|
| 13Q | Creams | 100 g | 1 |
| 48M | Dusting Powders | 100 g | 1 |
| 15T | Ear Drops | 15 mL | 2 |
| 16W | Elixirs | 100 mL | 4 |
| 19B | Eye Drops of Cocaine | 15 mL | .. |
| 22E | Other Eye Drops | 15 mL | 5 |
| 23F | Eye Lotions | 200 mL | 2 |
| 25H | Gargles | 200 mL | 4 |
| 28L | Glycerins | 100 mL | 1 |
| 29M | Inhalations | 50 mL | 1 |
| 37Y | Inhalations, Solid | 4 g | 1 |
| 34T | Linctuses | 100 mL | 2 |
| 38B | Liniments | 100 mL | 1 |
| 39C | Lotions | 200 mL | 2 |
| 40D | Mixtures | 200 mL | 4 |
| 41E | Mixtures for Children | 100 mL | 4 |
| 30N | Mouth Washes | 200 mL | 1 |
| 42F | Nasal Instillations | 15 mL | 2 |
| 43G | Ointments, Waxes | 100 g | 1 |
| 44H | Paints | 25 mL | 1 |
| 63H | Pastes of Cocaine | 25 g | .. |
| 45J | Other Pastes | 100 g | 1 |
| 49N | Powders for Internal Use | 100 g | 2 |
| 61F | Powders, Irrigation | 100 g | 1 |
| 51Q | Soaps | 200 mL | 1 |
| 52R | Solutions | 200 mL | 2 |
| 55X | Syrups | 100 mL | 4 |
| 56Y | Tinctures | 25 mL | 1 |

# Prescribers' List

PRESCRIPTION

## CREAMS
(Maximum Quantity 100 g and 1 Repeat)

7655X ALUMINIUM ACETATE, OILY (APF)

| | | |
|---|---|---|
| Aluminium Acetate Solution | 5 | mL |
| Zinc Oxide | 20 | g |
| Wool Fat | 25 | g |
| Arachis Oil | 25 | mL |
| Purified Water, freshly boiled and cooled | 27 | mL |

7383N CALAMINE, AQUEOUS (APF)

| | | |
|---|---|---|
| Calamine | 4 | g |
| Zinc Oxide | 3 | g |
| Cetomacrogol Emulsifying Wax | 6 | g |
| Arachis Oil | 30 | g |
| Purified Water, freshly boiled and cooled to | 100 | g |

7659D CALAMINE, OILY (APF)

| | | |
|---|---|---|
| Calamine | 32 | g |
| Oleic Acid | 0.5 | mL |
| Arachis Oil | 21.5 | mL |
| Wool Fat | 17.5 | g |
| Calcium Hydroxide Solution | 30.5 | mL |

7318E COAL TAR and ZINC, OILY (APF)

| | | |
|---|---|---|
| Coal Tar | 1 | g |
| Castor Oil | 1 | g |
| Zinc Cream Oily, APF | 98 | g |

7499Q COLD (APF)

| | | |
|---|---|---|
| White Beeswax | 17 | g |
| Liquid Paraffin | 45 | g |
| Borax | 1 | g |
| Purified Water, freshly boiled and cooled | 37 | mL |

7664J GLYCEROL, OILY (APF)

| | | |
|---|---|---|
| Glycerol | 20 | g |
| Calcium Hydroxide Solution | 32 | mL |
| Arachis Oil | 22 | g |
| Wool Fat | 26 | g |

7666L ICHTHAMMOL and ZINC, OILY (APF)

| | | |
|---|---|---|
| Ichthammol | 5 | g |
| Wool Fat | 15 | g |
| Zinc Cream Oily, APF | 80 | g |

7892J SALICYLIC ACID and RESORCINOL, AQUEOUS (APF)

| | | |
|---|---|---|
| Salicylic Acid | 2 | g |
| Resorcinol | 2 | g |
| Aqueous Cream, APF to | 100 | g |

PRESCRIPTION

## CREAMS—*continued*

7502W SALICYLIC ACID and SULFUR, AQUEOUS (APF)

| | | |
|---|---|---|
| Salicylic Acid | 2 | g |
| Precipitated Sulfur | 2 | g |
| Aqueous Cream, APF to | 100 | g |

7667M ZINC, OILY (APF)

| | | |
|---|---|---|
| Zinc Oxide | 32 | g |
| Oleic Acid | 0.5 | mL |
| Arachis Oil | 21.5 | mL |
| Wool Fat | 17.5 | g |
| Calcium Hydroxide Solution | 30.5 | mL |

7654W ZINC, WEAK (PL)

| | | |
|---|---|---|
| Zinc Oxide | 5 | g |
| Oleic Acid | 0.5 | mL |
| Arachis Oil | 38.5 | mL |
| Wool Fat | 25 | g |
| Calcium Hydroxide Solution | 34.5 | mL |

## DUSTING POWDER
(Maximum Quantity 100 g and 1 Repeat)

7458M ZINC, STARCH and TALC (APF)

| | | |
|---|---|---|
| Zinc Oxide | 25 | g |
| Starch | 25 | g |
| Purified Talc, sterilised | 50 | g |

## EAR DROPS
(Maximum Quantity 15 mL and 2 Repeats)

7642F ALUMINIUM ACETATE (APF)

| | | |
|---|---|---|
| Aluminium Acetate Solution | 9 | mL |
| Purified Water, freshly boiled and cooled to | 15 | mL |

7487C CHLORHEXIDINE (APF)

| | | |
|---|---|---|
| Chlorhexidine Acetate | 7.5 | mg |
| Purified Water, freshly boiled and cooled to | 15 | mL |

7645J ICHTHAMMOL (APF)

| | | |
|---|---|---|
| Ichthammol | 10 | g |
| Glycerol | 90 | g |

7315B SALICYLIC ACID (APF)

| | | |
|---|---|---|
| Salicylic Acid | 300 | mg |
| Ethanol (90 per cent) | 7.5 | mL |
| Purified Water, freshly boiled and cooled to | 15 | mL |

PRESCRIPTION

**EAR DROPS**—*continued*

7314Y SODIUM BICARBONATE (APF, BP)

| | | |
|---|---|---|
| Sodium Bicarbonate | 750 | mg |
| Glycerol | 4.5 | mL |
| Purified Water, freshly boiled and cooled to | 15 | mL |

7313X SPIRIT (APF)

| | | |
|---|---|---|
| Ethanol (90 per cent) | 7.5 | mL |
| Purified Water, freshly boiled and cooled to | 15 | mL |

**INHALATIONS**

(Maximum Quantity 50 mL and 1 Repeat)

7485Y BENZOIN (PL)

| | | |
|---|---|---|
| Benzoin Tincture, Compound | 50 | mL |

8577K BENZOIN, COMPOUND (PL)

| | | |
|---|---|---|
| Racemic Menthol or Levomenthol | 1 | g |
| Siberian Fir Oil | 2.5 | mL |
| Benzoin Tincture, Compound to | 50 | mL |

7484X BENZOIN and MENTHOL (APF)

| | | |
|---|---|---|
| Racemic Menthol or Levomenthol | 1 | g |
| Benzoin Tincture, Compound to | 50 | mL |

7310R MENTHOL and EUCALYPTUS (PL)

| | | |
|---|---|---|
| Racemic Menthol or Levomenthol | 1 | g |
| Eucalyptus Oil | 5 | mL |
| Light Magnesium Carbonate | 3.5 | g |
| Purified Water to | 50 | mL |

7309Q MENTHOL and PINE (APF)

| | | |
|---|---|---|
| Racemic Menthol or Levomenthol | 1 | g |
| Pumilio Pine Oil | 2.5 | mL |
| Ethanol (90 per cent) to | 50 | mL |

**LINIMENT**

(Maximum Quantity 100 mL and 1 Repeat)

7480Q METHYL SALICYLATE, COMPOUND (APF)

| | | |
|---|---|---|
| Racemic Menthol or Levomenthol | 4 | g |
| Eucalyptus Oil | 10 | mL |
| Methyl Salicylate | 25 | mL |
| Arachis Oil to | 100 | mL |

PRESCRIPTION

**LOTION**

(Maximum Quantity 200 mL and 2 Repeats)

7630N CALAMINE, OILY (APF)

| | | |
|---|---|---|
| Calamine | 10 | g |
| Wool Fat | 2 | g |
| Arachis Oil | 100 | mL |
| Oleic Acid | 1 | mL |
| Calcium Hydroxide Solution to | 200 | mL |

**MIXTURES**

(Maximum Quantity 200 mL and 4 Repeats)

7908F FERROUS SULFATE (APF)

| | | |
|---|---|---|
| Ferrous Sulfate | 300 | mg |
| Ascorbic Acid | 10 | mg |
| Orange Syrup | 0.5 | mL |
| Benzoic Acid Solution | 0.2 | mL |
| Purified Water to | 10 | mL |

7604F GENTIAN, ALKALINE (APF)

| | | |
|---|---|---|
| Concentrated Compound Gentian Infusion | 1 | mL |
| Sodium Bicarbonate | 500 | mg |
| Concentrated Chloroform Water | 0.25 | mL |
| Purified Water to | 10 | mL |

7491G IPECACUANHA and TOLU (APF)

Synonym: Cough Mixture

| | | |
|---|---|---|
| Ipecacuanha Tincture | 0.25 | mL |
| Compound Camphor Spirit | 1 | mL |
| Tolu Syrup | 1 | mL |
| Concentrated Chloroform Water | 0.15 | mL |
| Concentrated Anise Water | 0.15 | mL |
| Purified Water to | 10 | mL |

7301G KAOLIN and OPIUM (APF)

| | | |
|---|---|---|
| Light Kaolin or Light Kaolin (Natural) | 2.5 | g |
| Alum | 10 | mg |
| Opium Tincture | 0.5 | mL |
| Concentrated Chloroform Water | 0.25 | mL |
| Purified Water to | 10 | mL |

7911J POTASSIUM CITRATE (APF)

| | | |
|---|---|---|
| Potassium Citrate | 2 | g |
| Citric Acid Monohydrate | 400 | mg |
| Lemon Syrup, APF | 1 | mL |
| Concentrated Chloroform Water | 0.2 | mL |
| Purified Water to | 10 | mL |

PRESCRIPTION

**MIXTURES**—*continued*

7932L POTASSIUM CITRATE and SODIUM BICARBONATE (APF)

| | | |
|---|---|---|
| Potassium Citrate | 1 | g |
| Sodium Bicarbonate | 750 | mg |
| Orange Syrup | 1 | mL |
| Concentrated Chloroform Water | 0.2 | mL |
| Purified Water to | 10 | mL |

7618Y POTASSIUM IODIDE and STRAMONIUM, COMPOUND (APF)

Synonym: Lobelia and Stramonium Mixture

| | | |
|---|---|---|
| Potassium Iodide | 250 | mg |
| Stramonium Tincture | 0.5 | mL |
| Lobelia Tincture, Ethereal | 0.5 | mL |
| Aromatic Ammonia Spirit | 0.5 | mL |
| Liquorice Liquid Extract | 0.5 | mL |
| Concentrated Chloroform Water | 0.25 | mL |
| Purified Water to | 10 | mL |

7933M SODIUM CITRATE (APF)

| | | |
|---|---|---|
| Sodium Citrate | 2 | g |
| Citric Acid Monohydrate | 400 | mg |
| Lemon Syrup, APF | 1 | mL |
| Concentrated Chloroform Water | 0.2 | mL |
| Purified Water to | 10 | mL |

**NASAL INSTILLATIONS**

(Maximum Quantity 15 mL and 2 Repeats)

7574P EPHEDRINE (APF)

| | | |
|---|---|---|
| Ephedrine Hydrochloride | 150 | mg |
| Chlorbutol | 75 | mg |
| Sodium Chloride | 75 | mg |
| Propylene Glycol | 0.75 | mL |
| Purified Water, freshly boiled and cooled to | 15 | mL |

7576R GLUCOSE and GLYCEROL (APF)

| | | |
|---|---|---|
| Glucose | 3 | g |
| Glycerol to | 15 | mL |

**OINTMENTS**

(Maximum Quantity 100 g and 1 Repeat)

9497W BENZOIC ACID, COMPOUND (APF, BP—extemporaneous formula)

| | | |
|---|---|---|
| Benzoic Acid, in fine powder | 6 | g |
| Salicylic Acid, in fine powder | 3 | g |
| Emulsifying Ointment | 91 | g |

PRESCRIPTION

**OINTMENTS**—*continued*

7918R EMULSIFYING (APF, BP)

| | | |
|---|---|---|
| Emulsifying Wax | 30 | g |
| White Soft Paraffin | 50 | g |
| Liquid Paraffin | 20 | g |

9592W RESORCINOL and SULFUR, COMPOUND (APF)

| | | |
|---|---|---|
| Resorcinol | 2 | g |
| Precipitated Sulfur | 3 | g |
| Salicylic Acid | 1 | g |
| White Simple Ointment | 94 | g |

7926E SALICYLIC ACID (APF)

| | | |
|---|---|---|
| Salicylic Acid | 2 | g |
| Wool Alcohols Ointment, APF | 98 | g |

7927F SIMPLE, WHITE (APF)

(Simple BP—white)

| | | |
|---|---|---|
| Wool Fat | 5 | g |
| Hard Paraffin | 5 | g |
| Cetostearyl Alcohol | 5 | g |
| White Soft Paraffin | 85 | g |

7899R ZINC and CASTOR OIL (APF, BP)

| | | |
|---|---|---|
| Zinc Oxide | 7.5 | g |
| Castor Oil | 50 | g |
| Cetostearyl Alcohol | 2 | g |
| White Beeswax | 10 | g |
| Arachis Oil | 30.5 | g |

7896N ZINC OXIDE (APF)

(Zinc BP—extemporaneous formula)

| | | |
|---|---|---|
| Zinc Oxide | 15 | g |
| White Simple Ointment | 85 | g |

**PAINTS**

(Maximum Quantity 25 mL and 1 Repeat)

7562B ICHTHAMMOL (APF)

| | | |
|---|---|---|
| Ichthammol | 10 | g |
| Glycerol | 90 | g |

7566F PODOPHYLLIN (PL)

| | | |
|---|---|---|
| Podophyllum Resin | 1.25 | g |
| Benzoin Tincture, Compound to | 25 | mL |

7567G PODOPHYLLIN, COMPOUND (APF, BP)

| | | |
|---|---|---|
| Podophyllum Resin | 3.75 | g |
| Benzoin Tincture, Compound to | 25 | mL |

7568H SALICYLIC ACID (APF)

| | | |
|---|---|---|
| Salicylic Acid | 2.5 | g |
| Flexible Collodion to | 25 | mL |

PRESCRIPTION

**PASTES**
(Maximum Quantity 100 g and 1 Repeat)

7555P COAL TAR and ZINC (APF)

| | | |
|---|---|---|
| Coal Tar | 1 | g |
| Castor Oil | 1 | g |
| Compound Zinc Paste | 98 | g |

9740P DITHRANOL 0.1% (APF)

| | | |
|---|---|---|
| Dithranol | 100 | mg |
| Zinc and Salicylic Acid Paste, APF | 99.9 | g |

PRESCRIPTION

**PASTES**—*continued*

7558T ZINC, COMPOUND
(APF, BP—extemporaneous formula)

| | | |
|---|---|---|
| Zinc Oxide | 25 | g |
| Starch | 25 | g |
| White Soft Paraffin | 50 | g |

7559W ZINC and SALICYLIC ACID (APF)

| | | |
|---|---|---|
| Salicylic Acid | 2 | g |
| Liquid Paraffin | 2 | g |
| Compound Zinc Paste | 96 | g |

# Children's Section

PRESCRIPTION

**MIXTURES**
(Maximum Quantity 100 mL and 4 Repeats)

7494K IPECACUANHA and CAMPHOR (APF)
Synonym: Expectorant Mixture for Children

| | | |
|---|---|---|
| Ipecacuanha Tincture | 0.1 | mL |
| Compound Camphor Spirit | 0.25 | mL |
| Glycerol | 1 | mL |
| Purified Water to | 5 | mL |

7791C POTASSIUM CITRATE (APF)

| | | |
|---|---|---|
| Potassium Citrate | 1 | g |
| Citric Acid Monohydrate | 200 | mg |
| Lemon Syrup, APF | 1 | mL |
| Concentrated Chloroform Water | 0.1 | mL |
| Purified Water to | 5 | mL |

PRESCRIPTION

**MIXTURES**—*continued*

7792D SODIUM CITRATE (APF)

| | | |
|---|---|---|
| Sodium Citrate | 1 | g |
| Citric Acid Monohydrate | 200 | mg |
| Lemon Syrup, APF | 1 | mL |
| Concentrated Chloroform Water | 0.1 | mL |
| Purified Water to | 5 | mL |

**Commonwealth Department of Veterans' Affairs**

# REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1992

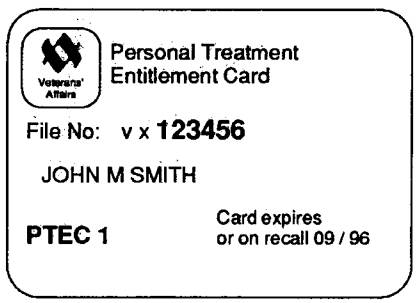
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- Personal Treatment Entitlement Card (yellow); or
- Specific Treatment Entitlement Card (white)

# BENEFICIARIES ENTITLEMENT CARDS AND ELIGIBILITY

The diagram below outlines the drug eligibility of the Department of Veterans'

## REPATRIATION PHARMACEUTICAL BENEFITS




Patients issued with YELLOW cards may receive Pharmaceutical Treatment at the expense of the Department of Veterans' Affairs

WITH


Patients issued with WHITE cards may receive Pharmaceutical Treatment at the expense of the Department of Veterans' Affairs

WITH

## FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

| | | | | |
|---|---|---|---|---|
| PBS Schedule listings written on the common PBS/RPBS prescription form (PB35), ticked as 'RPBS' (Restrictions apply) | + | Repatriation Schedule Listings written on the common PBS/RPBS prescription form (PB35), ticked as 'RPBS' | + | Items for which prescribing approval has been authorised on a D1190 prescription form for:<br>(i) PBS Schedule 'Authority required' items;<br>(ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or<br>(iii) items not listed in PBS or Repatriation Schedules. |

**Only for disabilities that have been accepted for treatment by the Department of Veterans' Affairs**

| | | | | |
|---|---|---|---|---|
| PBS Schedule listings written on the common PBS/RPBS prescription form (PB35), ticked as 'RPBS' (Restrictions apply) | + | Repatriation Schedule Listings written on the common PBS/RPBS prescription form (PB35), ticked as 'RPBS' | + | Items for which prescribing approval has been authorised on a D1190 prescription form for:<br>(i) PBS Schedule 'Authority required' items;<br>(ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or<br>(iii) items not listed in PBS or Repatriation Schedules. |

# DEPARTMENT OF VETERANS' AFFAIRS
# STATE BRANCH OFFICES

***PHARMACEUTICAL BENEFIT ENQUIRIES ONLY***

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## SOUTH AUSTRALIA and NORTHERN TERRITORY

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## WESTERN AUSTRALIA

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## TASMANIA

Department of Veterans' Affairs
GPO Box 481E
Hobart Tas 7001

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# REPATRIATION PHARMACEUTICAL BENEFITS

**This Schedule will take effect on 1 December 1992 and all previous editions are cancelled.**

## MODERN WOUND MANAGEMENT

In order to provide a more modern range of dressings and tapes under the Repatriation Pharmaceutical Benefits Scheme (RPBS), the Repatriation Pharmaceutical Reference Committee commissioned a review of the dressings listed in Section 3 of the Repatriation Schedule.

As a result of the review, the Committee has recommended the listing of hydrocolloid, alginate, polyurethane, polyurethane foam and hydrogel dressings suitable for the treatment of veterans at home either by their medical practitioner, domiciliary nurse or by self application.

The Committee has also recommended the deleting of a number of bandages and tapes from the Schedule from 1 April 1993. The items recommended for deleting include those with very low usage under the RPBS or those considered to be unnecessary.

## SUMMARY OF CHANGES

### ADDITIONS

*Addition of Items*

*Section 3*

**Bandage Cohesive,** bandages 2.5 cm x 4 m, 2 *(Handygauze 8631)*
bandage 6 cm x 4 m *(Handygauze 8633)*

**Bandage High Compression,** bandage 7.5 cm x 3 m *(Setopress 3504, Tensopress 4347)*

**Dressing Alginate,** sterile single sachet 5 cm x 5 cm *(Kaltostat 010154)*
sterile single sachets 10 cm x 10 cm, 10 *(Sorbsan)*
sterile single unit 2 g packing *(Kaltostat 010170)*

**Dressing Alginate with Charcoal,** sterile single sachet 7.5 cm x 12 cm *(Kaltocarb 015741)*

**Dressing Hydrocolloid,** sterile single sachets 5 cm x 6 cm, 10 *(Cutinova Hydro 47441)*
sterile single sachets 10 cm x 10 cm, 5 *(Cutinova Hydro 47443, Duoderm E)*
sterile single sachets 10 cm x 10 cm, 10 *(Comfeel Ulcer Dressing 3213)*

**Dressing Hydrocolloid Thin,** sterile single sachets 5 cm x 7 cm, 10 *(Comfeel Transparent 3507)*
sterile single sachets 9 cm x 14 cm, 10 *(Comfeel Transparent 3514)*

**Dressing Polyurethane Foam,** sterile single sachets 7.5 cm x 7.5 cm, 5 *(Lyofoam)*
sterile single sachets 10 cm x 10 cm, 5 *(Lyofoam)*

**Dressing Polyurethane Foam with Charcoal,** sterile single sachets 10 cm x 10 cm, 25 *(Lyofoam C)*

**Dressing Polyurethane Transparent Film,** sterile single sachets 12 cm x 12 cm, 10 *(Op-Site Flexigrid 4629)*

**Hydrogel,** sterile single sachets 25 g, 10 *(Intrasite Gel 7399)*

**Paste Hydrocolloid,** sterile tube 50 g *(Comfeel Paste 4701)*

**Plaster Adhesive Hypoallergenic,** roll 2.5 cm x 10 m *(Hypafix 4208)*

### *Addition of Brands*

#### *Section 1*

*Colese, AF*—**Mebeverine Hydrochloride,** tablet 135 mg
*Minidine Antiseptic Solution, HA*—**Povidone-Iodine,** solution 100 mg per mL (10%), 100 mL

## DELETIONS

### *Deletion of Items*

The items listed below are to be deleted on the advice of the Repatriation Pharmaceutical Reference Committee.

