



Commonwealth Department of
Health and
Family Services

Schedule of Pharmaceutical Benefits

for Dental Practitioners

Effective from 1 November 1998

COMMONWEALTH DEPARTMENT OF HEALTH AND FAMILY SERVICES

**Schedule of
Pharmaceutical Benefits
for
Dental Practitioners**

**OPERATIVE FROM 1 NOVEMBER 1998
(ALL PREVIOUS EDITIONS CANCELLED)**

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THERAPEUTIC INDEX

SECTION 2

<i>Symbols used in the Schedule</i>
<i>Schedule of Benefits</i>

GENERIC/PROPRIETARY INDEX

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 1998 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.

SUMMARY OF CHANGES

ADDITIONS

Additions — Brands

5006L *Clamoxyl Duo forte, ME—Amoxycillin with Clavulanic Acid*, tablet 875 mg-125 mg

BIOEQUIVALENCE INDICATORS

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

5006L *Augmentin Duo forte, ME—Amoxycillin with Clavulanic Acid*, tablet 875 mg-125 mg

DELETIONS

Deletions — Brands

5111B *Cortef, UP—Hydrocortisone Acetate*, cream 10 mg per g (1%), 30 g

5126T *Hicin 25 mg, DP—Indomethacin*, tablet 25 mg (**Dental**)

5217N *Saldac 100 mg, DP—Sulindac*, tablet 100 mg (**Dental**)

5218P *Saldac 200 mg, DP—Sulindac*, tablet 200 mg (**Dental**)

ALTERATIONS

Alterations — Notes and Cautions

A caution has been added in respect of **Cefaclor**.

ADVANCE NOTICES

Advance Notices — Deletion of Items

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 1999:

Item discontinued by the manufacturer—

5104P **Glucagon Hydrochloride**, injection 1 i.u. with diluent (AZ)

Advance Notices — Deletion of Brands

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 1999:

Brand discontinued by the manufacturer—

5008N *Clamoxyl Forte, ME*—**Amoxycillin with Clavulanic Acid**, tablet 500 mg-125 mg

Section 1—Explanatory Notes

Pharmaceutical benefits are listed in therapeutic groups, using the anatomical therapeutic chemical (ATC) classification system. PBS drugs of similar action or purpose are grouped in the same section of the Schedule.

The Therapeutic Index which precedes Section 2 and the Generic/Proprietary Index located at the end of the publication provide a useful page reference for each benefit.

Pharmaceutical benefits which may be prescribed by participating dental practitioners are listed in Section 2.

References in these notes to a dentist or dental practitioner relate to 'participating dental practitioner'.

PRESCRIBING OF BENEFITS— PROCEDURE BY DENTISTS

Schedule of Pharmaceutical Benefits

1. The Schedule of Pharmaceutical Benefits 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 benefit. In such cases, any listed brand of solvent may be ordered with the item. For clarity, such benefits should be written as one prescription, e.g. 'Ampicillin, injection 1 g with 2 mL sterilised water for injections'.

2. Symbols used in the Schedule of Benefits are explained in Section 2.

3. The Schedule also shows the maximum quantity allowable for each item.

4. Admixtures of items in this Schedule may not be prescribed as pharmaceutical benefits.

Prescriptions

5. A prescription ordering a pharmaceutical benefit may be written only for the dental treatment of the person named on the prescription and requiring treatment with that pharmaceutical benefit and must not be written for any other purpose. The prescription is valid only when it is written by a participating dental practitioner. Only persons eligible for Medicare benefits may obtain pharmaceutical benefits

6. Care should be taken to comply with the provisions of State law, in regard to the prescribing of drugs listed as specified or restricted under State legislation.

7. Dentists 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 either on the standard prescription form supplied by the Health Insurance Commission or on paper as near as convenient to 18 cm x 12 cm. The name and address of the dentist plus the DP number (the dental practitioner's number as notified by the Commission) must be shown. 'PBS' is to be endorsed at the top if a standard prescription form is not being used.
- (b) Write the prescription in duplicate marking the duplicate copy with the word 'Duplicate'. This is pre-printed on the standard prescription forms.
- (c) Set out the name and address of the patient. Dentists are reminded that full details of the patient's address are required on each prescription.
- (d) The pharmaceutical benefit must be identified in the prescription by such particulars, including the name, form, strength and quantity, as are necessary for the complete identification of that benefit. **Code numbers must not be used when prescribing.**
- (e) Each prescription must be written legibly.
- (f) Date and sign the prescription.

8. Prescriptions for pharmaceutical benefits for more than one person must not be written on the one prescription form.

9. A prescription is not a valid pharmaceutical benefit prescription if the dentist 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 dentist.

10. Dentists must not write prescriptions for pharmaceutical benefits and non-pharmaceutical benefits on the one form.

Manner of Administration

11. Where a particular manner of administration is indicated in the Schedule, the item may not be prescribed as a pharmaceutical benefit for administration in any other way.

Restrictions

12. Restricted benefits are printed in ***bold italics***. The listing indicates those therapeutic uses for which the item may only be prescribed as a benefit.

Maximum Quantities

13. The allowable maximum quantity is shown in Section 2. **Dentists may not prescribe repeats on a Pharmaceutical Benefit Prescription.**

14. Some prescriptions for pharmaceutical benefits do not completely identify the pharmaceutical benefit, in that the quantity is not clearly stated. For example, 'Max. Qty' is used instead of the actual number (of tablets, capsules, etc.). Dentists are required to completely identify the quantity being prescribed in each case.

15. 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. These items should be prescribed in the standard pack sizes.

16. For other items it is not necessary to prescribe the maximum quantity if the dentist considers a lesser quantity is sufficient for the patient's needs.

17. The relevant maximum quantity is not to be exceeded.

18. Once a pharmaceutical benefit has been supplied to a patient, that benefit may not again be supplied to that patient on that day or on any of the four days following that day.

Patient Contribution

19. An approved pharmacist is required for each supply by him on a prescription to charge the person to whom the pharmaceutical benefit, being a pharmaceutical benefit having a dispensed price greater than \$20.00 is supplied, an amount of \$20.00 for general patients or an amount of \$3.20 for holders of a Safety Net Concession Card or patients with a concessional entitlement or their dependants. A charge is not to be made for patients who are holders of a pharmaceutical benefits Safety Net 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.

20. For those items supplied to general patients and having a dispensed price of \$20.00 or less, the maximum price that an approved pharmacist can include on the Prescription Record Form for safety net purposes is shown in the 'Safety Net Value' column. The approved pharmacist may discount the price for these items.

21. 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.

Minimum Pricing Arrangements

22. Under the minimum pricing arrangements the Commonwealth reimbursement will be based on the lowest priced brand. Where the price of a manufacturer's brand is greater than the base price level, all patients who are prescribed that brand will be required to pay the price premium which is the difference between the base price and the price of that brand. The amount shown in the brand price premium column includes the pharmacists' mark-up and is payable by patients receiving that brand in addition to the appropriate patient contribution. This amount is excluded from the price accumulating for safety net purposes.

Brand substitution

23. An approved pharmacist may supply, without reference to the prescriber, an alternative brand of a benefit prescribed by a dentist provided that—

- (a) the dentist 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.

Outline of the Safety Net Scheme

24. Under the Pharmaceutical Benefits Scheme there are two basic maximum patient contribution rates. General beneficiaries are able to receive items on 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 Pharmaceutical Benefits Schedule at a cost of \$3.20 (except for items where a special patient contribution or a brand price premium applies).

25. Concessional beneficiaries are the recipients of benefits from either the Department of Social Security or Veterans' Affairs and may be the holders of any one of the following cards:

- Pensioner Concession Card
- Commonwealth Seniors Health Card
- Health 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)

26. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'safety net' as outlined below will apply—

- (a) General beneficiaries—

Once the threshold level (adjusted in line with the CPI on 1 January each year) has been reached a Safety Net Concession Card is issued and prescriptions will cost \$3.20 for the remainder of the calendar year.

The general safety net is restricted to persons eligible for Medicare benefits.

- (b) Concessional beneficiaries—

Once the threshold level for the concessional beneficiary safety net has been reached a Safety Net Entitlement Card is issued and all subsequent pharmaceutical benefit items will be free of charge for the remainder of the calendar year.

Recording of Prescriptions

27. Each person (or family) presenting a PBS or RPBS prescription for dispensing may request the issue by an approved pharmacist of a Prescription Record Form (PRF).

28. Entries on the form must be for pharmaceutical benefit items supplied to either the applicant, his/her spouse (including de facto spouse), children under 16 in his/her care and control and dependent full-time students aged 16 to 24.

29. The approved pharmacist, if requested, will enter on this form, at the time of supply, details of prescriptions dispensed for pharmaceutical benefit items only. An item qualifies for inclusion on the PRF if the item is PBS listed (including preparations which may be prescribed by participating dental practitioners for dental treatment) and satisfies the relevant restrictions (e.g. diseases or conditions) at the date of prescribing or is available under the RPBS.

30. The value which can be recorded on the PRF is:

- (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 the Pharmaceutical Benefits 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.

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

Qualifying Prescriptions

32. Where the safety net value of the last prescription, which, if included on a patient's PRF, has the effect of qualifying the patient for a Safety Net Entitlement or Concession Card, the patient may receive the last prescription at either the concessional rate or free of charge, as appropriate.

Application for Original Entitlement/Concession Card Issue

33. 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.

Issue of Entitlement/Concession Card

34. 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 the entitlement. If more than 10 family members, a second card should be issued listing the card holder and the members of the family not listed on the first card. Provision has been made on the PRF to record both Entitlement/Concession Cards issued;
- (b) the two-character code to indicate the relationship to the card holder.

Applicable codes are:

- SP — spouse;
DC — child under 16 in the care and control of the card holder; and
DS — dependent full time student under 25.

35. The unused space provided on the Entitlement/Concession Card for listing the names of the family members to prevent the entry of additional names should be ruled through. The approved pharmacist should then copy the Entitlement/Concession Number which appears at the top of the Entitlement/Concession Card in the space provided on the PRF and sign and stamp each form with the pharmacy's stamp. The Entitlement/Concession Card issue details must be entered on the Safety Net Claim for Payment Form.

Issue of Supplementary Cards

36. 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.

37. All requests for the issue of supplementary Entitlement/Concession Cards at some time after the issue of the original card should be referred to the Health Insurance Commission in the State concerned. The Health Insurance Commission will issue a supplementary card when details of the original card are received.

Establishment by Eligible Entitlement/Concession Card Holders and Concessional Beneficiaries of Entitlements to Pharmaceutical Benefit Concessions

38. Any person may enter the relevant information to establish the patient as an eligible Entitlement/Concession Card holder or a concessional beneficiary in the spaces provided on prescription forms supplied by the Health Insurance Commission or the Department of Veterans' Affairs. The person entering the entitlement information shall complete all the relevant details applicable to the patient's entitlement on the prescription.

39. The characters 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., an eleven-character alpha-numeric identifier, or, in the case of cards issued by the Department of Veterans' Affairs cards, up to 9 alpha-numeric characters (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, 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 the information can be entered on the prescription if the prescription, when received from the dental practitioner, does not include the relevant information.

40. 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 entitlement information to be entered. In these cases a signature and date is not required on the declaration form.

Urgent Cases

41. In urgent cases, an approved pharmacist may supply a pharmaceutical benefit before the prescription is surrendered to him, if the dentist communicates the prescription to the approved pharmacist by telephone or other means. *In such cases the dentist 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.* This provision does not apply to prescriptions for supply by an approved pharmacist where the law of the State in which the approved pharmacist's premises are situated requires the prescription to be in writing.

Enquiries

42. Any enquiries regarding the Pharmaceutical Benefits Scheme or requests for publications or stationery should be made to the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission.

Repatriation Dental Prescribing

43. 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).

44. Prescriptions for PBS Dental Schedule items for gold and eligible 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.

45. 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.

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 together with the distribution of the Schedule of Pharmaceutical Benefits and stationery used by dental practitioners.

The telephone number listed against each of the Commission's processing centres is linked to your State of location.

Dental practitioners located in the Northern New South Wales region will have calls directed to Queensland. The local call rate will apply to the 132 290 number in each State.

The postal address for the Health Insurance Commission in all States/Territories is:

**Health Insurance Commission
GPO Box 9826
IN YOUR CAPITAL CITY**

NATIONAL PROGRAM MANAGEMENT

Health Programs Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901

Enquiries—

Tel: (02) 6203 6333

SOUTH AUSTRALIA and NORTHERN TERRITORY

Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063

Enquiries—

Tel: 132 290

NEW SOUTH WALES and AUSTRALIAN CAPITAL TERRITORY

Blacktown Processing Centre
Westpoint Tower
Level 5, 17 Patrick Street
Blacktown NSW 2148

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

VICTORIA

Pharmaceutical Branch
Medibank House
460 Bourke Street
Melbourne Vic 3000

Enquiries—

Tel: 132 290

TASMANIA

Pharmaceutical Branch
242 Liverpool Street
Hobart Tas 7000

Enquiries—

Tel: 132 290

QUEENSLAND

Pharmaceutical Services Branch
444 Queen Street
Brisbane Qld 4000

Enquiries—

Tel: 132 290

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 9668 9711 Fax: (02) 9668 8459	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
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101 Tel: (03) 9208 0000 Fax: (03) 9853 1915	BT	The Boots Company (Australia) Pty Ltd 21 Loyalty Road North Rocks NSW 2151 Tel: (02) 9842 7222 Fax: (02) 9842 7224
AF	Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344	BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123
AL	Alphapharm Medical A Division of Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344	CG	Ciba Division of Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551
AP	Astra Pharmaceuticals Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700	CS	CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351
AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450	DP	Douglas Pharmaceuticals Australia Limited 2/1B Kleins Road Northmead NSW 2152 Tel: (02) 8838 0999 Fax: (02) 8838 0988
AZ	AZA Research Pty Ltd 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4563 Fax: (02) 9325 4573	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
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	FM	Fawns and McAllan Pty Ltd A member of Sigma Group of Companies 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2801
BL	David Bull Laboratories A Division of F.H. Faulding & Co. Limited 2-10 Lexia Place Mulgrave North Vic 3170 Tel: (03) 9560 2533 Fax: (03) 9550 8341		

<i>Code</i>	<i>Manufacturer</i>
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
GR	GenPharm Australia 182 Alison Road Carrara Qld 4211 Tel: (07) 5524 2166 Fax: (07) 5524 2166
GW	Glaxo Wellcome Australia Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9729 5100 Fax: (03) 9729 5319
HX	Hexal Australia Pty Ltd Level 4, Suite 1-6 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
JT	Johnson & Johnson Pacific Pty Limited Stephen Road Botany NSW 2019 Tel: (02) 9316 0466 Fax: (02) 9666 3162
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
LE	Lederle Laboratories Division of Wyeth Australia Pty Limited 5 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 9624 9333 Fax: (02) 9674 5557
LY	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
MA	Medical Specialties Australia Pty Limited 2 McCabe Place Willoughby NSW 2068 Tel: (02) 9417 7955 Fax: (02) 9417 5779

<i>Code</i>	<i>Manufacturer</i>
MB	May & Baker Division of Rhône-Poulenc Rorer Australia Pty Ltd Maitland Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9894 3500 Fax: (02) 9899 1600
MD	Macarthur Research A Division of Syntex Australia Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9700 Fax: (02) 9981 3229
ME	Menley & James Division of SmithKline Beecham (Australia) Pty Ltd 300 Frankston Road Dandenong Vic 3175 Tel: (03) 9213 4444 Fax: (03) 9706 5883
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
MM	3M Pharmaceuticals Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
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
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

<i>Code</i>	<i>Manufacturer</i>
RC	Reckitt & Colman Pharmaceuticals 44 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4000 Fax: (02) 9325 4044
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
SD	Syntex Australia Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9700 Fax: (02) 9981 3229
SH	Schering-Plough Pty Ltd 11 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 9852 7444 Fax: (02) 9852 7500
SI	Sigma Pharmaceuticals Pty Ltd 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2801
SK	SmithKline Beecham (Australia) Pty Ltd 300 Frankston Road Dandenong Vic 3175 Tel: (03) 9213 4444 Fax: (03) 9706 5883
SL	Schein Bayer Pharmaceuticals Australia Suite 102, 4-10 Bridge Street Pymble NSW 2073 Tel: (02) 9440 0644 Fax: (02) 9440 0650
SU	Sauter Laboratories (Aust.) Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229

<i>Code</i>	<i>Manufacturer</i>
SW	Sanofi Winthrop Pty Ltd Riverview Park 166 Epping Road Lane Cove NSW 2066 Tel: (02) 9937 1777 Fax: (02) 9937 1799
UP	Upjohn Products Pharmacia & Upjohn Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
WR	Warner Lambert Consumer Healthcare Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6245
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

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-

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Various

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All other therapeutic products 22
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All other non-therapeutic products 22

Section 2

Schedule of Benefits

SYMBOLS USED IN THE SCHEDULE

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. For any item where a maximum quantity greater than 1 is marked with a double dagger, that maximum quantity should be prescribed.

A gauge sign (#) against the dispensed price of an item indicates that the product is not preconstituted.

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).

RESTRICTED BENEFITS

Items shown under the wording '**Restricted benefit**' may be prescribed as pharmaceutical benefit only for use for specified indications.

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'.

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%)

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

STOMATOLOGICAL PREPARATIONS

Stomatological preparations

- **Antiinfectives for local oral treatment**

3306B	AMPHOTERICIN Lozenge 10 mg	20	..	..	7.18	8.03	Fungilin	BQ
3343Y	NYSTATIN 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	Diffiam	MM
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ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES

Belladonna and derivatives, plain

- **Belladonna alkaloids, tertiary amines**

5022H	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	..	..	9.47	10.32	AP	
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Propulsives

- **Propulsives**

5151D	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	.. B2.00	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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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3374N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	..	..	*15.34	16.19	BL
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ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

Intestinal antiinfectives

• Antibiotics

3342X	NYSTATIN Tablet 500,000 units	50	..	..	12.39	13.24	Mycostatin Nilstat	BQ AY
3345C	Capsule 500,000 units	50	..	..	12.39	13.24	Mycostatin Nilstat	BQ AY

BLOOD AND BLOOD FORMING ORGANS

PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS

Blood and related products

• Plasma substitutes and plasma protein fractions

5068R	DEXTRAN 40 with GLUCOSE I.V. infusion 100 mg per mL- 139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	83.13	20.00	Rheomacrodex	MA
5069T	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	83.13	20.00	Rheomacrodex	MA
5070W	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	83.84	20.00	Macrodex	MA

I.V. solutions

• Solutions for parenteral nutrition

5106R	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.69	14.54	BX
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• Solutions affecting the electrolyte balance

5212H	SODIUM CHLORIDE I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*13.69	14.54	BX
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*10.52	11.37	BX

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
5214K	SODIUM CHLORIDE with GLUCOSE 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**

5142P	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	2	..	..	*11.60	12.45	Xylocard 100	AP
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Cardiac stimulants excl. cardiac glycosides

- **Adrenergic and dopaminergic agents**

5004J	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.03	9.88	AP
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Vasodilators used in cardiac diseases

- **Organic nitrates**

5108W	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	1	..	..	6.96	7.81	Anginine Stabilised	GW
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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	Sigmacort Squibb-HC	SI BQ
5113D	Cream 10 mg per g (1%), 50 g	1	..	..	6.66	7.51	Cortef Sigmacort Squibb-HC	UP SI 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 Squibb-HC	SI BQ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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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
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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
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5119K	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*37.82	20.00	Solu-Cortef UP
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METHYLPREDNISOLONE
ACETATE

❖ **Restricted benefit** ❖

For local intra-articular or peri-articular infiltration.

5148Y	Injection 40 mg in 1 mL	5	..	B 0.74	19.74 20.48	20.00 20.00	^a Depo-Nisolone KR ^a Depo-Medrol UP
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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
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PANCREATIC HORMONES

Glycogenolytic hormones

- Glycogenolytic hormones**

GLUCAGON HYDROCHLORIDE

5104P	Injection 1 i.u. with diluent	1	..	..	16.88	17.73	AZ
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Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

Tetracyclines

• Tetracyclines

3321T	DOXYCYCLINE Tablet 100 mg	7	..	..	7.15	8.00	^a Doxsig ^a Doxy-100 ^a Doxylin 100 ^a SBPA Doxycycline 100 mg	SI DP AF SL PF
				^B 0.74	7.89	8.00	^a Vibramycin	
3322W	Capsule 100 mg	7	..	..	7.15	8.00	^a DBL Doxycycline	BL FA
				^B 1.04	8.19	8.00	^a Doryx	
3383C	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	25	..	..	6.87	7.72	Achromycin	LE
3386F	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	..	..	6.87	7.72	Achromycin V Mystecclin-250	LE BQ
				^B 1.00	7.87	7.72	Tetrex	BC

Beta-lactam antibacterials, penicillins

• Penicillins with extended spectrum

3303W	AMOXYCILLIN Chewable tablet 250 mg	20	..	..	8.55	9.40	Amoxil	SK
3301R	Capsule 250 mg	20	..	..	7.67	8.52	^a Alphamox 250 ^a Bgramin ^a Cilamox ^a Moxacin SBPA Amoxycillin 250 mg	AF DP SI CS SL SK
				^B 0.69	8.36	8.52	^a Amoxil	
3300Q	Capsule 500 mg	20	..	..	10.98	11.83	^a Alphamox 500 ^a Bgramin ^a Cilamox ^a Moxacin SBPA Amoxycillin 500 mg	AF DP SI CS SL SK
				^B 0.79	11.77	11.83	^a Amoxil	
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 ^a Bgramin ^a Cilamox ^a Moxacin ^a Amoxil	AF DP SI CS SK
				^B 0.59	#9.95	10.59		

continued

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3393N	AMOXYCILLIN—cont. Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.68	11.91	^a Alphamox 250 ^a Bgramin ^a Cilamox ^a Moxacin 250 ^a Amoxil Forte	AF DP SI CS SK
				^B 0.59	#11.27	11.91		
5013W	AMPICILLIN 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 ^a Austrapen	RR 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 ^a Austrapen	RR CS
• Beta-lactamase sensitive penicillins								
5025L	BENZATHINE PENICILLIN Injection 900 mg in 2 mL cartridge- needle unit (for use with Tubex Injector)	1	..	..	19.76	20.00	Bicillin L-A Tubex	WY
5026M	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	32.49	20.00	Bicillin L-A	WY
3398W	BENZYL PENICILLIN Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C, 6921G, 6922H, 6923J apply to above item with approved solvents)	10	..	..	*21.28	20.00	BenPen	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	BenPen	CS
3359T	PHENOXYMETHYLPENICILLIN Tablet 125 mg	50	..	..	*10.84	11.69	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK Filmtab PVK	AB LY
3361X	Tablet 500 mg	50	..	..	*14.52	15.37	Abbocillin-VK Filmtab PVK	AB LY
3363B	Capsule 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK ^a Cilicaine VK ^a Cilopen VK LPV	AB SI DP CS
3364C	Capsule 500 mg	50	..	..	*14.52	15.37	^a Cilicaine VK ^a Cilopen VK LPV	SI DP CS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3365D	PHENOXYMETHYLPENICILLIN—cont. Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	B 0.80	*10.28 *11.08	11.13 11.13	^a Cilicaine V ^a Abbotcillin-V ^a LPV 125	SI AB CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. B 0.96	*12.66 *13.62	13.51 13.51	^a Abbotcillin-V ^a Cilicaine V ^a LPV 250	AB SI CS
3370J	PROCAINE PENICILLIN 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**

5098H	DICLOXACILLIN Injection 500 mg (solvent required) (codes 6933X, 6934Y, 6935B, 6936C, 6937D, 6938E apply to above item with approved solvents)	5	..	..	16.42	17.27	Diclocil	BQ
5099J	Injection 1 g (solvent required) (codes 6939F, 6940G, 6941H, 6942J, 6943K, 6944L apply to above item with approved solvents)	5	..	..	23.28	20.00	Diclocil	BQ

DICLOXACILLIN

❖ **Restricted benefit** ❖

Serious staphylococcal infections.

5096F	Capsule 250 mg	24	..	..	11.16	12.01	Diclocil Distaph 250	BQ AF
5097G	Capsule 500 mg	24	..	..	18.64	19.49	Diclocil Distaph 500	BQ AF

FLUCLOXACILLIN

CAUTION:

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

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	Flophen	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	Flophen	CS

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.

continued ➤

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
FLUCLOXACILLIN—cont.							
❖ Restricted benefit ❖							
<i>Serious staphylococcal infections.</i>							
5090X	Capsule 250 mg	24	..	..	11.16	12.01	^a Flopen CS
				^B 0.39	11.55	12.01	^a Staphylex 250 AF
							^a Floxapen SK
5091Y	Capsule 500 mg	24	..	..	18.64	19.49	^a Flopen CS
				^B 0.44	19.08	19.49	^a Staphylex 500 AF
							^a Floxapen SK
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
• Combinations of penicillins, incl. beta-lactamase inhibitors							
AMOXYCILLIN with CLAVULANIC ACID							
CAUTION:							
<i>Hepatotoxicity has been reported with this drug.</i>							
❖ Restricted benefit ❖							
<i>Infections where resistance to amoxycillin is suspected or proven.</i>							
5007M	Tablet 250 mg-125 mg	15	..	..	13.06	13.91	^a Clamoxyl ME
				^B 0.61	13.67	13.91	^a Clavulin 250 CS
							^a Augmentin SK
5008N	Tablet 500 mg-125 mg	15	..	..	16.77	17.62	^a Clamoxyl Forte ME
				^B 0.61	17.38	17.62	^a Clavulin 500 CS
							^a Augmentin Forte SK
5006L	Tablet 875 mg-125 mg	10	..	..	16.77	17.62	^a Clamoxyl Duo ME
				^B 0.61	17.38	17.62	^a Augmentin Duo forte SK
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	#1	..	..	#11.75	12.98	^a Clamoxyl ME
				^B 0.60	#12.35	12.98	^a Clavulin 125 CS
							^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 ME
				^B 0.60	#14.65	15.28	^a Clavulin 250 CS
							^a Augmentin Forte SK
TICARCILLIN with CLAVULANIC ACID							
❖ Restricted benefit ❖							
<i>Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent.</i>							
5230G	Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)	10	..	..	146.79	20.00	Timentin SK

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Other beta-lactam antibacterials								
• Cephalosporins and related substances								
CEFACLO								
CAUTION:								
Serum sickness-like reactions have been reported with this drug, especially in children.								
5045M	Tablet 375 mg (sustained release)	10	..	B _{0.75}	14.39 15.14	15.24 15.24	^a Keflor CD ^a Ceclor CD	AL LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	B _{0.75}	#13.52 #14.27	14.75 14.75	^a Keflor ^a Ceclor	AL LY
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	B _{0.74}	#14.05 #14.79	15.28 15.28	^a Keflor ^a Ceclor	AL LY
CEFOTAXIME								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent.</i>								
5048Q	<i>Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)</i>	10	..	..	*113.44	20.00	<i>Claforan</i>	<i>RL</i>
5049R	<i>Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)</i>	10	..	..	*211.24	20.00	<i>Claforan</i>	<i>RL</i>
CEFOTETAN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent.</i>								
5050T	<i>Injection 1 g (solvent required) (codes 7044R, 7045T, 7046W, 7047X, 7048Y, 7049B apply to above item with approved solvents)</i>	10	..	..	158.36	20.00	<i>Apatef</i>	<i>LE</i>
5051W	<i>Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)</i>	10	..	..	264.90	20.00	<i>Apatef</i>	<i>LE</i>
CEPHALEXIN								
3317N	Capsule 250 mg	20	..	B _{1.11}	8.14 9.25	8.99 8.99	^a Ibilex 250 ^a Keflex	AF LY
3318P	Capsule 500 mg	20	..	B _{1.11}	11.16 12.27	12.01 12.01	^a Ibilex 500 ^a Keflex	AF LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	B _{1.11}	#10.91 #12.02	12.14 12.14	^a Ibilex 125 ^a Keflex	AF LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	B _{1.11}	#13.11 #14.22	14.34 14.34	^a Ibilex 250 ^a Keflex	AF LY

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3376Q	CEPHALOTHIN 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 ^a Resprim	RO AF
				^B 1.10	8.50	8.25	^a Septrin	GW
3390K	Tablet 160 mg-800 mg	10	..	..	8.41	9.26	^a Bactrim DS ^a Resprim Forte ^a SBPA	RO AF
				^B 1.09	9.50	9.26	Trimethoprim and Sulfame- thoxazole DS ^a Septrin Forte	SL GW
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.92	8.77	^a Bactrim ^a Resprim	RO AF
				^B 1.07	8.99	8.77	^a Septrin	GW

Macrolides and lincosamides

• *Macrolides*

3324Y	ERYTHROMYCIN 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
3331H	ERYTHROMYCIN ESTOLATE 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
3336N	ERYTHROMYCIN ETHYL SUCCINATE Tablet 400 mg (base)	25	..	^B 1.00	8.63 9.63	9.48 9.48	^a E-Mycin ^a E.E.S. 400 Filmtab	AF AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	^B 1.10	#10.24 #11.34	11.47 11.47	^a E-Mycin 200 ^a E.E.S. 200	AF AB

continued ➡

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
3337P	ERYTHROMYCIN ETHYL SUCCINATE—cont. Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	‡1	..	B 1.10	#12.17 #13.27	13.40 13.40	^a E-Mycin 400 AF ^a E.E.S. Granules AB
5087R	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..		*42.84 42.84	20.00 20.00	^a Erythrocin AB ^a BL
3328E	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	..	..	7.60	8.45	Erythrocin Filmstab 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	..	B 1.46	14.90 16.36	15.75 15.75	^a Cleocin KR ^a Dalacin C UP
5058F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	#21.68	20.00	Dalacin C UP
5144R	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	15.29	16.14	Lincocin UP

Other antibacterials

• **Glycopeptide antibacterials**

VANCOMYCIN

❖ **Restricted benefit** ❖

Prophylaxis of endocarditis in patients hypersensitive to penicillin.

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

3339R	METRONIDAZOLE Tablet 200 mg	21	..	B 1.91	6.43 8.34	7.28 7.28	^a Metrogyl 200 AF ^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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5158L	METRONIDAZOLE—cont. Suppositories 1 g, 10	‡1	..	..	26.62	20.00	Flagyl	RR

METRONIDAZOLE**❖ Restricted benefit ❖***Treatment of anaerobic infections.*

5155H	Tablet 400 mg	21	..	B 1.92	9.24 11.16	10.09 10.09	^a Metrogyl 400 ^a Flagyl	AF RR
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❖ Restricted benefit ❖*Treatment in a hospital of acute anaerobic sepsis.*

5154G	I.V. infusion 500 mg in 100 mL	5	..	..	*28.49	20.00	BX	
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3341W	METRONIDAZOLE BENZOATE 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
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VACCINES**Bacterial vaccines****• Tetanus vaccines**

5223X	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.73	17.58	CS	
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MUSCULO-SKELETAL SYSTEM**ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS****Antiinflammatory and antirheumatic products, non-steroids****• Acetic acid derivatives and related substances**

5074C	DICLOFENAC POTASSIUM 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
5079H	DICLOFENAC SODIUM Suppository 100 mg	40	..	..	*22.82	20.00	Voltaren	CG

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	..	B 1.10	*13.44 *14.54	14.29 14.29	^a Diclohexal ^a Voltaren 25	HX CG
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Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5077F	DICLOFENAC SODIUM—cont. Tablet 50 mg (enteric coated)	50	..	.. B 1.75	10.69 12.44	11.54 11.54	^a Diclohexal ^a Fenac ^a Voltaren 50	HX AF CG
5128X	INDOMETHACIN Suppository 100 mg	40	..	..	*19.24	20.00	Indocid	MK
INDOMETHACIN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5126T	Capsule 25 mg	100	..	.. B 2.56	*7.64 *10.20	8.49 8.49	^a Arthrexin ^a Indocid	AF MK
SULINDAC								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5217N	Tablet 100 mg	100	..	.. B 1.02	*14.46 *15.48	15.31 15.31	^a Aclin ^a Clinoril	AF FR
5218P	Tablet 200 mg	50	..	.. B 1.54	13.36 14.90	14.21 14.21	^a Aclin 200 ^a Clinoril 200	AF FR
• Oxicams								
PIROXICAM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5201R	Dispersible tablet 10 mg	50	..	.. B 1.80	12.70 14.50	13.55 13.55	^a Candyl-D 10 mg ^a Mobilis D-10 ^a Pirohexal-D ^a Rosig-D ^a Feldene-D	DP AF HX SI PF
5202T	Dispersible tablet 20 mg	25	..	.. B 1.90	12.26 14.16	13.11 13.11	^a Candyl-D 20 mg ^a Mobilis D-20 ^a Pirohexal-D ^a Rosig-D ^a Feldene-D	DP AF HX SI PF
5203W	Capsule 10 mg	50	..	.. B 1.80	12.70 14.50	13.55 13.55	^a Candyl 10 mg ^a Mobilis 10 ^a Rosig ^a Feldene	DP AF SI PF
5204X	Capsule 20 mg	25	..	.. B 1.90	12.26 14.16	13.11 13.11	^a Candyl 20 mg ^a Mobilis 20 ^a Rosig ^a Feldene	DP AF SI PF

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
TENOICAM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5226C	Tablet 10 mg	50	..	..	13.26	14.11	Tilcotil	RO
• Propionic acid derivatives								
5124Q	IBUPROFEN Tablets 400 mg, 20	‡1	..	..	6.28	7.13	Brufen	KN
IBUPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5121M	Tablet 200 mg	100	..	..	*8.82	9.67	Rafen 200	AF
5123P	Tablet 400 mg	100	..	..	*12.08	12.93	Brufen	KN
5138K	KETOPROFEN Tablets 25 mg, 20	‡1	..	..	6.28	7.13	Orudis 25 mg	RR
5139L	Suppository 100 mg	40	..	..	*20.98	20.00	Orudis	RR
KETOPROFEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5133E	Capsule 50 mg	50	..	..	9.53	10.38	Orudis	RR
5135G	Capsule 100 mg (sustained release)	50	..	B 1.60	13.80 15.40	14.65 14.65	^a Oruwait SR ^a Orudis SR	MB RR
5136H	Capsule 200 mg (sustained release)	28	..	B 1.36	14.93 16.29	15.78 15.78	^a Oruwait SR ^a Orudis SR 200	MB RR
5185X	NAPROXEN Suppository 500 mg	40	..	..	*19.24	20.00	Naprosyn	SD
NAPROXEN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5176K	Tablet 250 mg	100	..	B 3.02	*14.26 *17.28	15.11 15.11	^a Inza 250 ^a Naprosyn	AF SD
5177L	Tablet 500 mg	50	..	B 1.71	13.15 14.86	14.00 14.00	^a Inza 500 ^a Naprosyn	AF SD

continued ➡

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
5178M	NAPROXEN—cont. Tablet 750 mg (sustained release)	28	..	B 1.68	12.19 13.87	13.04 13.04	^a Proxen SR 750 MD ^a Naprosyn SR750 SD
5179N	Tablet 1 g (sustained release)	28	..	.. B 1.77	14.81 16.58	15.66 15.66	^a Proxen SR 1000 MD ^a Naprosyn SR1000 SD
5180P	Oral suspension 125 mg per 5 mL, 500 mL	‡1	..	..	18.96	19.81	Naprosyn SD

NAPROXEN SODIUM❖ **Restricted benefit** ❖

*Chronic arthropathies (including osteoarthritis) with an inflammatory component;
Bone pain due to malignant disease.*

5186Y	Tablet 550 mg NOTE: <i>Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.</i>	50	..	..	13.15	14.00	Anaprox 550 SD
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- **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**

5063L	CODEINE PHOSPHATE Tablet 30 mg NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.	20	..	..	9.07	9.92	FM
3315L	CODEINE PHOSPHATE with ASPIRIN Tablet 30 mg-325 mg	20	..	..	6.87	7.72	Codral Forte GW
3316M	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg	20	..	.. B 0.79	6.86 7.65	7.71 7.71	^a Codalgin Forte FM ^a Panadeine Forte Caplets SW ^a Dymadon Forte GW

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MORPHINE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5237P	Oral solution 2 mg per mL, 200 mL	1	..	..	14.37	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:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
5168B	Injection 10 mg in 1 mL	5	..	..	10.41	11.26	BL SI	
5169C	Injection 15 mg in 1 mL	5	..	..	10.74	11.59	BL SI	
5170D	Injection 30 mg in 1 mL	5	..	..	11.99	12.84	BL	
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5163R	Tablet 30 mg	20	..	..	11.33	12.18	Anamorph	FM
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
❖ Restricted benefit ❖								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
5162Q	Tablet 5 mg (controlled release)	20	..	..	11.08	11.93	MS Contin	PS
5164T	Tablet 10 mg (controlled release)	20	..	..	14.39	15.24	MS Contin	PS

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

OXYCODONE**CAUTION:**

The risk of drug dependence is high.

❖ **Restricted benefit** ❖

Severe disabling pain not responding to non-narcotic analgesics.

5194J	Suppository 30 mg	12	..	..	17.23	18.08	Proladone	KN
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NOTE:

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

OXYCODONE HYDROCHLORIDE**CAUTION:**

The risk of drug dependence is high.

❖ **Restricted benefit** ❖

Severe disabling pain not responding to non-narcotic analgesics.

5195K	Tablet 5 mg	20	..	..	9.27	10.12	Endone	BT
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NOTE:

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

• **Phenylpiperidine derivatives****PETHIDINE HYDROCHLORIDE****CAUTION:**

The risk of drug dependence is high.

❖ **Restricted benefit** ❖

Short-term treatment of acute pain.

5199P	Injection 50 mg in 1 mL	5	..	..	9.53	10.38	BL SI	
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continued ➡

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
5200G	PETHIDINE HYDROCHLORIDE—cont. Injection 100 mg in 2 mL	5	..	..	9.97	10.82	BL SI

NOTE:

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

Other analgesics and antipyretics• **Salicylic acid and derivatives**

5017C	ASPIRIN Tablet 300 mg	100	..	..	6.01	6.86	Spren	SI
5018D	Tablet 300 mg (dispersible)	96	..	..	6.02	6.87	Solprin	RC

• **Anilides**

5196L	PARACETAMOL Tablet 500 mg	100	..	..	7.48	8.33	Dymadon P ^a Febridol ^a Panamax ^a Paralgin Tylenol RR	WR GR SW FM JT
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	7.52	8.37	Dymadon Panamax	WR SW
3349G	Elixir 240 mg per 5 mL, 200 mL	‡1	..	..	9.73	10.58	Panamax 240 Elixir	SW

ANTIEPILEPTICS**Antiepileptics**• **Carboxamide derivatives**

5039F	CARBAMAZEPINE Tablet 100 mg	200	..	..	21.28	20.00	Tegretol 100	CG
5040G	Tablet 200 mg	200	..	B ₁ 1.18	36.64 37.82	20.00 20.00	^a Teril ^a Tegretol 200	AF 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**

5031T	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	..	..	17.76	18.61	Cogentin	MK
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Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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SENSORY ORGANS**OPHTHALMOLOGICALS****Antiinfectives**• **Antibiotics**

5055C	CHLORAMPHENICOL Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	7.22	8.07	Chloromycetin Chlorsig	PD SI
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CAUTION:

Topical chloramphenicol may cause aplastic anaemia.

VARIOUS**ALL OTHER THERAPEUTIC PRODUCTS****All other therapeutic products**• **Antidotes**

5173G	NALOXONE HYDROCHLORIDE Injection 400 micrograms in 1 mL	1	..	..	18.40	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**

5209E	SODIUM CHLORIDE Injection 9 mg per mL (0.9%), 2 mL	5	..	..	9.94	10.79	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	12.43	13.28	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	12.80	13.65	AP	
3394P	WATER FOR INJECTIONS, STERILISED Injection 2 mL	5	..	..	9.65	10.50	AP	
3395Q	Injection 5 mL	5	..	..	11.23	12.08	AP	
3396R	Injection 10 mL	5	..	..	12.71	13.56	AP	

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ASPIRIN	20	D	
ATROPINE SULFATE	3	Dalacin C (UP)	13
Augmentin (SK)	10	DBL Doxycycline (BL)	7
Augmentin Duo forte (SK)	10	Depo-Medrol (UP)	6
Augmentin Forte (SK)	10	Depo-Nisolone (KR)	6
Austrapen (CS)	8	DEXTRAN 40 with GLUCOSE	4
B		DEXTRAN 40 with SODIUM CHLORIDE	4
Bactrim (RO)	12	DEXTRAN 70 with SODIUM CHLORIDE	4
Bactrim DS (RO)	12	DIAZEPAM	21
BenPen (CS)	8	Diclocil (BQ)	9
BENZATHINE PENICILLIN	8	DICLOFENAC POTASSIUM	14
BENZTROPINE MESYLATE	20	DICLOFENAC SODIUM	14
BENZYDAMINE HYDROCHLORIDE	3	Diclohexal (HX)	14,15
BENZYL PENICILLIN	8	DICLOXACILLIN	9
BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE	6	Diffiam (MM)	3
Bgramin (DP)	7,8	DIFLUNISAL	17
Bicillin L-A (WY)	8	Distaph 250 (AF)	9
Bicillin L-A Tubex (WY)	8	Distaph 500 (AF)	9
Brufen (KN)	16	Dolobid (MK)	17
C		Doryx (FA)	7
Candyl 10 mg (DP)	15	Doxsig (SI)	7
Candyl 20 mg (DP)	15	Doxy-100 (DP)	7
Candyl-D 10 mg (DP)	15	DOXYCYCLINE	7
Candyl-D 20 mg (DP)	15	Doxylin 100 (AF)	7
CARBAMAZEPINE	20	Ducene (SU)	21
Ceclor (LY)	11	Dymadon (WR)	20
Ceclor CD (LY)	11	Dymadon Forte (GW)	17
		Dymadon P (WR)	20

E		LPV 250 (CS)	9
E.E.S. 200 (AB).....	12	M	
E.E.S. 400 Filmtab (AB).....	12	Macrodex (MA).....	4
E.E.S. Granules (AB).....	13	Maxolon (SK).....	3
EMU-V (UP).....	12	METHYLPREDNISOLONE ACETATE.....	6
E-Mycin (AF).....	12	METOCLOPRAMIDE HYDROCHLORIDE.....	3
E-Mycin 200 (AF).....	12	Metrogyl 200 (AF).....	13
E-Mycin 400 (AF).....	13	Metrogyl 400 (AF).....	13,14
Endone (BT).....	19	METRONIDAZOLE.....	13,14
Eryc (FA).....	12	METRONIDAZOLE BENZOATE.....	14
Eryc LD (FA).....	12	Mobilis 10 (AF).....	15
Erythrocin (AB).....	13	Mobilis 20 (AF).....	15
Erythrocin Filmtab (AB).....	13	Mobilis D-10 (AF).....	15
Erythrocin-I.M. (AB).....	12	Mobilis D-20 (AF).....	15
ERYTHROMYCIN.....	12	Mogadon (RO).....	21
ERYTHROMYCIN ESTOLATE.....	12	MORPHINE HYDROCHLORIDE.....	18
ERYTHROMYCIN ETHYL SUCCINATE.....	12	MORPHINE SULFATE.....	18
ERYTHROMYCIN LACTOBIONATE.....	13	Moxacin (CS).....	7
ERYTHROMYCIN STEARATE.....	13	Moxacin 250 (CS).....	8
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Feldene (PF).....	15	Mycostatin (BQ).....	3,4
Feldene-D (PF).....	15	Mysteclin-250 (BQ).....	7
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Flagyl S (RR).....	14	Naloxone Min-I-Jet (CS).....	22
Flopen (CS).....	9,10	Naprosyn (SD).....	16,17
Floxapen (SK).....	10	Naprosyn SR750 (SD).....	17
FLUCLOXACILLIN.....	9	Naprosyn SR1000 (SD).....	17
Fungilin (BQ).....	3	NAPROXEN.....	16
G		NAPROXEN SODIUM.....	17
GLUCAGON HYDROCHLORIDE.....	6	Nilstat (AY).....	3,4
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GLYCERYL TRINITRATE.....	5	Nocturne (WX).....	21
H		Nomapam 10 (AD).....	21
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HYDROCORTISONE SODIUM SUCCINATE.....	6	NYSTATIN.....	3,4
I		O	
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Ibilex 250 (AF).....	11	Ordine 5 (PU).....	18
Ibilex 500 (AF).....	11	Ordine 10 (PU).....	18
IBUPROFEN.....	16	Orudis (RR).....	16
Ilosone (LY).....	12	Orudis 25 mg (RR).....	16
Indocid (MK).....	15	Orudis SR (RR).....	16
INDOMETHACIN.....	15	Orudis SR 200 (RR).....	16
Inza 250 (AF).....	16	Oruvail SR (MB).....	16
Inza 500 (AF).....	16	OXAZEPAM.....	21
K		OXYCODONE.....	19
Kapanol (GW).....	19	OXYCODONE HYDROCHLORIDE.....	19
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Keflin Neutral (LY).....	12	Panadeine Forte Caplets (SW).....	17
Keflor (AL).....	11	Panamax (SW).....	20
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Kenacort-A10 (BQ).....	6	PARACETAMOL.....	20
KETOPROFEN.....	16	Paralgin (FM).....	20
L		PETHIDINE HYDROCHLORIDE.....	19
LIGNOCAINE HYDROCHLORIDE.....	5	PHENOXYMETHYLPENICILLIN.....	8
Lincocin (UP).....	13	Pirohexal-D (HX).....	15
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<i>Proladone (KN)</i>	19	<i>Voltaren Rapid 50 (CG)</i>	14
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<i>Proxen SR 750 (MD)</i>	17	WATER FOR INJECTIONS, STERILISED.....	22
<i>Proxen SR 1000 (MD)</i>	17	X	
<i>PVK (LY)</i>	8	<i>Xylocard 100 (AP)</i>	5
R			
<i>Rafen 200 (AF)</i>	16		
<i>Resprim (AF)</i>	12		
<i>Resprim Forte (AF)</i>	12		
<i>Rheomacrodex (MA)</i>	4		
<i>Rosig (SI)</i>	15		
<i>Rosig-D (SI)</i>	15		
S			
<i>SBPA Amoxycillin 250 mg (SL)</i>	7		
<i>SBPA Amoxycillin 500 mg (SL)</i>	7		
<i>SBPA Doxycycline 100 mg (SL)</i>	7		
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<i>Septin (GW)</i>	12		
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<i>Serepax (WY)</i>	21		
<i>Sigmacort (SI)</i>	5		
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<i>Spren (SI)</i>	20		
<i>Squibb-HC (BQ)</i>	5		
<i>Staphylex 250 (AF)</i>	10		
<i>Staphylex 500 (AF)</i>	10		
<i>Stemetil (RR)</i>	3		
SULINDAC.....	15		
T			
<i>Tegretol (CG)</i>	20		
<i>Tegretol 100 (CG)</i>	20		
<i>Tegretol 200 (CG)</i>	20		
<i>Tegretol CR 200 (CG)</i>	20		
<i>Tegretol CR 400 (CG)</i>	20		
<i>Temaze (AF)</i>	21		
<i>Temaze 10 (AF)</i>	21		
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<i>Teril (AF)</i>	20		
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TETRACYCLINE HYDROCHLORIDE (BUFFERED)...	7		
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<i>Tilcotil (RO)</i>	16		
<i>Timentin (SK)</i>	10		
TRIAMCINOLONE ACETONIDE.....	6		
TRIMETHOPRIM with SULFAMETHOXAZOLE.....	12		
<i>Tylenol (JT)</i>	20		
V			
<i>Valium (RO)</i>	21		
<i>Vancocin (LY)</i>	13		
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<i>Vibramycin (PF)</i>	7		
<i>Voltaren (CG)</i>	14		
<i>Voltaren 25 (CG)</i>	14		
<i>Voltaren 50 (CG)</i>	15		



Commonwealth Department of
Health and
Family Services

Schedule of Pharmaceutical Benefits

**for Approved Pharmacists
and Medical Practitioners**

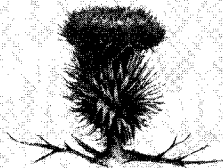
Effective from 1 November 1998

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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Report of a Suspected Adverse Drug Reaction including Birth Defects

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

Patient (Initials or Record No. only):

Age:

Height:

Sex:

Weight:

Adverse Reaction Description:

Date of Onset of Reaction:/...../.....

