REVISED INDEX AT THE BACK

SCHEDULE OF PHARMACEUTICAL BENEFITS

FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

COMMONWEALTH DEPARTMENT OF HUMAN SERVICES AND HEALTH

EFFECTIVE FROM 1 DECEMBER 1994

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

_____

_____

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_____

_____ Postcode _____

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

IMPORTANT CHANGE TO PBS AUTHORITY PRESCRIBING

From 1 December 1994, it will be necessary to obtain prior approval from the HIC for all PBS 'Authority required' items.

The new arrangement, based on clinical concerns, will see the removal of the 'urgent' provisions that have enabled prescriptions to be issued for PBS 'Authority required' items without prior approval.

TO OBTAIN APPROVAL:

- **FREE-CALL SERVICE**
  Phone 1800 888 333
  For Fast Approval
  (24 hour service, 7 days a week).

OR

- **FREE-MAIL SERVICE**

Lodge the PBS Authority Prescription with the HIC by addressing an envelope as follows:

Reply Paid 9857,
PBS Authority Section,
Health Insurance Commission,
GPO Box 9857 in your State capital city.

Under the new arrangement, retrospective approval of 'Authority required' items is not permitted and any such items will not attract a Commonwealth subsidy.

PBS

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 December 1994 and all previous editions are cancelled. Requests for copies of the Schedule and/or notification of change of address should be directed to the Pharmaceutical Branch, Health Insurance Commission, in your State capital.

GENERAL STATEMENT FOR LIPID-LOWERING DRUGS PRESCRIBED AS PHARMACEUTICAL BENEFITS

The revised General Statement, qualifying criteria relating to the prescribing of lipid-lowering drugs, appears on page 3 of Section 2.

DENTAL BENEFITS

The list of pharmaceutical benefits which may be prescribed by participating dental practitioners for the treatment of dental conditions only has been increased substantially on the recommendation of the Pharmaceutical Benefits Advisory Committee. Some of these items are 'restricted benefits'. Details are given in the dental section at the end of Section 2.

SUMMARY OF CHANGES

ADDITIONS

Addition of Item

2859L **Enoxacin,** tablet 400 mg *(Enoxin)*

Retention of Item

Contrary to previous advice, the following item will continue to be available as a pharmaceutical benefit:

2996Q **Calcitonin,** injection (salmon) 80 i.u. in 0.8 mL ampoule *(Miacalcic)*

Differential Maximum Quantity Listing

1583H **Human Chorionic Gonadotrophin,** injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL *(Pregnyl, Profasi 500)*

1584J **Human Chorionic Gonadotrophin,** injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL *(Profasi 1000)*

Addition of Brand

1967M *Locilan 28 Day, MD*—**Norethisterone,** tablets 350 micrograms, 28

DELETIONS

Deletion of Items

1014J **Adrenaline,** eye drops 10 mg per mL (1%), 7.5 mL *(Eppy/N)*
3071P **Amino Acid Formula without Phenylalanine,** powder 250 g *(PK AID I)*
2389R **Ampicillin,** injection 250 mg (solvent required) *(Austrapen)*
3312H **Ampicillin,** injection 250 mg (solvent required) *(Austrapen)* **(Dental)**
1059R **Amylobarbitone Sodium,** injection 500 mg (solvent required) *(Amytal Sodium)*
1774T **Benzylpenicillin,** injection 300 mg (solvent required) *(CS)*
3397T **Benzylpenicillin,** injection 300 mg (solvent required) *(CS)* **(Dental)**
2995P **Calcitonin,** injection (salmon) 50 i.u. in 1 mL ampoule *(Miacalcic)*
2997R **Calcitonin,** injection (salmon) 100 i.u. in 1 mL ampoule *(Miacalcic)*
1409E **Chlormethiazole Edisylate,** I.V. infusion 8 mg per mL (0.8%), 500 mL *(Hemineurin)*
1264M **Cyclopenthiazide,** tablet 500 micrograms *(Navidrex)*
3013N **Dextran 70 with Glucose,** I.V. infusion 60 mg per mL-139 mmol (anhydrous) per 500 mL (6%-5%), 500 mL *(Macrodex)*
3068L **Diazoxide,** injection 300 mg in 20 mL *(Hyperstat I.V., BL)*
1523E **Flucloxacillin,** injection 250 mg (solvent required) *(Flopen)*
3040B **Glucose,** injection 5 g in 10 mL (50%) *(AP)*
3468M **Glucose,** injection 5 g in 10 mL (50%) *(AP)* **(Doctor's Bag)**
2247G **Glucose,** I.V. infusion 555 mmol (anhydrous) per L (10%), 1 L *(AB, BX)*
2249J **Glucose,** I.V. infusion 1110 mmol (anhydrous) per L (20%), 1 L *(AB)*
2251L **Glucose,** I.V. infusion 1387 mmol (anhydrous) per L (25%), 1 L *(AB, BX)*
2909D **Glucose Indicator—Blood,** reagent strips, 50 *(Ames-BG)*
1535T **Insulin Isophane (N.P.H.),** injections (human) 100 units per mL, 2.5 mL, 5 *(Insulatard Human Nordisk 2.5 mL Insuject-X)*
1537X **Insulin Neutral,** injections (human) 100 units per mL, 2.5 mL, 5 *(Velosulin Human Nordisk 2.5 mL Insuject (white))*
1431H **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane),** injection (human) 100 units (15 units-85 units) per mL, 10 mL *(Mixtard 15/85 Human)*
1461X **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane),** injections (human) 100 units (15 units-85 units) per mL, 2.5 mL, 5 *(Mixtard 15/85 Human Nordisk 2.5 mL Insuject-X)*
1430G **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane),** injections (human) 100 units (30 units-70 units) per mL, 2.5 mL, 5 *(Mixtard 30/70 Human Nordisk 2.5 mL Insuject-X)*
1462Y **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane),** injections (human) 100 units (50 units-50 units) per mL, 2.5 mL, 5 *(Mixtard 50/50 Human Nordisk 2.5 mL Insuject-X)*
3084H **Lincomycin,** injection 300 mg in 1 mL *(Lincocin SS Paediatric)*
2398F **Methsuximide,** capsule 300 mg *(Celontin)*
2903T **Oxymetholone,** tablet 100 mg *(Adroyd)*
1843B **Phenindione,** tablet 10 mg *(Dindevan)*
1863C **Phensuximide,** capsule 500 mg *(Milontin)*
1074M **Procainamide Hydrochloride,** capsule 375 mg *(Pronestyl)*
2830Y **Propranolol Hydrochloride,** injection 1 mg in 1 mL *(Inderal)*
2271M **Sodium Chloride with Glucose,** I.V. infusion 154 mmol-278 mmol (anhydrous) per L (0.9%-5%), 1 L *(BX)*
2288K **Sodium Lactate Compound with Anhydrous Glucose,** I.V. infusion with 278 mmol per L (5%), 1 L *(BX)*
2907B **Streptokinase,** injection 750,000 i.u. (solvent required) *(Kabikinase, Streptase)*

2613M **Theophylline,** elixir 80 mg per 15 mL, 500 mL *(Elixophyllin)*
2925Y **Trimethoprim,** paediatric oral suspension 50 mg per 5 mL, 105 mL *(Triprim)*
2372W **Vincristine Sulfate,** injection set containing 5 mg and 10 mL solvent *(BL)*

ALTERATIONS

Unrestricted to Restricted

1890L **Amoxycillin with Clavulanic Acid,** tablet 250 mg-125 mg *(Augmentin, Clavulin 250)*
1891M **Amoxycillin with Clavulanic Acid,** tablet 500 mg-125 mg *(Augmentin Forte, Clavulin 500)*
1892N **Amoxycillin with Clavulanic Acid,** powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL *(Augmentin)*
1893P **Amoxycillin with Clavulanic Acid,** powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL *(Augmentin Forte)*
1157X **Cimetidine,** tablet 200 mg *(Magicul 200, Tagamet)*
1158Y **Cimetidine,** tablet 400 mg *(Magicul 400, Tagamet)*
1159B **Cimetidine,** tablet 800 mg *(Magicul 800, Tagamet)*
1156W **Cimetidine,** effervescent tablet 800 mg (as hydrochloride) *(Tagamet 800 Express)*
2487X **Famotidine,** tablet 20 mg *(Amfamox 20, Pepcidine M)*
2488Y **Famotidine,** tablet 40 mg *(Amfamox 40, Pepcidine)*
1505F **Nizatidine,** capsule 150 mg *(Tazac)*
1504E **Nizatidine,** capsule 300 mg *(Tazac)*
1978D **Ranitidine Hydrochloride,** tablet 150 mg (base) *(Zantac)*
1937Y **Ranitidine Hydrochloride,** effervescent tablet 150 mg (base) *(Zantac)*
1977C **Ranitidine Hydrochloride,** tablet 300 mg (base) *(Zantac)*

Restricted to Unrestricted

1375J **Epirubicin Hydrochloride,** solution for I.V. injection 10 mg in 5 mL *(Pharmorubicin Solution)*
1376K **Epirubicin Hydrochloride,** solution for I.V. injection 20 mg in 10 mL *(Pharmorubicin Solution)*
1377L **Epirubicin Hydrochloride,** solution for I.V. injection 50 mg in 25 mL *(Pharmorubicin Solution)*
1920C **Prednisolone Sodium Phosphate,** retention enema equivalent to 20 mg prednisolone in 100 mL *(Predsol)*
2832C **Tetracosactrin,** injection 1 mg in 1 mL *(Synacthen Depot 1)*

Restriction Changes

The following items now require an "Authority Prescription":

2114G **Testosterone Enanthate,** injection 250 mg in 1 mL *(Primoteston Depot)*
2670M **Testosterone Esters,** injection 100 mg *(Sustanon "100")*
2101N **Testosterone Esters,** injection 250 mg *(Sustanon "250")*
2115H **Testosterone Undecanoate,** capsule 40 mg *(Andriol)*

The following restricted benefits no longer require an "Authority Prescription":

2344J **Amiodarone Hydrochloride,** tablet 100 mg *(Aratac 100, Cordarone X 100)*
2343H **Amiodarone Hydrochloride,** tablet 200 mg *(Aratac 200, Cordarone X 200)*
1085D **Cefotaxime,** injection 1 g (solvent required) *(Claforan)*
1086E **Cefotaxime,** injection 2 g (solvent required) *(Claforan)*
1772G **Cefotetan,** injection 1 g (solvent required) *(Apatef)*
1773H **Cefotetan,** injection 2 g (solvent required) *(Apatef)*
1790F **Ceftriaxone,** injection 250 mg (solvent required) *(Rocephin)*
1783W **Ceftriaxone,** injection 500 mg (solvent required) *(Rocephin)*
1784X **Ceftriaxone,** injection 1 g (solvent required) *(Rocephin)*
1785Y **Ceftriaxone,** injection 2 g (solvent required) *(Rocephin)*
1256D **Cephazolin,** injection 500 mg (solvent required) *(Kefzol, Cefamezin)*
1257E **Cephazolin,** injection 1 g *(Kefzol, Cefamezin)*
1088G **Flecainide Acetate,** tablet 50 mg *(Tambocor)*
1090J **Flecainide Acetate,** tablet 100 mg *(Tambocor)*
2312Q **Fusidic Acid,** tablet (sodium salt) 250 mg *(Fucidin)*
2311P **Fusidic Acid,** oral suspension 50 mg per mL, 90 mL *(Fucidin)*
1453L **Gemfibrozil,** tablet 600 mg *(Lopid)*
1579D **Human Chorionic Gonadotrophin,** injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL *(Pregnyl, Profasi 500)*
1580E **Human Chorionic Gonadotrophin,** injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL *(Profasi 1000)*
1581F **Human Chorionic Gonadotrophin,** injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL *(Pregnyl)*
1582G **Human Chorionic Gonadotrophin,** injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL *(Profasi 2000)*
1477R **Human Chorionic Gonadotrophin,** injection set containing one ampoule powder for injection 5,000 units and one ampoule solvent 1 mL *(Pregnyl, Profasi 5000)*
1599E **Human Menopausal Gonadotrophin,** 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 *(Pergonal)*
1600F **Human Menopausal Gonadotrophin,** 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 *(Pergonal 150)*
1603J **Human Menopausal Gonadotrophin standardised with Human Chorionic Gonadotrophin,** 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 *(Humegon)*
1604K **Human Menopausal Gonadotrophin standardised with Human Chorionic Gonadotrophin,** 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 *(Humegon)*
1862B **Phenoxybenzamine Hydrochloride,** capsule 10 mg *(Dibenyline)*
2777E **Pilocarpine,** eye disc 5 mg (releasing 20 micrograms per hour) *(Ocusert Pilo 20)*
2782K **Pilocarpine,** eye disc 11 mg (releasing 40 micrograms per hour) *(Ocusert Pilo 40)*
2831B **Pravastatin Sodium,** tablet 5 mg *(Pravachol)*
2833D **Pravastatin Sodium,** tablet 10 mg *(Pravachol)*
2834E **Pravastatin Sodium,** tablet 20 mg *(Pravachol)*
2013Y **Simvastatin,** tablet 5 mg *(Lipex 5, Zocor)*
2011W **Simvastatin,** tablet 10 mg *(Lipex 10, Zocor)*

2012X **Simvastatin,** tablet 20 mg *(Lipex 20, Zocor)*
2043M **Sotalol Hydrochloride,** tablet 160 mg *(Cardol, Sotacor)*
2905X **Streptokinase,** injection 1,500,000 i.u. (solvent required) *(Kabikinase, Streptase)*
2177N **Ticarcillin,** injection 1 g (solvent required) *(Tarcil, Ticillin)*
2176M **Ticarcillin,** injection 3 g (solvent required) *(Tarcil, Ticillin)*
2179Q **Ticarcillin with Clavulanic Acid,** injection 3 g-100 mg (solvent required) *(Timentin)*
1356J **Tobramycin Sulfate,** injection 80 mg (base) *(Nebcin)*
1601G **Urofollitrophin,** injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL *(Metrodin 75)*
1602H **Urofollitrophin,** injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 10 ampoules solvent 1 mL *(Metrodin 150)*
3113W **Vancomycin,** capsule 125 mg (125,000 i.u.) vancomycin activity *(Vancocin)*
3114X **Vancomycin,** capsule 250 mg (250,000 i.u.) vancomycin activity *(Vancocin)*
3131T **Vancomcyin,** injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) *(Vancocin)*

Other restriction changes:

2502Q **Calcitriol,** capsule 0.25 microgram *(Rocaltrol)*
2892F **Clofibrate,** capsule 500 mg *(Col, Atromid-S)*
1165H **Dexamphetamine Sulfate,** tablet 5 mg *(SI)*
1435M **Fluoxymesterone,** tablet 5 mg *(Halotestin)*
1284N, 1387B **Milk Powder—Lactose Modified,** lactose-predigested powder 500 g *(Digestelact)*
1451J **Mineral Mixture,** powder 250 g *(Aminogran M.M.)*
1942F **Probucol,** tablet 250 mg *(Lurselle)*
2563X **Protein Hydrolysate Formula,** powder 425 g *(Nutramigen)*
2686J **Triglycerides, Medium Chain,** compound powder 454 g *(Portagen)*
2676W **Triglycerides, Medium Chain,** lactalbumin demineralised powder 400 g *(Alfaré)*
2679B **Triglycerides, Medium Chain,** protein hydrolysate compound powder 454 g *(Pregestemil)*
3128P **Triglycerides, Medium Chain,** oil 500 mL *(NU)*
3129Q **Triglycerides, Medium Chain,** oil 1 L *(MJ)*

Caution

The 'CAUTION' "Hepatotoxicity has been reported with this drug" has been added in respect of **Amoxycillin with Clavulanic Acid.**

Notes

The note referring to the 'urgent supply' mechanism has been removed from the following:

Etretinate
Isotretinoin
Lansoprazole
Omeprazole
Ticlopidine Hydrochloride

Notes have been added, amended or deleted in respect of the following:

Amoxycillin with Clavulanic Acid
Clofibrate
Gemfibrozil
Human Chorionic Gonadotrophin
Human Menopausal Gonadotrophin
Human Menopausal Gonadotrophin standardised with Human Chorionic Gonadotrophin
Methadone Hydrochloride
Minocycline [capsule 100 mg]
Morphine Hydrochloride
Morphine Sulfate
Oxycodone
Oxycodone Hydrochloride
Pethidine Hydrochloride
Pravastatin Sodium
Protein Hydrolysate Formula
Probucol
Simvastatin
Triglycerides, Medium Chain
Urofollitrophin

Brand Equivalence

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

1967M **Norethisterone,** tablets 350 micrograms, 28 *(Noriday 28 Day)*

The brand equivalence indicator ([a]) has been removed from the following brands at the request of the manufacturers:

1003T **Acyclovir,** tablet 200 mg *(Zovirax 200 mg, Zyclir 200)*
1007B, **Acyclovir,** tablets 200 mg, 90 *(Zovirax 200 mg, Zyclir 200)*
1009D
1052J **Acyclovir,** tablets 800 mg, 35 *(Zovirax 800 mg, Zyclir 800)*
1370D **Enalapril Maleate,** tablet 5 mg *(Amprace 5, Renitec M)*
1368B **Enalapril Maleate,** tablet 10 mg *(Amprace 10, Renitec)*
1369C **Enalapril Maleate,** tablet 20 mg *(Amprace 20, Renitec 20)*
2487X **Famotidine,** tablet 20 mg *(Amfamox 20, Pepcidine M)*
2488Y **Famotidine,** tablet 40 mg *(Amfamox 40, Pepcidine)*

Maximum Quantity

		From	*To*
3079C	**Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine,** powder 200 g *(Methionine, Threonine, Valine-free and Isoleucine low Amino Acid Mix)*	10	5
1775K	**Benzylpenicillin,** injection 600 mg (solvent required) *(CS)*	5	10
3398W	**Benzylpenicillin,** injection 600 mg (solvent required) *(CS)* **(Dental)**	5	10
3399X	**Benzylpenicillin,** injection 3 g (solvent required) *(CS)* **(Dental)**	5	10

2964B	**Cephalothin,** injection 1 g (solvent required) *(Keflin Neutral)*	5	10
3376Q	**Cephalothin,** injection 1 g (solvent required) *(Keflin Neutral)* **(Dental)**	5	10
1397M	**Erythromycin Lactobionate,** I.V. infusion 1 g (base) *(Erythrocin)*	1	5
1068F	**Gentamicin Sulfate,** injection 40 mg (base) in 1 mL *(BL)*	5	10
1168L	**Gentamicin Sulfate,** injection 60 mg (base in 1.5 mL *(BL)*	5	10
2824P	**Gentamicin Sulfate,** injection 80 mg (base) in 2 mL *(Cidomycin, BL)*	5	10
1284N, 1387B	**Milk Powder—Lactose Modified,** lactose-predigested powder 500 g *(Digestelact)*	4	5
3342X	**Nystatin,** tablet 500,000 units *(Nilstat, Mycostatin)* **(Dental)**	25	50
2563X	**Protein Hydrolysate Formula,** powder 425 g *(Nutramigen)*	2	8
1356J	**Tobramycin Sulfate,** injection 80 mg (base) *(Nebcin)*	5	10
2686J	**Triglycerides, Medium Chain,** compound powder 454 g *(Portagen)*	2	8
2676W	**Triglycerides, Medium Chain,** lactalbumin demineralised powder 400 g *(Alfaré)*	2	8
2679B	**Triglycerides, Medium Chain,** protein hydrolysate compound powder 454 g *(Pregestemil)*	2	8

Number of Repeats

		From	*To*
2964B	**Cephalothin,** injection 1 g (solvent required) *(Keflin Neutral)*	..	1
1525G	**Flucloxacillin,** injection 1 g (solvent required) *(Flopen, Floxapen)*	..	1
1353F	**Fosfestrol Sodium,** tablet 120 mg *(Honvan)*	2	5
1068F	**Gentamicin Sulfate,** injection 40 mg (base) in 1 mL *(BL)*	..	1
1168L	**Gentamicin Sulfate,** injection 60 mg (base) in 1.5 mL *(BL)*	..	1
2824P	**Gentamicin Sulfate,** injection 80 mg (base) in 2 mL *(Cidomycin, BL)*	..	1
1865E	**Phenylalanine Low Content Formula,** powder 454 g *(Lofenalac)*	5	8
2563X	**Protein Hydrolysate Formula,** powder 425 g *(Nutramigen)*	20	5
1356J	**Tobramycin Sulfate,** injection 80 mg (base) *(Nebcin)*	..	1
2686J	**Triglycerides, Medium Chain,** compound powder 454 g *(Portagen)*	20	5
2676W	**Triglycerides, Medium Chain,** lactalbumin demineralised powder 400 g *(Alfaré)*	20	5
2679B	**Triglycerides, Medium Chain,** protein hydrolysate compound powder 454 g *(Pregestemil)*	20	5

Description of Form and Proprietary Name

1689X **Beclomethasone Dipropionate**

From

Aqueous nasal spray 50 micrograms per dose, set containing one pump pack (200 doses) and one refill (200 doses) *(Aldecin Aqueous)*

To

Aqueous nasal spray 50 micrograms per dose, 400 doses set containing one pump pack (200 doses) and one refill (200 doses) *(Aldecin Aqueous Set)*

Proprietary Name

1657F	**Beclomethasone Dipropionate,** aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)	*From* *Aldecin Aqueous* *To* *Aldecin Aqueous Pump*
1637E	**Beclomethasone Dipropionate,** aqueous nasal spray refill 50 micrograms per dose (200 doses)	*From* *Aldecin Aqueous* *To* *Aldecin Aqueous Refill*

Addition of Proprietary Name

2852D **Influenza Vaccine,** injection (trivalent) 0.5 mL *(XFLU, SK)*

Manufacturer's Code

		From	*To*
2630K	**Acetylcysteine,** solution for inhalation 200 mg per mL (20%), 10 mL *(Mucomyst)*	AP	BQ
2344J	**Amiodarone Hydrochloride,** tablet 100 mg *(Cordarone X 100)*	WL	SW
2343H	**Amiodarone Hydrochloride,** tablet 200 mg *(Cordarone X 200)*	WL	SW
2967E	**Cholestyramine,** sachets 4.7 g (equivalent to 4 g cholestyramine), 50 *(Questran Lite)*	AP	BQ
2978R	**Cholestyramine,** sachets 9.4 g (equivalent to 8 g cholestyramine), 50 *(Questran Lite)*	AP	BQ
1215Y	**Codeine Phosphate with Paracetamol,** tablet 30 mg-500 mg *(Panadeine Forte Caplets)*	WL	SW
3316M	**Codeine Phosphate with Paracetamol,** tablet 30 mg-500 mg *(Panadeine Forte Caplets)* **(Dental)**	WL	SW
1266P	**Cyclophosphamide,** tablet 50 mg *(Cycloblastin)*	FE	PS
1265N	**Cyclophosphamide,** injection 100 mg (solvent required) *(Cycloblastin)*	FE	PS
2381H	**Cyclophosphamide,** injection 200 mg (solvent required) *(Cycloblastin)*	FE	PS
1079T	**Cyclophosphamide,** injection 500 mg (solvent required) *(Cycloblastin)*	FE	PS
1080W	**Cyclophosphamide,** injection 1 g (solvent required) *(Cycloblastin)*	FE	PS
1285P	**Danazol,** capsule 100 mg *(Danocrine)*	WL	SW
1287R	**Danazol,** capsule 200 mg *(Danocrine)*	WL	SW
1483C	**Dihydrotachysterol,** capsule 125 micrograms *(A.T. 10)*	WL	SW
1336H	**Doxorubicin Hydrochloride,** solution for I.V. injection or intravesical administration 10 mg in 5 mL *(Adriamycin Solution)*	FE	PS
1340M	**Doxorubicin Hydrochloride,** solution for I.V. injection or intravesical administration 20 mg in 10 mL *(Adriamycin Solution)*	FE	PS
1342P	**Doxorubicin Hydrochloride,** solution for I.V. injection or intravesical administration 50 mg in 25 mL *(Adriamycin Solution)*	FE	PS
1375J	**Epirubicin Hydrochloride,** solution for I.V. injection 10 mg in 5 mL *(Pharmorubicin Solution)*	FE	PS
1376K	**Epirubicin Hydrochloride,** solution for I.V. injection 20 mg in 10 mL *(Pharmorubicin Solution)*	FE	PS

1377L	**Epirubicin Hydrochloride,** solution for I.V. injection 50 mg in 25 mL *(Pharmorubicin Solution)*	FE	PS
2726L	**Ferrous Gluconate,** paediatric elixir 300 mg per 5 mL (6%), 100 mL *(Fergon)*	WL	SW
2440K	**Glipizide,** tablet 5 mg *(Minidiab)*	FE	PS
1234Y	**Heparin Calcium,** injection 5,000 units in 0.2 mL *(Calciparine)*	WL	SW
1512N	**Hydroxychloroquine Sulfate,** tablet 200 mg *(Plaquenil)*	WL	SW
2452C	**Idarubicin Hydrochloride,** powder for I.V. injection 5 mg *(Zavedos)*	FE	PS
2453D	**Idarubicin Hydrochloride,** powder for I.V. injection 10 mg *(Zavedos)*	FE	PS
2728N	**Medroxyprogesterone Acetate,** tablet 500 mg *(Farlutal)*	FE	PS
2725K	**Medroxyprogesterone Acetate,** tablet 100 mg *(Farlutal)*	FE	PS
2316X	**Medroxyprogesterone Acetate,** tablet 200 mg *(Farlutal)*	FE	PS
2322F	**Medroxyprogesterone Acetate,** injection 500 mg in 2.5 mL *(Farlutal)*	FE	PS
1622J	**Methotrexate,** tablet 2.5 mg *(Methoblastin)*	FE	PS
1623K	**Methotrexate,** tablet 10 mg *(Methoblastin)*	FE	PS
2395C	**Methotrexate,** injection 50 mg in 2 mL *(Methoblastin)*	FE	PS
1634B	**Methylphenobarbitone,** tablet 60 mg *(Prominal)*	WL	SW
1635C	**Methylphenobarbitone,** tablet 200 mg *(Prominal)*	WL	SW
2451B	**Nalidixic Acid,** tablet 500 mg *(Negram)*	WL	SW
1746X	**Paracetamol,** tablet 500 mg *(Panamax)*	WL	SW
1747Y	**Paracetamol,** mixture 120 mg per 5 mL, 100 mL *(Panamax)*	WL	SW
3348F	**Paracetamol,** mixture 120 mg per 5 mL, 100 mL *(Panamax)* **(Dental)**	WL	SW
2105T, 2108Y	**Temazepam,** capsule 10 mg *(Euhypnos)*	FE	PS
2146Y, 2145X	**Tetracycline Hydrochloride (Buffered),** capsule 250 mg *(Tetrex)*	AP	BC
3386F	**Tetracycline Hydrochloride (Buffered),** capsule 250 mg *(Tetrex)* **(Dental)**	AP	BC

SECTION 100 ITEMS (LEMON PAGES)

The entries in this section now provide a guide to the allowable indications rather than detailed information.

Deletion of Items

Didanosine, tablet 50 mg (chewable/dispersible) *(Videx)*
Didanosine, tablet 150 mg (chewable/dispersible) *(Videx)*
Fluconazole, capsule 50 mg *(Diflucan)*
Fluconazole, capsule 100 mg *(Diflucan)*
Fluconazole, solution for I.V. infusion 100 mg in 50 mL *(Diflucan)*
Fluconazole, solution for I.V. infusion 200 mg in 100 mL *(Diflucan)*

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. Prior approval from the Health Insurance Commission (HIC) is required for prescribing these drugs as pharmaceutical benefits. Prior authority approval from the HIC is also 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 can only be prescribed as pharmaceutical benefits for therapeutic uses specified in the Schedule

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.

A drug may be listed as a restricted benefit, to limit usage to the indications or conditions seen as being appropriate by the Pharmaceutical Benefits Advisory Committee, for either clinical or cost effectiveness reasons; to limit PBS usage to be in accordance with Australian marketing approval; because of concerns about the adverse effects of a drug, or possible misuse, overuse or abuse; to allow controlled introduction of a drug in a new therapeutic class or to limit prescribing to certain settings.

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.

INCREASED REDISPENSING PERIODS FOR PBS REPEAT PRESCRIPTIONS

The PBS safety net, whilst providing great social benefits to the community, also creates an incentive for some people to stockpile drugs at a time when more of the costs of the medication are met by the Government (taxpayer).

The outcome is a major peak in the number of PBS prescriptions dispensed at the end of the safety net period and a trough in the early months of the next year.

This has major public health, waste and cost implications.

For example, hoarding of large quantities of potent medicines in the home can be a hazard to other family members, the medicine or the label directions might become outdated before the medicine is finally used, the patient may not seek necessary medical advice. Hoarding is the antithesis to encouraging consumers to use medicines wisely.

It also places major strains on the supply chain, for the manufacturer and wholesaler who must try to anticipate peak and trough demands, for the doctor who is under pressure from patients to prescribe inappropriately during the peak demand and for the pharmacist who is pressured to dispense inappropriately.

Quantities within the PBS Schedule are designed to provide a normal course of treatment for acute diseases and a month's normal treatment for chronic diseases.

In order to moderate misuse of the safety net and encourage the quality use of medicines, the National Health (Pharmaceutical Benefits) Regulations have been amended to:

- increase the period for redispensing chronically used drugs (i.e. those in the Schedule of Pharmaceutical Benefits with a maximum number of repeat prescriptions of five or more) to not less than 20 days. The exception will be eye drops which often tend to be used at a higher rate.
- for other PBS drugs and eye drops, the redispensing period will be four rather than the previous three days.

In both cases, the pharmacist has the discretion to supply earlier than the statutory period if the circumstances warrant e.g. the medicine is lost or the prescribed dosage requires more frequent dispensing of repeats.

The requirements will apply to the resupply of the same form and strength of a drug substance, not just to individual prescriptions.

BRAND SUBSTITUTION IS LEGAL FROM 1 DECEMBER 1994

The National Health Act has been amended to allow brand (or generic) substitution of pharmaceutical benefits under certain circumstances.

The pharmacist is able to supply an alternative brand of a benefit where:

- the brands are flagged in the Schedule as being equivalent and interchangeable. These brands are identified by 'a' before the brand name in the Schedule (refer to page 2 of Section 2), and
- the prescriber has not identified on the prescription that brand substitution should not occur, and
- it is permissible under State law.

Prescription pads will be printed with a box for the prescriber to tick on those occasions when brand substitution is not appropriate and therefore not permitted.

Until current prescription pads are used up and prescribers receive stocks of the new pads, the prescriber can endorse the prescription when necessary that brand substitution is not permitted.

If a stamp is used to veto substitution, the prescriber will also need to initial the stamped statement to indicate that it was in fact the prescriber who endorsed the prescription.

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.

Are you concerned about inappropriate promotion of medicines?

Australia has a system of co-regulation for promotion of prescription and non-prescription/over-the-counter medicines, with Government support for industry self-regulation.

You can improve the standard of promotion by expressing any concerns.

The industry associations representing manufacturers of prescription medicines (APMA) and non-prescription OTC medicines (PMAA) both operate ethical codes which set standards that must be met by members when promoting medicines to healthcare professionals and consumers. Complaints submitted to each Association are heard by Committees containing public, professional and industry representatives and a government observer.

If you have a complaint about an advertisement or any form of promotion for either a prescription or non-prescription product, you are invited to lodge a written complaint to either the APMA or PMAA.

For a copy of the APMA Code of Conduct or the PMAA Code of Practice contact the following:

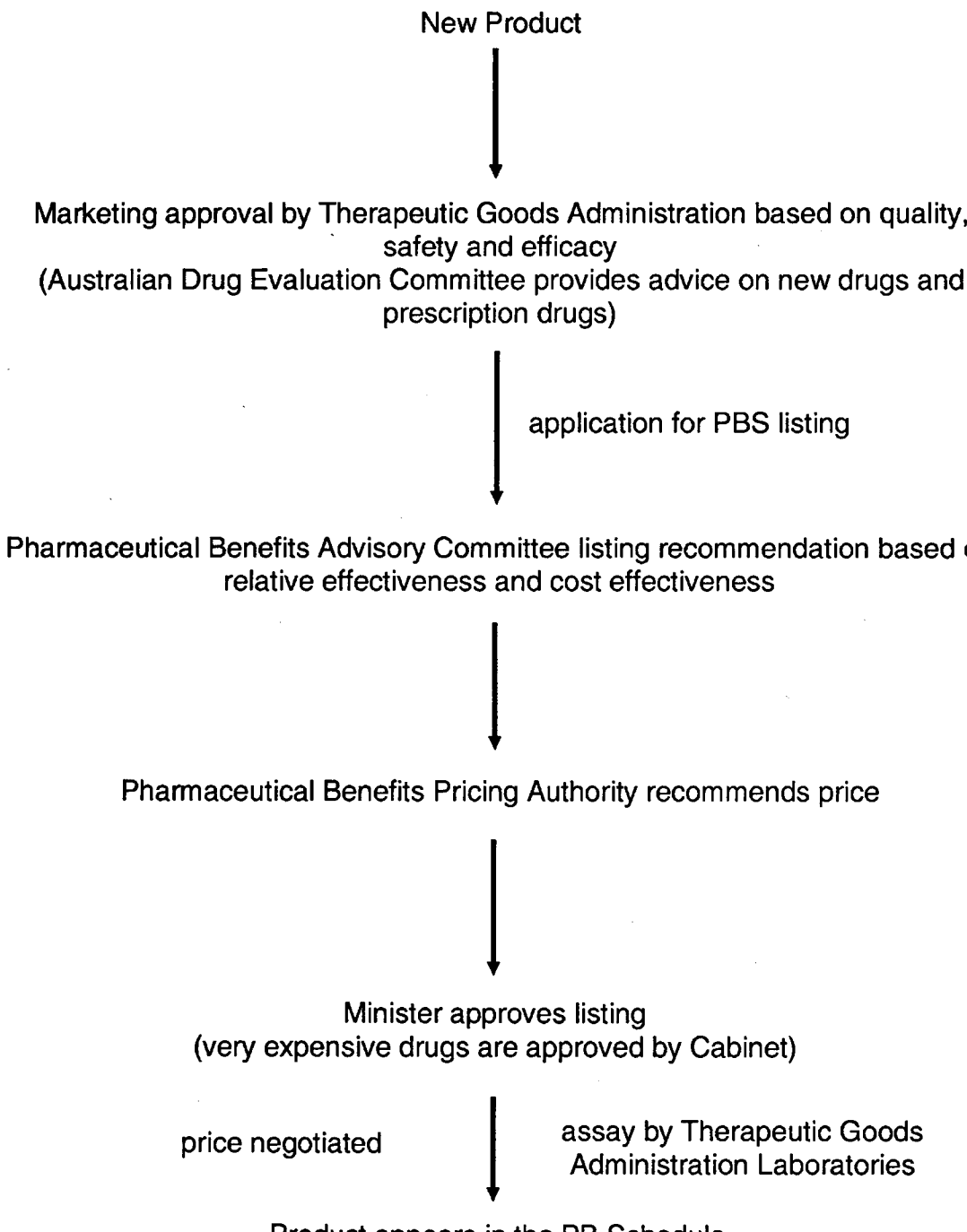
Prescription medicines:

The Secretary
APMA Code of Conduct Subcommittee
Australian Pharmaceutical Manufacturers Association
Level 2, 77 Berry Street
North Sydney NSW 2060
Tel: (02) 922 2699

Non-prescription medicines:

The Executive Director
PMAA Complaints Panel
The Proprietary Medicines Association of Australia
Private Bag 938
North Sydney NSW 2059
Tel: (02) 922 5111

PROCESSING OF A NEW PRODUCT FOR PBS LISTING



Department of Human Services and Health

SCHEDULE OF

PHARMACEUTICAL BENEFITS

for

Approved Pharmacists

and

Medical Practitioners

OPERATIVE FROM 1 DECEMBER 1994

(ALL PREVIOUS EDITIONS CANCELLED)

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Canberra

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CONTENTS

Addresses—Health Insurance Commission

The Health Insurance Commission has responsibility for the operational aspects of the Pharmaceutical Benefits Scheme. This responsibility covers the processing of pharmaceutical benefit and safety net claims and Authority applications (for authority approvals telephone 1800 888 333) together with the distribution of the Schedule of Pharmaceutical Benefits and stationery used by dental and medical practitioners and pharmacists.

The telephone number listed against each of the Commission's processing centres is linked to your State of location. Pharmacists located in the Northern New South Wales Region who have their claims processed by the Commission's Queensland processing centre will have calls directed to Queensland. The local call rate will apply to the 132 290 number in each State.

Requests for copies of the Schedule and/or notification of change of address should be directed to the Pharmaceutical Branch, Health Insurance Commission, GPO Box 9826, in your capital city.

Procedures for ordering prescription forms are set out at the end of this section.

NSW/NT/ACT

Pharmaceutical Benefits Branch
4th Floor Medibank House
33 Erskine Street
Sydney NSW 2000
Enquiries— Tel: 132 290

Blacktown Processing Centre
Westpoint Tower
Level 5, 17 Patrick Street
Blacktown NSW 2148
Enquiries— Tel: 132 290

Gosford Processing Centre
Level 2, 107-109 Mann Street
Gosford NSW 2250
Enquiries— Tel: 132 290

VIC

Pharmaceutical Branch
Medibank House
460 Bourke Street
Melbourne Vic 3000
Enquiries— Tel: 132 290

QUEENSLAND

Pharmaceutical Services Branch
444 Queen Street
Brisbane Qld 4000
Enquiries— Tel: 132 290

SOUTH AUSTRALIA

Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063
Enquiries— Tel: 132 290

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
11th Floor R & I Tower
108 St George's Terrace
Perth WA 6000
Enquiries— Tel: 132 290

TASMANIA

Pharmaceutical Branch
242 Liverpool Street
Hobart Tas 7000
Enquiries— Tel: 132 290

NATIONAL PROGRAM MANAGEMENT

Pharmaceutical Program Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2900

Telephone: (06) 203 6333

Authority Prescription Applications

Applications for authority to prescribe "Authority required" items or increased quant and repeats may be made to the Health Insurance Commission by using the free call or mail services.

Telephone Applications

Free call **1800 888 333**
Australia-wide—24 hour service

Mail Applications

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

Requests for Drugs via the Special Access Scheme (SAS)

Requests for individual patient approval to obtain drugs which are available only throu 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 P Box 100 Woden ACT 2606.

Department of Veterans' Affairs

Details of addresses and telephone numbers of the approving authorities within the S offices of the Department of Veterans' Affairs are listed at the front of the Repatria Schedule of Pharmaceutical Benefits.

Poisons Information Centres

ACT
Woden Valley Hospital
Garran
Telephone (06) 285 2852

NSW
Royal Alexandra Hospital for Children
Pyrmont Bridge Road
Camperdown
Telephone (02) 692 6111
Country Areas 1800 251 525

VIC
Royal Children's Hospital
Flemington Road
Parkville
Telephone 0055 15678
Country Areas 1800 133 890

QLD
Pharmacy Department
Royal Children's Hospital
Herston Road
Herston
Telephone (07) 253 8233
Country Areas 1800 177 333

SA
Adelaide Children's Hospital
(Incorporated)
King William Road
North Adelaide
Telephone (08) 204 6117
Country Areas and Broken Hill
1800 182 111

WA
Princess Margaret Hospital for
Children
Roberts Road
Subiaco
Telephone (09) 381 1177
Country Areas 1800 119 244

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

TAS
Please direct enquiries to NSW

Drug Information Centres

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

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

Drug Information Pharmacist
Hunter Drug Information Service
Locked Bag 7
Hunter Regional Mail Centre
NSW 2310
Tel: (049) 211 278
(049) 211 328

VIC
Drug Information Pharmacist
Victorian Drug Information Centre
C/- Post Office
Royal Melbourne Hospital
Parkville Vic 3050
Tel: (03) 342 7777

Senior Drug Information Pharmacist
Drug Information Centre
Heidelberg Repatriation Hospital
Banksia Street
West Heidelberg Vic 3081
Tel: (03) 496 2881

Drug Information Pharmacist
Drug Information Centre
Monash Medical Centre
246 Clayton Road
Clayton Vic 3168
Tel: (03) 550 2361

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

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

Drug Information Pharmacist
South Australian Drug Information
Centre
Flinders Medical Centre
Bedford Park SA 5042
Tel: (08) 204 5301

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

WA
Drug Information Pharmacist
Sir Charles Gairdner Hospital
Verdun Street
Nedlands WA 6009
Tel: (09) 346 2923

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

TAS
Drug Information Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart Tas 7001
Tel: (002) 38 873

List of Contact Officers for Recalls of Therapeutic Goods

For details of consumer level recalls only—Telephone 1800 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 Human Services and Health
(Compliance Branch)
PO Box 100
Woden ACT 2606

Mr G.M. James ..... *(06) 239 8660*
Mr R W Nixon ..... *(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
PO Box 4057
Melbourne Vic 3001

Mrs J.A. Downie ..... *(03) 412 7966*
Mr K. Moyle ..... *(03) 412 7997*

Northern Territory

NT Department of Health
and Community Services
PO Box 40596
Casuarine NT 0811

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) 216 0244*
Mr R. Lowry ..... *(07) 234 0960*

South Australia

Public & Environmental Health Service
South Australian Health Commission
PO Box 65
Rundle Mall SA 5000

Drugs—
Mr M. L. Abbott ..... *(08) 226 6324*
Mr R. J. Grant ..... *(08) 226 6406*
Therapeutic Devices—
Mr M L Abbott ..... *(08) 226 6324*
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 3913*

Western Australia

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

Mr R. Moyle ..... *(09) 222 4985*
Mr M. Patterson ..... *(09) 222 4980*

PBS/RPBS PRESCRIPTION PAD ORDERING

The PBS/RPBS Prescription Forms are supplied as follows:

Medical Practitioners:

- *Personalised*—these forms are printed with the medical practitioner's name, qualifications, practice address/es, telephone number and prescriber number.
- *Non-personalised (blank)*—these forms are distributed as an emergency supply and are made available in quantities of up to a maximum of 5 books of 100 (NCR) forms.
- *Locum*—these forms are printed with the medical practitioner's name and prescriber number and make provision for the recording of a telephone number (if available) and the address of the practice at which the medical practitioner is practising.

The forms are available in quantities of 10, 25, 50 and 100 books with each book comprising 100 (NCR) non-carbon duplicate forms. The above prescription forms are supplied at no cost.

- *Computer prescription forms*—either continuous or single sheet.

A charge of $150 per 10,000 forms is made for these forms.

Dental Practitioners:

- *Non-personalised*—provision for the dentist to record name, address and DP number. They are usually supplied in small quantities of up to a maximum of 10 books with each book comprising 100 (NCR) non-carbon duplicate forms. Most orders are for quantities of 5 books.

The above prescription forms are supplied at no cost.

PBS/RPBS AUTHORITY PRESCRIPTION FORMS

These forms are supplied without cost to medical practitioners in similar formats to the standard prescription forms.

The forms are available in quantities of 10, 20, and 30 books with each book comprising 25 NCR non-carbon four-part forms i.e. an original, duplicate, HIC/DVA copy and doctor's copy.

The Health Insurance Commission does not supply Authority Prescription Forms specifically designed for generation in computer printers although some doctors have applied for approval to use the standard Authority Prescription Form in a computer printer.

Order Forms

PBS/RPBS Standard and Authority Prescription Forms

Orders for both the PBS/RPBS Prescription Forms and PBS/RPBS Authority Prescription Forms must be made on order forms which may be obtained from the stationery officers in the appropriate State as listed in this Schedule. Order forms for standard Prescription Forms are yellow and those for Authority Prescription Forms are pink.

Orders for computer stationery

Orders for computer prescription form stationery must be made on an order form which may be obtained from the address shown below. Each order must be accompanied by a cheque for the appropriate amount made payable to the Health Insurance Commission. Doctors must have prior approval to generate prescriptions by computer, which can be arranged by contacting the number shown below.

All order forms must be returned to the address shown at the foot of each form which is:

Prescription Pad Order Clerk
Pharmaceutical Program Branch
Health Insurance Commission
PO Box 1001
Tuggeranong ACT 2901

Telephone (06) 203 6893
Fax (06) 203 6888

Supply of Prescription Forms to Public Hospitals

Prescription forms are not made available to public hospitals except for use in the accident and emergency areas after hours. Only doctors with the right to private practice within the public hospital will be supplied with forms and the practice address printed on the form must include the doctor's private suite or room number.

The supply of drugs prescribed by medical practitioners who work in public hospitals without the right to private practice is covered by the Medicare cost sharing arrangements.

Section 1—Explanatory Notes

These notes are designed for use by medical practitioners and approved pharmacists when prescribing or supplying 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 to outpatients 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 $16.20 (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 $16.20.

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 Concession Card
- Commonwealth Seniors Health 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—

The safety net threshold is currently $400.00 and is indexed for movements in the CPI 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. As from 1 January 1995 the general safety net is restricted to persons eligible for Medicare benefits.

(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 $16.20 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. Community pharmacists only need to ensure that entries on public hospital PRFs have been initialled and that the total of expenditure recorded on the cards is correct;

(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 supply 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 supply 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.*

Supply 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 supplied as a concessional benefit payment will be conditional upon the entitlement of the beneficiary at the date of supply. 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 supply 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, supply 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 supply as concessional. The Commission will follow the matter up with the Department of Social Security. If no proof available, supply 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 $16.20, an amount of $16.20 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 $16.20 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 $48.60 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 $16.20 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 Concession Card
- Commonwealth Seniors Health 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 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***. Items which appear in more than one therapeutic group are cross-referenced.

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 Therapeutic Index and a Generic/Proprietary Index of PBS and RPBS ready prepared items are 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 SUPPLIED

Drugs of Addiction

89. ***Care must be taken to comply with the provisions of State/Territory 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/Territory 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/Territory Health Authority or officer is required in all States/Territories 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/Territory law, in particular by stating the interval of repeat where repeats are called for and by obtaining State/Territories 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 PBS/RPBS authority prescription forms, 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.

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. Generally, a pharmaceutical benefit may not be supplied to the same person more than once in any five days (see paragraphs 120 and 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

an application, stating the disease or purpose for which the benefit is required, must be made on the combined application/authority (PBS Authority Prescription) form. 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, a PBS Authority to Prescribe will be forwarded to the medical practitioner, specifying what has been approved. A new prescription should then be written on the form, the original and duplicate sent to the patient, and the triplicate (blue 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; or

(b) seek telephone approval. The telephone number for approvals is **1800 888 333** (24 hours, Australia-wide).

Regulation 24

111. While a pharmaceutical benefit may not be supplied to the same person more than once in any five 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 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 at the commencement of 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 the original and duplicate to the supplier. The supplier must receive the prescription within seven days of the date of 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 forward the completed Authority Prescription form to the supplier. The supplier must receive the prescription within seven days of the date of supply.*

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. Once a pharmaceutical benefit has been supplied to a patient, that benefit may not again be supplied to that patient:

(a) in the case of a benefit for which more than four repeats are allowable, other than eye preparations—on that day or on any of the 20 days following that day; or

(b) in the case of any other benefit—on that day or on any of the four days following that day

unless the prescription is endorsed 'Regulation 24' in the case of a PBS prescription or 'hardship conditions apply' in the case of a RPBS prescription (see paragraph 111).

121. If the prescription directs the supply of a quantity insufficient for the treatment of the patient for the relevant period specified in paragraph 120, or if the benefit is destroyed, lost or stolen, the approved pharmacist can supply the benefit within that period so as not to interrupt the patient's treatment. The approved pharmacist must, in these cases, endorse the prescription with the words 'immediate supply necessary' 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 supplied 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 supplied 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 supplied.