#### *Section 1*

**Vitamin B Group Complex Strong with Ascorbic Acid,** tablet *(Multi-B Forte)*
**Vitamin B Group Complex Strong with Ascorbic Acid,** tablet with calcium pantothenate *(FM)*

The items listed below are to be deleted as they have been discontinued by the manufacturer.

#### *Section 1*

**Calcium Gluconate,** tablet 600 mg *(SI)*
**Fluocinolone Acetonide,** cream 250 micrograms per g (0.025%) 30 g *(Synalar)*
ointment 250 micrograms per g (0.025%) 30 g *(Synalar)*
**Pheniramine Aminosalicylate,** tablet 50 mg *(Fenamine)*

#### *Section 3*

**Dressing Adhesive Membrane,** sterile single sachet 25 cm x 10 cm *(Bioclusive Transparent Dressing 12477)*
**Gauze Sterile Strip,** strip 1.25 cm x 1 m *(Nufold 10330)*
strip 2.5 cm x 1 m *(Nufold 10331)*
strip 2.5 cm x 2.5 m *(Nufold 10332)*

## ALTERATIONS

**NOTE: Absorbent Napkins**
The listing for Absorbent Napkins has been transferred from Section 3 (Dressings) to Section 2 (Aids to Treatment) of this Schedule.

*Brand Name*

*Section 2*

| *From* | *To* |
|---|---|
| **Absorbent Napkins Pants**, small, 2 *(Softeze Stretch Pants 00494)* | **Absorbent Napkins Pants**, small, 2 *(Softeze Stretch Pants 56514)* |
| medium, 2 *(Softeze Stretch Pants 00495)* | medium, 2 *(Softeze Stretch Pants 56515)* |
| large, 2 *(Softeze Stretch Pants 00496)* | large, 2 *(Softeze Stretch Pants 56516)* |

*Section 3*

| | |
|---|---|
| **Gauze and Cotton Tissue (Combine Roll),** wrapped pack 10 cm x 10 cm *(JJ 12031)* | **Gauze and Cotton Tissue (Combine Roll),** wrapped 10 cm x 10 cm *(JJ 12010)* |

*Item Name*

*Section 3*

| *From* | *To* |
|---|---|
| **Absorbent Cotton Gauze** | **Gauze Absorbent Cotton** |
| **Absorbent Cotton Wool** | **Cotton Wool Roll** |
| **Absorbent Gauze Pad** | **Gauze Absorbent Pad** |
| **Absorbent Lint** | **Lint Absorbent** |
| **Bandage Self-Adhesive Elastic** | **Bandage Cohesive** |
| **Bandage Stretch** | **Bandage Elastic Conforming** |
| **Bandage Elastic Adhesive** | **Plaster Adhesive Elastic** |
| **Dressing Adhesive Membrane** | **Dressing Polyurethane Transparent Film** |
| **Povidone-Iodine Gauze Pad** | **Gauze Povidone-Iodine Pad** |
| **Self Adhesive Plaster Elastic** | **Plaster Adhesive Elastic** |
| **Self Adhesive Plaster Hypoallergenic** | **Plaster Adhesive Hypoallergenic** |
| **Self Adhesive Plaster Waterproof** | **Plaster Adhesive Waterproof** |
| **Tubular Dressing** | **Bandage Tubular** |
| **Tubular Finger Dressing** | **Bandage Tubular Finger** |

# FORWARD ADVICE

The following items will be deleted from the Repatriation Schedule of Pharmaceutical Benefits from 1 April 1993 on the recommendation of the Repatriation Pharmaceutical Reference Committee.

**Gauze Absorbent Cotton,** pack 90 cm x 1 m *(Handy 4021)*
**Bandage Cotton Conforming,** bandage 15 cm x 1.5 m *(Handy-Band 9495)*
**Bandage Cotton Crepe Heavy,** bandage 15 cm x 2.3 m *(Elastocrepe 301501)*
**Bandage Elastic Conforming,** bandage 2.5 cm x 1.8 m *(Telfa 8181)*
bandage 15 cm x 1.8 m *(Telfa 8186)*
**Bandage Open Wove,** bandage 2.5 cm *(Handy 5551)*
bandage 5 cm *(Handy 5552)*
bandage 7.5 cm *(Handy 5553)*
bandage 10 cm *(Handy 5554)*
**Bandage Wrinkled Cotton Crepe,** bandage 5 cm x 1.6 m (medium) *(Handycrepe 8235)*
bandage 5 cm x 1.5 m (hospital quality) *(Telfa 8232)*
bandage 7.5 cm x 1.6 m (medium) *(Handycrepe 8238)*
bandage 7.5 cm x 1.5 m (hospital quality) *(Telfa 8233)*
bandage 10 cm x 1.6 m (medium) *(Handycrepe 8240)*
bandage 10 cm x 1.5 m (hospital quality) *(Telfa 8234)*
bandage 15 cm x 1.6 m (medium) *(Handycrepe 8245)*
**Dressing Paraffin Gauze with Chlorhexidine Acetate,** sterile sachets 10 cm x 40 cm, 10 *(Bactigras 00616)*
sterile sachets 15 cm x 20 cm, 10 *(Bactigras 7461)*
**Plaster Adhesive Hypoallergenic,** roll 1.25 cm x 5 m *(Leukoflex 1121)*
roll (dispenser) 1.25 cm x 4.5 m *(Blenderm BR1)*
roll (dispenser) 1.25 cm x 4.5 m *(Transpore TR1)*
roll 2.5 cm x 5 m *(Leukoflex 1122)*
roll (dispenser) 2.5 cm x 4.5 m *(Blenderm BR2)*
roll (dispenser) 2.5 cm x 4.5 m *(Transpore TR2)*
**Plaster Adhesive Waterproof,** roll 2.5 cm x 5 m *(Leukoplast 2322)*
roll 5 cm x 5 m *(Leukoplast 2324)*
roll 7.5 cm x 5 m *(Leukoplast 2325)*

# SECTION 1

## DRUGS, MEDICINES AND DIAGNOSTIC REAGENTS

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ALGINIC ACID COMPOUND | | | | |
| 4108F | Granules 4 g sachets (pack of 24) | 5 | 5 | Gavigrans | RC |
| | ALLANTOIN and COAL TAR EXTRACT | | | | |
| 4111J | Lotion 20 mg-50 mg per mL (2%-5%), 250 mL | ‡1 | 2 | Alphosyl | SV |
| 4112K | Cream 17 mg-50 mg per g (1.7%-5%), 50 g | ‡1 | 2 | Alphosyl | SV |
| | ALLANTOIN, GLYCEROL and ICHTHAMMOL | | | | |
| 4281H | Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g | ‡1 | 2 | Egoderm Cream | EO |
| | ALLANTOIN, SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL | | | | |
| 4506E | Gel 25 mg-5 mg-5 mg-0.05 mL-7.5 mg per g (2.5%-0.5%-0.5%-5%-0.75%), 75 g | ‡1 | 2 | Egopsoryl-TA | EO |
| | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE | | | | |
| 4117Q | Tablet 400 mg-400 mg-30 mg | 200 | 5 | Mylanta II | PD |
| 4118R | Oral suspension 400 mg-400 mg-30 mg per 5 mL, 375 mL | 2 | 5 | Mylanta II | PD |
| | ASTEMIZOLE | | | | |
| 4561C | Tablet 10 mg | 30 | .. | Hismanal | JC |
| | BATH EMOLLIENT | | | | |
| 4122Y | Bath oil, 500 mL | ‡1 | 2 | Hamilton Bath Oil<br>QV Bath Oil<br>Rikoderm | HA<br>EO<br>MM |
| | BECLOMETHASONE DIPROPIONATE | | | | |
| 4126E | Nasal pressurised inhalation 50 micrograms per dose (200 doses) | ‡1 | 2 | Aldecin<br>Beconase | SH<br>GL |
| | BENZALKONIUM CHLORIDE, CETRIMIDE and LANOLIN | | | | |
| 4128G | Cream 100 micrograms-1.8 mg-18 mg per g (0.01%-0.18%-1.8%), 50 g | ‡1 | 2 | Drapolex | BW |
| | BENZTROPINE MESYLATE | | | | |
| 4129H | Tablet 0.5 mg | 100 | 2 | Cogentin | MK |
| | BENZYDAMINE HYDROCHLORIDE | | | | |
| 4130J | Solution 1.5 mg per mL (0.15%), 200 mL | ‡1 | .. | Difflam | MM |
| | BETAMETHASONE DIPROPIONATE | | | | |
| 4507F | Cream 500 micrograms per g (0.05%), 50 g | ‡1 | 2 | Diprosone | SH |
| 4508G | Ointment 500 micrograms per g (0.05%), 50 g | ‡1 | 2 | Diprosone | SH |
| | BETAMETHASONE VALERATE | | | | |
| 4511K | Cream 500 micrograms per g (0.05%), 30 g | ‡1 | 2 | Betnovate 1/2<br>Celestone-V Half Strength | GL<br>SH |
| 4131K | Cream 1 mg per g (0.1%), 30 g | ‡1 | 2 | Betnovate<br>Celestone-V | GL<br>SH |
| 4517R | Gel 500 micrograms per g (0.05%), 30 g | ‡1 | 2 | Betnovate 1/2 | GL |

(continued)

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | BETAMETHASONE VALERATE—cont. | | | | |
| 4513M | Ointment 500 micrograms per g (0.05%), 30 g | ‡1 | 2 | Betnovate 1/2 | GL |
| | | | | Celestone-V Half Strength | SH |
| 4132L | Ointment 1 mg per g (0.1%), 30 g | ‡1 | 2 | Betnovate | GL |
| | | | | Celestone-V | SH |
| 4133M | Scalp application 1 mg per g (0.1%), 30 g | ‡1 | 2 | Betnovate | GL |
| | BETAMETHASONE VALERATE and GENTAMICIN SULFATE<br>**CAUTION:**<br>For the short term treatment of localised infective eczema only. | | | | |
| 4139W | Cream 1 mg-1 mg per g (0.1%-0.1%), 15 g | ‡1 | .. | Celestone-VG | SH |
| | BISMUTH FORMIC IODIDE | | | | |
| 4143C | Powder 10 g | ‡1 | .. | B.F.I. | MK |
| | BROMAZEPAM<br>**CAUTION:**<br>Continuous long term use may lead to dependency and other adverse effects, particularly in the elderly. | | | | |
| 4150K | Tablet 3 mg | 50 | .. | Lexotan | RO |
| 4151L | Tablet 6 mg | 50 | .. | Lexotan | RO |
| 4152M | Tablet 12 mg | 50 | .. | Lexotan | RO |
| | CALCIUM CARBONATE | | | | |
| 4550L | Effervescent powder 300 g | ‡1 | 2 | Effercal-600 | HA |
| | CALCIUM CARBONATE with GLYCINE | | | | |
| 4055K | Tablet 420 mg-180 mg | 200 | 5 | Titralac | MM |
| | CARBENOXOLONE SODIUM | | | | |
| 4156R | Gel 20 mg per g (2%), 5 g | ‡1 | 1 | Bioral | SN |
| | CARMELLOSE SODIUM with PECTIN and GELATIN | | | | |
| 4518T | Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%-16.7%), 5 g | ‡1 | .. | Orabase | BQ |
| | CHLORDIAZEPOXIDE<br>**CAUTION:**<br>Continuous long term use may lead to dependency and other adverse effects, particularly in the elderly. | | | | |
| 4157T | Tablet 5 mg | 50 | .. | Librium | RO |
| 4158W | Capsule 10 mg | 50 | .. | Librium | RO |
| | CHLORHEXIDINE GLUCONATE | | | | |
| 4160Y | Mouth wash 2 mg per mL (0.2%), 200 mL | ‡1 | .. | Chlorohex | OM |
| 4161B | Mouth wash 2 mg per mL (0.2%), 250 mL | ‡1 | .. | Plaqacide | OB |
| | | | | Savacol Mouth and Throat Rinse | OM |

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | CHLORTETRACYCLINE HYDROCHLORIDE | | | | |
| 4552N | Cream 30 mg per g (3%), 15 g | ‡1 | .. | Aureomycin | LE |
| 4553P | Ointment 30 mg per g (3%), 15 g | ‡1 | .. | Aureomycin | LE |
| | CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL | | | | |
| 4162C | Jelly 87 mg-100 micrograms-570 micrograms-46 mg-386 mg per g (8.7%-0.01%-0.057%-4.6%-38.6%), 15 g | ‡1 | .. | Seda-Gel | NN |
| | CLORAZEPATE DIPOTASSIUM<br>**CAUTION:**<br>Continuous long term use may lead to dependency and other adverse effects, particularly in the elderly. | | | | |
| 4166G | Capsule 5 mg | 50 | .. | Tranxene | GL |
| 4167H | Capsule 15 mg | 30 | .. | Tranxene | GL |
| | CODEINE PHOSPHATE with ASPIRIN | | | | |
| 4061R | Tablet soluble 8 mg-300 mg | 50 | 2 | Aspalgin | FM |
| 4062T | Tablet soluble 8 mg-500 mg | 50 | 2 | Solcode | RC |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | |
| 4171M | Tablet 8 mg-500 mg | 50 | 1 | Codalgin<br>Dymadon Co. | FM<br>BW |
| | DEXTROPROPOXYPHENE NAPSYLATE<br>**CAUTION:**<br>Chronic use of this preparation is likely to cause drug dependence. | | | | |
| 4081T | Capsule 100 mg | 50 | .. | Doloxene | LY |
| | DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL | | | | |
| 4180B | Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL | ‡1 | .. | Cerumol | AC |
| | DICYCLOMINE HYDROCHLORIDE | | | | |
| 4185G | Tablet 10 mg | 100 | .. | Merbentyl | ML |
| | ***DIMETHICONE and GLYCEROL***<br>***For colostomy and ileostomy use;***<br>***For use by paraplegic and quadriplegic patients;***<br>***For use with surgical appliances.*** | | | | |
| ***4556T*** | ***Cream 150 mg-20 mg per g (15%-2%), 75 g*** | ***‡1*** | .. | ***Silic 15*** | ***EO*** |
| ***4551M*** | ***Cream 150 mg-20 mg per g (15%-2%), 600 g*** | ***‡1*** | .. | ***Silic 15*** | ***EO*** |
| | DIPHEMANIL METHYLSULFATE | | | | |
| 4191N | Dusting powder 20 mg per g (2%), 50 g | ‡1 | 1 | Prantal | SH |
| | DIPHENHYDRAMINE HYDROCHLORIDE | | | | |
| 4195T | Capsule 50 mg | 50 | 2 | Benadryl | PD |
| | DIPHENYLPYRALINE HYDROCHLORIDE | | | | |
| 4065Y | Tablet 2.5 mg | 50 | 2 | Histalert | MM |

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | DISULFIRAM<br>**CAUTION:**<br>Only for use in the treatment of chronic alcoholism. Associated ingestion of alcohol may be life-threatening. | | | | |
| 4197X | Tablet 250 mg | 30 | 1 | Antabuse | JC |
| | DOCUSATE SODIUM | | | | |
| 4200C | Tablet 50 mg | 100 | 2 | Coloxyl 50 | FM |
| 4201D | Tablet 120 mg | 100 | 2 | Coloxyl 120 | FM |
| 4199B | Ear drops 50 mg per mL (5%), 10 mL | ‡1 | .. | Waxsol | NE |
| | DOCUSATE SODIUM with SENNA | | | | |
| 4198Y | Tablet 50 mg-8 mg | 90 | 2 | Coloxyl with Senna | FM |
| | ECONAZOLE NITRATE | | | | |
| 4555R | Cream 10 mg per g (1%), 25 g | ‡1 | 1 | Dermazole | EO |
| | ETHAMBUTOL HYDROCHLORIDE | | | | |
| 4205H | Tablet 100 mg | 100 | 2 | Myambutol | LE |
| 4206J | Tablet 400 mg | 100 | 2 | Myambutol | LE |
| | FLUCLOROLONE ACETONIDE | | | | |
| 4523C | Cream 250 micrograms per g (0.025%), 30 g | ‡1 | 2 | Topilar | SD |
| | FLUNISOLIDE | | | | |
| 4212Q | Nasal spray 250 micrograms per mL (0.025%),20 mL | ‡1 | 2 | Rhinalar Nasal Mist | SD |
| | FLUNITRAZEPAM<br>**CAUTION:**<br>Continuous long term use may lead to dependency and other adverse effects, particularly in the elderly. | | | | |
| 4213R | Tablet 2 mg | 25 | .. | Hypnodorm<br>Rohypnol | AF<br>RO |
| | FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE | | | | |
| 4215W | Cream 2.5 mg-2.5 mg per g (0.25%-0.25%), 30 g | ‡1 | 2 | Ultralan | SC |
| | FLUOCORTOLONE PIVALATE, FLUOCORTOLONE HEXANOATE, CLEMIZOLE UNDECYLENATE and CINCHOCAINE HYDROCHLORIDE<br>**CAUTION:**<br>Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only. | | | | |
| 4217Y | Ointment 920 micrograms-950 micrograms-10 mg-5 mg per g (0.092%-0.095%-1%-0.5%), 10 g | ‡1 | 2 | Ultraproct | SC |
| 4218B | Ointment 920 micrograms-950 micrograms-10 mg-5 mg per g (0.092%-0.095%-1%-0.5%), 30 g | ‡1 | 2 | Ultraproct | SC |
| 4219C | Suppositories 610 micrograms-630 micrograms-5 mg-1 mg, 12 | ‡1 | 2 | Ultraproct | SC |

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | FLUOROURACIL | | | | |
| 4222F | Cream 50 mg per g (5%), 20 g | ‡1 | .. | Efudix | RO |
| 4223G | Solution 10 mg per mL (1%), 30 mL | ‡1 | .. | Fluoroplex | AG |
| | FLURAZEPAM DIHYDROCHLORIDE<br>**CAUTION:**<br>Continuous long term use may lead to dependency and other adverse effects, particularly in the elderly. | | | | |
| 4226K | Capsule 15 mg | 30 | .. | Dalmane | RO |
| 4227L | Capsule 30 mg | 30 | .. | Dalmane | RO |
| | GLYCEROL | | | | |
| 4246L | Suppositories 2.8 g (for adults), 12 | 3 | 5 | PP | |
| | HYDROCORTISONE, CINCHOCAINE HYDROCHLORIDE and AESCULIN<br>**CAUTION:**<br>Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only. | | | | |
| 4260F | Ointment 5 mg-5 mg-10 mg per g (0.5%-0.5%-1%), 15 g | ‡1 | 2 | Proctosedyl | RL |
| 4261G | Ointment 5 mg-5 mg-10 mg per g (0.5%-0.5%-1%), 30 g | ‡1 | 2 | Proctosedyl | RL |
| 4262H | Suppositories 5 mg-5 mg-10 mg, 12 | ‡1 | 2 | Proctosedyl | RL |
| | HYDROCORTISONE and CLIOQUINOL<br>**CAUTION:**<br>For the short term treatment of localised infective eczema only. | | | | |
| 4264K | Cream 10 mg-10 mg per g (1%-1%), 30 g | ‡1 | .. | Hydroform | DM |
| | HYDROCORTISONE, LIGNOCAINE BASE, ALUMINIUM SUBACETATE and ZINC OXIDE<br>**CAUTION:**<br>Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy.<br>This preparation is intended for short term palliative use only. | | | | |
| 4267N | Ointment 2.5 mg-50 mg-35 mg-180 mg per g (0.25%-5%-3.5%-18%), 15 g | ‡1 | 2 | Xyloproct | AP |
| 4268P | Ointment 2.5 mg-50 mg-35 mg-180 mg per g (0.25%-5%-3.5%-18%), 35 g | ‡1 | 2 | Xyloproct | AP |
| 4269Q | Suppositories 5 mg-60 mg-50 mg- 400 mg, 10 | ‡1 | 2 | Xyloproct | AP |

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | HYDROLYZED COLLAGEN PROTEINS<br>**NOTE:**<br>To be used in conjunction with the two scalp cleansers:<br>Salicylic acid, benzalkonium chlorlide, alcohol and polyoxyethylene ethers (Code 4445Y)<br>and<br>Salicylic acid, benzalkonium chloride, alcohol, coal tar and polyoxyethylene ethers (Code 4446B). | | | | |
| 4271T | Hair conditioner 250 mL | ‡1 | 2 | Ionil Rinse | GA |
| | HYDROXYETHYLRUTOSIDES | | | | |
| 4272W | Capsule 250 mg | 100 | 1 | Paroven | CG |
| | HYDROXYZINE PAMOATE | | | | |
| 4273X | Capsule 25 mg | 50 | 2 | Atarax | PF |
| 4274Y | Capsule 50 mg | 50 | 2 | Atarax | PF |
| | HYOSCINE BUTYLBROMIDE | | | | |
| 4279F | Injection 20 mg in 1 mL | 5 | .. | Buscopan | BY |
| | ISPAGHULA HUSK | | | | |
| 4285M | Sachets 3.5 g, 30 | ‡1 | 1 | Fybogel | RC |
| | LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE | | | | |
| 4308R | Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL | ‡1 | .. | Xylocaine Viscous | AP |
| | LORAZEPAM<br>**CAUTION:**<br>Continuous long term use may lead to dependency and other adverse effects, particularly in the elderly. | | | | |
| 4314C | Tablet 1 mg | 50 | .. | Emoten 1 | AF |
| 4315D | Tablet 2.5 mg | 50 | .. | Emoten 2.5 | AF |
| | LUBRICATING AGENT | | | | |
| 4318G | Jelly 60 g | ‡1 | .. | Lubafax | BW |
| | MAGNESIUM ASPARTATE | | | | |
| 4321K | Tablet 500 mg | 50 | .. | Magmin | VG |
| | MEBENDAZOLE | | | | |
| 4325P | Tablet 100 mg | 6 | .. | Vermox | JC |
| | MEBEVERINE HYDROCHLORIDE | | | | |
| 4328T | Tablet 135 mg | 90 | .. | Colese<br>Colofac | AF<br>JC |
| | MECLOZINE HYDROCHLORIDE | | | | |
| 4066B | Tablet 25 mg | 50 | 2 | Ancolan | BT |
| | MICONAZOLE | | | | |
| 4341L | Tincture 20 mg per mL (2%), 30 mL | ‡1 | 1 | Daktarin | JC |
| | OXYMETAZOLINE HYDROCHLORIDE | | | | |
| 4377J | Nasal drops 500 micrograms per mL (0.05%), 15 mL | ‡1 | .. | Drixine | SH |

