

CONSENSUS
CONFERENCE
NOTICE INSIDE



SCHEDULE OF PHARMACEUTICAL BENEFITS

**FOR APPROVED PHARMACISTS
AND MEDICAL PRACTITIONERS**



**COMMONWEALTH
DEPARTMENT OF
HUMAN SERVICES
AND HEALTH**

EFFECTIVE FROM 1 NOVEMBER 1995



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

Sender's name and address

Postcode

Fold here



Fold here

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

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND WHICH MAY BE SUBSTITUTED WITH EFFECT FROM 1 NOVEMBER 1995

The Schedule of Pharmaceutical Benefits shows differences in price between some alternative brands of the same drug product.

Manufacturers can develop generic equivalents and apply to have them listed on the PBS. In doing this, manufacturers need to ensure that they comply with the relevant legislation applicable to patents. These brands are clinically equivalent and must undergo the same strict quality controls. Although these brands are designed to act on the body in exactly the same way, they are usually cheaper than the originator brands.

The Federal Government, through the PBS, subsidises up to the price of the lowest priced brand. This means that consumers may have to pay extra for more expensive brands (those with a brand premium). This extra amount does not count towards their PBS safety net threshold.

Brand substitution by pharmacists without reference to the prescriber is permitted for PBS prescriptions where:

- the patient agrees to the substitution;
- the brands are identified in the Schedule of Pharmaceutical Benefits as being interchangeable;
- the doctor has not indicated on the prescription form that substitution is not to occur; and
- substitution is permitted under the relevant State or Territory legislation.

It is intended that future stocks of prescription forms will contain a box to be ticked where brand substitution is not to take place.

Until then, prescribers should endorse the prescription if brand substitution is not permitted. Where a stamp is used for this purpose, the prescriber will be required to initial the stamped statement.

For ease of prescribing and dispensing, and in the interests of your patients, the following list shows those PBS drugs which attract a brand premium and which can be substituted where permitted. They are listed alphabetically, by brand name, with the brand premium and benchmark brand cited in the last column.

PREMIUM PRICED BRAND		BRAND PREMIUM	BENCHMARK BRANDS
		\$	
<i>Adalat 20</i>	tablet 20 mg, 60	1.00	<i>Nifecard 20 mg; Nyefax 20 mg</i>
<i>Aldactone</i>	tablet 25 mg, 100	1.03	<i>Spiractin 25</i>
	tablet 100 mg, 100	1.06	<i>Spiractin 100</i>
<i>Aldomet</i>	tablet 250 mg, 100	1.25	<i>Aldopren 250; Hydopa</i>
<i>Amoxil</i>	capsule 250 mg, 20	0.43	<i>Alphamox 250; Cilamox; Fisamox 250</i>
	capsule 500 mg, 20	0.53	<i>Alphamox 500; Cilamox; Fisamox 500</i>
	syrup 125 mg, 100 mL	0.23	<i>Alphamox 125; Cilamox; Fisamox</i>
<i>Amoxil Forte</i>	syrup 250 mg, 100 mL	0.36	<i>Alphamox 250; Cilamox; Fisamox</i>
<i>Betacoc</i>	tablet 50 mg, 100	1.10	<i>Minax 50</i>
	tablet 100 mg, 60	1.10	<i>Minax 100</i>
<i>Brevinor</i>	tablet, 28, 4 cycles	4.88	<i>Norimin 28 Day</i>
<i>Brevinor-1</i>	tablet, 28, 4 cycles	4.88	<i>Norimin-1 28 Day</i>
<i>Canesten</i>	vaginal cream 1%, 35 g	1.01	<i>Gyne-Lotrimin</i>
	pessaries 100 mg, 6	1.00	<i>Gyne-Lotrimin</i>
	lotion 1%, 20 mL	1.00	<i>Lotremin</i>
<i>Carafate</i>	tablet 1 g, 120	1.65	<i>Ulcyte</i>
<i>Cardizem</i>	tablet 60 mg, 90	1.00	<i>Cardcal 60; Coras; Dilzem 60 mg</i>
<i>Cisplatin (BL)</i>	injection 10 mg	0.22	<i>Delta West brand</i>
	injection 50 mg	0.55	<i>Delta West brand</i>
<i>Clinoril</i>	tablet 100 mg, 100	1.02	<i>Acilin; Clusinol 100</i>
<i>Clinoril 200</i>	tablet 200 mg, 50	0.99	<i>Acilin 200; Clusinol 200</i>
<i>Cordilox</i>	tablet 40 mg, 100	1.00	<i>Anpec 40</i>
	tablet 80 mg, 100	0.99	<i>Anpec 80</i>
<i>Daonil</i>	tablet 5 mg, 100	1.00	<i>Glimel</i>
<i>Depo-Provera</i>	injection 150 mg in 1 mL	3.30	<i>Depo-Ralovera</i>
<i>Diabex</i>	tablet 500 mg, 100	1.10	<i>Diaformin</i>
<i>Diprosone</i>	cream 0.05%, 15 g	0.98	<i>Eleuphrat</i>
	ointment 0.05%, 15 g	0.98	<i>Eleuphrat</i>
	scalp lotion, 30 mL	0.98	<i>Eleuphrat</i>
<i>Doryx</i>	capsule 50 mg, 25	0.56	<i>Bull brand</i>
	capsule 100 mg, 7	0.67	<i>Bull brand</i>
	capsule 100 mg, 21	1.39	<i>Bull brand</i>
	capsule 100 mg, 28	2.68	<i>Bull brand</i>
<i>Duphalac</i>	mixture 500 mL	1.76	<i>Actilax</i>
<i>Dyazide</i>	tablet 25 mg-50 mg, 100	3.50	<i>Hydrene 25/50</i>
<i>E.E.S. 200</i>	suspension 200 mg	0.95	<i>E-Mycin 200</i>
<i>E.E.S. 400 Filmtab</i>	tablet 400 mg, 25	0.83	<i>E-Mycin</i>
<i>E.E.S. Granules</i>	suspension 400 mg	0.95	<i>E-Mycin 400</i>
<i>Epilim EC</i>	tablet 200 mg (e.c.), 200	1.00	<i>Valpro 200</i>
	tablet 500 mg (e.c.), 200	1.00	<i>Valpro 500</i>
<i>Euglucon</i>	tablet 5 mg, 100	0.52	<i>Glimel</i>
<i>Fasigyn</i>	tablet 500 mg, 4	1.93	<i>Simplotan</i>
<i>Feldene</i>	capsule 10 mg, 50	1.15	<i>Candyl 10 mg; Fensaid 10; Mobilis 10; Pirox</i>
	capsule 20 mg, 25	1.26	<i>Candyl 20 mg; Fensaid 20; Mobilis 20; Pirox</i>
<i>Flagyl</i>	tablet 200 mg, 21	1.82	<i>Metrogyl 200</i>
	tablet 400 mg, 21	1.51	<i>Metrogyl 400</i>
<i>Flopen</i>	capsule 250 mg, 24	0.20	<i>Flucil 250; Staphylex 250</i>
	capsule 500 mg, 24	0.36	<i>Flucil 500; Staphylex 500</i>
<i>Floxapen</i>	capsule 250 mg, 24	0.39	<i>Flucil 250; Staphylex 250</i>
	capsule 500 mg, 24	0.44	<i>Flucil 500; Staphylex 500</i>
<i>Glucophage</i>	tablet 500 mg, 100	1.10	<i>Diaformin</i>
<i>Gyno-Daktarin</i>	pessaries 100 mg, 7	1.82	<i>Monistat 7</i>
	vaginal cream 2%, 40 g	1.43	<i>Monistat 7</i>
<i>Imodium</i>	capsule 2 mg, 12	1.00	<i>Gastro-Stop Loperamide</i>
<i>Inderal</i>	tablet 160 mg, 50	2.00	<i>Deralin 160</i>
<i>Indocid</i>	capsule 25 mg, 100	2.00	<i>Arthrexin; Indomed 25</i>
<i>Intal</i>	solution for inhalation 20 mg in 2 mL ampoule, 120	2.32	<i>Cromese Sterinebs</i>

PREMIUM PRICED BRAND		BRAND PREMIUM	BENCHMARK BRANDS
		\$	
<i>Isoptin</i>	tablet 40 mg, 100	1.00	<i>Anpec 40</i>
	tablet 80 mg, 100	0.99	<i>Anpec 80</i>
<i>Isordil</i>	tablet 10 mg, 200	2.32	<i>Isogen; Sorbidin</i>
<i>Keflex</i>	capsule 250 mg, 20	1.11	<i>Ibilex 250</i>
	capsule 500 mg, 20	1.11	<i>Ibilex 500</i>
	syrup 125 mg, 100 mL	1.11	<i>Ibilex 125</i>
	syrup 250 mg, 100 mL	1.11	<i>Ibilex 250</i>
<i>Lasix</i>	tablet 40 mg, 100	0.93	<i>Uremide</i>
<i>Lioresal 10</i>	tablet 10 mg, 100	0.95	<i>Clofen 10</i>
<i>Lioresal 25</i>	tablet 25 mg, 100	0.95	<i>Clofen 25</i>
<i>Lopid</i>	tablet 600 mg, 60	1.65	<i>Jezil</i>
<i>Methotrexate (BL)</i>	tablet 2.5 mg, 100	0.55	<i>Ledertrexate; Methoblastin</i>
<i>Microgynon 30</i>	tablet, 4 cycles	4.88	<i>Levlen ED</i>
<i>Microgynon 30 ED</i>	tablet, 4 cycles	4.88	<i>Levlen ED</i>
<i>Midamor</i>	tablet 5 mg, 100	1.82	<i>Kaluri; Midoride 5</i>
<i>Minidiab</i>	tablet 5 mg, 100	0.86	<i>Melizide</i>
<i>Minipress</i>	tablet 1 mg, 100	1.95	<i>Pressin 1</i>
	tablet 2 mg, 100	1.95	<i>Pressin 2</i>
	tablet 5 mg, 100	1.95	<i>Pressin 5</i>
<i>Moduretic</i>	tablet 50 mg-5 mg, 100	1.44	<i>Amizide; Modizide 50/5</i>
<i>Mogadon</i>	tablet 5 mg, 25	1.00	<i>Alodorm</i>
	tablet 5 mg, 50	2.00	<i>Alodorm</i>
<i>Moxacin</i>	capsule 250 mg, 20	0.38	<i>Alphamox 250; Cilamox; Fisamox 250</i>
	capsule 500 mg, 20	0.55	<i>Alphamox 500; Cilamox; Fisamox 500</i>
	syrup 125 mg, 100 mL	0.22	<i>Alphamox 125; Cilamox; Fisamox</i>
<i>Moxacin 250</i>	syrup 250 mg, 100 mL	0.33	<i>Alphamox 250; Cilamox; Fisamox</i>
<i>Naprosyn</i>	tablet 250 mg, 100	2.18	<i>Inza 250</i>
	tablet 500 mg, 50	1.09	<i>Inza 500</i>
<i>Naprosyn SR 750</i>	tablet 750 mg (sustained release), 28	1.09	<i>Proxen SR 750</i>
<i>Naprosyn SR 1000</i>	tablet 1 g (sustained release), 28	1.09	<i>Proxen SR 1000</i>
<i>Natrilix</i>	tablet 2.5 mg, 90	2.73	<i>Dapa-tabs; Nadide 2.5; Napamide 2.5 mg</i>
<i>Nordette 21</i>	tablet, 4 cycles	4.88	<i>Monofeme 28</i>
<i>Nordette 28</i>	tablet, 4 cycles	4.88	<i>Monofeme 28</i>
<i>Noriday 28 Day</i>	tablet, 4 cycles	2.48	<i>Locilan 28 Day</i>
<i>Normison</i>	capsule 10 mg, 25	0.70	<i>Temaze 10</i>
	capsule 10 mg, 50	1.40	<i>Temaze 10</i>
	tablet 10 mg, 25	0.70	<i>Temtabs</i>
	tablet 10 mg, 50	1.40	<i>Temtabs</i>
<i>Orudis SR</i>	capsule 100 mg, 50	1.60	<i>Oruvail SR</i>
	capsule 200 mg, 28	1.36	<i>Oruvail SR</i>
<i>Prothiaden</i>	capsule 25 mg, 50	1.07	<i>Dothep 25</i>
	tablet 75 mg, 30	1.32	<i>Dothep 75</i>
<i>Provera</i>	tablet 5 mg, 56	0.88	<i>Ralovera</i>
	tablet 10 mg, 30	0.88	<i>Ralovera</i>
	tablet 10 mg, 100	1.65	<i>Ralovera</i>
<i>Quinate</i>	tablet 300 mg, 50	0.55	<i>Quinsul</i>
<i>Respolin</i>	oral pressurised inhalation 100 mcg (base) per dose, 200 doses, 2	1.64	<i>Respax 200</i>
	oral pressurised inhalation 100 mcg (base) per dose, 400 doses	0.78	<i>Respax 400</i>
<i>Rythmodan</i>	capsule 100 mg, 100	1.26	<i>Norpace</i>
	capsule 150 mg, 100	1.26	<i>Norpace</i>
<i>Serepax</i>	tablet 15 mg, 25	1.41	<i>Alepan 15; Murelax</i>
	tablet 15 mg, 50	2.82	<i>Alepan 15; Murelax</i>
	tablet 30 mg, 25	1.41	<i>Alepan 30; Murelax</i>
	tablet 30 mg, 50	2.82	<i>Alepan 30; Murelax</i>
<i>Sinemet 100/25</i>	tablet 100 mg-25 mg, 100	2.97	<i>Kinson</i>

PREMIUM PRICED BRAND		BRAND PREMIUM	BENCHMARK BRANDS
		\$	
<i>Sofradex</i>	ear drops, 8 mL	1.10	<i>Otodex</i>
	ear ointment, 5 g	1.10	<i>Otodex</i>
<i>Sotacor</i>	tablet 160 mg, 60	1.01	<i>Cardol</i>
<i>Synphasic</i>	tablet, 28, 4 cycles	4.88	<i>Improvil 28 Day</i>
<i>Tagamet</i>	tablet 200 mg, 120	0.59	<i>Magicul 200; Sigmoidine</i>
	tablet 400 mg, 60	0.59	<i>Magicul 400; Sigmoidine</i>
	tablet 800 mg, 30	0.59	<i>Magicul 800</i>
<i>Tegretol 200</i>	tablet 200 mg, 200	0.59	<i>Teril</i>
<i>Tenormin</i>	tablet 50 mg, 30	1.00	<i>Anselol 50 mg; Noten; Tenol 50</i>
<i>Tolvon</i>	tablet 10 mg, 50	2.05	<i>Lumin 10, Lerivon</i>
	tablet 20 mg, 50	2.95	<i>Lumin 20, Lerivon</i>
<i>Trandate</i>	tablet 100 mg, 100	0.98	<i>Presolol 100</i>
	tablet 200 mg, 100	1.01	<i>Presolol 200</i>
<i>Triphasil</i>	tablet, 4 cycles	4.88	<i>Trifeme 28</i>
<i>Triphasil 28</i>	tablet, 4 cycles	4.88	<i>Trifeme 28</i>
<i>Triprim</i>	tablet 300 mg, 7	0.49	<i>Alprim</i>
<i>Triquilar</i>	tablet, 4 cycles	4.88	<i>Logynon ED</i>
<i>Triquilar ED</i>	tablet, 4 cycles	4.88	<i>Logynon ED</i>
<i>Tryptanol</i>	tablet 10 mg, 50	0.60	<i>Tryptine 10</i>
	tablet 25 mg, 50	0.61	<i>Endep 25; Tryptine 25</i>
<i>Valium</i>	tablet 2 mg, 50	1.00	<i>Antenex 2</i>
	tablet 5 mg, 50	1.00	<i>Antenex 5</i>
<i>Ventolin</i>	oral pressurised inhalation 100 mcg per dose, 200 doses, 2	1.00	<i>Asmol</i>
<i>Ventolin Nebules</i>	nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 60	0.62	<i>Respax 2.5 Sterinebs</i>
	nebuliser solution single dose units 5 mg (base) in 2.5 mL, 60	0.62	<i>Respax 5 Sterinebs</i>
<i>Visken</i>	tablet 5 mg, 100	1.00	<i>Barbloc 5</i>
	tablet 15 mg, 50	1.00	<i>Barbloc 15</i>
<i>Voltaren 50</i>	tablet 50 mg, 50	0.93	<i>Fenac</i>
<i>Xanax</i>	tablet 250 micrograms, 50	0.66	<i>Kalma 0.25; Ralozam</i>
	tablet 500 micrograms, 50	0.77	<i>Kalma 0.5; Ralozam</i>
	tablet 1 mg, 50	0.88	<i>Kalma 1; Ralozam</i>
<i>Zyloprim</i>	tablet 100 mg, 200	0.84	<i>Allorin 100 mg; Progout 100; Zygout 100</i>
	tablet 300 mg, 60	1.21	<i>Allorin 300 mg; Progout 300; Zygout 300</i>

PBS STATISTICS 1994-1995

This publication contains several tables of data for 1994-95 relating to the Pharmaceutical Benefits Scheme and information on the recall of medicines. The prescription data do not include those prescriptions priced below the maximum co-payment level of \$16.20 (now \$16.80) for general patients.

Cost of pharmaceutical benefits, 1990-91 to 1994-95

(\$'000)

	Year ended 30 June				
	1991	1992	1993	1994	1995
Commonwealth Government payments(a)					
Benefit prescriptions—					
General(b)	157 783	166 008	193 915	224 671	290 759
Safety Net level 1(c)		36 401	65 835	78 831	93 407
Safety Net level 2(d)		18 932	53 074	63 860	39
Total General	157 783	221 341	312 825	367 362	384 204
Concessional(e)	342 720	714 565	851 447	1 019 643	1 194 973
Concessional Safety Net(f)		196 560	253 223	297 594	302 503
Pensioner(g)	428 744	-	-	-	-
Safety Net(h)	165 216	-	-	-	-
Total Concessional	936 680	911 125	1 104 670	1 317 238	1 497 476
Total	1 094 463	1 132 466	1 417 495	1 684 599	1 881 680
Patients' contributions on—					
General benefit prescriptions	132 121	135 030	172 898	194 084	230 303
Concessional benefit prescriptions	91 672	173 196	186 629	201 592	214 240
Total	223 793	308 226	359 527	395 676	444 542
Total cost of benefit prescriptions (including patients' contributions)	1 318 256	1 440 692	1 777 022	2 080 279	2 326 222
Commonwealth Government payments through miscellaneous services	64 800	100 877	101 552	116 697	(i)109 621
Total cost of pharmaceutical benefits	1 383 056	1 541 569	1 878 575	2 196 976	2 435 843
Total Commonwealth Government payments	1 159 263	1 233 343	1 519 047	1 801 296	1 991 301

- (a) Sourced from PBS claims processing at HIC and HSH.
- (b) Prescriptions supplied to persons other than those eligible to receive pensioner or concessional pharmaceutical benefits or appropriate safety net benefits.
- (c) In 1991 General Safety Net level 1 costs were included in the Concessional category, as these prescriptions attracted a \$2.50 (now \$2.60) co-payment.
- (d) This category existed from 1 January 1991 to 31 December 1993; costs in 1991 were included under Safety Net (c) above.
- (e) Prescriptions supplied to persons eligible to receive concessional pharmaceutical benefits. In 1990-91, includes 'pensioner' prescriptions dispensed after 1 November 1990.
- (f) Introduced with effect from 1 November 1990. For 1990-91, these costs are included in the 'pensioner' category.
- (g) Payments for prescriptions dispensed to persons eligible to receive free pensioner pharmaceutical benefits. This category ceased to exist from 1 November 1990 when a patient co-payment of \$2.50 was introduced and all 'pensioners' were included in the concessional category.
- (h) Prescriptions supplied free to holders of a Pharmaceutical Benefits Entitlement Card. From 1992 these costs are included in their correct categories—either General Safety Net level 2 or Concessional Safety Net.
- (i) In 1994-95 miscellaneous services expenditure of \$m109.621 consisted of:

	(\$'000)		(\$'000)
High Specialised Drugs	53 903	Safety Net Card Issue costs	3 389
Growth hormone	23 057	Methadone	2 486
Doctor's Bag	15 781	Colostomy and Ileostomy Associations	438
IVF etc.	9 974	Other	593

Summary of the thirty highest cost medicine groups, 1994-95

Group	Prescription Volume	Group Cost	Percentage of Total Cost	Percentage increase over 93/94
		\$	%	%
Antihypertensives	8 330 404	259 693 828	11.09	10.83
Antacids, drugs for treatment of peptic ulcers	6 696 941	248 492 748	10.61	24.30
Anti-asthmatics	8 964 540	207 987 638	8.88	-0.35
Antibacterials for systemic use	13 865 353	185 145 738	7.91	2.82
Calcium channel blockers	6 495 562	159 824 964	6.82	13.33
Serumlipidreducing agents	3 042 593	149 497 012	6.38	14.39
Psychoanaleptics	4 629 398	111 563 083	4.76	61.38
Sex hormones and modulators	4 965 714	97 791 753	4.18	6.95
Analgesics	8 546 672	77 381 674	3.30	13.95
Drugs used in diabetes	2 027 419	69 626 203	2.97	8.99
Cardiac therapy	3 281 071	63 690 146	2.72	2.71
Antiinflammatory and antirheumatics	4 631 833	58 043 902	2.48	-3.84
Psycholeptics	8 044 619	55 303 888	2.36	8.71
Ophthalmologicals	4 809 841	51 851 380	2.21	7.86
Endocrine therapy	277 937	43 257 984	1.85	26.25
Antiepileptics	1 196 420	40 944 971	1.75	19.12
Beta blocking agents	3 483 968	40 909 251	1.75	-0.49
Vaccines	1 935 922	37 206 829	1.59	9.35
Diuretics	2 930 264	32 518 701	1.39	4.45
Antivirals for systemic use	141 114	30 209 597	1.29	13.07
Anti-Parkinson Drugs	566 467	21 836 891	0.93	3.11
Antidiarrheals, intestinal antiinflammatory	873 259	20 071 911	0.86	9.66
Corticosteroids, dermatological	2 572 241	19 971 840	0.85	3.84
Anti-acne preparations	105 951	19 507 429	0.83	19.22
Antispasmodic and anticholinergics	1 143 274	16 216 154	0.69	22.96
Diagnostic agents	379 465	15 790 848	0.67	2.80
Antifungals for dermatological use	870 919	15 367 808	0.66	103.07
Extemporaneous and other	1 525 872	14 491 242	0.62	1.27
Nasal preparations	742 228	13 121 649	0.56	15.54
Mineral supplements	1 133 239	12 159 620	0.52	-0.82
<i>Other groups</i>	<i>10 509 425</i>	<i>152 420 667</i>	<i>6.51</i>	<i>39.87</i>
Total	118 719 925	2 341 897 349	100.00	11.68

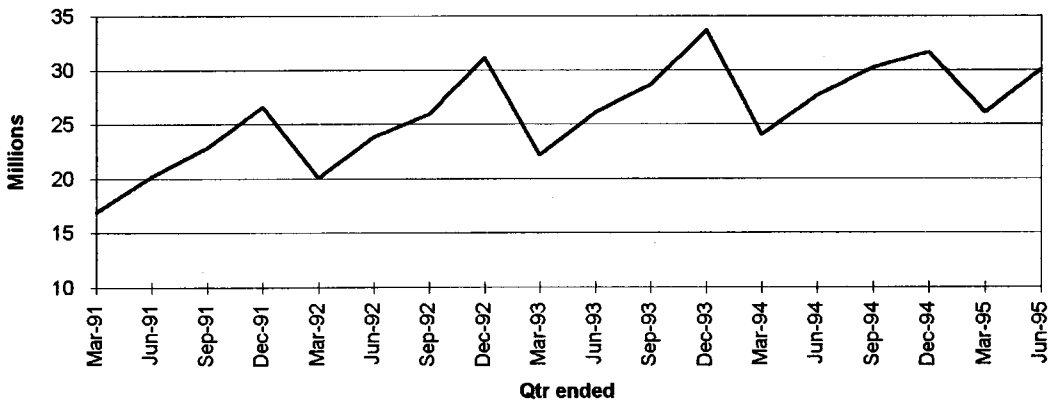
Notes:

includes patients' contributions;

excludes expenditure on miscellaneous items other than Doctor's Bag.

Highest cost items, 1994-95

Rank	Name	Form	Volume	Total Cost
				\$
1	Ranitidine Hydrochloride	Tablet 150 mg (base)	2 387 773	78 190 913
2	Simvastatin	Tablet 10 mg	1 437 385	62 972 567
3	Enalapril Maleate	Tablet 20 mg	1 341 553	49 895 378
4	Simvastatin	Tablet 20 mg	774 754	48 888 765
5	Fluoxetine Hydrochloride	Capsule 20 mg (base)	654 945	42 494 131
6	Captopril	Tablet 50 mg	473 139	34 820 716
7	Enalapril Maleate	Tablet 10 mg	1 171 411	34 080 148
8	Influenza Vaccine	Injection (trivalent) 0.5 mL	1 794 824	30 968 759
9	Amoxycillin with Clavulanic Acid	Tablet 500 mg-125 mg	1 754 151	29 059 441
10	Omeprazole	Capsule 20 mg [scleroderma oesophagus]	291 710	27 080 860
11	Felodipine	Tablet 10 mg (extended release)	790 558	26 512 544
12	Paracetamol	Tablet 500 mg	3 493 828	26 011 615
13	Budesonide	Pdr for oral inhalation 400 mcg, 200 doses	567 282	24 849 185
14	Ipratropium Bromide	Nebuliser solution 500 mcg in 2 mL, 30	328 582	24 090 299
15	Beclomethasone Dipropionate	Oral press. inhalation 250 mcg, 200 doses	733 440	22 915 098
16	Omeprazole	Capsule 20 mg [ulcerating oesphagitis]	223 928	22 208 973
17	Captopril	Tablet 25 mg	545 455	21 661 824
18	Diltiazem Hydrochloride	Tablet 60 mg	705 576	21 251 749
19	Salbutamol Sulfate	Nebuliser solution 5 mg in 2.5 mL, 30	723 602	21 239 248
20	Famotidine	Tablet 20 mg	657 938	20 969 532
21	Atenolol	Tablet 50 mg	1 861 794	20 934 274
22	Isotretinoin	Capsule 20 mg	101 200	19 028 756
23	Nifedipine	Tablet 20 mg	687 125	18 604 931
24	Felodipine	Tablet 5 mg (extended release)	914 662	18 544 807
25	Codeine Phosphate with Paracetamol	Tablet 30 mg-500 mg	2 493 364	18 381 827
26	Gemfibrozil	Tablet 600 mg	382 717	18 317 257
27	Isosorbide Mononitrate	Tablet 60 mg (sustained release)	786 069	18 011 209
28	Salbutamol	Oral press. inhalation 100 mcg, 200 doses	2 019 526	17 910 939
29	Ranitidine Hydrochloride	Tablet 300 mg (base)	531 772	17 737 754
30	Cimetidine	Tablet 400 mg	521 784	17 207 185
31	Verapamil Hydrochloride	Tablet 240 mg (sustained release)	995 552	17 036 509
32	Oestradiol	Transdermal patches 4 mg, 8	734 099	16 972 805
33	Goserelin	Subcutaneous implant 3.6 mg	42 033	16 746 733
34	Famotidine	Tablet 40 mg	508 296	16 496 263
35	Moclobemide	Tablet 150 mg	302 048	16 172 834
36	Amlodipine Besylate	Tablet 5 mg (base)	602 786	15 308 575
37	Cyproterone Acetate	Tablet 50 mg	52 027	14 774 380
38	Tamoxifen Citrate	Tablet 20 mg (base)	153 468	14 581 472
39	Perindopril Erbumine	Tablet 4 mg	460 025	14 535 422
40	Omeprazole	Capsule 20 mg [duodenal or gastric ulcer]	150 007	14 437 827
41	Temazepam	Capsule 10 mg [unrestricted entry]	2 296 205	13 784 446
42	Ipratropium Bromide	Nebuliser solution 250 mcg in 1 mL, 30	220 631	13 554 564
43	Enalapril Maleate	Tablet 5 mg	632 007	13 221 405
44	Glyceryl Trinitrate	Transdermal patch 10 mg per 24 hrs	370 733	12 379 601
45	Beclomethasone Dipropionate	Oral press. inhalation 100 mcg, 200 doses	708 316	11 997 406
46	Lisinopril	Tablet 10 mg	397 508	11 689 840
47	Amoxycillin	Capsule 500 mg	1 067 332	11 557 225
48	Amlodipine Besylate	Tablet 10 mg (base)	285 136	11 477 705
49	Flucloxacillin	Capsule 500 mg	575 811	11 119 459
50	Metformin Hydrochloride	Tablet 500 mg	700 619	10 809 124

PBS PRESCRIPTIONS BY QUARTER

Numbers of PBS prescriptions dispensed in Australia each quarter from 1991 to June 1995. The peak in the December quarter of each year reflects hoarding by patients eligible for 'safety net' prescriptions. The lesser peak in the 1994 December quarter is a result of the introduction of the 20 day redispensing rule and changes to the authority prior approval system.

Recalls of therapeutic goods (medicines)—reasons, 1994-95

Reasons	Number
Sterility	1
Product mix-up	2
Particulate matter	3
Impurity and degradation	6
Potency	1
Micro-organisms	1
Adverse reaction	1
Mechanical and physical defect	3
Labelling and packaging	12
Other	2
Total	32

THE AUSTRALIAN NATIONAL CONSENSUS CONFERENCE 1996: THE PREVENTION AND MANAGEMENT OF OSTEOPOROSIS

HYATT HOTEL, CANBERRA

23-24 October 1996

The objective of the conference is to produce a Consensus Statement which will:

- form the basis of clinical guidelines which will educate health professionals about the appropriate prevention, diagnosis and treatment of osteoporosis (including drug and non-drug therapies)
- provide advice to the Pharmaceutical Benefits Advisory Committee regarding the listing of pharmaceuticals for the prevention and treatment of osteoporosis on the Pharmaceutical Benefits Scheme
- provide advice to other health policy-makers regarding interventions for the prevention, diagnosis and treatment of osteoporosis.

The conference is sponsored by the Pharmaceutical Education Program, a Federal health care initiative, and the Pharmaceutical Benefits Advisory Committee.

Recognition for continuing education will be sought from the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Royal Australian College of Obstetricians and Gynaecologists.

Inquiries should be directed to:

Conference Logistics:	Telephone (06) 281 6624
	Fax (06) 285 1336



Department of Human Services and Health

SCHEDULE OF
PHARMACEUTICAL BENEFITS

for
Approved Pharmacists
and
Medical Practitioners

OPERATIVE FROM 1 NOVEMBER 1995
(ALL PREVIOUS EDITIONS CANCELLED)

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PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 1995 and all previous editions are cancelled. Schedules are published quarterly, i.e., 1 November, 1 February, 1 May and 1 August each year.

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. Additional copies may be purchased from the relevant State Office.

SUMMARY OF CHANGES

ADDITIONS

Addition of Items

- 8004G **Atovaquone**, tablet 250 mg (*Wellvone*)
- 8001D **Essential Amino Acids Formula with Minerals and Vitamin C**, powder 200 g (*Dialamine*)
- 8002E **Famciclovir**, tablet 250 mg (*Famvir*)
- 8009M **Flurbiprofen Sodium**, eye drops 300 micrograms per mL (0.03%), 5 mL (*Ocufen*)
- 8010N **Glyceryl Trinitrate**, transdermal patch releasing approximately 5 mg per 24 hours (*Nitro-Dur 5*)
- 8011P **Glyceryl Trinitrate**, transdermal patch releasing approximately 10 mg per 24 hours (*Nitro-Dur 10*)
- 8006J **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)**, injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5 (*Humulin 20/80*)
- 8003F **Moclobemide**, tablet 300 mg (*Aurorix 300 mg*)
- 8012Q **Oestradiol**, transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8 (*Menorest 37.5*)
- 8013R **Oestradiol**, transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8 (*Menorest 50*)
- 8014T **Oestradiol**, transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8 (*Menorest 75*)
- 8007K **Pantoprazole Sodium Sesquihydrate**, tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole (*Somac*)
- 8008L **Pantoprazole Sodium Sesquihydrate**, tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole (*Somac*)
- 8005H **Salmeterol Xinafoate**, powder for oral inhalation, refill disks (for use in Serevent Diskhaler), 50 micrograms (base) per dose, 4 doses per disk, 15 (*Serevent Disks*)

Addition of Brands

- 1443Y *Krypton 2.5, AF*—**Bromocriptine Mesylate**, tablet 2.5 mg
- 1444B *Krypton 2.5, AF*—**Bromocriptine Mesylate**, tablet 2.5 mg
- 1446D *Krypton 5, AF*—**Bromocriptine Mesylate**, capsule 5 mg
- 1445C *Krypton 10, AF*—**Bromocriptine Mesylate**, capsule 10 mg
- 1157X *Sigmatadine, SI*—**Cimetidine**, tablet 200 mg
- 1158Y *Sigmatadine, SI*—**Cimetidine**, tablet 400 mg
- 1561E *Placil, AF*—**Clomipramine Hydrochloride**, tablet 25 mg

- 2436F *Nadide* 2.5, AD—**Indapamide**, tablet 2.5 mg
- 1761Q *Humulin NPH*, AZ—**Insulin Isophane (N.P.H.)**, injections (human) 100 units per mL, 3 mL, 5
- 1762R *Humulin R*, AZ—**Insulin Neutral**, injections (human) 100 units per mL, 3 mL, 5
- 1763T *Humulin 30/70*, AZ—**Insulin Neutral—Insulin Isophane (N.P.H.) (Mixed Biphasic Isophane)**, injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5
- 1638F BX—**Metronidazole**, I.V. infusion 500 mg in 100 mL
- 5154G BX—**Metronidazole**, I.V. infusion 500 mg in 100 mL (**Dental**)
- 1695F *Nyefax* 20 mg, DP—**Nifedipine**, tablet 20 mg
- 1897W *Candyl* 10 mg, DP*; *Fensaid* 10, AD; *Mobilis* 10, AF—**Piroxicam**, capsule 10 mg
- 5203W *Candyl* 10 mg, DP*; *Fensaid* 10, AD; *Mobilis* 10, AF—**Piroxicam**, capsule 10 mg (**Dental**)
- 1898X *Candyl* 20 mg, DP*; *Fensaid* 20, AD; *Mobilis* 20, AF—**Piroxicam**, capsule 20 mg
- 5204X *Candyl* 20 mg, DP*; *Fensaid* 20, AD; *Mobilis* 20, AF—**Piroxicam**, capsule 20 mg (**Dental**)
- *(*Candyl* 10 mg and *Candyl* 20 mg have been relisted as pharmaceutical benefits)

RETENTION OF BRANDS

Contrary to previous advice, at the request of the manufacturer, the following brands will continue to be available as pharmaceutical benefits until 1 May 1996:

- 1883D *Moxacin*, CS—**Amoxycillin**, chewable tablet 250 mg
- 3303W *Moxacin*, CS—**Amoxycillin**, chewable tablet 250 mg (**Dental**)

BRAND EQUIVALENCE

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

- 1443Y *Parlodel*, SZ—**Bromocriptine Mesylate**, tablet 2.5 mg
- 1444B *Parlodel*, SZ—**Bromocriptine Mesylate**, tablet 2.5 mg
- 1446D *Parlodel*, SZ—**Bromocriptine Mesylate**, capsule 5 mg
- 1445C *Parlodel*, SZ—**Bromocriptine Mesylate**, capsule 10 mg
- 1561E *Anafranil*, CG—**Clomipramine Hydrochloride**, tablet 25 mg

DELETIONS

Deletion of Items

- 3110Q **Aspirin**, tablet 325 mg (buffered) (*Bufferin*)
- 5019E **Aspirin**, tablet 325 mg (buffered) (*Bufferin*) (**Dental**)
- 2996Q **Calcitonin**, injection (salmon) 80 i.u. in 0.8 mL ampoule (*Miacalcic*)
- 2324H **Carmellose Sodium**, eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30 (*Celluvisc*)
- 1066D **Chlorhexidine Gluconate**, solution 50 mg per mL (5%), 200 mL (*Hibitane Concentrate*)
- 5056D **Chlorhexidine Gluconate**, solution 50 mg per mL (5%), 200 mL (*Hibitane Concentrate*) (**Dental**)
- 3030L **Clioquinol**, cream 10 mg per g (1%), 30 g (*Vioform*)
- 2621Y **Colistin**, injection 150 mg (solvent required) (*Coly-Mycin*)
- 1397M **Erythromycin Lactobionate**, I.V. infusion 1 g (base) (*Erythrocin; BL*)

- 2515J **Hydrocortisone with Cinchocaine Hydrochloride**, ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g (*Proctocort; Proctosedyl*)
- 2516K **Hydrocortisone with Cinchocaine Hydrochloride**, ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5 (*Proctocort; Proctosedyl*)
- 2517L **Hydrocortisone with Cinchocaine Hydrochloride**, suppositories 5 mg-5 mg, 12 (*Proctocort; Proctosedyl*)
- 3097B **Hydrocortisone Sodium Succinate**, injection equivalent to 500 mg hydrocortisone with 4 mL solvent (*Solu-Cortef*)
- 5120L **Hydrocortisone Sodium Succinate**, injection equivalent to 500 mg hydrocortisone with 4 mL solvent (*Solu-Cortef*) (**Dental**)
- 2567D **Idoxuridine**, topical ointment 5 mg per g (0.5%), 5 g (*Stoxil*)
- 5125R **Idoxuridine**, topical ointment 5 mg per g (0.5%), 5 g (*Stoxil*) (**Dental**)
- 1624L **Methyclothiazide**, tablet 2.5 mg (*Enduron-M*)
- 1791G **Naproxen**, tablet 250 mg (enteric coated) (*Naprosyn Enteric 250*)
- 5187B **Naproxen**, tablet 250 mg (enteric coated) (*Naprosyn Enteric 250*) (**Dental**)
- 1792H **Naproxen**, tablet 500 mg (enteric coated) (*Naprosyn Enteric 500*)
- 5188C **Naproxen**, tablet 500 mg (enteric coated) (*Naprosyn Enteric 500*) (**Dental**)
- 1232W **Naproxen**, tablets 750 mg (sustained release), 7 (*Naprosyn SR750*)
- 5183T **Naproxen**, tablets 750 mg (sustained release), 7 (*Naprosyn SR750*) (**Dental**)
- 1236C **Naproxen**, tablets 1 g (sustained release), 7 (*Naprosyn SR1000*)
- 5184W **Naproxen**, tablets 1 g (sustained release), 7 (*Naprosyn SR1000*) (**Dental**)
- 1796M **Naproxen Sodium**, tablets 550 mg, 10 (*Anaprox 550*)
- 5172F **Naproxen Sodium**, tablets 550 mg, 10 (*Anaprox 550*) (**Dental**)
- 3032N **Nystatin**, lozenge 100,000 units (*Nilstat*)
- 3344B **Nystatin**, lozenge 100,000 units (*Nilstat*) (**Dental**)
- 3057X **Protein Hydrolysate Formula without Phenylalanine and Tyrosine**, powder 200 g (*Albumaid XPXT*)
- 1961F **Pyridoxine Hydrochloride**, injection 50 mg in 1 mL (*FM*)
- 2656T **Sodium Citro-Tartrate**, sachets containing oral effervescent powder 3.7 g, 28 (*Citralite*)
- 2658X **Sodium Citro-Tartrate**, sachets containing oral effervescent powder 4 g, 28 (*Citravescent Sachets*)
- 2657W **Sodium Citro-Tartrate**, sachets containing oral effervescent powder 4 g, 28 (*Ural Sachets*)
- 2238T **Surgical Cement**, skin bond adhesive 118 mL (*SN*)
- 2467W **Surgical Cement Solvent**, liquid 237 mL (*Unisolve*)
- 2469Y **Surgical Cement Solvent**, liquid 240 mL (*Sacsol*)
- 2472D **Surgical Cement Solvent**, liquid 250 mL (*Sacsol Non Flammable*)
- 1070H **Thiamine Hydrochloride**, tablet 100 mg (*Betamin; Invite-B*)
- 1293C **Urea**, cream 100 mg per g (10%), 100 g (*Aquacare H.P.; Calmurid; Nutraplus; Urederm*)
- 2219T **Wool Alcohols**, ointment 100 g (*Eucerin*)
- 2984C **Zinc Oxide**, compound ointment 50 g (*Anusol*)
- 1122C **Zinc Oxide**, compound suppositories, 12 (*Anusol*)

Deletion of Brands

- 3000X *Miacalcic*, SZ—**Calcitonin**, injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe
- 3001Y *Miacalcic*, SZ—**Calcitonin**, injection (salmon) 100 i.u. in 1 mL pre-filled syringe
- 1237D *Naprosyn*, SD—**Naproxen**, tablets 250 mg, 20
- 5181Q *Naprosyn*, SD—**Naproxen**, tablets 250 mg, 20 (**Dental**)
- 1238E *Naprosyn*, SD—**Naproxen**, tablets 500 mg, 10
- 5182R *Naprosyn*, SD—**Naproxen**, tablets 500 mg, 10 (**Dental**)

ALTERATIONS

Unrestricted to Restricted

- 1115Q **Betamethasone Dipropionate**, cream 500 micrograms per g (0.05%), 15 g
(*Eleuphrat; Diprosone*)
- 1119X **Betamethasone Dipropionate**, ointment 500 micrograms per g (0.05%), 15 g
(*Eleuphrat; Diprosone*)
- 1118W **Betamethasone Dipropionate**, scalp lotion 500 micrograms per g (0.05%), 30 mL
(*Eleuphrat; Diprosone*)
- 2812B **Betamethasone Valerate**, cream 200 micrograms per g (0.02%), 100 g
(*Betnovate 1/5; Celestone-M*)
- 2813C **Betamethasone Valerate**, cream 500 micrograms per g (0.05%), 15 g
(*Betnovate 1/2; Celestone-V Half Strength*)
- 2820K **Betamethasone Valerate**, ointment 200 micrograms per g (0.02%), 100 g (*Celestone-M*)
- 2815E **Betamethasone Valerate**, ointment 500 micrograms per g (0.05%), 15 g
(*Betnovate 1/2; Celestone-V Half Strength*)
- 2814D **Betamethasone Valerate**, gel 500 micrograms per g (0.05%), 15 g (*Betnovate 1/2*)
- 1363R **Fluoclorolone Acetonide**, cream 250 micrograms per g (0.025%), 15 g (*Topilar*)
- 1495Q **Hydrocortisone**, cream 10 mg per g (1%), 50 g (*Egocort Cream 1%*)
- 2887Y **Hydrocortisone Acetate**, cream 10 mg per g (1%), 30 g (*Adacor; Cortef; Sigmacort; Squibb-HC*)
- 5111B **Hydrocortisone Acetate**, cream 10 mg per g (1%), 30 g (*Adacor; Cortef; Sigmacort; Squibb-HC*) (**Dental**)
- 2881P **Hydrocortisone Acetate**, cream 10 mg per g (1%), 50 g (*Adacor; Cortef; Sigmacort; Squibb-HC*)
- 5113D **Hydrocortisone Acetate**, cream 10 mg per g (1%), 50 g (*Adacor; Cortef; Sigmacort; Squibb-HC*) (**Dental**)
- 2888B **Hydrocortisone Acetate**, topical ointment 10 mg per g (1%), 30 g (*Adacor; Sigmacort*)
- 5112C **Hydrocortisone Acetate**, topical ointment 10 mg per g (1%), 30 g (*Adacor; Sigmacort*) (**Dental**)
- 2882Q **Hydrocortisone Acetate**, topical ointment 10 mg per g (1%), 50 g (*Adacor; Sigmacort; Squibb-HC*)
- 5114E **Hydrocortisone Acetate**, topical ointment 10 mg per g (1%), 50 g (*Adacor; Sigmacort; Squibb-HC*) (**Dental**)
- 2956N **Hypromellose**, eye drops 5 mg per mL (0.5%), 15 mL (*Isopto Tears; Methopt*)
- 2952J **Hypromellose**, eye drops 10 mg per mL (1%), 15 mL (*Methopt Forte*)
- 1509K **Hypromellose with Dextran**, eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL
(*Poly-Tears; Tears Naturale*)
- 1913Q **Mometasone Furoate**, cream 1 mg per g (0.1%), 15 g (*Elocon*)
- 1915T **Mometasone Furoate**, ointment 1 mg per g (0.1%), 15 g (*Elocon*)
- 2682E **Polyvinyl Alcohol**, eye drops 14 mg per mL (1.4%), 15 mL (*Liquifilm Tears*)
- 2681D **Polyvinyl Alcohol**, eye drops 30 mg per mL (3%), 15 mL (*Liquifilm Forte*)
- 2675T **Polyvinyl Alcohol with Povidone**, eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL
(*Murine Tears for Eyes; Tears Plus*)
- 2117K **Triamcinolone Acetonide**, cream 200 micrograms per g (0.02%), 100 g
(*Aristocort 0.02%; Kenalone 0.02%*)
- 2125W **Triamcinolone Acetonide**, cream 500 micrograms per g (0.05%), 15 g
(*Aristocort 0.05%; Kenalone*)
- 2118L **Triamcinolone Acetonide**, ointment 200 micrograms per g (0.02%), 100 g
(*Aristocort 0.02%*)
- 2126X **Triamcinolone Acetonide**, ointment 500 micrograms per g (0.05%), 15 g
(*Aristocort 0.05%*)

Restricted to Unrestricted

2180R **Tranexamic Acid**, tablet 500 mg (*Cyklokapron*)

Restriction Changes

2344J **Amlodarone Hydrochloride**, tablet 100 mg (*Aratac 100, Cordarone X 100*)

2343H **Amlodarone Hydrochloride**, tablet 200 mg (*Aratac 200, Cordarone X 200*)

1270W **Cyproterone Acetate**, tablet 50 mg (*Androcur*)

2240X **Lansoprazole**, capsule 30 mg (*Zoton*) (code 2239W is deleted)

1648R **Misoprostol**, tablet 200 micrograms (*Cytotec*)

1327W **Omeprazole**, capsule 20 mg (*Losec*) (codes 1328X and 1329Y are deleted)

2043M **Sotalol Hydrochloride**, tablet 160 mg (*Cardol; Sotacor*)

The following restricted benefits now require an "Authority Prescription":

1805B **Clonazepam**, tablet 500 micrograms (*Rivotril*)

1806C **Clonazepam**, tablet 2 mg (*Rivotril*)

1808E **Clonazepam**, paediatric oral drops 2.5 mg in 1 mL, 10 mL (*Rivotril*)

Notes

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

Acyclovir

Lansoprazole

Misoprostol

Omeprazole

Description of Form

From

1439R **Framycetin Sulfate**, eye ointment 5 mg per g (0.5%), 5 g (*Soframycin*)

To

1439R **Framycetin Sulfate**, eye/ear ointment 5 mg per g (0.5%), 5 g (*Soframycin*)

From

1124E **Sodium Cromoglycate**, nebuliser solution 20 mg per 2 mL, ampoule
(*Cromese Sterinebs; Intal*)

To

1124E **Sodium Cromoglycate**, solution for inhalation 20 mg in 2 mL ampoule
(*Cromese Sterinebs; Intal*)

Pack Size

	<i>From</i>	<i>To</i>
3078B Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine , powder (<i>XPhen. Tyr Maxamum</i>)	200 g	500 g

Maximum Quantity

		From	To
3078B	Amino Acid formula with Vitamins and Minerals without Phenylalanine and Tyrosine , powder (<i>XPhen. Tyr Maximum</i>)	20	8
3453R	Atropine Sulfate , injection 600 micrograms in 1 mL (Doctor's Bag)	5	10
1089H	Atropine Sulfate , injection 600 micrograms in 1 mL	5	10
5022H	Atropine Sulfate , injection 600 micrograms in 1 mL (Dental)	5	10
2511E	Ethacrynic Acid , tablet 50 mg (<i>Edecril</i>)	50	100
1594X	Ondansetron , tablet 4 mg (<i>Zofran</i>)	15	10
1595Y	Ondansetron , tablet 8 mg (<i>Zofran</i>)	15	10
3026G	Paclitaxel , solution for I.V. infusion 30 mg in 5 mL (<i>Anzatax; Taxol</i>)	10	5
3017T	Paclitaxel , solution for I.V. infusion 150 mg in 25 mL (<i>Anzatax</i>)	2	1

Number of Repeats

		From	To
2511E	Ethacrynic Acid , tablet 50 mg (<i>Edecril</i>)	3	1
1648R	Misoprostol , tablet 200 micrograms (<i>Cytotec</i>)	1	2

Proprietary Name

1018N	Clotrimazole , pessaries 100 mg, 6	From <i>Gyne-Lotremin</i> To <i>Gyne-Lotrimin</i>
1019P	Clotrimazole , vaginal cream 50 mg per 5 g (1%), 35 g	From <i>Gyne-Lotremin</i> To <i>Gyne-Lotrimin</i>
1454M	Goserelin , subcutaneous implant 3.6 mg	From <i>Zoladex Depot</i> To <i>Zoladex Implant</i>

Manufacturer's Code

		From	To
2718C	Charcoal, Activated , tablet 300 mg (<i>Ad-Sorb</i>)	MM	KY
1447E	Glucagon Hydrochloride , injection 1 i.u. with diluent	LY	AZ
5104P	Glucagon Hydrochloride , injection 1 i.u. with diluent (Dental)	LY	AZ
1533Q	Insulin Isophane (N.P.H.) , injection (human) 100 units per mL, 10 mL (<i>Humulin NPH</i>)	LY	AZ
1534R	Insulin Isophane (N.P.H.) , injections (human) 100 units per mL, 1.5 mL, 5 (<i>Humulin NPH</i>)	LY	AZ
1531N	Insulin Neutral , injection (human) 100 units per mL, 10 mL (<i>Humulin R</i>)	LY	AZ

		From	To
1532P	Insulin Neutral , injections (human) 100 units per mL, 1.5 mL, 5 (<i>Humulin R</i>)	LY	AZ
1591R	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane), injection (human) 100 units (20 units-80 units) per mL, 10 mL (<i>Humulin 20/80</i>)	LY	AZ
1426C	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane), injection (human) 100 units (30 units-70 units) per mL, 10 mL (<i>Humulin 30/70</i>)	LY	AZ
1425B	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane), injection (human) 100 units (50 units-50 units) per mL, 10 mL (<i>Humulin 50/50</i>)	LY	AZ
1592T	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane), injections (human) 100 units (20 units-80 units) per mL, 1.5 mL, 5 (<i>Humulin 20/80</i>)	LY	AZ
1429F	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane), injections (human) 100 units (30 units-70 units) per mL, 1.5 mL, 5 (<i>Humulin 30/70</i>)	LY	AZ
1718K	Insulin Zinc Suspension (Lente) , injection (human) 100 units per mL, 10 mL (<i>Humulin L</i>)	LY	AZ
1722P	Insulin Zinc Suspension (Crystalline) (Ultralente) , injection (human) 100 units per mL, 10 mL (<i>Humulin UL</i>)	LY	AZ

ADVANCE NOTICES

DELETIONS—ITEMS

The following items will be deleted from the Schedule of Pharmaceutical Benefits as from 1 February 1996:

Items discontinued by the manufacturer—

- 1421T **Etretinate**, capsule 10 mg (*Tigason*)
- 1422W **Etretinate**, capsule 25 mg (*Tigason*)
- 1284N **Milk Powder - Lactose Modified**, lactose-predigested powder 500 g (*Digestelact*)
- 1387B **Milk Powder - Lactose Modified**, lactose-predigested powder 500 g (*Digestelact*)
- 1388C **Milk Powder - Low Lactose Formula**, lactose-predigested powder infant formula 500 g (*De-Lact Infant*)
- 1283M **Milk Powder - Low Lactose Formula**, lactose-predigested powder infant formula 500 g (*De-Lact Infant*)
- 1675E **Neostigmine Bromide**, tablet 15 mg (*Prostigmin*)
- 3055T **Protein Hydrolysate Form without Phenylalanine**, powder 500 g (*XP Albumaid*)
- 2619W **Theophylline**, capsule 50 mg (containing sustained release beads) (*Slo-bid*)
- 2402K **Thioridazine Hydrochloride**, oral solution 30 mg (base) per mL, 30 mL (*Melleril*)

Deletions requested by the manufacturer—

- 3460D **Dihydroergotamine Mesylate**, injection 1 mg in 1 mL (*Dihydergot*) (**Doctor's Bag**)
- 1323P **Dihydroergotamine Mesylate**, injection 1 mg in 1 mL (*Dihydergot*)
- 2902R **Oxymetholone**, tablet 50 mg (*Anapolon*)

DELETIONS—BRANDS

The following brands of items will be deleted from the Schedule of Pharmaceutical Benefits as from 1 February 1996:

Brands discontinued by the manufacturer—

- 2620X *Slo-Bid, MB*—**Theophylline**, capsule 100 mg (containing sustained release beads)

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) 9922 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) 9922 5111

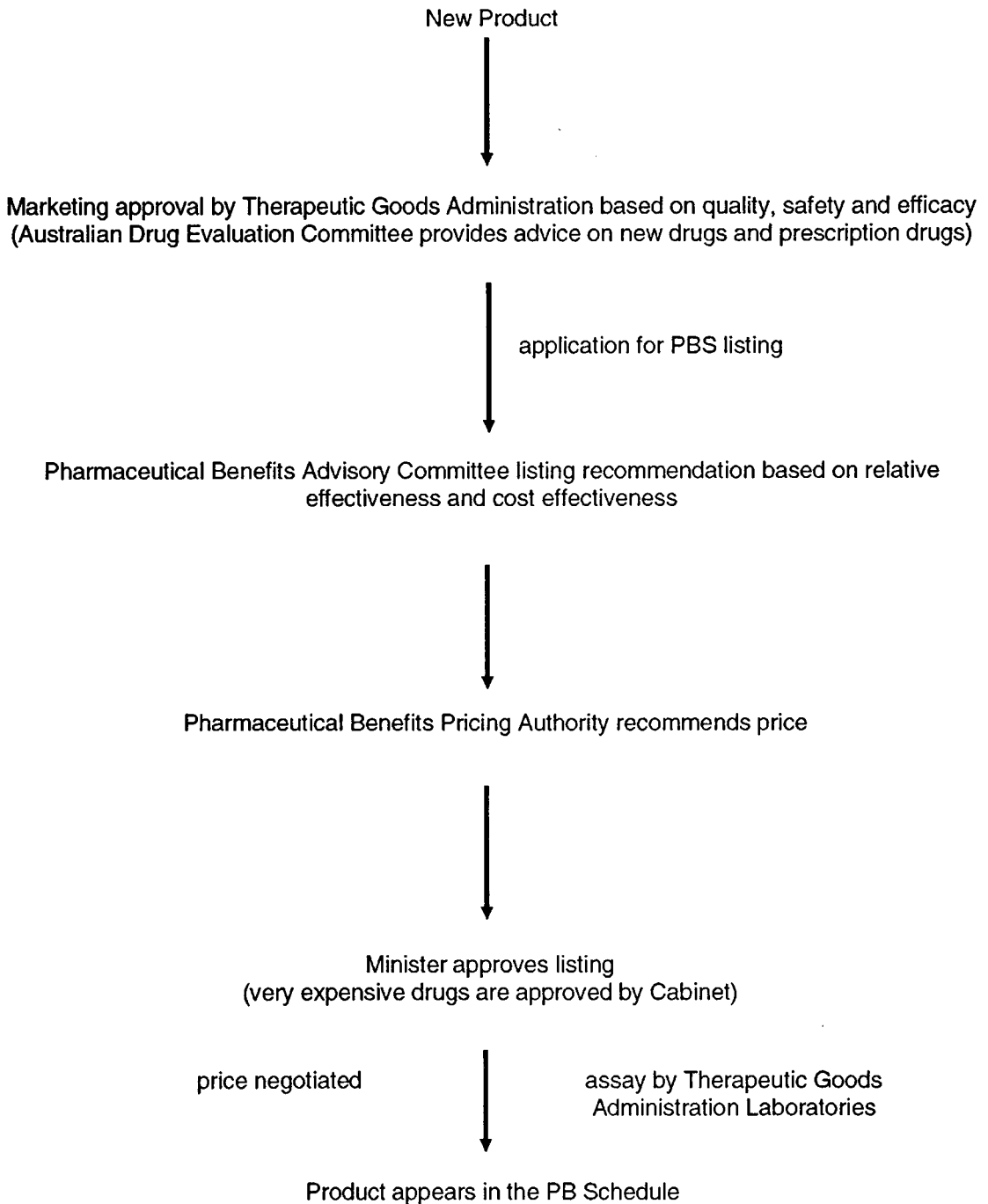
TELEPHONE INTERPRETER SERVICE

A 24-hour, seven days a week telephone is available by contacting **131 450**.