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. An approved pharmacist may supply, without reference to the prescriber, an alternative brand of a benefit prescribed by a medical practitioner or participating dental practitioner provided that—

(a) the prescriber has not specified on the prescription that brand substitution should not occur; or

(b) the prescribed brand and the substitute brand are indicated in the Schedule of Pharmaceutical Benefits as being equivalent (see 'Brand equivalence', Section 2, page 2); and

(c) the supply of the substitute brand does not contravene the law of the relevant State or Territory.

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. 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 supplied 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 supplied 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) if brand substitution has occurred (see paragraph 127), the name of the brand actually supplied;

(g) 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);

(h) 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;

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

(j) 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 so as to be received by the approved pharmacist within seven days of the date of supply.*** 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 supplied 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.

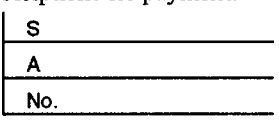
PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

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:



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 benefit is supplied on a Repeat Authorisation 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 Human Services and Health 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 Supplying a Repeat

169. It is the responsibility of the approved pharmacist supplying a repeat 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 SUPPLY OF PHARMACEUTICAL BENEFITS

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 supplied 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 supplied 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 prepared 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 supplied 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 supplied.

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.

Index of Manufacturers' Codes

Code	*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: 1800 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: 1800 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
BC	Bristol Laboratories A Division of Bristol-Myers Squibb Pharmaceuticals Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 213 4000 Fax: (03) 795 0968
BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 008 269 933 Fax: (02) 887 3487
BF	Pilkington Barnes Hind Pty Ltd Unit 1-2 Brookvale Business Centre 9 Powells Road Brookvale NSW 2100 Tel: 1800 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

Code	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) 550 2999 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) 352 4600 Fax: (02) 352 4628
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: 1800 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: 1800 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

Code	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
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: 1800 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
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
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
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: 1800 800 765 Fax: (02) 975 5374
JC	Janssen-Cilag Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066 Tel: 1800 226 334 Fax: (02) 428 2353
JJ	Johnson & Johnson Medical 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 878 9111 Fax: 1800 808 233
JP	Janssen Pharmaceutica Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066 Tel: 1800 226 334 Fax: (02) 428 2353
JT	Johnson & Johnson Pacific Pty Limited Stephen Road Botany NSW 2019 Tel: (02) 316 0466 Fax: (02) 666 3162
KC	Kimberly-Clark Australia Pty Ltd 52 Alfred Street South 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: 008 252 467 Fax: (02) 888 7378
KN	Knoll AG, Germany 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 317 8666 Fax: (02) 669 2578

Code	Manufacturer
KR	Kenral Division of Upjohn Pty Limited 55-73 Kirby Street Rydalmere NSW 2116 Tel: (02) 638 0531 Fax: (02) 684 2130
KY	Key Pharmaceuticals Pty Ltd 21 Leeds Street Rhodes NSW 2138 Tel: (02) 736 3811 Fax: (02) 736 3316
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 6416
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
MD	Macarthur Research A Division of Syntex Australia Limited Funds of Australia Building 275 Alfred Street North North Sydney NSW 2060 Tel: (02) 922 7688 Fax: (02) 922 2951
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
MM	3M Pharmaceuticals Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 875 6333 Fax: (02) 875 6416
MS	MediSense Australia Pty Ltd 1A Weston Street Balwyn Vic 3103 Tel: (03) 836 6111 Fax: (03) 836 6900
NA	National Diagnostic Products (Australia) Pty Ltd 12 Stella Close Killara NSW 2071 Tel: (02) 418 1100 Fax: (02) 540 1359
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 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) 931 2610

Manufacturer

Nutricia
3 Montague Street
Balmain NSW 2041
Tel: (02) 555 1885
Fax: (02) 810 8264

Oral B Laboratories Pty Ltd
Level 3, 90 Mount Street
North Sydney NSW 2060
Tel: (02) 957 6499
Fax: (02) 957 5383

Owen Laboratories
Division of Galderma Australia Pty Ltd
Allambie Grove Park
25 Frenchs Forest Road
Frenchs Forest NSW 2086
Tel: 1800 800 765
Fax: (02) 975 5374

Colgate Oral Care
345 George Street
Sydney NSW 2000
Tel: (02) 229 5600
Fax: (02) 232 8448

Organon Pharmaceuticals
A Division of Organon (Australia) Pty Limited
31-33 Sirius Road
Lane Cove NSW 2066
Tel: (02) 428 9411
Fax: (02) 428 1732

Organon (Australia) Pty Limited
31-33 Sirius Road
Lane Cove NSW 2066
Tel: (02) 428 9411
Fax: (02) 428 1732

Parke Davis Pty Ltd
32 Cawarra Road
Caringbah NSW 2229
Tel: (02) 526 9500
Fax: (02) 525 6237

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

Petrus Pharmaceuticals
1360 Viveash Road
Swan View WA 6056
Tel: (09) 294 4333
Fax: (09) 294 4777

Pharmacia (Australia) Pty Ltd
4 Byfield Street
North Ryde NSW 2113
Tel: (02) 888 3622
Fax: (02) 888 7298

Code	*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
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

Code	Manufacturer
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: 008 335 061 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
SW	Sanofi Winthrop 82 Hughes Avenue Ermington NSW 2115 Tel: (02) 684 0888 Fax: (02) 684 1018
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: 008 226 223 Fax: (02) 949 5561
WE	Wille Laboratories Pty Ltd 100 Antimony Street Carole Park Qld 4300 Tel: (07) 271 2677 Fax: (07) 271 1315
WT	Whitehall Laboratories Pty Limited 102 Bonds Road Punchbowl NSW 2196 Tel: (02) 534 1000 Fax: (02) 533 3980

Code	Manufacturer
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

Code	Manufacturer

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. These listings include a guide to the allowable indications. Complete details of the criteria for prescribing 'highly specialised drugs' as benefits are available from the Secretariat of the Highly Specialised Drugs Working Party (contact phone number 06 289 7238).

Item and Section 100 restriction	Pack Size	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	*100*	*72.00*	*Clozaril*	*SZ*
Tablet 100 mg	*100*	*270.00*	*Clozaril*	*SZ*
CYCLOSPORIN *For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation).*				
Capsule 25 mg	*50*	*87.60*	*Sandimmun*	*SZ*
Capsule 50 mg	*50*	*175.15*	*Sandimmun*	*SZ*
Capsule 100 mg	*50*	*350.30*	*Sandimmun*	*SZ*
Oral solution 100 mg per mL, 50 mL	*1*	*368.75*	*Sandimmun*	*SZ*
Solution concentrate for I.V. infusion 50 mg in 1 mL ampoule	*10*	*54.10*	*Sandimmun*	*SZ*
Solution concentrate for I.V. infusion 250 mg in 5 mL ampoule	*10*	*257.95*	*Sandimmun*	*SZ*
DESFERRIOXAMINE MESYLATE *Iron overload associated with thalassaemia major; Primary idiopathic haemochromatosis in patients unable to tolerate venesections.*				
Powder for injection 500 mg vial	*10*	*108.27*	*Desferal*	*CG*
DIDANOSINE *Certain patients with advanced HIV infection.*				
Tablet 25 mg (chewable/dispersible)	*60*	*35.98*	*Videx*	*BQ*
Tablet 100 mg (chewable/dispersible)	*60*	*143.92*	*Videx*	*BQ*
Powder for paediatric oral solution 2 g in 120 mL	*1*	*47.97*	*Videx*	*BQ*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
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 vial	*6*	*272.00*	*Eprex*	*JC*
Injection 4,000 units in 1 mL vial	*6*	*467.00*	*Eprex*	*JC*
Injection 10,000 units in 1 mL vial	*6*	*1067.00*	*Eprex*	*JC*
FILGRASTIM *Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent autologous bone marrow transplantation;* *Patients with certain malignancies being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission;* *Certain patients with:* *severe congenital neutropenia;* *severe chronic neutropenia;* *chronic cyclic neutropenia.*				
Injection 300 micrograms in 1 mL vial	*10*	*1504.00*	*Neupogen*	*AN*
Injection 480 micrograms in 1.6 mL vial	*10*	*2407.00*	*Neupogen*	*AN*
FOSCARNET SODIUM *Sight threatening cytomegalovirus retinitis in patients with AIDS.*				
I.V. infusion 24 mg per mL, 250 mL bottle	*6*	*395.00*	*Foscavir*	*AP*
I.V. infusion 24 mg per mL, 500 mL bottle	*6*	*660.00*	*Foscavir*	*AP*
GANCICLOVIR SODIUM *Sight threatening cytomegalovirus retinitis in severely immunocompromised patients.*				
Powder for I.V. infusion equivalent to 500 mg ganciclovir, vial	*1*	*57.71*	*Cymevene*	*SD*
INTERFERON ALFA-2a *Certain patients with chronic active hepatitis B;* *Use in the treatment of Philadelphia chromosome-positive myelogenous leukaemia in the chronic phase.*				
Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 1 mL	*1*	*145.80*	*Roferon-A*	*RO*
Injection set containing 5 vials powder for injection 4,500,000 i.u. and 5 ampoules solvent 1 mL	*1*	*218.70*	*Roferon-A*	*RO*
Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 1 mL	*1*	*437.40*	*Roferon-A*	*RO*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
INTERFERON ALFA-2b				
Certain patients with chronic active hepatitis B; Use in the treatment of Philadelphia chromosome-positive myelogenous leukaemia in the chronic phase.				
Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*145.80*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 5,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*243.00*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*437.40*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 10,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*486.00*	*Intron A*	*SH*
Certain patients with chronic active hepatitis C.				
Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*145.80*	*Intron A*	*SH*
LENOGRASTIM				
Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation; Patients with certain malignancies being treated with aggresstve chemotherapy with the intention of achieving a cure or substantial remission.				
Powder for injection 33,600,000 i.u. (263 micrograms) vial	*1*	*128.36*	*Granocyte*	*AD*
ZALCITABINE				
Treatment of HIV infection in certain individuals; Combination therapy with zidovudine in certain cases of advanced HIV infection.				
Tablet 375 micrograms	*100*	*193.75*	*Hivid*	*RO*
Tablet 750 micrograms	*100*	*242.18*	*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	*100*	*247.24*	*Retrovir*	*BW*
Capsule 250 mg	*40*	*247.24*	*Retrovir*	*BW*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
ITEMS AVAILABLE DIRECT FROM THE MANUFACTURER				
BOTULINUM TOXIN TYPE A *PURIFIED NEUROTOXIN COMPLEX* *Arrangements to prescribe this item should be made by medical practitioners with the Health Insurance Commission, contact phone number 06 203 6890.* *Treatment of blepharospasm associated with dystonia, including hemifacial spasm in patients 12 years and older.*				
Lyophilised powder for I.M. injection 100 units vial	*1*	*450.00*	*Botox*	*AG*
ITEMS AVAILABLE ON APPROVAL OF THE DEPARTMENT OF HUMAN SERVICES AND HEALTH AND DISTRIBUTED BY MANUFACTURERS				
SOMATROPIN *(Recombinant human growth hormone)* *Short stature 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 Human Services and Health* *GPO Box 9848* *CANBERRA ACT 2601* *Contact phone number 06 289 7274*				
Injection 4 i.u. vial	*1* *1*	*72.48* *81.50*	*Saizen* *Humatrope*	*SG* *LY*
Injection 4 i.u. cartridge	*1*	*76.12*	*Genotropin*	*PS*
Injection 10 i.u. vial	*1*	*181.20*	*Saizen*	*SG*
Injection 12 i.u. vial	*1*	*230.76*	*Norditropin*	*NO*
Injection 16 i.u. vial	*1*	*326.00*	*Humatrope*	*LY*
Injection 16 i.u. cartridge	*1*	*304.48*	*Genotropin*	*PS*

Therapeutic Index

for

PBS Schedule

Abbreviations:

(Dental) **Dental Benefits**

THERAPEUTIC INDEX

Section 2

Emergency Drug (Doctor's Bag) Supplies

Special Pharmaceutical Benefits

General Pharmaceutical Benefits

Pharmaceutical Benefits for Dental Use

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 $5.55 is included in the dispensed price and, where appropriate, an amount for purified water.

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%)

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, and the results of a workshop conducted in May 1994 to review more recent evidence, the following criteria, as recommended by the Pharmaceutical Benefits Advisory Committee, qualify the indication 'dyslipidaemia' in relation to the prescribing of gemfibrozil, pravastatin sodium and simvastatin as pharmaceutical benefits.

By writing PBS prescriptions for these drugs the prescriber is signifying that the drugs are being prescribed in accordance with the criteria below.

QUALIFYING CRITERIA FOR DYSLIPIDAEMIA

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/Triglyceride Levels

In addition to dietary therapy, drug therapy is indicated in patients in accordance with the table below:

PATIENT CATEGORY	LIPID LEVELS FOR SUBSIDY
Patients with one or more of the following:	
prior cardiovascular disease; peripheral vascular disease; family history of cardiovascular disease (first degree relative less than 60 years of age); familial hypercholesterolaemia; diabetes mellitus	cholesterol >6.5 mmol/L or cholesterol >5.5 mmol/L and HDL <1 mmol/L
Patients with:	
HDL <1 mmol/L; hypertension	cholesterol >6.5 mmol/L
Patients without above risk factors:	
men 35-75 years; postmenopausal women up to 75 years	cholesterol >7.5 mmol/L or triglyceride >4 mmol/L
Patients not included in the above:	cholesterol >9 mmol/L or triglyceride >8 mmol/L

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

continued ☛

Choice of Drug

Predominant hypercholesterolaemia. Because of established efficacy and long term safety, a bile acid resin (cholestyramine or colestipol) should be considered as initial therapy. If cholestyramine or colestipol is 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	
3451P	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	7.83	AP	
3452Q	AMINOPHYLLINE I.V. injection 250 mg in 10 mL	5	10.58	SI	
3453R	ATROPINE SULFATE Injection 600 micrograms in 1 mL	5	8.11	AP	
3457Y	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	17.40	Cogentin	MK
3486L	BENZYLPENICILLIN Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*28.62	CS	
or	*or*				
3485K	PROCAINE PENICILLIN Injection 1.5 g	10	*99.46	Cilicaine	SI
3455W	CHLORPROMAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	12.19	Largactil	MB
or	*or*				
3456X	HALOPERIDOL Injection 5 mg in 1 mL	10	12.18	Serenace	SR
3472R	DEXAMETHASONE Injection 4 mg in 1 mL	5	12.81	Decadron	MK
or	*or*				
3470P	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*10.14	Nordicort Solu-Cortef	NR UP
or	*or*				
3471Q	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	9.56	Solu-Cortef	UP
3458B	DIAZEPAM Injection 10 mg in 2 mL	5	7.31	BL	
3460D	DIHYDROERGOTAMINE MESYLATE Injection 1 mg in 1 mL	5	9.19	Dihydergot	SZ
3461E	DIPHTHERIA and TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*50.78	CS	
3462F	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL	10	*51.58	CS	
3464H	ERGOMETRINE MALEATE Injection 250 micrograms in 1 mL	5	8.38	BL	
3465J	ERYTHROMYCIN I.M. injection 100 mg in 2 mL	5	18.06	Erythrocin-I.M.	AB

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty $	Proprietary Name and Manufacturer	
	FRUSEMIDE				
3466K	Injection 20 mg in 2 mL	5	6.73	Lasix	HP
				AF	
	GLUCAGON HYDROCHLORIDE				
3467L	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	18.65	GlucaGen Hypokit	NO
	GLYCERYL TRINITRATE				
3454T	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)	‡1	16.74	Nitrolingual Spray	FC
	LIGNOCAINE HYDROCHLORIDE				
3474W	Injection 100 mg in 5 mL	4	*18.50	Xylocard 100	AP
	METOCLOPRAMIDE HYDROCHLORIDE				
3476Y	Injection 10 mg in 2 mL	10	9.43	Maxolon	SK
or	*or*				
	PROCHLORPERAZINE				
3477B	Injection 12.5 mg in 1 mL	10	11.09	Compazine	SK
			12.62	Stemetil	MB
	NOTE: As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease.				
	MORPHINE SULFATE				
3479D	Injection 15 mg in 1 mL	5	8.84	BL	
				SI	
			11.24	AP	
or	*or*				
	MORPHINE SULFATE				
3480E	Injection 30 mg in 1 mL	5	11.21	BL	
	NALOXONE HYDROCHLORIDE				
3482G	Injection 2 mg in 5 mL	2	*47.56	Naloxone Min-I-Jet	CS
	PETHIDINE HYDROCHLORIDE				
3483H	Injection 100 mg in 2 mL	5	8.73	BL	
				SI	
			11.49	AP	
	PROMETHAZINE HYDROCHLORIDE				
3488N	Injection 50 mg in 2 mL	10	*13.56	BL	
	SALBUTAMOL SULFATE				
3496B	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	16.25	Respax 2.5 Sterinebs	DW
			16.56	Ventolin Nebules	GL
	SALBUTAMOL SULFATE				
3497C	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	16.95	Respax 5 Sterinebs	DW
			17.26	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	
3490Q	TERBUTALINE SULFATE Injection 100 micrograms in 1 mL	5	7.94	Bricanyl	AP
or	*or*				
3491R	TERBUTALINE SULFATE Injection 500 micrograms in 1 mL	5	8.07	Bricanyl	AP
3493W	TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*45.28	CS	
3494X	VERAPAMIL HYDROCHLORIDE Injection 5 mg in 2 mL	5	9.04	[a] Cordilox [a] Isoptin	SC 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. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 36.

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***	***526.41***	***1066.58***	***16.20***
	CLOMIPHENE CITRATE (Clomid ML)						
	NOTE:						
	Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.						
	Restricted benefit.						
	Anovulatory infertility; Patients undergoing in-vitro fertilisation.						
1211R	***Tablet 50 mg***	***10***	***5***	***32.94***	****36.30***	****69.24***	***16.20***
	POLYGELINE (Haemaccel HP)						
2334W	I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	7.20	*53.99	*61.19	16.20
	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***	***80.43***	***120.10***	***16.20***

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	
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives for local oral treatment***							
	AMPHOTERICIN							
2931G	Lozenge 10 mg	20	1	..	6.48	7.26	Fungilin	BQ
	NYSTATIN							
3032N	Lozenge 100,000 units	20	1	..	6.48	7.26	Nilstat	LE
3033P	Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	7.17	7.95	Mycostatin Nilstat	BQ LE
	• ***Other agents for local oral treatment***							
	BENZYDAMINE HYDROCHLORIDE							
	Restricted benefit.							
	Treatment of radiation induced mucositis.							
1121B	***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL***	***‡1***	***1***	***..***	***15.75***	***16.20***	***Difflam***	***MM***
	ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE							
	Antacids							
	• ***Aluminium compounds***							
	ALUMINIUM HYDROXIDE							
2153H	Oral suspension 321 mg per 5 mL, 500 mL	2	5	..	*10.92	11.70	Amphojel	WT
	ALUMINIUM HYDROXIDE with KAOLIN							
2552H	Oral suspension 137 mg-1 g per 5 mL, 500 mL	‡1	2	..	7.61	8.39	Kaomagma	WT
	• ***Combinations and complexes of aluminium, calcium and magnesium compounds***							
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE							
2576N	Tablet 200 mg-200 mg	200	5	..	*10.92	11.70	Gelusil Mylanta	WW PD
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*10.92	11.70	Gelusil Mylanta	WW PD
2156L	Oral suspension 215 mg-80 mg per 5 mL, 500 mL	2	5	..	*10.92	11.70	Simeco	WT
	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE							
1032H	Tablet 250 mg-120 mg-120 mg	200	5	..	*10.92	11.70	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg-120 mg per 5 mL, 500 mL	2	5	..	*10.92	11.70	Gastrogel	FM

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	
	• ***Antacids, other combinations***							
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE							
2158N	Oral suspension 306 mg-97.5 mg-10 mg per 5 mL, 500 mL	2	5	..	*10.92	11.70	Mucaine	WT
	Drugs for treatment of peptic ulcer							
	• ***H_2-receptor antagonists***							
	CIMETIDINE							
	Restricted benefit.							
	➤ ***Initial and maintenance treatment of peptic ulcer;***							
	➤ ***Reflux oesophagitis;***							
	➤ ***Scleroderma oesophagus;***							
	➤ ***Zollinger-Ellison syndrome.***							
1157X	*Tablet 200 mg*	*120*	*2*	*..*	*32.58*	*16.20*	[a] *Magicul 200*	*AF*
				0.59	*33.17*	*16.20*	[a] *Tagamet*	*SK*
1158Y	*Tablet 400 mg*	*60*	*2*	*..*	*32.58*	*16.20*	[a] *Magicul 400*	*AF*
				0.59	*33.17*	*16.20*	[a] *Tagamet*	*SK*
1159B	*Tablet 800 mg*	*30*	*1*	*..*	*32.58*	*16.20*	[a] *Magicul 800*	*AF*
				0.59	*33.17*	*16.20*	[a] *Tagamet*	*SK*
1156W	*Effervescent tablet 800 mg (as hydrochloride)*	*30*	*1*	*..*	*34.96*	*16.20*	*Tagamet 800 Express*	*SK*
	FAMOTIDINE							
	Restricted benefit.							
	➤ ***Initial and maintenance treatment of duodenal ulcer;***							
	➤ ***Treatment of gastric ulcer;***							
	➤ ***Reflux oesophagitis;***							
	➤ ***Zollinger-Ellison syndrome.***							
2487X	*Tablet 20 mg*	*60*	*2*	*..*	*31.88*	*16.20*	*Amfamox 20* *Pepcidine M*	*AD* *MK*
2488Y	*Tablet 40 mg*	*30*	*1*	*..*	*31.88*	*16.20*	*Amfamox 40* *Pepcidine*	*AD* *MK*
	NIZATIDINE							
	Restricted benefit.							
	➤ ***Initial and maintenance treatment of duodenal ulcer;***							
	➤ ***Treatment of gastric ulcer;***							
	➤ ***Reflux oesophagitis.***							
1505F	*Capsule 150 mg*	*60*	*2*	*..*	*34.96*	*16.20*	*Tazac*	*LY*
1504E	*Capsule 300 mg*	*30*	*1*	*..*	*34.96*	*16.20*	*Tazac*	*LY*

ALIMENTARY TRACT AND METABOLISM —cont.

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	
	RANITIDINE HYDROCHLORIDE							
	Restricted benefit.							
	➤ ***Initial and maintenance treatment of peptic ulcer;***							
	➤ ***Reflux oesophagitis;***							
	➤ ***Scleroderma oesophagus;***							
	➤ ***Zollinger-Ellison syndrome.***							
1978D	*Tablet 150 mg (base)*	*60*	*2*	..	*32.73*	*16.20*	*Zantac*	*GL*
1937Y	*Effervescent tablet 150 mg (base)*	*60*	*2*	..	*32.73*	*16.20*	*Zantac*	*GL*
1977C	*Tablet 300 mg (base)*	*30*	*1*	..	*32.73*	*16.20*	*Zantac*	*GL*
	• *Prostaglandins*							
	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*	..	*45.34*	*16.20*	*Cytotec*	*SR*
	• *Proton pump inhibitors*							
	LANSOPRAZOLE							
	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 lansoprazole must include the date of final assessment (x-ray, endoscopy or surgery).							
2239W	*Capsule 30 mg*	*28*	*1*	..	*91.36*	*16.20*	*Zoton*	*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	
	LANSOPRAZOLE							
	Authority required.							
	Severe refractory ulcerating oesophagitis.							
2240X	***Capsule 30 mg***	***28***	***1***	***..***	***91.36***	***16.20***	***Zoton***	***LE***
	Authority required.							
	Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.							
2241Y	***Capsule 30 mg***	***28***	***5***	***..***	***91.36***	***16.20***	***Zoton***	***LE***
	OMEPRAZOLE							
	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***	***..***	***91.36***	***16.20***	***Losec***	***AP***
	Authority required.							
	Severe refractory ulcerating oesophagitis.							
1327W	***Capsule 20 mg***	***28***	***1***	***..***	***91.36***	***16.20***	***Losec***	***AP***
	Authority required.							
	Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.							
1328X	***Capsule 20 mg***	***28***	***5***	***..***	***91.36***	***16.20***	***Losec***	***AP***
	Authority required.							
	Zollinger-Ellison syndrome.							
1329Y	***Capsule 20 mg***	***56***	***5***	***..***	****178.74***	***16.20***	***Losec***	***AP***
	• ***Other drugs for treatment of peptic ulcer***							
	BISMUTH SUBCITRATE							
	CAUTION:							
	Long-term bismuth therapy is potentially toxic.							
2203Y	Tablet 107.7 mg (Bi)	112	2	..	28.39	16.20	De-Nol	PD

ALIMENTARY TRACT AND METABOLISM —cont.

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	
	SUCRALFATE							
2056F	Tablet 1 g (hydrous)	120	2	..	22.68	16.20	SCF	SR
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	..	22.68	16.20	[a] Ulcyte	AF
				1.65	24.33	16.20	[a] Carafate	BT
	Antiregurgitants							
	• ***Antiregurgitants***							
	SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE							
2014B	Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL	2	5	..	*11.10	11.88	Gaviscon P	RC
	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES							
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids, tertiary amines***							
	ATROPINE SULFATE							
2704H	Tablet 600 micrograms	100	2	..	9.62	10.40	FM	
1089H	Injection 600 micrograms in 1 mL	5	1	..	8.11	8.89	AP	
1091K	Injection 1.2 mg in 1 mL	5	1	..	8.22	9.00	AP	
	BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulfate and Hyoscine Hydrobromide							
2705J	Tablet 92.5 micrograms-13.5 micrograms-9.9 micrograms	100	2	..	5.66	6.44	Atrobel	FM
2706K	Tablet 138.7 micrograms-20.3 micrograms-14.8 micrograms	100	2	..	5.75	6.53	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	..	5.80	6.58	Donnatab	WT
	Propulsives							
	• ***Propulsives***							
	CISAPRIDE							
	Restricted benefit.							
	Gastroparesis; Reflux oesophagitis.							
1188M	***Tablet 5 mg***	***90***	***5***	***..***	***21.71***	***16.20***	***Prepulsid***	***JC***
1189N	***Tablet 10 mg***	***90***	***5***	***..***	***32.75***	***16.20***	***Prepulsid***	***JC***
1190P	***Oral suspension 1 mg per mL, 200 mL***	***‡1***	***5***	***..***	***21.91***	***16.20***	***Prepulsid***	***JC***
	DOMPERIDONE							
1347X	Tablet 10 mg	25	..	..	6.42	7.20	Motilium	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	
	METOCLOPRAMIDE HYDROCHLORIDE							
1207M	Tablet 10 mg	25	..	..	5.64	6.42	Pramin	AF
				1.32	6.96	6.42	Maxolon	SK
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.18	6.96	Maxolon	SK
1206L	Injection 10 mg in 2 mL	10	..	..	9.43	10.21	Maxolon	SK

ANTIEMETICS AND ANTINAUSEANTS

Antiemetics and antinauseants

- ***Serotonin ($5HT_3$) antagonists***

ONDANSETRON

Authority required.

Management of nausea and vomiting associated with cytotoxic chemotherapy or radiotherapy.

1594X	***Tablet 4 mg***	***15***	..	..	***202.98***	***16.20***	***Zofran***	***GL***
1595Y	***Tablet 8 mg***	***15***	..	..	***336.98***	***16.20***	***Zofran***	***GL***
1596B	***I.V. injection 4 mg in 2 mL***	***2***	..	..	***48.68***	***16.20***	***Zofran***	***GL***
1597C	***I.V. injection 8 mg in 4 mL***	***2***	..	..	***82.87***	***16.20***	***Zofran***	***GL***

- ***Other antiemetics***

PROCHLORPERAZINE

CAUTION:

Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.

2893G	Tablet 5 mg	25	..	..	*6.22	7.00	Stemetil	MB
2369Q	Injection 12.5 mg in 1 mL	10	..	..	11.09	11.87	Compazine	SK
				1.53	12.62	11.87	Stemetil	MB
2894H	Suppositories 5 mg, 5	‡1	2	..	9.22	10.00	Stemetil	MB
2895J	Suppositories 25 mg, 5	‡1	2	..	9.74	10.52	Stemetil	MB

NOTE:

As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease.

	PROMETHAZINE THEOCLATE							
3049L	Tablet 25 mg	30	1	..	8.69	9.47	Avomine	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	
	LAXATIVES							
	Laxatives							
	• *Contact laxatives*							
	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*	..	**10.74*	*11.52*	*Bisalax*	*FC*
1260H	*Suppositories 10 mg, 10*	*3*	*5*	..	**20.93*	*16.20*	*Durolax*	*BY*
1258F	*Suppositories 10 mg, 12*	*3*	*4*	..	**16.85*	*16.20*	*PP*	
	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*	..	**20.96*	*16.20*	*Coloxyl*	*FM*

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	
	• *Bulk producers*							
	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*	*..*	**22.46*	*16.20*	*Granocol*	*SC*
1104D	*Granules 620 mg-80 mg per g (62%-8%), 500 g*	*‡1*	*1*	*..*	*19.86*	*16.20*	*Normacol Plus*	*NE*
	• *Osmotically acting laxatives*							
	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*	*..*	*14.71*	*15.49*	[a] *Actilax*	*AF*
				1.76	*16.47*	*15.49*	[a] *Duphalac*	*JC*
	• *Enemas*							
	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.							
1263L	*Enemas 10 mg in 5 mL, 25*	*‡1*	*2*	*..*	*35.00*	*16.20*	*Bisalax*	*FC*

ALIMENTARY TRACT AND METABOLISM —cont.

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	
	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***	***..***	****27.42***	***16.20***	***Microlax***	***PS***
	• ***Other laxatives***							
	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***	***..***	****12.77***	***13.55***	***PP***	
2556M	***Suppositories 1.4 g (for children), 12***	***3***	***5***	***..***	****13.43***	***14.21***	***PP***	
2557N	***Suppositories 2.8 g (for adults), 12***	***3***	***5***	***..***	****13.79***	***14.57***	***PP***	
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
2325J	NEOMYCIN SULFATE Tablet 500 mg	25	1	..	12.78	13.56	Neosulf	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	
	NYSTATIN							
1696G	Tablet 500,000 units	50	..	..	10.71	11.49	Nilstat	LE
				1.11	11.82	11.49	Mycostatin	BQ
1699K	Capsule 500,000 units	50	..	..	10.71	11.49	Mycostatin	BQ
							Nilstat	LE
	VANCOMYCIN							
	Restricted benefit.							
	Antibiotic associated colitis.							
3113W	***Capsule 125 mg (125,000 i.u.) vancomycin activity***	***40***	..	..	****255.32***	***16.20***	***Vancocin***	***LY***
3114X	***Capsule 250 mg (250,000 i.u.) vancomycin activity***	***40***	..	..	****493.98***	***16.20***	***Vancocin***	***LY***

Intestinal adsorbents

- ***Charcoal preparations***

CHARCOAL, ACTIVATED
Restricted benefit.
For colostomy and ileostomy use.

2718C	***Tablet 300 mg***	***500***	***1***	..	***20.48***	***16.20***	***Ad-Sorb Karbons WE(NQ)***	***MM EG***

Electrolytes with carbohydrates

- ***Oral rehydration salt formulations***

	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	..	..	11.12	11.90	Repalyte New Formulation	MB

Antipropulsives

- ***Antipropulsives***

	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE							
2501P	Tablet 2.5 mg-25 micrograms	20	..	..	5.64	6.42	Lomotil	SR
	LOPERAMIDE HYDROCHLORIDE							
1571Q	Capsule 2 mg	12	..	..	5.64	6.42	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	
	Intestinal antiinflammatory agents							
	• *Corticosteroids for local use*							
	HYDROCORTISONE ACETATE **Restricted benefit.** *Proctitis;* *Ulcerative colitis.*							
1502C	*Rectal foam 125 mg per applicator (10%), aerosol 25 g*	*2*	*3*	..	**30.90*	*16.20*	*Colifoam*	*SV*
	[For other listings for this drug see Generic/Proprietary Index]							
	PREDNISOLONE SODIUM PHOSPHATE **Restricted benefit.** *Proctitis;* *Ulcerative colitis.*							
2554K	*Suppositories equivalent to 5 mg prednisolone, 10*	*3*	*3*	..	**21.74*	*16.20*	*Predsol*	*SI*
	PREDNISOLONE SODIUM PHOSPHATE							
1920C	Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*72.06	16.20	Predsol	SI
	• *Aminosalicylic acid and similar agents*							
	MESALAZINE **Authority required.** *Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.*							
1611T	*Tablet 250 mg*	*100*	*5*	..	*73.14*	*16.20*	*Mesasal*	*SK*
	OLSALAZINE SODIUM **Authority required.** *Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.*							
1728Y	*Capsule 250 mg*	*100*	*5*	..	*60.81*	*16.20*	*Dipentum*	*PS*
	SULFASALAZINE **Restricted benefit.** *Crohn's disease;* *Rheumatoid arthritis;* *Ulcerative colitis.*							
2093E	*Tablet 500 mg*	*200*	*5*	..	**38.56*	*16.20*	*Salazopyrin*	*PS*
2096H	*Tablet 500 mg (enteric coated)*	*200*	*5*	..	**42.98*	*16.20*	*Salazopyrin-EN*	*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	
	DIGESTIVES, INCL. ENZYMES							
	Digestives, incl. enzymes							
	• ***Enzyme preparations***							
	PANCREATIN ENZYME							
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	47.43	16.20	Viokase	AY
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	10	..	47.43	16.20	Viokase	AY
	PANCRELIPASE							
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	120.58	16.20	Pancrease	JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	..	*173.82	16.20	Cotazym S Forte	OR
	DRUGS USED IN DIABETES							
	Insulins							
	• ***Insulins***							
	INSULIN, ACID							
1710B	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Insulin 2	NO
	INSULIN ISOPHANE (N.P.H.)							
1711C	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Hypurin Isophane Isotard MC	FC NO
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Humulin NPH Protaphane	LY NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*206.18	16.20	Humulin NPH Protaphane HM Penfill	LY NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*206.18	16.20	Protaphane Penfill 3 mL	NO
	INSULIN NEUTRAL							
1713E	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*100.78	16.20	Hypurin Neutral	FC
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Actrapid Humulin R	NO LY
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*206.18	16.20	Actrapid HM Penfill Humulin R	NO LY
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*206.18	16.20	Actrapid Penfill 3 mL	NO

ALIMENTARY TRACT AND METABOLISM —cont.

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—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)							
1591R	Injection (human) 100 units (20 units-80 units) per mL, 10 mL	5	2	..	*121.53	16.20	Humulin 20/80	LY
1426C	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*121.53	16.20	Humulin 30/70 Mixtard 30/70	LY NO
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*121.53	16.20	Humulin 50/50 Mixtard 50/50	LY NO
2061L	Injections (human) 100 units (15 units-85 units) per mL, 3 mL, 5	5	1	..	*206.18	16.20	Mixtard 15/85 Penfill 3 mL	NO
1592T	Injections (human) 100 units (20 units-80 units) per mL, 1.5 mL, 5	10	1	..	*206.18	16.20	Humulin 20/80	LY
1429F	Injections (human) 100 units (30 units-70 units) per mL, 1.5 mL, 5	10	1	..	*206.18	16.20	Humulin 30/70 Mixtard 30/70 Penfill	LY NO
1763T	Injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*206.18	16.20	Mixtard 30/70 Penfill 3 mL	NO
2062M	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*206.18	16.20	Mixtard 50/50 Penfill 3 mL	NO
	INSULIN PROTAMINE ZINC							
1715G	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Protamine Zinc Insulin MC	NO
	INSULIN ZINC SUSPENSION (Lente)							
1716H	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Lente MC	NO
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Humulin L Monotard	LY NO
	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)							
1721N	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Ultralente MC	NO
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*121.53	16.20	Humulin UL Ultratard	LY NO
	Oral blood glucose lowering drugs							
	• ***Biguanides***							
	METFORMIN HYDROCHLORIDE							
2430X	Tablet 500 mg	100	5	..	15.53	16.20	[a] Diabex [a] Diaformin [a] Glucophage	FC AF LH
1801T	Tablet 850 mg	60	5	..	15.53	16.20	Glucophage	LH

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	
	• ***Sulfonamides, urea derivatives***							
	CHLORPROPAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
1202G	Tablet 250 mg	100	5	..	11.68	12.46	Diabinese	PF
	GLIBENCLAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2940R	Tablet 2.5 mg	100	5	..	7.78	8.56	Semi-Daonil	HP
2939Q	Tablet 5 mg	100	5	..	9.40	10.18	[a] Glimel	AF
				0.52	9.92	10.18	[a] Euglucon	BO
				1.00	10.40	10.18	[a] Daonil	HP
	GLICLAZIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2449X	Tablet 80 mg	100	5	..	14.99	15.77	Diamicron	SE
	GLIPIZIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2440K	Tablet 5 mg	100	5	..	13.88	14.66	[a] Melizide	AF
				1.11	14.99	14.66	[a] Minidiab	PS
	TOLBUTAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2178P	Tablet 500 mg	200	2	..	*15.10	15.88	Rastinon	HP
2607F	Tablet 1 g	100	5	..	15.10	15.88	Rastinon	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	
	VITAMINS							
	Vitamin A and D, incl. combinations of the two							
	• *Vitamin D and analogues*							
	CALCITRIOL							
	Authority required.							
	➤ ***Established post-menopausal osteoporosis in patients with fracture due to minimal trauma; Hypocalcaemia due to renal disease; Hypoparathyroidism; Hypophosphataemic rickets; Vitamin D-resistant rickets.***							
2502Q	***Capsule 0.25 microgram***	***100***	***5***	***..***	***62.28***	***16.20***	***Rocaltrol***	***RO***
	DIHYDROTACHYSTEROL							
	Authority required.							
	Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.							
1483C	***Capsule 125 micrograms***	***100***	***5***	***..***	***42.87***	***16.20***	***A.T.10***	***SW***
	ERGOCALCIFEROL							
	Restricted benefit.							
	Hypocalcaemia; Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.							
2498L	***Tablet 250 micrograms***	***100***	***5***	***..***	***25.09***	***16.20***	***Ostelin***	***BT***
	Vitamin B_1, plain and in combination with vitamin B_6 and vitamin B_{12}							
	• *Thiamine (vitamin B_1), plain*							
	THIAMINE HYDROCHLORIDE							
1070H	Tablet 100 mg	100	2	..	7.38	8.16	Betamin Invite-B	RR NN
1065C	Injection 100 mg in 1 mL	5	1	..	7.50	8.28	Beta-Sol	FM

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	
	Other plain vitamin preparations							
	• ***Other plain vitamin preparations***							
	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***	..	..	***7.46***	***8.24***	***FM***	
	PYRIDOXINE HYDROCHLORIDE							
1961F	Injection 50 mg in 1 mL	5	1	..	9.01	9.79	FM	
	MINERAL SUPPLEMENTS							
	Calcium							
	• ***Calcium***							
	CALCIUM							
	Restricted benefit.							
	Hyperphosphataemia in chronic renal failure;							
	Hypocalcaemia;							
	Osteoporosis;							
	Proven malabsorption.							
3116B	***Tablet (chewable) 500 mg (as carbonate)***	***120***	***1***	..	****11.96***	***12.74***	***Cal-Sup***	***MM***
3117C	***Tablet 600 mg (as carbonate)***	***120***	***1***	..	***11.78***	***12.56***	***Caltrate***	***LE***
3122H	***Compound effervescent tablet equivalent to 1 g (25 mmol) Ca^{2+}***	***60***	***1***	..	****14.46***	***15.24***	***Sandocal 1000***	***SZ***
	NOTE:							
	Each 'Sandocal 1000' tablet also contains 18 mmol Na^+.							
	Potassium							
	• ***Potassium***							
	POTASSIUM CHLORIDE							
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.14	10.92	KSR Slow-K Span-K	AF CG FC
3012M	Effervescent tablet 14 mmol K^+ and 8 mmol Cl^-	60	1	..	*10.14	10.92	Chlorvescent	FC
2625E	Elixir 1.5 g (20 mmol K^+ and 20 mmol Cl^-) per 15 mL, 500 mL	2	1	..	*10.14	10.92	Kay Ciel	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	
	ANABOLIC AGENTS FOR SYSTEMIC USE							
	Anabolic steroids							
	• *Androstan derivatives*							
	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*	..	**40.72*	*16.20*	*Primobolan*	*SC*
	OXANDROLONE **Authority required.** ***Promotion of growth in girls with Turner syndrome;*** ***Promotion of growth in boys of short stature with delayed bone maturation.***							
2545Y	*Tablet 2.5 mg*	*100*	*1*	..	*465.98*	*16.20*	*Lonavar*	*CS*
	OXYMETHOLONE **Authority required.** ***Aplastic anaemias, proven;*** ***Myelosclerosis.***							
2902R	*Tablet 50 mg*	*100*	*5*	..	*105.51*	*16.20*	*Anapolon*	*SD*
	• *Estren derivatives*							
	NANDROLONE DECANOATE **Authority required.** ***Osteoporosis where other therapy is inappropriate;*** ***Patients on long-term treatment with corticosteroids.***							
1671Y	*Injection 50 mg in 1 mL, disposable syringe*	*1*	*7*	..	*15.42*	*16.20*	*Deca-Durabolin*	*OR*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTITHROMBOTIC AGENTS							
	Antithrombotic agents							
	• ***Vitamin K antagonists***							
	WARFARIN							
2843P	Tablet 1 mg	50	2	..	6.82	7.60	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	6.99	7.77	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.16	7.94	Marevan	BA
2211J	Tablet 5 mg	50	2	..	7.16	7.94	Coumadin Marevan	BT BA
	• ***Heparin group***							
	ENOXAPARIN SODIUM **Authority required.** ***Major hip surgery.***							
1830H	***Injection 20 mg in 0.2 mL pre-filled syringe***	***10***	..	..	***58.98***	***16.20***	***Clexane***	***RR***
1831J	***Injection 40 mg in 0.4 mL pre-filled syringe***	***10***	..	..	***97.48***	***16.20***	***Clexane***	***RR***
	HEPARIN CALCIUM							
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.23	11.01	Calcihep Calciparine Caprin 5000 Forte	FC SW CS
	HEPARIN SODIUM **Restricted benefit.** ***For use in home dialysis.***							
1463B	***Injection (preservative-free) 5,000 units in 5 mL***	***50***	***5***	..	****51.73***	***16.20***	***Monoparin***	***FC***
	HEPARIN SODIUM							
1466E	Injection 5,000 units in 0.2 mL	5	5	..	9.04	9.82	BL CS FC	
1467F	Injection 5,000 units in 1 mL	5	5	..	9.04	9.82	BL CS FC	
1468G	Injection 25,000 units in 5 mL	2	5	..	*11.40	12.18	FC	
1076P	Injection 35,000 units in 35 mL	12	5	..	*86.30	16.20	CS	

BLOOD AND BLOOD FORMING ORGANS —cont.

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	
	• *Platelet aggregation inhibitors excl. heparin*							
	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.							
	Authority required.							
	Patients at high risk of thrombo-embolic stroke following ischaemic cerebrovascular disturbances who are proven intolerant of low-dose aspirin (e.g. 150 mg per day), or who have further ischaemic cerebrovascular disturbances while on low-dose aspirin treatment.							
2095G	*Tablet 250 mg*	*60*	*5*	*..*	*164.27*	*16.20*	*Ticlid*	*SD*
	• *Enzymes*							
	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*	*..*	*..*	**2244.68*	*16.20*	*Actilyse*	*BY*
	STREPTOKINASE							
	Restricted benefit.							
	Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.							
2905X	*Injection 1,500,000 i.u. (solvent required)* *(codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)*	*1*	*..*	*..*	*201.32*	*16.20*	[a] *Kabikinase* [a] *Streptase*	*PS 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	
	ANTIHEMORRHAGICS							
	Antifibrinolytics							
	• *Amino acids*							
	TRANEXAMIC ACID							
	Restricted benefit.							
	Hereditary angio-oedema.							
2180R	***Tablet 500 mg***	***100***	***2***	***..***	***44.24***	***16.20***	***Cyklokapron***	***PS***
	ANTIANEMIC PREPARATIONS							
	Iron preparations							
	• *Iron bivalent, oral preparations*							
	FERROUS GLUCONATE							
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	7.63	8.41	Fergon	SW
	FERROUS SULFATE DRIED							
2689M	Tablet 350 mg (sustained release)	30	2	..	5.98	6.76	Ferro-Gradumets	AB
	• *Iron trivalent, parenteral preparations*							
	IRON POLYMALTOSE COMPLEX							
2593L	Injection 100 mg (iron) in 2 mL	5	..	..	13.11	13.89	Ferrum H	SI
	• *Iron in combination with folic acid*							
	FERROUS SULFATE DRIED with FOLIC ACID							
3160H	Tablet 270 mg-300 micrograms (sustained release)	30	2	..	6.04	6.82	F.G.F.	AB
	Vitamin B_{12} and folic acid							
	• *Vitamin B_{12} (cyanocobalamin and derivatives)*							
	HYDROXOCOBALAMIN							
	Restricted benefit.							
	Pernicious anaemia; Other proven vitamin B_{12} deficiencies.							
1508J	***Injection 1 mg in 1 mL***	***3***	***..***	***..***	***10.58***	***11.36***	***Neo-Cytamen***	***BL***
	NOTE:							
	One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.							

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	
	• ***Folic acid and derivatives***							
	FOLIC ACID							
2958Q	Tablet 500 micrograms	200	..	..	*7.06	7.84	Megafol 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*7.06	7.84	Folasic Megafol 5 SI	NN AF
	NOTE: The 5 mg strength tablet should be used in malabsorption states only.							
	SERUMLIPIDREDUCING AGENTS							
	Cholesterol and triglyceride reducers							
	• ***HMG CoA reductase inhibitors***							
	PRAVASTATIN SODIUM							
	NOTE: ***Prescribing must be in accordance with the restrictions — see revised General Statement for Lipid-Lowering Drugs (page 3, Section 2).***							
	Restricted benefit.							
	➤ ***Dyslipidaemia in accordance with the current qualifying criteria;***							
	➤ ***Dyslipidaemia in patients previously established on pravastatin sodium therapy prior to 1 December 1994 in accordance with previous PBS criteria.***							
	NOTE: ***Patients established on pravastatin sodium in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.***							
2831B	***Tablet 5 mg***	***30***	***5***	..	***30.38***	***16.20***	***Pravachol***	***BQ***
2833D	***Tablet 10 mg***	***30***	***5***	..	***41.70***	***16.20***	***Pravachol***	***BQ***
2834E	***Tablet 20 mg***	***30***	***5***	..	***57.76***	***16.20***	***Pravachol***	***BQ***

BLOOD AND BLOOD FORMING ORGANS —cont.

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	
	SIMVASTATIN							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see revised General Statement for Lipid-Lowering Drugs (page 3, Section 2).							
	Restricted benefit.							
	➤ ***Dyslipidaemia in accordance with the current qualifying criteria;***							
	➤ ***Dyslipidaemia in patients previously established on simvastatin therapy prior to 1 December 1994 in accordance with previous PBS criteria.***							
	NOTE:							
	Patients established on simvastatin in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.							
2013Y	***Tablet 5 mg***	***30***	***5***	***..***	***30.38***	***16.20***	***Lipex 5***	***AD***
							Zocor	***MK***
2011W	***Tablet 10 mg***	***30***	***5***	***..***	***41.70***	***16.20***	***Lipex 10***	***AD***
							Zocor	***MK***
2012X	***Tablet 20 mg***	***30***	***5***	***..***	***57.76***	***16.20***	***Lipex 20***	***AD***
							Zocor	***MK***
	• ***Fibrates***							
	CLOFIBRATE							
	Authority required.							
	➤ ***Hypertriglyceridaemia in patients with a triglyceride level greater than 8.5 mmol per L in whom the response to intensive dietary therapy and to other lipid-lowering drugs is inadequate.***							
2892F	***Capsule 500 mg***	***100***	***5***	***..***	***13.55***	***14.33***	***Col***	***AF***
				1.00	***14.55***	***14.33***	***Atromid-S***	***IC***
	GEMFIBROZIL							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see revised General Statement for Lipid-Lowering Drugs (page 3, Section 2).							

