SCHEDULE OF PHARMACEUTICAL BENEFITS

FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

Commonwealth Department of
Health and
Family Services

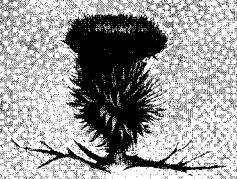
EFFECTIVE FROM 1 NOVEMBER 1997

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.

Additional copies may be purchased from:



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Sales inquiries only:
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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

Fold here

Fold here

Sender's name and address

_____

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

PBS STATISTICS 1996-1997

This publication contains several tables of data for 1996-97 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 $20.00 for general patients.

Cost of Pharmaceutical Benefits, from 1992-93 to 1996-97

($'000)

	Year ended 30 June				
	1993	1994	1995	1996	1997
Commonwealth Government payments (a)					
Benefit prescriptions -					
General (b)	193,915	224,671	290,759	343,025	392,246
Safety Net Level 1 (c)	118,909	142,691	93,446	118,656	72,832
Total General	*312,825*	*367,362*	*384,204*	*461,680*	*465,078*
Concessional (d)	851,447	1,019,643	1,194,973	1,369,433	1,465,658
Concessional Safety Net (e)	253,223	297,594	302,503	360,131	401,814
Total Concessional	*1,104,670*	*1,317,238*	1,497,476	1,729,563	1,867,472
Total	*1,417,495*	*1,684,599*	*1,881,680*	*2,191,243*	*2,332,550*
Patients' contributions on -					
General benefit prescriptions	172,898	194,084	230,303	251,519	278,091
Concessional benefit prescriptions	186,629	201,592	214,240	226,584	252,105
Total	*359,527*	*395,676*	*444,542*	*478,102*	*530,196*
Total cost of benefit prescriptions (including patients' contributions)	**1,777,022**	**2,080,279**	**2,326,222**	**2,669,345**	**2,862,746**
Commonwealth Government payments through miscellaneous services (f)	101,552	116,697	109,621	135,473	205,545
Total cost of pharmaceutical benefits	1,878,575	2,196,976	2,435,843	2,804,818	3,068,291
Total Commonwealth Government payments	**1,519,047**	**1,801,296**	**1,991,301**	**2,326,716**	**2,538,095**

(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) A General Safety Net Level 2 category existed from 1 January 1991 to 31 December 1993. The figures have been included in Safety Net Level 1 as the 1997 total cost was only $210.

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

(e) Introduced with effect from 1 November 1990.

(f) In 1996-97 the miscellaneous services expenditure of $205,545,000 consisted of:

	($'000)		*($'000)*
Highly Specialised Drugs	143,019	Safety Net Card issue costs	3,536
Growth Hormone	19,682	Methadone	3,065
Doctor's Bag	15,859	Colostomy and Ileostomy Associations	510
IVF etc.	15,545	Other	5,329

Summary of the thirty highest cost medicine groups, 1996-97

Group	Prescription Volume	Group Cost $	Percentage of Total Cost %	Percentage increase over 1995-96 %
Antacids, drugs for treatment of peptic ulcer and flatulence	7,774,477	349,977,009	12.16	21.71
Agents acting on the renin-angiotensin system	8,966,120	296,978,398	10.32	11.34
Anti-asthmatics	9,344,546	254,574,709	8.84	7.36
Serum lipid reducing agents	5,097,536	249,924,970	8.68	28.52
Calcium channel blockers	7,350,803	190,901,849	6.63	6.83
Psychoanaleptics	5,854,093	172,779,852	6.00	2.73
Antibacterials for systemic use	12,219,760	164,426,169	5.71	-7.84
Sex hormones and modulators of the genital system	5,400,919	103,397,720	3.59	-0.42
Analgesics	9,188,022	91,175,273	3.17	1.44
Drugs used in diabetes	2,427,583	87,938,805	3.06	4.70
Cardiac therapy	3,389,215	70,400,944	2.45	1.06
Psycholeptics	8,024,082	69,666,442	2.42	2.44
Anti-inflammatory and antirheumatic products	4,375,272	55,768,717	1.94	-2.26
Endocrine therapy	315,096	55,230,499	1.92	2.69
Antiepileptics	1,204,222	54,845,160	1.91	2.99
Ophthalmologicals	4,550,891	54,542,147	1.89	-0.28
Beta blocking agents	3,429,062	38,660,115	1.34	-0.87
Antivirals for systemic use	179,361	36,248,732	1.26	1.37
Vaccines	1,536,569	33,204,896	1.15	-2.60
Diuretics	2,718,950	31,218,334	1.08	-1.05
Antidiarrheals, intestinal anti-inflammatory/ antiinfective agents	925,261	26,107,046	0.91	1.26
Antispasmodic and anticholinergics	1,315,948	24,945,640	0.87	1.78
Anti-acne preparations	132,885	24,623,471	0.86	1.12
Nasal preparations	1,261,843	23,860,470	0.83	0.70
Coricodteriods, dermatologicals preparations	2,579,239	23,492,629	0.82	0.62
Anti-Parkinson drugs	547,057	21,938,894	0.76	-0.13
Antineoplastic agents	153,217	21,439,303	0.74	3.17
Antifungals for dermatological use	721,553	18,694,123	0.65	1.38
Diagnostics	398,794	18,228,972	0.63	0.46
Antihypettensives	942,962	16,689,446	0.58	-0.61
Other Groups	11,774,225	196,634,199	6.83	0.75
Total	**124,099,563**	**2,878,514,931**	**100.00**	**7.19**

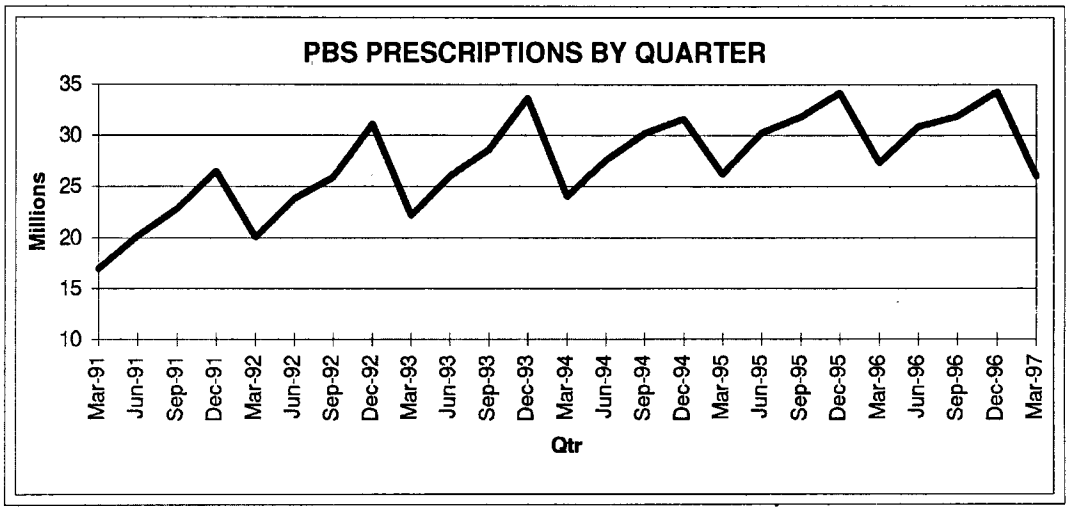
Notes:

includes patients' contributions;

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

Highest Government cost PBS drug items, 1996-97

Rank	Name	Form and Strength	Prescription Volume	Total Cost $
1	Omeprazole	Capsule 20 mg [ulcerating oesophagitis]	1,292,135	125,470,996
2	Simvastatin	Tablet 20 mg	1,616,485	99,182,895
3	Ranitidine Hydrochloride	Tablet 150 mg (base)	2,502,381	82,800,775
4	Simvastatin	Tablet 10 mg	1,810,591	76,095,351
5	Enalapril Maleate	Tablet 20 mg	1,375,179	53,208,541
6	Ipratropium Bromide	Nebuliser solution 500 mcg in 2 mL, 30	438,429	32,968,693
7	Captopril	Tablet 50 mg	442,495	32,432,835
8	Budesonide	Powder for oral inhal. 400 mcg (200 doses)	738,830	32,569,247
9	Fluoxetine Hydrochloride	Capsule 20 mg (base)	730,864	32,533,111
10	Paroxetine Hydrochloride	Tablet 20 mg (base)	587,093	31,205,150
11	Enalalpril Maleate	Tablet 10 mg	1,085,625	32,097,461
12	Famotidine	Tablet 20 mg	895,757	28,826,179
13	Isotretionoin	Capsule 20 mg	128,373	24,167,438
14	Amlodipine Besylate	Tablet 5 mg (base)	1,258,393	30,786,976
15	Isosorbide Mononitrate	Tablet 60 mg (sustained release)	1,096,736	25,945,598
16	Gemfibrozil	Tablet 600 mg	555,882	25,537,283
17	Paracetamol	Tablet 500 mg	3,812,743	29,149,855
18	Felodipine	Tablet 10 mg (extended release)	759,831	26,111,968
19	Sertraline Hydrochloride	Tablet 50 mg (base)	543,148	25,102,378
20	Amlodipine Besylate	Tablet 10 mg (base)	653,101	25,189,085
21	Salbutamol Sulfate	Nebuliser solution 5 mg (base) in 2.5 mL, 30	767,560	23,257,289
22	Beclomethasone Dipropionate	Oral pressrised inhal. 100 mcg (200 doses)	808,672	25,496,953
23	Goserelin	Subcutaneous implant 3.6 mg (base)	53,722	19,416,959
24	Pravastatin Sodium	Tablet 20 mg	346,086	21,441,046
25	Perindopril Erbumine	Tablet 4 mg	750,430	24,691,665
26	Aciclovir	Tablets 200 mg, 90	100,131	19,407,294
27	Influenza Vaccine	Injection (trivalent) 0.5 mL	1,281,375	22,413,515
28	Famotidine	Tablet 40 mg	597,686	19,891,152
29	Cod. Phos. with Paracetamol	Tablet 30 mg-500 mg	2,737,620	21,688,188
30	Calcitriol	Capsule 0.25 microgram	254,168	15,998,055
31	Atenolol	Tablet 50 mg	1,926,414	19,475,089
32	Moclobemide	Tablet 150 mg	419,435	17,779,171
33	Captopril	Tablet 25 mg	424,476	16,818,364
34	Ranitidine Hydrochloride	Tablet 300 mg (base)	521,594	17,783,422
35	Moclobemide	Tablet 300 mg	214,634	16,247,687
36	Sertraline Hydrochloride	Tablet 100 mg (base)	280,001	16,778,897
37	Tamoxifen Citrate	Tablet 20 mg (base)	169,574	15,301,521
38	Salbutamol	Oral pressurised inhal. 100 mcg (200 doses)	2,057,462	18,863,837
39	Lisionopril	Tablet 20 mg	469,471	17,509,784
40	Lansoprazole	Capsule 30 mg	163,741	15,033,256
41	Ipratropium Bromide	Nebuliser solution 250 mcg in 1 mL, 30	227,384	14,313,679
42	Omeprazole	Capsule 20 mg [duodenal or gastric ulcer]	146,015	14,057,868
43	Lisinopril	Tablet 10 mg	598,226	17,810,320
44	Diltiazem Hydrochloride	Capsule 180 mg (controlled delivery)	490,130	14,243,498
45	Metformin Hydrochloride	Tablet 500 mg	901,905	13,532,616
46	Ramipril	Tablet 5 mg	441,793	14,475,066
47	Ipratropium Bromide	Oral pressurised inhal. 20 mcg (200 doses)	419,652	12,890,504
48	Felodipine	Tablet 5 mg (extended release)	783,507	16,157,341
49	Diltiazem Hydrochloride	Capsule 240 mg (controlled delivery)	340,976	12,501,850
50	Cyproterone Acetate	Tablet 50 mg [maximum quantity 100 listing]	33,216	10,349,948



Numbers of PBS prescriptions dispensed quarterly in Australia from March 1991 to March 1997. The peak in the December quarter of each year reflects hoarding by patients eligible for 'safety net' prescriptions. The lesser peaks from December 1994 onwards are the result of the introduction of the 20 day dispensing rule.

Recalls of therapeutic goods (medicines) - reasons, 1996-97

Reason	Number
Sterility	1
Prodct mix-up	6
Particulate matter	2
Foreign matter	2
Impurity and degradation	2
Potency	7
Micro-organisms	4
Adverse reaction	1
Mechanical and physical defect	2
Labelling and packaging	15
Other	14
Total	**56**

℞ Drug Utilisation Bulletin

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TRENDS IN THE DISPENSING OF PRESCRIPTION MEDICINES THROUGH COMMUNITY PHARMACY

In Australia the Drug Utilization Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) maintains a database which provides an estimate of the community (non-hospital) use of prescription medicines. The database combines information on the dispensing of prescriptions for which the government pays a subsidy with an estimate of non-subsidised drug use from an ongoing survey of community pharmacies.

The estimated number of prescriptions dispensed through community pharmacies during the period 1990 to 1996 was:

YEAR	COMMUNITY DISPENSING
1990	162 million prescriptions
1991	144 million prescriptions
1992	155 million prescriptions
1993	161 million prescriptions
1994	163 million prescriptions
1995	173 million prescriptions
1996	178 million prescriptions

Introduction of the pensioner copayment in November 1990 resulted in a drop in overall utilisation in 1991, although the number of prescriptions dispensed has been increasing since then. Perhaps because of this intervention the percentage increase in prescriptions (9.9%) over the period 1990 to 1996 has not been greatly different from the percentage increase in population (7.2%).

In Australia, an important factor in changing usage patterns (and with a greater effect on increasing costs) is the switch to newer and more expensive drugs in important therapeutic groups, such as in the management of hypertension, depression and oesophageal disease. The top 10 most dispensed prescriptions through community pharmacies in 1990 and 1996 were:

	1990	1996
1	amoxycillin	amoxycillin
2	salbutamol	paracetamol
3	paracetamol	salbutamol
4	temazepam	codeine (≥20 mg) with paracetamol
5	betamethasone	simvastatin
6	doxycycline	ranitidine
7	diclofenac	temazepam
8	atenolol	enalapril
9	oxazepam	atenolol
10	beclomethasone dipropionate	cefaclor

The first three drugs are largely unchanged over this interval, but some interesting therapeutic changes are evident among the drugs taking the other positions on these lists. Since 1990 there have been substantial decreases in the use of benzodiazepines[1] and non-steroidal anti-inflammatory drugs[2], while the introduction of competitors has resulted in the decline of others such as betamethasone and beclomethasone.

Prescription statistics do not of course tell the whole story. Although beclomethasone has fallen out of the top 10, inhaled steroid usage is increasing as a result of educational messages and due to the availability of other inhaled steroids such as budesonide and fluticasone[3]. There is also a trend with the anti-asthmatic drugs generally towards increasing use of the higher strength formulations. The increasing use of the 30 mg codeine/500 mg paracetamol combinations and hypolipidaemic drugs are also notable.

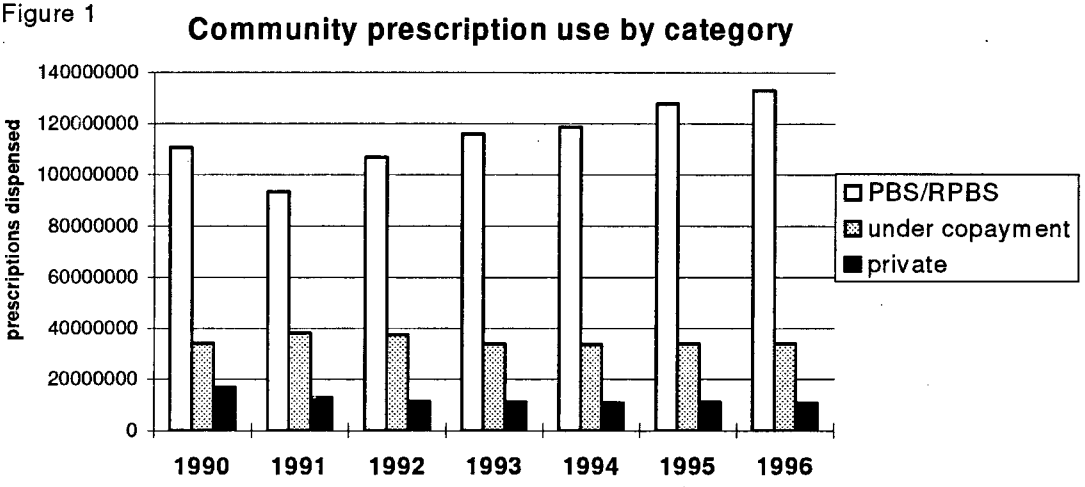
On 1996 figures the subsidised sector represented around 75% of community prescription drug use, while the non-subsidised component represented 25%, of which 19% are PBS prescriptions priced underneath the patient copayment and 6% are private prescriptions. Figure 1 shows that the main growth in prescription numbers is in the PBS/RPBS sector which has grown from 111 million prescriptions in 1990 to 133 million in 1996 (19.8% increase unadjusted for population increase). Over the same period, however, the cost to government for this sector increased from $1.41 billion to $ 2.47 billion, an increase of 75% unadjusted for inflation.

More drugs have been 'recruited' into the under copayment sector with increases in the general patient copayment, but most new drugs listed over this period have been priced above the copayment and have replaced use of under copayment drugs. These two factors have balanced each other, so that undercopayment use overall has remained stable between 1990 and 1996. Private prescription numbers declined between 1990 and 1992 but have remained stable through to 1996.

Within the subsidised PBS/RPBS sector, the three main prescription categories are Concessional, General and Repatriation. Repatriation category prescriptions, which had been falling steadily since 1990, increased by 61% (to 8.6 million) in 1996 over the previous year with the addition of around 96,000 war widow(er)s in January 1996 who would have previously accessed prescriptions as either a general or concessional PBS beneficiary.

Prescription use by general beneficiaries has been subject to a number of increases in copayment ($4 increase in Nov 1990) and safety net threshold (to $400 Jan 1994 and to $600 Jan 1996) over this period which has dampened the usage trend for this group of patients. Concession category prescriptions have increased every year following the 1991 fall associated with introduction of the pensioner copayment, although the 1996 increase of 2.8% needs to be interpreted in the light of the some degree of transfer to the Repatriation category outlined above.

Figure 1



(1) Mant A, Whicker SD, McManus P, Birkett DJ, Edmonds D, Dumbrell D. Benzodiazepine utilisation in Australia: report from a new pharmacoepidemiological database. Aust J Public Health 1993; 17(4): 345-9.

(2) McManus P, Primrose JG, Henry DA, Birkett DJ, Lindner J, Day RO. Pattern of non-steroidal anti-inflammatory drug use in Australia 1990-1994. Med J Aust 1996; 164: 589-592.

(3) McManus P, Birkett D. Recent trends in the use of antiasthmatic drugs (letter). Med J Aust 1993; 159: 832-3.

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND WHICH MAY BE SUBSTITUTED WITH EFFECT FROM 1 NOVEMBER 1997

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 prescriber 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(s) cited in the last column.

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium $	Benchmark Priced Brands
Adalat 20	Tablet 20 mg	60	1.55	*Adapine 20; Nifecard 20 mg; Nyefax 20 mg*
Aldactone	Tablet 25 mg	100	1.03	*Spiractin 25*
	Tablet 100 mg	100	1.06	*Spiractin 100*
Aldomet	Tablet 250 mg	100	1.52	*Aldopren 250; Hydopa; Nudopa 250 mg*
Amoxil	Capsule 250 mg	20	0.60	*Alphamox 250; Ampexin 250; Bgramin; Cilamox; Moxacin*
	Capsule 500 mg	20	0.70	*Alphamox 500; Ampexin 500; Bgramin; Cilamox; Moxacin*
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.59	*Alphamox 125; Ampexin; Bgramin; Cilamox; Moxacin*
Amoxil Forte	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.59	*Alphamox 250; Ampexin; Bgramin; Cilamox; Moxacin 250*
Anafranil	Tablet 25 mg	50	1.19	*Placil*
Androcur	Tablet 50 mg	20	1.50	*Cyprone*
	Tablet 50 mg	100	1.80	*Cyprone*
Atrovent	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	0.50	*Ipratrin*
	Nebuliser solution single dose units 500 micrograms (anhydrous) in 2 mL, 30	2	0.50	*Ipratrin*
Augmentin	Tablet 250 mg-125 mg	15	0.61	*Clamoxyl; Clavulin 250*
	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	1	0.60	*Clamoxyl; Clavulin 125*
Augmentin Forte	Tablet 500 mg-125 mg	15	0.61	*Clamoxyl Forte; Clavulin 500*
	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	1	0.60	*Clamoxyl Forte; Clavulin 250*
Becloforte	Oral pressurised inhalation 250 micrograms per dose (200 doses)	1	0.50	*Respocort 250 Inhaler*
Betaloc	Tablet 50 mg	100	1.10	*Minax 50*
	Tablet 100 mg	60	1.10	*Minax 100*
Betoptic	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	1	1.00	*BetoQuin*
Brevinor	Tablets 500 micrograms-35 micrograms, 21	4	6.08	*Norimin 28 Day*
	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	6.08	*Norimin 28 Day*
Brevinor-1	Tablets 1 mg-35 micrograms, 21	4	6.08	*Norimin-1 28 Day*
	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	6.08	*Norimin-1 28 Day*
Capoten	Tablet 12.5 mg	90	1.22	*Acenorm 12.5 mg; Captohexal; DBL Captopril; Enzace 12.5 mg; WL-Captopril 12.5*
	Tablet 25 mg	90	1.22	*Acenorm 25 mg; Captohexal; DBL Captopril; Enzace 25 mg; WL-Captopril 25*
	Tablet 50 mg	90	1.22	*Acenorm 50 mg; Captohexal; DBL Captopril; Enzace 50 mg; WL-Captopril 50*
Carafate	Tablet equivalent to 1 g anhydrous sucralfate	120	1.65	*Ulcyte*
Cardizem	Tablet 60 mg	90	1.00	*Cardcal 60; Coras; Diltahexal; Dilzem 60 mg; WL-Diltiazem 60*
Cisplatin (BL)	I.V. injection 10 mg in 10 mL	1	0.22	PU brand
	I.V. injection 50 mg in 50 mL	1	0.55	PU brand
Clinoril	Tablet 100 mg	100	1.02	*Aclin; Clusinol 100; Saldac 100 mg*
Clinoril 200	Tablet 200 mg	50	1.54	*Aclin 200; Clusinol 200; Saldac 200 mg*
Clomid	Tablet 50 mg	10	2.46	*Serophene*
Cordilox	Tablet 40 mg	100	1.00	*Anpec 40*
	Tablet 80 mg	100	0.99	*Anpec 80*
Cordilox SR	Tablet 240 mg (sustained release)	30	1.00	*Anpec SR*
Dalacin C	Capsule 150 mg	25	1.46	*Cleocin*
Daonil	Tablet 5 mg	100	1.00	*Glimel*
Depo-Medrol	Injection 40 mg in 1 mL	5	0.74	*Depo-Nisolone*
Depo-Provera	Injection 150 mg in 1 mL	1	3.30	*Depo-Ralovera*
Diabex	Tablet 500 mg	100	1.10	*Diaformin*
Diabex 850	Tablet 850 mg	60	1.10	*Diaformin 850*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium $	Benchmark Priced Brands
Tagamet	Tablet 200 mg	120	1.74	*Magicul 200; Sigmetadine; WL-Cimetidine 200*
	Tablet 400 mg	60	1.74	*Magicul 400; Sigmetadine; WL-Cimetidine 400*
	Tablet 800 mg	30	0.59	*Magicul 800*
Tegretol 200	Tablet 200 mg	200	1.18	*Teril*
Tenormin	Tablet 50 mg	30	1.77	*Anselol 50 mg; Atehexal; Noten; Tenlol 50; Tensig*
Tolvon	Tablet 10 mg	50	1.00	*Lenvon; Lumin 10*
	Tablet 20 mg	50	1.00	*Lenvon; Lumin 20*
Trandate	Tablet 100 mg	100	1.00	*Presolol 100*
	Tablet 200 mg	100	1.05	*Presolol 200*
Triphasil	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	6.08	*Trifeme 28*
Triphasil 28	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	*Trifeme 28*
Triprim	Tablet 300 mg	7	0.49	*Alprim*
Triquilar	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	6.08	*Logynon ED*
Triquilar ED	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	*Logynon ED*
Tryptanol	Tablet 10 mg	50	0.60	*Amitrol 10 mg; Tryptine 10*
	Tablet 25 mg	50	0.61	*Amitrol 25 mg; Endep 25; Tryptine 25*
Valium	Tablet 2 mg	50	1.15	*Antenex 2*
	Tablet 5 mg	50	1.15	*Antenex 5*
Ventolin	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	1.22	*Asmol*
Ventolin Nebules	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	0.62	*Asmol 2.5 uni-dose; Respax 2.5 Sterinebs*
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	0.62	*Asmol 5 uni-dose; Respax 5 Sterinebs*
Vibramycin	Tablet 100 mg	28	2.96	*Doxy-100; Vizam 100*
	Tablet 100 mg	21	2.22	*Doxy-100; Vizam 100*
	Tablet 100 mg	7	0.74	*Doxy-100; Vizam 100*
Visken	Tablet 5 mg	100	1.00	*Barbloc 5*
	Tablet 15 mg	50	1.00	*Barbloc 15*
Voltaren 50	Tablet 50 mg (enteric coated)	50	1.75	*Diclohexal; Fenac*
Xanax	Tablet 250 micrograms	50	0.66	*Kalma 0.25; Ralozam*
	Tablet 500 micrograms	50	0.77	*Kalma 0.5; Ralozam*
	Tablet 1 mg	50	0.88	*Kalma 1; Ralozam*
Zantac	Tablet 150 mg (base)	60	0.71	*DBL Ranitidine; Rani 2*
	Tablet 300 mg (base)	30	0.71	*DBL Ranitidine; Rani 2*
Zyloprim	Tablet 100 mg	200	0.90	*Allorin 100 mg; Progout 100; Zygout 100*
	Tablet 300 mg	60	1.21	*Allorin 300 mg; Progout 300; Zygout 300*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium $	Benchmark Priced Brands
Diprosone	Cream 500 micrograms per g (0.05%), 15 g	1	1.24	*Eleuphrat*
	Ointment 500 micrograms per g (0.05%), 15 g	1	1.24	*Eleuphrat*
	Lotion 500 micrograms per g (0.05% w/w), 30 mL	1	1.09	*Eleuphrat*
Doryx	Capsule 50 mg	25	0.56	*DBL Doxycycline*
	Capsule 100 mg	28	2.68	*DBL Doxycycline*
	Capsule 100 mg	21	1.39	*DBL Doxycycline*
	Capsule 100 mg	7	0.67	*DBL Doxycycline*
Duphalac	Mixture 3.34 g per 5 mL, 500 mL	1	1.76	*Actilax; Lac-Dol*
Dyazide	Tablet 25 mg-50 mg	100	3.50	*Hydrene 25/50*
E.E.S. Granules	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	1	1.10	*E-Mycin 400*
E.E.S. 200	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	1	1.10	*E-Mycin 200*
E.E.S. 400 Filmtab	Tablet 400 mg (base)	25	1.00	*E-Mycin*
Eldepryl	Tablet 5 mg	100	1.00	*Selgene*
Epilim EC	Tablet 200 mg (enteric coated)	200	1.00	*Valpro 200*
	Tablet 500 mg (enteric coated)	200	1.00	*Valpro 500*
Euglucon	Tablet 5 mg	100	0.52	*Glimel*
Fasigyn	Tablet 500 mg	4	1.93	*Simplotan*
Feldene	Capsule 10 mg	50	1.80	*Candyl 10 mg; Fensaid 10; Mobilis 10*
	Capsule 20 mg	25	1.90	*Candyl 20 mg; Fensaid 20; Mobilis 20; Pirox*
Feldene-D	Dispersible tablet 10 mg	50	1.80	*Candyl-D 10 mg; Fensaid-D 10; Mobilis D-10*
	Dispersible tablet 20 mg	25	1.90	*Candyl-D 20 mg; Fensaid-D 20; Mobilis D-20*
Flagyl	Tablet 400 mg	21	1.92	*Metrogyl 400*
	Tablet 200 mg	21	1.91	*Metrogyl 200*
Floxapen	Capsule 250 mg	24	0.39	*Flopen; Staphylex 250*
	Capsule 500 mg	24	0.44	*Flopen; Staphylex 500*
Glucophage	Tablet 500 mg	100	1.10	*Diaformin*
	Tablet 850 mg	60	1.10	*Diaformin 850*
Imodium	Capsule 2 mg	12	1.00	*Gastro-Stop Loperamide*
Inderal	Tablet 160 mg	50	2.00	*Deralin 160*
Indocid	Capsule 25 mg	100	2.56	*Arthrexin; Hicin 25 mg; Indomed 25*
Intal	Solution for inhalation 20 mg in 2 mL ampoule	120	2.32	*Cromese Sterinebs*
Isoptin	Tablet 40 mg	100	1.00	*Anpec 40*
	Tablet 80 mg	100	0.99	*Anpec 80*
Isoptin SR	Tablet 240 mg (sustained release)	30	1.00	*Anpec SR*
Isordil	Tablet 10 mg	200	2.98	*Sorbidin*
Keflex	Capsule 250 mg	20	1.11	*Ibilex 250*
	Capsule 500 mg	20	1.11	*Ibilex 500*
	Granules for syrup 125 mg per 5 mL, 100 mL	1	1.11	*Ibilex 125*
	Granules for syrup 250 mg per 5 mL, 100 mL	1	1.11	*Ibilex 250*
Kenacomb Otic	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	*Otocomb Otic*
	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	*Otocomb Otic*
Lasix	Tablet 40 mg	100	0.93	*Uremide*
Ledertrexate	Injection 5 mg in 2 mL	5	9.25	BL brand
Lioresal 10	Tablet 10 mg	100	0.95	*Clofen 10*
Lioresal 25	Tablet 25 mg	100	0.95	*Clofen 25*
Lomotil	Tablet 2.5 mg-25 micrograms	20	0.62	*Lofenoxal*
Lopid	Tablet 600 mg	60	1.65	*Jezil; WL-Gemfibrozil 600*
LPV 125	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	0.80	*Abbocillin-V; Cilicaine V*
LPV 250	Oral suspension 250 mg per 5 mL, 100 mL	2	1.00	*Abbocillin-V; Cilicaine V*
Melleril	Tablet 10 mg	100	0.75	*Aldazine 10*
	Tablet 25 mg	100	0.75	*Aldazine 25*
	Tablet 50 mg	100	0.75	*Aldazine 50*
	Tablet 100 mg	100	0.74	*Aldazine 100*
Methotrexate (BL)	Tablet 2.5 mg	100	0.55	*Ledertrexate; Methoblastin*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium $	Benchmark Priced Brands
Microgynon 30	Tablets 150 micrograms-30 micrograms, 21	4	6.08	*Levlen ED*
Microgynon 30 ED	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	6.08	*Levlen ED*
Midamor	Tablet 5 mg	100	2.38	*Amidal 5 mg; Kaluril; Midoride 5*
Minidiab	Tablet 5 mg	100	0.86	*Melizide*
Minipress	Tablet 1 mg (base)	100	1.99	*Pressin 1*
	Tablet 2 mg (base)	100	1.99	*Pressin 2*
	Tablet 5 mg (base)	100	1.99	*Pressin 5*
Minomycin	Capsule 100 mg	11	0.23	*Akamin 100*
Minomycin-50	Tablet 50 mg	60	0.31	*Akamin 50*
Moduretic	Tablet 50 mg-5 mg	100	2.22	*Amizide; Hydrozide; Modizide 50/5*
Mogadon	Tablet 5 mg	50	2.00	*Alodorm*
	Tablet 5 mg	25	1.00	*Alodorm*
Mylanta	Tablet 200 mg-200 mg	200	0.30	*Gelusil*
	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	0.30	*Gelusil*
Naprosyn	Tablet 250 mg	100	2.52	*Inza 250*
	Tablet 500 mg	50	1.30	*Inza 500*
Naprosyn SR750	Tablet 750 mg (sustained release)	28	1.30	*Proxen SR 750*
Naprosyn SR1000	Tablet 1 g (sustained release)	28	1.30	*Proxen SR 1000*
Natrilix	Tablet 2.5 mg	90	2.73	*Dapa-Tabs; Napamide 2.5 mg; Naride 2.5*
Nordette 21	Tablets 150 micrograms-30 micrograms, 21	4	6.08	*Monofeme 28*
Nordette 28	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	6.08	*Monofeme 28*
Noriday 28 Day	Tablets 350 micrograms, 28	4	2.48	*Locilan 28 Day*
Normison	Tablet 10 mg	50	2.00	*Temtabs*
	Capsule 10 mg	50	2.00	*Nocturne; Temaze 10*
	Tablet 10 mg	25	1.00	*Temtabs*
	Capsule 10 mg	25	1.00	*Nocturne; Temaze 10*
Ogen .625	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	0.74	*Genoral 0.625*
Ogen 1.25	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	0.74	*Genoral 1.25*
Orudis SR	Capsule 100 mg (sustained release)	50	1.60	*Oruvail SR*
Orudis SR 200	Capsule 200 mg (sustained release)	28	1.36	*Oruvail SR*
Parlodel	Tablet 2.5 mg	60	1.00	*Bromolactin; Kripton 2.5*
	Capsule 5 mg	60	1.01	*Bromolactin; Kripton 5*
	Capsule 10 mg	100	0.91	*Kripton 10*
	Tablet 2.5 mg	30	1.01	*Bromolactin; Kripton 2.5*
Prothiaden	Capsule 25 mg	50	1.38	*Dothep 25*
	Tablet 75 mg	30	1.76	*Dothep 75*
Provera	Tablet 10 mg	100	1.65	*Ralovera*
	Tablet 5 mg	56	1.22	*Ralovera*
	Tablet 10 mg	30	1.22	*Ralovera*
Prozac 20	Capsule 20 mg (base)	28	1.51	*Erocap; Lovan; Zactin*
Quinate	Tablet 300 mg	50	0.55	*Quinsul*
Rivotril	Tablet 500 micrograms	200	4.00	*Paxam 0.5*
	Tablet 2 mg	200	4.00	*Paxam 2*
Rythmodan	Capsule 100 mg	100	0.77	*Norpace*
	Capsule 150 mg	100	0.65	*Norpace*
Salazopyrin-EN	Tablet 500 mg (enteric coated)	200	1.46	*Pyralin EN*
Serepax	Tablet 15 mg	50	2.82	*Alepam 15; Murelax*
	Tablet 30 mg	50	2.82	*Alepam 30; Murelax*
	Tablet 15 mg	25	1.41	*Alepam 15; Murelax*
	Tablet 30 mg	25	1.41	*Alepam 30; Murelax*
Sinemet 100/25	Tablet 100 mg-25 mg	100	2.97	*Kinson; Sinacarb 100/25*
Sofradex	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	1	1.10	*Otodex*
	Ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g	1	1.10	*Otodex*
Sotacor	Tablet 160 mg	60	1.01	*Cardol*
Synphasic	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	6.08	*Improvil 28 Day*

Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners

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PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 1997 and all previous issues are cancelled. Schedules are published quarterly, i.e., 1 February, 1 May, 1 August and 1 November each year.

Change of Address

Notification of change of address should be directed to the Pharmaceutical Branch, Health Insurance Commission, GPO Box 9826, in your Capital City, or telephone 132 290.

Additional Copies

Additional copies of the Schedule may be purchased from:

J.S.McMillan Outsourcing
Corner of Derby and Stubbs Streets
SILVERWATER NSW 2141
Telephone: (02) 9648 3333
Facsimile: (02) 9648 4209

Eligibility for the Pharmaceutical Benefits Scheme

As from 1 January 1997, access to the Pharmaceutical Benefits Scheme is available only to those persons who are eligible to receive Medicare benefits, including Australian residents and visitors from countries with which Australia has a reciprocal health care agreement.

Fees and Patient Contributions

The following fees and patient contributions apply as at 1 November 1997 and are included, where applicable, in prices published in this Schedule—

Composite (dispensing) fees:	Ready-prepared	$4.34
	Extemporaneously-prepared	$6.20
Additional fees (for safety net prices):	Ready-prepared	$0.85
	Extemporaneously-prepared	$1.23
Patient contributions:	General	$20.00
	Concessional	$3.20
Safety net thresholds:	General	$612.60
	Concessional	$166.40

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

8188Y **Acarbose,** tablet 50 mg *(Glucobay 50)*
8189B **Acarbose,** tablet 100 mg *(Glucobay 100)*
8202Q **Aspirin,** tablet 100 mg *(Astrix)*
8200N **Azithromycin,** tablet 500 mg *(Zithromax)*
8201P **Azithromycin,** powder for oral suspension 200 mg per 5 mL, 15 mL *(Zithromax)*
8193F **Carbomer 940,** ocular lubricating gel 2 mg per g (0.2%), 10 g *(Viscotears Liquid Gel)*
8208B **Disodium Pamidronate,** injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL *(Aredia)*
8209C **Disodium Pamidronate,** injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL *(Aredia)*
8191D **Dolasetron Mesylate,** tablet 200 mg *(Anzemet)*
8192E **Dolasetron Mesylate,** I.V. injection 100 mg in 5 mL *(Anzemet)*
1435M **Fluoxymesterone,** tablet 5 mg *(Halotestin)*
8205W **Follitropin Beta (Recombinant human follicle stimulating hormone),** injection set containing 10 ampoules powder for injection (lyosphere) 50 i.u. and 10 ampoules solvent 1 mL *(Puregon 50)*
8206X **Follitropin Beta (Recombinant human follicle stimulating hormone),** injection set containing 10 ampoules powder for injection (lyosphere) 100 i.u. and 10 ampoules solvent 1 mL *(Puregon 100)*
8207Y **Follitropin Beta (Recombinant human follicle stimulating hormone),** injection set containing 10 ampoules powder for injection (lyosphere) 150 i.u. and 10 ampoules solvent 1 mL *(Puregon 150)*
8190C **Glucose Indicator—Blood,** reagent strips, 50 *(Glucotrend Glucose)*
8196J **Itraconazole,** capsule 10 mg *(Sporanox)*
8198L **Lansoprazole,** capsule 15 mg *(Zoton)*
8203R **Losartan Potassium,** tablet 50 mg *(Cozaar)*
8194G **Oestradiol,** transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8 *(Dermestril 25)*
8195H **Oestradiol,** transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8 *(Dermestril 100)*
8197K **Pravastatin Sodium,** tablet 40 mg *(Pravachol)*
8199M **Topotecan Hydrochloride,** powder for I.V. infusion 4 mg (base) *(Hycamtin)*

Additions — Brands

1444B *Bromolactin, SI*—**Bromocriptine Mesylate,** tablet 2.5 mg
1443Y *Bromolactin, SI*—**Bromocriptine Mesylate,** tablet 2.5 mg
1446D *Bromolactin, SI*—**Bromocriptine Mesylate,** capsule 5 mg
2075F *Budamax Aqueous, PM*—**Budesonide,** aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)
1147J *DBL Captopril, BL*—**Captopril,** tablet 12.5 mg
1148K *DBL Captopril, BL*—**Captopril,** tablet 25 mg
1149L *DBL Captopril, BL*—**Captopril,** tablet 50 mg
1299J *Diclohexal, HX*—**Diclofenac Sodium,** tablet 25 mg (enteric coated)
5076E *Diclohexal, HX*—**Diclofenac Sodium,** tablet 25 mg (enteric coated) **(Dental)**

1300K *Diclohexal, HX*—**Diclofenac Sodium,** tablet 50 mg (enteric coated)
5077F *Diclohexal, HX*—**Diclofenac Sodium,** tablet 50 mg (enteric coated) **(Dental)**
8121K *Distaph 250, AF*—**Dicloxacillin,** capsule 250 mg
5096F *Distaph 250, AF*—**Dicloxacillin,** capsule 250 mg **(Dental)**
8122L *Distaph 500, AF*—**Dicloxacillin,** capsule 500 mg
5097G *Distaph 500, AF*—**Dicloxacillin,** capsule 500 mg **(Dental)**
1335G *Diltahexal, HX*—**Diltiazem Hydrochloride,** tablet 60 mg
1761Q *Protaphane NovoLet 3 mL, NL*—**Insulin Isophane (N.P.H.),** injections (human) 100 units per mL, 3 mL, 5
1762R *Actrapid NovoLet 3 mL, NL*—**Insulin Neutral,** injections (human) 100 units per mL, 3 mL, 5
1763T *Mixtard 30/70 NovoLet 3 mL, NL*—**Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed),** injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5
1558B *Monodur 60 mg, PM*—**Isosorbide Mononitrate,** tablet 60 mg (sustained release)
1928L *Depo-Nisolone, KR*—**Methylprednisolone Acetate,** injection 40 mg in 1 mL
5148Y *Depo-Nisolone, KR*—**Methylprednisolone Acetate,** injection 40 mg in 1 mL **(Dental)**
8158J *DBL Ranitidine, BL*—**Ranitidine Hydrochloride,** tablet 150 mg (base)
8160L *DBL Ranitidine, BL*—**Ranitidine Hydrochloride,** tablet 300 mg (base)
1978D *DBL Ranitidine, BL*—**Ranitidine Hydrochloride,** tablet 150 mg (base)
1977C *DBL Ranitidine, BL*—**Ranitidine Hydrochloride,** tablet 300 mg (base)
2109B *Estroxyn 10, PU*—**Tamoxifen Citrate,** tablet 10 mg (base)
2110C *Estroxyn 20, PU*—**Tamoxifen Citrate,** tablet 20 mg (base)

BRAND EQUIVALENCE

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

2075F *Rhinocort Aqueous, AP*—**Budesonide,** aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)
1299J *Voltaren 25, CG*—**Diclofenac Sodium,** tablet 25 mg (enteric coated)
5076E *Voltaren 25, CG*—**Diclofenac Sodium,** tablet 25 mg (enteric coated) **(Dental)**
1558B *Imdur Durule, AP*—**Isosorbide Mononitrate,** tablet 60 mg (sustained release)
1928L *Depo-Medrol, UP*—**Methylprednisolone Acetate,** injection 40 mg in 1 mL
5148Y *Depo-Medrol, UP*—**Methylprednisolone Acetate,** injection 40 mg in 1 mL **(Dental)**
2356B *Abbocillin-V, AB; Cilicaine V, SI; LPV 125, CS*—**Phenoxymethylpenicillin,** paediatric oral suspension 125 mg per 5 mL, 100 mL
3365D *Abbocillin-V, AB; Cilicaine V, SI; LPV 125, CS*—**Phenoxymethylpenicillin,** paediatric oral suspension 125 mg per 5 mL, 100 mL **(Dental)**
2354X *Abbocillin-V, AB; Cilicaine V, SI; LPV 250, CS*—**Phenoxymethylpenicillin,** oral suspension 250 mg per 5 mL, 100 mL
3366E *Abbocillin-V, AB; Cilicaine V, SI; LPV 250, CS*—**Phenoxymethylpenicillin,** oral suspension 250 mg per 5 mL, 100 mL **(Dental)**

DELETIONS

Deletions — Items

2991K **Alprenolol Hydrochloride,** tablet 100 mg *(Aptin)*
2153H **Aluminium Hydroxide,** oral suspension 321 mg per 5 mL, 500 mL *(Amphojel)*

2552H **Aluminium Hydroxide with Kaolin,** oral suspension 137 mg-1 g per 5 mL, 500 mL *(Kaomagma)*

8052T **Amorolfine Hydrochloride,** 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 *(Loceryl)*

2705J **Belladonna Alkaloids,** tablet 92.5 micrograms-13.5 micrograms-9.9 micrograms *(Atrobel)*

2706K **Belladonna Alkaloids,** tablet 138.7 micrograms-20.3 micrograms-14.8 micrograms *(Atrobel Forte)*

2916L **Belladonna Alkaloids,** tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms *(Donnatab)*

2892F **Clofibrate,** capsule 500 mg *(Atromid-S)*

2659Y **Fluphenazine Hydrochloride,** tablet 1 mg *(Anatensol)*

2660B **Fluphenazine Hydrochloride,** tablet 2.5 mg *(Anatensol)*

2661C **Fluphenazine Hydrochloride,** tablet 5 mg *(Anatensol)*

2717B **Fluticasone Propionate,** powder for oral inhalation, refill disks (for use in Flixotide Diskhaler), 500 micrograms per dose, 4 doses per disk, 15 *(Flixotide Disks)*

2252M **Glucose,** I.V. infusion 1387 mmol (anhydrous) per 500 mL (50%), 500 mL *(AB)*

2912G **Glucose Indicator—Blood,** reagent strips, 50 *(BM-Test-BG)*

1716H **Insulin Zinc Suspension (Lente),** injection (bovine) 100 units per mL, 10 mL *(Lente MC)*

1721N **Insulin Zinc Suspension (Crystalline) (Ultralente),** injection (bovine) 100 units per mL, 10 mL *(Ultralente MC)*

1625M **Methyclothiazide,** tablet 5 mg *(Enduron)*

1641J **Methyl Salicylate,** liniment APF, 100 mL *(Linsal; Metsal; MG; WE(NQ))*

1203H **Metolazone,** tablet 2.5 mg *(Diulo)*
(item discontinued by manufacturer due to worldwide shortage of active ingredient)

3049L **Promethazine Theoclate,** tablet 25 mg *(Avomine)*

3375P **Promethazine Theoclate,** tablet 25 mg *(Avomine)* **(Dental)**

8005H **Salmeterol Xinafoate,** powder for oral inhalation, refill disks (for use in Serevent Diskhaler), 50 micrograms (base) per dose, 4 doses per disk, 15 *(Serevent Diskhaler)*

2056F **Sucralfate,** tablet 1 g (hydrous) *(SCF)*

2804N **Terbinafine Hydrochloride,** tablet 250 mg (base) *(Lamisil)*

Deletions — Brands

2245E *AB*—**Glucose,** I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L

5106R *AB*—**Glucose,** I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L **(Dental)**

1644M *AP*—**Morphine Sulfate,** injection 10 mg in 1 mL

5168B *AP*—**Morphine Sulfate,** injection 10 mg in 1 mL **(Dental)**

Deletions — Drugs Available for Extemporaneous Preparations

Beeswax White BP
Borax BP
Calamine BP
Cetomacrogol Emulsifying Wax BP
Cetrimide BP
Cream — Aqueous BP
Cream — Calamine Oily APF
Cream — Cetrimide (0.5%) BP
Emulsifying Wax BP
Glycerin — Ichthammol APF
Ichthammol BP

Liniment — Methyl Salicylate APF
Liniment — Methyl Salicylate Compound APF
Liniment — Turpentine BP
Lotion — Calamine BP
Methyl Salicylate BP
Oil — Arachis BP
Oil — Turpentine BP
Ointment — Methyl Salicylate BP
Ointment — Methyl Salicylate Compound APF 1934
Soap — Soft BP
Spirit — Camphor Compound APF
Syrup — Tolu BP
Tincture — Lobelia Ethereal BPC 1973
Tincture — Stramonium BP 1980

Deletions — Standard Formulae Preparations

7912K **Cream — Aqueous APF**
7913L **Cream — Aqueous BP**
7383N **Cream — Calamine Aqueous APF 14**
7497N **Cream — Cetomacrogol Aqueous APF**
7660E **Cream — Cetrimide 0.5% (extemporaneous formula) BP**
7661F **Cream — Cetrimide Aqueous APF**
7490F **Cream — Chlorhexidine Aqueous APF**
7490F **Cream — Chlorhexidine 1% (extemporaneous formula) BP**
7499Q **Cream — Cold APF**
7668N **Cream — Methyl Salicylate Compound APF**
7560X **Glycerin — Ichthammol APF**
7529G **Linctus, Other — Camphor Compound APF**
7480Q **Liniment — Methyl Salicylate Compound APF**
7419L **Liniment — Turpentine BP**
7629M **Lotion — Calamine APF**
7630N **Lotion — Calamine Oily APF & BP 1980**
7491G **Mixture, Other — Ipecacunaha and Tolu APF**
7618Y **Mixture, Other — Potassium Iodide and Stramonium Compound APF 14**
7494K **Mixture for Children, Other — Ipecacuanha and Camphor APF**
7918R **Ointment — Emulsifying APF & BP**
7900T **Ointment — Methyl Salicylate (extemporaneous formula) BP**
7901W **Ointment — Methyl Salicylate Compound APF 1934**
7924C **Ointment — Paraffin (white) BP**
7927F **Ointment — Simple White APF; Simple (white) BP**
7899R **Ointment — Zinc and Castor Oil APF & BP**
7541X **Soap — Spirit BP**

Deletions — Extemporaneous Preparation Types

28L **Glycerins**
38B **Liniments**
51R **Soaps**

ALTERATIONS

Restriction Changes

The following item has changed from "restricted benefit" to "authority required":

3066J **Amino Acids, Synthetic with Maltodextrin, Fat, Minerals and Vitamins,** elemental infant formula powder 400 g *(Neocate)*

Other restriction changes:

1052J **Aciclovir,** tablet 800 mg *(Acyclo-V 800; Zovirax 800 mg; Zyclir 800)*
1463B **Heparin Sodium,** injection (preservative-free) 5,000 units in 5 mL *(Monoparin)*
2240X **Lansoprazole,** capsule 30 mg *(Zoton)*
2241Y **Lansoprazole,** capsule 30 mg *(Zoton)*
1594X **Ondansetron,** tablet 4 mg *(Zofran)*
1595Y **Ondansetron,** tablet 8 mg *(Zofran)*
1596B **Ondansetron,** I.V. injection 4 mg in 2 mL *(Zofran)*
1597C **Ondansetron,** I.V. injection 8 mg in 4 mL *(Zofran)*
2242B **Paroxetine Hydrochloride,** tablet 20 mg (base) *(Aropax 20)*
2745L **Tropisetron Hydrochloride,** capsule 5 mg (base) *(Navoban)*
2746M **Tropisetron Hydrochloride,** I.V. injection 5 mg (base) in 5 mL *(Navoban)*
8064K **Valaciclovir,** tablet 500 mg *(Valtrex)*

A restriction has been added to the following preparations in the Drug Tariff:

Cream — Aqueous APF
Cream — Cetomacrogol Aqueous APF
Cream — Cetrimide Aqueous APF
Cream — Chlorhexidine Aqueous APF
Ointment — Emulsifying BP
Ointment — Paraffin (white) BP
Ointment — Paraffin (yellow) BP 1968
Ointment — Simple White APF
Ointment — Simple (white) BP
Ointment — Wool Alcohols (white) BP
Ointment — Wool Alcohols (yellow) BP

Notes

The note has been amended in respect of **Protein Hydrolysate Formula.**

Alterations—Maximum Quantity

		From	*To*
1330B	**Tetrabenazine,** tablet 25 mg *(Nitoman)*	100	120

Alterations—Manufacturer's Code

		From	*To*
2576N	**Aluminium Hydroxide with Magnesium Hydroxide,** tablet 200 mg-200 mg *(Mylanta)*	PD	WR
2157M	**Aluminium Hydroxide with Magnesium Hydroxide,** oral suspension 200 mg-200 mg per 5 mL, 500 mL *(Mylanta)*	PD	WR
1450H	**Amino Acid Formula without Phenylalanine,** food supplement powder 500 g *(Aminogran F.S.)*	GW	FA
1169M	**Cefaclor,** tablet 375 mg (sustained release) *(Keflor CD)*	AF	AL
5045M	**Cefaclor,** tablet 375 mg (sustained release) *(Keflor CD)* **(Dental)**	AF	AL
2460L	**Cefaclor,** powder for oral suspension 125 mg per 5 mL, 100 mL *(Keflor)*	AF	AL
5046N	**Cefaclor,** powder for oral suspension 125 mg per 5 mL, 100 mL *(Keflor)* **(Dental)**	AF	AL
2461M	**Cefaclor,** powder for oral suspension 250 mg per 5 mL, 75 mL *(Keflor)*	AF	AL
5047P	**Cefaclor,** powder for oral suspension 250 mg per 5 mL, 75 mL *(Keflor)* **(Dental)**	AF	AL
1451J	**Mineral Mixture,** powder 250 g *(Aminogran M.M.)*	GW	FA
1746X	**Paracetamol,** tablet 500 mg *(Dymadon P)*	GW	WR
5196L	**Paracetamol,** tablet 500 mg *(Dymadon P)* **(Dental)**	GW	WR
1747Y	**Paracetamol,** mixture 120 mg per 5 mL, 100 mL *(Dymadon)*	PW	WR
3348F	**Paracetamol,** mixture 120 mg per 5 mL, 100 mL *(Dymadon)* **(Dental)**	PW	WR
3054R	**Permethrin,** cream 50 mg per g (5%), 30 g *(Lyclear)*	PW	WR

Addition of Proprietary Names

2707L	*DBL Doxycycline, BL*—**Doxycycline,** capsule 50 mg
2703G	*DBL Doxycycline, BL*—**Doxycycline,** capsule 100 mg
2715X	*DBL Doxycycline, BL*—**Doxycycline,** capsule 100 mg
2708M	*DBL Doxycycline, BL*—**Doxycycline,** capsule 100 mg
3322W	*DBL Doxycycline, BL*—**Doxycycline,** capsule 100 mg **(Dental)**

SECTION 100

Section 100—Addition of Items

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

Disodium Pamidronate, injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL *(Aredia)*

Interferon Alfa-2a, solution for injection 18,000,000 i.u. in 1 mL single use vial *(Roferon-A)* (retrospective to 1 October 1997)

Interferon Alfa-2b, solution for injection 18,000,000 i.u. in 3 mL multi-dose vial *(Intron A)* (retrospective to 1 October 1997)

Interferon Alfa-2b, solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial *(Intron A)* (retrospective to 1 October 1997)

Lenograstim, powder for injection 13,400,000 i.u. (105 micrograms) vial *(Granocyte 13)* (retrospective to 1 October 1997)

Nevirapine, tablet 200 mg *(Viramune)* (retrospective to 1 October 1997)

Tacrolimus, capsule 1 mg *(Prograf)*

Tacrolimus, capsule 5 mg *(Prograf)*

The following item has been added to the list of Items Available on Approval of the Department of Health and Family Services and Distributed by Manufacturers:

Somatropin (Recombinant human growth hormone), injection 12 i.u. vial with 2.25 mL diluent cartridge (with preservative) *(Norditropin PenSet 12)*

ADVANCE NOTICES

Advance Notices—Deletion of Items

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 1998:

Items discontinued by the manufacturer—

2498L **Ergocalciferol,** tablet 250 micrograms *(Ostelin)*
2442M **Idoxuridine,** eye drops 1 mg per mL (0.1%), 15 mL *(Herplex)*
8067N **Interferon Alfa-2a,** solutions for injection 3,000,000 i.u. in 1 mL single use vial, 3 *(Roferon-A)*
8127R **Interferon Alfa-2a,** solutions for injection 3,000,000 i.u. in 1 mL single use vial, 3 *(Roferon-A)*
1681L **Niclosamide,** tablet 500 mg *(Yomesan)*
1680K **Niclosamide,** tablet 500 mg *(Yomesan)*

Deletions recommended by the Pharmaceutical Benefits Advisory Committee—

1035L **Aminacrine Hydrochloride,** eye drops 3 mg in 15 mL *(Aminopt)*
2718C **Charcoal, Activated,** tablet 300 mg *(Ad-Sorb; Karbons; WE(NQ))*
1202G **Chlorpropamide,** tablet 250 mg *(Diabinese)*

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 May 1998:

Deletion recommended by the Pharmaceutical Benefits Advisory Committee—

1167K **Chloramphenicol,** injection 1.2 g (solvent required) *(Chloromycetin Succinate)*

Advance Notices—Deletion of Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 1998:

Brands discontinued by the manufacturer—

2600W *Zygout 100, AD*—**Allopurinol,** tablet 100 mg
2604C *Zygout 300, AD*—**Allopurinol,** tablet 300 mg
1886G *Ampexin, AD*—**Amoxycillin,** powder for syrup 125 mg per 5 mL, 100 mL
3302T *Ampexin, AD*—**Amoxycillin,** powder for syrup 125 mg per 5 mL, 100 mL **(Dental)**
1887H *Ampexin, AD*—**Amoxycillin,** powder for syrup 250 mg per 5 mL, 100 mL
3393N *Ampexin, AD*—**Amoxycillin,** powder for syrup 250 mg per 5 mL, 100 mL **(Dental)**
2413B *AF*—**Frusemide,** injection 20 mg in 2 mL

3466K *AF*—**Frusemide,** injection 20 mg in 2 mL **(Doctor's Bag)**
2454E *Indomed 25, AD*—**Indomethacin,** capsule 25 mg
5126T *Indomed 25, AD*—**Indomethacin,** capsule 25 mg **(Dental)**
3194D *Aldopren 125, AD*—**Methyldopa,** tablet 125 mg
1638F *PU*—**Metronidazole,** I.V. infusion 500 mg in 100 mL
5154G *PU*—**Metronidazole,** I.V. infusion 500 mg in 100 mL **(Dental)**
1895R *Fensaid-D 10, AD*—**Piroxicam,** dispersible tablet 10 mg
5201R *Fensaid-D 10, AD*—**Piroxicam,** dispersible tablet 10 mg **(Dental)**
1896T *Fensaid-D 20, AD*—**Piroxicam,** dispersible tablet 20 mg
5202T *Fensaid-D 20, AD*—**Piroxicam,** dispersible tablet 20 mg **(Dental)**
1897W *Fensaid 10, AD*—**Piroxicam,** capsule 10 mg
5203W *Fensaid 10, AD*—**Piroxicam,** capsule 10 mg **(Dental)**
1898X *Fensaid 20, AD*—**Piroxicam,** capsule 20 mg
5204X *Fensaid 20, AD*—**Piroxicam,** capsule 20 mg **(Dental)**

Advance Notices—Deletion of Drugs Available for Extemporaneous Preparations

The following drugs will be deleted from the list of drugs available for extemporaneous preparations on 1 February 1998:

Drugs no longer available from recognised wholesalers—

Acid — Oleic BP
Aminophylline BP
Chlorbutol BP
Cream — Zinc Oily APF
Oil — Cade BPC 1973
Oil — Pumilio Pine BP 1980
Phenol BP

Deletions recommended by the Pharmaceutical Benefits Advisory Committee as being drugs no longer appropriate in contemporary medicine—

Ammoniated Mercury BP 1973
Ointment — Ammoniated Mercury BP 1973
Silver Nitrate BP

Advance Notices—Deletion of Standard Forumlae Preparations

The following preparations will be deleted from the list of Standard Formule Preparations on 1 February 1998:

7416H **Eye Drops — Zinc Sulfate APF**
7309Q **Inhalation — Menthol and Pine APF**
7574P **Nasal Instillation — Ephedrine APF**

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

Health Programs Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2900
Tel: (02) 6203 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 Safety Evaluation Branch, Therapeutic Goods Administration, telephone (02) 6232 8111, facsimile (02) 6232 8112, 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.

