Schedule of Pharmaceutical Benefits

for Approved Pharmacists and Medical Practitioners

1 DECEMBER 1993

Report of a Suspected Adverse Drug Reaction including Birth Defects

(Identities of Reporter, Patient and Institution will remain confidential)

Patient (Initials or Record No. only): Age: Height:

Sex: Weight:

Adverse Reaction Description: Date of Onset of Reaction: ...../...../.....

All Drug Therapy prior to Reaction Asterisk Suspected Drug(s) ***(Please use Trade names)***	**Daily Dosage & Route**	**Date Begun**	**Date Stopped**	**Reason for Use**

Treatment (of reaction):

Outcome: Recovered ☐ Not Yet Recovered ☐ Unknown ☐ Fatal ☐ Date of Death ...../...../.....

Sequelae: No ☐ Yes ☐ (describe)

Comments (e.g. relevant history, allergies, previous exposure to this drug):

Reporting Doctor, Pharmacist, Etc:

Name:

Address:

Signature:..... ...../...../.....

No postage stamp required
if posted in Australia

Reply Paid 61
The Secretary, ADRAC
Australian Drug Evaluation Committee
PO Box 100
Woden ACT 2606

Fold here

Fold here

Sender's name and address

_____

_____

_____

_____

_____ Postcode _____

Moisten gum and fold. For maximum adhesion, press down for a few seconds.

AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS DECEMBER 1993 EDITION FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 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

SAFETY NET THRESHOLDS

FOR THE 1994 CALENDAR YEAR THE SAFETY NET THRESHOLDS WILL BE AS FOLLOWS:

General	$400.00
Concessional	$135.20

CONCESSIONAL PATIENT CONTRIBUTION

The patient contribution for concessional beneficiaries will remain $2.60 for 1994.

SECTION 1—LEMON PAGES
INDEX OF MANUFACTURERS' CODES

ADD ENTRY—

GP GP Laboratories
A Division of Pfizer Pty Limited
38-42 Wharf Road
West Ryde NSW 2114
Tel: (02) 858 9444
Fax: (02) 858 1347

CORRECTION

The correct code number for salbutamol sulfate, oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses) is **2004L**.

SECTION 2—WHITE PAGES

NEW ITEM

Code	Name 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	
	ALPRAZOLAM **Authority required.** ***Panic disorder or agoraphobia with panic attacks where other treatments have failed or are inappropriate.***							
2132F	***Tablet 1 mg***	***50***	***2***	***..***	***16.73***	***16.00***	***Kalma 1***	***AF***

NEW BRAND

	TINIDAZOLE							
1465D	Tablet 500 mg	4	..	..	6.57	7.34	[a] Simplotan	GP

(NOTE: The brand equivalence indicator ([a]) is also added to Fasigyn for the above item)

PRICE ADJUSTMENTS OF SECTION 2—WHITE PAGES

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty $	Proprietary Name and Manufacturer
	AMINOPHYLLINE			
3452Q	I.V. injection 250 mg in 10 mL	5	8.70	SI

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 $	Proprietary Name and Manufacturer	
	AMINOGLUTETHIMIDE							
1036M	***Tablet 250 mg***	***100***	***5***	***..***	***151.15***	***16.00***	***Cytadren***	***CG***
	AMINOPHYLLINE							
1038P	I.V. injection 250 mg in 10 mL	5	..	..	8.70	9.47	SI	
	ATENOLOL							
1081X	Tablet 50 mg	30	5	..	10.46	11.23	[a] Noten	AF
				1.00	11.46	11.23	[a] Tenormin	IC
	BENDROFLUAZIDE							
1106F	Tablet 5 mg	100	1	..	7.60	8.37	Aprinox	BT
	BENZATHINE PENICILLIN							
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	24.97	16.00	Bicillin L-A	WY

Code	Name 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	
	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	..	..	14.56	15.33	Bicillin All-Purpose	WY
	CALCIUM							
3117C	***Tablet 600 mg (as carbonate)***	***120***	***1***	***..***	***11.55***	***12.32***	***Caltrate***	***LE***
	CEPHALEXIN							
3058Y	Capsule 250 mg	20	1	1.00	8.55	8.32	Ceporex	GL
3119E	Capsule 500 mg	20	1	1.00	11.57	11.34	Ceporex	GL
	CEPHAZOLIN							
1256D	***Injection 500 mg (solvent required)***	***5***	***..***	***..***	****21.90***	***16.00***	***Kefzol***	***LY***
				..	***21.90***	***16.00***	***Cefamezin***	***SI***
	CHLORAMPHENICOL							
1174T	***Capsule 250 mg***	***16***	***..***	***..***	***10.52***	***11.29***	***Chloromycetin***	***PD***
1167K	***Injection 1.2 g (solvent required)***	***3***	***..***	***..***	****69.75***	***16.00***	***Chloromycetin Succinate***	***PD***
	CHLOROQUINE							
1184H	Tablet equivalent to 150 mg (approx.) chloroquine base	100	..	..	8.43	9.20	Chlorquin	FC
				0.88	9.31	9.20	Nivaquine	MB
	CLINDAMYCIN							
3138E	***Capsule 150 mg***	***25***	***..***	***..***	***13.76***	***14.53***	***Dalacin C***	***UP***
	COLESTIPOL HYDROCHLORIDE							
1224K	***Sachets 5 g, 120***	***‡1***	***5***	***..***	***61.83***	***16.00***	***Colestid***	***UP***
	COLISTIN							
2621Y	Injection 150 mg (solvent required)	5	..	..	*231.75	16.00	Coly-Mycin	WW
	DIGOXIN							
1322N	Tablet 250 micrograms	100	1	..	7.80	8.57	Lanoxin	BW
3164M	Oral solution for children 50 micrograms per mL, 100 mL	‡1	3	..	16.33	16.00	Lanoxin	BW
	ERYTHROMYCIN ESTOLATE							
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	7.93	8.70	Ilosone	LY
	ERYTHROMYCIN LACTOBIONATE							
1398N	I.V. infusion 300 mg (base)	5	..	..	*31.25	16.00	Erythrocin	AB
	ERYTHROMYCIN STEARATE							
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	7.93	8.70	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.11	10.88	Erythrocin	AB

Code	Name 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	
	FLUCLOXACILLIN							
1526H	Capsule 250 mg	24	..	0.39	10.96	11.34	[a] Floxapen	SK
1527J	Capsule 500 mg	24	..	0.44	18.49	16.00	[a] Floxapen	SK
	GLYCERYL TRINITRATE							
1459T	Tablets 600 micrograms, 100	‡1	5	..	6.09	6.86	Anginine Stabilised	BW
	HEPARIN SODIUM							
1469H	Injection 20,000 units in 20 mL	12	5	..	49.18	16.00	BL	
	HEXAMINE HIPPURATE							
3124K	Tablet 1 g	100	5	..	19.60	16.00	Hiprex	MM
	HYDROXYCHLOROQUINE SULFATE							
1512N	Tablet 200 mg	100	1	..	30.04	16.00	Plaquenil	WL
	HYDROXYUREA							
3093T	Capsule 500 mg	100	..	..	64.25	16.00	Hydrea	BQ
	ISONIAZID							
1554T	Tablet 100 mg	100	2	..	7.01	7.78	FM	
	KETOCONAZOLE							
1573T	***Tablet 200 mg***	***10***	***..***	***..***	***12.44***	***13.21***	***Nizoral***	***JC***
1572R	***Tablet 200 mg***	***30***	***5***	***..***	***26.08***	***16.00***	***Nizoral***	***JC***
	METHYCLOTHIAZIDE							
1624L	Tablet 2.5 mg	100	1	..	*8.21	8.98	Enduron-M	AB
	NALIDIXIC ACID							
2451B	***Tablet 500 mg***	***56***	***2***	***..***	***27.21***	***16.00***	***Negram***	***WL***
	NICLOSAMIDE							
1681L	***Tablet 500 mg***	***16***	***..***	***..***	***20.03***	***16.00***	***Yomesan***	***BN***
1680K	Tablet 500 mg	4	..	..	7.82	8.59	Yomesan	BN
	NITROFURANTOIN							
1692C	Capsule 50 mg	30	1	..	9.11	9.88	Macrodantin	PY
1693D	Capsule 100 mg	30	1	..	11.41	12.18	Macrodantin	PY
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	15.23	16.00	Furadantin	PY
	NYSTATIN							
1696G	Tablet 500,000 units	50	..	1.11	11.59	11.25	Mycostatin	BQ
	PHENOXYMETHYLPENICILLIN							
3028J	Tablet 500 mg	25	1	..	8.58	9.35	Abbocillin-VK Filmtab	AB
							PVK	LY
2965C	Capsule 500 mg	25	1	..	8.58	9.35	Cilicaine VK	SI
							LPV	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 $	Proprietary Name and Manufacturer	
	PHENOXYMETHYLPENICILLIN—cont.							
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	6.72	7.49	Abbocillin-V	AB
							Cilicaine V	SI
				0.40	7.12	7.49	LPV 125	CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	‡1	1	..	7.38	8.15	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	7.93	8.15	LPV 250	CS
	PINDOLOL							
3062E	Tablet 5 mg	100	5	2.00	12.63	11.40	[a] Visken	SZ
3065H	Tablet 15 mg	50	5	2.00	15.65	14.42	[a] Visken	SZ
	PNEUMOCOCCAL VACCINE, POLYVALENT							
1903E	***Injection 0.5 mL (23 valent)***	***1***	..	..	***31.25***	***16.00***	***Pneumovax 23***	***CS***
	PRAZOSIN HYDROCHLORIDE							
1479W	Tablet 1 mg (base)	100	5	1.95	14.39	13.21	[a] Minipress	PF
1480X	Tablet 2 mg (base)	100	5	1.94	17.74	16.00	[a] Minipress	PF
1478T	Tablet 5 mg (base)	100	5	1.95	26.60	16.00	[a] Minipress	PF
	PROCAINAMIDE HYDROCHLORIDE							
2653P	Capsule 250 mg	200	1	..	*18.51	16.00	Pronestyl	BQ
	PROPRANOLOL HYDROCHLORIDE							
2830Y	Injection 1 mg in 1 mL	5	..	..	*20.83	16.00	Inderal	IC
	SODIUM CROMOGLYCATE							
2878L	Capsule 20 mg (oral inhalation)	100	5	..	28.83	16.00	Intal Spincaps	FC
1124E	Nebuliser solution 20 mg per 2 mL, ampoule	120	3	..	*55.67	16.00	Intal	FC
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	25.64	16.00	Intal	FC
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	27.79	16.00	Intal Forte	FC
	SOTALOL HYDROCHLORIDE							
2043M	***Tablet 160 mg***	***60***	***5***	..	***31.29***	***16.00***	***[a] Cardol***	***AF***
				1.01	***32.30***	***16.00***	***[a] Sotacor***	***AP***
	SPECTINOMYCIN							
3090P	Injection 2 g with 3.2 mL diluent	1	..	..	15.45	16.00	Trobicin	UP
	SULFAMETHIZOLE							
2084Q	Tablet 500 mg	40	2	..	11.67	12.44	Urolucosil	WW
2081M	Tablet 1 g	20	2	..	11.67	12.44	Urolucosil	WW
	THEOPHYLLINE							
2633N	Tablet 300 mg (sustained release)	100	5	..	11.93	12.70	Theo-Dur	AP

Code	Name 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	
	THIOGUANINE							
1233X	Tablet 40 mg	25	1	..	84.05	16.00	Lanvis	BW
	THIOTEPA							
2345K	Injection 15 mg (solvent required)	2	1	..	*36.09	16.00	LE	
	TINIDAZOLE							
1465D	Tablet 500 mg	4	..	1.93	8.50	7.34	[a] Fasigyn	PF
	VINCRISTINE SULFATE							
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*172.03	16.00	[a] Oncovin [a] BL	LY

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

	CEPHALEXIN							
3317N	Capsule 250 mg	20	..	1.00	8.55	8.32	Ceporex	GL
3318P	Capsule 500 mg	20	..	1.00	11.57	11.34	Ceporex	GL
	ERYTHROMYCIN ESTOLATE							
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	7.93	8.70	Ilosone	LY
	ERYTHROMYCIN STEARATE							
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	7.93	8.70	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.11	10.88	Erythrocin	AB
	NYSTATIN							
3342X	Tablet 500,000 units	25	..	0.69	*8.80	8.88	Mycostatin	BQ
	PHENOXYMETHYLPENICILLIN							
3361X	Tablet 500 mg	25	..	..	8.58	9.35	Abbocillin-VK Filmtab PVK	AB LY
3364C	Capsule 500 mg	25	..	..	8.58	9.35	Cilicaine VK LPV	SI CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	6.72	7.49	Abbocillin-V	AB
							Cilicaine V	SI
				0.40	7.12	7.49	LPV 125	CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	..	7.38	8.15	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	7.93	8.15	LPV 250	CS

PRICE ADJUSTMENTS OF SECTION 3—STANDARD PACKS AND PRICES

GENERAL PHARMACEUTICAL BENEFITS

Code	Name and Form	Amended Price $	
1256D	Cephazolin 500 mg	1 @ 3.63	LY
1167K	Chloramphenicol 1.2 g	1 @ 22.00	PD
2621Y	Colistin 150 mg	1 @ 45.60	WW
1398N	Erythromycin Lactobionate 300 mg	1 @ 5.50	AB
1624L	Methyclothiazide 2.5 mg	50 @ 2.23	AB
1681L	Niclosamide 500 mg	4 @ 4.07	BN
2653P	Procainamide Hydrochloride 250 mg	100 @ 7.38	BQ
2830Y	Propranolol Hydrochloride 1 mg in 1 mL	10 @ 26.69	IC
1124E	Sodium Cromoglycate 20 mg per 2 mL	60 @ 25.96	FC
2345K	Thiotepa 15 mg	1 @ 16.17	LE
2371T	Vincristine Sulfate 1 mg	1 @ 16.83	BL,LY

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

3342X	Nystatin 500,000 units	50 @ 7.84	BQ

ADVANCE NOTICES

DELETIONS—ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1994.

Items being discontinued by the manufacturer—

2789T **Choline Theophyllinate,** tablet 200 mg *(Brondecon-PD, Choledyl)*
1686R **Nicotinic Acid,** tablet 100 mg *(MB)*
2342G **Triamterene,** tablet 100 mg *(Dytac)*

Deletions requested by the manufacturer—

1727X **Oxytocin,** injection 2 units in 2 mL *(Syntocinon)*
1729B **Oxytocin,** injection 5 units in 1 mL *(Syntocinon)*
1730C **Oxytocin,** injection 10 units in 1 mL *(Syntocinon)*
2400H **Oxytocin with Ergometrine Maleate,** injection 5 units-500 micrograms in 1 mL *(Syntometrine)*

The following item will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1994 on the recommendation of the Pharmaceutical Benefits Advisory Committee—

1568M **Leuprorelin Acetate,** injection 5 mg per mL, 2.8 mL *(Lucrin)*

On the recommendation of the PBAC the following items will be deleted from the Schedule of Pharmaceutical Benefits on **1 August 1994**—

2465R **Ferrous Aminoacetosulfate,** paediatric syrup 100 mL *(Plesmet)*
1235B **Heparin Calcium,** injection 5,000 units in 0.5 mL *(Caprin 5000)*
1053K **Heparin Calcium,** injection 12,500 units in 0.5 mL *(Caprin 12500, Calciparine)*
1054L **Heparin Calcium,** injection 25,000 units in 1 mL *(Calciparine)*
1469H **Heparin Sodium,** injection 20,000 units in 20 mL *(BL)*

The following pharmaceutical benefit items which are also available to members of Colostomy and Ileostomy Associations will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1994 and transferred to the Stoma Appliance Scheme. (Under the Stoma Appliance Scheme these items will continue to be available, free of charge, to members of Colostomy and Ileostomy Associations.)

2683F **Benzoin,** compound tincture 3.5 mL per 10 mL (35%), 167 mL aerosol spray *(EC)*
2680C **Butyl Monoester Polymer with Ethanol,** paste 60 g *(Stomahesive Paste)*
2503R **Butyl Monoester Polymer with Isopropyl Alcohol,** protective dressing aerosol 120 g *(Skin-Prep)*
2504T **Butyl Monoester Polymer with Isopropyl Alcohol,** protective dressing solution 59 mL *(Skin-Prep)*
2510D **Butyl Monoester Polymer with Isopropyl Alcohol,** protective dressing wipes, 50 *(Skin-Prep)*
2327L **Carmellose Sodium with Pectin and Gelatin,** powder 333 mg-333 mg-333 mg per g (33.3%-33.3%-33.3%), 28.3 g *(Stomahesive Powder)*
3115Y **Deodorant Concentrate,** liquid 7.5 mL *(Super Banish)*
3125L **Deodorant Concentrate,** liquid 15 mL *(Banish, Odorgon)*
3126M **Deodorant Concentrate,** liquid 15 mL *(Cancel)*
2617R **Dimethicone,** solution 100 mg per mL (10%), 180 mL aerosol spray *(Silicon Skin Spray)*
2505W **Isopropyl Monoester Polymer with Isopropyl Alcohol,** adhesive protective gel 28.35 g *(Skin Gel)*
1569N **Octoxinol,** compound cleansing solution 20 mg per g (2%), 240 mL *(Uni Wash)*
1748B **Paraffin,** compound cream 85 g *(Uni Derm)*
1749C **Paraffin,** compound ointment 70 g *(Uni Salve)*
3146N **Polyisobutylene,** compound adhesive wafers, 5 *(Hollihesive Skin Barrier, Soft Guard XL Skin Barrier)*
3148Q **Polyisobutylene,** compound adhesive wafers with adhesive discs, 5 *(Stomahesive Set)*
2950G **Polyvinylpyrrolidone and Vinyl Acetate Copolymer,** aerosol spray 60 mg per mL (6%), 121 mL *(Spray-On Bande)*
2258W **Sterculia (Indian Tragacanth; Gum Karaya),** paste 127.6 g *(Karaya Paste)*
2259X **Sterculia (Indian Tragacanth; Gum Karaya),** powder 71 g *(SN)*

DELETIONS—BRANDS

The brands listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1994.

Brands being discontinued by the manufacturer—

2157M *Sodexol, SC*—**Aluminium Hydroxide with Magnesium Hydroxide,** oral suspension 200 mg-200 mg per 5 mL, 500 mL
1184H *Nivaquine, MB*—**Chloroquine,** tablet equivalent to 150 mg (approx.) chloroquine base
1017M *Lotremin, SH*—**Clotrimazole,** cream 10 mg per g (1%), 20 g
1027C *Lotremin, SH*—**Clotrimazole,** lotion 10 mg per mL (1%), 20 mL
2910E *Cytosar-U, UP*—**Cytarabine,** injection set containing 100 mg and 5 mL solvent
1533Q *Insulatard Human, ND*—**Insulin Isophane (N.P.H.),** injection (human) 100 units per mL, 10 mL
1531N *Velosulin Human, ND*—**Insulin Neutral,** injection (human) 100 units per mL, 10 mL
1917X *Deltasolone, MB*—**Prednisolone,** tablet 5 mg
1935W *Deltasone, MB*—**Prednisone,** tablet 5 mg

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 December 1993 and all previous editions are cancelled.

Restricted benefits

Non-authority restricted benefits are now identified by the wording **'Restricted benefit'** followed by those specific indications for which the items may be prescribed as benefits.

Section 4—Standard Formulae Preparations

Several low-usage standard formula items have been removed from the list of standard formulae preparations. (Also see Deletion of Items—Section 4 in this summary.)

SUMMARY OF CHANGES

ADDITIONS

Addition of Items

Salbutamol Sulfate, oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses) *(Respolin in the Autohaler)*

DELETIONS

Deletion of Items

Section 2

Aluminium Hydroxide with Magnesium Hydroxide, oral suspension 306 mg-97.5 mg per 5 mL, 500 mL *(Aludrox)*

Amino Acid Formula with Vitamins and Minerals without Phenylalanine, powder 200 g *(Maxamum XP)*

Amoxycillin, injection 1 g with 4 mL solvent *(Ibiamox)*

Amphotericin, ointment 30 mg per g (3%), 15 g *(Fungilin)*
ointment 30 mg per g (3%), 15 g *(Fungilin)* **(Dental)**

Bendrofluazide, tablet 2.5 mg *(Aprinox-M)*

Dexamethasone, injection 5 mg in 1 mL *(Oradexon)*

Ferrous Sulfate Dried with Folic Acid, capsule 270 mg-300 micrograms (delayed release) *(Fefol Spansule)*

Protein Hydrolysate Formula, powder 1 kg *(Nutramigen)*

Rolitetracycline, I.V. injection set containing 275 mg and 10 mL solvent *(Reverin)*

Trimipramine Maleate, tablet 25 mg (base) *(Surmontil)*

Trioxysalen, tablet 5 mg *(Trisoralen)*

Section 4

The following have been deleted from the Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Benefits:

Elixirs
Gargles
Inhalations, Solid
Powders, Irrigation
Syrups
Tinctures

Deletion of Brands

Calsynar, MB—**Calcitonin,** injection (salmon) 100 i.u. in 1 mL ampoule
Paraplatin, BQ—**Carboplatin,** solution for I.V. injection 50 mg in 5 mL
Paraplatin, BQ—**Carboplatin,** solution for I.V. injection 150 mg in 15 mL
Paraplatin, BQ—**Carboplatin,** solution for I.V. injection 450 mg in 45 mL
Garamycin, SH—**Gentamicin Sulfate,** injection 40 mg (base) in 1 mL
Garamycin, SH—**Gentamicin Sulfate,** injection 60 mg (base) in 1.5 mL
Garamycin, SH—**Gentamicin Sulfate,** injection 80 mg (base) in 2 mL

ALTERATIONS

Name Change of Item

From	*To*
Surgical Cement	**Surgical Cement Solvent**
Solvent 237 mL *(Unisolve)*	Liquid 237 mL *(Unisolve)*
Solvent 240 mL *(Sacsol)*	Liquid 240 mL *(Sacsol)*
Solvent 250 mL *(Sacsol Non Flammable)*	Liquid 250 mL *(Sacsol Non Flammable)*

Restriction Changes

Acyclovir, tablets 200 mg, 90 *(Zovirax)*
Bisacodyl, tablet 5 mg *(Bisalax)*
suppositories 10 mg, 10 *(Durolax)*
enemas 10 mg in 5 mL, 25 *(Bisalax)*
Diltiazem Hydrochloride, capsule 90 mg (sustained release) *(Cardizem-SR, Vasocardol SR)*
capsule 120 mg (sustained release) *(Cardizem-SR, Vasocardol SR)*
Docusate Sodium with Bisacodyl, suppositories 100 mg-10 mg, 5 *(Coloxyl)*
Glycerol, suppositories 700 mg (for infants), 12 *(PP)*
suppositories 1.4 g (for children), 12 *(PP)*
suppositories 2.8 g (for adults), 12 *(PP)*
Moclobemide, tablet 150 mg *(Aurorix)*
Perindopril Erbumine, tablet 2 mg *(Coversyl)*
tablet 4 mg *(Coversyl)*

Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate, enemas 3.125 g-450 mg-45 mg in 5 mL, 12 *(Microlax)*

Sterculia with Frangula Bark, granules 473 mg-83 mg per g (47.3%-8.3%), 250 g *(Granocol)* granules 620 mg-80 mg per g (62%-8%), 500 g *(Normacol Plus)*

Caution

Cautions have been altered in respect of the following items:

Amiloride Hydrochloride
Hydrochlorothiazide with Amiloride Hydrochloride
Hydrochlorothiazide with Triamterene
Spironolactone
Triamterene

Note

The note has been deleted in respect of **Potassium Chloride**

Change of Description of Strength

From	*To*
Sucralfate Tablet 1 g *(SCF)*	**Sucralfate** Tablet 1 g (hydrous) *(SCF)*
Tablet 1 g *(Carafate, Ulcyte)*	Tablet equivalent to 1 g anhydrous sucralfate *([a]Carafate, [a]Ulcyte)*

(Please note that the brand equivalence indicator now applies only to *Carafate* and *Ulcyte*)

Change of Pack Size

	From	*To*
Diclofenac Sodium, tablets 50 mg (enteric coated) *(Fenac)*	10	20

Brand Equivalence

The brand equivalence indicator ([a]) has been added to the following brands:

Alphamox 500, AF—**Amoxycillin,** capsule 500 mg
Alphamox 500, AF—**Amoxycillin,** capsule 500 mg **(Dental)**
Staphylex 250, AF—**Flucloxacillin,** capsule 250 mg
Staphylex 500, AF—**Flucloxacillin,** capsule 500 mg
Diabex, FC—**Metformin Hydrochloride,** tablet 500 mg
Diaformin, AF—**Metformin Hydrochloride,** tablet 500 mg

Manufacturer's Code

	From	*To*
Amiodarone Hydrochloride, tablet 100 mg *(Cordarone X 100)*	RC	WL
tablet 200 mg *(Cordarone X 200)*	RC	WL
Dexamethasone with Framycetin Sulfate and Gramicidin, ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL *(Otodex)*	CA	QM
ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g *(Otodex)*	CA	QM
Hydrocortisone with Cinchocaine Hydrochloride, ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g *(Proctocort)*	CA	QM
ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5 *(Proctocort)*	CA	QM
suppositories 5 mg-5 mg, 12 *(Proctocort)*	CA	QM

RESTRICTIONS ON THE USE OF PHARMACEUTICAL BENEFITS

Pharmaceutical benefits broadly fall into three groups.

1. Those requiring an authority to prescribe

These are identified in the Schedule as **'Authority required'** followed by the therapeutic uses for which the benefit can only be approved. Normally, prior approval from the Health Insurance Commission (HIC) is required for prescribing these drugs as pharmaceutical benefits. However, unless otherwise advised in the Schedule, the drugs can be prescribed if the doctor considers that the need is urgent, with a copy of the authority prescription subsequently being forwarded to the HIC (urgent supply mechanism). Prior authority approval from the HIC is required where quantities or numbers of repeats in excess of those stated in the Schedule are required.

2. Those which do not require an authority prescription but for which the Schedule specifies the therapeutic uses for which the product can be prescribed as a pharmaceutical benefit

These are identified in the Schedule under the heading **'Restricted Benefit'**. The product is not subsidised through the PBS for uses other than those specified and a PBS prescription cannot be written for other therapeutic purposes.

3. Those benefits which have no restrictions on therapeutic use

These are only available as pharmaceutical benefits when used by the therapeutic route specified in the Schedule. For example, an injection would not be considered as a pharmaceutical benefit if prescribed as an oral inhalation.

BRAND PREMIUMS AND THE MINIMUM PRICING POLICY

Some doctors, pharmacists and patients are unclear why patients pay more than the normal co-payment for some of their pharmaceutical benefit medication. The reason is the brand price premiums charged by manufacturers under the Minimum Pricing Policy arrangements.

The Minimum Pricing Policy was introduced in December 1990 to increase price competition by allowing pharmaceutical manufacturers to set their own price on multi-branded items listed on the Pharmaceutical Benefits Scheme and to encourage the development of the generic pharmaceutical industry in Australia.

The policy does this by increasing prescribers' and patients' consciousness about the price of drugs. In effect, it makes both groups question whether it is necessary for the patient to pay more for the drugs when a cheaper brand is available. The policy also allows companies to establish prices taking into account competition and consumer acceptance.

The policy operates where there is more than one brand of a particular drug available through the Pharmaceutical Benefits Scheme and where the brands are therapeutically interchangeable. Due to this, the policy mainly applies to out of patent drugs.

Basically the policy operates by:

- the Commonwealth Government subsidising a drug to the level of the lowest priced brand;
- suppliers of other brands of that drug being able to set a price above the price charged by the supplier of the lowest priced brand; and
- the patient paying the brand premium which is the price difference between the lowest priced brand and the brand prescribed.

The success of the Government in controlling prices of products supplied through the Scheme has often been criticised by the pharmaceutical industry. Under the Minimum Pricing Policy, suppliers of multi-branded items are able to set their own prices at a level they think the market will bear. At the same time, the prescriber and the patient can decide whether it is necessary to pay more for a particular brand when a cheaper brand is available and is therapeutically interchangeable.

The brand premium does not count toward the patient's safety net.

It should be noted that the brand premium is not a Government charge or revenue. The premium arises from the manufacturer's price and the majority goes to the manufacturer with wholesalers and pharmacists receiving a small percentage.

Patients should not pay brand premiums if drugs are prescribed generically or the lowest priced brand is prescribed.

THE ANATOMICAL THERAPEUTIC CHEMICAL (ATC) CLASSIFICATION SYSTEM

THERAPEUTIC GROUPINGS FOR SCHEDULE FORESHADOWED

It is intended at the earliest opportunity that items in the Schedule of Pharmaceutical Benefits for approved pharmacists and medical practitioners will be grouped into therapeutic categories using the anatomical therapeutic chemical (ATC) classification system.

The Pharmaceutical Benefits Advisory Committee (PBAC) sees merit in providing a logical hierarchy for the Schedule, based on therapeutic categories, rather than the alphabetical list in current use. Prescribers will then have information on PBS drugs of similar action or purpose in the same section of the book.

As no standardisation or uniformity exists in the codes that are used to classify drugs in Australia, on the advice of the PBAC, the Department of Health, Housing, Local Government and Community Services has adopted an international code—the ATC drug classification code. This code is recommended by the World Health Organization.

In the ATC classification system, the drugs are divided into different groups according to their site of action and therapeutic and chemical characteristics. There are five levels to the code. The first level is the anatomical main group (see list of 14 anatomical main groups below), the second and third levels indicate the therapeutic main group and subgroup, with the 4th level being a chemical/therapeutic subgroup and the 5th level the generic name of the drug itself.

The first level of the ATC code divides drugs into the 14 anatomical main groups listed below.

ATC system main groups:

A Alimentary tract and metabolism
B Blood and blood forming organs
C Cardiovascular system
D Dermatologicals
G Genitourinary system and sex hormones
H Systemic hormonal preparations, excl. sex hormones
J General antiinfectives for systemic use
L Antineoplastic and immunomodulating agents
M Musculo-skeletal system
N Central nervous system
P Antiparasitic products
R Respiratory system
S Sensory organs
V Various

The five levels of the ATC code are as follows:

1st level anatomical main group
2nd level therapeutic main group
3rd level therapeutic sub-group
4th level chemical/therapeutic sub-group
5th level chemical substance

Using captopril as an example, the ATC classification levels would appear as:

CAPTOPRIL

C	cardiovascular
02	antihypertensives
E	renin-angiotensin system, agents acting on
A	converting enzyme blockers
01	captopril

The ATC seven digit alpha-numeric code (in this case C02EA01) will not be appearing in the Schedule and will not be replacing the existing PBS codes for captopril. The PBS five character code, e.g. 1147J, will remain but the Schedule will receive its structure and group headings from the various levels of the ATC code.

Department of Health, Housing, Local Government and
Community Services

SCHEDULE OF

PHARMACEUTICAL BENEFITS

for

Approved Pharmacists

and

Medical Practitioners

OPERATIVE FROM 1 DECEMBER 1993

(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 when prescribing or dispensing pharmaceutical benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS). Unless otherwise specified the procedures outlined in these notes apply to both the PBS and the RPBS. Requirements specific to the RPBS are in the Explanatory Notes in the white pages section of the Repatriation Schedule of Pharmaceutical Benefits. These notes 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. The Safety Net Scheme is designed to protect those patients and their families who require a large number of Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) items supplied by community pharmacists and pharmaceutical items supplied by participating public hospital pharmacies.

2. The Scheme requires approved pharmacists, on request by patients, to record the supply of these items on Prescription Record Forms. When the patient reaches a certain monetary value or safety net threshold he/she qualifies for further pharmaceutical items at either a concessional price or free of charge (except for items where a special patient contribution or a brand price premium applies under the PBS or the RPBS). The contribution rates for both general and concessional beneficiaries are indexed annually for movements in the Consumer Price Index (CPI). The general beneficiary rate is effective from 1 August each year. The concessional beneficiary rate is effective from 1 January each year.

3. The safety net threshold may be reached by the accumulation of prescriptions purchased through community pharmacies or public hospitals or a combination of both.

4. 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 $16.00 (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).

5. The contribution rate for general beneficiaries in public hospitals in all States apart from Queensland is a flat amount of $13.00. In Queensland public hospitals the general beneficiaries' contribution rate is the safety net value where the item is listed on the Pharmaceutical Benefits Schedule. Otherwise the charge is as follows:

- cost of the drug
- plus 10% mark-up
- plus dispensing fee

up to a maximum of $16.00.

6. The contribution rate for concessional beneficiaries in public hospitals is $2.60 (see also paragraph 9).

7. 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
- 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).

8. Safety Net Concession Card holders also pay the concessional beneficiaries' contribution rate of $2.60.

9. The concessional beneficiaries listed in the preceding paragraphs are recognised by public hospitals in all States apart from South Australia and New South Wales. In South Australia, Department of Veterans' Affairs beneficiaries are treated as general beneficiaries and pay $13.00 for prescription items. In New South Wales, Department of Veterans' Affairs Specific Treatment Entitlement Card (white) holders are treated as general beneficiaries.

Safety Net Thresholds

10. There are separate safety net thresholds for general and concessional beneficiaries.

(a) General beneficiaries—

Effective from 1 January 1994 the safety net threshold is $400.00, replacing the two-tier system. The threshold is indexed for movements in the CPI and is effective from 1 January each year. A general beneficiary may apply for a Safety Net Concession Card when the total cost of his/her prescriptions reaches $400.00. Concession Card holders pay $2.60 only for each prescription except where a brand premium applies.

(b) Concessional beneficiaries—

The Safety Net threshold for concessional beneficiaries is $135.20. Once this has been reached a Safety Net Entitlement Card is issued and all subsequent PBS/RPBS prescriptions and hospital supplied pharmaceutical items will be free of charge for the remainder of the calendar year.

The concessional beneficiary safety net threshold is calculated at 52 times the concessional contribution rate, which is indexed annually according to movements in the CPI. It is effective from 1 January each year.

Safety Net Cross-over Arrangements

11. 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.

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

13. 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.

14. 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.

15. As general beneficiaries, STEC holders receive items on the Pharmaceutical Benefits Schedule at a maximum cost of $16.00 and the general beneficiary safety net threshold applies. As concessional beneficiaries, STEC holders receive RPBS items at a maximum cost of $2.60 and work towards the concessional beneficiary safety net threshold. They therefore need to maintain both a general and concessional prescription record form.

16. 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.

17. 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.

18. 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.

19. 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

20. There are two Prescription Record Forms (PRF) for recording the purchase of prescription items. One (a blue form) is for the use of general and concessional beneficiaries and by veterans for the recording of PBS and RPBS items supplied by community pharmacies. The other form (maroon) is for the use of out-patients who pay for pharmaceutical items at a public hospital pharmacy.

21. The general community PRF (blue) is available from community pharmacies, Medicare Offices and Offices of the Health Insurance Commission in each State. The public hospital PRF (maroon) is available only through the out-patient department of public hospitals and the Health Insurance Commission in each State.

22. The beneficiaries should indicate their status, i.e. general or concessional, in the appropriate box on the front of the form. The beneficiaries should also record Department of Social Security Benefit Card numbers, Department of Veterans' Affairs Card numbers and/or Safety Net Concession Card numbers, as appropriate, on the front of the forms and list the names of family members who will be covered.

23. For the purposes of the Safety Net Scheme, the family includes the spouse or de facto spouse and family members, who, at any time during the year, were either children under the age of 16 in the care and control of the patient, or dependent full-time students under the age of 25.

24. The details to be entered on the forms are:

- the date of supply;
- PBS/RPBS code number of the item supplied (this applies to community pharmacies only);
- item identification—drug code, name of drug or abbreviation (this applies to public hospitals only);
- the safety net value of the item supplied (this applies to community pharmacies only—see also paragraph 25);
- hospital charge (this applies to public hospitals only);
- pharmacist's approval number;
- hospital safety net number;
- signature of the approved or authorised person making the entry.

25. Community pharmacists should record in the 'Safety Net Value' column:

(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.

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

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

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

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

30. The patient is responsible for maintenance 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

31. 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.

32. 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

33. A prescription should be supplied at either the concessional rate or free of charge, as appropriate, where the safety net value or hospital charge for that prescription, when included on a patient's PRF, has the effect of exceeding the qualifying amount for the patient to receive a Safety Net Entitlement or Concession Card.

Lost Pharmaceutical Benefits Prescription Record Forms

34. 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 and Refund of Patient Contributions

35. 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.

However, a beneficiary may obtain a refund from the Health Insurance Commission in the following circumstances:

(a) where the beneficiary is unable to satisfy a pharmacist that he/she has a current entitlement to free or concessional items and is charged the general beneficiary price; or

(b) where the beneficiary has failed to apply for his/her Entitlement or Concession Card on reaching the safety net threshold.

36. When a beneficiary is unable to satisfy a pharmacist of his/her entitlement at the time of supply, the pharmacist will charge the beneficiary at the general rate and issue a receipt and a claim form which will enable a cash refund to be obtained from the Health Insurance Commission via Medicare Offices. These forms are provided to pharmacists by the Health Insurance Commission.

37. Where a beneficiary has failed to apply for his/her Entitlement or Concession Card at the time of qualifying, refunds may be paid through the State Offices of the Health Insurance Commission. Cash refunds are not available in these circumstances.

38. In these circumstances the beneficiary should write to the Health Insurance Commission requesting a refund and provide copies of pharmacy accounts or a signed statement from the pharmacist indicating the date of supply, description and cost of the items supplied and that the accounts have actually been paid. A copy of the relevant PRFs should also be provided if available. If copies of the PRFs are not available the beneficiary should indicate the name of the pharmacy which issued the Card and the number on the Card, to enable the PRFs to be located within the Commission's records.

39. It should be noted that refunds can only be made in respect of PBS and RPBS items supplied through community pharmacies. Refunds cannot be made for hospital supplied items. Beneficiaries seeking refunds for hospital supplied items should be referred to the relevant State hospital or State Health Department.

NOTE: WITH THE EXCEPTION OF PARAGRAPH 42 (g) THE REMAINDER OF THESE NOTES DO NOT APPLY TO PUBLIC HOSPITALS

Application for Original Entitlement/Concession Card Issue

40. An Entitlement/Concession Card is issued to beneficiaries who have satisfied the relevant 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.

41. Any person covered by a PRF may sign the declaration and application and may be issued with an Entitlement or Concession Card on behalf of the family. If the card is issued to a family member who is a dependent child or student, it should be issued in the name of one of the parents.

42. 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;

(e) if there is more than one PRF, patients need to complete the declaration and application on one form only;

(f) all entries on a PRF must be signed by an approved or authorised person;

(g) community pharmacists and public hospitals are required only to satisfy themselves that entries on PRFs have been correctly recorded and that the appropriate Safety Net threshold has been reached.

43. 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

44. 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 8 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.

45. 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

46. 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.

47. 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.

48. 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

49. 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

50. 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.

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

Pharmacy Record of Issued Cards

52. 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

53. 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 supply of the pharmaceutical benefit, the recipient is to sign the prescription form.

54. 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.

55. 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.

HEALTH INSURANCE COMMISSION ENTITLEMENT CHECKING POLICY

As part of the Health Insurance Commission's policy of validating a beneficiary claim to free or concessional benefits, a routine for verifying the accuracy of data presented by pharmacists in CTS claims to the Commission is undertaken. In respect of data contained the field 'entitlement number' the Commission applies the various check digit routines applicable to entitlement numbers to test the mathematical accuracy of the number being presented. If the number is not recorded correctly, then no identification of the beneficiary can be made against the Commission's Pharmaceutical Benefits Entitlement File.

To advise pharmacists of entitlement numbers which are invalid, the Health Insurance Commission records on the pharmacist's statement of account (a document detailing the payments made to a pharmacist following the processing of a claim) details of the entitlement number which is invalidly constructed, the prescriptions within the claim containing that entitlement number and the beneficiary's name appearing on the first prescription.

The Commission's policy in respect of checking the entitlement numbers of beneficiaries who are entitled to free or concessional medication is:

(a) Where an invalidly constructed entitlement number is submitted in a claim, the Commission will pay all prescriptions containing that entitlement in that claim and

advise the pharmacist of the invalid number by an advice on the pharmacist's Statement of Account. Submission of a prescription supplied after the notification date, containing that previously advised invalid number will result in the return of the prescription to the pharmacist.

(b) Where an entitlement number is submitted, which has been obtained from an entitlement card which had expired at the time of dispensing and that expiry would have been known to the pharmacist by sighting the card, the prescription containing that invalid number will be returned to the pharmacist.

(c) Where an entitlement number is submitted, which has been obtained from an entitlement card where that entitlement has been withdrawn, the prescription will be paid at the level claimed. The pharmacist will be notified on the Statement of Account that the entitlement has ceased for that patient. Prescription supplied after the Commission has notified the withdrawal of the entitlement will be returned to the pharmacist.

ADMINISTRATIVE PROCEDURES FOR ENTITLEMENT CHECKING

General

56. The Health Insurance Commission will inform pharmacists of incorrect entitlement numbers. On the next occasion the beneficiary presents a prescription for dispensing the pharmacist should view the beneficiary's entitlement card and correct the number in the computer. If a copy of a card bearing an incorrect number is provided by the pharmacist to the Commission, the Commission will follow the matter up with the Department of Social Security to enable the issue of a new card.

Step by step

57. —

(a) *Beneficiary presents a current card or interim document and the pharmacist establishes that the entitlement number is invalidly constructed.*

Notate the prescription form 'card sighted'. If a copy of the card is provided by the pharmacist to the Commission, the Commission will follow the matter up with the Department of Social Security so that the beneficiary will receive a new card. (Note: the endorsement 'card sighted' will ensure payment on all occasions.)

(b) *Pharmacist is satisfied of beneficiary's entitlement without sighting beneficiary's documentation and the number is an invalidly constructed entitlement number.*

Dispense as a concessional entitlement only after attempting to reconfirm the number with the beneficiary or agent who is holding the card. If the number is still incorrect, notate the prescription form 'entitlement confirmed'.

(c) *Pharmacist is satisfied of beneficiary's entitlement without sighting beneficiary's documentation and the number is a validly constructed entitlement number.*

If the prescription is dispensed as a concessional benefit payment will be conditional upon the entitlement of the beneficiary at the date of dispensing. If the beneficiary's entitlement has been cancelled, but within the expiry date of the card, payment will be made and the Commission will inform the pharmacist on his/her next statement that the entitlement has expired. If the pharmacist continues to dispense prescriptions for that beneficiary at the concessional rate after being informed by the Commission of an expired entitlement, the Commission will return those prescriptions and if appropriate the pharmacist may claim the prescription at the general rate.

(d) *Unknown beneficiary without entitlement documentation, but claims to be entitled.*

If no proof of entitlement, dispense as a general prescription and issue a receipt.

(e) *Entitlement documentation presented but expired and the beneficiary asserts ongoing entitlement status.*

Request proof, attach to prescription form and dispense as concessional. The Commission will follow the matter up with the Department of Social Security. If no proof available, dispense as a general prescription and issue a receipt.

CHARGES TO PATIENTS

Patient Contribution

58. 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 $16.00, an amount of $16.00 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 75 apply. Patient contribution levels in public hospitals are covered in paragraph 5 and 6.

59. For those items supplied to general patients with a dispensed price of $16.00 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.

60. Where a medical practitioner has obtained a written Authority from the State Manager, Health Insurance Commission, or a delegate of the Repatriation 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.

