



SCHEDULE OF PHARMACEUTICAL BENEFITS

**FOR APPROVED PHARMACISTS
AND MEDICAL PRACTITIONERS**

**COMMONWEALTH
DEPARTMENT OF
HEALTH AND FAMILY
SERVICES**

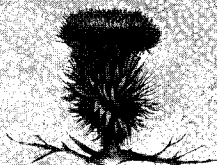
EFFECTIVE FROM 1 NOVEMBER 1996

The Schedule of Pharmaceutical Benefits contains a comprehensive listing of drugs and medicinal preparations subsidised by the Government under the Pharmaceutical Benefits Scheme.

Doctors in private practice and approved pharmacists receive complimentary copies by mail.

Change of address should be notified to the relevant State Office of the Health Insurance Commission.

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Sales inquiries only:

TEL: (02) 9648 3333

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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.

COMMONWEALTH DEPARTMENT OF HEALTH AND FAMILY SERVICES

**SCHEDULE OF
PHARMACEUTICAL BENEFITS**

**for
Approved Pharmacists
and
Medical Practitioners**

**OPERATIVE FROM 1 NOVEMBER 1996
(ALL PREVIOUS EDITIONS CANCELLED)**

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BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND WHICH MAY BE SUBSTITUTED WITH EFFECT FROM 1 NOVEMBER 1996

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	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Adalat 20</i>	Tablet 20 mg	60	1.55	<i>Adapine 20; 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	1.52	<i>Aldopren 250; Hydopa; Nudopa 250 mg</i>
<i>Amoxil</i>	Capsule 250 mg	20	0.43	<i>Alphamox 250; Ampexin 250; Cilamox; Fisamox 250; Moxacin</i>
	Capsule 500 mg	20	0.53	<i>Alphamox 500; Ampexin 500; Cilamox; Fisamox 500; Moxacin</i>
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.23	<i>Alphamox 125; Cilamox; Fisamox; Moxacin</i>
<i>Amoxil Forte</i>	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.36	<i>Alphamox 250; Cilamox; Moxacin 250</i>
<i>Anafranil</i>	Tablet 25 mg	50	1.19	<i>Placil</i>
<i>Androcur</i>	Tablet 50 mg	20	1.50	<i>Cyprone</i>
	Tablet 50 mg	100	1.80	<i>Cyprone</i>
<i>Betaloc</i>	Tablet 50 mg	100	1.10	<i>Minax 50</i>
	Tablet 100 mg	60	1.10	<i>Minax 100</i>
<i>Brevinor</i>	Tablets 500 micrograms-35 micrograms, 21	4	2.48	<i>Norimin 28 Day</i>
	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	6.08	<i>Norimin 28 Day</i>
<i>Brevinor-1</i>	Tablets 1 mg-35 micrograms, 21	4	2.48	<i>Norimin-1 28 Day</i>
	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	6.08	<i>Norimin-1 28 Day</i>
<i>Canesten</i>	Lotion 10 mg per mL (1%), 20 mL	1	1.00	<i>Lotremim</i>
	Pessaries 100 mg, 6	1	1.00	<i>Gyne-Lotrimin; Hiderm</i>
	Vaginal cream 50 mg per 5 g (1%), 35 g	1	1.01	<i>Gyne-Lotrimin</i>
<i>Canesten 1</i>	Pessary 500 mg	1	1.00	<i>Hiderm 1</i>
<i>Capoten</i>	Tablet 12.5 mg	90	1.22	<i>Acenorm 12.5 mg; Enzace 12.5 mg</i>
	Tablet 25 mg	90	1.22	<i>Acenorm 25 mg; Enzace 25 mg</i>
	Tablet 50 mg	90	1.22	<i>Acenorm 50 mg; Enzace 50 mg</i>
<i>Carafate</i>	Tablet equivalent to 1 g anhydrous sucralfate	120	1.65	<i>Ulcyte</i>
<i>Cardizem</i>	Tablet 60 mg	90	1.00	<i>Cardcal 60; Coras; Dilzem 60 mg; WL-Diltiazem 60</i>
<i>Cisplatin (BL)</i>	I.V. injection 10 mg in 10 mL	1	0.22	<i>DW brand</i>
	I.V. injection 50 mg in 50 mL	1	0.55	<i>DW brand</i>
<i>Clinoril</i>	Tablet 100 mg	100	1.02	<i>Acilin; Clusinol 100; Saldac 100 mg</i>
<i>Clinoril 200</i>	Tablet 200 mg	50	1.54	<i>Acilin 200; Clusinol 200; Saldac 200 mg</i>
<i>Clomid</i>	Tablet 50 mg	10	10.02	<i>Serophene</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>Cordilox SR</i>	Tablet 240 mg (sustained release)	30	1.00	<i>Anpec SR</i>
<i>Daonil</i>	Tablet 5 mg	100	1.00	<i>Glimel</i>
<i>Depo-Provera</i>	Injection 150 mg in 1 mL	1	3.30	<i>Depo-Ralovera</i>
<i>Diabex</i>	Tablet 500 mg	100	1.10	<i>Diaformin</i>
<i>Diabex 850</i>	Tablet 850 mg	60	1.10	<i>Diaformin 850</i>
<i>Diprosone</i>	Cream 500 micrograms per g (0.05%), 15 g	1	1.11	<i>Eleuphrat</i>
	Ointment 500 micrograms per g (0.05%), 15 g	1	1.11	<i>Eleuphrat</i>
	Lotion 500 micrograms per g (0.05% w/w), 30 mL	1	0.98	<i>Eleuphrat</i>
<i>Doryx</i>	Capsule 50 mg	25	0.56	<i>BL brand</i>
	Capsule 100 mg	28	2.68	<i>BL brand</i>
	Capsule 100 mg	21	1.39	<i>BL brand</i>
	Capsule 100 mg	7	0.67	<i>BL brand</i>
<i>Duphalac</i>	Mixture 3.34 g per 5 mL, 500 mL	1	1.76	<i>Actilax; Lac-Dol</i>
<i>Dyazide</i>	Tablet 25 mg-50 mg	100	3.50	<i>Hydrene 25/50</i>
<i>E.E.S. Granules</i>	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	1	1.10	<i>E-Mycin 400</i>
<i>E.E.S. 200</i>	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	1	1.10	<i>E-Mycin 200</i>
<i>E.E.S. 400</i>	Tablet 400 mg (base)	25	1.00	<i>E-Mycin</i>
<i>Filmtab</i>				
<i>Epilim EC</i>	Tablet 200 mg (enteric coated)	200	1.00	<i>Valpro 200</i>
	Tablet 500 mg (enteric coated)	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>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Valium</i>	Tablet 2 mg	50	1.15	<i>Antenex 2</i>
	Tablet 5 mg	50	1.15	<i>Antenex 5</i>
<i>Ventolin</i>	Oral pressurised inhalation 100 micrograms 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, 30	2	0.62	<i>Asmol 2.5 uni-dose;</i> <i>Respax 2.5 Sterinebs</i>
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	0.62	<i>Asmol 5 uni-dose;</i> <i>Respax 5 Sterinebs</i>
<i>Vibramycin</i>	Tablet 100 mg	28	2.96	<i>Doxy-100</i>
	Tablet 100 mg	21	2.22	<i>Doxy-100</i>
	Tablet 100 mg	7	0.74	<i>Doxy-100</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 (enteric coated)	50	1.20	<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	0.90	<i>Allorin 100 mg; Progout 100;</i> <i>Zygout 100</i>
	Tablet 300 mg	60	1.21	<i>Allorin 300 mg; Progout 300;</i> <i>Zygout 300</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Feldene</i>	Capsule 10 mg	50	1.76	<i>Candyl 10 mg; Fensaid 10; Mobilis 10; Pirox</i>
	Capsule 20 mg	25	1.87	<i>Candyl 20 mg; Fensaid 20; Mobilis 20; Pirox</i>
<i>Feldene-D</i>	Dispersible tablet 10 mg	50	1.76	<i>Candyl-D 10 mg; Fensaid-D 10; Mobilis D-10</i>
	Dispersible tablet 20 mg	25	1.87	<i>Candyl-D 20 mg; Fensaid-D 20; Mobilis D-20</i>
<i>Flagyl</i>	Tablet 400 mg	21	1.92	<i>Metrogyl 400</i>
	Tablet 200 mg	21	1.91	<i>Metrogyl 200</i>
<i>Flofen</i>	Capsule 250 mg	24	0.20	<i>Staphylex 250</i>
	Capsule 500 mg	24	0.36	<i>Staphylex 500</i>
<i>Floxapen</i>	Capsule 250 mg	24	0.39	<i>Staphylex 250</i>
	Capsule 500 mg	24	0.44	<i>Staphylex 500</i>
<i>Glucophage</i>	Tablet 500 mg	100	1.10	<i>Diaformin</i>
	Tablet 850 mg	60	1.10	<i>Diaformin 850</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	2.56	<i>Arthrexin; Hicin 25 mg; Indomed 25</i>
<i>Intal</i>	Solution for inhalation 20 mg in 2 mL ampoule	120	2.32	<i>Cromese Sterinebs</i>
<i>Isoptin</i>	Tablet 40 mg	100	1.00	<i>Anpec 40</i>
	Tablet 80 mg	100	0.99	<i>Anpec 80</i>
<i>Isoptin SR</i>	Tablet 240 mg (sustained release)	30	1.00	<i>Anpec SR</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>
	Granules for syrup 125 mg per 5 mL, 100 mL	1	1.11	<i>Ibilex 125</i>
	Granules for syrup 250 mg per 5 mL, 100 mL	1	1.11	<i>Ibilex 250</i>
<i>Kenacomb Otic</i>	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	1.10	<i>Otocomb Otic</i>
	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	1.10	<i>Otocomb Otic</i>
<i>Lasix</i>	Tablet 40 mg	100	0.93	<i>Uremide</i>
<i>Ledertrexate</i>	Injection 5 mg in 2 mL	5	9.25	<i>BL brand</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>Lomotil</i>	Tablet 2.5 mg-25 micrograms	20	0.62	<i>Lofenoxal</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>	Tablets 150 micrograms-30 micrograms, 21	4	6.08	<i>Levlen ED</i>
<i>Microgynon 30 ED</i>	Pack containing 21 tablets 150 micrograms- 30 micrograms and 7 inert tablets	4	6.08	<i>Levlen ED</i>
<i>Midamor</i>	Tablet 5 mg	100	2.38	<i>Amidal 5 mg; Kaluril; Midoride 5</i>
<i>Minidiab</i>	Tablet 5 mg	100	0.86	<i>Melizide</i>
<i>Minipress</i>	Tablet 1 mg (base)	100	1.95	<i>Pressin 1</i>
	Tablet 2 mg (base)	100	1.95	<i>Pressin 2</i>
	Tablet 5 mg (base)	100	1.95	<i>Pressin 5</i>
<i>Minomycin</i>	Capsule 100 mg	11	0.23	<i>Akamin 100</i>
<i>Minomycin-50</i>	Tablet 50 mg	60	0.31	<i>Akamin 50</i>
<i>Moduretic</i>	Tablet 50 mg-5 mg	100	2.22	<i>Amizide; Hydrozide; Modizide 50/5</i>
<i>Mogadon</i>	Tablet 5 mg	50	2.00	<i>Alodorm</i>
	Tablet 5 mg	25	1.00	<i>Alodorm</i>
<i>Mylanta</i>	Tablet 200 mg-200 mg	200	0.30	<i>Gelusil</i>
	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	0.30	<i>Gelusil</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 SR750</i>	Tablet 750 mg (sustained release)	28	1.09	<i>Proxen SR 750</i>
<i>Naprosyn SR1000</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>	Tablets 150 micrograms-30 micrograms, 21	4	6.08	<i>Monofeme 28</i>
<i>Nordette 28</i>	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	6.08	<i>Monofeme 28</i>
<i>Noriday 28 Day</i>	Tablets 350 micrograms, 28	4	2.48	<i>Locilan 28 Day</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Normison</i>	Tablet 10 mg	50	2.00	<i>Temtabs</i>
	Capsule 10 mg	50	2.00	<i>Nocturne; Temaze 10</i>
	Tablet 10 mg	25	1.00	<i>Temtabs</i>
	Capsule 10 mg	25	1.00	<i>Nocturne; Temaze 10</i>
<i>Orudis SR</i>	Capsule 100 mg (sustained release)	50	1.60	<i>Oruvail SR</i>
<i>Orudis SR 200</i>	Capsule 200 mg (sustained release)	28	1.36	<i>Oruvail SR</i>
<i>Parlodel</i>	Tablet 2.5 mg	60	1.00	<i>Krypton 2.5</i>
	Capsule 5 mg	60	1.01	<i>Krypton 5</i>
	Capsule 10 mg	100	0.91	<i>Krypton 10</i>
	Tablet 2.5 mg	30	1.01	<i>Krypton 2.5</i>
<i>Prothiaden</i>	Capsule 25 mg	50	1.38	<i>Dothep 25</i>
	Tablet 75 mg	30	1.76	<i>Dothep 75</i>
<i>Provera</i>	Tablet 10 mg	100	1.65	<i>Ralovera</i>
	Tablet 5 mg	56	0.88	<i>Ralovera</i>
	Tablet 10 mg	30	0.88	<i>Ralovera</i>
<i>Prozac 20</i>	Capsule 20 mg (base)	28	1.51	<i>Erocap; Lovan; Zactin</i>
<i>Quinate</i>	Tablet 300 mg	50	0.55	<i>Quinsul</i>
<i>Respolin</i>	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses)	2	1.64	<i>Respax 200</i>
	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	1	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	50	2.82	<i>Alepam 15; Murelax</i>
	Tablet 30 mg	50	2.82	<i>Alepam 30; Murelax</i>
	Tablet 15 mg	25	1.41	<i>Alepam 15; Murelax</i>
	Tablet 30 mg	25	1.41	<i>Alepam 30; Murelax</i>
<i>Sinemet 100/25</i>	Tablet 100 mg-25 mg	100	2.97	<i>Kinson; Sinacarb 100/25</i>
<i>Sofradex</i>	Ear drops 500 micrograms-5 mg- 50 micrograms per mL, 8 mL	1	1.10	<i>Otodex</i>
	Ear ointment 500 micrograms-5 mg- 50 micrograms per g, 5 g	1	1.10	<i>Otodex</i>
<i>Sotacor</i>	Tablet 160 mg	60	1.01	<i>Cardol</i>
<i>Synphasic</i>	Pack containing 12 tablets 500 micrograms- 35 micrograms, 9 tablets 1 mg- 35 micrograms and 7 inert tablets	4	6.08	<i>Improvil 28 Day</i>
<i>Tagamet</i>	Tablet 200 mg	120	1.74	<i>Magicul 200; Sigmatadine; WL-Cimetidine 200</i>
	Tablet 400 mg	60	1.74	<i>Magicul 400; Sigmatadine; WL-Cimetidine 400</i>
	Tablet 800 mg	30	0.59	<i>Magicul 800</i>
<i>Tegretol 200</i>	Tablet 200 mg	200	1.18	<i>Tenil</i>
<i>Tenormin</i>	Tablet 50 mg	30	1.77	<i>Anselol 50 mg; Noten; Tenlol 50; Tensig</i>
<i>Tolvon</i>	Tablet 10 mg	50	0.74	<i>Lerivon; Lumin 10</i>
	Tablet 20 mg	50	0.74	<i>Lerivon; Lumin 20</i>
<i>Trandate</i>	Tablet 100 mg	100	1.00	<i>Presolol 100</i>
	Tablet 200 mg	100	1.05	<i>Presolol 200</i>
<i>Triphasil</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	6.08	<i>Trifeme 28</i>
<i>Triphasil 28</i>	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	6.08	<i>Trifeme 28</i>
<i>Triprim</i>	Tablet 300 mg	7	0.49	<i>Alprim</i>
<i>Triquilar</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	6.08	<i>Logynon ED</i>
<i>Triquilar ED</i>	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	6.08	<i>Logynon ED</i>
<i>Tryptanol</i>	Tablet 10 mg	50	0.60	<i>Amitrol 10 mg; Tryptine 10</i>
	Tablet 25 mg	50	0.61	<i>Amitrol 25 mg; Endep 25; Tryptine 25</i>

CONTENTS

SUMMARY OF CHANGES	Page			Page
ADDRESSES—HEALTH INSURANCE COMMISSION			<i>Approval Conditions</i>	7
AUTHORITY PRESCRIPTION APPLICATIONS			THE SCHEDULE OF PHARMACEUTICAL BENEFITS	
REQUESTS FOR DRUGS VIA THE SPECIAL ACCESS SCHEME (SAS)			<i>Explanatory and Warning Statements</i>	8
POISONS INFORMATION CENTRES			CONDITIONS UNDER WHICH PHARMACEUTICAL BENEFITS MAY BE PRESCRIBED AND SUPPLIED	
DRUG INFORMATION CENTRES			<i>Drugs of Addiction</i>	8
LIST OF CONTACT OFFICERS FOR RECALLS OF THERAPEUTIC GOODS			PRESCRIBING OF PHARMACEUTICAL BENEFITS—PROCEDURE BY MEDICAL PRACTITIONERS AND PARTICIPATING DENTAL PRACTITIONERS	
PRESCRIPTION FORM ORDERING			<i>Prescriptions</i>	9
INDEX OF MANUFACTURERS' CODES			<i>Manner of Administration</i>	9
			<i>Restrictions</i>	10
SECTION 1—LEMON PAGES			<i>Maximum Quantities and Repeats</i>	10
EXPLANATORY NOTES			<i>Authority Prescriptions</i>	11
OUTLINE OF THE SAFETY NET SCHEME			<i>The Authority Prescription Form</i>	11
<i>Safety Net Thresholds</i>	2		<i>Writing of Authority Prescriptions</i>	11
<i>Safety Net Cross-over Arrangements</i>	2		<i>Regulation 24</i>	12
<i>Recording of Prescriptions</i>	2		<i>Emergency Drug (Doctor's Bag) Supplies</i>	12
<i>Hospital Recording on PRFs</i>	3		<i>Urgent Cases</i>	12
<i>Multi-item Forms</i>	3		SUPPLY OF PHARMACEUTICAL BENEFITS—PROCEDURE BY APPROVED PHARMACISTS	
<i>Qualifying Prescriptions</i>	3		<i>Prescriptions</i>	12
<i>Lost Pharmaceutical Benefits Prescription</i>			<i>Suspected Forgery</i>	13
<i>Record Forms</i>	3		<i>Procedure before Supply of Pharmaceutical Benefit</i>	13
<i>Retrospective Entitlement and Refund of Patient Contributions</i>	3		<i>Regulation 24</i>	13
<i>Application for Original Entitlement/Concession Card Issue</i>	4		<i>Deferred Supply</i>	13
<i>Issue of Entitlement/Concession Card</i>	4		<i>Repeat Authorisations</i>	13
<i>Issue of Supplementary Cards</i>	4		<i>Preparation of Repeat Authorisation Form—Repeat Supply</i>	14
<i>Notification to Commission and Claim for Payment</i>	4		<i>Repeat Authorisations for Injectables and Solvents</i>	14
<i>Lost Entitlement/Concession Cards</i>	4		<i>Repeat Authorisations for Deferred Supply</i>	14
<i>Pharmacy Record of Issued Cards</i>	4		<i>Issue of Repeat Authorisations</i>	14
<i>Use of Entitlement/Concession Card</i>	5		<i>Receipts</i>	14
			<i>Emergency Drug (Doctor's Bag) Supplies</i>	15
HEALTH INSURANCE COMMISSION ENTITLEMENT CHECKING POLICY			<i>Urgent Cases</i>	15
ADMINISTRATIVE PROCEDURES FOR ENTITLEMENT CHECKING			<i>Prescription Identifying Numbers</i>	15
<i>General</i>	5			
<i>Step by step</i>	5		PREPARATION AND SUBMISSION OF CLAIMS FOR REIMBURSEMENT—PROCEDURE BY APPROVED PHARMACISTS	
CHARGES TO PATIENTS			PROVISION OF INFORMATION BY AN APPROVED PHARMACIST	
<i>Patient Contribution</i>	6		<i>Entering of Information</i>	15
<i>Special Patient Contribution</i>	6		<i>Prescription Identification Stamp</i>	15
<i>Minimum Pricing Arrangements for PBS</i>			<i>Information to be Entered in Prescription Identification Stamp</i>	16
<i>Schedule Listed Items</i>	6			
<i>Establishment by Eligible Entitlement/Concession Card Holders and Concessional Beneficiaries of Entitlements to Pharmaceutical Benefit Concessions</i>	6			
<i>After Hours</i>	7			
<i>Delivery</i>	7			
<i>Responsibility</i>	7			

	Page
<i>Serial Numbering of Prescriptions, Repeat Authorisations, Authority Forms and Emergency Drug (Doctor's Bag) Order Forms</i>	16
<i>Serial Numbering of an Injectable Item Ordered with a Solvent</i>	16
<i>Serial Numbering of Repeat Authorisations for Authority Prescriptions</i>	16
<i>Serial Numbering of Repeat Authorisations for Deferred Supply</i>	16
<i>Dropper Containers</i>	16
<i>Extemporaneously Prepared Pharmaceutical Benefits which are not Listed in the Standard Formulae List</i>	16
<i>Action to be taken when an Approved Pharmacist is to be paid on an Average Price Basis</i>	17
<i>Action to be taken when an Approved Pharmacist elects to price Non-pre-priced Extemporaneous Preparations</i>	17
<i>Items Not Included in either the PBS or RPBS Schedule of Pharmaceutical Benefits</i>	17
<i>Action by an Approved Pharmacist Supplying a Repeat</i>	17
SUBMISSION OF CLAIMS	
<i>Documents to be Submitted</i>	17
<i>Completion of Claim Form</i>	17
<i>Lodgement of Claims</i>	17
STATEMENT OF ACCOUNT	18
PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR SUPPLY OF PHARMACEUTICAL BENEFITS	
READY PREPARED BENEFITS	
<i>Price where Maximum Quantity Prescribed (Ready Prepared Items)</i>	18
<i>Price where Broken Quantity Prescribed (Ready Prepared Items)</i>	18
<i>Price for Unbranded Prescriptions</i>	19
<i>Unbroken Packs to be Supplied</i>	19
<i>Wastage Table Percentage for Ready Prepared Preparations</i>	19
EXTEMPORANEOUSLY PREPARED PHARMACEUTICAL BENEFITS	
<i>Standard Formulae Items</i>	19
<i>Pricing of Extemporaneous Preparations</i>	19
<i>Pricing of Ingredients</i>	19
<i>Miscellaneous Pricing Rules</i>	19
<i>Pricing Prescriptions where Additional Ingredients have been added to a Specified Formula</i>	20
<i>Containers</i>	20
<i>Special Provisions Governing Payment for Extemporaneous Prescriptions Outside the Standard Formulae List</i>	20
GENERAL	
<i>Pricing Principles</i>	21
<i>Fees and Containers</i>	21
<i>Pricing Dates</i>	21

MISCELLANEOUS

<i>Premises</i>	21
<i>Hours of Supply</i>	21
<i>Approved Medical Practitioners, Friendly Societies</i>	21
<i>Standards</i>	21
<i>References</i>	21
<i>Proper Stocks to be Kept</i>	21
<i>Statement of Stocks</i>	21
<i>Retention of Documents</i>	22
<i>Legislation</i>	22
<i>Enquiries</i>	22

EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

<i>READY PREPARED ITEMS</i>	22
<i>EXTEMPORANEOUSLY PREPARED ITEMS</i>	22
<i>REPATRIATION SCHEDULE ITEM</i>	23

THERAPEUTIC INDEX

SECTION 2

<i>Symbols</i>	2
<i>Emergency Drug (Doctor's Bag) Supplies</i>	4
<i>Special Pharmaceutical Benefits</i>	7
<i>General Pharmaceutical Benefits (including General Statement for Lipid-Lowering Drugs Prescribed as Pharmaceutical Benefits)</i>	8
<i>Pharmaceutical Benefits for Dental Use</i>	137
<i>Items Available under Special Arrangements (s. 100)</i>	159

SECTION 3—BLUE PAGES

<i>Container Prices and Fees for Ready Prepared Pharmaceutical Benefits</i>	
<i>Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits</i>	

SECTION 4—GREEN PAGES

<i>Drug Tariff</i>	2
<i>Container Prices</i>	8
<i>Standard Formulae Preparations</i>	9
<i>Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits</i>	13

REPATRIATION SCHEDULE

Beneficiaries' Entitlement Cards

Explanatory Notes

Therapeutic Index

SECTION 1—Drugs and Medicines

SECTION 2—Aids to Treatment

SECTION 3—Dressings

SECTION 4—Standard Packs and Prices

GENERIC/PROPRIETARY INDEX

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 1996 and all previous editions are cancelled. Schedules are published quarterly, i.e., 1 February, 1 May, 1 August and 1 November each year.

Notification of change of address should be directed to the Pharmaceutical Branch, Health Insurance Commission, in your State capital.

Additional copies of the Schedule may be purchased from:

**J S McMillan Outsourcing
Cnr Derby and Stubbs Streets
SILVERWATER NSW 2141
Tel: (02) 9648 3333
Fax: (02) 9648 4209**

GENERAL STATEMENT FOR LIPID-LOWERING DRUGS PRESCRIBED AS PHARMACEUTICAL BENEFITS

The **revised** general statement, containing details of the qualifying criteria for the prescribing of lipid-lowering drugs, appears on pages 25 and 26 of Section 2. This relates to the prescribing of **Fluvastatin Sodium**, **Gemfibrozil**, **Pravastatin Sodium** and **Simvastatin** as pharmaceutical benefits.

CLOMIPHENE CITRATE TABLET 50 MG

With the addition of *Serophene* brand of **Clomiphene Citrate**, tablet 50 mg (code 1211R) (see page ii), this item has been transferred from the Special Pharmaceutical Benefits part of section 2 into the main body of section 2. A brand price premium applies to *Clomid* brand.

FEES AND PATIENT CONTRIBUTIONS

The following fees and patient contributions apply as at 1 November 1996 —

Composite fees:	Ready-prepared	\$4.29
	Extemporaneously-prepared	\$6.13
Additional fees:	Ready-prepared	\$0.84
	Extemporaneously-prepared	\$1.22
Patient contributions:	General	\$17.40
	Concessional	\$2.70
Safety net thresholds:	General	\$600.00
	Concessional	\$140.40

SUMMARY OF CHANGES

ADDITIONS

Addition of Items

- 8090T **Alendronate Sodium**, tablet equivalent to 40 mg alendronic acid (*Fosamax 40 mg*)
- 8087P **Alprostadil**, intracavernosal injection 5 micrograms in 1 mL (*Caverject*)
- 8088Q **Alprostadil**, intracavernosal injection 10 micrograms in 1 mL (*Caverject*)
- 8089R **Alprostadil**, intracavernosal injection 20 micrograms in 1 mL (*Caverject*)
- 8080G **Altretamine (Hexamethylmelamine)**, capsule 50 mg (*Hexalen*)
- 8083K **Apraclonidine Hydrochloride**, eye drops 5 mg (base) per mL (0.5%), 10 mL (*Iopidine* 0.5%)
- 8094B **Bicalutamide**, tablet 50 mg (*Cosudex*)
- 8092X **Famciclovir**, tablet 125 mg (*Famvir*)
- 8091W **Fluticasone Propionate**, oral pressurised inhalation 125 micrograms per dose (120 doses) (*Flixotide*)
- 3469N **Glucagon Hydrochloride**, injection 1 i.u. with solvent (AZ) (**Doctor's Bag**)
- 8093Y **Goserelin Acetate**, subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe (*Zoladex 10.8 Implant*)
- 8076C **Ifosfamide**, powder for I.V. injection 1 g (*Holoxan*)
- 8077D **Ifosfamide**, powder for I.V. injection 2 g (*Holoxan*)
- 8084L **Insulin Lispro**, injection (human analogue) 100 units per mL, 10 mL (*Humalog*)
- 8085M **Insulin Lispro**, injections (human analogue) 100 units per mL, 1.5 mL, 5 (*Humalog*)
- 8078E **Mesna**, solution for I.V. injection 400 mg in 4 mL (*Uromitexan*)
- 8079F **Mesna**, solution for I.V. injection 1 g in 10 mL (*Uromitexan*)
- 8081H **Oestradiol with Norethisterone Acetate**, pack containing 28 tablets 2 mg-1 mg (*Kliogest*)
- 8086N **Olsalazine Sodium**, tablet 500 mg (*Dipentum*)
- 8100H **Risperidone**, oral solution 1 mg per mL, 100 mL (*Risperdal*)
- 8098F **Testosterone**, subcutaneous implant 100 mg (*OR*)
- 8099G **Testosterone**, subcutaneous implant 200 mg (*OR*)
- 8095C **Thioridazine**, oral suspension 10 mg per mL, 100 mL (*Melleril 1% Suspension*)
- 8096D **Thioridazine**, oral suspension 10 mg per mL, 500 mL (*Melleril 1% Suspension*)
- 8097E **Zuclopenthixol Decanoate**, oily I.M. injection, 200 mg in 1mL (**Clopixol Depot**)

Addition of Brands

- 1884E *Ampexin 250, AD—Amoxycillin*, capsule 250 mg
- 3301R *Ampexin 250, AD—Amoxycillin*, capsule 250 mg (**Dental**)
- 1889K *Ampexin 500, AD—Amoxycillin*, capsule 500 mg
- 3300Q *Ampexin 500, AD—Amoxycillin*, capsule 500 mg (**Dental**)
- 2825Q *BetoQuin, IQ—Betaxolol Hydrochloride*, eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL
- 3117C *SandoCal 600 mg, SZ—Calcium*, tablet 600 mg (as carbonate)
- 1147J *Enzace 12.5 mg, BC—Captopril*, tablet 12.5 mg
- 1148K *Enzace 25 mg, BC—Captopril*, tablet 25 mg
- 1149L *Enzace 50 mg, BC—Captopril*, tablet 50 mg
- 1211R *Serophene, SG—Clomiphene Citrate*, tablet 50 mg

1805B	<i>Paxam 0.5, AF—Clonazepam</i> , tablet 500 micrograms
1806C	<i>Paxam 2, AF—Clonazepam</i> , tablet 2 mg
2702F	<i>Doxy-100, DP—Doxycycline</i> , tablet 100 mg
2714W	<i>Doxy-100, DP—Doxycycline</i> , tablet 100 mg
2709N	<i>Doxy-100, DP—Doxycycline</i> , tablet 100 mg
3321T	<i>Doxy-100, DP—Doxycycline</i> , tablet 100 mg (Dental)
1434L	<i>Erocap, DP—Fluoxetine Hydrochloride</i> , capsule 20 mg (base)
1273B	<i>Fungo Vaginal Cream, EO—Miconazole Nitrate</i> , vaginal cream 100 mg per 5 g (2%), 40 g
1895R	<i>Fensaid-D 10, AD—Piroxicam</i> , dispersible tablet 10 mg
5201R	<i>Fensaid-D 10, AD—Piroxicam</i> , dispersible tablet 10 mg (Dental)
1896T	<i>Fensaid-D 20, AD—Piroxicam</i> , dispersible tablet 20 mg
5202T	<i>Fensaid-D 20, AD—Piroxicam</i> , dispersible tablet 20 mg (Dental)
2105T	<i>Nomapam 10, AD—Temazepam</i> , capsule 10 mg
2108Y	<i>Nomapam 10, AD—Temazepam</i> , capsule 10 mg
5222W	<i>Nomapam 10, AD—Temazepam</i> , capsule 10 mg (Dental)
2971J	<i>Otocomb Otic, BC—Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin</i> , 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
2974M	<i>Otocomb Otic, BC—Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin</i> , 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

BRAND EQUIVALENCE

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

2825Q	<i>Betoptic, AQ—Betaxolol Hydrochloride</i> , eye drops, solution, 5 mg (base) per mL (0.5%), 5mL
1211R	<i>Clomid, ML—Clomiphene Citrate</i> , tablet 50 mg
1805B	<i>Rivotril, RO—Clonazepam</i> , tablet 500 micrograms
1806C	<i>Rivotril, RO—Clonazepam</i> , tablet 2 mg
2702F	<i>Vibramycin, PF—Doxycycline</i> , tablet 100 mg
2714W	<i>Vibramycin, PF—Doxycycline</i> , tablet 100 mg
2709N	<i>Vibramycin, PF—Doxycycline</i> , tablet 100 mg
3321T	<i>Vibramycin, PF—Doxycycline</i> , tablet 100 mg (Dental)
2971J	<i>Kenacomb Otic, BQ—Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin</i> , 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
2974M	<i>Kenacomb Otic, BC—Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin</i> , 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

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

2105T	<i>Euhypnos, SI—Temazepam</i> , capsule 10 mg
2108Y	<i>Euhypnos, SI—Temazepam</i> , capsule 10 mg
5222W	<i>Euhypnos, SI—Temazepam</i> , capsule 10 mg (Dental)

DELETIONS

Deletion of Items

- 3122H **Calcium**, compound effervescent tablet equivalent to 1 g (25 mmol) Ca^{2+} (*Sandocal 1000*)
- 1155T **Cefaclor**, capsule 250 mg (*Ceclor*)
- 5044L **Cefaclor**, capsule 250 mg (*Ceclor*) (**Dental**)
- 1181E **Chloramphenicol with Polymyxin B Sulfate**, eye drops 5 mg (0.5%)-5,000 units per mL, 10 mL (*Chloromycin*)
- 2699C **Gas Gangrene Antitoxin—Mixed (Polyvalent)**, injection: 1 ampoule containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum (CS)
- 5101L **Gas Gangrene Antitoxin—Mixed (Polyvalent)**, injection: 1 ampoule containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum (CS) (**Dental**)
- 1449G **Glucagon Hydrochloride**, injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe (*GlucaGen Hypokit*)
- 5105Q **Glucagon Hydrochloride**, injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe (*GlucaGen Hypokit*) (**Dental**)
- 3467L **Glucagon Hydrochloride**, injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe (*GlucaGen Hypokit*) (**Doctor's Bag**)
(To replace this item, the injection 1 i.u. with diluent (AZ) is included in the Doctor's Bag list on 1 November 1996)
- 1580E **Human Chorionic Gonadotrophin**, injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL (*Profasi 1000*)
- 1584J **Human Chorionic Gonadotrophin**, injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL (*Profasi 1000*)
- 1599E **Human Menopausal Gonadotrophin**, injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinising hormone and 10 ampoules solvent 1 mL (*Pergonal*)
- 1600F **Human Menopausal Gonadotrophin**, injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising hormone and 10 ampoules solvent 1 mL (*Pergonal 150*)
- 2086T **Interferon Alfa-2a**, injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 1 mL (*Roferon-A*) (A ready-prepared form of this item was made available as a pharmaceutical benefit from 1 August 1996)
- 1700L **Oestrone**, pessaries 100 micrograms, 12 (*Kolpon*)
- 1701M **Oestrone**, pessaries 1 mg, 12 (*Kolpon*)
- 1957B **Protamine Sulfate**, injection 10 mg per mL (1%), 10 mL (*BT*)

Deletion of Brands

- 1650W *Aldecin, SH*—**Beclomethasone Dipropionate**, oral pressurised inhalation 50 micrograms per dose (200 doses)
- 1527J *Flucil 500, FC*—**Flucloxacillin**, capsule 500 mg
- 5091Y *Flucil 500, FC*—**Flucloxacillin**, capsule 500 mg (**Dental**)

Extemporaneous Preparations—Drug Tariff

Morphine Hydrochloride BP
Solution — Morphine Hydrochloride BPC 1973

Extemporaneous Preparations—Standard Formulae List

- 7909G **Mixture — Morphine (1 mg/mL) APF**
7910H **Mixture — Morphine Forte (5 mg/mL) APF**

ALTERATIONS

Restricted to Unrestricted

- 2231K **Levodopa with Benserazide**, capsule 100 mg-25 mg (sustained release) (*Madopar HBS*)

Restriction Changes

- 2994N **Calcitonin**, injection (porcine) 160 i.u. with 2 mL gelatin solvent (*Calcitare*)
3000X **Calcitonin**, injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe (*Calsynar*)
2995P **Calcitonin**, injection (salmon) 50 i.u. in 1 mL ampoule (*Miacalcic 50 Kit*)
3001Y **Calcitonin**, injection (salmon) 100 i.u. in 1 mL pre-filled syringe (*Calsynar*)
2997R **Calcitonin**, injection (salmon) 100 i.u. in 1 mL ampoule (*Miacalcic 100 Kit*)
2998T **Calcitonin**, injection (salmon) 400 i.u. in 2 mL vial (*Calsynar*)
2999W **Calcitonin**, injection (synthetic human) 0.5 mg with 1 mL solvent (*Cibacalcin*)
2920Q **Disodium Etidronate**, tablet 200 mg (*Didronel*)
2716Y **Fluticasone Propionate**, oral pressurised inhalation 250 micrograms per dose (120 doses) (*Flixotide*)
2717B **Fluticasone Propionate**, powder for oral inhalation, refill disks (for use in Flixotide Diskhaler) 500 micrograms per dose, 4 doses per disk, 15 (*Flixotide*)

The following restricted benefits, in addition to a change of restriction, no longer require an authority prescription:

- 2242B **Paroxetine Hydrochloride**, tablet 20 mg (base) (*Aropax 20*)
2236Q **Sertraline Hydrochloride**, tablet 50 mg (base) (*Zoloft*)
2237R **Sertraline Hydrochloride**, tablet 100 mg (base) (*Zoloft*)

Notes

The Note has been deleted in respect of **Calcitonin**.

Name and Description of Form

From:

- 1454M **Goserelin**, subcutaneous implant 3.6 g (*Zoladex Implant*)

To:

- 1454M **Goserelin Acetate**, subcutaneous implant 3.6 mg (base) in pre-filled injection syringe (*Zoladex Implant*)

Expression of Maximum Quantity

		From	To
1663M	Oestradiol Valerate , tablet 1 mg (<i>Progynova</i>)	2	56
		(pack of 28)	
1664N	Oestradiol Valerate , tablet 2 mg (<i>Progynova</i>)	2	56
		(pack of 28)	
1776C	Oestriol , tablet 1 mg (<i>Ovestin</i>)	2	60
		(pack of 30)	
1733F	Oestrogens—Conjugated , tablet 300 micrograms (<i>Premarin</i>)	2	56
		(pack of 28)	
1734F	Oestrogens—Conjugated , tablet 625 micrograms (<i>Premarin</i>)	2	56
		(pack of 28)	
1777M	Piperazine Oestrone Sulfate , tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate) (<i>Ogen .625</i>)	2	56
		(pack of 28)	
1778N	Piperazine Oestrone Sulfate , tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate) (<i>Ogen 1.25</i>)	2	56
		(pack of 28)	

Number of Repeats

		From	To
2242B	Paroxetine Hydrochloride , tablet 20 mg (base) (<i>Aropax 20</i>)	2	5
2236Q	Sertraline Hydrochloride , tablet 50 mg (base) (<i>Zoloft</i>)	2	5
2237R	Sertraline Hydrochloride , tablet 100 mg (base) (<i>Zoloft</i>)	2	5

Proprietary Name

3075W	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine , powder 200 g	From: To:	M.S.U.D. AID MSUD AID III
8053W	Glucose Indicator—Blood , reagent strips, 50	From: To:	Betachek EASY Betachek MERIDIAN

Manufacturer's Code

		From	To
1003T	Aciclovir , tablet 200 mg (<i>Zovirax 200 mg</i>)	BW	GW
1007B	Aciclovir , tablet 200 mg (<i>Zovirax 200 mg</i>)	BW	GW
1052J	Aciclovir , tablet 800 mg (<i>Zovirax 800 mg</i>)	BW	GW
1002R	Aciclovir , eye ointment 30 mg per g (3%), 4.5 g (<i>Zovirax</i>)	BW	GW
2600W	Allopurinol , tablet 100 mg (<i>Zyloprim</i>)	BW	GW
2604C	Allopurinol , tablet 300 mg (<i>Zyloprim</i>)	BW	GW
1450H	Amino Acid Formula without Phenylalanine , food supplement powder 500 g (<i>Aminogran F.S.</i>)	GL	GW
1649T	Beclomethasone Dipropionate , capsule containing powder for oral inhalation 100 micrograms (for use in Becotide Rotahaler) (<i>Becotide Rotacaps</i>)	GL	GW
1650W	Beclomethasone Dipropionate , oral pressurised inhalation 50 micrograms per dose (200 doses) (<i>Becotide</i>)	GL	GW
1651X	Beclomethasone Dipropionate , oral pressurised inhalation 100 micrograms per dose (200 doses) (<i>Becotide 100</i>)	GL	GW

1652Y	Beclomethasone Dipropionate , oral pressurised inhalation 250 micrograms per dose (200 doses) (<i>Becloforte</i>)	GL	GW
1657F	Beclomethasone Dipropionate , aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses) (<i>Beconase AQ</i>)	GL	GW
1593W	Beclomethasone Dipropionate , aqueous nasal spray 50 micrograms per dose, 400 doses set containing two pump packs each providing 200 doses (<i>Beconase AQ Twin Pack</i>)	GL	GW
2812B	Betamethasone Valerate , cream 200 micrograms per g (0.02%), 100 g (<i>Betnovate 1/5</i>)	GL	GW
2813C	Betamethasone Valerate , cream 500 micrograms per g (0.05%), 15 g (<i>Betnovate 1/2</i>)	GL	GW
2815E	Betamethasone Valerate , ointment 500 micrograms per g (0.05%), 15 g (<i>Betnovate 1/2</i>)	GL	GW
2814D	Betamethasone Valerate , gel 500 micrograms per g (0.05%), 15 g (<i>Betnovate 1/2</i>)	GL	GW
3117C	Calcium , tablet 600 mg (as carbonate) (<i>Caltrate</i>)	LE	WT
2605D	Digoxin , tablet 62.5 micrograms (<i>Lanoxin-PG</i>)	BW	GW
1322N	Digoxin , tablet 250 micrograms (<i>Lanoxin</i>)	BW	GW
3164M	Digoxin , oral solution for children 50 micrograms per mL, 100 mL (<i>Lanoxin</i>)	BW	GW
1405Y	Ethinylestradiol , tablet 10 micrograms (<i>Estigyn</i>)	GL	GW
1406B	Ethinylestradiol , tablet 20 micrograms (<i>Estigyn</i>)	GL	GW
1407C	Ethinylestradiol , tablet 50 micrograms (<i>Estigyn</i>)	GL	GW
2716Y	Fluticasone Propionate , oral pressurised inhalation 250 micrograms per dose (120 doses) (<i>Flixotide</i>)	GL	GW
2717B	Fluticasone Propionate , powder for oral inhalation, refill disks (for use in Flixotide Diskhaler) 500 micrograms per dose, 4 doses per disk, 15 (<i>Flixotide Disks</i>)	GL	GW
1566K	Labetalol Hydrochloride , tablet 100 mg (<i>Trandate</i>)	GL	GW
1567L	Labetalol Hydrochloride , tablet 200 mg (<i>Trandate</i>)	GL	GW
1608P	Methadone Hydrochloride , tablet 5 mg (<i>Physeptone</i>)	BW	GW
1609Q	Methadone Hydrochloride , tablet 10 mg (<i>Physeptone</i>)	BW	GW
1606M	Methadone Hydrochloride , injection 10 mg in 1 mL (<i>Physeptone</i>)	BW	GW
1451J	Mineral Mixture , powder 250 g (<i>Aminogran M.M.</i>)	GL	GW
2839K	Morphine Sulfate , capsule 20 mg (containing sustained release pellets) (<i>Kapanol</i>)	GL	GW
5240T	Morphine Sulfate , capsule 20 mg (containing sustained release pellets) (<i>Kapanol</i>) (Dental)	GL	GW
2840L	Morphine Sulfate , capsule 50 mg (containing sustained release pellets) (<i>Kapanol</i>)	GL	GW
5241W	Morphine Sulfate , capsule 50 mg (containing sustained release pellets) (<i>Kapanol</i>) (Dental)	GL	GW
2841M	Morphine Sulfate , capsule 100 mg (containing sustained release pellets) (<i>Kapanol</i>)	GL	GW
5242X	Morphine Sulfate , capsule 100 mg (containing sustained release pellets) (<i>Kapanol</i>) (Dental)	GL	GW
1594X	Ondansetron , tablet 4 mg (<i>Zofran</i>)	GL	GW
1595Y	Ondansetron , tablet 8 mg (<i>Zofran</i>)	GL	GW
1596B	Ondansetron , I.V. injection 4 mg in 2 mL (<i>Zofran</i>)	GL	GW
1597C	Ondansetron , I.V. injection 8 mg in 4 mL (<i>Zofran</i>)	GL	GW
1978D	Ranitidine Hydrochloride , tablet 150 mg (base) (<i>Zantac</i>)	GL	GW

1937Y	Ranitidine Hydrochloride , effervescent tablet 150 mg (base) (<i>Zantac</i>)	GL	GW
1977C	Ranitidine Hydrochloride , tablet 300 mg (base) (<i>Zantac</i>)	GL	GW
3087L	Salbutamol , oral pressurised inhalation 100 micrograms per dose (200 doses) (<i>Ventolin</i>)	GL	GW
1098T	Salbutamol Sulfate , tablet 4 mg (base) (<i>Ventolin</i>)	GL	GW
1103C	Salbutamol Sulfate , syrup 2 mg (base) per mL, 300 mL (<i>Ventolin</i>)	GL	GW
1099W	Salbutamol Sulfate , capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler) (<i>Ventolin Rotacaps</i>)	GL	GW
2000G	Salbutamol Sulfate , nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 (<i>Ventolin Nebules</i>)	GL	GW
3496B	Salbutamol Sulfate , nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 (<i>Ventolin Nebules</i>) (Doctor's Bag)	GL	GW
2001H	Salbutamol Sulfate , nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 (<i>Ventolin Nebules</i>)	GL	GW
3497C	Salbutamol Sulfate , nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 (<i>Ventolin Nebules</i>) (Doctor's Bag)	GL	GW
2003K	Salbutamol Sulfate , nebuliser solution 5 mg (base) per mL, 30 mL (<i>Ventolin</i>)	GL	GW
8036Y	Salbutamol Sulfate , powder for oral inhalation, refill disks (for use in Ventolin Diskhaler), 200 micrograms (base) per dose, 8 doses per disk, 15 (<i>Ventolin Disks</i>)	GL	GW
3027H	Salmeterol Xinafoate , oral pressurised inhalation 25 micrograms (base) per dose (120 doses) (<i>Serevent</i>)	GL	GW
8005H	Salmeterol Xinafoate , powder for oral inhalation, refill disks (for use in Serevent Diskhaler), 50 micrograms (base) per dose, 4 doses per disk, 15 (<i>Serevent Disks</i>)	GL	GW
2922T	Trimethoprim , tablet 300 mg (<i>Triprim</i>)	BW	GW
8064K	Valaciclovir , tablet 500 mg (<i>Valtrex</i>)	GL	GW

SECTION 100 ITEMS

The following item has been added to the list of Highly Specialised Drugs Available through Hospital Pharmacies for Out-Patients:

Interferon Alfa-2a, solution for injection 6,000,000 i.u. in 1 mL single use vial (*Roferon-A*)

The following items will be unavailable as from 1 November 1996. Ready-prepared forms of these items were made available as pharmaceutical benefits under Section 100 arrangements from 1 August 1996.

Interferon Alfa-2a, injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 1 mL (*Roferon-A*)

Interferon Alfa-2a, injection set containing 5 vials powder for injection 4,500,000 i.u. and 5 ampoules solvent 1 mL (*Roferon-A*)

Interferon Alfa-2a, injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 1 mL (*Roferon-A*)

ADVANCE NOTICES

DELETIONS—ITEMS

The following items will be deleted from the Schedule of Pharmaceutical Benefits as from 1 February 1997:

Items discontinued by the manufacturer—

- 2704H **Atropine Sulfate**, tablet 600 micrograms (*FM*)
- 1767B **Benzathine Penicillin with Procaine Penicillin and Benzylpenicillin Potassium**, injection set 450 mg-300 mg-187 mg containing 1 vial and 2mL sterilised water for injections (*Bicillin All-Purpose*)
- 5028P **Benzathine Penicillin with Procaine Penicillin and Benzylpenicillin Potassium**, injection set 450 mg-300 mg-187 mg containing 1 vial and 2mL sterilised water for injections (*Bicillin All-Purpose*) (**Dental**)
- 1405Y **Ethinylloestradiol**, tablet 10 micrograms (*Estigyn*)
- 1406B **Ethinylloestradiol**, tablet 20 micrograms (*Estigyn*)
- 1544G **Ipratropium Bromide**, pressurised nasal spray 20 micrograms per dose (200 doses) (*Atrovent Nasal*)
- 1737K **Pancreatin Enzyme**, capsule providing not less than 6,500 BP units of lipase activity (*Viokase*)
- 2973L **Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin**, 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 (*Kenacomb Otic*)

Deletions arising from the 1996-97 Budget:

- 8066M **Bifonazole**, cream 10 mg per g (1%), 15 g (*Mycospor*)
- 1017N **Clotrimazole**, cream 10 mg per g (1%), 20 g (*Canesten*; *Clonea*)
- 1027C **Clotrimazole**, lotion 10 mg per mL (1%), 20 mL (*Canesten*; *Lotremim*)
- 1018N **Clotrimazole**, pessaries 100 mg, 6 (*Canesten*; *Gyne-Lotrimin*; *Hiderm*)
- 1020Q **Clotrimazole**, pessary 500 mg (*Canesten 1*; *Hiderm 1*)
- 1019P **Clotrimazole**, vaginal cream 50 mg per 5 g (1%), 35 g (*Canesten*; *Gyne-Lotrimin*)
- 1006Y **Clotrimazole**, vaginal cream 100 mg per 5 g (2%), 20 g (*Canesten 3*)
- 1364T **Econazole Nitrate**, cream 10 mg per g (1%), 20 g (*Ecostatin*; *Pevaryl*)
- 1365W **Econazole Nitrate**, lotion 10 mg per mL (1%), 20 mL (*Pevaryl*)
- 1366X **Econazole Nitrate**, pessaries 150 mg, 3 (*Ecostatin*; *Pevaryl*)
- 1367Y **Econazole Nitrate**, vaginal cream 75 mg per 5 g (1.5%), 35 g (*Ecostatin*)
- 1574W **Ketoconazole**, shampoo 20 mg per mL (2%), 60 mL (*Nizoral*)
- 1276E **Miconazole Nitrate**, cream 20 mg per g (2%), 20 g (*Monistat Derm*)
- 5160N **Miconazole Nitrate**, cream 20 mg per g (2%), 20 g (*Monistat Derm*) (**Dental**)
- 1277F **Miconazole Nitrate**, pessaries 100 mg, 7 (*Gyno-Daktarin 7*; *Monistat 7*)
- 1273B **Miconazole Nitrate**, vaginal cream 100 mg per 5 g (2%), 40 g (*Fungo Vaginal Cream*; *Gyno-Daktarin 7*; *Monistat 7*)
- 1698J **Nystatin**, cream 100,000 units per g, 15 g (*Mycostatin*; *Nilstat*)
- 3346D **Nystatin**, cream 100,000 units per g, 15 g (*Mycostatin*; *Nilstat*) (**Dental**)
- 1179C **Nystatin**, ointment 100,000 units per g, 15 g (*Mycostatin*; *Nilstat*)
- 3347E **Nystatin**, ointment 100,000 units per g, 15 g (*Mycostatin*; *Nilstat*) (**Dental**)
- 1697H **Nystatin**, pessaries 100,000 units, 15 (*Mycostatin*)
- 1660J **Nystatin**, cream pessaries 100,000 units, 15 (*Nilstat*)
- 3102G **Nystatin**, vaginal cream 100,000 units per dose, 15 doses, 75 g (*Mycostatin*; *Nilstat*)

The following item, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the **Doctor's Bag** list only as from 1 February 1997:

3465J **Erythromycin**, I.M. injection 100 mg in 2 mL (*Erythrocin-I.M.*)

The following drugs, which are no longer readily available from recognised wholesalers, will be deleted from the list of drugs available for extemporaneous preparations on 1 February 1997:

Glucose BP

Oil — Siberian Fir BPC 1949

Oxymel APF 13

Soap — Ethereal APF 1955

Solution — Methyl Hydroxybenzoate APF

Spirit — Chloroform BP

Syrup — Lemon APF

Syrup — Orange BP

Water — Chloroform Concentrated 1 in 40 APF

Wool Alcohols BP

As a result, the following preparation will be deleted from the Standard Formulae List on 1 February 1997:

7911J **Mixture — Potassium Citrate APF**

DELETIONS—BRANDS

The following brands will be deleted from the Schedule of Pharmaceutical Benefits as from 1 February 1997:

Brands discontinued by the manufacturer—

2824P *Cidomycin, RL*—**Gentamicin Sulfate**, injection 80 mg (base) in 2 mL

1477R *Pregnyl, OR*—**Human Chorionic Gonadotrophin**, injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL

2587E *Isogen, WX*—**Isosorbide Dinitrate**, tablet 10 mg

DELETIONS—SECTION 100 ITEMS

The following items will be deleted from the list of highly specialised drugs on 1 February 1997:

Deletions requested by manufacturer—

Cyclosporin, capsule 25 mg (*Sandimmun*)

Cyclosporin, capsule 50 mg (*Sandimmun*)

Cyclosporin, capsule 100 mg (*Sandimmun*)

Cyclosporin, oral solution 100 mg per mL, 50 mL (*Sandimmun*)

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) 9845 3111

VIC

Royal Children's Hospital
Flemington Road
Parkville Vic
Tel: (03) 9345 5680

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) 8204 7002

WA

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

NT

Royal Darwin Hospital
Rocklands Drive
Casuarina NT
Tel: (08) 8922 8424

TAS

Royal Hobart Hospital
Liverpool Street
Hobart Tas
Non emergency contact number
Tel: (03) 6238 8677

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) 9361 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

Drug Information Pharmacist
Austin & Repatriation Medical
Centre
Heidelberg Vic 3084
Tel: (03) 9496 5668

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) 8224 5546

Drug Information Pharmacist
South Australian Drug Information
Centre
Flinders Medical Centre
Bedford Park SA 5042
Tel: (08) 8204 5301

Drug Information Pharmacist
Queen Elizabeth Hospital
Woodville Road
Woodville SA 5011
Tel: (08) 8222 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: (08) 8922 8424

TAS

Drug Information Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart Tas 7001
Tel: (03) 6238 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 Health and Family Services
(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 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 J E Lumby (02) 9887 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 (08) 8989 2914
Mr J Gorrell (08) 8922 7341

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) 8226 6324
Mr R J Grant (08) 8226 6406
Therapeutic Devices—
Mr K MacKellar (08) 8226 6324

Tasmania

Department of Health
GPO Box 191B
Hobart Tas 7001

Drugs—
Mrs M Collins (03) 6233 6337
Mr J Galloway (03) 6233 3293
Therapeutic Devices—
Mr A L Wilkins (03) 6233 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.

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>
AA	ASTA Medica Australasia Pty Limited 4/190 George Street Parramatta NSW 2150 Tel: (02) 9893 7630 Fax: (02) 9635 3275
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 9668 9711 Fax: (02) 9668 8459
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 9630 5099 Fax: (02) 9683 5026
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101 Tel: (03) 9208 0000 Fax: (03) 9853 1915
AF	Alphapharm Pty Limited 12 Crown Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344
AG	Allergan Australia Pty Ltd 5 George Place Artarmon NSW 2064 Tel: 1800 252 224 Fax: (02) 9428 0091
AN	Amgen Australia Pty Ltd Level 3, 65 Epping Road North Ryde NSW 2113 Tel: (02) 9870 1333 Fax: (02) 9870 1344
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700
AQ	Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086 Tel: 1800 025 004 Fax: (02) 9452 5209
AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450

<i>Code</i>	<i>Manufacturer</i>
AZ	AZA Research Pty Ltd 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4563 Fax: (02) 9325 4573
BA	Boots Pharmaceuticals A Division of The Boots Company (Australia) Pty Ltd 21 Loyalty Road North Rocks NSW 2151 Tel: (02) 9842 7222 Fax: (02) 9842 7224
BC	Bristol Laboratories A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9795 0968
BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 1800 269 933 Fax: (02) 9887 3487
BK	Becton Dickinson Pty Ltd 80 Rushdale Street Knoxfield Vic 3180 Tel: (03) 9764 2444 Fax: (03) 9764 2550
BL	David Bull Laboratories Pty Ltd 7-23 Lexia Place Mulgrave North Vic 3170 Tel: (03) 9560 2533 Fax: (03) 9560 9081
BM	Baypharm Products A Division of Bayer Australia Limited 875 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311
BN	Bayer Australia Limited 875-893 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311
BO	Boehringer Mannheim Australia Pty Limited 31 Victoria Avenue Castle Hill NSW 2154 Tel: (02) 9899 7999 Fax: (02) 9899 7893

<i>Code</i>	<i>Manufacturer</i>
BQ	Bristol-Myers Squibb Pharmaceuticals A Division of Bristol-Myers Squibb Australia 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) 9842 7222 Fax: (02) 9842 7224
BW	Wellcome Australia Pty Ltd A subsidiary of Glaxo Wellcome Australia Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9729 5100 Fax: (03) 9729 5319
BX	Baxter Healthcare Pty Ltd Oakes Road Old Toongabbie NSW 2146 Tel: (02) 9688 9111 Fax: (02) 9688 9123
BY	Boehringer Ingelheim Pty Limited 50 Broughton Road Artarmon NSW 2064 Tel: (02) 9428 4011 Fax: (02) 9427 4654
BZ	Boucher & Muir Pty Limited 118-124 Willoughby Road Crows Nest NSW 2065 Tel: (02) 9436 3922 Fax: (02) 9906 7147
CC	ConvaTec A Division of Bristol-Myers Squibb Australia Pty Ltd 606 Hawthorn Road East Brighton Vic 3187 Tel: 1800 335 276 Fax: (03) 9525 0920
CG	Ciba-Geigy Australia Limited 140-150 Bungaree Road Pendle Hill NSW 2145 Tel: (02) 9688 0444 Fax: (02) 9896 2254
CL	Cilag Pty Limited Unit 3, 706 Mowbray Road West Lane Cove NSW 2066 Tel: 1800 226 334 Fax: (02) 9428 2353

<i>Code</i>	<i>Manufacturer</i>
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
CV	Ciba Vision Australia Pty Ltd Unit 1/42 Carrington Road Castle Hill NSW 2154 Tel: (02) 9899 6451 Fax: (02) 9899 9640
DL	Dista Products (Australia) & Company 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
DM	Dermacare Pty Ltd 61 Norman Street Peakhurst NSW 2210 Tel: (02) 9534 4687 Fax: (02) 9534 4157
DP	Douglas Pharmaceuticals Aust. Ltd 4 Packard Avenue Castle Hill NSW 2154 Tel: (02) 9894 6455 Fax: (02) 9894 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 6/15 Carrington Road Castle Hill NSW 2154 Tel: (02) 9899 9099 Fax: (02) 9634 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) 9852 7444 Fax: (02) 9852 7500

<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) 8282 2666 Fax: (08) 8258 1877
FC	Fisons Pharmaceuticals Pty Limited Maitland Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9894 3500 Fax: (02) 9899 1600
FM	Fawns and McAllan Pty Ltd A member of Sigma Group of Companies 1408 Centre Road Clayton Vic 3168 Tel: (03) 9542 9777 Fax: (03) 9542 9724
FR	Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 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
GP	GP Laboratories A Division of Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347
GW	Glaxo Wellcome Australia Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9729 5100 Fax: (03) 9729 5319
HA	Hamilton Laboratories Pty Ltd 217 Flinders Street Adelaide SA 5000 Tel: (08) 8223 2957 Fax: (08) 8232 1480

<i>Code</i>	<i>Manufacturer</i>
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
HP	Hoechst Division of Hoechst Marion Roussel Australia Pty Limited 27 Sirius Road Lane Cove NSW 2066 Tel: (02) 9422 6333 Fax: (02) 9418 9681
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) 9428 2353
JJ	Johnson & Johnson Medical 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 9878 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) 9428 2353
JT	Johnson & Johnson Pacific Pty Limited Stephen Road Botany NSW 2019 Tel: (02) 9316 0466 Fax: (02) 9666 3162
KC	Kimberly-Clark Australia Pty Ltd 52 Alfred Street South Milsons Point NSW 2061 Tel: (02) 9963 8888 Fax: (02) 9957 5687

<i>Code</i>	<i>Manufacturer</i>
KE	Kendall Australasia Pty Ltd 22 Giffnock Avenue North Ryde NSW 2113 Tel: 1800 252 467 Fax: (02) 9888 7378
KN	Knoll Australia Pty Limited 15 Orion Road Lane Cove NSW 2066 Tel: (02) 9422 4444 Fax: (02) 9427 9911
KR	Kenral Division of Pharmacia & Upjohn Pty Limited 55-73 Kirby Street Rydalmere NSW 2116 Tel: (02) 9638 0531 Fax: (02) 9684 2130
KY	Key Pharmaceuticals Pty Ltd 21 Leeds Street Rhodes NSW 2138 Tel: (02) 9736 3811 Fax: (02) 9736 3316
LE	Lederle Laboratories Division of Wyeth Australia Pty Limited 5 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 9624 9333 Fax: (02) 9674 5557
LH	Lipha Pharmaceuticals, London, U.K. Australian Distributor 3M Pharmaceuticals Australia Pty Ltd Tel: (02) 9875 6333 Fax: (02) 9875 6416
LU	Lundbeck Australia Pty Ltd Maitland Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9894 3500 Fax: (02) 9899 1600
LY	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
MA	Medical Specialties Australia Pty Limited 2 McCabe Place Willoughby NSW 2068 Tel: (02) 9417 7955 Fax: (02) 9417 5779

<i>Code</i>	<i>Manufacturer</i>
MB	May & Baker Division of Rhône-Poulenc Rorer Australia Pty Ltd Maitland Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9894 3500 Fax: (02) 9899 1600
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) 9502 3777 Fax: (02) 9502 2054
MJ	Mead Johnson 320 Victoria Road Rydalmere NSW 2116 Tel: (02) 9684 8585 Fax: (02) 9684 4453
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
ML	Marion Division of Hoechst Marion Roussel Australia Pty Limited 27 Sirlus Road Lane Cove NSW 2066 Tel: (02) 9422 6333 Fax: (02) 9418 9681
MM	3M Pharmaceuticals Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
MO	Monsanto Australia Limited 4th Floor, 20 Clarke Street Crows Nest NSW 2065 Tel: (02) 9902 4500 Fax: (02) 9438 4930
MS	MediSense Australia Pty Ltd 1A Weston Street Balwyn Vic 3103 Tel: (03) 9836 6111 Fax: (03) 9836 6900

<i>Code</i>	<i>Manufacturer</i>
NA	National Diagnostic Products (Aust) Pty Limited 7-9 Merriwa Street Gordon NSW 2072 Tel: (02) 9418 1100 Fax: (02) 9418 1181
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) 9683 3600 Fax: (02) 9683 3029
NR	Nordia, Denmark Australian Distributor Ascot Pharmaceuticals Pty Ltd 231-233 Elizabeth Street Croydon NSW 2132 Tel: (02) 9798 9066 Fax: (02) 9799 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) 9266 0622 Fax: (02) 9931 2610
NU	Nutricia 795 Pacific Highway Gordon NSW 2072 Tel: (02) 9418 1188 Fax: (02) 9418 1088
OB	Oral B Laboratories Pty Ltd Level 3, 90 Mount Street North Sydney NSW 2060 Tel: (02) 9957 6499 Fax: (02) 9957 5383

<i>Code</i>	<i>Manufacturer</i>
OL	Owen Laboratories Division of Galderma Australia Pty Ltd Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086 Tel: 1800 800 765 Fax: (02) 9975 5374
OM	Colgate Oral Care 345 George Street Sydney NSW 2000 Tel: (02) 9229 5600 Fax: (02) 9232 8448
OP	Organon Pharmaceuticals A business name of Organon (Australia) Pty Limited 31-33 Sirius Road Lane Cove NSW 2066 Tel: (02) 9428 9411 Fax: (02) 9428 1732
OR	Organon (Australia) Pty Limited 31-33 Sirius Road Lane Cove NSW 2066 Tel: (02) 9428 9411 Fax: (02) 9428 1732
OT	Organon Teknika Pty Ltd Unit 13, 5 Hudson Avenue Castle Hill NSW 2154 Tel: (02) 9899 3944 Fax: (02) 9899 3984
PD	Parke Davis Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6400
PF	Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347
PP	Petrus Pharmaceuticals 1360 Viveash Road Swan View WA 6056 Tel: (09) 294 4333 Fax: (09) 294 4777
PS	Pharmacia Products Pharmacia & Upjohn Pty Limited 55-73 Kirby Street Rydalmere NSW 2116 Tel: (02) 9638 0531 Fax: (02) 9684 2130
PW	Parke Davis-Wellcome Consumer Healthcare Pty Limited 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6600 Fax: (02) 9710 6245

<i>Code</i>	<i>Manufacturer</i>
PY	Procter & Gamble Pharmaceuticals Australia Pty Ltd 99 Phillip Street Parramatta NSW 2150 Tel: (02) 9685 4500 Fax: (02) 9685 4777
QM	Qualimed Division of Cassenne Pty Limited 27 Sirius Road Lane Cove NSW 2066 Tel: (02) 9422 6333 Fax: (02) 9418 9681
RC	Reckitt & Colman Pharmaceuticals 44 Wharf Road West Ryde NSW 2114 Tel: (02) 9858 2400 Fax: (02) 9858 5539
RL	Roussel Division of Hoechst Marion Roussel Australia Pty Limited 27 Sirius Road Lane Cove NSW 2066 Tel: (02) 9422 6333 Fax: (02) 9418 9681
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 Maitland Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9894 3500 Fax: (02) 9899 1600
SB	Scientific Hospital Supplies (Australia) Pty Ltd 12 Hope Street Ermington NSW 2115 Tel: (02) 9858 5988 Fax: (02) 9858 5957
SC	Schering Pty Ltd Australian Subsidiary of Schering AG, Berlin 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 9317 8666 Fax: (02) 9669 2578
SD	Syntex Australia Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9981 0700 Fax: (02) 9981 3229

<i>Code</i>	<i>Manufacturer</i>
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) 9852 7444 Fax: (02) 9852 7500
SI	Sigma Pharmaceuticals Pty Ltd 1408 Centre Road Clayton Vic 3168 Tel: (03) 9542 9777 Fax: (03) 9542 9724
SJ	Sharpe Laboratories Pty Ltd 12 Hope Street Ermington NSW 2115 Tel: (02) 9858 5622 Fax: (02) 9858 5957
SK	SmithKline Beecham (Australia) Pty Ltd 300 Frankston Road Dandenong Vic 3175 Tel: (03) 9213 4444 Fax: (03) 9706 5883
SM	Solvay Pharmaceuticals Division of Solvay Biosciences Pty Ltd 706 Mowbray Road Lane Cove NSW 2066 Tel: (02) 9779 2222 Fax: (02) 9427 0910
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
SR	Searle Division of Monsanto Australia Limited 4th Floor, 20 Clarke Street Crows Nest NSW 2065 Tel: (02) 9902 4500 Fax: (02) 9438 4930

<i>Code</i>	<i>Manufacturer</i>
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) 9772 2888 Fax: (02) 9792 1636
SW	Sanofi Winthrop Pty Ltd Riverview Park 166 Epping Road Lane Cove NSW 2066 Tel: (02) 9937 1777 Fax: (02) 9937 1700
SX	Stiefel Laboratories Pty Limited Unit 14, 5 Salisbury Road Castle Hill NSW 2154 Tel: (02) 9894 5088 Fax: (02) 9894 5016
SY	Schering AG 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 9317 8666 Fax: (02) 9669 2578
SZ	Sandoz Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551
UP	Upjohn Products Pharmacia & Upjohn Pty Limited 55-73 Kirby Street Rydalmere NSW 2116 Tel: (02) 9638 0531 Fax: (02) 9684 2130
UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Limited Tel: (02) 9436 3922 Fax: (02) 9906 7147
VC	Vernon-Carus Australia Pty Ltd Suite E, 140 Burwood Highway Burwood Vic 3125 Tel: (03) 9808 8800 Fax: (03) 9808 9944
VG	Vita Glow Pty Ltd 6 Hayes Street Balgowlah NSW 2093 Tel: 1800 226 223 Fax: (02) 9949 5561

<i>Code</i>	<i>Manufacturer</i>
WE	Wille Laboratories Pty Ltd 100 Antimony Street Carole Park Qld 4300 Tel: (07) 3271 2677 Fax: (07) 3271 1315
WT	Whitehall Laboratories Pty Limited 6/110 Bonds Road Punchbowl NSW 2196 Tel: (02) 9534 1000 Fax: (02) 9533 3980
WW	Wm R. Warner 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6400
WX	Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450
WY	Wyeth Pharmaceuticals Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450

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 \$17.40 (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 \$2.70 (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 \$17.40.

6. The contribution rate for concessional beneficiaries in public hospitals is \$2.70 (see also paragraph 9).

7. Concessional beneficiaries are the recipients of benefits from either the Department of Social Security or the Department of 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
- Repatriation Health Card For All Conditions (gold)—concessional beneficiary under RPBS
- Repatriation Health Card For Specific Conditions (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 \$2.70.

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, those entitled under a white Department of Veterans' Affairs Repatriation

Health Card for Specific Conditions 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 \$600.00 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 \$600.00 (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 \$2.70 only for each prescription except where a brand premium applies. 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 \$140.40. 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 \$2.70 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 \$2.70. 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 those entitled under a white Department of Veterans' Affairs Repatriation Health Card For Specific Conditions. 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 Pharmaceutical Benefits Scheme and are treated as concessional beneficiaries.

15. As general beneficiaries, persons having entitlement under a white Repatriation Health Card For Specific Conditions receive items on the Pharmaceutical Benefits Schedule at a maximum cost of \$17.40 and the general beneficiary safety net threshold applies. As concessional beneficiaries, they receive RPBS items at a maximum cost of \$2.70 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 holder of a white Repatriation Health Card For Specific Conditions 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 \$2.70 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 \$2.70 for each RPBS prescription purchased.

17. Those entitled under a gold Department of Veterans' Affairs Health Card For All Conditions receive all of their prescription items under the RPBS and only pay \$2.70 for each RPBS prescription item.

18. The dependants of both DVA white card and gold card 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 DVA white card and gold card 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 HIC 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 HIC 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 HIC via Medicare Offices. These forms are provided to pharmacists by the HIC. Refunds for RPBs prescriptions are obtained from the State Office of the Department of Veterans' Affairs.

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 HIC. Cash refunds are not available in these circumstances.