NSW
The New Children's Hospital
Hawkesbury Road
Westmead NSW 2148
Tel: (02) 9845 3111

VIC
Royal Children's Hospital
Flemington Road
Parkville Vic 3052
Tel: (03) 9345 5680

QLD
Pharmacy Department
Royal Children's hospital
Herston Qld 4029
Tel: see 24 hour contact above

ACT
Woden Valley Hospital
Garran ACT 2605
Tel: (02) 6285 2852

WA
Princess Margaret Hospital for Children
Roberts Road
Subiaco WA 6008
Tel: see 24 hour number above

SA
Women's and Children's Hospital
King William Road
North Adelaide SA 5006
Tel: (08) 8204 6117

NT
Royal Darwin Hospital
PO Box 41326
Casuarina NT 0811
Non-emergency contact number
Tel: (08) 8922 8424

TAS
Royal Hobart Hospital
Liverpool Street
Hobart Tas 7000
Non-emergency contact number
Tel: (03) 6238 8677

Drug Information Centres

ACT
Drug Information Pharmacist
Woden Valley Hospital
Garran ACT 2605
Tel: (02) 6244 3333

NSW
Drug Information Pharmacist
New South Wales Medicines Information Centre
PO Box 766
Darlinghurst NSW 2010
Tel: (02) 9361 3011

Drug Information Pharmacists
Hunter Drug Information Service
Locked Bag 7
Hunter Regional Mail Centre
NSW 2310
Tel: (02) 4921 1278
(02) 4921 1328

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
Studley Road
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
Assistant Director of Pharmacy
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) 8222 5546

Drug Information Pharmacist
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: (08) 9346 2923

NT
Drug Information 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 ..... *(02) 6232 8636*
Mr R W Nixon ..... *(02) 6232 8637*

Australian Capital Territory

ACT Board of Health
GPO Box 825
Canberra ACT 2601

Drugs—
Mr G Stefanoff ..... *(02) 6205 1000*
Therapeutic Devices—
Mr M Dwyer ..... *(02) 6244 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
Casuarina NT 0811

Mrs G Parker ..... *(08) 8922 7340*
Mr J Gorrell ..... *(08) 8922 7341*

Queensland

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—
Mr A Ware ..... *(07) 3234 0960*
Mr T J Lunney ..... *(07) 3234 0349*
Therapeutic Devices—
Mr D F Mines ..... *(07) 3216 0244*
Mr A Ware ..... *(07) 3234 0960*

South Australia

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

Drugs—
Mr W Dollman ..... *(08) 8226 6392*
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 ..... *(08) 9388 4985*
Mr M Patterson ..... *(08) 9388 4980*

TELEPHONE INTERPRETER SERVICE

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

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

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

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 and 50 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 and 20 books with each book comprising 25 (NCR) non-carbon three-part forms, that is, an original, duplicate 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.

Orders for prescription forms will not be accepted by facsimile. The quality of facsimile orders is not considered readable for accurate printing.

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
Health Programs Branch
Health Insurance Commission
PO Box 1001
Tuggeranong ACT 2901

Telephone (02) 6203 6893

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 Prescription Pad Order Clerk at the address set out above so that a determination may be made.

Index of Manufacturers' Codes

Code	*Manufacturer*
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 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344
AG	Allergan Australia Pty Ltd 22 Rodborough Road Frenchs Forest NSW 2086 Tel: 1800 252 224 Fax: (02) 9978 0292
AL	Alphapharm Medical A Division of Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344
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 Alma 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
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
BB	Blackmores Ltd 23 Roseberry Street Balgowlah NSW 2093 Tel: (02) 9951 0111 Fax: (02) 9949 1954
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 A Division of F.H. Faulding & Co. Limited 7-23 Lexia Place Mulgrave North Vic 3170 Tel: (03) 9560 2533 Fax: (03) 9560 9081
BN	Bayer Australia Limited 875-893 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311

Code	Manufacturer
BO	Boehringer Mannheim Australia Pty Limited 31 Victoria Avenue Castle Hill NSW 2154 Tel: (02) 9899 7999 Fax: (02) 9899 7893
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
BT	The Boots Company (Australia) Pty Ltd 21 Loyalty Road North Rocks NSW 2151 Tel: (02) 9842 7222 Fax: (02) 9842 7224
BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123
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 Division of Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551
CS	CSL 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
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
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
FL	C. B. Fleet Co. (Aust.) Pty Ltd 25 Macbeth Street Braeside Vic 3195 Tel: (03) 9580 2755 Fax: (03) 9580 2899

Code	Manufacturer
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
GR	GenPharm Australia 182 Alison Road Carrara Qld 4211 Tel: (07) 5524 2166 Fax: (07) 5524 2166
GS	Gilseal Pharmaceuticals Pty Limited 14 Thesiger Court Deakin ACT 2600 Tel: 1800 065 547 Fax: (02) 6282 4745
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
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
HX	Hexal Australia Pty Ltd Level 4, Suite 1-6 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
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
JT	Johnson & Johnson Pacific Pty Limited Stephen Road Botany NSW 2019 Tel: (02) 9316 0466 Fax: (02) 9666 3162
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 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333

Code	Manufacturer
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
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

Code	Manufacturer
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 Sirius 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
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
NL	NovoLet Products of Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151 Tel: (02) 9683 3600 Fax: (02) 9683 3029
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

Code	Manufacturer
NO	Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151 Tel: (02) 9683 3600 Fax: (02) 9683 3029
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 Australia Pty Ltd 4 Packard Avenue Castle Hill NSW 2154 Tel: (02) 9894 6513 Fax: (02) 9894 4380
OB	Oral B Laboratories Pty Ltd Level 3, 90 Mount Street North Sydney NSW 2060 Tel: (02) 9957 6499 Fax: (02) 9957 5383
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

Code	Manufacturer
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
PM	PMC Pharma A Division of Astra Pharmaceuticals Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700
PP	Petrus Pharmaceuticals 1360 Viveash Road Swan View WA 6056 Tel: (08) 9294 4333 Fax: (08) 9294 4777
PS	Pharmacia Products Pharmacia & Upjohn Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
PU	Pharmacia & Upjohn Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
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) 9325 4000 Fax: (02) 9325 4044

Code	Manufacturer
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) 9454 9000 Fax: (02) 9981 3229
RR	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
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

Code	Manufacturer
SI	Sigma Pharmaceuticals Pty Ltd 1408 Centre Road Clayton Vic 3168 Tel: (03) 9839 2800 Fax: (03) 9839 2801
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 Level 2, 4-10 Bridge Street Pymble NSW 2073 Tel: (02) 9440 0977 Fax: (02) 9440 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
ST	Storz Instruments Co. Division of Cyanamid Australia Pty Limited 5 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 9838 7844 Fax: (02) 9838 9604
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

Code	Manufacturer
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 Division of Novartis Pharmaceuticals 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 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Limited Tel: (02) 9436 3922 Fax: (02) 9906 7147
VH	Virgo Healthcare Pty Ltd Unit 2/87 Moore Street Leichhardt NSW 2040 Tel: (02) 9564 1065 Fax: (02) 9564 1697
WE	Wille Laboratories Pty Ltd 100 Antimony Street Carole Park Qld 4300 Tel: (07) 3271 2677 Fax: (07) 3271 1315
WR	Warner Lambert Consumer Healthcare Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6245
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, with effect from 1 January each year, for movements in the Consumer Price Index (CPI).

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 $20.00 (except for items where a special patient contribution or a brand price premium applies). Concessional beneficiaries and Safety Net Concession Card holders are able to receive items listed in the Schedule at a cost of $3.20 (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 $15.00. 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 and additional fee

up to a maximum of $20.00.

6. The contribution rate for concessional beneficiaries in public hospitals is $3.20 (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 $3.20.

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 $15.00 for prescription items. In New South Wales, those enititled 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 $612.60 and is indexed for movements in the CPI effective from 1 January each year. When a beneficiary and/or the beneficiary's family have paid $612.60 (not including any additional amounts paid under the minimum pricing policy) for their PBS/RPBS prescriptions and hospital supplied pharmaceutical benefit items in a calendar year they may apply for a Safety Net Concession Card. Concession Card holders pay $3.20 only for each prescription except where a brand premium applies. The Pharmaceutical Benefits Scheme is restricted to persons eligible for Medicare benefits.

(b) Concessional beneficiaries—

The Safety Net threshold for concessional beneficiaries and their families is $166.40. 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 $3.20 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 $3.20. 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 enitled 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 $20.00 and the general beneficiary safety net threshold applies. As concessional beneficiaries, they receive RPBS items at a maximum cost of $3.20 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 $3.20 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 $3.20 for each RPBS prescription purchased.

17. Those enitiled under a gold Department of Veterans' Affairs Health Card For All Conditions receive all of their prescription items under the RPBS and only pay $3.20 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 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 return 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.

(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 $20.00, an amount of $20.00 for general patients or an amount of $3.20 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 $20.00 or less the maximum price that an approved pharmacist can include on the PRF for safety net purposes is shown in the 'Safety Net Value' column 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 $60.00 should be made to a general patient, or $9.60 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 $20.00 for general patients, or $3.20 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—

(a) 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

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

Where a patient or agent is required to sign and date a receipt for the supply of a pharmaceutical benefit on an original prescription form (see paragraphs 142-143), that person also accepts responsibility for the validity of the entitlement information shown on the prescription. Where the approved pharmacist supplies a pharmaceutical benefit before the prescription is written, the approved pharmacist is authorised to obtain the patient's entitlement information so that this information can be entered on the prescription if the prescription, when received from the medical practitioner, does not include the relevant information.

70. Where prescriptions are written on forms which 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—

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

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

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

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

THE SCHEDULE OF PHARMACEUTICAL BENEFITS

76. Pharmaceutical benefits which may be prescribed by medical practitioners are listed in this book, *Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners*, referred to throughout as 'the Schedule'. The Schedule also includes a list of pharmaceutical benefits which may be prescribed by participating dental practitioners for dental treatment only. These items are listed separately at the end of Section 2. Additional pharmaceutical benefits which may be prescribed by medical practitioners for eligible Department of Veterans' Affairs card holders are listed in the Repatriation Schedule of Pharmaceutical Benefits. 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. Only persons eligible for Medicare benefits may obtain pharmaceutical benefits.

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, 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 three-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 three 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.

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 practitoner 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 secton 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 is made on the form for this number to be recorded.

SUPPLY OF PHARMACEUTICAL BENEFITS— PROCEDURE BY APPROVED PHARMACISTS

Prescriptions

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

(a) 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, alternatively, '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.

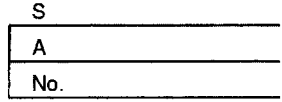
PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

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:



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:

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

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

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

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

Wastage Factor Table

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

EXTEMPORANEOUSLY PREPARED PHARMACEUTICAL BENEFITS

Standard Formulae Preparations

193. The price payable for the supply of the maximum quantity of standard formulae preparations is shown in the Standard Formulae List.

Pricing of Extemporaneous Preparations

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

195. The amount payable is ascertained as the sum of—

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

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

(c) a 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:

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

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

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

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

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

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

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

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

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

Miscellaneous Pricing Rules

197. —

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

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

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

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

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

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

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

(a) the recovery price of the added ingredients, calculated in accordance with paragraph 196; and

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

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

(a) the recovery price of the added ingredients, calculated in accordance with paragraph 196; and

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

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

(a) the recovery price of the added ingredients, calculated in accordance with paragraph 196; and

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

Containers

203. One set of container prices applies throughout Australia.

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 ready prepared pharmaceutical benefits—the first day of February, May, August and November each year for benefits supplied as from each of those days respectively;

(b) for extemporaneously prepared pharmaceutical benefits and for containers—the first day of May each year for benefits supplied as from the first day of August 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—

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

(b) 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

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

Pharmaceutical Industry Development Program

227. A major component of the Pharmaceutical Industry Development Program is the Factor (f) Scheme. Under this Scheme, sponsors undertaking agreed activity in Australia in the areas of production value added and research and development receive payments in the form of notional price increases on nominated PBS-listed products. Since April 1997, sponsors have had the option of taking these payments as actual price increases, thus resulting in a higher PBS price in the Schedule. Under this option, companies need to refund the Government the additional wholesaler and retailer margins.

Legislation

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

Enquiries

229. Enquiries regarding pharmaceutical benefits may be made to the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission (telephone 132 590). Enquiries regarding Repatriation Pharmaceutical Benefits should be directed to the relevant State Office of the Department of Veterans' Affairs (telephone 1800 552 580).

EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

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

READY PREPARED ITEMS

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

S	53
A	
No.	12345678

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

S	C54
A	Reg 24
No.	12345679

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

S	C55
A	250 Reg 24
No.	12345680

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

S	56
A	Common name of item
N0.	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.

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for

PBS Schedule

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(Dental) **Dental Benefits**

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Other drugs for disorders of the musculo-skeletal system 100

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Section 2

Emergency Drug (Doctor's Bag) Supplies

Special Pharmaceutical Benefits

General Pharmaceutical Benefits

Pharmaceutical Benefits for Dental Use

Items Available Under Special Arrangements (s.100)

SYMBOLS USED IN THE SCHEDULE

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

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

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

A gauge sign (#) against the dispensed price of a benefit indicates that the product is not preconstituted and that a composite fee for extemporaneously prepared benefits 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	8.19	AP	
3452Q	AMINOPHYLLINE I.V. injection 250 mg in 10 mL	5	16.99	SI	
3453R	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	9.47	AP	
3457Y	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	17.76	Cogentin	MK
3486L	BENZYLPENICILLIN Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*29.64	CS	
or	*or*				
3485K	PROCAINE PENICILLIN Injection 1.5 g	10	*99.82	Cilicaine	SI
3455W	CHLORPROMAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	13.58	Largactil	RR
or	*or*				
3456X	HALOPERIDOL Injection 5 mg in 1 mL	10	13.26	Serenace	SR
3472R	DEXAMETHASONE Injection 4 mg in 1 mL	5	13.17	Decadron	MK
or	*or*				
3470P	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*10.50	Solu-Cortef	UP
or	*or*				
3471Q	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	9.92	Solu-Cortef	UP
3458B	DIAZEPAM Injection 10 mg in 2 mL	5	8.00	BL	
3460D	DIHYDROERGOTAMINE MESYLATE Injection 1 mg in 1 mL	5	14.86	Dihydergot	SZ
3461E	DIPHTHERIA and TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*51.14	CS	
3462F	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL	10	*51.94	CS	
3466K	FRUSEMIDE Injection 20 mg in 2 mL	5	7.09	Lasix AF	HP
3469N	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	16.88	AZ	

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty $	Proprietary Name and Manufacturer	
3454T	GLYCERYL TRINITRATE Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)	‡1	17.50	Nitrolingual Spray	RR
3474W	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	4	*18.86	Xylocard 100	AP
3476Y	METOCLOPRAMIDE HYDROCHLORIDE Injection 10 mg in 2 mL	10	9.93	Maxolon	SK
or	*or*				
3477B	PROCHLORPERAZINE Injection 12.5 mg in 1 mL	10	13.76	Stemetil	RR
3479D	MORPHINE SULFATE Injection 15 mg in 1 mL	5	10.62	BL SI	
or	*or*				
3480E	MORPHINE SULFATE Injection 30 mg in 1 mL	5	11.99	BL	
3482G	NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL	2	*51.16	Naloxone Min-I-Jet	CS
3483H	PETHIDINE HYDROCHLORIDE Injection 100 mg in 2 mL	5	9.61	BL SI	
3488N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	*13.92	BL	
3496B	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	16.61 16.92	[a] Asmol 2.5 uni-dose [a] Respax 2.5 Sterinebs [a] Ventolin Nebules	AF PU GW
3497C	SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	17.31 17.62	[a] Asmol 5 uni-dose [a] Respax 5 Sterinebs [a] Ventolin Nebules	AF PU GW
3490Q	TERBUTALINE SULFATE Injection 100 micrograms in 1 mL	5	8.30	Bricanyl	AP
or	*or*				
3491R	TERBUTALINE SULFATE Injection 500 micrograms in 1 mL	5	8.43	Bricanyl	AP
3493W	TETANUS VACCINE, ADSORBED Injection 0.5 mL	10	*45.64	CS	

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty $	Proprietary Name and Manufacturer	
3494X	VERAPAMIL HYDROCHLORIDE Injection 5 mg in 2 mL	5	9.40	[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 30.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Special Patient Contribution for Max. Qty $	Reimbursement Price for Max.Qty $	Total Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	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***	****526.74 526.77***	****996.64 1066.94***	***20.00 20.00***	***BL Blenoxane***	***BQ***
	GLUCAGON HYDROCHLORIDE								
1449G	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	16.80	16.88	33.68	17.73	GlucaGen Hypokit	NO
	NOTE:								
	See also General Pharmaceutical Benefits.								
	POLYGELINE								
2334W	I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	7.20	*60.68	*67.88	20.00	Haemaccel	HP

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives for local oral treatment***							
	AMPHOTERICIN							
2931G	Lozenge 10 mg	20	1	..	6.88	7.73	Fungilin	BQ
	NYSTATIN							
3033P	Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	8.72	9.57	Mycostatin Nilstat	BQ AY
	• ***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***	***..***	***16.11***	***16.96***	***Difflam***	***MM***
	ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE							
	Antacids							
	• ***Combinations and complexes of aluminium, calcium and magnesium compounds***							
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE							
2576N	Tablet 200 mg-200 mg	200	5	.. 0.30	*11.28 *11.58	12.13 12.13	[a] Gelusil [a] Mylanta	WW WR
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	.. 0.30	*11.28 *11.58	12.13 12.13	[a] Gelusil [a] Mylanta	WW WR
2156L	Oral suspension 215 mg-80 mg per 5 mL, 500 mL	2	5	..	*11.28	12.13	Simeco	WT
	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE							
1032H	Tablet 250 mg-120 mg-120 mg	200	5	..	*11.28	12.13	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg-120 mg per 5 mL, 500 mL	2	5	..	*11.28	12.13	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	..	*11.28	12.13	Mucaine	WT

Code	Name, Restriction, Manner of administration and 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							
	• *H_2-receptor antagonists*							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
	CIMETIDINE							
	❖ **Restricted benefit** ❖							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8150Y	*Tablet 200 mg*	*120*	*1*	*..*	*30.69*	*20.00*	[a] *Magicul 200*	*AF*
							[a] *Sigmetadine*	*SI*
							[a] *WL-Cimetidine 200*	*WE*
				1.74	*32.43*	*20.00*	[a] *Tagamet*	*SK*
8151B	*Tablet 400 mg*	*60*	*1*	*..*	*30.69*	*20.00*	[a] *Magicul 400*	*AF*
							[a] *Sigmetadine*	*SI*
							[a] *WL-Cimetidine 400*	*WE*
				1.74	*32.43*	*20.00*	[a] *Tagamet*	*SK*
8152C	*Tablet 800 mg*	*30*	*1*	*..*	*32.94*	*20.00*	[a] *Magicul 800*	*AF*
				0.59	*33.53*	*20.00*	[a] *Tagamet*	*SK*
8153D	*Effervescent tablet 800 mg (as hydrochloride)*	*30*	*1*	*..*	*35.32*	*20.00*	*Tagamet 800 Express*	*SK*
	❖ **Restricted benefit** ❖							
	Maintenance treatment of peptic ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;							
	Reflux oesophagitis;							
	Scleroderma oesophagus;							
	Zollinger-Ellison syndrome.							
1157X	*Tablet 200 mg*	*120*	*5*	*..*	*30.69*	*20.00*	[a] *Magicul 200*	*AF*
							[a] *Sigmetadine*	*SI*
							[a] *WL-Cimetidine 200*	*WE*
				1.74	*32.43*	*20.00*	[a] *Tagamet*	*SK*
1158Y	*Tablet 400 mg*	*60*	*5*	*..*	*30.69*	*20.00*	[a] *Magicul 400*	*AF*
							[a] *Sigmetadine*	*SI*
							[a] *WL-Cimetidine 400*	*WE*
				1.74	*32.43*	*20.00*	[a] *Tagamet*	*SK*
1159B	*Tablet 800 mg*	*30*	*5*	*..*	*32.94*	*20.00*	[a] *Magicul 800*	*AF*
				0.59	*33.53*	*20.00*	[a] *Tagamet*	*SK*
1156W	*Effervescent tablet 800 mg (as hydrochloride)*	*30*	*5*	*..*	*35.32*	*20.00*	*Tagamet 800 Express*	*SK*

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	
	FAMOTIDINE							
	❖ **Restricted benefit** ❖							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8154E	*Tablet 20 mg*	*60*	*1*	*..*	*32.24*	*20.00*	*Amfamox 20* *Pepcidine M*	*AD* *MK*
8155F	*Tablet 40 mg*	*30*	*1*	*..*	*32.24*	*20.00*	*Amfamox 40* *Pepcidine*	*AD* *MK*
	❖ **Restricted benefit** ❖							
	Maintenance treatment of duodenal ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;							
	Reflux oesophagitis;							
	Scleroderma oesophagus;							
	Zollinger-Ellison syndrome.							
2487X	*Tablet 20 mg*	*60*	*5*	*..*	*32.24*	*20.00*	*Amfamox 20* *Pepcidine M*	*AD* *MK*
2488Y	*Tablet 40 mg*	*30*	*5*	*..*	*32.24*	*20.00*	*Amfamox 40* *Pepcidine*	*AD* *MK*
	NIZATIDINE							
	❖ **Restricted benefit** ❖							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8156G	*Capsule 150 mg*	*60*	*1*	*..*	*33.73*	*20.00*	*Tazac*	*LY*
8157H	*Capsule 300 mg*	*30*	*1*	*..*	*33.73*	*20.00*	*Tazac*	*LY*
	❖ **Restricted benefit** ❖							
	Maintenance treatment of duodenal ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;							
	Reflux oesophagitis.							
1505F	*Capsule 150 mg*	*60*	*5*	*..*	*33.73*	*20.00*	*Tazac*	*LY*
1504E	*Capsule 300 mg*	*30*	*5*	*..*	*33.73*	*20.00*	*Tazac*	*LY*
	RANITIDINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8158J	*Tablet 150 mg (base)*	*60*	*1*	*..*	*33.09*	*20.00*	[a] *DBL Ranitidine* [a] *Rani 2*	*BL* *AF*
				0.71	*33.80*	*20.00*	[a] *Zantac*	*GW*
8159K	*Effervescent tablet 150 mg (base)*	*60*	*1*	*..*	*33.09*	*20.00*	*Zantac*	*GW*

continued ☛

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	RANITIDINE HYDROCHLORIDE—cont.							
8160L	*Tablet 300 mg (base)*	*30*	*1*	*..*	*33.09*	*20.00*	[a] *DBL Ranitidine*	*BL*
							[a] *Rani 2*	*AF*
				0.71	*33.80*	*20.00*	[a] *Zantac*	*GW*
8161M	*Syrup 150 mg (base) per 10 mL, 300 mL*	*2*	*1*	*..*	**33.10*	*20.00*	*Zantac Syrup*	*GW*

❖ **Restricted benefit** ❖

Maintenance treatment of peptic ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;
Reflux oesophagitis;
Scleroderma oesophagus;
Zollinger-Ellison syndrome.

1978D	*Tablet 150 mg (base)*	*60*	*5*	*..*	*33.09*	*20.00*	[a] *DBL Ranitidine*	*BL*
							[a] *Rani 2*	*AF*
				0.71	*33.80*	*20.00*	[a] *Zantac*	*GW*
1937Y	*Effervescent tablet 150 mg (base)*	*60*	*5*	*..*	*33.09*	*20.00*	*Zantac*	*GW*
1977C	*Tablet 300 mg (base)*	*30*	*5*	*..*	*33.09*	*20.00*	[a] *DBL Ranitidine*	*BL*
							[a] *Rani 2*	*AF*
				0.71	*33.80*	*20.00*	[a] *Zantac*	*GW*
8162N	*Syrup 150 mg (base) per 10 mL, 300 mL*	*2*	*5*	*..*	**33.10*	*20.00*	*Zantac Syrup*	*GW*

- *Prostaglandins*

MISOPROSTOL

CAUTION:

Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.

❖ **Authority required** ❖

Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery;
Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years;
Reduction in the incidence of gastrointestinal complications in patients who have a history of peptic ulcer disease and in whom NSAID therapy is essential.

1648R	*Tablet 200 micrograms*	*120*	*2*	*..*	*46.92*	*20.00*	*Cytotec*	*SR*

- *Proton pump inhibitors*

LANSOPRAZOLE

❖ **Authority required** ❖

Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs.

NOTE:

The application must include the date of final assessment (x-ray, endoscopy or surgery).

continued ☛

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LANSOPRAZOLE—cont.							
2240X	*Capsule 30 mg*	*28*	*1*	..	*82.98*	*20.00*	*Zoton*	*LE*
	❖ Authority required ❖							
	Severe refractory ulcerating oesophagitis proven by endoscopy; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.							
8198L	*Capsule 15 mg*	*28*	*5*	..	*51.53*	*20.00*	*Zoton*	*LE*
2241Y	*Capsule 30 mg*	*28*	*5*	..	*82.98*	*20.00*	*Zoton*	*LE*
	OMEPRAZOLE							
	❖ Authority required ❖							
	Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs.							
	NOTE:							
	The application must include the date of final assessment (x-ray, endoscopy or surgery).							
1326T	*Capsule 20 mg*	*28*	*1*	..	*82.98*	*20.00*	*Losec*	*AP*
	❖ Authority required ❖							
	Severe refractory ulcerating oesophagitis proven by endoscopy; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.							
1327W	*Capsule 20 mg*	*28*	*5*	..	*82.98*	*20.00*	*Losec*	*AP*
	PANTOPRAZOLE SODIUM SESQUIHYDRATE							
	❖ Authority required ❖							
	Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs; Severe refractory ulcerating oesophagitis proven by endoscopy.							
	NOTE:							
	An application for use in duodenal or gastric ulcer must include the date of final assessment (x-ray, endoscopy or surgery).							
8007K	*Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole*	*28*	*1*	..	*82.98*	*20.00*	*Somac*	*PS*
	❖ Authority required ❖							
	Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.							
8008L	*Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole*	*28*	*5*	..	*82.98*	*20.00*	*Somac*	*PS*

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***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	..	28.75	20.00	De-Nol	PD
8117F	BISMUTH SUBCITRATE and METRONIDAZOLE and TETRACYCLINE HYDROCHLORIDE (BUFFERED) Pack containing 56 tablets bismuth subcitrate 107.7 mg (Bi), 70 tablets metronidazole 200 mg and 112 capsules tetracycline hydrochloride (buffered) 250 mg	‡1	..	..	71.56	20.00	Helidac Triple Therapy	PU
	OMEPRAZOLE and METRONIDAZOLE and AMOXYCILLIN ❖ **Authority required** ❖ ***Eradication of Helicobacter pylori associated with active peptic ulcer.***							
8177J	***Pack containing 28 capsules omeprazole 20 mg, 42 tablets metronidazole 400 mg and 42 capsules amoxycillin 500 mg***	***‡1***	***..***	***..***	***104.59***	***20.00***	***Losec Helicopak***	***AP***
	SUCRALFATE							
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	.. 1.65	23.04 24.69	20.00 20.00	[a] Ulcyte [a] Carafate	AF BT
	## Antiregurgitants							
	• ***Antiregurgitants***							
2014B	SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL	2	5	..	*11.46	12.31	Gaviscon P	RC
	## ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES							
	## Belladonna and derivatives, plain							
	• ***Belladonna alkaloids, tertiary amines***							
1089H	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	1	..	9.47	10.32	AP	
	## Propulsives							
	• ***Propulsives***							
	CISAPRIDE ❖ **Restricted benefit** ❖ ***Gastroparesis;*** ***Reflux oesophagitis.***							
1188M	***Tablet 5 mg***	***90***	***5***	***..***	***21.15***	***20.00***	***Prepulsid***	***JC***
1189N	***Tablet 10 mg***	***90***	***5***	***..***	***33.59***	***20.00***	***Prepulsid***	***JC***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CISAPRIDE—cont.							
1294D	***Tablet 20 mg***	***60***	***5***	***..***	***43.16***	***20.00***	***Prepulsid Forte***	***JC***
1190P	***Oral suspension 1 mg per mL, 200 mL***	***‡1***	***5***	***..***	***22.27***	***20.00***	***Prepulsid***	***JC***
	DOMPERIDONE							
1347X	Tablet 10 mg	25	..	..	6.78	7.63	Motilium	JC
	METOCLOPRAMIDE HYDROCHLORIDE							
1207M	Tablet 10 mg	25	..	..	6.00	6.85	Pramin	AF
				2.00	8.00	6.85	Maxolon	SK
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.54	7.39	Maxolon	SK
1206L	Injection 10 mg in 2 mL	10	..	..	9.93	10.78	Maxolon	SK

ANTIEMETICS AND ANTINAUSEANTS

Antiemetics and antinauseants

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

DOLASETRON MESYLATE

❖ **Restricted benefit** ❖

Management of acute nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.

8191D	***Tablet 200 mg***	***1***	***..***	***..***	***33.06***	***20.00***	***Anzemet***	***HP***
8192E	***I.V. injection 100 mg in 5 mL***	***1***	***..***	***..***	***33.06***	***20.00***	***Anzemet***	***HP***

ONDANSETRON

❖ **Authority required** ❖

➤ ***Management of nausea and vomiting associated with cytotoxic chemotherapy or radiotherapy being used to treat malignancy.***

1594X	***Tablet 4 mg***	***10***	***..***	***..***	***109.35***	***20.00***	***Zofran***	***GW***
1595Y	***Tablet 8 mg***	***10***	***..***	***..***	***187.07***	***20.00***	***Zofran***	***GW***
1596B	***I.V. injection 4 mg in 2 mL***	***1***	***..***	***..***	***26.69***	***20.00***	***Zofran***	***GW***
1597C	***I.V. injection 8 mg in 4 mL***	***1***	***..***	***..***	***43.79***	***20.00***	***Zofran***	***GW***

TROPISETRON HYDROCHLORIDE

❖ **Authority required** ❖

➤ ***Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.***

2745L	***Capsule 5 mg (base)***	***5***	***..***	***..***	***163.29***	***20.00***	***Navoban***	***SZ***
2746M	***I.V. injection 5 mg (base) in 5 mL***	***1***	***..***	***..***	***43.79***	***20.00***	***Navoban***	***SZ***

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	
	• ***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	..	..	6.94	7.79	Stemetil	RR
2369Q	Injection 12.5 mg in 1 mL	10	..	..	13.76	14.61	Stemetil	RR
2894H	Suppositories 5 mg, 5	‡1	2	..	10.10	10.95	Stemetil	RR
2895J	Suppositories 25 mg, 5	‡1	2	..	10.94	11.79	Stemetil	RR
	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.							
	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*	*..*	*11.09*	*11.94*	*Bisalax*	*RR*
1260H	*Suppositories 10 mg, 10*	*3*	*5*	*..*	**21.29*	*20.00*	*Durolax*	*BY*
1258F	*Suppositories 10 mg, 12*	*3*	*4*	*..*	**17.21*	*18.06*	*Fleet Laxative Suppositories*	*FL PP*
	DOCUSATE SODIUM with BISACODYL							
	❖ **Restricted benefit** ❖							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; ***Patients who are receiving long-term nursing care in hospitals and nursing homes;*** ***Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** ***Patients receiving palliative care;*** ***Terminal malignant neoplasia;*** ***Anorectal congenital abnormalities;*** ***Megacolon.***							
1125F	*Suppositories 100 mg-10 mg, 5*	*6*	*5*	*..*	**21.32*	*20.00*	*Coloxyl*	*FM*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Bulk producers*							
	STERCULIA with FRANGULA BARK							
	❖ **Restricted benefit** ❖							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; ***Patients who are receiving long-term nursing care in hospitals and nursing homes;*** ***Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** ***Patients receiving palliative care;*** ***Terminal malignant neoplasia;*** ***Anorectal congenital abnormalities;*** ***Megacolon.***							
1102B	*Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g*	*2*	*1*	*..*	**22.82*	*20.00*	*Granocol*	*SC*
1104D	*Granules 620 mg-80 mg per g (62%-8%), 500 g*	*‡1*	*1*	*..*	*20.22*	*20.00*	*Normacol Plus*	*NE*
	• *Osmotically acting laxatives*							
	LACTULOSE							
	❖ **Restricted benefit** ❖							
	Hepatic coma or precoma (chronic porto-systemic encephalopathy); ***Malignant neoplasia.***							
3064G	*Mixture 3.34 g per 5 mL, 500 mL*	*‡1*	*5*	*..*	*15.07*	*15.92*	[a] *Actilax*	*AF*
							[a] *Lac-Dol*	*DP*
				1.76	*16.83*	*15.92*	[a] *Duphalac*	*SM*
	• *Enemas*							
	BISACODYL							
	❖ **Restricted benefit** ❖							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; ***Patients who are receiving long-term nursing care in hospitals and nursing homes;*** ***Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** ***Patients receiving palliative care;*** ***Terminal malignant neoplasia;*** ***Anorectal congenital abnormalities;*** ***Megacolon.***							
1263L	*Enemas 10 mg in 5 mL, 25*	*‡1*	*2*	*..*	*35.36*	*20.00*	*Bisalax*	*RR*

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE							
	❖ Restricted benefit ❖							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; ***Patients who are receiving long-term nursing care in hospitals and nursing homes;*** ***Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** ***Patients receiving palliative care;*** ***Terminal malignant neoplasia;*** ***Anorectal congenital abnormalities;*** ***Megacolon.***							
2091C	***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12***	*2*	*2*	..	**30.52*	*20.00*	***Microlax***	***PS***
8175G	***Enemas 3.150 g-450 mg-45 mg in 5 mL, 12***	*2*	*2*	..	**30.52*	*20.00*	***Fleet Micro-enema***	***FL***
	• ***Other laxatives***							
	GLYCEROL							
	❖ Restricted benefit ❖							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; ***Patients who are receiving long-term nursing care in hospitals and nursing homes;*** ***Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved;*** ***Patients receiving palliative care;*** ***Terminal malignant neoplasia;*** ***Anorectal congenital abnormalities;*** ***Megacolon.***							
2555L	***Suppositories 700 mg (for infants), 12***	*3*	*5*	..	**14.48*	*15.33*	***PP***	
2556M	***Suppositories 1.4 g (for children), 12***	*3*	*5*	..	**14.84*	*15.69*	***PP***	
2557N	***Suppositories 2.8 g (for adults), 12***	*3*	*5*	..	**15.20*	*16.05*	***PP***	
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
	NEOMYCIN SULFATE							
2325J	Tablet 500 mg	25	1	..	13.14	13.99	Neosulf	AF
	NYSTATIN							
1696G	Tablet 500,000 units	50	..	..	12.08	12.93	Mycostatin Nilstat	BQ AY
1699K	Capsule 500,000 units	50	..	..	12.08	12.93	Mycostatin Nilstat	BQ AY

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	VANCOMYCIN							
	❖ **Restricted benefit** ❖							
	Antibiotic associated colitis.							
3113W	***Capsule 125 mg (125,000 i.u.) vancomycin activity***	***40***	**	**	***255.68***	***20.00***	***Vancocin***	***LY***
3114X	***Capsule 250 mg (250,000 i.u.) vancomycin activity***	***40***	**	**	***494.34***	***20.00***	***Vancocin***	***LY***
	Intestinal adsorbents							
	• ***Charcoal preparations***							
	CHARCOAL, ACTIVATED							
	❖ **Restricted benefit** ❖							
	For colostomy and ileostomy use.							
2718C	***Tablet 300 mg***	***500***	***1***	**	***20.84***	***20.00***	***Ad-Sorb***	***KY***
							Karbons	***EG***
							WE(NQ)	
	Electrolytes with carbohydrates							
	• ***Oral rehydration salt formulations***							
	ELECTROLYTE REPLACEMENT (ORAL)							
3196F	Sachets containing powder for oral solution 4.87 g, 10	‡1	..	..	12.29	13.14	Repalyte New Formulation	RR
	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	..	..	6.00	6.85	[a] Lofenoxal	MO
				0.62	6.62	6.85	[a] Lomotil	SR
	LOPERAMIDE HYDROCHLORIDE							
1571Q	Capsule 2 mg	12	..	..	6.00	6.85	[a] Gastro-Stop Loperamide	RR
				1.00	7.00	6.85	[a] Imodium	JC
	Intestinal antiinflammatory agents							
	• ***Corticosteroids for local use***							
	HYDROCORTISONE ACETATE							
	❖ **Restricted benefit** ❖							
	Proctitis;							
	Ulcerative colitis.							
1502C	***Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g***	***2***	***3***	**	***31.26***	***20.00***	***Colifoam***	***SV***
	[For other listings for this drug see Generic/Proprietary Index]							

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	
	PREDNISOLONE SODIUM PHOSPHATE							
	❖ **Restricted benefit** ❖							
	Proctitis;							
	Ulcerative colitis.							
2554K	***Suppositories equivalent to 5 mg prednisolone, 10***	***3***	***3***	***..***	****22.10***	***20.00***	***Predsol***	***SI***
	PREDNISOLONE SODIUM PHOSPHATE							
1920C	Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*72.42	20.00	Predsol	SI
	• ***Aminosalicylic acid and similar agents***							
	MESALAZINE							
	❖ **Authority required** ❖							
	Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.							
1611T	***Tablet 250 mg***	***100***	***5***	***..***	***73.50***	***20.00***	***Mesasal***	***SK***
	OLSALAZINE SODIUM							
	❖ **Authority required** ❖							
	Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.							
1728Y	***Capsule 250 mg***	***100***	***5***	***..***	***61.17***	***20.00***	***Dipentum***	***PS***
8086N	***Tablet 500 mg***	***100***	***5***	***..***	***104.44***	***20.00***	***Dipentum***	***PS***
	SULFASALAZINE							
	❖ **Restricted benefit** ❖							
	Crohn's disease;							
	Rheumatoid arthritis;							
	Ulcerative colitis.							
2093E	***Tablet 500 mg***	***200***	***5***	***..***	****41.32***	***20.00***	***Salazopyrin***	***PS***
2096H	***Tablet 500 mg (enteric coated)***	***200***	***5***	***..***	****45.02***	***20.00***	[a] ***Pyralin EN***	***KR***
				1.46	****46.48***	***20.00***	[a] ***Salazopyrin-EN***	***PS***
	DIGESTIVES, INCL. ENZYMES							
	Digestives, incl. enzymes							
	• ***Enzyme preparations***							
	PANCREATIC EXTRACT							
8020D	Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*174.19	20.00	Creon	SM
8021E	Capsule (containing enteric coated microspheres) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.22	20.00	Creon Forte	SM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PANCREATIN ENZYME							
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	53.00	20.00	Viokase	AY
	PANCRELIPASE							
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	120.94	20.00	Pancrease	JC
2495H	Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*177.30	20.00	Cotazym-S Forte	OR
	DRUGS USED IN DIABETES							
	Insulins and analogues							
	• ***Insulins and analogues, fast-acting***							
	INSULIN LISPRO							
8084L	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*176.64	20.00	Humalog	AZ
8085M	Injections (human analogue) 100 units per mL, 1.5 mL, 5	10	1	..	*289.54	20.00	Humalog	AZ
	INSULIN NEUTRAL							
1713E	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.89	20.00	Hypurin Neutral Insulin 2 Neutral	RR NO
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.29	20.00	Actrapid Humulin R	NO AZ
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.74	20.00	Actrapid HM Penfill Humulin R	NO AZ
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.74	20.00	Actrapid NovoLet 3 mL Actrapid Penfill 3 mL Humulin R	NL NO AZ
	• ***Insulins and analogues, intermediate-acting***							
	INSULIN ISOPHANE (N.P.H.)							
1711C	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.89	20.00	Hypurin Isophane Isotard MC	RR NO
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.29	20.00	Humulin NPH Protaphane	AZ NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.74	20.00	Humulin NPH Protaphane HM Penfill	AZ NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.74	20.00	Humulin NPH Protaphane NovoLet 3 mL Protaphane Penfill 3 mL	AZ NL NO

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	INSULIN ZINC SUSPENSION (Lente)							
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.29	20.00	Humulin L Monotard	AZ NO
	• ***Insulins and analogues, intermediate-acting combined with fast-acting***							
	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)							
1591R	Injection (human) 100 units (20 units-80 units) per mL, 10 mL	5	2	..	*130.29	20.00	Humulin 20/80	AZ
1426C	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*130.29	20.00	Humulin 30/70 Mixtard 30/70	AZ NO
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*130.29	20.00	Humulin 50/50 Mixtard 50/50	AZ NO
1592T	Injections (human) 100 units (20 units-80 units) per mL, 1.5 mL, 5	10	1	..	*219.74	20.00	Humulin 20/80	AZ
8006J	Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5	5	1	..	*219.74	20.00	Humulin 20/80 Mixtard 20/80 Penfill 3 mL	AZ NO
1429F	Injections (human) 100 units (30 units-70 units) per mL, 1.5 mL, 5	10	1	..	*219.74	20.00	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	..	*219.74	20.00	Humulin 30/70 Mixtard 30/70 NovoLet 3 mL Mixtard 30/70 Penfill 3 mL	AZ NL NO
2062M	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*219.74	20.00	Mixtard 50/50 Penfill 3 mL	NO
	• ***Insulins and analogues, long-acting***							
	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)							
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.29	20.00	Humulin UL Ultratard	AZ NO
	Oral blood glucose lowering drugs							
	• ***Biguanides***							
	METFORMIN HYDROCHLORIDE							
2430X	Tablet 500 mg	100	5	.. 1.10	14.79 15.89	15.64 15.64	[a] Diaformin [a] Diabex [a] Glucophage	AF AL LH
1801T	Tablet 850 mg	60	5	.. 1.10	14.79 15.89	15.64 15.64	[a] Diaformin 850 [a] Diabex 850 [a] Glucophage	AF AL LH
	• ***Sulfonamides, urea derivatives***							
	CHLORPROPAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
1202G	Tablet 250 mg	100	5	..	12.04	12.89	Diabinese	PF

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GLIBENCLAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2940R	Tablet 2.5 mg	100	5	..	8.14	8.99	Semi-Daonil	HP
2939Q	Tablet 5 mg	100	5	..	9.76	10.61	[a] Glimel	AF
				0.52	10.28	10.61	[a] Euglucon	BO
				1.00	10.76	10.61	[a] Daonil	HP
	GLICLAZIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2449X	Tablet 80 mg	100	5	..	15.35	16.20	Diamicron	SE
	GLIPIZIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2440K	Tablet 5 mg	100	5	..	14.24	15.09	[a] Melizide	AF
				0.86	15.10	15.09	[a] Minidiab	PS
	TOLBUTAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2178P	Tablet 500 mg	200	2	..	*15.46	16.31	Rastinon	HP
2607F	Tablet 1 g	100	5	..	15.46	16.31	Rastinon	HP
	• ***Alpha glucosidase inhibitors***							
	ACARBOSE ❖ **Authority required** ❖ ***Non-insulin dependent diabetic patients whose blood glucose concentrations are inadequately controlled despite diet, exercise and maximal tolerated doses of other oral anti-diabetic agents, and where insulin therapy is inappropriate.***							
8188Y	***Tablet 50 mg***	***90***	***5***	..	***28.54***	***20.00***	***Glucobay 50***	***BN***
8189B	***Tablet 100 mg***	***90***	***5***	..	***38.44***	***20.00***	***Glucobay 100***	***BN***

VITAMINS

Vitamin A and D, incl. combinations of the two

• ***Vitamin D and analogues***

CALCITRIOL

❖ **Authority required** ❖

Hypocalcaemia due to renal disease;
Hypoparathyroidism;
Hypophosphataemic rickets;
Vitamin D-resistant rickets;

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CALCITRIOL—cont.							
	Established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the date of x-ray must be included on the initial application. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
2502Q	***Capsule 0.25 microgram***	***100***	***5***	***..***	***62.64***	***20.00***	[a] ***Rocaltrol*** [a] ***Sitriol***	***RO AF***
	DIHYDROTACHYSTEROL							
	❖ **Authority required** ❖							
	Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.							
1483C	***Capsule 125 micrograms***	***100***	***5***	***..***	***46.25***	***20.00***	***A.T.10***	***SW***
	ERGOCALCIFEROL							
	❖ **Restricted benefit** ❖							
	Hypocalcaemia; Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.							
2498L	***Tablet 250 micrograms***	***100***	***5***	***..***	***25.45***	***20.00***	***Ostelin***	***BT***
	Vitamin B_1, plain and in combination with vitamin B_6 and vitamin B_{12}							
	• ***Vitamin B_1, plain***							
	THIAMINE HYDROCHLORIDE							
1065C	Injection 100 mg in 1 mL	5	1	..	12.01	12.86	Beta-Sol	FM
	Other plain vitamin preparations							
	• ***Other plain vitamin preparations***							
	PYRIDOXINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Homocystinuria; Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment; Primary hyperoxaluria; Pyridoxine-responsive anaemia, proven; Pyridoxine-responsive convulsions; Radiation sickness; Sideroblastic (refractory) anaemia.							
1965K	***Tablet 25 mg***	***100***	***..***	***..***	***8.23***	***9.08***	***FM***	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MINERAL SUPPLEMENTS							
	Calcium							
	• *Calcium*							
	CALCIUM							
	❖ **Restricted benefit** ❖							
	Hyperphosphataemia in chronic renal failure;							
	Hypocalcaemia;							
	Osteoporosis;							
	Proven malabsorption.							
3116B	*Tablet (chewable) 500 mg (as carbonate)*	*120*	*1*	..	**12.32*	*13.17*	*Cal-Sup*	*MM*
3117C	*Tablet 600 mg (as carbonate)*	*120*	*1*	..	*12.14*	*12.99*	*Caltrate*	*WT*
							SandoCal 600 mg	*SZ*
	Potassium							
	• *Potassium*							
	POTASSIUM CHLORIDE							
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.50	11.35	KSR	AF
							Slow-K	CG
							Span-K	RR
3012M	Effervescent tablet 14 mmol K^+ and 8 mmol Cl^-	60	1	..	*10.50	11.35	Chlorvescent	RR
	ANABOLIC AGENTS FOR SYSTEMIC USE							
	Anabolic steroids							
	• *Androstan derivatives*							
	METHENOLONE ACETATE							
	❖ **Authority required** ❖							
	Osteoporosis;							
	Patients on long-term treatment with corticosteroids.							
	NOTE:							
	An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.							
1620G	*Tablet 5 mg*	*100*	*3*	..	**56.70*	*20.00*	*Primobolan*	*SC*
	OXANDROLONE							
	❖ **Authority required** ❖							
	Promotion of growth in girls with Turner syndrome;							
	Promotion of growth in boys of short stature with delayed bone maturation.							
2545Y	*Tablet 2.5 mg*	*100*	*1*	..	*569.24*	*20.00*	*Lonavar*	*CS*
	• *Estren derivatives*							
	NANDROLONE DECANOATE							
	❖ **Authority required** ❖							
	Osteoporosis where other therapy is inappropriate;							
	Patients on long-term treatment with corticosteroids.							
1671Y	*Injection 50 mg in 1 mL, disposable syringe*	*1*	*7*	..	*16.66*	*17.51*	*Deca-Durabolin*	*OR*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTITHROMBOTIC AGENTS							
	Antithrombotic agents							
	• ***Vitamin K antagonists***							
	WARFARIN SODIUM							
	CAUTION: The listed brands have NOT been shown to be bioequivalent and should not be interchanged.							
2843P	Tablet 1 mg	50	2	..	7.18	8.03	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	7.35	8.20	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.59	8.44	Marevan	BA
2211J	Tablet 5 mg	50	2	..	8.08	8.93	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***	..	..	***81.34***	***20.00***	***Fragmin***	***PS***
	❖ **Authority required** ❖							
	Treatment of deep vein thrombosis.							
8130X	***Injection 10,000 units (anti-Xa) in 1 mL ampoule***	***10***	***1***	..	***158.34***	***20.00***	***Fragmin***	***PS***
	ENOXAPARIN SODIUM							
	❖ **Authority required** ❖							
	Major hip surgery.							
1831J	***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe***	***10***	..	..	***81.34***	***20.00***	***Clexane***	***RR***
	❖ **Authority required** ❖							
	Treatment of deep vein thrombosis.							
8111X	***Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe***	***10***	***1***	..	***114.34***	***20.00***	***Clexane***	***RR***
8112Y	***Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe***	***10***	***1***	..	***130.84***	***20.00***	***Clexane***	***RR***
8113B	***Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe***	***10***	***1***	..	***158.34***	***20.00***	***Clexane***	***RR***

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	
	HEPARIN CALCIUM							
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.59	11.44	Calcihep Calciparine	RR SW
	HEPARIN SODIUM							
	❖ **Restricted benefit** ❖							
	➤ ***Haemodialysis.***							
1463B	***Injection (preservative-free) 5,000 units in 5 mL***	***50***	***5***	..	****52.09***	***20.00***	***Monoparin***	***RR***
	HEPARIN SODIUM							
1466E	Injection 5,000 units in 0.2 mL	5	5	..	9.40	10.25	BL RR	
1467F	Injection 5,000 units in 1 mL	5	5	..	9.40	10.25	BL RR	
1468G	Injection 25,000 units in 5 mL	2	5	..	*11.76	12.61	RR	
1076P	Injection 35,000 units in 35 mL	12	5	..	*105.98	20.00	BL	
	NADROPARIN CALCIUM							
	❖ **Authority required** ❖							
	Major hip surgery.							
8103L	***Injection 1,900 i.u. anti-Xa in 0.2 mL single use pre-filled syringe***	***4***	..	..	****19.30***	***20.00***	***Fraxiparine***	***SW***
8104M	***Injection 2,850 i.u. anti-Xa in 0.3 mL single use pre-filled syringe***	***6***	..	..	****38.00***	***20.00***	***Fraxiparine***	***SW***
8105N	***Injection 3,800 i.u. anti-Xa in 0.4 mL single use pre-filled syringe***	***6***	..	..	****47.24***	***20.00***	***Fraxiparine***	***SW***
8106P	***Injection 5,700 i.u. anti-Xa in 0.6 mL single use pre-filled syringe***	***6***	..	..	****70.34***	***20.00***	***Fraxiparine***	***SW***
	❖ **Authority required** ❖							
	Treatment of deep vein thrombosis.							
8107Q	***Injection 3,800 i.u. anti-Xa in 0.4 mL single use pre-filled syringe***	***10***	***1***	..	***79.14***	***20.00***	***Fraxiparine***	***SW***
8108R	***Injection 5,700 i.u. anti-Xa in 0.6 mL single use pre-filled syringe***	***10***	***1***	..	***114.34***	***20.00***	***Fraxiparine***	***SW***
8109T	***Injection 7,600 i.u. anti-Xa in 0.8 mL single use pre-filled syringe***	***10***	***1***	..	***130.84***	***20.00***	***Fraxiparine***	***SW***
8110W	***Injection 9,500 i.u. anti-Xa in 1 mL single use pre-filled syringe***	***10***	***1***	..	***158.34***	***20.00***	***Fraxiparine***	***SW***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Platelet aggregation inhibitors excl. heparin*							
	ABCIXIMAB							
	❖ **Authority required** ❖							
	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.							
8048N	***I.V. injection 10 mg in 5 mL***	***3***	***..***	***..***	****1642.34***	***20.00***	***ReoPro***	***LY***
	ASPIRIN							
8202Q	Tablet 100 mg	112	1	..	5.83	6.68	Astrix	FA
	TICLOPIDINE HYDROCHLORIDE							
	CAUTION:							
	Severe neutropenia is common in the early months of therapy. Haematological monitoring should be undertaken at commencement and every two weeks in the first four months of therapy.							
	❖ **Authority required** ❖							
	Patients at high risk of thrombo-embolic stroke following ischaemic cerebrovascular disturbances who are proven intolerant of low-dose aspirin (e.g. 150 mg per day), or who have further ischaemic cerebrovascular disturbances while on low-dose aspirin treatment.							
2095G	***Tablet 250 mg***	***60***	***5***	***..***	***164.63***	***20.00***	***Ticlid***	***SD***
	• *Enzymes*							
	ALTEPLASE							
	(Recombinant tissue-type plasminogen activator)							
	❖ **Authority required** ❖							
	Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.							
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***	***..***	***..***	****2245.04***	***20.00***	***Actilyse***	***BY***
	STREPTOKINASE							
	❖ **Restricted benefit** ❖							
	Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.							
2905X	***Injection 1,500,000 i.u. (solvent required) (codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)***	***1***	***..***	***..***	***201.68***	***20.00***	[a] ***Kabikinase*** [a] ***Streptase***	***PS*** ***HP***
	ANTIHEMORRHAGICS							
	Antifibrinolytics							
	• *Amino acids*							
	TRANEXAMIC ACID							
2180R	Tablet 500 mg	100	2	..	50.67	20.00	Cyklokapron	PS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIANEMIC PREPARATIONS							
	Iron preparations							
	• ***Iron bivalent, oral preparations***							
	FERROUS GLUCONATE							
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	9.06	9.91	Fergon	SW
	FERROUS SULFATE DRIED							
2689M	Tablet 350 mg (sustained release)	30	2	..	6.34	7.19	Ferro-Gradumets	AB
	• ***Iron trivalent, parenteral preparations***							
	IRON POLYMALTOSE COMPLEX							
2593L	Injection 100 mg (iron) in 2 mL	5	..	..	34.59	20.00	Ferrum H	SI
	• ***Iron in combination with folic acid***							
	FERROUS SULFATE DRIED with FOLIC ACID							
3160H	Tablet 270 mg-300 micrograms (sustained release)	30	2	..	6.66	7.51	F.G.F.	AB
	Vitamin B_{12} and folic acid							
	• ***Vitamin B_{12} (cyanocobalamin and derivatives)***							
	HYDROXOCOBALAMIN							
	❖ **Restricted benefit** ❖							
	Pernicious anaemia;							
	Other proven vitamin B_{12} deficiencies;							
	Prophylaxis after gastrectomy.							
1508J	***Injection 1 mg in 1 mL***	***3***	..	..	***10.94***	***11.79***	***Neo-Cytamen***	***BL***
	NOTE:							
	One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.							
	• ***Folic acid and derivatives***							
	FOLIC ACID							
2958Q	Tablet 500 micrograms	200	..	..	*7.42	8.27	Megafol 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*7.42	8.27	Megafol 5 SI	AF
	NOTE:							
	The 5 mg strength tablet should be used in malabsorption states only.							