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

Treatment (of reaction):

Outcome: Recovered ☐ Not Yet Recovered ☐ Unknown ☐ Fatal ☐

Date of Death/...../.....

Sequelae: No ☐ Yes ☐ (describe)

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

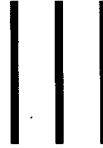
Reporting Doctor, Pharmacist, Etc:

Name:

Address:

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

No postage stamp required
if posted in Australia



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

Sender's name and address

Postcode

Fold here
↓
↑
Fold here

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



Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners

**OPERATIVE FROM 1 NOVEMBER 1998
(ALL PREVIOUS EDITIONS CANCELLED)**

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THERAPEUTIC PREMIUM POLICY
PHARMACEUTICAL BENEFIT ITEMS
WHICH HAVE A THERAPEUTIC GROUP PREMIUM
FROM 1 NOVEMBER 1998

The Schedule of Pharmaceutical Benefits shows differences in price in some therapeutic groups where alternative drugs may have a therapeutic group premium.

The Therapeutic Premium Policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety and health outcomes.

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

Therapeutic group premiums apply where a prescriber has prescribed a drug within a therapeutic group which attracts a therapeutic premium and has not sought an exemption on clinical grounds from the HIC.

The exemption provisions are:

- adverse effects and/or drug interactions occurring, or expected to occur, with all of the based-priced drugs; or
- the transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.

The premiums are not a Government charge but reflect the fact that the suppliers of the drug charge a price higher than what the Government is willing to subsidise.

Under the Therapeutic Premium Policy drug substitution by pharmacists is not permitted.

For ease of prescribing and dispensing, and in the interest of your patients, the following list shows those PBS drugs which attract a therapeutic group premium.

Premium Priced Brand	Form and Strength	Max. Qty	Therapeutic Group Premium \$	Benchmark Priced Brands
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H₂-RECEPTOR ANTAGONISTS

<i>Amfamox 20</i>	Tablet 20 mg	60	3.89	
<i>Amfamox 40</i>	Tablet 40 mg	30	3.89	
<i>Pepcidine</i>	Tablet 40 mg	30	3.89	
<i>Pepcidine M</i>	Tablet 20 mg	60	3.89	
<i>Tagamet 800 Express</i>	Effervescent tablet 800 mg (as hydrochloride)	30	4.30	
<i>Zantac</i>	Effervescent tablet 150 mg (base)	60	0.71	
<i>Zantac Syrup</i>	Syrup 150 mg (base) per 10 mL, 300 mL	2	0.70	

The base-priced drugs in this group are cimetidine, nizatidine and ranitidine hydrochloride.

DIHYDROPYRIDINE-DERIVATIVE CALCIUM CHANNEL BLOCKERS

<i>Norvasc</i>	Tablet 5 mg (base)	30	2.86	
	Tablet 10 mg (base)	30	4.46	

The base-priced drugs in this group are felodipine and nifedipine.

ACE INHIBITORS

<i>Amprace 5</i>	Tablet 5 mg	30	2.01	
<i>Amprace 10</i>	Tablet 10 mg	30	2.00	
<i>Amprace 20</i>	Tablet 20 mg	30	2.00	
<i>Monopril</i>	Tablet 10 mg	30	1.70	
	Tablet 20 mg	30	1.70	
<i>Prinivil 5</i>	Tablet 5 mg	30	1.40	
<i>Prinivil 10</i>	Tablet 10 mg	30	1.40	
<i>Prinivil 20</i>	Tablet 20 mg	30	1.40	
<i>Renitec M</i>	Tablet 5 mg	30	2.01	
<i>Renitec</i>	Tablet 10 mg	30	2.00	
<i>Renitec 20</i>	Tablet 20 mg	30	2.00	
<i>Zestril</i>	Tablet 5 mg	30	1.40	
	Tablet 10 mg	30	1.40	
	Tablet 20 mg	30	1.40	

The base-priced drugs in this group are captopril, cilazapril monhydrate, perindopril erbumine, quinapril hydrochloride, ramipril andtrandolapril.

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND WHICH MAY BE SUBSTITUTED WITH EFFECT FROM 1 NOVEMBER 1998

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 (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium). 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.

Prescription forms supplied by the Health Insurance Commission contain a box to be ticked where brand substitution is not to take place.

Prescribers not using these prescription forms 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
<i>Abbacillin-V</i>	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	0.80	<i>Cilicaine V</i>
<i>Adalat 20</i>	Tablet 20 mg	60	1.55	<i>Adapine 20; Nifecard 20 mg; Nyefax 20 mg; SBPA Nifedipine 20 mg</i>
<i>Aldactone</i>	Tablet 25 mg	100	1.65	<i>Spiractin 25</i>
	Tablet 100 mg	100	1.66	<i>Spiractin 100</i>
<i>Aldomet</i>	Tablet 250 mg	100	1.52	<i>Aldopren 250; Hydopa</i>
<i>Amoxil</i>	Capsule 250 mg	20	0.69	<i>Alphamox 250; Bgramin; Cilamox; Moxacin</i>
	Capsule 500 mg	20	0.79	<i>Alphamox 500; Bgramin; Cilamox; Moxacin</i>
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.59	<i>Alphamox 125; Bgramin; Cilamox; Moxacin</i>
<i>Amoxil Forte</i>	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.59	<i>Alphamox 250; Bgramin; Cilamox; Moxacin 250</i>
<i>Anafranil</i>	Tablet 25 mg	50	1.19	<i>Placil</i>
<i>Androcur</i>	Tablet 50 mg	20	1.50	<i>Cyprone</i>
	Tablet 50 mg	100	1.80	<i>Cyprone</i>
<i>Atrovent</i>	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	0.50	<i>Ipratrin</i>
<i>Atrovent Adult</i>	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	0.50	<i>Ipratrin Adult</i>
<i>Augmentin</i>	Tablet 250 mg-125 mg	15	0.61	<i>Clamoxyl; Clavulin 250</i>
	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	1	0.60	<i>Clamoxyl; Clavulin 125</i>
<i>Augmentin Duo forte</i>	Tablet 875 mg-125 mg	10	0.61	<i>Clamoxyl Duo forte</i>
<i>Augmentin Forte</i>	Tablet 500 mg-125 mg	15	0.61	<i>Clamoxyl Forte; Clavulin 500</i>
	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	1	0.60	<i>Clamoxyl Forte; Clavulin 250</i>
<i>Becloforte</i>	Oral pressurised inhalation 250 micrograms per dose (200 doses)	1	0.50	<i>Respocort 250 Inhaler</i>
<i>Becotide</i>	Oral pressurised inhalation 50 micrograms per dose (200 doses)	1	0.49	<i>Respocort 50 Inhaler</i>
<i>Becotide 100</i>	Oral pressurised inhalation 100 micrograms per dose (200 doses)	1	0.50	<i>Respocort 100 Inhaler</i>
<i>Betaloc</i>	Tablet 50 mg	100	1.10	<i>Metohexal; Minax 50</i>
	Tablet 100 mg	60	1.10	<i>Metohexal; Minax 100</i>
<i>Betoptic</i>	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	1	1.00	<i>BetoQuin</i>
<i>Brevinor</i>	Tablets 500 micrograms-35 micrograms, 21	4	6.08	<i>Norimin 28 Day</i>
	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	6.08	<i>Norimin 28 Day</i>
<i>Brevinor-1</i>	Tablets 1 mg-35 micrograms, 21	4	6.08	<i>Norimin-1 28 Day</i>
	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	6.08	<i>Norimin-1 28 Day</i>
<i>Capoten</i>	Tablet 12.5 mg	90	1.95	<i>Acenorm 12.5 mg; Capace 12.5; Captophexal; DBL Captopril; Enzace 12.5 mg; SBPA Captopril 12.5</i>
	Tablet 25 mg	90	1.95	<i>Acenorm 25 mg; Capace 25; Captophexal; DBL Captopril; Enzace 25 mg; SBPA Captopril 25</i>
	Tablet 50 mg	90	1.95	<i>Acenorm 50 mg; Capace 50; Captophexal; DBL Captopril; Enzace 50 mg; SBPA Captopril 50</i>
<i>Carafate</i>	Tablet equivalent to 1 g anhydrous sucralfate	120	1.65	<i>Ulcylte</i>
<i>Cardizem</i>	Tablet 60 mg	90	1.00	<i>Auscald; Cardcal 60; Coras; Diltahexal; Diltamax; Dilzem 60 mg; SBPA Diltiazem</i>
<i>Ceclor</i>	Powder for oral suspension 125 mg per 5 mL, 100 mL	1	0.75	<i>Keflor</i>
	Powder for oral suspension 250 mg per 5 mL, 75 mL	1	0.74	<i>Keflor</i>
<i>Ceclor CD</i>	Tablet 375 mg (sustained release)	10	0.75	<i>Keflor CD</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Clinoril</i>	Tablet 100 mg	100	1.02	<i>Aclin</i>
<i>Clinoril 200</i>	Tablet 200 mg	50	1.54	<i>Aclin 200</i>
<i>Clomid</i>	Tablet 50 mg	10	2.46	<i>Serophene</i>
<i>Cordilox</i>	Tablet 40 mg	100	1.00	<i>Anpec 40; Verahexal</i>
	Tablet 80 mg	100	0.99	<i>Anpec 80; Verahexal</i>
<i>Cordilox SR</i>	Tablet 240 mg (sustained release)	30	1.00	<i>Anpec SR</i>
<i>Dalacin C</i>	Capsule 150 mg	25	1.46	<i>Cleocin</i>
<i>Daonil</i>	Tablet 5 mg	100	1.00	<i>Glimet</i>
<i>Depo-Medrol</i>	Injection 40 mg in 1 mL	5	0.74	<i>Depo-Nisolone</i>
<i>Depo-Provera</i>	Injection 150 mg in 1 mL	1	3.30	<i>Depo-Ralovera</i>
<i>Diabex</i>	Tablet 500 mg	100	1.10	<i>Diaformin; Glucomet 500 mg</i>
<i>Diabex 850</i>	Tablet 850 mg	60	1.10	<i>Diaformin 850; Glucomet 850 mg</i>
<i>Diprosone</i>	Cream 500 micrograms per g (0.05%), 15 g	1	2.00	<i>Eleuphrat</i>
	Ointment 500 micrograms per g (0.05%), 15 g	1	2.00	<i>Eleuphrat</i>
	Lotion 500 micrograms per g (0.05% w/w), 30 mL	1	2.00	<i>Eleuphrat</i>
<i>Doryx</i>	Capsule 100 mg	7	1.04	<i>DBL Doxycycline</i>
	Capsule 50 mg	25	0.97	<i>DBL Doxycycline</i>
	Capsule 100 mg	28	4.16	<i>DBL Doxycycline</i>
	Capsule 100 mg	21	1.39	<i>DBL Doxycycline</i>
<i>Duphalac</i>	Mixture 3.34 g per 5 mL, 500 mL	1	1.76	<i>Actilax; Lac-Dol</i>
<i>Dyazide</i>	Tablet 25 mg-50 mg	100	3.50	<i>Hydrene 25/50</i>
<i>Dymadon Forte</i>	Tablet 30 mg-500 mg	20	0.79	<i>Codalgin Forte; Panadeine Forte Caplets</i>
<i>E.E.S. Granules</i>	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	1	1.10	<i>E-Mycin 400</i>
<i>E.E.S. 200</i>	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	1	1.10	<i>E-Mycin 200</i>
<i>E.E.S. 400</i>	Tablet 400 mg (base)	25	1.00	<i>E-Mycin</i>
<i>Filmstab</i>				
<i>Eldepryl</i>	Tablet 5 mg	100	1.00	<i>Selgene</i>
<i>Epilim EC</i>	Tablet 200 mg (enteric coated)	200	1.00	<i>Valpro 200</i>
	Tablet 500 mg (enteric coated)	200	1.00	<i>Valpro 500</i>
<i>Fasigyn</i>	Tablet 500 mg	4	1.93	<i>Simplotan</i>
<i>Feldene</i>	Capsule 10 mg	50	1.80	<i>Candyl 10 mg; Mobilis 10; Rosig</i>
	Capsule 20 mg	25	1.90	<i>Candyl 20 mg; Mobilis 20; Rosig</i>
<i>Feldene-D</i>	Dispersible tablet 10 mg	50	1.80	<i>Candyl-D 10 mg; Mobilis D-10; Pirohexal-D; Rosig-D</i>
	Dispersible tablet 20 mg	25	1.90	<i>Candyl-D 20 mg; Mobilis D-20; Pirohexal-D; Rosig-D</i>
<i>Flagyl</i>	Tablet 200 mg	21	1.91	<i>Metrogyl 200</i>
	Tablet 400 mg	21	1.92	<i>Metrogyl 400</i>
<i>Floxapen</i>	Capsule 250 mg	24	0.39	<i>Flopen; Staphylex 250</i>
	Capsule 500 mg	24	0.44	<i>Flopen; Staphylex 500</i>
<i>Glucophage</i>	Tablet 500 mg	100	1.10	<i>Diaformin; Glucomet 500 mg</i>
	Tablet 850 mg	60	1.10	<i>Diaformin 850; Glucomet 850 mg</i>
<i>Imdur Durule</i>	Tablet 60 mg (sustained release)	30	1.38	<i>Duride; Imtrate 60 mg; Monodur 60 mg</i>
<i>Imdur 120 mg</i>	Tablet 120 mg (sustained release)	30	1.38	<i>Monodur 120 mg</i>
<i>Imodium</i>	Capsule 2 mg	12	1.00	<i>Gastro-Stop Loperamide</i>
<i>Inderal</i>	Tablet 160 mg	50	2.00	<i>Deralin 160</i>
<i>Indocid</i>	Capsule 25 mg	100	2.56	<i>Arthrexin</i>
<i>Intal</i>	Solution for inhalation 20 mg in 2 mL ampoule	120	2.32	<i>Cromese Sterinebs</i>
<i>Isoptin</i>	Tablet 40 mg	100	1.00	<i>Anpec 40; Verahexal</i>
	Tablet 80 mg	100	0.99	<i>Anpec 80; Verahexal</i>
<i>Isoptin SR</i>	Tablet 240 mg (sustained release)	30	1.00	<i>Anpec SR</i>
<i>Isopto Carpine</i>	Eye drops 5 mg per mL (0.5%), 15 mL	1	0.50	<i>IQ brand</i>
	Eye drops 10 mg per mL (1%), 15 mL	1	0.50	<i>IQ brand</i>
	Eye drops 20 mg per mL (2%), 15 mL	1	0.50	<i>IQ brand</i>
	Eye drops 30 mg per mL (3%), 15 mL	1	0.50	<i>IQ brand</i>
	Eye drops 40 mg per mL (4%), 15 mL	1	0.50	<i>IQ brand</i>
<i>Isordil</i>	Tablet 10 mg	200	2.98	<i>Sorbidin</i>
<i>Keflex</i>	Capsule 250 mg	20	1.11	<i>Ibilex 250</i>
	Capsule 500 mg	20	1.11	<i>Ibilex 500</i>
	Granules for syrup 125 mg per 5 mL, 100 mL	1	1.11	<i>Ibilex 125</i>
	Granules for syrup 250 mg per 5 mL, 100 mL	1	1.11	<i>Ibilex 250</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Kenacomb Otic</i>	Ear drops 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%- 0.25%-0.025%-100,000 units per g), 7.5 mL	1	1.10	<i>Otocomb Otic</i>
	Ear ointment 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%- 0.25%-0.025%-100,000 units per g), 5 g	1	1.10	<i>Otocomb Otic</i>
<i>Lasix</i>	Tablet 40 mg	100	0.93	<i>Frusehexal 40 mg; Uremide</i>
<i>Ledertrexate</i>	Injection 5 mg in 2 mL	5	4.85	<i>BL brand</i>
<i>Lioresal 10</i>	Tablet 10 mg	100	1.10	<i>Clofen 10</i>
<i>Lioresal 25</i>	Tablet 25 mg	100	1.10	<i>Clofen 25</i>
<i>Lornotil</i>	Tablet 2.5 mg-25 micrograms	20	1.22	<i>Lofenoxal</i>
<i>Lopid</i>	Tablet 600 mg	60	1.65	<i>Ausgem; Gemfibromax 600 mg; Gemhexal; Jezil; Lipazil 600 mg; SBPA Gemfibrozil</i>
<i>LPV 125</i>	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	0.80	<i>Cilicaine V</i>
<i>LPV 250</i>	Oral suspension 250 mg per 5 mL, 100 mL	2	0.96	<i>Abbocillin-V; Cilicaine V</i>
<i>Melleril</i>	Tablet 10 mg	100	0.75	<i>Aldazine 10</i>
	Tablet 25 mg	100	0.75	<i>Aldazine 25</i>
	Tablet 50 mg	100	0.75	<i>Aldazine 50</i>
	Tablet 100 mg	100	0.74	<i>Aldazine 100</i>
<i>Microgynon 30</i>	Tablets 150 micrograms-30 micrograms, 21	4	7.28	<i>Levlen ED</i>
<i>Microgynon 30 ED</i>	Pack containing 21 tablets 150 micrograms- 30 micrograms and 7 inert tablets	4	7.28	<i>Levlen ED</i>
<i>Midamor</i>	Tablet 5 mg	100	2.38	<i>Kaluri; Midoride 5</i>
<i>Minidiab</i>	Tablet 5 mg	100	0.86	<i>Melizide</i>
<i>Minipress</i>	Tablet 1 mg (base)	100	1.99	<i>Mipraz 1; Prasig; Pressin 1</i>
	Tablet 2 mg (base)	100	1.99	<i>Mipraz 2; Prasig; Pressin 2</i>
	Tablet 5 mg (base)	100	1.99	<i>Mipraz 5; Prasig; Pressin 5</i>
<i>Minomycin</i>	Capsule 100 mg	11	0.23	<i>Akamin 100</i>
<i>Minomycin-50</i>	Tablet 50 mg	60	0.31	<i>Akamin 50</i>
<i>Moduretic</i>	Tablet 50 mg-5 mg	100	2.22	<i>Amizide; Modizide 50/5</i>
<i>Mogadon</i>	Tablet 5 mg	25	1.12	<i>Alodorm</i>
	Tablet 5 mg	50	2.24	<i>Alodorm</i>
<i>Mylanta</i>	Tablet 200 mg-200 mg	200	0.30	<i>Gelusil</i>
	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	0.30	<i>Gelusil; Sigma Liquid Antacid</i>
<i>Naprosyn</i>	Tablet 250 mg	100	3.02	<i>Inza 250</i>
	Tablet 500 mg	50	1.71	<i>Inza 500</i>
<i>Naprosyn SR750</i>	Tablet 750 mg (sustained release)	28	1.68	<i>Proxen SR 750</i>
<i>Naprosyn SR1000</i>	Tablet 1 g (sustained release)	28	1.77	<i>Proxen SR 1000</i>
<i>Natrilix</i>	Tablet 2.5 mg	90	2.73	<i>Dapa-Tabs; Insig; Napamide 2.5 mg; Naride 2.5</i>
<i>Nordette 21</i>	Tablets 150 micrograms-30 micrograms, 21	4	7.28	<i>Monofeme 28</i>
<i>Nordette 28</i>	Pack containing 21 tablets 150 micrograms- 30 micrograms and 7 inert tablets	4	7.28	<i>Monofeme 28</i>
<i>Noriday 28 Day</i>	Tablets 350 micrograms, 28	4	2.48	<i>Locilan 28 Day</i>
<i>Normison</i>	Tablet 10 mg	25	1.00	<i>Temaze; Temtabs</i>
	Capsule 10 mg	25	1.00	<i>Nocturne; Temaze 10</i>
	Tablet 10 mg	50	2.00	<i>Temaze; Temtabs</i>
	Capsule 10 mg	50	2.00	<i>Nocturne; Temaze 10</i>
<i>Ogen .625</i>	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	0.74	<i>Genoral 0.625</i>
<i>Ogen 1.25</i>	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	0.74	<i>Genoral 1.25</i>
<i>Orudis SR</i>	Capsule 100 mg (sustained release)	50	1.60	<i>Oruvail SR</i>
<i>Orudis SR 200</i>	Capsule 200 mg (sustained release)	28	1.36	<i>Oruvail SR</i>
<i>Parlodel</i>	Tablet 2.5 mg	30	1.50	<i>Bromolactin; Krypton 2.5</i>
	Tablet 2.5 mg	60	1.51	<i>Bromolactin; Krypton 2.5</i>
	Capsule 5 mg	60	1.50	<i>Bromolactin; Krypton 5</i>
	Capsule 10 mg	100	0.75	<i>Krypton 10</i>
<i>Plendil ER</i>	Tablet 2.5 mg (extended release)	30	1.16	<i>Agon SR; Felodur ER 2.5 mg</i>
	Tablet 5 mg (extended release)	30	1.46	<i>Agon SR; Felodur ER 5 mg</i>
	Tablet 10 mg (extended release)	30	2.36	<i>Agon SR; Felodur ER 10 mg</i>
<i>Prothiaden</i>	Capsule 25 mg	50	1.38	<i>Dothep 25</i>
	Tablet 75 mg	30	1.76	<i>Dothep 75</i>
<i>Provera</i>	Tablet 5 mg	56	1.22	<i>Ralovera</i>
	Tablet 10 mg	30	1.22	<i>Ralovera</i>
	Tablet 10 mg	100	1.65	<i>Ralovera</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Prozac Tab</i>	Tablet 20 mg (base) (dispersible)	28	1.51	<i>Lovan 20 Tab</i>
<i>Prozac 20</i>	Capsule 20 mg (base)	28	1.51	<i>Erocap; Fluohexal; Lovan; Zactin</i>
<i>Quinate</i>	Tablet 300 mg	50	0.55	<i>Quinsul</i>
<i>Rhinocort Aqueous</i>	Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)	1	0.69	<i>Budamax Aqueous</i>
<i>Rivotril</i>	Tablet 500 micrograms	200	4.00	<i>Paxam 0.5</i>
	Tablet 2 mg	200	4.00	<i>Paxam 2</i>
<i>Rythmodan</i>	Capsule 100 mg	100	0.77	<i>Norpace</i>
	Capsule 150 mg	100	0.65	<i>Norpace</i>
<i>Salazopyrin-EN</i>	Tablet 500 mg (enteric coated)	200	1.46	<i>Pyralin EN</i>
<i>Septin</i>	Tablet 80 mg-400 mg	10	1.10	<i>Resprim</i>
	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	1	1.07	<i>Resprim</i>
<i>Septin Forte</i>	Tablet 160 mg-800 mg	10	1.09	<i>Bactrim DS; Resprim Forte; SBPA Trimethoprim and Sulfamethoxazole DS</i>
<i>Serepax</i>	Tablet 15 mg	25	1.41	<i>Alepan 15; Murelax</i>
	Tablet 30 mg	25	1.41	<i>Alepan 30; Murelax</i>
	Tablet 15 mg	50	2.82	<i>Alepan 15; Murelax</i>
	Tablet 30 mg	50	2.82	<i>Alepan 30; Murelax</i>
<i>Sinemet 100/25</i>	Tablet 100 mg-25 mg	100	2.97	<i>Kinson; Sinacarb 100/25</i>
<i>Sofradex</i>	Ear drops 500 micrograms-5 mg- 50 micrograms per mL, 8 mL	1	1.31	<i>Otodex</i>
	Ear ointment 500 micrograms-5 mg- 50 micrograms per g, 5 g	1	1.37	<i>Otodex</i>
<i>Sotacor</i>	Tablet 160 mg	60	1.01	<i>Cardol; Sotahexal</i>
<i>Synphasic</i>	Pack containing 12 tablets 500 micrograms- 35 micrograms, 9 tablets 1 mg- 35 micrograms and 7 inert tablets	4	6.08	<i>Improvil 28 Day</i>
<i>Tagamet</i>	Tablet 200 mg	120	1.73	<i>Cimehexal; Magicul 200; Sigmetadine; SBPA Cimetidine 200</i>
	Tablet 400 mg	60	1.73	<i>Cimehexal; Cimetimax 400; Magicul 400; Sigmetadine; SBPA Cimetidine 400</i>
<i>Tegretol 200</i>	Tablet 800 mg	30	2.25	<i>Cimehexal; Magicul 800</i>
<i>Tenormin</i>	Tablet 200 mg	200	1.18	<i>Tenil</i>
	Tablet 50 mg	30	2.50	<i>Anselol 50 mg; Atehexal; Noten; SBPA Atenolol; Tenil 50; Tensig</i>
<i>Timoptol</i>	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	1	0.88	<i>Optimol 0.25; Tenopt</i>
	Eye drops 5 mg (base) per mL (0.5%), 5 mL	1	0.91	<i>Optimol 0.5; Tenopt</i>
<i>Tolvon</i>	Tablet 10 mg	50	1.00	<i>Lenivon; Lumin 10</i>
	Tablet 20 mg	50	1.00	<i>Lenivon; Lumin 20</i>
<i>Trandate</i>	Tablet 100 mg	100	1.00	<i>Presolol 100</i>
	Tablet 200 mg	100	1.05	<i>Presolol 200</i>
<i>Triphasil</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	7.28	<i>Trifeme 28</i>
<i>Triphasil 28</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms- 30 micrograms and 7 inert tablets	4	7.28	<i>Trifeme 28</i>
<i>Triprim</i>	Tablet 300 mg	7	1.01	<i>Alprim</i>
<i>Triquilar</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	7.28	<i>Logynon ED</i>
<i>Triquilar ED</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms- 30 micrograms and 7 inert tablets	4	7.28	<i>Logynon ED</i>
<i>Tryptanol</i>	Tablet 10 mg	50	0.60	<i>Tryptine 10</i>
	Tablet 25 mg	50	0.61	<i>Endep 25; Tryptine 25</i>
<i>Valium</i>	Tablet 2 mg	50	1.28	<i>Antenex 2</i>
	Tablet 5 mg	50	1.29	<i>Antenex 5</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Price Premium \$	Benchmark Priced Brands
<i>Ventolin</i>	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	1.50	<i>Asmol</i>
<i>Ventolin Nebules</i>	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	2.00	<i>Asmol 2.5 uni-dose; Respax 2.5 Sterinebs</i>
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	2.00	<i>Asmol 5 uni-dose; Respax 5 Sterinebs</i>
<i>Vibramycin</i>	Tablet 100 mg	7	0.74	<i>Doxsig; Doxy-100; Doxylin 100; SBPA Doxycycline 100 mg</i>
	Tablet 100 mg	28	2.96	<i>Doxsig; Doxy-100; Doxylin 100; SBPA Doxycycline 100 mg</i>
	Tablet 100 mg	21	2.22	<i>Doxsig; Doxy-100; Doxylin 100; SBPA Doxycycline 100 mg</i>
<i>Vibra-Tabs</i>	Tablet 50 mg	25	0.74	<i>Doxy-50; Doxylin 50</i>
<i>Visken</i>	Tablet 5 mg	100	1.00	<i>Barbloc 5</i>
	Tablet 15 mg	50	1.00	<i>Barbloc 15</i>
<i>Voltaren 25</i>	Tablet 25 mg (enteric coated)	100	1.10	<i>Diclohexal</i>
<i>Voltaren 50</i>	Tablet 50 mg (enteric coated)	50	1.75	<i>Diclohexal; Fenac</i>
<i>Xanax</i>	Tablet 250 micrograms	50	0.94	<i>Kalma 0.25; Ralozam</i>
	Tablet 500 micrograms	50	0.96	<i>Kalma 0.5; Ralozam</i>
	Tablet 1 mg	50	0.99	<i>Kalma 1; Ralozam</i>
<i>Xanax Tri-Score</i>	Tablet 2 mg	50	1.10	<i>Kalma 2</i>
<i>Zantac</i>	Tablet 150 mg (base)	60	0.71	<i>DBL Ranitidine; Rani 2</i>
	Tablet 300 mg (base)	30	0.71	<i>DBL Ranitidine; Rani 2</i>
<i>Zyloprim</i>	Tablet 100 mg	200	1.68	<i>Allohexal; Allorin 100 mg; Progout 100; SBPA Allopurinol</i>
	Tablet 300 mg	60	1.66	<i>Allohexal; Allorin 300 mg; Progout 300; SBPA Allopurinol</i>

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PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 1998 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.

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Section 1 — Explanatory Notes (yellow pages)

The explanatory notes in Section 1 (yellow pages) have been revised in this issue of the Schedule. The notes have been presented in a more logical sequence and in more user-friendly language; however, there have been no changes made to the underlying legislation governing the Pharmaceutical Benefits Scheme.

Fees and Patient Contributions

The following fees and patient contributions apply as at 1 November 1998 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

THERAPEUTIC PREMIUM POLICY

The Therapeutic Premium policy was announced as part of the 1997-98 Budget and took effect on 1 February 1998. The Therapeutic Premium policy is an extension of the Brand Premium Policy and will encourage greater price competition between suppliers of drugs and make prescribers and patients more aware of the costs of medicines.

The Therapeutic Premium policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety, efficacy and health outcomes.

Basically the policy operates by:

- the Commonwealth Government subsidising drugs within a defined therapeutic sub-group to the level of the lowest priced drug in the sub-group;
- suppliers of other drugs within the sub-group being able to set prices above the price charged by the supplier(s) of the lowest priced drug; and
- the patient paying the therapeutic group premium which is the price difference between the lowest price drug and the drug prescribed.

The policy applies to the following four therapeutic sub-groups:

- **H₂-receptor antagonists** (cimetidine, famotidine, nizatidine, ranitidine hydrochloride)
- **Dihydropyridine-derivative calcium channel blockers** (amlodipine besylate, felodipine, nifedipine) *(Note that the other calcium channel blockers, verapamil hydrochloride and diltiazem hydrochloride, are not included in this sub-group)*
- **ACE inhibitors** (captopril, cilazapril monohydrate, enalapril maleate, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril, trandolapril)
- **HMG CoA reductase inhibitors** (atorvastatin calcium, pravastatin sodium, simvastatin) *(Note that fluvastatin sodium is excluded from this sub-group and that no drugs in this sub-group have therapeutic group premiums)*

In some instances, a therapeutic group premium may apply for a particular form or strength of a drug for which other forms or strengths are the lowest priced in the therapeutic sub-group.

Exemptions from therapeutic group premiums

The therapeutic group premium will apply to all prescriptions for benefits which attract a premium unless the patient has been issued with an authority prescription for the drug. The authority prescription may be approved by telephone or in writing.

The circumstances in which an authority prescription may be obtained are:

- adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs; or
- transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.

Where relevant, this wording has been incorporated with existing restrictions.

Separate codes have been established for these benefits when supplied on an authority prescription granting exemption from payment of the premium.

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

- 8278Q **Dalteparin Sodium (Low Molecular Weight Heparin Sodium—porcine mucous)**, injection 7,500 units (anti-Xa) in 0.3 mL single dose pre-filled syringe (*Fragmin*)
(Diff. Max. Qty and Rpts)
- 8287E **Hypromellose**, eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative) (*Gentel*)
- 8279R **Ipratropium Bromide**, oral pressurised inhalation in breath actuated device 20 micrograms (anhydrous) per dose (200 doses) (*Atrovent Autohaler*)
- 8282X **Milk Powder—Lactose Free Formula**, infant formula powder 900 g (*S-26 LF*)
- 8283Y **Milk Powder—Lactose Free Formula**, infant formula powder 900 g (*S-26 LF*)
(Diff. Max. Rpts)
- 8286D **Oestradiol**, transdermal gel 1 mg in 1 g sachet, 28 (*Sandrena*)
- 8285C **Prednisolone Sodium Phosphate**, oral solution equivalent to 5 mg prednisolone per mL, 30 mL (*Redipred*)
- 8284B **Raltitrexed**, powder for I.V. infusion 2 mg (*Tomudex*)
- 2804N **Terbinafine Hydrochloride**, tablet 250 mg (base) (*Lamisil*)
- 8280T **Vinorelbine Tartrate**, solution for I.V. infusion 10 mg (base) in 1 mL (*Navelbine*)
- 8281W **Vinorelbine Tartrate**, solution for I.V. infusion 50 mg (base) in 5 mL (*Navelbine*)

Additions — Brands

- 2600W *Allohexal*, HX—**Allopurinol**, tablet 100 mg
- 2604C *Allohexal*, HX—**Allopurinol**, tablet 300 mg
- 8254K *Clamoxyl Duo forte*, ME—**Amoxycillin with Clavulanic Acid**, tablet 875 mg-125 mg
- 5006L *Clamoxyl Duo forte*, ME—**Amoxycillin with Clavulanic Acid**, tablet 875 mg-125 mg
(Dental)
- 8193F *GeTears*, SN—**Carbomer 940**, ocular lubricating gel 2 mg per g (0.2%), 10 g
- 2412Y *Frusehexal 40 mg*, HX—**Frusemide**, tablet 40 mg
- 8273K *Monodur 120 mg*, PM—**Isosorbide Mononitrate**, tablet 120 mg (sustained release)
- 1248Q *Verahexal*, HX—**Verapamil Hydrochloride**, tablet 40 mg
- 1250T *Verahexal*, HX—**Verapamil Hydrochloride**, tablet 80 mg
- 1254B *Verahexal*, HX—**Verapamil Hydrochloride**, tablet 120 mg

BIOEQUIVALENCE INDICATORS

The bioequivalence indicator ^(A) has been added to the following brands:

- 8254K *Augmentin Duo forte*, SK—**Amoxycillin with Clavulanic Acid**, tablet 875 mg-125 mg
- 5006L *Augmentin Duo forte*, SK—**Amoxycillin with Clavulanic Acid**, tablet 875 mg-125 mg
(Dental)
- 8273K *Imdur 120 mg*, AP—**Isosorbide Mononitrate**, tablet 120 mg (sustained release)

DELETIONS

Deletions — Items

- 1038P **Aminophylline**, I.V. injection 250 mg in 10 mL (*SI*)
(product discontinued by the manufacturer)
- 2999W **Calcitonin**, injection (synthetic human) 0.5 mg with 1 mL solvent (*Cibacalcin*)
- 3461E **Diphtheria and Tetanus Vaccine, Adsorbed**, injection 0.5 mL (*CS*) (**Doctor's Bag**)
- 1470J **Glyceryl Trinitrate**, buccal/sublingual pressurised spray 400 micrograms per dose
(200 doses) (*Nitrolingual Spray*)
(A 400 micrograms per dose pump pack spray was listed on 1 August 1998)
- 3454T **Glyceryl Trinitrate**, buccal/sublingual pressurised spray 400 micrograms per dose
(200 doses) (*Nitrolingual Spray*) (**Doctor's Bag**)
(A 400 micrograms per dose pump pack spray was listed on 1 August 1998)
- 2087W **Interferon Alfa-2b**, injection set containing 5 vials powder for injection 3,000,000 i.u.
and 5 ampoules solvent 2 mL (*Intron A*)
- 8037B **Interferon Alfa-2b**, injection set containing 5 vials powder for injection 3,000,000 i.u.
and 5 ampoules solvent 2 mL (*Intron A*) (**Diff. Max. Rpts**)
- 8038C **Interferon Alfa-2b**, injection set containing 5 vials powder for injection 5,000,000 i.u.
and 5 ampoules solvent 2 mL (*Intron A*)
(Corresponding strengths of *Intron A* solutions for injection became available as
pharmaceutical benefits on 1 August 1998)
- 1543F **Ipratropium Bromide**, nebuliser solution single dose units 500 micrograms
(anhydrous) in 2 mL, 30 (*Ipratrin; Atrovent*)
(A 500 micrograms in 1 mL product is available as a pharmaceutical benefit)
- 1612W **Methdilazine Hydrochloride**, tablet 4 mg (*Dilosyn*)
- 1613X **Methdilazine Hydrochloride**, tablet 8 mg (*Dilosyn*)
- 2627G **Orphenadrine Hydrochloride**, tablet 50 mg (*Disipal*)
- 2545Y **Oxandrolone**, tablet 2.5 mg (*Lonavar*)
(*Oxandrin* oxandrolone tablet 2.5 mg prescribed under the Special Access Scheme
is available as a pharmaceutical benefit under section 100 arrangements)
- 2620X **Theophylline**, capsule 100 mg (containing sustained release beads) (*Nuelin-Sprinkle*)

Deletions — Brands

- 3109P *Amidal* 5 mg, DP—**Amiloride Hydrochloride**, tablet 5 mg
- 2417F *Amitrol* 10 mg, DP—**Amitriptyline Hydrochloride**, tablet 10 mg
- 2418G *Amitrol* 25 mg, DP—**Amitriptyline Hydrochloride**, tablet 25 mg
- 3117C *Sandocal* 600 mg, SZ—**Calcium**, tablet 600 mg (as carbonate)
- 1147J *WL-Captopril* 12.5, WE—**Captopril**, tablet 12.5 mg
- 1148K *WL-Captopril* 25, WE—**Captopril**, tablet 25 mg
- 1149L *WL-Captopril* 50, WE—**Captopril**, tablet 50 mg
- 8150Y *WL-Cimetidine* 200, WE—**Cimetidine**, tablet 200 mg
- 1157X *WL-Cimetidine* 200, WE—**Cimetidine**, tablet 200 mg
- 8151B *WL-Cimetidine* 400, WE—**Cimetidine**, tablet 400 mg
- 1158Y *WL-Cimetidine* 400, WE—**Cimetidine**, tablet 400 mg
- 1335G *WL-Diltiazem* 60, WE—**Diltiazem Hydrochloride**, tablet 60 mg
- 1453L *WL-Gemfibrozil* 600, WE—**Gemfibrozil**, tablet 600 mg
- 2939Q *Euglucon*, BO—**Glibenclamide**, tablet 5 mg
- 1486F *Hydrozide*, DP—**Hydrochlorothiazide with Amiloride Hydrochloride**, tablet 50 mg-5 mg
- 2887Y *Cortef*, UP—**Hydrocortisone Acetate**, cream 10 mg per g (1%), 30 g
- 5111B *Cortef*, UP—**Hydrocortisone Acetate**, cream 10 mg per g (1%), 30 g (**Dental**)

2454E *Hicin* 25 mg, DP—**Indomethacin**, tablet 25 mg
 5126T *Hicin* 25 mg, DP—**Indomethacin**, tablet 25 mg (**Dental**)
 3194D *Nudopa* 125 mg, DP—**Methyldopa**, tablet 125 mg
 1629R *Nudopa* 250 mg, DP—**Methyldopa**, tablet 250 mg
 2047R *Saldac* 100 mg, DP—**Sulindac**, tablet 100 mg
 5217N *Saldac* 100 mg, DP—**Sulindac**, tablet 100 mg (**Dental**)
 2048T *Saldac* 200 mg, DP—**Sulindac**, tablet 200 mg
 5218P *Saldac* 200 mg, DP—**Sulindac**, tablet 200 mg (**Dental**)
 2371T **BL—Vincristine Sulfate**, injection set containing 1 mg and 10 mL solvent

Deletions — Standard Formula Preparations

7897P **Cream—Zinc (extemporaneous formula) BP**
 7589K **Eye Drops containing Cocaine Hydrochloride—Cocaine Strong APF**
 7363M **Eye Lotion—Sodium Bicarbonate APF**
 7364N **Eye Lotion—Sodium Chloride BP**
 7536P **Linctus, Other—Menthol APF 1964**
 7566F **Paint—Podophyllin APF 12**

ALTERATIONS

Restriction Changes

The following items have changed from “authority required” to “restricted benefit”:

8179L **Anastrozole**, tablet 1 mg (*Arimidex*)
 8245Y **Letrozole**, tablet 2.5 mg (*Femara 2.5 mg*)

Other restriction changes:

8180M **Interferon Alfa-2a**, injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe
(Roferon-A)
 2563X **Protein Hydrolysate Formula**, compound powder 425 g (*Nutramigen*)
 2676W **Protein Hydrolysate Formula with Medium Chain Triglycerides**, compound powder
 400 g (*Alfaré*)
 8259Q **Protein Hydrolysate Formula with Medium Chain Triglycerides**, compound powder
 450 g (*Pepti-Junior*)
 2679B **Protein Hydrolysate Formula with Medium Chain Triglycerides**, compound powder
 450 g (*Pregestimil*)

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

Cream — Zinc BP

Alterations — Notes and Cautions

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

Cefaclor
Oestradiol
Protein Hydrolysate Formula
Protein Hydrolysate Formula with Medium Chain Triglycerides

Alterations — Name and/or Description of Form

From:	
2563X	Protein Hydrolysate Formula , powder 425 g (<i>Nutramigen</i>)
To:	
2563X	Protein Hydrolysate Formula , compound powder 425 g (<i>Nutramigen</i>)
From:	
2686J	Triglycerides, Medium Chain , compound powder 454 g (<i>Portagen</i>)
To:	
2686J	Triglycerides—Medium Chain, Formula , compound powder 454 g (<i>Portagen</i>)
From:	
2676W	Triglycerides, Medium Chain , lactalbumin demineralised powder 400 g (<i>Alfaré</i>)
To:	
2676W	Protein Hydrolysate Formula with Medium Chain Triglycerides , compound powder 400 g (<i>Alfaré</i>)
From:	
8259Q	Triglycerides, Medium Chain , compound powder 450 g (<i>Pepti-Junior</i>)
To:	
8259Q	Protein Hydrolysate Formula with Medium Chain Triglycerides , compound powder 450 g (<i>Pepti-Junior</i>)
From:	
2679B	Triglycerides, Medium Chain , protein hydrolysate compound powder 454 g (<i>Pregestimil</i>)
To:	
2679B	Protein Hydrolysate Formula with Medium Chain Triglycerides , compound powder 450 g (<i>Pregestimil</i>)

Alterations — Maximum Quantity and Pack Size

3164M	Digoxin , oral solution for children	From:	1 (pack of 100 mL)
	50 micrograms per mL (<i>Lanoxin</i>)	To:	2 (packs of 60 mL)

Alterations — Maximum Quantity

		From	To
3462F	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use , injection 0.5 mL (CS) (Doctor's Bag)	10	15
3493W	Tetanus Vaccine, Adsorbed , injection 0.5 mL (CS) (Doctor's Bag)	10	5

Alterations — Number of Repeats

		From	To
8144P	Sumatriptan Succinate , tablet 50 mg (base) (<i>Imigran</i>)	2	5
8266C	Zolmitriptan , tablet 2.5 mg (<i>Zomig</i>)	2	5

Alterations — Proprietary Name

2242B	Paroxetine Hydrochloride , tablet 20 mg (base)	From:	<i>Aropax 20</i>
		To:	<i>Aropax</i>

Alterations — Manufacturer's Code

		From	To
2826R	Methysergide , tablet 1 mg (<i>Deseril</i>)	SZ	NV
8012Q	Oestradiol , transdermal patches 3.28 mg (releasing approximately 25 micrograms per 24 hours), 8 (<i>Menorest 37.5</i>)	NO	RR
8013R	Oestradiol , transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8 (<i>Menorest 50</i>)	NO	RR
8014T	Oestradiol , transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8 (<i>Menorest 75</i>)	NO	RR
8041F	Oestradiol , transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8 (<i>Menorest 100</i>)	NO	RR

SECTION 100

Section 100 — Addition of Items

The following item, when prescribed under the Special Access Scheme, has been added to the list of items available as pharmaceutical benefits under section 100 arrangements:

Oxandrolone, tablet 2.5 mg (*Oxandrin*) (retrospective to 17 August 1998)

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

Cidofovir, solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial (*Vistide*) (retrospective to 1 October 1998)

Lamivudine with Zidovudine, tablet 150 mg-300 mg (*Combivir*) (retrospective to 1 October 1998)

Ritonavir, oral solution 600 mg per 7.5 mL (80 mg per mL), 240 mL (*Norvir*) (retrospective to 1 September 1998)

Saquinavir, soft gelatin capsule 200 mg (*Fortovase*) (retrospective to 1 October 1998)

Section 100 — Deletion of Items

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

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

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

Interferon Alfa-2b, injection set containing 5 vials powder for injection 10,000,000 i.u. and 5 ampoules solvent 2 mL (*Intron A*)

(Corresponding strengths of *Intron A* solutions for injection became available as pharmaceutical benefits under section 100 arrangements on 1 July 1998)

ADVANCE NOTICES

Advance Notices — Deletion of Items

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 1999:

Items discontinued by the manufacturer—

- 8045K **Cilazapril Monohydrate**, tablet 1 mg (base) (*Inhibace*)
- 8046L **Cilazapril Monohydrate**, tablet 2.5 mg (base) (*Inhibace*)
- 8047M **Cilazapril Monohydrate**, tablet 5 mg (base) (*Inhibace*)
- 1447E **Glucagon Hydrochloride**, injection 1 i.u. with diluent (AZ)
- 5104P **Glucagon Hydrochloride**, injection 1 i.u. with diluent (AZ) (**Dental**)
- 3469N **Glucagon Hydrochloride**, injection 1 i.u. with diluent (AZ) (**Doctor's Bag**)
- 2126X **Triamcinolone Acetonide**, ointment 500 micrograms per g (0.05%), 15 g
(*Aristocort 0.05%*)

Deletions recommended by the Pharmaceutical Benefits Advisory Committee—

- 1348Y **Diphtheria Vaccine, Adsorbed**, injection 0.5 mL (CS)
- 3020Y **Diphtheria Vaccine, Adsorbed, Diluted For Adult Use**, injection 0.5 mL (CS)

Advance Notices — Deletion of Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 1999:

Brands discontinued by the manufacturer—

- 1891M *Clamoxyl Forte, ME*—**Amoxycillin with Clavulanic Acid**, tablet 500 mg-125 mg
- 5008N *Clamoxyl Forte, ME*—**Amoxycillin with Clavulanic Acid**, tablet 500 mg-125 mg
(**Dental**)
- 2396D *Ledertrexate, LE*—**Methotrexate**, injection 5 mg in 2 mL
- 2125W *Aristocort 0.05%, LE*—**Triamcinolone Acetonide**, cream 500 micrograms per g (0.05%),
15 g

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.

NEW SOUTH WALES and

AUSTRALIAN CAPITAL TERRITORY

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

VICTORIA

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 and NORTHERN TERRITORY

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 and 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
Austin & Repatriation Medical
Centre
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 A Godeck (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 103
Gladesville NSW 1675

Mr J E Lumby (02) 9879 3214

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

Territory Health Services
PO Box 40596
Casuarina NT 0811

Mr J Gorrell (08) 8922 7340
Mrs G Parker (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 7110
Mr R J Grant (08) 8226 7114
Therapeutic Devices—
Mr K MacKellar (08) 8226 7113

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.