38. In these circumstances the beneficiary should write to the HIC 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 should be ruled through to prevent the entry of additional names. The sticky label from the Entitlement/Concession Card, preprinted with the number of the card, should be attached to the PRF. The approved pharmacist should 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 HIC in the State concerned. The HIC 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 HIC in the State concerned.

Notification to HIC 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 HIC 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 HIC for the issue of a replacement card.

51. It should be noted that replacement cards can be issued only by the HIC.

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. Holders of Repatriation Health Cards should ensure that their prescriptions are also identified as RPBS prescriptions when appropriate.

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 HIC'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 HIC is undertaken. In respect of data contained the field 'entitlement number' the HIC 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 HIC's Pharmaceutical Benefits Entitlement File.

To advise pharmacists of entitlement numbers which are invalid, the HIC 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 HIC'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 HIC 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 HIC has notified the withdrawal of the entitlement will be returned to the pharmacist.

ADMINISTRATIVE PROCEDURES FOR ENTITLEMENT CHECKING

General

56. The HIC 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 HIC, the HIC will follow the matter up with the appropriate Department 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 HIC, the HIC will follow the matter up with the appropriate Department 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 HIC 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 HIC of an expired

entitlement, the HIC 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 HIC 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 \$17.40, an amount of \$17.40 for general patients or an amount of \$2.70 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 \$17.40 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 \$52.20 should be made to a general patient, or \$8.10 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 Card, written for a pharmaceutical benefit for which the dispensed price at the date of supply is equal to or less than \$17.40 for general patients, or \$2.70 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 61.

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 HIC 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
- Repatriation Health Card For All Conditions (gold)—concessional beneficiary under RPBS
- Repatriation Health Card For Specific Conditions (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. As from 1 January 1996, former holders of Dependant Treatment Entitlement Cards (Lilac) and Service Pensioner Benefits Cards (Red) issued by the Department of Veterans' Affairs have instead been issued with the gold Repatriation Health Card For All Conditions. Holders of these cards are therefore eligible to receive benefits under the RPBS, including items included in the Repatriation Schedule.

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

- the entitlement/concession identifier appearing on the card, i.e., a sequence of eleven alpha-numeric characters (see exception above for Department of Veterans' Affairs cards) (the entitlement category cannot be extrapolated from the identifier code); and
- 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 are not pre-printed with spaces 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 HIC. 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—

- 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;
- 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);
- 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
- 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. Information on additional items available for eligible Department of Veterans' Affairs card holders is shown in the RPBS Explanatory Notes.

77. Ready prepared items are listed in Section 2 of the Schedule. Restrictions apply to the prescribing of certain items in Section 2. All restricted items are printed in ***bold italics***. Items which appear in more than one therapeutic group are cross-referenced.

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

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

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

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

82. The following are also included in Section 4:

- (a) container prices;
- (b) a list of Standard Formulae preparations and prices. The list is comprised of formulae taken from formularies in common use and is referred to in this book as the Standard Formulae List; and
- (c) table of maximum quantities and number of repeats for extemporaneously prepared benefits.

83. A Therapeutic Index 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. A summary of changes relevant to each edition is published at the front of the Schedule, with the exception of price adjustments.

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/RPBS 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/Territory Health Department, and this is indicated on the authority application, the Health Insurance Commission (or the Department of Veterans' Affairs in the case of RPBS Authority applications) 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 HIC or on paper as near as convenient to 18 cm x 12 cm. The standard prescription forms supplied by the HIC 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. Preprinted personalised prescription forms supplied by the HIC include the Prescriber Number or Dental Practitioner Number. Prescribers using unpersonalised prescription forms should ensure that the details of name and address, and in the case of dentists the Dental Practitioner Number, 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 HIC has provision to indicate where brand substitution is not permitted;
- (e) medical practitioners may generate prescriptions by computer. The HIC 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 using the standard prescription form.
- (f) when the standard prescription form supplied by the HIC 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'. RPBS prescriptions may alternately be endorsed 'hardship conditions apply'. 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, or the Department of Veterans' Affairs in the case of RPBS authorities, 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 completes 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 for prescriptions written under the PBS, or the Department of Veterans' Affairs for those under the RPBS, 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 HIC 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 HIC, 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 for prescriptions written under the PBS, or the Department of Veterans' Affairs for those under the RPBS, 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 HIC 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 HIC 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 HIC, 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 HIC 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**—where approval is sought in writing, this copy is retained by the HIC for prescriptions written under the PBS, or by the Department of Veterans' Affairs for those under the RPBS, for record purposes. Where approval is obtained by telephone, the doctor is required to retain this copy for a period of twelve months - it should not be sent to the HIC or the DVA.

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 HIC. 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 HIC 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 (or the Department of Veterans' Affairs for applications written under the RPBS) and returned to the prescriber for completion.

All PBS Authority prescriptions must receive prior approval from the HIC. (RPBS Authority prescription procedures are detailed in the RPBS Explanatory Notes.) This can be achieved by either:

- (a) posting the written authority to the State Manager of the HIC at the freepost address detailed in the pink section at the front of the Schedule;

- (b) **using the HIC's National Freecall 1800 888 333 PBS Authority Telephone Service. NOTE: The third (HIC/DVA copy) must be retained by the doctor for a period of twelve months.**

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 (RPBS prescriptions may alternately be endorsed "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 HIC for Authorities written by the PBS, or by the Department of Veterans' Affairs for those written under the RPBS;
- 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 are 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) a valid prescription, dated within twelve months before the date of its presentation; or
- (b) an Authority Prescription or an Authority to Prescribe which has been dated by the prescribing medical practitioner within twelve months before the date of its presentation; or
- (c) a repeat authorisation presented with a duplicate prescription within twelve months of the date of the prescription.

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

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

except in the circumstances described in paragraph 121, unless the prescription is endorsed 'Regulation 24' in the case of a PBS prescription or, alternately, '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). **Special conditions that apply to RPBS prescriptions are detailed in the RPBS Explanatory Notes.**

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, alternately, a RPBS prescription is 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 and the words 'Original Supply Deferred' must be stamped across the relevant item on the original and duplicate of the prescription form and on the Repeat Authorisation. The duplicate of the prescription must be stamped in such a manner as to not render it 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), 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. **Special conditions that apply to RPBS prescriptions are detailed in the RPBS Explanatory Notes.**

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

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

Preparation of Repeat Authorisation Form—Repeat Supply

137. The Repeat Authorisation Form shall show—

- (a) the category of benefit (either PBS General, PBS Concessional, Entitlement/Concession Card holder, or RPBS)—by placing a cross (x) in the relevant box;
- (b) the patient's name and full address;
- (c) if the prescription is for a concessional beneficiary, the entitlement number which applies to the patient;
- (d) in the case of repeats authorised on Authority Prescriptions, the authority number;
- (e) the transcription of the original prescription stating the item, form, strength, quantity and directions;
- (f) if brand substitution has occurred (see paragraph 127), the name of the brand actually supplied;
- (g) on the first occasion of supply of the pharmaceutical benefit, the approval number, the date of the original prescription together with the prescription identifying number allotted by the pharmacist to the prescription (see paragraph 148);
- (h) on subsequent occasions of supply, the approval number, the date of the original prescription and the prescription identifying number as shown on the previous Repeat Authorisation Form;
- (i) the number of times the pharmaceutical benefit has been directed to be repeated and the number of times supply has been made; and
- (j) the name and approval number of the approved pharmacist issuing the Repeat Authorisation, together with the date on which the Repeat Authorisation was prepared 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—

- (a) '0' is to be inserted in the space for 'No. of times already dispensed';
- (b) if no repeats are ordered, '0' is to be inserted in the space for 'No. of Repeats Authorised';
- (c) where a Repeat Authorisation Form authorises the first supply of deferred original supply prescription items, the words 'Original Supply Deferred' should be stamped horizontally across the form just below the space provided for the 'Original Prescription Transcription' in such a manner that will not render illegible any of the other information entered on the form.

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

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 HIC 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, if any, 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 Health and Family Services and the Pharmacy Guild of Australia.

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

166. —

- (a) Where a prescription is to be reimbursed on an average price basis, the prescription identification stamp should be completed as outlined in paragraph 157.
- (b) Where a prescription is to be claimed as an exceptional prescription, as defined in paragraph 212, the approved pharmacist should detail the formula supplied on the prescription form or Repeat Authorisation Form, price the prescription in accordance with the pricing principles set out in paragraphs 194-205 and enter the calculated price in box 'A' of the stamp imprint or the appropriate space on Repeat Authorisation Forms.

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

167. When the approved pharmacist has advised the HIC 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 HIC, 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 HIC 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 HIC. 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 HIC 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 HIC.

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 HIC. 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.

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

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

198. The amount payable for a prescription which comprises a vehicle which is specified under a particular name, and an additional specified ingredient or ingredients shall be calculated in accordance with paragraphs 199-202.

199. Where the vehicle is a single liquid ingredient and one or more solid ingredients are added, displacement of the vehicle by solids shall be disregarded and the amount payable shall be calculated in accordance with paragraph 196.

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

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 196; and
- (b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 196.

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

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 196; and
- (b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 196.

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

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 196; and
- (b) the recovery price of the quantity of the vehicle, this amount being the sum of the recovery prices for each ingredient of the vehicle in such quantity as calculated in accordance with paragraph 196.

Containers

203. Separate container rates are payable in each State.

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

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

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

206. Where an approved pharmacist elects to price out these prescriptions written advice is required by the HIC. 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

initialled by the medical practitioner or participating dental practitioner who wrote the prescription, it is obligatory for the approved pharmacist to make supply at the pharmacy at any hour.

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

Approved Medical Practitioners, Friendly Societies

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

Standards

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

- (a) in the case of drugs or medicinal preparations which are the subject of a monograph in the British Pharmacopoeia, the standards set out in that pharmacopoeia; and
- (b) in the case of drugs or medicinal preparations contained in editions of the British Pharmaceutical Codex or the Australian Pharmaceutical Formulary and Handbook or in 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, and 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—

- the duplicates of prescriptions which do not bear repeat instructions;
- 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
- 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	C53
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 500 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.

Therapeutic Index

for

PBS Schedule

Abbreviations:

(Dental) **Dental Benefits**

Alimentary tract and metabolism

- Stomatological preparations 8, 137 (Dental)
- Stomatological preparations* 8, 137 (Dental)
- Antacids, drugs for treatment of peptic ulcer and flatulence 8
 - Antacids* 8
 - Drugs for treatment of peptic ulcer* 9
 - Antiregurgitants* 11
- Antispasmodic and anticholinergic agents and propulsives 11, 137 (Dental)
 - Belladonna and derivatives, plain* 11, 137 (Dental)
 - Propulsives* 12, 137 (Dental)
- Antiemetics and antinauseants 12, 137 (Dental)
 - Antiemetics and antinauseants* 12, 137 (Dental)
- Laxatives 13
 - Laxatives* 13
- Antidiarrheals, intestinal antiinflammatory/ antiinfective agents 15, 138 (Dental)
 - Intestinal antiinfectives* 15, 138 (Dental)
 - Intestinal adsorbents* 16
 - Electrolytes with carbohydrates* 16
 - Antipropulsives* 16
 - Intestinal antiinflammatory agents* 17
- Digestives, incl. enzymes 18
 - Digestives, incl. enzymes* 18
- Drugs used in diabetes 18
 - Insulins* 18
 - Oral blood glucose lowering drugs* 20
- Vitamins 21
 - Vitamin A and D, incl. combinations of the two* 21
 - Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂* 21
 - Other plain vitamin preparations* 21
- Mineral supplements 22
 - Calcium* 22
 - Potassium* 22
- Anabolic agents for systemic use 22
 - Anabolic steroids* 22

Blood and blood forming organs

- Antithrombotic agents 23
 - Antithrombotic agents* 23
- Antihemorrhagics 24
 - Antifibrinolytics* 24
- Antianemic preparations 25
 - Iron preparations* 25
 - Vitamin B₁₂ and folic acid* 25
- Serumlipidreducing agents 25
 - Cholesterol and triglyceride reducers* 27
- Plasma substitutes and perfusion solutions 29, 138 (Dental)
 - Blood and related products* 29, 138 (Dental)
 - I.V. solutions* 29, 138 (Dental)

Cardiovascular system

- Cardiac therapy 30, 139 (Dental)
 - Cardiac glycosides* 30
 - Antiarrhythmics, class I and III* 30, 139 (Dental)
 - Vasodilators used in cardiac diseases* 31, 139 (Dental)
- Antihypertensives 32
 - Antiadrenergic agents, centrally acting* 32
 - Antiadrenergic agents, peripherally acting* 32
 - Arteriolar smooth muscle, agents acting on* 33

Diuretics 33*Low-ceiling diuretics, thiazides 33**Low-ceiling diuretics, excl. thiazides 33**High-ceiling diuretics 34**Potassium-sparing agents 34**Diuretics and potassium-sparing agents in combination 35***Peripheral vasodilators 35***Peripheral vasodilators 35***Beta blocking agents 35***Beta blocking agents, plain 35***Calcium channel blockers 36***Selective calcium channel blockers with mainly vascular effects 36**Selective calcium channel blockers with direct cardiac effects 37***Agents acting on the renin-angiotensin system 38***Angiotensin-converting enzyme (ACE) inhibitors, plain 38***Dermatologicals***Antifungals for dermatological use 40, 139 (Dental)**Antifungals for topical use 40, 139 (Dental)**Antifungals for systemic use 40***Antipsoriatics 41***Antipsoriatics for systemic use 41**Antibiotics and chemotherapeutics for dermatological use 41**Chemotherapeutics for topical use 41**Corticosteroids, dermatological preparations 41, 140 (Dental)**Corticosteroids, plain 41, 140 (Dental)***Anti-acne preparations 43***Anti-acne preparations for systemic use 43***Genito urinary system and sex hormones***Gynecological antiinfectives and antiseptics 44**Antiinfectives and antiseptics, excl. comb. with corticosteroids 44***Other gynecologicals 44***Oxytocics 44**Other gynecologicals 45**Sex hormones and modulators of the genital system 45**Hormonal contraceptives for systemic use 45**Androgens 47**Estrogens 48**Progestogens 50**Progestogens and estrogens in combination 50**Gonadotrophins and other ovulation stimulants 52**Antiandrogens 55**Other sex hormones and modulators of the genital system 55***Urologicals 56***Urinary antiseptics and antiinfectives 56**Other urologicals, incl. antispasmodics 56***Systemic hormonal preparations, excl. sex hormones***Pituitary, hypothalamic hormones and analogues 58**Anterior pituitary lobe hormones and analogues 58**Posterior pituitary lobe hormones 58**Hypothalamic hormones 58**Corticosteroids for systemic use 58, 140 (Dental)**Corticosteroids for systemic use, plain 58, 140 (Dental)**Antiadrenal preparations 60***Thyroid therapy 60***Thyroid preparations 60**Antithyroid preparations 61**Pancreatic hormones 61, 141 (Dental)**Glycogenolytic hormones 61, 141 (Dental)**Calcium homeostasis 61**Anti-parathyroid hormones 61*

General antiinfectives for systemic use

- Antibacterials for systemic use 63, 141 (Dental)
 - Tetracyclines* 63, 141 (Dental)
 - Amphenicols* 65
 - Beta-lactam antibacterials, penicillins* 65, 141 (Dental)
 - Other beta-lactam antibacterials* 69, 145 (Dental)
 - Sulfonamides and trimethoprim* 71, 146 (Dental)
 - Macrolides and lincosamides* 71, 147 (Dental)
 - Aminoglycoside antibacterials* 72
 - Quinolone antibacterials* 73
 - Other antibacterials* 74, 148 (Dental)
- Antimycotics for systemic use 75
 - Antimycotics for systemic use* 75
- Antimycobacterials 76
 - Drugs for treatment of tuberculosis* 76
 - Drugs for treatment of lepra* 76
- Antivirals for systemic use 77
 - Agents affecting the virus directly* 77
- Immune sera and immunoglobulins 78
 - Immune sera* 78
- Vaccines 78, 149 (Dental)
 - Bacterial vaccines* 78, 149 (Dental)
 - Viral vaccines* 79

Antineoplastic and immunomodulating agents

- Antineoplastic agents 80
 - Alkylating agents* 80
 - Antimetabolites* 81
 - Plant alkaloids and other natural products* 82
 - Cytotoxic antibiotics and related substances* 83
 - Other antineoplastic agents* 83
- Endocrine therapy 84
 - Hormones and related agents* 84
 - Hormone antagonists and related agents* 86
- Immunomodulating agents 87
 - Immunostimulating agents* 87
- Immunosuppressive agents 88
 - Immunosuppressive agents* 88

Musculo-skeletal system

- Antiinflammatory and antirheumatic products 89, 149 (Dental)
 - Antiinflammatory/antirheumatic products, non-steroids* 89, 149 (Dental)
 - Specific antirheumatic agents* 92
- Topical products for joint and muscular pain 93
 - Topical products for joint and muscular pain* 93
- Muscle relaxants 93
 - Muscle relaxants, centrally acting agents* 93
 - Muscle relaxants, directly acting agents* 93
- Antigout preparations 94
 - Antigout preparations* 94
- Drugs for treatment of bone diseases 94
 - Drugs affecting mineralization* 94
- Other drugs for disorders of the musculo-skeletal system 95
 - Other drugs for disorders of the musculo-skeletal system* 95

Nervous system

- Analgesics 96, 152 (Dental)
 - Opioids* 96, 152 (Dental)
 - Other analgesics and antipyretics* 99, 155 (Dental)
 - Antimigraine preparations* 99
- Antiepileptics 100, 155 (Dental)
 - Antiepileptics* 100, 155 (Dental)

- Anti-Parkinson drugs 102, 156 (Dental)
 - Anticholinergic agents* 102, 156 (Dental)
 - Dopaminergic agents* 103
- Psycholeptics 104, 156 (Dental)
 - Antipsychotics* 104
 - Anxiolytics* 107, 156 (Dental)
 - Hypnotics and sedatives* 108, 156 (Dental)
- Psychoanaleptics 109
 - Antidepressants* 109
 - Psychostimulants and nootropics* 112
- Other nervous system drugs 112
 - Parasympathomimetics* 112

Antiparasitic products, insecticides and repellants

- Antiprotozoals 113
 - Agents against amoebiasis and other protozoal diseases* 113
 - Antimalarials* 113
- Anthelmintics 113
 - Antinematodal agents* 113
 - Anticestodals* 114
- Ectoparasiticides, incl. scabicides, insecticides and repellents 114
 - Ectoparasiticides, incl. scabicides* 114

Respiratory system

- Nasal preparations 115
 - Decongestants and other nasal preparations for topical use* 115
- Anti-asthmatics 116, 157 (Dental)
 - Adrenergics, inhalants* 116
 - Other anti-asthmatics, inhalants* 117
 - Adrenergics for systemic use* 119, 157 (Dental)
 - Other anti-asthmatics for systemic use* 119
- Cough and cold preparations 120
 - Expectorants, excl. combinations with cough suppressants* 120
 - Cough suppressants, excl. combinations with expectorants* 120
- Antihistamines for systemic use 120
 - Antihistamines for systemic use* 120

Sensory organs

- Ophthalmologicals 121, 157 (Dental)
 - Antiinfectives* 121, 157 (Dental)
 - Antiinflammatory agents* 122
 - Antiglaucoma preparations and miotics* 123
 - Mydriatics and cycloplegics* 125
 - Decongestants and antiallergics* 125
 - Other ophthalmologicals* 126
- Otologicals 127
 - Antiinfectives* 127
 - Corticosteroids and antiinfectives in combination* 127
- Ophthalmological and otological preparations 127
 - Antiinfectives* 127
 - Corticosteroids* 127

Various

- Allergens 128
 - Allergens* 128
- All other therapeutic products 128, 157 (Dental)
 - All other therapeutic products* 128, 157 (Dental)
- Diagnostic agents 129
 - Urine tests* 129
 - Other diagnostic agents* 129
- General nutrients 130
 - Other nutrients* 130
- All other non-therapeutic products 136, 157 (Dental)
 - All other non-therapeutic products* 136, 157 (Dental)

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 \$6.13 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	8.14	AP	
3452Q	AMINOPHYLLINE I.V. injection 250 mg in 10 mL	5	15.40	SI	
3453R	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	9.42	AP	
3457Y	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	17.71	Cogentin	MK
3486L	BENZYL PENICILLIN Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*29.59	CS	
or	or				
3485K	PROCAINE PENICILLIN Injection 1.5 g	10	*99.77	Cilicaine	SI
3455W	CHLORPROMAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	13.53	Largactil	MB
or	or				
3456X	HALOPERIDOL Injection 5 mg in 1 mL	10	13.21	Serenace	SR
3472R	DEXAMETHASONE Injection 4 mg in 1 mL	5	13.12	Decadron	MK
or	or				
3470P	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*10.45	Nordicort Solu-Cortef	NR UP
or	or				
3471Q	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	9.87	Solu-Cortef	UP
3458B	DIAZEPAM Injection 10 mg in 2 mL	5	7.95	BL	
3460D	DIHYDROERGOTAMINE MESYLATE Injection 1 mg in 1 mL	5	14.81	Dihyergot	SZ
3461E	DIPHTHERIA and TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*51.09	CS	
3462F	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL	10	*51.89	CS	
3464H	ERGOMETRINE MALEATE Injection 250 micrograms in 1 mL	5	9.17	BL	
3465J	ERYTHROMYCIN I.M. injection 100 mg in 2 mL	5	28.52	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	7.04	Lasix AF	HP
3469N	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	15.97	AZ	
3454T	GLYCERYL TRINITRATE Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)	‡1	17.45	Nitrolingual Spray	FC
3474W	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	4	*18.81	Xylocard 100	AP
3476Y	METOCLOPRAMIDE HYDROCHLORIDE Injection 10 mg in 2 mL	10	9.74	Maxolon	SK
or	or				
3477B	PROCHLORPERAZINE Injection 12.5 mg in 1 mL	10	13.71	Stemetil	MB
3479D	MORPHINE SULFATE Injection 15 mg in 1 mL	5	10.57	BL SI AP	
			11.55		
or	or				
3480E	MORPHINE SULFATE Injection 30 mg in 1 mL	5	11.94	BL	
3482G	NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL	2	*51.11	Naloxone Min-I-Jet	CS
3483H	PETHIDINE HYDROCHLORIDE Injection 100 mg in 2 mL	5	9.56	BL SI AP	
			11.80		
3488N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	*13.87	BL	
3496B	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	16.56	^a Asmol 2.5 uni-dose	AF
				^a Respax 2.5 Sterinebs	DW
			16.87	^a Ventolin Nebules	GW
3497C	SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	17.26	^a Asmol 5 uni-dose	AF
				^a Respax 5 Sterinebs	DW
			17.57	^a Ventolin Nebules	GW

EMERGENCY DRUG (DOCTOR’S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty \$	Proprietary Name and Manufacturer	
3490Q	TERBUTALINE SULFATE Injection 100 micrograms in 1 mL	5	8.25	Bricanyl	AP
	or				
3491R	TERBUTALINE SULFATE Injection 500 micrograms in 1 mL	5	8.38	Bricanyl	AP
3493W	TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*45.59	CS	
3494X	VERAPAMIL HYDROCHLORIDE Injection 5 mg in 2 mL	5	9.35	^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. No. of Qty 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 \$	Proprietary Name and Manufacturer
BLEOMYCIN							
❖ Restricted benefit ❖							
Germ cell neoplasms; Lymphoma.							
2315W	Injection 15 units bleomycin activity (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)	10 ..	469.90 540.17	*526.69 526.72	*996.59 1066.89	17.40 17.40	BL Blenoxane BQ
POLYGELINE							
2334W	I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3 ..	7.20	*60.63	*67.83	17.40	Haemaccel HP
SELEGILINE HYDROCHLORIDE							
❖ Authority required ❖							
Adjunctive therapy in late stage Parkinson's disease in patients being treated with levodopa with benserazide or levodopa with carbidopa.							
1973W	Tablet 5 mg	100 5	39.67	80.74	120.41	17.40	Eldepryl RC

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	..	6.83	7.67	Fungilin	BQ
3033P	NYSTATIN Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	7.48	8.32	Mycostatin Nilstat	BQ LE
• Other agents for local oral treatment								
BENZYDAMINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
Treatment of radiation induced mucositis.								
1121B	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	‡1	1	..	16.06	16.90	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	..	*11.23	12.07	Amphojel	WT
• Calcium compounds								
8044J	CALCIUM CARBONATE Oral suspension 1.25 g per 10 mL, 500 mL	2	5	..	*11.23	12.07	Dexsal Antacid Liquid	RC
• Combinations and complexes of aluminium, calcium and magnesium compounds								
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE								
2576N	Tablet 200 mg-200 mg	200	5	.. 0.30	*11.23 *11.53	12.07 12.07	^a Gelusil ^a Mylanta	WW PD
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	.. 0.30	*11.23 *11.53	12.07 12.07	^a Gelusil ^a Mylanta	WW PD
2156L	Oral suspension 215 mg-80 mg per 5 mL, 500 mL	2	5	..	*11.23	12.07	Simeco	WT
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE								
1032H	Tablet 250 mg-120 mg-120 mg	200	5	..	*11.23	12.07	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg- 120 mg per 5 mL, 500 mL	2	5	..	*11.23	12.07	Gastrogel	FM
• Antacids, other combinations								
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE								
2158N	Oral suspension 306 mg-97.5 mg- 10 mg per 5 mL, 500 mL	2	5	..	*11.23	12.07	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	..	30.64	17.40	^a <i>Magicul 200</i> AF ^a <i>Sigmatadine</i> SI ^a <i>WL-Cimetidine</i> 200 WE ^a <i>Tagamet</i> SK
				1.74	32.38	17.40	
1158Y	Tablet 400 mg	60	2	..	30.64	17.40	^a <i>Magicul 400</i> AF ^a <i>Sigmatadine</i> SI ^a <i>WL-Cimetidine</i> 400 WE ^a <i>Tagamet</i> SK
				1.74	32.38	17.40	
1159B	Tablet 800 mg	30	1	..	32.89	17.40	^a <i>Magicul 800</i> AF ^a <i>Tagamet</i> SK
				0.59	33.48	17.40	
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	1	..	35.27	17.40	<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	..	32.19	17.40	<i>Amfamox 20</i> AD <i>Pepcidine M</i> MK
2488Y	Tablet 40 mg	30	1	..	32.19	17.40	<i>Amfamox 40</i> AD <i>Pepcidine</i> 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	..	33.68	17.40	<i>Tazac</i> LY
1504E	Capsule 300 mg	30	1	..	33.68	17.40	<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	..	33.04	17.40	<i>Zantac</i> GW
1937Y	Effervescent tablet 150 mg (base)	60	2	..	33.04	17.40	<i>Zantac</i> GW
1977C	Tablet 300 mg (base)	30	1	..	33.04	17.40	<i>Zantac</i> GW

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;</i>								
<i>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	..	46.87	17.40	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;</i>								
<i>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	..	82.93	17.40	Zoton	LE
❖ Authority required ❖								
<i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.</i>								
2241Y	Capsule 30 mg	28	5	..	82.93	17.40	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	..	82.93	17.40	Losec	AP
❖ Authority required ❖								
<i>Severe refractory ulcerating oesophagitis;</i>								
<i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures;</i>								
<i>Zollinger-Ellison syndrome.</i>								
1327W	Capsule 20 mg	28	5	..	82.93	17.40	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;</i>								
<i>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	..	82.93	17.40	Somac	PS
❖ Authority required ❖								
<i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures;</i>								
<i>Zollinger-Ellison syndrome.</i>								
8008L	Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole	28	5	..	82.93	17.40	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	..	28.70	17.40	De-Nol	PD
2056F	SUCRALFATE Tablet 1 g (hydrous)	120	2	..	22.99	17.40	SCF	SR
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	.. 1.65	22.99 24.64	17.40 17.40	^a Ulcyte ^a Carafate	AF 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	..	*11.41	12.25	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	..	9.93	10.77	FM	
1089H	Injection 600 micrograms in 1 mL	10	1	..	9.42	10.26	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	..	5.97	6.81	Atrobel	FM
2706K	Tablet 138.7 micrograms- 20.3 micrograms-14.8 micrograms	100	2	..	6.06	6.90	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	..	6.11	6.95	Donnatab	WT

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

1188M	Tablet 5 mg	90	5	..	23.56	17.40	Prepulsid	JC
1189N	Tablet 10 mg	90	5	..	35.54	17.40	Prepulsid	JC
1294D	Tablet 20 mg	60	5	..	40.26	17.40	Prepulsid Forte	JC
1190P	Oral suspension 1 mg per mL, 200 mL	‡1	5	..	22.22	17.40	Prepulsid	JC
1347X	DOMPERIDONE Tablet 10 mg	25	..	..	6.73	7.57	Motilium	JC
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	2.00	5.95 7.95	6.79 6.79	Pramin Maxolon	AF SK
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.49	7.33	Maxolon	SK
1206L	Injection 10 mg in 2 mL	10	..	..	9.74	10.58	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	..	..	109.30	17.40	Zofran	GW
1595Y	Tablet 8 mg	10	..	..	187.02	17.40	Zofran	GW
1596B	I.V. injection 4 mg in 2 mL	1	..	..	26.64	17.40	Zofran	GW
1597C	I.V. injection 8 mg in 4 mL	1	..	..	43.74	17.40	Zofran	GW

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	
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TROPISETRON HYDROCHLORIDE❖ **Authority required** ❖

Management of nausea and vomiting associated with cytotoxic chemotherapy.

2745L	Capsule 5 mg (base)	5	..	..	163.24	17.40	Navoban	SZ
2746M	I.V. injection 5 mg (base) in 5 mL	1	..	..	43.74	17.40	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	..	..	*6.87	7.71	Stemetil	MB
2369Q	Injection 12.5 mg in 1 mL	10	..	..	13.71	14.55	Stemetil	MB
2894H	Suppositories 5 mg, 5	‡1	2	..	10.05	10.89	Stemetil	MB
2895J	Suppositories 25 mg, 5	‡1	2	..	10.89	11.73	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	..	9.63	10.47	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	..	11.04	11.88	Bisalax	FC
1260H	Suppositories 10 mg, 10	3	5	..	*21.24	17.40	Durolax	BY
1258F	Suppositories 10 mg, 12	3	4	..	*17.16	17.40	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;</i>								
<i>Patients who are receiving long-term nursing care in hospitals and nursing homes;</i>								
<i>Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;</i>								
<i>Patients receiving palliative care;</i>								
<i>Terminal malignant neoplasia;</i>								
<i>Anorectal congenital abnormalities;</i>								
<i>Megacolon.</i>								
1125F	Suppositories 100 mg-10 mg, 5	6	5	..	*21.27	17.40	Coloxyl	FM
• Bulk producers								
STERCULIA with FRANGULA BARK								
❖ Restricted benefit ❖								
<i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;</i>								
<i>Patients who are receiving long-term nursing care in hospitals and nursing homes;</i>								
<i>Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;</i>								
<i>Patients receiving palliative care;</i>								
<i>Terminal malignant neoplasia;</i>								
<i>Anorectal congenital abnormalities;</i>								
<i>Megacolon.</i>								
1102B	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.77	17.40	Granocol	SC
1104D	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	20.17	17.40	Normacol Plus	NE
• Osmotically acting laxatives								
LACTULOSE								
❖ Restricted benefit ❖								
<i>Hepatic coma or precoma (chronic porto-systemic encephalopathy);</i>								
<i>Malignant neoplasia.</i>								
3064G	Mixture 3.34 g per 5 mL, 500 mL	‡1	5	..	15.02	15.86	^a Actilax	AF
					1.76	16.78	^a Lac-Dol	DP
							^a Duphalac	JC
• Enemas								
BISACODYL								
❖ Restricted benefit ❖								
<i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;</i>								
<i>Patients who are receiving long-term nursing care in hospitals and nursing homes;</i>								
<i>Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;</i>								
<i>Patients receiving palliative care;</i>								
<i>Terminal malignant neoplasia;</i>								

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	
BISACODYL—cont.								
<i>Anorectal congenital abnormalities; Megacolon.</i>								
1263L	Enemas 10 mg in 5 mL, 25	#1	2	..	35.31	17.40	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	..	*30.47	17.40	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	..	*13.08	13.92	PP	
2556M	Suppositories 1.4 g (for children), 12	3	5	..	*13.74	14.58	PP	
2557N	Suppositories 2.8 g (for adults), 12	3	5	..	*14.10	14.94	PP	
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS								
Intestinal antiinfectives								
• Antibiotics								
2325J	NEOMYCIN SULFATE Tablet 500 mg	25	1	..	13.09	13.93	Neosulf	AF
1696G	NYSTATIN Tablet 500,000 units	50	..	..	11.02	11.86	Mycostatin Nilstat	BQ LE
1699K	Capsule 500,000 units	50	..	..	11.02	11.86	Mycostatin Nilstat	BQ LE

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	
VANCOMYCIN								
❖ Restricted benefit ❖								
<i>Antibiotic associated colitis.</i>								
3113W	Capsule 125 mg (125,000 i.u.) vancomycin activity	40	..	..	*255.63	17.40	Vancocin	LY
3114X	Capsule 250 mg (250,000 i.u.) vancomycin activity	40	..	..	*494.29	17.40	Vancocin	LY
Intestinal adsorbents								
• Charcoal preparations								
CHARCOAL, ACTIVATED								
❖ Restricted benefit ❖								
<i>For colostomy and ileostomy use.</i>								
2718C	Tablet 300 mg	500	1	..	20.79	17.40	Ad-Sorb Karbons WEING	KY EG
• Other intestinal adsorbents								
ALUMINIUM HYDROXIDE with KAOLIN								
2552H	Oral suspension 137 mg-1 g per 5 mL, 500 mL	‡1	2	..	7.94	8.78	Kaomagma	WT
Electrolytes with carbohydrates								
• Oral rehydration salt formulations								
ELECTROLYTE REPLACEMENT (ORAL)								
3196F	Sachets containing powder for oral solution 4.87 g, 10	‡1	..	..	12.24	13.08	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	..	.. 0.62	5.95 6.57	6.79 6.79	^a Lofenoxal ^a Lomotil	MO SR
LOPERAMIDE HYDROCHLORIDE								
1571Q	Capsule 2 mg	12	..	.. 1.00	5.95 6.95	6.79 6.79	^a Gastro-Stop Loperamide ^a Imodium	RR 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	..	*31.21	17.40	Colifoam	SV
[For other listings for this drug see Generic/Proprietary Index]								
PREDNISOLONE SODIUM PHOSPHATE								
❖ Restricted benefit ❖								
<i>Proctitis; Ulcerative colitis.</i>								
2554K	Suppositories equivalent to 5 mg prednisolone, 10	3	3	..	*22.05	17.40	Predsol	SI
PREDNISOLONE SODIUM PHOSPHATE								
1920C	Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*72.37	17.40	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	..	73.45	17.40	Mesasal	SK
OLSALAZINE SODIUM								
❖ Authority required ❖								
<i>Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.</i>								
1728Y	Capsule 250 mg	100	5	..	61.12	17.40	Dipentum	PS
8086N	Tablet 500 mg	100	5	..	104.39	17.40	Dipentum	PS
SULFASALAZINE								
❖ Restricted benefit ❖								
<i>Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.</i>								
2093E	Tablet 500 mg	200	5	..	*41.27	17.40	Salazopyrin	PS
2096H	Tablet 500 mg (enteric coated)	200	5	..	*44.97	17.40	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								
8020D	PANCREATIC EXTRACT Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*174.14	17.40	Creon	SM
8021E	Capsule (containing enteric coated microspheres) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.17	17.40	Creon Forte	SM
1735H	PANCREATIN ENZYME Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	52.95	17.40	Viokase	AY
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	10	..	52.95	17.40	Viokase	AY
2496J	PANCRELIPASE Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	120.89	17.40	Pancrease	JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	..	*177.25	17.40	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	..	*121.84	17.40	Hypurin Isophane Isotard MC	FC NO
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.24	17.40	Humulin NPH Protaphane	AZ NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.69	17.40	Humulin NPH Protaphane HM Penfill	AZ NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.69	17.40	Humulin NPH Protaphane Penfill 3 mL	AZ NO
8084L	INSULIN LISPRO Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*176.59	17.40	Humalog	AZ
8085M	Injections (human analogue) 100 units per mL, 1.5 mL, 5	10	1	..	*289.49	17.40	Humalog	AZ

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	
1713E	INSULIN NEUTRAL Injection (bovine) 100 units per mL, 10 mL	5	2	..	*101.09	17.40	Hypurin Neutral FC Insulin 2 Neutral	NO
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.24	17.40	Actrapid Humulin R	NO AZ
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.69	17.40	Actrapid HM Penfill Humulin R	NO AZ
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.69	17.40	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	..	*130.24	17.40	Humulin 20/80	AZ
1426C	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*130.24	17.40	Humulin 30/70 Mixtard 30/70	AZ NO
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*130.24	17.40	Humulin 50/50 Mixtard 50/50	AZ NO
2061L	Injections (human) 100 units (15 units-85 units) per mL, 3 mL, 5	5	1	..	*219.69	17.40	Mixtard 15/85 Penfill 3 mL	NO
1592T	Injections (human) 100 units (20 units-80 units) per mL, 1.5 mL, 5	10	1	..	*219.69	17.40	Humulin 20/80	AZ
8006J	Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5	5	1	..	*219.69	17.40	Humulin 20/80	AZ
1429F	Injections (human) 100 units (30 units-70 units) per mL, 1.5 mL, 5	10	1	..	*219.69	17.40	Humulin 30/70 Mixtard 30/70 Penfill	AZ NO
1763T	Injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*219.69	17.40	Humulin 30/70 Mixtard 30/70 Penfill 3 mL	AZ NO
2062M	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*219.69	17.40	Mixtard 50/50 Penfill 3 mL	NO
1716H	INSULIN ZINC SUSPENSION (Lente) Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.84	17.40	Lente MC	NO
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.24	17.40	Humulin L Monotard	AZ NO
1721N	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.84	17.40	Ultralente MC	NO
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.24	17.40	Humulin UL Ultratard	AZ NO

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Oral blood glucose lowering drugs								
• Biguanides								
METFORMIN HYDROCHLORIDE								
2430X	Tablet 500 mg	100	5	.. 1.10	14.74 15.84	15.58 15.58	^a Diaformin ^a Diabex ^a Glucophage	AF FC LH
1801T	Tablet 850 mg	60	5	.. 1.10	14.74 15.84	15.58 15.58	^a Diaformin 850 ^a Diabex 850 ^a Glucophage	AF FC LH
• Sulfonamides, urea derivatives								
CHLORPROPAMIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
1202G	Tablet 250 mg	100	5	..	11.99	12.83	Diabinese	PF
GLIBENCLAMIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2940R	Tablet 2.5 mg	100	5	..	8.09	8.93	Semi-Daonil	HP
2939Q	Tablet 5 mg	100	5	.. 0.52 1.00	9.71 10.23 10.71	10.55 10.55 10.55	^a Glimel ^a Euglucon ^a Daonil	AF BO HP
GLICLAZIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2449X	Tablet 80 mg	100	5	..	15.30	16.14	Diamicron	SE
GLIPIZIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2440K	Tablet 5 mg	100	5	.. 0.86	14.19 15.05	15.03 15.03	^a Melizide ^a Minidiab	AF PS
TOLBUTAMIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2178P	Tablet 500 mg	200	2	..	*15.41	16.25	Rastinon	HP
2607F	Tablet 1 g	100	5	..	15.41	16.25	Rastinon	HP

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	
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	..	62.59	17.40	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	..	43.18	17.40	A.T.10	SW
ERGOCALCIFEROL								
❖ Restricted benefit ❖								
<i>Hypocalcaemia;</i>								
<i>Hypoparathyroidism;</i>								
<i>Osteomalacia following gastrectomy, severe steatorrhoea or renal failure;</i>								
<i>Vitamin D-resistant rickets.</i>								
2498L	Tablet 250 micrograms	100	5	..	25.40	17.40	Ostelin	BT
Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂								
• Thiamine (vitamin B₁), plain								
1065C	THIAMINE HYDROCHLORIDE Injection 100 mg in 1 mL	5	1	..	8.64	9.48	Beta-Sol	FM
Other plain vitamin preparations								
• Other plain vitamin preparations								
PYRIDOXINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Homocystinuria;</i>								
<i>Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment;</i>								
<i>Primary hyperoxaluria;</i>								
<i>Pyridoxine-responsive anaemia, proven;</i>								
<i>Pyridoxine-responsive convulsions;</i>								
<i>Radiation sickness;</i>								
<i>Sideroblastic (refractory) anaemia.</i>								
1965K	Tablet 25 mg	100	..	..	7.77	8.61	FM	

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	
MINERAL SUPPLEMENTS								
Calcium								
• Calcium								
CALCIUM								
❖ Restricted benefit ❖								
<i>Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.</i>								
3116B	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*12.27	13.11	Cal-Sup	MM
3117C	Tablet 600 mg (as carbonate)	120	1	..	12.09	12.93	Caltrate SandoCal 600 mg	WT SZ
Potassium								
• Potassium								
POTASSIUM CHLORIDE								
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.45	11.29	KSR Slow-K Span-K	AF CG FC
3012M	Effervescent tablet 14 mmol K ⁺ and 8 mmol Cl ⁻	60	1	..	*10.45	11.29	Chlorvescent	FC
ANABOLIC AGENTS FOR SYSTEMIC USE								
Anabolic steroids								
• Androstan derivatives								
METHENOLONE ACETATE								
❖ Authority required ❖								
<i>Osteoporosis; 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	..	*46.53	17.40	Primobolan	SC
OXANDROLONE								
❖ Authority required ❖								
<i>Promotion of growth in girls with Turner syndrome; Promotion of growth in boys of short stature with delayed bone maturation.</i>								
2545Y	Tablet 2.5 mg	100	1	..	466.29	17.40	Lonavar	CS
• Estren derivatives								
NANDROLONE DECANOATE								
❖ Authority required ❖								
<i>Osteoporosis where other therapy is inappropriate; Patients on long-term treatment with corticosteroids.</i>								
1671Y	Injection 50 mg in 1 mL, disposable syringe	1	7	..	16.61	17.40	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	..	7.13	7.97	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	7.30	8.14	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.54	8.38	Marevan	BA
2211J	Tablet 5 mg	50	2	..	8.03	8.87	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	..	..	81.29	17.40	Fragmin	PS
ENOXAPARIN SODIUM								
❖ Authority required ❖								
Major hip surgery.								
1831J	Injection 40 mg in 0.4 mL pre-filled syringe	10	..	..	81.29	17.40	Clexane	RR
❖ Authority required ❖								
Treatment of deep vein thrombosis.								
8040E	Injection 100 mg in 1 mL ampoule	20	..	..	*372.29	17.40	Clexane	RR
HEPARIN CALCIUM								
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.54	11.38	Calcipar Calciparine	FC SW
HEPARIN SODIUM								
❖ Restricted benefit ❖								
For use in home dialysis.								
1463B	Injection (preservative-free) 5,000 units in 5 mL	50	5	..	*52.04	17.40	Monoparin	FC
HEPARIN SODIUM								
1466E	Injection 5,000 units in 0.2 mL	5	5	..	9.35	10.19	BL FC	
1467F	Injection 5,000 units in 1 mL	5	5	..	9.35	10.19	BL FC	
1468G	Injection 25,000 units in 5 mL	2	5	..	*11.71	12.55	FC	

continued ➡

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	
1076P	HEPARIN SODIUM—cont. Injection 35,000 units in 35 mL	12	5	..	*105.93	17.40	BL	
• Platelet aggregation inhibitors excl. heparin								
ABCIXIMAB								
❖ Authority required ❖								
<i>Adjunctive therapy in patients undergoing percutaneous transluminal coronary angioplasty or directional atherectomy, who have an evolving or recent myocardial infarction, unstable angina, or high risk angiographic lesion morphology or clinical characteristics.</i>								
8048N	I.V. injection 10 mg in 5 mL	3	..	..	*1642.29	17.40	ReoPro	LY
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	..	164.58	17.40	Ticlid	SD
• Enzymes								
ALTEPLASE								
(Recombinant tissue-type plasminogen activator)								
❖ 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	..	..	*2412.99	17.40	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	..	..	201.63	17.40	^a Kabikinase ^a Streptase	PS HP
ANTHEMORRHAGICS								
Antifibrinolytics								
• Amino acids								
TRANEXAMIC ACID								
2180R	Tablet 500 mg	100	2	..	50.62	17.40	Cyklokapron	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	
ANTI-ANEMIC PREPARATIONS								
Iron preparations								
• Iron bivalent, oral preparations								
FERROUS GLUCONATE								
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	4	1	..	9.01	9.85	Fergon	SW
FERROUS SULFATE DRIED								
2689M	Tablet 350 mg (sustained release)	2	30	..	6.29	7.13	Ferro-Gradumets	AB
• Iron trivalent, parenteral preparations								
IRON POLYMALTOSE COMPLEX								
2593L	Injection 100 mg (iron) in 2 mL	..	5	..	20.68	17.40	Ferrum H	SI
• Iron in combination with folic acid								
FERROUS SULFATE DRIED with FOLIC ACID								
3160H	Tablet 270 mg-300 micrograms (sustained release)	2	30	..	6.61	7.45	F.G.F.	AB
Vitamin B₁₂ and folic acid								
• Vitamin B₁₂ (cyanocobalamin and derivatives)								
HYDROXOCOBALAMIN								
❖ Restricted benefit ❖								
Pernicious anaemia;								
Other proven vitamin B₁₂ deficiencies.								
1508J	Injection 1 mg in 1 mL	3	..	..	10.89	11.73	Neo-Cytamen	BL
NOTE:								
One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B₁₂ deficiencies.								
• Folic acid and derivatives								
FOLIC ACID								
2958Q	Tablet 500 micrograms	..	200	..	*7.37	8.21	Megafof 0.5 SI	AF
1437P	Tablet 5 mg	1	200	..	*7.37	8.21	Megafof 5 SI	AF
NOTE:								
The 5 mg strength tablet should be used in malabsorption states only.								

SERUM LIPID-REDUCING 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, the results of a workshop conducted in May 1994, and the advice of a working party which met in November 1995 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 fluvastatin sodium, gemfibrozil, pravastatin sodium and simvastatin as pharmaceutical benefits.

continued ➤

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

QUALIFYING CRITERIA FOR DYSLIPIDAEMIA**Dietary Therapy**

All patients should receive dietary therapy, typically for six weeks, before resorting to drug treatment. For obese patients, a longer dietary period should be considered.

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 existing coronary heart disease

cholesterol > 5.5 mmol/L

Other patients at high risk with one or more of the following:

diabetes mellitus;
familial hypercholesterolaemia;
family history of coronary heart disease
(first degree relative less than 60 years of age);
hypertension;
peripheral vascular disease

cholesterol > 6.5 mmol/L
or
cholesterol > 5.5 mmol/L
and HDL < 1 mmol/L

Patients with HDL < 1 mmol/L

cholesterol > 6.5 mmol/L

Patients not eligible under the above:

men 35-75 years and postmenopausal women
up to 75 years

cholesterol > 7.5 mmol/L
or
triglyceride > 4 mmol/L

Other patients not included in the above

cholesterol > 9 mmol/L
or
triglyceride > 8 mmol/L

Choice of Drug

Predominant hypercholesterolaemia. The preferred drugs are the HMG CoA reductase inhibitors ('statin' drugs), bile acid resins, gemfibrozil or nicotinic acid.

Mixed Hyperlipidaemia. The preferred drugs are gemfibrozil, HMG CoA reductase inhibitors or nicotinic acid.

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								
FLUVASTATIN 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.</i>								
8023G	Capsule 20 mg (base)	28	5	..	29.61	17.40	Lescol Vastin	SZ AP
8024H	Capsule 40 mg (base)	28	5	..	36.67	17.40	Lescol Vastin	SZ AP
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;</i>								
<i>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	..	30.69	17.40	Pravachol	BQ
2833D	Tablet 10 mg	30	5	..	42.01	17.40	Pravachol	BQ
2834E	Tablet 20 mg	30	5	..	58.07	17.40	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;</i>								
<i>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	..	30.69	17.40	Lipex 5 Zocor	AD MK
2011W	Tablet 10 mg	30	5	..	42.01	17.40	Lipex 10 Zocor	AD MK
2012X	Tablet 20 mg	30	5	..	58.07	17.40	Lipex 20 Zocor	AD MK

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	
• 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	..	15.86	16.70	Atromid-S	IC
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	45.87 47.52	17.40 17.40	^a Jezil ^a Lopid	AF 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	..	*52.69	17.40	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	†1	5	..	49.82	17.40	Questran Lite	BQ
COLESTIPOL HYDROCHLORIDE NOTE: See General Statement for Lipid-Lowering Drugs above.								
1224K	Sachets 5 g, 120	†1	5	..	62.37	17.40	Colestid	UP
• Nicotinic acid and derivatives NICOTINIC ACID								
1687T	Tablet 250 mg	200	5	..	*18.59	17.40	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	..	31.82	17.40	Lurselle	ML

BLOOD AND BLOOD FORMING ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS							
Blood and related products							
• Plasma substitutes and plasma protein fractions							
2307K	DEXTRAN 40 with GLUCOSE I.V. infusion 100 mg per mL- 139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	75.15	17.40	Rheomacrodex MA
2306J	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	75.15	17.40	Rheomacrodex MA
3011L	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	76.00	17.40	Macrodex MA
POLYGELENE See Special Pharmaceutical Benefits							
I.V. solutions							
• Solutions for parenteral nutrition							
2245E	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*13.64	14.48	^a AB ^a BX
2252M	I.V. infusion 1387 mmol (anhydrous) per 500 mL (50%), 500 mL	2	1	..	*10.47	11.31	AB
• Solutions affecting the electrolyte balance							
ELECTROLYTE REPLACEMENT SOLUTION							
3199J	I.V. infusion 1 L	2	1	..	*10.47	11.31	Plasma-Lyte 148 BX
2264E	SODIUM CHLORIDE I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*13.64	14.48	BX
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*10.47	11.31	BX
2266G	SODIUM CHLORIDE COMPOUND I.V. infusion 1 L	4	1	..	*16.17	17.01	BX
2281C	SODIUM CHLORIDE with GLUCOSE I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*13.64	14.48	BX
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%- 3.75%), 500 mL	5	1	..	*17.04	17.40	BX
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	1	..	*17.04	17.40	BX
2286H	SODIUM LACTATE COMPOUND I.V. infusion 1 L	5	1	..	*13.64	14.48	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								
• <i>Digitalis glycosides</i>								
DIGOXIN								
2605D	Tablet 62.5 micrograms	200	1	..	8.05	8.89	Lanoxin-PG	GW
1322N	Tablet 250 micrograms	100	1	..	8.34	9.18	Lanoxin	GW
3164M	Oral solution for children 50 micrograms per mL, 100 mL	‡1	3	..	21.12	17.40	Lanoxin	GW
Antiarrhythmics, class I and III								
• <i>Antiarrhythmics, class IA</i>								
DISOPYRAMIDE								
2923W	Capsule 100 mg	100	5	.. 1.26	22.06 23.32	17.40 17.40	^a Norpace ^a Rythmodan	SR RL
2924X	Capsule 150 mg	100	5	.. 1.26	29.65 30.91	17.40 17.40	^a Norpace ^a Rythmodan	SR RL
PROCAINAMIDE HYDROCHLORIDE								
2653P	Capsule 250 mg	200	1	..	*23.65	17.40	Pronestyl	BQ
QUINIDINE BISULFATE								
CAUTION: Severe thrombocytopenia has been reported with this drug.								
2623C	Tablet 250 mg (sustained release)	100	5	..	21.78	17.40	Kinidin Durule	AP
• <i>Antiarrhythmics, class IB</i>								
LIGNOCAINE HYDROCHLORIDE								
2875H	Injection 100 mg in 5 mL	‡2	..	..	11.55	12.39	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	11.22	12.06	Xylocard 500	AP
MEXILETINE HYDROCHLORIDE								
1682M	Capsule 50 mg	100	5	..	27.39	17.40	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	55.99	17.40	Mexitil	BY
• <i>Antiarrhythmics, class IC</i>								
FLECAINIDE ACETATE								
CAUTION: <i>Flecainide acetate should be avoided in patients with poor cardiac function.</i>								
❖ Restricted benefit ❖								
<i>Treatment of serious cardiac arrhythmias. Treatment must be initiated in a hospital (in-patient or out-patient).</i>								
1088G	Tablet 50 mg	60	5	..	34.21	17.40	Tambocor	MM
1090J	Tablet 100 mg	60	5	..	45.54	17.40	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	..	18.59	17.40	^a Aratac 100 ^a Cordarone X 100	AF SW
2343H	Tablet 200 mg	30	5	..	28.49	17.40	^a Aratac 200 ^a Cordarone X 200	AF SW
SOTALOL HYDROCHLORIDE ❖ Restricted benefit ❖ Severe cardiac arrhythmias.								
2043M	Tablet 160 mg	60	5	.. 1.01	31.83 32.84	17.40 17.40	^a Cardol ^a Sotacor	AF BQ
Vasodilators used in cardiac diseases								
• Organic nitrates								
GLYCERYL TRINITRATE								
1459T	Tablets 600 micrograms, 100	‡1	5	..	6.63	7.47	Anginine Stabilised	BW
1470J	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) NOTE: The spray should not be inhaled.	‡1	5	..	17.45	17.40	Nitrolingual Spray	FC
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	‡1	5	..	15.40	16.24	Nitro-Bid	ML
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	5	..	26.68	17.40	Nitradisc	SR
1514Q	Transdermal disc releasing approximately 10 mg per 24 hours	30	5	..	33.66	17.40	Nitradisc	SR
1487G	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.68	17.40	Deponit 5	AP
8027L	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.68	17.40	Minitran 5	MM
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.68	17.40	Transiderm-Nitro 25	CG
8010N	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.68	17.40	Nitro-Dur 5	SH
1488H	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.66	17.40	Deponit 10	AP
8028M	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.66	17.40	Minitran 10	MM

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
1516T	GLYCERYL TRINITRATE—cont. Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.66	17.40	Transiderm-Nitro 50 CG
8011P	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.66	17.40	Nitro-Dur 10 SH
8026K	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.66	17.40	Nitro-Dur 15 SH
2587E	ISOSORBIDE DINITRATE Tablet 10 mg	200	2	.. 2.32	*11.99 *14.31	12.83 12.83	^a Isogen ^a Sorbidin ^a Isordil WX AF AY
2586D	Tablet 20 mg	100	5	..	11.68	12.52	Isordil AY
2588F	Sublingual tablet 5 mg	200	2	..	*12.99	13.83	Isordil Sublingual AY
1558B	ISOSORBIDE MONONITRATE Tablet 60 mg (sustained release)	30	5	..	22.98	17.40	Imdur Durule AP
• Other vasodilators used in cardiac diseases PERHEXILINE MALEATE ❖ Authority required ❖ Angina not responding to other therapy.							
1822X	Tablet 100 mg	100	5	..	41.69	17.40	Pexid SI
ANTIHYPERTENSIVES Antidiuretic agents, centrally acting							
• Methyldopa METHYLDOPA							
3194D	Tablet 125 mg	100	5	..	8.94	9.78	^a Aldomet-M ^a Aldopren 125 ^a Nudopa 125 mg MK AD DP
1629R	Tablet 250 mg	100	5	.. 1.52	10.07 11.59	10.91 10.91	^a Aldopren 250 ^a Hydopa ^a Nudopa 250 mg ^a Aldomet AD AF DP MK
• Imidazoline receptor agonists CLONIDINE							
3145M	Tablet 100 micrograms	100	5	..	25.63	17.40	Catapres 100 BY
3141H	Tablet 150 micrograms	100	5	..	33.77	17.40	Catapres BY
Antidiuretic agents, peripherally acting • Alpha-adrenoceptor blocking agents PRAZOSIN HYDROCHLORIDE							
1479W	Tablet 1 mg (base)	100	5	.. 1.95	13.75 15.70	14.59 14.59	^a Pressin 1 ^a Minipress AF PF
1480X	Tablet 2 mg (base)	100	5	.. 1.95	17.27 19.22	17.40 17.40	^a Pressin 2 ^a Minipress AF PF
1478T	Tablet 5 mg (base)	100	5	.. 1.95	26.29 28.24	17.40 17.40	^a Pressin 5 ^a Minipress AF 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	
Arteriolar smooth muscle, agents acting on								
• Hydrazinophthalazine derivatives								
HYDRALAZINE HYDROCHLORIDE								
1640H	Tablet 25 mg	200	2	..	*10.81	11.65	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.47	14.31	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	..	45.54	17.40	Loniten	UP
• Nitroferricyanide derivatives								
SODIUM NITROPRUSSIDE								
1100X	I.V. infusion 50 mg	10	..	..	54.86	17.40	BL	
DIURETICS								
Low-ceiling diuretics, thiazides								
• Thiazides, plain								
BENDROFLUAZIDE								
1106F	Tablet 5 mg	100	1	..	8.55	9.39	Aprinox	BT
CHLOROTHIAZIDE								
1187L	Tablet 500 mg	100	1	..	*10.51	11.35	Chlotride	AD
HYDROCHLOROTHIAZIDE								
1484D	Tablet 25 mg	100	1	..	*9.75	10.59	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*10.73	11.57	Dichlotride	MK
METHYCLOTHIAZIDE								
1625M	Tablet 5 mg	100	1	..	*9.15	9.99	Enduron	AB
Low-ceiling diuretics, excl. thiazides								
• Sulfonamides, plain								
CHLORTHALIDONE								
1585K	Tablet 25 mg	100	1	..	*10.51	11.35	Hygroton	CG
INDAPAMIDE								
2436F	Tablet 2.5 mg	90	1	..	19.47	17.40	^a Dapa-Tabs	AF
							^a Nadide 2.5	AD
							^a Napamide	DP
				2.73	22.20	17.40	2.5 mg	SE
							^a Natrilix	
METOLAZONE								
1203H	Tablet 2.5 mg	100	1	..	8.84	9.68	Diulo	SR

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	
High-ceiling diuretics								
• Sulfonamides, plain								
1130L	BUMETANIDE Tablet 1 mg	100	1	..	10.21	11.05	Burnex	AP
2414C	FRUSEMIDE Tablet 20 mg	100	1	..	*7.87	8.71	Lasix-M Urex-M	HP FM
2412Y	Tablet 40 mg	100	1	..	7.54	8.38	^a Uremide	AF
				0.93	8.47	8.38	^a Urex ^a Lasix	FM HP
2415D	Tablet 500 mg	50	3	..	20.69	17.40	Urex-Forte	FM
				4.47	25.16	17.40	Lasix	HP
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	12.65	13.49	Lasix	HP
2413B	Injection 20 mg in 2 mL	5	..	..	7.04	7.88	Lasix AF	HP
• Aryloxyacetic acid derivatives								
ETHACRYNIC ACID								
❖ Restricted benefit ❖								
<i>Patients hypersensitive to other oral diuretics.</i>								
2511E	Tablet 50 mg	100	1	..	*32.19	17.40	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>								
2339D	Tablet 25 mg	100	5	..	12.54	13.38	^a Spiractin 25	AF
				1.03	13.57	13.38	^a Aldactone	SR
2340E	Tablet 100 mg	100	5	..	36.74	17.40	^a Spiractin 100	AF
				1.06	37.80	17.40	^a Aldactone	SR
• Other potassium-sparing agents								
AMILORIDE HYDROCHLORIDE								
CAUTION:								
<i>Serum electrolytes should be checked regularly.</i>								
3109P	Tablet 5 mg	100	1	..	*8.03	8.87	^a Amidal 5 mg	DP
							^a Kaluril	AF
							^a Midoride 5	AD
				2.38	*10.41	8.87	^a Midamor	MK

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
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	..	*10.89	11.73	^a Amizide AF ^a Hydrozide DP ^a Modizide 50/5 AD ^a Moduretic MK
				2.22	*13.11	11.73	
HYDROCHLOROTHIAZIDE with TRIAMTERENE							
CAUTION: Serum electrolytes should be checked regularly.							
1280J	Tablet 25 mg-50 mg	100	1	..	10.89	11.73	^a Hydrene 25/50 AF ^a Dyazide SK
				3.50	14.39	11.73	
PERIPHERAL VASODILATORS							
Peripheral vasodilators							
• Other peripheral vasodilators							
PHENOXYBENZAMINE HYDROCHLORIDE							
❖ Restricted benefit ❖ <i>Phaeochromocytoma; Neurogenic urinary retention.</i>							
1862B	Capsule 10 mg	100	5	..	23.74	17.40	Dibenzyline SK
BETA BLOCKING AGENTS							
Beta blocking agents, plain							
• Beta blocking agents, plain, non-selective							
ALPRENOLOL HYDROCHLORIDE							
2991K	Tablet 100 mg	100	5	..	11.39	12.23	Aptin AP
OXPRENOLOL HYDROCHLORIDE							
2942W	Tablet 20 mg	100	5	..	7.93	8.77	Corbeton 20 AF
2961W	Tablet 40 mg	100	5	..	9.75	10.59	Corbeton 40 AF
PINDOLOL							
3062E	Tablet 5 mg	100	5	..	11.17	12.01	^a Barbloc 5 AF ^a Visken SZ
				1.00	12.17	12.01	
3065H	Tablet 15 mg	50	5	..	14.19	15.03	^a Barbloc 15 AF ^a Visken SZ
				1.00	15.19	15.03	
PROPRANOLOL HYDROCHLORIDE							
2565B	Tablet 10 mg	100	5	..	5.70	6.54	Deralin 10 AF Inderal IC
				2.00	7.70	6.54	
2566C	Tablet 40 mg	100	5	..	7.04	7.88	Deralin 40 AF Inderal IC
				2.00	9.04	7.88	

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	
2899N	PROPRANOLOL HYDROCHLORIDE—cont. Tablet 160 mg	50	5	.. 2.00	8.53 10.53	9.37 9.37	^a Deralin 160 ^a Inderal	AF IC
SOTALOL HYDROCHLORIDE For listings see Generic/Proprietary Index								
1281K	TIMOLOL MALEATE Tablet 5 mg	100	5	..	11.39	12.23	Blocadren	FR
• Beta blocking agents, plain, selective								
1081X	ATENOLOL Tablet 50 mg	30	5	.. 1.77	9.57 11.34	10.41 10.41	^a Anselol 50 mg ^a Noten ^a Tenlol 50 ^a Tensig ^a Tenormin	DP AF AD SI IC
1324Q	METOPROLOL TARTRATE Tablet 50 mg	100	5	.. 1.10 1.55	10.34 11.44 11.89	11.18 11.18 11.18	^a Minax 50 ^a Betaloc Lopresor 50	AF AP CG
1325R	Tablet 100 mg	60	5	.. 1.10 1.55	11.99 13.09 13.54	12.83 12.83 12.83	^a Minax 100 ^a Betaloc Lopresor 100	AF AP CG
• Alpha and beta blocking agents								
1566K	LABETALOL HYDROCHLORIDE Tablet 100 mg	100	5	.. 1.00	13.49 14.49	14.33 14.33	^a Presolol 100 ^a Trandate	AF GW
1567L	Tablet 200 mg	100	5	.. 1.05	20.28 21.33	17.40 17.40	^a Presolol 200 ^a Trandate	AF GW
CALCIUM CHANNEL BLOCKERS								
Selective calcium channel blockers with mainly vascular effects								
• Dihydropyridine derivatives								
2751T	AMLODIPINE BESYLATE Tablet 5 mg (base)	30	5	..	24.42	17.40	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	..	38.32	17.40	Norvasc	PF
2361G	FELODIPINE Tablet 2.5 mg (extended release)	30	5	..	16.20	17.04	Agon SR Plendil ER	HP AP
2366M	Tablet 5 mg (extended release)	30	5	..	20.52	17.40	Agon SR Plendil ER	HP AP
2367N	Tablet 10 mg (extended release)	30	5	..	33.11	17.40	Agon SR Plendil ER	HP AP
1694E	NIFEDIPINE Tablet 10 mg	60	5	..	20.32	17.40	Adalat 10	BN

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	
1695F	NIFEDIPINE—cont. Tablet 20 mg	60	5	.. 1.55	24.16 25.71	17.40 17.40	^a Adapline 20 ^a Nifecard 20 mg ^a Nyefax 20 mg ^a Adalat 20	AD SI DP BN
1906H	Tablet 30 mg (controlled release)	30	5	..	25.19	17.40	Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	..	31.02	17.40	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	11.07 12.07	11.91 11.91	^a Anpec 40 ^a Cordilox ^a Isoptin	AF SC KN
1250T	Tablet 80 mg	100	5	.. 0.99	16.32 17.31	17.16 17.16	^a Anpec 80 ^a Cordilox ^a Isoptin	AF SC KN
1254B	Tablet 120 mg	100	5	..	22.92	17.40	^a Cordilox ^a Isoptin	SC KN
1253Y	Tablet 160 mg	60	5	..	20.30	17.40	^a Cordilox ^a Isoptin	SC KN
2208F	Tablet 180 mg (sustained release)	30	5	..	14.00	14.84	^a Cordilox 180 SR ^a Isoptin 180 SR	SC KN
1241H	Tablet 240 mg (sustained release)	30	5	.. 1.00	17.24 18.24	17.40 17.40	^a Anpec SR ^a Cordilox SR ^a Isoptin SR	AF SC KN
2206D	Capsule 160 mg (sustained release)	30	5	..	12.22	13.06	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	17.24	17.40	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	9.35	10.19	^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	.. 1.00	27.39 28.39	17.40 17.40	^a Cardcal 60 ^a Coras ^a Dilzem 60 mg ^a WL-Diltiazem 60 ^a Cardizem	AD AF DP WE IC
1312C	Capsule 180 mg (controlled delivery)	28	5	..	28.47	17.40	Cardizem CD	IC
1313D	Capsule 240 mg (controlled delivery)	28	5	..	36.52	17.40	Cardizem CD	IC

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
AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM							
Angiotensin-converting enzyme (ACE) inhibitors, plain							
• Angiotensin-converting enzyme (ACE) inhibitors, plain							
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	..	29.16	17.40	^a Acenorm 12.5 mg AF ^a Enzace 12.5 mg BC ^a Capoten BQ
				1.22	30.38	17.40	
1148K	Tablet 25 mg	90	5	..	39.72	17.40	^a Acenorm 25 mg AF ^a Enzace 25 mg BC ^a Capoten BQ
				1.22	40.94	17.40	
1149L	Tablet 50 mg	90	5	..	72.96	17.40	^a Acenorm 50 mg AF ^a Enzace 50 mg BC ^a Capoten BQ
				1.22	74.18	17.40	
CILAZAPRIL MONOHYDRATE							
8045K	Tablet 1 mg (base)	30	5	..	18.95	17.40	Inhibace BN
8046L	Tablet 2.5 mg (base)	30	5	..	28.42	17.40	Inhibace BN
8047M	Tablet 5 mg (base)	30	5	..	34.54	17.40	Inhibace BN
ENALAPRIL MALEATE							
1370D	Tablet 5 mg	30	5	..	21.00	17.40	Amprace 5 Renitec M AD MK
1368B	Tablet 10 mg	30	5	..	28.88	17.40	Amprace 10 Renitec AD MK
1369C	Tablet 20 mg	30	5	..	34.99	17.40	Amprace 20 Renitec 20 AD MK
FOSINOPRIL SODIUM							
1182F	Tablet 10 mg	30	5	..	24.84	17.40	Monopril BQ
1183G	Tablet 20 mg	30	5	..	31.94	17.40	Monopril BQ
LISINOPRIL							
2456G	Tablet 5 mg	30	5	..	21.53	17.40	Prinivil 5 Zestril AD IC
2457H	Tablet 10 mg	30	5	..	29.66	17.40	Prinivil 10 Zestril AD IC
2458J	Tablet 20 mg	30	5	..	35.96	17.40	Prinivil 20 Zestril AD IC
PERINDOPRIL ERBUMINE							
3050M	Tablet 2 mg	30	5	..	23.99	17.40	Coversyl SE
3051N	Tablet 4 mg	30	5	..	30.84	17.40	Coversyl SE

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	
1968N	QUINAPRIL HYDROCHLORIDE Tablet 5 mg (base)	30	5	..	22.81	17.40	Accupril Asig	PD SI
1969P	Tablet 10 mg (base)	30	5	..	30.01	17.40	Accupril Asig	PD SI
1970Q	Tablet 20 mg (base)	30	5	..	35.73	17.40	Accupril Asig	PD SI
1944H	RAMIPRIL Capsule 1.25 mg	28	5	..	19.35	17.40	Ramace 1.25 mg Tritace 1.25 mg	AP HP
1945J	Capsule 2.5 mg	28	5	..	25.34	17.40	Ramace 2.5 mg Tritace 2.5 mg	AP HP
1946K	Capsule 5 mg	28	5	..	30.09	17.40	Ramace 5 mg Tritace 5 mg	AP HP
2791X	TRANDOLAPRIL Capsule 500 micrograms	28	5	..	19.58	17.40	Gopten Odrik	KN RL
2792Y	Capsule 1 mg	28	5	..	27.96	17.40	Gopten Odrik	KN RL
2793B	Capsule 2 mg	28	5	..	30.48	17.40	Gopten Odrik	KN RL

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								
1698J	NYSTATIN Cream 100,000 units per g, 15 g	‡1	1	..	7.00	7.84	Mycostatin Nilstat	BQ LE
1179C	Ointment 100,000 units per g, 15 g	‡1	1	..	7.00	7.84	Mycostatin Nilstat	BQ LE
• Imidazole derivatives								
8066M	BIFONAZOLE Cream 10 mg per g (1%), 15 g	‡1	..	..	6.49	7.33	Mycospor	BN
1017M	CLOTTRIMAZOLE Cream 10 mg per g (1%), 20 g	‡1	1	.. 2.68	6.49 9.17	7.33 7.33	Clonea Canesten	AF BN
1027C	Lotion 10 mg per mL (1%), 20 mL	‡1	1	.. 1.00	7.13 8.13	7.97 7.97	^a Lotremín ^a Canesten	SH BN
1364T	ECONAZOLE NITRATE Cream 10 mg per g (1%), 20 g	‡1	1	.. 1.30	7.13 8.43	7.97 7.97	Ecostatín Pevaryl	BQ SK
1365W	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	7.13	7.97	Pevaryl	SK
KETOCONAZOLE								
❖ Restricted benefit ❖								
Severe seborrheic dermatitis.								
1574W	Shampoo 20 mg per mL (2%), 60 mL	‡1	..	..	11.90	12.74	Nizoral	JC
1276E	MICONAZOLE NITRATE Cream 20 mg per g (2%), 20 g	‡1	1	..	7.13	7.97	Monistat Derm	JC
• Other antifungals for topical use								
AMOROLFINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
Onychomycosis.								
8052T	Nail treatment kit containing nail lacquer 50 mg (base) per mL (5%), 5 mL, 60 isopropyl alcohol cleaning pads, 10 spatulas and 30 nail files	‡1	1	..	82.61	17.40	Loceryl	RO
Antifungals for systemic use								
• Antifungals for systemic use								
1460W	GRISEOFULVIN Tablet 125 mg	100	2	..	13.26	14.10	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	12.45	13.29	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	.. 2.00	12.45 14.45	13.29 13.29	Grisovin 500 Fulcin 500	SI IC

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	
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TERBINAFINE HYDROCHLORIDE❖ **Authority required** ❖

Onychomycosis due to dermatophyte infection proven by microscopy or culture and confirmed by an approved pathology provider.