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	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	..	..	75.20	20.00	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	..	..	75.20	20.00	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	..	..	76.05	20.00	Macrodex	MA
	POLYGELINE See Special Pharmaceutical Benefits							
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
2245E	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*13.69	14.54	BX	
	• ***Solutions affecting the electrolyte balance***							
3199J	ELECTROLYTE REPLACEMENT SOLUTION I.V. infusion 1 L	2	1	..	*10.52	11.37	Plasma-Lyte 148	BX
2264E	SODIUM CHLORIDE I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*13.69	14.54	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*10.52	11.37	BX	
2266G	SODIUM CHLORIDE COMPOUND I.V. infusion 1 L	4	1	..	*16.22	17.07	BX	
2281C	SODIUM CHLORIDE with GLUCOSE I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*13.69	14.54	BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*17.09	17.94	BX	
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	1	..	*17.09	17.94	BX	
2286H	SODIUM LACTATE COMPOUND I.V. infusion 1 L	5	1	..	*13.69	14.54	BX	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CARDIAC THERAPY							
	Cardiac glycosides							
	• ***Digitalis glycosides***							
	DIGOXIN							
2605D	Tablet 62.5 micrograms	200	1	..	8.10	8.95	Lanoxin-PG	GW
1322N	Tablet 250 micrograms	100	1	..	8.39	9.24	Lanoxin	GW
3164M	Oral solution for children 50 micrograms per mL, 100 mL	‡1	3	..	21.17	20.00	Lanoxin	GW
	Antiarrhythmics, class I and III							
	• ***Antiarrhythmics, class IA***							
	DISOPYRAMIDE							
2923W	Capsule 100 mg	100	5	..	22.60	20.00	[a] Norpace	SR
				0.77	23.37	20.00	[a] Rythmodan	RL
2924X	Capsule 150 mg	100	5	..	30.31	20.00	[a] Norpace	SR
				0.65	30.96	20.00	[a] Rythmodan	RL
	PROCAINAMIDE HYDROCHLORIDE							
2653P	Capsule 250 mg	200	1	..	*32.62	20.00	Pronestyl	BQ
	QUINIDINE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
2623C	Tablet 250 mg (sustained release)	100	5	..	21.83	20.00	Kinidin Durule	AP
	• ***Antiarrhythmics, class IB***							
	LIGNOCAINE HYDROCHLORIDE							
2875H	Injection 100 mg in 5 mL	2	..	..	*11.60	12.45	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	11.27	12.12	Xylocard 500	AP
	MEXILETINE HYDROCHLORIDE							
1682M	Capsule 50 mg	100	5	..	27.44	20.00	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	56.04	20.00	Mexitil	BY
	• ***Antiarrhythmics, class IC***							
	FLECAINIDE ACETATE **CAUTION:** ***Flecainide acetate should be avoided in patients with poor cardiac function.*** ❖ **Restricted benefit** ❖ ***Treatment of serious cardiac arrhythmias—where these are ventricular arrhythmias treatment must be initiated in a hospital (in-patient or out-patient).***							
1088G	***Tablet 50 mg***	***60***	***5***	..	***35.14***	***20.00***	***Tambocor***	***MM***
1090J	***Tablet 100 mg***	***60***	***5***	..	***46.80***	***20.00***	***Tambocor***	***MM***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Antiarrhythmics, class III***							
	AMIODARONE HYDROCHLORIDE							
	CAUTION:							
	Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.							
	❖ **Restricted benefit** ❖							
	Severe cardiac arrhythmias.							
2344J	***Tablet 100 mg***	***30***	***5***	***..***	***18.64***	***19.49***	[a] ***Aratac 100***	***AF***
							[a] ***Cordarone X 100***	***SW***
2343H	***Tablet 200 mg***	***30***	***5***	***..***	***28.54***	***20.00***	[a] ***Aratac 200***	***AF***
							[a] ***Cordarone X 200***	***SW***
	SOTALOL HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Severe cardiac arrhythmias.							
2043M	***Tablet 160 mg***	***60***	***5***	***..***	***31.88***	***20.00***	[a] ***Cardol***	***AF***
				1.01	***32.89***	***20.00***	[a] ***Sotacor***	***BG***
	Cardiac stimulants excl. cardiac glycosides							
	• ***Adrenergic and dopaminergic agents***							
	ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	8.19	9.04	AP	
	Vasodilators used in cardiac diseases							
	• ***Organic nitrates***							
	GLYCERYL TRINITRATE							
1459T	Tablets 600 micrograms, 100	‡1	5	..	6.68	7.53	Anginine Stabilised	GW
1470J	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) **NOTE:** The spray should not be inhaled.	‡1	5	..	17.50	18.35	Nitrolingual Spray	RR
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	‡1	5	..	15.45	16.30	Nitro-Bid	ML
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	5	..	26.73	20.00	Nitradisc	SR
1514Q	Transdermal disc releasing approximately 10 mg per 24 hours	30	5	..	33.71	20.00	Nitradisc	SR
8027L	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.73	20.00	Minitran 5	MM
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.73	20.00	Transiderm-Nitro 25	CG
8010N	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.73	20.00	Nitro-Dur 5	SH
8028M	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.71	20.00	Minitran 10	MM

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GLYCERYL TRINITRATE—cont.							
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.71	20.00	Transiderm-Nitro 50	CG
8011P	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.71	20.00	Nitro-Dur 10	SH
8119H	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.71	20.00	Minitran 15	MM
8026K	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.71	20.00	Nitro-Dur 15	SH
	ISOSORBIDE DINITRATE							
2587E	Tablet 10 mg	200	2	..	*12.04	12.89	[a] Sorbidin	AF
				2.98	*15.02	12.89	[a] Isordil	AY
2586D	Tablet 20 mg	100	5	..	11.73	12.58	Isordil	AY
2588F	Sublingual tablet 5 mg	200	2	..	*13.04	13.89	Isordil Sublingual	AY
	ISOSORBIDE MONONITRATE							
1558B	Tablet 60 mg (sustained release)	30	5	..	23.03	20.00	[a] Imdur Durule	AP
							[a] Monodur 60 mg	PM
	• ***Other vasodilators used in cardiac diseases***							
	PERHEXILINE MALEATE							
	❖ **Authority required** ❖							
	Angina not responding to other therapy.							
1822X	***Tablet 100 mg***	***100***	***5***	..	***41.74***	***20.00***	***Pexid***	***SI***
	ANTIHYPERTENSIVES							
	Antiadrenergic agents, centrally acting							
	• ***Methyldopa***							
	METHYLDOPA							
3194D	Tablet 125 mg	100	5	..	8.99	9.84	[a] Aldomet-M	MK
							[a] Aldopren 125	AD
							[a] Nudopa 125 mg	DP
1629R	Tablet 250 mg	100	5	..	10.12	10.97	[a] Aldopren 250	AD
							[a] Hydopa	AF
							[a] Nudopa 250 mg	DP
				1.52	11.64	10.97	[a] Aldomet	MK
	• ***Imidazoline receptor agonists***							
	CLONIDINE							
3145M	Tablet 100 micrograms	100	5	..	25.68	20.00	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	33.82	20.00	Catapres	BY

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Antiadrenergic agents, peripherally acting							
	• ***Alpha-adrenoceptor blocking agents***							
	PRAZOSIN HYDROCHLORIDE							
1479W	Tablet 1 mg (base)	100	5	..	13.80	14.65	[a] Pressin 1	AF
				1.99	15.79	14.65	[a] Minipress	PF
1480X	Tablet 2 mg (base)	100	5	..	17.32	18.17	[a] Pressin 2	AF
				1.99	19.31	18.17	[a] Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	26.34	20.00	[a] Pressin 5	AF
				1.99	28.33	20.00	[a] Minipress	PF
	Arteriolar smooth muscle, agents acting on							
	• ***Hydrazinophthalazine derivatives***							
	HYDRALAZINE HYDROCHLORIDE							
1640H	Tablet 25 mg	200	2	..	*10.86	11.71	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.52	14.37	Alphapress 50	AF
	• ***Pyrimidine derivatives***							
	MINOXIDIL							
	❖ **Authority required** ❖							
	For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).							
2313R	***Tablet 10 mg***	***100***	***5***	***..***	***45.59***	***20.00***	***Loniten***	***UP***
	• ***Nitroferricyanide derivatives***							
	SODIUM NITROPRUSSIDE							
1100X	I.V. infusion 50 mg	10	..	..	54.91	20.00	BL	
	DIURETICS							
	Low-ceiling diuretics, thiazides							
	• ***Thiazides, plain***							
	BENDROFLUAZIDE							
1106F	Tablet 5 mg	100	1	..	8.60	9.45	Aprinox	KN
	CHLOROTHIAZIDE							
1187L	Tablet 500 mg	100	1	..	*10.56	11.41	Chlotride	AD
	HYDROCHLOROTHIAZIDE							
1484D	Tablet 25 mg	100	1	..	*9.80	10.65	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*10.78	11.63	Dichlotride	MK
	Low-ceiling diuretics, excl. thiazides							
	• ***Sulfonamides, plain***							
	CHLORTHALIDONE							
1585K	Tablet 25 mg	100	1	..	*10.56	11.41	Hygroton	CG
	INDAPAMIDE							
2436F	Tablet 2.5 mg	90	1	..	19.52	20.00	[a] Dapa-Tabs	AF
							[a] Napamide 2.5 mg	DP
							[a] Naride 2.5	AD
				2.73	22.25	20.00	[a] Natrilix	SE

Code	Name, Restriction, Manner of administration and 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***							
	BUMETANIDE							
1130L	Tablet 1 mg	100	1	..	10.26	11.11	Burinex	AP
	FRUSEMIDE							
2414C	Tablet 20 mg	100	1	..	*7.92	8.77	Lasix-M	HP
							Urex-M	FM
2412Y	Tablet 40 mg	100	1	..	7.59	8.44	[a] Uremide	AF
							Urex	FM
				0.93	8.52	8.44	[a] Lasix	HP
2415D	Tablet 500 mg	50	3	..	20.74	20.00	Urex-Forte	FM
				4.47	25.21	20.00	Lasix	HP
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	12.70	13.55	Lasix	HP
2413B	Injection 20 mg in 2 mL	5	..	..	7.09	7.94	Lasix	HP
							AF	
	• ***Aryloxyacetic acid derivatives***							
	ETHACRYNIC ACID							
	❖ **Restricted benefit** ❖							
	Patients hypersensitive to other oral diuretics.							
2511E	***Tablet 50 mg***	***100***	***1***	***..***	***32.24***	***20.00***	***Edecril***	***MK***
	Potassium-sparing agents							
	• ***Aldosterone antagonists***							
	SPIRONOLACTONE							
	CAUTION:							
	Serum electrolytes should be checked regularly.							
	❖ **Restricted benefit** ❖							
	Hyperaldosteronism, including refractory cardiac failure;							
	Female hirsutism.							
	CAUTION:							
	Treatment of hirsutism with spironolactone should be considered only after all avenues of non-drug therapy have been explored.							
	Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.							
2339D	***Tablet 25 mg***	***100***	***5***	***..***	***12.59***	***13.44***	[a] ***Spiractin 25***	***AF***
				1.03	***13.62***	***13.44***	[a] ***Aldactone***	***SR***
2340E	***Tablet 100 mg***	***100***	***5***	***..***	***36.79***	***20.00***	[a] ***Spiractin 100***	***AF***
				1.06	***37.85***	***20.00***	[a] ***Aldactone***	***SR***
	• ***Other potassium-sparing agents***							
	AMILORIDE HYDROCHLORIDE							
	CAUTION:							
	Serum electrolytes should be checked regularly.							
3109P	Tablet 5 mg	100	1	..	*8.08	8.93	[a] Amidal 5 mg	DP
							[a] Kaluril	AF
							[a] Midoride 5	AD
				2.38	*10.46	8.93	[a] Midamor	MK

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Diuretics and potassium-sparing agents in combination							
	• ***Low-ceiling diuretics and potassium-sparing agents***							
	HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE							
	CAUTION:							
	Serum electrolytes should be checked regularly.							
1486F	Tablet 50 mg-5 mg	100	1	..	*10.94	11.79	[a] Amizide	AF
							[a] Hydrozide	DP
							[a] Modizide 50/5	AD
				2.22	*13.16	11.79	[a] Moduretic	MK
	HYDROCHLOROTHIAZIDE with TRIAMTERENE							
	CAUTION:							
	Serum electrolytes should be checked regularly.							
1280J	Tablet 25 mg-50 mg	100	1	..	10.94	11.79	[a] Hydrene 25/50	AF
				3.50	14.44	11.79	[a] Dyazide	SK
	PERIPHERAL VASODILATORS							
	Peripheral vasodilators							
	• ***Other peripheral vasodilators***							
	PHENOXYBENZAMINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Phaeochromocytoma; Neurogenic urinary retention.							
1862B	***Capsule 10 mg***	***100***	***5***	..	***23.79***	***20.00***	***Dibenyline***	***SK***
	BETA BLOCKING AGENTS							
	Beta blocking agents, plain							
	• ***Beta blocking agents, plain, non-selective***							
	OXPRENOLOL HYDROCHLORIDE							
2942W	Tablet 20 mg	100	5	..	7.98	8.83	Corbeton 20	AF
2961W	Tablet 40 mg	100	5	..	9.80	10.65	Corbeton 40	AF
	PINDOLOL							
3062E	Tablet 5 mg	100	5	..	11.22	12.07	[a] Barbloc 5	AF
				1.00	12.22	12.07	[a] Visken	SZ
3065H	Tablet 15 mg	50	5	..	14.24	15.09	[a] Barbloc 15	AF
				1.00	15.24	15.09	[a] Visken	SZ
	PROPRANOLOL HYDROCHLORIDE							
2565B	Tablet 10 mg	100	5	..	5.75	6.60	Deralin 10	AF
				2.00	7.75	6.60	Inderal	IC
2566C	Tablet 40 mg	100	5	..	7.09	7.94	Deralin 40	AF
				2.00	9.09	7.94	Inderal	IC
2899N	Tablet 160 mg	50	5	..	8.58	9.43	[a] Deralin 160	AF
				2.00	10.58	9.43	[a] Inderal	IC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SOTALOL HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	TIMOLOL MALEATE							
1281K	Tablet 5 mg	100	5	..	11.44	12.29	Blocadren	FR
	• ***Beta blocking agents, plain, selective***							
	ATENOLOL							
1081X	Tablet 50 mg	30	5	..	9.62	10.47	[a] Anselol 50 mg	DP
							[a] Atehexal	HX
							[a] Noten	AF
							[a] Tenlol 50	AD
							[a] Tensig	SI
				1.77	11.39	10.47	[a] Tenormin	IC
	METOPROLOL TARTRATE							
1324Q	Tablet 50 mg	100	5	..	10.39	11.24	[a] Minax 50	AF
				1.10	11.49	11.24	[a] Betaloc	AP
				1.55	11.94	11.24	Lopresor 50	CG
1325R	Tablet 100 mg	60	5	..	12.04	12.89	[a] Minax 100	AF
				1.10	13.14	12.89	[a] Betaloc	AP
				1.55	13.59	12.89	Lopresor 100	CG
	• ***Alpha and beta blocking agents***							
	LABETALOL HYDROCHLORIDE							
1566K	Tablet 100 mg	100	5	..	13.54	14.39	[a] Presolol 100	AF
				1.00	14.54	14.39	[a] Trandate	GW
1567L	Tablet 200 mg	100	5	..	20.33	20.00	[a] Presolol 200	AF
				1.05	21.38	20.00	[a] Trandate	GW
	CALCIUM CHANNEL BLOCKERS							
	Selective calcium channel blockers with mainly vascular effects							
	• ***Dihydropyridine derivatives***							
	AMLODIPINE BESYLATE							
2751T	Tablet 5 mg (base)	30	5	..	24.47	20.00	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	..	38.37	20.00	Norvasc	PF
	FELODIPINE							
2361G	Tablet 2.5 mg (extended release)	30	5	..	16.25	17.10	Agon SR	HP
							Plendil ER	AP
2366M	Tablet 5 mg (extended release)	30	5	..	20.57	20.00	Agon SR	HP
							Plendil ER	AP
2367N	Tablet 10 mg (extended release)	30	5	..	33.16	20.00	Agon SR	HP
							Plendil ER	AP
	NIFEDIPINE							
1694E	Tablet 10 mg	60	5	..	20.37	20.00	Adalat 10	BN
1695F	Tablet 20 mg	60	5	..	24.21	20.00	[a] Adapine 20	AD
							[a] Nifecard 20 mg	SI
							[a] Nyefax 20 mg	DP
				1.55	25.76	20.00	[a] Adalat 20	BN
1906H	Tablet 30 mg (controlled release)	30	5	..	25.24	20.00	Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	..	31.07	20.00	Adalat Oros 60	BN

Code	Name, Restriction, Manner of administration and 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 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	11.12 12.12	11.97 11.97	[a] Anpec 40 [a] Cordilox [a] Isoptin	AF SC KN
1250T	Tablet 80 mg	100	5	.. 0.99	16.37 17.36	17.22 17.22	[a] Anpec 80 [a] Cordilox [a] Isoptin	AF SC KN
1254B	Tablet 120 mg	100	5	..	22.97	20.00	[a] Cordilox [a] Isoptin	SC KN
1253Y	Tablet 160 mg	60	5	..	20.35	20.00	[a] Cordilox [a] Isoptin	SC KN
2208F	Tablet 180 mg (sustained release)	30	5	..	14.05	14.90	[a] Cordilox 180 SR [a] Isoptin 180 SR	SC KN
1241H	Tablet 240 mg (sustained release)	30	5	.. 1.00	17.29 18.29	18.14 18.14	[a] Anpec SR [a] Cordilox SR [a] Isoptin SR	AF SC KN
2206D	Capsule 160 mg (sustained release)	30	5	..	12.27	13.12	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	17.29	18.14	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	9.40	10.25	[a] Cordilox [a] Isoptin	SC KN
	• ***Benzothiazepine derivatives***							
	DILTIAZEM HYDROCHLORIDE **CAUTION:** The myocardial depressant effects of this drug and of beta-blocking drugs are additive.							
1335G	Tablet 60 mg	90	5	..	27.44	20.00	[a] Cardcal 60 [a] Coras [a] Diltahexal [a] Dilzem 60 mg [a] WL-Diltiazem 60	AD AF HX DP WE
				1.00	28.44	20.00	[a] Cardizem	IC
1312C	Capsule 180 mg (controlled delivery)	28	5	..	28.52	20.00	Cardizem CD	IC
1313D	Capsule 240 mg (controlled delivery)	28	5	..	36.57	20.00	Cardizem CD	IC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM							
	ACE inhibitors, plain							
	• ***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	..	28.56	20.00	[a] Acenorm 12.5 mg	AF
							[a] Captohexal	HX
							[a] DBL Captopril	BL
							[a] Enzace 12.5 mg	SI
							[a] WL-Captopril 12.5	WE
				1.22	29.78	20.00	[a] Capoten	BQ
1148K	Tablet 25 mg	90	5	..	38.85	20.00	[a] Acenorm 25 mg	AF
							[a] Captohexal	HX
							[a] DBL Captopril	BL
							[a] Enzace 25 mg	SI
							[a] WL-Captopril 25	WE
				1.22	40.07	20.00	[a] Capoten	BQ
1149L	Tablet 50 mg	90	5	..	71.23	20.00	[a] Acenorm 50 mg	AF
							[a] Captohexal	HX
							[a] DBL Captopril	BL
							[a] Enzace 50 mg	SI
							[a] WL-Captopril 50	WE
				1.22	72.45	20.00	[a] Capoten	BQ
	CILAZAPRIL MONOHYDRATE							
8045K	Tablet 1 mg (base)	30	5	..	19.00	19.85	Inhibace	BN
8046L	Tablet 2.5 mg (base)	30	5	..	28.47	20.00	Inhibace	BN
8047M	Tablet 5 mg (base)	30	5	..	34.59	20.00	Inhibace	BN
	ENALAPRIL MALEATE							
1370D	Tablet 5 mg	30	5	..	21.05	20.00	Amprace 5	AD
							Renitec M	MK
1368B	Tablet 10 mg	30	5	..	28.93	20.00	Amprace 10	AD
							Renitec	MK
1369C	Tablet 20 mg	30	5	..	35.04	20.00	Amprace 20	AD
							Renitec 20	MK
	FOSINOPRIL SODIUM							
1182F	Tablet 10 mg	30	5	..	24.89	20.00	Monopril	BQ
1183G	Tablet 20 mg	30	5	..	34.65	20.00	Monopril	BQ
	LISINOPRIL							
2456G	Tablet 5 mg	30	5	..	21.58	20.00	Prinivil 5	AD
							Zestril	IC
2457H	Tablet 10 mg	30	5	..	29.71	20.00	Prinivil 10	AD
							Zestril	IC
2458J	Tablet 20 mg	30	5	..	36.01	20.00	Prinivil 20	AD
							Zestril	IC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PERINDOPRIL ERBUMINE							
3050M	Tablet 2 mg	30	5	..	24.04	20.00	Coversyl	SE
3051N	Tablet 4 mg	30	5	..	30.89	20.00	Coversyl	SE
	QUINAPRIL HYDROCHLORIDE							
1968N	Tablet 5 mg (base)	30	5	..	22.86	20.00	Accupril Asig	PD SI
1969P	Tablet 10 mg (base)	30	5	..	30.06	20.00	Accupril Asig	PD SI
1970Q	Tablet 20 mg (base)	30	5	..	35.78	20.00	Accupril Asig	PD SI
	RAMIPRIL							
1944H	Tablet 1.25 mg	28	5	..	19.40	20.00	Ramace 1.25 mg Tritace 1.25 mg	AP HP
1945J	Tablet 2.5 mg	28	5	..	25.39	20.00	Ramace 2.5 mg Tritace 2.5 mg	AP HP
1946K	Tablet 5 mg	28	5	..	30.14	20.00	Ramace 5 mg Tritace 5 mg	AP HP
	TRANDOLAPRIL							
2791X	Capsule 500 micrograms	28	5	..	19.63	20.00	Gopten Odrik	KN RL
2792Y	Capsule 1 mg	28	5	..	28.01	20.00	Gopten Odrik	KN RL
2793B	Capsule 2 mg	28	5	..	30.53	20.00	Gopten Odrik	KN RL

Angiotensin II antagonists, plain

- ***Angiotensin II antagonists, plain***

LOSARTAN POTASSIUM

NOTE:

Losartan was listed as being equivalent to enalapril with the higher dispensed price reflecting a component assigned by the sponsor from its entitlements under the Pharmaceutical Industry Development Program.

8203R	Tablet 50 mg	30	5	..	41.98	20.00	Cozaar	MK

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.

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

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer

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.

Code	Name, Restriction, Manner of administration and 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:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	❖ Restricted benefit ❖							
	Dyslipidaemia in accordance with the current qualifying criteria.							
8023G	*Capsule 20 mg (base)*	*28*	*5*	..	*29.66*	*20.00*	*Lescol* *Vastin*	*SZ* *AP*
8024H	*Capsule 40 mg (base)*	*28*	*5*	..	*36.72*	*20.00*	*Lescol* *Vastin*	*SZ* *AP*
	PRAVASTATIN SODIUM							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	❖ Restricted benefit ❖							
	Dyslipidaemia in accordance with the current qualifying criteria; Dyslipidaemia in patients previously established on pravastatin sodium therapy prior to 1 December 1994 in accordance with previous PBS criteria.							
	NOTE:							
	Patients established on pravastatin sodium in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.							
2831B	*Tablet 5 mg*	*30*	*5*	..	*30.74*	*20.00*	*Pravachol*	*BQ*
2833D	*Tablet 10 mg*	*30*	*5*	..	*42.06*	*20.00*	*Pravachol*	*BQ*
2834E	*Tablet 20 mg*	*30*	*5*	..	*58.12*	*20.00*	*Pravachol*	*BQ*
8197K	*Tablet 40 mg*	*30*	*5*	..	*81.30*	*20.00*	*Pravachol*	*BQ*
	SIMVASTATIN							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	❖ Restricted benefit ❖							
	Dyslipidaemia in accordance with the current qualifying criteria; Dyslipidaemia in patients previously established on simvastatin therapy prior to 1 December 1994 in accordance with previous PBS criteria.							
	NOTE:							
	Patients established on simvastatin in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.							
2013Y	*Tablet 5 mg*	*30*	*5*	..	*30.74*	*20.00*	*Lipex 5* *Zocor*	*AD* *MK*
2011W	*Tablet 10 mg*	*30*	*5*	..	*42.06*	*20.00*	*Lipex 10* *Zocor*	*AD* *MK*

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SIMVASTATIN—cont.							
2012X	***Tablet 20 mg***	***30***	***5***	***..***	***58.12***	***20.00***	***Lipex 20*** ***Zocor***	***AD*** ***MK***
8173E	***Tablet 40 mg***	***30***	***5***	***..***	***81.30***	***20.00***	***Lipex 40*** ***Zocor***	***AD*** ***MK***

- ***Fibrates***

GEMFIBROZIL

NOTE:

Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.

❖ **Restricted benefit** ❖

Dyslipidaemia in accordance with the current qualifying criteria; Dyslipidaemia in patients previously established on gemfibrozil therapy prior to 1 December 1994 in accordance with previous PBS criteria.

NOTE:

Patients established on gemfibrozil in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.

1453L	***Tablet 600 mg***	***60***	***5***	***..***	***45.92***	***20.00***	[a] ***Jezil*** [a] ***WL-Gemfibrozil 600***	***AF*** ***WE***
				1.65	***47.57***	***20.00***	[a] ***Lopid***	***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	..	*52.74	20.00	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	‡1	5	..	49.87	20.00	Questran Lite	BQ

COLESTIPOL HYDROCHLORIDE

NOTE:

See General Statement for Lipid-Lowering Drugs above.

1224K	Sachets 5 g, 120	‡1	5	..	62.42	20.00	Colestid	UP

- ***Nicotinic acid and derivatives***

NICOTINIC ACID

1687T	Tablet 250 mg	200	5	..	*18.64	19.49	RR	

- ***Other cholesterol and triglyceride reducers***

PROBUCOL

❖ **Authority required** ❖

Hypercholesterolaemia in patients with a cholesterol level greater than 8.0 mmol per L in whom the response to intensive dietary therapy and to other lipid-lowering drugs is inadequate.

1942F	***Tablet 250 mg***	***120***	***5***	***..***	***31.87***	***20.00***	***Lurselle***	***ML***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIFUNGALS FOR DERMATOLOGICAL USE							
	Antifungals for systemic use							
	• ***Antifungals for systemic use***							
	GRISEOFULVIN							
1460W	Tablet 125 mg	100	2	..	14.22	15.07	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	13.34	14.19	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	..	13.34	14.19	Grisovin 500	SI
				2.00	15.34	14.19	Fulcin 500	IC
	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*	..	*201.24*	*20.00*	***Neotigason***	***RO***
2020H	***Capsule 25 mg***	*100*	*2*	..	*386.54*	*20.00*	***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*	..	..	*12.26*	*13.11*	***Silvazine***	***SN***
1997D	***Cream 10 mg-2 mg per g (1%-0.2%), 100 g***	*‡1*	..	..	*14.80*	*15.65*	***Silvazine***	***SN***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS							
	Corticosteroids, plain							
	• *Corticosteroids, weak (group I)*							
	HYDROCORTISONE							
	❖ Restricted benefit ❖							
	Treatment of corticosteroid-responsive dermatoses.							
1495Q	*Cream 10 mg per g (1%), 50 g*	‡1	1	..	6.66	7.51	*Egocort Cream 1%*	E0
	HYDROCORTISONE ACETATE							
	❖ Restricted benefit ❖							
	Treatment of corticosteroid-responsive dermatoses.							
2887Y	*Cream 10 mg per g (1%), 30 g*	‡1	1	..	6.18	7.03	*Cortef* *Sigmacort* *Squibb-HC*	UP SI BQ
2881P	*Cream 10 mg per g (1%), 50 g*	‡1	1	..	6.66	7.51	*Cortef* *Sigmacort* *Squibb-HC*	UP SI BQ
2888B	*Topical ointment 10 mg per g (1%), 30 g*	‡1	1	..	6.18	7.03	*Sigmacort*	SI
2882Q	*Topical ointment 10 mg per g (1%), 50 g*	‡1	1	..	6.66	7.51	*Sigmacort* *Squibb-HC*	SI BQ
	[For other listings for this drug see Generic/Proprietary Index]							
	• *Corticosteroids, moderately potent (group II)*							
	TRIAMCINOLONE ACETONIDE							
	❖ Restricted benefit ❖							
	Treatment of corticosteroid-responsive dermatoses.							
2117K	*Cream 200 micrograms per g (0.02%), 100 g*	2	..	..	*11.62	12.47	*Aristocort 0.02%* *Kenalone 0.02%*	LE BQ
2125W	*Cream 500 micrograms per g (0.05%), 15 g*	‡1	1	..	6.32	7.17	*Aristocort 0.05%* *Kenalone*	LE BQ
2118L	*Ointment 200 micrograms per g (0.02%), 100 g*	2	..	..	*11.62	12.47	*Aristocort 0.02%*	LE
2126X	*Ointment 500 micrograms per g (0.05%), 15 g*	‡1	1	..	6.32	7.17	*Aristocort 0.05%*	LE

DERMATOLOGICALS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Corticosteroids, potent (group III)*							
	BETAMETHASONE DIPROPIONATE							
	❖ **Restricted benefit** ❖							
	Treatment of corticosteroid-responsive dermatoses.							
1115Q	*Cream 500 micrograms per g (0.05%), 15 g*	‡1	1	..	6.39	7.24	[a] *Eleuphrat*	*EX*
				1.24	7.63	7.24	[a] *Diprosone*	*SH*
1119X	*Ointment 500 micrograms per g (0.05%), 15 g*	‡1	1	..	6.39	7.24	[a] *Eleuphrat*	*EX*
				1.24	7.63	7.24	[a] *Diprosone*	*SH*
1118W	*Lotion 500 micrograms per g (0.05% w/w), 30 mL*	‡1	..	..	9.18	10.03	[a] *Eleuphrat*	*EX*
				1.09	10.27	10.03	[a] *Diprosone*	*SH*
	BETAMETHASONE VALERATE							
	❖ **Restricted benefit** ❖							
	Treatment of corticosteroid-responsive dermatoses.							
2812B	*Cream 200 micrograms per g (0.02%), 100 g*	2	..	..	*11.62	12.47	*Betnovate 1/5*	*GW*
							Celestone-M	*SH*
2813C	*Cream 500 micrograms per g (0.05%), 15 g*	‡1	1	..	6.32	7.17	*Betnovate 1/2*	*GW*
							Celestone-V Half Strength	*SH*
2820K	*Ointment 200 micrograms per g (0.02%), 100 g*	2	..	..	*11.62	12.47	*Celestone-M*	*SH*
2815E	*Ointment 500 micrograms per g (0.05%), 15 g*	‡1	1	..	6.32	7.17	*Betnovate 1/2*	*GW*
							Celestone-V Half Strength	*SH*
	METHYLPREDNISOLONE ACEPONATE							
	❖ **Restricted benefit** ❖							
	Treatment of corticosteroid-responsive dermatoses.							
8054X	*Cream 1 mg per g (0.1%), 15 g*	‡1	..	..	9.58	10.43	*Advantan*	*CS*
8055Y	*Ointment 1 mg per g (0.1%), 15 g*	‡1	..	..	9.58	10.43	*Advantan*	*CS*
8128T	*Fatty ointment 1 mg per g (0.1%), 15 g*	‡1	..	..	9.58	10.43	*Advantan*	*CS*
	MOMETASONE FUROATE							
	❖ **Restricted benefit** ❖							
	Treatment of corticosteroid-responsive dermatoses.							
1913Q	*Cream 1 mg per g (0.1%), 15 g*	‡1	..	..	9.58	10.43	[a] *Elocon*	*SH*
							[a] *Novasone*	*EX*
1915T	*Ointment 1 mg per g (0.1%), 15 g*	‡1	..	..	9.58	10.43	[a] *Elocon*	*SH*
							[a] *Novasone*	*EX*
8043H	*Lotion 1 mg per g (0.1% w/w), 30 mL*	‡1	..	..	14.02	14.87	[a] *Elocon*	*SH*
							[a] *Novasone*	*EX*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTI-ACNE PREPARATIONS							
	Anti-acne preparations for systemic use							
	• *Retinoids for treatment of acne*							
	ISOTRETINOIN							
	CAUTION:							
	This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.							
	NOTE:							
	Care must be taken to comply with the provisions of State/Territory law when prescribing isotretinoin.							
	❖ **Authority required** ❖							
	Severe cystic acne not responsive to other therapy.							
	NOTE:							
	An authority will be limited to the maximum quantity and repeats shown in this schedule.							
2591J	*Capsule 10 mg*	*60*	*3*	*..*	*101.11*	*20.00*	[a] *Accure 10* [a] *Roaccutane*	*AF* *RO*
2592K	*Capsule 20 mg*	*60*	*3*	*..*	*188.29*	*20.00*	[a] *Accure 20* [a] *Roaccutane*	*AF* *RO*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OTHER GYNECOLOGICALS							
	Other gynecologicals							
	• *Prolactine inhibitors*							
	BROMOCRIPTINE MESYLATE							
	❖ **Authority required** ❖							
	Acromegaly;							
	Parkinson's disease;							
	Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.							
1443Y	*Tablet 2.5 mg*	*60*	*5*	*..*	*37.65*	*20.00*	[a] *Bromolactin*	*SI*
							[a] *Kripton 2.5*	*AF*
				1.00	*38.65*	*20.00*	[a] *Parlodel*	*SZ*
1446D	*Capsule 5 mg*	*60*	*5*	*..*	*69.83*	*20.00*	[a] *Bromolactin*	*SI*
							[a] *Kripton 5*	*AF*
				1.01	*70.84*	*20.00*	[a] *Parlodel*	*SZ*
1445C	*Capsule 10 mg*	*100*	*5*	*..*	*233.40*	*20.00*	[a] *Kripton 10*	*AF*
				0.91	*234.31*	*20.00*	[a] *Parlodel*	*SZ*
	❖ **Restricted benefit** ❖							
	Prevention of the onset of lactation in the puerperium for medical reasons.							
1444B	*Tablet 2.5 mg*	*30*	*..*	*..*	*20.99*	*20.00*	[a] *Bromolactin*	*SI*
							[a] *Kripton 2.5*	*AF*
				1.01	*22.00*	*20.00*	[a] *Parlodel*	*SZ*
	CABERGOLINE							
	❖ **Authority required** ❖							
	Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.							
8114C	*Tablet 500 micrograms*	*8*	*5*	*..*	*72.78*	*20.00*	*Dostinex*	*PS*
	❖ **Restricted benefit** ❖							
	Prevention of the onset of lactation in the puerperium for medical reasons.							
8115D	*Tablet 500 micrograms*	*2*	*..*	*..*	*23.90*	*20.00*	*Dostinex*	*PS*
	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	..	*12.18	13.03	Ovulen 0.5/50	SR

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL—cont.							
2447T	Pack containing 21 tablets 500 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*12.18	13.03	Ovulen 0.5/50-28	SR
3167Q	Tablets 1 mg-50 micrograms, 21	4	2	..	*12.50	13.35	Ovulen 1/50	SR
3168R	Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets	4	2	..	*13.58	14.43	Ovulen 1/50-28	SR
	LEVONORGESTREL with ETHINYLOESTRADIOL							
1455N	Tablets 125 micrograms-50 micrograms, 21	4	2	..	*14.10	14.95	Microgynon 50	SC
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.10	14.95	Microgynon 50 ED Nordette 50	SC WY
1393H	Tablets 150 micrograms-30 micrograms, 21	4	2	6.08	*20.18	14.95	[a] Microgynon 30 [b] Nordette 21	SC WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	.. 6.08	*14.10 *20.18	14.95 14.95	[b] 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	..	*14.10	14.95	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.10	14.95	Nordiol 28	WY
	NORETHISTERONE with ETHINYLOESTRADIOL							
2772X	Tablets 500 micrograms-35 micrograms, 21	4	2	6.08	*20.18	14.95	[a] Brevinor	SR
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	.. 6.08	*14.10 *20.18	14.95 14.95	[a] Norimin 28 Day [a] Brevinor	MO SR
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	6.08	*20.18	14.95	[a] Brevinor-1	SR
2775C	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. 6.08	*14.10 *20.18	14.95 14.95	[a] Norimin-1 28 Day [a] Brevinor-1	MO SR
	NORETHISTERONE with MESTRANOL							
3176E	Tablets 1 mg-50 micrograms, 21	4	2	..	*14.10	14.95	Norinyl-1	SR
3179H	Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets	4	2	..	*14.10	14.95	Norinyl-1/28	SR
	• ***Progestogens and estrogens, sequential preparations***							
	LEVONORGESTREL with ETHINYLOESTRADIOL							
1457Q	Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms-50 micrograms	4	2	..	*14.10	14.95	Biphasil 21	WY

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LEVONORGESTREL with ETHINYLOESTRADIOL—cont.							
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.10	14.95	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	*20.18	14.95	[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	*14.10 *20.18	14.95 14.95	[a] Logynon ED [b] Triferne 28 [b] Triphasil 28 [a] Triquilar ED	SY AY WY SC
	NORETHISTERONE with ETHINYLOESTRADIOL							
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. 6.08	*14.10 *20.18	14.95 14.95	[a] Improvil 28 Day [a] Synphasic	MO SR
	• ***Progestogens***							
	LEVONORGESTREL							
2913H	Tablets 30 micrograms, 28	4	2	..	*14.10	14.95	Microlut 28 Microval 28	SC WY
	MEDROXYPROGESTERONE ACETATE							
3118D	Injection 150 mg in 1 mL	1	1	.. 3.30	11.91 15.21	12.76 12.76	[a] Depo-Ralovera [a] Depo-Provera	KR UP
	[For other listings for this drug see Generic/Proprietary Index]							
	NORETHISTERONE							
1967M	Tablets 350 micrograms, 28	4	2	.. 2.48	*14.10 *16.58	14.95 14.95	[a] Locilan 28 Day Micronor [a] Noriday 28 Day	MO JC SR

Androgens

• ***3-oxoandrosten (4) derivatives***

FLUOXYMESTERONE
For listings see Generic/Proprietary Index

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***	***..***	***..***	****189.14***	***20.00***	***OR***
8099G	***Subcutaneous implant 200 mg***	***3***	***..***	***..***	****189.14***	***20.00***	***OR***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TESTOSTERONE ENANTHATE							
	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.							
2114G	*Injection 250 mg in 1 mL*	*3*	*3*	*..*	*27.44*	*20.00*	*Primoteston Depot*	*SC*
	TESTOSTERONE ESTERS							
	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.							
2670M	*Injection 100 mg*	*3*	*3*	*..*	*14.63*	*15.48*	*Sustanon "100"*	*OR*
2101N	*Injection 250 mg*	*3*	*3*	*..*	*27.44*	*20.00*	*Sustanon "250"*	*OR*
	TESTOSTERONE UNDECANOATE							
	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.							
2115H	*Capsule 40 mg*	*60*	*5*	*..*	*35.14*	*20.00*	*Andriol*	*OR*

Estrogens

- *Natural and semisynthetic estrogens, plain*

OESTRADIOL

❖ **Restricted benefit** ❖

For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.

NOTE:

Oestradiol patches should be used in conjunction with an oral progestogen in women with an intact uterus.

8194G	*Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8*	*‡1*	*5*	*..*	*15.89*	*16.74*	*Dermestril 25*	*SW*
1743R	*Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8*	*‡1*	*5*	*..*	*15.89*	*16.74*	*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	
	OESTRADIOL—cont.							
8012Q	***Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***15.89***	***16.74***	***Menorest 37.5***	***RR***
8140K	***Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***15.89***	***16.74***	***Estraderm MX 50***	***CG***
8125P	***Transdermal patches 3.9 mg (releasing approximately 50 micrograms per 24 hours), 4***	***‡1***	***5***	***..***	***15.89***	***16.74***	[a] ***Climara 50*** [a] ***Femtran 50***	***SC MM***
8082J	***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***15.89***	***16.74***	***Dermestril 50***	***SW***
1744T	***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***15.89***	***16.74***	***Estraderm 50***	***CG***
8013R	***Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***15.89***	***16.74***	***Menorest 50***	***RR***
8014T	***Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.09***	***18.94***	***Menorest 75***	***RR***
8126Q	***Transdermal patches 7.8 mg (releasing approximately 100 micrograms per 24 hours), 4***	***‡1***	***5***	***..***	***18.09***	***18.94***	[a] ***Climara 100*** [a] ***Femtran 100***	***SC MM***
8195H	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.09***	***18.94***	***Dermestril 100***	***SW***
1745W	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.09***	***18.94***	***Estraderm 100***	***CG***
8041F	***Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.09***	***18.94***	***Menorest 100***	***RR***
	OESTRADIOL							
1742Q	Vaginal tablets 25 micrograms, 15	‡1	2	..	18.09	18.94	Vagifem	NO
	OESTRADIOL VALERATE							
1663M	Tablet 1 mg	56	2	..	9.31	10.16	Progynova	SC
1664N	Tablet 2 mg	56	2	..	11.09	11.94	Progynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	41.08	20.00	Primogyn Depot	SC
	OESTRIOL							
1776L	Tablet 1 mg	60	2	..	*9.66	10.51	Ovestin	OR
1771F	Pessaries 500 micrograms, 15	‡1	2	..	17.32	18.17	Ovestin Ovula	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	14.39	15.24	Ovestin	OR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTROGENS—CONJUGATED							
1733F	Tablet 300 micrograms	56	2	..	9.31	10.16	Premarin	AY
1734G	Tablet 625 micrograms	56	2	..	11.09	11.94	Premarin	AY
	PIPERAZINE OESTRONE SULFATE							
1777M	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	2	..	9.31	10.16	[a] Genoral 0.625	KR
				0.74	10.05	10.16	[a] Ogen .625	UP
1778N	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	2	..	11.09	11.94	[a] Genoral 1.25	KR
				0.74	11.83	11.94	[a] Ogen 1.25	UP
	• ***Synthetic estrogens, plain***							
	DIENOESTROL							
1310Y	Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	10.04	10.89	JC	
	Progestogens							
	• ***Pregnen (4) derivatives***							
	MEDROXYPROGESTERONE ACETATE							
	❖ **Restricted benefit** ❖							
	Endometriosis.							
2722G	***Tablet 10 mg***	***100***	***2***	***..***	***29.07***	***20.00***	[a] ***Ralovera***	***KR***
				1.65	***30.72***	***20.00***	[a] ***Provera***	***UP***
	MEDROXYPROGESTERONE ACETATE							
2323G	Tablet 5 mg	56	2	..	12.77	13.62	[a] Ralovera	KR
				1.22	13.99	13.62	[a] Provera	UP
2321E	Tablet 10 mg	30	2	..	13.37	14.22	[a] Ralovera	KR
				1.22	14.59	14.22	[a] Provera	UP
2319C	Injection 50 mg in 1 mL	1	1	..	9.16	10.01	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***	***..***	***31.76***	***20.00***	***Duphaston***	***SM***
	• ***Estren derivatives***							
	NORETHISTERONE							
2993M	Tablet 5 mg	30	2	..	20.40	20.00	Primolut N	SC
	Progestogens and estrogens in combination							
	• ***Progestogens and estrogens, fixed combinations***							
	OESTRADIOL with NORETHISTERONE ACETATE							
8081H	Tablets 2 mg-1 mg, 28	‡1	5	..	15.60	16.45	Kliogest	NO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE							
1813K	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg	‡1	5	..	15.60	16.45	Menoprem Continuous Provelle-28	AY UP
	OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE							
8168X	Tablets 625 micrograms-2.5 mg, 28	‡1	5	..	15.60	16.45	Premia 2.5 Continuous	AY
8169Y	Tablets 625 micrograms-5 mg, 28	‡1	5	..	15.60	16.45	Premia 5 Continuous	AY

- ***Progestogens and estrogens, sequential preparations***

OESTRADIOL and MEDROXYPROGESTERONE ACETATE

❖ **Restricted benefit** ❖

For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.

1825C	***Pack containing 8 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 14 tablets medroxyprogesterone acetate 10 mg***	***‡1***	***5***	***..***	***20.10***	***20.00***	***Estrapak 50***	***CG***

OESTRADIOL and OESTRADIOL with NORETHISTERONE 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.

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***	***..***	***18.09***	***18.94***	***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	..	15.60	16.45	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	..	15.60	16.45	Trisequens Forte	NO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTRADIOL VALERATE 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	..	15.60	16.45	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	..	15.60	16.45	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	..	15.60	16.45	Menoprem Provelle-14	AY UP

Gonadotrophins and other ovulation stimulants

- ***Gonadotrophins***

FOLLITROPIN BETA
(Recombinant human follicle stimulating hormone)

❖ **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.

8205W	***Injection set containing 10 ampoules powder for injection (lyosphere) 50 i.u. and 10 ampoules solvent 1 mL***	***1***	***5***	..	***329.78***	***20.00***	***Puregon 50***	**OR**

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	
	FOLLITROPIN BETA (Recombinant human follicle stimulating hormone)—cont.							
8206X	*Injection set containing 10 ampoules powder for injection (lyosphere) 100 i.u. and 10 ampoules solvent 1 mL*	*1*	*5*	..	*649.97*	*20.00*	*Puregon 100*	*OR*
8207Y	*Injection set containing 10 ampoules powder for injection (lyosphere) 150 i.u. and 10 ampoules solvent 1 mL*	*1*	*5*	..	*972.79*	*20.00*	*Puregon 150*	*OR*
	HUMAN CHORIONIC GONADOTROPHIN							
	❖ **Restricted benefit** ❖							
	For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.							
	NOTE:							
	Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.							
	Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.							
	Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.							
	Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.							
1579D	*Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL*	*1*	*5*	..	*28.54*	*20.00*	*Pregnyl*	*OR*
1581F	*Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*	*1*	*5*	..	*38.11*	*20.00*	*Pregnyl*	*OR*
1582G	*Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL*	*1*	*5*	..	*41.00*	*20.00*	*Profasi 2000*	*SG*
1477R	*Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL*	*1*	*5*	..	*20.84*	*20.00*	*Profasi 5000*	*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.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HUMAN CHORIONIC GONADOTROPHIN—cont.							
	❖ **Restricted benefit** ❖							
	For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. Treatment should not extend beyond six months.							
1579D	*Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*28.54*	*20.00*	*Pregnyl*	*OR*
1581F	*Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*38.11*	*20.00*	*Pregnyl*	*OR*
1582G	*Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*41.00*	*20.00*	*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*	*..*	**52.74*	*20.00*	*Pregnyl*	*OR*
	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.							

continued ☛

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HUMAN 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*	*..*	*292.89*	*20.00*	*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*	*..*	*572.50*	*20.00*	*Humegon*	*OR*
	UROFOLLITROPHIN (Highly purified)							
	❖ 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.							
1601G	*Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL*	*1*	*5*	*..*	*292.89*	*20.00*	*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*	*..*	*572.50*	*20.00*	*Metrodin HP 150*	*SG*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Ovulation stimulants, synthetic*							
	CLOMIPHENE CITRATE							
	NOTE:							
	Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.							
	❖ Restricted benefit ❖							
	Anovulatory infertility;							
	Patients undergoing in-vitro fertilisation.							
1211R	*Tablet 50 mg*	*10*	*5*	*..*	*40.75*	*20.00*	[a] *Serophene*	*SG*
				2.46	**43.22*	*20.00*	[a] *Clomid*	*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*	*..*	*70.34*	*20.00*	[a] *Cyprone*	*AF*
				1.50	*71.84*	*20.00*	[a] *Androcur*	*SC*
	❖ Authority required ❖							
	Advanced carcinoma of the prostate;							
	To reduce drive in sexual deviations in males.							
1270W	*Tablet 50 mg*	*100*	*5*	*..*	**292.34*	*20.00*	[a] *Cyprone*	*AF*
				1.80	**294.14*	*20.00*	[a] *Androcur*	*SC*
8019C	*Tablet 100 mg*	*50*	*5*	*..*	*238.09*	*20.00*	*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.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DANAZOL—cont.							
1285P	***Capsule 100 mg***	***100***	***5***	***..***	***59.89***	***20.00***	[a] ***Azol 100*** [a] ***Danocrine***	***AF*** ***SW***
1287R	***Capsule 200 mg***	***100***	***5***	***..***	***90.14***	***20.00***	[a] ***Azol 200*** [a] ***Danocrine***	***AF*** ***SW***
	GESTRINONE ❖ **Authority required** ❖ ***Short-term treatment (up to six months) of visually proven endometriosis. Only the one authority for up to six months' therapy will be authorised.***							
8015W	***Capsule 2.5 mg***	***8***	***5***	***..***	***78.26***	***20.00***	***Dimetriose***	***RL***

UROLOGICALS

Urinary antiseptics and antiinfectives

- ***Methenamine preparations***

HEXAMINE HIPPURATE

3124K	Tablet 1 g	100	5	..	29.29	20.00	Hiprex	MM

- ***Quinolone derivatives (excl. quinolone antibacterials)***

NALIDIXIC ACID

2451B	Tablet 500 mg	56	2	..	28.66	20.00	Negram	SW

- ***Nitrofuran derivatives***

NITROFURANTOIN

CAUTION:

Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

1692C	Capsule 50 mg	30	1	..	10.64	11.49	Macrodantin	PU
1693D	Capsule 100 mg	30	1	..	13.17	14.02	Macrodantin	PU
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	16.00	16.85	Furadantin	PU

Other urologicals, incl. antispasmodics

- ***Acidifiers***

AMMONIUM CHLORIDE

1044Y	Tablet 500 mg	100	5	..	11.99	12.84	FM	

- ***Urinary antispasmodics***

OXYBUTYNIN HYDROCHLORIDE

❖ **Restricted benefit** ❖

Detrusor overactivity where propantheline bromide has failed.

8039D	***Tablet 5 mg***	***100***	***5***	***..***	***15.34***	***16.19***	***Ditropan***	***RR***

PROPANTHELINE BROMIDE

❖ **Restricted benefit** ❖

Detrusor overactivity.