The Translating and Interpreting Service (TIS) can provide immediate assistance over the telephone or arrange for an interpreter to go to a location specified in either city or country areas.

The TIS service has access to 2000 professional interpreters, covering over 100 languages and dialects.

PROCESSING OF A NEW PRODUCT FOR PBS LISTING



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
Tel: (06) 203 6333

Authority Prescription Applications

Prior approval is required for all "Authority required" items or requests for increased quantities and/or repeats.

Authorisation is obtained by lodging an application using the REPLY PAID mail service or by using the Commission's FREECALL telephone number:

Mail Applications

REPLY PAID No. 9857
PBS Authority Section
Health Insurance Commission
GPO Box 9857
In your State capital city

Telephone Applications

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

For telephone applications please have the following information available:

Patient:

- Medicare number
- Surname
- First name
- Full address (including postcode)

PBS Authority Prescription Number:

- Top right-hand side of Authority form

Your Prescriber Number:

- Located below your address block on the personalised forms

Drug Information:

- PBS item
- Quantity required and number of repeats
- Daily dose
- Disease or purpose information

Requests for Drugs via the Special Access Scheme (SAS)

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

Department of Veterans' Affairs

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

Poisons Information Centres

Phone 131 126 from anywhere in Australia—24 hours—for information and advice on the treatment of poisoning, bites and stings.

ACT

Woden Valley Hospital
Garran ACT 2605
Tel: (06) 285 2852

NSW

The New Children's Hospital
Hawkesbury Road
Westmead NSW 2148
Tel: (02) 845 3111

VIC

Royal Children's Hospital
Flemington Road
Parkville Vic

QLD

Pharmacy Department
Royal Children's Hospital
Herston Road
Herston Qld

SA

Women's and Children's Hospital
King William Road
North Adelaide SA
Tel: (08) 204 7002

WA

Princess Margaret Hospital for
Children
Roberts Road
Subiaco WA
Tel: (09) 381 1177

NT

Royal Darwin Hospital
Rocklands Drive
Casuarina NT
Tel: (089) 228 424

TAS

Royal Hobart Hospital
Liverpool Street
Hobart Tas
Non emergency contact number
Tel: (002) 388 677

Drug Information Centres

ACT

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

NSW

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

Drug Information Pharmacist
Hunter Therapeutic Advisory 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) 9342 7777

Senior Drug Information Pharmacist
Drug Information Centre
Heidelberg Repatriation Hospital
Banksia Street
West Heidelberg Vic 3081
Tel: (03) 9496 2881

Drug Information Pharmacist
Drug Information Centre
Monash Medical Centre
246 Clayton Road
Clayton Vic 3168
Tel: (03) 9550 2361

QLD

Senior Pharmacist
Queensland Drug Information Centre
Royal Brisbane Hospital
E Floor, Block 7
Herston Road
Herston Qld 4029
Tel: (07) 3253 7098
(07) 3253 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) 222 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 8737

List of Contact Officers for Recalls of Therapeutic Goods

For details of consumer level recalls only—Telephone 1800 020 512

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—

National Co-ordinator

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

Mr J Dutton (06) 239 8636

Mr R W Nixon (06) 239 8637

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 M Dwyer (06) 244 3045

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) 9412 7966

Mr K Moyle (03) 9412 7997

Northern Territory

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

Mr T Knight (089) 892 914

Mr J Gorrell (089) 227 341

Queensland

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—

Mr R Lowry (07) 3234 0960

Mr T J Lunney (07) 3234 0349

Therapeutic Devices—

Mr D F Mines (07) 3216 0244

Mr R Lowry (07) 3234 0960

South Australia

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

Drugs—

Mr K MacKellar (08) 226 6324

Mr R J Grant (08) 226 6406

Therapeutic Devices—

Mr K MacKellar (08) 226 6324

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) 388 4985

Mr M Patterson (09) 388 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. They will only be supplied for these practice locations for which the doctor has a medicare provider number.
- *Non-personalised (blank)*—these forms are distributed as an emergency supply (primarily where a doctor is awaiting supply of personalised forms and his or her supply expires before their arrival). They are made available in quantities of up to five books of 100 (NCR) forms. Typically only two books are supplied. If more are required the doctor should set out the reason for the greater quantity.
- *Locum*—these forms are printed with the medical practitioner's name, prescriber number and telephone number (if available) and make provision for the recording by hand of the practice at which the medical practitioner is practising.

Personalised and Locum 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, bearing on the reverse side the name and address of the practice, its telephone number and, in the case of a sole doctor practice, the doctor's name. The minimum quantity that may be ordered is 10,000 forms and these are priced at \$150 per 10,000 forms. This charge represents the difference between the production cost of these forms and the standard pads listed above.

Dental Practitioners:

- *Personalised*—these forms are printed with the dentist's name, qualifications, practice address/es, telephone number and prescriber number.
- *Non-personalised (blank)*—these forms are distributed as an emergency supply (primarily where a dentist is awaiting supply of personalised forms and his or her supply expires before their arrival). They are made available in quantities of up to five books of 100 (NCR) forms. Typically only two books are supplied. If more are required the dentist should set out the reason for the greater quantity.

The above prescription forms are supplied at no cost.

PBS/RPBS Authority Prescription Forms

These forms are supplied without cost to medical practitioners as personalised, non-personalised and locum, as described above. The forms are available in quantities of 10, 20 and 30 books with each book comprising 25 (NCR) non-carbon four-part forms, that is: an original, duplicate, HIC/DVA copy and doctor's copy.

Authority Prescription Forms may be computer generated either onto manual authority prescription forms, or onto standard computer prescription forms. In the latter case, the layout of the information on the form must comply with the approved standard. Contact your computer software supplier to ensure that this is the case.

Ordering Forms

PBS/RPBS Standard and Authority Prescription Forms

Orders for both the PBS/RPBS Standard 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 while those for Authority Prescription Forms are pink. Non-personalised Standard and Authority Prescription Forms may be ordered directly from the Stationery Officers in the appropriate State.

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.

In some States it is necessary to obtain permission from the State health authorities to generate prescriptions by computer. Doctors seeking to do so should contact their State's Health Department.

General information

Prescribers are requested to consider carefully the quantity of stationery that they require. Each standard prescription pad costs the Commonwealth \$2.30 and the prices of other stationery are commensurate. Ordering appropriate quantities will help keep the price of the Pharmaceutical Benefits Scheme down and save wastage of paper.

Computer prescriptions stationery order forms may be obtained from, and all order forms for prescription stationery (other than non-personalised stationery) must be returned to:

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

The agreements between the Commonwealth and each State place responsibility for the costs of pharmaceutical items supplied to patients (whether private or public) at public hospitals upon the State. For this reason prescription forms are not made available to public hospitals, nor to doctors in respect of a practice location at a public hospital unless the address specifies a private suite or the room number of the doctor's private consulting rooms that happen to be within the premises of the hospital.

The agreements do make some provision for the Commonwealth bearing costs of pharmaceuticals in cases of emergency. Where a hospital or doctor seeks prescription stationery for these purposes, the circumstances should be set out in writing and addressed to the Prescriptions Pad Order Clerk at the address set out above so that a determination may be made.

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 \$16.80 (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 composite fee

up to a maximum of \$16.80.

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 \$407.60 and is indexed for movements in the CPI effective from 1 January each year. When a beneficiary and/or the beneficiary's family have paid \$407.60 (not including any additional amounts paid under the minimum pricing policy) for their PBS/RPBS prescriptions and hospital supplied pharmaceutical benefit items in a calendar year they may apply for a Safety Net Concession Card. 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 and their families 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 DVA/DSS 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/RPBS 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 \$16.80 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. The Department of Veterans' Affairs Personal Treatment Entitlement Card holders (PTEC) receive all of their drugs under the Repatriation Schedule of Pharmaceutical Benefits on RPBS prescription forms and only pay \$2.60 for each RPBS prescription.

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. General beneficiaries must record their Medicare number on the PRF when applying for a Safety Net Concession Card.

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. Some computer software suppliers provide this service as a software option by printing a special label for use as a record on the PRF. Some suppliers also provide the facility for a computer printout which is an acceptable replacement for the PRF.

26. 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.

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

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

Hospital Recording on PRFs

29. Only items approved by a hospital's pharmaceutical advisory committee and listed on the hospital's formulary and paid for should be recorded. The formulary is a list of pharmaceutical items which the hospital's pharmaceutical advisory committee has approved for the treatment of particular illnesses with specific indications. Some drugs are approved on a patient-by-patient basis and may not appear on the formulary. These items may also be included on PRFs. The formulary may vary from hospital to hospital and may contain items not available on the PBS.

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 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 issuing Entitlement/Concession Cards, both community and hospital pharmacists are not required to check details entered on PRFs. However, they should ensure that there is a signature for each entry on the PRF and that the total on all PRFs qualifies the patient and/or family for the relevant safety net card.

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 be 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 when appropriate.

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 \$16.80, an amount of \$16.80 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 \$16.80 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 of the Schedule. 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 \$50.40 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 \$16.80 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 a component for 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 Formulæ preparations and prices. The list is comprised of formulæ taken from formularies in common use and is referred to in this book as the Standard Formulæ List; and
- (c) table of maximum quantities and number of repeats for extemporaneously prepared benefits.

83. A Therapeutic Index is located before Section 2 and a Generic/Proprietary Index of PBS and RPBS ready prepared items is located 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 a non-pharmaceutical benefit item with a pharmaceutical benefit item.

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. 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.

It is the doctor's responsibility to obtain State Health approval in the above situations and this is usually done by mail or telephone depending on the particular State. Where the State Health Department issues an approval number this number should be recorded by the doctor on the Authority Prescription Form. In those cases where the State Health Department does not issue a number, the doctor should indicate that prior approval has been given.

Unless prior approval has been given by the relevant State Health Department, and this is indicated on the authority application, the Health Insurance

Commission will not be in a position to authorise the supply of the benefit.

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 items 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 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;
- (b) the name and address of the medical practitioner or participating dental practitioner must be shown. Medical practitioners are required to record their **Prescriber Number** (not Provider Number) and dental practitioners their **Dental Practitioner Number**. These details are preprinted on the personalised prescription forms supplied by the Commission. Prescribers using unpersonalised prescription forms should ensure these details are duly entered. The procedures for the ordering of prescription pads are contained in the pink section at the front of this Schedule;
- (c) provision is made on the prescription forms for the recording of the patient's name and address, their entitlement status and whether the prescription is being prescribed under the PBS or RPBS;
- (d) the standard prescription form supplied by the Commission has provision to indicate where brand substitution is not permitted;
- (e) medical practitioners may apply to the Health Insurance Commission for approval to generate prescriptions by computer under Regulation 19(1)(a). The Commission supplies personalised computer prescription form stationery for this purpose. The procedures for the ordering of computer stationery are contained in the pink section at the front of this Schedule. Medical practitioners may also generate a prescription by computer following approval using the standard prescription form.

- (f) when the standard prescription form supplied by the Commission is not being used, prescribers must ensure that all of the above requirements are met including marking the duplicate copy with the word "Duplicate";
- (g) 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.**
- (h) if the pharmaceutical benefit is a single drug to be supplied as an extemporaneous benefit, the manner of administration must be indicated;
- (i) 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;
- (j) 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;
- (k) 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;
- (l) sign and date the prescription.

94. A prescription is not a valid pharmaceutical benefit prescription if—

- (a) the medical practitioner or 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 prescriber;
- (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 or participating dental practitioner prescribes a narcotic drug for the prescriber.

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, only with the written authority of the State Manager, Health Insurance Commission or a delegate of the Repatriation Commission. Full particulars of these items and their restrictions are printed in *bold italics* in the Schedule. Where the purpose, disease or condition does not fall within the listed criteria the drug may not be supplied as a pharmaceutical benefit.

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. Where a pharmaceutical benefit, with the exception of the eye preparations, is listed in the Schedule with five or more repeats and has been supplied (whether or not for the first time) the benefit must not be supplied again on that day or any of the 20 clear days immediately following that day.

Where a pharmaceutical benefit is not subject to the 20 clear day rule, a four clear day rule will apply. Where a benefit has been supplied (whether or not for the first time) the benefit must not be supplied again on that day or any of the four days immediately following that day.

However, if an approved pharmacist reasonably believes supply should be made for one of the reasons outlined in paragraph 121, supply can be made as outlined in that paragraph.

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. These abbreviations 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.

When these abbreviations are indicated on Authority Prescription Forms the Health Insurance Commission will be required to seek clarification with the prescriber, usually by returning the prescription.

103. A doctor in the normal course of prescribing items listed in the Schedule complete a PBS/RPBS prescription form. In doing so the quantity and number of repeats are not to exceed those listed in the Schedule. However if a medical practitioner's professional opinion is that this is insufficient for the treatment of the patient, they may apply to the State Manager, Health Insurance Commission, to vary the listed maximum quantities and/or number of repeats. In order to do this they complete an Authority Prescription Form which is submitted to the Commission for approval. Procedures for the approval of this authority application are covered in paragraphs 108-110.

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. Pharmaceutical benefits, once listed in the Schedule, fall into three broad categories:

- **Unrestricted benefits**—those products which are listed in the Schedule which have no restrictions on the therapeutic uses for which they can be prescribed;
- **Restricted benefits**—those products for which the prescribing as a benefit is restricted to the therapeutic uses specified in the Schedule and are noted as “**Restricted Benefit**”;
- **Authority prescriptions**—those products for which the prescribing as a benefit is restricted to the therapeutic uses as specified in the Schedule and identified as “**Authority required**”. Prior approval from the Health Insurance Commission is required to prescribe these drugs as pharmaceutical benefits, with the prescription being written on an Authority Prescription Form.

Prior authority approval is also required for either a restricted or unrestricted benefit where a medical practitioner requests a quantity and/or number of repeats in excess of those stated in the Schedule.

The Authority Prescription Form

109. The Authority Prescription Form is a four-part NCR form supplied to doctors by the Commission for the prescribing of Authority pharmaceutical benefit items. The form also serves as a RPBS Authority Prescription Form for dispensing under the Repatriation Pharmaceutical Benefits Scheme administered by the Department of Veterans' Affairs (DVA). The Authority Prescription Form constitutes an application from the medical practitioner for approval to prescribe authority items as well as being the vehicle by which approval is given by the Commission to vary maximum quantities and/or the number of repeats. The four parts of the form are as follows:

- **original copy**—forwarded after approval, with the duplicate, to the patient or the medical practitioner. The medical practitioner indicates to the Commission, by marking the box next to the patient's details, if the approved authority prescription should be sent direct to the patient.

The original copy makes provision for the recording of patient and doctor details, the patient's entitlement status, details of the drug being prescribed and Commission approval.

- **duplicate copy**—as above. Where repeat supplies have been authorised the duplicate copy is attached to the repeat authorisation until the last supply is made. The duplicate is then retained by the pharmacist.
- **DVA/HIC copy**—this copy is retained by the Commission for record purposes.

In addition to the details recorded on the original and duplicate this copy contains provision for the doctor to record the daily dose and frequency required, details of the disease or purpose for

which the benefit is required, the clinical justification for the use of the item and the patient's age (if the patient is a child). The doctor is also required to indicate whether the patient has previously received an authority for the drug being prescribed.

- **Doctor's copy**—This copy contains the same information as the DVA/HIC copy and is to be retained by the doctor.

Writing of Authority Prescriptions

110. The following rules apply to the writing of Authority Prescriptions by medical practitioners:

- only one item may be prescribed on an Authority Prescription Form;
- Schedule code number must not be used on the form;
- the form must be completed personally by medical practitioners in their own handwriting unless otherwise approved by the Managing Director of the Health Insurance Commission or delegate;
- the prescription must be written in indelible form i.e. ink or ball point pen;
- the medical practitioner must sign and date the form;
- the name, address and telephone number of the medical practitioner must be shown. Medical practitioners are required to record their **Prescriber Number** (not Provider Number). These details are preprinted on the personalised prescription forms supplied by the Commission. Prescribers using unpersonalised prescription forms must ensure these details are accurately entered on the form. The procedures for the ordering of Authority Prescription forms are contained in the pink section at the front of the Schedule;
- provision is made on the Authority Prescription forms for the recording of the patient's name and address, their entitlement status and whether the prescription is being prescribed under the PBS or RPBS. These details must be completed;
- the standard prescription form supplied by the Commission has provision to indicate where brand substitution is not permitted.

If the application can not be approved on the basis of the information on the form, e.g. an essential element is missing, it will be normally returned to the medical practitioner for correction. However if contact can be made with the medical practitioner and the matter can be clarified, an Authority to Prescribe Form may be prepared by the Health Insurance Commission and returned to the prescriber for completion.

All Authority prescriptions must receive prior approval from the Commission. This can be achieved by either:

- posting the written authority to the State Manager of the Health Insurance Commission at the freepost address detailed in the pink section at the front of the Schedule;**

- (b) using the Commission's National Freecall 1800 888 333 PBS Authority Telephone Service;

Regulation 24

111. Although a pharmaceutical benefit may not be supplied to the same person more than once in any 4 or 20 days (as detailed in paragraph 100), a medical practitioner may under certain circumstances direct that the original and repeat supplies be supplied at the one time. In order to do this the medical practitioner must be satisfied that each of the following conditions apply:

- the maximum quantity specified for the pharmaceutical benefit prescribed is insufficient for the medical treatment of the patient; and
- the patient is suffering from a chronic illness or is resident in a place remote from the nearest approved pharmacist or approved medical practitioner for the dispensing of PBS prescriptions; and
- that the patient, without great hardship, could not obtain the pharmaceutical benefit on separate occasions.

In the above situation the medical practitioner must endorse the PBS prescription with the words "**Regulation 24**" or words to that effect, or the RPBS prescription with the words "hardship conditions apply", as certification that **ALL** of the above conditions have been met.

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. It is also possible in urgent cases for the medical practitioner to communicate an Authority Prescription to a pharmacist approved to supply PBS prescriptions. However—

- prior approval of the Authority Prescription must have been given by the Commission;
- it is only possible to do this where the State law allows;
- the medical practitioner must write the Authority Prescription and forward it to the approved pharmacist who supplied the benefit within 7 days of the date of supply; and
- the medical practitioner must endorse the Authority Prescription with the phone approval number. Provisions is made on the form for this number to be recorded.

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 valid prescription, dated within twelve months before the date of its presentation; or
- 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
- 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:

- 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

except in the circumstances described in paragraph 121, 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 pharmacist reasonably believes that, having regard to the patient's circumstances, the supply of the benefit is necessary, without delay, for the treatment of the person, or that the previous supply of the benefit to the patient has been destroyed, lost or stolen, a further supply of the benefit may be made within the relevant period specified in paragraph 120. In these cases the approved pharmacist must 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; and
- (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.

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 composite 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—

- the category of benefit (either PBS General, PBS Concessional, Entitlement/Concession Card holder, or RPBS)—by placing a cross (x) in the relevant box;
- the patient's name and full address;
- if the prescription is for a concessional beneficiary, the entitlement number which applies to the patient;
- in the case of repeats authorised on Authority Prescriptions, the authority number;
- the transcription of the original prescription stating the item, form, strength, quantity and directions;
- if brand substitution has occurred (see paragraph 127), the name of the brand actually supplied;
- 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);
- 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;
- the number of times the pharmaceutical benefit has been directed to be repeated and the number of times supply has been made; and
- the name and approval number of the approved pharmacist issuing the Repeat Authorisation, together with the date on which the Repeat Authorisation was prepared and the date of supply.

Repeat Authorisations for Injectables and Solvents

138. Only one Repeat Authorisation is to be prepared, where repeats are ordered, 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—

- '0' is to be inserted in the space for 'No. of times already dispensed';
- if no repeats are ordered, '0' is to be inserted in the space for 'No. of Repeats Authorised';
- 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. The details from the pharmacy preparing the deferred supply authorisation are to be transcribed onto subsequent repeat authorisation.

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:

S
A
No.

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

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

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

Information to be Entered In Prescription Identification Stamp

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

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

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

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

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

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

'No.'—The prescription identifying number.

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

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

- (a) 1 for Emergency Drug (Doctor's Bag) supplies;
- (b) 1 for general benefits;
- (c) C1 for concessional and concession card benefits;
- (d) E1 for entitlement card benefits; and
- (e) R1 for repatriation benefits.

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

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

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

Serial Numbering of an Injectable Item Ordered with a Solvent

161. Where the words '(solvent required)' are included after the form of a pharmaceutical benefit and the

prescriber has directed in the prescription that both the injectable and the solvent are to be supplied, only one serial number is to be allocated and should be placed on the left hand side of the prescription form opposite the injectable item.

Serial Numbering of Repeat Authorisations for Authority Prescriptions

162. Where a 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 composite 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 Remote Pharmacy Allowance 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/Concession Card holders and Entitlement 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 composite fee (i.e., only one composite 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 composite 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 composite 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 composite 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:

- the percentage that the quantity supplied bears to the number contained in the standard pack is determined; and
- 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
- 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—

- the recovery price of each ingredient as shown in the Drug Tariff;
- the price of the appropriate container as shown in the price section; and
- a composite 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:

- 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

- 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

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

Miscellaneous Pricing Rules

197. —

- The minimum recovery price for any ingredient is 1 cent.
- 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.
- 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 composite fees. For example, an 80 mL mixture would be priced at eight times the average 10 mL rate for mixtures, plus container and composite 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 210.

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 composite 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 composite fee, dangerous drug fee and container charges for ready prepared preparations are set out in Section 3 of the Schedule. The composite 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 initiated 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.

Legislation

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.

Enquiries

228. 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

229. 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	Code	Manufacturer
AA	ASTA Medica Degussa Australia Pty Limited 17 Raglan Street South Melbourne Vic 3205 Tel: (03) 9699 2188 Fax: (03) 9690 2910	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
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 668 9711 Fax: (02) 668 8459	AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 843 6300 Fax: (02) 843 6450
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 630 5099 Fax: (02) 683 5026	AZ	AZA Research Pty Ltd 112 Wharf Road West Ryde NSW 2114 Tel: (02) 325 4563 Fax: (02) 325 4573
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101 Tel: (03) 9853 0022 Fax: (03) 9862 1915	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
AF	Alphapharm Pty Limited 12 Crown Street Glebe NSW 2037 Tel: (02) 692 9777 Fax: (02) 660 2344	BC	Bristol Laboratories A Division of Bristol-Myers Squibb Pharmaceuticals Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9795 0968
AG	Allergan Australia Pty Ltd 5 George Place Artarmon NSW 2064 Tel: 1800 252 224 Fax: (02) 428 0091	BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 1800 269 933 Fax: (02) 887 3487
AM	Ames Product Group Division of Bayer Diagnostics Aust. Pty Limited 875-893 Pacific Highway Pymble NSW 2073 Tel: (02) 391 6400 Fax: (02) 9988 4088	BF	Pilkington Barnes Hind Pty Ltd Unit 1-2 Brookvale Business Centre 9 Powells Road Brookvale NSW 2100 Tel: 1800 226 599 Fax: (02) 9905 7678
AN	Amgen Australia Pty Ltd Level 3, 65 Epping Road North Ryde NSW 2113 Tel: (02) 870 1333 Fax: (02) 870 1344	BK	Becton Dickinson Pty Ltd 80 Rushdale Street Knoxfield Vic 3180 Tel: (03) 9764 2444 Fax: (03) 9764 2550
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700	BL	David Bull Laboratories Pty Ltd 7-23 Lexia Place Mulgrave North Vic 3170 Tel: (03) 9560 2533 Fax: (03) 9560 9081

<i>Code</i>	<i>Manufacturer</i>
BN	Bayer Australia Limited 875-893 Pacific Highway Pymble NSW 2073 Tel: (02) 391 6000 Fax: (02) 9988 3311
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) 9213 4000 Fax: (03) 9795 0968
BS	Sancella Pty Limited 30-32 Westall Road Westall Vic 3171 Tel: (03) 9550 2999 Fax: (03) 9547 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) 9906 7147
CC	ConvaTec 606 Hawthorn Road East Brighton Vic 3187 Tel: 1800 335 276 Fax: (03) 9525 0920

<i>Code</i>	<i>Manufacturer</i>
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) 9389 1911 Fax: (03) 9388 2351
CT	Coloplast Pty Ltd Unit 6, 154 Highbury Road Burwood Vic 3125 Tel: (03) 9888 7022 Fax: (03) 9888 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) 9587 1088 Fax: (03) 9580 7647
EX	Essex Laboratories 11 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 624 4444 Fax: (02) 674 4279

<i>Code</i>	<i>Manufacturer</i>
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 Pharmaceuticals Pty Limited Maitland Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 894 3500 Fax: (02) 899 1600
FM	Fawns and McAllan Pty Ltd 432 Mt Dandenong Road Croydon Vic 3136 Tel: (03) 9542 9777 Fax: (03) 9542 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) 9975 5374
GL	Glaxo Australia Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9729 5100 Fax: (03) 9729 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) 9372 2389 Fax: (03) 9376 4158

<i>Code</i>	<i>Manufacturer</i>
HP	Hoechst Australia Limited 606 St Kilda Road Melbourne Vic 3004 Tel: (03) 9522 1212 Fax: (03) 9529 2608
IC	ICI Australia Operations Pty Ltd ICI House, 1 Nicholson Street Melbourne Vic 3000 Tel: (03) 9665 7111 Fax: (03) 9665 7144
IQ	The Ioquin Company Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086 Tel: 1800 800 765 Fax: (02) 9975 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) 9963 8888 Fax: (02) 9957 5687
KE	Kendall Australasia Pty Ltd 22 Giffnock Avenue North Ryde NSW 2113 Tel: 1800 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

<i>Code</i>	<i>Manufacturer</i>
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) 9854 8000 Fax: (03) 9854 8001
MD	Macarthur Research A Division of Syntex Australia Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9981 0700 Fax: (02) 9981 3229
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

<i>Code</i>	<i>Manufacturer</i>
ML	Marion Merrell Dow Australia Pty Ltd Unit 1, 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 9950 5333 Fax: (02) 9950 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) 9836 6111 Fax: (03) 9836 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) 9592 0433 Fax: (03) 9592 0533
NN	Nelson Laboratories Division of Laboratories Pharm-a-care Pty Ltd Unit 16, 1-3 Jubilee Avenue Warriewood NSW 2102 Tel: (02) 9997 1466 Fax: (02) 9997 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) 9982 0222 Fax: (02) 9981 3229
NT	Nestlé Australia Ltd 60 Bathurst Street Sydney NSW 2000 Tel: (02) 266 0622 Fax: (02) 9931 2610

<i>Code</i>	<i>Manufacturer</i>
NU	Nutricia 3 Montague Street Balmain NSW 2041 Tel: (02) 555 1885 Fax: (02) 810 8264
OB	Oral B Laboratories Pty Ltd Level 3, 90 Mount Street North Sydney NSW 2060 Tel: (02) 9957 6499 Fax: (02) 9957 5383
OM	Colgate Oral Care 345 George Street Sydney NSW 2000 Tel: (02) 229 5600 Fax: (02) 232 8448
OP	Organon Pharmaceuticals A business name of Organon (Australia) Pty Limited 31-33 Sirius Road Lane Cove NSW 2066 Tel: (02) 428 9411 Fax: (02) 428 1732
OR	Organon (Australia) Pty Limited 31-33 Sirius Road Lane Cove NSW 2066 Tel: (02) 428 9411 Fax: (02) 428 1732
OT	Organon Teknika Pty Ltd Unit 13, 5 Hudson Avenue Castle Hill NSW 2154 Tel: (02) 899 3944 Fax: (02) 899 3984
PD	Parke Davis Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 526 9500 Fax: (02) 525 6237
PF	Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 858 9444 Fax: (02) 858 1347
PP	Petrus Pharmaceuticals 1360 Viveash Road Swan View WA 6056 Tel: (09) 294 4333 Fax: (09) 294 4777
PS	Pharmacia (Australia) Pty Ltd 4 Byfield Street North Ryde NSW 2113 Tel: (02) 888 3622 Fax: (02) 888 7298

<i>Code</i>	<i>Manufacturer</i>
PV	Pasteur Mérieux Sérums & Vaccins Division of Rhône-Poulenc Rorer Australia Pty Ltd 35 Cotham Road Kew Vic 3101 Tel: (03) 9854 8000 Fax: (03) 9854 8001
PW	Parke Davis-Wellcome Consumer Healthcare Pty Limited 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 526 9500 Fax: (02) 525 6237
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) 9982 0222 Fax: (02) 9981 3229
RR	Rorer Consumer Division of Rhône-Poulenc Rorer Australia Pty Ltd 35 Cotham Road Kew Vic 3101 Tel: (03) 9854 8000 Fax: (03) 9854 8001
SB	Scientific Hospital Supplies (Australia) Pty Ltd 12 Hope Street Ermington NSW 2115 Tel: (02) 858 5988 Fax: (02) 858 5957

<i>Code</i>	<i>Manufacturer</i>
SC	Schering Pty Ltd Australian Subsidiary of Schering AG, Berlin 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 317 8666 Fax: (02) 669 2578
SD	Syntex Australia Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9981 0700 Fax: (02) 9981 3229
SE	Servier Laboratories (Aust.) Pty Ltd Servier House 13 Cato Street Hawthorn Vic 3122 Tel: (03) 9822 2144 Fax: (03) 9822 9790
SG	Serono Australia Pty Ltd Unit 4, Allambie Grove Business Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 9975 3100 Fax: (02) 9975 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) 9542 9777 Fax: (03) 9542 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) 9213 4444 Fax: (03) 9706 5883
SN	Smith & Nephew (Aust.) Pty Ltd 211 Wellington Road Clayton Vic 3168 Tel: (03) 9566 1200 Fax: (03) 9562 0500
SO	Scholl International (ANZ) Pty Ltd 255A Boundary Road Braeside Vic 3195 Tel: 1800 335 061 Fax: (03) 9580 0939

<i>Code</i>	<i>Manufacturer</i>
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) 9982 0222 Fax: (02) 9981 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) 9906 7147
VG	Vita Glow Pty Ltd 6 Hayes Street Balgowlah NSW 2093 Tel: 1800 226 223 Fax: (02) 9949 5561
WE	Wille Laboratories Pty Ltd 100 Antimony Street Carole Park Qld 4300 Tel: (07) 3271 2677 Fax: (07) 3271 1315

<i>Code</i>	<i>Manufacturer</i>
WT	Whitehall Laboratories Pty Limited 102 Bonds Road Punchbowl NSW 2196 Tel: (02) 534 1000 Fax: (02) 533 3980
WW	Wm R. Warner 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 526 9500 Fax: (02) 525 6237
WX	Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 843 6300 Fax: (02) 843 6450
WY	Wyeth Pharmaceuticals Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 843 6300 Fax: (02) 843 6450

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for

PBS Schedule

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Section 2

Emergency Drug (Doctor's Bag) Supplies

Special Pharmaceutical Benefits

General Pharmaceutical Benefits

Pharmaceutical Benefits for Dental Use

Items Available Under Special Arrangements (s.100)

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 composite fee of \$6.10 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 either unknown whether or not they are equivalent, or else the sponsors of these brands have requested that an indication of equivalence NOT be shown.

There may be several reasons for the first situation, 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.

In the second case, requests not to include an indication of equivalence are meant to prevent brand substitution (even though the products are equivalent) as legislation permitting substitution applies only to brands which are known to be equivalent. This situation applies only to co-marketed products where there is no brand premium and thus no implication for payment by patients.

'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'.

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 price 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 cheaper 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.

RESTRICTED BENEFITS

All restricted items are identified by ❖ and are printed in ***bold italics***, with separate headings for authority and non-authority 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%)

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	8.12	AP	
3452Q	AMINOPHYLLINE I.V. injection 250 mg in 10 mL	5	11.42	SI	
3453R	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	9.40	AP	
3457Y	BENZIROPINE MESYLATE Injection 2 mg in 2 mL	5	17.69	Cogentin	MK
3486L	BENZYL PENICILLIN Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*29.57	CS	
or	or				
3485K	PROCAINE PENICILLIN Injection 1.5 g	10	*99.75	Cilicaine	SI
3455W	CHLORPROMAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	13.40	Largactil	MB
or	or				
3456X	HALOPERIDOL Injection 5 mg in 1 mL	10	12.47	Serenace	SR
3472R	DEXAMETHASONE Injection 4 mg in 1 mL	5	13.10	Decadron	MK
or	or				
3470P	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*10.43	Nordicort Solu-Cortef	NR UP
or	or				
3471Q	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	9.85	Solu-Cortef	UP
3458B	DIAZEPAM Injection 10 mg in 2 mL	5	7.93	BL	
3460D	DIHYDROERGOTAMINE MESYLATE Injection 1 mg in 1 mL	5	13.29	Dihydergot	SZ
3461E	DIPHTHERIA and TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*51.07	CS	
3462F	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL	10	*51.87	CS	
3464H	ERGOMETRINE MALEATE Injection 250 micrograms in 1 mL	5	9.15	BL	
3465J	ERYTHROMYCIN I.M. injection 100 mg in 2 mL	5	28.50	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	
3466K	FRUSEMIDE Injection 20 mg in 2 mL	5	7.02	Lasix AF	HP
3467L	GLUCAGON HYDROCHLORIDE Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	20.09	GlucaGen Hypokit	NO
3454T	GLYCERYL TRINITRATE Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)	‡1	17.03	Nitrolingual Spray	FC
3474W	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	4	*18.79	Xylocard 100	AP
3476Y	METOCLOPRAMIDE HYDROCHLORIDE Injection 10 mg in 2 mL	10	9.72	Maxolon	SK
or	or				
3477B	PROCHLORPERAZINE Injection 12.5 mg in 1 mL	10	12.91	Stemetil	MB
3479D	MORPHINE SULFATE Injection 15 mg in 1 mL	5	10.55 11.53	BL SI AP	
or	or				
3480E	MORPHINE SULFATE Injection 30 mg in 1 mL	5	11.92	BL	
3482G	NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL	2	*51.09	Naloxone Min-I-Jet	CS
3483H	PETHIDINE HYDROCHLORIDE Injection 100 mg in 2 mL	5	9.54 11.78	BL SI AP	
3488N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	*13.85	BL	
3496B	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	16.54 16.85	^a Respax 2.5 Sterinebs ^a Ventolin Nebules	DW GL
3497C	SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	17.24 17.55	^a Respax 5 Sterinebs ^a Ventolin Nebules	DW GL
3490Q	TERBUTALINE SULFATE Injection 100 micrograms in 1 mL	5	8.23	Bricanyl	AP
or	or				
3491R	TERBUTALINE SULFATE Injection 500 micrograms in 1 mL	5	8.36	Bricanyl	AP

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed	Proprietary Name and Manufacturer
			Price for Max. Qty \$	
3493W	TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*45.57	CS
3494X	VERAPAMIL HYDROCHLORIDE Injection 5 mg in 2 mL	5	9.33	^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 34.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Special Patient Contribution for Max. Qty \$	Reimburse- ment Price for Max. Qty \$	Total Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
BLEOMYCIN (Blenoxane BQ)							
❖ Restricted benefit ❖							
<i>Germ cell neoplasms; Lymphoma.</i>							
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	526.70	1066.87	16.80
CLOMIPHENE CITRATE (Clomid ML)							
NOTE:							
<i>Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.</i>							
❖ Restricted benefit ❖							
<i>Anovulatory infertility; Patients undergoing in-vitro fertilisation.</i>							
1211R	Tablet 50 mg	10	5	33.84	*38.87	*72.71	16.80
2334W	POLYGELINE (Haemacel HP) I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	7.20	*60.61	*67.81	16.80
SELEGILINE HYDROCHLORIDE (Eldepryl RC)							
❖ Authority required ❖							
<i>Adjunctive therapy in late stage Parkinson's disease in patients being treated with levodopa with benserazide or levodopa with carbidopa.</i>							
1973W	Tablet 5 mg	100	5	39.67	80.72	120.39	16.80

ALIMENTARY TRACT AND METABOLISM

Code	Name, Restriction, Manner of administration and 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								
2931G	AMPHOTERICIN Lozenge 10 mg	20	1	..	6.77	7.58	Fungilin	BQ
3033P	NYSTATIN Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	7.46	8.27	Mycostatin Nilstat	BQ LE
• Other agents for local oral treatment								
BENZYDAMINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Treatment of radiation induced mucositis.</i>								
1121B	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	‡1	1	..	16.04	16.80	Diffiam	MM
ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE								
Antacids								
• Aluminium compounds								
2153H	ALUMINIUM HYDROXIDE Oral suspension 321 mg per 5 mL, 500 mL	2	5	..	*11.21	12.02	Amphojel	WT
2552H	ALUMINIUM HYDROXIDE with KAOLIN Oral suspension 137 mg-1 g per 5 mL, 500 mL	‡1	2	..	7.92	8.73	Kaomagma	WT
• Combinations and complexes of aluminium, calcium and magnesium compounds								
2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200 mg-200 mg	200	5	..	*11.21	12.02	Gelusil Mylanta	WW PD
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*11.21	12.02	Gelusil Mylanta	WW PD
2156L	Oral suspension 215 mg-80 mg per 5 mL, 500 mL	2	5	..	*11.21	12.02	Simeco	WT
1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250 mg-120 mg-120 mg	200	5	..	*11.21	12.02	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg- 120 mg per 5 mL, 500 mL	2	5	..	*11.21	12.02	Gastrogel	FM
• Antacids, other combinations								
2158N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZINE Oral suspension 306 mg-97.5 mg- 10 mg per 5 mL, 500 mL	2	5	..	*11.21	12.02	Mucaine	WT

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
Drugs for treatment of peptic ulcer							
• H₂-receptor antagonists							
CIMETIDINE							
❖ Restricted benefit ❖							
<i>Initial and maintenance treatment of peptic ulcer; Reflux oesophagitis; Scleroderma oesophagus; Zollinger-Ellison syndrome.</i>							
1157X	Tablet 200 mg	120	2	.. 0.59	32.87 33.46	16.80 16.80	^a <i>Magicul 200</i> ^a <i>Sigmatadine</i> ^a <i>Tagamet</i> AF SI SK
1158Y	Tablet 400 mg	60	2	.. 0.59	32.87 33.46	16.80 16.80	^a <i>Magicul 400</i> ^a <i>Sigmatadine</i> ^a <i>Tagamet</i> AF SI SK
1159B	Tablet 800 mg	30	1	.. 0.59	32.87 33.46	16.80 16.80	^a <i>Magicul 800</i> ^a <i>Tagamet</i> AF SK
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	1	..	35.25	16.80	<i>Tagamet 800 Express</i> SK
FAMOTIDINE							
❖ Restricted benefit ❖							
<i>Initial and maintenance treatment of duodenal ulcer; Treatment of gastric ulcer; Reflux oesophagitis; Zollinger-Ellison syndrome.</i>							
2487X	Tablet 20 mg	60	2	..	32.17	16.80	<i>Amfamox 20</i> <i>Pepcidine M</i> AD MK
2488Y	Tablet 40 mg	30	1	..	32.17	16.80	<i>Amfamox 40</i> <i>Pepcidine</i> AD MK
NIZATIDINE							
❖ Restricted benefit ❖							
<i>Initial and maintenance treatment of duodenal ulcer; Treatment of gastric ulcer; Reflux oesophagitis.</i>							
1505F	Capsule 150 mg	60	2	..	35.25	16.80	<i>Tazac</i> LY
1504E	Capsule 300 mg	30	1	..	35.25	16.80	<i>Tazac</i> LY
RANITIDINE HYDROCHLORIDE							
❖ Restricted benefit ❖							
<i>Initial and maintenance treatment of peptic ulcer; Reflux oesophagitis; Scleroderma oesophagus; Zollinger-Ellison syndrome.</i>							
1978D	Tablet 150 mg (base)	60	2	..	33.02	16.80	<i>Zantac</i> GL
1937Y	Effervescent tablet 150 mg (base)	60	2	..	33.02	16.80	<i>Zantac</i> GL
1977C	Tablet 300 mg (base)	30	1	..	33.02	16.80	<i>Zantac</i> GL

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	
• Prostaglandins MISOPROSTOL CAUTION: <i>Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.</i>								
❖ Authority required ❖ <i>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;</i>								
➤ <i>Reduction in the incidence of gastrointestinal complications in patients who have a history of peptic ulcer disease and in whom NSAID therapy is essential.</i>								
1648R	Tablet 200 micrograms	120	2	..	45.63	16.80	Cytotec	SR
• Proton pump inhibitors LANSOPRAZOLE ❖ Authority required ❖ <i>Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs; Severe refractory ulcerating oesophagitis.</i>								
NOTE: <i>An application for use in duodenal or gastric ulcer must include the date of final assessment (x-ray, endoscopy or surgery).</i>								
2240X	Capsule 30 mg	28	1	..	91.65	16.80	Zoton	LE
❖ Authority required ❖ <i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.</i>								
2241Y	Capsule 30 mg	28	5	..	91.65	16.80	Zoton	LE
OMEPRAZOLE ❖ Authority required ❖ <i>Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs.</i>								
NOTE: <i>The application must include the date of final assessment (x-ray, endoscopy or surgery).</i>								
1326T	Capsule 20 mg	28	1	..	91.65	16.80	Losec	AP
❖ Authority required ❖ <i>Severe refractory ulcerating oesophagitis; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.</i>								
1327W	Capsule 20 mg	28	5	..	91.65	16.80	Losec	AP

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	
PANTOPRAZOLE SODIUM SESQUIHYDRATE								
❖ Authority required ❖								
<i>Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs; Severe refractory ulcerating oesophagitis.</i>								
NOTE:								
<i>An application for use in duodenal or gastric ulcer must include the date of final assessment (x-ray, endoscopy or surgery).</i>								
8007K	Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole	28	1	..	82.91	16.80	Somac	PS
❖ Authority required ❖								
<i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.</i>								
8008L	Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole	28	5	..	82.91	16.80	Somac	PS
• 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	..	28.68	16.80	De-Nol	PD
SUCRALFATE								
2056F	Tablet 1 g (hydrous)	120	2	..	22.97	16.80	SCF	SR
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	..	22.97	16.80	^a Ulcyte	AF
				1.65	24.62	16.80	^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	..	*11.39	12.20	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	..	9.91	10.72	FM	
1089H	Injection 600 micrograms in 1 mL	10	1	..	9.40	10.21	AP	

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	
	BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulfate and Hyoscine Hydrobromide							
2705J	Tablet 92.5 micrograms- 13.5 micrograms-9.9 micrograms	100	2	..	5.95	6.76	Atrobel	FM
2706K	Tablet 138.7 micrograms- 20.3 micrograms-14.8 micrograms	100	2	..	6.04	6.85	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	..	6.09	6.90	Donnatab	WT

Propulsives• **Propulsives****CISAPRIDE**❖ **Restricted benefit** ❖*Gastroparesis;**Reflux oesophagitis.*

1188M	Tablet 5 mg	90	5	..	22.89	16.80	Prepulsid	JC
1189N	Tablet 10 mg	90	5	..	34.48	16.80	Prepulsid	JC
1294D	Tablet 20 mg	60	5	..	39.03	16.80	Prepulsid Forte	JC
1190P	Oral suspension 1 mg per mL, 200 mL	‡1	5	..	22.20	16.80	Prepulsid	JC
1347X	DOMPERIDONE Tablet 10 mg	25	..	..	6.71	7.52	Motilium	JC
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	.. 2.00	5.93 7.93	6.74 6.74	Pramin Maxolon	AF SK
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.47	7.28	Maxolon	SK
1206L	Injection 10 mg in 2 mL	10	..	..	9.72	10.53	Maxolon	SK

ANTIEMETICS AND ANTINAUSEANTS**Antiemetics and antinauseants**• **Serotonin (5HT₃) antagonists****ONDANSETRON**❖ **Authority required** ❖*Management of nausea and vomiting associated with cytotoxic chemotherapy or radiotherapy.*

1594X	Tablet 4 mg	10	..	..	109.28	16.80	Zofran	GL
1595Y	Tablet 8 mg	10	..	..	187.00	16.80	Zofran	GL
1596B	I.V. injection 4 mg in 2 mL	2	..	..	48.97	16.80	Zofran	GL
1597C	I.V. injection 8 mg in 4 mL	2	..	..	83.16	16.80	Zofran	GL

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	
TROPISETRON HYDROCHLORIDE								
❖ Authority required ❖								
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy.</i>								
2745L	Capsule 5 mg (base)	5	..	..	163.22	16.80	Navoban	SZ
2746M	I.V. injection 5 mg (base) in 5 mL	1	..	..	42.63	16.80	Navoban	SZ

• **Other antiemetics**

PROCHLORPERAZINE

CAUTION:

Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.

2893G	Tablet 5 mg	25	..	..	*6.80	7.61	Stemetil	MB
2369Q	Injection 12.5 mg in 1 mL	10	..	..	12.91	13.72	Stemetil	MB
2894H	Suppositories 5 mg, 5	‡1	2	..	9.86	10.67	Stemetil	MB
2895J	Suppositories 25 mg, 5	‡1	2	..	10.54	11.35	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.