(continued)

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | OXYMETAZOLINE HYDROCHLORIDE—cont. | | | | |
| 4378K | Nasal spray 500 micrograms per mL (0.05%), 15 mL | ‡1 | .. | Drixine | SH |
| | PHOLCODINE | | | | |
| 4071G | Linctus 1 mg per mL (0.1%), 100 mL | ‡1 | 2 | Actuss | SI |
| | | | | Duro-Tuss | MM |
| | | | | Pholcolin Red | MB |
| | PINE TAR, CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE COAL TAR and OLEYL ALCOHOL | | | | |
| 4409C | Scalp cleanser 3 mg-3 mg-1 mg-3 mg-10 mg per mL (0.3%-0.3%-0.1%-0.3%-1%), 350 mL | ‡1 | 2 | Polytar | SX |
| | PINE TAR and TRIETHANOLAMINE LAURYL SULFATE | | | | |
| 4408B | Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL | ‡1 | 2 | Dermatar | HA |
| | | | | Pinetarsol | EO |
| | POVIDONE-IODINE | | | | |
| 4411E | Solution 100 mg per mL (10%), 100 mL | ‡1 | .. | Betadine Antiseptic Liquid | FA |
| | | | | Minidine Antiseptic Solution | HA |
| 4530K | Powder 145 mg per g (14.5%), 20 g | ‡1 | .. | E.D.P. | BT |
| | PREDNISOLONE HEXANOATE, CINCHOCAINE HYDROCHLORIDE and CLEMIZOLE UNDECYLENATE<br>**CAUTION:**<br>Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only. | | | | |
| 4412F | Ointment 1.9 mg-5 mg-10 mg per g (0.19%-0.5%-1%), 10 g | ‡1 | 2 | Scheriproct | SC |
| 4413G | Ointment 1.9 mg-5 mg-10 mg per g (0.19%-0.5%-1%), 30 g | ‡1 | 2 | Scheriproct | SC |
| 4414H | Suppositories 1.3 mg-1 mg-5 mg, 12 | ‡1 | 2 | Scheriproct | SC |
| | PROCAINAMIDE HYDROCHLORIDE | | | | |
| 4417L | Tablet 500 mg (controlled release) | 100 | 2 | Procainamide Durules | AP |
| | PROMETHAZINE HYDROCHLORIDE | | | | |
| 4072H | Tablet 10 mg | 50 | 2 | Phenergan | MB |
| 4073J | Tablet 25 mg | 50 | 2 | Phenergan | MB |
| | PSEUDOEPHEDRINE HYDROCHLORIDE | | | | |
| 4420P | Tablet 60 mg | 30 | .. | Sudafed | BW |
| | PSEUDOEPHEDRINE SULFATE | | | | |
| 4418M | Tablet 60 mg | 30 | .. | Drixora | SH |
| | PSYLLIUM HYDROPHILIC MUCILLOID | | | | |
| 4422R | Oral powder (non-flavoured) 375 g | ‡1 | 1 | Metamucil | PY |

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | RICINOLEIC ACID, ACETIC ACID and HYDROXYQUINOLINE SULFATE | | | | |
| 4434J | Vaginal jelly 7 mg-9.4 mg-250 micrograms per g (0.7%-0.94%-0.025%), 100 g | ‡1 | .. | Aci-Jel | JC |
| | SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS | | | | |
| 4445Y | Scalp cleanser 20 mg-2 mg-130 mg-216 mg per mL (2%-0.2%-13%-21.6%), 250 mL | ‡1 | 2 | Ionil | GA |
| | SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS | | | | |
| 4560B | Scalp cleanser 20 mg-2 mg-130 mg-50 mg-216 mg per mL (2%-0.2%-13%-5%-21.6%), 250 mL | ‡1 | 2 | Ionil-T | GA |
| | SALICYLIC ACID, COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE | | | | |
| 4447C | Scalp cleanser 20 mg-10 mg-10 mg-10 mg per mL (2%-1%-1%-1%), 250 mL | ‡1 | 2 | Sebitar | EO |
| | SALICYLIC ACID and PODOPHYLLIN RESIN | | | | |
| 4449E | Ointment 200 mg-100 mg per g (20%-10%), 10 g | ‡1 | .. | Salicylin-P | KY |
| 4450F | Paint 100 mg-200 mg per mL (10%-20%), 6 mL | ‡1 | 1 | Posalfilin | NE |
| | SELENIUM SULFIDE | | | | |
| 4452H | Shampoo 25 mg per mL (2.5%), 125 mL | ‡1 | 1 | Selsun | AB |
| | SENEGA and AMMONIA | | | | |
| 4074K | Mixture 200 mL | ‡1 | 4 | Senagar<br>Senamon | SI<br>MB |
| | SENNA STANDARDISED | | | | |
| 4455L | Tablet 7.5 mg | 100 | 1 | Senokot | RC |
| | SKIN CLEANSER | | | | |
| 4549K | Lotion 500 mL | ‡1 | 2 | Hamilton Body Wash | HA |
| | SODIUM BICARBONATE<br>**CAUTION:**<br>For use in the treatment of renal disease. | | | | |
| 4458P | Capsule 840 mg | 100 | 2 | Sodibic | FC |
| | SODIUM CHLORIDE | | | | |
| 4460R | Irrigation solution 9 mg per mL (0.9%), 500 mL | ‡1 | 2 | BX | |
| 4461T | Irrigation solution 9 mg per mL (0.9%), 1 L | ‡1 | 2 | BX | |
| | SODIUM CITRATE and SODIUM LAURYL SULFOACETATE and SORBITOL | | | | |
| 4462W | Enemas 450 mg-45 mg-3125 mg in 5 mL, 4 | ‡1 | 1 | Microlax | PS |
| | SODIUM CROMOGLYCATE | | | | |
| 4465B | Capsule 10 mg (nasal insufflation) | 100 | 5 | Rynacrom | FC |
| 4468E | Nasal spray metered dose pump 20 mg per mL (2%), 26 mL | ‡1 | 5 | Rynacrom | FC |

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | SODIUM FLUORIDE | | | | |
| 4469F | Tablet 20 mg | 100 | 1 | Hifluor | AF |
| | SODIUM POLYSTYRENE SULFONATE<br>**CAUTION:**<br>For use in the treatment of renal disease. | | | | |
| 4470G | Oral powder 454 g | ‡1 | 2 | Resonium-A | WL |
| | STERCULIA with FRANGULA BARK | | | | |
| 4557W | Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g | ‡1 | 1 | Granocol | SC |
| | SUNSCREENS | | | | |
| 4544E | Cream 100 g | ‡1 | 2 | Aquasun Blockout Cream 15+ | RO |
| | | | | Hamilton Sunscreen Broad Spectrum Cream 15+ | HA |
| | | | | SunSense Cream 15+ | EO |
| 4368X | Lotion (alcoholic) 125 mL | ‡1 | 2 | SunSense Lotion 15+ | EO |
| 4546G | Lotion (non-alcoholic) 125 mL | ‡1 | 2 | Aquasun Blockout Lotion 15+ | RO |
| | | | | Hamilton Broad Spectrum Milky Lotion 15+ | HA |
| | | | | SunSense Milk 15+ | EO |
| 4209M | Solid stick 5 g | ‡1 | 2 | Hamilton Broad Spectrum Solastick 15+ | HA |
| | TERFENADINE | | | | |
| 4562D | Tablet 60 mg | 50 | .. | Teldane | ML |
| | TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE | | | | |
| 4477P | Powder 10 mg-10 mg-50 mg-50 mg per g (1%-1%-5%-5%), 50 g | ‡1 | .. | Pedoz | HA |
| | TOLNAFTATE | | | | |
| 4537T | Cream 10 mg per g (1%), 30 g | ‡1 | .. | Pedi-Derm | NN |
| 4479R | Powder 10 mg per g (1%), 20 g | ‡1 | .. | Pedi-Derm | NN |
| 4538W | Solution 10 mg per mL (1%), 15 mL | ‡1 | .. | Pedi-Derm | NN |
| 4481W | Spray aerosol 10 mg per g (1%), 100 g | ‡1 | .. | Tinaderm | SH |

| Code | Name, Manner of Administration and Form | Max Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN<br>**CAUTION:**<br>For the short term treatment of localised infective eczema only. | | | | |
| 4483Y | Cream 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1 g), 15 g | ‡1 | .. | Aristocomb<br>Kenacomb | LE<br>BQ |
| 4482X | Ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1 g), 15 g | ‡1 | .. | Aristocomb<br>Kenacomb | LE<br>BQ |
| | VITAMIN A | | | | |
| 4488F | Ointment 540 micrograms per g, 50 g | ‡1 | 1 | Ungvita | NS |
| | VITAMIN A, CALAMINE and SILICONE OIL | | | | |
| 4490H | Cream 150 micrograms-100 mg-10 mg per g (500 units per g-10%-1%), 50 g | ‡1 | 1 | Ungvita Cream | NS |
| | VITAMIN B GROUP COMPLEX | | | | |
| 4493L | Oral liquid 200 mL | ‡1 | 2 | Accomin Adult Tonic | LE |
| | ZINC OXIDE, STARCH and CHLORPHENESIN | | | | |
| 4497Q | Dusting powder 100 g | ‡1 | 1 | Z.S.C. | SI |
| | ZINC PYRITHIONE | | | | |
| 4499T | Cream 5 mg per g (0.5%), 75 g | ‡1 | 1 | Dan Gard Hold & Care | FA |
| 4498R | Shampoo 10 mg per mL (1%), 200 mL | ‡1 | 1 | Dan Gard | FA |

# SECTION 2

AIDS TO TREATMENT

**Note:** A number following the proprietary name denotes manufacturer's code

| Code | Item | Max. Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ABSORBENT NAPKINS | | | | |
| | **NOTE:** | | | | |
| | May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home. | | | | |
| 4716F | Pack of 10 | ‡1 | 10 | Depend Undergarments 1651 | KC |
| 4715E | Pack of 20 | ‡1 | 10 | Softeze Absorbent Pad Regular 00217 | BS |
| | ABSORBENT NAPKINS PANTS | | | | |
| | **NOTE:** | | | | |
| | May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home. | | | | |
| 4603G | Small, 2 | 3 | .. | Softeze Stretch Pants 56514 | BS |
| 4604H | Medium, 2 | 3 | .. | Softeze Stretch Pants 56515 | BS |
| 4602F | Large, 2 | 3 | .. | Softeze Stretch Pants 56516 | BS |
| | INHALATION DEVICE | | | | |
| 4634X | Device | ‡1 | .. | Bricanyl Nebuhaler 2022 | AP |
| | | | | Volumatic 10359 | GL |
| | INHALATION LEVER DEVICE FOR METERED AEROSOL | | | | |
| 4633W | Device | ‡1 | .. | Haleraid | GL |
| | INJECTION SITE PREPARATION SWAB | | | | |
| 4616Y | Isopropyl alcohol 0.7 mL per mL (70%), 100 | ‡1 | 1 | Medi Swab 1000H | SN |
| 4635Y | NASAL INSUFFLATOR<br>Nasal insufflator | ‡1 | .. | Rynacrom | FC |
| | ROTAHALERS | | | | |
| 4638D | Rotahaler | ‡1 | .. | Becotide | GL |
| 4637C | Rotahaler | ‡1 | .. | Ventolin | GL |
| | SPINHALER | | | | |
| 4636B | Spinhaler | ‡1 | .. | Intal | FC |

# SECTION 3

DRESSINGS

**Note:** A number following the proprietary name denotes manufacturer's code

| Code | Item | Max. Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | BANDAGE CALICO TRIANGULAR | | | | |
| 4717G | Bandage large size | ‡1 | .. | Handy 5608 | BE |
| | BANDAGE COHESIVE | | | | |
| 4811F | Bandage 5 cm x 1.3 m | 2 | .. | Peg 7420 | BK |
| 4719J | Bandage 6 cm x 4 m | 2 | .. | Handygauze 8633 | BE |
| 4812G | Bandage 7.5 cm x 1.3 m | 2 | .. | Peg 7422 | BK |
| 4813H | Bandage 10 cm x 1.3 m | 2 | .. | Peg 7423 | BK |
| 4814J | Bandage 15 cm x 1.3 m | 2 | .. | Peg 7425 | BK |
| 4718H | Bandages 2.5 cm x 4 m, 2 | 2 | .. | Handygauze 8631 | BE |
| | BANDAGE COTTON CONFORMING | | | | |
| 4720K | Bandage 2.5 cm x 1.5 m | 5 | .. | Handy-Band 9483 | BE |
| 4721L | Bandage 5 cm x 1.5 m | 5 | .. | Handy-Band 9485 | BE |
| 4722M | Bandage 7.5 cm x 1.5 m | 5 | .. | Handy-Band 9488 | BE |
| 4723N | Bandage 10 cm x 1.5 m | 5 | .. | Handy-Band 9490 | BE |
| 4724P | Bandage 15 cm x 1.5 m | 5 | .. | Handy-Band 9495 | BE |
| | BANDAGE COTTON CREPE HEAVY | | | | |
| 4727T | Bandage 5 cm x 2.3 m | 2 | .. | Elastocrepe 300501<br>Telfa 8252F | SN<br>KE |
| 4728W | Bandage 7.5 cm x 2.3 m | 2 | .. | Elastocrepe 307501<br>Telfa 8253F | SN<br>KE |
| 4729X | Bandage 10 cm x 2.3 m | 2 | .. | Elastocrepe 301001<br>Telfa 8254F | SN<br>KE |
| 4730Y | Bandage 15 cm x 2.3 m | 2 | .. | Elastocrepe 301501 | SN |
| | BANDAGE ELASTIC CONFORMING | | | | |
| 4820Q | Bandage 2.5 cm | 5 | .. | Conform 2230 | KE |
| 4801Q | Bandage 2.5 cm x 1.8 m | 5 | .. | Telfa 8181 | KE |
| 4821R | Bandage 5 cm | 5 | .. | Conform 2231 | KE |
| 4802R | Bandage 5 cm x 1.8 m | 5 | .. | Telfa 8182 | KE |
| 4822T | Bandage 7.5 cm | 5 | .. | Conform 2232 | KE |
| 4803T | Bandage 7.5 cm x 1.8 m | 5 | .. | Telfa 8183 | KE |
| 4823W | Bandage 10 cm | 5 | .. | Conform 2236 | KE |
| 4804W | Bandage 10 cm x 1.8 m | 5 | .. | Telfa 8184 | KE |
| 4824X | Bandage 15 cm | 5 | .. | Conform 2238 | KE |
| 4805X | Bandage 15 cm x 1.8 m | 5 | .. | Telfa 8186 | KE |

| Code | Item | Max. Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | BANDAGE HIGH COMPRESSION | | | | |
| 4736G | Bandage 7.5 cm x 3 m | 5 | .. | Setopress 3504<br>Tensopress 4347 | BT<br>SN |
| | BANDAGE OPEN-WOVE | | | | |
| 4738J | Bandage 2.5 cm | 5 | .. | Handy 5551 | BE |
| 4739K | Bandage 5 cm | 5 | .. | Handy 5552 | BE |
| 4740L | Bandage 7.5 cm | 5 | .. | Handy 5553 | BE |
| 4741M | Bandage 10 cm | 5 | .. | Handy 5554 | BE |
| | BANDAGE PLASTER OF PARIS | | | | |
| 4744Q | Bandage 5 cm x 2.75 m | 5 | .. | Gypsona S5002 | SN |
| 4745R | Bandage 7.5 cm x 2.75 m | 5 | .. | Gypsona S5003 | SN |
| 4746T | Bandage 10 cm x 2.75 m | 5 | .. | Gypsona S5004 | SN |
| 4747W | Bandage 15 cm x 2.75 m | 5 | .. | Gypsona S5006 | SN |
| | BANDAGE TUBULAR | | | | |
| 4855M | Bandage 6.25 cm x 1 m | ‡1 | .. | Tubigrip B | BT |
| 4856N | Bandage 6.75 cm x 1 m | ‡1 | .. | Tubigrip C | BT |
| 4857P | Bandage 7.5 cm x 1 m | ‡1 | .. | Tubigrip D | BT |
| 4858Q | Bandage 8.75 cm x 1 m | ‡1 | .. | Tubigrip E | BT |
| 4859R | Bandage 10 cm x 1 m | ‡1 | .. | Tubigrip F | BT |
| | BANDAGE TUBULAR FINGER | | | | |
| 4798M | Complete pack including applicator | ‡1 | .. | Scholl Tubegauz | SO |
| | BANDAGE WRINKLED COTTON CREPE | | | | |
| 4833J | Bandage 5 cm x 1.5 m (hospital quality) | 2 | .. | Telfa 8232 | KE |
| 4881X | Bandage 5 cm x 1.6 m (medium) | 2 | .. | Handycrepe 8235 | BE |
| 4834K | Bandage 7.5 cm x 1.5 m (hospital quality) | 2 | .. | Telfa 8233 | KE |
| 4882Y | Bandage 7.5 cm x 1.6 m (medium) | 2 | .. | Handycrepe 8238 | BE |
| 4835L | Bandage 10 cm x 1.5 m (hospital quality) | 2 | .. | Telfa 8234 | KE |
| 4883B | Bandage 10 cm x 1.6 m (medium) | 2 | .. | Handycrepe 8240 | BE |
| 4884C | Bandage 15 cm x 1.6 m (medium) | 2 | .. | Handycrepe 8245 | BE |
| | BANDAGE ZINC PASTE | | | | |
| 4751C | Bandage 6.5 cm x 80 cm (tubular) | 2 | .. | Acoband | PS |
| 4750B | Bandage 7.5 cm x 6 m | 2 | .. | Viscopaste 4948A | SN |
| | BANDAGE ZINC PASTE and ICHTHAMMOL | | | | |
| 4752D | Bandage 7.5 cm x 6 m | 2 | .. | Ichthopaste 4959 | SN |
| | COTTON WOOL ROLL | | | | |
| 4701K | Roll 100 g | ‡1 | 2 | JJ 02013 | JJ |
| 4702L | Roll 375 g | ‡1 | 2 | JJ 02011 | JJ |

| Code | Item | Max. Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | DRESSING ALGINATE | | | | |
| 4830F | Sterile single sachet 5 cm x 5 cm | 10 | 1 | Kaltostat 010154 | FA |
| 4831G | Sterile single sachets 10 cm x 10 cm, 10 | ‡1 | 1 | Sorbsan | BT |
| 4832H | Sterile single unit 2 g packing | 10 | 1 | Kaltostat 010170 | FA |
| | DRESSING ALGINATE with CHARCOAL | | | | |
| 4837N | Sterile single sachet 7.5 cm x 12 cm | 10 | 1 | Kaltocarb 015741 | FA |
| | DRESSING ELASTIC ADHESIVE | | | | |
| 4754F | Pack 6 cm x 1 m | ‡1 | .. | Elastoplast 4025 | SN |
| | DRESSING HYDROCOLLOID | | | | |
| 4885D | Sterile single sachets 5 cm x 6 cm, 10 | ‡1 | 1 | Cutinova Hydro 47441 | BE |
| 4886E | Sterile single sachets 10 cm x 10 cm, 5 | ‡1 | 3 | Cutinova Hydro 47443 | BE |
| | | | | Duoderm E | CC |
| 4887F | Sterile single sachets 10 cm x 10 cm, 10 | ‡1 | 1 | Comfeel Ulcer Dressing 3213 | CT |
| | DRESSING HYDROCOLLOID THIN | | | | |
| 4888G | Sterile single sachets 5 cm x 7 cm, 10 | ‡1 | 1 | Comfeel Transparent 3507 | CT |
| 4889H | Sterile single sachets 9 cm x 14 cm, 10 | ‡1 | 1 | Comfeel Transparent 3514 | CT |
| | DRESSING NON-ADHERENT DRY ABSORBENT | | | | |
| 4755G | Sterile single pack 5 cm x 7.5 cm | 10 | .. | Telfa 1961C | KE |
| 4758K | Sterile single pack 7.5 cm x 10 cm | 10 | .. | Telfa 2132C | KE |
| 4860T | Sterile single sachets 5 cm x 5 cm, 5 | ‡1 | .. | Melolin 100020 | SN |
| 4861W | Sterile single sachets 10 cm x 10 cm, 10 | ‡1 | .. | Melolin 4933 | SN |
| | DRESSING PARAFFIN GAUZE | | | | |
| 4759L | Sterile sachets 10 cm x 10 cm, 10 | ‡1 | .. | Jelonet 7404 | SN |
| | DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE | | | | |
| 4845B | Sterile sachets 10 cm x 10 cm, 10 | ‡1 | 2 | Bactigras 7457 | SN |
| | | | | Clorhexitulle | RL |
| 4846C | Sterile sachets 10 cm x 40 cm, 10 | ‡1 | 2 | Bactigras 00616 | SN |
| 4847D | Sterile sachets 15 cm x 20 cm, 10 | ‡1 | 2 | Bactigras 7461 | SN |
| | DRESSING POLYURETHANE FOAM | | | | |
| 4890J | Sterile single sachets 7.5 cm x 7.5 cm, 5 | ‡1 | 3 | Lyofoam | BT |
| 4891K | Sterile single sachets 10 cm x 10 cm, 5 | ‡1 | 3 | Lyofoam | BT |
| | DRESSING POLYURETHANE FOAM with CHARCOAL | | | | |
| 4892L | Sterile single sachets 10 cm x 10 cm, 25 | ‡1 | .. | Lyofoam C | BT |