1953T	***Tablet 15 mg***	***200***	***5***	***..***	****13.92***	***14.77***	***Pro-Banthine***	***SR***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *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*	..	*63.87*	*20.00*	*Caverject*	*UP*
8088Q	*Intracavernosal injection 10 micrograms in 1 mL*	*5*	*5*	..	*74.48*	*20.00*	*Caverject*	*UP*
8089R	*Intracavernosal injection 20 micrograms in 1 mL*	*5*	*5*	..	*93.80*	*20.00*	*Caverject*	*UP*
	DEMECLOCYCLINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.							
2854F	*Capsule 150 mg*	*100*	*3*	..	*39.78*	*20.00*	*Ledermycin*	*LE*
	PHENOXYBENZAMINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Phaeochromocytoma; Neurogenic urinary retention.							
1862B	*Capsule 10 mg*	*100*	*5*	..	*23.79*	*20.00*	*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***							
	TETRACOSACTRIN							
2832C	Injection 1 mg in 1 mL	5	5	..	*71.39	20.00	Synacthen Depot 1	CG
	Posterior pituitary lobe hormones							
	• ***Vasopressin and analogues***							
	DESMOPRESSIN ACETATE							
	❖ **Authority required** ❖							
	Diabetes insipidus.							
2129C	***Intranasal solution 100 micrograms per mL, 2.5 mL***	*5*	*5*	..	**153.99*	*20.00*	*Minirin*	*RR*
2128B	***Nasal spray (pump pack) 10 micrograms per actuation, 25 actuations, 2.5 mL***	*5*	*5*	..	**158.34*	*20.00*	*Minirin Nasal Spray*	*RR*
8032R	***Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL***	*2*	*5*	..	**126.44*	*20.00*	*Minirin Nasal Spray*	*RR*
	❖ **Authority required** ❖							
	Childhood nocturnal enuresis in patients over six years of age who are refractory to enuresis alarms.							
8030P	***Nasal spray (pump pack) 10 micrograms per actuation, 25 actuations, 2.5 mL***	*2*	*2*	..	**65.94*	*20.00*	*Minirin Nasal Spray*	*RR*
8031Q	***Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL***	*‡1*	*2*	..	*65.39*	*20.00*	*Minirin Nasal Spray*	*RR*
	Hypothalamic hormones							
	• ***Gonadotropin-releasing hormones***							
	NAFARELIN ACETATE							
	❖ **Authority required** ❖							
	Short-term treatment (up to six months) of visually proven endometriosis. Only the one authority for up to six months' therapy will be authorised.							
2962X	***Nasal spray (pump pack) 200 micrograms (base) per dose (60 doses)***	*‡1*	*5*	..	*96.41*	*20.00*	*Synarel*	*SR*
	CORTICOSTEROIDS FOR SYSTEMIC USE							
	Corticosteroids for systemic use, plain							
	• ***Mineralocorticoids***							
	FLUDROCORTISONE ACETATE							
1433K	Tablet 100 micrograms	200	1	..	*14.72	15.57	Florinef	BQ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Glucocorticoids***							
	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE							
	❖ **Restricted benefit** ❖							
	Alopecia areata;							
	For local intra-articular or peri-articular infiltration;							
	Granulomata, dermal;							
	Keloid;							
	Lichen planus hypertrophic;							
	Lichen simplex chronicus;							
	Lupus erythematosus, chronic discoid;							
	Necrobiosis lipoidica;							
	Uveitis.							
2694T	***Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL***	***5***	..	..	***23.49***	***20.00***	***Celestone Chronodose***	***SH***
	CORTISONE ACETATE							
1246N	Tablet 5 mg	50	4	..	11.83	12.68	Cortate	RR
1247P	Tablet 25 mg	60	4	..	12.67	13.52	Cortate	RR
	DEXAMETHASONE							
1292B	Tablet 500 micrograms	30	4	..	6.57	7.42	Dexmethsone	RR
2507Y	Tablet 4 mg	30	4	..	10.03	10.88	Dexmethsone	RR
2509C	Injection 4 mg in 1 mL	5	..	..	13.17	14.02	Decadron	MK
1291Y	Injection 8 mg in 2 mL	5	1	..	20.29	20.00	Decadron	MK
2508B	Injection 120 mg in 5 mL	1	..	..	30.96	20.00	Decadron Shock Pak	MK
	HYDROCORTISONE							
1499X	Tablet 4 mg	50	4	..	9.29	10.14	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	13.09	13.94	Hysone 20	AF
	HYDROCORTISONE SODIUM SUCCINATE							
	❖ **Restricted benefit** ❖							
	For use in a hospital.							
1510L	***Injection equivalent to 100 mg hydrocortisone with 2 mL solvent***	***6***	..	..	****22.82***	***20.00***	***Solu-Cortef***	***UP***
1511M	***Injection equivalent to 250 mg hydrocortisone with 2 mL solvent***	***6***	..	..	****37.82***	***20.00***	***Solu-Cortef***	***UP***
	HYDROCORTISONE SODIUM SUCCINATE							
1501B	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*10.50	11.35	Solu-Cortef	UP
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	9.92	10.77	Solu-Cortef	UP

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	METHYLPREDNISOLONE ACETATE							
	❖ **Restricted benefit** ❖							
	For local intra-articular or peri-articular infiltration.							
1928L	***Injection 40 mg in 1 mL***	***5***	***..***	***..***	***19.08***	***19.93***	[a] ***Depo-Nisolone***	***KR***
				0.74	***19.82***	***19.93***	[a] ***Depo-Medrol***	***UP***
	METHYLPREDNISOLONE SODIUM SUCCINATE							
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	28.10	20.00	Solu-Medrol	UP
	PREDNISOLONE							
3152X	Tablet 1 mg	100	4	..	6.61	7.46	Panafcortelone	RR
1917X	Tablet 5 mg	60	4	..	6.63	7.48	Panafcortelone Solone	RR FM
1916W	Tablet 25 mg	30	4	..	8.28	9.13	Panafcortelone Solone	RR FM
	PREDNISONE							
1934T	Tablet 1 mg	100	4	..	6.61	7.46	Panafcort	RR
1935W	Tablet 5 mg	60	4	..	6.63	7.48	Panafcort Sone	RR FM
1936X	Tablet 25 mg	30	4	..	8.28	9.13	Panafcort Sone	RR FM
	TRIAMCINOLONE ACETONIDE							
	❖ **Restricted benefit** ❖							
	Alopecia areata;							
	For local intra-articular or peri-articular infiltration;							
	Granulomata, dermal;							
	Keloid;							
	Lichen planus hypertrophic;							
	Lichen simplex chronicus;							
	Lupus erythematosus, chronic discoid;							
	Necrobiosis lipoidica;							
	Psoriasis.							
2990J	***Injection 10 mg in 1 mL***	***5***	***..***	***..***	***23.49***	***20.00***	***Kenacort-A10***	***BQ***

Antiadrenal preparations

- ***Anticorticosteroids***

	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	162.63	20.00	Cytadren	CG

THYROID THERAPY

Thyroid preparations

- ***Thyroid hormones***

LIOTHYRONINE SODIUM

❖ **Authority required** ❖

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.

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LIOTHYRONINE SODIUM—cont.							
2318B	***Tablet 20 micrograms***	***100***	***2***	***..***	***53.84***	***20.00***	***Tertroxin***	***BT***
	THYROXINE SODIUM							
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	7.60	8.45	Oroxine	GW
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	8.88	9.73	Oroxine	GW
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	11.16	12.01	Oroxine	GW
	Antithyroid preparations							
	• ***Thiouracils***							
	PROPYLTHIOURACIL							
1955X	Tablet 50 mg	200	2	..	*31.58	20.00	JC	
	• ***Sulphur-containing imidazole derivatives***							
	CARBIMAZOLE							
1153Q	Tablet 5 mg	200	2	..	*11.44	12.29	Neo-Mercazole	NS
	PANCREATIC HORMONES							
	Glycogenolytic hormones							
	• ***Glycogenolytic hormones***							
	GLUCAGON HYDROCHLORIDE							
1447E	Injection 1 i.u. with diluent **NOTE:** See also Special Pharmaceutical Benefits.	1	1	..	16.88	17.73	AZ	
	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*** **NOTE:** ***Manufacturer's pack is ten 160 i.u. vials plus ten vials solvent.***	***20***	***5***	***..***	****340.74***	***20.00***	***Calcitare***	***RR***
3000X	***Injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe*** **NOTE:** ***Manufacturer's pack is five 50 i.u. syringes.***	***30***	***5***	***..***	****207.80***	***20.00***	***Calsynar***	***RR***

continued ☛

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CALCITONIN—cont.							
2995P	*Injection (salmon) 50 i.u. in 1 mL ampoule* **NOTE:** *Manufacturer's pack is an injection set containing five 50 i.u. ampoules, five 1 mL syringes and five swabs.*	*30*	*5*	..	**207.80*	*20.00*	*Miacalcic 50 Kit*	*SZ*
3001Y	*Injection (salmon) 100 i.u. in 1 mL pre-filled syringe* **NOTE:** *Manufacturer's pack is five 100 i.u. syringes.*	*15*	*5*	..	**155.15*	*20.00*	*Calsynar*	*RR*
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*	..	**155.15*	*20.00*	*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*	..	**107.70*	*20.00*	*Calsynar*	*RR*
	❖ **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*	..	**215.09*	*20.00*	*Cibacalcin*	*CG*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIBACTERIALS FOR SYSTEMIC USE							
	Tetracyclines							
	• *Tetracyclines*							
	DEMECLOCYCLINE HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	DOXYCYCLINE							
	❖ **Restricted benefit** ❖							
	Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.							
2711Q	***Tablet 50 mg***	***25***	***5***	***..***	***9.35***	***10.20***	***Doxylin 50***	***AF***
				0.74	***10.09***	***10.20***	***Vibra-Tabs***	***PF***
2707L	***Capsule 50 mg***	***25***	***5***	***..***	***9.35***	***10.20***	[a] ***DBL Doxycycline***	***BL***
				0.56	***9.91***	***10.20***	[a] ***Doryx***	***FA***
	❖ **Restricted benefit** ❖							
	Pelvic inflammatory disease.							
2702F	***Tablet 100 mg***	***28***	***..***	***..***	****15.58***	***16.43***	[a] ***Doxy-100***	***DP***
							Doxylin 100	***AF***
							[a] ***Vizam 100***	***AD***
				2.96	****18.54***	***16.43***	[a] ***Vibramycin***	***PF***
2703G	***Capsule 100 mg***	***28***	***..***	***..***	****15.58***	***16.43***	[a] ***DBL Doxycycline***	***BL***
				2.68	****18.26***	***16.43***	[a] ***Doryx***	***FA***
	❖ **Restricted benefit** ❖							
	Urethritis.							
2714W	***Tablet 100 mg***	***21***	***..***	***..***	****12.77***	***13.62***	[a] ***Doxy-100***	***DP***
							Doxylin 100	***AF***
							[a] ***Vizam 100***	***AD***
				2.22	****14.99***	***13.62***	[a] ***Vibramycin***	***PF***
2715X	***Capsule 100 mg***	***21***	***..***	***..***	***12.76***	***13.61***	[a] ***DBL Doxycycline***	***BL***
				1.39	***14.15***	***13.61***	[a] ***Doryx***	***FA***
	DOXYCYCLINE							
2709N	Tablet 100 mg	7	1	..	7.15	8.00	[a] Doxy-100	DP
							Doxylin 100	AF
							[a] Vizam 100	AD
				0.74	7.89	8.00	[a] Vibramycin	PF
2708M	Capsule 100 mg	7	1	..	7.15	8.00	[a] DBL Doxycycline	BL
				0.67	7.82	8.00	[a] Doryx	FA

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	METHACYCLINE HYDROCHLORIDE							
2901Q	Capsule 300 mg	10	1	..	8.72	9.57	Rondomycin	WW
	MINOCYCLINE							
	CAUTION:							
	There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
	❖ **Restricted benefit** ❖							
	Severe acne not responding to other tetracyclines.							
1616C	***Tablet 50 mg***	***60***	***5***	***..***	***16.66***	***17.51***	[a] ***Akamin 50***	***AF***
				0.31	***16.97***	***17.51***	[a] ***Minomycin-50***	***LE***
	MINOCYCLINE							
	CAUTION:							
	There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
3037W	Capsule 100 mg	11	..	..	8.74	9.59	[a] Akamin 100	AF
				0.23	8.97	9.59	[a] Minomycin	LE
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will not be authorised.							
	TETRACYCLINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.							
2135J	***Capsule 250 mg***	***50***	***5***	***..***	****8.98***	***9.83***	***Achromycin***	***LE***
	TETRACYCLINE HYDROCHLORIDE							
2134H	Capsule 250 mg	25	1	..	6.66	7.51	Achromycin	LE
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
	❖ **Restricted benefit** ❖							
	Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.							
2146Y	***Capsule 250 mg***	***50***	***5***	***..***	****8.98***	***9.83***	***Achromycin V***	***LE***
							Mysteclin-250	***BQ***
				1.82	****10.80***	***9.83***	***Tetrex***	***BC***
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
2145X	Capsule 250 mg	25	1	..	6.66	7.51	Achromycin V	LE
							Mysteclin-250	BQ
				0.91	7.57	7.51	Tetrex	BC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Amphenicols							
	• ***Amphenicols***							
	CHLORAMPHENICOL							
	❖ **Restricted benefit** ❖							
	Bacterial meningitis;							
	Intracranial bacterial infections;							
	Intraocular infections;							
	Rickettsioses;							
	Typhoid;							
	Other serious infections where positive bacteriological evidence confirms that chloramphenicol is the ONLY appropriate antibiotic.							
	CAUTION:							
	Chloramphenicol may cause aplastic anaemia.							
1174T	***Capsule 250 mg***	***16***	***..***	***..***	***15.12***	***15.97***	***Chloromycetin***	***PD***
1167K	***Injection 1.2 g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)***	***3***	***..***	***..***	****89.15***	***20.00***	***Chloromycetin Succinate***	***PD***
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
1883D	Chewable tablet 250 mg	20	1	..	8.55	9.40	Amoxil	SK
1884E	Capsule 250 mg	20	1	..	7.76	8.61	[a] Alphamox 250	AF
							[a] Ampexin 250	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				0.60	8.36	8.61	[a] Amoxil	SK
1889K	Capsule 500 mg	20	1	..	11.07	11.92	[a] Alphamox 500	AF
							[a] Ampexin 500	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				0.70	11.77	11.92	[a] Amoxil	SK
1878W	Sachet containing oral powder 3 g	1	..	..	8.40	9.25	Amoxil	SK
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#11.18	12.41	Amoxil	SK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.36	10.59	[a] Alphamox 125	AF
							[a] Ampexin	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				0.59	#9.95	10.59	[a] Amoxil	SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#10.68	11.91	[a] Alphamox 250	AF
							[a] Ampexin	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin 250	CS
				0.59	#11.27	11.91	[a] Amoxil Forte	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	
	AMPICILLIN							
1048E	Capsule 250 mg	24	1	..	8.30	9.15	Alphacin 250	AF
2671N	Capsule 500 mg	24	..	..	11.77	12.62	Alphacin 500	AF
2390T	Injection 500 mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	..	10.54	11.39	[a] Ampicyn [a] Austrapen	RR CS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	..	14.50	15.35	[a] Ampicyn [a] Austrapen	RR CS
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
8167W	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	19.03	19.88	Bicillin L-A Tubex	WY
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	31.15	20.00	Bicillin L-A	WY
	BENZYLPENICILLIN							
1775K	Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	10	1	..	*21.28	20.00	CS	
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*47.90	20.00	CS	
	PHENOXYMETHYLPENICILLIN							
	❖ **Restricted benefit** ❖							
	Prophylaxis of recurrent streptococcal infections (including rheumatic fever).							
1702N	***Tablet 125 mg***	***50***	***5***	***..***	****10.84***	***11.69***	***Abbocillin-V Dulcet***	***AB***
1703P	***Tablet 250 mg***	***50***	***5***	***..***	****11.18***	***12.03***	***Abbocillin-VK Filmtab*** ***PVK***	***AB*** ***LY***
1705R	***Capsule 250 mg***	***50***	***5***	***..***	****11.18***	***12.03***	***Abbocillin-VK*** [a] ***Cilicaine VK*** [a] ***Cilopen VK*** ***LPV***	***AB*** ***SI*** ***DP*** ***CS***
	PHENOXYMETHYLPENICILLIN							
1786B	Tablet 125 mg	50	..	..	*10.84	11.69	Abbocillin-V Dulcet	AB
1787C	Tablet 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK Filmtab PVK	AB LY
3028J	Tablet 500 mg	50	..	..	*14.52	15.37	Abbocillin-VK Filmtab PVK	AB LY

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PHENOXYMETHYLPENICILLIN—cont.							
1789E	Capsule 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK	AB
							[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS
2965C	Capsule 500 mg	50	..	..	*14.52	15.37	[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	..	*10.28	11.13	[a] Abbocillin-V	AB
							[a] Cilicaine V	SI
				0.80	*11.08	11.13	[a] LPV 125	CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	2	..	..	*12.40	13.25	[a] Abbocillin-V	AB
							[a] Cilicaine V	SI
				1.00	*13.40	13.25	[a] LPV 250	CS
	PROCAINE PENICILLIN							
1793J	Injection 1 g	5	..	..	52.08	20.00	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	52.08	20.00	Cilicaine	SI
	• ***Beta-lactamase resistant penicillins***							
	DICLOXACILLIN							
	❖ **Restricted benefit** ❖							
	Serious staphylococcal infections.							
8121K	***Capsule 250 mg***	***24***	..	..	***11.16***	***12.01***	***Diclocil***	***BQ***
							Distaph 250	***AF***
8122L	***Capsule 500 mg***	***24***	..	..	***18.64***	***19.49***	***Diclocil***	***BQ***
							Distaph 500	***AF***
	DICLOXACILLIN							
8123M	Injection 500 mg (solvent required) (codes 7056J, 7057K, 7058L, 7059M, 7060N, 7061P apply to above item with approved solvents)	5	..	..	16.40	17.25	Diclocil	BQ
8124N	Injection 1 g (solvent required) (codes 7062Q, 7063R, 7064T, 7065W, 7066X, 7067Y apply to above item with approved solvents)	5	1	..	23.26	20.00	Diclocil	BQ
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
	❖ **Restricted benefit** ❖							
	Serious staphylococcal infections.							
1526H	***Capsule 250 mg***	***24***	..	..	***11.16***	***12.01***	[a] ***Flopen***	***CS***
							[a] ***Staphylex 250***	***AF***
				0.39	***11.55***	***12.01***	[a] ***Floxapen***	***SK***
1527J	***Capsule 500 mg***	***24***	..	..	***18.64***	***19.49***	[a] ***Flopen***	***CS***
							[a] ***Staphylex 500***	***AF***
				0.44	***19.08***	***19.49***	[a] ***Floxapen***	***SK***

continued ☛

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FLUCLOXACILLIN—cont.							
1528K	***Powder for syrup 125 mg per 5 mL, 100 mL***	***‡1***	**	**	***#12.41***	***13.64***	[a] ***Flopen***	***CS***
							[a] ***Floxapen***	***SK***
1529L	***Powder for syrup 250 mg per 5 mL, 100 mL***	***‡1***	**	**	***#16.18***	***17.41***	[a] ***Flopen***	***CS***
							[a] ***Floxapen***	***SK***
	FLUCLOXACILLIN **CAUTION:** Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
1524F	Injection 500 mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	**	**	16.42	17.27	Flopen	CS
1525G	Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	1	**	23.28	20.00	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***	**	***13.06***	***13.91***	[a] ***Clamoxyl***	***AF***
							[a] ***Clavulin 250***	***CS***
				0.61	***13.67***	***13.91***	[a] ***Augmentin***	***SK***
1891M	***Tablet 500 mg-125 mg***	***15***	***1***	**	***16.77***	***17.62***	[a] ***Clamoxyl Forte***	***AF***
							[a] ***Clavulin 500***	***CS***
				0.61	***17.38***	***17.62***	[a] ***Augmentin Forte***	***SK***
1892N	***Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL***	***‡1***	***1***	**	***#11.75***	***12.98***	[a] ***Clamoxyl***	***AF***
							[a] ***Clavulin 125***	***CS***
				0.60	***#12.35***	***12.98***	[a] ***Augmentin***	***SK***
1893P	***Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL***	***‡1***	***1***	**	***#14.05***	***15.28***	[a] ***Clamoxyl Forte***	***AF***
							[a] ***Clavulin 250***	***CS***
				0.60	***#14.65***	***15.28***	[a] ***Augmentin Forte***	***SK***
	TICARCILLIN with CLAVULANIC ACID ❖ **Restricted benefit** ❖ ***Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent; Septicaemia, suspected or proven.***							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TICARCILLIN with CLAVULANIC ACID—cont.							
2179G	***Injection 3 g-100 mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)***	***10***	***..***	***..***	***146.79***	***20.00***	***Timentin***	***SK***
	Other beta-lactam antibacterials							
	• ***Cephalosporins and related substances***							
	CEFACLOR							
1169M	Tablet 375 mg (sustained release)	10	1	..	14.39	15.24	[a] Ceclor CD [a] Keflor CD	LY AL
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#13.52	14.75	[a] Ceclor [a] Keflor	LY AL
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	1	..	#14.05	15.28	[a] Ceclor [a] Keflor	LY AL
	CEFOTAXIME							
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent; Septicaemia, suspected or proven.							
1085D	***Injection 1 g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)***	***10***	***..***	***..***	****113.44***	***20.00***	***Claforan***	***RL***
1086E	***Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)***	***10***	***..***	***..***	****211.24***	***20.00***	***Claforan***	***RL***
	CEFOTETAN							
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent; Septicaemia, suspected or proven.							
1772G	***Injection 1 g (solvent required) (codes 6639K, 6640L, 6641M, 6642N, 6643P, 6644Q apply to above item with approved solvents)***	***10***	***..***	***..***	***151.04***	***20.00***	***Apatef***	***LE***
1773H	***Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)***	***10***	***..***	***..***	***253.34***	***20.00***	***Apatef***	***LE***
	CEFTRIAXONE							
	❖ **Restricted benefit** ❖							
	Gonorrhoea.							

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.							
1782T	***Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)***	***1***	..	..	***18.64***	***19.49***	***Rocephin***	***RO***
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.							
1790F	***Injection 250 mg (solvent required) (codes 6885J, 6886K, 6887L, 6888M, 6889N, 6890P apply to above item with approved solvents)***	***5***	..	..	****75.84***	***20.00***	***Rocephin***	***RO***
1783W	***Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)***	***5***	..	..	****107.74***	***20.00***	***Rocephin***	***RO***
1784X	***Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)***	***5***	..	..	****166.59***	***20.00***	***Rocephin***	***RO***
1785Y	***Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)***	***5***	..	..	****295.34***	***20.00***	***Rocephin***	***RO***
	CEPHALEXIN							
3058Y	Capsule 250 mg	20	1	.. 1.11	8.14 9.25	8.99 8.99	[a] Ibilex 250 [a] Keflex	AF LY
3119E	Capsule 500 mg	20	1	.. 1.11	11.16 12.27	12.01 12.01	[a] Ibilex 500 [a] Keflex	AF LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	.. 1.11	#10.91 #12.02	12.14 12.14	[a] Ibilex 125 [a] Keflex	AF LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	1	.. 1.11	#13.11 #14.22	14.34 14.34	[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	..	*43.54	20.00	Keflin Neutral	LY
	CEPHAZOLIN							
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that cephazolin is an appropriate therapeutic agent; Septicaemia, suspected or proven.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CEPHAZOLIN—cont.							
1256D	***Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)***	***5***	..	.. ..	****25.24*** ***25.24***	***20.00*** ***20.00***	***Kefzol*** ***Cefamezin***	***LY*** ***SI***
1257E	***Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)***	***5***	..	.. ..	****37.34*** ***37.34***	***20.00*** ***20.00***	***Kefzol*** ***Cefamezin***	***LY*** ***SI***
	Sulfonamides and trimethoprim							
	• ***Trimethoprim and derivatives***							
	TRIMETHOPRIM							
2922T	Tablet 300 mg	7	1	.. 0.49	7.15 7.64	8.00 8.00	[a] Alprim [a] Triprim	AF GW
	• ***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	..	7.40	8.25	Bactrim [a] Resprim [a] Septrin	RO AF GW
2951H	Tablet 160 mg-800 mg	10	1	..	8.41	9.26	Bactrim DS [a] Resprim Forte [a] Septrin Forte	RO AF GW
3103H	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	7.92	8.77	Bactrim [a] Resprim [a] Septrin	RO AF GW
	Macrolides and lincosamides							
	• ***Macrolides***							
	AZITHROMYCIN ❖ **Restricted benefit** ❖ ***Uncomplicated urethritis and cervicitis due to Chlamydia trachomatis.***							
2484R	***Capsule 250 mg***	***4***	..	..	***21.61***	***20.00***	***Zithromax***	***PF***
8200N	***Tablet 500 mg***	***2***	..	..	***21.61***	***20.00***	***Zithromax***	***PF***
	❖ **Restricted benefit** ❖ ***Trachoma.***							
8201P	***Powder for oral suspension 200 mg per 5 mL, 15 mL***	***‡1***	..	..	***#18.30***	***19.53***	***Zithromax***	***PF***
	ERYTHROMYCIN							
1399P	Tablet 250 mg	25	1	..	7.60	8.45	EMU-V	UP

continued ☛

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ERYTHROMYCIN—cont.							
1402T	Capsule 125 mg	25	1	..	7.35	8.20	Eryc	FA
1400Q	Capsule 175 mg	25	1	..	7.60	8.45	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.93	9.78	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	32.52	20.00	Erythrocin-I.M.	AB
	ERYTHROMYCIN ESTOLATE							
2499M	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	1	..	7.30	8.15	Ilosone	LY
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.52	9.37	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE							
2750R	Tablet 400 mg (base)	25	1	.. 1.00	8.63 9.63	9.48 9.48	[a] E-Mycin [a] E.E.S. 400 Filmtab	AF AB
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	.. 1.10	#10.24 #11.34	11.47 11.47	[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	#12.17 #13.27	13.40 13.40	[a] E-Mycin 400 [a] E.E.S. Granules	AF AB
	ERYTHROMYCIN LACTOBIONATE							
1398N	I.V. infusion 300 mg (base)	5	..	.. ..	41.63 *41.64	20.00 20.00	[a] BL [a] Erythrocin	AB
	ERYTHROMYCIN STEARATE							
1401R	Tablet 250 mg (base)	25	1	..	7.60	8.45	Erythrocin Filmtab	AB
1403W	Capsule 250 mg (base)	25	1	..	7.60	8.45	Erythrocin	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.52	9.37	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	1	..	10.92	11.77	Erythrocin	AB
	ROXITHROMYCIN							
8129W	Tablet for oral suspension 50 mg	10	1	..	10.59	11.44	Biaxsig D Rulide D	SI RL
1760P	Tablet 150 mg	10	1	..	12.37	13.22	Biaxsig Rulide	SI RL
8016X	Tablet 300 mg	5	1	..	12.37	13.22	Biaxsig Rulide	SI RL

- ***Lincosamides***

CLINDAMYCIN

❖ **Restricted benefit** ❖

Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.

3138E	***Capsule 150 mg***	***25***	..	.. ***1.46***	***14.35*** ***15.81***	***15.20*** ***15.20***	[a] ***Cleocin*** [a] ***Dalacin C***	***KR*** ***UP***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CLINDAMYCIN—cont.							
3139F	***Granules for syrup 75 mg per 5 mL, 100 mL***	***‡1***	**	**	***#21.68***	***20.00***	***Dalacin C***	***UP***
	LINCOMYCIN							
2530E	Injection 600 mg in 2 mL	5	..	..	14.72	15.57	Lincocin	UP

Aminoglycoside antibacterials

• *Other aminoglycosides*

	GENTAMICIN SULFATE							
1068F	Injection 40 mg (base) in 1 mL	10	1	..	*27.30	20.00	BL	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.80	20.00	BL	
2824P	Injection 80 mg (base) in 2 mL	10	1	..	*17.44	18.29	BL	
	TOBRAMYCIN SULFATE							
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that tobramycin is an appropriate antibiotic;							
	Septicaemia, suspected or proven.							
1356J	***Injection 80 mg (base)***	***10***	***1***	**	***65.46***	***20.00***	***BL***	
				..	*65.54	20.00	Nebcin	LY

Quinolone antibacterials

• *Fluoroquinolones*

CIPROFLOXACIN

❖ **Authority required** ❖

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.

1208N	***Tablet 250 mg***	***14***	**	**	***36.24***	***20.00***	***Ciproxin 250***	***BN***
1209P	***Tablet 500 mg***	***14***	**	**	***64.84***	***20.00***	***Ciproxin 500***	***BN***
1210Q	***Tablet 750 mg***	***14***	**	**	***94.54***	***20.00***	***Ciproxin 750***	***BN***

❖ **Restricted benefit** ❖

Gonorrhoea.

NOTE:

No authorities for increased maximum quantities and/or repeats will be authorised.

1311B	***Tablet 250 mg***	***2***	**	**	***11.82***	***12.67***	***Ciproxin 250***	***BN***

ENOXACIN

❖ **Authority required** ❖

Complicated urinary tract infection.

2859L	***Tablet 400 mg***	***14***	***1***	**	***20.96***	***20.00***	***Enoxin***	***FA***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	NORFLOXACIN							
	❖ **Authority required** ❖							
	Acute bacterial enterocolitis; Complicated urinary tract infection.							
3010K	*Tablet 400 mg*	*14*	*1*	*..*	*20.96*	*20.00*	*Noroxin*	*MK*
	Other antibacterials							
	• *Glycopeptide antibacterials*							
	VANCOMYCIN							
	❖ **Restricted benefit** ❖							
	Prophylaxis of endocarditis in patients hypersensitive to penicillin.							
3130R	*Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6765C, 6766D, 6767E, 6768F, 6769G, 6770H apply to above item with approved solvents)*	*2*	*..*	*..*	**51.98*	*20.00*	[a] *Vancocin* [a] *BL* [a] *SI*	*LY*
	❖ **Restricted benefit** ❖							
	Endophthalmitis; Use initiated in a hospital.							
3131T	*Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)*	*5*	*..*	*..*	**123.44*	*20.00*	[a] *Vancocin* [a] *BL* [a] *SI*	*LY*
	• *Steroid antibacterials*							
	FUSIDIC ACID							
	❖ **Restricted benefit** ❖							
	For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.							
2312Q	*Tablet (sodium salt) 250 mg*	*36*	*1*	*..*	*68.14*	*20.00*	*Fucidin*	*CS*
2311P	*Oral suspension 50 mg per mL, 90 mL*	*‡1*	*..*	*..*	*53.80*	*20.00*	*Fucidin*	*CS*
	• *Imidazole derivatives*							
	METRONIDAZOLE							
	❖ **Restricted benefit** ❖							
	Treatment of anaerobic infections.							
1621H	*Tablet 400 mg*	*21*	*1*	*.. 1.92*	*9.24 11.16*	*10.09 10.09*	[a] *Metrogyl 400* [a] *Flagyl*	*AF RR*
	❖ **Restricted benefit** ❖							
	Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	METRONIDAZOLE—cont.							
1638F	***I.V. infusion 500 mg in 100 mL***	***5***	***1***	***..***	****28.49***	***20.00***	[a] ***BX*** [a] ***PU***	
	METRONIDAZOLE							
1636D	Tablet 200 mg	21	1	..	6.43	7.28	[a] Metrogyl 200	AF
							Metrozine	SR
				1.91	8.34	7.28	[a] Flagyl	RR
1626N	Tablet 400 mg	5	2	..	6.32	7.17	Metrogyl 400	AF
1642K	Suppositories 500 mg, 10	‡1	..	..	19.85	20.00	Flagyl	RR
1643L	Suppositories 1 g, 10	‡1	..	..	26.62	20.00	Flagyl	RR
	METRONIDAZOLE BENZOATE							
1630T	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.98	14.83	Flagyl S	RR
	TINIDAZOLE							
1465D	Tablet 500 mg	4	..	..	7.16	8.01	[a] Simplotan	GP
				1.93	9.09	8.01	[a] Fasigyn	PF
	• ***Other antibacterials***							
	SPECTINOMYCIN							
3090P	Injection 2 g with 3.2 mL diluent	1	..	..	16.04	16.89	Trobicin	UP

ANTIMYCOTICS FOR SYSTEMIC USE

Antimycotics for systemic use

• ***Antibiotics***

	AMPHOTERICIN							
1047D	Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	22.52	20.00	Fungizone	BQ

• ***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***	***..***	***..***	***14.94***	***15.79***	***Nizoral***	***JC***

❖ 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***	***..***	***32.83***	***20.00***	***Nizoral***	***JC***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Triazole derivatives*							
	FLUCONAZOLE							
	❖ **Authority required** ❖							
	Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin;							
	Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;							
	Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients;							
	Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;							
	Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.							
1471K	***Capsule 50 mg***	***28***	***5***	..	***177.10***	***20.00***	***Diflucan***	***PF***
1472L	***Capsule 100 mg***	***28***	***5***	..	***328.30***	***20.00***	***Diflucan***	***PF***
1475P	***Capsule 200 mg***	***28***	***5***	..	***630.14***	***20.00***	***Diflucan***	***PF***
1473M	***Solution for I.V. infusion 100 mg in 50 mL***	***7***	..	..	****192.36***	***20.00***	***Diflucan***	***PF***
1474N	***Solution for I.V. infusion 200 mg in 100 mL***	***7***	..	..	****344.05***	***20.00***	***Diflucan***	***PF***
	ITRACONAZOLE							
	❖ **Authority required** ❖							
	Systemic aspergillosis;							
	Systemic sporotrichosis;							
	Systemic histoplasmosis;							
	Treatment and maintenance therapy in AIDS patients with disseminated or chronic pulmonary histoplasmosis infection;							
	Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients.							
8196J	***Capsule 100 mg***	***60***	***5***	..	***183.64***	***20.00***	***Sporanox***	***JC***
	ANTIMYCOBACTERIALS							
	Drugs for treatment of tuberculosis							
	• *Hydrazides*							
	ISONIAZID							
1554T	Tablet 100 mg	100	2	..	7.93	8.78	FM	
	Drugs for treatment of lepra							
	• *Drugs for treatment of lepra*							
	RIFAMPICIN							
	❖ **Authority required** ❖							
	Leprosy in adults.							
1982H	***Capsule 150 mg***	***100***	..	..	***35.50***	***20.00***	***Rimycin 150***	***AF***
1983J	***Capsule 300 mg***	***100***	..	..	***66.68***	***20.00***	***Rimycin 300***	***AF***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	RIFAMPICIN—cont.							
	❖ **Restricted benefit** ❖							
	Prophylactic treatment of contacts of patients with Haemophilus influenzae type B;							
	Prophylaxis of meningococcal disease in close contacts and carriers.							
1981G	*Capsule 150 mg*	*10*	..	..	*8.50*	*9.35*	*Rimycin 150*	AF
1984K	*Capsule 300 mg*	*10*	..	..	*11.61*	*12.46*	*Rimycin 300*	AF
8025J	*Syrup 100 mg per 5 mL, 60 mL*	*‡1*	..	..	*18.50*	*19.35*	*Rifadin*	ML

ANTIVIRALS FOR SYSTEMIC USE

Agents affecting the virus directly

- ***Nucleosides and nucleotides***

ACICLOVIR

❖ **Authority required** ❖

Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.

1003T	*Tablet 200 mg*	*50*	..	..	**112.58*	*20.00*	[a] *Acyclo-V 200* [a] *Zovirax 200 mg* [a] *Zyclir 200*	AF GW AD

❖ **Authority required** ❖

Moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.

1007B	*Tablet 200 mg*	*90*	*5*	..	*199.04*	*20.00*	[a] *Acyclo-V 200* [a] *Zovirax 200 mg* [a] *Zyclir 200*	AF GW AD

❖ **Authority required** ❖

➤ ***Herpes zoster ophthalmicus;***
Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.
NOTE:
Aciclovir is effective only if commenced within 72 hours of onset of rash.

No repeats will be issued.

1052J	*Tablet 800 mg*	*35*	..	..	*258.32*	*20.00*	[a] *Acyclo-V 800* [a] *Zovirax 800 mg* [a] *Zyclir 800*	AF GW AD

FAMCICLOVIR

❖ **Authority required** ❖

Intermittent treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.

8092X	*Tablet 125 mg*	*10*	*5*	..	*58.31*	*20.00*	*Famvir*	SK

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FAMCICLOVIR—cont.							
	❖ **Authority required** ❖							
	Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.							
	NOTE:							
	Famciclovir is effective only if commenced within 72 hours of onset of rash.							
	No repeats will be issued.							
8002E	***Tablet 250 mg***	***21***	..	..	***258.32***	***20.00***	***Famvir***	***SK***
	VALACICLOVIR							
	❖ **Authority required** ❖							
	Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.							
8133C	***Tablet 500 mg***	***20***	..	..	****130.84***	***20.00***	***Valtrex***	***GW***
	❖ **Authority required** ❖							
	Intermittent treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.							
8134D	***Tablet 500 mg***	***10***	***5***	..	***67.59***	***20.00***	***Valtrex***	***GW***
	❖ **Authority required** ❖							
➤	***Herpes zoster ophthalmicus;*** ***Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.***							
	NOTE:							
	Valaciclovir is effective only if commenced within 72 hours of onset of rash.							
	No repeats will be issued.							
8064K	***Tablet 500 mg***	***42***	..	..	***263.84***	***20.00***	***Valtrex***	***GW***
	IMMUNE SERA AND IMMUNOGLOBULINS							
	Immune sera							
	• ***Immune sera***							
	DIPHTHERIA ANTITOXIN							
1344R	Injection 10,000 units	2	1	..	*173.74	20.00	CS	
	RED-BACK SPIDER ANTIVENOM							
1980F	Injection 500 units	2	..	..	*195.74	20.00	CS	
	VACCINES							
	Bacterial vaccines							
	• ***Diphtheria vaccines***							
	DIPHTHERIA VACCINE, ADSORBED							
	NOTE:							
	For immunisation of children up to the age of eight years.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	DIPHTHERIA VACCINE, ADSORBED—cont.						
1348Y	Injection 0.5 mL	2	1	..	*16.00	16.85	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	..	..	*16.00	16.85	CS
	• ***Pertussis vaccines***						
	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED (Triple Antigen)						
1346W	Injection 0.5 mL	3	..	..	*19.85	20.00	CS
	• ***Pneumococcal vaccines***						
	PNEUMOCOCCAL VACCINE, POLYVALENT ❖ **Restricted benefit** ❖ ***Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.***						
1903E	***Injection 0.5 mL (23 valent)***	***1***	..	..	***39.54***	***20.00***	***Pneumovax 23*** ***CS***
	• ***Tetanus vaccines***						
	DIPHTHERIA and TETANUS VACCINE, ADSORBED **NOTE:** For immunisation of children up to the age of eight years.						
1341N	Injection 0.5 mL	3	..	..	*18.38	19.23	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	..	..	*18.62	19.47	CS
	TETANUS VACCINE, ADSORBED						
2127Y	Injection 0.5 mL	3	..	..	*16.73	17.58	CS
	Viral vaccines						
	• ***Influenza vaccines***						
	INFLUENZA VACCINE ❖ **Restricted benefit** ❖ ***Persons at special risk of adverse consequences from infections of the lower respiratory tract.***						
2852D	***Injection (trivalent) 0.5 mL (containing A/Texas/36/91, A/Wuhan/359/95 and B/Beijing/184/93 like strains)***	***1***	..	..	***17.54***	***18.39***	***Fluvax*** ***CS*** ***Vaxigrip*** ***RR***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTINEOPLASTIC AGENTS							
	Alkylating agents							
	• ***Nitrogen mustard analogues***							
	CHLORAMBUCIL							
1163F	Tablet 2 mg	100	2	..	*76.06	20.00	Leukeran	GW
1164G	Tablet 5 mg	100	2	..	*86.62	20.00	Leukeran	GW
	CYCLOPHOSPHAMIDE							
1266P	Tablet 50 mg	50	2	..	28.94	20.00	Cycloblastin	PS
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	10	..	..	76.03	20.00	Cycloblastin	PS
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	10	..	..	81.51	20.00	Cycloblastin	PS
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*27.66	20.00	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	..	..	24.91	20.00	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	..	..	40.97	20.00	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***	..	****269.84***	***20.00***	***Holoxan***	***AA***
8077D	***Powder for I.V. injection 2 g***	***5***	***5***	..	****500.49***	***20.00***	***Holoxan***	***AA***
	MELPHALAN							
2547C	Tablet 2 mg	100	..	..	*95.14	20.00	Alkeran	GW
2548D	Tablet 5 mg	100	..	..	*153.94	20.00	Alkeran	GW
	• ***Alkyl sulphonates***							
	BUSULFAN							
1128J	Tablet 2 mg	100	..	..	45.59	20.00	Myleran	GW
	• ***Ethylene imines***							
	THIOTEPA							
2345K	Injection 15 mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	..	*38.28	20.00	LE	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Antimetabolites							
	• ***Folic acid analogues***							
	METHOTREXATE							
1622J	Tablet 2.5 mg	100	2	..	20.92	20.00	[a] Ledertrexate	LE
							[a] Methoblastin	PS
				0.55	21.47	20.00	[a] BL	
1623K	Tablet 10 mg	50	2	..	46.69	20.00	Methoblastin	PS
2396D	Injection 5 mg in 2 mL	5	..	..	36.79	20.00	[a] BL	
				9.25	*46.04	20.00	[a] Ledertrexate	LE
2395C	Injection 50 mg in 2 mL	5	..	..	*47.99	20.00	Ledertrexate	LE
				..	48.01	20.00	Methoblastin	PS
							BL	
							PU	
	• ***Purine analogues***							
	CLADRIBINE							
	❖ **Authority required** ❖							
	Hairy cell leukaemia.							
1811H	***Solution for I.V. infusion 10 mg in 10 mL***	***7***	***..***	***..***	***4724.02***	***20.00***	***Leustatin***	***JC***
	MERCAPTOPURINE							
1598D	Tablet 50 mg	100	2	..	*102.82	20.00	Purinethol	GW
	THIOGUANINE							
1233X	Tablet 40 mg	25	1	..	103.67	20.00	Lanvis	GW
	• ***Pyrimidine analogues***							
	CYTARABINE							
8033T	Injection 100 mg in 1 mL	10	1	..	*73.20	20.00	BL	
2884T	Injection 100 mg in 5 mL	10	1	..	*73.20	20.00	PU	
8034W	Injection 500 mg in 5 mL	2	1	..	*81.52	20.00	BL	
2885W	Injection 500 mg in 25 mL	2	1	..	*81.52	20.00	PU	
	FLUOROURACIL							
2521Q	Injection 250 mg in 10 mL	20	..	..	*67.70	20.00	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.74	20.00	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***	***..***	****240.14***	***20.00***	***Gemzar***	***LY***
8050Q	***Powder for I.V. infusion 1 g (base)***	***2***	***2***	***..***	****569.00***	***20.00***	***Gemzar***	***LY***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Plant alkaloids and other natural products							
	• ***Vinca alkaloids and analogues***							
	VINBLASTINE SULFATE							
2198Q	Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*42.04	20.00	Velbe	LY
2199R	Injection set containing 10 mg and 10 mL solvent	2	..	..	*45.44	20.00	BL	
	VINCRISTINE SULFATE							
2374Y	I.V. injection 1 mg in 1 mL	10	..	..	*169.34	20.00	BL PU	
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*176.84	20.00	[a] Oncovin [a] BL	LY
	• ***Podophyllotoxin derivatives***							
	ETOPOSIDE							
1396L	Capsule 50 mg	20	..	..	499.04	20.00	Vepesid	BQ
1389D	Capsule 100 mg	10	..	..	435.26	20.00	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*207.34	20.00	[a] Vepesid [a] BL	BQ
	ETOPOSIDE PHOSPHATE							
8120J	Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide)	5	..	..	*207.34	20.00	Etopophos	BQ
	• ***Taxanes***							
	DOCETAXEL							
	❖ **Authority required** ❖							
	Advanced metastatic breast cancer after failure of standard therapy which includes an anthracycline.							
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***	..	..	****833.84***	***20.00***	***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***	..	..	***1658.09***	***20.00***	***Taxotere***	***RR***
	PACLITAXEL							
	❖ **Authority required** ❖							
	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.***							
3026G	***Solution for I.V. infusion 30 mg in 5 mL***	***5***	..	..	****1346.04***	***20.00***	[a] ***Anzatax*** [a] ***Taxol***	***FA*** ***BQ***
8018B	***Solution for I.V. infusion 100 mg in 16.7 mL***	***2***	..	..	****1793.26***	***20.00***	***Taxol***	***BQ***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PACLITAXEL—cont.							
3017T	***Solution for I.V. infusion 150 mg in 25 mL***	***1***	***..***	***..***	***1346.01***	***20.00***	***Anzatax***	***FA***
	Cytotoxic antibiotics and related substances							
	• ***Anthracyclines and related substances***							
	DOXORUBICIN HYDROCHLORIDE							
1336H	Solution for I.V. injection or intravesical administration 10 mg in 5 mL	4	..	..	*217.10	20.00	[a] Adriamycin Solution [a] BL [a] PU	PS
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*388.22	20.00	[a] Adriamycin Solution [a] BL [a] PU	PS
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*704.69	20.00	[a] Adriamycin Solution [a] BL [a] PU	PS
	EPIRUBICIN HYDROCHLORIDE							
1375J	Solution for I.V. injection 10 mg in 5 mL	4	..	..	*228.34	20.00	Pharmorubicin Solution	PS
1376K	Solution for I.V. injection 20 mg in 10 mL	4	..	..	*421.82	20.00	Pharmorubicin Solution	PS
1377L	Solution for I.V. injection 50 mg in 25 mL	3	..	..	*778.61	20.00	Pharmorubicin Solution	PS
	IDARUBICIN HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Acute myelogenous leukaemia.							
2446R	***Capsule 5 mg***	***3***	***..***	***..***	****245.90***	***20.00***	***Zavedos***	***PS***
2448W	***Capsule 10 mg***	***3***	***..***	***..***	****461.30***	***20.00***	***Zavedos***	***PS***
2450Y	***Capsule 25 mg***	***6***	***..***	***..***	****2289.14***	***20.00***	***Zavedos***	***PS***
2452C	***Powder for I.V. injection 5 mg***	***3***	***..***	***..***	****591.20***	***20.00***	***Zavedos***	***PS***
2453D	***Powder for I.V. injection 10 mg***	***6***	***..***	***..***	****2289.14***	***20.00***	***Zavedos***	***PS***
	MITOZANTRONE							
1932Q	Injection 10 mg in 5 mL	1	..	..	187.40	20.00	Novantrone	LE
1929M	Injection 20 mg in 10 mL	1	..	..	355.18	20.00	Novantrone	LE
1930N	Injection 25 mg in 12.5 mL	1	..	..	440.93	20.00	Novantrone	LE
1931P	Injection 30 mg in 15 mL	1	..	..	528.02	20.00	Novantrone	LE
	• ***Other cytotoxic antibiotics***							
	BLEOMYCIN							
	See Special Pharmaceutical Benefits							

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Other antineoplastic agents							
	• ***Platinum compounds***							
	CARBOPLATIN							
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*108.22	20.00	[a] BL [a] PU	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*718.34	20.00	[a] BL [a] PU	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*520.02	20.00	[a] BL [a] PU	
	CISPLATIN							
2578Q	I.V. injection 10 mg in 10 mL	1	..	.. 0.22	17.87 18.09	18.72 18.72	[a] PU [a] BL	
2579R	I.V. injection 50 mg in 50 mL	1	..	.. 0.55	40.64 41.19	20.00 20.00	[a] PU [a] BL	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.67	20.00	BL	
	• ***Other antineoplastic agents***							
	ALTRETAMINE (Hexamethylmelamine)							
	❖ **Restricted benefit** ❖							
	Advanced metastatic ovarian carcinoma after failure of platinum-based therapy and paclitaxel.							
8080G	***Capsule 50 mg***	***100***	***2***	***..***	***436.94***	***20.00***	***Hexalen***	***FA***
	HYDROXYUREA							
3093T	Capsule 500 mg	100	..	..	68.02	20.00	Hydrea	BQ
	LEVAMISOLE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Use in combination with fluorouracil as adjuvant treatment after surgical resection of Dukes' stage C colon cancer.							
8065L	***Tablet 50 mg (base)***	***36***	***2***	***..***	***190.24***	***20.00***	***Ergamisol 50 mg***	***JC***
	TOPOTECAN HYDROCHLORIDE							
	❖ **Authority required** ❖							
	Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound or failure of subsequent therapy.							
8199M	***Powder for I.V. infusion 4 mg (base)***	***5***	***1***	***..***	***2314.34***	***20.00***	***Hycamtin***	***SK***
	ENDOCRINE THERAPY							
	Hormones and related agents							
	• ***Estrogens***							
	FOSFESTROL SODIUM							
	❖ **Restricted benefit** ❖							
	Carcinoma of the prostate.							
1353F	***Tablet 120 mg***	***100***	***5***	***..***	***82.44***	***20.00***	***Honvan***	***AA***

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	
	• *Progestogens*							
	MEDROXYPROGESTERONE ACETATE							
	❖ **Restricted benefit** ❖							
	Advanced breast cancer.							
2728N	*Tablet 500 mg*	*30*	*2*	*..*	*116.38*	*20.00*	*Provera*	*UP*
	❖ **Restricted benefit** ❖							
	Breast cancer; Endometrial cancer.							
2725K	*Tablet 100 mg*	*100*	*2*	*..*	*82.77*	*20.00*	*Provera*	*UP*
2316X	*Tablet 200 mg*	*60*	*2*	*..*	*93.99*	*20.00*	*Provera*	*UP*
2727M	*Tablet 250 mg*	*60*	*2*	*..*	*116.38*	*20.00*	*Provera*	*UP*
	[For other listings for this drug see Generic/Proprietary Index]							
	MEGESTROL ACETATE							
	❖ **Restricted benefit** ❖							
	Advanced breast cancer.							
2731R	*Tablet 40 mg*	*100*	*2*	*..*	*45.59*	*20.00*	*Megostat*	*BQ*
2734X	*Tablet 160 mg*	*30*	*2*	*..*	*73.09*	*20.00*	*Megostat*	*BQ*
	• *Gonadotrophin releasing hormone analogues*							
	GOSERELIN ACETATE							
	❖ **Authority required** ❖							
	Advanced carcinoma of the prostate; Treatment of premenopausal women with advanced breast cancer; Short-term treatment (up to six months) of visually proven endometriosis (only the one authority for up to six months' therapy will be authorised).							
1454M	*Subcutaneous implant 3.6 mg (base) in pre-filled injection syringe*	*1*	*5*	*..*	*361.19*	*20.00*	*Zoladex Implant*	*IC*
	❖ **Authority required** ❖							
	Advanced carcinoma of the prostate.							
8093Y	*Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe*	*1*	*1*	*..*	*1159.34*	*20.00*	*Zoladex 10.8 Implant*	*IC*
	LEUPRORELIN ACETATE							
	❖ **Authority required** ❖							
	Advanced carcinoma of the prostate.							
1565J	*I.M. injection (modified release), set containing one vial powder for injection 7.5 mg, one ampoule diluent 1.5 mL and one syringe with two needles*	*1*	*5*	*..*	*433.79*	*20.00*	*Lucrin Depot*	*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	
	• *Other hormones*							
	FLUOXYMESTERONE							
	❖ Authority required ❖							
	Carcinoma of the breast.							
1435M	*Tablet 5 mg*	*100*	*3*	..	*20.09*	*20.00*	*Halotestin*	*UP*
	Hormone antagonists and related agents							
	• *Anti-estrogens*							
	TAMOXIFEN CITRATE							
	❖ Restricted benefit ❖							
	Breast cancer.							
2109B	*Tablet 10 mg (base)*	*60*	*5*	..	**53.84*	*20.00*	[a] *Estroxyn 10*	*PU*
							[a] *Nolvadex*	*IC*
				..	*53.84*	*20.00*	[a] *Genox 10*	*AF*
							[a] *Noxitem 10*	*AD*
							[a] *Tamoxen 10 mg*	*DP*
2110C	*Tablet 20 mg (base)*	*60*	*5*	..	**90.14*	*20.00*	[a] *Estroxyn 20*	*PU*
							[a] *Nolvadex-D*	*IC*
							[a] *Tamosin*	*SI*
				..	*90.14*	*20.00*	[a] *Genox 20*	*AF*
							[a] *Noxitem 20*	*AD*
							[a] *Tamoxen 20 mg*	*DP*
	• *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*	..	*225.80*	*20.00*	*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*	..	**292.34*	*20.00*	[a] *Cyprone*	*AF*
				1.80	**294.14*	*20.00*	[a] *Androcur*	*SC*
8019C	*Tablet 100 mg*	*50*	*5*	..	*238.09*	*20.00*	*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*	..	*264.56*	*20.00*	[a] *Eulexin*	*SH*
							[a] *Fugerel*	*EX*

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	
	NILUTAMIDE							
	❖ **Authority required** ❖							
	For use in conjunction with LHRH agonists or orchidectomy for the treatment of advanced prostatic carcinoma.							
8131Y	***Tablet 150 mg***	***30***	***5***	***..***	***231.00***	***20.00***	***Anandron***	***RL***
	• ***Enzyme inhibitors***							
	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	162.63	20.00	Cytadren	CG
	ANASTROZOLE							
	❖ **Authority required** ❖							
	Treatment of advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.							
8179L	***Tablet 1 mg***	***28***	***2***	***..***	***222.34***	***20.00***	***Arimidex***	***IC***
	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***	***5***	***4***	***..***	****463.59***	***20.00***	***Roferon-A***	***RO***
8180M	***Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***15***	***4***	***..***	****463.64***	***20.00***	***Roferon-A***	***RO***
	❖ **Authority required** ❖							
	Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.							
8127R	***Solutions for injection 3,000,000 i.u. in 1 mL single use vial, 3***	***5***	***5***	***..***	****463.59***	***20.00***	***Roferon-A***	***RO***
8181N	***Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***15***	***5***	***..***	****463.64***	***20.00***	***Roferon-A***	***RO***
8182P	***Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***5***	***..***	****241.04***	***20.00***	***Roferon-A***	***RO***
8183Q	***Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***5***	***..***	****313.94***	***20.00***	***Roferon-A***	***RO***
8184R	***Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***5***	***..***	****463.59***	***20.00***	***Roferon-A***	***RO***

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	
	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*	*3*	*4*	*..*	**463.61*	*20.00*	*Intron A*	*SH*
	❖ Authority required ❖							
	Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy; Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, 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*	*..*	**463.61*	*20.00*	*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*	*..*	**769.79*	*20.00*	*Intron A*	*SH*
	❖ Authority required ❖							
	Basal cell carcinoma when more efficacious treatments are considered inappropriate.							
2085R	*Injection set containing one vial powder for injection 10,000,000 i.u. and one vial solvent 2 mL*	*2*	*..*	*..*	**216.74*	*20.00*	*Intron A*	*SH*
	INTERFERON BETA-1b							
	❖ Authority required ❖							
	Clinically definite relapsing-remitting multiple sclerosis, confirmed by magnetic resonance imaging of the brain and/or spinal cord, in ambulatory (without assistance or support) 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 MRI scan will not be required if a radiologist provides written certification that the scan is contraindicated because of the risk of physical (not psychological) injury to the patient. A copy of the certification must accompany 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.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	INTERFERON BETA-1b—cont.							
	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***	***..***	***1264.34***	***20.00***	***Betaferon***	***SC***
	• *Other immunostimulating agents*							
	BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain)							
	❖ **Restricted benefit** ❖							
	Treatment of carcinoma in situ of the urinary bladder.							
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***	***..***	****476.84***	***20.00***	***ImmuCyst***	***RR***
	BCG-TICE (Bacillus Calmette-Guérin/ Tice strain)							
	❖ **Restricted benefit** ❖							
	Primary and relapsing superficial urothelial carcinoma of the bladder.							
1131M	***Ampoule containing powder for intravesical administration approximately 5 x 10^8 CFU***	***3***	***1***	***..***	***466.34***	***20.00***	***OncoTICE***	***OT***
	IMMUNOSUPPRESSIVE AGENTS							
	Immunosuppressive agents							
	• *Other immunosuppressive agents*							
	AZATHIOPRINE							
2688L	Tablet 25 mg	100	2	..	50.93	20.00	Imuran	GW
2687K	Tablet 50 mg	100	2	..	85.74	20.00	[a] Imuran [a] Thioprine	GW AF