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	
	GEMFIBROZIL—cont.							
	Restricted benefit.							
	➤ ***Dyslipidaemia in accordance with the current qualifying criteria;***							
	➤ ***Dyslipidaemia in patients previously established on gemfibrozil therapy prior to 1 December 1994 in accordance with previous PBS criteria.***							
	NOTE:							
	Patients established on gemfibrozil in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.							
1453L	***Tablet 600 mg***	***60***	***5***	***..***	***45.56***	***16.20***	***Lopid***	***PD***
	• ***Bile acid sequestrants***							
	CHOLESTYRAMINE							
	NOTE:							
	See revised General Statement for Lipid-Lowering Drugs (page 3, Section 2).							
2967E	Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	5	..	*52.38	16.20	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	‡1	5	..	49.51	16.20	Questran Lite	BQ
	COLESTIPOL HYDROCHLORIDE							
	NOTE:							
	See revised General Statement for Lipid-Lowering Drugs (page 3, Section 2).							
1224K	Sachets 5 g, 120	‡1	5	..	62.06	16.20	Colestid	UP
	• ***Nicotinic acid and derivatives***							
	NICOTINIC ACID							
1687T	Tablet 250 mg	200	5	..	*16.52	16.20	MB	
	• ***Other cholesterol and triglyceride reducers***							
	PROBUCOL							
	Authority required.							
	➤ ***Hypercholesterolaemia in patients with a cholesterol level greater than 8.0 mmol per L in whom the response to intensive dietary therapy and to other lipid-lowering drugs is inadequate.***							
1942F	***Tablet 250 mg***	***120***	***5***	***..***	***31.51***	***16.20***	***Lurselle***	***ML***

BLOOD AND BLOOD FORMING ORGANS —cont.

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	
	PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS							
	Blood and related products							
	• ***Plasma substitutes and plasma protein fractions***							
2307K	DEXTRAN 40 with GLUCOSE I.V. infusion 100 mg per mL-139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	74.84	16.20	Rheomacrodex	PS
2306J	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL-77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	74.84	16.20	Rheomacrodex	PS
3011L	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	75.69	16.20	Macrodex	PS
	POLYGELINE See Special Pharmaceutical Benefits							
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
2245E	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*13.33	14.11	[a] AB [a] BX	
2252M	I.V. infusion 1387 mmol (anhydrous) per 500 mL (50%), 500 mL	2	1	..	*10.16	10.94	AB	
	• ***Solutions affecting the electrolyte balance***							
3199J	ELECTROLYTE REPLACEMENT SOLUTION I.V. infusion 1 L	2	1	..	*10.16	10.94	Plasma-Lyte 148	BX
2264E	SODIUM CHLORIDE I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*13.33	14.11	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*10.16	10.94	BX	
2266G	SODIUM CHLORIDE COMPOUND I.V. infusion 1 L	4	1	..	*15.86	16.20	BX	
2281C	SODIUM CHLORIDE with GLUCOSE I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*13.33	14.11	BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*16.73	16.20	BX	
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	1	..	*16.73	16.20	BX	
2286H	SODIUM LACTATE COMPOUND I.V. infusion 1 L	5	1	..	*13.33	14.11	BX	

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	
	CARDIAC THERAPY							
	Cardiac glycosides							
	• ***Digitalis glycosides***							
	DIGOXIN							
2605D	Tablet 62.5 micrograms	200	1	..	7.74	8.52	Lanoxin-PG	BW
1322N	Tablet 250 micrograms	100	1	..	8.03	8.81	Lanoxin	BW
3164M	Oral solution for children 50 micrograms per mL, 100 mL	‡1	3	..	16.56	16.20	Lanoxin	BW
	Antiarrhythmics, class I and III							
	• ***Antiarrhythmics, class IA***							
	DISOPYRAMIDE							
2923W	Capsule 100 mg	100	5	..	21.75	16.20	[a] Norpace	SR
				1.26	23.01	16.20	[a] Rythmodan	RL
2924X	Capsule 150 mg	100	5	..	29.34	16.20	[a] Norpace	SR
				1.26	30.60	16.20	[a] Rythmodan	RL
	PROCAINAMIDE HYDROCHLORIDE							
2653P	Capsule 250 mg	200	1	..	*18.74	16.20	Pronestyl	BQ
1941E	Injection 100 mg per mL, 10 mL	1	..	..	17.80	16.20	Pronestyl	BQ
	QUINIDINE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
2623C	Tablet 250 mg (sustained release)	100	5	..	21.47	16.20	Kinidin Durule	AP
	• ***Antiarrhythmics, class IB***							
	LIGNOCAINE HYDROCHLORIDE							
2875H	Injection 100 mg in 5 mL	‡2	..	..	11.24	12.02	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	10.91	11.69	Xylocard 500	AP
	MEXILETINE HYDROCHLORIDE							
1682M	Capsule 50 mg	100	5	..	25.25	16.20	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	51.61	16.20	Mexitil	BY

CARDIOVASCULAR SYSTEM —cont.

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	
	• *Antiarrhythmics, class IC*							
	FLECAINIDE ACETATE **CAUTION:** ***Flecainide acetate should be avoided in patients with poor cardiac function.*** **Restricted benefit.** ***Treatment of serious cardiac arrhythmias. Treatment must be initiated in a hospital (in-patient or out-patient).***							
1088G	*Tablet 50 mg*	*60*	*5*	..	*32.27*	*16.20*	*Tambocor*	*MM*
1090J	*Tablet 100 mg*	*60*	*5*	..	*43.07*	*16.20*	*Tambocor*	*MM*
	• *Antiarrhythmics, class III*							
	AMIODARONE HYDROCHLORIDE **CAUTION:** ***Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.*** **Restricted benefit.** ***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*	..	*18.28*	*16.20*	[a] *Aratac 100* [a] *Cordarone X 100*	*AF* *SW*
2343H	*Tablet 200 mg*	*30*	*5*	..	*28.18*	*16.20*	[a] *Aratac 200* [a] *Cordarone X 200*	*AF* *SW*
	SOTALOL HYDROCHLORIDE **Restricted benefit.** ***Treatment of severe refractory cardiac arrhythmias.***							
2043M	*Tablet 160 mg*	*60*	*5*	.. *1.01*	*31.52* *32.53*	*16.20* *16.20*	[a] *Cardol* [a] *Sotacor*	*AF* *AP*
	Vasodilators used in cardiac diseases							
	• *Organic nitrates*							
	GLYCERYL TRINITRATE							
1459T	Tablets 600 micrograms, 100	‡1	5	..	6.32	7.10	Anginine Stabilised	BW
1470J	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) **NOTE:** The spray should not be inhaled.	‡1	5	..	16.74	16.20	Nitrolingual Spray	FC

continued ☛

CARDIOVASCULAR SYSTEM —cont.

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.							
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	‡1	5	..	15.09	15.87	Nitro-Bid	FC
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	5	..	26.37	16.20	Nitradisc	SR
1514Q	Transdermal disc releasing approximately 10 mg per 24 hours	30	5	..	33.35	16.20	Nitradisc	SR
1487G	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.37	16.20	Deponit 5	AP
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.37	16.20	Transiderm-Nitro 25	CG
1488H	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.35	16.20	Deponit 10	AP
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.35	16.20	Transiderm-Nitro 50	CG
	ISOSORBIDE DINITRATE							
2587E	Tablet 10 mg	200	2	..	*12.78	13.56	[a] Sorbidin	AF
				1.22	*14.00	13.56	[a] Isordil	AY
2586D	Tablet 20 mg	100	5	..	11.37	12.15	Isordil	AY
2588F	Sublingual tablet 5 mg	200	2	..	*12.68	13.46	Isordil Sublingual	AY
	ISOSORBIDE MONONITRATE							
1558B	Tablet 60 mg (sustained release)	30	5	..	22.67	16.20	Imdur Durule	AP

- ***Other vasodilators used in cardiac diseases***

NIFEDIPINE

Restricted benefit.

Angina.

1678H	***Capsule 5 mg***	***100***	***5***	..	***17.18***	***16.20***	***Adalat CAPS 5***	***BN***
1688W	***Capsule 10 mg***	***100***	***5***	..	***19.83***	***16.20***	***Adalat CAPS 10***	***BN***

CAUTION:

Capsule formulations of nifedipine are associated with more rapid and higher peak levels than the tablets.

[For other listings for this drug see Generic/Proprietary Index]

ANTIHYPERTENSIVES

Antiadrenergic agents, centrally acting

- ***Methyldopa***

	METHYLDOPA							
3194D	Tablet 125 mg	100	5	..	8.63	9.41	Aldomet-M	MK
1629R	Tablet 250 mg	100	5	..	10.58	11.36	[a] Hydopa	AF
				0.70	11.28	11.36	[a] Aldomet	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	
	• ***Clonidine and analogues***							
	CLONIDINE							
3145M	Tablet 100 micrograms	100	5	..	23.79	16.20	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	31.34	16.20	Catapres	BY
	Antiadrenergic agents, peripherally acting							
	• ***Alpha-adrenoceptor blocking agents***							
	PRAZOSIN HYDROCHLORIDE							
1479W	Tablet 1 mg (base)	100	5	..	12.89	13.67	[a] Pressin 1	AF
				1.95	14.84	13.67	[a] Minipress	PF
1480X	Tablet 2 mg (base)	100	5	..	16.41	16.20	[a] Pressin 2	AF
				1.95	18.36	16.20	[a] Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	25.43	16.20	[a] Pressin 5	AF
				1.95	27.38	16.20	[a] Minipress	PF
	Arteriolar smooth muscle, agents acting on							
	• ***Hydrazinophthalazine derivatives***							
	HYDRALAZINE HYDROCHLORIDE							
1640H	Tablet 25 mg	200	2	..	*10.50	11.28	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.16	13.94	Alphapress 50	AF
	• ***Pyrimidine derivatives***							
	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***	..	***45.23***	***16.20***	***Loniten***	***UP***
	• ***Nitroferricyanide derivatives***							
	SODIUM NITROPRUSSIDE							
1100X	I.V. infusion 50 mg	10	..	..	54.55	16.20	BL	
	Renin-angiotensin system, agents acting on							
	• ***Converting enzyme blockers***							
	CAUTION:							
	Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.							
	CAPTOPRIL							
	Restricted benefit.							
	Cardiac failure; Hypertension.							
1147J	***Tablet 12.5 mg***	***90***	***5***	..	***29.08***	***16.20***	***Capoten***	***BQ***

continued ☛

CARDIOVASCULAR SYSTEM —cont.

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—cont.							
1148K	*Tablet 25 mg*	*90*	*5*	..	*39.73*	*16.20*	*Capoten*	*BQ*
1149L	*Tablet 50 mg*	*90*	*5*	..	*73.28*	*16.20*	*Capoten*	*BQ*
	ENALAPRIL MALEATE **Restricted benefit.** *Cardiac failure;* *Hypertension.*							
1370D	*Tablet 5 mg*	*30*	*5*	..	*20.69*	*16.20*	*Amprace 5* *Renitec M*	*AD* *MK*
1368B	*Tablet 10 mg*	*30*	*5*	..	*28.57*	*16.20*	*Amprace 10* *Renitec*	*AD* *MK*
1369C	*Tablet 20 mg*	*30*	*5*	..	*34.68*	*16.20*	*Amprace 20* *Renitec 20*	*AD* *MK*
	FOSINOPRIL SODIUM **Restricted benefit.** *Mild to moderate hypertension.*							
1182F	*Tablet 10 mg*	*30*	*5*	..	*24.36*	*16.20*	*Monopril*	*BQ*
1183G	*Tablet 20 mg*	*30*	*5*	..	*31.41*	*16.20*	*Monopril*	*BQ*
	LISINOPRIL **Restricted benefit.** *Cardiac failure;* *Mild to moderate hypertension.*							
2456G	*Tablet 5 mg*	*30*	*5*	..	*21.22*	*16.20*	*Prinivil 5* *Zestril*	*AD* *IC*
2457H	*Tablet 10 mg*	*30*	*5*	..	*29.35*	*16.20*	*Prinivil 10* *Zestril*	*AD* *IC*
2458J	*Tablet 20 mg*	*30*	*5*	..	*35.65*	*16.20*	*Prinivil 20* *Zestril*	*AD* *IC*
	PERINDOPRIL ERBUMINE **Restricted benefit.** *Cardiac failure;* *Mild to moderate hypertension.*							
3050M	*Tablet 2 mg*	*30*	*5*	..	*23.68*	*16.20*	*Coversyl*	*SE*
3051N	*Tablet 4 mg*	*30*	*5*	..	*30.53*	*16.20*	*Coversyl*	*SE*
	QUINAPRIL HYDROCHLORIDE **Restricted benefit.** *Mild to moderate hypertension.*							
1968N	*Tablet 5 mg (base)*	*30*	*5*	..	*22.50*	*16.20*	*Accupril* *Asig*	*PD* *SI*
1969P	*Tablet 10 mg (base)*	*30*	*5*	..	*29.70*	*16.20*	*Accupril* *Asig*	*PD* *SI*
1970Q	*Tablet 20 mg (base)*	*30*	*5*	..	*35.42*	*16.20*	*Accupril* *Asig*	*PD* *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	
	RAMIPRIL							
	Restricted benefit.							
	Mild to moderate hypertension.							
1944H	***Capsule 1.25 mg***	***28***	***5***	***..***	***19.27***	***16.20***	***Ramace 1.25 mg***	***AP***
							Tritace 1.25 mg	***HP***
1945J	***Capsule 2.5 mg***	***28***	***5***	***..***	***25.35***	***16.20***	***Ramace 2.5 mg***	***AP***
							Tritace 2.5 mg	***HP***
1946K	***Capsule 5 mg***	***28***	***5***	***..***	***30.17***	***16.20***	***Ramace 5 mg***	***AP***
							Tritace 5 mg	***HP***
	DIURETICS							
	Low-ceiling diuretics, thiazides							
	• ***Thiazides, plain***							
	BENDROFLUAZIDE							
1106F	Tablet 5 mg	100	1	..	7.90	8.68	Aprinox	BT
	CHLOROTHIAZIDE							
1187L	Tablet 500 mg	100	1	..	*10.20	10.98	Chlotride	AD
	HYDROCHLOROTHIAZIDE							
1484D	Tablet 25 mg	100	1	..	*9.44	10.22	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*10.42	11.20	Dichlotride	MK
	METHYCLOTHIAZIDE							
1624L	Tablet 2.5 mg	100	1	..	*8.54	9.32	Enduron-M	AB
1625M	Tablet 5 mg	100	1	..	*8.84	9.62	Enduron	AB
	Low-ceiling diuretics, excl. thiazides							
	• ***Sulfonamides, plain***							
	CHLORTHALIDONE							
1585K	Tablet 25 mg	100	1	..	*10.20	10.98	Hygroton	CG
	INDAPAMIDE							
2436F	Tablet 2.5 mg	90	1	..	19.16	16.20	[a] Dapa-Tabs	AF
							[a] Napamide 2.5 mg	DP
				2.73	21.89	16.20	[a] Natrilix	SE
	METOLAZONE							
1203H	Tablet 2.5 mg	100	1	..	8.53	9.31	Diulo	SR
	High-ceiling diuretics							
	• ***Sulfonamides, plain***							
	BUMETANIDE							
1130L	Tablet 1 mg	100	1	..	9.90	10.68	Burinex	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	
	FRUSEMIDE							
2414C	Tablet 20 mg	100	1	..	*7.56	8.34	Lasix-M	HP
							Urex-M	FM
2412Y	Tablet 40 mg	100	1	..	7.65	8.43	[a] Uremide	AF
							Urex	FM
				0.51	8.16	8.43	[a] Lasix	HP
2415D	Tablet 500 mg	50	3	..	20.38	16.20	Urex-Forte	FM
				4.47	24.85	16.20	Lasix	HP
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	11.80	12.58	Lasix	HP
2413B	Injection 20 mg in 2 mL	5	..	..	6.73	7.51	Lasix	HP
							AF	

- ***Aryloxyacetic acid derivatives***

ETHACRYNIC ACID

Restricted benefit.

Patients hypersensitive to other oral diuretics.

2511E	***Tablet 50 mg***	***50***	***3***	..	***17.93***	***16.20***	***Edecril***	***MK***

Potassium-sparing agents

- ***Aldosterone antagonists***

SPIRONOLACTONE

CAUTION:

Serum electrolytes should be checked regularly.

Restricted benefit.

Hyperaldosteronism, including refractory cardiac failure; 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***	..	***13.26***	***14.04***	***Aldactone***	***SR***
2340E	***Tablet 100 mg***	***100***	***5***	..	***37.49***	***16.20***	***Aldactone***	***SR***

- ***Other potassium-sparing agents***

AMILORIDE HYDROCHLORIDE

CAUTION:

Serum electrolytes should be checked regularly.

3109P	Tablet 5 mg	100	1	..	*9.10	9.88	[a] Kaluril	AF
				1.00	*10.10	9.88	[a] Midamor	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	
	Diuretics and potassium-sparing agents in combination							
	• ***Low-ceiling diuretics and potassium-sparing agents***							
	HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE **CAUTION:** Serum electrolytes should be checked regularly.							
1486F	Tablet 50 mg-5 mg	100	1	.. 0.60	*12.20 *12.80	12.98 12.98	[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	10.58 12.93	11.36 11.36	[a] Hydrene 25/50 [a] Dyazide	AF SK
	PERIPHERAL VASODILATORS							
	Peripheral vasodilators							
	• ***Other peripheral vasodilators***							
	PHENOXYBENZAMINE HYDROCHLORIDE **Restricted benefit.** ***Phaeochromocytoma; Neurogenic urinary retention.***							
1862B	***Capsule 10 mg***	***100***	***5***	***..***	***22.93***	***16.20***	***Dibenyline***	***SK***
	VASOPROTECTIVES							
	Antihemorrhoidals for topical use							
	• ***Products containing corticosteroids***							
	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***	***..*** ***11.09***	***9.06*** ***20.15***	***9.84*** ***9.84***	[a] ***Proctocort*** [a] ***Proctosedyl***	***QM*** ***RL***
2516K	***Ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5***	***2***	***1***	***..*** ***11.26***	****7.36*** ****18.62***	***8.14*** ***8.14***	[a] ***Proctocort*** [a] ***Proctosedyl***	***QM*** ***RL***
2517L	***Suppositories 5 mg-5 mg, 12***	***‡1***	***1***	***..*** ***7.69***	***8.45*** ***16.14***	***9.23*** ***9.23***	[a] ***Proctocort*** [a] ***Proctosedyl***	***QM*** ***RL***
	• ***Other antihemorrhoidals for topical use***							
	ZINC OXIDE							
2984C	Compound ointment 50 g	‡1	1	..	9.15	9.93	Anusol	WW
1122C	Compound suppositories, 12	‡1	1	..	8.47	9.25	Anusol	WW

CARDIOVASCULAR SYSTEM —cont.

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	
	BETA BLOCKING AGENTS							
	Beta blocking agents, plain							
	• ***Beta blocking agents, plain, non-selective***							
	ALPRENOLOL HYDROCHLORIDE							
2991K	Tablet 100 mg	100	5	..	11.08	11.86	Aptin	AP
	OXPRENOLOL HYDROCHLORIDE							
2942W	Tablet 20 mg	100	5	..	7.62	8.40	Corbeton 20	AF
2961W	Tablet 40 mg	100	5	..	9.44	10.22	Corbeton 40	AF
	PINDOLOL							
3062E	Tablet 5 mg	100	5	..	10.86	11.64	[a] Barbloc 5	AF
				2.75	13.61	11.64	[a] Visken	SZ
3065H	Tablet 15 mg	50	5	..	13.88	14.66	[a] Barbloc 15	AF
				2.75	16.63	14.66	[a] Visken	SZ
	PROPRANOLOL HYDROCHLORIDE							
2565B	Tablet 10 mg	100	5	..	5.39	6.17	Deralin 10	AF
				2.00	7.39	6.17	Inderal	IC
2566C	Tablet 40 mg	100	5	..	6.73	7.51	Deralin 40	AF
				2.00	8.73	7.51	Inderal	IC
2899N	Tablet 160 mg	50	5	..	8.22	9.00	[a] Deralin 160	AF
				2.00	10.22	9.00	[a] Inderal	IC
	SOTALOL HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	TIMOLOL MALEATE							
1281K	Tablet 5 mg	100	5	..	11.08	11.86	Blocadren	FR
	• ***Beta blocking agents, plain, selective***							
	ATENOLOL							
1081X	Tablet 50 mg	30	5	..	11.13	11.91	[a] Noten	AF
				1.00	12.13	11.91	[a] Tenormin	IC
	METOPROLOL TARTRATE							
1324Q	Tablet 50 mg	100	5	..	11.24	12.02	[a] Minax 50	AF
				0.36	11.60	12.02	[a] Betaloc	AP
				1.10	12.34	12.02	Lopresor 50	CG
1325R	Tablet 100 mg	60	5	..	12.89	13.67	[a] Minax 100	AF
				0.44	13.33	13.67	[a] Betaloc	AP
				1.10	13.99	13.67	Lopresor 100	CG
	• ***Alpha and beta blocking agents***							
	LABETALOL HYDROCHLORIDE							
1566K	Tablet 100 mg	100	5	..	13.18	13.96	[a] Presolol 100	AF
				1.00	14.18	13.96	[a] Trandate	GL
1567L	Tablet 200 mg	100	5	..	19.97	16.20	[a] Presolol 200	AF
				1.01	20.98	16.20	[a] Trandate	GL

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	
	CALCIUM CHANNEL BLOCKERS							
	Selective calcium channel blockers with mainly vascular effects							
	• ***Dihydropyridine derivatives***							
	AMLODIPINE BESYLATE							
2751T	Tablet 5 mg (base)	30	5	..	26.10	16.20	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	..	41.38	16.20	Norvasc	PF
	FELODIPINE							
2361G	Tablet 2.5 mg (extended release)	30	5	..	15.89	16.20	[a] Agon SR [a] Plendil ER	HP AP
2366M	Tablet 5 mg (extended release)	30	5	..	20.21	16.20	[a] Agon SR [a] Plendil ER	HP AP
2367N	Tablet 10 mg (extended release)	30	5	..	32.80	16.20	[a] Agon SR [a] Plendil ER	HP AP
	NIFEDIPINE **Restricted benefit.** ***Angina.***							
1678H	***Capsule 5 mg***	***100***	***5***	..	***17.18***	***16.20***	***Adalat CAPS 5***	***BN***
1688W	***Capsule 10 mg***	***100***	***5***	..	***19.83***	***16.20***	***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	..	20.01	16.20	Adalat 10	BN
1695F	Tablet 20 mg	60	5	..	26.85	16.20	Adalat 20	BN
1906H	Tablet 30 mg (controlled release)	30	5	..	23.21	16.20	Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	..	28.62	16.20	Adalat Oros 60	BN
	Selective calcium channel blockers with direct cardiac effects							
	• ***Phenylalkylamine derivatives***							
	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	10.76 11.76	11.54 11.54	[a] Anpec 40 [a] Cordilox [a] Isoptin	AF SC KN
1250T	Tablet 80 mg	100	5	.. 0.99	16.01 17.00	16.20 16.20	[a] Anpec 80 [a] Cordilox [a] Isoptin	AF SC KN

continued ☛

CARDIOVASCULAR SYSTEM —cont.

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	
	VERAPAMIL HYDROCHLORIDE—cont.							
1254B	Tablet 120 mg	100	5	..	22.61	16.20	[a] Cordilox [a] Isoptin	SC KN
1253Y	Tablet 160 mg	60	5	..	19.99	16.20	[a] Cordilox [a] Isoptin	SC KN
2208F	Tablet 180 mg (sustained release)	30	5	..	13.69	14.47	[a] Cordilox 180 SR [a] Isoptin 180 SR	SC KN
1241H	Tablet 240 mg (sustained release)	30	5	..	16.93	16.20	[a] Cordilox SR [a] Isoptin SR	SC KN
2206D	Capsule 160 mg (sustained release)	30	5	..	*14.10	14.88	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	16.93	16.20	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	9.04	9.82	[a] Cordilox [a] Isoptin	SC KN
	• ***Benzothiazepine derivatives***							
	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***	..	***34.47***	***16.20***	***Cardizem-SR***	***IC***
1315F	***Capsule 120 mg (sustained release)***	***60***	***5***	..	***44.64***	***16.20***	***Cardizem-SR***	***IC***
	DILTIAZEM HYDROCHLORIDE **CAUTION:** The myocardial depressant effects of this drug and of beta-blocking drugs are additive.							
1335G	Tablet 60 mg	90	5	..	29.90	16.20	Cardizem	IC
1312C	Capsule 180 mg (controlled delivery)	28	5	..	28.16	16.20	Cardizem CD	IC
1313D	Capsule 240 mg (controlled delivery)	28	5	..	36.21	16.20	Cardizem CD	IC

DERMATOLOGICALS

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	
	ANTIFUNGALS FOR DERMATOLOGICAL USE							
	Antifungals for topical use							
	• ***Antibiotics***							
	NYSTATIN							
1698J	Cream 100,000 units per g, 15 g	‡1	1	..	5.96	6.74	Mycostatin	BQ
							Nilstat	LE
1179C	Ointment 100,000 units per g, 15 g	‡1	1	..	5.96	6.74	Mycostatin	BQ
							Nilstat	LE
	• ***Imidazole derivatives***							
	CLOTRIMAZOLE							
1017M	Cream 10 mg per g (1%), 20 g	‡1	1	..	6.18	6.96	Clonea	AF
				1.22	7.40	6.96	Lotremin	SH
				2.68	8.86	6.96	Canesten	BN
1027C	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	6.82	7.60	[a] Canesten	BN
							[a] Lotremin	SH
	ECONAZOLE NITRATE							
1364T	Cream 10 mg per g (1%), 20 g	‡1	1	..	6.82	7.60	Ecostatin	BQ
				0.66	7.48	7.60	Pevaryl	SK
1365W	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	6.82	7.60	Pevaryl	SK
	MICONAZOLE NITRATE							
1276E	Cream 20 mg per g (2%), 20 g	‡1	1	..	6.82	7.60	Monistat Derm	JC
	Antifungals for systemic use							
	• ***Antifungals for systemic use***							
	GRISEOFULVIN							
1460W	Tablet 125 mg	100	2	..	12.95	13.73	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	12.14	12.92	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	..	12.14	12.92	Grisovin 500	SI
				2.00	14.14	12.92	Fulcin 500	IC
	TERBINAFINE HYDROCHLORIDE **Authority required.** ***Microbiologically proven onychomycosis due to dermatophyte fungi.***							
2804N	***Tablet 250 mg (base)***	***28***	***2***	..	***122.78***	***16.20***	***Lamisil***	***SZ***
	EMOLLIENTS AND PROTECTIVES							
	Emollients and protectives							
	• ***Soft paraffin and fat products***							
	WOOL ALCOHOLS							
2219T	Ointment 100 g	‡1	1	..	6.57	7.35	Eucerin	SN

DERMATOLOGICALS —cont.

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	
	• ***Carbamide products***							
	UREA							
1293C	Cream 100 mg per g (10%), 100 g	‡1	2	..	7.69	8.47	Aquacare H.P.	AG
							Calmurid	OL
							Nutraplus	GA
							Urederm	HA
				1.72	9.41	8.47	Aquadrate	PY

ANTIPSORIATICS

Antipsoriatics for systemic use

• ***Retinoids for treatment of psoriasis***

ETRETINATE

CAUTION:

This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.

NOTE:

Care must be taken to comply with the provisions of State/Territory law when prescribing etretinate.

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.

1421T	***Capsule 10 mg***	***100***	***2***	..	***183.81***	***16.20***	***Tigason***	***RO***
1422W	***Capsule 25 mg***	***100***	***2***	..	***352.88***	***16.20***	***Tigason***	***RO***

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

Chemotherapeutics for topical use

• ***Sulfonamides***

SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE

NOTE:

Care must be taken to comply with the provisions of State/Territory law when prescribing silver sulfadiazine with chlorhexidine gluconate.

continued ☛

DERMATOLOGICALS —cont.

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	
	SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE—cont. **Restricted benefit.** ***For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.***							
1996C	***Cream 10 mg-2 mg per g (1%-0.2%), 50 g***	*‡1*	..	..	*11.41*	*12.19*	***Silvazine***	***SN***
1997D	***Cream 10 mg-2 mg per g (1%-0.2%), 100 g***	*‡1*	..	..	*13.83*	*14.61*	***Silvazine***	***SN***
	• ***Antivirals***							
	IDOXURIDINE							
2567D	Topical ointment 5 mg per g (0.5%), 5 g	‡1	..	..	5.60	6.38	Stoxil	SK
	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS							
	Corticosteroids, plain							
	• ***Corticosteroids, weak (group I)***							
	HYDROCORTISONE							
1495Q	Cream 10 mg per g (1%), 50 g	‡1	1	..	6.30	7.08	Egocort Cream 1%	EO
	HYDROCORTISONE ACETATE							
2887Y	Cream 10 mg per g (1%), 30 g	‡1	1	..	5.82	6.60	Adacor	NN
							Dermacort	PD
							Sigmacort	SI
							Squibb-HC	BQ
				0.55	6.37	6.60	Cortef	UP
2881P	Cream 10 mg per g (1%), 50 g	‡1	1	..	6.30	7.08	Adacor	NN
							Dermacort	PD
							Sigmacort	SI
							Squibb-HC	BQ
				0.55	6.85	7.08	Cortef	UP
2888B	Topical ointment 10 mg per g (1%), 30 g	‡1	1	..	5.82	6.60	Adacor	NN
							Sigmacort	SI
2882Q	Topical ointment 10 mg per g (1%), 50 g	‡1	1	..	6.30	7.08	Adacor	NN
							Dermacort "O"	PD
							Sigmacort	SI
							Squibb-HC	BQ
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Corticosteroids, moderately potent (group II)***							
	TRIAMCINOLONE ACETONIDE							
2117K	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.30	11.08	Aristocort 0.02%	LE
							Kenalone 0.02%	BQ
2125W	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.82	6.60	Aristocort 0.05%	LE
							Kenalone	BQ

continued ☛

DERMATOLOGICALS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TRIAMCINOLONE ACETONIDE—cont.							
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.30	11.08	Aristocort 0.02%	LE
2126X	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.82	6.60	Aristocort 0.05%	LE
	• ***Corticosteroids, potent (group III)***							
	BETAMETHASONE DIPROPIONATE							
1115Q	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.87	6.65	[a] Eleuphrat	EX
				0.67	6.54	6.65	[a] Diprosone	SH
1119X	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.87	6.65	[a] Eleuphrat	EX
				0.67	6.54	6.65	[a] Diprosone	SH
1118W	Scalp lotion 500 micrograms per g (0.05%), 30 mL	‡1	..	..	8.82	9.60	[a] Eleuphrat	EX
				0.67	9.49	9.60	[a] Diprosone	SH
	BETAMETHASONE VALERATE							
2812B	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.30	11.08	Betnovate 1/5	GL
							Celestone-M	SH
2813C	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.82	6.60	Betnovate 1/2	GL
							Celestone-V Half Strength	SH
2820K	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.30	11.08	Celestone-M	SH
2815E	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.82	6.60	Betnovate 1/2	GL
							Celestone-V Half Strength	SH
2814D	Gel 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.82	6.60	Betnovate 1/2	GL
	FLUCLOROLONE ACETONIDE							
1363R	Cream 250 micrograms per g (0.025%), 15 g	‡1	1	..	5.82	6.60	Topilar	SD
	FLUOCORTOLONE ESTERS							
1305Q	Cream 2 mg per g (0.2%), 15 g	‡1	1	..	5.82	6.60	Ultralan-D	SC
	ANTISEPTICS AND DISINFECTANTS							
	Antiseptics and disinfectants							
	• ***Biguanides and amidines***							
	CHLORHEXIDINE GLUCONATE							
1066D	Solution 50 mg per mL (5%), 200 mL	‡1	1	..	10.01	10.79	Hibitane Concentrate	IC
	• ***Quinoline derivatives***							
	CLIOQUINOL							
3030L	Cream 10 mg per g (1%), 30 g	‡1	..	..	7.10	7.88	Vioform	SI

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTI-ACNE PREPARATIONS							
	Anti-acne preparations for systemic use							
	• *Retinoids for treatment of acne*							
	ISOTRETINOIN							
	CAUTION:							
	This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.							
	NOTE:							
	Care must be taken to comply with the provisions of State/Territory law when prescribing isotretinoin.							
	Authority required.							
	Severe cystic acne not responsive to other therapy.							
	NOTE:							
	An authority will be limited to the maximum quantity and repeats shown in this schedule.							
2591J	***Capsule 10 mg***	***60***	***3***	***..***	***100.75***	***16.20***	***Roaccutane***	***RO***
2592K	***Capsule 20 mg***	***60***	***3***	***..***	***187.93***	***16.20***	***Roaccutane***	***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	
	GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS							
	Antiinfectives and antiseptics, excl. comb. with corticosteroids							
	• ***Antibiotics***							
	NYSTATIN							
1697H	Pessaries 100,000 units, 15	‡1	1	..	7.87	8.65	Mycostatin Nilstat	BQ LE
1660J	Cream pessaries 100,000 units, 15	‡1	1	..	7.87	8.65	Nilstat	LE
3102G	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	7.94	8.72	Mycostatin Nilstat	BQ LE
	• ***Imidazole derivatives***							
	CLOTRIMAZOLE							
1018N	Pessaries 100 mg, 6	‡1	..	..	7.96	8.74	[a] Canesten [a] Gyne-Lotremin	BN SH
1020Q	Pessary 500 mg	1	..	..	7.96	8.74	Canesten 1	BN
1019P	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	8.17	8.95	[a] Canesten [a] Gyne-Lotremin	BN SH
1006Y	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	8.17	8.95	Canesten 3	BN
	ECONAZOLE NITRATE							
1366X	Pessaries 150 mg, 3	‡1	..	..	7.96	8.74	Ecostatin Pevaryl	BQ SK
1367Y	Vaginal cream 75 mg per 5 g (1.5%), 35 g	‡1	..	..	8.17	8.95	Ecostatin	BQ
	MICONAZOLE NITRATE							
1277F	Pessaries 100 mg, 7	‡1	..	.. 1.73	7.96 9.69	8.74 8.74	[a] Monistat 7 [a] Gyno-Daktarin 7	CL JP
1273B	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	.. 1.43	8.17 9.60	8.95 8.95	[a] Monistat 7 [a] Gyno-Daktarin 7	CL JP
	OTHER GYNECOLOGICALS							
	Oxytocics							
	• ***Ergot alkaloids***							
	ERGOMETRINE MALEATE							
1378M	Injection 250 micrograms in 1 mL	5	..	..	8.38	9.16	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	
	Other gynecologicals							
	• ***Prolactine inhibitors***							
	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***	***..***	***37.29***	***16.20***	***Parlodel***	***SZ***
	Authority required.							
	Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.							
1446D	***Capsule 5 mg***	***60***	***5***	***..***	***69.47***	***16.20***	***Parlodel***	***SZ***
1445C	***Capsule 10 mg***	***100***	***5***	***..***	***233.04***	***16.20***	***Parlodel***	***SZ***
	Restricted benefit.							
	Urgent suppression of physiological lactation.							
1444B	***Tablet 2.5 mg***	***30***	***..***	***..***	***20.63***	***16.20***	***Parlodel***	***SZ***
	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM							
	Hormonal contraceptives for systemic use							
	• ***Progestogens and estrogens, fixed combinations***							
	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL							
3166P	Tablets 500 micrograms-50 micrograms, 21	4	2	..	*11.82	12.60	Ovulen 0.5/50	SR
2447T	Pack containing 21 tablets 500 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*11.82	12.60	Ovulen 0.5/50-28	SR
3167Q	Tablets 1 mg-50 micrograms, 21	4	2	..	*11.82	12.60	Ovulen 1/50	SR
3168R	Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets	4	2	..	*11.82	12.60	Ovulen 1/50-28	SR

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LEVONORGESTREL with ETHINYLOESTRADIOL							
1455N	Tablets 125 micrograms-50 micrograms, 21	4	2	..	*13.74	14.52	Microgynon 50	SC
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*13.74	14.52	Microgynon 50 ED Nordette 50	SC WY
1393H	Tablets 150 micrograms-30 micrograms, 21	4	2	4.88	*18.62	14.52	[a] Microgynon 30 [b] Nordette 21	SC WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	.. 4.88	*13.74 *18.62	14.52 14.52	[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	..	*13.74	14.52	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*13.74	14.52	Nordiol 28	WY
	NORETHISTERONE with ETHINYLOESTRADIOL							
2772X	Tablets 500 micrograms-35 micrograms, 21	4	2	..	*13.74	14.52	Brevinor	SD
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	.. 2.48	*13.74 *16.22	14.52 14.52	[a] Norimin 28 Day [a] Brevinor	MD SD
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	..	*13.74	14.52	Brevinor-1	SD
2775C	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. 2.48	*13.74 *16.22	14.52 14.52	[a] Norimin-1 28 Day [a] Brevinor-1	MD SD
	NORETHISTERONE with MESTRANOL							
3176E	Tablets 1 mg-50 micrograms, 21	4	2	..	*13.74	14.52	Norinyl-1	SD
3179H	Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets	4	2	..	*13.74	14.52	Norinyl-1/28	SD
	• ***Progestogens and estrogens, sequential preparations***							
	LEVONORGESTREL with ETHINYLOESTRADIOL							
1457Q	Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms-50 micrograms	4	2	..	*13.74	14.52	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*13.74	14.52	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	*18.62	14.52	[b] Triphasil [a] Triquilar	WY SC

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	
	LEVONORGESTREL with ETHINYLOESTRADIOL—cont.							
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	.. 4.88	*13.74 *18.62	14.52 14.52	[a] Logynon ED [b] Trifeme 28 [b] Triphasil 28 [a] Triquilar ED	SY AY WY SC
	NORETHISTERONE with ETHINYLOESTRADIOL							
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. 2.48	*13.74 *16.22	14.52 14.52	[a] Improvil 28 Day [a] Synphasic	MD SD
	• ***Progestogens***							
	LEVONORGESTREL							
2913H	Tablets 30 micrograms, 28	4	2	..	*13.74	14.52	Microlut 28 Microval 28	SC WY
	NORETHISTERONE							
1967M	Tablets 350 micrograms, 28	4	2	..	*13.74	14.52	[a] Locilan 28 Day Micronor [a] Noriday 28 Day	MD JC SD
	Androgens							
	• ***3-oxoandrosten (4) derivatives***							
	FLUOXYMESTERONE							
	Authority required.							
	Aplastic anaemias, proven; Carcinoma of the breast;							
	➤ ***Male 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***	..	***19.73***	***16.20***	***Halotestin***	***UP***
	TESTOSTERONE ENANTHATE							
	Authority required.							
	Klinefelter's syndrome (seminiferous tubule dysgenesis);							
	➤ ***Male hypogonadism.***							
2114G	***Injection 250 mg in 1 mL***	***3***	***3***	..	***25.43***	***16.20***	***Primoteston Depot***	***SC***

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

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 ESTERS							
	Authority required.							
	Klinefelter's syndrome (seminiferous tubule dysgenesis);							
	➤ ***Male hypogonadism.***							
2670M	***Injection 100 mg***	***3***	***3***	***..***	***13.61***	***14.39***	***Sustanon "100"***	***OR***
2101N	***Injection 250 mg***	***3***	***3***	***..***	***25.43***	***16.20***	***Sustanon "250"***	***OR***
	TESTOSTERONE UNDECANOATE							
	Authority required.							
	Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.							
2115H	***Capsule 40 mg***	***60***	***5***	***..***	***32.03***	***16.20***	***Andriol***	***OR***
	Estrogens							
	• ***Natural and semisynthetic estrogens, plain***							
	ETHINYLOESTRADIOL							
1405Y	Tablet 10 micrograms	200	1	..	*9.18	9.96	Estigyn	GL
1406B	Tablet 20 micrograms	200	1	..	*9.60	10.38	Estigyn	GL
1407C	Tablet 50 micrograms	200	1	..	*10.00	10.78	Estigyn	GL
	OESTRADIOL							
	Restricted benefit.							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
	NOTE:							
	Oestradiol patches should be used in conjunction with an oral progestogen in women with an intact uterus.							
1743R	***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***21.17***	***16.20***	***Estraderm 25***	***CG***
1744T	***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***23.10***	***16.20***	***Estraderm 50***	***CG***
1745W	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***26.67***	***16.20***	***Estraderm 100***	***CG***
	OESTRADIOL							
1742Q	Vaginal tablets 25 micrograms, 15	‡1	2	..	21.65	16.20	Vagifem	NO

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	
	OESTRADIOL VALERATE							
1663M	Tablets 1 mg, 28	2	2	..	*8.96	9.74	Progynova	SC
1664N	Tablets 2 mg, 28	2	2	..	*10.74	11.52	Progynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	23.78	16.20	Primogyn Depot	SC
	OESTRIOL							
1776L	Tablets 1 mg, 30	2	2	..	*9.30	10.08	Ovestin	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	12.05	12.83	Ovestin	OR
	OESTROGENS—CONJUGATED							
1733F	Tablets 300 micrograms, 28	2	2	..	*8.96	9.74	Premarin	AY
1734G	Tablets 625 micrograms, 28	2	2	..	*10.74	11.52	Premarin	AY
	OESTRONE							
1700L	Pessaries 100 micrograms, 12	‡1	2	..	12.22	13.00	Kolpon	OR
1701M	Pessaries 1 mg, 12	‡1	2	..	13.22	14.00	Kolpon	OR
	PIPERAZINE OESTRONE SULFATE							
1777M	Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate), 28	2	2	..	*8.96	9.74	Ogen .625	UP
1778N	Tablets 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate), 28	2	2	..	*10.74	11.52	Ogen 1.25	UP
	• ***Synthetic estrogens, plain***							
	DIENOESTROL							
1310Y	Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	8.71	9.49	JC	
	Progestogens							
	• ***Pregnen (4) derivatives***							
	MEDROXYPROGESTERONE ACETATE							
	Restricted benefit.							
	Endometriosis.							
2722G	***Tablet 10 mg***	***100***	***2***	..	***28.71***	***16.20***	***Provera***	***UP***
	Restricted benefit.							
	Breast cancer;							
	Endometrial cancer;							
	Endometriosis.							
3118D	***Injection 150 mg in 1 mL***	***1***	..	..	***11.55***	***12.33***	***Depo-Provera***	***UP***
	MEDROXYPROGESTERONE ACETATE							
2323G	Tablet 5 mg	56	2	..	12.41	13.19	Provera	UP
2321E	Tablet 10 mg	30	2	..	13.01	13.79	Provera	UP

[For other listings for this drug see Generic/Proprietary Index]

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

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	
	• ***Pregnadien derivatives***							
	DYDROGESTERONE							
	Authority required.							
	Endometriosis, visually proven.							
1350C	***Tablet 10 mg***	***50***	***5***	..	***30.86***	***16.20***	***Duphaston***	***JC***
	• ***Estren derivatives***							
	NORETHISTERONE							
2993M	Tablet 5 mg	30	2	..	14.28	15.06	Primolut N	SC
	Progestogens and estrogens in combination							
	• ***Progestogens and estrogens, sequential preparations***							
	OESTRADIOL and MEDROXYPROGESTERONE ACETATE							
	Restricted benefit.							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
1825C	***Pack containing 8 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 14 tablets medroxyprogesterone acetate 10 mg***	***‡1***	***5***	..	***24.85***	***16.20***	***Estrapak 50***	***CG***
	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	..	15.24	16.02	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	..	15.24	16.02	Trisequens Forte	NO
	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE							
1826D	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg	‡1	5	..	15.24	16.02	Menoprem Provelle-14	AY 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	
	Gonadotrophins and other ovulation stimulants							
	• *Gonadotrophins*							
	HUMAN CHORIONIC GONADOTROPHIN							
	Restricted benefit.							
	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 treatment.							
	Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.							
1579D	*Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*21.51*	*16.20*	*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*	*..*	*27.69*	*16.20*	*Profasi 1000*	*SG*
1581F	*Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*29.89*	*16.20*	*Pregnyl*	*OR*
1582G	*Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*32.09*	*16.20*	*Profasi 2000*	*SG*

continued ☛

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

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.							
1477R	*Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL*	1	5	..	17.18	16.20	*Pregnyl Profasi 5000*	OR SG
	Restricted benefit. *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.*							
	Restricted benefit. ➤ *For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. Treatment should not extend beyond six months.*							
1579D	*Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL*	1	5	..	21.51	16.20	*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	..	27.69	16.20	*Profasi 1000*	SG
1581F	*Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*	1	5	..	29.89	16.20	*Pregnyl*	OR
1582G	*Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL*	1	5	..	32.09	16.20	*Profasi 2000*	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. **Restricted benefit.** ➤ ***Cryptorchism not due to organic obstruction in boys over twelve months of age.***							
1583H	***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL***	***2***	***1***	***..***	****39.04***	***16.20***	***Pregnyl Profasi 500***	***OR SG***
1584J	***Injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL***	***2***	***1***	***..***	****51.40***	***16.20***	***Profasi 1000***	***SG***
	HUMAN MENOPAUSAL GONADOTROPHIN **Restricted benefit.** ***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 treatment.*** ***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.***							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HUMAN MENOPAUSAL GONADOTROPHIN—cont. **Restricted benefit.** ➤ *For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of six months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG should 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*	*..*	*221.98*	*16.20*	*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*	*..*	*423.98*	*16.20*	*Pergonal 150*	*SG*
	HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN **Restricted benefit.** *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 treatment.*							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN—cont.							
	NOTE—cont.							
	Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.							
	Restricted benefit.							
	➤ ***For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of six months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG should 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***	***..***	***221.98***	***16.20***	***Humegon***	***OR***
1604K	***Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising activity (approximately two thirds of the latter is of placental origin and approximately one third is of pituitary origin) and 10 ampoules solvent 1 mL***	***1***	***5***	***..***	***423.98***	***16.20***	***Humegon***	***OR***
	UROFOLLITROPHIN							
	Restricted benefit.							
	For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.							
	NOTE:							
	Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.							

continued ☛

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

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	
	UROFOLLITROPHIN—cont. NOTE—cont. ***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.*** ***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.*** ***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.***							
1601G	*Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL*	*1*	*5*	*..*	*221.98*	*16.20*	*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*	*..*	*423.98*	*16.20*	*Metrodin 150*	*SG*

- *Ovulation stimulants, synthetic*

CLOMIPHENE CITRATE
See Special Pharmaceutical Benefits

Antiandrogens

- *Antiandrogens, plain preparations*

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*	*..*	*71.85*	*16.20*	*Androcur*	*SC*

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	
	CYPROTERONE ACETATE—cont. **Authority required.** ***Advanced carcinoma of the prostate;*** ***Reduction of drive in sexual deviations of males.***							
1270W	*Tablet 50 mg*	*100*	*5*	..	**299.98*	*16.20*	*Androcur*	*SC*
	Other sex hormones and modulators of the genital system							
	• *Antigonadotrophins*							
	DANAZOL **CAUTION:** ***Pregnancy must be excluded prior to administration of this drug.*** **Authority required.** ***Endometriosis, visually proven;*** ***Hereditary angio-oedema;*** ***Short-term treatment (up to six months) of intractable primary menorrhagia;*** ***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*	..	*74.38*	*16.20*	[a] *Azol 100* [a] *Danocrine*	*AF* *SW*
1287R	*Capsule 200 mg*	*100*	*5*	..	*106.28*	*16.20*	[a] *Azol 200* [a] *Danocrine*	*AF* *SW*
	UROLOGICALS							
	Urinary antiseptics and antiinfectives							
	• *Methenamine preparations*							
3124K	HEXAMINE HIPPURATE Tablet 1 g	100	5	..	20.35	16.20	Hiprex	MM