61. Where a medical practitioner has endorsed a prescription 'Regulation 24' (see paragraphs 111 and 130) 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 $48.00 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.

62. 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 $16.00 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 59.

Special Patient Contribution

63. 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 58. All patients, including concessional beneficiaries and dependants and holders of an Entitlement/Concession Card, are required to pay this special patient contribution for these special pharmaceutical benefits. This amount is excluded from the price accumulating for safety net purposes. For RPBS special patient contribution arrangements see the RPBS Explanatory Notes.

Minimum Pricing Arrangements for PBS Schedule Listed Items

64. 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 also excluded from the price accumulating for safety net purposes.

65. 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

66. 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 supplied by the Health Insurance Commission or the Department of Veterans' Affairs. The person entering the entitlement information shall complete all the relevant details applicable to the patient's entitlement on the prescription.

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

- Pensioner Health Benefits Card
- Health Benefits 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).

68. 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 claimed under the PBS by placing a cross in the PBS box on the common prescription form (not on the green prescription forms previously 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. All cards issued by the Department of Veterans' Affairs can have up to 9 characters/numbers.

69. 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 for Department of Veterans' Affairs cards) (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 142-143), 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.

70. Where prescriptions are written on forms which do not provide space (front or back) for the entry of entitlement information, the dispensing approved pharmacist 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.

71. 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

72. 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. For RPBS after hours supply arrangements refer to the RPBS Explanatory Notes.

Delivery

73. 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. For RPBS delivery arrangements refer to the RPBS Explanatory Notes.

Responsibility

74. 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

75. 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 an agreement.

THE SCHEDULE OF PHARMACEUTICAL BENEFITS

76. 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. Additional pharmaceutical benefits which may be prescribed by medical practitioners for eligible Department of Veterans' Affairs card holders are listed in the Repatriation Schedule of Pharmaceutical Benefits.

77. 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***.

78. 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'.

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

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

81. 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.

82. 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.

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

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

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

86. 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

87. 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.

88. 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

89. ***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.

90. The following guidelines are applied to PBS Authority applications where the required benefit is a drug of addiction:

- the maximum quantity to be authorised at any one time will not generally exceed one month's therapy (e.g. provision of one week's therapy with three repeats);
- where supply for a longer period is warranted, authorised quantities will not normally exceed three months' therapy;
- telephone approvals are limited to one month's therapy.

Care should also be taken to comply with the provisions of State law, in particular by stating the interval of repeat where repeats are called for and by obtaining State Health authorisation for ongoing treatment.

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

Prescriptions

91. 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.

92. Except on authority prescription forms (PB86 for PBS and D1 190 for RPBS), 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.

93. 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 Managing Director, Health Insurance Commission otherwise record the prescription) either on the standard prescription form (PB35) 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 96;

(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' for PBS prescriptions or 'hardship conditions apply' for RPBS prescriptions. Further details are available in paragraphs 111 and 130;

(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) a tick in the appropriate box to indicate that the prescription is to be supplied under either the PBS or RPBS;

(j) sign and date the prescription.

94. 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/RPBS standard prescription form (PB35), delete 'PBS/RPBS' from the top of the form. ***Where the prescription is to be supplied under neither the PBS nor RPBS, both PBS and RPBS must be clearly struck out or obliterated.***

Manner of Administration

95. 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

96. 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 or a delegate of the Repatriation Commission, whichever is appropriate, 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 for PBS or D1190 for RPBS).

Maximum Quantities and Repeats

97. For ready prepared preparations, the allowable maximum quantity and number of repeats are shown in Section 2 of the Schedule and in Sections 1, 2 and 3 of the Repatriation Schedule of Pharmaceutical Benefits. For extemporaneously prepared preparations, details are set out in the Table of Maximum Quantities and Repeats, Section 4.

98. 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.

99. 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.

100. A pharmaceutical benefit may not be supplied to the same person more than once in any four days (see paragraph 121).

101. 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.

102. 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.

103. 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 or a delegate of the Repatriation Commission, whichever is appropriate.

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

105. 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, or a delegate of the Repatriation Commission, whichever is appropriate, in the relevant State for authority to prescribe a quantity in excess of the listed maximum quantity and/or number of repeats.

106. Under these provisions (except where otherwise stated in Section 2 of the Schedule) a quantity made up of the original prescription and repeats, sufficient for approximately six months' treatment at the higher dosage levels may be authorised. ***For provisions relating to drugs of addiction see paragraph 90.***

107. For drugs which require the written authority of the State Manager of the Health Insurance Commission, the provisions of paragraphs 108-109 apply. ***Procedures for the use of RPBS authority prescriptions are detailed in the RPBS Explanatory Notes.***

Authority Prescriptions

108. 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.

109. 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 118. 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.

110. Where the authority of the State Manager is required to prescribe restricted drugs (see paragraph 96) 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) 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.

The arrangements in paragraph 110 (c) do not apply to any prescription for an increased maximum quantity and/or repeats, nor where there is a note in the Schedule that the item is not available under the 'urgent supply' mechanism.

Regulation 24

111. 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 a PBS prescription 'Regulation 24' or RPBS prescription 'hardship conditions apply', as certification that all the above conditions have been satisfied.

112. Where a prescription is endorsed 'Regulation 24' or 'hardship conditions apply' on an RPBS prescription, 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

113. Under the PBS 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 in Section 2. These emergency supplies are not available to ships' doctors.

114. 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.)

115. 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.

116. 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

117. 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.*

118. The provision for communication of prescriptions in urgent cases applies also to those drugs for which the authority of the State Manager, Health Insurance Commission, or a delegate of the Repatriation Commission, 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 ***(for telephone approval arrangements under the RPBS, refer to the RPBS Explanatory Notes)***. 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

119. 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.

120. 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 108 or where a PBS prescription is endorsed 'Regulation 24' or an RPBS prescription is endorsed 'hardship conditions apply' (see paragraph 111).

121. 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.

122. Prescriptions for items deleted from either the PBS Schedule or the Repatriation Schedule of Pharmaceutical Benefits may not be dispensed as benefits as from the date of effect of deletion (see also paragraph 134).

123. 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.

124. 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.

125. 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.

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

127. 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

128. 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 144.

Procedure before Supply of Pharmaceutical Benefit

129. 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 148 and 149) 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

130. Where a PBS prescription is endorsed 'Regulation 24' or RPBS prescription endorsed 'hardship conditions apply' (see paragraph 111), 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 136). An amount equivalent to one dispensing fee and, where applicable, one dangerous drug fee is payable for the total supply.

Deferred Supply

131. 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

132. 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.

133. 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.

134. Repeat Authorisations which relate to prescriptions for items deleted from either the PBS Schedule or the Repatriation Schedule of Pharmaceutical Benefits may not be dispensed as pharmaceutical benefits as from the date of effect of deletion.

135. However, where changes to restrictions, maximum quantities and/or number of repeats occur (as for original prescriptions, paragraphs 123-124), Repeat Authorisations which relate to valid prescriptions written before the date of effect of the alterations, may be dispensed as pharmaceutical benefits.

136. 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

137. 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 148);

(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

138. 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

139. 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.

140. 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

141. 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

142. 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.

143. 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 117, 118 and 147) 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

144. 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.

145. 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.

146. 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

147. 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 117 in urgent cases. ***For telephone approval arrangements under the RPBS, refer to the RPBS Explanatory Notes.***

Prescription Identifying Numbers

148. In addition to a serial number (see paragraph 157), 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.

149. 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

150. 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 or the Veterans' Entitlements Act.

151. 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.

152. 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

153. 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

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

S
A
No.

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.

155. 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.

156. Approved pharmacists are asked to avoid stamping or writing over the prescriber number pre-printed on the PBS/RPBS 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

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

'S'—Serial Number (see paragraphs 158-163)

'A'—(a) To indicate the price claimed for pricing elect prescriptions (see paragraph 167), exceptional priced prescriptions (see paragraph 166) and Repatriation non-scheduled prescriptions (see paragraph 168).

(b) To confirm the PBS prescription is endorsed 'Regulation 24' or the RPBS prescription endorsed 'hardship conditions apply' (see paragraph 111).

(c) To claim for a glass dropper bottle where applicable (see paragraph 164).

(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

158. 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.

159. 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.

160. 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

161. 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

162. 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

163. 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

164. 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

165. In the case of a formula which is not listed in the Standard Formulae List, claimants will receive an average 10 g/mL rate for the type of preparation with provision to price exceptional prescriptions or the claimants may elect to calculate the cost of ingredients, containers and professional fee manually (see paragraphs 206-212). These arrangements have been agreed between the Department of Health, Housing, Local Government 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

166. —

(a) Where a prescription is to be reimbursed on an average price basis, the prescription identification stamp should be completed as outlined in paragraph 157.

(b) Where a prescription is to be claimed as an exceptional prescription, as defined in paragraph 212, 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 194-205 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

167. 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 194-205 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

168. 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 RPBS Explanatory Notes.

Action by an Approved Pharmacist Dispensing a Repeat Authorisation

169. 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

170. A claim for pharmaceutical benefits consists of—

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

(b) a completed Essential Pharmacy Allowance (Isolated) Claim Form 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.

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

172. 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

173. 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.

174. 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.

175. 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. The last numbers should be the total numbers of these categories.

176. 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.

177. 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

178. 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.

179. 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

180. 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.

181. 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.

182. 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.

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

184. 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.

185. 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.

Where a prescription is returned it is not regarded as having been finally rejected for payment because it may be resubmitted after correction. However, the *National Health Act 1953* provides that, subject to the *Administrative Appeals Tribunal Act 1975*, application may be made to the Administrative Appeals Tribunal for review of a decision to reject payment.

PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR PBS DISPENSING

READY PREPARED BENEFITS

Price where Maximum Quantity Prescribed (Ready Prepared Items)

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

187. 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)

188. —

(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

189. 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 (‡)

190. 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

191. The Wastage Factor Table shown below is used in ascertaining the price payable for quantities dispensed from the standard pack. (Refer paragraph 188 (b) and (c).)

192. 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

Standard Formulae Preparations

193. The price payable for the supply of the maximum quantity of standard formulae

preparations is shown in the Standard Formulae List.

Pricing of Extemporaneous Preparations

194. 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.

195. 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

196. 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

197. —

(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

198. 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 199-202.

199. 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 196.

200. 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 196; and

(b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 196.

201. 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 196; and

(b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 196.

202. 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 196; 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 196.

Containers

203. Separate container rates are payable in each State.

204. 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.

205. A double size container is allowed for bulk powders.

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

206. 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.

207. 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.

208. 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.

209. By agreement with the Pharmacy Guild of Australia the average 10 g/mL rate is determined as in paragraph 206.

210. 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.

211. —

(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.

212. 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

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

214. 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.

215. 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 precedence of formularies accorded by State legislation.

Fees and Containers

216. 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

217. 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

218. 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

219. 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.

220. 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.

Approved Medical Practitioners, Friendly Societies

221. 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.

Standards

222. 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

223. Monographs of the British Pharmacopoeia, the British Pharmaceutical Codex, the Australian Pharmaceutical Formulary (and Handbook) are identified in the Schedule and associated publications by the letters BP, BPC and APF 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

224. 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

225. 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

226. 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

227. 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.

Sale copies of Schedule

228. 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

229. 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

230. Enquiries regarding pharmaceutical benefits may be made to the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission. Enquiries regarding Repatriation Pharmaceutical Benefits should be directed to the relevant State Office of the Department of Veterans' Affairs. Telephone numbers for State Offices are listed in the white pages section of the Repatriation Schedule of Pharmaceutical Benefits.

EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

231. 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
NO.	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
444 Queen Street
Brisbane Qld 4000
Enquiries—
Claims Payments Telephone 360 7462
Pharmaceutical Advisor Telephone 360 7458
Outside metropolitan area—
Queensland Telephone 008 177 893
Northern New South Wales Telephone 008 803 189

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 3791, 284 3792, 284 3707

Qld: 360 7493 (six lines); toll free 008 177 893; Nth NSW toll free 008 803 189

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: 347 454; 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.

Department of Veterans' Affairs

Details of addresses and telephone numbers of the approving authorities within the State offices of the Department of Veterans' Affairs are listed at the front of the Repatriation Schedule of Pharmaceutical Benefits (white pages).

Poisons Information Centres

NEW SOUTH WALES

Royal Alexandra Hospital for Children
Pyrmont Bridge Road
Camperdown Telephone (02) 692 6111
Country Areas 008 251 525

VICTORIA

Royal Children's Hospital
Flemington Road
Parkville Telephone 0055 15678
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

NORTHERN TERRITORY

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

AUSTRALIAN CAPITAL TERRITORY

Woden Valley Hospital
Garran Telephone (06) 285 2852

TASMANIA

Please direct enquiries to NSW

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) 204 5301

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

Drug Information Pharmacist
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) 496 2881

WESTERN AUSTRALIA

Drug Information Pharmacist
Sir Charles Gairdner Hospital
Verdun Street
Nedlands WA 6009
Telephone (09) 346 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, Local Government and Community Services
(Compliance Branch)
PO Box 100
Woden ACT 2606

Mr G.M. James ..... (06) 239 8660
Mr L. R. Murray ..... (06) 239 8636

Australian Capital Territory

ACT Board of Health
GPO Box 825
Canberra ACT 2601

Drugs—
Mr V. Bugler ..... (06) 205 0961
Mr G. Stefanoff ..... (06) 205 1000
Therapeutic Devices—
Mr K. Wyatt ..... (06) 244 2250

New South Wales

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

Mr B.T. Mewes ..... (02) 887 5678
Mr J.E. Lumby ..... (02) 887 5678

Victoria

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

Mrs J.A. Downie ..... (03) 616 7460
Mr K. Moyle ..... (03) 616 8158

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—
Mrs M. Collins ..... (002) 33 6337
Mr J. Galloway ..... (002) 33 3293
Therapeutic Devices—
Mr A.L. Wilkins ..... (002) 33 6695

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*
AA	ASTA Medica Degussa Australia Pty Limited 17 Raglan Street South Melbourne Vic 3205 Tel: (03) 699 2188 Fax: (03) 690 2910
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 668 9711 Fax: (02) 668 8459
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 630 5099 Fax: (02) 683 5026
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101 Tel: (03) 853 0022 Fax: (03) 862 1915
AF	Alphapharm Pty Limited 12 Crown Street Glebe NSW 2037 Tel: (02) 692 9777 Fax: (02) 660 2344
AG	Allergan Australia Pty Ltd 5 George Place Artarmon NSW 2064 Tel: 008 252 224 Fax: (02) 428 0091
AM	Ames Product Group Division of Bayer Diagnostics Aust. Pty Limited 875-893 Pacific Highway Pymble NSW 2073 Tel: (02) 391 6400 Fax: (02) 988 4088
AN	Amgen Australia Pty Ltd Level 3, 65 Epping Road North Ryde NSW 2113 Tel: (02 870 1333 Fax: (02) 870 1344
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road North Ryde NSW 2113 Tel: (02) 978 3500 Fax: (02) 978 3700
AQ	Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086 Tel: 008 025 004 Fax: (02) 452 5209
AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 843 6300 Fax: (02) 843 6450
BA	Boots Pharmaceuticals A Division of The Boots Company (Australia) Pty Ltd 21 Loyalty Road North Rocks NSW 2151 Tel: (02) 842 7222 Fax: (02) 842 7224
BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: (02) 888 0977 Fax: (02) 887 3487
BF	Pilkington Barnes Hind Pty Ltd Unit 1-2 Brookvale Business Centre 9 Powells Road Brookvale NSW 2100 Tel: 008 226 599 Fax: (02) 905 7678
BK	Becton Dickinson Pty Ltd 80 Rushdale Street Knoxfield Vic 3180 Tel: (03) 764 2444 Fax: (03) 764 2550
BL	David Bull Laboratories Pty Ltd 7-23 Lexia Place Mulgrave North Vic 3170 Tel: (03) 560 2533 Fax: (03) 560 9081
BN	Bayer Australia Limited 875-893 Pacific Highway Pymble NSW 2073 Tel: (02) 391 6000 Fax: (02 988 3311

Codes	Manufacturer
BO	Boehringer Mannheim Australia Pty Limited 31 Victoria Avenue Castle Hill NSW 2154 Tel: (02) 899 7999 Fax: (02) 899 7893
BQ	Bristol-Myers Squibb Pharmaceuticals Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 213 4000 Fax: (03) 795 0968
BS	Sancella Pty Limited 30-32 Westall Road Westall Vic 3171 Tel: (03) 895 1800 Fax: (03) 547 8165
BT	The Boots Company (Australia) Pty Ltd 21 Loyalty Road North Rocks NSW 2151 Tel: (02) 842 7222 Fax: (02) 842 7224
BW	Wellcome Australia Limited 53 Phillips Street Cabarita NSW 2137 Tel: (02) 736 0666 Fax: (02) 743 6378
BX	Baxter Healthcare Pty Ltd Oakes Road Old Toongabbie NSW 2146 Tel: (02) 688 9111 Fax: (02) 688 9123
BY	Boehringer Ingelheim Pty Limited 50 Broughton Road Artarmon NSW 2064 Tel: (02) 428 4011 Fax: (02) 427 4654
BZ	Boucher & Muir Pty Limited 118-124 Willoughby Road Crows Nest NSW 2065 Tel: (02) 436 3922 Fax: (02) 906 7147
CC	ConvaTec 606 Hawthorn Road East Brighton Vic 3187 Tel: 008 335 276 Fax: (03) 525 0920
CG	Ciba-Geigy Australia Limited 140-150 Bungaree Road Pendle Hill NSW 2145 Tel: (02) 688 0444 Fax: (02) 896 2254
CL	Cilag Pty Limited Unit 3, 706 Mowbray Road West Lane Cove NSW 2066 Tel: 008 226 334 Fax: (02) 428 2353
CS	Commonwealth Serum Laboratories Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 389 1911 Fax: (03) 388 2351
CT	Coloplast Pty Ltd Unit 6, 154 Highbury Road Burwood Vic 3125 Tel: (03) 888 7022 Fax: (03) 888 8656
DL	Dista Products (Australia) & Company 112 Wharf Road West Ryde NSW 2114 Tel: (02) 325 4444 Fax: (02) 325 4410
DM	Dermacare Pty Ltd 61 Norman Street Peakhurst NSW 2210 Tel: (02) 534 4687 Fax: (02) 534 4157
DP	Douglas Pharmaceuticals Aust. Ltd 4 Packard Avenue Castle Hill NSW 2154 Tel: (02) 894 6455 Fax: (02) 894 6498
DW	Delta West Pty Ltd 15 Brodie Hall Drive Technology Park Bentley WA 6102 Tel: (09) 470 1917 Fax: (09) 472 3577
EG	Eagle Pharmaceuticals Pty Ltd 26 Winchcombe Place Castle Hill NSW 2154 Tel: (02) 634 3122 Fax: (02) 634 2301
EO	Ego Pharmaceuticals Pty Ltd 21-31 Malcolm Road Braeside Vic 3195 Tel: (03) 587 1088 Fax: (03) 580 7647
EX	Essex Laboratories 11 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 624 4444 Fax: (02) 674 4279

Codes	Manufacturer
FA	Faulding Pharmaceuticals A Division of F.H. Faulding & Co. Limited 1538 Main North Road Salisbury South SA 5108 Tel: (08) 282 2666 Fax: (08) 258 1877
FC	Fisons Pty Ltd 7 Gladstone Road Castle Hill NSW 2154 Tel: (02) 899 7666 Fax: (02) 899 1600
FE	Farmitalia Carlo Erba Pty Ltd 10 Ferntree Place Clayton North Vic 3168 Tel: (03) 558 9544 Fax: (03) 558 9501
FM	Fawns and McAllan Pty Ltd 432 Mt Dandenong Road Croydon Vic 3136 Tel: (03) 542 9777 Fax: (03) 542 9567
FR	Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 795 9500 Fax: (02) 795 9595
GA	Galderma Australia Pty Ltd Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086 Tel: 008 800 765 Fax: (02) 975 5374
GL	Glaxo Australia Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 729 5100 Fax: (03) 729 5319
HA	Hamilton Laboratories Pty Ltd 217 Flinders Street Adelaide SA 5000 Tel: (08) 223 2957 Fax: (08) 232 1480
HG	Hypoguard (Exports) Ltd Dock Lane, Melton Woodbridge, Suffolk England IP12 1PE Australian Agents: General Diabetes Services Rear, 137 Mt Alexander Road Flemington Vic 3031 Tel: (03) 372 2389 Fax: (03) 376 4158

Codes	Manufacturer
HO	Hollister Incorporated, U.S.A. Australian Distributor Sigma Company Limited Tel: (03) 542 9777 Fax: (03) 542 9567
HP	Hoechst Australia Limited 606 St Kilda Road Melbourne Vic 3004 Tel: (03) 522 1212 Fax: (03) 529 2608
IC	ICI Australia Operations Pty Ltd ICI House, 1 Nicholson Street Melbourne Vic 3000 Tel: (03) 665 7111 Fax: (03) 665 7144
IQ	The Ioquin Company Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086 Tel: 008 800 765 Fax: (02) 975 5374
JC	Janssen-Cilag Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066 Tel: 008 226 334 Fax: (02) 428 2353
JJ	Johnson & Johnson (Australia) Pty Ltd Stephen Road Botany NSW 2019 Tel: (02) 316 0466 Fax: (02) 666 3162
JP	Janssen Pharmaceutica Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066 Tel: 008 226 334 Fax: (02) 428 2353
KC	Kimberly-Clark Australia Pty Ltd 52 Alfred South Street Milsons Point NSW 2061 Tel: (02) 963 8888 Fax: (02) 957 5687
KE	Kendall Australasia Pty Ltd 22 Giffnock Avenue North Ryde NSW 2113 Tel: (02) 888 1244 Fax: (02) 888 7378
KN	Knoll AG, Germany 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 317 8666 Fax: (02) 669 2578

Codes	Manufacturer
KY	Key Pharmaceuticals Pty Ltd 21 Leeds Street Rhodes NSW 2138 Tel: (02) 736 3811 Fax: (02) 736 3316
LA	L. A. Chemicals Pty Ltd 213 Angas Street Adelaide SA 5000 Tel: (08) 414 1711 Fax: (08) 231 3916
LE	Lederle Laboratories Division Cyanamid Australia Pty Ltd 5 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 624 9333 Fax: (02) 674 6467
LH	Lipha Pharmaceuticals, London, U.K. Australian Distributor 3M Pharmaceuticals Australia Pty Ltd Tel: (02) 875 6333 Fax: (02) 875 1900
LY	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 325 4444 Fax: (02) 325 4410
MB	May & Baker Division of Rhône-Poulenc Rorer Australia Pty Ltd 35 Cotham Road Kew Vic 3101 Tel: (03) 854 8000 Fax: (03) 854 8001
MG	J. McGloin Pty Ltd 20 Forrester Street Kingsgrove NSW 2208 Tel: (02) 502 3777 Fax: (02) 502 2054
MJ	Mead Johnson 320 Victoria Road Rydalmere NSW 2116 Tel: (02) 684 8585 Fax: (02) 684 4453
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 795 9500 Fax: (02) 795 9595
ML	Marion Merrell Dow Australia Pty Ltd Unit 1, 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 950 5333 Fax: (02) 950 5377

Codes	Manufacturer
MM	3M Pharmaceuticals Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 875 6333 Fax: (02) 875 6416
NA	National Diagnostic Products (Australia) Pty Ltd 12 Stella Close Killara NSW 2071 Tel: (02) 418 1100 Fax: (02) 540 1359
ND	Nordisk Products of Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151 Tel: (02) 683 3600 Fax: (02) 683 3029
NE	Norgine Pty Limited Suite 2, 600 Hampton Street Brighton Vic 3186 Tel: (03) 592 0433 Fax: (03) 592 0533
NN	Nelson Laboratories Division of Laboratories Pharm-a-care Pty Ltd Unit 16, 1-3 Jubilee Avenue Warriewood NSW 2102 Tel: (02) 997 1466 Fax: (02) 997 1698
NO	Novo Products of Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151 Tel: (02) 683 3600 Fax: (02) 683 3029
NR	Nordia, Denmark Australian Distributor Ascot Pharmaceuticals Pty Ltd 231-233 Elizabeth Street Croydon NSW 2132 Tel: (02) 798 9066 Fax: (02) 799 8948
NS	Nicholas Products Pty Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 982 0222 Fax: (02) 981 3229
NT	Nestlé Australia Ltd 60 Bathurst Street Sydney NSW 2000 Tel: (02) 266 0622 Fax: (02) 267 6994

Codes	Manufacturer
NU	Nutricia 3 Montague Street Balmain NSW 2041 Tel: (02) 555 1885 Fax: (02) 810 8264
OB	Oral B Laboratories Pty Ltd Level 3, 90 Mount Street North Sydney NSW 2060 Tel: (02) 957 6499 Fax: (02) 957 5383
OL	Owen Laboratories Division of Galderma Australia Pty Ltd Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086 Tel: 008 800 765 Fax: (02) 975 5374
OM	Colgate Oral Care 345 George Street Sydney NSW 2000 Tel: (02) 229 5600 Fax: (02) 232 8448
OR	Organon (Australia) Pty Limited 31-33 Sirius Road Lane Cove NSW 2066 Tel: (02) 428 9411 Fax: (02) 428 1732
PD	Parke Davis Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 526 9500 Fax: (02) 525 6237
PF	Pfizer Pty Ltd 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 858 9444 Fax: (02) 858 1347
PP	Petrus Pharmaceuticals 1360 Viveash Road Swan View WA 6056 Tel: (09) 294 4333 Fax: (09) 294 4777
PS	Pharmacia (Australia) Pty Ltd 4 Byfield Street North Ryde NSW 2113 Tel: (02) 888 3622 Fax: (02) 888 7298

Codes	Manufacturer
PV	Pasteur Mérieux Sérums & Vaccins Division of Rhône-Poulenc Rorer Australia Pty Ltd 35 Cotham Road Kew Vic 3101 Tel: (03) 854 8000 Fax: (03) 854 8001
PY	Procter & Gamble Pharmaceuticals Australia Pty Ltd 99 Phillip Street Parramatta NSW 2150 Tel: (02) 685 4500 Fax: (02) 685 4777
QM	Qualimed A Division of Cassenne Pty Limited Level 8, 423 Pennant Hills Road Pennant Hills NSW 2120 Tel: (02) 484 3399 Fax: (02) 484 8769
RC	Reckitt & Colman Pharmaceuticals 44 Wharf Road West Ryde NSW 2114 Tel: (02) 858 2400 Fax: (02) 858 5539
RL	Roussel Uclaf Australia Pty Limited Level 8, 423 Pennant Hills Road Pennant Hills NSW 2120 Tel: (02) 484 3399 Fax: (02) 484 8769
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 982 0222 Fax: (02) 981 3229
RR	Rorer Consumer Division of Rhône-Poulenc Rorer Australia Pty Ltd 35 Cotham Road Kew Vic 3101 Tel: (03) 854 8000 Fax: (03) 854 8001
SB	Scientific Hospital Supplies (Australia) Pty Ltd 12 Hope Street Ermington NSW 2115 Tel: (02) 858 5988 Fax: (02) 858 5957

Codes	Manufacturer
SC	Schering Pty Ltd Australian Subsidiary of Schering AG, Berlin 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 317 8666 Fax: (02) 669 2578
SD	Syntex Australia Limited Funds of Australia Building, 275 Alfred Street North North Sydney NSW 2060 Tel: (02) 922 7688 Fax: (02) 922 2951
SE	Servier Laboratories (Aust.) Pty Ltd Servier House 13 Cato Street Hawthorn Vic 3122 Tel: (03) 822 2144 Fax: (03) 822 9790
SG	Serono Australia Pty Ltd Unit 4, Allambie Grove Business Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 975 3100 Fax: (02) 975 1516
SH	Schering-Plough Pty Ltd 11 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 624 4444 Fax: (02) 674 4279
SI	Sigma Company Limited 1408 Centre Road Clayton Vic 3168 Tel: (03) 542 9777 Fax: (03) 542 9567
SJ	Sharpe Laboratories Pty Ltd 12 Hope Street Ermington NSW 2115 Tel: (02) 858 5622 Fax: (02) 858 5957
SK	SmithKline Beecham (Australia) Pty Ltd 300 Frankston Road Dandenong Vic 3175 Tel: (03) 213 4444 Fax: (03) 706 5883
SN	Smith & Nephew (Aust.) Pty Ltd 211 Wellington Road Clayton Vic 3168 Tel: (03) 566 1200 Fax: (03) 562 0500
SO	Scholl International (ANZ) Pty Ltd 255A Boundary Road Braeside Vic 3195 Tel: (03) 587 3355 Fax: (03) 580 0939
SR	Searle Australia Pty Ltd 3rd Floor, 20 Clarke Street Crows Nest NSW 2065 Tel: (02) 439 6788 Fax: (02) 438 4930
SU	Sauter Laboratories (Aust.) Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 982 0222 Fax: (02) 981 3229
SV	Stafford-Miller Limited 5-9 Enterprise Avenue Padstow NSW 2211 Tel: (02) 772 2888 Fax: (02) 792 1636
SX	Stiefel Laboratories Pty Limited Unit 14, 5 Salisbury Road Castle Hill NSW 2154 Tel: (02) 894 5088 Fax: (02) 894 5016
SY	Schering AG 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 317 8666 Fax: (02) 669 2578
SZ	Sandoz Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 805 3555 Fax: (02) 887 4551
UP	Upjohn Pty Limited 55-73 Kirby Street Rydalmere NSW 2116 Tel: (02) 638 0531 Fax: (02) 684 2130
UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Limited Tel: (02) 436 3922 Fax: (02) 906 7147
VG	Vita Glow Pty Ltd 6 Hayes Street Balgowlah NSW 2093 Tel: (02) 951 0222 Fax: (02) 949 5561

Codes	*Manufacturer*
WE	Wille Laboratories Pty Ltd 100 Antimony Street Carole Park Qld 4300 Tel: (07) 271 2677 Fax: (07) 271 1315
WL	Sterling Winthrop Pty Ltd 82 Hughes Avenue Ermington NSW 2115 Tel: (02) 684 0888 Fax: (02) 684 1018
WO	Wooltec Australia 80C Charles Street Putney NSW 2112 Tel: (02) 809 2322 Fax: (02) 807 3235
WT	Whitehall Laboratories Pty Limited 102 Bonds Road Punchbowl NSW 2196 Tel: (02) 534 1000 Fax: (02) 533 3980
WW	Wm R. Warner 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 526 9500 Fax: (02) 525 6237
WY	Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 843 6300 Fax: (02) 843 6450

SECTION 100 ITEMS

In addition to the drugs and medicinal preparations listed in this Schedule, a number of drugs are also available as pharmaceutical benefits but are distributed under alternative arrangements where these are considered more appropriate.

These alternative arrangements are provided for under section 100 of the National Health Act and some of the drugs available in this way are listed below for information.

Item and Section 100 Restriction	Price to Commonwealth	Proprietary Name and Manufacturer	
HIGHLY SPECIALISED DRUGS AVAILABLE THROUGH PUBLIC HOSPITAL PHARMACIES FOR OUT-PATIENTS			
CLOZAPINE *Treatment of schizophrenia in patients who are non-responsive to, or intolerant of, classical neuroleptic agents.*			
Tablet 25 mg	*$72.00 for 100 tablets*	*Clozaril*	*SZ*
Tablet 100 mg	*$270.00 for 100 tablets*	*Clozaril*	*SZ*
CYCLOSPORIN *For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation).*			
Capsule 25 mg	*$87.60 for 50 capsules*	*Sandimmun*	*SZ*
Capsule 50 mg	*$175.15 for 50 capsules*	*Sandimmun*	*SZ*
Capsule 100 mg	*$350.30 for 50 capsules*	*Sandimmun*	*SZ*
Oral solution 100 mg per mL, 50 mL	*$368.75 for 50 mL*	*Sandimmun*	*SZ*
Solution concentrate for I.V. infusion 50 mg in 1 mL	*$54.10 for 10 ampoules*	*Sandimmun*	*SZ*
Solution concentrate for I.V. infusion 250 mg in 5 mL	*$257.95 for 10 ampoules*	*Sandimmun*	*SZ*
DESFERRIOXAMINE MESYLATE *Iron overload associated with thalassaemia major.*			
Powder for injection 500 mg	*$108.27 for 10 vials*	*Desferal*	*CG*
DIDANOSINE *Patients with advanced HIV infection who are intolerant of zidovudine therapy or who have demonstrated significant clinical or immunological deterioration during zidovudine treatment.*			
Tablet 50 mg (chewable/dispersible)	*$71.96 for 60 tablets*	*Videx*	*BQ*
Tablet 100 mg (chewable/dispersible)	*$143.92 for 60 tablets*	*Videx*	*BQ*
Tablet 150 mg (chewable/dispersible)	*$215.88 for 60 tablets*	*Videx*	*BQ*
ERYTHROPOIETIN (RECOMBINANT HUMAN) *For the treatment of anaemia requiring transfusion, associated with chronic renal failure, where treatment is initiated in a hospital with a renal dialysis unit.*			
Injection 2,000 units in 1 mL	*$252.00 for 6 vials*	*Eprex*	*JC*
Injection 4,000 units in 1 mL	*$433.20 for 6 vials*	*Eprex*	*JC*
Injection 10,000 units in 1 mL	*$990.00 for 6 vials*	*Eprex*	*JC*

Item and Section 100 Restriction	Price to Commonwealth	Proprietary Name and Manufacturer	
FILGRASTIM *Adult patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent autologous bone marrow transplantation; Adult patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in—* *acute lymphoblastic leukaemia;* *germ cell tumours;* *non-Hodgkin's lymphoma (intermediate or high grade);* *relapsed Hodgkin's disease.*			
Injection 300 micrograms in 1 mL vial	*$1583.00 for 10 vials*	*Neupogen*	*AN*
Injection 480 micrograms in 1.6 mL vial	*$2546.00 for 10 vials*	*Neupogen*	*AN*
FLUCONAZOLE *The same indications apply as shown in the 'authority required' restriction in Section 2.*			
Capsule 50 mg	*$151.45 for 30 capsules*	*Diflucan*	*PF*
Capsule 100 mg	*$295.04 for 30 capsules*	*Diflucan*	*PF*
Solution for I.V. infusion 100 mg in 50 mL	*$19.35 for one vial*	*Diflucan*	*PF*
Solution for I.V. infusion 200 mg in 100 mL	*$38.34 for one vial*	*Diflucan*	*PF*
GANCICLOVIR SODIUM *Sight threatening cytomegaloviral retinitis in severely immunocompromised patients.*			
Powder for I.V. infusion equivalent to 500 mg ganciclovir	*$57.71 for one vial*	*Cymevene*	*SD*
INTERFERON ALFA-2a *Chronic active hepatitis B in patients who fulfil specified criteria.*			
Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 1 mL	*$194.40 for one set of 5*	*Roferon-A*	*RO*
Injection set containing 5 vials powder for injection 4,500,000 i.u. and 5 ampoules solvent 1 mL	*$291.60 for one set of 5*	*Roferon-A*	*RO*
Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 1 mL	*$583.20 for one set of 5*	*Roferon-A*	*RO*
INTERFERON ALFA-2b *Chronic active hepatitis B in patients who fulfil specified criteria.*			
Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL	*$194.40 for one set of 5*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 5,000,000 i.u. and 5 ampoules solvent 2 mL	*$324.00 for one set of 5*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 10,000,000 i.u. and 5 ampoules solvent 2 mL	*$648.00 for one set of 5*	*Intron A*	*SH*

Item and Section 100 Restriction	Price to Commonwealth	Proprietary Name and Manufacturer	
ZALCITABINE *Treatment of HIV infection in individuals intolerant of zidovudine and who have advanced disease (CD4 cell counts of 300 or less);* *Combination therapy with zidovudine in advanced HIV infection (CD4 cell counts equal to or less than 200) in adults who have received no zidovudine or less than 12 months' therapy with zidovudine.*			
Tablet 375 micrograms	*$193.75 for 100 tablets*	*Hivid*	*RO*
Tablet 750 micrograms	*$242.18 for 100 tablets*	*Hivid*	*RO*
ZIDOVUDINE *Treatment of adult patients with severe, symptomatic human immunodeficiency virus infection (AIDS or advanced ARC);* *Treatment of HIV-positive patients with less than 500 CD4 cells per mm^3.*			
Capsule 100 mg	*$247.24 for 100 capsules*	*Retrovir*	*BW*
Capsule 250 mg	*$247.24 for 40 capsules*	*Retrovir*	*BW*
ITEM AVAILABLE DIRECT FROM MANUFACTURER UNDER THE SPECIAL ACCESS SCHEME (PENDING APPROVAL OF REVISED FORMULATION)			
PERHEXILINE MALEATE *Angina not responding to other therapy.*			
Tablet 100 mg	*$22.70 for 100 tablets*	*Pexid*	*ML*
ITEMS AVAILABLE ON APPROVAL OF THE DEPARTMENT OF HEALTH, HOUSING, LOCAL GOVERNMENT AND COMMUNITY SERVICES AND DISTRIBUTED BY MANUFACTURERS			
SOMATROPIN *(recombinant human growth hormone)*			
Injection 4 i.u.	*$79.72 for one vial* *$81.50 for one vial* *$87.44 for one cartridge*	*Saizen* *Humatrope* *Genotropin*	*SG* *LY* *PS*
Injection 10 i.u.	*$199.30 for one vial*	*Saizen*	*SG*
Injection 12 i.u.	*$245.52 for one vial*	*Norditropin*	*NO*
Injection 16 i.u.	*$326.00 for one vial* *$349.76 for one cartridge*	*Humatrope* *Genotropin*	*LY* *PS*
SOMATREM *(methionyl human growth hormone)*			
Injection 12 i.u.	*$245.52 for one vial*	*Somatonorm*	*PS*

These items are made available in accordance with the 'Guidelines for the Availability of Human Growth Hormone (hGH) as a Pharmaceutical Benefit'.

These guidelines may be obtained from:

Growth Hormone Program
Pharmaceutical Benefits Branch
Department of Health, Housing, Local Government and Community Services
GPO Box 9848
CANBERRA ACT 2601

Section 2

Emergency Drug (Doctor's Bag) Supplies

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 $5.43 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,*** with separate headings for authority and non-authority **(Restricted benefit)** items. In each case these items may be prescribed as pharmaceutical benefits only for use for the specified indications.

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 Managing Director 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 103 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, pravastatin sodium 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.

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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, pravastatin sodium, gemfibrozil or nicotinic acid may be used.

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

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.