| Code | Item | Max. Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | DRESSING POLYURETHANE TRANSPARENT FILM | | | | |
| 4839Q | Sterile single sachet 14 cm x 10 cm | 10 | 1 | Op-Site 4963 | SN |
| 4893M | Sterile single sachets 12 cm x 12 cm, 10 | ‡1 | 1 | Op-Site Flexigrid 4629 | SN |
| | DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT | | | | |
| 4843X | Sterile sachets 5 cm x 7.5 cm, 10 | ‡1 | 2 | Telfa 6020C | KE |
| 4844Y | Sterile sachets 7.5 cm x 10 cm, 6 | ‡1 | 2 | Telfa 7650C | KE |
| | FELT PAD BUNION | | | | |
| 4762P | Pads, 4 | ‡1 | .. | Scholl | SO |
| | FELT PAD CALLOUS | | | | |
| 4763Q | Pads, 4 | ‡1 | .. | Scholl | SO |
| | FELT PAD CORN | | | | |
| 4764R | Pads, 9 | ‡1 | .. | Scholl | SO |
| | GAUZE ABSORBENT COTTON | | | | |
| 4704N | Pack 90 cm x 1 m | ‡1 | .. | Handy 4021 | BE |
| | GAUZE ABSORBENT PAD | | | | |
| 4707R | Pads 5 cm x 5 cm, 100 | ‡1 | .. | Handy 5672 | BE |
| 4710X | Pads 7.5 cm x 7.5 cm, 100 | ‡1 | .. | Handy 5673 | BE |
| 4708T | Pads 10 cm x 10 cm, 100 | ‡1 | .. | Handy 5674 | BE |
| 4807B | Sterile single packs 5 cm x 5 cm, 100 | ‡1 | .. | Curity 3381 | KE |
| 4709W | Sterile single packs 7.5 cm x 7.5 cm, 100 | ‡1 | .. | Curity 6132 | KE |
| 4808C | Sterile single packs 10 cm x 10 cm, 100 | ‡1 | .. | Curity 6309 | KE |
| | GAUZE and COTTON TISSUE (COMBINE ROLL) | | | | |
| 4767X | Wrapped pack 9 cm x 10 m | ‡1 | .. | SN 121054A | SN |
| 4761N | Wrapped pack 10 cm x 10 m | ‡1 | .. | JJ 12010 | JJ |
| | GAUZE EYE PADS | | | | |
| 4768Y | Pads, 12 | ‡1 | .. | Curity 4112 | KE |
| | GAUZE POVIDONE-IODINE PAD | | | | |
| 4779M | Sterile sachets 22.5 cm x 7.5 cm, pack of 12 | ‡1 | 2 | Betadine | FA |
| | GLOVES PLASTIC (DISPOSABLE)<br>**NOTE:**<br>For occlusive dressing use only. | | | | |
| 4772E | Small, 100 | ‡1 | .. | Handy 4207 | BE |
| 4773F | Medium, 100 | ‡1 | .. | Handy 4208 | BE |
| 4774G | Large, 100 | ‡1 | .. | Handy 4209 | BE |
| | HYDROGEL | | | | |
| 4894N | Sterile single sachets 25 g, 10 | ‡1 | 1 | Intrasite Gel 7399 | SN |
| | LAMBS WOOL | | | | |
| 4777K | Original pack | ‡1 | .. | Scholl | SO |

| Code | Item | Max. Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | LINT ABSORBENT | | | | |
| 4711Y | Pack 50 g | ‡1 | .. | Handy 4032 | BE |
| | PASTE HYDROCOLLOID | | | | |
| 4895P | Sterile tube 50 g | 2 | 3 | Comfeel Paste 4701 | CT |
| | PLASTER ADHESIVE ELASTIC | | | | |
| 4780N | Roll 2.5 cm x 2.5 m | ‡1 | .. | Leukoplast 1071 | BE |
| 4781P | Roll 5 cm x 2.5 m | ‡1 | .. | Leukoplast 1072 | BE |
| 4733D | Roll 5 cm x 2.75 m | ‡1 | .. | Elastoplast 186101 | SN |
| 4782Q | Roll 7.5 cm x 2.5 m | ‡1 | .. | Leukoplast 1073 | BE |
| 4734E | Roll 7.5 cm x 2.75 m | ‡1 | .. | Elastoplast 186001 | SN |
| 4735F | Roll 10 cm x 2.75 m | ‡1 | .. | Elastoplast 1004 | SN |
| | PLASTER ADHESIVE HYPOALLERGENIC | | | | |
| 4784T | Roll 1.25 cm x 5 m | ‡1 | .. | Leukoflex 1121 | BE |
| 4783R | Roll 1.25 cm x 5 m | ‡1 | .. | Leukopor 2471 | BE |
| 4785W | Roll 1.25 cm x 5 m | ‡1 | .. | Leukosilk 1021 | BE |
| 4786X | Roll 2.5 cm x 5 m | ‡1 | .. | Leukoflex 1122 | BE |
| 4794H | Roll 2.5 cm x 5 m | ‡1 | .. | Leukopor 2472 | BE |
| 4787Y | Roll 2.5 cm x 5 m | ‡1 | .. | Leukosilk 1022 | BE |
| 4863Y | Roll 2.5 cm x 10 m | ‡1 | .. | Hypafix 4208 | SN |
| 4788B | Roll 5 cm x 5 m | ‡1 | .. | Leukoflex 1124 | BE |
| 4790D | Roll 5 cm x 5 m | ‡1 | .. | Leukopor 2474 | BE |
| 4789C | Roll 5 cm x 5 m | ‡1 | .. | Leukosilk 1024 | BE |
| 4870H | Roll (dispenser) 1.25 cm x 4.5 m | ‡1 | .. | Duropore 2610 | MM |
| 4868F | Roll (dispenser) 1.25 cm x 4.5 m | ‡1 | .. | Micropore R3 | MM |
| 4869G | Roll (dispenser) 1.25 cm x 4.5 m | ‡1 | .. | Transpore TR1 | MM |
| 4872K | Roll (dispenser) 1.25 cm x 4.5 m | ‡1 | .. | Micropore Skintone RF7 | MM |
| 4871J | Roll (dispenser) 1.25 cm x 4.5 m | ‡1 | .. | Blenderm BR1 | MM |
| 4875N | Roll (dispenser) 2.5 cm x 4.5 m | ‡1 | .. | Duropore 2611 | MM |
| 4873L | Roll (dispenser) 2.5 cm x 4.5 m | ‡1 | .. | Micropore R4 | MM |
| 4874M | Roll (dispenser) 2.5 cm x 4.5 m | ‡1 | .. | Transpore TR2 | MM |
| 4877Q | Roll (dispenser) 2.5 cm x 4.5 m | ‡1 | .. | Micropore Skintone RF8 | MM |
| 4876P | Roll (dispenser) 2.5 cm x 4.5 m | ‡1 | .. | Blenderm BR2 | MM |

| Code | Item | Max. Qty | No. of Rpts | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | PLASTER ADHESIVE WATERPROOF | | | | |
| 4791E | Roll 2.5 cm x 5 m | ‡1 | .. | Leukoplast 2322 | BE |
| 4792F | Roll 5 cm x 5 m | ‡1 | .. | Leukoplast 2324 | BE |
| 4793G | Roll 7.5 cm x 5 m | ‡1 | .. | Leukoplast 2325 | BE |