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AA	ASTA Medica Australasia Pty Limited 4/190 George Street Parramatta NSW 2150 Tel: (02) 9893 7630 Fax: (02) 9635 3275	AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 9668 9711 Fax: (02) 9668 8459	AZ	AZA Research Pty Ltd 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4563 Fax: (02) 9325 4573
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 9630 5099 Fax: (02) 9683 5026	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
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101 Tel: (03) 9208 0000 Fax: (03) 9853 1915	BB	Blackmores Ltd 23 Roseberry Street Balgowlah NSW 2093 Tel: (02) 9951 0111 Fax: (02) 9949 1954
AF	Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344	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
AG	Allergan Australia Pty Ltd 22 Rodborough Road Frenchs Forest NSW 2086 Tel: 1800 252 224 Fax: (02) 9978 0292	BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 1800 269 933 Fax: (02) 9887 3487
AL	Alphapharm Medical A Division of Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344	BK	Becton Dickinson Pty Ltd 80 Rushdale Street Knoxfield Vic 3180 Tel: (03) 9764 2444 Fax: (03) 9764 2550
AN	Amgen Australia Pty Ltd Level 3, 65 Epping Road North Ryde NSW 2113 Tel: (02) 9870 1333 Fax: (02) 9870 1344	BL	David Bull Laboratories A Division of F.H. Faulding & Co. Limited 2-10 Lexia Place Mulgrave North Vic 3170 Tel: (03) 9560 2533 Fax: (03) 9550 8341
AP	Astra Pharmaceuticals Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700	BM	Baypharm Products A Division of Bayer Australia Limited 875 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311
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		

<i>Code</i>	<i>Manufacturer</i>
BN	Bayer Australia Limited 875-893 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311
BO	Boehringer Mannheim Australia Pty Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
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
CD	CSL International Pty Ltd A subsidiary of CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351

<i>Code</i>	<i>Manufacturer</i>
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
DP	Douglas Pharmaceuticals Australia Limited 2/1B Kleins Road Northmead NSW 2152 Tel: (02) 8838 0999 Fax: (02) 8838 0988
DT	DermaTech Laboratories Pty Limited Unit 12, 6 Gladstone Road Castle Hill NSW 2154 Tel: (02) 9899 3614 Fax: (02) 9680 3274
EB	Ebos Health & Science Pty Ltd Unit 1, 46-62 Maddox Street Alexandria NSW 2015 Tel: (02) 9699 6488 Fax: (02) 9698 4535
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

<i>Code</i>	<i>Manufacturer</i>
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
FM	Fawns and McAllan Pty Ltd A member of Sigma Group of Companies 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2801
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

<i>Code</i>	<i>Manufacturer</i>
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 Pharmaceuticals A Division of Orica Australia Pty Ltd ICI House, 1 Nicholson Street Melbourne Vic 3000 Tel: (03) 9665 7111 Fax: (03) 9665 7144
IQ	The Iloquin 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

<i>Code</i>	<i>Manufacturer</i>
JP	Janssen Pharmaceutica Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066 Tel: 1800 226 334 Fax: (02) 9428 2353
JT	Johnson & Johnson Pacific Pty Limited Stephen Road Botany NSW 2019 Tel: (02) 9316 0466 Fax: (02) 9666 3162
KC	Kimberly-Clark Australia Pty Ltd 52 Alfred Street South Milsons Point NSW 2061 Tel: (02) 9963 8888 Fax: (02) 9957 5687
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
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 Unit 4, 10 Gladstone Road Castle Hill NSW 2154 Tel: (02) 9894 2100 Fax: (02) 9894 2522
LY	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410

<i>Code</i>	<i>Manufacturer</i>
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) 9454 9700 Fax: (02) 9981 3229
ME	Menley & James Division of SmithKline Beecham (Australia) Pty Ltd 300 Frankston Road Dandenong Vic 3175 Tel: (03) 9213 4444 Fax: (03) 9706 5883
MG	J. McGloin Pty Ltd 20 Forrester Street Kingsgrove NSW 2208 Tel: (02) 9502 3777 Fax: (02) 9502 2054
MJ	Mead Johnson 320 Victoria Road Rydalmere NSW 2116 Tel: (02) 9684 8585 Fax: (02) 9684 4453
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
ML	Marion Division of Hoechst Marion Roussel Australia Pty Limited 27 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

<i>Code</i>	<i>Manufacturer</i>
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 6/33 Ryde Road Pymble NSW 2073 Tel: (02) 9499 2844 Fax: (02) 9499 4753
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
NO	Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151 Tel: (02) 9683 3600 Fax: (02) 9683 3029
NT	Nestlé Australia Ltd 60 Bathurst Street Sydney NSW 2000 Tel: (02) 9931 2345 Fax: (02) 9931 2610
NU	Nutricia Australia Pty Ltd 4 Packard Avenue Castle Hill NSW 2154 Tel: (02) 9894 6513 Fax: (02) 9894 6498
NV	Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551

<i>Code</i>	<i>Manufacturer</i>
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
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

<i>Code</i>	<i>Manufacturer</i>
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 Roussel Uclaf Australia 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
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

<i>Code</i>	<i>Manufacturer</i>
SC	Schering Pty Ltd Australian Subsidiary of Schering AG, Berlin 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 9317 8666 Fax: (02) 9669 2578
SD	Syntex Australia Limited 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9700 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
SI	Sigma Pharmaceuticals Pty Ltd 96 Merrindale Drive Croydon Vic 3136 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
SL	Schein Bayer Pharmaceuticals Australia Suite 102, 4-10 Bridge Street Pymble NSW 2073 Tel: (02) 9440 0644 Fax: (02) 9440 0650
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

<i>Code</i>	<i>Manufacturer</i>
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) 9454 9000 Fax: (02) 9981 3229
SV	Stafford-Miller Limited 5-9 Enterprise Avenue Padstow NSW 2211 Tel: (02) 9772 2888 Fax: (02) 9792 1636
SW	Sanofi Winthrop Pty Ltd Riverview Park 166 Epping Road Lane Cove NSW 2066 Tel: (02) 9937 1777 Fax: (02) 9937 1799
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

<i>Code</i>	<i>Manufacturer</i>
TP	TheraPharm A Division of Astra Pharmaceuticals Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700
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

Introduction

These Explanatory Notes are provided to help doctors, dentists and pharmacists work within the Commonwealth Government's Pharmaceutical Benefits Scheme (PBS).

The PBS is a system of subsidising the cost of most prescription medicines. The subsidies are available to all Australian residents and eligible foreign visitors, i.e., people from countries which have Reciprocal Health Care Agreements with Australia. These countries are the United Kingdom, Ireland, New Zealand, Malta, Italy, Sweden, the Netherlands, and Finland.

The aim of the PBS, which has been in operation since 1948, is to provide reliable and affordable access to a wide range of necessary medicines.

The Schedule of Pharmaceutical Benefits - referred to throughout as the 'Schedule' - lists all of the medicines available under the PBS, and explains how they can be used in order to be subsidised.

The Schedule is produced four times each year by the Commonwealth Department of Health and Family Services.

It is vital therefore that doctors, dentists and pharmacists remain up to date with information on which medicines are included in or excluded from the Schedule, whether restrictions apply to the medicines, and how much patients should pay.

Queries relating to the PBS can be made to the Pharmaceutical Branch in the State offices of the Health Insurance Commission (HIC) (telephone 132 290 Mondays to Fridays, during business hours). Queries relating to the Repatriation Pharmaceutical Benefits Scheme (RPBS) can be made to the State offices of the Department of Veterans' Affairs (DVA) (telephone 1800 552 580).

1. The Schedule - Where to Find What

The Schedule of Pharmaceutical Benefits is divided into sections, each with particular page colours for easy reference. At the start of the Schedule, immediately after the table of contents, is a summary of any changes to listed items. This is followed by a list of important information sources, contacts and addresses, then an index of manufacturers' codes.

The last pages of the Schedule provide a generic/proprietary index of PBS and RPBS ready-prepared items.

Section 1 (yellow pages)

Section 1 is what you are reading, the Explanatory Notes. It outlines the correct way to prescribe and supply pharmaceutical benefits; patient charges; who qualifies for concessions; how the Safety Net system works; and, for pharmacists, how to claim reimbursement for PBS items.

Please note that except where indicated, the term '**prescriber**' is used in this section to cover both doctors and dentists who work within the PBS.

And except where stated otherwise, the term '**pharmacist**' means a pharmacist approved to supply medicines under the PBS.

Section 2 (white, pink and orange pages)

This section lists ready-prepared items, and includes the form, manner of administration, brand and brand equivalents which may be prescribed, and the maximum quantity and number of repeats for each item.

Emergency drug (doctor's bag) supplies are also listed at the beginning of this section.

Any medicines which have restrictions on how they can be prescribed are printed in ***bold italics***. Items appearing in more than one therapeutic group are cross-referenced.

Page 2 of Section 2 explains symbols used throughout the Schedule.

The use of 'NOTE' in this section is used to clarify how some pharmaceutical benefits should be prescribed.

The use of 'CAUTION' is to warn of known adverse reactions from, or precautions to be taken with, a particular pharmaceutical benefit. (The absence of a cautionary note does not imply reactions may not happen.)

A separate list at the end of Section 2 relates to items which can be prescribed by dentists who work within the PBS (pink pages). This is followed by a list of items which are made available under special arrangements for doctors to prescribe (orange pages).

Section 3 (blue pages)

This section lists container prices, fees related to dispensing, standard packs and prices for ready-prepared preparations.

Section 4 (green pages)

This section deals with extemporaneous preparations. It lists the ingredients which can be used, a table of maximum quantities and number of repeats, container prices, and a list of standard formulae preparations and prices (based on formularies in common use and referred to in the Schedule as the Standard Formulae List).

Restrictions applying to the use of a pharmaceutical benefit are indicated against the item.

Repatriation Schedule of Pharmaceutical Benefits (white and buff pages)

After Section 4, the Schedule provides information about pharmaceutical benefits under the RPBS. These may only be prescribed to DVA beneficiaries holding either of the repatriation health cards (see details under '4. Patient Charges').

2. Prescribing Medicines - Information for Doctors and Dentists

Eligible prescribers

Pharmaceutical benefits can only be supplied by registered doctors and by dentists who are approved to work within the PBS.

Prescription forms

Standard prescription forms are available from the HIC for prescribing pharmaceutical benefits.

For doctors:

- *Personalised forms* - are printed with the doctor's name, qualifications, practice address/es, telephone number and prescriber number (which relates to pharmaceutical benefits). They are only provided to doctors who have a Medicare provider number.
- *Non-personalised (blank) forms* - are distributed as an emergency supply (usually when a doctor has temporarily run out of personalised forms).
- *Locum forms* - have the doctor's name, prescriber number and telephone number (if available) and a space to record the practice where the doctor is working.
- *PBS/RPBS Authority Prescription Forms* - can be in personalised, non-personalised or locum format.

The above forms are supplied free of charge.

- *Computer prescription forms* - are either continuous or single sheet. On the reverse side they list the name, address and telephone number of the practice, and in the case of a sole doctor practice, the doctor's name. A charge of \$30 per 2,000 forms applies.

For dentists:

- *Personalised forms* - have the dentist's name, qualifications, practice address/es, telephone number and prescriber number.
- *Non-personalised (blank) forms* - are distributed for emergency supply only.

Both forms for dentists are supplied free of charge.

Please note that while it is not compulsory under PBS requirements for a doctor to include the prescriber number on a prescription, it enables pharmacists to be sure the prescription is from a legitimate prescriber and to satisfy State/Territory legislation.

Ordering forms

Prescribers are asked not to over order. Each standard prescription pad costs the Commonwealth \$2.30 and the prices of other stationery are similar. Getting it right means helping to keep the price of the PBS down and reducing paper wastage. Also, the pads may deteriorate if stored over time.

Order forms for standard and authority prescription forms are available from the HIC stationery officers in the appropriate State, as listed in the front of the Schedule.

Order forms for computer prescription form stationery are obtained from the HIC (at the address below). Subsequent orders, together with a cheque, must be sent to:

Prescription Pad Order Clerk
Health Programs Branch
Health Insurance Commission
PO Box 1001
Tuggeranong ACT 2901
Telephone (02) 6203 6893

Orders for stationery will not be accepted by facsimile.

Preparing general prescriptions

Do's and Don't's

A prescription is only valid when it is written by a doctor or dentist.

The prescription must be for the treatment of the person named on the prescription. A prescription may only be written for the treatment of one person.

A prescriber cannot write more than one prescription for the same pharmaceutical benefit for the same person on the same day.

Up to **three** pharmaceutical benefit items may be included on a single prescription form, but pharmaceutical benefits and non-pharmaceutical benefits should not be listed together on the one prescription form.

If an item has a particular manner of administration it may not, as a pharmaceutical benefit, be administered in any other way, e.g., an ophthalmic preparation may not be prescribed for topical use.

If an item is restricted, but the patient is not suffering from one of the specified conditions, it cannot be prescribed as a pharmaceutical benefit. The prescriber should write the prescription either on a private prescription or on a standard prescription with 'PBS/RPBS' clearly struck out. It should also be endorsed 'non-PBS'.

A prescription is invalid if it lists a drug of addiction and another pharmaceutical benefit on the one form, and directs that the supply of either is to be repeated. NOTE: If there are no repeats of either item the prescription may be accepted, subject to State/Territory law. However, legislative requirements in some States/Territories are such that prescribers may find it easier to prescribe a drug of addiction on a separate prescription.

A prescriber cannot prescribe a narcotic drug for him/herself.

Prescribers are issued with individual prescription pads by the HIC for their own use – these pads should not be used by other prescribers, as this can cause confusion through incorrect pharmacy records.

Doctors are encouraged and dentists are required to include their prescriber numbers on non-personalised prescriptions.

The following admixtures are not pharmaceutical benefits:

- the admixture of two or more ready-prepared items listed in the Schedule; or
- the admixture of a ready-prepared item and one or more extemporaneous drugs listed in Section 4 of the Schedule (green pages); or
- the admixture of a non-pharmaceutical benefit item with a pharmaceutical benefit item.

Writing the prescription

The following rules apply for writing prescriptions:

- they must be written in indelible form (i.e., ink or ball-point pen) in the prescriber's own handwriting (exceptions must be approved by the HIC Managing Director) either on the standard prescription, or on paper approximately 18 cm x 12 cm, or they can be generated by computer on a form approved by the HIC. For patient safety reasons, both the original and the duplicate must be legible;
- they must record the prescriber's name and address (and, in the case of dentists, the prescriber number), the patient's name, address and entitlement status, and whether the prescription is under the PBS or RPBS;
- they should completely identify the pharmaceutical benefit by detailing the item, form, strength and quantity;
- they should indicate where brand substitution is not permitted;
- where 'solvent required' is included after the form, the volume and number of ampoules must be specified; and
- they must be signed by the prescriber and dated.

Restrictions

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

Unrestricted benefits - which have no restrictions on their therapeutic uses;

Restricted benefits - which can only be prescribed for specific therapeutic uses (they are noted as **restricted benefit**); and

Authority required benefits - which are restricted and require prior approval from the HIC or the DVA (they are noted as **authority required**).

Authority prescriptions

Only doctors (not dentists) can write authority prescriptions.

Authority prescriptions are approved by the HIC or the DVA by either posting an Authority Prescription Form to the HIC or the DVA, or by using the HIC's Authority Freecall service (1800 888 333) or the DVA's Authority Freecall service (1800 552 580).

An authority prescription is not valid until it has been approved by the HIC or the DVA. Until then, a pharmacist must not supply the item as a benefit.

The Authority Prescription Form includes:

- the original copy, which records doctor, patient and pharmaceutical benefit item details. After approval, the HIC will forward it with the duplicate to the patient or the doctor. (If it is to be sent direct to the patient, the doctor should mark the box next to the patient's details.)

- the duplicate copy, which is used for repeat supplies and is attached to repeat authorisations until the last supply is made. The duplicate is then retained by the pharmacist.
- the HIC/DVA copy, which is kept by the HIC or the DVA for record purposes when approval is sought in writing. Where approval is by telephone, the doctor must keep this copy for 12 months. This copy must record the daily dose, details of the disease, the clinical justification for using the item, the patient's age (if the patient is a child) and whether the patient has previously received an authority for this pharmaceutical benefit.

Writing authority prescriptions

The following rules apply:

- only one item may be prescribed per prescription;
- the prescription must be completed by doctors in their own handwriting, unless otherwise approved by the HIC;
- doctors should include their name, address, telephone number and **prescriber number** (not provider number), and the patient's name, address and entitlement status;
- doctors must indicate when brand substitution is not permitted; and
- the prescription must be signed by the doctor and dated.

In the case of applications which are posted, lack necessary information and cannot be approved, the applications will be returned to doctors for correction. If a doctor can clarify the matter via telephone, an Authority to Prescribe Form may be prepared by the HIC or the DVA and sent to the doctor.

In the case of authority prescriptions approved by telephone, the doctor should ensure the approval number is included on the prescription to enable the pharmacist to supply the medication. A prescriber who is granted approval but decides not to continue with the therapy should advise the HIC.

Maximum quantities and repeats

The maximum quantity and number of repeats allowed for PBS items are recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). In the case of RPBS items, the recommendations come from the Repatriation Pharmaceutical Reference Committee (RPRC).

Only doctors (not dentists) can prescribe repeats.

Prescriptions and repeats can be for any quantity up to the maximum. It is not necessary to prescribe the maximum quantity if a lesser quantity is sufficient for the patient's needs. If a doctor feels the maximum quantity or number of repeats should be increased, he or she must complete an Authority Prescription Form (see procedures above under 'Authority prescriptions'). A quantity made up of the original prescription and repeats - enough for about six months of treatment at the higher dosage levels - may be authorised.

Please clearly indicate the number of tablets, capsules, etc. required and the number of repeats needed, and **do not use** abbreviations such as 'Max. Qty', 'M.Q.', or 'M.R.'

Regulation 24

Under this regulation, original and repeat supplies of pharmaceutical benefits can be supplied at the one time if a doctor is first satisfied that certain conditions apply, then endorses the prescription 'Regulation 24' or words to that effect. RPBS prescriptions may be endorsed 'hardship conditions apply'.

The doctor first must be satisfied all the following conditions apply:

- the maximum quantity is insufficient for the patient's treatment; **AND**
- the patient has a chronic illness or lives in a remote area where access to PBS supplies is limited; **AND**
- the patient would suffer great hardship trying to get the pharmaceutical benefit on separate occasions.

Urgent cases

In urgent cases and where State/Territory law allows, a prescriber may telephone a pharmacist and ask that a prescription be supplied. He/she must then forward the written prescription and duplicate to the pharmacist within **seven days of the date of supply**.

This also applies to authority prescriptions provided prior approval has been given by the HIC or DVA. The follow-up written prescription must include the approval number provided over the phone by the HIC or DVA..

Drugs of addiction

Prescribers must heed State/Territory laws when prescribing drugs listed as narcotic, specified or restricted and must notify, or receive approval from, the appropriate health authority.

When a PBS/RPBS authority application is for a drug of addiction (other than dexamphetamine sulfate), the following guidelines apply:

- the maximum quantity authorised is generally for one month's therapy (e.g., one week's therapy with three repeats);
- where supply for a longer period is warranted, quantities are usually for up to three months' therapy;
- telephone approvals are limited to one month's therapy.

Doctors should also state the interval of repeat where repeats are called for, and ensure State/Territory health authorities are notified about ongoing treatment.

Emergency drug (doctor's bag) supplies

Certain pharmaceutical benefits are provided without charge to doctors who in turn can supply them free to patients for emergency use. Any brand premiums do not apply.

A doctor must fill out the Emergency Drug (Doctor's Bag) Order Form in triplicate and give the original and duplicate to a pharmacist. Each form is valid for the month indicated on the form.

Doctors can order the maximum quantity of an item provided they do not already have the maximum quantity on hand. Doctors can only get items once a month. They can also ask for a particular brand of a pharmaceutical benefit. If it is unavailable, they must specify another listed brand, and initial the alteration.

A receipt must be signed by the doctor, or by an authorised representative, when supplies are received.

3. Supplying Medicines – What Pharmacists Need to Know

Eligible suppliers

Pharmaceutical benefits are mainly supplied by approved pharmacists - pharmacists who comply with certain conditions. These pharmacists are approved to dispense pharmaceutical benefits from a particular pharmacy.

Other suppliers include approved doctors (usually practising in isolated areas), Friendly Society pharmacies, and approved hospitals. All suppliers are issued with approval numbers by the HIC. They should follow the procedures in these Explanatory Notes.

Unapproved pharmacists *cannot* supply pharmaceutical benefits.

Approval conditions for pharmacists

A pharmacist approved to supply medicines under the PBS:

- can only supply benefits from the pharmacy which he/she is operating;

- will not supply to anyone any pharmaceutical benefit which attracts a Commonwealth contribution for free, or for a price which is less than the relevant patient contribution;
- will clearly advertise that any offer for free or cut-price medicines does not include pharmaceutical benefits which have a Commonwealth contribution;
- will not pay rebates or refunds of patient contributions;
- will publicly display a notice setting out the pharmacy's normal trading hours;
- is obliged to supply pharmaceutical benefits at the pharmacy at any hour if a prescription is marked 'urgent' and initialled by the prescriber;
- will keep adequate stocks for the supply of pharmaceutical benefits;
- may be called on by the HIC to provide details of stocks of pharmaceutical benefits or preparations for pharmaceutical benefits; and
- must keep duplicates of all pharmaceutical benefit prescriptions with a Commonwealth contribution for at least one year from the date of supply. This includes prescriptions ordering repeats when it is the final supply, and order forms for emergency drug (doctor's bag) supplies. Please note that some State/Territory laws require duplicates to be kept for longer periods.

Before supplying pharmaceutical benefits

Several steps must be taken before a pharmaceutical benefit is supplied.

Firstly, a pharmacist must endorse the prescription and duplicate with his/her name and approval number.

Secondly, a prescription identifying number must be given to the prescription item on both the prescription and duplicate. Any recognised series of numbers may be used.

If more than one item is on a prescription, a separate identifying number should be allocated to each item.

In the case of a repeat authorisation, the same prescription identifying number(s) must be carried through for each item. A pharmacist must also allocate his/her own identifying number on the repeat authorisation. It must be written alongside the date and place of supply.

Supplying pharmaceutical benefits

Do's and Don't's

Except in urgent cases (see details under '2. Prescribing Medicines ... Urgent cases'), pharmacists are authorised to supply pharmaceutical benefits only after they receive:

- a valid prescription which is less than 12 months old; or
- an approved authority prescription or an authority to prescribe, with a prescription date less than 12 months old; or
- a repeat authorisation attached to a duplicate prescription within 12 months of the date of the original prescription.

A pharmaceutical benefit cannot be supplied more times than specified in the prescription.

A pharmacist cannot add to, delete from, or alter a prescription in any other way. However, there may be circumstances where after contacting a prescriber, the pharmacist can clarify the prescriber's intentions and endorse the prescription accordingly.

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

- on the same day or within the next 20 days, if it is a benefit (other than an eye preparation) that has five or more repeats allowed; or

- on the same day or within the next four days (e.g., if a pharmaceutical benefit is supplied on a Monday, it cannot be supplied again to that patient until the next Saturday) in the case of other benefits.

Exceptions to this are:

- when a prescription is endorsed with the words 'Regulation 24' or 'hardship conditions apply' (see below under 'Regulation 24'); and
- if a pharmacist believes supply is urgently needed to treat the person, or a previous supply has been destroyed, lost or stolen. In this case, the pharmacist can provide another supply but must write 'immediate supply necessary' and sign the prescription.

With the agreement of the patient, a pharmacist can supply an alternative brand of a benefit without reference to the prescriber, provided that:

- the prescription does not indicate 'brand substitution not permitted';
- the Schedule shows the prescribed brand and the substitute brand are equivalent; and
- supply of the substitute brand does not contravene relevant State/Territory law.

A pharmacist cannot substitute one medicine for another - only an alternative brand of the medicine, as specified above.

What to do if the Schedule changes

If an item is deleted from the Schedule, it *cannot* be supplied as a pharmaceutical benefit from the date the deletion takes effect - regardless of whether the prescription was written before this date. This includes repeat authorisations. (Special conditions applying to RPBS prescriptions are detailed in the RPBS Explanatory Notes.)

However, if restrictions on the prescribing of a pharmaceutical benefit change, or the maximum quantity or number of repeats are altered in the Schedule, valid prescriptions written before the date of effect of the change *may* still be supplied as pharmaceutical benefits, under the conditions applying at the date of prescribing.

Suspected forgery

Pharmacists should take all reasonable steps to satisfy themselves that all items on a prescription were written by a doctor or a dentist.

Regulation 24

This regulation allows pharmacists to supply a pharmaceutical benefit and all of its repeats at the one time. The prescription must be endorsed by the doctor with the words 'Regulation 24' if it is an item under the PBS, or 'hardship conditions apply' if it is being supplied under the RPBS. (For more information see under '2. Prescribing Medicines ... Regulation 24').

Repeat authorisations

When a prescription for a pharmaceutical benefit calls for repeat supplies, the pharmacist shall prepare a Repeat Authorisation Form, except when the prescription is marked 'Regulation 24'.

The repeat may be requested on a standard prescription, an authority prescription or an Authority to Prescribe Form, or on an earlier repeat authorisation. In the latter case, it must come with the duplicate prescription.

Preparing Repeat Authorisation Forms

A Repeat Authorisation Form must show:

- the category of benefit (concession or general) - by placing a cross (x) in the relevant box;
- the patient's name and full address;

- if the prescription is for a concessional patient, his/her entitlement number;
- in the case of repeats authorised on authority prescriptions, the authority number;
- details of the original prescription stating the item, brand, form, strength, quantity and directions;
- if brand substitution has occurred, the name of the brand actually supplied;
- for the first supply, the approval number, the date of the original prescription and the allotted prescription identifying number;
- for subsequent supplies, the approval number, the date of the original prescription and the prescription identifying number relating to the first supply;
- the number of times the item is to be repeated and the number of times it has been supplied; and
- the name and approval number of the pharmacist issuing the repeat authorisation; and
- the date of supply.

When a repeat authorisation is prepared for any further repeats or deferred supply, a pharmacist must attach a copy of the prescription and give both to the patient at the time of supply.

Repeat authorisations for injectables and solvents

Where an injectable pharmaceutical benefit requires a solvent, both items should be treated as one pharmaceutical benefit. If repeats are needed, only one repeat authorisation is to be prepared. Details of the injectable and the solvent should appear in the space provided for the 'original prescription transcription'.

Repeat authorisations for deferred supply

When a prescription orders a number of pharmaceutical benefit items, but the patient does not need all of the items at the same time, a separate repeat authorisation for each deferred item must be prepared. The words 'original supply deferred' should be stamped across the relevant item on the original prescription, its duplicate, and on the repeat authorisation.

Deferred items must not be claimed on the original prescription.

The Repeat Authorisation Form when it is used for a deferred supply, is issued in the same way as normal repeat authorisations except that:

- '0' is to be inserted in the space for 'no. of times already dispensed'; and
- if no repeats are ordered, '0' is to be inserted in the space for 'no. of repeats authorised'.

Supplying a benefit on a deferred supply repeat authorisation is to be treated as if it is the first time of supply. If repeats are directed, the normal procedure for repeat authorisations applies. Details of the pharmacy at which the deferred supply was authorised are to be written onto subsequent repeat authorisations.

Authority prescriptions

If a pharmacist is presented with an authority prescription and is not sure if it has been approved, he or she should contact the HIC. Please note that the HIC will not provide clinical information.

Urgent cases

In urgent cases and where State/Territory law allows, pharmacists can supply a pharmaceutical benefit to a person without a prescription, provided details of the prescription are given by the prescriber via telephone or other means. The prescriber must then forward the written prescription and duplicate to the pharmacist within **seven days of the date of supply**.

Where a pharmaceutical benefit needs prior approval from the HIC or DVA, the prescriber must obtain approval and then advise the pharmacist of the prescription and approval details.

Only an original supply can be provided in this manner - not repeats.

Receipts

A person receiving a pharmaceutical benefit item must sign and date a receipt for it. If the person is not the patient, that person must also endorse the prescription or repeat authorisation with his/her address. A receipt cannot be obtained until supply of the benefit has been made.

If a pharmaceutical benefit has to be sent through the post, by rail, or by other means, and a receipt is not practical, the pharmacist must certify on the prescription or repeat authorisation that the benefit has been supplied, and write the date of supply and details of how it was sent. For example, if a pharmaceutical benefit is mailed to a patient on 1 April 1998, the pharmacist should write: "Certified supplied - mailed to patient 1 April 1998 (name of pharmacist) (signature of pharmacist) (date of certification)".

If an item is supplied in an urgent case (see above), or to a person who cannot read or write, the pharmacist should sign and date a statement on the prescription or repeat authorisation, stating the item has been supplied and the date on which it was supplied, and explaining why there is no receipt. For example, if a pharmaceutical benefit is supplied to a patient with a broken arm on 1 May 1998, the pharmacist should write: "Certified supplied 1 May 1998 - patient has a broken arm and is unable to sign (name of pharmacist) (signature of pharmacist) (date of certification)".

Only the pharmacist approved to supply pharmaceutical benefits can certify supply.

Emergency drug (doctor's bag) supplies

Pharmacists may supply certain pharmaceutical benefit items free of charge to doctors for emergencies if they receive an Emergency Drug (Doctor's Bag) Order Form in duplicate, signed by the doctor.

Pharmacists must be satisfied the form was completed out by a doctor and includes the doctor's name and address. If a pharmacist does not know the doctor, he/she should confirm the doctor's registration and endorse this on the back of the form.

For more information about emergency supplies see under '2. Prescribing Medicines ... Emergency drug (doctor's bag) supplies'.

Patient Charges

Type of patient

There are two types of PBS beneficiaries - general patients and concessional patients. Concessional patients hold one of the following cards from Centrelink or the DVA:

- Pensioner Concession Card
- Commonwealth Seniors Health Card
- Health Care Card
- Repatriation Health Card For All Conditions (gold) - concessional patients under RPBS
- Repatriation Health Card For Specific Conditions (white) - only regarded as concessional patients for RPBS prescriptions unless they hold a separate entitlement from Centrelink, otherwise they are general patients.

The above concessional patients are recognised by public hospitals in all States and Territories apart from South Australia (where DVA beneficiaries are treated as general patients) and New South Wales (where holders of a white DVA card are treated as general patients).

Under the Reciprocal Health Care Agreements, visitors from participating countries (see the introduction of this section for the list of countries) are treated as general patients - they do not have concessional entitlements. To receive pharmaceutical benefits, these visitors may need to present a temporary Medicare card or their passport. Pharmacists should contact the HIC if they have queries about these arrangements.

Establishing concessional entitlement

Prescription forms supplied by the HIC have spaces provided for details of a patient's concessional status. Anyone can enter this information, which must include:

- a cross (x) in the appropriate box to indicate the level of patient contribution; and
- the complete entitlement/concession number on the card.

The person who signs the receipt for pharmaceutical benefits also accepts responsibility for the validity of the entitlement information on the prescription.

All concessional prescriptions must have an entitlement/concession number.

What to charge

Patient contribution

Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is \$20.00 for general patients and \$3.20 for concessional patients (except where a special patient contribution, a brand premium, or a therapeutic group premium applies).

Patients who have a Safety Net Entitlement Card (see details under '5. The Safety Net Scheme') receive PBS items for free, except when a special patient contribution, brand premium, or therapeutic group premium applies.

The contribution rate for general patients as outpatients at public hospitals throughout Australia is a flat \$15.00. The exception is Queensland where they pay the safety net value of an item when it is listed in the Schedule (see details under '5. The Safety Net Scheme'), or up to \$20.00 for items not listed in the Schedule.

The contribution rate for concessional patients in all public hospitals is \$3.20.

It is the patient's responsibility to meet any charge lawfully demanded by an approved pharmacist, otherwise supply may be refused.

The patient contribution rates may be adjusted on 1 January each year in line with inflation.

Special patient contributions, brand premiums and therapeutic group premiums

A special patient contribution is payable for a pharmaceutical benefit when there is a disagreement between the manufacturer and the Commonwealth over the dispensed price for that benefit item. This extra charge is paid by all patients, together with their usual patient contribution. For RPBS special patient contribution arrangements see the RPBS Explanatory Notes.

Under the brand premium arrangements, Commonwealth reimbursement to pharmacists is based on the lowest-priced brand. Patients pay the difference for higher-priced brands, on top of their usual patient contribution.

Under the therapeutic group premium arrangements, Commonwealth reimbursement to pharmacists is based on the lowest priced benefit items within identified therapeutic groups. Patients pay the difference for higher priced items. Exemptions on medical grounds are available.

The Schedule's special patient contributions, brand premiums and therapeutic group premiums apply to maximum quantities. When a quantity is less than, or - on authority - more than, the maximum, the contributions or premiums will be a fraction or multiple of the maximum quantity, using standard pricing rules (see details under '9. Pricing Prescriptions').

Solvents

Where a solvent is prescribed as part of a pharmaceutical benefit, only one patient contribution is charged.

Increased quantities

Where a doctor has written an authority prescription for a quantity greater than the maximum, the relevant patient contribution should be made for each supply of the increased maximum quantity.

Regulation 24

For 'Regulation 24' prescriptions, a pharmacist should charge the usual patient contribution for the original and for each repeat quantity needed to make up the total supply (plus any special patient contribution, brand premium or therapeutic group premium if applicable).

After hours

A pharmacist may charge an extra fee if he/she supplies a PBS item outside his/her pharmacy's normal trading hours. The charge is paid by the patient and does not count towards the safety net. For RPBS after hours supply arrangements see the RPBS Explanatory Notes.

Delivery

A charge can be added for delivering pharmaceutical benefits from the pharmacy. This charge does not count towards the safety net. For RPBS delivery arrangements refer to the RPBS Explanatory Notes.

5. The Safety Net Scheme

The Safety Net Scheme is designed to protect those patients and their families who require a large number of PBS and RPBS items, and applies to each calendar year.

For the purposes of the scheme, the family includes:

- the spouse or de facto spouse;
- family members under the age of 16 who are in the care and control of the patient; or
- dependent full-time students under the age of 25.

The scheme requires pharmacists, on request by patients, to record the supply of PBS and RPBS items on Prescription Record Forms (PRF's). When patients reach a certain spending level (or safety net threshold) within a calendar year, they qualify to receive PBS or RPBS items at a cheaper price or free of charge for the rest of that year. The reductions do not apply to special patient contributions, brand premiums or therapeutic group premiums - these charges must still be met by patients.

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

Pharmaceutical benefit items (including authority items) can only be counted towards the safety net threshold when prescribed and supplied according to the Schedule's conditions. A medicine supplied by a pharmacist who is not approved to supply pharmaceutical benefits cannot count towards the safety net.

Safety net thresholds

There are two safety net thresholds - one for general patients and the other for concessional patients.

The general patient safety net threshold is currently \$612.60. When patients and/or their families reach this amount, they can apply for a Safety Net Concession Card and pay only \$3.20 per prescription for the rest of the calendar year.

The concessional safety net threshold is \$166.40 (this also applies to gold and white card-holders under the RPBS). Once patients and/or their families reach this amount, they can apply for a Safety Net Entitlement Card and receive items free of charge for the rest of the calendar year.

Brand premiums, therapeutic group premiums and special patient contributions do not count towards the safety net thresholds.

The thresholds may be adjusted on 1 January each year in line with inflation.

Safety net cross-over arrangements

Some patients and/or members of their families will move in and out of concessional status during the calendar year. Patients should apply for the safety net card appropriate to their status at the time they apply.

Concessional patients who were previously general patients can apply for a Safety Net Entitlement Card once they reach the threshold of \$166.40. In this case, any pharmaceutical benefits previously supplied at the general rate in that calendar year will need to be converted to the rate of \$3.20 per item.

General patients who were previously concessional patients can apply for a Safety Net Concession Card when they reach the general threshold of \$612.60. In this case, any pharmaceutical benefits previously supplied at the concessional rate in that calendar year will be counted at the rate of \$3.20 per item.

In the case of families where one parent holds a concession card and other family members are general patients, the family can choose to apply for either a Safety Net Entitlement Card or a Safety Net Concession Card.

To receive a Safety Net Entitlement Card, all pharmaceutical benefits (including general prescriptions) are counted at \$3.20 per item until the \$166.40 threshold is reached. To receive a Safety Net Concession Card, general pharmaceutical benefits are counted at the general rate of up to \$20.00 per item and concessional pharmaceutical benefits at \$3.20 per item, until the threshold of \$612.60 is reached.

White DVA card-holders can either be general or concessional patients (depending on their Centrelink entitlements). If they are being treated for a specific disability accepted by the DVA, they are also supplied with specific items under the RPBS at the concessional rate of \$3.20 per item. Therefore, these patients are encouraged to maintain a concessional PRF, plus a general PRF for those items not covered under the RPBS.

White card-holders may choose at any time during the year to count contributions made at the general level towards the concessional safety net threshold. The patient receives a credit of \$3.20 for each PBS prescription item purchased. Alternatively, he/she can count contributions at the concessional level towards the general safety net, and receive a credit of \$3.20 for each RPBS prescription item purchased.

Those with gold cards receive all of their prescription items under the RPBS, and only pay \$3.20 for each item.

Dependants of both white and gold card-holders are treated separately and may be either general patients or concessional patients. Their prescriptions may be included in the cross-over arrangements.

Recording prescriptions

There are two types of PRF's to record prescription items. One (a blue form) is used by general and concessional patients and veterans who pay for items at community pharmacies. It is available from community pharmacies, Medicare offices and the HIC in each State. The other form (maroon) is used by out-patients who pay for items at public hospital pharmacies, and is available through hospital out-patient departments or HIC State offices.

Patients should record their status (general or concessional) in the appropriate box on the front of the PRF, state their Centrelink, DVA and/or Safety Net Concession/Entitlement Card number, and list family members covered. General patients must also record their Medicare number when applying for a Safety Net Concession Card.

Details to be entered on the form by the pharmacist are:

- date of supply;
- PBS/RPBS code number of the item (for community pharmacies only);
- the safety net value of the item (for community pharmacies only);
- pharmacist's approval number (for community pharmacies only);

- item identification - medicine code, name of medicine or abbreviation (for public hospitals only);
- hospital charge (for public hospitals only);
- hospital safety net number (for public hospitals only); and
- signature of the authorised person making the entry.

Community pharmacists should record in the 'safety net value' column;

- the patient contribution when it is less than the PBS dispensed price; or
- the safety net value shown in this Schedule, or any lesser amount charged, if the PBS dispensed price is less than or equal to the patient contribution. The pharmacist may discount the price for these items.

Some computer software suppliers provide a special label to record this information on the PRF. Some suppliers also provide a computer printout option which is an acceptable replacement for the PRF.

The patient is responsible for maintenance and storage of the PRF. However, it may be kept in the pharmacy. An individual (or family) may have more than one PRF.

Hospital PRF's

Items to be recorded on a hospital PRF must be approved by the hospital's pharmaceutical advisory committee. They can be listed on a hospital's formulary (a list of pharmaceutical items approved by the committee for the treatment of particular illnesses), or authorised on a patient-by-patient basis.

Multi-item forms

If a patient submits a multi-item prescription form which would take the PRF past the safety net expenditure limit, any items in excess are to be treated as entitled items once the Safety Net Entitlement/Concession Card is issued.

These excess items should be treated as 'deferred supply' items.

For example, if a family has \$590.00 recorded on their PRF and they have a new prescription for four items, the first item should be supplied at the general rate. If the second item would take the family over the threshold of \$612.20, the pharmacist should then issue a Safety Net Concession Card and supply the other three items at the concessional rate. This involves the deferral of three items, entry of the Safety Net Concession Card number into the computer, and the subsequent supply of these items.

Qualifying prescriptions

A prescription should be supplied at either the concessional rate or free of charge, as appropriate, when the safety net value or hospital charge for that prescription takes the PRF to the qualifying amount for a Safety Net Entitlement/Concession Card.

Lost PRF's

If a PRF has been lost, stolen or destroyed, a pharmacist may prepare a duplicate copy, but is under no obligation to do so.

Retrospective entitlement and patient refunds

Responsibility for claiming entitlements rests with the patient. If items accumulated on a PRF have already exceeded the safety net limit, then the cost to the patient of those items in excess of the limit cannot be refunded by a pharmacist.

However, a patient may get a refund in the following circumstances:

- The patient failed to apply for his/her Safety Net Entitlement/Concession Card on reaching the safety net threshold -

The patient should write to the HIC and provide copies of pharmacy accounts or a signed statement from the pharmacist giving the date of supply, description and cost of items supplied and paid for. A copy of the relevant PRF's should also be provided. If they are not available, the patient should give the name of the pharmacy from the card was issued and the number on the card, so the HIC can locate the PRF's through its records. Cash refunds are not available in these circumstances - cheques are issued.

- The patient cannot satisfy a pharmacist that he/she has a current entitlement and is charged the general patient price -

The pharmacist should issue the patient with a receipt and a claim form (provided to the pharmacist by the HIC). The patient can then get a cash refund from the HIC via Medicare offices. RPBS prescription refunds are paid at DVA State offices.

The HIC can only pay refunds for PBS items supplied through approved pharmacies. Refunds for hospital supplied items should be referred to the relevant State/Territory hospital or health department.

Applying for a Safety Net Entitlement/Concession Card

Once the safety net threshold has been reached, any adult patient covered by the PRF can complete the application and declaration on the back of the form or the computer-generated application to get a Safety Net Entitlement/Concession Card. Please note that software packages which produce computer generated applications must be approved by the HIC.

If the card is issued to a dependent child or student, it should be in the name of a parent.

When issuing entitlement/concession cards, pharmacists do not have to check all PRF details. However, they should ensure each entry has been signed and that the PRF total qualifies the patient for the relevant safety net card.

In the case of a concession card, pharmacists should check that the patient's Medicare card number is on the PRF.

Issuing a Safety Net Entitlement/Concession Card

When satisfied that the individual or family is entitled, the pharmacist should issue the next blank Safety Net Entitlement/Concession Card with the following details:

- the names of family members covered. If there are more than eight family members, a second card should be issued listing the card-holder and family members not listed on the first card. The PRF has space to record that two cards have been issued;
- the two-character code to indicate the relationship to the card-holder. Applicable codes are:

SP - spouse;

DC - child under 16 years; and

DS - dependent full-time student under 25 years.

The pharmacist should be satisfied that only family members are listed on the card. The unused space on the card should be ruled through to prevent extra names being added. The sticky label from the Safety Net Entitlement/Concession Card, pre-printed with the card number, should be attached to the PRF. The pharmacist should sign and stamp each PRF with the pharmacy's stamp. He/she must then enter the card issue details on a Safety Net - Claim for Payment Form.

Issuing supplementary cards

A pharmacist can give a card-holder a supplementary card for a spouse or dependant only at the time the original card is issued. The duplicate card should be recorded in the additional box on the PRF.

Requests for supplementary cards at a later stage should be referred to HIC State offices, as should requests to add a new family member to the original card (e.g., a new baby or adopted child).

Notification to HIC and claim for payment

Payment for issuing a Safety Net Entitlement/Concession Card is made after the Safety Net - Claim for Payment Form is sent to the HIC State office, no later than one month after a card is issued.

Each form must be accompanied by all supporting documentation (PRF's and cancelled or void Safety Net Entitlement/Concession Cards).

Payment will not be made for void cards.

Lost Safety Net Entitlement/Concession Cards

When a card has been lost, damaged, stolen or destroyed, a pharmacist cannot re-issue a patient with a replacement card. The original card-holder (or spouse) must apply to the HIC office in his/her State.

Pharmacy record of issued cards

A record of all cards issued must be kept at the pharmacy from which the pharmacist is approved to supply pharmaceutical benefits. The duplicate ('bookfast') copy in the Safety Net - Claim for Payment book is provided for this purpose.

6. Health Insurance Commission Entitlement Checks

The HIC routinely validates a patient's entitlement to free or concessional benefits by checking entitlement numbers in pharmacists' claims. If a number is not recorded correctly, a patient cannot be identified against the HIC's Pharmaceutical Benefits Entitlement File.

When a number is found to be from a card which was incorrect or had expired at the time of supply, the prescriptions will be returned unless the entitlement card has been sighted and the pharmacist has endorsed this on the prescription.

When a number is from a withdrawn entitlement card, the prescription will be paid at the level claimed. The pharmacist will then be notified of the withdrawn entitlement on the statement of account. Any prescription quoting that number which is supplied after notification will be returned to the pharmacist.

Entitlement checking procedures

General

Once a pharmacist has been notified by the HIC of an incorrect entitlement number, he/she should view the entitlement card and correct the number in the computer when the patient next presents a prescription. The pharmacist may send a copy of the card to the HIC, which will notify the relevant Commonwealth department so a corrected card can be sent to the patient.

Step by step

Pharmacists should take these steps in the following circumstances:

- A patient presents a current card and a pharmacist finds the entitlement number is invalidly constructed -
 - Write '**card sighted**' on the prescription (this will ensure payment on all occasions). As previously mentioned, the pharmacist can send a copy of the card to the HIC for correction.
- The pharmacist is satisfied, without seeing documentation, that a patient is entitled, but the number is invalidly constructed -

Reconfirm the number with the card-holder, then supply the prescription as a concessional entitlement. If the number is still incorrect, write '**entitlement confirmed**' on the prescription.

- The pharmacist is satisfied, without seeing documentation, that a patient is entitled, and the number is valid -

If the prescription is supplied as a concessional benefit, payment depends on the patient's entitlement status at the time of supply. If entitlement has been withdrawn but the expiry date on the card is still valid, payment will be made and the pharmacist will be notified of the cancelled entitlement - after which any prescriptions supplied at the concessional rate will be returned. If appropriate, the pharmacist may then claim them at the general rate.

- An unknown patient claims to be entitled but has no documentation -

Supply as a general prescription and issue a receipt for the patient to claim a refund from HIC.

- The pharmacist receives an expired entitlement documentation but the patient asserts ongoing entitlement status -

Ask for proof, attach it to the prescription and supply the benefit as concessional. The HIC will follow the matter up with Centrelink or the DVA. If no proof is available, supply as a general prescription and issue a receipt to claim a refund from HIC.

7. How Pharmacists Claim Reimbursement: Information Required

The HIC uses a computerised system for pricing prescriptions, repeat authorisations and emergency drug (doctor's bag) orders, and for calculating claims.

The payment system is designed to pay pharmacists correctly for the pharmaceutical benefits they supply. It is essential instructions are followed carefully and that each document includes all relevant information. Accurate and complete data ensures claim payment is not delayed.

Prescription identification

Pharmacists must include certain information on each pharmaceutical benefit prescription sent in for claim, as specified below. It is important that this information is entered correctly and in the right place on the prescription.

This information will be included in a sticker produced by pharmacy software.

The sticker should be placed on the extreme left front of a prescription, opposite each item being claimed. It must not obscure any details written by the prescriber. Most prescribers use prescriptions which have space for the sticker. If a sticker is not used, a prescription identification stamp can be used or the information can be written in the same place, and in the same order.

Pharmacists should avoid writing over, or placing the sticker over, the prescriber number pre-printed on PBS/RPBS prescriptions, or the 'DP No.' box on PBS dental prescriptions.

The sticker is not necessary for current repeat authorisation, emergency drug (doctor's bag), authority prescription, and authority to prescribe forms, as they have printed spaces for the necessary details.

The following information should be entered next to the appropriate letter on the sticker or stamp:

- 'S' - the serial number for the claim (see below)
- 'A' - (a) the price claimed for pricing elect prescriptions, exceptional priced prescriptions and RPBS non-scheduled prescriptions (see below under 'Extemporaneously-prepared pharmaceutical benefits not listed in the Standard Formulae List' for explanations of pricing elected prescriptions and exceptional priced prescriptions); and/or
(b) confirmation that the PBS prescription is endorsed 'Regulation 24' or the RPBS prescription is endorsed 'hardship conditions apply'; and/or
(c) a claim for a glass dropper bottle where applicable; and/or
(d) any clarification of the prescription which will assist HIC payment processing.
- 'No.' - the prescription identifying number.

Serial numbers

Prescription, repeat authorisation, authority prescription, and emergency drug (doctor's bag) forms submitted in each claim must bear consecutive serial numbers starting with:

- 1 - for emergency drug (doctor's bag) supplies;
- 1 - for general benefits;
- C1 - for concessional and Safety Net Concession Card benefits;
- E1 - for Safety Net Entitlement Card benefits; and
- R1 - for RPBS benefits.

Each serial number should also be noted on any document kept by the 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 start with the serial number 6.

Repeat authorisations for authority prescriptions

When a benefit is supplied on a repeat authorisation which needed an authority prescription, the serial number must be prefixed with the letter 'A' for a general benefit; 'AC' for a concessional benefit or a benefit supplied to a Safety Net Concession Card holder; 'AE' for a Safety Net Entitlement Card holder; or 'AR' for a RPBS benefit.

Repeat authorisations for deferred supply

When a benefit is supplied on a repeat authorisation prepared for deferred supply, the serial number must be prefixed with the letter 'D' for a general benefit; 'DC' for a concessional benefit or a benefit supplied to a Safety Net Concession Card holder; 'DE' for a Safety Net Entitlement Card holder; or 'DR' for a RPBS benefit.