Emergency Drug (Doctor's Bag) Supplies

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty $	Proprietary Name and Manufacturer	
	ADRENALINE				
3451P	Injection 1 mg in 1 mL (1 in 1,000)	5	7.60	AP	
	AMINOPHYLLINE				
3452Q	I.V. injection 250 mg in 10 mL	5	8.37	SI	
	ATROPINE SULFATE				
3453R	Injection 600 micrograms in 1 mL	5	7.88	AP	
	BENZTROPINE MESYLATE				
3457Y	Injection 2 mg in 2 mL	5	17.17	Cogentin	MK
	BENZYLPENICILLIN				
3486L	Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*28.39	CS	
or	*or*				
	PROCAINE PENICILLIN				
3485K	Injection 1.5 g	10	*99.23	Cilicaine	SI
	CHLORPROMAZINE HYDROCHLORIDE				
3455W	Injection 50 mg in 2 mL	10	11.69	Largactil	MB
or	*or*				
	HALOPERIDOL				
3456X	Injection 5 mg in 1 mL	10	11.95	Serenace	SR
	DEXAMETHASONE				
3472R	Injection 4 mg in 1 mL	5	12.58	Decadron	MK
or	*or*				
	HYDROCORTISONE SODIUM SUCCINATE				
3470P	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*9.91	Nordicort Solu-Cortef	NR UP
or	*or*				
	HYDROCORTISONE SODIUM SUCCINATE				
3471Q	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	9.33	Solu-Cortef	UP
	DIAZEPAM				
3458B	Injection 10 mg in 2 mL	5	7.08	BL	
	DIHYDROERGOTAMINE MESYLATE				
3460D	Injection 1 mg in 1 mL	5	8.96	Dihydergot	SZ
	DIPHTHERIA and TETANUS VACCINE, ADSORBED				
3461E	Injection 0.5 mL	10	*50.55	CS	
	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE				
3462F	Injection 0.5 mL	10	*51.35	CS	
	ERGOMETRINE MALEATE				
3464H	Injection 250 micrograms in 1 mL	5	8.15	BL	

Emergency Drug (Doctor's Bag) Supplies

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty $	Proprietary Name and Manufacturer	
	ERYTHROMYCIN				
3465J	I.M. injection 100 mg in 2 mL	5	15.61	Erythrocin-I.M.	AB
	FRUSEMIDE				
3466K	Injection 20 mg in 2 mL	5	6.50	Lasix	HP
				AF	
	GLUCAGON HYDROCHLORIDE				
3467L	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	18.42	Glucagon Novo	NO
	GLUCOSE				
3468M	Injection 5 g in 10 mL (50%)	5	10.57	AP	
	GLYCERYL TRINITRATE				
3454T	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)	‡1	16.51	Nitrolingual Spray	FC
	LIGNOCAINE HYDROCHLORIDE				
3474W	Injection 100 mg in 5 mL	4	*18.27	Xylocard 100	AP
	METOCLOPRAMIDE HYDROCHLORIDE				
3476Y	Injection 10 mg in 2 mL	10	9.20	Maxolon	SK
or	*or*				
	PROCHLORPERAZINE				
3477B	Injection 12.5 mg in 1 mL	10	10.86	Compazine	SK
			11.89	Stemetil	MB
	MORPHINE SULFATE				
3479D	Injection 15 mg in 1 mL	5	8.61	BL	
				SI	
			11.01	AP	
or	*or*				
	MORPHINE SULFATE				
3480E	Injection 30 mg in 1 mL	5	10.98	BL	
	NALOXONE HYDROCHLORIDE				
3482G	Injection (pre-filled syringe) 2 mg in 5 mL	2	*47.33	Naloxone Min-I-Jet	CS
	PETHIDINE HYDROCHLORIDE				
3483H	Injection 100 mg in 2 mL	5	8.50	BL	
				SI	
			11.26	AP	
	PROMETHAZINE HYDROCHLORIDE				
3488N	Injection 50 mg in 2 mL	10	*13.33	BL	
	SALBUTAMOL SULFATE				
3496B	Nebuliser solution, single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	16.02	Respax 2.5 Sterinebs	DW
			16.33	Ventolin Nebules	GL

Emergency Drug (Doctor's Bag) Supplies

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty $	Proprietary Name and Manufacturer	
	SALBUTAMOL SULFATE				
3497C	Nebuliser solution, single dose units 5 mg (base) in 2.5 mL, 30	‡1	16.72	Respax 5 Sterinebs	DW
			17.03	Ventolin Nebules	GL
	TERBUTALINE SULFATE				
3490Q	Injection 100 micrograms in 1 mL	5	7.71	Bricanyl	AP
or	*or*				
	TERBUTALINE SULFATE				
3491R	Injection 500 micrograms in 1 mL	5	7.84	Bricanyl	AP
	TETANUS VACCINE, ADSORBED				
3493W	Injection 0.5 mL	10	*45.05	CS	
	VERAPAMIL HYDROCHLORIDE				
3494X	Injection 5 mg in 2 mL	5	8.81	[a] Cordilox	SC
				[a] Isoptin	KN

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) **Restricted benefit.** ***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***	***526.18***	***1066.35***	***16.00***
	CLOMIPHENE CITRATE (Clomid ML) **Restricted benefit.** ***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***	***32.16***	****33.75***	****65.91***	***16.00***
2334W	POLYGELINE (Haemaccel HP) I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	7.20	*53.76	*60.96	16.00
	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***	***80.20***	***119.87***	***16.00***

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	
	ACETAZOLAMIDE							
1004W	Tablet 250 mg	100	3	..	13.78	14.55	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	12.19	12.96	Diamox	LE
	ACETYLCYSTEINE							
	Restricted benefit.							
	Bronchiectasis;							
	Cystic fibrosis (mucoviscidosis).							
2630K	***Solution for inhalation 200 mg per mL (20%), 10 mL***	***5***	***3***	..	***34.55***	***16.00***	***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***	..	..	****111.99***	***16.00***	***Zovirax 200 mg***	***BW***
	Authority required.							
	➤***Moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is required prior to issue of authority.***							
1007B	***Tablets 200 mg, 90***	***‡1***	***2***	..	***198.45***	***16.00***	***Zovirax 200 mg***	***BW***
	Authority required.							
	Suppression of genital herpes in severely immunocompromised patients.							
1009D	***Tablets 200 mg, 90***	***‡1***	***5***	..	***198.45***	***16.00***	***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***	..	..	***270.15***	***16.00***	***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.							
	Restricted benefit.							
	Eye infections caused by herpes simplex virus.							
1002R	***Eye ointment 30 mg per g (3%), 4.5 g***	***‡1***	***..***	***..***	***22.01***	***16.00***	***Zovirax***	***BW***
	ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	7.60	8.37	AP	
2434D	Eye drops 5 mg per mL (0.5%), 7.5 mL	‡1	5	..	8.48	9.25	Eppy/N	BF
1014J	Eye drops 10 mg per mL (1%), 7.5 mL	‡1	5	..	8.48	9.25	Eppy/N	BF
2955M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.65	11.42	Epifrin	AG
1015K	Eye drops 20 mg per mL (2%), 10 mL	‡1	5	..	14.61	15.38	Epifrin	AG
	ALLOPURINOL							
2600W	Tablet 100 mg	200	2	..	*13.03	13.80	[a] Progout 100	AF
				0.48	*13.51	13.80	[a] Zyloprim	BW
2604C	Tablet 300 mg	60	2	..	*9.85	10.62	[a] Progout 300	AF
				0.43	10.28	10.62	[a] Zyloprim	BW
2601X	Capsule 100 mg	200	2	..	*13.03	13.80	Capurate-100	FM
2603B	Capsule 300 mg	60	2	..	*9.85	10.62	Capurate-300	FM
	ALPRENOLOL HYDROCHLORIDE							
2991K	Tablet 100 mg	100	5	..	10.85	11.62	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***	***..***	***..***	****2153.11***	***16.00***	***Actilyse***	***BY***
	ALUMINIUM HYDROXIDE							
2153H	Oral suspension 321 mg per 5 mL, 500 mL	2	5	..	*10.69	11.46	Amphojel	WT
	ALUMINIUM HYDROXIDE with KAOLIN							
2552H	Oral suspension 137 mg–1 g per 5 mL, 500 mL	‡1	2	..	7.38	8.15	Kaomagma	WT
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE							
2576N	Tablet 200 mg–200 mg	200	5	..	*10.69	11.46	Gelusil	WW
							Mylanta	PD
2156L	Oral suspension 215 mg–80 mg per 5 mL, 500 mL	2	5	..	*10.69	11.46	Simeco	WT

continued ☛

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	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE—cont.							
2157M	Oral suspension 200 mg–200 mg per 5 mL, 500 mL	2	5	..	*10.69	11.46	Gelusil Mylanta Sodexol	WW PD SC
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE							
2158N	Oral suspension 306 mg–97.5 mg–10 mg per 5 mL, 500 mL	2	5	..	*10.69	11.46	Mucaine	WT
	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE							
1032H	Tablet 250 mg–120 mg–120 mg	200	5	..	*10.69	11.46	Gastrogel	FM
2159P	Oral suspension 250 mg–120 mg–120 mg per 5 mL, 500 mL	2	5	..	*10.69	11.46	Gastrogel	FM
	AMANTADINE HYDROCHLORIDE							
	Restricted benefit.							
	Parkinson's disease which is not drug induced.							
3016R	***Capsule 100 mg***	***100***	***5***	.. ***1.08***	***27.07*** ***28.15***	***16.00*** ***16.00***	***Antadine*** ***Symmetrel***	***BT*** ***CG***
	AMILORIDE HYDROCHLORIDE							
	CAUTION:							
	Serum electrolytes should be checked regularly.							
3109P	Tablet 5 mg	100	1	.. 0.62	*9.25 *9.87	10.02 10.02	[a] Kaluril [a] Midamor	AF MK
	AMINACRINE HYDROCHLORIDE							
1035L	Eye drops 3 mg in 15 mL	‡1	2	..	7.89	8.66	Aminopt	SI
	AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE							
	Restricted benefit.							
	Methylmalonic acidaemia; Propionic acidaemia.							
3079C	***Powder 200 g***	***10***	***5***	..	***1074.25***	***16.00***	***Methionine, Threonine, Valine-free, and Isoleucine low Amino Acid Mix***	***SB***
	AMINO ACID FORMULA without PHENYLALANINE							
	Restricted benefit.							
	Phenylketonuria.							
3071P	***Powder 250 g***	***8***	***5***	..	***797.03***	***16.00***	***PK AID I***	***SB***
3072Q	***Powder 250 g***	***8***	***5***	..	***1060.71***	***16.00***	***PK AID II***	***SB***
1450H	***Food supplement powder 500 g***	***‡1***	***5***	..	***186.65***	***16.00***	***Aminogran F.S.***	***GL***

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	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE							
	Restricted benefit.							
	Pyridoxine non-responsive homocystinuria.							
3077Y	***Powder 200 g***	***20***	***5***	***..***	****1306.35***	***16.00***	***RVHB Maxamaid***	**SB**
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE							
	Restricted benefit.							
	Phenylketonuria.							
2737C	***Infant formula, powder 400 g***	***8***	***5***	***..***	****507.75***	***16.00***	***Analog XP***	**SB**
2738D	***Powder 500 g***	***8***	***5***	***..***	****1010.07***	***16.00***	***XP Maxamaid***	***SB***
2739E	**Powder 500 g**	**8**	**5**	**..**	***1589.67**	**16.00**	**XP Maxamum**	**SB**
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE							
	Restricted benefit.							
	Tyrosinaemia.							
3078B	***Powder 200 g***	***20***	***5***	***..***	****1989.15***	***16.00***	***XPhen, Tyr Maxamum***	**SB**
	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE							
	Restricted benefit.							
	Maple syrup urine disease.							
3075W	***Powder 200 g***	***10***	***5***	***..***	****1294.05***	***16.00***	***M.S.U.D. AID***	**SB**
1045B	***Powder 200 g***	***20***	***5***	***..***	****1274.55***	***16.00***	***M.S.U.D. Maxamaid***	**SB**
	AMINOGLUTETHIMIDE							
	Restricted benefit.							
	Metastatic breast cancer in patients who are no longer responding adequately to first-line endocrine manipulation; Cushing's syndrome.							
1036M	***Tablet 250 mg***	***100***	***5***	***..***	***143.54***	***16.00***	***Cytadren***	**CG**
	AMINOPHYLLINE							
1038P	I.V. injection 250 mg in 10 mL	5	..	..	8.37	9.14	SI	

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	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***	.. ***0.60***	***20.37*** ***20.97***	***16.00*** ***16.00***	[a] ***Aratac 100*** [a] ***Cordarone X 100***	***AF*** ***WL***
2343H	***Tablet 200 mg***	***30***	***5***	.. ***0.60***	***30.77*** ***31.37***	***16.00*** ***16.00***	[a] ***Aratac 200*** [a] ***Cordarone X 200***	***AF*** ***WL***
	AMITRIPTYLINE HYDROCHLORIDE							
2417F	Tablet 10 mg	50	2	.. 0.60	4.89 5.49	5.66 5.66	Endep 10 Tryptanol	AF MK
2418G	Tablet 25 mg	50	2	.. 0.61	5.41 6.02	6.18 6.18	[a] Endep 25 [a] Tryptanol	AF MK
2429W	Tablet 50 mg	50	2	..	6.57	7.34	Endep 50	AF
	AMLODIPINE BESYLATE							
2751T	Tablet 5 mg (base)	30	5	..	25.87	16.00	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	..	41.15	16.00	Norvasc	PF
	AMMONIUM CHLORIDE							
1044Y	Tablet 500 mg	100	5	..	10.35	11.12	FM	
	AMOXYCILLIN							
1883D	Chewable tablet 250 mg	20	1	..	7.96	8.73	[a] Amoxil [a] Moxacin	SK CS
1884E	Capsule 250 mg	20	1	..	7.17	7.94	[a] Alphamox 250 [a] Cilamox [a] Fisamox 250	AF SI FC
				0.38 0.43	7.55 7.60	7.94 7.94	[a] Moxacin [a] Amoxil	CS SK
1889K	Capsule 500 mg	20	1	..	10.48	11.25	[a] Alphamox 500 [a] Cilamox [a] Fisamox 500	AF SI FC
				0.53 0.55	11.01 11.03	11.25 11.25	[a] Amoxil [a] Moxacin	SK CS
1878W	Sachet containing oral powder 3 g	1	..	..	7.81	8.58	[a] Amoxil [a] Moxacin	SK CS
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#10.40	11.51	Amoxil	SK

continued ☛

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	AMOXYCILLIN—cont.							
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#8.58	9.69	[a] Alphamox 125	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.22	#8.80	9.69	[a] Moxacin	CS
				0.23	#8.81	9.69	[a] Amoxil	SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#9.90	11.01	[a] Alphamox 250	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.33	#10.23	11.01	[a] Moxacin 250	CS
				0.36	#10.26	11.01	[a] Amoxil Forte	SK
	AMOXYCILLIN with CLAVULANIC ACID **NOTE:** 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	..	12.47	13.24	Augmentin	SK
1891M	Tablet 500 mg–125 mg	15	1	..	16.18	16.00	Augmentin Forte	SK
1892N	Powder for syrup 125 mg–31.25 mg per 5 mL, 75 mL	‡1	1	..	#10.97	12.08	Augmentin	SK
1893P	Powder for syrup 250 mg–62.5 mg per 5 mL, 75 mL	‡1	..	..	#13.27	14.38	Augmentin Forte	SK
	AMPHOTERICIN							
2931G	Lozenge 10 mg	20	1	..	6.25	7.02	Fungilin	BQ
1047D	Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	20.40	16.00	Fungizone	BQ
	AMPICILLIN							
1048E	Capsule 250 mg	24	1	..	7.71	8.48	Alphacin 250	AF
				2.82	10.53	8.48	Penbritin	SK
2671N	Capsule 500 mg	24	..	..	11.18	11.95	Alphacin 500	AF
				2.42	13.60	11.95	Penbritin	SK
2389R	Injection 250 mg (solvent required) (codes 6519D, 6520E, 6521F, 6522G, 6523H, 6524J apply to above item with approved solvents)	5	1	..	8.01	8.78	Austrapen	CS
2390T	Injection 500 mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	..	9.95	10.72	[a] Ampicyn	FC
							[a] Austrapen	CS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	..	13.91	14.68	[a] Ampicyn	FC
							[a] Austrapen	CS

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	AMYLOBARBITONE SODIUM							
	Restricted benefit.							
	Epilepsy.							
1059R	***Injection 500 mg (solvent required) (codes 6543J, 6544K, 6545L, 6546M, 6547N, 6548P apply to above item with approved solvents)***	***2***	..	..	****12.67***	***13.44***	***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	..	6.79	7.56	Antistine–Privine	CG
1077Q	Eye drops 5 mg (phosphate)–500 micrograms (hydrochloride) per mL (0.5%–0.05%), 15 mL	‡1	5	..	8.88	9.65	Albalon–A	AG
	ANTIVENOM—RED BACK SPIDER							
1980F	Injection 500 units	2	..	..	*182.97	16.00	CS	
	ASPIRIN							
1008C	Tablet 300 mg	100	1	..	5.42	6.19	Spren	SI
1010E	Tablet 300 mg (dispersible)	100	1	..	5.50	6.27	Solprin	RC
3110Q	Tablet 325 mg (buffered)	100	1	..	6.06	6.83	Bufferin	MJ
1230R	Tablet 650 mg (enteric coated)	100	2	..	8.59	9.36	Ecotrin	SK
	ATENOLOL							
1081X	Tablet 50 mg	30	5	.. 1.00	10.24 11.24	11.01 11.01	[a] Noten [a] Tenormin	AF IC
	ATROPINE SULFATE							
2704H	Tablet 600 micrograms	100	2	..	9.39	10.16	FM	
1089H	Injection 600 micrograms in 1 mL	5	1	..	7.88	8.65	AP	
1091K	Injection 1.2 mg in 1 mL	5	1	..	7.99	8.76	AP	
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	7.80	8.57	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	7.80	8.57	Atropt	SI
	AURANOFIN							
	CAUTION:							
	Regular blood and urine checks are essential.							
1095P	Tablet 3 mg	60	5	..	49.98	16.00	Ridaura	SK
	AUROTHIOGLUCOSE							
2021J	Injection 50 mg per mL, 10 mL	1	..	..	98.35	16.00	Gold–50	SH
	AZATHIOPRINE							
2688L	Tablet 25 mg	100	2	..	46.82	16.00	Imuran	BW
2687K	Tablet 50 mg	100	2	..	78.99	16.00	[a] Imuran [a] Thioprine	BW AF

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	BACLOFEN							
2729P	Tablet 10 mg	100	5	..	40.05	16.00	[a] Clofen 10	AF
				0.95	41.00	16.00	[a] Lioresal 10	CG
2730Q	Tablet 25 mg	100	5	..	81.85	16.00	[a] Clofen 25	AF
				0.95	82.80	16.00	[a] Lioresal 25	CG
	BECLOMETHASONE DIPROPIONATE							
	Authority required.							
	Severe intractable rhinitis.							
1657F	***Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)***	***‡1***	***1***	..	***13.65***	***14.42***	***Aldecin Aqueous***	***SH***
							Beconase AQ	***GL***
1637E	***Aqueous nasal spray refill 50 micrograms per dose (200 doses)***	***‡1***	***1***	..	***11.53***	***12.30***	***Aldecin Aqueous***	***SH***
1689X	***Aqueous nasal spray 50 micrograms per dose, set containing one pump pack (200 doses) and one refill (200 doses)***	***‡1***	..	..	***21.43***	***16.00***	***Aldecin Aqueous***	***SH***
	BECLOMETHASONE DIPROPIONATE							
1649T	Capsule 100 micrograms (oral inhalation)	200	5	..	*26.61	16.00	Becotide Rotacaps	GL
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.23	11.00	Aldecin	SH
							Becotide	GL
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.70	16.00	Becotide 100	GL
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	30.98	16.00	Becloforte	GL
	BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulfate and Hyoscine Hydrobromide							
2705J	Tablet 92.5 micrograms–13.5 micrograms–9.9 micrograms	100	2	..	5.43	6.20	Atrobel	FM
2706K	Tablet 138.7 micrograms–20.3 micrograms–14.8 micrograms	100	2	..	5.52	6.29	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	..	5.57	6.34	Donnatab	WT

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	BENDROFLUAZIDE							
1106F	Tablet 5 mg	100	1	..	7.29	8.06	Aprinox	BT
	BENZATHINE PENICILLIN							
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	24.45	16.00	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	..	..	14.30	15.07	Bicillin All-Purpose	WY
	BENZHEXOL HYDROCHLORIDE							
1109J	Tablet 2 mg	200	2	..	8.22	8.99	Artane	LE
1110K	Tablet 5 mg	200	1	..	10.11	10.88	Artane	LE
	BENZOIN **Restricted benefit.** ***For colostomy and ileostomy use.***							
2683F	***Compound tincture 3.5 mL per 10 mL (35%), 167 mL aerosol spray***	***‡1***	..	..	***10.28***	***11.05***	***EG***	
	BENZTROPINE MESYLATE							
2362H	Tablet 2 mg	60	2	..	*6.88	7.65	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	17.17	16.00	Cogentin	MK
	BENZYDAMINE HYDROCHLORIDE **Restricted benefit.** ***Treatment of radiation induced mucositis.***							
1121B	***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL***	***‡1***	***1***	..	***14.09***	***14.86***	***Difflam***	***MM***
	BENZYL BENZOATE							
1114P	Application 50 g in 200 mL (25%)	‡1	2	..	6.23	7.00	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	..	10.68	11.45	CS	
1775K	Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	5	1	..	11.89	12.66	CS	
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*46.21	16.00	CS	
	BETAMETHASONE							
1117T	Tablet 500 micrograms	30	4	..	6.17	6.94	Celestone	SH

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	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE							
	Restricted benefit.							
	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***	***..***	***..***	***22.19***	***16.00***	***Celestone Chronodose***	***SH***
	BETAMETHASONE DIPROPIONATE							
1115Q	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.64	6.41	[a] Eleuphrat	EX
				0.55	6.19	6.41	[a] Diprosone	SH
1119X	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.64	6.41	[a] Eleuphrat	EX
				0.55	6.19	6.41	[a] Diprosone	SH
1118W	Scalp lotion 500 micrograms per g (0.05%), 30 mL	‡1	..	..	8.59	9.36	[a] Eleuphrat	EX
				0.55	9.14	9.36	[a] Diprosone	SH
	BETAMETHASONE VALERATE							
2812B	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.07	10.84	Betnovate 1/5	GL
							Celestone-M	SH
2813C	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.59	6.36	Betnovate 1/2	GL
							Celestone-V Half Strength	SH
2820K	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.07	10.84	Celestone-M	SH
2815E	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.59	6.36	Betnovate 1/2	GL
							Celestone-V Half Strength	SH
2814D	Gel 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.59	6.36	Betnovate 1/2	GL
	BETAXOLOL HYDROCHLORIDE							
2825Q	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	12.91	13.68	Betoptic	AQ
	BETHANECHOL CHLORIDE							
1062X	Tablet 10 mg	100	2	..	9.60	10.37	Uro-Carb	HA
				0.49	*10.09	10.37	Urecholine	MK
1071J	Injection 5 mg in 1 mL	2	..	..	*11.69	12.46	Urecholine	MK
	BIPERIDEN HYDROCHLORIDE							
2544X	Tablet 2 mg	200	2	..	*18.05	16.00	Akineton	KN

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	BISACODYL							
	Restricted benefit.							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care in hospitals and nursing homes;							
	Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;							
	➤***Patients receiving palliative care;***							
	➤***Terminal malignant neoplasia;***							
	Anorectal congenital abnormalities;							
	Megacolon.							
1259G	***Tablet 5 mg***	***200***	***2***	..	**10.51*	***11.28***	***Bisalax***	**FC**
1260H	***Suppositories 10 mg, 10***	***3***	***5***	..	**20.70*	***16.00***	***Durolax***	**BY**
1263L	***Enemas 10 mg in 5 mL, 25***	***‡1***	***2***	..	***34.77***	***16.00***	***Bisalax***	**FC**
	BISMUTH SUBCITRATE							
	CAUTION:							
	Long-term bismuth therapy is potentially toxic.							
2203Y	Tablet 107.7 mg (Bi)	112	2	..	28.16	16.00	De-Nol	PD
	BLEOMYCIN							
	See Special Pharmaceutical Benefits							
	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***	..	***36.50***	***16.00***	***Parlodel***	**SZ**
1446D	***Capsule 5 mg***	***60***	***5***	..	***69.24***	***16.00***	***Parlodel***	**SZ**
1445C	***Capsule 10 mg***	***100***	***5***	..	***232.81***	***16.00***	***Parlodel***	**SZ**
	Restricted benefit.							
	Urgent suppression of physiological lactation.							
1444B	***Tablet 2.5 mg***	***30***	..	..	***20.40***	***16.00***	***Parlodel***	**SZ**
	BUDESONIDE							
	Authority required.							
	Severe intractable rhinitis.							
2075F	***Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)***	***‡1***	..	..	***19.26***	***16.00***	***Rhinocort Aqueous***	**AP**

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	
	BUDESONIDE—cont.							
	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***	***..***	***31.31***	***16.00***	***Pulmicort Respules***	***AP***
2066R	***Nebuliser suspension single dose units 1 mg in 2 mL, 30***	***‡1***	***5***	***..***	***42.16***	***16.00***	***Pulmicort Respules***	***AP***
	BUDESONIDE							
2067T	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	12.39	13.16	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.18	16.00	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	‡1	5	..	24.53	16.00	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	20.51	16.00	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	28.19	16.00	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	43.56	16.00	Pulmicort Turbuhaler	AP
	BUMETANIDE							
1130L	Tablet 1 mg	100	1	..	9.67	10.44	Burinex	AP
	BUSULFAN							
1128J	Tablet 2 mg	100	..	..	37.75	16.00	Myleran	BW
	BUTYL MONOESTER POLYMER with ETHANOL							
	Restricted benefit.							
	For colostomy and ileostomy use.							
2680C	***Paste 60 g***	***‡1***	***..***	***..***	***13.21***	***13.98***	***Stomahesive Paste***	***CC***
	BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL							
	Restricted benefit.							
	For colostomy and ileostomy use.							
2503R	***Protective dressing aerosol 120 g***	***‡1***	***..***	***..***	***15.91***	***16.00***	***Skin-Prep***	***SN***
2504T	***Protective dressing solution 59 mL***	***‡1***	***..***	***..***	***12.81***	***13.58***	***Skin-Prep***	***SN***
2510D	***Protective dressing wipes, 50***	***‡1***	***..***	***..***	***15.45***	***16.00***	***Skin-Prep***	***SN***

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							
	NOTE:							
	The maximum quantities for calcitonin shown represent the number of individual ampoules/vials/syringes 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.							
	NOTE:							
	Application for initial authority for use in Paget's disease must state the date and details of radiological and biochemical tests confirming the presence of this disease.							
2994N	*Injection (porcine) 160 i.u. with 2 mL gelatin solvent*	*20*	*5*	..	**340.15*	*16.00*	*Calcitare*	*MB*
	NOTE:							
	Manufacturer's pack is 10 vials plus 10 vials solvent							
3000X	*Injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe*	*30*	*5*	..	**181.95*	*16.00*	*Calsynar*	*MB*
	NOTE:							
	Manufacturer's pack is 5 syringes							
2995P	*Injection (salmon) 50 i.u. in 1 mL ampoule*	*30*	*5*	..	**158.31*	*16.00*	*Miacalcic*	*SZ*
	NOTE:							
	Manufacturer's pack is 5 ampoules							
2996Q	*Injection (salmon) 80 i.u. in 0.8 mL ampoule*	*15*	*5*	..	**113.64*	*16.00*	*Miacalcic*	*SZ*
	NOTE:							
	Manufacturer's pack is 5 ampoules							
3001Y	*Injection (salmon) 100 i.u. in 1 mL pre-filled syringe*	*15*	*5*	..	**144.00*	*16.00*	*Calsynar*	*MB*
	NOTE:							
	Manufacturer's pack is 5 syringes							
2997R	*Injection (salmon) 100 i.u. in 1 mL ampoule*	*15*	*5*	..	**127.83*	*16.00*	*Miacalcic*	*SZ*
	NOTE:							
	Manufacturer's pack is 5 ampoules							
2998T	*Injection (salmon) 400 i.u. in 2 mL vial*	*4*	*5*	..	**107.11*	*16.00*	*Calsynar*	*MB*
	NOTE:							
	Manufacturer's pack is a single vial							

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	
	CALCITONIN—cont.							
	Authority required.							
	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) 0.5 mg with 1 mL solvent*	*15*	*5*	..	**200.94*	*16.00*	*Cibacalcin*	*CG*
	NOTE:							
	Manufacturer's pack is 5 ampoules plus 5 ampoules solvent							
	CALCITRIOL							
	Authority required.							
	Established post-menopausal osteoporosis with one or more non-traumatic vertebral compression fractures on x-ray; Hypocalcaemia due to renal disease; Hypoparathyroidism; Hypophosphataemic rickets; Vitamin D-resistant rickets.							
2502Q	*Capsule 0.25 microgram*	*100*	*5*	..	*62.05*	*16.00*	*Rocaltrol*	*RO*
	CALCIUM							
	Restricted benefit.							
	Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.							
3116B	*Tablet (chewable) 500 mg (as carbonate)*	*120*	*1*	..	**11.73*	*12.50*	*Cal-Sup*	*MM*
3117C	*Tablet 600 mg (as carbonate)*	*120*	*1*	..	*11.96*	*12.73*	*Caltrate*	*LE*
3122H	*Compound effervescent tablet equivalent to 1 g (25 mmol) Ca^{2+}*	*60*	*1*	..	**14.23*	*15.00*	*Sandocal 1000*	*SZ*
	NOTE:							
	Each 'Sandocal 1000' tablet also contains 18 mmol Na^{+}.							
	CALCIUM FOLINATE							
	Restricted benefit.							
	Antidote to folic acid antagonists.							
2308L	*Tablet equivalent to 15 mg folinic acid*	*10*	..	..	*98.28*	*16.00*	*BL* *LE*	
2309M	*Injection equivalent to 3 mg folinic acid in 1 mL*	*5*	..	..	*15.43*	*16.00*	*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	
	CAPTOPRIL **Restricted benefit.** ***Cardiac failure; Hypertension.***							
1147J	***Tablet 12.5 mg***	***90***	***5***	***..***	***28.85***	***16.00***	***Capoten***	***BQ***
1148K	***Tablet 25 mg***	***90***	***5***	***..***	***39.50***	***16.00***	***Capoten***	***BQ***
1149L	***Tablet 50 mg***	***90***	***5***	***..***	***73.05***	***16.00***	***Capoten***	***BQ***
	CARBACHOL							
2535K	Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	11.23	12.00	Isopto Carbachol	AQ
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	11.38	12.15	Isopto Carbachol	AQ
	CARBAMAZEPINE							
2422L	Tablet 100 mg	200	2	..	20.69	16.00	Tegretol 100	CG
2419H	Tablet 200 mg	200	2	..	36.05	16.00	[a] Teril	AF
				0.59	36.64	16.00	[a] Tegretol 200	CG
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	18.66	16.00	Tegretol	CG
	CARBIMAZOLE							
1153Q	Tablet 5 mg	200	2	..	*10.85	11.62	Neo-Mercazole	NS
	CARBOPLATIN							
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*107.63	16.00	[a] BL [a] DW	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*717.75	16.00	[a] BL [a] DW	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*519.43	16.00	[a] BL [a] DW	
	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***	***..***	****36.31***	***16.00***	***Celluvisc***	***AG***
	CARMELLOSE SODIUM with PECTIN and GELATIN **Restricted benefit.** ***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***	***..***	***..***	***10.90***	***11.67***	***Stomahesive Powder***	***CC***

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	
	CEFACLOR							
1155T	Capsule 250 mg	15	1	..	13.80	14.57	Ceclor	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#12.74	13.85	Ceclor	LY
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#13.27	14.38	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*	..	..	**58.30*	*16.00*	*Claforan*	*RL*
1086E	*Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)*	*5*	..	..	**107.65*	*16.00*	*Claforan*	*RL*
	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*	..	..	*143.45*	*16.00*	*Apatef*	*LE*
1773H	*Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)*	*10*	..	..	*241.75*	*16.00*	*Apatef*	*LE*

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							
	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)***	***5***	..	..	****75.25***	***16.00***	***Rocephin***	***RO***
1783W	***Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)***	***5***	..	..	****107.15***	***16.00***	***Rocephin***	***RO***
1784X	***Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)***	***5***	..	..	****166.00***	***16.00***	***Rocephin***	***RO***
1785Y	***Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)***	***5***	..	..	****294.75***	***16.00***	***Rocephin***	***RO***
	Restricted benefit.							
	Gonorrhoea.							
1782T	***Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)***	***1***	..	..	***18.05***	***16.00***	***Rocephin***	***RO***
	CEPHALEXIN							
3058Y	Capsule 250 mg	20	1	..	7.55	8.32	[a] Ibilex 250	AF
				0.79	8.34	8.32	Ceporex	GL
				1.11	8.66	8.32	[a] Keflex	LY
3119E	Capsule 500 mg	20	1	..	10.57	11.34	[a] Ibilex 500	AF
				0.80	11.37	11.34	Ceporex	GL
				1.11	11.68	11.34	[a] Keflex	LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#10.13	11.24	[a] Ibilex 125	AF
				1.02	#11.15	11.24	Ceporex	GL
				1.11	#11.24	11.24	[a] Keflex	LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#12.33	13.44	[a] Ibilex 250	AF
				1.02	#13.35	13.44	Ceporex	GL
				1.11	#13.44	13.44	[a] Keflex	LY

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	CEPHALOTHIN							
2964B	Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	5	..	..	*23.35	16.00	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***	..	..	***21.13***	***16.00***	***Cefamezin***	***SI***
				..	***21.15***	***16.00***	***Kefzol***	***LY***
1257E	***Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)***	***5***	..	..	***36.75***	***16.00***	***Kefzol***	***LY***
				..	***36.75***	***16.00***	***Cefamezin***	***SI***
	CHARCOAL, ACTIVATED							
	Restricted benefit.							
	For colostomy and ileostomy use.							
2718C	***Tablet 300 mg***	***500***	***1***	..	***20.25***	***16.00***	***Ad-Sorb***	***MM***
							Karbons	***EG***
							WE (NQ)	
	CHLORAMBUCIL							
1163F	Tablet 2 mg	100	2	..	*75.47	16.00	Leukeran	BW
1164G	Tablet 5 mg	100	2	..	*86.03	16.00	Leukeran	BW
	CHLORAMPHENICOL							
	Restricted benefit.							
	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***	..	..	***10.35***	***11.12***	***Chloromycetin***	***PD***

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	
	CHLORAMPHENICOL—cont.							
1167K	***Injection 1.2 g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)***	***3***	..	..	****63.48***	***16.00***	***Chloromycetin Succinate***	***PD***
	CHLORAMPHENICOL							
1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.51	8.28	Chloromycetin	PD
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	2	..	6.63	7.40	Chloromycetin	PD
							Chlorsig	SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	6.17	6.94	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	..	6.68	7.45	Chloromyxin	PD
1177Y	Eye ointment 10 mg (1%)– 5,000 units per g, 4 g	‡1	..	..	6.32	7.09	Chloromyxin	PD
	CAUTION: Topical chloramphenicol may cause aplastic anaemia.							
	CHLORHEXIDINE GLUCONATE							
1066D	Solution 50 mg per mL (5%), 200 mL	‡1	1	..	9.35	10.12	Hibitane Concentrate	IC
	CHLORMETHIAZOLE EDISYLATE **Restricted benefit.** ***Status epilepticus.***							
1409E	***I.V. infusion 8 mg per mL (0.8%), 500 mL***	***1***	..	..	***21.97***	***16.00***	***Hemineurin***	***AP***
	CHLOROQUINE							
1184H	Tablet equivalent to 150 mg (approx.) chloroquine base	100	..	..	8.32	9.09	Chlorquin	FC
				0.99	9.31	9.09	Nivaquine	MB
	CHLOROTHIAZIDE							
1187L	Tablet 500 mg	100	1	..	*9.97	10.74	Chlotride	AD

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	
	CHLORPROMAZINE HYDROCHLORIDE							
	Restricted benefit.							
	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***	..	***6.87***	***7.64***	***Largactil***	***MB***
1197B	***Tablet 25 mg***	***100***	***1***	..	***8.37***	***9.14***	***Largactil***	***MB***
1199D	***Tablet 100 mg***	***100***	***1***	..	***12.19***	***12.96***	***Largactil***	***MB***
1201F	***Mixture 25 mg per 5 mL, 100 mL***	***‡1***	***4***	..	***7.38***	***8.15***	***Largactil***	***MB***
1195X	***Injection 50 mg in 2 mL***	***10***	..	..	***11.69***	***12.46***	***Largactil***	***MB***
	CHLORPROPAMIDE							
	CAUTION:							
	Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
1202G	Tablet 250 mg	100	5	..	11.45	12.22	Diabinese	PF
	CHLORTHALIDONE							
1585K	Tablet 25 mg	100	1	..	*9.97	10.74	Hygroton	CG
	CHOLESTYRAMINE							
	NOTE:							
	See General Statement for Lipid-Lowering Drugs (page 3, Section 2).							
	Restricted benefit.							
	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***	..	****52.15***	***16.00***	***Questran Lite AP***	
2978R	***Sachets 9.4 g (equivalent to 8 g cholestyramine), 50***	***‡1***	***5***	..	***49.28***	***16.00***	***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	..	6.84	7.61	Brondecon-PD Choledyl	PD WW
2786P	Elixir 50 mg per 5 mL, 500 mL	‡1	5	..	7.66	8.43	Brondecon Elixir-PD	PD
	CIMETIDINE							
1157X	Tablet 200 mg	120	2	..	34.73	16.00	Tagamet	SK
1158Y	Tablet 400 mg	60	2	..	34.73	16.00	Tagamet	SK
1159B	Tablet 800 mg	30	1	..	34.73	16.00	Tagamet	SK
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	1	..	34.73	16.00	Tagamet 800 Express	SK
	CIPROFLOXACIN **Authority required.** ***Serious infections for which no other oral antimicrobial agent is appropriate.***							
1208N	***Tablet 250 mg***	***14***	..	..	***35.65***	***16.00***	***Ciproxin 250***	***BN***
1209P	***Tablet 500 mg***	***14***	..	..	***64.25***	***16.00***	***Ciproxin 500***	***BN***
1210Q	***Tablet 750 mg***	***14***	..	..	***93.95***	***16.00***	***Ciproxin 750***	***BN***
	CISAPRIDE **Authority required.** ***Gastroparesis; Reflux oesophagitis.***							
1188M	***Tablet 5 mg***	***90***	***5***	..	***23.55***	***16.00***	***Prepulsid***	***JC***
1189N	***Tablet 10 mg***	***90***	***5***	..	***35.65***	***16.00***	***Prepulsid***	***JC***
1190P	***Oral suspension 1 mg per mL, 200 mL***	***‡1***	***5***	..	***21.68***	***16.00***	***Prepulsid***	***JC***
	CISPLATIN							
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	17.28	16.00	[a] BL [a] DW	
2579R	I.V. injection 50 mg in 50 mL	1	..	..	40.05	16.00	[a] BL [a] DW	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.08	16.00	BL	
	CLINDAMYCIN **Restricted benefit.** ***Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.***							
3138E	***Capsule 150 mg***	***25***	..	..	***12.37***	***13.14***	***Dalacin C***	***UP***
3139F	***Granules for syrup 75 mg per 5 mL, 100 mL***	***‡1***	..	..	***#20.90***	***16.00***	***Dalacin C***	***UP***

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	
	CLIOQUINOL							
3030L	Cream 10 mg per g (1%), 30 g	‡1	..	..	6.39	7.16	Vioform	SI
	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 L.)							
2892F	***Capsule 500 mg***	***100***	***5***	..	***13.32***	***14.09***	***Col***	***AF***
				1.00	***14.32***	***14.09***	***Atromid-S***	***IC***
	CLOMIPHENE CITRATE							
	See Special Pharmaceutical Benefits							
	CLOMIPRAMINE HYDROCHLORIDE							
	Restricted benefit.							
	Cataplexy associated with narcolepsy; Obsessive compulsive disorders; Phobic disorders in adults.							
1561E	***Tablet 25 mg***	***50***	***2***	..	***19.65***	***16.00***	***Anafranil***	***CG***
	CLONAZEPAM							
	Restricted benefit.							
	Epilepsy.							
1805B	***Tablet 500 micrograms***	***200***	***2***	..	***16.95***	***16.00***	***Rivotril***	***RO***
1806C	***Tablet 2 mg***	***200***	***2***	..	***26.30***	***16.00***	***Rivotril***	***RO***
1808E	***Paediatric oral drops 2.5 mg in 1 mL, 10 mL***	***2***	..	..	****11.45***	***12.22***	***Rivotril***	***RO***
1807D	***Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)***	***5***	..	..	***9.36***	***10.13***	***Rivotril***	***RO***
	CLONIDINE							
3145M	Tablet 100 micrograms	100	5	..	23.56	16.00	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	31.11	16.00	Catapres	BY
	CLOTRIMAZOLE							
1017M	Cream 10 mg per g (1%), 20 g	‡1	1	..	5.95	6.72	Clonea	AF
				1.22	7.17	6.72	Lotremin	SH
				2.68	8.63	6.72	Canesten	BN
1027C	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	6.59	7.36	[a] Canesten	BN
							[a] Lotremin	SH
1018N	Pessaries 100 mg, 6	‡1	..	..	7.73	8.50	[a] Canesten	BN
							[a] Gyne-Lotremin	SH
1020Q	Pessary 500 mg	1	..	..	7.73	8.50	Canesten 1	BN

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	
	CLOTRIMAZOLE—cont.							
1019P	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	7.94	8.71	[a] Canesten [a] Gyne-Lotremin	BN SH
1006Y	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	7.94	8.71	Canesten 3	BN
	CLOXACILLIN							
2300C	Capsule 250 mg	24	..	..	11.45	12.22	Alclox 250	AF
1120Y	Capsule 500 mg	24	..	..	19.15	16.00	Alclox 500	AF
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	8.21	8.98	[a] FA [a] FM	
				0.27	8.48	8.98	Codate	MB
	CODEINE PHOSPHATE with ASPIRIN							
1222H	Tablet 30 mg–325 mg **NOTE:** Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.	20	..	..	6.28	7.05	Codral Forte	BW
	CODEINE PHOSPHATE with PARACETAMOL							
1215Y	Tablet 30 mg–500 mg **NOTE:** Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.	20	..	..	6.40	7.17	[a] Dymadon Forte [a] Panadeine Forte Caplets	BW WL
	COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	6.70	7.47	Colgout	FC
	COLESTIPOL HYDROCHLORIDE **NOTE:** ***See General Statement for Lipid-Lowering Drugs (page 3, Section 2).*** **Restricted benefit.** ***Hypercholesterolaemia in accordance with the qualifying criteria.***							
1224K	***Sachets 5 g, 120***	***‡1***	***5***	***..***	***59.85***	***16.00***	***Colestid***	***UP***
	COLISTIN							
2621Y	Injection 150 mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents)	5	..	..	*211.25	16.00	Coly-Mycin	WW
	COLISTIN with NEOMYCIN							
2756C	Ear drops 3 mg–3.3 mg per mL, 10 mL	‡1	2	..	9.14	9.91	Coly-Mycin	WW
	COPPER SULFATE							
1228P	Diagnostic compound tablets, 36	2	3	..	*15.69	16.00	Clinitest	AM

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	
	CORTISONE ACETATE							
1246N	Tablet 5 mg	50	4	..	11.24	12.01	Cortate	FC
1247P	Tablet 25 mg	60	4	..	12.08	12.85	Cortate	FC
	CYCLOPENTHIAZIDE							
1264M	Tablet 500 micrograms	100	1	..	*10.19	10.96	Navidrex	CG
	CYCLOPHOSPHAMIDE							
1266P	Tablet 50 mg	50	2	..	28.35	16.00	Cycloblastin	FE
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	10	..	..	75.44	16.00	Cycloblastin	FE
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	10	..	..	80.92	16.00	Cycloblastin	FE
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*28.37	16.00	Cycloblastin	FE
1080W	Injection 1 g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	..	25.26	16.00	Cycloblastin	FE
	CYPROHEPTADINE HYDROCHLORIDE **Restricted benefit.** ***Prevention of migraine.***							
1798P	***Tablet 4 mg***	***100***	***2***	..	****8.41***	***9.18***	***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***	..	***71.62***	***16.00***	***Androcur***	***SC***
	Authority required. ***Advanced carcinoma of the prostate; Reduction of drive in sexual deviations of males.***							
1270W	***Tablet 50 mg***	***50***	***5***	..	***156.65***	***16.00***	***Androcur***	***SC***

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	
	CYTARABINE							
2910E	Injection set containing 100 mg and 5 mL solvent	10	1	..	*72.65	16.00	Cytosar-U	UP
							BL	
2904W	Injection set containing 500 mg and 10 mL solvent	2	1	..	*80.91	16.00	BL	
	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*	..	*79.65*	*16.00*	[a] *Azol 100*	*AF*
				3.30	*82.95*	*16.00*	[a] *Danocrine*	*WL*
1287R	*Capsule 200 mg*	*100*	*5*	..	*111.55*	*16.00*	[a] *Azol 200*	*AF*
				3.30	*114.85*	*16.00*	[a] *Danocrine*	*WL*
	DANTROLENE SODIUM							
	Restricted benefit.							
	Treatment of chronic spasticity.							
1779P	*Capsule 25 mg*	*100*	*2*	..	*24.82*	*16.00*	*Dantrium*	*PY*
1780Q	*Capsule 50 mg*	*100*	*2*	..	*40.20*	*16.00*	*Dantrium*	*PY*
	DEMECLOCYCLINE HYDROCHLORIDE							
	Restricted benefit.							
	Syndrome of inappropriate anti-diuretic hormone secretion, which is not drug induced.							
2854F	*Capsule 150 mg*	*100*	*3*	..	*35.98*	*16.00*	*Ledermycin*	*LE*
	DEODORANT CONCENTRATE							
	Restricted benefit.							
	For colostomy and ileostomy use.							
3115Y	*Liquid 7.5 mL*	*‡1*	..	..	*6.68*	*7.45*	*Super Banish*	*SN*
3125L	*Liquid 15 mL*	*‡1*	..	..	*6.01*	*6.78*	*Banish*	*SN*
							Odorgon	*LA*
3126M	*Liquid 15 mL*	*‡1*	..	..	*6.86*	*7.63*	*Cancel*	*WO*

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	
	DESIPRAMINE HYDROCHLORIDE							
2972K	Tablet 25 mg	50	2	..	6.83	7.60	Pertofran	CG
	DESMOPRESSIN							
	Authority required.							
	Diabetes insipidus.							
2129C	***Intranasal solution 100 micrograms per mL, 2.5 mL***	***5***	***2***	..	****141.30***	***16.00***	***Minirin***	***FC***
	DEXAMETHASONE							
	Restricted benefit.							
	For use in a hospital.							
2508B	***Injection 120 mg in 5 mL***	***1***	..	..	***30.37***	***16.00***	***Decadron Shock Pak***	***MK***
	DEXAMETHASONE							
1292B	Tablet 500 micrograms	30	4	..	5.98	6.75	Dexmethsone	FC
2507Y	Tablet 4 mg	30	4	..	9.44	10.21	Dexmethsone	FC
2509C	Injection 4 mg in 1 mL	5	..	..	12.58	13.35	Decadron	MK
1291Y	Injection 8 mg in 2 mL	5	1	..	19.70	16.00	Decadron	MK
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.23	8.00	Maxidex	AQ
	DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN							
2781J	Ear drops 500 micrograms–5 mg–50 micrograms per mL, 8 mL	‡1	2	..	5.66	6.43	[a] Otodex	QM
				1.10	6.76	6.43	[a] Sofradex	RL
2759F	Ear ointment 500 micrograms–5 mg–50 micrograms per g, 5 g	‡1	2	..	5.44	6.21	[a] Otodex	QM
				1.10	6.54	6.21	[a] 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***	..	***11.91***	***12.68***	***SI***	
	DEXTRAN 40 with GLUCOSE							
2307K	I.V. infusion 100 mg per mL–139 mmol (anhydrous) per 500 mL (10%–5%), 500 mL	3	..	..	74.61	16.00	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	..	..	74.61	16.00	Rheomacrodex	PS