# Proprietary Index

for

PBS and RPBS Schedules

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**ABBREVIATIONS:**

| | |
|---|---|
| **(PBS)** | **Pharmaceutical Benefits Schedule** |
| **(RPBS)** | **Repatriation Pharmaceutical Benefits Schedule** |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Abbocillin-V | AB | Phenoxymethylpenicillin |
| Abbocillin-VK | AB | Phenoxymethylpenicillin |
| Accomin Adult Tonic | LE | Vitamin B Group Complex (RPBS) |
| Accutrend Glucose | BO | Glucose Indicator—Blood |
| Acetopt | SI | Sulfacetamide Sodium |
| Achromycin | LE | Tetracycline Hydrochloride |
| Achromycin V | LE | Tetracycline Hydrochloride (Buffered) |
| Aci-Jel | JC | Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulfate (RPBS) |
| Aclin | AF | Sulindac |
| Aclin 200 | AF | Sulindac |
| Acoband | PS | Bandage Zinc Paste (RPBS) |
| Actilyse | BY | Alteplase |
| Actraphane HM | NO | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Actrapid HM | NO | Insulin Neutral |
| Actrapid HM Penfill | NO | Insulin Neutral |
| Actuss | SI | Pholcodine (RPBS) |
| Adacor | NN | Hydrocortisone Acetate |
| Adalat | BN | Nifedipine |
| Adalat 5 | BN | Nifedipine |
| Adalat 20 | BN | Nifedipine |
| Adaquin | NN | Quinine Sulfate |
| Adasone | NN | Prednisone |
| Adnisolone | NN | Prednisolone |
| Adriamycin Solution | FE | Doxorubicin Hydrochloride |
| Adroyd | PD | Oxymetholone |
| Ad-sorb | MM | Charcoal, Activated |
| Agon SR | HP | Felodopine |
| Akineton | KN | Biperiden Hydrochloride |
| Albalon-A | AG | Antazoline with Naphazoline |
| Albalon Liquifilm | AG | Naphazoline Hydrochloride |
| Albay Bee Venom | BN | Insect Allergen Extract—Honey Bee Venom |
| Albay Wasp Venom | BN | Insect Allergen Extract—Paper Wasp Venom |
| Albay Yellow Jacket Venom | BN | Insect Allergen Extract—Yellow Jacket Venom |
| Albumaid XP | SB | Protein Hydrolysate Formula without Phenylalanine |
| Albumaid XPXT | SB | Protein Hydrolysate Formula without Phenylalanine and Tyrosine |
| Alclox 250 | AF | Cloxacillin |
| Alclox 500 | AF | Cloxacillin |
| Aldactone | SR | Spironolactone |
| Aldazine 10 | AF | Thioridazine Hydrochloride |
| Aldazine 25 | AF | Thioridazine Hydrochloride |
| Aldazine 50 | AF | Thioridazine Hydrochloride |
| Aldazine 100 | AF | Thioridazine Hydrochloride |
| Aldecin | SH | Beclomethasone Dipropionate (PBS & RPBS) |
| Aldecin Aqueous | SH | Beclomethasone Dipropionate |
| Aldomet | MK | Methyldopa |
| Aldomet-M | MK | Methyldopa |
| Alepam 15 | AF | Oxazepam |
| Alepam 30 | AF | Oxazepam |
| Alfaré | NT | Triglycerides, Medium Chain |
| Alkeran | BW | Melphalan |
| Allegron | DL | Nortriptyline Hydrochloride |
| Alodorm | AF | Nitrazepam |
| Alphacin 250 | AF | Ampicillin |
| Alphacin 500 | AF | Ampicillin |
| Alphamox 250 | AF | Amoxycillin |
| Alphamox 500 | AF | Amoxycillin |
| Alphapress 25 | AF | Hydralazine Hydrochloride |
| Alphapress 50 | AF | Hydralazine Hydrochloride |
| Alphosyl | SV | Allantoin and Coal Tar Extract (RPBS) |
| Alprim | AF | Trimethoprim |
| Aludrox | WT | Aluminium Hydroxide with Magnesium Hydroxide |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Ames-BG | AM | Glucose Indicator—Blood |
| Amfamox 20 | AD | Famotidine |
| Amfamox 40 | AD | Famotidine |
| Aminogran F.S. | GL | Amino Acid Formula without Phenylalanine |
| Aminogran M.M. | GL | Mineral Mixture |
| Aminopt | SI | Aminacrine Hydrochloride |
| Amizide | AF | Hydrochlorothiazide with Amiloride Hydrochloride |
| Amoxil | SK | Amoxycillin |
| Amoxil Forte | SK | Amoxycillin |
| Amphojel | WT | Aluminium Hydroxide |
| Ampicyn | FC | Ampicillin |
| Amprace 5 | AD | Enalapril Maleate |
| Amprace 10 | AD | Enalapril Maleate |
| Amprace 20 | AD | Enalapril Maleate |
| Amytal Sodium | LY | Amylobarbitone Sodium |
| Anafranil | CG | Clomipramine Hydrochloride |
| Anamorph | FM | Morphine Sulfate |
| Anapolon | SD | Oxymetholone |
| Anatensol | BQ | Fluphenazine Hydrochloride |
| Ancolan | BT | Meclozine Hydrochloride (RPBS) |
| Andriol | OR | Testosterone Undecanoate |
| Androcur | SC | Cyproterone Acetate |
| Anginine Stabilised | BW | Glyceryl Trinitrate |
| Anpec 40 | AF | Verapamil Hydrochloride |
| Anpec 80 | AF | Verapamil Hydrochloride |
| Anpine | AF | Nifedipine |
| Antabuse | JC | Disulfiram (RPBS) |
| Antadine | BT | Amantadine Hydrochloride |
| Antenex 2 | AF | Diazepam |
| Antenex 5 | AF | Diazepam |
| Anthel 125 | AF | Pyrantel Embonate |
| Anthel 250 | AF | Pyrantel Embonate |
| Antistine Privine | CG | Antazoline with Naphazoline |
| Anturan | CG | Sulfinpyrazone |
| Anusol | WW | Zinc Oxide |
| Apatef | LE | Cefotetan |
| Aprinox | BT | Bendrofluazide |
| Aprinox-M | BT | Bendrofluazide |
| Aptin | AP | Alprenolol Hydrochloride |
| Aquacare H.P. | AG | Urea |
| Aquadrate | NW | Urea |
| Aquamox | LE | Quinethazone |
| Aquasun Blockout Cream 15+ | RO | Sunscreens (RPBS) |
| Aquasun Blockout Lotion 15+ | RO | Sunscreens (RPBS) |
| Aratac 100 | AF | Amiodarone Hydrochloride |
| Aratac 200 | AF | Amiodarone Hydrochloride |
| Aristocomb | LE | Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin (RPBS) |
| Aristocort 0.02% | LE | Triamcinolone Acetonide |
| Aristocort 0.05% | LE | Triamcinolone Acetonide |
| Artane | LE | Benzhexol Hydrochloride |
| Arthrexin | AF | Indomethacin |
| Asmol | AF | Salbutamol |
| Aspalgin | FM | Codeine Phosphate with Aspirin (RPBS) |
| A.T. 10 | WL | Dihydrotachysterol |
| Atarax | PF | Hydroxyzine Pamoate (RPBS) |
| Atrobel | FM | Belladonna Alkaloids |
| Atrobel Forte | FM | Belladonna Alkaloids |
| Atromid-S | IC | Clofibrate |
| Atropt | SI | Atropine Sulfate |
| Atrovent | BY | Ipratropium Bromide |
| Augmentin | SK | Amoxycillin with Clavulanic Acid |
| Augmentin Forte | SK | Amoxycillin with Clavulanic Acid |
| Aureomycin | LE | Chlortetracycline Hydrochloride (RPBS) |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Aurorix | RO | Moclobemide |
| Austrapen | CS | Ampicillin |
| Austyn | FA | Theophylline |
| Avomine | MB | Promethazine Theoclate |
| Azol 100 | AF | Danazol |
| Azol 200 | AF | Danazol |
| Bactigras 7457/00616/7461 | SN | Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS) |
| Bactrim | RO | Trimethoprim with Sulfamethoxazole |
| Bactrim DS | RO | Trimethoprim with Sulfamethoxazole |
| B.A.L. | BT | Dimercaprol |
| Banish | SN | Deodorant Concentrate |
| Barbloc 5 | AF | Pindolol |
| Barbloc 15 | AF | Pindolol |
| Becloforte | GL | Beclomethasone Dipropionate |
| Beconase | GL | Beclomethasone Dipropionate (RPBS) |
| Beconase AQ | GL | Beclomethasone Dipropionate |
| Becotide | GL | Beclomethasone Dipropionate |
| Becotide 100 | GL | Beclomethasone Dipropionate |
| Becotide Rotacaps | GL | Beclomethasone Dipropionate |
| Becotide Rotahaler | GL | Rotahalers (RPBS) |
| Benadryl | PD | Diphenhydramine Hydrochloride (RPBS) |
| Benemid | FR | Probenecid |
| Benzemul | MG | Benzyl Benzoate |
| Betachek | NA | Glucose Indicator—Blood |
| Betadine | FA | Gauze Povidone-Iodine Pad (RPBS) |
| Betadine Antiseptic Liquid | FA | Povidone-Iodine (RPBS) |
| Betaloc | AP | Metoprolol Tartrate |
| Betamin | RR | Thiamine Hydrochloride |
| Beta-Sol | FM | Thiamine Hydrochloride |
| Betnovate | GL | Betamethasone Valerate (RPBS) |
| Betnovate 1/5 | GL | Betamethasone Valerate |
| Betnovate 1/2 | GL | Betamethasone Valerate (PBS & RPBS) |
| Betoptic | AQ | Betaxolol Hydrochloride |
| B.F.I. | MK | Bismuth Formic Iodide (RPBS) |
| Bi-Chinine | MB | Quinine Bisulfate |
| Bicillin All-Purpose | WY | Benzathine Penicillin with Procaine Penicillin and Benzylpenicillin Potassium |
| Bicillin L-A | WY | Benzathine Penicillin |
| Bioral | SN | Carbenoxolone Sodium (RPBS) |
| Biphasil 21 | WY | Levonorgestrel with Ethinyloestradiol |
| Biphasil 28 | WY | Levonorgestrel with Ethinyloestradiol |
| Biquin | NN | Quinine Bisulfate |
| Bi-Quinate | RR | Quinine Bisulfate |
| Bisalax | FC | Bisacodyl |
| Blenderm BR1/BR2 | MM | Plaster Adhesive Hypoallergenic (RPBS) |
| Blenoxane | BC | Bleomycin |
| Bleph 10 | AG | Sulfacetamide Sodium |
| Blocadren | FR | Timolol Maleate |
| BM-Test-BG | BO | Glucose Indicator—Blood |
| BM-Test-Glycemie 20-800 | BO | Glucose Indicator—Blood |
| Brevinor | SD | Norethisterone with Ethinyloestradiol |
| Brevinor-1 | SD | Norethisterone with Ethinyloestradiol |
| Bricanyl | AP | Terbutaline Sulfate |
| Bricanyl Nebuhaler 2022 | AP | Inhalation Device (RPBS) |
| Bricanyl Respules | AP | Terbutaline Sulfate |
| Bricanyl Turbuhaler | AP | Terbutaline Sulfate |
| Brondecon-PD | PD | Choline Theophyllinate |
| Brondecon Elixir-PD | PD | Choline Theophyllinate |
| Brufen | BT | Ibuprofen |
| Bufferin | MJ | Aspirin |
| Burinex | AP | Bumetanide |
| Buscopan | BY | Hyoscine Butylbromide (RPBS) |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Cafergot S | SZ | Ergotamine Tartrate with Caffeine |
| Calcihep | FC | Heparin Calcium |
| Calciparine | BL | Heparin Calcium |
| Calcisorb | MM | Sodium Cellulose Phosphate |
| Calcitare | MB | Calcitonin |
| Calmurid | OL | Urea |
| Cal-Sup | MM | Calcium |
| Calsynar | MB | Calcitonin |
| Caltrate | LE | Calcium |
| Cancel | WO | Deodorant Concentrate |
| Canesten | BN | Clotrimazole |
| Canesten 1 | BN | Clotrimazole |
| Canesten 3 | BN | Clotrimazole |
| Capoten | BQ | Captopril |
| Caprin 5000 | CS | Heparin Calcium |
| Caprin 5000 Forte | CS | Heparin Calcium |
| Caprin 12500 | CS | Heparin Calcium |
| Capurate-100 | FM | Allopurinol |
| Capurate-300 | FM | Allopurinol |
| Carafate | BT | Sucralfate |
| Cardizem | IC | Diltiazem Hydrochloride |
| Cardizem-SR | IC | Diltiazem Hydrochloride |
| Catapres | BY | Clonidine |
| Catapres 100 | BY | Clonidine |
| Ceclor | LY | Cefaclor |
| Cefamezin | SI | Cephazolin |
| Celestone | SH | Betamethasone |
| Celestone Chronodose | SH | Betamethasone Acetate with Betamethasone Sodium Phosphate |
| Celestone-M | SH | Betamethasone Valerate |
| Celestone-V Half Strength | SH | Betamethasone Valerate (PBS & RPBS) |
| Celestone-V | SH | Betamethasone Valerate (RPBS) |
| Celestone-VG | SH | Betamethasone Valerate and Gentamicin Sulfate (RPBS) |
| Celontin | PD | Methsuximide |
| Ceporex | GL | Cephalexin |
| Cerumol | AC | Dichlorobenzene, Chlorbutol and Turpentine Oil (RPBS) |
| Chinine | MB | Quinine Sulfate |
| Chlorohex | OM | Chlorhexidine Gluconate (RPBS) |
| Chloromycetin | PD | Chloramphenicol |
| Chloromycetin Succinate | PD | Chloramphenicol |
| Chloromyxin | PD | Chloramphenicol with Polymyxin B Sulfate |
| Chlorquin | FC | Chloroquine |
| Chlorsig | SI | Chloramphenicol |
| Chlorvescent | FC | Potassium Chloride |
| Chlotride | AD | Chlorothiazide |
| Choledyl | WW | Choline Theophyllinate |
| Cibacalcin | CG | Calcitonin |
| Cidomycin | RL | Gentamicin Sulfate |
| Cilamox | SI | Amoxycillin |
| Cilicaine | SI | Procaine Penicillin |
| Cilicaine V | SI | Phenoxymethylpenicillin |
| Cilicaine VK | SI | Phenoxymethylpenicillin |
| Ciproxin 250 | BN | Ciprofloxacin |
| Ciproxin 500 | BN | Ciprofloxacin |
| Ciproxin 750 | BN | Ciprofloxacin |
| Citralite | FC | Sodium Citro–Tartrate |
| Citralka | PD | Sodium Acid Citrate |
| Citravescent Sachets | FC | Sodium Citro-Tartrate |
| Claforan | RL | Cefotaxime |
| Clinistix | AM | Glucose Indicator—Urine |
| Clinitest | AM | Copper Sulfate |
| Clinoril | FR | Sulindac |
| Clinoril 200 | FR | Sulindac |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Clofen 10 | AF | Baclofen |
| Clofen 25 | AF | Baclofen |
| Clomid | ML | Clomiphene Citrate |
| Clonea | AF | Clotrimazole |
| Clorhexitulle | RL | Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS) |
| Codalgin | FM | Codeine Phosphate with Paracetamol (RPBS) |
| Codate | MB | Codeine Phosphate |
| Codral Forte | BW | Codeine Phosphate with Aspirin |
| Cogentin | MK | Benztropine Mesylate (PBS & RPBS) |
| Col | AF | Clofibrate |
| Colese | AF | Mebeverine Hydrochloride (RPBS) |
| Colestid | UP | Colestipol Hydrochloride |
| Colgout | FC | Colchicine |
| Colifoam | SV | Hydrocortisone Acetate |
| Colofac | JC | Mebeverine Hydrochloride (RPBS) |
| Coloxyl | FM | Docusate Sodium with Bisacodyl |
| Coloxyl 50 | FM | Docusate Sodium (RPBS) |
| Coloxyl 120 | FM | Docusate Sodium (RPBS) |
| Coloxyl with Senna | FM | Docusate Sodium with Senna (RPBS) |
| Coly-Mycin Ear Drops | WW | Colistin with Neomycin |
| Coly-Mycin Injection | WW | Colistin |
| Comfeel Paste 4701 | CT | Paste Hydrocolloid (RPBS) |
| Comfeel Transparent 3507/3514 | CT | Dressing Hydrocolloid Thin (RPBS) |
| Comfeel Ulcer Dressing 3213 | CT | Dressing Hydrocolloid (RPBS) |
| Compazine | SK | Prochlorperazine |
| Conform 2230/2231/2232/ 2236/2238 | KE | Bandage Elastic Conforming (RPBS) |
| Corbeton 20 | AF | Oxprenolol Hydrochloride |
| Corbeton 40 | AF | Oxprenolol Hydrochloride |
| Cordarone X 100 | RC | Amiodarone Hydrochloride |
| Cordarone X 200 | RC | Amiodarone Hydrochloride |
| Cordilox | SC | Verapamil Hydrochloride |
| Cordilox SR | SC | Verapamil Hydrochloride |
| Cortate | FC | Cortisone Acetate |
| Cortef | UP | Hydrocortisone Acetate |
| Cotazym S Forte | OR | Pancrelipase |
| Coumadin | BT | Warfarin |
| Coversyl | SE | Perindopril Erbumine |
| Curity 3381/6132/6309 | KE | Gauze Absorbent Pad (RPBS) |
| Curity 4112 | KE | Gauze Eye Pads (RPBS) |
| Cutinova Hydro 47441/47443 | BE | Dressing Hydrocolloid (RPBS) |
| Cycloblastin | FE | Cyclophosphamide |
| Cyklokapron | PS | Tranexamic Acid |
| Cytadren | CG | Aminoglutethimide |
| Cytosar-U | UP | Cytarabine |
| Cytotec | SR | Misoprostol |
| Daktarin | JC | Miconazole (RPBS) |
| Dalacin C | UP | Clindamycin |
| Dalmane | RO | Flurazepam Dihydrochloride (RPBS) |
| Dan Gard | FA | Zinc Pyrithione (RPBS) |
| Dan Gard Hold & Care | FA | Zinc Pyrithione (RPBS) |
| Danocrine | WL | Danazol |
| Dantrium | NW | Dantrolene Sodium |
| Daonil | HP | Glibenclamide |
| Dapa-Tabs | AF | Indapamide |
| Daranide | SI | Dichlorphenamide |
| Daraprim | BW | Pyrimethamine |
| Decadron | MK | Dexamethasone |
| Decadron Shock Pak | MK | Dexamethasone |
| Deca-Durabolin | OR | Nandrolone Decanoate |
| De-Lact Infant | SJ | Milk Powder—Low Lactose Formula |
| Delta-Cortef | UP | Prednisolone |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Deltasolone | MB | Prednisolone |
| Deltasone | MB | Prednisone |
| De-Nol | PD | Bismuth Subcitrate |
| Depend Undergarments 1651 | KC | Absorbent Napkins (RPBS) |
| Depo-Medrol | UP | Methylprednisolone Acetate |
| Depo-Provera | UP | Medroxyprogesterone |
| Deptran 10 | AF | Doxepin Hydrochloride |
| Deptran 25 | AF | Doxepin Hydrochloride |
| Deptran 50 | AF | Doxepin Hydrochloride |
| Deralin 10 | AF | Propranolol Hydrochloride |
| Deralin 40 | AF | Propranolol Hydrochloride |
| Deralin 160 | AF | Propranolol Hydrochloride |
| Dermacort | PD | Hydrocortisone Acetate |
| Dermacort "O" | PD | Hydrocortisone Acetate |
| Dermatar | HA | Pine Tar and Triethanolamine Lauryl Sulfate (RPBS) |
| Dermazole | EO | Econazole Nitrate (RPBS) |
| Deseril | SZ | Methysergide |
| Dexmethsone | FC | Dexamethasone |
| Diabex | FC | Metformin Hydrochloride |
| Diabinese | PF | Chlorpropamide |
| Diaformin | AF | Metformin Hydrochloride |
| Diamicron | SE | Gliclazide |
| Diamox | LE | Acetazolamide |
| Diastix | AM | Glucose Indicator—Urine |
| Dibenyline | SK | Phenoxybenzamine Hydrochloride |
| Dichlotride | MK | Hydrochlorothiazide |
| Didronel | NW | Disodium Etidronate |
| Difflam | MM | Benzydamine Hydrochloride (RPBS) |
| Diflucan | PF | Fluconazole |
| Digestelact | SJ | Milk Powder—Lactose Modified |
| Dihydergot | SZ | Dihydroergotamine Mesylate |
| Dilantin | PD | Phenytoin |
| Dilantin Infatabs | PD | Phenytoin |
| Dilantin Sodium | PD | Phenytoin Sodium |
| Dilosyn | SI | Methdilazine Hydrochloride |
| Dindevan | BT | Phenindione |
| Dipentum | PS | Olsalazine Sodium |
| Diprosone | SH | Betamethasone Dipropionate (PBS & RPBS) |
| Disipal | MM | Orphenadrine Hydrochloride |
| Diulo | SR | Metolazone |
| Dolobid | MK | Diflunisal |
| Doloxene | LY | Dextropropoxyphene Napsylate (RPBS) |
| Donnatab | WT | Belladonna Alkaloids |
| Doryx | FA | Doxycycline |
| Dothep 25 | AF | Dothiepin Hydrochloride |
| Dothep 75 | AF | Dothiepin Hydrochloride |
| Doxylin 50 | AF | Doxycycline |
| Doxylin 100 | AF | Doxycycline |
| D-Penamine | DL | Penicillamine |
| Drapolex | BW | Benzalkonium Chloride, Cetrimide and Lanolin (RPBS) |
| Drixine | SH | Oxymetazoline Hydrochloride (RPBS) |
| Drixora | SH | Pseudoephedrine Sulfate (RPBS) |
| Ducene | SU | Diazepam |
| Duoderm E | CC | Dressing Hydrocolloid (RPBS) |
| Duphalac | JC | Lactulose |
| Duphaston | JC | Dydrogesterone |
| Durabolin | OR | Nandrolone Phenylpropionate |
| Duratears | AQ | Paraffin |
| Durolax | BY | Bisacodyl |
| Duropore 2610/2611 | MM | Plaster Adhesive Hypoallergenic (RPBS) |
| Duro-Tuss | MM | Pholcodine (RPBS) |
| Dyazide | SK | Hydrochlorothiazide with Triamterene |
| Dymadon | BW | Paracetamol |
| Dymadon Co. | BW | Codeine Phosphate with Paracetamol (RPBS) |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Dymadon Forte | BW | Codeine Phosphate with Paracetamol |
| Dymadon P | BW | Paracetamol |
| Dytac | SK | Triamterene |
| Ecostatin | BQ | Econazole Nitrate |
| Ecotrin | SK | Aspirin |
| Edecril | MK | Ethacrynic Acid |
| E.D.P. | BT | Povidone-Iodine (RPBS) |
| E.E.S. 200 | AB | Erythromycin Ethyl Succinate |
| E.E.S. 400 | AB | Erythromycin Ethyl Succinate |
| E.E.S. Dulcet | AB | Erythromycin Ethyl Succinate |
| Effercal-600 | HA | Calcium Carbonate (RPBS) |
| Efudix | RO | Fluorouracil (RPBS) |
| Egocort Cream 1% | EO | Hydrocortisone |
| Egoderm Cream | EO | Allantoin, Glycerol and Ichthammol (RPBS) |
| Egopsoryl-TA | EO | Allantoin, Sulfur, Phenol, Coal Tar Solution and Menthol (RPBS) |
| Elastocrepe 300501/307501/301001/301501 | SN | Bandage Cotton Crepe Heavy (RPBS) |
| Elastoplast 186101/186001/1004 | SN | Plaster Elastic Adhesive (RPBS) |
| Elastoplast 4025 | SN | Dressing Elastic Adhesive (RPBS) |
| Eldepryl | RC | Selegiline Hydrochloride |
| Eleuphrat | EX | Betamethasone Dipropionate |
| Elixophyllin | SC | Theophylline |
| Emoten 1 | AF | Lorazepam (RPBS) |
| Emoten 2.5 | AF | Lorazepam (RPBS) |
| EMU-V | UP | Erythromycin |
| Endep 10 | AF | Amitriptyline Hydrochloride |
| Endep 25 | AF | Amitriptyline Hydrochloride |
| Endep 50 | AF | Amitriptyline Hydrochloride |
| Endone | BT | Oxycodone Hydrochloride |
| Enduron | AB | Methyclothiazide |
| Enduron M | AB | Methyclothiazide |
| Epifrin | AG | Adrenaline |
| Epilim | RC | Sodium Valproate |
| Epilim EC | RC | Sodium Valproate |
| Epilim Liquid | RC | Sodium Valproate |
| Epilim Syrup | RC | Sodium Valproate |
| Eppy/N | BF | Adrenaline |
| Ergodryl Mono | PD | Ergotamine Tartrate |
| Eryc | FA | Erythromycin |
| Eryc LD | FA | Erythromycin |
| Erythrocin | AB | Erythromycin Lactobionate |
| Erythrocin | AB | Erythromycin Stearate |
| Erythrocin-I.M. | AB | Erythromycin |
| Estigyn | GL | Ethinyloestradiol |
| Estraderm 25 | CG | Oestradiol |
| Estraderm 50 | CG | Oestradiol |
| Estraderm 100 | CG | Oestradiol |
| Eucerin | SN | Wool Alcohols |
| Euglucon | SK | Glibenclamide |
| Euhypnos | FE | Temazepam |
| Eulexin | SH | Flutamide |
| ExacTech | FE | Glucose Indicator—Blood |
| Farlutal | FE | Medroxyprogesterone |
| Fasigyn | PF | Tinidazole |
| Fefol | SK | Ferrous Sulfate Dried with Folic Acid |
| Feldene | PF | Piroxicam |
| Fenac | AF | Diclofenac Sodium |
| Fergon | WL | Ferrous Gluconate |
| Ferro-Gradumets | AB | Ferrous Sulfate Dried |
| Ferrum H | SI | Iron Polymaltose Complex |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Fespan | SK | Ferrous Sulfate Dried |
| F.G.F. | AB | Ferrous Sulfate Dried with Folic Acid |
| Fisamox | FC | Amoxycillin |
| Fisamox 250 | FC | Amoxycillin |
| Fisamox 500 | FC | Amoxycillin |
| Flagyl | MB | Metronidazole |
| Flagyl S | MB | Metronidazole Benzoate |
| Flagyl Statpak | MB | Metronidazole |
| Flarex | AQ | Fluorometholone Acetate |
| Flopen | CS | Flucloxacillin |
| Florinef | BQ | Fludrocortisone Acetate |
| Floxapen | SK | Flucloxacillin |
| Flucil 250 | FC | Flucloxacillin |
| Flucil 500 | FC | Flucloxacillin |
| Flucon | AQ | Fluorometholone |
| Fluoroplex | AG | Fluorouracil (RPBS) |
| Fluvax | CS | Influenza Vaccine |
| FML Liquifilm | AG | Fluorometholone |
| Folasic | NN | Folic Acid |
| Folicid | RR | Folic Acid |
| Fucidin | CS | Fusidic Acid |
| Fulcin 500 | IC | Griseofulvin |
| Fungilin | BQ | Amphotericin |
| Fungizone | BQ | Amphotericin |
| Furadantin | NW | Nitrofurantoin |
| Fybogel | RC | Ispaghula Husk (RPBS) |
| Garamycin | SH | Gentamicin Sulfate |
| Gastrogel | FM | Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide |
| Gavigrans | RC | Alginic Acid Compound (RPBS) |
| Gaviscon P | RC | Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate |
| Gelusil | WW | Aluminium Hydroxide with Magnesium Hydroxide |
| Genoptic | AG | Gentamicin Sulfate |
| Genox 10 | AF | Tamoxifen Citrate |
| Genox 20 | AF | Tamoxifen Citrate |
| Glimel | AF | Glibenclamide |
| Glucagon Novo | NO | Glucagon Hydrochloride |
| Glucofilm | AM | Glucose Indicator—Blood |
| Glucophage | LH | Metformin Hydrochloride |
| Glucostix | AM | Glucose Indicator—Blood |
| Gold-50 | SH | Aurothioglucose |
| Granocol | SC | Sterculia with Frangula Bark (PBS & RPBS) |
| Griseostatin | SH | Griseofulvin |
| Grisovin | GL | Griseofulvin |
| Grisovin 500 | GL | Griseofulvin |
| Gyne-Lotremin | SH | Clotrimazole |
| Gyno-Daktarin 7 | JP | Miconazole Nitrate |
| Gyno-Travogen | SC | Isoconazole Nitrate |
| Gypsona S5002/S5003/S5004/ S5006 | SN | Bandage Plaster of Paris (RPBS) |
| Haemaccel | HP | Polygeline |
| Haldol decanoate | JC | Haloperidol Decanoate |
| Haleraid | GL | Inhalation Lever Device For Metered Aerosol (RPBS) |
| Halotestin | UP | Fluoxymesterone |
| Hamilton Bath Oil | HA | Bath Emollient (RPBS) |
| Hamilton Body Wash | HA | Skin Cleanser (RPBS) |
| Hamilton Broad Spectrum Milky Lotion 15+ | HA | Sunscreens (RPBS) |
| Hamilton Broad Spectrum Solastick 15+ | HA | Sunscreens (RPBS) |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Hamilton Sunscreen Broad Spectrum Cream 15+ | HA | Sunscreens (RPBS) |
| Handy 4021 | BE | Gauze Absorbent Cotton (RPBS) |
| Handy 5672/5673/5674 | BE | Gauze Absorbent Pad (RPBS) |
| Handy 4032 | BE | Lint Absorbent (RPBS) |
| Handy 5608 | BE | Bandage Calico Triangular (RPBS) |
| Handy 5551/5552/5553/5554 | BE | Bandage Open-Wove (RPBS) |
| Handy 4207/4208/4209 | BE | Gloves Plastic (Disposable) (RPBS) |
| Handy-Band 9483/9485/9488/ 9490/9495 | BE | Bandage Cotton Conforming (RPBS) |
| Handycrepe 8235/8238/8240/ 8245 | BE | Bandage Wrinkled Cotton Crepe (RPBS) |
| Handygauze 8631/8633 | BE | Bandage Cohesive (RPBS) |
| Hemineurin | AP | Chlormethiazole Edisylate |
| Herplex | AG | Idoxuridine |
| Hibitane Concentrate | IC | Chlorhexidine Gluconate |
| Hifluor | AF | Sodium Fluoride (RPBS) |
| Hiprex | MM | Hexamine Hippurate |
| Hismanal | JC | Astemizole (RPBS) |
| Histalert | MM | Diphenylpyraline Hydrochloride (RPBS) |
| HMS Liquifilm | AG | Medrysone |
| Hollihesive Skin Barrier | HO | Polyisobutylene |
| Honvan | BQ | Fosfestrol Sodium |
| Humegon | OR | Human Menopausal Gonadotrophin standardised with Human Chorionic Gonadotrophin |
| Humulin L | LY | Insulin Zinc Suspension (Lente) |
| Humulin NPH | LY | Insulin Isophane (N.P.H.) |
| Humulin R | LY | Insulin Neutral |
| Humulin UL | LY | Insulin Zinc Suspension (Crystalline) (Ultralente) |
| Humulin 30/70 | LY | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Hycor Eye Drops | SI | Hydrocortisone |
| Hycor Eye Ointment | SI | Hydrocortisone Acetate |
| Hydopa | AF | Methyldopa |
| Hydrea | BQ | Hydroxyurea |
| Hydrene 25/50 | AF | Hydrochlorothiazide with Triamterene |
| Hydroform | DM | Hydrocortisone and Clioquinol (RPBS) |
| Hygroton | CG | Chlorthalidone |
| Hypafix 4208 | SN | Plaster Adhesive Hypoallergenic (RPBS) |
| Hyperstat I.V. | SH | Diazoxide |
| Hypnodorm | AF | Flunitrazepam (RPBS) |
| Hypoguard GA | HG | Glucose Indicator—Blood |
| Hypoguard Supreme | HG | Glucose Indicator—Blood |
| Hypurin Isophane | FC | Insulin Isophane (N.P.H.) |
| Hypurin Neutral | FC | Insulin Neutral |
| Hysone 4 | AF | Hydrocortisone |
| Hysone 20 | AF | Hydrocortisone |
| Ibiamox | FC | Amoxycillin |
| Ibilex 125 | AF | Cephalexin |
| Ibilex 250 | AF | Cephalexin |
| Ibilex 500 | AF | Cephalexin |
| Ichthopaste 4959 | SN | Bandage Zinc Paste and Ichthammol (RPBS) |
| Ilosone | LY | Erythromycin Estolate |
| Imdur | AP | Isosorbide Mononitrate |
| Imodium | JC | Loperamide Hydrochloride |
| Imuran | BW | Azathioprine |
| Inderal | IC | Propranolol Hydrochloride |
| Indocid | MK | Indomethacin |
| Insulatard Human | ND | Insulin Isophane (N.P.H.) |
| Insulatard Human Nordisk 2.5 mL | ND | Insulin Isophane (N.P.H.) |
| Insuject-X | | |
| Insulin 2 | NO | Insulin, Acid |
| Intal | FC | Sodium Cromoglycate |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Intal Forte | FC | Sodium Cromoglycate |
| Intal Spincaps | FC | Sodium Cromoglycate |
| Intal Spinhaler | FC | Spinhaler (RPBS) |
| Intrasite Gel 7399 | SN | Hydrogel (RPBS) |
| Intron A | SH | Interferon Alfa-2b |
| Invite-B | NN | Thiamine Hydrochloride |
| Inza 250 | AF | Naproxen |
| Inza 500 | AF | Naproxen |
| Ionil | GA | Salicylic Acid, Benzalkonium Chloride, Alcohol and Polyoxyethylene Ethers (RPBS) |
| Ionil Rinse | GA | Hydrolyzed Collagen Proteins (RPBS) |
| Ionil-T | GA | Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers (RPBS) |
| Isoptin | KN | Verapamil Hydrochloride |
| Isoptin SR | KN | Verapamil Hydrochloride |
| Isopto Carpine | AQ | Pilocarpine Hydrochloride |
| Isopto Frin | AQ | Phenylephrine Hydrochloride |
| Isopto Tears | AQ | Hypromellose |
| Isordil | AY | Isosorbide Dinitrate |
| Isordil Sublingual | AY | Isosorbide Dinitrate |
| Isotard MC | NO | Insulin Isophane (N.P.H.) |
| Isotrate | PD | Isosorbide Dinitrate |
| Isotrate Sublingual | PD | Isosorbide Dinitrate |
| Jelonet 7404 | SN | Dressing Paraffin Gauze (RPBS) |
| JJ 02011/02013 | JJ | Cotton Wool Roll (RPBS) |
| JJ 12010 | JJ | Gauze and Cotton Tissue (Combine Roll) (RPBS) |
| Kabikinase | PS | Streptokinase |
| Kaltocarb 015741 | FA | Dressing Alginate with Charcoal (RPBS) |
| Kaltostat 010154/010170 | FA | Dressing Alginate (RPBS) |
| Kaluril | AF | Amiloride Hydrochloride |
| Kaomagma | WT | Aluminium Hydroxide with Kaolin |
| Karaya Paste | HO | Sterculia |
| Karbons | EG | Charcoal, Activated |
| Kay Ciel | SC | Potassium Chloride |
| Keflex | LY | Cephalexin |
| Keflin Neutral | LY | Cephalothin |
| Kefzol | LY | Cephazolin |
| Kemadrin | BW | Procyclidine Hydrochloride |
| Kenacomb | BQ | Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin (RPBS) |
| Kenacomb Otic | BQ | Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin |
| Kenacort-A10 | BQ | Triamcinolone Acetonide |
| Kenalone | BQ | Triamcinolone Acetonide |
| Kenalone 0.02% | BQ | Triamcinolone Acetonide |
| Keto-Diabur-Test 5000 | BO | Glucose and Ketone Indicator—Urine |
| Keto-Diastix | AM | Glucose and Ketone Indicator—Urine |
| Kinidin | AP | Quinidine Bisulfate |
| Kolpon | OR | Oestrone |
| KSR | AF | Potassium Chloride |
| Lacril | AG | Hypromellose |
| Lacri-Lube S.O.P. | AG | Paraffin |
| Lacrisert | SI | Hydroxypropylcellulose |
| Lanoxin | BW | Digoxin |
| Lanoxin-PG | BW | Digoxin |
| Lanvis | BW | Thioguanine |
| Largactil | MB | Chlorpromazine Hydrochloride |
| Lasix | HP | Frusemide |
| Lasix-M | HP | Frusemide |
| Latycin | BZ | Tetracycline Hydrochloride |
| Ledermycin | LE | Demeclocycline Hydrochloride |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Ledertrexate | LE | Methotrexate |
| Lente MC | NO | Insulin Zinc Suspension |
| Leukeran | BW | Chlorambucil |
| Leukoflex 1121/1122/1124 | BE | Plaster Adhesive Hypoallergenic (RPBS) |
| Leukoplast 1071/1072/1073 | BE | Plaster Adhesive Elastic (RPBS) |
| Leukoplast 2322/2324/2325 | BE | Plaster Adhesive Waterproof (RPBS) |
| Leukopor 2471/2472/2474 | BE | Plaster Adhesive Hypoallergenic (RPBS) |
| Leukosilk 1021/1022/1024 | BE | Plaster Adhesive Hypoallergenic (RPBS) |
| Levlen ED | SY | Levonorgestrel with Ethinyloestradiol |
| Lexotan | RO | Bromazepam (RPBS) |
| Librium | RO | Chlordiazepoxide (RPBS) |
| Lincocin | UP | Lincomycin |
| Lincocin SS Paediatric | UP | Lincomycin |
| Linsal | SI | Methyl Salicylate |
| Lioresal 10 | CG | Baclofen |
| Lioresal 25 | CG | Baclofen |
| Lipex 5 | AD | Simvastatin |
| Lipex 10 | AD | Simvastatin |
| Lipex 20 | AD | Simvastatin |
| Liquifilm Forte | AG | Polyvinyl Alcohol |
| Liquifilm Tears | AG | Polyvinyl Alcohol |
| Lithicarb | FC | Lithium Carbonate |
| Locacorten Vioform | CG | Flumethasone Pivalate with Clioquinol |
| Lofenalac | MJ | Phenylalanine Low Content Formula |
| Logynon ED | SY | Levonorgestrel with Ethinyloestradiol |
| Lomotil | SR | Diphenoxylate Hydrochloride with Atropine Sulfate |
| Loniten | UP | Minoxidil |
| Lopid | PD | Gemfibrozil |
| Lopresor 50 | CG | Metoprolol Tartrate |
| Lopresor 100 | CG | Metoprolol Tartrate |
| Losec | AP | Omeprazole |
| Lotremin | SH | Clotrimazole |
| LPV | CS | Phenoxymethylpenicillin |
| LPV 125 | CS | Phenoxymethylpenicillin |
| LPV 250 | CS | Phenoxymethylpenicillin |
| Lubafax | BW | Lubricating Agent (RPBS) |
| Lucrin | AB | Leuprorelin Acetate |
| Lurselle | ML | Probucol |
| Lyofoam | BT | Dressing Polyurethane Foam (RPBS) |
| Lyofoam C | BT | Dressing Polyurethane Foam with Charcoal (RPBS) |
| Macrodantin | NW | Nitrofurantoin |
| Macrodex | PS | Dextran 70 with Glucose |
| Macrodex | PS | Dextran 70 with Sodium Chloride |
| Madopar | RO | Levodopa with Benserazide |
| Madopar HBS | RO | Levodopa with Benserazide |
| Madopar-M | RO | Levodopa with Benserazide |
| Madopar Q | RO | Levodopa with Benserazide |
| Magmin | VG | Magnesium Aspartate (RPBS) |
| Mandelamine | WW | Hexamine Mandelate |
| Mandelamine Hafgrams | WW | Hexamine Mandelate |
| Marevan | BA | Warfarin |
| Maxamaid XP | SB | Amino Acid Formula with Vitamins and Minerals without Phenylalanine |
| Maxamum XP | SB | Amino Acid Formula with Vitamins and Minerals without Phenylalanine |
| Maxidex | AQ | Dexamethasone |
| Maxolon | SK | Metoclopramide Hydrochloride |
| MCT Oil | MJ | Triglycerides, Medium Chain |
| Medi Swab 1000H | SN | Injection Site Preparation Swab (RPBS) |
| Mefic | WW | Mefenamic Acid |
| Megafol 0.5 | AF | Folic Acid |
| Megafol 5 | AF | Folic Acid |
| Megostat | BQ | Megestrol Acetate |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Melipramine | UW | Imipramine Hydrochloride |
| Melleril | SZ | Thioridazine Hydrochloride |
| Melolin 100020/4933 | SN | Dressing Non-Adherent Dry Absorbent (RPBS) |
| Merbentyl | ML | Dicyclomine Hydrochloride (RPBS) |
| Mesasal | SK | Mesalazine |
| Mestinon | RO | Pyridostigmine Bromide |
| Metamucil | PY | Psyllium Hydrophilic Mucilloid (RPBS) |
| Methoblastin | FE | Methotrexate |
| Methopt | SI | Hypromellose |
| Methopt Forte | SI | Hypromellose |
| Metrodin 75 | SG | Urofollitrophin |
| Metrodin 150 | SG | Urofollitrophin |
| Metrogyl 200 | AF | Metronidazole |
| Metrogyl 400 | AF | Metronidazole |
| Metrozine | SR | Metronidazole |
| Metsal | MM | Methyl Salicylate |
| Mexitil | BY | Mexiletine Hydrochloride |
| Miacalcic | SZ | Calcitonin |
| Microgynon 30 | SC | Levonorgestrel with Ethinyloestradiol |
| Microgynon 30 ED | SC | Levonorgestrel with Ethinyloestradiol |
| Microgynon 50 | SC | Levonorgestrel with Ethinyloestradiol |
| Microgynon 50 ED | SC | Levonorgestrel with Ethinyloestradiol |
| Microlax | PS | Sodium Citrate and Sodium Lauryl Sulfoacetate and Sorbitol (RPBS) |
| Microlut 28 | SC | Levonorgestrel |
| Micronor | JC | Norethisterone |
| Micropore R3/R4 | MM | Plaster Adhesive Hypoallergenic (RPBS) |
| Micropore Skintone RF7/RF8 | MM | Plaster Adhesive Hypoallergenic (RPBS) |
| Microval 28 | WY | Levonorgestrel |
| Midamor | MK | Amiloride Hydrochloride |
| Milontin | PD | Phensuximide |
| Minax 50 | AF | Metoprolol Tartrate |
| Minax 100 | AF | Metoprolol Tartrate |
| Minidiab | FE | Glipizide |
| Minidine Antiseptic Solution | HA | Povidone-Iodine (RPBS) |
| Minipress | PF | Prazosin Hydrochloride |
| Minirin | FC | Desmopressin |
| Minomycin | LE | Minocycline |
| Minomycin-50 | LE | Minocycline |
| Mintezol | MK | Thiabendazole |
| Mixtard 15/85 Human | ND | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Mixtard 15/85 Human Nordisk 2.5 mL Insuject-X | ND | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Mixtard 30/70 | ND | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Mixtard 30/70 Human Nordisk 2.5 mL Insuject-X | ND | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Mixtard 30/70 Penfill | ND | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Mixtard 50/50 Human | ND | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Mixtard 50/50 Human Nordisk 2.5 mL Insuject-X | ND | Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane) |
| Modecate | BQ | Fluphenazine Decanoate |
| Moduretic | MK | Hydrochlorothiazide with Amiloride Hydrochloride |
| Mogadon | RO | Nitrazepam |
| Monistat 7 | CL | Miconazole Nitrate |
| Monistat Derm | JC | Miconazole Nitrate |
| Monofeme 28 | AY | Levonorgestrel with Ethinyloestradiol |
| Monopril | BQ | Fosinopril Sodium |
| Monotard HM | NO | Insulin Zinc Suspension |
| Motilium | JC | Domperidone |
| Moxacin | CS | Amoxycillin |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Moxacin 250 | CS | Amoxycillin |
| MS Contin | PS | Morphine Sulfate |
| M.S.U.D. AID | SB | Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine |
| M.S.U.D. Maxamaid | SB | Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine |
| Mucaine | WT | Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine |
| Mucomyst | AP | Acetylcysteine |
| Murelax | AY | Oxazepam |
| Myambutol | LE | Ethambutol Hydrochloride (RPBS) |
| Mycostatin | BQ | Nystatin |
| Mylanta | PD | Aluminium Hydroxide with Magnesium Hydroxide |
| Mylanta II | PD | Aluminium Hydroxide with Magnesium Hydroxide and Simethicone (RPBS) |
| Myleran | BW | Busulfan |
| Myocrisin | MB | Sodium Aurothiomalate |
| Myoquin | FM | Quinine Bisulfate |
| Mysoline | IC | Primidone |
| Mysteclin-250 | BQ | Tetracycline Hydrochloride (Buffered) |
| Naloxone Min-I-Jet | CS | Naloxone Hydrochloride |
| Naphcon Forte | AQ | Naphazoline Hydrochloride |
| Naprosyn | SD | Naproxen |
| Naprosyn SR750 | SD | Naproxen |
| Naprosyn SR1000 | SD | Naproxen |
| Narcan Neonatal | BT | Naloxone Hydrochloride |
| Nardil | WW | Phenelzine Sulfate |
| Natrilix | SE | Indapamide |
| Navidrex | CG | Cyclopenthiazide |
| Nebcin | LY | Tobramycin Sulfate |
| Negram | WL | Nalidixic Acid |
| Nemdyn | HA | Neomycin Undecenoate with Bacitracin Zinc |
| Neo-Cytamen | BL | Hydroxocobalamin |
| Neo-Mercazole | NS | Carbimazole |
| Neosporin Eye Drops | BW | Polymyxin B Sulfate with Neomycin Sulfate and Gramicidin |
| Neosporin Eye Ointment | BW | Polymyxin B Sulfate with Bacitracin and Neomycin Sulfate |
| Neosulf | AF | Neomycin Sulfate |
| Neulactil | MB | Pericyazine |
| Nilstat | LE | Nystatin |
| Nitoman | RO | Tetrabenazine |
| Nitradisc | SR | Glyceryl Trinitrate |
| Nitro-Bid | FC | Glyceryl Trinitrate |
| Nitrolingual Spray | FC | Glyceryl Trinitrate |
| Nivaquine | MB | Chloroquine |
| Nizoral | JC | Ketoconazole |
| Nolvadex | IC | Tamoxifen Citrate |
| Nolvadex-D | IC | Tamoxifen Citrate |
| Nordette 21 | WY | Levonorgestrel with Ethinyloestradiol |
| Nordette 28 | WY | Levonorgestrel with Ethinyloestradiol |
| Nordette 50 | WY | Levonorgestrel with Ethinyloestradiol |
| Nordicort | NR | Hydrocortisone Sodium Succinate |
| Nordiol 21 | WY | Levonorgestrel with Ethinyloestradiol |
| Nordiol 28 | WY | Levonorgestrel with Ethinyloestradiol |
| Noriday 28 Day | SD | Norethisterone |
| Norinyl-1 | SD | Norethisterone with Mestranol |
| Norinyl-1/28 | SD | Norethisterone with Mestranol |
| Normison | WY | Temazepam |
| Normosol R | AB | Electrolyte Replacement Solution |
| Noroxin | MK | Norfloxacin |
| Norpace | SR | Disopyramide |
| Nortab | BQ | Nortriptyline Hydrochloride |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Noten | AF | Atenolol |
| Novantrone | LE | Mitozantrone |
| Nuelin | MM | Theophylline |
| Nuelin Paediatric | MM | Theophylline |
| Nuelin-Sprinkle | MM | Theophylline |
| Nuelin-S.R. 250 | MM | Theophylline |
| Nutramigen | MJ | Protein Hydrolysate Formula |
| Nutraplus | GA | Urea |
| Ocusert Pilo 20 | AG | Pilocarpine |
| Ocusert Pilo 40 | AG | Pilocarpine |
| Odorgon | LA | Deodorant Concentrate |
| Ogen .625 | AB | Piperazine Oestrone Sulfate |
| Ogen 1.25 | AB | Piperazine Oestrone Sulfate |
| Oncovin | LY | Vincristine Sulfate |
| Op-Site 4963 | SN | Dressing Polyurethane Transparent Film (RPBS) |
| Op-Site Flexigrid 4629 | SN | Dressing Polyurethane Transparent Film (RPBS) |
| Opticrom | FC | Sodium Cromoglycate |
| Orabase | BQ | Carmellose Sodium with Pectin and Gelatin (RPBS) |
| Oradexon | OR | Dexamethasone |
| Oroxine | BW | Thyroxine Sodium |
| Orudis | MB | Ketoprofen |
| Orudis SR | MB | Ketoprofen |
| Orudis SR 200 | MB | Ketoprofen |
| Ospolot | BN | Sulthiame |
| Ostelin | BT | Ergocalciferol |
| Ovestin | OR | Oestriol |
| Ovulen 0.5/50 | SR | Ethynodiol Diacetate with Ethinyloestradiol |
| Ovulen 0.5/50-28 | SR | Ethynodiol Diacetate with Ethinyloestradiol |
| Ovulen 1/50 | SR | Ethynodiol Diacetate with Ethinyloestradiol |
| Ovulen 1/50-28 | SR | Ethynodiol Diacetate with Ethinyloestradiol |
| Panadeine Forte Caplets | WL | Codeine Phosphate with Paracetamol |
| Panafcort | FC | Prednisone |
| Panafcortelone | FC | Prednisolone |
| Panamax | WL | Paracetamol |
| Pancrease | JC | Pancrelipase |
| Paralgin | FM | Paracetamol |
| Paraplatin | BQ | Carboplatin |
| Parlodel | SZ | Bromocriptine Mesylate |
| Parnate | SK | Tranylcypromine Sulfate |
| Paroven | CG | Hydroxyethylrutosides (RPBS) |
| Pedi-Derm | NN | Tolnaftate (RPBS) |
| Pedoz | HA | Tetra-bromo-orthocresol, Undecenoic Acid, Zinc Undecenoate and Zinc Oxide (RPBS) |
| Peg 7420/7422/7423/7425 | BK | Bandage Cohesive (RPBS) |
| Penbritin | SK | Ampicillin |
| Pensig | SI | Phenethicillin |
| Pensig 125 | SI | Phenethicillin |
| Pensig 250 | SI | Phenethicillin |
| Pepcidine | MK | Famotidine |
| Pepcidine M | MK | Famotidine |
| Pergonal | SG | Human Menopausal Gonadotrophin |
| Pergonal 150 | SG | Human Menopausal Gonadotrophin |
| Periactin | FR | Cyproheptadine Hydrochloride |
| Pertofran | CG | Desipramine Hydrochloride |
| Pevaryl | SK | Econazole Nitrate |
| Pexid | ML | Perhexiline Maleate |
| Pharmorubicin | FE | Epirubicin Hydrochloride |
| Phenergan | MB | Promethazine Hydrochloride (RPBS) |
| Pholcolin Red | MB | Pholcodine (RPBS) |
| Phosphate Sandoz | SZ | Sodium Acid Phosphate |
| Phospholine Iodide | AY | Ecothiopate Iodide |
| Physeptone | BW | Methadone Hydrochloride |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Pilopt | SI | Pilocarpine Hydrochloride |
| Pinetarsol | EO | Pine Tar and Triethanolamine Lauryl Sulfate (RPBS) |
| PK AID I | SB | Amino Acid Formula without Phenylalanine |
| PK AID II | SB | Amino Acid Formula without Phenylalanine |
| Plaqacide | OB | Chlorhexidine Gluconate (RPBS) |
| Plaquenil | WL | Hydroxychloroquine Sulfate |
| Plasma-Lyte 148 | BX | Electrolyte Replacement Solution |
| Plendil ER | AP | Felodopine |
| Plesmet | NN | Ferrous Aminoacetosulfate |
| Pneumovax 23 | CS | Pneumococcal Vaccine, Polyvalent |
| Polytar | SX | Pine Tar, Cade Oil, Coal Tar Solution, Arachis Oil Extract of Crude Coal Tar and Oleyl Alcohol (RPBS) |
| Ponstan | PD | Mefenamic Acid |
| Portagen | MJ | Triglycerides, Medium Chain |
| Posalfilin | NE | Salicylic Acid and Podophyllin Resin (RPBS) |
| Pramin | AF | Metoclopramide Hydrochloride |
| Prantal | SH | Diphemanil Methylsulfate (RPBS) |
| Prednefrin Forte | AG | Prednisolone Acetate with Phenylephrine Hydrochloride |
| Predsol | GL | Prednisolone Sodium Phosphate |
| Prefrin-Z | AG | Zinc Sulfate with Phenylephrine Hydrochloride |
| Pregestimil | MJ | Triglycerides, Medium Chain |
| Pregnyl | OR | Human Chorionic Gonadotrophin |
| Premarin | AY | Oestrogens—Conjugated |
| Prepulsid | JC | Cisapride |
| Presolol 100 | AF | Labetalol Hydrochloride |
| Presolol 200 | AF | Labetalol Hydrochloride |
| Priadel | FC | Lithium Carbonate |
| Primobolan | SC | Methenolone Acetate |
| Primogyn Depot | SC | Oestradiol Valerate |
| Primolut N | SC | Norethisterone |
| Primoteston Depot | SC | Testosterone Enanthate |
| Prinivil 5 | AD | Lisinopril |
| Prinivil 10 | AD | Lisinopril |
| Prinivil 20 | AD | Lisinopril |
| Pro-Banthine | SR | Propantheline Bromide |
| Procainamide Durules | AP | Procainamide Hydrochloride (RPBS) |
| Proctosedyl | RL | Hydrocortisone, Cinchocaine Hydrochloride and Aesculin (RPBS) |
| Profasi 500 | SG | Human Chorionic Gonadotrophin |
| Profasi 1000 | SG | Human Chorionic Gonadotrophin |
| Profasi 2000 | SG | Human Chorionic Gonadotrophin |
| Profasi 5000 | SG | Human Chorionic Gonadotrophin |
| Progout 100 | AF | Allopurinol |
| Progout 300 | AF | Allopurinol |
| Progynova | SC | Oestradiol Valerate |
| Proladone | BT | Oxycodone |
| Prominal | WL | Methylphenobarbitone |
| Pronestyl | BQ | Procainamide Hydrochloride |
| Propine | AG | Dipivefrine Hydrochloride |
| Prostigmin | RO | Neostigmine Bromide |
| Protamine Zinc Insulin MC | NO | Insulin Protamine Zinc |
| Protaphane HM | NO | Insulin Isophane (N.P.H.) |
| Protaphane HM Penfill | NO | Insulin Isophane (N.P.H.) |
| Prothiaden | BT | Dothiepin Hydrochloride |
| Provera | UP | Medroxyprogesterone |
| Prozac 20 | LY | Fluoxetine Hydrochloride |
| Pulmicort | AP | Budesonide |
| Pulmicort Respules | AP | Budesonide |
| Pulmicort Turbuhaler | AP | Budesonide |
| Purinethol | BW | Mercaptopurine |
| P.V. Carpine | AG | Pilocarpine Hydrochloride |
| PVK | LY | Phenoxymethylpenicillin |
| Questran Lite | AP | Cholestyramine |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Quinate | RR | Quinine Sulfate |
| Quinbisul | AF | Quinine Bisulfate |
| Quinoctal | FM | Quinine Sulfate |
| Quinsul | AF | Quinine Sulfate |
| QV Bath Oil | EO | Bath Emollient (RPBS) |
| Rafen 200 | AF | Ibuprofen |
| Ramace 1.25 mg | AP | Ramipril |
| Ramace 2.5 mg | AP | Ramipril |
| Ramace 5 mg | AP | Ramipril |
| Rastinon | HP | Tolbutamide |
| Renitec | MK | Enalapril Maleate |
| Renitec 20 | MK | Enalapril Maleate |
| Renitec M | MK | Enalapril Maleate |
| Repalyte New Formulation | MB | Electrolyte Replacement (Oral) |
| Resonium-A | WL | Sodium Polystyrene Sulfonate (RPBS) |
| Respolin | MM | Salbutamol Sulfate |
| Resprim | AF | Trimethoprim with Sulfamethoxazole |
| Resprim Forte | AF | Trimethoprim with Sulfamethoxazole |
| Reverin | HP | Rolitetracycline |
| Rheomacrodex | PS | Dextran 40 with Glucose |
| Rheomacrodex | PS | Dextran 40 with Sodium Chloride |
| Rhinalar Nasal Mist | SD | Flunisolide (RPBS) |
| Rhinocort Aqueous | AP | Budesonide |
| Ridaura | SK | Auranofin |
| Rikoderm | MM | Bath Emollient (RPBS) |
| Rimycin 150 | AF | Rifampicin |
| Rimycin 300 | AF | Rifampicin |
| Rivotril | RO | Clonazepam |
| Roaccutane | RO | Isotretinoin |
| Rocaltrol | RO | Calcitriol |
| Rocephin | RO | Ceftriaxone |
| Roferon-A | RO | Interferon Alfa-2a |
| Rohypnol | RO | Flunitrazepam (RPBS) |
| Rondomycin | WW | Methacycline Hydrochloride |
| Rulide | RL | Roxithromycin |
| RVHB Maxamaid | SB | Amino Acid Formula with Vitamins and Minerals without Methionine |
| Rynacrom | FC | Sodium Cromoglycate (RPBS) |
| Rynacrom | FC | Nasal Insufflator (RPBS) |
| Rythmodan | RL | Disopyramide |
| Sacsol | EG | Surgical Cement |
| Sacsol Non Flammable | EG | Surgical Cement |
| Salazopyrin | PS | Sulfasalazine |
| Salazopyrin-EN | PS | Sulfasalazine |
| Salbutamol 2.5 mg Sterinebs | DW | Salbutamol Sulfate |
| Salbutamol 5 mg Sterinebs | DW | Salbutamol Sulfate |
| Salicylin-P | KY | Salicylic Acid and Podophyllin Resin (RPBS) |
| Sandocal 1000 | SZ | Calcium |
| Sandomigran | SZ | Pizotifen Malate |
| Savacol Mouth and Throat Rinse | OM | Chlorhexidine Gluconate (RPBS) |
| SCF | SR | Sucralfate |
| Scheriproct | SC | Prednisolone Hexanoate, Cinchocaine Hydrochloride and Clemizole Undecylenate (RPBS) |
| Scholl | SO | Felt Pad Bunion (RPBS) |
| Scholl | SO | Felt Pad Callous (RPBS) |
| Scholl | SO | Felt Pad Corn (RPBS) |
| Scholl | SO | Lambs Wool (RPBS) |
| Scholl Tubegauz | SO | Bandage Tubular Finger (RPBS) |
| Sebitar | EO | Salicylic Acid, Coal Tar Solution, Pine Tar and Undecylenamide (RPBS) |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Seda-Gel | NN | Choline Salicylate, Cetalkonium Chloride, Menthol, Glycerol and Ethanol (RPBS) |
| Selsun | AB | Selenium Sulfide (RPBS) |
| Senagar | SI | Senega and Ammonia (RPBS) |
| Senamon | MB | Senega and Ammonia (RPBS) |
| Senokot | RC | Senna Standardised (RPBS) |
| Septrin | BW | Trimethoprim with Sulfamethoxazole |
| Septrin Forte | BW | Trimethoprim with Sulfamethoxazole |
| Sequilar ED | SC | Levonorgestrel with Ethinyloestradiol |
| Serenace | SR | Haloperidol |
| Serepax | WY | Oxazepam |
| Setopress 3504 | BT | Bandage High Compression (RPBS) |
| Sigmacort | SI | Hydrocortisone Acetate |
| Silic 15 | EO | Dimethicone and Glycerol (RPBS) |
| Silicon Skin Spray | EG | Dimethicone |
| Silvazine | SN | Silver Sulfadiazine with Chlorhexidine Gluconate |
| Simeco Suspension | WT | Aluminium Hydroxide with Magnesium Hydroxide |
| Sinemet | MK | Levodopa with Carbidopa |
| Sinemet 100/25 | MK | Levodopa with Carbidopa |
| Sinemet M | MK | Levodopa with Carbidopa |
| Sinequan | PF | Doxepin Hydrochloride |
| Skin Gel | HO | Isopropyl Monoester Polymer with Isopropyl Alcohol |
| Skin-Prep | SN | Butyl Monoester Polymer with Isopropyl Alcohol |
| Slo-bid | MB | Theophylline |
| Slow-K | CG | Potassium Chloride |
| SN 121054A | SN | Gauze and Cotton Tissue (Combine Roll) (RPBS) |
| Sodexol | SC | Aluminium Hydroxide with Magnesium Hydroxide |
| Sodibic | FC | Sodium Bicarbonate (RPBS) |
| Sofradex | RL | Dexamethasone with Framycetin Sulfate and Gramicidin |
| Soframycin | RL | Framycetin Sulfate |
| Softeze Absorbent Pad Regular 00217 | BS | Absorbent Napkins (RPBS) |
| Softeze Stretch Pants 56514/ 56515/56516 | BS | Absorbent Napkins Pants (RPBS) |
| Soft Guard XL Skin Barrier | SN | Polyisobutylene |
| Solcode | RC | Codeine Phosphate with Aspirin (RPBS) |
| Solone | FM | Prednisolone |
| Solprin | RC | Aspirin |
| Solu-Cortef | UP | Hydrocortisone Sodium Succinate |
| Solu-Medrol | UP | Methylprednisolone Sodium Succinate |
| Sone | FM | Prednisone |
| Sorbsan | BT | Dressing Alginate (RPBS) |
| Sotacor | AP | Sotalol Hydrochloride |
| Span-K | FC | Potassium Chloride |
| Spray-On Bande | EG | Polyvinylpyrrolidone and Vinyl Acetate Copolymer |
| Spren | SI | Aspirin |
| Squibb-HC | BQ | Hydrocortisone Acetate |
| S.R.A. | BT | Aspirin |
| Staphylex 250 | AF | Flucloxacillin |
| Staphylex 500 | AF | Flucloxacillin |
| Stelazine | SK | Trifluoperazine Hydrochloride |
| Stemetil | MB | Prochlorperazine |
| Sterofrin | AQ | Prednisolone Acetate |
| Stomahesive Paste | BQ | Butyl Monoester Polymer with Ethanol |
| Stomahesive Powder | BQ | Carmellose Sodium with Pectin and Gelatin |
| Stomahesive Set | BQ | Polyisobutylene |
| Stoxil | SK | Idoxuridine |
| Streptase | HP | Streptokinase |
| Sudafed | BW | Pseudoephedrine Hydrochloride (RPBS) |
| SunSense Cream 15+ | EO | Sunscreens (RPBS) |
| SunSense Lotion 15+ | EO | Sunscreens (RPBS) |
| SunSense Milk 15+ | EO | Sunscreens (RPBS) |
| Super Banish | SN | Deodorant Concentrate |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Surgam | RL | Tiaprofenic Acid |
| Surmontil | MB | Trimipramine Maleate |
| Sustanon "100" | OR | Testosterone Esters |
| Sustanon "250" | OR | Testosterone Esters |
| Symmetrel | CG | Amantadine Hydrochloride |
| Synacthen Depot 1 | CG | Tetracosactrin |
| Synphasic | SD | Norethisterone with Ethinyloestradiol |
| Syntocinon | SZ | Oxytocin |
| Syntometrine | SZ | Oxytocin with Ergometrine Maleate |
| Tagamet | SK | Cimetidine |
| Tagamet 800 Express | SK | Cimetidine |
| Tambocor | MM | Flecainide Acetate |
| Tarcil | SK | Ticarcillin |
| Tears Naturale | AQ | Hypromellose with Dextran |
| Tears Plus | AG | Polyvinyl Alcohol with Povidone |
| Tegretol | CG | Carbamazepine |
| Tegretol 100 | CG | Carbamazepine |
| Tegretol 200 | CG | Carbamazepine |
| Teldane | ML | Terfenadine (RPBS) |
| Telfa 1961C/2132C | KE | Dressing Non-Adherent Dry Absorbent (RPBS) |
| Telfa 6020C/7650C | KE | Dressing Self Adhesive Non-Adherent Dry Absorbent (RPBS) |
| Telfa 8252F/8253F/8254F | KE | Bandage Cotton Crepe Heavy (RPBS) |
| Telfa 8181/8182/8183/8184/8186 | KE | Bandage Elastic Conforming (RPBS) |
| Telfa 8232/8233/8234 | KE | Bandage Wrinkled Cotton Crepe (RPBS) |
| Temaze 10 | AF | Temazepam |
| Tenopt | SI | Timolol Maleate |
| Tenormin | IC | Atenolol |
| Tensopress 4347 | SN | Bandage High Compression (RPBS) |
| Teril | AF | Carbamazepine |
| Tertroxin | BT | Liothyronine |
| Tes-Tape | LY | Glucose Indicator—Urine |
| Tetrex | AP | Tetracycline Hydrochloride (Buffered) |
| Theo-Dur | AP | Theophylline |
| Thioprine | AF | Azathioprine |
| Thiotepa | LE | Thiotepa |
| Ticillin | CS | Ticarcillin |
| Tigason | RO | Etretinate |
| Tilcotil | RO | Tenoxicam |
| Timentin | SK | Ticarcillin with Clavulanic Acid |
| Timoptol | FR | Timolol Maleate |
| Tinaderm | SH | Tolnaftate (RPBS) |
| Titralac | MM | Calcium Carbonate with Glycine (RPBS) |
| Tobrex | AQ | Tobramycin |
| Tofranil | CG | Imipramine Hydrochloride |
| Tofranil 10 | CG | Imipramine Hydrochloride |
| Tofranil 25 | CG | Imipramine Hydrochloride |
| Tolvon | OR | Mianserin Hydrochloride |
| Topilar | SD | Fluclorolone Acetonide (PBS & RPBS) |
| Torecan | SZ | Thiethylperazine |
| Trandate | GL | Labetalol Hydrochloride |
| Transiderm-Nitro 25 | CG | Glyceryl Trinitrate |
| Transiderm-Nitro 50 | CG | Glyceryl Trinitrate |
| Transpore TR1/TR2 | MM | Plaster Adhesive Hypoallergenic (RPBS) |
| Tranxene | GL | Clorazepate Dipotassium (RPBS) |
| Travogen | SC | Isoconazole Nitrate |
| Trifeme 28 | AY | Levonorgestrel with Ethinyloestradiol |
| Triphasil | WY | Levonorgestrel with Ethinyloestradiol |
| Triphasil 28 | WY | Levonorgestrel with Ethinyloestradiol |
| Triprim | BW | Trimethoprim |
| Triquilar | SC | Levonorgestrel with Ethinyloestradiol |
| Triquilar ED | SC | Levonorgestrel with Ethinyloestradiol |
| Trisoralen | DT | Trioxysalen |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Tritace 1.25 mg | HP | Ramipril |
| Tritace 2.5 mg | HP | Ramipril |
| Tritace 5 mg | HP | Ramipril |
| Trobicin | UP | Spectinomycin |
| Tryptanol | MK | Amitriptyline Hydrochloride |
| Tubigrip B | BT | Bandage Tubular (RPBS) |
| Tubigrip C | BT | Bandage Tubular (RPBS) |
| Tubigrip D | BT | Bandage Tubular (RPBS) |
| Tubigrip E | BT | Bandage Tubular (RPBS) |
| Tubigrip F | BT | Bandage Tubular (RPBS) |
| Ulcol | AF | Sulfasalazine |
| Ultralan | SC | Fluocortolone Pivalate and Fluocortolone Hexanoate (RPBS) |
| Ultralan-D | SC | Fluocortolone Esters |
| Ultralente MC | NO | Insulin Zinc Suspension (Crystalline) |
| Ultraproct | SC | Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride (RPBS) |
| Ultratard HM | NO | Insulin Zinc Suspension (Crystalline) |
| Ungvita | NS | Vitamin A (RPBS) |
| Ungvita Cream | NS | Vitamin A, Calamine and Silicone Oil (RPBS) |
| Uni Derm | SN | Paraffin |
| Uni Salve | SN | Paraffin |
| Unisolve | SN | Surgical Cement |
| Uni Wash | SN | Octoxinol |
| Ural Sachets | AB | Sodium Citro-Tartrate |
| Urecholine | MK | Bethanechol Chloride |
| Urederm | HA | Urea |
| Uremide | AF | Frusemide |
| Urex | FM | Frusemide |
| Urex-Forte | FM | Frusemide |
| Urex-M | FM | Frusemide |
| Uro-Carb | HA | Bethanechol Chloride |
| Uro-Prep | SA | Butyl Monoester Polymer with Isopropyl Alcohol |
| Urolucosil | WW | Sulfamethizole |
| Vagifem | NO | Oestradiol |
| Valpro 200 | AF | Sodium Valproate |
| Valpro 500 | AF | Sodium Valproate |
| Valium | RO | Diazepam |
| Valpro 200 | AF | Sodium Valproate |
| Valpro 500 | AF | Sodium Valproate |
| Vancocin | LY | Vancomycin |
| Vasocardol SR | ML | Diltiazem Hydrochloride |
| Vaxigrip | PV | Influenza Vaccine |
| Velbe | LY | Vinblastine Sulfate |
| Velosulin Human | ND | Insulin Neutral |
| Velosulin Human Nordisk 2.5 mL Insuject (white) | ND | Insulin Neutral |
| Ventolin | GL | Salbutamol |
| Ventolin | GL | Salbutamol Sulfate |
| Ventolin Nebules | GL | Salbutamol Sulfate |
| Ventolin Rotacaps | GL | Salbutamol Sulfate |
| Ventolin Rotahaler | GL | Rotahalers (RPBS) |
| Vepesid | BQ | Etoposide |
| Veracaps SR | SI | Verapamil Hydrochloride |
| Vermox | JC | Mebendazole (RPBS) |
| Verpamil | PT | Verapamil Hydrochloride |
| Verpamil 120 | PT | Verapamil Hydrochloride |
| Vibramycin | PF | Doxycycline |
| Vibra-Tabs | PF | Doxycycline |
| Vioform | SI | Clioquinol |
| Viokase | AY | Pancreatin Enzyme |