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	
	• ***Quinolone derivatives (excl. quinolone antibacterials)***							
	NALIDIXIC ACID **Restricted benefit.** ***For use as a urinary antiseptic in patients with neurogenic bladder; Urinary tract infections where current clinical and bacteriological evidence confirm that nalidixic acid is an appropriate therapeutic agent.***							
2451B	***Tablet 500 mg***	***56***	***2***	***..***	***27.77***	***16.20***	***Negram***	***SW***
	• ***Nitrofuran derivatives***							
	NITROFURANTOIN **CAUTION:** Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.							
1692C	Capsule 50 mg	30	1	..	9.34	10.12	Macrodantin	PY
1693D	Capsule 100 mg	30	1	..	11.64	12.42	Macrodantin	PY
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	15.46	16.20	Furadantin	PY
	Other urologicals, incl. antispasmodics							
	• ***Acidifiers***							
	AMMONIUM CHLORIDE							
1044Y	Tablet 500 mg	100	5	..	11.50	12.28	FM	
	• ***Other urologicals***							
	DEMECLOCYCLINE HYDROCHLORIDE **Restricted benefit.** ***Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.***							
2854F	***Capsule 150 mg***	***100***	***3***	***..***	***36.21***	***16.20***	***Ledermycin***	***LE***
	PHENOXYBENZAMINE HYDROCHLORIDE **Restricted benefit.** ***Phaeochromocytoma; Neurogenic urinary retention.***							
1862B	***Capsule 10 mg***	***100***	***5***	***..***	***22.93***	***16.20***	***Dibenyline***	***SK***
	PROPANTHELINE BROMIDE **Restricted benefit.** ***Chronic neurogenic incontinence of urine.***							
1953T	***Tablet 15 mg***	***200***	***2***	***..***	****10.44***	***11.22***	***Pro-Banthine***	***SR***

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

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 CITRO-TARTRATE							
2656T	Sachets containing oral effervescent powder 3.7 g, 25	‡1	4	..	7.83	8.61	Citralite	FC
2658X	Sachets containing oral effervescent powder 4 g, 25	‡1	4	..	7.83	8.61	Citravescent Sachets	FC
2657W	Sachets containing oral effervescent powder 4 g, 25	‡1	4	..	7.83	8.61	Ural Sachets	AB

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES

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	
	PITUITARY AND HYPOTHALAMIC HORMONES							
	Anterior pituitary lobe hormones							
	• ***ACTH***							
	TETRACOSACTRIN							
2832C	Injection 1 mg in 1 mL	5	5	..	*71.03	16.20	Synacthen Depot 1	CG
	Posterior pituitary lobe hormones							
	• ***Vasopressin and analogues***							
	DESMOPRESSIN							
	Authority required.							
	Diabetes insipidus.							
2129C	***Intranasal solution 100 micrograms per mL, 2.5 mL***	***5***	***2***	..	****146.48***	***16.20***	***Minirin***	**FC**
	Hypothalamic hormones							
	• ***Gonadotrophin-releasing hormones***							
	NAFARELIN ACETATE							
	Authority required.							
	Short-term treatment (up to six months) of visually proven endometriosis. Only the one authority for up to six months' therapy will be authorised.							
2962X	***Nasal spray (pump pack) 200 micrograms (base) per dose (60 doses)***	***‡1***	***5***	..	***96.05***	***16.20***	***Synarel***	**SD**
	CORTICOSTEROIDS FOR SYSTEMIC USE							
	Corticosteroids for systemic use, plain							
	• ***Mineralocorticoids***							
	FLUDROCORTISONE ACETATE							
1433K	Tablet 100 micrograms	200	1	..	*14.36	15.14	Florinef	BQ
	• ***Glucocorticoids***							
	BETAMETHASONE							
1117T	Tablet 500 micrograms	30	4	..	6.40	7.18	Celestone	SH

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

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	
	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***	..	..	***23.13***	***16.20***	***Celestone Chronodose***	***SH***
	CORTISONE ACETATE							
1246N	Tablet 5 mg	50	4	..	11.47	12.25	Cortate	FC
1247P	Tablet 25 mg	60	4	..	12.31	13.09	Cortate	FC
	DEXAMETHASONE							
	Restricted benefit.							
	For use in a hospital.							
2508B	***Injection 120 mg in 5 mL***	***1***	..	..	***30.60***	***16.20***	***Decadron Shock Pak***	***MK***
	DEXAMETHASONE							
1292B	Tablet 500 micrograms	30	4	..	6.21	6.99	Dexmethsone	FC
2507Y	Tablet 4 mg	30	4	..	9.67	10.45	Dexmethsone	FC
2509C	Injection 4 mg in 1 mL	5	..	..	12.81	13.59	Decadron	MK
1291Y	Injection 8 mg in 2 mL	5	1	..	19.93	16.20	Decadron	MK
	HYDROCORTISONE							
1499X	Tablet 4 mg	50	4	..	8.93	9.71	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	12.73	13.51	Hysone 20	AF
	HYDROCORTISONE SODIUM SUCCINATE							
	Restricted benefit.							
	For use in a hospital.							
1510L	***Injection equivalent to 100 mg hydrocortisone with 2 mL solvent***	***6***	..	..	****22.46***	***16.20***	***Nordicort Solu-Cortef***	***NR UP***
1511M	***Injection equivalent to 250 mg hydrocortisone with 2 mL solvent***	***6***	..	..	****37.46***	***16.20***	***Solu-Cortef***	***UP***

continued ☛

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

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.							
	Restricted benefit.							
	For use in a hospital.							
3097B	***Injection equivalent to 500 mg hydrocortisone with 4 mL solvent***	***2***	..	..	****25.10***	***16.20***	***Solu-Cortef***	***UP***
	HYDROCORTISONE SODIUM SUCCINATE							
1501B	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*10.14	10.92	Nordicort Solu-Cortef	NR UP
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	9.56	10.34	Solu-Cortef	UP
	METHYLPREDNISOLONE ACETATE							
	Restricted benefit.							
	For local intra-articular or peri-articular infiltration.							
1928L	***Injection 40 mg in 1 mL***	***5***	..	..	***18.28***	***16.20***	***Depo-Medrol***	***UP***
	METHYLPREDNISOLONE SODIUM SUCCINATE							
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	27.74	16.20	Solu-Medrol	UP
	PREDNISOLONE							
3152X	Tablet 1 mg	100	4	..	6.25	7.03	Panafcortelone	FC
1917X	Tablet 5 mg	60	4	..	6.27	7.05	Adnisolone Panafcortelone Solone	NN FC FM
1916W	Tablet 25 mg	30	4	..	7.92	8.70	Panafcortelone Solone	FC FM
	PREDNISONE							
1934T	Tablet 1 mg	100	4	..	6.25	7.03	Panafcort	FC
1935W	Tablet 5 mg	60	4	..	6.27	7.05	Adasone Panafcort Sone	NN FC FM
1936X	Tablet 25 mg	30	4	..	7.92	8.70	Panafcort Sone	FC FM

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TRIAMCINOLONE ACETONIDE							
	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***	..	..	***23.13***	***16.20***	***Kenacort-A10***	***BQ***
	Antiadrenal preparations							
	• ***Anticorticosteroids***							
	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	151.38	16.20	Cytadren	CG
	THYROID THERAPY							
	Thyroid preparations							
	• ***Thyroid hormones***							
	LIOTHYRONINE SODIUM							
2318B	Tablet 20 micrograms	100	2	..	12.12	12.90	Tertroxin	BT
	THYROXINE SODIUM							
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	6.82	7.60	Oroxine	BW
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	7.06	7.84	Oroxine	BW
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	9.41	10.19	Oroxine	BW
	Antithyroid preparations							
	• ***Thiouracils***							
	PROPYLTHIOURACIL							
1955X	Tablet 50 mg	200	2	..	*23.68	16.20	JC	
	• ***Sulphur-containing imidazole derivatives***							
	CARBIMAZOLE							
1153Q	Tablet 5 mg	200	2	..	*11.08	11.86	Neo-Mercazole	NS
	PANCREATIC HORMONES							
	Glycogenolytic hormones							
	• ***Glycogenolytic hormones***							
	GLUCAGON HYDROCHLORIDE							
1447E	Injection 1 i.u. with diluent	1	1	..	13.98	14.76	LY	
1449G	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	18.65	16.20	GlucaGen Hypokit	NO

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	
	CALCIUM HOMEOSTASIS							
	Anti-parathyroid hormones							
	• *Calcitonin preparations*							
	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*	*..*	**340.38*	*16.20*	*Calcitare*	*MB*
	NOTE:							
	Manufacturer's pack is ten 160 i.u. vials plus ten vials solvent.							
3000X	*Injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe*	*30*	*5*	*..*	**182.18*	*16.20*	*Calsynar* *Miacalcic*	*MB* *SZ*
	NOTE:							
	Manufacturer's pack is five 50 i.u. syringes.							
2996Q	*Injection (salmon) 80 i.u. in 0.8 mL ampoule*	*15*	*5*	*..*	**113.87*	*16.20*	*Miacalcic*	*SZ*
	NOTE:							
	Manufacturer's pack is five 80 i.u. ampoules.							
3001Y	*Injection (salmon) 100 i.u. in 1 mL pre-filled syringe*	*15*	*5*	*..*	**144.23*	*16.20*	*Calsynar* *Miacalcic*	*MB* *SZ*
	NOTE:							
	Manufacturer's pack is five 100 i.u. syringes.							
2998T	*Injection (salmon) 400 i.u. in 2 mL vial*	*4*	*5*	*..*	**107.34*	*16.20*	*Calsynar*	*MB*
	NOTE:							
	Manufacturer's pack is a single 400 i.u. vial.							

continued ☛

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

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***	***..***	****201.17***	***16.20***	***Cibacalcin***	***CG***
	NOTE:							
	Manufacturer's pack is five 0.5 mg ampoules plus five ampoules solvent.							

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	
	ANTIBACTERIALS FOR SYSTEMIC USE							
	Tetracyclines							
	• ***Tetracyclines***							
	DEMECLOCYCLINE HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	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***	***..***	***8.99***	***9.77***	***Doxylin 50***	***AF***
				0.66	***9.65***	***9.77***	***Vibra-Tabs***	***PF***
2707L	***Capsule 50 mg***	***25***	***5***	***0.56***	***9.55***	***9.77***	***Doryx***	***FA***
	Restricted benefit.							
	Pelvic inflammatory disease.							
2702F	***Tablet 100 mg***	***28***	***..***	***..***	****15.22***	***16.00***	***Doxylin 100***	***AF***
				2.84	****18.06***	***16.00***	[a] ***Vibramycin***	***PF***
2703G	***Capsule 100 mg***	***28***	***..***	***2.68***	****17.90***	***16.00***	[a] ***Doryx***	***FA***
	Restricted benefit.							
	Urethritis.							
2714W	***Tablet 100 mg***	***21***	***..***	***..***	****12.41***	***13.19***	***Doxylin 100***	***AF***
				2.13	****14.54***	***13.19***	[a] ***Vibramycin***	***PF***
2715X	***Capsule 100 mg***	***21***	***..***	***1.39***	***13.79***	***13.18***	[a] ***Doryx***	***FA***
	DOXYCYCLINE							
2709N	Tablet 100 mg	7	1	..	6.79	7.57	Doxylin 100	AF
				0.71	7.50	7.57	[a] Vibramycin	PF
2708M	Capsule 100 mg	7	1	0.67	7.46	7.57	[a] Doryx	FA
	METHACYCLINE HYDROCHLORIDE							
2901Q	Capsule 300 mg	10	1	..	8.36	9.14	Rondomycin	WW

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	MINOCYCLINE							
	CAUTION:							
	There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
	Restricted benefit.							
	Severe acne not responding to other tetracyclines.							
1616C	***Tablet 50 mg***	***60***	***5***	***..***	***16.61***	***16.20***	***Minomycin-50***	***LE***
	MINOCYCLINE							
	CAUTION:							
	There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
3037W	Capsule 100 mg	11	..	..	8.61	9.39	Minomycin	LE
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will not be authorised.							
	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***	***..***	***8.62***	***9.40***	***Achromycin***	***LE***
	TETRACYCLINE HYDROCHLORIDE							
2134H	Capsule 250 mg	25	1	..	6.30	7.08	Achromycin	LE
	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***	***..***	****8.62***	***9.40***	***Achromycin V***	***LE***
							Mysteclin-250	***BQ***
				1.30	****9.92***	***9.40***	***Tetrex***	***BC***
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
2145X	Capsule 250 mg	25	1	..	6.30	7.08	Achromycin V	LE
							Mysteclin-250	BQ
				0.65	6.95	7.08	Tetrex	BC

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	
	Amphenicols							
	• ***Amphenicols***							
	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***	..	..	***10.91***	***11.69***	***Chloromycetin***	***PD***
1167K	***Injection 1.2 g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)***	***3***	..	..	****72.29***	***16.20***	***Chloromycetin Succinate***	***PD***
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
1883D	Chewable tablet 250 mg	20	1	..	8.19	8.97	[a] Amoxil	SK
							[a] Moxacin	CS
1884E	Capsule 250 mg	20	1	..	7.40	8.18	[a] Alphamox 250	AF
							[a] Cilamox	SI
							[a] Fisamox 250	FC
				0.38	7.78	8.18	[a] Moxacin	CS
				0.43	7.83	8.18	[a] Amoxil	SK
1889K	Capsule 500 mg	20	1	..	10.71	11.49	[a] Alphamox 500	AF
							[a] Cilamox	SI
							[a] Fisamox 500	FC
				0.53	11.24	11.49	[a] Amoxil	SK
				0.55	11.26	11.49	[a] Moxacin	CS
1878W	Sachet containing oral powder 3 g	1	..	..	8.04	8.82	[a] Amoxil	SK
							[a] Moxacin	CS
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#10.75	11.88	Amoxil	SK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#8.93	10.06	[a] Alphamox 125	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.22	#9.15	10.06	[a] Moxacin	CS
				0.23	#9.16	10.06	[a] Amoxil	SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.25	11.38	[a] Alphamox 250	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.33	#10.58	11.38	[a] Moxacin 250	CS
				0.36	#10.61	11.38	[a] Amoxil Forte	SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	AMPICILLIN							
1048E	Capsule 250 mg	24	1	.. 2.82	7.94 10.76	8.72 8.72	Alphacin 250 Penbritin	AF SK
2671N	Capsule 500 mg	24	..	.. 2.42	11.41 13.83	12.19 12.19	Alphacin 500 Penbritin	AF SK
2390T	Injection 500 mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	..	10.18	10.96	[a] Ampicyn [a] Austrapen	FC CS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	..	14.14	14.92	[a] Ampicyn [a] Austrapen	FC CS
	TICARCILLIN							
	Restricted benefit.							
	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***	..	..	****57.62***	***16.20***	[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***	..	..	****123.04***	***16.20***	[a] ***Tarcil*** [a] ***Ticillin***	***SK*** ***CS***
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	25.84	16.20	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	..	..	15.07	15.85	Bicillin All-Purpose	WY
	BENZYLPENICILLIN							
1775K	Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	10	1	..	*20.26	16.20	CS	
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*46.44	16.20	CS	

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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							
	Restricted benefit.							
	Prophylaxis of recurrent streptococcal infections (including rheumatic fever).							
1702N	***Tablet 125 mg***	***50***	***5***	***..***	****9.90***	***10.68***	***Abbocillin-V Dulcet***	***AB***
1703P	***Tablet 250 mg***	***50***	***5***	***..***	****10.20***	***10.98***	***Abbocillin-VK Filmtab***	***AB***
							PVK	***LY***
1705R	***Capsule 250 mg***	***50***	***5***	***..***	****10.20***	***10.98***	***Abbocillin-VK***	***AB***
							Cilicaine VK	***SI***
							LPV	***CS***
							PVK	***LY***
	PHENOXYMETHYLPENICILLIN							
1786B	Tablet 125 mg	25	1	..	6.94	7.72	Abbocillin-V Dulcet	AB
1787C	Tablet 250 mg	25	1	..	7.09	7.87	Abbocillin-VK Filmtab	AB
							PVK	LY
3028J	Tablet 500 mg	25	1	..	8.81	9.59	Abbocillin-VK Filmtab	AB
							PVK	LY
1789E	Capsule 250 mg	25	1	..	7.09	7.87	Abbocillin-VK	AB
							Cilicaine VK	SI
							LPV	CS
							PVK	LY
2965C	Capsule 500 mg	25	1	..	8.81	9.59	Cilicaine VK	SI
							LPV	CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	6.95	7.73	Abbocillin-V	AB
							Cilicaine V	SI
				0.40	7.35	7.73	LPV 125	CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	‡1	1	..	7.67	8.45	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	8.22	8.45	LPV 250	CS
	PROCAINE PENICILLIN							
1793J	Injection 1 g	5	..	..	51.72	16.20	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	51.72	16.20	Cilicaine	SI
	• ***Beta-lactamase resistant penicillins***							
	CLOXACILLIN							
2300C	Capsule 250 mg	24	..	..	11.68	12.46	Alclox 250	AF
1120Y	Capsule 500 mg	24	..	..	19.38	16.20	Alclox 500	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	
	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.							
	Restricted benefit.							
	Serious staphylococcal infections.							
1526H	***Capsule 250 mg***	***24***	**	**	***10.80***	***11.58***	[a] ***Flucil 250***	***FC***
							[a] ***Staphylex 250***	***AF***
				0.20	***11.00***	***11.58***	[a] ***Flopen***	***CS***
				0.39	***11.19***	***11.58***	[a] ***Floxapen***	***SK***
1527J	***Capsule 500 mg***	***24***	**	**	***18.28***	***16.20***	[a] ***Flucil 500***	***FC***
							[a] ***Staphylex 500***	***AF***
				0.36	***18.64***	***16.20***	[a] ***Flopen***	***CS***
				0.44	***18.72***	***16.20***	[a] ***Floxapen***	***SK***
1528K	***Powder for syrup 125 mg per 5 mL, 100 mL***	***‡1***	**	**	***#11.98***	***13.11***	[a] ***Flopen***	***CS***
							[a] ***Floxapen***	***SK***
1529L	***Powder for syrup 250 mg per 5 mL, 100 mL***	***‡1***	**	**	***#15.75***	***16.20***	[a] ***Flopen***	***CS***
							[a] ***Floxapen***	***SK***
	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.							
1524F	Injection 500 mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	**	**	16.06	16.20	[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	1	**	22.92	16.20	[a] Flopen	CS
							[a] Floxapen	SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	• ***Combinations of penicillins, incl. beta-lactamase inhibitors***							
	AMOXYCILLIN with CLAVULANIC ACID							
	CAUTION:							
	Hepatotoxicity has been reported with this drug.							
	Restricted benefit.							
	➤ ***Infections where resistance to amoxycillin is suspected or proven.***							
1890L	***Tablet 250 mg-125 mg***	*15*	*1*	..	*12.70*	*13.48*	[a] ***Augmentin*** [a] ***Clavulin 250***	**SK** **CS**
1891M	***Tablet 500 mg-125 mg***	*15*	*1*	..	*16.41*	*16.20*	[a] ***Augmentin Forte*** [a] ***Clavulin 500***	**SK** **CS**
1892N	***Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL***	*‡1*	*1*	..	*#11.32*	*12.45*	***Augmentin***	**SK**
1893P	***Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL***	*‡1*	..	..	*#13.62*	*14.75*	***Augmentin Forte***	**SK**
	TICARCILLIN with CLAVULANIC ACID							
	Restricted benefit.							
	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*	..	..	*146.43*	*16.20*	***Timentin***	**SK**
	Other beta-lactam antibacterials							
	• ***Cephalosporins and related substances***							
	CEFACLOR							
1155T	Capsule 250 mg	15	1	..	14.03	14.81	Ceclor	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#13.09	14.22	Ceclor	LY
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#13.62	14.75	Ceclor	LY

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	CEFOTAXIME							
	Restricted benefit.							
	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***	..	..	****58.53***	***16.20***	***Claforan***	***RL***
1086E	***Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)***	***5***	..	..	****107.88***	***16.20***	***Claforan***	***RL***
	CEFOTETAN							
	Restricted benefit.							
	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***	..	..	***143.68***	***16.20***	***Apatef***	***LE***
1773H	***Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)***	***10***	..	..	***241.98***	***16.20***	***Apatef***	***LE***
	CEFTRIAXONE							
	Restricted benefit.							
	Gonorrhoea.							
1782T	***Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)***	***1***	..	..	***18.28***	***16.20***	***Rocephin***	***RO***

continued ☛

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CEFTRIAXONE—cont.							
	Restricted benefit.							
	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***	..	..	****75.48***	***16.20***	***Rocephin***	***RO***
	Restricted benefit.							
	Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.							
1783W	***Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)***	***5***	..	..	****107.38***	***16.20***	***Rocephin***	***RO***
1784X	***Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)***	***5***	..	..	****166.23***	***16.20***	***Rocephin***	***RO***
1785Y	***Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)***	***5***	..	..	****294.98***	***16.20***	***Rocephin***	***RO***
	CEPHALEXIN							
3058Y	Capsule 250 mg	20	1	..	7.78	8.56	[a] Ibilex 250	AF
				1.00	8.78	8.56	Ceporex	GL
				1.11	8.89	8.56	[a] Keflex	LY
3119E	Capsule 500 mg	20	1	..	10.80	11.58	[a] Ibilex 500	AF
				1.00	11.80	11.58	Ceporex	GL
				1.11	11.91	11.58	[a] Keflex	LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#10.48	11.61	[a] Ibilex 125	AF
				1.02	#11.50	11.61	Ceporex	GL
				1.11	#11.59	11.61	[a] Keflex	LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#12.68	13.81	[a] Ibilex 250	AF
				1.02	#13.70	13.81	Ceporex	GL
				1.11	#13.79	13.81	[a] Keflex	LY

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	CEPHALOTHIN							
2964B	Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	10	1	..	*43.18	16.20	Keflin Neutral	LY
	CEPHAZOLIN **Restricted benefit.** ***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***	..	.. ..	***22.13***	***16.20*** ***16.20***	***Kefzol*** ***Cefamezin***	***LY*** ***SI***
1257E	***Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)***	***5***	..	.. ..	***36.98***	***16.20*** ***16.20***	***Kefzol*** ***Cefamezin***	***LY*** ***SI***
	Sulfonamides and trimethoprim							
	• ***Trimethoprim***							
	TRIMETHOPRIM							
2922T	Tablet 300 mg	7	1	.. 0.49	6.79 7.28	7.57 7.57	[a] Alprim [a] Triprim	AF BW
	• ***Short-acting sulfonamides***							
	SULFAMETHIZOLE							
2084Q	Tablet 500 mg	40	2	..	12.12	12.90	Urolucosil	WW
2081M	Tablet 1 g	20	2	..	12.12	12.90	Urolucosil	WW
	• ***Combinations of sulfonamides and trimethoprim, incl. derivatives***							
	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	1	..	7.04	7.82	Bactrim [a] Resprim [a] Septrin	RO AF BW
2951H	Tablet 160 mg-800 mg	10	1	..	8.05	8.83	Bactrim DS [a] Resprim Forte [a] Septrin Forte	RO AF BW
3103H	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	7.56	8.34	Bactrim [a] Resprim [a] Septrin	RO AF 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	
	Macrolides and lincosamides							
	• ***Macrolides***							
	ERYTHROMYCIN							
1399P	Tablet 250 mg	25	1	..	7.24	8.02	EMU-V	UP
1402T	Capsule 125 mg	25	1	..	6.99	7.77	Eryc	FA
1400Q	Capsule 175 mg	25	1	..	7.24	8.02	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.57	9.35	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	18.06	16.20	Erythrocin-I.M.	AB
	ERYTHROMYCIN ESTOLATE							
2499M	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	1	..	6.94	7.72	Ilosone	LY
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.16	8.94	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE							
2750R	Tablet 400 mg (base)	25	1	..	8.27	9.05	[a] E-Mycin	AF
				0.83	9.10	9.05	[a] E.E.S. 400 Filmtab	AB
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#10.26	11.39	[a] E.E.S. 200 [a] E-Mycin 200	AB AF
2428T	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#12.54	13.67	E.E.S. Granules	AB
	ERYTHROMYCIN LACTOBIONATE							
1398N	I.V. infusion 300 mg (base)	5	..	..	*41.88	16.20	Erythrocin	AB
1397M	I.V. infusion 1 g (base)	5	..	..	*55.08	16.20	Erythrocin	AB
	ERYTHROMYCIN STEARATE							
1401R	Tablet 250 mg (base)	25	1	..	7.24	8.02	Erythrocin Filmtab	AB
1403W	Capsule 250 mg (base)	25	1	..	7.24	8.02	Erythrocin	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.16	8.94	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.56	11.34	Erythrocin	AB
	ROXITHROMYCIN							
1760P	Tablet 150 mg	10	1	..	12.01	12.79	[a] Biaxin [a] Rulide	SI RL

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	
	• *Lincosamides*							
	CLINDAMYCIN							
	Restricted benefit.							
	Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.							
3138E	***Capsule 150 mg***	***25***	..	..	***13.99***	***14.77***	***Dalacin C***	***UP***
3139F	***Granules for syrup 75 mg per 5 mL, 100 mL***	***‡1***	..	..	***#21.25***	***16.20***	***Dalacin C***	***UP***
	LINCOMYCIN							
2530E	Injection 600 mg in 2 mL	5	..	..	14.36	15.14	Lincocin	UP
	Aminoglycoside antibacterials							
	• *Other aminoglycosides*							
	GENTAMICIN SULFATE							
1068F	Injection 40 mg (base) in 1 mL	10	1	..	*26.94	16.20	BL	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.44	16.20	BL	
2824P	Injection 80 mg (base) in 2 mL	10	1	..	*17.08	16.20	Cidomycin BL	RL
	TOBRAMYCIN SULFATE							
	Restricted benefit.							
	Infections where positive bacteriological evidence confirms that tobramycin is an appropriate antibiotic; Septicaemia, suspected or proven.							
1356J	***Injection 80 mg (base)***	***10***	***1***	..	***66.38***	***16.20***	***Nebcin***	***LY***
	Quinolone antibacterials							
	• *Fluoroquinolones*							
	CIPROFLOXACIN							
	Authority required.							
	Serious infections for which no other oral antimicrobial agent is appropriate.							
1208N	***Tablet 250 mg***	***14***	..	..	***35.88***	***16.20***	***Ciproxin 250***	***BN***
1209P	***Tablet 500 mg***	***14***	..	..	***64.48***	***16.20***	***Ciproxin 500***	***BN***
1210Q	***Tablet 750 mg***	***14***	..	..	***94.18***	***16.20***	***Ciproxin 750***	***BN***
	ENOXACIN							
	Authority required.							
	Complicated urinary tract infection.							
2859L	***Tablet 400 mg***	***14***	***1***	..	***20.60***	***16.20***	***Enoxin***	***FA***

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	
	NORFLOXACIN							
	Authority required.							
	Acute bacterial enterocolitis; Complicated urinary tract infection.							
3010K	***Tablet 400 mg***	***14***	***1***	***..***	***20.60***	***16.20***	***Noroxin***	***MK***
	Other antibacterials							
	• ***Glycopeptide antibacterials***							
	VANCOMYCIN							
	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***	***..***	***..***	****55.30***	***16.20***	***Vancocin***	***LY***
	Restricted benefit.							
	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***	***..***	***..***	****132.28***	***16.20***	***Vancocin***	***LY***
	• ***Polymyxins***							
	COLISTIN							
2621Y	Injection 150 mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents)	5	..	..	*237.98	16.20	Coly-Mycin	WW
	• ***Steroid antibacterials***							
	FUSIDIC ACID							
	Restricted benefit.							
	➤ ***For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.***							
2312Q	***Tablet (sodium salt) 250 mg***	***36***	***1***	***..***	***67.78***	***16.20***	***Fucidin***	***CS***
2311P	***Oral suspension 50 mg per mL, 90 mL***	***‡1***	***..***	***..***	***53.44***	***16.20***	***Fucidin***	***CS***

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	• ***Imidazole derivatives***							
	METRONIDAZOLE							
	Restricted benefit.							
	Treatment of anaerobic infections.							
1621H	***Tablet 400 mg***	***21***	***1***	***..***	***8.88***	***9.66***	[a] ***Metrogyl 400***	***AF***
				1.51	***10.39***	***9.66***	[a] ***Flagyl***	***MB***
	Restricted benefit.							
	Prophylaxis in large bowel surgery; ***Treatment in a hospital of acute anaerobic sepsis.***							
1638F	***I.V. infusion 500 mg in 100 mL***	***5***	***1***	***..***	****28.13***	***16.20***	[a] ***Flagyl*** [a] ***DW***	***MB***
	METRONIDAZOLE							
1636D	Tablet 200 mg	21	1	..	6.07	6.85	[a] Metrogyl 200	AF
							Metrozine	SR
				1.82	7.89	6.85	[a] Flagyl	MB
1626N	Tablet 400 mg	5	2	..	5.96	6.74	[a] Metrogyl 400	AF
				1.62	7.58	6.74	[a] Flagyl Statpak	MB
1642K	Suppositories 500 mg, 10	‡1	..	..	17.84	16.20	Flagyl	MB
1643L	Suppositories 1 g, 10	‡1	..	..	24.55	16.20	Flagyl	MB
	METRONIDAZOLE BENZOATE							
1630T	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	12.60	13.38	Flagyl S	MB
	TINIDAZOLE							
1465D	Tablet 500 mg	4	..	..	6.80	7.58	[a] Simplotan	GP
				1.93	8.73	7.58	[a] Fasigyn	PF
	• ***Other antibacterials***							
	SPECTINOMYCIN							
3090P	Injection 2 g with 3.2 mL diluent	1	..	..	15.68	16.20	Trobicin	UP
	ANTIMYCOTICS FOR SYSTEMIC USE							
	Antimycotics for systemic use							
	• ***Antibiotics***							
	AMPHOTERICIN							
1047D	Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	22.16	16.20	Fungizone	BQ

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	• *Imidazole derivatives*							
	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*	..	..	*12.67*	*13.45*	*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*	..	*26.31*	*16.20*	*Nizoral*	*JC*
	• *Triazole derivatives*							
	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 or 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*	*28*	*5*	..	*176.74*	*16.20*	*Diflucan*	*PF*
1472L	*Capsule 100 mg*	*28*	*5*	..	*327.94*	*16.20*	*Diflucan*	*PF*
1475P	*Capsule 200 mg*	*28*	*5*	..	*629.78*	*16.20*	*Diflucan*	*PF*
1473M	*Solution for I.V. infusion 100 mg in 50 mL*	*7*	..	..	**169.53*	*16.20*	*Diflucan*	*PF*
1474N	*Solution for I.V. infusion 200 mg in 100 mL*	*7*	..	..	**320.17*	*16.20*	*Diflucan*	*PF*

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	ANTIMYCOBACTERIALS							
	Drugs for treatment of tuberculosis							
	• *Antibiotics*							
	RIFAMPICIN							
	Authority required.							
	Leprosy in adults.							
1982H	*Capsule 150 mg*	*100*	..	..	*35.14*	*16.20*	*Rimycin 150*	*AF*
1983J	*Capsule 300 mg*	*100*	..	..	*66.32*	*16.20*	*Rimycin 300*	*AF*
	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*	..	..	*8.14*	*8.92*	*Rimycin 150*	*AF*
1984K	*Capsule 300 mg*	*10*	..	..	*11.25*	*12.03*	*Rimycin 300*	*AF*
	• *Hydrazides*							
	ISONIAZID							
1554T	Tablet 100 mg	100	2	..	7.36	8.14	FM	
	ANTIVIRALS FOR SYSTEMIC USE							
	Agents affecting the virus directly							
	• *Nucleosides*							
	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*	..	..	**112.22*	*16.20*	*Zovirax 200 mg* *Zyclir 200*	*BW* *AD*
	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*	..	*198.68*	*16.20*	*Zovirax 200 mg* *Zyclir 200*	*BW* *AD*

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.							
	Authority required.							
	Suppression of genital herpes in severely immunocompromised patients.							
1009D	***Tablets 200 mg, 90***	***‡1***	***5***	***..***	***198.68***	***16.20***	***Zovirax 200 mg***	***BW***
							Zyclir 200	***AD***
	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***	***..***	***..***	***270.38***	***16.20***	***Zovirax 400 mg***	***BW***
1052J	***Tablets 800 mg, 35***	***‡1***	***..***	***..***	***270.38***	***16.20***	***Zovirax 800 mg***	***BW***
							Zyclir 800	***AD***
	IMMUNE SERA AND IMMUNOGLOBULINS							
	Immune sera							
	• ***Immune sera***							
	ANTIVENOM—RED BACK SPIDER							
1980F	Injection 500 units	2	..	..	*183.20	16.20	CS	
	DIPHTHERIA ANTITOXIN							
1344R	Injection 10,000 units	2	1	..	*165.00	16.20	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	..	*258.96	16.20	CS	
	VACCINES							
	Bacterial vaccines							
	• ***Diphtheria vaccines***							
	DIPHTHERIA VACCINE, ADSORBED							
	NOTE:							
	For immunisation of children up to the age of eight years.							
1348Y	Injection 0.5 mL	2	1	..	*14.98	15.76	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
	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	..	..	*14.68	15.46	CS
	• ***Pertussis vaccines***						
	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED (Triple Antigen)						
1346W	Injection 0.5 mL	3	..	..	*19.49	16.20	CS
	• ***Pneumococcal vaccines***						
	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***	..	..	***31.48***	***16.20***	***Pneumovax 23 CS***
	• ***Tetanus vaccines***						
	DIPHTHERIA and TETANUS VACCINE, ADSORBED **NOTE:** For immunisation of children up to the age of eight years.						
1341N	Injection 0.5 mL	3	..	..	*18.02	16.20	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	..	..	*18.26	16.20	CS
	TETANUS VACCINE, ADSORBED						
2127Y	Injection 0.5 mL	3	..	..	*16.37	16.20	CS

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

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	
	Viral vaccines							
	• *Influenza vaccines*							
	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*	..	..	*17.18*	*16.20*	*Fluvax*	**CS**
							Vaxigrip	**PV**
							XFLU	**SK**

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

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	
	CYTOSTATICS							
	Alkylating agents							
	• ***Nitrogen mustard analogues***							
	CHLORAMBUCIL							
1163F	Tablet 2 mg	100	2	..	*75.70	16.20	Leukeran	BW
1164G	Tablet 5 mg	100	2	..	*86.26	16.20	Leukeran	BW
	CYCLOPHOSPHAMIDE							
1266P	Tablet 50 mg	50	2	..	28.58	16.20	Cycloblastin	PS
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	10	..	..	75.67	16.20	Cycloblastin	PS
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	10	..	..	81.15	16.20	Cycloblastin	PS
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*28.60	16.20	Cycloblastin	PS
1080W	Injection 1 g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	..	25.49	16.20	Cycloblastin	PS
	MELPHALAN							
2547C	Tablet 2 mg	100	..	..	*94.78	16.20	Alkeran	BW
2548D	Tablet 5 mg	100	..	..	*153.58	16.20	Alkeran	BW
	• ***Alkyl sulphonates***							
	BUSULFAN							
1128J	Tablet 2 mg	100	..	..	37.98	16.20	Myleran	BW
	• ***Ethylene imines***							
	THIOTEPA							
2345K	Injection 15 mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	..	*36.32	16.20	LE	
	[For other listings for this drug see Generic/Proprietary Index]							
	Antimetabolites							
	• ***Folic acid analogues***							
	METHOTREXATE							
1622J	Tablet 2.5 mg	100	2	..	20.56	16.20	[a] Ledertrexate [a] Methoblastin [a] BL	LE PS
1623K	Tablet 10 mg	50	2	..	46.33	16.20	Methoblastin	PS

continued ☛

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

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	
	METHOTREXATE—cont.							
2396D	Injection 5 mg in 2 mL	5	..	..	*45.68	16.20	Ledertrexate	LE
2395C	Injection 50 mg in 2 mL	5	..	..	*47.63	16.20	Ledertrexate	LE
				..	47.65	16.20	Methoblastin	PS
							BL	
							DW	
	• ***Purine analogues***							
	CLADRIBINE							
	Authority required.							
	Hairy cell leukaemia.							
1811H	***Solution for I.V. infusion 10 mg in 10 mL***	***7***	..	..	***4658.63***	***16.20***	***Leustatin***	***JC***
	MERCAPTOPURINE							
1598D	Tablet 50 mg	100	2	..	*102.46	16.20	Purinethol	BW
	THIOGUANINE							
1233X	Tablet 40 mg	25	1	..	84.28	16.20	Lanvis	BW
	• ***Pyrimidine analogues***							
	CYTARABINE							
2910E	Injection set containing 100 mg and 5 mL solvent	10	1	..	*72.88	16.20	BL	
2904W	Injection set containing 500 mg and 10 mL solvent	2	1	..	*81.14	16.20	BL	
	FLUOROURACIL							
2521Q	Injection 250 mg in 10 mL	20	..	..	*67.34	16.20	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.38	16.20	BL	
	Plant alkaloids and other natural products							
	• ***Vinca alkaloids and analogues***							
	VINBLASTINE SULFATE							
2198Q	Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*41.68	16.20	Velbe	LY
2199R	Injection set containing 10 mg and 10 mL solvent	2	..	..	*45.08	16.20	BL	
	VINCRISTINE SULFATE							
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*172.28	16.20	[a] Oncovin	LY
							[a] BL	
	• ***Podophyllotoxin derivatives***							
	ETOPOSIDE							
1396L	Capsule 50 mg	20	..	..	498.68	16.20	Vepesid	BQ
1389D	Capsule 100 mg	10	..	..	434.90	16.20	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*206.98	16.20	[a] Vepesid	BQ
							[a] 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	
	Cytotoxic antibiotics and related substances							
	• ***Anthracyclines and related substances***							
	DOXORUBICIN HYDROCHLORIDE							
1336H	Solution for I.V. injection or intravesical administration 10 mg in 5 mL	4	..	..	*216.74	16.20	Adriamycin Solution BL	PS
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*387.86	16.20	Adriamycin Solution BL	PS
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*704.33	16.20	Adriamycin Solution BL	PS
	EPIRUBICIN HYDROCHLORIDE							
1375J	Solution for I.V. injection 10 mg in 5 mL	4	..	..	*227.98	16.20	Pharmorubicin Solution	PS
1376K	Solution for I.V. injection 20 mg in 10 mL	4	..	..	*421.46	16.20	Pharmorubicin Solution	PS
1377L	Solution for I.V. injection 50 mg in 25 mL	3	..	..	*778.25	16.20	Pharmorubicin Solution	PS
	IDARUBICIN HYDROCHLORIDE **Authority required.** ***Acute myelogenous leukaemia.***							
2452C	***Powder for I.V. injection 5 mg***	***3***	..	..	***590.84***	***16.20***	***Zavedos***	***PS***
2453D	***Powder for I.V. injection 10 mg***	***6***	..	..	***2288.78***	***16.20***	***Zavedos***	***PS***
	MITOZANTRONE							
1932Q	Injection 10 mg in 5 mL	1	..	..	178.33	16.20	Novantrone	LE
1929M	Injection 20 mg in 10 mL	1	..	..	338.98	16.20	Novantrone	LE
1930N	Injection 25 mg in 12.5 mL	1	..	..	419.78	16.20	Novantrone	LE
1931P	Injection 30 mg in 15 mL	1	..	..	502.73	16.20	Novantrone	LE
	• ***Other cytotoxic antibiotics***							
	BLEOMYCIN ***See Special Pharmaceutical Benefits***							
	Other cytostatics							
	• ***Platinum compounds***							
	CARBOPLATIN							
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*107.86	16.20	[a] BL [a] DW	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*717.98	16.20	[a] BL [a] DW	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*519.66	16.20	[a] BL [a] DW	

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

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	
	CISPLATIN							
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	17.51	16.20	[a] BL [a] DW	
2579R	I.V. injection 50 mg in 50 mL	1	..	..	40.28	16.20	[a] BL [a] DW	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.31	16.20	BL	
	• ***Other cytostatics***							
	HYDROXYUREA							
3093T	Capsule 500 mg	100	..	..	67.66	16.20	Hydrea	BQ
	PACLITAXEL							
	Authority required.							
	Advanced metastatic ovarian carcinoma after failure of standard therapy which includes a platinum compound.							
3026G	***Solution for I.V. infusion 30 mg in 5 mL***	***10***	..	..	****2943.98***	***16.20***	***Taxol***	***BQ***
	ENDOCRINE THERAPY							
	Hormones and related agents							
	• ***Estrogens***							
	FOSFESTROL SODIUM							
	Restricted benefit.							
	Carcinoma of the prostate.							
1353F	***Tablet 120 mg***	***100***	***5***	..	****82.08***	***16.20***	***Honvan***	***AA***
	• ***Progestogens***							
	MEDROXYPROGESTERONE ACETATE							
	Restricted benefit.							
	Advanced breast cancer.							
2728N	***Tablet 500 mg***	***30***	***2***	..	***116.02***	***16.20***	***Farlutal*** ***Provera***	***PS*** ***UP***
	Restricted benefit.							
	Breast cancer; Endometrial cancer.							
2725K	***Tablet 100 mg***	***100***	***2***	..	***82.41***	***16.20***	***Farlutal*** ***Provera***	***PS*** ***UP***
2316X	***Tablet 200 mg***	***60***	***2***	..	***93.63***	***16.20***	***Farlutal*** ***Provera***	***PS*** ***UP***
2727M	***Tablet 250 mg***	***60***	***2***	..	***116.02***	***16.20***	***Provera***	***UP***
2319C	***Injection 50 mg in 1 mL***	***1***	..	..	***8.80***	***9.58***	***Depo-Provera***	***UP***
2322F	***Injection 500 mg in 2.5 mL***	***7***	..	..	****346.98***	***16.20***	***Farlutal***	***PS***

continued ☛

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

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—cont.							
	Restricted benefit.							
	Breast cancer; Endometrial cancer; Endometriosis.							
3118D	*Injection 150 mg in 1 mL*	*1*	..	..	*11.55*	*12.33*	*Depo-Provera*	*UP*
	[For other listings for this drug see Generic/Proprietary Index]							
	MEGESTROL ACETATE							
	Restricted benefit.							
	Advanced breast cancer.							
2731R	*Tablet 40 mg*	*100*	*2*	..	*45.23*	*16.20*	*Megostat*	*BQ*
2734X	*Tablet 160 mg*	*30*	*2*	..	*72.73*	*16.20*	*Megostat*	*BQ*
	• *Gonadotrophin releasing hormone analogues*							
	GOSERELIN							
	Authority required.							
	Advanced carcinoma of the prostate; Treatment of premenopausal women with advanced breast cancer; ➤ *Short-term treatment (up to six months) of visually proven endometriosis (only the one authority for up to six months' therapy will be authorised).*							
1454M	*Subcutaneous implant 3.6 mg*	*1*	*5*	..	*384.87*	*16.20*	*Zoladex Depot*	*IC*
	LEUPRORELIN ACETATE							
	Authority required.							
	Advanced carcinoma of the prostate.							
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*	..	*433.43*	*16.20*	*Lucrin Depot*	*AB*
	Hormone antagonists and related agents							
	• *Anti-estrogens*							
	TAMOXIFEN CITRATE							
	Restricted benefit.							
	Breast cancer.							
2109B	*Tablet 10 mg (base)*	*60*	*5*	..	*61.18*	*16.20*	[a] *Genox 10*	*AF*
				1.02	**62.20*	*16.20*	[a] *Nolvadex*	*IC*
2110C	*Tablet 20 mg (base)*	*60*	*5*	..	**100.78*	*16.20*	[a] *Kessar*	*PS*
				..	*100.78*	*16.20*	[a] *Genox 20*	*AF*
				1.02	**101.80*	*16.20*	[a] *Nolvadex-D*	*IC*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Anti-androgens*							
	CYPROTERONE ACETATE							
	Authority required.							
	Advanced carcinoma of the prostate;							
	Reduction of drive in sexual deviations of males.							
1270W	***Tablet 50 mg***	***100***	***5***	***..***	****299.98***	***16.20***	***Androcur***	***SC***
	[For other listings for this drug see Generic/Proprietary Index]							
	FLUTAMIDE							
	Authority required.							
	For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.							
1417N	***Tablet 250 mg***	***100***	***5***	***..***	***236.98***	***16.20***	***Eulexin***	***SH***
	• *Enzyme Inhibitors*							
	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	151.38	16.20	Cytadren	CG
	IMMUNOMODULATING AGENTS							
	Immunostimulating agents							
	• *Cytokines*							
	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***	***..***	****345.98***	***16.20***	***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***	***..***	****345.98***	***16.20***	***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***	***..***	***..***	****237.98***	***16.20***	***Intron A***	***SH***

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	
	• ***Other immunostimulating agents***							
	BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain) **Restricted benefit.** ***Treatment of carcinoma in situ of the urinary bladder.***							
1137W	***Single dose set comprising 3 vials powder for intravesical administration containing 2.2 to 6.4 x 10^8 CFU per vial and 3 vials diluent 1 mL***	***3***	***1***	***..***	****507.98***	***16.20***	***ImmuCyst***	***RR***
	IMMUNOSUPPRESSIVE AGENTS							
	Immunosuppressive agents							
	• ***Other immunosuppressive agents***							
	AZATHIOPRINE							
2688L	Tablet 25 mg	100	2	..	47.05	16.20	Imuran	BW
2687K	Tablet 50 mg	100	2	..	79.22	16.20	[a] Imuran [a] Thioprine	BW 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	
	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
	Antiinflammatory/antirheumatic products, non-steroids							
	• ***Acetic acid and acetamide derivatives***							
	DICLOFENAC POTASSIUM							
1331C	Tablets 25 mg, 20	‡1	..	..	6.35	7.13	Voltaren Rapid 25	CG
1332D	Tablets 50 mg, 20	‡1	..	..	6.92	7.70	Voltaren Rapid 50	CG
	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***	..	**14.18*	*14.96*	***Voltaren 25***	***CG***
1300K	***Tablet 50 mg (enteric coated)***	***50***	***3***	..	*10.33*	*11.11*	[a] ***Fenac***	***AF***
				1.00	*11.33*	*11.11*	[a] ***Voltaren 50***	***CG***
	DICLOFENAC SODIUM							
1301L	Tablets 50 mg (enteric coated), 20	‡1	..	..	6.92	7.70	Fenac	AF
1302M	Suppository 100 mg	40	3	..	**22.46*	16.20	Voltaren	CG
	INDOMETHACIN **Restricted benefit.** ***Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.***							
2454E	***Capsule 25 mg***	***100***	***3***	..	**7.84*	*8.62*	[a] ***Arthrexin***	***AF***
				2.00	**9.84*	*8.62*	[a] ***Indocid***	***MK***
	INDOMETHACIN							
2459K	Capsules 25 mg, 20	‡1	..	..	5.34	6.12	Arthrexin	AF
2757D	Suppository 100 mg	40	3	..	**18.88	16.20	Indocid	MK
	SULINDAC **Restricted benefit.** ***Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.***							
2047R	***Tablet 100 mg***	***100***	***3***	..	**14.10*	*14.88*	[a] ***Aclin***	***AF***
				1.02	**15.12*	*14.88*	[a] ***Clinoril***	***FR***

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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	
	SULINDAC—cont.							
2048T	***Tablet 200 mg***	***50***	***3***	***..***	***13.99***	***14.77***	[a] ***Aclin 200***	***AF***
				0.55	***14.54***	***14.77***	[a] ***Clinoril 200***	***FR***
	SULINDAC							
2049W	Tablets 100 mg, 20	‡1	..	..	6.40	7.18	Aclin	AF
2050X	Tablets 200 mg, 10	‡1	..	..	6.51	7.29	Aclin 200	AF
	• ***Oxicams***							
	PIROXICAM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1895R	***Dispersible tablet 10 mg***	***50***	***3***	***..***	***12.90***	***13.68***	***Feldene-D***	***PF***
1896T	***Dispersible tablet 20 mg***	***25***	***3***	***..***	***12.49***	***13.27***	***Feldene-D***	***PF***
1897W	***Capsule 10 mg***	***50***	***3***	***..***	***12.90***	***13.68***	[a] ***Pirox***	***GP***
				1.10	***14.00***	***13.68***	[a] ***Feldene***	***PF***
1898X	***Capsule 20 mg***	***25***	***3***	***..***	***12.49***	***13.27***	[a] ***Pirox***	***GP***
				1.21	***13.70***	***13.27***	[a] ***Feldene***	***PF***
	TENOXICAM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
2104R	***Tablet 10 mg***	***50***	***3***	***..***	***12.90***	***13.68***	***Tilcotil***	***RO***
	• ***Propionic acid derivatives***							
	IBUPROFEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
3198H	***Tablet 200 mg***	***100***	***3***	***..***	****8.46***	***9.24***	***Rafen 200***	***AF***
3190X	***Tablet 400 mg***	***100***	***3***	***..***	****11.72***	***12.50***	***Brufen***	***BT***
	IBUPROFEN							
3191Y	Tablets 200 mg, 20	‡1	..	..	5.28	6.06	Rafen 200	AF
3192B	Tablets 400 mg, 20	‡1	..	..	5.92	6.70	Brufen	BT

MUSCULO-SKELETAL SYSTEM —cont.