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	
	DEXTRAN 70 with GLUCOSE							
3013N	I.V. infusion 60 mg per mL-139 mmol (anhydrous) per 500 mL (6%–5%), 500 mL	3	..	..	75.46	16.00	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	..	..	75.46	16.00	Macrodex	PS
	DIAZEPAM **NOTE:** 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	..	..	5.87	6.64	[a] Antenex 2	AF
				0.30	6.17	6.64	Ducene	SU
				0.85	6.72	6.64	[a] Valium	RO
3162K	Tablet 5 mg	50	..	..	6.12	6.89	[a] Antenex 5	AF
				0.30	6.42	6.89	Ducene	SU
				0.85	6.97	6.89	[a] Valium	RO
2558P	Injection 10 mg in 2 mL	5	..	..	7.08	7.85	BL	
	DIAZOXIDE							
3068L	Injection 300 mg in 20 mL	1	..	..	20.44	16.00	[a] Hyperstat I.V. [a] BL	SH
	DICHLORPHENAMIDE							
1303N	Tablet 50 mg	50	6	..	12.07	12.84	Daranide	SI
	DICLOFENAC SODIUM **Restricted benefit.** ***Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.***							
1299J	***Tablet 25 mg (enteric coated)***	***100***	***3***	..	****13.95***	***14.72***	***Voltaren 25***	***CG***
1300K	***Tablet 50 mg (enteric coated)***	***50***	***3***	..	***10.10***	***10.87***	***[a] Fenac***	***AF***
				0.49	***10.59***	***10.87***	***[a] Voltaren 50***	***CG***
	DICLOFENAC SODIUM							
1301L	Tablets 50 mg (enteric coated), 20	‡1	..	..	6.69	7.46	Fenac	AF
1302M	Suppository 100 mg	40	3	..	*22.23	16.00	Voltaren	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	
	DIENOESTROL							
1310Y	Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	8.10	8.87	JC	
	DIFLUNISAL							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1319K	***Tablet 250 mg***	***100***	***3***	..	****14.29***	***15.06***	***Dolobid***	***MK***
1320L	***Tablet 500 mg***	***50***	***3***	..	***13.98***	***14.75***	***Dolobid***	***MK***
	DIGOXIN							
2605D	Tablet 62.5 micrograms	200	1	..	7.51	8.28	Lanoxin-PG	BW
1322N	Tablet 250 micrograms	100	1	..	7.38	8.15	Lanoxin	BW
3164M	Oral solution for children 50 micrograms per mL, 100 mL	‡1	3	..	16.28	16.00	Lanoxin	BW
	DIHYDROERGOTAMINE MESYLATE							
1323P	Injection 1 mg in 1 mL	5	..	..	8.96	9.73	Dihydergot	SZ
	DIHYDROTACHYSTEROL							
	Authority required.							
	Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.							
1483C	***Capsule 125 micrograms***	***100***	***5***	..	***42.64***	***16.00***	***A.T.10***	***WL***
	DILTIAZEM HYDROCHLORIDE							
	CAUTION:							
	The myocardial depressant effects of this drug and of beta-blocking drugs are additive.							
	Authority required.							
	➤ ***Hypertension where other calcium channel blocking drugs are inappropriate.***							
1314E	***Capsule 90 mg (sustained release)***	***60***	***5***	..	***34.24***	***16.00***	***Cardizem-SR*** ***Vasocardol SR***	***IC*** ***ML***
1315F	***Capsule 120 mg (sustained release)***	***60***	***5***	..	***44.41***	***16.00***	***Cardizem-SR*** ***Vasocardol SR***	***IC*** ***ML***
	Restricted benefit.							
	Angina.							
1335G	***Tablet 60 mg***	***90***	***5***	..	***31.21***	***16.00***	[a] ***Cardizem*** [a] ***Vasocardol***	***IC*** ***ML***

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	
	DIMETHICONE							
	Restricted benefit.							
	For colostomy and ileostomy use.							
2617R	***Solution 100 mg per mL (10%), 180 mL aerosol spray***	***‡1***	***..***	***..***	***8.59***	***9.36***	***Silicon Skin Spray***	***EG***
	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE							
2501P	Tablet 2.5 mg–25 micrograms	20	..	..	5.41	6.18	Lomotil	SR
	DIPHTHERIA ANTITOXIN							
1344R	Injection 10,000 units	2	1	..	*164.77	16.00	CS	
	DIPHTHERIA and TETANUS VACCINE, ADSORBED							
	NOTE:							
	For immunisation of children up to the age of eight years.							
1341N	Injection 0.5 mL	3	..	..	*17.79	16.00	CS	
	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE							
	NOTE:							
	For immunisation of adults and children over the age of eight years.							
3019X	Injection 0.5 mL	3	..	..	*18.03	16.00	CS	
	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED							
1346W	Injection 0.5 mL	3	..	..	*19.26	16.00	CS	
	DIPHTHERIA VACCINE, ADSORBED							
	NOTE:							
	For immunisation of children up to the age of eight years.							
1348Y	Injection 0.5 mL	2	1	..	*14.75	15.52	CS	
	DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE							
	NOTE:							
	For immunisation of adults and children over the age of eight years.							
3020Y	Injection 0.5 mL	2	..	..	*14.45	15.22	CS	
	DIPIVEFRINE HYDROCHLORIDE							
1351D	Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	15.00	15.77	Propine	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	
	DISODIUM ETIDRONATE							
	Authority required.							
	Active Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects;							
	Heterotopic ossification.							
2920Q	***Tablet 200 mg***	***60***	***5***	***..***	***103.55***	***16.00***	***Didronel***	***PY***
	DISOPYRAMIDE							
2923W	Capsule 100 mg	100	5	..	21.52	16.00	[a] Norpace	SR
				1.26	22.78	16.00	[a] Rythmodan	RL
2924X	Capsule 150 mg	100	5	..	29.11	16.00	[a] Norpace	SR
				1.26	30.37	16.00	[a] Rythmodan	RL
	DOCUSATE SODIUM with BISACODYL							
	Restricted benefit.							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care in hospitals and nursing homes;							
	Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;							
	➤ ***Patients receiving palliative care;***							
	➤ ***Terminal malignant neoplasia;***							
	Anorectal congenital abnormalities;							
	Megacolon.							
1125F	***Suppositories 100 mg-10 mg, 5***	***6***	***5***	***..***	****20.73***	***16.00***	***Coloxyl***	***FM***
	DOMPERIDONE							
1347X	Tablet 10 mg	25	..	..	6.19	6.96	Motilium	JC
	DOTHIEPIN HYDROCHLORIDE							
1357K	Capsule 25 mg	50	2	..	6.46	7.23	[a] Dothep 25	AF
				0.70	7.16	7.23	[a] Prothiaden	BT
1358L	Tablet 75 mg	30	2	..	6.76	7.53	[a] Dothep 75	AF
				0.77	7.53	7.53	[a] Prothiaden	BT
	DOXEPIN HYDROCHLORIDE							
1012G	Tablet 50 mg (base)	50	2	..	7.11	7.88	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	..	5.54	6.31	Deptran 10	AF
				0.62	6.16	6.31	Sinequan	PF
1013H	Capsule 25 mg (base)	50	2	..	5.85	6.62	Deptran 25	AF
				0.62	6.47	6.62	Sinequan	PF
	DOXORUBICIN HYDROCHLORIDE							
1336H	Solution for I.V. injection or intravesical administration 10 mg in 5 mL	4	..	..	*216.51	16.00	Adriamycin Solution	FE

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	
	DOXORUBICIN HYDROCHLORIDE—cont.							
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*387.63	16.00	Adriamycin Solution	FE
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*704.10	16.00	Adriamycin Solution	FE
	DOXYCYCLINE **Restricted benefit.** ***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***	..	***8.76***	***9.53***	***Doxylin 50***	***AF***
				0.66	***9.42***	***9.53***	***Vibra-Tabs***	***PF***
2707L	***Capsule 50 mg***	***25***	***5***	***0.61***	***9.37***	***9.53***	***Doryx***	***FA***
	Restricted benefit. ***Pelvic inflammatory disease.***							
2702F	***Tablet 100 mg***	***28***	..	..	****14.99***	***15.76***	***Doxylin 100***	***AF***
				2.84	****17.83***	***15.76***	***[a] Vibramycin***	***PF***
2703G	***Capsule 100 mg***	***28***	..	***2.80***	****17.79***	***15.76***	***[a] Doryx***	***FA***
	Restricted benefit. ***Urethritis.***							
2714W	***Tablet 100 mg***	***21***	..	..	****12.18***	***12.95***	***Doxylin 100***	***AF***
				2.13	****14.31***	***12.95***	***[a] Vibramycin***	***PF***
2715X	***Capsule 100 mg***	***21***	..	***1.48***	***13.66***	***12.95***	***[a] Doryx***	***FA***
	DOXYCYCLINE							
2709N	Tablet 100 mg	7	1	..	6.56	7.33	Doxylin 100	AF
				0.71	7.27	7.33	[a] Vibramycin	PF
2708M	Capsule 100 mg	7	1	0.70	7.26	7.33	[a] Doryx	FA
	DYDROGESTERONE **Authority required.** ***Endometriosis, visually proven.***							
1350C	***Tablet 10 mg***	***50***	***5***	..	***29.27***	***16.00***	***Duphaston***	***JC***
	ECONAZOLE NITRATE							
1364T	Cream 10 mg per g (1%), 20 g	‡1	1	..	6.59	7.36	Ecostatin	BQ
				0.37	6.96	7.36	Pevaryl	SK
1365W	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	6.59	7.36	Pevaryl	SK

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	
	ECONAZOLE NITRATE—cont.							
1366X	Pessaries 150 mg, 3	‡1	..	..	7.73	8.50	Ecostatin Pevaryl	BQ SK
1367Y	Vaginal cream 75 mg per 5 g (1.5%), 35 g	‡1	..	..	7.94	8.71	Ecostatin	BQ
	ECOTHIOPATE IODIDE							
1359M	Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent	‡1	5	..	#20.19	16.00	Phospholine Iodide	AY
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	‡1	5	..	#20.19	16.00	Phospholine Iodide	AY
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	‡1	5	..	#20.38	16.00	Phospholine Iodide	AY
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	‡1	5	..	#21.50	16.00	Phospholine Iodide	AY
	ELECTROLYTE REPLACEMENT (ORAL)							
3196F	Sachets containing powder for oral solution 4.87 g, 10 **NOTE:** Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g.	‡1	..	..	10.35	11.12	Repalyte New Formulation	MB
	ELECTROLYTE REPLACEMENT SOLUTION							
3199J	I.V. infusion 1 L	2	1	..	*9.93	10.70	Plasma-Lyte 148	BX
	ENALAPRIL MALEATE **Restricted benefit.** ***Cardiac failure; Hypertension.***							
1370D	***Tablet 5 mg***	***30***	***5***	***..***	***20.99***	***16.00***	***[a] Amprace 5*** ***[a] Renitec M***	***AD*** ***MK***
1368B	***Tablet 10 mg***	***30***	***5***	***..***	***29.12***	***16.00***	***[a] Amprace 10*** ***[a] Renitec***	***AD*** ***MK***
1369C	***Tablet 20 mg***	***30***	***5***	***..***	***35.42***	***16.00***	***[a] Amprace 20*** ***[a] Renitec 20***	***AD*** ***MK***
	EPIRUBICIN HYDROCHLORIDE **Authority required.** ***Advanced breast cancer.***							
1375J	***Solution for I.V. injection 10 mg in 5 mL***	***4***	***..***	***..***	****227.75***	***16.00***	***Pharmorubicin Solution***	***FE***
1376K	***Solution for I.V. injection 20 mg in 10 mL***	***4***	***..***	***..***	****421.23***	***16.00***	***Pharmorubicin Solution***	***FE***

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	
	EPIRUBICIN HYDROCHLORIDE—cont.							
1377L	***Solution for I.V. injection 50 mg in 25 mL***	***3***	***..***	***..***	****778.02***	***16.00***	***Pharmorubicin Solution***	***FE***
	ERGOCALCIFEROL							
	Restricted benefit.							
	Hypocalcaemia; Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D–resistant rickets.							
2498L	***Tablet 250 micrograms***	***100***	***5***	***..***	***24.86***	***16.00***	***Ostelin***	***BT***
	ERGOMETRINE MALEATE							
1378M	Injection 250 micrograms in 1 mL	5	..	..	8.15	8.92	BL	
	ERGOTAMINE TARTRATE							
1383T	Capsule 1 mg	50	2	..	10.24	11.01	Ergodryl Mono	PD
	ERGOTAMINE TARTRATE with CAFFEINE							
1386Y	Suppositories 2 mg–100 mg, 5	‡1	2	..	6.98	7.75	Cafergot S	SZ
	ERYTHROMYCIN							
1399P	Tablet 250 mg	25	1	..	7.01	7.78	EMU-V	UP
1402T	Capsule 125 mg	25	1	..	6.76	7.53	Eryc	FA
1400Q	Capsule 175 mg	25	1	..	7.01	7.78	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.34	9.11	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	15.61	16.00	Erythrocin-I.M.	AB
	ERYTHROMYCIN ESTOLATE							
2499M	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	1	..	6.71	7.48	Ilosone	LY
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	7.91	8.68	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE							
2750R	Tablet 400 mg (base)	25	1	..	8.34	9.11	E.E.S. 400 Filmtab	AB
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#9.91	11.02	E.E.S. 200	AB
	ERYTHROMYCIN LACTOBIONATE							
1398N	I.V. infusion 300 mg (base)	5	..	..	*30.65	16.00	Erythrocin	AB
1397M	I.V. infusion 1 g (base)	1	..	..	13.97	14.74	Erythrocin	AB
	ERYTHROMYCIN STEARATE							
1401R	Tablet 250 mg (base)	25	1	..	7.01	7.78	Erythrocin Filmtab	AB
1403W	Capsule 250 mg (base)	25	1	..	7.01	7.78	Erythrocin	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	7.91	8.68	Erythrocin	AB

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	
	ERYTHROMYCIN STEARATE—cont.							
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	9.80	10.57	Erythrocin	AB
	ETHACRYNIC ACID							
	Restricted benefit.							
	Patients hypersensitive to other oral diuretics.							
2511E	***Tablet 50 mg***	***50***	***3***	..	***17.70***	***16.00***	***Edecril***	***MK***
	ETHINYLOESTRADIOL							
1405Y	Tablet 10 micrograms	200	1	..	*8.95	9.72	Estigyn	GL
1406B	Tablet 20 micrograms	200	1	..	*9.37	10.14	Estigyn	GL
1407C	Tablet 50 micrograms	200	1	..	*9.77	10.54	Estigyn	GL
	ETHOSUXIMIDE							
1413J	Capsule 250 mg	200	2	..	31.03	16.00	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	18.71	16.00	Zarontin	PD
	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL							
3166P	Tablets 500 micrograms–50 micrograms, 21	4	2	..	*11.59	12.36	Ovulen 0.5/50	SR
3167Q	Tablets 1 mg–50 micrograms, 21	4	2	..	*11.59	12.36	Ovulen 1/50	SR
2447T	Pack containing 21 tablets 500 micrograms–50 micrograms and 7 inert tablets	4	2	..	*11.59	12.36	Ovulen 0.5/50–28	SR
3168R	Pack containing 21 tablets 1 mg–50 micrograms and 7 inert tablets	4	2	..	*11.59	12.36	Ovulen 1/50–28	SR
	ETOPOSIDE							
	Authority required.							
	Acute monocytic and myelomonocytic leukaemia; Hodgkin's disease; Non-Hodgkin's lymphoma; Small cell carcinoma of the lung.							
1396L	***Capsule 50 mg***	***20***	..	..	***498.45***	***16.00***	***Vepesid***	***BQ***
1389D	***Capsule 100 mg***	***10***	..	..	***434.67***	***16.00***	***Vepesid***	***BQ***
1390E	***Solution for I.V. infusion 100 mg in 5 mL***	***5***	..	..	***206.75***	***16.00***	[a] ***Vepesid*** [a] ***BL***	***BQ***
	ETRETINATE							
	CAUTION:							
	This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.							

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	
	ETRETINATE—cont.							
	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***	***..***	***183.58***	***16.00***	***Tigason***	***RO***
1422W	***Capsule 25 mg***	***100***	***2***	***..***	***352.65***	***16.00***	***Tigason***	***RO***
	FAMOTIDINE							
2487X	Tablet 20 mg	60	2	..	35.16	16.00	[a] Amfamox 20	AD
							[a] Pepcidine M	MK
2488Y	Tablet 40 mg	30	1	..	35.16	16.00	[a] Amfamox 40	AD
							[a] Pepcidine	MK
	FELODIPINE							
2366M	Tablet 5 mg (extended release)	30	5	..	19.98	16.00	[a] Agon SR	HP
							[a] Plendil ER	AP
2367N	Tablet 10 mg (extended release)	30	5	..	32.57	16.00	[a] Agon SR	HP
							[a] Plendil ER	AP
	FERROUS AMINOACETOSULFATE							
2465R	Paediatric syrup 100 mL	‡1	4	..	7.40	8.17	Plesmet	NN
	FERROUS GLUCONATE							
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	7.40	8.17	Fergon	WL
	FERROUS SULFATE DRIED							
2689M	Tablet 350 mg (sustained release)	30	2	..	5.75	6.52	Ferro-Gradumets	AB
3100E	Capsule 320 mg (delayed release)	30	2	..	5.75	6.52	Fespan Spansule	SK
	FERROUS SULFATE DRIED with FOLIC ACID							
3160H	Tablet 270 mg-300 micrograms (sustained release)	30	2	..	5.81	6.58	F.G.F.	AB

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	
	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***	***..***	***31.49***	***16.00***	***Tambocor***	***MM***
1090J	***Tablet 100 mg***	***60***	***5***	***..***	***42.09***	***16.00***	***Tambocor***	***MM***
	FLUCLOROLONE ACETONIDE							
1363R	Cream 250 micrograms per g (0.025%), 15 g	‡1	1	..	5.59	6.36	Topilar	SD
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
1526H	Capsule 250 mg	24	..	..	10.57	11.34	[a] Flucil 250	FC
							[a] Staphylex 250	AF
				0.20	10.77	11.34	[a] Flopen	CS
				0.22	10.79	11.34	[a] Floxapen	SK
1527J	Capsule 500 mg	24	..	..	18.05	16.00	[a] Flucil 500	FC
							[a] Staphylex 500	AF
				0.33	18.38	16.00	[a] Floxapen	SK
				0.36	18.41	16.00	[a] Flopen	CS
1528K	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#11.63	12.74	[a] Flopen	CS
							[a] Floxapen	SK
1529L	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#15.40	16.00	[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	..	..	10.99	11.76	Flopen	CS
1524F	Injection 500 mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	..	15.83	16.00	[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	..	..	22.69	16.00	[a] Flopen	CS
							[a] Floxapen	SK

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	
	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***	***..***	***188.86***	***16.00***	***Diflucan***	***PF***
1472L	***Capsule 100 mg***	***30***	***5***	***..***	***349.57***	***16.00***	***Diflucan***	***PF***
1473M	***Solution for I.V. infusion 100 mg in 50 mL***	***7***	***..***	***..***	****169.30***	***16.00***	***Diflucan***	***PF***
1474N	***Solution for I.V. infusion 200 mg in 100 mL***	***7***	***..***	***..***	****319.94***	***16.00***	***Diflucan***	***PF***
	FLUDROCORTISONE ACETATE							
1433K	Tablet 100 micrograms	200	1	..	*11.89	12.66	Florinef	BQ
	FLUMETHASONE PIVALATE with CLIOQUINOL							
2823N	Ear drops 200 micrograms–10 mg per mL (0.02%–1%), 7.5 mL	‡1	..	..	5.66	6.43	Locacorten Vioform	CG
	FLUOCORTOLONE ESTERS							
1305Q	Cream 2 mg per g (0.2%), 15 g	‡1	1	..	5.59	6.36	Ultralan–D	SC
	FLUOROMETHOLONE							
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	7.23	8.00	Flucon FML Liquifilm	AQ AG
	FLUOROMETHOLONE ACETATE							
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.23	8.00	Flarex	AQ
	FLUOROURACIL							
2521Q	Injection 250 mg in 10 mL	20	..	..	*67.11	16.00	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.15	16.00	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***	***..***	***52.15***	***16.00***	***Prozac 20***	***LY***

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	
	FLUOXYMESTERONE **Authority required.** ***Aplastic anaemias, proven;*** ***Carcinoma of the breast;*** ***Hypogonadism;*** ***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*	..	*19.50*	*16.00*	*Halotestin*	*UP*
	FLUPHENAZINE DECANOATE **Restricted benefit.** ***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.***							
1046C	*Injection 12.5 mg in 0.5 mL*	*5*	..	..	*16.40*	*16.00*	*Modecate*	*BQ*
3098C	*Injection 25 mg in 1 mL*	*5*	..	..	*23.48*	*16.00*	*Modecate*	*BQ*
1001Q	*Injection 50 mg in 2 mL*	*5*	..	..	*34.63*	*16.00*	*Modecate*	*BQ*
	FLUPHENAZINE HYDROCHLORIDE **Restricted benefit.** ***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*	..	*7.78*	*8.55*	*Anatensol*	*BQ*
2660B	*Tablet 2.5 mg*	*100*	*1*	..	*8.58*	*9.35*	*Anatensol*	*BQ*
2661C	*Tablet 5 mg*	*100*	*1*	..	*10.88*	*11.65*	*Anatensol*	*BQ*

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	
	FLUTAMIDE							
	Authority required.							
	For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.							
1417N	***Tablet 250 mg***	***100***	***5***	***..***	***236.75***	***16.00***	***Eulexin***	***SH***
	FOLIC ACID							
2958Q	Tablet 500 micrograms	200	..	..	*6.83	7.60	Megafol 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*6.83	7.60	Folasic	NN
	NOTE:						Megafol 5	AF
	The 5 mg strength tablet should be used in malabsorption states only.			0.60	*7.43	7.60	SI Folicid	RR
	FOSFESTROL SODIUM							
	Restricted benefit.							
	Carcinoma of the prostate.							
1353F	***Tablet 120 mg***	***100***	***2***	***..***	***74.29***	***16.00***	***Honvan***	***AA***
	FOSINOPRIL SODIUM							
	Restricted benefit.							
	Mild to moderate hypertension.							
1182F	***Tablet 10 mg***	***30***	***5***	***..***	***23.45***	***16.00***	***Monopril***	***BQ***
1183G	***Tablet 20 mg***	***30***	***5***	***..***	***30.30***	***16.00***	***Monopril***	***BQ***
	FRAMYCETIN SULFATE							
1439R	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	6.17	6.94	Soframycin	RL
1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	6.63	7.40	Soframycin	RL
	FRUSEMIDE							
	Restricted benefit.							
	Renal failure.							
2415D	***Tablet 500 mg***	***50***	***3***	***..***	***20.15***	***16.00***	***Urex-Forte***	***FM***
				4.47	***24.62***	***16.00***	***Lasix***	***HP***
	FRUSEMIDE							
2414C	Tablet 20 mg	100	1	..	*7.33	8.10	Lasix-M	HP
							Urex-M	FM
2412Y	Tablet 40 mg	100	1	..	*7.93	8.70	[a] Uremide	AF
				..	7.93	8.70	[a] Lasix	HP
							Urex	FM
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	11.57	12.34	Lasix	HP
2413B	Injection 20 mg in 2 mL	5	..	..	6.50	7.27	Lasix	HP
							AF	

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	
	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***	..	..	***67.55***	***16.00***	***Fucidin***	***CS***
2311P	***Oral suspension 50 mg per mL, 90 mL***	***‡1***	..	..	***53.21***	***16.00***	***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	..	*258.73	16.00	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***	..	***49.95***	***16.00***	***Lopid***	***PD***
	GENTAMICIN SULFATE							
	Restricted benefit.							
	Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.							
1441W	***Eye drops 3 mg (base) per mL (0.3%), 5 mL***	***‡1***	***2***	..	***13.03***	***13.80***	***Genoptic***	***AG***
	GENTAMICIN SULFATE							
1068F	Injection 40 mg (base) in 1 mL	5	..	..	15.23	16.00	BL	
1168L	Injection 60 mg (base) in 1.5 mL	5	..	..	17.98	16.00	BL	
2824P	Injection 80 mg (base) in 2 mL	5	..	..	10.30	11.07	Cidomycin BL	RL
	GLIBENCLAMIDE							
	CAUTION:							
	Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2939Q	Tablet 5 mg	100	5	..	9.69	10.46	[a] Euglucon [a] Glimel	BO AF
				0.48	10.17	10.46	[a] Daonil	HP

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	
	GLICLAZIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2449X	Tablet 80 mg	100	5	..	14.76	15.53	Diamicron	SE
	GLIPIZIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2440K	Tablet 5 mg	100	5	..	14.76	15.53	Minidiab	FE
	GLUCAGON HYDROCHLORIDE							
1447E	Injection 1 i.u. with diluent	1	1	..	13.62	14.39	LY	
1449G	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	18.42	16.00	Glucagon Novo	NO
	GLUCOSE							
3040B	Injection 5 g in 10 mL (50%)	5	..	..	10.57	11.34	AP	
2245E	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*13.10	13.87	[a] AB [a] BX	
2247G	I.V. infusion 555 mmol (anhydrous) per L (10%), 1 L	5	1	..	*18.50	16.00	[a] AB [a] BX	
2249J	I.V. infusion 1110 mmol (anhydrous) per L (20%), 1 L	2	1	..	*9.93	10.70	AB	
2251L	I.V. infusion 1387 mmol (anhydrous) per L (25%), 1 L	2	1	..	*9.93	10.70	[a] AB [a] BX	
2252M	I.V. infusion 1387 mmol (anhydrous) per 500 mL (50%), 500 mL	2	1	..	*9.93	10.70	AB	
	GLUCOSE INDICATOR—BLOOD							
2915K	Electrode strips, 100	‡1	5	..	53.47	16.00	ExacTech	FE
2926B	Electrode strips, 100	‡1	5	..	53.47	16.00	Pen 2/ Companion 2	FE
2909D	Reagent strips, 50	2	5	..	*36.75	16.00	Ames-BG	AM
2912G	Reagent strips, 50	2	5	..	*36.75	16.00	BM-Test-BG	BO
2908C	Reagent strips, 50	2	5	..	*47.31	16.00	Hypoguard GA	HG
2919P	Reagent strips, 50	2	5	..	*49.07	16.00	Accutrend Glucose	BO
2890D	Reagent strips, 50	2	5	..	*49.07	16.00	Betachek	NA
2914J	Reagent strips, 50	2	5	..	*49.07	16.00	BM-Test-Glycemie 20-800	BO

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	
	GLUCOSE INDICATOR—BLOOD—cont.							
2889C	Reagent strips, 50	2	5	..	*49.07	16.00	Glucofilm	AM
2917M	Reagent strips, 50	2	5	..	*49.07	16.00	Glucostix	AM
2921R	Reagent strips, 50	2	5	..	*49.07	16.00	Hypoguard Supreme	HG
	GLUCOSE INDICATOR—URINE							
1448F	Test dispenser 4 m	‡1	2	..	12.02	12.79	Tes-Tape	LY
2352T	Reagent strips, 100	‡1	2	..	11.34	12.11	Clinistix	AM
3104J	Reagent strips, 100	‡1	2	..	12.02	12.79	Diastix	AM
	GLUCOSE and KETONE INDICATOR—URINE							
3106L	Reagent strips, 50	2	2	..	*14.61	15.38	Keto-Diabur-Test 5000	BO
3107M	Reagent strips, 100	‡1	2	..	14.62	15.39	Keto-Diastix	AM
	GLYCEROL							
	Restricted benefit.							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care in hospitals and nursing homes;							
	Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;							
	➤ ***Patients receiving palliative care;***							
	➤ ***Terminal malignant neoplasia;***							
	Anorectal congenital abnormalities;							
	Megacolon.							
2555L	***Suppositories 700 mg (for infants), 12***	***3***	***5***	..	****12.54***	***13.31***	***PP***	
2556M	***Suppositories 1.4 g (for children), 12***	***3***	***5***	..	****13.20***	***13.97***	***PP***	
2557N	***Suppositories 2.8 g (for adults), 12***	***3***	***5***	..	****13.56***	***14.33***	***PP***	
	GLYCERYL TRINITRATE							
1459T	Tablets 600 micrograms, 100	‡1	5	..	5.84	6.61	Anginine Stabilised	BW
1470J	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) **NOTE**: The spray should not be inhaled.	‡1	5	..	16.51	16.00	Nitrolingual Spray	FC
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	‡1	5	..	14.86	15.63	Nitro-Bid	FC
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	2	..	28.83	16.00	Nitradisc	SR
1514Q	Transdermal disc releasing approximately 10 mg per 24 hours	30	2	..	36.50	16.00	Nitradisc	SR

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	
	GLYCERYL TRINITRATE—cont.							
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	2	..	28.83	16.00	Transiderm-Nitro 25	CG
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	2	..	36.50	16.00	Transiderm-Nitro 50	CG
	GOSERELIN							
	Authority required.							
	Advanced carcinoma of the prostate;							
	Treatment of premenopausal women with advanced breast cancer.							
1454M	***Subcutaneous implant 3.6 mg***	***1***	***5***	..	***431.81***	***16.00***	***Zoladex Depot***	***IC***
	GRISEOFULVIN							
	Restricted benefit.							
	Use in recalcitrant tinea infections;							
	Kerion.							
1460W	***Tablet 125 mg***	***100***	***2***	..	***12.72***	***13.49***	***Grisovin***	***SI***
2983B	***Tablet 330 mg***	***28***	***2***	..	***11.91***	***12.68***	***Griseostatin***	***SH***
2982Y	***Tablet 500 mg***	***28***	***2***	..	***11.91***	***12.68***	***Grisovin 500***	***SI***
				2.00	***13.91***	***12.68***	***Fulcin 500***	***IC***
	HALOPERIDOL							
	Restricted benefit.							
	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***	..	***5.40***	***6.17***	***Serenace***	***SR***
2767P	***Tablet 1.5 mg***	***100***	***1***	..	***6.98***	***7.75***	***Serenace***	***SR***
2770T	***Tablet 5 mg***	***50***	***1***	..	***7.82***	***8.59***	***Serenace***	***SR***
2762J	***Oral liquid 2 mg per mL, 15 mL***	***‡1***	***2***	..	***6.86***	***7.63***	***Serenace***	***SR***
2763K	***Oral liquid 2 mg per mL, 100 mL***	***‡1***	***1***	..	***12.76***	***13.53***	***Serenace***	***SR***
2768Q	***Injection 5 mg in 1 mL***	***10***	..	..	***11.95***	***12.72***	***Serenace***	***SR***

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	
	HALOPERIDOL DECANOATE							
	Restricted benefit.							
	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***	..	..	***23.55***	***16.00***	***Haldol decanoate***	***JC***
2766N	***I.M. injection equivalent to 150 mg haloperidol in 3 mL***	***5***	..	..	***42.25***	***16.00***	***Haldol decanoate***	***JC***
	HEPARIN CALCIUM							
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.00	10.77	Calcihep Calciparine Caprin 5000 Forte	FC BL CS
1235B	Injection 5,000 units in 0.5 mL	5	5	..	10.00	10.77	Caprin 5000	CS
1053K	Injection 12,500 units in 0.5 mL	2	5	.. ..	*9.47 9.47	10.24 10.24	Caprin 12500 Calciparine	CS BL
1054L	Injection 25,000 units in 1 mL	2	5	..	11.16	11.93	Calciparine	BL
	HEPARIN SODIUM							
	Restricted benefit.							
	For use in home dialysis.							
1463B	***Injection (preservative-free) 5,000 units in 5 mL***	***50***	***5***	..	***51.50***	***16.00***	***Monoparin***	***FC***
	HEPARIN SODIUM							
1466E	Injection 5,000 units in 0.2 mL	5	5	..	8.81	9.58	BL CS FC	
1467F	Injection 5,000 units in 1 mL	5	5	..	8.81	9.58	BL CS FC	
1469H	Injection 20,000 units in 20 mL	12	5	..	48.63	16.00	BL	
1468G	Injection 25,000 units in 5 mL	2	5	..	*11.17	11.94	FC	
1076P	Injection 35,000 units in 35 mL	12	5	..	*86.07	16.00	CS	
	HEXAMINE HIPPURATE							
3124K	Tablet 1 g	100	5	..	17.94	16.00	Hiprex	MM

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	HOMATROPINE HYDROBROMIDE							
2541R	Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	10.63	11.40	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	13.49	14.26	Isopto Homatropine	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*	*..*	*21.28*	*16.00*	*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*	*..*	*27.46*	*16.00*	*Profasi 1000*	*SG*
1581F	*Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*29.66*	*16.00*	*Pregnyl*	*OR*
1582G	*Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*31.86*	*16.00*	*Profasi 2000*	*SG*
1477R	*Injection set containing one ampoule powder for injection 5,000 units and one ampoule solvent 1 mL*	*1*	*5*	*..*	*16.95*	*16.00*	*Pregnyl* / *Profasi 5000*	*OR* / *SG*

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 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*	*..*	*21.28*	*16.00*	*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*	*..*	*27.46*	*16.00*	*Profasi 1000*	*SG*
1581F	*Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*29.66*	*16.00*	*Pregnyl*	*OR*
1582G	*Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*31.86*	*16.00*	*Profasi 2000*	*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	
	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.							
	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*	*..*	*221.75*	*16.00*	*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*	*..*	*423.75*	*16.00*	*Pergonal 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	
	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.							
	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*	*..*	*221.75*	*16.00*	*Humegon*	**OR**

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.							
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***	..	***423.75***	***16.00***	***Humegon***	***OR***
	HYDRALAZINE HYDROCHLORIDE							
1640H	Tablet 25 mg	200	2	..	*10.27	11.04	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*12.93	13.70	Alphapress 50	AF
	HYDROCHLOROTHIAZIDE							
1484D	Tablet 25 mg	100	1	..	*9.21	9.98	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*10.19	10.96	Dichlotride	MK
	HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE **CAUTION:** Serum electrolytes should be checked regularly.							
1486F	Tablet 50 mg–5 mg	100	1	.. 0.60	*11.97 *12.57	12.74 12.74	[a] Amizide [a] Moduretic	AF MK
	HYDROCHLOROTHIAZIDE with TRIAMTERENE **CAUTION:** Serum electrolytes should be checked regularly.							
1280J	Tablet 25 mg–50 mg	100	1	.. 2.35	10.35 12.70	11.12 11.12	[a] Hydrene 25/50 [a] Dyazide	AF SK
	HYDROCORTISONE							
1499X	Tablet 4 mg	50	4	..	8.70	9.47	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	12.50	13.27	Hysone 20	AF
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	9.25	10.02	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	9.58	10.35	Hycor	SI
1495Q	Cream 10 mg per g (1%), 50 g	‡1	1	..	6.07	6.84	Egocort Cream 1%	EO
	HYDROCORTISONE ACETATE **Restricted benefit.** ***Proctitis;*** ***Ulcerative colitis.***							
1502C	***Rectal foam 125 mg per applicator (10%), aerosol 25 g***	***2***	***3***	..	***30.67***	***16.00***	***Colifoam***	***SV***

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	
	HYDROCORTISONE ACETATE—cont.							
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.01	9.78	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	9.16	9.93	Hycor	SI
2887Y	Cream 10 mg per g (1%), 30 g	‡1	1	..	5.59	6.36	Adacor	NN
							Dermacort	PD
							Sigmacort	SI
							Squibb-HC	BQ
				0.55	6.14	6.36	Cortef	UP
2881P	Cream 10 mg per g (1%), 50 g	‡1	1	..	6.07	6.84	Adacor	NN
							Dermacort	PD
							Sigmacort	SI
							Squibb-HC	BQ
				0.55	6.62	6.84	Cortef	UP
2888B	Topical ointment 10 mg per g (1%), 30 g	‡1	1	..	5.59	6.36	Adacor	NN
							Sigmacort	SI
							Squibb-HC	BQ
				0.55	6.14	6.36	Cortef	UP
2882Q	Topical ointment 10 mg per g (1%), 50 g	‡1	1	..	6.07	6.84	Adacor	NN
							Dermacort "O"	PD
							Sigmacort	SI
							Squibb-HC	BQ
				0.98	7.05	6.84	Cortef	UP
	HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE							
	Restricted benefit.							
	Anal and perianal conditions.							
2515J	***Ointment 5 mg-5 mg per g (0.5%–0.5%), 30 g***	***‡1***	***1***	***..***	***8.83***	***9.60***	[a] ***Proctocort***	***QM***
				11.09	***19.92***	***9.60***	[a] ***Proctosedyl***	***RL***
2516K	***Ointment 5 mg-5 mg per g (0.5%–0.5%), 2 g single use tubes, 5***	***3***	***1***	***..***	****8.82***	***9.59***	[a] ***Proctocort***	***QM***
				16.89	****25.71***	***9.59***	[a] ***Proctosedyl***	***RL***
2517L	***Suppositories 5 mg-5 mg, 12***	***‡1***	***1***	***..***	***8.22***	***8.99***	[a] ***Proctocort***	***QM***
				7.69	***15.91***	***8.99***	[a] ***Proctosedyl***	***RL***
	HYDROCORTISONE SODIUM SUCCINATE							
	Restricted benefit.							
	For use in a hospital.							
1510L	***Injection equivalent to 100 mg hydrocortisone with 2 mL solvent***	***6***	***..***	***..***	****22.23***	***16.00***	***Nordicort***	***NR***
							Solu-Cortef	***UP***
1511M	***Injection equivalent to 250 mg hydrocortisone with 2 mL solvent***	***6***	***..***	***..***	****37.23***	***16.00***	***Solu-Cortef***	***UP***
3097B	***Injection equivalent to 500 mg hydrocortisone with 4 mL solvent***	***2***	***..***	***..***	****24.87***	***16.00***	***Solu-Cortef***	***UP***

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	
	HYDROCORTISONE SODIUM SUCCINATE—cont.							
1501B	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*9.91	10.68	Nordicort Solu-Cortef	NR UP
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	9.33	10.10	Solu-Cortef	UP
	HYDROXOCOBALAMIN **Restricted benefit.** ***Pernicious anaemia;*** ***Other proven vitamin B_{12} deficiencies.***							
1508J	***Injection 1 mg in 1 mL***	***3***	..	..	***10.35***	***11.12***	***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	..	29.80	16.00	Plaquenil	WL
	HYDROXYPROPYLCELLULOSE **Restricted benefit.** ***Severe dry eye syndrome unresponsive to artificial tear solutions.***							
1522D	***Ophthalmic inserts 5 mg, 60***	***‡1***	***5***	..	***30.26***	***16.00***	***Lacrisert***	***SI***
	HYDROXYUREA							
3093T	Capsule 500 mg	100	..	..	60.71	16.00	Hydrea	BQ
	HYPROMELLOSE							
2956N	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	7.77	8.54	Isopto Tears Lacril Methopt	AQ AG SI
2952J	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	8.21	8.98	Methopt Forte	SI
	HYPROMELLOSE with DEXTRAN							
1509K	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	‡1	5	..	10.31	11.08	Poly-Tears Tears Naturale	IQ AQ

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	
	IBUPROFEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
3198H	***Tablet 200 mg***	***100***	***3***	***..***	****8.23***	***9.00***	***Rafen 200***	***AF***
3190X	***Tablet 400 mg***	***100***	***3***	***..***	****11.49***	***12.26***	***Brufen***	***BT***
	IBUPROFEN							
3191Y	Tablets 200 mg, 20	‡1	..	..	5.05	5.82	Rafen 200	AF
3192B	Tablets 400 mg, 20	‡1	..	..	5.69	6.46	Brufen	BT
	IDARUBICIN HYDROCHLORIDE							
	Authority required.							
	Acute myelogenous leukaemia.							
2452C	***Powder for I.V. injection 5 mg***	***3***	***..***	***..***	****590.61***	***16.00***	***Zavedos***	***FE***
2453D	***Powder for I.V. injection 10 mg***	***6***	***..***	***..***	****2288.55***	***16.00***	***Zavedos***	***FE***
	IDOXURIDINE							
2442M	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	2	..	9.31	10.08	Stoxil	SK
				0.68	9.99	10.08	Herplex	AG
2569F	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	11.42	12.19	Stoxil	SK
2567D	Topical ointment 5 mg per g (0.5%), 5 g	‡1	..	..	5.37	6.14	Stoxil	SK
	IMIPRAMINE HYDROCHLORIDE							
2420J	Tablet 10 mg	50	2	..	6.04	6.81	Tofranil 10	CG
2421K	Tablet 25 mg	50	2	..	6.04	6.81	Melipramine	UW(N)
							Tofranil 25	CG
2719D	I.M. injection 25 mg in 2 mL	10	..	..	18.47	16.00	Tofranil	CG
	INDAPAMIDE							
2436F	Tablet 2.5 mg	60	1	..	13.87	14.64	[a] Dapa-Tabs	AF
							[a] Napamide 2.5 mg	DP
				1.82	*15.69	14.64	[a] Natrilix	SE
	INDOMETHACIN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
2454E	***Capsule 25 mg***	***100***	***3***	***..***	****8.59***	***9.36***	***[a] Arthrexin***	***AF***
				1.02	****9.61***	***9.36***	***[a] Indocid***	***MK***

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	
	INDOMETHACIN—cont.							
2459K	Capsules 25 mg, 20	‡1	..	..	5.11	5.88	Arthrexin	AF
2757D	Suppository 100 mg	40	3	..	*18.65	16.00	Indocid	MK
	INFLUENZA VACCINE **Restricted benefit.** ***Persons at special risk of adverse consequences from infections of the lower respiratory tract.***							
2852D	***Injection (trivalent) 0.5 mL***	***1***	..	..	***16.95***	***16.00***	***Fluvax*** ***Vaxigrip***	***CS*** ***PV***
	INSECT ALLERGEN EXTRACT—HONEY BEE VENOM							
2886X	Injection set containing 550 micrograms	1	..	..	73.05	16.00	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	..	..	94.50	16.00	Albay Wasp Venom	BN
	INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM							
2883R	Injection set containing 550 micrograms	1	..	..	89.55	16.00	Albay Yellow Jacket Venom	BN
	INSULIN, ACID							
1710B	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Insulin 2	NO
	INSULIN ISOPHANE (N.P.H.)							
1711C	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*116.70	16.00	Hypurin Isophane Isotard MC	FC NO
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Humulin NPH Insulatard Human Protaphane HM	LY ND NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*205.95	16.00	Humulin NPH Protaphane HM Penfill	LY NO
1535T	Injections (human) 100 units per mL, 2.5 mL, 5	6	1	..	*205.95	16.00	Insulatard Human Nordisk 2.5 mL Insuject-X	ND

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
	INSULIN NEUTRAL						
1713E	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*100.55	16.00	Hypurin Neutral FC
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Actrapid HM NO Humulin R LY Velosulin Human ND
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*205.95	16.00	Actrapid HM Penfill NO Humulin R LY
1537X	Injections (human) 100 units per mL, 2.5 mL, 5	6	1	..	*205.95	16.00	Velosulin Human Nordisk 2.5 mL 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	..	*121.30	16.00	Mixtard 15/85 Human ND
1426C	Injection (human) 100 units (30 units–70 units) per mL, 10 mL	5	2	..	*121.30	16.00	Humulin 30/70 LY Mixtard 30/70 ND
1425B	Injection (human) 100 units (50 units–50 units) per mL, 10 mL	5	2	..	*121.30	16.00	Humulin 50/50 LY Mixtard 50/50 Human ND
1461X	Injections (human) 100 units (15 units–85 units) per mL, 2.5 mL, 5	6	1	..	*205.95	16.00	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	..	*205.95	16.00	Humulin 30/70 LY Mixtard 30/70 Penfill ND
1430G	Injections (human) 100 units (30 units–70 units) per mL, 2.5 mL, 5	6	1	..	*205.95	16.00	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	..	*205.95	16.00	Mixtard 50/50 Human Nordisk 2.5 mL Insuject-X ND