Injectable item ordered with a solvent

When both an injectable item and a solvent are to be supplied, only one serial number is used. This number should be placed on the left hand side of the prescription, opposite the injectable item.

Dropper containers

Dispensed prices for extemporaneously-prepared eye drops, ear drops and nasal instillations include the price of a polythene dropper container. However, if a glass dropper container is supplied, payment should be claimed by writing 'glass bottle' in box 'A' of the stamp.

Extemporaneously-prepared pharmaceutical benefits not listed in the Standard Formulae List

When a formula is not listed on the Standard Formulae List (see section 4 of this Schedule - green pages), the prescription is paid at an average of 10 g/mL rate for the type of preparation, unless the pharmacist elects otherwise. A pharmacist may price an exceptional prescription, or elect to price all non-pre-priced extemporaneous prescriptions (see below).

Prescriptions paid on an average price basis

If the prescription is to be claimed as an exceptional prescription, the pharmacist should write details of the formula supplied on the prescription or repeat authorisation form; price the prescription in accordance with the pricing principles (as detailed under '9. Pricing Prescriptions'); and enter the calculated price in box 'A' of the stamp or in the space on the Repeat Authorisation Form.

An exceptional prescription is for an extemporaneously-prepared pharmaceutical benefit which is not included in the Standard Formulae List and for which the price of the ingredients (based on basic pricing rules) is twice or more than the recovery price of the ingredients calculated on an average price basis.

Pricing non-pre-priced extemporaneous preparations

Pharmacists should notify the HIC when they elect to price non-pre-priced extemporaneous preparations. Each prescription should be priced in accordance with the pricing principles (as detailed under '9. Pricing Prescriptions') and that price entered in box 'A' of the stamp, or in the space on the Repeat Authorisation Form.

RPBS prescriptions for items not included in either the PBS or RPBS Schedule

When a prescription for a RPBS patient is for an item not included in either the PBS or the RPBS Schedule, the price claimed should be entered in box 'A' of the stamp. Full details on pricing and availability of such items under the RPBS are set out in the RPBS Explanatory Notes.

8. How Pharmacists Claim Reimbursement: Documents to be Submitted

A claim for pharmaceutical benefits consists of:

- the original and duplicate of a completed Claim for Payment Form;
- a completed Remote Pharmacy Allowance Claim Form where applicable;
- the original orders for emergency drug (doctor's bag) supplies in a separate bundle;
- the originals of all prescriptions, including repeat authorisations and authority prescriptions, separated into four bundles for benefits supplied to the general public; concessional beneficiaries/Safety Net Concession Card holders; Safety Net Entitlement Card holders and RPBS patients.

Prescriptions in each bundle should be in serial number order, with serial number 1 at the top of the bundle.

Prescriptions in the wrong bundle may be returned to the pharmacist for clarification. If appropriate, they can be resubmitted in the correct bundle of the next claim.

Completing the claim form

The claimant's name, address of the pharmacy from which the pharmacist is approved to supply pharmaceutical benefits, approval number, and reference number should be entered on the Claim for Payment Form. These details should match the latest written information held by the HIC, or payments can be delayed while clarification is sought.

The reference number should state how many claims have been submitted so far in a calendar year, e.g., the sixth claim submitted by an approved pharmacist in 1998 should have a reference number of 9806.

The first and last serial numbers given to items in each bundle are to be entered on the Claim for Payment Form. The last number should equal the total number of items in a bundle.

A total claim amount is not required - this will be calculated by computer after the prescriptions have been individually priced.

The declaration must be signed by the pharmacist approved to supply pharmaceutical benefits, unless he/she has made arrangements through the HIC for another pharmacist to sign it.

Lodging claims

Claims may be lodged at any time during the month at the relevant HIC State office. Unless other arrangements have been made with the HIC State Manager, the following conditions apply:

- only one claim can be lodged per month;
- the claim shall cover pharmaceutical benefits supplied during one month; and
- the claim shall be sent within 30 days from when the benefits were supplied.

Claims for pharmaceutical benefits supplied over 18 months earlier may not be accepted for computer processing. Pharmacists with such claims should contact the HIC.

Statement of account

As mentioned earlier, a pharmacist will receive a statement of account after a claim is processed. It provides details of payment, the number of prescriptions paid and the total amount paid for each brand of each pharmaceutical benefit item supplied in that claim.

Reasons for non-payment of any item are coded, with the code numbers explained in the statement.

Prescriptions and repeat authorisations not accepted for payment will be returned with the statement, with the exception of prescriptions with a dispensed price equal to or less than the patient contribution. Any other items on those prescriptions which have been paid will have been cancelled.

If a prescription was not accepted and can be re-submitted, it must be given a new serial number and included in the next claim.

A fully itemised statement of account is available from HIC State offices.

If a prescription is finally rejected for payment and a pharmacist is not satisfied with the decision, he/she may apply to the Administrative Appeals Tribunal for a review of that decision.

9. Pricing Prescriptions

Pricing principles

The same pricing principles apply to all PBS prescriptions.

For ready-prepared pharmaceutical benefits, payment is made on the basis of the lowest-priced brand.

For a pharmaceutical benefit not listed as a ready-prepared item, and where a formulation title is stated but no formulary specified, payment is made on the basis of precedence given to formularies by State/Territory legislation.

Pricing dates

Ready-prepared pharmaceutical benefits are priced on the first day of February, May, August and November, for items supplied as from each of those days respectively.

Extemporaneously-prepared pharmaceutical benefits and containers are priced on the first day of May each year for items supplied as from the first day of August that year.

Pricing ready-prepared items

For maximum quantities

The price payable for a pharmaceutical benefit is shown in the Schedule against the item. The price is for the maximum quantity available.

If the prescription is for an injectable item and solvent, the price of each is added together, but only one composite fee is payable.

The maximum quantity of some pharmaceutical benefits, such as eye drops and oral suspensions, has been determined as a single pack corresponding to the manufacturer's pack. These packs cannot be broken, so if a prescription calls for less, the maximum quantity should be supplied and claimed from the HIC. Unbroken packs are indicated by a double dagger (§) in the Schedule.

For lesser quantities

For items where the standard pack is the same as the maximum quantity, and the pack can be broken, the price payable for a lesser quantity is established as follows:

- an amount equal to the composite fee, and if applicable the dangerous drug fee, is deducted from the benefit price as shown in the Schedule;
- to this new amount, a wastage percentage is applied, determined from the Wastage Factor Table (see below);
- then the amount equal to the composite fee, dangerous drug fee (if applicable), and appropriate container fee, is added.

In no case shall the price for a broken quantity be more than the dispensed price of the Schedule's maximum quantity.

When a standard pack is not the same as the maximum quantity, the price of the pharmaceutical benefit concerned has an asterisk next to it and the standard pack rate is set out in Section 3 of the Schedule (blue pages). The price payable for the quantity supplied is established by:

- applying the appropriate wastage table percentage to the standard pack rate;
- then adding an amount equivalent to the composite fee, the dangerous drug fee where applicable, and the appropriate container fee.

In no case shall the supply of a broken quantity, which is less than the item's maximum quantity, cost more than the dispensed price for the maximum quantity.

No container fee is payable when the quantity of pharmaceutical benefit supplied is more than the quantity contained in the standard pack.

Wastage table percentage

The following Wastage Factor Table is used to calculate the price payable for quantities supplied from the standard pack.

Wastage Factor Table

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

The appropriate wastage table percentage is as follows:

- the percentage of the amount supplied from the amount in the standard pack is determined; and
- where this percentage is the same as a percentage listed in Column A of the table, the percentage used is the figure shown in Column B; or
- where the percentage is not the same as a percentage in Column A, then the nearest upward percentage in Column A applies, and the percentage used is the figure in Column B.

For example, 24 tablets are supplied from a standard pack of 100. Thus 24 per cent 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 per cent) is used. Reading down from 25 per cent to Column B, the wastage table percentage is found to be 38 per cent.

Pricing extemporaneously-prepared items

General

The price payable for supplying the maximum quantity of standard formulae preparations is shown in the Standard Formulae List, in Section 4 of this Schedule (green pages).

The following principles apply in determining prices of all pre-priced extemporaneous formulae on the list. They also apply when a pharmacist elects to price extemporaneous prescriptions outside the list.

The amount payable is the sum of:

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

Pricing of ingredients

When the quantity is not specified in the Drug Tariff, the recovery price is as follows:

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

Quantity	Basic Pricing Unit
Up to and including 700 mg	100 mg price
Over 700 mg and up to and including 1 g	price as if 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 if 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 if 80 g
Over 90 g	100 g price

(b) find the recovery price of the basic pricing unit by applying 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 per cent divided by 10
- 1 g price is 10 g price plus 25 per cent divided by 10
- 100 mg price is 1 g price plus 25 per cent divided by 10

(c) find the recovery price by multiplying the price of the basic pricing unit - as established in (b) - by the fraction that the quantity bears to the basic pricing unit.

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

The minimum recovery price for any ingredient is one cent.

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

Pricing prescriptions where extra ingredients are added to a formula

Where the vehicle is liquid and one or more solid ingredients are added, displacement of the liquid by the solid ingredients is disregarded for pricing purposes.

Containers

When a quantity is for more than the container sizes listed in this Schedule, payment will be made as if that quantity had been supplied in the minimum number of containers necessary to supply that quantity.

A double size container is allowed for bulk powders.

Special provisions for extemporaneous prescriptions outside the Standard Formulae List

If a pharmacist elects to price extemporaneous prescriptions outside the Standard Formulae List, there can be no variation for three months. This applies to all extemporaneously-prepared formulae not on the list, and includes both PBS and RPBS prescriptions.

If a pharmacist does not elect to price out these prescriptions, he/she will be paid at an average reimbursement rate.

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 determined 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, with container and composite fee added.

The average 10 g/mL rate for each type of preparation is calculated monthly. It applies to prescriptions supplied in the following month.

Prescriptions ordering a combination of standard preparations fall outside the scope of the Standard Formulae List and therefore are subject to this section.

Any variant to a formula included in the list (adding or deleting an ingredient or varying the dose) takes the formula dispensed outside the list.

When 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 for the standard formula alone, the pharmacist may have the prescription priced as a basic standard formula item.

10. Miscellaneous

References

This Schedule identifies monographs of the British Pharmacopoeia, the British Pharmaceutical Codex, and the Australian Pharmaceutical Formulary and Handbook 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.

Standards

Pharmacists can only supply under the PBS medicines which, or whose ingredients, conform to the standards of composition or purity prescribed. These standards are those specified in the *Therapeutic Goods Act 1989*.

Legislation

Copies of the *National Health Act 1953* and the National Health (Pharmaceutical Benefits) Regulations are available from Government Info shops in each capital city.

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for

PBS Schedule

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Section 2

Emergency Drug (Doctor's Bag) Supplies

Special Pharmaceutical Benefits

General Pharmaceutical Benefits

Pharmaceutical Benefits for Dental Use

Items Available Under Special Arrangements (s.100)

SYMBOLS USED IN THE SCHEDULE

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

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

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

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 one of the specified indications. Where more than one indication is specified for an authority required or restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and appears on the next line. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of 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 approving an Authority Prescription or an Authority to Prescribe. The quantity and number of repeats shown on the authority shall be supplied. (See Explanatory Notes (yellow 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%)

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' located immediately before 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 PREMIUM POLICY

The Brand Premium Policy was introduced on 1 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 (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium);
- 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 price premium which is the price difference between the lowest price brand and the brand prescribed.

'B' located immediately before an amount in the premium column indicates a brand price premium which applies to that particular brand of the drug.

THERAPEUTIC PREMIUM POLICY

The Therapeutic Premium Policy was introduced on 1 February 1998 as an extension of the Brand Premium Policy to encourage greater price competition between suppliers of drugs and make doctors and patients more aware of the costs of medicines.

The Therapeutic Premium Policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety, efficacy and health outcomes.

Basically the policy operates by:

- the Commonwealth Government subsidising drugs within a defined therapeutic sub-group to the level of the lowest priced drug in the sub-group;
- suppliers of other drugs within the sub-group being able to set prices above the price charged by the supplier(s) of the lowest priced drug; and
- the patient paying the therapeutic group premium which is the price difference between the lowest price drug and the drug prescribed.

'T' located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular drug.

If a brand of a drug which is subject to a therapeutic group premium also has a brand price premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'T' and 'B' respectively.

The success of the Government in controlling prices of products supplied through the Pharmaceutical Benefits Scheme has often been criticised by the pharmaceutical industry. Under both the Brand Premium Policy and the Therapeutic Premium Policy, suppliers of multi-branded items and therapeutically similar drugs 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 or drug when a cheaper one is available and is therapeutically interchangeable.

The brand price premium or therapeutic group premium does not count toward the patient's safety net.

It should be noted that the brand price premium or therapeutic group 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 or therapeutic group premiums if the lowest price brand or drug is prescribed either by reference to the brand name or generically.

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	9.03	AP	
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	BENZYL PENICILLIN Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*31.90	BenPen	CS
or	or				
3485K	PROCAINE PENICILLIN Injection 1.5 g	10	*99.82	Cilicaine	SI
3487M	BENZYL PENICILLIN Injection 3 g (with sterilised Water for Injections 10 mL)	1	13.07	BenPen	CS
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	14.25	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	8.91	BL	
3460D	DIHYDROERGOTAMINE MESYLATE Injection 1 mg in 1 mL	5	14.86	Dihydergot	SZ
3462F	DIPHThERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL	15	*75.74	CS	
3466K	FRUSEMIDE Injection 20 mg in 2 mL	5	7.09	Lasix	HP
3469N	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	16.88	AZ	
3475X	GLYCERYL TRINITRATE Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	1	17.50	Nitrolingual Pumpspray	RR

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty \$	Proprietary Name and Manufacturer	
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	10.74	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	9.97	BL SI	
3488N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	*15.34	BL	
3496B	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	14.15	^a Asmol 2.5 uni-dose	AF
			15.15	^a Respax 2.5 Sterinebs	PU
				^a Ventolin Nebules	GW
3497C	SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	14.71	^a Asmol 5 uni-dose	AF
			15.71	^a Respax 5 Sterinebs	PU
				^a Ventolin Nebules	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	5	*24.99	CS	
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. No. of Qty Rpts	Special Patient Contribution for Max. Qty	Reimburse- ment Price for Max. Qty	Total Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
			\$	\$	\$	\$	
BLEOMYCIN							
❖ Restricted benefit ❖							
Germ cell neoplasms; Lymphoma.							
2315W	Injection 15 units bleomycin activity (solvent required) (codes 6891G, 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
1449G	GLUCAGON HYDROCHLORIDE Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe NOTE: See also General Pharmaceutical Benefits.	1 1	16.80	16.88	33.68	17.73	GlucaGen Hypokit NO
2334W	POLYGELINE 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

ALIMENTARY TRACT AND METABOLISM

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

Stomatological preparations

• *Antifungals for local oral treatment*

2931G	AMPHOTERICIN Lozenge 10 mg	20	1	..	7.18	8.03	Fungilin	BQ
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3033P	NYSTATIN Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	8.72	9.57	Mycostatin Nilstat	BQ AY
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• *Other agents for local oral treatment***BENZYLAMINE 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	Diffiam	MM
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ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE

Antacids

• *Combinations and complexes of aluminium, calcium and magnesium compounds*

2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200 mg-200 mg	200	5	B 0.30	*12.38 *12.68	13.23 13.23	^a Gelusil ^a Mylanta	WW WR
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2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*12.38	13.23	^a Gelusil ^a Sigma Liquid Antacid	WW SI
				B 0.30	*12.68	13.23	^a Mylanta	WR

1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250 mg-120 mg-120 mg	200	5	..	*12.38	13.23	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg- 120 mg per 5 mL, 500 mL	2	5	..	*12.38	13.23	Gastrogel	FM

Drugs for treatment of peptic ulcer

• *H₂-receptor antagonists***NOTE:***Helicobacter pylori* eradication therapy should be considered.**NOTE:**

The base-priced drugs in this therapeutic group are cimetidine, nizatidine and ranitidine hydrochloride.

CIMETIDINE❖ *Restricted benefit* ❖*Initial treatment of peptic ulcer.***NOTE:***Helicobacter pylori* eradication therapy should be considered.

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
8150Y	CIMETIDINE—cont. Tablet 200 mg	120	1	..	29.59	20.00	^a Cimehexal HX ^a Magical 200 AF ^a SBPA Cimetidine 200 SL ^a Sigmatadine SI ^a Tagamet SK
				^B 1.73	31.32	20.00	
8151B	Tablet 400 mg	60	1	..	29.59	20.00	^a Cimehexal HX ^a Cimetimax 400PM ^a Magical 400 AF ^a SBPA Cimetidine 400 SL ^a Sigmatadine SI ^a Tagamet SK
				^B 1.73	31.32	20.00	
8152C	Tablet 800 mg	30	1	..	29.59	20.00	^a Cimehexal HX ^a Magical 800 AF ^a Tagamet SK
				^B 2.25	31.84	20.00	
8153D	Effervescent tablet 800 mg (as hydrochloride)	30	1	^T 4.30	33.89	20.00	Tagamet 800 Express SK
❖ Restricted benefit ❖							
<i>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.</i>							
1157X	Tablet 200 mg	120	5	..	29.59	20.00	^a Cimehexal HX ^a Magical 200 AF ^a SBPA Cimetidine 200 SL ^a Sigmatadine SI ^a Tagamet SK
				^B 1.73	31.32	20.00	
1158Y	Tablet 400 mg	60	5	..	29.59	20.00	^a Cimehexal HX ^a Cimetimax 400PM ^a Magical 400 AF ^a SBPA Cimetidine 400 SL ^a Sigmatadine SI ^a Tagamet SK
				^B 1.73	31.32	20.00	
1159B	Tablet 800 mg	30	5	..	29.59	20.00	^a Cimehexal HX ^a Magical 800 AF ^a Tagamet SK
				^B 2.25	31.84	20.00	
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	5	^T 4.30	33.89	20.00	Tagamet 800 Express SK

❖ Authority required ❖

Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs, for:

Initial treatment of peptic ulcer;

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for:

Initial treatment of peptic ulcer.

continued

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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CIMETIDINE—cont.**NOTE:**

Helicobacter pylori eradication therapy should be considered.

8900K	Effervescent tablet 800 mg (as hydrochloride)	30	1	..	33.89	20.00	Tagamet 800 Express	SK
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❖ **Authority required** ❖

Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs, for:

*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;*

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for:

*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.*

8901L	Effervescent tablet 800 mg (as hydrochloride)	30	5	..	33.89	20.00	Tagamet 800 Express	SK
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FAMOTIDINE❖ **Restricted benefit** ❖

Initial treatment of peptic ulcer.

NOTE:

Helicobacter pylori eradication therapy should be considered.

8154E	Tablet 20 mg	60	1	^T 3.89	27.72	20.00	Amfamox 20 Pepcidine M	AD MK
8155F	Tablet 40 mg	30	1	^T 3.89	27.72	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	^T 3.89	27.72	20.00	Amfamox 20 Pepcidine M	AD MK
2488Y	Tablet 40 mg	30	5	^T 3.89	27.72	20.00	Amfamox 40 Pepcidine	AD MK

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FAMOTIDINE—cont.								
❖ Authority required ❖								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs, for:</i>								
<i>Initial treatment of peptic ulcer;</i>								
<i>Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for:</i>								
<i>Initial treatment of peptic ulcer.</i>								
NOTE:								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
8906R	Tablet 20 mg	60	1	..	27.72	20.00	Amfamox 20 Pepcidine M	AD MK
8908W	Tablet 40 mg	30	1	..	27.72	20.00	Amfamox 40 Pepcidine	AD MK
❖ Authority required ❖								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs, for:</i>								
<i>Maintenance treatment of duodenal ulcer in patients who are</i>								
<i>Helicobacter pylori negative or in whom there has been failure of</i>								
<i>Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis;</i>								
<i>Scleroderma oesophagus;</i>								
<i>Zollinger-Ellison syndrome;</i>								
<i>Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for:</i>								
<i>Maintenance treatment of duodenal ulcer in patients who are</i>								
<i>Helicobacter pylori negative or in whom there has been failure of</i>								
<i>Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis;</i>								
<i>Scleroderma oesophagus;</i>								
<i>Zollinger-Ellison syndrome.</i>								
8907T	Tablet 20 mg	60	5	..	27.72	20.00	Amfamox 20 Pepcidine M	AD MK
8909X	Tablet 40 mg	30	5	..	27.72	20.00	Amfamox 40 Pepcidine	AD MK
NIZATIDINE								
❖ Restricted benefit ❖								
<i>Initial treatment of peptic ulcer.</i>								
NOTE:								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
8156G	Capsule 150 mg	60	1	..	25.15	20.00	Tazac	LY
8157H	Capsule 300 mg	30	1	..	25.15	20.00	Tazac	LY
❖ Restricted benefit ❖								
<i>Maintenance treatment of duodenal ulcer in patients who are</i>								
<i>Helicobacter pylori negative or in whom there has been failure of</i>								
<i>Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis.</i>								
1505F	Capsule 150 mg	60	5	..	25.15	20.00	Tazac	LY

continued

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
1504E	NIZATIDINE—cont. Capsule 300 mg	30	5	..	25.15	20.00	Tazac LY
	RANITIDINE HYDROCHLORIDE ❖ Restricted benefit ❖ <i>Initial treatment of peptic ulcer.</i> NOTE: <i>Helicobacter pylori eradication therapy should be considered.</i>						
8158J	Tablet 150 mg (base)	60	1	.. B0.71	24.77 25.48	20.00 20.00	a DBL Ranitidine BL a Rani 2 AF a Zantac GW
8159K	Effervescent tablet 150 mg (base)	60	1	T0.71	25.48	20.00	Zantac GW
8160L	Tablet 300 mg (base)	30	1	.. B0.71	24.77 25.48	20.00 20.00	a DBL Ranitidine BL a Rani 2 AF a Zantac GW
8161M	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	T0.70	*25.48	20.00	Zantac Syrup GW
	❖ Restricted benefit ❖ <i>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.</i>						
1978D	Tablet 150 mg (base)	60	5	.. B0.71	24.77 25.48	20.00 20.00	a DBL Ranitidine BL a Rani 2 AF a Zantac GW
1937Y	Effervescent tablet 150 mg (base)	60	5	T0.71	25.48	20.00	Zantac GW
1977C	Tablet 300 mg (base)	30	5	.. B0.71	24.77 25.48	20.00 20.00	a DBL Ranitidine BL a Rani 2 AF a Zantac GW
8162N	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	T0.70	*25.48	20.00	Zantac Syrup GW
	❖ Authority required ❖ <i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs, for: Initial treatment of peptic ulcer; Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for: Initial treatment of peptic ulcer.</i> NOTE: <i>Helicobacter pylori eradication therapy should be considered.</i>						
8902M	Effervescent tablet 150 mg (base)	60	1	..	25.48	20.00	Zantac GW
8904P	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	..	*25.48	20.00	Zantac Syrup GW

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
RANITIDINE HYDROCHLORIDE—cont.								
❖ Authority required ❖								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs, for:</i>								
<i>Maintenance treatment of peptic ulcer in patients who are</i>								
<i>Helicobacter pylori negative or in whom there has been failure of</i>								
<i>Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis;</i>								
<i>Scleroderma oesophagus;</i>								
<i>Zollinger-Ellison syndrome;</i>								
<i>Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for:</i>								
<i>Maintenance treatment of peptic ulcer in patients who are</i>								
<i>Helicobacter pylori negative or in whom there has been failure of</i>								
<i>Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis;</i>								
<i>Scleroderma oesophagus;</i>								
<i>Zollinger-Ellison syndrome.</i>								
8903N	Effervescent tablet 150 mg (base)	60	5	..	25.48	20.00	Zantac	GW
8905Q	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	..	*25.48	20.00	Zantac Syrup	GW
• Prostaglandins								
MISOPROSTOL								
CAUTION:								
<i>Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.</i>								
❖ Authority required ❖								
<i>Reduction in the incidence of gastrointestinal complications in patients who have a history of peptic ulcer disease and in whom NSAID therapy is essential;</i>								
<i>Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery;</i>								
<i>Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.</i>								
1648R	Tablet 200 micrograms	120	2	..	46.92	20.00	Cytotec	SR
• Proton pump inhibitors								
LANSOPRAZOLE								
❖ Authority required ❖								
<i>Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs.</i>								
NOTE:								
<i>The application must include the date of final assessment (x-ray, endoscopy or surgery).</i>								
2240X	Capsule 30 mg	28	1	..	82.98	20.00	Zoton	LE

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
LANSOPRAZOLE—cont.								
❖ Authority required ❖								
<i>Severe refractory ulcerating oesophagitis proven by endoscopy; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.</i>								
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 ❖								
<i>Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs.</i>								
NOTE:								
<i>The application must include the date of final assessment (x-ray, endoscopy or surgery).</i>								
1326T	Capsule 20 mg	28	1	..	82.98	20.00	Losec	AP
❖ Authority required ❖								
<i>Severe refractory ulcerating oesophagitis proven by endoscopy; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.</i>								
8232G	Capsule 10 mg	28	5	..	51.53	20.00	Losec	AP
1327W	Capsule 20 mg	28	5	..	82.98	20.00	Losec	AP
PANTOPRAZOLE SODIUM SESQUIHYDRATE								
❖ Authority required ❖								
<i>Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs; Severe refractory ulcerating oesophagitis proven by endoscopy.</i>								
NOTE:								
<i>An application for use in duodenal or gastric ulcer must include the date of final assessment (x-ray, endoscopy or surgery).</i>								
8007K	Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole	30	1	..	88.60	20.00	Somac	PS
❖ Authority required ❖								
<i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.</i>								
8008L	Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole	30	5	..	88.60	20.00	Somac	PS

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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	..	..	64.84	20.00	Helidac Triple Therapy	PU
OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN ❖ Restricted benefit ❖ <i>Eradication of Helicobacter pylori associated with peptic ulcer disease.</i>								
8272J	Pack containing 14 capsules omeprazole 20 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg	\$1	..	..	108.08	20.00	Klacid Hp 7 Losec Hp7	AB AP
OMEPRAZOLE and METRONIDAZOLE and AMOXYCILLIN ❖ Authority required ❖ <i>Eradication of Helicobacter pylori associated with peptic ulcer disease.</i>								
8177J	Pack containing 28 capsules omeprazole 20 mg, 42 tablets metronidazole 400 mg and 42 capsules amoxicillin 500 mg	\$1	..	..	90.54	20.00	Losec Helicopak	AP
2055E	SUCRALFATE Tablet equivalent to 1 g anhydrous sucralfate	120	2	B .. 1.65	23.04 24.69	20.00 20.00	^a Ulcyte ^a Carafate	AF BT
Antiregurgitants								
• Antiregurgitants SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE								
2014B	Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL	2	5	..	*11.46	12.31	Gaviscon P	RC
ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES								
Belladonna and derivatives, plain								
• Belladonna alkaloids, tertiary amines ATROPINE SULFATE								
1089H	Injection 600 micrograms in 1 mL	10	1	..	9.47	10.32	AP	

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Propulsives								
• Propulsives								
CISAPRIDE								
❖ Restricted benefit ❖								
<i>Gastroparesis; Reflux oesophagitis.</i>								
1188M	Tablet 5 mg	90	5	..	21.15	20.00	Prepulsid	JC
1189N	Tablet 10 mg	90	5	..	33.59	20.00	Prepulsid	JC
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
1347X	DOMPERIDONE Tablet 10 mg	25	..	..	6.78	7.63	Motilium	JC
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	B2.00	6.00 8.00	6.85 6.85	Pramin Maxolon	AF 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 (5HT₃) antagonists								
DOLASETRON MESYLATE								
❖ Restricted benefit ❖								
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.</i>								
8191D	Tablet 200 mg	2	..	..	61.78	20.00	Anzemet	HP
8192E	I.V. injection 100 mg in 5 mL	1	..	..	33.06	20.00	Anzemet	HP
ONDANSETRON								
❖ Restricted benefit ❖								
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.</i>								
8224W	Tablet 4 mg	4	..	..	43.97	20.00	Zofran	GW
8225X	Tablet 8 mg	4	..	..	73.32	20.00	Zofran	GW
8226Y	I.V. injection 4 mg in 2 mL	1	..	..	26.69	20.00	Zofran	GW
8227B	I.V. injection 8 mg in 4 mL	1	..	..	43.79	20.00	Zofran	GW
❖ Authority required ❖								
<i>Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.</i>								
1594X	Tablet 4 mg	10	1	..	103.42	20.00	Zofran	GW

continued

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ONDANSETRON—cont.								
1595Y	Tablet 8 mg	10	1	..	176.71	20.00	Zofran	GW
8233H	Syrup 4 mg per 5 mL, 50 mL	‡1	1	..	103.42	20.00	Zofran syrup 50 mL	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❖ **Restricted benefit** ❖

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

2745L	Capsule 5 mg (base)	2	..	..	61.78	20.00	Navoban	SZ
2746M	I.V. injection 5 mg (base) in 5 mL	1	..	..	43.79	20.00	Navoban	SZ

• **Other antiemetics****PROCHLORPERAZINE****CAUTION:**

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

2893G	Tablet 5 mg	25	..	..	6.94	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

continued ➤

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
1258F	BISACODYL—cont. Suppositories 10 mg, 12	3	4	..	*17.21	18.06	Fleet Laxative Suppositories FL/ Petrus Bisacodyl Suppositories PP
	DOCUSATE SODIUM with BISACODYL ❖ Restricted benefit ❖ <i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care in hospitals and nursing homes; Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.</i>						
1125F	Suppositories 100 mg-10 mg, 5	6	5	..	*21.32	20.00	Coloxyl FM
	• Bulk producers STERCULIA with FRANGULA BARK ❖ Restricted benefit ❖ <i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care in hospitals and nursing homes; Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.</i>						
1102B	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.82	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 ❖ <i>Hepatic coma or precoma (chronic porto-systemic encephalopathy); Malignant neoplasia.</i>						
3064G	Mixture 3.34 g per 5 mL, 500 mL	#1	5	..	15.07	15.92	^a Actilax AF ^a Lac-Dol DP ^a Duphalac SM
				^B 1.76	16.83	15.92	

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
• Enemas							
BISACODYL							
❖ Restricted benefit ❖							
<i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care in hospitals and nursing homes; Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.</i>							
1263L	Enemas 10 mg in 5 mL, 25	#1	2	..	35.36	20.00	Bisalax RR
SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE ❖ Restricted benefit ❖ <i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care in hospitals and nursing homes; Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.</i>							
2091C	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	2	2	..	*30.52	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 ❖							
<i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care in hospitals and nursing homes; Patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.</i>							
2555L	Suppositories 700 mg (for infants), 12	3	5	..	*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

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1920C	PREDNISOLONE SODIUM PHOSPHATE Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*73.42	20.00	Predsol	SI
	PREDNISOLONE SODIUM PHOSPHATE ❖ <u>Restricted benefit</u> ❖ <i>Proctitis; Ulcerative colitis.</i>							
2554K	<i>Suppositories equivalent to 5 mg prednisolone, 10</i>	3	3	..	*22.37	20.00	Predsol	SI
	• <i>Aminosalicylic acid and similar agents</i> MESALAZINE ❖ <u>Authority required</u> ❖ <i>Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.</i>							
1611T	<i>Tablet 250 mg</i>	100	5	..	73.50	20.00	Mesasal	SK
	OLSALAZINE SODIUM ❖ <u>Authority required</u> ❖ <i>Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.</i>							
1728Y	<i>Capsule 250 mg</i>	100	5	..	61.17	20.00	Dipentum	PS
8086N	<i>Tablet 500 mg</i>	100	5	..	104.44	20.00	Dipentum	PS
	SULFASALAZINE ❖ <u>Restricted benefit</u> ❖ <i>Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.</i>							
2093E	<i>Tablet 500 mg</i>	200	5	..	*41.32	20.00	Salazopyrin	PS
2096H	<i>Tablet 500 mg (enteric coated)</i>	200	5	.. B 1.46	*45.02 *46.48	20.00 20.00	^a Pyralin EN ^a Salazopyrin-EN	KR PS
	DIGESTIVES, INCL. ENZYMES Digestives, incl. enzymes • <i>Enzyme preparations</i> PANCREATIC EXTRACT							
8020D	<i>Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity</i>	500	10	..	*174.19	20.00	Creon	SM
8021E	<i>Capsule (containing enteric coated microspheres) providing not less than 25,000 BP units of lipase activity</i>	200	10	..	*140.22	20.00	Creon Forte	SM

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1735H	PANCREATIN ENZYME Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	53.00	20.00	Viokase	AY
2496J	PANCRELIPASE 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*

8084L	INSULIN LISPRO Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*161.79	20.00	Humalog	AZ
8085M	Injections (human analogue) 100 units per mL, 1.5 mL, 5	10	1	..	*269.04	20.00	Humalog	AZ
8212F	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*268.99	20.00	Humalog	AZ
1713E	INSULIN NEUTRAL 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*

1711C	INSULIN ISOPHANE (N.P.H.) 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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1718K	INSULIN ZINC SUSPENSION (Lente) Injection (human) 100 units per mL, 10 mL	5	2	..	*130.29	20.00	Humulin L Monotard	AZ NO
• <i>Insulins and analogues, intermediate-acting combined with fast-acting</i>								
1591R	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane) Injection (human) 100 units (20 units-80 units) per mL, 10 mL	5	2	..	*130.29	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 NovoLet 3 mL Mixtard 20/80 Penfill 3 mL	AZ NL 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 NovoLet 3 mL Mixtard 50/50 Penfill 3 mL	NL NO
• <i>Insulins and analogues, long-acting</i>								
1722P	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (human) 100 units per mL, 10 mL	5	2	..	*130.29	20.00	Humulin UL Ultratard	AZ NO
Oral blood glucose lowering drugs								
• <i>Biguanides</i>								
2430X	METFORMIN HYDROCHLORIDE Tablet 500 mg	100	5	..	14.79	15.64	^a Diaformin ^a Glucomet 500 mg	AF DP
				^B 1.10	15.89	15.64	^a Diabex ^a Glucophage	AL LH
1801T	Tablet 850 mg	60	5	..	14.79	15.64	^a Diaformin 850 ^a Glucomet 850 mg	AF DP
				^B 1.10	15.89	15.64	^a Diabex 850 ^a Glucophage	AL LH

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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• **Sulfonamides, urea derivatives****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	^B 1.00	9.76 10.76	10.61 10.61	^a Glimel ^a Daonil	AF HP

GLICLAZIDE**CAUTION:**

Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

2449X	Tablet 80 mg	100	5	..	15.35	16.20	Diamicon	SE
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GLIPIZIDE**CAUTION:**

Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

2440K	Tablet 5 mg	100	5	^B 0.86	14.24 15.10	15.09 15.09	^a Melizide ^a Minidiab	AF PS
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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

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VITAMINS								
Vitamin A and D, incl. combinations of the two								
• Vitamin D and analogues								
CALCITRIOL								
❖ Authority required ❖								
<i>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.</i>								
2502G	Capsule 0.25 microgram	100	5	..	62.64	20.00	^a Rocaltrol ^a Sitriol	RO AF
DIHYDROTACHYSTEROL								
❖ Authority required ❖								
<i>Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.</i>								
1483C	Capsule 125 micrograms	100	5	..	46.25	20.00	A.T.10	SW
Vitamin B ₁ , plain and in combination with vitamin B ₆ and vitamin B ₁₂								
• Vitamin B ₁ , plain								
1065C	THIAMINE HYDROCHLORIDE 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 ❖								
<i>Homocystinuria; Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment; Primary hyperoxaluria; Pyridoxine-responsive anaemia, proven; Pyridoxine-responsive convulsions; Radiation sickness; Sideroblastic (refractory) anaemia.</i>								
1965K	Tablet 25 mg	100	..	..	8.23	9.08	FM	

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MINERAL SUPPLEMENTS								
Calcium								
• <i>Calcium</i>								
CALCIUM								
❖ <u>Restricted benefit</u> ❖								
<i>Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.</i>								
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
Potassium								
• <i>Potassium</i>								
POTASSIUM CHLORIDE								
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.50	11.35	KSR Slow-K Span-K	AF CG 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								
• <i>Estren derivatives</i>								
NANDROLONE DECANOATE								
❖ <u>Authority required</u> ❖								
<i>Osteoporosis where other therapy is inappropriate; Patients on long-term treatment with corticosteroids.</i>								
1671Y	Injection 50 mg in 1 mL, disposable syringe	1	7	..	16.88	17.73	Deca-Durabolin	OR

BLOOD AND BLOOD FORMING ORGANS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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								
<i>(Low Molecular Weight Heparin Sodium—porcine mucous)</i>								
❖ <u>Authority required</u> ❖								
<i>Unstable angina or non-Q-wave myocardial infarction.</i>								
8271H	<i>Injection 7,500 units (anti-Xa) in 0.3 mL single dose pre-filled syringe</i>	6	1	..	65.23	20.00	<i>Fragmin</i>	<i>PS</i>
8269F	<i>Injection 10,000 units (anti-Xa) in 1 mL ampoule</i>	6	1	..	85.52	20.00	<i>Fragmin</i>	<i>PS</i>
❖ <u>Authority required</u> ❖								
<i>Major hip surgery.</i>								
2816F	<i>Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe</i>	10	..	..	71.99	20.00	<i>Fragmin</i>	<i>PS</i>
❖ <u>Authority required</u> ❖								
<i>Treatment of deep vein thrombosis.</i>								
8278Q	<i>Injection 7,500 units (anti-Xa) in 0.3 mL single dose pre-filled syringe</i>	15	..	..	156.56	20.00	<i>Fragmin</i>	<i>PS</i>
8130X	<i>Injection 10,000 units (anti-Xa) in 1 mL ampoule</i>	15	..	..	206.84	20.00	<i>Fragmin</i>	<i>PS</i>

BLOOD AND BLOOD FORMING ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ENOXAPARIN SODIUM								
❖ Authority required ❖								
<i>Unstable angina or non-Q-wave myocardial infarction.</i>								
8262W	<i>Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe</i>	6	1	..	64.26	20.00	Clexane	RR
8263X	<i>Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe</i>	6	1	..	73.24	20.00	Clexane	RR
8264Y	<i>Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe</i>	6	1	..	88.22	20.00	Clexane	RR
❖ Authority required ❖								
<i>Major hip surgery.</i>								
1831J	<i>Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe</i>	10	..	..	74.23	20.00	Clexane	RR
❖ Authority required ❖								
<i>Treatment of deep vein thrombosis.</i>								
8261T	<i>Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe</i>	10	1	..	74.23	20.00	Clexane	RR
8111X	<i>Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe</i>	10	1	..	104.19	20.00	Clexane	RR
8112Y	<i>Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe</i>	10	1	..	119.17	20.00	Clexane	RR
8113B	<i>Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe</i>	10	1	..	144.14	20.00	Clexane	RR
1234Y	HEPARIN CALCIUM Injection 5,000 units in 0.2 mL	5	5	..	10.59	11.44	Calcihep Calciparine	RR SW
1466E	HEPARIN SODIUM Injection 5,000 units in 0.2 mL	5	5	..	9.40	10.25	BL	
1467F	Injection 5,000 units in 1 mL	5	5	..	9.40	10.25	BL	
1076P	Injection 35,000 units in 35 mL	12	5	..	*105.98	20.00	BL	
HEPARIN SODIUM								
❖ Restricted benefit ❖								
<i>Haemodialysis.</i>								
1463B	<i>Injection (preservative-free) 5,000 units in 5 mL</i>	50	5	..	52.09	20.00	PU	

BLOOD AND BLOOD FORMING ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
NADROPARIN CALCIUM								
❖ Authority required ❖								
<i>Major hip surgery.</i>								
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 ❖								
<i>Treatment of deep vein thrombosis.</i>								
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
• Platelet aggregation inhibitors excl. heparin								
ABCIXIMAB								
❖ Authority required ❖								
<i>Adjunctive therapy in patients undergoing percutaneous transluminal coronary angioplasty or directional atherectomy, who have an evolving or recent myocardial infarction, unstable angina, or high risk angiographic lesion morphology or clinical characteristics.</i>								
8048N	I.V. injection 10 mg in 5 mL	3	..	..	*1642.34	20.00	ReoPro	LY
8202Q	ASPIRIN Tablet 100 mg	112	1	..	5.83	6.68	Astrix	FA

BLOOD AND BLOOD FORMING ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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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
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• **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 1 vial 50 mg in 2333 mg dry powder, 1 vial sterile water for injection 50 mL and 1 transfer cannula	2	..	..	*2245.04	20.00	Actilyse	BY
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RETEPLASE

(Recombinant plasminogen activator)

❖ **Authority required** ❖

Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.

8253J	Pack containing 2 vials powder for injection 10 units, 2 single use pre-filled syringes with solvent, 2 reconstitution spikes and 2 needles	#1	..	..	2245.04	20.00	Rapilysin 10 U B0	
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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
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ANTIHEMORRHAGICS**Antifibrinolytics**• **Amino acids****TRANEXAMIC ACID**

2180R	Tablet 500 mg	100	2	..	50.67	20.00	Cyklokapron	PS
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BLOOD AND BLOOD FORMING ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTIANEMIC PREPARATIONS								
Iron preparations								
• Iron bivalent, oral preparations								
2726L	FERROUS GLUCONATE Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	9.06	9.91	Fergon	SW
2689M	FERROUS SULFATE DRIED Tablet 350 mg (sustained release)	30	2	..	6.34	7.19	Ferro-Gradumets	AB
• Iron trivalent, parenteral preparations								
2593L	IRON POLYMALTOSE COMPLEX Injection 100 mg (iron) in 2 mL	5	..	..	38.77	20.00	Ferrum H	SI
• Iron in combination with folic acid								
3160H	FERROUS SULFATE DRIED with FOLIC ACID 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 NOTE: One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B ₁₂ deficiencies.	3	..	..	10.94	11.79	Neo-Cytamen	BL
• Folic acid and derivatives								
2958Q	FOLIC ACID 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.								

PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS

Blood and related products

• *Plasma substitutes and plasma protein fractions*

	DEXTRAN 40 with GLUCOSE							
2307K	I.V. infusion 100 mg per mL- 139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	83.13	20.00	Rheomacrodex	MA

BLOOD AND BLOOD FORMING ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
2306J	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	83.13	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	..	..	83.84	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

CARDIOVASCULAR SYSTEM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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, 60 mL	2	3	..	*26.34	20.00	Lanoxin	GW
Antiarrhythmics, class I and III								
• Antiarrhythmics, class IA								
DISOPYRAMIDE								
2923W	Capsule 100 mg	100	5	B.. 0.77	22.60 23.37	20.00 20.00	^a Norpace ^a Rythmodan	SR RL
2924X	Capsule 150 mg	100	5	B.. 0.65	30.31 30.96	20.00 20.00	^a Norpace ^a Rythmodan	SR 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	..	..	12.98	13.83	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: <i>Flecainide acetate should be avoided in patients with poor cardiac function.</i>								
❖ Restricted benefit ❖								
<i>Treatment of serious cardiac arrhythmias—where these are ventricular arrhythmias treatment must be initiated in a hospital (in-patient or out-patient).</i>								
1088G	Tablet 50 mg	60	5	..	36.37	20.00	Tambocor	MM
1090J	Tablet 100 mg	60	5	..	48.02	20.00	Tambocor	MM

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
• Antiarrhythmics, class III							
AMIODARONE HYDROCHLORIDE							
CAUTION:							
<i>Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.</i>							
❖ Restricted benefit ❖							
<i>Severe cardiac arrhythmias.</i>							
2344J	Tablet 100 mg	30	5	..	18.64	19.49	^a Aratac 100 ^a Cordarone X 100 AF SW
2343H	Tablet 200 mg	30	5	..	28.54	20.00	^a Aratac 200 ^a Cordarone X 200 AF SW
SOTALOL HYDROCHLORIDE							
❖ Restricted benefit ❖							
<i>Severe cardiac arrhythmias.</i>							
2043M	Tablet 160 mg	60	5	..	31.88	20.00	^a Cardol ^a Sotahexal AF HX
				^B 1.01	32.89	20.00	^a Sotacor BQ
Cardiac stimulants excl. cardiac glycosides							
• Adrenergic and dopaminergic agents							
1016L	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.03	9.88	AP
Vasodilators used in cardiac diseases							
• Organic nitrates							
1459T	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	‡1	5	..	6.96	7.81	Anginine Stabilised GW
8171C	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	‡1	5	..	17.50	18.35	Nitrolingual Pumpspray RR
NOTE:							
The spray should not be inhaled.							
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

continued

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
8028M	GLYCERYL TRINITRATE—cont. Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.71	20.00	Minitran 10	MM
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
2587E	ISOSORBIDE DINITRATE Tablet 10 mg	200	2	.. B 2.98	*12.04 *15.02	12.89 12.89	^a Sorbidin ^a Isordil	AF 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
1558B	ISOSORBIDE MONONITRATE Tablet 60 mg (sustained release)	30	5	.. B 1.38	16.99 18.37	17.84 17.84	^a Duride ^a Imtrate 60 mg ^a Monodur 60 mg ^a Imdur Durule	AF DP PM AP
8273K	Tablet 120 mg (sustained release)	30	5	.. B 1.38	24.58 25.96	20.00 20.00	^a Monodur 120 mg ^a Imdur 120 mg	PM AP
• Other vasodilators used in cardiac diseases								
8228C	NICORANDIL Tablet 10 mg	60	5	..	20.46	20.00	Ikorel	RR
8229D	Tablet 20 mg	60	5	..	27.17	20.00	Ikorel	RR
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								
3194D	METHYLDOPA Tablet 125 mg	100	5	..	8.99	9.84	Aldomet-M	MK
1629R	Tablet 250 mg	100	5	.. B 1.52	10.12 11.64	10.97 10.97	^a Aldopren 250 ^a Hydopa ^a Aldomet	AD AF 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

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Antiadrenergic agents, peripherally acting								
• Alpha-adrenoceptor antagonists								
PRAZOSIN HYDROCHLORIDE								
1479W	Tablet 1 mg (base)	100	5	..	13.80	14.65	^a Mipraz 1	AD
				^B 1.99	15.79	14.65	^a Prasig	SI
							^a Pressin 1	AF
							^a Minipress	PF
1480X	Tablet 2 mg (base)	100	5	..	17.32	18.17	^a Mipraz 2	AD
				^B 1.99	19.31	18.17	^a Prasig	SI
							^a Pressin 2	AF
							^a Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	26.34	20.00	^a Mipraz 5	AD
				^B 1.99	28.33	20.00	^a Prasig	SI
							^a Pressin 5	AF
							^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 ❖								
<i>For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).</i>								
2313R	Tablet 10 mg	100	5	..	45.59	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

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2436F	INDAPAMIDE Tablet 2.5 mg	90	1	..	19.52	20.00	^a Dapa-Tabs ^a Insig ^a Napamide 2.5 mg ^a Naride 2.5 ^a Natrilix	AF SI DP AD SE
				^B 2.73	22.25	20.00		
High-ceiling diuretics								
• Sulfonamides, plain								
1130L	BUMETANIDE Tablet 1 mg	100	1	..	10.26	11.11	Burinex	AP
2414C	FRUSEMIDE Tablet 20 mg	100	1	..	*7.92	8.77	Lasix-M Urex-M	HP FM
2412Y	Tablet 40 mg	100	1	..	7.59	8.44	^a Frusehexal 40 mg ^a Uremide Urex ^a Lasix	HX AF FM HP
				^B 0.93	8.52	8.44		
2415D	Tablet 500 mg	50	3	..	20.74	20.00	Urex-Forte	FM
				^B 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
• Aryloxyacetic acid derivatives								
ETHACRYNIC ACID								
❖ Restricted benefit ❖								
<i>Patients hypersensitive to other oral diuretics.</i>								
2511E	Tablet 50 mg	100	1	..	32.24	20.00	Edecril	MK
Potassium-sparing agents								
• Aldosterone antagonists								
SPIRONOLACTONE								
CAUTION:								
<i>Serum electrolytes should be checked regularly.</i>								
❖ Restricted benefit ❖								
<i>Hyperaldosteronism, including refractory cardiac failure;</i>								
<i>Female hirsutism.</i>								
CAUTION:								
<i>Treatment of hirsutism with spironolactone should be considered only</i>								
<i>after all avenues of non-drug therapy have been explored.</i>								
<i>Appropriate contraceptive measures should be taken by women of</i>								
<i>child-bearing age in whom spironolactone therapy has been initiated.</i>								
2339D	Tablet 25 mg	100	5	..	12.59	13.44	^a Spiractin 25	AF
				^B 1.65	14.24	13.44	^a Aldactone	SR
2340E	Tablet 100 mg	100	5	..	36.79	20.00	^a Spiractin 100	AF
				^B 1.66	38.45	20.00	^a Aldactone	SR

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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- **Other potassium-sparing agents**

AMILORIDE HYDROCHLORIDE

CAUTION:

Serum electrolytes should be checked regularly.