2804N	Tablet 250 mg (base)	28	2	..	123.09	17.40	Lamisil	SZ
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ANTIPSORIATICS**Antipsoriatics for systemic use**

- **Retinoids for treatment of psoriasis**

ACITRETIN**CAUTION:**

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

NOTE:

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

❖ **Authority required** ❖

*Severe intractable psoriasis;
Severe forms of disorders of keratinisation.*

2019G	Capsule 10 mg	100	2	..	201.19	17.40	Neotigason	RO
2020H	Capsule 25 mg	100	2	..	386.49	17.40	Neotigason	RO

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE**Chemotherapeutics for topical use**

- **Sulfonamides**

**SILVER SULFADIAZINE with
CHLORHEXIDINE GLUCONATE**❖ **Restricted benefit** ❖

*For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa;
Stasis ulcers.*

1996C	Cream 10 mg-2 mg per g (1%-0.2%), 50 g	‡1	..	..	12.21	13.05	Silvazine	SN
1997D	Cream 10 mg-2 mg per g (1%-0.2%), 100 g	‡1	..	..	14.75	15.59	Silvazine	SN

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS**Corticosteroids, plain**

- **Corticosteroids, weak (group I)**

HYDROCORTISONE❖ **Restricted benefit** ❖

Treatment of corticosteroid-responsive dermatoses.

1495G	Cream 10 mg per g (1%), 50 g	‡1	1	..	6.61	7.45	Egocort Cream 1%	EO
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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	
HYDROCORTISONE ACETATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2887Y	Cream 10 mg per g (1%), 30 g	#1	1	..	6.13	6.97	Cortef Sigmacort Squibb-HC	UP SI BQ
2881P	Cream 10 mg per g (1%), 50 g	#1	1	..	6.61	7.45	Cortef Sigmacort Squibb-HC	UP SI BQ
2888B	Topical ointment 10 mg per g (1%), 30 g	#1	1	..	6.13	6.97	Sigmacort	SI
2882Q	Topical ointment 10 mg per g (1%), 50 g	#1	1	..	6.61	7.45	Sigmacort Squibb-HC	SI BQ
[For other listings for this drug see Generic/Proprietary Index]								
• Corticosteroids, moderately potent (group II)								
TRIAMCINOLONE ACETONIDE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2117K	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.91	11.75	Aristocort 0.02% Kenalone 0.02%	LE BQ
2125W	Cream 500 micrograms per g (0.05%), 15 g	#1	1	..	6.27	7.11	Aristocort 0.05% Kenalone	LE BQ
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.91	11.75	Aristocort 0.02%	LE
2126X	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	..	6.27	7.11	Aristocort 0.05%	LE
• Corticosteroids, potent (group III)								
BETAMETHASONE DIPROPIONATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
1115Q	Cream 500 micrograms per g (0.05%), 15 g	#1	1	.. 1.11	6.34 7.45	7.18 7.18	^a Eleuphrat ^a Diprosone	EX SH
1119X	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	.. 1.11	6.34 7.45	7.18 7.18	^a Eleuphrat ^a Diprosone	EX SH
1118W	Lotion 500 micrograms per g (0.05% w/w), 30 mL	#1	..	.. 0.98	9.13 10.11	9.97 9.97	^a Eleuphrat ^a Diprosone	EX SH
BETAMETHASONE VALERATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2812B	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*10.91	11.75	Betnovate 1/5 Celestone-M	GW SH

continued

DERMATOLOGICALS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
BETAMETHASONE VALERATE—cont.							
2813C	Cream 500 micrograms per g (0.05%), 15 g	#1	1	..	6.27	7.11	Betnovate 1/2 GW Celestone-V Half Strength SH
2820K	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*10.91	11.75	Celestone-M SH
2815E	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	..	6.27	7.11	Betnovate 1/2 GW Celestone-V Half Strength SH
2814D	Gel 500 micrograms per g (0.05%), 15 g	#1	1	..	6.27	7.11	Betnovate 1/2 GW
METHYLPREDNISOLONE ACEPONATE							
❖ Restricted benefit ❖							
Treatment of corticosteroid-responsive dermatoses.							
8054X	Cream 1 mg per g (0.1%), 15 g	#1	..	..	9.53	10.37	Advantan CS
8055Y	Ointment 1 mg per g (0.1%), 15 g	#1	..	..	9.53	10.37	Advantan CS
MOMETASONE FUROATE							
❖ Restricted benefit ❖							
Treatment of corticosteroid-responsive dermatoses.							
1913G	Cream 1 mg per g (0.1%), 15 g	#1	..	..	9.53	10.37	Elocon SH
1915T	Ointment 1 mg per g (0.1%), 15 g	#1	..	..	9.53	10.37	Elocon SH
8043H	Lotion 1 mg per g (0.1% w/w), 30 mL	#1	..	..	13.97	14.81	Elocon SH

ANTI-ACNE PREPARATIONS

Anti-acne preparations for systemic use

• Retinoids for treatment of acne

ISOTRETINOIN

CAUTION:

This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.

NOTE:

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

❖ Authority required ❖

Severe cystic acne not responsive to other therapy.

NOTE:

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

2591J	Capsule 10 mg	60	3	..	101.06	17.40	^a Accure 10 ^a Roaccutane	AF RO
2592K	Capsule 20 mg	60	3	..	188.24	17.40	^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	..	8.36	9.20	Mycostatin	BQ
1660J	Cream pessaries 100,000 units, 15	‡1	1	..	8.36	9.20	Nilstat	LE
3102G	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	8.38	9.22	Mycostatin Nilstat	BQ LE
• Imidazole derivatives								
CLOTRIMAZOLE								
1018N	Pessaries 100 mg, 6	‡1	..	..	8.67	9.51	^a Gyne-Lotrimin	SH
				1.00	9.67	9.51	^a Hiderm	BM
							^a Canesten	BN
1020Q	Pessary 500 mg	1	..	..	8.67	9.51	^a Hiderm 1	BM
				1.00	9.67	9.51	^a Canesten 1	BN
1019P	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	8.62	9.46	^a Gyne-Lotrimin	SH
				1.01	9.63	9.46	^a Canesten	BN
1006Y	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	8.62	9.46	Canesten 3	BN
ECONAZOLE NITRATE								
1366X	Pessaries 150 mg, 3	‡1	..	..	8.67	9.51	Ecostatín Pevaryl	BQ SK
1367Y	Vaginal cream 75 mg per 5 g (1.5%), 35 g	‡1	..	..	8.62	9.46	Ecostatín	BQ
MICONAZOLE NITRATE								
1277F	Pessaries 100 mg, 7	‡1	..	..	8.67	9.51	^a Gyno-Daktarin ^a Monistat 7	JP CL
1273B	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	..	8.62	9.46	Fungo Vaginal Cream ^a Gyno-Daktarin ^a Monistat 7	EO JP CL
OTHER GYNECOLOGICALS								
Oxytocics								
• Ergot alkaloids								
ERGOMETRINE MALEATE								
1378M	Injection 250 micrograms in 1 mL	5	..	..	9.17	10.01	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							
• Prolactine inhibitors							
BROMOCRIPTINE MESYLATE							
❖ Authority required ❖							
<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	.. 1.00	37.60 38.60	17.40 17.40	^a Krypton 2.5 ^a Parlodel AF SZ
1446D	Capsule 5 mg	60	5	.. 1.01	69.78 70.79	17.40 17.40	^a Krypton 5 ^a Parlodel AF SZ
1445C	Capsule 10 mg	100	5	.. 0.91	233.35 234.26	17.40 17.40	^a Krypton 10 ^a Parlodel AF SZ

❖ **Restricted benefit** ❖

Prevention of the onset of lactation in the puerperium for medical reasons.

1444B	Tablet 2.5 mg	30	..	.. 1.01	20.94 21.95	17.40 17.40	^a Krypton 2.5 ^a Parlodel AF SZ
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SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

Hormonal contraceptives for systemic use

• **Progestogens and estrogens, fixed combinations**

ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL							
3166P	Tablets 500 micrograms- 50 micrograms, 21	4	2	..	*12.13	12.97	Ovulen 0.5/50 SR
2447T	Pack containing 21 tablets 500 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*12.13	12.97	Ovulen 0.5/50-28 SR
3167Q	Tablets 1 mg-50 micrograms, 21	4	2	..	*12.45	13.29	Ovulen 1/50 SR
3168R	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*13.53	14.37	Ovulen 1/50-28 SR
LEVONORGESTREL with ETHINYLOESTRADIOL							
1455N	Tablets 125 micrograms- 50 micrograms, 21	4	2	..	*14.05	14.89	Microgynon 50 SC
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.05	14.89	Microgynon 50 ED SC Nordette 50 WY
1393H	Tablets 150 micrograms- 30 micrograms, 21	4	2	6.08	*20.13	14.89	^a Microgynon 30 SC ^b Nordette 21 WY

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	
1394J	LEVONORGESTREL with ETHINYLOESTRADIOL—cont. Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	.. 6.08	*14.05 *20.13	14.89 14.89	^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	..	*14.05	14.89	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.05	14.89	Nordiol 28	WY
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablets 500 micrograms- 35 micrograms, 21	4	2	2.48	*16.53	14.89	^a Brevinor	SR
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	.. 6.08	*14.05 *20.13	14.89 14.89	^a Norimin 28 Day ^a Brevinor	MO SR
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	2.48	*16.53	14.89	^a Brevinor-1	SR
2775C	Pack containing 21 tablets 1 mg- 35 micrograms and 7 inert tablets	4	2	.. 6.08	*14.05 *20.13	14.89 14.89	^a Norimin-1 28 Day ^a Brevinor-1	MO SR
3176E	NORETHISTERONE with MESTRANOL Tablets 1 mg-50 micrograms, 21	4	2	..	*14.05	14.89	Norinyl-1	SR
3179H	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*14.05	14.89	Norinyl-1/28	SR
• Progestogens and estrogens, sequential preparations								
1457Q	LEVONORGESTREL with ETHINYLOESTRADIOL Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	..	*14.05	14.89	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*14.05	14.89	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	6.08	*20.13	14.89	^b Triphasil ^a Triquilar	WY SC
1392G	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	2	.. 6.08	*14.05 *20.13	14.89 14.89	^a Logynon ED ^b Trifeme 28 ^b Triphasil 28 ^a Triquilar ED	SY AY WY 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
2776D	NORETHISTERONE with ETHINYLOESTRADIOL Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. 6.08	*14.05 *20.13	14.89 14.89	^a Improvil 28 Day MO ^a Synphasic SR
• Progestogens							
2913H	LEVONORGESTREL Tablets 30 micrograms, 28	4	2	..	*14.05	14.89	Microlut 28 SC Microval 28 WY
3118D	MEDROXYPROGESTERONE ACETATE Injection 150 mg in 1 mL	1	1	.. 3.30	11.86 15.16	12.70 12.70	^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	*14.05 *16.53	14.89 14.89	^a Loclan 28 Day MO Micronor JC ^a Noriday 28 Day SR

Androgens

• 3-oxoandrosten (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	..	20.04	17.40	Halotestin UP
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TESTOSTERONE

CAUTION:

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

❖ Authority required ❖

Klinefelter's syndrome (seminiferous tubule dysgenesis);

Male hypogonadism.

8098F	Subcutaneous implant 100 mg	6	..	..	*189.09	17.40	OR
8099G	Subcutaneous implant 200 mg	3	..	..	*189.09	17.40	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	
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	..	27.39	17.40	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	..	14.58	15.42	Sustanon "100"	OR
2101N	Injection 250 mg	3	3	..	27.39	17.40	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	..	35.09	17.40	Andriol	OR
Estrogens								
• Natural and semisynthetic estrogens, plain								
ETHINYLOESTRADIOL								
1405Y	Tablet 10 micrograms	200	1	..	*9.49	10.33	Estigyn	GW
1406B	Tablet 20 micrograms	200	1	..	*9.91	10.75	Estigyn	GW
1407C	Tablet 50 micrograms	200	1	..	*10.31	11.15	Estigyn	GW
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	..	18.91	17.40	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	..	20.09	17.40	Menorest 37.5 RR
1744T	Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8	‡1	5	..	20.54	17.40	Estraderm 50 CG
8013R	Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8	‡1	5	..	20.54	17.40	Menorest 50 RR
8014T	Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8	‡1	5	..	22.68	17.40	Menorest 75 RR
1745W	Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8	‡1	5	..	23.58	17.40	Estraderm 100 CG
8041F	Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8	‡1	5	..	23.58	17.40	Menorest 100 RR
1742Q	OESTRADIOL Vaginal tablets 25 micrograms, 15	‡1	2	..	18.04	17.40	Vagifem NO
1663M	OESTRADIOL VALERATE Tablet 1 mg	56	2	..	9.26	10.10	Progynova SC
1664N	Tablet 2 mg	56	2	..	11.04	11.88	Progynova SC
1061W	Injection 10 mg in 1 mL	3	..	..	32.34	17.40	Primogyn Depot SC
1776L	OESTRIOL Tablet 1 mg	60	2	..	*9.61	10.45	Ovestin OR
1771F	Pessaries 500 micrograms, 15	‡1	2	..	15.84	16.68	Ovestin Ovula OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	14.34	15.18	Ovestin OR
1733F	OESTROGENS—CONJUGATED Tablet 300 micrograms	56	2	..	9.26	10.10	Premarin AY
1734G	Tablet 625 micrograms	56	2	..	11.04	11.88	Premarin AY
1777M	PIPERAZINE OESTRONE SULFATE Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	2	..	9.26	10.10	Ogen .625 UP
1778N	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	2	..	11.04	11.88	Ogen 1.25 UP
• Synthetic estrogens, plain							
1310Y	DIENOESTROL Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	9.99	10.83	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	29.02 30.67	17.40 17.40	^a Ralovera ^a Provera	KR UP
2323G	MEDROXYPROGESTERONE ACETATE Tablet 5 mg	56	2	.. 0.88	12.72 13.60	13.56 13.56	^a Ralovera ^a Provera	KR UP
2321E	Tablet 10 mg	30	2	.. 0.88	13.32 14.20	14.16 14.16	^a Ralovera ^a Provera	KR UP
2319C	Injection 50 mg in 1 mL	1	1	..	9.11	9.95	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	..	31.71	17.40	Duphaston	JC
• Estren derivatives								
2993M	NORETHISTERONE Tablet 5 mg	30	2	..	18.37	17.40	Primolut N	SC
Progestogens and estrogens in combination								
• Progestogens and estrogens, fixed combinations								
8081H	OESTRADIOL with NORETHISTERONE ACETATE Pack containing 28 tablets 2 mg- 1 mg	‡1	5	..	15.55	16.39	Klogest	NO
1813K	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE Pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg	‡1	5	..	15.55	16.39	Menoprem Continuous Provelle-28	AY UP
• 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.								

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	
OESTRADIOL and MEDROXYPROGESTERONE ACETATE—cont.								
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	..	22.29	17.40	Estrapak 50	CG
OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE								
❖ 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>								
8029N	Pack containing 4 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 10 mg-30 mg (releasing approximately 50 micrograms-250 micrograms per 24 hours)	#1	5	..	20.54	17.40	Estracombi	CG
OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE								
1764W	Pack containing 12 tablets oestradiol 2 mg, 10 tablets oestradiol 2 mg with norethisterone acetate 1 mg and 6 tablets oestradiol 1 mg	#1	5	..	15.55	16.39	Trisequens	NO
1765X	Pack containing 12 tablets oestradiol 4 mg, 10 tablets oestradiol 4 mg with norethisterone acetate 1 mg and 6 tablets oestradiol 1 mg	#1	5	..	15.55	16.39	Trisequens Forte	NO
OESTRADIOL VALERATE and OESTRADIOL VALERATE with CYPROTERONE ACETATE								
8062H	Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with cyproterone acetate 1 mg	#1	5	..	15.55	16.39	Climen	SC
OESTRADIOL VALERATE and OESTRADIOL VALERATE with MEDROXYPROGESTERONE ACETATE								
1816N	Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with medroxyprogesterone acetate 10 mg	#1	5	..	15.55	16.39	Divina	OR
OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE								
1826D	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg	#1	5	..	15.55	16.39	Menoprem Provelle-14	AY UP

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	
Gonadotrophins and other ovulation stimulants								
• Gonadotrophins								
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>								
1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	28.49	17.40	Pregnyl	OR
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	38.06	17.40	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	40.95	17.40	Profasi 2000	SG
1477R	Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL	1	5	..	20.79	17.40	Pregnyl Profasi 5000	OR SG

❖ **Restricted benefit** ❖

For the treatment of infertility in males due to hypogonadotrophic hypogonadism;

For the treatment of infertility in males associated with isolated luteinising hormone deficiency;

For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.

❖ **Restricted benefit** ❖

For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. Treatment should not extend beyond six months.

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.								
1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	28.49	17.40	Pregnyl	OR
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	38.06	17.40	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	40.95	17.40	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	..	*52.69	17.40	Pregnyl	OR
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HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN

❖ Restricted benefit ❖

For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.

NOTE:

Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.

Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

❖ Restricted benefit ❖

For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of six months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG should be given.

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—cont.								
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	..	277.84	17.40	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	..	540.95	17.40	Humegon	OR
UROFOLLITROPHIN (Highly purified)								
❖ <u>Restricted benefit</u> ❖								
<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	..	277.84	17.40	Metrodin HP 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	..	540.95	17.40	Metrodin HP 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
• Ovulation stimulants, synthetic							
CLOMIPHENE CITRATE							
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;</i>							
<i>Patients undergoing in-vitro fertilisation.</i>							
1211R	Tablet 50 mg	10	5	.. 10.02	40.70 *50.73	17.40 17.40	^a Serophene ^a Clomid SG ML

Antiandrogens

- **Antiandrogens, plain preparations**

CYPROTERONE ACETATE

❖ **Authority required** ❖

Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).

CAUTION:

This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

1269T	Tablet 50 mg	20	5	.. 1.50	70.29 71.79	17.40 17.40	^a Cyprone ^a Androcur AF SC
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❖ **Authority required** ❖

*Advanced carcinoma of the prostate;
To reduce drive in sexual deviations in males.*

1270W	Tablet 50 mg	100	5	.. 1.80	*292.29 *294.09	17.40 17.40	^a Cyprone ^a Androcur AF SC
8019C	Tablet 100 mg	50	5	..	255.62	17.40	Androcur-100 SC

Other sex hormones and modulators of the genital system

- **Antigonadotrophins and similar agents**

DANAZOL

CAUTION:

Pregnancy must be excluded prior to administration of this drug.

❖ **Authority required** ❖

*Endometriosis, visually proven;
Hereditary angio-oedema;
Short-term treatment (up to six months) of intractable primary menorrhagia;
Short-term treatment (up to six months) of severe benign (fibrocystic) breast disease or mastalgia associated with severe symptomatic benign breast disease in patients refractory to other treatments.*

NOTE:

Not more than six months' therapy will be authorised for use in intractable primary menorrhagia or severe benign breast disease.

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	
1285P	DANAZOL—cont. Capsule 100 mg	100	5	..	59.84	17.40	^a Azol 100 ^a Danocrine	AF SW
1287R	Capsule 200 mg	100	5	..	90.09	17.40	^a Azol 200 ^a Danocrine	AF SW
	GESTRINONE ❖ 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>							
8015W	Capsule 2.5 mg	8	5	..	78.21	17.40	Dimetriose	RL
	UROLOGICALS Urinary antiseptics and antiinfectives • Methenamine preparations HEXAMINE HIPPURATE 3124K Tablet 1 g 100 5 .. 27.51 17.40 Hiprex MM							
	• Quinolone derivatives (excl. quinolone antibacterials) NALIDIXIC ACID 2451B Tablet 500 mg 56 2 .. 28.61 17.40 Negram SW							
	• Nitrofurantoin derivatives NITROFURANTOIN CAUTION: Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions. 1692C Capsule 50 mg 30 1 .. 10.59 11.43 Macrochantin PY 1693D Capsule 100 mg 30 1 .. 13.12 13.96 Macrochantin PY 1691B Paediatric oral suspension 25 mg per 5 mL, 200 mL ‡1 .. 15.95 16.79 Furadantin PY							
	Other urologicals, incl. antispasmodics • Acidifiers AMMONIUM CHLORIDE 1044Y Tablet 500 mg 100 5 .. 11.94 12.78 FM							
	• Urinary antispasmodics OXYBUTYNIN HYDROCHLORIDE ❖ Restricted benefit ❖ <i>Detrusor overactivity where propantheline bromide has failed.</i> 8039D Tablet 5 mg 100 5 .. 15.29 16.13 Ditropan FC PROPANTHELINE BROMIDE ❖ Restricted benefit ❖ <i>Detrusor overactivity.</i> 1953T Tablet 15 mg 200 5 .. *13.87 14.71 Pro-Banthine SR							

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Other urologicals ALPROSTADIL ❖ Authority required ❖ Organic impotence of neurogenic or vasculogenic origin. NOTE: Authorities for increased maximum quantities and/or repeats will not be authorised.								
8087P	Intracavernosal injection 5 micrograms in 1 mL	5	5	..	63.82	17.40	Caverject	UP
8088Q	Intracavernosal injection 10 micrograms in 1 mL	5	5	..	74.43	17.40	Caverject	UP
8089R	Intracavernosal injection 20 micrograms in 1 mL	5	5	..	93.75	17.40	Caverject	UP
DEMECLOCYCLINE HYDROCHLORIDE ❖ Restricted benefit ❖ Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.								
2854F	Capsule 150 mg	100	3	..	36.52	17.40	Ledermycin	LE
PHENOXYBENZAMINE HYDROCHLORIDE ❖ Restricted benefit ❖ Phaeochromocytoma; Neurogenic urinary retention.								
1862B	Capsule 10 mg	100	5	..	23.74	17.40	Dibenyline	SK

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES								
Anterior pituitary lobe hormones and analogues								
• ACTH								
2832C	TETRACOSACTRIN Injection 1 mg in 1 mL	5	5	..	*71.34	17.40	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	..	*153.94	17.40	Minirin	FC
2128B	Nasal spray (pump pack) 10 micrograms per actuation, 25 actuations, 2.5 mL	5	5	..	*158.29	17.40	Minirin Nasal Spray	FC
8032R	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	2	5	..	*126.39	17.40	Minirin Nasal Spray	FC
❖ Authority required ❖								
<i>Childhood nocturnal enuresis in patients over six years of age who are refractory to enuresis alarms.</i>								
8030P	Nasal spray (pump pack) 10 micrograms per actuation, 25 actuations, 2.5 mL	2	2	..	*65.89	17.40	Minirin Nasal Spray	FC
8031Q	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	1	2	..	65.34	17.40	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	..	96.36	17.40	Synarel	SR
CORTICOSTEROIDS FOR SYSTEMIC USE								
Corticosteroids for systemic use, plain								
• Mineralocorticoids								
1433K	FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	..	*14.67	15.51	Florinef	BQ

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	
• Glucocorticoids BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE ❖ Restricted benefit ❖ <i>Alopecia areata;</i> <i>For local intra-articular or peri-articular infiltration;</i> <i>Granulomata, dermal;</i> <i>Keloid;</i> <i>Lichen planus hypertrophic;</i> <i>Lichen simplex chronicus;</i> <i>Lupus erythematosus, chronic discoid;</i> <i>Necrobiosis lipoidica;</i> <i>Uveitis.</i>								
2694T	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	..	..	23.44	17.40	Celestone Chronodose	SH
1246N	CORTISONE ACETATE Tablet 5 mg	50	4	..	11.78	12.62	Cortate	FC
1247P	Tablet 25 mg	60	4	..	12.62	13.46	Cortate	FC
1292B	DEXAMETHASONE Tablet 500 micrograms	30	4	..	6.52	7.36	Dexmethsone	FC
2507Y	Tablet 4 mg	30	4	..	9.98	10.82	Dexmethsone	FC
2509C	Injection 4 mg in 1 mL	5	..	..	13.12	13.96	Decadron	MK
1291Y	Injection 8 mg in 2 mL	5	1	..	20.24	17.40	Decadron	MK
2508B	Injection 120 mg in 5 mL	1	..	..	30.91	17.40	Decadron Shock Pak	MK
1499X	HYDROCORTISONE Tablet 4 mg	50	4	..	9.24	10.08	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	13.04	13.88	Hysone 20	AF
HYDROCORTISONE SODIUM SUCCINATE ❖ Restricted benefit ❖ <i>For use in a hospital.</i>								
1510L	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	..	..	*22.77	17.40	Nordicort Solu-Cortef	NR UP
1511M	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*37.77	17.40	Solu-Cortef	UP
1501B	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*10.45	11.29	Nordicort Solu-Cortef	NR UP
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	9.87	10.71	Solu-Cortef	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 ACETATE								
❖ Restricted benefit ❖								
<i>For local intra-articular or peri-articular infiltration.</i>								
1928L	Injection 40 mg in 1 mL	5	..	..	19.03	17.40	Depo-Medrol	UP
METHYLPREDNISOLONE SODIUM SUCCINATE								
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	28.05	17.40	Solu-Medrol	UP
PREDNISOLONE								
3152X	Tablet 1 mg	100	4	..	6.56	7.40	Panafcortelone	FC
1917X	Tablet 5 mg	60	4	..	6.58	7.42	Panafcortelone Solone	FC FM
1916W	Tablet 25 mg	30	4	..	8.23	9.07	Panafcortelone Solone	FC FM
PREDNISONE								
1934T	Tablet 1 mg	100	4	..	6.56	7.40	Panafcort	FC
1935W	Tablet 5 mg	60	4	..	6.58	7.42	Panafcort Sone	FC FM
1936X	Tablet 25 mg	30	4	..	8.23	9.07	Panafcort Sone	FC FM
TRIAMCINOLONE ACETONIDE								
❖ 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; Psoriasis.</i>								
2990J	Injection 10 mg in 1 mL	5	..	..	23.44	17.40	Kenacort-A10	BQ
Antiadrenal preparations								
• Anticorticosteroids								
AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	162.58	17.40	Cytadren	CG
THYROID THERAPY								
Thyroid preparations								
• Thyroid hormones								
LIOETHYRONINE SODIUM								
❖ Authority required ❖								
<i>Management of patients with thyroid cancer; Replacement therapy for hypothyroid patients who have documented intolerance or resistance to thyroxine sodium; Initiation of thyroid therapy in severely hypothyroid patients.</i>								
2318B	Tablet 20 micrograms	100	2	..	53.79	17.40	Tertroxin	BT

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	..	7.13	7.97	Oroxine	BW
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	8.25	9.09	Oroxine	BW
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	10.23	11.07	Oroxine	BW

Antithyroid preparations

• Thiouracils

1955X	PROPYLTHIOURACIL Tablet 50 mg	200	2	..	*31.53	17.40	JC	
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• Sulphur-containing imidazole derivatives

1153Q	CARBIMAZOLE Tablet 5 mg	200	2	..	*11.39	12.23	Neo-Mercazole	NS
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PANCREATIC HORMONES

Glycogenolytic hormones

• Glycogenolytic hormones

1447E	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	..	15.97	16.81	AZ	
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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 ❖

➤ Symptomatic Paget's disease of bone;

Treatment initiated in a hospital (in-patient or out-patient) of hypercalcaemia.

2994N	Injection (porcine) 160 i.u. with 2 mL gelatin solvent	20	5	..	*340.69	17.40	Calcitare	MB
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NOTE:

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

3000X	Injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe	30	5	..	*207.75	17.40	Calsynar	MB
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NOTE:

Manufacturer's pack is five 50 i.u. syringes.

2995P	Injection (salmon) 50 i.u. in 1 mL ampoule	30	5	..	*207.75	17.40	Miacalcic 50 Kit	SZ
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NOTE:

Manufacturer's pack is an injection set containing five 50 i.u. ampoules, five 1 mL syringes and five swabs.

continued ➤

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3001Y	CALCITONIN—cont. Injection (salmon) 100 i.u. in 1 mL pre-filled syringe NOTE: Manufacturer's pack is five 100 i.u. syringes.	15	5	..	*155.10	17.40	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	..	*155.10	17.40	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	..	*107.65	17.40	Calsynar	MB
❖ Authority required ❖								
➤ Symptomatic 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	..	*215.04	17.40	Cibacalcin	CG

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; Chronic bronchitis in patients over the age of eight years; Severe acne.</i>								
2711Q	Tablet 50 mg	25	5	.. 0.74	9.30 10.04	10.14 10.14	<i>Doxylin 50</i> <i>Vibra-Tabs</i>	AF PF
2707L	Capsule 50 mg	25	5	.. 0.56	9.30 9.86	10.14 10.14	^a BL ^a <i>Doryx</i>	FA
❖ Restricted benefit ❖								
<i>Pelvic inflammatory disease.</i>								
2702F	Tablet 100 mg	28	..	.. 2.96	*15.53 *18.49	16.37 16.37	^a <i>Doxy-100</i> ^a <i>Doxylin 100</i> ^a <i>Vibramycin</i>	DP AF PF
2703G	Capsule 100 mg	28	..	.. 2.68	*15.53 *18.21	16.37 16.37	^a BL ^a <i>Doryx</i>	FA
❖ Restricted benefit ❖								
<i>Urethritis.</i>								
2714W	Tablet 100 mg	21	..	.. 2.22	*12.72 *14.94	13.56 13.56	^a <i>Doxy-100</i> ^a <i>Doxylin 100</i> ^a <i>Vibramycin</i>	DP AF PF
2715X	Capsule 100 mg	21	..	.. 1.39	12.71 14.10	13.55 13.55	^a BL ^a <i>Doryx</i>	FA
2709N	DOXYCYCLINE Tablet 100 mg	7	1	.. 0.74	7.10 7.84	7.94 7.94	^a <i>Doxy-100</i> ^a <i>Doxylin 100</i> ^a <i>Vibramycin</i>	DP AF PF
2708M	Capsule 100 mg	7	1	.. 0.67	7.10 7.77	7.94 7.94	^a BL ^a <i>Doryx</i>	FA
2901Q	METHACYCLINE HYDROCHLORIDE Capsule 300 mg	10	1	..	8.67	9.51	<i>Randomycin</i>	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	.. 0.31	16.61 16.92	17.40 17.40	^a Akamin 50 AF ^a 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	..	.. 0.23	8.69 8.92	9.53 9.53	^a Akamin 100 AF ^a 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	..	*8.93	9.77	Achromycin LE
2134H	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	25	1	..	6.61	7.45	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	.. 1.82	*8.93 *10.75	9.77 9.77	Achromycin V LE Mysteclin-250 BQ Tetrex BC
2145X	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	1	.. 0.91	6.61 7.52	7.45 7.45	Achromycin V LE 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 ❖								
Bacterial meningitis;								
Intracranial bacterial infections;								
Intraocular infections;								
Rickettsioses;								
Typhoid;								
Other serious infections where positive bacteriological evidence								
confirms that chloramphenicol is the ONLY appropriate antibiotic.								
CAUTION:								
Chloramphenicol may cause aplastic anaemia.								
1174T	Capsule 250 mg	16	..	..	13.97	14.81	Chloromycetin	PD
1167K	Injection 1.2 g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)	3	..	..	*89.10	17.40	Chloromycetin Succinate	PD
Beta-lactam antibacterials, penicillins								
• Penicillins with extended spectrum								
AMOXYCILLIN								
1883D	Chewable tablet 250 mg	20	1	..	8.50	9.34	Amoxil	SK
1884E	Capsule 250 mg	20	1	..	7.71	8.55	^a Alphamox 250 ^a Ampexin 250 ^a Cilamox ^a Fisamox 250 ^a Moxacin	AF AD SI FC CS
				0.43	8.14	8.55	^a Amoxil	SK
1889K	Capsule 500 mg	20	1	..	11.02	11.86	^a Alphamox 500 ^a Ampexin 500 ^a Cilamox ^a Fisamox 500 ^a Moxacin	AF AD SI FC CS
				0.53	11.55	11.86	^a Amoxil	SK
1878W	Sachet containing oral powder 3 g	1	..	..	8.35	9.19	Amoxil	SK
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#11.11	12.33	Amoxil	SK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.29	10.51	^a Alphamox 125 ^a Cilamox ^a Fisamox ^a Moxacin	AF SI FC CS
				0.23	#9.52	10.51	^a Amoxil	SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#10.61	11.83	^a Alphamox 250 ^a Cilamox ^a Moxacin 250	AF SI CS
				0.36	#10.97	11.83	^a Amoxil Forte	SK
AMPICILLIN								
1048E	Capsule 250 mg	24	1	..	8.25	9.09	Alphacin 250	AF
2671N	Capsule 500 mg	24	..	..	11.72	12.56	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	
2390T	AMPICILLIN—cont. Injection 500 mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	..	10.49	11.33	^a Ampicyn ^a Austrapen	FC CS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	..	14.45	15.29	^a Ampicyn ^a Austrapen	FC CS
TICARCILLIN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
2177N	Injection 1 g (solvent required) (codes 6849L, 6850M, 6851N, 6852P, 6853Q, 6854R apply to above item with approved solvents)	10	..	..	*57.93	17.40	^a Tarcil ^a Ticillin	SK CS
2176M	Injection 3 g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)	10	..	..	*123.35	17.40	^a Tarcil ^a Ticillin	SK CS
• Beta-lactamase sensitive penicillins								
1766Y	BENZATHINE PENICILLIN Injection 1.8 g in 4 mL, disposable syringe	1	..	..	30.32	17.40	Bicillin L-A	WY
1767B	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	..	..	18.02	17.40	Bicillin All-Purpose	WY
1775K	BENZYL PENICILLIN Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	10	1	..	*21.23	17.40	CS	
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*47.85	17.40	CS	
PHENOXYMETHYLPENICILLIN								
❖ Restricted benefit ❖								
<i>Prophylaxis of recurrent streptococcal infections (including rheumatic fever).</i>								
1702N	Tablet 125 mg	50	5	..	*10.79	11.63	Abbocillin-V Dulcet	AB
1703P	Tablet 250 mg	50	5	..	*11.13	11.97	Abbocillin-VK Filmtab PVK	AB 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	
1705R	PHENOXYMETHYLPENICILLIN—cont. Capsule 250 mg	50	5	..	*11.13	11.97	Abbecillin-VK Cilicaine VK LPV	AB SI CS
1786B	PHENOXYMETHYLPENICILLIN Tablet 125 mg	50	..	..	*10.79	11.63	Abbecillin-V Dulcet	AB
1787C	Tablet 250 mg	50	..	..	*11.13	11.97	Abbecillin-VK Filmtab PVK	AB LY
3028J	Tablet 500 mg	50	..	..	*14.47	15.31	Abbecillin-VK Filmtab PVK	AB LY
1789E	Capsule 250 mg	50	..	..	*11.13	11.97	Abbecillin-VK Cilicaine VK LPV	AB SI CS
2965C	Capsule 500 mg	50	..	..	*14.47	15.31	Cilicaine VK LPV	SI CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	.. 0.80	*10.23 *11.03	11.07 11.07	Abbecillin-V Cilicaine V LPV 125	AB SI CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. 1.14	*11.91 *13.05	12.75 12.75	Abbecillin-V Cilicaine V LPV 250	AB SI CS
1793J	PROCAINE PENICILLIN Injection 1 g	5	..	..	52.03	17.40	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	52.03	17.40	Cilicaine	SI
• Beta-lactamase resistant penicillins								
2300C	CLOXACILLIN Capsule 250 mg	24	..	..	11.99	12.83	Alclox 250	AF
1120Y	Capsule 500 mg	24	..	..	19.69	17.40	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	..	.. 0.20 0.39	11.11 11.31 11.50	11.95 11.95 11.95	^a Staphylex 250 ^a Flophen ^a Floxapen	AF CS SK
1527J	Capsule 500 mg	24	..	.. 0.36 0.44	18.59 18.95 19.03	17.40 17.40 17.40	^a Staphylex 500 ^a Flophen ^a Floxapen	AF CS SK
1528K	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.34	13.56	^a Flophen ^a Floxapen	CS 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
1529L	FLUCLOXACILLIN—cont. Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.11	17.33	^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	..	..	16.37	17.21	Flopen CS
1525G	Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	1	..	23.23	17.40	Flopen CS
• 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	..	13.01	13.85	^a Augmentin SK ^a Clamoxyl AF Clavulin 250 CS
1891M	Tablet 500 mg-125 mg	15	1	..	16.72	17.40	^a Augmentin SK ^a Forte AF ^a Clamoxyl Forte AF Clavulin 500 CS
1892N	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	#1	1	..	#11.68	12.90	^a Augmentin SK ^a Clamoxyl AF Clavulin 125 CS
1893P	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	#1	1	..	#13.98	15.20	^a Augmentin SK ^a Forte AF ^a Clamoxyl Forte AF Clavulin 250 CS
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	..	..	146.74	17.40	Timentin SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Other beta-lactam antibacterials								
• Cephalosporins and related substances								
CEFACLOR								
1169M	Tablet 375 mg (sustained release)	10	1	..	14.34	15.18	Ceclor CD	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#13.45	14.67	Ceclor	LY
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	1	..	#13.98	15.20	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	<i>Injection 1 g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)</i>	10	..	..	*113.39	17.40	<i>Claforan</i>	<i>RL</i>
1086E	<i>Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)</i>	10	..	..	*211.19	17.40	<i>Claforan</i>	<i>RL</i>
CEFOTETAN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1772G	<i>Injection 1 g (solvent required) (codes 6639K, 6640L, 6641M, 6642N, 6643P, 6644Q apply to above item with approved solvents)</i>	10	..	..	143.99	17.40	<i>Apatef</i>	<i>LE</i>
1773H	<i>Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)</i>	10	..	..	242.29	17.40	<i>Apatef</i>	<i>LE</i>
CEFTRIAXONE								
❖ Restricted benefit ❖								
<i>Gonorrhoea.</i>								
1782T	<i>Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)</i>	1	..	..	18.59	17.40	<i>Rocephin</i>	<i>RO</i>

continued ➡

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CEFTRIAXONE—cont.								
❖ Restricted benefit ❖								
<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	..	..	*75.79	17.40	Rocephin	RO
1783W	Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	5	..	..	*107.69	17.40	Rocephin	RO
1784X	Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	5	..	..	*166.54	17.40	Rocephin	RO
1785Y	Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	5	..	..	*295.29	17.40	Rocephin	RO
CEPHALEXIN								
3058Y	Capsule 250 mg	20	1	.. 1.11	8.09 9.20	8.93 8.93	^a Ibilex 250 ^a Keflex	AF LY
3119E	Capsule 500 mg	20	1	.. 1.11	11.11 12.22	11.95 11.95	^a Ibilex 500 ^a Keflex	AF LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	.. 1.11	#10.84 #11.95	12.06 12.06	^a Ibilex 125 ^a Keflex	AF LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	1	.. 1.11	#13.04 #14.15	14.26 14.26	^a Ibilex 250 ^a Keflex	AF LY
CEPHALOTHIN								
2964B	Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	10	1	..	*43.49	17.40	Keflin Neutral	LY
CEPHAZOLIN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cephalozin 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	..	.. ..	*25.19 25.19	17.40 17.40	Kefzol Cefamezin	LY SI

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	
1257E	CEPHAZOLIN—cont. Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5	..	.. ..	*37.29 37.29	17.40 17.40	Kefzol Cefamezin	LY SI
Sulfonamides and trimethoprim								
• Trimethoprim and derivatives								
2922T	TRIMETHOPRIM Tablet 300 mg	7	1	.. 0.49	7.10 7.59	7.94 7.94	^a Alprim ^a Triprim	AF GW
• Short-acting sulfonamides								
2084Q	SULFAMETHIZOLE Tablet 500 mg	40	2	..	13.42	14.26	Urolucosil	WW
2081M	Tablet 1 g	20	2	..	13.42	14.26	Urolucosil	WW
• Combinations of sulfonamides and trimethoprim, incl. derivatives								
TRIMETHOPRIM with SULFAMETHOXAZOLE								
CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.								
2949F	Tablet 80 mg-400 mg	10	1	..	7.35	8.19	Bactrim ^a Resprim ^a Septrin	RO AF BW
2951H	Tablet 160 mg-800 mg	10	1	..	8.36	9.20	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	..	7.87	8.71	Bactrim ^a Resprim ^a Septrin	RO AF BW
Macrolides and lincosamides								
• Macrolides								
AZITHROMYCIN								
❖ Restricted benefit ❖								
Uncomplicated urethritis and cervicitis due to Chlamydia trachomatis.								
2484R	Capsule 250 mg	4	..	..	21.56	17.40	Zithromax	PF
1399P	ERYTHROMYCIN Tablet 250 mg	25	1	..	7.55	8.39	EMU-V	UP
1402T	Capsule 125 mg	25	1	..	7.30	8.14	Eryc	FA
1400Q	Capsule 175 mg	25	1	..	7.55	8.39	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.88	9.72	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	28.52	17.40	Erythrocin-I.M.	AB

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2499M	ERYTHROMYCIN ESTOLATE Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	1	..	7.25	8.09	Ilosone	LY
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.47	9.31	Ilosone	LY
2750R	ERYTHROMYCIN ETHYL SUCCLNATE Tablet 400 mg (base)	25	1	.. 1.00	8.58 9.58	9.42 9.42	^a E-Mycin ^a E.E.S. 400 Filmstab	AF AB
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	.. 1.10	#10.17 #11.27	11.39 11.39	^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	.. 1.10	#12.10 #13.20	13.32 13.32	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
1398N	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..	.. ..	41.58 *41.59	17.40 17.40	^a BL ^a Erythrocin	AB
1401R	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	1	..	7.55	8.39	Erythrocin Filmstab	AB
1403W	Capsule 250 mg (base)	25	1	..	7.55	8.39	Erythrocin	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.47	9.31	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	1	..	10.87	11.71	Erythrocin	AB
1760P	ROXITHROMYCIN Tablet 150 mg	10	1	..	12.32	13.16	Biaxistg Rulide	SI RL
8016X	Tablet 300 mg	5	1	..	12.32	13.16	Biaxistg 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	..	..	14.30	15.14	Dalacin C	UP
3139F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	*21.61	17.40	Dalacin C	UP
2530E	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	14.67	15.51	Lincocin	UP
Aminoglycoside antibacterials • Other aminoglycosides								
1068F	GENTAMICIN SULFATE Injection 40 mg (base) in 1 mL	10	1	..	*27.25	17.40	BL	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.75	17.40	BL	

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	
2824P	GENTAMICIN SULFATE—cont. Injection 80 mg (base) in 2 mL	10	1	..	*17.39	17.40	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	..	*65.41 *65.49	17.40 17.40	BL Nebcin	LY
Quinolone antibacterials								
• Fluoroquinolones								
CIPROFLOXACIN								
❖ Authority required ❖								
<i>Respiratory tract infections and bacterial gastroenteritis in immunocompromised patients; Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials; Treatment of joint and bone infections or epididymo-orchitis, suspected or proven to be caused by gram-negative bacteria or gram-positive bacteria resistant to all other appropriate antimicrobials.</i>								
1208N	Tablet 250 mg	14	..	..	36.19	17.40	Ciproxin 250	BN
1209P	Tablet 500 mg	14	..	..	64.79	17.40	Ciproxin 500	BN
1210Q	Tablet 750 mg	14	..	..	94.49	17.40	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	..	..	11.77	12.61	Ciproxin 250	BN
ENOXACIN								
❖ Authority required ❖								
<i>Complicated urinary tract infection.</i>								
2859L	Tablet 400 mg	14	1	..	20.91	17.40	Enoxin	FA
NORFLOXACIN								
❖ Authority required ❖								
<i>Acute bacterial enterocolitis; Complicated urinary tract infection.</i>								
3010K	Tablet 400 mg	14	1	..	20.91	17.40	Noroxin	MK

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 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	..	..	*51.93	17.40	^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	..	..	*123.39	17.40	^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>								
2312G	Tablet (sodium salt) 250 mg	36	1	..	68.09	17.40	Fucidin	CS
2311P	Oral suspension 50 mg per mL, 90 mL	‡1	..	..	53.75	17.40	Fucidin	CS
• Imidazole derivatives								
METRONIDAZOLE								
❖ Restricted benefit ❖								
<i>Treatment of anaerobic infections.</i>								
1621H	Tablet 400 mg	21	1	.. 1.92	9.19 11.11	10.03 10.03	^a Metrogyl 400 ^a Flagyl	AF MB
❖ Restricted benefit ❖								
<i>Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.</i>								
1638F	I.V. infusion 500 mg in 100 mL	5	1	..	*28.44	17.40	^a Flagyl ^a BX ^a DW	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	
1636D	METRONIDAZOLE —cont. Tablet 200 mg	21	1	.. 1.91	6.38 8.29	7.22 7.22	^a Metrogyl 200 ^a Metrozine ^a Flagyl	AF SR MB
1626N	Tablet 400 mg	5	2	..	6.27	7.11	Metrogyl 400	AF
1642K	Suppositories 500 mg, 10	‡1	..	..	19.80	17.40	Flagyl	MB
1643L	Suppositories 1 g, 10	‡1	..	..	26.57	17.40	Flagyl	MB
1630T	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.93	14.77	Flagyl S	MB
1465D	TINIDAZOLE Tablet 500 mg	4	..	.. 1.93	7.11 9.04	7.95 7.95	^a Simplotan ^a Fasigyn	GP PF
• Other antibacterials								
3090P	SPECTINOMYCIN Injection 2 g with 3.2 mL diluent	1	..	..	15.99	16.83	Trobicin	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	..	..	22.47	17.40	Fungizone	BQ
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• Imidazole derivatives

KETOCONAZOLE

❖ Authority required ❖

Symptomatic vaginal candidiasis recurring after treatment of at least two episodes with topical therapy.

CAUTION:

Hepatotoxicity has been reported with ketoconazole.

1573T	Tablet 200 mg	10	..	..	12.98	13.82	Nizoral	JC
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❖ Authority required ❖

Oral candidiasis in severely immunocompromised persons where topical therapy has failed;

Systemic or deep mycoses where other forms of therapy have failed.

CAUTION:

Hepatotoxicity has been reported with ketoconazole.

1572R	Tablet 200 mg	30	5	..	26.62	17.40	Nizoral	JC
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GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

GENERAL ADMINISTRATION OF SYSTEMIC DRUGS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Triazole derivatives								
FLUCONAZOLE								
❖ Authority required ❖								
<i>Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin;</i> <i>Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;</i> <i>Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients;</i> <i>Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;</i> <i>Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.</i>								
1471K	Capsule 50 mg	28	5	..	177.05	17.40	Diflucan	PF
1472L	Capsule 100 mg	28	5	..	328.25	17.40	Diflucan	PF
1475P	Capsule 200 mg	28	5	..	630.09	17.40	Diflucan	PF
1473M	Solution for I.V. infusion 100 mg in 50 mL	7	..	..	*192.31	17.40	Diflucan	PF
1474N	Solution for I.V. infusion 200 mg in 100 mL	7	..	..	*344.00	17.40	Diflucan	PF

ANTIMYCOBACTERIALS

Drugs for treatment of tuberculosis

• **Hydrazides**

ISONIAZID

1554T	Tablet 100 mg	100	2	..	7.76	8.60	FM	
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Drugs for treatment of lepra

• **Drugs for treatment of lepra**

RIFAMPICIN

❖ **Authority required** ❖*Leprosy in adults.*

1982H	Capsule 150 mg	100	..	..	35.45	17.40	Rimycin 150	AF
1983J	Capsule 300 mg	100	..	..	66.63	17.40	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	..	..	8.45	9.29	Rimycin 150	AF
1984K	Capsule 300 mg	10	..	..	11.56	12.40	Rimycin 300	AF
8025J	Syrup 100 mg per 5 mL, 60 mL	#1	..	..	18.45	17.40	Rifadin	ML

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
ANTIVIRALS FOR SYSTEMIC USE							
Agents affecting the virus directly							
• Nucleosides							
ACICLOVIR							
❖ Authority required ❖							
<i>Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.</i>							
1003T	Tablet 200 mg	50	..	..	*112.53	17.40	^a Acyclo-V 200 AF ^a Zovirax 200 mg GW ^a Zyclir 200 AD
❖ Authority required ❖							
<i>Moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>							
1007B	Tablet 200 mg	90	5	..	198.99	17.40	^a Acyclo-V 200 AF ^a Zovirax 200 mg GW ^a 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>Aciclovir is effective only if commenced within 72 hours of onset of rash.</i>							
<i>No repeats will be issued.</i>							
1052J	Tablet 800 mg	35	..	..	258.27	17.40	^a Acyclo-V 800 AF ^a Zovirax 800 mg GW ^a Zyclir 800 AD
FAMCICLOVIR							
❖ Authority required ❖							
<i>Intermittent treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>							
8092X	Tablet 125 mg	10	5	..	58.26	17.40	Famvir SK
❖ 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	..	..	258.27	17.40	Famvir SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VALACICLOVIR								
❖ Authority required ❖								
<i>Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>								
NOTE:								
<i>Valaciclovir is effective only if commenced within 72 hours of onset of rash.</i>								
<i>No repeats will be issued.</i>								
8064K	Tablet 500 mg	42	..	..	306.29	17.40	Valtrex	GW
IMMUNE SERA AND IMMUNOGLOBULINS								
Immune sera								
• Immune sera								
1344R	DIPHTHERIA ANTITOXIN Injection 10,000 units	2	1	..	*173.69	17.40	CS	
1980F	RED-BACK SPIDER ANTIVENOM Injection 500 units	2	..	..	*195.69	17.40	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	..	*15.29	16.13	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	..	..	*14.99	15.83	CS	
• Pertussis vaccines								
DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED (Triple Antigen)								
1346W	Injection 0.5 mL	3	..	..	*19.80	17.40	CS	
• Pneumococcal vaccines								
PNEUMOCOCCAL VACCINE, POLYVALENT								
❖ Restricted benefit ❖								
<i>Splenectomised persons over two years of age;</i>								
<i>Persons with Hodgkin's disease;</i>								
<i>Persons at high risk of pneumococcal infections.</i>								
1903E	Injection 0.5 mL (23 valent)	1	..	..	39.49	17.40	Pneumovax 23	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
• 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	..	..	*18.33	17.40	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	..	..	*18.57	17.40	CS
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.68	17.40	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 (containing A/Texas/36/91, A/Johannesburg/33/94 and B/Beijing/184/93 like strains)	1	..	..	17.49	17.40	Fluvax XFLU
8017Y	Injection (trivalent) 0.5 mL (containing A/Texas/36/91, A/Guangdong/25/93 and B/Harbin/07/94 like strains)	1	..	..	17.49	17.40	Vaxigrip

CS
SK

RR

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								
1163F	CHLORAMBUCIL Tablet 2 mg	100	2	..	*76.01	17.40	Leukeran	BW
1164G	Tablet 5 mg	100	2	..	*86.57	17.40	Leukeran	BW
1266P	CYCLOPHOSPHAMIDE Tablet 50 mg	50	2	..	28.89	17.40	Cycloblastin	PS
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	10	..	..	75.98	17.40	Cycloblastin	PS
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	10	..	..	81.46	17.40	Cycloblastin	PS
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*27.61	17.40	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	..	..	24.86	17.40	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	..	..	40.92	17.40	Endoxan-Asta	AA
IFOSFAMIDE								
❖ Restricted benefit ❖								
Relapsed or refractory germ cell tumours following first-line chemotherapy;								
Relapsed or refractory sarcomas following first-line chemotherapy.								
8076C	Powder for I.V. injection 1 g	5	5	..	*269.79	17.40	Holoxan	AA
8077D	Powder for I.V. injection 2 g	5	5	..	*500.44	17.40	Holoxan	AA
2547C	MELPHALAN Tablet 2 mg	100	..	..	*95.09	17.40	Alkeran	BW
2548D	Tablet 5 mg	100	..	..	*153.89	17.40	Alkeran	BW
• Alkyl sulphonates								
1128J	BUSULFAN Tablet 2 mg	100	..	..	39.49	17.40	Myleran	BW
• Ethylene imines								
2345K	THIOTEPA Injection 15 mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	..	*36.63	17.40	LE	

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	
Antimetabolites								
• Folic acid analogues								
1622J	METHOTREXATE Tablet 2.5 mg	100	2	.. 0.55	20.87 21.42	17.40	^a Ledertrexate ^a Methoblastin ^a BL	LE PS
1623K	Tablet 10 mg	50	2	..	46.64	17.40	Methoblastin	PS
2396D	Injection 5 mg in 2 mL	5	..	.. 9.25	36.74 *45.99	17.40 17.40	^a BL ^a Ledertrexate	LE
2395C	Injection 50 mg in 2 mL	5	..	.. ..	*47.94 47.96	17.40 17.40	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	..	..	4723.97	17.40	Leustatin	JC
1598D	MERCAPTOPURINE Tablet 50 mg	100	2	..	*102.77	17.40	Purinethol	BW
1233X	THIOGUANINE Tablet 40 mg	25	1	..	85.69	17.40	Lanvis	BW
• Pyrimidine analogues								
CYTARABINE								
8033T	Injection 100 mg in 1 mL	10	1	..	*73.15	17.40	BL	
2884T	Injection 100 mg in 5 mL	10	1	..	*73.15	17.40	DW	
8034W	Injection 500 mg in 5 mL	2	1	..	*81.47	17.40	BL	
2885W	Injection 500 mg in 25 mL	2	1	..	*81.47	17.40	DW	
FLUOROURACIL								
2521Q	Injection 250 mg in 10 mL	20	..	..	*67.65	17.40	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.69	17.40	BL	
GEMCITABINE HYDROCHLORIDE								
❖ Authority required ❖								
Treatment of patients with locally advanced or metastatic non-small cell lung cancer.								
8049P	Powder for I.V. infusion 200 mg (base)	4	2	..	*240.09	17.40	Gemzar	LY
8050G	Powder for I.V. infusion 1 g (base)	2	2	..	*568.95	17.40	Gemzar	LY

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	
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	..	..	*41.99	17.40	Velbe	LY
2199R	Injection set containing 10 mg and 10 mL solvent	2	..	..	*45.39	17.40	BL	
2374Y	VINCRISTINE SULFATE I.V. injection 1 mg in 1 mL	10	..	..	*169.29	17.40	BL DW	
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*176.79	17.40	^a Oncovin ^a BL	LY
• Podophyllotoxin derivatives								
1396L	ETOPOSIDE Capsule 50 mg	20	..	..	498.99	17.40	Vepesid	BQ
1389D	Capsule 100 mg	10	..	..	435.21	17.40	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*207.29	17.40	^a Vepesid ^a BL	BQ
• Taxanes								
DOCETAXEL								
❖ Authority required ❖								
<i>Advanced metastatic breast cancer after failure of standard therapy which includes an anthracycline.</i>								
8071T	Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL and 1 single use vial solvent 1.5 mL	2	..	..	*833.79	17.40	Taxotere	RR
8074Y	Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL and 1 single use vial solvent 6 mL	1	..	..	1658.04	17.40	Taxotere	RR
PACLITAXEL								
❖ Authority required ❖								
<i>Advanced metastatic breast cancer after failure of standard therapy which includes an anthracycline; Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound.</i>								
3026G	Solution for I.V. infusion 30 mg in 5 mL	5	..	..	*1345.99	17.40	^a Anzatax ^a Taxol	FA BQ
8018B	Solution for I.V. infusion 100 mg in 16.7 mL	2	..	..	*1793.21	17.40	Taxol	BQ
3017T	Solution for I.V. infusion 150 mg in 25 mL	1	..	..	1345.96	17.40	Anzatax	FA

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	
Cytotoxic antibiotics and related substances								
• Anthracyclines and related substances								
1336H	DOXORUBICIN HYDROCHLORIDE Solution for I.V. injection or intravesical administration 10 mg in 5 mL	4	..	..	*217.05	17.40	^a Adriamycin Solution ^a BL ^a DW	PS
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*388.17	17.40	^a Adriamycin Solution ^a BL ^a DW	PS
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*704.64	17.40	^a Adriamycin Solution ^a BL ^a DW	PS
1375J	EPIRUBICIN HYDROCHLORIDE Solution for I.V. injection 10 mg in 5 mL	4	..	..	*228.29	17.40	Pharmorubicin Solution	PS
1376K	Solution for I.V. injection 20 mg in 10 mL	4	..	..	*421.77	17.40	Pharmorubicin Solution	PS
1377L	Solution for I.V. injection 50 mg in 25 mL	3	..	..	*778.56	17.40	Pharmorubicin Solution	PS
IDARUBICIN HYDROCHLORIDE								
❖ Authority required ❖								
<i>Acute myelogenous leukaemia.</i>								
2446R	Capsule 5 mg	3	..	..	*245.85	17.40	Zavedos	PS
2448W	Capsule 10 mg	3	..	..	*461.25	17.40	Zavedos	PS
2450Y	Capsule 25 mg	6	..	..	*2289.09	17.40	Zavedos	PS
2452C	Powder for I.V. injection 5 mg	3	..	..	*591.15	17.40	Zavedos	PS
2453D	Powder for I.V. injection 10 mg	6	..	..	*2289.09	17.40	Zavedos	PS
1932Q	MITOZANTRONE Injection 10 mg in 5 mL	1	..	..	178.64	17.40	Novantrone	LE
1929M	Injection 20 mg in 10 mL	1	..	..	339.29	17.40	Novantrone	LE
1930N	Injection 25 mg in 12.5 mL	1	..	..	420.09	17.40	Novantrone	LE
1931P	Injection 30 mg in 15 mL	1	..	..	503.04	17.40	Novantrone	LE
• Other cytotoxic antibiotics								
BLEOMYCIN								
<i>See Special Pharmaceutical Benefits</i>								
Other antineoplastic agents								
• Platinum compounds								
1160C	CARBOPLATIN Solution for I.V. injection 50 mg in 5 mL	2	..	..	*108.17	17.40	^a BL ^a DW	

continued ➤

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1161D	CARBOPLATIN—cont. Solution for I.V. injection 150 mg in 15 mL	6	..	..	*718.29	17.40	^a BL ^a DW	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*519.97	17.40	^a BL ^a DW	
2578Q	CISPLATIN I.V. injection 10 mg in 10 mL	1	..	.. 0.22	17.82 18.04	17.40 17.40	^a DW ^a BL	
2579R	I.V. injection 50 mg in 50 mL	1	..	.. 0.55	40.59 41.14	17.40 17.40	^a DW ^a BL	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.62	17.40	BL	
• Other antineoplastic agents								
ALTRETAMINE (Hexamethylmelamine)								
❖ Restricted benefit ❖								
<i>Advanced metastatic ovarian carcinoma after failure of platinum-based therapy and paclitaxel.</i>								
8080G	Capsule 50 mg	100	2	..	436.89	17.40	Hexalen	FA
3093T	HYDROXYUREA Capsule 500 mg	100	..	..	67.97	17.40	Hydrea	BQ
LEVAMISOLE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Use in combination with fluorouracil as adjuvant treatment after surgical resection of Dukes' stage C colon cancer.</i>								
8065L	Tablet 50 mg (base)	36	2	..	190.19	17.40	Ergamisol 50 mg	JC
ENDOCRINE THERAPY								
Hormones and related agents								
• Estrogens								
FOSFESTROL SODIUM								
❖ Restricted benefit ❖								
<i>Carcinoma of the prostate.</i>								
1353F	Tablet 120 mg	100	5	..	*82.39	17.40	Honwan	AA
• Progestogens								
MEDROXYPROGESTERONE ACETATE								
❖ Restricted benefit ❖								
<i>Advanced breast cancer.</i>								
2728N	Tablet 500 mg	30	2	..	116.33	17.40	Fartutal Provera	PS UP

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MEDROXYPROGESTERONE ACETATE—cont.								
❖ Restricted benefit ❖								
<i>Breast cancer; Endometrial cancer.</i>								
2725K	Tablet 100 mg	100	2	..	82.72	17.40	Farlutal Provera	PS UP
2316X	Tablet 200 mg	60	2	..	93.94	17.40	Farlutal Provera	PS UP
2727M	Tablet 250 mg	60	2	..	116.33	17.40	Provera	UP
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
MEGESTROL ACETATE								
❖ Restricted benefit ❖								
<i>Advanced breast cancer.</i>								
2731R	Tablet 40 mg	100	2	..	45.54	17.40	Megostat	BQ
2734X	Tablet 160 mg	30	2	..	73.04	17.40	Megostat	BQ
• Gonadotrophin releasing hormone analogues								
GOSERELIN ACETATE								
❖ 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 (base) in pre-filled injection syringe	1	5	..	361.14	17.40	Zoladex Implant	IC
❖ Authority required ❖								
<i>Advanced carcinoma of the prostate.</i>								
8093Y	Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe	1	1	..	1159.29	17.40	Zoladex 10.8 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	..	493.74	17.40	Lucrin Depot	AB

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	
Hormone antagonists and related agents								
• Anti-estrogens								
TAMOXIFEN CITRATE								
❖ Restricted benefit ❖								
Breast cancer.								
2109B	Tablet 10 mg (base)	60	5	..	*57.09	17.40	^a Nolvadex	IC
				..	57.09	17.40	^a Genox 10	AF
							^a Noxitem 10	AD
							^a Tamoxen	DP
							10 mg	
2110C	Tablet 20 mg (base)	60	5	..	*92.29	17.40	^a Kessar	PS
				..	92.29	17.40	^a Nolvadex-D	IC
							^a Genox 20	AF
							^a Noxitem 20	AD
							^a Tamoxen	DP
							20 mg	
• Anti-androgens								
BICALUTAMIDE								
❖ Authority required ❖								
For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.								
8094B	Tablet 50 mg	28	5	..	225.75	17.40	Cosudex	IC
CYPROTERONE ACETATE								
❖ Authority required ❖								
Advanced carcinoma of the prostate;								
To reduce drive in sexual deviations in males.								
1270W	Tablet 50 mg	100	5	..	*292.29	17.40	^a Cyprone	AF
				1.80	*294.09	17.40	^a Androcur	SC
8019C	Tablet 100 mg	50	5	..	255.62	17.40	Androcur-100	SC
[For other listings for this drug see Generic/Proprietary Index]								
FLUTAMIDE								
❖ Authority required ❖								
For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.								
1417N	Tablet 250 mg	100	5	..	264.51	17.40	Eulexin	SH
• Enzyme inhibitors								
AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	162.58	17.40	Cytadren	CG

SCHEDULE OF PHARMACEUTICAL BENEFITS FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS OPERATIVE FROM 1 NOVEMBER 1996

LATE AMENDMENT SECTION 2—NEW ITEM

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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INTERFERON BETA-1b (Cytokines, p. 87)

❖ Authority required ❖

Clinically definite relapsing-remitting multiple sclerosis, confirmed by magnetic resonance imaging of the brain and/or spinal cord, in ambulatory patients who have experienced at least two documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding two years. The date of the MRI scan is to be included on the authority application.

The initial authority will be limited to the maximum quantity and number of repeats indicated in the schedule.

A second authority will be limited to patients who do not show continuing progression of disability while on interferon beta-1b treatment and who have demonstrated compliance with, and tolerance to, therapy.

The third and subsequent authorities will be issued only for patients proven to be interferon beta-1b neutralising antibody negative (see below) and who continue to show compliance, tolerance and non-progression of disability.

Antibody positivity requires two tests with the initial positive test being followed by a confirmatory test after an interval of three months. Patients must be tested every twelve months.

Authorities will be available for continued treatment during the three months pending the confirmatory test (if confirmed positive then no further authorities will be issued), otherwise authorities will be limited to the maximum quantity and number of repeats shown.

8101J	Injection set comprising 1 vial powder for injection providing a final dose of 8,000,000 i.u. and 1 vial solvent 2 mL	15	5	..	1448.04	17.40	Betaferon	SC
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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	
IMMUNOMODULATING AGENTS								
Immunostimulating agents								
• Cytokines								
INTERFERON ALFA-2a								
❖ Authority required ❖								
Hairy cell leukaemia.								
8067N	Solutions for injection 3,000,000 i.u. in 1 mL single use vial, 3	3	5	..	*313.89	17.40	Roferon-A	RO
INTERFERON ALFA-2b								
❖ Authority required ❖								
Hairy cell leukaemia.								
2087W	Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL	2	5	..	*346.29	17.40	Intron A	SH
❖ Authority required ❖								
Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy; Patients with stage III or IV follicular non-Hodgkin's lymphoma with a high tumour burden, in combination with anthracycline-based chemotherapy.								
8037B	Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL	3	5	..	*514.59	17.40	Intron A	SH
8038C	Injection set containing 5 vials powder for injection 5,000,000 i.u. and 5 ampoules solvent 2 mL	3	5	..	*854.79	17.40	Intron A	SH
❖ Authority required ❖								
Basal cell carcinoma when more efficacious treatments are considered inappropriate.								
2085R	Injection set containing one vial powder for injection 10,000,000 i.u. and one vial solvent 2 mL	2	..	..	*238.29	17.40	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 <i>(Bacillus Calmette-Guérin/Connaught strain)</i>								
❖ 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 x 10 ⁸ CFU and 1 vial diluent 3 mL	3	1	..	*476.79	17.40	ImmuCyst	RR
BCG-TICE <i>(Bacillus Calmette-Guérin/ Tice strain)</i>								
❖ Restricted benefit ❖								
<i>Primary and relapsing superficial urothelial carcinoma of the bladder.</i>								
1131M	Ampoule containing powder for intravesical administration approximately 5 x 10 ⁸ CFU	3	1	..	466.29	17.40	OncoTICE	OT
IMMUNOSUPPRESSIVE AGENTS Immunosuppressive agents								
Other immunosuppressive agents								
AZATHIOPRINE								
2688L	Tablet 25 mg	100	2	..	47.36	17.40	Imuran	BW
2687K	Tablet 50 mg	100	2	..	79.53	17.40	^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	..	..	6.66	7.50	Voltaren Rapid 25	CG
1332D	Tablets 50 mg, 20	‡1	..	..	7.23	8.07	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	..	*14.49	15.33	Voltaren 25	CG
1300K	Tablet 50 mg (enteric coated)	50	3	.. 1.20	10.64 11.84	11.48 11.48	^a Fenac ^a Voltaren 50	AF CG
1302M	DICLOFENAC SODIUM Suppository 100 mg	40	3	..	*22.77	17.40	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	.. 2.56	*7.59 *10.15	8.43 8.43	^a Arthrexin ^a Hicin 25 mg ^a Indomed 25 ^a Indocid	AF DP AD MK
2757D	INDOMETHACIN Suppository 100 mg	40	3	..	*19.19	17.40	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	*14.41 *15.43	15.25 15.25	^a Actin ^a Clusinol 100 ^a Saldac 100 mg ^a Clinoril	AF AD DP FR
2048T	Tablet 200 mg	50	3	.. 1.54	13.31 14.85	14.15 14.15	^a Actin 200 ^a Clusinol 200 ^a Saldac 200 mg ^a Clinoril 200	AF AD DP FR

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
• Oxicams PIROXICAM ❖ Restricted benefit ❖ Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1895R	Dispersible tablet 10 mg	50	3	..	12.65	13.49	^a Candyl-D 10 mg DP ^a Fensaid-D 10 AD ^a Mobilis D-10 AF ^a Feldene-D PF
				1.76	14.41	13.49	
1896T	Dispersible tablet 20 mg	25	3	..	12.21	13.05	^a Candyl-D 20 mg DP ^a Fensaid-D 20 AD ^a Mobilis D-20 AF ^a Feldene-D PF
				1.87	14.08	13.05	
1897W	Capsule 10 mg	50	3	..	12.65	13.49	^a Candyl 10 mg DP ^a Fensaid 10 AD ^a Mobilis 10 AF ^a Pirox GP ^a Feldene PF
				1.76	14.41	13.49	
1898X	Capsule 20 mg	25	3	..	12.21	13.05	^a Candyl 20 mg DP ^a Fensaid 20 AD ^a Mobilis 20 AF ^a Pirox GP ^a Feldene PF
				1.87	14.08	13.05	
TENOXICAM ❖ Restricted benefit ❖ Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
2104R	Tablet 10 mg	50	3	..	13.21	14.05	Tilcotil RO
• Propionic acid derivatives IBUPROFEN ❖ Restricted benefit ❖ Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
3198H	Tablet 200 mg	100	3	..	*8.77	9.61	Rafen 200 AF
3190X	Tablet 400 mg	100	3	..	*12.03	12.87	Brufen BT
3192B	IBUPROFEN Tablets 400 mg, 20	‡1	..	..	6.23	7.07	Brufen BT
KETOPROFEN ❖ Restricted benefit ❖ Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1586L	Capsule 50 mg	50	3	..	9.48	10.32	Orudis MB

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
1589P	KETOPROFEN—cont. Capsule 100 mg (sustained release)	50	3	.. 1.60	13.75 15.35	14.59 14.59	^a Orwail SR RR ^a Orudis SR MB
1590G	Capsule 200 mg (sustained release)	28	3	.. 1.36	14.88 16.24	15.72 15.72	^a Orwail SR RR ^a Orudis SR 200 MB
8042G	KETOPROFEN Tablets 25 mg, 20	‡1	..	..	6.23	7.07	Orudis 25 mg MB
1588N	Suppository 100 mg	40	3	..	*20.93	17.40	Orudis MB
NAPROXEN							
❖ Restricted benefit ❖							
Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
Bone pain due to malignant disease.							
1674D	Tablet 250 mg	100	3	.. 2.18	*14.21 *16.39	15.05 15.05	^a Inza 250 AF ^a Naprosyn SD
1659H	Tablet 500 mg	50	3	.. 1.09	13.10 14.19	13.94 13.94	^a Inza 500 AF ^a Naprosyn SD
1614Y	Tablet 750 mg (sustained release)	28	3	.. 1.09	12.14 13.23	12.98 12.98	^a Proxen SR 750 MD ^a Naprosyn SD SR750
1615B	Tablet 1 g (sustained release)	28	3	.. 1.09	14.76 15.85	15.60 15.60	^a Proxen SR MD 1000 ^a Naprosyn SD SR1000
1658G	Oral suspension 125 mg per 5 mL, 500 mL	‡1	3	..	18.91	17.40	Naprosyn SD
1662L	NAPROXEN Suppository 500 mg	40	3	..	*19.19	17.40	Naprosyn SD
NAPROXEN SODIUM							
❖ Restricted benefit ❖							
Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
Bone pain due to malignant disease.							
1795L	Tablet 550 mg	50	3	..	13.10	13.94	Anaprox 550 SD
NOTE: Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.							
TIAPROFENIC ACID							
CAUTION: Cystitis and other urinary disorders have been reported with this drug.							
NOTE: The recommended maximum dose is 600 mg per day.							
❖ Restricted benefit ❖							
Chronic arthropathies (including osteoarthritis) with an inflammatory component.							