3049L	PROMETHAZINE THEOCLATE Tablet 25 mg	30	1	..	9.33	10.14	Avomine	MB
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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	..	*11.03	11.84	Bisalax	FC
1260H	Suppositories 10 mg, 10	3	5	..	*21.22	16.80	Durolax	BY
1258F	Suppositories 10 mg, 12	3	4	..	*17.14	16.80	PP	

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	
	DOCUSATE SODIUM with BISACODYL							
	❖ Restricted benefit ❖							
	<i>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.</i>							
1125F	Suppositories 100 mg-10 mg, 5	6	5	..	*21.25	16.80	Coloxyl	FM
	• Bulk producers							
	STERCULIA with FRANGULA BARK							
	❖ Restricted benefit ❖							
	<i>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.</i>							
1102B	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.75	16.80	Granocol	SC
1104D	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	20.15	16.80	Normacol Plus	NE
	• Osmotically acting laxatives							
	LACTULOSE							
	❖ Restricted benefit ❖							
	<i>Hepatic coma or precoma (chronic porto-systemic encephalopathy); Malignant neoplasia.</i>							
3064G	Mixture 3.34 g per 5 mL, 500 mL	‡1	5	.. 1.76	15.00 16.76	15.81 15.81	^a Actilax ^a Duphalac	AF JC

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	
• Enemas								
BISACODYL								
❖ Restricted benefit ❖								
<i>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.</i>								
1263L	Enemas 10 mg in 5 mL, 25	#1	2	..	35.29	16.80	Bisalax	FC
SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE ❖ Restricted benefit ❖ <i>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.</i>								
2091C	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	2	2	..	*28.77	16.80	MicroLax	PS
• Other laxatives								
GLYCEROL								
❖ Restricted benefit ❖								
<i>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.</i>								
2555L	Suppositories 700 mg (for infants), 12	3	5	..	*13.06	13.87	PP	
2556M	Suppositories 1.4 g (for children), 12	3	5	..	*13.72	14.53	PP	
2557N	Suppositories 2.8 g (for adults), 12	3	5	..	*14.08	14.89	PP	

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	
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS								
Intestinal antiinfectives								
• Antibiotics								
2325J	NEOMYCIN SULFATE Tablet 500 mg	25	1	..	13.07	13.88	Neosulf	AF
1696G	NYSTATIN Tablet 500,000 units	50	..	..	11.00	11.81	Mycostatin Nilstat	BQ LE
1699K	Capsule 500,000 units	50	..	..	11.00	11.81	Mycostatin Nilstat	BQ LE
VANCOMYCIN								
❖ Restricted benefit ❖								
<i>Antibiotic associated colitis.</i>								
3113W	Capsule 125 mg (125,000 i.u.) vancomycin activity	40	..	..	*255.61	16.80	Vancocin	LY
3114X	Capsule 250 mg (250,000 i.u.) vancomycin activity	40	..	..	*494.27	16.80	Vancocin	LY
Intestinal adsorbents								
• Charcoal preparations								
CHARCOAL, ACTIVATED								
❖ Restricted benefit ❖								
<i>For colostomy and ileostomy use.</i>								
2718C	Tablet 300 mg	500	1	..	20.77	16.80	Ad-Sorb Karbons WE(NQ)	KY EG
Electrolytes with carbohydrates								
• Oral rehydration salt formulations								
ELECTROLYTE REPLACEMENT (ORAL)								
3196F	Sachets containing powder for oral solution 4.87 g, 10	‡1	..	..	12.22	13.03	Repalyte New Formulation	MB
NOTE:								
Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g.								
Antipropulsives								
• Antipropulsives								
DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE								
2501P	Tablet 2.5 mg-25 micrograms	20	..	..	5.93	6.74	Lomotil	SR
LOPERAMIDE HYDROCHLORIDE								
1571Q	Capsule 2 mg	12	..	..	5.93	6.74	^a Gastro-Stop Loperamide	RR
				1.00	6.93	6.74	^a Imodium	JC

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	
Intestinal antiinflammatory agents								
• Corticosteroids for local use								
HYDROCORTISONE ACETATE								
❖ Restricted benefit ❖								
<i>Proctitis; Ulcerative colitis.</i>								
1502C	Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g	2	3	..	*31.19	16.80	Colifoam	SV
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
PREDNISOLONE SODIUM PHOSPHATE								
❖ Restricted benefit ❖								
<i>Proctitis; Ulcerative colitis.</i>								
2554K	Suppositories equivalent to 5 mg prednisolone, 10	3	3	..	*22.03	16.80	Predsol	SI
1920C	PREDNISOLONE SODIUM PHOSPHATE Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*72.35	16.80	Predsol	SI
• Aminosalicylic acid and similar agents								
MESALAZINE								
❖ Authority required ❖								
<i>Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.</i>								
1611T	Tablet 250 mg	100	5	..	73.43	16.80	Mesasal	SK
OLSALAZINE SODIUM								
❖ Authority required ❖								
<i>Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.</i>								
1728Y	Capsule 250 mg	100	5	..	61.10	16.80	Dipentum	PS
SULFASALAZINE								
❖ Restricted benefit ❖								
<i>Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.</i>								
2093E	Tablet 500 mg	200	5	..	*39.37	16.80	Salazopyrin	PS
2096H	Tablet 500 mg (enteric coated)	200	5	..	*43.27	16.80	Salazopyrin-EN	PS

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	
DIGESTIVES, INCL. ENZYMES								
Digestives, incl. enzymes								
• Enzyme preparations								
1735H	PANCREATIN ENZYME Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	52.93	16.80	Viokase	AY
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	10	..	52.93	16.80	Viokase	AY
2496J	PANCRELIPASE Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	120.87	16.80	Pancrease	JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	..	*177.23	16.80	Cotazym S Forte	OR
DRUGS USED IN DIABETES								
Insulins								
• Insulins								
1711C	INSULIN ISOPHANE (N.P.H.) Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.82	16.80	Hypurin Isophane Isotard MC	FC NO
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.22	16.80	Humulin NPH Protaphane	AZ NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.67	16.80	Humulin NPH Protaphane HM Penfill	AZ NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.67	16.80	Humulin NPH Protaphane Penfill 3 mL	AZ NO
1713E	INSULIN NEUTRAL Injection (bovine) 100 units per mL, 10 mL	5	2	..	*101.07	16.80	Hypurin Neutral Insulin 2 Neutral	FC NO
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.22	16.80	Actrapid Humulin R	NO AZ
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.67	16.80	Actrapid HM Penfill Humulin R	NO AZ
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.67	16.80	Actrapid Penfill 3 mL Humulin R	NO AZ
1591R	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane) Injection (human) 100 units (20 units-80 units) per mL, 10 mL	5	2	..	*130.22	16.80	Humulin 20/80	AZ
1426C	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*130.22	16.80	Humulin 30/70 Mixtard 30/70	AZ NO

continued

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)—cont.							
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*130.22	16.80	Humulin 50/50 AZ Mixtard 50/50 NO
2061L	Injections (human) 100 units (15 units-85 units) per mL, 3 mL, 5	5	1	..	*219.67	16.80	Mixtard 15/85 Penfill 3 mL NO
1592T	Injections (human) 100 units (20 units-80 units) per mL, 1.5 mL, 5	10	1	..	*219.67	16.80	Humulin 20/80 AZ
8006J	Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5	5	1	..	*219.67	16.80	Humulin 20/80 AZ
1429F	Injections (human) 100 units (30 units-70 units) per mL, 1.5 mL, 5	10	1	..	*219.67	16.80	Humulin 30/70 AZ Mixtard 30/70 Penfill NO
1763T	Injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*219.67	16.80	Humulin 30/70 AZ Mixtard 30/70 Penfill 3 mL NO
2062M	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*219.67	16.80	Mixtard 50/50 Penfill 3 mL NO
INSULIN ZINC SUSPENSION (Lente)							
1716H	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.82	16.80	Lente MC NO
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.22	16.80	Humulin L AZ Monotard NO
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)							
1721N	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.82	16.80	Ultralente MC NO
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.22	16.80	Humulin UL AZ Ultratard NO
Oral blood glucose lowering drugs							
• Biguanides							
METFORMIN HYDROCHLORIDE							
2430X	Tablet 500 mg	100	5	.. 1.10	14.72 15.82	15.53 15.53	^a Diaformin AF ^a Diabex FC ^a Glucophage LH
1801T	Tablet 850 mg	60	5	..	15.82	16.63	^a Diabex 850 FC ^a Glucophage LH
• Sulfonamides, urea derivatives							
CHLORPROPAMIDE							
CAUTION:							
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
1202G	Tablet 250 mg	100	5	..	11.97	12.78	Diabinese PF

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	
GLIBENCLAMIDE								
CAUTION:								
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2940R	Tablet 2.5 mg	100	5	..	8.07	8.88	Semi-Daonil	HP
2939G	Tablet 5 mg	100	5	..	9.69	10.50	^a Glimel	AF
				0.52	10.21	10.50	^a Euglucon	BO
				1.00	10.69	10.50	^a Daonil	HP
GLICLAZIDE								
CAUTION:								
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2449X	Tablet 80 mg	100	5	..	15.28	16.09	Diamicron	SE
GLIPIZIDE								
CAUTION:								
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2440K	Tablet 5 mg	100	5	..	14.17	14.98	^a Melizide	AF
				0.86	15.03	14.98	^a Minidiab	PS
TOLBUTAMIDE								
CAUTION:								
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2178P	Tablet 500 mg	200	2	..	*15.39	16.20	Rastinon	HP
2607F	Tablet 1 g	100	5	..	15.39	16.20	Rastinon	HP
VITAMINS								
Vitamin A and D, incl. combinations of the two								
• Vitamin D and analogues								
CALCITRIOL								
❖ Authority required ❖								
<i>Established post-menopausal osteoporosis in patients with fracture due to minimal trauma;</i>								
<i>Hypocalcaemia due to renal disease;</i>								
<i>Hypoparathyroidism;</i>								
<i>Hypophosphataemic rickets;</i>								
<i>Vitamin D-resistant rickets.</i>								
2502G	Capsule 0.25 microgram	100	5	..	62.57	16.80	Rocaltrol	RO
DIHYDROTACHYSTEROL								
❖ Authority required ❖								
<i>Hypoparathyroidism;</i>								
<i>Osteomalacia following gastrectomy, severe steatorrhoea or renal failure;</i>								
<i>Vitamin D-resistant rickets.</i>								
1483C	Capsule 125 micrograms	100	5	..	43.16	16.80	A.T.10	SW

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	
	ERGOCALCIFEROL ❖ Restricted benefit ❖ <i>Hypocalcaemia; Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.</i>							
2498L	Tablet 250 micrograms	100	5	..	25.38	16.80	Ostelin	BT
	Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂ • <i>Thiamine (vitamin B₁), plain</i> THIAMINE HYDROCHLORIDE							
1065C	Injection 100 mg in 1 mL	5	1	..	8.36	9.17	Beta-Sol	FM
	Other plain vitamin preparations • <i>Other plain vitamin preparations</i> PYRIDOXINE HYDROCHLORIDE ❖ Restricted benefit ❖ <i>Homocystinuria; Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment; Primary hyperoxaluria; Pyridoxine-responsive anaemia, proven; Pyridoxine-responsive convulsions; Radiation sickness; Sideroblastic (refractory) anaemia.</i>							
1965K	Tablet 25 mg	100	..	..	7.75	8.56	FM	
	MINERAL SUPPLEMENTS Calcium • <i>Calcium</i> CALCIUM ❖ Restricted benefit ❖ <i>Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.</i>							
3116B	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*12.25	13.06	Cal-Sup	MM
3117C	Tablet 600 mg (as carbonate)	120	1	..	12.07	12.88	Caltrate	LE
3122H	Compound effervescent tablet equivalent to 1 g (25 mmol) Ca ²⁺ NOTE: <i>Each 'Sandocal 1000' tablet also contains 18 mmol Na⁺.</i>	60	1	..	*14.75	15.56	Sandocal 1000 SZ	

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpls	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Potassium								
• Potassium								
POTASSIUM CHLORIDE								
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.43	11.24	KSR Slow-K Span-K	AF CG FC
3012M	Effervescent tablet 14 mmol K ⁺ and 8 mmol Cl ⁻	60	1	..	*10.43	11.24	Chlorvescent	FC
ANABOLIC AGENTS FOR SYSTEMIC USE								
Anabolic steroids								
• Androstan derivatives								
METHENOLONE ACETATE								
❖ <u>Authority required</u> ❖								
<i>Osteoporosis;</i>								
<i>Patients on long-term treatment with corticosteroids.</i>								
NOTE:								
<i>An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.</i>								
1620G	Tablet 5 mg	100	3	..	*46.51	16.80	Primobolan	SC
OXANDROLONE								
❖ <u>Authority required</u> ❖								
<i>Promotion of growth in girls with Turner syndrome;</i>								
<i>Promotion of growth in boys of short stature with delayed bone maturation.</i>								
2545Y	Tablet 2.5 mg	100	1	..	466.27	16.80	Lonavar	CS
OXYMETHOLONE								
❖ <u>Authority required</u> ❖								
<i>Aplastic anaemias, proven;</i>								
<i>Myelosclerosis.</i>								
2902R	Tablet 50 mg	100	5	..	105.80	16.80	Anapolon	SD
• Estren derivatives								
NANDROLONE DECANOATE								
❖ <u>Authority required</u> ❖								
<i>Osteoporosis where other therapy is inappropriate;</i>								
<i>Patients on long-term treatment with corticosteroids.</i>								
1671Y	Injection 50 mg in 1 mL, disposable syringe	1	7	..	16.59	16.80	Deca-Durabolin	OR

BLOOD AND BLOOD FORMING ORGANS

Code	Name, Restriction, Manner of administration and 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	..	7.11	7.92	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	7.28	8.09	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.45	8.26	Marevan	BA
2211J	Tablet 5 mg	50	2	..	7.45	8.26	Coumadin Marevan	BT BA
• Heparin group								
DALTEPARIN SODIUM								
(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	..	..	81.27	16.80	Fragmin	FC
ENOXAPARIN SODIUM								
❖ Authority required ❖								
Major hip surgery.								
1831J	Injection 40 mg in 0.4 mL pre-filled syringe	10	..	..	81.27	16.80	Clexane	RR
HEPARIN CALCIUM								
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.52	11.33	Calcihep Calciparine	FC SW
HEPARIN SODIUM								
❖ Restricted benefit ❖								
For use in home dialysis.								
1463B	Injection (preservative-free) 5,000 units in 5 mL	50	5	..	*52.02	16.80	Monoparin	FC
HEPARIN SODIUM								
1466E	Injection 5,000 units in 0.2 mL	5	5	..	9.33	10.14	BL FC	
1467F	Injection 5,000 units in 1 mL	5	5	..	9.33	10.14	BL FC	
1468G	Injection 25,000 units in 5 mL	2	5	..	*11.69	12.50	FC	
1076P	Injection 35,000 units in 35 mL	12	5	..	*105.91	16.80	BL	

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:								
<i>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.</i>								
❖ Authority required ❖								
<i>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.</i>								
2095G	Tablet 250 mg	60	5	..	164.56	16.80	Ticlid	SD
• Enzymes								
ALTEPLASE								
<i>(Recombinant tissue-type plasminogen activator)</i>								
❖ Authority required ❖								
<i>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.</i>								
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	..	..	*2244.97	16.80	Actilyse	BY
STREPTOKINASE								
❖ Restricted benefit ❖								
<i>Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.</i>								
2905X	Injection 1,500,000 i.u. (solvent required) (codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)	1	..	..	201.61	16.80	^a Kabikinase ^a Streptase	PS HP
ANTIHEMORRHAGICS								
Antifibrinolytics								
• Amino acids								
TRANEXAMIC ACID								
2180R	Tablet 500 mg	100	2	..	50.60	16.80	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	..	8.99	9.80	Fergon	SW

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	
2689M	FERROUS SULFATE DRIED Tablet 350 mg (sustained release)	30	2	..	6.27	7.08	Ferro-Gradumets	AB
• <i>Iron trivalent, parenteral preparations</i>								
2593L	IRON POLYMALTOSE COMPLEX Injection 100 mg (iron) in 2 mL	5	..	..	13.40	14.21	Ferrum H	SI
• <i>Iron in combination with folic acid</i>								
3160H	FERROUS SULFATE DRIED with FOLIC ACID Tablet 270 mg-300 micrograms (sustained release)	30	2	..	6.49	7.30	F.G.F.	AB
Vitamin B₁₂ and folic acid								
• <i>Vitamin B₁₂ (cyanocobalamin and derivatives)</i>								
HYDROXOCOBALAMIN								
❖ Restricted benefit ❖								
<i>Pernicious anaemia;</i>								
<i>Other proven vitamin B₁₂ deficiencies.</i>								
1508J	Injection 1 mg in 1 mL NOTE: <i>One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B₁₂ deficiencies.</i>	3	..	..	10.87	11.68	Neo-Cytamen	BL
• <i>Folic acid and derivatives</i>								
2958Q	FOLIC ACID Tablet 500 micrograms	200	..	..	*7.35	8.16	Megafol 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*7.35	8.16	Folasic Megafol 5 SI	NN AF

NOTE:

The 5 mg strength tablet should be used in malabsorption states only.

SERUMLIPIDREDUCING AGENTS

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.

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
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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.

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.

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	
Cholesterol and triglyceride reducers								
• HMG CoA reductase inhibitors								
PRAVASTATIN SODIUM								
NOTE:								
<i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
❖ Restricted benefit ❖								
<i>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.</i>								
NOTE:								
<i>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.</i>								
2831B	Tablet 5 mg	30	5	..	30.67	16.80	Pravachol	BQ
2833D	Tablet 10 mg	30	5	..	41.99	16.80	Pravachol	BQ
2834E	Tablet 20 mg	30	5	..	58.05	16.80	Pravachol	BQ
SIMVASTATIN								
NOTE:								
<i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
❖ Restricted benefit ❖								
<i>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.</i>								
NOTE:								
<i>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.</i>								
2013Y	Tablet 5 mg	30	5	..	30.67	16.80	Lipex 5 Zocor	AD MK
2011W	Tablet 10 mg	30	5	..	41.99	16.80	Lipex 10 Zocor	AD MK
2012X	Tablet 20 mg	30	5	..	58.05	16.80	Lipex 20 Zocor	AD MK
• Fibrates								
CLOFIBRATE								
❖ Authority required ❖								
<i>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.</i>								
2892F	Capsule 500 mg	100	5	.. 1.00	13.84 14.84	14.65 14.65	Col Atromid-S	AF IC

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	
GEMFIBROZIL								
NOTE:								
<i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
❖ Restricted benefit ❖								
<i>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.</i>								
NOTE:								
<i>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.</i>								
1453L	Tablet 600 mg	60	5	.. 1.65	45.85 47.50	16.80 16.80	^a <i>Jezil</i> ^a <i>Lopid</i>	AP PD
• Bile acid sequestrants								
CHOLESTYRAMINE								
NOTE:								
See General Statement for Lipid-Lowering Drugs above.								
2967E	Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	5	..	*52.67	16.80	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	†1	5	..	49.80	16.80	Questran Lite	BQ
COLESTIPOL HYDROCHLORIDE								
NOTE:								
See General Statement for Lipid-Lowering Drugs above.								
1224K	Sachets 5 g, 120	†1	5	..	..	16.80	Colestid	UP
• Nicotinic acid and derivatives								
NICOTINIC ACID								
1687T	Tablet 250 mg	200	5	..	*17.73	16.80	MB	
• Other cholesterol and triglyceride reducers								
PROBUCOL								
❖ Authority required ❖								
<i>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.</i>								
1942F	Tablet 250 mg	120	5	..	31.80	16.80	Lurselle	ML
PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS								
Blood and related products								
• Plasma substitutes and plasma protein fractions								
DEXTRAN 40 with GLUCOSE								
2307K	I.V. infusion 100 mg per mL- 139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	75.13	16.80	Rheomacrodex	PS

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	
2306J	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	75.13	16.80	Rhecomacrodex	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	..	..	75.98	16.80	Macrodex	PS
	POLYGELINE See Special Pharmaceutical Benefits							
	I.V. solutions							
	• Solutions for parenteral nutrition							
	GLUCOSE							
2245E	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*13.62	14.43	^a AB ^a BX	
2252M	I.V. infusion 1387 mmol (anhydrous) per 500 mL (50%), 500 mL	2	1	..	*10.45	11.26	AB	
	• Solutions affecting the electrolyte balance							
	ELECTROLYTE REPLACEMENT SOLUTION							
3199J	I.V. infusion 1 L	2	1	..	*10.45	11.26	Plasma-Lyte 148	BX
2264E	SODIUM CHLORIDE I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*13.62	14.43	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*10.45	11.26	BX	
2266G	SODIUM CHLORIDE COMPOUND I.V. infusion 1 L	4	1	..	*16.15	16.80	BX	
2281C	SODIUM CHLORIDE with GLUCOSE I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*13.62	14.43	BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%- 3.75%), 500 mL	5	1	..	*17.02	16.80	BX	
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	1	..	*17.02	16.80	BX	
2286H	SODIUM LACTATE COMPOUND I.V. infusion 1 L	5	1	..	*13.62	14.43	BX	

CARDIOVASCULAR SYSTEM

Code	Name, Restriction, Manner of administration and 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	..	8.03	8.84	Lanoxin-PG	BW
1322N	Tablet 250 micrograms	100	1	..	8.32	9.13	Lanoxin	BW
3164M	Oral solution for children 50 micrograms per mL, 100 mL	‡1	3	..	21.10	16.80	Lanoxin	BW
Antiarrhythmics, class I and III								
• Antiarrhythmics, class IA								
DISOPYRAMIDE								
2923W	Capsule 100 mg	100	5	.. 1.26	22.04 23.30	16.80 16.80	^a Norpace ^a Rythmodan	SR RL
2924X	Capsule 150 mg	100	5	.. 1.26	29.63 30.89	16.80 16.80	^a Norpace ^a Rythmodan	SR RL
PROCAINAMIDE HYDROCHLORIDE								
2653P	Capsule 250 mg	200	1	..	*23.63	16.80	Pronestyl	BQ
QUINIDINE BISULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
2623C	Tablet 250 mg (sustained release)	100	5	..	21.76	16.80	Kinidin Durule	AP
• Antiarrhythmics, class IB								
LIGNOCAINE HYDROCHLORIDE								
2875H	Injection 100 mg in 5 mL	‡2	..	..	11.53	12.34	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	11.20	12.01	Xylocard 500	AP
MEXILETINE HYDROCHLORIDE								
1682M	Capsule 50 mg	100	5	..	25.54	16.80	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	51.90	16.80	Mexitil	BY
• 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	..	33.41	16.80	Tambocor	MM
1090J	Tablet 100 mg	60	5	..	44.54	16.80	Tambocor	MM

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 III								
AMIODARONE HYDROCHLORIDE								
CAUTION:								
<i>Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.</i>								
❖ Restricted benefit ❖								
➤ Severe cardiac arrhythmias.								
2344J	Tablet 100 mg	30	5	..	18.57	16.80	^a Aratrac 100 ^a Cordarone X 100	AF SW
2343H	Tablet 200 mg	30	5	..	28.47	16.80	^a Aratrac 200 ^a Cordarone X 200	AF SW
SOTALOL HYDROCHLORIDE								
❖ Restricted benefit ❖								
➤ Severe cardiac arrhythmias.								
2043M	Tablet 160 mg	60	5	.. 1.01	31.81 32.82	16.80 16.80	^a Cardol ^a Sotacor	AF BQ
Vasodilators used in cardiac diseases								
• Organic nitrates								
GLYCERYL TRINITRATE								
1459T	Tablets 600 micrograms, 100	‡1	5	..	6.61	7.42	Anginine Stabilised	BW
1470J	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)	‡1	5	..	17.03	16.80	Nitrolingual Spray	FC
NOTE:								
The spray should not be inhaled.								
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	‡1	5	..	15.38	16.19	Nitro-Bid	FC
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	5	..	26.66	16.80	Nitradisc	SR
1514Q	Transdermal disc releasing approximately 10 mg per 24 hours	30	5	..	33.64	16.80	Nitradisc	SR
1487G	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.66	16.80	Deponit 5	AP
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.66	16.80	Transiderm-Nitro 25	CG
8010N	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.66	16.80	Nitro-Dur 5	SH
1488H	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.64	16.80	Deponit 10	AP
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.64	16.80	Transiderm-Nitro 50	CG
8011P	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.64	16.80	Nitro-Dur 10	SH

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	
2587E	ISOSORBIDE DINITRATE Tablet 10 mg	200	2	.. 2.32	*11.97 *14.29	12.78 12.78	^a Isogen ^a Sorbidin ^a Isordil	WX AF AY
2586D	Tablet 20 mg	100	5	..	11.66	12.47	Isordil	AY
2588F	Sublingual tablet 5 mg	200	2	..	*12.97	13.78	Isordil Sublingual	AY
1558B	ISOSORBIDE MONONITRATE Tablet 60 mg (sustained release)	30	5	..	22.96	16.80	Imdur Durule	AP
• <i>Other vasodilators used in cardiac diseases</i>								
NIFEDIPINE								
❖ Restricted benefit ❖								
<u>Angina.</u>								
1678H	Capsule 5 mg	100	5	..	17.47	16.80	Adalat CAPS 5 BN	
1688W	Capsule 10 mg	100	5	..	20.12	16.80	Adalat CAPS 10	BN
CAUTION:								
<i>Capsule formulations of nifedipine are associated with more rapid and higher peak levels than the tablets.</i>								
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
PERHEXILINE MALEATE								
❖ Authority required ❖								
<u>Angina not responding to other therapy.</u>								
1822X	Tablet 100 mg	100	5	..	29.46	16.80	Pexid	SI
ANTIHYPERTENSIVES								
Antiadrenergic agents, centrally acting								
• Methyldopa								
METHYLDOPA								
3194D	Tablet 125 mg	100	5	..	8.92	9.73	^a Aldomet-M ^a Aldopren 125	MK AD
1629R	Tablet 250 mg	100	5	.. 1.25	10.32 11.57	11.13 11.13	^a Aldopren 250 ^a Hydopa ^a Aldomet	AD AF MK
• Imidazoline receptor agonists								
CLONIDINE								
3145M	Tablet 100 micrograms	100	5	..	24.08	16.80	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	31.63	16.80	Catapres	BY
Antiadrenergic agents, peripherally acting								
• Alpha-adrenoceptor blocking agents								
PRAZOSIN HYDROCHLORIDE								
1479W	Tablet 1 mg (base)	100	5	.. 1.95	13.18 15.13	13.99 13.99	^a Pressin 1 ^a Minipress	AF PF

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	
PRAZOSIN HYDROCHLORIDE—cont.								
1480X	Tablet 2 mg (base)	100	5	.. 1.95	16.70 18.65	16.80 16.80	^a Pressin 2 ^a Minipress	AF PF
1478T	Tablet 5 mg (base)	100	5	.. 1.95	25.72 27.67	16.80 16.80	^a Pressin 5 ^a Minipress	AF PF
Arteriolar smooth muscle, agents acting on								
• Hydrazinophthalazine derivatives								
HYDRALAZINE HYDROCHLORIDE								
1640H	Tablet 25 mg	200	2	..	*10.79	11.60	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.45	14.26	Alphapress 50	AF
• Pyrimidine derivatives								
MINOXIDIL								
❖ Authority required ❖								
<i>For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).</i>								
2313R	Tablet 10 mg	100	5	..	45.52	16.80	Loniten	UP
• Nitroferricyanide derivatives								
SODIUM NITROPRUSSIDE								
1100X	I.V. infusion 50 mg	10	..	..	54.84	16.80	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								
1147J	Tablet 12.5 mg	90	5	..	29.14	16.80	Capoten	BQ
1148K	Tablet 25 mg	90	5	..	39.70	16.80	Capoten	BQ
1149L	Tablet 50 mg	90	5	..	72.94	16.80	Capoten	BQ
ENALAPRIL MALEATE								
1370D	Tablet 5 mg	30	5	..	20.98	16.80	Amprace 5 Renitec M	AD MK
1368B	Tablet 10 mg	30	5	..	28.86	16.80	Amprace 10 Renitec	AD MK
1369C	Tablet 20 mg	30	5	..	34.97	16.80	Amprace 20 Renitec 20	AD MK
FOSINOPRIL SODIUM								
1182F	Tablet 10 mg	30	5	..	24.82	16.80	Monopril	BQ
1183G	Tablet 20 mg	30	5	..	31.92	16.80	Monopril	BQ

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	
2456G	LISINOPRIL Tablet 5 mg	30	5	..	21.51	16.80	Prinivil 5 Zestril	AD IC
2457H	Tablet 10 mg	30	5	..	29.64	16.80	Prinivil 10 Zestril	AD IC
2458J	Tablet 20 mg	30	5	..	35.94	16.80	Prinivil 20 Zestril	AD IC
3050M	PERINDOPRIL ERBUMINE Tablet 2 mg	30	5	..	23.97	16.80	Coversyl	SE
3051N	Tablet 4 mg	30	5	..	30.82	16.80	Coversyl	SE
1968N	QUINAPRIL HYDROCHLORIDE Tablet 5 mg (base)	30	5	..	22.79	16.80	Accupril Asig	PD SI
1969P	Tablet 10 mg (base)	30	5	..	29.99	16.80	Accupril Asig	PD SI
1970Q	Tablet 20 mg (base)	30	5	..	35.71	16.80	Accupril Asig	PD SI
1944H	RAMIPRIL Capsule 1.25 mg	28	5	..	19.33	16.80	Ramace 1.25 mg Tritace 1.25 mg	AP HP
1945J	Capsule 2.5 mg	28	5	..	25.32	16.80	Ramace 2.5 mg Tritace 2.5 mg	AP HP
1946K	Capsule 5 mg	28	5	..	30.07	16.80	Ramace 5 mg Tritace 5 mg	AP HP
2791X	TRANDOLAPRIL Capsule 500 micrograms	28	5	..	19.56	16.80	Gopten Odrlik	KN RL
2792Y	Capsule 1 mg	28	5	..	27.94	16.80	Gopten Odrlik	KN RL
2793B	Capsule 2 mg	28	5	..	30.46	16.80	Gopten Odrlik	KN RL
DIURETICS								
Low-ceiling diuretics, thiazides								
• Thiazides, plain								
1106F	BENDROFLUAZIDE Tablet 5 mg	100	1	..	8.41	9.22	Aprinox	BT
1187L	CHLOROTHIAZIDE Tablet 500 mg	100	1	..	*10.49	11.30	Chlotride	AD
1484D	HYDROCHLOROTHIAZIDE Tablet 25 mg	100	1	..	*9.73	10.54	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*10.71	11.52	Dichlotride	MK
1625M	METHYCLOTHIAZIDE Tablet 5 mg	100	1	..	*9.13	9.94	Enduron	AB

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	
Low-ceiling diuretics, excl. thiazides								
• Sulfonamides, plain								
1585K	CHLORTHALIDONE Tablet 25 mg	100	1	..	*10.49	11.30	Hygroton	CG
2436F	INDAPAMIDE Tablet 2.5 mg	90	1	..	19.45	16.80	^a Dapa-Tabs ^a Nadide 2.5 ^a Napamide 2.5 mg	AF AD DP
				2.73	22.18	16.80	^a Natrilix	SE
1203H	METOLAZONE Tablet 2.5 mg	100	1	..	8.82	9.63	Diulo	SR
High-ceiling diuretics								
• Sulfonamides, plain								
1130L	BUMETANIDE Tablet 1 mg	100	1	..	10.19	11.00	Burinex	AP
2414C	FRUSEMIDE Tablet 20 mg	100	1	..	*7.85	8.66	Lasix-M Urex-M	HP FM
2412Y	Tablet 40 mg	100	1	..	7.52	8.33	^a Uremide Urex	AF FM
				0.93	8.45	8.33	^a Lasix	HP
2415D	Tablet 500 mg	50	3	..	20.67	16.80	Urex-Forte	FM
				4.47	25.14	16.80	Lasix	HP
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	12.63	13.44	Lasix	HP
2413B	Injection 20 mg in 2 mL	5	..	..	7.02	7.83	Lasix AF	HP
• Aryloxyacetic acid derivatives								
ETHACRYNIC ACID								
❖ Restricted benefit ❖								
<i>Patients hypersensitive to other oral diuretics.</i>								
2511E	Tablet 50 mg	100	1	..	*32.17	16.80	Edecril	MK
Potassium-sparing agents								
• Aldosterone antagonists								
SPIRONOLACTONE								
CAUTION:								
<i>Serum electrolytes should be checked regularly.</i>								
❖ Restricted benefit ❖								
<i>Hyperaldosteronism, including refractory cardiac failure;</i>								
<i>Female hirsutism.</i>								
CAUTION:								
<i>Treatment of hirsutism with spironolactone should be considered only</i>								
<i>after all avenues of non-drug therapy have been explored.</i>								
<i>Appropriate contraceptive measures should be taken by women of</i>								
<i>child-bearing age in whom spironolactone therapy has been initiated.</i>								

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
SPIRONOLACTONE—cont.							
2339D	Tablet 25 mg	100	5	.. 1.03	12.52 13.55	13.33 13.33	^a Spiractin 25 AF ^a Aldactone SR
2340E	Tablet 100 mg	100	5	.. 1.06	36.72 37.78	16.80 16.80	^a Spiractin 100 AF ^a Aldactone SR
• Other potassium-sparing agents							
AMILORIDE HYDROCHLORIDE							
CAUTION:							
Serum electrolytes should be checked regularly.							
3109P	Tablet 5 mg	100	1	.. 1.82	*8.57 *10.39	9.38 9.38	^a Kaluril AF ^a Midoride 5 AD ^a Midamor MK
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	.. 1.44	*11.65 *13.09	12.46 12.46	^a Amizide AF ^a Modizide 50/5 AD ^a Moduretic MK
HYDROCHLOROTHIAZIDE with TRIAMTERENE							
CAUTION:							
Serum electrolytes should be checked regularly.							
1280J	Tablet 25 mg-50 mg	100	1	.. 3.50	10.87 14.37	11.68 11.68	^a Hydrene 25/50 AF ^a Dyazide SK
PERIPHERAL VASODILATORS Peripheral vasodilators • Other peripheral vasodilators							
PHENOXYBENZAMINE HYDROCHLORIDE							
❖ Restricted benefit ❖							
Phaeochromocytoma; Neurogenic urinary retention.							
1862B	Capsule 10 mg	100	5	..	23.22	16.80	Dibenyline SK
BETA BLOCKING AGENTS Beta blocking agents, plain • Beta blocking agents, plain, non-selective							
ALPRENOLOL HYDROCHLORIDE							
2991K	Tablet 100 mg	100	5	..	11.37	12.18	Aptin AP
OXPRENOLOL HYDROCHLORIDE							
2942W	Tablet 20 mg	100	5	..	7.91	8.72	Corbeton 20 AF
2961W	Tablet 40 mg	100	5	..	9.73	10.54	Corbeton 40 AF

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	
3062E	PINDOLOL Tablet 5 mg	100	5	.. 1.00	11.15 12.15	11.96 11.96	^a Barbloc 5 ^a Visken	AF SZ
3065H	Tablet 15 mg	50	5	.. 1.00	14.17 15.17	14.98 14.98	^a Barbloc 15 ^a Visken	AF SZ
2565B	PROPRANOLOL HYDROCHLORIDE Tablet 10 mg	100	5	.. 2.00	5.68 7.68	6.49 6.49	Deralin 10 Inderal	AF IC
2566C	Tablet 40 mg	100	5	.. 2.00	7.02 9.02	7.83 7.83	Deralin 40 Inderal	AF IC
2899N	Tablet 160 mg	50	5	.. 2.00	8.51 10.51	9.32 9.32	^a Deralin 160 ^a Inderal	AF IC
SOTALOL HYDROCHLORIDE For listings see Generic/Proprietary Index								
1281K	TIMOLOL MALEATE Tablet 5 mg	100	5	..	11.37	12.18	Blocadren	FR
• Beta blocking agents, plain, selective								
1081X	ATENOLOL Tablet 50 mg	30	5	.. 1.00	10.32 11.32	11.13 11.13	^a Anselol 50 mg ^a Noten ^a Tenlol 50 ^a Tenormin	DP AF AD IC
1324Q	METOPROLOL TARTRATE Tablet 50 mg	100	5	.. 1.10 1.55	10.32 11.42 11.87	11.13 11.13 11.13	^a Minax 50 ^a Betaloc Lopresor 50	AF AP CG
1325R	Tablet 100 mg	60	5	.. 1.10 1.55	11.97 13.07 13.52	12.78 12.78 12.78	^a Minax 100 ^a Betaloc Lopresor 100	AF AP CG
• Alpha and beta blocking agents								
1566K	LABETALOL HYDROCHLORIDE Tablet 100 mg	100	5	.. 0.98	13.47 14.45	14.28 14.28	^a Presolol 100 ^a Trandate	AF GL
1567L	Tablet 200 mg	100	5	.. 1.01	20.26 21.27	16.80 16.80	^a Presolol 200 ^a Trandate	AF GL
CALCIUM CHANNEL BLOCKERS Selective calcium channel blockers with mainly vascular effects								
• Dihydropyridine derivatives								
2751T	AMLODIPINE BESYLATE Tablet 5 mg (base)	30	5	..	24.40	16.80	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	..	38.30	16.80	Norvasc	PF

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	
2361G	FELODIPINE Tablet 2.5 mg (extended release)	30	5	..	16.18	16.80	Agon SR Plendil ER	HP AP
2366M	Tablet 5 mg (extended release)	30	5	..	20.50	16.80	Agon SR Plendil ER	HP AP
2367N	Tablet 10 mg (extended release)	30	5	..	33.09	16.80	Agon SR Plendil ER	HP AP

NIFEDIPINE**❖ Restricted benefit ❖****Angina.**

1678H	Capsule 5 mg	100	5	..	17.47	16.80	Adalat CAPS 5 BN	
1688W	Capsule 10 mg	100	5	..	20.12	16.80	Adalat CAPS 10	BN

CAUTION:

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

1694E	NIFEDIPINE Tablet 10 mg	60	5	..	20.30	16.80	Adalat 10	BN
1695F	Tablet 20 mg	60	5	..	24.69	16.80	^a Nifecard 20 mg ^a Nycfax 20 mg	SI DP
				1.00	25.69	16.80	^a Adalat 20	BN
1906H	Tablet 30 mg (controlled release)	30	5	..	23.50	16.80	Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	..	28.91	16.80	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	11.05 12.05	11.86 11.86	^a Anpec 40 ^a Cordilox ^a Isoptin	AF SC KN
1250T	Tablet 80 mg	100	5	.. 0.99	16.30 17.29	16.80 16.80	^a Anpec 80 ^a Cordilox ^a Isoptin	AF SC KN
1254B	Tablet 120 mg	100	5	..	22.90	16.80	^a Cordilox ^a Isoptin	SC KN
1253Y	Tablet 160 mg	60	5	..	20.28	16.80	^a Cordilox ^a Isoptin	SC KN
2208F	Tablet 180 mg (sustained release)	30	5	..	13.98	14.79	^a Cordilox 180 SR ^a Isoptin 180 SR	SC KN
1241H	Tablet 240 mg (sustained release)	30	5	..	17.22	16.80	^a Cordilox SR ^a Isoptin SR	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	
2206D	VERAPAMIL HYDROCHLORIDE—cont. Capsule 160 mg (sustained release)	30	5	..	*14.42	15.23	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	17.22	16.80	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	9.33	10.14	^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.

1335G	Tablet 60 mg	90	5	..	27.37	16.80	^a Cardcal 60 ^a Coras ^a Dilzem 60 mg ^a Cardizem	AD AF DP IC
				1.00	28.37	16.80		
1312C	Capsule 180 mg (controlled delivery)	28	5	..	28.45	16.80	Cardizem CD	IC
1313D	Capsule 240 mg (controlled delivery)	28	5	..	36.50	16.80	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	..	6.25	7.06	Mycostatin Nilstat	BQ LE
1179C	Ointment 100,000 units per g, 15 g	‡1	1	..	6.25	7.06	Mycostatin Nilstat	BQ LE
• Imidazole derivatives								
CLOTTRIMAZOLE								
1017M	Cream 10 mg per g (1%), 20 g	‡1	1	.. 2.68	6.47 9.15	7.28 7.28	Clonea Canesten	AF BN
1027C	Lotion 10 mg per mL (1%), 20 mL	‡1	1	.. 1.00	7.11 8.11	7.92 7.92	^a Lotremin ^a Canesten	SH BN
ECONAZOLE NITRATE								
1364T	Cream 10 mg per g (1%), 20 g	‡1	1	.. 0.66	7.11 7.77	7.92 7.92	Ecostat Pevaryl	BQ SK
1365W	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	7.11	7.92	Pevaryl	SK
KETOCONAZOLE								
❖ Restricted benefit ❖								
Severe seborrhoeic dermatitis.								
1574W	Shampoo 20 mg per mL (2%), 60 mL	‡1	..	..	11.88	12.69	Nizoral	JC
MICONAZOLE NITRATE								
1276E	Cream 20 mg per g (2%), 20 g	‡1	1	..	7.11	7.92	Monistat Derm	JC
Antifungals for systemic use								
• Antifungals for systemic use								
GRISEOFULVIN								
1460W	Tablet 125 mg	100	2	..	13.24	14.05	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	12.43	13.24	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	.. 2.00	12.43 14.43	13.24 13.24	Grisovin 500 Fulcin 500	SI IC
TERBINAFINE HYDROCHLORIDE								
❖ Authority required ❖								
Microbiologically proven onychomycosis due to dermatophyte fungi.								
2804N	Tablet 250 mg (base)	28	2	..	123.07	16.80	Lamisil	SZ

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	
ANTIPSORIATICS								
Antipsoriatics for systemic use								
• Retinoids for treatment of psoriasis								
ACITRETIN								
CAUTION:								
<i>This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.</i>								
NOTE:								
<i>Care must be taken to comply with the provisions of State/Territory law when prescribing acitretin.</i>								
❖ Authority required ❖								
<i>Severe intractable psoriasis; Severe forms of disorders of keratinisation.</i>								
2019G	Capsule 10 mg	100	2	..	201.17	16.80	Neotigason	RO
2020H	Capsule 25 mg	100	2	..	386.47	16.80	Neotigason	RO
ETRETINATE								
CAUTION:								
<i>This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.</i>								
NOTE:								
<i>Care must be taken to comply with the provisions of State/Territory law when prescribing etretinate.</i>								
❖ Authority required ❖								
<i>Severe intractable psoriasis; Severe forms of disorders of keratinisation.</i>								
1421T	Capsule 10 mg	100	2	..	184.10	16.80	Tigason	RO
1422W	Capsule 25 mg	100	2	..	353.17	16.80	Tigason	RO
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE								
Chemotherapeutics for topical use								
• Sulfonamides								
SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE								
❖ Restricted benefit ❖								
<i>For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.</i>								
1996C	Cream 10 mg-2 mg per g (1%-0.2%), 50 g	#1	..	..	11.97	12.78	Silvazine	SN
1997D	Cream 10 mg-2 mg per g (1%-0.2%), 100 g	#1	..	..	14.45	15.26	Silvazine	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	
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS								
Corticosteroids, plain								
• Corticosteroids, weak (group I)								
HYDROCORTISONE								
❖ Restricted benefit ❖								
➤ Treatment of corticosteroid-responsive dermatoses.								
1495Q	Cream 10 mg per g (1%), 50 g	#1	1	..	6.59	7.40	Egocort Cream 1%	EO
HYDROCORTISONE ACETATE								
❖ Restricted benefit ❖								
➤ Treatment of corticosteroid-responsive dermatoses.								
2887Y	Cream 10 mg per g (1%), 30 g	#1	1	..	6.11	6.92	Adacor Cortef Sigmacort Squibb-HC	NN UP SI BQ
2881P	Cream 10 mg per g (1%), 50 g	#1	1	..	6.59	7.40	Adacor Cortef Sigmacort Squibb-HC	NN UP SI BQ
2888B	Topical ointment 10 mg per g (1%), 30 g	#1	1	..	6.11	6.92	Adacor Sigmacort	NN SI
2882Q	Topical ointment 10 mg per g (1%), 50 g	#1	1	..	6.59	7.40	Adacor Sigmacort Squibb-HC	NN SI BQ
[For other listings for this drug see Generic/Proprietary Index]								
• Corticosteroids, moderately potent (group II)								
TRIAMCINOLONE ACETONIDE								
❖ Restricted benefit ❖								
➤ Treatment of corticosteroid-responsive dermatoses.								
2117K	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.59	11.40	Aristocort 0.02% Kenalone 0.02%	LE BQ
2125W	Cream 500 micrograms per g (0.05%), 15 g	#1	1	..	6.11	6.92	Aristocort 0.05% Kenalone	LE BQ
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.59	11.40	Aristocort 0.02%	LE
2126X	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	..	6.11	6.92	Aristocort 0.05%	LE

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	
• Corticosteroids, potent (group III)								
BETAMETHASONE DIPROPIONATE								
❖ Restricted benefit ❖								
➤ Treatment of corticosteroid-responsive dermatoses.								
1115Q	Cream 500 micrograms per g (0.05%), 15 g	#1	1	.. 0.98	6.16 7.14	6.97 6.97	^a Eleuphrat ^a Diprosone	EX SH
1119X	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	.. 0.98	6.16 7.14	6.97 6.97	^a Eleuphrat ^a Diprosone	EX SH
1118W	Scalp lotion 500 micrograms per g (0.05%), 30 mL	#1	..	.. 0.98	9.11 10.09	9.92 9.92	^a Eleuphrat ^a Diprosone	EX SH
BETAMETHASONE VALERATE								
❖ Restricted benefit ❖								
➤ Treatment of corticosteroid-responsive dermatoses.								
2812B	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.59	11.40	Betnovate 1/5 Celestone-M	GL SH
2813C	Cream 500 micrograms per g (0.05%), 15 g	#1	1	..	6.11	6.92	Betnovate 1/2 Celestone-V Half Strength	GL SH
2820K	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.59	11.40	Celestone-M	SH
2815E	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	..	6.11	6.92	Betnovate 1/2 Celestone-V Half Strength	GL SH
2814D	Gel 500 micrograms per g (0.05%), 15 g	#1	1	..	6.11	6.92	Betnovate 1/2	GL
FLUCLOROLONE ACETONIDE								
❖ Restricted benefit ❖								
➤ Treatment of corticosteroid-responsive dermatoses.								
1363R	Cream 250 micrograms per g (0.025%), 15 g	#1	1	..	6.11	6.92	Topilar	SD
MOMETASONE FUROATE								
❖ Restricted benefit ❖								
➤ Treatment of corticosteroid-responsive dermatoses.								
1913Q	Cream 1 mg per g (0.1%), 15 g	#1	..	..	9.51	10.32	Elocon	SH
1915T	Ointment 1 mg per g (0.1%), 15 g	#1	..	..	9.51	10.32	Elocon	SH

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
ANTI-ACNE PREPARATIONS							
Anti-acne preparations for systemic use							
• Retinoids for treatment of acne							
ISOTRETINOIN							
CAUTION:							
<i>This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.</i>							
NOTE:							
<i>Care must be taken to comply with the provisions of State/Territory law when prescribing isotretinoin.</i>							
❖ Authority required ❖							
<i>Severe cystic acne not responsive to other therapy.</i>							
NOTE:							
<i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>							
2591J	Capsule 10 mg	60	3	..	101.04	16.80	^a Accure 10 ^a Roaccutane AF RO
2592K	Capsule 20 mg	60	3	..	188.22	16.80	^a Accure 20 ^a Roaccutane AF RO

GENITO URINARY SYSTEM AND 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	
GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS								
Antiinfectives and antiseptics, excl. comb. with corticosteroids								
• Antibiotics								
NYSTATIN								
1697H	Pessaries 100,000 units, 15	‡1	1	..	8.16	8.97	Mycostatin	BQ
1660J	Cream pessaries 100,000 units, 15	‡1	1	..	8.16	8.97	Nilstat	LE
3102G	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	8.23	9.04	Mycostatin Nilstat	BQ LE
• Imidazole derivatives								
CLOTRIMAZOLE								
1018N	Pessaries 100 mg, 6	‡1	..	.. 1.00	8.65 9.65	9.46 9.46	^a Gyne-Lotrimin ^a Canesten	SH BN
1020Q	Pessary 500 mg	1	..	..	8.65	9.46	Canesten 1	BN
1019P	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	.. 1.01	8.60 9.61	9.41 9.41	^a Gyne-Lotrimin ^a Canesten	SH BN
1006Y	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	8.60	9.41	Canesten 3	BN
ECONAZOLE NITRATE								
1366X	Pessaries 150 mg, 3	‡1	..	..	8.65	9.46	Ecostatín Pevaryl	BQ SK
1367Y	Vaginal cream 75 mg per 5 g (1.5%), 35 g	‡1	..	..	8.60	9.41	Ecostatín	BQ
MICONAZOLE NITRATE								
1277F	Pessaries 100 mg, 7	‡1	..	.. 1.82	8.65 10.47	9.46 9.46	^a Monistat 7 ^a Gyno-Daktarin 7	CL JP
1273B	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	.. 1.43	8.60 10.03	9.41 9.41	^a Monistat 7 ^a Gyno-Daktarin 7	CL JP
OTHER GYNECOLOGICALS								
Oxytocics								
• Ergot alkaloids								
ERGOMETRINE MALEATE								
1378M	Injection 250 micrograms in 1 mL	5	..	..	9.15	9.96	BL	

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
Other gynecologicals							
• <i>Prolactine inhibitors</i>							
BROMOCRIPTINE MESYLATE							
❖ <u>Authority required</u> ❖							
<i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>							
1443Y	Tablet 2.5 mg	60	5	..	37.58	16.80	^a Krypton 2.5 ^a Parlodel AF SZ
❖ <u>Authority required</u> ❖							
<i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>							
1446D	Capsule 5 mg	60	5	..	69.76	16.80	^a Krypton 5 ^a Parlodel AF SZ
1445C	Capsule 10 mg	100	5	..	233.33	16.80	^a Krypton 10 ^a Parlodel AF SZ
❖ <u>Restricted benefit</u> ❖							
<i>Prevention of the onset of lactation in the puerperium for medical reasons.</i>							
1444B	Tablet 2.5 mg	30	..	..	20.92	16.80	^a Krypton 2.5 ^a Parlodel AF SZ
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM							
Hormonal contraceptives for systemic use							
• <i>Progestogens and estrogens, fixed combinations</i>							
ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL							
3166P	Tablets 500 micrograms- 50 micrograms, 21	4	2	..	*12.11	12.92	Ovulen 0.5/50 SR
2447T	Pack containing 21 tablets 500 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*12.11	12.92	Ovulen 0.5/50-28 SR
3167Q	Tablets 1 mg-50 micrograms, 21	4	2	..	*12.11	12.92	Ovulen 1/50 SR
3168R	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*12.11	12.92	Ovulen 1/50-28 SR
LEVONORGESTREL with ETHINYLOESTRADIOL							
1455N	Tablets 125 micrograms- 50 micrograms, 21	4	2	..	*14.03	14.84	Microgynon 50 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	
1456P	LEVONORGESTREL with ETHINYLOESTRADIOL—cont. Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.03	14.84	Microgynon 50 ED Nordette 50	SC WY
1393H	Tablets 150 micrograms- 30 micrograms, 21	4	2	4.88	*18.91	14.84	^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	*14.03 *18.91	14.84 14.84	^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	..	*14.03	14.84	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.03	14.84	Nordiol 28	WY
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablets 500 micrograms- 35 micrograms, 21	4	2	..	*14.03	14.84	Brevinor	SD
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	.. 4.88	*14.03 *18.91	14.84 14.84	^a Norimin 28 Day ^a Brevinor	MD SD
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	..	*14.03	14.84	Brevinor-1	SD
2775C	Pack containing 21 tablets 1 mg- 35 micrograms and 7 inert tablets	4	2	.. 4.88	*14.03 *18.91	14.84 14.84	^a Norimin-1 28 Day ^a Brevinor-1	MD SD
3176E	NORETHISTERONE with MESTRANOL Tablets 1 mg-50 micrograms, 21	4	2	..	*14.03	14.84	Norinyl-1	SD
3179H	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*14.03	14.84	Norinyl-1/28	SD
• <i>Progestogens and estrogens, sequential preparations</i>								
1457Q	LEVONORGESTREL with ETHINYLOESTRADIOL Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	..	*14.03	14.84	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*14.03	14.84	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	*18.91	14.84	^b Triphasil ^a Triquilar	WY SC