3109P	Tablet 5 mg	100	1	..	*8.08	8.93	^a Kaluril	AF
				^B 2.38	*10.46	8.93	^a Midoride 5	AD
							^a Midamor	MK

Diuretics and potassium-sparing agents in combination

- **Low-ceiling diuretics and potassium-sparing agents**

HYDROCHLOROTHIAZIDE with
AMILORIDE HYDROCHLORIDE**CAUTION:**

Serum electrolytes should be checked regularly.

1486F	Tablet 50 mg-5 mg	100	1	..	*10.94	11.79	^a Amizide	AF
				^B 2.22	*13.16	11.79	^a Modizide 50/5	AD
							^a Moduretic	MK

HYDROCHLOROTHIAZIDE with
TRIAMTERENE**CAUTION:**

Serum electrolytes should be checked regularly.

1280J	Tablet 25 mg-50 mg	100	1	..	10.94	11.79	^a Hydrene 25/50	AF
				^B 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
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BETA BLOCKING AGENTS

Beta blocking agents

- **Beta blocking agents, 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
3062E	PINDOLOL Tablet 5 mg	100	5	..	11.22	12.07	^a Barbloc 5	AF
				^B 1.00	12.22	12.07	^a Visken	SZ
3065H	Tablet 15 mg	50	5	..	14.24	15.09	^a Barbloc 15	AF
				^B 1.00	15.24	15.09	^a Visken	SZ

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2565B	PROPRANOLOL HYDROCHLORIDE Tablet 10 mg	100	5	B 2.00	5.75 7.75	6.60 6.60	Deralin 10 Inderal	AF IC
2566C	Tablet 40 mg	100	5	B 2.00	7.09 9.09	7.94 7.94	Deralin 40 Inderal	AF IC
2899N	Tablet 160 mg	50	5	B 2.00	8.58 10.58	9.43 9.43	^a Deralin 160 ^a Inderal	AF IC
SOTALOL HYDROCHLORIDE <i>For listings see Generic/Proprietary Index</i>								
1281K	TIMOLOL MALEATE Tablet 5 mg	100	5	..	11.44	12.29	Blocadren	FR
• Beta blocking agents, selective								
1081X	ATENOLOL Tablet 50 mg	30	5	..	9.62	10.47	^a Anselol 50 mg ^a Atehexal ^a Noten ^a SBPA Atenolol ^a Tenlol 50 ^a Tensig ^a Tenormin	DP HX AF SL AD SI IC
				B 2.50	12.12	10.47		
1324Q	METOPROLOL TARTRATE Tablet 50 mg	100	5	..	10.39	11.24	^a Metohexal ^a Minax 50 ^a Betaloc	HX AF AP
				B 1.10 B 1.55	11.49 11.94	11.24 11.24	Lopresor 50	CG
1325R	Tablet 100 mg	60	5	..	12.04	12.89	^a Metohexal ^a Minax 100 ^a Betaloc	HX AF AP
				B 1.10 B 1.55	13.14 13.59	12.89 12.89	Lopresor 100	CG
• Alpha and beta blocking agents								
CARVEDILOL ❖ Authority required ❖ <i>Moderate symptomatic heart failure in patients stabilised on conventional therapy where treatment is initiated in a hospital (in-patient or out-patient).</i>								
8255L	Tablet 3.125 mg	28	..	..	18.27	19.12	Kredex 3.125	SK
8256M	Tablet 6.25 mg	60	5	..	74.84	20.00	Dilatrend 6.25 Kredex 6.25	BO SK
8257N	Tablet 12.5 mg	60	5	..	92.46	20.00	Dilatrend 12.5 Kredex 12.5	BO SK
8258P	Tablet 25 mg	60	5	..	114.49	20.00	Dilatrend 25 Kredex 25	BO SK
1566K	LABETALOL HYDROCHLORIDE Tablet 100 mg	100	5	B 1.00	13.54 14.54	14.39 14.39	^a Presolol 100 ^a Trandate	AF GW
1567L	Tablet 200 mg	100	5	B 1.05	20.33 21.38	20.00 20.00	^a Presolol 200 ^a Trandate	AF GW

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CALCIUM CHANNEL BLOCKERS								
Selective calcium channel blockers with mainly vascular effects								
• Dihydropyridine derivatives								
NOTE:								
The base-priced drugs in this therapeutic group are felodipine and nifedipine.								
2751T	AMLODIPINE BESYLATE Tablet 5 mg (base)	30	5	T2.86	24.47	20.00	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	T4.46	38.37	20.00	Norvasc	PF
AMLODIPINE BESYLATE								
❖ Authority required ❖								
Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs; or, Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.								
8923P	Tablet 5 mg (base)	30	5	..	24.47	20.00	Norvasc	PF
8924G	Tablet 10 mg (base)	30	5	..	38.37	20.00	Norvasc	PF
FELODIPINE								
2361G	Tablet 2.5 mg (extended release)	30	5	..	15.09	15.94	^a Agon SR	TP
							^a Felodur ER	
				B1.16	16.25	15.94	2.5 mg	PM
							^a Plendil ER	AP
2366M	Tablet 5 mg (extended release)	30	5	..	19.11	19.96	^a Agon SR	TP
							^a Felodur ER	
				B1.46	20.57	19.96	5 mg	PM
							^a Plendil ER	AP
2367N	Tablet 10 mg (extended release)	30	5	..	30.80	20.00	^a Agon SR	TP
							^a Felodur ER	
				B2.36	33.16	20.00	10 mg	PM
							^a Plendil ER	AP
NIFEDIPINE								
1694E	Tablet 10 mg	60	5	..	20.37	20.00	^a Adalat 10	BN
							^a SBPA	
							Nifedipine	
							10 mg	SL
1695F	Tablet 20 mg	60	5	..	24.21	20.00	^a Adapine 20	AD
							^a Nifecard 20 mg	SI
							^a Nyefax 20 mg	DP
							^a SBPA	
							Nifedipine	
				B1.55	25.76	20.00	20 mg	SL
							^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

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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	.. ^B 1.00	11.12 12.12	11.97 11.97	^a Anpec 40 ^a Verahexal ^a Cordilox ^a Isoptin	AF HX SC KN
1250T	Tablet 80 mg	100	5	.. ^B 0.99	16.37 17.36	17.22 17.22	^a Anpec 80 ^a Verahexal ^a Cordilox ^a Isoptin	AF HX SC KN
1254B	Tablet 120 mg	100	5	..	22.97	20.00	^a Cordilox ^a Isoptin ^a Verahexal	SC KN HX
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	.. ^B 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	.. ^B 1.00	27.44 28.44	20.00 20.00	^a Auscard ^a Cardcal 60 ^a Coras ^a Diltahexal ^a Diltamax ^a Dilzem 60 mg ^a SBPA Diltiazem ^a Cardizem	SI AD AF HX PM DP SL IC
1312C	Capsule 180 mg (controlled delivery)	28	5	..	25.61	20.00	Cardizem CD	IC
1313D	Capsule 240 mg (controlled delivery)	28	5	..	32.70	20.00	Cardizem CD	IC

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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.							
NOTE:							
The base-priced drugs in this therapeutic group are captopril, cilazapril monohydrate, perindopril erbumine, quinapril hydrochloride, ramipril andtrandolapril.							
1147J	CAPTOPRIL Tablet 12.5 mg	90	5	..	24.31	20.00	^a Acenorm 12.5 mg AF ^a Capace 12.5 AD ^a Captohexal HX ^a DBL Captopril BL ^a Enzace 12.5 mg SI ^a SBPA Captopril 12.5 SL
				^B 1.95	26.26	20.00	^a Capoten BQ
1148K	Tablet 25 mg	90	5	..	33.03	20.00	^a Acenorm 25 mg AF ^a Capace 25 AD ^a Captohexal HX ^a DBL Captopril BL ^a Enzace 25 mg SI ^a SBPA Captopril 25 SL
				^B 1.95	34.98	20.00	^a Capoten BQ
1149L	Tablet 50 mg	90	5	..	60.55	20.00	^a Acenorm 50 mg AF ^a Capace 50 AD ^a Captohexal HX ^a DBL Captopril BL ^a Enzace 50 mg SI ^a SBPA Captopril 50 SL
				^B 1.95	62.50	20.00	^a Capoten BQ
8045K	CILAZAPRIL MONOHYDRATE Tablet 1 mg (base)	30	5	..	17.68	18.53	Inhibace BN
8046L	Tablet 2.5 mg (base)	30	5	..	26.49	20.00	Inhibace BN
8047M	Tablet 5 mg (base)	30	5	..	32.18	20.00	Inhibace BN
1370D	ENALAPRIL MALEATE Tablet 5 mg	30	5	^T 2.01	20.35	19.19	Amprace 5 AD Renitec M MK
1368B	Tablet 10 mg	30	5	^T 2.00	27.21	20.00	Amprace 10 AD Renitec MK
1369C	Tablet 20 mg	30	5	^T 2.00	32.53	20.00	Amprace 20 AD Renitec 20 MK

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ENALAPRIL MALEATE—cont.								
❖ Authority required ❖								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs; or, Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.</i>								
8913D	Tablet 5 mg	30	5	..	20.35	20.00	Amprace 5 Renitec M	AD MK
8914E	Tablet 10 mg	30	5	..	27.21	20.00	Amprace 10 Renitec	AD MK
8915F	Tablet 20 mg	30	5	..	32.53	20.00	Amprace 20 Renitec 20	AD MK
FOSINOPRIL SODIUM								
1182F	Tablet 10 mg	30	5	T1.70	25.17	20.00	Monopril	BQ
1183G	Tablet 20 mg	30	5	T1.70	34.37	20.00	Monopril	BQ
FOSINOPRIL SODIUM								
❖ Authority required ❖								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs; or, Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.</i>								
8916G	Tablet 10 mg	30	5	..	25.17	20.00	Monopril	BQ
8917H	Tablet 20 mg	30	5	..	34.37	20.00	Monopril	BQ
LISINAPRIL								
2456G	Tablet 5 mg	30	5	T1.40 T1.40 B0.60	21.97 22.57	20.00 20.00	Prinivil 5 Zestril	AD IC
2457H	Tablet 10 mg	30	5	T1.40 T1.40 B0.60	29.71 30.31	20.00 20.00	Prinivil 10 Zestril	AD IC
2458J	Tablet 20 mg	30	5	T1.40 T1.40 B0.60	35.72 36.32	20.00 20.00	Prinivil 20 Zestril	AD IC
LISINAPRIL								
❖ Authority required ❖								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs; or, Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.</i>								
8920L	Tablet 5 mg	30	5	B0.60	21.97 22.57	20.00 20.00	Prinivil 5 Zestril	AD IC
8921M	Tablet 10 mg	30	5	B0.60	29.71 30.31	20.00 20.00	Prinivil 10 Zestril	AD IC
8922N	Tablet 20 mg	30	5	B0.60	35.72 36.32	20.00 20.00	Prinivil 20 Zestril	AD IC

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3050M	PERINDOPRIL ERBUMINE Tablet 2 mg	30	5	..	22.11	20.00	Coversyl	SE
3051N	Tablet 4 mg	30	5	..	28.43	20.00	Coversyl	SE
1968N	QUINAPRIL HYDROCHLORIDE Tablet 5 mg (base)	30	5	..	19.96	20.00	Accupril Asig	PD SI
1969P	Tablet 10 mg (base)	30	5	..	26.25	20.00	Accupril Asig	PD SI
1970Q	Tablet 20 mg (base)	30	5	..	31.24	20.00	Accupril Asig	PD SI
1944H	RAMIPRIL Tablet 1.25 mg	30	5	..	17.96	18.81	^a Ramace 1.25 mg ^a Tritace 1.25 mg	ML HP
1945J	Tablet 2.5 mg	30	5	..	23.58	20.00	^a Ramace 2.5 mg ^a Tritace 2.5 mg	ML HP
1946K	Tablet 5 mg	30	5	..	28.05	20.00	^a Ramace 5 mg ^a Tritace 5 mg	ML HP
2791X	TRANDOLAPRIL Capsule 500 micrograms	28	5	..	17.05	17.90	^a Gopten ^a Odrik	KN RL
2792Y	Capsule 1 mg	28	5	..	24.33	20.00	^a Gopten ^a Odrik	KN RL
2793B	Capsule 2 mg	28	5	..	26.52	20.00	^a Gopten ^a Odrik	KN RL

Angiotensin II antagonists, plain

• *Angiotensin II antagonists, plain***IRBESARTAN**❖ **Authority required** ❖Hypertension.

8246B	Tablet 75 mg	28	5	..	23.82	20.00	Avapro Karvea	BQ SW
8247C	Tablet 150 mg	28	5	..	28.78	20.00	Avapro Karvea	BQ SW
8248D	Tablet 300 mg	28	5	..	35.02	20.00	Avapro Karvea	BQ SW

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 atorvastatin calcium, fluvastatin sodium, gemfibrozil, pravastatin sodium and simvastatin as pharmaceutical benefits.

continued ➡

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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By writing PBS prescriptions for these drugs the prescriber is signifying that the drugs are being prescribed in accordance with the criteria below.

QUALIFYING CRITERIA FOR DYSLIPIDAEMIA

Dietary Therapy

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

In addition to dietary advice, specific advice should be provided about life-style changes to modify risk factors such as smoking, obesity, excessive alcohol intake and physical inactivity.

Cholesterol/Triglyceride Levels

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

PATIENT CATEGORY	LIPID LEVELS FOR SUBSIDY
<i>Patients with existing coronary heart disease</i>	cholesterol > 5.5 mmol/L
<i>Other patients at high risk with one or more of the following:</i>	
diabetes mellitus;	cholesterol > 6.5 mmol/L
familial hypercholesterolaemia;	or
family history of coronary heart disease	cholesterol > 5.5 mmol/L
(first degree relative less than 60 years of age);	and HDL < 1 mmol/L
hypertension;	
peripheral vascular disease	
<i>Patients with HDL < 1 mmol/L</i>	cholesterol > 6.5 mmol/L
<i>Patients not eligible under the above:</i>	
men 35-75 years and postmenopausal women	cholesterol > 7.5 mmol/L
up to 75 years	or
	triglyceride > 4 mmol/L
<i>Other patients not included in the above</i>	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.

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Cholesterol and triglyceride reducers								
• HMG CoA reductase inhibitors								
ATORVASTATIN CALCIUM								
NOTE:								
<i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
❖ Restricted benefit ❖								
<i>Dyslipidaemia in accordance with the current qualifying criteria.</i>								
8213G	Tablet 10 mg (atorvastatin)	30	5	..	48.30	20.00	Lipitor	PD
8214H	Tablet 20 mg (atorvastatin)	30	5	..	66.93	20.00	Lipitor	PD
8215J	Tablet 40 mg (atorvastatin)	30	5	..	93.83	20.00	Lipitor	PD
FLUVASTATIN SODIUM								
NOTE:								
<i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
❖ Restricted benefit ❖								
<i>Dyslipidaemia in accordance with the current qualifying criteria.</i>								
8023G	Capsule 20 mg (fluvastatin)	28	5	..	29.66	20.00	Lescol Vastin	SZ AP
8024H	Capsule 40 mg (fluvastatin)	28	5	..	36.72	20.00	Lescol Vastin	SZ AP
PRAVASTATIN SODIUM								
NOTE:								
<i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
❖ Restricted benefit ❖								
<i>Dyslipidaemia in accordance with the current qualifying criteria;</i>								
<i>Dyslipidaemia in patients previously established on pravastatin sodium therapy prior to 1 December 1994 in accordance with previous PBS criteria.</i>								
NOTE:								
<i>Patients established on pravastatin sodium in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.</i>								
2831B	Tablet 5 mg	30	5	..	29.76	20.00	Pravachol	BQ
2833D	Tablet 10 mg	30	5	..	40.71	20.00	Pravachol	BQ
2834E	Tablet 20 mg	30	5	..	56.26	20.00	Pravachol	BQ
8197K	Tablet 40 mg	30	5	..	81.30	20.00	Pravachol	BQ
SIMVASTATIN								
NOTE:								
<i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
SIMVASTATIN—cont.								
❖ Restricted benefit ❖								
<i>Dyslipidaemia in accordance with the current qualifying criteria; Dyslipidaemia in patients previously established on simvastatin therapy prior to 1 December 1994 in accordance with previous PBS criteria.</i>								
NOTE:								
<i>Patients established on simvastatin in accordance with previous criteria and who would be ineligible under the present criteria should be reassessed with a view to ceasing the drug.</i>								
2013Y	Tablet 5 mg	30	5	..	30.74	20.00	Lipex 5 Zocor	AD MK
2011W	Tablet 10 mg	30	5	..	42.06	20.00	Lipex 10 Zocor	AD MK
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	..	44.88	20.00	^a Ausgem ^a Gemfibromax 600 mg ^a Gemhexal ^a Jezil ^a Lipazil 600 mg ^a SBPA	SI PM HX AF DP
				^B 1.65	46.53	20.00	Gemfibrozil ^a Lopid	SL 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

CARDIOVASCULAR SYSTEM —cont.

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

NOTE:

See General Statement for Lipid-Lowering Drugs above.

1224K	Sachets 5 g. 120	‡1	5	..	62.42	20.00	Colestid	UP
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• **Nicotinic acid and derivatives**

1687T	NICOTINIC ACID Tablet 250 mg	200	5	..	*18.64	19.49	RR	
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• **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
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DERMATOLOGICALS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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	B2.00	13.34 15.34	14.19 14.19	Grisovin 500 Fulcin 500	SI IC

TERBINAFINE HYDROCHLORIDE❖ **Authority required** ❖

Proximal or extensive (greater than 80% nail involvement) onychomycosis due to dermatophyte infection where topical treatment has failed. The infection must be proven by microscopy or culture and confirmed by an approved pathology provider.

NOTE:

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

2804N	Tablet 250 mg (base)	42	1	..	156.14	20.00	Lamisil	NV
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ANTIPSORIATICS**Antipsoriatics for systemic use**• **Retinoids for treatment of psoriasis****ACITRETIN****CAUTION:**

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

NOTE:

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

❖ **Authority required** ❖

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

2019G	Capsule 10 mg	100	2	..	201.24	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.*

DERMATOLOGICALS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE—cont.								
1996C	Cream 10 mg-2 mg per g (1%-0.2%), 50 g	#1	..	..	12.81	13.66	Silvazine	SN
1997D	Cream 10 mg-2 mg per g (1%-0.2%), 100 g	#1	..	..	16.12	16.97	Silvazine	SN
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS								
Corticosteroids, plain								
• Corticosteroids, weak (group I)								
HYDROCORTISONE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
1495G	Cream 10 mg per g (1%), 50 g	#1	1	..	6.66	7.51	Egocort Cream 1%	EO
HYDROCORTISONE ACETATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2887Y	Cream 10 mg per g (1%), 30 g	#1	1	..	6.18	7.03	Sigmacort Squibb-HC	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
2882G	Topical ointment 10 mg per g (1%), 50 g	#1	1	..	6.66	7.51	Sigmacort Squibb-HC	SI BQ
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
• Corticosteroids, moderately potent (group II)								
TRIAMCINOLONE ACETONIDE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2117K	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*11.98	12.83	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	..	..	*11.98	12.83	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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Corticosteroids, potent (group III)								
BETAMETHASONE DIPROPIONATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
1115G	Cream 500 micrograms per g (0.05%), 15 g	#1	1	B ^B 2.00	6.39 8.39	7.24 7.24	^a Eleuphrat ^a Diprosone	EX SH
1119X	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	B ^B 2.00	6.39 8.39	7.24 7.24	^a Eleuphrat ^a Diprosone	EX SH
1118W	Lotion 500 micrograms per g (0.05% w/w), 30 mL	#1	..	B ^B 2.00	9.18 11.18	10.03 10.03	^a Eleuphrat ^a Diprosone	EX SH
BETAMETHASONE VALERATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2812B	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*11.98	12.83	Betnovate 1/5 Celestone-M	GW SH
2813C	Cream 500 micrograms per g (0.05%), 15 g	#1	1	..	6.32	7.17	Betnovate 1/2 Celestone-V Half Strength	GW SH
2820K	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*11.98	12.83	Celestone-M	SH
2815E	Ointment 500 micrograms per g (0.05%), 15 g	#1	1	..	6.32	7.17	Betnovate 1/2 Celestone-V Half Strength	GW SH
METHYLPREDNISOLONE ACEPONATE								
❖ Restricted benefit ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
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 ❖								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
1913G	Cream 1 mg per g (0.1%), 15 g	#1	..	..	9.58	10.43	^a Elocon ^a Novasone	SH EX
1915T	Ointment 1 mg per g (0.1%), 15 g	#1	..	..	9.58	10.43	^a Elocon ^a Novasone	SH EX
8043H	Lotion 1 mg per g (0.1% w/w), 30 mL	#1	..	..	14.02	14.87	^a Elocon ^a Novasone	SH EX

DERMATOLOGICALS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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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 R0
2592K	Capsule 20 mg	60	3	..	188.29	20.00	^a Accure 20 ^a Roaccutane	AF R0

GENITO URINARY SYSTEM AND SEX HORMONES

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OTHER GYNECOLOGICALS								
Other gynecologicals								
• Prolactine inhibitors								
BROMOCRIPTINE MESYLATE								
❖ Restricted benefit ❖								
<i>Prevention of the onset of lactation in the puerperium for medical reasons.</i>								
1444B	Tablet 2.5 mg	30	..	..	20.99	20.00	^a Bromolactin ^a Krypton 2.5 ^a Parlodel	SI AF SZ
				^B 1.50	22.49	20.00		
❖ Authority required ❖								
<i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
1443Y	Tablet 2.5 mg	60	5	..	37.65	20.00	^a Bromolactin ^a Krypton 2.5 ^a Parlodel	SI AF SZ
				^B 1.51	39.16	20.00		
1446D	Capsule 5 mg	60	5	..	69.83	20.00	^a Bromolactin ^a Krypton 5 ^a Parlodel	SI AF SZ
				^B 1.50	71.33	20.00		
1445C	Capsule 10 mg	100	5	..	233.40	20.00	^a Krypton 10 ^a Parlodel	AF SZ
				^B 0.75	234.15	20.00		
CABERGOLINE								
❖ Restricted benefit ❖								
<i>Prevention of the onset of lactation in the puerperium for medical reasons.</i>								
8115D	Tablet 500 micrograms	2	..	..	23.90	20.00	Dostinex	PS
❖ Authority required ❖								
<i>Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
8114C	Tablet 500 micrograms	8	5	..	72.78	20.00	Dostinex	PS
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM								
Hormonal contraceptives for systemic use								
• Progestogens and estrogens, fixed combinations								
LEVONORGESTREL with ETHINYLOESTRADIOL								
1455N	Tablets 125 micrograms- 50 micrograms, 21	4	2	..	*14.10	14.95	Microgynon 50	SC

continued ➡

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1456P	LEVONORGESTREL with ETHINYLOESTRADIOL—cont. Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.10	14.95	Microgynon 50 ED Nordette 50	SC WY
1393H	Tablets 150 micrograms- 30 micrograms, 21	4	2	^B 7.28	*21.38	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	.. ^B 7.28	*14.10 *21.38	14.95 14.95	^a Levlen ED ^b Monofeme 28 ^a Microgynon 30 ED ^b Nordette 28	SY AY SC WY
3186Q	Tablets 250 micrograms- 50 micrograms, 21	4	2	..	*14.10	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
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablets 500 micrograms- 35 micrograms, 21	4	2	^B 6.08	*20.18	14.95	^a Brevinor	SR
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	.. ^B 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	^B 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	.. ^B 6.08	*14.10 *20.18	14.95 14.95	^a Norimin-1 28 Day ^a Brevinor-1	MO SR
3176E	NORETHISTERONE with MESTRANOL 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								
1457Q	LEVONORGESTREL with ETHINYLOESTRADIOL Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	..	*14.10	14.95	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*14.10	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	^B 7.28	*21.38	14.95	^b Triphasil ^a Triquilar	WY SC

continued

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1392G	LEVONORGESTREL with ETHINYLOESTRADIOL—cont. Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	2	.. B 7.28	*14.10 *21.38	14.95 14.95	^a Logynon ED ^b Trifeme 28 ^b Triphasil 28 ^a Triquilar ED	SY AY WY SC
2776D	NORETHISTERONE with ETHINYLOESTRADIOL Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. B 6.08	*14.10 *20.18	14.95 14.95	^a Improvil 28 Day ^a Synphasic	MO SR
• Progestogens								
2913H	LEVONORGESTREL Tablets 30 micrograms, 28	4	2	..	*14.10	14.95	Microlut 28 Microval 28	SC WY
3118D	MEDROXYPROGESTERONE ACETATE Injection 150 mg in 1 mL	1	1	.. B 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]								
1967M	NORETHISTERONE Tablets 350 micrograms, 28	4	2	.. B 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	..	..	*195.74	20.00	OR
8099G	Subcutaneous implant 200 mg	3	..	..	*195.74	20.00	OR

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.*

continued ➤

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
TESTOSTERONE								
ENANTHATE—cont.								
2114G	Injection 250 mg in 1 mL	3	3	..	29.42	20.00	Primoteston Depot	SC
TESTOSTERONE ESTERS								
CAUTION:								
<i>Safety and efficacy of androgen replacement therapy in elderly men has not been proven.</i>								
❖ Authority required ❖								
<i>Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.</i>								
2670M	Injection 100 mg	3	3	..	15.51	16.36	Sustanon "100"	OR
2101N	Injection 250 mg	3	3	..	29.42	20.00	Sustanon "250"	OR
TESTOSTERONE UNDECANOATE								
CAUTION:								
<i>Safety and efficacy of androgen replacement therapy in elderly men has not been proven.</i>								
❖ Authority required ❖								
<i>Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.</i>								
2115H	Capsule 40 mg	60	5	..	35.14	20.00	Andriol	OR
Estrogens								
• Natural and semisynthetic estrogens, plain								
OESTRADIOL								
8274L	Tablet 2 mg	56	2	..	11.09	11.94	Zumenon	SM
1742Q	Vaginal tablets 25 micrograms, 15	‡1	2	..	17.32	18.17	Vagifem	NO
OESTRADIOL								
❖ Restricted benefit ❖								
<i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>								
NOTE:								
<i>Oestradiol should be used in conjunction with an oral progestogen in women with an intact uterus.</i>								
8286D	Transdermal gel 1 mg in 1 g sachet, 28	‡1	5	..	15.89	16.74	Sandrena	OR
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

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
OESTRADIOL—cont.							
80129	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 SC ^a Femtran 50 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
8126G	Transdermal patches 7.8 mg (releasing approximately 100 micrograms per 24 hours), 4	#1	5	..	18.09	18.94	^a Climara 100 SC ^a Femtran 100 MM
8195H	Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8	#1	5	..	18.09	18.94	Dermestril 100SW
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 VALERATE							
1663M	Tablet 1 mg	56	2	..	9.31	10.16	Proginova SC
1664N	Tablet 2 mg	56	2	..	11.09	11.94	Proginova SC
1061W	Injection 10 mg in 1 mL	3	..	..	45.81	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	..	14.68	15.53	Ovestin OR
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

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1777M	PIPERAZINE OESTRONE SULFATE Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	2	B .. 0.74	9.31 10.05	10.16 10.16	^a Genoral 0.625 ^a Ogen .625	KR UP
1778N	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	2	B .. 0.74	11.09 11.83	11.94 11.94	^a Genoral 1.25 ^a Ogen 1.25	KR UP
• Synthetic estrogens, plain								
1310Y	DIENOESTROL Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	10.04	10.89	JC	
Progestogens								
• Pregnen (4) derivatives								
2323G	MEDROXYPROGESTERONE ACETATE Tablet 5 mg	56	2	B .. 1.22	12.77 13.99	13.62 13.62	^a Ralovera ^a Provera	KR UP
2321E	Tablet 10 mg	30	2	B .. 1.22	13.37 14.59	14.22 14.22	^a Ralovera ^a Provera	KR UP
2319C	Injection 50 mg in 1 mL	1	1	..	9.16	10.01	Depo-Provera	UP
MEDROXYPROGESTERONE ACETATE								
❖ Restricted benefit ❖								
Endometriosis.								
2722G	Tablet 10 mg	100	2	B .. 1.65	29.07 30.72	20.00 20.00	^a Ralovera ^a Provera	KR UP
[For other listings for this drug see Generic/Proprietary Index]								
• Pregnadien derivatives								
1350C	DYDROGESTERONE Tablet 10 mg	28	2	..	12.77	13.62	Duphaston	SM
• Estren derivatives								
2993M	NORETHISTERONE Tablet 5 mg	30	2	..	22.05	20.00	Primolut N	SC
Progestogens and estrogens in combination								
• Progestogens and estrogens, fixed combinations								
8081H	OESTRADIOL with NORETHISTERONE ACETATE Tablets 2 mg-1 mg, 28	‡1	5	..	15.60	16.45	Kliogest	NO
1813K	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE Pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg	‡1	5	..	15.60	16.45	Menoprem Continuous Provelle-28	AY UP

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	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 ❖							
	<i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>							
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 DYDROGESTERONE							
8244X	Pack containing 14 tablets oestradiol 2 mg and 14 tablets oestradiol 2 mg with dydrogesterone 10 mg	#1	5	..	15.59	16.44	Femoston 2/10	SM
	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
	OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE							
	❖ Restricted benefit ❖							
	<i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>							
8029N	Pack containing 4 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 10 mg-30 mg (releasing approximately 50 micrograms- 250 micrograms per 24 hours)	#1	5	..	18.09	18.94	Estracombi	CG

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
8062H	OESTRADIOL VALERATE and OESTRADIOL VALERATE with CYPROTERONE ACETATE 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
1816N	OESTRADIOL VALERATE and OESTRADIOL VALERATE with MEDROXYPROGESTERONE ACETATE Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with medroxyprogesterone acetate 10 mg	‡1	5	..	15.60	16.45	Divina	OR
1826D	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE Pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg	‡1	5	..	15.60	16.45	Menoprem Provelle-14	AY UP
8210D	OESTROGENS—CONJUGATED and OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE Pack containing 14 tablets conjugated oestrogens 625 micrograms and 14 tablets conjugated oestrogens 625 micrograms with medroxyprogesterone acetate 5 mg	‡1	5	..	15.60	16.45	Premia 5	AY

Gonadotrophins and other ovulation stimulants

• Gonadotrophins

FOLLITROPIN ALFA

❖ 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.

8251G	Injection set containing 10 ampoules powder for injection 75 i.u. and 10 ampoules solvent 1 mL	1	5	..	488.57	20.00	Gonal-F 75	SC
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continued ➡

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FOLLITROPIN ALFA—cont.								
8252H	<i>Injection set containing 10 ampoules powder for injection 150 i.u. and 10 ampoules solvent 1 mL</i>	1	5	..	972.79	20.00	Gonal-F 150	SG
FOLLITROPIN BETA								
❖ Restricted benefit ❖								
<i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i>								
NOTE:								
<i>Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.</i>								
<i>Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.</i>								
<i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i>								
<i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>								
❖ Restricted benefit ❖								
<i>For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of six months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG should be given.</i>								
8205W	<i>Injection set containing 10 ampoules powder for injection (lyosphere) 50 i.u. and 10 ampoules solvent 1 mL</i>	1	5	..	329.78	20.00	Puregon 50	OR
8206X	<i>Injection set containing 10 ampoules powder for injection (lyosphere) 100 i.u. and 10 ampoules solvent 1 mL</i>	1	5	..	649.97	20.00	Puregon 100	OR
8207Y	<i>Injection set containing 10 ampoules powder for injection (lyosphere) 150 i.u. and 10 ampoules solvent 1 mL</i>	1	5	..	972.79	20.00	Puregon 150	OR

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
HUMAN CHORIONIC GONADOTROPHIN								
❖ Restricted benefit ❖								
<i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i>								
NOTE:								
<i>Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.</i>								
<i>Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.</i>								
<i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i>								
<i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>								
1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	28.54	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.*

❖ **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
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GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
HUMAN CHORIONIC GONADOTROPHIN—cont.								
1581F	<i>Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL</i>	1	5	..	38.11	20.00	Pregnyl	OR
1582G	<i>Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL</i>	1	5	..	41.00	20.00	Profasi 2000	SG
❖ <u>Restricted benefit</u> ❖								
<i>Cryptorchism not due to organic obstruction in boys over twelve months of age.</i>								
1583H	<i>Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL</i>	2	1	..	*52.74	20.00	Pregnyl	OR
HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN								
❖ <u>Restricted benefit</u> ❖								
<i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i>								
NOTE:								
<i>Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.</i>								
<i>Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.</i>								
<i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i>								
<i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>								
❖ <u>Restricted benefit</u> ❖								
<i>For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of six months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG should be given.</i>								
1603J	<i>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</i>	1	5	..	292.89	20.00	Humegon	OR

continued

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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**HUMAN MENOPAUSAL
GONADOTROPHIN standardised
with HUMAN CHORIONIC
GONADOTROPHIN—cont.**

1604K	<i>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</i>	1	5	..	572.50	20.00	Humegon	OR
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**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.

❖ 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.

1601G	<i>Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL</i>	1	5	..	292.89	20.00	Metrodin HP 75	SG
1602H	<i>Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 10 ampoules solvent 1 mL</i>	1	5	..	572.50	20.00	Metrodin HP 150	SG

• **Ovulation stimulants, synthetic**

CLOMIPHENE CITRATE

NOTE:

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

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CLOMIPHENE CITRATE—cont.								
❖ Restricted benefit ❖								
<i>Anovulatory infertility;</i>								
<i>Patients undergoing in-vitro fertilisation.</i>								
1211R	Tablet 50 mg	10	5	B .. 2.46	40.75 *43.22	20.00 20.00	^a Serophene ^a Clomid	SG ML

Antiandrogens

- **Antiandrogens, plain preparations**

CYPROTERONE ACETATE

- ❖ **Authority required** ❖

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

CAUTION:

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

1269T	Tablet 50 mg	20	5	B .. 1.50	70.34 71.84	20.00 20.00	^a Cyprone ^a Androcur	AF SC
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- ❖ **Authority required** ❖

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

1270W	Tablet 50 mg	100	5	B .. 1.80	*292.34 *294.14	20.00 20.00	^a Cyprone ^a Androcur	AF 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.

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

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
GESTRINONE								
❖ Authority required ❖								
<i>Short-term treatment (up to six months) of visually proven endometriosis. Only the one authority for up to six months' therapy will be authorised.</i>								
8015W	Capsule 2.5 mg	8	5	..	78.26	20.00	Dimetriose	RL
UROLOGICALS								
Urinary antiseptics and antiinfectives								
• Methenamine preparations								
3124K	HEXAMINE HIPPURATE Tablet 1 g	100	5	..	30.77	20.00	Hiprex	MM
• Quinolone derivatives (excl. quinolone antibacterials)								
2451B	NALIDIXIC ACID Tablet 500 mg	56	2	..	28.66	20.00	Negram	SW
• Nitrofurantoin derivatives								
NITROFURANTOIN								
CAUTION:								
Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.								
1692C	Capsule 50 mg	30	1	..	10.64	11.49	Macrochantin	PU
1693D	Capsule 100 mg	30	1	..	13.17	14.02	Macrochantin	PU
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	16.00	16.85	Furadantin	PU
Other urologicals, incl. antispasmodics								
• Acidifiers								
1044Y	AMMONIUM CHLORIDE Tablet 500 mg	100	5	..	11.99	12.84	FM	
• Urinary antispasmodics								
OXYBUTYNYN HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Detrusor overactivity where propantheline bromide has failed.</i>								
8039D	Tablet 5 mg	100	5	..	15.34	16.19	Ditropan	RR
PROPANTHELINE BROMIDE								
❖ Restricted benefit ❖								
<i>Detrusor overactivity.</i>								
1953T	Tablet 15 mg	200	5	..	*13.92	14.77	Pro-Banthine	SR

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Drugs used in erectile dysfunction								
ALPROSTADIL								
❖ <u>Authority required</u> ❖								
<i>Organic impotence of neurogenic or vasculogenic origin.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will not be authorised.</i>								
8087P	Intracavernosal injection 5 micrograms in 1 mL	5	5	..	60.89	20.00	Caverject	UP
8088Q	Intracavernosal injection 10 micrograms in 1 mL	5	5	..	70.98	20.00	Caverject	UP
8089R	Intracavernosal injection 20 micrograms in 1 mL	5	5	..	89.33	20.00	Caverject	UP
• Other urologicals								
DEMECLOCYCLINE								
HYDROCHLORIDE								
❖ <u>Restricted benefit</u> ❖								
<i>Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.</i>								
2854F	Capsule 150 mg	100	3	..	41.04	20.00	Ledermycin	LE
PHENOXYBENZAMINE								
HYDROCHLORIDE								
❖ <u>Restricted benefit</u> ❖								
<i>Phaeochromocytoma; Neurogenic urinary retention.</i>								
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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES

Anterior pituitary lobe hormones and analogues

• ACTH

2832C	TETRACOSACTRIN Injection 1 mg in 1 mL	5	5	..	*71.39	20.00	Synacthen Depot 1	CG
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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	..	*161.49	20.00	Minirin Nasal Spray	RR
8032R	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	2	5	..	*128.92	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	..	*67.20	20.00	Minirin Nasal Spray	RR
8031G	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	#1	2	..	66.63	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
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CORTICOSTEROIDS FOR SYSTEMIC USE

Corticosteroids for systemic use, plain

• Mineralocorticoids

FLUDROCORTISONE ACETATE

1433K	Tablet 100 micrograms	200	1	..	*14.72	15.57	Florinef	BQ
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SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Glucocorticoids BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE ❖ Restricted benefit ❖ <i>Alopecia areata;</i> <i>For local intra-articular or peri-articular infiltration;</i> <i>Granulomata, dermal;</i> <i>Keloid;</i> <i>Lichen planus hypertrophic;</i> <i>Lichen simplex chronicus;</i> <i>Lupus erythematosus, chronic discoid;</i> <i>Necrobiosis lipoidica;</i> <i>Uveitis.</i>								
2694T	<i>Injection 3 mg-3.9 mg</i> <i>(equivalent to 5.7 mg</i> <i>betamethasone) in 1 mL</i>	5	..	..	23.49	20.00	<i>Celestone</i> <i>Chronodose</i>	SH
1246N	CORTISONE ACETATE Tablet 5 mg	50	4	..	11.83	12.68	Cortate	RR
1247P	Tablet 25 mg	60	4	..	12.67	13.52	Cortate	RR
1292B	DEXAMETHASONE 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
1499X	HYDROCORTISONE 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
1501B	HYDROCORTISONE SODIUM SUCCINATE 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
HYDROCORTISONE SODIUM SUCCINATE ❖ Restricted benefit ❖ <i>For use in a hospital.</i>								
1510L	<i>Injection equivalent to 100 mg</i> <i>hydrocortisone with 2 mL solvent</i>	6	..	..	*22.82	20.00	<i>Solu-Cortef</i>	UP
1511M	<i>Injection equivalent to 250 mg</i> <i>hydrocortisone with 2 mL solvent</i>	6	..	..	*37.82	20.00	<i>Solu-Cortef</i>	UP

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
METHYLPREDNISOLONE ACETATE								
❖ Restricted benefit ❖								
<i>For local intra-articular or peri-articular infiltration.</i>								
1928L	Injection 40 mg in 1 mL	5	..	B 0.74	19.74 20.48	20.00 20.00	^a Depo-Nisolone ^a Depo-Medrol	KR 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
PREDNISOLONE SODIUM PHOSPHATE								
8285C	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	‡1	5	..	12.37	13.22	Redipred	RR
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 ❖								
<i>Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Psoriasis.</i>								
2990J	Injection 10 mg in 1 mL	5	..	..	23.49	20.00	Kenacort-A10	BQ
Antiadrenal preparations								
• Anticorticosteroids								
AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	162.63	20.00	Cytadren	CG

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
THYROID THERAPY								
Thyroid preparations								
• <i>Thyroid hormones</i>								
LIOTHYRONINE SODIUM								
❖ Authority required ❖								
<i>Management of patients with thyroid cancer; Replacement therapy for hypothyroid patients who have documented intolerance or resistance to thyroxine sodium; Initiation of thyroid therapy in severely hypothyroid patients.</i>								
2318B	Tablet 20 micrograms	100	2	..	53.84	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

1955X	PROPYLTHIOURACIL Tablet 50 mg	200	2	..	*31.58	20.00	JC	
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• Sulphur-containing imidazole derivatives

1153Q	CARBIMAZOLE Tablet 5 mg	200	2	..	*23.90	20.00	Neo-Mercazole	RO
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PANCREATIC HORMONES

Glycogenolytic hormones

• Glycogenolytic hormones

1447E	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	..	16.88	17.73	AZ	
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NOTE:

See also Special Pharmaceutical Benefits.

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.*

continued ➤

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3000X	CALCITONIN—cont. <i>Injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe</i> NOTE: <i>Manufacturer's pack is five 50 i.u. syringes.</i>	30	5	..	*207.80	20.00	<i>Calsynar</i>	RR
2995P	<i>Injection (salmon) 50 i.u. in 1 mL ampoule</i> NOTE: <i>Manufacturer's pack is an injection set containing five 50 i.u. ampoules, five 1 mL syringes and five swabs.</i>	30	5	..	*207.80	20.00	<i>Miacalcic 50 Kit</i>	SZ
3001Y	<i>Injection (salmon) 100 i.u. in 1 mL pre-filled syringe</i> NOTE: <i>Manufacturer's pack is five 100 i.u. syringes.</i>	15	5	..	*155.15	20.00	<i>Calsynar</i>	RR
2997R	<i>Injection (salmon) 100 i.u. in 1 mL ampoule</i> NOTE: <i>Manufacturer's pack is an injection set containing five 100 i.u. ampoules, five 1 mL syringes and five swabs.</i>	15	5	..	*155.15	20.00	<i>Miacalcic 100 Kit</i>	SZ

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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								
2709N	DOXYCYCLINE Tablet 100 mg	7	1	..	7.15	8.00	^a Doxsig ^a Doxy-100 ^a Doxylin 100 ^a SBPA Doxycycline 100 mg ^a Vibramycin	SI DP AF SL PF
				^B 0.74	7.89	8.00		
2708M	Capsule 100 mg	7	1	..	7.15	8.00	^a DBL Doxycycline ^a Doryx	BL FA
				^B 1.04	8.19	8.00		
DOXYCYCLINE								
❖ Restricted benefit ❖								
Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.								
2711G	Tablet 50 mg	25	5	..	9.35	10.20	^a Doxy-50 ^a Doxylin 50 ^a Vibra-Tabs	DP AF PF
				^B 0.74	10.09	10.20		
2707L	Capsule 50 mg	25	5	..	9.35	10.20	^a DBL Doxycycline ^a Doryx	BL FA
				^B 0.97	10.32	10.20		
❖ Restricted benefit ❖								
Pelvic inflammatory disease.								
2702F	Tablet 100 mg	28	..	..	*15.58	16.43	^a Doxsig ^a Doxy-100 ^a Doxylin 100 ^a SBPA Doxycycline 100 mg ^a Vibramycin	SI DP AF SL PF
				^B 2.96	*18.54	16.43		
2703G	Capsule 100 mg	28	..	..	*15.58	16.43	^a DBL Doxycycline ^a Doryx	BL FA
				^B 4.16	*19.74	16.43		

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
DOXYCYCLINE—cont.							
❖ Restricted benefit ❖							
Urethritis.							
2714W	Tablet 100 mg	21	..	..	*12.77	13.62	^a <i>Doxsig</i> SI ^a <i>Doxy-100</i> DP ^a <i>Doxylin 100</i> AF ^a <i>SBPA</i> <i>Doxycycline</i> 100 mg SL ^a <i>Vibramycin</i> PF
				^B 2.22	*14.99	13.62	
2715X	Capsule 100 mg	21	..	..	12.76	13.61	^a <i>DBL</i> BL <i>Doxycycline</i> FA ^a <i>Doryx</i>
				^B 1.39	14.15	13.61	
MINOCYCLINE							
CAUTION:							
There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
3037W	Capsule 100 mg	11	..	^B ..	8.74	9.59	^a <i>Akamin 100</i> AF ^a <i>Minomycin</i> LE
				0.23	8.97	9.59	
NOTE:							
Authorities for increased maximum quantities and/or repeats will not be authorised.							
MINOCYCLINE							
CAUTION:							
<i>There are concerns about the incidence of benign intracranial hypertension associated with this drug.</i>							
❖ Restricted benefit ❖							
<i>Severe acne not responding to other tetracyclines.</i>							
1616C	Tablet 50 mg	60	5	^B ..	16.66	17.51	^a <i>Akamin 50</i> AF ^a <i>Minomycin-50</i> LE
				0.31	16.97	17.51	
2134H	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	25	1	..	6.87	7.72	<i>Achromycin</i> LE
TETRACYCLINE HYDROCHLORIDE							
❖ Restricted benefit ❖							
<i>Bronchiectasis in patients over the age of eight years;</i>							
<i>Chronic bronchitis in patients over the age of eight years;</i>							
<i>Severe acne.</i>							
2135J	Capsule 250 mg	50	5	..	*9.40	10.25	<i>Achromycin</i> LE
2145X	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	1	..	6.87	7.72	<i>Achromycin V</i> LE <i>Mystecclin-250</i> BQ <i>Tetrex</i> BC
				^B 1.00	7.87	7.72	

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
TETRACYCLINE HYDROCHLORIDE (BUFFERED)—cont.							
❖ Restricted benefit ❖							
<i>Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.</i>							
2146Y	Capsule 250 mg	50	5	..	*9.40	10.25	Achromycin V LE
				^B 2.00	*11.40	10.25	Mysteclin-250 BQ
							Tetrex BC

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	..	..	16.44	17.29	Chloromycetin PD
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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	..	7.67	8.52	^a Alphamox 250 ^a Bgramin ^a Cilamox ^a Moxacin SBPA Amoxycillin 250 mg	AF DP SI CS SL SK
				^B 0.69	8.36	8.52	^a Amoxil	SK
1889K	Capsule 500 mg	20	1	..	10.98	11.83	^a Alphamox 500 ^a Bgramin ^a Cilamox ^a Moxacin SBPA Amoxycillin 500 mg	AF DP SI CS SL SK
				^B 0.79	11.77	11.83	^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

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1886G	AMOXYCILLIN—cont. Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.36	10.59	^a Alphamox 125 ^a Bgramin ^a Cilamox ^a Moxacin ^a Amoxil	AF DP SI CS SK
				^B 0.59	#9.95	10.59		
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#10.68	11.91	^a Alphamox 250 ^a Bgramin ^a Cilamox ^a Moxacin 250 ^a Amoxil Forte	AF DP SI CS SK
				^B 0.59	#11.27	11.91		
1048E	AMPICILLIN 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								
8167W	BENZATHINE PENICILLIN Injection 900 mg in 2 mL cartridge- needle unit (for use with Tubex Injector)	1	..	..	19.76	20.00	Bicillin L-A Tubex	WY
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	32.49	20.00	Bicillin L-A	WY
1775K	BENZYL PENICILLIN Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	10	1	..	*21.28	20.00	BenPen	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	BenPen	CS
1786B	PHENOXYMETHYLPENICILLIN 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
1789E	Capsule 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK ^a Cilicaine VK ^a Cilopen VK LPV	AB SI DP CS

continued

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2965C	PHENOXYMETHYLPENICILLIN—cont. Capsule 500 mg	50	..	..	*14.52	15.37	^a Cilicaine VK ^a Cilopen VK LPV	SI DP CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	^B 0.80	*10.28 *11.08	11.13 11.13	^a Cilicaine V ^a Abbocillin-V ^a LPV 125	SI AB CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. ^B 0.96	*12.66 *13.62	13.51 13.51	^a Abbocillin-V ^a Cilicaine V ^a LPV 250	AB SI CS
PHENOXYMETHYLPENICILLIN								
❖ Restricted benefit ❖								
<i>Prophylaxis of recurrent streptococcal infections (including rheumatic fever).</i>								
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
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								
8123M	Injection 500 mg (solvent required) (codes 7056J, 7057K, 7058L, 7059M, 7060N, 7061P apply to above item with approved solvents)	5	..	..	16.42	17.27	Diclocil	BQ
8124N	Injection 1 g (solvent required) (codes 7062Q, 7063R, 7064T, 7065W, 7066X, 7067Y apply to above item with approved solvents)	5	1	..	23.28	20.00	Diclocil	BQ
DICLOXACILLIN								
❖ Restricted benefit ❖								
<i>Serious staphylococcal infections.</i>								
8121K	Capsule 250 mg	24	..	..	11.16	12.01	Diclocil Distaph 250	BQ AF
8122L	Capsule 500 mg	24	..	..	18.64	19.49	Diclocil Distaph 500	BQ AF

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FLUCLOXACILLIN								
CAUTION:								
Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.								
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

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
				^B 0.39	11.55	12.01	^a Staphylex 250 ^a Floxapen	AF SK
1527J	Capsule 500 mg	24	..	..	18.64	19.49	^a Flopen	CS
				^B 0.44	19.08	19.49	^a Staphylex 500 ^a Floxapen	AF SK
1528K	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.41	13.64	^a Flopen ^a Floxapen	CS SK
1529L	Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.18	17.41	^a Flopen ^a Floxapen	CS SK

• **Combinations of penicillins, incl. beta-lactamase inhibitors****AMOXYCILLIN with CLAVULANIC
ACID****CAUTION:**

Hepatotoxicity has been reported with this drug.