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
	Antiinflammatory/antirheumatic products, non-steroids							
	• ***Acetic acid derivatives and related substances***							
	DICLOFENAC POTASSIUM							
1331C	Tablets 25 mg, 20	‡1	..	..	6.71	7.56	Voltaren Rapid 25	CG
1332D	Tablets 50 mg, 20	‡1	..	..	7.28	8.13	Voltaren Rapid 50	CG
	DICLOFENAC SODIUM							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
1299J	***Tablet 25 mg (enteric coated)***	***100***	***3***	..	*14.54	15.39	[a] *Diclohexal*	HX
							[a] *Voltaren 25*	CG
1300K	***Tablet 50 mg (enteric coated)***	***50***	***3***	..	10.69	11.54	[a] *Diclohexal*	HX
							[a] *Fenac*	AF
				1.75	12.44	11.54	[a] *Voltaren 50*	CG
	DICLOFENAC SODIUM							
1302M	Suppository 100 mg	40	3	..	*22.82	20.00	Voltaren	CG
	INDOMETHACIN							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
2454E	***Capsule 25 mg***	***100***	***3***	..	*7.64	8.49	[a] *Arthrexin*	AF
							[a] *Hicin 25 mg*	DP
							[a] *Indomed 25*	AD
				2.56	*10.20	8.49	[a] *Indocid*	MK
	INDOMETHACIN							
2757D	Suppository 100 mg	40	3	..	*19.24	20.00	Indocid	MK
	SULINDAC							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
2047R	***Tablet 100 mg***	***100***	***3***	..	*14.46	15.31	[a] *Aclin*	AF
							[a] *Clusinol 100*	AD
							[a] *Saldac 100 mg*	DP
				1.02	*15.48	15.31	[a] *Clinoril*	FR
2048T	***Tablet 200 mg***	***50***	***3***	..	13.36	14.21	[a] *Aclin 200*	AF
							[a] *Clusinol 200*	AD
							[a] *Saldac 200 mg*	DP
				1.54	14.90	14.21	[a] *Clinoril 200*	FR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Oxicams*							
	PIROXICAM							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1895R	***Dispersible tablet 10 mg***	***50***	***3***	***..***	***12.70***	***13.55***	[a] ***Candyl-D 10 mg***	***DP***
							[a] ***Fensaid-D 10***	***AD***
							[a] ***Mobilis D-10***	***AF***
				1.80	***14.50***	***13.55***	[a] ***Feldene-D***	***PF***
1896T	***Dispersible tablet 20 mg***	***25***	***3***	***..***	***12.26***	***13.11***	[a] ***Candyl-D 20 mg***	***DP***
							[a] ***Fensaid-D 20***	***AD***
							[a] ***Mobilis D-20***	***AF***
				1.90	***14.16***	***13.11***	[a] ***Feldene-D***	***PF***
1897W	***Capsule 10 mg***	***50***	***3***	***..***	***12.70***	***13.55***	[a] ***Candyl 10 mg***	***DP***
							[a] ***Fensaid 10***	***AD***
							[a] ***Mobilis 10***	***AF***
				1.80	***14.50***	***13.55***	[a] ***Feldene***	***PF***
1898X	***Capsule 20 mg***	***25***	***3***	***..***	***12.26***	***13.11***	[a] ***Candyl 20 mg***	***DP***
							[a] ***Fensaid 20***	***AD***
							[a] ***Mobilis 20***	***AF***
							[a] ***Pirox***	***GP***
				1.90	***14.16***	***13.11***	[a] ***Feldene***	***PF***
	TENOXICAM							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; ***Bone pain due to malignant disease.***							
2104R	***Tablet 10 mg***	***50***	***3***	***..***	***13.26***	***14.11***	***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***	***..***	****8.82***	***9.67***	***Rafen 200***	***AF***
3190X	***Tablet 400 mg***	***100***	***3***	***..***	****12.08***	***12.93***	***Brufen***	***KN***
	IBUPROFEN							
3192B	Tablets 400 mg, 20	‡1	..	..	6.28	7.13	Brufen	KN
	KETOPROFEN							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1586L	***Capsule 50 mg***	***50***	***3***	***..***	***9.53***	***10.38***	***Orudis***	***RR***
1589P	***Capsule 100 mg (sustained release)***	***50***	***3***	***..***	***13.80***	***14.65***	[a] ***Orwail SR***	***MB***
				1.60	***15.40***	***14.65***	[a] ***Orudis SR***	***RR***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	KETOPROFEN—cont.							
1590Q	***Capsule 200 mg (sustained release)***	***28***	***3***	***..***	***14.93***	***15.78***	[a] ***Orwail SR***	***MB***
				1.36	***16.29***	***15.78***	[a] ***Orudis SR 200***	***RR***
	KETOPROFEN							
8042G	Tablets 25 mg, 20	‡1	..	..	6.28	7.13	Orudis 25 mg	RR
1588N	Suppository 100 mg	40	3	..	*20.98	20.00	Orudis	RR
	NAPROXEN							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
1674D	***Tablet 250 mg***	***100***	***3***	***..***	***14.26***	***15.11***	[a] ***Inza 250***	***AF***
				2.52	***16.78***	***15.11***	[a] ***Naprosyn***	***SD***
1659H	***Tablet 500 mg***	***50***	***3***	***..***	***13.15***	***14.00***	[a] ***Inza 500***	***AF***
				1.30	***14.45***	***14.00***	[a] ***Naprosyn***	***SD***
1614Y	***Tablet 750 mg (sustained release)***	***28***	***3***	***..***	***12.19***	***13.04***	[a] ***Proxen SR 750***	***MD***
				1.30	***13.49***	***13.04***	[a] ***Naprosyn SR750***	***SD***
1615B	***Tablet 1 g (sustained release)***	***28***	***3***	***..***	***14.81***	***15.66***	[a] ***Proxen SR 1000***	***MD***
				1.30	***16.11***	***15.66***	[a] ***Naprosyn SR1000***	***SD***
1658G	***Oral suspension 125 mg per 5 mL, 500 mL***	***‡1***	***3***	***..***	***18.96***	***19.81***	***Naprosyn***	***SD***
	NAPROXEN							
1662L	Suppository 500 mg	40	3	..	*19.24	20.00	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***	***..***	***13.15***	***14.00***	***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.							
2102P	***Tablet 200 mg***	***50***	***3***	***..***	***10.08***	***10.93***	***Surgam***	***RL***
2103Q	***Tablet 300 mg***	***50***	***3***	***..***	***13.53***	***14.38***	***Surgam***	***RL***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Fenamates***							
	MEFENAMIC ACID							
	❖ **Restricted benefit** ❖							
	Dysmenorrhoea;							
	Menorrhagia.							
1824B	***Capsule 250 mg***	***50***	***2***	***..***	***13.75***	***14.60***	[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***	***..***	****14.88***	***15.73***	***Dolobid***	***MK***
1320L	***Tablet 500 mg***	***50***	***3***	***..***	***14.57***	***15.42***	***Dolobid***	***MK***
	Specific antirheumatic agents							
	• ***Quinolines***							
	HYDROXYCHLOROQUINE SULFATE							
1512N	Tablet 200 mg	100	1	..	34.07	20.00	Plaquenil	SW
	• ***Gold preparations***							
	AURANOFIN							
	CAUTION:							
	Regular blood and urine checks are essential.							
1095P	Tablet 3 mg	60	5	..	55.38	20.00	Ridaura	SK
	AUROTHIOGLUCOSE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2021J	Injection 50 mg per mL, 10 mL	1	..	..	126.66	20.00	Gold-50	SH
	SODIUM AUROTHIOMALATE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2016D	Injection 10 mg	10	..	..	52.52	20.00	Myocrisin	RR
2017E	Injection 20 mg	10	1	..	80.85	20.00	Myocrisin	RR
2018F	Injection 50 mg	10	1	..	126.66	20.00	Myocrisin	RR
	• ***Penicillamine and similar agents***							
	PENICILLAMINE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2721F	Tablet 125 mg	100	1	..	26.67	20.00	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	41.74	20.00	D-Penamine	DL

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MUSCLE RELAXANTS							
	Muscle relaxants, centrally acting agents							
	• ***Other centrally acting agents***							
	BACLOFEN							
2729P	Tablet 10 mg	100	5	..	40.64	20.00	[a] Clofen 10	AF
				0.95	41.59	20.00	[a] Lioresal 10	CG
2730Q	Tablet 25 mg	100	5	..	82.44	20.00	[a] Clofen 25	AF
				0.95	83.39	20.00	[a] Lioresal 25	CG
	Muscle relaxants, directly acting agents							
	• ***Dantrolene and derivatives***							
	DANTROLENE SODIUM							
	❖ **Restricted benefit** ❖							
	Treatment of chronic spasticity.							
1779P	***Capsule 25 mg***	***100***	***2***	***..***	***28.65***	***20.00***	***Dantrium***	***PU***
1780Q	***Capsule 50 mg***	***100***	***2***	***..***	***46.47***	***20.00***	***Dantrium***	***PU***
	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	..	*13.62	14.47	[a] Progout 100	AF
				..	13.62	14.47	[a] Allorin 100 mg	DP
							[a] Zygout 100	AD
				0.90	*14.52	14.47	[a] Zyloprim	GW
2604C	Tablet 300 mg	60	2	..	*9.84	10.69	[a] Progout 300	AF
				..	9.84	10.69	[a] Allorin 300 mg	DP
							[a] Zygout 300	AD
				1.21	11.05	10.69	[a] Zyloprim	GW
2601X	Capsule 100 mg	200	2	..	*13.62	14.47	Capurate-100	FM
2603B	Capsule 300 mg	60	2	..	*10.44	11.29	Capurate-300	FM
	• ***Preparations increasing uric acid excretion***							
	PROBENECID							
1940D	Tablet 500 mg	100	5	..	17.87	18.72	Benemid	FR
	SULFINPYRAZONE							
	❖ **Restricted benefit** ❖							
	Glomerulonephritis;							
	Gout;							
	Renal transplantation.							
2094F	***Tablet 100 mg***	***100***	***5***	***..***	***33.12***	***20.00***	***Anturan***	***CG***
	• ***Preparations with no effect on uric acid metabolism***							
	COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	7.38	8.23	Colgout	RR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRUGS FOR TREATMENT OF BONE DISEASES							
	Drugs affecting mineralization							
	• *Bisphosphonates*							
	ALENDRONATE SODIUM							
	❖ Authority required ❖							
	Established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the date of x-ray must be included on the initial application. *A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.*							
8102K	*Tablet equivalent to 10 mg alendronic acid*	*30*	*5*	*..*	*65.94*	*20.00*	*Fosamax 10 mg*	*MK*
	❖ Authority required ❖							
	Symptomatic Paget's disease of bone.							
8090T	*Tablet equivalent to 40 mg alendronic acid*	*30*	*5*	*..*	*196.84*	*20.00*	*Fosamax 40 mg*	*MK*
	DISODIUM ETIDRONATE							
	❖ Authority required ❖							
	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.*							
2920Q	*Tablet 200 mg*	*60*	*5*	*..*	*116.73*	*20.00*	*Didronel*	*PU*
	DISODIUM PAMIDRONATE							
	❖ Authority required ❖							
	Symptomatic Paget's disease of bone.							
8208B	*Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL*	*1*	*..*	*..*	*309.03*	*20.00*	*Aredia*	*CG*
8209C	*Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL*	*1*	*..*	*..*	*309.03*	*20.00*	*Aredia*	*CG*
	SODIUM CLODRONATE TETRAHYDRATE							
	❖ Restricted benefit ❖							
	Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.							
8132B	*Capsule equivalent to 400 mg sodium clodronate*	*100*	*2*	*..*	*342.34*	*20.00*	*Bonefos*	*RR*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Bisphosphonates and calcium, sequential preparations*							
	DISODIUM ETIDRONATE and CALCIUM CARBONATE							
	❖ **Authority required** ❖							
	Established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the date of x-ray must be included on the initial application.							
	A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
8056B	***Pack containing 28 tablets disodium etidronate 200 mg and 76 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)***	‡1	*1*	..	*86.24*	*20.00*	***Didrocal***	***PU***
	• *Other drugs affecting mineralization*							
	CALCITRIOL							
	❖ **Authority required** ❖							
	Hypocalcaemia due to renal disease;							
	Hypoparathyroidism;							
	Hypophosphataemic rickets;							
	Vitamin D-resistant rickets;							
	Established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the date of x-ray must be included on the initial application.							
	A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
2502Q	***Capsule 0.25 microgram***	*100*	*5*	..	*62.64*	*20.00*	[a] ***Rocaltrol*** [a] ***Sitriol***	***RO*** ***AF***
	CALCIUM							
	❖ **Restricted benefit** ❖							
	Hyperphosphataemia in chronic renal failure;							
	Hypocalcaemia;							
	Osteoporosis;							
	Proven malabsorption.							
3116B	***Tablet (chewable) 500 mg (as carbonate)***	*120*	*1*	..	**12.32*	*13.17*	***Cal-Sup***	***MM***
3117C	***Tablet 600 mg (as carbonate)***	*120*	*1*	..	*12.14*	*12.99*	***Caltrate*** ***SandoCal 600 mg***	***WT*** ***SZ***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	9.68	10.53	Myoquin	FM
							Quinbisul	AF
				0.55	10.23	10.53	Bi-Quinate	RR
	QUININE SULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.68	10.53	[a] Quinoctal	FM
							[a] Quinsul	AF
				0.55	10.23	10.53	[a] Quinate	RR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANALGESICS							
	Opioids							
	• ***Natural opium alkaloids***							
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	9.07	9.92	[a] FA [a] FM	
	CODEINE PHOSPHATE with ASPIRIN							
1222H	Tablet 30 mg-325 mg	20	..	..	6.87	7.72	Codral Forte	GW
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.							
	CODEINE PHOSPHATE with PARACETAMOL							
1215Y	Tablet 30 mg-500 mg	20	..	..	6.86	7.71	[a] Codalgin Forte [a] Dymadon Forte [a] Panadeine Forte Caplets	FM GW 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:							
	The risk of drug dependence is high.							
	❖ **Restricted benefit** ❖							
	Severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
2122Q	***Oral solution 2 mg per mL, 200 mL***	*1*	..	..	*14.37*	*15.22*	***Ordine 2***	***PU***
2123R	***Oral solution 5 mg per mL, 200 mL***	*1*	..	..	*17.56*	*18.41*	***Ordine 5***	***PU***
2124T	***Oral solution 10 mg per mL, 200 mL***	*1*	..	..	*20.50*	*20.00*	***Ordine 10***	***PU***

Code	Name, Restriction, Manner of administration and 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:** ***The risk of drug dependence is high.*** ❖ **Restricted benefit** ❖ ***Severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for*** ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
1646P	***Tablet 30 mg***	***20***	..	..	***11.33***	***12.18***	***Anamorph***	***FM***
	❖ **Restricted benefit** ❖ ***Chronic severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for*** ***(i) chronic severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
8035X	***Tablet 5 mg (controlled release)***	***20***	..	..	***11.08***	***11.93***	***MS Contin***	***PS***
1653B	***Tablet 10 mg (controlled release)***	***20***	..	..	***14.39***	***15.24***	***MS Contin***	***PS***
1654C	***Tablet 30 mg (controlled release)***	***20***	..	..	***26.14***	***20.00***	***MS Contin***	***PS***
1655D	***Tablet 60 mg (controlled release)***	***20***	..	..	***40.58***	***20.00***	***MS Contin***	***PS***
1656E	***Tablet 100 mg (controlled release)***	***20***	..	..	***60.00***	***20.00***	***MS Contin***	***PS***
2839K	***Capsule 20 mg (containing sustained release pellets)***	***20***	..	..	***19.46***	***20.00***	***Kapanol***	***GW***
2840L	***Capsule 50 mg (containing sustained release pellets)***	***20***	..	..	***34.83***	***20.00***	***Kapanol***	***GW***
2841M	***Capsule 100 mg (containing sustained release pellets)***	***20***	..	..	***60.00***	***20.00***	***Kapanol***	***GW***
8146R	***Sachet containing controlled release granules for oral suspension, 30 mg per sachet***	***20***	..	..	***26.14***	***20.00***	***MS Contin Suspension 30 mg***	***PS***
	MORPHINE SULFATE **CAUTION:** The risk of drug dependence is high.							
1644M	Injection 10 mg in 1 mL	5	..	..	10.29	11.14	BL SI	

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MORPHINE SULFATE—cont.							
1645N	Injection 15 mg in 1 mL	5	..	..	10.62	11.47	BL SI	
1647Q	Injection 30 mg in 1 mL	5	..	..	11.99	12.84	BL	
	MORPHINE TARTRATE **CAUTION:** The risk of drug dependence is high.							
1607N	Injection 120 mg in 1.5 mL	5	..	..	19.56	20.00	BL	
	OXYCODONE **CAUTION:** ***The risk of drug dependence is high.*** ❖ **Restricted benefit** ❖ ***Severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for*** ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
2481N	*Suppository 30 mg*	*12*	..	..	*17.23*	*18.08*	*Proladone*	*KN*
	OXYCODONE HYDROCHLORIDE **CAUTION:** ***The risk of drug dependence is high.*** ❖ **Restricted benefit** ❖ ***Severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for*** ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
2622B	*Tablet 5 mg*	*20*	..	..	*9.27*	*10.12*	*Endone*	*BT*
	• *Phenylpiperidine derivatives* ***PETHIDINE HYDROCHLORIDE*** **CAUTION:** ***The risk of drug dependence is high.*** ❖ **Restricted benefit** ❖ ***Short-term treatment of acute pain.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will not be authorised.***							
1828F	*Injection 50 mg in 1 mL*	*5*	..	..	*9.26*	*10.11*	*BL SI*	
1829G	*Injection 100 mg in 2 mL*	*5*	..	..	*9.61*	*10.46*	*BL SI*	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Diphenylpropylamine derivatives***							
	METHADONE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	❖ **Restricted benefit** ❖							
	Severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
1608P	***Tablet 5 mg***	***20***	..	..	***9.27***	***10.12***	***Physeptone***	***GW***
1609Q	***Tablet 10 mg***	***20***	..	..	***9.96***	***10.81***	***Physeptone***	***GW***
1606M	***Injection 10 mg in 1 mL***	***5***	..	..	***11.53***	***12.38***	***Physeptone***	***GW***
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
	ASPIRIN							
1008C	Tablet 300 mg	100	1	..	6.01	6.86	Spren	SI
1010E	Tablet 300 mg (dispersible)	100	1	..	6.09	6.94	Solprin	RC
1230R	Tablet 650 mg (enteric coated)	100	2	..	9.18	10.03	Ecotrin	SK
	• ***Anilides***							
	PARACETAMOL							
1746X	Tablet 500 mg	100	1	..	7.48	8.33	Dymadon P [a] Febridol [a] Panamax [a] Paralgin Tylenol RR	WR GR SW FM JT
1747Y	Mixture 120 mg per 5 mL, 100 mL	‡1	2	..	7.52	8.37	Dymadon Panamax	WR SW
1770E	Elixir 240 mg per 5 mL, 200 mL	‡1	2	..	9.73	10.58	Panamax 240 Elixir	SW
	Antimigraine preparations							
	• ***Ergot alkaloids***							
	DIHYDROERGOTAMINE MESYLATE							
1323P	Injection 1 mg in 1 mL	5	..	..	14.86	15.71	Dihydergot	SZ
	ERGOTAMINE TARTRATE							
1383T	Capsule 1 mg	50	2	..	16.88	17.73	Ergodryl Mono	PD
	ERGOTAMINE TARTRATE with CAFFEINE							
1386Y	Suppositories 2 mg-100 mg, 5	‡1	2	..	8.72	9.57	Cafergot S	SZ
	METHYSERGIDE							
2826R	Tablet 1 mg	100	2	..	34.81	20.00	Deseril	SZ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Selective $5HT_1$-receptor agonists*							
	SUMATRIPTAN SUCCINATE							
	CAUTION:							
	Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	❖ **Authority required** ❖							
	Migraine attacks in patients receiving prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No authorities for increased maximum quantities and/or repeats will be issued.							
8144P	***Tablet 50 mg (base)***	***2***	***2***	***..***	***15.34***	***16.19***	***Imigran***	***GW***
	• *Other antimigraine preparations*							
	CYPROHEPTADINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Prevention of migraine.							
1798P	***Tablet 4 mg***	***100***	***2***	***..***	****9.00***	***9.85***	***Periactin***	***FR***
	METHDILAZINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Prevention of migraine.							
1612W	***Tablet 4 mg***	***100***	***2***	***..***	***9.00***	***9.85***	***Dilosyn***	***SI***
1613X	***Tablet 8 mg***	***100***	***2***	***..***	***13.45***	***14.30***	***Dilosyn***	***SI***
	PIZOTIFEN MALATE							
3074T	Tablet 500 micrograms (base)	100	2	..	17.17	18.02	Sandomigran	SZ
	ANTIEPILEPTICS							
	Antiepileptics							
	• *Barbiturates and derivatives*							
	METHYLPHENOBARBITONE							
	❖ **Restricted benefit** ❖							
	Epilepsy.							
1634B	***Tablet 60 mg***	***200***	***2***	***..***	***22.28***	***20.00***	***Prominal***	***SW***
1635C	***Tablet 200 mg***	***200***	***2***	***..***	***47.16***	***20.00***	***Prominal***	***SW***
	PHENOBARBITONE							
	❖ **Restricted benefit** ❖							
	Epilepsy.							
1850J	***Tablet 30 mg***	***200***	***4***	***..***	***8.27***	***9.12***	***SI***	

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	
	PHENOBARBITONE SODIUM							
	❖ **Restricted benefit** ❖							
	Epilepsy.							
1853M	***Injection 200 mg in 1 mL***	***5***	..	..	***16.00***	***16.85***	***FM***	
	PRIMIDONE							
1939C	Tablet 250 mg	200	2	..	19.63	20.00	Mysoline	IC
	• ***Hydantoin derivatives***							
	PHENYTOIN							
1249R	Tablet 50 mg	200	2	..	25.13	20.00	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	17.32	18.17	Dilantin	PD
	PHENYTOIN SODIUM							
1873N	Capsule 30 mg	200	2	..	23.98	20.00	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	24.97	20.00	Dilantin Sodium	PD
	• ***Succinimide derivatives***							
	ETHOSUXIMIDE							
1413J	Capsule 250 mg	200	2	..	46.36	20.00	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	24.91	20.00	Zarontin	PD
	• ***Benzodiazepine derivatives***							
	CLONAZEPAM							
	❖ **Authority required** ❖							
	Epilepsy.							
1805B	***Tablet 500 micrograms***	***200***	***2***	..	**23.04*	***20.00***	[a] ***Paxam 0.5***	***AF***
				4.00	**27.04*	***20.00***	[a] ***Rivotril***	***RO***
1806C	***Tablet 2 mg***	***200***	***2***	..	**39.54*	***20.00***	[a] ***Paxam 2***	***AF***
				4.00	**43.54*	***20.00***	[a] ***Rivotril***	***RO***
1808E	***Paediatric oral drops 2.5 mg in 1 mL, 10 mL***	***2***	..	..	**12.26*	***13.11***	***Rivotril***	***RO***
	❖ **Restricted benefit** ❖							
	Epilepsy.							
1807D	***Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)***	***5***	..	..	***11.67***	***12.52***	***Rivotril***	***RO***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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***	***..***	****8.34***	***9.19***	[a] ***Alodorm***	***AF***
				2.00	****10.34***	***9.19***	[a] ***Mogadon***	***RO***
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Carboxamide derivatives***							
	CARBAMAZEPINE							
2422L	Tablet 100 mg	200	2	..	21.28	20.00	Tegretol 100	CG
2419H	Tablet 200 mg	200	2	..	36.64	20.00	[a] Teril	AF
				1.18	37.82	20.00	[a] Tegretol 200	CG
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.64	20.00	Tegretol CR 200	CG
2431Y	Tablet 400 mg (controlled release)	200	2	..	65.72	20.00	Tegretol CR 400	CG
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	19.25	20.00	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	..	*29.26	20.00	Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	..	*36.94	20.00	[a] Valpro 200	AF
				1.00	*37.94	20.00	[a] Epilim EC	RC
2290M	Tablet 500 mg (enteric coated)	200	2	..	*68.84	20.00	[a] Valpro 500	AF
				1.00	*69.84	20.00	[a] Epilim EC	RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.50	20.00	Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.50	20.00	Epilim Syrup	RC
	VIGABATRIN							
	❖ Authority required ❖							
	Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
2667J	***Tablet 500 mg***	***120***	***5***	***..***	***131.94***	***20.00***	***Sabril***	***ML***
2668K	***Oral powder, sachet 500 mg***	***60***	***5***	***..***	***73.09***	***20.00***	***Sabril***	***ML***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Other antiepileptics*							
	GABAPENTIN							
	❖ **Authority required** ❖							
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
1834M	***Capsule 300 mg***	***100***	***5***	***..***	***110.71***	***20.00***	***Neurontin***	***PD***
1835N	***Capsule 400 mg***	***100***	***5***	***..***	***146.13***	***20.00***	***Neurontin***	***PD***
	LAMOTRIGINE							
	❖ **Authority required** ❖							
	Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
8063J	***Tablet 5 mg***	***56***	***5***	***..***	***20.84***	***20.00***	***Lamictal***	***GW***
2848X	***Tablet 25 mg***	***56***	***5***	***..***	***41.08***	***20.00***	***Lamictal***	***GW***
2849Y	***Tablet 50 mg***	***56***	***5***	***..***	***65.61***	***20.00***	***Lamictal***	***GW***
2850B	***Tablet 100 mg***	***56***	***5***	***..***	***106.42***	***20.00***	***Lamictal***	***GW***
2851C	***Tablet 200 mg***	***56***	***5***	***..***	***175.83***	***20.00***	***Lamictal***	***GW***
	SULTHIAME							
2099L	Tablet 50 mg	200	2	..	22.68	20.00	Ospolot	BN
2100M	Tablet 200 mg	200	2	..	46.23	20.00	Ospolot	BN
	TOPIRAMATE							
	❖ **Authority required** ❖							
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
8163P	***Tablet 25 mg***	***60***	***5***	***..***	***43.71***	***20.00***	***Topamax***	***JC***
8164Q	***Tablet 50 mg***	***60***	***5***	***..***	***69.99***	***20.00***	***Topamax***	***JC***
8165R	***Tablet 100 mg***	***60***	***5***	***..***	***113.71***	***20.00***	***Topamax***	***JC***
8166T	***Tablet 200 mg***	***60***	***5***	***..***	***188.08***	***20.00***	***Topamax***	***JC***
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• *Tertiary amines*							
	BENZHEXOL HYDROCHLORIDE							
1109J	Tablet 2 mg	200	2	..	10.24	11.09	Artane	LE
1110K	Tablet 5 mg	200	1	..	12.74	13.59	Artane	LE
	BIPERIDEN HYDROCHLORIDE							
2544X	Tablet 2 mg	200	2	..	*18.64	19.49	Akineton	KN
	PROCYCLIDINE HYDROCHLORIDE							
1943G	Tablet 5 mg	200	2	..	*14.02	14.87	Kemadrin	GW

Code	Name, Restriction, Manner of administration and 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***	***..***	****18.64***	***19.49***	***Disipal***	***MM***
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
2362H	Tablet 2 mg	60	2	..	6.86	7.71	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	17.76	18.61	Cogentin	MK
	Dopaminergic agents							
	• ***Dopa and dopa derivatives***							
	LEVODOPA with BENSERAZIDE							
2229H	Tablet 100 mg-25 mg	100	5	..	36.46	20.00	Madopar m	RO
2228G	Tablet 200 mg-50 mg	100	5	..	48.78	20.00	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	20.73	20.00	Madopar Q	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.46	20.00	Madopar m	RO
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	39.67	20.00	Madopar HBS	RO
2226E	Capsule 200 mg-50 mg	100	5	..	48.78	20.00	Madopar	RO
	LEVODOPA with CARBIDOPA							
	❖ **Authority required** ❖							
	Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.							
1255C	***Tablet 200 mg-50 mg (modified release)***	***100***	***5***	***..***	***64.84***	***20.00***	***Sinemet CR***	***MK***
	LEVODOPA with CARBIDOPA							
1244L	Tablet 100 mg-10 mg	100	5	..	24.36	20.00	[a] Sinacarb 100/10 [a] Sinemet M	AD MK
1242J	Tablet 100 mg-25 mg	100	5	..	39.54	20.00	[a] Kinson [a] Sinacarb 100/25	AF AD
				2.97	42.51	20.00	[a] Sinemet 100/25	MK
1245M	Tablet 250 mg-25 mg	100	5	..	49.66	20.00	[a] Sinacarb 250/25 [a] Sinemet	AD MK
	• ***Adamantane derivatives***							
	AMANTADINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Parkinson's disease which is not drug induced.							
3016R	***Capsule 100 mg***	***100***	***5***	***..***	***42.29***	***20.00***	***Symmetrel***	***CG***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Dopamine agonists*							
	BROMOCRIPTINE MESYLATE							
	❖ **Authority required** ❖							
	Acromegaly;							
	Parkinson's disease;							
	Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.							
1443Y	*Tablet 2.5 mg*	*60*	*5*	*..*	*37.65*	*20.00*	[a] *Bromolactin*	*SI*
							[a] *Kripton 2.5*	*AF*
				1.00	*38.65*	*20.00*	[a] *Parlodel*	*SZ*
1446D	*Capsule 5 mg*	*60*	*5*	*..*	*69.83*	*20.00*	[a] *Bromolactin*	*SI*
							[a] *Kripton 5*	*AF*
				1.01	*70.84*	*20.00*	[a] *Parlodel*	*SZ*
1445C	*Capsule 10 mg*	*100*	*5*	*..*	*233.40*	*20.00*	[a] *Kripton 10*	*AF*
				0.91	*234.31*	*20.00*	[a] *Parlodel*	*SZ*
	[For other listings for this drug see Generic/Proprietary Index]							
	PERGOLIDE MESYLATE							
	❖ **Authority required** ❖							
	Treatment of Parkinson's disease as adjunctive therapy in combination with levodopa—decarboxylase inhibitor combinations.							
2808T	*Tablet 50 micrograms (base)*	*100*	*..*	*..*	*57.50*	*20.00*	*Permax*	*LY*
2809W	*Tablet 250 micrograms (base)*	*100*	*5*	*..*	*73.09*	*20.00*	*Permax*	*LY*
2810X	*Tablet 1 mg (base)*	*100*	*5*	*..*	*272.34*	*20.00*	*Permax*	*LY*
	• *Monoamine oxidase type B inhibitors*							
	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*	*..*	*69.79*	*20.00*	[a] *Selgene*	*AF*
				1.00	*70.79*	*20.00*	[a] *Eldepryl*	*RC*
	PSYCHOLEPTICS							
	Antipsychotics							
	• *Phenothiazine with aliphatic side-chain*							
	CHLORPROMAZINE HYDROCHLORIDE							
1196Y	Tablet 10 mg	100	5	..	7.46	8.31	Largactil	RR
1197B	Tablet 25 mg	100	5	..	8.96	9.81	Largactil	RR
1199D	Tablet 100 mg	100	5	..	12.78	13.63	Largactil	RR
1201F	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	8.74	9.59	Largactil	RR
1195X	Injection 50 mg in 2 mL	10	..	..	13.58	14.43	Largactil	RR

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	
	• ***Phenothiazine with piperazine structure***							
	FLUPHENAZINE DECANOATE							
1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.44	17.29	[a] Modecate [a] BL	BQ
3098C	Injection 25 mg in 1 mL	5	..	..	23.04	20.00	[a] Modecate [a] BL	BQ
1001Q	Injection 50 mg in 2 mL	5	..	..	34.04	20.00	[a] Modecate [a] BL	BQ
	TRIFLUOPERAZINE HYDROCHLORIDE							
2185B	Tablet 1 mg (base)	100	5	..	7.53	8.38	Stelazine	SK
2386N	Tablet 2 mg (base)	100	5	..	8.41	9.26	Stelazine	SK
2186C	Tablet 5 mg (base)	100	5	..	8.41	9.26	Stelazine	SK
	• ***Phenothiazine with piperidine structure***							
	PERICYAZINE							
3052P	Tablet 2.5 mg	100	5	..	8.08	8.93	Neulactil	RR
3053Q	Tablet 10 mg	100	5	..	12.28	13.13	Neulactil	RR
	THIORIDAZINE							
8095C	Oral suspension 10 mg per mL, 100 mL	‡1	5	..	11.63	12.48	Melleril Suspension 1%	SZ
8096D	Oral suspension 10 mg per mL, 500 mL	‡1	5	..	26.89	20.00	Melleril Suspension 1%	SZ
	THIORIDAZINE HYDROCHLORIDE							
2163W	Tablet 10 mg	100	5	.. 0.75	7.46 8.21	8.31 8.31	[a] Aldazine 10 [a] Melleril	AF SZ
2359E	Tablet 25 mg	100	5	.. 0.75	8.96 9.71	9.81 9.81	[a] Aldazine 25 [a] Melleril	AF SZ
2164X	Tablet 50 mg	100	5	.. 0.75	9.33 10.08	10.18 10.18	[a] Aldazine 50 [a] Melleril	AF SZ
2165Y	Tablet 100 mg	100	5	.. 0.74	12.88 13.62	13.73 13.73	[a] Aldazine 100 [a] Melleril	AF SZ
	• ***Butyrophenone derivatives***							
	HALOPERIDOL							
2761H	Tablet 500 micrograms	100	5	..	6.66	7.51	Serenace	SR
2767P	Tablet 1.5 mg	100	5	..	7.71	8.56	Serenace	SR
2770T	Tablet 5 mg	50	5	..	8.41	9.26	Serenace	SR
2762J	Oral liquid 2 mg per mL, 15 mL	‡1	5	..	8.86	9.71	Serenace	SR
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	13.35	14.20	Serenace	SR
2768Q	Injection 5 mg in 1 mL	10	..	..	13.26	14.11	Serenace	SR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HALOPERIDOL DECANOATE							
2765M	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	24.14	20.00	[a] Haldol decanoate [a] BL	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	42.84	20.00	[a] Haldol decanoate [a] BL	JC
	• ***Thioxanthene derivatives***							
	FLUPENTHIXOL DECANOATE							
2255Q	Oily I.M. injection 20 mg in 1 mL	5	..	..	16.99	17.84	Fluanxol Depot	RR
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	24.07	20.00	Fluanxol Depot	RR
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	42.94	20.00	Fluanxol Concentrated Depot	RR
	ZUCLOPENTHIXOL DECANOATE							
8097E	Oily I.M. injection 200 mg in 1 mL	5	..	..	23.04	20.00	Clopixol Depot	LU
	• ***Diazepines and oxazepines***							
	OLANZAPINE							
	❖ **Authority required** ❖							
	Schizophrenia where other antipsychotic therapy is inappropriate.							
8185T	***Tablet 5 mg***	***30***	***5***	..	***122.32***	***20.00***	***Zyprexa***	***LY***
8186W	***Tablet 7.5 mg***	***30***	***5***	..	***183.09***	***20.00***	***Zyprexa***	***LY***
8187X	***Tablet 10 mg***	***30***	***5***	..	***239.01***	***20.00***	***Zyprexa***	***LY***
	• ***Neuroleptics, in tardive dyskinesia***							
	TETRABENAZINE							
1330B	Tablet 25 mg	120	2	..	72.54	20.00	Nitoman	VH
	• ***Lithium***							
	LITHIUM CARBONATE							
	For listings see Generic/Proprietary Index							
	• ***Other antipsychotics***							
	RISPERIDONE							
	❖ **Authority required** ❖							
	Schizophrenia where other antipsychotic therapy is inappropriate.							
3169T	***Tablet 1 mg***	***60***	***5***	..	***73.20***	***20.00***	***Risperdal***	***JC***
3170W	***Tablet 2 mg***	***60***	***5***	..	***142.72***	***20.00***	***Risperdal***	***JC***
3171X	***Tablet 3 mg***	***60***	***5***	..	***209.34***	***20.00***	***Risperdal***	***JC***
3172Y	***Tablet 4 mg***	***60***	***5***	..	***271.54***	***20.00***	***Risperdal***	***JC***
8100H	***Oral solution 1 mg per mL, 100 mL***	***‡1***	***5***	..	***119.66***	***20.00***	***Risperdal***	***JC***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Anxiolytics							
	• *Benzodiazepine derivatives*							
	ALPRAZOLAM							
	❖ **Authority required** ❖							
	Panic disorder or agoraphobia with panic attacks where other treatments have failed or are inappropriate.							
2130D	***Tablet 250 micrograms***	***50***	***..***	***..***	***8.63***	***9.48***	[a] ***Kalma 0.25***	***AF***
							[a] ***Ralozam***	***KR***
				0.66	***9.29***	***9.48***	[a] ***Xanax***	***UP***
2131E	***Tablet 500 micrograms***	***50***	***..***	***..***	***11.27***	***12.12***	[a] ***Kalma 0.5***	***AF***
							[a] ***Ralozam***	***KR***
				0.77	***12.04***	***12.12***	[a] ***Xanax***	***UP***
2132F	***Tablet 1 mg***	***50***	***2***	***..***	***16.44***	***17.29***	[a] ***Kalma 1***	***AF***
							[a] ***Ralozam***	***KR***
				0.88	***17.32***	***17.29***	[a] ***Xanax***	***UP***
8118G	***Tablet 2 mg***	***50***	***2***	***..***	***24.14***	***20.00***	***Xanax Tri-Score***	***UP***
	DIAZEPAM							
3161J	Tablet 2 mg	50	..	..	6.46	7.31	[a] Antenex 2	AF
				0.89	7.35	7.31	Ducene	SU
				1.15	7.61	7.31	[a] Valium	RO
3162K	Tablet 5 mg	50	..	..	6.71	7.56	[a] Antenex 5	AF
				0.90	7.61	7.56	Ducene	SU
				1.15	7.86	7.56	[a] Valium	RO
2558P	Injection 10 mg in 2 mL	5	..	..	8.00	8.85	BL	

NOTE:

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

(i) the treatment of disabling spasticity; or
(ii) malignant neoplasia (late stage); or
(iii) use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

OXAZEPAM

❖ **Authority required** ❖

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

3134Y	***Tablet 15 mg***	***50***	***5***	***..***	****6.98***	***7.83***	[a] ***Alepam 15***	***AF***
							[a] ***Murelax***	***AY***
				2.82	****9.80***	***7.83***	[a] ***Serepax***	***WY***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OXAZEPAM—cont.							
3135B	***Tablet 30 mg***	***50***	***5***	***..***	****7.42***	***8.27***	[a] ***Alepam 30***	AF
							[a] ***Murelax***	AY
				2.82	****10.24***	***8.27***	[a] ***Serepax***	WY
	OXAZEPAM							
3132W	Tablet 15 mg	25	..	..	5.66	6.51	[a] Alepam 15	AF
							[a] Murelax	AY
				1.41	7.07	6.51	[a] Serepax	WY
3133X	Tablet 30 mg	25	..	..	5.88	6.73	[a] Alepam 30	AF
							[a] Murelax	AY
				1.41	7.29	6.73	[a] Serepax	WY

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

- ***Other anxiolytics***

CLOMIPRAMINE HYDROCHLORIDE
❖ **Restricted benefit** ❖
Cataplexy associated with narcolepsy;
Obsessive-compulsive disorder;
Phobic disorders in adults.

1561E	***Tablet 25 mg***	***50***	***2***	***..***	***18.64***	***19.49***	[a] ***Placil***	***AF***
				1.19	***19.83***	***19.49***	[a] ***Anafranil***	***CG***

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***	***..***	****8.34***	***9.19***	[a] ***Alodorm***	***AF***
				2.00	****10.34***	***9.19***	[a] ***Mogadon***	***RO***
	NITRAZEPAM							
2723H	Tablet 5 mg	25	..	..	6.34	7.19	[a] Alodorm	AF
				1.00	7.34	7.19	[a] Mogadon	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.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TEMAZEPAM							
	❖ Authority required ❖							
	Malignant neoplasia (late stage);							
	For use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;							
	For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.							
2088X	***Tablet 10 mg***	***50***	***5***	***..***	****8.34***	***9.19***	[a] ***Temtabs***	***WX***
				2.00	****10.34***	***9.19***	[a] ***Normison***	***WY***
2105T	***Capsule 10 mg***	***50***	***5***	***..***	****8.34***	***9.19***	[b] ***Euhypnos***	***SI***
							[a] ***Nocturne***	***WX***
							[b] ***Nomapam 10***	***AD***
							[a] ***Temaze 10***	***AF***
				2.00	****10.34***	***9.19***	[a] ***Normison***	***WY***
	TEMAZEPAM							
2089Y	Tablet 10 mg	25	..	..	6.34	7.19	[a] Temtabs	WX
				1.00	7.34	7.19	[a] Normison	WY
2108Y	Capsule 10 mg	25	..	..	6.34	7.19	[b] Euhypnos	SI
							[a] Nocturne	WX
							[b] Nomapam 10	AD
							[a] Temaze 10	AF
				1.00	7.34	7.19	[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	..	5.48	6.33	[a] Amitrol 10 mg	DP
							Endep 10	AF
							[a] Tryptine 10	AD
				0.60	6.08	6.33	[a] Tryptanol	MK
2418G	Tablet 25 mg	50	2	..	6.00	6.85	[a] Amitrol 25 mg	DP
							[a] Endep 25	AF
							[a] Tryptine 25	AD
				0.61	6.61	6.85	[a] Tryptanol	MK
2429W	Tablet 50 mg	50	2	..	7.16	8.01	Endep 50	AF
	CLOMIPRAMINE HYDROCHLORIDE							
	❖ Restricted benefit ❖							
	Cataplexy associated with narcolepsy;							
	Obsessive-compulsive disorder;							
	Phobic disorders in adults.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CLOMIPRAMINE HYDROCHLORIDE—cont.							
1561E	***Tablet 25 mg***	***50***	***2***	***..***	***18.64***	***19.49***	[a] ***Placil***	***AF***
				1.19	***19.83***	***19.49***	[a] ***Anafranil***	***CG***
	DESIPRAMINE HYDROCHLORIDE							
2972K	Tablet 25 mg	50	2	..	7.42	8.27	Pertofran	CG
	DOTHIEPIN HYDROCHLORIDE							
1357K	Capsule 25 mg	50	2	..	7.05	7.90	[a] Dothep 25	AF
				1.38	8.43	7.90	[a] Prothiaden	KN
1358L	Tablet 75 mg	30	2	..	7.35	8.20	[a] Dothep 75	AF
				1.76	9.11	8.20	[a] Prothiaden	KN
	DOXEPIN HYDROCHLORIDE							
1012G	Tablet 50 mg (base)	50	2	..	7.70	8.55	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	..	6.13	6.98	Deptran 10	AF
				1.00	7.13	6.98	Sinequan	PF
1013H	Capsule 25 mg (base)	50	2	..	6.44	7.29	Deptran 25	AF
				1.00	7.44	7.29	Sinequan	PF
	IMIPRAMINE HYDROCHLORIDE							
2420J	Tablet 10 mg	50	2	..	6.63	7.48	Tofranil 10	CG
2421K	Tablet 25 mg	50	2	..	6.63	7.48	Melipramine	UW(N)
							Tofranil 25	CG
	NORTRIPTYLINE HYDROCHLORIDE							
2522R	Tablet 10 mg (base)	50	2	..	5.95	6.80	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	6.63	7.48	Allegron	DL
2524W	Elixir 10 mg (base) per 5 mL, 100 mL	‡1	4	..	8.66	9.51	Allegron	DL
	TRIMIPRAMINE MALEATE							
2969G	Capsule 50 mg (base)	50	2	..	7.16	8.01	Surmontil	RR
	VENLAFAXINE HYDROCHLORIDE							
	❖ **Authority required** ❖							
	Treatment of major depressive disorders where other therapy is inappropriate.							
8068P	***Tablet 37.5 mg (base)***	***56***	***2***	***..***	***52.25***	***20.00***	***Efexor***	***WY***
8069Q	***Tablet 75 mg (base)***	***56***	***2***	***..***	***62.88***	***20.00***	***Efexor***	***WY***
	• ***Selective serotonin reuptake inhibitors***							
	FLUOXETINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Major depressive disorders; Obsessive-compulsive disorder.							
1434L	***Capsule 20 mg (base)***	***28***	***5***	***..***	***34.04***	***20.00***	[a] ***Erocap***	***DP***
							[a] ***Lovan***	***AD***
							[a] ***Zactin***	***AF***
				1.51	***35.55***	***20.00***	[a] ***Prozac 20***	***LY***
1809F	***Oral solution 20 mg (base) per 5 mL, 140 mL***	***‡1***	***5***	***..***	***45.68***	***20.00***	***Prozac Liquid***	***LY***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FLUVOXAMINE MALEATE							
	❖ **Restricted benefit** ❖							
	Major depressive disorders;							
	Obsessive-compulsive disorder.							
8174F	***Tablet 100 mg***	***30***	***5***	***..***	***36.16***	***20.00***	***Luvox***	***SM***
	PAROXETINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Major depressive disorders;							
➤	***Obsessive-compulsive disorder.***							
2242B	***Tablet 20 mg (base)***	***30***	***5***	***..***	***39.64***	***20.00***	***Aropax 20***	***SK***
	SERTRALINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Major depressive disorders.							
2236Q	***Tablet 50 mg (base)***	***28***	***5***	***..***	***36.55***	***20.00***	***Zoloft***	***PF***
2237R	***Tablet 100 mg (base)***	***28***	***5***	***..***	***44.56***	***20.00***	***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	..	13.25	14.10	Nardil	WW
	TRANYLCYPROMINE SULFATE							
	CAUTION:							
	This drug is an irreversible monoamine oxidase inhibitor.							
2444P	Tablet 10 mg (base)	50	2	..	13.25	14.10	Parnate	SK
	• ***Monoamine oxidase type A inhibitors***							
	MOCLOBEMIDE							
	❖ **Restricted benefit** ❖							
	Major depressive disorders.							
1900B	***Tablet 150 mg***	***60***	***5***	***..***	***41.74***	***20.00***	[a] ***Arima*** [a] ***Aurorix***	***AF*** ***RO***
8003F	***Tablet 300 mg***	***60***	***5***	***..***	***74.74***	***20.00***	***Aurorix 300 mg***	***RO***
	• ***Other antidepressants***							
	LITHIUM CARBONATE							
3059B	Tablet 250 mg	200	2	..	*11.44	12.29	Lithicarb	RR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MIANSERIN HYDROCHLORIDE							
	CAUTION:							
	Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.							
	❖ **Restricted benefit** ❖							
	Severe depression.							
1627P	*Tablet 10 mg*	*50*	*5*	*..*	*14.24*	*15.09*	[a] *Lerivon*	*OP*
							[a] *Lumin 10*	*AF*
				1.00	*15.24*	*15.09*	[a] *Tolvon*	*OR*
1628Q	*Tablet 20 mg*	*50*	*5*	*..*	*25.24*	*20.00*	[a] *Lerivon*	*OP*
							[a] *Lumin 20*	*AF*
				1.00	*26.24*	*20.00*	[a] *Tolvon*	*OR*
	NEFAZODONE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Major depressive disorders.							
8137G	*Tablet 100 mg*	*56*	*5*	*..*	*19.97*	*20.00*	*Serzone*	*BQ*
8138H	*Tablet 200 mg*	*56*	*5*	*..*	*39.57*	*20.00*	*Serzone*	*BQ*
8139J	*Tablet 300 mg*	*56*	*5*	*..*	*59.14*	*20.00*	*Serzone*	*BQ*
	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*	*..*	*14.70*	*15.55*	*SI*	
	OTHER NERVOUS SYSTEM DRUGS							
	Parasympathomimetics							
	• ***Anticholinesterases***							
	PYRIDOSTIGMINE BROMIDE							
2724J	Tablet 10 mg	100	5	..	14.63	15.48	Mestinon	RO
1959D	Tablet 60 mg	150	5	..	44.60	20.00	Mestinon	RO
2608G	Tablet 180 mg (sustained release)	100	5	..	84.86	20.00	Mestinon	RO
	• ***Choline esters***							
	BETHANECHOL CHLORIDE							
1062X	Tablet 10 mg	100	2	..	10.67	11.52	Uro-Carb	HA
				..	*10.68	11.53	Urecholine	MK
1071J	Injection 5 mg in 1 mL	2	..	..	*12.28	13.13	Urecholine	MK

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIPROTOZOALS							
	Agents against amoebiasis and other protozoal diseases							
	• ***Nitroimidazole derivatives***							
	METRONIDAZOLE							
	For listings see Generic/Proprietary Index							
	METRONIDAZOLE BENZOATE							
	For listings see Generic/Proprietary Index							
	TINIDAZOLE							
	For listings see Generic/Proprietary Index							
	• ***Other agents against amoebiasis and other protozoal diseases***							
	ATOVAQUONE							
	❖ **Authority required** ❖							
	Treatment of mild to moderate Pneumocystis carinii pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.							
8004G	***Tablet 250 mg***	***189***	..	..	***762.44***	***20.00***	***Wellvone***	***GW***
	Antimalarials							
	• ***Quinine alkaloids***							
	QUININE BISULFATE							
	CAUTION:							
	Severe thrombocytopenia has been reported with this drug.							
1972T	Tablet 300 mg	50	2	..	9.68	10.53	Myoquin	FM
							Quinbisul	AF
				0.55	10.23	10.53	Bi-Quinate	RR
	QUININE SULFATE							
	CAUTION:							
	Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.68	10.53	[a] Quinoctal	FM
							[a] Quinsul	AF
				0.55	10.23	10.53	[a] Quinate	RR
	• ***Diaminopyrimidines***							
	PYRIMETHAMINE							
1966L	Tablet 25 mg	50	..	..	12.55	13.40	Daraprim	GW
	ANTHELMINTICS							
	Antinematodal agents							
	• ***Benzimidazole derivatives***							
	THIABENDAZOLE							
2947D	Tablet 500 mg	16	..	..	12.26	13.11	Mintezol	MK

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Tetrahydropyrimidine derivatives***							
	PYRANTEL EMBONATE							
3047J	Tablet 125 mg (base)	6	..	..	6.00	6.85	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.45	8.30	Anthel 250	AF
	• ***Avermectines***							
	IVERMECTIN							
	❖ **Authority required** ❖							
	Onchocerciasis; Strongyloidiasis.							
8172D	***Tablet 6 mg***	***2***	..	..	***27.53***	***20.00***	***Stromectol***	***MK***
	Anticestodals							
	• ***Salicylic acid derivatives***							
	NICLOSAMIDE							
	❖ **Restricted benefit** ❖							
	Hymenolepiasis nana.							
1681L	***Tablet 500 mg***	***16***	..	..	****20.62***	***20.00***	***Yomesan***	***BN***
	NICLOSAMIDE							
1680K	Tablet 500 mg	4	..	..	8.41	9.26	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	..	14.57	15.42	Lyclear	WR
	• ***Other ectoparasiticides, incl. scabicides***							
	BENZYL BENZOATE							
1114P	Application 50 g in 200 mL (25%)	‡1	2	..	6.82	7.67	Benzemul	MG

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	NASAL PREPARATIONS							
	Decongestants and other nasal preparations for topical use							
	• *Corticosteroids*							
	BECLOMETHASONE DIPROPIONATE							
	❖ **Restricted benefit** ❖							
	Severe intractable rhinitis.							
1657F	*Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)*	‡1	*1*	..	*13.18*	*14.03*	*Aldecin Aqueous Pump*	*SH*
							Beconase AQ	*GW*
1637E	*Aqueous nasal spray refill 50 micrograms per dose (200 doses)*	‡1	*1*	..	*12.12*	*12.97*	*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	..	..	*22.02*	*20.00*	*Aldecin Aqueous Set*	*SH*
1593W	*Aqueous nasal spray 50 micrograms per dose, 400 doses set containing two pump packs each providing 200 doses*	‡1	..	..	*22.03*	*20.00*	*Beconase AQ Twin Pack*	*GW*
	[For other listings for this drug see Generic/Proprietary Index]							
	BUDESONIDE							
	❖ **Restricted benefit** ❖							
	Severe intractable rhinitis.							
2075F	*Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)*	‡1	..	..	*19.08*	*19.93*	[a] *Budamax Aqueous*	*PM*
							[a] *Rhinocort Aqueous*	*AP*
	[For other listings for this drug see Generic/Proprietary Index]							
	• *Other nasal preparations*							
	IPRATROPIUM BROMIDE							
	❖ **Restricted benefit** ❖							
	Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.							
8051R	*Aqueous nasal spray (pump pack) 20 micrograms (anhydrous) per dose (180 doses)*	‡1	*5*	..	*17.88*	*18.73*	*Atrovent Nasal Aqueous*	*BY*
	[For other listings for this drug see Generic/Proprietary Index]							

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTI-ASTHMATICS							
	Adrenergics, inhalants							
	• ***Selective beta-2-adrenoceptor agonists***							
	EFORMOTEROL FUMARATE DIHYDRATE							
	❖ **Authority required** ❖							
	Patients with frequent episodes of nocturnal asthma who are receiving treatment with oral corticosteroids or maximal doses of inhaled corticosteroids.							
8136F	***Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)***	***60***	***1***	***..***	***45.04***	***20.00***	***Foradile***	CG
	SALBUTAMOL							
3087L	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	5	..	*9.48	10.33	[a] Asmol	AF
				1.22	*10.70	10.33	[a] Ventolin	GW
	SALBUTAMOL SULFATE							
	❖ **Restricted benefit** ❖							
	Patients unable to achieve co-ordinated use of other metered dose inhalers containing salbutamol or salbutamol sulfate.							
2004L	***Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses)***	***‡1***	***5***	***..***	***27.22***	***20.00***	***Respolin in the Autohaler***	MM
	SALBUTAMOL SULFATE							
1099W	Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*20.24	20.00	Ventolin Rotacaps	GW
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	..	*28.88	20.00	[a] Asmol 2.5 uni-dose	AF
							[a] Respax 2.5 Sterinebs	PU
				0.62	*29.50	20.00	[a] Ventolin Nebules	GW
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	..	*30.28	20.00	[a] Asmol 5 uni-dose	AF
							[a] Respax 5 Sterinebs	PU
				0.62	*30.90	20.00	[a] Ventolin Nebules	GW
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	..	*12.98	13.83	Respax	PU
							Respolin	MM
				1.10	*14.08	13.83	Ventolin	GW
1096Q	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses)	2	5	..	*10.84	11.69	Respolin	MM
1097R	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	‡1	5	..	9.49	10.34	Respolin	MM

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SALBUTAMOL SULFATE—cont.							
8036Y	Powder for oral inhalation, refill disks (for use in Ventolin Diskhaler), 200 micrograms (base) per dose, 8 doses per disk, 15	2	5	..	*23.44	20.00	Ventolin Disks	GW
	SALMETEROL XINAFOATE							
	❖ Authority required ❖							
	Patients with frequent episodes of nocturnal asthma who are receiving treatment with oral corticosteroids or maximal doses of inhaled corticosteroids.							
3027H	***Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)***	‡1	1	..	45.04	20.00	***Serevent***	***GW***
8141L	***Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)***	‡1	1	..	45.04	20.00	***Serevent Accuhaler***	***GW***
	TERBUTALINE SULFATE							
1251W	Nebuliser solution single dose units 5 mg in 2 mL, 30	2	5	..	*32.06	20.00	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	12.10	12.95	Bricanyl	AP
1240G	Oral pressurised inhalation 250 micrograms per dose (400 doses)	‡1	5	..	9.99	10.84	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.65	16.50	Bricanyl Turbuhaler	AP

Other anti-asthmatics, inhalants

- ***Glucocorticoids***

BECLOMETHASONE DIPROPIONATE

❖ Restricted benefit ❖

Patients unable to achieve co-ordinated use of other metered dose inhalers containing beclomethasone dipropionate.