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
1392G	LEVONORGESTREL with ETHINYLOESTRADIOL—cont. 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	*14.03 *18.91	14.84 14.84	^a Logynon ED SY ^b Trileme 28 AY ^b Triphasil 28 WY ^a Triquilar ED SC
2776D	NORETHISTERONE with ETHINYLOESTRADIOL Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. 4.88	*14.03 *18.91	14.84 14.84	^a Improvil 28 Day MD ^a Synphasic SD
• Progestogens							
2913H	LEVONORGESTREL Tablets 30 micrograms, 28	4	2	..	*14.03	14.84	Microlut 28 SC Microval 28 WY
3175D	MEDROXYPROGESTERONE ACETATE Injection 150 mg in 1 mL pre-filled disposable syringe	1	1	..	11.84	12.65	Depo-Provera C150 UP
3118D	Injection 150 mg in 1 mL	1	1	.. 3.30	11.84 15.14	12.65 12.65	^a Depo-Ralovera KR ^a Depo-Provera UP
[For other listings for this drug see Generic/Proprietary Index]							
1967M	NORETHISTERONE Tablets 350 micrograms, 28	4	2	.. 2.48	*14.03 *16.51	14.84 14.84	^a Locilan 28 Day MD Micronor JC ^a Noriday 28 Day SD

Androgens• **3-oxoandrostens (4) derivatives****FLUOXYMESTERONE****CAUTION:**

*Safety and efficacy of androgen replacement therapy in elderly men
has not been proven.*

❖ **Authority required** ❖

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	..	20.02	16.80	Halotestin UP
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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 ENANTHATE								
CAUTION:								
<i>Safety and efficacy of androgen replacement therapy in elderly men has not been proven.</i>								
❖ Authority required ❖								
<i>Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.</i>								
2114G	Injection 250 mg in 1 mL	3	3	..	27.37	16.80	Primoteston Depot	SC
TESTOSTERONE ESTERS								
CAUTION:								
<i>Safety and efficacy of androgen replacement therapy in elderly men has not been proven.</i>								
❖ Authority required ❖								
<i>Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.</i>								
2670M	Injection 100 mg	3	3	..	14.56	15.37	Sustanon "100"	OR
2101N	Injection 250 mg	3	3	..	27.37	16.80	Sustanon "250"	OR
TESTOSTERONE UNDECANOATE								
CAUTION:								
<i>Safety and efficacy of androgen replacement therapy in elderly men has not been proven.</i>								
❖ Authority required ❖								
<i>Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.</i>								
2115H	Capsule 40 mg	60	5	..	35.07	16.80	Andriol	OR
Estrogens								
• Natural and semisynthetic estrogens, plain								
ETHINYLOESTRADIOL								
1405Y	Tablet 10 micrograms	200	1	..	*9.47	10.28	Estigyn	GL
1406B	Tablet 20 micrograms	200	1	..	*9.89	10.70	Estigyn	GL
1407C	Tablet 50 micrograms	200	1	..	*10.29	11.10	Estigyn	GL
OESTRADIOL								
❖ Restricted benefit ❖								
<i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>								
NOTE:								
<i>Oestradiol patches should be used in conjunction with an oral progestogen in women with an intact uterus.</i>								
1743R	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8	#1	5	..	18.89	16.80	Estraderm 25	CG

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
8012Q	OESTRADIOL—cont. Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8	‡1	5	..	20.07	16.80	Menorest 37.5 RR
1744T	Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8	‡1	5	..	20.52	16.80	Estraderm 50 CG
8013R	Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8	‡1	5	..	20.52	16.80	Menorest 50 RR
8014T	Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8	‡1	5	..	22.66	16.80	Menorest 75 RR
1745W	Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8	‡1	5	..	23.56	16.80	Estraderm 100 CG
1742Q	OESTRADIOL Vaginal tablets 25 micrograms, 15	‡1	2	..	18.02	16.80	Vagifem NO
1663M	OESTRADIOL VALERATE Tablets 1 mg, 28	2	2	..	*9.25	10.06	Progynova SC
1664N	Tablets 2 mg, 28	2	2	..	*11.03	11.84	Progynova SC
1061W	Injection 10 mg in 1 mL	3	..	..	27.15	16.80	Primogyn Depot SC
1776L	OESTRIOL Tablets 1 mg, 30	2	2	..	*9.59	10.40	Ovestin OR
1771F	Pessaries 500 micrograms, 15	‡1	2	..	15.82	16.63	Ovestin Ovula OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	13.57	14.38	Ovestin OR
1733F	OESTROGENS—CONJUGATED Tablets 300 micrograms, 28	2	2	..	*9.25	10.06	Premarin AY
1734G	Tablets 625 micrograms, 28	2	2	..	*11.03	11.84	Premarin AY
1700L	OESTRONE Pessaries 100 micrograms, 12	‡1	2	..	12.51	13.32	Kolpon OR
1701M	Pessaries 1 mg, 12	‡1	2	..	13.51	14.32	Kolpon OR
1777M	PIPERAZINE OESTRONE SULFATE Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate), 28	2	2	..	*9.25	10.06	Ogen .625 UP
1778N	Tablets 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate), 28	2	2	..	*11.03	11.84	Ogen 1.25 UP
• Synthetic estrogens, plain							
1310Y	DIENOESTROL Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	9.54	10.35	JC

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	
Progestogens								
• Pregnen (4) derivatives								
MEDROXYPROGESTERONE ACETATE								
❖ Restricted benefit ❖								
Endometriosis.								
2722G	Tablet 10 mg	100	2	.. 1.65	29.00 30.65	16.80 16.80	^a Ralovera ^a Provera	KR UP
MEDROXYPROGESTERONE ACETATE								
2323G	Tablet 5 mg	56	2	.. 0.88	12.70 13.58	13.51 13.51	^a Ralovera ^a Provera	KR UP
2321E	Tablet 10 mg	30	2	.. 0.88	13.30 14.18	14.11 14.11	^a Ralovera ^a Provera	KR UP
2319C	Injection 50 mg in 1 mL	1	1	..	9.09	9.90	Depo-Provera	UP
[For other listings for this drug see Generic/Proprietary Index]								
• Pregnadien derivatives								
DYDROGESTERONE								
❖ Authority required ❖								
Endometriosis, visually proven.								
1350C	Tablet 10 mg	50	5	..	31.69	16.80	Duphaston	JC
• Estren derivatives								
NORETHISTERONE								
2993M	Tablet 5 mg	30	2	..	16.59	16.80	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	..	22.27	16.80	Estrapak 50	CG
1764W	OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE 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	..	15.53	16.34	Trisequens	NO

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	
1765X	OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE—cont. 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	..	15.53	16.34	Trisequens Forte	NO
1816N	OESTRADIOL VALERATE and OESTRADIOL VALERATE with MEDROXYPROGESTERONE ACETATE Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with medroxyprogesterone acetate 10 mg	‡1	5	..	15.53	16.34	Divina	OR
1826D	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE Pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg	‡1	5	..	15.53	16.34	Menoprem Provelle-14	AY UP
1813K	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg	‡1	5	..	15.53	16.34	Menoprem Continuous Provelle-28	AY UP

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	..	21.80	16.80	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	..	27.98	16.80	Profasi 1000	SG

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpls	Brand Price Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
HUMAN CHORIONIC GONADOTROPHIN—cont.								
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	30.18	16.80	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	32.38	16.80	Profasi 2000	SG
1477R	Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL	1	5	..	17.47	16.80	Pregnyl Profasi 5000	OR SG

❖ Restricted benefit ❖

For the treatment of infertility in males due to hypogonadotropic 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	..	21.80	16.80	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	..	27.98	16.80	Profasi 1000	SG
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	30.18	16.80	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	32.38	16.80	Profasi 2000	SG

❖ 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	..	*39.33	16.80	Pregnyl Profasi 500	OR SG
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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.								
1584J	Injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL	2	1	..	*51.69	16.80	Profasi 1000	SG
HUMAN MENOPAUSAL GONADOTROPHIN								
❖ Restricted benefit ❖								
<i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i>								
NOTE:								
<i>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.</i>								
<i>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.</i>								
<i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i>								
<i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>								
❖ Restricted benefit ❖								
<i>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.</i>								
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	..	222.27	16.80	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	..	424.27	16.80	Pergonal 150	SG

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 MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN								
❖ Restricted benefit ❖								
<i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i>								
NOTE:								
<i>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.</i>								
<i>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.</i>								
<i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i>								
<i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>								
❖ Restricted benefit ❖								
<i>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.</i>								
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	..	222.27	16.80	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	..	424.27	16.80	Humegon	OR

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								
❖ Restricted benefit ❖								
<i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i>								
NOTE:								
<i>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.</i>								
<i>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.</i>								
<i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i>								
<i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>								
1601G	Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL	1	5	..	222.27	16.80	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	..	424.27	16.80	Metrodin 150	SG
• Ovulation stimulants, synthetic								
CLOMIPHENE CITRATE								
<i>See Special Pharmaceutical Benefits</i>								
Antiandrogens								
• Antiandrogens, plain preparations								
CYPROTERONE ACETATE								
❖ Authority required ❖								
<i>Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).</i>								
CAUTION:								
<i>This drug should not be used during pregnancy as it may result in feminisation of the male foetus.</i>								
1269T	Tablet 50 mg	20	5	..	75.77	16.80	Androcur	SC
❖ Authority required ❖								
<i>Advanced carcinoma of the prostate;</i>								
➤ <i>To reduce drive in sexual deviations in males.</i>								
1270W	Tablet 50 mg	100	5	..	*314.27	16.80	Androcur	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	
Other sex hormones and modulators of the genital system								
• <i>Antigonadotrophins and similar agents</i>								
DANAZOL								
CAUTION:								
<i>Pregnancy must be excluded prior to administration of this drug.</i>								
❖ Authority required ❖								
<i>Endometriosis, visually proven;</i>								
<i>Hereditary angio-oedema;</i>								
<i>Short-term treatment (up to six months) of intractable primary menorrhagia;</i>								
<i>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.</i>								
NOTE:								
<i>Not more than six months' therapy will be authorised for use in intractable primary menorrhagia or severe benign breast disease.</i>								
1285P	Capsule 100 mg	100	5	..	62.02	16.80	^a Azol 100 ^a Danocrine	AF SW
1287R	Capsule 200 mg	100	5	..	92.27	16.80	^a Azol 200 ^a Danocrine	AF SW
UROLOGICALS								
Urinary antiseptics and antiinfectives								
• <i>Methenamine preparations</i>								
3124K	HEXAMINE HIPPURATE Tablet 1 g	100	5	..	22.45	16.80	Hiprex	MM
• <i>Quinolone derivatives (excl. quinolone antibacterials)</i>								
2451B	NALIDIXIC ACID Tablet 500 mg	56	2	..	28.59	16.80	Negram	SW
• <i>Nitrofurantoin derivatives</i>								
NITROFURANTOIN								
CAUTION:								
Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.								
1692C	Capsule 50 mg	30	1	..	10.17	10.98	Macrochantin	PY
1693D	Capsule 100 mg	30	1	..	12.62	13.43	Macrochantin	PY
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	15.75	16.56	Furadantin	PY
Other urologicals, incl. antispasmodics								
• <i>Acidifiers</i>								
1044Y	AMMONIUM CHLORIDE Tablet 500 mg	100	5	..	11.92	12.73	FM	

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	
• <i>Other urologicals</i>								
DEMECLOCYCLINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.</i>								
2854F	Capsule 150 mg	100	3	..	36.50	16.80	Ledermycin	LE
PHENOXYBENZAMINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Phaeochromocytoma; Neurogenic urinary retention.</i>								
1862B	Capsule 10 mg	100	5	..	23.22	16.80	Dibenyline	SK
PROPANTHELINE BROMIDE								
❖ Restricted benefit ❖								
<i>Detrusor overactivity.</i>								
1953T	Tablet 15 mg	200	5	..	*10.73	11.54	Pro-Banthine	SR

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpls	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES								
Anterior pituitary lobe hormones and analogues								
• ACTH								
2832C	TETRACOSACTRIN Injection 1 mg in 1 mL	5	5	..	*71.32	16.80	Synacthen Depot 1	CG
Posterior pituitary lobe hormones								
• Vasopressin and analogues								
DESMOPRESSIN ACETATE								
❖ Authority required ❖								
<i>Diabetes insipidus.</i>								
2129C	Intranasal solution 100 micrograms per mL, 2.5 mL	5	5	..	*153.92	16.80	Minirin	FC
2128B	Nasal spray (pump pack) 10 micrograms per actuation, 25 actuations, 2.5 mL	5	5	..	*161.02	16.80	Minirin Nasal Spray	FC
Hypothalamic hormones								
• Gonadotrophin-releasing hormones								
NAFARELIN ACETATE								
❖ Authority required ❖								
<i>Short-term treatment (up to six months) of visually proven endometriosis. Only the one authority for up to six months' therapy will be authorised.</i>								
2962X	Nasal spray (pump pack) 200 micrograms (base) per dose (60 doses)	1	5	..	96.34	16.80	Synarel	SD
CORTICOSTEROIDS FOR SYSTEMIC USE								
Corticosteroids for systemic use, plain								
• Mineralocorticoids								
1433K	FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	..	*14.65	15.46	Florinef	BQ
• Glucocorticoids								
BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE								
❖ Restricted benefit ❖								
<i>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.</i>								

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—cont.								
2694T	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	..	..	23.42	16.80	Celestone Chronodose	SH
1246N	CORTISONE ACETATE Tablet 5 mg	50	4	..	11.76	12.57	Cortate	FC
1247P	Tablet 25 mg	60	4	..	12.60	13.41	Cortate	FC
DEXAMETHASONE ❖ Restricted benefit ❖ For use in a hospital.								
2508B	Injection 120 mg in 5 mL	1	..	..	30.89	16.80	Decadron Shock Pak	MK
1292B	DEXAMETHASONE Tablet 500 micrograms	30	4	..	6.50	7.31	Dexamethsone	FC
2507Y	Tablet 4 mg	30	4	..	9.96	10.77	Dexamethsone	FC
2509C	Injection 4 mg in 1 mL	5	..	..	13.10	13.91	Decadron	MK
1291Y	Injection 8 mg in 2 mL	5	1	..	20.22	16.80	Decadron	MK
1499X	HYDROCORTISONE Tablet 4 mg	50	4	..	9.22	10.03	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	13.02	13.83	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	..	..	*22.75	16.80	Nordicort Solu-Cortef	NR UP
1511M	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*37.75	16.80	Solu-Cortef	UP
1501B	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*10.43	11.24	Nordicort Solu-Cortef	NR UP
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	9.85	10.66	Solu-Cortef	UP
METHYLPREDNISOLONE ACETATE ❖ Restricted benefit ❖ For local intra-articular or peri-articular infiltration.								
1928L	Injection 40 mg in 1 mL	5	..	..	19.01	16.80	Depo-Medrol	UP

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	
METHYLPREDNISOLONE SODIUM SUCCINATE								
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	28.03	16.80	Solu-Medrol	UP
PREDNISOLONE								
3152X	Tablet 1 mg	100	4	..	6.54	7.35	Panafcortelone	FC
1917X	Tablet 5 mg	60	4	..	6.56	7.37	Adnisolone Panafcortelone Solone	NN FC FM
1916W	Tablet 25 mg	30	4	..	8.21	9.02	Panafcortelone Solone	FC FM
PREDNISONE								
1934T	Tablet 1 mg	100	4	..	6.54	7.35	Panafcort	FC
1935W	Tablet 5 mg	60	4	..	6.56	7.37	Adasone Panafcort Sone	NN FC FM
1936X	Tablet 25 mg	30	4	..	8.21	9.02	Panafcort Sone	FC FM

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	..	..	23.42	16.80	Kenacort-A10	BQ
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Antiadrenal preparations

• Anticorticosteroids

AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	151.67	16.80	Cytadren	CG

THYROID THERAPY

Thyroid preparations

• Thyroid hormones

LIOETHYRONINE SODIUM

❖ Authority required ❖

Management of patients with thyroid cancer;

Hypothyroid patients who suffer from gluten enteropathy;

Initiation of thyroid therapy in severely hypothyroid patients.

2318B	Tablet 20 micrograms	100	2	..	12.41	13.22	Tertroxin	BT
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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	
2174K	THYROXINE SODIUM Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	7.11	7.92	Oroxine	BW
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	8.23	9.04	Oroxine	BW
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	10.21	11.02	Oroxine	BW

Antithyroid preparations• **Thiouracils**

1955X	PROPYLTHIOURACIL Tablet 50 mg	200	2	..	*23.97	16.80	JC	
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• **Sulphur-containing imidazole derivatives**

1153Q	CARBIMAZOLE Tablet 5 mg	200	2	..	*11.37	12.18	Neo-Mercazole	NS
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PANCREATIC HORMONES**Glycogenolytic hormones**• **Glycogenolytic hormones**

1447E	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	..	15.05	15.86	AZ	
1449G	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	20.09	16.80	GlucaGen Hypokit	NO

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	..	*340.67	16.80	Calcitare	MB
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NOTE:

Manufacturer's pack is ten 160 i.u. vials plus ten vials solvent.

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	
3000X	CALCITONIN—cont. Injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe NOTE: Manufacturer's pack is five 50 i.u. syringes.	30	5	..	*207.73	16.80	Calsynar	MB
2995P	Injection (salmon) 50 i.u. in 1 mL ampoule NOTE: Manufacturer's pack is an injection set containing five 50 i.u. ampoules, five 1 mL syringes and five swabs.	30	5	..	*207.73	16.80	Miacalcic 50 Kit	SZ
3001Y	Injection (salmon) 100 i.u. in 1 mL pre-filled syringe NOTE: Manufacturer's pack is five 100 i.u. syringes.	15	5	..	*155.08	16.80	Calsynar	MB
2997R	Injection (salmon) 100 i.u. in 1 mL ampoule NOTE: Manufacturer's pack is an injection set containing five 100 i.u. ampoules, five 1 mL syringes and five swabs.	15	5	..	*155.08	16.80	Miacalcic 100 Kit	SZ
2998T	Injection (salmon) 400 i.u. in 2 mL vial NOTE: Manufacturer's pack is a single 400 i.u. vial.	4	5	..	*107.63	16.80	Calsynar	MB

❖ 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 NOTE: Manufacturer's pack is five 0.5 mg ampoules plus five ampoules solvent.	15	5	..	*215.02	16.80	Cibacalcin	CG
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GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

Code	Name, Restriction, Manner of administration and 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								
<i>For listings see Generic/Proprietary Index</i>								
DOXYCYCLINE								
❖ Restricted benefit ❖								
<i>Bronchiectasis in patients over the age of eight years;</i>								
<i>Chronic bronchitis in patients over the age of eight years;</i>								
<i>Severe acne.</i>								
2711Q	Tablet 50 mg	25	5	.. 0.69	9.28 9.97	10.09 10.09	Doxylin 50 Vibra-Tabs	AF PF
2707L	Capsule 50 mg	25	5	.. 0.56	9.28 9.84	10.09 10.09	^a BL ^a Doryx	FA
❖ Restricted benefit ❖								
<i>Pelvic inflammatory disease.</i>								
2702F	Tablet 100 mg	28	..	.. 2.84	*15.51 *18.35	16.32 16.32	Doxylin 100 Vibramycin	AF PF
2703G	Capsule 100 mg	28	..	.. 2.68	*15.51 *18.19	16.32 16.32	^a BL ^a Doryx	FA
❖ Restricted benefit ❖								
<i>Urethritis.</i>								
2714W	Tablet 100 mg	21	..	.. 2.13	*12.70 *14.83	13.51 13.51	Doxylin 100 Vibramycin	AF PF
2715X	Capsule 100 mg	21	..	.. 1.39	12.69 14.08	13.50 13.50	^a BL ^a Doryx	FA
2709N	DOXYCYCLINE Tablet 100 mg	7	1	.. 0.71	7.08 7.79	7.89 7.89	Doxylin 100 Vibramycin	AF PF
2708M	Capsule 100 mg	7	1	.. 0.67	7.08 7.75	7.89 7.89	^a BL ^a Doryx	FA
2901Q	METHACYCLINE HYDROCHLORIDE Capsule 300 mg	10	1		8.65	9.46	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:							
<i>There are concerns about the incidence of benign intracranial hypertension associated with this drug.</i>							
❖ Restricted benefit ❖							
<i>Severe acne not responding to other tetracyclines.</i>							
1616C	Tablet 50 mg	60	5	..	16.90	16.80	Minomycin-50 LE
MINOCYCLINE							
CAUTION:							
<i>There are concerns about the incidence of benign intracranial hypertension associated with this drug.</i>							
3037W	Capsule 100 mg	11	..	..	8.90	9.71	Minomycin LE
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will not be authorised.</i>							
TETRACYCLINE							
HYDROCHLORIDE							
❖ Restricted benefit ❖							
<i>Bronchiectasis in patients over the age of eight years;</i>							
<i>Chronic bronchitis in patients over the age of eight years;</i>							
<i>Severe acne.</i>							
2135J	Capsule 250 mg	50	5	..	*8.91	9.72	Achromycin LE
TETRACYCLINE							
HYDROCHLORIDE							
2134H	Capsule 250 mg	25	1	..	6.59	7.40	Achromycin LE
TETRACYCLINE							
HYDROCHLORIDE (BUFFERED)							
❖ Restricted benefit ❖							
<i>Bronchiectasis in patients over the age of eight years;</i>							
<i>Chronic bronchitis in patients over the age of eight years;</i>							
<i>Severe acne.</i>							
2146Y	Capsule 250 mg	50	5	..	*8.91	9.72	Achromycin V LE
				1.30	*10.21	9.72	Mysteclin-250 BQ
							Tetrex BC
TETRACYCLINE							
HYDROCHLORIDE (BUFFERED)							
2145X	Capsule 250 mg	25	1	..	6.59	7.40	Achromycin V LE
				0.65	7.24	7.40	Mysteclin-250 BQ
							Tetrex BC

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	
Amphenicols								
• Amphenicols								
CHLORAMPHENICOL								
❖ Restricted benefit ❖								
<i>Bacterial meningitis;</i>								
<i>Intracranial bacterial infections;</i>								
<i>Intraocular infections;</i>								
<i>Rickettsioses;</i>								
<i>Typhoid;</i>								
<i>Other serious infections where positive bacteriological evidence</i>								
<i>confirms that chloramphenicol is the ONLY appropriate antibiotic.</i>								
CAUTION:								
<i>Chloramphenicol may cause aplastic anaemia.</i>								
1174T	Capsule 250 mg	16	..	..	12.63	13.44	Chloromycetin	PD
1167K	Injection 1.2 g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)	3	..	..	*79.51	16.80	Chloromycetin Succinate	PD
Beta-lactam antibacterials, penicillins								
• Penicillins with extended spectrum								
AMOXYCILLIN								
1883D	Chewable tablet 250 mg	20	1	..	8.48	9.29	^a Amoxil ^a Moxacin	SK CS
1884E	Capsule 250 mg	20	1	..	7.69	8.50	^a Alphamox 250 ^a Cilamox ^a Fisamox 250	AF SI FC
				0.38 0.43	8.07 8.12	8.50 8.50	^a Moxacin ^a Amoxil	CS SK
1889K	Capsule 500 mg	20	1	..	11.00	11.81	^a Alphamox 500 ^a Cilamox ^a Fisamox 500	AF SI FC
				0.53 0.55	11.53 11.55	11.81 11.81	^a Amoxil ^a Moxacin	SK CS
1878W	Sachet containing oral powder 3 g	1	..	..	8.33	9.14	Amoxil	SK
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#11.08	12.26	Amoxil	SK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.26	10.44	^a Alphamox 125 ^a Cilamox ^a Fisamox	AF SI FC
				0.22 0.23	#9.48 #9.49	10.44 10.44	^a Moxacin ^a Amoxil	CS SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#10.58	11.76	^a Alphamox 250 ^a Cilamox ^a Fisamox	AF SI FC
				0.33 0.36	#10.91 #10.94	11.76 11.76	^a Moxacin 250 ^a Amoxil Forte	CS SK
AMPICILLIN								
1048E	Capsule 250 mg	24	1	..	8.23	9.04	Alphacin 250	AF
2671N	Capsule 500 mg	24	..	..	11.70	12.51	Alphacin 500	AF

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	
1705R	PHENOXYMETHYLPENICILLIN—cont. Capsule 250 mg	50	5	..	*10.49	11.30	Abbocillin-VK Cilicaine VK LPV	AB SI CS
1786B	PHENOXYMETHYLPENICILLIN Tablet 125 mg	25	1	..	7.23	8.04	Abbocillin-V Dulcet	AB
1787C	Tablet 250 mg	25	1	..	7.38	8.19	Abbocillin-VK Filmtab PVK	AB LY
3028J	Tablet 500 mg	25	1	..	9.10	9.91	Abbocillin-VK Filmtab PVK	AB LY
1789E	Capsule 250 mg	25	1	..	7.38	8.19	Abbocillin-VK Cilicaine VK LPV	AB SI CS
2965C	Capsule 500 mg	25	1	..	9.10	9.91	Cilicaine VK LPV	SI CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	1	.. 0.40	7.24 7.64	8.05 8.05	Abbocillin-V Cilicaine V LPV 125	AB SI CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	‡1	1	.. 0.55	8.04 8.59	8.85 8.85	Abbocillin-V Cilicaine V LPV 250	AB SI CS
1793J	PROCAINE PENICILLIN Injection 1 g	5	..	..	52.01	16.80	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	52.01	16.80	Cilicaine	SI
• Beta-lactamase resistant penicillins								
2300C	CLOXACILLIN Capsule 250 mg	24	..	..	11.97	12.78	Alclox 250	AF
1120Y	Capsule 500 mg	24	..	..	19.67	16.80	Alclox 500	AF
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	..	..	11.09	11.90	^a Flucil 250	FC
				0.20	11.29	11.90	^a Staphylex 250	AF
				0.39	11.48	11.90	^a Flophen	CS
							^a Floxapen	SK
1527J	Capsule 500 mg	24	..	..	18.57	16.80	^a Flucil 500	FC
				0.36	18.93	16.80	^a Staphylex 500	AF
				0.44	19.01	16.80	^a Flophen	CS
							^a Floxapen	SK

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	
FLUCLOXACILLIN—cont.								
1528K	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.31	13.49	^a Flopen ^a Floxapen	CS SK
1529L	Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.08	16.80	^a Flopen ^a Floxapen	CS 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	..	..	16.35	16.80	Flophen	CS
1525G	Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	1	..	23.21	16.80	^a Flopen ^a Floxapen	CS SK

• **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	..	12.99	13.80	Augmentin Clavulin 250	SK CS
1891M	Tablet 500 mg-125 mg	15	1	..	16.70	16.80	Augmentin Forte Clavulin 500	SK CS
1892N	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	#1	1	..	#11.65	12.83	Augmentin Clavulin 125	SK CS
1893P	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	#1	1	..	#13.95	15.13	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.

2179G	Injection 3 g-100 mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)	10	..	..	146.72	16.80	Timentin	SK
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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	
Other beta-lactam antibacterials								
• Cephalosporins and related substances								
CEFACTOR								
1169M	Tablet 375 mg (sustained release)	10	1	..	14.32	15.13	Ceclor CD	LY
1155T	Capsule 250 mg	15	1	..	14.32	15.13	Ceclor	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#13.42	14.60	Ceclor	LY
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	1	..	#13.95	15.13	Ceclor	LY
CEFOTAXIME								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1085D	Injection 1 g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	10	..	..	*113.37	16.80	Claforan	RL
1086E	Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	10	..	..	*211.17	16.80	Claforan	RL
CEFOTETAN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1772G	Injection 1 g (solvent required) (codes 6639K, 6640L, 6641M, 6642N, 6643P, 6644Q apply to above item with approved solvents)	10	..	..	143.97	16.80	Apatef	LE
1773H	Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)	10	..	..	242.27	16.80	Apatef	LE
CEFTRIAZONE								
❖ Restricted benefit ❖								
<i>Gonorrhoea.</i>								
1782T	Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	1	..	..	18.57	16.80	Rocephin	RO

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 ❖								
<i>Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1790F	Injection 250 mg (solvent required) (codes 6885J, 6886K, 6887L, 6888M, 6889N, 6890P apply to above item with approved solvents)	5	..	..	*75.77	16.80	Rocephin	RO
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1783W	Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	5	..	..	*107.67	16.80	Rocephin	RO
1784X	Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	5	..	..	*166.52	16.80	Rocephin	RO
1785Y	Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	5	..	..	*295.27	16.80	Rocephin	RO
3058Y	CEPHALEXIN Capsule 250 mg	20	1	.. 1.11	8.07 9.18	8.88 8.88	^a Ibilex 250 ^a Keflex	AF LY
3119E	Capsule 500 mg	20	1	.. 1.11	11.09 12.20	11.90 11.90	^a Ibilex 500 ^a Keflex	AF LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	.. 1.11	#10.81 #11.92	11.99 11.99	^a Ibilex 125 ^a Keflex	AF LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	1	.. 1.11	#13.01 #14.12	14.19 14.19	^a Ibilex 250 ^a Keflex	AF LY
2964B	CEPHALOTHIN Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	10	1	..	*43.47	16.80	Keflin Neutral	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	
CEPHAZOLIN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cephazolin is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1256D	Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..		*25.17 25.17	16.80 16.80	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	..		*37.27 37.27	16.80 16.80	Kefzol Cefamezin	LY SI
Sulfonamides and trimethoprim								
• Trimethoprim and derivatives								
2922T	TRIMETHOPRIM Tablet 300 mg	7	1	.. 0.49	7.08 7.57	7.89 7.89	^a Alprim ^a Triprim	AF BW
• Short-acting sulfonamides								
2084Q	SULFAMETHIZOLE Tablet 500 mg	40	2	..	12.91	13.72	Urolocosil	WW
2081M	Tablet 1 g	20	2	..	12.91	13.72	Urolocosil	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	..	7.33	8.14	Bactrim ^a Resprim ^a Septrin	RO AF BW
2951H	Tablet 160 mg-800 mg	10	1	..	8.34	9.15	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	..	7.85	8.66	Bactrim ^a Resprim ^a Septrin	RO AF BW
Macrolides and lincosamides								
• Macrolides								
AZITHROMYCIN								
❖ Restricted benefit ❖								
<i>Uncomplicated urethritis and cervicitis due to Chlamydia trachomatis.</i>								
2484R	Capsule 250 mg	4	..	..	21.54	16.80	Zithromax	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	
1399P	ERYTHROMYCIN Tablet 250 mg	25	1	..	7.53	8.34	EMU-V	UP
1402T	Capsule 125 mg	25	1	..	7.28	8.09	Eryc	FA
1400Q	Capsule 175 mg	25	1	..	7.53	8.34	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.86	9.67	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	28.50	16.80	Erythrocin-I.M.	AB
2499M	ERYTHROMYCIN ESTOLATE Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	1	..	7.23	8.04	Ilosone	LY
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.45	9.26	Ilosone	LY
2750R	ERYTHROMYCIN ETHYL SUCCINATE Tablet 400 mg (base)	25	1	.. 0.83	8.56 9.39	9.37 9.37	^a E-Mycin ^a E.E.S. 400 Filmtab	AF AB
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	.. 0.95	#10.14 #11.09	11.32 11.32	^a E-Mycin 200 ^a E.E.S. 200	AF AB
2428T	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	‡1	1	.. 0.95	#12.07 #13.02	13.25 13.25	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
1398N	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..		41.56 *41.57	16.80 16.80	^a BL ^a Erythrocin	AB
1401R	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	1	..	7.53	8.34	Erythrocin Filmtab	AB
1403W	Capsule 250 mg (base)	25	1	..	7.53	8.34	Erythrocin	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.45	9.26	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	1	..	10.85	11.66	Erythrocin	AB
1760P	ROXITHROMYCIN Tablet 150 mg	10	1	..	12.30	13.11	Biaxsig Rulide	SI RL
• Lincosamides								
CLINDAMYCIN								
❖ Restricted benefit ❖								
<i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>								
3138E	Capsule 150 mg	25	..	..	14.28	15.09	Dalacin C	UP
3139F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	#21.58	16.80	Dalacin C	UP
2530E	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	14.65	15.46	Lincocin	UP

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	
Aminoglycoside antibacterials								
• Other aminoglycosides								
GENTAMICIN SULFATE								
1068F	Injection 40 mg (base) in 1 mL	10	1	..	*27.23	16.80	BL	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.73	16.80	BL	
2824P	Injection 80 mg (base) in 2 mL	10	1	..	*17.37	16.80	Cidomycin BL	RL
TOBRAMYCIN SULFATE								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that tobramycin is an appropriate antibiotic; Septicaemia, suspected or proven.</i>								
1356J	Injection 80 mg (base)	10	1	..	*65.39	16.80	BL	
				..	*65.47	16.80	Nebcin	LY
Quinolone antibacterials								
• Fluoroquinolones								
CIPROFLOXACIN								
❖ Authority required ❖								
<i>Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;</i>								
<i>Treatment of joint and bone infections or epididymo-orchitis, suspected or proven to be caused by gram-negative bacteria.</i>								
1208N	Tablet 250 mg	14	..	..	36.17	16.80	Ciproxin 250	BN
❖ Authority required ❖								
<i>Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;</i>								
<i>Treatment of joint and bone infections or epididymo-orchitis, suspected or proven to be caused by gram-negative bacteria.</i>								
1209P	Tablet 500 mg	14	..	..	64.77	16.80	Ciproxin 500	BN
1210Q	Tablet 750 mg	14	..	..	94.47	16.80	Ciproxin 750	BN
❖ Restricted benefit ❖								
<i>Gonorrhoea.</i>								
NOTE:								
<i>No authorities for increased maximum quantities and/or repeats will be authorised.</i>								
1311B	Tablet 250 mg	2	..	..	*12.78	13.59	Ciproxin 250	BN
ENOXACIN								
❖ Authority required ❖								
<i>Complicated urinary tract infection.</i>								
2859L	Tablet 400 mg	14	1	..	20.89	16.80	Enoxin	FA

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	
NORFLOXACIN								
❖ Authority required ❖								
<i>Acute bacterial enterocolitis; Complicated urinary tract infection.</i>								
3010K	Tablet 400 mg	14	1	..	20.89	16.80	Noroxin	MK
Other antibacterials								
• Glycopeptide antibacterials								
VANCOMYCIN								
❖ Restricted benefit ❖								
<i>Prophylaxis of endocarditis in patients hypersensitive to penicillin.</i>								
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	..	..	*51.91	16.80	^a Vancocin ^a BL	LY
❖ Restricted benefit ❖								
<i>Endophthalmitis; Use initiated in a hospital.</i>								
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	..	..	*123.37	16.80	^a Vancocin ^a BL	LY
• Steroid antibacterials								
FUSIDIC ACID								
❖ Restricted benefit ❖								
<i>For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.</i>								
2312Q	Tablet (sodium salt) 250 mg	36	1	..	68.07	16.80	Fucidin	CS
2311P	Oral suspension 50 mg per mL, 90 mL	#1	..	..	53.73	16.80	Fucidin	CS
• Imidazole derivatives								
METRONIDAZOLE								
❖ Restricted benefit ❖								
<i>Treatment of anaerobic infections.</i>								
1621H	Tablet 400 mg	21	1	.. 1.51	9.17 10.68	9.98 9.98	^a Metrogyl 400 ^a Flagyl	AF MB

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
METRONIDAZOLE—cont.							
❖ Restricted benefit ❖							
<i>Prophylaxis in large bowel surgery;</i>							
<i>Treatment in a hospital of acute anaerobic sepsis.</i>							
1638F	I.V. infusion 500 mg in 100 mL	5	1	..	*28.42	16.80	^a Flagyl ^a BX ^a DW MB
1636D	METRONIDAZOLE Tablet 200 mg	21	1	.. 1.82	6.36 8.18	7.17 7.17	^a Metrogyl 200 ^a Metrozine ^a Flagyl AF SR MB
1626N	Tablet 400 mg	5	2	..	6.25	7.06	Metrogyl 400 AF
1642K	Suppositories 500 mg, 10	‡1	..	..	19.58	16.80	Flagyl MB
1643L	Suppositories 1 g, 10	‡1	..	..	26.48	16.80	Flagyl MB
1630T	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.80	14.61	Flagyl S MB
1465D	TINIDAZOLE Tablet 500 mg	4	..	.. 1.93	7.09 9.02	7.90 7.90	^a Simplotan ^a Fasigyn GP PF
• Other antibacterials							
3090P	SPECTINOMYCIN Injection 2 g with 3.2 mL diluent	1	..	..	15.97	16.78	Trobicln UP
ANTIMYCOTICS FOR SYSTEMIC USE							
Antimycotics for systemic use							
• Antibiotics							
1047D	AMPHOTERICIN Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	22.45	16.80	Fungizone BQ
• Imidazole derivatives							
KETOCONAZOLE							
❖ Authority required ❖							
<i>Symptomatic vaginal candidiasis recurring after treatment of at least two episodes with topical therapy.</i>							
CAUTION:							
<i>Hepatotoxicity has been reported with ketoconazole.</i>							
1573T	Tablet 200 mg	10	..	..	12.96	13.77	Nizoral JC

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	
KETOCONAZOLE—cont.								
❖ Authority required ❖								
<i>Oral candidiasis in severely immunocompromised persons where topical therapy has failed;</i>								
<i>Systemic or deep mycoses where other forms of therapy have failed.</i>								
CAUTION:								
<i>Hepatotoxicity has been reported with ketoconazole.</i>								

1572R	Tablet 200 mg	30	5	..	26.60	16.80	Nizoral	JC
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• 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	..	177.03	16.80	Diflucan	PF
1472L	Capsule 100 mg	28	5	..	328.23	16.80	Diflucan	PF
1475P	Capsule 200 mg	28	5	..	630.07	16.80	Diflucan	PF
1473M	Solution for I.V. infusion 100 mg in 50 mL	7	..	..	*192.29	16.80	Diflucan	PF
1474N	Solution for I.V. infusion 200 mg in 100 mL	7	..	..	*343.98	16.80	Diflucan	PF

ANTIMYCOBACTERIALS**Drugs for treatment of tuberculosis**

• Antibiotics

RIFAMPICIN

❖ Authority required ❖

Leprosy in adults.

1982H	Capsule 150 mg	100	..	..	35.43	16.80	Rimycin 150	AF
1983J	Capsule 300 mg	100	..	..	66.61	16.80	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	..	..	8.43	9.24	Rimycin 150	AF
1984K	Capsule 300 mg	10	..	..	11.54	12.35	Rimycin 300	AF

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
• Hydrazides							
1554T	ISONIAZID Tablet 100 mg	100	2	..	7.65	8.46	FM
ANTIVIRALS FOR SYSTEMIC USE							
Agents affecting the virus directly							
• Nucleosides							
ACYCLOVIR							
❖ Authority required ❖							
<i>Moderate or severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.</i>							
1003T	Tablet 200 mg	50	..	..	*112.51	16.80	Acyclo-V 200 AF Zovirax 200 mg BW Zyclir 200 AD
❖ Authority required ❖							
<i>Moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is required prior to issue of authority.</i>							
1007B	Tablets 200 mg, 90	#1	2	..	198.97	16.80	Acyclo-V 200 AF Zovirax 200 mg BW Zyclir 200 AD
❖ Authority required ❖							
<i>Suppression of genital herpes in severely immunocompromised patients.</i>							
1009D	Tablets 200 mg, 90	#1	5	..	198.97	16.80	Acyc o-V 200 AF Zovirax 200 mg BW Zyclir 200 AD
❖ Authority required ❖							
<i>Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>							
NOTE:							
<i>Acyclovir is effective only if commenced within 72 hours of onset of rash.</i>							
<i>No repeats will be issued.</i>							
1052J	Tablets 800 mg, 35	#1	..	..	270.67	16.80	Acyclo-V 800 AF Zovirax 800 mg BW Zyclir 800 AD

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
FAMCICLOVIR							
❖ Authority required ❖							
<i>Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>							
NOTE:							
<i>Famciclovir is effective only if commenced within 72 hours of onset of rash.</i>							
<i>No repeats will be issued.</i>							
8002E	Tablet 250 mg	21	..	..	258.25	16.80	Famvir SK
IMMUNE SERA AND IMMUNOGLOBULINS							
Immune sera							
• Immune sera							
1980F	ANTIVENOM—RED BACK SPIDER Injection 500 units	2	..	..	*192.37	16.80	CS
1344R	DIPHTHERIA ANTITOXIN Injection 10,000 units	2	1	..	*171.91	16.80	CS
2699C	GAS GANGRENE ANTITOXIN—MIXED (POLYVALENT) Injection: 1 ampoule containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	..	*271.17	16.80	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	..	*15.27	16.08	CS
DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE							
NOTE:							
For immunisation of adults and children over the age of eight years.							
3020Y	Injection 0.5 mL	2	..	..	*14.97	15.78	CS
• Pertussis vaccines							
DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED (Triple Antigen)							
1346W	Injection 0.5 mL	3	..	..	*19.78	16.80	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	
• Pneumococcal vaccines PNEUMOCOCCAL VACCINE, POLYVALENT ❖ Restricted benefit ❖ <i>Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.</i>								
1903E	Injection 0.5 mL (23 valent)	1	..	..	33.97	16.80	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	..	..	*18.31	16.80	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	..	..	*18.55	16.80	CS	
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.66	16.80	CS	
Viral vaccines								
• Influenza vaccines INFLUENZA VACCINE ❖ Restricted benefit ❖ <i>Persons at special risk of adverse consequences from infections of the lower respiratory tract.</i>								
2852D	Injection (trivalent) 0.5 mL	1	..	..	17.47	16.80	Fluvax Vaxigrip XFLU	CS PV 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	
ANTINEOPLASTIC AGENTS								
Alkylating agents								
• Nitrogen mustard analogues								
CHLORAMBUCIL								
1163F	Tablet 2 mg	100	2	..	*75.99	16.80	Leukeran	BW
1164G	Tablet 5 mg	100	2	..	*86.55	16.80	Leukeran	BW
CYCLOPHOSPHAMIDE								
1266P	Tablet 50 mg	50	2	..	28.87	16.80	Cycloblastin	PS
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	10	..	..	75.96	16.80	Cycloblastin	PS
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	10	..	..	81.44	16.80	Cycloblastin	PS
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*27.59	16.80	Cycloblastin Endoxan-Asta	PS AA
1080W	Injection 1 g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	..	24.84	16.80	Cycloblastin Endoxan-Asta	PS AA
1031G	Injection 2 g (solvent required) (codes 7050C, 7051D, 7052E, 7053F, 7054G, 7055H apply to above item with approved solvents)	1	..	..	40.90	16.80	Endoxan-Asta	AA
MELPHALAN								
2547C	Tablet 2 mg	100	..	..	*95.07	16.80	Alkeran	BW
2548D	Tablet 5 mg	100	..	..	*153.87	16.80	Alkeran	BW
• Alkyl sulphonates								
BUSULFAN								
1128J	Tablet 2 mg	100	..	..	38.27	16.80	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	..	*36.61	16.80	LE	
Antimetabolites								
• Folic acid analogues								
METHOTREXATE								
1622J	Tablet 2.5 mg	100	2	..	20.85	16.80	^a Ledertrexate	LE
				0.55	21.40	16.80	^a Methoblastin	PS
							^a BL	

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	
1623K	METHOTREXATE—cont. Tablet 10 mg	50	2	..	46.62	16.80	Methoblastin	PS
2396D	Injection 5 mg in 2 mL	5	..	..	*45.97	16.80	Ledertrexate	LE
2395C	Injection 50 mg in 2 mL	5	..	..	*47.92 47.94	16.80 16.80	Ledertrexate Methoblastin BL DW	LE PS
• Purine analogues CLADRIBINE ❖ Authority required ❖ Hairy cell leukaemia.								
1811H	Solution for I.V. infusion 10 mg in 10 mL	7	..	..	4658.92	16.80	Leustatin	JC
1598D	MERCAPTOPURINE Tablet 50 mg	100	2	..	*102.75	16.80	Purinethol	BW
1233X	THIOGUANINE Tablet 40 mg	25	1	..	84.57	16.80	Lanvis	BW
• Pyrimidine analogues CYTARABINE								
2884T	Injection 100 mg in 5 mL	10	1	..	*73.13	16.80	DW	
2910E	Injection set containing 100 mg and 5 mL solvent	10	1	..	*206.57	16.80	BL	
2904W	Injection set containing 500 mg and 10 mL solvent	2	1	..	*148.81	16.80	BL	
2885W	Injection 500 mg in 25 mL	2	1	..	*81.45	16.80	DW	
2521Q	FLUOROURACIL Injection 250 mg in 10 mL	20	..	..	*67.63	16.80	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.67	16.80	BL	
Plant alkaloids and other natural products								
• Vinca alkaloids and analogues								
2198Q	VINBLASTINE SULFATE Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*41.97	16.80	Velbe	LY
2199R	Injection set containing 10 mg and 10 mL solvent	2	..	..	*45.37	16.80	BL	
2374Y	VINCRIStINE SULFATE I.V. injection 1 mg in 1 mL	10	..	..	*172.57	16.80	DW	
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*176.77	16.80	^a Oncovin ^a BL	LY
• Podophyllotoxin derivatives								
1396L	ETOPOSIDE Capsule 50 mg	20	..	..	498.97	16.80	Vepesid	BQ

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	
1389D	ETOPOSIDE—cont. Capsule 100 mg	10	..	..	435.19	16.80	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*207.27	16.80	^a Vepesid ^a BL	BQ
Taxanes PACLITAXEL ❖ Authority required ❖ <i>Advanced metastatic ovarian carcinoma after failure of standard therapy which includes a platinum compound.</i>								
3026G	Solution for I.V. infusion 30 mg in 5 mL	5	..	..	*1432.27	16.80	^a Anzatax ^a Taxol	FA BQ
3017T	Solution for I.V. infusion 150 mg in 25 mL	1	..	..	1433.32	16.80	Anzatax	FA
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 *217.03 16.80 ^a Adriamycin Solution ^a BL PS ^a DW 1340M Solution for I.V. injection or intravesical administration 20 mg in 10 mL 4 *388.15 16.80 ^a Adriamycin Solution ^a BL PS ^a DW 1342P Solution for I.V. injection or intravesical administration 50 mg in 25 mL 3 *704.62 16.80 ^a Adriamycin Solution ^a BL PS ^a DW EPIRUBICIN HYDROCHLORIDE 1375J Solution for I.V. injection 10 mg in 5 mL 4 *228.27 16.80 Pharmorubicin Solution PS 1376K Solution for I.V. injection 20 mg in 10 mL 4 *421.75 16.80 Pharmorubicin Solution PS 1377L Solution for I.V. injection 50 mg in 25 mL 3 *778.54 16.80 Pharmorubicin Solution PS								
IDARUBICIN HYDROCHLORIDE ❖ Authority required ❖ <i>Acute myelogenous leukaemia.</i>								
2446R	Capsule 5 mg	3	..	..	*245.83	16.80	Zavedos	PS
2448W	Capsule 10 mg	3	..	..	*461.23	16.80	Zavedos	PS
2450Y	Capsule 25 mg	6	..	..	*2289.07	16.80	Zavedos	PS
2452C	Powder for I.V. injection 5 mg	3	..	..	*591.13	16.80	Zavedos	PS
2453D	Powder for I.V. injection 10 mg	6	..	..	*2289.07	16.80	Zavedos	PS

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	
1932Q	MITOZANTRONE Injection 10 mg in 5 mL	1	..	..	178.62	16.80	Novantrone	LE
1929M	Injection 20 mg in 10 mL	1	..	..	339.27	16.80	Novantrone	LE
1930N	Injection 25 mg in 12.5 mL	1	..	..	420.07	16.80	Novantrone	LE
1931P	Injection 30 mg in 15 mL	1	..	..	503.02	16.80	Novantrone	LE
• Other cytotoxic antibiotics								
BLEOMYCIN See Special Pharmaceutical Benefits								
Other antineoplastic agents								
• Platinum compounds								
1160C	CARBOPLATIN Solution for I.V. injection 50 mg in 5 mL	2	..	..	*108.15	16.80	^a BL ^a DW	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*718.27	16.80	^a BL ^a DW	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*519.95	16.80	^a BL ^a DW	
2578Q	CISPLATIN I.V. injection 10 mg in 10 mL	1	..	.. 0.22	17.80 18.02	16.80 16.80	^a DW ^a BL	
2579R	I.V. injection 50 mg in 50 mL	1	..	.. 0.55	40.57 41.12	16.80 16.80	^a DW ^a BL	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.60	16.80	BL	
• Other antineoplastic agents								
3093T	HYDROXYUREA Capsule 500 mg	100	..	..	67.95	16.80	Hydrea	BQ
ENDOCRINE THERAPY Hormones and related agents								
• Estrogens								
FOSFESTROL SODIUM ❖ Restricted benefit ❖ Carcinoma of the prostate.								
1353F	Tablet 120 mg	100	5	..	*82.37	16.80	Honvan	AA
• Progestogens								
MEDROXYPROGESTERONE ACETATE ❖ Restricted benefit ❖ Advanced breast cancer.								
2728N	Tablet 500 mg	30	2	..	116.31	16.80	Farlutal Provera	PS UP

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpls	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MEDROXYPROGESTERONE ACETATE—cont.								
❖ Restricted benefit ❖								
<i>Breast cancer; Endometrial cancer.</i>								
2725K	Tablet 100 mg	100	2	..	82.70	16.80	Farlutal Provera	PS UP
2316X	Tablet 200 mg	60	2	..	93.92	16.80	Farlutal Provera	PS UP
2727M	Tablet 250 mg	60	2	..	116.31	16.80	Provera	UP
[For other listings for this drug see Generic/Proprietary Index]								
MEGESTROL ACETATE								
❖ Restricted benefit ❖								
<i>Advanced breast cancer.</i>								
2731R	Tablet 40 mg	100	2	..	45.52	16.80	Megostat	BQ
2734X	Tablet 160 mg	30	2	..	73.02	16.80	Megostat	BQ
• Gonadotrophin releasing hormone analogues								
GOSERELIN								
❖ Authority required ❖								
<i>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).</i>								
1454M	Subcutaneous implant 3.6 mg	1	5	..	361.12	16.80	Zoladex Implant	IC
LEUPRORELIN ACETATE								
❖ Authority required ❖								
<i>Advanced carcinoma of the prostate.</i>								
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	..	433.72	16.80	Lucrin Depot	AB
Hormone antagonists and related agents								
• Anti-estrogens								
TAMOXIFEN CITRATE								
❖ Restricted benefit ❖								
<i>Breast cancer.</i>								
2109B	Tablet 10 mg (base)	60	5	..	*57.07 57.07	16.80 16.80	^a Nolvadex ^a Genox 10	IC AF
2110C	Tablet 20 mg (base)	60	5	..	*92.27 92.27	16.80 16.80	^a Kessar ^a Nolvadex-D ^a Genox 20	PS IC AF

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	
• Anti-androgens								
CYPROTERONE ACETATE								
❖ <u>Authority required</u> ❖								
- Advanced carcinoma of the prostate; ➤ To reduce drive in sexual deviations in males.								
1270W	Tablet 50 mg	100	5	..	*314.27	16.80	Androcur	SC
[For other listings for this drug see Generic/Proprietary Index]								
FLUTAMIDE								
❖ <u>Authority required</u> ❖								
For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.								
1417N	Tablet 250 mg	100	5	..	264.49	16.80	Eulexin	SH
• Enzyme inhibitors								
AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	151.67	16.80	Cytadren	CG
IMMUNOMODULATING AGENTS								
Immunostimulating agents								
• Cytokines								
INTERFERON ALFA-2a								
❖ <u>Authority required</u> ❖								
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	..	*346.27	16.80	Roferon-A	RO
INTERFERON ALFA-2b								
❖ <u>Authority required</u> ❖								
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	..	*346.27	16.80	Intron A	SH
❖ <u>Authority required</u> ❖								
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	..	..	*238.27	16.80	Intron A	SH

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	
• Other immunostimulating agents								
BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain)								
❖ Restricted benefit ❖								
<i>Treatment of carcinoma in situ of the urinary bladder.</i>								
1140B	Single dose set comprising 1 vial powder for intravesical administration containing 6.6 to 19.2×10^8 CFU and 1 vial diluent 3 mL	3	1	..	*476.77	16.80	ImmuCyst	RR
BCG-TICE (Bacillus Calmette-Guérin/ Tice strain)								
❖ Restricted benefit ❖								
<i>Primary and relapsing superficial urothelial carcinoma of the bladder.</i>								
1131M	Ampoule containing powder for intravesical administration approximately 5×10^8 CFU	3	1	..	466.27	16.80	OncoTICE	OT
IMMUNOSUPPRESSIVE AGENTS Immunosuppressive agents								
• Other immunosuppressive agents								
AZATHIOPRINE								
2688L	Tablet 25 mg	100	2	..	47.34	16.80	Imuran	BW
2687K	Tablet 50 mg	100	2	..	79.51	16.80	^a Imuran ^a Thioprine	BW AF

MUSCULO-SKELETAL SYSTEM

Code	Name, Restriction, Manner of administration and 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 derivatives and related substances								
1331C	DICLOFENAC POTASSIUM Tablets 25 mg, 20	‡1	..	..	6.64	7.45	Voltaren Rapid 25	CG
1332D	Tablets 50 mg, 20	‡1	..	..	7.21	8.02	Voltaren Rapid 50	CG
DICLOFENAC SODIUM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1299J	Tablet 25 mg (enteric coated)	100	3	..	*14.47	15.28	Voltaren 25	CG
1300K	Tablet 50 mg (enteric coated)	50	3	.. 0.93	10.62 11.55	11.43 11.43	^a Fenac ^a Voltaren 50	AF CG
1301L	DICLOFENAC SODIUM Tablets 50 mg (enteric coated), 20	‡1	..	..	7.21	8.02	Fenac	AF
1302M	Suppository 100 mg	40	3	..	*22.75	16.80	Voltaren	CG
INDOMETHACIN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
2454E	Capsule 25 mg	100	3	.. 2.00	*8.13 *10.13	8.94 8.94	^a Arthrexin ^a Indomed 25 ^a Indocid	AF AD MK
2459K	INDOMETHACIN Capsules 25 mg, 20	‡1	..	..	5.63	6.44	Arthrexin	AF
2757D	Suppository 100 mg	40	3	..	*19.17	16.80	Indocid	MK
SULINDAC								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
2047R	Tablet 100 mg	100	3	.. 1.02	*14.39 *15.41	15.20 15.20	^a Aclín ^a Clusinol 100 ^a Clinoril	AF AD FR
2048T	Tablet 200 mg	50	3	.. 0.99	13.84 14.83	14.65 14.65	^a Aclín 200 ^a Clusinol 200 ^a Clinoril 200	AF AD FR

continued ➡

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	
2049W	SULINDAC—cont. Tablets 100 mg, 20	‡1	..	..	6.69	7.50	Aclin	AF
2050X	Tablets 200 mg, 10	‡1	..	..	6.80	7.61	Aclin 200	AF
• Oxicams								
PIROXICAM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
1895R	Dispersible tablet 10 mg	50	3	..	13.19	14.00	Feldene-D	PF
1896T	Dispersible tablet 20 mg	25	3	..	12.78	13.59	Feldene-D	PF
1897W	Capsule 10 mg	50	3	..	13.19	14.00	^a Candyl 10 mg	DP
							^a Fensaid 10	AD
							^a Mobilis 10	AF
							^a Pirox	GP
				1.15	14.34	14.00	^a Feldene	PF
1898X	Capsule 20 mg	25	3	..	12.78	13.59	^a Candyl 20 mg	DP
							^a Fensaid 20	AD
							^a Mobilis 20	AF
							^a Pirox	GP
				1.26	14.04	13.59	^a Feldene	PF
TENOXICAM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
2104R	Tablet 10 mg	50	3	..	13.19	14.00	Tilcotil	RO
• Propionic acid derivatives								
IBUPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
3198H	Tablet 200 mg	100	3	..	*8.75	9.56	Rafen 200	AF
3190X	Tablet 400 mg	100	3	..	*12.01	12.82	Brufen	BT
3191Y	IBUPROFEN Tablets 200 mg, 20	‡1	..	..	5.57	6.38	Rafen 200	AF
3192B	Tablets 400 mg, 20	‡1	..	..	6.21	7.02	Brufen	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	
KETOPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
1586L	Capsule 50 mg	50	3	..	9.46	10.27	Orudis	MB
1589P	Capsule 100 mg (sustained release)	50	3	.. 1.60	13.73 15.33	14.54 14.54	^a Oruvail SR ^a Orudis SR	RR MB
1590G	Capsule 200 mg (sustained release)	28	3	.. 1.36	14.86 16.22	15.67 15.67	^a Oruvail SR ^a Orudis SR 200	RR MB
1588N	KETOPROFEN Suppository 100 mg	40	3	..	*20.91	16.80	Orudis	MB
NAPROXEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1674D	Tablet 250 mg	100	3	.. 2.18	*14.19 *16.37	15.00 15.00	^a Inza 250 ^a Naprosyn	AF SD
1659H	Tablet 500 mg	50	3	.. 1.09	13.08 14.17	13.89 13.89	^a Inza 500 ^a Naprosyn	AF SD
1614Y	Tablet 750 mg (sustained release)	28	3	.. 1.09	12.12 13.21	12.93 12.93	^a Proxen SR 750 MD ^a Naprosyn SR750	MD SD
1615B	Tablet 1 g (sustained release)	28	3	.. 1.09	14.74 15.83	15.55 15.55	^a Proxen SR 1000 ^a Naprosyn SR1000	MD SD
1658G	Oral suspension 125 mg per 5 mL, 500 mL	‡1	3	..	18.89	16.80	Naprosyn	SD
1237D	NAPROXEN Tablets 250 mg, 20	‡1	..	..	6.75	7.56	Inza 250	AF
1238E	Tablets 500 mg, 10	‡1	..	..	6.64	7.45	Inza 500	AF
1662L	Suppository 500 mg	40	3	..	*19.17	16.80	Naprosyn	SD
NAPROXEN SODIUM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1795L	Tablet 550 mg	50	3	..	13.08	13.89	Anaprox 550	SD
NOTE: Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.								