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	
	KETOPROFEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1586L	*Capsule 50 mg*	*50*	*3*	*..*	*9.17*	*9.95*	*Orudis*	*MB*
1587M	*Capsule 100 mg*	*50*	*3*	*..*	*12.49*	*13.27*	*Orudis*	*MB*
1589P	*Capsule 100 mg (sustained release)*	*50*	*3*	*..*	*13.44*	*14.22*	[a] *Oruvail SR*	*RR*
				1.60	*15.04*	*14.22*	[a] *Orudis SR*	*MB*
1590Q	*Capsule 200 mg (sustained release)*	*28*	*3*	*..*	*14.57*	*15.35*	[a] *Oruvail SR*	*RR*
				1.36	*15.93*	*15.35*	[a] *Orudis SR 200*	*MB*
	KETOPROFEN							
1506G	Capsules 100 mg (sustained release), 10	‡1	..	..	6.40	7.18	Orudis SR	MB
1507H	Capsules 200 mg (sustained release), 7	‡1	..	..	7.13	7.91	Orudis SR 200	MB
1588N	Suppository 100 mg	40	3	..	*20.62	16.20	Orudis	MB
	NAPROXEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1674D	*Tablet 250 mg*	*100*	*3*	*..*	*13.90	*14.68*	[a] *Inza 250*	*AF*
				2.18	*16.08	*14.68*	[a] *Naprosyn*	*SD*
1791G	*Tablet 250 mg (enteric coated)*	*100*	*3*	*..*	*13.90	*14.68*	*Naprosyn Enteric 250*	*SD*
1659H	*Tablet 500 mg*	*50*	*3*	*..*	*12.79*	*13.57*	[a] *Inza 500*	*AF*
				1.09	*13.88*	*13.57*	[a] *Naprosyn*	*SD*
1792H	*Tablet 500 mg (enteric coated)*	*50*	*3*	*..*	*12.79*	*13.57*	*Naprosyn Enteric 500*	*SD*
1614Y	*Tablet 750 mg (sustained release)*	*28*	*3*	*..*	*11.83*	*12.61*	[a] *Proxen SR 750*	*MD*
				1.09	*12.92*	*12.61*	[a] *Naprosyn SR750*	*SD*
1615B	*Tablet 1 g (sustained release)*	*28*	*3*	*..*	*14.45*	*15.23*	[a] *Proxen SR 1000*	*MD*
				1.09	*15.54*	*15.23*	[a] *Naprosyn SR1000*	*SD*
1658G	*Oral suspension 125 mg per 5 mL, 500 mL*	*‡1*	*3*	*..*	*18.60*	*16.20*	*Naprosyn*	*SD*

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MUSCULO-SKELETAL SYSTEM —cont.

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	
	NAPROXEN—cont.							
1237D	Tablets 250 mg, 20	‡1	..	..	6.46	7.24	[a] Inza 250	AF
				0.19	6.65	7.24	[a] Naprosyn	SD
1238E	Tablets 500 mg, 10	‡1	..	..	6.35	7.13	[a] Inza 500	AF
				0.19	6.54	7.13	[a] Naprosyn	SD
1232W	Tablets 750 mg (sustained release), 7	‡1	..	..	6.43	7.21	Naprosyn SR750	SD
1236C	Tablets 1 g (sustained release), 7	‡1	..	..	7.09	7.87	Naprosyn SR1000	SD
1662L	Suppository 500 mg	40	3	..	*18.88	16.20	Naprosyn	SD
	NAPROXEN SODIUM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1795L	***Tablet 550 mg***	***50***	***3***	..	***12.79***	***13.57***	***Anaprox 550***	***SD***
	NOTE:							
	Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.							
	NAPROXEN SODIUM							
1796M	Tablets 550 mg, 10	‡1	..	..	6.35	7.13	Anaprox 550	SD
	NOTE:							
	Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.							
	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***	..	***9.72***	***10.50***	***Surgam***	***RL***
2103Q	***Tablet 300 mg***	***50***	***3***	..	***13.17***	***13.95***	***Surgam***	***RL***
	TIAPROFENIC ACID							
	NOTE:							
	The recommended maximum dose is 600 mg per day.							
2097J	Tablets 200 mg, 20	‡1	..	..	6.68	7.46	Surgam	RL
2098K	Tablets 300 mg, 10	‡1	..	..	6.68	7.46	Surgam	RL

MUSCULO-SKELETAL SYSTEM —cont.

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	
	• ***Fenamates***							
	MEFENAMIC ACID							
	Restricted benefit.							
	Dysmenorrhoea; Menorrhagia.							
1824B	***Capsule 250 mg***	***50***	***2***	***..***	***11.02***	***11.80***	[a] ***Mefic*** [a] ***Ponstan***	***WW PD***
	• ***Other antiinflammatory/antirheumatic agents, non-steroids***							
	DIFLUNISAL							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1319K	***Tablet 250 mg***	***100***	***3***	***..***	****14.52***	***15.30***	***Dolobid***	***MK***
1320L	***Tablet 500 mg***	***50***	***3***	***..***	***14.21***	***14.99***	***Dolobid***	***MK***
	Specific antirheumatic agents							
	• ***Quinolines***							
	CHLOROQUINE							
1184H	Tablet equivalent to 150 mg (approx.) chloroquine base	100	..	..	8.96	9.74	Chlorquin	FC
	• ***Gold preparations***							
	AURANOFIN							
	CAUTION:							
	Regular blood and urine checks are essential.							
1095P	Tablet 3 mg	60	5	..	52.06	16.20	Ridaura	SK
	AUROTHIOGLUCOSE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2021J	Injection 50 mg per mL, 10 mL	1	..	..	110.20	16.20	Gold-50	SH
	SODIUM AUROTHIOMALATE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2016D	Injection 10 mg	10	..	..	47.43	16.20	Myocrisin	MB
2017E	Injection 20 mg	10	1	..	70.42	16.20	Myocrisin	MB
2018F	Injection 50 mg	10	1	..	110.20	16.20	Myocrisin	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	
	• ***Penicillamine and similar agents***							
	PENICILLAMINE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2721F	Tablet 125 mg	100	1	..	26.31	16.20	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	41.38	16.20	D-Penamine	DL
	TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN							
	Topical products for joint and muscular pain							
	• ***Preparations with salicylic acid derivatives***							
	METHYL SALICYLATE							
1641J	Liniment APF, 100 mL	‡1	1	..	5.44	6.22	Linsal	SI
							Metsal	MM
							MG	
							NN	
							WE(NQ)	
	MUSCLE RELAXANTS							
	Muscle relaxants, centrally acting agents							
	• ***Other centrally acting agents***							
	BACLOFEN							
2729P	Tablet 10 mg	100	5	..	40.28	16.20	[a] Clofen 10	AF
				0.95	41.23	16.20	[a] Lioresal 10	CG
2730Q	Tablet 25 mg	100	5	..	82.08	16.20	[a] Clofen 25	AF
				0.95	83.03	16.20	[a] Lioresal 25	CG
	Muscle relaxants, directly acting agents							
	• ***Dantrolene and derivatives***							
	DANTROLENE SODIUM							
	Restricted benefit.							
	Treatment of chronic spasticity.							
1779P	***Capsule 25 mg***	***100***	***2***	..	***25.98***	***16.20***	***Dantrium***	***PY***
1780Q	***Capsule 50 mg***	***100***	***2***	..	***42.08***	***16.20***	***Dantrium***	***PY***
	ANTIGOUT PREPARATIONS							
	Antigout preparations							
	• ***Preparations inhibiting uric acid production***							
	ALLOPURINOL							
	NOTE:							
	The dose should be adjusted in accordance with renal function.							
2600W	Tablet 100 mg	200	2	..	*13.26	14.04	[a] Progout 100	AF
				0.84	*14.10	14.04	[a] Zyloprim	BW
2604C	Tablet 300 mg	60	2	..	*10.08	10.86	[a] Progout 300	AF
				0.62	10.69	10.85	[a] Zyloprim	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	
	ALLOPURINOL—cont.							
2601X	Capsule 100 mg	200	2	..	*13.26	14.04	Capurate-100	FM
2603B	Capsule 300 mg	60	2	..	*10.08	10.86	Capurate-300	FM
	• ***Preparations increasing uric acid excretion***							
	PROBENECID							
1940D	Tablet 500 mg	100	5	..	17.51	16.20	Benemid	FR
	SULFINPYRAZONE **Restricted benefit.** ***Glomerulonephritis; Gout; Renal transplantation.***							
2094F	***Tablet 100 mg***	***100***	***5***	..	***30.28***	***16.20***	***Anturan***	***CG***
	• ***Preparations with no effect on uric acid metabolism***							
	COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	7.02	7.80	Colgout	FC
	DRUGS FOR TREATMENT OF BONE DISEASES							
	Drugs affecting mineralization							
	• ***Biphosphonates***							
	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***	..	***109.16***	***16.20***	***Didronel***	***PY***
	OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM							
	Other drugs for disorders of the musculo-skeletal system							
	• ***Quinine and derivatives***							
	QUININE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
1972T	Tablet 300 mg	50	2	..	9.32	10.10	Myoquin	FM
							Quinbisul	AF
				0.51	9.83	10.10	Biquin	NN
				0.55	9.87	10.10	Bi-Quinate	RR

MUSCULO-SKELETAL SYSTEM —cont.

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 SULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.32	10.10	Quinoctal	FM
							[a] Quinsul	AF
				0.51	9.83	10.10	Adaquin	NN
				0.55	9.87	10.10	[a] Quinate	RR

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	
	ANALGESICS							
	Opioids							
	• ***Natural opium alkaloids***							
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	8.44	9.22	[a] FA [a] FM	
				0.27	8.71	9.22	Codate	MB
	MORPHINE 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							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
2122Q	***Oral solution 2 mg per mL, 200 mL***	***1***	..	..	***14.01***	***14.79***	***DW***	
2123R	***Oral solution 5 mg per mL, 200 mL***	***1***	..	..	***17.20***	***16.20***	***DW***	
2124T	***Oral solution 10 mg per mL, 200 mL***	***1***	..	..	***20.14***	***16.20***	***DW***	
	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							
	(i) severe disabling pain associated with proven malignant neoplasia; 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	
	MORPHINE SULFATE—cont.							
	NOTE—cont.							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
1646P	***Tablet 30 mg***	***20***	***..***	***..***	***10.97***	***11.75***	***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							
	(i) chronic severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
1653B	***Tablet 10 mg (controlled release)***	***20***	***..***	***..***	***14.47***	***15.25***	***MS Contin***	***PS***
1654C	***Tablet 30 mg (controlled release)***	***20***	***..***	***..***	***26.84***	***16.20***	***MS Contin***	***PS***
1655D	***Tablet 60 mg (controlled release)***	***20***	***..***	***..***	***42.04***	***16.20***	***MS Contin***	***PS***
1656E	***Tablet 100 mg (controlled release)***	***20***	***..***	***..***	***62.48***	***16.20***	***MS Contin***	***PS***
	MORPHINE SULFATE							
	CAUTION:							
	The risk of drug dependence is high.							
1644M	Injection 10 mg in 1 mL	5	..	..	8.79	9.57	BL	
							SI	
				2.35	11.14	9.57	AP	
1645N	Injection 15 mg in 1 mL	5	..	..	8.84	9.62	BL	
							SI	
				2.40	11.24	9.62	AP	
1647Q	Injection 30 mg in 1 mL	5	..	..	11.21	11.99	BL	
	MORPHINE TARTRATE							
	CAUTION:							
	The risk of drug dependence is high.							
1607N	Injection 120 mg in 1.5 mL	5	..	..	19.20	16.20	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	
	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*** ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
2481N	*Suppository 30 mg*	*12*	..	..	*16.54*	*16.20*	*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*** ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
2622B	*Tablet 5 mg*	*20*	..	..	*8.83*	*9.61*	*Endone*	*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	
	• ***Phenylpiperidine derivatives***							
	PETHIDINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
1828F	Injection 50 mg in 1 mL	5	..	..	8.38	9.16	BL	
							SI	
				2.32	10.70	9.16	AP	
1829G	Injection 100 mg in 2 mL	5	..	..	8.73	9.51	BL	
							SI	
				2.76	11.49	9.51	AP	
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for (i) severe disabling pain associated with proven malignant neoplasia; or (ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
	• ***Diphenylpropylamine derivatives***							
	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 ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
1608P	***Tablet 5 mg***	***20***	..	..	***8.91***	***9.69***	***Physeptone***	***BW***
1609Q	***Tablet 10 mg***	***20***	..	..	***9.60***	***10.38***	***Physeptone***	***BW***
1606M	***Injection 10 mg in 1 mL***	***5***	..	..	***11.17***	***11.95***	***Physeptone***	***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	
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
	ASPIRIN							
1008C	Tablet 300 mg	100	1	..	5.65	6.43	Spren	SI
1010E	Tablet 300 mg (dispersible)	100	1	..	5.73	6.51	Solprin	RC
3110Q	Tablet 325 mg (buffered)	100	1	..	6.29	7.07	Bufferin	MJ
1230R	Tablet 650 mg (enteric coated)	100	2	..	8.82	9.60	Ecotrin	SK
	CODEINE PHOSPHATE with ASPIRIN							
1222H	Tablet 30 mg-325 mg	20	..	..	6.51	7.29	Codral Forte	BW
	NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.							
	• ***Anilides***							
	CODEINE PHOSPHATE with PARACETAMOL							
1215Y	Tablet 30 mg-500 mg	20	..	..	6.50	7.28	[a] Codalgin Forte	FM
							[a] Dymadon Forte	BW
							[a] Panadeine Forte Caplets	SW
	NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.							
	PARACETAMOL							
1746X	Tablet 500 mg	100	1	..	7.43	8.21	Dymadon P	BW
							Panamax	SW
							Paralgin	FM
							Tylenol	JT
1747Y	Mixture 120 mg per 5 mL, 100 mL	‡1	2	..	7.16	7.94	Dymadon	BW
							Panamax	SW
1770E	Elixir 240 mg per 5 mL, 200 mL	‡1	2	..	9.37	10.15	Panamax 240 Elixir	SW
	Antimigraine preparations							
	• ***Ergot alkaloids***							
	DIHYDROERGOTAMINE MESYLATE							
1323P	Injection 1 mg in 1 mL	5	..	..	9.19	9.97	Dihydergot	SZ
	ERGOTAMINE TARTRATE							
1383T	Capsule 1 mg	50	2	..	11.57	12.35	Ergodryl Mono	PD
	ERGOTAMINE TARTRATE with CAFFEINE							
1386Y	Suppositories 2 mg-100 mg, 5	‡1	2	..	7.21	7.99	Cafergot S	SZ
	METHYSERGIDE							
2826R	Tablet 1 mg	100	2	..	30.20	16.20	Deseril	SZ

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	
	• ***Other antimigraine preparations***							
	CYPROHEPTADINE HYDROCHLORIDE							
	Restricted benefit.							
	Prevention of migraine.							
1798P	***Tablet 4 mg***	***100***	***2***	***..***	****8.64***	***9.42***	***Periactin***	***FR***
	METHDILAZINE HYDROCHLORIDE							
	Restricted benefit.							
	Prevention of migraine.							
1612W	***Tablet 4 mg***	***100***	***2***	***..***	***8.64***	***9.42***	***Dilosyn***	***SI***
1613X	***Tablet 8 mg***	***100***	***2***	***..***	***13.09***	***13.87***	***Dilosyn***	***SI***
	PIZOTIFEN MALATE							
3074T	Tablet 500 micrograms (base)	100	2	..	16.81	16.20	Sandomigran	SZ
	ANTIEPILEPTICS							
	Antiepileptics							
	• ***Barbiturates and derivatives***							
	METHYLPHENOBARBITONE							
	Restricted benefit.							
	Epilepsy.							
1634B	***Tablet 60 mg***	***200***	***2***	***..***	***21.55***	***16.20***	***Prominal***	***SW***
1635C	***Tablet 200 mg***	***200***	***2***	***..***	***45.91***	***16.20***	***Prominal***	***SW***
	PHENOBARBITONE							
	Restricted benefit.							
	Epilepsy.							
1850J	***Tablet 30 mg***	***200***	***4***	***..***	***7.28***	***8.06***	***SI***	
	PHENOBARBITONE SODIUM							
	Restricted benefit.							
	Epilepsy.							
1853M	***Injection 200 mg in 1 mL***	***5***	***..***	***..***	***11.20***	***11.98***	***FM***	
	PRIMIDONE							
1939C	Tablet 250 mg	200	2	..	19.01	16.20	Mysoline	IC
	• ***Hydantoin derivatives***							
	PHENYTOIN							
1249R	Tablet 50 mg	200	2	..	18.50	16.20	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	13.28	14.06	Dilantin	PD
	PHENYTOIN SODIUM							
1873N	Capsule 30 mg	200	2	..	18.39	16.20	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	19.71	16.20	Dilantin Sodium	PD

NERVOUS SYSTEM —cont.

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	
	• ***Succinimide derivatives***							
	ETHOSUXIMIDE							
1413J	Capsule 250 mg	200	2	..	33.90	16.20	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	19.05	16.20	Zarontin	PD
	• ***Benzodiazepine derivatives***							
	CLONAZEPAM							
	Restricted benefit.							
	Epilepsy.							
1805B	***Tablet 500 micrograms***	***200***	***2***	..	***17.62***	***16.20***	***Rivotril***	***RO***
1806C	***Tablet 2 mg***	***200***	***2***	..	***27.08***	***16.20***	***Rivotril***	***RO***
1808E	***Paediatric oral drops 2.5 mg in 1 mL, 10 mL***	***2***	..	..	****11.90***	***12.68***	***Rivotril***	***RO***
1807D	***Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)***	***5***	..	..	***11.31***	***12.09***	***Rivotril***	***RO***
	• ***Carboxamide derivatives***							
	CARBAMAZEPINE							
2422L	Tablet 100 mg	200	2	..	20.92	16.20	Tegretol 100	CG
2419H	Tablet 200 mg	200	2	..	36.28	16.20	[a] Teril	AF
				0.59	36.87	16.20	[a] Tegretol 200	CG
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	18.89	16.20	Tegretol	CG
	• ***Fatty acid derivatives***							
	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	..	*28.90	16.20	Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	..	*36.58	16.20	[a] Valpro 200	AF
				1.00	*37.58	16.20	[a] Epilim EC	RC
2290M	Tablet 500 mg (enteric coated)	200	2	..	*68.48	16.20	[a] Valpro 500	AF
				1.00	*69.48	16.20	[a] Epilim EC	RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.14	16.20	Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.14	16.20	Epilim Syrup	RC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	VIGABATRIN							
	Authority required.							
	Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
2667J	***Tablet 500 mg***	***120***	***5***	***..***	***131.58***	***16.20***	***Sabril***	***ML***
2668K	***Oral powder, sachet 500 mg***	***60***	***5***	***..***	***72.73***	***16.20***	***Sabril***	***ML***
	• ***Other antiepileptics***							
	SULTHIAME							
2099L	Tablet 50 mg	200	2	..	22.32	16.20	Ospolot	BN
2100M	Tablet 200 mg	200	2	..	45.87	16.20	Ospolot	BN
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Tertiary amines***							
	BENZHEXOL HYDROCHLORIDE							
1109J	Tablet 2 mg	200	2	..	8.45	9.23	Artane	LE
1110K	Tablet 5 mg	200	1	..	10.34	11.12	Artane	LE
	BIPERIDEN HYDROCHLORIDE							
2544X	Tablet 2 mg	200	2	..	*18.28	16.20	Akineton	KN
	PROCYCLIDINE HYDROCHLORIDE							
1943G	Tablet 5 mg	200	2	..	*13.66	14.44	Kemadrin	BW
	• ***Ethers chemically close to antihistamines***							
	ORPHENADRINE HYDROCHLORIDE							
	Restricted benefit.							
	Parkinsonism.							
2627G	***Tablet 50 mg***	***200***	***2***	***..***	****18.28***	***16.20***	***Disipal***	***MM***
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
2362H	Tablet 2 mg	60	2	..	*7.11	7.89	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	17.40	16.20	Cogentin	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	
	Dopaminergic agents							
	• ***Dopa and dopa derivatives***							
	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***	***..***	***42.76***	***16.20***	***Madopar HBS***	***RO***
	LEVODOPA with BENSERAZIDE							
2229H	Tablet 100 mg-25 mg	100	5	..	36.10	16.20	Madopar m	RO
2228G	Tablet 200 mg-50 mg	100	5	..	48.42	16.20	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	20.37	16.20	Madopar Q	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.10	16.20	Madopar m	RO
2226E	Capsule 200 mg-50 mg	100	5	..	48.42	16.20	Madopar	RO
	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***	***..***	***64.48***	***16.20***	***Sinemet CR***	***MK***
	LEVODOPA with CARBIDOPA							
1244L	Tablet 100 mg-10 mg	100	5	..	24.00	16.20	Sinemet M	MK
1242J	Tablet 100 mg-25 mg	100	5	..	42.15	16.20	Sinemet 100/25	MK
1245M	Tablet 250 mg-25 mg	100	5	..	49.30	16.20	Sinemet	MK
	• ***Adamantane derivatives***							
	AMANTADINE HYDROCHLORIDE							
	Restricted benefit.							
	Parkinson's disease which is not drug induced.							
3016R	***Capsule 100 mg***	***100***	***5***	***..***	***32.91***	***16.20***	***Antadine Symmetrel***	***BT 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	
	• *Dopamine agonists*							
	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*	*..*	*37.29*	*16.20*	*Parlodel*	*SZ*
	Authority required.							
	Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.							
1446D	*Capsule 5 mg*	*60*	*5*	*..*	*69.47*	*16.20*	*Parlodel*	*SZ*
1445C	*Capsule 10 mg*	*100*	*5*	*..*	*233.04*	*16.20*	*Parlodel*	*SZ*
	[For other listings for this drug see Generic/Proprietary Index]							
	PERGOLIDE MESYLATE							
	Authority required.							
	Treatment of Parkinson's disease as adjunctive therapy in combination with levodopa—decarboxylase inhibitor combinations.							
2808T	*Tablet 50 micrograms (base)*	*30*	*..*	*..*	*20.12*	*16.20*	*Permax*	*LY*
2809W	*Tablet 250 micrograms (base)*	*100*	*5*	*..*	*72.73*	*16.20*	*Permax*	*LY*
2810X	*Tablet 1 mg (base)*	*100*	*5*	*..*	*271.98*	*16.20*	*Permax*	*LY*
	• *Monoamine oxidase type B inhibitors*							
	SELEGILINE HYDROCHLORIDE							
	See Special Pharmaceutical Benefits							

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	
	PSYCHOLEPTICS							
	Antipsychotics							
	• ***Phenothiazine with dimethylaminopropyl group***							
	CHLORPROMAZINE HYDROCHLORIDE							
1196Y	Tablet 10 mg	100	5	..	7.10	7.88	Largactil	MB
1197B	Tablet 25 mg	100	5	..	8.60	9.38	Largactil	MB
1199D	Tablet 100 mg	100	5	..	12.42	13.20	Largactil	MB
1201F	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	7.91	8.69	Largactil	MB
1195X	Injection 50 mg in 2 mL	10	..	..	12.19	12.97	Largactil	MB
	• ***Phenothiazine with piperazine structure***							
	FLUPHENAZINE DECANOATE							
1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.63	16.20	Modecate	BQ
3098C	Injection 25 mg in 1 mL	5	..	..	23.71	16.20	Modecate	BQ
1001Q	Injection 50 mg in 2 mL	5	..	..	34.86	16.20	Modecate	BQ
	FLUPHENAZINE HYDROCHLORIDE							
2659Y	Tablet 1 mg	100	5	..	8.05	8.83	Anatensol	BQ
2660B	Tablet 2.5 mg	100	5	..	8.81	9.59	Anatensol	BQ
2661C	Tablet 5 mg	100	5	..	11.11	11.89	Anatensol	BQ
	TRIFLUOPERAZINE HYDROCHLORIDE							
2185B	Tablet 1 mg (base)	100	5	..	7.17	7.95	Stelazine	SK
2386N	Tablet 2 mg (base)	100	5	..	8.05	8.83	Stelazine	SK
2186C	Tablet 5 mg (base)	100	5	..	8.05	8.83	Stelazine	SK
	• ***Phenothiazine with piperidine structure***							
	PERICYAZINE							
3052P	Tablet 2.5 mg	100	5	..	7.72	8.50	Neulactil	MB
3053Q	Tablet 10 mg	100	5	..	11.92	12.70	Neulactil	MB
	THIORIDAZINE HYDROCHLORIDE							
2163W	Tablet 10 mg	100	5	..	7.10	7.88	Aldazine 10 Melleril	AF SZ
2359E	Tablet 25 mg	100	5	..	8.60	9.38	Aldazine 25 Melleril	AF SZ
2164X	Tablet 50 mg	100	5	.. 1.50	8.97 10.47	9.75 9.75	[a] Aldazine 50 [a] Melleril	AF SZ
2165Y	Tablet 100 mg	100	5	..	12.52	13.30	Aldazine 100 Melleril	AF SZ
2402K	Oral solution 30 mg (base) per mL, 30 mL	‡1	5	..	10.55	11.33	Melleril	SZ

NERVOUS SYSTEM —cont.

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	
	• ***Butyrophenone derivatives***							
	HALOPERIDOL							
2761H	Tablet 500 micrograms	100	5	..	5.63	6.41	Serenace	SR
2767P	Tablet 1.5 mg	100	5	..	7.21	7.99	Serenace	SR
2770T	Tablet 5 mg	50	5	..	8.05	8.83	Serenace	SR
2762J	Oral liquid 2 mg per mL, 15 mL	‡1	5	..	7.09	7.87	Serenace	SR
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	12.99	13.77	Serenace	SR
2768Q	Injection 5 mg in 1 mL	10	..	..	12.18	12.96	Serenace	SR
	HALOPERIDOL DECANOATE							
2765M	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	23.78	16.20	Haldol decanoate	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	42.48	16.20	Haldol decanoate	JC
	• ***Thioxanthene derivatives***							
	FLUPENTHIXOL DECANOATE							
2255Q	Oily I.M. injection 20 mg in 1 mL	5	..	..	16.63	16.20	Fluanxol Depot	FC
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	23.71	16.20	Fluanxol Depot	FC
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	42.58	16.20	Fluanxol Concentrated Depot	FC
	• ***Neuroleptics, in tardive dyskinesia***							
	TETRABENAZINE							
1330B	Tablet 25 mg	100	2	..	21.69	16.20	Nitoman	RO
	• ***Lithium***							
	LITHIUM CARBONATE							
	For listings see Generic/Proprietary Index							
	Anxiolytics							
	• ***Benzodiazepine derivatives***							
	ALPRAZOLAM							
	Authority required.							
	Panic disorder or agoraphobia with panic attacks where other treatments have failed or are inappropriate.							
2130D	***Tablet 250 micrograms***	***50***	..	..	***8.93***	***9.71***	[a] ***Kalma 0.25***	***AF***
							[a] ***Ralozam***	***KR***
							[a] ***Xanax***	***UP***
2131E	***Tablet 500 micrograms***	***50***	..	..	***11.68***	***12.46***	[a] ***Kalma 0.5***	***AF***
							[a] ***Ralozam***	***KR***
							[a] ***Xanax***	***UP***
2132F	***Tablet 1 mg***	***50***	***2***	..	***16.08***	***16.20***	[a] ***Kalma 1***	***AF***
							[a] ***Ralozam***	***KR***
				0.88	***16.96***	***16.20***	[a] ***Xanax***	***UP***

NERVOUS SYSTEM —cont.

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	
	DIAZEPAM							
3161J	Tablet 2 mg	50	..	..	6.10	6.88	[a] Antenex 2	AF
				0.30	6.40	6.88	Ducene	SU
				1.00	7.10	6.88	[a] Valium	RO
3162K	Tablet 5 mg	50	..	..	6.35	7.13	[a] Antenex 5	AF
				0.30	6.65	7.13	Ducene	SU
				1.00	7.35	7.13	[a] Valium	RO
2558P	Injection 10 mg in 2 mL	5	..	..	7.31	8.09	BL	

NOTE:

Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for

(i) the treatment of disabling spasticity; or

(ii) malignant neoplasia (late stage); or

(iii) use by patients who are receiving long-term nursing care in hospitals or nursing homes and 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.

OXAZEPAM

Authority required.

Malignant neoplasia (late stage); For use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and 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*	*..*	**7.20*	*7.98*	[a] *Alepam 15*	*AF*
							[a] *Murelax*	*AY*
				2.00	**9.20*	*7.98*	[a] *Serepax*	*WY*
3135B	*Tablet 30 mg*	*50*	*5*	*..*	**7.64*	*8.42*	[a] *Alepam 30*	*AF*
							[a] *Murelax*	*AY*
				2.00	**9.64*	*8.42*	[a] *Serepax*	*WY*

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OXAZEPAM—cont.							
3132W	Tablet 15 mg	25	..	..	5.59	6.37	[a] Alepam 15	AF
							[a] Murelax	AY
				1.00	6.59	6.37	[a] Serepax	WY
3133X	Tablet 30 mg	25	..	..	5.81	6.59	[a] Alepam 30	AF
							[a] Murelax	AY
				1.00	6.81	6.59	[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 who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or

(iii) use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and 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.

- ***Other anxiolytics***

CLOMIPRAMINE HYDROCHLORIDE

Restricted benefit.

Cataplexy associated with narcolepsy;
Obsessive compulsive disorders;
Phobic disorders in adults.

1561E	***Tablet 25 mg***	***50***	***2***	..	***19.88***	***16.20***	***Anafranil***	***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	
	Hypnotics and sedatives							
	• ***Benzodiazepine derivatives***							
	NITRAZEPAM							
	Authority required.							
	Myoclonic epilepsy; Malignant neoplasia (late stage); For use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and 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***	***..***	****7.98***	***8.76***	[a] ***Alodorm***	***AF***
				2.00	****9.98***	***8.76***	[a] ***Mogadon***	***RO***
	NITRAZEPAM							
2723H	Tablet 5 mg	25	..	..	5.98	6.76	[a] Alodorm	AF
				1.00	6.98	6.76	[a] Mogadon	RO
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for (i) myoclonic epilepsy; or (ii) malignant neoplasia (late stage); or (iii) use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or (iv) use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and 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.							

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							
	Authority required.							
	Malignant neoplasia (late stage); For use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and 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***	****9.38***	***8.76***	[a] ***Normison***	***WY***
2105T	***Capsule 10 mg***	***50***	***5***	***..***	****7.98***	***8.76***	***Euhypnos***	***PS***
							[a] ***Temaze 10***	***AF***
				1.40	****9.38***	***8.76***	[a] ***Normison***	***WY***
	TEMAZEPAM							
2089Y	Tablet 10 mg	25	..	0.70	6.68	6.76	[a] Normison	WY
2108Y	Capsule 10 mg	25	..	..	5.98	6.76	Euhypnos	PS
							[a] Temaze 10	AF
				0.70	6.68	6.76	[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 who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or

(iii) use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and 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.

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	
	PSYCHOANALEPTICS							
	Antidepressants							
	• ***Tricyclic derivatives***							
	AMITRIPTYLINE HYDROCHLORIDE							
2417F	Tablet 10 mg	50	2	.. 0.60	5.12 5.72	5.90 5.90	Endep 10 Tryptanol	AF MK
2418G	Tablet 25 mg	50	2	.. 0.61	5.64 6.25	6.42 6.42	[a] Endep 25 [a] Tryptanol	AF MK
2429W	Tablet 50 mg	50	2	..	6.80	7.58	Endep 50	AF
	CLOMIPRAMINE HYDROCHLORIDE **Restricted benefit.** ***Cataplexy associated with narcolepsy;*** ***Obsessive compulsive disorders;*** ***Phobic disorders in adults.***							
1561E	***Tablet 25 mg***	***50***	***2***	..	***19.88***	***16.20***	***Anafranil***	***CG***
	DESIPRAMINE HYDROCHLORIDE							
2972K	Tablet 25 mg	50	2	..	7.06	7.84	Pertofran	CG
	DOTHIEPIN HYDROCHLORIDE							
1357K	Capsule 25 mg	50	2	.. 0.92	6.69 7.61	7.47 7.47	[a] Dothep 25 [a] Prothiaden	AF BT
1358L	Tablet 75 mg	30	2	.. 1.10	6.99 8.09	7.77 7.77	[a] Dothep 75 [a] Prothiaden	AF BT
	DOXEPIN HYDROCHLORIDE							
1012G	Tablet 50 mg (base)	50	2	..	7.34	8.12	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	.. 0.69	5.77 6.46	6.55 6.55	Deptran 10 Sinequan	AF PF
1013H	Capsule 25 mg (base)	50	2	.. 0.71	6.08 6.79	6.86 6.86	Deptran 25 Sinequan	AF PF
	IMIPRAMINE HYDROCHLORIDE							
2420J	Tablet 10 mg	50	2	..	6.27	7.05	Tofranil 10	CG
2421K	Tablet 25 mg	50	2	..	6.27	7.05	Melipramine Tofranil 25	UW(N) CG
2719D	I.M. injection 25 mg in 2 mL	10	..	..	19.57	16.20	Tofranil	CG
	NORTRIPTYLINE HYDROCHLORIDE							
2522R	Tablet 10 mg (base)	50	2	..	5.59	6.37	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	6.27	7.05	Allegron	DL
2524W	Paediatric elixir 10 mg (base) per 5 mL, 100 mL	‡1	4	..	7.49	8.27	Allegron	DL
	TRIMIPRAMINE MALEATE							
2969G	Capsule 50 mg (base)	50	2	..	6.80	7.58	Surmontil	MB

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Bicyclic derivatives***							
	FLUOXETINE HYDROCHLORIDE							
	Authority required.							
	Treatment of major depressive disorders where other therapy is inappropriate.							
1434L	***Capsule 20 mg (base)***	***28***	***2***	***..***	***55.24***	***16.20***	***Prozac 20***	***LY***
	PAROXETINE HYDROCHLORIDE							
	Authority required.							
	Treatment of major depressive disorders where other therapy is inappropriate.							
2242B	***Tablet 20 mg (base)***	***30***	***2***	***..***	***58.90***	***16.20***	***Aropax 20***	***SK***
	SERTRALINE HYDROCHLORIDE							
	Authority required.							
	Treatment of major depressive disorders where other therapy is inappropriate.							
2236Q	***Tablet 50 mg (base)***	***28***	***2***	***..***	***55.24***	***16.20***	***Zoloft***	***PF***
2237R	***Tablet 100 mg (base)***	***28***	***2***	***..***	***89.78***	***16.20***	***Zoloft***	***PF***
	• ***Tetracyclic derivatives***							
	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***	***..***	***13.88***	***14.66***	[a] ***Lerivon***	***OP***
							[a] ***Lumin 10***	***AF***
				2.05	***15.93***	***14.66***	[a] ***Tolvon***	***OR***
1628Q	***Tablet 20 mg***	***50***	***5***	***..***	***24.88***	***16.20***	[a] ***Lerivon***	***OP***
							[a] ***Lumin 20***	***AF***
				2.95	***27.83***	***16.20***	[a] ***Tolvon***	***OR***
	• ***Monoamine oxidase inhibitors, non-selective***							
	PHENELZINE SULFATE							
	CAUTION:							
	This drug is an irreversible monoamine oxidase inhibitor.							
2856H	Tablet 15 mg (base)	50	2	..	9.84	10.62	Nardil	WW

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	
	TRANYLCYPROMINE SULFATE **CAUTION:** This drug is an irreversible monoamine oxidase inhibitor.							
2444P	Tablet 10 mg (base)	50	2	..	9.84	10.62	Parnate	SK
	• ***Monoamine oxidase type A inhibitors***							
	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 is inappropriate.***							
1900B	***Tablet 150 mg***	***60***	***2***	..	***46.90***	***16.20***	***Aurorix***	***RO***
	• ***Other antidepressants***							
	LITHIUM CARBONATE							
3059B	Tablet 250 mg	200	2	..	*11.08	11.86	Lithicarb	FC
	Psychostimulants							
	• ***Phenylethylamine derivatives***							
	DEXAMPHETAMINE SULFATE **NOTE:** ***Care must be taken to comply with the provisions of State/Territory law when prescribing dexamphetamine.*** **Authority required.** ➤ ***Use in attention deficit hyperactivity disorder, in accordance with State/Territory law;*** ***Narcolepsy.***							
1165H	***Tablet 5 mg***	***100***	***5***	..	***12.14***	***12.92***	***SI***	
	OTHER NERVOUS SYSTEM DRUGS							
	Parasympathomimetics							
	• ***Anticholinesterases***							
	NEOSTIGMINE BROMIDE							
1675E	Tablet 15 mg	200	1	..	*14.88	15.66	Prostigmin	RO
	PYRIDOSTIGMINE BROMIDE							
2724J	Tablet 10 mg	100	2	..	14.27	15.05	Mestinon	RO
1959D	Tablet 60 mg	100	2	..	30.82	16.20	Mestinon	RO
2608G	Tablet 180 mg (sustained release)	100	1	..	84.06	16.20	Mestinon	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	
	• ***Choline esters***							
	BETHANECHOL CHLORIDE							
1062X	Tablet 10 mg	100	2	..	9.83	10.61	Uro-Carb	HA
				0.48	*10.32	10.62	Urecholine	MK
1071J	Injection 5 mg in 1 mL	2	..	..	*11.92	12.70	Urecholine	MK

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS

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	
	ANTIPROTOZOALS							
	Agents against amoebiasis and other protozoal diseases							
	• ***Nitroimidazole derivatives***							
	METRONIDAZOLE							
	For listings see Generic/Proprietary Index							
	METRONIDAZOLE BENZOATE							
	For listings see Generic/Proprietary Index							
	TINIDAZOLE							
	For listings see Generic/Proprietary Index							
	Antimalarials							
	• ***Aminoquinolines***							
	CHLOROQUINE							
1184H	Tablet equivalent to 150 mg (approx.) chloroquine base	100	..	..	8.96	9.74	Chlorquin	FC
	HYDROXYCHLOROQUINE SULFATE							
1512N	Tablet 200 mg	100	1	..	30.79	16.20	Plaquenil	SW
	• ***Quinine alkaloids***							
	QUININE BISULFATE							
	CAUTION: Severe thrombocytopenia has been reported with this drug.							
1972T	Tablet 300 mg	50	2	..	9.32	10.10	Myoquin	FM
							Quinbisul	AF
				0.51	9.83	10.10	Biquin	NN
				0.55	9.87	10.10	Bi-Quinate	RR
	QUININE SULFATE							
	CAUTION: Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.32	10.10	Quinoctal	FM
							[a] Quinsul	AF
				0.51	9.83	10.10	Adaquin	NN
				0.55	9.87	10.10	[a] Quinate	RR
	• ***Diaminopyrimidines***							
	PYRIMETHAMINE							
1966L	Tablet 25 mg	50	..	..	12.19	12.97	Daraprim	BW
	ANTHELMINTICS							
	Antinematodal agents							
	• ***Benzimidazole derivatives***							
	THIABENDAZOLE							
2947D	Tablet 500 mg	16	..	..	11.90	12.68	Mintezol	MK

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS —cont.

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	
	• ***Tetrahydropyrimidine derivatives***							
	PYRANTEL EMBONATE							
3047J	Tablet 125 mg (base)	6	..	..	5.64	6.42	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.09	7.87	Anthel 250	AF
	Anticestodals							
	• ***Salicylic acid derivatives***							
	NICLOSAMIDE							
	Restricted benefit.							
	Hymenolepiasis nana.							
1681L	***Tablet 500 mg***	***16***	..	..	****20.26***	***16.20***	***Yomesan***	***BN***
	NICLOSAMIDE							
1680K	Tablet 500 mg	4	..	..	8.05	8.83	Yomesan	BN
	ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLANTS							
	Ectoparasiticides, incl. scabicides							
	• ***Other ectoparasiticides, incl. scabicides***							
	BENZYL BENZOATE							
1114P	Application 50 g in 200 mL (25%)	‡1	2	..	6.46	7.24	Benzemul	MG

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	
	NASAL PREPARATIONS							
	Decongestants and other nasal preparations for topical use							
	• *Corticosteroids*							
	BECLOMETHASONE DIPROPIONATE							
	Authority required.							
	Severe intractable rhinitis.							
1657F	*Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)*	ǂ1	1	..	*13.88*	*14.66*	*Aldecin Aqueous Pump*	*SH*
							Beconase AQ	*GL*
1637E	*Aqueous nasal spray refill 50 micrograms per dose (200 doses)*	ǂ1	1	..	*11.76*	*12.54*	*Aldecin Aqueous Refill*	*SH*
1689X	*Aqueous nasal spray 50 micrograms per dose, 400 doses set containing one pump pack (200 doses) and one refill (200 doses)*	ǂ1	..	..	*21.66*	*16.20*	*Aldecin Aqueous Set*	*SH*
	[For other listings for this drug see Generic/Proprietary Index]							
	BUDESONIDE							
	Authority required.							
	Severe intractable rhinitis.							
2075F	*Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)*	ǂ1	..	..	*19.49*	*16.20*	*Rhinocort Aqueous*	*AP*
	[For other listings for this drug see Generic/Proprietary Index]							
	• *Other nasal preparations*							
	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)*	ǂ1	5	..	*19.82*	*16.20*	*Atrovent Nasal*	*BY*
	[For other listings for this drug see Generic/Proprietary Index]							
	ANTI-ASTHMATICS							
	Adrenergics, inhalants							
	• *Selective beta-2-adrenoceptor agonists*							
	SALBUTAMOL							
3087L	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	5	..	*8.94	9.72	[a] Asmol	AF
				0.60	*9.54	9.72	[a] Ventolin	GL

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 **Restricted benefit.** ***Patients unable to achieve co-ordinated use of other metered dose inhalers containing salbutamol or salbutamol sulfate.***							
2004L	***Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses)***	***‡1***	***5***	***..***	***26.86***	***16.20***	***Respolin in the Autohaler***	***MM***
	SALBUTAMOL SULFATE							
1099W	Capsule 200 micrograms (base) (oral inhalation)	200	5	..	*19.88	16.20	Ventolin Rotacaps	GL
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	..	*28.52	16.20	Respax 2.5 Sterinebs	DW
				0.62	*29.14	16.20	Ventolin Nebules	GL
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	..	*29.92	16.20	Respax 5 Sterinebs	DW
				0.62	*30.54	16.20	Ventolin Nebules	GL
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	..	*12.62	13.40	Respax	DW
							Respolin	MM
				1.10	*13.72	13.40	Ventolin	GL
1096Q	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses)	2	5	..	*10.58	11.36	Respolin	MM
1097R	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	‡1	5	..	9.63	10.41	Respolin	MM
	TERBUTALINE SULFATE							
1251W	Nebuliser solution single dose units 5 mg in 2 mL, 30	2	5	..	*31.70	16.20	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	11.74	12.52	Bricanyl	AP
1240G	Oral pressurised inhalation 250 micrograms per dose (400 doses)	‡1	5	..	9.63	10.41	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.29	16.07	Bricanyl Turbuhaler	AP
	Other anti-asthmatics, inhalants							
	• ***Glucocorticoids***							
	BECLOMETHASONE DIPROPIONATE							
1649T	Capsule 100 micrograms (oral inhalation)	200	5	..	*26.84	16.20	Becotide Rotacaps	GL
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.46	11.24	Aldecin	SH
							Becotide	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	
	BECLOMETHASONE DIPROPIONATE—cont.							
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.93	16.20	Becotide 100	GL
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	31.21	16.20	Becloforte	GL
	[For other listings for this drug see Generic/Proprietary Index]							
	BUDESONIDE **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***	***..***	***31.54***	***16.20***	***Pulmicort Respules***	***AP***
2066R	***Nebuliser suspension single dose units 1 mg in 2 mL, 30***	***‡1***	***5***	***..***	***42.39***	***16.20***	***Pulmicort Respules***	***AP***
	BUDESONIDE							
2067T	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	12.62	13.40	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.41	16.20	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	‡1	5	..	24.76	16.20	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	20.74	16.20	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	28.42	16.20	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	43.79	16.20	Pulmicort Turbuhaler	AP
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Anticholinergics***							
	IPRATROPIUM BROMIDE							
1542E	Nebuliser solution single dose units 250 micrograms in 1 mL, 30	2	5	..	*63.72	16.20	Atrovent	BY
1543F	Nebuliser solution single dose units 500 micrograms in 2 mL, 30	2	5	..	*74.60	16.20	Atrovent	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.							
1541D	Nebuliser solution 250 micrograms per mL (0.025%), 20 mL	2	2	..	*17.84	16.20	Atrovent	BY
1540C	Oral pressurised inhalation 20 micrograms per dose (200 doses)	‡1	5	..	19.82	16.20	Atrovent	BY
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Antiallergic agents, excl. corticosteroids***							
	SODIUM CROMOGLYCATE							
2878L	Capsule 20 mg (oral inhalation)	100	5	..	29.94	16.20	Intal Spincaps	FC
1124E	Nebuliser solution 20 mg per 2 mL, ampoule	120	3	..	*57.78	16.20	Intal	FC
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	26.64	16.20	Intal	FC
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	28.84	16.20	Intal Forte	FC
	Adrenergics for systemic use							
	• ***Alpha- and beta-adrenoceptor agonists***							
	ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	7.83	8.61	AP	
	• ***Selective beta-2-adrenoceptor agonists***							
	SALBUTAMOL SULFATE							
1098T	Tablet 4 mg (base)	100	5	..	11.68	12.46	Ventolin	GL
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	9.15	9.93	Ventolin	GL
	TERBUTALINE SULFATE							
1028D	Tablet 5 mg	100	5	..	11.68	12.46	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	7.08	7.86	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	7.94	8.72	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	8.07	8.85	Bricanyl	AP
	Other anti-asthmatics for systemic use							
	• ***Xanthines***							
	AMINOPHYLLINE							
1038P	I.V. injection 250 mg in 10 mL	5	..	..	10.58	11.36	SI	
	CHOLINE THEOPHYLLINATE							
2786P	Elixir 50 mg per 5 mL, 500 mL	‡1	5	..	8.11	8.89	Brondecon Elixir-PD	PD