❖ **Restricted benefit** ❖

Infections where resistance to amoxycillin is suspected or proven.

1890L	Tablet 250 mg-125 mg	15	1	..	13.06	13.91	^a Clamoxyl ^a Clavulin 250	ME CS
				^B 0.61	13.67	13.91	^a Augmentin	SK
1891M	Tablet 500 mg-125 mg	15	1	..	16.77	17.62	^a Clamoxyl Forte	ME
				^B 0.61	17.38	17.62	^a Clavulin 500 ^a Augmentin Forte	CS SK
8254K	Tablet 875 mg-125 mg	10	1	..	16.77	17.62	^a Clamoxyl Duo forte	ME
				^B 0.61	17.38	17.62	^a Augmentin Duo forte	SK

continued

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
AMOXYCILLIN with CLAVULANIC ACID—cont.							
1892N	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	#1	1	..	#11.75	12.98	^a Clamoxyl ME ^a Clavulin 125 CS ^a Augmentin SK
				^B 0.60	#12.35	12.98	
1893P	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	#1	1	..	#14.05	15.28	^a Clamoxyl Forte ME ^a Clavulin 250 CS ^a Augmentin SK Forte
				^B 0.60	#14.65	15.28	

**TICARCILLIN with CLAVULANIC
ACID**

❖ Restricted benefit ❖

Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent; Septicaemia, suspected or proven.

2179G	Injection 3 g-100 mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)	10	..	..	146.79	20.00	Timentin SK
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Other beta-lactam antibacterials• **Cephalosporins and related substances****CEFACTOR****CAUTION:**

Serum sickness-like reactions have been reported with this drug, especially in children.

1169M	Tablet 375 mg (sustained release)	10	1	^B ..	14.39	15.24	^a Keflor CD AL ^a Ceclor CD LY
				0.75	15.14	15.24	
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	#1	1	^B ..	#13.52	14.75	^a Keflor AL ^a Ceclor LY
				0.75	#14.27	14.75	
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	#1	1	^B ..	#14.05	15.28	^a Keflor AL ^a Ceclor LY
				0.74	#14.79	15.28	

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

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CEFOTETAN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1772G	<i>Injection 1 g (solvent required) (codes 6639K, 6640L, 6641M, 6642N, 6643P, 6644Q apply to above item with approved solvents)</i>	10	..	..	158.36	20.00	Apatef	LE
1773H	<i>Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)</i>	10	..	..	264.90	20.00	Apatef	LE
CEFTRIAXONE								
❖ Restricted benefit ❖								
<i>Gonorrhoea.</i>								
1782T	<i>Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)</i>	1	..	..	18.64	19.49	Rocephin	R0
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1790F	<i>Injection 250 mg (solvent required) (codes 6885J, 6886K, 6887L, 6888M, 6889N, 6890P apply to above item with approved solvents)</i>	5	..	..	*75.84	20.00	Rocephin	R0
1783W	<i>Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)</i>	5	..	..	*107.74	20.00	Rocephin	R0
1784X	<i>Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)</i>	5	..	..	*166.59	20.00	Rocephin	R0
1785Y	<i>Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)</i>	5	..	..	*295.34	20.00	Rocephin	R0

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3058Y	CEPHALEXIN Capsule 250 mg	20	1	B .. 1.11	8.14 9.25	8.99 8.99	^a Ibilex 250 ^a Keflex	AF LY
3119E	Capsule 500 mg	20	1	B .. 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	B .. 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	B .. 1.11	#13.11 #14.22	14.34 14.34	^a Ibilex 250 ^a Keflex	AF LY
2964B	CEPHALOTHIN Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	10	1	..	*43.54	20.00	Keflin Neutral	LY
CEPHAZOLIN								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cephazolin is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1256D	Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..		*25.24 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								
2922T	TRIMETHOPRIM Tablet 300 mg	7	1	B .. 1.01	7.15 8.16	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	.. B 1.10	7.40 8.50	8.25 8.25	Bactrim ^a Resprim ^a Septrin	RO AF GW

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
2951H	TRIMETHOPRIM with SULFAMETHOXAZOLE—cont. Tablet 160 mg-800 mg	10	1	..	8.41	9.26	^a Bactrim DS ^a Resprim Forte ^a SBPA Trimethoprim and Sulfame- thoxazole DS ^a Septrin Forte
				^B 1.09	9.50	9.26	
3103H	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	7.92	8.77	^a Bactrim ^a Resprim ^a Septrin
				^B 1.07	8.99	8.77	

Macrolides and lincosamides

• *Macrolides*

AZITHROMYCIN

❖ Restricted benefit ❖*Uncomplicated urethritis and cervicitis due to Chlamydia trachomatis.*

8200N	Tablet 500 mg	2	..	..	21.61	20.00	Zithromax	PF
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❖ Restricted benefit ❖*Trachoma.*

8201P	Powder for oral suspension 200 mg per 5 mL, 15 mL	‡1	..	..	#18.30	19.53	Zithromax	PF
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1399P	ERYTHROMYCIN Tablet 250 mg	25	1	..	7.60	8.45	EMU-V	UP
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
2499M	ERYTHROMYCIN ESTOLATE 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
2750R	ERYTHROMYCIN ETHYL SUCCINATE Tablet 400 mg (base)	25	1	^B 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	^B 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	^B 1.10	#12.17 #13.27	13.40 13.40	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
1398N	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..	..	*42.84 42.84	20.00 20.00	^a Erythrocin ^a BL	AB

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1401R	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	1	..	7.60	8.45	Erythrocin Filmstab	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
8129W	ROXITHROMYCIN 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 ❖								
<i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>								
3138E	Capsule 150 mg	25	..	B 1.46	14.90 16.36	15.75 ^a 15.75 ^a	^a Cleocin ^a Dalacin C	KR UP
3139F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	#21.68	20.00	Dalacin C	UP
2530E	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	15.29	16.14	Lincocin	UP
Aminoglycoside antibacterials								
• Other aminoglycosides								
1068F	GENTAMICIN SULFATE 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	..	*18.10	18.95	BL	
TOBRAMYCIN SULFATE								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that tobramycin is an appropriate antibiotic; Septicaemia, suspected or proven.</i>								
1356J	Injection 80 mg (base)	10	1	..	*65.46 *65.54	20.00 20.00	BL Nebcin	LY

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
Quinolone antibacterials							
• Fluoroquinolones							
CIPROFLOXACIN							
❖ Restricted benefit ❖							
<u>Gonorrhoea.</u>							
<u>NOTE:</u>							
<i>No authorities for increased maximum quantities and/or repeats will be authorised.</i>							
1311B	Tablet 250 mg	2	..	..	11.82	12.67	Ciproxin 250 BN
❖ Authority required ❖							
<i>Respiratory tract infections and bacterial gastroenteritis in immunocompromised patients;</i>							
<i>Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;</i>							
<i>Treatment of joint and bone infections, epididymo-orchitis or perichondritis of the pinna, suspected or proven to be caused by gram-negative bacteria or gram-positive bacteria resistant to all other appropriate antimicrobials.</i>							
1208N	Tablet 250 mg	14	..	..	36.24	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
ENOXACIN							
❖ Authority required ❖							
<u>Complicated urinary tract infection.</u>							
2859L	Tablet 400 mg	14	1	..	20.96	20.00	Enoxin FA
NORFLOXACIN							
❖ Authority required ❖							
<u>Acute bacterial enterocolitis;</u>							
<u>Complicated urinary tract infection.</u>							
3010K	Tablet 400 mg	14	1	..	20.96	20.00	Noroxin MK
Other antibacterials							
• Glycopeptide antibacterials							
VANCOMYCIN							
❖ Restricted benefit ❖							
<u>Prophylaxis of endocarditis in patients hypersensitive to penicillin.</u>							
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

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VANCOMYCIN—cont.								
❖ Restricted benefit ❖								
<i>For use initiated in a hospital or for endophthalmitis.</i>								
3131T	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)	5	..	..	*123.44	20.00	^a Vancocin ^a BL ^a SI	LY
• Steroid antibacterials								
FUSIDIC ACID								
❖ Restricted benefit ❖								
<i>For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.</i>								
2312Q	Tablet (sodium salt) 250 mg	36	1	..	68.14	20.00	Fucidin	CS
2311P	Oral suspension 50 mg per mL, 90 mL	‡1	..	..	53.80	20.00	Fucidin	CS
• Imidazole derivatives								
METRONIDAZOLE								
1636D	Tablet 200 mg	21	1	B 1.91	6.43 8.34	7.28 7.28	^a Metrogyl 200 ^a Flagyl	AF 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								
❖ Restricted benefit ❖								
<i>Treatment of anaerobic infections.</i>								
1621H	Tablet 400 mg	21	1	B 1.92	9.24 11.16	10.09 10.09	^a Metrogyl 400 ^a Flagyl	AF RR
❖ Restricted benefit ❖								
<i>Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.</i>								
1638F	I.V. infusion 500 mg in 100 mL	5	1	..	*28.49	20.00	BX	
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	..	B 1.93	7.16 9.09	8.01 8.01	^a Simplotan ^a Fasigyn	GP PF

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Other antibacterials								
3090P	SPECTINOMYCIN Injection 2 g with 3.2 mL diluent	1	..	..	18.17	19.02	Trobicin	UP
ANTIMYCOTICS FOR SYSTEMIC USE								
Antimycotics for systemic use								
• Antibiotics								
1047D	AMPHOTERICIN Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	22.52	20.00	Fungizone	BQ
• Imidazole derivatives								
KETOCONAZOLE								
❖ Authority required ❖								
<i>Symptomatic vaginal candidiasis recurring after treatment of at least two episodes with topical therapy.</i>								
CAUTION:								
<i>Hepatotoxicity has been reported with ketoconazole.</i>								
1573T	Tablet 200 mg	10	..	..	15.40	16.25	Nizoral	JC
❖ Authority required ❖								
<i>Oral candidiasis in severely immunocompromised persons where topical therapy has failed;</i>								
<i>Systemic or deep mycoses where other forms of therapy have failed.</i>								
CAUTION:								
<i>Hepatotoxicity has been reported with ketoconazole.</i>								
1572R	Tablet 200 mg	30	5	..	34.04	20.00	Nizoral	JC
• Triazole derivatives								
FLUCONAZOLE								
❖ Authority required ❖								
<i>Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin;</i>								
<i>Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;</i>								
<i>Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients;</i>								
<i>Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;</i>								
<i>Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.</i>								
1471K	Capsule 50 mg	28	5	..	177.10	20.00	Diffucan	PF
1472L	Capsule 100 mg	28	5	..	328.30	20.00	Diffucan	PF
1475P	Capsule 200 mg	28	5	..	630.14	20.00	Diffucan	PF
1473M	Solution for I.V. infusion 100 mg in 50 mL	7	..	..	*196.14	20.00	Diffucan	PF
1474N	Solution for I.V. infusion 200 mg in 100 mL	7	..	..	*350.49	20.00	Diffucan	PF

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ITRACONAZOLE								
❖ Authority required ❖								
<i>Systemic aspergillosis;</i>								
<i>Systemic sporotrichosis;</i>								
<i>Systemic histoplasmosis;</i>								
<i>Treatment and maintenance therapy in AIDS patients with</i>								
<i>disseminated or chronic pulmonary histoplasmosis infection;</i>								
<i>Treatment of oropharyngeal or oesophageal candidiasis in</i>								
<i>immunosuppressed patients.</i>								
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	..	8.06	8.91	FM	
Drugs for treatment of lepra								
• Drugs for treatment of lepra								
RIFAMPICIN								
❖ Restricted benefit ❖								
<i>Prophylactic treatment of contacts of patients with Haemophilus</i>								
<i>influenzae type B;</i>								
<i>Prophylaxis of meningococcal disease in close contacts and carriers.</i>								
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	..	..	23.17	20.00	Rifadin	ML
❖ Authority required ❖								
<i>Leprosy in adults.</i>								
1982H	Capsule 150 mg	100	..	..	35.50	20.00	Rimycin 150	AF
1983J	Capsule 300 mg	100	..	..	66.68	20.00	Rimycin 300	AF
ANTIVIRALS FOR SYSTEMIC USE								
Agents affecting the virus directly								
• Nucleosides and nucleotides								
ACICLOVIR								
❖ Authority required ❖								
<i>Moderate to severe initial genital herpes. Microbiological confirmation</i>								
<i>of diagnosis is desirable but need not delay treatment.</i>								
1003T	Tablet 200 mg	50	..	..	*112.58	20.00	^a Acyclo-V 200	AF
							^a Zovirax	
							200 mg	GW
							^a Zyclir 200	AD

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
ACICLOVIR—cont.							
❖ Authority required ❖							
<i>Moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>							
1007B	Tablet 200 mg	90	5	..	199.04	20.00	^a Acyclo-V 200 AF ^a Zovirax GW ^a Zyclir 200 AD
❖ Authority required ❖							
<i>Herpes zoster ophthalmicus;</i>							
<i>Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>							
NOTE:							
<i>Aciclovir is effective only if commenced within 72 hours of onset of rash.</i>							
<i>No repeats will be issued.</i>							
1052J	Tablet 800 mg	35	..	..	233.74	20.00	^a Acyclo-V 800 AF ^a Zovirax GW ^a Zyclir 800 AD
❖ Authority required ❖							
<i>Patients with advanced HIV disease (CD4 cell counts of less than 150 x 10⁶ per litre).</i>							
8234J	Tablet 800 mg	120	5	..	765.38	20.00	^a Acyclo-V 800 AF ^a Zovirax GW ^a Zyclir 800 AD
FAMCICLOVIR							
❖ Authority required ❖							
<i>Intermittent treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>							
8092X	Tablet 125 mg	10	5	..	55.62	20.00	Famvir SK
❖ Authority required ❖							
<i>Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>							
NOTE:							
<i>Famciclovir is effective only if commenced within 72 hours of onset of rash.</i>							
<i>No repeats will be issued.</i>							
8002E	Tablet 250 mg	21	..	..	218.29	20.00	Famvir SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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FAMCICLOVIR—cont.❖ **Authority required** ❖

*Suppression of moderate to severe recurrent genital herpes.
Microbiological confirmation of diagnosis is desirable.*

8217L	Tablet 250 mg	56	5	..	582.28	20.00	Famvir	SK
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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
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❖ **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
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❖ **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
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IMMUNE SERA AND IMMUNOGLOBULINS**Immune sera**• **Immune sera**

1344R	DIPHTHERIA ANTITOXIN Injection 10,000 units	2	1	..	*173.74	20.00	CS	
1980F	RED-BACK SPIDER ANTIVENOM 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.

1348Y	Injection 0.5 mL	2	1	..	*16.00	16.85	CS	
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GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
	DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE NOTE: For immunisation of adults and children over the age of eight years.						
3020Y	Injection 0.5 mL	2	..	..	*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 ❖ <i>Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.</i>						
1903E	Injection 0.5 mL (23 valent)	1	..	..	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
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.73	17.58	CS
	Viral vaccines • Influenza vaccines INFLUENZA VACCINE ❖ Restricted benefit ❖ <i>Persons at special risk of adverse consequences from infections of the lower respiratory tract.</i>						
2852D	Injection (trivalent) 0.5 mL (containing A/Bayern/7/95, A/Sydney/5/97 and B/Beijing/184/93 like strains)	1	..	..	17.54	18.39	Fluwax Fluvirin Vaxigrip CS EB CD

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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	25	1	..	27.04	20.00	Alkeran	GW
2548D	Tablet 5 mg	25	1	..	41.74	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	..	*39.98	20.00	LE	

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Antimetabolites								
• Folic acid analogues								
1622J	METHOTREXATE Tablet 2.5 mg	30	2	..	11.60	12.45	^a Ledertrexate ^a Methoblastin BL	LE PS
1623K	Tablet 10 mg	50	2	..	46.69	20.00	Methoblastin	PS
2396D	Injection 5 mg in 2 mL	5	..	B 4.85	41.19 *46.04	20.00 20.00	^a BL ^a Ledertrexate	LE
2395C	Injection 50 mg in 2 mL	5	..	..	40.37	20.00	Methoblastin BL PU	PS
RALTITREXED								
❖ Authority required ❖								
<i>For use as a single agent in the treatment of advanced colorectal cancer.</i>								
8284B	<i>Powder for I.V. infusion 2 mg</i>	3	2	..	*893.33	20.00	<i>Tomudex</i>	IC
• Purine analogues								
CLADRIBINE								
❖ Authority required ❖								
<i>Hairy cell leukaemia.</i>								
1811H	<i>Solution for I.V. infusion 10 mg in 10 mL</i>	7	..	..	4724.02	20.00	<i>Leustatin</i>	JC
1598D	MERCAPTOPURINE Tablet 50 mg	100	2	..	*102.82	20.00	Purinethol	GW
1233X	THIOGUANINE Tablet 40 mg	25	1	..	103.67	20.00	Lanvis	GW
• Pyrimidine analogues								
CYTARABINE								
8033T	Injection 100 mg in 1 mL	10	1	..	*59.42	20.00	BL	
2884T	Injection 100 mg in 5 mL	10	1	..	*59.42	20.00	PU	
8034W	Injection 500 mg in 5 mL	2	1	..	*67.90	20.00	BL	
2885W	Injection 500 mg in 25 mL	2	1	..	*67.90	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 ❖								
<i>Treatment of patients with locally advanced or metastatic non-small cell lung cancer;</i>								
<i>Treatment of patients with locally advanced or metastatic adenocarcinoma of the pancreas.</i>								

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
GEMCITABINE HYDROCHLORIDE—cont.								
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
Plant alkaloids and other natural products								
• Vinca alkaloids and analogues								
2198Q	VINBLASTINE SULFATE Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*42.04	20.00	Velbe	LY
2199R	Solution for I.V. injection 10 mg in 10 mL	2	..	..	*45.44	20.00	BL	
2374Y	VINCRIStINE SULFATE 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	Oncovin	LY
VINORELBINE TARTRATE								
❖ Authority required ❖								
<i>Advanced breast cancer after failure of standard therapy which includes an anthracycline; Locally advanced or metastatic non-small cell lung cancer.</i>								
8280T	Solution for I.V. infusion 10 mg (base) in 1 mL	16	2	..	*1465.94	20.00	Navelbine	AA
8281W	Solution for I.V. infusion 50 mg (base) in 5 mL	4	2	..	*1533.14	20.00	Navelbine	AA
• Podophyllotoxin derivatives								
1396L	ETOPOSIDE 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
8120J	ETOPOSIDE PHOSPHATE Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide)	5	..	..	*207.34	20.00	Etopophos	BQ
• Taxanes								
DOCETAXEL								
❖ Authority required ❖								
<i>Advanced metastatic breast cancer after failure of standard therapy which includes an anthracycline.</i>								
8071T	Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL and 1 single use vial solvent 1.5 mL	2	..	..	*833.84	20.00	Taxotere	RR

continued

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DOCETAXEL—cont.								
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 ❖								
<i>Advanced metastatic breast cancer after failure of standard therapy which includes an anthracycline;</i>								
<i>Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound;</i>								
<i>Primary treatment of ovarian cancer in combination with a platinum compound.</i>								
3026G	Solution for I.V. infusion 30 mg in 5 mL	5	..	..	*1281.84	20.00	^a Anzatax ^a Taxol	FA BQ
8018B	Solution for I.V. infusion 100 mg in 16.7 mL	2	..	..	*1708.08	20.00	Taxol	BQ
3017T	Solution for I.V. infusion 150 mg in 25 mL	1	..	..	1281.84	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	..	..	*170.38	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	..	..	*292.34	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	..	..	*507.08	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 ❖								
<i>Acute myelogenous leukaemia.</i>								
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

continued

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
IDARUBICIN HYDROCHLORIDE—cont.								
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								
<i>See Special Pharmaceutical Benefits</i>								
Other antineoplastic agents								
• Platinum compounds								
CARBOPLATIN								
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*79.66	20.00	^a BL ^a PU	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*522.02	20.00	^a BL ^a PU	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*333.90	20.00	^a BL ^a PU	
CISPLATIN								
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	14.15	15.00	^a BL ^a PU	
2579R	I.V. injection 50 mg in 50 mL	1	..	..	30.66	20.00	^a BL ^a PU	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.67	20.00	BL	
• Other antineoplastic agents								
ALTRETAMINE								
<i>(Hexamethylmelamine)</i>								
❖ Restricted benefit ❖								
<i>Advanced metastatic ovarian carcinoma after failure of platinum-based therapy and paclitaxel.</i>								
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 ❖								
<i>Use in combination with fluorouracil as adjuvant treatment after surgical resection of Dukes' stage C colon cancer.</i>								
8065L	Tablet 50 mg (base)	36	2	..	190.24	20.00	Ergamisol 50 mg	JC

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
TOPOTECAN HYDROCHLORIDE								
❖ Authority required ❖								
<i>Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound or failure of subsequent therapy.</i>								
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 ❖								
<i>Carcinoma of the prostate.</i>								
1353F	Tablet 120 mg	100	5	..	*82.44	20.00	Horwan	AA
• Progestogens								
MEDROXYPROGESTERONE ACETATE								
❖ Restricted benefit ❖								
<i>Advanced breast cancer.</i>								
2728N	Tablet 500 mg	30	2	..	116.38	20.00	Provera	UP
❖ Restricted benefit ❖								
<i>Breast cancer; Endometrial cancer.</i>								
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
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
MEGESTROL ACETATE								
❖ Restricted benefit ❖								
<i>Advanced breast cancer.</i>								
2731R	Tablet 40 mg	100	2	..	45.59	20.00	Megostat	BQ
2734X	Tablet 160 mg	30	2	..	73.09	20.00	Megostat	BQ
• Gonadotrophin releasing hormone analogues								
GOSERELIN ACETATE								
❖ Authority required ❖								
<i>Advanced carcinoma of the prostate; Treatment of premenopausal women with advanced breast cancer; Short-term treatment (up to six months) of visually proven endometriosis (only the one authority for up to six months' therapy will be authorised).</i>								

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1454M	GOSERELIN ACETATE—cont. Subcutaneous implant 3.6 mg (base) in pre-filled injection syringe	1	5	..	361.19	20.00	Zoladex Implant	IC
	❖ Authority required ❖ <i>Advanced carcinoma of the prostate.</i>							
8093Y	Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe	1	1	..	1159.34	20.00	Zoladex 10.8 Implant	IC
	LEUPRORELIN ACETATE ❖ Authority required ❖ <i>Advanced carcinoma of the prostate.</i>							
1565J	I.M. injection (modified release), set containing 1 vial powder for injection 7.5 mg, 1 ampoule diluent 1.5 mL and 1 syringe with 2 needles	1	5	..	433.79	20.00	Lucrin Depot	AB
8211E	I.M. injection (modified release), set containing 1 vial powder for injection 22.5 mg, 1 ampoule diluent 2 mL and 1 syringe with 2 needles	1	1	..	1159.34	20.00	Lucrin Depot 3 Month Injection	AB
	• Other hormones FLUOXYMESTERONE ❖ Authority required ❖ <i>Carcinoma of the breast.</i>							
1435M	Tablet 5 mg	100	3	..	20.09	20.00	Halotestin	UP
	Hormone antagonists and related agents • Anti-estrogens TAMOXIFEN CITRATE ❖ Restricted benefit ❖ <i>Treatment of breast cancer.</i>							
2109B	Tablet 10 mg (base)	60	5	..	*53.84	20.00	^a Estroxyn 10	PU
				..	53.84	20.00	^a Nolvadex	IC
							^a Genox 10	AF
							^a Tamoxen 10 mg	DP
2110C	Tablet 20 mg (base)	60	5	..	*90.14	20.00	^a Estroxyn 20	PU
							^a Nolvadex-D	IC
				..	90.14	20.00	^a Tamoxin	SI
							^a Genox 20	AF
							^a Tamoxen 20 mg	DP
	TOREMIFENE CITRATE ❖ Restricted benefit ❖ <i>Hormone-dependent metastatic breast cancer in post-menopausal patients.</i>							
8216K	Tablet 60 mg (base)	30	5	..	76.31	20.00	Fareston	SH

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Anti-androgens BICALUTAMIDE ❖ Authority required ❖ <i>For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.</i>								
8094B	Tablet 50 mg	28	5	..	225.80	20.00	Cosudex	IC
CYPROTERONE ACETATE ❖ Authority required ❖ <i>Advanced carcinoma of the prostate; To reduce drive in sexual deviations in males.</i>								
1270W	Tablet 50 mg	100	5	.. B 1.80	*292.34 *294.14	20.00 20.00	^a Cyprone ^a Androcur	AF SC
8019C	Tablet 100 mg	50	5	..	238.09	20.00	Androcur-100	SC
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
FLUTAMIDE ❖ Authority required ❖ <i>For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.</i>								
1417N	Tablet 250 mg	100	5	..	264.56	20.00	^a Eulexin ^a Fugerel	SH EX
NILUTAMIDE ❖ Authority required ❖ <i>For use in conjunction with LHRH agonists or orchidectomy for the treatment of advanced prostatic carcinoma.</i>								
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 ❖ Restricted benefit ❖ <i>Treatment of advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.</i>								
8179L	Tablet 1 mg	28	2	..	211.34	20.00	Arimidex	IC
LETROZOLE ❖ Restricted benefit ❖ <i>Treatment of advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.</i>								
8245Y	Tablet 2.5 mg	30	2	..	224.83	20.00	Femara 2.5 mg	NV

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
IMMUNOMODULATING AGENTS								
Immunostimulating agents								
• Cytokines								
INTERFERON ALFA-2a								
❖ Authority required ❖								
<i>Hairy cell leukaemia;</i>								
➤ <i>Myeloproliferative disease with excessive thrombocytosis.</i>								
8180M	<i>Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	15	4	..	*463.64	20.00	<i>Roferon-A</i>	RO
❖ Authority required ❖								
<i>Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.</i>								
8181N	<i>Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	15	5	..	*463.64	20.00	<i>Roferon-A</i>	RO
8182P	<i>Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	5	5	..	*241.04	20.00	<i>Roferon-A</i>	RO
8183Q	<i>Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	5	5	..	*313.94	20.00	<i>Roferon-A</i>	RO
8184R	<i>Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	5	5	..	*463.59	20.00	<i>Roferon-A</i>	RO
INTERFERON ALFA-2b								
❖ Authority required ❖								
<i>Hairy cell leukaemia.</i>								
8275M	<i>Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial</i>	15	4	..	*463.61	20.00	<i>Intron A</i>	SH
❖ Authority required ❖								
<i>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.</i>								
8276N	<i>Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial</i>	15	5	..	*463.61	20.00	<i>Intron A</i>	SH
8277P	<i>Solution for injection 5,000,000 i.u. in 0.5 mL single dose vial</i>	15	5	..	*769.79	20.00	<i>Intron A</i>	SH

continued ➤

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
8241R	INTERFERON ALFA-2b—cont. Solution for injection 18,000,000 i.u. in 3 mL multi-dose vial	3	5	..	*555.47	20.00	Intron A	SH
8242T	Solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial	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
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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.

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 9,600,000 i.u. (providing a final dose of 8,000,000 i.u.) and 1 vial solvent 2 mL	15	5	..	1264.34	20.00	Betaferon	SC
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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Other immunostimulating agents BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain) ❖ Restricted benefit ❖ Treatment of carcinoma in situ of the urinary bladder.								
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	Vial 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								
2688L	AZATHIOPRINE 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

MUSCULO-SKELETAL SYSTEM

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

Antinflammatory and antirheumatic products, non-steroids

• Acetic acid derivatives and related substances

1331C	DICLOFENAC POTASSIUM 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
1302M	DICLOFENAC SODIUM Suppository 100 mg	40	3	..	*22.82	20.00	Voltaren	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	B 1.10	*13.44 *14.54	14.29 14.29	^a Diclohexal ^a Voltaren 25	HX CG
1300K	Tablet 50 mg (enteric coated)	50	3	B 1.75	10.69 12.44	11.54 11.54	^a Diclohexal ^a Fenac ^a Voltaren 50	HX AF CG
2757D	INDOMETHACIN Suppository 100 mg	40	3	..	*19.24	20.00	Indocid	MK

INDOMETHACIN

❖ Restricted benefit ❖

*Chronic arthropathies (including osteoarthritis) with an inflammatory component;
Bone pain due to malignant disease.*

2454E	Capsule 25 mg	100	3	B 2.56	*7.64 *10.20	8.49 8.49	^a Arthrexin ^a Indocid	AF MK
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SULINDAC

❖ Restricted benefit ❖

*Chronic arthropathies (including osteoarthritis) with an inflammatory component;
Bone pain due to malignant disease.*

2047R	Tablet 100 mg	100	3	B 1.02	*14.46 *15.48	15.31 15.31	^a Aclin ^a Clinoril	AF FR
2048T	Tablet 200 mg	50	3	B 1.54	13.36 14.90	14.21 14.21	^a Aclin 200 ^a Clinoril 200	AF FR

• Oxicams

PIROXICAM

❖ Restricted benefit ❖

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
PIROXICAM—cont.							
1895R	Dispersible tablet 10 mg	50	3	..	12.70	13.55	^a Candyl-D 10 mg DP ^a Mobilis D-10 AF ^a Pirohexal-D HX ^a Rosig-D SI ^a Feldene-D PF
				^B 1.80	14.50	13.55	
1896T	Dispersible tablet 20 mg	25	3	..	12.26	13.11	^a Candyl-D 20 mg DP ^a Mobilis D-20 AF ^a Pirohexal-D HX ^a Rosig-D SI ^a Feldene-D PF
				^B 1.90	14.16	13.11	
1897W	Capsule 10 mg	50	3	..	12.70	13.55	^a Candyl 10 mg DP ^a Mobilis 10 AF ^a Rosig SI ^a Feldene PF
				^B 1.80	14.50	13.55	
1898X	Capsule 20 mg	25	3	..	12.26	13.11	^a Candyl 20 mg DP ^a Mobilis 20 AF ^a Rosig SI ^a Feldene PF
				^B 1.90	14.16	13.11	
TENOXICAM							
❖ Restricted benefit ❖							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
2104R	Tablet 10 mg	50	3	..	13.26	14.11	Tilcotil RO
• Propionic acid derivatives							
3192B	IBUPROFEN Tablets 400 mg, 20	‡1	..	..	6.28	7.13	Brufen KN
IBUPROFEN							
❖ Restricted benefit ❖							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
3198H	Tablet 200 mg	100	3	..	*8.82	9.67	Rafen 200 AF
3190X	Tablet 400 mg	100	3	..	*12.08	12.93	Brufen KN
8042G	KETOPROFEN 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
KETOPROFEN							
❖ Restricted benefit ❖							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>							
1586L	Capsule 50 mg	50	3	..	9.53	10.38	Orudis RR

continued

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
1589P	KETOPROFEN—cont. Capsule 100 mg (sustained release)	50	3	B 1.60	13.80 15.40	14.65 14.65	^a Oruwall SR MB ^a Orudis SR RR
1590Q	Capsule 200 mg (sustained release)	28	3	B 1.36	14.93 16.29	15.78 15.78	^a Oruwall SR MB ^a Orudis SR 200 RR
1662L	NAPROXEN Suppository 500 mg	40	3	..	*19.24	20.00	Naprosyn SD

NAPROXEN❖ **Restricted benefit** ❖

*Chronic arthropathies (including osteoarthritis) with an inflammatory component;
Bone pain due to malignant disease.*

1674D	Tablet 250 mg	100	3	B 3.02	*14.26 *17.28	15.11 15.11	^a Inza 250 AF ^a Naprosyn SD
1659H	Tablet 500 mg	50	3	B 1.71	13.15 14.86	14.00 14.00	^a Inza 500 AF ^a Naprosyn SD
1614Y	Tablet 750 mg (sustained release)	28	3	B 1.68	12.19 13.87	13.04 13.04	^a Proxen SR 750 MD ^a Naprosyn SR750 SD
1615B	Tablet 1 g (sustained release)	28	3	.. B 1.77	14.81 16.58	15.66 15.66	^a Proxen SR 1000 MD ^a Naprosyn SR1000 SD
1658G	Oral suspension 125 mg per 5 mL, 500 mL	‡1	3	..	18.96	19.81	Naprosyn SD

NAPROXEN SODIUM❖ **Restricted benefit** ❖

*Chronic arthropathies (including osteoarthritis) with an inflammatory component;
Bone pain due to malignant disease.*

1795L	Tablet 550 mg NOTE: Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.	50	3	..	13.15	14.00	Anaprox 550 SD
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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

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Fenamates MEFENAMIC ACID ❖ Restricted benefit ❖ <i>Dysmenorrhoea; Menorrhagia.</i>								
1824B	Capsule 250 mg	50	2	..	14.19	15.04	^a Mefic ^a Ponstan	WW PD
Other antiinflammatory and antirheumatic agents, non-steroids DIFLUNISAL ❖ Restricted benefit ❖ <i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
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	..	35.14	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	..	29.49	20.00	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	41.74	20.00	D-Penamine	DL

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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								
2729P	BACLOFEN Tablet 10 mg	100	5	B ₁ .. 1.10	39.54 40.64	20.00 20.00	^a Clofen 10 ^a Lioresal 10	AF CG
2730Q	Tablet 25 mg	100	5	B ₁ .. 1.10	81.34 82.44	20.00 20.00	^a Clofen 25 ^a Lioresal 25	AF CG
Muscle relaxants, directly acting agents								
• Dantrolene and derivatives								
DANTROLENE SODIUM								
❖ Restricted benefit ❖								
<i>Treatment of chronic spasticity.</i>								
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	 B ₁ 1.68	*13.62 13.62 *15.30	14.47 14.47 14.47	^a Pro gout 100 ^a Allohexal ^a Allorin 100 mg ^a SBPA Allopurinol Zyloprim	AF HX DP SL GW
2604C	Tablet 300 mg	60	2	 B ₁ 1.66	*9.84 9.84 11.50	10.69 10.69 10.69	^a Pro gout 300 ^a Allohexal ^a Allorin 300 mg ^a SBPA Allopurinol Zyloprim	AF HX DP SL GW
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 ❖								
<i>Glomerulonephritis; Gout; Renal transplantation.</i>								
2094F	Tablet 100 mg	100	5	..	33.12	20.00	Anturan	CG

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Preparations with no effect on uric acid metabolism								
1227N	COLCHICINE Tablet 500 micrograms	100	2	..	7.71	8.56	Colgout	RR
DRUGS FOR TREATMENT OF BONE DISEASES								
Drugs affecting mineralization								
• Bisphosphonates								
ALENDRONATE SODIUM								
❖ Authority required ❖								
<i>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.</i>								
<i>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.</i>								
8102K	Tablet equivalent to 10 mg alendronic acid	30	5	..	61.54	20.00	Fosamax 10 mg	MK
❖ Authority required ❖								
<i>Symptomatic Paget's disease of bone.</i>								
8090T	Tablet equivalent to 40 mg alendronic acid	30	5	..	140.71	20.00	Fosamax 40 mg	MK
DISODIUM ETIDRONATE								
❖ Authority required ❖								
<i>Symptomatic Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects;</i>								
<i>Heterotopic ossification.</i>								
2920G	Tablet 200 mg	60	5	..	116.73	20.00	Didronel	PU
DISODIUM PAMIDRONATE								
❖ Authority required ❖								
<i>Symptomatic Paget's disease of bone.</i>								
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 ❖								
<i>Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.</i>								
8132B	Capsule equivalent to 400 mg sodium clodronate	100	2	..	342.34	20.00	Bonefos	RR

continued

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
8265B	SODIUM CLODRONATE TETRAHYDRATE—cont. Tablet equivalent to 800 mg sodium clodronate	60	2	..	393.89	20.00	Bonefos 800 mg	RR
	TILUDRONATE DISODIUM ❖ Authority required ❖ <i>Symptomatic Paget's disease of bone.</i>							
8267D	Tablet equivalent to 200 mg tiludronic acid	56	2	..	278.74	20.00	Skelid	SW
	• Bisphosphonates and calcium, sequential preparations DISODIUM ETIDRONATE and CALCIUM CARBONATE ❖ Authority required ❖ <i>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.</i>							
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 ❖ <i>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.</i>							
2502G	Capsule 0.25 microgram	100	5	..	62.64	20.00	^a Rocaltrol a Sitriol	RO AF
	CALCIUM ❖ Restricted benefit ❖ <i>Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.</i>							
3116B	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*12.32	13.17	Cal-Sup	MM

continued

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3117C	CALCIUM—cont. Tablet 600 mg (as carbonate)	120	1	..	12.14	12.99	Caltrate	WT

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 Quinbisul Bi-Quinate	FM AF RR
				^B 0.55	10.23	10.53		

QUININE SULFATE

CAUTION:

Severe thrombocytopenia has been reported with this drug.

1975Y	Tablet 300 mg	50	2	..	9.68	10.53	^a Quinocet ^a Quinsul ^a Quinate	FM AF RR
				^B 0.55	10.23	10.53		

NERVOUS SYSTEM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
ANALGESICS							
Opioids							
• Natural opium alkaloids							
1214X	CODEINE PHOSPHATE Tablet 30 mg	20	..	..	9.07	9.92	FM
1222H	CODEINE PHOSPHATE with ASPIRIN 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.							
1215Y	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg	20	..	..	6.86	7.71	^a Codalgin Forte FM
				^B 0.79	7.65	7.71	^a Panadeine Forte Caplets SW ^a Dymadon 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.							
MORPHINE HYDROCHLORIDE							
CAUTION: <i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE: <i>Authorities for increased maximum quantities and/or repeats will be granted only for</i> <i>(i) severe disabling pain associated with proven malignant neoplasia;</i> <i>or</i> <i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2122G	Oral solution 2 mg per mL, 200 mL	1	..	..	14.37	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
MORPHINE SULFATE							
CAUTION: <i>The risk of drug dependence is high.</i>							
1644M	Injection 10 mg in 1 mL	5	..	..	10.41	11.26	BL SI
1645N	Injection 15 mg in 1 mL	5	..	..	10.74	11.59	BL SI

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1647Q	MORPHINE SULFATE—cont. Injection 30 mg in 1 mL	5	..	..	11.99	12.84	BL	
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>								
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>								
<i>or</i>								
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>								
1646P	Tablet 30 mg	20	..	..	11.33	12.18	Anamorph	FM
❖ Restricted benefit ❖								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>								
<i>(i) chronic severe disabling pain associated with proven malignant neoplasia; or</i>								
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>								
8035X	Tablet 5 mg (controlled release)	20	..	..	11.08	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 TARTRATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
1607N	Injection 120 mg in 1.5 mL	5	..	..	19.56	20.00	BL	

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
OXYCODONE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>							
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2481N	Suppository 30 mg	12	..	..	17.23	18.08	Proladone KN
OXYCODONE HYDROCHLORIDE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>							
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>							
<i>or</i>							
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>							
2622B	Tablet 5 mg	20	..	..	9.27	10.12	Endone BT
• Phenylpiperidine derivatives							
PETHIDINE HYDROCHLORIDE							
CAUTION:							
<i>The risk of drug dependence is high.</i>							
❖ Restricted benefit ❖							
<i>Short-term treatment of acute pain.</i>							
NOTE:							
<i>Authorities for increased maximum quantities and/or repeats will not be authorised.</i>							
1828F	Injection 50 mg in 1 mL	5	..	..	9.53	10.38	BL SI
1829G	Injection 100 mg in 2 mL	5	..	..	9.97	10.82	BL SI

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Diphenylpropylamine derivatives								
METHADONE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>								
<i>(i) severe disabling pain associated with proven malignant neoplasia;</i>								
<i>or</i>								
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>								
1608P	Tablet 5 mg	20	..	..	9.27	10.12	Physeptone	GW
1609G	Tablet 10 mg	20	..	..	9.96	10.81	Physeptone	GW
1606M	Injection 10 mg in 1 mL	5	..	..	11.79	12.64	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)	96	1	..	6.02	6.87	Solprin	RC
• 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	..	17.71	18.56	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	..	*34.78	20.00	Deseril	NV

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1635C	METHYLPHENOBARBITONE—cont. Tablet 200 mg	200	2	..	47.16	20.00	Prominal	SW
	PHENOBARBITONE ❖ Restricted benefit ❖ Epilepsy.							
1850J	Tablet 30 mg	200	4	..	8.59	9.44	SI	
	PHENOBARBITONE SODIUM ❖ Restricted benefit ❖ Epilepsy.							
1853M	Injection 200 mg in 1 mL	5	..	..	17.10	17.95	FM	
1939C	PRIMIDONE Tablet 250 mg	200	2	..	19.63	20.00	Mysoline	IC
	• Hydantoin derivatives							
1249R	PHENYTOIN Tablet 50 mg	200	2	..	26.34	20.00	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	18.31	19.16	Dilantin	PD
1873N	PHENYTOIN SODIUM Capsule 30 mg	200	2	..	25.13	20.00	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	26.34	20.00	Dilantin Sodium	PD
	• Succinimide derivatives							
1413J	ETHOSUXIMIDE Capsule 250 mg	200	2	..	48.23	20.00	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	26.12	20.00	Zarontin	PD
	• Benzodiazepine derivatives							
	CLONAZEPAM ❖ 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
	❖ Authority required ❖ Epilepsy.							
1805B	Tablet 500 micrograms	200	2	B .. 4.00	*23.04 *27.04	20.00 20.00	^a Paxam 0.5 ^a Rivotril	AF RO
1806C	Tablet 2 mg	200	2	B .. 4.00	*39.54 *43.54	20.00 20.00	^a Paxam 2 ^a Rivotril	AF RO
1808E	Paediatric oral drops 2.5 mg in 1 mL, 10 mL	2	..	..	*12.26	13.11	Rivotril	RO

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
NITRAZEPAM								
❖ Authority required ❖								
<i>Myoclonic epilepsy;</i>								
<i>Malignant neoplasia (late stage);</i>								
<i>For use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;</i>								
<i>For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.</i>								
2732T	Tablet 5 mg	50	5	.. B 2.24	*8.34 *10.58	9.19 9.19	^a Alodorm ^a Mogadon	AF RO
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
• Carboxamide derivatives								
CARBAMAZEPINE								
2422L	Tablet 100 mg	200	2	..	21.28	20.00	Tegretol 100	CG
2419H	Tablet 200 mg	200	2	.. B 1.18	36.64 37.82	20.00 20.00	^a Teril ^a Tegretol 200	AF 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	.. B 1.00	*36.94 *37.94	20.00 20.00	^a Valpro 200 ^a Epilim EC	AF RC
2290M	Tablet 500 mg (enteric coated)	200	2	.. B 1.00	*68.84 *69.84	20.00 20.00	^a Valpro 500 ^a Epilim EC	AF 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
TIAGABINE HYDROCHLORIDE								
❖ Authority required ❖								
<i>Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
8221G	Tablet 5 mg (base)	100	5	..	87.36	20.00	Gabitril	SW
8222R	Tablet 10 mg (base)	100	5	..	170.35	20.00	Gabitril	SW
8223T	Tablet 15 mg (base)	100	5	..	239.40	20.00	Gabitril	SW

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VIGABATRIN								
❖ Authority required ❖								
<i>Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
2667J	Tablet 500 mg	120	5	..	131.94	20.00	Sabril	ML
2668K	Oral powder, sachet 500 mg	60	5	..	73.09	20.00	Sabril	ML
• Other antiepileptics								
GABAPENTIN								
❖ Authority required ❖								
<i>Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
1834M	Capsule 300 mg	100	5	..	110.71	20.00	Neurontin	PD
1835N	Capsule 400 mg	100	5	..	146.13	20.00	Neurontin	PD
LAMOTRIGINE								
❖ Authority required ❖								
<i>Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
8063J	Tablet 5 mg	56	5	..	20.84	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 ❖								
<i>Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
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	..	10.83	11.68	Artane	LE
1110K	Tablet 5 mg	200	1	..	12.74	13.59	Artane	LE

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2544X	BIPERIDEN HYDROCHLORIDE Tablet 2 mg	200	2	..	*18.64	19.49	Akineton	KN
1943G	PROCYCLIDINE HYDROCHLORIDE Tablet 5 mg	200	2	..	*14.02	14.87	Kemadrin	GW
• Ethers of tropine or tropine derivatives								
2362H	BENZTROPINE MESYLATE 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								
8218M	LEVODOPA with BENSERAZIDE Dispersible tablet 50 mg-12.5 mg	100	5	..	20.73	20.00	Madopar Rapid 62.5	RO
8219N	Dispersible tablet 100 mg-25 mg	100	5	..	36.46	20.00	Madopar Rapid 125	RO
2229H	Tablet 100 mg-25 mg	100	5	..	36.46	20.00	Madopar 125	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 62.5	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.46	20.00	Madopar 125	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
1244L	LEVODOPA with CARBIDOPA 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 ^a Sinemet 100/25	AF AD MK
1245M	Tablet 250 mg-25 mg	100	5	..	49.66	20.00	^a Sinacarb 250/25 ^a Sinemet	AD MK
LEVODOPA with CARBIDOPA								
❖ Authority required ❖								
<i>Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.</i>								
1255C	Tablet 200 mg-50 mg (modified release)	100	5	..	64.84	20.00	Sinemet CR	MK

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Adamantane derivatives AMANTADINE HYDROCHLORIDE ♦ Restricted benefit ♦ <i>Parkinson's disease which is not drug induced.</i>								
3016R	Capsule 100 mg	100	5	..	42.29	20.00	Symmetrel	CG
• Dopamine agonists BROMOCRIPTINE MESYLATE ♦ Authority required ♦ <i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
1443Y	Tablet 2.5 mg	60	5	..	37.65	20.00	^a Bromolactin ^a Kripton 2.5 ^a Parlodel	SI AF SZ
				^B 1.51	39.16	20.00		
1446D	Capsule 5 mg	60	5	..	69.83	20.00	^a Bromolactin ^a Kripton 5 ^a Parlodel	SI AF SZ
				^B 1.50	71.33	20.00		
1445C	Capsule 10 mg	100	5	..	233.40	20.00	^a Kripton 10 ^a Parlodel	AF SZ
				^B 0.75	234.15	20.00		
[For other listings for this drug see Generic/Proprietary Index]								
PERGOLIDE MESYLATE ♦ Authority required ♦ <i>Treatment of Parkinson's disease as adjunctive therapy in combination with levodopa—decarboxylase inhibitor combinations.</i>								
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 ♦ <i>Adjunctive therapy in late stage Parkinson's disease in patients being treated with levodopa with benserazide or levodopa with carbidopa.</i>								
1973W	Tablet 5 mg	100	5	..	69.79	20.00	^a Selgene ^a Eldepryl	AF RC
				^B 1.00	70.79	20.00		
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

continued ➡

NERVOUS SYSTEM—cont.