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	
TIAPROFENIC ACID								
CAUTION:								
<i>Cystitis and other urinary disorders have been reported with this drug.</i>								
NOTE:								
<i>The recommended maximum dose is 600 mg per day.</i>								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
2102P	Tablet 200 mg	50	3	..	10.01	10.82	Surgam	RL
2103Q	Tablet 300 mg	50	3	..	13.46	14.27	Surgam	RL
TIAPROFENIC ACID								
CAUTION:								
<i>Cystitis and other urinary disorders have been reported with this drug.</i>								
NOTE:								
<i>The recommended maximum dose is 600 mg per day.</i>								
2097J	Tablets 200 mg, 20	‡1	..	..	6.97	7.78	Surgam	RL
2098K	Tablets 300 mg, 10	‡1	..	..	6.97	7.78	Surgam	RL
• Fenamates								
MEFENAMIC ACID								
❖ Restricted benefit ❖								
<i>Dysmenorrhoea; Menorrhagia.</i>								
1824B	Capsule 250 mg	50	2	..	12.30	13.11	^a Mefic ^a Ponstan	WW PD
• Other antiinflammatory/antirheumatic agents, non-steroids								
DIFLUNISAL								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1319K	Tablet 250 mg	100	3	..	*14.81	15.62	Dolobid	MK
1320L	Tablet 500 mg	50	3	..	14.50	15.31	Dolobid	MK
Specific antirheumatic agents								
• Quinolines								
HYDROXYCHLOROQUINE SULFATE								
1512N	Tablet 200 mg	100	1	..	31.08	16.80	Plaquenil	SW
• Gold preparations								
AURANOFIN								
CAUTION:								
<i>Regular blood and urine checks are essential.</i>								
1095P	Tablet 3 mg	60	5	..	52.35	16.80	Ridaura	SK

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	
AUROTHIOGLUCOSE								
CAUTION:								
Regular blood and urine checks are essential.								
2021J	Injection 50 mg per mL, 10 mL	1	..	..	126.59	16.80	Gold-50	SH
SODIUM AUROTHIOMALATE								
CAUTION:								
Regular blood and urine checks are essential.								
2016D	Injection 10 mg	10	..	..	52.45	16.80	Myocrisin	MB
2017E	Injection 20 mg	10	1	..	80.78	16.80	Myocrisin	MB
2018F	Injection 50 mg	10	1	..	126.59	16.80	Myocrisin	MB
• <i>Penicillamine and similar agents</i>								
PENICILLAMINE								
CAUTION:								
Regular blood and urine checks are essential.								
2721F	Tablet 125 mg	100	1	..	26.60	16.80	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	41.67	16.80	D-Penamine	DL
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN								
Topical products for joint and muscular pain								
• <i>Preparations with salicylic acid derivatives</i>								
METHYL SALICYLATE								
1641J	Liniment APF, 100 mL	‡1	1	..	5.73	6.54	Linsal Metsal MG NN WE(NQ)	SI MM
MUSCLE RELAXANTS								
Muscle relaxants, centrally acting agents								
• <i>Other centrally acting agents</i>								
BACLOFEN								
2729P	Tablet 10 mg	100	5	.. 0.95	40.57 41.52	16.80 16.80	^a Clofen 10 ^a Lioresal 10	AF CG
2730Q	Tablet 25 mg	100	5	.. 0.95	82.37 83.32	16.80 16.80	^a Clofen 25 ^a Lioresal 25	AF CG
Muscle relaxants, directly acting agents								
• <i>Dantrolene and derivatives</i>								
DANTROLENE SODIUM								
❖ <i>Restricted benefit</i> ❖								
<i>Treatment of chronic spasticity.</i>								
1779P	Capsule 25 mg	100	2	..	27.72	16.80	Dantrium	PY
1780Q	Capsule 50 mg	100	2	..	44.88	16.80	Dantrium	PY

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
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	..	*13.55	14.36	^a Pro gout 100 AF
				..	13.55	14.36	^a Allorin 100 mg DP
				0.84	*14.39	14.36	^a Zygout 100 AD
							^a Zyluprim BW
2604C	Tablet 300 mg	60	2	..	*9.77	10.58	^a Pro gout 300 AF
				..	9.77	10.58	^a Allorin 300 mg DP
				1.21	10.98	10.58	^a Zygout 300 AD
							^a Zyluprim BW
2601X	Capsule 100 mg	200	2	..	*13.55	14.36	Capurate-100 FM
2603B	Capsule 300 mg	60	2	..	*10.37	11.18	Capurate-300 FM
• Preparations increasing uric acid excretion							
PROBENECID							
1940D	Tablet 500 mg	100	5	..	17.80	16.80	Benemid FR
SULFINPYRAZONE							
❖ Restricted benefit ❖							
<i>Glomerulonephritis;</i>							
<i>Gout;</i>							
<i>Renal transplantation.</i>							
2094F	Tablet 100 mg	100	5	..	33.05	16.80	Anturan CG
• Preparations with no effect on uric acid metabolism							
COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	7.31	8.12	Colgout FC
DRUGS FOR TREATMENT OF BONE DISEASES							
Drugs affecting mineralization							
• Biphosphonates							
DISODIUM ETIDRONATE							
❖ Authority required ❖							
<i>Active Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects;</i>							
<i>Heterotopic ossification.</i>							
2920Q	Tablet 200 mg	60	5	..	114.66	16.80	Didronel PY

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	
OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM								
Other drugs for disorders of the musculo-skeletal system								
• <i>Quinine and derivatives</i>								
QUININE BISULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
1972T	Tablet 300 mg	50	2	..	9.61	10.42	Myoquin	FM
				0.51	10.12	10.42	Quinbisul	AF
				0.55	10.16	10.42	Biquin	NN
							Bi-Quinate	RR
QUININE SULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
1975Y	Tablet 300 mg	50	2	..	9.61	10.42	Quinocet	FM
				0.51	10.12	10.42	^a Quinsul	AF
				0.55	10.16	10.42	^a Adaquin	NN
							^a Quinate	RR

NERVOUS SYSTEM

Code	Name, Restriction, Manner of administration and 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							
• <i>Natural opium alkaloids</i>							
CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	9.00	9.81	^a FA ^a FM
MORPHINE HYDROCHLORIDE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>							
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2122G	Oral solution 2 mg per mL, 200 mL	1	..	..	14.30	15.11	DW
2123R	Oral solution 5 mg per mL, 200 mL	1	..	..	17.49	16.80	DW
2124T	Oral solution 10 mg per mL, 200 mL	1	..	..	20.43	16.80	DW
MORPHINE SULFATE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>							
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
1646P	Tablet 30 mg	20	..	..	11.26	12.07	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).*

continued

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	
MORPHINE SULFATE—cont.								
1653B	Tablet 10 mg (controlled release)	20	..	..	14.76	15.57	MS Contin	PS
1654C	Tablet 30 mg (controlled release)	20	..	..	27.13	16.80	MS Contin	PS
1655D	Tablet 60 mg (controlled release)	20	..	..	42.33	16.80	MS Contin	PS
1656E	Tablet 100 mg (controlled release)	20	..	..	62.77	16.80	MS Contin	PS
2839K	Capsule 20 mg (containing sustained release pellets)	20	..	..	20.10	16.80	Kapanol	GL
2840L	Capsule 50 mg (containing sustained release pellets)	20	..	..	36.28	16.80	Kapanol	GL
2841M	Capsule 100 mg (containing sustained release pellets)	20	..	..	62.77	16.80	Kapanol	GL
MORPHINE SULFATE								
CAUTION:								
The risk of drug dependence is high.								
1644M	Injection 10 mg in 1 mL	5	..	..	10.22	11.03	BL SI	
				1.21	11.43	11.03	AP	
1645N	Injection 15 mg in 1 mL	5	..	..	10.55	11.36	BL SI	
				0.98	11.53	11.36	AP	
1647Q	Injection 30 mg in 1 mL	5	..	..	11.92	12.73	BL	
MORPHINE TARTRATE								
CAUTION:								
The risk of drug dependence is high.								
1607N	Injection 120 mg in 1.5 mL	5	..	..	19.49	16.80	BL	
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	..	..	17.16	16.80	Proladone	BT

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
OXYCODONE HYDROCHLORIDE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>							
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2622B	Tablet 5 mg	20	..	..	9.12	9.93	Endone BT
• Phenylpiperidine derivatives							
PETHIDINE HYDROCHLORIDE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Short-term treatment of acute pain.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will not be authorised.</i>							
1828F	Injection 50 mg in 1 mL	5	..	..	9.19	10.00	BL SI AP
				1.80	10.99	10.00	
1829G	Injection 100 mg in 2 mL	5	..	..	9.54	10.35	BL SI AP
				2.24	11.78	10.35	
• Diphenylpropylamine derivatives							
METHADONE HYDROCHLORIDE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>							
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
1608P	Tablet 5 mg	20	..	..	9.20	10.01	Physeptone BW
1609G	Tablet 10 mg	20	..	..	9.89	10.70	Physeptone BW
1606M	Injection 10 mg in 1 mL	5	..	..	11.46	12.27	Physeptone BW

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	
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
ASPIRIN								
1008C	Tablet 300 mg	100	1	..	5.94	6.75	Spren	SI
1010E	Tablet 300 mg (dispersible)	100	1	..	6.02	6.83	Solprin	RC
1230R	Tablet 650 mg (enteric coated)	100	2	..	9.11	9.92	Ecotrin	SK
CODEINE PHOSPHATE with ASPIRIN								
1222H	Tablet 30 mg-325 mg	20	..	..	6.80	7.61	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	..	..	6.79	7.60	^a Codalgin Forte ^a Dymadon Forte ^a Panadeine Forte Caplets	FM BW 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	..	7.72	8.53	Dymadon P Panamax Paralgin Tylenol RR	BW SW FM JT
1747Y	Mixture 120 mg per 5 mL, 100 mL	‡1	2	..	7.45	8.26	Dymadon Panamax	BW SW
1770E	Elixir 240 mg per 5 mL, 200 mL	‡1	2	..	9.66	10.47	Panamax 240 Elixir	SW
Antimigraine preparations								
• Ergot alkaloids								
DIHYDROERGOTAMINE MESYLATE								
1323P	Injection 1 mg in 1 mL	5	..	..	13.29	14.10	Dihydergot	SZ
ERGOTAMINE TARTRATE								
1383T	Capsule 1 mg	50	2	..	13.51	14.32	Ergodryl Mono	PD
ERGOTAMINE TARTRATE with CAFFEINE								
1386Y	Suppositories 2 mg-100 mg, 5	‡1	2	..	8.65	9.46	Cafergot S	SZ
METHYSERGIDE								
2826R	Tablet 1 mg	100	2	..	33.53	16.80	Deseril	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	
• Other antimigraine preparations								
CYPROHEPTADINE HYDROCHLORIDE ❖ Restricted benefit ❖ Prevention of migraine.								
1798P	Tablet 4 mg	100	2	..	*8.93	9.74	Periactin	FR
METHDILAZINE HYDROCHLORIDE ❖ Restricted benefit ❖ Prevention of migraine.								
1612W	Tablet 4 mg	100	2	..	8.93	9.74	Dilosyn	SI
1613X	Tablet 8 mg	100	2	..	13.38	14.19	Dilosyn	SI
3074T	PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	..	17.10	16.80	Sandomigran	SZ
ANTIEPILEPTICS Antiepileptics								
• Barbiturates and derivatives								
METHYLPHENOBARBITONE ❖ Restricted benefit ❖ Epilepsy.								
1634B	Tablet 60 mg	200	2	..	22.21	16.80	Prominal	SW
1635C	Tablet 200 mg	200	2	..	47.09	16.80	Prominal	SW
PHENOBARBITONE ❖ Restricted benefit ❖ Epilepsy.								
1850J	Tablet 30 mg	200	4	..	7.57	8.38	SI	
PHENOBARBITONE SODIUM ❖ Restricted benefit ❖ Epilepsy.								
1853M	Injection 200 mg in 1 mL	5	..	..	11.49	12.30	FM	
1939C	PRIMIDONE Tablet 250 mg	200	2	..	19.56	16.80	Mysoline	IC
• Hydantoin derivatives								
1249R	PHENYTOIN Tablet 50 mg	200	2	..	20.55	16.80	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	†1	3	..	14.72	15.53	Dilantin	PD
1873N	PHENYTOIN SODIUM Capsule 30 mg	200	2	..	20.11	16.80	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	21.65	16.80	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	..	39.36	16.80	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	21.43	16.80	Zarontin	PD
• Benzodiazepine derivatives								
CLONAZEPAM								
❖ <u>Authority required</u> ❖								
<u>Epilepsy.</u>								
1805B	Tablet 500 micrograms	200	2	..	*24.55	16.80	Rivotril	RO
1806C	Tablet 2 mg	200	2	..	*42.55	16.80	Rivotril	RO
1808E	Paediatric oral drops 2.5 mg in 1 mL, 10 mL	2	..	..	*12.19	13.00	Rivotril	RO
❖ <u>Restricted benefit</u> ❖								
<u>Epilepsy.</u>								
1807D	Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)	5	..	..	11.60	12.41	Rivotril	RO
• Carboxamide derivatives								
CARBAMAZEPINE								
2422L	Tablet 100 mg	200	2	..	21.21	16.80	Tegretol 100	CG
2419H	Tablet 200 mg	200	2	.. 0.59	36.57 37.16	16.80 16.80	^a Teril ^a Tegretol 200	AF CG
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.57	16.80	Tegretol CR 200	CG
2431Y	Tablet 400 mg (controlled release)	200	2	..	65.65	16.80	Tegretol CR 400	CG
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	19.18	16.80	Tegretol	CG
• Fatty acid derivatives								
SODIUM VALPROATE								
<u>CAUTION:</u>								
There are reports of								
(i) fatal hepatotoxicity, particularly in children;								
(ii) teratogenesis (spina bifida in humans).								
2294R	Crushable tablet 100 mg	200	2	..	*29.19	16.80	Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	.. 1.00	*36.87 *37.87	16.80 16.80	^a Valpro 200 ^a Epilim EC	AF RC
2290M	Tablet 500 mg (enteric coated)	200	2	.. 1.00	*68.77 *69.77	16.80 16.80	^a Valpro 500 ^a Epilim EC	AF RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.43	16.80	Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.43	16.80	Epilim Syrup	RC

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	
VIGABATRIN								
❖ Authority required ❖								
<i>Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
2667J	Tablet 500 mg	120	5	..	131.87	16.80	Sabril	ML
2668K	Oral powder, sachet 500 mg	60	5	..	73.02	16.80	Sabril	ML
• Other antiepileptics								
GABAPENTIN								
❖ Authority required ❖								
<i>Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
1834M	Capsule 300 mg	100	5	..	110.64	16.80	Neurontin	PD
1835N	Capsule 400 mg	100	5	..	146.06	16.80	Neurontin	PD
LAMOTRIGINE								
❖ Authority required ❖								
<i>Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
2848X	Tablet 25 mg	56	5	..	41.01	16.80	Lamictal	BW
2849Y	Tablet 50 mg	56	5	..	65.54	16.80	Lamictal	BW
2850B	Tablet 100 mg	56	5	..	106.35	16.80	Lamictal	BW
2851C	Tablet 200 mg	56	5	..	175.76	16.80	Lamictal	BW
2099L	SULTHIAMINE Tablet 50 mg	200	2	..	22.61	16.80	Ospolot	BN
2100M	Tablet 200 mg	200	2	..	46.16	16.80	Ospolot	BN
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Tertiary amines								
1109J	BENZHEXOL HYDROCHLORIDE Tablet 2 mg	200	2	..	8.74	9.55	Artane	LE
1110K	Tablet 5 mg	200	1	..	10.63	11.44	Artane	LE
2544X	BIPERIDEN HYDROCHLORIDE Tablet 2 mg	200	2	..	*18.57	16.80	Akineton	KN
1943G	PROCYCLIDINE HYDROCHLORIDE Tablet 5 mg	200	2	..	*13.95	14.76	Kemadrin	BW
• Ethers chemically close to antihistamines								
ORPHENADRINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Parkinsonism.</i>								
2627G	Tablet 50 mg	200	2	..	*18.57	16.80	Disipal	MM

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	
• Ethers of tropine or tropine derivatives								
2362H	BENZTROPINE MESYLATE Tablet 2 mg	60	2	..	*7.43	8.24	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	17.69	16.80	Cogentin	MK
Dopaminergic agents								
• Dopa and dopa derivatives								
LEVODOPA with BENSERAZIDE								
❖ Authority required ❖								
<i>Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.</i>								
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	43.05	16.80	Madopar HBS	RO
LEVODOPA with BENSERAZIDE								
2229H	Tablet 100 mg-25 mg	100	5	..	36.39	16.80	Madopar m	RO
2228G	Tablet 200 mg-50 mg	100	5	..	48.71	16.80	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	20.66	16.80	Madopar Q	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.39	16.80	Madopar m	RO
2226E	Capsule 200 mg-50 mg	100	5	..	48.71	16.80	Madopar	RO
LEVODOPA with CARBIDOPA								
❖ Authority required ❖								
<i>Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.</i>								
1255C	Tablet 200 mg-50 mg (modified release)	100	5	..	64.77	16.80	Sinemet CR	MK
LEVODOPA with CARBIDOPA								
1244L	Tablet 100 mg-10 mg	100	5	..	24.29	16.80	Sinemet M	MK
1242J	Tablet 100 mg-25 mg	100	5	.. 2.97	39.47 42.44	16.80 16.80	^a Kinson ^a Sinemet 100/25MK	AF
1245M	Tablet 250 mg-25 mg	100	5	..	49.59	16.80	Sinemet	MK
• Adamantane derivatives								
AMANTADINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Parkinson's disease which is not drug induced.</i>								
3016R	Capsule 100 mg	100	5	..	42.22	16.80	Symmetrel	CG

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	
Dopamine agonists BROMOCRIPTINE MESYLATE ♦ <u>Authority required</u> ♦ <i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
1443Y	Tablet 2.5 mg	60	5	..	37.58	16.80	^a Krypton 2.5 ^a Parlodel	AF SZ
♦ <u>Authority required</u> ♦ <i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
1446D	Capsule 5 mg	60	5	..	69.76	16.80	^a Krypton 5 ^a Parlodel	AF SZ
1445C	Capsule 10 mg	100	5	..	233.33	16.80	^a Krypton 10 ^a Parlodel	AF SZ
[For other listings for this drug see Generic/Proprietary Index]								
PERGOLIDE MESYLATE ♦ <u>Authority required</u> ♦ <i>Treatment of Parkinson's disease as adjunctive therapy in combination with levodopa—decarboxylase inhibitor combinations.</i>								
2808T	Tablet 50 micrograms (base)	60	..	..	*36.55	16.80	Permax	LY
2809W	Tablet 250 micrograms (base)	100	5	..	73.02	16.80	Permax	LY
2810X	Tablet 1 mg (base)	100	5	..	272.27	16.80	Permax	LY
Monoamine oxidase type B inhibitors SELEGILINE HYDROCHLORIDE <i>See Special Pharmaceutical Benefits</i>								
PSYCHOLEPTICS Antipsychotics Phenothiazine with dimethylaminopropyl group CHLORPROMAZINE HYDROCHLORIDE								
1196Y	Tablet 10 mg	100	5	..	7.39	8.20	Largactil	MB
1197B	Tablet 25 mg	100	5	..	8.89	9.70	Largactil	MB
1199D	Tablet 100 mg	100	5	..	12.71	13.52	Largactil	MB
1201F	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	8.49	9.30	Largactil	MB
1195X	Injection 50 mg in 2 mL	10	..	..	13.40	14.21	Largactil	MB

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	
• <i>Phenothiazine with piperazine structure</i>								
FLUPHENAZINE DECANOATE								
1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.92	16.80	Modecate	BQ
3098C	Injection 25 mg in 1 mL	5	..	..	24.00	16.80	Modecate	BQ
1001Q	Injection 50 mg in 2 mL	5	..	..	35.15	16.80	Modecate	BQ
FLUPHENAZINE HYDROCHLORIDE								
2659Y	Tablet 1 mg	100	5	..	8.34	9.15	Anatensol	BQ
2660B	Tablet 2.5 mg	100	5	..	9.10	9.91	Anatensol	BQ
2661C	Tablet 5 mg	100	5	..	12.41	13.22	Anatensol	BQ
TRIFLUOPERAZINE HYDROCHLORIDE								
2185B	Tablet 1 mg (base)	100	5	..	7.46	8.27	Stelazine	SK
2386N	Tablet 2 mg (base)	100	5	..	8.34	9.15	Stelazine	SK
2186C	Tablet 5 mg (base)	100	5	..	8.34	9.15	Stelazine	SK
• <i>Phenothiazine with piperidine structure</i>								
PERICYAZINE								
3052P	Tablet 2.5 mg	100	5	..	8.01	8.82	Neulactil	MB
3053Q	Tablet 10 mg	100	5	..	12.21	13.02	Neulactil	MB
THIORIDAZINE HYDROCHLORIDE								
2163W	Tablet 10 mg	100	5	..	7.39	8.20	Aldazine 10 Melleril	AF SZ
2359E	Tablet 25 mg	100	5	..	8.89	9.70	Aldazine 25 Melleril	AF SZ
2164X	Tablet 50 mg	100	5	..	9.26	10.07	^a Aldazine 50 ^a Melleril	AF SZ
2165Y	Tablet 100 mg	100	5	..	12.81	13.62	Aldazine 100 Melleril	AF SZ
2402K	Oral solution 30 mg (base) per mL, 30 mL	‡1	5	..	10.84	11.65	Melleril	SZ
• <i>Butyrophenone derivatives</i>								
HALOPERIDOL								
2761H	Tablet 500 micrograms	100	5	..	5.92	6.73	Serenace	SR
2767P	Tablet 1.5 mg	100	5	..	7.50	8.31	Serenace	SR
2770T	Tablet 5 mg	50	5	..	8.34	9.15	Serenace	SR
2762J	Oral liquid 2 mg per mL, 15 mL	‡1	5	..	7.38	8.19	Serenace	SR
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	13.28	14.09	Serenace	SR
2768Q	Injection 5 mg in 1 mL	10	..	..	12.47	13.28	Serenace	SR

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	
2765M	HALOPERIDOL DECANOATE I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	24.07	16.80	Haldol decanoate	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	42.77	16.80	Haldol decanoate	JC
• Thioxanthene derivatives								
2255Q	FLUPENTHIXOL DECANOATE Oily I.M. injection 20 mg in 1 mL	5	..	..	16.92	16.80	Fluanxol Depot	FC
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	24.00	16.80	Fluanxol Depot	FC
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	42.87	16.80	Fluanxol Concentrated Depot	FC
• Neuroleptics, in tardive dyskinesia								
1330B	TETRABENAZINE Tablet 25 mg	100	2	..	21.98	16.80	Nitoman	RO
• Lithium								
	LITHIUM CARBONATE <i>For listings see Generic/Proprietary Index</i>							
• Other antipsychotics								
	RISPERIDONE							
	❖ <u>Authority required</u> ❖							
	<i>Schizophrenia where other antipsychotic therapy has failed or is inappropriate.</i>							
3169T	Tablet 1 mg	60	5	..	73.13	16.80	Risperdal	JC
3170W	Tablet 2 mg	60	5	..	142.65	16.80	Risperdal	JC
3171X	Tablet 3 mg	60	5	..	209.27	16.80	Risperdal	JC
3172Y	Tablet 4 mg	60	5	..	271.47	16.80	Risperdal	JC
Anxiolytics								
• Benzodiazepine derivatives								
	ALPRAZOLAM							
	❖ <u>Authority required</u> ❖							
	<i>Panic disorder or agoraphobia with panic attacks where other treatments have failed or are inappropriate.</i>							
2130D	Tablet 250 micrograms	50	..	..	8.56	9.37	^a Kalma 0.25	AF
				0.66	9.22	9.37	^a Ralozam	KR
							^a Xanax	UP
2131E	Tablet 500 micrograms	50	..	..	11.20	12.01	^a Kalma 0.5	AF
				0.77	11.97	12.01	^a Ralozam	KR
							^a Xanax	UP
2132F	Tablet 1 mg	50	2	..	16.37	16.80	^a Kalma 1	AF
				0.88	17.25	16.80	^a Ralozam	KR
							^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	
3161J	DIAZEPAM Tablet 2 mg	50	..	.. 0.30 1.00	6.39 6.69 7.39	7.20 7.20 7.20	^a Antenex 2 Ducene ^a Valium	AF SU RO
3162K	Tablet 5 mg	50	..	.. 0.30 1.00	6.64 6.94 7.64	7.45 7.45 7.45	^a Antenex 5 Ducene ^a Valium	AF SU RO
2558P	Injection 10 mg in 2 mL	5	..	..	7.93	8.74	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	.. 2.82	*6.91 *9.73	7.72 7.72	^a Alepam 15 ^a Murelax ^a Serepax	AF AY WY
3135B	Tablet 30 mg	50	5	.. 2.82	*7.35 *10.17	8.16 8.16	^a Alepam 30 ^a Murelax ^a Serepax	AF AY WY
3132W	OXAZEPAM Tablet 15 mg	25	..	.. 1.41	5.59 7.00	6.40 6.40	^a Alepam 15 ^a Murelax ^a Serepax	AF AY WY
3133X	Tablet 30 mg	25	..	.. 1.41	5.81 7.22	6.62 6.62	^a Alepam 30 ^a Murelax ^a Serepax	AF AY WY

NOTE:

Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam above.

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	
• Other anxiolytics CLOMIPRAMINE HYDROCHLORIDE ❖ Restricted benefit ❖ <i>Cataplexy associated with narcolepsy;</i> <i>Obsessive compulsive disorders;</i> <i>Phobic disorders in adults.</i>								
1561E	Tablet 25 mg	50	2	..	20.17	16.80	^a Anafranil ^a Placil	CG AF
Hypnotics and sedatives • Benzodiazepine derivatives NITRAZEPAM ❖ Authority required ❖ <i>Myoclonic epilepsy;</i> <i>Malignant neoplasia (late stage);</i> <i>For use by patients who are receiving long-term nursing care in</i> <i>hospitals or nursing homes and who have been demonstrated, within</i> <i>the past six months, to be benzodiazepine dependent by an</i> <i>unsuccessful attempt at gradual withdrawal;</i> <i>For use by patients for whose care a Commonwealth Domiciliary</i> <i>Nursing Care Benefit is approved and who have been demonstrated,</i> <i>within the past six months, to be benzodiazepine dependent by an</i> <i>unsuccessful attempt at gradual withdrawal.</i>								
2732T	Tablet 5 mg	50	5	.. 2.00	*8.27 *10.27	9.08 9.08	^a Alodorm ^a Mogadon	AF RO
2723H	NITRAZEPAM Tablet 5 mg	25	..	.. 1.00	6.27 7.27	7.08 7.08	^a Alodorm ^a Mogadon	AF RO
NOTE: Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam above.								
TEMAZEPAM ❖ Authority required ❖ <i>Malignant neoplasia (late stage);</i> <i>For use by patients who are receiving long-term nursing care in</i> <i>hospitals or nursing homes and who have been demonstrated, within</i> <i>the past six months, to be benzodiazepine dependent by an</i> <i>unsuccessful attempt at gradual withdrawal;</i> <i>For use by patients for whose care a Commonwealth Domiciliary</i> <i>Nursing Care Benefit is approved and who have been demonstrated,</i> <i>within the past six months, to be benzodiazepine dependent by an</i> <i>unsuccessful attempt at gradual withdrawal.</i>								
2088X	Tablet 10 mg	50	5	.. 1.40	*8.27 *9.67	9.08 9.08	^a Temtabs ^a Normison	WX WY
2105T	Capsule 10 mg	50	5	.. 1.40	*8.27 *9.67	9.08 9.08	^a Euhypnos ^a Temaze 10 ^a Normison	PS AF WY

continued ➡

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	
2089Y	TEMAZEPAM—cont. Tablet 10 mg	25	..	.. 0.70	6.27 6.97	7.08 7.08	^a Temtab ^a Normison	WX WY
2108Y	Capsule 10 mg	25	..	.. 0.70	6.27 6.97	7.08 7.08	Euhypnos ^a Temaze 10 ^a Normison	PS AF WY

NOTE:

Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam above.

PSYCHOANALEPTICS

Antidepressants• **Non selective monoamine reuptake inhibitors**AMITRIPTYLINE
HYDROCHLORIDE

2417F	Tablet 10 mg	50	2	.. 0.60	5.41 6.01	6.22 6.22	Endep 10 ^a Tryptine 10 ^a Tryptanol	AF AD MK
2418G	Tablet 25 mg	50	2	.. 0.61	5.93 6.54	6.74 6.74	^a Endep 25 ^a Tryptine 25 ^a Tryptanol	AF AD MK
2429W	Tablet 50 mg	50	2	..	7.09	7.90	Endep 50	AF

CLOMIPRAMINE
HYDROCHLORIDE❖ **Restricted benefit** ❖

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

1561E	Tablet 25 mg	50	2	..	20.17	16.80	^a Anafranil ^a Placil	CG AF
2972K	DESIPRAMINE HYDROCHLORIDE Tablet 25 mg	50	2	..	7.35	8.16	Pertofran	CG
1357K	DOTHIEPIN HYDROCHLORIDE Capsule 25 mg	50	2	.. 1.07	6.98 8.05	7.79 7.79	^a Dothep 25 ^a Prothiaden	AF BT
1358L	Tablet 75 mg	30	2	.. 1.32	7.28 8.60	8.09 8.09	^a Dothep 75 ^a Prothiaden	AF BT
1012G	DOXEPIN HYDROCHLORIDE Tablet 50 mg (base)	50	2	..	7.63	8.44	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	.. 0.80	6.06 6.86	6.87 6.87	Deptran 10 Sinequan	AF PF
1013H	Capsule 25 mg (base)	50	2	.. 0.79	6.37 7.16	7.18 7.18	Deptran 25 Sinequan	AF PF
2420J	IMIPRAMINE HYDROCHLORIDE Tablet 10 mg	50	2	..	6.56	7.37	Tofranil 10	CG
2421K	Tablet 25 mg	50	2	..	6.56	7.37	Melipramine Tofranil 25	UW(N) CG

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	
	NORTRIPTYLINE HYDROCHLORIDE							
2522R	Tablet 10 mg (base)	50	2	..	5.88	6.69	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	6.56	7.37	Allegron	DL
2524W	Paediatric elixir 10 mg (base) per 5 mL, 100 mL	‡1	4	..	8.59	9.40	Allegron	DL
	TRIMIPRAMINE MALEATE							
2969G	Capsule 50 mg (base)	50	2	..	7.09	7.90	Surmontil	MB
• Selective serotonin reuptake inhibitors								
	FLUOXETINE HYDROCHLORIDE							
	❖ Authority required ❖							
	<i>Treatment of major depressive disorders where other therapy is inappropriate.</i>							
1434L	Capsule 20 mg (base)	28	2	..	55.53	16.80	Prozac 20	LY
1809F	Oral solution 20 mg (base) per 5 mL, 140 mL	‡1	2	..	65.97	16.80	Prozac Liquid	LY
	PAROXETINE HYDROCHLORIDE							
	❖ Authority required ❖							
	<i>Treatment of major depressive disorders where other therapy is inappropriate.</i>							
2242B	Tablet 20 mg (base)	30	2	..	59.19	16.80	Aropax 20	SK
	SERTRALINE HYDROCHLORIDE							
	❖ Authority required ❖							
	<i>Treatment of major depressive disorders where other therapy is inappropriate.</i>							
2236Q	Tablet 50 mg (base)	28	2	..	55.53	16.80	Zoloft	PF
2237R	Tablet 100 mg (base)	28	2	..	90.07	16.80	Zoloft	PF
• Monoamine oxidase inhibitors, non-selective								
	PHENELZINE SULFATE							
	CAUTION:							
	<i>This drug is an irreversible monoamine oxidase inhibitor.</i>							
2856H	Tablet 15 mg (base)	50	2	..	10.13	10.94	Nardil	WW
	TRANLYCYPROMINE SULFATE							
	CAUTION:							
	<i>This drug is an irreversible monoamine oxidase inhibitor.</i>							
2444P	Tablet 10 mg (base)	50	2	..	10.13	10.94	Parnate	SK

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	
• Monoamine oxidase type A inhibitors								
MOCLOBEMIDE								
NOTE:								
<i>This selective and reversible type A monoamine oxidase inhibitor is less likely to cause hypertensive crises than other monoamine oxidase inhibitors.</i>								
❖ Restricted benefit ❖								
<i>Major depressive disorders.</i>								
1900B	Tablet 150 mg	60	5	..	41.67	16.80	Aurorix	RO
8003F	Tablet 300 mg	60	5	..	74.67	16.80	Aurorix 300 mg	RO
• Other antidepressants								
3059B	LITHIUM CARBONATE Tablet 250 mg	200	2	..	*11.37	12.18	Lithicarb	FC
MIANSERIN HYDROCHLORIDE								
CAUTION:								
<i>Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.</i>								
❖ Restricted benefit ❖								
<i>Severe depression.</i>								
1627P	Tablet 10 mg	50	5	..	14.17	14.98	^a Lerivon ^a Lumin 10 ^a Tolvon	OP AF OR
				2.05	16.22	14.98		
1628Q	Tablet 20 mg	50	5	..	25.17	16.80	^a Lerivon ^a Lumin 20 ^a Tolvon	OP AF OR
				2.95	28.12	16.80		
Psychostimulants								
• Phenylethylamine derivatives								
DEXAMPHETAMINE SULFATE								
NOTE:								
<i>Care must be taken to comply with the provisions of State/Territory law when prescribing dexamphetamine.</i>								
❖ Authority required ❖								
<i>Use in attention deficit hyperactivity disorder, in accordance with State/Territory law; Narcolepsy.</i>								
1165H	Tablet 5 mg	100	5	..	12.43	13.24	SI	
OTHER NERVOUS SYSTEM DRUGS								
Parasympathomimetics								
• Anticholinesterases								
1675E	NEOSTIGMINE BROMIDE Tablet 15 mg	200	1	..	*15.17	15.98	Prostigmin	RO

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	
PYRIDOSTIGMINE BROMIDE								
2724J	Tablet 10 mg	100	5	..	14.56	15.37	Mestinon	RO
1959D	Tablet 60 mg	100	5	..	31.11	16.80	Mestinon	RO
2608G	Tablet 180 mg (sustained release)	100	5	..	84.79	16.80	Mestinon	RO
• Choline esters								
BETHANECHOL CHLORIDE								
1062X	Tablet 10 mg	100	2	.. 0.48	10.12 *10.61	10.93 10.94	Uro-Carb Urecholine	HA MK
1071J	Injection 5 mg in 1 mL	2	..	..	*12.21	13.02	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								
<i>For listings see Generic/Proprietary Index</i>								
METRONIDAZOLE BENZOATE								
<i>For listings see Generic/Proprietary Index</i>								
TINIDAZOLE								
<i>For listings see Generic/Proprietary Index</i>								
• Other agents against amoebiasis and other protozoal diseases								
ATOVAQUONE								
❖ Authority required ❖								
<i>Treatment of mild to moderate Pneumocystis carinii pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.</i>								
8004G	Tablet 250 mg	189	..	..	762.37	16.80	Wellvone	BW
Antimalarials								
• Quinine alkaloids								
QUININE BISULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
1972T	Tablet 300 mg	50	2	..	9.61	10.42	Myoquin	FM
				0.51	10.12	10.42	Quinbisul	AF
				0.55	10.16	10.42	Biquin	NN
							Bi-Quinate	RR
QUININE SULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
1975Y	Tablet 300 mg	50	2	..	9.61	10.42	Quinocet	FM
				0.51	10.12	10.42	^a Quinsul	AF
				0.55	10.16	10.42	Adaquin	NN
							^a Quinate	RR
• Diaminopyrimidines								
PYRIMETHAMINE								
1966L	Tablet 25 mg	50	..	..	12.48	13.29	Daraprim	BW

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	
ANTHELMINTICS								
Antinematodal agents								
• Benzimidazole derivatives								
2947D	THIABENDAZOLE Tablet 500 mg	16	..	..	12.19	13.00	Mintezol	MK
• Tetrahydropyrimidine derivatives								
3047J	PYRANTEL EMBONATE Tablet 125 mg (base)	6	..	..	5.93	6.74	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.38	8.19	Anthel 250	AF
Anticestodals								
• Salicylic acid derivatives								
NICLOSAMIDE								
❖ Restricted benefit ❖								
Hymenolepiasis nana.								
1681L	Tablet 500 mg	16	..	..	*20.55	16.80	Yomesan	BN
1680K	NICLOSAMIDE Tablet 500 mg	4	..	..	8.34	9.15	Yomesan	BN
ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLANTS								
Ectoparasiticides, incl. scabicides								
• Pyrethrines, incl. synthetic compounds								
3054R	PERMETHRIN Cream 50 mg per g (5%), 30 g	‡1	1	..	13.17	13.98	Lyclear	PW
• Other ectoparasiticides, incl. scabicides								
1114P	BENZYL BENZOATE Application 50 g in 200 mL (25%)	‡1	2	..	6.75	7.56	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								
❖ Restricted benefit ❖								
Severe intractable rhinitis.								
1657F	Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)	#1	1	..	13.11	13.92	Aldecin Aqueous Pump Beconase AQ	SH GL
1637E	Aqueous nasal spray refill 50 micrograms per dose (200 doses)	#1	1	..	12.05	12.86	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)	#1	..	..	21.95	16.80	Aldecin Aqueous Set	SH
1593W	Aqueous nasal spray 50 micrograms per dose, 400 doses set containing two pump packs each providing 200 doses	#1	..	..	21.96	16.80	Beconase AQ Twin Pack	GL
[For other listings for this drug see Generic/Proprietary Index]								
BUDESONIDE								
❖ Restricted benefit ❖								
Severe intractable rhinitis.								
2075F	Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)	#1	..	..	19.01	16.80	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)	#1	5	..	20.11	16.80	Atrovent Nasal	BY
[For other listings for this drug see Generic/Proprietary Index]								

RESPIRATORY 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	
ANTI-ASTHMATICS								
Adrenergics, inhalants								
• Selective beta-2-adrenoceptor agonists								
SALBUTAMOL								
3087L	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	5	.. 1.00	*9.23 *10.23	10.04 10.04	^a Asmol ^a Ventolin	AF GL
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	..	27.15	16.80	Respolin in the Autohaler ^{MM}	
SALBUTAMOL SULFATE								
1099W	Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*20.17	16.80	Ventolin Rotacaps	GL
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	.. 0.62	*28.81 *29.43	16.80 16.80	^a Respax 2.5 Sterinebs ^a Ventolin Nebules	DW GL
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	.. 0.62	*30.21 *30.83	16.80 16.80	^a Respax 5 Sterinebs ^a Ventolin Nebules	DW GL
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	.. 1.10	*12.91 *14.01	13.72 13.72	Respax Respolin Ventolin	DW MM GL
1096Q	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses)	2	5	.. 1.64	*9.23 *10.87	10.04 10.04	^a Respax 200 ^a Respolin	DW MM
1097R	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	‡1	5	.. 0.78	9.14 9.92	9.95 9.95	^a Respax 400 ^a Respolin	DW MM
SALMETEROL XINAFOATE								
❖ Authority required ❖								
Patients with frequent episodes of nocturnal asthma who are receiving treatment with oral corticosteroids or maximal doses of inhaled corticosteroids.								
3027H	Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)	‡1	1	..	44.97	16.80	Serevent	GL
8005H	Powder for oral inhalation, refill disks (for use in Serevent Diskhaler), 50 micrograms (base) per dose, 4 doses per disk, 15	‡1	1	..	44.97	16.80	Serevent Disks	GL

RESPIRATORY 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	
1251W	TERBUTALINE SULFATE Nebuliser solution single dose units 5 mg in 2 mL, 30	2	5	..	*31.99	16.80	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	12.03	12.84	Bricanyl	AP
1240G	Oral pressurised inhalation 250 micrograms per dose (400 doses)	‡1	5	..	9.92	10.73	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.58	16.39	Bricanyl Turbuhaler	AP

Other anti-asthmatics, inhalants• **Glucocorticoids**BECLOMETHASONE
DIPROPIONATE

1649T	Capsule containing powder for oral inhalation 100 micrograms (for use in Becotide Rotahaler)	200	5	..	*27.13	16.80	Becotide Rotacaps	GL
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.75	11.56	Aldecin Becotide	SH GL
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	17.22	16.80	Becotide 100	GL
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	31.50	16.80	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.*

2065G	Nebuliser suspension single dose units 500 micrograms in 2 mL, 30	‡1	5	..	31.83	16.80	Pulmicort Respules	AP
2066R	Nebuliser suspension single dose units 1 mg in 2 mL, 30	‡1	5	..	42.68	16.80	Pulmicort Respules	AP
2067T	BUDESONIDE Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	12.91	13.72	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.70	16.80	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	‡1	5	..	25.05	16.80	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	21.03	16.80	Pulmicort Turbuhaler	AP

continued ➡

RESPIRATORY 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	
2071B	BUDESONIDE—cont. Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	28.71	16.80	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	44.08	16.80	Pulmicort Turbuhaler	AP
[For other listings for this drug see Generic/Proprietary Index]								
FLUTICASONE PROPIONATE								
❖ Authority required ❖								
<i>For the reduction or withdrawal of oral corticosteroids in patients whose asthma is poorly controlled by maximal doses of other inhaled corticosteroids.</i>								
2716Y	Oral pressurised inhalation 250 micrograms per dose (120 doses)	‡1	5	..	78.95	16.80	Flixotide	GL
2717B	Powder for oral inhalation, refill disks (for use in Flixotide Diskhaler), 500 micrograms per dose, 4 doses per disk, 15	‡1	5	..	78.95	16.80	Flixotide Disks	GL
• Anticholinergics								
IPRATROPIUM BROMIDE								
1542E	Nebuliser solution single dose units 250 micrograms in 1 mL, 30	2	5	..	*64.01	16.80	Atrovent	BY
1543F	Nebuliser solution single dose units 500 micrograms in 2 mL, 30	2	5	..	*74.89	16.80	Atrovent	BY
1541D	Nebuliser solution 250 micrograms per mL (0.025%), 20 mL	2	2	..	*18.13	16.80	Atrovent	BY
1540C	Oral pressurised inhalation 20 micrograms per dose (200 doses)	2	5	..	*35.95	16.80	Atrovent	BY
[For other listings for this drug see Generic/Proprietary Index]								
• Antiallergic agents, excl. corticosteroids								
NEDOCROMIL SODIUM								
2346L	Oral pressurised inhalation 2 mg per dose (112 doses)	‡1	5	..	29.13	16.80	Tilade	FC
SODIUM CROMOGLYCATE								
2878L	Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Haleromatic)	100	5	..	30.23	16.80	Intal Spincaps	FC
1124E	Solution for inhalation 20 mg in 2 mL ampoule	120	3	..	*55.75	16.80	^a Cromese Sterinebs	DW
				2.32	*58.07	16.80	^a Intal	FC
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	26.93	16.80	Intal	FC
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	29.13	16.80	Intal Forte	FC

RESPIRATORY 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	
Adrenergics for systemic use								
• Alpha- and beta-adrenoceptor agonists								
ADRENALINE								
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	8.12	8.93	AP	
• Selective beta-2-adrenoceptor agonists								
SALBUTAMOL SULFATE								
1098T	Tablet 4 mg (base)	100	5	..	11.97	12.78	Ventolin	GL
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	9.44	10.25	Ventolin	GL
TERBUTALINE SULFATE								
1028D	Tablet 5 mg	100	5	..	11.97	12.78	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	7.37	8.18	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	8.23	9.04	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	8.36	9.17	Bricanyl	AP
Other anti-asthmatics for systemic use								
• Xanthines								
AMINOPHYLLINE								
1038P	I.V. injection 250 mg in 10 mL	5	..	..	11.42	12.23	SI	
CHOLINE THEOPHYLLINATE								
2786P	Elixir 50 mg per 5 mL, 500 mL	‡1	5	..	8.40	9.21	Brondecon Elixir-PD	PD
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	..	6.59	7.40	Nuelin Paediatric	MM
1143E	Tablet 125 mg	100	5	..	7.36	8.17	Nuelin	MM
2615P	Tablet 200 mg	100	5	..	8.08	8.89	Nuelin	MM
2632M	Tablet 200 mg (sustained release)	100	5	..	9.95	10.76	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	11.09	11.90	Nuelin-S.R. 250MM	
2633N	Tablet 300 mg (sustained release)	100	5	..	12.45	13.26	Theo-Dur	AP
2619W	Capsule 50 mg (containing sustained release beads)	100	5	..	9.50	10.31	Slo-bid	MB
2620X	Capsule 100 mg (containing sustained release beads)	100	5	..	11.53	12.34	Nuelin-Sprinkle Slo-bid	MM MB
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	11.20	12.01	Austyn	FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	12.47	13.28	Austyn	FA

continued

RESPIRATORY 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	
2540Q	THEOPHYLLINE—cont. Capsule 300 mg (containing sustained release pellets)	100	5	..	13.40	14.21	Austyn	FA
2614N	Syrup 80 mg per 15 mL, 500 mL	‡1	5	..	7.57	8.38	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	..	35.07	16.80	Mucomyst	BQ
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Cough suppressants, excl. combinations with expectorants

• *Opium alkaloids and derivatives*

CODEINE PHOSPHATE

1214X	Tablet 30 mg	20	..	..	9.00	9.81	^a FA ^a FM
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ANTI-HISTAMINES FOR SYSTEMIC USE