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	
TIAPROFENIC ACID—cont.								
2102P	Tablet 200 mg	50	3	..	10.03	10.87	Surgam	RL
2103Q	Tablet 300 mg	50	3	..	13.48	14.32	Surgam	RL
TIAPROFENIC ACID								
CAUTION:								
Cystitis and other urinary disorders have been reported with this drug.								
NOTE:								
The recommended maximum dose is 600 mg per day.								
2097J	Tablets 200 mg, 20	‡1	..	..	6.99	7.83	Surgam	RL
2098K	Tablets 300 mg, 10	‡1	..	..	6.99	7.83	Surgam	RL
• Fenamates								
MEFENAMIC ACID								
❖ Restricted benefit ❖								
Dysmenorrhoea;								
Menorrhagia.								
1824B	Capsule 250 mg	50	2	..	12.93	13.77	^a Mefic ^a Ponstan	WW PD
• Other antiinflammatory and antirheumatic agents, non-steroids								
DIFLUNISAL								
❖ Restricted benefit ❖								
Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
Bone pain due to malignant disease.								
1319K	Tablet 250 mg	100	3	..	*14.83	15.67	Dolobid	MK
1320L	Tablet 500 mg	50	3	..	14.52	15.36	Dolobid	MK
Specific antirheumatic agents								
• Quinolines								
HYDROXYCHLOROQUINE SULFATE								
1512N	Tablet 200 mg	100	1	..	34.02	17.40	Plaquenil	SW
• Gold preparations								
AURANOFIN								
CAUTION:								
Regular blood and urine checks are essential.								
1095P	Tablet 3 mg	60	5	..	55.33	17.40	Ridaura	SK
AUROTHIOGLUCOSE								
CAUTION:								
Regular blood and urine checks are essential.								
2021J	Injection 50 mg per mL, 10 mL	1	..	..	126.61	17.40	Gold-50	SH

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	
SODIUM AUROTHIOMALATE								
CAUTION:								
Regular blood and urine checks are essential.								
2016D	Injection 10 mg	10	..	..	52.47	17.40	Myocrisin	MB
2017E	Injection 20 mg	10	1	..	80.80	17.40	Myocrisin	MB
2018F	Injection 50 mg	10	1	..	126.61	17.40	Myocrisin	MB
• Penicillamine and similar agents								
PENICILLAMINE								
CAUTION:								
Regular blood and urine checks are essential.								
2721F	Tablet 125 mg	100	1	..	26.62	17.40	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	41.69	17.40	D-Penamine	DL
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN								
Topical products for joint and muscular pain								
• Preparations with salicylic acid derivatives								
METHYL SALICYLATE								
1641J	Liniment APF, 100 mL	‡1	1	..	5.75	6.59	Linsal Metsal MG WE(NQ)	SI MM
MUSCLE RELAXANTS								
Muscle relaxants, centrally acting agents								
• Other centrally acting agents								
BACLOFEN								
2729P	Tablet 10 mg	100	5	.. 0.95	40.59 41.54	17.40 17.40	^a Clofen 10 ^a Lioresal 10	AF CG
2730Q	Tablet 25 mg	100	5	.. 0.95	82.39 83.34	17.40 17.40	^a Clofen 25 ^a Lioresal 25	AF CG
Muscle relaxants, directly acting agents								
• Dantrolene and derivatives								
DANTROLENE SODIUM								
❖ Restricted benefit ❖								
Treatment of chronic spasticity.								
1779P	Capsule 25 mg	100	2	..	28.60	17.40	Dantrium	PY
1780Q	Capsule 50 mg	100	2	..	46.42	17.40	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	..	*13.57 13.57	14.41 14.41	^a Progout 100 AF ^a Allorin 100 mg DP ^a Zygout 100 AD ^a Zyloprim GW
				0.90	*14.47	14.41	
2604C	Tablet 300 mg	60	2	..	*9.79 9.79	10.63 10.63	^a Progout 300 AF ^a Allorin 300 mg DP ^a Zygout 300 AD ^a Zyloprim GW
				1.21	11.00	10.63	
2601X	Capsule 100 mg	200	2	..	*13.57	14.41	Capurate-100 FM
2603B	Capsule 300 mg	60	2	..	*10.39	11.23	Capurate-300 FM
• Preparations increasing uric acid excretion							
PROBENECID							
1940D	Tablet 500 mg	100	5	..	17.82	17.40	Benemid FR
SULFINPYRAZONE							
❖ Restricted benefit ❖							
<i>Glomerulonephritis; Gout; Renal transplantation.</i>							
2094F	Tablet 100 mg	100	5	..	33.07	17.40	Anturan CG
• Preparations with no effect on uric acid metabolism							
COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	7.33	8.17	Colgout FC
DRUGS FOR TREATMENT OF BONE DISEASES							
Drugs affecting mineralization							
• Biphosphonates							
ALENDRONATE SODIUM							
❖ Authority required ❖							
<i>Symptomatic Paget's disease of bone.</i>							
8090T	Tablet equivalent to 40 mg alendronic acid	30	5	..	196.79	17.40	Fosamax 40 mg MK
DISODIUM ETIDRONATE							
❖ Authority required ❖							
➤ <i>Symptomatic Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects; Heterotopic ossification.</i>							
2920G	Tablet 200 mg	60	5	..	116.68	17.40	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	
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• *Biphosphonates and calcium, sequential preparations*

**DISODIUM ETIDRONATE and
CALCIUM CARBONATE**

❖ **Authority required** ❖

*Established post-menopausal osteoporosis in patients with fracture
due to minimal trauma.*

8056B	Pack containing 28 tablets disodium etidronate 200 mg and 76 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)	1	1	..	86.19	17.40	Didrocal	PY
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OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

Other drugs for disorders of the musculo-skeletal system

• *Quinine and derivatives*

QUININE BISULFATE

CAUTION:

Severe thrombocytopenia has been reported with this drug.

1972T	Tablet 300 mg	50	2	..	9.63	10.47	Myoquin Quinbisul	FM AF RR
				0.55	10.18	10.47	Bi-Quinate	

QUININE SULFATE

CAUTION:

Severe thrombocytopenia has been reported with this drug.

1975Y	Tablet 300 mg	50	2	..	9.63	10.47	^a Quinocet ^a Quinsul	FM AF RR
				0.55	10.18	10.47	Quinate	

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							
• Natural opium alkaloids							
1214X	CODEINE PHOSPHATE Tablet 30 mg	20	..	..	9.02	9.86	^a FA ^a FM
1222H	CODEINE PHOSPHATE with ASPIRIN Tablet 30 mg-325 mg	20	..	..	6.82	7.66	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.							
1215Y	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg	20	..	..	6.81	7.65	^a Codalgin Forte FM ^a Dymadon Forte BW ^a Panadeine Forte Caplets SW
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.							
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: Authorities for increased maximum quantities and/or repeats will be granted only for							
(i) <i>severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
(ii) <i>chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2122Q	Oral solution 2 mg per mL, 200 mL	1	..	..	14.32	15.16	Ordine 2 DW
2123R	Oral solution 5 mg per mL, 200 mL	1	..	..	17.51	17.40	Ordine 5 DW
2124T	Oral solution 10 mg per mL, 200 mL	1	..	..	20.45	17.40	Ordine 10 DW

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								
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	..	..	11.28	12.12	Anamorph	FM
❖ Restricted benefit ❖								
<i>Chronic 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) chronic severe disabling pain associated with proven malignant neoplasia; or</i>								
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>								
8035X	Tablet 5 mg (controlled release)	20	..	..	11.03	11.87	MS Contin	PS
1653B	Tablet 10 mg (controlled release)	20	..	..	14.34	15.18	MS Contin	PS
1654C	Tablet 30 mg (controlled release)	20	..	..	26.09	17.40	MS Contin	PS
1655D	Tablet 60 mg (controlled release)	20	..	..	40.53	17.40	MS Contin	PS
1656E	Tablet 100 mg (controlled release)	20	..	..	59.95	17.40	MS Contin	PS
2839K	Capsule 20 mg (containing sustained release pellets)	20	..	..	19.41	17.40	Kapanol	GW
2840L	Capsule 50 mg (containing sustained release pellets)	20	..	..	34.78	17.40	Kapanol	GW
2841M	Capsule 100 mg (containing sustained release pellets)	20	..	..	59.95	17.40	Kapanol	GW
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
1644M	Injection 10 mg in 1 mL	5	..	..	10.24	11.08	BL SI AP	
				1.21	11.45	11.08		
1645N	Injection 15 mg in 1 mL	5	..	..	10.57	11.41	BL SI AP	
				0.98	11.55	11.41		
1647Q	Injection 30 mg in 1 mL	5	..	..	11.94	12.78	BL	

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 TARTRATE							
CAUTION: The risk of drug dependence is high.							
1607N	Injection 120 mg in 1.5 mL	5	..	..	19.51	17.40	BL
OXYCODONE							
CAUTION: The risk of drug dependence is high.							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for							
(i) <i>severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
(ii) <i>chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2481N	Suppository 30 mg	12	..	..	17.18	17.40	Proladone BT
OXYCODONE HYDROCHLORIDE							
CAUTION: The risk of drug dependence is high.							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for							
(i) <i>severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
(ii) <i>chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2622B	Tablet 5 mg	20	..	..	9.22	10.06	Endone BT
• Phenylpiperidine derivatives							
PETHIDINE HYDROCHLORIDE							
CAUTION: The risk of drug dependence is high.							
❖ Restricted benefit ❖							
<i>Short-term treatment of acute pain.</i>							
NOTE: Authorities for increased maximum quantities and/or repeats will not be authorised.							
1828F	Injection 50 mg in 1 mL	5	..	..	9.21	10.05	BL
					1.80	11.01	SI
						10.05	AP
1829G	Injection 100 mg in 2 mL	5	..	..	9.56	10.40	BL
					2.24	11.80	SI
						10.40	AP

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	
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	..	..	9.22	10.06	Physeptone	GW
1609G	Tablet 10 mg	20	..	..	9.91	10.75	Physeptone	GW
1606M	Injection 10 mg in 1 mL	5	..	..	11.48	12.32	Physeptone	GW
Other analgesics and antipyretics								
Salicylic acid and derivatives								
ASPIRIN								
1008C	Tablet 300 mg	100	1	..	5.96	6.80	Spren	SI
1010E	Tablet 300 mg (dispersible)	100	1	..	6.04	6.88	Solprin	RC
1230R	Tablet 650 mg (enteric coated)	100	2	..	9.13	9.97	Ecotrin	SK
Anilides								
PARACETAMOL								
1746X	Tablet 500 mg	100	1	..	7.74	8.58	Dymadon P Panamax Paralgin Tylenol RR	BW SW FM JT
1747Y	Mixture 120 mg per 5 mL, 100 mL	‡1	2	..	7.47	8.31	Dymadon Panamax	PW SW
1770E	Elixir 240 mg per 5 mL, 200 mL	‡1	2	..	9.68	10.52	Panamax 240 Elixir	SW
Antimigraine preparations								
Ergot alkaloids								
DIHYDROERGOTAMINE								
MESYLATE								
1323P	Injection 1 mg in 1 mL	5	..	..	14.81	15.65	Dihydergot	SZ
ERGOTAMINE TARTRATE								
1383T	Capsule 1 mg	50	2	..	15.84	16.68	Ergodryl Mono	PD
ERGOTAMINE TARTRATE with								
CAFFEINE								
1386Y	Suppositories 2 mg-100 mg, 5	‡1	2	..	8.67	9.51	Cafergot S	SZ
METHYSERGIDE								
2826R	Tablet 1 mg	100	2	..	34.76	17.40	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	..	*8.95	9.79	Periactin	FR
	METHDILAZINE HYDROCHLORIDE							
	❖ Restricted benefit ❖							
	Prevention of migraine.							
1612W	Tablet 4 mg	100	2	..	8.95	9.79	Dilosyn	SI
1613X	Tablet 8 mg	100	2	..	13.40	14.24	Dilosyn	SI
3074T	PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	..	17.12	17.40	Sandomigran	SZ
ANTIEPILEPTICS								
Antiepileptics								
• Barbiturates and derivatives								
	METHYLPHENOBARBITONE							
	❖ Restricted benefit ❖							
	Epilepsy.							
1634B	Tablet 60 mg	200	2	..	22.23	17.40	Prominal	SW
1635C	Tablet 200 mg	200	2	..	47.11	17.40	Prominal	SW
	PHENOBARBITONE							
	❖ Restricted benefit ❖							
	Epilepsy.							
1850J	Tablet 30 mg	200	4	..	7.87	8.71	SI	
	PHENOBARBITONE SODIUM							
	❖ Restricted benefit ❖							
	Epilepsy.							
1853M	Injection 200 mg in 1 mL	5	..	..	15.95	16.79	FM	
1939C	PRIMIDONE Tablet 250 mg	200	2	..	19.58	17.40	Mysoline	IC
• Hydantoin derivatives								
	PHENYTOIN							
1249R	Tablet 50 mg	200	2	..	22.99	17.40	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	16.39	17.23	Dilantin	PD
	PHENYTOIN SODIUM							
1873N	Capsule 30 mg	200	2	..	22.50	17.40	Dilantin Sodium PD	
1874P	Capsule 100 mg	200	2	..	23.71	17.40	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	..	43.34	17.40	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	23.21	17.40	Zarontin	PD
• Benzodiazepine derivatives								
	CLONAZEPAM							
	♦ Authority required ♦							
	<u>Epilepsy.</u>							
1805B	Tablet 500 micrograms	200	2	..	*24.57	17.40	^a Paxam 0.5 ^a Rivotril	AF RO
1806C	Tablet 2 mg	200	2	..	*42.57	17.40	^a Paxam 2 ^a Rivotril	AF RO
1808E	Paediatric oral drops 2.5 mg in 1 mL, 10 mL	2	..	..	*12.21	13.05	Rivotril	RO
♦ Restricted benefit ♦								
	<u>Epilepsy.</u>							
1807D	Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)	5	..	..	11.62	12.46	Rivotril	RO
• Carboxamide derivatives								
	CARBAMAZEPINE							
2422L	Tablet 100 mg	200	2	..	21.23	17.40	Tegretol 100	CG
2419H	Tablet 200 mg	200	2	.. 1.18	36.59 37.77	17.40 17.40	^a Teril ^a Tegretol 200	AF CG
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.59	17.40	Tegretol CR 200	CG
2431Y	Tablet 400 mg (controlled release)	200	2	..	65.67	17.40	Tegretol CR 400	CG
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	19.20	17.40	Tegretol	CG
• Fatty acid derivatives								
	SODIUM VALPROATE							
	CAUTION:							
	There are reports of							
	(i) fatal hepatotoxicity, particularly in children;							
	(ii) teratogenesis (spina bifida in humans).							
2294R	Crushable tablet 100 mg	200	2	..	*29.21	17.40	Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	.. 1.00	*36.89 *37.89	17.40 17.40	^a Valpro 200 ^a Epilim EC	AF RC
2290M	Tablet 500 mg (enteric coated)	200	2	.. 1.00	*68.79 *69.79	17.40 17.40	^a Valpro 500 ^a Epilim EC	AF RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.45	17.40	Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.45	17.40	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	..	131.89	17.40	Sabril	ML
2668K	Oral powder, sachet 500 mg	60	5	..	73.04	17.40	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	..	110.66	17.40	Neurontin	PD
1835N	Capsule 400 mg	100	5	..	146.08	17.40	Neurontin	PD
LAMOTRIGINE								
❖ Authority required ❖								
<i>Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
8063J	Tablet 5 mg	56	5	..	20.79	17.40	Lamictal	BW
2848X	Tablet 25 mg	56	5	..	41.03	17.40	Lamictal	BW
2849Y	Tablet 50 mg	56	5	..	65.56	17.40	Lamictal	BW
2850B	Tablet 100 mg	56	5	..	106.37	17.40	Lamictal	BW
2851C	Tablet 200 mg	56	5	..	175.78	17.40	Lamictal	BW
SULTHIAME								
2099L	Tablet 50 mg	200	2	..	22.63	17.40	Ospolot	BN
2100M	Tablet 200 mg	200	2	..	46.18	17.40	Ospolot	BN
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Tertiary amines								
BENZHEXOL HYDROCHLORIDE								
1109J	Tablet 2 mg	200	2	..	10.19	11.03	Artane	LE
1110K	Tablet 5 mg	200	1	..	12.69	13.53	Artane	LE
BIPERIDEN HYDROCHLORIDE								
2544X	Tablet 2 mg	200	2	..	*18.59	17.40	Akineton	KN
PROCYCLIDINE HYDROCHLORIDE								
1943G	Tablet 5 mg	200	2	..	*13.97	14.81	Kemadrin	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	
Ethers chemically close to antihistamines								
ORPHENADRINE HYDROCHLORIDE ❖ Restricted benefit ❖ Parkinsonism.								
2627G	Tablet 50 mg	200	2	..	*18.59	17.40	Disipal	MM
Ethers of tropine or tropine derivatives								
2362H	BENZTROPINE MESYLATE Tablet 2 mg	60	2	..	6.81	7.65	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	17.71	17.40	Cogentin	MK
Dopaminergic agents								
Dopa and dopa derivatives								
2229H	LEVODOPA with BENSERAZIDE Tablet 100 mg-25 mg	100	5	..	36.41	17.40	Madopar m	RO
2228G	Tablet 200 mg-50 mg	100	5	..	48.73	17.40	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	20.68	17.40	Madopar Q	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.41	17.40	Madopar m	RO
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	39.62	17.40	Madopar HBS	RO
2226E	Capsule 200 mg-50 mg	100	5	..	48.73	17.40	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	..	64.79	17.40	Sinemet CR	MK
1244L	LEVODOPA with CARBIDOPA Tablet 100 mg-10 mg	100	5	..	24.31	17.40	^a Sinacarb ^a Sinemet M	AD MK
1242J	Tablet 100 mg-25 mg	100	5	..	39.49	17.40	^a Kinson ^a Sinacarb 100/25	AF AD
				2.97	42.46	17.40	^a Sinemet 100/25MK	
1245M	Tablet 250 mg-25 mg	100	5	..	49.61	17.40	^a Sinacarb ^a Sinemet 250/25	AD MK
Adamantane derivatives								
AMANTADINE HYDROCHLORIDE ❖ Restricted benefit ❖ Parkinson's disease which is not drug induced.								
3016R	Capsule 100 mg	100	5	..	42.24	17.40	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 ❖ Authority required ❖ <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	.. 1.00	37.60 38.60	17.40 17.40	^a Kripton 2.5 ^a Parlodel AF SZ
1446D	Capsule 5 mg	60	5	.. 1.01	69.78 70.79	17.40 17.40	^a Kripton 5 ^a Parlodel AF SZ
1445C	Capsule 10 mg	100	5	.. 0.91	233.35 234.26	17.40 17.40	^a Kripton 10 ^a Parlodel AF SZ

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

PERGOLIDE MESYLATE

❖ Authority required ❖

*Treatment of Parkinson's disease as adjunctive therapy in
combination with levodopa—decarboxylase inhibitor combinations.*

2808T	Tablet 50 micrograms (base)	60	..	..	*36.57	17.40	Permax LY
2809W	Tablet 250 micrograms (base)	100	5	..	73.04	17.40	Permax LY
2810X	Tablet 1 mg (base)	100	5	..	272.29	17.40	Permax LY

• Monoamine oxidase type B inhibitors

SELEGILINE HYDROCHLORIDE

See Special Pharmaceutical Benefits

PSYCHOLEPTICS

Antipsychotics

• Phenothiazine with dimethylaminopropyl group

**CHLORPROMAZINE
HYDROCHLORIDE**

1196Y	Tablet 10 mg	100	5	..	7.41	8.25	Largactil MB
1197B	Tablet 25 mg	100	5	..	8.91	9.75	Largactil MB
1199D	Tablet 100 mg	100	5	..	12.73	13.57	Largactil MB
1201F	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	8.69	9.53	Largactil MB
1195X	Injection 50 mg in 2 mL	10	..	..	13.53	14.37	Largactil MB

• Phenothiazine with piperazine structure

FLUPHENAZINE DECANOATE

1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.39	17.23	^a Modecate ^a BL BQ
3098C	Injection 25 mg in 1 mL	5	..	..	22.99	17.40	^a Modecate ^a BL BQ

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	
1001Q	FLUPHENAZINE DECANOATE—cont. Injection 50 mg in 2 mL	5	..	..	33.99	17.40	^a Modectate ^a BL	BQ
2659Y	FLUPHENAZINE HYDROCHLORIDE Tablet 1 mg	100	5	..	8.36	9.20	Anatensol	BQ
2660B	Tablet 2.5 mg	100	5	..	9.12	9.96	Anatensol	BQ
2661C	Tablet 5 mg	100	5	..	12.43	13.27	Anatensol	BQ
2185B	TRIFLUOPERAZINE HYDROCHLORIDE Tablet 1 mg (base)	100	5	..	7.48	8.32	Stelazine	SK
2386N	Tablet 2 mg (base)	100	5	..	8.36	9.20	Stelazine	SK
2186C	Tablet 5 mg (base)	100	5	..	8.36	9.20	Stelazine	SK
• <i>Phenothiazine with piperidine structure</i>								
3052P	PERICYAZINE Tablet 2.5 mg	100	5	..	8.03	8.87	Neulactil	MB
3053Q	Tablet 10 mg	100	5	..	12.23	13.07	Neulactil	MB
8095C	THIORIDAZINE Oral suspension 10 mg per mL, 100 mL	‡1	5	..	11.58	12.42	Melleril Suspension 1%	SZ
8096D	Oral suspension 10 mg per mL, 500 mL	‡1	5	..	26.84	17.40	Melleril Suspension 1%	SZ
2163W	THIORIDAZINE HYDROCHLORIDE Tablet 10 mg	100	5	..	7.41	8.25	Aldazine 10 Melleril	AF SZ
2359E	Tablet 25 mg	100	5	..	8.91	9.75	Aldazine 25 Melleril	AF SZ
2164X	Tablet 50 mg	100	5	..	9.28	10.12	^a Aldazine 50 ^a Melleril	AF SZ
2165Y	Tablet 100 mg	100	5	..	12.83	13.67	Aldazine 100 Melleril	AF SZ
• <i>Butyrophenone derivatives</i>								
2761H	HALOPERIDOL Tablet 500 micrograms	100	5	..	6.61	7.45	Serenace	SR
2767P	Tablet 1.5 mg	100	5	..	7.66	8.50	Serenace	SR
2770T	Tablet 5 mg	50	5	..	8.36	9.20	Serenace	SR
2762J	Oral liquid 2 mg per mL, 15 mL	‡1	5	..	8.81	9.65	Serenace	SR
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	13.30	14.14	Serenace	SR
2768Q	Injection 5 mg in 1 mL	10	..	..	13.21	14.05	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	..	..	24.09	17.40	^a Haldol decanoate ^a BL	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	42.79	17.40	^a Haldol decanoate ^a BL	JC
• Thioxanthene derivatives								
2255Q	FLUPENTHIXOL DECANOATE Oily I.M. injection 20 mg in 1 mL	5	..	..	16.94	17.40	Fluanxol Depot	FC
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	24.02	17.40	Fluanxol Depot	FC
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	42.89	17.40	Fluanxol Concentrated Depot	FC
8097E	ZUCLOPENTHIXOL DECANOATE Oily I.M. injection 200 mg in 1 mL	5	..	..	22.99	17.40	Clopixol Depot	LU
• Neuroleptics, in tardive dyskinesia								
1330B	TETRABENAZINE Tablet 25 mg	100	2	..	22.00	17.40	Nitoman	RO
• Lithium								
LITHIUM CARBONATE								
For listings see Generic/Proprietary Index								
• Other antipsychotics								
RISPERIDONE								
❖ Authority required ❖								
<i>Schizophrenia where other antipsychotic therapy has failed or is inappropriate.</i>								
3169T	Tablet 1 mg	60	5	..	73.15	17.40	Risperdal	JC
3170W	Tablet 2 mg	60	5	..	142.67	17.40	Risperdal	JC
3171X	Tablet 3 mg	60	5	..	209.29	17.40	Risperdal	JC
3172Y	Tablet 4 mg	60	5	..	271.49	17.40	Risperdal	JC
8100H	Oral solution 1 mg per mL, 100 mL	#1	5	..	119.61	17.40	Risperdal	JC

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
Anxiolytics							
• Benzodiazepine derivatives							
ALPRAZOLAM							
❖ Authority required ❖							
<i>Panic disorder or agoraphobia with panic attacks where other treatments have failed or are inappropriate.</i>							
2130D	Tablet 250 micrograms	50	..	.. 0.66	8.58 9.24	9.42 9.42	^a Kalma 0.25 ^a Ralozam ^a Xanax AF KR UP
2131E	Tablet 500 micrograms	50	..	.. 0.77	11.22 11.99	12.06 12.06	^a Kalma 0.5 ^a Ralozam ^a Xanax AF KR UP
2132F	Tablet 1 mg	50	2	.. 0.88	16.39 17.27	17.23 17.23	^a Kalma 1 ^a Ralozam ^a Xanax AF KR UP
DIAZEPAM							
3161J	Tablet 2 mg	50	..	.. 0.89 1.15	6.41 7.30 7.56	7.25 7.25 7.25	^a Antenex 2 ^a Ducene ^a Valium AF SU RO
3162K	Tablet 5 mg	50	..	.. 0.90 1.15	6.66 7.56 7.81	7.50 7.50 7.50	^a Antenex 5 ^a Ducene ^a Valium AF SU RO
2558P	Injection 10 mg in 2 mL	5	..	..	7.95	8.79	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 ❖							
<i>Malignant neoplasia (late stage);</i>							
<i>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;</i>							
<i>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.</i>							
3134Y	Tablet 15 mg	50	5	.. 2.82	*6.93 *9.75	7.77 7.77	^a Alepam 15 ^a Murelax ^a Serepax AF AY WY
3135B	Tablet 30 mg	50	5	.. 2.82	*7.37 *10.19	8.21 8.21	^a Alepam 30 ^a Murelax ^a Serepax AF AY 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
3132W	OXAZEPAM —cont. Tablet 15 mg	25	..	.. 1.41	5.61 7.02	6.45 6.45	^a Alepam 15 ^a Murelax ^a Serepax
3133X	Tablet 30 mg	25	..	.. 1.41	5.83 7.24	6.67 6.67	^a Alepam 30 ^a Murelax ^a Serepax

NOTE:

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

• **Other anxiolytics****CLOMIPRAMINE
HYDROCHLORIDE**❖ **Restricted benefit** ❖

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

1561E	Tablet 25 mg	50	2	.. 1.19	18.59 19.78	17.40 17.40	^a Placil ^a Anafranil	AF CG
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Hypnotics and sedatives• **Benzodiazepine derivatives****NITRAZEPAM**❖ **Authority required** ❖

*Myoclonic epilepsy;
Malignant neoplasia (late stage);
For use by patients who are receiving long-term nursing care in
hospitals or nursing homes and who have been demonstrated, within
the past six months, to be benzodiazepine dependent by an
unsuccessful attempt at gradual withdrawal;
For use by patients for whose care a Commonwealth Domiciliary
Nursing Care Benefit is approved and who have been demonstrated,
within the past six months, to be benzodiazepine dependent by an
unsuccessful attempt at gradual withdrawal.*

2732T	Tablet 5 mg	50	5	.. 2.00	*8.29 *10.29	9.13 9.13	^a Alodorm ^a Mogadon	AF RO
2723H	NITRAZEPAM Tablet 5 mg	25	..	.. 1.00	6.29 7.29	7.13 7.13	^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.

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
TEMAZEPAM							
❖ Authority required ❖							
<i>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.</i>							
2088X	Tablet 10 mg	50	5	.. 2.00	*8.29 *10.29	9.13 9.13	^a Temtabs WX ^a Normison WY
2105T	Capsule 10 mg	50	5	.. 2.00	*8.29 *10.29	9.13 9.13	^b Euhypnos SI ^a Nocturne WX ^b Nomapam 10 AD ^a Temaze 10 AF ^a Normison WY
2089Y	TEMAZEPAM Tablet 10 mg	25	..	.. 1.00	6.29 7.29	7.13 7.13	^a Temtabs WX ^a Normison WY
2108Y	Capsule 10 mg	25	..	.. 1.00	6.29 7.29	7.13 7.13	^b Euhypnos SI ^a Nocturne WX ^b Nomapam 10 AD ^a Temaze 10 AF ^a Normison 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	5.43 6.03	6.27 6.27	^a Amitrol 10 mg DP Endep 10 AF ^a Tryptine 10 AD ^a Tryptanol MK
2418G	Tablet 25 mg	50	2	.. 0.61	5.95 6.56	6.79 6.79	^a Amitrol 25 mg DP ^a Endep 25 AF ^a Tryptine 25 AD ^a Tryptanol MK
2429W	Tablet 50 mg	50	2	..	7.11	7.95	Endep 50 AF

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	
CLOMIPRAMINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Cataplexy associated with narcolepsy; Obsessive-compulsive disorder; Phobic disorders in adults.</i>								
1561E	Tablet 25 mg	50	2	.. 1.19	18.59 19.78	17.40 17.40	^a Placil ^a Anafranil	AF CG
2972K	DESIPRAMINE HYDROCHLORIDE Tablet 25 mg	50	2	..	7.37	8.21	Pertofran	CG
1357K	DOTHIPEIN HYDROCHLORIDE Capsule 25 mg	50	2	.. 1.38	7.00 8.38	7.84 7.84	^a Dothep 25 ^a Prothiaden	AF BT
1358L	Tablet 75 mg	30	2	.. 1.76	7.30 9.06	8.14 8.14	^a Dothep 75 ^a Prothiaden	AF BT
1012G	DOXEPIN HYDROCHLORIDE Tablet 50 mg (base)	50	2	..	7.65	8.49	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	.. 0.89	6.08 6.97	6.92 6.92	Deptran 10 Sinequan	AF PF
1013H	Capsule 25 mg (base)	50	2	.. 0.90	6.39 7.29	7.23 7.23	Deptran 25 Sinequan	AF PF
2420J	IMIPRAMINE HYDROCHLORIDE Tablet 10 mg	50	2	..	6.58	7.42	Tofranil 10	CG
2421K	Tablet 25 mg	50	2	..	6.58	7.42	Melipramine Tofranil 25	UW(N) CG
NORTRIPTYLINE HYDROCHLORIDE								
2522R	Tablet 10 mg (base)	50	2	..	5.90	6.74	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	6.58	7.42	Allegron	DL
2524W	Elixir 10 mg (base) per 5 mL, 100 mL	‡1	4	..	8.61	9.45	Allegron	DL
2969G	TRIMIPRAMINE MALEATE Capsule 50 mg (base)	50	2	..	7.11	7.95	Surmontil	MB
VENLAFAXINE HYDROCHLORIDE								
❖ Authority required ❖								
<i>Treatment of major depressive disorders where other therapy is inappropriate.</i>								
8068P	Tablet 37.5 mg (base)	56	2	..	52.20	17.40	Efexor	WY
8069G	Tablet 75 mg (base)	56	2	..	62.83	17.40	Efexor	WY

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	
Selective serotonin reuptake inhibitors FLUOXETINE HYDROCHLORIDE ❖ Restricted benefit ❖ Major depressive disorders; Obsessive-compulsive disorder.								
1434L	Capsule 20 mg (base)	28	5	..	33.99	17.40	^a Erocap ^a Lovan ^a Zactin ^a Prozac 20	DP DL AF LY
				1.51	35.50	17.40		
1809F	Oral solution 20 mg (base) per 5 mL, 140 mL	‡1	5	..	45.63	17.40	Prozac Liquid	LY
PAROXETINE HYDROCHLORIDE ❖ Restricted benefit ❖ ➤ Major depressive disorders.								
2242B	Tablet 20 mg (base)	30	5	..	39.59	17.40	Aropax 20	SK
SERTRALINE HYDROCHLORIDE ❖ Restricted benefit ❖ ➤ Major depressive disorders.								
2236Q	Tablet 50 mg (base)	28	5	..	36.50	17.40	Zoloft	PF
2237R	Tablet 100 mg (base)	28	5	..	44.51	17.40	Zoloft	PF
Monoamine oxidase inhibitors, non-selective PHENELZINE SULFATE CAUTION: This drug is an irreversible monoamine oxidase inhibitor.								
2856H	Tablet 15 mg (base)	50	2	..	13.20	14.04	Nardil	WW
TRANLYCYPROMINE SULFATE CAUTION: This drug is an irreversible monoamine oxidase inhibitor.								
2444P	Tablet 10 mg (base)	50	2	..	13.20	14.04	Parnate	SK
Monoamine oxidase type A inhibitors MOCLOBEMIDE ❖ Restricted benefit ❖ Major depressive disorders.								
1900B	Tablet 150 mg	60	5	..	41.69	17.40	^a Arima ^a Aurorix	AF RO
8003F	Tablet 300 mg	60	5	..	74.69	17.40	Aurorix 300 mg	RO
Other antidepressants LITHIUM CARBONATE								
3059B	Tablet 250 mg	200	2	..	*11.39	12.23	Lithicarb	FC

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	
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	..	14.19	15.03	^a Lerivon	OP
				0.74	14.93	15.03	^a Lumin 10	AF
							^a Tolwon	OR
1628Q	Tablet 20 mg	50	5	..	25.19	17.40	^a Lerivon	OP
				0.74	25.93	17.40	^a Lumin 20	AF
							^a Tolwon	OR

Psychostimulants and nootropics

- **Centrally acting sympathomimetics**

DEXAMPHETAMINE SULFATE**NOTE:**

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

- ❖ **Authority required** ❖

*Use in attention deficit hyperactivity disorder, in accordance with State/Territory law;
Narcolepsy.*

1165H	Tablet 5 mg	100	5	..	13.55	14.39	SI
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OTHER NERVOUS SYSTEM DRUGS**Parasympathomimetics**

- **Anticholinesterases**

PYRIDOSTIGMINE BROMIDE

2724J	Tablet 10 mg	100	5	..	14.58	15.42	Mestinon	RO
1959D	Tablet 60 mg	150	5	..	44.55	17.40	Mestinon	RO
2608G	Tablet 180 mg (sustained release)	100	5	..	84.81	17.40	Mestinon	RO

- **Choline esters**

BETHANECHOL CHLORIDE

1062X	Tablet 10 mg	100	2	..	10.62	11.46	Uro-Carb	HA
				..	*10.63	11.47	Urecholine	MK
1071J	Injection 5 mg in 1 mL	2	..	..	*12.23	13.07	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	..	..	762.39	17.40	Wellvone	BW
Antimalarials								
• Quinine alkaloids								
QUININE BISULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
1972T	Tablet 300 mg	50	2	..	9.63	10.47	Myoquin	FM
				0.55	10.18	10.47	Quinbisul	AF
							Bi-Quinate	RR
QUININE SULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
1975Y	Tablet 300 mg	50	2	..	9.63	10.47	^a Quinocet	FM
				0.55	10.18	10.47	^a Quinsul	AF
							^a Quinate	RR
• Diaminopyrimidines								
PYRIMETHAMINE								
1966L	Tablet 25 mg	50	..	..	12.50	13.34	Daraprim	BW
ANTHELMINTICS								
Antinematodal agents								
• Benzimidazole derivatives								
THIABENDAZOLE								
2947D	Tablet 500 mg	16	..	..	12.21	13.05	Mintezol	MK

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Tetrahydropyrimidine derivatives								
PYRANTEL EMBONATE								
3047J	Tablet 125 mg (base)	6	..	..	5.95	6.79	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.40	8.24	Anthel 250	AF
Anticestodals								
• Salicylic acid derivatives								
NICLOSAMIDE								
❖ Restricted benefit ❖								
Hymenolepiasis nana.								
1681L	Tablet 500 mg	16	..	..	*20.57	17.40	Yomesan	BN
NICLOSAMIDE								
1680K	Tablet 500 mg	4	..	..	8.36	9.20	Yomesan	BN
ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS								
Ectoparasiticides, incl. scabicides								
• Pyrethrines, incl. synthetic compounds								
PERMETHRIN								
3054R	Cream 50 mg per g (5%), 30 g	‡1	1	..	14.52	15.36	Lyclear	PW
• Other ectoparasiticides, incl. scabicides								
BENZYL BENZOATE								
1114P	Application 50 g in 200 mL (25%)	‡1	2	..	6.77	7.61	Benzemul	MG

RESPIRATORY 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
NASAL PREPARATIONS							
Decongestants and other nasal preparations for topical use							
• Corticosteroids							
BECLOMETHASONE DIPROPIONATE							
❖ Restricted benefit ❖							
<i>Severe intractable rhinitis.</i>							
1657F	Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)	#1	1	..	13.13	13.97	Aldecin Aqueous Pump Beconase AQ SH GW
1637E	Aqueous nasal spray refill 50 micrograms per dose (200 doses)	#1	1	..	12.07	12.91	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	..	..	21.97	17.40	Aldecin Aqueous Set SH
1593W	Aqueous nasal spray 50 micrograms per dose, 400 doses set containing two pump packs each providing 200 doses	#1	..	..	21.98	17.40	Beconase AQ Twin Pack GW
<i>[For other listings for this drug see Generic/Proprietary Index]</i>							
BUDESONIDE							
❖ Restricted benefit ❖							
<i>Severe intractable rhinitis.</i>							
2075F	Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)	#1	..	..	19.03	17.40	Rhinocort Aqueous AP
<i>[For other listings for this drug see Generic/Proprietary Index]</i>							
• Other nasal preparations							
IPRATROPIUM BROMIDE							
❖ Authority required ❖							
<i>Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.</i>							
1544G	Pressurised nasal spray 20 micrograms per dose (200 doses)	#1	5	..	20.13	17.40	Atrovent Nasal BY
❖ Restricted benefit ❖							
<i>Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.</i>							

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	
8051R	IPRATROPIUM BROMIDE—cont. Aqueous nasal spray (pump pack) 21 micrograms per dose (180 doses)	#1	5	..	17.83	17.40	Atrovent Nasal Aqueous	BY
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
ANTI-ASTHMATICS								
Adrenergics, inhalants								
• Selective beta-2-adrenoceptor agonists								
3087L	SALBUTAMOL Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	5	.. 1.00	*9.25 *10.25	10.09 10.09	^a Asmol ^a Ventolin	AF GW
SALBUTAMOL SULFATE								
❖ Restricted benefit ❖								
<i>Patients unable to achieve co-ordinated use of other metered dose inhalers containing salbutamol or salbutamol sulfate.</i>								
2004L	Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses)	#1	5	..	27.17	17.40	Respolin in the Autohaler^{MM}	
1099W	SALBUTAMOL SULFATE Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*20.19	17.40	Ventolin Rotacaps	GW
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	.. 0.62	*28.83 *29.45	17.40 17.40	^a Asmol 2.5 uni-dose ^a Respax 2.5 Sterinebs ^a Ventolin Nebules	AF DW GW
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	.. 0.62	*30.23 *30.85	17.40 17.40	^a Asmol 5 uni-dose ^a Respax 5 Sterinebs ^a Ventolin Nebules	AF DW GW
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	.. 1.10	*12.93 *14.03	13.77 13.77	Respax Respolin Ventolin	DW MM GW
1096Q	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses)	2	5	.. 1.64	*9.25 *10.89	10.09 10.09	^a Respax 200 ^a Respolin	DW MM
1097R	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	#1	5	.. 0.78	9.16 9.94	10.00 10.00	^a Respax 400 ^a Respolin	DW MM
8036Y	Powder for oral inhalation, refill disks (for use in Ventolin Diskhaler), 200 micrograms (base) per dose, 8 doses per disk, 15	2	5	..	*23.39	17.40	Ventolin Disks	GW

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	
SALMETEROL XINAFOATE								
❖ Authority required ❖								
<i>Patients with frequent episodes of nocturnal asthma who are receiving treatment with oral corticosteroids or maximal doses of inhaled corticosteroids.</i>								
3027H	Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)	‡1	1	..	44.99	17.40	Serevent	GW
8005H	Powder for oral inhalation, refill disks (for use in Serevent Diskhaler), 50 micrograms (base) per dose, 4 doses per disk, 15	‡1	1	..	44.99	17.40	Serevent Disks	GW
TERBUTALINE SULFATE								
1251W	Nebuliser solution single dose units 5 mg in 2 mL, 30	2	5	..	*32.01	17.40	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	12.05	12.89	Bricanyl	AP
1240G	Oral pressurised inhalation 250 micrograms per dose (400 doses)	‡1	5	..	9.94	10.78	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.60	16.44	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	..	*27.15	17.40	Becotide Rotacaps	GW
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.77	11.61	Becotide	GW
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	17.24	17.40	Becotide 100	GW
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	31.52	17.40	Becloforte	GW
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
BUDESONIDE								
❖ Authority required ❖								
<i>Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.</i>								
2065G	Nebuliser suspension single dose units 500 micrograms in 2 mL, 30	‡1	5	..	31.85	17.40	Pulmicort Respules	AP
2066R	Nebuliser suspension single dose units 1 mg in 2 mL, 30	‡1	5	..	42.70	17.40	Pulmicort Respules	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	
2067T	BUDESONIDE —cont. Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	12.93	13.77	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.72	17.40	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	‡1	5	..	25.07	17.40	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	21.05	17.40	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	28.73	17.40	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	44.10	17.40	Pulmicort Turbuhaler	AP

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

FLUTICASONE PROPIONATE

❖ Authority required ❖

- *To achieve and maintain the reduction or withdrawal of oral corticosteroids in patients whose asthma is poorly controlled by maximal doses of other inhaled corticosteroids.*

8091W	Oral pressurised inhalation 125 micrograms per dose (120 doses)	‡1	5	..	46.09	17.40	Flixotide	GW
2716Y	Oral pressurised inhalation 250 micrograms per dose (120 doses)	‡1	5	..	76.34	17.40	Flixotide	GW
2717B	Powder for oral inhalation, refill disks (for use in Flixotide Diskhaler), 500 micrograms per dose, 4 doses per disk, 15	‡1	5	..	76.34	17.40	Flixotide Disks	GW

• Anticholinergics

IPRATROPIUM BROMIDE								
1542E	Nebuliser solution single dose units 250 micrograms in 1 mL, 30	2	5	..	*64.03	17.40	Atrovent	BY
1543F	Nebuliser solution single dose units 500 micrograms in 2 mL, 30	2	5	..	*74.91	17.40	Atrovent	BY
1541D	Nebuliser solution 250 micrograms per mL (0.025%), 20 mL	2	2	..	*18.15	17.40	Atrovent	BY
1540C	Oral pressurised inhalation 20 micrograms per dose (200 doses)	2	5	..	*35.97	17.40	Atrovent	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	
• Antiallergic agents, excl. corticosteroids								
2346L	NEDOCROMIL SODIUM Oral pressurised inhalation 2 mg per dose (112 doses)	‡1	5	..	29.15	17.40	Tilade	FC
2878L	SODIUM CROMOGLYCATE Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic)	100	5	..	30.25	17.40	Intal Spincaps	FC
1124E	Solution for inhalation 20 mg in 2 mL ampoule	120	3	..	*55.77	17.40	^a Cromese Sterinebs	DW
				2.32	*58.09	17.40	^a Intal	FC
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	26.95	17.40	Intal	FC
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	29.15	17.40	Intal Forte	FC
Adrenergics for systemic use								
• Alpha- and beta-adrenoceptor agonists								
1016L	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	8.14	8.98	AP	
• Selective beta-2-adrenoceptor agonists								
1098T	SALBUTAMOL SULFATE Tablet 4 mg (base)	100	5	..	11.99	12.83	Ventolin	GW
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	9.46	10.30	Ventolin	GW
1028D	TERBUTALINE SULFATE Tablet 5 mg	100	5	..	11.99	12.83	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	7.39	8.23	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	8.25	9.09	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	8.38	9.22	Bricanyl	AP
Other anti-asthmatics for systemic use								
• Xanthines								
1038P	AMINOPHYLLINE I.V. injection 250 mg in 10 mL	5	..	..	15.40	16.24	SI	
2786P	CHOLINE THEOPHYLLINATE Elixir 50 mg per 5 mL, 500 mL	‡1	5	..	8.50	9.34	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	..	6.61	7.45	Nuelin Paediatric	MM
1143E	Tablet 125 mg	100	5	..	7.38	8.22	Nuelin	MM

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	
2632M	THEOPHYLLINE—cont. Tablet 200 mg (sustained release)	100	5	..	9.97	10.81	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	11.11	11.95	Nuelin-S.R. 250MM	
2633N	Tablet 300 mg (sustained release)	100	5	..	12.47	13.31	Theo-Dur	AP
2620X	Capsule 100 mg (containing sustained release beads)	100	5	..	11.55	12.39	Nuelin-Sprinkle	MM
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	11.22	12.06	Austyn	FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	12.49	13.33	Austyn	FA
2540Q	Capsule 300 mg (containing sustained release pellets)	100	5	..	13.42	14.26	Austyn	FA
2614N	Syrup 80 mg per 15 mL, 500 mL	‡1	5	..	7.76	8.60	Nuelin	MM

COUGH AND COLD PREPARATIONS

Expectorants, excl. combinations with cough suppressants• *Mucolytics***ACETYLCYSTEINE**❖ Restricted benefit ❖*Bronchiectasis;**Cystic fibrosis (mucoviscidosis).*

2630K	<i>Solution for inhalation 200 mg per mL (20%), 10 mL</i>	5	3	..	38.25	17.40	<i>Mucomyst</i>	<i>BQ</i>
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Cough suppressants, excl. combinations with expectorants• *Opium alkaloids and derivatives***CODEINE PHOSPHATE**

1214X	Tablet 30 mg	20	..	..	9.02	9.86	^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	..	..	*13.87	14.71	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								
2360F	CHLORAMPHENICOL Eye drops 5 mg per mL (0.5%), 10 mL	‡1	2	..	7.17	8.01	Chloromycetin Chlorsig	PD SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	6.71	7.55	Chloromycetin Chlorsig	PD SI
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	..	14.97	15.81	Genoptic	AG
1910M	POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE Eye ointment 5,000 units-400 units- 5 mg per g, 4 g	‡1	..	..	6.86	7.70	Neosporin	BW
1911N	POLYMYXIN B SULFATE with NEOMYCIN SULFATE and GRAMICIDIN Eye drops 5,000 units-2.5 mg- 25 micrograms per mL, 10 mL	‡1	2	..	7.26	8.10	Neosporin	BW
2143T	TETRACYCLINE HYDROCHLORIDE Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	6.36	7.20	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	..	14.97	15.81	Tobrex	AG
2329N	Eye ointment 3 mg per g (0.3%), 3.5 g	‡1	..	..	14.97	15.81	Tobrex	AG
• Sulfonamides								
2063N	SULFACETAMIDE SODIUM Eye drops 100 mg per mL (10%), 15 mL	‡1	2	.. 0.76	8.43 9.19	9.27 9.27	Acetopt Bleph 10	SI 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	
• Antivirals								
ACICLOVIR								
❖ Restricted benefit ❖								
<i>Eye infections caused by herpes simplex virus.</i>								
1002R	Eye ointment 30 mg per g (3%), 4.5 g	‡1	..	..	22.55	17.40	Zovirax	GW
2442M	IDOXURIDINE Eye drops 1 mg per mL (0.1%), 15 mL	‡1	2	..	11.44	12.28	Herplex	AG
VIDARABINE								
❖ Restricted benefit ❖								
<i>Eye infections caused by herpes simplex virus.</i>								
2570G	Eye ointment 30 mg per g (3%), 3.5 g	‡1	..	..	27.39	17.40	Vira A	PD
• Other antiinfectives								
1035L	AMINACRINE HYDROCHLORIDE Eye drops 3 mg in 15 mL	‡1	2	..	8.43	9.27	Aminopt	SI
CIPROFLOXACIN								
❖ Restricted benefit ❖								
<i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1216B	Eye drops 3 mg per mL (0.3%), 5 mL	‡1	..	..	14.97	15.81	Ciloxan	AG
❖ Restricted benefit ❖								
<i>Bacterial keratitis.</i>								
1217C	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*25.65	17.40	Ciloxan	AG
OFLOXACIN								
❖ Restricted benefit ❖								
<i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1912P	Eye drops 3 mg per mL (0.3%), 5 mL	‡1	..	..	14.97	15.81	Ocuflox	AG
Antiinflammatory agents								
• Corticosteroids, plain								
1288T	DEXAMETHASONE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.77	8.61	Maxidex	AG
1204J	FLUOROMETHOLONE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	7.77	8.61	Flucon FML Liquifilm	AG AG
1438Q	FLUOROMETHOLONE ACETATE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.77	8.61	Flarex	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	
1489J	HYDROCORTISONE Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	9.79	10.63	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.12	10.96	Hycor	SI
1497T	HYDROCORTISONE ACETATE Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.59	10.43	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	9.79	10.63	Hycor	SI
3197G	MEDRYSONE Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	7.77	8.61	HMS Liquifilm	AG
2684G	PREDNISOLONE ACETATE Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.77	8.61	Sterofrin	AG
• Corticosteroids and mydriatics in combination								
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
Corneal grafts; Uveitis.								
3112T	Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	‡1	2	..	15.18	16.02	Prednefrin Forte	AG
• Antiinflammatory agents, non-steroids								
8009M	FLURBIPROFEN SODIUM Eye drops 300 micrograms per mL (0.03%), 5 mL	‡1	..	..	10.56	11.40	Ocufen	AG
2443N	INDOMETHACIN Ophthalmic suspension 10 mg per mL (1%), 5 mL	‡1	..	..	10.56	11.40	Indoptol	SI
Antiglaucoma preparations and miotics								
• Sympathomimetics in glaucoma therapy								
APRACLONIDINE HYDROCHLORIDE								
❖ Authority required ❖								
Short-term reduction of intra-ocular pressure in patients already on maximally tolerated anti-glaucoma therapy.								
8083K	Eye drops 5 mg (base) per mL (0.5%), 10 mL	‡1	2	..	34.85	17.40	Iopidine 0.5%	AG
1351D	DIPIVEFRINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	16.03	16.87	Propine	AG
• Parasympathomimetics								
2535K	CARBACHOL Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	13.53	14.37	Isopto Carbachol	AG
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	13.86	14.70	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	..	#24.36	17.40	Phospholine Iodide	AY
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	‡1	5	..	#24.36	17.40	Phospholine Iodide	AY
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	‡1	5	..	#24.64	17.40	Phospholine Iodide	AY
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	‡1	5	..	#27.10	17.40	Phospholine Iodide	AY
PILOCARPINE								
❖ Restricted benefit ❖								
<i>Chronic glaucoma when other miotics are not tolerated.</i>								
2777E	<i>Eye disc 5 mg (releasing 20 micrograms per hour)</i>	8	5	..	81.98	17.40	Ocusert Pilo 20AG	
2782K	<i>Eye disc 11 mg (releasing 40 micrograms per hour)</i>	8	5	..	84.95	17.40	Ocusert Pilo 40AG	
PILOCARPINE HYDROCHLORIDE								
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	9.28	10.12	Isopto Carpine Piloft P.V. Carpine IQ	AQ SI AG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	9.28	10.12	Isopto Carpine Piloft P.V. Carpine IQ	AQ SI AG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	10.30	11.14	Isopto Carpine Piloft P.V. Carpine IQ	AQ SI AG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.32	13.16	Isopto Carpine Piloft P.V. Carpine IQ	AQ SI AG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.58	13.42	Isopto Carpine Piloft P.V. Carpine IQ	AQ SI AG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	15.73	16.57	Isopto Carpine Piloft P.V. Carpine	AQ SI AG
• Carbonic anhydrase inhibitors								
ACETAZOLAMIDE								
1004W	Tablet 250 mg	100	3	..	14.32	15.16	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	12.73	13.57	Diamox	LE
DICHLORPHENAMIDE								
1303N	Tablet 50 mg	50	6	..	12.61	13.45	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								
2811Y	BETAXOLOL HYDROCHLORIDE Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	13.45	14.29	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.45	14.29	^a Betoptic ^a BetoQuin	AQ IQ
1819R	LEVOBUNOLOL HYDROCHLORIDE Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	12.32	13.16	Betagan	AG
1278G	TIMOLOL MALEATE Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	12.32	13.16	Tenopt Timoptol	SI FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.45	14.29	Tenopt Timoptol	SI FR
1925H	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	‡1	5	..	12.32	13.16	Timoptol XE	MK
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	13.45	14.29	Timoptol XE	MK
2664F	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	19.46	17.40	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	21.75	17.40	Timpilo 4	MK
Mydriatics and cycloplegics								
• Anticholinergics								
1092L	ATROPINE SULFATE Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	9.08	9.92	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	9.08	9.92	Atropt	SI
2541R	HOMATROPINE HYDROBROMIDE Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	12.32	13.16	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	15.98	16.82	Isopto Homatropine	AQ
Decongestants and antiallergics								
• Other antiallergics								
SODIUM CROMOGLYCATE								
❖ Authority required ❖								
Vernal kerato-conjunctivitis.								
1127H	Eye drops 20 mg per mL (2%), 10 mL	‡1	5	..	12.98	13.82	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	..	*33.00	17.40	Cellufresh	AG
HYDROXYPROPYLCELLULOSE								
❖ Restricted benefit ❖								
<i>Severe dry eye syndrome unresponsive to artificial tear solutions.</i>								
1522D	Ophthalmic inserts 5 mg, 60	#1	5	..	34.32	17.40	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	..	8.36	9.20	Isopto Tears Methopt	AG SI
2952J	Eye drops 10 mg per mL (1%), 15 mL	#1	5	..	8.80	9.64	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	..	10.85	11.69	Poly-Tears Tears Naturale	IQ AG
PARAFFIN								
1754H	Compound eye ointment 3.5 g	#1	5	..	11.41	12.25	Duratears	AG
1750D	Compound eye ointment 7 g	#1	5	..	15.13	15.97	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	..	8.80	9.64	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	#1	5	..	12.97	13.81	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	..	9.13	9.97	Tear Drops Tears Plus	CV 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	‡1	2	..	8.42	9.26	Chloromycetin	PD
CAUTION: Topical chloramphenicol may cause aplastic anaemia.								
2296W	NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear ointment 12 mg (3.5 mg base)- 400 units per g, 10 g	‡1	..	..	6.29	7.13	Nemdyn	HA
Corticosteroids and antiinfectives in combination								
• Corticosteroids and antiinfectives in combination								
DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN								
2781J	Ear drops 500 micrograms-5 mg- 50 micrograms per mL, 8 mL	‡1	2	.. 1.10	6.64 7.74	7.48 7.48	^a Otodex ^a Sofradex	QM RL
2759F	Ear ointment 500 micrograms-5 mg- 50 micrograms per g, 5 g	‡1	2	.. 1.10	5.98 7.08	6.82 6.82	^a Otodex ^a Sofradex	QM RL
TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN								
2971J	Ear drops 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5 mL	‡1	2	.. 1.10	6.64 7.74	7.48 7.48	^a Otocomb Otic ^a Kenacomb Otic	BC 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	..	5.98	6.82	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	.. 1.10	5.98 7.08	6.82 6.82	^a Otocomb Otic ^a Kenacomb Otic	BC BQ
OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS								
Antiinfectives								
• Antiinfectives								
FRAMYCETIN SULFATE								
1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	7.17	8.01	Soframycin	RL
1439R	Eye/ear ointment 5 mg per g (0.5%), 5 g	‡1	..	..	6.71	7.55	Soframycin	RL
Corticosteroids								
• Corticosteroids								
PREDNISOLONE SODIUM PHOSPHATE								
1922E	Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.77	8.61	Predsol	SI

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								
2886X	EXTRACT—HONEY BEE VENOM Injection set containing 550 micrograms	1	..	..	81.95	17.40	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	..	..	108.46	17.40	Albay Wasp Venom	BN
INSECT ALLERGEN								
EXTRACT—YELLOW JACKET								
VENOM								
2883R	Injection set containing 550 micrograms	1	..	..	104.17	17.40	Albay Yellow Jacket Venom	BN
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• Antidotes								
NALOXONE HYDROCHLORIDE								
1670X	Injection 40 micrograms in 2 mL	5	..	..	30.36	17.40	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	18.35	17.40	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	19.50	17.40	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	27.70	17.40	Naloxone Min-I-Jet	CS
• Detoxifying agents for cytostatic treatment								
CALCIUM FOLINATE								
❖ Restricted benefit ❖								
Antidote to folic acid antagonists.								
2308L	Tablet equivalent to 15 mg folinic acid	10	..	..	98.82	17.40	BL LE	
2309M	Injection equivalent to 3 mg folinic acid in 1 mL	5	..	..	15.97	16.81	BL	
MESNA								
❖ Restricted benefit ❖								
Adjunctive therapy for use with ifosfamide and high dose cyclophosphamide.								
8078E	Solution for I.V. injection 400 mg in 4 mL	15	5	..	73.59	17.40	Uromitexan	AA
8079F	Solution for I.V. injection 1 g in 10 mL	15	5	..	162.69	17.40	Uromitexan	AA

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	..	26.62	17.40	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	..	134.53	17.40	Calcisorb	MM
DIAGNOSTIC AGENTS								
Urine tests								
• Urine tests								
1228P	COPPER SULFATE Diagnostic compound tablets, 36	2	3	..	*22.25	17.40	Clinitest	BN
1448F	GLUCOSE INDICATOR—URINE Test dispenser 4 m	‡1	2	..	13.53	14.37	Tes-Tape	LY
2352T	Reagent strips, 100	‡1	2	..	12.76	13.60	Clinistix	BN
3104J	Reagent strips, 100	‡1	2	..	13.53	14.37	Diastix	BN
3106L	GLUCOSE and KETONE INDICATOR—URINE Reagent strips, 50	2	2	..	*15.15	15.99	Keto-Diabur- Test 5000	BO
3107M	Reagent strips, 100	‡1	2	..	15.16	16.00	Keto-Diastix	BN
Other diagnostic agents								
• Tests for diabetes								
2891E	GLUCOSE INDICATOR—BLOOD Electrode strips, 50	2	5	..	*54.01	17.40	Advantage	BO
2855G	Electrode strips, 50	2	5	..	*54.01	17.40	Glucometer Elite	BN
2915K	Electrode strips, 100	‡1	5	..	54.01	17.40	ExacTech	MS
2926B	Electrode strips, 100	‡1	5	..	54.01	17.40	MediSense 2	MS
2912G	Reagent strips, 50	2	5	..	*37.29	17.40	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	..	*47.85	17.40	Hypoguard GA HG
2919P	Reagent strips, 50	2	5	..	*49.61	17.40	Accutrend Glucose BO
2890D	Reagent strips, 50	2	5	..	*49.61	17.40	Betachek NA
8053W	Reagent strips, 50	2	5	..	*49.61	17.40	Betachek MERIDIAN NA
2914J	Reagent strips, 50	2	5	..	*49.61	17.40	BM-Test- Glycemie 20-800 BO
2889C	Reagent strips, 50	2	5	..	*49.61	17.40	Glucofilm BN
2917M	Reagent strips, 50	2	5	..	*49.61	17.40	Glucostix BN
2921R	Reagent strips, 50	2	5	..	*49.61	17.40	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 steatorrhea;**Steatorrhea due to distal small bowel resection.***NOTE:***Not more than one authority may be granted for short-term nutritional support in severe steatorrhea.*

3128P	Oil 500 mL	2	5	..	*37.29	17.40	NU
3129G	Oil 1 L	1	5	..	37.29	17.40	MJ

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

• Fat/carbohydrates/proteins/minerals/vitamins, combinations

PHENYLALANINE LOW CONTENT

FORMULA

❖ Restricted benefit ❖

Phenylketonuria.

1865E	Powder 454 g	5	8	..	*141.79	17.40	Lofenalac MJ
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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
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	..	*116.13	17.40	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	..	*99.01	17.40	Portagen MJ
NOTE:							
<i>Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.</i>							
❖ Authority required ❖							
<i>Biliary atresia;</i>							
<i>Chyloascites;</i>							
<i>Chylothorax;</i>							
<i>Cystic fibrosis;</i>							
<i>Enterokinase deficiency;</i>							
<i>Proven combined intolerance to cows' milk protein and soy protein formulae;</i>							
<i>Severe diarrhoea of greater than two weeks duration in infants under the age of four months;</i>							
<i>Severe intestinal malabsorption including short bowel syndrome.</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.								
2676W	Lactalbumin demineralised powder 400 g NOTE: <i>Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.</i>	8	5	..	*99.25	17.40	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: <i>Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.</i>	8	5	..	*136.29	17.40	Pregestimil	MJ
TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER								
❖ Restricted benefit ❖								
<i>Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.</i>								
3136C	Compound powder 400 g	8	5	..	*239.09	17.40	Duocal	SB
• 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>								
2357C	Lactose-predigested powder 900 g	3	10	..	*51.27	17.40	Digestelact	SJ

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
MILK POWDER—LACTOSE MODIFIED—cont.							
❖ 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>							
2358D	Lactose-predigested powder 900 g	3	1	..	*51.27	17.40	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>							
2349P	Lactose-predigested powder infant formula 900 g	5	5	..	*82.59	17.40	De-Lact Infant SJ
❖ 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>							
2350Q	Lactose-predigested powder infant formula 900 g	5	..	..	*82.59	17.40	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	..	*139.81	17.40	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>							

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 METHIONINE, THREONINE and VALINE and low in ISOLEUCINE—cont.								
3079C	Powder 200 g	5	5	..	*539.54	17.40	Methionine, Threonine, Valine-free, and Isoleucine low Amino Acid Mix	SB
AMINO ACID FORMULA without PHENYLALANINE ❖ Restricted benefit ❖ Phenylketonuria.								
2347M	Sachets containing powder 20 g, 20	10	5	..	*1201.29	17.40	Phlexy-10 Drink Mix	SB
3072G	Powder 250 g	8	5	..	*1061.25	17.40	PK AID II	SB
1450H	Food supplement powder 500 g	4	5	..	*702.61	17.40	Aminogran F.SGW	
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE ❖ Restricted benefit ❖ Tyrosinaemia.								
2379F	Powder 200 g	10	5	..	*1442.79	17.40	Phenylalanine, Tyrosine and Methionine- free Amino Acid Mix	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE ❖ Restricted benefit ❖ Pyridoxine non-responsive homocystinuria.								
3077Y	Powder 200 g	20	5	..	*1306.89	17.40	RVHB Maxamaid	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE ❖ Restricted benefit ❖ Methylmalonic acidemia; Propionic acidemia.								
8058D	Infant formula, powder 400 g	8	5	..	*508.29	17.40	XMet, Thre, Val, Isoleu, Analog	SB
8059E	Powder 500 g	8	5	..	*1129.89	17.40	XMTVI Maxamaid	SB
8061G	Powder 500 g	8	5	..	*1768.29	17.40	XMTVI Maxamum	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 ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE ❖ Restricted benefit ❖ Phenylketonuria.								
2737C	Infant formula, powder 400 g	8	5	..	*508.29	17.40	XP Analog	SB
2738D	Powder 500 g	8	5	..	*1010.61	17.40	XP Maxamaid	SB
2739E	Powder 500 g	8	5	..	*1590.21	17.40	XP Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE ❖ Restricted benefit ❖ Tyrosinaemia.								
3078B	Powder 500 g	8	5	..	*1989.73	17.40	XPhen, Tyr Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE ❖ Restricted benefit ❖ Maple syrup urine disease.								
2380G	Infant formula, powder 400 g	8	5	..	*508.29	17.40	MSUD Analog	SB
3075W	Powder 200 g	10	5	..	*1294.59	17.40	MSUD AID III	SB
1045B	Powder 200 g	20	5	..	*1275.09	17.40	MSUD Maxamaid	SB
8057C	Powder 500 g	8	5	..	*1768.29	17.40	MSUD Maxamum	SB
AMINO ACIDS, SYNTHETIC with MALTODEXTRIN, FAT, MINERALS and VITAMINS ❖ Restricted benefit ❖ Proven combined intolerance to cows' milk protein, soy protein, and protein hydrolysate formulae of both whey and casein; Severe intestinal malabsorption including short bowel syndrome.								
3066J	Elemental infant formula powder 400 g	20	2	..	*839.09	17.40	Neocate	SB
ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C ❖ Restricted benefit ❖ Gyrate atrophy of the choroid and retina; Urea cycle disorders.								
8001D	Powder 200 g	10	5	..	*462.89	17.40	Dialamine	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
MINERAL MIXTURE							
NOTE:							
For use with Amino Acid Formula without Phenylalanine.							
❖ Restricted benefit ❖							
Metabolic disorders.							
1451J	Powder 250 g	#1	5	..	41.69	17.40	Aminogran M.M.
							GW

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	..	8.25	9.09	AP
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	10.01	10.85	AP
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	10.27	11.11	AP
WATER FOR INJECTIONS.							
STERILISED							
2216P	Injection 2 mL	5	3	..	8.47	9.31	AP
2217Q	Injection 5 mL	5	3	..	9.68	10.52	AP
2218R	Injection 10 mL	5	3	..	10.78	11.62	AP

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ALIMENTARY TRACT AND METABOLISM								
STOMATOLOGICAL PREPARATIONS								
Stomatological preparations								
• Antiinfectives for local oral treatment								
3306B	AMPHOTERICIN Lozenge 10 mg	20	..	..	6.83	7.67	Fungilin	BQ
3343Y	NYSTATIN Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	7.48	8.32	Mycostatin Nilstat	BQ LE
• Other agents for local oral treatment								
BENZYLAMINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Treatment of radiation induced mucositis.</i>								
5032W	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	‡1	..	..	16.06	16.90	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	..	..	9.42	10.26	AP	
Propulsives								
• Propulsives								
5151D	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	.. 2.00	5.95 7.95	6.79 6.79	Pramin Maxolon	AF SK
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.49	7.33	Maxolon	SK
5153F	Injection 10 mg in 2 mL	10	..	..	9.74	10.58	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	..	..	*6.87	7.71	Stemetil	MB
5206B	Injection 12.5 mg in 1 mL	10	..	..	13.71	14.55	Stemetil	MB
5207C	Suppositories 5 mg, 5	‡1	..	..	10.05	10.89	Stemetil	MB
5208D	Suppositories 25 mg, 5	‡1	..	..	10.89	11.73	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 Rpts	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	..	..	*13.87	14.71	BL	
3375P	PROMETHAZINE THEOCLATE Tablet 25 mg	30	..	..	9.63	10.47	Avomline	MB

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

Intestinal antiinfectives

• **Antibiotics**

3342X	NYSTATIN Tablet 500,000 units	50	..	..	11.02	11.86	Mycostatin Nilstat	BQ LE
3345C	Capsule 500,000 units	50	..	..	11.02	11.86	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	..	..	75.15	17.40	Rheomacrodex	MA
5069T	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	75.15	17.40	Rheomacrodex	MA
5070W	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	76.00	17.40	Macrodex	MA

I.V. solutions

• **Solutions for parenteral nutrition**

5106R	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.64	14.48	^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	..	..	*13.64	14.48	BX
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*10.47	11.31	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	..	..	*13.64	14.48	BX	
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%- 3.75%), 500 mL	5	..	..	*17.04	17.40	BX	
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	..	..	*17.04	17.40	BX	

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

Antiarrhythmics, class I and III

- **Antiarrhythmics, class IB**

5142P	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	‡2	..	..	11.55	12.39	Xylocard 100	AP
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Vasodilators used in cardiac diseases

- **Organic nitrates**

5108W	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	‡1	..	..	6.63	7.47	Angline 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	..	..	7.00	7.84	Mycostatin Nilstat	BQ LE
3347E	Ointment 100,000 units per g, 15 g	‡1	..	..	7.00	7.84	Mycostatin Nilstat	BQ LE

- **Imidazole derivatives**

5160N	MICONAZOLE NITRATE Cream 20 mg per g (2%), 20 g	‡1	..	..	7.15	7.97	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								
• Corticosteroids, weak (group I)								
HYDROCORTISONE ACETATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
5111B	Cream 10 mg per g (1%), 30 g	#1	..	..	6.13	6.97	Cortef Sigmacort Squibb-HC	UP SI BQ
5113D	Cream 10 mg per g (1%), 50 g	#1	..	..	6.61	7.45	Cortef Sigmacort Squibb-HC	UP SI BQ
5112C	Topical ointment 10 mg per g (1%), 30 g	#1	..	..	6.13	6.97	Sigmacort	SI
5114E	Topical ointment 10 mg per g (1%), 50 g	#1	..	..	6.61	7.45	Sigmacort Squibb-HC	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 ❖								
<i>For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.</i>								
5034Y	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	..	..	23.44	17.40	Celestone Chronodose	SH
HYDROCORTISONE SODIUM SUCCINATE								
❖ Restricted benefit ❖								
<i>For use in a hospital.</i>								
5118J	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	..	..	*22.77	17.40	Nordicort Solu-Cortef	NR UP
5119K	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*37.77	17.40	Solu-Cortef	UP
METHYLPREDNISOLONE ACETATE								
❖ Restricted benefit ❖								
<i>For local intra-articular or peri-articular infiltration.</i>								
5148Y	Injection 40 mg in 1 mL	5	..	..	19.03	17.40	Depo-Medrol	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
TRIAMCINOLONE ACETONIDE							
❖ Restricted benefit ❖							
<i>For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.</i>							
5233K	Injection 10 mg in 1 mL	5	..	..	23.44	17.40	Kenacort-A10 BQ

PANCREATIC HORMONES

Glycogenolytic hormones

• Glycogenolytic hormones

5104P	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	..	..	15.97	16.81	AZ
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GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

Tetracyclines

• Tetracyclines

3321T	DOXYCYCLINE Tablet 100 mg	7	..	..	7.10	7.94	^a Doxy-100 Doxylin 100	DP AF
				0.74	7.84	7.94	^a Vibramycin	PF
3322W	Capsule 100 mg	7	..	..	7.10	7.94	^a BL ^a Doryx	FA
				0.67	7.77	7.94		
5147X	METHACYCLINE HYDROCHLORIDE Capsule 300 mg	10	..	..	8.67	9.51	Randomycin	WW
3383C	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	25	..	..	6.61	7.45	Achromycin	LE
3386F	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	..	..	6.61	7.45	Achromycin V Mystecilin-250	LE BQ
				0.91	7.52	7.45	Tetrex	BC

Beta-lactam antibacterials, penicillins

• Penicillins with extended spectrum

3303W	AMOXYCILLIN Chewable tablet 250 mg	20	..	..	8.50	9.34	Amoxil	SK
3301R	Capsule 250 mg	20	..	..	7.71	8.55	^a Alphamox 250 ^a Ampexin 250	AF AD
							^a Cilamox ^a Flsamox 250	SI FC
				0.43	8.14	8.55	^a Moxacin ^a Amoxil	CS SK

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	
3300Q	AMOXYCILLIN—cont. Capsule 500 mg	20	..	..	11.02	11.86	^a Alphamox 500 ^a Ampexin 500 ^a Cilamox ^a Fisamox 500 ^a Moxacin ^a Amoxil	AF AD SI FC CS SK
3309E	Sachet containing oral powder 3 g	1	..	..	8.35	9.19	Amoxil	SK
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	#11.11	12.33	Amoxil	SK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#9.29	10.51	^a Alphamox 125 ^a Cilamox ^a Fisamox ^a Moxacin ^a Amoxil	AF SI FC CS SK
				0.23	#9.52	10.51		
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.61	11.83	^a Alphamox 250 ^a Cilamox ^a Moxacin 250 ^a Amoxil Forte	AF SI CS SK
				0.36	#10.97	11.83		
5013W	AMPICILLIN Capsule 250 mg	24	..	..	8.25	9.09	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	11.72	12.56	Alphacin 500	AF
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N, 6897B, 6898C, 6899D apply to above item with approved solvents)	5	..	..	10.49	11.33	^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	..	..	14.45	15.29	^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	..	..	*57.93	17.40	^a Tarcil ^a Ticillin	SK CS
5229F	Injection 3 g (solvent required) (codes 7032D, 7033E, 7034F, 7035G, 7036H, 7037J apply to above item with approved solvents)	10	..	..	*123.35	17.40	^a Tarcil ^a Ticillin	SK CS
• Beta-lactamase sensitive penicillins								
5026M	BENZATHINE PENICILLIN Injection 1.8 g in 4 mL, disposable syringe	1	..	..	30.32	17.40	Bicillin L-A	WY

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	
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	..	..	18.02	17.40	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	..	..	*21.23	17.40	CS	
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F, 6924K, 6925L, 6926M apply to above item with approved solvents)	10	..	..	*47.85	17.40	CS	
3359T	PHENOXYMETHYL PENICILLIN Tablet 125 mg	50	..	..	*10.79	11.63	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	50	..	..	*11.13	11.97	Abbocillin-VK Filmtab PVK	AB LY
3361X	Tablet 500 mg	50	..	..	*14.47	15.31	Abbocillin-VK Filmtab PVK	AB LY
3363B	Capsule 250 mg	50	..	..	*11.13	11.97	Abbocillin-VK Cilicaine VK LPV	AB SI CS
3364C	Capsule 500 mg	50	..	..	*14.47	15.31	Cilicaine VK LPV	SI CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	.. 0.80	*10.23 *11.03	11.07 11.07	Abbocillin-V Cilicaine V LPV 125	AB SI CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. 1.14	*11.91 *13.05	12.75 12.75	Abbocillin-V Cilicaine V LPV 250	AB SI CS
3370J	PROCAINE PENICILLIN Injection 1 g	5	..	..	52.03	17.40	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	52.03	17.40	Cilicaine	SI
• Beta-lactamase resistant penicillins								
5059G	CLOXACILLIN Capsule 250 mg	24	..	..	11.99	12.83	Alclox 250	AF
5060H	Capsule 500 mg	24	..	..	19.69	17.40	Alclox 500	AF

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
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	..	.. 0.20 0.39	11.11 11.31 11.50	11.95 11.95 11.95	^a Staphylex 250 AF ^a Flopen CS ^a Floxapen SK
5091Y	Capsule 500 mg	24	..	.. 0.36 0.44	18.59 18.95 19.03	17.40 17.40 17.40	^a Staphylex 500 AF ^a Flopen CS ^a Floxapen SK
5092B	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.34	13.56	^a Flopen CS ^a Floxapen SK
5093C	Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.11	17.33	^a Flopen CS ^a Floxapen SK

FLUCLOXACILLIN

CAUTION:

Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

5094D	Injection 500 mg (solvent required) (codes 7013D, 7014E, 7015F, 7016G, 7017H, 7018J apply to above item with approved solvents)	5	..	..	16.37	17.21	Flopen CS
5095E	Injection 1 g (solvent required) (codes 7019K, 7020L, 7021M, 7022N, 7023P, 7024Q apply to above item with approved solvents)	5	..	..	23.23	17.40	Flopen CS

• **Combinations of penicillins, incl. beta-lactamase inhibitors**

AMOXYCILLIN with CLAVULANIC

ACID

CAUTION:

Hepatotoxicity has been reported with this drug.