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	6.30	7.08	Nuelin Paediatric	MM
1143E	Tablet 125 mg	100	5	..	7.07	7.85	Nuelin	MM
2615P	Tablet 200 mg	100	5	..	7.79	8.57	Nuelin	MM
2632M	Tablet 200 mg (sustained release)	100	5	..	9.66	10.44	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	10.80	11.58	Nuelin-S.R. 250	MM
2633N	Tablet 300 mg (sustained release)	100	5	..	12.16	12.94	Theo-Dur	AP
2619W	Capsule 50 mg (containing sustained release beads)	100	5	..	9.21	9.99	Nuelin-Sprinkle Slo-bid	MM MB
2620X	Capsule 100 mg (containing sustained release beads)	100	5	..	11.24	12.02	Nuelin-Sprinkle Slo-bid	MM MB
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	10.91	11.69	Austyn	FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	12.18	12.96	Austyn	FA
2540Q	Capsule 300 mg (containing sustained release pellets)	100	5	..	13.11	13.89	Austyn	FA
2614N	Syrup 80 mg per 15 mL, 500 mL	‡1	5	..	7.28	8.06	Nuelin	MM
	COUGH AND COLD PREPARATIONS							
	Expectorants, excl. combinations with cough suppressants							
	• ***Mucolytics***							
	ACETYLCYSTEINE **Restricted benefit.** ***Bronchiectasis;*** ***Cystic fibrosis (mucoviscidosis).***							
2630K	***Solution for inhalation 200 mg per mL (20%), 10 mL***	***5***	***3***	..	***34.78***	***16.20***	***Mucomyst***	***BQ***
	Cough suppressants, excl. combinations with expectorants							
	• ***Opium alkaloids and derivatives***							
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	8.44	9.22	[a] FA [a] FM	
				0.27	8.71	9.22	Codate	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
	ANTIHISTAMINES FOR SYSTEMIC USE						
	Antihistamines for systemic use						
	• ***Phenothiazine derivatives***						
	PROMETHAZINE HYDROCHLORIDE						
1948M	Injection 50 mg in 2 mL	10	..	..	*13.56	14.34	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	
	OPHTHALMOLOGICALS							
	Antiinfectives							
	• ***Antibiotics***							
	CHLORAMPHENICOL							
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	2	..	6.86	7.64	Chloromycetin Chlorsig	PD SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	6.40	7.18	Chloromycetin Chlorsig	PD 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	..	6.91	7.69	Chloromyxin	PD
1177Y	Eye ointment 10 mg (1%)-5,000 units per g, 4 g	‡1	..	..	6.55	7.33	Chloromyxin	PD
	CAUTION: Topical chloramphenicol may cause aplastic anaemia.							
	FRAMYCETIN SULFATE							
1439R	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	6.40	7.18	Soframycin	RL
	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***	***..***	***13.26***	***14.04***	***Genoptic***	***AG***
	POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE							
1910M	Eye ointment 5,000 units-400 units-5 mg per g, 4 g	‡1	..	..	6.55	7.33	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	..	6.95	7.73	Neosporin	BW
	TETRACYCLINE HYDROCHLORIDE							
2143T	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	6.05	6.83	Latycin	BZ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TOBRAMYCIN **Restricted benefit.** ***Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.***							
2328M	***Eye drops 3 mg per mL (0.3%), 5 mL***	***‡1***	***2***	***..***	***13.26***	***14.04***	***Tobrex***	***AQ***
2329N	***Eye ointment 3 mg per g (0.3%), 3.5 g***	***‡1***	***..***	***..***	***13.26***	***14.04***	***Tobrex***	***AQ***
	• ***Sulfonamides***							
	SULFACETAMIDE SODIUM							
2063N	Eye drops 100 mg per mL (10%), 15 mL	‡1	2	.. 0.59	8.12 8.71	8.90 8.90	Acetopt Bleph 10	SI AG
	• ***Antivirals***							
	ACYCLOVIR **Restricted benefit.** ***Eye infections caused by herpes simplex virus.***							
1002R	***Eye ointment 30 mg per g (3%), 4.5 g***	***‡1***	***..***	***..***	***22.24***	***16.20***	***Zovirax***	***BW***
	IDOXURIDINE							
2442M	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	2	.. 0.68	9.54 10.22	10.32 10.32	Stoxil Herplex	SK AG
2569F	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	11.65	12.43	Stoxil	SK
	VIDARABINE **Restricted benefit.** ***Eye infections caused by herpes simplex virus.***							
2570G	***Eye ointment 30 mg per g (3%), 3.5 g***	***‡1***	***..***	***..***	***24.11***	***16.20***	***Vira A***	***PD***
	• ***Other antiinfectives***							
	AMINACRINE HYDROCHLORIDE							
1035L	Eye drops 3 mg in 15 mL	‡1	2	..	8.12	8.90	Aminopt	SI
	Antiinflammatory agents							
	• ***Corticosteroids, plain***							
	DEXAMETHASONE							
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.46	8.24	Maxidex	AQ
	FLUOROMETHOLONE							
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	7.46	8.24	Flucon FML Liquifilm	AQ AG
	FLUOROMETHOLONE ACETATE							
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.46	8.24	Flarex	AQ
	HYDROCORTISONE							
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	9.48	10.26	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	9.81	10.59	Hycor	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	
	HYDROCORTISONE ACETATE							
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.28	10.06	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	9.48	10.26	Hycor	SI
	[For other listings for this drug see Generic/Proprietary Index]							
	MEDRYSONE							
3197G	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	7.46	8.24	HMS Liquifilm	AG
	PREDNISOLONE ACETATE							
2684G	Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.46	8.24	Sterofrin	AQ
	• ***Corticosteroids and mydriatics in combination***							
	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***	***..***	***12.71***	***13.49***	***Prednefrin Forte***	***AG***
	• ***Antiinflammatory agents, non-steroids***							
	INDOMETHACIN							
2443N	Ophthalmic suspension 10 mg per mL (1%), 5 mL	‡1	..	..	10.25	11.03	Indoptol	SI
	Antiglaucoma preparations and miotics							
	• ***Sympathomimetics in glaucoma therapy***							
	ADRENALINE							
2434D	Eye drops 5 mg per mL (0.5%), 7.5 mL	‡1	5	..	8.71	9.49	Eppy/N	BF
2955M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.88	11.66	Epifrin	AG
1015K	Eye drops 20 mg per mL (2%), 10 mL	‡1	5	..	14.84	15.62	Epifrin	AG
	DIPIVEFRINE HYDROCHLORIDE							
1351D	Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	15.23	16.01	Propine	AG
	• ***Parasympathomimetics***							
	CARBACHOL							
2535K	Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	12.23	13.01	Isopto Carbachol	AQ
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.34	13.12	Isopto Carbachol	AQ
	ECOTHIOPATE IODIDE							
1359M	Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent	‡1	5	..	#21.54	16.20	Phospholine Iodide	AY
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	‡1	5	..	#21.54	16.20	Phospholine Iodide	AY

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	
	ECOTHIOPATE IODIDE—cont.							
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	‡1	5	..	#21.58	16.20	Phospholine Iodide	AY
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	‡1	5	..	#23.72	16.20	Phospholine Iodide	AY
	PILOCARPINE **Restricted benefit.** ***Chronic glaucoma when other miotics are not tolerated.***							
2777E	***Eye disc 5 mg (releasing 20 micrograms per hour)***	***8***	***5***	..	***77.28***	***16.20***	***Ocusert Pilo 20***	***AG***
2782K	***Eye disc 11 mg (releasing 40 micrograms per hour)***	***8***	***5***	..	***79.72***	***16.20***	***Ocusert Pilo 40***	***AG***
	PILOCARPINE HYDROCHLORIDE							
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	8.97	9.75	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	8.97	9.75	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	9.99	10.77	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.01	12.79	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.27	13.05	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	15.42	16.20	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
	• ***Carbonic anhydrase inhibitors***							
	ACETAZOLAMIDE							
1004W	Tablet 250 mg	100	3	..	14.01	14.79	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	12.42	13.20	Diamox	LE
	DICHLORPHENAMIDE							
1303N	Tablet 50 mg	50	6	..	12.30	13.08	Daranide	SI

SENSORY ORGANS —cont.

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	
	• ***Beta blocking agents***							
	BETAXOLOL HYDROCHLORIDE							
2811Y	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	13.14	13.92	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.14	13.92	Betoptic	AQ
	LEVOBUNOLOL HYDROCHLORIDE							
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	10.82	11.60	Betagan	AG
	TIMOLOL MALEATE							
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	10.82	11.60	Tenopt Timoptol	SI FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	11.68	12.46	Tenopt Timoptol	SI FR
	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE							
2664F	Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	17.64	16.20	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	19.97	16.20	Timpilo 4	MK
	Mydriatics and cycloplegics							
	• ***Anticholinergics***							
	ATROPINE SULFATE							
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	8.71	9.49	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	8.71	9.49	Atropt	SI
	HOMATROPINE HYDROBROMIDE							
2541R	Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	11.17	11.95	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	14.72	15.50	Isopto Homatropine	AQ
	• ***Sympathomimetics excl. antiglaucoma preparations***							
	PHENYLEPHRINE HYDROCHLORIDE							
2829X	Eye drops 1.2 mg per mL (0.12%), 15 mL	‡1	5	..	8.97	9.75	Isopto Frin	AQ
	Decongestants and antiallergics							
	• ***Sympathomimetics used as decongestants***							
	ANTAZOLINE with NAPHAZOLINE							
1075N	Eye drops 5 mg (sulfate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL	‡1	5	..	7.02	7.80	Antistine-Privine	CG
1077Q	Eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	5	..	9.11	9.89	Albalon-A	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	
	NAPHAZOLINE HYDROCHLORIDE							
1317H	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	5	..	8.97	9.75	Albalon Liquifilm Naphcon Forte	AG AQ
	ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE							
3154B	Eye drops 2.5 mg-1.2 mg per mL (0.25%-0.12%), 15 mL	‡1	5	..	9.11	9.89	Prefrin-Z Zincfrin	AG AQ
	• ***Other antiallergics***							
	SODIUM CROMOGLYCATE							
	Authority required.							
	Vernal kerato-conjunctivitis.							
1127H	***Eye drops 20 mg per mL (2%), 10 mL***	***‡1***	***5***	..	***12.67***	***13.45***	***Opticrom***	**FC**
	Other ophthalmologicals							
	• ***Other ophthalmologicals***							
	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***	..	****36.54***	***16.20***	***Celluvisc***	**AG**
	HYDROXYPROPYLCELLULOSE							
	Restricted benefit.							
	Severe dry eye syndrome unresponsive to artificial tear solutions.							
1522D	***Ophthalmic inserts 5 mg, 60***	***‡1***	***5***	..	***30.49***	***16.20***	***Lacrisert***	**SI**
	HYPROMELLOSE							
2956N	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	8.05	8.83	Isopto Tears Lacril Methopt	AQ AG SI
2952J	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	8.49	9.27	Methopt Forte	SI
	HYPROMELLOSE with DEXTRAN							
1509K	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	‡1	5	..	10.54	11.32	Poly-Tears Tears Naturale	IQ AQ
	PARAFFIN							
1754H	Compound eye ointment 3.5 g	‡1	5	..	10.00	10.78	Duratears	AQ
1750D	Compound eye ointment 7 g	‡1	5	..	13.14	13.92	Lacri-Lube S.O.P.	AG
	POLYVINYL ALCOHOL							
2682E	Eye drops 14 mg per mL (1.4%), 15 mL	‡1	5	..	8.49	9.27	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	11.17	11.95	Liquifilm Forte	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	
	POLYVINYL ALCOHOL with POVIDONE							
2675T	Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL	‡1	5	..	10.54	11.32	Murine Tears for Eyes Tears Plus	AB AG
	THIOTEPA							
2858K	Eye drops set containing 15 mg vial, 2 x 10 mL ampoules sterile water, syringe with needle and 15 mL dropper bottle	‡1	5	..	#21.19	16.20	LE	
	[For other listings for this drug see Generic/Proprietary Index]							
	OTOLOGICALS							
	Antiinfectives							
	• ***Antiinfectives***							
	CHLORAMPHENICOL							
1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL **CAUTION:** Topical chloramphenicol may cause aplastic anaemia.	‡1	2	..	7.97	8.75	Chloromycetin	PD
	NEOMYCIN UNDECENOATE with BACITRACIN ZINC							
2296W	Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g	‡1	..	..	5.98	6.76	Nemdyn	HA
	Corticosteroids and antiinfectives in combination							
	• ***Corticosteroids and antiinfectives in combination***							
	DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN							
2781J	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	‡1	2	.. 1.10	5.89 6.99	6.67 6.67	[a] Otodex [a] Sofradex	QM RL
2759F	Ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g	‡1	2	.. 1.10	5.67 6.77	6.45 6.45	[a] Otodex [a] Sofradex	QM RL
	FLUMETHASONE PIVALATE with CLIOQUINOL							
2823N	Ear drops 200 micrograms-10 mg per mL (0.02%-1%), 7.5 mL	‡1	..	..	5.89	6.67	Locacorten Vioform	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	
	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	..	5.89	6.67	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	..	5.67	6.45	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	..	5.67	6.45	Kenacomb Otic	BQ
	OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS							
	Antiinfectives							
	• ***Antiinfectives***							
	FRAMYCETIN SULFATE							
1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	6.86	7.64	Soframycin	RL
	Corticosteroids							
	• ***Corticosteroids***							
	PREDNISOLONE SODIUM PHOSPHATE							
1922E	Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.46	8.24	Predsol	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	
	ALLERGENS							
	Allergens							
	• ***Allergen extracts***							
2886X	INSECT ALLERGEN EXTRACT—HONEY BEE VENOM Injection set containing 550 micrograms	1	..	..	81.64	16.20	Albay Bee Venom	BN
2918N	INSECT ALLERGEN EXTRACT—PAPER WASP VENOM **NOTE:** Paper wasp venom is not European wasp venom. Injection set containing 550 micrograms	1	..	..	108.15	16.20	Albay Wasp Venom	BN
2883R	INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM Injection set containing 550 micrograms	1	..	..	103.86	16.20	Albay Yellow Jacket Venom	BN
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Antidotes***							
1670X	NALOXONE HYDROCHLORIDE Injection 40 micrograms in 2 mL	5	..	..	30.05	16.20	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	16.96	16.20	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	18.06	16.20	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	25.77	16.20	Naloxone Min-I-Jet	CS
1957B	PROTAMINE SULFATE Injection 10 mg per mL (1%), 10 mL	6	..	..	33.02	16.20	BT	
	• ***Detoxifying agents for cytostatic treatment***							
	CALCIUM FOLINATE **Restricted benefit.** ***Antidote to folic acid antagonists.***							
2308L	***Tablet equivalent to 15 mg folinic acid***	***10***	..	..	***98.51***	***16.20***	***BL LE***	
2309M	***Injection equivalent to 3 mg folinic acid in 1 mL***	***5***	..	..	***15.66***	***16.20***	***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	
	• *Drugs for treatment of hypercalcemia*							
	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***	***..***	***26.31***	***16.20***	***Phosphate Sandoz***	***SZ***
	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***	***..***	***134.22***	***16.20***	***Calcisorb***	***MM***
	• *Tissue adhesives*							
	SURGICAL CEMENT							
	Restricted benefit.							
	For use by paraplegic and quadriplegic patients; For use with surgical appliances.							
2238T	***Skin bond adhesive 118 mL***	***‡1***	***2***	***..***	***11.35***	***12.13***	***SN***	
	DIAGNOSTIC AGENTS							
	Urine tests							
	• *Urine tests*							
	COPPER SULFATE							
1228P	Diagnostic compound tablets, 36	2	3	..	*19.06	16.20	Clinitest	AM
	GLUCOSE INDICATOR—URINE							
1448F	Test dispenser 4 m	‡1	2	..	13.22	14.00	Tes-Tape	LY
2352T	Reagent strips, 100	‡1	2	..	12.45	13.23	Clinistix	AM
3104J	Reagent strips, 100	‡1	2	..	13.22	14.00	Diastix	AM
	GLUCOSE and KETONE INDICATOR—URINE							
3106L	Reagent strips, 50	2	2	..	*14.84	15.62	Keto-Diabur-Test 5000	BO
3107M	Reagent strips, 100	‡1	2	..	14.85	15.63	Keto-Diastix	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	
	Other diagnostic agents							
	• ***Tests for diabetes***							
	GLUCOSE INDICATOR—BLOOD							
2915K	Electrode strips, 100	‡1	5	..	53.70	16.20	ExacTech	MS
2926B	Electrode strips, 100	‡1	5	..	53.70	16.20	Pen 2/ Companion 2	MS
2912G	Reagent strips, 50	2	5	..	*36.98	16.20	BM-Test-BG	BO
2908C	Reagent strips, 50	2	5	..	*47.54	16.20	Hypoguard GA	HG
2919P	Reagent strips, 50	2	5	..	*49.30	16.20	Accutrend Glucose	BO
2890D	Reagent strips, 50	2	5	..	*49.30	16.20	Betachek	NA
2914J	Reagent strips, 50	2	5	..	*49.30	16.20	BM-Test-Glycemie 20-800	BO
2889C	Reagent strips, 50	2	5	..	*49.30	16.20	Glucofilm	AM
2917M	Reagent strips, 50	2	5	..	*49.30	16.20	Glucostix	AM
2921R	Reagent strips, 50	2	5	..	*49.30	16.20	Hypoguard Supreme	HG
	GENERAL NUTRIENTS							
	Other nutrients							
	• ***Other nutrients***							
	TRIGLYCERIDES, MEDIUM CHAIN							
	Authority required.							
	Abetalipoproteinaemia;							
	Chyloascites;							
	Chylothorax;							
	Intestinal lymphangiectasia;							
	Intractable childhood epilepsy requiring a ketogenic diet;							
➤	***Long chain fat oxidation disorders;***							
	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.							
3128P	***Oil 500 mL***	***2***	***5***	..	****36.98***	***16.20***	***NU***	
3129Q	***Oil 1 L***	***‡1***	***5***	..	***36.98***	***16.20***	***MJ***	
	NOTE:							
	Authorities will be limited to the maximum quantity and repeats shown in this schedule.							

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	
	• *Carbohydrates/proteins/minerals/vitamins, combinations*							
	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE **Restricted benefit.** *Phenylketonuria.*							
3055T	*Powder 500 g*	*8*	*5*	*..*	**1305.98*	*16.20*	*XP Albumaid*	*SB*
	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE **Restricted benefit.** *Tyrosinaemia.*							
3057X	*Powder 200 g*	*20*	*5*	*..*	**1541.38*	*16.20*	*Albumaid XPXT*	*SB*
	• *Fat/carbohydrates/proteins/minerals/vitamins, combinations*							
	PHENYLALANINE LOW CONTENT FORMULA **Restricted benefit.** *Phenylketonuria.*							
1865E	*Powder 454 g*	*5*	*8*	*..*	**141.48*	*16.20*	*Lofenalac*	*MJ*
	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;* *Galactosaemia;* ➤ *Glycogen storage disease due to glucose-6-phosphatase deficiency in children;* ➤ *Severe intestinal malabsorption including short bowel syndrome.* **NOTE:** *Allergy to cows' milk and soya protein means eczema, asthma or severe gastrointestinal 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.*							

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	
	PROTEIN HYDROLYSATE FORMULA—cont.							
	NOTE—cont.							
	Since cows' milk/soya protein allergies 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*	*8*	*5*	*..*	**115.82*	*16.20*	*Nutramigen*	*MJ*
	TRIGLYCERIDES, MEDIUM CHAIN							
	Authority required.							
	➤ *Chronic liver failure with fat malabsorption;*							
	Chyloascites;							
	Chylothorax;							
	Patients requiring a ketogenic diet for intractable childhood epilepsy;							
	➤ *Proven fat malabsorption.*							
2686J	*Compound powder 454 g*	*8*	*5*	*..*	**98.70*	*16.20*	*Portagen*	*MJ*
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							
	Authority required.							
	Biliary atresia;							
	Chyloascites;							
	Chylothorax;							
	Cystic fibrosis;							
	Enterokinase deficiency;							
	➤ *Proven combined intolerance to cows' milk protein and soy protein formulae;*							
	Severe diarrhoea of greater than two weeks duration in infants under the age of four months;							
	➤ *Severe intestinal malabsorption including short bowel syndrome.*							
2676W	*Lactalbumin demineralised powder 400 g*	*8*	*5*	*..*	**98.94*	*16.20*	*Alfaré*	*NT*
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							

continued ☛

VARIOUS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TRIGLYCERIDES, MEDIUM CHAIN—cont. **Authority required.** ***Biliary atresia; Chyloascites; Chylothorax; Cystic fibrosis; Enterokinase deficiency;*** ➤ ***Galactosaemia;*** ➤ ***Proven combined intolerance to cows' milk protein and soy protein formulae; Severe diarrhoea of greater than two weeks duration in infants under the age of four months;*** ➤ ***Severe intestinal malabsorption including short bowel syndrome.***							
2679B	*Protein hydrolysate compound powder 454 g* **NOTE:** ***Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.***	*8*	*5*	*..*	**135.98*	*16.20*	*Pregestimil*	*MJ*
	TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER **Restricted benefit.** ***Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.***							
3136C	*Compound powder 400 g*	*8*	*5*	*..*	**238.78*	*16.20*	*Duocal*	*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	
	• ***Milk substitutes***							
	MILK POWDER—LACTOSE MODIFIED							
	Authority required.							
	➤ ***Proven chronic lactose intolerance in children over one year of age.***							
	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*	*5*	*10*	*..*	**44.78*	*16.20*	*Digestelact*	*SJ*
	Restricted benefit.							
	➤ ***Acute lactose intolerance in children over one year of age.***							
	NOTE:							
	Requests for increased maximum quantities and/or repeats will not be granted.							
1387B	*Lactose-predigested powder 500 g*	*5*	*1*	*..*	**44.78*	*16.20*	*Digestelact*	*SJ*

VARIOUS —cont.

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							
	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*	*..*	**36.62*	*16.20*	*De-Lact Infant*	*SJ*
	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*	*..*	**36.62*	*16.20*	*De-Lact Infant*	*SJ*
	MILK POWDER—SYNTHETIC							
	Authority required.							
	Hypercalcaemia in children under the age of two years.							
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							
3092R	*Low calcium compound powder 400 g*	*8*	*5*	*..*	**139.50*	*16.20*	*Locasol*	*NU*

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	
	• *Other combinations of nutrients*							
	AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE **Restricted benefit.** *Methylmalonic acidaemia; Propionic acidaemia.*							
3079C	*Powder 200 g*	*5*	*5*	..	**539.23*	*16.20*	*Methionine, Threonine, Valine-free, and Isoleucine low Amino Acid Mix*	*SB*
	AMINO ACID FORMULA without PHENYLALANINE **Restricted benefit.** *Phenylketonuria.*							
3072Q	*Powder 250 g*	*8*	*5*	..	**1060.94*	*16.20*	*PK AID II*	*SB*
1450H	*Food supplement powder 500 g*	*4*	*5*	..	**702.30*	*16.20*	*Aminogran F.S.*	*GL*
	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE **Restricted benefit.** *Pyridoxine non-responsive homocystinuria.*							
3077Y	*Powder 200 g*	*20*	*5*	..	**1306.58*	*16.20*	*RVHB Maxamaid*	*SB*
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE **Restricted benefit.** *Phenylketonuria.*							
2737C	*Infant formula, powder 400 g*	*8*	*5*	..	**507.98*	*16.20*	*XP Analog*	*SB*
2738D	*Powder 500 g*	*8*	*5*	..	**1010.30*	*16.20*	*XP Maxamaid*	*SB*
2739E	*Powder 500 g*	*8*	*5*	..	**1589.90*	*16.20*	*XP Maxamum*	*SB*
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE **Restricted benefit.** *Tyrosinaemia.*							
3078B	*Powder 200 g*	*20*	*5*	..	**1989.38*	*16.20*	*XPhen, Tyr Maxamum*	*SB*

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	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE							
	Restricted benefit.							
	Maple syrup urine disease.							
3075W	***Powder 200 g***	***10***	***5***	***..***	****1294.28***	***16.20***	***M.S.U.D. AID***	SB
1045B	***Powder 200 g***	***20***	***5***	***..***	****1274.78***	***16.20***	***M.S.U.D. Maxamaid***	SB
	AMINO ACIDS, SYNTHETIC with MALTODEXTRIN, FAT, MINERALS and VITAMINS							
	Restricted benefit.							
	Proven combined intolerance to cows' milk protein, soy protein, and protein hydrolysate formulae of both whey and casein;							
	Severe intestinal malabsorption including short bowel syndrome.							
3066J	***Elemental infant formula powder 400 g***	***20***	***2***	***..***	****838.78***	***16.20***	***Neocate***	SB
	MINERAL MIXTURE							
	NOTE:							
	For use with Amino Acid Formula without Phenylalanine.							
	Restricted benefit.							
	➤ ***Metabolic disorders.***							
1451J	***Powder 250 g***	***‡1***	***5***	***..***	***41.38***	***16.20***	***Aminogran M.M.***	GL
	ALL OTHER NON-THERAPEUTIC PRODUCTS							
	All other non-therapeutic products							
	• ***Solvents and diluting agents, incl. irrigating solutions***							
	SODIUM CHLORIDE							
2024M	Injection 9 mg per mL (0.9%), 2 mL	5	1	..	7.94	8.72	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	9.70	10.48	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	9.96	10.74	AP	
	SURGICAL CEMENT SOLVENT							
	Restricted benefit.							
	For use by paraplegic and quadriplegic patients;							
	For use with surgical appliances.							
2467W	***Liquid 237 mL***	***‡1***	***2***	***..***	***8.31***	***9.09***	***Unisolve***	SN
2469Y	***Liquid 240 mL***	***‡1***	***2***	***..***	***8.38***	***9.16***	***Sacsol***	EG
2472D	***Liquid 250 mL***	***‡1***	***2***	***..***	***8.71***	***9.49***	***Sacsol Non Flammable***	EG

VARIOUS —cont.

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
	WATER FOR INJECTIONS, STERILISED						
2216P	Injection 2 mL	5	3	..	8.16	8.94	AP
2217Q	Injection 5 mL	5	3	..	9.37	10.15	AP
2218R	Injection 10 mL	5	3	..	10.47	11.25	AP

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	
	ALIMENTARY TRACT AND METABOLISM							
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives for local oral treatment***							
	AMPHOTERICIN							
3306B	Lozenge 10 mg	20	..	..	6.48	7.26	Fungilin	BQ
	NYSTATIN							
3344B	Lozenge 100,000 units	20	..	..	6.48	7.26	Nilstat	LE
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	7.17	7.95	Mycostatin Nilstat	BQ LE
	• ***Other agents for local oral treatment***							
	BENZYDAMINE HYDROCHLORIDE							
	Restricted benefit.							
	Treatment of radiation induced mucositis.							
5032W	***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL***	***‡1***	..	..	***15.75***	***16.20***	***Difflam***	***MM***
	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES							
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids, tertiary amines***							
	ATROPINE SULFATE							
5022H	Injection 600 micrograms in 1 mL	5	..	..	8.11	8.89	AP	
	Propulsives							
	• ***Propulsives***							
	METOCLOPRAMIDE HYDROCHLORIDE							
5151D	· Tablet 10 mg	25	..	.. 1.32	5.64 6.96	6.42 6.42	Pramin Maxolon	AF SK
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.18	6.96	Maxolon	SK
5153F	Injection 10 mg in 2 mL	10	..	..	9.43	10.21	Maxolon	SK

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	ANTIEMETICS AND ANTINAUSEANTS							
	Antiemetics and antinauseants							
	• ***Other antiemetics***							
	PROCHLORPERAZINE **CAUTION:** Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.							
5205Y	Tablet 5 mg	25	..	..	*6.22	7.00	Stemetil	MB
5206B	Injection 12.5 mg in 1 mL	10	..	.. 1.53	11.09 12.62	11.87 11.87	Compazine Stemetil	SK MB
5207C	Suppositories 5 mg, 5	‡1	..	..	9.22	10.00	Stemetil	MB
5208D	Suppositories 25 mg, 5	‡1	..	..	9.74	10.52	Stemetil	MB
	NOTE: As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only.							
	PROMETHAZINE HYDROCHLORIDE							
3374N	Injection 50 mg in 2 mL	10	..	..	*13.56	14.34	BL	
	PROMETHAZINE THEOCLATE							
3375P	Tablet 25 mg	30	..	..	8.69	9.47	Avomine	MB
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
	NYSTATIN							
3342X	Tablet 500,000 units	50	..	.. 1.11	10.71 11.82	11.49 11.49	Nilstat Mycostatin	LE BQ
3345C	Capsule 500,000 units	50	..	..	10.71	11.49	Mycostatin Nilstat	BQ LE
	BLOOD AND BLOOD FORMING ORGANS							
	PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS							
	Blood and related products							
	• ***Plasma substitutes and plasma protein fractions***							
	DEXTRAN 40 with GLUCOSE							
5068R	I.V. infusion 100 mg per mL-139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	74.84	16.20	Rheomacrodex	PS

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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	
	DEXTRAN 40 with SODIUM CHLORIDE							
5069T	I.V. infusion 100 mg per mL-77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	74.84	16.20	Rheomacrodex	PS
	DEXTRAN 70 with SODIUM CHLORIDE							
5070W	I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	75.69	16.20	Macrodex	PS
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
	GLUCOSE							
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.33	14.11	[a] AB [a] BX	
	• ***Solutions affecting the electrolyte balance***							
	SODIUM CHLORIDE							
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*13.33	14.11	BX	
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*10.16	10.94	BX	
	SODIUM CHLORIDE with GLUCOSE							
5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	..	..	*13.33	14.11	BX	
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	*16.73	16.20	BX	
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	..	..	*16.73	16.20	BX	
	CARDIOVASCULAR SYSTEM							
	CARDIAC THERAPY							
	Antiarrhythmics, class I and III							
	• ***Antiarrhythmics, class IB***							
	LIGNOCAINE HYDROCHLORIDE							
5142P	Injection 100 mg in 5 mL	‡2	..	..	11.24	12.02	Xylocard 100	AP
	Vasodilators used in cardiac diseases							
	• ***Organic nitrates***							
	GLYCERYL TRINITRATE							
5108W	Tablets 600 micrograms, 100	‡1	..	..	6.32	7.10	Anginine Stabilised	BW

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	DERMATOLOGICALS							
	ANTIFUNGALS FOR DERMATOLOGICAL USE							
	Antifungals for topical use							
	• ***Antibiotics***							
	NYSTATIN							
3346D	Cream 100,000 units per g, 15 g	‡1	..	..	5.96	6.74	Mycostatin Nilstat	BQ LE
3347E	Ointment 100,000 units per g, 15 g	‡1	..	..	5.96	6.74	Mycostatin Nilstat	BQ LE
	• ***Imidazole derivatives***							
	MICONAZOLE NITRATE							
5160N	Cream 20 mg per g (2%), 20 g	‡1	..	..	6.82	7.60	Monistat Derm	JC
	ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE							
	Chemotherapeutics for topical use							
	• ***Antivirals***							
	IDOXURIDINE							
5125R	Topical ointment 5 mg per g (0.5%), 5 g	‡1	..	..	5.60	6.38	Stoxil	SK
	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS							
	Corticosteroids, plain							
	• ***Corticosteroids, weak (group I)***							
	HYDROCORTISONE ACETATE							
5111B	Cream 10 mg per g (1%), 30 g	‡1	..	..	5.82	6.60	Adacor Dermacort Sigmacort Squibb-HC	NN PD SI BQ
				0.55	6.37	6.60	Cortef	UP
5113D	Cream 10 mg per g (1%), 50 g	‡1	..	..	6.30	7.08	Adacor Dermacort Sigmacort Squibb-HC	NN PD SI BQ
				0.55	6.85	7.08	Cortef	UP
5112C	Topical ointment 10 mg per g (1%), 30 g	‡1	..	..	5.82	6.60	Adacor Sigmacort	NN SI
5114E	Topical ointment 10 mg per g (1%), 50 g	‡1	..	..	6.30	7.08	Adacor Dermacort "O" Sigmacort Squibb-HC	NN PD SI BQ

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	ANTISEPTICS AND DISINFECTANTS							
	Antiseptics and disinfectants							
	• ***Biguanides and amidines***							
	CHLORHEXIDINE GLUCONATE							
5056D	Solution 50 mg per mL (5%), 200 mL	‡1	..	..	10.01	10.79	Hibitane Concentrate	IC
	SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES							
	CORTICOSTEROIDS FOR SYSTEMIC USE							
	Corticosteroids for systemic use, plain							
	• ***Glucocorticoids***							
	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE							
	Restricted benefit.							
	For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.							
5034Y	*Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL*	*5*	..	..	*23.13*	*16.20*	*Celestone Chronodose*	*SH*
	HYDROCORTISONE SODIUM SUCCINATE							
	Restricted benefit.							
	For use in a hospital.							
5118J	*Injection equivalent to 100 mg hydrocortisone with 2 mL solvent*	*6*	..	..	**22.46*	*16.20*	*Nordicort* *Solu-Cortef*	*NR* *UP*
5119K	*Injection equivalent to 250 mg hydrocortisone with 2 mL solvent*	*6*	..	..	**37.46*	*16.20*	*Solu-Cortef*	*UP*
5120L	*Injection equivalent to 500 mg hydrocortisone with 4 mL solvent*	*2*	..	..	**25.10*	*16.20*	*Solu-Cortef*	*UP*
	METHYLPREDNISOLONE ACETATE							
	Restricted benefit.							
	For local intra-articular or peri-articular infiltration.							
5148Y	*Injection 40 mg in 1 mL*	*5*	..	..	*18.28*	*16.20*	*Depo-Medrol*	*UP*
	TRIAMCINOLONE ACETONIDE							
	Restricted benefit.							
	For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.							
5233K	*Injection 10 mg in 1 mL*	*5*	..	..	*23.13*	*16.20*	*Kenacort-A10*	*BQ*

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	PANCREATIC HORMONES							
	Glycogenolytic hormones							
	• ***Glycogenolytic hormones***							
	GLUCAGON HYDROCHLORIDE							
5104P	Injection 1 i.u. with diluent	1	..	..	13.98	14.76	LY	
5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	..	..	18.65	16.20	GlucaGen Hypokit	NO
	GENERAL ANTIINFECTIVES FOR SYSTEMIC USE							
	ANTIBACTERIALS FOR SYSTEMIC USE							
	Tetracyclines							
	• ***Tetracyclines***							
	DOXYCYCLINE							
3321T	Tablet 100 mg	7	..	..	6.79	7.57	Doxylin 100	AF
				0.71	7.50	7.57	[a] Vibramycin	PF
3322W	Capsule 100 mg	7	..	0.67	7.46	7.57	[a] Doryx	FA
	METHACYCLINE HYDROCHLORIDE							
5147X	Capsule 300 mg	10	..	..	8.36	9.14	Rondomycin	WW
	TETRACYCLINE HYDROCHLORIDE							
3383C	Capsule 250 mg	25	..	..	6.30	7.08	Achromycin	LE
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
3386F	Capsule 250 mg	25	..	..	6.30	7.08	Achromycin V	LE
							Mysteclin-250	BQ
				0.65	6.95	7.08	Tetrex	BC
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
3303W	Chewable tablet 250 mg	20	..	..	8.19	8.97	[a] Amoxil	SK
							[a] Moxacin	CS
3301R	Capsule 250 mg	20	..	..	7.40	8.18	[a] Alphamox 250	AF
							[a] Cilamox	SI
							[a] Fisamox 250	FC
				0.38	7.78	8.18	[a] Moxacin	CS
				0.43	7.83	8.18	[a] Amoxil	SK
3300Q	Capsule 500 mg	20	..	..	10.71	11.49	[a] Alphamox 500	AF
							[a] Cilamox	SI
							[a] Fisamox 500	FC
				0.53	11.24	11.49	[a] Amoxil	SK
				0.55	11.26	11.49	[a] Moxacin	CS
3309E	Sachet containing oral powder 3 g	1	..	..	8.04	8.82	[a] Amoxil	SK
							[a] Moxacin	CS

continued ☛

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	AMOXYCILLIN—cont.							
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	#10.75	11.88	Amoxil	SK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#8.93	10.06	[a] Alphamox 125	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.22	#9.15	10.06	[a] Moxacin	CS
				0.23	#9.16	10.06	[a] Amoxil	SK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.25	11.38	[a] Alphamox 250	AF
							[a] Cilamox	SI
							[a] Fisamox	FC
				0.33	#10.58	11.38	[a] Moxacin 250	CS
				0.36	#10.61	11.38	[a] Amoxil Forte	SK
	AMPICILLIN							
5013W	Capsule 250 mg	24	..	..	7.94	8.72	Alphacin 250	AF
				2.82	10.76	8.72	Penbritin	SK
5014X	Capsule 500 mg	24	..	..	11.41	12.19	Alphacin 500	AF
				2.42	13.83	12.19	Penbritin	SK
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N, 6897B, 6898C, 6899D apply to above item with approved solvents)	5	..	..	10.18	10.96	[a] Ampicyn	FC
							[a] Austrapen	CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R, 6900E, 6901F, 6902G apply to above item with approved solvents)	5	..	..	14.14	14.92	[a] Ampicyn	FC
							[a] Austrapen	CS
	TICARCILLIN **Restricted benefit.** ***Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent.***							
5228E	***Injection 1 g (solvent required) (codes 7026T, 7027W, 7028X, 7029Y, 7030B, 7031C apply to above item with approved solvents)***	***10***	..	..	****57.62***	***16.20***	[a] ***Tarcil***	***SK***
							[a] ***Ticillin***	***CS***
5229F	***Injection 3 g (solvent required) (codes 7032D, 7033E, 7034F, 7035G, 7036H, 7037J apply to above item with approved solvents)***	***10***	..	..	****123.04***	***16.20***	[a] ***Tarcil***	***SK***
							[a] ***Ticillin***	***CS***
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
5026M	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	25.84	16.20	Bicillin L-A	WY

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	BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYLPENICILLIN POTASSIUM							
5028P	Injection set 450 mg-300 mg-187 mg containing 1 vial and 2 mL sterilised water for injections	1	..	..	15.07	15.85	Bicillin All-Purpose	WY
	BENZYLPENICILLIN							
3398W	Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C, 6921G, 6922H, 6923J apply to above item with approved solvents)	10	..	..	*20.26	16.20	CS	
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F, 6924K, 6925L, 6926M apply to above item with approved solvents)	10	..	..	*46.44	16.20	CS	
	PHENOXYMETHYLPENICILLIN							
3359T	Tablet 125 mg	25	..	..	6.94	7.72	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	25	..	..	7.09	7.87	Abbocillin-VK Filmtab	AB
							PVK	LY
3361X	Tablet 500 mg	25	..	..	8.81	9.59	Abbocillin-VK Filmtab	AB
							PVK	LY
3363B	Capsule 250 mg	25	..	..	7.09	7.87	Abbocillin-VK	AB
							Cilicaine VK	SI
							LPV	CS
							PVK	LY
3364C	Capsule 500 mg	25	..	..	8.81	9.59	Cilicaine VK	SI
							LPV	CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	6.95	7.73	Abbocillin-V	AB
							Cilicaine V	SI
				0.40	7.35	7.73	LPV 125	CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	..	7.67	8.45	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	8.22	8.45	LPV 250	CS
	PROCAINE PENICILLIN							
3370J	Injection 1 g	5	..	..	51.72	16.20	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	51.72	16.20	Cilicaine	SI
	• ***Beta-lactamase resistant penicillins***							
	CLOXACILLIN							
5059G	Capsule 250 mg	24	..	..	11.68	12.46	Alclox 250	AF
5060H	Capsule 500 mg	24	..	..	19.38	16.20	Alclox 500	AF

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	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.							
	Restricted benefit.							
	Serious staphylococcal infections.							
5090X	***Capsule 250 mg***	***24***	..	..	***10.80***	***11.58***	[a] ***Flucil 250***	**FC**
							[a] ***Staphylex 250***	**AF**
				0.20	***11.00***	***11.58***	[a] ***Flopen***	**CS**
				0.39	***11.19***	***11.58***	[a] ***Floxapen***	**SK**
5091Y	***Capsule 500 mg***	***24***	..	..	***18.28***	***16.20***	[a] ***Flucil 500***	**FC**
							[a] ***Staphylex 500***	**AF**
				0.36	***18.64***	***16.20***	[a] ***Flopen***	**CS**
				0.44	***18.72***	***16.20***	[a] ***Floxapen***	**SK**
5092B	***Powder for syrup 125 mg per 5 mL, 100 mL***	***‡1***	..	..	***#11.98***	***13.11***	[a] ***Flopen***	**CS**
							[a] ***Floxapen***	**SK**
5093C	***Powder for syrup 250 mg per 5 mL, 100 mL***	***‡1***	..	..	***#15.75***	***16.20***	[a] ***Flopen***	**CS**
							[a] ***Floxapen***	**SK**
	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.							
5094D	Injection 500 mg (solvent required) (codes 7013D, 7014E, 7015F, 7016G, 7017H, 7018J apply to above item with approved solvents)	5	..	..	16.06	16.20	[a] Flopen	CS
							[a] Floxapen	SK
5095E	Injection 1 g (solvent required) (codes 7019K, 7020L, 7021M, 7022N, 7023P, 7024Q apply to above item with approved solvents)	5	..	..	22.92	16.20	[a] Flopen	CS
							[a] Floxapen	SK

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	
	• ***Combinations of penicillins, incl. beta-lactamase inhibitors***							
	AMOXYCILLIN with CLAVULANIC ACID							
	CAUTION:							
	Hepatotoxicity has been reported with this drug.							
	Restricted benefit.							
	Infections where resistance to amoxycillin is suspected or proven.							
5007M	***Tablet 250 mg-125 mg***	***15***	..	..	***12.70***	***13.48***	[a] ***Augmentin*** [a] ***Clavulin 250***	**SK** **CS**
5008N	***Tablet 500 mg-125 mg***	***15***	..	..	***16.41***	***16.20***	[a] ***Augmentin Forte*** [a] ***Clavulin 500***	**SK** **CS**
5009P	***Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL***	***‡1***	..	..	***#11.32***	***12.45***	***Augmentin***	**SK**
5010Q	***Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL***	***‡1***	..	..	***#13.62***	***14.75***	***Augmentin Forte***	**SK**
	TICARCILLIN with CLAVULANIC ACID							
	Restricted benefit.							
	Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent.							
5230G	***Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)***	***10***	..	..	***146.43***	***16.20***	***Timentin***	**SK**
	Other beta-lactam antibacterials							
	• ***Cephalosporins and related substances***							
	CEFACLOR							
5044L	Capsule 250 mg	15	..	..	14.03	14.81	Ceclor	LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	#13.09	14.22	Ceclor	LY
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#13.62	14.75	Ceclor	LY

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	CEFOTAXIME							
	Restricted benefit.							
	Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent.							
5048Q	***Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)***	***5***	..	..	****58.53***	***16.20***	***Claforan***	***RL***
5049R	***Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)***	***5***	..	..	****107.88***	***16.20***	***Claforan***	***RL***
	CEFOTETAN							
	Restricted benefit.							
	Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent.							
5050T	***Injection 1 g (solvent required) (codes 7044R, 7045T, 704 W, 7047X, 7048Y, 7049B apply to above item with approved solvents)***	***10***	..	.. ***6***	***143.68***	***16.20***	***Apatef***	***LE***
5051W	***Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)***	***10***	..	..	***241.98***	***16.20***	***Apatef***	***LE***
	CEPHALEXIN							
3317N	Capsule 250 mg	20	..	..	7.78	8.56	[a] Ibilex 250	AF
				1.00	8.78	8.56	Ceporex	GL
				1.11	8.89	8.56	[a] Keflex	LY
3318P	Capsule 500 mg	20	..	..	10.80	11.58	[a] Ibilex 500	AF
				1.00	11.80	11.58	Ceporex	GL
				1.11	11.91	11.58	[a] Keflex	LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#10.48	11.61	[a] Ibilex 125	AF
				1.02	#11.50	11.61	Ceporex	GL
				1.11	#11.59	11.61	[a] Keflex	LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#12.68	13.81	[a] Ibilex 250	AF
				1.02	#13.70	13.81	Ceporex	GL
				1.11	#13.79	13.81	[a] Keflex	LY
	CEPHALOTHIN							
3376Q	Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y, 6927N, 6928P, 6929Q apply to above item with approved solvents)	10	..	..	*43.18	16.20	Keflin Neutral	LY

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	Sulfonamides and trimethoprim							
	• ***Combinations of sulfonamides and trimethoprim, incl. derivatives***							
	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	..	..	7.04	7.82	Bactrim [a] Resprim [a] Septrin	RO AF BW
3390K	Tablet 160 mg-800 mg	10	..	..	8.05	8.83	Bactrim DS [a] Resprim Forte [a] Septrin Forte	RO AF BW
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.56	8.34	Bactrim [a] Resprim [a] Septrin	RO AF BW
	Macrolides and lincosamides							
	• ***Macrolides***							
	ERYTHROMYCIN							
3324Y	Tablet 250 mg	25	..	..	7.24	8.02	EMU-V	UP
3329F	Capsule 125 mg	25	..	..	6.99	7.77	Eryc	FA
3326C	Capsule 175 mg	25	..	..	7.24	8.02	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.57	9.35	Eryc	FA
5085P	I.M. injection 100 mg in 2 mL	5	..	..	18.06	16.20	Erythrocin-I.M.	AB
	ERYTHROMYCIN ESTOLATE							
3331H	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	6.94	7.72	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.16	8.94	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE							
3336N	Tablet 400 mg (base)	25	..	..	8.27	9.05	[a] E-Mycin	AF
				0.83	9.10	9.05	[a] E.E.S. 400 Filmtab	AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#10.26	11.39	[a] E.E.S. 200 [a] E-Mycin 200	AB AF
3337P	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#12.54	13.67	E.E.S. Granules	AB
	ERYTHROMYCIN LACTOBIONATE							
5087R	I.V. infusion 300 mg (base)	5	..	..	*41.88	16.20	Erythrocin	AB

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	ERYTHROMYCIN STEARATE							
3328E	Tablet 250 mg (base)	25	..	..	7.24	8.02	Erythrocin Filmtab	AB
3330G	Capsule 250 mg (base)	25	..	..	7.24	8.02	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.16	8.94	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.56	11.34	Erythrocin	AB
	• *Lincosamides*							
	CLINDAMYCIN **Restricted benefit.** ***Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.***							
5057E	***Capsule 150 mg***	***25***	..	..	***13.99***	***14.77***	***Dalacin C***	***UP***
5058F	***Granules for syrup 75 mg per 5 mL, 100 mL***	***‡1***	..	..	***#21.25***	***16.20***	***Dalacin C***	***UP***
	LINCOMYCIN							
5144R	Injection 600 mg in 2 mL	5	..	..	14.36	15.14	Lincocin	UP
	Other antibacterials							
	• *Glycopeptide antibacterials*							
	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, 6930R, 6931T, 6932W apply to above item with approved solvents)***	***2***	..	..	****55.30***	***16.20***	***Vancocin***	***LY***
	• *Imidazole derivatives*							
	METRONIDAZOLE **Restricted benefit.** ***Treatment of anaerobic infections.***							
5155H	***Tablet 400 mg***	***21***	..	..	***8.88***	***9.66***	[a] ***Metrogyl 400***	***AF***
				1.51	***10.39***	***9.66***	[a] ***Flagyl***	***MB***

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

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	METRONIDAZOLE—cont.							
	Restricted benefit.							
	Treatment in a hospital of acute anaerobic sepsis.							
5154G	***I.V. infusion 500 mg in 100 mL***	***5***	..	..	****28.13***	***16.20***	[a] ***Flagyl*** [a] ***DW***	***MB***
	METRONIDAZOLE							
3339R	Tablet 200 mg	21	..	..	6.07	6.85	[a] Metrogyl 200	AF
							Metrozine	SR
				1.82	7.89	6.85	[a] Flagyl	MB
5159M	Tablet 400 mg	5	..	..	5.96	6.74	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	17.84	16.20	Flagyl	MB
5158L	Suppositories 1 g, 10	‡1	..	..	24.55	16.20	Flagyl	MB
	METRONIDAZOLE BENZOATE							
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	12.60	13.38	Flagyl S	MB
	IMMUNE SERA AND IMMUNOGLOBULINS							
	Immune sera							
	• ***Immune sera***							
	GAS GANGRENE ANTITOXIN—MIXED (POLYVALENT)							
5101L	Injection: 1 ampoule containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	..	..	*258.96	16.20	CS	
	VACCINES							
	Bacterial vaccines							
	• ***Tetanus vaccines***							
	TETANUS VACCINE, ADSORBED							
5223X	Injection 0.5 mL	3	..	..	*16.37	16.20	CS	
	MUSCULO-SKELETAL SYSTEM							
	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
	Antiinflammatory/antirheumatic products, non-steroids							
	• ***Acetic acid and acetamide derivatives***							
	DICLOFENAC POTASSIUM							
5074C	Tablets 25 mg, 20	‡1	..	..	6.35	7.13	Voltaren Rapid 25	CG
5075D	Tablets 50 mg, 20	‡1	..	..	6.92	7.70	Voltaren Rapid 50	CG