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	
	INSULIN PROTAMINE ZINC							
1715G	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Protamine Zinc Insulin MC	NO
	INSULIN ZINC SUSPENSION (Lente)							
1716H	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Lente MC	NO
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Humulin L Monotard HM	LY NO
	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)							
1721N	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Ultralente MC	NO
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.30	16.00	Humulin UL Ultratard HM	LY 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***	..	****457.35***	***16.00***	***Roferon-A***	***RO***
	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***	..	****457.35***	***16.00***	***Intron A***	***SH***
	Authority required. ***Basal cell carcinoma when more efficacious treatments are considered inappropriate.***							
2085R	***Injection set containing one vial powder for injection 10,000,000 i.u. and one vial solvent 5 mL***	***2***	..	..	****309.75***	***16.00***	***Intron A***	***SH***
	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***	..	***19.59***	***16.00***	***Atrovent Nasal***	***BY***

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	
	IPRATROPIUM BROMIDE—cont.							
1542E	Nebuliser solution single dose units 250 micrograms in 1 mL, 30	2	5	..	*63.49	16.00	Atrovent	BY
1543F	Nebuliser solution single dose units 500 micrograms in 2 mL, 30	2	5	..	*74.37	16.00	Atrovent	BY
1541D	Nebuliser solution 250 micrograms per mL (0.025%), 20 mL	2	2	..	*17.61	16.00	Atrovent	BY
1540C	Oral pressurised inhalation 20 micrograms per dose (200 doses)	‡1	5	..	19.59	16.00	Atrovent	BY
	IRON POLYMALTOSE COMPLEX							
2764L	Tablet 40 mg (iron)	100	2	..	6.41	7.18	Ferrum H	SI
2593L	Injection 100 mg (iron) in 2 mL	5	..	..	11.89	12.66	Ferrum H	SI
	ISONIAZID							
1554T	Tablet 100 mg	100	2	..	6.91	7.68	FM	
	ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL **Restricted benefit.** ***For colostomy and ileostomy use.***							
2505W	***Adhesive protective gel 28.35 g***	***‡1***	..	..	***8.62***	***9.39***	***Skin Gel***	***HO***
	ISOSORBIDE DINITRATE							
2587E	Tablet 10 mg	200	2	..	*13.77	14.54	Isordil Isotrate	AY PD
2586D	Tablet 20 mg	100	5	..	10.90	11.67	Isordil	AY
2588F	Sublingual tablet 5 mg	200	2	..	*12.45	13.22	Isordil Sublingual Isotrate Sublingual	AY PD
	ISOSORBIDE MONONITRATE							
1558B	Tablet 60 mg (sustained release)	30	5	..	22.44	16.00	Imdur Durule	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.*** **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.***							

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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	
	ISOTRETINOIN—cont.							
	NOTE:							
	Isotretinoin is not available under the 'urgent supply' mechanism.							
2591J	***Capsule 10 mg***	***60***	***3***	***..***	***100.52***	***16.00***	***Roaccutane***	***RO***
2592K	***Capsule 20 mg***	***60***	***3***	***..***	***187.70***	***16.00***	***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***	***..***	***..***	***12.29***	***13.06***	***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***	***..***	***25.75***	***16.00***	***Nizoral***	***JC***
	KETOPROFEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1586L	***Capsule 50 mg***	***50***	***3***	***..***	***8.94***	***9.71***	***Orudis***	***MB***
1587M	***Capsule 100 mg***	***50***	***3***	***..***	***12.26***	***13.03***	***Orudis***	***MB***
1589P	***Capsule 100 mg (sustained release)***	***50***	***3***	***..***	***13.21***	***13.98***	***[a] Oruvail SR***	***RR***
				1.10	***14.31***	***13.98***	***[a] Orudis SR***	***MB***
1590Q	***Capsule 200 mg (sustained release)***	***28***	***3***	***..***	***14.34***	***15.11***	***[a] Oruvail SR***	***RR***
				1.21	***15.55***	***15.11***	***[a] Orudis SR 200***	***MB***
	KETOPROFEN							
1506G	Capsules 100 mg (sustained release), 10	‡1	..	..	6.17	6.94	Orudis SR	MB
1507H	Capsules 200 mg (sustained release), 7	‡1	..	..	6.90	7.67	Orudis SR 200	MB
1588N	Suppository 100 mg	40	3	..	*20.39	16.00	Orudis	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	
	LABETALOL HYDROCHLORIDE							
1566K	Tablet 100 mg	100	5	..	12.95	13.72	[a] Presolol 100	AF
				0.80	13.75	13.72	[a] Trandate	GL
1567L	Tablet 200 mg	100	5	..	19.74	16.00	[a] Presolol 200	AF
				0.81	20.55	16.00	[a] Trandate	GL
	LACTULOSE							
	Restricted benefit.							
	Hepatic coma or precoma (chronic porto-systemic encephalopathy); Malignant neoplasia.							
3064G	***Mixture 3.34 g per 5 mL, 500 mL***	***‡1***	***5***	***..***	***16.24***	***16.00***	***Duphalac***	***JC***
	LEUPRORELIN ACETATE							
	Authority required.							
	Advanced carcinoma of the prostate.							
1568M	***Injection 5 mg per mL, 2.8 mL***	***2***	***2***	***..***	****314.53***	***16.00***	***Lucrin***	***AB***
1565J	***I.M. injection (modified release), set containing one vial powder for injection 7.5 mg, one ampoule diluent 1.5 mL and one syringe with two needles***	***1***	***5***	***..***	***433.20***	***16.00***	***Lucrin Depot***	***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***	***..***	***42.53***	***16.00***	***Madopar HBS***	***RO***
	LEVODOPA with BENSERAZIDE							
2228G	Tablet 200 mg–50 mg	100	5	..	48.19	16.00	Madopar	RO
2227F	Capsule 50 mg–12.5 mg	100	5	..	20.14	16.00	Madopar Q	RO
2225D	Capsule 100 mg–25 mg	100	5	..	35.87	16.00	Madopar–M	RO
2226E	Capsule 200 mg–50 mg	100	5	..	48.19	16.00	Madopar	RO

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	
	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***	***..***	***64.25***	***16.00***	***Sinemet CR***	***MK***
	LEVODOPA with CARBIDOPA							
1244L	Tablet 100 mg–10 mg	100	5	..	23.77	16.00	Sinemet M	MK
1242J	Tablet 100 mg–25 mg	100	5	..	41.92	16.00	Sinemet 100/25	MK
1245M	Tablet 250 mg–25 mg	100	5	..	49.07	16.00	Sinemet	MK
	LEVONORGESTREL							
2913H	Tablets 30 micrograms, 28	4	2	..	*13.51	14.28	Microlut 28 Microval 28	SC WY
	LEVONORGESTREL with ETHINYLOESTRADIOL							
1455N	Tablets 125 micrograms–50 micrograms, 21	4	2	..	*13.51	14.28	Microgynon 50 ED	SC
1456P	Pack containing 21 tablets 125 micrograms–50 micrograms and 7 inert tablets	4	2	..	*13.51	14.28	Microgynon 50 ED Nordette 50	SC WY
1393H	Tablets 150 micrograms–30 micrograms, 21	4	2	4.88	*18.39	14.28	[a] Microgynon 30 ED [b] Nordette 21	SC WY
1394J	Pack containing 21 tablets 150 micrograms–30 micrograms and 7 inert tablets	4	2	.. 4.88	*13.51 *18.39	14.28 14.28	[a] Levlen ED [b] Monofeme 28 [a] Microgynon 30 ED [b] Nordette 28	SY AY SC WY
3186Q	Tablets 250 micrograms–50 micrograms, 21	4	2	..	*13.51	14.28	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms–50 micrograms and 7 inert tablets	4	2	..	*13.51	14.28	Nordiol 28	WY
1457Q	Pack containing 11 tablets 50 micrograms–50 micrograms and 10 tablets 125 micrograms–50 micrograms	4	2	..	*13.51	14.28	Biphasil 21	WY

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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—cont.							
1458R	Pack containing 11 tablets 50 micrograms–50 micrograms, 10 tablets 125 micrograms–50 micrograms and 7 inert tablets	4	2	..	*13.51	14.28	Biphasil 28 Sequilar ED	WY 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	4.88	*18.39	14.28	[b] Triphasil [a] Triquilar	WY 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	..	*13.51	14.28	[a] Logynon ED [b] Trifeme 28	SY AY
				4.88	*18.39	14.28	[b] Triphasil 28 [a] Triquilar ED	WY SC
	LIGNOCAINE HYDROCHLORIDE							
2875H	Injection 100 mg in 5 mL	‡2	..	..	11.01	11.78	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	10.68	11.45	Xylocard 500	AP
	LINCOMYCIN							
3084H	Injection 300 mg in 1 mL	5	..	..	14.13	14.90	Lincocin SS Paediatric	UP
2530E	Injection 600 mg in 2 mL	5	..	..	14.13	14.90	Lincocin	UP
	LIOTHYRONINE SODIUM							
2318B	Tablet 20 micrograms	100	2	..	11.89	12.66	Tertroxin	BT
	LISINOPRIL **Restricted benefit.** ***Cardiac failure; Mild to moderate hypertension.***							
2456G	***Tablet 5 mg***	***30***	***5***	..	***20.99***	***16.00***	***Prinivil 5*** ***Zestril***	***AD*** ***IC***
2457H	***Tablet 10 mg***	***30***	***5***	..	***29.12***	***16.00***	***Prinivil 10*** ***Zestril***	***AD*** ***IC***
2458J	***Tablet 20 mg***	***30***	***5***	..	***35.42***	***16.00***	***Prinivil 20*** ***Zestril***	***AD*** ***IC***
	LITHIUM CARBONATE							
3059B	Tablet 250 mg	200	2	..	*10.85	11.62	Lithicarb	FC
3060C	Tablet 400 mg (controlled release)	200	1	..	*20.17	16.00	Priadel	FC
	LOPERAMIDE HYDROCHLORIDE							
1571Q	Capsule 2 mg	12	..	..	5.41	6.18	Imodium	JC

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	
	MEDROXYPROGESTERONE ACETATE							
	Restricted benefit.							
	Endometriosis.							
2722G	***Tablet 10 mg***	***100***	***2***	***..***	***28.48***	***16.00***	***Provera***	***UP***
	Restricted benefit.							
	Advanced breast cancer.							
2728N	***Tablet 500 mg***	***30***	***2***	***..***	***115.79***	***16.00***	***Farlutal***	***FE***
							Provera	***UP***
	Restricted benefit.							
	Breast cancer;							
	Endometrial cancer.							
2725K	***Tablet 100 mg***	***100***	***2***	***..***	***82.18***	***16.00***	***Farlutal***	***FE***
							Provera	***UP***
2316X	***Tablet 200 mg***	***60***	***2***	***..***	***93.40***	***16.00***	***Farlutal***	***FE***
							Provera	***UP***
2727M	***Tablet 250 mg***	***60***	***2***	***..***	***115.79***	***16.00***	***Provera***	***UP***
2319C	***Injection 50 mg in 1 mL***	***1***	***..***	***..***	***8.57***	***9.34***	***Depo-Provera***	***UP***
2322F	***Injection 500 mg in 2.5 mL***	***7***	***..***	***..***	****346.75***	***16.00***	***Farlutal***	***FE***
	Restricted benefit.							
	Breast cancer;							
	Endometrial cancer;							
	Endometriosis.							
3118D	***Injection 150 mg in 1 mL***	***1***	***..***	***..***	***11.32***	***12.09***	***Depo-Provera***	***UP***
	MEDROXYPROGESTERONE ACETATE							
2323G	Tablet 5 mg	56	2	..	12.18	12.95	Provera	UP
2321E	Tablet 10 mg	30	2	..	12.78	13.55	Provera	UP
	MEDRYSONE							
3197G	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	7.23	8.00	HMS Liquifilm	AG
	MEFENAMIC ACID							
	Restricted benefit.							
	Dysmenorrhoea;							
	Menorrhagia.							
1824B	***Capsule 250 mg***	***50***	***2***	***..***	***10.02***	***10.79***	***[a] Mefic***	***WW***
							[a] Ponstan	***PD***
	MEGESTROL ACETATE							
	Restricted benefit.							
	Advanced breast cancer.							
2731R	***Tablet 40 mg***	***100***	***2***	***..***	***45.00***	***16.00***	***Megostat***	***BQ***
2734X	***Tablet 160 mg***	***30***	***2***	***..***	***72.50***	***16.00***	***Megostat***	***BQ***

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	
	MELPHALAN							
2547C	Tablet 2 mg	100	..	..	*94.55	16.00	Alkeran	BW
2548D	Tablet 5 mg	100	..	..	*153.35	16.00	Alkeran	BW
	MERCAPTOPURINE							
1598D	Tablet 50 mg	100	2	..	*102.23	16.00	Purinethol	BW
	MESALAZINE							
	Authority required.							
	Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.							
1611T	***Tablet 250 mg***	***100***	***5***	..	***72.91***	***16.00***	***Mesasal***	**SK**
	METFORMIN HYDROCHLORIDE							
2430X	Tablet 500 mg	100	5	..	15.19	15.96	[a] Diabex	FC
							[a] Diaformin	AF
							Glucophage	LH
	METHACYCLINE HYDROCHLORIDE							
2901Q	Capsule 300 mg	10	1	..	8.13	8.90	Rondomycin	WW
	METHADONE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit.							
	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).							
1608P	***Tablet 5 mg***	***20***	..	..	***8.68***	***9.45***	***Physeptone***	**BW**
1609Q	***Tablet 10 mg***	***20***	..	..	***9.37***	***10.14***	***Physeptone***	**BW**
1606M	***Injection 10 mg in 1 mL***	***5***	..	..	***10.94***	***11.71***	***Physeptone***	**BW**
	METHDILAZINE HYDROCHLORIDE							
	Restricted benefit.							
	Prevention of migraine.							
1612W	***Tablet 4 mg***	***100***	***2***	..	***8.41***	***9.18***	***Dilosyn***	**SI**
1613X	***Tablet 8 mg***	***100***	***2***	..	***12.86***	***13.63***	***Dilosyn***	**SI**

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	
	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***	..	****36.75***	***16.00***	***Primobolan***	**SC**
	METHOTREXATE							
1622J	Tablet 2.5 mg	100	2	..	20.33	16.00	[a] Ledertrexate [a] Methoblastin [a] BL	LE FE
1623K	Tablet 10 mg	50	2	..	46.10	16.00	Methoblastin	FE
2396D	Injection 5 mg in 2 mL	5	..	..	*45.45	16.00	Ledertrexate	LE
2395C	Injection 50 mg in 2 mL	5	..	..	*47.40 47.42	16.00 16.00	Ledertrexate Methoblastin BL	LE FE
	METHSUXIMIDE							
	Authority required.							
	Treatment where less costly alternative therapy is inappropriate.							
2398F	***Capsule 300 mg***	***200***	***2***	..	***74.70***	***16.00***	***Celontin***	**PD**
	METHYCLOTHIAZIDE							
1624L	Tablet 2.5 mg	100	1	..	*8.09	8.86	Enduron-M	AB
1625M	Tablet 5 mg	100	1	..	*8.61	9.38	Enduron	AB
	METHYLDOPA							
3194D	Tablet 125 mg	100	5	..	8.40	9.17	Aldomet-M	MK
1629R	Tablet 250 mg	100	5	.. 0.70	10.35 11.05	11.12 11.12	[a] Hydopa [a] Aldomet	AF MK
	METHYLPHENOBARBITONE							
	Restricted benefit.							
	Epilepsy.							
1634B	***Tablet 60 mg***	***200***	***2***	..	***20.91***	***16.00***	***Prominal***	**WL**
1635C	***Tablet 200 mg***	***200***	***2***	..	***44.70***	***16.00***	***Prominal***	**WL**
	METHYLPREDNISOLONE ACETATE							
	Restricted benefit.							
	For local intra-articular or peri-articular infiltration.							
1928L	***Injection 40 mg in 1 mL***	***5***	..	..	***18.05***	***16.00***	***Depo-Medrol***	**UP**
	METHYLPREDNISOLONE SODIUM SUCCINATE							
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	27.51	16.00	Solu-Medrol	UP

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	
	METHYL SALICYLATE							
1641J	Liniment APF, 100 mL	‡1	1	..	5.21	5.98	Linsal	SI
							Metsal	MM
							MG	
							NN	
							WE(NQ)	
	METHYSERGIDE							
2826R	Tablet 1 mg	100	2	..	29.97	16.00	Deseril	SZ
	METOCLOPRAMIDE HYDROCHLORIDE							
1207M	Tablet 10 mg	25	..	..	5.41	6.18	Pramin	AF
				1.32	6.73	6.18	Maxolon	SK
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	5.95	6.72	Maxolon	SK
1206L	Injection 10 mg in 2 mL	10	..	..	9.20	9.97	Maxolon	SK
	METOLAZONE							
1203H	Tablet 2.5 mg	100	1	..	8.30	9.07	Diulo	SR
	METOPROLOL TARTRATE							
1324Q	Tablet 50 mg	100	5	..	11.27	12.04	[a] Minax 50	AF
				0.77	12.04	12.04	[a] Betaloc	AP
				0.84	12.11	12.04	Lopresor 50	CG
1325R	Tablet 100 mg	60	5	..	12.94	13.71	[a] Minax 100	AF
				0.77	13.71	13.71	[a] Betaloc	AP
				0.82	13.76	13.71	Lopresor 100	CG
	METRONIDAZOLE							
	Restricted benefit.							
	Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.							
1638F	***I.V. infusion 500 mg in 100 mL***	***1***	..	..	***8.58***	***9.35***	[a] ***Flagyl***	***MB***
							[a] ***DW***	
	Restricted benefit.							
	Treatment of anaerobic infections.							
1621H	***Tablet 400 mg***	***21***	***1***	..	***8.65***	***9.42***	[a] ***Metrogyl 400***	***AF***
				1.21	***9.86***	***9.42***	[a] ***Flagyl***	***MB***
	METRONIDAZOLE							
1636D	Tablet 200 mg	21	1	..	5.84	6.61	[a] Metrogyl 200	AF
							Metrozine	SR
				1.21	7.05	6.61	[a] Flagyl	MB
1626N	Tablet 400 mg	5	2	..	5.73	6.50	[a] Metrogyl 400	AF
				1.32	7.05	6.50	[a] Flagyl Statpak	MB
1642K	Suppositories 500 mg, 10	‡1	..	..	17.61	16.00	Flagyl	MB
1643L	Suppositories 1 g, 10	‡1	..	..	24.32	16.00	Flagyl	MB
	METRONIDAZOLE BENZOATE							
1630T	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	11.89	12.66	Flagyl S	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	
	MEXILETINE HYDROCHLORIDE							
1682M	Capsule 50 mg	100	5	..	25.02	16.00	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	51.38	16.00	Mexitil	BY
	MIANSERIN HYDROCHLORIDE							
	CAUTION:							
	Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.							
	Restricted benefit.							
	Severe depression.							
1627P	***Tablet 10 mg***	***50***	***5***	..	***15.38***	***16.00***	***Tolvon***	***OR***
1628Q	***Tablet 20 mg***	***50***	***5***	..	***26.92***	***16.00***	***Tolvon***	***OR***
	MICONAZOLE NITRATE							
1276E	Cream 20 mg per g (2%), 20 g	‡1	1	..	6.59	7.36	Monistat Derm	JC
1277F	Pessaries 100 mg, 7	‡1	..	..	7.73	8.50	[a] Monistat 7	CL
				1.73	9.46	8.50	[a] Gyno-Daktarin 7	JP
1273B	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	..	7.94	8.71	[a] Monistat 7	CL
				1.43	9.37	8.71	[a] Gyno-Daktarin 7	JP
	MILK POWDER—LACTOSE MODIFIED							
	Restricted benefit.							
	Acute lactose intolerance.							
	NOTE:							
	Requests for increased maximum quantities and/or repeats will not be granted.							
1387B	***Lactose-predigested powder 500 g***	***4***	***1***	..	****36.39***	***16.00***	***Digestelact***	***SJ***
	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***	..	****36.39***	***16.00***	***Digestelact***	***SJ***

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
	MILK POWDER—LOW LACTOSE FORMULA **Restricted benefit.** *Acute lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.* **NOTE:** *Requests for increased maximum quantities and/or repeats will not be granted.*						
1283M	*Lactose-predigested powder infant formula 500 g*	*4*	*1*	*..*	**36.39*	*16.00*	*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*	*..*	**36.39*	*16.00*	*De-Lact Infant SJ*
	MINERAL MIXTURE **Restricted benefit.** *Phenylketonuria.* **NOTE:** *For use with amino acid formula without phenylalanine.*						
1451J	*Powder 250 g*	*‡1*	*5*	*..*	*41.15*	*16.00*	*Aminogran M.M. GL*
	MINOCYCLINE **CAUTION:** *There are concerns about the incidence of benign intracranial hypertension associated with this drug.*						

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	
	MINOCYCLINE—cont.							
	Restricted benefit.							
	Severe acne not responding to other tetracyclines.							
1616C	***Tablet 50 mg***	***60***	***5***	***..***	***16.38***	***16.00***	***Minomycin-50***	***LE***
	MINOCYCLINE							
	CAUTION:							
	There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
3037W	Capsule 100 mg	11	..	..	8.38	9.15	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).							
2313R	***Tablet 10 mg***	***100***	***5***	***..***	***45.00***	***16.00***	***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.							
	NOTE:							
	Increased maximum quantities and/or repeats FOR MAINTENANCE THERAPY will not be authorised.							
1648R	***Tablet 200 micrograms***	***120***	***1***	***..***	***45.11***	***16.00***	***Cytotec***	***SR***
	MITOZANTRONE							
	Restricted benefit.							
	Leukaemia; Metastatic or locally advanced breast cancer; Non-Hodgkin's lymphoma.							
1932Q	***Injection 10 mg in 5 mL***	***1***	***..***	***..***	***178.10***	***16.00***	***Novantrone***	***LE***
1929M	***Injection 20 mg in 10 mL***	***1***	***..***	***..***	***338.75***	***16.00***	***Novantrone***	***LE***

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	
	MITOZANTRONE—cont.							
1930N	*Injection 25 mg in 12.5 mL*	*1*	..	..	*419.55*	*16.00*	*Novantrone*	*LE*
1931P	*Injection 30 mg in 15 mL*	*1*	..	..	*502.50*	*16.00*	*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 of depressive disorders where other therapy has failed or is inappropriate.***							
1900B	*Tablet 150 mg*	*60*	*2*	..	*45.45*	*16.00*	*Aurorix*	*RO*
	MORPHINE SULFATE **CAUTION:** ***The risk of drug dependence is high.*** **Restricted benefit.** ***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*	..	..	*10.02*	*10.79*	*Anamorph*	*FM*
	Restricted benefit. ***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*	..	..	*14.24*	*15.01*	*MS Contin*	*PS*
1654C	*Tablet 30 mg (controlled release)*	*20*	..	..	*26.61*	*16.00*	*MS Contin*	*PS*

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	
	MORPHINE SULFATE—cont.							
1655D	***Tablet 60 mg (controlled release)***	***20***	***..***	***..***	***41.81***	***16.00***	***MS Contin***	***PS***
1656E	***Tablet 100 mg (controlled release)***	***20***	***..***	***..***	***62.25***	***16.00***	***MS Contin***	***PS***
	MORPHINE SULFATE **CAUTION:** The risk of drug dependence is high.							
1644M	Injection 10 mg in 1 mL	5	..	..	8.56	9.33	BL SI	
				2.35	10.91	9.33	AP	
1645N	Injection 15 mg in 1 mL	5	..	..	8.61	9.38	BL SI	
				2.40	11.01	9.38	AP	
1647Q	Injection 30 mg in 1 mL	5	..	..	10.98	11.75	BL	
	MORPHINE TARTRATE **CAUTION:** The risk of drug dependence is high.							
1607N	Injection 120 mg in 1.5 mL	5	..	..	18.97	16.00	BL	
	NALIDIXIC ACID **Restricted benefit.** ***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***	***..***	***26.80***	***16.00***	***Negram***	***WL***
	NALOXONE HYDROCHLORIDE							
1670X	Injection 40 micrograms in 2 mL	5	..	..	28.69	16.00	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	16.73	16.00	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	17.83	16.00	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	25.54	16.00	Naloxone Min-I-Jet	CS
	NANDROLONE DECANOATE **Authority required.** ***Osteoporosis where other therapy is inappropriate;*** ***Patients on long-term treatment with corticosteroids.***							

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	
	NANDROLONE DECANOATE—cont.							
	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***	***..***	***14.13***	***14.90***	***Deca-Durabolin***	***OR***
	NAPHAZOLINE HYDROCHLORIDE							
1317H	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	5	..	8.52	9.29	Albalon Liquifilm	AG
							Naphcon Forte	AQ
	NAPROXEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1674D	***Tablet 250 mg***	***100***	***3***	***..***	****13.67***	***14.44***	***[a] Inza 250***	***AF***
				1.80	****15.47***	***14.44***	***[a] Naprosyn***	***SD***
1659H	***Tablet 500 mg***	***50***	***3***	***..***	***12.56***	***13.33***	***[a] Inza 500***	***AF***
				0.90	***13.46***	***13.33***	***[a] Naprosyn***	***SD***
1614Y	***Tablet 750 mg (sustained release)***	***28***	***3***	***..***	***11.60***	***12.37***	***Naprosyn SR750***	***SD***
1615B	***Tablet 1 g (sustained release)***	***28***	***3***	***..***	***14.22***	***14.99***	***Naprosyn SR1000***	***SD***
1658G	***Oral suspension 125 mg per 5 mL, 500 mL***	***‡1***	***3***	***..***	***18.37***	***16.00***	***Naprosyn***	***SD***
	NAPROXEN							
1237D	Tablets 250 mg, 20	‡1	..	..	6.23	7.00	[a] Inza 250	AF
				0.19	6.42	7.00	[a] Naprosyn	SD
1238E	Tablets 500 mg, 10	‡1	..	..	6.12	6.89	[a] Inza 500	AF
				0.19	6.31	6.89	[a] Naprosyn	SD
1232W	Tablets 750 mg (sustained release), 7	‡1	..	..	6.20	6.97	Naprosyn SR750	SD
1236C	Tablets 1 g (sustained release), 7	‡1	..	..	6.86	7.63	Naprosyn SR1000	SD
1662L	Suppository 500 mg	40	3	..	*18.65	16.00	Naprosyn	SD
	NEOMYCIN SULFATE							
	Restricted benefit.							
	Acute leukaemia during induction of remission with chemotherapy; Bowel sterilisation preparatory to major surgery; Encephalopathy, hepatic.							
2325J	***Tablet 500 mg***	***25***	***1***	***..***	***11.23***	***12.00***	***Neosulf***	***AF***

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	
	NEOMYCIN UNDECENOATE with BACITRACIN ZINC							
2296W	Ear ointment 12 mg (3.5 mg base)–400 units per g, 10 g	‡1	..	..	5.75	6.52	Nemdyn	HA
	NEOSTIGMINE BROMIDE							
1675E	Tablet 15 mg	200	1	..	*14.65	15.42	Prostigmin	RO
	NICLOSAMIDE							
	Restricted benefit.							
	Hymenolepiasis nana.							
1681L	***Tablet 500 mg***	***16***	..	..	***19.07**	***16.00***	***Yomesan***	***BN***
	NICLOSAMIDE							
1680K	Tablet 500 mg	4	..	..	7.58	8.35	Yomesan	BN
	NICOTINIC ACID							
1686R	Tablet 100 mg	100	2	..	6.61	7.38	MB	
1687T	Tablet 250 mg	200	5	..	*13.21	13.98	MB	
	NIFEDIPINE							
	Restricted benefit.							
	Angina.							
1678H	***Capsule 5 mg***	***100***	***5***	..	***16.95***	***16.00***	***Adalat CAPS 5***	***BN***
1688W	***Capsule 10 mg***	***100***	***5***	..	***19.60***	***16.00***	***Adalat CAPS 10***	***BN***
	CAUTION:							
	Capsule formulations of nifedipine are associated with more rapid and higher peak levels than the tablets.							
	NIFEDIPINE							
1694E	Tablet 10 mg	60	5	..	19.30	16.00	Adalat 10	BN
1695F	Tablet 20 mg	60	5	..	25.97	16.00	Adalat 20	BN
	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***	..	***7.75**	***8.52***	[a] ***Alodorm***	***AF***
				1.70	***9.45***	***8.52***	[a] ***Mogadon***	***RO***

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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	
	NITRAZEPAM—cont.							
2723H	Tablet 5 mg	25	..	..	5.75	6.52	[a] Alodorm	AF
	NOTE:			0.85	6.60	6.52	[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	..	9.04	9.81	Macrodantin	PY
1693D	Capsule 100 mg	30	1	..	11.34	12.11	Macrodantin	PY
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	15.16	15.93	Furadantin	PY
	NIZATIDINE							
1505F	Capsule 150 mg	60	2	..	34.73	16.00	Tazac	LY
1504E	Capsule 300 mg	30	1	..	34.73	16.00	Tazac	LY
	NORETHISTERONE							
1967M	Tablets 350 micrograms, 28	4	2	..	*13.51	14.28	Micronor	JC
							Noriday 28 Day	SD
2993M	Tablet 5 mg	30	2	..	14.05	14.82	Primolut N	SC
	NORETHISTERONE with ETHINYLOESTRADIOL							
2772X	Tablets 500 micrograms–35 micrograms, 21	4	2	..	*13.51	14.28	Brevinor	SD
2773Y	Tablets 1 mg–35 micrograms, 21	4	2	..	*13.51	14.28	Brevinor–1	SD
2774B	Pack containing 21 tablets 500 micrograms–35 micrograms and 7 inert tablets	4	2	..	*13.51	14.28	Brevinor	SD
2775C	Pack containing 21 tablets 1 mg–35 micrograms and 7 inert tablets	4	2	..	*13.51	14.28	Brevinor–1	SD
2776D	Pack containing 12 tablets 500 micrograms–35 micrograms, 9 tablets 1 mg–35 micrograms and 7 inert tablets	4	2	..	*13.51	14.28	Synphasic	SD

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	
	NORETHISTERONE with MESTRANOL							
3176E	Tablets 1 mg–50 micrograms, 21	4	2	..	*13.51	14.28	Norinyl–1	SD
3179H	Pack containing 21 tablets 1 mg–50 micrograms and 7 inert tablets	4	2	..	*13.51	14.28	Norinyl–1/28	SD
	NORFLOXACIN							
	Authority required.							
	Acute bacterial enterocolitis; Complicated urinary tract infection.							
3010K	***Tablet 400 mg***	***14***	***1***	..	***20.37***	***16.00***	***Noroxin***	***MK***
	NORTRIPTYLINE HYDROCHLORIDE							
2522R	Tablet 10 mg (base)	50	2	..	5.36	6.13	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	6.04	6.81	Allegron Nortab	DL BQ
2524W	Paediatric elixir 10 mg (base) per 5 mL, 100 mL	‡1	4	..	7.18	7.95	Allegron	DL
	NYSTATIN							
1696G	Tablet 500,000 units	50	..	.. 0.88	10.48 11.36	11.25 11.25	Nilstat Mycostatin	LE BQ
1699K	Capsule 500,000 units	50	..	..	10.48	11.25	Mycostatin Nilstat	BQ LE
3032N	Lozenge 100,000 units	20	1	..	6.25	7.02	Nilstat	LE
3033P	Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	6.94	7.71	Mycostatin Nilstat	BQ LE
1698J	Cream 100,000 units per g, 15 g	‡1	1	..	5.69	6.46	Mycostatin Nilstat	BQ LE
1179C	Ointment 100,000 units per g, 15 g	‡1	1	..	5.69	6.46	Mycostatin Nilstat	BQ LE
1697H	Pessaries 100,000 units, 15	‡1	1	..	7.64	8.41	Mycostatin Nilstat	BQ LE
1660J	Cream pessaries 100,000 units, 15	‡1	1	..	7.64	8.41	Nilstat	LE
3102G	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	7.71	8.48	Mycostatin Nilstat	BQ LE
	OCTOXINOL							
	Restricted benefit.							
	For colostomy and ileostomy use.							
1569N	***Compound cleansing solution 20 mg per g (2%), 240 mL***	***‡1***	..	..	***10.86***	***11.63***	***Uni Wash***	***SN***

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	OESTRADIOL							
	Restricted benefit.							
	For use for post-menopausal symptoms where oral oestrogen therapy cannot be tolerated.							
	NOTE:							
	Oestrogen patches should normally be used in conjunction with an oral progestogen.							
1743R	***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***20.94***	***16.00***	***Estraderm 25***	***CG***
1744T	***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***22.87***	***16.00***	***Estraderm 50***	***CG***
1745W	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***26.44***	***16.00***	***Estraderm 100***	***CG***
	OESTRADIOL							
1742Q	Vaginal tablets 25 micrograms, 15	‡1	2	..	21.42	16.00	Vagifem	NO
	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	..	15.01	15.78	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	..	15.01	15.78	Trisequens Forte	NO
	OESTRADIOL VALERATE							
1663M	Tablets 1 mg, 28	2	2	..	*8.73	9.50	Progynova	SC
1664N	Tablets 2 mg, 28	2	2	..	*10.51	11.28	Progynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	20.25	16.00	Primogyn Depot	SC
	OESTRIOL							
1776L	Tablets 1 mg, 30	2	2	..	*9.07	9.84	Ovestin	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	11.16	11.93	Ovestin	OR
	OESTROGENS—CONJUGATED							
1733F	Tablets 300 micrograms, 28	2	2	..	*8.73	9.50	Premarin	AY
1734G	Tablets 625 micrograms, 28	2	2	..	*10.51	11.28	Premarin	AY
	OESTRONE							
1700L	Pessaries 100 micrograms, 12	‡1	2	..	11.99	12.76	Kolpon	OR
1701M	Pessaries 1 mg, 12	‡1	2	..	12.99	13.76	Kolpon	OR

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	OLSALAZINE SODIUM **Authority required.** *Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.*							
1728Y	*Capsule 250 mg*	*100*	*5*	*..*	*60.58*	*16.00*	*Dipentum*	*PS*
	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).*							
1326T	*Capsule 20 mg*	*28*	*1*	*..*	*91.13*	*16.00*	*Losec*	*AP*
	Authority required. *Severe refractory ulcerating oesophagitis.*							
1327W	*Capsule 20 mg*	*28*	*1*	*..*	*91.13*	*16.00*	*Losec*	*AP*
	Authority required. *Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.*							
1328X	*Capsule 20 mg*	*28*	*5*	*..*	*91.13*	*16.00*	*Losec*	*AP*
	Authority required. *Zollinger–Ellison syndrome.*							
1329Y	*Capsule 20 mg*	*56*	*5*	*..*	**178.51*	*16.00*	*Losec*	*AP*
	ONDANSETRON **Authority required.** *Management of nausea and vomiting associated with cytotoxic chemotherapy or radiotherapy.*							
1594X	*Tablet 4 mg*	*15*	*..*	*..*	*202.75*	*16.00*	*Zofran*	*GL*
1595Y	*Tablet 8 mg*	*15*	*..*	*..*	*336.75*	*16.00*	*Zofran*	*GL*
1596B	*I.V. injection 4 mg in 2 mL*	*5*	*..*	*..*	*115.51*	*16.00*	*Zofran*	*GL*
1597C	*I.V. injection 8 mg in 4 mL*	*5*	*..*	*..*	*200.98*	*16.00*	*Zofran*	*GL*

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	ORPHENADRINE HYDROCHLORIDE							
	Restricted benefit.							
	Parkinsonism.							
2627G	***Tablet 50 mg***	***200***	***2***	***..***	****18.05***	***16.00***	***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***	***..***	****6.97***	***7.74***	[a] ***Alepam 15***	***AF***
							[a] ***Murelax***	***AY***
				2.00	****8.97***	***7.74***	[a] ***Serepax***	***WY***
3135B	***Tablet 30 mg***	***50***	***5***	***..***	****7.41***	***8.18***	[a] ***Alepam 30***	***AF***
							[a] ***Murelax***	***AY***
				2.00	****9.41***	***8.18***	[a] ***Serepax***	***WY***
	OXAZEPAM							
3132W	Tablet 15 mg	25	..	..	5.36	6.13	[a] Alepam 15	AF
							[a] Murelax	AY
				1.00	6.36	6.13	[a] Serepax	WY
3133X	Tablet 30 mg	25	..	..	5.58	6.35	[a] Alepam 30	AF
							[a] Murelax	AY
				1.00	6.58	6.35	[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	..	7.39	8.16	Corbeton 20	AF
2961W	Tablet 40 mg	100	5	..	9.21	9.98	Corbeton 40	AF

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	OXYCODONE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit.							
	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***	..	..	***15.50***	***16.00***	***Proladone***	***BT***
	OXYCODONE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit.							
	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).							
2622B	***Tablet 5 mg***	***20***	..	..	***8.36***	***9.13***	***Endone***	***BT***
	OXYMETHOLONE							
	Authority required.							
	Aplastic anaemias, proven; Myelosclerosis.							
2902R	***Tablet 50 mg***	***100***	***5***	..	***105.28***	***16.00***	***Anapolon***	***SD***
2903T	***Tablet 100 mg***	***100***	***5***	..	***195.48***	***16.00***	***Adroyd***	***PD***
	OXYTOCIN							
1727X	Injection 2 units in 2 mL	5	..	..	9.13	9.90	Syntocinon	SZ
1729B	Injection 5 units in 1 mL	5	..	..	8.30	9.07	Syntocinon	SZ
1730C	Injection 10 units in 1 mL	5	..	..	8.98	9.75	Syntocinon	SZ

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	OXYTOCIN with ERGOMETRINE MALEATE							
2400H	Injection 5 units-500 micrograms in 1 mL	5	..	..	8.92	9.69	Syntometrine	SZ
	PANCREATIN ENZYME							
	Restricted benefit.							
	Cystic fibrosis (mucoviscidosis); Following pancreatico-duodenectomy; Steatorrhoea, pancreatic.							
1735H	***Tablet providing not less than 6,500 BP units of lipase activity***	***500***	***10***	..	***44.33***	***16.00***	***Viokase***	***AY***
1737K	***Capsule providing not less than 6,500 BP units of lipase activity***	***500***	***10***	..	***44.33***	***16.00***	***Viokase***	***AY***
	PANCRELIPASE							
	Restricted benefit.							
	Cystic fibrosis (mucoviscidosis); Following pancreatico-duodenectomy; Steatorrhoea, pancreatic.							
2496J	***Capsule providing not less than 5,000 BP units of lipase activity***	***500***	***10***	..	***120.35***	***16.00***	***Pancrease***	***JC***
2495H	***Capsule providing not less than 10,000 BP units of lipase activity***	***500***	***10***	..	****173.59***	***16.00***	***Cotazym S Forte***	***OR***
	PARACETAMOL							
1746X	Tablet 500 mg	100	1	..	7.20	7.97	Dymadon P Panamax Paralgin	BW WL FM
1747Y	Mixture 120 mg per 5 mL, 100 mL	‡1	2	..	6.93	7.70	Dymadon Panamax	BW WL
	PARAFFIN							
	Restricted benefit.							
	For colostomy and ileostomy use.							
1748B	***Compound cream 85 g***	***‡1***	..	..	***10.82***	***11.59***	***Uni Derm***	***SN***
1749C	***Compound ointment 70 g***	***‡1***	..	..	***10.97***	***11.74***	***Uni Salve***	***SN***
	PARAFFIN							
1754H	Compound eye ointment 3.5 g	‡1	5	..	9.77	10.54	Duratears	AQ
1750D	Compound eye ointment 7 g	‡1	5	..	12.91	13.68	Lacri-Lube S.O.P.	AG

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	PENICILLAMINE							
	Restricted benefit.							
	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*	..	*26.08*	*16.00*	*D-Penamine*	*DL*
2838J	*Tablet 250 mg*	*100*	*1*	..	*41.15*	*16.00*	*D-Penamine*	*DL*
	PERICYAZINE							
	Restricted benefit.							
	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*	..	*7.49*	*8.26*	*Neulactil*	*MB*
3053Q	*Tablet 10 mg*	*100*	*1*	..	*11.69*	*12.46*	*Neulactil*	*MB*
	PERINDOPRIL ERBUMINE							
	Restricted benefit.							
	➤***Cardiac failure;***							
	Mild to moderate hypertension.							
3050M	*Tablet 2 mg*	*30*	*5*	..	*23.45*	*16.00*	*Coversyl*	*SE*
3051N	*Tablet 4 mg*	*30*	*5*	..	*30.30*	*16.00*	*Coversyl*	*SE*
	PETHIDINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
1828F	Injection 50 mg in 1 mL	5	..	..	8.15	8.92	BL	
							SI	
				2.32	10.47	8.92	AP	

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	
	PETHIDINE HYDROCHLORIDE—cont.							
1829G	Injection 100 mg in 2 mL	5	..	..	8.50	9.27	BL SI	
				2.76	11.26	9.27	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.*** **Restricted benefit.** ***Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy;*** ***Phobic states.***							
2856H	***Tablet 15 mg (base)***	***50***	***2***	..	***8.68***	***9.45***	***Nardil***	***WW***
	PHENINDIONE							
1843B	Tablet 10 mg	100	2	..	11.54	12.31	Dindevan	BT
1844C	Tablet 50 mg	100	2	..	16.18	16.00	Dindevan	BT
	PHENOBARBITONE **Restricted benefit.** ***Epilepsy.***							
1850J	***Tablet 30 mg***	***200***	***4***	..	***6.86***	***7.63***	***SI***	
	PHENOBARBITONE SODIUM **Restricted benefit.** ***Epilepsy.***							
1853M	***Injection 200 mg in 1 mL***	***5***	..	..	***8.70***	***9.47***	***FM***	
	PHENOXYBENZAMINE HYDROCHLORIDE **Authority required.** ***Phaeochromocytoma;*** ***Neurogenic urinary retention.***							
1862B	***Capsule 10 mg***	***100***	***5***	..	***21.49***	***16.00***	***Dibenyline***	***SK***
	PHENOXYMETHYLPENICILLIN **Restricted benefit.** ***Prophylaxis of recurrent streptococcal infections (including rheumatic fever).***							
1702N	***Tablet 125 mg***	***50***	***5***	..	****9.67***	***10.44***	***Abbocillin-V Dulcet***	***AB***