❖ **Restricted benefit** ❖

Infections where resistance to amoxycillin is suspected or proven.

5007M	Tablet 250 mg-125 mg	15	..	..	13.01	13.85	^a Augmentin SK ^a Clamoxyl AF Clavulin 250 CS
5008N	Tablet 500 mg-125 mg	15	..	..	16.72	17.40	^a Augmentin SK Forte ^a Clamoxyl Forte AF Clavulin 500 CS

continued ➡

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMOXYCILLIN with CLAVULANIC ACID—cont.								
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	#1	..	..	#11.68	12.90	^a Augmentin ^a Clamoxyl Clavulin 125	SK AF CS
5010G	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	#1	..	..	#13.98	15.20	^a Augmentin Forte ^a Clamoxyl Forte Clavulin 250	SK AF CS
TICARCILLIN with CLAVULANIC ACID								
❖ Restricted benefit ❖								
<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, 7043G apply to above item with approved solvents)	10	..	..	146.74	17.40	Timentin	SK
Other beta-lactam antibacterials								
• Cephalosporins and related substances								
CEFACLOR								
5045M	Tablet 375 mg (sustained release)	10	..	..	14.34	15.18	Ceclor CD	LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	#1	..	..	#13.45	14.67	Ceclor	LY
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	#1	..	..	#13.98	15.20	Ceclor	LY
CEFOTAXIME								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent.</i>								
5048G	Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)	10	..	..	*113.39	17.40	Claforan	RL
5049R	Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)	10	..	..	*211.19	17.40	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 Rpts	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	..	..	143.99	17.40	Apatef	LE
5051W	Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)	10	..	..	242.29	17.40	Apatef	LE
CEPHALEXIN								
3317N	Capsule 250 mg	20	..	.. 1.11	8.09 9.20	8.93 8.93	^a Ibilex 250 ^a Keflex	AF LY
3318P	Capsule 500 mg	20	..	.. 1.11	11.11 12.22	11.95 11.95	^a Ibilex 500 ^a Keflex	AF LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	.. 1.11	#10.84 #11.95	12.06 12.06	^a Ibilex 125 ^a Keflex	AF LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	.. 1.11	#13.04 #14.15	14.26 14.26	^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	..	..	*43.49	17.40	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	..	..	7.35	8.19	Bactrim ^a Resprim ^a Septrin	RO AF BW
3390K	Tablet 160 mg-800 mg	10	..	..	8.36	9.20	Bactrim DS ^a Resprim Forte ^a Septrin Forte	RO AF BW
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.87	8.71	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	..	..	7.55	8.39	EMU-V	UP
3329F	Capsule 125 mg	25	..	..	7.30	8.14	Eryc	FA
3326C	Capsule 175 mg	25	..	..	7.55	8.39	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.88	9.72	Eryc	FA
5085P	I.M. injection 100 mg in 2 mL	5	..	..	28.52	17.40	Erythrocin-I.M.	AB
3331H	ERYTHROMYCIN ESTOLATE Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	7.25	8.09	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.47	9.31	Ilosone	LY
3336N	ERYTHROMYCIN ETHYL SUCCINATE Tablet 400 mg (base)	25	..	.. 1.00	8.58 9.58	9.42 9.42	^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	..	.. 1.10	#10.17 #11.27	11.39 11.39	^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	..	.. 1.10	#12.10 #13.20	13.32 13.32	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
5087R	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..	.. ..	41.58 *41.59	17.40 17.40	^a BL ^a Erythrocin	AB
3328E	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	..	..	7.55	8.39	Erythrocin Filmtab	AB
3330G	Capsule 250 mg (base)	25	..	..	7.55	8.39	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.47	9.31	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.87	11.71	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	..	..	14.30	15.14	Dalacin C	UP
5058F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	#21.61	17.40	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	..	..	14.67	15.51	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	..	..	*51.93	17.40	^a Vancocin ^a BL	LY
• Imidazole derivatives								
METRONIDAZOLE								
❖ Restricted benefit ❖								
<i>Treatment of anaerobic infections.</i>								
5155H	Tablet 400 mg	21	..	.. 1.92	9.19 11.11	10.03 10.03	^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	..	..	*28.44	17.40	^a Flagyl ^a BX ^a DW	MB
3339R	METRONIDAZOLE Tablet 200 mg	21	..	.. 1.91	6.38 8.29	7.22 7.22	^a Metrogyl 200 Metrozine ^a Flagyl	AF SR MB
5159M	Tablet 400 mg	5	..	..	6.27	7.11	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	19.80	17.40	Flagyl	MB
5158L	Suppositories 1 g, 10	‡1	..	..	26.57	17.40	Flagyl	MB
3341W	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL, (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.93	14.77	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	
VACCINES								
Bacterial vaccines								
• Tetanus vaccines								
5223X	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.68	17.40	CS	
MUSCULO-SKELETAL SYSTEM								
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS								
Antiinflammatory/antirheumatic products, non-ster- oids								
• Acetic acid derivatives and related substances								
5074C	DICLOFENAC POTASSIUM Tablets 25 mg, 20	‡1	..	..	6.66	7.50	Voltaren Rapid 25	CG
5075D	Tablets 50 mg, 20	‡1	..	..	7.23	8.07	Voltaren Rapid 50	CG
DICLOFENAC SODIUM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5076E	Tablet 25 mg (enteric coated)	100	..	..	*14.49	15.33	Voltaren 25	CG
5077F	Tablet 50 mg (enteric coated)	50	..	..	10.64 1.20	11.48 11.48	^a Fenac ^a Voltaren 50	AF CG
5079H	DICLOFENAC SODIUM Suppository 100 mg	40	..	..	*22.77	17.40	Voltaren	CG
INDOMETHACIN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5126T	Capsule 25 mg	100	..	..	*7.59 2.56	8.43 8.43	^a Arthrexin ^a Hicin 25 mg ^a Indomed 25 ^a Indocid	AF DP AD MK
5128X	INDOMETHACIN Suppository 100 mg	40	..	..	*19.19	17.40	Indocid	MK

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
SULINDAC							
❖ Restricted benefit ❖							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
5217N	Tablet 100 mg	100	..	..	*14.41	15.25	^a Actin AF ^a Clusinol 100 AD ^a Saldac 100 mg DP ^a Clinoril FR
				1.02	*15.43	15.25	
5218P	Tablet 200 mg	50	..	..	13.31	14.15	^a Actin 200 AF ^a Clusinol 200 AD ^a Saldac 200 mg DP ^a Clinoril 200 FR
				1.54	14.85	14.15	
• Oxicams							
PIROXICAM							
❖ Restricted benefit ❖							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>							
5201R	Dispersible tablet 10 mg	50	..	..	12.65	13.49	^a Candyl-D 10 mg DP ^a Fensaid-D 10 AD ^a Mobilis D-10 AF ^a Feldene-D PF
				1.76	14.41	13.49	
5202T	Dispersible tablet 20 mg	25	..	..	12.21	13.05	^a Candyl-D 20 mg DP ^a Fensaid-D 20 AD ^a Mobilis D-20 AF ^a Feldene-D PF
				1.87	14.08	13.05	
5203W	Capsule 10 mg	50	..	..	12.65	13.49	^a Candyl 10 mg DP ^a Fensaid 10 AD ^a Mobilis 10 AF ^a Pirox GP ^a Feldene PF
				1.76	14.41	13.49	
5204X	Capsule 20 mg	25	..	..	12.21	13.05	^a Candyl 20 mg DP ^a Fensaid 20 AD ^a Mobilis 20 AF ^a Pirox GP ^a Feldene PF
				1.87	14.08	13.05	
TENOXICAM							
❖ Restricted benefit ❖							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
5226C	Tablet 10 mg	50	..	..	13.21	14.05	Tilcotil 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	
• Propionic acid derivatives								
IBUPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5121M	Tablet 200 mg	100	..	..	*8.77	9.61	Rafen 200	AF
5123P	Tablet 400 mg	100	..	..	*12.03	12.87	Brufen	BT
5124Q	IBUPROFEN Tablets 400 mg, 20	‡1	..	..	6.23	7.07	Brufen	BT
KETOPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5133E	Capsule 50 mg	50	..	..	9.48	10.32	Orudis	MB
5135G	Capsule 100 mg (sustained release)	50	..	.. 1.60	13.75 15.35	14.59 14.59	^a Oruwait SR ^a Orudis SR	RR MB
5136H	Capsule 200 mg (sustained release)	28	..	.. 1.36	14.88 16.24	15.72 15.72	^a Oruwait SR ^a Orudis SR 200 MB	RR MB
5138K	KETOPROFEN Tablets 25 mg, 20	‡1	..	..	6.23	7.07	Orudis 25 mg	MB
5139L	Suppository 100 mg	40	..	..	*20.93	17.40	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	*14.21 *16.39	15.05 15.05	^a Inza 250 ^a Naprosyn	AF SD
5177L	Tablet 500 mg	50	..	.. 1.09	13.10 14.19	13.94 13.94	^a Inza 500 ^a Naprosyn	AF SD
5178M	Tablet 750 mg (sustained release)	28	..	.. 1.09	12.14 13.23	12.98 12.98	^a Proxen SR 750 MD ^a Naprosyn SR750	MD SD
5179N	Tablet 1 g (sustained release)	28	..	.. 1.09	14.76 15.85	15.60 15.60	^a Proxen SR 1000 ^a Naprosyn SR1000	MD 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	
5180P	NAPROXEN—cont. Oral suspension 125 mg per 5 mL, 500 mL	#1	..	..	18.91	17.40	Naprosyn	SD
5185X	NAPROXEN Suppository 500 mg	40	..	..	*19.19	17.40	Naprosyn	SD
	NAPROXEN SODIUM ❖ Restricted benefit ❖ <i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
5186Y	Tablet 550 mg NOTE: <i>Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.</i>	50	..	..	13.10	13.94	Anaprox 550	SD
	• Other antiinflammatory and antirheumatic agents, non-steroids DIFLUNISAL ❖ Restricted benefit ❖ <i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
5080J	Tablet 250 mg	100	..	..	*14.83	15.67	Dolobid	MK
5081K	Tablet 500 mg	50	..	..	14.52	15.36	Dolobid	MK

NERVOUS SYSTEM

ANALGESICS

Opioids

• Natural opium alkaloids

5063L	CODEINE PHOSPHATE Tablet 30 mg	20	..	..	9.02	9.86	^a FA ^a FM	
	NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
3315L	CODEINE PHOSPHATE with ASPIRIN Tablet 30 mg-325 mg	20	..	..	6.82	7.66	Codral Forte	BW
3316M	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg	20	..	..	6.81	7.65	^a Codalgin Forte ^a Dymadon Forte ^a Panadeine Forte Caplets	FM BW 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	
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	..	..	14.32	15.16	Ordine 2	DW
5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	17.51	17.40	Ordine 5	DW
5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	20.45	17.40	Ordine 10	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	..	..	11.28	12.12	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>								
5162Q	Tablet 5 mg (controlled release)	20	..	..	11.03	11.87	MS Contin	PS
5164T	Tablet 10 mg (controlled release)	20	..	..	14.34	15.18	MS Contin	PS
5165W	Tablet 30 mg (controlled release)	20	..	..	26.09	17.40	MS Contin	PS
5166X	Tablet 60 mg (controlled release)	20	..	..	40.53	17.40	MS Contin	PS
5167Y	Tablet 100 mg (controlled release)	20	..	..	59.95	17.40	MS Contin	PS
5240T	Capsule 20 mg (containing sustained release pellets)	20	..	..	19.41	17.40	Kapanol	GW
5241W	Capsule 50 mg (containing sustained release pellets)	20	..	..	34.78	17.40	Kapanol	GW

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
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5242X	MORPHINE SULFATE—cont. Capsule 100 mg (containing sustained release pellets)	20	..	..	59.95	17.40	Kapanol GW
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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	..	..	10.24	11.08	BL SI AP
				1.21	11.45	11.08	
5169C	Injection 15 mg in 1 mL	5	..	..	10.57	11.41	BL SI AP
				0.98	11.55	11.41	
5170D	Injection 30 mg in 1 mL	5	..	..	11.94	12.78	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	..	..	17.18	17.40	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	..	..	9.22	10.06	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	..	..	9.21	10.05	BL
				1.80	11.01	10.05	SI
							AP
5200G	Injection 100 mg in 2 mL	5	..	..	9.56	10.40	BL
				2.24	11.80	10.40	SI
							AP

NOTE:

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

Other analgesics and antipyretics

• Salicylic acid and derivatives

ASPIRIN							
5017C	Tablet 300 mg	100	..	..	5.96	6.80	Spren SI
5018D	Tablet 300 mg (dispersible)	100	..	..	6.04	6.88	Solprin RC
5020F	Tablet 650 mg (enteric coated)	100	..	..	9.13	9.97	Ecotrin SK

• Anilides

PARACETAMOL							
5196L	Tablet 500 mg	100	..	..	7.74	8.58	Dymadon P BW Panamax SW Paralgin FM Tylenol JT RR
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	7.47	8.31	Dymadon PW Panamax SW
3349G	Elixir 240 mg per 5 mL, 200 mL	‡1	..	..	9.68	10.52	Panamax 240 SW Elixir

ANTIEPILEPTICS

Antiepileptics

• Carboxamide derivatives

CARBAMAZEPINE							
5039F	Tablet 100 mg	200	..	..	21.23	17.40	Tegretol 100 CG
5040G	Tablet 200 mg	200	..	..	36.59	17.40	^a Teril AF
				1.18	37.77	17.40	^a Tegretol 200 CG
5038E	Tablet 200 mg (controlled release)	200	..	..	36.59	17.40	Tegretol CR 200 CG

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
5037D	CARBAMAZEPINE—cont. Tablet 400 mg (controlled release)	200	..	..	65.67	17.40	Tegretol CR 400 CG
5041H	Oral suspension 100 mg per 5 mL, 300 mL	1	..	..	19.20	17.40	Tegretol CG

ANTI-PARKINSON DRUGS

Anticholinergic agents

- Ethers of tropine or tropine derivatives**

5031T	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	..	..	17.71	17.40	Cogentin MK
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PSYCHOLEPTICS

Anxiolytics

- Benzodiazepine derivatives**

5071X	DIAZEPAM Tablet 2 mg	50	..	.. 0.89 1.15	6.41 7.30 7.56	7.25 7.25 7.25	^a Antenex 2 Ducene ^a Valium	AF SU RO
5072Y	Tablet 5 mg	50	..	.. 0.90 1.15	6.66 7.56 7.81	7.50 7.50 7.50	^a Antenex 5 Ducene ^a Valium	AF SU RO
5073B	Injection 10 mg in 2 mL	5	..	..	7.95	8.79	BL	
5192G	OXAZEPAM Tablet 15 mg	25	..	.. 1.41	5.61 7.02	6.45 6.45	^a Alepam 15 ^a Murelax ^a Serepax	AF AY WY
5193H	Tablet 30 mg	25	..	.. 1.41	5.83 7.24	6.67 6.67	^a Alepam 30 ^a Murelax ^a Serepax	AF AY WY

Hypnotics and sedatives

- Benzodiazepine derivatives**

5189D	NITRAZEPAM Tablet 5 mg	25	..	.. 1.00	6.29 7.29	7.13 7.13	^a Alodorm ^a Mogadon	AF RO
5221T	TEMAZEPAM Tablet 10 mg	25	..	.. 1.00	6.29 7.29	7.13 7.13	^a Temtabs ^a Normison	WX WY
5222W	Capsule 10 mg	25	..	.. 1.00	6.29 7.29	7.13 7.13	^b Euhypnos ^a Nocturne ^b Nomapam 10 ^a Temaze 10 ^a Normison	SI WX AD AF WY

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	
RESPIRATORY SYSTEM								
ANTI-ASTHMATICS								
Adrenergics for systemic use								
• Alpha- and beta-adrenoceptor agonists								
ADRENALINE								
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	8.14	8.98	AP	
SENSORY ORGANS								
OPHTHALMOLOGICALS								
Antiinfectives								
• Antibiotics								
CHLORAMPHENICOL								
5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	7.17	8.01	Chloromycetin Chlorstg	PD SI
CAUTION: Topical chloramphenicol may cause aplastic anaemia.								
VARIOUS								
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• Antidotes								
NALOXONE HYDROCHLORIDE								
5173G	Injection 400 micrograms in 1 mL	1	..	..	18.35	17.40	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	19.50	17.40	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	27.70	17.40	Naloxone Min-I-Jet	CS
ALL OTHER NON-THERAPEUTIC PRODUCTS								
All other non-therapeutic products								
• Solvents and diluting agents, incl. irrigating solutions								
SODIUM CHLORIDE								
5209E	Injection 9 mg per mL (0.9%), 2 mL	5	..	..	8.25	9.09	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	10.01	10.85	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	10.27	11.11	AP	
WATER FOR INJECTIONS, STERILISED								
3394P	Injection 2 mL	5	..	..	8.47	9.31	AP	
3395Q	Injection 5 mL	5	..	..	9.68	10.52	AP	
3396R	Injection 10 mL	5	..	..	10.78	11.62	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 telephone number 06 289 7238).

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
HIGHLY SPECIALISED DRUGS AVAILABLE THROUGH HOSPITAL PHARMACIES FOR OUT-PATIENTS				
APOMORPHINE HYDROCHLORIDE				
<i>Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.</i>				
<i>Injection 10 mg in 1 mL</i>	5	28.00	<i>Apomine</i>	FA
CLARITHROMYCIN				
<i>Treatment of MAC infections in HIV-positive patients.</i>				
<i>Tablet 250 mg</i>	100	199.80	<i>Klacid</i>	AB
<i>Tablet 500 mg</i>	100	389.60	<i>Klacid</i>	AB
CLOZAPINE				
<i>Treatment of schizophrenia in patients who are non-responsive to, or intolerant of, other neuroleptic agents.</i>				
<i>Tablet 25 mg</i>	100	72.00	<i>Clozaril</i>	SZ
<i>Tablet 100 mg</i>	100	270.00	<i>Clozaril</i>	SZ
CYCLOSPORIN				
<i>For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation).</i>				
<i>Capsule 25 mg</i>	50	87.60	<i>Sandimmun</i>	SZ
<i>Capsule 50 mg</i>	50	175.15	<i>Sandimmun</i>	SZ
<i>Capsule 100 mg</i>	50	350.30	<i>Sandimmun</i>	SZ
<i>Oral solution 100 mg per mL, 50 mL</i>	1	368.75	<i>Sandimmun</i>	SZ
<i>Solution concentrate for I.V. infusion 50 mg in 1 mL ampoule</i>	10	54.10	<i>Sandimmun</i>	SZ
<i>Solution concentrate for I.V. infusion 250 mg in 5 mL ampoule</i>	10	257.95	<i>Sandimmun</i>	SZ

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
CYCLOSPORIN—cont.				
<i>For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation); Treatment by dermatologists of patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life; Treatment by rheumatologists of severe active rheumatoid arthritis in patients for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.</i>				
Capsule 25 mg (containing microemulsion pre-concentrate)	50	85.02	Neoral 25	SZ
Capsule 50 mg (containing microemulsion pre-concentrate)	50	170.00	Neoral 50	SZ
Capsule 100 mg (containing microemulsion pre-concentrate)	50	340.00	Neoral 100	SZ
Oral liquid 100 mg per mL (containing microemulsion pre-concentrate), 50 mL	1	357.91	Neoral	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>Treatment of advanced HIV infection in patients who are intolerant of zidovudine, or in whom the disease has deteriorated during zidovudine therapy.</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
DORNASE ALFA				
<i>Certain patients with cystic fibrosis.</i>				
NOTE:				
<i>This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit are available from the Secretariat of the Highly Specialised Drugs Working Party (see telephone number at the beginning of this section).</i>				
Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL ampoule	30	1125.00	Pulmozyme	RO
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>				
Injection 2,000 units in 1 mL vial	6	272.00	Eprex	JC
Injection 4,000 units in 1 mL vial	6	467.00	Eprex	JC
Injection 10,000 units in 1 mL vial	6	1067.00	Eprex	JC

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
FILGRASTIM				
Mobilisation of peripheral blood progenitor cells, alone or following myelosuppressive chemotherapy; Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent peripheral blood progenitor cell or bone marrow transplantation; Patients with certain malignancies being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission; Certain patients with: breast cancer; Hodgkin's disease; severe congenital neutropenia; severe chronic neutropenia; chronic cyclic neutropenia.				
NOTE:				
This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit are available from the Secretariat of the Highly Specialised Drugs Working Party (see telephone number at the beginning of this section).				
Injection 300 micrograms in 1 mL vial	10	1504.00	Neupogen	AN
Injection 480 micrograms in 1.6 mL vial	10	2407.00	Neupogen	AN
FOSCARNET SODIUM				
Sight-threatening cytomegalovirus retinitis in patients with AIDS; Treatment of aciclovir-resistant herpes simplex virus infection in immunocompromised patients with HIV infection.				
I.V. infusion 24 mg per mL, 250 mL bottle	6	395.00	Foscavir	AP
I.V. infusion 24 mg per mL, 500 mL bottle	6	660.00	Foscavir	AP
GANCICLOVIR				
Maintenance therapy, after stabilisation with intravenous ganciclovir, of sight-threatening cytomegalovirus retinitis in severely immunocompromised patients.				
Capsule 250 mg	84	540.00	Cymevene	RO
GANCICLOVIR SODIUM				
Sight threatening cytomegalovirus retinitis in severely immunocompromised patients.				
Powder for I.V. infusion equivalent to 500 mg ganciclovir, vial	1	57.71	Cymevene	RO
INTERFERON ALFA-2a				
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.				
NOTE:				
This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit are available from the Secretariat of the Highly Specialised Drugs Working Party (see telephone number at the beginning of this section).				
Solution for injection 3,000,000 I.U. in 1 mL single use vial	3	87.48	Roferon-A	RO
Solution for injection 4,500,000 I.U. in 1 mL single use vial	3	131.22	Roferon-A	RO

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
INTERFERON ALFA-2a—cont.				
<i>Solution for injection 6,000,000 i.u. in 1 mL single use vial</i>	3	174.96	<i>Roferon-A</i>	RO
<i>Solution for injection 9,000,000 i.u. in 1 mL single use vial</i>	3	262.44	<i>Roferon-A</i>	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	<i>Roferon-A</i>	RO
INTERFERON ALFA-2b				
<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>				
NOTE:				
<i>This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit are available from the Secretariat of the Highly Specialised Drugs Working Party (see telephone number at the beginning of this section).</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	<i>Intron A</i>	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	<i>Intron A</i>	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	<i>Intron A</i>	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	<i>Intron A</i>	SH
<i>Solution for injection 10,000,000 i.u. in 2 mL multi-dose vial</i>	5	486.00	<i>Intron A</i>	SH
<i>Solution for injection 25,000,000 i.u. in 5 mL multi-dose vial</i>	5	1215.00	<i>Intron A</i>	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	1052.00	<i>Imukin</i>	BY
LAMIVUDINE				
<i>For use in combination with zidovudine in the treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm³.</i>				
<i>Tablet 150 mg</i>	60	314.00	<i>3TC</i>	GW
<i>Oral solution 10 mg per mL, 240 mL</i>	1	83.73	<i>3TC</i>	GW
LENOGRASTIM				
<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>				

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
LENOGRASTIM—cont.				
NOTE: <i>This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit are available from the Secretariat of the Highly Specialised Drugs Working Party (see telephone number at the beginning of this section).</i>				
Powder for injection 33,600,000 I.U. (263 micrograms) vial	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>				
Capsule 150 mg	30	147.00	Mycobutin	PS
SAQUINAVIR MESYLATE <i>Combination therapy for the treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm³.</i>				
Capsule 200 mg (base)	270	602.00	Invirase	RO
STAVUDINE <i>Treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm³, who have received prior therapy with zidovudine.</i>				
Capsule 15 mg	60	250.00	Zerit	BQ
Capsule 20 mg	60	280.00	Zerit	BQ
Capsule 30 mg	60	333.68	Zerit	BQ
Capsule 40 mg	60	444.90	Zerit	BQ
ZALCITABINE <i>Treatment of advanced HIV infection in patients 12 years and older who are intolerant of zidovudine; Treatment of advanced HIV infection in combination with zidovudine in patients 12 years and older.</i>				
Tablet 375 micrograms	100	193.75	Hivid	RO
Tablet 750 micrograms	100	242.18	Hivid	RO
ZIDOVUDINE <i>Treatment of HIV infection in patients 12 years and older 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

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer
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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 HEALTH AND FAMILY SERVICES 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 Health and Family Services
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	AZ
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	AZ
Injection 16 I.u. in 1 mL cartridge (with preservative)	1	304.48	Genotropin	PS
Injection 18 I.u. cartridge with 3.15 mL diluent (with preservative)	1	326.16	Humatrope	AZ
Injection 36 I.u. cartridge with 3.15 mL diluent (with preservative)	1	652.32	Humatrope	AZ

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	\$0.76
Other Items	25 mL vial	\$0.27

(The 25 mL is the most commonly used size)

FEES:

Ready Prepared Composite Fee	\$4.29
Dangerous Drug Fee	\$1.78
Additional Fee for Agreed Price Ready Prepared Benefits	\$0.84

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				
2315W	Bleomycin	15 units bleomycin activity	1 @ 52.24 (for reimbursement price)	BL
			1 @ 99.23 (for total dispensed price)	BL
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				
8048N	Abciximab	10 mg in 5 mL	1 @ 546.00	LY
1003T	Aciclovir	200 mg	25 @ 54.12	AD,AF,GW
2600W	Allopurinol	100 mg	100 @ 4.64 100 @ 5.09	AF GW
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 @ 1204.35	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 @ 3.47 100 @ 3.62	WW PD
2157M		200 mg-200 mg per 5 mL, 500 mL	1 @ 3.47 1 @ 3.62	WW PD
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 @ 1.87 50 @ 3.06	AD,AF,DP 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	GW
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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
8058D	Amino Acid Formula with Vitamins and Minerals without Methionine, Threonine and Valine and low in Isoleucine	400 g	1 @ 63.00	SB
8059E		500 g	1 @ 140.70	SB
8061G		500 g	1 @ 220.50	SB
2737C	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	400 g	1 @ 63.00	SB
2738D		500 g	1 @ 125.79	SB
2739E		500 g	1 @ 198.24	SB
3078B	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine	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		200 g	1 @ 129.03	SB
1045B		200 g	1 @ 63.54	SB
8057C		500 g	1 @ 220.50	SB
3066J	Amino Acids, Synthetic with Maltodextrin, Fat, Minerals and Vitamins	400 g	1 @ 41.74	SB
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	GW
1775K	Benzylpenicillin	600 mg	5 @ 8.47	CS
2647H		3 g	5 @ 21.78	CS
2812B	Betamethasone Valerate	200 mcg per g, 100 g	1 @ 3.31	GW,SH
2820K		200 mcg per g, 100 g	1 @ 3.31	SH
1062X	Bethanechol Chloride	10 mg	50 @ 3.17	MK
1071J		5 mg in 1 mL	1 @ 3.97	MK
2544X	Biperiden Hydrochloride	2 mg	100 @ 7.15	KN
1260H	Bisacodyl	10 mg, 10	1 @ 5.65	BY
1258F		10 mg, 12	1 @ 4.29	PP
2994N	Calcitonin	160 i.u. with 2 mL gelatin solvent	10 @ 168.20	MB
3000X		50 i.u. in 0.5 mL	5 @ 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	Calcium	500 mg	60 @ 3.99	MM
8044J	Calcium Carbonate	1.25 g per 10 mL, 500 mL	1 @ 3.47	RC
1153Q	Carbimazole	5 mg	100 @ 3.55	NS
1160C	Carboplatin	50 mg in 5 mL	1 @ 51.94	BL,DW
1161D		150 mg in 15 mL	1 @ 119.00	BL,DW
1162E		450 mg in 45 mL	1 @ 257.84	BL,DW
2338C	Carmellose Sodium	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	Ceftriaxone	250 mg	1 @ 14.30	RO
1783W		500 mg	1 @ 20.68	RO
1784X		1 g	1 @ 32.45	RO
1785Y		2 g	1 @ 58.20	RO
2964B	Cephalothin	1 g	1 @ 3.92	LY
1256D	Cephazolin	500 mg	1 @ 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 @ 28.27	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1217C	Ciprofloxacin	3 mg per mL, 5 mL	1 @ 10.68	AG
1211R	Clomiphene Citrate	50 mg	5 @ 23.22	ML
1805B	Clonazepam	500 mcg	100 @ 10.14	AF,RO
1806C		2 mg	100 @ 19.14	AF,RO
1808E		2.5 mg in 1 mL, 10 mL	1 @ 3.96	RO
1228P	Copper Sulfate	Tablets, 36	1 @ 8.98	BN
1079T	Cyclophosphamide	500 mg	1 @ 11.66	AA,PS
1798P	Cyproheptadine Hydrochloride	4 mg	50 @ 2.33	FR
1270W	Cyproterone Acetate	50 mg	50 @ 144.00	AF
			50 @ 144.90	SC
8033T	Cytarabine	100 mg in 1 mL	5 @ 34.43	BL
2884T		100 mg in 5 mL	5 @ 34.43	DW
8034W		500 mg in 5 mL	1 @ 38.59	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 actuactions, 2.5 mL	1 @ 30.80	FC
8032R		10 mcg per actuation, 50 actuactions, 5 mL	1 @ 61.05	FC
8030P		10 mcg per actuation, 25 actuactions, 2.5 mL	1 @ 30.80	FC
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @ 5.10	CG
1302M		100 mg	20 @ 9.24	CG
1319K	Diffunisal	250 mg	50 @ 5.27	MK
1344R	Diphtheria Antitoxin	10,000 units	1 @ 84.70	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
8071T	Docetaxel	20 mg (anhydrous) set	1 @ 414.75	RR
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,DP
			7 @ 3.55	PF
2703G		100 mg	7 @ 2.81	BL
			7 @ 3.48	FA
2714W		100 mg	7 @ 2.81	AF,DP
			7 @ 3.55	PF
3199J	Electrolyte Replacement Solution	1 L	1 @ 3.09	BX
8040E	Enoxaparin Sodium	100 mg in 1 mL	2 @ 36.80	RR
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	GW
1406B		20 mcg	100 @ 2.81	GW
1407C		50 mcg	100 @ 3.01	GW
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 @ 2.04	SR
3168R		Tablet-Pack	1 @ 2.31	SR
1390E	Etoposide	100 mg in 5 mL	1 @ 40.60	BL,BQ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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	1 @ 6.24	BL
2958Q	Folic Acid	500 mcg	100 @ 1.54	AF,SI
1437P		5 mg	100 @ 1.54	AF,SI
1353F	Fosfestrol Sodium	120 mg	50 @ 39.05	AA
2414C	Frusemide	20 mg	50 @ 1.79	FM,HP
8049P	Gemcitabine Hydrochloride	200 mg (base)	1 @ 58.95	LY
8050Q		1 g (base)	1 @ 282.33	LY
1068F	Gentamicin Sulfate	40 mg (base) in 1 mL	5 @ 11.48	BL
1168L		60 mg (base) in 1.5 mL	5 @ 14.23	BL
2824P		80 mg (base) in 2 mL	5 @ 6.55	BL,RL
2245E	Glucose	278 mmol per L, 1 L	1 @ 1.87	AB,BX
2252M		1387 mmol per 500 mL, 500 mL	1 @ 3.09	AB
2891E	Glucose Indicator—Blood	Electrode strips, 50	1 @ 24.86	BO
2855G		Electrode strips, 50	1 @ 24.86	BN
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
8053W		Reagent strips, 50	1 @ 22.66	NA
2914J		Reagent strips, 50	1 @ 22.66	BO
2889C		Reagent strips, 50	1 @ 22.66	BN
2917M		Reagent strips, 50	1 @ 22.66	BN
2921R		Reagent strips, 50	1 @ 22.66	HG
3106L	Glucose and Ketone Indicator—Urine	Reagent strips, 50	1 @ 5.43	BO
2555L	Glycerol	700 mg, 12	1 @ 2.93	PP
2556M		1.4 g, 12	1 @ 3.15	PP
2557N		2.8 g, 12	1 @ 3.27	PP
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 @ 24.20	OR
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		50 @ 3.30	AD,AF,DP
	Hydrochloride		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
8076C	Ifosfamide	1 g	1 @ 53.10	AA
8077D		2 g	1 @ 99.23	AA
2454E	Indomethacin	25 mg	50 @ 1.65	AD,AF,DP
			50 @ 2.93	MK
2757D		100 mg	20 @ 7.45	MK
1711C	Insulin Isophane (N.P.H.)	100 units per mL, 10 mL	1 @ 23.51	FC,NO
1533Q		100 units per mL, 10 mL	1 @ 25.19	AZ,NO
1534R		100 units per mL, 1.5 mL, 5	1 @ 21.54	AZ,NO
1761Q		100 units per mL, 3 mL, 5	1 @ 43.08	AZ,NO
8084L	Insulin Lispro	100 units per mL, 10 mL	1 @ 34.46	AZ
8085M		100 units per mL, 1.5 mL, 5	1 @ 28.52	AZ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1713E	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)	100 units per mL, 10 mL	1 @ 19.36	FC,NO
1531N		100 units per mL, 10 mL	1 @ 25.19	AZ,NO
1532P		100 units per mL, 1.5 mL, 5	1 @ 21.54	AZ,NO
1762R		100 units per mL, 3 mL, 5	1 @ 43.08	AZ,NO
1591R		100 units (20 units- 80 units) per mL, 10 mL	1 @ 25.19	AZ
1426C		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
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		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
8067N		3,000,000 i.u. in 1 mL, 3	1 @ 103.20	RO
2087W		3,000,000 i.u. set	1 @ 171.00	SH
8037B		3,000,000 i.u. set	1 @ 170.10	SH
8038C	Interferon Alfa-2a	5,000,000 i.u. set	1 @ 283.50	SH
2085R		10,000,000 i.u. set	1 @ 117.00	SH
1542E		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	Ipratropium Bromide	20 mcg per dose (200 doses)	1 @ 15.84	BY
2587E		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		30 mcg	1 @ 2.44	SC,WY
1455N		125 mcg-50 mcg	1 @ 2.44	SC
1456P		Tablet-Pack	1 @ 2.44	SC,WY
1393H		150 mcg-30 mcg	1 @ 3.96	SC,WY
1394J		Tablet-Pack	1 @ 2.44	AY,SY
			1 @ 3.96	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 @ 3.96	SC,WY
1392G		Tablet-Pack	1 @ 2.44	AY,SY
			1 @ 3.96	SC,WY
3059B	Lithium Carbonate	250 mg	100 @ 3.55	FC
2547C		2 mg	25 @ 22.70	BW
2548D		5 mg	25 @ 37.40	BW
1598D		50 mg	25 @ 24.62	BW
1620G		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		5 mg	50 @ 2.43	AB
1638F		500 mg in 100 mL	1 @ 4.83	BX,DW,MB
2357C		900 g	1 @ 15.66	SJ
2358D	Milk Powder—Lactose Modified	900 g	1 @ 15.66	SJ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2349P	Milk Powder—Low Lactose Formula	900 g	1 @ 15.66	SJ
2350Q		900 g	1 @ 15.66	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
1681L	Niclosamide	500 mg	4 @ 4.07	BN
1687T	Nicotinic Acid	250 mg	100 @ 7.15	MB
2732T	Nitrazepam	5 mg	25 @ 2.00	AF
			25 @ 3.00	RO
1967M	Norethisterone	350 mcg	1 @ 2.44	JC,MO
			1 @ 3.06	SR
2772X	Norethisterone with Ethinyloestradiol	500 mcg-35 mcg	1 @ 3.06	SR
2774B	Tablet-Pack		1 @ 2.44	MO
			1 @ 3.96	SR
2773Y		1 mg-35 mcg	1 @ 3.06	SR
2775C	Tablet-Pack		1 @ 2.44	MO
			1 @ 3.96	SR
2776D	Tablet-Pack		1 @ 2.44	MO
			1 @ 3.96	SR
3176E	Norethisterone with Mestranol	1 mg-50 mcg	1 @ 2.44	SR
3179H	Tablet-Pack		1 @ 2.44	SR
1776L	Oestriol	1 mg	30 @ 2.66	OR
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 @ 268.34	BQ,FA
8018B		100 mg in 16.7 mL	1 @ 894.46	BQ
8020D	Pancreatic Extract	not less than 10,000 BP	100 @ 33.97	SM
		units lipase activity		
8021E		not less than 25,000 BP	100 @ 67.94	SM
		units lipase activity		
2495H	Pancrelipase	not less than 10,000 BP	250 @ 86.48	OR
		units lipase activity		
2808T	Pergolide Mesylate	50 mcg (base)	30 @ 16.14	LY
1702N	Phenoxymethylpenicillin	125 mg	25 @ 3.25	AB
1703P		250 mg	25 @ 3.42	AB,LY
1786B		125 mg	25 @ 3.25	AB
1787C		250 mg	25 @ 3.42	AB,LY
3028J		500 mg	25 @ 5.09	AB,LY
1705R		250 mg	25 @ 3.42	AB,CS,SI
1789E		250 mg	25 @ 3.42	AB,CS,SI
2965C		500 mg	25 @ 5.09	CS,SI
2356B		125 mg per 5 mL, 100 mL	1 @ 2.97	AB,SI
			1 @ 3.37	CS
2354X		250 mg per 5 mL, 100 mL	1 @ 3.81	AB,SI
			1 @ 4.38	CS
1865E	Phenylalanine Low Content Formula	454 g	1 @ 27.50	MJ
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	7 @ 17.02	SI
		prednisolone in 100 mL		
2554K		equiv. to 5 mg	1 @ 5.92	SI
		prednisolone, 10		
2653P	Procainalamide 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 @ 4.79	SR
1955X	Propylthiouracil	50 mg	100 @ 13.62	JC
2563X	Protein Hydrolysate Formula	425 g	1 @ 13.98	MJ
1980F	Red-Back Spider Antivenom	500 units	1 @ 95.70	CS

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
3087L	Salbutamol	100 mcg per dose (200 doses)	1 @ 2.48	AF
1099W	Salbutamol Sulfate	200 mcg (base)	1 @ 2.98	GW
2000G		2.5 mg (base) in 2.5 mL, 30	100 @ 7.95	GW
			1 @ 12.27	AF,DW
2001H		5 mg (base) in 2.5 mL, 30	1 @ 12.58	GW
			1 @ 12.97	AF,DW
2003K		5 mg (base) per mL, 30 mL	1 @ 13.28	GW
			1 @ 4.32	DW,MM
1096Q		100 mcg (base) per dose (200 doses)	1 @ 4.87	GW
			1 @ 2.48	DW
8036Y		200 mcg (base) per dose, 8 doses per disk, 15	1 @ 3.30	MM
			1 @ 9.55	GW
2014B	Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate	1 g-320 mg-534 mg in 20 mL, 500 mL	1 @ 3.56	RC
2264E	Sodium Chloride	154 mmol per L, 1 L	1 @ 1.87	BX
2260Y		513 mmol per L, 1 L	1 @ 3.09	BX
2266G	Sodium Chloride Compound	1 L	1 @ 2.97	BX
2281C	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @ 1.87	BX
2279Y		19 mmol-104 mmol per 500 mL, 500 mL	1 @ 2.55	BX
2278X		39 mmol-69 mmol per 500 mL, 500 mL	1 @ 2.55	BX
1124E	Sodium Cromoglycate	20 mg in 2 mL	60 @ 25.74	DW
			60 @ 26.90	FC
2286H	Sodium Lactate Compound	1 L	1 @ 1.87	BX
2294R	Sodium Valproate	100 mg	100 @ 12.46	RC
2289L		200 mg (e.c.)	100 @ 16.30	AF
			100 @ 16.80	RC
2290M		500 mg (e.c.)	100 @ 32.25	AF
			100 @ 32.75	RC
2293Q		200 mg per 5 mL, 300 mL	1 @ 14.08	RC
2295T		200 mg per 5 mL, 300 mL	1 @ 14.08	RC
2091C	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate	3.125 g-450 mg-45 mg in 5 mL, 12	1 @ 13.09	PS
1102B	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @ 9.24	SC
2093E	Sulfasalazine	500 mg	100 @ 18.49	PS
2096H		500 mg (e.c.)	100 @ 20.34	PS
2047R	Sulindac	100 mg	50 @ 5.06	AD,AF,DP
			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 @ 3.00	WY
2105T		10 mg	25 @ 2.00	AD,AF,SI,WX
			25 @ 3.00	WY
1251W	Terbutaline Sulfate	5 mg in 2 mL, 30	1 @ 13.86	AP
8098F	Testosterone	100 mg	1 @ 30.80	OR
8099G		200 mg	1 @ 61.60	OR
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 @ 3.23	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 @ 3.31	BQ,LE
2118L		200 mcg per g, 100 g	1 @ 3.31	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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
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 @ 82.50	BL,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
5079H		100 mg	20 @ 9.24	CG
5080J	Diflunisal	250 mg	50 @ 5.27	MK
5087R	Erythromycin Lactobionate	300 mg (base)	1 @ 7.46	AB
5106R		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 @ 1.65	AD,AF,DP
			50 @ 2.93	MK
			20 @ 7.45	MK
5128X	Ketoprofen	100 mg	20 @ 8.32	MB
5139L		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
			20 @ 7.45	SD
5185X	Phenoxymethylpenicillin	500 mg	20 @ 7.45	SD
3359T		125 mg	25 @ 3.25	AB
3360W		250 mg	25 @ 3.42	AB,LY
3361X		500 mg	25 @ 5.09	AB,LY
3363B		250 mg	25 @ 3.42	AB,CS,SI
3364C		500 mg	25 @ 5.09	CS,SI
3365D		125 mg per 5 mL, 100 mL	1 @ 2.97	AB,SI
			1 @ 3.37	CS
			1 @ 3.81	AB,SI
3366E		250 mg per 5 mL, 100 mL	1 @ 4.38	CS
			100 @ 6.07	MB
			5 @ 4.79	BL
5205Y	Prochlorperazine	5 mg	5 @ 4.79	BL
3374N	Promethazine Hydrochloride	50 mg in 2 mL	1 @ 1.87	BX
5212H	Sodium Chloride	154 mmol per L, 1 L	1 @ 3.09	BX
5213J		513 mmol per L, 1 L	1 @ 1.87	BX
5214K	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L		
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,DP
			50 @ 5.57	FR
5223X	Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 4.13	CS
5228E		1 g	5 @ 26.82	CS,SK
5229F	Ticarcillin	3 g	5 @ 59.53	CS,SK
3323X		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:

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

Special Note:

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

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
Acacia Powdered	BP	0.13	1.07	9.55	
Acetone	BP	0.02	0.17	1.51	
(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	1.71	
Ascorbic	BP	0.11	0.89	..	0.01:100 mg
(use as ingredient of Mixtures of Ferrous Sulfate APF)					
Benzoic	BP	0.09	0.72	..	0.01:100 mg
Boric	BP	0.04	0.33	2.97	
(use as additive only)					
Citric Monohydrate	BP	0.02	0.16	1.46	
Hydrochloric Dilute	BP	0.04	0.31	2.78	
Lactic	BP	0.16	1.30	..	
Oleic	BP	0.10	0.81	7.17	
Salicylic	BP	0.06	0.45	4.03	
Trichloroacetic	BP 1980	0.75	6.02	..	
Alum	BP	0.03	0.20	1.82	
Aminophylline	BP	0.89	7.08	..	
Ammoniated Mercury	BP 1973	0.44	3.48	..	
Aspirin	BP	0.06	0.47	4.22	
Beeswax White	BP	0.05	0.41	3.67	
Benzocaine	BP	0.36	2.89	..	
Borax	BP	0.04	0.33	2.92	
(use as additive only)					
Calamine	BP	0.05	0.36	3.22	
Calcium Hydroxide	BP	0.10	0.79	7.06	
Cetomacrogol Emulsifying Wax	BP	0.10	0.80	7.09	
Cetostearyl Alcohol	BP	0.10	0.77	6.83	
Cetrimide	BP	0.21	1.77	15.17	
Chlorbutol	BP	0.29	2.32	..	
Chlorhexidine Acetate	BP	1.44	11.55	..	0.18:100 mg
(use as additive only)					
Chlorinated Lime	BP	0.05	0.37	3.26	
Chloroform	BP	0.03	0.24	2.13	
(use as additive only)					
Cocaine Hydrochloride	BP	20.79	..	..	2.60:100 mg
Codeine Phosphate	BP	2.99	23.93	..	0.37:100 mg
Collodion Flexible	BP	0.10	0.83	7.35	
CREAMS					
Aqueous	APF	0.02	0.14	1.22	
Aqueous	BP	0.02	0.14	1.22	
Calamine Oily	APF	0.05	0.36	3.20	
Cetomacrogol Aqueous	APF	0.02	0.16	1.46	
Cetrimide (0.5 per cent)	BP	0.04	0.28	2.44	
Cetrimide Aqueous	APF	0.04	0.28	2.44	
Chlorhexidine Aqueous	APF	0.05	0.43	3.78	
Zinc	BP	0.03	0.25	2.20	
Zinc Oily	APF	0.05	0.39	3.49	
Dithranol	BP	9.25	73.96	..	1.16:100 mg

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
Emulsifying Wax	BP	0.04	0.29	2.60	
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.94	7.49	..	0.12: 100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.09	0.81	
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.11	0.95	
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	7.88	
Glucose (use as additive only)	BP	0.04	0.32	2.80	
GLYCERIN					
Ichthammol	APF	0.16	1.24	11.04	
Glycerol	BP	0.03	0.22	1.97	
Honey Purified (use as additive only)	BP	0.01	0.06	0.54	
Ichthammol	BP	0.26	2.09	18.60	
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.06	0.51	4.52	
Iodine	BP	0.48	3.87	..	
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	2.75	
Turpentine	BP	0.03	0.25	2.22	
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	0.05	0.37	3.26	
Menthol, Racemic or Levomenthol	BP	0.39	3.12	..	
Methyl Hydroxybenzoate	BP	0.37	2.99	..	
Methyl Salicylate	BP	0.03	0.25	2.19	
MUCILAGES					
Acacia (by weight)	APF 13	0.06	0.45	3.98	
Tragacanth	APF 13	0.02	0.14	1.23	
Tragacanth	BPC 1973	0.02	0.14	1.23	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
OILS					
Arachis (use as additive only)	BP	0.03	0.20	1.78	
Cade	BPC 1973	0.36	2.87	..	
Castor (use as additive only)	BP	0.03	0.23	2.05	
Coconut	BP	0.04	0.31	2.76	
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	0.03	0.26	2.32	
OINTMENTS					
Ammoniated Mercury	BP 1973	0.07	0.52	4.66	
Benzoic Acid Compound	APF	0.04	0.32	2.80	
Emulsifying	BP	0.03	0.26	2.28	
Methyl Salicylate	BP	0.04	0.30	2.63	
Methyl Salicylate Compound	APF 1934	0.06	0.45	3.98	
Paraffin (white)	BP	0.02	0.15	1.34	
Paraffin (yellow)	BP 1968	0.02	0.15	1.34	
Salicylic Acid	APF	0.04	0.28	2.50	
Salicylic Acid	BP	0.04	0.31	2.79	
Simple (white)	BP	0.05	0.41	3.62	
Simple (yellow)	BP	0.05	0.41	3.62	
Sulfur	BP 1980	0.05	0.39	3.46	
Wool Alcohols (white)	BP	0.05	0.40	3.58	
Wool Alcohols (yellow)	BP	0.05	0.40	3.58	
Zinc	BP	0.07	0.52	4.62	
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	1.82	
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	0.90	
Paraffin Soft Yellow	BP	0.02	0.16	1.46	
PASTES					
Zinc Compound	BP	0.05	0.39	3.48	
Zinc and Salicylic Acid	BP	0.05	0.43	3.80	
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.20	9.58	..	0.15: 100 mg
Phenol (not available for ear drops)	BP	0.18	1.43	12.73	
Phenol Liquefied (not available for ear drops)	BP	0.20	1.59	14.17	
Podophyllum Resin	BP	0.91	7.28	..	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
POTASSIUM					
Citrate	BP	0.04	0.28	2.52	
Iodide	BP	0.17	1.35	12.00	
Permanganate	BP	0.08	0.65	5.76	
POWDER					
Tragacanth Compound	BP 1980	0.18	1.40	12.42	
Propyl Hydroxybenzoate	BP	0.33	2.65	..	
Propylene Glycol	BP	0.05	0.40	3.59	
Resorcinol	BP	0.25	1.98	..	
Silver Nitrate	BP	2.67	21.39	..	
SOAPS					
Ethereal	APF 1955	0.06	0.48	4.26	
Soft	BP	0.04	0.28	2.50	
SODIUM					
Bicarbonate	BP	0.01	0.08	0.71	
Chloride	BP	0.02	0.18	1.62	
Citrate	BP	0.03	0.24	2.15	
Thiosulfate	BP	0.04	0.33	2.65	
(use as additive only)					
SOLUTIONS					
Aluminium Acetate	BP	0.04	0.34	2.99	
Benzoic Acid	BP	0.04	0.35	..	
Calcium Hydroxide	BP	0.01	0.03	0.29	
Coal Tar	BP	0.05	0.40	3.52	
Formaldehyde	BP	0.02	0.19	1.68	
Hydroxybenzoate Compound	APF	0.19	1.48	..	
Iodine Alcoholic	BP	0.06	0.51	4.50	
Iodine Aqueous Oral	BP	0.06	0.51	4.50	
Methyl Hydroxybenzoate	APF	0.09	0.71	..	
Sodium Chloride	BP	0.01	0.02	0.21	
SPIRITS					
Ammonia Aromatic	BP	0.05	0.40	3.53	
Camphor Compound	APF	0.03	0.22	1.99	
Chloroform	BP	0.03	0.21	1.91	
Methylated Industrial	BP	0.01	0.11	0.99	
(use as additive only)					
Starch	BP	0.03	0.22	1.92	
Sulfur Precipitated	BP 1980	0.03	0.20	1.81	
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	0.05	0.41	3.63	
Syrup	BP	0.01	0.09	0.83	
Tolu	BP	0.04	0.35	3.13	
Talc Purified BP, sterilised		0.04	0.33	2.97	
Tar Coal	BP	0.13	1.02	9.10	
Thymol	BP	0.44	3.53	..	
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	0.08	0.61	5.38	
Benzoin Compound	BP	0.06	0.45	3.99	
Ipecacuanha	BP	0.12	0.98	8.75	
Lobelia Ethereal	BPC 1973	0.28	2.26	20.13	
Opium	BP	0.25	2.02	17.97	
Orange	BP	0.05	0.37	3.29	
Stramonium	BP 1980	0.07	0.57	5.04	
Tragacanth Powdered	BP	0.78	6.21	55.19	
Triethanolamine	BP	0.09	0.74	6.58	
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.04	0.32	2.88	
Chloroform Concentrated 1 in 40	APF	0.03	0.23	2.05	
For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	4.97	
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.08	0.67	5.91	
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	0.31	2.79	
ZINC					
Oxide	BP	0.03	0.26	2.31	
Sulfate	BP	0.05	0.37	3.25	

Container Prices

	\$
DISPENSING BOTTLES—	
25 mL	0.39
50 mL	0.40
100 mL	0.56
200 mL	0.74
500 mL	1.28
POISON BOTTLES—	
25 mL	0.49
50 mL	0.46
100 mL	0.54
200 mL	0.82
500 mL	1.21
SCREW CAP JARS—	
25 g	0.57
50 g	0.58
100 g	0.68
200 g	0.69
500 g	1.68
DROPPER CONTAINERS—	
15 mL polythene	0.58
15 mL glass	0.86

Composite Fee for Extemporaneously Prepared Benefits

\$6.13

Additional Fee for Agreed Price Extemporaneously Prepared Benefits

\$1.22

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, the container and the composite fee. The prices shown in the column 'Maximum Recordable Value for Safety Net' are for the ingredients, the container, the composite fee and, where applicable the additional fee for agreed price benefits.

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	8.03	9.25
7913L	Aqueous	BP	8.03	9.25
7383N	Calamine Aqueous	APF 14	8.47	9.69
7497N	Cetomacrogol Aqueous	APF	8.27	9.49
7660E	Cetrimide 0.5% (extemporaneous formula)	BP	9.25	10.47
7661F	Cetrimide Aqueous	APF	9.25	10.47
7490F	Chlorhexidine 1% (extemporaneous formula)	BP	10.59	11.81
7490F	Chlorhexidine Aqueous	APF	10.59	11.81
7499Q	Cold	APF	8.34	9.56
7668N	Methyl Salicylate Compound	APF	11.11	12.33
7502W	Salicylic Acid and Sulfur Aqueous	APF	8.60	9.82
7897P	Zinc (extemporaneous formula)	BP	9.01	10.23
DUSTING POWDER				
(Maximum Quantity 100 g and 1 Repeat)				
7458M	Zinc, Starch and Talc	APF & BPC 1973	9.67	10.89
EAR DROPS				
(Maximum Quantity 15 mL and 2 Repeats)				
7642F	Aluminium Acetate	APF	7.07	8.29
7643G	Aluminium Acetate	BP	7.22	8.44
7314Y	Sodium Bicarbonate	APF & BP	6.88	8.10
7313X	Spirit	APF	6.82	8.04
EYE DROPS OF COCAINE				
(Maximum Quantity 15 mL and no Repeats)				
7589K	Cocaine Strong	APF	32.56	17.40
EYE DROPS, OTHER				
(Maximum Quantity 15 mL and 5 Repeats)				
7416H	Zinc Sulfate	APF	11.78	13.00
EYE LOTIONS				
(Maximum Quantity 200 mL and 2 Repeats)				
7363M	Sodium Bicarbonate	APF	16.96	17.40
7364N	Sodium Chloride	BP	16.93	17.40
GLYCERIN				
(Maximum Quantity 100 mL and 1 Repeat)				
7560X	Ichthammol	APF	17.85	17.40
INHALATIONS				
(Maximum Quantity 50 mL and 1 Repeat)				
7484X	Benzoin and Menthol	APF	9.23	10.45
7308P	Menthol	APF	7.43	8.65
7310R	Menthol and Eucalyptus	BP 1980	7.55	8.77
7309Q	Menthol and Pine	APF	8.96	10.18

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	9.55	10.77
7530H	Codeine	APF	9.71	10.93
7536P	Menthol	APF 1964	8.53	9.75
LINIMENTS (Maximum Quantity 100 mL and 1 Repeat)				
7480Q	Methyl Salicylate Compound	APF	9.42	10.64
7419L	Turpentine	BP	8.89	10.11
LOTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7709R	Aluminum Acetate Aqueous	APF	7.65	8.87
7629M	Calamine	APF	9.27	10.49
7630N	Calamine Oily	APF & BP 1980	9.58	10.80
MIXTURES (Maximum Quantity 200 mL and 4 Repeats)				
7604F	Gentian Alkaline	APF	8.69	9.91
7599Y	Gentian Alkaline (extemporaneous formula)	BP	8.34	9.56
7491G	Ipecacuanha and Tolu	APF	9.40	10.62
7348R	Kaolin	BPC 1968	8.93	10.15
7301G	Kaolin and Opium	APF 14	10.26	11.48
7342K	Magnesium Trisilicate	BPC 1968	8.45	9.67
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	9.02	10.24
7911J	Potassium Citrate	APF	9.60	10.82
7618Y	Potassium Iodide and Stramonium Compound	APF 14	12.25	13.47
MIXTURE FOR CHILDREN (Maximum Quantity 100 mL and 4 Repeats)				
7494K	Ipecacuanha and Camphor	APF	7.85	9.07
MOUTH WASH (Maximum Quantity 200 mL and 1 Repeat)				
7457L	Thymol Compound	APF	10.17	11.39
NASAL INSTILLATION (Maximum Quantity 15 mL and 2 Repeats)				
7574P	Ephedrine	APF	7.02	8.24

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	9.61	10.83
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	9.61	10.83
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	10.41	11.63
7918R	Emulsifying	APF & BP	9.09	10.31
7900T	Methyl Salicylate (extemporaneous formula)	BP	9.44	10.66
7901W	Methyl Salicylate Compound	APF 1934	10.79	12.01
7924C	Paraffin (white)	BP	8.15	9.37
7926E	Salicylic Acid	APF	9.31	10.43
7928G	Salicylic Acid (extemporaneous formula)	BP	9.60	10.82
7927F	Simple White	APF	10.43	11.65
7927F	Simple (white)	BP	10.43	11.65
7899R	Zinc and Castor Oil	APF & BP	8.92	10.14
PAINTS				
(Maximum Quantity 25 mL and 1 Repeat)				
7566F	Podophyllin	APF 12	8.89	10.11
7567G	Podophyllin Compound	APF & BP	11.16	12.38
7568H	Salicylic Acid	APF	8.85	10.07
PASTES				
(Maximum Quantity 100 g and 1 Repeat)				
7558T	Zinc Compound	APF	10.29	11.51
7558T	Zinc Compound (extemporaneous formula)	BP	10.29	11.51
POWDER FOR INTERNAL USE				
(Maximum Quantity 100 g and 2 Repeats)				
7545D	Magnesium Trisilicate	BP	10.08	11.30
SOAP				
(Maximum Quantity 200 mL and 1 Repeat)				
7541X	Spirit	BP	11.82	13.04
SOLUTION				
(Maximum Quantity 200 mL and 2 Repeats)				
7539T	Calcium Hypochlorite (Eusol)	APF	7.56	8.78

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 1996

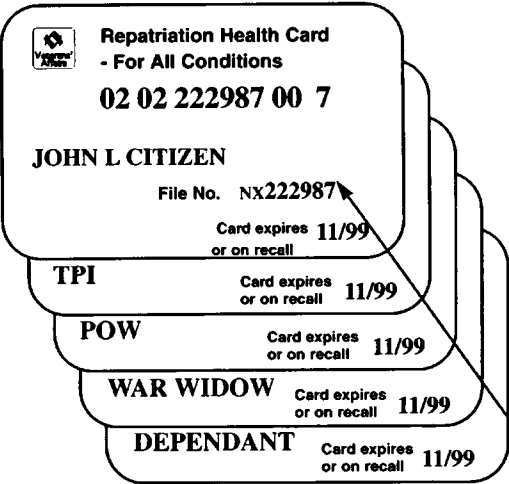
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- Repatriation Health Card For All Conditions (gold); or
- Repatriation Health Card For Specific Conditions (white)

BENEFICIARIES ENTITLEMENT CARDS AND ELIGIBILITY

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

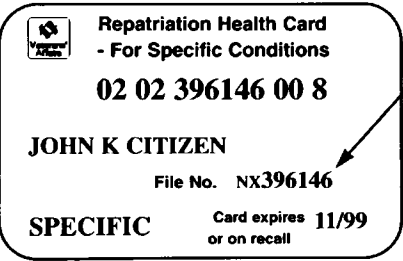
REPATRIATION PHARMACEUTICAL BENEFITS



Patients issued
with **GOLD** cards
may receive
Pharmaceutical
Treatment at the
expense of the
Department of
Veterans' Affairs

WITH

Use this file
number for all
documents.



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, ticked as 'RPBS' (Restrictions apply)	+	Repatriation Schedule Listings written on the common PBS/RPBS prescription form, 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, ticked as 'RPBS' (Restrictions apply)	+	Repatriation Schedule Listings written on the common PBS/RPBS prescription form, 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 holders of a gold Repatriation Health Card For All Conditions or a white Repatriation Health Card For Specific Conditions are entitled. Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).
4. Prescriptions for PBS Dental Schedule items for gold and white card holders are to be dispensed at the PBS concessional rate. Claims for payment by the dispensing pharmacist are to be included with other Repatriation prescriptions. The card holder is required to meet the cost of any applicable brand price premium.
5. When a non-PBS Dental Schedule item is prescribed for an eligible 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 are provided.

Prior Approval Arrangements

6. 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.
7. The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in Section 1 (Explanatory Notes).
8. All authority prescriptions must receive prior approval from the Department. This can be achieved by either:
 - (a) posting the written authority to the State Office of the Department at the reply paid address shown at the end of these notes; or
 - (b) using the Department's national freecall telephone number 1800 552 580.
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 must 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

After Hours Approvals

11. The Department operates an after hours service. 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.

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 Section 1 of 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 the composite fee.

Pricing of Aids to Treatment (Section 2) and Dressings (Section 3)

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 1996 and all previous editions are cancelled.

SUMMARY OF CHANGES

ADDITIONS

Addition of Items

- 4079P **Aspirin**, capsule 100 mg (enteric coated) (*Astrid*)
4355F **Naphazoline Hydrochloride with Pheniramine Maleate**, eye drops 250 micrograms-
3 mg per mL (0.025%-0.3%), 15 mL (*Naphcon-A*)
4349X **Morphine Sulfate**, tablet 200 mg (controlled release) (*MS Contin*)

DELETIONS

Deletion of Items

- 4065Y **Diphenylpyraline Hydrochloride**, tablet 2.5 mg (*Histalert*)

The following items will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 November 1996 as a result of the addition to the PBS Schedule of **Alprostadil**, intracavernosal injections 5 micrograms in 1 mL, 10 micrograms in 1 mL and 20 micrograms in 1 mL (*Caverject*) on that date:

- 4581D **Alprostadil**, injection set containing five ampoules 5 micrograms in 1 mL, five syringes, five needles and swabs (*Caverject*)
4582E **Alprostadil**, injection set containing five ampoules 10 micrograms in 1 mL, five syringes, five needles and swabs (*Caverject*)
4583F **Alprostadil**, injection set containing five ampoules 20 micrograms in 1 mL, five syringes, five needles and swabs (*Caverject*)

The following items have been discontinued by their manufacturers and will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 November 1996 without advance notice:

- 4197X **Disulfiram**, tablet 250 mg (*Antabuse*)
4215W **Fluocortolone Pivalate and Fluocortolone Hexanoate**, cream 2.5 mg-2.5 mg per g (0.25%-0.25%), 30 g (*Ultralan*)
4417L **Procainamide Hydrochloride**, tablet 500 mg (*Procainamide Durules*)

Deletion of Brands

The following brands have been discontinued by their manufacturers and will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 November 1996 without advance notice:

- 4122Y *Rikoderm, MM*—**Bath Emollient**, bath oil 500 mL
 4483Y *Kenacomb, BQ*—**Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin**, 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

ALTERATIONS

Cautions

A Caution has been added in respect of **Hydrocortisone with Cinchocaine Hydrochloride**.

Maximum Quantity

	From	To
4557W Sterculia with Frangula Bark , granules 473 mg-83 mg per g (47.3%-8.3%), 250 g (<i>Granocol</i>)	£1	2

Number of Repeats

	From	To
4031E Antazoline with Naphazoline , eye drops 5 mg (sulfate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL (<i>Antistine-Privine</i>)	5	2
4032F Antazoline with Naphazoline , eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL (<i>Albalon-A</i>)	5	2
4035J Naphazoline Hydrochloride , eye drops 1 mg per mL (0.1%), 15 mL (<i>Naphcon Forte; Albalon Liquifilm</i>)	5	2
4558X Sterculia with Frangula Bark , granules 620 mg-80 mg per g (62%-8%), 500 g (<i>Normacol Plus</i>)	..	1

Manufacturer's Code

	From	To
4511K Betamethasone Valerate , cream 500 micrograms per g (0.05%), 30 g (<i>Betnovate 1/2</i>)	GL	GW
4131K Betamethasone Valerate , cream 1 mg per g (0.1%), 30 g (<i>Betnovate</i>)	GL	GW
4517R Betamethasone Valerate , gel 500 micrograms per g (0.05%), 30 g (<i>Betnovate 1/2</i>)	GL	GW
4513M Betamethasone Valerate , ointment 500 micrograms per g (0.05%), 30 g (<i>Betnovate 1/2</i>)	GL	GW
4132L Betamethasone Valerate , ointment 1 mg per g (0.1%), 30 g (<i>Betnovate</i>)	GL	GW
4133M Betamethasone Valerate , scalp application 1 mg per g (0.1%), 30 g (<i>Betnovate</i>)	GL	GW

4166G	Clorazepate Dipotassium , capsule 5 mg (<i>Tranxene</i>)	GL	GW
4167H	Clorazepate Dipotassium , capsule 15 mg (<i>Tranxene</i>)	GL	GW
4634X	Inhalation Device , device (<i>Volumatic 10359</i>)	GL	GW
4633W	Inhalation Lever Device for Metered Aerosol , device (<i>Haleraid</i>)	GL	GW
4411E	Povidone-Iodine , solution 100 mg per mL (10%), 100 mL (<i>Minidine Antiseptic Solution</i>)	HA	SI
4637C	Rotahalers , rotahaler (<i>Ventolin</i>)	GL	GW
4638D	Rotahalers , rotahaler (<i>Becotide</i>)	GL	GW

ADVANCE NOTICES

DELETION—ITEMS

The following items will be deleted from the Repatriation Schedule of Pharmaceutical Benefits as from 1 February 1997:

Items discontinued by the manufacturer—

- 4166G **Clorazepate Dipotassium**, capsule 5 mg (*Tranxene*)
- 4167H **Clorazepate Dipotassium**, capsule 10 mg (*Tranxene*)

Review of dressings and bandages available through the Repatriation Pharmaceutical Benefits Scheme (RPBS)

The Department of Veterans' Affairs recently held a wound forum to review the use of dressings and bandages under the RPBS. The forum developed clinical indicators to be used when prescribing from the Repatriation Schedule of Pharmaceutical Benefits.

A revised list of dressings will appear in the February 1997 edition of the Repatriation Schedule of Pharmaceutical Benefits. This will include the addition of new items and a chart which identifies wound types and a list of appropriate dressings available under the RPBS.