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	DICLOFENAC SODIUM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5076E	***Tablet 25 mg (enteric coated)***	***100***	..	..	****14.18***	***14.96***	***Voltaren 25***	***CG***
5077F	***Tablet 50 mg (enteric coated)***	***50***	..	..	***10.33***	***11.11***	[a] ***Fenac***	***AF***
				1.00	***11.33***	***11.11***	[a] ***Voltaren 50***	***CG***
	DICLOFENAC SODIUM							
5078G	Tablets 50 mg (enteric coated), 20	‡1	..	..	6.92	7.70	Fenac	AF
5079H	Suppository 100 mg	40	..	..	*22.46	16.20	Voltaren	CG
	INDOMETHACIN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5126T	***Capsule 25 mg***	***100***	..	..	****7.84***	***8.62***	[a] ***Arthrexin***	***AF***
				2.00	****9.84***	***8.62***	[a] ***Indocid***	***MK***
	INDOMETHACIN							
5127W	Capsules 25 mg, 20	‡1	..	..	5.34	6.12	Arthrexin	AF
5128X	Suppository 100 mg	40	..	..	*18.88	16.20	Indocid	MK
	SULINDAC							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5217N	***Tablet 100 mg***	***100***	..	..	****14.10***	***14.88***	[a] ***Aclin***	***AF***
				1.02	****15.12***	***14.88***	[a] ***Clinoril***	***FR***
5218P	***Tablet 200 mg***	***50***	..	..	***13.99***	***14.77***	[a] ***Aclin 200***	***AF***
				0.55	***14.54***	***14.77***	[a] ***Clinoril 200***	***FR***
	SULINDAC							
5219Q	Tablets 100 mg, 20	‡1	..	..	6.40	7.18	Aclin	AF
5220R	Tablets 200 mg, 10	‡1	..	..	6.51	7.29	Aclin 200	AF

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	• *Oxicams*							
	PIROXICAM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
5201R	***Dispersible tablet 10 mg***	***50***	..	..	***12.90***	***13.68***	***Feldene-D***	**PF**
5202T	***Dispersible tablet 20 mg***	***25***	..	..	***12.49***	***13.27***	***Feldene-D***	**PF**
5203W	***Capsule 10 mg***	***50***	..	..	***12.90***	***13.68***	[a] ***Pirox***	**GP**
				1.10	***14.00***	***13.68***	[a] ***Feldene***	**PF**
5204X	***Capsule 20 mg***	***25***	..	..	***12.49***	***13.27***	[a] ***Pirox***	**GP**
				1.21	***13.70***	***13.27***	[a] ***Feldene***	**PF**
	TENOXICAM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5226C	***Tablet 10 mg***	***50***	..	..	***12.90***	***13.68***	***Tilcotil***	**RO**
	• *Propionic acid derivatives*							
	IBUPROFEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5121M	***Tablet 200 mg***	***100***	..	..	****8.46***	***9.24***	***Rafen 200***	**AF**
5123P	***Tablet 400 mg***	***100***	..	..	****11.72***	***12.50***	***Brufen***	**BT**
	IBUPROFEN							
5122N	Tablets 200 mg, 20	‡1	..	..	5.28	6.06	Rafen 200	AF
5124Q	Tablets 400 mg, 20	‡1	..	..	5.92	6.70	Brufen	BT
	KETOPROFEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
5133E	***Capsule 50 mg***	***50***	..	..	***9.17***	***9.95***	***Orudis***	**MB**
5135G	***Capsule 100 mg (sustained release)***	***50***	..	..	***13.44***	***14.22***	[a] ***Oruvail SR***	**RR**
				1.60	***15.04***	***14.22***	[a] ***Orudis SR***	**MB**

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

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	KETOPROFEN—cont.							
5136H	***Capsule 200 mg (sustained release)***	***28***	***..***	***..***	***14.57***	***15.35***	[a] ***Oruvail SR***	***RR***
				1.36	***15.93***	***15.35***	[a] ***Orudis SR 200***	***MB***
	KETOPROFEN							
5139L	Suppository 100 mg	40	..	..	*20.62	16.20	Orudis	MB
	NAPROXEN							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5176K	***Tablet 250 mg***	***100***	***..***	***..***	***13.90***	***14.68***	[a] ***Inza 250***	***AF***
				2.18	***16.08***	***14.68***	[a] ***Naprosyn***	***SD***
5187B	***Tablet 250 mg (enteric coated)***	***100***	***..***	***..***	***13.90***	***14.68***	***Naprosyn Enteric 250***	***SD***
5177L	***Tablet 500 mg***	***50***	***..***	***..***	***12.79***	***13.57***	[a] ***Inza 500***	***AF***
				1.09	***13.88***	***13.57***	[a] ***Naprosyn***	***SD***
5188C	***Tablet 500 mg (enteric coated)***	***50***	***..***	***..***	***12.79***	***13.57***	***Naprosyn Enteric 500***	***SD***
5178M	***Tablet 750 mg (sustained release)***	***28***	***..***	***..***	***11.83***	***12.61***	[a] ***Proxen SR 750***	***MD***
				1.09	***12.92***	***12.61***	[a] ***Naprosyn SR750***	***SD***
5179N	***Tablet 1 g (sustained release)***	***28***	***..***	***..***	***14.45***	***15.23***	[a] ***Proxen SR 1000***	***MD***
				1.09	***15.54***	***15.23***	[a] ***Naprosyn SR1000***	***SD***
5180P	***Oral suspension 125 mg per 5 mL, 500 mL***	***‡1***	***..***	***..***	***18.60***	***16.20***	***Naprosyn***	***SD***
	NAPROXEN							
5181Q	Tablets 250 mg, 20	‡1	..	..	6.46	7.24	[a] Inza 250	AF
				0.19	6.65	7.24	[a] Naprosyn	SD
5182R	Tablets 500 mg, 10	‡1	..	..	6.35	7.13	[a] Inza 500	AF
				0.19	6.54	7.13	[a] Naprosyn	SD
5183T	Tablets 750 mg (sustained release), 7	‡1	..	..	6.43	7.21	Naprosyn SR750	SD
5184W	Tablets 1 g (sustained release), 7	‡1	..	..	7.09	7.87	Naprosyn SR1000	SD
5185X	Suppository 500 mg	40	..	..	*18.88	16.20	Naprosyn	SD

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	NAPROXEN SODIUM							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5186Y	***Tablet 550 mg***	***50***	..	..	***12.79***	***13.57***	***Anaprox 550***	SD
	NOTE:							
	Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.							
	NAPROXEN SODIUM							
5172F	Tablets 550 mg, 10	‡1	..	..	6.35	7.13	Anaprox 550	SD
	NOTE:							
	Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.							
	• ***Other antiinflammatory/antirheumatic agents, non-steroids***							
	DIFLUNISAL							
	Restricted benefit.							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5080J	***Tablet 250 mg***	***100***	..	..	****14.52***	***15.30***	***Dolobid***	MK
5081K	***Tablet 500 mg***	***50***	..	..	***14.21***	***14.99***	***Dolobid***	MK
	NERVOUS SYSTEM							
	ANALGESICS							
	Opioids							
	• ***Natural opium alkaloids***							
	CODEINE PHOSPHATE							
5063L	Tablet 30 mg	20	..	..	8.44	9.22	[a] FA	
							[a] FM	
				0.27	8.71	9.22	Codate	MB
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							

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	MORPHINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit.							
	Severe disabling pain not responding to non-narcotic analgesics.							
5237P	*Oral solution 2 mg per mL, 200 mL*	*1*	..	..	*14.01*	*14.79*	*DW*	
5238Q	*Oral solution 5 mg per mL, 200 mL*	*1*	..	..	*17.20*	*16.20*	*DW*	
5239R	*Oral solution 10 mg per mL, 200 mL*	*1*	..	..	*20.14*	*16.20*	*DW*	
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	MORPHINE SULFATE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit.							
	Severe disabling pain not responding to non-narcotic analgesics.							
5163R	*Tablet 30 mg*	*20*	..	..	*10.97*	*11.75*	*Anamorph*	*FM*
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	Restricted benefit.							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
5164T	*Tablet 10 mg (controlled release)*	*20*	..	..	*14.47*	*15.25*	*MS Contin*	*PS*
5165W	*Tablet 30 mg (controlled release)*	*20*	..	..	*26.84*	*16.20*	*MS Contin*	*PS*
5166X	*Tablet 60 mg (controlled release)*	*20*	..	..	*42.04*	*16.20*	*MS Contin*	*PS*

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 Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MORPHINE SULFATE—cont.							
5167Y	***Tablet 100 mg (controlled release)***	***20***	..	..	***62.48***	***16.20***	***MS Contin***	***PS***
	NOTE: ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.***							
	MORPHINE SULFATE							
	CAUTION: The risk of drug dependence is high.							
5168B	Injection 10 mg in 1 mL	5	..	..	8.79	9.57	BL	
							SI	
				2.35	11.14	9.57	AP	
5169C	Injection 15 mg in 1 mL	5	..	..	8.84	9.62	BL	
							SI	
				2.40	11.24	9.62	AP	
5170D	Injection 30 mg in 1 mL	5	..	..	11.21	11.99	BL	
	NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	OXYCODONE							
	CAUTION: ***The risk of drug dependence is high.***							
	Restricted benefit. ***Severe disabling pain not responding to non-narcotic analgesics.***							
5194J	***Suppository 30 mg***	***12***	..	..	***16.54***	***16.20***	***Proladone***	***BT***
	NOTE: ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.***							

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	
	OXYCODONE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit.							
	Severe disabling pain not responding to non-narcotic analgesics.							
5195K	***Tablet 5 mg***	***20***	..	..	***8.83***	***9.61***	***Endone***	***BT***
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	• ***Phenylpiperidine derivatives***							
	PETHIDINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
5199P	Injection 50 mg in 1 mL	5	..	..	8.38	9.16	BL	
							SI	
				2.32	10.70	9.16	AP	
5200Q	Injection 100 mg in 2 mL	5	..	..	8.73	9.51	BL	
							SI	
				2.76	11.49	9.51	AP	
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
	ASPIRIN							
5017C	Tablet 300 mg	100	..	..	5.65	6.43	Spren	SI
5018D	Tablet 300 mg (dispersible)	100	..	..	5.73	6.51	Solprin	RC
5019E	Tablet 325 mg (buffered)	100	..	..	6.29	7.07	Bufferin	MJ
5020F	Tablet 650 mg (enteric coated)	100	..	..	8.82	9.60	Ecotrin	SK
	CODEINE PHOSPHATE with ASPIRIN							
3315L	Tablet 30 mg-325 mg	20	..	..	6.51	7.29	Codral Forte	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	
	• ***Anilides***							
	CODEINE PHOSPHATE with PARACETAMOL							
3316M	Tablet 30 mg-500 mg	20	..	..	6.50	7.28	[a] Codalgin Forte	FM
							[a] Dymadon Forte	BW
							[a] Panadeine Forte Caplets	SW
	PARACETAMOL							
5196L	Tablet 500 mg	100	..	..	7.43	8.21	Dymadon P	BW
							Panamax	SW
							Paralgin	FM
							Tylenol	JT
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	7.16	7.94	Dymadon	BW
							Panamax	SW
3349G	Elixir 240 mg per 5 mL, 200 mL	‡1	..	..	9.37	10.15	Panamax 240 Elixir	SW
	ANTIEPILEPTICS							
	Antiepileptics							
	• ***Carboxamide derivatives***							
	CARBAMAZEPINE							
5039F	Tablet 100 mg	200	..	..	20.92	16.20	Tegretol 100	CG
5040G	Tablet 200 mg	200	..	..	36.28	16.20	[a] Teril	AF
				0.59	36.87	16.20	[a] Tegretol 200	CG
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡1	..	..	18.89	16.20	Tegretol	CG
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
5031T	Injection 2 mg in 2 mL	5	..	..	17.40	16.20	Cogentin	MK
	PSYCHOLEPTICS							
	Anxiolytics							
	• ***Benzodiazepine derivatives***							
	DIAZEPAM							
5071X	Tablet 2 mg	50	..	..	6.10	6.88	[a] Antenex 2	AF
				0.30	6.40	6.88	Ducene	SU
				1.00	7.10	6.88	[a] Valium	RO
5072Y	Tablet 5 mg	50	..	..	6.35	7.13	[a] Antenex 5	AF
				0.30	6.65	7.13	Ducene	SU
				1.00	7.35	7.13	[a] Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	7.31	8.09	BL	

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	
	OXAZEPAM							
5192G	Tablet 15 mg	25	..	..	5.59	6.37	[a] Alepam 15	AF
							[a] Murelax	AY
				1.00	6.59	6.37	[a] Serepax	WY
5193H	Tablet 30 mg	25	..	..	5.81	6.59	[a] Alepam 30	AF
							[a] Murelax	AY
				1.00	6.81	6.59	[a] Serepax	WY

Hypnotics and sedatives

- ***Benzodiazepine derivatives***

	NITRAZEPAM							
5189D	Tablet 5 mg	25	..	..	5.98	6.76	[a] Alodorm	AF
				1.00	6.98	6.76	[a] Mogadon	RO
	TEMAZEPAM							
5221T	Tablet 10 mg	25	..	0.70	6.68	6.76	[a] Normison	WY
5222W	Capsule 10 mg	25	..	..	5.98	6.76	Euhypnos	PS
							[a] Temaze 10	AF
				0.70	6.68	6.76	[a] Normison	WY

RESPIRATORY SYSTEM

ANTI-ASTHMATICS

Adrenergics for systemic use

- ***Alpha- and beta-adrenoceptor agonists***

	ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	7.83	8.61	AP	

SENSORY ORGANS

OPHTHALMOLOGICALS

Antiinfectives

- ***Antibiotics***

	CHLORAMPHENICOL							
5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	6.86	7.64	Chloromycetin	PD
							Chlorsig	SI

CAUTION:

Topical chloramphenicol may cause aplastic anaemia.

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	
	VARIOUS							
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Antidotes***							
	NALOXONE HYDROCHLORIDE							
5173G	Injection 400 micrograms in 1 mL	1	..	..	16.96	16.20	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	18.06	16.20	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	25.77	16.20	Naloxone Min-I-Jet	CS
	ALL OTHER NON-THERAPEUTIC PRODUCTS							
	All other non-therapeutic products							
	• ***Solvents and diluting agents, incl. irrigating solutions***							
	SODIUM CHLORIDE							
5209E	Injection 9 mg per mL (0.9%), 2 mL	5	..	..	7.94	8.72	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	9.70	10.48	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	9.96	10.74	AP	
	WATER FOR INJECTIONS, STERILISED							
3394P	Injection 2 mL	5	..	..	8.16	8.94	AP	
3395Q	Injection 5 mL	5	..	..	9.37	10.15	AP	
3396R	Injection 10 mL	5	..	..	10.47	11.25	AP	

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	**$3.98**
Dangerous Drug Fee	**$1.78**
Additional Fee for Agreed Price Ready Prepared Benefits	**$0.78**

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.

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
		EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES		
3486L	Benzylpenicillin	600 mg with 2 mL sterilised water for injections	5 @ 12.32	CS
3485K	Procaine Penicillin	1.5 g	5 @ 47.74	SI
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
3470P	Hydrocortisone Sodium Succinate	100 mg with 2 mL solvent	1 @ 3.08	NR,UP
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 @ 16.16 (for reimbursement price)	ML
			5 @ 32.63 (for total dispensed price)	ML
2334W	Polygeline	17.5 g per 500 mL, 500 mL	1 @ 16.67 (for reimbursement price)	HP
			1 @ 19.07 (for total dispensed price)	HP
		GENERAL PHARMACEUTICAL BENEFITS		
1003T	Acyclovir	200 mg	25 @ 54.12	AD,BW
2600W	Allopurinol	100 mg	100 @ 4.64	AF
			100 @ 5.06	BW
2604C		300 mg	30 @ 3.05	AF
2601X		100 mg	100 @ 4.64	FM
2603B		300 mg	30 @ 3.05	FM
1029E	Alteplase (Recombinant tissue-type plasminogen activator)	50 mg set	1 @ 1120.35	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
2157M		200 mg-200 mg per 5 mL, 500 mL	1 @ 3.47	PD,WW
2156L		215 mg-80 mg per 5 mL, 500 mL	1 @ 3.47	WT
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 @ 2.56	AF
			50 @ 3.06	MK
3079C	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine	200 g	1 @ 107.05	SB
3072Q	Amino Acid Formula without Phenylalanine	250 g	1 @ 132.12	SB
1450H		500 g	1 @ 174.58	GL
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine	200 g	1 @ 65.13	SB
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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
3075W	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	200 g	1 @	129.03	SB
1045B	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	200 g	1 @	63.54	SB
3066J	Amino Acids, Synthetic with Maltodextrin, Fat, Minerals and Vitamins	400 g	1 @	41.74	SB
1980F	Antivenom—Red Back Spider	500 units	1 @	89.61	CS
1137W	BCG Immunotherapeutic (Bacillus Calmette-Guérin/ Connaught strain)	2.2 to 6.4 x 10^8 CFU set	1 @	168.00	RR
1649T	Beclomethasone Dipropionate	100 mcg	100 @	11.43	GL
2362H	Benztropine Mesylate	2 mg	100 @	4.20	MK
1775K	Benzylpenicillin	600 mg	5 @	8.14	CS
2647H		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
1258F		10 mg, 12	1 @	4.29	PP
2994N	Calcitonin	160 i.u. with 2 mL gelatin solvent	10 @	168.20	MB
3000X		50 i.u. in 0.5 mL	5 @	29.70	MB,SZ
2996Q		80 i.u. in 0.8 mL	5 @	36.63	SZ
3001Y		100 i.u. in 1 mL	5 @	46.75	MB,SZ
2998T		400 i.u. in 2 mL	1 @	25.84	MB
2999W		0.5 mg with 1 mL solvent	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 @	3.63	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 @	22.77	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	BQ
1808E	Clonazepam	2.5 mg in 1 mL, 10 mL	1 @	3.96	RO
2621Y	Colistin	150 mg	1 @	46.80	WW
1228P	Copper Sulfate	Tablets, 36	1 @	7.54	AM
1079T	Cyclophosphamide	500 mg	1 @	12.31	PS
1798P	Cyproheptadine Hydrochloride	4 mg	50 @	2.33	FR
1270W	Cyproterone Acetate	50 mg	50 @	148.00	SC
2910E	Cytarabine	100 mg and 5 mL solvent	1 @	6.89	BL
2904W		500 mg and 10 mL solvent	1 @	38.58	BL
2129C	Desmopressin	100 mcg per mL, 2.5 mL	1 @	28.50	FC
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @	5.10	CG

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
1302M	Diclofenac Sodium	100 mg	20 @	9.24	CG
1319K	Diflunisal	250 mg	50 @	5.27	MK
1344R	Diphtheria Antitoxin	10,000 units	1 @	80.51	CS
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed (Triple Antigen)	0.5 mL	1 @	5.17	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
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	BL,PS
1340M		20 mg in 10 mL	1 @	95.97	BL,PS
1342P		50 mg in 25 mL	1 @	233.45	BL,PS
2702F	Doxycycline	100 mg	7 @	2.81	AF
			7 @	3.52	PF
2703G		100 mg	7 @	3.48	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	PS
1376K		20 mg in 10 mL	1 @	104.37	PS
1377L		50 mg in 25 mL	1 @	258.09	PS
1398N	Erythromycin Lactobionate	300 mg	1 @	7.58	AB
1397M		1 g (base)	1 @	10.22	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
2447T		Tablet-Pack	1 @	1.96	SR
3167Q		1 mg-50 mcg	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 @	5.19	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
1353F	Fosfestrol Sodium	120 mg	50 @	39.05	AA
2414C	Frusemide	20 mg	50 @	1.79	FM,HP
2699C	Gas Gangrene Antitoxin—Mixed (Polyvalent)	10,000 units-10,000 units-5,000 units	1 @	127.49	CS
1068F	Gentamicin Sulfate	40 mg (base) in 1 mL	5 @	11.48	BL
1168L		60 mg (base) in 1.5 mL	5 @	14.23	BL
2824P		80 mg (base) in 2 mL	5 @	6.55	BL,RL
2245E	Glucose	278 mmol per L, 1 L	1 @	1.87	AB,BX
2252M		1387 mmol per 500 mL, 500 mL	1 @	3.09	AB
2912G	Glucose Indicator—Blood	Reagent strips, 50	1 @	16.50	BO
2908C		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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
2557N	Glycerol	2.8 g, 12	1 @	3.27	PP
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
1583H	Human Chorionic Gonadotrophin	500 units set	1 @	17.53	OR,SG
1584J		1,000 units set	1 @	23.71	SG
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 with 2 mL solvent	1 @	3.08	NR,UP
1511M		250 mg with 2 mL solvent	1 @	5.58	UP
3097B		500 mg with 4 mL solvent	1 @	10.56	UP
1501B		100 mg with 2 mL solvent	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	PS
2453D		10 mg	1 @	380.80	PS
2454E	Indomethacin	25 mg	50 @	1.93	AF
			50 @	2.93	MK
2757D		100 mg	20 @	7.45	MK
1710B	Insulin, Acid	100 units per mL, 10 mL	1 @	23.51	NO
1711C	Insulin Isophane (N.P.H.)	100 units per mL, 10 mL	1 @	23.51	FC,NO
1533Q		100 units per mL, 10 mL	1 @	23.51	LY,NO
1534R		100 units per mL, 1.5 mL, 5	1 @	20.22	LY,NO
1761Q		100 units per mL, 3 mL, 5	1 @	40.44	NO
1713E	Insulin Neutral	100 units per mL, 10 mL	1 @	19.36	FC
1531N		100 units per mL, 10 mL	1 @	23.51	LY,NO
1532P		100 units per mL, 1.5 mL, 5	1 @	20.22	LY,NO
1762R		100 units per mL, 3 mL, 5	1 @	40.44	NO
1591R	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)	100 units (20 units-80 units) per mL, 10 mL	1 @	23.51	LY
1426C		100 units (30 units-70 units) per mL, 10 mL	1 @	23.51	LY,NO
1425B		100 units (50 units-50 units) per mL, 10 mL	1 @	23.51	LY,NO
2061L		100 units (15 units-85 units) per mL, 3 mL, 5	1 @	40.44	NO
1592T		100 units (20 units-80 units) per mL, 1.5 mL, 5	1 @	20.22	LY
1429F		100 units (30 units-70 units) per mL, 1.5 mL, 5	1 @	20.22	LY,NO
1763T		100 units (30 units-70 units) per mL, 3 mL, 5	1 @	40.44	NO
2062M		100 units (50 units-50 units) per mL, 3 mL, 5	1 @	40.44	NO
1715G	Insulin Protamine Zinc	100 units per mL, 10 mL	1 @	23.51	NO
1716H	Insulin Zinc Suspension (Lente)	100 units per mL, 10 mL	1 @	23.51	NO
1718K		100 units per mL, 10 mL	1 @	23.51	LY,NO
1721N	Insulin Zinc Suspension (Crystalline) (Ultralente)	100 units per mL, 10 mL	1 @	23.51	NO
1722P		100 units per mL, 10 mL	1 @	23.51	LY,NO
2086T	Interferon Alfa-2a	3,000,000 i.u. set	1 @	171.00	RO
2087W	Interferon Alfa-2b	3,000,000 i.u. set	1 @	171.00	SH
2085R		10,000,000 i.u. set	1 @	117.00	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
1541D	Ipratropium Bromide	250 mcg per mL, 20 mL	1 @	6.93	BY
2587E	Isosorbide Dinitrate	10 mg	100 @	4.40	AF
			100 @	5.01	AY
2588F	Isosorbide Dinitrate	5 mg	100 @	4.35	AY
1588N	Ketoprofen	100 mg	20 @	8.32	MB
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
2322F	Medroxyprogesterone Acetate	500 mg in 2.5 mL	1 @	49.00	PS
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 @	18.37	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 @	2.28	AB
1625M		5 mg	50 @	2.43	AB
1638F	Metronidazole	500 mg in 100 mL	1 @	4.83	DW,MB
1284N	Milk Powder—Lactose Modified	500 g	1 @	8.16	SJ
1387B		500 g	1 @	8.16	SJ
1388C	Milk Powder—Low Lactose Formula	500 g	1 @	8.16	SJ
1283M		500 g	1 @	8.16	SJ
3092R	Milk Powder—Synthetic	400 g	1 @	16.94	NU
1674D	Naproxen	250 mg	50 @	4.96	AF
			50 @	6.05	SD
1791G		250 mg (e.c.)	50 @	4.96	SD
1662L		500 mg	20 @	7.45	SD
1675E	Neostigmine Bromide	15 mg	100 @	5.45	RO
1681L	Niclosamide	500 mg	4 @	4.07	BN
1687T	Nicotinic Acid	250 mg	100 @	6.27	MB
2732T	Nitrazepam	5 mg	25 @	2.00	AF
			25 @	3.00	RO
1967M	Norethisterone	350 mcg	1 @	2.44	JC,MD,SD
2772X	Norethisterone with Ethinyloestradiol	500 mcg-35 mcg	1 @	2.44	SD
2774B		Tablet-Pack	1 @	2.44	MD
			1 @	3.06	SD
2773Y		1 mg-35 mcg	1 @	2.44	SD
2775C		Tablet-Pack	1 @	2.44	MD
			1 @	3.06	SD
2776D		Tablet-Pack	1 @	2.44	MD
			1 @	3.06	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
3135B	Oxazepam	30 mg	25 @	1.83	AF,AY
			25 @	2.83	WY
3026G	Paclitaxel	30 mg in 5 mL	1 @	294.00	BQ
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	UP
1778N		1.46 mg (equiv. to 1.25 mg sodium oestrone sulfate)	1 @	3.38	UP
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 @	5.92	SI
2653P	Procainamide Hydrochloride	250 mg	100 @	7.38	BQ
2893G	Prochlorperazine	5 mg	100 @	5.39	MB
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
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 @	2.48	AF
			1 @	2.78	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
2001H		5 mg (base) in 2.5 mL, 30	1 @	12.97	DW
			1 @	13.28	GL
2003K		5 mg (base) per mL, 30 mL	1 @	4.32	DW,MM
			1 @	4.87	GL
1096Q		100 mcg (base) per dose (200 doses)	1 @	3.30	MM
2014B	Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate	1 g-320 mg-534 mg in 20 mL, 500 mL	1 @	3.56	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
2266G	Sodium Chloride Compound	1 L	1 @	2.97	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		39 mmol-69 mmol per 500 mL, 500 mL	1 @	2.55	BX
1124E	Sodium Cromoglycate	20 mg per 2 mL	60 @	26.90	FC
2286H	Sodium Lactate Compound	1 L	1 @	1.87	BX
2294R	Sodium Valproate	100 mg	100 @	12.46	RC
2289L		200 mg (e.c.)	100 @	16.30	AF
			100 @	16.80	RC
2290M		500 mg (e.c.)	100 @	32.25	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
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
2093E	Sulfasalazine	500 mg	100 @	17.29	PS
2096H	Sulfasalazine	500 mg (enteric coated)	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 @	48.40	PS
			30 @	48.91	IC
2088X	Temazepam	10 mg	25 @	2.70	WY
2105T		10 mg	25 @	2.00	AF,PS
			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	BC
2345K	Thiotepa	15 mg	1 @	16.17	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	LE
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
3136C	Triglycerides, Medium Chain and Long Chain with Glucose Polymer	400 g	1 @	29.35	SB
3113W	Vancomycin	125 mg	20 @	125.67	LY
3114X		250 mg	20 @	245.00	LY
3130R		500 mg	1 @	25.66	LY
3131T		500 mg	1 @	25.66	LY
2206D	Verapamil Hydrochloride	160 mg (s.r.)	60 @	16.01	SI
2198Q	Vinblastine Sulfate	10 mg	1 @	18.85	LY
2199R		10 mg set and 10 mL solvent	1 @	20.55	BL
2371T	Vincristine Sulfate	1 mg and 10 mL solvent	1 @	16.83	BL,LY

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
	PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY				
3398W	Benzylpenicillin	600 mg	5 @	8.14	CS
3399X		3 g	5 @	21.23	CS
5048Q	Cefotaxime	1 g	1 @	10.91	RL
5049R		2 g	1 @	20.78	RL
3376Q	Cephalothin	1 g	1 @	3.92	LY
5076E	Diclofenac Sodium	25 mg (e.c.)	50 @	5.10	CG
5079H		100 mg	20 @	9.24	CG
5080J	Diflunisal	250 mg	50 @	5.27	MK
5087R	Erythromycin Lactobionate	300 mg	1 @	7.58	AB
5101L	Gas Gangrene Antitoxin—Mixed (Polyvalent)	10,000 units-10,000 units-5,000 units	1 @	127.49	CS
5106R	Glucose	278 mmol per L, 1 L	1 @	1.87	AB,BX
5118J	Hydrocortisone Sodium Succinate	100 mg with 2 mL solvent	1 @	3.08	NR,UP
5119K		250 mg with 2 mL solvent	1 @	5.58	UP
5120L		500 mg with 4 mL solvent	1 @	10.56	UP
5121M	Ibuprofen	200 mg	50 @	2.24	AF
5123P		400 mg	50 @	3.87	BT
5126T	Indomethacin	25 mg	50 @	1.93	AF
			50 @	2.93	MK
5128X		100 mg	20 @	7.45	MK
5139L	Ketoprofen	100 mg	20 @	8.32	MB
5154G	Metronidazole	500 mg in 100 mL	1 @	4.83	DW,MB
5176K	Naproxen	250 mg	50 @	4.96	AF
			50 @	6.05	SD
5187B		250 mg (e.c.)	50 @	4.96	SD
5185X		500 mg	20 @	7.45	SD
5205Y	Prochlorperazine	5 mg	100 @	5.39	MB
3374N	Promethazine Hydrochloride	50 mg in 2 mL	5 @	4.79	BL
5212H	Sodium Chloride	154 mmol per L, 1 L	1 @	1.87	BX
5213J		513 mmol per L, 1 L	1 @	3.09	BX
5214K	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @	1.87	BX
5215L		19 mmol-104 mmol per 500 mL, 500 mL	1 @	2.55	BX
5216M		39 mmol-69 mmol per 500 mL, 500 mL	1 @	2.55	BX
5217N	Sulindac	100 mg	50 @	5.06	AF
			50 @	5.57	FR
5223X	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.13	CS
5228E	Ticarcillin	1 g	5 @	26.82	CS,SK
5229F		3 g	5 @	59.53	CS,SK
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:

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

Special Note:

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

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
Acacia Powdered	BP	0.13	1.06	9.42	
Acetone (use as additive only)	BP	0.02	0.17	1.49	
ACIDS					
Acetic (6 per cent)	BP	0.01	0.06	0.49	
Acetic (33 per cent)	BP	0.02	0.19	1.67	
Ascorbic (use as ingredient of Mixtures of Ferrous Sulfate APF)	BP	0.15	1.18	..	0.02: 100 mg
Benzoic	BP	0.16	1.27	..	0.02: 100 mg
Boric (use as additive only)	BP	0.04	0.33	2.97	
Citric Monohydrate	BP	0.04	0.35	3.14	
Hydrochloric Dilute	BP	0.04	0.28	2.53	
Lactic	BP	0.16	1.30	..	
Oleic	BP	0.10	0.79	7.03	
Salicylic	BP	0.07	0.57	5.10	
Trichloroacetic	BP 1980	0.66	5.30	..	
Alum	BP	0.03	0.23	2.00	
Aminophylline	BP	0.89	7.08	..	
Ammoniated Mercury	BP 1973	0.44	3.48	..	
Aspirin	BP	0.08	0.65	5.75	
Beeswax White	BP	0.05	0.41	3.67	
Benzocaine	BP	0.49	3.89	..	
Borax (use as additive only)	BP	0.04	0.33	2.92	
Calamine	BP	0.05	0.42	3.70	
Calcium Hydroxide	BP	0.08	0.67	5.99	
Cetomacrogol Emulsifying Wax	BP	0.12	0.96	8.49	
Cetostearyl Alcohol	BP	0.09	0.69	6.15	
Cetrimide	BP	0.28	2.20	19.58	
Chlorbutol	BP	0.31	2.45	..	
Chlorhexidine Acetate (use as additive only)	BP	1.14	9.14	..	0.14: 100 mg
Chlorinated Lime	BP	0.04	0.33	2.96	
Chloroform (use as additive only)	BP	0.03	0.25	2.20	
Cocaine Hydrochloride	BP	22.84	..	..	2.86: 100 mg
Codeine Phosphate	BP	2.72	21.74	..	0.34: 100 mg
Collodion Flexible	BP	0.11	0.89	7.91	
CREAMS					
Aqueous	APF	0.02	0.15	1.31	
Aqueous	BP	0.02	0.15	1.31	
Calamine Oily	APF	0.04	0.34	3.05	
Cetomacrogol Aqueous	APF	0.02	0.16	1.43	
Cetrimide (0.5 per cent)	BP	0.03	0.24	2.12	
Cetrimide Aqueous	APF	0.03	0.24	2.12	
Chlorhexidine Aqueous	APF	0.04	0.29	2.53	
Zinc	BP	0.06	0.44	3.91	
Zinc Oily	APF	0.04	0.30	2.65	
Dithranol	BP	7.93	63.43	..	0.99: 100 mg

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
Emulsifying Wax	BP	0.11	0.88	7.83	
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.79	6.34	..	0.10: 100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.08	0.72	
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.10	0.85	
Ether Solvent (use as additive only)	BP	0.05	0.40	3.59	
EXTRACT					
Liquorice Liquid	BP	0.10	0.83	7.35	
Ferrous Sulfate	BP	0.11	0.89	7.92	
Glucose (use as additive only)	BP	0.04	0.30	2.70	
GLYCERIN					
Ichthammol	APF	0.13	1.02	9.06	
Glycerol	BP	0.03	0.22	1.97	
Honey Purified (use as additive only)	BP	0.01	0.05	0.48	
Ichthammol	BP	0.26	2.09	18.60	
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.06	0.51	4.52	
Iodine	BP	0.46	3.68	..	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.02	0.17	1.55	
LINIMENTS					
Methyl Salicylate	APF	0.02	0.16	1.46	
Methyl Salicylate Compound	APF	0.04	0.30	2.71	
Turpentine	BP	0.05	0.42	3.77	
LOTION					
Calamine	BP	0.02	0.13	1.16	
MAGNESIUM					
Carbonate Light	BP	0.05	0.36	3.20	
Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.06	0.55	
Trisilicate	BP	0.04	0.28	2.49	
Menthol, Racemic or Levomenthol	BP	0.39	3.12	..	
Methyl Hydroxybenzoate	BP	0.24	1.92	..	
Methyl Salicylate	BP	0.03	0.25	2.19	
Morphine Hydrochloride	BP	5.79	46.28	..	0.65: 100 mg
MUCILAGES					
Acacia (by weight)	APF 13	0.06	0.44	3.94	
Tragacanth	APF 13	0.02	0.13	1.15	
Tragacanth	BPC 1973	0.02	0.13	1.14	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
OILS					
Arachis (use as additive only)	BP	0.02	0.17	1.53	
Cade	BPC 1973	0.31	2.45	..	
Castor (use as additive only)	BP	0.03	0.24	2.10	
Coconut	BP	0.04	0.31	2.73	
Eucalyptus (use as additive only)	BP	0.06	0.44	3.90	
Lavender Spike	BPC 1968	0.29	2.35	..	
Olive (use as additive only)	BP	0.02	0.19	1.66	
Peppermint (use as additive only)	BP	0.30	2.38	..	
Pumilio Pine	BP 1980	0.62	4.95	..	
Siberian Fir	BPC 1949	0.27	2.12	..	
Turpentine (use as additive only)	BP	0.04	0.28	2.45	
OINTMENTS					
Ammoniated Mercury	BP 1973	0.06	0.48	4.27	
Benzoic Acid Compound	APF	0.04	0.32	2.80	
Emulsifying	BP	0.03	0.27	2.37	
Methyl Salicylate	BP	0.04	0.29	2.60	
Methyl Salicylate Compound	APF 1934	0.04	0.34	3.03	
Paraffin (white)	BP	0.02	0.15	1.29	
Paraffin (yellow)	BP 1968	0.02	0.15	1.29	
Salicylic Acid	APF	0.04	0.28	2.52	
Salicylic Acid	BP	0.05	0.43	3.78	
Simple (white)	BP	0.05	0.37	3.32	
Simple (yellow)	BP	0.05	0.40	3.56	
Sulfur	BP 1980	0.05	0.38	3.37	
Wool Alcohols (white)	BP	0.05	0.37	3.29	
Wool Alcohols (yellow)	BP	0.05	0.37	3.29	
Zinc	BP	0.06	0.47	4.14	
Zinc and Castor Oil	BP	0.03	0.24	2.11	
Oxymel	APF 13	0.04	0.30	2.70	
Paraffin Hard	BP	0.03	0.20	1.79	
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.02	0.14	1.25	
Paraffin Light Liquid	BP	0.02	0.17	1.47	
Paraffin Soft White	BP	0.01	0.10	0.89	
Paraffin Soft Yellow	BP	0.02	0.16	1.46	
PASTES					
Zinc Compound	BP	0.05	0.36	3.20	
Zinc and Salicylic Acid	BP	0.05	0.37	3.30	
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.12	8.98	..	0.13: 100 mg
Phenol (not available for ear drops)	BP	0.28	2.27	20.22	
Phenol Liquefied (not available for ear drops)	BP	0.17	1.39	12.39	
Podophyllum Resin	BP	0.87	6.95	..	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
POTASSIUM					
Citrate	BP	0.04	0.29	2.57	
Iodide	BP	0.18	1.45	12.90	
Permanganate	BP	0.08	0.65	5.76	
POWDER					
Tragacanth Compound	BP 1980	0.16	1.25	11.15	
Propyl Hydroxybenzoate	BP	0.33	2.60	..	
Propylene Glycol	BP	0.05	0.43	3.80	
Resorcinol	BP	0.31	2.49	..	
Silver Nitrate	BP	2.52	20.15	..	
SOAPS					
Ethereal	APF 1955	0.06	0.48	4.26	
Soft	BP	0.04	0.28	2.50	
SODIUM					
Bicarbonate	BP	0.01	0.10	0.90	
Chloride	BP	0.02	0.18	1.62	
Citrate	BP	0.05	0.42	3.69	
Thiosulfate (use as additive only)	BP	0.04	0.29	2.53	
SOLUTIONS					
Aluminium Acetate	BP	0.04	0.31	2.77	
Benzoic Acid	BP	0.05	0.40	..	
Calcium Hydroxide	BP	0.01	0.03	0.27	
Coal Tar	BP	0.06	0.46	2.77	
Formaldehyde	BP	0.02	0.19	1.65	
Hydroxybenzoate Compound	APF	0.17	1.33	..	
Iodine Alcoholic	BP	0.06	0.51	4.50	
Iodine Aqueous Oral	BP	0.06	0.50	4.44	
Methyl Hydroxybenzoate	APF	0.09	0.71	..	
Morphine Hydrochloride	BPC 1973	0.19	1.48	13.18	
Sodium Chloride	BP	0.01	0.02	0.21	
SPIRITS					
Ammonia Aromatic	BP	0.05	0.41	3.65	
Camphor Compound	APF	0.04	0.34	2.99	
Chloroform	BP	0.03	0.21	1.91	
Methylated Industrial (use as additive only)	BP	0.01	0.10	0.90	
Starch	BP	0.03	0.21	1.84	
Sulfur Precipitated	BP 1980	0.05	0.38	3.36	
SYRUPS					
Lemon	APF	0.06	0.49	4.33	
Orange	BP	0.03	0.27	2.36	
Pholcodine Citrate (use as additive only)	BPC 1959	0.04	0.32	2.84	
Red	APF	0.06	0.45	4.02	
Syrup	BP	0.01	0.08	0.71	
Tolu	BP	0.05	0.38	3.34	
Talc Purified BP, sterilised		0.04	0.33	2.93	
Tar Coal	BP	0.07	0.58	5.14	
Thymol	BP	0.42	3.39	..	
Thymol Mouth Wash Compound	APF	0.02	0.18	1.56	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
TINCTURES					
Belladonna	BP	0.06	0.45	4.03	
Benzoin Compound	BP	0.05	0.43	3.82	
Ipecacuanha	BP	0.12	0.97	8.64	
Lobelia Ethereal	BPC 1973	0.34	2.68	23.78	
Opium	BP	0.25	2.00	17.76	
Orange	BP	0.05	0.40	3.59	
Stramonium	BP 1980	0.06	0.49	4.36	
Tragacanth Powdered	BP	0.71	5.65	50.18	
Triethanolamine	BP	0.09	0.73	6.46	
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.06	0.47	4.14	
Chloroform Concentrated 1 in 40	APF	0.03	0.23	2.05	
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	0.50	4.44	
Purified	BP	0.01	0.02	0.19	
Wool Alcohols	BP	0.23	1.86	..	
Wool Fat	BP	0.05	0.37	3.25	
Wool Fat Hydrous	BP	0.04	0.33	2.91	
ZINC					
Oxide	BP	0.04	0.28	2.44	
Sulfate	BP	0.12	0.93	8.28	

Container Prices

Container Sizes	Prices					
	NSW & ACT	Vic	Qld	SA & NT	WA	Tas
	$	$	$	$	$	$
DISPENSING BOTTLES—						
25 mL	0.21	0.42	0.69	0.42	0.49	0.28
50 mL	0.27	0.44	0.59	0.60	0.44	0.29
100 mL	0.38	0.50	0.48	0.84	0.53	0.57
200 mL	0.50	0.56	0.64	0.70	0.62	0.74
500 mL	1.60	1.73	2.39	1.60	0.91	1.36
POISON BOTTLES—						
25 mL	0.37	0.44	0.75	0.54	0.46	0.44
50 mL	0.36	0.41	0.80	0.57	0.42	0.45
100 mL	0.33	0.50	0.91	0.65	0.56	0.51
200 mL	0.53	0.70	1.21	0.86	0.67	0.72
500 mL	0.74	1.00	1.46	1.03	0.48	1.10
SCREW CAP JARS—						
25 g	0.62	0.48	0.78	0.52	0.53	0.57
50 g	0.57	0.51	0.81	0.66	0.67	0.56
100 g	0.42	0.57	1.01	0.73	0.77	0.64
200 g	0.51	0.79	0.78	0.69	0.66	0.69
500 g	1.39	1.39	1.39	1.39	1.39	1.39
DROPPER CONTAINERS—						
15 mL polythene	0.45	0.43	0.68	0.34	0.53	0.60
15 mL glass	0.68	0.77	1.35	0.96	0.66	0.83

Dispensing Fee for Extemporaneously Prepared Benefits **$5.77**

Additional Fee for Agreed Price Extemporaneously Prepared Benefits **$1.13**

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	7.08	8.21
7913L	Aqueous	BP	7.08	8.21
7383N	Calamine Aqueous	APF 14	7.48	8.61
7497N	Cetomacrogol Aqueous	APF	7.20	8.33
7660E	Cetrimide 0.5% (extemporaneous formula)	BP	7.89	9.02
7661F	Cetrimide Aqueous	APF	7.89	9.02
7490F	Chlorhexidine 1% (extemporaneous formula)	BP	8.30	9.43
7490F	Chlorhexidine Aqueous	APF	8.30	9.43
7499Q	Cold	APF	7.30	8.43
7668N	Methyl Salicylate Compound	APF	10.30	11.52
7502W	Salicylic Acid and Sulfur Aqueous	APF	7.27	8.40
7897P	Zinc (extemporaneous formula)	BP	9.68	10.81
	DUSTING POWDER (Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF & BPC 1973	8.65	9.78
	EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	6.10	7.23
8116E	Aluminium Acetate	BP	6.24	7.37
7314Y	Sodium Bicarbonate	APF & BP	5.94	7.07
7313X	Spirit	APF	5.87	7.00
	EYE DROPS OF COCAINE (Maximum Quantity 15 mL and no Repeats)			
7589K	Cocaine Strong	APF	32.93	16.20
	EYE DROPS, OTHER (Maximum Quantity 15 mL and 5 Repeats)			
7416H	Zinc Sulfate	APF	10.12	11.25
	EYE LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7363M	Sodium Bicarbonate	APF	14.34	15.47
8418C	Sodium Chloride	BP	14.31	15.44
	GLYCERIN (Maximum Quantity 100 mL and 1 Repeat)			
8070R	Ichthammol	APF	14.83	15.96
	INHALATIONS (Maximum Quantity 50 mL and 1 Repeat)			
7484X	Benzoin and Menthol	APF	8.31	9.44
8579M	Menthol	APF	6.56	7.69
7310R	Menthol and Eucalyptus	BP 1980	6.73	7.86
7309Q	Menthol and Pine	APF	8.09	9.22

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	9.02	10.15
7530H	Codeine	APF	8.57	9.70
7536P	Menthol	APF 1964	7.50	8.63
	LINIMENTS (Maximum Quantity 100 mL and 1 Repeat)			
7480Q	Methyl Salicylate Compound	APF	8.48	9.61
7419L	Turpentine	BP	9.54	10.67
	LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	6.44	7.57
7629M	Calamine	APF	8.09	9.22
7630N	Calamine Oily	APF & BP 1980	8.19	9.32
	MIXTURES (Maximum Quantity 200 mL and 4 Repeats)			
7604F	Gentian Alkaline	APF	7.57	8.70
7599Y	Gentian Alkaline (extemporaneous formula)	BP	7.26	8.39
7491G	Ipecacuanha and Tolu	APF	8.62	9.75
7348R	Kaolin	BPC 1968	7.76	8.83
7301G	Kaolin and Opium	APF 14	9.14	10.27
7342K	Magnesium Trisilicate	BPC 1968	7.18	8.31
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	7.60	8.73
7909G	Morphine (1 mg/mL)	APF	8.19	9.32
7910H	Morphine Forte (5 mg/mL)	APF	12.68	13.81
7911J	Potassium Citrate	APF	8.78	9.93
7618Y	Potassium Iodide and Stramonium Compound	APF 14	11.52	12.65
	MIXTURE FOR CHILDREN (Maximum Quantity 100 mL and 4 Repeats)			
7494K	Ipecacuanha and Camphor	APF	6.80	7.93
	MOUTH WASH (Maximum Quantity 200 mL and 1 Repeat)			
7457L	Thymol Compound	APF	8.89	10.02
	NASAL INSTILLATION (Maximum Quantity 15 mL and 2 Repeats)			
7574P	Ephedrine	APF	6.05	7.18

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	8.57	9.70
9497W	Benzoic Acid Compound (extemporaneous formula)	BP	8.57	9.70
9519B	Boric Acid, Olive Oil and Zinc Oxide	QHF	9.11	10.24
7918R	Emulsifying	APF & BP	8.14	9.27
9576B	Methyl Salicylate (extemporaneous formula)	BP	8.37	9.50
9577C	Methyl Salicylate Compound	APF 1934	8.80	9.93
7924C	Paraffin (white)	BP	7.06	8.19
7926E	Salicylic Acid	APF	8.29	9.42
8022F	Salicylic Acid (extemporaneous formula)	BP	9.55	10.68
7927F	Simple White	APF	9.09	10.22
7927F	Simple (white)	BP	9.09	10.22
7899R	Zinc and Castor Oil	APF & BP	7.88	9.01
	PAINTS (Maximum Quantity 25 mL and 1 Repeat)			
7566F	Podophyllin	APF 12	7.94	9.07
7567G	Podophyllin Compound	APF & BP	10.11	11.24
7568H	Salicylic Acid	APF	8.18	9.31
	PASTES (Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc Compound	APF	8.97	10.10
7558T	Zinc Compound (extemporaneous formula)	BP	8.97	10.10
	POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)			
9825D	Magnesium Trisilicate	BP	8.26	9.39
	SOAP (Maximum Quantity 200 mL and 1 Repeat)			
9896W	Spirit	BP	10.46	11.59
	SOLUTION (Maximum Quantity 200 mL and 2 Repeats)			
7539T	Calcium Hypochlorite (Eusol)	APF	6.33	7.46

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 1994

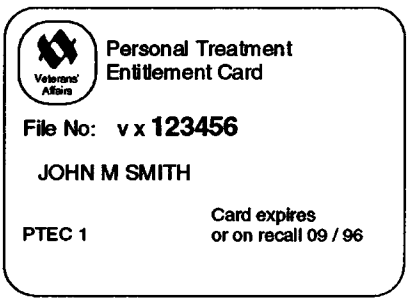
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

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

BENEFICIARIES ENTITLEMENT CARDS AND ELIGIBILITY

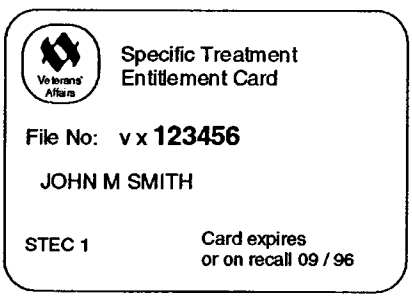
The diagram below outlines the drug eligibility of the Department of Veterans'

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 PBS/RPBS common Authority prescription form for: (i) PBS and Repatriation Schedules '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 PBS/RPBS common Authority prescription form or: (i) PBS and Repatriation Schedules '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 common PBS/RPBS authority prescription form. 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, using the reply paid number provided. 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

Authority Prescription Applications

Applications for authority to prescribe should be sent to your State Office of the Department of Veterans' Affairs using the free postal service.