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	
	PHENOXYMETHYLPENICILLIN—cont.							
1703P	***Tablet 250 mg***	***50***	***5***	***..***	****9.97***	***10.74***	***Abbocillin-VK Filmtab***	***AB***
							PVK	***LY***
1705R	***Capsule 250 mg***	***50***	***5***	***..***	****9.97***	***10.74***	***Abbocillin-VK***	***AB***
							Cilicaine VK	***SI***
							LPV	***CS***
							PVK	***LY***
	PHENOXYMETHYLPENICILLIN							
1786B	Tablet 125 mg	25	1	..	6.71	7.48	Abbocillin-V Dulcet	AB
1787C	Tablet 250 mg	25	1	..	6.86	7.63	Abbocillin-VK Filmtab	AB
							PVK	LY
3028J	Tablet 500 mg	25	1	..	8.48	9.25	Abbocillin-VK Filmtab	AB
							PVK	LY
1789E	Capsule 250 mg	25	1	..	6.86	7.63	Abbocillin-VK	AB
							Cilicaine VK	SI
							LPV	CS
							PVK	LY
2965C	Capsule 500 mg	25	1	..	8.48	9.25	Cilicaine VK	SI
							LPV	CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	6.64	7.41	Abbocillin-V	AB
							Cilicaine V	SI
				0.40	7.04	7.41	LPV 125	CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	‡1	1	..	7.29	8.06	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	7.84	8.06	LPV 250	CS
	PHENSUXIMIDE **Authority required.** ***Treatment where less costly alternative therapy is inappropriate.***							
1863C	***Capsule 500 mg***	***200***	***2***	***..***	***82.62***	***16.00***	***Milontin***	***PD***
	PHENYLALANINE LOW CONTENT FORMULA **Restricted benefit.** ***Phenylketonuria.***							
1865E	***Powder 454 g***	***5***	***5***	***..***	****141.25***	***16.00***	***Lofenalac***	***MJ***
	PHENYLEPHRINE HYDROCHLORIDE							
2829X	Eye drops 1.2 mg per mL (0.12%), 15 mL	‡1	5	..	8.52	9.29	Isopto Frin	AQ
	PHENYTOIN							
1249R	Tablet 50 mg	200	2	..	16.84	16.00	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	11.93	12.70	Dilantin	PD

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	PHENYTOIN SODIUM						
1873N	Capsule 30 mg	200	2	..	16.84	16.00	Dilantin Sodium PD
1874P	Capsule 100 mg	200	2	..	17.83	16.00	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***	..	***77.05***	***16.00***	***Ocusert Pilo 20 AG***
2782K	***Eye disc 11 mg (releasing 40 micrograms per hour)***	***8***	***5***	..	***79.49***	***16.00***	***Ocusert Pilo 40 AG***
	PILOCARPINE HYDROCHLORIDE						
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	8.74	9.51	Isopto Carpine AG Pilopt SI P.V. Carpine AG IG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	8.74	9.51	Isopto Carpine AG Pilopt SI P.V. Carpine AG IG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	9.76	10.53	Isopto Carpine AG Pilopt SI P.V. Carpine AG IG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	11.78	12.55	Isopto Carpine AG Pilopt SI P.V. Carpine AG IG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.04	12.81	Isopto Carpine AG Pilopt SI P.V. Carpine AG IG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	15.19	15.96	Isopto Carpine AG Pilopt SI P.V. Carpine 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	
	PINDOLOL							
3062E	Tablet 5 mg	100	5	..	10.63	11.40	[a] Barbloc 5	AF
				1.50	12.13	11.40	[a] Visken	SZ
3065H	Tablet 15 mg	50	5	..	13.65	14.42	[a] Barbloc 15	AF
				1.50	15.15	14.42	[a] Visken	SZ
	PIPERAZINE OESTRONE SULFATE							
1777M	Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate), 28	2	2	..	*8.73	9.50	Ogen .625	AB
1778N	Tablets 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate), 28	2	2	..	*10.51	11.28	Ogen 1.25	AB
	PIROXICAM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1895R	***Dispersible tablet 10 mg***	***50***	***3***	***..***	***12.67***	***13.44***	***Feldene-D***	***PF***
1896T	***Dispersible tablet 20 mg***	***25***	***3***	***..***	***12.26***	***13.03***	***Feldene-D***	***PF***
1897W	***Capsule 10 mg***	***50***	***3***	***..***	***12.67***	***13.44***	***Feldene***	***PF***
1898X	***Capsule 20 mg***	***25***	***3***	***..***	***12.26***	***13.03***	***Feldene***	***PF***
	PIZOTIFEN MALATE							
3074T	Tablet 500 micrograms (base)	100	2	..	16.58	16.00	Sandomigran	SZ
	PNEUMOCOCCAL VACCINE, POLYVALENT							
	Restricted benefit.							
	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***	***..***	***..***	***29.05***	***16.00***	***Pneumovax 23***	***CS***
	POLYGELINE							
	See Special Pharmaceutical Benefits							
	POLYISOBUTYLENE							
	Restricted benefit.							
	For colostomy and ileostomy use.							
3146N	***Compound adhesive wafers, 5***	***‡1***	***5***	***..***	***15.50***	***16.00***	***Hollihesive Skin Barrier***	***HO***
							Soft Guard XL Skin Barrier	***SN***
3148Q	***Compound adhesive wafers with adhesive discs, 5***	***‡1***	***5***	***..***	***15.50***	***16.00***	***Stomahesive Set***	***CC***

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	
	POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE							
1910M	Eye ointment 5,000 units–400 units–5 mg per g, 4 g	‡1	..	..	6.32	7.09	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	..	6.72	7.49	Neosporin	BW
	POLYVINYL ALCOHOL							
2682E	Eye drops 14 mg per mL (1.4%), 15 mL	‡1	5	..	8.21	8.98	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	10.94	11.71	Liquifilm Forte	AG
	POLYVINYL ALCOHOL with POVIDONE							
2675T	Eye drops 14 mg–6 mg per mL (1.4%–0.6%), 15 mL	‡1	5	..	10.31	11.08	Tears Plus	AG
	POLYVINYLPYRROLIDONE and VINYL ACETATE COPOLYMER							
	Restricted benefit.							
	For colostomy and ileostomy use.							
2950G	***Aerosol spray 60 mg per mL (6%), 121 mL***	***‡1***	***..***	***..***	***8.54***	***9.31***	***Spray-On Bande***	***EG***
	POTASSIUM CHLORIDE							
2642C	Tablet 600 mg (sustained release)	200	1	..	*9.91	10.68	KSR Slow-K Span-K	AF CG FC
3012M	Effervescent tablet 14 mmol K^+ and 8 mmol Cl^-	60	1	..	*9.91	10.68	Chlorvescent	FC
2625E	Elixir 1.5 g (20 mmol K^+ and 20 mmol Cl^-) per 15 mL, 500 mL	2	1	..	*9.91	10.68	Kay Ciel	SC
	PRAVASTATIN SODIUM							
	NOTE:							
	See General Statement for Lipid-Lowering Drugs (page 3, Section 2).							
	Authority required.							
	Hypercholesterolaemia in accordance with the qualifying criteria.							
2831B	***Tablet 5 mg***	***30***	***5***	***..***	***33.09***	***16.00***	***Pravachol***	***BQ***
2833D	***Tablet 10 mg***	***30***	***5***	***..***	***45.66***	***16.00***	***Pravachol***	***BQ***
2834E	***Tablet 20 mg***	***30***	***5***	***..***	***63.50***	***16.00***	***Pravachol***	***BQ***

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	
	PRAZOSIN HYDROCHLORIDE							
1479W	Tablet 1 mg (base)	100	5	..	12.44	13.21	[a] Minipress	PF
							[a] Pressin 1	AF
1480X	Tablet 2 mg (base)	100	5	..	15.80	16.00	[a] Minipress	PF
							[a] Pressin 2	AF
1478T	Tablet 5 mg (base)	100	5	..	24.65	16.00	[a] Minipress	PF
							[a] Pressin 5	AF
	PREDNISOLONE							
3152X	Tablet 1 mg	100	4	..	5.93	6.70	Panafcortelone	FC
1917X	Tablet 5 mg	60	4	..	6.04	6.81	Adnisolone	NN
							Panafcortelone	FC
							Solone	FM
				0.35	6.39	6.81	Deltasolone	MB
1916W	Tablet 25 mg	30	4	..	7.69	8.46	Panafcortelone	FC
							Solone	FM
	PREDNISOLONE ACETATE							
2684G	Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.23	8.00	Sterofrin	AQ
	PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE **Restricted benefit.** ***Corneal grafts; Uveitis.***							
3112T	***Eye drops 10 mg–1.2 mg per mL (1%–0.12%), 10 mL***	***‡1***	***2***	..	***12.48***	***13.25***	***Prednefrin Forte***	***AG***
	PREDNISOLONE SODIUM PHOSPHATE **Authority required.** ***Treatment where less costly alternative therapy is inappropriate for: Proctitis; Ulcerative colitis.***							
1920C	***Retention enema equivalent to 20 mg prednisolone in 100 mL***	***28***	***3***	..	****71.83***	***16.00***	***Predsol***	***SI***
	Restricted benefit. ***Proctitis; Ulcerative colitis.***							
2554K	***Suppositories equivalent to 5 mg prednisolone, 10***	***3***	***3***	..	****20.46***	***16.00***	***Predsol***	***SI***
	PREDNISOLONE SODIUM PHOSPHATE							
1922E	Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.23	8.00	Predsol	SI

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	PREDNISONE							
1934T	Tablet 1 mg	100	4	..	5.93	6.70	Panafcort	FC
1935W	Tablet 5 mg	60	4	..	6.04	6.81	Adasone	NN
							Panafcort	FC
							Sone	FM
				0.35	6.39	6.81	Deltasone	MB
1936X	Tablet 25 mg	30	4	..	7.69	8.46	Panafcort	FC
							Sone	FM
	PRIMIDONE							
1939C	Tablet 250 mg	200	2	..	17.18	16.00	Mysoline	IC
	PROBENECID							
1940D	Tablet 500 mg	100	5	..	17.28	16.00	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***	***..***	***31.28***	***16.00***	***Lurselle***	***ML***
	PROCAINAMIDE HYDROCHLORIDE							
2653P	Capsule 250 mg	200	1	..	*17.79	16.00	Pronestyl	BQ
1074M	Capsule 375 mg	100	2	..	13.88	14.65	Pronestyl	BQ
1941E	Injection 100 mg per mL, 10 mL	1	..	..	10.94	11.71	Pronestyl	BQ
	PROCAINE PENICILLIN							
1793J	Injection 1 g	5	..	..	51.49	16.00	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	51.49	16.00	Cilicaine	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	
	PROCHLORPERAZINE **CAUTION:** Prochlorperazine may be associated with parkinsonism and tardive dyskinesia. **NOTE:** 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	..	..	*5.76	6.53	Compazine Stemetil	SK MB
2369Q	Injection 12.5 mg in 1 mL	10	..	.. 1.03	10.86 11.89	11.63 11.63	Compazine Stemetil	SK MB
2894H	Suppositories 5 mg, 5	‡1	2	..	8.70	9.47	Stemetil	MB
2895J	Suppositories 25 mg, 5	‡1	2	..	9.25	10.02	Stemetil	MB
	PROCYCLIDINE HYDROCHLORIDE							
1943G	Tablet 5 mg	200	2	..	*13.43	14.20	Kemadrin	BW
	PROMETHAZINE HYDROCHLORIDE							
1948M	Injection 50 mg in 2 mL	10	..	..	*13.33	14.10	BL	
	PROMETHAZINE THEOCLATE							
3049L	Tablet 25 mg	30	1	..	8.26	9.03	Avomine	MB
	PROPANTHELINE BROMIDE **Restricted benefit.** ***Chronic neurogenic incontinence of urine.***							
1953T	***Tablet 15 mg***	***200***	***2***	***..***	****10.21***	***10.98***	***Pro-Banthine***	***SR***
	PROPRANOLOL HYDROCHLORIDE							
2565B	Tablet 10 mg	100	5	.. 2.00	5.16 7.16	5.93 5.93	Deralin 10 Inderal	AF IC
2566C	Tablet 40 mg	100	5	.. 2.00	6.50 8.50	7.27 7.27	Deralin 40 Inderal	AF IC
2899N	Tablet 160 mg	50	5	.. 2.00	7.99 9.99	8.76 8.76	[a] Deralin 160 [a] Inderal	AF IC
2830Y	Injection 1 mg in 1 mL	5	..	..	*19.82	16.00	Inderal	IC
	PROPYLTHIOURACIL							
1955X	Tablet 50 mg	200	2	..	*23.45	16.00	JC	
	PROTAMINE SULFATE							
1957B	Injection 10 mg per mL (1%), 10 mL	6	..	..	30.04	16.00	BT	

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
	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.						
2563X	*Powder 425 g*	*2*	*20*	*..*	**31.71*	*16.00*	*Nutramigen MJ*
	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE						
	Restricted benefit.						
	Phenylketonuria.						
3055T	*Powder 500 g*	*8*	*5*	*..*	**1305.75*	*16.00*	*XP Albumaid SB*
	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE						
	Restricted benefit.						
	Tyrosinaemia.						
3057X	*Powder 200 g*	*20*	*5*	*..*	**1541.15*	*16.00*	*Albumaid XPXT 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	
	PYRANTEL EMBONATE							
3047J	Tablet 125 mg (base)	6	..	..	5.41	6.18	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	6.86	7.63	Anthel 250	AF
	PYRIDOSTIGMINE BROMIDE							
2724J	Tablet 10 mg	100	2	..	13.16	13.93	Mestinon	RO
1959D	Tablet 60 mg	100	2	..	29.55	16.00	Mestinon	RO
2608G	Tablet 180 mg (sustained release)	100	1	..	79.65	16.00	Mestinon	RO
	PYRIDOXINE HYDROCHLORIDE **Restricted benefit.** ***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***	..	..	***7.18***	***7.95***	***FM***	
	PYRIDOXINE HYDROCHLORIDE							
1961F	Injection 50 mg in 1 mL	5	1	..	8.08	8.85	FM	
	PYRIMETHAMINE							
1966L	Tablet 25 mg	50	..	..	11.96	12.73	Daraprim	BW
	QUINAPRIL HYDROCHLORIDE **Restricted benefit.** ***Mild to moderate hypertension.***							
1968N	***Tablet 5 mg (base)***	***30***	***5***	..	***22.27***	***16.00***	***Accupril Asig***	***PD SI***
1969P	***Tablet 10 mg (base)***	***30***	***5***	..	***29.47***	***16.00***	***Accupril Asig***	***PD SI***
1970Q	***Tablet 20 mg (base)***	***30***	***5***	..	***35.19***	***16.00***	***Accupril Asig***	***PD SI***
	QUINETHAZONE							
2337B	Tablet 50 mg	100	1	..	10.20	10.97	Aquamox	LE
	QUINIDINE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
2623C	Tablet 250 mg (sustained release)	100	5	..	21.24	16.00	Kinidin Durule	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	
	QUININE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
1972T	Tablet 300 mg	50	2	..	9.54	10.31	Myoquin Quinbisul	FM AF
				0.06	9.60	10.31	Biquin	NN
				0.55	10.09	10.31	Bi-Quinate	RR
	QUININE SULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.54	10.31	[a] Quinoctal [a] Quinsul	FM AF
				0.06	9.60	10.31	Adaquin	NN
				0.55	10.09	10.31	[a] Quinate	RR
	RAMIPRIL **Restricted benefit.** ***Mild to moderate hypertension.***							
1944H	***Capsule 1.25 mg***	***28***	***5***	..	***21.04***	***16.00***	***Ramace 1.25 mg*** ***Tritace 1.25 mg***	***AP*** ***HP***
1945J	***Capsule 2.5 mg***	***28***	***5***	..	***27.75***	***16.00***	***Ramace 2.5 mg*** ***Tritace 2.5 mg***	***AP*** ***HP***
1946K	***Capsule 5 mg***	***28***	***5***	..	***33.09***	***16.00***	***Ramace 5 mg*** ***Tritace 5 mg***	***AP*** ***HP***
	RANITIDINE HYDROCHLORIDE							
1978D	Tablet 150 mg (base)	60	2	..	34.73	16.00	Zantac	GL
1979E	Dispersible tablet 150 mg (base)	60	2	..	34.73	16.00	Zantac Dispersible	GL
1977C	Tablet 300 mg (base)	30	1	..	34.73	16.00	Zantac	GL
	RIFAMPICIN **Authority required.** ***Leprosy in adults.***							
1982H	***Capsule 150 mg***	***100***	..	..	***34.91***	***16.00***	***Rimycin 150***	***AF***
1983J	***Capsule 300 mg***	***100***	..	..	***66.09***	***16.00***	***Rimycin 300***	***AF***

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	
	RIFAMPICIN—cont.							
	Restricted benefit.							
	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***	***..***	***..***	***7.91***	***8.68***	***Rimycin 150***	***AF***
1984K	***Capsule 300 mg***	***10***	***..***	***..***	***11.02***	***11.79***	***Rimycin 300***	***AF***
	ROXITHROMYCIN							
	Restricted benefit.							
	Lower respiratory tract infections.							
1760P	***Tablet 150 mg***	***10***	***1***	***..***	***11.78***	***12.55***	[a] ***Biaxin*** [a] ***Rulide***	***SI RL***
	SALBUTAMOL							
3087L	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	5	..	*9.25	10.02	[a] Asmol	AF
				0.60	*9.85	10.02	[a] Ventolin	GL
	SALBUTAMOL SULFATE							
	Restricted benefit.							
	Patients unable to achieve co-ordinated use of other metered dose inhalers containing salbutamol or salbutamol sulfate.							
2044L	***Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses)***	***‡1***	***5***	***..***	***26.63***	***16.00***	***Respolin in the Autohaler***	***MM***
	SALBUTAMOL SULFATE							
1098T	Tablet 4 mg (base)	100	5	..	11.45	12.22	Ventolin	GL
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	8.92	9.69	Ventolin	GL
1099W	Capsule 200 micrograms (base) (oral inhalation)	200	5	..	*19.65	16.00	Ventolin Rotacaps	GL
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	..	*28.29	16.00	Respax 2.5 Sterinebs	DW
				0.62	*28.91	16.00	Ventolin Nebules	GL
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	..	*29.69	16.00	Respax 5 Sterinebs	DW
				0.62	*30.31	16.00	Ventolin Nebules	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	
	SALBUTAMOL SULFATE—cont.							
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	..	*12.39	13.16	Respax	DW
							Respolin	MM
				1.10	*13.49	13.16	Ventolin	GL
1096Q	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses)	2	5	..	*10.35	11.12	Respolin	MM
1097R	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	‡1	5	..	9.40	10.17	Respolin	MM
	SELEGILINE HYDROCHLORIDE ***See Special Pharmaceutical Benefits***							
	SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE **Restricted benefit.** ***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*	..	..	*10.98*	*11.75*	*Silvazine*	*SN*
1997D	*Cream 10 mg–2 mg per g (1%–0.2%), 100 g*	*‡1*	..	..	*13.27*	*14.04*	*Silvazine*	*SN*
	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*	..	*33.09*	*16.00*	*[a] Lipex 5*	*AD*
							[a] Zocor	*MK*
2011W	*Tablet 10 mg*	*30*	*5*	..	*45.66*	*16.00*	*[a] Lipex 10*	*AD*
							[a] Zocor	*MK*
2012X	*Tablet 20 mg*	*30*	*5*	..	*63.50*	*16.00*	*[a] Lipex 20*	*AD*
							[a] Zocor	*MK*

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 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***	***..***	***26.08***	***16.00***	***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	..	*10.79	11.56	Gaviscon P	RC
	SODIUM AUROTHIOMALATE							
2016D	Injection 10 mg	10	..	..	42.47	16.00	Myocrisin	MB
2017E	Injection 20 mg	10	1	..	62.93	16.00	Myocrisin	MB
2018F	Injection 50 mg	10	1	..	98.35	16.00	Myocrisin	MB
	SODIUM CELLULOSE PHOSPHATE **Authority required.** ***Hypercalciuria (urine calcium in excess of 8 mmol per 24 hours within the last three years) in the presence of documented sarcoidosis; 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***	***..***	***129.81***	***16.00***	***Calcisorb***	***MM***
	SODIUM CHLORIDE							
2024M	Injection 9 mg per mL (0.9%), 2 mL	5	1	..	7.71	8.48	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	9.47	10.24	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	9.73	10.50	AP	
2264E	I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*13.10	13.87	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*9.93	10.70	BX	
	SODIUM CHLORIDE with GLUCOSE							
2281C	I.V. infusion 31 mmol–222 mmol (anhydrous) per L (0.18%–4%), 1 L	5	1	..	*13.10	13.87	BX	
2279Y	I.V. infusion 19 mmol–104 mmol (anhydrous) per 500 mL (0.225%–3.75%), 500 mL	5	1	..	*16.50	16.00	BX	

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 CHLORIDE with GLUCOSE—cont.							
2278X	I.V. infusion 39 mmol–69 mmol (anhydrous) per 500 mL (0.45%–2.5%), 500 mL	5	1	..	*16.50	16.00	BX	
2271M	I.V. infusion 154 mmol–278 mmol (anhydrous) per L (0.9%–5%), 1 L	2	1	..	*9.93	10.70	BX	
	SODIUM CHLORIDE COMPOUND							
2266G	I.V. infusion 1 L	4	1	..	*15.63	16.00	BX	
	SODIUM CITRO-TARTRATE							
2656T	Sachets containing oral effervescent powder 3.7 g, 25	‡1	4	..	7.38	8.15	Citralite	FC
2658X	Sachets containing oral effervescent powder 4 g, 25	‡1	4	..	7.38	8.15	Citravescent Sachets	FC
2657W	Sachets containing oral effervescent powder 4 g, 25	‡1	4	..	7.38	8.15	Ural Sachets	AB
	SODIUM CROMOGLYCATE **Authority required.** ***Vernal kerato-conjunctivitis.***							
1127H	***Eye drops 20 mg per mL (2%), 10 mL***	***‡1***	***5***	***..***	***12.00***	***12.77***	***Opticrom***	***FC***
	SODIUM CROMOGLYCATE							
2878L	Capsule 20 mg (oral inhalation)	100	5	..	27.60	16.00	Intal Spincaps	FC
1124E	Nebuliser solution 20 mg per 2 mL, ampoule	120	3	..	*54.99	16.00	Intal	FC
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	24.56	16.00	Intal	FC
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	26.58	16.00	Intal Forte	FC
	SODIUM LACTATE COMPOUND							
2286H	I.V. infusion 1 L	5	1	..	*13.10	13.87	BX	
	SODIUM LACTATE COMPOUND with ANHYDROUS GLUCOSE							
2288K	I.V. infusion with 278 mmol per L (5%), 1 L	2	1	..	*9.93	10.70	BX	
	SODIUM NITROPRUSSIDE							
1100X	I.V. infusion 50 mg	10	..	..	54.32	16.00	BL	
	SODIUM VALPROATE **CAUTION:** There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).							
2294R	Crushable tablet 100 mg	200	2	..	*28.67	16.00	Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	..	*36.75	16.00	[a] Valpro 200	AF
				0.60	*37.35	16.00	[a] Epilim EC	RC

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 VALPROATE—cont.							
2290M	Tablet 500 mg (enteric coated)	200	2	.. 0.60	*68.65 *69.25	16.00 16.00	[a] Valpro 500 [a] Epilim EC	AF RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*31.91	16.00	Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*31.91	16.00	Epilim Syrup	RC
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE **Restricted benefit.** ***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;*** ***Patients who are receiving long-term nursing care in hospitals and nursing homes;*** ***Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** ➤***Patients receiving palliative care;*** ➤***Terminal malignant neoplasia;*** ***Anorectal congenital abnormalities;*** ***Megacolon.***							
2091C	***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12***	***2***	***2***	***..***	****27.19***	***16.00***	***Microlax***	***PS***
	SOTALOL HYDROCHLORIDE **Authority required.** ***Treatment of severe refractory cardiac arrhythmias.***							
2043M	***Tablet 160 mg***	***60***	***5***	***..***	***32.30***	***16.00***	***[a] Cardol*** ***[a] Sotacor***	***AF*** ***AP***
	SPECTINOMYCIN							
3090P	Injection 2 g with 3.2 mL diluent	1	..	..	14.31	15.08	Trobicin	UP
	SPIRONOLACTONE **CAUTION:** ***Serum electrolytes should be checked regularly.*** **Restricted benefit.** ***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***	***..***	***12.57***	***13.34***	***Aldactone***	***SR***
2340E	***Tablet 100 mg***	***100***	***5***	***..***	***35.60***	***16.00***	***Aldactone***	***SR***

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	
	STERCULIA							
	(Indian Tragacanth; Gum Karaya)							
	Restricted benefit.							
	For colostomy and ileostomy use.							
2258W	***Paste 127.6 g***	‡1	..	..	*14.07*	*14.84*	***Karaya Paste***	***HO***
2259X	***Powder 71 g***	‡1	..	..	*11.34*	*12.11*	***SN***	
	STERCULIA with FRANGULA BARK							
	Restricted benefit.							
	➤***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;***							
	Patients who are receiving long-term nursing care in hospitals and nursing homes;							
	Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;							
	➤***Patients receiving palliative care;***							
	Terminal malignant neoplasia;							
	➤***Anorectal congenital abnormalities;***							
	➤***Megacolon.***							
1102B	***Granules 473 mg–83 mg per g (47.3%–8.3%), 250 g***	*2*	*1*	..	**22.23*	*16.00*	***Granocol***	***SC***
1104D	***Granules 620 mg–80 mg per g (62%–8%), 500 g***	‡1	*1*	..	*19.63*	*16.00*	***Normacol Plus***	***NE***
	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) (codes 6807G, 6808H, 6809J, 6810K, 6811L, 6812M apply to above item with approved solvents)***	*2*	..	..	**227.15*	*16.00*	[a] ***Kabikinase*** [a] ***Streptase***	***PS*** ***HP***
2905X	***Injection 1,500,000 i.u. (solvent required) (codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)***	*1*	..	..	*201.09*	*16.00*	[a] ***Kabikinase*** [a] ***Streptase***	***PS*** ***HP***
	SUCRALFATE							
2056F	Tablet 1 g (hydrous)	120	2	..	22.45	16.00	SCF	SR
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	..	22.45	16.00	[a] Ulcyte	AF
				1.65	24.10	16.00	[a] Carafate	BT
	SULFACETAMIDE SODIUM							
2063N	Eye drops 100 mg per mL (10%), 15 mL	‡1	2	..	7.89	8.66	Acetopt	SI
				0.59	8.48	8.66	Bleph 10	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	
	SULFAMETHIZOLE							
2084Q	Tablet 500 mg	40	2	..	11.45	12.22	Urolucosil	WW
2081M	Tablet 1 g	20	2	..	11.45	12.22	Urolucosil	WW
	SULFASALAZINE **Restricted benefit.** ***Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.***							
2093E	***Tablet 500 mg***	***200***	***5***	***..***	***36.68***	***16.00***	***Ulcol***	***AF***
				..	****36.69***	***16.00***	***Salazopyrin***	***PS***
2096H	***Tablet 500 mg (enteric coated)***	***200***	***5***	***..***	****42.75***	***16.00***	***Salazopyrin-EN***	***PS***
	SULFINPYRAZONE **Restricted benefit.** ***Glomerulonephritis; Gout; Renal transplantation.***							
2094F	***Tablet 100 mg***	***100***	***5***	***..***	***30.05***	***16.00***	***Anturan***	***CG***
	SULINDAC **Restricted benefit.** ***Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.***							
2047R	***Tablet 100 mg***	***100***	***3***	***..***	****13.87***	***14.64***	***[a] Aclin***	***AF***
				1.02	****14.89***	***14.64***	***[a] Clinoril***	***FR***
2048T	***Tablet 200 mg***	***50***	***3***	***..***	***13.76***	***14.53***	***[a] Aclin 200***	***AF***
				0.55	***14.31***	***14.53***	***[a] Clinoril 200***	***FR***
	SULINDAC							
2049W	Tablets 100 mg, 20	‡1	..	..	6.17	6.94	Aclin	AF
2050X	Tablets 200 mg, 10	‡1	..	..	6.28	7.05	Aclin 200	AF
	SULTHIAME							
2099L	Tablet 50 mg	200	2	..	20.10	16.00	Ospolot	BN
2100M	Tablet 200 mg	200	2	..	42.66	16.00	Ospolot	BN
	SURGICAL CEMENT **Restricted benefit.** ***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***	***..***	***11.12***	***11.89***	***SN***	

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	
	SURGICAL CEMENT SOLVENT							
	Restricted benefit.							
	For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.							
2467W	*Liquid 237 mL*	*‡1*	*2*	*..*	*8.08*	*8.85*	*Unisolve*	*SN*
2469Y	*Liquid 240 mL*	*‡1*	*2*	*..*	*8.15*	*8.92*	*Sacsol*	*EG*
2472D	*Liquid 250 mL*	*‡1*	*2*	*..*	*8.48*	*9.25*	*Sacsol Non Flammable*	*EG*
	TAMOXIFEN CITRATE							
	Restricted benefit.							
	Breast cancer.							
2109B	*Tablet 10 mg (base)*	*60*	*5*	*..*	*60.95*	*16.00*	*[a] Genox 10*	*AF*
				1.02	**61.97*	*16.00*	*[a] Nolvadex*	*IC*
2110C	*Tablet 20 mg (base)*	*60*	*5*	*..*	*100.55*	*16.00*	*[a] Genox 20*	*AF*
				1.02	**101.57*	*16.00*	*[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.							
2088X	*Tablet 10 mg*	*50*	*5*	*1.40*	**9.15*	*8.52*	*[a] Normison*	*WY*
2105T	*Capsule 10 mg*	*50*	*5*	*..*	**7.75*	*8.52*	*Euhypnos*	*FE*
							[a] Temaze 10	*AF*
				1.40	**9.15*	*8.52*	*[a] Normison*	*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	
	TEMAZEPAM—cont.							
2089Y	Tablet 10 mg	25	..	0.70	6.45	6.52	[a] Normison	WY
2108Y	Capsule 10 mg	25	..	..	5.75	6.52	Euhypnos	FE
							[a] Temaze 10	AF
				0.70	6.45	6.52	[a] Normison	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-ferm 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.							
	TENOXICAM **Restricted benefit.** ***Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.***							
2104R	***Tablet 10 mg***	***50***	***3***	..	***12.67***	***13.44***	***Tilcotil***	***RO***
	TERBUTALINE SULFATE							
1028D	Tablet 5 mg	100	5	..	11.45	12.22	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	6.85	7.62	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	7.71	8.48	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	7.84	8.61	Bricanyl	AP
1251W	Nebuliser solution single dose units 5 mg in 2 mL, 30	2	5	..	*31.47	16.00	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	11.51	12.28	Bricanyl	AP
1240G	Oral pressurised inhalation 250 micrograms per dose (400 doses)	‡1	5	..	9.40	10.17	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.06	15.83	Bricanyl Turbuhaler	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	
	TESTOSTERONE ENANTHATE							
	Restricted benefit.							
	Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).							
2114G	***Injection 250 mg in 1 mL***	***3***	***3***	***..***	***24.46***	***16.00***	***Primoteston Depot***	***SC***
	TESTOSTERONE ESTERS							
	Restricted benefit.							
	Gigantism; Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).							
2670M	***Injection 100 mg***	***3***	***3***	***..***	***13.28***	***14.05***	***Sustanon "100"***	***OR***
2101N	***Injection 250 mg***	***3***	***3***	***..***	***24.06***	***16.00***	***Sustanon "250"***	***OR***
	TESTOSTERONE UNDECANOATE							
	Restricted benefit.							
	Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.							
2115H	***Capsule 40 mg***	***60***	***5***	***..***	***31.80***	***16.00***	***Andriol***	***OR***
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.14	16.00	CS	
	TETRABENAZINE							
	Restricted benefit.							
	Chorea not adequately controlled by other drug therapy.							
1330B	***Tablet 25 mg***	***100***	***2***	***..***	***20.69***	***16.00***	***Nitoman***	***RO***

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	
	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***	***..***	****70.80***	***16.00***	***Synacthen Depot 1***	***CG***
	TETRACYCLINE HYDROCHLORIDE							
	Restricted benefit.							
	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***	***..***	***8.39***	***9.16***	***Achromycin***	***LE***
	TETRACYCLINE HYDROCHLORIDE							
2134H	Capsule 250 mg	25	1	..	6.07	6.84	Achromycin	LE
2143T	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	5.82	6.59	Latycin	BZ
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
	Restricted benefit.							
	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***	***..***	****8.39***	***9.16***	***Achromycin V***	***LE***
							Mysteclin-250	***BQ***
				1.30	****9.69***	***9.16***	***Tetrex***	***AP***
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
2145X	Capsule 250 mg	25	1	..	6.07	6.84	Achromycin V	LE
							Mysteclin-250	BQ
				0.65	6.72	6.84	Tetrex	AP

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	THEOPHYLLINE **CAUTION:** 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	..	5.94	6.71	Nuelin Paediatric	MM
1143E	Tablet 125 mg	100	5	..	6.72	7.49	Nuelin	MM
2615P	Tablet 200 mg	100	5	..	7.38	8.15	Nuelin	MM
2632M	Tablet 200 mg (sustained release)	100	5	..	9.43	10.20	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	10.57	11.34	Nuelin-S.R. 250	MM
2633N	Tablet 300 mg (sustained release)	100	5	..	11.45	12.22	Theo-Dur	AP
2619W	Capsule 50 mg (containing sustained release beads)	100	5	..	8.98	9.75	Nuelin-Sprinkle Slo-bid	MM MB
2620X	Capsule 100 mg (containing sustained release beads)	100	5	..	11.01	11.78	Nuelin-Sprinkle Slo-bid	MM MB
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	10.68	11.45	Austyn	FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	11.95	12.72	Austyn	FA
2540Q	Capsule 300 mg (containing sustained release pellets)	100	5	..	12.88	13.65	Austyn	FA
2613M	Elixir 80 mg per 15 mL, 500 mL	‡1	5	..	6.87	7.64	Elixophyllin	SC
2614N	Syrup 80 mg per 15 mL, 500 mL	‡1	5	..	6.87	7.64	Nuelin	MM
	THIABENDAZOLE							
2947D	Tablet 500 mg	16	..	..	11.67	12.44	Mintezol	MK
	THIAMINE HYDROCHLORIDE							
1070H	Tablet 100 mg	100	2	..	6.96	7.73	Betamin Invite-B	RR NN
1065C	Injection 100 mg in 1 mL	5	1	..	7.27	8.04	Beta-Sol	FM
	THIOGUANINE							
1233X	Tablet 40 mg	25	1	..	79.28	16.00	Lanvis	BW

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	
	THIORIDAZINE HYDROCHLORIDE							
	Restricted benefit.							
	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***	..	***6.87***	***7.64***	***Aldazine 10***	***AF***
							Melleril	***SZ***
2359E	***Tablet 25 mg***	***100***	***1***	..	***8.37***	***9.14***	***Aldazine 25***	***AF***
							Melleril	***SZ***
2164X	***Tablet 50 mg***	***100***	***1***	..	***8.74***	***9.51***	***[a] Aldazine 50***	***AF***
				1.50	***10.24***	***9.51***	***[a] Melleril***	***SZ***
2165Y	***Tablet 100 mg***	***100***	***1***	..	***12.29***	***13.06***	***Aldazine 100***	***AF***
							Melleril	***SZ***
2402K	***Oral solution 30 mg (base) per mL, 30 mL***	***‡1***	***4***	..	***10.32***	***11.09***	***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	..	*24.51	16.00	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	..	#20.85	16.00	LE	
	THYROXINE SODIUM							
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	6.59	7.36	Oroxine	BW
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	6.83	7.60	Oroxine	BW
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	9.18	9.95	Oroxine	BW

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	
	TIAPROFENIC ACID							
	NOTE:							
	The recommended maximum dose is 600 mg per day.							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
2102P	***Tablet 200 mg***	***50***	***3***	***..***	***9.49***	***10.26***	***Surgam***	***RL***
2103Q	***Tablet 300 mg***	***50***	***3***	***..***	***12.94***	***13.71***	***Surgam***	***RL***
	TIAPROFENIC ACID							
	NOTE:							
	The recommended maximum dose is 600 mg per day.							
2097J	Tablets 200 mg, 20	‡1	..	..	6.45	7.22	Surgam	RL
2098K	Tablets 300 mg, 10	‡1	..	..	6.45	7.22	Surgam	RL
	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***	***..***	***..***	****57.39***	***16.00***	***[a] Tarcil*** ***[a] Ticillin***	***SK*** ***CS***
2176M	***Injection 3 g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)***	***10***	***..***	***..***	****122.81***	***16.00***	***[a] Tarcil*** ***[a] Ticillin***	***SK*** ***CS***

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	
	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***	..	..	***146.20***	***16.00***	***Timentin***	**SK**
	TICLOPIDINE HYDROCHLORIDE							
	CAUTION:							
	Severe neutropenia is common in the early months of therapy. Haematological monitoring should be undertaken at commencement and every two weeks in the first four months of therapy.							
	NOTE:							
	Ticlopidine hydrochloride is not available under the 'urgent supply' mechanism.							
	Authority required.							
	Patients at high risk of thrombo-embolic stroke following ischaemic cerebrovascular disturbance who are proven intolerant of low-dose aspirin (e.g. 150 mg per day).							
2095G	***Tablet 250 mg***	***60***	**5**	..	***164.04***	***16.00***	***Ticlid***	**SD**
	TIMOLOL MALEATE							
	CAUTION:							
	Timolol eye drops may precipitate bronchospasm in susceptible patients.							
1281K	Tablet 5 mg	100	5	..	10.85	11.62	Blocadren	FR
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	10.59	11.36	Tenopt Timoptol	SI FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	11.45	12.22	Tenopt Timoptol	SI FR

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	
	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE **CAUTION:** Eye drops containing timolol may precipitate bronchospasm in susceptible patients.							
2664F	Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	17.41	16.00	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	19.74	16.00	Timpilo 4	MK
	TINIDAZOLE							
1465D	Tablet 500 mg	4	..	..	6.57	7.34	Fasigyn	PF
	TOBRAMYCIN **Restricted benefit.** ***Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.***							
2328M	***Eye drops 3 mg per mL (0.3%), 5 mL***	***‡1***	***2***	..	***13.03***	***13.80***	***Tobrex***	***AQ***
2329N	***Eye ointment 3 mg per g (0.3%), 3.5 g***	***‡1***	..	..	***13.03***	***13.80***	***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***	..	..	****34.95***	***16.00***	***Nebcin***	***LY***
	TOLBUTAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2178P	Tablet 500 mg	200	2	..	*14.87	15.64	Rastinon	HP
2607F	Tablet 1 g	100	5	..	14.87	15.64	Rastinon	HP
	TRANEXAMIC ACID **Restricted benefit.** ***Hereditary angio-oedema.***							
2180R	***Tablet 500 mg***	***100***	***2***	..	***44.01***	***16.00***	***Cyklokapron***	***PS***

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	TRANYLCYPROMINE SULFATE							
	CAUTION:							
	This drug is a monoamine oxidase inhibitor.							
	Restricted benefit.							
	Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy;							
	Phobic states.							
2444P	***Tablet 10 mg (base)***	***50***	***2***	***..***	***8.68***	***9.45***	***Parnate***	***SK***
	TRIAMCINOLONE ACETONIDE							
	Restricted benefit.							
	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***	***..***	***..***	***22.19***	***16.00***	***Kenacort-A10***	***BQ***
	TRIAMCINOLONE ACETONIDE							
2117K	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.07	10.84	Aristocort 0.02%	LE
							Kenalone 0.02%	BQ
2125W	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.59	6.36	Aristocort 0.05%	LE
							Kenalone	BQ
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.07	10.84	Aristocort 0.02%	LE
							Kenalone 0.02%	BQ
2126X	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.59	6.36	Aristocort 0.05%	LE
							Kenalone	BQ

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	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	..	5.66	6.43	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	..	5.44	6.21	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	..	5.44	6.21	Kenacomb Otic	BQ
	TRIAMTERENE **CAUTION:** Serum electrolytes should be checked regularly.							
2342G	Tablet 100 mg	100	1	..	*11.23	12.00	Dytac	SK
	TRIFLUOPERAZINE HYDROCHLORIDE **Restricted benefit.** ***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***	..	***6.94***	***7.71***	***Stelazine***	***SK***
2386N	***Tablet 2 mg (base)***	***100***	***1***	..	***7.20***	***7.97***	***Stelazine***	***SK***
2186C	***Tablet 5 mg (base)***	***100***	***1***	..	***7.60***	***8.37***	***Stelazine***	***SK***

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	TRIGLYCERIDES, MEDIUM CHAIN							
	Authority required.							
	Chyloascites;							
	Chylothorax;							
	Patients requiring a ketogenic diet for intractable childhood epilepsy;							
	Proven malabsorption.							
2686J	*Compound powder 454 g*	*2*	*20*	*..*	**27.43*	*16.00*	*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*	*..*	**27.49*	*16.00*	*Alfaré*	*NT*
2679B	*Protein hydrolysate compound powder 454 g*	*2*	*20*	*..*	**36.75*	*16.00*	*Pregestimil*	*MJ*
	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.							