As a result of the wound forum, the following items will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 February 1997:

- 4720K **Bandage Cotton Conforming**, bandage 2.5 cm x 1.5 m (*Handy-Band 9483*)
- 4721L **Bandage Cotton Conforming**, bandage 5 cm x 1.5 m (*Handy-Band 9485*)
- 4722M **Bandage Cotton Conforming**, bandage 7.5 cm x 1.5 m (*Handy-Band 9488*)
- 4723N **Bandage Cotton Conforming**, bandage 10 cm x 1.5 m (*Handy-Band 9490*)
- 4820Q **Bandage Elastic Conforming**, bandage 2.5 cm (*Conform 2230*)
- 4821R **Bandage Elastic Conforming**, bandage 5 cm (*Conform 2231*)
- 4802R **Bandage Elastic Conforming**, bandage 5 cm x 1.8 m (*Telfa 8182*)
- 4822T **Bandage Elastic Conforming**, bandage 7.5 cm (*Conform 2232*)
- 4803T **Bandage Elastic Conforming**, bandage 7.5 cm x 1.8 m (*Telfa 8183*)
- 4823W **Bandage Elastic Conforming**, bandage 10 cm (*Conform 2236*)
- 4804W **Bandage Elastic Conforming**, bandage 10 cm x 1.8 m (*Telfa 8184*)
- 4824X **Bandage Elastic Conforming**, bandage 15 cm (*Conform 2238*)
- 4744Q **Bandage Plaster of Paris**, bandage 5 cm x 2.75 m (*Gypsona S5002*)
- 4745R **Bandage Plaster of Paris**, bandage 7.5 cm x 2.75 m (*Gypsona S5003*)
- 4746T **Bandage Plaster of Paris**, bandage 10 cm x 2.75 m (*Gypsona S5004*)

4747W **Bandage Plaster of Paris**, bandage 15 cm x 2.75 m (*Gypsona S5006*)
 4752D **Bandage Zinc Paste with Ichthammol**, bandage 7.5 cm x 6 m (*Ichthopaste 4959*)
 4754F **Dressing Elastic Adhesive**, dressing 6.3 cm x 1 m (*Elastoplast 4025*)
 4817M **Dressing Elastic Adhesive**, sterile single sachets 5 cm x 7.2 cm, 5 (*Cutiplast Steril*)
 4818N **Dressing Elastic Adhesive**, sterile single sachets 8 cm x 10 cm, 5 (*Cutiplast Steril*)
 4775H **Felt Pad Corn**, pads, oval, 9 (*SO 12010*)
 4764R **Felt Pad Corn**, pads, round, 9 (*SO 12011*)
 4809D **Foam Cushion Bunion**, cushions, 4 (*SO 12023*)
 4810E **Foam Cushion Callous**, cushions, 4 (*SO 12022*)
 4710X **Gauze Absorbent Pad**, pads 7.5 cm x 7.5 cm, 100 (*Handy 5673*)
 4807B **Gauze Absorbent Pad**, sterile single packs 5 cm x 5 cm, 100 (*Curity 3381*)
 4709W **Gauze Absorbent Pad**, sterile single packs 7.5 cm x 7.5 cm, 100 (*Curity 6132*)
 4808C **Gauze Absorbent Pad**, sterile single packs 10 cm x 10 cm, 100 (*Curity 6309*)
 4777K **Lambs' Wool**, sterile single pack (*SO 12076*)
 4711Y **Lint Absorbent**, pack 50 g (*Handy 4032*)

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

- Vasoprotectives 5
 - Antihemorrhoidals for topical use* 5
 - Capillary stabilizing agents* 6

Dermatologicals

- Antifungals for dermatological use 6
 - Antifungals for topical use* 6
- Emollients and protectives 6
 - Emollients and protectives* 6
 - 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 8
 - Antibiotics for topical use* 8
 - Chemotherapeutics for topical use* 9
- Corticosteroids, dermatological preparations 9
 - Corticosteroids, plain* 9
 - Corticosteroids, combinations with antiseptics* 9
 - Corticosteroids, combinations with antibiotics* 10
- Antiseptics and disinfectants 10
 - Antiseptics and disinfectants* 10
- Other dermatological preparations 10
 - Other dermatological preparations* 10

Genito urinary system and sex hormones

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

General anti-infectives for systemic use

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

Antineoplastic and immunomodulating agents

- Antineoplastic agents 13
- Antimetabolites* 13

Nervous system

- Analgesics 13
 - Opioids* 13
 - Other analgesics and antipyretics* 14
- Anti-Parkinson drugs 14
 - Anticholinergic agents* 14
- Psycholeptics 14
 - Anxiolytics* 14
 - Hypnotics and sedatives* 15
- Other nervous system drugs 15
 - Antismoking agents* 15

Antiparasitic products, insecticides and repellants

- Anthelmintics 16
 - Antinematodal agents* 16

Respiratory system

- Nasal preparations 16
 - Decongestants and other nasal preparations for topical use* 16
 - Nasal decongestants for systemic use* 17
- Cough and cold preparations 17
 - Expectorants, excl. combinations with cough suppressants* 17
 - Cough suppressants, excl. combinations with expectorants* 17
- Antihistamines for systemic use 17
 - Antihistamines for systemic use* 17

Sensory organs

- Ophthalmologicals 18
 - Mydriatics and cycloplegics* 18
 - Decongestants and antiallergics* 18
- Otologicals 19
 - Other otologicals* 19

Various

- All other therapeutic products 19
 - All other therapeutic products* 19
 - All other non-therapeutic products 19
 - All other non-therapeutic products* 19
-

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	
ALIMENTARY TRACT AND METABOLISM								
STOMATOLOGICAL PREPARATIONS								
Stomatological preparations								
• Antifungals for local oral treatment								
4160Y	CHLORHEXIDINE GLUCONATE Mouth wash 2 mg per mL (0.2%), 200 mL	‡1	..	..	9.48	2.70	Chlorohex	OM
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	9.53 9.57	2.70 2.70	Plaqacide Savacol Mouth and Throat Rinse	OB OM
• Other agents for local oral treatment								
4156R	CARBENOXOLONE SODIUM Gel 20 mg per g (2%), 5 g	‡1	1	..	12.02	2.70	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	..	..	9.60	2.70	Seda-Gel	KY
4568K	SALIVA SUBSTITUTE Solution 25 mL	‡1	1	..	8.93	2.70	Aquae	HA
4569L	Solution 100 mL	‡1	..	..	11.19	2.70	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	..	*14.31	2.70	Titralac	MM
• 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	..	*21.17	2.70	Mylanta II	PD
4118R	Oral suspension 400 mg-400 mg- 30 mg per 5 mL, 375 mL	2	5	..	*16.61	2.70	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	..	..	19.14	2.70	Merbentyl	ML

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	..	.. ..	24.65 27.63	2.70 2.70	Colese Colofac	AF JC

Belladonna and derivatives, plain

- Belladonna alkaloids semisynthetic, quaternary ammonium compounds**

4279F	HYOSCINE BUTYLBROMIDE Injection 20 mg in 1 mL	5	..	..	15.48	2.70	Buscopan	BY
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LAXATIVES

Laxatives

- Softeners, emollients**

4200C	DOCUSATE SODIUM Tablet 50 mg	100	2	..	8.83	2.70	Coloxyl 50	FM
4201D	Tablet 120 mg	100	2	..	9.99	2.70	Coloxyl 120	FM

- Contact laxatives**

4198Y	DOCUSATE SODIUM with SENNA Tablet 50 mg-8 mg	90	2	..	9.28	2.70	Coloxyl with Senna	FM
4455L	SENNA STANDARDISED Tablet 7.5 mg	100	1	..	9.08	2.70	Senokot	RC

- Bulk producers**

4285M	ISPAGHULA HUSK Sachets 3.5 g, 30	‡1	1	..	12.01	2.70	Fybogel	RC
4425X	PSYLLIUM HYDROPHILIC MUCILLOID Oral powder (sugar-free) 275 g	‡1	1	..	12.35	2.70	Mucilax Sugar Free	DP
4424W	Oral powder 300 g	‡1	1	..	9.86	2.70	Mucilax Regular	DP
4419N	Oral powder (orange-flavoured, sugar-free) 315 g	‡1	1	..	18.81	2.70	Metamucil Smooth Texture	PY
4422R	Oral powder (non-flavoured) 375 g	‡1	1	..	14.63	2.70	Metamucil	PY
4557W	STERCULIA with FRANGULA BARK Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.77	2.70	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	20.17	2.70	Normacol Plus	NE

- Enemas**

4462W	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE Enemas 3.125 g-450 mg-45 mg in 5 mL, 4	‡1	1	..	9.61	2.70	Microlax	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	..	*14.10	2.70	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	..	7.78	2.70	Betamin	RR
Vitamin B-complex, incl. combinations								
Vitamin B-complex, plain								
4493L	VITAMIN B GROUP COMPLEX Oral liquid 200 mL	‡1	2	..	10.91	2.70	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	..	6.84	2.70	Gold Cross Vitamin C	SI
MINERAL SUPPLEMENTS								
Other mineral supplements								
Magnesium								
4321K	MAGNESIUM ASPARTATE Tablet 500 mg	50	..	..	11.04	2.70	Magmin	VG
BLOOD AND BLOOD FORMING ORGANS								
ANTITHROMBOTIC AGENTS								
Antithrombotic agents								
Heparin group								
DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous) ❖ 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	..	..	49.69	2.70	Fragmin	PS
4225J	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	10	..	..	81.29	2.70	Fragmin	PS

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	
ENOXAPARIN SODIUM								
❖ Authority required ❖								
Major orthopaedic surgery; Major general surgery.								
4220D	Injection 20 mg in 0.2 mL pre-filled syringe	10	..	..	64.02	2.70	Clexane	RR
4221E	Injection 40 mg in 0.4 mL pre-filled syringe	10	..	..	81.29	2.70	Clexane	RR
• Platelet aggregation inhibitors excl. heparin								
ASPIRIN								
4077N	Tablet 100 mg (enteric coated)	84	1	..	10.70	2.70	Cartia	SK
4076M	Tablet 100 mg (with glycine)	90	1	..	11.24	2.70	Cardiprin 100	RC
4078P	Capsule 100 mg (enteric coated)	84	1	..	10.70	2.70	Astrix	FA
• 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	..	..	*901.29	2.70	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	..	7.33	2.70	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	¥1	2	..	7.33	2.70	BX	

CARDIOVASCULAR SYSTEM

VASOPROTECTIVES

Antihemorrhoidals for topical use

• Products containing corticosteroids

HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE

CAUTION:

Long-term use may lead to skin atrophy.

4036K	Ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g	¥1	1	..	15.53	2.70	Proctosedyl	RL
4037L	Ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5	2	1	..	*21.03	2.70	Proctosedyl	RL

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	
4038M	HYDROCORTISONE with CINCHOCALINE HYDROCHLORIDE—cont. Suppositories 5 mg-5 mg, 12	‡1	1	..	14.64	2.70	Proctosedyl	RL
• Other antihemorrhoidals for topical use								
4039N	ZINC OXIDE Compound ointment 50 g	‡1	1	..	11.63	2.70	Anusol	WW
4040P	Compound suppositories, 12	‡1	1	..	10.64	2.70	Anusol	WW
Capillary stabilizing agents								
• Bioflavonoids								
4272W	HYDROXYETHYL RUTOSIDES Capsule 250 mg	100	1	..	26.19	2.70	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	..	8.27	2.70	Dermazole	EO
4341L	MICONAZOLE Tincture 20 mg per mL (2%), 30 mL	‡1	1	..	12.34	2.70	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	..	..	13.20	2.70	Pedoz	HA
4537T	TOLNAFTATE Cream 10 mg per g (1%), 30 g	‡1	..	..	9.58	2.70	Pedi-Derm	NN
4479R	Powder 10 mg per g (1%), 30 g	‡1	..	..	9.58	2.70	Pedi-Derm	NN
4538W	Solution 10 mg per mL (1%), 15 mL	‡1	..	..	9.58	2.70	Pedi-Derm	NN
4481W	Spray aerosol 10 mg per g (1%), 100 g	‡1	..	..	13.88	2.70	Tinaderm	SH

EMOLLIENTS AND PROTECTIVES

Emollients and protectives

• **Silicone products**

DIMETHICONE and GLYCEROL

❖ **Restricted benefit** ❖

For colostomy and ileostomy use;

For use by paraplegic and quadriplegic patients;

For use with surgical appliances.

4556T	Cream 150 mg-20 mg per g (15%-2%), 75 g	‡1	..	..	8.03	2.70	Silic 15	EO
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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	
DIMETHICONE and GLYCEROL— cont.								
4551M	Cream 150 mg-20 mg per g (15%-2%), 500 g	‡1	..	..	16.68	2.70	Silic 15	EO
• Soft paraffin and fat products								
4041Q	WOOL ALCOHOLS Ointment 100 g	‡1	1	..	8.69	2.70	Eucerin	BE
• Carbamide products								
4042R	UREA Cream 100 mg per g (10%), 100 g	‡1	2	..	8.43	2.70	Urederm	HA
				..	8.87	2.70	Aquacare H.P.	AG
				..	8.89	2.70	Calmurid Nutraplus	OL GA
• Other emollients and protectives								
4122Y	BATH EMOLLIENT Bath oil 500 mL	‡1	2	..	13.66	2.70	QV Bath Oil	EO
				..	14.12	2.70	Hamilton Bath Oil	HA
4125D	Bath oil (fragrance-free) 500 mL	‡1	2	..	11.53	2.70	Derma-Oil	HA
4518T	CARMELLOSE SODIUM with PECTIN and GELATIN Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%- 16.7%), 5 g	‡1	..	..	6.66	2.70	Orabase	BQ
Protectives against UV-radiation								
• Protectives against UV-radiation for topical use								
4209M	SUNSCREENS Solid stick 5 g	‡1	2	..	8.32	2.70	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	‡1	2	..	12.67	2.70	SunSense Cream 15+	EO
				..	13.18	2.70	Hamilton Sunscreen Broad Spectrum Cream 15+	HA
4476N	Lotion (alcoholic) 100 mL	‡1	2	..	13.18	2.70	Hamilton Sunscreen Clear Lotion 15+	HA
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	12.88	2.70	SunSense Milk 15+	EO
				..	13.18	2.70	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.43	2.70	Aquasun Blockout Lotion 15+	PF

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	
PREPARATIONS FOR TREATMENT OF WOUNDS AND ULCERS								
Cicatrizants								
• Other cicatrizants								
4488F	VITAMIN A Ointment 540 micrograms per g, 50 g	‡1	1	..	8.27	2.70	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	..	8.27	2.70	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	..	..	44.31	2.70	Xylocaine Viscous	AP
• Other antipruritics								
4408B	PINE TAR and TRIETHANOLAMINE LAURYL SULFATE Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL	‡1	2	.. ..	11.53 14.86	2.70 2.70	Dermatar Pinetarsol	HA EO
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	..	11.61	2.70	Alphosyl	SV
4111J	Lotion 20 mg-50 mg per mL (2%- 5%), 250 mL	‡1	2	..	14.83	2.70	Alphosyl	SV
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	..	14.41	2.70	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	..	..	7.35	2.70	Aureomycin	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
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Chemotherapeutics for topical use

• Antivirals

4044W	IDOXURIDINE Topical ointment 5 mg per g (0.5%), 5 g	£1	..	..	6.00	2.70	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	..	..	34.19	2.70	Condyline Paint	HA
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CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

Corticosteroids, plain

• Corticosteroids, potent (group III)

4511K	BETAMETHASONE VALERATE Cream 500 micrograms per g (0.05%), 30 g	£1	2	..	8.88	2.70	Betnovate 1/2	GW
4131K	Cream 1 mg per g (0.1%), 30 g	£1	2	..	16.61	2.70	Betnovate	GW
4517R	Gel 500 micrograms per g (0.05%), 30 g	£1	2	..	8.88	2.70	Betnovate 1/2	GW
4513M	Ointment 500 micrograms per g (0.05%), 30 g	£1	2	..	8.88	2.70	Betnovate 1/2	GW
4132L	Ointment 1 mg per g (0.1%), 30 g	£1	2	..	16.61	2.70	Betnovate	GW
4133M	Scalp application 1 mg per g (0.1%), 30 g	£1	2	..	13.49	2.70	Betnovate	GW
4342M	MOMETASONE FUROATE Cream 1 mg per g (0.1%), 45 g	£1	..	..	21.62	2.70	Elocon	SH
4343N	Ointment 1 mg per g (0.1%), 45 g	£1	..	..	21.62	2.70	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	..	..	9.87	2.70	Hydroform	DM
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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	
Corticosteroids, combinations with antibiotics								
• Corticosteroids, moderately potent, combinations with antibiotics								
4483Y	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN 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	..	..	13.94	2.70	Aristocomb	LE
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	..	..	13.94 14.25	2.70 2.70	Aristocomb Kenacomb	LE BQ

CAUTION:

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

ANTISEPTICS AND DISINFECTANTS

Antiseptics and disinfectants

• Biguanides and amidines

4045X	CHLORHEXIDINE GLUCONATE Solution 50 mg per mL (5%), 200 mL	‡1	1	..	10.84	2.70	Hibitane Concentrate	IC
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• Iodine products

4530K	POVIDONE-IODINE Powder 145 mg per g (14.5%), 20 g	‡1	..	..	10.18	2.70	E.D.P.	BT
4411E	Solution 100 mg per mL (10%), 100 mL	‡1	..	..	13.79	2.70	Minidine Antiseptic Solution	SI
				..	14.62	2.70	Betadine Antiseptic Liquid	FA

• Other antiseptics and disinfectants

4143C	BISMUTH FORMIC IODIDE Powder 10 g	‡1	..	..	9.15	2.70	B.F.I.	MK
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OTHER DERMATOLOGICAL PREPARATIONS

Other dermatological preparations

• Antihidrotics

4191N	DIPHEMANIL METHYLSULFATE Dusting powder 20 mg per g (2%), 50 g	‡1	1	..	11.44	2.70	Prantal	SH
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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	
• 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	..	16.90	2.70	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	..	13.90	2.70	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	..	13.90	2.70	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	..	12.89	2.70	Sebitar	EO
4452H	SELENIUM SULFIDE Shampoo 25 mg per mL (2.5%), 125 mL	‡1	1	..	10.31	2.70	Selsun	AB
4498R	ZINC PYRITHIONE Shampoo 10 mg per mL (1%), 200 mL	‡1	1	..	11.06	2.70	Dan Gard	FA
• 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	2.70	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	..	11.40	2.70	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	11.40	2.70	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	..	10.74	2.70	SebiRinse Conditioner	EO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	HYDROLYZED COLLAGEN PROTEINS NOTE: To be used in conjunction with the two scalp cleansers: salicylic acid, benzalkonium chloride, alcohol and polyoxyethylene ethers (code 4445Y); and salicylic acid, benzalkonium chloride, alcohol, coal tar and polyoxyethylene ethers (code 4560B).							
4271T	Hair conditioner 250 mL	‡1	2	..	10.80	2.70	Ionil Rinse	GA
4549K	SKIN CLEANSER Lotion 500 mL	‡1	2	..	14.74	2.70	Hamilton Body Wash	HA
4497Q	ZINC OXIDE, STARCH and CHLORPHENESIN Dusting powder 100 g	‡1	1	..	7.90	2.70	Z.S.C.	SI
4499T	ZINC PYRITHIONE Cream 5 mg per g (0.5%), 75 g	‡1	1	..	9.00	2.70	Dan Gard Hold & Care	FA

GENITO URINARY SYSTEM AND SEX HORMONES

OTHER GYNECOLOGICALS

Other gynecologicals

- **Other gynaecologicals**

**RICINOLEIC ACID, ACETIC ACID
and HYDROXYQUINOLINE
SULFATE**

4434J	Vaginal Jelly 7 mg-9.4 mg-250 micrograms per g (0.7%-0.94%-0.025%), 100 g	‡1	..	..	21.78	2.70	Aci-Jel	JC
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UROLOGICALS

Other urologicals, incl. antispasmodics

- **Other urologicals**

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	..	82.73	2.70	Proscar	MK
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4458P	SODIUM BICARBONATE Capsule 840 mg	100	2	..	10.38	2.70	Sodibic	FC
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CAUTION:

For use in the treatment of renal disease.

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	
SODIUM CITRO-TARTRATE								
❖ Restricted benefit ❖								
<i>For relief of urinary symptoms when antibiotic or other therapy alone is inappropriate.</i>								
4047B	Sachets containing oral effervescent powder 3.7 g, 28	#1	4	..	8.57	2.70	Citralite	FC
4048C	Sachets containing oral effervescent powder 4 g, 28	#1	4	..	8.57	2.70	Citravescent Sachets	FC
4049D	Sachets containing oral effervescent powder 4 g, 28	#1	4	..	8.86	2.70	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	..	23.54	2.70	Myambutol	LE
4206J	Tablet 400 mg	100	2	..	75.97	2.70	Myambutol	LE

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

Antimetabolites

- *Pyrimidine analogues*

FLUOROURACIL

4222F	Cream 50 mg per g (5%), 20 g	#1	..	..	21.07	2.70	Efudix	RO
4223G	Solution 10 mg per mL (1%), 30 mL	#1	..	..	21.55	2.70	Fluoroplex	AG

NERVOUS SYSTEM

ANALGESICS

Opioids

- *Natural opium alkaloids*

MORPHINE SULFATE

CAUTION:

The risk of drug dependence is high.

- ❖ **Restricted benefit** ❖

Chronic severe disabling pain not responding to non-narcotic analgesics.

NOTE:

Authorities for increased maximum quantities and/or repeats will be granted only for

(i) chronic severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).

4349X	Tablet 200 mg (controlled release)	20	..	..	126.17	2.70	MS Contin	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	
Diphenylpropylamine derivatives								
	DEXTROPROPOXYPHENE NAPSYLATE							
	CAUTION: Chronic use of this preparation is likely to cause drug dependence.							
4081T	Capsule 100 mg	50	..	..	14.19	2.70	Doloxene	LY
Other analgesics and antipyretics								
Salicylic acid and derivatives								
	CODEINE PHOSPHATE with ASPIRIN							
4061R	Tablet soluble 8 mg-300 mg	50	2	..	9.42	2.70	Aspalgin	FM
4062T	Tablet soluble 8 mg-500 mg	50	2	..	8.51	2.70	Solcode	RC
Anilides								
	CODEINE PHOSPHATE with PARACETAMOL							
4171M	Tablet 8 mg-500 mg	50	2	..	8.86	2.70	Codalgin	FM
				..	9.15	2.70	Panamax Co.	SW

ANTI-PARKINSON DRUGS

Anticholinergic agents

- Ethers of tropine or tropine derivatives**

4129H	BENZTROPINE MESYLATE Tablet 0.5 mg	100	2	..	7.30	2.70	Cogentin	MK
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PSYCHOLEPTICS

Anxiolytics

- Benzodiazepine derivatives**

BROMAZEPAM

❖ Authority required ❖

Patients with terminal disease;

Patients with refractory phobic or anxiety states.

NOTE:

For short-term use. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

4150K	Tablet 3 mg	60	..	..	*20.33	2.70	Lexotan	RO
4151L	Tablet 6 mg	60	..	..	*25.49	2.70	Lexotan	RO

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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CLORAZEPATE DIPOTASSIUM

❖ Authority required ❖

*Patients with terminal disease;
Patients with refractory phobic or anxiety states.*

NOTE:

For short-term use. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

4166G	Capsule 5 mg	50	..	..	9.44	2.70	Tranxene	GW
4167H	Capsule 15 mg	30	..	..	11.33	2.70	Tranxene	GW

Hypnotics and sedatives

• Benzodiazepine derivatives

FLUNITRAZEPAM

❖ Authority required ❖

*Patients with terminal disease;
Patients with refractory phobic or anxiety states.*

NOTE:

For short-term use. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

4213R	Tablet 2 mg	25	..	..	9.60 10.84	2.70 2.70	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:

Studies have shown that successful therapy with this drug is enhanced by patient participation in a support and counselling program.

4576W	Transdermal patches releasing approximately 5 mg per 16 hours, 7	2	..	..	*34.35	2.70	Nicorette Patch	PS
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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	
NICOTINE—cont.								
4571N	Transdermal patches releasing approximately 7 mg per 24 hours, 7	2	..	.. ..	*45.41 *45.43	2.70 2.70	Nicabate 7 Nicotinell 10	ML CG
4577X	Transdermal patches releasing approximately 10 mg per 16 hours, 7	2	..	..	*37.41	2.70	Nicorette Patch	PS
4575T	Transdermal patches releasing approximately 11 mg per 24 hours, 14	‡1	..	..	65.07	2.70	Prostep	BW
4572P	Transdermal patches releasing approximately 14 mg per 24 hours, 7	2	..	.. ..	*49.41 *49.59	2.70 2.70	Nicotinell 20 Nicabate 14	CG ML
4578Y	Transdermal patches releasing approximately 15 mg per 16 hours, 7	2	2	..	*40.99	2.70	Nicorette Patch	PS
4573Q	Transdermal patches releasing approximately 21 mg per 24 hours, 7	2	2	.. ..	*54.47 *54.73	2.70 2.70	Nicabate 21 Nicotinell 30	ML CG
4574R	Transdermal patches releasing approximately 22 mg per 24 hours, 14	‡1	2	..	69.47	2.70	Prostep	BW

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS

ANTHELMINTICS

Antinematodal agents

- Benzimidazole derivatives

4325P	MEBENDAZOLE Tablet 100 mg	6	..	..	13.67	2.70	Vermox	JC
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RESPIRATORY SYSTEM

NASAL PREPARATIONS

Decongestants and other nasal preparations for topical use

- Sympathomimetics, plain

4377J	OXYMETAZOLINE HYDROCHLORIDE Nasal drops 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	11.83	2.70	Drrixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	11.83	2.70	Drrixine	SH

- Antiallergic agents, excl. corticosteroids

4311X	LEVOCABASTINE HYDROCHLORIDE Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	‡1	2	..	16.05	2.70	Livostin	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	
4468E	SODIUM CROMOGLYCATE Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	‡1	5	..	16.52	2.70	Rynacrom	FC
• Corticosteroids								
4126E	BECLOMETHASONE DIPROPIONATE Nasal pressurised inhalation 50 micrograms per dose (200 doses)	‡1	2	..	16.70	2.70	Aldecin	SH
Nasal decongestants for systemic use								
• Sympathomimetics								
4420P	PSEUDOEPHEDRINE HYDROCHLORIDE Tablet 60 mg	30	..	..	11.65	2.70	Sudafed	BW
4418M	PSEUDOEPHEDRINE SULFATE Tablet 60 mg	30	..	..	10.77	2.70	Drixora	SH
COUGH AND COLD PREPARATIONS								
Expectorants, excl. combinations with cough suppressants								
• Expectorants								
4074K	SENEGA and AMMONIA Mixture 200 mL	‡1	4	..	5.37	2.70	Senagar	SI
Cough suppressants, excl. combinations with expectorants								
• Opium alkaloids and derivatives								
4071G	PHOLCODINE Linctus 1 mg per mL (0.1%), 100 mL	‡1	2	.. ..	5.70 8.92	2.70 2.70	Actuss Duro-Tuss	SI MM
ANTI-HISTAMINES FOR SYSTEMIC USE								
Antihistamines for systemic use								
• Aminoalkyl ethers								
4195T	DIPHENHYDRAMINE HYDROCHLORIDE Capsule 50 mg	50	2	..	9.00	2.70	Benadryl	PD
• Phenothiazine derivatives								
4072H	PROMETHAZINE HYDROCHLORIDE Tablet 10 mg	50	2	..	10.15	2.70	Phenergan	MB
4073J	Tablet 25 mg	50	2	..	12.02	2.70	Phenergan	MB

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	
• Piperazine derivatives								
4273X	HYDROXYZINE EMBONATE Capsule equivalent to 25 mg hydroxyzine hydrochloride	50	2	..	13.78	2.70	Atarax	PF
4274Y	Capsule equivalent to 50 mg hydroxyzine hydrochloride	50	2	..	22.23	2.70	Atarax	PF

• Other antihistamines for systemic use

4561C	ASTEMIZOLE Tablet 10 mg	30	..	..	28.25	2.70	Hismanal	JC
4313B	LORATADINE Tablet 10 mg	30	..	..	28.23	2.70	Claratyne	SH
4562D	TERFENADINE Tablet 60 mg	50	..	..	28.51	2.70	Teldane	ML

SENSORY ORGANS

OPHTHALMOLOGICALS

Mydriatics and cycloplegics

• Sympathomimetics excl. antiglaucoma preparations

4033G	PHENYLEPHRINE HYDROCHLORIDE Eye drops 1.2 mg per mL (0.12%), 15 mL	1	5	..	9.58	2.70	Isopto Frin	AQ
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Decongestants and antiallergics

• Sympathomimetics used as decongestants

4031E	ANTAZOLINE with NAPHAZOLINE Eye drops 5 mg (sulfate)- 250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL	1	2	..	9.06	2.70	Antistine-Privine	CCG
4032F	Eye drops 5 mg (phosphate)- 500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	1	2	..	10.33	2.70	Albalon-A	AG
4035J	NAPHAZOLINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 15 mL	1	2	.. ..	9.58 10.26	2.70 2.70	Naphcon Forte Albalon Liquifilm	AQ AG
4355F	NAPHAZOLINE HYDROCHLORIDE with PHENIRAMINE MALEATE Eye drops 250 micrograms-3 mg per mL (0.025%-0.3%), 15 mL	1	2	..	9.93	2.70	Naphcon-A	AQ
4034H	ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE Eye drops 2.5 mg-1.2 mg per mL (0.25%-0.12%), 15 mL	1	5	.. ..	9.71 10.33	2.70 2.70	Zincfrin Prefrin-Z	AQ AG

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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• Other antiallergics

4310W	LEVOCABASTINE HYDROCHLORIDE Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses)	‡1	2	..	15.97	2.70	Livostin	JC
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OTOLOGICALS

Other otologicals

• Indifferent preparations

4180B	DICHLOROBENZENE, CHLORIBUTOL and TURPENTINE OIL Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL	‡1	..	..	10.64	2.70	Cerumol	AC
4199B	DOCUSATE SODIUM Ear drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	11.62	2.70	Waxsol	NE

VARIOUS

ALL OTHER THERAPEUTIC PRODUCTS

All other therapeutic products

• Drugs for treatment of hyperkalemia

SODIUM POLYSTYRENE
SULFONATE

CAUTION:

For use in the treatment of renal disease.

4470G	Oral powder 454 g	‡1	2	..	62.21	2.70	Resonium-A	SW
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ALL OTHER NON-THERAPEUTIC PRODUCTS

All other non-therapeutic products

• Other non-therapeutic auxiliary products

4318G	LUBRICATING AGENT Jelly 60 g	‡1	..	..	7.77	2.70	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 PAD 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	..	..	*15.75	2.70	Tena fix Small 56514	BS
4604H	Medium, 2	3	..	..	*17.82	2.70	Tena fix Medium 56515	BS
4602F	Large, 2	3	..	..	*20.67	2.70	Tena fix Large 56516	BS
ABSORBENT PADS								
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	Disposable pants, 10	2	5	..	*16.98	2.70	Depend Undergarments 1651	KC
4605J	Extra, 30	2	2	..	*36.42	2.70	Tena Lady Extra 30's 58253	BS
4606K	Mini extra, 34	2	2	..	*31.92	2.70	Cumfle Celanorm Shield Mini Extra 82906	VC
4609N	Regular, 20	3	2	..	*25.98	2.70	Cumfle Rectangular Regular Pad	VC
4607L	Regular, 30	2	2	..	*25.54	2.70	Shield Regular 30's 780	BS
4608M	Super, 30	2	2	..	*29.20	2.70	Shield Super 30's 779	BS
INHALATION DEVICE								
4634X	Device	†1	..	..	12.71	2.70	Volumatic 10359	GW
				..	15.66	2.70	Bricanyl Nebuhaler 2022	AP
INHALATION LEVER DEVICE FOR METERED AEROSOL								
4633W	Device	†1	..	..	3.62	2.70	Haleraid	GW
INJECTION SITE PREPARATION SWAB								
4616Y	Swabs containing isopropyl alcohol 0.7 mL per mL (70%), 100	†1	1	..	2.96	2.70	Medi Swab 1000H	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	
	ROTAHALERS							
4638D	Rotahaler	‡1	..	..	4.80	2.70	Becotide	GW
4637C	Rotahaler	‡1	..	..	4.80	2.70	Ventolin	GW
	SPINHALER							
4636B	Spinhaler	‡1	..	..	7.04	2.70	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	2.70	Handy 5608	BE
4718H	BANDAGE COHESIVE Bandages 2.5 cm x 4 m, 2	‡1	..	..	6.89	2.70	Handygauze 8631	BE
4811F	Bandage 5 cm x 1.3 m	2	..	..	*8.40	2.70	Peg 7420	BK
4719J	Bandage 6 cm x 4 m	2	..	..	*9.40	2.70	Handygauze 8633	BE
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*12.00	2.70	Peg 7422	BK
4813H	Bandage 10 cm x 1.3 m	2	..	..	*16.20	2.70	Peg 7423	BK
4814J	Bandage 15 cm x 1.3 m	2	..	..	*24.00	2.70	Peg 7425	BK
4720K	BANDAGE COTTON CONFORMING Bandage 2.5 cm x 1.5 m	5	..	..	*13.90	2.70	Handy-Band 9483	BE
4721L	Bandage 5 cm x 1.5 m	5	..	..	*16.00	2.70	Handy-Band 9485	BE
4722M	Bandage 7.5 cm x 1.5 m	5	..	..	*21.00	2.70	Handy-Band 9488	BE
4723N	Bandage 10 cm x 1.5 m	5	..	..	*26.70	2.70	Handy-Band 9490	BE
4727T	BANDAGE COTTON CREPE HEAVY Bandage 5 cm x 2.3 m	2	..	..	*11.08 *13.60	2.70 2.70	Telfa 8252F Elastocrepe 300501	KE SN
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*15.42 *18.36	2.70 2.70	Telfa 8253F Elastocrepe 307501	KE SN
4729X	Bandage 10 cm x 2.3 m	2	..	..	*20.34 *24.72	2.70 2.70	Telfa 8254F Elastocrepe 301001	KE SN
4820Q	BANDAGE ELASTIC CONFORMING Bandage 2.5 cm	5	..	..	*9.15	2.70	Conform 2230	KE
4821R	Bandage 5 cm	5	..	..	*10.20	2.70	Conform 2231	KE
4802R	Bandage 5 cm x 1.8 m	5	..	..	*12.00	2.70	Telfa 8182	KE
4822T	Bandage 7.5 cm	5	..	..	*11.50	2.70	Conform 2232	KE
4803T	Bandage 7.5 cm x 1.8 m	5	..	..	*15.00	2.70	Telfa 8183	KE
4823W	Bandage 10 cm	5	..	..	*12.25	2.70	Conform 2236	KE
4804W	Bandage 10 cm x 1.8 m	5	..	..	*18.75	2.70	Telfa 8184	KE
4824X	Bandage 15 cm	5	..	..	*18.55	2.70	Conform 2238	KE

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	
4736G	BANDAGE HIGH COMPRESSION Bandage 7.5 cm x 3 m	5	..	.. ..	*69.00 *79.15	2.70 2.70	Setopress 3504 Tensopress 4347	BT SN
4748X	Bandage 10 cm x 3 m	5	..	.. ..	*78.00 *85.80	2.70 2.70	Setopress 3505 Tensopress 4348	BT SN
4744Q	BANDAGE PLASTER OF PARIS Bandage 5 cm x 2.75 m	5	..	..	*37.60	2.70	Gypsona S5002	SN
4745R	Bandage 7.5 cm x 2.75 m	5	..	..	*41.95	2.70	Gypsona S5003	SN
4746T	Bandage 10 cm x 2.75 m	5	..	..	*51.75	2.70	Gypsona S5004	SN
4747W	Bandage 15 cm x 2.75 m	5	..	..	*69.15	2.70	Gypsona S5006	SN
4855M	BANDAGE TUBULAR Bandage 6.25 cm x 1 m	‡1	..	..	12.14	2.70	Tubigrip B	BT
4856N	Bandage 6.75 cm x 1 m	‡1	..	..	12.14	2.70	Tubigrip C	BT
4857P	Bandage 7.5 cm x 1 m	‡1	..	..	12.14	2.70	Tubigrip D	BT
4858Q	Bandage 8.75 cm x 1 m	‡1	..	..	12.14	2.70	Tubigrip E	BT
4859R	Bandage 10 cm x 1 m	‡1	..	..	12.14	2.70	Tubigrip F	BT
4798M	BANDAGE TUBULAR FINGER Complete pack including applicator	‡1	..	..	10.65	2.70	Tubegauz 14001	SO
4726R	Refill	‡1	..	..	6.72	2.70	Tubegauz 14002	SO
4797L	BANDAGE TUBULAR SHAPED LONG Medium C/E	‡1	..	..	20.03	2.70	Tubigrip 1483	BT
4799N	Large D/F	‡1	..	..	20.03	2.70	Tubigrip 1484	BT
4800P	X/Large E/G	‡1	..	..	20.03	2.70	Tubigrip 1485	BT
4815K	BANDAGE TUBULAR SHAPED SHORT Medium C/D	‡1	..	..	12.80	2.70	Tubigrip 1480	BT
4816L	Large D/E	‡1	..	..	12.80	2.70	Tubigrip 1481	BT
4750B	BANDAGE ZINC PASTE Bandage 7.5 cm x 6 m	2	..	..	*65.74	2.70	Viscopaste 4948	SN
4749Y	Bandage 8 cm x 5 m (compression)	4	3	..	*80.72	2.70	Gelocast Elastic	BE
4752D	BANDAGE ZINC PASTE and ICHTHAMMOL Bandage 7.5 cm x 6 m	2	..	..	*65.74	2.70	Ichthopaste 4959	SN
4701K	COTTON WOOL ROLL ** Roll 100 g	‡1	2	..	4.26	2.70	JJ 02013	JJ
4702L	Roll 375 g	‡1	2	..	12.65	2.70	JJ 02011	JJ

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 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	..	65.25	2.70	Algoderm H7993	CC
4830F	Sterile single sachet 5 cm x 5 cm	10	1	..	*44.70	2.70	Kaltostat 010154	FA
4826B	Sterile single sachets 5 cm x 5 cm, 10	‡1	1	..	36.26	2.70	Algoderm H7995	CC
4827C	Sterile single sachets 9.5 cm x 9.5 cm, 10	‡1	1	..	76.53	2.70	Algoderm H7994	CC
4831G	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	90.00	2.70	Sorbsan	BT
4832H	Sterile single unit 2 g packing	10	1	..	*120.80	2.70	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	..	*138.30	2.70	Kaltocarb 015741	FA
DRESSING ELASTIC ADHESIVE								
4754F	Dressing 6.3 cm x 1 m	‡1	..	..	5.52	2.70	Elastoplast 4025	SN
4817M	Sterile single sachets 5 cm x 7.2 cm, 5	2	..	..	*7.36	2.70	Cutiplast Steril	BE
4818N	Sterile single sachets 8 cm x 10 cm, 5	2	..	..	*14.70	2.70	Cutiplast Steril	BE
DRESSING HYDROACTIVE CAVITY								
4918W	Dressings 5 cm x 6 cm, 10	‡1	1	..	144.96	2.70	Cutinova Cavity 47571	BE
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*280.56	2.70	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	..	50.27	2.70	Cutinova Hydro 47441	BE
4886E	Sterile single sachets 10 cm x 10 cm, 5	‡1	3	..	38.66	2.70	DuoDERM CGF H7660	CC
				..	39.09	2.70	Cutinova Hydro 47443	BE

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	
4887F	DRESSING HYDROCOLLOID—cont. Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	66.00	2.70	Comfeel 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	..	72.50	2.70	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	..	*106.32	2.70	DuoDERM CGF Border H7971	CC
4903C	Sterile single sachets 10 cm x 13 cm, 5	2	1	..	*127.30	2.70	DuoDERM CGF Border H7973	CC
4905E	DRESSING HYDROCOLLOID THIN Sterile single sachets 5 cm x 6 cm, 10	‡1	1	..	52.65	2.70	Cutinova Thin 47576	BE
4888G	Sterile single sachets 5 cm x 7 cm, 10	‡1	1	..	32.25	2.70	Comfeel Transparent 3530	CT
4889H	Sterile single sachets 9 cm x 14 cm, 10	‡1	1	..	76.65	2.70	Comfeel Transparent 3536	CT
4906F	Sterile single sachets 10 cm x 10 cm, 5	2	1	..	*74.52	2.70	Cutinova Thin 47578	BE
4907G	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	66.86	2.70	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	2.70	Nu-Gel 62497	JJ
4894N	Sterile single sachets 25 g, 10	‡1	1	..	106.95	2.70	Intrasite Gel 7313	SN
4912M	Sterile single tube dressings 15 g, 10	‡1	1	..	60.42	2.70	DuoDERM Gel H7990	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	
4913N	DRESSING HYDROGEL—cont. Sterile single tube dressings 30 g, 3	3	1	..	*84.60	2.70	DuoDERM Gel H7987	CC
4914P	Sterile single tube dressing 50 g	10	1	..	*69.30	2.70	Solugel 10336	JJ
4909J	DRESSING NON-ADHERENT Sterile single sachet 7.6 cm x 7.6 cm	10	1	..	*8.30	2.70	Adaptic 10511	JJ
4755G	DRESSING NON-ADHERENT DRY ABSORBENT Sterile single pack 5 cm x 7.5 cm	10	..	..	*5.40	2.70	Telfa 1961C	KE
4758K	Sterile single pack 7.5 cm x 10 cm	10	..	..	*8.30	2.70	Telfa 2132C	KE
4860T	Sterile single sachets 5 cm x 5 cm, 5	2	..	..	*7.30 *7.54	2.70 2.70	Cutilin Melolin 101720	BE SN
4862X	Sterile single sachets 10 cm x 10 cm, 3	3	..	..	*14.67	2.70	Cutilin	BE
4861W	Sterile single sachets 10 cm x 10 cm, 10	‡1	..	..	22.92	2.70	Melolin 4933	SN
4759L	DRESSING PARAFFIN GAUZE Sterile sachets 10 cm x 10 cm, 10	‡1	..	..	12.20	2.70	Jelonet 7404	SN
4845B	DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE Sterile sachets 10 cm x 10 cm, 10	‡1	2	.. ..	12.27 16.26	2.70 2.70	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	..	19.80	2.70	Lyof foam	BT
4891K	Sterile single sachets 10 cm x 10 cm, 5	‡1	3	..	23.40	2.70	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	..	..	222.15	2.70	Lyof foam C	BT
4893M	DRESSING POLYURETHANE TRANSPARENT FILM Sterile single sachets 10 cm x 12 cm, 10	‡1	1	..	18.75	2.70	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	2.70	Telfa 6020C	KE
4844Y	Sterile sachets 7.5 cm x 10 cm, 6	#1	2	..	7.13	2.70	Telfa 7650C	KE
DRESSING TRANSPARENT WATERPROOF ISLAND								
4898T	Sterile single sachets 5 cm x 7.2 cm, 5	2	..	..	*17.56	2.70	Cutifilm Plus	BE
4899W	Sterile single sachets 8 cm x 10 cm, 5	2	..	..	*30.04	2.70	Cutifilm Plus	BE
FELT PAD CORN								
4775H	Pads, oval, 9	#1	..	..	6.72	2.70	SO 12011	SO
4764R	Pads, round, 9	#1	..	..	6.72	2.70	SO 12010	SO
FOAM CUSHION BUNION								
4809D	Cushions, 4	#1	..	..	6.72	2.70	SO 12023	SO
FOAM CUSHION CALLOUS								
4810E	Cushions, 4	#1	..	..	6.72	2.70	SO 12022	SO
GAUZE ABSORBENT PAD								
4707R	Pads 5 cm x 5 cm, 100	#1	..	..	8.42	2.70	Handy 5672	BE
4710X	Pads 7.5 cm x 7.5 cm, 100	#1	..	..	15.39	2.70	Handy 5673	BE
4708T	Pads 10 cm x 10 cm, 100	#1	..	..	23.61	2.70	Handy 5674	BE
4807B	Sterile single packs 5 cm x 5 cm, 100	#1	..	..	37.50	2.70	Curity 3381	KE
4709W	Sterile single packs 7.5 cm x 7.5 cm, 100	#1	..	..	48.75	2.70	Curity 6132	KE
4808C	Sterile single packs 10 cm x 10 cm, 100	#1	..	..	63.00	2.70	Curity 6309	KE
GAUZE and COTTON TISSUE (COMBINE ROLL)								
4767X	Wrapped pack 9 cm x 10 m	#1	..	..	8.93	2.70	SN 121054A	SN
4761N	Wrapped pack 10 cm x 10 m	#1	..	..	8.51	2.70	JJ 12010	JJ
GAUZE EYE PADS								
4768Y	Pads, 12	#1	..	..	7.13	2.70	Curity 4112	KE
GAUZE POVIDONE-IODINE PAD								
4779M	Sterile sachets 22.5 cm x 7.5 cm, 12	#1	2	..	36.38	2.70	Betadine	FA
GLOVES PLASTIC (DISPOSABLE)								
NOTE:								
For occlusive dressing use only.								
4772E	Gloves, small, 100	#1	..	..	6.72	2.70	Handy 4207	BE
4773F	Gloves, medium, 100	#1	..	..	6.72	2.70	Handy 4208	BE
4774G	Gloves, large, 100	#1	..	..	6.72	2.70	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	..	..	6.72	2.70	SO 12076	SO
4711Y	LINT ABSORBENT Pack 50 g	‡1	..	..	8.75	2.70	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	..	*153.20	2.70	DuoDERM Paste H7930	CC
4895P	Sterile tube 50 g	2	3	..	*33.34	2.70	Comfeel Paste 4701	CT
4780N	PLASTER ADHESIVE ELASTIC Roll 2.5 cm x 2.5 m	‡1	..	..	7.17	2.70	Leukoplast 1071	BE
4781P	Roll 5 cm x 2.5 m	‡1	..	..	13.67	2.70	Leukoplast 1072	BE
4733D	Roll 5 cm x 2.75 m	‡1	..	..	8.49	2.70	Elastoplast 186101	SN
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	..	17.69	2.70	Leukoplast 1073	BE
4734E	Roll 7.5 cm x 2.75 m	‡1	..	..	9.57	2.70	Elastoplast 186001	SN
4735F	Roll 10 cm x 2.75 m	‡1	..	..	18.32	2.70	Elastoplast 1004	SN
	PLASTER ADHESIVE HYPOALLERGENIC							
4783R	Roll 1.25 cm x 5 m	‡1	..	..	4.77	2.70	Leukopor 2471	BE
4785W	Roll 1.25 cm x 5 m	‡1	..	..	4.77	2.70	Leukosilk 1021	BE
4794H	Roll 2.5 cm x 5 m	‡1	..	..	7.71	2.70	Leukopor 2472	BE
4787Y	Roll 2.5 cm x 5 m	‡1	..	..	7.71	2.70	Leukosilk 1022	BE
4863Y	Roll 2.5 cm x 10 m	‡1	..	..	8.94	2.70	Hypafix 4208	SN
4788B	Roll 5 cm x 5 m	‡1	..	..	12.17	2.70	Leukoflex 1124	BE
4790D	Roll 5 cm x 5 m	‡1	..	..	11.94	2.70	Leukopor 2474	BE
4789C	Roll 5 cm x 5 m	‡1	..	..	11.97	2.70	Leukosilk 1024	BE
4870H	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	3.36	2.70	Duopore 2610	MM
4868F	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	3.36	2.70	Micropore R3	MM
4872K	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	3.36	2.70	Micropore Skintone RF7	MM
4875N	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	4.28	2.70	Duopore 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	..	..	4.28	2.70	Micropore R4 MM
4877Q	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	4.28	2.70	Micropore Skintone RF8 MM

SECTION 4

STANDARD PACKS AND PRICES

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 Sections 1, 2 and 3 of the Repatriation Schedule.*

(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 @ 8.44	PD
4118R		400 mg-400 mg-30 mg per 5 mL, 375 mL	1 @ 6.16	PD
4150K	Bromazepam	3 mg	30 @ 8.02	RO
4151L		6 mg	30 @ 10.60	RO
4055K	Calcium Carbonate with Glycine	420 mg-180 mg	100 @ 5.01	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 @ 8.37	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	CG
4572P		Approx. 14 mg per 24 hours, 7	1 @ 16.56	PS
4578Y		Approx. 15 mg per 16 hours, 7	1 @ 22.56	CG
4573Q		Approx. 21 mg per 24 hours, 7	1 @ 22.65	ML
4557W	Sterculia with Frangula Bark		1 @ 18.35	PS
4489G	Urokinase	100,000 i.u. set	1 @ 25.09	ML
			1 @ 25.22	CG
			1 @ 9.24	SC
			1 @ 149.50	SG
REPATRIATION PHARMACEUTICAL BENEFITS—SECTION 2				
4603G	Absorbent Pad Pants	Small, 2	1 @ 5.25	BS
4604H		Medium, 2	1 @ 5.94	BS
4602F		Large, 2	1 @ 6.89	BS
4716F	Absorbent Pads	Disposable pants, 10	1 @ 8.49	KC
4605J		Extra, 30	1 @ 18.21	BS
4606K		Mini extra, 34	1 @ 15.96	VC
4609N		Regular, 20	1 @ 8.66	VC
4607L		Regular, 30	1 @ 12.77	BS
4608M		Super, 30	1 @ 14.60	BS
REPATRIATION PHARMACEUTICAL BENEFITS—SECTION 3				
4811F	Bandage Cohesive	5 cm x 1.3 m	1 @ 4.20	BK
4719J		6 cm x 4 m	1 @ 4.70	BE
4812G		7.5 cm x 1.3 m	1 @ 6.00	BK
4813H		10 cm x 1.3 m	1 @ 8.10	BK
4814J		15 cm x 1.3 m	1 @ 12.00	BK
4720K	Bandage Cotton Conforming	2.5 cm x 1.5 m	1 @ 2.78	BE
4721L		5 cm x 1.5 m	1 @ 3.20	BE
4722M		7.5 cm x 1.5 m	1 @ 4.20	BE
4723N		10 cm x 1.5 m	1 @ 5.34	BE
4727T	Bandage Cotton Crepe Heavy	5 cm x 2.3 m	1 @ 5.54	KE
			1 @ 6.80	SN
4728W		7.5 cm x 2.3 m	1 @ 7.71	KE
			1 @ 9.18	SN
4729X		10 cm x 2.3 m	1 @ 10.17	KE
			1 @ 12.36	SN
4820Q	Bandage Elastic Conforming	2.5 cm	1 @ 1.83	KE
4821R		5 cm	1 @ 2.04	KE
4802R		5 cm x 1.8 m	1 @ 2.40	KE
4822T		7.5 cm	1 @ 2.30	KE
4803T		7.5 cm x 1.8 cm	1 @ 3.00	KE
4823W		10 cm	1 @ 2.45	KE
4804W		10 cm x 1.8 m	1 @ 3.75	KE
4824X		15 cm	1 @ 3.71	KE
4736G	Bandage High Compression	7.5 cm x 3 m	1 @ 13.80	BT
			1 @ 15.83	SN
4748X		10 cm x 3 m	1 @ 15.60	BT
			1 @ 17.16	SN

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
4744Q	Bandage Plaster Of Paris	5 cm x 2.75 m	1 @ 7.52	SN
4745R		7.5 cm x 2.75 m	1 @ 8.39	SN
4746T		10 cm x 2.75 m	1 @ 10.35	SN
4747W		15 cm x 2.75 m	1 @ 13.83	SN
4750B	Bandage Zinc Paste	7.5 cm x 6 m	1 @ 32.87	SN
4749Y		8 cm x 5 m	1 @ 20.18	BE
4752D	Bandage Zinc Paste and Ichthammol	7.5 cm x 6 m	1 @ 32.87	SN
4830F	Dressing Alginate	5 cm x 5 cm	1 @ 4.47	FA
4832H		2 g	1 @ 12.08	FA
4837N	Dressing Alginate with Charcoal	7.5 cm x 12 cm	1 @ 13.83	FA
4817M	Dressing Elastic Adhesive	5 cm x 7.2 cm, 5	1 @ 3.68	BE
4818N		8 cm x 10 cm, 5	1 @ 7.35	BE
4919X	Dressing Hydroactive Cavity	10 cm x 10 cm, 5	1 @ 140.28	BE
4902B	Dressing Hydrocolloid with Border	10 cm x 10 cm, 5	1 @ 53.16	CC
4903C		10 cm x 13 cm, 5	1 @ 63.65	CC
4906F	Dressing Hydrocolloid Thin	10 cm x 10 cm, 5	1 @ 37.26	BE
4911L	Dressing Hydrogel	9.5 cm x 10.2 cm	1 @ 9.77	JJ
4913N		30 g, 3	1 @ 28.20	CC
4914P		50 g	1 @ 6.93	JJ
4909J	Dressing Non-Adherent	7.6 cm x 7.6 cm	1 @ 0.83	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 @ 3.65	BE
			1 @ 3.77	SN
4862X		10 cm x 10 cm, 3	1 @ 4.89	BE
4898T	Dressing Transparent Waterproof Island	5 cm x 7.2 cm, 5	1 @ 8.78	BE
4899W		8 cm x 10 cm, 5	1 @ 15.02	BE
4896Q	Paste Hydrocolloid	30 g	1 @ 15.32	CC
4895P		50 g	1 @ 16.67	CT

Generic/Proprietary Index
for
PBS and RPBS Schedules

GENERIC/PROPRIETARY INDEX

A		ADRENALINE	
<i>Abbocillin-V (AB)</i>		. Respiratory system	119
. General anti-infectives for systemic use	67	. Doctor's Bag Supplies	4
. Dental	143	. Dental	157
<i>Abbocillin-V Dulcet (AB)</i>		<i>Adriamycin Solution (PS)</i>	83
. General anti-infectives for systemic use	66,67	<i>Ad-Sorb (KY)</i>	16
. Dental	143	<i>Advantage (BO)</i>	129
<i>Abbocillin-VK (AB)</i>		<i>Advantan (CS)</i>	43
. General anti-infectives for systemic use	67	<i>Agon SR (HP)</i>	36
. Dental	143	<i>Akamin 50 (AF)</i>	64
<i>Abbocillin-VK Filmstab (AB)</i>		<i>Akamin 100 (AF)</i>	64
. General anti-infectives for systemic use	66,67	<i>Akineton (KN)</i>	102
. Dental	143	<i>Albalon-A (AG)</i>	
ABCIXIMAB	24	. Repatriation Schedule	18
ABSORBENT PAD PANTS		<i>Albalon Liquifilm (AG)</i>	
. Repatriation Schedule	22	. Repatriation Schedule	18
ABSORBENT PADS		<i>Albay Bee Venom (BN)</i>	128
. Repatriation Schedule	22	<i>Albay Wasp Venom (BN)</i>	128
<i>Accomin Adult Tonic (WT)</i>		<i>Albay Yellow Jacket Venom (BN)</i>	128
. Repatriation Schedule	4	<i>Alclox 250 (AF)</i>	
<i>Accupril (PD)</i>	39	. General anti-infectives for systemic use	67
<i>Accure 10 (AF)</i>	43	. Dental	143
<i>Accure 20 (AF)</i>	43	<i>Alclox 500 (AF)</i>	
<i>Accutrend Glucose (BO)</i>	130	. General anti-infectives for systemic use	67
<i>Acenorm 12.5 mg (AF)</i>	38	. Dental	143
<i>Acenorm 25 mg (AF)</i>	38	<i>Aldactone (SR)</i>	34
<i>Acenorm 50 mg (AF)</i>	38	<i>Aldazine 10 (AF)</i>	105
ACETAZOLAMIDE	124	<i>Aldazine 25 (AF)</i>	105
<i>Acetopt (SI)</i>	121	<i>Aldazine 50 (AF)</i>	105
ACETYLCYSTEINE	120	<i>Aldazine 100 (AF)</i>	105
<i>Achromycin (LE)</i>		<i>Aldecin (SH)</i>	
. General anti-infectives for systemic use	64	. Repatriation Schedule	17
. Dental	141	<i>Aldecin Aqueous Pump (SH)</i>	115
<i>Achromycin V (LE)</i>		<i>Aldecin Aqueous Refill (SH)</i>	115
. General anti-infectives for systemic use	64	<i>Aldecin Aqueous Set (SH)</i>	115
. Dental	141	<i>Aldomet (MK)</i>	32
ACICLOVIR		<i>Aldomet-M (MK)</i>	32
. General anti-infectives for systemic use	77	<i>Aldopren 125 (AD)</i>	32
. Sensory organs	122	<i>Aldopren 250 (AD)</i>	32
<i>Adi-Jel (JC)</i>		ALENDRONATE SODIUM	94
. Repatriation Schedule	12	<i>Alepam 15 (AF)</i>	
ACITRETIN	41	. Nervous system	107,108
<i>Adlin (AF)</i>		. Dental	156
. Musculo-skeletal system	89	<i>Alepam 30 (AF)</i>	
. Dental	150	. Nervous system	107,108
<i>Adlin 200 (AF)</i>		. Dental	156
. Musculo-skeletal system	89	<i>Alfaré (NT)</i>	132
. Dental	150	<i>Algoderm H7993 (CC)</i>	
<i>Actilax (AF)</i>	14	. Repatriation Schedule	28
<i>Actilyse (BY)</i>	24	<i>Algoderm H7994 (CC)</i>	
<i>Actrapid (NO)</i>	19	. Repatriation Schedule	28
<i>Actrapid HM Penfill (NO)</i>	19	<i>Algoderm H7995 (CC)</i>	
<i>Actrapid Penfill 3 mL (NO)</i>	19	. Repatriation Schedule	28
<i>Actuss (SI)</i>		<i>Alkeran (BW)</i>	80
. Repatriation Schedule	17	ALLANTOIN and COAL TAR EXTRACT	
<i>Acyclo-V 200 (AF)</i>	77	. Repatriation Schedule	8
<i>Acyclo-V 800 (AF)</i>	77	ALLANTOIN, GLYCEROL and ICHTHAMMOL	
<i>Adalat 10 (BN)</i>	36	. Repatriation Schedule	11
<i>Adalat 20 (BN)</i>	37	ALLANTOIN, SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL	
<i>Adalat Oros 30 (BN)</i>	37	. Repatriation Schedule	8
<i>Adalat Oros 60 (BN)</i>	37	<i>Allegron (DL)</i>	110
<i>Adapine 20 (AD)</i>	37	ALLOPURINOL	94
<i>Adaptic 10511 (JJ)</i>		<i>Allonin 100 mg (DP)</i>	94
. Repatriation Schedule	30		

<i>Allorin 300 mg (DP)</i>	94	AMINO ACIDS, SYNTHETIC with MALTODEXTRIN, FAT, MINERALS and VITAMINS	135
<i>Alodorm (AF)</i>		AMINOGLUTETHIMIDE	
. Nervous system	108	. Systemic hormonal preparations, excl. sex hormones	60
. Dental	156	. Antineoplastic and immunomodulating agents	86
<i>Alphacin 250 (AF)</i>		<i>Aminogran F.S. (GW)</i>	134
. General anti-infectives for systemic use	65	<i>Aminogran M.M. (GW)</i>	136
. Dental	142	AMINOPHYLLINE	
<i>Alphacin 500 (AF)</i>		. Respiratory system	119
. General anti-infectives for systemic use	65	. Doctor's Bag Supplies	4
. Dental	142	<i>Aminopt (SI)</i>	122
<i>Alphamox 125 (AF)</i>		AMIODARONE HYDROCHLORIDE	31
. General anti-infectives for systemic use	65	AMITRIPTYLINE HYDROCHLORIDE	109
. Dental	142	<i>Amitrol 10 mg (DP)</i>	109
<i>Alphamox 250 (AF)</i>		<i>Amitrol 25 mg (DP)</i>	109
. General anti-infectives for systemic use	65	<i>Amizide (AF)</i>	35
. Dental	141,142	AMLODIPINE BESYLATE	36
<i>Alphamox 500 (AF)</i>		AMMONIUM CHLORIDE	56
. General anti-infectives for systemic use	65	AMOROLFINE HYDROCHLORIDE	40
. Dental	142	<i>Amoxil (SK)</i>	
<i>Alphapress 25 (AF)</i>	33	. General anti-infectives for systemic use	65
<i>Alphapress 50 (AF)</i>	33	. Dental	141,142
<i>Alphosyl (SV)</i>		<i>Amoxil Forte (SK)</i>	
. Repatriation Schedule	8	. General anti-infectives for systemic use	65
ALPRAZOLAM	107	. Dental	142
ALPRENOLOL HYDROCHLORIDE	35	AMOXYCILLIN	
<i>Alprim (AF)</i>	71	. General anti-infectives for systemic use	65
ALPROSTADIL	57	. Dental	141
ALTEPLASE (Recombinant tissue-type plasminogen activator)	24	AMOXYCILLIN with CLAVULANIC ACID	
ALTRETAMINE (Hexamethylmelamine)	84	. General anti-infectives for systemic use	68
ALUMINIUM HYDROXIDE	8	. Dental	144
ALUMINIUM HYDROXIDE with KAOLIN	16	<i>Ampexin 250 (AD)</i>	
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE	8	. General anti-infectives for systemic use	65
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZINE	8	. Dental	141
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE		<i>Ampexin 500 (AD)</i>	
. Repatriation Schedule	2	. General anti-infectives for systemic use	65
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE	8	. Dental	142
AMANTADINE HYDROCHLORIDE	103	<i>Amphojel (WT)</i>	8
<i>Amfamox 20 (AD)</i>	9	AMPHOTERICIN	
<i>Amfamox 40 (AD)</i>	9	. Alimentary tract and metabolism	8
<i>Amidal 5 mg (DP)</i>	34	. General anti-infectives for systemic use	75
AMILORIDE HYDROCHLORIDE	34	. Dental	137
AMINACRINE HYDROCHLORIDE	122	AMPICILLIN	
AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE	133	. General anti-infectives for systemic use	65
AMINO ACID FORMULA without PHENYLALANINE	134	. Dental	142
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE	134	<i>Ampicyn (FC)</i>	
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE	134	. General anti-infectives for systemic use	66
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE	134	. Dental	142
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE	135	<i>Amprace 5 (AD)</i>	38
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE	135	<i>Amprace 10 (AD)</i>	38
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE	135	<i>Amprace 20 (AD)</i>	38
		<i>Anafranil (CG)</i>	
		. Nervous system	108,110
		<i>Anamorph (FM)</i>	
		. Nervous system	97
		. Dental	153
		<i>Anaprox 550 (SD)</i>	
		. Musculo-skeletal system	91
		. Dental	152
		<i>Anatensol (BQ)</i>	105
		<i>Andriol (OR)</i>	48
		<i>Androcur (SC)</i>	
		. Genito urinary system and sex hormones	55
		. Antineoplastic and immunomodulating agents	86

<i>Androcur-100 (SC)</i>		ASPIRIN	
. Genito urinary system and sex hormones	55	. Nervous system	99
. Antineoplastic and immunomodulating agents	86	. Dental	155
<i>Anginine Stabilised (BW)</i>		. Repatriation Schedule	5
. Cardiovascular system	31	ASTEMIZOLE	
. Dental	139	. Repatriation Schedule	18
<i>Anpec 40 (AF)</i>	37	<i>Astrix (FA)</i>	
<i>Anpec 80 (AF)</i>	37	. Repatriation Schedule	5
<i>Anpec SR (AF)</i>	37	<i>A.T.10 (SW)</i>	21
<i>Anselol 50 mg (DP)</i>	36	<i>Atarax (PF)</i>	
ANTAZOLINE with NAPHAZOLINE		. Repatriation Schedule	18
. Repatriation Schedule	18	ATENOLOL	36
<i>Antenex 2 (AF)</i>		ATOVAQUONE	113
. Nervous system	107	<i>Atrobel (FM)</i>	12
. Dental	156	<i>Atrobel Forte (FM)</i>	12
<i>Antenex 5 (AF)</i>		<i>Atromid-S (IC)</i>	28
. Nervous system	107	ATROPINE SULFATE	
. Dental	156	. Alimentary tract and metabolism	11
<i>Anthel 125 (AF)</i>	114	. Sensory organs	125
<i>Anthel 250 (AF)</i>	114	. Doctor's Bag Supplies	4
<i>Antistine-Privine (CG)</i>		. Dental	137
. Repatriation Schedule	18	<i>Atropt (SI)</i>	125
<i>Anturan (CG)</i>	94	<i>Atrovent (BY)</i>	118
<i>Anusol (WW)</i>		<i>Atrovent Nasal (BY)</i>	115
. Repatriation Schedule	6	<i>Atrovent Nasal Aqueous (BY)</i>	116
<i>Anzatax (FA)</i>	82	<i>Augmentin (SK)</i>	
<i>Apatel (LE)</i>		. General anti-infectives for systemic use	68
. General anti-infectives for systemic use	69	. Dental	144,145
. Dental	146	<i>Augmentin Forte (SK)</i>	
<i>Apomine (FA)</i>		. General anti-infectives for systemic use	68
. Section 100	159	. Dental	144,145
APOMORPHINE HYDROCHLORIDE		AURANOFIN	92
. Section 100	159	<i>Aureomycin (LE)</i>	
APRACLOMIDINE HYDROCHLORIDE	123	. Repatriation Schedule	8
<i>Aprinox (BT)</i>	33	<i>Aurorix (RO)</i>	111
<i>Aptin (AP)</i>	35	<i>Aurorix 300 mg (RO)</i>	111
<i>Aquacare H.P. (AG)</i>		AUROTHIOGLUCOSE	92
. Repatriation Schedule	7	<i>Austrapen (CS)</i>	
<i>Aquae (HA)</i>		. General anti-infectives for systemic use	66
. Repatriation Schedule	2	. Dental	142
<i>Aquasun Blockout Lotion 15+ (PF)</i>		<i>Austyn (FA)</i>	120
. Repatriation Schedule	7	<i>Avomine (MB)</i>	
<i>Aratac 100 (AF)</i>	31	. Alimentary tract and metabolism	13
<i>Aratac 200 (AF)</i>	31	. Dental	138
<i>Arima (AF)</i>	111	AZATHIOPRINE	88
<i>Aristocomb (LE)</i>		AZITHROMYCIN	71
. Repatriation Schedule	10	<i>Azol 100 (AF)</i>	56
<i>Aristocort 0.02% (LE)</i>	42	<i>Azol 200 (AF)</i>	56
<i>Aristocort 0.05% (LE)</i>	42	B	
<i>Aropax 20 (SK)</i>	111	BACLOFEN	93
<i>Artane (LE)</i>	102	<i>Bactigras 7457 (SN)</i>	
<i>Arthrexin (AF)</i>		. Repatriation Schedule	30
. Musculo-skeletal system	89	<i>Bactrim (RO)</i>	
. Dental	149	. General anti-infectives for systemic use	71
ASCORBIC ACID		. Dental	146
. Repatriation Schedule	4	<i>Bactrim DS (RO)</i>	
<i>Asig (SI)</i>	39	. General anti-infectives for systemic use	71
<i>Asmol (AF)</i>	116	. Dental	146
<i>Asmol 2.5 uni-dose (AF)</i>		BANDAGE CALICO TRIANGULAR	
. Respiratory system	116	. Repatriation Schedule	26
. Doctor's Bag Supplies	5	BANDAGE COHESIVE	
<i>Asmol 5 uni-dose (AF)</i>		. Repatriation Schedule	26
. Respiratory system	116	BANDAGE COTTON CONFORMING	
. Doctor's Bag Supplies	5	. Repatriation Schedule	26
<i>Aspalgin (FM)</i>			
. Repatriation Schedule	14		

BANDAGE COTTON CREPE HEAVY		BENZYL PENICILLIN	
. Repatriation Schedule	26	. General anti-infectives for systemic use	66
BANDAGE ELASTIC CONFORMING		. Doctor's Bag Supplies	4
. Repatriation Schedule	26	. Dental	143
BANDAGE HIGH COMPRESSION		<i>Betachek (NA)</i>	130
. Repatriation Schedule	27	<i>Betachek MERIDIAN (NA)</i>	130
BANDAGE PLASTER OF PARIS		<i>Betadine (FA)</i>	
. Repatriation Schedule	27	. Repatriation Schedule	31
BANDAGE TUBULAR		<i>Betadine Antiseptic Liquid (FA)</i>	
. Repatriation Schedule	27	. Repatriation Schedule	10
BANDAGE TUBULAR FINGER		<i>Betagan (AG)</i>	125
. Repatriation Schedule	27	<i>Betaloc (AP)</i>	36
BANDAGE TUBULAR SHAPED LONG		BETAMETHASONE ACETATE with	
. Repatriation Schedule	27	BETAMETHASONE SODIUM PHOSPHATE	
BANDAGE TUBULAR SHAPED SHORT		. Systemic hormonal preparations, excl. sex hormones	59
. Repatriation Schedule	27	. Dental	140
BANDAGE ZINC PASTE		BETAMETHASONE DIPROPIONATE	42
. Repatriation Schedule	27	BETAMETHASONE VALERATE	
BANDAGE ZINC PASTE and ICHTHAMMOL		. Dermatologicals	42
. Repatriation Schedule	27	. Repatriation Schedule	9
<i>Barbloc 5 (AF)</i>	35	<i>Betamin (RR)</i>	
<i>Barbloc 15 (AF)</i>	35	. Repatriation Schedule	4
BATH EMOLLIENT		<i>Beta-Sol (FM)</i>	21
. Repatriation Schedule	7	BETAXOLOL HYDROCHLORIDE	125
BCG IMMUNOTHERAPEUTIC (Bacillus Calmette- Guérin/Connaught strain)	88	BETHANECHOL CHLORIDE	112
BCG-TICE (Bacillus Calmette-Guérin/Tice strain)	88	<i>Betnovate (GW)</i>	
<i>Becloforte (GW)</i>	117	. Repatriation Schedule	9
BECLOMETHASONE DIPROPIONATE		<i>Betnovate 1/5 (GW)</i>	42
. Respiratory system	115,117	<i>Betnovate 1/2 (GW)</i>	
. Repatriation Schedule	17	. Dermatologicals	43
<i>Beconase AQ (GW)</i>	115	. Repatriation Schedule	9
<i>Beconase AQ Twin Pack (GW)</i>	115	<i>Betoptic (AQ)</i>	125
<i>Becotide (GW)</i>		<i>Betoptic S (AQ)</i>	125
. Respiratory system	117	<i>BetoQuin (IQ)</i>	125
. Repatriation Schedule	23	<i>B.F.I. (MK)</i>	
<i>Becotide 100 (GW)</i>	117	. Repatriation Schedule	10
<i>Becotide Rotacaps (GW)</i>	117	<i>Blaxsig (SI)</i>	72
BELLADONNA ALKALOIDS Hyoscyamine		BICALUTAMIDE	86
Hydrobromide, Atropine Sulfate and Hyoscine		<i>Bicillin All-Purpose (WY)</i>	
Hydrobromide	12	. General anti-infectives for systemic use	66
BELLADONNA ALKALOIDS Hyoscyamine Sulfate, Atropine Sulfate and Hyoscine Hydrobromide	12	. Dental	143
<i>Benadryl (PD)</i>		<i>Bicillin L-A (WY)</i>	
. Repatriation Schedule	17	. General anti-infectives for systemic use	66
BENDROFLUAZIDE	33	. Dental	142
<i>Benemid (FR)</i>	94	BIFONAZOLE	40
BENZATHINE PENICILLIN		<i>Bioral (SN)</i>	
. General anti-infectives for systemic use	66	. Repatriation Schedule	2
. Dental	142	BIPERIDEN HYDROCHLORIDE	102
BENZATHINE PENICILLIN with PROCAINE		<i>Biphasil 21 (WY)</i>	46
PENICILLIN and BENZYL PENICILLIN POTASSIUM		<i>Biphasil 28 (WY)</i>	46
. General anti-infectives for systemic use	66	<i>Bi-Quinate (RR)</i>	
. Dental	143	. Musculo-skeletal system	95
<i>Benzemul (MG)</i>	114	. Antiparasitic products, insecticides and repellants	113
BENZHEXOL HYDROCHLORIDE	102	BISACODYL	
BENZTROPINE MESYLATE		. Alimentary tract and metabolism	13,14
. Nervous system	103	<i>Bisalax (FC)</i>	
. Doctor's Bag Supplies	4	. Alimentary tract and metabolism	13,15
. Dental	156	BISMUTH FORMIC IODIDE	
. Repatriation Schedule	14	. Repatriation Schedule	10
BENZYLAMINE HYDROCHLORIDE		BISMUTH SUBCITRATE	11
. Alimentary tract and metabolism	8	<i>Blenoxane (BQ)</i>	7
. Dental	137	BLEOMYCIN	7
BENZYL BENZOATE	114	<i>Bleph 10 (AG)</i>	121
		<i>Blomadren (FR)</i>	36
		<i>BM-Test-BG (BO)</i>	129