| Proprietary Name | Manufacturer | Name |
|---|---|---|
| Vira A | PD | Vidarabine |
| Viscopaste 4948A | SN | Bandage Zinc Paste (RPBS) |
| Visken | SZ | Pindolol |
| Voltaren 25 | CG | Diclofenac Sodium |
| Voltaren 50 | CG | Diclofenac Sodium |
| Volumatic 10359 | GL | Inhalation Device (RPBS) |
| Waxsol | NE | Docusate Sodium (RPBS) |
| XPhen, Tyr Maxamum | SB | Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine |
| Xylocaine Viscous | AP | Lignocaine Hydrochloride and Carboxymethylcellulose (RPBS) |
| Xylocard 100 | AP | Lignocaine Hydrochloride |
| Xylocard 500 | AP | Lignocaine Hydrochloride |
| Xyloproct | AP | Hydrocortisone, Lignocaine Hydrochloride, Aluminium Subacetate and Zinc Oxide (RPBS) |
| Yomesan | BN | Niclosamide |
| Zantac | GL | Ranitidine Hydrochloride |
| Zantac Dispersible | GL | Ranitidine Hydrochloride |
| Zarontin | PD | Ethosuximide |
| Zavedos | FE | Idarubicin Hydrochloride |
| Zestril | IC | Lisinopril |
| Zincfrin | AQ | Zinc Sulfate with Phenylephrine Hydrochloride |
| Zocor | MK | Simvastatin |
| Zofran | GL | Ondansetron |
| Zoladex Depot | IC | Goserelin |
| Zovirax | BW | Acyclovir |
| Zovirax 200 mg | BW | Acyclovir |
| Zovirax 400 mg | BW | Acyclovir |
| Z.S.C. | SI | Zinc Oxide, Starch and Chlorphenesin (RPBS) |
| Zyloprim | BW | Allopurinol |