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	
	TRIGLYCERIDES, MEDIUM CHAIN—cont.							
3128P	***Oil 500 mL***	***2***	***5***	***..***	****36.75***	***16.00***	***NU***	
3129Q	***Oil 1 L***	***‡1***	***5***	***..***	***36.75***	***16.00***	***MJ***	
	NOTE: ***Authorities will be limited to the maximum quantity and repeats shown in this schedule.***							
	TRIMETHOPRIM							
2922T	Tablet 300 mg	7	1	..	6.56	7.33	[a] Alprim	AF
				0.49	7.05	7.33	[a] Triprim	BW
2925Y	Paediatric oral suspension 50 mg per 5 mL, 105 mL	‡1	1	..	7.05	7.82	Triprim	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	..	..	6.81	7.58	Bactrim	RO
							[a] Resprim	AF
							[a] Septrin	BW
2951H	Tablet 160 mg–800 mg	10	..	..	7.82	8.59	Bactrim DS	RO
							[a] Resprim Forte	AF
							[a] Septrin Forte	BW
3103H	Oral suspension 40 mg–200 mg per 5 mL, 100 mL	‡1	1	..	7.33	8.10	Bactrim	RO
							[a] Resprim	AF
							[a] Septrin	BW
	TRIMIPRAMINE MALEATE							
2969G	Capsule 50 mg (base)	50	2	..	6.57	7.34	Surmontil	MB
	TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed							
	UREA							
1293C	Cream 100 mg per g (10%), 100 g	‡1	2	..	7.46	8.23	Aquacare H.P.	AG
							Calmurid	OL
							Nutraplus	GA
							Urederm	HA
				1.72	9.18	8.23	Aquadrate	PY

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	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*	*..*	*221.75*	*16.00*	*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*	*..*	*423.75*	*16.00*	*Metrodin 150*	*SG*
	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*	*..*	*..*	**255.09*	*16.00*	*Vancocin*	*LY*
3114X	*Capsule 250 mg (250,000 i.u.) vancomycin activity*	*40*	*..*	*..*	**493.75*	*16.00*	*Vancocin*	*LY*

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	
	VANCOMYCIN—cont.							
	Authority required.							
	Treatment where less costly alternative therapy is inappropriate for:							
	Endophthalmitis;							
	Use initiated 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***	..	..	****132.05***	***16.00***	***Vancocin***	***LY***
	Restricted benefit.							
	Prophylaxis of endocarditis in patients hypersensitive to penicillin.							
3130R	***Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6765C, 6766D, 6767E, 6768F, 6769G, 6770H apply to above item with approved solvents)***	***2***	..	..	****55.07***	***16.00***	***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	.. 1.00	10.53 11.53	11.30 11.30	[a] Anpec 40 [a] Cordilox [a] Isoptin	AF SC KN
1250T	Tablet 80 mg	100	5	.. 0.99	15.78 16.77	16.00 16.00	[a] Anpec 80 [a] Cordilox [a] Isoptin	AF SC KN
1254B	Tablet 120 mg	100	5	..	22.38	16.00	[a] Cordilox [a] Isoptin	SC KN
1253Y	Tablet 160 mg	60	5	..	19.76	16.00	[a] Cordilox [a] Isoptin	SC KN
1241H	Tablet 240 mg (sustained release)	30	5	..	16.70	16.00	[a] Cordilox SR [a] Isoptin SR	SC KN
2206D	Capsule 160 mg (sustained release)	60	5	..	19.76	16.00	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	16.70	16.00	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	8.81	9.58	[a] Cordilox [a] Isoptin	SC KN

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	VIDARABINE							
	Restricted benefit.							
	Eye infections caused by herpes simplex virus.							
2570G	***Eye ointment 30 mg per g (3%), 3.5 g***	***‡1***	***..***	***..***	***23.88***	***16.00***	***Vira A***	***PD***
	VIGABATRIN							
	Authority required.							
	Treatment of severe epilepsy which is not controlled satisfactorily by other anti-epileptic drugs.							
2667J	***Tablet 500 mg***	***120***	***5***	***..***	***141.25***	***16.00***	***Sabril***	***ML***
	VINBLASTINE SULFATE							
2198Q	Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*41.45	16.00	Velbe	LY
2199R	Injection set containing 10 mg and 10 mL solvent	2	..	..	*44.85	16.00	BL	
	VINCRISTINE SULFATE							
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*167.85	16.00	[a] Oncovin [a] BL	LY
2372W	Injection set containing 5 mg and 10 mL solvent	1	..	..	73.26	16.00	BL	
	WARFARIN							
2843P	Tablet 1 mg	50	2	..	6.59	7.36	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	6.76	7.53	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	6.93	7.70	Marevan	BA
2211J	Tablet 5 mg	50	2	..	6.93	7.70	Coumadin Marevan	BT BA
	WATER FOR INJECTIONS, STERILISED							
2216P	Injection 2 mL	5	3	..	7.93	8.70	AP	
2217Q	Injection 5 mL	5	3	..	9.14	9.91	AP	
2218R	Injection 10 mL	5	3	..	10.24	11.01	AP	
	WOOL ALCOHOLS							
2219T	Ointment 100 g	‡1	1	..	6.34	7.11	Eucerin	SN
	ZINC OXIDE							
2984C	Compound ointment 50 g	‡1	1	..	8.92	9.69	Anusol	WW
1122C	Compound suppositories, 12	‡1	1	..	8.24	9.01	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	..	8.88	9.65	Prefrin-Z Zincfrin	AG AQ

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	AMOXYCILLIN							
3303W	Chewable tablet 250 mg	20	..	..	7.96	8.73	[a] Amoxil	SK
							[a] Moxacin	CS
3301R	Capsule 250 mg	20	..	..	7.17	7.94	[a] Alphamox 250	AF
							[a] Cilamox	SI
							[a] Fisamox 250	FC
				0.38	7.55	7.94	[a] Moxacin	CS
				0.43	7.60	7.94	[a] Amoxil	SK
3300Q	Capsule 500 mg	20	..	..	10.48	11.25	[a] Alphamox 500	AF
							[a] Cilamox	SI
							[a] Fisamox 500	FC
				0.53	11.01	11.25	[a] Amoxil	SK
				0.55	11.03	11.25	[a] Moxacin	CS
3309E	Sachet containing oral powder 3 g	1	..	..	7.81	8.58	[a] Amoxil	SK
							[a] Moxacin	CS
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#8.58	9.69	[a] Alphamox 125	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.22	#8.80	9.69	[a] Moxacin	CS
				0.23	#8.81	9.69	[a] Amoxil	SK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#9.90	11.01	[a] Alphamox 250	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.33	#10.23	11.01	[a] Moxacin 250	CS
				0.36	#10.26	11.01	[a] Amoxil Forte	SK
	AMPHOTERICIN							
3306B	Lozenge 10 mg	20	..	..	6.25	7.02	Fungilin	BQ
	AMPICILLIN							
3312H	Injection 250 mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents)	5	..	..	8.01	8.78	Austrapen	CS
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents)	5	..	..	9.95	10.72	[a] Ampicyn	FC
							[a] Austrapen	CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R apply to above item with approved solvents)	5	..	..	13.91	14.68	[a] Ampicyn	FC
							[a] Austrapen	CS

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	BENZYLPENICILLIN							
3397T	Injection 300 mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents)	5	..	..	10.68	11.45	CS	
3398W	Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents)	5	..	..	11.89	12.66	CS	
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents)	5	..	..	24.98	16.00	CS	
	CEPHALEXIN							
3317N	Capsule 250 mg	20	..	..	7.55	8.32	[a] Ibilex 250	AF
				0.79	8.34	8.32	Ceporex	GL
				1.11	8.66	8.32	[a] Keflex	LY
3318P	Capsule 500 mg	20	..	..	10.57	11.34	[a] Ibilex 500	AF
				0.80	11.37	11.34	Ceporex	GL
				1.11	11.68	11.34	[a] Keflex	LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#10.13	11.24	[a] Ibilex 125	AF
				1.02	#11.15	11.24	Ceporex	GL
				1.11	#11.24	11.24	[a] Keflex	LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#12.33	13.44	[a] Ibilex 250	AF
				1.02	#13.35	13.44	Ceporex	GL
				1.11	#13.44	13.44	[a] Keflex	LY
	CEPHALOTHIN							
3376Q	Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y apply to above item with approved solvents)	5	..	..	*23.35	16.00	Keflin Neutral	LY
	CODEINE PHOSPHATE with ASPIRIN							
3315L	Tablet 30 mg–325 mg	20	..	..	6.28	7.05	Codral Forte	BW
	CODEINE PHOSPHATE with PARACETAMOL							
3316M	Tablet 30 mg–500 mg	20	..	..	6.40	7.17	[a] Dymadon Forte	BW
							[a] Panadeine Forte Caplets	WL
	DOXYCYCLINE							
3321T	Tablet 100 mg	7	..	..	6.56	7.33	Doxylin 100	AF
				0.71	7.27	7.33	[a] Vibramycin	PF
3322W	Capsule 100 mg	7	..	0.70	7.26	7.33	[a] Doryx	FA
	ERYTHROMYCIN							
3324Y	Tablet 250 mg	25	..	..	7.01	7.78	EMU-V	UP
3329F	Capsule 125 mg	25	..	..	6.76	7.53	Eryc	FA

continued ☛

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	ERYTHROMYCIN—cont.							
3326C	Capsule 175 mg	25	..	..	7.01	7.78	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.34	9.11	Eryc	FA
	ERYTHROMYCIN ESTOLATE							
3331H	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	6.71	7.48	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	7.91	8.68	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE							
3336N	Tablet 400 mg (base)	25	..	..	8.34	9.11	E.E.S. 400 Filmtab	AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#9.91	11.02	E.E.S. 200	AB
	ERYTHROMYCIN STEARATE							
3328E	Tablet 250 mg (base)	25	..	..	7.01	7.78	Erythrocin Filmtab	AB
3330G	Capsule 250 mg (base)	25	..	..	7.01	7.78	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	7.91	8.68	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	9.80	10.57	Erythrocin	AB
	METRONIDAZOLE							
3339R	Tablet 200 mg	21	..	..	5.84	6.61	[a] Metrogyl 200	AF
							Metrozine	SR
				1.21	7.05	6.61	[a] Flagyl	MB
	NYSTATIN							
3342X	Tablet 500,000 units	25	..	..	*8.11	8.88	Nilstat	LE
				0.55	*8.66	8.88	Mycostatin	BQ
3344B	Lozenge 100,000 units	20	..	..	6.25	7.02	Nilstat	LE
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	6.94	7.71	Mycostatin	BQ
							Nilstat	LE
	PARACETAMOL							
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	6.93	7.70	Dymadon	BW
							Panamax	WL
	PHENOXYMETHYLPENICILLIN							
3359T	Tablet 125 mg	25	..	..	6.71	7.48	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	25	..	..	6.86	7.63	Abbocillin-VK Filmtab	AB
							PVK	LY
3361X	Tablet 500 mg	25	..	..	8.48	9.25	Abbocillin-VK Filmtab	AB
							PVK	LY

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	
	PHENOXYMETHYLPENICILLIN—cont.							
3363B	Capsule 250 mg	25	..	..	6.86	7.63	Abbocillin-VK	AB
							Cilicaine VK	SI
							LPV	CS
							PVK	LY
3364C	Capsule 500 mg	25	..	..	8.48	9.25	Cilicaine VK	SI
							LPV	CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	6.64	7.41	Abbocillin-V	AB
							Cilicaine V	SI
				0.40	7.04	7.41	LPV 125	CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	..	7.29	8.06	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	7.84	8.06	LPV 250	CS
	PROCAINE PENICILLIN							
3370J	Injection 1 g	5	..	..	51.49	16.00	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	51.49	16.00	Cilicaine	SI
	TETRACYCLINE HYDROCHLORIDE							
3383C	Capsule 250 mg	25	..	..	6.07	6.84	Achromycin	LE
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
3386F	Capsule 250 mg	25	..	..	6.07	6.84	Achromycin V	LE
							Mysteclin-250	BQ
				0.65	6.72	6.84	Tetrex	AP
	TRIMETHOPRIM with SULFAMETHOXAZOLE **CAUTION:** There is an increased risk of severe adverse reactions with this combination in the elderly.							
3389J	Tablet 80 mg-400 mg	10	..	..	6.81	7.58	Bactrim	RO
							[a] Resprim	AF
							[a] Septrin	BW
3390K	Tablet 160 mg-800 mg	10	..	..	7.82	8.59	Bactrim DS	RO
							[a] Resprim Forte	AF
							[a] Septrin Forte	BW
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.33	8.10	Bactrim	RO
							[a] Resprim	AF
							[a] Septrin	BW

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	
	VANCOMYCIN							
	Restricted benefit.							
	Prophylaxis of endocarditis in patients hypersensitive to penicillin.							
3323X	***Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6960H, 6961J, 6962K apply to above item with approved solvents)***	***2***	..	..	****55.07***	***16.00***	***Vancocin***	***LY***
	WATER FOR INJECTIONS, STERILISED							
3394P	Injection 2 mL	5	..	..	7.93	8.70	AP	
3395Q	Injection 5 mL	5	..	..	9.14	9.91	AP	
3396R	Injection 10 mL	5	..	..	10.24	11.01	AP	
	NOTE: 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 STANDARD PACK:

Injectables	**150 mL vial**	**$0.53**
Other Items	**25 mL vial**	**$0.19**

(The 25 mL is the most commonly used size)

FEES:

Ready Prepared Dispensing Fee	**$3.75**
Dangerous Drug Fee	**$1.78**
Additional Fee for Agreed Price Ready Prepared Benefits	**$0.77**

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
	EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES			
3486L	Benzylpenicillin	600 mg	5 @ 12.32	CS
3485K	Procaine Penicillin	1.5 g	5 @ 47.74	SI
3470P	Hydrocortisone Sodium Succinate	100 mg set	1 @ 3.08	NR,UP
3461E	Diphtheria and Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 4.68	CS
3462F	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	0.5 mL	1 @ 4.76	CS
3474W	Lignocaine Hydrochloride	100 mg in 5 mL	2 @ 7.26	AP
3482G	Naloxone Hydrochloride	2 mg in 5 mL	1 @ 21.79	CS
3488N	Promethazine Hydrochloride	50 mg in 2 mL	5 @ 4.79	BL
3493W	Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 4.13	CS
	SPECIAL PHARMACEUTICAL BENEFITS			
1211R	Clomiphene Citrate	50 mg	5 @ 15.00 (for reimbursement price) 5 @ 31.08 (for total dispensed price)	ML ML
2334W	Polygeline	17.5 g per 500 mL, 500 mL	1 @ 16.67 (for reimbursement price) 1 @ 19.07 (for total dispensed price)	HP HP
	GENERAL PHARMACEUTICAL BENEFITS			
1003T	Acyclovir	200 mg	25 @ 54.12	BW
2600W	Allopurinol	100 mg	100 @ 4.64	AF
			100 @ 4.88	BW
2604C		300 mg	30 @ 3.05	AF
2601X		100 mg	100 @ 4.64	FM
2603B		300 mg	30 @ 3.05	FM
1029E	Alteplase	50 mg set	1 @ 1074.68	BY
2153H	Aluminium Hydroxide	321 mg per 5 mL, 500 mL	1 @ 3.47	WT
2576N	Aluminium Hydroxide with Magnesium Hydroxide	200 mg-200 mg	100 @ 3.47	PD,WW
2156L		215 mg-80 mg per 5 mL, 500 mL	1 @ 3.47	WT
2157M		200 mg-200 mg per 5 mL, 500 mL	1 @ 3.47	PD,SC,WW
2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine	306 mg-97.5 mg-10 mg per 5 mL, 500 mL	1 @ 3.47	WT
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	250 mg-120 mg-120 mg	100 @ 3.47	FM
2159P		250 mg-120 mg-120 mg per 5 mL, 500 mL	1 @ 3.47	FM
3109P	Amiloride Hydrochloride	5 mg	50 @ 2.75	AF
			50 @ 3.06	MK
3079C	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine	200 g	1 @ 107.05	SB
3071P	Amino Acid Formula without Phenylalanine	250 g	1 @ 99.16	SB
3072Q		250 g	1 @ 132.12	SB
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine	200 g	1 @ 65.13	SB

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
2737C	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	400 g	1 @ 63.00	SB
2738D		500 g	1 @ 125.79	SB
2739E		500 g	1 @ 198.24	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 @ 4.46	LY
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 @ 21.23	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 @ 5.65	BY
2994N	Calcitonin (porcine)	160 i.u.	10 @ 168.20	MB
3000X		50 i.u. in 0.5 mL	5 @ 29.70	MB
2995P	(salmon)	50 i.u. in 1 mL	5 @ 25.76	SZ
2996Q		80 i.u. in 0.8 mL	5 @ 36.63	SZ
3001Y		100 i.u. in 1 mL	5 @ 46.75	MB
2997R		100 i.u. in 1 mL	5 @ 41.36	SZ
2998T		400 i.u. in 2 mL	1 @ 25.84	MB
2999W	(synthetic human)	0.5 mg	5 @ 65.73	CG
3116B	Calcium	500 mg	60 @ 3.99	MM
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,DW
1161D		150 mg in 15 mL	1 @ 119.00	BL,DW
1162E		450 mg in 45 mL	1 @ 257.84	BL,DW
2324H	Carmellose Sodium	10 mg per mL, 0.4 mL, 30	1 @ 8.14	AG
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 @ 58.20	RO
2964B	Cephalothin	1 g	1 @ 3.92	LY
1256D	Cephazolin	500 mg	1 @ 3.48	LY
1257E		1 g	1 @ 6.60	LY
1163F	Chlorambucil	2 mg	25 @ 17.93	BW
1164G		5 mg	25 @ 20.57	BW
1167K	Chloramphenicol	1.2 g	1 @ 19.91	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 @ 3.85	RO
2621Y	Colistin	150 mg	1 @ 41.50	WW
1228P	Copper Sulfate	Tablets, 36	1 @ 5.97	AM
1264M	Cyclopenthiazide	500 mcg	50 @ 3.22	CG
1079T	Cyclophosphamide	500 mg	1 @ 12.31	FE
1798P	Cyproheptadine Hydrochloride	4 mg	50 @ 2.33	FR

Code	Approved Name	Form/Strength	Pack and Price $			Manufacturer
2910E	Cytarabine	100 mg set	1	@	6.89	BL,UP
2904W		500 mg set	1	@	38.58	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
1302M		100 mg	20	@	9.24	CG
1319K	Diflunisal	250 mg	50	@	5.27	MK
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
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	@	2.83	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	@	2.81	AF
			7	@	3.52	PF
2703G		100 mg	7	@	3.51	FA
2714W		100 mg	7	@	2.81	AF
			7	@	3.52	PF
3199J	Electrolyte Replacement Solution	1 L	1	@	3.09	BX
1375J	Epirubicin Hydrochloride	10 mg in 5 mL	1	@	56.00	FE
1376K		20 mg in 10 mL	1	@	104.37	FE
1377L		50 mg in 25 mL	1	@	258.09	FE
1398N	Erythromycin Lactobionate	300 mg	1	@	5.38	AB
1405Y	Ethinyloestradiol	10 mcg	100	@	2.60	GL
1406B		20 mcg	100	@	2.81	GL
1407C		50 mcg	100	@	3.01	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	@	23.65	PF
1474N		200 mg in 100 mL	1	@	45.17	PF
1433K	Fludrocortisone Acetate	100 mcg	100	@	4.07	BQ
2521Q	Fluorouracil	250 mg in 10 mL	5	@	15.84	BL
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,NN,SI
			100	@	1.84	RR
1353F	Fosfestrol Sodium	120 mg	50	@	35.27	AA
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

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
2908C	Glucose Indicator—Blood	Reagent strips, 50	1 @ 21.78	HG
2919P		Reagent strips, 50	1 @ 22.66	BO
2890D		Reagent strips, 50	1 @ 22.66	NA
2914J		Reagent strips, 50	1 @ 22.66	BO
2889C		Reagent strips, 50	1 @ 22.66	AM
2917M		Reagent strips, 50	1 @ 22.66	AM
2921R		Reagent strips, 50	1 @ 22.66	HG
3106L	Glucose and Ketone Indicator—Urine	Reagent strips, 50	1 @ 5.43	BO
2555L	Glycerol	700 mg, 12	1 @ 2.93	PP
2556M		1.4 g, 12	1 @ 3.15	PP
2557N		2.8 g, 12	1 @ 3.27	PP
1053K	Heparin Calcium	12,500 units in 0.5 mL	1 @ 2.86	CS
1463B	Heparin Sodium	5,000 units in 5 mL	10 @ 9.55	FC
1468G		25,000 units in 5 mL	1 @ 3.71	FC
1076P		35,000 units in 35 mL	1 @ 6.86	CS
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 @ 4.41	MK
1502C	Hydrocortisone Acetate	25 g	1 @ 13.46	SV
2516K	Hydrocortisone with Cinchocaine Hydrochloride	5 mg-5 mg per g, 2 g, 5	1 @ 1.69	QM
			1 @ 7.32	RL
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 @ 195.62	FE
2453D		10 mg	1 @ 380.80	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 @ 23.51	NO
1711C	Insulin Isophane (N.P.H.) (bovine)	100 units per mL, 10 mL	1 @ 22.59	FC,NO
1533Q	(human)	100 units per mL, 10 mL	1 @ 23.51	LY,ND,NO
1534R	(human)	100 units per mL, 1.5 mL, 5	1 @ 20.22	LY,NO
1535T	(human)	100 units per mL, 2.5 mL, 5	1 @ 33.70	ND
1713E	Insulin Neutral (bovine)	100 units per mL, 10 mL	1 @ 19.36	FC
1531N	(human)	100 units per mL, 10 mL	1 @ 23.51	LY,ND,NO
1532P	(human)	100 units per mL, 1.5 mL, 5	1 @ 20.22	LY,NO
1537X	(human)	100 units per mL, 2.5 mL, 5	1 @ 33.70	ND
	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)			
1431H	(human)	100 units (15 units-85 units) per mL, 10 mL	1 @ 23.51	ND
1426C	(human)	100 units (30 units-70 units) per mL, 10 mL	1 @ 23.51	LY,ND
1425B	(human)	100 units (50 units-50 units) per mL, 10 mL	1 @ 23.51	LY,ND
1461X	(human)	100 units (15 units-85 units) per mL, 2.5 mL, 5	1 @ 33.70	ND

Code	Approved Name	Form/Strength	Pack and Price $			Manufacturer
	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)					
1429F	(human)	100 units (30 units-70 units) per mL, 1.5 mL, 5	1	@	20.22	LY,ND
1430G	(human)	100 units (30 units-70 units) per mL, 2.5 mL, 5	1	@	33.70	ND
1462Y	(human)	100 units (50 units-50 units) per mL, 2.5 mL, 5	1	@	33.70	ND
1715G	Insulin Protamine Zinc (bovine)	100 units per mL, 10 mL	1	@	23.51	NO
	Insulin Zinc Suspension (Lente)					
1716H	(bovine)	100 units per mL, 10 mL	1	@	23.51	NO
1718K	(human)	100 units per mL, 10 mL	1	@	23.51	LY,NO
	Insulin Zinc Suspension (Crystalline) (Ultralente)					
1721N	(bovine)	100 units per mL, 10 mL	1	@	23.51	NO
1722P	(human)	100 units per mL, 10 mL	1	@	23.51	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
2085R		10,000,000 i.u. set	1	@	153.00	SH
1542E	Ipratropium Bromide	250 mcg in 1 mL, 30	1	@	29.87	BY
1543F		500 mcg in 2 mL, 30	1	@	35.31	BY
1541D		250 mcg per mL, 20 mL	1	@	6.93	BY
2587E	Isosorbide Dinitrate	10 mg	100	@	5.01	AY,PD
2588F		5 mg	100	@	4.35	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	@	3.66	SC,WY
1394J		Tablet-Pack	1	@	2.44	AY,SY
			1	@	3.66	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	@	3.66	SC,WY
1392G		Tablet-Pack	1	@	2.44	AY,SY
			1	@	3.66	SC,WY
3059B	Lithium Carbonate	250 mg	100	@	3.55	FC
3060C		400 mg	100	@	8.21	FC
2322F	Medroxyprogesterone	500 mg in 2.5 mL	1	@	49.00	FE
2547C	Melphalan	2 mg	25	@	22.70	BW
2548D		5 mg	25	@	37.40	BW
1598D	Mercaptopurine	50 mg	25	@	24.62	BW
1620G	Methenolone Acetate	5 mg	50	@	16.50	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
1674D	Naproxen	250 mg	50	@	4.96	AF
			50	@	5.86	SD
1662L		500 mg	20	@	7.45	SD
1675E	Neostigmine Bromide	15 mg	100	@	5.45	RO
1681L	Niclosamide	500 mg	4	@	3.83	BN
1687T	Nicotinic Acid	250 mg	100	@	4.73	MB

Code	Approved Name	Form/Strength	Pack and Price	$		Manufacturer
2732T	Nitrazepam	5 mg	25	@	2.00	AF
			25	@	2.85	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
3134Y	Oxazepam	15 mg	25	@	1.61	AF,AY
			25	@	2.61	WY
3135B		30 mg	25	@	1.83	AF,AY
			25	@	2.83	WY
2495H	Pancrelipase	not less than 10,000 BP units lipase activity	250	@	84.92	OR
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
1865E	Phenylalanine Low Content Formula	454 g	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	@	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
1920C	Prednisolone Sodium Phosphate	equiv. to 20 mg prednisolone in 100 mL	7	@	17.02	SI
2554K		equiv. to 5 mg prednisolone, 10	1	@	5.57	SI
2653P	Procainamide Hydrochloride	250 mg	100	@	7.02	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	@	4.79	BL
1953T	Propantheline Bromide	15 mg	100	@	3.23	SR
2830Y	Propranolol Hydrochloride	1 mg in 1 mL	10	@	25.06	IC
1955X	Propylthiouracil	50 mg	100	@	9.85	JC
2563X	Protein Hydrolysate Formula	425 g	1	@	13.98	MJ
3055T	Protein Hydrolysate Formula without Phenylalanine	500 g	1	@	162.75	SB
3057X	Protein Hydrolysate Formula without Phenylalanine and Tyrosine	200 g	1	@	76.87	SB
3087L	Salbutamol	100 mcg per dose (200 doses)	1	@	2.75	AF
			1	@	3.05	GL
1099W	Salbutamol Sulfate	200 mcg (base)	100	@	7.95	GL
2000G		2.5 mg (base) in 2.5 mL, 30	1	@	12.27	DW
			1	@	12.58	GL

Code	Approved Name	Form/Strength	Pack and Price	$	Manufacturer
2001H	Salbutamol Sulfate	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
2264E	Sodium Chloride	154 mmol per L, 1 L	1 @	1.87	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	BX
2279Y		19 mmol-104 mmol per 500 mL, 500 mL	1 @	2.55	BX
2278X	Sodium Chloride with Glucose	39 mmol-69 mmol per 500 mL, 500 mL	1 @	2.55	BX
2271M		154 mmol-278 mmol per L, 1 L	1 @	3.09	BX
2266G	Sodium Chloride Compound	1 L	1 @	2.97	BX
1124E	Sodium Cromoglycate	20 mg per 2 mL	60 @	25.62	FC
2286H	Sodium Lactate Compound	1 L	1 @	1.87	BX
2288K	Sodium Lactate Compound with Anhydrous Glucose	278 mmol per L, 1 L	1 @	3.09	BX
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
2091C	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate	3.125 g-450 mg-45 mg in 5 mL, 12	1 @	11.72	PS
1102B	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @	9.24	SC
2907B	Streptokinase	750,000 i.u.	1 @	111.70	HP,PS
2093E	Sulfasalazine	500 mg	100 @	16.47	PS
2096H		500 mg (e.c.)	100 @	19.50	PS
2047R	Sulindac	100 mg	50 @	5.06	AF
			50 @	5.57	FR
2109B	Tamoxifen Citrate	10 mg (base)	30 @	29.11	IC
2110C		20 mg (base)	30 @	48.91	IC
2088X	Temazepam	10 mg	25 @	2.70	WY
2105T		10 mg	25 @	2.00	AF,FE
			25 @	2.70	WY
1251W	Terbutaline Sulfate	5 mg in 2 mL, 30	1 @	13.86	AP
2127Y	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.13	CS
2832C	Tetracosactrin	1 mg in 1 mL	1 @	13.41	CG
2146Y	Tetracycline Hydrochloride (Buffered)	250 mg	25 @	2.32	BQ,LE
			25 @	2.97	AP
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 @	5.56	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	454 g	1 @	11.84	MJ
2676W		400 g	1 @	11.87	NT
2679B		454 g	1 @	16.50	MJ
3128P		500 mL	1 @	16.50	NU

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
3113W	Vancomycin	125 mg	20 @ 125.67	LY
3114X		250 mg	20 @ 245.00	LY
3131T		500 mg	1 @ 25.66	LY
3130R		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 @ 3.92	LY
3342X	Nystatin	500,000 units	50 @ 6.73	LE
			50 @ 7.61	BQ
3323X	Vancomycin	500 mg	1 @ 25.66	LY

Section 4

Drug Tariff

Container Prices

Standard Formulae Preparations

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

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:

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

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	0.12	0.97	8.58	
Acetone (use as additive only)	BP	0.02	0.17	1.49	
ACIDS					
Acetic (6 per cent)	BP	0.01	0.05	0.45	
Acetic (33 per cent)	BP	0.02	0.17	1.52	
Ascorbic (use as ingredient of Mixtures of Ferrous Sulfate APF)	BP	0.15	1.18	..	0.02: 100 mg
Benzoic	BP	0.14	1.15	..	0.02: 100 mg
Boric (use as additive only)	BP	0.04	0.31	2.79	
Citric Monohydrate	BP	0.03	0.27	2.42	
Hydrochloric Dilute	BP	0.03	0.26	2.30	
Lactic	BP	0.15	1.18	..	
Oleic	BP	0.09	0.72	6.38	
Salicylic	BP	0.07	0.52	4.64	
Trichloroacetic	BP 1980	0.60	4.82	..	
Alum	BP	0.03	0.20	1.82	
Aminophylline	BP	0.86	6.91	..	
Ammoniated Mercury	BP 1973	0.65	5.23	..	
Aspirin	BP	0.07	0.59	5.23	
Beeswax White	BP	0.05	0.38	3.34	
Benzocaine	BP	0.44	3.54	..	
Borax (use as additive only)	BP	0.03	0.25	2.24	
Calamine	BP	0.05	0.38	3.37	
Calcium Hydroxide	BP	0.08	0.62	5.50	
Cetomacrogol Emulsifying Wax	BP	0.11	0.89	7.91	
Cetostearyl Alcohol	BP	0.08	0.63	5.60	
Cetrimide	BP	0.24	1.93	17.17	
Chlorbutol	BP	0.28	2.23	..	
Chlorhexidine Acetate (use as additive only)	BP	1.04	8.31	..	0.13: 100 mg
Chlorinated Lime	BP	0.04	0.30	2.69	
Chloroform (use as additive only)	BP	0.03	0.25	2.22	
Cocaine Hydrochloride	BP	22.07	..	..	2.76: 100 mg
Codeine Phosphate	BP	2.57	20.54	..	0.32: 100 mg
Collodion Flexible	BP	0.11	0.84	7.50	
CREAMS					
Aqueous	APF	0.02	0.14	1.22	
Aqueous	BP	0.02	0.14	1.22	
Calamine Oily	APF	0.05	0.37	3.26	
Cetomacrogol Aqueous	APF	0.02	0.16	1.40	
Cetrimide (0.5 per cent)	BP	0.03	0.22	1.93	
Cetrimide Aqueous	APF	0.03	0.22	1.93	
Chlorhexidine Aqueous	APF	0.03	0.26	2.30	
Zinc	BP	0.05	0.42	3.70	
Zinc Oily	APF	0.04	0.30	2.65	
Dithranol	BP	7.90	63.21	..	0.99: 100 mg

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
Emulsifying Wax	BP	0.10	0.80	7.12	
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.69	5.50	..	0.09: 100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.08	0.71	
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.10	0.85	
Ether Solvent (use as additive only)	BP	0.05	0.37	3.27	
EXTRACT					
Liquorice Liquid	BP	0.09	0.75	6.67	
Ferrous Sulfate	BP	0.10	0.78	6.96	
Glucose (use as additive only)	BP	0.04	0.28	2.46	
GLYCERIN					
Ichthammol	APF	0.11	0.90	8.03	
Glycerol	BP	0.03	0.21	1.83	
Honey Purified (use as additive only)	BP	0.01	0.05	0.48	
Ichthammol	BP	0.24	1.90	16.92	
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.06	0.46	4.10	
Iodine	BP	0.44	3.51	..	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.02	0.16	1.40	
LINIMENTS					
Methyl Salicylate	APF	0.02	0.16	1.46	
Methyl Salicylate Compound	APF	0.04	0.30	2.71	
Turpentine	BP	0.05	0.39	3.43	
LOTION					
Calamine	BP	0.02	0.14	1.24	
MAGNESIUM					
Carbonate Light	BP	0.04	0.34	3.03	
Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.05	0.43	
Trisilicate	BP	0.03	0.25	2.26	
Menthol, Racemic or Levomenthol	BP	0.36	2.84	..	
Methyl Hydroxybenzoate	BP	0.22	1.74	..	
Methyl Salicylate	BP	0.03	0.25	2.19	
Morphine Hydrochloride	BP	5.16	41.28	..	0.65: 100 mg
MUCILAGES					
Acacia (by weight)	APF 13	0.05	0.41	3.60	
Tragacanth	APF 13	0.02	0.12	1.05	
Tragacanth	BPC 1973	0.02	0.12	1.04	

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	1.45	
Cade	BPC 1973	0.28	2.24	..	
Castor (use as additive only)	BP	0.03	0.23	2.05	
Coconut	BP	0.03	0.23	2.08	
Eucalyptus (use as additive only)	BP	0.05	0.43	3.78	
Lavender Spike	BPC 1968	0.27	2.15	..	
Olive (use as additive only)	BP	0.02	0.19	1.65	
Peppermint (use as additive only)	BP	0.30	2.38	..	
Pumilio Pine	BP 1980	0.56	4.51	..	
Siberian Fir	BPC 1949	0.24	1.92	..	
Turpentine (use as additive only)	BP	0.03	0.25	2.23	
OINTMENTS					
Ammoniated Mercury	BP 1973	0.06	0.44	3.88	
Benzoic Acid Compound	APF	0.04	0.29	2.53	
Emulsifying	BP	0.04	0.29	2.56	
Methyl Salicylate	BP	0.04	0.29	2.60	
Methyl Salicylate Compound	APF 1934	0.04	0.33	2.90	
Paraffin (white)	BP	0.02	0.14	1.25	
Paraffin (yellow)	BP 1968	0.02	0.14	1.25	
Salicylic Acid	APF	0.03	0.26	2.31	
Salicylic Acid	BP	0.05	0.38	3.38	
Simple (white)	BP	0.04	0.34	3.03	
Simple (yellow)	BP	0.05	0.37	3.24	
Sulfur	BP 1980	0.04	0.35	3.07	
Wool Alcohols (white)	BP	0.05	0.37	3.29	
Wool Alcohols (yellow)	BP	0.05	0.37	3.29	
Zinc	BP	0.05	0.38	3.42	
Zinc and Castor Oil	BP	0.03	0.22	1.97	
Oxymel	APF 13	0.04	0.28	2.46	
Paraffin Hard	BP	0.03	0.20	1.79	
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.02	0.12	1.10	
Paraffin Light Liquid	BP	0.02	0.17	1.49	
Paraffin Soft White	BP	0.01	0.10	0.89	
Paraffin Soft Yellow	BP	0.02	0.15	1.33	
PASTES					
Zinc Compound	BP	0.04	0.33	2.91	
Zinc and Salicylic Acid	BP	0.04	0.34	3.00	
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.02	8.16	..	0.13: 100 mg
Phenol (not available for ear drops)	BP	0.26	2.07	18.38	
Phenol Liquefied (not available for ear drops)	BP	0.16	1.27	11.26	
Podophyllum Resin	BP	0.79	6.32	..	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
POTASSIUM					
Citrate	BP	0.03	0.26	2.33	
Iodide	BP	0.17	1.32	11.72	
Permanganate	BP	0.10	0.77	6.87	
POWDER					
Tragacanth Compound	BP 1980	0.14	1.14	10.14	
Propyl Hydroxybenzoate	BP	0.28	2.27	..	
Propylene Glycol	BP	0.05	0.39	3.46	
Resorcinol	BP	0.23	1.80	..	
Silver Nitrate	BP	2.29	18.32	..	
SOAPS					
Ethereal	APF 1955	0.06	0.44	3.87	
Soft	BP	0.03	0.26	2.27	
SODIUM					
Bicarbonate	BP	0.01	0.09	0.82	
Chloride	BP	0.02	0.17	1.47	
Citrate	BP	0.05	0.38	3.36	
Thiosulfate (use as additive only)	BP	0.03	0.26	2.31	
SOLUTIONS					
Aluminium Acetate	BP	0.05	0.37	3.28	
Benzoic Acid	BP	0.05	0.36	..	
Calcium Hydroxide	BP	0.01	0.03	0.26	
Coal Tar	BP	0.06	0.48	4.22	
Formaldehyde	BP	0.02	0.17	1.51	
Hydroxybenzoate Compound	APF	0.15	1.21	..	
Iodine Alcoholic	BP	0.05	0.41	3.62	
Iodine Aqueous Oral	BP	0.12	0.93	8.24	
Methyl Hydroxybenzoate	APF	0.08	0.64	..	
Morphine Hydrochloride	BPC 1973	0.20	1.58	14.08	
Sodium Chloride	BP	0.01	0.02	0.20	
SPIRITS					
Ammonia Aromatic	BP	0.05	0.37	3.32	
Camphor Compound	APF	0.04	0.31	2.72	
Chloroform	BP	0.03	0.20	1.74	
Methylated Industrial (use as additive only)	BP	0.01	0.09	0.80	
Starch	BP	0.02	0.19	1.67	
Sulfur Precipitated	BP 1980	0.04	0.34	3.05	
SYRUPS					
Lemon	APF	0.06	0.44	3.94	
Orange	BP	0.03	0.23	2.05	
Pholcodine Citrate (use as additive only)	BPC 1959	0.04	0.29	2.58	
Red	APF	0.05	0.41	3.65	
Syrup	BP	0.01	0.08	0.69	
Tolu	BP	0.04	0.33	2.95	
Talc Purified BP, sterilised		0.04	0.33	2.92	
Tar Coal	BP	0.06	0.51	4.54	
Thymol	BP	0.39	3.09	..	
Thymol Mouth Wash Compound	APF	0.02	0.16	1.42	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
TINCTURES					
Belladonna	BP	0.05	0.39	3.44	
Benzoin Compound	BP	0.05	0.42	3.70	
Ipecacuanha	BP	0.11	0.88	7.86	
Lobelia Ethereal	BPC 1973	0.30	2.43	21.62	
Opium	BP	0.23	1.87	16.60	
Orange	BP	0.05	0.37	3.27	
Stramonium	BP 1980	0.05	0.42	3.77	
Tragacanth Powdered	BP	0.64	5.13	45.62	
Triethanolamine	BP	0.08	0.66	5.89	
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.05	0.42	3.76	
Chloroform Concentrated 1 in 40	APF	0.03	0.21	1.87	
For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	4.25	
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.06	0.45	4.03	
Purified	BP	0.01	0.02	0.18	
Wool Alcohols	BP	0.21	1.69	..	
Wool Fat	BP	0.05	0.37	3.25	
Wool Fat Hydrous	BP	0.05	0.42	3.71	
ZINC					
Oxide	BP	0.03	0.25	2.22	
Sulfate	BP	0.11	0.85	7.54	

Container Prices

Container Sizes	Prices					
	NSW & ACT	Vic	Qld	SA & NT	WA	Tas
	$	$	$	$	$	$
DISPENSING BOTTLES—						
25 mL	0.21	0.32	0.28	0.32	0.49	0.31
50 mL	0.27	0.35	0.31	0.35	0.44	0.40
100 mL	0.38	0.46	0.41	0.69	0.40	0.42
200 mL	0.50	0.54	0.54	0.82	0.70	0.58
500 mL	0.82	1.72	2.13	1.34	0.73	1.32
POISON BOTTLES—						
25 mL	0.37	0.42	0.45	0.54	0.40	0.44
50 mL	0.36	0.52	0.34	0.57	0.46	0.45
100 mL	0.33	0.46	0.39	0.65	0.48	0.51
200 mL	0.53	0.66	0.64	0.86	0.68	0.78
500 mL	0.76	0.92	0.90	1.03	0.66	0.98
SCREW CAP JARS—						
25 g	0.62	0.45	0.70	0.52	0.50	0.60
50 g	0.57	0.49	0.73	0.64	0.62	0.58
100 g	0.42	0.53	0.90	0.73	0.77	0.65
200 g	0.51	0.66	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	0.43	0.47	0.34	0.53	0.66
15 mL glass	0.68	0.72	1.12	0.96	0.66	1.00

Dispensing Fee for Extemporaneously Prepared Benefits	**$5.43**
Additional Fee for Agreed Price Extemporaneously Prepared Benefits	**$1.11**

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.

KEY TO REFERENCES:

APF	**Australian Pharmaceutical Formulary**
BP	**British Pharmacopoeia**
BPC	**British Pharmaceutical Codex**
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)			
7912K	Aqueous	APF	6.65	7.76
7913L	Aqueous	BP	6.65	7.76
7383N	Calamine Aqueous	APF 14	7.02	8.13
7497N	Cetomacrogol Aqueous	APF	6.83	7.94
7660E	Cetrimide 0.5% (extemporaneous formula)	BP	7.36	8.47
7661F	Cetrimide Aqueous	APF	7.36	8.47
7490F	Chlorhexidine 1% (extemporaneous formula)	BP	7.73	8.84
7490F	Chlorhexidine Aqueous	APF	7.73	8.84
7499Q	Cold	APF	6.79	7.90
7668N	Methyl Salicylate Compound	APF	9.78	10.89
7502W	Salicylic Acid and Sulfur Aqueous	APF	6.82	7.83
7897P	Zinc (extemporaneous formula)	BP	9.13	10.24
	DUSTING POWDER (Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF & BPC 1973	8.19	9.30
	EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	5.82	6.93
8116E	Aluminium Acetate	BP	5.99	7.10
7314Y	Sodium Bicarbonate	APF & BP	5.60	6.71
7313X	Spirit	APF	5.53	6.64
	EYE DROPS OF COCAINE (Maximum Quantity 15 mL and no Repeats)			
7589K	Cocaine Strong	APF	31.82	16.00
	EYE DROPS, OTHER (Maximum Quantity 15 mL and 5 Repeats)			
7416H	Zinc Sulfate	APF	9.78	10.89
	EYE LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7363M	Sodium Bicarbonate	APF	14.00	15.11
8418C	Sodium Chloride	BP	13.97	15.08
	GLYCERIN (Maximum Quantity 100 mL and 1 Repeat)			
8070R	Ichthammol	APF	13.46	14.57
	INHALATIONS (Maximum Quantity 50 mL and 1 Repeat)			
7484X	Benzoin and Menthol	APF	7.89	9.00
8579M	Menthol	APF	6.19	7.30
7310R	Menthol and Eucalyptus	BP 1980	6.27	7.38
7309Q	Menthol and Pine	APF	7.57	8.68

Code	Item	Reference	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $
	LINCTUSES (Maximum Quantity 100 mL and 2 Repeats)			
7529G	Camphor Compound	APF	8.34	9.45
7530H	Codeine	APF	8.10	9.21
7536P	Menthol	APF 1964	7.07	8.18
	LINIMENTS (Maximum Quantity 100 mL and 1 Repeat)			
7480Q	Methyl Salicylate Compound	APF	8.14	9.25
7419L	Turpentine	BP	8.86	9.97
	LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	6.14	7.25
7629M	Calamine	APF	7.91	9.02
7630N	Calamine Oily	APF & BP 1980	7.71	8.82
	MIXTURES (Maximum Quantity 200 mL and 4 Repeats)			
7604F	Gentian Alkaline	APF	7.06	8.17
7599Y	Gentian Alkaline (extemporaneous formula)	BP	6.79	7.90
7491G	Ipecacuanha and Tolu	APF	7.98	9.09
7348R	Kaolin	BPC 1968	7.32	8.43
7301G	Kaolin and Opium	APF 14	8.60	9.71
7342K	Magnesium Trisilicate	BPC 1968	6.76	7.87
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	7.12	8.23
7909G	Morphine (1 mg/mL)	APF	7.77	8.88
7910H	Morphine Forte (5 mg/mL)	APF	11.63	12.74
7911J	Potassium Citrate	APF	8.10	9.21
7618Y	Potassium Iodide and Stramonium Compound	APF 14	10.68	11.79
	MIXTURE FOR CHILDREN (Maximum Quantity 100 mL and 4 Repeats)			
7494K	Ipecacuanha and Camphor	APF	6.42	7.53
	MOUTH WASH (Maximum Quantity 200 mL and 1 Repeat)			
7457L	Thymol Compound	APF	8.27	9.38
	NASAL INSTILLATION (Maximum Quantity 15 mL and 2 Repeats)			
7574P	Ephedrine	APF	5.70	6.81

Code	Item	Reference	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $
	OINTMENTS (Maximum Quantity 100 g and 1 Repeat)			
9497W	Benzoic Acid Compound	APF	7.96	9.07
9497W	Benzoic Acid Compound (extemporaneous formula)	BP	7.96	9.07
9519B	Boric Acid, Olive Oil and Zinc Oxide	QHF	8.28	9.39
7918R	Emulsifying	APF & BP	7.99	9.10
9576B	Methyl Salicylate (extemporaneous formula)	BP	8.03	9.14
9577C	Methyl Salicylate Compound	APF 1934	8.33	9.44
7924C	Paraffin (white)	BP	6.68	7.79
7926E	Salicylic Acid	APF	7.74	8.85
8022F	Salicylic Acid (extemporaneous formula)	BP	8.81	9.92
7927F	Simple White	APF	8.46	9.57
7927F	Simple (white)	BP	8.46	9.57
7899R	Zinc and Castor Oil	APF & BP	7.40	8.51
	PAINTS (Maximum Quantity 25 mL and 1 Repeat)			
7566F	Podophyllin	APF 12	7.47	8.58
7567G	Podophyllin Compound	APF & BP	9.44	10.55
7568H	Salicylic Acid	APF	7.71	8.82
	PASTES (Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc Compound	APF	8.34	9.45
7558T	Zinc Compound (extemporaneous formula)	BP	8.34	9.45
	POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)			
9825D	Magnesium Trisilicate	BP	7.69	8.80
	SOAP (Maximum Quantity 200 mL and 1 Repeat)			
9896W	Spirit	BP	9.80	10.91
	SOLUTION (Maximum Quantity 200 mL and 2 Repeats)			
7539T	Calcium Hypochlorite (Eusol)	APF	5.97	7.08

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
19B	Eye Drops of Cocaine	15 mL	..
22E	Other Eye Drops	15 mL	5
23F	Eye Lotions	200 mL	2
28L	Glycerins	100 mL	1
29M	Inhalations	50 mL	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
51Q	Soaps	200 mL	1
52R	Solutions	200 mL	2

Commonwealth Department of Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1993

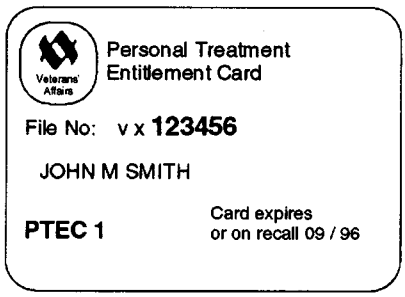
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- Personal Treatment Entitlement Card (yellow); or
- Specific Treatment Entitlement Card (white)

BENEFICIARIES ENTITLEMENT CARDS AND ELIGIBILITY

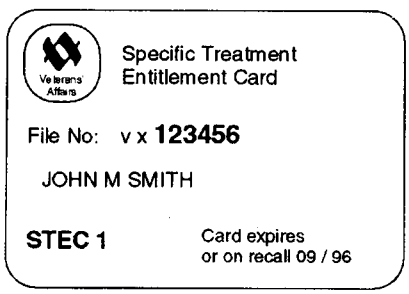
The diagram below outlines the drug eligibility of the Department of Veterans'

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: (i) PBS Schedule 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (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: (i) PBS Schedule 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

RPBS EXPLANATORY NOTES

INTRODUCTION

The Australian Repatriation System

1. The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. For certain cases, treatment is also provided for injuries which are not service related or occurred as a result of non-war service.