Antihistamines for systemic use

• *Phenothiazine derivatives*PROMETHAZINE
HYDROCHLORIDE

1948M	Injection 50 mg in 2 mL	10	..	..	*13.85	14.66	BL
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SENSORY ORGANS

Code	Name, Restriction, Manner of administration and 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	..	7.15	7.96	Chloromycetin Chlorsig	PD SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	6.69	7.50	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	..	7.20	8.01	Chloromycin	PD
1177Y	Eye ointment 10 mg (1%)- 5,000 units per g, 4 g	‡1	..	..	6.84	7.65	Chloromycin	PD
CAUTION:								
Topical chloramphenicol may cause aplastic anaemia.								
GENTAMICIN SULFATE								
❖ Restricted benefit ❖								
<i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>								
1441W	Eye drops 3 mg (base) per mL (0.3%), 5 mL	‡1	2	..	14.95	15.76	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	..	..	6.84	7.65	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	..	7.24	8.05	Neosporin	BW
TETRACYCLINE HYDROCHLORIDE								
2143T	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	6.34	7.15	Latycin	BZ
TOBRAMYCIN								
❖ Restricted benefit ❖								
<i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>								
2328M	Eye drops 3 mg per mL (0.3%), 5 mL	‡1	2	..	14.95	15.76	Tobrex	AG
2329N	Eye ointment 3 mg per g (0.3%), 3.5 g	‡1	..	..	14.95	15.76	Tobrex	AG

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	
• Sulfonamides								
2063N	SULFACETAMIDE SODIUM Eye drops 100 mg per mL (10%), 15 mL	‡1	2	.. 0.76	8.41 9.17	9.22 9.22	Acetopt Bleph 10	SI AG
• Antivirals								
ACYCLOVIR								
❖ Restricted benefit ❖								
<i>Eye infections caused by herpes simplex virus.</i>								
1002R	<i>Eye ointment 30 mg per g (3%), 4.5 g</i>	‡1	..	..	22.53	16.80	Zovirax	BW
2442M	IDOXURIDINE Eye drops 1 mg per mL (0.1%), 15 mL	‡1	2	..	11.42	12.23	Herplex	AG
VIDARABINE								
❖ Restricted benefit ❖								
<i>Eye infections caused by herpes simplex virus.</i>								
2570G	<i>Eye ointment 30 mg per g (3%), 3.5 g</i>	‡1	..	..	27.37	16.80	Vira A	PD
• Other antiinfectives								
1035L	AMINACRINE HYDROCHLORIDE Eye drops 3 mg in 15 mL	‡1	2	..	8.41	9.22	Aminopt	SI
CIPROFLOXACIN								
❖ Restricted benefit ❖								
<i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1216B	<i>Eye drops 3 mg per mL (0.3%), 5 mL</i>	‡1	..	..	14.95	15.76	Ciloxan	AG
❖ Restricted benefit ❖								
<i>Bacterial keratitis.</i>								
1217C	<i>Eye drops 3 mg per mL (0.3%), 5 mL</i>	2	..	..	*25.63	16.80	Ciloxan	AG
OFLOXACIN								
❖ Restricted benefit ❖								
<i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1912P	<i>Eye drops 3 mg per mL (0.3%), 5 mL</i>	‡1	..	..	14.95	15.76	Ocuflox	AG
Antiinflammatory agents								
• Corticosteroids, plain								
1288T	DEXAMETHASONE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.75	8.56	Maxidex	AG
1204J	FLUOROMETHOLONE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	7.75	8.56	Flucon FML Liquifilm	AG AG

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	
1438Q	FLUOROMETHOLONE ACETATE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.75	8.56	Flarex	AG
1489J	HYDROCORTISONE Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	9.77	10.58	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.10	10.91	Hycor	SI
1497T	HYDROCORTISONE ACETATE Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.57	10.38	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	9.77	10.58	Hycor	SI
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
3197G	MEDRYSONE Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	7.75	8.56	HMS Liquifilm	AG
2684G	PREDNISOLONE ACETATE Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.75	8.56	Sterofrin	AG
• Corticosteroids and mydriatics in combination								
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<u>Corneal grafts;</u> <u>Uveitis.</u>								
3112T	Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	‡1	2	..	15.16	15.97	Prednefrin Forte	AG
• Antiinflammatory agents, non-steroids								
8009M	FLURBIPROFEN SODIUM Eye drops 300 micrograms per mL (0.03%), 5 mL	‡1	..	..	10.54	11.35	Ocufen	AG
2443N	INDOMETHACIN Ophthalmic suspension 10 mg per mL (1%), 5 mL	‡1	..	..	10.54	11.35	Indoptol	SI
Antiglaucoma preparations and miotics								
• Sympathomimetics in glaucoma therapy								
2434D	ADRENALINE Eye drops 5 mg per mL (0.5%), 7.5 mL	‡1	5	..	9.00	9.81	Eppy/N	BF
1351D	DIPIVEFRINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	16.01	16.80	Propine	AG
• Parasympathomimetics								
2535K	CARBACHOL Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	13.51	14.32	Isopto Carbachol	AG
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	13.84	14.65	Isopto Carbachol	AG

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	
1359M	ECOTHIOPATE IODIDE Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent	‡1	5	..	#24.33	16.80	Phospholine Iodide	AY
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	‡1	5	..	#24.33	16.80	Phospholine Iodide	AY
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	‡1	5	..	#24.61	16.80	Phospholine Iodide	AY
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	‡1	5	..	#27.07	16.80	Phospholine Iodide	AY
PILOCARPINE								
❖ Restricted benefit ❖								
<i>Chronic glaucoma when other miotics are not tolerated.</i>								
2777E	Eye disc 5 mg (releasing 20 micrograms per hour)	8	5	..	81.96	16.80	Ocusert Pilo 20AG	
2782K	Eye disc 11 mg (releasing 40 micrograms per hour)	8	5	..	84.93	16.80	Ocusert Pilo 40AG	
2778F	PILOCARPINE HYDROCHLORIDE Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	9.26	10.07	Isopto Carpine Pilo P.V. Carpine IQ	AQ SI AG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	9.26	10.07	Isopto Carpine Pilo P.V. Carpine IQ	AQ SI AG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	10.28	11.09	Isopto Carpine Pilo P.V. Carpine IQ	AQ SI AG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.30	13.11	Isopto Carpine Pilo P.V. Carpine IQ	AQ SI AG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.56	13.37	Isopto Carpine Pilo P.V. Carpine IQ	AQ SI AG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	15.71	16.52	Isopto Carpine Pilo P.V. Carpine	AQ SI AG
• Carbonic anhydrase inhibitors								
1004W	ACETAZOLAMIDE Tablet 250 mg	100	3	..	14.30	15.11	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	12.71	13.52	Diamox	LE
1303N	DICHLORPHENAMIDE Tablet 50 mg	50	6	..	12.59	13.40	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	..	13.43	14.24	Betoptic S	AG
2825G	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.43	14.24	Betoptic	AG
	LEVOBUNOLOL HYDROCHLORIDE							
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	12.30	13.11	Betagan	AG
	TIMOLOL MALEATE							
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	12.30	13.11	Tenopt Timoptol	SI FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.43	14.24	Tenopt Timoptol	SI FR
1925H	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	‡1	5	..	12.30	13.11	Timoptol XE	MK
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	13.43	14.24	Timoptol XE	MK
	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE							
2664F	Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	19.44	16.80	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	21.73	16.80	Timpilo 4	MK
Mydriatics and cycloplegics								
• Anticholinergics								
	ATROPINE SULFATE							
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	9.06	9.87	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	9.06	9.87	Atropt	SI
	HOMATROPINE HYDROBROMIDE							
2541R	Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	12.30	13.11	Isopto Homatropine	AG
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	15.96	16.77	Isopto Homatropine	AG
Decongestants and antiallergics								
• Other antiallergics								
	SODIUM CROMOGLYCATE							
	❖ Authority required ❖							
	Vernal kerato-conjunctivitis.							
1127H	Eye drops 20 mg per mL (2%), 10 mL	‡1	5	..	12.96	13.77	Opticrom	FC

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	
Other ophthalmologicals								
• Other ophthalmologicals								
CARMELLOSE SODIUM								
❖ Authority required ❖								
<i>Severe dry eye syndrome where less costly alternative preparations are inappropriate.</i>								
2338C	Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30	3	5	..	*32.98	16.80	Cellufresh	AG
HYDROXYPROPYLCELLULOSE								
❖ Restricted benefit ❖								
<i>Severe dry eye syndrome unresponsive to artificial tear solutions.</i>								
1522D	Ophthalmic inserts 5 mg, 60	‡1	5	..	34.30	16.80	Lacrisert	SI
HYPROMELLOSE								
❖ Restricted benefit ❖								
➤ <i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
2956N	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	8.34	9.15	Isopto Tears Methopt	AG SI
2952J	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	8.78	9.59	Methopt Forte	SI
HYPROMELLOSE with DEXTRAN								
❖ Restricted benefit ❖								
➤ <i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
1509K	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	‡1	5	..	10.83	11.64	Poly-Tears Tears Naturale	IG AG
PARAFFIN								
1754H	Compound eye ointment 3.5 g	‡1	5	..	11.39	12.20	Duratears	AG
1750D	Compound eye ointment 7 g	‡1	5	..	15.11	15.92	Lacri-Lube S.O.P.	AG
POLYVINYL ALCOHOL								
❖ Restricted benefit ❖								
➤ <i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
2682E	Eye drops 14 mg per mL (1.4%), 15 mL	‡1	5	..	8.78	9.59	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.95	13.76	Liquifilm Forte	AG
POLYVINYL ALCOHOL with POVIDONE								
❖ Restricted benefit ❖								
➤ <i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
2675T	Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL	‡1	5	..	9.46	10.27	Murine Tears for Eyes Tears Plus	AB AG

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	
OTOLOGICALS								
Antiinfectives								
• Antiinfectives								
1172Q	CHLORAMPHENICOL Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL CAUTION: Topical chloramphenicol may cause aplastic anaemia.	‡1	2	..	8.40	9.21	Chloromycetin	PD
2296W	NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear ointment 12 mg (3.5 mg base)- 400 units per g, 10 g	‡1	..	..	6.27	7.08	Nemdyn	HA
Corticosteroids and antiinfectives in combination								
• Corticosteroids and antiinfectives in combination								
2781J	DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN Ear drops 500 micrograms-5 mg- 50 micrograms per mL, 8 mL	‡1	2	.. 1.10	6.62 7.72	7.43 7.43	^a Otodex ^a Sofradex	QM RL
2759F	Ear ointment 500 micrograms-5 mg- 50 micrograms per g, 5 g	‡1	2	.. 1.10	5.96 7.06	6.77 6.77	^a Otodex ^a Sofradex	QM RL
2971J	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN 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	..	6.62	7.43	Kenacomb Otic	BQ
2973L	Ear cream 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g	‡1	2	..	5.96	6.77	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	..	5.96	6.77	Kenacomb Otic	BQ
OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS								
Antiinfectives								
• Antiinfectives								
1440T	FRAMYCETIN SULFATE Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	7.15	7.96	Soframycin	RL
1439R	Eye/ear ointment 5 mg per g (0.5%), 5 g	‡1	..	..	6.69	7.50	Soframycin	RL
Corticosteroids								
• Corticosteroids								
1922E	PREDNISOLONE SODIUM PHOSPHATE Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.75	8.56	Predsol	SL

VARIOUS

Code	Name, Restriction, Manner of administration and 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								
INSECT ALLERGEN								
EXTRACT—HONEY BEE VENOM								
2886X	Injection set containing 550 micrograms	1	..	..	81.93	16.80	Albay Bee Venom	BN
INSECT ALLERGEN								
EXTRACT—PAPER WASP VENOM								
NOTE:								
Paper wasp venom is not European wasp venom.								
2918N	Injection set containing 550 micrograms	1	..	..	108.44	16.80	Albay Wasp Venom	BN
INSECT ALLERGEN								
EXTRACT—YELLOW JACKET								
VENOM								
2883R	Injection set containing 550 micrograms	1	..	..	104.15	16.80	Albay Yellow Jacket Venom	BN
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• Antidotes								
NALOXONE HYDROCHLORIDE								
1670X	Injection 40 micrograms in 2 mL	5	..	..	30.34	16.80	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	18.33	16.80	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	19.48	16.80	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	27.68	16.80	Naloxone Min-I-Jet	CS
PROTAMINE SULFATE								
1957B	Injection 10 mg per mL (1%), 10 mL	6	..	..	33.31	16.80	BT	
• Detoxifying agents for cytostatic treatment								
CALCIUM FOLINATE								
❖ Restricted benefit ❖								
Antidote to folic acid antagonists.								
2308L	Tablet equivalent to 15 mg folinic acid	10	..	..	98.80	16.80	BL LE	
2309M	Injection equivalent to 3 mg folinic acid in 1 mL	5	..	..	15.95	16.76	BL	

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	
Drugs for treatment of hypercalcemia								
SODIUM ACID PHOSPHATE								
❖ Authority required ❖								
<i>Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.</i>								
2946C	Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)	100	5	..	26.60	16.80	Phosphate Sandoz	SZ
SODIUM CELLULOSE PHOSPHATE								
❖ Authority required ❖								
<i>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.</i>								
2948E	Oral powder, sachet 5 g	100	5	..	134.51	16.80	Calcisorb	MM
DIAGNOSTIC AGENTS								
Urine tests								
• Urine tests								
COPPER SULFATE								
1228P	Diagnostic compound tablets, 36	2	3	..	*22.23	16.80	Clinitest	AM
GLUCOSE INDICATOR—URINE								
1448F	Test dispenser 4 m	‡1	2	..	13.51	14.32	Tes-Tape	LY
2352T	Reagent strips, 100	‡1	2	..	12.74	13.55	Clinistix	AM
3104J	Reagent strips, 100	‡1	2	..	13.51	14.32	Diastix	AM
GLUCOSE and KETONE INDICATOR—URINE								
3106L	Reagent strips, 50	2	2	..	*15.13	15.94	Keto-Diabur-Test 5000	BO
3107M	Reagent strips, 100	‡1	2	..	15.14	15.95	Keto-Diastix	AM
Other diagnostic agents								
• Tests for diabetes								
GLUCOSE INDICATOR—BLOOD								
2891E	Electrode strips, 50	2	5	..	*53.99	16.80	Advantage	BO
2855G	Electrode strips, 50	2	5	..	*53.99	16.80	Glucometer Elite	AM
2915K	Electrode strips, 100	‡1	5	..	53.99	16.80	ExacTech	MS
2926B	Electrode strips, 100	‡1	5	..	53.99	16.80	MediSense 2	MS
2912G	Reagent strips, 50	2	5	..	*37.27	16.80	BM-Test-BG	BO

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
GLUCOSE INDICATOR—BLOOD							
—cont.							
2908C	Reagent strips, 50	2	5	..	*47.83	16.80	Hypoguard GA HG
2919P	Reagent strips, 50	2	5	..	*49.59	16.80	Accutrend Glucose BO
2890D	Reagent strips, 50	2	5	..	*49.59	16.80	Betachek NA
2914J	Reagent strips, 50	2	5	..	*49.59	16.80	BM-Test- Glycemic 20-800 BO
2889C	Reagent strips, 50	2	5	..	*49.59	16.80	Glucofilm AM
2917M	Reagent strips, 50	2	5	..	*49.59	16.80	Glucostix AM
2921R	Reagent strips, 50	2	5	..	*49.59	16.80	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	..	*37.27	16.80	NU
3129Q	Oil 1 L	‡1	5	..	37.27	16.80	MJ

NOTE:

Authorities will be limited to the maximum quantity and repeats shown in this schedule.

• Carbohydrates/proteins/minerals/vitamins, combinations

PROTEIN HYDROLYSATE

FORMULA without

PHENYLALANINE

❖ Restricted benefit ❖

Phenylketonuria.

3055T	Powder 500 g	8	5	..	*1306.27	16.80	XP Albumaid SB
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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
• Fat/carbohydrates/proteins/minerals/vitamins, combinations							
PHENYLALANINE LOW CONTENT FORMULA							
❖ Restricted benefit ❖							
<i>Phenylketonuria.</i>							
1865E	Powder 454 g	5	8	..	*141.77	16.80	Lofenalac MJ
PROTEIN HYDROLYSATE FORMULA							
NOTE:							
<i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>							
❖ Authority required ❖							
<i>Allergy to both cows' milk and soya protein in children under the age of two years;</i>							
<i>Cystic fibrosis;</i>							
<i>Galactosaemia;</i>							
<i>Glycogen storage disease due to glucose-6-phosphatase deficiency in children;</i>							
<i>Severe intestinal malabsorption including short bowel syndrome.</i>							
NOTE:							
<i>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.</i>							
<i>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.</i>							
<i>Age of patient to be shown on application for authority.</i>							
2563X	Powder 425 g	8	5	..	*116.11	16.80	Nutramigen MJ
TRIGLYCERIDES, MEDIUM CHAIN							
❖ Authority required ❖							
<i>Chronic liver failure with fat malabsorption;</i>							
<i>Chyloascites;</i>							
<i>Chylothorax;</i>							
<i>Patients requiring a ketogenic diet for intractable childhood epilepsy;</i>							
<i>Proven fat malabsorption.</i>							
2686J	Compound powder 454 g	8	5	..	*98.99	16.80	Portagen MJ
NOTE:							
<i>Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.</i>							

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 ❖								
<i>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.</i>								
2676W	Lactalbumin demineralised powder 400 g NOTE: Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.	8	5	..	*99.23	16.80	Alfaré	NT
❖ Authority required ❖								
<i>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.</i>								
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	..	*136.27	16.80	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	..	*239.07	16.80	Duocal	SB

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 substitutes MILK POWDER—LACTOSE MODIFIED ❖ Authority required ❖ <i>Proven chronic lactose intolerance in children over one year of age.</i> NOTE: <i>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.</i>								
1284N	Lactose-predigested powder 500 g	5	10	..	*45.07	16.80	Digestelact	SJ
2357C	Lactose-predigested powder 900 g	3	10	..	*48.37	16.80	Digestelact	SJ
❖ Restricted benefit ❖ <i>Acute lactose intolerance in children over one year of age.</i> NOTE: <i>Requests for increased maximum quantities and/or repeats will not be granted.</i>								
1387B	Lactose-predigested powder 500 g	5	1	..	*45.07	16.80	Digestelact	SJ
2358D	Lactose-predigested powder 900 g	3	1	..	*48.37	16.80	Digestelact	SJ
MILK POWDER—LOW LACTOSE FORMULA ❖ Authority required ❖ <i>Proven chronic lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.</i> NOTE: <i>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.</i>								
1388C	Lactose-predigested powder infant formula 500 g	9	5	..	*77.71	16.80	De-Lact Infant	SJ
2349P	Lactose-predigested powder infant formula 900 g	5	5	..	*77.77	16.80	De-Lact Infant	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—cont.							
❖ Restricted benefit ❖							
<i>Acute lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.</i>							
NOTE:							
<i>Requests for increased maximum quantities and/or repeats will not be granted.</i>							
1283M	Lactose-predigested powder infant formula 500 g	9	..	..	*77.71	16.80	De-Lact Infant SJ
2350Q	Lactose-predigested powder infant formula 900 g	5	..	..	*77.77	16.80	De-Lact Infant SJ
MILK POWDER—SYNTHETIC							
❖ Authority required ❖							
<i>Hypercalcaemia in children under the age of four years.</i>							
NOTE:							
<i>Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.</i>							
3092R	Low calcium compound powder 400 g	8	5	..	*139.79	16.80	Locasol NU
• Other combinations of nutrients							
AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE							
❖ Restricted benefit ❖							
<i>Methylmalonic acidemia; Propionic acidemia.</i>							
3079C	Powder 200 g	5	5	..	*539.52	16.80	Methionine, Threonine, Valine-free, and Isoleucine low Amino Acid Mix SB
AMINO ACID FORMULA without PHENYLALANINE							
❖ Restricted benefit ❖							
<i>Phenylketonuria.</i>							
2347M	Sachets containing powder 20 g, 20	10	5	..	*1201.27	16.80	Phlexy-10 Drink Mix SB
3072Q	Powder 250 g	8	5	..	*1061.23	16.80	PK AID II SB
1450H	Food supplement powder 500 g	4	5	..	*702.59	16.80	Aminogran F.S. GL

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	
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE ❖ Restricted benefit ❖ <u>Tyrosinaemia.</u>								
2379F	Powder 200 g	10	5	..	*1442.77	16.80	Phenylalanine, Tyrosine and Methionine- free Amino Acid Mix	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE ❖ Restricted benefit ❖ <u>Pyridoxine non-responsive homocystinuria.</u>								
3077Y	Powder 200 g	20	5	..	*1306.87	16.80	RVHB Maxamaid	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE ❖ Restricted benefit ❖ <u>Phenylketonuria.</u>								
2737C	Infant formula, powder 400 g	8	5	..	*508.27	16.80	XP Analog	SB
2738D	Powder 500 g	8	5	..	*1010.59	16.80	XP Maxamaid	SB
2739E	Powder 500 g	8	5	..	*1590.19	16.80	XP Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE ❖ Restricted benefit ❖ <u>Tyrosinaemia.</u>								
3078B	Powder 500 g	8	5	..	*1989.71	16.80	XPhen, Tyr Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE ❖ Restricted benefit ❖ <u>Maple syrup urine disease.</u>								
2380G	Infant formula, powder 400 g	8	5	..	*508.27	16.80	MSUD Analog	SB
3075W	Powder 200 g	10	5	..	*1294.57	16.80	M.S.U.D. AID	SB
1045B	Powder 200 g	20	5	..	*1275.07	16.80	M.S.U.D. Maxamaid	SB

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	
AMINO ACIDS, SYNTHETIC with MALTODEXTRIN, FAT, MINERALS and VITAMINS								
❖ Restricted benefit ❖								
<i>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.</i>								
3066J	Elemental infant formula powder 400 g	20	2	..	*839.07	16.80	Neocate	SB
ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C								
❖ Restricted benefit ❖								
<i>Gyrate atrophy of the choroid and retina; Urea cycle disorders.</i>								
8001D	Powder 200 g	10	5	..	*462.87	16.80	Dialamine	SB
MINERAL MIXTURE								
NOTE:								
<i>For use with Amino Acid Formula without Phenylalanine.</i>								
❖ Restricted benefit ❖								
<i>Metabolic disorders.</i>								
1451J	Powder 250 g	#1	5	..	41.67	16.80	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	..	8.23	9.04	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	9.99	10.80	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	10.25	11.06	AP	
WATER FOR INJECTIONS, STERILISED								
2216P	Injection 2 mL	5	3	..	8.45	9.26	AP	
2217Q	Injection 5 mL	5	3	..	9.66	10.47	AP	
2218R	Injection 10 mL	5	3	..	10.76	11.57	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								
• Antifectives for local oral treatment								
3306B	AMPHOTERICIN Lozenges 10 mg	20	..	..	6.77	7.58	Fungilin	BQ
3343Y	NYSTATIN Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	7.46	8.27	Mycostatin Nilstat	BQ LE
• Other agents for local oral treatment								
BENZYLAMINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
Treatment of radiation induced mucositis.								
5032W	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	‡1	..	..	16.04	16.80	Diffiam	MM
ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES								
Belladonna and derivatives, plain								
• Belladonna alkaloids, tertiary amines								
5022H	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	..	..	9.40	10.21	AP	
Propulsives								
• Propulsives								
5151D	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	.. 2.00	5.93 7.93	6.74 6.74	Pramin Maxolon	AF SK
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.47	7.28	Maxolon	SK
5153F	Injection 10 mg in 2 mL	10	..	..	9.72	10.53	Maxolon	SK
ANTIEMETICS AND ANTINAUSEANTS								
Antiemetics and antinauseants								
• Other antiemetics								
PROCHLORPERAZINE								
CAUTION:								
Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.								
5205Y	Tablet 5 mg	25	..	..	*6.80	7.61	Stemetil	MB
5206B	Injection 12.5 mg in 1 mL	10	..	..	12.91	13.72	Stemetil	MB
5207C	Suppositories 5 mg, 5	‡1	..	..	9.86	10.67	Stemetil	MB
5208D	Suppositories 25 mg, 5	‡1	..	..	10.54	11.35	Stemetil	MB

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 Rpls	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3374N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	..	..	*13.85	14.66	BL	
3375P	PROMETHAZINE THEOCLATE Tablet 25 mg	30	..	..	9.33	10.14	Avomine	MB

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

Intestinal antiinfectives

• **Antibiotics**

3342X	NYSTATIN Tablet 500,000 units	50	..	..	11.00	11.81	Mycostatin Nilstat	BQ LE
3345C	Capsule 500,000 units	50	..	..	11.00	11.81	Mycostatin Nilstat	BQ LE

BLOOD AND BLOOD FORMING ORGANS

PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS

Blood and related products

• **Plasma substitutes and plasma protein fractions**

5068R	DEXTRAN 40 with GLUCOSE I.V. infusion 100 mg per mL- 139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	75.13	16.80	Rheomacrodex	PS
5069T	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	75.13	16.80	Rheomacrodex	PS
5070W	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	75.98	16.80	Macrodex	PS

I.V. solutions

• **Solutions for parenteral nutrition**

5106R	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.62	14.43	^a AB ^a BX	
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• **Solutions affecting the electrolyte balance**

5212H	SODIUM CHLORIDE I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*13.62	14.43	BX	
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*10.45	11.26	BX	

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
	SODIUM CHLORIDE with GLUCOSE						
5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	..	..	*13.62	14.43	BX
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%- 3.75%), 500 mL	5	..	..	*17.02	16.80	BX
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	..	..	*17.02	16.80	BX

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

Antiarrhythmics, class I and III

- *Antiarrhythmics, class IB*

5142P	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	‡2	..	..	11.53	12.34	Xylocard 100	AP
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Vasodilators used in cardiac diseases

- *Organic nitrates*

5108W	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	‡1	..	..	6.61	7.42	Anginine Stabilised	BW
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DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

Antifungals for topical use

- *Antibiotics*

3346D	NYSTATIN Cream 100,000 units per g, 15 g	‡1	..	..	6.25	7.06	Mycostatin Nilstat	BQ LE
3347E	Ointment 100,000 units per g, 15 g	‡1	..	..	6.25	7.06	Mycostatin Nilstat	BQ LE

- *Imidazole derivatives*

5160N	MICONAZOLE NITRATE Cream 20 mg per g (2%), 20 g	‡1	..	..	7.11	7.92	Monistat Derm	JC
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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	
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS								
Corticosteroids, plain								
• <i>Corticosteroids, weak (group I)</i>								
HYDROCORTISONE ACETATE								
❖ <u>Restricted benefit</u> ❖								
➤ <i>Treatment of corticosteroid-responsive dermatoses.</i>								
5111B	Cream 10 mg per g (1%), 30 g	#1	..	..	6.11	6.92	Adacor Cortef Sigmacort Squibb-HC	NN UP SI BQ
5113D	Cream 10 mg per g (1%), 50 g	#1	..	..	6.59	7.40	Adacor Cortef Sigmacort Squibb-HC	NN UP SI BQ
5112C	Topical ointment 10 mg per g (1%), 30 g	#1	..	..	6.11	6.92	Adacor Sigmacort	NN SI
5114E	Topical ointment 10 mg per g (1%), 50 g	#1	..	..	6.59	7.40	Adacor Sigmacort Squibb-HC	NN SI BQ

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	..	..	23.42	16.80	Celestone Chronodose	SH
HYDROCORTISONE SODIUM SUCCINATE								
❖ <u>Restricted benefit</u> ❖								
<i>For use in a hospital.</i>								
5118J	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	..	..	*22.75	16.80	Nordicort Solu-Cortef	NR UP
5119K	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*37.75	16.80	Solu-Cortef	UP

**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	
METHYLPREDNISOLONE ACETATE								
❖ Restricted benefit ❖								
<i>For local intra-articular or peri-articular infiltration.</i>								
5148Y	Injection 40 mg in 1 mL	5	..	..	19.01	16.80	Depo-Medrol	UP
TRIAMCINOLONE ACETONIDE								
❖ Restricted benefit ❖								
<i>For local intra-articular or peri-articular infiltration:</i>								
<i>Keloid;</i>								
<i>Lichen planus hypertrophic.</i>								
5233K	Injection 10 mg in 1 mL	5	..	..	23.42	16.80	Kenacort-A10	BQ

PANCREATIC HORMONES

Glycogenolytic hormones

• **Glycogenolytic hormones**

GLUCAGON HYDROCHLORIDE								
5104P	Injection 1 i.u. with diluent	1	..	..	15.05	15.86	AZ	
5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	..	..	20.09	16.80	GlucaGen Hypokit	NO

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

Tetracyclines

• **Tetracyclines**

DOXYCYCLINE								
3321T	Tablet 100 mg	7	..	.. 0.71	7.08 7.79	7.89 7.89	Doxylin 100 Vibramycin	AF PF
3322W	Capsule 100 mg	7	..	.. 0.67	7.08 7.75	7.89 7.89	^a BL ^a Doryx	FA
METHACYCLINE HYDROCHLORIDE								
5147X	Capsule 300 mg	10	..	..	8.65	9.46	Rondomycin	WW
TETRACYCLINE HYDROCHLORIDE								
3383C	Capsule 250 mg	25	..	..	6.59	7.40	Achromycin	LE
TETRACYCLINE HYDROCHLORIDE (BUFFERED)								
3386F	Capsule 250 mg	25	..	.. 0.65	6.59 7.24	7.40 7.40	Achromycin V Mysteclin-250 Tetrex	LE BQ BC

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	
Beta-lactam antibacterials, penicillins								
• Penicillins with extended spectrum								
AMOXYCILLIN								
3303W	Chewable tablet 250 mg	20	..	..	8.48	9.29	^a Amoxil ^a Moxacin	SK CS
3301R	Capsule 250 mg	20	..	..	7.69	8.50	^a Alphamox 250 ^a Cilamox ^a Fisamox 250	AF SI FC
				0.38 0.43	8.07 8.12	8.50 8.50	^a Moxacin ^a Amoxil	CS SK
3300Q	Capsule 500 mg	20	..	..	11.00	11.81	^a Alphamox 500 ^a Cilamox ^a Fisamox 500	AF SI FC
				0.53 0.55	11.53 11.55	11.81 11.81	^a Amoxil ^a Moxacin	SK CS
3309E	Sachet containing oral powder 3 g	1	..	..	8.33	9.14	Amoxil	SK
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	#11.08	12.26	Amoxil	SK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#9.26	10.44	^a Alphamox 125 ^a Cilamox ^a Fisamox	AF SI FC
				0.22 0.23	#9.48 #9.49	10.44 10.44	^a Moxacin ^a Amoxil	CS SK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.58	11.76	^a Alphamox 250 ^a Cilamox ^a Fisamox	AF SI FC
				0.33 0.36	#10.91 #10.94	11.76 11.76	^a Moxacin 250 ^a Amoxil Forte	CS SK
AMPICILLIN								
5013W	Capsule 250 mg	24	..	..	8.23	9.04	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	11.70	12.51	Alphacin 500	AF
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N, 6897B, 6898C, 6899D apply to above item with approved solvents)	5	..	..	10.47	11.28	^a Ampicyn ^a Austrapen	FC CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R, 6900E, 6901F, 6902G apply to above item with approved solvents)	5	..	..	14.43	15.24	^a Ampicyn ^a Austrapen	FC CS
TICARCILLIN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent.</i>								
5228E	Injection 1 g (solvent required) (codes 7026T, 7027W, 7028X, 7029Y, 7030B, 7031C apply to above item with approved solvents)	10	..	..	*57.91	16.80	^a Tarcil ^a Ticillin	SK CS

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 Rpis	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5229F	TICARCILLIN—cont. Injection 3 g (solvent required) (codes 7032D, 7033E, 7034F, 7035G, 7036H, 7037J apply to above item with approved solvents)	10	..	..	*123.33	16.80	^a Tarcil ^a Ticillin	SK CS
• Beta-lactamase sensitive penicillins								
5026M	BENZATHINE PENICILLIN Injection 1.8 g in 4 mL, disposable syringe	1	..	..	28.92	16.80	Bicillin L-A	WY
5028P	BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM Injection set 450 mg-300 mg-187 mg containing 1 vial and 2 mL sterilised water for injections	1	..	..	17.39	16.80	Bicillin All-Purpose	WY
3398W	BENZYL PENICILLIN Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C, 6921G, 6922H, 6923J apply to above item with approved solvents)	10	..	..	*21.21	16.80	CS	
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F, 6924K, 6925L, 6926M apply to above item with approved solvents)	10	..	..	*47.83	16.80	CS	
3359T	PHENOXYMETHYL PENICILLIN Tablet 125 mg	25	..	..	7.23	8.04	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	25	..	..	7.38	8.19	Abbocillin-VK Filmtab PVK	AB LY
3361X	Tablet 500 mg	25	..	..	9.10	9.91	Abbocillin-VK Filmtab PVK	AB LY
3363B	Capsule 250 mg	25	..	..	7.38	8.19	Abbocillin-VK Cilicaine VK LPV	AB SI CS
3364C	Capsule 500 mg	25	..	..	9.10	9.91	Cilicaine VK LPV	SI CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	7.24	8.05	Abbocillin-V Cilicaine V LPV 125	AB SI CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	..	8.04	8.85	Abbocillin-V Cilicaine V LPV 250	AB SI CS
				0.40	7.64	8.05		
				0.55	8.59	8.85		
3370J	PROCAINE PENICILLIN Injection 1 g	5	..	..	52.01	16.80	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	52.01	16.80	Cilicaine	SI

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	
• Beta-lactamase resistant penicillins								
CLOXACILLIN								
5059G	Capsule 250 mg	24	..	..	11.97	12.78	Alclox 250	AF
5060H	Capsule 500 mg	24	..	..	19.67	16.80	Alclox 500	AF
FLUCLOXACILLIN								
CAUTION:								
<i>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.</i>								
❖ Restricted benefit ❖								
<i>Serious staphylococcal infections.</i>								
5090X	Capsule 250 mg	24	..	..	11.09	11.90	^a Flucil 250	FC
				0.20	11.29	11.90	^a Staphylex 250	AF
				0.39	11.48	11.90	^a Flopen	CS
							^a Floxapen	SK
5091Y	Capsule 500 mg	24	..	..	18.57	16.80	^a Flucil 500	FC
				0.36	18.93	16.80	^a Staphylex 500	AF
				0.44	19.01	16.80	^a Flopen	CS
							^a Floxapen	SK
5092B	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.31	13.49	^a Flopen	CS
							^a Floxapen	SK
5093C	Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.08	16.80	^a Flopen	CS
							^a Floxapen	SK
FLUCLOXACILLIN								
CAUTION:								
<i>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.</i>								
5094D	Injection 500 mg (solvent required) (codes 7013D, 7014E, 7015F, 7016G, 7017H, 7018J apply to above item with approved solvents)	5	..	..	16.35	16.80	Flophen	CS
5095E	Injection 1 g (solvent required) (codes 7019K, 7020L, 7021M, 7022N, 7023P, 7024Q apply to above item with approved solvents)	5	..	..	23.21	16.80	^a Flopen	CS
							^a Floxapen	SK

• 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.

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMOXYCILLIN with CLAVULANIC ACID—cont.								
5007M	Tablet 250 mg-125 mg	15	..	..	12.99	13.80	Augmentin Clavulin 250	SK CS
5008N	Tablet 500 mg-125 mg	15	..	..	16.70	16.80	Augmentin Forte Clavulin 500	SK CS
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	#1	..	..	#11.65	12.83	Augmentin Clavulin 125	SK CS
5010Q	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	#1	..	..	#13.95	15.13	Augmentin Forte	SK
TICARCILLIN with CLAVULANIC ACID								
❖ <u>Restricted benefit</u> ❖								
<i>Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent.</i>								
5230G	Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)	10	..	..	146.72	16.80	Timentin	SK
Other beta-lactam antibacterials								
• Cephalosporins and related substances								
CEFACLOR								
5045M	Tablet 375 mg (sustained release)	10	..	..	14.32	15.13	Ceclor CD	LY
5044L	Capsule 250 mg	15	..	..	14.32	15.13	Ceclor	LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	#1	..	..	#13.42	14.60	Ceclor	LY
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	#1	..	..	#13.95	15.13	Ceclor	LY
CEFOTAXIME								
❖ <u>Restricted benefit</u> ❖								
<i>Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent.</i>								
5048Q	Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)	10	..	..	*113.37	16.80	Claforan	RL
5049R	Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)	10	..	..	*211.17	16.80	Claforan	RL

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 Rpls	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CEFOTETAN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent.</i>								
5050T	Injection 1 g (solvent required) (codes 7044R, 7045T, 7046W, 7047X, 7048Y, 7049B apply to above item with approved solvents)	10	..	..	143.97	16.80	Apatef	LE
5051W	Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)	10	..	..	242.27	16.80	Apatef	LE
CEPHALEXIN								
3317N	Capsule 250 mg	20	..	.. 1.11	8.07 9.18	8.88 8.88	^a Ibilex 250 ^a Keflex	AF LY
3318P	Capsule 500 mg	20	..	.. 1.11	11.09 12.20	11.90 11.90	^a Ibilex 500 ^a Keflex	AF LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	.. 1.11	#10.81 #11.92	11.99 11.99	^a Ibilex 125 ^a Keflex	AF LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	.. 1.11	#13.01 #14.12	14.19 14.19	^a Ibilex 250 ^a Keflex	AF LY
CEPHALOTHIN								
3376Q	Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y, 6927N, 6928P, 6929Q apply to above item with approved solvents)	10	..	..	*43.47	16.80	Keflin Neutral	LY

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	..	..	7.33	8.14	Bactrim ^a Resprim ^a Septrin	RO AF BW
3390K	Tablet 160 mg-800 mg	10	..	..	8.34	9.15	Bactrim DS ^a Resprim Forte ^a Septrin Forte	RO AF BW
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.85	8.66	Bactrim ^a Resprim ^a Septrin	RO AF 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	
Macrolides and lincosamides								
• Macrolides								
3324Y	ERYTHROMYCIN Tablet 250 mg	25	..	..	7.53	8.34	EMU-V	UP
3329F	Capsule 125 mg	25	..	..	7.28	8.09	Eryc	FA
3326C	Capsule 175 mg	25	..	..	7.53	8.34	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.86	9.67	Eryc	FA
5085P	I.M. injection 100 mg in 2 mL	5	..	..	28.50	16.80	Erythrocin-I.M.	AB
3331H	ERYTHROMYCIN ESTOATE Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	7.23	8.04	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.45	9.26	Ilosone	LY
3336N	ERYTHROMYCIN ETHYL SUCCINATE Tablet 400 mg (base)	25	..	.. 0.83	8.56 9.39	9.37 9.37	^a E-Mycin ^a E.E.S. 400 Filmtab	AF AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	.. 0.95	#10.14 #11.09	11.32 11.32	^a E-Mycin 200 ^a E.E.S. 200	AF AB
3337P	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	‡1	..	.. 0.95	#12.07 #13.02	13.25 13.25	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
5087R	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..		41.56 *41.57	16.80 16.80	^a BL ^a Erythrocin	AB
3328E	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	..	..	7.53	8.34	Erythrocin Filmtab	AB
3330G	Capsule 250 mg (base)	25	..	..	7.53	8.34	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.45	9.26	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.85	11.66	Erythrocin	AB
• Lincosamides								
CLINDAMYCIN								
❖ Restricted benefit ❖								
<i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>								
5057E	Capsule 150 mg	25	..	..	14.28	15.09	Dalacin C	UP
5058F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	#21.58	16.80	Dalacin C	UP

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	
5144R	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	14.65	15.46	Lincocin	UP
Other antibacterials								
• Glycopeptide antibacterials								
VANCOMYCIN								
❖ Restricted benefit ❖								
<i>Prophylaxis of endocarditis in patients hypersensitive to penicillin.</i>								
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	..	..	*51.91	16.80	^a Vancocin ^a BL	LY
• Imidazole derivatives								
METRONIDAZOLE								
❖ Restricted benefit ❖								
<i>Treatment of anaerobic infections.</i>								
5155H	Tablet 400 mg	21	..	.. 1.51	9.17 10.68	9.98 9.98	^a Metrogyl 400 ^a Flagyl	AF MB
❖ Restricted benefit ❖								
<i>Treatment in a hospital of acute anaerobic sepsis.</i>								
5154G	I.V. infusion 500 mg in 100 mL	5	..	..	*28.42	16.80	^a Flagyl ^a BX ^a DW	MB
3339R	METRONIDAZOLE Tablet 200 mg	21	..	.. 1.82	6.36 8.18	7.17 7.17	^a Metrogyl 200 Metrozine ^a Flagyl	AF SR MB
5159M	Tablet 400 mg	5	..	..	6.25	7.06	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	19.58	16.80	Flagyl	MB
5158L	Suppositories 1 g, 10	‡1	..	..	26.48	16.80	Flagyl	MB
3341W	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.80	14.61	Flagyl S	MB

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	
IMMUNE SERA AND IMMUNOGLOBULINS								
Immune sera								
• <i>Immune sera</i>								
GAS GANGRENE ANTITOXIN—MIXED (POLYVALENT)								
5101L	Injection: 1 ampoule containing 10,000 units Perfringens: 10,000 units Novyt; 5,000 units Septicum	2	..	..	*271.17	16.80	CS	
VACCINES								
Bacterial vaccines								
• <i>Tetanus vaccines</i>								
5223X	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.66	16.80	CS	
MUSCULO-SKELETAL SYSTEM								
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS								
Antiinflammatory/antirheumatic products, non-ster- oids								
• <i>Acetic acid derivatives and related substances</i>								
5074C	DICLOFENAC POTASSIUM Tablets 25 mg, 20	‡1	..	..	6.64	7.45	Voltaren Rapid 25	CG
5075D	Tablets 50 mg, 20	‡1	..	..	7.21	8.02	Voltaren Rapid 50	CG
DICLOFENAC SODIUM								
❖ <i>Restricted benefit</i> ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5076E	Tablet 25 mg (enteric coated)	100	..	..	*14.47	15.28	Voltaren 25	CG
5077F	Tablet 50 mg (enteric coated)	50	..	.. 0.93	10.62 11.55	11.43 11.43	^a Fenac ^a Voltaren 50	AF CG
DICLOFENAC SODIUM								
5078G	Tablets 50 mg (enteric coated), 20	‡1	..	..	7.21	8.02	Fenac	AF
5079H	Suppository 100 mg	40	..	..	*22.75	16.80	Voltaren	CG

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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	
INDOMETHACIN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5126T	Capsule 25 mg	100	..	..	*8.13	8.94	^a Arthrexin ^a Indomed 25 ^a Indocid	AF AD MK
				2.00	*10.13	8.94		
5127W	INDOMETHACIN Capsules 25 mg, 20	‡1	..	..	5.63	6.44	Arthrexin	AF
5128X	Suppository 100 mg	40	..	..	*19.17	16.80	Indocid	MK
SULINDAC								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5217N	Tablet 100 mg	100	..	..	*14.39	15.20	^a Aclin ^a Clusinol 100 ^a Clinoril	AF AD FR
				1.02	*15.41	15.20		
5218P	Tablet 200 mg	50	..	..	13.84	14.65	^a Aclin 200 ^a Clusinol 200 ^a Clinoril 200	AF AD FR
				0.99	14.83	14.65		
5219Q	SULINDAC Tablets 100 mg, 20	‡1	..	..	6.69	7.50	Aclin	AF
5220R	Tablets 200 mg, 10	‡1	..	..	6.80	7.61	Aclin 200	AF
• Oxicams								
PIROXICAM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5201R	Dispersible tablet 10 mg	50	..	..	13.19	14.00	Feldene-D	PF
5202T	Dispersible tablet 20 mg	25	..	..	12.78	13.59	Feldene-D	PF
5203W	Capsule 10 mg	50	..	..	13.19	14.00	^a Candyl 10 mg ^a Fensaid 10 ^a Mobilis 10 ^a Pirox ^a Feldene	DP AD AF GP PF
				1.15	14.34	14.00		
5204X	Capsule 20 mg	25	..	..	12.78	13.59	^a Candyl 20 mg ^a Fensaid 20 ^a Mobilis 20 ^a Pirox ^a Feldene	DP AD AF GP PF
				1.26	14.04	13.59		

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	
TENOXCAM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5226C	Tablet 10 mg	50	..	..	13.19	14.00	Tilcotil	RO
• <i>Propionic acid derivatives</i>								
IBUPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5121M	Tablet 200 mg	100	..	..	*8.75	9.56	Rafen 200	AF
5123P	Tablet 400 mg	100	..	..	*12.01	12.82	Brufen	BT
IBUPROFEN								
5122N	Tablets 200 mg, 20	‡1	..	..	5.57	6.38	Rafen 200	AF
5124Q	Tablets 400 mg, 20	‡1	..	..	6.21	7.02	Brufen	BT
KETOPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5133E	Capsule 50 mg	50	..	..	9.46	10.27	Orudis	MB
5135G	Capsule 100 mg (sustained release)	50	..	.. 1.60	13.73 15.33	14.54 14.54	^a Oruvail SR ^a Orudis SR	RR MB
5136H	Capsule 200 mg (sustained release)	28	..	.. 1.36	14.86 16.22	15.67 15.67	^a Oruvail SR ^a Orudis SR 200	RR MB
KETOPROFEN								
5139L	Suppository 100 mg	40	..	..	*20.91	16.80	Orudis	MB
NAPROXEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5176K	Tablet 250 mg	100	..	.. 2.18	*14.19 *16.37	15.00 15.00	^a Inza 250 ^a Naprosyn	AF SD
5177L	Tablet 500 mg	50	..	.. 1.09	13.08 14.17	13.89 13.89	^a Inza 500 ^a Naprosyn	AF SD

continued ➡

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5178M	NAPROXEN—cont. Tablet 750 mg (sustained release)	28	..	.. 1.09	12.12 13.21	12.93 12.93	^a Proxen SR 750 MD ^a Naprosyn SR750	SD
5179N	Tablet 1 g (sustained release)	28	..	.. 1.09	14.74 15.83	15.55 15.55	^a Proxen SR 1000 ^a Naprosyn SR1000	MD SD
5180P	Oral suspension 125 mg per 5 mL, 500 mL	‡1	..	..	18.89	16.80	Naprosyn	SD
5181Q	NAPROXEN Tablets 250 mg, 20	‡1	..	..	6.75	7.56	Inza 250	AF
5182R	Tablets 500 mg, 10	‡1	..	..	6.64	7.45	Inza 500	AF
5185X	Suppository 500 mg	40	..	..	*19.17	16.80	Naprosyn	SD
NAPROXEN SODIUM								
❖ Restricted benefit ❖								
Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
Bone pain due to malignant disease.								
5186Y	Tablet 550 mg	50	..	..	13.08	13.89	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	..	..	*14.81	15.62	Dolobid	MK
5081K	Tablet 500 mg	50	..	..	14.50	15.31	Dolobid	MK

NERVOUS SYSTEM

ANALGESICS

Opioids

- Natural opium alkaloids**

5063L	CODEINE PHOSPHATE Tablet 30 mg	20	..	..	9.00	9.81	^a FA ^a FM
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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	
MORPHINE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5237P	Oral solution 2 mg per mL, 200 mL	1	..	..	14.30	15.11	DW	
5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	17.49	16.80	DW	
5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	20.43	16.80	DW	
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5163R	Tablet 30 mg	20	..	..	11.26	12.07	Anamorph	FM
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
❖ Restricted benefit ❖								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
5164T	Tablet 10 mg (controlled release)	20	..	..	14.76	15.57	MS Contin	PS
5165W	Tablet 30 mg (controlled release)	20	..	..	27.13	16.80	MS Contin	PS
5166X	Tablet 60 mg (controlled release)	20	..	..	42.33	16.80	MS Contin	PS
5167Y	Tablet 100 mg (controlled release)	20	..	..	62.77	16.80	MS Contin	PS
5240T	Capsule 20 mg (containing sustained release pellets)	20	..	..	20.10	16.80	Kapanol	GL
5241W	Capsule 50 mg (containing sustained release pellets)	20	..	..	36.28	16.80	Kapanol	GL

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	
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5242X	MORPHINE SULFATE—cont. Capsule 100 mg (containing sustained release pellets)	20	..	..	62.77	16.80	Kapanol	GL
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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	..	..	10.22	11.03	BL SI AP	
				1.21	11.43	11.03		
5169C	Injection 15 mg in 1 mL	5	..	..	10.55	11.36	BL SI AP	
				0.98	11.53	11.36		
5170D	Injection 30 mg in 1 mL	5	..	..	11.92	12.73	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	..	..	17.16	16.80	Proladone	BT
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NOTE:

Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

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	..	..	9.12	9.93	Endone	BT
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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
• Phenylpiperidine derivatives							
PETHIDINE HYDROCHLORIDE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Short-term treatment of acute pain.</i>							
5199P	Injection 50 mg in 1 mL	5	..	..	9.19	10.00	BL SI AP
				1.80	10.99	10.00	
5200G	Injection 100 mg in 2 mL	5	..	..	9.54	10.35	BL SI AP
				2.24	11.78	10.35	
NOTE:							
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>							
Other analgesics and antipyretics							
• Salicylic acid and derivatives							
ASPIRIN							
5017C	Tablet 300 mg	100	..	..	5.94	6.75	Spren SI
5018D	Tablet 300 mg (dispersible)	100	..	..	6.02	6.83	Solprin RC
5020F	Tablet 650 mg (enteric coated)	100	..	..	9.11	9.92	Ecotrin SK
CODEINE PHOSPHATE with ASPIRIN							
3315L	Tablet 30 mg-325 mg	20	..	..	6.80	7.61	Codral Forte BW
• Anilides							
CODEINE PHOSPHATE with PARACETAMOL							
3316M	Tablet 30 mg-500 mg	20	..	..	6.79	7.60	^a Codalgin Forte FM ^a Dymadon Forte BW ^a Panadeine Forte Caplets SW
PARACETAMOL							
5196L	Tablet 500 mg	100	..	..	7.72	8.53	Dymadon P BW Panamax SW Paralgin FM Tylenol JT RR
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	7.45	8.26	Dymadon BW Panamax SW
3349G	Elixir 240 mg per 5 mL, 200 mL	‡1	..	..	9.66	10.47	Panamax 240 Elixir SW

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	
ANTIEPILEPTICS								
Antiepileptics								
• Carboxamide derivatives								
	CARBAMAZEPINE							
5039F	Tablet 100 mg	200	..	..	21.21	16.80	Tegretol 100	CG
5040G	Tablet 200 mg	200	..	.. 0.59	36.57 37.16	16.80 16.80	^a Teril ^a Tegretol 200	AF CG
5038E	Tablet 200 mg (controlled release)	200	..	..	36.57	16.80	Tegretol CR 200	CG
5037D	Tablet 400 mg (controlled release)	200	..	..	65.65	16.80	Tegretol CR 400	CG
5041H	Oral suspension 100 mg per 5 mL, 300 mL	#1	..	..	19.18	16.80	Tegretol	CG
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Ethers of tropine or tropine derivatives								
	BENZTROPINE MESYLATE							
5031T	Injection 2 mg in 2 mL	5	..	..	17.69	16.80	Cogentin	MK
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
	DIAZEPAM							
5071X	Tablet 2 mg	50	..	.. 0.30 1.00	6.39 6.69 7.39	7.20 7.20 7.20	^a Antenex 2 Ducene ^a Valium	AF SU RO
5072Y	Tablet 5 mg	50	..	.. 0.30 1.00	6.64 6.94 7.64	7.45 7.45 7.45	^a Antenex 5 Ducene ^a Valium	AF SU RO
5073B	Injection 10 mg in 2 mL	5	..	..	7.93	8.74	BL	
	OXAZEPAM							
5192G	Tablet 15 mg	25	..	.. 1.41	5.59 7.00	6.40 6.40	^a Alepam 15 ^a Murelax ^a Serenapax	AF AY WY
5193H	Tablet 30 mg	25	..	.. 1.41	5.81 7.22	6.62 6.62	^a Alepam 30 ^a Murelax ^a Serenapax	AF AY WY
Hypnotics and sedatives								
• Benzodiazepine derivatives								
	NITRAZEPAM							
5189D	Tablet 5 mg	25	..	.. 1.00	6.27 7.27	7.08 7.08	^a Alodorm ^a Mogadon	AF RO

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	
5221T	TEMAZEPAM Tablet 10 mg	25	..	.. 0.70	6.27 6.97	7.08 7.08	^a Temtabs ^a Normison	WX WY
5222W	Capsule 10 mg	25	..	.. 0.70	6.27 6.97	7.08 7.08	Euhypnos ^a Temaze 10 ^a Normison	PS AF WY

RESPIRATORY SYSTEM

ANTI-ASTHMATICS

Adrenergics for systemic use

- *Alpha- and beta-adrenoceptor agonists*

5004J	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	8.12	8.93	AP	
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SENSORY ORGANS

OPHTHALMOLOGICALS

Antiinfectives

- *Antibiotics*

5055C	CHLORAMPHENICOL Eye drops 5 mg per mL (0.5%), 10 mL	1	..	..	7.15	7.96	Chloromycetin Chlorsig	PD SI
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CAUTION:

Topical chloramphenicol may cause aplastic anaemia.