<i>BM-Test- Glycémie 20-800 (BO)</i>	130	<i>Canesten 3 (BN)</i>	44
<i>Botox (AG)</i>		<i>Capoten (BQ)</i>	38
. Section 100.	164	<i>CAPTOPRIL</i>	38
BOTULINUM TOXIN TYPE A PURIFIED		<i>Capurate-100 (FM)</i>	94
NEUROTOXIN COMPLEX		<i>Capurate-300 (FM)</i>	94
. Section 100.	164	<i>Carafate (BT)</i>	11
<i>Brevinor (SR)</i>	46	CARBACHOL	123
<i>Brevinor-1 (SR)</i>	46	CARBAMAZEPINE	
<i>Bricanyl (AP)</i>		. Nervous system	101
. Respiratory system.	117,119	. Dental.	155
. Doctor's Bag Supplies	6	CARBENOXOLONE SODIUM	
<i>Bricanyl Nebuhaler 2022 (AP)</i>		. Repatriation Schedule	2
. Repatriation Schedule	22	CARBIMAZOLE	61
<i>Bricanyl Respules (AP)</i>	117	CARBOPLATIN	83
<i>Bricanyl Turbuhaler (AP)</i>	117	<i>Cardcal 60 (AD)</i>	37
BROMAZEPAM		<i>Cardiprin 100 (RC)</i>	
. Repatriation Schedule	14	. Repatriation Schedule	5
BROMOCRIPTINE MESYLATE		<i>Cardizem (IC)</i>	37
. Genito urinary system and sex hormones.	45	<i>Cardizem CD (IC)</i>	37
. Nervous system	104	<i>Cardol (AF)</i>	31
<i>Brondecon Elixir-PD (PD)</i>	119	CARMELLOSE SODIUM	126
<i>Brufen (BT)</i>		CARMELLOSE SODIUM with PECTIN and GELATIN	
. Musculo-skeletal system	90	. Repatriation Schedule	7
. Dental	151	<i>Cartia (SK)</i>	
BUDESONIDE		. Repatriation Schedule	5
. Respiratory system.	115,117,118	<i>Catapres (BY)</i>	32
BUMETANIDE	34	<i>Catapres 100 (BY)</i>	32
<i>Burinex (AP)</i>	34	CATIONIC CONDITIONER with PANTHENOL	
<i>Buscopan (BY)</i>		. Repatriation Schedule	11
. Repatriation Schedule	3	<i>Caverject (UP)</i>	57
BUSULFAN	80	<i>Ceclor (LY)</i>	
C		. General antiinfectives for systemic use.	69
<i>Cafergot S (SZ)</i>	99	. Dental.	145
<i>Calcihep (FC)</i>	23	<i>Ceclor CD (LY)</i>	
<i>Calciparine (SW)</i>	23	. General antiinfectives for systemic use.	69
<i>Calcisorb (MM)</i>	129	. Dental.	145
<i>Calcitare (MB)</i>	61	CEFACLOR	
CALCITONIN	61	. General antiinfectives for systemic use.	69
CALCITRIOL	21	. Dental.	145
CALCIUM	22	<i>Cefamezin (SI)</i>	
CALCIUM CARBONATE	8	. General antiinfectives for systemic use.	70,71
CALCIUM CARBONATE with GLYCINE		CEFOTAXIME	
. Repatriation Schedule	2	. General antiinfectives for systemic use.	69
CALCIUM FOLINATE	128	. Dental.	145
<i>Calmurid (OL)</i>		CEFOTETAN	
. Repatriation Schedule	7	. General antiinfectives for systemic use.	69
<i>Cal-Sup (MM)</i>	22	. Dental.	146
<i>Calsynar (MB)</i>	61,62	CEFTRIAXONE	69
<i>Caltrate (WT)</i>	22	<i>Celestone Chronodose (SH)</i>	
<i>Candyl 10 mg (DP)</i>		. Systemic hormonal preparations, excl. sex hormones.	59
. Musculo-skeletal system	90	. Dental.	140
. Dental	150	<i>Celestone-M (SH)</i>	
<i>Candyl 20 mg (DP)</i>		. Dermatologicals	42,43
. Musculo-skeletal system	90	<i>Celestone-V Half Strength (SH)</i>	43
. Dental	150	<i>Cellufresh (AG)</i>	126
<i>Candyl-D 10 mg (DP)</i>		CEPHALEXIN	
. Musculo-skeletal system	90	. General antiinfectives for systemic use.	70
. Dental	150	. Dental.	146
<i>Candyl-D 20 mg (DP)</i>		CEPHALOTHIN	
. Musculo-skeletal system	90	. General antiinfectives for systemic use.	70
. Dental	150	. Dental.	146
<i>Canesten (BN)</i>		CEPHAZOLIN	70
. Dermatologicals	40	<i>Cerumol (AC)</i>	
. Genito urinary system and sex hormones.	44	. Repatriation Schedule	19
<i>Canesten 1 (BN)</i>	44	CHARCOAL, ACTIVATED	16

CHLORAMBUCIL	80	<i>Clamoxyl (AF)</i>	
CHLORAMPHENICOL		. General antiinfectives for systemic use	68
. General antiinfectives for systemic use	65	. Dental	144,145
. Sensory organs	121,127	<i>Clamoxyl Forte (AF)</i>	
. Dental	157	. General antiinfectives for systemic use	68
CHLORHEXIDINE GLUCONATE		. Dental	144,145
. Repatriation Schedule	2,10	<i>Claratyne (SH)</i>	
<i>Chlorohex (OM)</i>		. Repatriation Schedule	18
. Repatriation Schedule	2	CLARITHROMYCIN	
<i>Chloromycetin (PD)</i>		. Section 100	159
. General antiinfectives for systemic use	65	<i>Clavulin 125 (CS)</i>	
. Sensory organs	121,127	. General antiinfectives for systemic use	68
. Dental	157	. Dental	145
<i>Chloromycetin Succinate (PD)</i>	65	<i>Clavulin 250 (CS)</i>	
CHLOROTHIAZIDE	33	. General antiinfectives for systemic use	68
CHLORPROMAZINE HYDROCHLORIDE		. Dental	144,145
. Nervous system	104	<i>Clavulin 500 (CS)</i>	
. Doctor's Bag Supplies	4	. General antiinfectives for systemic use	68
CHLORPROPAMIDE	20	. Dental	144
<i>Chlorsig (SI)</i>		<i>Clexane (RR)</i>	
. Sensory organs	121	. Blood and blood forming organs	23
. Dental	157	. Repatriation Schedule	5
CHLORTETRACYCLINE HYDROCHLORIDE		<i>Climen (SC)</i>	51
. Repatriation Schedule	8	CLINDAMYCIN	
CHLORTHALIDONE	33	. General antiinfectives for systemic use	72
<i>Chlorvescent (FC)</i>	22	. Dental	147
<i>Chlotride (AD)</i>	33	<i>Clinistix (BN)</i>	129
CHOLESTYRAMINE	28	<i>Clinitest (BN)</i>	129
CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL		<i>Clinoril (FR)</i>	
. Repatriation Schedule	2	. Musculo-skeletal system	89
CHOLINE THEOPHYLLINATE	119	. Dental	150
<i>Cibacalcin (CG)</i>	62	<i>Clinoril 200 (FR)</i>	
<i>Cidomycin (RL)</i>	73	. Musculo-skeletal system	89
<i>Cilamox (SI)</i>		. Dental	150
. General antiinfectives for systemic use	65	<i>Clofen 10 (AF)</i>	93
. Dental	141,142	<i>Clofen 25 (AF)</i>	93
CILAZAPRIL MONOHYDRATE	38	CLOFIBRATE	28
<i>Cilicaine (SI)</i>		<i>Clomid (ML)</i>	55
. General antiinfectives for systemic use	67	CLOMIPHENE CITRATE	55
. Doctor's Bag Supplies	4	CLOMIPRAMINE HYDROCHLORIDE	
. Dental	143	. Nervous system	108,110
<i>Cilicaine V (SI)</i>		CLONAZEPAM	101
. General antiinfectives for systemic use	67	<i>Clonea (AF)</i>	40
. Dental	143	CLONIDINE	32
<i>Cilicaine VK (SI)</i>		<i>Clopixal Depot (LU)</i>	106
. General antiinfectives for systemic use	67	CLORAZEPATE DIPOTASSIUM	
. Dental	143	. Repatriation Schedule	15
<i>Ciloxan (AQ)</i>	122	<i>Clorhexitulle (RL)</i>	
CIMETIDINE	9	. Repatriation Schedule	30
CIPROFLOXACIN		CLOTRIMAZOLE	
. General antiinfectives for systemic use	73	. Dermatologicals	40
. Sensory organs	122	. Genito urinary system and sex hormones	44
<i>Ciproxin 250 (BN)</i>	73	CLOXACILLIN	
<i>Ciproxin 500 (BN)</i>	73	. General antiinfectives for systemic use	67
<i>Ciproxin 750 (BN)</i>	73	. Dental	143
CISAPRIDE	12	CLOZAPINE	
CISPLATIN	84	. Section 100	159
<i>Citralite (FC)</i>		<i>Clozaril (SZ)</i>	
. Repatriation Schedule	13	. Section 100	159
<i>Citravescent Sachets (FC)</i>		<i>Clusinol 100 (AD)</i>	
. Repatriation Schedule	13	. Musculo-skeletal system	89
CLADRIBINE	81	. Dental	150
<i>Claforan (RL)</i>		<i>Clusinol 200 (AD)</i>	
. General antiinfectives for systemic use	69	. Musculo-skeletal system	89
. Dental	145	. Dental	150

<i>Codalgin (FM)</i>		<i>Cordarone X 200 (SW)</i>	31
. Repatriation Schedule	14	<i>Cordilox (SC)</i>	
<i>Codalgin Forte (FM)</i>		. Cardiovascular system	37
. Nervous system	96	. Doctor's Bag Supplies	6
. Dental	152	<i>Cordilox 180 SR (SC)</i>	37
CODEINE PHOSPHATE		<i>Cordilox SR (SC)</i>	37
. Nervous system	96	<i>Cortate (FC)</i>	59
. Respiratory system	120	<i>Cortef (UP)</i>	
. Dental	152	. Dermatologicals	42
CODEINE PHOSPHATE with ASPIRIN		. Dental	140
. Nervous system	96	CORTISONE ACETATE	59
. Dental	152	<i>Cosudex (IC)</i>	86
. Repatriation Schedule	14	<i>Cotazym S Forte (OR)</i>	18
CODEINE PHOSPHATE with PARACETAMOL		COTTON WOOL ROLL	
. Nervous system	96	. Repatriation Schedule	27
. Dental	152	<i>Coumadin (BT)</i>	23
. Repatriation Schedule	14	<i>Coversyl (SE)</i>	38
<i>Codral Forte (BW)</i>		<i>Creon (SM)</i>	18
. Nervous system	96	<i>Creon Forte (SM)</i>	18
. Dental	152	<i>Cromese Sterinebs (DW)</i>	119
<i>Cogentin (MK)</i>		<i>Cumfie Celanorm Shield Mini Extra 82906 (VC)</i>	
. Nervous system	103	. Repatriation Schedule	22
. Doctor's Bag Supplies	4	<i>Cumfie Rectangular Regular Pad (VC)</i>	
. Dental	156	. Repatriation Schedule	22
. Repatriation Schedule	14	<i>Curity 3381 (KE)</i>	
COLCHICINE	94	. Repatriation Schedule	31
<i>Colese (AF)</i>		<i>Curity 4112 (KE)</i>	
. Repatriation Schedule	3	. Repatriation Schedule	31
<i>Colestid (UP)</i>	28	<i>Curity 6132 (KE)</i>	
COLESTIPOL HYDROCHLORIDE	28	. Repatriation Schedule	31
<i>Colgout (FC)</i>	94	<i>Curity 6309 (KE)</i>	
<i>Colifoam (SV)</i>	17	. Repatriation Schedule	31
<i>Colofac (JC)</i>		<i>Cutifilm Plus (BE)</i>	
. Repatriation Schedule	3	. Repatriation Schedule	31
<i>Coloxyl (FM)</i>	14	<i>Cutilin (BE)</i>	
<i>Coloxyl 50 (FM)</i>		. Repatriation Schedule	30
. Repatriation Schedule	3	<i>Cutinova Cavity 47571 (BE)</i>	
<i>Coloxyl 120 (FM)</i>		. Repatriation Schedule	28
. Repatriation Schedule	3	<i>Cutinova Cavity 47573 (BE)</i>	
<i>Coloxyl with Senna (FM)</i>		. Repatriation Schedule	28
. Repatriation Schedule	3	<i>Cutinova Hydro 47441 (BE)</i>	
<i>Comfeel Paste 4701 (CT)</i>		. Repatriation Schedule	28
. Repatriation Schedule	32	<i>Cutinova Hydro 47443 (BE)</i>	
<i>Comfeel Transparent 3530 (CT)</i>		. Repatriation Schedule	28
. Repatriation Schedule	29	<i>Cutinova Thin 47576 (BE)</i>	
<i>Comfeel Transparent 3536 (CT)</i>		. Repatriation Schedule	29
. Repatriation Schedule	29	<i>Cutinova Thin 47578 (BE)</i>	
<i>Comfeel Ulcer Dressing 3213 (CT)</i>		. Repatriation Schedule	29
. Repatriation Schedule	29	<i>Cutiplast Steril (BE)</i>	
<i>Condyline Paint (HA)</i>		. Repatriation Schedule	28
. Repatriation Schedule	9	<i>Cycloblastin (PS)</i>	80
<i>Conform 2230 (KE)</i>		CYCLOPHOSPHAMIDE	80
. Repatriation Schedule	26	CYCLOSPORIN	
<i>Conform 2231 (KE)</i>		. Section 100	159
. Repatriation Schedule	26	<i>Cyklokapron (PS)</i>	24
<i>Conform 2232 (KE)</i>		<i>Cymevene (RO)</i>	
. Repatriation Schedule	26	. Section 100	161
<i>Conform 2236 (KE)</i>		CYPROHEPTADINE HYDROCHLORIDE	100
. Repatriation Schedule	26	<i>Cyprone (AF)</i>	
<i>Conform 2238 (KE)</i>		. Genito urinary system and sex hormones	55
. Repatriation Schedule	26	. Antineoplastic and immunomodulating agents	86
COPPER SULFATE	129	CYPROTERONE ACETATE	
<i>Coras (AF)</i>	37	. Genito urinary system and sex hormones	55
<i>Corbeton 20 (AF)</i>	35	. Antineoplastic and immunomodulating agents	86
<i>Corbeton 40 (AF)</i>	35		
<i>Cordarone X 100 (SW)</i>	31		

<i>Cytadren (CG)</i>		DESMOPRESSIN ACETATE	58
. Systemic hormonal preparations, excl. sex hormones	60	DEXAMETHASONE	
. Antineoplastic and immunomodulating agents	86	. Systemic hormonal preparations, excl. sex hormones	59
CYTARABINE	81	. Sensory organs	122
<i>Cytotec (SR)</i>	10	. Doctor's Bag Supplies	4
D		DEXAMETHASONE with FRAMYCETIN SULFATE	
<i>Daktarin (JC)</i>		and GRAMICIDIN	127
. Repatriation Schedule	6	DEXAMPHETAMINE SULFATE	112
<i>Dalacin C (UP)</i>		<i>Dexmethsone (FC)</i>	59
. General anti-infectives for systemic use	72	<i>Dexsal Antacid Liquid (RC)</i>	8
. Dental	147	DEXTRAN 40 with GLUCOSE	
DALTEPARIN SODIUM (Low Molecular Weight		. Blood and blood forming organs	29
. Heparin Sodium—porcine mucous)		. Dental	138
. Blood and blood forming organs	23	DEXTRAN 40 with SODIUM CHLORIDE	
. Repatriation Schedule	4	. Blood and blood forming organs	29
DANAZOL	55	. Dental	138
<i>Dan Gard (FA)</i>		DEXTRAN 70 with SODIUM CHLORIDE	
. Repatriation Schedule	11	. Blood and blood forming organs	29
<i>Dan Gard Hold & Care (FA)</i>		. Dental	138
. Repatriation Schedule	12	DEXTROPROPOXYPHENE NAPSYLATE	
<i>Danocrine (SW)</i>	56	. Repatriation Schedule	14
<i>Dantrium (PY)</i>	93	<i>Diabex (FC)</i>	20
DANTROLENE SODIUM	93	<i>Diabex 850 (FC)</i>	20
<i>Daonil (HP)</i>	20	<i>Diabinese (PF)</i>	20
<i>Dapa-Tabs (AF)</i>	33	<i>Diaformin (AF)</i>	20
<i>Daranide (SI)</i>	124	<i>Diaformin 850 (AF)</i>	20
<i>Daraprim (BW)</i>	113	<i>Dialamine (SB)</i>	135
<i>Decadron (MK)</i>		<i>Diamicron (SE)</i>	20
. Systemic hormonal preparations, excl. sex hormones	59	<i>Diamox (LE)</i>	124
. Doctor's Bag Supplies	4	<i>Diastix (BN)</i>	129
<i>Decadron Shock Pak (MK)</i>	59	DIAZEPAM	
<i>Deca-Durabolin (OR)</i>	22	. Nervous system	107
<i>De-Lact Infant (SJ)</i>	133	. Doctor's Bag Supplies	4
DEMECLOCYCLINE HYDROCHLORIDE	57	. Dental	156
<i>De-Nol (PD)</i>	11	<i>Dibenyline (SK)</i>	
<i>Depend Undergarments 1651 (KC)</i>		. Cardiovascular system	35
. Repatriation Schedule	22	. Genito urinary system and sex hormones	57
<i>Depo-Medrol (UP)</i>		DICHLOROBENZENE, CHLOROBUTOL and	
. Systemic hormonal preparations, excl. sex hormones	60	TURPENTINE OIL	
. Dental	140	. Repatriation Schedule	19
<i>Deponit 5 (AP)</i>	31	DICHLORPHENAMIDE	124
<i>Deponit 10 (AP)</i>	31	<i>Dichloride (MK)</i>	33
<i>Depo-Provera (UP)</i>		DICLOFENAC POTASSIUM	
. Genito urinary system and sex hormones	47,50	. Musculo-skeletal system	89
<i>Depo-Ralovera (KR)</i>	47	. Dental	149
<i>Deptran 10 (AF)</i>	110	DICLOFENAC SODIUM	
<i>Deptran 25 (AF)</i>	110	. Musculo-skeletal system	89
<i>Deptran 50 (AF)</i>	110	. Dental	149
<i>Deralin 10 (AF)</i>	35	DICYCLOMINE HYDROCHLORIDE	
<i>Deralin 40 (AF)</i>	35	. Repatriation Schedule	2
<i>Deralin 160 (AF)</i>	36	DIDANOSINE	
<i>Derma-Oil (HA)</i>		. Section 100	160
. Repatriation Schedule	7	<i>Didrocal (PY)</i>	95
<i>DermaSORB H7983 (CC)</i>		<i>Didronel (PY)</i>	94
. Repatriation Schedule	29	DIOESTROL	49
<i>Dermatar (HA)</i>		<i>Diffam (MM)</i>	
. Repatriation Schedule	8	. Alimentary tract and metabolism	8
<i>Dermazole (EO)</i>		. Dental	137
. Repatriation Schedule	6	<i>Diffucan (PF)</i>	76
<i>Deseril (SZ)</i>	99	DIFLUNISAL	
<i>Desferal (CG)</i>		. Musculo-skeletal system	92
. Section 100	160	. Dental	152
DESFERRIOXAMINE MESYLATE		<i>Digestelact (SJ)</i>	
. Section 100	160	. Various	132,133
DESIPRAMINE HYDROCHLORIDE	110	DIGOXIN	30

<i>Dihydergot (SZ)</i>		<i>Dothep 75 (AF)</i>	110
. Nervous system	99	DOTHIEPIN HYDROCHLORIDE	110
. Doctor's Bag Supplies	4	DOXEPIN HYDROCHLORIDE	110
DIHYDROERGOTAMINE MESYLATE		DOXORUBICIN HYDROCHLORIDE	83
. Nervous system	99	<i>Doxy-100 (DP)</i>	
. Doctor's Bag Supplies	4	. General anti-infectives for systemic use	63
DIHYDROTACHYSTEROL	21	. Dental	141
<i>Dilantin (PD)</i>	100	DOXYCYCLINE	
<i>Dilantin Infatabs (PD)</i>	100	. General anti-infectives for systemic use	63
<i>Dilantin Sodium (PD)</i>	100	. Dental	141
<i>Dilosyn (SI)</i>	100	<i>Doxylin 50 (AF)</i>	63
DILTIAZEM HYDROCHLORIDE	37	<i>Doxylin 100 (AF)</i>	
<i>Dilzem 60 mg (DP)</i>	37	. General anti-infectives for systemic use	63
DIMETHICONE and GLYCEROL		. Dental	141
. Repatriation Schedule	6	<i>D-Penamine (DL)</i>	93
<i>Dimetriose (RL)</i>	56	DRESSING ALGINATE	
<i>Dipentum (PS)</i>	17	. Repatriation Schedule	28
DIPHEMANIL METHYLSULFATE		DRESSING ALGINATE with CHARCOAL	
. Repatriation Schedule	10	. Repatriation Schedule	28
DIPHENHYDRAMINE HYDROCHLORIDE		DRESSING ELASTIC ADHESIVE	
. Repatriation Schedule	17	. Repatriation Schedule	28
DIPHENOXYLATE HYDROCHLORIDE with		DRESSING HYDROACTIVE CAVITY	
ATROPINE SULFATE	16	. Repatriation Schedule	28
DIPHThERIA ANTITOXIN	78	DRESSING HYDROCOLLOID	
DIPHThERIA, TETANUS and PERTUSSIS VACCINE,		. Repatriation Schedule	28
ADSORBED (Triple Antigen)	78	DRESSING HYDROCOLLOID ALGINATE	
DIPHThERIA and TETANUS VACCINE, ADSORBED		. Repatriation Schedule	29
. General anti-infectives for systemic use	79	DRESSING HYDROCOLLOID with BORDER	
. Doctor's Bag Supplies	4	. Repatriation Schedule	29
DIPHThERIA and TETANUS VACCINE, ADSORBED,		DRESSING HYDROCOLLOID THIN	
DILUTED FOR ADULT USE		. Repatriation Schedule	29
. General anti-infectives for systemic use	79	DRESSING HYDROGEL	
. Doctor's Bag Supplies	4	. Repatriation Schedule	29
DIPHThERIA VACCINE, ADSORBED	78	DRESSING NON-ADHERENT	
DIPHThERIA VACCINE, ADSORBED, DILUTED FOR		. Repatriation Schedule	30
ADULT USE	78	DRESSING NON-ADHERENT DRY ABSORBENT	
DIPIVEFRINE HYDROCHLORIDE	123	. Repatriation Schedule	30
<i>Diprosone (SH)</i>	42	DRESSING PARAFFIN GAUZE	
<i>Disipal (MM)</i>	103	. Repatriation Schedule	30
DISODIUM ETIDRONATE	94	DRESSING PARAFFIN GAUZE with	
DISODIUM ETIDRONATE and CALCIUM		CHLORHEXIDINE ACETATE	
CARBONATE	95	. Repatriation Schedule	30
DISOPYRAMIDE	30	DRESSING POLYURETHANE FOAM	
<i>Ditropan (FC)</i>	56	. Repatriation Schedule	30
<i>Diulo (SR)</i>	33	DRESSING POLYURETHANE FOAM with CHARCOAL	
<i>Divina (OR)</i>	51	. Repatriation Schedule	30
DOCETAXEL	82	DRESSING POLYURETHANE TRANSPARENT FILM	
DOCUSATE SODIUM		. Repatriation Schedule	30
. Repatriation Schedule	3,19	DRESSING SELF ADHESIVE NON-ADHERENT DRY	
DOCUSATE SODIUM with BISACODYL	14	ABSORBENT	
DOCUSATE SODIUM with SENNA		. Repatriation Schedule	31
. Repatriation Schedule	3	DRESSING TRANSPARENT WATERPROOF ISLAND	
<i>Dolobid (MK)</i>		. Repatriation Schedule	31
. Musculo-skeletal system	92	<i>Drixine (SH)</i>	
. Dental	152	. Repatriation Schedule	16
<i>Doloxene (LY)</i>		<i>Drixora (SH)</i>	
. Repatriation Schedule	14	. Repatriation Schedule	17
DOMPERIDONE	12	<i>Ducene (SU)</i>	
<i>Donnatub (WT)</i>	12	. Nervous system	107
DORNASE ALFA		. Dental	156
. Section 100	160	<i>Duocal (SB)</i>	132
<i>Doryx (FA)</i>		<i>DuoDERM CGF Border H7971 (CC)</i>	
. General anti-infectives for systemic use	63	. Repatriation Schedule	29
. Dental	141	<i>DuoDERM CGF Border H7973 (CC)</i>	
<i>Dothep 25 (AF)</i>	110	. Repatriation Schedule	29

<i>DuoDERM CGF H7660 (CC)</i>		<i>Elastocrepe 300501 (SN)</i>	
. Repatriation Schedule	28	. Repatriation Schedule	26
<i>DuoDERM Extra Thin H7955 (CC)</i>		<i>Elastocrepe 301001 (SN)</i>	
. Repatriation Schedule	29	. Repatriation Schedule	26
<i>DuoDERM Gel H7987 (CC)</i>		<i>Elastocrepe 307501 (SN)</i>	
. Repatriation Schedule	30	. Repatriation Schedule	26
<i>DuoDERM Gel H7990 (CC)</i>		<i>Elastoplast 1004 (SN)</i>	
. Repatriation Schedule	29	. Repatriation Schedule	32
<i>DuoDERM Paste H7930 (CC)</i>		<i>Elastoplast 4025 (SN)</i>	
. Repatriation Schedule	32	. Repatriation Schedule	28
<i>Duphalac (JC)</i>	14	<i>Elastoplast 186001 (SN)</i>	
<i>Duphaston (JC)</i>	50	. Repatriation Schedule	32
<i>Duratears (AQ)</i>	126	<i>Elastoplast 186101 (SN)</i>	
<i>Durofax (BY)</i>	13	. Repatriation Schedule	32
<i>Duropore 2610 (MM)</i>		<i>Eldepryl (RC)</i>	7
. Repatriation Schedule	32	ELECTROLYTE REPLACEMENT (ORAL)	16
<i>Duropore 2611 (MM)</i>		ELECTROLYTE REPLACEMENT SOLUTION	29
. Repatriation Schedule	32	<i>Eleuphrat (EX)</i>	42
<i>Duro-Tuss (MM)</i>		<i>Elocon (SH)</i>	
. Repatriation Schedule	17	. Dermatologicals	43
<i>Dyazide (SK)</i>	35	. Repatriation Schedule	9
DYDROGESTERONE	50	<i>EMU-V (UP)</i>	
<i>Dymadon (PW)</i>		. General anti-infectives for systemic use	71
. Nervous system	99	. Dental	147
. Dental	155	<i>E-Mycin (AF)</i>	
<i>Dymadon Forte (BW)</i>		. General anti-infectives for systemic use	72
. Nervous system	96	. Dental	147
. Dental	152	<i>E-Mycin 200 (AF)</i>	
<i>Dymadon P (BW)</i>		. General anti-infectives for systemic use	72
. Nervous system	99	. Dental	147
. Dental	155	<i>E-Mycin 400 (AF)</i>	
E		. General anti-infectives for systemic use	72
ECONAZOLE NITRATE		. Dental	147
. Dermatologicals	40	ENALAPRIL MALEATE	38
. Genito urinary system and sex hormones	44	<i>Endep 10 (AF)</i>	109
. Repatriation Schedule	6	<i>Endep 25 (AF)</i>	109
<i>Ecotatin (BQ)</i>		<i>Endep 50 (AF)</i>	109
. Dermatologicals	40	<i>Endone (BT)</i>	
. Genito urinary system and sex hormones	44	. Nervous system	98
ECOTHIOPATE IODIDE	124	. Dental	154
<i>Ecotrin (SK)</i>		<i>Endoxan-Asta (AA)</i>	80
. Nervous system	99	<i>Enduron (AB)</i>	33
. Dental	155	ENOXACIN	73
<i>Edecril (MK)</i>	34	ENOXAPARIN SODIUM	
<i>E.D.P. (BT)</i>		. Blood and blood forming organs	23
. Repatriation Schedule	10	. Repatriation Schedule	5
<i>E.E.S. 200 (AB)</i>		<i>Enoxin (FA)</i>	73
. General anti-infectives for systemic use	72	<i>Enzace 12.5 mg (BC)</i>	38
. Dental	147	<i>Enzace 25 mg (BC)</i>	38
<i>E.E.S. 400 Filmtab (AB)</i>		<i>Enzace 50 mg (BC)</i>	38
. General anti-infectives for systemic use	72	<i>Epilim (RC)</i>	101
. Dental	147	<i>Epilim EC (RC)</i>	101
<i>E.E.S. Granules (AB)</i>		<i>Epilim Liquid (RC)</i>	101
. General anti-infectives for systemic use	72	<i>Epilim Syrup (RC)</i>	101
. Dental	147	EPIDUBICIN HYDROCHLORIDE	83
<i>Efexor (WY)</i>	110	<i>Eprex (JC)</i>	
<i>Efudix (RO)</i>		. Section 100	160
. Repatriation Schedule	13	<i>Ergamisol 50 mg (JC)</i>	84
<i>Egocort Cream 1% (EO)</i>	41	ERGOCALCIFEROL	21
<i>Egoderin Cream (EO)</i>		<i>Ergodryl Mono (PD)</i>	99
. Repatriation Schedule	11	ERGOMETRINE MALEATE	
<i>Egoderin Ointment (EO)</i>		. Genito urinary system and sex hormones	44
. Repatriation Schedule	11	. Doctor's Bag Supplies	4
<i>Egopsoryl-TA (EO)</i>		ERGOTAMINE TARTRATE	99
. Repatriation Schedule	8	ERGOTAMINE TARTRATE with CAFFEINE	99

<i>Erocap (DP)</i>	111	<i>Feldene (PF)</i>	90
<i>Eryc (FA)</i>	71	. Musculo-skeletal system	90
. General antiinfectives for systemic use	71	. Dental	150
. Dental	147	<i>Feldene-D (PF)</i>	90
<i>Eryc LD (FA)</i>	71	. Musculo-skeletal system	90
. General antiinfectives for systemic use	71	. Dental	150
. Dental	147	FELODIPINE	36
<i>Erythrocin (AB)</i>	72	FELT PAD CORN	31
. General antiinfectives for systemic use	72	. Repatriation Schedule	31
. Dental	147	<i>Fenac (AF)</i>	89
<i>Erythrocin Filmtab (AB)</i>	72	. Musculo-skeletal system	89
. General antiinfectives for systemic use	72	. Dental	149
. Dental	147	<i>Fensaid 10 (AD)</i>	90
<i>Erythrocin-I.M. (AB)</i>	71	. Musculo-skeletal system	90
. General antiinfectives for systemic use	71	. Dental	150
. Doctor's Bag Supplies	4	<i>Fensaid 20 (AD)</i>	90
. Dental	147	. Musculo-skeletal system	90
ERYTHROMYCIN	71	. Dental	150
. General antiinfectives for systemic use	71	<i>Fensaid-D 10 (AD)</i>	90
. Doctor's Bag Supplies	4	. Musculo-skeletal system	90
. Dental	147	. Dental	150
ERYTHROMYCIN ESTOLATE	72	<i>Fensaid-D 20 (AD)</i>	90
. General antiinfectives for systemic use	72	. Musculo-skeletal system	90
. Dental	147	. Dental	150
ERYTHROMYCIN ETHYL SUCCINATE	72	<i>Fergon (SW)</i>	25
. General antiinfectives for systemic use	72	<i>Ferro-Gradumets (AB)</i>	25
. Dental	147	FERROUS GLUCONATE	25
ERYTHROMYCIN LACTOBIONATE	72	FERROUS SULFATE DRIED	25
. General antiinfectives for systemic use	72	FERROUS SULFATE DRIED with FOLIC ACID	25
. Dental	147	<i>Ferrum H (SI)</i>	25
ERYTHROMYCIN STEARATE	72	<i>F.G.F. (AB)</i>	25
. General antiinfectives for systemic use	72	FILGRASTIM	161
. Dental	147	. Section 100	161
ERYTHROPOIETIN (RECOMBINANT HUMAN)	160	FINASTERIDE	12
. Section 100	160	. Repatriation Schedule	12
ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C	135	<i>Fisamox (FC)</i>	65
<i>Estigyn (GW)</i>	48	. General antiinfectives for systemic use	65
<i>Estracombi (CG)</i>	51	. Dental	142
<i>Estraderm 25 (CG)</i>	48	<i>Fisamox 250 (FC)</i>	65
<i>Estraderm 50 (CG)</i>	49	. General antiinfectives for systemic use	65
<i>Estraderm 100 (CG)</i>	49	. Dental	141
<i>Estrapak 50 (CG)</i>	51	<i>Fisamox 500 (FC)</i>	65
ETHACRYNIC ACID	34	. General antiinfectives for systemic use	65
ETHAMBUTOL HYDROCHLORIDE	13	. Dental	142
. Repatriation Schedule	13	<i>Flagyl (MB)</i>	74,75
ETHINYLOESTRADIOL	48	. General antiinfectives for systemic use	74,75
ETHOSUXIMIDE	101	. Dental	148
ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL	45	<i>Flagyl S (MB)</i>	75
ETOPOSIDE	82	. General antiinfectives for systemic use	75
<i>Eucerin (BE)</i>	7	. Dental	148
. Repatriation Schedule	7	<i>Flarex (AQ)</i>	122
<i>Euglucon (BO)</i>	20	FLECAINIDE ACETATE	30
<i>Euhypnos (SI)</i>	109	<i>Flixotide (GW)</i>	118
. Nervous system	109	<i>Flixotide Disks (GW)</i>	118
. Dental	156	<i>Flofen (CS)</i>	67,68
<i>Eulexin (SH)</i>	86	. General antiinfectives for systemic use	67,68
<i>ExacTech (MS)</i>	129	. Dental	144
F	77	<i>Florinef (BQ)</i>	58
FAMCICLOVIR	77	<i>Floxapen (SK)</i>	67,68
FAMOTIDINE	9	. General antiinfectives for systemic use	67,68
<i>Famvir (SK)</i>	77	. Dental	144
<i>Farlutal (PS)</i>	84,85	<i>Fluanxol Concentrated Depot (FC)</i>	106
. Antineoplastic and immunomodulating agents	84,85	<i>Fluanxol Depot (FC)</i>	106
<i>Fasigyn (PF)</i>	75	FLUCLOXACILLIN	67,68
		. General antiinfectives for systemic use	67,68
		. Dental	144

<i>Flucon</i> (AQ)	122	GAUZE and COTTON TISSUE (COMBINE ROLL)	
FLUCONAZOLE	76	. Repatriation Schedule	31
FLUDROCORTISONE ACETATE	58	GAUZE EYE PADS	
FLUNITRAZEPAM		. Repatriation Schedule	31
. Repatriation Schedule	15	GAUZE POVIDONE-IODINE PAD	
FLUOROMETHOLONE	122	. Repatriation Schedule	31
FLUOROMETHOLONE ACETATE	122	<i>Gaviscon P</i> (RC)	11
<i>Fluoroplex</i> (AG)		<i>Gelocast Elastic</i> (BE)	
. Repatriation Schedule	13	. Repatriation Schedule	27
FLUOROURACIL		<i>Gelusil</i> (WW)	8
. Antineoplastic and immunomodulating agents	81	GEMCITABINE HYDROCHLORIDE	81
. Repatriation Schedule	13	GEMFIBROZIL	28
FLUOXETINE HYDROCHLORIDE	111	<i>Gemzar</i> (LY)	81
FLUOXYMESTERONE	47	<i>Genoptic</i> (AG)	121
FLUPENTHIXOL DECANOATE	106	<i>Genotropin</i> (PS)	
FLUPHENAZINE DECANOATE	104	. Section 100	164
FLUPHENAZINE HYDROCHLORIDE	105	<i>Genox 10</i> (AF)	86
FLURBIPROFEN SODIUM	123	<i>Genox 20</i> (AF)	86
FLUTAMIDE	86	GENTAMICIN SULFATE	
FLUTICASONE PROPIONATE	118	. General anti-infectives for systemic use	72
FLUVASTATIN SODIUM	27	. Sensory organs	121
<i>Fluvax</i> (CS)	79	GESTRINONE	56
<i>FML Liquifilm</i> (AG)	122	GLIBENCLAMIDE	20
FOAM CUSHION BUNION		GLICLAZIDE	20
. Repatriation Schedule	31	<i>Glimel</i> (AF)	20
FOAM CUSHION CALLOUS		GLIPIZIDE	20
. Repatriation Schedule	31	GLOVES PLASTIC (DISPOSABLE)	
FOLIC ACID	25	. Repatriation Schedule	31
<i>Fosamax 40 mg</i> (MK)	94	GLUCAGON HYDROCHLORIDE	
FOSCARNET SODIUM		. Systemic hormonal preparations, excl. sex hormones	61
. Section 100	161	. Doctor's Bag Supplies	5
<i>Foscavir</i> (AP)		. Dental	141
. Section 100	161	<i>Glucofilm</i> (BN)	130
FOSFESTROL SODIUM	84	<i>Glucometer Elite</i> (BN)	129
FOSINOPRIL SODIUM	38	<i>Glucophage</i> (LH)	20
<i>Fragmin</i> (PS)		GLUCOSE	
. Blood and blood forming organs	23	. Blood and blood forming organs	29
. Repatriation Schedule	4	. Dental	138
FRAMYCETIN SULFATE	127	GLUCOSE INDICATOR—BLOOD	129
FRUSEMIDE		GLUCOSE INDICATOR—URINE	129
. Cardiovascular system	34	GLUCOSE and KETONE INDICATOR—URINE	129
. Doctor's Bag Supplies	5	<i>Glucostix</i> (BN)	130
<i>Fucidin</i> (CS)	74	GLYCEROL	
<i>Fulcin 500</i> (IC)	40	. Alimentary tract and metabolism	15
<i>Fungilin</i> (BQ)		. Repatriation Schedule	4
. Alimentary tract and metabolism	8	GLYCERYL TRINITRATE	
. Dental	137	. Cardiovascular system	31
<i>Fungizone</i> (BQ)	75	. Doctor's Bag Supplies	5
<i>Fungo Vaginal Cream</i> (EO)	44	. Dental	139
<i>Furadantin</i> (PY)	56	<i>Gold Cross Vitamin C</i> (SI)	
FUSIDIC ACID	74	. Repatriation Schedule	4
<i>Fybogel</i> (RC)		<i>Gold-50</i> (SH)	92
. Repatriation Schedule	3	<i>Gopten</i> (KN)	39
G		GOSERELIN ACETATE	85
GABAPENTIN	102	<i>Granocol</i> (SC)	
GANCICLOVIR		. Alimentary tract and metabolism	14
. Section 100	161	. Repatriation Schedule	3
GANCICLOVIR SODIUM		<i>Granocyte</i> (AD)	
. Section 100	161	. Section 100	163
<i>Gastrogel</i> (FM)	8	GRISEOFULVIN	40
<i>Gastro-Stop Loperamide</i> (RR)	16	<i>Griseostatin</i> (SH)	40
GAUZE ABSORBENT PAD		<i>Grisovin</i> (SI)	40
. Repatriation Schedule	31	<i>Grisovin 500</i> (SI)	40
		<i>Gyne-Lotrimin</i> (SH)	44
		<i>Gyno-Daktarin 7</i> (JP)	44

<i>Gypsona S5002 (SN)</i>		<i>Hicin 25 mg (DP)</i>	
. Repatriation Schedule	27	. Musculo-skeletal system	89
<i>Gypsona S5003 (SN)</i>		. Dental	149
. Repatriation Schedule	27	<i>Hiderm (BM)</i>	44
<i>Gypsona S5004 (SN)</i>		<i>Hiderm 1 (BM)</i>	44
. Repatriation Schedule	27	<i>Hiprex (MM)</i>	56
<i>Gypsona S5006 (SN)</i>		<i>Hismanal (JC)</i>	
. Repatriation Schedule	27	. Repatriation Schedule	18
H		<i>Hivid (RO)</i>	
<i>Haemacel (HP)</i>	7	. Section 100	163
<i>Haldol decanoate (JC)</i>	106	<i>HMS Liquifilm (AG)</i>	123
<i>Halerid (GW)</i>		<i>Holoxan (AA)</i>	80
. Repatriation Schedule	22	HOMATROPINE HYDROBROMIDE	125
HALOPERIDOL		<i>Honvan (AA)</i>	84
. Nervous system	105	<i>Humalog (AZ)</i>	18
. Doctor's Bag Supplies	4	HUMAN CHORIONIC GONADOTROPHIN	52
HALOPERIDOL DECANOATE	106	HUMAN MENOPAUSAL GONADOTROPHIN	
<i>Halotestin (UP)</i>	47	standardised with HUMAN CHORIONIC	
<i>Hamilton Bath Oil (HA)</i>		GONADOTROPHIN	53
. Repatriation Schedule	7	<i>Humatrope (AZ)</i>	
<i>Hamilton Body Wash (HA)</i>		. Section 100	164
. Repatriation Schedule	12	<i>Humegon (OR)</i>	54
<i>Hamilton Broad Spectrum Milky Lotion 15+ (HA)</i>		<i>Humulin 20/80 (AZ)</i>	19
. Repatriation Schedule	7	<i>Humulin 30/70 (AZ)</i>	19
<i>Hamilton Broad Spectrum Solastick 15+ (HA)</i>		<i>Humulin 50/50 (AZ)</i>	19
. Repatriation Schedule	7	<i>Humulin L (AZ)</i>	19
<i>Hamilton Sunscreen Broad Spectrum Cream 15+ (HA)</i>		<i>Humulin NPH (AZ)</i>	18
. Repatriation Schedule	7	<i>Humulin R (AZ)</i>	19
<i>Hamilton Sunscreen Clear Lotion 15+ (HA)</i>		<i>Humulin UL (AZ)</i>	19
. Repatriation Schedule	7	<i>Hycor (SI)</i>	123
<i>Handy 4032 (BE)</i>		<i>Hydopa (AF)</i>	32
. Repatriation Schedule	32	HYDRALAZINE HYDROCHLORIDE	33
<i>Handy 4207 (BE)</i>		<i>Hydrea (BQ)</i>	84
. Repatriation Schedule	31	<i>Hydrene 25/50 (AF)</i>	35
<i>Handy 4208 (BE)</i>		HYDROCHLOROTHIAZIDE	33
. Repatriation Schedule	31	HYDROCHLOROTHIAZIDE with AMILORIDE	
<i>Handy 4209 (BE)</i>		HYDROCHLORIDE	35
. Repatriation Schedule	31	HYDROCHLOROTHIAZIDE with TRIAMTERENE	35
<i>Handy 5608 (BE)</i>		HYDROCORTISONE	
. Repatriation Schedule	26	. Dermatologicals	41
<i>Handy 5672 (BE)</i>		. Systemic hormonal preparations, excl. sex hormones	59
. Repatriation Schedule	31	. Sensory organs	123
<i>Handy 5673 (BE)</i>		HYDROCORTISONE ACETATE	
. Repatriation Schedule	31	. Alimentary tract and metabolism	17
<i>Handy 5674 (BE)</i>		. Dermatologicals	42
. Repatriation Schedule	31	. Sensory organs	123
<i>Handy-Band 9483 (BE)</i>		. Dental	140
. Repatriation Schedule	26	HYDROCORTISONE with CINCHOCAINE	
<i>Handy-Band 9485 (BE)</i>		HYDROCHLORIDE	
. Repatriation Schedule	26	. Repatriation Schedule	5
<i>Handy-Band 9488 (BE)</i>		HYDROCORTISONE and CLIOQUINOL	
. Repatriation Schedule	26	. Repatriation Schedule	9
<i>Handy-Band 9490 (BE)</i>		HYDROCORTISONE SODIUM SUCCINATE	
. Repatriation Schedule	26	. Systemic hormonal preparations, excl. sex hormones	59
<i>Handygauze 8631 (BE)</i>		. Doctor's Bag Supplies	4
. Repatriation Schedule	26	. Dental	140
<i>Handygauze 8633 (BE)</i>		<i>Hydroform (DM)</i>	
. Repatriation Schedule	26	. Repatriation Schedule	9
HEPARIN CALCIUM	23	HYDROLYZED COLLAGEN PROTEINS	
HEPARIN SODIUM	23	. Repatriation Schedule	12
<i>Herplex (AG)</i>	122	HYDROXOCOBALAMIN	25
<i>Hexalen (FA)</i>	84	HYDROXYCHLOROQUINE SULFATE	92
HEXAMINE HIPPURATE	56	HYDROXYETHYL RUTOSIDES	
<i>Hibitane Concentrate (IC)</i>		. Repatriation Schedule	6
. Repatriation Schedule	10	HYDROXYPROPYLCELLULOSE	126

HYDROXYUREA	84	INHALATION DEVICE	
HYDROXYZINE EMBONATE		. Repatriation Schedule	22
. Repatriation Schedule	18	INHALATION LEVER DEVICE FOR METERED AEROSOL	
<i>Hydrozide (DP)</i>	35	. Repatriation Schedule	22
<i>Hygroton (CG)</i>	33	<i>Inhibace (BN)</i>	38
HYOSCINE BUTYLBROMIDE		INJECTION SITE PREPARATION SWAB	
. Repatriation Schedule	3	. Repatriation Schedule	22
<i>Hypafix 4208 (SN)</i>		INSECT ALLERGEN EXTRACT—HONEY BEE	
. Repatriation Schedule	32	VENOM	128
<i>Hypnodorm (AF)</i>		INSECT ALLERGEN EXTRACT—PAPER WASP	
. Repatriation Schedule	15	VENOM	128
<i>Hypoguard GA (HG)</i>	130	INSECT ALLERGEN EXTRACT—YELLOW JACKET	
<i>Hypoguard Supreme (HG)</i>	130	VENOM	128
HYPROMELLOSE	126	<i>Insulin 2 Neutral (NO)</i>	19
HYPROMELLOSE with DEXTRAN	126	INSULIN ISOPHANE (N.P.H.)	18
<i>Hypurin Isophane (FC)</i>	18	INSULIN LISPRO	18
<i>Hypurin Neutral (FC)</i>	19	INSULIN NEUTRAL	19
<i>Hysone 4 (AF)</i>	59	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.),	
<i>Hysone 20 (AF)</i>	59	(MIXED) (Biphasic Isophane)	19
I		INSULIN ZINC SUSPENSION (Lente)	19
<i>Ibilex 125 (AF)</i>		INSULIN ZINC SUSPENSION (CRYSTALLINE)	
. General anti-infectives for systemic use	70	(Ultralente)	19
. Dental	146	<i>Intal (FC)</i>	
<i>Ibilex 250 (AF)</i>		. Respiratory system	119
. General anti-infectives for systemic use	70	. Repatriation Schedule	23
. Dental	146	<i>Intal Forte (FC)</i>	119
<i>Ibilex 500 (AF)</i>		<i>Intal Spincaps (FC)</i>	119
. General anti-infectives for systemic use	70	INTERFERON ALFA-2a	
. Dental	146	. Antineoplastic and immunomodulating agents	87
IBUPROFEN		. Section 100	161
. Musculo-skeletal system	90	INTERFERON ALFA-2b	
. Dental	151	. Antineoplastic and immunomodulating agents	87
<i>Ichthopaste 4959 (SN)</i>		. Section 100	162
. Repatriation Schedule	27	INTERFERON GAMMA-1b	
IDARUBICIN HYDROCHLORIDE	83	. Section 100	162
IDOXURIDINE		<i>Intrasite Gel 7313 (SN)</i>	
. Sensory organs	122	. Repatriation Schedule	29
. Repatriation Schedule	9	<i>Intron A (SH)</i>	
IFOSFAMIDE	80	. Antineoplastic and immunomodulating agents	87
<i>Ilosone (LY)</i>		. Section 100	162
. General anti-infectives for systemic use	72	<i>Invirase (RO)</i>	
. Dental	147	. Section 100	163
<i>Imdur Durule (AP)</i>	32	<i>Inza 250 (AF)</i>	
IMIPRAMINE HYDROCHLORIDE	110	. Musculo-skeletal system	91
<i>ImmuCyst (RR)</i>	88	. Dental	151
<i>Imodium (JC)</i>	16	<i>Inza 500 (AF)</i>	
<i>Improvil 28 Day (MO)</i>	47	. Musculo-skeletal system	91
<i>Imukin (BY)</i>		. Dental	151
. Section 100	162	<i>Ionil (GA)</i>	
<i>Imuran (BW)</i>	88	. Repatriation Schedule	11
INDAPAMIDE	33	<i>Ionil Rinse (GA)</i>	
<i>Inderal (IC)</i>		. Repatriation Schedule	12
. Cardiovascular system	35,36	<i>Ionil-T (GA)</i>	
<i>Indocid (MK)</i>		. Repatriation Schedule	11
. Musculo-skeletal system	89	<i>Iopidine 0.5% (AQ)</i>	123
. Dental	149	IPRATROPIUM BROMIDE	
<i>Indomed 25 (AD)</i>		. Respiratory system	115,118
. Musculo-skeletal system	89	IRON POLYMALTOSE COMPLEX	25
. Dental	149	<i>Isogen (WX)</i>	32
INDOMETHACIN		ISONIAZID	76
. Musculo-skeletal system	89	<i>Isoptin (KN)</i>	
. Sensory organs	123	. Cardiovascular system	37
. Dental	149	. Doctor's Bag Supplies	6
<i>Indoptol (SI)</i>	123	<i>Isoptin 180 SR (KN)</i>	37
INFLUENZA VACCINE	79	<i>Isoptin SR (KN)</i>	37
		<i>Isopto Carbachol (AQ)</i>	123

<i>Isopto Carpine (AQ)</i>	124	KETOPROFEN	
<i>Isopto Frin (AQ)</i>		. Musculo-skeletal system	90,91
. Repatriation Schedule	18	. Dental	151
<i>Isopto Homatropine (AQ)</i>	125	<i>Kinidin Durule (AP)</i>	30
<i>Isopto Tears (AQ)</i>	126	<i>Kinson (AF)</i>	103
<i>Isordil (AY)</i>	32	<i>Klacid (AB)</i>	
<i>Isordil Sublingual (AY)</i>	32	. Section 100	159
ISOSORBIDE DINITRATE	32	<i>Kliogest (NO)</i>	50
ISOSORBIDE MONONITRATE	32	<i>Krypton 2.5 (AF)</i>	
<i>Isotard MC (NO)</i>	18	. Genito urinary system and sex hormones	45
ISOTRETINOIN	43	. Nervous system	104
ISPAGHULA HUSK		<i>Krypton 5 (AF)</i>	
. Repatriation Schedule	3	. Genito urinary system and sex hormones	45
J		. Nervous system	104
<i>Jelonet 7404 (SN)</i>		<i>Krypton 10 (AF)</i>	
. Repatriation Schedule	30	. Genito urinary system and sex hormones	45
<i>Jezil (AF)</i>	28	. Nervous system	104
<i>JJ 02011 (JJ)</i>		<i>KSR (AF)</i>	22
. Repatriation Schedule	27	L	
<i>JJ 02013 (JJ)</i>		LABELALOL HYDROCHLORIDE	36
. Repatriation Schedule	27	<i>Lac-Dol (DP)</i>	14
<i>JJ 12010 (JJ)</i>		<i>Lacri-Lube S.O.P. (AG)</i>	126
. Repatriation Schedule	31	<i>Lacrisert (SI)</i>	126
K		LACTULOSE	14
<i>Kabikinase (PS)</i>	24	LAMBS' WOOL	
<i>Kalma 0.25 (AF)</i>	107	. Repatriation Schedule	32
<i>Kalma 0.5 (AF)</i>	107	<i>Lamictal (BW)</i>	102
<i>Kalma 1 (AF)</i>	107	<i>Lamisil (SZ)</i>	41
<i>Kaltocarb 015741 (FA)</i>		LAMIVUDINE	
. Repatriation Schedule	28	. Section 100	162
<i>Kaltostat 010154 (FA)</i>		LAMOTRIGINE	102
. Repatriation Schedule	28	<i>Lanoxin (GW)</i>	30
<i>Kaltostat 010170 (FA)</i>		<i>Lanoxin-PG (GW)</i>	30
. Repatriation Schedule	28	LANSOPRAZOLE	10
<i>Kaluril (AF)</i>	34	<i>Lanvis (BW)</i>	81
<i>Kaomagma (WT)</i>	16	<i>Largactil (MB)</i>	
<i>Kapanol (GW)</i>		. Nervous system	104
. Nervous system	97	. Doctor's Bag Supplies	4
. Dental	153,154	<i>Lasix (HP)</i>	
<i>Karbons (EG)</i>	16	. Cardiovascular system	34
<i>Keflex (LY)</i>		. Doctor's Bag Supplies	5
. General anti-infectives for systemic use	70	<i>Lasix-M (HP)</i>	34
. Dental	146	<i>Latycin (BZ)</i>	121
<i>Keflin Neutral (LY)</i>		<i>Ledermycin (LE)</i>	57
. General anti-infectives for systemic use	70	<i>Ledertrexate (LE)</i>	81
. Dental	146	LENOGRASTIM	
<i>Kefzol (LY)</i>		. Section 100	162
. General anti-infectives for systemic use	70,71	<i>Lente MC (NO)</i>	19
<i>Kemadrin (BW)</i>	102	<i>Lerivon (OP)</i>	112
<i>Kenacomb (BQ)</i>		<i>Lescol (SZ)</i>	27
. Repatriation Schedule	10	<i>Leukeran (BW)</i>	80
<i>Kenacomb Otic (BQ)</i>	127	<i>Leukoflex 1124 (BE)</i>	
<i>Kenacort-A10 (BQ)</i>		. Repatriation Schedule	32
. Systemic hormonal preparations, excl. sex hormones	60	<i>Leukoplast 1071 (BE)</i>	
. Dental	141	. Repatriation Schedule	32
<i>Kenalone (BQ)</i>	42	<i>Leukoplast 1072 (BE)</i>	
<i>Kenalone 0.02% (BQ)</i>	42	. Repatriation Schedule	32
<i>Kessar (PS)</i>	86	<i>Leukoplast 1073 (BE)</i>	
<i>Keto-Diabus-Test 5000 (BO)</i>	129	. Repatriation Schedule	32
<i>Keto-Diastix (BN)</i>	129	<i>Leukopor 2471 (BE)</i>	
KETOCONAZOLE		. Repatriation Schedule	32
. Dermatologicals	40	<i>Leukopor 2472 (BE)</i>	
. General anti-infectives for systemic use	75	. Repatriation Schedule	32
		<i>Leukopor 2474 (BE)</i>	
		. Repatriation Schedule	32

<i>Leukosilk 1021 (BE)</i>		<i>Losec (AP)</i>	10
. Repatriation Schedule	32	<i>Lotremin (SH)</i>	40
<i>Leukosilk 1022 (BE)</i>		<i>Lovan (DL)</i>	111
. Repatriation Schedule	32	<i>LPV (CS)</i>	
<i>Leukosilk 1024 (BE)</i>		. General antiinfectives for systemic use	67
. Repatriation Schedule	32	. Dental	143
LEUPRORELIN ACETATE	85	<i>LPV 125 (CS)</i>	
<i>Leustatin (JC)</i>	81	. General antiinfectives for systemic use	67
LEVAMISOLE HYDROCHLORIDE	84	. Dental	143
<i>Levlen ED (SY)</i>	46	<i>LPV 250 (CS)</i>	
LEVOBUNOLOL HYDROCHLORIDE	125	. General antiinfectives for systemic use	67
LEVOCABASTINE HYDROCHLORIDE		. Dental	143
. Repatriation Schedule	16,19	LUBRICATING AGENT	
LEVODOPA with BENSERAZIDE	103	. Repatriation Schedule	19
LEVODOPA with CARBIDOPA	103	<i>Lucrin Depot (AB)</i>	85
LEVONORGESTREL	47	<i>Lumin 10 (AF)</i>	112
LEVONORGESTREL with ETHINYLOESTRADIOL		<i>Lumin 20 (AF)</i>	112
. Genito urinary system and sex hormones	45,46	<i>Lurselle (ML)</i>	28
<i>Lexotan (RO)</i>		<i>Lyclear (PW)</i>	114
. Repatriation Schedule	14	<i>Lyofoam (BT)</i>	
LIGNOCAINE HYDROCHLORIDE		. Repatriation Schedule	30
. Cardiovascular system	30	<i>Lyofoam C (BT)</i>	
. Doctor's Bag Supplies	5	. Repatriation Schedule	30
. Dental	139	M	
LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE		<i>Macrochantin (PY)</i>	56
. Repatriation Schedule	8	<i>Macrodex (MA)</i>	
<i>Lincocin (UP)</i>		. Blood and blood forming organs	29
. General antiinfectives for systemic use	72	. Dental	138
. Dental	148	<i>Madopar (RO)</i>	103
LINCOMYCIN		<i>Madopar HBS (RO)</i>	103
. General antiinfectives for systemic use	72	<i>Madopar m (RO)</i>	103
. Dental	148	<i>Madopar Q (RO)</i>	103
<i>Linsal (SI)</i>	93	<i>Magicul 200 (AF)</i>	9
LINT ABSORBENT		<i>Magicul 400 (AF)</i>	9
. Repatriation Schedule	32	<i>Magicul 800 (AF)</i>	9
<i>Liorezal 10 (CG)</i>	93	<i>Magmin (VG)</i>	
<i>Liorezal 25 (CG)</i>	93	. Repatriation Schedule	4
LIOTHYRONINE SODIUM	60	MAGNESIUM ASPARTATE	
<i>Lipex 5 (AD)</i>	27	. Repatriation Schedule	4
<i>Lipex 10 (AD)</i>	27	<i>Marevan (BA)</i>	23
<i>Lipex 20 (AD)</i>	27	<i>Maxidex (AQ)</i>	122
<i>Liquifilm Forte (AG)</i>	126	<i>Maxolon (SK)</i>	
<i>Liquifilm Tears (AG)</i>	126	. Alimentary tract and metabolism	12
LISINAPRIL	38	. Doctor's Bag Supplies	5
<i>Lithicarb (FC)</i>	111	. Dental	137
LITHIUM CARBONATE	111	MEBENDAZOLE	
<i>Livostin (JC)</i>		. Repatriation Schedule	16
. Repatriation Schedule	16,19	MEBEVERINE HYDROCHLORIDE	
<i>Locasol (NU)</i>	133	. Repatriation Schedule	3
<i>Loceryl (RO)</i>	40	<i>Medi Swab 1000H (SN)</i>	
<i>Locilan 28 Day (MO)</i>	47	. Repatriation Schedule	22
<i>Lofenalac (MJ)</i>	130	<i>MediSense 2 (MS)</i>	129
<i>Lofenoxal (MO)</i>	16	MEDROXYPROGESTERONE ACETATE	
<i>Logynon ED (SY)</i>	46	. Genito urinary system and sex hormones	47,50
<i>Lomotil (SR)</i>	16	. Antineoplastic and immunomodulating agents	84
<i>Lonavar (CS)</i>	22	MEDRYSONE	123
<i>Loniten (UP)</i>	33	MEFENAMIC ACID	92
LOPERAMIDE HYDROCHLORIDE	16	<i>Mefic (WW)</i>	92
<i>Lopid (PD)</i>	28	<i>Megafoi 0.5 (AF)</i>	25
<i>Lopresor 50 (CG)</i>	36	<i>Megafoi 5 (AF)</i>	25
<i>Lopresor 100 (CG)</i>	36	MEGESTROL ACETATE	85
LORATADINE		<i>Megostat (BQ)</i>	85
. Repatriation Schedule	18	<i>Melipramine (UW(N))</i>	110
		<i>Melizide (AF)</i>	20
		<i>Melleril (SZ)</i>	105

<i>Melleril Suspension 1% (SZ)</i>	105	METRONIDAZOLE BENZOATE	
<i>Melolin 4933 (SN)</i>		. General anti-infectives for systemic use.	75
. Repatriation Schedule	30	. Dental.	148
<i>Melolin 101720 (SN)</i>		<i>Metrozine (SR)</i>	
. Repatriation Schedule	30	. General anti-infectives for systemic use.	75
MELPHALAN	80	. Dental.	148
<i>Menoprem (AY)</i>	51	<i>Metsal (MM)</i>	93
<i>Menoprem Continuous (AY)</i>	50	MEXILETINE HYDROCHLORIDE	30
<i>Menorest 37.5 (RR)</i>	49	<i>Mexitil (BY)</i>	30
<i>Menorest 50 (RR)</i>	49	<i>Miacalcic 50 Kit (SZ)</i>	61
<i>Menorest 75 (RR)</i>	49	<i>Miacalcic 100 Kit (SZ)</i>	62
<i>Menorest 100 (RR)</i>	49	MIANSERIN HYDROCHLORIDE	112
<i>Merbentyl (ML)</i>		MICONAZOLE	
. Repatriation Schedule	2	. Repatriation Schedule	6
MERCAPTOPYRINE	81	MICONAZOLE NITRATE	
MESALAZINE	17	. Dermatologicals.	40
<i>Mesasal (SK)</i>	17	. Genito urinary system and sex hormones	44
MESNA	128	. Dental.	139
<i>Mestinon (RO)</i>	112	<i>Microgynon 30 (SC)</i>	45
<i>Metamucil (PY)</i>		<i>Microgynon 30 ED (SC)</i>	46
. Repatriation Schedule	3	<i>Microgynon 50 (SC)</i>	45
<i>Metamucil Smooth Texture (PY)</i>		<i>Microgynon 50 ED (SC)</i>	45
. Repatriation Schedule	3	<i>Microlox (PS)</i>	
METFORMIN HYDROCHLORIDE	20	. Alimentary tract and metabolism.	15
METHACYCLINE HYDROCHLORIDE		. Repatriation Schedule	3
. General anti-infectives for systemic use	63	<i>Microlut 28 (SC)</i>	47
. Dental.	141	<i>Micronor (JC)</i>	47
METHADONE HYDROCHLORIDE	99	<i>Micropore R3 (MM)</i>	
METHIDILAZINE HYDROCHLORIDE	100	. Repatriation Schedule	32
METHENOLONE ACETATE	22	<i>Micropore R4 (MM)</i>	
<i>Methionine, Threonine, Valine-free, and Isoleucine</i>		. Repatriation Schedule	33
<i>low Amino Acid Mix (SB)</i>	134	<i>Micropore Skintone RF7 (MM)</i>	
<i>Methoblastin (PS)</i>	81	. Repatriation Schedule	32
<i>Methopt (SI)</i>	126	<i>Micropore Skintone RF8 (MM)</i>	
<i>Methopt Forte (SI)</i>	126	. Repatriation Schedule	33
METHOTREXATE	81	<i>Microval 28 (WY)</i>	47
METHYLCLOTHIAZIDE	33	<i>Midamor (MK)</i>	34
METHYLDOPA	32	<i>Midoride 5 (AD)</i>	34
METHYLPHENOBARBITONE	100	MILK POWDER—LACTOSE MODIFIED	132
METHYLPREDNISOLONE ACEPONATE	43	MILK POWDER—LOW LACTOSE FORMULA	133
METHYLPREDNISOLONE ACETATE		MILK POWDER—SYNTHETIC	133
. Systemic hormonal preparations, excl. sex hormones	60	<i>Minax 50 (AF)</i>	36
. Dental.	140	<i>Minax 100 (AF)</i>	36
METHYLPREDNISOLONE SODIUM SUCCINATE	60	MINERAL MIXTURE	136
METHYL SALICYLATE	93	<i>Minidiab (PS)</i>	20
METHYSERGIDE	99	<i>Minidine Antiseptic Solution (SI)</i>	
METOCLOPRAMIDE HYDROCHLORIDE		. Repatriation Schedule	10
. Alimentary tract and metabolism	12	<i>Minipress (PF)</i>	32
. Doctor's Bag Supplies	5	<i>Minirin (FC)</i>	58
. Dental.	137	<i>Minirin Nasal Spray (FC)</i>	58
METOLAZONE	33	<i>Minitrans 5 (MM)</i>	31
METOPROLOL TARTRATE	36	<i>Minitrans 10 (MM)</i>	31
<i>Metrodin HP 75 (SG)</i>	54	MINOCYCLINE	64
<i>Metrodin HP 150 (SG)</i>	54	<i>Minomycin (LE)</i>	64
<i>Metrogyl 200 (AF)</i>		<i>Minomycin-50 (LE)</i>	64
. General anti-infectives for systemic use	75	MINOXIDIL	33
. Dental.	148	<i>Mintezol (MK)</i>	113
<i>Metrogyl 400 (AF)</i>		MISOPROSTOL	10
. General anti-infectives for systemic use	74,75	MITOZANTRONE	83
. Dental.	148	<i>Mixtard 15/85 Penfill 3 mL (NO)</i>	19
METRONIDAZOLE		<i>Mixtard 30/70 (NO)</i>	19
. General anti-infectives for systemic use	74,75	<i>Mixtard 30/70 Penfill (NO)</i>	19
. Dental.	148	<i>Mixtard 50/50 (NO)</i>	19
		<i>Mixtard 50/50 Penfill 3 mL (NO)</i>	19

<i>Mobilis 10 (AF)</i>		<i>Mycobutin (PS)</i>	
. Musculo-skeletal system	90	. Section 100	163
. Dental	150	<i>Mycospor (BN)</i>	40
<i>Mobilis 20 (AF)</i>		<i>Mycostatin (BQ)</i>	
. Musculo-skeletal system	90	. Alimentary tract and metabolism	8,15
. Dental	150	. Dermatologicals	40
<i>Mobilis D-10 (AF)</i>		. Genito urinary system and sex hormones	44
. Musculo-skeletal system	90	. Dental	137,138,139
. Dental	150	<i>Mylanta (PD)</i>	8
<i>Mobilis D-20 (AF)</i>		<i>Mylanta II (PD)</i>	
. Musculo-skeletal system	90	. Repatriation Schedule	2
. Dental	150	<i>Myleran (BW)</i>	80
MOCLOBEMIDE	111	<i>Myocrisin (MB)</i>	93
<i>Modecate (BQ)</i>		<i>Myoquin (FM)</i>	
. Nervous system	104,105	. Musculo-skeletal system	95
<i>Modizide 50/5 (AD)</i>	35	. Antiparasitic products, insecticides and repellants	113
<i>Moduretic (MK)</i>	35	<i>Mysoline (IC)</i>	100
<i>Mogadon (RO)</i>		<i>Mysteclin-250 (BQ)</i>	
. Nervous system	108	. General anti-infectives for systemic use	64
. Dental	156	. Dental	141
MOMETASONE FUROATE		N	
. Dermatologicals	43	<i>Nadide 2.5 (AD)</i>	33
. Repatriation Schedule	9	NAFARELIN ACETATE	58
<i>Monistat 7 (CL)</i>	44	NALIDIXIC ACID	56
<i>Monistat Derm (JC)</i>		NALOXONE HYDROCHLORIDE	
. Dermatologicals	40	. Various	128
. Dental	139	. Doctor's Bag Supplies	5
<i>Monofeme 28 (AY)</i>	46	. Dental	157
<i>Monoparin (FC)</i>	23	<i>Naloxone Min-I-Jet (CS)</i>	
<i>Monopril (BQ)</i>	38	. Various	128
<i>Monotard (NO)</i>	19	. Doctor's Bag Supplies	5
MORPHINE HYDROCHLORIDE		. Dental	157
. Nervous system	96	NANDROLONE DECANOATE	22
. Dental	153	<i>Napamide 2.5 mg (DP)</i>	33
MORPHINE SULFATE		NAPHAZOLINE HYDROCHLORIDE	
. Nervous system	97	. Repatriation Schedule	18
. Doctor's Bag Supplies	5	NAPHAZOLINE HYDROCHLORIDE with	
. Dental	153,154	PHENIRAMINE MALEATE	
. Repatriation Schedule	13	. Repatriation Schedule	18
MORPHINE TARTRATE	98	<i>Naphcon-A (AQ)</i>	
<i>Motilium (JC)</i>	12	. Repatriation Schedule	18
<i>Moxacin (CS)</i>		<i>Naphcon Forte (AQ)</i>	
. General anti-infectives for systemic use	65	. Repatriation Schedule	18
. Dental	141,142	<i>Naprosyn (SD)</i>	
<i>Moxacin 250 (CS)</i>		. Musculo-skeletal system	91
. General anti-infectives for systemic use	65	. Dental	151,152
. Dental	142	<i>Naprosyn SR750 (SD)</i>	
<i>MS Contin (PS)</i>		. Musculo-skeletal system	91
. Nervous system	97	. Dental	151
. Dental	153	<i>Naprosyn SR1000 (SD)</i>	
. Repatriation Schedule	13	. Musculo-skeletal system	91
<i>MSUD AID III (SB)</i>	135	. Dental	151
<i>MSUD Analog (SB)</i>	135	NAPROXEN	
<i>MSUD Maxamaid (SB)</i>	135	. Musculo-skeletal system	91
<i>MSUD Maxamum (SB)</i>	135	. Dental	151,152
<i>Mucaine (WT)</i>	8	NAPROXEN SODIUM	
<i>Mucilax Regular (DP)</i>		. Musculo-skeletal system	91
. Repatriation Schedule	3	. Dental	152
<i>Mucilax Sugar Free (DP)</i>		<i>Narcen Neonatal (BT)</i>	128
. Repatriation Schedule	3	<i>Nardil (WW)</i>	111
<i>Mucomyst (BQ)</i>	120	<i>Natrilix (SE)</i>	33
<i>Murelax (AY)</i>		<i>Navoban (SZ)</i>	13
. Nervous system	107,108	<i>Nebcin (LY)</i>	73
. Dental	156	NEDOCROMIL SODIUM	119
<i>Myambutol (LE)</i>		<i>Negram (SW)</i>	56
. Repatriation Schedule	13	<i>Nemdyn (HA)</i>	127