REPLY PAID No. 372
Attention: Executive Officer, Pharmacy
Department of Veterans' Affairs
GPO Box 9998
IN YOUR CAPITAL CITY.

FOR PHARMACEUTICAL BENEFIT ENQUIRIES AND TELEPHONE APPROVALS

NEW SOUTH WALES and AUSTRALIAN CAPITAL TERRITORY

Department of Veterans' Affairs
GPO Box 3994
SYDNEY NSW 2001

Tel: 1800 257 251
Ext. 7540
(02) 213 7350
(02) 213 7540

VICTORIA

Department of Veterans' Affairs
GPO Box 87A
MELBOURNE VIC 3001

Tel: 1800 113 304
Ext. 6442
(03) 284 6442
(03) 284 6188

QUEENSLAND

Department of Veterans' Affairs
GPO Box 651
BRISBANE QLD 4001

Tel: 1800 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

Tel: 1800 113 304
Ext. 2448
(08) 213 2448

WESTERN AUSTRALIA

Department of Veterans' Affairs
GPO Box F352
PERTH WA 6001

Tel: 1800 113 304
Ext. 8424
(09) 425 8424

TASMANIA

Department of Veterans' Affairs
GPO Box 481E
HOBART TAS 7001

Tel: 1800 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 1994 and all previous editions are cancelled.

SUMMARY OF CHANGES

ADDITIONS

Item

4318G **Lubricating Agent,** jelly 60 g *(Surgical Lubricating Gel)*

Brands

4571N **Nicotine,** transdermal patches releasing approximately 7 mg per 24 hours *(Nicotinell 10)*
4572P **Nicotine,** transdermal patches releasing approximately 14 mg per 24 hours *(Nicotinell 20)*
4573Q **Nicotine,** transdermal patches releasing approximately 21 mg per 24 hours *(Nicotinell 30)*

DELETIONS

Section 1

Items

4226H **Flurazepam Dihydrochloride,** capsule 15 mg *(Dalmane)*
4227L **Flurazepam Dihydrochloride,** capsule 30 mg *(Dalmane)*

The following items have been discontinued by the manufacturer and have been deleted from the Repatriation Schedule from 1 December 1994 without advance notice.

4157T **Chlordiazepoxide,** tablet 5 mg *(Librium)*
4158W **Chlordiazepoxide,** capsule 10 mg *(Librium)*
4066B **Meclozine Hydrochloride,** tablet 25 mg *(Ancolan)*

ALTERATIONS

Proprietary Name

Section 3

		From	To
4886E	**Dressing Hydrocolloid,** sterile single sachets 10 cm x 10 cm	*Duoderm E*	*Duoderm CGF*

Manufacturer's Code

		From	To
4470G	**Sodium Polystyrene Sulfonate,** oral powder 454 g *(Resonium-A)*	WL	SW

Therapeutic Index

for

RPBS Schedule

SECTION 1

DRUGS, MEDICINES AND DIAGNOSTIC REAGENTS

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	ALIMENTARY TRACT AND METABOLISM				
	STOMATOLOGICAL PREPARATIONS				
	Stomatological preparations				
	• ***Antiinfectives for local oral treatment***				
	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	..	Savacol Mouth and Throat Rinse	OM
				Plaqacide	OB
	• ***Other agents for local oral treatment***				
	CARBENOXOLONE SODIUM				
4156R	Gel 20 mg per g (2%), 5 g	‡1	1	Bioral	SN
	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	KY
	ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE				
	Antacids				
	• ***CALCIUM COMPOUNDS***				
	CALCIUM CARBONATE with GLYCINE				
4055K	Tablet 420 mg-180 mg	200	5	Titralac	MM
	• ***Combinations and complexes of aluminium, calcium and magnesium compounds***				
	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
	Antiregurgitants				
	• ***Antiregurgitants***				
	ALGINIC ACID COMPOUND				
4108F	Granules 4 g sachets, 24	5	5	Gavigrans	RC
	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES				
	Synthetic antispasmodic and anticholinergic agents				
	• ***Synthetic anticholinergics, esters with tertiary amino group***				
	DICYCLOMINE HYDROCHLORIDE				
4185G	Tablet 10 mg	100	..	Merbentyl	ML
	MEBEVERINE HYDROCHLORIDE				
4328T	Tablet 135 mg	90	..	Colese	AF
				Colofac	JC

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	Belladonna and derivatives, plain				
	• ***Belladonna alkaloids semisynthetic, quaternary ammonium compounds***				
	HYOSCINE BUTYLBROMIDE				
4279F	Injection 20 mg in 1 mL	5	..	Buscopan	BY
	LAXATIVES				
	Laxatives				
	• ***Softeners, emollients***				
	DOCUSATE SODIUM				
4200C	Tablet 50 mg	100	2	Coloxyl 50	FM
4201D	Tablet 120 mg	100	2	Coloxyl 120	FM
	• ***Contact laxatives***				
	DOCUSATE SODIUM with SENNA				
4198Y	Tablet 50 mg-8 mg	90	2	Coloxyl with Senna	FM
	SENNA STANDARDISED				
4455L	Tablet 7.5 mg	100	1	Senokot	RC
	• ***Bulk producers***				
	ISPAGHULA HUSK				
4285M	Sachets 3.5 g, 30	‡1	1	Fybogel	RC
	PSYLLIUM HYDROPHILIC MUCILLOID				
4422R	Oral powder (non-flavoured) 375 g	‡1	1	Metamucil	PY
	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
	• ***Enemas***				
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE				
4462W	Enemas 3.125 g-450 mg-45 mg in 5 mL, 4	‡1	1	Microlax	PS
	• ***Other laxatives***				
	GLYCEROL				
4246L	Suppositories 2.8 g (for adults), 12	3	5	PP	
	VITAMINS				
	Vitamin B-complex, incl. combinations				
	• ***Vitamin B-complex, plain***				
	VITAMIN B GROUP COMPLEX				
4493L	Oral liquid 200 mL	‡1	2	Accomin Adult Tonic	LE

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	Ascorbic acid (vitamin C), incl. combinations				
	• ***Ascorbic acid (vitamin C), plain***				
	ASCORBIC ACID				
	Authority required.				
	For management of wound healing.				
4565G	***Tablet 250 mg (sugar-free unflavoured)***	***100***	***2***	***Gold Cross Vitamin C***	SI
	MINERAL SUPPLEMENTS				
	Other mineral supplements				
	• ***Magnesium***				
	MAGNESIUM ASPARTATE				
4321K	Tablet 500 mg	50	..	Magmin	VG
	• ***Fluoride***				
	SODIUM FLUORIDE				
4469F	Tablet 20 mg	100	1	Hifluor	AF
	BLOOD AND BLOOD FORMING ORGANS				
	ANTITHROMBOTIC AGENTS				
	Antithrombotic agents				
	• ***Heparin group***				
	ENOXAPARIN SODIUM				
	Authority required.				
	Major orthopaedic surgery;				
	Major surgery.				
4220D	***Injection 20 mg in 0.2 mL pre-filled syringe***	***10***	..	***Clexane***	RR
4221E	***Injection 40 mg in 0.4 mL pre-filled syringe***	***10***	..	***Clexane***	RR
	• ***Enzymes***				
	UROKINASE				
	Authority required.				
	Peripheral arterial occlusion;				
	Venous occlusion;				
	Coronary thrombosis.				
4489G	***Injection set containing 1 vial powder for injection 100,000 i.u. and 1 vial solvent 2 mL***	***6***	..	***Ukidan***	SG
	PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS				
	Irrigating solutions				
	• ***Salt solutions***				
	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	

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	CARDIOVASCULAR SYSTEM				
	Antiarrhythmics, class I and III				
	• ***Antiarrhythmics, class IA***				
	PROCAINAMIDE HYDROCHLORIDE				
4417L	Tablet 500 mg (controlled release)	100	2	Procainamide Durules	AP
	VASOPROTECTIVES				
	Capillary stabilizing agents				
	• ***Bioflavinoids***				
	HYDROXYETHYLRUTOSIDES				
4272W	Capsule 250 mg	100	1	Paroven	CG
	DERMATOLOGICALS				
	ANTIFUNGALS FOR DERMATOLOGICAL USE				
	Antifungals for topical use				
	• ***Imidazole derivatives***				
	ECONAZOLE NITRATE				
4555R	Cream 10 mg per g (1%), 25 g	‡1	1	Dermazole	EO
	MICONAZOLE				
4341L	Tincture 20 mg per mL (2%), 30 mL	‡1	1	Daktarin	JC
	• ***Other antifungals for topical use***				
	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
	EMOLLIENTS AND PROTECTIVES				
	Emollients and protectives				
	• ***Silicone products***				
	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***

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	• ***Other emollients and protectives***				
	BATH EMOLLIENT				
4122Y	Bath oil 500 mL	‡1	2	QV Bath Oil	EO
				Hamilton Bath Oil	HA
				Rikoderm	MM
4125D	Bath oil (fragrance-free) 500 mL	‡1	2	Derma-Oil	HA
	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
	Protectives against UV-radiation				
	• ***Protectives against UV-radiation for topical use***				
	SUNSCREENS				
4209M	Solid stick 5 g	‡1	2	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	‡1	2	SunSense Cream 15+	EO
				Hamilton Sunscreen Broad Spectrum Cream 15+	HA
				Aquasun Blockout Cream 15+	PF
4476N	Lotion (alcoholic) 100 mL	‡1	2	Hamilton Sunscreen Clear Lotion 15+	HA
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	SunSense Milk 15+	EO
				Hamilton Broad Spectrum Milky Lotion 15+	HA
				Aquasun Blockout Lotion 15+	PF
	PREPARATIONS FOR TREATMENT OF WOUNDS AND ULCERS				
	Cicatrizants				
	• ***Other cicatrizants***				
	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

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.				
	Antipruritics, incl. antihistamines, anesthetics, etc.				
	• ***Anesthetics for topical use***				
	LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE				
4308R	Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL	‡1	..	Xylocaine Viscous	AP
	• ***Other antipruritics***				
	PINE TAR and TRIETHANOLAMINE LAURYL SULFATE				
4408B	Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL	‡1	2	Dermatar Pinetarsol	HA EO
	ANTIPSORIATICS				
	Antipsoriatics for topical use				
	• ***Tars***				
	ALLANTOIN and COAL TAR EXTRACT				
4112K	Cream 17 mg-50 mg per g (1.7%-5%), 50 g	‡1	2	Alphosyl	SV
4111J	Lotion 20 mg-50 mg per mL (2%-5%), 250 mL	‡1	2	Alphosyl	SV
	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
	ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE				
	Antibiotics for topical use				
	• ***Tetracycline and derivatives***				
	CHLORTETRACYCLINE HYDROCHLORIDE				
4553P	Ointment 30 mg per g (3%), 15 g	‡1	..	Aureomycin	LE
	Chemotherapeutics for topical use				
	• ***Antivirals***				
	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***
	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS				
	Corticosteroids, plain				
	• ***Corticosteroids, potent (group III)***				
	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

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	BETAMETHASONE VALERATE				
4511K	Cream 500 micrograms per g (0.05%), 30 g	‡1	2	Betnovate 1/2	GL
4131K	Cream 1 mg per g (0.1%), 30 g	‡1	2	Betnovate Celestone-V	GL SH
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	GL
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
	FLUCLOROLONE ACETONIDE				
4523C	Cream 250 micrograms per g (0.025%), 30 g	‡1	2	Topilar	SD
	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

Corticosteroids, combinations with antiseptics

- ***Corticosteroids, weak, combinations with antiseptics***

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

Corticosteroids, combinations with antibiotics

- ***Corticosteroids, moderately potent, combinations with antibiotics***

TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN

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

CAUTION:

For the short-term treatment of localised infective eczema only.

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	ANTISEPTICS AND DISINFECTANTS				
	Antiseptics and disinfectants				
	• ***Iodine products***				
	POVIDONE-IODINE				
4530K	Powder 145 mg per g (14.5%), 20 g	‡1	..	E.D.P.	BT
4411E	Solution 100 mg per mL (10%), 100 mL	‡1	..	Minidine Antiseptic Solution	HA
				Betadine Antiseptic Liquid	FA
	• ***Other antiseptics and disinfectants***				
	BISMUTH FORMIC IODIDE				
4143C	Powder 10 g	‡1	..	B.F.I.	MK
	OTHER DERMATOLOGICAL PREPARATIONS				
	Other dermatological preparations				
	• ***Antihidrotics***				
	DIPHEMANIL METHYLSULFATE				
4191N	Dusting powder 20 mg per g (2%), 50 g	‡1	1	Prantal	SH
	• ***Medicated shampoos***				
	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
	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
	SELENIUM SULFIDE				
4452H	Shampoo 25 mg per mL (2.5%), 125 mL	‡1	1	Selsun	AB
	ZINC PYRITHIONE				
4498R	Shampoo 10 mg per mL (1%), 200 mL	‡1	1	Dan Gard	FA
	• ***Wart and anti-corn preparations***				
	SALICYLIC ACID and PODOPHYLLIN RESIN				
4450F	Paint 100 mg-200 mg per mL (10%-20%), 6 mL	‡1	1	Posalfilin	NE

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	• ***Other dermatologicals***				
	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
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	Egoderm Ointment	EO
	CATIONIC CONDITIONER with PANTHENOL **NOTE:** To be used in conjunction with the scalp cleanser salicylic acid, coal tar solution, pine tar and undecylenamide (code 4447C).				
4519W	Solution 250 mL	‡1	2	SebiRinse Conditioner	EO
	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 4560B).				
4271T	Hair conditioner 250 mL	‡1	2	Ionil Rinse	GA
	SKIN CLEANSER				
4549K	Lotion 500 mL	‡1	2	Hamilton Body Wash	HA
	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

GENITO URINARY SYSTEM AND SEX HORMONES

OTHER GYNECOLOGICALS

Other gynecologicals

• ***Other gynecologicals***

	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

UROLOGICALS

Other urologicals, incl. antispasmodics

• ***Other urologicals***

	SODIUM BICARBONATE				
4458P	Capsule 840 mg **CAUTION:** For use in the treatment of renal disease.	100	2	Sodibic	FC

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	GENERAL ANTIINFECTIVES FOR SYSTEMIC USE				
	ANTIMYCOBACTERIALS				
	Drugs for treatment of tuberculosis				
	• ***Other drugs for treatment of tuberculosis***				
	ETHAMBUTOL HYDROCHLORIDE				
4205H	Tablet 100 mg	100	2	Myambutol	LE
4206J	Tablet 400 mg	100	2	Myambutol	LE
	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS				
	CYTOSTATICS				
	Antimetabolites				
	• ***Pyrimidine analogues***				
	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
	NERVOUS SYSTEM				
	ANALGESICS				
	Opioids				
	• ***Diphenylpropylamine derivatives***				
	DEXTROPROPOXYPHENE NAPSYLATE **CAUTION:** Chronic use of this preparation is likely to cause drug dependence.				
4081T	Capsule 100 mg	50	..	Doloxene	LY
	Other analgesics and antipyretics				
	• ***Salicylic acid and derivatives***				
	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
	• ***Anilides***				
	CODEINE PHOSPHATE with PARACETAMOL				
4171M	Tablet 8 mg-500 mg	50	1	Codalgin	FM
	ANTI-PARKINSON DRUGS				
	Anticholinergic agents				
	• ***Ethers of tropine or tropine derivatives***				
	BENZTROPINE MESYLATE				
4129H	Tablet 0.5 mg	100	2	Cogentin	MK

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	PSYCHOLEPTICS				
	Anxiolytics				
	• *Benzodiazepine derivatives*				
	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
	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
	• *Diphenylmethane derivatives*				
	HYDROXYZINE PAMOATE				
4273X	Capsule 25 mg	50	2	Atarax	PF
4274Y	Capsule 50 mg	50	2	Atarax	PF

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	Hypnotics and sedatives				
	• *Benzodiazepine derivatives*				
	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*
	OTHER NERVOUS SYSTEM DRUGS				
	Antismoking agents				
	• *Antismoking agents*				
	NICOTINE				
	Authority required.				
	Patients who have indicated they are ready to cease smoking.				
	NOTE:				
	Approvals will be returned to the prescriber to ensure that the program is monitored. Repeat supplies of the patches will be approved, where requested, to maintain appropriate continuity of the program. Normally, a course of up to 10 weeks' duration will be approved on a once only basis.				
4571N	*Transdermal patches releasing approximately 7 mg per 24 hours, 7*	*‡1*	..	*Nicabate 7* *Nicotinell 10*	*ML* *CG*
4572P	*Transdermal patches releasing approximately 14 mg per 24 hours, 7*	*‡1*	..	*Nicotinell 20* *Nicabate 14*	*CG* *ML*
4573Q	*Transdermal patches releasing approximately 21 mg per 24 hours, 7*	*‡1*	..	*Nicabate 21* *Nicotinell 30*	*ML* *CG*
	ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS				
	ANTHELMINTICS				
	Antinematodal agents				
	• *Benzimidazole derivatives*				
	MEBENDAZOLE				
4325P	Tablet 100 mg	6	..	Vermox	JC

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	RESPIRATORY SYSTEM				
	NASAL PREPARATIONS				
	Decongestants and other nasal preparations for topical use				
	• ***Sympathomimetics, plain***				
	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
	• ***Antiallergic agents, excl. corticosteroids***				
	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
	• ***Corticosteroids***				
	BECLOMETHASONE DIPROPIONATE				
4126E	Nasal pressurised inhalation 50 micrograms per dose (200 doses)	‡1	2	Beconase Aldecin	GL SH
	BUDESONIDE				
4564F	Nasal aerosol 50 micrograms per dose (200 doses)	‡1	2	Rhinocort	AP
	FLUNISOLIDE				
4212Q	Nasal spray 250 micrograms per mL (0.025%), 20 mL	‡1	2	Rhinalar Nasal Mist	SD
	Nasal decongestants for systemic use				
	• ***Sympathomimetics***				
	PSEUDOEPHEDRINE HYDROCHLORIDE				
4420P	Tablet 60 mg	30	..	Sudafed	BW
	PSEUDOEPHEDRINE SULFATE				
4418M	Tablet 60 mg	30	..	Drixora	SH
	COUGH AND COLD PREPARATIONS				
	Expectorants, excl. combinations with cough suppressants				
	• ***Expectorants***				
	SENEGA and AMMONIA				
4074K	Mixture 200 mL	‡1	4	Senagar	SI
	Cough suppressants, excl. combinations with expectorants				
	• ***Opium alkaloids and derivatives***				
	PHOLCODINE				
4071G	Linctus 1 mg per mL (0.1%), 100 mL	‡1	2	Actuss Duro-Tuss	SI MM

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	ANTIHISTAMINES FOR SYSTEMIC USE				
	Antihistamines for systemic use				
	• ***Aminoalkyl ethers***				
	DIPHENHYDRAMINE HYDROCHLORIDE				
4195T	Capsule 50 mg	50	2	Benadryl	PD
	DIPHENYLPYRALINE HYDROCHLORIDE				
4065Y	Tablet 2.5 mg	50	2	Histalert	MM
	• ***Phenothiazine derivatives***				
	PROMETHAZINE HYDROCHLORIDE				
4072H	Tablet 10 mg	50	2	Phenergan	MB
4073J	Tablet 25 mg	50	2	Phenergan	MB
	• ***Piperazine derivatives***				
	CETIRIZINE HYDROCHLORIDE				
4175R	Tablet 10 mg	30	..	Zyrtec	HP
	• ***Other antihistamines for systemic use***				
	ASTEMIZOLE				
4561C	Tablet 10 mg	30	..	Hismanal	JC
	LORATADINE				
4313B	Tablet 10 mg	30	..	Claratyne	SH
	TERFENADINE				
4562D	Tablet 60 mg	50	..	Teldane	ML
	SENSORY ORGANS				
	OTOLOGICALS				
	Other otologicals				
	• ***Indifferent preparations***				
	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
	DOCUSATE SODIUM				
4199B	Ear drops 50 mg per mL (5%), 10 mL	‡1	..	Waxsol	NE
	VARIOUS				
	ALL OTHER THERAPEUTIC PRODUCTS				
	All other therapeutic products				
	• ***Drugs for treatment of chronic alcoholism***				
	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

Code	Name, Manner of Administration and Form	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	• ***Drugs for treatment of hyperkalemia***				
	SODIUM POLYSTYRENE SULFONATE **CAUTION:** For use in the treatment of renal disease.				
4470G	Oral powder 454 g	‡1	2	Resonium-A	SW
	ALL OTHER NON-THERAPEUTIC PRODUCTS				
	All other non-therapeutic products				
	• ***Other non-therapeutic auxiliary products***				
	LUBRICATING AGENT				
4318G	Jelly 60 g	‡1	..	Surgical Lubricating Gel	WE

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	..	Volumatic 10359 GL Bricanyl Nebuhaler 2022 AP
	INHALATION LEVER DEVICE FOR METERED AEROSOL			
4633W	Device	‡1	..	Haleraid GL
	INJECTION SITE PREPARATION SWAB			
4616Y	Swabs containing 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				
4718H	Bandages 2.5 cm x 4 m, 2	‡1	..	Handygauze 8631	BE
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
	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	..	Telfa 8252F	KE
				Elastocrepe 300501	SN
4728W	Bandage 7.5 cm x 2.3 m	2	..	Telfa 8253F	KE
				Elastocrepe 307501	SN
4729X	Bandage 10 cm x 2.3 m	2	..	Telfa 8254F	KE
				Elastocrepe 301001	SN
	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

Code	Item	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	BANDAGE HIGH COMPRESSION				
4736G	Bandage 7.5 cm x 3 m	5	..	Tensopress 4347 Setopress 3504	SN BT
4748X	Bandage 10 cm x 3 m	5	..	Setopress 3505 Tensopress 4348	BT SN
	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

Code	Item	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	DRESSING ALGINATE **NOTE:** These dressings should be used only on moderately to heavily exudating wounds and should remain in place until saturated or for a maximum of 3 days.				
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 **NOTE:** This dressing should be used only on moderately to heavily exudating wounds with odour and should remain in place until saturated or for a maximum of 3 days.				
4837N	Sterile single sachet 7.5 cm x 12 cm	10	1	Kaltocarb 015741	FA
	DRESSING ELASTIC ADHESIVE				
4754F	Dressing 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 **NOTE:** These dressings should remain in place until saturated or strike through occurs for a maximum of 7 days.				
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	Duoderm CGF Cutinova Hydro 47443	CC BE
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	..	Melolin 100020 Cutilin	SN BE

continued ☛

Code	Item	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	DRESSING NON-ADHERENT DRY ABSORBENT—cont.				
4862X	Sterile single sachets 10 cm x 10 cm, 3	3	..	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	Clorhexitulle Bactigras 7457	RL SN
	DRESSING POLYURETHANE FOAM **NOTE:** These dressings should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.				
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 **NOTE:** This dressing should remain in place on wounds with odour until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.				
4892L	Sterile single sachets 10 cm x 10 cm, 25	‡1	..	Lyofoam C	BT
	DRESSING POLYURETHANE TRANSPARENT FILM				
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
	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	..	SO 12011	SO
4764R	Pads, round, 9	‡1	..	SO 12010	SO
	FOAM CUSHION BUNION				
4809D	Cushions, 4	‡1	..	SO 12023	SO
	FOAM CUSHION CALLOUS				
4810E	Cushions, 4	‡1	..	SO 12022	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

continued ☛

Code	Item	Max. Qty	No.of Rpts	Proprietary Name and Manufacturer	
	GAUZE ABSORBENT PAD—cont.				
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	Gloves, small, 100	‡1	..	Handy 4207	BE
4773F	Gloves, medium, 100	‡1	..	Handy 4208	BE
4774G	Gloves, large, 100	‡1	..	Handy 4209	BE
	HYDROGEL				
	NOTE:				
	This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as polyurethane foam or film. It should not be covered with gauze or combine.				
4894N	Sterile single sachets 25 g, 10	‡1	1	Intrasite Gel 7399	SN
	LAMBS' WOOL				
4777K	Sterile single pack	‡1	..	SO 12076	SO
	LINT ABSORBENT				
4711Y	Pack 50 g	‡1	..	Handy 4032	BE
	PASTE HYDROCOLLOID				
	NOTE:				
	This paste should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.				
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

Generic/Proprietary Index

for

PBS and RPBS Schedules

GENERIC/PROPRIETARY INDEX

AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS DECEMBER 1994 EDITION FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 1994

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

Restricted items are printed in ***bold italics***. Unless otherwise specified, restrictions as they appear in the Schedule apply to amended items.

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

SAFETY NET THRESHOLDS

FOR THE 1995 CALENDAR YEAR THE SAFETY NET THRESHOLDS WILL BE AS FOLLOWS:

General	$407.60
Concessional	$135.20

CONCESSIONAL PATIENT CONTRIBUTION

The patient contribution for concessional beneficiaries will remain $2.60 for 1995.

SECTION 1—LEMON PAGES
INDEX OF MANUFACTURERS' CODES

ADD ENTRY—

OT Organon Teknika Pty Ltd
Unit 13, 5 Hudson Avenue
Castle Hill NSW 2154
Tel: (02) 899 3944
Fax: (02) 899 3984

PHENINDIONE TABLETS 10 MG AND 50 MG (DINDEVAN)

Phenindione tablets 10 mg and 50 mg *(Dindevan)* were deleted from the Pharmaceutical Benefits Scheme on 12 October 1994.

These products remain unavailable as pharmaceutical benefits pending the resolution of matters concerning marketing approval and pricing.

SECTION 2—WHITE PAGES
NEW ITEMS

Code	Name and Form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GENERAL PHARMACEUTICAL BENEFITS							
	BCG-TICE *(Other immunostimulating agents; p. 96)*							
	(Bacillus Calmette-Guérin/ Tice strain)							
	Restricted benefit.							
	Primary and relapsing superficial urothelial carcinoma of the bladder.							
1131M	***Ampoule containing powder for intravesical administration approximately 5 x 10^8 CFU***	***3***	***1***	..	***465.98***	***16.20***	***OncoTICE***	***OT***
	CARBAMAZEPINE *(p. 111)*							
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.28	16.20	Tegretol CR 200	CG
	DALTEPARIN SODIUM *(Heparin group; p. 26)*							
	(Low Molecular Weight Heparin Sodium—porcine mucous)							
	Authority required.							
	Major hip surgery.							
2816F	***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***10***	..	..	***80.98***	***16.20***	***Fragmin***	***FC***
	FLUOXETINE HYDROCHLORIDE *(p. 122)*							
	Authority required.							
	Treatment of major depressive disorders where other therapy is inappropriate.							
1809F	***Oral solution 20 mg (base) per 5 mL, 140 mL***	***‡1***	***2***	..	***65.68***	***16.20***	***Prozac Liquid***	***LY***
	GABAPENTIN *(Antiepileptics; Other antiepileptics; p. 112)*							
	Authority required.							
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
1834M	***Capsule 300 mg***	***100***	***5***	..	***110.35***	***16.20***	***Neurontin***	***PD***
1835N	***Capsule 400 mg***	***100***	***5***	..	***145.77***	***16.20***	***Neurontin***	***PD***
	GLUCOSE INDICATOR—BLOOD *(p. 143)*							
2891E	Electrode strips, 50	2	5	..	*53.70	16.20	Advantage	BO

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	
	LAMOTRIGINE *(Antiepileptics; Other antiepileptics; p. 112)* **Authority required.** ***Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.***							
2848X	***Tablet 25 mg***	***56***	***5***	***..***	***40.72***	***16.20***	***Lamictal***	***BW***
2849Y	***Tablet 50 mg***	***56***	***5***	***..***	***65.25***	***16.20***	***Lamictal***	***BW***
2850B	***Tablet 100 mg*** [A 200 mg strength has been recommended for listing and is hoped to be listed in the near future.]	***56***	***5***	***..***	***106.06***	***16.20***	***Lamictal***	***BW***
	MORPHINE SULFATE *(pp. 105, 106)* **CAUTION:** ***The risk of drug dependence is high.*** **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*** ***(i) chronic severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
2839K	***Capsule 20 mg (containing sustained release pellets)***	***20***	***..***	***..***	***19.81***	***16.20***	***Kapanol***	***GL***
2840L	***Capsule 50 mg (containing sustained release pellets)***	***20***	***..***	***..***	***35.99***	***16.20***	***Kapanol***	***GL***
2841M	***Capsule 100 mg (containing sustained release pellets)***	***20***	***..***	***..***	***62.48***	***16.20***	***Kapanol***	***GL***
	TROPISETRON HYDROCHLORIDE *(Serotonin (5HT3) antagonists; p. 14)* **Authority required.** ***Management of nausea and vomiting associated with cytotoxic chemotherapy.***							
2745L	***Capsule 5 mg (base)***	***5***	***..***	***..***	***162.93***	***16.20***	***Navoban***	***SZ***
2746M	***I.V. injection 5 mg (base) in 5 mL***	***1***	***..***	***..***	***42.34***	***16.20***	***Navoban***	***SZ***

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	
	PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY							
	CARBAMAZEPINE *(p. 174)*							
5038E	Tablet 200 mg (controlled release)	200	..	..	36.28	16.20	Tegretol CR 200	CG
	***MORPHINE SULFATE** (pp. 171, 172)*							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit.							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
5240T	***Capsule 20 mg (containing sustained release pellets)***	***20***	..	..	***19.81***	***16.20***	***Kapanol***	***GL***
5241W	***Capsule 50 mg (containing sustained release pellets)***	***20***	..	..	***35.99***	***16.20***	***Kapanol***	***GL***
5242X	***Capsule 100 mg (containing sustained release pellets)***	***20***	..	..	***62.48***	***16.20***	***Kapanol***	***GL***
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							

NEW BRANDS

	HEPARIN SODIUM *(p. 26)*							
1076P	Injection 35,000 units in 35 mL	12	5	..	*86.30	16.20	BL	
	LOPERAMIDE HYDROCHLORIDE *(p. 18)*							
1571Q	Capsule 2 mg	12	..	..	5.64	6.42	[a] Gastro-Stop Loperamide	RR
	(NOTE: The brand equivalence indicator ([a]) is also added to Imodium)							
	***SPIRONOLACTONE** (p. 39)*							
2339D	***Tablet 25 mg***	***100***	***5***	..	***13.26***	***14.04***	[a] ***Spiractin 25***	***AF***
2340E	***Tablet 100 mg***	***100***	***5***	..	***37.49***	***16.20***	[a] ***Spiractin 100***	***AF***
	(NOTE: The brand equivalence indicator ([a]) is also added to Aldactone for the above items)							

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
	BENZYLPENICILLIN			
3486L	Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*29.28	CS
	ERYTHROMYCIN			
3465J	I.M. injection 100 mg in 2 mL	5	22.01	Erythrocin-I.M. AB

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	
	BENDROFLUAZIDE							
1106F	Tablet 5 mg	100	1	..	8.05	8.83	Aprinox	BT
	BENZYLPENICILLIN							
1775K	Injection 600 mg (solvent required)	10	1	..	*20.92	16.20	CS	
2647H	Injection 3 g (solvent required)	10	..	..	*47.54	16.20	CS	
	BETAMETHASONE DIPROPIONATE							
1115Q	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	0.79	6.66	6.65	[a] Diprosone	SH
1119X	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	0.79	6.66	6.65	[a] Diprosone	SH
1118W	Scalp lotion 500 micrograms per g (0.05%), 30 mL	‡1	..	0.79	9.61	9.60	[a] Diprosone	SH
	CEPHAZOLIN							
1256D	***Injection 500 mg (solvent required)***	***5***	***..***	***..***	****24.88***	***16.20***	***Kefzol***	***LY***
				..*	***24.88***	***16.20***	***Cefamezin***	***SI***
	CHLORAMPHENICOL							
1174T	***Capsule 250 mg***	***16***	***..***	***..***	***11.46***	***12.24***	***Chloromycetin***	***PD***
1167K	***Injection 1.2 g (solvent required)***	***3***	***..***	***..***	****77.24***	***16.20***	***Chloromycetin Succinate***	***PD***
	CISPLATIN							
2578Q	I.V. injection 10 mg in 10 mL	1	..	0.22	17.73	16.20	[a] BL	
2579R	I.V. injection 50 mg in 50 mL	1	..	0.55	40.83	16.20	[a] BL	
	CLOTRIMAZOLE							
1027C	Lotion 10 mg per mL (1%), 20 mL	‡1	1	1.00	7.82	7.60	[a] Canesten	BN
1018N	Pessaries 100 mg, 6	‡1	..	1.00	8.96	8.74	[a] Canesten	BN
1019P	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	1.00	9.17	8.95	[a] Canesten	BN
	COLISTIN							
2621Y	Injection 150 mg (solvent required)	5	..	..	*246.98	16.20	Coly-Mycin	WW

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	
	CYTARABINE							
2910E	Injection set containing 100 mg and 5 mL solvent	10	1	..	*206.28	16.20	BL	
2904W	Injection set containing 500 mg and 10 mL solvent	2	1	..	*148.52	16.20	BL	
	DANAZOL							
1285P	***Capsule 100 mg***	***100***	***5***	***..***	***69.98***	***16.20***	[a] ***Azol 100***	***AF***
							[a] ***Danocrine***	***SW***
1287R	***Capsule 200 mg***	***100***	***5***	***..***	***100.23***	***16.20***	[a] ***Azol 200***	***AF***
							[a] ***Danocrine***	***SW***
	DOXYCYCLINE							
2711Q	***Tablet 50 mg***	***25***	***5***	***0.69***	***9.68***	***9.77***	***Vibra-Tabs***	***PF***
	ERYTHROMYCIN							
1395K	I.M. injection 100 mg in 2 mL	5	..	..	22.01	16.20	Erythrocin-I.M.	AB
	ERYTHROMYCIN ETHYL SUCCINATE							
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#9.81	10.94	[a] E-Mycin 200	AF
				0.95	#10.76	10.94	[a] E.E.S. 200	AB
	ERYTHROMYCIN LACTOBIONATE							
1398N	I.V. infusion 300 mg (base)	5	..	..	*42.58	16.20	Erythrocin	AB
	FLUCONAZOLE							
1473M	***Solution for I.V. infusion 100 mg in 50 mL***	***7***	***..***	***..***	***192.00***	***16.20***	***Diflucan***	***PF***
1474N	***Solution for I.V. infusion 200 mg in 100 mL***	***7***	***..***	***..***	***343.69***	***16.20***	***Diflucan***	***PF***
	FLUTAMIDE							
1417N	***Tablet 250 mg***	***100***	***5***	***..***	***264.20***	***16.20***	***Eulexin***	***SH***
	METHOTREXATE							
1622J	Tablet 2.5 mg	100	2	0.55	21.11	16.20	[a] BL	
	METOPROLOL TARTRATE							
1324Q	Tablet 50 mg	100	5	0.34	11.58	12.02	Lopresor 50	CG
1325R	Tablet 100 mg	60	5	0.34	13.23	13.67	Lopresor 100	CG
	METRONIDAZOLE							
1642K	Suppositories 500 mg, 10	‡1	..	..	18.28	16.20	Flagyl	MB
1643L	Suppositories 1 g, 10	‡1	..	..	24.99	16.20	Flagyl	MB
	METRONIDAZOLE BENZOATE							
1630T	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.00	13.78	Flagyl S	MB
	NITROFURANTOIN							
1692C	Capsule 50 mg	30	1	..	9.62	10.40	Macrodantin	PY
1693D	Capsule 100 mg	30	1	..	12.00	12.78	Macrodantin	PY

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	
	NYSTATIN							
1696G	Tablet 500,000 units	50	..	..	10.71	11.49	Mycostatin	BQ
	PHENOXYMETHYLPENICILLIN							
2354X	Oral suspension 250 mg per 5 mL, 100 mL	‡1	1	..	7.75	8.53	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	8.30	8.53	LPV 250	CS
	PINDOLOL							
3062E	Tablet 5 mg	100	5	1.00	11.86	11.64	[a] Visken	SZ
3065H	Tablet 15 mg	50	5	1.00	14.88	14.66	[a] Visken	SZ
	PNEUMOCOCCAL VACCINE, POLYVALENT							
1903E	***Injection 0.5 mL (23 valent)***	***1***	..	..	***33.68***	***16.20***	***Pneumovax 23***	***CS***
	POLYVINYL ALCOHOL with POVIDONE							
2675T	Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL	‡1	5	..	9.17	9.95	Murine Tears	
							for Eyes	AB
							Tears Plus	AG
	PROCAINAMIDE HYDROCHLORIDE							
2653P	Capsule 250 mg	200	1	..	*23.34	16.20	Pronestyl	BQ
	SULFAMETHIZOLE							
2084Q	Tablet 500 mg	40	2	..	12.40	13.18	Urolucosil	WW
2081M	Tablet 1 g	20	2	..	12.40	13.18	Urolucosil	WW
	TAMOXIFEN CITRATE							
2109B	***Tablet 10 mg (base)***	***60***	***5***	..	****56.78***	***16.20***	[a] ***Nolvadex***	***IC***
				..	***56.78***	***16.20***	[a] ***Genox 10***	***AF***
2110C	***Tablet 20 mg (base)***	***60***	***5***	..	****91.98***	***16.20***	[a] ***Kessar***	***PS***
							[a] ***Nolvadex-D***	***IC***
				..	***91.98***	***16.20***	[a] ***Genox 20***	***AF***
	THIORIDAZINE HYDROCHLORIDE							
2164X	Tablet 50 mg	100	5	..	8.97	9.75	[a] Melleril	SZ
	TRANEXAMIC ACID							
2180R	***Tablet 500 mg***	***100***	***2***	..	***46.76***	***16.20***	***Cyklokapron***	***PS***
	VINCRISTINE SULFATE							
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*176.48	16.20	[a] Oncovin	LY
							[a] BL	

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	
PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY								
	BENZYLPENICILLIN							
3398W	Injection 600 mg (solvent required)	10	..	..	*20.92	16.20	CS	
3399X	Injection 3 g (solvent required)	10	..	..	*47.54	16.20	CS	
	ERYTHROMYCIN							
5085P	I.M. injection 100 mg in 2 mL	5	..	..	22.01	16.20	Erythrocin-I.M.	AB
	ERYTHROMYCIN ETHYL SUCCINATE							
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#9.81	10.94	[a] E-Mycin 200	AF
				0.95	#10.76	10.94	[a] E.E.S. 200	AB
	ERYTHROMYCIN LACTOBIONATE							
5087R	I.V. infusion 300 mg (base)	5	..	..	*42.58	16.20	Erythrocin	AB
	METRONIDAZOLE							
5157K	Suppositories 500 mg, 10	‡1	..	..	18.28	16.20	Flagyl	MB
5158L	Suppositories 1 g, 10	‡1	..	..	24.99	16.20	Flagyl	MB
	METRONIDAZOLE BENZOATE							
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.00	13.78	Flagyl S	MB
	NYSTATIN							
3342X	Tablet 500,000 units	50	..	..	10.71	11.49	Mycostatin	BQ
	PHENOXYMETHYLPENICILLIN							
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	..	7.75	8.53	Abbocillin-V	AB
							Cilicaine V	SI
				0.55	8.30	8.53	LPV 250	CS

OTHER AMENDMENTS OF SECTION 2—WHITE PAGES

Code	Name and Form	Max. Qty	No. of Rpts	Amendment
	HYDROCORTISONE ACETATE			
	Restricted benefit.			
	Proctitis;			
	Ulcerative colitis.			*Change description of form and strength to:*
1502C	***Rectal foam 125 mg per applicator (10%), aerosol 25 g***	***2***	***3***	***Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g***

BRAND EQUIVALENCE

The brand equivalence indicator ([a]) has been removed from the following brands at the request of the manufacturers:

2361G *Agon SR, HP; Plendil ER, AP*—**Felodipine,** tablet 2.5 mg (extended release)
2366M *Agon SR, HP; Plendil ER, AP*—**Felodipine,** tablet 5 mg (extended release)
2367N *Agon SR, HP; Plendil ER, AP*—**Felodipine,** tablet 10 mg (extended release)
1760P *Biaxin, SI; Rulide, RL*—**Roxithromycin,** tablet 150 mg

PRICE ADJUSTMENTS OF SECTION 3—STANDARD PACKS AND PRICES

Code	Name and Form		Amended Price $	
	EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES			
3486L	Benzylpenicillin 600 mg	5 @	12.65	CS
	GENERAL PHARMACEUTICAL BENEFITS			
1775K	Benzylpenicillin 600 mg	5 @	8.47	CS
2647H	Benzylpenicillin 3 g	5 @	21.78	CS
1256D	Cephazolin 500 mg	1 @	4.18	LY
1167K	Chloramphenicol 1.2 g	1 @	24.42	PD
2621Y	Colistin 150 mg	1 @	48.60	WW
2910E	Cytarabine 100 mg set	1 @	20.23	BL
2904W	Cytarabine 500 mg set	1 @	72.27	BL
1398N	Erythromycin Lactobionate 300 mg	1 @	7.72	AB
1473M	Fluconazole 100 mg in 50 mL	1 @	26.86	PF
1474N	Fluconazole 200 mg in 100 mL	1 @	48.53	PF
2653P	Procainamide Hydrochloride 250 mg	100 @	9.68	BQ
2109B	Tamoxifen Citrate 10 mg (base)	30 @	26.40	IC
2110C	Tamoxifen Citrate 20 mg (base)	30 @	44.00	IC, PS
2371T	Vincristine Sulfate 1 mg	1 @	17.25	BL,LY
	PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY			
3398W	Benzlpenicillin 600 mg	5 @	8.47	CS
3399X	Benzlpenicillin 3 g	5 @	21.78	CS
5087R	Erythromycin Lactobionate 300 mg	1 @	7.72	AB

OTHER AMENDMENTS OF SECTION 3—STANDARD PACKS AND PRICES

Code	Name and Form	Amendment
2891E	Glucose Indicator—Blood, electrode strips, 50, 1 @ 24.86, BO	Add entry
1076P	Heparin Sodium, 35,000 units in 35 mL, 1 @ 6.86	Add BL

ADVANCE NOTICES

DELETIONS—ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from **1 April 1995**—

Items being discontinued by the manufacturer—

1101Y **Acyclovir,** tablets 400 mg, 70 *(Zovirax 400 mg)*
1305Q **Fluocortolone Esters,** cream 2 mg per g (0.2%), 15 g *(Ultralan-D)*
1587M **Ketoprofen,** capsule 100 mg *(Orudis)*
1506G **Ketoprofen,** capsules 100 mg (sustained release), 10 *(Orudis SR)*
1507H **Ketoprofen,** capsules 200 mg (sustained release), 7 *(Orudis SR 200)*
2625E **Potassium Chloride,** elixir 1.5 g (20 mmol K^+ and 20 mmol Cl^-) per 15 mL, 500 mL *(Kay Ciel)*

Deletions requested by the manufacturer—

2972K **Desipramine Hydrochloride,** tablet 25 mg *(Pertofran)*
2719D **Imipramine Hydrochloride,** I.M. injection 25 mg in 2 mL *(Tofranil)*

Deletion recommended by the PBAC—

1091K **Atropine Sulfate,** injection 1.2 mg in 1 mL *(AP)*

On the recommendation of the PBAC the following items will be deleted from the Schedule of Pharmaceutical Benefits on **1 August 1995**—

1075N **Antazoline with Naphazoline,** eye drops 5 mg (sulfate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL *(Antistine-Privine)*
1077Q **Antazoline with Naphazoline,** eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL *(Albalon-A)*
1184H **Chloroquine,** tablet equivalent to 150 mg (approx.) chloroquine base *(Chlorquin)*
2322F **Medroxyprogesterone Acetate,** injection 500 mg in 2.5 mL *(Farlutal)*
1317H **Naphazoline Hydrochloride,** eye drops 1 mg per mL (0.1%), 15 mL *(Albalon Liquifilm, Naphcon Forte)*
2829X **Phenylephrine Hydrochloride,** eye drops 1.2 mg per mL (0.12%), 15 mL *(Isopto Frin)*
1941E **Procainamide Hydrochloride,** injection 100 mg per mL, 10 mL *(Pronestyl)*
3154B **Zinc Sulfate with Phenylephrine Hydrochloride,** eye drops 2.5 mg-1.2 mg per mL (0.25%-0.12%), 15 mL *(Prefrin-Z, Zincfrin)*

The following items will be deleted from the Schedule of Pharmaceutical Benefits on **1 August 1995** at the request of the manufacturer—

1710B **Insulin Acid,** injection (bovine) 100 units per mL, 10 mL *(Insulin 2)*
1715G **Insulin Protamine Zinc,** injection (bovine) 100 units per mL, 10 mL *(Protamine Zinc Insulin MC)*

DELETIONS—BRANDS

The brands listed below will be deleted from the Schedule of Pharmaceutical Benefits from **1 April 1995**—

Brands being discontinued by the manufacturer—

1214X *Codate, MB*—**Codeine Phosphate,** tablet 30 mg
5063L *Codate, MB*—**Codeine Phosphate,** tablet 30 mg **(Dental)**
1466E *CS*—**Heparin Sodium,** injection 5,000 units in 0.2 mL
1467F *CS*—**Heparin Sodium,** injection 5,000 units in 1 mL
1076P *CS*—**Heparin Sodium,** injection 35,000 units in 35 mL
1626N *Flagyl Statpak, MB*—**Metronidazole,** tablet 400 mg
1705R *PVK, LY*—**Phenoxymethylpenicillin,** capsule 250 mg
1789E *PVK, LY*—**Phenoxymethylpenicillin,** capsule 250 mg
3363B *PVK, LY*—**Phenoxymethylpenicillin,** capsule 250 mg **(Dental)**

PBS

PBS INFORMATION LINE

For further information on benefit items, safety net etc. Call, toll free, 1800 020 613

TGA Therapeutic Goods Administration

P.O. Box 100
Woden ACT 2606

FOR REPORTING PROBLEMS WITH MEDICAL DEVICES OR DRUGS TELEPHONE:

MEDICAL DEVICES: **1 800 809 361**
DRUGS: **(06) 289 8225**

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