2. Entitlement to compensation is determined by independent statutory authorities constituted under the *Veterans' Entitlements Act 1986*. The Department of Veterans' Affairs is responsible for the administration of these compensatory benefits, which include pensions and other allowances, and entitlement to treatment.

RPBS PRESCRIBING PROVISIONS

Dental Prescribing

3. Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to the treatment to which **PTEC** (yellow) or **STEC** (white) card holders are entitled. Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).

4. The Department has no financial responsibility for pharmaceutical benefits prescribed by an LDO for **DTEC** (lilac) and **SPBC** (red) card holders. However, these card holders are entitled to receive, as concessional beneficiaries, pharmaceutical benefits available under the PBS.

5. Prescriptions for PBS Dental Schedule items for **PTEC** (yellow) and **STEC** (white) card holders are to be dispensed at the PBS general rate. The patient is to be charged for each item up to the maximum PBS patient contribution and the amount recorded on the patient's Prescription Record Form. The patient may claim a refund of the cost of PBS Dental Schedule items, less a deduction of the concessional patient contribution, from the Department if a written receipt and a copy of the prescription is provided.

6. When a non-PBS Dental Schedule item is prescribed for a **PTEC** (yellow) or **STEC** (white) card holder, the LDO's private prescription form should be used. The dispensing pharmacist may charge the patient the full cost of the prescription. The patient may claim a refund of the full cost of a non-Schedule item from the Department if a written receipt and a copy of the prescription is provided.

Prior Approval Arrangements

7. The prior approval of the Department is required to prescribe the following:

- 'Authority required' items listed in the PBS or RPBS Schedules;
- increased quantities and/or repeats of items listed in either the PBS or RPBS Schedules; and
- other items not listed in either Schedule.

8. The above items are to be prescribed on the RPBS authority prescription form (D1190). The Department copy, together with the completed original and duplicate of the authority prescription, is to be sent by the prescriber to the relevant State Office of the Department. If approved, the authority prescription will be returned directly to the patient or, if requested, to the prescriber. Generally, for the treatment of chronic conditions, sufficient repeats may be approved for up to six months' supply.

9. Requests for approval to prescribe a non-Schedule (PBS or RPBS) item that is a therapeutic duplicate, or equivalent, of an item that is listed will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective patient treatment.

10. ***A pharmacist should not supply an item prescribed on an RPBS authority prescription unless the form has been approved and stamped by the Department, or has been endorsed by the prescriber with a telephone approval number (refer to paragraph 11) provided by the Department.*** RPBS authority prescriptions that have not been approved by the Department will not be accepted for payment by the Health Insurance Commission.

RPBS SUPPLY PROVISIONS

Urgent Cases

11. ***In urgent cases, a prescriber may request prior approval of an RPBS authority prescription from the Department by telephone.*** The telephone numbers of Department of Veterans' Affairs State Offices are listed at the end of these notes. If the request is approved, the prescriber must endorse on the authority prescription the approval number provided and forward the third copy of the prescription to the Department. ***Prescriptions endorsed with a telephone approval number do not require additional written approval from the Department.*** An after hours telephone number for RPBS authority prescription approvals is also listed at the end of these notes.

Surgical Aids/Hospital Prescription Form (D929)

12. In an emergency a pharmacist may supply the following items provided the patient elects to meet the cost:

(a) surgical aids authorised on a valid prescription form; and

(b) items authorised on a Form D929 normally supplied by Department hospitals.

13. The patient may claim reimbursement from the Department through the provision of a copy of the prescription and a pharmacist's receipt.

PROVISIONS GOVERNING PAYMENTS FOR RPBS BENEFITS

Introduction

14. Unless otherwise stated, the payment arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying to the PBS.

15. Where a pharmaceutical benefit, that is not listed on the PBS or RPBS Schedules, is dispensed on an RPBS authority prescription, a pharmacist will price the benefit and enter the serial number, prescription identifying number and price in the prescription identification stamp space.

16. Where the item dispensed is not listed in the approved lists (refer to paragraph 17) the pharmacist is to endorse the prescription with the price to pharmacists paid for the item.

Basis of Pricing

17. The sole basis for pricing ready prepared non-Schedule items is the wholesale price for the item listed in 'The Guild Prescription Proprietaries Management Guide' and 'The Guild OTC Management Guide' issued by The Pharmacy Guild of Australia. These guides are referred to as the 'Approved Lists'. If an item is contained in both lists, the former will take precedence.

18. For the purpose of pricing RPBS prescriptions three categories are recognised for both Schedule and non-Schedule items:

(a) ready prepared

(b) extemporaneously prepared; and

(c) dressings and aids to treatment.

Pricing of Schedule Items

19. Items supplied under the RPBS from the PBS Schedule, both ready prepared and extemporaneously prepared, will be paid on the same basis as benefits supplied under the PBS. Items supplied under the RPBS from the Repatriation Schedule will be paid on the basis of price to pharmacists contained in the 'Approved Lists', plus the appropriate PBS mark-up and dispensing fee.

Pricing of Dressings and Aids to Treatment

20. Irrespective of whether specific directions have been written by the prescriber, dressings and aids to treatment (Schedule and non-Schedule) are to be priced on the basis of price to pharmacists plus a mark-up of 50%.

Pricing of Non-Schedule Ready Prepared Items

21. Non-Schedule ready prepared items that are listed in The Guild Prescription Proprietaries Management Guide are to be priced on the basis of price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee.

22. Non-Schedule ready prepared items that are listed in The Guild OTC Management Guide are to be priced on the basis of price to pharmacists plus a mark-up of 50% provided that no specific directions have been written by the prescriber (refer to paragraph 29).

23. Where specific directions have been written by the prescriber, the basis of pricing is price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee.

Pricing of Non-Schedule Extemporaneously Prepared Items

24. When an ingredient drug is not listed in the PBS Drug Tariff (Section 4, PBS Schedule), or in The Guild Prescription Proprietaries Management Guide, the recovery price will be based on the price to pharmacists increased by a mark-up of 100% calculated in accordance with the directions contained in the pricing instructions for pricing PBS extemporaneously prepared benefits in this Schedule. The price paid by the pharmacist for the pack from which the ingredient is used shall be endorsed on the prescription form.

Miscellaneous Pricing Rules

25. The price to pharmacists used as the basis of pricing will be the price ex wholesaler, including sales tax where applicable, as published in the 'Approved Lists'.

26. If multiple quantities of a manufacturer's original pack are supplied, the mark-up is applied to the price to pharmacists of each pack and the dispensing fee, and dangerous drug fee if applicable, then added.

27. When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, as published in the 'Approved Lists', in no circumstances will the price payable for any one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.

28. The list of ingredient drugs and prices included in the Drug Tariff are common to both the PBS and RPBS. Certain restrictions apply regarding the prescribing and dispensing of some of these ingredient drugs as pharmaceutical benefits, e.g., use as additive only.

29. Specific directions are meant to apply to any directions which specify a dosage, a frequency or a method of dosage or application in respect of any item on a prescription form. Such directions as 'take' (or use, apply, etc.) 'as directed' (or when necessary, if required, etc.) are not specific directions.

30. For non-Schedule dressings and aids to treatment, the pharmacist should indicate on the prescription the quantity and brand supplied. However, for non-endorsed prescriptions the Department will pay the lowest priced acceptable product available.

GENERAL

Payment of After Hours Fee

31. If a pharmacist charges a patient, who is eligible for pharmaceutical benefits under the RPBS, an after hours fee in accordance with the regulations governing the PBS, the fee is to be paid by the patient who may then claim reimbursement from the Department through the provision of a pharmacist's receipt.

Packaging Material, Postage or Freight

32. Payment to a pharmacist for the costs of packaging materials, postage or freight required to supply a pharmaceutical benefit is to be paid by the patient who may then claim reimbursement from the Department through the provision of a pharmacist's receipt.

Payment for Items Supplied at Short Intervals

33. For all items dispensed at specified short intervals of time, the Department will pay a separate dispensing fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.

34. The price payable on the items supplied will be based on the individual dose quantity supplied. Where applicable, a dangerous drug fee and a minimum container charge will be payable for each supply.

Receipts for Patient Charges

35. Where a charge is paid by a patient in any of the circumstances of paragraphs 5, 6, 13, 31 or 32, the pharmacist is required to provide a printed receipt to the patient with the details of the items or services provided, the amount paid, date of supply and the patient's name and address.

Special Patient Contribution

36. The Special Patient Contribution for items listed as Special Pharmaceutical Benefits in the PBS Schedule is not payable by veterans entitled to pharmaceutical benefits under the RPBS. Eligible veterans receiving Special Pharmaceutical Benefits under the RPBS are required to pay only the concessional patient contribution. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge. The Health Insurance Commission will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution if applicable.

DEPARTMENT OF VETERANS' AFFAIRS
STATE BRANCH OFFICES

PHARMACEUTICAL BENEFIT ENQUIRIES AND TELEPHONE APPROVALS ONLY

NEW SOUTH WALES and AUSTRALIAN CAPITAL TERRITORY

Department of Veterans' Affairs
GPO Box 3994
Sydney NSW 2001

Telephone 008 257 251
Ext. 7540
(02) 213 7350
(02) 213 7540

VICTORIA

Department of Veterans' Affairs
GPO Box 87A
Melbourne Vic 3001

Telephone 008 113 304
Ext. 6442
(03) 284 6442
(03) 284 6188

QUEENSLAND

Department of Veterans' Affairs
GPO Box 651
Brisbane Qld 4001

Telephone 008 777 634
Ext. 8652
(07) 223 8652
(07) 223 8804

SOUTH AUSTRALIA and NORTHERN TERRITORY

Department of Veterans' Affairs
GPO Box 1652
Adelaide SA 5001

Telephone 008 113 304
Ext. 2448
(08) 213 2448

WESTERN AUSTRALIA

Department of Veterans' Affairs
GPO Box F352
Perth WA 6001

Telephone 008 113 304
Ext. 8424
(09) 425 8424

TASMANIA

Department of Veterans' Affairs
GPO Box 481E
Hobart Tas 7001

Telephone 008 001 211
(002) 21 6631

Telephone—After hours (5 p.m.-8 a.m.) and weekends: 1800 641 839 (Australia-wide)

PLEASE NOTE

This after hours number is connected to a commercial telephone answering service. The service will contact, if necessary, a DVA pharmacist to provide authorisation of applications or resolve any RPBS matter.

REPATRIATION PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 December 1993 and all previous editions are cancelled.

SUMMARY OF CHANGES

RPBS AFTER HOURS PRIOR APPROVAL AND AUTHORITY PRESCRIBING ARRANGEMENTS

After hours authority prescribing arrangements for the approval of applications from LMOs and specialists to prescribe urgent drugs under the RPBS Prior Approval arrangements will begin from 1 December 1993.

Telephone applications from prescribers in all States will be directed through a general answering service to the DVA duty pharmacist. The pharmacist may provide authorisation of Prior Approval applications, or resolve any RPBS matter. The after hours telephone number is 1800 641 839, and is included with the business hours telephone numbers of DVA Offices listed in the white pages of the Repatriation Schedule of Pharmaceutical Benefits.

ADDITIONS

Addition of Items

Section 3

Bandage High Compression, bandage 10 cm x 3 m *(Setopress 3505, Tensopress 4348)*
Bandage Tubular Finger, refill *(Tubegauz 14002)*
Bandage Tubular Shaped Long, medium C/E *(Tubigrip 1483)*
Bandage Tubular Shaped Long, large D/F *(Tubigrip 1484)*
Bandage Tubular Shaped Long, x/large E/G *(Tubigrip 1485)*
Bandage Tubular Shaped Short, medium C/D *(Tubigrip 1480)*
Bandage Tubular Shaped Short, large D/E *(Tubigrip 1481)*
Felt Pad Corn, pads, oval, 9 *(SO12011)*
Foam Cushion Bunion, cushions, 4 *(SO12023)*
Foam Cushion Callous, cushions, 4 *(SO12022)*

DELETIONS

Deletion of Items

Section 1

Benzalkonium Chloride, Cetrimide and Lanolin, cream 100 micrograms-1.8 mg-18 mg (0.01%-0.18%-1.8%), 50 g *(Drapolex)*

Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride, ointment 920 micrograms-950 micrograms-10 mg-5 mg per g (0.092%-0.095%-1%-0.5%), 10 g *(Ultraproct)*
ointment 920 micrograms-950 micrograms-10 mg-5 mg per g (0.092%-0.095%-1%-0.5%), 30 g *(Ultraproct)*
suppositories 610 micrograms-630 micrograms-5 mg-1 mg, 12 *(Ultraproct)*

Hydrocortisone, Lignocaine Base, Aluminium Subacetate and Zinc Oxide, ointment 2.5 mg-50 mg-35 mg-180 mg per g (0.25%-5%-3.5%-18%), 15 g *(Xyloproct)*
ointment 2.5 mg-50 mg-35 mg-180 mg per g (0.25%-5%-3.5%-18%), 35 g *(Xyloproct)*
suppositories 5 mg-60 mg-50 mg-400mg, 10 *(Xyloproct)*

Prednisolone Hexanoate, Cinchocaine Hydrochloride and Clemizole Undecylenate, ointment 1.9 mg-5 mg-10 mg per g (0.19%-0.5%-1%), 10 g *(Scheriproct)*
ointment 1.9 mg-5 mg-10 mg per g (0.19%-0.5%-1%), 30 g *(Scheriproct)*
suppositories 1.3 mg-1 mg-5 mg, 12 *(Scheriproct)*

The following items have been discontinued by the manufacturer and will be deleted from the Repatriation Schedule on 1 December 1993 without advance notice.

Section 1

Chlortetracycline Hydrochloride, cream 30 mg per g (3%), 15 g *(Aureomycin)*

Section 3

Felt Pad Bunion, pads, 4 *(Scholl)*

Felt Pad Callous, pads, 4 *(Scholl)*

ALTERATIONS

Item Description and Proprietary Name

Section 3

From	*To*
Felt Pad Corn Pads, 9 *(Scholl)*	**Felt Pad Corn** Pads, round, 9 *(SO12010)*
Lambs Wool Original pack *(Scholl)*	**Lambs Wool** Sterile single pack *(SO12076)*

Proprietary Name

Section 3

From	*To*
Bandage Tubular Finger Complete pack including applicator *(Scholl Tubegauz)*	**Bandage Tubular Finger** Complete pack including applicator *(Tubegauz 14001)*

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
	ASCORBIC ACID				
	Authority required.				
	For management of wound healing.				
4565G	***Tablet 250 mg (sugar free unflavoured)***	***100***	***2***	***Gold Cross Vitamin C***	***SI***
	ASTEMIZOLE				
4561C	Tablet 10 mg	30	..	Hismanal	JC
	BATH EMOLLIENT				
4122Y	Bath oil, 500 mL	‡1	2	Hamilton Bath Oil	HA
				QV Bath Oil	EO
				Rikoderm	MM
4125D	Bath oil (fragrance-free), 500 mL	‡1	2	Derma-Oil	HA
	BECLOMETHASONE DIPROPIONATE				
4126E	Nasal pressurised inhalation 50 micrograms per dose (200 doses)	‡1	2	Aldecin	SH
				Beconase	GL
	BENZTROPINE MESYLATE				
4129H	Tablet 0.5 mg	100	2	Cogentin	MK
	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	GL
				Celestone-V Half Strength	SH
4131K	Cream 1 mg per g (0.1%), 30 g	‡1	2	Betnovate	GL
				Celestone-V	SH

continued ☛

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	BETAMETHASONE VALERATE—cont.				
4517R	Gel 500 micrograms per g (0.05%), 30 g	‡1	2	Betnovate 1/2	GL
4513M	Ointment 500 micrograms per g (0.05%), 30 g	‡1	2	Betnovate 1/2 Celestone-V Half Strength	GL SH
4132L	Ointment 1 mg per g (0.1%), 30 g	‡1	2	Betnovate Celestone-V	GL SH
4133M	Scalp application 1 mg per g (0.1%), 30 g	‡1	2	Betnovate	GL
	BETAMETHASONE VALERATE and GENTAMICIN SULFATE **CAUTION:** 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 **Authority required.** ***Patients with terminal disease;*** ***Patients with refractory phobic or anxiety states.*** **NOTE:** ***For short-term use. This drug should not be used as the first line of treatment. Other PBS listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.***				
4150K	***Tablet 3 mg***	***50***	..	***Lexotan***	***RO***
4151L	***Tablet 6 mg***	***50***	..	***Lexotan***	***RO***
4152M	***Tablet 12 mg***	***50***	..	***Lexotan***	***RO***
	BUDESONIDE				
4564F	Nasal aerosol 50 micrograms per dose (200 doses)	‡1	2	Rhinocort	AP
	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

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	CHLORDIAZEPOXIDE				
	Authority required.				
	Patients with terminal disease;				
	Patients with refractory phobic or anxiety states.				
	NOTE:				
	For short-term use. This drug should not be used as the first line of treatment. Other PBS listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.				
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
	CHLORTETRACYCLINE HYDROCHLORIDE				
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				
	Authority required.				
	Patients with terminal disease;				
	Patients with refractory phobic or anxiety states.				
	NOTE:				
	For short-term use. This drug should not be used as the first line of treatment. Other PBS listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.				
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	FM

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	DEXTROPROPOXYPHENE NAPSYLATE **CAUTION:** 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 **Restricted benefit.** ***For colostomy and ileostomy use;*** ***For use by paraplegic and quadriplegic patients;*** ***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
	DISULFIRAM **CAUTION:** 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

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	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				
	Authority required.				
	Patients with terminal disease;				
	Patients with refractory phobic or anxiety states.				
	NOTE:				
	For short-term use. This drug should not be used as the first line of treatment. Other PBS listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.				
4213R	***Tablet 2 mg***	***25***	..	***Hypnodorm Rohypnol***	***AF 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
	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				
	Authority required.				
	Patients with terminal disease;				
	Patients with refractory phobic or anxiety states.				
	NOTE:				
	For short-term use. This drug should not be used as the first line of treatment. Other PBS listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.				
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 and CLIOQUINOL				
	CAUTION:				
	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

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	HYDROLYZED COLLAGEN PROTEINS **NOTE:** To be used in conjunction with the two scalp cleansers: Salicylic acid, benzalkonium chloride, alcohol and polyoxyethylene ethers (Code 4445Y) and 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
	LORATADINE				
4313B	Tablet 10 mg	30	..	Claratyne	SH
	LORAZEPAM **Authority required.** ***Patients with terminal disease;*** ***Patients with refractory phobic or anxiety states.*** **NOTE:** ***For short-term use. This drug should not be used as the first line of treatment. Other PBS listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.***				
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

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	MEBEVERINE HYDROCHLORIDE				
4328T	Tablet 135 mg	90	..	Colese	AF
				Colofac	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
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
	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
	PODOPHYLLOTOXIN				
	Authority required.				
	For the treatment of ano-genital warts.				
4566H	***Paint 5 mg per mL (0.5%), 3.5 mL (with 30 swabs)***	***‡1***	..	***Condyline Paint***	***HA***
	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
	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

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	PSYLLIUM HYDROPHILIC MUCILLOID				
4422R	Oral powder (non-flavoured) 375 g	‡1	1	Metamucil	PY
	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 Senamon	SI 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 **CAUTION:** 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 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 **CAUTION:** For use in the treatment of renal disease.				
4470G	Oral powder 454 g	‡1	2	Resonium-A	WL
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE				
4462W	Enemas 3.125 mg-450 mg-45 mg in 5 mL, 4	‡1	1	Microlax	PS
	STERCULIA with FRANGULA BARK				
4557W	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	‡1	1	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	..	Normacol Plus	NE
	SUNSCREENS				
4544E	Cream 100 g	‡1	2	Aquasun Blockout Cream 15+ Hamilton Sunscreen Broad Spectrum Cream 15+ SunSense Cream 15+	RO HA EO
4368X	Lotion (alcoholic) 125 mL	‡1	2	SunSense Lotion 15+	EO
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	Aquasun Blockout Lotion 15+ Hamilton Broad Spectrum Milky Lotion 15+ SunSense Milk 15+	RO HA 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 **CAUTION:** 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 Kenacomb	LE 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 Kenacomb	LE 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 Volumatic 10359	AP 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
	NASAL INSUFFLATOR				
4635Y	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	‡1	..	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
	BANDAGE COTTON CREPE HEAVY				
4727T	Bandage 5 cm x 2.3 m	2	..	Elastocrepe 300501	SN
				Telfa 8252F	KE
4728W	Bandage 7.5 cm x 2.3 m	2	..	Elastocrepe 307501	SN
				Telfa 8253F	KE
4729X	Bandage 10 cm x 2.3 m	2	..	Elastocrepe 301001	SN
				Telfa 8254F	KE
	BANDAGE ELASTIC CONFORMING				
4820Q	Bandage 2.5 cm	5	..	Conform 2230	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
	BANDAGE HIGH COMPRESSION				
4736G	Bandage 7.5 cm x 3 m	5	..	Setopress 3504	BT
				Tensopress 4347	SN
4748X	Bandage 10 cm x 3 m	5	..	Setopress 3505	BT
				Tensopress 4348	SN

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	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	..	Tubegauz 14001	SO
4726R	Refill	‡1	..	Tubegauz 14002	SO
	BANDAGE TUBULAR SHAPED LONG				
4797L	Medium C/E	‡1	..	Tubigrip 1483	BT
4799N	Large D/F	‡1	..	Tubigrip 1484	BT
4800P	X/Large E/G	‡1	..	Tubigrip 1485	BT
	BANDAGE TUBULAR SHAPED SHORT				
4815K	Medium C/D	‡1	..	Tubigrip 1480	BT
4816L	Large D/E	‡1	..	Tubigrip 1481	BT
	BANDAGE ZINC PASTE				
4750B	Bandage 7.5 cm x 6 m	2	..	Viscopaste 4948A	SN
4749Y	Bandage 8 cm x 5 m (compression)	2	..	Gelocast Elastic	BE
	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
	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

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	DRESSING ELASTIC ADHESIVE				
4754F	Pack 6 cm x 1 m	‡1	..	Elastoplast 4025	SN
4817M	Sterile single sachets 5 cm x 7.2 cm, 5	2	..	Cutiplast Steril	BE
4818N	Sterile single sachets 8 cm x 10 cm, 5	2	..	Cutiplast Steril	BE
	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	2	..	Cutilin	BE
				Melolin 100020	SN
4862X	Sterile single sachets 10 cm x 10 cm, 5	2	..	Cutilin	BE
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
	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
	DRESSING POLYURETHANE TRANSPARENT FILM				
4839Q	Sterile single sachet 14 cm x 10 cm	10	1	Op-Site 4963	SN
4893M	Sterile single sachets 10 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

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	DRESSING TRANSPARENT WATERPROOF ISLAND				
4898T	Sterile single sachets 5 cm x 7.2 cm, 5	2	..	Cutifilm Plus	BE
4899W	Sterile single sachets 8 cm x 10 cm, 5	2	..	Cutifilm Plus	BE
	FELT PAD CORN				
4775H	Pads, oval, 9	‡1	..	SO12011	SO
4764R	Pads, round, 9	‡1	..	SO12010	SO
	FOAM CUSHION BUNION				
4809D	Cushions, 4	‡1	..	SO12023	SO
	FOAM CUSHION CALLOUS				
4810E	Cushions, 4	‡1	..	SO12022	SO
	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, 12	‡1	2	Betadine	FA
	GLOVES PLASTIC (DISPOSABLE) **NOTE:** 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	Sterile single pack	‡1	..	SO12076	SO
	LINT ABSORBENT				
4711Y	Pack 50 g	‡1	..	Handy 4032	BE
	PASTE HYDROCOLLOID				
4895P	Sterile tube 50 g	2	3	Comfeel Paste 4701	CT

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	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				
4783R	Roll 1.25 cm x 5 m	‡1	..	Leukopor 2471	BE
4785W	Roll 1.25 cm x 5 m	‡1	..	Leukosilk 1021	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
4872K	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	Micropore Skintone RF7	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
4877Q	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	Micropore Skintone RF8	MM

Proprietary Index

for

PBS and RPBS Schedules

ABBREVIATIONS:

(PBS)	**Pharmaceutical Benefits Schedule**
(RPBS)	**Repatriation Pharmaceutical Benefits Schedule**
(s.100)	**For details of section 100 items refer to Lemon Pages**

Proprietary Name	Manufacturer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-V Dulcet	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Abbocillin-VK Filmtab	AB	Phenoxymethylpenicillin
Accomin Adult Tonic	LE	Vitamin B Group Complex **(RPBS)**
Accupril	PD	Quinapril Hydrochloride
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
Actilyse	BY	Alteplase
Actrapid HM	NO	Insulin Neutral
Actrapid HM Penfill	NO	Insulin Neutral
Actuss	SI	Pholcodine **(RPBS)**
Adacor	NN	Hydrocortisone Acetate
Adalat CAPS 5	BN	Nifedipine
Adalat CAPS 10	BN	Nifedipine
Adalat 10	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	Felodipine
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 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 125	AF	Amoxycillin
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

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
Analog XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
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
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
Aptin	AP	Alprenolol Hydrochloride
Aquacare H.P.	AG	Urea
Aquadrate	PY	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
Asig	SI	Quinapril Hydrochloride
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
Atrovent Nasal	BY	Ipratropium Bromide
Augmentin	SK	Amoxycillin with Clavulanic Acid

Proprietary Name	Manufacturer	Name
Augmentin Forte	SK	Amoxycillin with Clavulanic Acid
Aureomycin	LE	Chlortetracycline Hydrochloride (RPBS)
Aurorix	RO	Moclobemide
Austrapen	CS	Ampicillin
Austyn	FA	Theophylline
Avomine	MB	Promethazine Theoclate
Azol 100	AF	Danazol
Azol 200	AF	Danazol
Bactigras 7457	SN	Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS)
Bactrim	RO	Trimethoprim with Sulfamethoxazole
Bactrim DS	RO	Trimethoprim with Sulfamethoxazole
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)
Biaxin	SI	Roxithromycin
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
Blenoxane	BQ	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 Elixir-PD	PD	Choline Theophyllinate
Brondecon-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
Cardol	AF	Sotalol 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)**
Celluvisc	AG	Carmellose Sodium
Celontin	PD	Methsuximide
Ceporex	GL	Cephalexin
Cerumol	AC	Dichlorobenzene, Chlorbutol and Turpentine Oil **(RPBS)**
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
Citravescent Sachets	FC	Sodium Citro-Tartrate
Claforan	RL	Cefotaxime
Claratyne	SH	Loratadine **(RPBS)**
Clinistix	AM	Glucose Indicator—Urine
Clinitest	AM	Copper Sulfate
Clinoril	FR	Sulindac

Proprietary Name	Manufacturer	Name
Clinoril 200	FR	Sulindac
Clofen 10	AF	Baclofen
Clofen 25	AF	Baclofen
Clomid	ML	Clomiphene Citrate
Clonea	AF	Clotrimazole
Clorhexitulle	RL	Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS)
Clozaril	SZ	Clozapine (s.100)
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
Condyline Paint	HA	Podophyllotoxin (RPBS)
Conform 2230/2231/2232/ 2236/2238	KE	Bandage Elastic Conforming (RPBS)
Corbeton 20	AF	Oxprenolol Hydrochloride
Corbeton 40	AF	Oxprenolol Hydrochloride
Cordarone X 100	WL	Amiodarone Hydrochloride
Cordarone X 200	WL	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)
Cutifilm Plus	BE	Dressing Transparent Waterproof Island (RPBS)
Cutilin	BE	Dressing Non-Adherent Dry Absorbent (RPBS)
Cutinova Hydro 47441/47443	BE	Dressing Hydrocolloid (RPBS)
Cutiplast Steril	BE	Dressing Elastic Adhesive (RPBS)
Cycloblastin	FE	Cyclophosphamide
Cyklokapron	PS	Tranexamic Acid
Cymevene	SD	Ganciclovir Sodium (s.100)
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	PY	Dantrolene Sodium
Daonil	HP	Glibenclamide
Dapa-Tabs	AF	Indapamide

Proprietary Name	Manufacturer	Name
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
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 Acetate
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
Derma-Oil	HA	Bath Emollient **(RPBS)**
Dermatar	HA	Pine Tar and Triethanolamine Lauryl Sulfate **(RPBS)**
Dermazole	EO	Econazole Nitrate **(RPBS)**
Deseril	SZ	Methysergide
Desferal	CG	Desferrioxamine Mesylate **(s.100)**
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	PY	Disodium Etidronate
Difflam	MM	Benzydamine Hydrochloride
Diflucan	PF	Fluconazole **(PBS & s.100)**
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
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
Duratears	AQ	Paraffin

Proprietary Name	Manufacturer	Name
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 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 Filmtab	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	SN	Bandage Cotton Crepe Heavy **(RPBS)**
Elastoplast 186101/186001/1004	SN	Plaster Adhesive Elastic **(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
Eprex	JC	Erythropoietin (Recombinant Human) **(s.100)**
Ergodryl Mono	PD	Ergotamine Tartrate
Eryc	FA	Erythromycin
Eryc LD	FA	Erythromycin
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Erythrocin Filmtab	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	BO	Glibenclamide
Euhypnos	FE	Temazepam
Eulexin	SH	Flutamide
ExacTech	FE	Glucose Indicator—Blood
Farlutal	FE	Medroxyprogesterone Acetate
Fasigyn	PF	Tinidazole

Proprietary Name	Manufacturer	Name
Feldene	PF	Piroxicam
Feldene-D	PF	Piroxicam
Fenac	AF	Diclofenac Sodium
Fergon	WL	Ferrous Gluconate
Ferro-Gradumets	AB	Ferrous Sulfate Dried
Ferrum H	SI	Iron Polymaltose Complex
Fespan Spansule	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	PY	Nitrofurantoin
Fybogel	RC	Ispaghula Husk **(RPBS)**
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
Gelocast Elastic	BE	Bandage Zinc Paste **(RPBS)**
Gelusil	WW	Aluminium Hydroxide with Magnesium Hydroxide
Genoptic	AG	Gentamicin Sulfate
Genotropin	PS	Somatropin **(s.100)**
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 Cross Vitamin C	SI	Ascorbic Acid **(RPBS)**
Gold-50	SH	Aurothioglucose
Granocol	SC	Sterculia with Frangula Bark **(PBS & RPBS)**
Griseostatin	SH	Griseofulvin
Grisovin	SI	Griseofulvin
Grisovin 500	SI	Griseofulvin
Gyne-Lotremin	SH	Clotrimazole
Gyno-Daktarin 7	JP	Miconazole 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

Proprietary Name	Manufacturer	Name
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)**
Hamilton Sunscreen Broad Spectrum Cream 15+	HA	Sunscreens **(RPBS)**
Handy 5672/5673/5674	BE	Gauze Absorbent Pad **(RPBS)**
Handy 4032	BE	Lint Absorbent **(RPBS)**
Handy 5608	BE	Bandage Calico Triangular **(RPBS)**
Handy 4207/4208/4209	BE	Gloves Plastic (Disposable) **(RPBS)**
Handy-Band 9483/9485/9488/9490	BE	Bandage Cotton Conforming **(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)**
Hivid	RO	Zalcitabine **(s.100)**
HMS Liquifilm	AG	Medrysone
Hollihesive Skin Barrier	HO	Polyisobutylene
Honvan	AA	Fosfestrol Sodium
Humatrope	LY	Somatropin **(s.100)**
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)
Humulin 50/50	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
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 Durule	AP	Isosorbide Mononitrate
Imodium	JC	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol Hydrochloride
Indocid	MK	Indomethacin

Proprietary Name	Manufacturer	Name
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
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 **(PBS & s.100)**
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 Carbachol	AQ	Carbachol
Isopto Carpine	AQ	Pilocarpine Hydrochloride
Isopto Frin	AQ	Phenylephrine Hydrochloride
Isopto Homatropine	AQ	Homatropine Hydrobromide
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 Durule	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

Proprietary Name	Manufacturer	Name
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
Ledertrexate	LE	Methotrexate
Lente MC	NO	Insulin Zinc Suspension
Leukeran	BW	Chlorambucil
Leukoflex 1124	BE	Plaster Adhesive Hypoallergenic **(RPBS)**
Leukoplast 1071/1072/1073	BE	Plaster Adhesive Elastic **(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
Lucrin Depot	AB	Leuprorelin Acetate
Lurselle	ML	Probucol
Lyofoam	BT	Dressing Polyurethane Foam **(RPBS)**
Lyofoam C	BT	Dressing Polyurethane Foam with Charcoal **(RPBS)**
Macrodantin	PY	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)**
Marevan	BA	Warfarin
Maxidex	AQ	Dexamethasone
Maxolon	SK	Metoclopramide Hydrochloride
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)**
Methionine, Threonine, Valine-free and Isoleucine low Amino Acid Mix	SB	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine
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	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate **(PBS & 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
Monoparin	FC	Heparin Sodium
Monopril	BQ	Fosinopril Sodium

Proprietary Name	Manufacturer	Name
Monotard HM	NO	Insulin Zinc Suspension
Motilium	JC	Domperidone
Moxacin	CS	Amoxycillin
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
Napamide 2.5 mg	DP	Indapamide
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
Neupogen	AN	Filgrastim **(s.100)**
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
Norditropin	NO	Somatropin **(s.100)**
Noriday 28 Day	SD	Norethisterone

Proprietary Name	Manufacturer	Name
Norinyl-1	SD	Norethisterone with Mestranol
Norinyl-1/28	SD	Norethisterone with Mestranol
Normacol Plus	NE	Sterculia with Frangula Bark **(PBS & RPBS)**
Normison	WY	Temazepam
Noroxin	MK	Norfloxacin
Norpace	SR	Disopyramide
Nortab	BQ	Nortriptyline Hydrochloride
Norvasc	PF	Amlodipine Besylate
Noten	AF	Atenolol
Norvasc	PF	Amlodipine Besylate
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)**
Oroxine	BW	Thyroxine Sodium
Orudis	MB	Ketoprofen
Orudis SR	MB	Ketoprofen
Orudis SR 200	MB	Ketoprofen
Oruvail SR	RR	Ketoprofen
Ospolot	BN	Sulthiame
Ostelin	BT	Ergocalciferol
Otodex	QM	Dexamethasone with Framycetin Sulfate and Gramicidin
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
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)**
Pen 2/Companion 2	FE	Glucose Indicator—Blood
Penbritin	SK	Ampicillin
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

Proprietary Name	Manufacturer	Name
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate **(s.100)**
Pharmorubicin Solution	FE	Epirubicin Hydrochloride
Phenergan	MB	Promethazine Hydrochloride **(RPBS)**
Phosphate Sandoz	SZ	Sodium Acid Phosphate
Phospholine Iodide	AY	Ecothiopate Iodide
Physeptone	BW	Methadone Hydrochloride
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	Felodipine
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)**
Poly-Tears	IQ	Hypromellose with Dextran
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)**
Pravachol	BQ	Pravastatin Sodium
Prednefrin Forte	AG	Prednisolone Acetate with Phenylephrine Hydrochloride
Predsol	SI	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
Pressin 1	AF	Prazosin Hydrochloride
Pressin 2	AF	Prazosin Hydrochloride
Pressin 5	AF	Prazosin 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)**
Proctocort	QM	Hydrocortisone with Cinchocaine Hydrochloride
Proctosedyl	RL	Hydrocortisone with Cinchocaine Hydrochloride
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.]

Proprietary Name	Manufacturer	Name
Protaphane HM Penfill	NO	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Provera	UP	Medroxyprogesterone Acetate
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
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)**
Respax	DW	Salbutamol Sulfate
Respax 2.5 Sterinebs	DW	Salbutamol Sulfate
Respax 5 Sterinebs	DW	Salbutamol Sulfate
Respolin	MM	Salbutamol Sulfate
Respolin in the Autohaler	MM	Salbutamol Sulfate
Resprim	AF	Trimethoprim with Sulfamethoxazole
Resprim Forte	AF	Trimethoprim with Sulfamethoxazole
Retrovir	BW	Zidovudine **(s.100)**
Rheomacrodex	PS	Dextran 40 with Glucose
Rheomacrodex	PS	Dextran 40 with Sodium Chloride
Rhinalar Nasal Mist	SD	Flunisolide **(RPBS)**
Rhinocort	AP	Budesonide **(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 **(PBS & s.100)**
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
Sabril	ML	Vigabatrin
Sacsol	EG	Surgical Cement Solvent
Sacsol Non Flammable	EG	Surgical Cement Solvent
Saizen	SG	Somatrem **(s.100)**
Salazopyrin	PS	Sulfasalazine

Proprietary Name	Manufacturer	Name
Salazopyrin-EN	PS	Sulfasalazine
Salicylin-P	KY	Salicylic Acid and Podophyllin Resin **(RPBS)**
Sandimmun	SZ	Cyclosporin **(s.100)**
Sandocal 1000	SZ	Calcium
Sandomigran	SZ	Pizotifen Malate
Savacol Mouth and Throat Rinse	OM	Chlorhexidine Gluconate **(RPBS)**
SCF	SR	Sucralfate
Sebitar	EO	Salicylic Acid, Coal Tar Solution, Pine Tar and Undecylenamide **(RPBS)**
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 3504/3505	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 CR	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)**
SO12010/12011	SO	Felt Pad Corn **(RPBS)**
SO12022	SO	Foam Cushion Callous **(RPBS)**
SO12023	SO	Foam Cushion Bunion **(RPBS)**
SO12076	SO	Lambs Wool **(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
Somatonorm	PS	Somatrem **(s.100)**
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
Staphylex 250	AF	Flucloxacillin

Proprietary Name	Manufacturer	Name
Staphylex 500	AF	Flucloxacillin
Stelazine	SK	Trifluoperazine Hydrochloride
Stemetil	MB	Prochlorperazine
Sterofrin	AQ	Prednisolone Acetate
Stomahesive Paste	CC	Butyl Monoester Polymer with Ethanol
Stomahesive Powder	CC	Carmellose Sodium with Pectin and Gelatin
Stomahesive Set	CC	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
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
Tazac	LY	Nizatidine
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 8182/8183/8184	KE	Bandage Elastic Conforming **(RPBS)**
Temaze 10	AF	Temazepam
Tenopt	SI	Timolol Maleate
Tenormin	IC	Atenolol
Tensopress 4347/4348	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
Ticillin	CS	Ticarcillin
Ticlid	SD	Ticlopidine Hydrochloride
Tigason	RO	Etretinate
Tilcotil	RO	Tenoxicam
Timentin	SK	Ticarcillin with Clavulanic Acid
Timoptol	FR	Timolol Maleate
Timpilo 2	MK	Timolol Maleate with Pilocarpine Hydrochloride
Timpilo 4	MK	Timolol Maleate with Pilocarpine Hydrochloride
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

Proprietary Name	Manufacturer	Name
Tolvon	OR	Mianserin Hydrochloride
Topilar	SD	Fluclorolone Acetonide **(PBS & RPBS)**
Trandate	GL	Labetalol Hydrochloride
Transiderm-Nitro 25	CG	Glyceryl Trinitrate
Transiderm-Nitro 50	CG	Glyceryl Trinitrate
Tranxene	GL	Clorazepate Dipotassium **(RPBS)**
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
Trisequens	NO	Oestradiol with Norethisterone Acetate
Trisequens Forte	NO	Oestradiol with Norethisterone Acetate
Tritace 1.25 mg	HP	Ramipril
Tritace 2.5 mg	HP	Ramipril
Tritace 5 mg	HP	Ramipril
Trobicin	UP	Spectinomycin
Tryptanol	MK	Amitriptyline Hydrochloride
Tubegauz 14001/14002	SO	Bandage Tubular Finger **(RPBS)**
Tubigrip 1480/1481	BT	Bandage Tubular Shaped Short **(RPBS)**
Tubigrip 1483/1484/1485	BT	Bandage Tubular Shaped Long **(RPBS)**
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
Ulcyte	AF	Sucralfate
Ultralan	SC	Fluocortolone Pivalate and Fluocortolone Hexanoate **(RPBS)**
Ultralan-D	SC	Fluocortolone Esters
Ultralente MC	NO	Insulin Zinc Suspension (Crystalline)
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 Solvent
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
Urolucosil	WW	Sulfamethizole
Vagifem	NO	Oestradiol
Valium	RO	Diazepam
Valpro 200	AF	Sodium Valproate
Valpro 500	AF	Sodium Valproate
Vancocin	LY	Vancomycin
Vasocardol	ML	Diltiazem Hydrochloride
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

Proprietary Name	Manufacturer	Name
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)**
Vibramycin	PF	Doxycycline
Vibra-Tabs	PF	Doxycycline
Videx	BQ	Didanosine **(s.100)**
Vioform	SI	Clioquinol
Viokase	AY	Pancreatin Enzyme
Vira A	PD	Vidarabine
Viscopaste 4948A	SN	Bandage Zinc Paste **(RPBS)**
Visken	SZ	Pindolol
Voltaren	CG	Diclofenac Sodium
Voltaren 25	CG	Diclofenac Sodium
Voltaren 50	CG	Diclofenac Sodium
Volumatic 10359	GL	Inhalation Device **(RPBS)**
Waxsol	NE	Docusate Sodium **(RPBS)**
XP Albumaid	SB	Protein Hydrolysate Formula without Phenylalanine
XP Maxamaid	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
XP Maxamum	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
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
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

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