NEUROPSYCHOTROPIC DRUGS								
Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CHLORPROMAZINE HYDROCHLORIDE—cont.								
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
• <i>Phenothiazine with piperazine structure</i>								
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
• <i>Phenothiazine with piperidine structure</i>								
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	^B 0.75	7.46 8.21	8.31 8.31	^a Aldazine 10 ^a Melleril	AF SZ
2359E	Tablet 25 mg	100	5	^B 0.75	8.96 9.71	9.81 9.81	^a Aldazine 25 ^a Melleril	AF SZ
2164X	Tablet 50 mg	100	5	^B 0.75	9.33 10.08	10.18 10.18	^a Aldazine 50 ^a Melleril	AF SZ
2165Y	Tablet 100 mg	100	5	^B 0.74	12.88 13.62	13.73 13.73	^a Aldazine 100 ^a Melleril	AF SZ
• <i>Butyrophenone derivatives</i>								
HALOPERIDOL								
2761H	Tablet 500 micrograms	100	5	..	7.94	8.79	Serenace	SR
2767P	Tablet 1.5 mg	100	5	..	8.40	9.25	Serenace	SR
2770T	Tablet 5 mg	50	5	..	8.41	9.26	Serenace	SR

continued

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2762J	HALOPERIDOL—cont. Oral liquid 2 mg per mL, 15 mL	‡1	5	..	9.40	10.25	Serenace	SR
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	14.17	15.02	Serenace	SR
2768Q	Injection 5 mg in 1 mL	10	..	..	14.25	15.10	Serenace	SR
2765M	HALOPERIDOL DECANOATE 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.								
8170B	Tablet 2.5 mg	30	5	..	63.91	20.00	Zyprexa	LY
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

continued ➡

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3172Y	RISPERIDONE—cont. 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
Anxiolytics								
• Benzodiazepine derivatives								
ALPRAZOLAM								
❖ Authority required ❖								
<i>Panic disorder with or without agoraphobia where other treatments have failed or are inappropriate.</i>								
2130D	Tablet 250 micrograms	50	..	..	8.63	9.48	^a Kalma 0.25	AF
				^B 0.94	9.57	9.48	^a Ralozam	KR
							^a Xanax	UP
2131E	Tablet 500 micrograms	50	..	..	11.27	12.12	^a Kalma 0.5	AF
				^B 0.96	12.23	12.12	^a Ralozam	KR
							^a Xanax	UP
2132F	Tablet 1 mg	50	2	..	16.44	17.29	^a Kalma 1	AF
				^B 0.99	17.43	17.29	^a Ralozam	KR
							^a Xanax	UP
8118G	Tablet 2 mg	50	2	..	23.04	20.00	^a Kalma 2	AF
				^B 1.10	24.14	20.00	^a Xanax	UP
							Tri-Score	
DIAZEPAM								
3161J	Tablet 2 mg	50	..	..	6.46	7.31	^a Antenex 2	AF
				^B 0.89	7.35	7.31	Ducene	SU
				^B 1.28	7.74	7.31	^a Valium	RO
3162K	Tablet 5 mg	50	..	..	6.71	7.56	^a Antenex 5	AF
				^B 0.90	7.61	7.56	Ducene	SU
				^B 1.29	8.00	7.56	^a Valium	RO
2558P	Injection 10 mg in 2 mL	5	..	..	8.91	9.76	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								
3132W	Tablet 15 mg	25	..	..	5.66	6.51	^a Alepam 15	AF
				^B 1.41	7.07	6.51	^a Murelax	AY
							^a Serepax	WY
3133X	Tablet 30 mg	25	..	..	5.88	6.73	^a Alepam 30	AF
				^B 1.41	7.29	6.73	^a Murelax	AY
							^a Serepax	WY

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
OXAZEPAM—cont.							
NOTE: Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam below.							
OXAZEPAM							
❖ Authority required ❖							
<i>Malignant neoplasia (late stage); For use by patients who are receiving long-term nursing care in hospitals or nursing homes and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.</i>							
3134Y	Tablet 15 mg	50	5	.. B 2.82	*6.98 *9.80	7.83 7.83	^a Alepam 15 ^a Murelax ^a Serepax AF AY WY
3135B	Tablet 30 mg	50	5	.. B 2.82	*7.42 *10.24	8.27 8.27	^a Alepam 30 ^a Murelax ^a Serepax AF AY WY
• Other anxiolytics							
CLOMIPRAMINE HYDROCHLORIDE							
❖ Restricted benefit ❖							
<i>Catatlexy associated with narcolepsy; Obsessive-compulsive disorder; Phobic disorders in adults.</i>							
1561E	Tablet 25 mg	50	2	.. B 1.19	18.64 19.83	19.49 19.49	^a Placil ^a Anafranil AF CG
Hypnotics and sedatives							
• Benzodiazepine derivatives							
NITRAZEPAM							
2723H	Tablet 5 mg	25	..	.. B 1.12	6.34 7.46	7.19 7.19	^a Alodorm ^a Mogadon AF RO
NOTE: Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam below.							

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
NITRAZEPAM—cont.								
❖ Authority required ❖								
<i>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.</i>								
2732T	Tablet 5 mg	50	5	.. B 2.24	*8.34 *10.58	9.19 9.19	^a Alodorm ^a Mogadon	AF RO
2089Y	TEMAZEPAM Tablet 10 mg	25	..	.. B 1.00	6.34 7.34	7.19 7.19	^a Temaze ^a Temtabs ^a Normison	AF WX WY
2108Y	Capsule 10 mg	25	..	.. B 1.00	6.34 7.34	7.19 7.19	^b Euhypnos ^a Nocturne ^b Nomapam 10 ^a Temaze 10 ^a Normison	SI WX AD AF WY

NOTE:

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

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	.. B 2.00	*8.34 *10.34	9.19 9.19	^a Temaze ^a Temtabs ^a Normison	AF WX WY
2105T	Capsule 10 mg	50	5	.. B 2.00	*8.34 *10.34	9.19 9.19	^b Euhypnos ^a Nocturne ^b Nomapam 10 ^a Temaze 10 ^a Normison	SI WX AD AF WY

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
PSYCHOANALEPTICS							
Antidepressants							
• <i>Non-selective monoamine reuptake inhibitors</i>							
AMITRIPTYLINE HYDROCHLORIDE							
2417F	Tablet 10 mg	50	2	.. B 0.60	5.48 6.08	6.33 6.33	Endep 10 ^a Tryptine 10 ^a Tryptanol AF AD MK
2418G	Tablet 25 mg	50	2	.. B 0.61	6.00 6.61	6.85 6.85	^a Endep 25 ^a Tryptine 25 ^a Tryptanol AF AD MK
2429W	Tablet 50 mg	50	2	..	7.16	8.01	Endep 50 AF
CLOMIPRAMINE HYDROCHLORIDE							
❖ Restricted benefit ❖							
<i>Cataplexy associated with narcolepsy; Obsessive-compulsive disorder; Phobic disorders in adults.</i>							
1561E	Tablet 25 mg	50	2	.. B 1.19	18.64 19.83	19.49 19.49	^a Placil ^a Anafranil AF CG
DESIPRAMINE HYDROCHLORIDE							
2972K	Tablet 25 mg	50	2	..	7.42	8.27	Pertofran CG
DOTHIEPIN HYDROCHLORIDE							
1357K	Capsule 25 mg	50	2	.. B 1.38	7.05 8.43	7.90 7.90	^a Dothep 25 ^a Prothiaden AF KN
1358L	Tablet 75 mg	30	2	.. B 1.76	7.35 9.11	8.20 8.20	^a Dothep 75 ^a Prothiaden AF KN
DOXEPIN HYDROCHLORIDE							
1012G	Tablet 50 mg (base)	50	2	..	7.70	8.55	Deptran 50 AF
1011F	Capsule 10 mg (base)	50	2	.. B 1.00	6.13 7.13	6.98 6.98	Deptran 10 Sinequan AF PF
1013H	Capsule 25 mg (base)	50	2	.. B 1.00	6.44 7.44	7.29 7.29	Deptran 25 Sinequan AF 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	41	4	..	8.66	9.51	Allegron DL
TRIMIPRAMINE MALEATE							
2969G	Capsule 50 mg (base)	50	2	..	7.16	8.01	Surmontil RR

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VENLAFAXINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Major depressive disorders.</i>								
8068P	Tablet 37.5 mg (base)	56	5	..	43.01	20.00	Efexor	WY
8069G	Tablet 75 mg (base)	56	5	..	51.74	20.00	Efexor	WY
• Selective serotonin reuptake inhibitors								
CITALOPRAM HYDROBROMIDE								
❖ Restricted benefit ❖								
<i>Major depressive disorders.</i>								
8220P	Tablet 20 mg (base)	28	5	..	34.04	20.00	Cipramil	LU
FLUOXETINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Major depressive disorders; Obsessive-compulsive disorder.</i>								
8270G	Tablet 20 mg (base) (dispersible)	28	5	^B 1.51	34.04 35.55	20.00 20.00	^a Lovan 20 Tab ^a Prozac Tab	AD LY
1434L	Capsule 20 mg (base)	28	5	..	34.04	20.00	^a Erocap ^a Fluohexal ^a Lovan ^a Zactin ^a Prozac 20	DP HX AD AF LY
1809F	Oral solution 20 mg (base) per 5 mL, 140 mL	‡1	5	..	45.68	20.00	Prozac Liquid	LY
FLUVOXAMINE MALEATE								
❖ Restricted benefit ❖								
<i>Major depressive disorders; Obsessive-compulsive disorder.</i>								
8174F	Tablet 100 mg	30	5	..	36.16	20.00	Luvox	SM
PAROXETINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Major depressive disorders; Obsessive-compulsive disorder.</i>								
2242B	Tablet 20 mg (base)	30	5	..	38.18	20.00	Aropax	SK
SERTRALINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Major depressive disorders.</i>								
2236G	Tablet 50 mg (base)	28	5	..	36.55	20.00	Zoloft	PF
2237R	Tablet 100 mg (base)	28	5	..	36.55	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

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
TRANLYCYPROMINE 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 ❖								
<i>Major depressive disorders.</i>								
1900B	Tablet 150 mg	60	5	..	31.81	20.00	^a Arima ^a Aurorix	AF RO
8003F	Tablet 300 mg	60	5	..	59.29	20.00	Aurorix 300 mg	RO
• Other antidepressants								
LITHIUM CARBONATE								
3059B	Tablet 250 mg	200	2	..	*11.44	12.29	Lithicarb	RR
MIANSERIN HYDROCHLORIDE								
CAUTION:								
<i>Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.</i>								
❖ Restricted benefit ❖								
<i>Severe depression.</i>								
1627P	Tablet 10 mg	50	5	..	14.24	15.09	^a Lerivon ^a Lumin 10	OP AF
				^B 1.00	15.24	15.09	^a Tolvon	OR
1628Q	Tablet 20 mg	50	5	..	25.24	20.00	^a Lerivon ^a Lumin 20	OP AF
				^B 1.00	26.24	20.00	^a Tolvon	OR
NEFAZODONE HYDROCHLORIDE								
❖ Restricted benefit ❖								
<i>Major depressive disorders.</i>								
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

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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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
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OTHER NERVOUS SYSTEM DRUGS**Parasympathomimetics**• **Anticholinesterases****PYRIDOSTIGMINE BROMIDE**

2724J	Tablet 10 mg	100	5	..	16.20	17.05	Mestinon	DT
1959D	Tablet 60 mg	150	5	..	50.76	20.00	Mestinon	DT
2608G	Tablet 180 mg (sustained release)	100	5	..	97.18	20.00	Mestinon	DT

• **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

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTIPROTOZOALS								
Agents against amoebiasis and other protozoal diseases								
• Nitroimidazole derivatives								
METRONIDAZOLE								
<i>For listings see Generic/Proprietary Index</i>								
METRONIDAZOLE BENZOATE								
<i>For listings see Generic/Proprietary Index</i>								
TINIDAZOLE								
<i>For listings see Generic/Proprietary Index</i>								
• Other agents against amoebiasis and other protozoal diseases								
ATOVAQUONE								
❖ Authority required ❖								
<i>Treatment of mild to moderate Pneumocystis carinii pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.</i>								
8004G	Tablet 250 mg	189	..	..	762.44	20.00	Wellbone	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
				B 0.55	10.23	10.53	Quinbisul Bi-Quinate	AF RR
QUININE SULFATE								
CAUTION:								
Severe thrombocytopenia has been reported with this drug.								
1975Y	Tablet 300 mg	50	2	..	9.68	10.53	a Quinocet a Quinsul	FM AF
				B 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

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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 ❖								
<u>Onchocerciasis;</u>								
Strongyloidiasis.								
8172D	Tablet 6 mg	2	..	..	27.53	20.00	Stromectol	MK
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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
NASAL PREPARATIONS							
Decongestants and other nasal preparations for topical use							
• Corticosteroids							
BECLOMETHASONE DIPROPIONATE							
❖ Restricted benefit ❖							
<i>Severe intractable rhinitis.</i>							
1657F	<i>Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)</i>	#1	1	..	13.18	14.03	Aldecin Aqueous Pump Beconase AQ SH GW
1637E	<i>Aqueous nasal spray refill 50 micrograms per dose (200 doses)</i>	#1	1	..	12.12	12.97	Aldecin Aqueous Refill SH
1689X	<i>Aqueous nasal spray 50 micrograms per dose, 400 doses set containing one pump pack (200 doses) and one refill (200 doses)</i>	#1	..	..	22.02	20.00	Aldecin Aqueous Set SH
1593W	<i>Aqueous nasal spray 50 micrograms per dose, 400 doses set containing two pump packs each providing 200 doses</i>	#1	..	..	22.03	20.00	Beconase AQ Twin Pack GW
<i>[For other listings for this drug see Generic/Proprietary Index]</i>							
BUDESONIDE							
❖ Restricted benefit ❖							
<i>Severe intractable rhinitis.</i>							
2075F	<i>Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)</i>	#1	..	..	19.08	19.93	^a Budamax Aqueous PM
				^B 0.69	19.77	19.93	^a Rhinocort Aqueous AP
<i>[For other listings for this drug see Generic/Proprietary Index]</i>							
• Other nasal preparations							
IPRATROPIUM BROMIDE							
❖ Restricted benefit ❖							
<i>Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.</i>							
8051R	<i>Aqueous nasal spray (pump pack) 20 micrograms (anhydrous) per dose (180 doses)</i>	#1	5	..	17.88	18.73	Atrovent Nasal Aqueous BY
<i>[For other listings for this drug see Generic/Proprietary Index]</i>							

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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 ❖								
<i>Patients with frequent episodes of nocturnal asthma who are receiving treatment with oral corticosteroids or maximal doses of inhaled corticosteroids.</i>								
8136F	Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)	60	5	..	45.04	20.00	Foradile	CG
8239P	Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses)	‡1	5	..	31.40	20.00	Oxis Turbuhaler	AP
8240Q	Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses)	‡1	5	..	45.04	20.00	Oxis Turbuhaler	AP
SALBUTAMOL								
3087L	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	5	B 1.50	*10.50 *12.00	11.35 11.35	^a Asmol ^a Ventolin	AF GW
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
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	..	10.50	11.35	Respolin	MM
8036Y	Powder for oral inhalation, refill disks (for use in Ventolin Diskhaler), 200 micrograms (base) per dose, 8 doses per disk, 15	2	5	..	*23.44	20.00	Ventolin Disks	GW
SALBUTAMOL SULFATE								
❖ Restricted benefit ❖								
<i>Patients unable to achieve co-ordinated use of other metered dose inhalers containing salbutamol or salbutamol sulfate.</i>								
2004L	Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses)	‡1	5	..	27.22	20.00	Respolin in the Autohaler	MM

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
SALBUTAMOL SULFATE—cont.								
❖ Restricted benefit ❖								
<i>Asthma or chronic obstructive pulmonary disease where treatment with salbutamol or salbutamol sulfate delivered from an oral pressurised inhalation device via a large volume spacer is inappropriate.</i>								
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	..	*23.96	20.00	^a Asmol 2.5 uni-dose	AF
				^B 2.00	*25.96	20.00	^a Respax 2.5 Sterinebs	PU
							^a Ventolin Nebules	GW
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	..	*25.08	20.00	^a Asmol 5 uni-dose	AF
				^B 2.00	*27.08	20.00	^a Respax 5 Sterinebs	PU
							^a Ventolin Nebules	GW
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	..	*11.24	12.09	Respax	PU
				^B 2.02	*13.26	12.09	Respolin	MM
							Ventolin	GW
SALMETEROL XINAFOATE								
❖ Authority required ❖								
<i>Patients with frequent episodes of nocturnal asthma who are receiving treatment with oral corticosteroids or maximal doses of inhaled corticosteroids.</i>								
3027H	Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)	‡1	5	..	45.04	20.00	Serevent	GW
8141L	Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)	‡1	5	..	45.04	20.00	Serevent Accuhaler	GW
TERBUTALINE SULFATE								
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
TERBUTALINE SULFATE								
❖ Restricted benefit ❖								
<i>Asthma or chronic obstructive pulmonary disease where treatment with terbutaline sulfate delivered from an oral pressurised inhalation device via a large volume spacer is inappropriate.</i>								
1251W	Nebuliser solution single dose units 5 mg in 2 mL, 30	2	5	..	*26.52	20.00	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	10.54	11.39	Bricanyl	AP

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
Other anti-asthmatics, inhalants							
• Glucocorticoids							
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
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	.. B0.49	10.71 11.20	11.56 11.56	^a Respocort 50 Inhaler ^a Becotide MM GW
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	.. B0.50	17.07 17.57	17.92 17.92	^a Respocort 100 Inhaler ^a Becotide 100 MM GW
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	.. B0.50	31.07 31.57	20.00 20.00	^a Respocort 250 Inhaler ^a Becloforte MM GW
BECLOMETHASONE DIPROPIONATE							
❖ Restricted benefit ❖							
<i>Patients unable to achieve co-ordinated use of other metered dose inhalers containing beclomethasone dipropionate.</i>							
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
8237M	Oral pressurised inhalation in breath actuated device 250 micrograms per dose (200 doses)	‡1	5	..	36.67	20.00	Respocort 250 Autohaler MM
[For other listings for this drug see Generic/Proprietary Index]							
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

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2072C	BUDESONIDE—cont. Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	#1	5	..	44.15	20.00	Pulmicort Turbuhaler	AP
BUDESONIDE								
❖ Authority required ❖								
<i>Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.</i>								
2065G	<i>Nebuliser suspension single dose units 500 micrograms in 2 mL, 30</i>	#1	5	..	31.90	20.00	Pulmicort Respules	AP
2066R	<i>Nebuliser suspension single dose units 1 mg in 2 mL, 30</i>	#1	5	..	42.75	20.00	Pulmicort Respules	AP
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
8145Q	FLUTICASONE PROPIONATE 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
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								
1540C	IPRATROPIUM BROMIDE 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

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
IPRATROPIUM BROMIDE—cont.								
❖ Restricted benefit ❖								
<i>Patients unable to achieve co-ordinated use of other metered dose inhalers containing ipratropium bromide.</i>								
8279R	Oral pressurised inhalation in breath actuated device 20 micrograms (anhydrous) per dose (200 doses)	2	5	..	*52.74	20.00	Atrovent Autohaler	BY
❖ Restricted benefit ❖								
<i>Asthma or chronic obstructive pulmonary disease where treatment with ipratropium bromide delivered from an oral pressurised inhalation device via a large volume spacer is inappropriate.</i>								
1542E	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	5	B 0.50	*57.60 *58.10	20.00 20.00	^a Ipratrin ^a Atrovent	AF BY
8238N	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	5	B 0.50	*67.40 *67.90	20.00 20.00	^a Ipratrin Adult ^a Atrovent Adult	AF BY
1541D	Nebuliser solution 250 micrograms (anhydrous) per mL (0.025%), 20 mL	2	2	..	*18.20	19.05	Atrovent	BY
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
• Antiallergic agents, excl. corticosteroids								
2346L	NEDOCROMIL SODIUM Oral pressurised inhalation 2 mg per dose (112 doses)	‡1	5	..	29.20	20.00	Tilade	RR
2878L	SODIUM CROMOGLYCATe 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	.. B 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
Adrenergics for systemic use								
• Alpha and beta-adrenoceptor agonists								
1016L	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.03	9.88	AP	
• Selective beta-2-adrenoceptor agonists								
1098T	SALBUTAMOL SULFATE 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

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1028D	TERBUTALINE SULFATE 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**

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	..	7.77	8.62	Nuelin	MM
8230E	Tablet 200 mg (sustained release)	100	5	..	9.88	10.73	Nuelin-SR 200	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-SR 250	MM
8231F	Tablet 300 mg (sustained release)	100	5	..	12.28	13.13	Nuelin-SR 300	MM
2633N	Tablet 300 mg (sustained release)	100	5	..	12.52	13.37	Theo-Dur	AP
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	..	8.12	8.97	Nuelin	MM

COUGH AND COLD PREPARATIONS

Expectorants, excl. combinations with cough suppressants

• **Mucolytics**

ACETYLCYSTEINE

❖ **Restricted benefit** ❖

*Bronchiectasis;
Cystic fibrosis (mucoviscidosis).*

2630K	Solution for inhalation 200 mg per mL (20%), 10 mL	5	3	..	38.30	20.00	Mucomyst	BQ
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Cough suppressants, excl. combinations with expectorants

• **Opium alkaloids and derivatives**

CODEINE PHOSPHATE

1214X	Tablet 30 mg	20	..	..	9.07	9.92	FM	
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RESPIRATORY SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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ANTI-HISTAMINES FOR SYSTEMIC USE

Antihistamines for systemic use

• *Phenothiazine derivatives*

PROMETHAZINE
HYDROCHLORIDE

1948M	Injection 50 mg in 2 mL	10	..	..	*15.34	16.19	BL
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SENSORY ORGANS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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
2360F	CHLORAMPHENICOL 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	..	15.56	16.41	Genoptic	AG
1910M	POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE Eye ointment 5,000 units-400 units- 5 mg per g, 4 g	#1	..	..	6.91	7.76	Neosporin	GW
1911N	POLYMYXIN B SULFATE with NEOMYCIN SULFATE and GRAMICIDIN Eye drops 5,000 units-2.5 mg- 25 micrograms per mL, 10 mL	#1	2	..	7.31	8.16	Neosporin	GW
2143T	TETRACYCLINE HYDROCHLORIDE 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	..	15.56	16.41	Tobrex	AG
2329N	Eye ointment 3 mg per g (0.3%), 3.5 g	#1	..	..	15.56	16.41	Tobrex	AG
• Sulfonamides								
2063N	SULFACETAMIDE SODIUM Eye drops 100 mg per mL (10%), 15 mL	#1	2	B 0.98	8.60 9.58	9.45 9.45	Acetopt Bleph 10	SI AG

SENSORY ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Antivirals								
ACICLOVIR								
❖ Restricted benefit ❖								
<i>Eye infections caused by herpes simplex virus.</i>								
1002R	Eye ointment 30 mg per g (3%), 4.5 g	‡1	..	..	22.60	20.00	Zovirax	GW
VIDARABINE								
❖ Restricted benefit ❖								
<i>Eye infections caused by herpes simplex virus.</i>								
2570G	Eye ointment 30 mg per g (3%), 3.5 g	‡1	..	..	28.98	20.00	Vira A	PD
• Other antiinfectives								
CIPROFLOXACIN								
❖ Restricted benefit ❖								
<i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1216B	Eye drops 3 mg per mL (0.3%), 5 mL	‡1	..	..	15.56	16.41	Ciloxan	AG
❖ Restricted benefit ❖								
<i>Bacterial keratitis.</i>								
1217C	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*26.78	20.00	Ciloxan	AG
OFLOXACIN								
❖ Restricted benefit ❖								
<i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1912P	Eye drops 3 mg per mL (0.3%), 5 mL	‡1	..	..	15.56	16.41	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	AG
FLUOROMETHOLONE								
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	7.92	8.77	Flucon FML Liquifilm	AG AG
FLUOROMETHOLONE ACETATE								
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.92	8.77	Flarex	AG
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

SENSORY ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PILOCARPINE								
❖ Restricted benefit ❖								
<i>Chronic glaucoma when other miotics are not tolerated.</i>								
2777E	Eye disc 5 mg (releasing 20 micrograms per hour)	8	5	..	82.03	20.00	Ocuser Pilo 20AG	
2782K	Eye disc 11 mg (releasing 40 micrograms per hour)	8	5	..	85.00	20.00	Ocuser Pilo 40AG	
PILOCARPINE HYDROCHLORIDE								
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	9.49	10.34	Pilopt P.V. Carpine ^a IQ	SI AG
				^B 0.50	9.99	10.34	^a Isopto Carpine	AG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	9.49	10.34	Pilopt P.V. Carpine ^a IQ	SI AG
				^B 0.50	9.99	10.34	^a Isopto Carpine	AG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	10.53	11.38	Pilopt P.V. Carpine ^a IQ	SI AG
				^B 0.50	11.03	11.38	^a Isopto Carpine	AG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.67	13.52	Pilopt P.V. Carpine ^a IQ	SI AG
				^B 0.50	13.17	13.52	^a Isopto Carpine	AG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.92	13.77	Pilopt P.V. Carpine ^a IQ	SI AG
				^B 0.50	13.42	13.77	^a Isopto Carpine	AG
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	..	16.26	17.11	Diamox	ST
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	17.18	18.03	Diamox	ST
DICHLORPHENAMIDE								
1303N	Tablet 50 mg	50	6	..	14.26	15.11	Daranide	SI
• 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	AG
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	^B ..	13.50 14.50	14.35 14.35	^a BetoQuin ^a Betoptic	IQ AG
LEVOBUNOLOL HYDROCHLORIDE								
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	12.37	13.22	Betagan	AG

SENSORY ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
1278G	TIMOLOL MALEATE Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	.. B0.88	11.49 12.37	12.34 12.34	^a Optimol 0.25 ^a Tenopt ^a Timoptol
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	.. B0.91	12.59 13.50	13.44 13.44	^a Optimol 0.5 ^a Tenopt ^a Timoptol
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
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	13.50	14.35	Timoptol XE
2664F	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	19.51	20.00	Timpilo 2
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	21.80	20.00	Timpilo 4

• **Other antiglaucoma preparations****LATANOPROST**❖ **Restricted benefit** ❖

Monotherapy for the reduction of intraocular pressure in patients with open-angle glaucoma and ocular hypertension who are intolerant of, or insufficiently responsive to, other intraocular pressure medication.

8243W	Eye drops 50 micrograms per mL (0.005%), 2.5 mL	‡1	5	..	38.99	20.00	Xalatan	PU
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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	..	12.98	13.83	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	16.77	17.62	Isopto Homatropine	AQ

Decongestants and antiallergics• **Other antiallergics****LODOXAMIDE TROMETAMOL**❖ **Authority required** ❖

Vernal kerato-conjunctivitis.

8268E	Eye drops 1 mg (base) per mL (0.1%), 10 mL	‡1	5	..	13.21	14.06	Lomide	AQ
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SENSORY ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
SODIUM CROMOGLYCAT								
❖ Authority required ❖								
<i>Vernal kerato-conjunctivitis.</i>								
1127H	Eye drops 20 mg per mL (2%), 10 mL	‡1	5	..	13.21	14.06	Opticrom	RR
Other ophthalmologicals								
• Other ophthalmologicals								
CARBOMER 940								
❖ Restricted benefit ❖								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8193F	Ocular lubricating gel 2 mg per g (0.2%), 10 g	‡1	5	..	8.96	9.81	GelTears Viscotears Liquid Gel	SN CV
CARMELLOSE SODIUM								
❖ Authority required ❖								
<i>Severe dry eye syndrome where less costly alternative preparations are inappropriate.</i>								
2338C	Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30	3	5	..	*33.05	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	Celluvisc	AG
HYDROXYPROPYLCELLULOSE								
❖ Restricted benefit ❖								
<i>Severe dry eye syndrome unresponsive to artificial tear solutions.</i>								
1522D	Ophthalmic inserts 5 mg, 60	‡1	5	..	35.14	20.00	Lacrisert	SI
HYPROMELLOSE								
❖ Restricted benefit ❖								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8287E	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	‡1	5	..	8.34	9.19	Genteal	CV
2956N	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	8.52	9.37	Isopto Tears Methopt	AG 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 ❖								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
1509K	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	‡1	5	..	10.90	11.75	Poly-Tears Tears Naturale	IQ AQ
PARAFFIN								
1754H	Compound eye ointment 3.5 g	‡1	5	..	12.02	12.87	Duratears	AQ
1750D	Compound eye ointment 7 g	‡1	5	..	16.03	16.88	Lacri-Lube S.O.P.	AG

SENSORY ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
POLYVINYL ALCOHOL								
❖ Restricted benefit ❖								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
2682E	Eye drops 14 mg per mL (1.4%), 15 mL	‡1	5	..	8.96	9.81	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	13.02	13.87	Liquifilm Forte	AG
POLYVINYL ALCOHOL with POVIDONE								
❖ Restricted benefit ❖								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
2675T	Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL	‡1	5	..	9.18	10.03	Tear Drops Tears Plus	CV AG
OTOLOGICALS								
Antiinfectives								
• Antiinfectives								
CHLORAMPHENICOL								
1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL	‡1	2	..	8.65	9.50	Chloromycetin	PD
CAUTION: Topical chloramphenicol may cause aplastic anaemia.								
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	B .. 1.31	6.69 8.00	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	B .. 1.37	6.03 7.40	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	B .. 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	B .. 1.10	6.03 7.13	6.88 6.88	^a Otocomb Otic ^a Kenacomb Otic	BC BQ

SENSORY ORGANS —cont.

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

VARIOUS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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 antineoplastic treatment								
CALCIUM FOLINATE								
❖ Restricted benefit ❖								
<i>Antidote to folic acid antagonists.</i>								
2308L	Tablet equivalent to 15 mg folic acid	10	..	..	98.87	20.00	BL LE	
2309M	Injection equivalent to 3 mg folic acid in 1 mL	5	..	..	16.02	16.87	BL	
MESNA								
❖ Restricted benefit ❖								
<i>Adjunctive therapy for use with ifosfamide and high dose cyclophosphamide.</i>								
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

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Drugs for treatment of hypercalcemia								
SODIUM ACID PHOSPHATE								
❖ Authority required ❖								
<i>Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.</i>								
2946C	Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)	100	5	..	26.67	20.00	Phosphate Sandoz	SZ
SODIUM CELLULOSE PHOSPHATE								
❖ Authority required ❖								
<i>Hypercalciuria (urine calcium in excess of 8 mmol per 24 hours within the last three years) in the presence of documented sarcoidosis; Treatment of recurrent renal calculi in patients with urine calcium in excess of 8 mmol per 24 hours who are unresponsive to dietary measures and thiazides.</i>								
2948E	Oral powder, sachet 5 g	100	5	..	147.95	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

continued

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
GLUCOSE INDICATOR— BLOOD—cont.							
2926B	Electrode strips, 100	‡1	5	..	54.06	20.00	Precision Plus MS
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- Glycemic 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	ML

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

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Fat/carbohydrates/proteins/minerals/vitamins, combinations								
AMINO ACIDS—SYNTHETIC, FORMULA								
NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.								
❖ Authority required ❖ Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae in children up to the age of two years. Three months' supply of synthetic amino acids formula may be prescribed for children less than two years of age when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula. Intolerance does not mean infant colic. Further authorities will only be granted if the child is assessed by a suitably qualified allergist or paediatrician. Synthetic amino acids formula may be prescribed for children older than two years provided they are having six monthly reviews by a suitably qualified allergist or paediatrician; Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed or the patient has been receiving parenteral nutrition.								
Age of patient to be shown on the authority application.								
3066J	Compound powder 400 g	20	5	..	*892.74	20.00	Neocate	SB
PROTEIN HYDROLYSATE FORMULA								
NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.								
❖ Authority required ❖								
➤ Intolerance to both cows' milk protein and soy protein in children up to the age of two years. Three months' supply of protein hydrolysate formula may be prescribed for children less than two years of age when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. Intolerance does not mean infant colic. Further authorities will only be granted for children up to the age of two years if clinical improvement has been demonstrated with the protein hydrolysate formula; Galactosaemia; Glycogen storage disease due to glucose-6-phosphatase deficiency in children.								
Age of patient to be shown on the authority application.								
2563X	Compound powder 425 g	8	5	..	*116.18	20.00	Nutramigen	MJ
PROTEIN HYDROLYSATE FORMULA LOW IN PHENYLALANINE								
❖ Restricted benefit ❖ Phenylketonuria.								
1865E	Compound powder 454 g	8	5	..	*222.34	20.00	Lofenalac	MJ

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES								
NOTE:								
<i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>								
❖ Authority required ❖								
➤ <i>Intolerance to both cows' milk protein and soy protein in children up to the age of two years. Three months' supply of protein hydrolysate formula with medium chain triglycerides may be prescribed for children less than two years of age when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. Intolerance does not mean infant colic. Further authorities will only be granted for children up to the age of two years if clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides;</i>								
<i>Biliary atresia;</i>								
<i>Chyloascites;</i>								
<i>Chylothorax;</i>								
<i>Cystic fibrosis;</i>								
<i>Enterokinase deficiency;</i>								
<i>Severe diarrhoea of greater than two weeks' duration in infants under the age of four months;</i>								
<i>Severe intestinal malabsorption including short bowel syndrome.</i>								
<i>Age of patient to be shown on the authority application.</i>								
2676W	Compound powder 400 g	8	5	..	*99.30	20.00	Alfaré	NT
8259Q	Compound powder 450 g	8	5	..	*106.02	20.00	Pepti-Junior	NU
❖ Authority required ❖								
➤ <i>Intolerance to both cows' milk protein and soy protein in children up to the age of two years. Three months' supply of protein hydrolysate formula with medium chain triglycerides may be prescribed for children less than two years of age when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. Intolerance does not mean infant colic. Further authorities will only be granted for children up to the age of two years if clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides;</i>								
<i>Biliary atresia;</i>								
<i>Chyloascites;</i>								
<i>Chylothorax;</i>								
<i>Cystic fibrosis;</i>								
<i>Enterokinase deficiency;</i>								
<i>Galactosaemia;</i>								
<i>Severe diarrhoea of greater than two weeks' duration in infants under the age of four months;</i>								
<i>Severe intestinal malabsorption including short bowel syndrome.</i>								
<i>Age of patient to be shown on the authority application.</i>								
2679B	Compound powder 450 g	8	5	..	*136.34	20.00	Pregestimil	MJ

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
TRIGLYCERIDES—MEDIUM CHAIN, FORMULA							
❖ Authority required ❖							
<i>Chronic liver failure with fat malabsorption; Chyloascites; Chylothorax; Patients requiring a ketogenic diet for intractable childhood epilepsy; Proven fat malabsorption.</i>							
2686J	Compound powder 454 g NOTE: <i>Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.</i>	8	5	..	*99.06	20.00	Portagen MJ
• Milk substitutes							
MILK POWDER—LACTOSE FREE FORMULA							
❖ Restricted benefit ❖							
<i>Acute lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.</i>							
NOTE: <i>Requests for increased maximum quantities and/or repeats will not be granted.</i>							
8236L	Infant formula powder 900 g	5	..	..	*75.74	20.00	O-Lac MJ
8282X	Infant formula powder 900 g	5	..	..	*75.74	20.00	S-26 LF WY
2350G	Lactose-predigested powder infant formula 900 g	5	..	..	*82.64	20.00	De-Lact Infant SJ
❖ Authority required ❖							
<i>Proven chronic lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.</i>							
NOTE: <i>No authorities will be granted for increased maximum quantities and/or repeats. Confirmation of lactose intolerance to be included in application. Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.</i>							
8235K	Infant formula powder 900 g	5	5	..	*75.74	20.00	O-Lac MJ
8283Y	Infant formula powder 900 g	5	5	..	*75.74	20.00	S-26 LF WY
2349P	Lactose-predigested powder infant formula 900 g	5	5	..	*82.64	20.00	De-Lact Infant SJ
MILK POWDER—LACTOSE MODIFIED							
❖ Restricted benefit ❖							
<i>Acute lactose intolerance in children over one year of age.</i>							
NOTE: <i>Requests for increased maximum quantities and/or repeats will not be granted.</i>							

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MILK POWDER—LACTOSE MODIFIED—cont.								
2358D	Lactose-predigested powder 900 g	3	1	..	*51.32	20.00	Digestelact	SJ
❖ 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
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 acidemia; Propionic acidemia.								
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, 30	7	5	..	*1415.54	20.00	Phlexy-10 Drink Mix	SB
3072G	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	

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE ❖ Restricted benefit ❖ <u>Tyrosinaemia.</u>								
2379F	Powder 200 g	10	5	..	*1442.84	20.00	Phenylalanine, Tyrosine and Methionine- free Amino Acid Mix	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE ❖ Restricted benefit ❖ <u>Pyridoxine non-responsive homocystinuria.</u>								
3077Y	Powder 200 g	20	5	..	*1306.94	20.00	RVHB Maxamaid	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE ❖ Restricted benefit ❖ <u>Methylmalonic acidemia; Propionic acidemia.</u>								
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
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE ❖ Restricted benefit ❖ <u>Phenylketonuria.</u>								
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 ❖ <u>Tyrosinaemia.</u>								
3078B	Powder 500 g	8	5	..	*1989.78	20.00	XPhen, Tyr Maxamum	SB

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE								
❖ <u>Restricted benefit</u> ❖								
<i>Maple syrup urine disease.</i>								
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
8260R	Powder 500 g	8	5	..	*1275.06	20.00	MSUD Maxamaid	SB
8057C	Powder 500 g	8	5	..	*1768.34	20.00	MSUD Maxamum	SB
ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C								
❖ <u>Restricted benefit</u> ❖								
<i>Gyrate atrophy of the choroid and retina; Urea cycle disorders.</i>								
8001D	Powder 200 g	10	5	..	*523.04	20.00	Dialamine	SB
MINERAL MIXTURE								
NOTE:								
<i>For use with Amino Acid Formula without Phenylalanine.</i>								
❖ <u>Restricted benefit</u> ❖								
<i>Metabolic disorders.</i>								
1451J	Powder 250 g	#1	5	..	41.74	20.00	Aminogran M.M.	FA
TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER								
❖ <u>Restricted benefit</u> ❖								
<i>Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.</i>								
3136C	Compound powder 400 g	8	5	..	*239.14	20.00	Duocal	SB
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	..	9.94	10.79	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	12.43	13.28	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	12.80	13.65	AP	

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Maximum	Proprietary Name and Manufacturer
					Price for Max. Qty \$	Recordable Value for Safety Net \$	
WATER FOR INJECTIONS, STERILISED							
2216P	Injection 2 mL	5	3	..	9.65	10.50	AP
2217Q	Injection 5 mL	5	3	..	11.23	12.08	AP
2218R	Injection 10 mL	5	3	..	12.71	13.56	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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ALIMENTARY TRACT AND METABOLISM								
STOMATOLOGICAL PREPARATIONS								
Stomatological preparations								
• Antiinfectives for local oral treatment								
3306B	AMPHOTERICIN Lozenge 10 mg	20	..	..	7.18	8.03	Fungilin	BQ
3343Y	NYSTATIN 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 ❖								
<i>Treatment of radiation induced mucositis.</i>								
5032W	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	‡1	..	..	16.11	16.96	Diffiam	MM
ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES								
Belladonna and derivatives, plain								
• Belladonna alkaloids, tertiary amines								
5022H	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	..	..	9.47	10.32	AP	
Propulsives								
• Propulsives								
5151D	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	B2.00	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	Sternetil	RR
5206B	Injection 12.5 mg in 1 mL	10	..	..	13.76	14.61	Sternetil	RR
5207C	Suppositories 5 mg, 5	‡1	..	..	10.10	10.95	Sternetil	RR
5208D	Suppositories 25 mg, 5	‡1	..	..	10.94	11.79	Sternetil	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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
3374N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	..	..	*15.34	16.19	BL

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

Intestinal antiinfectives

- Antibiotics**

3342X	NYSTATIN Tablet 500,000 units	50	..	..	12.39	13.24	Mycostatin Nilstat	BQ AY
3345C	Capsule 500,000 units	50	..	..	12.39	13.24	Mycostatin Nilstat	BQ AY

BLOOD AND BLOOD FORMING ORGANS

PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS

Blood and related products

- Plasma substitutes and plasma protein fractions**

5068R	DEXTRAN 40 with GLUCOSE I.V. infusion 100 mg per mL- 139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	83.13	20.00	Rheomacrodex	MA
5069T	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	83.13	20.00	Rheomacrodex	MA
5070W	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	83.84	20.00	Macrodex	MA

I.V. solutions

- Solutions for parenteral nutrition**

5106R	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.69	14.54	BX
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- Solutions affecting the electrolyte balance**

5212H	SODIUM CHLORIDE I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*13.69	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	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
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Cardiac stimulants excl. cardiac glycosides

• Adrenergic and dopaminergic agents

ADRENALINE

5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.03	9.88	AP
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Vasodilators used in cardiac diseases

• Organic nitrates

GLYCERYL TRINITRATE

5108W	Tablets 600 micrograms, 100	‡1	..	..	6.96	7.81	Anginine Stabilised	GW
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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	Sigmacort Squibb-HC	SI BQ
5113D	Cream 10 mg per g (1%), 50 g	‡1	..	..	6.66	7.51	Cortef Sigmacort Squibb-HC	UP SI 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 Squibb-HC	SI 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	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 ❖							
<i>For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.</i>							
5034Y	<i>Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL</i>	5	..	..	23.49	20.00	Celestone Chronodose SH
HYDROCORTISONE SODIUM SUCCINATE							
❖ Restricted benefit ❖							
<i>For use in a hospital.</i>							
5118J	<i>Injection equivalent to 100 mg hydrocortisone with 2 mL solvent</i>	6	..	..	*22.82	20.00	Solu-Cortef UP
5119K	<i>Injection equivalent to 250 mg hydrocortisone with 2 mL solvent</i>	6	..	..	*37.82	20.00	Solu-Cortef UP
METHYLPREDNISOLONE ACETATE							
❖ Restricted benefit ❖							
<i>For local intra-articular or peri-articular infiltration.</i>							
5148Y	<i>Injection 40 mg in 1 mL</i>	5	..	^B 0.74	19.74 20.48	20.00 20.00	^a Depo-Nisolone KR ^a Depo-Medrol UP
TRIAMCINOLONE ACETONIDE							
❖ Restricted benefit ❖							
<i>For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.</i>							
5233K	<i>Injection 10 mg in 1 mL</i>	5	..	..	23.49	20.00	Kenacort-A10 BQ
PANCREATIC HORMONES							
Glycogenolytic hormones							
• Glycogenolytic hormones							
5104P	GLUCAGON HYDROCHLORIDE <i>Injection 1 i.u. with diluent</i>	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	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								
3321T	DOXYCYCLINE Tablet 100 mg	7	..	..	7.15	8.00	^a Doxsig ^a Doxy-100 ^a Doxylin 100 ^a SBPA Doxycyc- line 100 mg	SI DP AF
				^B 0.74	7.89	8.00	^a Vibramycin	SL PF
3322W	Capsule 100 mg	7	..	..	7.15	8.00	^a DBL Doxycycline	BL FA
				^B 1.04	8.19	8.00	^a Doryx	
3383C	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	25	..	..	6.87	7.72	Achromycin	LE
3386F	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	..	..	6.87	7.72	Achromycin V Mystecilin-250	LE BQ
				^B 1.00	7.87	7.72	Tetrex	BC
Beta-lactam antibacterials, penicillins								
• Penicillins with extended spectrum								
3303W	AMOXYCILLIN Chewable tablet 250 mg	20	..	..	8.55	9.40	Amoxil	SK
3301R	Capsule 250 mg	20	..	..	7.67	8.52	^a Alphamox 250 ^a Bgramin ^a Cilamox ^a Moxacin SBPA Amoxycillin 250 mg	AF DP SI CS SL
				^B 0.69	8.36	8.52	^a Amoxil	SK
3300Q	Capsule 500 mg	20	..	..	10.98	11.83	^a Alphamox 500 ^a Bgramin ^a Cilamox ^a Moxacin SBPA Amoxy- cillin 500 mg	AF DP SI CS SL
				^B 0.79	11.77	11.83	^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 ^a Bgramin ^a Cilamox ^a Moxacin	AF DP SI CS
				^B 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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3393N	AMOXYCILLIN—cont. Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#10.68	11.91	^a Alphamox 250 ^a Bgramin ^a Cilamox ^a Moxacin 250 ^a Amoxil Forte	AF DP SI CS SK
				^B 0.59	#11.27	11.91		
5013W	AMPICILLIN 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 ^a Austrapen	RR 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 ^a Austrapen	RR CS
• Beta-lactamase sensitive penicillins								
5025L	BENZATHINE PENICILLIN Injection 900 mg in 2 mL cartridge- needle unit (for use with Tubex Injector)	1	..	..	19.76	20.00	Bicillin L-A Tubex	WY
5026M	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	32.49	20.00	Bicillin L-A	WY
3398W	BENZYL PENICILLIN Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C, 6921G, 6922H, 6923J apply to above item with approved solvents)	10	..	..	*21.28	20.00	BenPen	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	BenPen	CS
3359T	PHENOXYMETHYLPENICILLIN Tablet 125 mg	50	..	..	*10.84	11.69	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK Filmtab PVK	AB LY
3361X	Tablet 500 mg	50	..	..	*14.52	15.37	Abbocillin-VK Filmtab PVK	AB LY
3363B	Capsule 250 mg	50	..	..	*11.18	12.03	Abbocillin-VK ^a Cilicaine VK ^a Cilopen VK LPV	AB SI DP CS
3364C	Capsule 500 mg	50	..	..	*14.52	15.37	^a Cilicaine VK ^a Cilopen VK LPV	SI DP CS

continued

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3365D	PHENOXYMETHYLPENICILLIN—cont. Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	B 0.80	*10.28 *11.08	11.13 11.13	^a Cilicaine V ^a Abbocillin-V ^a LPV 125	SI AB CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. B 0.96	*12.66 *13.62	13.51 13.51	^a Abbocillin-V ^a Cilicaine V ^a LPV 250	AB SI CS
3370J	PROCAINE PENICILLIN 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								
5098H	DICLOXACILLIN Injection 500 mg (solvent required) (codes 6933X, 6934Y, 6935B, 6936C, 6937D, 6938E apply to above item with approved solvents)	5	..	..	16.42	17.27	Diclocil	BQ
5099J	Injection 1 g (solvent required) (codes 6939F, 6940G, 6941H, 6942J, 6943K, 6944L apply to above item with approved solvents)	5	..	..	23.28	20.00	Diclocil	BQ
DICLOXACILLIN								
❖ Restricted benefit ❖								
Serious staphylococcal infections.								
5096F	Capsule 250 mg	24	..	..	11.16	12.01	Diclocil Distaph 250	BQ AF
5097G	Capsule 500 mg	24	..	..	18.64	19.49	Diclocil Distaph 500	BQ AF
FLUCLOXACILLIN								
CAUTION:								
Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.								
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	Flophen	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	Flophen	CS

continued

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

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

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 ^a Staphylex 250 ^a Floxapen	CS AF SK
				^B 0.39	11.55	12.01		
5091Y	Capsule 500 mg	24	..	..	18.64	19.49	^a Flopen ^a Staphylex 500 ^a Floxapen	CS AF SK
				^B 0.44	19.08	19.49		
5092B	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.41	13.64	^a Flopen ^a Floxapen	CS SK
5093C	Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.18	17.41	^a Flopen ^a Floxapen	CS SK

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

AMOXYCILLIN with CLAVULANIC ACID

CAUTION:

Hepatotoxicity has been reported with this drug.