# TRADE NAMES INDEX

The following words, in association with a chemical name or generic name or approved name indicate the product of the manufacturer shown:

| | |
|---|---|
| Albay | Bayer Australia Limited—Allergen extracts |
| Caplets | Sterling Winthrop Pty Ltd—Capsule-shaped tablets |
| Dulcets | Abbott Laboratories Pty Ltd—Chewable tablets |
| Durules | Astra Pharmaceuticals Pty Ltd—Sustained release tablets |
| Ensa | Reckitts Pty Ltd—Tablet preparations |
| Filmtabs | Abbott Laboratories Pty Ltd—Coated tablets |
| Gradumets | Abbott Laboratories Pty Ltd—Sustained release tablets |
| Isopto | Alcon Laboratories (Australia) Pty Ltd—Eye drops |
| Nebules | Glaxo Australia Pty Ltd—Inhalation solutions |
| Novo | Novo Products of Novo Nordisk Pharmaceuticals Pty Ltd—Preparations |
| Pulvules | Eli Lilly (Aust.) and Company—Capsules |
| Respules | Astra Pharmaceuticals Pty Ltd—Nebuliser solution single dose units |
| Siguent | Sigma Co. Ltd—Ointment preparations |
| Spansules | SmithKline Beecham (Australia) Pty Ltd—Delayed release capsules |
| Sterinebs | Delta West Pty Ltd—Nebuliser solution single dose units |
| Sustets | Lederle Laboratories Division—Sustained release capsules |
| Tabloid | Wellcome Australia Limited—Tablet preparations |
| Turbuhaler | Astra Pharmaceuticals Pty Ltd—Breath actuated device inhalation |
| Venosol | Abbott Laboratories Pty Ltd—Intravenous infusions |
| Viaflex | Baxter Healthcare Pty Ltd—Intravenous infusions |
| Wellcome | Wellcome Australia Limited—Preparations |

COMMONWEALTH DEPARTMENT
OF HEALTH, HOUSING AND
COMMUNITY SERVICES

THERAPEUTIC
GOODS
ADMINISTRATION

# ACCESS TO UNREGISTERED DRUGS

# VIA

# THE SPECIAL ACCESS SCHEME (SAS)

The Special Access Scheme (SAS) allows individual patients to obtain access to drugs not yet registered for marketing in Australia.

Guidelines for medical practitioners' use of the Scheme follow.

The "Authority to Supply" at Attachment A is to be used for **Category A** patients only. The form may be photocopied and submitted as an alternative to obtaining forms from the Therapeutic Goods Administration (TGA).

**DEB 6**

**December 1992**

# INTRODUCTION

Three ways exist for individuals to gain access to drugs not yet registered for marketing in Australia. These are:

- importation for personal use,
- participation in a clinical trial, and
- under the SPECIAL ACCESS SCHEME (SAS).

**Importation for Personal Use**, except for certain classes of substance as described below, is permitted where

- the drugs are for the use of the importer or a member of the importer's immediate family;
- the quantity involved is not more than three months' supply (at the maximum dose recommended by the manufacturer); and
- if the product could be obtained in Australia only with a medical practitioner's prescription, the importer has the written authority of a registered medical practitioner.

The substances for which approval is still required generally fall into one of the categories:

- those which have the potential to cause dependence or have a propensity for abuse (narcotic drugs and psychotropic substances). Further information on the specific drugs which are controlled and the procedures can be obtained from the Drugs Monitoring Section, telephone (06) 289 7804, facsimile (06) 289 8308 or mail GPO Box 9848 Canberra ACT 2601;
- other drugs with a potential for abuse or which are dangerous (e.g. anabolic steroids). Further information can be obtained from the Drug Evaluation Branch, TGA, telephone (06) 289 8573, facsimile (06) 289 7724 or mail PO Box 100 Woden ACT 2606; and
- injectable drugs which contain material of human or animal origin because of the higher risk from this route of administration and the consequences of microbial contamination.

**Clinical Trial** requirements are set out in "Clinical Trials of Drugs in Australia", which should be read in association with the "Guidelines for Good Clinical Research Practice (GCRP) in Australia". Both publications are available from the Information Officer, TGA, telephone 008 020653, facsimile (06) 239 8605 or mail PO Box 100 Woden ACT 2606. **This is not the number to ring to request approval for a drug.**

**The Special Access Scheme** is the subject of this publication.

This guide describes how to obtain approval and, where necessary, the procedures for importing drugs. Medical practitioners working in an institution may also need ethical or peer review clearance prior to using a particular drug.

**A company is not required to supply a drug merely because its use has been approved under the Special Access Scheme.**

# THE SPECIAL ACCESS SCHEME (SAS)

Arrangements for access to unregistered drugs under the Special Access Scheme vary according to the health status of the individual.

Three categories of health status are recognised:

**Category A.** Terminally ill patients and seriously ill patients with life-threatening conditions.

**Category B.** Persons suffering from a life-threatening medical condition, even if they are not critically ill.

**Category C.** Persons suffering from a serious, but not life-threatening illness.

## CATEGORY A PATIENTS

### *What drugs are involved?*

Patients in this category are seen as having the right, in consultation with their medical practitioner, to use any drug, except those listed in Schedule 9 of the "Standard for the Uniform Scheduling of Drugs and Poisons". Schedule 9 essentially involves drugs of abuse.

### *What approval is necessary?*

Unlike Categories B and C there is no need to seek prior approval for the use of an unregistered drug on a Category A patient. The treating registered medical practitioner is in effect the approving authority in that he/she is prepared to prescribe the drug in question.

The practitioner is simply required—

(a) to have reached the conclusion that the patient's condition can be categorised as terminally ill or seriously ill with a life-threatening condition (a life-threatening condition being one "in which there is reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment");

(b) to have obtained the informed consent of the patient, or patient's legal representative, to the proposed treatment; including advising that the drug is not registered for marketing in this country. Consent should be gained in writing unless there are good reasons to the contrary; and

(c) to prescribe the drug in accordance with good medical practice.

Naturally, a medical practitioner is under no compulsion to approve any application for an unregistered drug against his/her principles.

***How to obtain the drug***

If the drug is available from an Australian source (sponsor company) then the sponsor company will require authorisation to release any unregistered product. As indicated above, in the case of Category A patients such authorisation may come from the treating practitioner. Attachment A to this publication is the form which should be used for this purpose. Additional copies may be obtained from the Information Officer, TGA, telephone 008 020653, facsimile (06) 239 8605 or mail PO Box 100 Woden ACT 2606, or the form may be copied. A prescription is also required for dispensing of the drug and should be supplied on request to your pharmacist, not the TGA.

Where it is necessary to import the drug this may be undertaken—

- by the patient or by his or her immediate family (see "Importation for Personal Use" above);
- by the prescribing practitioner; or
- in cases where personal importation is not appropriate and the drug is a narcotic or psychotropic substance controlled under Customs (Prohibited Import) Regulations, by a licensed importer. (The simplest approach may be to arrange for a pharmacist to apply for the necessary licence and permit.) Information on the requirements for a licence and permit can be obtained from the Drugs Monitoring Section, telephone (06) 289 7804, facsimile (06) 289 8308 or mail GPO Box 9848 Canberra ACT 2601.

The "Authority to Supply" form is sent, by the practitioner, to the sponsor and, a copy should be sent to the Medical Officer—SAS, TGA, PO Box 100 Woden ACT 2606, within 4 weeks of being signed. Failure to comply—maximum penalty of $1000. Where necessary a prescription must accompany the authority.

**CATEGORY B PATIENTS**

***What drugs are involved?***

Drugs acceptable under Category A *and* which have been the subject of at least Phase 1 trials in humans, which have been satisfactorily completed, or have an established history of safe use.

***What approval is necessary?***

The treating medical practitioner will need to seek the approval of a "delegate" authorised under the *Therapeutic Goods Act 1989.* Certain officers of the TGA and certain senior hospital medical personnel are authorised delegates.

Guidelines issued to authorising officers are at Attachment B and treating practitioners should believe that those guidelines are met before seeking approval. In particular, he/she should be of the view that no conventional therapy is likely to cure or control adequately the condition from which the patient is suffering.

Approval is normally given on a patient by patient basis.

***How to obtain the drug***

If the circumstances appear to conform to a Category B situation, requests should be made to—

- the delegate within the institution concerned (inquiry to the medical superintendent or chief pharmacist should establish if there is a local delegate) or, if there is no local delegate, or the drug is not on the list of drugs which can be approved by the local delegate
- a delegate within the Drug Evaluation Branch, TGA, telephone (06) 289 8573, facsimile (06) 289 7724 or mail PO Box 100 Woden ACT 2606)
- applications to delegates within institutions (External Delegates) **must be in writing** whereas applications to the TGA can be by telephone.

If a delegate (whether TGA or institutionally based) has refused approval, it would normally be inappropriate for an approach to be made to another delegate. Final responsibility for approving the use of a drug within an institution will always rest with that institution.

In making a request the practitioner will be asked to identify the patient (initials, age or unit record number) and offer a diagnosis and supporting statements which will assist the decision maker. Where standard usage guidelines exist, stated compliance with the dose regimen, duration of dosing and patient inclusion criteria will suffice.

It may be necessary to contact the sponsor company or TGA to clarify if the drug has been previously requested. If an application is received for the first use of a drug under SAS arrangements, information will be required about the drug to establish that criteria are met and to support the proposed protocol.

If an External Delegate or the TGA has given approval for use of an unregistered drug for a Category B or C patient, the medical practitioner can seek supply from an Australian sponsor company. The protocol may also usually be obtained from the sponsor company.

Within an institution supply may be arranged by the pharmacy department. In other cases the medical practitioner should seek supply from the sponsor company and arrange for delivery of the drug to a doctor or pharmacist (to allow for labelling and any additional instructions). A prescription must also be provided to the pharmacist for dispensing.

Arrangements for importation of the drug are the same as for Category A patients on page 3 "How to Obtain the Drug".

**CATEGORY C PATIENTS**

***What drugs are involved?***

Drugs acceptable under Category A and which, while yet to be approved for marketing, have been the subject of extensive human trials which have addressed efficacy as well as safety. It would normally be expected that all such trials (phase 3) necessary to support a marketing application would have been completed.

Where the drug is known to have already been approved for marketing in one or more designated countries with comparable regulatory systems (Canada, the Netherlands, Sweden, UK and the USA), there will be a reduced requirement to show serious clinical need and prior use of other registered drugs will be at the treating practitioner's discretion.

***What approval is necessary?***

Approval arrangements are the same as for Category B, except that guidelines are outlined in Attachment C.