VARIOUS

ALL OTHER THERAPEUTIC PRODUCTS

All other therapeutic products

- *Antidotes*

5173G	NALOXONE HYDROCHLORIDE Injection 400 micrograms in 1 mL	1	..	..	18.33	16.80	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	19.48	16.80	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	27.68	16.80	Naloxone Min-I-Jet	CS

ALL OTHER NON-THERAPEUTIC PRODUCTS

All other non-therapeutic products

- *Solvents and diluting agents, Incl. irrigating solutions*

5209E	SODIUM CHLORIDE Injection 9 mg per mL (0.9%), 2 mL	5	..	..	8.23	9.04	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	9.99	10.80	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	10.25	11.06	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
	WATER FOR INJECTIONS, STERILISED						
3394P	Injection 2 mL	5	..	..	8.45	9.26	AP
3395Q	Injection 5 mL	5	..	..	9.66	10.47	AP
3396R	Injection 10 mL	5	..	..	10.76	11.57	AP

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				
<i>Treatment of schizophrenia in patients who are non-responsive to, or intolerant of, other neuroleptic agents.</i>				
Tablet 25 mg	100	72.00	Clozaril	SZ
Tablet 100 mg	100	270.00	Clozaril	SZ
CYCLOSPORIN				
<i>For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation).</i>				
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
DEFERRIOXAMINE MESYLATE				
<i>Disorders of erythropoiesis associated with treatment-related chronic iron overload.</i>				
Powder for injection 500 mg vial	10	108.27	Desferal	CG
DIDANOSINE				
<i>Certain patients with advanced HIV infection.</i>				
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 bottle	1	47.97	Videx	BQ

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
ERYTHROPOIETIN (RECOMBINANT HUMAN)				
<i>For the treatment of anaemia requiring transfusion, associated with chronic renal failure, where treatment is initiated in a hospital with a renal dialysis unit.</i>				
<i>Injection 2,000 units in 1 mL vial</i>	6	272.00	Eprex	JC
<i>Injection 4,000 units in 1 mL vial</i>	6	467.00	Eprex	JC
<i>Injection 10,000 units in 1 mL vial</i>	6	1067.00	Eprex	JC
FILGRASTIM				
<i>Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;</i>				
<i>Patients with certain malignancies being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission;</i>				
<i>Certain patients with:</i>				
<i>breast cancer;</i>				
<i>Hodgkin's disease;</i>				
<i>severe congenital neutropenia;</i>				
<i>severe chronic neutropenia;</i>				
<i>chronic cyclic neutropenia.</i>				
<i>Injection 300 micrograms in 1 mL vial</i>	10	1504.00	Neupogen	AN
<i>Injection 480 micrograms in 1.6 mL vial</i>	10	2407.00	Neupogen	AN
FOSCARNET SODIUM				
<i>Sight threatening cytomegalovirus retinitis in patients with AIDS.</i>				
<i>I.V. infusion 24 mg per mL, 250 mL bottle</i>	6	395.00	Foscavir	AP
<i>I.V. infusion 24 mg per mL, 500 mL bottle</i>	6	660.00	Foscavir	AP
GANCICLOVIR SODIUM				
<i>Sight threatening cytomegalovirus retinitis in severely immunocompromised patients.</i>				
<i>Powder for I.V. infusion equivalent to 500 mg ganciclovir; vial</i>	1	57.71	Cymevene	SD
INTERFERON ALFA-2a				
<i>Certain patients with chronic active hepatitis B;</i>				
<i>Certain patients with chronic hepatitis C;</i>				
<i>Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase.</i>				
<i>Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 1 mL</i>	1	145.80	Roferon-A	RO
<i>Injection set containing 5 vials powder for injection 4,500,000 i.u. and 5 ampoules solvent 1 mL</i>	1	218.70	Roferon-A	RO
<i>Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 1 mL</i>	1	437.40	Roferon-A	RO
<i>Injection set containing 5 vials powder for injection 18,000,000 i.u. and 5 ampoules solvent 1 mL</i>	1	874.80	Roferon-A	RO

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
INTERFERON ALFA-2b				
<i>Certain patients with chronic active hepatitis B; Certain patients with chronic hepatitis C; Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase.</i>				
<i>Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL</i>	1	145.80	Intron A	SH
<i>Injection set containing 5 vials powder for injection 5,000,000 i.u. and 5 ampoules solvent 2 mL</i>	1	243.00	Intron A	SH
<i>Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 2 mL</i>	1	437.40	Intron A	SH
<i>Injection set containing 5 vials powder for injection 10,000,000 i.u. and 5 ampoules solvent 2 mL</i>	1	486.00	Intron A	SH
<i>Solution for injection 10,000,000 i.u. in 2 mL multi-dose vial</i>	5	486.00	Intron A	SH
<i>Solution for injection 25,000,000 i.u. in 5 mL multi-dose vial</i>	5	1215.00	Intron A	SH
INTERFERON GAMMA-1b				
<i>Chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.</i>				
<i>Injection 3,000,000 i.u. in 0.5 mL vial</i>	6	991.00	Imukin	BY
LENOGRASTIM				
<i>Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation; Patients with certain malignancies being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission.</i>				
<i>Powder for injection 33,600,000 i.u. (263 micrograms) vial</i>	1	128.36	Granocyte	AD
RIFABUTIN				
<i>Treatment of Mycobacterium avium complex infections in HIV-positive patients; Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with less than 100 CD4 cells per mm³.</i>				
<i>Capsule 150 mg</i>	30	147.00	Mycobutin	PS
ZALCITABINE				
<i>Treatment of HIV infection in certain individuals; Combination therapy with zidovudine in certain cases of advanced HIV infection.</i>				
<i>Tablet 375 micrograms</i>	100	193.75	Hivid	RO
<i>Tablet 750 micrograms</i>	100	242.18	Hivid	RO

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
ZIDOVUDINE				
<i>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 mm³.</i>				
Capsule 100 mg	100	247.24	Retrovir	BW
Capsule 250 mg	40	247.24	Retrovir	BW
Syrup 10 mg per mL, 200 mL bottle	1	49.45	Retrovir	BW

ITEMS AVAILABLE DIRECT FROM THE MANUFACTURER

BOTULINUM TOXIN TYPE A PURIFIED NEUROTOXIN COMPLEX

NOTE:

Arrangements to prescribe this item should be made by medical practitioners with the Health Insurance Commission, contact telephone 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
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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'.

NOTE:

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 telephone number (06) 289 7274

Injection 4 i.u. vial with 2 mL diluent (with preservative)	1	74.50	Humatrope	LY
Injection 4 i.u. vial with 1 mL diluent (without preservative)	1	72.48	Saizen	SG
Injection 4 i.u. in 1 mL cartridge (with preservative)	1	76.12	Genotropin	PS
Injection 4 i.u. in 1 mL cartridge (without preservative)	1	76.12	Genotropin	PS
Injection 10 i.u. vial with 5 mL diluent (with preservative)	1	181.20	Saizen	SG
Injection 12 i.u. vial with 3 mL diluent (with preservative)	1	223.44	Norditropin	NO
Injection 16 i.u. vial with 8 mL diluent (with preservative)	1	298.00	Humatrope	LY
Injection 16 i.u. in 1 mL cartridge (with preservative)	1	304.48	Genotropin	PS

Section 3

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

CONTAINER PRICES FOR QUANTITIES OF READY PREPARED BENEFITS LESS THAN THE STANDARD PACK:

Injectables	150 mL vial	\$0.75
Other Items	25 mL vial	\$0.22

(The 25 mL is the most commonly used size)

FEES:

Ready Prepared Composite Fee	\$4.27
Dangerous Drug Fee	\$1.78
Additional Fee for Agreed Price Ready Prepared Benefits	\$0.81

NOTE—

Standard packs and prices (including mark-up, but without composite 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 @ 12.65	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 @ 23.41	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 @ 17.30 (for reimbursement price)	ML
			5 @ 34.22 (for total dispensed price)	ML
2334W	Polygeline	17.5 g per 500 mL, 500 mL	1 @ 18.78 (for reimbursement price)	HP
			1 @ 21.18 (for total dispensed price)	HP
GENERAL PHARMACEUTICAL BENEFITS				
1003T	Acyclovir	200 mg	25 @ 54.12	AD,AF,BW
2600W	Allopurinol	100 mg	100 @ 4.64	AF
			100 @ 5.06	BW
2604C		300 mg	30 @ 2.75	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 @ 2.15 50 @ 3.06	AD,AF MK
3079C	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine	200 g	1 @ 107.05	SB
2347M	Amino Acid Formula without Phenylalanine	20 g, 20	1 @ 119.70	SB
3072Q		250 g	1 @ 132.12	SB
1450H		500 g	1 @ 174.58	GL
2379F	Amino Acid Formula without Phenylalanine, Tyrosine and Methionine	200 g	1 @ 143.85	SB
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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
3078B	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine	500 g	1 @ 248.18	SB
2380G	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	400 g	1 @ 63.00	SB
3075W	Amino Acids, Synthetic with Maltodextrin, Fat, Minerals and Vitamins	200 g	1 @ 129.03	SB
1045B		200 g	1 @ 63.54	SB
3066J		400 g	1 @ 41.74	SB
1980F	Antivenom—Red Back Spider	500 units	1 @ 94.05	CS
1140B	BCG Immunotherapeutic (Bacillus Calmette-Guérin/Connaught strain)	6.6 to 19.2 x 10 ⁸ CFU set	1 @ 157.50	RR
1649T	Beclomethasone Dipropionate	100 mcg	100 @ 11.43	GL
2362H	Benzotropine Mesylate	2 mg	100 @ 4.20	MK
1775K	Benzylpenicillin	600 mg	5 @ 8.47	CS
2647H	Betamethasone Valerate	3 g	5 @ 21.78	CS
2812B		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		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	Calcium	50 i.u. in 0.5 mL	5 @ 33.91	MB
2995P		50 i.u. in 1 mL	5 @ 33.91	SZ
3001Y		100 i.u. in 1 mL	5 @ 50.27	MB
2997R		100 i.u. in 1 mL	5 @ 50.27	SZ
2998T		400 i.u. in 2 mL	1 @ 25.84	MB
2999W		0.5 mg with 1 mL solvent	5 @ 70.25	CG
3116B	Carbimazole	500 mg	60 @ 3.99	MM
3122H		equiv. to 1 g (25 mmol) Ca ²⁺	30 @ 5.24	SZ
1153Q		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
2338C		5 mg per mL, 0.4 mL, 30	1 @ 9.57	AG
1085D	Cefotaxime	1 g	1 @ 10.91	RL
1086E		2 g	1 @ 20.69	RL
1790F		250 mg	1 @ 14.30	RO
1783W	Ceftriaxone	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 @ 4.18	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 @ 25.08	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
1311B	Ciprofloxacin	250 mg	14 @ 31.90	BN
1217C		3 mg per mL, 5 mL	1 @ 10.68	AQ
1805B	Clonazepam	500 mcg	100 @ 10.14	RO
1806C		2 mg	100 @ 19.14	RO
1808E		2.5 mg in 1 mL, 10 mL	1 @ 3.96	RO
1228P	Copper Sulfate	Tablets, 36	1 @ 8.98	AM
1079T	Cyclophosphamide	500 mg	1 @ 11.66	AA,PS
1798P	Cyproheptadine Hydrochloride	4 mg	50 @ 2.33	FR

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1270W	Cyproterone Acetate	50 mg	50 @ 155.00	SC
2884T	Cytarabine	100 mg in 5 mL	5 @ 34.43	DW
2910E		100 mg and 5 mL solvent	1 @ 20.23	BL
2904W		500 mg and 10 mL solvent	1 @ 72.27	BL
2885W		500 mg in 25 mL	1 @ 38.59	DW
2129C	Desmopressin Acetate	100 mcg per mL, 2.5 mL	1 @ 29.93	FC
2128B		10 mcg per actuation, 25 actuators, 2.5 mL	1 @ 31.35	FC
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @ 5.10	CG
1302M		100 mg	20 @ 9.24	CG
1319K	Diflunisal	250 mg	50 @ 5.27	MK
1344R	Diphtheria Antitoxin	10,000 units	1 @ 83.82	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,DW,PS
1340M		20 mg in 10 mL	1 @ 95.97	BL,DW,PS
1342P		50 mg in 25 mL	1 @ 233.45	BL,DW,PS
2702F	Doxycycline	100 mg	7 @ 2.81	AF
			7 @ 3.52	PF
2703G		100 mg	7 @ 2.81	BL
			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 (base)	1 @ 7.46	AB
8001D	Essential Amino Acids Formula with Minerals and Vitamin C	200 g	1 @ 45.86	SB
2511E	Ethacrynic Acid	50 mg	50 @ 13.95	MK
1405Y	Ethinylloestradiol	10 mcg	100 @ 2.60	GL
1406B		20 mcg	100 @ 2.81	GL
1407C		50 mcg	100 @ 3.01	GL
3166P	Ethinodiol Diacetate with Ethinylloestradiol	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 @ 26.86	PF
1474N		200 mg in 100 mL	1 @ 48.53	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 @ 133.45	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2252M		1387 mmol per 500 mL, 500 mL	1 @ 3.09	AB
2891E	Glucose Indicator—Blood	Electrode strips, 50	1 @ 24.86	BO
2855G		Electrode strips, 50	1 @ 24.86	AM
2912G		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		Reagent strips, 50	1 @ 5.43	BO
2555L		700 mg, 12	1 @ 2.93	PP
2556M		1.4 g, 12	1 @ 3.15	PP
2557N		2.8 g, 12	1 @ 3.27	PP
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 @ 8.47	BL
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 @ 3.69	AD,AF
			50 @ 4.41	MK
1502C	Hydrocortisone Acetate	21.1 g	1 @ 13.46	SV
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
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
2446R	Idarubicin Hydrochloride	5 mg	1 @ 80.52	PS
2448W		10 mg	1 @ 152.32	PS
2450Y		25 mg	1 @ 380.80	PS
2452C		5 mg	1 @ 195.62	PS
2453D		10 mg	1 @ 380.80	PS
2454E		25 mg	50 @ 1.93	AD,AF
			50 @ 2.93	MK
			20 @ 7.45	MK
2757D	Insulin Isophane (N.P.H.)	100 mg	1 @ 23.51	FC,NO
1711C		100 units per mL, 10 mL	1 @ 25.19	AZ,NO
1533Q		100 units per mL, 10 mL	1 @ 21.54	AZ,NO
1534R		100 units per mL, 1.5 mL, 5	1 @ 43.08	AZ,NO
1761Q		100 units per mL, 3 mL, 5	1 @ 19.36	FC,NO
1713E		100 units per mL, 10 mL	1 @ 25.19	AZ,NO
1531N		100 units per mL, 10 mL	1 @ 21.54	AZ,NO
1532P		100 units per mL, 1.5 mL, 5	1 @ 43.08	AZ,NO
1762R		100 units per mL, 3 mL, 5	1 @ 25.19	AZ
1591R		100 units (20 units- 80 units) per mL, 10 mL		
1426C	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)	100 units (30 units- 70 units) per mL, 10 mL	1 @ 25.19	AZ,NO
1425B		100 units (50 units- 50 units) per mL, 10 mL	1 @ 25.19	AZ,NO
2061L		100 units (15 units- 85 units) per mL, 3 mL, 5	1 @ 43.08	NO
1592T		100 units (20 units- 80 units) per mL, 1.5 mL, 5	1 @ 21.54	AZ
8006J		100 units (20 units- 80 units) per mL, 3 mL, 5	1 @ 43.08	AZ
1429F		100 units (30 units- 70 units) per mL, 1.5 mL, 5	1 @ 21.54	AZ,NO

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1763T		100 units (30 units-70 units) per mL, 3 mL, 5	1 @ 43.08	AZ,NO
2062M		100 units (50 units-50 units) per mL, 3 mL, 5	1 @ 43.08	NO
1716H	Insulin Zinc Suspension (Lente)	100 units per mL, 10 mL	1 @ 23.51	NO
1718K		100 units per mL, 10 mL	1 @ 25.19	AZ,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 @ 25.19	AZ,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
1541D		250 mcg per mL, 20 mL	1 @ 6.93	BY
1540C		20 mcg per dose (200 doses)	1 @ 15.84	BY
2587E	Isosorbide Dinitrate	10 mg	100 @ 3.85	AF,WX
			100 @ 5.01	AY
2588F		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 Ethinylloestradiol	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
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 @ 21.12	SC
2396D	Methotrexate	5 mg in 2 mL	1 @ 8.34	LE
2395C		50 mg in 2 mL	1 @ 8.73	LE
1625M	Methyclothiazide	5 mg	50 @ 2.43	AB
1638F	Metronidazole	500 mg in 100 mL	1 @ 4.83	BX,DW,MB
1284N	Milk Powder—Lactose Modified	500 g	1 @ 8.16	SJ
2357C		900 g	1 @ 14.70	SJ
1387B		500 g	1 @ 8.16	SJ
2358D		900 g	1 @ 14.70	SJ
1388C	Milk Powder—Low Lactose Formula	500 g	1 @ 8.16	SJ
2349P		900 g	1 @ 14.70	SJ
1283M		500 g	1 @ 8.16	SJ
2350Q		900 g	1 @ 14.70	SJ
3092R	Milk Powder—Synthetic	400 g	1 @ 16.94	NU
1674D	Naproxen	250 mg	50 @ 4.96	AF
			50 @ 6.05	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 @ 6.73	MB
2732T	Nitrazepam	5 mg	25 @ 2.00	AF
			25 @ 3.00	RO
1967M	Norethisterone	350 mcg	1 @ 2.44	JC,MD
			1 @ 3.06	SD
2772X	Norethisterone with Ethinylloestradiol	500 mcg-35 mcg	1 @ 2.44	SD
2774B		Tablet-Pack	1 @ 2.44	MD
			1 @ 3.66	SD

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2773Y		1 mg-35 mcg	1 @ 2.44	SD
2775C		Tablet-Pack	1 @ 2.44	MD
			1 @ 3.66	SD
2776D		Tablet-Pack	1 @ 2.44	MD
			1 @ 3.66	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
2627G	Orphenadrine Hydrochloride	50 mg	100 @ 7.15	MM
3134Y	Oxazepam	15 mg	25 @ 1.32	AF,AY
			25 @ 2.73	WY
3135B		30 mg	25 @ 1.54	AF,AY
			25 @ 2.95	WY
3026G	Paclitaxel	30 mg in 5 mL	1 @ 285.60	BQ,FA
2495H	Pancrelipase	not less than 10,000 BP units lipase activity	250 @ 86.48	OR
2808T	Pergolide Mesylate	50 mcg (base)	30 @ 16.14	LY
1702N	Phenoxymethylpenicillin	125 mg	25 @ 2.96	AB
1703P		250 mg	25 @ 3.11	AB,LY
1705R		250 mg	25 @ 3.11	AB,CS,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
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 @ 9.68	BQ
2893G	Prochlorperazine	5 mg	100 @ 6.07	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
3087L	Salbutamol	100 mcg per dose (200 doses)	1 @ 2.48	AF
			1 @ 2.98	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 @ 2.48	DW
			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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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 in 2 mL	60 @ 25.74	DW
2286H	Sodium Lactate Compound	1 L	60 @ 26.90	FC
2294R	Sodium Valproate	100 mg	1 @ 1.87	BX
2289L		200 mg (e.c.)	100 @ 12.46	RC
			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
2091C	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate	3.125 g-450 mg-45 mg in 5 mL, 12	1 @ 12.25	PS
1102B	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @ 9.24	SC
2093E	Sulfasalazine	500 mg	100 @ 17.55	PS
2096H		500 mg (e.c.)	100 @ 19.50	PS
2047R	Sulindac	100 mg	50 @ 5.06	AD,AF
			50 @ 5.57	FR
2109B	Tamoxifen Citrate	10 mg (base)	30 @ 26.40	IC
2110C		20 mg (base)	30 @ 44.00	IC,PS
2088X	Temazepam	10 mg	25 @ 2.00	WX
			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
2135J	Tetracycline Hydrochloride	250 mg	25 @ 2.32	LE
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 @ 6.12	LY
			5 @ 30.56	BL
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 @ 23.82	BL,LY
3131T		500 mg	1 @ 23.82	BL,LY
2206D	Verapamil Hydrochloride	160 mg (s.r.)	60 @ 16.01	SI
2198Q	Vinblastine Sulfate	10 mg	1 @ 18.85	LY
2199R		10 mg and 10 mL solvent	1 @ 20.55	BL
2374Y	Vincristine Sulfate	1 mg in 1 mL	5 @ 84.15	DW
2371T		1 mg and 10 mL solvent	1 @ 17.25	BL,LY

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

3398W	Benzylpenicillin	600 mg	5 @ 8.47	CS
3399X		3 g	5 @ 21.78	CS
5048Q	Cefotaxime	1 g	1 @ 10.91	RL
5049R		2 g	1 @ 20.69	RL
3376Q	Cephalothin	1 g	1 @ 3.92	LY
5076E	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
5079H		100 mg	20 @	9.24	CG
5080J	Diffunisal	250 mg	50 @	5.27	MK
5087R	Erythromycin Lactobionate	300 mg (base)	1 @	7.46	AB
5101L	Gas Gangrene Antitoxin—Mixed (Polyvalent)	10,000 units-10,000 units- 5,000 units	1 @	133.45	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
5121M	Ibuprofen	200 mg	50 @	2.24	AF
5123P		400 mg	50 @	3.87	BT
5126T	Indomethacin	25 mg	50 @	1.93	AD,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	BX,DW,MB
5176K	Naproxen	250 mg	50 @	4.96	AF
			50 @	6.05	SD
5185X		500 mg	20 @	7.45	SD
5205Y	Prochlorperazine	5 mg	100 @	6.07	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	AD,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 @	23.82	BL,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	BP	0.02	0.17	1.49	
(use as additive only)					
ACIDS					
Acetic (6 per cent)	BP	0.01	0.06	0.49	
Acetic (33 per cent)	BP	0.02	0.19	1.67	
Ascorbic	BP	0.15	1.18	..	0.02: 100 mg
(use as ingredient of Mixtures of Ferrous Sulfate APF)					
Benzoic	BP	0.16	1.27	..	0.02: 100 mg
Boric	BP	0.04	0.33	2.97	
(use as additive only)					
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	0.69	5.48	..	
Alum	BP	0.03	0.23	2.07	
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	BP	0.04	0.33	2.92	
(use as additive only)					
Calamine	BP	0.05	0.42	3.70	
Calcium Hydroxide	BP	0.08	0.67	5.99	
Cetomacrogol Emulsifying Wax	BP	0.12	0.98	8.72	
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	BP	1.14	9.14	..	0.14: 100 mg
(use as additive only)					
Chlorinated Lime	BP	0.04	0.33	2.96	
Chloroform	BP	0.03	0.26	2.28	
(use as additive only)					
Cocaine Hydrochloride	BP	22.84	..	..	2.86: 100 mg
Codeine Phosphate	BP	2.72	21.74	..	0.34: 100 mg
Collodion Flexible	BP	0.12	0.92	8.15	
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	0.03	0.25	2.20	
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	0.92	7.39	..	0.12: 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	0.42	3.72	
EXTRACT					
Liquorice Liquid	BP	0.11	0.86	7.63	
Ferrous Sulfate	BP	0.11	0.89	7.92	
Glucose (use as additive only)	BP	0.04	0.32	2.80	
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	0.06	0.52	
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	0.31	2.73	
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	..	0.72: 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	0.31	2.46	..	
Pumilio Pine	BP 1980	0.62	4.95	..	
Siberian Fir	BPC 1949	0.27	2.12	..	
Turpentine (use as additive only)	BP	0.05	0.40	3.58	
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	0.25	2.25	
Methyl Salicylate	BP	0.04	0.29	2.60	
Methyl Salicylate Compound	APF 1934	0.04	0.35	3.12	
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	0.39	3.45	
Simple (yellow)	BP	0.05	0.40	3.56	
Sulfur	BP 1980	0.05	0.39	3.50	
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	0.39	3.42	
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.16	9.31	..	0.15:100 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	0.30	2.66	
Iodide	BP	0.19	1.50	13.37	
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	0.93	
Chloride	BP	0.02	0.18	1.62	
Citrate	BP	0.05	0.42	3.69	
Thiosulfate	BP	0.04	0.29	2.53	
(use as additive only)					
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	4.12	
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	BP	0.01	0.10	0.93	
(use as additive only)					
Starch	BP	0.03	0.21	1.84	
Sulfur Precipitated	BP 1980	0.05	0.39	3.43	
SYRUPS					
Lemon	APF	0.06	0.49	4.33	
Orange	BP	0.03	0.27	2.36	
Pholcodine Citrate	BPC 1959	0.04	0.32	2.84	
(use as additive only)					
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	1.61	

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	..	..	4.71	
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.07	0.52	4.66	
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	0.33	0.39	0.40	0.39	0.49	0.34
50 mL	0.35	0.39	0.43	0.39	0.32	0.45
100 mL	0.45	0.49	0.55	0.79	0.53	0.69
200 mL	0.56	0.66	0.69	0.70	0.62	0.90
500 mL	1.67	1.73	2.38	1.67	0.91	1.65
POISON BOTTLES—						
25 mL	0.39	0.44	0.75	0.54	0.46	0.53
50 mL	0.35	0.41	0.59	0.57	0.44	0.42
100 mL	0.40	0.50	0.67	0.65	0.50	0.62
200 mL	0.55	0.70	0.95	0.84	0.67	0.87
500 mL	0.76	1.00	1.34	1.03	0.95	1.33
SCREW CAP JARS—						
25 g	0.61	0.48	0.86	0.52	0.56	0.58
50 g	0.41	0.64	0.62	0.66	0.74	0.74
100 g	0.50	0.73	0.80	0.73	0.85	0.79
200 g	0.51	0.69	0.94	0.69	0.61	0.69
500 g	1.68	1.68	1.68	1.68	1.68	1.68
DROPPER CONTAINERS—						
15 mL polythene	0.47	0.49	0.61	0.44	0.46	0.73
15 mL glass	0.73	0.77	0.82	0.96	0.66	1.00

Composite Fee for Extemporaneously Prepared Benefits	\$6.10
Additional Fee for Agreed Price Extemporaneously Prepared Benefits	\$1.18

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 composite fee only. The prices shown in the column 'Maximum Recordable Value for Safety Net' are for the ingredients, the composite 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	7.41	8.59
7913L	Aqueous	BP	7.41	8.59
7383N	Calamine Aqueous	APF 14	7.81	8.99
7497N	Cetomacrogol Aqueous	APF	7.53	8.71
7660E	Cetrimide 0.5% (extemporaneous formula)	BP	8.22	9.40
7661F	Cetrimide Aqueous	APF	8.22	9.40
7490F	Chlorhexidine 1% (extemporaneous formula)	BP	8.63	9.81
7490F	Chlorhexidine Aqueous	APF	8.63	9.81
7499Q	Cold	APF	7.63	8.81
7668N	Methyl Salicylate Compound	APF	10.76	11.94
7502W	Salicylic Acid and Sulfur Aqueous	APF	7.60	8.78
7897P	Zinc (extemporaneous formula)	BP	8.30	9.48
DUSTING POWDER				
(Maximum Quantity 100 g and 1 Repeat)				
7458M	Zinc, Starch and Talc	APF & BPC 1973	8.98	10.16
EAR DROPS				
(Maximum Quantity 15 mL and 2 Repeats)				
7642F	Aluminium Acetate	APF	6.43	7.61
7643G	Aluminium Acetate	BP	6.57	7.75
7314Y	Sodium Bicarbonate	APF & BP	6.27	7.45
7313X	Spirit	APF	6.20	7.38
EYE DROPS OF COCAINE				
(Maximum Quantity 15 mL and no Repeats)				
7589K	Cocaine Strong	APF	33.72	16.80
EYE DROPS, OTHER				
(Maximum Quantity 15 mL and 5 Repeats)				
7416H	Zinc Sulfate	APF	10.91	12.09
EYE LOTIONS				
(Maximum Quantity 200 mL and 2 Repeats)				
7363M	Sodium Bicarbonate	APF	15.59	16.77
7364N	Sodium Chloride	BP	15.56	16.74
GLYCERIN				
(Maximum Quantity 100 mL and 1 Repeat)				
7560X	Ichthammol	APF	15.16	16.34
INHALATIONS				
(Maximum Quantity 50 mL and 1 Repeat)				
7484X	Benzoin and Menthol	APF	8.64	9.82
7308P	Menthol	APF	6.89	8.07
7310R	Menthol and Eucalyptus	BP 1980	7.06	8.24
7309Q	Menthol and Pine	APF	8.42	9.60

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	9.35	10.53
7530H	Codeine	APF	8.90	10.08
7536P	Menthol	APF 1964	7.86	9.04
LINIMENTS				
(Maximum Quantity 100 mL and 1 Repeat)				
7480Q	Methyl Salicylate Compound	APF	8.83	10.01
7419L	Turpentine	BP	9.87	11.05
LOTIONS				
(Maximum Quantity 200 mL and 2 Repeats)				
7709R	Aluminium Acetate Aqueous	APF	6.77	7.95
7629M	Calamine	APF	8.42	9.60
7630N	Calamine Oily	APF & BP 1980	8.52	9.70
MIXTURES				
(Maximum Quantity 200 mL and 4 Repeats)				
7604F	Gentian Alkaline	APF	7.90	9.08
7599Y	Gentian Alkaline (extemporaneous formula)	BP	7.59	8.77
7491G	Ipecacuanha and Tolu	APF	8.95	10.13
7348R	Kaolin	BPC 1968	8.13	9.31
7301G	Kaolin and Opium	APF 14	9.47	10.65
7342K	Magnesium Trisilicate	BPC 1968	7.56	8.74
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	7.97	9.15
7909G	Morphine (1 mg/mL)	APF	8.66	9.84
7910H	Morphine Forte (5 mg/mL)	APF	13.01	14.19
7911J	Potassium Citrate	APF	9.15	10.33
7618Y	Potassium Iodide and Stramonium Compound	APF 14	11.93	13.11
MIXTURE FOR CHILDREN				
(Maximum Quantity 100 mL and 4 Repeats)				
7494K	Ipecacuanha and Camphor	APF	7.13	8.31
MOUTH WASH				
(Maximum Quantity 200 mL and 1 Repeat)				
7457L	Thymol Compound	APF	9.32	10.50
NASAL INSTILLATION				
(Maximum Quantity 15 mL and 2 Repeats)				
7574P	Ephedrine	APF	6.41	7.59

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
OINTMENTS				
(Maximum Quantity 100 g and 1 Repeat)				
7914M	Benzoic Acid Compound	APF	8.90	10.08
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	8.90	10.08
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	9.44	10.62
7918R	Emulsifying	APF & BP	8.35	9.53
7900T	Methyl Salicylate (extemporaneous formula)	BP	8.70	9.88
7901W	Methyl Salicylate Compound	APF 1934	9.22	10.40
7924C	Paraffin (white)	BP	7.39	8.57
7926E	Salicylic Acid	APF	8.62	9.80
7928G	Salicylic Acid (extemporaneous formula)	BP	9.88	11.06
7927F	Simple White	APF	9.55	10.73
7927F	Simple (white)	BP	9.55	10.73
7899R	Zinc and Castor Oil	APF & BP	8.21	9.39
PAINTS				
(Maximum Quantity 25 mL and 1 Repeat)				
7566F	Podophyllin	APF 12	8.27	9.45
7567G	Podophyllin Compound	APF & BP	10.44	11.62
7568H	Salicylic Acid	APF	8.58	9.76
PASTES				
(Maximum Quantity 100 g and 1 Repeat)				
7558T	Zinc Compound	APF	9.30	10.48
7558T	Zinc Compound (extemporaneous formula)	BP	9.30	10.48
POWDER FOR INTERNAL USE				
(Maximum Quantity 100 g and 2 Repeats)				
7545D	Magnesium Trisilicate	BP	8.59	9.77
SOAP				
(Maximum Quantity 200 mL and 1 Repeat)				
7541X	Spirit	BP	10.79	11.97
SOLUTION				
(Maximum Quantity 200 mL and 2 Repeats)				
7539T	Calcium Hypochlorite (Eusol)	APF	6.66	7.84

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**

NOVEMBER 1995

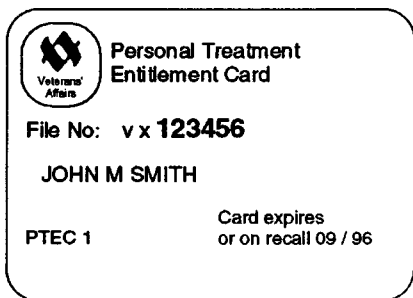
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

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

BENEFICIARIES ENTITLEMENT CARDS AND ELIGIBILITY

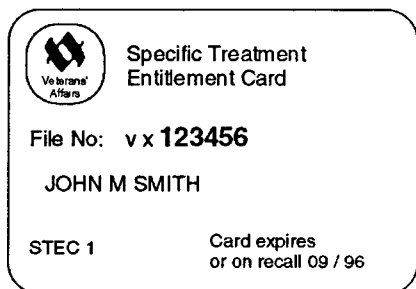
The diagram below outlines the drug eligibility of the Department of Veterans'

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.
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**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.
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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. For urgent cases a prescriber may request prior approval of a RPBS authority prescription from the Department using the freecall number listed at the end of these notes.

PROVISIONS GOVERNING PAYMENTS FOR RPBS BENEFITS

Introduction

12. 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.

13. 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.

14. Where the item dispensed is not listed in the approved lists (refer to paragraph 15) the pharmacist is to endorse the prescription with the price to pharmacists paid for the item.

Basis of Pricing

15. 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.

16. 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

17. 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 composite fee.

Pricing of Dressings and Aids to Treatment

18. 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

19. 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 composite fee.

20. 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 27).

21. 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

22. 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

- 23.** 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'.
- 24.** 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 composite fee, and dangerous drug fee if applicable, then added.
- 25.** 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.
- 26.** 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.
- 27.** 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.
- 28.** 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

- 29.** 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. Where the patient is an in-patient in a private hospital and treatment has been approved by the Department, the fee may be included with the patient's hospital account for payment by the Department. The patient does not pay the fee. If the contractual arrangement between the private hospital and the pharmacist includes an after hours service payment then the after hours fee is not claimable from the Department.

Packaging Material, Postage or Freight

- 30.** 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

- 31.** For all items dispensed at specified short intervals of time, the Department will pay a separate composite fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.
- 32.** 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

- 33.** Where a charge is paid by a patient in any of the circumstances of paragraphs 5, 6, 29 or 30, 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

- 34.** 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

Authority Prescription Applications

Applications for authority to prescribe under the Repatriation Pharmaceutical Benefits Scheme (RPBS) 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 RPBS ENQUIRIES AND TELEPHONE APPROVALS 24 HOURS A DAY THE
FREECALL NUMBER IS:**

1800 552 580

REPATRIATION PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 1995 and all previous editions are cancelled.

Commencing with this edition, dispensed prices will be shown for all items listed in the Repatriation Schedule of Pharmaceutical Benefits.

As from **1 January 1996** Department of Veterans' Affairs (DVA) clients who are war widow(er)s and service pensioners - currently the holders of LILAC Dependent Treatment Entitlement Cards (DTECs) and RED Service Pensioner Benefits Cards (SPBCs) respectively - will receive pharmaceutical benefits through the Repatriation Pharmaceutical Benefits Scheme (RPBS). These two card types will be eliminated.

All DVA clients will be issued with replacement treatment entitlement cards in late 1995 to reflect this change from a four to a two card system.

The February 1996 edition of the Schedule of Pharmaceutical Benefits will reflect this change and a schematic diagram of the new cards will be included with the Repatriation Schedule of Pharmaceutical Benefits.

Until 1 January 1996, DTEC and SPBC holders do not have eligibility to receive benefits through the RPBS.

SUMMARY OF CHANGES

ADDITIONS

Addition of Items

Section 1

- 4581D **Alprostadil**, injection set containing five ampoules 5 micrograms in 1 mL, five syringes, five needles and five swabs (*Caverject*)
- 4582E **Alprostadil**, injection set containing five ampoules 10 micrograms in 1 mL, five syringes, five needles and five swabs (*Caverject*)
- 4583F **Alprostadil**, injection set containing five ampoules 20 micrograms in 1 mL, five syringes, five needles and five swabs (*Caverject*)
- 4031E **Antazoline with Naphazoline**, eye drops 5 mg (sulfate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL (*Antistine-Privine*)
- 4032F **Antazoline with Naphazoline**, eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL (*Albalon-A*)
- 4045X **Chlorhexidine Gluconate**, solution 50 mg per mL (5%), 200 mL (*Hibitane Concentrate*)
- 4234W **Enoxaparin Sodium**, injection 100 mg in 1 mL ampoule (*Clexane*)
- 4233T **Finasteride**, tablet 5 mg (*Proscar*)
- 4036K **Hydrocortisone with Cinchocaine Hydrochloride**, ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g (*Proctosedyl*)
- 4037L **Hydrocortisone with Cinchocaine Hydrochloride**, ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5 (*Proctosedyl*)
- 4038M **Hydrocortisone with Cinchocaine Hydrochloride**, suppositories 5 mg-5 mg, 12 (*Proctosedyl*)
- 4044W **Idoxuridine**, topical ointment 5 mg per g (0.5%), 5 g (*Stoxil*)

- 4342M **Mometasone Furoate**, cream 1 mg per g (0.1%), 45 g (*Elocon*)
- 4343N **Mometasone Furoate**, ointment 1 mg per g (0.1%), 45 g (*Elocon*)
- 4035J **Naphazoline Hydrochloride**, eye drops 1 mg per mL (0.1%), 15 mL
(*Albalon Liquifilm; Naphcon Forte*)
- 4576W **Nicotine**, transdermal patches releasing approximately 5 mg per 16 hours, 7
(*Nicorette Patch*)
- 4577X **Nicotine**, transdermal patches releasing approximately 10 mg per 16 hours, 7
(*Nicorette Patch*)
- 4578Y **Nicotine**, transdermal patches releasing approximately 15 mg per 16 hours, 7
(*Nicorette Patch*)
- 4033G **Phenylephrine Hydrochloride**, eye drops 1.2 mg per mL (0.12%), 15 mL (*Isopto Frin*)
- 4425X **Psyllium Hydrophilic Mucilloid**, oral powder (sugar-free) 275 g (*Mucilax Sugar Free*)
- 4424W **Psyllium Hydrophilic Mucilloid**, oral powder 300 g (*Mucilax Regular*)
- 4047B **Sodium Citro-Tartrate**, sachets containing oral effervescent powder 3.7 g, 28 (*Citralite*)
- 4048C **Sodium Citro-Tartrate**, sachets containing oral effervescent powder 4 g, 28
(*Citralescent Sachets*)
- 4049D **Sodium Citro-Tartrate**, sachets containing oral effervescent powder 4 g, 28
(*Ural Sachets*)
- 4043T **Thiamine Hydrochloride**, tablet 100 mg (*Betamin*)
- 4042R **Urea**, cream 100 mg per g (10%), 100 g (*Aquacare H.P.; Urederm*)
- 4041Q **Wool Alcohols**, ointment 100 g (*Eucerin*)
- 4039N **Zinc Oxide**, compound ointment 50 g (*Anusol*)
- 4040P **Zinc Oxide**, compound suppositories, 12 (*Anusol*)
- 4034H **Zinc Sulfate with Phenylephrine Hydrochloride**, eye drops 2.5 mg-1.2 mg per mL
(0.25%-0.12%), 15 mL (*Prefrin-Z; Zincfrin*)

Section 3

- 4825Y **Dressing Alginate**, sterile ropes 2 g, 6 (*Algoderm H7993*)
- 4826B **Dressing Alginate**, sterile single sachets 5 cm x 5 cm, 10 (*Algoderm H7995*)
- 4827C **Dressing Alginate**, sterile single sachets 9.5 cm x 9.5 cm, 10 (*Algoderm H7994*)
- 4918W **Dressing Hydroactive Cavity**, dressings 5 cm x 6 cm, 5 (*Cutinova Cavity 47571*)
- 4919X **Dressing Hydroactive Cavity**, dressings 10 cm x 10 cm, 5 (*Cutinova Cavity 47573*)
- 4902B **Dressing Hydrocolloid with Border**, sterile single sachets 10 cm x 10 cm, 5
(*DuoDERM CGF Border H7971*)
- 4903C **Dressing Hydrocolloid with Border**, sterile single sachets 10 cm x 13 cm, 5
(*DuoDERM CGF Border H7973*)
- 4904D **Dressing Hydrocolloid Alginate**, sterile single packs 14 cm spiral, 10
(*DermaSORB H7983*)
- 4905E **Dressing Hydrocolloid Thin**, sterile single sachets 5 cm x 6 cm, 10
(*Cutinova Thin 47576*)
- 4906F **Dressing Hydrocolloid Thin**, sterile single sachets 10 cm x 10 cm, 5
(*Cutinova Thin 47578*)
- 4907G **Dressing Hydrocolloid Thin**, sterile single sachets 10 cm x 10 cm, 10
(*DuoDERM Extra Thin H7955*)
- 4911L **Dressing Hydrogel**, dressing 9.5 cm x 10.2 cm (*Nu-Gel 62497*)
- 4912M **Dressing Hydrogel**, sterile single tubes 15 g, 10 (*DuoDERM H7990*)
- 4913N **Dressing Hydrogel**, sterile single tubes 30 g, 3 (*DuoDERM H7987*)
- 4914P **Dressing Hydrogel**, sterile single tube 50 g (*Solugel 10336*)
- 4909J **Dressing Non-Adherent**, sterile single sachet 7.6 cm x 7.6 cm (*Adaptic 10511*)
- 4896Q **Paste Hydrocolloid**, sterile tube 30 g (*DuoDERM Paste H7930*)

DELETIONS

Deletion of Items

Section 1

The following item has been discontinued by the manufacturer and will be deleted from the Repatriation Schedule of Pharmaceutical Benefits from 1 November 1995 without advance notice.

4564F **Budesonide**, nasal aerosol 50 micrograms per dose (200 doses) (*Rhinocort*)

ALTERATIONS

Restriction Changes

- 4224H **Dalteparin Sodium (Low Molecular Weight Heparin Sodium - porcine mucous)**, injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe (*Fragmin*)
4225J **Dalteparin Sodium (Low Molecular Weight Heparin Sodium - porcine mucous)**, injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe (*Fragmin*)
4220D **Enoxaparin Sodium**, injection 20 mg in 0.2 mL pre-filled syringe (*Clexane*)
4221E **Enoxaparin Sodium**, injection 40 mg in 0.2 mL pre-filled syringe (*Clexane*)

Notes

Notes have been amended in respect of the following items:

Nicotine

Item Description

Section 1

From

4199B **Docusate Sodium**, ear drops 50 mg per mL (5%), 10 mL (*Waxsol*)

To

4199B **Docusate Sodium**, ear drops 5 mg per mL (0.5%), 10 mL (*Waxsol*)

Item Description and Proprietary Name

Section 3

From

4894N **Hydrogel**, sterile single sachets, 25 g, 10 (*Intrasite Gel 7399*)

To

4894N **Dressing Hydrogel**, sterile single sachets, 25 g, 10 (*Intrasite Gel 7313*)

Pack Size

Section 1

		<i>From</i>	<i>To</i>
4551M	Dimethicone and Glycerol , cream 150 mg-20 mg per g (15%-2%), (Silic 15)	600 g	500 g

Proprietary Name

Section 2

4715E	Absorbent Napkins , pack of 20	<i>From</i> Softeze Absorbent Pad Regular 00217 <i>To</i> Softeze Absorbent Pad Light
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Section 3

4886E	Dressing Hydrocolloid , sterile single sachets 10 cm x 10 cm, 5	<i>From</i> Duoderm CGF <i>To</i> DuoDERM CGF H7660
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ADVANCE NOTICES

Deletion of Items

The following items will be deleted from the Repatriation Schedule of Pharmaceutical Benefits as from 1 February 1996.

Deletion requested by the manufacturer—

- 4507F **Betamethasone Dipropionate**, cream 500 micrograms per g (0.05%), 50 g (*Diprosone*)
4508G **Betamethasone Dipropionate**, ointment 500 micrograms per g (0.05%), 50 g (*Diprosone*)

Deletion of Brands

The following brands of items will be deleted from the Repatriation Schedule of Pharmaceutical Benefits as from 1 February 1996.