8142M	***Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses)***	‡1	5	..	19.76	20.00	***Respocort 50 Autohaler***	***MM***
8143N	***Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses)***	‡1	5	..	25.55	20.00	***Respocort 100 Autohaler***	***MM***
	BECLOMETHASONE DIPROPIONATE							
1649T	Capsule containing powder for oral inhalation 100 micrograms (for use in Becotide Rotahaler)	200	5	..	*27.20	20.00	Becotide Rotacaps	GW

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BECLOMETHASONE DIPROPIONATE—cont.							
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.71	11.56	[a] Becotide [a] Respocort 50 Inhaler	GW MM
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	17.07	17.92	[a] Becotide 100 [a] Respocort 100 Inhaler	GW MM
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	31.07	20.00	[a] Respocort 250 Inhaler	MM
				0.50	31.57	20.00	[a] Becloforte	GW
	[For other listings for this drug see Generic/Proprietary Index]							
	BUDESONIDE							
	❖ Authority required ❖							
	Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.							
2065Q	***Nebuliser suspension single dose units 500 micrograms in 2 mL, 30***	***‡1***	***5***	***..***	***31.90***	***20.00***	***Pulmicort Respules***	***AP***
2066R	***Nebuliser suspension single dose units 1 mg in 2 mL, 30***	***‡1***	***5***	***..***	***42.75***	***20.00***	***Pulmicort Respules***	***AP***
	BUDESONIDE							
2067T	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	12.98	13.83	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.77	17.62	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	‡1	5	..	25.12	20.00	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	21.10	20.00	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	28.78	20.00	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	44.15	20.00	Pulmicort Turbuhaler	AP
	[For other listings for this drug see Generic/Proprietary Index]							
	FLUTICASONE PROPIONATE							
8145Q	Oral pressurised inhalation 50 micrograms per dose (120 doses)	‡1	5	..	16.44	17.29	Flixotide	GW
8091W	Oral pressurised inhalation 125 micrograms per dose (120 doses)	‡1	5	..	31.84	20.00	Flixotide	GW
2716Y	Oral pressurised inhalation 250 micrograms per dose (120 doses)	‡1	5	..	54.94	20.00	Flixotide	GW

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	
	FLUTICASONE PROPIONATE—cont.							
8147T	Powder for oral inhalation in breath actuated device 100 micrograms per dose (60 doses)	‡1	5	..	16.44	17.29	Flixotide Accuhaler	GW
8148W	Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses)	‡1	5	..	31.84	20.00	Flixotide Accuhaler	GW
8149X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses)	‡1	5	..	54.94	20.00	Flixotide Accuhaler	GW
	• ***Anticholinergics***							
	IPRATROPIUM BROMIDE							
1542E	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	5	.. 0.50	*63.58 *64.08	20.00 20.00	[a] Ipratrin [a] Atrovent	AF BY
1543F	Nebuliser solution single dose units 500 micrograms (anhydrous) in 2 mL, 30	2	5	.. 0.50	*74.46 *74.96	20.00 20.00	[a] Ipratrin [a] Atrovent	AF BY
1541D	Nebuliser solution 250 micrograms (anhydrous) per mL (0.025%), 20 mL	2	2	..	*18.20	19.05	Atrovent	BY
1540C	Oral pressurised inhalation 20 micrograms (anhydrous) per dose (200 doses)	2	5	..	*36.02	20.00	Atrovent	BY
8135E	Oral pressurised inhalation 40 micrograms (anhydrous) per dose (200 doses)	‡1	5	..	24.92	20.00	Atrovent Forte	BY
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Antiallergic agents, excl. corticosteroids***							
	NEDOCROMIL SODIUM							
2346L	Oral pressurised inhalation 2 mg per dose (112 doses)	‡1	5	..	29.20	20.00	Tilade	RR
	SODIUM CROMOGLYCATE							
2878L	Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic)	100	5	..	30.30	20.00	Intal Spincaps	RR
1124E	Solution for inhalation 20 mg in 2 mL ampoule	120	3	.. 2.32	*55.82 *58.14	20.00 20.00	[a] Cromese Sterinebs [a] Intal	PU RR
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	27.00	20.00	Intal	RR
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	29.20	20.00	Intal Forte	RR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Adrenergics for systemic use							
	• ***Alpha and beta-adrenoceptor agonists***							
	ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	8.19	9.04	AP	
	• ***Selective beta-2-adrenoceptor agonists***							
	SALBUTAMOL SULFATE							
1098T	Tablet 4 mg (base)	100	5	..	12.04	12.89	Ventolin	GW
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	9.51	10.36	Ventolin	GW
	TERBUTALINE SULFATE							
1028D	Tablet 5 mg	100	5	..	12.04	12.89	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	7.44	8.29	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	8.30	9.15	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	8.43	9.28	Bricanyl	AP
	Other anti-asthmatics for systemic use							
	• ***Xanthines***							
	AMINOPHYLLINE							
1038P	I.V. injection 250 mg in 10 mL	5	..	..	16.99	17.84	SI	
	CHOLINE THEOPHYLLINATE							
2786P	Elixir 50 mg per 5 mL, 500 mL	‡1	5	..	8.69	9.54	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.							
1143E	Tablet 125 mg	100	5	..	7.59	8.44	Nuelin	MM
2632M	Tablet 200 mg (sustained release)	100	5	..	10.02	10.87	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	11.16	12.01	Nuelin-S.R. 250	MM
2633N	Tablet 300 mg (sustained release)	100	5	..	12.52	13.37	Theo-Dur	AP
2620X	Capsule 100 mg (containing sustained release beads)	100	5	..	11.60	12.45	Nuelin-Sprinkle	MM
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	11.27	12.12	Austyn	FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	12.54	13.39	Austyn	FA
2540Q	Capsule 300 mg (containing sustained release pellets)	100	5	..	13.47	14.32	Austyn	FA
2614N	Syrup 133.3 mg per 25 mL, 500 mL	‡1	5	..	7.92	8.77	Nuelin	MM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	COUGH AND COLD PREPARATIONS							
	Expectorants, excl. combinations with cough suppressants							
	• ***Mucolytics***							
	ACETYLCYSTEINE							
	❖ **Restricted benefit** ❖							
	Bronchiectasis; Cystic fibrosis (mucoviscidosis).							
2630K	***Solution for inhalation 200 mg per mL (20%), 10 mL***	***5***	***3***	***..***	***38.30***	***20.00***	***Mucomyst***	***BQ***
	Cough suppressants, excl. combinations with expectorants							
	• ***Opium alkaloids and derivatives***							
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	9.07	9.92	[a] FA [a] FM	
	ANTIHISTAMINES FOR SYSTEMIC USE							
	Antihistamines for systemic use							
	• ***Phenothiazine derivatives***							
	PROMETHAZINE HYDROCHLORIDE							
1948M	Injection 50 mg in 2 mL	10	..	..	*13.92	14.77	BL	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OPHTHALMOLOGICALS							
	Antiinfectives							
	• *Antibiotics*							
	AZITHROMYCIN							
	❖ **Restricted benefit** ❖							
	Trachoma.							
8201P	***Powder for oral suspension 200 mg per 5 mL, 15 mL***	‡1	..	..	***#18.30***	***19.53***	***Zithromax***	PF
	CHLORAMPHENICOL							
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	2	..	7.22	8.07	Chloromycetin Chlorsig	PD SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	6.76	7.61	Chloromycetin Chlorsig	PD SI
	CAUTION:							
	Topical chloramphenicol may cause aplastic anaemia.							
	GENTAMICIN SULFATE							
	❖ **Restricted benefit** ❖							
	Invasive ocular infection;							
	Perioperative use;							
	Suspected pseudomonal eye infection.							
1441W	***Eye drops 3 mg (base) per mL (0.3%), 5 mL***	‡1	2	..	***15.34***	***16.19***	***Genoptic***	AG
	POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE							
1910M	Eye ointment 5,000 units-400 units-5 mg per g, 4 g	‡1	..	..	6.91	7.76	Neosporin	GW
	POLYMYXIN B SULFATE with NEOMYCIN SULFATE and GRAMICIDIN							
1911N	Eye drops 5,000 units-2.5 mg-25 micrograms per mL, 10 mL	‡1	2	..	7.31	8.16	Neosporin	GW
	TETRACYCLINE HYDROCHLORIDE							
2143T	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	6.41	7.26	Latycin	BZ
	TOBRAMYCIN							
	❖ **Restricted benefit** ❖							
	Invasive ocular infection;							
	Perioperative use;							
	Suspected pseudomonal eye infection.							
2328M	***Eye drops 3 mg per mL (0.3%), 5 mL***	‡1	2	..	***15.34***	***16.19***	***Tobrex***	AQ
2329N	***Eye ointment 3 mg per g (0.3%), 3.5 g***	‡1	..	..	***15.34***	***16.19***	***Tobrex***	AQ
	• *Sulfonamides*							
	SULFACETAMIDE SODIUM							
2063N	Eye drops 100 mg per mL (10%), 15 mL	‡1	2	.. 0.98	8.60 9.58	9.45 9.45	Acetopt Bleph 10	SI AG

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Antivirals***							
	ACICLOVIR							
	❖ **Restricted benefit** ❖							
	Eye infections caused by herpes simplex virus.							
1002R	***Eye ointment 30 mg per g (3%), 4.5 g***	***‡1***	***..***	***..***	***22.60***	***20.00***	***Zovirax***	***GW***
	IDOXURIDINE							
2442M	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	2	..	11.49	12.34	Herplex	AG
	VIDARABINE							
	❖ **Restricted benefit** ❖							
	Eye infections caused by herpes simplex virus.							
2570G	***Eye ointment 30 mg per g (3%), 3.5 g***	***‡1***	***..***	***..***	***28.32***	***20.00***	***Vira A***	***PD***
	• ***Other antiinfectives***							
	AMINACRINE HYDROCHLORIDE							
1035L	Eye drops 3 mg in 15 mL	‡1	2	..	8.60	9.45	Aminopt	SI
	CIPROFLOXACIN							
	❖ **Restricted benefit** ❖							
	Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.							
1216B	***Eye drops 3 mg per mL (0.3%), 5 mL***	***‡1***	***..***	***..***	***15.34***	***16.19***	***Ciloxan***	***AQ***
	❖ **Restricted benefit** ❖							
	Bacterial keratitis.							
1217C	***Eye drops 3 mg per mL (0.3%), 5 mL***	***2***	***..***	***..***	****26.34***	***20.00***	***Ciloxan***	***AQ***
	OFLOXACIN							
	❖ **Restricted benefit** ❖							
	Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.							
1912P	***Eye drops 3 mg per mL (0.3%), 5 mL***	***‡1***	***..***	***..***	***15.34***	***16.19***	***Ocuflox***	***AG***
	Antiinflammatory agents							
	• ***Corticosteroids, plain***							
	DEXAMETHASONE							
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.92	8.77	Maxidex	AQ
	FLUOROMETHOLONE							
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	7.92	8.77	Flucon FML Liquifilm	AQ AG
	FLUOROMETHOLONE ACETATE							
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.92	8.77	Flarex	AQ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HYDROCORTISONE							
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	10.01	10.86	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.35	11.20	Hycor	SI
	HYDROCORTISONE ACETATE							
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.80	10.65	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	9.99	10.84	Hycor	SI
	MEDRYSONE							
3197G	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	7.92	8.77	HMS Liquifilm	AG
	PREDNISOLONE ACETATE							
2684G	Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.92	8.77	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***	***..***	***15.67***	***16.52***	***Prednefrin Forte***	***AG***

- ***Antiinflammatory agents, non-steroids***

	FLURBIPROFEN SODIUM							
8009M	Eye drops 300 micrograms per mL (0.03%), 5 mL	‡1	..	..	10.61	11.46	Ocufen	AG
	INDOMETHACIN							
2443N	Ophthalmic suspension 10 mg per mL (1%), 5 mL	‡1	..	..	10.61	11.46	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***	***..***	***34.90***	***20.00***	***Iopidine 0.5%***	***AQ***
	DIPIVEFRINE HYDROCHLORIDE							
1351D	Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	16.92	17.77	Propine	AG

- ***Parasympathomimetics***

	CARBACHOL							
2535K	Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	13.91	14.76	Isopto Carbachol	AQ
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	14.20	15.05	Isopto Carbachol	AQ

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	
	ECOTHIOPATE IODIDE							
1359M	Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent	‡1	5	..	#25.90	20.00	Phospholine Iodide	ST
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	‡1	5	..	#25.90	20.00	Phospholine Iodide	ST
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	‡1	5	..	#26.11	20.00	Phospholine Iodide	ST
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	‡1	5	..	#28.22	20.00	Phospholine Iodide	ST
	PILOCARPINE							
	❖ **Restricted benefit** ❖							
	Chronic glaucoma when other miotics are not tolerated.							
2777E	***Eye disc 5 mg (releasing 20 micrograms per hour)***	***8***	***5***	***..***	***82.03***	***20.00***	***Ocusert Pilo 20***	***AG***
2782K	***Eye disc 11 mg (releasing 40 micrograms per hour)***	***8***	***5***	***..***	***85.00***	***20.00***	***Ocusert Pilo 40***	***AG***
	PILOCARPINE HYDROCHLORIDE							
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	9.49	10.34	Isopto Carpine Pilopt P.V. Carpine	AG SI AG IG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	9.49	10.34	Isopto Carpine Pilopt P.V. Carpine	AG SI AG IG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	10.53	11.38	Isopto Carpine Pilopt P.V. Carpine	AG SI AG IG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.67	13.52	Isopto Carpine Pilopt P.V. Carpine	AG SI AG IG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.92	13.77	Isopto Carpine Pilopt P.V. Carpine	AG SI AG IG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	16.17	17.02	Isopto Carpine Pilopt P.V. Carpine	AG SI AG
	• ***Carbonic anhydrase inhibitors***							
	ACETAZOLAMIDE							
1004W	Tablet 250 mg	100	3	..	15.69	16.54	Diamox	ST
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	16.56	17.41	Diamox	ST
	DICHLORPHENAMIDE							
1303N	Tablet 50 mg	50	6	..	12.66	13.51	Daranide	SI

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Beta blocking agents***							
	BETAXOLOL HYDROCHLORIDE							
2811Y	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	13.50	14.35	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.50	14.35	[a] BetoQuin	IQ
				1.00	14.50	14.35	[a] Betoptic	AQ
	LEVOBUNOLOL HYDROCHLORIDE							
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	12.37	13.22	Betagan	AG
	TIMOLOL MALEATE							
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	12.37	13.22	Tenopt Timoptol	SI FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.50	14.35	Tenopt Timoptol	SI FR
1925H	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	‡1	5	..	12.37	13.22	Timoptol XE	MK
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	13.50	14.35	Timoptol XE	MK
	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE							
2664F	Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	19.51	20.00	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	21.80	20.00	Timpilo 4	MK
	Mydriatics and cycloplegics							
	• ***Anticholinergics***							
	ATROPINE SULFATE							
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	9.13	9.98	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	9.13	9.98	Atropt	SI
	HOMATROPINE HYDROBROMIDE							
2541R	Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	12.59	13.44	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	16.35	17.20	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***	***..***	***13.21***	***14.06***	***Opticrom***	***RR***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Other ophthalmologicals							
	• *Other ophthalmologicals*							
	CARBOMER 940							
	❖ Restricted benefit ❖							
	Severe dry eye syndrome, including Sjogren's syndrome.							
8193F	*Ocular lubricating gel 2 mg per g (0.2%), 10 g*	‡1	5	..	8.96	9.81	*Viscotears Liquid Gel*	*CV*
	CARMELLOSE SODIUM							
	❖ Authority required ❖							
	Severe dry eye syndrome where less costly alternative preparations are inappropriate.							
2338C	*Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30*	3	5	..	*33.05	20.00	*Cellufresh*	*AG*
2324H	*Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30*	3	5	..	*33.05	20.00	*Cellwisc*	*AG*
	HYDROXYPROPYLCELLULOSE							
	❖ Restricted benefit ❖							
	Severe dry eye syndrome unresponsive to artificial tear solutions.							
1522D	*Ophthalmic inserts 5 mg, 60*	‡1	5	..	35.14	20.00	*Lacrisert*	*SI*
	HYPROMELLOSE							
	❖ Restricted benefit ❖							
	Severe dry eye syndrome, including Sjogren's syndrome.							
2956N	*Eye drops 5 mg per mL (0.5%), 15 mL*	‡1	5	..	8.52	9.37	*Isopto Tears*	*AQ*
							Methopt	*SI*
2952J	*Eye drops 10 mg per mL (1%), 15 mL*	‡1	5	..	8.96	9.81	*Methopt Forte*	*SI*
	HYPROMELLOSE with DEXTRAN							
	❖ Restricted benefit ❖							
	Severe dry eye syndrome, including Sjogren's syndrome.							
1509K	*Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL*	‡1	5	..	10.90	11.75	*Poly-Tears*	*IQ*
							Tears Naturale	*AQ*
	PARAFFIN							
1754H	Compound eye ointment 3.5 g	‡1	5	..	11.46	12.31	Duratears	AQ
1750D	Compound eye ointment 7 g	‡1	5	..	15.18	16.03	Lacri-Lube S.O.P.	AG
	POLYVINYL ALCOHOL							
	❖ Restricted benefit ❖							
	Severe dry eye syndrome, including Sjogren's syndrome.							
2682E	*Eye drops 14 mg per mL (1.4%), 15 mL*	‡1	5	..	8.96	9.81	*Liquifilm Tears*	*AG*
2681D	*Eye drops 30 mg per mL (3%), 15 mL*	‡1	5	..	13.02	13.87	*Liquifilm Forte*	*AG*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	POLYVINYL ALCOHOL with POVIDONE							
	❖ Restricted benefit ❖							
	Severe dry eye syndrome, including Sjogren's syndrome.							
2675T	***Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL***	‡1	5	..	***9.18***	***10.03***	***Tear Drops Tears Plus***	CV AG
	OTOLOGICALS							
	Antiinfectives							
	• ***Antiinfectives***							
	CHLORAMPHENICOL							
1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL **CAUTION:** Topical chloramphenicol may cause aplastic anaemia.	‡1	2	..	8.52	9.37	Chloromycetin	PD
	NEOMYCIN UNDECENOATE with BACITRACIN ZINC							
2296W	Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g	‡1	..	..	6.34	7.19	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	6.69 7.79	7.54 7.54	[a] Otodex [a] Sofradex	QM RL
2759F	Ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g	‡1	2	.. 1.10	6.03 7.13	6.88 6.88	[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	6.69 7.79	7.54 7.54	[a] Otocomb Otic [a] Kenacomb Otic	BC 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	6.03 7.13	6.88 6.88	[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	..	7.22	8.07	Soframycin	RL
1439R	Eye/ear ointment 5 mg per g (0.5%), 5 g	‡1	..	..	6.76	7.61	Soframycin	RL

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Corticosteroids							
	• ***Corticosteroids***							
	PREDNISOLONE SODIUM PHOSPHATE							
1922E	Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.92	8.77	Predsol	SI

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ALLERGENS							
	Allergens							
	• ***Allergen extracts***							
	INSECT ALLERGEN EXTRACT—HONEY BEE VENOM							
2886X	Injection set containing 550 micrograms	1	..	..	85.15	20.00	Albay Bee Venom	BN
	INSECT ALLERGEN EXTRACT—PAPER WASP VENOM							
	NOTE: Paper wasp venom is not European wasp venom.							
2918N	Injection set containing 550 micrograms	1	..	..	112.66	20.00	Albay Wasp Venom	BN
	INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM							
2883R	Injection set containing 550 micrograms	1	..	..	104.22	20.00	Albay Yellow Jacket Venom	BN
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Antidotes***							
	NALOXONE HYDROCHLORIDE							
1670X	Injection 40 micrograms in 2 mL	5	..	..	30.41	20.00	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	18.40	19.25	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	19.55	20.00	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	27.75	20.00	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***	..	..	***98.87***	***20.00***	***BL LE***	
2309M	***Injection equivalent to 3 mg folinic acid in 1 mL***	***5***	..	..	***16.02***	***16.87***	***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***	..	***73.64***	***20.00***	***Uromitexan***	***AA***
8079F	***Solution for I.V. injection 1 g in 10 mL***	***15***	***5***	..	***162.74***	***20.00***	***Uromitexan***	***AA***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Drugs for treatment of hypercalcemia***							
	SODIUM ACID PHOSPHATE							
	❖ **Authority required** ❖							
	Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.							
2946C	***Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)***	***100***	***5***	***..***	***26.67***	***20.00***	***Phosphate Sandoz***	***SZ***
	SODIUM CELLULOSE PHOSPHATE							
	❖ **Authority required** ❖							
	Hypercalciuria (urine calcium in excess of 8 mmol per 24 hours within the last three years) in the presence of documented sarcoidosis; Treatment of recurrent renal calculi in patients with urine calcium in excess of 8 mmol per 24 hours who are unresponsive to dietary measures and thiazides.							
2948E	***Oral powder, sachet 5 g***	***100***	***5***	***..***	***134.58***	***20.00***	***Calcisorb***	***MM***
	DIAGNOSTIC AGENTS							
	Urine tests							
	• ***Urine tests***							
	COPPER SULFATE							
1228P	Diagnostic compound tablets, 36	2	3	..	*22.30	20.00	Clinitest	BN
	GLUCOSE INDICATOR—URINE							
1448F	Test dispenser 4 m	‡1	2	..	13.58	14.43	Tes-Tape	LY
2352T	Reagent strips, 100	‡1	2	..	12.81	13.66	Clinistix	BN
3104J	Reagent strips, 100	‡1	2	..	13.58	14.43	Diastix	BN
	GLUCOSE and KETONE INDICATOR—URINE							
3106L	Reagent strips, 50	2	2	..	*15.20	16.05	Keto-Diabur-Test 5000	BO
3107M	Reagent strips, 100	‡1	2	..	15.21	16.06	Keto-Diastix	BN
	Other diagnostic agents							
	• ***Tests for diabetes***							
	GLUCOSE INDICATOR—BLOOD							
2891E	Electrode strips, 50	2	5	..	*54.06	20.00	Advantage	BO
2855G	Electrode strips, 50	2	5	..	*54.06	20.00	Glucometer Elite	BN
8176H	Electrode strips, 50	2	5	..	*54.06	20.00	Glucometer Esprit	BN
2915K	Electrode strips, 100	‡1	5	..	54.06	20.00	ExacTech	MS
2926B	Electrode strips, 100	‡1	5	..	54.06	20.00	MediSense 2	MS

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GLUCOSE INDICATOR—BLOOD —cont.							
2908C	Reagent strips, 50	2	5	..	*47.90	20.00	Hypoguard GA	HG
2919P	Reagent strips, 50	2	5	..	*49.66	20.00	Accutrend Glucose	BO
2890D	Reagent strips, 50	2	5	..	*49.66	20.00	Betachek	NA
8053W	Reagent strips, 50	2	5	..	*49.66	20.00	Betachek MERIDIAN	NA
8178K	Reagent strips, 50	2	5	..	*49.66	20.00	Betachek Quick Test	NA
2914J	Reagent strips, 50	2	5	..	*49.66	20.00	BM-Test-Glycemie 20-800	BO
2889C	Reagent strips, 50	2	5	..	*49.66	20.00	Glucofilm	BN
2917M	Reagent strips, 50	2	5	..	*49.66	20.00	Glucostix	BN
8190C	Reagent strips, 50	2	5	..	*49.66	20.00	Glucotrend Glucose	BO
2921R	Reagent strips, 50	2	5	..	*49.66	20.00	Hypoguard Supreme	HG

GENERAL NUTRIENTS

Other nutrients

- ***Other nutrients***

TRIGLYCERIDES, MEDIUM CHAIN

❖ **Authority required** ❖

Abetalipoproteinaemia;
Chyloascites;
Chylothorax;
Intestinal lymphangiectasia;
Intractable childhood epilepsy requiring a ketogenic diet;
Long chain fat oxidation disorders;
Short-term nutritional support in severe steatorrhoea;
Steatorrhoea due to distal small bowel resection.

NOTE:

Not more than one authority may be granted for short-term nutritional support in severe steatorrhoea.

3128P	***Oil 500 mL***	***2***	***5***	***..***	****37.34***	***20.00***	***NU***	
3129Q	***Oil 1 L***	***‡1***	***5***	***..***	***37.34***	***20.00***	***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.

continued ☛

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PHENYLALANINE LOW CONTENT FORMULA—cont.							
1865E	*Powder 454 g*	*5*	*8*	*..*	**141.84*	*20.00*	*Lofenalac*	*MJ*
	PROTEIN HYDROLYSATE FORMULA							
	NOTE:							
	An authority will be limited to the maximum quantity and repeats shown in this schedule.							
	❖ Authority required ❖							
	Allergy to both cows' milk and soya protein in children under the age of two years;							
	Cystic fibrosis;							
	Galactosaemia;							
	Glycogen storage disease due to glucose-6-phosphatase deficiency in children;							
	Severe intestinal malabsorption including short bowel syndrome.							
	NOTE:							
	Allergy to cows' milk and soya protein means skin reactions, 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.							
	Since cows' milk/soya protein allergies are not always permanent, a further challenge with cows' milk/soya milk substitute should be made each three months.							
	Age of patient to be shown on application for authority.							
2563X	*Powder 425 g*	*8*	*5*	*..*	**116.18*	*20.00*	*Nutramigen*	*MJ*
	TRIGLYCERIDES, MEDIUM CHAIN							
	❖ Authority required ❖							
	Chronic liver failure with fat malabsorption;							
	Chyloascites;							
	Chylothorax;							
	Patients requiring a ketogenic diet for intractable childhood epilepsy;							
	Proven fat malabsorption.							
2686J	*Compound powder 454 g*	*8*	*5*	*..*	**99.06*	*20.00*	*Portagen*	*MJ*
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							
	❖ Authority required ❖							
	Biliary atresia;							
	Chyloascites;							
	Chylothorax;							
	Cystic fibrosis;							
	Enterokinase deficiency;							
	Proven combined intolerance to cows' milk protein and soy protein formulae;							
	Severe diarrhoea of greater than two weeks duration in infants under the age of four months;							
	Severe intestinal malabsorption including short bowel syndrome.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TRIGLYCERIDES, MEDIUM CHAIN—cont.							
2676W	***Lactalbumin demineralised powder 400 g***	***8***	***5***	***..***	****99.30***	***20.00***	***Alfaré***	***NT***
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							
	❖ **Authority required** ❖							
	Biliary atresia;							
	Chyloascites;							
	Chylothorax;							
	Cystic fibrosis;							
	Enterokinase deficiency;							
	Galactosaemia;							
	Proven combined intolerance to cows' milk protein and soy protein formulae;							
	Severe diarrhoea of greater than two weeks duration in infants under the age of four months;							
	Severe intestinal malabsorption including short bowel syndrome.							
2679B	***Protein hydrolysate compound powder 454 g***	***8***	***5***	***..***	****136.34***	***20.00***	***Pregestimil***	***MJ***
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							
	TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER							
	❖ **Restricted benefit** ❖							
	Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.							
3136C	***Compound powder 400 g***	***8***	***5***	***..***	****239.14***	***20.00***	***Duocal***	***SB***
	• *Milk substitutes*							
	MILK POWDER—LACTOSE MODIFIED							
	❖ **Authority required** ❖							
	Proven chronic lactose intolerance in children over one year of age.							
	NOTE:							
	No authorities will be granted for increased maximum quantities and/or repeats. Confirmation of lactose intolerance to be included in application. Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.							
2357C	***Lactose-predigested powder 900 g***	***3***	***10***	***..***	****51.32***	***20.00***	***Digestelact***	***SJ***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MILK POWDER—LACTOSE MODIFIED—cont.							
	❖ **Restricted benefit** ❖							
	Acute lactose intolerance in children over one year of age.							
	NOTE:							
	Requests for increased maximum quantities and/or repeats will not be granted.							
2358D	***Lactose-predigested powder 900 g***	***3***	***1***	***..***	****51.32***	***20.00***	***Digestelact***	***SJ***
	MILK POWDER—LOW LACTOSE FORMULA							
	❖ **Authority required** ❖							
	Proven chronic lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.							
	NOTE:							
	No authorities will be granted for increased maximum quantities and/or repeats. Confirmation of lactose intolerance to be included in application. Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.							
2349P	***Lactose-predigested powder infant formula 900 g***	***5***	***5***	***..***	****82.64***	***20.00***	***De-Lact Infant***	***SJ***
	❖ **Restricted benefit** ❖							
	Acute lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.							
	NOTE:							
	Requests for increased maximum quantities and/or repeats will not be granted.							
2350Q	***Lactose-predigested powder infant formula 900 g***	***5***	***..***	***..***	****82.64***	***20.00***	***De-Lact Infant***	***SJ***
	MILK POWDER—SYNTHETIC							
	❖ **Authority required** ❖							
	Hypercalcaemia in children under the age of four years.							
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							
3092R	***Low calcium compound powder 400 g***	***8***	***5***	***..***	****139.86***	***20.00***	***Locasol***	***NU***
	• *Other combinations of nutrients*							
	AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE							
	❖ **Restricted benefit** ❖							
	Methylmalonic acidaemia; Propionic acidaemia.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE—cont.							
3079C	***Powder 200 g***	***5***	***5***	***..***	****539.59***	***20.00***	***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***	***..***	****1201.34***	***20.00***	***Phlexy-10 Drink Mix***	SB
3072Q	***Powder 250 g***	***8***	***5***	***..***	****1061.30***	***20.00***	***PK AID II***	SB
1450H	***Food supplement powder 500 g***	***4***	***5***	***..***	****702.66***	***20.00***	***Aminogran F.S.***	FA
	AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE ❖ **Restricted benefit** ❖ ***Tyrosinaemia.***							
2379F	***Powder 200 g***	***10***	***5***	***..***	****1442.84***	***20.00***	***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***	***..***	****1306.94***	***20.00***	***RVHB Maxamaid***	SB
	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE ❖ **Restricted benefit** ❖ ***Methylmalonic acidaemia; Propionic acidaemia.***							
8058D	***Infant formula, powder 400 g***	***8***	***5***	***..***	****508.34***	***20.00***	***XMet, Thre, Val, Isoleu, Analog***	SB
8059E	***Powder 500 g***	***8***	***5***	***..***	****1129.94***	***20.00***	***XMTVI Maxamaid***	SB
8061G	***Powder 500 g***	***8***	***5***	***..***	****1768.34***	***20.00***	***XMTVI Maxamum***	SB

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE							
	❖ **Restricted benefit** ❖							
	Phenylketonuria.							
2737C	*Infant formula, powder 400 g*	*8*	*5*	..	**508.34*	*20.00*	*XP Analog*	*SB*
2738D	*Powder 500 g*	*8*	*5*	..	**1010.66*	*20.00*	*XP Maxamaid*	*SB*
2739E	*Powder 500 g*	*8*	*5*	..	**1590.26*	*20.00*	*XP Maxamum*	*SB*
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE							
	❖ **Restricted benefit** ❖							
	Tyrosinaemia.							
3078B	*Powder 500 g*	*8*	*5*	..	**1989.78*	*20.00*	*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*	..	**508.34*	*20.00*	*MSUD Analog*	*SB*
3075W	*Powder 200 g*	*10*	*5*	..	**1294.64*	*20.00*	*MSUD AID III*	*SB*
1045B	*Powder 200 g*	*20*	*5*	..	**1275.14*	*20.00*	*MSUD Maxamaid*	*SB*
8057C	*Powder 500 g*	*8*	*5*	..	**1768.34*	*20.00*	*MSUD Maxamum*	*SB*
	AMINO ACIDS, SYNTHETIC with MALTODEXTRIN, FAT, MINERALS and VITAMINS							
	❖ **Authority required** ❖							
	➤ ***Proven combined intolerance to cows' milk protein, soy protein, and protein hydrolysate formulae of both whey and casein in children under the age of two years;***							
	Severe intestinal malabsorption including short bowel syndrome.							
3066J	*Elemental infant formula powder 400 g*	*20*	*2*	..	**839.14*	*20.00*	*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*	..	**462.94*	*20.00*	*Dialamine*	*SB*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	MINERAL MIXTURE						
	NOTE:						
	For use with Amino Acid Formula without Phenylalanine.						
	❖ **Restricted benefit** ❖						
	Metabolic disorders.						
1451J	***Powder 250 g***	***‡1***	***5***	***..***	***41.74***	***20.00***	***Aminogran M.M.*** FA
	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	..	8.30	9.15	AP
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	10.06	10.91	AP
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	10.32	11.17	AP
	WATER FOR INJECTIONS, STERILISED						
2216P	Injection 2 mL	5	3	..	8.52	9.37	AP
2217Q	Injection 5 mL	5	3	..	9.73	10.58	AP
2218R	Injection 10 mL	5	3	..	10.83	11.68	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 Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ALIMENTARY TRACT AND METABOLISM							
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives for local oral treatment***							
	AMPHOTERICIN							
3306B	Lozenge 10 mg	20	..	..	6.88	7.73	Fungilin	BQ
	NYSTATIN							
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	8.72	9.57	Mycostatin Nilstat	BQ AY
	• ***Other agents for local oral treatment***							
	BENZYDAMINE HYDROCHLORIDE							
	❖ **Restricted benefit** ❖							
	Treatment of radiation induced mucositis.							
5032W	***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL***	***‡1***	..	..	***16.11***	***16.96***	***Difflam***	***MM***
	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES							
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids, tertiary amines***							
	ATROPINE SULFATE							
5022H	Injection 600 micrograms in 1 mL	10	..	..	9.47	10.32	AP	
	Propulsives							
	• ***Propulsives***							
	METOCLOPRAMIDE HYDROCHLORIDE							
5151D	Tablet 10 mg	25	..	.. 2.00	6.00 8.00	6.85 6.85	Pramin Maxolon	AF SK
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.54	7.39	Maxolon	SK
5153F	Injection 10 mg in 2 mL	10	..	..	9.93	10.78	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	..	..	6.94	7.79	Stemetil	RR
5206B	Injection 12.5 mg in 1 mL	10	..	..	13.76	14.61	Stemetil	RR
5207C	Suppositories 5 mg, 5	‡1	..	..	10.10	10.95	Stemetil	RR
5208D	Suppositories 25 mg, 5	‡1	..	..	10.94	11.79	Stemetil	RR

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	
	PROMETHAZINE HYDROCHLORIDE							
3374N	Injection 50 mg in 2 mL	10	..	..	*13.92	14.77	BL	
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
	NYSTATIN							
3342X	Tablet 500,000 units	50	..	..	12.08	12.93	Mycostatin Nilstat	BQ AY
3345C	Capsule 500,000 units	50	..	..	12.08	12.93	Mycostatin Nilstat	BQ AY
	BLOOD AND BLOOD FORMING ORGANS							
	PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS							
	Blood and related products							
	• ***Plasma substitutes and plasma protein fractions***							
	DEXTRAN 40 with GLUCOSE							
5068R	I.V. infusion 100 mg per mL-139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	75.20	20.00	Rheomacrodex	MA
	DEXTRAN 40 with SODIUM CHLORIDE							
5069T	I.V. infusion 100 mg per mL-77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	75.20	20.00	Rheomacrodex	MA
	DEXTRAN 70 with SODIUM CHLORIDE							
5070W	I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	76.05	20.00	Macrodex	MA
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
	GLUCOSE							
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.69	14.54	BX	
	• ***Solutions affecting the electrolyte balance***							
	SODIUM CHLORIDE							
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*13.69	14.54	BX	
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*10.52	11.37	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	..	..	*13.69	14.54	BX	
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	*17.09	17.94	BX	
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	..	..	*17.09	17.94	BX	

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

Antiarrhythmics, class I and III

- ***Antiarrhythmics, class IB***

	LIGNOCAINE HYDROCHLORIDE							
5142P	Injection 100 mg in 5 mL	2	..	..	*11.60	12.45	Xylocard 100	AP

Cardiac stimulants excl. cardiac glycosides

- ***Adrenergic and dopaminergic agents***

	ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	8.19	9.04	AP	

Vasodilators used in cardiac diseases

- ***Organic nitrates***

	GLYCERYL TRINITRATE							
5108W	Tablets 600 micrograms, 100	‡1	..	..	6.68	7.53	Anginine Stabilised	GW

DERMATOLOGICALS

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

Corticosteroids, plain

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

HYDROCORTISONE ACETATE

❖ **Restricted benefit** ❖

Treatment of corticosteroid-responsive dermatoses.

5111B	***Cream 10 mg per g (1%), 30 g***	‡1	..	..	***6.18***	***7.03***	***Cortef***	***UP***
							Sigmacort	***SI***
							Squibb-HC	***BQ***
5113D	***Cream 10 mg per g (1%), 50 g***	‡1	..	..	***6.66***	***7.51***	***Cortef***	***UP***
							Sigmacort	***SI***
							Squibb-HC	***BQ***
5112C	***Topical ointment 10 mg per g (1%), 30 g***	‡1	..	..	***6.18***	***7.03***	***Sigmacort***	***SI***
5114E	***Topical ointment 10 mg per g (1%), 50 g***	‡1	..	..	***6.66***	***7.51***	***Sigmacort***	***SI***
							Squibb-HC	***BQ***

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	
	SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES							
	CORTICOSTEROIDS FOR SYSTEMIC USE							
	Corticosteroids for systemic use, plain							
	• *Glucocorticoids*							
	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE							
	❖ **Restricted benefit** ❖							
	For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.							
5034Y	*Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL*	*5*	..	..	*23.49*	*20.00*	*Celestone Chronodose*	*SH*
	HYDROCORTISONE SODIUM SUCCINATE							
	❖ **Restricted benefit** ❖							
	For use in a hospital.							
5118J	*Injection equivalent to 100 mg hydrocortisone with 2 mL solvent*	*6*	..	..	**22.82*	*20.00*	*Solu-Cortef*	*UP*
5119K	*Injection equivalent to 250 mg hydrocortisone with 2 mL solvent*	*6*	..	..	**37.82*	*20.00*	*Solu-Cortef*	*UP*
	METHYLPREDNISOLONE ACETATE							
	❖ **Restricted benefit** ❖							
	For local intra-articular or peri-articular infiltration.							
5148Y	*Injection 40 mg in 1 mL*	*5*	..	..	*19.08*	*19.93*	[a] *Depo-Nisolone*	*KR*
				0.74	*19.82*	*19.93*	[a] *Depo-Medrol*	*UP*
	TRIAMCINOLONE ACETONIDE							
	❖ **Restricted benefit** ❖							
	For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.							
5233K	*Injection 10 mg in 1 mL*	*5*	..	..	*23.49*	*20.00*	*Kenacort-A10*	*BQ*
	PANCREATIC HORMONES							
	Glycogenolytic hormones							
	• *Glycogenolytic hormones*							
	GLUCAGON HYDROCHLORIDE							
5104P	Injection 1 i.u. with diluent	1	..	..	16.88	17.73	AZ	

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	
	GENERAL ANTIINFECTIVES FOR SYSTEMIC USE							
	ANTIBACTERIALS FOR SYSTEMIC USE							
	Tetracyclines							
	• ***Tetracyclines***							
	DOXYCYCLINE							
3321T	Tablet 100 mg	7	..	..	7.15	8.00	[a] Doxy-100	DP
							Doxylin 100	AF
							[a] Vizam 100	AD
				0.74	7.89	8.00	[a] Vibramycin	PF
3322W	Capsule 100 mg	7	..	..	7.15	8.00	[a] DBL Doxycycline	BL
				0.67	7.82	8.00	[a] Doryx	FA
	METHACYCLINE HYDROCHLORIDE							
5147X	Capsule 300 mg	10	..	..	8.72	9.57	Rondomycin	WW
	TETRACYCLINE HYDROCHLORIDE							
3383C	Capsule 250 mg	25	..	..	6.66	7.51	Achromycin	LE
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
3386F	Capsule 250 mg	25	..	..	6.66	7.51	Achromycin V	LE
							Mysteclin-250	BQ
				0.91	7.57	7.51	Tetrex	BC
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
3303W	Chewable tablet 250 mg	20	..	..	8.55	9.40	Amoxil	SK
3301R	Capsule 250 mg	20	..	..	7.76	8.61	[a] Alphamox 250	AF
							[a] Ampexin 250	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				0.60	8.36	8.61	[a] Amoxil	SK
3300Q	Capsule 500 mg	20	..	..	11.07	11.92	[a] Alphamox 500	AF
							[a] Ampexin 500	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				0.70	11.77	11.92	[a] Amoxil	SK
3309E	Sachet containing oral powder 3 g	1	..	..	8.40	9.25	Amoxil	SK
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	#11.18	12.41	Amoxil	SK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#9.36	10.59	[a] Alphamox 125	AF
							[a] Ampexin	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				0.59	#9.95	10.59	[a] Amoxil	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	
	AMOXYCILLIN—cont.							
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.68	11.91	[a] Alphamox 250	AF
							[a] Ampexin	AD
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin 250	CS
				0.59	#11.27	11.91	[a] Amoxil Forte	SK
	AMPICILLIN							
5013W	Capsule 250 mg	24	..	..	8.30	9.15	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	11.77	12.62	Alphacin 500	AF
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N, 6897B, 6898C, 6899D apply to above item with approved solvents)	5	..	..	10.54	11.39	[a] Ampicyn	RR
							[a] Austrapen	CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R, 6900E, 6901F, 6902G apply to above item with approved solvents)	5	..	..	14.50	15.35	[a] Ampicyn	RR
							[a] Austrapen	CS
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
5025L	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	19.03	19.88	Bicillin L-A Tubex	WY
5026M	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	31.15	20.00	Bicillin L-A	WY
	BENZYLPENICILLIN							
3398W	Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C, 6921G, 6922H, 6923J apply to above item with approved solvents)	10	..	..	*21.28	20.00	CS	
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F, 6924K, 6925L, 6926M apply to above item with approved solvents)	10	..	..	*47.90	20.00	CS	
	PHENOXYMETHYLPENICILLIN							
3359T	Tablet 125 mg	50	..	..	*10.84	11.69	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK Filmtab	AB
							PVK	LY
3361X	Tablet 500 mg	50	..	..	*14.52	15.37	Abbocillin-VK Filmtab	AB
							PVK	LY
3363B	Capsule 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK	AB
							[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS

continued ☛

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

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	PHENOXYMETHYLPENICILLIN—cont.							
3364C	Capsule 500 mg	50	..	..	*14.52	15.37	[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	..	*10.28	11.13	[a] Abbocillin-V	AB
							[a] Cilicaine V	SI
				0.80	*11.08	11.13	[a] LPV 125	CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	..	*12.40	13.25	[a] Abbocillin-V	AB
							[a] Cilicaine V	SI
				1.00	*13.40	13.25	[a] LPV 250	CS
	PROCAINE PENICILLIN							
3370J	Injection 1 g	5	..	..	52.08	20.00	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	52.08	20.00	Cilicaine	SI
	• ***Beta-lactamase resistant penicillins***							
	DICLOXACILLIN							
	❖ **Restricted benefit** ❖							
	Serious staphylococcal infections.							
5096F	***Capsule 250 mg***	***24***	..	..	***11.16***	***12.01***	***Diclocil***	***BQ***
							Distaph 250	***AF***
5097G	***Capsule 500 mg***	***24***	..	..	***18.64***	***19.49***	***Diclocil***	***BQ***
							Distaph 500	***AF***
	DICLOXACILLIN							
5098H	Injection 500 mg (solvent required) (codes 6933X, 6934Y, 6935B, 6936C, 6937D, 6938E apply to above item with approved solvents)	5	..	..	16.40	17.25	Diclocil	BQ
5099J	Injection 1 g (solvent required) (codes 6939F, 6940G, 6941H, 6942J, 6943K, 6944L apply to above item with approved solvents)	5	..	..	23.26	20.00	Diclocil	BQ
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
	❖ **Restricted benefit** ❖							
	Serious staphylococcal infections.							
5090X	***Capsule 250 mg***	***24***	..	..	***11.16***	***12.01***	[a] ***Flopen***	***CS***
							[a] ***Staphylex 250***	***AF***
				0.39	***11.55***	***12.01***	[a] ***Floxapen***	***SK***
5091Y	***Capsule 500 mg***	***24***	..	..	***18.64***	***19.49***	[a] ***Flopen***	***CS***
							[a] ***Staphylex 500***	***AF***
				0.44	***19.08***	***19.49***	[a] ***Floxapen***	***SK***

continued ☛

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

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	FLUCLOXACILLIN—cont.							
5092B	***Powder for syrup 125 mg per 5 mL, 100 mL***	***‡1***	**	**	***#12.41***	***13.64***	[a] ***Flopen***	***CS***
							[a] ***Floxapen***	***SK***
5093C	***Powder for syrup 250 mg per 5 mL, 100 mL***	***‡1***	**	**	***#16.18***	***17.41***	[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	**	**	16.42	17.27	Flopen	CS
5095E	Injection 1 g (solvent required) (codes 7019K, 7020L, 7021M, 7022N, 7023P, 7024Q apply to above item with approved solvents)	5	**	**	23.28	20.00	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***	**	**	***13.06***	***13.91***	[a] ***Clamoxyl***	***AF***
							[a] ***Clavulin 250***	***CS***
				0.61	***13.67***	***13.91***	[a] ***Augmentin***	***SK***
5008N	***Tablet 500 mg-125 mg***	***15***	**	**	***16.77***	***17.62***	[a] ***Clamoxyl Forte***	***AF***
							[a] ***Clavulin 500***	***CS***
				0.61	***17.38***	***17.62***	[a] ***Augmentin Forte***	***SK***
5009P	***Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL***	***‡1***	**	**	***#11.75***	***12.98***	[a] ***Clamoxyl***	***AF***
							[a] ***Clavulin 125***	***CS***
				0.60	***#12.35***	***12.98***	[a] ***Augmentin***	***SK***
5010Q	***Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL***	***‡1***	**	**	***#14.05***	***15.28***	[a] ***Clamoxyl Forte***	***AF***
							[a] ***Clavulin 250***	***CS***
				0.60	***#14.65***	***15.28***	[a] ***Augmentin Forte***	***SK***

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	TICARCILLIN with CLAVULANIC ACID							
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent.							
5230G	***Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)***	***10***	..	..	***146.79***	***20.00***	***Timentin***	***SK***
	Other beta-lactam antibacterials							
	• ***Cephalosporins and related substances***							
	CEFACLOR							
5045M	Tablet 375 mg (sustained release)	10	..	..	14.39	15.24	[a] Ceclor CD [a] Keflor CD	LY AL
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	#13.52	14.75	[a] Ceclor [a] Keflor	LY AL
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#14.05	15.28	[a] Ceclor [a] Keflor	LY AL
	CEFOTAXIME							
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent.							
5048Q	***Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)***	***10***	..	..	****113.44***	***20.00***	***Claforan***	***RL***
5049R	***Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)***	***10***	..	..	****211.24***	***20.00***	***Claforan***	***RL***
	CEFOTETAN							
	❖ **Restricted benefit** ❖							
	Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent.							
5050T	***Injection 1 g (solvent required) (codes 7044R, 7045T, 7046W, 7047X, 7048Y, 7049B apply to above item with approved solvents)***	***10***	..	..	***151.04***	***20.00***	***Apatef***	***LE***
5051W	***Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)***	***10***	..	..	***253.34***	***20.00***	***Apatef***	***LE***

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	CEPHALEXIN							
3317N	Capsule 250 mg	20	..	..	8.14	8.99	[a] Ibilex 250	AF
				1.11	9.25	8.99	[a] Keflex	LY
3318P	Capsule 500 mg	20	..	..	11.16	12.01	[a] Ibilex 500	AF
				1.11	12.27	12.01	[a] Keflex	LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#10.91	12.14	[a] Ibilex 125	AF
				1.11	#12.02	12.14	[a] Keflex	LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#13.11	14.34	[a] Ibilex 250	AF
				1.11	#14.22	14.34	[a] Keflex	LY
	CEPHALOTHIN							
3376Q	Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y, 6927N, 6928P, 6929Q apply to above item with approved solvents)	10	..	..	*43.54	20.00	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	..	..	7.40	8.25	Bactrim	RO
							[a] Resprim	AF
							[a] Septrin	GW
3390K	Tablet 160 mg-800 mg	10	..	..	8.41	9.26	Bactrim DS	RO
							[a] Resprim Forte	AF
							[a] Septrin Forte	GW
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.92	8.77	Bactrim	RO
							[a] Resprim	AF
							[a] Septrin	GW

Macrolides and lincosamides

- ***Macrolides***

	ERYTHROMYCIN							
3324Y	Tablet 250 mg	25	..	..	7.60	8.45	EMU-V	UP
3329F	Capsule 125 mg	25	..	..	7.35	8.20	Eryc	FA
3326C	Capsule 175 mg	25	..	..	7.60	8.45	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.93	9.78	Eryc	FA
5085P	I.M. injection 100 mg in 2 mL	5	..	..	32.52	20.00	Erythrocin-I.M.	AB
	ERYTHROMYCIN ESTOLATE							
3331H	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	7.30	8.15	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.52	9.37	Ilosone	LY

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	ERYTHROMYCIN ETHYL SUCCINATE							
3336N	Tablet 400 mg (base)	25	..	..	8.63	9.48	[a] E-Mycin	AF
				1.00	9.63	9.48	[a] E.E.S. 400 Filmtab	AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#10.24	11.47	[a] E-Mycin 200	AF
				1.10	#11.34	11.47	[a] E.E.S. 200	AB
3337P	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#12.17	13.40	[a] E-Mycin 400	AF
				1.10	#13.27	13.40	[a] E.E.S. Granules	AB
	ERYTHROMYCIN LACTOBIONATE							
5087R	I.V. infusion 300 mg (base)	5	..	..	41.63	20.00	[a] BL	
				..	*41.64	20.00	[a] Erythrocin	AB
	ERYTHROMYCIN STEARATE							
3328E	Tablet 250 mg (base)	25	..	..	7.60	8.45	Erythrocin Filmtab	AB
3330G	Capsule 250 mg (base)	25	..	..	7.60	8.45	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.52	9.37	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.92	11.77	Erythrocin	AB

• *Lincosamides*

CLINDAMYCIN

❖ **Restricted benefit** ❖

Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.

5057E	***Capsule 150 mg***	***25***	..	..	***14.35***	***15.20***	[a] ***Cleocin***	***KR***
				1.46	***15.81***	***15.20***	[a] ***Dalacin C***	***UP***
5058F	***Granules for syrup 75 mg per 5 mL, 100 mL***	***‡1***	..	..	***#21.68***	***20.00***	***Dalacin C***	***UP***
	LINCOMYCIN							
5144R	Injection 600 mg in 2 mL	5	..	..	14.72	15.57	Lincocin	UP

Other antibacterials

• *Glycopeptide antibacterials*

VANCOMYCIN

❖ **Restricted benefit** ❖

Prophylaxis of endocarditis in patients hypersensitive to penicillin.