<i>Neocate (SB)</i>	135	<i>Nocturne (WX)</i>	
<i>Neo-Cytamen (BL)</i>	25	. Nervous system	109
<i>Neo-Mercazole (NS)</i>	61	. Dental	156
NEOMYCIN SULFATE	15	<i>Nolvadex (IC)</i>	86
NEOMYCIN UNDECENOATE with BACITRACIN ZINC	127	<i>Nolvadex-D (IC)</i>	86
<i>Neoral (SZ)</i>		<i>Nomapam 10 (AD)</i>	
. Section 100	160	. Nervous system	109
<i>Neoral 25 (SZ)</i>		. Dental	156
. Section 100	160	<i>Nordette 21 (WY)</i>	45
<i>Neoral 50 (SZ)</i>		<i>Nordette 28 (WY)</i>	46
. Section 100	160	<i>Nordette 50 (WY)</i>	45
<i>Neoral 100 (SZ)</i>		<i>Nordicort (NR)</i>	
. Section 100	160	. Systemic hormonal preparations, excl. sex hormones	59
<i>Neosporin (BW)</i>	121	. Doctor's Bag Supplies	4
<i>Neosulf (AF)</i>	15	. Dental	140
<i>Neotigason (RO)</i>	41	<i>Nordirol 21 (WY)</i>	46
<i>Neulactil (MB)</i>	105	<i>Nordirol 28 (WY)</i>	46
<i>Neupogen (AN)</i>		<i>Norditropin (NO)</i>	
. Section 100	161	. Section 100	164
<i>Neurontin (PD)</i>	102	NORETHISTERONE	
<i>Nicabate 7 (ML)</i>		. Genito urinary system and sex hormones	47,50
. Repatriation Schedule	16	NORETHISTERONE with ETHINYLOESTRADIOL	
<i>Nicabate 14 (ML)</i>		. Genito urinary system and sex hormones	46,47
. Repatriation Schedule	16	NORETHISTERONE with MESTRANOL	46
<i>Nicabate 21 (ML)</i>		NORFLOXACIN	73
. Repatriation Schedule	16	<i>Noriday 28 Day (SR)</i>	47
NICLOSAMIDE	114	<i>Norimin 28 Day (MO)</i>	46
<i>Nicorette Patch (PS)</i>		<i>Norimin-1 28 Day (MO)</i>	46
. Repatriation Schedule	15,16	<i>Norinyl-1 (SR)</i>	46
NICOTINE		<i>Norinyl-1/28 (SR)</i>	46
. Repatriation Schedule	15	<i>Normacol Plus (NE)</i>	
<i>Nicotinell 10 (CG)</i>		. Alimentary tract and metabolism	14
. Repatriation Schedule	16	. Repatriation Schedule	3
<i>Nicotinell 20 (CG)</i>		<i>Normison (WY)</i>	
. Repatriation Schedule	16	. Nervous system	109
<i>Nicotinell 30 (CG)</i>		. Dental	156
. Repatriation Schedule	16	<i>Noroxin (MK)</i>	73
NICOTINIC ACID	28	<i>Norpace (SR)</i>	30
<i>Nifecard 20 mg (SI)</i>	37	NORTRIPTYLINE HYDROCHLORIDE	110
NIFEDIPINE	36	<i>Norvasc (PF)</i>	36
<i>Nilstat (LE)</i>		<i>Noten (AF)</i>	36
. Alimentary tract and metabolism	8,15	<i>Novantrone (LE)</i>	83
. Dermatologicals	40	<i>Noxitem 10 (AD)</i>	86
. Genito urinary system and sex hormones	44	<i>Noxitem 20 (AD)</i>	86
. Dental	137,138,139	<i>Nudopa 125 mg (DP)</i>	32
<i>Nitoman (RO)</i>	106	<i>Nudopa 250 mg (DP)</i>	32
<i>Nitradisc (SR)</i>	31	<i>Nuelin (MM)</i>	
NITRAZEPAM		. Respiratory system	119,120
. Nervous system	108	<i>Nuelin Paediatric (MM)</i>	119
. Dental	156	<i>Nuelin-Sprinkle (MM)</i>	120
<i>Nitro-Bid (ML)</i>	31	<i>Nuelin-S.R. 250 (MM)</i>	120
<i>Nitro-Dur 5 (SH)</i>	31	<i>Nu-Gel 62497 (JJ)</i>	
<i>Nitro-Dur 10 (SH)</i>	32	. Repatriation Schedule	29
<i>Nitro-Dur 15 (SH)</i>	32	<i>Nutramigen (MJ)</i>	131
NITROFURANTOIN	56	<i>Nutraplus (GA)</i>	
<i>Nitrolingual Spray (FC)</i>		. Repatriation Schedule	7
. Cardiovascular system	31	<i>Nyefax 20 mg (DP)</i>	37
. Doctor's Bag Supplies	5	NYSTATIN	
NIZATIDINE	9	. Alimentary tract and metabolism	8,15
<i>Nizoral (JC)</i>		. Dermatologicals	40
. Dermatologicals	40	. Genito urinary system and sex hormones	44
. General anti-infectives for systemic use	75	. Dental	137,138,139
		O	
		<i>Ocufen (AG)</i>	123
		<i>Ocuflox (AG)</i>	122

<i>Ocuser Pilo 20 (AG)</i>	124	<i>Ovestin Ovula (OR)</i>	49
<i>Ocuser Pilo 40 (AG)</i>	124	<i>Ovulen 0.5/50 (SR)</i>	45
<i>Odrik (RL)</i>	39	<i>Ovulen 0.5/50-28 (SR)</i>	45
OESTRADIOL		<i>Ovulen 1/50 (SR)</i>	45
. Genito urinary system and sex hormones.....	48,49	<i>Ovulen 1/50-28 (SR)</i>	45
OESTRADIOL and MEDROXYPROGESTERONE		OXANDROLONE.....	22
ACETATE.....	50	OXAZEPAM	
OESTRADIOL with NORETHISTERONE ACETATE ..	50	. Nervous system.....	107,108
OESTRADIOL and OESTRADIOL with		. Dental.....	156
NORETHISTERONE ACETATE.....	51	OXPRENOLOL HYDROCHLORIDE.....	35
OESTRADIOL VALERATE.....	49	OXYBUTYNIN HYDROCHLORIDE.....	56
OESTRADIOL VALERATE and OESTRADIOL		OXYCODONE	
VALERATE with CYPROTHERONE ACETATE.....	51	. Nervous system.....	98
OESTRADIOL VALERATE and OESTRADIOL		. Dental.....	154
VALERATE with MEDROXYPROGESTERONE		OXYCODONE HYDROCHLORIDE	
ACETATE.....	51	. Nervous system.....	98
OESTRIOL.....	49	. Dental.....	154
OESTROGENS—CONJUGATED.....	49	OXYMETAZOLINE HYDROCHLORIDE	
OESTROGENS—CONJUGATED and		. Repatriation Schedule.....	16
MEDROXYPROGESTERONE ACETATE		P	
. Genito urinary system and sex hormones.....	50,51	PACLITAXEL.....	82
OFLOXACIN.....	122	<i>Panadeine Forte Caplets (SW)</i>	
<i>Ogen .625 (UP)</i>	49	. Nervous system.....	96
<i>Ogen 1.25 (UP)</i>	49	. Dental.....	152
OLSALAZINE SODIUM.....	17	<i>Panafcort (FC)</i>	60
OMEPRAZOLE.....	10	<i>Panafcortelone (FC)</i>	60
<i>OncoTICE (OT)</i>	88	<i>Panamax (SW)</i>	
<i>Oncovin (LY)</i>	82	. Nervous system.....	99
ONDANSETRON.....	12	. Dental.....	155
<i>Op-Site Flexigrid 4629 (SN)</i>		<i>Panamax 240 Elixir (SW)</i>	
. Repatriation Schedule.....	30	. Nervous system.....	99
<i>Opticrom (FC)</i>	125	. Dental.....	155
<i>Orabase (BQ)</i>		<i>Panamax Co. (SW)</i>	
. Repatriation Schedule.....	7	. Repatriation Schedule.....	14
<i>Ordine 2 (DW)</i>		<i>Pancrease (JC)</i>	18
. Nervous system.....	96	PANCREATIC EXTRACT.....	18
. Dental.....	153	PANCREATIN ENZYME.....	18
<i>Ordine 5 (DW)</i>		PANCRELIPASE.....	18
. Nervous system.....	96	PANTOPRAZOLE SODIUM SESQUIHYDRATE.....	11
. Dental.....	153	PARACETAMOL	
<i>Ordine 10 (DW)</i>		. Nervous system.....	99
. Nervous system.....	96	. Dental.....	155
. Dental.....	153	PARAFFIN.....	126
<i>Oroxine (BW)</i>	61	<i>Paralgin (FM)</i>	
ORPHENADRINE HYDROCHLORIDE.....	103	. Nervous system.....	99
<i>Orudis (MB)</i>		. Dental.....	155
. Musculo-skeletal system.....	90,91	<i>Parlodel (SZ)</i>	
. Dental.....	151	. Genito urinary system and sex hormones.....	45
<i>Orudis 25 mg (MB)</i>		. Nervous system.....	104
. Musculo-skeletal system.....	91	<i>Parnate (SK)</i>	111
. Dental.....	151	<i>Paroven (CG)</i>	
<i>Orudis SR (MB)</i>		. Repatriation Schedule.....	6
. Musculo-skeletal system.....	91	PAROXETINE HYDROCHLORIDE.....	111
. Dental.....	151	PASTE HYDROCOLLOID	
<i>Orudis SR 200 (MB)</i>		. Repatriation Schedule.....	32
. Musculo-skeletal system.....	91	<i>Paxam 0.5 (AF)</i>	101
. Dental.....	151	<i>Paxam 2 (AF)</i>	101
<i>Oruvail SR (RR)</i>		<i>Pedi-Derm (NN)</i>	
. Musculo-skeletal system.....	91	. Repatriation Schedule.....	6
. Dental.....	151	<i>Pedoz (HA)</i>	
<i>Ospolot (BN)</i>	102	. Repatriation Schedule.....	6
<i>Ostelin (BT)</i>	21	<i>Peg 7420 (BK)</i>	
<i>Otocomb Otic (BC)</i>	127	. Repatriation Schedule.....	26
<i>Otodex (QM)</i>	127	<i>Peg 7422 (BK)</i>	
<i>Ovestin (OR)</i>	49	. Repatriation Schedule.....	26

<i>Peg 7423 (BK)</i>		PIROXICAM	
. Repatriation Schedule	26	. Musculo-skeletal system	90
<i>Peg 7425 (BK)</i>		. Dental	150
. Repatriation Schedule	26	PIZOTIFEN MALATE	100
PENICILLAMINE	93	<i>PK AID II (SB)</i>	134
<i>Pepcidine (MK)</i>	9	<i>Placil (AF)</i>	
<i>Pepcidine M (MK)</i>	9	. Nervous system	108,110
PERGOLIDE MESYLATE	104	<i>Plaqacide (OB)</i>	
PERHEXILINE MALEATE	32	. Repatriation Schedule	2
<i>Periactin (FR)</i>	100	<i>Plaquenil (SW)</i>	92
PERICYAZINE	105	<i>Plasma-Lyte 148 (BX)</i>	29
PERINDOPRIL ERBUMINE	38	PLASTER ADHESIVE ELASTIC	
<i>Permax (LY)</i>	104	. Repatriation Schedule	32
PERMETHRIN	114	PLASTER ADHESIVE HYPOALLERGENIC	
<i>Pertofran (CG)</i>	110	. Repatriation Schedule	32
PETHIDINE HYDROCHLORIDE		<i>Plendil ER (AP)</i>	36
. Nervous system	98	PNEUMOCOCCAL VACCINE, POLYVALENT	78
. Doctor's Bag Supplies	5	<i>Pneumovax 23 (CS)</i>	78
. Dental	155	PODOPHYLLOTOXIN	
<i>Pevaryl (SK)</i>		. Repatriation Schedule	9
. Dermatologicals	40	POLYGELINE	7
. Genito urinary system and sex hormones	44	POLYMYXIN B SULFATE with BACITRACIN and	
<i>Pexid (SI)</i>	32	NEOMYCIN SULFATE	121
<i>Pharmorubicin Solution (PS)</i>	83	POLYMYXIN B SULFATE with NEOMYCIN	
PHENELZINE SULFATE	111	SULFATE and GRAMICIDIN	121
<i>Phenergan (MB)</i>		<i>Polytar (SX)</i>	
. Repatriation Schedule	17	. Repatriation Schedule	11
PHENOBARBITONE	100	<i>Poly-Tears (IQ)</i>	126
PHENOBARBITONE SODIUM	100	POLYVINYL ALCOHOL	126
PHENOXYBENZAMINE HYDROCHLORIDE		POLYVINYL ALCOHOL with POVIDONE	126
. Cardiovascular system	35	<i>Ponstan (PD)</i>	92
. Genito urinary system and sex hormones	57	<i>Portagen (MJ)</i>	131
PHENOXYMETHYLPENICILLIN		<i>Posalfilin (NE)</i>	
. General anti-infectives for systemic use	66,67	. Repatriation Schedule	11
. Dental	143	POTASSIUM CHLORIDE	22
PHENYLALANINE LOW CONTENT FORMULA	130	POVIDONE-IODINE	
<i>Phenylalanine, Tyrosine and Methionine-free Amino</i>		. Repatriation Schedule	10
<i>Acid Mix (SB)</i>	134	<i>Pramin (AF)</i>	
PHENYLEPHRINE HYDROCHLORIDE		. Alimentary tract and metabolism	12
. Repatriation Schedule	18	. Dental	137
PHENYTOIN	100	<i>Prantal (SH)</i>	
PHENYTOIN SODIUM	100	. Repatriation Schedule	10
<i>Phlexy-10 Drink Mix (SB)</i>	134	<i>Pravachol (BQ)</i>	27
PHOLCODINE		PRAVASTATIN SODIUM	27
. Repatriation Schedule	17	PRazosin HYDROCHLORIDE	32
<i>Phosphate Sandoz (SZ)</i>	129	<i>Prednefrin Forte (AG)</i>	123
<i>Phospholine Iodide (AY)</i>	124	PREDNISOLONE	60
<i>Physeptone (GW)</i>	99	PREDNISOLONE ACETATE	123
PILOCARPINE	124	PREDNISOLONE ACETATE with PHENYLEPHRINE	
PILOCARPINE HYDROCHLORIDE	124	HYDROCHLORIDE	123
<i>Pilopt (SI)</i>	124	PREDNISOLONE SODIUM PHOSPHATE	
PINDOLOL	35	. Alimentary tract and metabolism	17
PINE TAR, CADE OIL, COAL TAR SOLUTION, ARACHIS		. Sensory organs	127
OIL EXTRACT OF CRUDE COAL TAR and OLEYL		PREDNISONE	60
ALCOHOL		<i>Predsol (SI)</i>	
. Repatriation Schedule	11	. Alimentary tract and metabolism	17
PINE TAR and TRIETHANOLAMINE LAURYL SULFATE		. Sensory organs	127
. Repatriation Schedule	8	<i>Prefrin-Z (AG)</i>	
<i>Pinetarsol (EO)</i>		. Repatriation Schedule	18
. Repatriation Schedule	8	<i>Pregestimil (MJ)</i>	132
PIPERAZINE OESTRONE SULFATE	49	<i>Pregnyl (OR)</i>	
<i>Pirox (GP)</i>		. Genito urinary system and sex hormones	52,53
. Musculo-skeletal system	90	<i>Premarin (AY)</i>	49
. Dental	150	<i>Prepulsid (JC)</i>	12
		<i>Prepulsid Forte (JC)</i>	12

<i>Presolol 100 (AF)</i>	36	<i>Proxen SR 750 (MD)</i>	
<i>Presolol 200 (AF)</i>	36	. Musculo-skeletal system	91
<i>Pressin 1 (AF)</i>	32	. Dental	151
<i>Pressin 2 (AF)</i>	32	<i>Proxen SR 1000 (MD)</i>	
<i>Pressin 5 (AF)</i>	32	. Musculo-skeletal system	91
PRIMIDONE	100	. Dental	151
<i>Primobolan (SC)</i>	22	<i>Prozac 20 (LY)</i>	111
<i>Primogyn Depot (SC)</i>	49	<i>Prozac Liquid (LY)</i>	111
<i>Primolut N (SC)</i>	50	PSEUDOEPHEDRINE HYDROCHLORIDE	
<i>Primoteston Depot (SC)</i>	48	. Repatriation Schedule	17
<i>Prinivil 5 (AD)</i>	38	PSEUDOEPHEDRINE SULFATE	
<i>Prinivil 10 (AD)</i>	38	. Repatriation Schedule	17
<i>Prinivil 20 (AD)</i>	38	PSYLLIUM HYDROPHILIC MUCILLOID	
<i>Pro-Banthine (SR)</i>	56	. Repatriation Schedule	3
PROBENECID	94	<i>Pulmicort (AP)</i>	118
PROBUCOL	28	<i>Pulmicort Respules (AP)</i>	117
PROCAINAMIDE HYDROCHLORIDE	30	<i>Pulmicort Turbuhaler (AP)</i>	118
PROCAINE PENICILLIN		<i>Pulmozyme (RO)</i>	
. General anti-infectives for systemic use	67	. Section 100	160
. Doctor's Bag Supplies	4	<i>Purinethol (BW)</i>	81
. Dental	143	<i>P.V. Carpine (AG)</i>	124
PROCHLORPERAZINE		PVK (LY)	
. Alimentary tract and metabolism	13	. General anti-infectives for systemic use	66,67
. Doctor's Bag Supplies	5	. Dental	143
. Dental	137	PYRANTEL EMBONATE	114
<i>Proctosedyl (RL)</i>		PYRIDOSTIGMINE BROMIDE	112
. Repatriation Schedule	5,6	PYRIDOXINE HYDROCHLORIDE	21
PROCYCLIDINE HYDROCHLORIDE	102	PYRIMETHAMINE	113
<i>Profasi 2000 (SG)</i>		Q	
. Genito urinary system and sex hormones	52,53	<i>Questran Lite (BQ)</i>	28
<i>Profasi 5000 (SG)</i>	52	QUINAPRIL HYDROCHLORIDE	39
<i>Progout 100 (AF)</i>	94	<i>Quinate (RR)</i>	
<i>Progout 300 (AF)</i>	94	. Musculo-skeletal system	95
<i>Prodynova (SC)</i>	49	. Antiparasitic products, insecticides and repellants	113
<i>Proladone (BT)</i>		<i>Quinbisul (AF)</i>	
. Nervous system	98	. Musculo-skeletal system	95
. Dental	154	. Antiparasitic products, insecticides and repellants	113
PROMETHAZINE HYDROCHLORIDE		QUINIDINE BISULFATE	30
. Respiratory system	120	QUININE BISULFATE	
. Doctor's Bag Supplies	5	. Musculo-skeletal system	95
. Dental	138	. Antiparasitic products, insecticides and repellants	113
. Repatriation Schedule	17	QUININE SULFATE	
PROMETHAZINE THEOCLATE		. Musculo-skeletal system	95
. Alimentary tract and metabolism	13	. Antiparasitic products, insecticides and repellants	113
. Dental	138	<i>Quinocet (FM)</i>	
<i>Prominal (SW)</i>	100	. Musculo-skeletal system	95
<i>Pronestyl (BQ)</i>	30	. Antiparasitic products, insecticides and repellants	113
PROPANTHELINE BROMIDE	56	<i>Quinsul (AF)</i>	
<i>Propine (AG)</i>	123	. Musculo-skeletal system	95
PROPRANOLOL HYDROCHLORIDE	35	. Antiparasitic products, insecticides and repellants	113
PROPYLTHIOURACIL	61	<i>QV Bath Oil (EO)</i>	
<i>Proscar (MK)</i>		. Repatriation Schedule	7
. Repatriation Schedule	12	R	
<i>Prostep (BW)</i>		<i>Rafen 200 (AF)</i>	
. Repatriation Schedule	16	. Musculo-skeletal system	90
<i>Protaphane (NO)</i>	18	. Dental	151
<i>Protaphane HM Penfill (NO)</i>	18	<i>Ralovera (KR)</i>	50
<i>Protaphane Penfill 3 mL (NO)</i>	18	<i>Ralozam (KR)</i>	107
PROTEIN HYDROLYSATE FORMULA	131	<i>Ramace 1.25 mg (AP)</i>	39
<i>Prothiaden (BT)</i>	110	<i>Ramace 2.5 mg (AP)</i>	39
<i>Provelle-14 (UP)</i>	51	<i>Ramace 5 mg (AP)</i>	39
<i>Provelle-28 (UP)</i>	50	RAMIPRIL	39
<i>Provera (UP)</i>		RANITIDINE HYDROCHLORIDE	9
. Genito urinary system and sex hormones	50	<i>Rastinon (HP)</i>	20
. Antineoplastic and immunomodulating agents	84,85	RED-BACK SPIDER ANTIVENOM	78

<i>Renitec (MK)</i>	38	S	
<i>Renitec 20 (MK)</i>	38	<i>Sabril (ML)</i>	102
<i>Renitec M (MK)</i>	38	<i>Saizen (SG)</i>	
<i>ReoPro (LY)</i>	24	Section 100.....	164
<i>Repalyte New Formulation (MB)</i>	16	<i>Salazopyrin (PS)</i>	17
<i>Resonium-A (SW)</i>		<i>Salazopyrin-EN (PS)</i>	17
Repatriation Schedule.....	19	<i>SALBUTAMOL</i>	116
<i>Respax (DW)</i>	116	<i>SALBUTAMOL SULFATE</i>	
<i>Respax 2.5 Sterinebs (DW)</i>		Respiratory system.....	116,119
Respiratory system.....	116	Doctor's Bag Supplies.....	5
Doctor's Bag Supplies.....	5	<i>Saldac 100 mg (DP)</i>	
<i>Respax 200 (DW)</i>	116	Musculo-skeletal system.....	89
<i>Respax 400 (DW)</i>	116	Dental.....	150
<i>Respax 5 Sterinebs (DW)</i>		<i>Saldac 200 mg (DP)</i>	
Respiratory system.....	116	Musculo-skeletal system.....	89
Doctor's Bag Supplies.....	5	Dental.....	150
<i>Respolin (MM)</i>	116	<i>SALICYLIC ACID, BENZALKONIUM CHLORIDE,</i> <i>ALCOHOL and POLYOXYETHYLENE ETHERS</i>	
<i>Respolin in the Autohaler (MM)</i>	116	Repatriation Schedule.....	11
<i>Resprim (AF)</i>		<i>SALICYLIC ACID, BENZALKONIUM CHLORIDE,</i> <i>ALCOHOL, COAL TAR and POLYOXYETHYLENE</i> <i>ETHERS</i>	
General anti-infectives for systemic use.....	71	Repatriation Schedule.....	11
Dental.....	146	<i>SALICYLIC ACID, COAL TAR SOLUTION, PINE</i> <i>TAR and UNDECYLENAMIDE</i>	
<i>Resprim Forte (AF)</i>		Repatriation Schedule.....	11
General anti-infectives for systemic use.....	71	<i>SALICYLIC ACID and PODOPHYLLIN RESIN</i>	
Dental.....	146	Repatriation Schedule.....	11
<i>Retrovir (BW)</i>		<i>SALIVA SUBSTITUTE</i>	
Section 100.....	163	Repatriation Schedule.....	2
<i>Rheomacrodex (MA)</i>		<i>SALMETEROL XINAFOATE</i>	117
Blood and blood forming organs.....	29	<i>Sandimmun (SZ)</i>	
Dental.....	138	Section 100.....	159
<i>Rhinocort Aqueous (AP)</i>	115	<i>SandoCal 600 mg (SZ)</i>	22
<i>RICINOLEIC ACID, ACETIC ACID and</i> <i>HYDROXYQUINOLINE SULFATE</i>		<i>Sandomigran (SZ)</i>	100
Repatriation Schedule.....	12	<i>SAQUINAVIR MESYLATE</i>	
<i>Ridaura (SK)</i>	92	Section 100.....	163
<i>RIFABUTIN</i>		<i>Savacol Mouth and Throat Rinse (OM)</i>	
Section 100.....	163	Repatriation Schedule.....	2
<i>Rifadin (ML)</i>	76	<i>SCF (SR)</i>	11
<i>RIFAMPICIN</i>	76	<i>SebiRinse Conditioner (EO)</i>	
<i>Rimycin 150 (AF)</i>	76	Repatriation Schedule.....	11
<i>Rimycin 300 (AF)</i>	76	<i>Sebitar (EO)</i>	
<i>Risperdal (JC)</i>	106	Repatriation Schedule.....	11
<i>RISPERIDONE</i>	106	<i>Seda-Gel (KY)</i>	
<i>Rivotril (RO)</i>	101	Repatriation Schedule.....	2
<i>Roaccutane (RO)</i>	43	<i>SELEGILINE HYDROCHLORIDE</i>	7
<i>Rocaltrol (RO)</i>	21	<i>SELENIUM SULFIDE</i>	
<i>Rocephin (RO)</i>		Repatriation Schedule.....	11
General anti-infectives for systemic use.....	69,70	<i>Selsun (AB)</i>	
<i>Roferon-A (RO)</i>		Repatriation Schedule.....	11
Antineoplastic and immunomodulating agents.....	87	<i>Semi-Daonil (HP)</i>	20
Section 100.....	161,162	<i>Senagar (SI)</i>	
<i>Rohypnol (RO)</i>		Repatriation Schedule.....	17
Repatriation Schedule.....	15	<i>SENEGA and AMMONIA</i>	
<i>Randomycin (WW)</i>		Repatriation Schedule.....	17
General anti-infectives for systemic use.....	63	<i>SENNA STANDARDISED</i>	
Dental.....	141	Repatriation Schedule.....	3
<i>ROTAHALERS</i>		<i>Senokot (RC)</i>	
Repatriation Schedule.....	23	Repatriation Schedule.....	3
<i>ROXITHROMYCIN</i>	72	<i>Septrin (BW)</i>	
<i>Rulide (RL)</i>	72	General anti-infectives for systemic use.....	71
<i>RVHB Maxamaid (SB)</i>	134	Dental.....	146
<i>Rynacrom (FC)</i>		<i>Septrin Forte (BW)</i>	
Repatriation Schedule.....	17	General anti-infectives for systemic use.....	71
<i>Rythmodan (RL)</i>	30	Dental.....	146

<i>Sequilar ED (SC)</i>	46	SODIUM CHLORIDE	
<i>Serenace (SR)</i>		. Blood and blood forming organs	29
. Nervous system	105	. Various	136
. Doctor's Bag Supplies	4	. Dental	138,157
<i>Serepax (WY)</i>		. Repatriation Schedule	5
. Nervous system	107,108	SODIUM CHLORIDE COMPOUND	29
. Dental	156	SODIUM CHLORIDE with GLUCOSE	
<i>Serevent (GW)</i>	117	. Blood and blood forming organs	29
<i>Serevent Disks (GW)</i>	117	. Dental	139
<i>Serophene (SG)</i>	55	SODIUM CITRO-TARTRATE	
SERTRALINE HYDROCHLORIDE	111	. Repatriation Schedule	13
<i>Setopress 3504 (BT)</i>		SODIUM CROMOGLYCATE	
. Repatriation Schedule	27	. Respiratory system	119
<i>Setopress 3505 (BT)</i>		. Sensory organs	125
. Repatriation Schedule	27	. Repatriation Schedule	17
<i>Shield Regular 30's 780 (BS)</i>		SODIUM LACTATE COMPOUND	29
. Repatriation Schedule	22	SODIUM NITROPRUSSIDE	33
<i>Shield Super 30's 779 (BS)</i>		SODIUM POLYSTYRENE SULFONATE	
. Repatriation Schedule	22	. Repatriation Schedule	19
<i>Sigmacort (SI)</i>		SODIUM VALPROATE	101
. Dermatologicals	42	<i>Sofradex (RL)</i>	127
. Dental	140	<i>Soframycin (RL)</i>	127
<i>Sigmatadine (SI)</i>	9	<i>Solcode (RC)</i>	
<i>Silic 15 (EO)</i>		. Repatriation Schedule	14
. Repatriation Schedule	6,7	<i>Solane (FM)</i>	60
<i>Silvazine (SN)</i>	41	<i>Solprin (RC)</i>	
SILVER SULFADIAZINE with CHLORHEXIDINE		. Nervous system	99
GLUCONATE	41	. Dental	155
<i>Simeco (WT)</i>	8	<i>Solu-Cortef (UP)</i>	
<i>Simplotan (GP)</i>	75	. Systemic hormonal preparations, excl. sex hormones	59
SIMVASTATIN	27	. Doctor's Bag Supplies	4
<i>Sinacarb 100/10 (AD)</i>	103	. Dental	140
<i>Sinacarb 100/25 (AD)</i>	103	<i>Solu-Medrol (UP)</i>	60
<i>Sinacarb 250/25 (AD)</i>	103	<i>Solugel 10336 (JJ)</i>	
<i>Sinemet (MK)</i>	103	. Repatriation Schedule	30
<i>Sinemet 100/25 (MK)</i>	103	<i>Somac (PS)</i>	11
<i>Sinemet CR (MK)</i>	103	SOMATROPIN (Recombinant human growth hormone)	
<i>Sinemet M (MK)</i>	103	. Section 100	164
<i>Sinequan (PF)</i>	110	<i>Sone (FM)</i>	60
SKIN CLEANSER		<i>Sorbidin (AF)</i>	32
. Repatriation Schedule	12	SORBITOL with SODIUM CITRATE and SODIUM	
<i>Slow-K (CG)</i>	22	LAURYL SULFOACETATE	
<i>SN 121054A (SN)</i>		. Alimentary tract and metabolism	15
. Repatriation Schedule	31	. Repatriation Schedule	3
<i>SO 12010 (SO)</i>		<i>Sorbsan (BT)</i>	
. Repatriation Schedule	31	. Repatriation Schedule	28
<i>SO 12011 (SO)</i>		<i>Sotacor (BQ)</i>	31
. Repatriation Schedule	31	SOTALOL HYDROCHLORIDE	31
<i>SO 12022 (SO)</i>		<i>Span-K (FC)</i>	22
. Repatriation Schedule	31	SPECTINOMYCIN	75
<i>SO 12023 (SO)</i>		SPINHALER	
. Repatriation Schedule	31	. Repatriation Schedule	23
<i>SO 12076 (SO)</i>		<i>Spiractin 25 (AF)</i>	34
. Repatriation Schedule	32	<i>Spiractin 100 (AF)</i>	34
<i>Sodibic (FC)</i>		SPIRONOLACTONE	34
. Repatriation Schedule	12	<i>Spren (SI)</i>	
SODIUM ACID PHOSPHATE	129	. Nervous system	99
SODIUM ALGINATE with CALCIUM CARBONATE and		. Dental	155
SODIUM BICARBONATE	11	<i>Squibb-HC (BQ)</i>	
SODIUM AUROTHIOMALATE	93	. Dermatologicals	42
SODIUM BICARBONATE		. Dental	140
. Repatriation Schedule	12	<i>Staphylex 250 (AF)</i>	
SODIUM CELLULOSE PHOSPHATE	129	. General anti-infectives for systemic use	67
		. Dental	144

<i>Staphylex 500 (AF)</i>		<i>Tegretol 100 (CG)</i>	
. General antiinfectives for systemic use	67	. Nervous system	101
. Dental	144	. Dental	155
STAVUDINE		<i>Tegretol 200 (CG)</i>	
. Section 100	163	. Nervous system	101
<i>Stelazine (SK)</i>	105	. Dental	155
<i>Steretil (MB)</i>		<i>Tegretol CR 200 (CG)</i>	
. Alimentary tract and metabolism	13	. Nervous system	101
. Doctor's Bag Supplies	5	. Dental	155
. Dental	137	<i>Tegretol CR 400 (CG)</i>	
STERCULIA with FRANGULA BARK		. Nervous system	101
. Alimentary tract and metabolism	14	. Dental	156
. Repatriation Schedule	3	<i>Teldane (ML)</i>	
<i>Sterofrin (AQ)</i>	123	. Repatriation Schedule	18
<i>Stoxil (SK)</i>		<i>Telfa 1961C (KE)</i>	
. Repatriation Schedule	9	. Repatriation Schedule	30
<i>Streptase (HP)</i>	24	<i>Telfa 2132C (KE)</i>	
STREPTOKINASE	24	. Repatriation Schedule	30
SUCRALFATE	11	<i>Telfa 6020C (KE)</i>	
<i>Sudafed (BW)</i>		. Repatriation Schedule	31
. Repatriation Schedule	17	<i>Telfa 7650C (KE)</i>	
SULFACETAMIDE SODIUM	121	. Repatriation Schedule	31
SULFAMETHIZOLE	71	<i>Telfa 8182 (KE)</i>	
SULFASALAZINE	17	. Repatriation Schedule	26
SULFINPYRAZONE	94	<i>Telfa 8183 (KE)</i>	
SULINDAC		. Repatriation Schedule	26
. Musculo-skeletal system	89	<i>Telfa 8184 (KE)</i>	
. Dental	150	. Repatriation Schedule	26
SULTHIAMINE	102	<i>Telfa 8252F (KE)</i>	
SUNSCREENS		. Repatriation Schedule	26
. Repatriation Schedule	7	<i>Telfa 8253F (KE)</i>	
<i>SunSense Cream 15+ (EO)</i>		. Repatriation Schedule	26
. Repatriation Schedule	7	<i>Telfa 8254F (KE)</i>	
<i>SunSense Milk 15+ (EO)</i>		. Repatriation Schedule	26
. Repatriation Schedule	7	<i>Temaze 10 (AF)</i>	
<i>Surgam (RL)</i>	92	. Nervous system	109
<i>Surgical Lubricating Gel (WE)</i>		. Dental	156
. Repatriation Schedule	19	TEMAZEPAM	
<i>Surmontil (MB)</i>	110	. Nervous system	109
<i>Sustanon "100" (OR)</i>	48	. Dental	156
<i>Sustanon "250" (OR)</i>	48	<i>Temtabs (WX)</i>	
<i>Symmetrel (CG)</i>	103	. Nervous system	109
<i>Synacthen Depot 1 (CG)</i>	58	. Dental	156
<i>Synarel (SR)</i>	58	<i>Tena fix Large 56516 (BS)</i>	
<i>Synphasic (SR)</i>	47	. Repatriation Schedule	22
T		<i>Tena fix Medium 56515 (BS)</i>	
<i>Tagamet (SK)</i>	9	. Repatriation Schedule	22
<i>Tagamet 800 Express (SK)</i>	9	<i>Tena fix Small 56514 (BS)</i>	
<i>Tambocor (MM)</i>	30	. Repatriation Schedule	22
<i>Tamoxen 10 mg (DP)</i>	86	<i>Tena Lady Extra 30's 58253 (BS)</i>	
<i>Tamoxen 20 mg (DP)</i>	86	. Repatriation Schedule	22
TAMOXIFEN CITRATE	86	<i>Teniol 50 (AD)</i>	36
<i>Tarclil (SK)</i>		<i>Tenopt (SI)</i>	125
. General antiinfectives for systemic use	66	<i>Tenormin (IC)</i>	36
. Dental	142	TENOXICAM	
<i>Taxol (BQ)</i>	82	. Musculo-skeletal system	90
<i>Taxotere (RR)</i>	82	. Dental	150
<i>Tazac (LY)</i>	9	<i>Tensig (SI)</i>	36
<i>Tear Drops (CV)</i>	126	<i>Tensopress 4347 (SN)</i>	
<i>Tears Naturale (AQ)</i>	126	. Repatriation Schedule	27
<i>Tears Plus (AG)</i>	126	<i>Tensopress 4348 (SN)</i>	
<i>Tegretol (CG)</i>		. Repatriation Schedule	27
. Nervous system	101	TERBINAFINE HYDROCHLORIDE	41
. Dental	156	TERBUTALINE SULFATE	
		. Respiratory system	117,119
		. Doctor's Bag Supplies	6

TERFENADINE		TIMOLOL MALEATE	
. Repatriation Schedule	18	. Cardiovascular system	36
<i>Teril (AF)</i>		. Sensory organs	125
. Nervous system	101	TIMOLOL MALEATE with PILOCARPINE	
. Dental	155	. HYDROCHLORIDE	125
<i>Tertroxin (BT)</i>	60	<i>Timoptol (FR)</i>	125
<i>Tes-Tape (LY)</i>	129	<i>Timoptol XE (MK)</i>	125
TESTOSTERONE	47	<i>Timpilo 2 (MK)</i>	125
TESTOSTERONE ENANTHATE	48	<i>Timpilo 4 (MK)</i>	125
TESTOSTERONE ESTERS	48	<i>Tinaderm (SH)</i>	
TESTOSTERONE UNDECANOATE	48	. Repatriation Schedule	6
TETANUS VACCINE, ADSORBED		TINIDAZOLE	75
. General antiinfectives for systemic use	79	<i>Titalac (MM)</i>	
. Doctor's Bag Supplies	6	. Repatriation Schedule	2
. Dental	149	TOBRAMYCIN	121
TETRABENAZINE	106	TOBRAMYCIN SULFATE	73
TETRA-BROMO-ORTHOCRESOL, UNDECENOIC		<i>Tobrex (AQ)</i>	121
ACID, ZINC UNDECENOATE and ZINC OXIDE		<i>Tofranil 10 (CG)</i>	110
. Repatriation Schedule	6	<i>Tofranil 25 (CG)</i>	110
TETRACOSACTRIN	58	TOLBUTAMIDE	20
TETRACYCLINE HYDROCHLORIDE		TOLNAFTATE	
. General antiinfectives for systemic use	64	. Repatriation Schedule	6
. Sensory organs	121	<i>Tolvon (OR)</i>	112
. Dental	141	<i>Trandate (GW)</i>	36
TETRACYCLINE HYDROCHLORIDE (BUFFERED)		TRANOLAPRIL	39
. General antiinfectives for systemic use	64	TRANEXAMIC ACID	24
. Dental	141	<i>Transiderm-Nitro 25 (CG)</i>	31
<i>Tetrex (BC)</i>		<i>Transiderm-Nitro 50 (CG)</i>	32
. General antiinfectives for systemic use	64	<i>Tranxene (GW)</i>	
. Dental	141	. Repatriation Schedule	15
<i>Theo-Dur (AP)</i>	120	TRANLYCYPROMINE SULFATE	111
THEOPHYLLINE	119	TRIAMCINOLONE ACETONIDE	
THIABENDAZOLE	113	. Dermatologicals	42
THIAMINE HYDROCHLORIDE		. Systemic hormonal preparations, excl. sex hormones	60
. Alimentary tract and metabolism	21	. Dental	141
. Repatriation Schedule	4	TRIAMCINOLONE ACETONIDE with NEOMYCIN	
THIOGUANINE	81	SULFATE, GRAMICIDIN and NYSTATIN	
<i>Thioprine (AF)</i>	88	. Sensory organs	127
THIORIDAZINE	105	. Repatriation Schedule	10
THIORIDAZINE HYDROCHLORIDE	105	<i>Trifeme 28 (AY)</i>	46
THIOTEPA	80	TRIFLUOPERAZINE HYDROCHLORIDE	105
<i>3TC (GW)</i>		TRIGLYCERIDES, MEDIUM CHAIN	
. Section 100	162	. Various	130,131
THYROXINE SODIUM	61	TRIGLYCERIDES, MEDIUM CHAIN and LONG	
TIAPROFENIC ACID		CHAIN with GLUCOSE POLYMER	132
. Musculo-skeletal system	91,92	TRIMETHOPRIM	71
TICARCILLIN		TRIMETHOPRIM with SULFAMETHOXAZOLE	
. General antiinfectives for systemic use	66	. General antiinfectives for systemic use	71
. Dental	142	. Dental	146
TICARCILLIN with CLAVULANIC ACID		TRIMIPRAMINE MALEATE	110
. General antiinfectives for systemic use	68	<i>Triphasil (WY)</i>	46
. Dental	145	<i>Triphasil 28 (WY)</i>	46
<i>Ticillin (CS)</i>		<i>Triprim (GW)</i>	71
. General antiinfectives for systemic use	66	<i>Triquilar (SC)</i>	46
. Dental	142	<i>Triquilar ED (SC)</i>	46
<i>Ticlid (SD)</i>	24	<i>Trisequens (NO)</i>	51
TICLOPIDINE HYDROCHLORIDE	24	<i>Trisequens Forte (NO)</i>	51
<i>Tilade (FC)</i>	119	<i>Tritace 1.25 mg (HP)</i>	39
<i>Tilcotil (RO)</i>		<i>Tritace 2.5 mg (HP)</i>	39
. Musculo-skeletal system	90	<i>Tritace 5 mg (HP)</i>	39
. Dental	150	<i>Trobicin (UP)</i>	75
<i>Timentin (SK)</i>		TROPISETRON HYDROCHLORIDE	13
. General antiinfectives for systemic use	68	<i>Tryptanol (MK)</i>	109
. Dental	145	<i>Tryptine 10 (AD)</i>	109

<i>Tryptine 25 (AD)</i>	109	<i>Vancocin (LY)</i>	16
<i>Tubegauz 14001 (SO)</i>		. Alimentary tract and metabolism	16
. Repatriation Schedule	27	. General antiinfectives for systemic use	74
<i>Tubegauz 14002 (SO)</i>		. Dental	148
. Repatriation Schedule	27	VANCOMYCIN	
<i>Tubigrip 1480 (BT)</i>		. Alimentary tract and metabolism	16
. Repatriation Schedule	27	. General antiinfectives for systemic use	74
<i>Tubigrip 1481 (BT)</i>		. Dental	148
. Repatriation Schedule	27	<i>Vastin (AP)</i>	27
<i>Tubigrip 1483 (BT)</i>		<i>Vaxigrip (RR)</i>	79
. Repatriation Schedule	27	<i>Velbe (LY)</i>	82
<i>Tubigrip 1484 (BT)</i>		VENLAFAXINE HYDROCHLORIDE	110
. Repatriation Schedule	27	<i>Ventolin (GW)</i>	
<i>Tubigrip 1485 (BT)</i>		. Respiratory system	116,119
. Repatriation Schedule	27	. Repatriation Schedule	23
<i>Tubigrip B (BT)</i>		<i>Ventolin Disks (GW)</i>	116
. Repatriation Schedule	27	<i>Ventolin Nebules (GW)</i>	
<i>Tubigrip C (BT)</i>		. Respiratory system	116
. Repatriation Schedule	27	. Doctor's Bag Supplies	5
<i>Tubigrip D (BT)</i>		<i>Ventolin Rotacaps (GW)</i>	116
. Repatriation Schedule	27	<i>Vepesid (BQ)</i>	82
<i>Tubigrip E (BT)</i>		<i>Veracaps SR (SI)</i>	37
. Repatriation Schedule	27	VERAPAMIL HYDROCHLORIDE	
<i>Tubigrip F (BT)</i>		. Cardiovascular system	37
. Repatriation Schedule	27	. Doctor's Bag Supplies	6
<i>Tylenol (JT)</i>		<i>Vermox (JC)</i>	
. Nervous system	99	. Repatriation Schedule	16
. Dental	155	<i>Vibramycin (PF)</i>	
U		. General antiinfectives for systemic use	63
<i>Ukidan (SG)</i>		. Dental	141
. Repatriation Schedule	5	<i>Vibra-Tabs (PF)</i>	63
<i>Ulcyste (AF)</i>	11	VIDARABINE	122
<i>Ultralente MC (NO)</i>	19	<i>Videx (BQ)</i>	
<i>Ultratard (NO)</i>	19	. Section 100	160
<i>Ungvita (NS)</i>		VIGABATRIN	102
. Repatriation Schedule	8	VINBLASTINE SULFATE	82
<i>Ungvita Cream (NS)</i>		VINCRIStINE SULFATE	82
. Repatriation Schedule	8	<i>Viokase (AY)</i>	18
<i>Ural Sachets (AB)</i>		<i>Vira A (PD)</i>	122
. Repatriation Schedule	13	<i>Viscopaste 4948 (SN)</i>	
UREA		. Repatriation Schedule	27
. Repatriation Schedule	7	<i>Visken (SZ)</i>	35
<i>Urecholine (MK)</i>	112	VITAMIN A	
<i>Urederm (HA)</i>		. Repatriation Schedule	8
. Repatriation Schedule	7	VITAMIN A, CALAMINE and SILICONE OIL	
<i>Uremide (AF)</i>	34	. Repatriation Schedule	8
<i>Urex (FM)</i>	34	VITAMIN B GROUP COMPLEX	
<i>Urex-Forte (FM)</i>	34	. Repatriation Schedule	4
<i>Urex-M (FM)</i>	34	<i>Voltaren (CG)</i>	
<i>Uro-Carb (HA)</i>	112	. Musculo-skeletal system	89
UROFOLLITROPHIN (Highly purified)	54	. Dental	149
UROKINASE		<i>Voltaren 25 (CG)</i>	
. Repatriation Schedule	5	. Musculo-skeletal system	89
<i>Urolucosil (WW)</i>	71	. Dental	149
<i>Uromitexan (AA)</i>	128	<i>Voltaren 50 (CG)</i>	
V		. Musculo-skeletal system	89
<i>Vagifem (NO)</i>	49	. Dental	149
VALACICLOVIR	78	<i>Voltaren Rapid 25 (CG)</i>	
<i>Valium (RO)</i>		. Musculo-skeletal system	89
. Nervous system	107	. Dental	149
. Dental	156	<i>Voltaren Rapid 50 (CG)</i>	
<i>Valpro 200 (AF)</i>	101	. Musculo-skeletal system	89
<i>Valpro 500 (AF)</i>	101	. Dental	149
<i>Valtrex (GW)</i>	78	<i>Volumatic 10359 (GW)</i>	
		. Repatriation Schedule	22

W		Z.S.C. (SI)	
WARFARIN	23	. Repatriation Schedule	12
WATER FOR INJECTIONS, STERILISED		ZUCLOPENTHIXOL DECANOATE	106
. Various	136	Zyclir 200 (AD)	77
. Dental	157	Zyclir 800 (AD)	77
Waxsol (NE)		Zygout 100 (AD)	94
. Repatriation Schedule	19	Zygout 300 (AD)	94
Wellvone (BW)	113	Zyloprim (GW)	94
WL-Cimetidine 200 (WE)	9		
WL-Cimetidine 400 (WE)	9		
WL-Diltiazem 60 (WE)	37		
WOOL ALCOHOLS			
. Repatriation Schedule	7		
X			
Xanax (UP)	107		
XFLU (SK)	79		
XMet, Thre, Val, Isoleu, Analog (SB)	134		
XMTVI Maxamaid (SB)	134		
XMTVI Maxamum (SB)	134		
XP Analog (SB)	135		
XP Maxamaid (SB)	135		
XP Maxamum (SB)	135		
XPhen, Tyr Maxamum (SB)	135		
Xylocaine Viscous (AP)			
. Repatriation Schedule	8		
Xylocard 100 (AP)			
. Cardiovascular system	30		
. Doctor's Bag Supplies	5		
. Dental	139		
Xylocard 500 (AP)	30		
Y			
Yomesan (BN)	114		
Z			
Zactin (AF)	111		
ZALCITABINE			
. Section 100	163		
Zantac (GW)	9		
Zarontin (PD)	101		
Zavedos (PS)	83		
Zerit (BQ)			
. Section 100	163		
Zestril (IC)	38		
ZIDOVUDINE			
. Section 100	163		
ZINC OXIDE			
. Repatriation Schedule	6		
ZINC OXIDE, STARCH and CHLORPHENESIN			
. Repatriation Schedule	12		
ZINC PYRITHIONE			
. Repatriation Schedule	11,12		
ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE			
. Repatriation Schedule	18		
Zincfrin (AQ)			
. Repatriation Schedule	18		
Zithromax (PF)	71		
Zocor (MK)	27		
Zofran (GW)	12		
Zoladex 10.8 Implant (IC)	85		
Zoladex Implant (IC)	85		
Zoloft (PF)	111		
Zoton (LE)	10		
Zovirax (GW)	122		
Zovirax 200 mg (GW)	77		
Zovirax 800 mg (GW)	77		

PBS STATISTICS 1995-1996

This publication contains several tables of data for 1995-96 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 \$16.80 (now \$17.40) for general patients.

Cost of pharmaceutical benefits, 1991-92 to 1995-96

(\$'000)

	Year ended 30 June				
	1992	1993	1994	1995	1996
Commonwealth Government payments (a)					
Benefit prescriptions -					
General (b)	166 008	193 915	224 671	290 759	343 025
Safety Net Level 1	36 401	65 835	78 831	93 407	118 655
Safety Net level 2(c)	18 932	53 074	63 860	39	
Total General	221 341	312 825	367 362	384 204	461 680
Concessional(d)	714 565	851 447	1 019 643	1 194 973	1 369 433
Concessional Safety Net(e)	196 560	253 223	297 594	302 503	360 131
Total Concessional	911 125	1 104 670	1 317 238	1 497 476	1 729 563
Total	1 132 466	1 417 495	1 684 599	1 881 680	2 191 243
Patients' contributions on -					
General benefit prescriptions	135 030	172 898	194 084	230 303	251 519
Concessional benefit prescriptions	173 196	186 629	201 592	214 240	226 584
Total	308 226	359 527	395 676	444 542	478 102
Total cost of benefit prescriptions (including patients' contributions)	1 440 692	1 777 022	2 080 279	2 326 222	2 669 345
Commonwealth Government payments through miscellaneous services	100 877	101 552	116 697	109 621	135 473
Total cost of pharmaceutical benefits	1 541 569	1 878 575	2 196 976	2 435 843	2 804 818
Total Commonwealth Government payments	1 233 343	1 519 047	1 801 296	1 991 301	2 326 716

(a) Sourced from PBS claims processing at HIC and HFS

(b) Prescriptions supplied to persons other than those eligible to receive concessional pharmaceutical benefits or appropriate safety net benefits.

(c) This category existed from 1 January 1991 to 31 December 1993.

(d) Prescriptions supplied to persons eligible to receive concessional pharmaceutical benefits.

(e) Introduced with effect from 1 November 1990.

(f) In 1995-96 the miscellaneous services expenditure of \$135.473m consisted of:

	(\$'000)		(\$'000)
Highly Specialised Drugs	81 407	Safety Net Card issue costs	3 676
Growth Hormone	20 144	Methadone	2 841
Doctor's Bag	16 279	Colostomy and Ileostomy Associations	511
IVF etc	9 640	Other	976

Summary of the thirty highest cost medicine groups, 1995-96

Group	Prescription Volume	Group Cost	Percentage of Total Cost	Percentage increase over 94/95
		\$	%	%
Antacids, drugs for treatment of peptic ulcer and flatulence	7 356 937	308 146 238	11.47	24.01
Agents acting on the renin-angiotensin system	8 270 940	275 093 904	10.24	14.17
Anti-asthmatics	9 514 228	240 594 649	8.96	15.68
Serumlipidreducing agents	4 040 388	194 887 133	7.26	30.36
Antibacterials for systemic use	13 451 656	178 731 272	6.66	-3.46
Calcium channel blockers	7 179 788	177 722 293	6.62	11.20
Psychoanaleptics	5 316 648	167 520 633	6.24	50.16
Sex hormones and modulators of the genital system	5 296 422	104 202 768	3.88	6.56
Analgesics	9 102 266	88 071 114	3.28	13.81
Drugs used in diabetes	2 271 266	78 874 722	2.94	13.28
Cardiac therapy	3 376 501	68 132 391	2.54	6.97
Psycholeptics	8 188 460	64 955 657	2.42	17.45
Antiinflammatory and antirheumatic products	4 679 312	60 122 105	2.24	3.58
Ophthalmologicals	4 742 190	55 078 156	2.05	6.72
Endocrine therapy	305 247	50 033 702	1.86	15.66
Antiepileptics	1 227 194	49 068 201	1.83	19.84
Beta blocking agents	3 523 607	40 337 389	1.50	-1.40
Vaccines	1 972 280	38 231 357	1.42	2.75
Antivirals for systemic use	157 000	33 598 641	1.25	11.22
Diuretics	2 902 906	33 242 771	1.24	2.23
Antidiarrheals, intestinal antiinflammatory/ antiinfective agents	931 067	23 470 781	0.87	16.93
Anti-acne preparations	121 406	22 461 415	0.84	15.14
Corticosteroids, dermatological preparations	2 642 978	22 295 108	0.83	11.63
Nasal preparations	1 208 588	22 219 547	0.83	69.34
Anti-Parkinson drugs	558 444	22 197 739	0.83	1.65
Antispasmodic and anticholinergic agents and propulsives	1 280 432	21 516 693	0.80	32.69
Antihypertensives	1 047 800	17 870 609	0.67	-4.64
Diagnostic agents	396 003	17 344 151	0.65	9.84
Antifungals for dermatological use	917 775	16 037 305	0.60	4.36
Antineoplastic agents	133 414	15 273 867	0.57	34.34
Other groups	12 775 137	178 215 851	6.64	6.12
Total	124 888 280	2 685 548 163	100.00	14.67

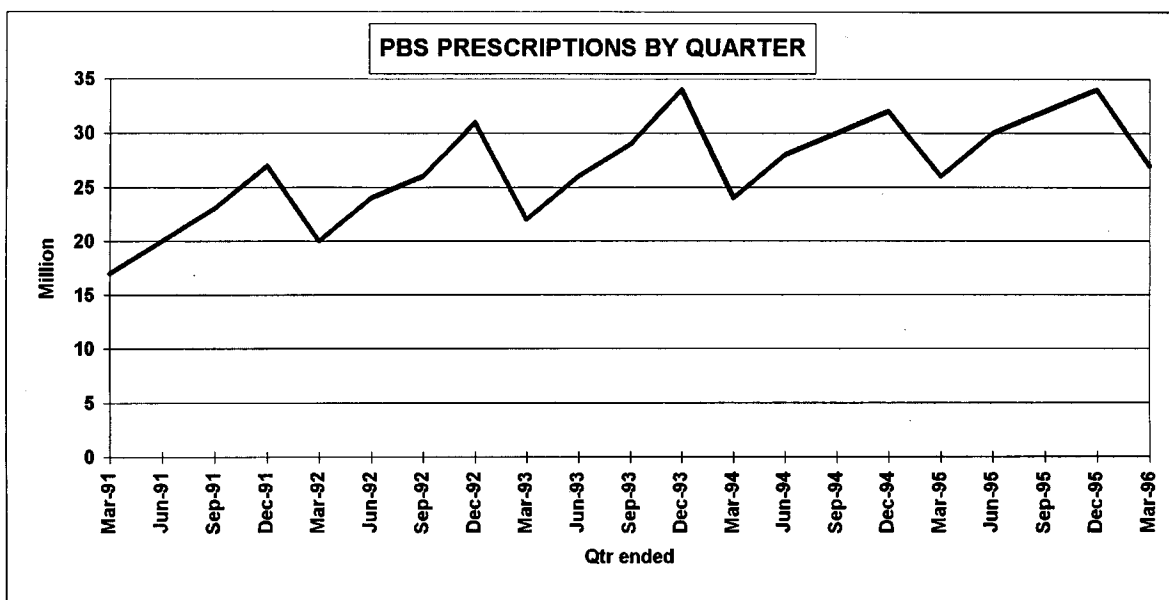
Notes:

includes patients' contribution;

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

Highest cost items, 1995-96

Rank	Name	Form	Volume	Total Cost
				\$
1	Ranitidine Hydrochloride	Tablet 150 mg (base)	2 475 063	81 665 468
2	Omeprazole	Capsule 20 mg [ulcerating oesophagitis]	814 244	80 792 921
3	Simvastatin	Tablet 10 mg	1 720 489	72 241 865
4	Simvastatin	Tablet 20 mg	1 151 640	69 762 944
5	Enalapril Maleate	Tablet 20 mg	1 375 609	52 387 725
6	Fluoxetine Hydrochloride	Capsule 20 mg (base)	617 394	43 795 170
7	Captopril	Tablet 50 mg	469 831	34 451 514
8	Enalapril Maleate	Tablet 10 mg	1 143 663	33 616 425
9	Budesonide	Inhalation 400 mg per dose (200 doses)	680 971	29 999 343
10	Influenza Vaccine	Injection (trivalent) 0.5 mL	1 714 985	29 938 305
11	Paracetamol	Tablet 500 mg	3 754 416	28 914 247
12	Ipratropium Bromide	Nebuliser solution 500 mcg in 2 mL, 30	379 648	28 429 482
13	Felodipine	Tablet 10 mg (extended release)	787 691	26 872 137
14	Paroxetine Hydrochloride	Tablet 20 mg (base)	374 124	26 267 193
15	Famotidine	Tablet 20 mg	803 502	25 820 405
16	Beclomethasone Dipropionate	Inhalation 250 mcg per dose (200 doses)	805 806	25 384 244
17	Moclobemide	Tablet 150 mg	556 753	24 841 949
18	Isosorbide Mononitrate	Tablet 60 mg (sustained release)	979 717	22 906 019
19	Salbutamol Sulfate	Nebuliser solution 5 mg in 2.5 mL, 30	754 566	22 669 066
20	Gemfibrozil	Tablet 600 mg	485 329	22 270 592
21	Sertraline Hydrochloride	Tablet 50 mg (base)	341 629	22 215 830
22	Amlodipine Besylate	Tablet 5 mg (base)	905 072	22 101 536
23	Isotretinoin	Capsule 20 mg	116 917	22 007 848
24	Codeine Phosphate with Paracetamol	Tablet 30 mg-500 mg	2 704 936	21 104 801
25	Atenolol	Tablet 50 mg	1 929 549	20 652 123
26	Goserelin	Subcutaneous implant 3.6 mg	53 443	19 839 636
27	Captopril	Tablet 25 mg	497 897	19 746 990
28	Perindopril Erbumine	Tablet 4 mg	601 392	19 503 414
29	Salbutamol	Inhalation 100 mcg per dose (200 doses)	2 078 215	18 973 699
30	Famotidine	Tablet 40 mg	568 443	18 738 411
31	Amlodipine Besylate	Tablet 10 mg (base)	468 103	18 009 837
32	Ranitidine Hydrochloride	Tablet 300 mg (base)	531 440	17 956 166
33	Felodipine	Tablet 5 mg (extended release)	853 017	17 531 058
34	Sertraline Hydrochloride	Tablet 100 mg (base)	159 710	17 390 788
35	Verapamil Hydrochloride	Tablet 240 mg (sustained release)	978 830	17 080 474
36	Omeprazole	Capsule 20 mg [duodenal or gastric ulcer]	169 111	16 807 255
37	Oestradiol	Transdermal patches 4 mg, 8	770 904	16 733 605
38	Amoxycillin with Clavulanic Acid	Tablet 500 mg-125 mg	976 416	16 541 98239
39	Cyproterone Acetate	Tablet 50 mg [MQ 100 listing]	48 171	16 413 097
40	Lisinopril	Tablet 10 mg	514 721	15 287 929
41	Tamoxifen Citrate	Tablet 20 mg (base)	164 699	14 949 301
42	Temazepam	Capsule 10 mg [MQ 25 unrestricted listing]	2 361 686	14 778 429
43	Diltiazem Hydrochloride	Tablet 60 mg	530 076	14 648 192
44	Ipratropium Bromide	Nebuliser solution 250 mcg in 1 mL, 30	229 505	14 387 978
45	Enalapril Maleate	Tablet 5 mg	648 374	13 716 451
46	Lisinopril	Tablet 20 mg	368 615	13 620 725
47	Cimetidine	Tablet 400 mg	403 714	13 113 591
48	Acyclovir	Tablets 200, mg 90	62 948	12 581 378
49	Pravastatin Sodium	Tablet 20 mg	204 254	12 410 596
50	Calcitriol	Capsule 0.25 microgram	196 220	12 339 297



Numbers of PBS prescriptions dispensed in Australia each quarter from 1991 to March 1996.

Recalls of therapeutic goods (medicines)—reasons 1995-96

Reasons	Number
Sterility	0
Product mix-up	2
Particulate matter	2
Foreign matter	6
Impurity and degradation	2
Potency	3
Micro-organisms	4
Adverse reaction	2
Mechanical and physical defect	0
Labelling and packaging	21
Other	4
Total	46

DRUG UTILISATION BULLETIN

H₂ Receptor Antagonists and Proton Pump Inhibitors

Since the 1980s there has been increasing use of the H₂ receptor antagonists (H₂RAs), primarily for the initial and maintenance treatment of peptic ulcer (Figure 1). Until several years ago the available H₂RAs were authority listed on the Pharmaceutical Benefits Scheme (PBS) and required confirmation of the underlying pathology before supply. This requirement was removed for cimetidine in December 1991 and for ranitidine and famotidine in October 1992 following price negotiations and the prediction of cost offsets resulting from a decrease in number of investigations.

Significant increases in use and cost followed the introduction of these changes, although cimetidine declined in use once derestriction applied to all the H₂RAs. There was not, however, a corresponding decline in the number of endoscopy/barium meal claims as predicted. The H₂RAs listing was changed in December 1994 from unrestricted to restricted benefits on the PBS for use in treatment of peptic ulcer, reflux oesophagitis, scleroderma oesophagus (not famotidine or nizatidine) and Zollinger-Ellison syndrome (not nizatidine).

With recognition of the importance of the role of *Helicobacter pylori* in the pathogenesis of peptic ulcer, a major change has been predicted in the treatment patterns for peptic ulcer disease. Although evidence to date has been that the uptake of eradication protocols has been low¹, the recent release of management guidelines^{2,3} and the evaluation for marketing approval of eradication compliance packs may change this picture.

The proton pump inhibitors have also increased markedly in recent years (Figure 2). The major reason for use given by prescribers for PBS supply was severe refractory ulcerating oesophagitis (86%), with the next most frequent use being refractory gastric or duodenal ulcer (12%). In the 1995/96 financial year there were 1.27 million prescriptions processed for the proton pump inhibitors at a cost to the government of \$119 million. These are a group of expensive (dispensed price over \$80 per prescription) but effective drugs, which have shown acceptable cost-effectiveness in a tightly defined sub-group of patients with severe disease (current PBS listing - 'severe refractory ulcerating oesophagitis'). The usage has grown to a level suggesting widespread use for much milder forms of disease and raises concerns over the rational use of these medicines.

1. Parkes A. *Helicobacter pylori*: how often are eradication therapies prescribed? *Med J Aust* 1995; 163; 334.
2. Australian Gastroenterology Institute. *Helicobacter pylori*: Guidelines for healthcare providers. 1996.
3. Victorian Drug Usage Advisory Committee. *Gastrointestinal Drug Guidelines* 1994/95.

Figure 1

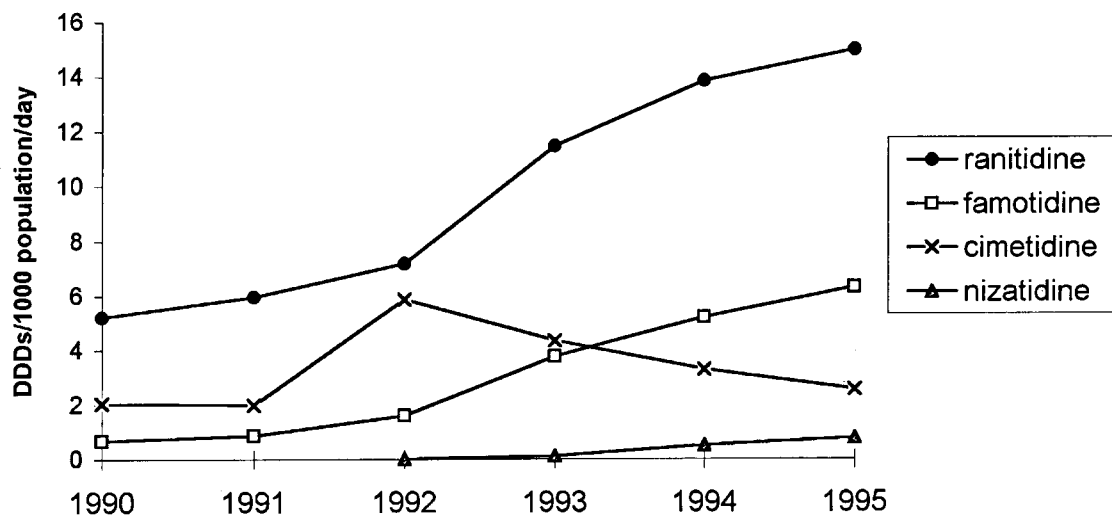
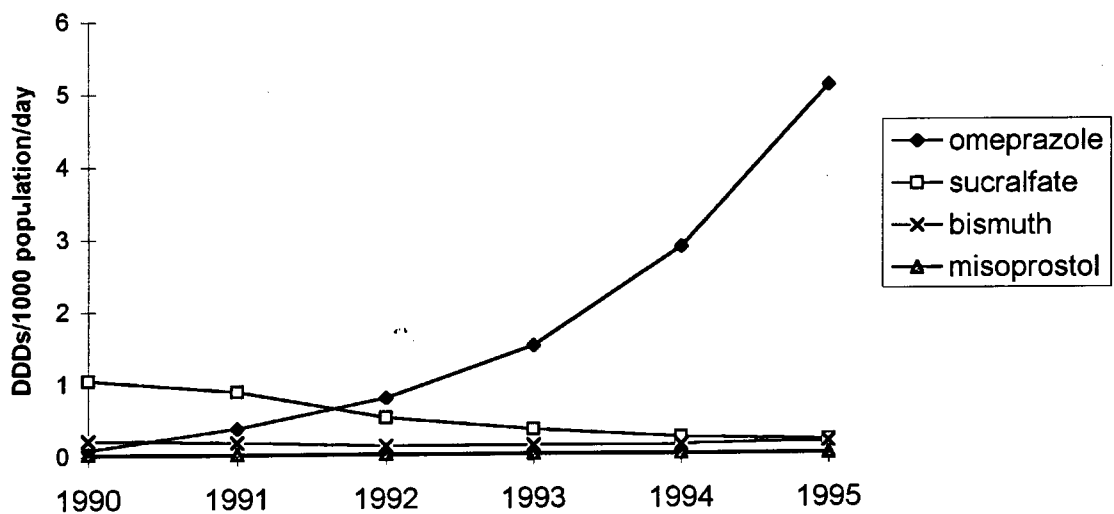
H2 receptor antagonists

Figure 2

other anti-ulcer drugs

Flucloxacillin

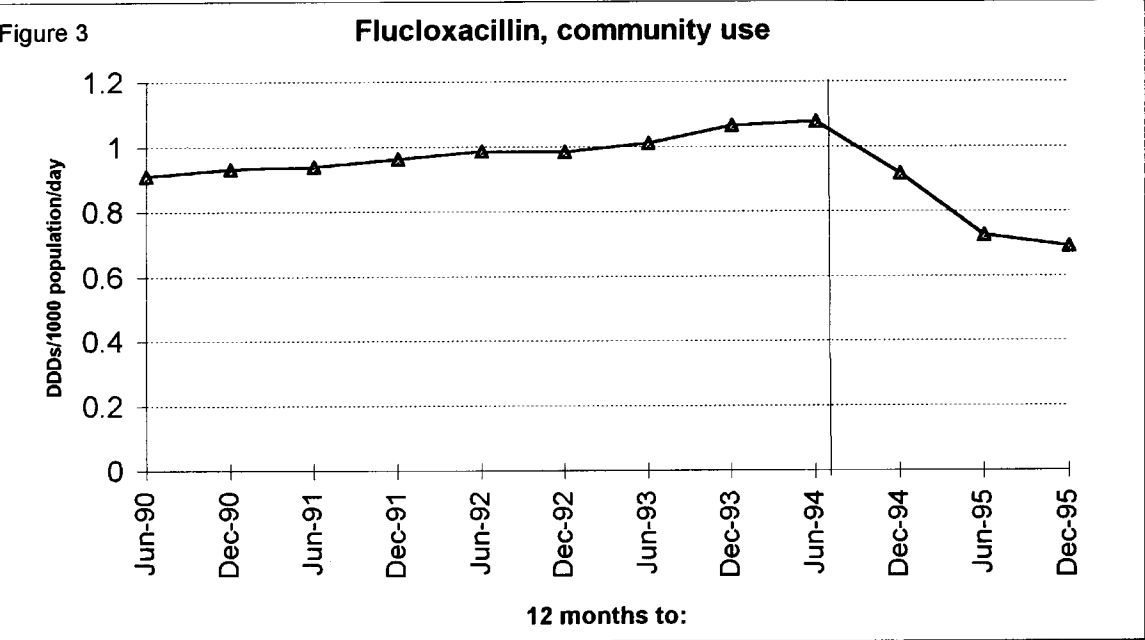
In recent years the Pharmaceutical Benefits Advisory Committee (PBAC) has been concerned over reports, from the Adverse Drug Reactions Advisory Committee (ADRAC) and other sources, of hepatotoxicity associated with the use of flucloxacillin¹⁻³.

In August 1994 an open letter to doctors and pharmacists was included at the front of the Schedule of Pharmaceutical Benefits to outline the concern felt by the PBAC over the level of use of this drug and that some of the prescribing may be for relatively minor conditions. To complement this information all oral formulations of flucloxacillin were restricted to use in serious staphylococcal infections. In addition, the August 1994 ADRAC bulletin reported on fatal hepatic reactions to flucloxacillin in Australia¹.

The influence of the above factors on the prescribing of flucloxacillin, which had previously been increasing slowly, is shown in Figure 3. Such a dramatic reduction in prescribing volume does not usually follow a change to restricted benefit listing.

Previous ADRAC bulletins on flucloxacillin-induced hepatitis (February and November 1990, February 1992 and August 1994) and precautionary notes added to the Schedule in December 1990 and again in August 1993 identifying specific risk factors of increasing age (particularly over 55 years) and duration of use (beyond 14 days) had not produced a decline in use. The accumulation of cues from these and other influences²⁻³ appears to have persuaded doctors that a change in their flucloxacillin prescribing behaviour would be in the interests of their patients.

- 1. Australian Adverse Drug Reactions Bulletin vol 13 number 3 August 1994.
- 2. Fairley CK et al. Risk factors for development of flucloxacillin associated jaundice. *BMJ* 1993; 306: 233-5.
- 3. Jick H et al. Flucloxacillin hepatitis. *Med J Aust* 1994; 160: 525.



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