Discontinued by the manufacturer—

- 4131K *Celestone V, SH* —**Betamethasone Valerate**, cream 1 mg per g (0.1%), 30 g
4132L *Celestone V, SH* —**Betamethasone Valerate**, ointment 1 mg per g (0.1%), 30 g

Deletion requested by the manufacturer—

- 4544E *Aquasun Blockout Cream 15+, PF* —**Sunscreens**, cream 100 g

Therapeutic Index
for
RPBS Schedule

Alimentary tract and metabolism

- Stomatological preparations 2
 - Stomatological preparations* 2
- Antacids, drugs for treatment of peptic ulcer and flatulence 2
 - Antacids* 2
- Antispasmodic and anticholinergic agents and propulsives 2
 - Synthetic antispasmodic and anticholinergic agents* 2
 - Belladonna and derivatives, plain* 3
- Laxatives 3
 - Laxatives* 3
- Vitamins 4
 - Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂* 4
 - Vitamin B-complex, incl. combinations* 4
 - Ascorbic acid (vitamin C), incl. combinations* 4
- Mineral supplements 4
 - Other mineral supplements* 4

Blood and blood forming organs

- Antithrombotic agents 4
 - Antithrombotic agents* 4
- Plasma substitutes and perfusion solutions 5
 - Irrigating solutions* 5

Cardiovascular system

- Cardiac therapy 5
 - Antiarrhythmics, class I and III* 5
- Vasoprotectives 6
 - Antihemorrhoidals for topical use* 6
 - Capillary stabilizing agents* 6

Dermatologicals

- Antifungals for dermatological use 6
 - Antifungals for topical use* 6
- Emollients and protectives 7
 - Emollients and protectives* 7
 - Protectives against UV-radiation* 7
- Preparations for treatment of wounds and ulcers 8
 - Cicatrizants* 8
- Antipruritics, incl. antihistamines, anesthetics, etc. 8
 - Antipruritics, incl. antihistamines, anesthetics, etc.* 8
- Antipsoriatics 8
 - Antipsoriatics for topical use* 8
- Antibiotics and chemotherapeutics for dermatological use 9
 - Antibiotics for topical use* 9
 - Chemotherapeutics for topical use* 9
- Corticosteroids, dermatological preparations 9
 - Corticosteroids, plain* 9
 - Corticosteroids, combinations with antiseptics* 10
 - Corticosteroids, combinations with antibiotics* 10
- Antiseptics and disinfectants 10
 - Antiseptics and disinfectants* 10
- Other dermatological preparations 11
 - Other dermatological preparations* 11

Genito urinary system and sex hormones

- Other gynecologicals 12
 - Other gynecologicals* 12
- Urologicals 13
 - Other urologicals, incl. antispasmodics* 13

General antiinfectives for systemic use

- Antimycobacterials 13
 - Drugs for treatment of tuberculosis* 13
-

Antineoplastic and immunomodulating agents

Antineoplastic agents 14

Antimetabolites 14

Nervous system

Analgesics 14

Opioids 14

Other analgesics and antipyretics 14

Anti-Parkinson drugs 14

Anticholinergic agents 14

Psycholeptics 14

Anxiolytics 14

Hypnotics and sedatives 15

Other nervous system drugs 16

Antismoking agents 16

Antiparasitic products, insecticides and repellants

Anthelmintics 16

Antinematodal agents 16

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Nasal preparations 17

Decongestants and other nasal preparations for topical use 17

Nasal decongestants for systemic use 17

Cough and cold preparations 17

Expectorants, excl. combinations with cough suppressants 17

Cough suppressants, excl. combinations with expectorants 18

Antihistamines for systemic use 18

Antihistamines for systemic use 18

Sensory organs

Ophthalmologicals 19

Mydriatics and cycloplegics 19

Decongestants and antiallergics 19

Otologicals 19

Other otologicals 19

Various

All other therapeutic products 19

All other therapeutic products 19

All other non-therapeutic products 20

All other non-therapeutic products 20

SECTION 1

DRUGS AND MEDICINES

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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ALIMENTARY TRACT AND METABOLISM**STOMATOLOGICAL PREPARATIONS****Stomatological preparations**• **Antinfectives for local oral treatment**

4160Y	CHLORHEXIDINE GLUCONATE Mouth wash 2 mg per mL (0.2%), 200 mL	‡1	..	..	9.35	2.60	Chlorohex	OM
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	9.48	2.60	Savacol Mouth and Throat Rinse Plaqacide	OM OB
				..	9.51	2.60		

• **Other agents for local oral treatment**

4156R	CARBENOXOLONE SODIUM Gel 20 mg per g (2%), 5 g	‡1	1	..	11.57	2.60	Bioral	SN
4162C	CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL 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	..	..	9.58	2.60	Seda-Gel	KY
4568K	SALIVA SUBSTITUTE Solution 25 mL	‡1	1	..	8.14	2.60	Aquae	HA
4569L	Solution 100 mL	‡1	..	..	10.32	2.60	Aquae	HA

ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE**Antacids**• **CALCIUM COMPOUNDS**

4055K	CALCIUM CARBONATE with GLYCINE Tablet 420 mg-180 mg	200	5	..	*13.99	2.60	Titralac	MM
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• **Combinations and complexes of aluminium, calcium and magnesium compounds**

4117Q	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE Tablet 400 mg-400 mg-30 mg	200	5	..	*19.97	2.60	Mylanta II	PD
4118R	Oral suspension 400 mg-400 mg- 30 mg per 5 mL, 375 mL	2	5	..	*15.85	2.60	Mylanta II	PD

ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES**Synthetic antispasmodic and anticholinergic agents**• **Synthetic anticholinergics, esters with tertiary amino group**

4185G	DICYCLOMINE HYDROCHLORIDE Tablet 10 mg	100	..	..	19.12	2.60	Merbentyl	ML
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4328T	MEBEVERINE HYDROCHLORIDE Tablet 135 mg	90	..		24.63 27.61	2.60 2.60	Colese Colofac	AF JC

Belladonna and derivatives, plain

- Belladonna alkaloids semisynthetic, quaternary ammonium compounds**

4279F	HYOSCINE BUTYLBROMIDE Injection 20 mg in 1 mL	5	..	..	14.98	2.60	Buscopan	BY
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LAXATIVES

Laxatives

- Softeners, emollients**

4200C	DOCUSATE SODIUM Tablet 50 mg	100	2	..	8.59	2.60	Coloxyl 50	FM
4201D	Tablet 120 mg	100	2	..	9.70	2.60	Coloxyl 120	FM

- Contact laxatives**

4198Y	DOCUSATE SODIUM with SENNA Tablet 50 mg-8 mg	90	2	..	8.85	2.60	Coloxyl with Senna	FM
4455L	SENNA STANDARDISED Tablet 7.5 mg	100	1	..	8.98	2.60	Senokot	RC

- Bulk producers**

4285M	ISPAGHULA HUSK Sachets 3.5 g, 30	‡1	1	..	12.11	2.60	Fybogel	RC
4425X	PSYLLIUM HYDROPHILIC MUCILLOID Oral powder (sugar-free) 275 g	‡1	1	..	12.33	2.60	Mucilax Sugar Free	DP
4424W	Oral powder 300 g	‡1	1	..	9.84	2.60	Mucilax Regular	DP
4422R	Oral powder (non-flavoured) 375 g	‡1	1	..	14.91	2.60	Metamucil	PY
4557W	STERCULIA with FRANGULA BARK Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	‡1	1	..	13.51	2.60	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	..	..	20.15	2.60	Normacol Plus	NE

- Enemas**

4462W	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE Enemas 3.125 g-45 mg in 5 mL, 4	‡1	1	..	8.95	2.60	Micro lax	PS
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REPATRIATION

Code	Name, Restriction, Manner of administration and 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 laxatives								
4246L	GLYCEROL Suppositories 2.8 g (for adults), 12	3	5	..	*14.08	2.60	PP	
VITAMINS								
Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂								
• Thiamine (vitamin B₁), plain								
4043T	THIAMINE HYDROCHLORIDE Tablet 100 mg	100	2	..	7.87	2.60	Betamin	RR
Vitamin B-complex, incl. combinations								
• Vitamin B-complex, plain								
4493L	VITAMIN B GROUP COMPLEX Oral liquid 200 mL	‡1	2	..	10.89	2.60	Accomin Adult Tonic	WT
Ascorbic acid (vitamin C), incl. combinations								
• Ascorbic acid (vitamin C), plain								
ASCORBIC ACID ❖ Authority required ❖ <i>For management of wound healing.</i>								
4565G	Tablet 250 mg (sugar-free unflavoured)	100	2	..	6.93	2.60	Gold Cross Vitamin C	SI
MINERAL SUPPLEMENTS								
Other mineral supplements								
• Magnesium								
4321K	MAGNESIUM ASPARTATE Tablet 500 mg	50	..	..	11.02	2.60	Magmin	VG
BLOOD AND BLOOD FORMING ORGANS								
ANTITHROMBOTIC AGENTS								
Antithrombotic agents								
• Heparin group								
DALTEPARIN SODIUM <i>(Low Molecular Weight Heparin Sodium—porcine mucous)</i> ❖ Authority required ❖ ➤ <i>Major orthopaedic surgery;</i> ➤ <i>Major general surgery.</i>								
4224H	Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	10	..	..	48.27	2.60	Fragmin	FC
4225J	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	10	..	..	81.27	2.60	Fragmin	FC

REPATRIATION

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ENOXAPARIN SODIUM								
❖ Authority required ❖								
Major orthopaedic surgery;								
➤ Major general surgery.								
4220D	Injection 20 mg in 0.2 mL pre-filled syringe	10	..	..	64.00	2.60	Clexane	RR
4221E	Injection 40 mg in 0.4 mL pre-filled syringe	10	..	..	81.27	16.80	Clexane	RR
❖ Authority required ❖								
Treatment of deep vein thrombosis.								
4234W	Injection 100 mg in 1 mL ampoule	10	..	..	233.43	2.60	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	..	..	*756.13	2.60	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	..	7.22	2.60	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	‡1	2	..	7.22	2.60	BX	

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

Antiarrhythmics, class I and III

• Antiarrhythmics, class IA

PROCAINAMIDE HYDROCHLORIDE								
4417L	Tablet 500 mg (controlled release)	100	2	..	25.46	2.60	Procainamide Durules	AP

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VASOPROTECTIVES								
Antihemorrhoidals for topical use								
• Products containing corticosteroids								
4036K	HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE Ointment 5 mg-5 mg per g (0.5%- 0.5%), 30 g	‡1	1	..	21.42	2.60	Proctosedyl	RL
4037L	Ointment 5 mg-5 mg per g (0.5%- 0.5%), 2 g single use tubes, 5	2	1	..	*19.81	2.60	Proctosedyl	RL
4038M	Suppositories 5 mg-5 mg, 12	‡1	1	..	17.15	2.60	Proctosedyl	RL
• Other antihemorrhoidals for topical use								
4039N	ZINC OXIDE Compound ointment 50 g	‡1	1	..	9.75	2.60	Anusol	WW
4040P	Compound suppositories, 12	‡1	1	..	9.02	2.60	Anusol	WW
Capillary stabilizing agents								
• Bioflavonoids								
4272W	HYDROXYETHYL RUTOSIDES Capsule 250 mg	100	1	..	24.97	2.60	Paroven	CG
DERMATOLOGICALS								
ANTIFUNGALS FOR DERMATOLOGICAL USE								
Antifungals for topical use								
• Imidazole derivatives								
4555R	ECONAZOLE NITRATE Cream 10 mg per g (1%), 25 g	‡1	1	..	8.01	2.60	Dermazole	EO
4341L	MICONAZOLE Tincture 20 mg per mL (2%), 30 mL	‡1	1	..	12.32	2.60	Daktarin	JC
• Other antifungals for topical use								
4477P	TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE Powder 10 mg-10 mg-50 mg- 50 mg per g (1%-1%-5%- 5%), 50 g	‡1	..	..	11.90	2.60	Pedoz	HA
4537T	TOLNAFTATE Cream 10 mg per g (1%), 30 g	‡1	..	..	9.35	2.60	Pedi-Derm	NN
4479R	Powder 10 mg per g (1%), 30 g	‡1	..	..	9.35	2.60	Pedi-Derm	NN
4538W	Solution 10 mg per mL (1%), 15 mL	‡1	..	..	9.35	2.60	Pedi-Derm	NN
4481W	Spray aerosol 10 mg per g (1%), 100 g	‡1	..	..	13.39	2.60	Tinaderm	SH

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
EMOLLIENTS AND PROTECTIVES								
Emollients and protectives								
• Silicone products								
DIMETHICONE and GLYCEROL								
❖ Restricted benefit ❖								
<i>For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.</i>								
4556T	Cream 150 mg-20 mg per g (15%-2%), 75 g	‡1	..	..	8.01	2.60	Silic 15	EO
4551M	Cream 150 mg-20 mg per g (15%-2%), 500 g	‡1	..	..	16.66	2.60	Silic 15	EO
• Soft paraffin and fat products								
WOOL ALCOHOLS								
4041Q	Ointment 100 g	‡1	1	..	7.01	2.60	Eucerin	SN
• Carbamide products								
UREA								
4042R	Cream 100 mg per g (10%), 100 g	‡1	2	..	8.19	2.60	Aquacare H.P. Urederm	AG HA
• Other emollients and protectives								
BATH EMOLLIENT								
4122Y	Bath oil 500 mL	‡1	2	..	13.37 13.40 16.69	2.60 2.60 2.60	QV Bath Oil Hamilton Bath Oil Rikoderin	EO HA MM
4125D	Bath oil (fragrance-free) 500 mL	‡1	2	..	10.95	2.60	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	..	..	6.64	2.60	Orabase	BQ
Protectives against UV-radiation								
• Protectives against UV-radiation for topical use								
SUNSCREENS								
4209M	Solid stick 5 g	‡1	2	..	8.30	2.60	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	‡1	2	..	12.65 13.16	2.60 2.60	SunSense Cream 15+ Hamilton Sunscreen Broad Spectrum Cream 15+	EO HA
				..	13.41	2.60	Aquasun Blockout Cream 15+	PF

continued

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4476N	SUNSCREENS—cont. Lotion (alcoholic) 100 mL	‡1	2	..	13.16	2.60	Hamilton Sunscreen Clear Lotion 15+	HA
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	12.61	2.60	SunSense Milk 15+	EO
				..	13.16	2.60	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.41	2.60	Aquasun Blockout Lotion 15+	PF

PREPARATIONS FOR TREATMENT OF WOUNDS AND ULCERS

Cicatrizants

• Other cicatrizants

4488F	VITAMIN A Ointment 540 micrograms per g, 50 g	‡1	1	..	8.12	2.60	Ungvita	NS
4490H	VITAMIN A, CALAMINE and SILICONE OIL Cream 150 micrograms-100 mg- 10 mg per g (500 units per g-10%- 1%), 50 g	‡1	1	..	8.12	2.60	Ungvita Cream	NS

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Antipruritics, incl. antihistamines, anesthetics, etc.

• Anesthetics for topical use

4308R	LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE Mucilage 20 mg-25 mg per mL (2%- 2.5%), 200 mL	‡1	..	..	42.36	2.60	Xylocaine Viscous	AP
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• Other antipruritics

4408B	PINE TAR and TRIETHANOLAMINE LAURYL SULFATE Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL	‡1	2	..	10.95 14.53	2.60 2.60	Dermatar Pinetarsol	HA EO
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ANTIPSORIATICS

Antipsoriatics for topical use

• Tars

4112K	ALLANTOIN and COAL TAR EXTRACT Cream 17 mg-50 mg per g (1.7%- 5%), 50 g	‡1	2	..	11.59	2.60	Alphosyl	SV
4111J	Lotion 20 mg-50 mg per mL (2%- 5%), 250 mL	‡1	2	..	14.81	2.60	Alphosyl	SV

REPATRIATION

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4506E	ALLANTOIN, SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL 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	..	14.15	2.60	Egopsoryl-TA	EO

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

Antibiotics for topical use

• *Tetracycline and derivatives*

4553P	CHLORTETRACYCLINE HYDROCHLORIDE Ointment 30 mg per g (3%), 15 g	‡1	..	..	7.33	2.60	Aureomycin	LE
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Chemotherapeutics for topical use

• *Antivirals*

4044W	IDOXURIDINE Topical ointment 5 mg per g (0.5%), 5 g	‡1	..	..	5.98	2.60	Stoxil	SK
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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	..	..	31.99	2.60	Condyline Paint	HA
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CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

Corticosteroids, plain

• *Corticosteroids, potent (group III)*

4507F	BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 50 g	‡1	2	..	15.25	2.60	Diprosone	SH
4508G	Ointment 500 micrograms per g (0.05%), 50 g	‡1	2	..	15.25	2.60	Diprosone	SH
4511K	BETAMETHASONE VALERATE Cream 500 micrograms per g (0.05%), 30 g	‡1	2	..	8.86	2.60	Betnovate 1/2	GL
4131K	Cream 1 mg per g (0.1%), 30 g	‡1	2	..	16.59 18.61	2.60 2.60	Betnovate Celestone-V	GL SH
4517R	Gel 500 micrograms per g (0.05%), 30 g	‡1	2	..	8.86	2.60	Betnovate 1/2	GL
4513M	Ointment 500 micrograms per g (0.05%), 30 g	‡1	2	..	8.86	2.60	Betnovate 1/2	GL
4132L	Ointment 1 mg per g (0.1%), 30 g	‡1	2	..	16.59 18.61	2.60 2.60	Betnovate Celestone-V	GL SH
4133M	Scalp application 1 mg per g (0.1%), 30 g	‡1	2	..	13.47	2.60	Betnovate	GL

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4523C	FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 30 g	‡1	2	..	8.34	2.60	Topilar	SD
4215W	FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE Cream 2.5 mg-2.5 mg per g (0.25%-0.25%), 30 g	‡1	2	..	30.89	2.60	Ultralan	SC
4342M	MOMETASONE FUROATE Cream 1 mg per g (0.1%), 45 g	‡1	..	..	21.60	2.60	Elocon	SH
4343N	Ointment 1 mg per g (0.1%), 45 g	‡1	..	..	21.60	2.60	Elocon	SH

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	..	..	9.85	2.60	Hydroform	DM
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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	..	..	13.92 14.23	2.60 2.60	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	..	..	13.92 14.23	2.60 2.60	Aristocomb Kenacomb	LE BQ

CAUTION:

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

ANTISEPTICS AND DISINFECTANTS

Antiseptics and disinfectants

• Biguanides and amidines

CHLORHEXIDINE GLUCONATE
Solution 50 mg per mL (5%),
200 mL

4045X		‡1	1	..	10.65	2.60	Hibitane Concentrate	IC
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Iodine products								
4530K	POVIDONE-IODINE Powder 145 mg per g (14.5%), 20 g	‡1	..	..	9.87	2.60	E.D.P.	BT
4411E	Solution 100 mg per mL (10%), 100 mL	‡1	..	..	13.41	2.60	Minidine Antiseptic Solution	HA
				..	14.41	2.60	Betadine Antiseptic Liquid	FA
• Other antiseptics and disinfectants								
4143C	BISMUTH FORMIC IODIDE Powder 10 g	‡1	..	..	9.13	2.60	B.F.I.	MK
OTHER DERMATOLOGICAL PREPARATIONS								
Other dermatological preparations								
• Antihidrotics								
4191N	DIPHEMANIL METHYLSULFATE Dusting powder 20 mg per g (2%), 50 g	‡1	1	..	11.20	2.60	Prantal	SH
• Medicated shampoos								
4409C	PINE TAR, CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE COAL TAR and OLEYL ALCOHOL 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	..	16.18	2.60	Polytar	SX
4445Y	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS Scalp cleanser 20 mg-2 mg- 130 mg-216 mg per mL (2%-0.2%- 13%-21.6%), 250 mL	‡1	2	..	13.64	2.60	Ionil	GA
4560B	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS 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	..	13.64	2.60	Ionil-T	GA
4447C	SALICYLIC ACID, COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE Scalp cleanser 20 mg-10 mg- 10 mg-10 mg per mL (2%-1%-1%- 1%), 250 mL	‡1	2	..	12.71	2.60	Sebitar	EO
4452H	SELENIUM SULFIDE Shampoo 25 mg per mL (2.5%), 125 mL	‡1	1	..	10.17	2.60	Selsun	AB
4498R	ZINC PYRITHIONE Shampoo 10 mg per mL (1%), 200 mL	‡1	1	..	11.00	2.60	Dan Gard	FA

REPATRIATION

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• Wart and anti-corn preparations								
4450F	SALICYLIC ACID and PODOPHYLLIN RESIN Paint 100 mg-200 mg per mL (10%-20%), 6 mL	‡1	1	..	12.12	2.60	Posalflin	NE
• Other dermatologicals								
4281H	ALLANTOIN, GLYCEROL and ICHTHAMMOL Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	11.07	2.60	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	11.07	2.60	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	..	10.45	2.60	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	..	10.62	2.60	Ionil Rinse	GA
4549K	SKIN CLEANSER Lotion 500 mL	‡1	2	..	14.13	2.60	Hamilton Body Wash	HA
4497Q	ZINC OXIDE, STARCH and CHLORPHENESIN Dusting powder 100 g	‡1	1	..	7.97	2.60	Z.S.C.	SI
4499T	ZINC PYRITHIONE Cream 5 mg per g (0.5%), 75 g	‡1	1	..	8.87	2.60	Dan Gard Hold & Care	FA

GENITO URINARY SYSTEM AND SEX HORMONES

OTHER GYNECOLOGICALS

Other gynecologicals

• **Other gynecologicals**

4434J	RICINOLEIC ACID, ACETIC ACID and HYDROXYQUINOLINE SULFATE Vaginal jelly 7 mg-9.4 mg- 250 micrograms per g (0.7%- 0.94%-0.025%), 100 g	‡1	..	..	20.95	2.60	Acti-Jel	JC
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REPATRIATION

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UROLOGICALS

Other urologicals, incl. antispasmodics

• Other urologicals

ALPROSTADIL

❖ Authority required ❖

Treatment of erectile dysfunction in adult males.

4581D	Injection set containing five ampoules 5 micrograms in 1 mL, five syringes, five needles and five swabs	#1	3	..	75.44	2.60	Caverject	UP
4582E	Injection set containing five ampoules 10 micrograms in 1 mL, five syringes, five needles and five swabs	#1	3	..	84.93	2.60	Caverject	UP
4583F	Injection set containing five ampoules 20 micrograms in 1 mL, five syringes, five needles and five swabs	#1	3	..	132.38	2.60	Caverject	UP

FINASTERIDE

❖ Authority required ❖

Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.

4233T	Tablet 5 mg	30	5	..	82.71	2.60	Proscar	MK
4458P	SODIUM BICARBONATE Capsule 840 mg CAUTION: For use in the treatment of renal disease.	100	2	..	10.36	2.60	Sodibic	FC
4047B	SODIUM CITRO-TARTRATE Sachets containing oral effervescent powder 3.7 g, 28	#1	4	..	8.55	2.60	Citralite	FC
4048C	Sachets containing oral effervescent powder 4 g, 28	#1	4	..	8.55	2.60	Citravescent Sachets	FC
4049D	Sachets containing oral effervescent powder 4 g, 28	#1	4	..	8.55	2.60	Ural Sachets	AB

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	..	23.52	2.60	Myambutol	LE
4206J	Tablet 400 mg	100	2	..	75.95	2.60	Myambutol	LE

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS								
ANTINEOPLASTIC AGENTS								
Antimetabolites								
• Pyrimidine analogues								
4222F	FLUOROURACIL Cream 50 mg per g (5%), 20 g	‡1	..	..	20.56	2.60	Efudix	RO
4223G	Solution 10 mg per mL (1%), 30 mL	‡1	..	..	20.00	2.60	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	..	..	13.29	2.60	Doloxene	LY
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
CODEINE PHOSPHATE with ASPIRIN								
4061R	Tablet soluble 8 mg-300 mg	50	2	..	9.40	2.60	Aspalgin	FM
4062T	Tablet soluble 8 mg-500 mg	50	2	..	8.51	2.60	Solcode	RC
• Anilides								
CODEINE PHOSPHATE with PARACETAMOL								
4171M	Tablet 8 mg-500 mg	50	2		8.84 9.13	2.60 2.60	Codalgin Panamax Co.	FM SW
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Ethers of tropine or tropine derivatives								
BENZTROPINE MESYLATE								
4129H	Tablet 0.5 mg	100	2	..	7.28	2.60	Cogentin	MK
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
BROMAZEPAM								
❖ Authority required ❖								
<i>Patients with terminal disease;</i> <i>Patients with refractory phobic or anxiety states.</i>								

continued ➡

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
BROMAZEPAM—cont.								
NOTE:								
<i>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.</i>								
4150K	Tablet 3 mg	50	..	..	17.03	2.60	Lexotan	RO
4151L	Tablet 6 mg	50	..	..	21.14	2.60	Lexotan	RO
CLORAZEPATE DIPOTASSIUM								
❖ Authority required ❖								
<i>Patients with terminal disease; Patients with refractory phobic or anxiety states.</i>								
NOTE:								
<i>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.</i>								
4166G	Capsule 5 mg	50	..	..	9.42	2.60	Tranxene	GL
4167H	Capsule 15 mg	30	..	..	11.31	2.60	Tranxene	GL
Hypnotics and sedatives								
• Benzodiazepine derivatives								
FLUNITRAZEPAM								
❖ Authority required ❖								
<i>Patients with terminal disease; Patients with refractory phobic or anxiety states.</i>								
NOTE:								
<i>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.</i>								
4213R	Tablet 2 mg	25	..	..	9.58 10.51	2.60 2.60	Hypnodorm Rohypnol	AF RO

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OTHER NERVOUS SYSTEM DRUGS								

Antismoking agents

• Antismoking agents

NICOTINE

❖ Authority required ❖

Patients who have indicated they are ready to cease smoking.

NOTE:

Approval will be for one course only in line with the manufacturer's recommendation. Each approval will consist of two weeks' supply. Studies have shown that successful therapy with this drug is enhanced by patient participation in a monitoring program.

4576W	Transdermal patches releasing approximately 5 mg per 16 hours, 7	2	..	..	*34.33	2.60	Nicorette Patch	PS
4571N	Transdermal patches releasing approximately 7 mg per 24 hours, 7	2	..	..	*45.39 *45.41	2.60 2.60	Nicabate 7 Nicotinell 10	ML CG
4577X	Transdermal patches releasing approximately 10 mg per 16 hours, 7	2	..	..	*37.39	2.60	Nicorette Patch	PS
4575T	Transdermal patches releasing approximately 11 mg per 24 hours, 14	#1	..	..	65.05	2.60	Prostep	BW
4572P	Transdermal patches releasing approximately 14 mg per 24 hours, 7	2	..	..	*49.39 *49.57	2.60 2.60	Nicotinell 20 Nicabate 14	CG ML
4578Y	Transdermal patches releasing approximately 15 mg per 16 hours, 7	2	..	..	*40.97	2.60	Nicorette Patch	PS
4573G	Transdermal patches releasing approximately 21 mg per 24 hours, 7	2	..	..	*54.45 *54.71	2.60 2.60	Nicabate 21 Nicotinell 30	ML CG
4574R	Transdermal patches releasing approximately 22 mg per 24 hours, 14	#1	..	..	69.45	2.60	Prostep	BW

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS

ANTHELMINTICS

Antinematodal agents

• Benzimidazole derivatives

MEBENDAZOLE

4325P	Tablet 100 mg	6	..	..	12.78	2.60	Vermox	JC
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	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	..	..	11.44	2.60	Drixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	11.44	2.60	Drixine	SH
• Antiallergic agents, excl. corticosteroids								
	SODIUM CROMOGLYCATE							
4465B	Capsule 10 mg (nasal insufflation)	100	5	..	16.25	2.60	Rynacrom	FC
4468E	Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	‡1	5	..	16.50	2.60	Rynacrom	FC
• Corticosteroids								
	BECLOMETHASONE DIPROPIONATE							
4126E	Nasal pressurised inhalation 50 micrograms per dose (200 doses)	‡1	2	..	16.25 16.68	2.60 2.60	Beconase Aldecin	GL SH
	FLUNISOLIDE							
4212Q	Nasal spray 250 micrograms per mL (0.025%), 20 mL	‡1	2	..	16.19	2.60	Rhinalar Nasal Mist	SD
Nasal decongestants for systemic use								
• Sympathomimetics								
	PSEUDOEPHEDRINE HYDROCHLORIDE							
4420P	Tablet 60 mg	30	..	..	11.01	2.60	Sudafed	BW
	PSEUDOEPHEDRINE SULFATE							
4418M	Tablet 60 mg	30	..	..	10.44	2.60	Drixora	SH
COUGH AND COLD PREPARATIONS								
Expectorants, excl. combinations with cough suppressants								
• Expectorants								
	SENEGA and AMMONIA							
4074K	Mixture 200 mL	‡1	4	..	6.69	2.60	Senagar	SI

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Cough suppressants, excl. combinations with expectorants								
• Opium alkaloids and derivatives								
4071G	PHOLCODINE	±1	2	..	6.95	2.60	Actuss Duro-Tuss	SI MM
	Linctus 1 mg per mL (0.1%), 100 mL			..	8.76	2.60		
ANTI-HISTAMINES FOR SYSTEMIC USE								
Antihistamines for systemic use								
• Aminoalkyl ethers								
4195T	DIPHENHYDRAMINE HYDROCHLORIDE	50	2	..	8.85	2.60	Benadryl	PD
	Capsule 50 mg			..	8.85	2.60		
4065Y	DIPHENYLPYRALINE HYDROCHLORIDE	50	2	..	9.07	2.60	Histalert	MM
	Tablet 2.5 mg			..	9.07	2.60		
• Phenothiazine derivatives								
4072H	PROMETHAZINE HYDROCHLORIDE	50	2	..	10.31	2.60	Phenergan	MB
	Tablet 10 mg			..	10.31	2.60		
4073J	Tablet 25 mg	50	2	..	12.22	2.60	Phenergan	MB
• Piperazine derivatives								
4175R	CETIRIZINE HYDROCHLORIDE	30	..	..	24.18	2.60	Zyrtec	HP
	Tablet 10 mg			..	24.18	2.60		
4273X	HYDROXYZINE EMBONATE	50	2	..	13.14	2.60	Atarax	PF
	Capsule equivalent to 25 mg hydroxyzine hydrochloride			..	13.14	2.60		
4274Y	Capsule equivalent to 50 mg hydroxyzine hydrochloride	50	2	..	19.91	2.60	Atarax	PF
• Other antihistamines for systemic use								
4561C	ASTEMIZOLE	30	..	..	27.59	2.60	Hismanal	JC
	Tablet 10 mg			..	27.59	2.60		
4313B	LORATADINE	30	..	..	24.66	2.60	Claratyne	SH
	Tablet 10 mg			..	24.66	2.60		
4562D	TERFENADINE Tablet 60 mg	50	..	..	28.49	2.60	Teldane	ML

REPATRIATION

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SENSORY ORGANS								
OPHTHALMOLOGICALS								
Mydriatics and cycloplegics								
• <i>Sympathomimetics excl. antiglaucoma preparations</i>								
	PHENYLEPHRINE HYDROCHLORIDE							
4033G	Eye drops 1.2 mg per mL (0.12%), 15 mL	‡1	5	..	9.56	2.60	Isopto Frin	AG
Decongestants and antiallergics								
• <i>Sympathomimetics used as decongestants</i>								
	ANTAZOLINE with NAPHAZOLINE							
4031E	Eye drops 5 mg (sulfate)- 250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL	‡1	5	..	9.04	2.60	Antistine-PrivineCG	
4032F	Eye drops 5 mg (phosphate)- 500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	5	..	9.84	2.60	Albalon-A	AG
	NAPHAZOLINE HYDROCHLORIDE							
4035J	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	5		9.56 9.69	2.60 2.60	Naphcon Forte Albalon Liquifilm	AG AG
	ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE							
4034H	Eye drops 2.5 mg-1.2 mg per mL (0.25%-0.12%), 15 mL	‡1	5	..	9.69	2.60	Prefrin-Z Zincfrin	AG AG
OTOLOGICALS								
Other otologicals								
• <i>Indifferent preparations</i>								
	DICHLOROBENZENE, CHLOROBUTOL and TURPENTINE OIL							
4180B	Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL	‡1	..	..	10.62	2.60	Cerumol	AC
	DOCUSATE SODIUM							
4199B	Ear drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	11.60	2.60	Waxsol	NE
VARIOUS								
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• <i>Drugs for treatment of chronic alcoholism</i>								
	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	..	17.25	2.60	Antabuse	JC

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- Drugs for treatment of hyperkalemia**

SODIUM POLYSTYRENE
SULFONATE

CAUTION:

For use in the treatment of renal disease.

4470G	Oral powder 454 g	‡1	2	..	62.19	2.60	Resonium-A	SW
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ALL OTHER NON-THERAPEUTIC PRODUCTS

All other non-therapeutic products

- Other non-therapeutic auxiliary products**

LUBRICATING AGENT

4318G	Jelly 60 g	‡1	..	..	7.50	2.60	Surgical Lubricating Gel	WE
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SECTION 2

AIDS TO TREATMENT

Note: A number following the proprietary name denotes manufacturer's code

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	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	..	8.25	2.60	Depend Undergarments 1651 KC
4715E	Pack of 20	‡1	10	..	9.03	2.60	Softze Absorbent Pad Light 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	..	..	*14.49	2.60	Softze Stretch Pants 56514 BS
4604H	Medium, 2	3	..	..	*16.02	2.60	Softze Stretch Pants 56515 BS
4602F	Large, 2	3	..	..	*18.33	2.60	Softze Stretch Pants 56516 BS
INHALATION DEVICE							
4634X	Device	‡1	..	..	12.71	2.60	Volumatic 10359 GL
				..	15.66	2.60	Bricanyl Nebuhaler 2022 AP
INHALATION LEVER DEVICE FOR METERED AEROSOL							
4633W	Device	‡1	..	..	3.62	2.60	Haleraid GL
INJECTION SITE PREPARATION SWAB							
4616Y	Swabs containing isopropyl alcohol 0.7 mL per mL (70%), 100	‡1	1	..	3.69	2.60	Medi Swab 1000H SN
NASAL INSUFFLATOR							
4635Y	Nasal insufflator	‡1	..	..	7.26	2.60	Rynacrom FC
ROTAHALERS							
4638D	Rotahaler	‡1	..	..	4.80	2.60	Becotide GL
4637C	Rotahaler	‡1	..	..	4.80	2.60	Ventolin GL
SPINHALER							
4636B	Spinhaler	‡1	..	..	7.04	2.60	Intal FC

SECTION 3

DRESSINGS

Note: A number following the proprietary name denotes manufacturer's code

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4717G	BANDAGE CALICO TRIANGULAR Bandage large size	‡1	..	..	7.97	2.60	Handy 5608	BE
4718H	BANDAGE COHESIVE Bandages 2.5 cm x 4 m, 2	‡1	..	..	6.54	2.60	Handygauze 8631	BE
4811F	Bandage 5 cm x 1.3 m	2	..	..	*8.20	2.60	Peg 7420	BK
4719J	Bandage 6 cm x 4 m	2	..	..	*8.94	2.60	Handygauze 8633	BE
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*11.76	2.60	Peg 7422	BK
4813H	Bandage 10 cm x 1.3 m	2	..	..	*15.76	2.60	Peg 7423	BK
4814J	Bandage 15 cm x 1.3 m	2	..	..	*21.84	2.60	Peg 7425	BK
4720K	BANDAGE COTTON CONFORMING Bandage 2.5 cm x 1.5 m	5	..	..	*13.20	2.60	Handy-Band 9483	BE
4721L	Bandage 5 cm x 1.5 m	5	..	..	*15.25	2.60	Handy-Band 9485	BE
4722M	Bandage 7.5 cm x 1.5 m	5	..	..	*19.95	2.60	Handy-Band 9488	BE
4723N	Bandage 10 cm x 1.5 m	5	..	..	*25.45	2.60	Handy-Band 9490	BE
4727T	BANDAGE COTTON CREPE HEAVY Bandage 5 cm x 2.3 m	2	..	..	*11.08 *13.26	2.60 2.60	Telfa 8252F Elastocrepe 300501	KE SN
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*15.42 *17.92	2.60 2.60	Telfa 8253F Elastocrepe 307501	KE SN
4729X	Bandage 10 cm x 2.3 m	2	..	..	*20.34 *24.16	2.60 2.60	Telfa 8254F Elastocrepe 301001	KE SN
4820Q	BANDAGE ELASTIC CONFORMING Bandage 2.5 cm	5	..	..	*9.15	2.60	Conform 2230	KE
4821R	Bandage 5 cm	5	..	..	*10.20	2.60	Conform 2231	KE
4802R	Bandage 5 cm x 1.8 m	5	..	..	*12.00	2.60	Telfa 8182	KE
4822T	Bandage 7.5 cm	5	..	..	*11.50	2.60	Conform 2232	KE
4803T	Bandage 7.5 cm x 1.8 m	5	..	..	*15.00	2.60	Telfa 8183	KE
4823W	Bandage 10 cm	5	..	..	*12.25	2.60	Conform 2236	KE
4804W	Bandage 10 cm x 1.8 m	5	..	..	*18.75	2.60	Telfa 8184	KE
4824X	Bandage 15 cm	5	..	..	*18.55	2.60	Conform 2238	KE

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4736G	BANDAGE HIGH COMPRESSION Bandage 7.5 cm x 3 m	5	..	..	*68.55	2.60	Tensopress 4347	SN
				..	*69.00	2.60	Setopress 3504	BT
4748X	Bandage 10 cm x 3 m	5	..	..	*78.00	2.60	Setopress 3505	BT
				..	*99.85	2.60	Tensopress 4348	SN
4744Q	BANDAGE PLASTER OF PARIS Bandage 5 cm x 2.75 m	5	..	..	*35.70	2.60	Gypsona S5002	SN
4745R	Bandage 7.5 cm x 2.75 m	5	..	..	*39.85	2.60	Gypsona S5003	SN
4746T	Bandage 10 cm x 2.75 m	5	..	..	*49.20	2.60	Gypsona S5004	SN
4747W	Bandage 15 cm x 2.75 m	5	..	..	*65.70	2.60	Gypsona S5006	SN
4855M	BANDAGE TUBULAR Bandage 6.25 cm x 1 m	‡1	..	..	11.78	2.60	Tubigrip B	BT
4856N	Bandage 6.75 cm x 1 m	‡1	..	..	11.78	2.60	Tubigrip C	BT
4857P	Bandage 7.5 cm x 1 m	‡1	..	..	11.78	2.60	Tubigrip D	BT
4858Q	Bandage 8.75 cm x 1 m	‡1	..	..	11.78	2.60	Tubigrip E	BT
4859R	Bandage 10 cm x 1 m	‡1	..	..	11.78	2.60	Tubigrip F	BT
4798M	BANDAGE TUBULAR FINGER Complete pack including applicator	‡1	..	..	10.53	2.60	Tubegauz 14001	SO
4726R	Refill	‡1	..	..	6.48	2.60	Tubegauz 14002	SO
4797L	BANDAGE TUBULAR SHAPED LONG Medium C/E	‡1	..	..	20.03	2.60	Tubigrip 1483	BT
4799N	Large D/F	‡1	..	..	20.03	2.60	Tubigrip 1484	BT
4800P	X/Large E/G	‡1	..	..	20.03	2.60	Tubigrip 1485	BT
4815K	BANDAGE TUBULAR SHAPED SHORT Medium C/D	‡1	..	..	12.80	2.60	Tubigrip 1480	BT
4816L	Large D/E	‡1	..	..	12.80	2.60	Tubigrip 1481	BT
4750B	BANDAGE ZINC PASTE Bandage 7.5 cm x 6 m	2	..	..	*60.88	2.60	Viscopaste 4948A	SN
4749Y	Bandage 8 cm x 5 m (compression)	4	3	..	*76.88	2.60	Gelocast Elastic	BE
4752D	BANDAGE ZINC PASTE and ICHTHAMMOL Bandage 7.5 cm x 6 m	2	..	..	*60.88	2.60	Ichthopaste 4959	SN
4701K	COTTON WOOL ROLL Roll 100 g	‡1	2	..	4.05	2.60	JJ 02013	JJ
4702L	Roll 375 g	‡1	2	..	11.97	2.60	JJ 02011	JJ

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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.								
4825Y	Sterile ropes 2 g, 6	‡1	1	..	61.26	2.60	Algoderm H7993	CC
4830F	Sterile single sachet 5 cm x 5 cm	10	1	..	*42.80	2.60	Kaltostat 010154	FA
4826B	Sterile single sachets 5 cm x 5 cm, 10	‡1	1	..	34.56	2.60	Algoderm H7995	CC
4827C	Sterile single sachets 9.5 cm x 9.5 cm, 10	‡1	1	..	72.24	2.60	Algoderm H7994	CC
4831G	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	90.00	2.60	Sorbsan	BT
4832H	Sterile single unit 2 g packing	10	1	..	*116.60	2.60	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	..	*125.30	2.60	Kaltocarb 015741	FA
DRESSING ELASTIC ADHESIVE								
4754F	Dressing 6 cm x 1 m	‡1	..	..	5.15	2.60	Elastoplast 4025	SN
4817M	Sterile single sachets 5 cm x 7.2 cm, 5	2	..	..	*6.90	2.60	Cutiplast Steril	BE
4818N	Sterile single sachets 8 cm x 10 cm, 5	2	..	..	*13.90	2.60	Cutiplast Steril	BE
DRESSING HYDROACTIVE CAVITY								
4918W	Dressings 5 cm x 6 cm, 10	‡1	1	..	136.77	2.60	Cutinova Cavity 47571	BE
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*264.72	2.60	Cutinova Cavity 47573	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	..	47.18	2.60	Cutinova Hydro 47441	BE
4886E	Sterile single sachets 10 cm x 10 cm, 5	‡1	3	..	36.69	2.60	Cutinova Hydro 47443	BE
				..	37.05	2.60	DuoDERM CGF H7660	CC

continued

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	DRESSING HYDROCOLLOID —cont.							
4887F	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	66.00	2.60	Cornfeel Ulcer Dressing 3213	CT
	DRESSING HYDROCOLLOID 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.							
4904D	Sterile single packs 14 cm spiral, 10	‡1	1	..	69.11	2.60	DermaSORB H7983	CC
	DRESSING HYDROCOLLOID with BORDER							
	NOTE: These dressings should remain in place until saturated or strike through occurs for a maximum of 7 days.							
4902B	Sterile single sachets 10 cm x 10 cm, 5	2	1	..	*100.54	2.60	DuoDERM CGF Border H7971	CC
4903C	Sterile single sachets 10 cm x 13 cm, 5	2	1	..	*119.38	2.60	DuoDERM CGF Border H7973	CC
	DRESSING HYDROCOLLOID THIN							
4905E	Sterile single sachets 5 cm x 6 cm, 10	‡1	1	..	49.43	2.60	Cutinova Thin 47576	BE
4888G	Sterile single sachets 5 cm x 7 cm, 10	‡1	1	..	33.15	2.60	Cornfeel Transparent 3507	CT
4889H	Sterile single sachets 9 cm x 14 cm, 10	‡1	1	..	79.20	2.60	Cornfeel Transparent 3514	CT
4906F	Sterile single sachets 10 cm x 10 cm, 5	2	1	..	*69.96	2.60	Cutinova Thin 47578	BE
4907G	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	62.82	2.60	DuoDERM Extra Thin H7955	CC
	DRESSING 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.							
4911L	Dressing 9.5 cm x 10.2 cm	10	1	..	*97.70	2.60	Nu-Gel 62497	JJ
4894N	Sterile single sachets 25 g, 10	‡1	1	..	106.95	2.60	Intrasite Gel 7313	SN
4912M	Sterile single tube dressings 15 g, 10	‡1	1	..	56.54	2.60	DuoDERM Gel H7990	CC

continued

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpis	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4913N	DRESSING HYDROGEL—cont. Sterile single tube dressings 30 g, 3	3	1	..	*80.10	2.60	DuoDERM Gel H7987	CC
4914P	Sterile single tube dressing 50 g	10	1	..	*68.10	2.60	Solugel 10336	JJ
4909J	DRESSING NON-ADHERENT Sterile single sachet 7.6 cm x 7.6 cm	10	1	..	*8.00	2.60	Adaptic 10511	JJ
4755G	DRESSING NON-ADHERENT DRY ABSORBENT Sterile single pack 5 cm x 7.5 cm	10	..	..	*5.40	2.60	Telfa 1961C	KE
4758K	Sterile single pack 7.5 cm x 10 cm	10	..	..	*8.30	2.60	Telfa 2132C	KE
4860T	Sterile single sachets 5 cm x 5 cm, 5	2	..	..	*6.88 *7.06	2.60 2.60	Cutilin Melolin 101720	BE SN
4862X	Sterile single sachets 10 cm x 10 cm, 3	3	..	..	*13.92	2.60	Cutilin	BE
4861W	Sterile single sachets 10 cm x 10 cm, 10	‡1	..	..	20.63	2.60	Melolin 4933	SN
4759L	DRESSING PARAFFIN GAUZE Sterile sachets 10 cm x 10 cm, 10	‡1	..	..	11.60	2.60	Jelonet 7404	SN
4845B	DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE Sterile sachets 10 cm x 10 cm, 10	‡1	2		12.39 15.45	2.60 2.60	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	..	19.65	2.60	Lyof foam	BT
4891K	Sterile single sachets 10 cm x 10 cm, 5	‡1	3	..	22.95	2.60	Lyof foam	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	..	..	210.27	2.60	Lyof foam C	BT
4893M	DRESSING POLYURETHANE TRANSPARENT FILM Sterile single sachets 10 cm x 12 cm, 10	‡1	1	..	18.75	2.60	Op-Site Flexigrid 4629	SN

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT								
4843X	Sterile sachets 5 cm x 7.5 cm, 10	‡1	2	..	7.13	2.60	Telfa 6020C	KE
4844Y	Sterile sachets 7.5 cm x 10 cm, 6	‡1	2	..	7.13	2.60	Telfa 7650C	KE
DRESSING TRANSPARENT WATERPROOF ISLAND								
4898T	Sterile single sachets 5 cm x 7.2 cm, 5	2	..	..	*16.54	2.60	Cutifilm Plus	BE
4899W	Sterile single sachets 8 cm x 10 cm, 5	2	..	..	*28.36	2.60	Cutifilm Plus	BE
FELT PAD CORN								
4775H	Pads, oval, 9	‡1	..	..	6.48	2.60	SO 12011	SO
4764R	Pads, round, 9	‡1	..	..	6.48	2.60	SO 12010	SO
FOAM CUSHION BUNION								
4809D	Cushions, 4	‡1	..	..	6.48	2.60	SO 12023	SO
FOAM CUSHION CALLOUS								
4810E	Cushions, 4	‡1	..	..	6.48	2.60	SO 12022	SO
GAUZE ABSORBENT PAD								
4707R	Pads 5 cm x 5 cm, 100	‡1	..	..	8.42	2.60	Handy 5672	BE
4710X	Pads 7.5 cm x 7.5 cm, 100	‡1	..	..	15.39	2.60	Handy 5673	BE
4708T	Pads 10 cm x 10 cm, 100	‡1	..	..	23.61	2.60	Handy 5674	BE
4807B	Sterile single packs 5 cm x 5 cm, 100	‡1	..	..	37.50	2.60	Curity 3381	KE
4709W	Sterile single packs 7.5 cm x 7.5 cm, 100	‡1	..	..	48.75	2.60	Curity 6132	KE
4808C	Sterile single packs 10 cm x 10 cm, 100	‡1	..	..	63.00	2.60	Curity 6309	KE
GAUZE and COTTON TISSUE (COMBINE ROLL)								
4767X	Wrapped pack 9 cm x 10 m	‡1	..	..	8.04	2.60	SN 121054A	SN
4761N	Wrapped pack 10 cm x 10 m	‡1	..	..	8.51	2.60	JJ 12010	JJ
GAUZE EYE PADS								
4768Y	Pads, 12	‡1	..	..	7.13	2.60	Curity 4112	KE
GAUZE POVIDONE-IODINE PAD								
4779M	Sterile sachets 22.5 cm x 7.5 cm, 12	‡1	2	..	36.38	2.60	Betadine	FA
GLOVES PLASTIC (DISPOSABLE)								
NOTE: For occlusive dressing use only.								
4772E	Gloves, small, 100	‡1	..	..	6.39	2.60	Handy 4207	BE
4773F	Gloves, medium, 100	‡1	..	..	6.39	2.60	Handy 4208	BE
4774G	Gloves, large, 100	‡1	..	..	6.39	2.60	Handy 4209	BE

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4777K	LAMBS' WOOL Sterile single pack	‡1	..	..	6.48	2.60	SO 12076	SO
4711Y	LINT ABSORBENT Pack 50 g	‡1	..	..	8.31	2.60	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.							
4896Q	Sterile tube 30 g	10	1	..	*141.30	2.60	DuoDERM Paste H7930	CC
4895P	Sterile tube 50 g	2	3	..	*33.84	2.60	Comfeel Paste 4701	CT
4780N	PLASTER ADHESIVE ELASTIC Roll 2.5 cm x 2.5 m	‡1	..	..	6.83	2.60	Leukoplast 1071	BE
4781P	Roll 5 cm x 2.5 m	‡1	..	..	13.02	2.60	Leukoplast 1072	BE
4733D	Roll 5 cm x 2.75 m	‡1	..	..	8.09	2.60	Elastoplast 186101	SN
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	..	16.85	2.60	Leukoplast 1073	BE
4734E	Roll 7.5 cm x 2.75 m	‡1	..	..	9.12	2.60	Elastoplast 186001	SN
4735F	Roll 10 cm x 2.75 m	‡1	..	..	16.67	2.60	Elastoplast 1004	SN
4783R	PLASTER ADHESIVE HYPOALLERGENIC Roll 1.25 cm x 5 m	‡1	..	..	4.55	2.60	Leukopor 2471	BE
4785W	Roll 1.25 cm x 5 m	‡1	..	..	4.55	2.60	Leukosilk 1021	BE
4794H	Roll 2.5 cm x 5 m	‡1	..	..	7.34	2.60	Leukopor 2472	BE
4787Y	Roll 2.5 cm x 5 m	‡1	..	..	7.34	2.60	Leukosilk 1022	BE
4863Y	Roll 2.5 cm x 10 m	‡1	..	..	9.95	2.60	Hypafix 4208	SN
4788B	Roll 5 cm x 5 m	‡1	..	..	11.60	2.60	Leukoflex 1124	BE
4790D	Roll 5 cm x 5 m	‡1	..	..	11.37	2.60	Leukopor 2474	BE
4789C	Roll 5 cm x 5 m	‡1	..	..	11.37	2.60	Leukosilk 1024	BE
4870H	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	4.14	2.60	Duropore 2610 MM	
4868F	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	4.14	2.60	Micropore R3	MM
4872K	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	4.14	2.60	Micropore Skintone RF7	MM
4875N	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	5.90	2.60	Duropore 2611	MM

continued

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
PLASTER ADHESIVE							
HYPOALLERGENIC—cont.							
4873L	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	5.90	2.60	Micropore R4 MM
4877Q	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	5.90	2.60	Micropore Skintone RF8 MM

SECTION 4

STANDARD PACKS AND PRICES

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
REPATRIATION PHARMACEUTICAL BENEFITS—SECTION 1				
4117Q	Aluminium Hydroxide with Magnesium Hydroxide and Simethicone	400 mg-400 mg-30 mg	100 @ 7.85	PD
4118R		400 mg-400 mg-30 mg per 5 mL, 375 mL	1 @ 5.79	PD
4055K	Calcium Carbonate with Glycine	420 mg-180 mg	100 @ 4.86	MM
4246L	Glycerol	2.8 g, 12	1 @ 3.27	PP
4037L	Hydrocortisone with Cinchocaine Hydrochloride	5 mg-5 mg per g, 2 g, 5	1 @ 7.77	RL
4576W	Nicotine	Approx. 5 mg per 16 hours, 7	1 @ 15.03	PS
4571N		Approx. 7 mg per 24 hours, 7	1 @ 20.56	ML
4577X		Approx. 10 mg per 16 hours, 7	1 @ 20.57 1 @ 16.56	CG PS
4572P		Approx. 14 mg per 24 hours, 7	1 @ 22.56	CG
4578Y		Approx. 15 mg per 16 hours, 7	1 @ 22.65 1 @ 18.35	ML PS
4573Q		Approx. 21 mg per 24 hours, 7	1 @ 25.09	ML
4489G	Urokinase	100,000 i.u. set	1 @ 25.22 1 @ 125.31	CG SG
REPATRIATION PHARMACEUTICAL BENEFITS—SECTION 2				
4603G	Absorbent Napkins Pants	Small, 2	1 @ 4.83	BS
4604H		Medium, 2	1 @ 5.34	BS
4602F		Large, 2	1 @ 6.11	BS
REPATRIATION PHARMACEUTICAL BENEFITS—SECTION 3				
4811F	Bandage Cohesive	5 cm x 1.3 m	1 @ 4.10	BK
4719J		6 cm x 4 m	1 @ 4.47	BE
4812G		7.5 cm x 1.3 m	1 @ 5.88	BK
4813H		10 cm x 1.3 m	1 @ 7.88	BK
4814J		15 cm x 1.3 m	1 @ 10.92	BK
4720K	Bandage Cotton Conforming	2.5 cm x 1.5 m	1 @ 2.64	BE
4721L		5 cm x 1.5 m	1 @ 3.05	BE
4722M		7.5 cm x 1.5 m	1 @ 3.99	BE
4723N		10 cm x 1.5 m	1 @ 5.09	BE
4727T	Bandage Cotton Crepe Heavy	5 cm x 2.3 m	1 @ 5.54	KE
4728W		7.5 cm x 2.3 m	1 @ 6.63 1 @ 7.71	SN KE
4729X		10 cm x 2.3 m	1 @ 8.96 1 @ 10.17	SN KE
4820Q	Bandage Elastic Conforming	2.5 cm	1 @ 12.08	SN
4821R		5 cm	1 @ 1.83	KE
4802R		5 cm x 1.8 m	1 @ 2.04	KE
4822T		7.5 cm	1 @ 2.40	KE
4803T		7.5 cm x 1.8 cm	1 @ 2.30	KE
4823W		10 cm	1 @ 3.00	KE
4804W		10 cm x 1.8 m	1 @ 2.45	KE
4824X		15 cm	1 @ 3.75	KE
4736G	Bandage High Compression	7.5 cm x 3 m	1 @ 3.71	KE
4748X		10 cm x 3 m	1 @ 13.71 1 @ 13.80	SN BT
4744Q	Bandage Plaster Of Paris	5 cm x 2.75 m	1 @ 15.60	BT
4745R		7.5 cm x 2.75 m	1 @ 19.97	SN
4746T		10 cm x 2.75 m	1 @ 7.14	SN
4747W		15 cm x 2.75 m	1 @ 7.97	SN
4750B	Bandage Zinc Paste	7.5 cm x 6 m	1 @ 9.84	SN
4749Y		8 cm x 5 m	1 @ 13.14	SN
4752D	Bandage Zinc Paste and Ichthammol	7.5 cm x 6 m	1 @ 30.44 1 @ 19.22	SN BE

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
4830F	Dressing Alginate	5 cm x 5 cm	1 @ 4.28	FA
4832H		2 g	1 @ 11.66	FA
4837N	Dressing Alginate with Charcoal	7.5 cm x 12 cm	1 @ 12.53	FA
4817M	Dressing Elastic Adhesive	5 cm x 7.2 cm, 5	1 @ 3.45	BE
4818N		8 cm x 10 cm, 5	1 @ 6.95	BE
4919X	Dressing Hydroactive Cavity	10 cm x 10 cm, 5	1 @ 132.36	BE
4902B	Dressing Hydrocolloid with Border	10 cm x 10 cm, 5	1 @ 50.27	CC
4903C		10 cm x 13 cm, 5	1 @ 59.69	CC
4906F	Dressing Hydrocolloid Thin	10 cm x 10 cm, 5	1 @ 34.98	BE
4911L	Dressing Hydrogel	9.5 cm x 10.2 cm	1 @ 9.77	JJ
4913N		30 g, 3	1 @ 26.70	CC
4914P		50 g	1 @ 6.81	JJ
4909J	Dressing Non-Adherent	7.6 cm x 7.6 cm	1 @ 0.80	JJ
4755G	Dressing Non-Adherent Dry Absorbent	5 cm x 7.5 cm	1 @ 0.54	KE
4758K		7.5 cm x 10 cm	1 @ 0.83	KE
4860T		5 cm x 5 cm, 5	1 @ 3.44	BE
			1 @ 3.53	SN
4862X		10 cm x 10 cm, 3	1 @ 4.64	BE
4898T	Dressing Transparent Waterproof Island	5 cm x 7.2 cm, 5	1 @ 8.27	BE
4899W		8 cm x 10 cm, 5	1 @ 14.18	BE
4896Q	Paste Hydrocolloid	30 g	1 @ 14.13	CC
4895P		50 g	1 @ 16.92	CT

Generic/Proprietary Index
for
PBS and RPBS Schedules

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