3323X	***Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6960H, 6961J, 6962K, 6930R, 6931T, 6932W apply to above item with approved solvents)***	***2***	..	..	****51.98***	***20.00***	[a] ***Vancocin*** [a] ***BL*** [a] ***SI***	***LY***

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	• ***Imidazole derivatives***							
	METRONIDAZOLE							
	❖ **Restricted benefit** ❖							
	Treatment of anaerobic infections.							
5155H	***Tablet 400 mg***	***21***	***..***	***..***	***9.24***	***10.09***	[a] ***Metrogyl 400***	***AF***
				1.92	***11.16***	***10.09***	[a] ***Flagyl***	***RR***
	❖ **Restricted benefit** ❖							
	Treatment in a hospital of acute anaerobic sepsis.							
5154G	***I.V. infusion 500 mg in 100 mL***	***5***	***..***	***..***	****28.49***	***20.00***	[a] ***BX*** [a] ***PU***	
	METRONIDAZOLE							
3339R	Tablet 200 mg	21	..	..	6.43	7.28	[a] Metrogyl 200 Metrozine	AF SR
				1.91	8.34	7.28	[a] Flagyl	RR
5159M	Tablet 400 mg	5	..	..	6.32	7.17	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	19.85	20.00	Flagyl	RR
5158L	Suppositories 1 g, 10	‡1	..	..	26.62	20.00	Flagyl	RR
	METRONIDAZOLE BENZOATE							
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	13.98	14.83	Flagyl S	RR
	VACCINES							
	Bacterial vaccines							
	• ***Tetanus vaccines***							
	TETANUS VACCINE, ADSORBED							
5223X	Injection 0.5 mL	3	..	..	*16.73	17.58	CS	
	MUSCULO-SKELETAL SYSTEM							
	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
	Antiinflammatory/antirheumatic products, non-steroids							
	• ***Acetic acid derivatives and related substances***							
	DICLOFENAC POTASSIUM							
5074C	Tablets 25 mg, 20	‡1	..	..	6.71	7.56	Voltaren Rapid 25	CG
5075D	Tablets 50 mg, 20	‡1	..	..	7.28	8.13	Voltaren Rapid 50	CG

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	DICLOFENAC SODIUM							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5076E	***Tablet 25 mg (enteric coated)***	***100***	..	..	****14.54***	***15.39***	[a] ***Diclohexal***	***HX***
							[a] ***Voltaren 25***	***CG***
5077F	***Tablet 50 mg (enteric coated)***	***50***	..	..	***10.69***	***11.54***	[a] ***Diclohexal***	***HX***
							[a] ***Fenac***	***AF***
				1.75	***12.44***	***11.54***	[a] ***Voltaren 50***	***CG***
	DICLOFENAC SODIUM							
5079H	Suppository 100 mg	40	..	..	*22.82	20.00	Voltaren	CG
	INDOMETHACIN							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5126T	***Capsule 25 mg***	***100***	..	..	****7.64***	***8.49***	[a] ***Arthrexin***	***AF***
							[a] ***Hicin 25 mg***	***DP***
							[a] ***Indomed 25***	***AD***
				2.56	****10.20***	***8.49***	[a] ***Indocid***	***MK***
	INDOMETHACIN							
5128X	Suppository 100 mg	40	..	..	*19.24	20.00	Indocid	MK
	SULINDAC							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5217N	***Tablet 100 mg***	***100***	..	..	****14.46***	***15.31***	[a] ***Aclin***	***AF***
							[a] ***Clusinol 100***	***AD***
							[a] ***Saldac 100 mg***	***DP***
				1.02	****15.48***	***15.31***	[a] ***Clinoril***	***FR***
5218P	***Tablet 200 mg***	***50***	..	..	***13.36***	***14.21***	[a] ***Aclin 200***	***AF***
							[a] ***Clusinol 200***	***AD***
							[a] ***Saldac 200 mg***	***DP***
				1.54	***14.90***	***14.21***	[a] ***Clinoril 200***	***FR***

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	• *Oxicams*							
	PIROXICAM							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
5201R	***Dispersible tablet 10 mg***	***50***	..	..	***12.70***	***13.55***	[a] ***Candyl-D 10 mg***	DP
							[a] ***Fensaid-D 10***	AD
							[a] ***Mobilis D-10***	AF
				1.80	***14.50***	***13.55***	[a] ***Feldene-D***	PF
5202T	***Dispersible tablet 20 mg***	***25***	..	..	***12.26***	***13.11***	[a] ***Candyl-D 20 mg***	DP
							[a] ***Fensaid-D 20***	AD
							[a] ***Mobilis D-20***	AF
				1.90	***14.16***	***13.11***	[a] ***Feldene-D***	PF
5203W	***Capsule 10 mg***	***50***	..	..	***12.70***	***13.55***	[a] ***Candyl 10 mg***	DP
							[a] ***Fensaid 10***	AD
							[a] ***Mobilis 10***	AF
				1.80	***14.50***	***13.55***	[a] ***Feldene***	PF
5204X	***Capsule 20 mg***	***25***	..	..	***12.26***	***13.11***	[a] ***Candyl 20 mg***	DP
							[a] ***Fensaid 20***	AD
							[a] ***Mobilis 20***	AF
							[a] ***Pirox***	GP
				1.90	***14.16***	***13.11***	[a] ***Feldene***	PF
	TENOXICAM							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5226C	***Tablet 10 mg***	***50***	..	..	***13.26***	***14.11***	***Tilcotil***	RO
	• *Propionic acid derivatives*							
	IBUPROFEN							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5121M	***Tablet 200 mg***	***100***	..	..	****8.82***	***9.67***	***Rafen 200***	AF
5123P	***Tablet 400 mg***	***100***	..	..	****12.08***	***12.93***	***Brufen***	KN
	IBUPROFEN							
5124Q	Tablets 400 mg, 20	‡1	..	..	6.28	7.13	Brufen	KN

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	
	KETOPROFEN							
	❖ Restricted benefit ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
5133E	***Capsule 50 mg***	***50***	..	..	***9.53***	***10.38***	***Orudis***	***RR***
5135G	***Capsule 100 mg (sustained release)***	***50***	..	..	***13.80***	***14.65***	[a] ***Oruvail SR***	***MB***
				1.60	***15.40***	***14.65***	[a] ***Orudis SR***	***RR***
5136H	***Capsule 200 mg (sustained release)***	***28***	..	..	***14.93***	***15.78***	[a] ***Oruvail SR***	***MB***
				1.36	***16.29***	***15.78***	[a] ***Orudis SR 200***	***RR***
	KETOPROFEN							
5138K	Tablets 25 mg, 20	‡1	..	..	6.28	7.13	Orudis 25 mg	RR
5139L	Suppository 100 mg	40	..	..	*20.98	20.00	Orudis	RR
	NAPROXEN							
	❖ Restricted benefit ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; ***Bone pain due to malignant disease.***							
5176K	***Tablet 250 mg***	***100***	..	..	****14.26***	***15.11***	[a] ***Inza 250***	***AF***
				2.52	****16.78***	***15.11***	[a] ***Naprosyn***	***SD***
5177L	***Tablet 500 mg***	***50***	..	..	***13.15***	***14.00***	[a] ***Inza 500***	***AF***
				1.30	***14.45***	***14.00***	[a] ***Naprosyn***	***SD***
5178M	***Tablet 750 mg (sustained release)***	***28***	..	..	***12.19***	***13.04***	[a] ***Proxen SR 750***	***MD***
				1.30	***13.49***	***13.04***	[a] ***Naprosyn SR750***	***SD***
5179N	***Tablet 1 g (sustained release)***	***28***	..	..	***14.81***	***15.66***	[a] ***Proxen SR 1000***	***MD***
				1.30	***16.11***	***15.66***	[a] ***Naprosyn SR1000***	***SD***
5180P	***Oral suspension 125 mg per 5 mL, 500 mL***	***‡1***	..	..	***18.96***	***19.81***	***Naprosyn***	***SD***
	NAPROXEN							
5185X	Suppository 500 mg	40	..	..	*19.24	20.00	Naprosyn	SD
	NAPROXEN SODIUM							
	❖ Restricted benefit ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; ***Bone pain due to malignant disease.***							
5186Y	***Tablet 550 mg***	***50***	..	..	***13.15***	***14.00***	***Anaprox 550***	***SD***
	NOTE: ***Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.***							

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	
	• ***Other antiinflammatory and antirheumatic agents, non-steroids***							
	DIFLUNISAL							
	❖ **Restricted benefit** ❖							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; ***Bone pain due to malignant disease.***							
5080J	***Tablet 250 mg***	***100***	..	..	****14.88***	***15.73***	***Dolobid***	***MK***
5081K	***Tablet 500 mg***	***50***	..	..	***14.57***	***15.42***	***Dolobid***	***MK***

NERVOUS SYSTEM

ANALGESICS

Opioids

• ***Natural opium alkaloids***

	CODEINE PHOSPHATE							
5063L	Tablet 30 mg	20	..	..	9.07	9.92	[a] FA [a] FM	
	NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	CODEINE PHOSPHATE with ASPIRIN							
3315L	Tablet 30 mg-325 mg	20	..	..	6.87	7.72	Codral Forte	GW
	CODEINE PHOSPHATE with PARACETAMOL							
3316M	Tablet 30 mg-500 mg	20	..	..	6.86	7.71	[a] Codalgin Forte [a] Dymadon Forte [a] Panadeine Forte Caplets	FM GW SW
	MORPHINE HYDROCHLORIDE							
	CAUTION: ***The risk of drug dependence is high.***							
	❖ **Restricted benefit** ❖							
	Severe disabling pain not responding to non-narcotic analgesics.							
5237P	***Oral solution 2 mg per mL, 200 mL***	***1***	..	..	***14.37***	***15.22***	***Ordine 2***	***PU***
5238Q	***Oral solution 5 mg per mL, 200 mL***	***1***	..	..	***17.56***	***18.41***	***Ordine 5***	***PU***
5239R	***Oral solution 10 mg per mL, 200 mL***	***1***	..	..	***20.50***	***20.00***	***Ordine 10***	***PU***
	NOTE: ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.***							

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MORPHINE SULFATE							
	CAUTION:							
	The risk of drug dependence is high.							
	❖ **Restricted benefit** ❖							
	Severe disabling pain not responding to non-narcotic analgesics.							
5163R	***Tablet 30 mg***	*20*	..	..	*11.33*	*12.18*	***Anamorph***	***FM***
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	❖ **Restricted benefit** ❖							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
5162Q	***Tablet 5 mg (controlled release)***	*20*	..	..	*11.08*	*11.93*	***MS Contin***	***PS***
5164T	***Tablet 10 mg (controlled release)***	*20*	..	..	*14.39*	*15.24*	***MS Contin***	***PS***
5165W	***Tablet 30 mg (controlled release)***	*20*	..	..	*26.14*	*20.00*	***MS Contin***	***PS***
5166X	***Tablet 60 mg (controlled release)***	*20*	..	..	*40.58*	*20.00*	***MS Contin***	***PS***
5167Y	***Tablet 100 mg (controlled release)***	*20*	..	..	*60.00*	*20.00*	***MS Contin***	***PS***
5240T	***Capsule 20 mg (containing sustained release pellets)***	*20*	..	..	*19.46*	*20.00*	***Kapanol***	***GW***
5241W	***Capsule 50 mg (containing sustained release pellets)***	*20*	..	..	*34.83*	*20.00*	***Kapanol***	***GW***
5242X	***Capsule 100 mg (containing sustained release pellets)***	*20*	..	..	*60.00*	*20.00*	***Kapanol***	***GW***
5243Y	***Sachet containing controlled release granules for oral suspension, 30 mg per sachet***	*20*	..	..	*26.14*	*20.00*	***MS Contin Suspension 30 mg***	***PS***
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	MORPHINE SULFATE							
	CAUTION:							
	The risk of drug dependence is high.							
5168B	Injection 10 mg in 1 mL	5	..	..	10.29	11.14	BL SI	
5169C	Injection 15 mg in 1 mL	5	..	..	10.62	11.47	BL SI	

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	
	MORPHINE SULFATE—cont.							
5170D	Injection 30 mg in 1 mL	5	..	..	11.99	12.84	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*** **NOTE:** ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.***	*12*	..	..	*17.23*	*18.08*	***Proladone***	***KN***
	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*** **NOTE:** ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.***	*20*	..	..	*9.27*	*10.12*	***Endone***	***BT***
	• *Phenylpiperidine derivatives*							
	PETHIDINE HYDROCHLORIDE **CAUTION:** ***The risk of drug dependence is high.***							
	❖ **Restricted benefit** ❖ ***Short-term treatment of acute pain.***							
5199P	***Injection 50 mg in 1 mL***	*5*	..	..	*9.26*	*10.11*	***BL SI***	
5200Q	***Injection 100 mg in 2 mL***	*5*	..	..	*9.61*	*10.46*	***BL SI***	
	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	
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
	ASPIRIN							
5017C	Tablet 300 mg	100	..	..	6.01	6.86	Spren	SI
5018D	Tablet 300 mg (dispersible)	100	..	..	6.09	6.94	Solprin	RC
5020F	Tablet 650 mg (enteric coated)	100	..	..	9.18	10.03	Ecotrin	SK
	• ***Anilides***							
	PARACETAMOL							
5196L	Tablet 500 mg	100	..	..	7.48	8.33	Dymadon P	WR
							[a] Febridol	GR
							[a] Panamax	SW
							[a] Paralgin	FM
							Tylenol	JT
							RR	
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	7.52	8.37	Dymadon	WR
							Panamax	SW
3349G	Elixir 240 mg per 5 mL, 200 mL	‡1	..	..	9.73	10.58	Panamax 240 Elixir	SW
	ANTIEPILEPTICS							
	Antiepileptics							
	• ***Carboxamide derivatives***							
	CARBAMAZEPINE							
5039F	Tablet 100 mg	200	..	..	21.28	20.00	Tegretol 100	CG
5040G	Tablet 200 mg	200	..	..	36.64	20.00	[a] Teril	AF
				1.18	37.82	20.00	[a] Tegretol 200	CG
5038E	Tablet 200 mg (controlled release)	200	..	..	36.64	20.00	Tegretol CR 200	CG
5037D	Tablet 400 mg (controlled release)	200	..	..	65.72	20.00	Tegretol CR 400	CG
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡1	..	..	19.25	20.00	Tegretol	CG
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
5031T	Injection 2 mg in 2 mL	5	..	..	17.76	18.61	Cogentin	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	
	PSYCHOLEPTICS							
	Anxiolytics							
	• ***Benzodiazepine derivatives***							
	DIAZEPAM							
5071X	Tablet 2 mg	50	..	..	6.46	7.31	[a] Antenex 2	AF
				0.89	7.35	7.31	Ducene	SU
				1.15	7.61	7.31	[a] Valium	RO
5072Y	Tablet 5 mg	50	..	..	6.71	7.56	[a] Antenex 5	AF
				0.90	7.61	7.56	Ducene	SU
				1.15	7.86	7.56	[a] Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	8.00	8.85	BL	
	OXAZEPAM							
5192G	Tablet 15 mg	25	..	..	5.66	6.51	[a] Alepam 15	AF
							[a] Murelax	AY
				1.41	7.07	6.51	[a] Serepax	WY
5193H	Tablet 30 mg	25	..	..	5.88	6.73	[a] Alepam 30	AF
							[a] Murelax	AY
				1.41	7.29	6.73	[a] Serepax	WY
	Hypnotics and sedatives							
	• ***Benzodiazepine derivatives***							
	NITRAZEPAM							
5189D	Tablet 5 mg	25	..	..	6.34	7.19	[a] Alodorm	AF
				1.00	7.34	7.19	[a] Mogadon	RO
	TEMAZEPAM							
5221T	Tablet 10 mg	25	..	..	6.34	7.19	[a] Temtabs	WX
				1.00	7.34	7.19	[a] Normison	WY
5222W	Capsule 10 mg	25	..	..	6.34	7.19	[b] Euhypnos	SI
							[a] Nocturne	WX
							[b] Nomapam 10	AD
							[a] Temaze 10	AF
				1.00	7.34	7.19	[a] Normison	WY
	RESPIRATORY SYSTEM							
	ANTI-ASTHMATICS							
	Adrenergics for systemic use							
	• ***Alpha and beta-adrenoceptor agonists***							
	ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	8.19	9.04	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	
	SENSORY ORGANS							
	OPHTHALMOLOGICALS							
	Antiinfectives							
	• ***Antibiotics***							
	CHLORAMPHENICOL							
5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	7.22	8.07	Chloromycetin Chlorsig	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	..	..	18.40	19.25	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	19.55	20.00	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	27.75	20.00	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	..	..	8.30	9.15	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	10.06	10.91	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	10.32	11.17	AP	
	WATER FOR INJECTIONS, STERILISED							
3394P	Injection 2 mL	5	..	..	8.52	9.37	AP	
3395Q	Injection 5 mL	5	..	..	9.73	10.58	AP	
3396R	Injection 10 mL	5	..	..	10.83	11.68	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 1953* 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 concerning the availability of these drugs as benefits may be obtained by telephoning the relevant contact number(s) shown in each section.

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
HIGHLY SPECIALISED DRUGS AVAILABLE THROUGH HOSPITAL PHARMACIES FOR OUT-PATIENTS				

The Commonwealth Government provides funding to the States and Territories for certain highly specialised drugs. These drugs are medicines for chronic conditions which because of their clinical use or other special features are restricted to supply through hospitals having access to appropriate specialist facilities.

Highly specialised drugs must be prescribed by specialist hospital units and dispensed through pharmacies associated with hospitals which participate in the Highly Specialised Drugs Program.

To gain access to a drug funded under this program a patient must attend a participating hospital as a community based patient, be under appropriate specialist medical care, meet the specific medical criteria and be an Australian citizen resident in Australia (or other eligible person).

A patient will be required to pay a contribution for each month's supply of a highly specialised drug at a similar rate to that applying under the Pharmaceutical Benefits Scheme.

If you would like further information about the Highly Specialised Drugs Program please contact your hospital pharmacy or the State/Territory or Commonwealth Government adviser below:

NSW	(02) 9391 9164	WA	(08) 9388 4980
VIC	(03) 9616 8413	TAS	(03) 6233 3766
QLD	(07) 3234 1167	ACT	(02) 6244 2120
SA	(08) 8226 6039	NT	(08) 8922 7035
Highly Specialised Drugs Working Party Secretariat			(02) 6289 7238

APOMORPHINE HYDROCHLORIDE *Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.*				
Injection 10 mg in 1 mL	*5*	*28.00*	*Apomine*	*FA*
CLARITHROMYCIN *Treatment of Mycobacterium avium complex infections in HIV-positive patients.*				
Tablet 250 mg	*100*	*199.80*	*Klacid*	*AB*
Tablet 500 mg	*100*	*389.60*	*Klacid*	*AB*
CLOZAPINE *Treatment of schizophrenia in patients who are non-responsive to, or intolerant of, other neuroleptic agents.*				
Tablet 25 mg	*100*	*72.00*	*Clozaril*	*SZ*
Tablet 100 mg	*100*	*270.00*	*Clozaril*	*SZ*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
CYCLOSPORIN				
For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation).				
Solution concentrate for I.V. infusion 50 mg in 1 mL ampoule	*10*	*54.10*	*Sandimmun*	*SZ*
Solution concentrate for I.V. infusion 250 mg in 5 mL ampoule	*10*	*257.95*	*Sandimmun*	*SZ*
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 clinical immunologists and rheumatologists of severe active rheumatoid arthritis in patients for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.				
Capsule 25 mg (containing microemulsion pre-concentrate)	*50*	*80.02*	*Neoral 25*	*SZ*
Capsule 50 mg (containing microemulsion pre-concentrate)	*50*	*160.00*	*Neoral 50*	*SZ*
Capsule 100 mg (containing microemulsion pre-concentrate)	*50*	*320.00*	*Neoral 100*	*SZ*
Oral liquid 100 mg per mL (containing microemulsion pre-concentrate), 50 mL	*1*	*336.85*	*Neoral*	*SZ*
DESFERRIOXAMINE MESYLATE				
Disorders of erythropoiesis associated with treatment-related chronic iron overload.				
Powder for injection 500 mg vial	*10* *10*	*100.00* *100.00*	[a] *BL* [a] *Desferal*	*CG*
NOTE: *A brand price premium of $8.27 applies to Desferal brand.*				
DIDANOSINE				
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm^3.				
Tablet 25 mg (chewable/dispersible)	*60*	*39.58*	*Videx*	*BQ*
Tablet 100 mg (chewable/dispersible)	*60*	*158.31*	*Videx*	*BQ*
Powder for paediatric oral solution 2 g in 120 mL bottle	*1*	*52.77*	*Videx*	*BQ*
DISODIUM PAMIDRONATE				
Predominantly lytic bone disease due to advanced multiple myeloma.				
Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL	*1*	*387.03*	*Aredia*	*CG*
DORNASE ALFA				
Certain patients with cystic fibrosis.				
NOTE: *This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit may be obtained by telephoning the contact numbers listed at the beginning of this section.*				
Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL ampoule	*30*	*1125.00*	*Pulmozyme*	*RO*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
ERYTHROPOIETIN (RECOMBINANT HUMAN)				
For the treatment of anaemia requiring transfusion, associated with chronic renal failure, where treatment is initiated in a hospital with a renal dialysis unit.				
Injection 1,000 units in 0.5 mL vial	*6*	*147.00*	*Eprex 1000*	*JC*
Injection 2,000 units in 0.5 mL pre-filled syringe	*6*	*272.00*	*Eprex 2000*	*JC*
Injection 2,000 units in 1 mL vial	*6*	*272.00*	*Eprex*	*JC*
Injection 3,000 units in 0.3 mL pre-filled syringe	*6*	*351.00*	*Eprex 3000*	*JC*
Injection 4,000 units in 0.4 mL pre-filled syringe	*6*	*447.00*	*Eprex 4000*	*JC*
Injection 4,000 units in 1 mL vial	*6*	*447.00*	*Eprex*	*JC*
Injection 10,000 units in 1 mL pre-filled syringe	*6*	*1037.00*	*Eprex 10000*	*JC*
Injection 10,000 units in 1 mL vial	*6*	*1037.00*	*Eprex*	*JC*
FILGRASTIM				
For use in patients undergoing induction and consolidation therapy for acute myeloid leukaemia;				
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 may be obtained by telephoning the contact numbers listed 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*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
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*
INDINAVIR SULFATE *Treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3.*				
Capsule 200 mg (base)	*360*	*455.00*	*Crixivan 200mg*	*MK*
Capsule 400 mg (base)	*180*	*455.00*	*Crixivan 400mg*	*MK*
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 may be obtained by telephoning the contact numbers listed at the beginning of this section.*				
Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	*1*	*26.24*	*Roferon-A*	*RO*
Solution for injection 3,000,000 i.u. in 1 mL single use vial	*3*	*78.73*	*Roferon-A*	*RO*
Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	*1*	*39.37*	*Roferon-A*	*RO*
Solution for injection 4,500,000 i.u. in 1 mL single use vial	*3*	*118.10*	*Roferon-A*	*RO*
Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	*1*	*52.49*	*Roferon-A*	*RO*
Solution for injection 6,000,000 i.u. in 1 mL single use vial	*3*	*157.46*	*Roferon-A*	*RO*
Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	*1*	*78.73*	*Roferon-A*	*RO*
Solution for injection 9,000,000 i.u. in 1 mL single use vial	*3*	*236.20*	*Roferon-A*	*RO*
Solution for injection 18,000,000 i.u. in 1 mL single use vial	*3*	*472.39*	*Roferon-A*	*RO*
Injection set containing 5 vials powder for injection 18,000,000 i.u. and 5 ampoules solvent 1 mL	*1*	*787.32*	*Roferon-A*	*RO*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
INTERFERON ALFA-2b				
Adjunctive therapy of malignant melanoma following surgery in patients with nodal involvement; 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 may be obtained by telephoning the contact numbers listed at the beginning of this section.*				
Injection set containing 5 vials powder for injection 3,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*131.22*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 5,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*218.70*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*393.66*	*Intron A*	*SH*
Injection set containing 5 vials powder for injection 10,000,000 i.u. and 5 ampoules solvent 2 mL	*1*	*437.40*	*Intron A*	*SH*
Solution for injection 10,000,000 i.u. in 2 mL multi-dose vial	*5*	*437.40*	*Intron A*	*SH*
Solution for injection 18,000,000 i.u. in 3 mL multi-dose vial	*5*	*787.32*	*Intron A*	*SH*
Solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial	*5*	*1093.50*	*Intron A*	*SH*
Solution for injection 25,000,000 i.u. in 5 mL multi-dose vial	*5*	*1093.50*	*Intron A*	*SH*
INTERFERON GAMMA-1b				
Chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.				
Injection 3,000,000 i.u. in 0.5 mL vial	*6*	*1052.00*	*Imukin*	*BY*
LAMIVUDINE				
Combination therapy for the treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3.				
Tablet 150 mg	*60*	*282.00*	*3TC*	*GW*
Oral solution 10 mg per mL, 240 mL	*1*	*75.20*	*3TC*	*GW*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
LENOGRASTIM				
Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation; *Patients with certain malignancies being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission;* *Certain patients with:* *breast cancer;* *Hodgkin's disease.* **NOTE:** *This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit may be obtained by telephoning the contact numbers listed at the beginning of this section.*				
Powder for injection 13,400,000 i.u. (105 micrograms) vial	*5*	*256.25*	*Granocyte 13*	*AD*
Powder for injection 33,600,000 i.u. (263 micrograms) vial	*5*	*641.80*	*Granocyte 34*	*AD*
MYCOPHENOLATE MOFETIL *Prophylaxis of renal allograft rejection.*				
Capsule 250 mg	*300*	*548.00*	*CellCept*	*RO*
Tablet 500 mg	*150*	*548.00*	*CellCept*	*RO*
NEVIRAPINE *Combination therapy with nucleoside analogues for the treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3.*				
Tablet 200 mg	*60*	*271.58*	*Viramune*	*BY*
RIFABUTIN *Treatment of Mycobacterium avium complex infections in HIV-positive patients;* *Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per mm^3.*				
Capsule 150 mg	*30*	*147.00*	*Mycobutin*	*PS*
RITONAVIR *Treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3.*				
Capsule 100 mg	*84*	*106.17*	*Norvir*	*AB*
SAQUINAVIR MESYLATE *Combination therapy for the treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3.*				
Capsule 200 mg (base)	*270*	*455.00*	*Invirase*	*RO*
STAVUDINE *Treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3, who have received prior therapy with zidovudine.*				
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*

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
TACROLIMUS				
For the prevention and treatment of rejection in primary liver transplant recipients.				
Capsule 1 mg	*100*	*405.00*	*Prograf*	*JC*
Capsule 5 mg	*50*	*1010.00*	*Prograf*	*JC*
ZALCITABINE				
Combination therapy for the treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3;				
Treatment of HIV infection in individuals intolerant of zidovudine and who have CD4 cell counts of less than 300 per mm^3.				
Tablet 375 micrograms	*100*	*193.75*	*Hivid*	*RO*
Tablet 750 micrograms	*100*	*242.18*	*Hivid*	*RO*
ZIDOVUDINE				
Treatment of HIV infection in patients 12 years and older with CD4 cell counts of less than 500 per mm^3.				
Capsule 100 mg	*100*	*205.46*	*Retrovir*	*GW*
Capsule 250 mg	*40*	*205.46*	*Retrovir*	*GW*
Syrup 10 mg per mL, 200 mL bottle	*1*	*41.09*	*Retrovir*	*GW*

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 (02) 6203 6890.				
Treatment of blepharospasm associated with dystonia, including hemifacial spasm in patients 12 years and older.				
Lyophilised powder for I.M. injection 100 units vial	*1*	*450.00*	*Botox*	*AG*

ITEMS AVAILABLE ON APPROVAL OF THE DEPARTMENT OF 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 (02) 6289 7274				

continued ☛

Item and Section 100 restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
SOMATROPIN (Recombinant human growth hormone)—cont.				
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 12 i.u. vial with 2.25 mL diluent cartridge (with preservative)	*1*	*223.44*	*Norditropin PenSet 12*	*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**	**$0.70**
Other Items	**25 mL vial**	**$0.29**

(The 25 mL is the most commonly used size)

FEES:

Ready Prepared Composite Fee	**$4.34**
Dangerous Drug Fee	**$1.78**
Additional Fee for Agreed Price Ready Prepared Benefits	**$0.85**

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	UP
3474W	Lignocaine Hydrochloride	100 mg in 5 mL	1 @ 3.63	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	AF
			100 @ 5.09	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 @ 1120.35	BY
2576N	Aluminium Hydroxide with Magnesium Hydroxide	200 mg-200 mg	100 @ 3.47	WW
			100 @ 3.62	WR
2157M		200 mg-200 mg per 5 mL, 500 mL	1 @ 3.47	WW
			1 @ 3.62	WR
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	AD,AF,DP
			50 @ 3.06	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	FA
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 @ 3.64	GW,SH
2820K		200 mcg per g, 100 g	1 @ 3.64	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	FL,PP
2994N	Calcitonin	160 i.u. with 2 mL gelatin solvent	10 @ 168.20	RR
3000X		50 i.u. in 0.5 mL	5 @ 33.91	RR
2995P		50 i.u. in 1 mL	5 @ 33.91	SZ
3001Y		100 i.u. in 1 mL	5 @ 50.27	RR
2997R		100 i.u. in 1 mL	5 @ 50.27	SZ
2998T		400 i.u. in 2 mL	1 @ 25.84	RR
2999W		0.5 mg with 1 mL solvent	5 @ 70.25	CG
3116B	Calcium	500 mg	60 @ 3.99	MM
1153Q	Carbimazole	5 mg	100 @ 3.55	NS
1160C	Carboplatin	50 mg in 5 mL	1 @ 51.94	BL,PU
1161D		150 mg in 15 mL	1 @ 119.00	BL,PU
1162E		450 mg in 45 mL	1 @ 257.84	BL,PU
2338C	Carmellose Sodium	5 mg per mL, 0.4 mL, 30	1 @ 9.57	AG
2324H		10 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	GW
1164G		5 mg	25 @ 20.57	GW
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 @	11.00	AQ
1211R	Clomiphene Citrate	50 mg	5 @	19.44	ML
1805B	Clonazepam	500 mcg	100 @	9.35	AF
			100 @	11.35	RO
1806C		2 mg	100 @	17.60	AF
			100 @	19.60	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	PU
8034W		500 mg in 5 mL	1 @	38.59	BL
2885W		500 mg in 25 mL	1 @	38.59	PU
2129C	Desmopressin Acetate	100 mcg per mL, 2.5 mL	1 @	29.93	RR
2128B		10 mcg per actuation, 25 actuations, 2.5 mL	1 @	30.80	RR
8032R		10 mcg per actuation, 50 actuations, 5 mL	1 @	61.05	RR
8030P		10 mcg per actuation, 25 actuations, 2.5 mL	1 @	30.80	RR
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @	5.10	CG,HX
1302M		100 mg	20 @	9.24	CG
1319K	Diflunisal	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 @	5.83	CS
3020Y	Diphtheria Vaccine, Adsorbed, Diluted For Adult Use	0.5 mL	1 @	5.83	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,PS,PU
1340M		20 mg in 10 mL	1 @	95.97	BL,PS,PU
1342P		50 mg in 25 mL	1 @	233.45	BL,PS,PU
2702F	Doxycycline	100 mg	7 @	2.81	AD,AF,DP
			7 @	3.55	PF
2703G		100 mg	7 @	2.81	BL
			7 @	3.48	FA
2714W		100 mg	7 @	2.81	AD,AF,DP
			7 @	3.55	PF
3199J	Electrolyte Replacement Solution	1 L	1 @	3.09	BX
1375J	Epirubicin Hydrochloride	10 mg in 5 mL	1 @	56.00	PS
1376K		20 mg in 10 mL	1 @	104.37	PS
1377L		50 mg in 25 mL	1 @	258.09	PS
1398N	Erythromycin Lactobionate	300 mg (base)	1 @	7.46	AB
8001D	Essential Amino Acids Formula with Minerals and Vitamin C	200 g	1 @	45.86	SB
3166P	Ethynodiol Diacetate with Ethinyloestradiol	500 mcg-50 mcg	1 @	1.96	SR
2447T		Tablet-Pack	1 @	1.96	SR
3167Q		1 mg-50 mcg	1 @	2.04	SR
3168R		Tablet-Pack	1 @	2.31	SR
1390E	Etoposide	100 mg in 5 mL	1 @	40.60	BL,BQ
8120J	Etoposide Phosphate	113.6 mg (equiv. to 100 mg etoposide)	1 @	40.60	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
2245E	Glucose	278 mmol per L, 1 L	1 @	1.87	BX
2891E	Glucose Indicator—Blood	Electrode strips, 50	1 @	24.86	BO
2855G		Electrode strips, 50	1 @	24.86	BN
8176H		Electrode strips, 50	1 @	24.86	BN
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
8178K		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
8190C		Reagent strips, 50	1 @	22.66	BO
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 @	3.38	PP
2556M		1.4 g, 12	1 @	3.50	PP
2557N		2.8 g, 12	1 @	3.62	PP
1463B	Heparin Sodium	5,000 units in 5 mL	10 @	9.55	RR
1468G		25,000 units in 5 mL	1 @	3.71	RR
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 Hydrochloride		50 @	3.30	AD,AF,DP
			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	UP
1511M		250 mg with 2 mL solvent	1 @	5.58	UP
1501B		100 mg with 2 mL solvent	1 @	3.08	UP
3198H	Ibuprofen	200 mg	50 @	2.24	AF
3190X		400 mg	50 @	3.87	KN
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	NO,RR
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,NL,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	100 units per mL, 10 mL	1 @	23.51	NO,RR
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,NL,NO
1591R	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)		1 @	25.19	AZ
1426C			1 @	25.19	AZ,NO
1425B			1 @	25.19	AZ,NO
1592T			1 @	21.54	AZ
8006J			1 @	43.08	AZ,NO
1429F			1 @	21.54	AZ,NO
1763T			1 @	43.08	AZ,NL,NO
2062M			1 @	43.08	NO
1718K	Insulin Zinc Suspension (Lente)	100 units per mL, 10 mL	1 @	25.19	AZ,NO
1722P	Insulin Zinc Suspension (Crystalline) (Ultralente)	100 units per mL, 10 mL	1 @	25.19	AZ,NO
8067N	Interferon Alfa-2a	3,000,000 i.u. in 1 mL, 3	1 @	91.85	RO
8180M		3,000,000 i.u. in 0.5 mL	1 @	30.62	RO
8127R		3,000,000 i.u. in 1 mL, 3	1 @	91.85	RO
8181N		3,000,000 i.u. in 0.5 mL	1 @	30.62	RO
8182P		4,500,000 i.u. in 0.5 mL	1 @	47.34	RO
8183Q		6,000,000 i.u. in 0.5 mL	1 @	61.92	RO
8184R		9,000,000 i.u. in 0.5 mL	1 @	91.85	RO
2087W	Interferon Alfa-2b	3,000,000 i.u. set	1 @	153.09	SH
8037B		3,000,000 i.u. set	1 @	153.09	SH
8038C		5,000,000 i.u. set	1 @	255.15	SH
2085R		10,000,000 i.u. set	1 @	106.20	SH
1542E	Ipratropium Bromide	250 mcg (anhydrous) in 1 mL, 30	1 @	29.62	AF
			1 @	29.87	BY
1543F		500 mcg (anhydrous) in 2 mL, 30	1 @	35.06	AF
			1 @	35.31	BY
1541D		250 mcg (anhydrous) per mL, 20 mL	1 @	6.93	BY
1540C		20 mcg (anhydrous) per dose (200 doses)	1 @	15.84	BY
2587E	Isosorbide Dinitrate	10 mg	100 @	3.85	AF
			100 @	5.34	AY
2588F		5 mg	100 @	4.35	AY
1588N	Ketoprofen	100 mg	20 @	8.32	RR
2913H	Levonorgestrel	30 mcg	1 @	2.44	SC,WY
1455N	Levonorgestrel with Ethinyloestradiol	125 mcg-50 mcg	1 @	2.44	SC
1456P		Tablet-Pack	1 @	2.44	SC,WY
1393H		150 mcg-30 mcg	1 @	3.96	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
2875H	Lignocaine Hydrochloride	100 mg in 5 mL	1 @	3.63	AP
3059B	Lithium Carbonate	250 mg	100 @	3.55	RR
2547C	Melphalan	2 mg	25 @	22.70	GW
2548D		5 mg	25 @	37.40	GW
1598D	Mercaptopurine	50 mg	25 @	24.62	GW
1620G	Methenolone Acetate	5 mg	50 @	26.18	SC
2396D	Methotrexate	5 mg in 2 mL	1 @	8.34	LE
2395C		50 mg in 2 mL	1 @	8.73	LE
1638F	Metronidazole	500 mg in 100 mL	1 @	4.83	BX,PU
2357C	Milk Powder—Lactose Modified	900 g	1 @	15.66	SJ
2358D		900 g	1 @	15.66	SJ
2349P	Milk Powder—Low Lactose Formula	900 g	1 @	15.66	SJ
2350Q		900 g	1 @	15.66	SJ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
3092R	Milk Powder—Synthetic	400 g	1 @	16.94	NU
8103L	Nadroparin Calcium	1,900 i.u. anti-Xa in 0.2 mL	2 @	7.48	SW
8104M		2,850 i.u. anti-Xa in 0.3 mL	2 @	11.22	SW
8105N		3,800 i.u. anti-Xa in 0.4 mL	2 @	14.30	SW
8106P		5,700 i.u. anti-Xa in 0.6 mL	2 @	22.00	SW
1674D	Naproxen	250 mg	50 @	4.96	AF
			50 @	6.22	SD
1662L		500 mg	20 @	7.45	SD
1681L	Niclosamide	500 mg	4 @	4.07	BN
1687T	Nicotinic Acid	250 mg	100 @	7.15	RR
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 @	3.96	SR
2774B		Tablet-Pack	1 @	2.44	MO
			1 @	3.96	SR
2773Y		1 mg-35 mcg	1 @	3.96	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 units lipase activity	100 @	33.97	SM
8021E		not less than 25,000 BP units lipase activity	100 @	67.94	SM
2495H	Pancrelipase	not less than 10,000 BP units lipase activity	250 @	86.48	OR
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,DP,SI
1789E		250 mg	25 @	3.42	AB,CS,DP,SI
2965C		500 mg	25 @	5.09	CS,DP,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 @	4.03	AB,SI
			1 @	4.53	CS
1865E	Phenylalanine Low Content Formula	454 g	1 @	27.50	MJ
2642C	Potassium Chloride	600 mg	100 @	3.08	AF,CG,RR
3012M		14 mmol K^+ and 8 mmol Cl^-	30 @	3.08	RR
1920C	Prednisolone Sodium Phosphate	equiv. to 20 mg prednisolone in 100 mL	7 @	17.02	SI
2554K		equiv. to 5 mg prednisolone, 10	1 @	5.92	SI
2653P	Procainamide Hydrochloride	250 mg	100 @	14.14	BQ
1943G	Procyclidine Hydrochloride	5 mg	100 @	4.84	GW
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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
8161M	Ranitidine Hydrochloride	150 mg (base) per 10 mL, 300 mL	1 @	14.38	GW
8162N		150 mg (base) per 10 mL, 300 mL	1 @	14.38	GW
1980F	Red-Back Spider Antivenom	500 units	1 @	95.70	CS
3087L	Salbutamol	100 mcg per dose (200 doses)	1 @	2.57	AF
			1 @	3.18	GW
1099W	Salbutamol Sulfate	200 mcg (base)	100 @	7.95	GW
2000G		2.5 mg (base) in 2.5 mL, 30	1 @	12.27	AF,PU
			1 @	12.58	GW
2001H		5 mg (base) in 2.5 mL, 30	1 @	12.97	AF,PU
			1 @	13.28	GW
2003K		5 mg (base) per mL, 30 mL	1 @	4.32	MM,PU
			1 @	4.87	GW
1096Q		100 mcg (base) per dose (200 doses)	1 @	3.25	MM
8036Y		200 mcg (base) per dose, 8 doses per disk, 15	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	PU
			60 @	26.90	RR
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
8175G		3.150 g-450 mg-45 mg in 5 mL, 12	1 @	13.09	FL
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	KR
			100 @	21.07	PS
2047R	Sulindac	100 mg	50 @	5.06	AD,AF,DP
			50 @	5.57	FR
2109B	Tamoxifen Citrate	10 mg (base)	30 @	24.75	IC,PU
2110C		20 mg (base)	30 @	42.90	IC,PU,SI
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 @	16.97	LE
1356J	Tobramycin Sulfate	80 mg (base)	1 @	6.12	LY
			5 @	30.56	BL

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
2178P	Tolbutamide	500 mg	100 @	5.56	HP
2117K	Triamcinolone Acetonide	200 mcg per g, 100 g	1 @	3.64	BQ,LE
2118L		200 mcg per g, 100 g	1 @	3.64	LE
2686J	Triglycerides, Medium Chain	454 g	1 @	11.84	MJ
2676W		400 g	1 @	11.87	NT
2679B		454 g	1 @	16.50	MJ
3128P		500 mL	1 @	16.50	NU
3136C	Triglycerides, Medium Chain and Long Chain with Glucose Polymer	400 g	1 @	29.35	SB
8133C	Valaciclovir	500 mg	10 @	63.25	GW
3113W	Vancomycin	125 mg	20 @	125.67	LY
3114X		250 mg	20 @	245.00	LY
3130R		500 mg	1 @	23.82	BL,LY,SI
3131T		500 mg	1 @	23.82	BL,LY,SI
2198Q	Vinblastine Sulfate	10 mg	1 @	18.85	LY
2199R		10 mg and 10 mL solvent	1 @	20.55	BL
2374Y	Vincristine Sulfate	1 mg in 1 mL	5 @	82.50	BL,PU
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,HX
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	Glucose	278 mmol per L, 1 L	1 @	1.87	BX
5118J	Hydrocortisone Sodium Succinate	100 mg with 2 mL solvent	1 @	3.08	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	KN
5126T	Indomethacin	25 mg	50 @	1.65	AD,AF,DP
			50 @	2.93	MK
5128X		100 mg	20 @	7.45	MK
5139L	Ketoprofen	100 mg	20 @	8.32	RR
5142P	Lignocaine Hydrochloride	100 mg in 5 mL	1 @	3.63	AP
5154G	Metronidazole	500 mg in 100 mL	1 @	4.83	BX,PU
5176K	Naproxen	250 mg	50 @	4.96	AF
			50 @	6.22	SD
5185X		500 mg	20 @	7.45	SD
3359T	Phenoxymethylpenicillin	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,DP,SI
3364C		500 mg	25 @	5.09	CS,DP,SI
3365D		125 mg per 5 mL, 100 mL	1 @	2.97	AB,SI
			1 @	3.37	CS
3366E		250 mg per 5 mL, 100 mL	1 @	4.03	AB,SI
			1 @	4.53	CS
3374N	Promethazine Hydrochloride	50 mg in 2 mL	5 @	4.79	BL
5212H	Sodium Chloride	154 mmol per L, 1 L	1 @	1.87	BX
5213J		513 mmol per L, 1 L	1 @	3.09	BX
5214K	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @	1.87	BX
5215L		19 mmol-104 mmol per 500 mL, 500 mL	1 @	2.55	BX
5216M		39 mmol-69 mmol per 500 mL, 500 mL	1 @	2.55	BX
5217N	Sulindac	100 mg	50 @	5.06	AD,AF,DP
			50 @	5.57	FR
5223X	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.13	CS
3323X	Vancomycin	500 mg	1 @	23.82	BL,LY,SI

Section 4

Drug Tariff

Container Prices

Standard Formulae Preparations

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

Drug Tariff

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

Drugs marked (a) and (b)—

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

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

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

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

Special Note:

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

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
Acacia Powdered	BP	0.16	1.24	11.04	
Acetone (use as additive only)	BP	0.02	0.18	1.62	
ACIDS					
Acetic (6 per cent)	BP	0.01	0.06	0.50	
Acetic (33 per cent)	BP	0.03	0.20	1.76	
Ascorbic (use as ingredient of Mixtures of Ferrous Sulfate APF)	BP	0.12	0.97	..	0.02: 100 mg
Benzoic	BP	0.09	0.74	..	0.01: 100 mg
Boric (use as additive only)	BP	0.05	0.37	3.26	
Citric Monohydrate	BP	0.03	0.21	1.90	
Hydrochloric Dilute	BP	0.04	0.35	3.07	
Lactic	BP	0.17	1.37	..	
Oleic	BP	0.10	0.81	7.17	
Salicylic	BP	0.06	0.48	4.31	
Trichloroacetic	BP 1980	0.80	6.37	..	
Alum	BP	0.03	0.21	1.89	
Aminophylline	BP	0.89	7.08	..	
Ammoniated Mercury	BP 1973	0.44	3.48	..	
Aspirin	BP	0.06	0.50	4.43	
Benzocaine	BP	0.51	4.10	..	
Calcium Hydroxide	BP	0.11	0.88	7.78	
Cetostearyl Alcohol	BP	0.11	0.88	7.84	
Chlorbutol	BP	0.29	2.32	..	
Chlorhexidine Acetate (use as additive only)	BP	1.59	12.75	..	0.20: 100 mg
Chlorinated Lime	BP	0.05	0.41	3.60	
Chloroform (use as additive only)	BP	0.03	0.26	2.35	
Cocaine Hydrochloride	BP	20.79	..	..	2.60: 100 mg
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	3.26	26.10	..	0.41: 100 mg
Collodion Flexible	BP	0.12	0.94	8.39	
CREAMS					
Aqueous (for use only as a base combined with active ingredients)	APF	0.01	0.10	0.86	
Cetomacrogol Aqueous (for use only as a base combined with active ingredients)	APF	0.02	0.14	1.23	
Cetrimide Aqueous (for use only as a base combined with active ingredients)	APF	0.04	0.29	2.59	
Chlorhexidine Aqueous (for use only as a base combined with active ingredients)	APF	0.06	0.50	4.48	
Zinc	BP	0.04	0.28	2.45	
Zinc Oily	APF	0.05	0.39	3.49	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
Dithranol	BP	11.11	88.85	..	1.39: 100 mg
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	1.07	8.57	..	0.13: 100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.08	0.75	
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.11	0.93	
Ether Solvent (use as additive only)	BP	0.06	0.44	3.90	
EXTRACT					
Liquorice Liquid	BP	0.11	0.89	7.88	
Ferrous Sulfate	BP	0.11	0.89	7.88	
Glycerol	BP	0.03	0.22	1.92	
Honey Purified (use as additive only)	BP	0.01	0.07	0.58	
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.06	0.54	4.76	
Iodine	BP	0.51	4.07	..	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.02	0.18	1.62	
Magnesium Carbonate Light	BP	0.05	0.38	3.35	
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.06	0.56	
Magnesium Trisilicate	BP	0.05	0.37	3.49	
Menthol, Racemic or Levomenthol	BP	0.61	4.91	..	
Methyl Hydroxybenzoate	BP	0.43	3.44	..	
MUCILAGES					
Acacia (by weight)	APF 13	0.06	0.51	4.56	
Tragacanth	APF 13	0.02	0.15	1.32	
Tragacanth	BPC 1973	0.02	0.15	1.32	
OILS					
Cade	BPC 1973	0.36	2.87	..	
Castor (use as additive only)	BP	0.03	0.24	2.10	
Coconut	BP	0.04	0.33	2.95	
Eucalyptus (use as additive only)	BP	0.06	0.45	4.04	
Lavender Spike	BPC 1968	0.31	2.48	..	
Olive (use as additive only)	BP	0.02	0.19	1.72	
Peppermint (use as additive only)	BP	0.33	2.60	..	
Pumilio Pine	BP 1980	0.62	4.95	..	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
OINTMENTS					
Ammoniated Mercury	BP 1973	0.07	0.52	4.66	
Benzoic Acid Compound	APF	0.04	0.33	2.95	
Emulsifying (for use only as a base combined with active ingredients)	BP	0.03	0.27	2.39	
Paraffin (white) (for use only as a base combined with active ingredients)	BP	0.02	0.16	1.44	
Paraffin (yellow) (for use only as a base combined with active ingredients)	BP 1968	0.02	0.16	1.44	
Salicylic Acid	APF	0.04	0.29	2.59	
Salicylic Acid	BP	0.05	0.37	3.25	
Simple (white) (for use only as a base combined with active ingredients)	BP	0.06	0.46	4.13	
Simple (yellow) (for use only as a base combined with active ingredients)	BP	0.06	0.46	4.13	
Sulfur	BP 1980	0.06	0.44	3.93	
Wool Alcohols (white) (for use only as a base combined with active ingredients)	BP	0.08	0.61	5.46	
Wool Alcohols (yellow) (for use only as a base combined with active ingredients)	BP	0.08	0.61	5.46	
Zinc	BP	0.07	0.53	4.68	
Paraffin Hard	BP	0.03	0.22	1.96	
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.02	0.15	1.31	
Paraffin Light Liquid	BP	0.02	0.18	1.56	
Paraffin Soft White	BP	0.01	0.11	0.94	
Paraffin Soft Yellow	BP	0.02	0.17	1.53	
PASTES					
Zinc Compound	BP	0.09	0.73	6.50	
Zinc and Salicylic Acid	BP	0.06	0.45	4.00	
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.32	10.56	..	0.17: 100 mg
Phenol (not available for ear drops)	BP	0.18	1.43	12.73	
Phenol Liquefied (not available for ear drops)	BP	0.22	1.76	15.60	
Podophyllum Resin	BP	1.04	8.29	..	
PotassiumCitrate	BP	0.04	0.31	2.79	
Potassium Iodide	BP	0.18	1.42	12.66	
Potassium Permanganate	BP	0.09	0.71	6.27	
POWDER					
Tragacanth Compound	BP 1980	0.20	1.59	14.13	
Propyl Hydroxybenzoate	BP	0.33	2.65	..	
Propylene Glycol	BP	0.06	0.46	4.05	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
Resorcinol	BP	0.26	2.05	..	
Silver Nitrate	BP	2.81	22.46	..	
Sodium Bicarbonate	BP	0.01	0.10	0.87	
Sodium Chloride	BP	0.02	0.19	1.71	
Sodium Citrate	BP	0.03	0.27	2.38	
Sodium Thiosulfate (use as additive only)	BP	0.03	0.24	2.14	
SOLUTIONS					
Aluminium Acetate	BP	0.05	0.37	3.25	
Benzoic Acid	BP	0.05	0.39	..	
Calcium Hydroxide	BP	0.01	0.03	0.30	
Coal Tar	BP	0.05	0.41	3.68	
Formaldehyde	BP	0.03	0.21	1.84	
Hydroxybenzoate Compound	APF	0.21	1.69	..	
Iodine Alcoholic	BP	0.07	0.53	4.69	
Iodine Aqueous Oral	BP	0.07	0.53	4.74	
Methyl Hydroxybenzoate	APF	0.09	0.71	..	
Sodium Chloride	BP	0.01	0.02	0.21	
SPIRITS					
Ammonia Aromatic	BP	0.06	0.45	3.98	
Chloroform	BP	0.03	0.21	1.91	
Methylated Industrial (use as additive only)	BP	0.02	0.12	1.04	
Starch	BP	0.03	0.22	2.02	
Sulfur Precipitated	BP 1980	0.03	0.22	1.92	
SYRUPS					
Orange	BP	0.03	0.27	2.36	
Pholcodine Citrate (use as additive only)	BPC 1959	0.05	0.38	3.37	
Red	APF	0.06	0.45	4.00	
Syrup	BP	0.01	0.10	0.90	
Talc Purified BP, sterilised		0.04	0.35	3.11	
Tar Coal	BP	0.15	1.17	10.36	
Thymol	BP	0.49	3.92	..	
Thymol Mouth Wash Compound	APF	0.03	0.20	1.74	
TINCTURES					
Belladonna	BP	0.09	0.70	6.20	
Benzoin Compound	BP	0.06	0.46	4.11	
Ipecacuanha	BP	0.15	1.17	10.38	
Opium	BP	0.29	2.30	20.42	
Orange	BP	0.05	0.43	3.79	
Tragacanth Powdered	BP	0.85	6.83	60.71	
Triethanolamine	BP	0.09	0.74	6.58	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		$	$	$	$
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	..	..	5.18	
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.08	0.60	5.33	
Purified	BP	0.01	0.02	0.19	
Wool Fat	BP	0.05	0.43	3.81	
Wool Fat Hydrous	BP	0.04	0.32	2.86	
Zinc Oxide	BP	0.04	0.29	2.55	
Zinc Sulfate	BP	0.05	0.40	3.58	

Container Prices

	$
DISPENSING BOTTLES—	
25 mL	0.52
50 mL	0.40
100 mL	0.58
200 mL	0.73
500 mL	1.79
POISON BOTTLES—	
25 mL	0.50
50 mL	0.47
100 mL	0.52
200 mL	0.78
500 mL	1.32
SCREW CAP JARS—	
25 g	0.59
50 g	0.69
100 g	0.72
200 g	0.64
500 g	1.68
DROPPER CONTAINERS—	
15 mL polythene	0.61
15 mL glass	1.06

Composite Fee for Extemporaneously Prepared Benefits	**$6.20**
Additional Fee for Agreed Price Extemporaneously Prepared Benefits	**$1.23**

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)			
7502W	Salicylic Acid and Sulfur Aqueous	APF	7.93	9.16
7897P	Zinc (extemporaneous formula)	BP	9.37	10.60
	DUSTING POWDER (Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF & BPC 1973	9.90	11.13
	EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	7.20	8.43
7643G	Aluminium Acetate	BP	7.37	8.60
7314Y	Sodium Bicarbonate	APF & BP	6.98	8.21
7313X	Spirit	APF	6.91	8.14
	EYE DROPS CONTAINING COCAINE HYRDOCHLORIDE (Maximum Quantity 15 mL and no Repeats)			
7589K	Cocaine Strong	APF	32.88	20.00
	EYE DROPS, OTHER (Maximum Quantity 15 mL and 5 Repeats)			
7416H	Zinc Sulfate	APF	12.09	13.32
	EYE LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7363M	Sodium Bicarbonate	APF	17.41	18.64
7364N	Sodium Chloride	BP	17.38	18.61
	INHALATIONS (Maximum Quantity 50 mL and 1 Repeat)			
7484X	Benzoin and Menthol	APF	9.58	10.81
7308P	Menthol	APF	7.68	8.91
7310R	Menthol and Eucalyptus	BP 1980	7.85	9.08
7309Q	Menthol and Pine	APF	9.21	10.44
	LINCTUSES CONTAINING CODEINE PHOSPHATE (Maximum Quantity 100 mL and no Repeats)			
7530H	Codeine	APF	10.07	11.30
	LINCTUSES, OTHER (Maximum Quantity 100 mL and 2 Repeats)			
7536P	Menthol	APF 1964	8.76	9.99
	LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	7.71	8.94

Code	Item	Reference	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $
	MIXTURES, OTHER (Maximum Quantity 200 mL and 4 Repeats)			
7604F	Gentian Alkaline	APF	8.87	10.10
7599Y	Gentian Alkaline (extemporaneous formula)	BP	8.48	9.71
7348R	Kaolin	BPC 1968	9.07	10.30
7301G	Kaolin and Opium	APF 14	10.65	11.88
7342K	Magnesium Trisilicate	BPC 1968	8.57	9.80
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	9.23	10.46
	MOUTH WASH (Maximum Quantity 200 mL and 1 Repeat)			
7457L	Thymol Compound	APF	10.46	11.69
	NASAL INSTILLATION (Maximum Quantity 15 mL and 2 Repeats)			
7574P	Ephedrine	APF	7.15	8.38
	OINTMENTS (Maximum Quantity 100 g and 1 Repeat)			
7914M	Benzoic Acid Compound	APF	9.87	11.10
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	9.87	11.10
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	10.60	11.83
7926E	Salicylic Acid	APF	9.51	10.74
7928G	Salicylic Acid (extemporaneous formula)	BP	10.17	11.40
	PAINTS (Maximum Quantity 25 mL and 1 Repeat)			
7566F	Podophyllin	APF 12	9.15	10.38
7567G	Podophyllin Compound	APF & BP	11.75	12.98
7568H	Salicylic Acid	APF	9.20	10.43
	PASTES, OTHER (Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc Compound	APF	13.42	14.65
7558T	Zinc Compound (extemporaneous formula)	BP	13.42	14.65
	POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	10.33	11.56
	SOLUTION (Maximum Quantity 200 mL and 2 Repeats)			
7539T	Calcium Hypochlorite (Eusol)	APF	7.60	8.83

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 containing Cocaine Hydrochloride	15 mL	..
22E	Eye Drops, Other	15 mL	5
23F	Eye Lotions	200 mL	2
29M	Inhalations	50 mL	1
64J	Linctuses containing Codeine Phosphate	100 mL	..
34T	Linctuses, Other	100 mL	2
39C	Lotions	200 mL	2
65K	Mixtures containing Codeine Phosphate	200 mL	..
40D	Mixtures, Other	200 mL	4
66L	Mixtures for Children containing Codeine Phosphate	100 mL	..
41E	Mixtures for Children, Other	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 containing Cocaine Hydrochloride	25 g	..
45J	Pastes, Other	100 g	1
49N	Powders for Internal Use	100 g	2
52R	Solutions	200 mL	2

Commonwealth Department of Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

1 NOVEMBER 1997

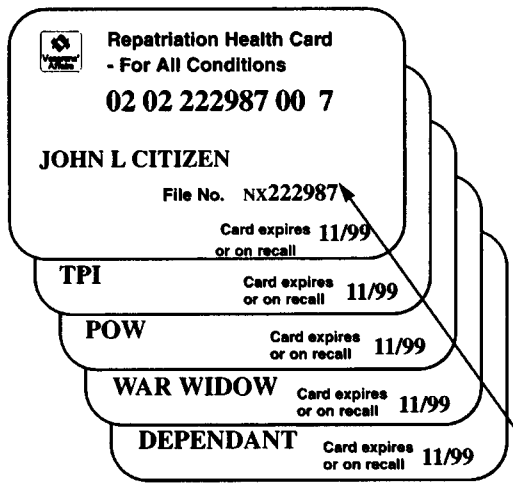
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- 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'

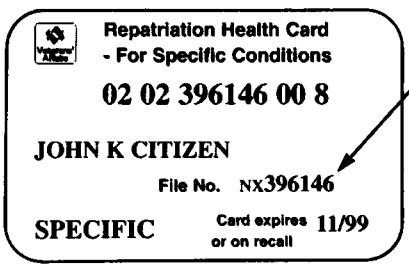
REPATRIATION PHARMACEUTICAL BENEFITS



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.

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.

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 should not supply an item prescribed on an RPBS authority prescription unless the form has been approved nd 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 price to pharmacists for the item listed in *The Guild Prescription Proprietaries Management Guide* or *The Guild OTC Management Guide* issued by The Pharmacy Guild of Australia. These guides are referred to as the 'Approved Lists'. If an item is contained in both lists, the former will take precedence.

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

(a) ready prepared; and

(b) extemporaneously prepared.

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, including dressings, 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 Non-Schedule Ready Prepared Items

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

Pricing of Non-Schedule Extemporaneously Prepared Items

19. 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

20. 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'.

21. 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.

22. 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.

23. 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.

24. For non-Schedule dressings, and other items prescribed generically, the pharmacist should indicate on the prescription the quantity and brand supplied. If prescriptions are not endorsed, the Department will pay the lowest priced acceptable product available.

GENERAL

Payment of After Hours Fee

25. 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

26. 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

27. 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.

28. 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

29. Where a charge is paid by a patient in any of the circumstances of paragraphs 5, 6, 25 or 26, 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

30. 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 1997 and all previous editions are cancelled.