Again, these guidelines should be considered by the medical practitioner before making any application to use an unapproved drug on a Category C patient. In particular, it will usually be necessary to demonstrate serious clinical need plus some objective evidence to support the proposed usage. Prior use of all other registered drugs will be at the discretion of the prescribing doctor.

Reduced requirements to demonstrate serious clinical need will apply if the drug is approved for marketing in designated countries.

***How to obtain the drug***

See under Category B

## Drugs withdrawn from the Australian market

With regard to Categories B and C, where a drug concerned has been officially withdrawn from the Australian market, or refused registration, because of safety concerns it will be necessary to establish that all conventional therapy has been tried and failed, or accompanied by unacceptable adverse reactions, and that a serious clinical need exists, before any consideration will be given to an application. Applications for such drugs should be made to the TGA, as External Delegates will not be authorised to approve their use.

## Other situations

In circumstances where the patient's condition does not fit one of the above categories and the treating practitioner considers there are good reasons to use an unregistered drug, the treating practitioner can contact the TGA to discuss the case.

## Adverse reactions

Details of any suspected drug reactions are to be reported by the medical practitioner to the TGA, as is requested for other drugs in Australia. Serious, unexpected, unusually frequent or fatal reactions should be notified immediately (within 72 hours). Sponsor companies should also be notified of adverse reactions.

## (CATEGORY A PATIENTS ONLY)

## SPECIAL ACCESS SCHEME (SAS) ARRANGEMENTS FOR SERIOUSLY ILL PATIENTS WITH A LIFE-THREATENING ILLNESS

This completed document constitutes the authority for an Australian sponsor to supply the specified drug.

The basis for these SAS arrangements is that responsibility to prescribe an unregistered drug appropriately rests with the patient's medical practitioner and the patient. A prescription is required for the drug to be dispensed—it should be given to the pharmacist, not sent to the TGA.

I, the undersigned, a registered medical practitioner in a State/Territory of Australia certify that:

- In my opinion the patient is seriously ill with a life-threatening condition.
  *A life-threatening condition being defined as 'one in which there is a reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment'.*
- I am prepared to prescribe the drug requested in accordance with good medical practice.
- I have obtained the informed consent of the patient, or the patient's guardian/legal representative, to the proposed treatment.
  *Please note: Patient identification (eg. initials, DOB, sex etc.) must be sufficient for the doctor to identify the patient if required at a later time.*

Patient Identification

Name of Drug

Form of Dosage

Strength of Dosage

Route of administration

Dosage

Duration of treatment

Quantity to be supplied

Australian sponsor of drug

Other relevant information (optional)

Pharmacist's or Doctor's name and address for supply of drug

Medical Practitioner's Name

Medical Practitioner's telephone number

Medical Practitioner's Postal Address

Postcode

Medical Practitioner's signature

/ /

This form should be forwarded to:
The Australian Sponsor of the Drug
with a copy to:

The Medical Officer, SAS
Therapeutic Goods Administration
PO Box 100
WODEN ACT 2606 Fax: (06) 289 7724
within 4 weeks of signing—maximum penalty for non-compliance: $1000

## CATEGORY B PATIENTS—GUIDELINES FOR AUTHORISING OFFICERS

These guidelines specify minimum conditions relating to approval under SAS for Category B patients. These guidelines apply to authorised officers within the TGA and to authorised officers located in hospitals or other institutions (External Delegates). The latter group will also need to allow for any additional conditions which may be imposed by their institution.

On receipt of a written application from a treating medical practitioner who intends to prescribe an unregistered drug, External Delegates will need to check that the drug is on the list of drugs issued by the TGA which External Delegates may approve for Category B and C patients. External Delegates have no authority to approve other unregistered drugs for such patients.

External Delegates should then ascertain from the above list whether a set of usage guidelines has been issued by TGA in respect of the drug in question. If it has, then External Delegates can only approve supply for usage which complies with those guidelines.

By inquiry of the applicant (a delegate cannot be an applicant), the delegate should then ascertain sufficient clinical details of the case to decide:

(1) Whether the patient can reasonably be classified in Category B (ie, persons suffering from a life-threatening medical condition). The definition of such a condition is "one in which there is a reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment". Note that a patient can be so classified even when not seriously ill.

A delegate within the TGA will also have to consider whether the drug has been previously wtihdrawn from, or refused entry to, the Australian market because of safety concerns. If the drug has been previously withdrawn because of safety concerns, the delegate should ascertain sufficient clinical details of the case to decide:

(2) Whether conventional therapy has been tried and failed, or has been accompanied by unacceptable adverse reactions. In other cases: whether the situation is one in which therapy with registered products alone is unlikely to cure or control adequately the condition. If the drug has been approved for marketing in one or more of the designated countries with a comparable regulatory system, the prior use of other registered drugs will be at the treating practitioner's discretion.

If the delegate decides that the answer to (1) is "no" then approval must be refused. If the TGA delegate decides the answer to (2) is "no" then approval must be refused.

If the delegate decides the answer to (1), and if relevant (2), is "yes", then the delegate should seek the applicant's assurance of the following:

(a) the dosage, route, frequency and duration of administration of the drug will be according to a defined regimen; and, in the case of External Delegates, if TGA has issued usage guidelines, that usage of the drug will comply with those guidelines;

(b) the patient will be appropriately monitored while receiving the drug and for an appropriate period thereafter, utilising whatever clinical, biochemical, haematological, immunological or other techniques may be relevant to determine both the efficacy of the therapy and the occurrence and severity of any adverse reactions provoked;

(c) the patient or his or her guardian/legal representative will have given adequately informed consent to the proposed treatment before its commencement; and

(d) a report on the outcome, including the reasons for any discontinuation, adverse reactions and results of monitoring should be furnished to the sponsor company after three months or at the end of the treatment period (whichever is earlier). In the case of repeat approvals, further reports will be furnished

If the delegate has decided that the answer to (1), and if relevant (2), is "yes", and is satisfied that the applicant intends to fulfil the assurances (a)-(d), then the delegate may approve the application.

## CATEGORY C PATIENTS—GUIDELINES FOR AUTHORISING OFFICERS

These guidelines specify minimum conditions relating to approval under SAS for Category C patients. These guidelines apply to authorised officers within the TGA (TGA Delegates) and to authorised officers located in outside institutions (External Delegates). The latter group will also need to allow for any additional conditions which may be imposed by their institution.

On receipt of a written application from a treating medical practitioner who intends to prescribe an unregistered drug, External Delegates will need to check that the drug is on the list of drugs issued by the TGA which External Delegates may approve for Category B and C patients. External Delegates have no authority to approve other unregistered drugs for such patients.

An External Delegate should then ascertain from the above list whether a set of usage guidelines has been issued by TGA in respect of the drug in question. If it has, then External Delegates can only approve supply for usage which complies with those guidelines.

By inquiry of the applicant (a delegate cannot be an applicant) the delegate should then ascertain sufficient clinical details of the case to decide the following:

(1) Whether the patient can reasonably be classified in Category C: ie, persons suffering from a serious, but not necessarily life-threatening illness, for whom a serious clinical need has been shown.

When the delegate is aware that the drug has already been approved for marketing in one or more designated countries with a comparable regulatory system (Canada, the Netherlands, Sweden, UK and the USA), the requirement to show serious clinical need is reduced.

(2) Whether there is some objective evidence to support the proposed usage of the product requested.

A delegate within the TGA will also have to consider whether the drug has been previously withdrawn from, or refused entry to, the Australian market because of safety concerns. If the drug has been withdrawn because of safety concerns, the delegate must ascertain sufficient clinical details of the case to decide:

(3) Whether conventional therapy has been tried and failed, or has been accompanied by unacceptable adverse reactions. In other cases: whether the situation is one in which therapy with registered products alone is unlikely to cure or control adequately the condition. If the drug has been approved for marketing in one or more of the designated countries the prior use of the unregistered drugs will be at the treating practitioner's discretion.

If the delegate decides that the answer to either (1) or (2) is "no", approval must be refused. If the TGA delegate decides that the answer to (3) is "no" approval must be refused.

If it is decided that the answers to (1), (2), and if relevant (3) are "yes", then the delegate should seek the applicant's assurance of the following:

(a) the dosage, route, frequency and duration of administration of the drug will be according to a defined regimen; and, in the case of External Delegates, if TGA has issued usage guidelines, that usage of the drug will comply with those guidelines;

(b) the patient will be appropriately monitored while receiving the drug and for an appropriate period thereafter, utilising whatever clinical, biochemical, haematological, immunological or other techniques may be relevant to determine both the efficacy of the therapy and the occurrence and severity of any adverse reactions provoked;

(c) the patient or his or her guardian/legal representative will have given adequately informed consent to the proposed treatment before its commencement; and

(d) a report on the outcome, including the reasons for any discontinuation, adverse reactions and results of monitoring should be furnished to the sponsor company after three months or at the end of the treatment period (whichever is earlier). In the case of repeat approvals, further reports will be furnished.

If the delegate has decided that the answers to (1), (2), and if relevant (3), are "yes", and is satisfied that the applicant intends to fulfil the assurances (a)-(d), then the delegate may approve the application.

# NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)

## AN EDUCATIONAL MESSAGE

### General Points

1. NSAIDs have anti-inflammatory effects in addition to mild to moderate analgesic effects. NSAIDs are useful in the treatment of episodes of musculoskeletal pain which have a significant inflammatory component.

2. Non-drug options for the treatment of musculoskeletal pain, such as specific exercises or local heat are under-utilised, as is paracetamol. In adequate dosage, paracetamol has useful analgesic effects, but lacks many of the NSAID side effects, especially the risk of bleeding from the gut.

3. Usage of NSAIDs in Australia is high, especially in the elderly (more than 20% of people over the age of 65 are taking NSAIDs), largely for musculoskeletal conditions that are not primarily inflammatory in nature e.g. osteoarthritis, non-specific aches and pains.

4. Many people are taking NSAIDs long-term. Symptoms of musculoskeletal disorders usually fluctuate and NSAIDs are most beneficial when symptoms are present. If the principal symptom is pain without significant inflammation, paracetamol is the drug of first choice.

5. NSAIDs increase the risk of major bleeding from the upper gastrointestinal tract, especially in the elderly, and an estimated 200 Australians taking NSAIDs die from major GI bleeds annually. There are other major side effects associated with NSAIDs (e.g. functional renal insufficiency). Potentially serious drug interactions also need to be taken into consideration before prescribing NSAIDs.

### An approach to the treatment of musculoskeletal symptoms in the light of the new PBS listings for NSAIDs

1. *Differential Diagnosis:* It is useful to differentiate between conditions which are mainly inflammatory e.g. active rheumatoid arthritis, and conditions which are mainly non-inflammatory e.g. osteoarthritis, mechanical neck and back pain, non-specific aches and pains.
   *Acute Soft Tissue Injuries:* Primary treatment for sporting injuries should involve Rest, Ice, Compression and Elevation (RICE). NSAIDs may facilitate early return to sporting activities, but may be counter-productive in terms of long-term damage caused by use of injured joints.

2. *Consideration of therapeutic options:*

   a Explanation of the problem is always important and often therapeutic.

b Simple physical methods are effective. These include massage, local heat, local exercises such as isometric strengthening of muscles around an involved joint and advice concerning less damaging ways of going about daily activities.

c Paracetamol up to 4 g/day in otherwise well adults is an effective analgesic. It is important to inform the patient of the effective use of paracetamol—too many patients take an inadequate dose. For chronic pain, in conditions such as osteoarthritis, paracetamol is more effective when taken regularly, rather than when required, and a regular dose of two tablets taken four times a day should be used if possible. However, if pain only occurs with a particular activity a dose of paracetamol can be taken approximately half an hour before the activity is undertaken.

d NSAIDs are valuable in primarily inflammatory conditions. In addition, when non-drug measures and regular paracetamol offer inadequate pain relief, NSAIDs can be added in a p.r.n. dose. Short courses of about one week can also be added to regular pain control measures for periods when an inflammatory component flares. For example, in osteoarthritis, when used in conjunction with other pain control measures, both the dose of NSAID and the length of the course can be reduced. Decreasing the dose and reducing the duration of therapy can reduce the risks of serious side effects from a NSAID, without reducing efficacy.

3. *Use of PBS unrestricted NSAIDs (5-7 days' supply):*

a Acute but transient inflammatory conditions such as inflammatory flares of osteoarthritis.

b Osteoarthritis, mechanical spinal pain syndromes, non specific rheumatic aches and pains, "soft-tissue" rheumatic complaints, such as tennis elbow, which have not responded to simple non-drug measures and regular paracetamol in an adequate dose.

In general, with any NSAID the lowest effective dose should be used for the shortest period possible.

4. *Use of restricted NSAIDs (one month's supply) "Inflammatory Arthropathies requiring long-term therapy" :*

NSAIDs are indicated in inflammatory rheumatic conditions such as rheumatoid arthritis when inflammation is present and long-term NSAID use provides relief.

5. In general, as NSAIDs and paracetamol give only symptomatic relief and are associated with various adverse drug effects, continuous usage without symptoms may be unnecessary. The possibility of reducing NSAID dosage or ceasing therapy should be considered in any patient on long-term NSAID therapy especially if the initial indication was for a relatively non-inflammatory musculoskeletal condition and current symptoms are minimal.

# NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)

## REDUCING RISKS

NSAIDs are very effective anti-inflammatory agents with moderate analgesic properties. However, the extensive use of NSAIDs has produced an unacceptable number of adverse reactions, particularly in high use groups such as the elderly.

Regular REVIEW of patients who are using NSAIDs is advisable:

- Recognise "at risk" patients
- Does the patient need (or still need) a NSAID?
- Can the dose and/or period of use of a NSAID be reduced?
- Does the patient show any side effects which could be due to a NSAID?

## RISK ASSESSMENT

in patients who you may wish to start on a NSAID:

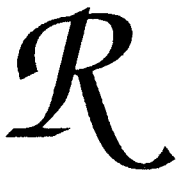
**R**eview risk factors for individuals

**I**nteractions with other drugs

**S**ide effects associated with NSAIDs

**K**now how to reduce the risks

***For more details regarding the management of musculoskeletal pain, refer to "Analgesic Guidelines", 2nd Edition, 1992***



***RISK FACTORS***

- elderly age group
- active GI ulcer or a history of GI ulceration (risk increased by cigarette smoking or excessive alcohol intake)
- heart failure
- renal disease
- hypertension
- chronic use of OTC NSAIDs or aspirin
- asthma or COAD
- pregnancy

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***INTERACTIONS***

- lithium
- diuretics
- antihypertensive agents
- anticoagulants
- corticosteroids
- methotrexate (high dose only)
- digoxin (elderly with renal disease only)

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***SIDE EFFECTS***

- GI effects
- fluid retention/oedema
- headaches, vertigo, dizziness
- renal and hepatic effects
- hypersensitivities/asthma

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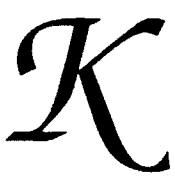

***KNOW HOW TO REDUCE THE RISKS***

- regular monitoring, especially of "at risk" patients
- use the lowest effective dose
- using simple analgesics (e.g. paracetamol) first in conditions with a minor inflammatory component
- combining regular doses of simple analgesics with NSAIDs to reduce the total dose of NSAID required
- consider non-drug approaches (where appropriate), such as physiotherapy, gentle exercise and weight reduction as methods of reducing the quantity of NSAID required

# Preparations Available to Members of Colostomy and Ileostomy Associations

## Effective 1 December 1992

| *Code* | *Name, Manner of Administration and Form* | *Max Qty* | *Unit Price* | *Proprietary Name and Manufacturer* | |
|---|---|---|---|---|---|
| | ALUMINIUM HYDROXIDE with KAOLIN | | | | |
| 3203N | Oral suspension 137 mg-1 g per 5 mL, 500 mL | 2 | 3.03 | Kaomagma | WT |
| | BENZOIN | | | | |
| 3204P | Compound tincture 3.5 mL per 10 mL (35%), 167 mL aerosol spray | 1 | 5.94 | EG | |
| | BUTYL MONOESTER POLYMER with ETHANOL | | | | |
| 3241N | Paste 60 g | 4 | 8.60 | Stomahesive Paste | BQ |
| | BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL | | | | |
| 3238K | Protective dressing aerosol 120 g | 1 | 11.05 | Skin-Prep | SN |
| 3239L | Protective dressing solution 59 mL | 2 | 8.24 | Skin-Prep | SN |
| 3242P | Protective dressing wipes, 50 | 2 | 10.64 | Skin-Prep | SN |
| | | | 10.64 | Uro-Prep | SA |
| | CARMELLOSE SODIUM | | | | |
| 3243Q | Compound adhesive wafers, 5 | 6 | 10.15 | Coloplast Protective Sheets | CT |
| 3244R | Compound adhesive strip pack | 1 | 34.40 | Coloplast | CT |
| 3245T | Compound adhesive rings 10 mm to 50 mm, 30 | 4 | 20.60 | Coloplast | CT |
| | CARMELLOSE SODIUM with PECTIN and GELATIN | | | | |
| 3231C | Powder 333 mg-333 mg-333 mg per g (33.3%-33.3%-33.3%), 28.3 g | 2 | 6.50 | Stomahesive Powder | BQ |
| | CHARCOAL, ACTIVATED | | | | |
| 3206R | Tablets 300 mg, 500 | 1 | 15.00 | Ad-sorb | MM |
| | | | 15.00 | Karbons | EG |
| | | | 15.00 | WE(NQ) | |
| | DEODORANT CONCENTRATE | | | | |
| 3201L | Liquid 7.5 mL | 2 | 2.66 | Super Banish | SN |
| 3221M | Liquid 15 mL | 2 | 2.05 | Banish | SN |
| | | | 2.05 | Odorgon | LA |
| 3222N | Liquid 15 mL | 3 | 2.83 | Cancel | WO |

| Code | Name, Manner of Administration and Form | Max Qty | Unit Price | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | DIMETHICONE | | | | |
| 3215F | Solution 100 mg per mL (10%), 180 mL aerosol spray | 1 | 4.40 | Silicon Skin Spray | EG |
| | DISODIUM COCOAMPHODIACETATE | | | | |
| 3249B | Compound cleanser wipes, 30 | 2 | 9.00 | Comfeel Cleanser | CT |
| | ETHOXYETHYL METHACRYLIC ACID COPOLYMER with ETHYL ACETATE | | | | |
| 3248Y | Protective film 40 mL | 1 | 4.75 | Comfeel Protective Film | CT |
| | ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL | | | | |
| 3240M | Adhesive protective gel 28.35 g | 3 | 4.28 | Skin Gel | HO |
| | OCTOXINOL | | | | |
| 3205Q | Compound cleansing solution 20 mg per g (2%), 240 mL | 2 | 6.46 | Uni Wash | SN |
| | PARAFFIN | | | | |
| 3216G | Compound cream 85 g | 2 | 6.43 | Uni Derm | SN |
| 3214E | Compound ointment 70 g | 2 | 6.56 | Uni Salve | SN |
| | PARAFFIN, LIQUID with POLYDIMETHYLSILOXANE | | | | |
| 3247X | Compound barrier cream 60 g | 2 | 4.85 | Comfeel Barrier | CT |
| | POLYISOBUTYLENE | | | | |
| 3228X | Compound adhesive wafers, 5 | 6 | 10.68 | Hollihesive Skin Barrier | HO |
| | | | 10.68 | Soft Guard XL Skin Barrier | SN |
| 3223P | Compound adhesive wafers with adhesive discs, 5 | 6 | 10.68 | Stomahesive Set | BQ |
| | POLYVINYLPYRROLIDONE and VINYL ACETATE COPOLYMER | | | | |
| 3220L | Aerosol spray 60 mg per mL (6%), 121 mL | 1 | 4.35 | Spray-On Bande | EG |
| | RESIN | | | | |
| 3246W | Compound paste 60 g | 4 | 7.35 | Coloplast Paste | CT |
| | STERCULIA (Indian Tragacanth; Gum Karaya) | | | | |
| 3234F | Paste 127.6 g | 3 | 9.14 | Karaya Paste | HO |
| 3233E | Powder 71 g | 2 | 6.12 | SN | |
| | SURGICAL CEMENT | | | | |
| 3217H | Skin bond adhesive 118 mL | 4 | 6.70 | SN | |
| 3236H | Solvent 237 mL | 2 | 3.94 | Unisolve | SN |
| 3218J | Solvent 240 mL | 2 | 4.00 | Sacsol | EG |
| 3226T | Solvent 250 mL | 2 | 4.30 | Sacsol Non Flammable | EG |

# Preparations Available to Members of Paraplegic and Quadriplegic Associations

## Effective 1 December 1992

| *Code* | *Name, Manner of Administration and Form* | *Max Qty* | *Unit Price* | *Proprietary Name and Manufacturer* | |
|---|---|---|---|---|---|
| | ALUMINIUM HYDROXIDE with KAOLIN | | | | |
| 3268B | Oral suspension 137 mg-1 g per 5 mL, 500 mL | 2 | 3.03 | Kaomagma | WT |
| | BISACODYL | | | | |
| 3261P | Tablets 5 mg, 100 | 4 | 3.07 | Bisalax | FC |
| 3250C | Suppositories 10 mg, 10 | 9 | 4.50 | Durolax | BY |
| 3263R | Enemas 10 mg in 5 mL, 25 | 2 | 28.20 | Bisalax | FC |
| | DOCUSATE SODIUM with BISACODYL | | | | |
| 3253F | Suppositories 100 mg-10 mg, 5 | 18 | 2.25 | Coloxyl | FM |
| | GLYCEROL | | | | |
| 3265W | Suppositories 700 mg (for infants), 12 | 8 | 2.60 | PP | |
| 3266X | Suppositories 1.4 g (for children), 12 | 8 | 2.70 | PP | |
| 3267Y | Suppositories 2.8 g (for adults), 12 | 8 | 2.80 | PP | |
| | STERCULIA with FRANGULA BARK | | | | |
| 3262Q | Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g | 4 | 7.35 | Granocol | SC |
| | SURGICAL CEMENT | | | | |
| 3270D | Skin bond adhesive 118 mL | 4 | 6.70 | SN | |
| 3271E | Solvent 237 mL | 2 | 3.94 | Unisolve | SN |
| 3272F | Solvent 240 mL | 2 | 4.00 | Sacsol | EG |
| 3273G | Solvent 250 mL | 2 | 4.30 | Sacsol Non Flammable | EG |

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