SUMMARY OF CHANGES

ADDITIONS

Additions—Items

4115N **Azithromycin,** tablet 500 mg *(Zithromax)*
4245K **Glyceryl Trinitrate,** transdermal patch releasing approximately 7.5 mg per 24 hours *(Nitro-Dur 7.5)*

DELETIONS

Deletion - Item

4517R **Betamethasone Valerate,** gel 500 micrograms per g (0.05%), 30 g *(Betnovate 1/2)*

ALTERATIONS

Unrestricted to Restricted

4246L **Glycerol,** suppositories 2.8 g (for adults), 12 *(PP)*
4321K **Magnesium Aspartate,** tablet 500 mg *(Magmin)*

Restriction Changes

4224H **Dalteparin Sodium (Low Molecular Weight Heparin Sodium—porcine mucous),** injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe *(Fragmin)*
4225J **Dalteparin Sodium (Low Molecular Weight Heparin Sodium—porcine mucous),** injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe *(Fragmin)*
4220D **Enoxaparin Sodium,** injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe *(Clexane)*
4221E **Enoxaparin Sodium,** injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe *(Clexane)*
4576W **Nicotine,** transdermal patches releasing approximately 5 mg per 16 hours, 7 *(Nicorette Patch)*
4571N **Nicotine,** transdermal patches releasing approximately 7 mg per 24 hours, 7 *(Nicabate 7; Nicotinell 10)*
4577X **Nicotine,** transdermal patches releasing approximately 10 mg per 16 hours, 7 *(Nicorette Patch)*
4572P **Nicotine,** transdermal patches releasing approximately 14 mg per 24 hours, 7 *(Nicabate 14; Nicotinell 20)*

4578Y **Nicotine,** transdermal patches releasing approximately 15 mg per 16 hours, 7 *(Nicorette Patch)*

4573Q **Nicotine,** transdermal patches releasing approximately 21 mg per 24 hours, 7 *(Nicabate 21; Nicotinell 30)*

4489G **Urokinase,** injection set containing 1 vial powder for injection 100,000 i.u. and 1 vial solvent 2 mL *(Ukidan)*

4486D **Urokinase,** injection set containing 1 vial powder for injection 500,000 i.u. and 1 vial solvent 2 mL *(Ukidan)*

Notes

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

Allantoin, Glycerol and Ichthammol
Aspirin
Calcium Carbonate with Glycine
Dalteparin Sodium (Low Molecular Weight Heparin Sodium—porcine mucous)
Dicyclomine Hydrochloride
Enoxaparin Sodium
Hydroxyzine Embonate
Mometasone Furoate
Morphine Sulfate
Pine Tar and Triethanolamine Lauryl Sulfate
Promethazine Hydrochloride
Sodium Polystyrene Sulfonate

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 *(Antistine-Privine)*	2	1
4032F	**Antazoline with Naphazoline,** eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL *(Alabalon-A)*	2	1
4246L	**Glycerol,** suppositories 2.8 g (for adults), 12 *(PP)*	5	..
4036K	**Hydrocortisone with Cinchocaine Hydrochloride,** ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g *(Proctosedyl)*	1	..
4037L	**Hydrocortisone with Cinchocaine Hydrochloride,** ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5 *(Proctosedyl)*	1	..
4038M	**Hydrocortisone with Cinchocaine Hydrochloride,** suppositories 5 mg-5 mg, 12 *(Proctosedyl)*	1	..
4310W	**Levocabastine Hydrochloride,** eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses) *(Livostin)*	2	1
4035J	**Naphazoline Hydrochloride,** eye drops 1 mg per mL (0.1%), 15 mL *AlbalonLiquifilm; Naphcon Forte)*	2	1
4355F	**Naphazoline Hydrochloride with Pheniramine Maleate,** eye drops 250 micrograms-3 mg per mL (0.025%-0.3%), 15 mL *(Naphcon-A)*	2	1
4452H	**Selenium Sulfide,** shampoo 25 mg per mL (2.5%), 125 mL *(Selsun)*	1	..
4462W	**Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate,** enemas 3.125 g-450 mg-45 mg in 5 mL, 4 *(Microlax)*	1	..

Alteration—Proprietary Name

4476N **Sunscreens,** lotion (alcoholic) 100 mL *From:* *Hamilton Sunscreen Clear Lotion 15+ HA*
To: *Hamilton Sunscreen Spray 15+ HA*

Alterations—Manufacturer's Code

		From	*To*
4117Q	**Aluminium Hydroxide with Magnesium Hydroxide and Simethicone,** tablet 400 mg-400 mg-30 mg *(Mylanta II)*	PD	WR
4118R	**Aluminium Hydroxide with Magnesium Hydroxide and Simethicone,** oral suspension 400 mg-400 mg-30 mg per 5 mL, 375 mL *(Mylanta II)*	PD	WR
4420P	**Pseudoephedrine Hydrochloride,** tablet 60 mg *(Sudafed)*	GW	WR

ADVANCE NOTICES

Advance Notice—Deletion of Item

The following item will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 February 1998:

Item discontinued by the manufacturer—

4195T **Diphenhydramine Hydrochloride,** capsule 50 mg *(Benadryl)*

Advance Notice—Deletion of Brand

The following brand will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 February 1998:

Brand discontinued by the manufacturer—

4408B *Dermatar, HA*—**Pine Tar and Triethanolamine Lauryl Sulfate,** solution 23 mg-60 mg per mL (2.3%-6%), 500 mL

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for

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SECTION 1

Drugs, Medicines and Dressings

Code	Name, Restriction, Manner of administration and 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***							
	CHLORHEXIDINE GLUCONATE							
4160Y	Mouth wash 2 mg per mL (0.2%), 200 mL	‡1	..	..	9.73	3.20	Chlorohex	OM
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	9.58	3.20	Plaqacide	OB
				..	9.62	3.20	Savacol Mouth and Throat Rinse	OM
	• ***Other agents for local oral treatment***							
	CARBENOXOLONE SODIUM							
4156R	Gel 20 mg per g (2%), 5 g	‡1	1	..	12.36	3.20	Bioral	SN
	CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL							
4162C	Jelly 87 mg-100 micrograms-570 micrograms-46 mg- 386 mg per g (8.7%-0.01%-0.057%-4.6%-38.6%), 15 g	‡1	..	..	9.65	3.20	Seda-Gel	KY
	SALIVA SUBSTITUTE							
4568K	Solution 25 mL	‡1	1	..	9.08	3.20	Aquae	HA
4569L	Solution 100 mL	‡1	..	..	11.38	3.20	Aquae	HA
	ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE							
	Antacids							
	• ***Calcium compounds***							
	CALCIUM CARBONATE with GLYCINE **NOTE:** For patients with chronic renal failure.							
4055K	Tablet 420 mg-180 mg	200	5	..	*14.64	3.20	Titralac	MM
	• ***Combinations and complexes of aluminium, calcium and magnesium compounds***							
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE							
4117Q	Tablet 400 mg-400 mg-30 mg	200	5	..	*21.70	3.20	Mylanta II	WR
4118R	Oral suspension 400 mg-400 mg-30 mg per 5 mL, 375 mL	2	5	..	*17.02	3.20	Mylanta II	WR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES							
	Synthetic antispasmodic and anticholinergic agents							
	• ***Synthetic anticholinergics, esters with tertiary amino group***							
	DICYCLOMINE HYDROCHLORIDE **CAUTION:** Anticholinergic side effects.							
4185G	Tablet 10 mg	100	..	..	19.63	3.20	Merbentyl	ML
	MEBEVERINE HYDROCHLORIDE							
4328T	Tablet 135 mg	90	..	..	24.70	3.20	Colese	AF
				..	27.68	3.20	Colofac	SM
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids semisynthetic, quaternary ammonium compounds***							
	HYOSCINE BUTYLBROMIDE							
4279F	Injection 20 mg in 1 mL	5	..	..	15.53	3.20	Buscopan	BY
	LAXATIVES							
	Laxatives							
	• ***Softeners, emollients***							
	DOCUSATE SODIUM							
4200C	Tablet 50 mg	100	2	..	8.88	3.20	Coloxyl 50	FM
4201D	Tablet 120 mg	100	2	..	10.04	3.20	Coloxyl 120	FM
	• ***Contact laxatives***							
	DOCUSATE SODIUM with SENNA							
4198Y	Tablet 50 mg-8 mg	90	2	..	9.33	3.20	Coloxyl with Senna	FM
	SENNA STANDARDISED							
4455L	Tablet 7.5 mg	100	1	..	9.31	3.20	Senokot	RC
	• ***Bulk producers***							
	ISPAGHULA HUSK							
4285M	Sachets 3.5 g, 30	‡1	1	..	12.30	3.20	Fybogel	RC
	PSYLLIUM HYDROPHILIC MUCILLOID							
4425X	Oral powder (sugar-free) 275 g	‡1	1	..	12.40	3.20	Mucilax Sugar Free	DP
4424W	Oral powder 300 g	‡1	1	..	9.91	3.20	Mucilax Regular	DP
4419N	Oral powder (orange-flavoured, sugar-free) 278 g	‡1	1	..	16.58	3.20	Metamucil Smooth Texture Orange	PY
4422R	Oral powder (non-flavoured) 336 g	‡1	1	..	16.58	3.20	Metamucil Regular	PY

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	STERCULIA with FRANGULA BARK							
4557W	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.82	3.20	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	20.22	3.20	Normacol Plus	NE
	• ***Enemas***							
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE							
4462W	Enemas 3.125 g-450 mg-45 mg in 5 mL, 4	‡1	..	..	9.66	3.20	Microlax	PS
	• ***Other laxatives***							
	GLYCEROL							
	❖ **Restricted benefit** ❖							
	➤ ***Short-term use when oral laxative therapy has failed or is inappropriate.***							
4246L	***Suppositories 2.8 g (for adults), 12***	***3***	..	..	****15.20***	***3.20***	***PP***	

VITAMINS

Vitamin B_1, plain and in combination with vitamin B_6 and vitamin B_{12}

• ***Vitamin B_1, plain***

	THIAMINE HYDROCHLORIDE							
4043T	Tablet 100 mg	100	2	..	8.14	3.20	Betamin	RR

Vitamin B-complex, incl. combinations

• ***Vitamin B-complex, plain***

	VITAMIN B GROUP COMPLEX							
4493L	Oral liquid 200 mL	‡1	2	..	10.96	3.20	Accomin Adult Tonic	WT
	Ascorbic acid (vitamin C), incl. combinations							
	• ***Ascorbic acid (vitamin C), plain***							
	ASCORBIC ACID							
	❖ **Authority required** ❖							
	For management of wound healing.							
4565G	***Tablet 250 mg (sugar-free unflavoured)***	***100***	***2***	..	***7.59***	***3.20***	***Gold Cross Vitamin C***	***GS***

MINERAL SUPPLEMENTS

Other mineral supplements

• ***Magnesium***

MAGNESIUM ASPARTATE

❖ **Restricted benefit** ❖

➤ ***Patients with documented hypomagnesaemia.***

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MAGNESIUM ASPARTATE—cont.							
4321K	***Tablet 500 mg***	***50***	***..***	***..***	***11.09***	***3.20***	***Magmin***	***BB***

BLOOD AND BLOOD FORMING ORGANS

ANTITHROMBOTIC AGENTS

Antithrombotic agents

- ***Heparin group***

DALTEPARIN SODIUM
(Low Molecular Weight Heparin Sodium—porcine mucous)
❖ **Authority required** ❖
Major orthopaedic surgery;
Major general surgery;
➤ ***Renal dialysis patients.***
CAUTION:
Lower doses may be more appropriate for older people.

4224H	***Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***10***	***..***	***..***	***53.63***	***3.20***	***Fragmin***	***PS***
4225J	***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***10***	***..***	***..***	***81.34***	***3.20***	***Fragmin***	***PS***

ENOXAPARIN SODIUM
❖ **Authority required** ❖
Major orthopaedic surgery;
Major general surgery;
➤ ***Renal dialysis patients.***
CAUTION:
Lower doses may be more appropriate for older people.

4220D	***Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe***	***10***	***..***	***..***	***69.21***	***3.20***	***Clexane***	***RR***
4221E	***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe***	***10***	***..***	***..***	***81.34***	***3.20***	***Clexane***	***RR***

- ***Platelet aggregation inhibitors excl. heparin***

ASPIRIN

4076M	Tablet 100 mg (with glycine)	90	1	..	11.29	3.20	Cardiprin 100	RC
4077N	Tablet 100 mg (enteric coated)	84	1	..	10.75	3.20	Cartia	SK
4078P	Capsule 100 mg (containing enteric coated pellets)	84	1	..	10.75	3.20	Astrix	FA

NOTE:
The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Enzymes***							
	UROKINASE							
	❖ **Authority required** ❖							
	Peripheral arterial occlusion; Venous occlusion.							
4489G	***Injection set containing 1 vial powder for injection 100,000 i.u. and 1 vial solvent 2 mL***	***6***	..	..	****878.90***	***3.20***	***Ukidan***	***SG***
4486D	***Injection set containing 1 vial powder for injection 500,000 i.u. and 1 vial solvent 2 mL***	***1***	..	..	***671.39***	***3.20***	***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	..	7.38	3.20	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	‡1	2	..	7.38	3.20	BX	
	CARDIOVASCULAR SYSTEM							
	CARDIAC THERAPY							
	Vasodilators used in cardiac diseases							
	• ***Organic nitrates***							
	GLYCERYL TRINITRATE							
4245K	Transdermal patch releasing approximately 7.5 mg per 24 hours	30	5	..	28.05	3.20	Nitro-Dur 7.5	SH
	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	..	..	16.26	3.20	Proctosedyl	RL
4037L	Ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5	2	..	..	*22.10	3.20	Proctosedyl	RL
4038M	Suppositories 5 mg-5 mg, 12	‡1	..	..	15.32	3.20	Proctosedyl	RL

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Other antihemorrhoidals for topical use***							
	ZINC OXIDE							
4039N	Compound ointment 50 g	‡1	1	..	11.68	3.20	Anusol	WW
4040P	Compound suppositories, 12	‡1	1	..	10.69	3.20	Anusol	WW
	Capillary stabilizing agents							
	• ***Bioflavinoids***							
	HYDROXYETHYLRUTOSIDES							
4272W	Capsule 250 mg	100	1	..	26.24	3.20	Paroven	CG
	DERMATOLOGICALS							
	ANTIFUNGALS FOR DERMATOLOGICAL USE							
	Antifungals for topical use							
	• ***Imidazole derivatives***							
	ECONAZOLE NITRATE							
4555R	Cream 10 mg per g (1%), 25 g	‡1	1	..	8.43	3.20	Dermazole	EO
	MICONAZOLE							
4341L	Tincture 20 mg per mL (2%), 30 mL	‡1	1	..	12.55	3.20	Daktarin	JC
	• ***Other antifungals for topical use***							
	TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE							
4477P	Powder 10 mg-10 mg-50 mg-50 mg per g (1%-1%-5%- 5%), 50 g	‡1	..	..	13.44	3.20	Pedoz	HA
	TOLNAFTATE							
4479R	Powder 10 mg per g (1%), 30 g	‡1	..	..	9.63	3.20	Pedi-Derm	NN
4538W	Solution 10 mg per mL (1%), 15 mL	‡1	..	..	9.63	3.20	Pedi-Derm	NN
4481W	Spray aerosol 10 mg per g (1%), 100 g	‡1	..	..	14.92	3.20	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***	..	..	***8.17***	***3.20***	***Silic 15***	***EO***
4551M	***Cream 150 mg-20 mg per g (15%-2%), 500 g***	***‡1***	..	..	***16.88***	***3.20***	***Silic 15***	***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	
	• ***Soft paraffin and fat products***							
	WOOL ALCOHOLS							
4041Q	Ointment 100 g	‡1	1	..	8.74	3.20	Eucerin	BE
	• ***Carbamide products***							
	UREA							
4042R	Cream 100 mg per g (10%), 100 g	‡1	2	..	8.56	3.20	Urederm	HA
				..	8.92	3.20	Aquacare H.P.	AG
				..	9.16	3.20	Calmurid	OL
							Nutraplus	GA
	• ***Other emollients and protectives***							
	BATH EMOLLIENT							
4122Y	Bath oil 500 mL	‡1	2	..	13.91	3.20	QV Bath Oil	EO
				..	14.37	3.20	Hamilton Bath Oil	HA
	CARMELLOSE SODIUM with PECTIN and GELATIN							
4518T	Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%- 16.7%), 5 g	‡1	..	..	6.71	3.20	Orabase	BQ
	Protectives against UV-radiation							
	• ***Protectives against UV-radiation for topical use***							
	SUNSCREENS							
4209M	Solid stick 5 g	‡1	2	..	7.63	3.20	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	‡1	2	..	10.89	3.20	Hamilton Sunscreen Broad Spectrum Cream 15+	HA
				..	12.98	3.20	SunSense Cream 15+	EO
4476N	Lotion (alcoholic) 100 mL	‡1	2	..	11.33	3.20	Hamilton Sunscreen Spray 15+	HA
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	10.89	3.20	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.18	3.20	SunSense Milk 15+	EO
				..	13.48	3.20	Aquasun Blockout Lotion 15+	PF
	PREPARATIONS FOR TREATMENT OF WOUNDS AND ULCERS							
	Cicatrizants							
	• ***Other cicatrizants***							
	VITAMIN A							
4488F	Ointment 540 micrograms per g, 50 g	‡1	1	..	8.44	3.20	Ungvita	NS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	VITAMIN A, CALAMINE and SILICONE OIL							
4490H	Cream 150 micrograms-100 mg-10 mg per g (500 units per g-10%-1%), 50 g	‡1	1	..	8.44	3.20	Ungvita Cream	NS

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Antipruritics, incl. antihistamines, anesthetics, etc.

- ***Anesthetics for topical use***

	LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE							
4308R	Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL	‡1	..	..	44.36	3.20	Xylocaine Viscous	AP

- ***Other antipruritics***

	PINE TAR and TRIETHANOLAMINE LAURYL SULFATE **NOTE:** For patients who have failed to respond to simple moisturising agents.							
4408B	Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL	‡1	2	.. ..	11.58 15.22	3.20 3.20	Dermatar Pinetarsol	HA EO

ANTIPSORIATICS

Antipsoriatics for topical use

- ***Tars***

	ALLANTOIN and COAL TAR EXTRACT							
4112K	Cream 17 mg-50 mg per g (1.7%-5%), 50 g	‡1	2	..	11.23	3.20	Alphosyl	SV
4111J	Lotion 20 mg-50 mg per mL (2%-5%), 250 mL	‡1	2	..	14.25	3.20	Alphosyl	SV
	ALLANTOIN, SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL							
4506E	Gel 25 mg-5 mg-5 mg-0.05 mL-7.5 mg per g (2.5%-0.5%-0.5%-5%-0.75%), 75 g	‡1	2	..	14.77	3.20	Egopsoryl-TA	EO

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

Antibiotics for topical use

- ***Tetracycline and derivatives***

	CHLORTETRACYCLINE HYDROCHLORIDE							
4553P	Ointment 30 mg per g (3%), 15 g	‡1	..	..	7.40	3.20	Aureomycin	LE

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Chemotherapeutics for topical use							
	• ***Antivirals***							
	IDOXURIDINE							
4044W	Topical ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.98	3.20	Stoxil	SK
	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***	..	..	***34.83***	***3.20***	***Condyline Paint***	***HA***
	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS							
	Corticosteroids, plain							
	• ***Corticosteroids, potent (group III)***							
	BETAMETHASONE VALERATE							
4511K	Cream 500 micrograms per g (0.05%), 30 g	‡1	2	..	8.93	3.20	Betnovate 1/2	GW
4131K	Cream 1 mg per g (0.1%), 30 g	‡1	2	..	16.66	3.20	Betnovate	GW
4513M	Ointment 500 micrograms per g (0.05%), 30 g	‡1	2	..	8.93	3.20	Betnovate 1/2	GW
4132L	Ointment 1 mg per g (0.1%), 30 g	‡1	2	..	16.66	3.20	Betnovate	GW
4133M	Scalp application 1 mg per g (0.1%), 30 g	‡1	2	..	13.54	3.20	Betnovate	GW
	MOMETASONE FUROATE							
4342M	Cream 1 mg per g (0.1%), 45 g	‡1	..	..	22.52	3.20	Elocon Novasone	SH EX
4343N	Ointment 1 mg per g (0.1%), 45 g	‡1	..	..	22.52	3.20	Elocon Novasone	SH EX
	NOTE: Application to large areas of skin for longer than four weeks is not recommended.							
	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	..	..	11.93	3.20	Hydroform	DM

Code	Name, Restriction, Manner of administration and 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***							
	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN							
4483Y	Cream 1 mg-2.5 mg (base)-250 micrograms- 100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1 g), 15 g	‡1	..	..	13.99	3.20	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	..	.. ..	13.99 14.30	3.20 3.20	Aristocomb Kenacomb	LE BQ
	CAUTION: For the short-term treatment of localised infective eczema only.							
	ANTISEPTICS AND DISINFECTANTS							
	Antiseptics and disinfectants							
	• ***Biguanides and amidines***							
	CHLORHEXIDINE GLUCONATE							
4045X	Solution 50 mg per mL (5%), 200 mL	‡1	1	..	10.89	3.20	Hibitane Concentrate	IC
	• ***Iodine products***							
	POVIDONE-IODINE							
4530K	Powder 145 mg per g (14.5%), 20 g	‡1	..	..	10.42	3.20	E.D.P.	BT
4411E	Solution 100 mg per mL (10%), 100 mL	‡1	..	..	13.84	3.20	Minidine Antiseptic Solution	SI
				..	14.67	3.20	Betadine Antiseptic Liquid	FA
	• ***Other antiseptics and disinfectants***							
	BISMUTH FORMIC IODIDE							
4143C	Powder 10 g	‡1	..	..	9.20	3.20	B.F.I.	AD
	OTHER DERMATOLOGICAL PREPARATIONS							
	Other dermatological preparations							
	• ***Antihidrotics***							
	DIPHEMANIL METHYLSULFATE							
4191N	Dusting powder 20 mg per g (2%), 50 g	‡1	1	..	12.22	3.20	Prantal	SH

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***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	..	16.95	3.20	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	..	14.09	3.20	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	..	14.24	3.20	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	..	13.21	3.20	Sebitar	EO
4452H	SELENIUM SULFIDE Shampoo 25 mg per mL (2.5%), 125 mL	‡1	..	..	10.48	3.20	Selsun	AB
4498R	ZINC PYRITHIONE Shampoo 10 mg per mL (1%), 200 mL	‡1	1	..	11.11	3.20	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	..	12.17	3.20	Posalfilin	NE
	• ***Other dermatologicals***							
	ALLANTOIN, GLYCEROL and ICHTHAMMOL **NOTE:** For patients who have failed to respond to simple moisturising agents.							
4281H	Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	11.67	3.20	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	11.67	3.20	Egoderm Ointment	EO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	10.98	3.20	SebiRinse Conditioner	EO
	HYDROLYZED COLLAGEN PROTEINS **NOTE:** To be used in conjunction with the two scalp cleansers: salicylic acid, benzalkonium chloride, alcohol and polyoxyethylene ethers (code 4445Y); and salicylic acid, benzalkonium chloride, alcohol, coal tar and polyoxyethylene ethers (code 4560B).							
4271T	Hair conditioner 250 mL	‡1	2	..	11.05	3.20	Ionil Rinse	GA
	SKIN CLEANSER							
4549K	Lotion 500 mL	‡1	2	..	15.01	3.20	Hamilton Body Wash	HA
	ZINC OXIDE, STARCH and CHLORPHENESIN							
4497Q	Dusting powder 100 g	‡1	1	..	8.37	3.20	Z.S.C.	SI

GENITO URINARY SYSTEM AND SEX HORMONES

OTHER GYNECOLOGICALS

Other gynecologicals

- ***Other gynecologicals***

	RICINOLEIC ACID, ACETIC ACID and HYDROXYQUINOLINE SULFATE							
4434J	Vaginal jelly 7 mg-9.4 mg-250 micrograms per g (0.7%-0.94%-0.025%), 100 g	‡1	..	..	22.35	3.20	Aci-Jel	JC

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***	..	***82.78***	***3.20***	***Proscar***	***MK***
	SODIUM BICARBONATE							
4458P	Capsule 840 mg **CAUTION:** For use in the treatment of renal disease.	100	2	..	10.95	3.20	Sodibic	RR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SODIUM CITRO-TARTRATE							
	❖ **Restricted benefit** ❖							
	For relief of urinary symptoms when antibiotic or other therapy alone is inappropriate.							
4047B	***Sachets containing oral effervescent powder 3.7 g, 28***	***‡1***	***4***	***..***	***8.87***	***3.20***	***Citralite***	***RR***
4048C	***Sachets containing oral effervescent powder 4 g, 28***	***‡1***	***4***	***..***	***8.87***	***3.20***	***Citravescent Sachets***	***RR***
4049D	***Sachets containing oral effervescent powder 4 g, 28***	***‡1***	***4***	***..***	***9.18***	***3.20***	***Ural Sachets***	***AB***
	TERAZOSIN HYDROCHLORIDE							
	❖ **Authority required** ❖							
	Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.							
4396J	***Starter pack containing 7 tablets 1 mg and 7 tablets 2 mg***	***‡1***	***..***	***..***	***17.38***	***3.20***	***Hytrin***	***AB***
4397K	***Tablet 2 mg***	***30***	***5***	***..***	***38.19***	***3.20***	***Hytrin***	***AB***
4398L	***Tablet 5 mg***	***30***	***5***	***..***	***56.11***	***3.20***	***Hytrin***	***AB***
4399M	***Tablet 10 mg***	***30***	***5***	***..***	***83.98***	***3.20***	***Hytrin***	***AB***

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

Macrolides and lincosamides

- ***Macrolides***

AZITHROMYCIN

❖ **Restricted benefit** ❖

Upper and lower respiratory tract infections.

4115N	***Tablet 500 mg***	***3***	***..***	***..***	***31.77***	***3.20***	***Zithromax***	***PF***

ANTIMYCOBACTERIALS

Drugs for treatment of tuberculosis

- ***Other drugs for treatment of tuberculosis***

ETHAMBUTOL HYDROCHLORIDE

4205H	Tablet 100 mg	100	2	..	24.55	3.20	Myambutol	LE
4206J	Tablet 400 mg	100	2	..	79.60	3.20	Myambutol	LE

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS							
	ANTINEOPLASTIC AGENTS							
	Antimetabolites							
	• ***Pyrimidine analogues***							
4222F	FLUOROURACIL Cream 50 mg per g (5%), 20 g	‡1	..	..	21.90	3.20	Efudix	RO
4223G	Solution 10 mg per mL (1%), 30 mL	‡1	..	..	21.60	3.20	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 has been initiated by a specialist with appropriate expertise in pain management.***							
4349X	***Tablet 200 mg (controlled release)***	***20***	..	..	***126.22***	***3.20***	***MS Contin***	***PS***
	• ***Diphenylpropylamine derivatives***							
	DEXTROPROPOXYPHENE NAPSYLATE **CAUTION:** Chronic use of this preparation is likely to cause drug dependence.							
4081T	Capsule 100 mg	50	..	..	14.24	3.20	Doloxene	LY
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
4061R	CODEINE PHOSPHATE with ASPIRIN Tablet soluble 8 mg-300 mg	50	2	..	9.47	3.20	Aspalgin	FM
4062T	Tablet soluble 8 mg-500 mg	50	2	..	10.46	3.20	Solcode	RC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Anilides***							
	CODEINE PHOSPHATE with PARACETAMOL							
4171M	Tablet 8 mg-500 mg	50	2	..	8.91	3.20	Codalgin	FM
				..	9.43	3.20	Panamax Co.	SW
4170L	Tablet 15 mg-500 mg	20	2	..	7.02	3.20	Prodeine 15	SW
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
4129H	Tablet 0.5 mg	100	2	..	7.35	3.20	Cogentin	MK
	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***	..	..	*21.56	***3.20***	***Lexotan***	***RO***
4151L	***Tablet 6 mg***	***60***	..	..	*27.16	***3.20***	***Lexotan***	***RO***
	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.							

continued ☛

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FLUNITRAZEPAM—cont.							
4213R	***Tablet 2 mg***	***25***	***..***	***..***	***9.65***	***3.20***	***Hypnodorm***	***AF***
				..	***11.20***	***3.20***	***Rohypnol***	***RO***

OTHER NERVOUS SYSTEM DRUGS

Antismoking agents

- ***Antismoking agents***

NICOTINE

❖ Authority required ❖

➤ ***Patients who have indicated that they are ready to cease smoking and who have entered a support and counselling program.***

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***	***..***	***..***	****34.40***	***3.20***	***Nicorette Patch***	***PS***
4571N	***Transdermal patches releasing approximately 7 mg per 24 hours, 7***	***2***	***..***	***..***	****45.46***	***3.20***	***Nicabate 7***	***ML***
				..	****45.48***	***3.20***	***Nicotinell 10***	***CG***
4577X	***Transdermal patches releasing approximately 10 mg per 16 hours, 7***	***2***	***..***	***..***	****37.46***	***3.20***	***Nicorette Patch***	***PS***
4572P	***Transdermal patches releasing approximately 14 mg per 24 hours, 7***	***2***	***..***	***..***	****49.46***	***3.20***	***Nicotinell 20***	***CG***
				..	****49.64***	***3.20***	***Nicabate 14***	***ML***
4578Y	***Transdermal patches releasing approximately 15 mg per 16 hours, 7***	***2***	***2***	***..***	****41.04***	***3.20***	***Nicorette Patch***	***PS***
4573Q	***Transdermal patches releasing approximately 21 mg per 24 hours, 7***	***2***	***2***	***..***	****54.52***	***3.20***	***Nicabate 21***	***ML***
				..	****54.78***	***3.20***	***Nicotinell 30***	***CG***

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTHELMINTICS

Antinematodal agents

- ***Benzimidazole derivatives***

	MEBENDAZOLE							
4325P	Tablet 100 mg	6	..	..	13.72	3.20	Vermox	JC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	RESPIRATORY SYSTEM							
	NASAL PREPARATIONS							
	Decongestants and other nasal preparations for topical use							
	• ***Sympathomimetics, plain***							
	OXYMETAZOLINE HYDROCHLORIDE							
4377J	Nasal drops 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	12.62	3.20	Drixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	12.62	3.20	Drixine	SH
	• ***Antiallergic agents, excl. corticosteroids***							
	LEVOCABASTINE HYDROCHLORIDE							
4311X	Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	‡1	2	..	16.42	3.20	Livostin	JC
	SODIUM CROMOGLYCATE							
4468E	Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	‡1	5	..	17.63	3.20	Rynacrom	RR
	Nasal decongestants for systemic use							
	• ***Sympathomimetics***							
	PSEUDOEPHEDRINE HYDROCHLORIDE							
4420P	Tablet 60 mg	30	..	..	11.70	3.20	Sudafed	WR
	PSEUDOEPHEDRINE SULFATE							
4418M	Tablet 60 mg	30	..	..	11.60	3.20	Demazin Sinus	SH
	COUGH AND COLD PREPARATIONS							
	Expectorants, excl. combinations with cough suppressants							
	• ***Expectorants***							
	SENEGA and AMMONIA							
4074K	Mixture 200 mL	‡1	4	..	5.51	3.20	Senagar	SI
	Cough suppressants, excl. combinations with expectorants							
	• ***Opium alkaloids and derivatives***							
	PHOLCODINE							
4071G	Linctus 1 mg per mL (0.1%), 100 mL	‡1	2	.. ..	5.87 9.10	3.20 3.20	Actuss Duro-Tuss	SI MM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIHISTAMINES FOR SYSTEMIC USE							
	Antihistamines for systemic use							
	• ***Aminoalkyl ethers***							
4195T	DIPHENHYDRAMINE HYDROCHLORIDE Capsule 50 mg	50	2	..	9.05	3.20	Benadryl	PD
	• ***Phenothiazine derivatives***							
4072H	PROMETHAZINE HYDROCHLORIDE Tablet 10 mg	50	2	..	10.71	3.20	Phenergan	RR
4073J	Tablet 25 mg	50	2	..	12.74	3.20	Phenergan	RR
	CAUTION: Significant side effects may occur.							
	• ***Piperazine derivatives***							
	HYDROXYZINE EMBONATE **CAUTION:** Significant side effects may occur.							
4273X	Capsule equivalent to 25 mg hydroxyzine hydrochloride	50	2	..	13.83	3.20	Atarax	PF
4274Y	Capsule equivalent to 50 mg hydroxyzine hydrochloride	50	2	..	22.28	3.20	Atarax	PF
	• ***Other antihistamines for systemic use***							
4561C	ASTEMIZOLE Tablet 10 mg	30	..	..	28.30	3.20	Hismanal	JC
4313B	LORATADINE Tablet 10 mg	30	..	..	31.43	3.20	Claratyne	SH
4562D	TERFENADINE Tablet 60 mg	50	..	..	28.56	3.20	Teldane	ML
	SENSORY ORGANS							
	OPHTHALMOLOGICALS							
	Antiglaucoma preparations and miotics							
	• ***Carbonic anhydrase inhibitors***							
4540Y	DORZOLAMIDE HYDROCHLORIDE Eye drops 20 mg per mL (2%), 5 mL	‡1	5	..	21.81	3.20	Trusopt	MK
	Mydriatics and cycloplegics							
	• ***Sympathomimetics excl. antiglaucoma preparations***							
4033G	PHENYLEPHRINE HYDROCHLORIDE Eye drops 1.2 mg per mL (0.12%), 15 mL	‡1	5	..	9.63	3.20	Isopto Frin	AQ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	1	..	9.65	3.20	Antistine-Privine	CV
4032F	Eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	1	..	10.38	3.20	Albalon-A	AG
4035J	NAPHAZOLINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 15 mL	‡1	1	.. ..	9.63 10.31	3.20 3.20	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	1	..	9.98	3.20	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	.. ..	9.76 10.38	3.20 3.20	Zincfrin Prefrin-Z	AQ AG
	• ***Other antiallergics***							
4310W	LEVOCABASTINE HYDROCHLORIDE Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses)	‡1	1	..	16.29	3.20	Livostin	JC
	OTOLOGICALS							
	Other otologicals							
	• ***Indifferent preparations***							
4180B	DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL	‡1	..	..	10.63	3.20	Cerumol	AC
4199B	DOCUSATE SODIUM Ear drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	11.67	3.20	Waxsol	NE
	VARIOUS							
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Drugs for treatment of hyperkalemia***							
4470G	SODIUM POLYSTYRENE SULFONATE Oral powder 454 g	‡1	2	..	62.26	3.20	Resonium-A	SW

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	ALL OTHER NON-THERAPEUTIC PRODUCTS						
	All other non-therapeutic products						
	• ***Other non-therapeutic auxiliary products***						

REPATRIATION PHARMACEUTICAL BENEFITS SCHEME (RPBS) WOUND CARE DRESSING IDENTIFICATION

This chart is to assist doctor's selection of appropriate wound healing dressings. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.
This wound chart adheres to the MOIST WOUND concept of healing and those wound dressings are described as ABSORBING, or MOISTURE DONATING. Non-moist wound dressings are also available as covering or secondary dressings.
The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken. Prior approval requests for increased quantities and repeats of listed products will be considered.

COVERING OR SECONDARY DRESSINGS
Adaptic; Cutilin; Cutifilm Plus; Melolin; Op-Site Flexigrid; Telfa

PINK EPITHELIALISING WOUND
Aim: To protect and promote epithelialisation. Epithelialising wounds normally are **superficial** and only produce a **light** exudate

(A) Covering	Covering dressings shown above may be suitable
(B) Absorbing	Comfeel Transparent; Cutinova Thin; DuoDERM Extra Thin; Lyofoam

RED GRANULATING WOUND
Aim: (1) To protect the granulating tissue; (2) To encourage epithelialisation; (3) To absorb excess exudate

LIGHT EXUDATE:

	Superficial	**Cavity**
(A) Absorbing	Comfeel Transparent; Cutinova Thin; DuoDERM Extra Thin; Lyofoam	Comfeel Paste; DuoDERM Paste
(B) Moisture donating	DuoDERM Gel; Intrasite Gel; Nu-Gel; Solugel	DuoDERM Gel; Intrasite Gel; Solugel

HIGH EXUDATE:

	Superficial	**Cavity**
(A) Absorbing	Algoderm; Comfeel Ulcer Dressing; Cutinova Hydro; DuoDERM CGF; Kaltostat; Lyofoam; Sorbsan	Algoderm; Cutinova Cavity; DermaSORB; Kaltostat; Sorbsan
(B) Moisture donating	NOT APPROPRIATE FOR HIGH EXUDATING WOUNDS	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer

YELLOW SLOUGHY WOUND
Aim: (1) To remove slough; (2) To encourage granulation; (3) To absorb excess exudate

LIGHT EXUDATE:

	Superficial	**Cavity**
(A) Absorbing	Comfeel Ulcer Dressing; Comfeel Transparent; Cutinova Thin; DuoDERM CGF; DuoDERM Extra Thin; Lyofoam; Lyofoam C	Comfeel Paste; DuoDERM Paste
(B) Moisture Donating	DuoDERM Gel; Intrasite Gel; Nu-Gel; Solugel	DuoDERM Gel; Intrasite Gel; Solugel

HIGH EXUDATE:

	Superficial	**Cavity**
(A) Absorbing	Algoderm; Comfeel Ulcer Dressing; Cutinova Hydro; DuoDERM CGF; Kaltocarb; Kaltostat; Lyofoam; Lyofoam C; Sorbsan	Algoderm; DermaSORB; Kaltocarb; Kaltostat; Sorbsan
(B) Moisture Donating	NOT APPROPRIATE FOR HIGH EXUDATING WOUNDS	

BLACK NECROTIC WOUND
Aim: To remove eschar by—(1) Sharp debridement e.g. scissor/scalpel and/or; (2) Rehydration and autolytic debridement (These wounds usually produce a LIGHT EXUDATE)

	Superficial	**Cavity**
(A) Absorbing	Comfeel Ulcer Dressing; Comfeel Transparent; Cutinova Thin; DuoDERM CGF; DuoDERM Extra Thin	Comfeel Paste; DuoDERM Paste
(B) Moisture Donating	DuoDERM Gel; Intrasite Gel; Nu-Gel; Solugel	DuoDERM Gel; Intrasite Gel; Solugel

Infected Wounds
Aim: (1) To clear the infection with systemic antibiotics; (2) To absorb excess exudate; (3) To remove slough if present

Malodorous Wounds
Aim: (1) To clear infection if present; (2) To remove slough if present; (3) To clear colonising odour-producing bacteria **in** slough - by applying metronidazole gel; (4) To absorb excess exudate

Minor Skin Trauma
Aim: (1) To stop bleeding; (2) To prevent infection; (3) To minimise the surface defect; (4) To promote epithelialisation

BANDAGES
Retention: Used to hold a dressing in position; BANDAGE COHESIVE
Support: Treatment of soft tissue injury and Post op/trauma; BANDAGE COTTON CREPE HEAVY; BANDAGE TUBULAR; BANDAGE TUBULAR SHAPED LONG; BANDAGE TUBULAR SHAPED SHORT
Compression: Treatment of varices and oedema associated with venous disease and lymphedema; contraindicated in arterial disease; BANDAGE HIGH COMPRESSION; BANDAGE TUBULAR; BANDAGE TUBULAR SHAPED LONG; BANDAGE TUBULAR SHAPED SHORT
Medicated: Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions; *Viscopaste 4948; Gelocast Elastic*
Other: BANDAGE CALICO TRIANGULAR; COTTON WOOL ROLL

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	
	BANDAGE CALICO TRIANGULAR							
4717G	Bandage large size	‡1	..	..	10.37	3.20	Handy 5608	BE
	BANDAGE COHESIVE							
4718H	Bandages 2.5 cm x 4 m, 2	‡1	..	..	9.52	3.20	Handygauze 8631	BE
4811F	Bandage 5 cm x 1.3 m	2	..	..	*11.08	3.20	Peg 7420	BK
4719J	Bandage 6 cm x 4 m	2	..	..	*11.40	3.20	Handygauze 8633	BE
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*13.98	3.20	Peg 7422	BK
4813H	Bandage 10 cm x 1.3 m	2	..	..	*17.32	3.20	Peg 7423	BK
4814J	Bandage 15 cm x 1.3 m	2	..	..	*23.60	3.20	Peg 7425	BK
	BANDAGE COTTON CREPE HEAVY							
4727T	Bandage 5 cm x 2.3 m	2	..	..	*7.88	3.20	Telfa 8252F	KE
				..	*14.30	3.20	Elastocrepe 300501	SN
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*8.10	3.20	Telfa 8253F	KE
				..	*17.80	3.20	Elastocrepe 307501	SN
4729X	Bandage 10 cm x 2.3 m	2	..	..	*9.22	3.20	Telfa 8254F	KE
				..	*22.46	3.20	Elastocrepe 301001	SN
	BANDAGE HIGH COMPRESSION							
4736G	Bandage 7.5 cm x 3 m	5	..	..	*56.94	3.20	Setopress 3504	BT
				..	*62.39	3.20	Tensopress 4347	SN
4748X	Bandage 10 cm x 3 m	5	..	..	*63.29	3.20	Setopress 3505	BT
				..	*67.24	3.20	Tensopress 4348	SN
	BANDAGE TUBULAR							
4855M	Bandage 6.25 cm x 1 m	‡1	..	..	13.42	3.20	Tubigrip B	BT
4856N	Bandage 6.75 cm x 1 m	‡1	..	..	13.42	3.20	Tubigrip C	BT
4857P	Bandage 7.5 cm x 1 m	‡1	..	..	13.42	3.20	Tubigrip D	BT
4858Q	Bandage 8.75 cm x 1 m	‡1	..	..	13.42	3.20	Tubigrip E	BT
4859R	Bandage 10 cm x 1 m	‡1	..	..	13.42	3.20	Tubigrip F	BT
	BANDAGE TUBULAR FINGER							
4798M	Complete pack including applicator	‡1	..	..	12.56	3.20	Tubegauz 14001	SO
4726R	Refill	‡1	..	..	9.57	3.20	Tubegauz 14002	SO
	BANDAGE TUBULAR SHAPED LONG							
4797L	Medium C/E	‡1	..	..	19.32	3.20	Tubigrip 1483	BT
4799N	Large D/F	‡1	..	..	19.32	3.20	Tubigrip 1484	BT
4800P	X/Large E/G	‡1	..	..	19.32	3.20	Tubigrip 1485	BT

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BANDAGE TUBULAR SHAPED SHORT							
4815K	Medium C/D	‡1	..	..	13.92	3.20	Tubigrip 1480	BT
4816L	Large D/E	‡1	..	..	13.92	3.20	Tubigrip 1481	BT
	BANDAGE ZINC PASTE							
4750B	Bandage 7.5 cm x 6 m	2	..	..	*53.68	3.20	Viscopaste 4948	SN
4749Y	Bandage 8 cm x 5 m (compression)	4	3	..	*65.30	3.20	Gelocast Elastic	BE
	COTTON WOOL ROLL							
4701K	Roll 100 g	‡1	2	..	7.46	3.20	JJ 02013	JJ
4702L	Roll 375 g	‡1	2	..	13.61	3.20	JJ 02011	JJ
	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	..	52.19	3.20	Algoderm H7993	CC
4830F	Sterile single sachet 5 cm x 5 cm	10	1	..	*35.94	3.20	Kaltostat 1682F5	CC
4826B	Sterile single sachets 5 cm x 5 cm, 10	‡1	1	..	30.93	3.20	Algoderm H7995	CC
4827C	Sterile single sachets 9.5 cm x 9.5 cm, 10	‡1	1	..	60.46	3.20	Algoderm H7994	CC
4831G	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	72.21	3.20	Sorbsan	BT
4832H	Sterile single unit 2 g packing	10	1	..	*86.34	3.20	Kaltostat 1681F1	CC
	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	..	*94.24	3.20	Kaltocarb 168201	CC
	DRESSING HYDROACTIVE CAVITY							
4918W	Dressings 5 cm x 6 cm, 10	‡1	1	..	116.63	3.20	Cutinova Cavity 47571	BE
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*219.92	3.20	Cutinova Cavity 47573	BE

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRESSING HYDROCOLLOID **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	..	43.04	3.20	Cutinova Hydro 47441	BE
4886E	Sterile single sachets 10 cm x 10 cm, 5	‡1	3	..	32.69	3.20	DuoDERM CGF H7660	CC
				..	34.44	3.20	Cutinova Hydro 47443	BE
4887F	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	52.74	3.20	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	..	57.50	3.20	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	..	*82.30	3.20	DuoDERM CGF Border H7971	CC
4903C	Sterile single sachets 10 cm x 13 cm, 5	2	1	..	*97.68	3.20	DuoDERM CGF Border H7973	CC
	DRESSING HYDROCOLLOID THIN							
4905E	Sterile single sachets 5 cm x 6 cm, 10	‡1	1	..	42.95	3.20	Cutinova Thin 47576	BE
4888G	Sterile single sachets 5 cm x 7 cm, 10	‡1	1	..	27.99	3.20	Comfeel Transparent 3530	CT
4889H	Sterile single sachets 9 cm x 14 cm, 10	‡1	1	..	60.55	3.20	Comfeel Transparent 3536	CT
4906F	Sterile single sachets 10 cm x 10 cm, 5	2	1	..	*58.98	3.20	Cutinova Thin 47578	BE
4907G	Sterile single sachets 10 cm x 10 cm, 10	‡1	1	..	53.37	3.20	DuoDERM Extra Thin H7955	CC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	*75.94	3.20	Nu-Gel 62497	JJ
4894N	Sterile single sachets 25 g, 10	‡1	1	..	82.77	3.20	Intrasite Gel 7313	SN
4912M	Sterile single tube dressings 15 g, 10	‡1	1	..	48.65	3.20	DuoDERM Gel H7990	CC
4913N	Sterile single tube dressings 30 g, 3	3	1	..	*66.38	3.20	DuoDERM Gel H7987	CC
4914P	Sterile single tube dressing 50 g	10	1	..	*54.24	3.20	Solugel 10336	JJ
	DRESSING NON-ADHERENT							
4909J	Sterile single sachet 7.6 cm x 7.6 cm	10	1	..	*11.64	3.20	Adaptic 10511	JJ
	DRESSING NON-ADHERENT DRY ABSORBENT							
4755G	Sterile single pack 5 cm x 7.5 cm	10	..	..	*8.34	3.20	Telfa 1961C	KE
4758K	Sterile single pack 7.5 cm x 10 cm	10	..	..	*10.44	3.20	Telfa 2132C	KE
4860T	Sterile single sachets 5 cm x 5 cm, 5	2	..	.. ..	*9.82 *9.86	3.20 3.20	Cutilin Melolin 101720	BE SN
4862X	Sterile single sachets 10 cm x 10 cm, 3	3	..	..	*15.32	3.20	Cutilin	BE
4861W	Sterile single sachets 10 cm x 10 cm, 10	‡1	..	..	21.31	3.20	Melolin 4933	SN
	DRESSING PARAFFIN GAUZE							
4759L	Sterile sachets 10 cm x 10 cm, 10	‡1	..	..	13.73	3.20	Jelonet 7404	SN
	DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE							
4845B	Sterile sachets 10 cm x 10 cm, 10	‡1	2	.. ..	13.34 16.86	3.20 3.20	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	..	19.30	3.20	Lyofoam	BT
4891K	Sterile single sachets 10 cm x 10 cm, 5	‡1	3	..	22.27	3.20	Lyofoam	BT

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	..	181.44	3.20	Lyofoam C	BT
	DRESSING POLYURETHANE TRANSPARENT FILM							
4893M	Sterile single sachets 10 cm x 12 cm, 10	‡1	1	..	18.09	3.20	Op-Site Flexigrid 4629	SN
	DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT							
4843X	Sterile sachets 5 cm x 7.5 cm, 10	‡1	2	..	9.57	3.20	Telfa 6020C	KE
4844Y	Sterile sachets 7.5 cm x 10 cm, 6	‡1	2	..	9.57	3.20	Telfa 7650C	KE
	DRESSING TRANSPARENT WATERPROOF ISLAND							
4898T	Sterile single sachets 5 cm x 7.2 cm, 5	2	..	..	*18.22	3.20	Cutifilm Plus	BE
4899W	Sterile single sachets 8 cm x 10 cm, 5	2	..	..	*28.32	3.20	Cutifilm Plus	BE
	GAUZE ABSORBENT PAD							
4707R	Pads 5 cm x 5 cm, 100	‡1	..	..	10.70	3.20	Handy 5672	BE
4708T	Pads 10 cm x 10 cm, 100	‡1	..	..	22.16	3.20	Handy 5674	BE
	GAUZE and COTTON TISSUE (COMBINE ROLL)							
4767X	Wrapped pack 9 cm x 10 m	‡1	..	..	11.06	3.20	SN 121054A	SN
4761N	Wrapped pack 10 cm x 10 m	‡1	..	..	10.58	3.20	JJ 12010	JJ
	GAUZE EYE PADS							
4768Y	Pads, 12	‡1	..	..	9.57	3.20	Curity 4112	KE
	GAUZE POVIDONE-IODINE PAD							
4779M	Sterile sachets 22.5 cm x 7.5 cm, 12	‡1	2	..	30.83	3.20	Betadine	FA
	GLOVES PLASTIC (DISPOSABLE) **NOTE:** For occlusive dressing use only.							
4772E	Gloves, small, 100	‡1	..	..	9.51	3.20	Handy 4207	BE
4773F	Gloves, medium, 100	‡1	..	..	9.51	3.20	Handy 4208	BE
4774G	Gloves, large, 100	‡1	..	..	9.51	3.20	Handy 4209	BE
	LUBRICATING AGENT							
4318G	Jelly 60 g	‡1	..	..	7.82	3.20	Surgical Lubricating Gel	WE

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Brand Price Premium $	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	*111.24	3.20	DuoDERM Paste H7930	CC
4895P	Sterile tube 50 g	2	3	..	*30.20	3.20	Comfeel Paste 4701	CT
	PLASTER ADHESIVE ELASTIC							
4780N	Roll 2.5 cm x 2.5 m	‡1	..	..	9.74	3.20	Leukoplast 1071	BE
4781P	Roll 5 cm x 2.5 m	‡1	..	..	14.67	3.20	Leukoplast 1072	BE
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	..	17.71	3.20	Leukoplast 1073	BE
4735F	Roll 10 cm x 2.75 m	‡1	..	..	17.77	3.20	Elastoplast 1004	SN
	PLASTER ADHESIVE HYPOALLERGENIC							
4783R	Roll 1.25 cm x 5 m	‡1	..	..	7.84	3.20	Leukopor 2471	BE
4785W	Roll 1.25 cm x 5 m	‡1	..	..	7.93	3.20	Leukosilk 1021	BE
4794H	Roll 2.5 cm x 5 m	‡1	..	..	9.99	3.20	Leukopor 2472	BE
4787Y	Roll 2.5 cm x 5 m	‡1	..	..	10.15	3.20	Leukosilk 1022	BE
4788B	Roll 5 cm x 5 m	‡1	..	..	13.51	3.20	Leukoflex 1124	BE
4790D	Roll 5 cm x 5 m	‡1	..	..	13.10	3.20	Leukopor 2474	BE
4789C	Roll 5 cm x 5 m	‡1	..	..	13.36	3.20	Leukosilk 1024	BE
4870H	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	6.80	3.20	Duropore 2610	MM
4868F	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	6.80	3.20	Micropore R3	MM
4872K	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	6.80	3.20	Micropore Skintone RF7	MM
4875N	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	7.48	3.20	Duropore 2611	MM
4873L	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	7.48	3.20	Micropore R4	MM
4877Q	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	7.48	3.20	Micropore Skintone RF8	MM
	TAPES NON-WOVEN RETENTION							
4863Y	Roll 2.5 cm x 10 m	‡1	..	..	11.23	3.20	Hypafix 104020	SN
4916R	Roll 5 cm x 10 m	‡1	..	..	14.94	3.20	Hypafix 104120	SN

SECTION 2

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 Section 1 of the Repatriation Schedule.

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
4117Q	Aluminium Hydroxide with Magnesium Hydroxide and Simethicone	400 mg-400 mg-30 mg	100 @	8.68	WR
4118R		400 mg-400 mg-30 mg per 5 mL, 375 mL	1 @	6.34	WR
4811F	Bandage Cohesive	5 cm x 1.3 m	1 @	3.37	BK
4719J		6 cm x 4 m	1 @	3.53	BE
4812G		7.5 cm x 1.3 m	1 @	4.82	BK
4813H		10 cm x 1.3 m	1 @	6.49	BK
4814J		15 cm x 1.3 m	1 @	9.63	BK
4727T	Bandage Cotton Crepe Heavy	5 cm x 2.3 m	1 @	1.77	KE
			1 @	4.98	SN
4728W		7.5 cm x 2.3 m	1 @	1.88	KE
			1 @	6.73	SN
4729X		10 cm x 2.3 m	1 @	2.44	KE
			1 @	9.06	SN
4736G	Bandage High Compression	7.5 cm x 3 m	1 @	10.52	BT
			1 @	11.61	SN
4748X		10 cm x 3 m	1 @	11.79	BT
			1 @	12.58	SN
4750B	Bandage Zinc Paste	7.5 cm x 6 m	1 @	24.67	SN
4749Y		8 cm x 5 m	1 @	15.24	BE
4150K	Bromazepam	3 mg	30 @	8.61	RO
4151L		6 mg	30 @	11.41	RO
4055K	Calcium Carbonate with Glycine	420 mg-180 mg	100 @	5.15	MM
4830F	Dressing Alginate	5 cm x 5 cm	1 @	3.16	CC
4832H		2 g	1 @	8.20	CC
4837N	Dressing Alginate with Charcoal	7.5 cm x 12 cm	1 @	8.99	CC
4919X	Dressing Hydroactive Cavity	10 cm x 10 cm, 5	1 @	107.79	BE
4902B	Dressing Hydrocolloid with Border	10 cm x 10 cm, 5	1 @	38.98	CC
4903C		10 cm x 13 cm, 5	1 @	46.67	CC
4906F	Dressing Hydrocolloid Thin	10 cm x 10 cm, 5	1 @	27.32	BE
4911L	Dressing Hydrogel	9.5 cm x 10.2 cm	1 @	7.16	JJ
4913N		30 g, 3	1 @	20.68	CC
4914P		50 g	1 @	4.99	JJ
4909J	Dressing Non-Adherent	7.6 cm x 7.6 cm	1 @	0.73	JJ
4755G	Dressing Non-Adherent Dry Absorbent	5 cm x 7.5 cm	1 @	0.40	KE
4758K		7.5 cm x 10 cm	1 @	0.61	KE
4860T		5 cm x 5 cm, 5	1 @	2.74	BE
			1 @	2.76	SN
4862X		10 cm x 10 cm, 3	1 @	3.66	BE
4898T	Dressing Transparent Waterproof Island	5 cm x 7.2 cm, 5	1 @	6.94	BE
4899W		8 cm x 10 cm, 5	1 @	11.99	BE
4246L	Glycerol	2.8 g, 12	1 @	3.62	PP
4037L	Hydrocortisone with Cinchocaine Hydrochloride	5 mg-5 mg per g, 2 g, 5	1 @	8.88	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
			1 @	20.57	CG
4577X		Approx. 10 mg per 16 hours, 7	1 @	16.56	PS
4572P		Approx. 14 mg per 24 hours, 7	1 @	22.56	CG
			1 @	22.65	ML
4578Y		Approx. 15 mg per 16 hours, 7	1 @	18.35	PS
4573Q		Approx. 21 mg per 24 hours, 7	1 @	25.09	ML
			1 @	25.22	CG
4896Q	Paste Hydrocolloid	30 g	1 @	10.69	CC
4895P		50 g	1 @	12.93	CT
4557W	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @	9.24	SC
4489G	Urokinase	100,000 i.u. set	1 @	145.76	SG

Generic/Proprietary Index

for

PBS and RPBS Schedules

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