❖ **Restricted benefit** ❖

Infections where resistance to amoxycillin is suspected or proven.

5007M	Tablet 250 mg-125 mg	15	..	..	13.06	13.91	^a Clamoxyl ^a Clavulin 250 ^a Augmentin	ME CS SK
				^B 0.61	13.67	13.91		
5008N	Tablet 500 mg-125 mg	15	..	..	16.77	17.62	^a Clamoxyl Forte ^a Clavulin 500 ^a Augmentin	ME CS SK
				^B 0.61	17.38	17.62		
5006L	Tablet 875 mg-125 mg	10	..	..	16.77	17.62	^a Clamoxyl Duo forte ^a Augmentin Duo forte	ME ME SK
				^B 0.61	17.38	17.62		
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	#1	..	..	#11.75	12.98	^a Clamoxyl ^a Clavulin 125 ^a Augmentin	ME CS SK
				^B 0.60	#12.35	12.98		
5010G	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	#1	..	..	#14.05	15.28	^a Clamoxyl Forte ^a Clavulin 250 ^a Augmentin	ME CS SK
				^B 0.60	#14.65	15.28		

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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
TICARCILLIN with CLAVULANIC ACID								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent.</i>								
5230G	Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)	10	..	..	146.79	20.00	Timentin	SK
Other beta-lactam antibacterials								
• Cephalosporins and related substances								
CEFACLOR								
CAUTION:								
Serum sickness-like reactions have been reported with this drug, especially in children.								
5045M	Tablet 375 mg (sustained release)	10	..	B _{0.75}	14.39 15.14	15.24 15.24	^a Keflor CD ^a Ceclor CD	AL LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	B _{0.75}	#13.52 #14.27	14.75 14.75	^a Keflor ^a Ceclor	AL LY
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	B _{0.74}	#14.05 #14.79	15.28 15.28	^a Keflor ^a Ceclor	AL LY
CEFOTAXIME								
❖ Restricted benefit ❖								
<i>Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent.</i>								
5048G	Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)	10	..	..	*113.44	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 ❖								
<i>Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent.</i>								
5050T	Injection 1 g (solvent required) (codes 7044R, 7045T, 7046W, 7047X, 7048Y, 7049B apply to above item with approved solvents)	10	..	..	158.36	20.00	Apatof	LE

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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5051W	CEFOTETAN—cont. Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)	10	..	..	264.90	20.00	Apatef	LE
3317N	CEPHALEXIN Capsule 250 mg	20	..	B 1.11	8.14 9.25	8.99 8.99	^a Ibilex 250 ^a Keflex	AF LY
3318P	Capsule 500 mg	20	..	B 1.11	11.16 12.27	12.01 12.01	^a Ibilex 500 ^a Keflex	AF LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	B 1.11	#10.91 #12.02	12.14 12.14	^a Ibilex 125 ^a Keflex	AF LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	B 1.11	#13.11 #14.22	14.34 14.34	^a Ibilex 250 ^a Keflex	AF LY
3376Q	CEPHALOTHIN 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 ^a Resprim ^a Septrin	RO AF GW
				B 1.10	8.50	8.25		
3390K	Tablet 160 mg-800 mg	10	..	..	8.41	9.26	^a Bactrim DS ^a Resprim Forte ^a SBPA	RO AF
				B 1.09	9.50	9.26	Trimethoprim and Sulfame- thoxazole DS ^a Septrin Forte	SL GW
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.92	8.77	Bactrim ^a Resprim ^a Septrin	RO AF GW
				B 1.07	8.99	8.77		

Macrolides and lincosamides

- **Macrolides**

3324Y	ERYTHROMYCIN Tablet 250 mg	25	..	..	7.60	8.45	EMU-V	UP
3329F	Capsule 125 mg	25	..	..	7.35	8.20	Eryc	FA

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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3326C	ERYTHROMYCIN—cont. 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
3331H	ERYTHROMYCIN ESTOLATE 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
3336N	ERYTHROMYCIN ETHYL SUCCINATE Tablet 400 mg (base)	25	..	B 1.00	8.63 9.63	9.48 9.48	^a E-Mycin ^a E.E.S. 400 Filmtab	AF AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	B 1.10	#10.24 #11.34	11.47 11.47	^a E-Mycin 200 ^a E.E.S. 200	AF AB
3337P	Granules for oral suspension 400 mg (base) per 5 mL, 100 mL	‡1	..	B 1.10	#12.17 #13.27	13.40 13.40	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
5087R	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..	..	*42.84 42.84	20.00 20.00	^a Erythrocin ^a BL	AB
3328E	ERYTHROMYCIN STEARATE 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	..	B 1.46	14.90 16.36	15.75 15.75	^a Cleocin ^a Dalacin C	KR UP
5058F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	#21.68	20.00	Dalacin C	UP
5144R	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	15.29	16.14	Lincocin	UP

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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
• Imidazole derivatives								
3339R	METRONIDAZOLE Tablet 200 mg	21	..	^B 1.91	6.43 8.34	7.28 7.28	^a Metrogyl 200 ^a Flagyl	AF 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								
❖ Restricted benefit ❖								
Treatment of anaerobic infections.								
5155H	Tablet 400 mg	21	..	^B 1.92	9.24 11.16	10.09 10.09	^a Metrogyl 400 ^a Flagyl	AF 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	BX	
3341W	METRONIDAZOLE BENZOATE 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								
5223X	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.73	17.58	CS	

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MUSCULO-SKELETAL SYSTEM								
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS								
Antiinflammatory and antirheumatic products, non-steroids								
• <i>Acetic acid derivatives and related substances</i>								
5074C	DICLOFENAC POTASSIUM 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
5079H	DICLOFENAC SODIUM Suppository 100 mg	40	..	..	*22.82	20.00	Voltaren	CG
DICLOFENAC SODIUM								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5076E	Tablet 25 mg (enteric coated)	100	..	B 1.10	*13.44 *14.54	14.29 14.29	^a Diclohexal ^a Voltaren 25	HX CG
5077F	Tablet 50 mg (enteric coated)	50	..	B 1.75	10.69 12.44	11.54 11.54	^a Diclohexal ^a Fenac ^a Voltaren 50	HX AF CG
5128X	INDOMETHACIN Suppository 100 mg	40	..	..	*19.24	20.00	Indocid	MK
INDOMETHACIN								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5126T	Capsule 25 mg	100	..	B 2.56	*7.64 *10.20	8.49 8.49	^a Arthrexin ^a Indocid	AF MK
SULINDAC								
❖ Restricted benefit ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5217N	Tablet 100 mg	100	..	B 1.02	*14.46 *15.48	15.31 15.31	^a Aclin ^a Clinoril	AF FR
5218P	Tablet 200 mg	50	..	B 1.54	13.36 14.90	14.21 14.21	^a Aclin 200 ^a Clinoril 200	AF FR

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	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.								
5201R	Dispersible tablet 10 mg	50	..	..	12.70	13.55	^a Candyl-D 10 mg ^a Mobilis D-10 ^a Pirohexal-D ^a Rosig-D ^a Feldene-D	DP AF HX SI PF
				^B 1.80	14.50	13.55		
5202T	Dispersible tablet 20 mg	25	..	..	12.26	13.11	^a Candyl-D 20 mg ^a Mobilis D-20 ^a Pirohexal-D ^a Rosig-D ^a Feldene-D	DP AF HX SI PF
				^B 1.90	14.16	13.11		
5203W	Capsule 10 mg	50	..	..	12.70	13.55	^a Candyl 10 mg ^a Mobilis 10 ^a Rosig ^a Feldene	DP AF SI PF
				^B 1.80	14.50	13.55		
5204X	Capsule 20 mg	25	..	..	12.26	13.11	^a Candyl 20 mg ^a Mobilis 20 ^a Rosig ^a Feldene	DP AF SI PF
				^B 1.90	14.16	13.11		
TENOXCAM								
❖ 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								
5124Q	Tablets 400 mg, 20	1	..	..	6.28	7.13	Brufen	KN
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

KETOPROFEN

❖ **Restricted benefit** ❖

NAPROXEN

❖ **Restricted benefit** ❖

NAPROXEN SODIUM

❖ **Restricted benefit** ❖

5186Y	Tablet 550 mg	50	..	..	13.15	14.00	Anaprox 550	SD
	NOTE: <i>Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.</i>							

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	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 ❖								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
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**

5063L	CODEINE PHOSPHATE Tablet 30 mg	20	..	..	9.07	9.92	FM	
NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.								
3315L	CODEINE PHOSPHATE with ASPIRIN Tablet 30 mg-325 mg	20	..	..	6.87	7.72	Codral Forte	GW
3316M	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg	20	..	..	6.86	7.71	^a Codalgin Forte ^a Panadeine Forte Caplets	FM SW
				^B 0.79	7.65	7.71	^a Dymadon Forte	GW

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.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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.							
5168B	Injection 10 mg in 1 mL	5	..	..	10.41	11.26	BL SI
5169C	Injection 15 mg in 1 mL	5	..	..	10.74	11.59	BL SI
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.							
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 NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.	20	..	..	11.33	12.18	Anamorph FM
❖ Restricted benefit ❖							
Chronic severe disabling pain not responding to non-narcotic analgesics.							
5162G	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

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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MORPHINE SULFATE—cont.								
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
OXYCODONE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5194J	Suppository 30 mg	12	..	..	17.23	18.08	Proladone	KN
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
OXYCODONE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5195K	Tablet 5 mg	20	..	..	9.27	10.12	Endone	BT
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
• Phenylpiperidine derivatives								
PETHIDINE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Short-term treatment of acute pain.</i>								
5199P	Injection 50 mg in 1 mL	5	..	..	9.53	10.38	BL SI	
5200G	Injection 100 mg in 2 mL	5	..	..	9.97	10.82	BL SI	
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
ASPIRIN								
5017C	Tablet 300 mg	100	..	..	6.01	6.86	Spren	SI
5018D	Tablet 300 mg (dispersible)	96	..	..	6.02	6.87	Solprin	RC

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	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
• Anilides							
5196L	PARACETAMOL Tablet 500 mg	100	..	..	7.48	8.33	Dymadon P ^a Febridol ^a Panamax ^a Paralgin Tylenol RR WR GR SW FM JT
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	7.52	8.37	Dymadon Panamax WR SW
3349G	Elixir 240 mg per 5 mL, 200 mL	‡1	..	..	9.73	10.58	Panamax 240 Elixir SW

ANTIEPILEPTICS

Antiepileptics

• Carboxamide derivatives

5039F	CARBAMAZEPINE Tablet 100 mg	200	..	..	21.28	20.00	Tegretol 100	CG
5040G	Tablet 200 mg	200	..	^B 1.18	36.64 37.82	20.00 20.00	^a Teril ^a Tegretol 200	AF 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

5031T	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	..	..	17.76	18.61	Cogentin	MK
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PSYCHOLEPTICS

Anxiolytics

• Benzodiazepine derivatives

5071X	DIAZEPAM Tablet 2 mg	50	..	^B .. ^B 0.89 ^B 1.28	6.46 7.35 7.74	7.31 7.31 7.31	^a Antenex 2 Ducene Valium	AF SU RO
5072Y	Tablet 5 mg	50	..	^B .. ^B 0.90 ^B 1.29	6.71 7.61 8.00	7.56 7.56 7.56	^a Antenex 5 Ducene Valium	AF SU RO
5073B	Injection 10 mg in 2 mL	5	..	..	8.91	9.76	BL	

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
5192G	OXAZEPAM Tablet 15 mg	25	..	.. B1.41	5.66 7.07	6.51 6.51	^a Alepam 15 ^a Murelax ^a Serepax	AF AY WY
5193H	Tablet 30 mg	25	..	.. B1.41	5.88 7.29	6.73 6.73	^a Alepam 30 ^a Murelax ^a Serepax	AF AY WY

Hypnotics and sedatives

• Benzodiazepine derivatives

5189D	NITRAZEPAM Tablet 5 mg	25	..	.. B1.12	6.34 7.46	7.19 7.19	^a Alodorm ^a Mogadon	AF RO
5221T	TEMAZEPAM Tablet 10 mg	25	..	.. B1.00	6.34 7.34	7.19 7.19	^a Temaze ^a Temtabs ^a Normison	AF WX WY
5222W	Capsule 10 mg	25	..	.. B1.00	6.34 7.34	7.19 7.19	^b Euhypnos ^a Nocturne ^b Nomapam 10 ^a Temaze 10 ^a Normison	SI WX AD AF WY

RESPIRATORY SYSTEM

ANTI-ASTHMATICS

Adrenergics for systemic use

• Alpha and beta-adrenoceptor agonists

5004J	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.03	9.88	AP	
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SENSORY ORGANS

OPHTHALMOLOGICALS

Antiinfectives

• Antibiotics

5055C	CHLORAMPHENICOL Eye drops 5 mg per mL (0.5%), 10 mL	1	..	..	7.22	8.07	Chloromycetin Chlorsig	PD SI
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CAUTION:

Topical chloramphenicol may cause aplastic anaemia.

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VARIOUS								
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• Antidotes								
	NALOXONE HYDROCHLORIDE							
5173G	Injection 400 micrograms in 1 mL	1	..	..	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	..	..	9.94	10.79	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	12.43	13.28	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	12.80	13.65	AP	
	WATER FOR INJECTIONS, STERILISED							
3394P	Injection 2 mL	5	..	..	9.65	10.50	AP	
3395Q	Injection 5 mL	5	..	..	11.23	12.08	AP	
3396R	Injection 10 mL	5	..	..	12.71	13.56	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
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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. Medical practitioners not affiliated with these specialist hospital units cannot prescribe these drugs as pharmaceutical benefit items. Normally prescriptions for highly specialised drugs cannot be supplied as pharmaceutical benefits by a community pharmacy.

Benefits are available for the listed clinical indications only. There is no facility for individual patient approval for indications outside those listed.

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. Program subsidy is not available for hospital inpatients.

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) 9879 3214	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
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AZITHROMYCIN

Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per mm³.

Tablet 600 mg	8	67.82	Zithromax	PF
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CIDOFOVIR

Sight-threatening cytomegalovirus retinitis in patients aged twelve years and over with AIDS.

Solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial	1	900.00	Vistide	PU
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Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
CLARITHROMYCIN				
<i>Treatment of Mycobacterium avium complex infections in HIV-positive patients.</i>				
Tablet 250 mg	100	199.80	Klacid	AB
Tablet 500 mg	100	389.60	Klacid	AB
CLOZAPINE				
<i>Treatment of schizophrenia in patients who are non-responsive to, or intolerant of, other neuroleptic agents.</i>				
Tablet 25 mg	100	72.00	Clozaril	SZ
Tablet 100 mg	100	270.00	Clozaril	SZ
CYCLOSPORIN				
<i>For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation).</i>				
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
 <i>For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation); Treatment by dermatologists or clinical immunologists of patients with severe atopic dermatitis in whom other systemic therapy is ineffective or inappropriate; 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 or rheumatologists of severe active rheumatoid arthritis in patients for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.</i>				
Capsule 10 mg (containing microemulsion pre-concentrate)	60	37.20	Neoral 10	NV
Capsule 25 mg (containing microemulsion pre-concentrate)	50	75.02	Neoral 25	SZ
Capsule 50 mg (containing microemulsion pre-concentrate)	50	150.00	Neoral 50	SZ
Capsule 100 mg (containing microemulsion pre-concentrate)	50	300.00	Neoral 100	SZ
Oral liquid 100 mg per mL (containing microemulsion pre-concentrate), 50 mL	1	315.79	Neoral	SZ
DELAVIDINE MESYLATE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Tablet 100 mg	360	271.58	Rescriptor	PU

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
DESFERRIOXAMINE MESYLATE				
<i>Disorders of erythropoiesis associated with treatment-related chronic iron overload.</i>				
Powder for injection 500 mg vial	10	100.00	^a Desferal	CG
	10	100.00	^a BL	
NOTE:				
A brand price premium of \$8.27 applies to Desferal brand.				
DIDANOSINE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
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				
<i>Multiple myeloma; Bone metastases from breast cancer.</i>				
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				
<i>Certain patients with cystic fibrosis.</i>				
NOTE:				
<i>This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit may be obtained by telephoning the contact numbers listed at the beginning of this section.</i>				
Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL ampoule	30	1125.00	Pulmozyme	RO
EPOETIN ALFA				
<i>For the treatment of anaemia requiring transfusion, associated with chronic renal failure, where treatment is initiated in a hospital with a renal dialysis unit.</i>				
Injection 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

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
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; myeloma; 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 300 micrograms in 1 mL single use pre-filled syringe	10	1504.00	Neupogen	AN
Injection 480 micrograms in 1.6 mL vial	10	2407.00	Neupogen	AN
Injection 480 micrograms in 1.6 mL single use pre-filled syringe	10	2407.00	Neupogen	AN
FOSCARNET SODIUM				
Sight-threatening cytomegalovirus retinitis in patients with AIDS; Treatment of aciclovir-resistant herpes simplex virus infection in immunocompromised patients with HIV infection.				
I.V. infusion 24 mg per mL, 250 mL bottle	6	395.00	Foscavir	AP
I.V. infusion 24 mg per mL, 500 mL bottle	6	660.00	Foscavir	AP
GANCICLOVIR				
Maintenance therapy, after stabilisation with intravenous ganciclovir, of sight-threatening cytomegalovirus retinitis in severely immunocompromised patients.				
Capsule 250 mg	84	540.00	Cymevene	RO
GANCICLOVIR SODIUM				
Sight threatening cytomegalovirus retinitis in severely immunocompromised patients.				
Powder for I.V. infusion equivalent to 500 mg ganciclovir, vial	1	57.71	Cymevene	RO
INDINAVIR SULFATE				
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm ³ , or viral load of greater than 10,000 copies per mL.				
Capsule 200 mg (base)	360	455.00	Crixivan 200mg MK	
Capsule 400 mg (base)	180	455.00	Crixivan 400mg MK	

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
INTERFERON ALFA-2a				
<i>Certain patients with chronic active hepatitis B;</i>				
<i>Certain patients with chronic hepatitis C;</i>				
<i>Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase.</i>				
NOTE:				
<i>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.</i>				
<i>Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	1	26.24	<i>Roferon-A</i>	<i>RO</i>
<i>Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	1	39.37	<i>Roferon-A</i>	<i>RO</i>
<i>Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	1	52.49	<i>Roferon-A</i>	<i>RO</i>
<i>Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe</i>	1	78.73	<i>Roferon-A</i>	<i>RO</i>
<i>Solution for injection 18,000,000 i.u. in 1 mL single use vial</i>	3	472.39	<i>Roferon-A</i>	<i>RO</i>
INTERFERON ALFA-2b				
<i>Adjunctive therapy of malignant melanoma following surgery in patients with nodal involvement;</i>				
<i>Certain patients with chronic active hepatitis B;</i>				
<i>Certain patients with chronic hepatitis C;</i>				
<i>Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase.</i>				
NOTE:				
<i>This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit may be obtained by telephoning the contact numbers listed at the beginning of this section.</i>				
<i>Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial</i>	5	131.22	<i>Intron A</i>	<i>SH</i>
<i>Solution for injection 5,000,000 i.u. in 0.5 mL single dose vial</i>	5	218.70	<i>Intron A</i>	<i>SH</i>
<i>Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 2 mL</i>	1	393.66	<i>Intron A</i>	<i>SH</i>
<i>Solution for injection 10,000,000 i.u. in 1 mL single dose vial</i>	5	437.40	<i>Intron A</i>	<i>SH</i>
<i>Solution for injection 10,000,000 i.u. in 2 mL multi-dose vial</i>	5	437.40	<i>Intron A</i>	<i>SH</i>
<i>Solution for injection 18,000,000 i.u. in 3 mL multi-dose vial</i>	5	787.32	<i>Intron A</i>	<i>SH</i>
<i>Solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial</i>	5	1093.50	<i>Intron A</i>	<i>SH</i>
<i>Injection set containing 1 vial powder for injection 30,000,000 i.u. and 1 vial solvent 2 mL</i>	1	262.44	<i>Intron A</i>	<i>SH</i>

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
INTERFERON GAMMA-1b				
<i>Chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.</i>				
Injection 3,000,000 I.U. in 0.5 mL vial	6	1052.00	Imukin	BY
LAMIVUDINE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Tablet 150 mg	60	282.00	3TC	GW
Oral solution 10 mg per mL, 240 mL	1	75.20	3TC	GW
LAMIVUDINE with ZIDOVUDINE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Tablet 150 mg-300 mg	60	578.60	Combivir	GW
LENOGRASTIM				
<i>Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;</i>				
<i>Patients with certain malignancies being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission;</i>				
<i>Certain patients with:</i>				
<i>breast cancer;</i>				
<i>Hodgkin's disease.</i>				
NOTE:				
<i>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.</i>				
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				
<i>Prophylaxis of renal allograft rejection.</i>				
Capsule 250 mg	300	548.00	CellCept	RO
Tablet 500 mg	150	548.00	CellCept	RO
NELFINAVIR MESYLATE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Tablet 250 mg (base)	270	455.00	Viracept	RO
Oral powder 50 mg (base) per g, 144 g	1	48.53	Viracept	RO
NEVIRAPINE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Tablet 200 mg	60	271.58	Viramune	BY

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
OCTREOTIDE				
<i>Certain patients with active acromegaly.</i>				
Injection 50 micrograms in 1 mL ampoule	5	41.76	Sandostatin 0.05 NV	
Injection 100 micrograms in 1 mL ampoule	5	83.50	Sandostatin 0.1 NV	
Injection 500 micrograms in 1 mL ampoule	5	417.96	Sandostatin 0.5 NV	
RIFABUTIN				
<i>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 mm³.</i>				
Capsule 150 mg	30	147.00	Mycobutin	PS
RITONAVIR				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Capsule 100 mg	84	106.17	Norvir	AB
Oral solution 600 mg per 7.5 mL (80 mg per mL), 240 mL	1	242.67	Norvir	AB
SAQUINAVIR				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Soft gelatin capsule 200 mg	180	227.55	Fortovase	RO
SAQUINAVIR MESYLATE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Capsule 200 mg (base)	270	455.00	Invirase	RO
STAVUDINE				
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.</i>				
Capsule 15 mg	60	250.00	Zerit	BQ
Capsule 20 mg	60	280.00	Zerit	BQ
Capsule 30 mg	60	333.68	Zerit	BQ
Capsule 40 mg	60	444.90	Zerit	BQ
TACROLIMUS				
<i>For the prevention and treatment of rejection in primary liver transplant recipients.</i>				
Capsule 1 mg	100	405.00	Prograf	JC
Capsule 5 mg	50	1010.00	Prograf	JC

Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer	
ZALCITABINE				
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm ³ , or viral load of greater than 10,000 copies per mL.				
Tablet 375 micrograms	100	193.75	Hivid	RO
Tablet 750 micrograms	100	242.18	Hivid	RO
ZIDOVUDINE				
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm ³ , or viral load of greater than 10,000 copies per mL.				
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
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ITEMS AVAILABLE DIRECT FROM MANUFACTURER UNDER THE SPECIAL ACCESS SCHEME

OXANDROLONE

NOTE:

Prescribers need to apply to the Therapeutic Goods Administration for individual patient approval under the Special Access Scheme. The product will be supplied direct by CSL Limited.

Promotion of growth in girls with Turner syndrome; Promotion of growth in boys of short stature with delayed bone maturation.

Tablet 2.5 mg	100	538.00	Oxandrin	CS
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Item and Section 100 restriction	Pack Size	Price to Commonwealth \$	Proprietary Name and Manufacturer
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ITEMS AVAILABLE ON APPROVAL OF THE DEPARTMENT OF HEALTH AND FAMILY SERVICES AND DISTRIBUTED BY MANUFACTURERS

SOMATROPIN

(Recombinant human growth hormone)

Short stature in accordance with the 'Guidelines for the Availability of Human Growth Hormone (hGH) as a Pharmaceutical Benefit'.

NOTE:

These guidelines may be obtained from:

*Growth Hormone Program
Pharmaceutical Benefits Branch
Department of Health and Family Services
GPO Box 9848
CANBERRA ACT 2601
Contact telephone number (02) 6289 7274*

<i>Injection 4 I.U. vial with 2 mL diluent (with preservative)</i>	<i>1</i>	<i>74.50</i>	<i>Humatrope</i>	<i>AZ</i>
<i>Injection 4 I.U. vial with 1 mL diluent (without preservative)</i>	<i>1</i>	<i>72.48</i>	<i>Saizen</i>	<i>SG</i>
<i>Injection 4 I.U. in 1 mL cartridge (with preservative)</i>	<i>1</i>	<i>76.12</i>	<i>Genotropin</i>	<i>PS</i>
<i>Injection 4 I.U. in 1 mL cartridge (without preservative)</i>	<i>1</i>	<i>76.12</i>	<i>Genotropin</i>	<i>PS</i>
<i>Injection 10 I.U. vial with 5 mL diluent (with preservative)</i>	<i>1</i>	<i>181.20</i>	<i>Saizen</i>	<i>SG</i>
<i>Injection 12 I.U. vial with 3 mL diluent (with preservative)</i>	<i>1</i>	<i>223.44</i>	<i>Norditropin</i>	<i>NO</i>
<i>Injection 12 I.U. vial with 2.25 mL diluent cartridge (with preservative)</i>	<i>1</i>	<i>223.44</i>	<i>Norditropin PenSet 12</i>	<i>NO</i>
<i>Injection 16 I.U. vial with 8 mL diluent (with preservative)</i>	<i>1</i>	<i>298.00</i>	<i>Humatrope</i>	<i>AZ</i>
<i>Injection 16 I.U. in 1 mL cartridge (with preservative)</i>	<i>1</i>	<i>304.48</i>	<i>Genotropin</i>	<i>PS</i>
<i>Injection 18 I.U. cartridge with 3.15 mL diluent (with preservative)</i>	<i>1</i>	<i>326.16</i>	<i>Humatrope</i>	<i>AZ</i>
<i>Injection 24 I.U. vial with 2.25 mL diluent cartridge (with preservative)</i>	<i>1</i>	<i>434.88</i>	<i>Norditropin PenSet 24</i>	<i>NO</i>
<i>Injection 36 I.U. cartridge with 3.15 mL diluent (with preservative)</i>	<i>1</i>	<i>652.32</i>	<i>Humatrope</i>	<i>AZ</i>

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	\$0.69
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 @ 13.78	CS
3485K	Procaine Penicillin	1.5 g	5 @ 47.74	SI
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 @ 5.50	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 @ 5.48	GW
2604C		300 mg	30 @ 2.75	AF
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 @ 4.02	WW
			100 @ 4.17	WR
2157M		200 mg-200 mg per 5 mL, 500 mL	1 @ 4.02	SI,WW
			1 @ 4.17	WR
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	250 mg-120 mg-120 mg	100 @ 4.02	FM
2159P		250 mg-120 mg-120 mg per 5 mL, 500 mL	1 @ 4.02	FM
3109P	Amiloride Hydrochloride	5 mg	50 @ 1.87	AD,AF
			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, 30	1 @ 201.60	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
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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
3078B	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine	500 g	1 @ 248.18	SB
2380G	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	400 g	1 @ 63.00	SB
3075W	Amino Acids—Synthetic, Formula	200 g	1 @ 129.03	SB
1045B		200 g	1 @ 63.54	SB
8260R		500 g	1 @ 158.84	SB
8057C		500 g	1 @ 220.50	SB
3066J		400 g	1 @ 44.42	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 @ 3.82	GW,SH
2820K		200 mcg per g, 100 g	1 @ 3.82	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
3000X	Calcitonin	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
3116B	Calcium	500 mg	60 @ 3.99	MM
1153Q	Carbimazole	5 mg	100 @ 9.78	RO
1160C	Carboplatin	50 mg in 5 mL	1 @ 37.66	BL,PU
1161D		150 mg in 15 mL	1 @ 86.28	BL,PU
1162E		450 mg in 45 mL	1 @ 164.78	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
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
1217C	Ciprofloxacin	3 mg per mL, 5 mL	1 @ 11.22	AG
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 @ 27.54	BL
2884T		100 mg in 5 mL	5 @ 27.54	PU
8034W		500 mg in 5 mL	1 @ 31.78	BL
2885W		500 mg in 25 mL	1 @ 31.78	PU

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2129C	Desmopressin Acetate	100 mcg per mL, 2.5 mL	1 @ 29.93	RR
2128B		10 mcg per actuation, 25 actuactions, 2.5 mL	1 @ 31.43	RR
8032R		10 mcg per actuation, 50 actuactions, 5 mL	1 @ 62.29	RR
8030P		10 mcg per actuation, 25 actuactions, 2.5 mL	1 @ 31.43	RR
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @ 4.55	HX
1302M			50 @ 5.10	CG
1319K	Diflunisal	100 mg	20 @ 9.24	CG
3164M	Digoxin	250 mg	50 @ 5.27	MK
1344R	Diphtheria Antitoxin	50 mcg per mL, 60 mL	1 @ 11.00	GW
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed (Triple Antigen)	10,000 units	1 @ 84.70	CS
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 5.17	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted For Adult Use	0.5 mL	1 @ 4.68	CS
1348Y	Diphtheria Vaccine, Adsorbed	0.5 mL	1 @ 4.76	CS
3020Y	Diphtheria Vaccine, Adsorbed, Diluted For Adult Use	0.5 mL	1 @ 5.83	CS
8071T	Docetaxel	100 mg	1 @ 5.83	CS
1125F	Docusate Sodium with Bisacodyl	20 mg (anhydrous) set	1 @ 414.75	RR
1336H	Doxorubicin Hydrochloride	100 mg-10 mg, 5	1 @ 2.83	FM
1340M		10 mg in 5 mL	1 @ 41.51	BL,PS,PU
1342P		20 mg in 10 mL	1 @ 72.00	BL,PS,PU
2702F	Doxycycline	50 mg in 25 mL	1 @ 167.58	BL,PS,PU
2703G		100 mg	7 @ 2.81	AF,DP,SI,SL
2714W		100 mg	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 @ 7.70	AB
8001D	Essential Amino Acids Formula with Minerals and Vitamin C	200 g	1 @ 51.87	SB
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
1473M	Fluconazole	100 mg in 50 mL	1 @ 27.40	PF
1474N		200 mg in 100 mL	1 @ 49.45	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 @ 6.88	BL
2245E	Glucose	278 mmol per L, 1 L	1 @ 1.87	BX

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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	Glucose and Ketone Indicator—Urine	Reagent strips, 50	1 @ 22.66	BN
8190C		Reagent strips, 50	1 @ 22.66	BO
2921R		Reagent strips, 50	1 @ 22.66	HG
3106L		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
1076P	Heparin Sodium	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
		50 @	4.41	MK
1502C	Hydrocortisone Acetate	21.1 g	1 @ 13.78	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	Ifosfamide	10 mg	1 @ 380.80	PS
8076C		1 g	1 @ 53.10	AA
8077D		2 g	1 @ 99.23	AA
2454E		25 mg	50 @ 1.65	AF
	Indomethacin		50 @ 2.93	MK
			20 @ 7.45	MK
2757D	Insulin Isophane (N.P.H.)	100 mg	1 @ 23.51	NO,RR
1711C		100 units per mL, 10 mL	1 @ 25.19	AZ,NO
1533Q		100 units per mL, 10 mL	1 @ 21.54	AZ,NO
1534R		100 units per mL, 1.5 mL, 5	1 @ 43.08	AZ,NL,NO
1761Q		100 units per mL, 3 mL, 5	1 @ 31.49	AZ
8084L	Insulin Lispro	100 units per mL, 10 mL	1 @ 26.47	AZ
8085M		100 units per mL, 1.5 mL, 5	1 @ 52.93	AZ
8212F		100 units per mL, 3 mL, 5	1 @ 23.51	NO,RR
1713E	Insulin Neutral	100 units per mL, 10 mL	1 @ 25.19	AZ,NO
1531N		100 units per mL, 10 mL	1 @ 21.54	AZ,NO
1532P		100 units per mL, 1.5 mL, 5	1 @ 43.08	AZ,NL,NO
1762R		100 units per mL, 3 mL, 5	1 @ 25.19	AZ
1591R	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)		1 @ 25.19	AZ,NO
1426C			1 @ 25.19	AZ,NO
1425B			1 @ 21.54	AZ
1592T			1 @ 43.08	AZ,NL,NO
8006J			1 @ 21.54	AZ,NO
1429F	Insulin Zinc Suspension (Lente)		1 @ 43.08	AZ,NL,NO
1763T			1 @ 43.08	NL,NO
2062M			1 @ 25.19	AZ,NO
1718K		100 units per mL, 10 mL	1 @ 25.19	AZ,NO
1722P		100 units per mL, 10 mL	1 @ 25.19	AZ,NO
	Insulin Zinc Suspension (Crystalline) (Ultralente)			

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer	
8180M	Interferon Alfa-2a	3,000,000 i.u. in 0.5 mL	1 @ 30.62	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	
8275M		Interferon Alfa-2b	3,000,000 i.u. in 0.5 mL	5 @ 153.09	SH
8276N			3,000,000 i.u. in 0.5 mL	5 @ 153.09	SH
8277P			5,000,000 i.u. in 0.5 mL	5 @ 255.15	SH
8241R	18,000,000 i.u. in 3 mL		1 @ 183.71	SH	
8242T	Ipratropium Bromide	25,000,000 i.u. in 2.5 mL	1 @ 255.15	SH	
2085R		10,000,000 i.u. set	1 @ 106.20	SH	
1540C		20 mcg (anhydrous) per dose (200 doses)	1 @ 15.84	BY	
8279R		20 mcg (anhydrous) per dose (200 doses)	1 @ 24.20	BY	
1542E	Isosorbide Dinitrate	250 mcg (anhydrous) in 1 mL, 30	1 @ 26.63	AF	
8238N		500 mcg (anhydrous) in 1 mL, 30	1 @ 31.53	AF	
1541D		1 mL, 30	1 @ 31.78	BY	
		250 mcg (anhydrous) per mL, 20 mL	1 @ 6.93	BY	
2587E	Isosorbide Dinitrate	10 mg	100 @ 3.85	AF	
2588F		5 mg	100 @ 5.34	AY	
	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 @ 4.26	SC,WY	
1394J		Tablet-Pack	1 @ 2.44	AY,SY	
			1 @ 4.26	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 @ 4.26	SC,WY	
1392G	Tablet-Pack	1 @ 2.44	AY,SY		
			1 @ 4.26	SC,WY	
2875H	Lignocaine Hydrochloride	100 mg in 5 mL	1 @ 3.63	AP	
3059B	Lithium Carbonate	250 mg	100 @ 3.55	RR	
1598D	Mercaptopurine	50 mg	25 @ 24.62	GW	
2396D	Methotrexate	5 mg in 2 mL	1 @ 8.34	LE	
2826R	Methysergide	1 mg	50 @ 15.22	NV	
1638F	Metronidazole	500 mg in 100 mL	1 @ 4.83	BX	
8236L	Milk Powder—Lactose Free Formula	900 g	1 @ 14.28	MJ	
8282X		900 g	1 @ 14.28	WY	
2350Q		900 g	1 @ 15.66	SJ	
8235K		900 g	1 @ 14.28	MJ	
8283Y		900 g	1 @ 14.28	WY	
2349P		900 g	1 @ 15.66	SJ	
2357C	Milk Powder—Lactose Modified	900 g	1 @ 15.66	SJ	
2358D		900 g	1 @ 15.66	SJ	
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	
1662L		500 mg	50 @ 6.47	SD	
			20 @ 7.45	SD	
1687T	Nicotinic Acid	250 mg	100 @ 7.15	RR	
2732T	Nitrazepam	5 mg	25 @ 2.00	AF	
			25 @ 3.12	RO	

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1967M	Norethisterone	350 mcg	1 @ 2.44	JC,MO
2772X	Norethisterone with Ethinyloestradiol	500 mcg-35 mcg Tablet-Pack	1 @ 3.06	SR
2774B			1 @ 3.96	SR
2773Y			1 @ 2.44	MO
2775C			1 @ 3.96	SR
2776D	Norethisterone with Mestranol	1 mg-35 mcg Tablet-Pack	1 @ 3.96	SR
3176E			1 @ 2.44	MO
3179H			1 @ 3.96	SR
3179H			1 @ 2.44	SR
1776L	Oestriol	1 mg	30 @ 2.66	OR
3134Y	Oxazepam	15 mg	25 @ 1.32	AF,AY
3135B			25 @ 2.73	WY
3135B		30 mg	25 @ 1.54	AF,AY
			25 @ 2.95	WY
3026G	Paclitaxel	30 mg in 5 mL	1 @ 255.50	BQ,FA
8018B	Pancreatic Extract	100 mg in 16.7 mL	1 @ 851.87	BQ
8020D		not less than 10,000 BP units lipase activity	100 @ 33.97	SM
8021E	Pancrelipase	not less than 25,000 BP units lipase activity	100 @ 67.94	SM
2495H		not less than 10,000 BP units lipase activity	250 @ 86.48	OR
1702N	Phenoxyethylpenicillin	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	SI
			1 @ 3.37	AB,CS
2354X		250 mg per 5 mL, 100 mL	1 @ 4.16	AB,SI
2642C	Potassium Chloride	600 mg	1 @ 4.64	CS
3012M	Prednisolone Sodium Phosphate	14 mmol K ⁺ and 8 mmol Cl ⁻	100 @ 3.08	AF,CG,RR
1920C		equiv. to 20 mg prednisolone in 100 mL	30 @ 3.08	RR
2554K		equiv. to 5 mg prednisolone, 10	7 @ 17.27	SI
2653P	Procainamide Hydrochloride	250 mg	1 @ 6.01	SI
1943G	Procyclidine Hydrochloride	250 mg	100 @ 14.14	BQ
1948M	Promethazine Hydrochloride	5 mg	100 @ 4.84	GW
1953T	Propantheline Bromide	50 mg in 2 mL	5 @ 5.50	BL
1955X	Propylthiouracil	15 mg	100 @ 4.79	SR
2563X	Protein Hydrolysate Formula	50 mg	100 @ 13.62	JC
1865E	Protein Hydrolysate Formula Low In Phenylalanine	425 g	1 @ 13.98	MJ
2676W	Protein Hydrolysate Formula with Medium Chain Triglycerides	454 g	1 @ 27.25	MJ
8259Q		400 g	1 @ 11.87	NT
2679B		450 g	1 @ 12.71	NU
8284B	Raltitrexed	450 g	1 @ 16.50	MJ
8161M	Ranitidine Hydrochloride	2 mg	1 @ 296.33	IC
8162N		150 mg (base) per 10 mL, 300 mL	1 @ 10.57	GW
8904P		150 mg (base) per 10 mL, 300 mL	1 @ 10.57	GW
8905Q		150 mg (base) per 10 mL, 300 mL	1 @ 10.57	GW
1980F	Red-Back Spider Antivenom	500 units	1 @ 95.70	CS

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
3087L	Salbutamol	100 mcg per dose (200 doses)	1 @ 3.08	AF
1099W	Salbutamol Sulfate	200 mcg (base)	1 @ 3.83	GW
1096Q		100 mcg (base) per dose (200 doses)	100 @ 7.95	GW
8036Y		200 mcg (base) per dose, 8 doses per disk, 15	1 @ 3.25	MM
2000G		2.5 mg (base) in 2.5 mL, 30	1 @ 9.55	GW
2001H		5 mg (base) in 2.5 mL, 30	1 @ 9.81	AF,PU
2003K		5 mg (base) per mL, 30 mL	1 @ 10.81	GW
2014B	Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate	1 g-320 mg-534 mg in 20 mL, 500 mL	1 @ 10.37	AF,PU
2264E	Sodium Chloride	154 mmol per L, 1 L	1 @ 11.37	GW
2260Y		513 mmol per L, 1 L	1 @ 3.45	MM,PU
2266G	Sodium Chloride Compound	1 L	1 @ 4.46	GW
2281C	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @ 3.56	RC
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
2286H	Sodium Lactate Compound	1 L	60 @ 26.90	RR
2294R	Sodium Valproate	100 mg	1 @ 1.87	BX
2289L		200 mg (e.c.)	100 @ 12.46	RC
2290M		500 mg (e.c.)	100 @ 16.30	AF
2293Q		200 mg per 5 mL, 300 mL	100 @ 16.80	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
2047R	Sulindac	100 mg	100 @ 21.07	PS
2109B	Tamoxifen Citrate	10 mg (base)	50 @ 5.06	AF
2110C		20 mg (base)	50 @ 5.57	FR
2088X	Temazepam	10 mg	30 @ 24.75	IC,PU
2105T		10 mg	30 @ 42.90	IC,PU,SI
1251W	Terbutaline Sulfate	5 mg in 2 mL, 30	25 @ 2.00	AF,WX
8098F	Testosterone	100 mg	25 @ 3.00	WY
8099G		200 mg	25 @ 2.00	AD,AF,SI,WX
2127Y	Tetanus Vaccine, Adsorbed	0.5 mL	25 @ 3.00	WY
2832C	Tetracosactrin	1 mg in 1 mL	1 @ 11.09	AP
2135J	Tetracycline Hydrochloride	250 mg	1 @ 31.90	OR
2146Y	Tetracycline Hydrochloride (Buffered)	250 mg	1 @ 63.80	OR
2345K	Thiotepa	15 mg	1 @ 4.13	CS
1356J	Tobramycin Sulfate	80 mg (base)	1 @ 13.41	CG
2178P	Tolbutamide	500 mg	25 @ 2.53	LE
2117K	Triamcinolone Acetonide	200 mcg per g, 100 g	25 @ 2.53	BQ,LE
2118L		200 mcg per g, 100 g	25 @ 3.53	BC
3128P	Triglycerides, Medium Chain	500 mL	1 @ 17.82	LE
2686J	Triglycerides—Medium Chain, Formula	454 g	1 @ 6.12	LY
			5 @ 30.56	BL
			100 @ 5.56	HP
			1 @ 3.82	BQ,LE
			1 @ 3.82	LE
			1 @ 16.50	NU
			1 @ 11.84	MJ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
3136C	Triglycerides, Medium Chain and Long Chain with Glucose Polymer	400 g	1 @ 29.35	SB
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 in 10 mL	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	LY
8280T	Vinorelbine Tartrate	10 mg (base) in 1 mL	1 @ 91.35	AA
8281W		50 mg (base) in 5 mL	1 @ 382.20	AA

**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 @ 4.55	HX
			50 @ 5.10	CG
5079H		100 mg	20 @ 9.24	CG
5080J	Diflunisal	250 mg	50 @ 5.27	MK
5087R	Erythromycin Lactobionate	300 mg (base)	1 @ 7.70	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	AF
			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
5176K	Naproxen	250 mg	50 @ 4.96	AF
			50 @ 6.47	SD
5185X		500 mg	20 @ 7.45	SD
3359T	Phenoxyethylpenicillin	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	SI
			1 @ 3.37	AB,CS
3366E		250 mg per 5 mL, 100 mL	1 @ 4.16	AB,SI
			1 @ 4.64	CS
3374N	Promethazine Hydrochloride	50 mg in 2 mL	5 @ 5.50	BL
5212H	Sodium Chloride	154 mmol per L, 1 L	1 @ 1.87	BX
5213J		513 mmol per L, 1 L	1 @ 3.09	BX
5214K	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @ 1.87	BX
5215L		19 mmol-104 mmol per 500 mL, 500 mL	1 @ 2.55	BX
5216M		39 mmol-69 mmol per 500 mL, 500 mL	1 @ 2.55	BX
5217N	Sulindac	100 mg	50 @ 5.06	AF
			50 @ 5.57	FR
5223X	Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 4.13	CS
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	10.98	
Acetone	BP	0.02	0.18	1.57	
(use as additive only)					
ACIDS					
Acetic (6 per cent)	BP	0.01	0.04	0.37	
Acetic (33 per cent)	BP	0.02	0.12	1.09	
Ascorbic	BP	0.12	0.97	..	0.02: 100 mg
(use as ingredient of Mixtures of Ferrous Sulfate APF)					
Benzoic	BP	0.09	0.74	..	0.01: 100 mg
Boric	BP	0.05	0.42	3.69	
(use as additive only)					
Citric Monohydrate	BP	0.03	0.21	1.90	
Hydrochloric Dilute	BP	0.04	0.35	3.07	
Lactic	BP	0.17	1.37	..	
Salicylic	BP	0.06	0.48	4.31	
Trichloroacetic	BP 1980	0.80	6.37	..	
Alum	BP	0.03	0.21	1.89	
Aspirin	BP	0.07	0.54	4.81	
Benzocaine	BP	0.51	4.10	..	
Calcium Hydroxide	BP	0.11	0.88	7.78	
Cetostearyl Alcohol	BP	0.10	0.79	6.98	
Chlorhexidine Acetate	BP	1.59	12.75	..	0.20: 100 mg
(use as additive only)					
Chlorinated Lime	BP	0.05	0.41	3.60	
Chloroform	BP	0.03	0.26	2.35	
(use as additive only)					
Cocaine Hydrochloride	BP	22.88	..	..	2.86: 100 mg
Codeine Phosphate	BP	3.45	27.58	..	0.43: 100 mg
(may only be prescribed in linctuses, mixtures or mixtures for children)					
Collodion Flexible	BP	0.12	0.94	8.39	
CREAMS					
Aqueous	APF	0.01	0.11	0.83	
(for use only as a base combined with active ingredients)					
Cetomacrogol Aqueous	APF	0.02	0.14	1.22	
(for use only as a base combined with active ingredients)					
Cetrimide Aqueous	APF	0.04	0.29	2.59	
(for use only as a base combined with active ingredients)					
Chlorhexidine Aqueous	APF	0.06	0.50	4.48	
(for use only as a base combined with active ingredients)					
Zinc	BP	0.04	0.28	2.53	
(for use only as a base combined with active ingredients)					
Dithranol	BP	11.11	88.85	..	1.39: 100 mg

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
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	3.94	
EXTRACT					
Liquorice Liquid	BP	0.11	0.89	7.88	
Ferrous Sulfate	BP	0.11	0.89	7.88	
Glycerol	BP	0.03	0.20	1.76	
Honey Purified (use as additive only)	BP	0.01	0.07	0.62	
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.06	0.51	4.66	
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	0.39	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					
Castor (use as additive only)	BP	0.03	0.22	1.97	
Coconut	BP	0.04	0.33	2.95	
Eucalyptus (use as additive only)	BP	0.06	0.44	3.88	
Lavender Spike	BPC 1968	0.30	2.37	..	
Olive (use as additive only)	BP	0.03	0.20	1.78	
Peppermint (use as additive only)	BP	0.33	2.60	..	
OINTMENTS					
Benzoic Acid Compound	APF	0.04	0.33	2.95	
Emulsifying (for use only as a base combined with active ingredients)	BP	0.04	0.33	2.91	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
OINTMENTS—cont.					
Paraffin (white) (for use only as a base combined with active ingredients)	BP	0.02	0.18	1.57	
Paraffin (yellow) (for use only as a base combined with active ingredients)	BP 1968	0.02	0.18	1.57	
Salicylic Acid	APF	0.05	0.37	3.31	
Salicylic Acid	BP	0.05	0.37	3.31	
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	3.94	
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	1.37	
Paraffin Light Liquid	BP	0.02	0.18	1.56	
Paraffin Soft White	BP	0.02	0.13	1.14	
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 Liquefied (not available for ear drops)	BP	0.22	1.76	15.60	
Podophyllum Resin	BP	1.04	8.29	..	
Potassium Citrate	BP	0.04	0.31	2.79	
Potassium Iodide	BP	0.21	1.64	14.56	
Potassium Permanganate	BP	0.04	0.32	2.80	
POWDER					
Tragacanth Compound	BP 1980	0.18	1.41	12.49	
Propyl Hydroxybenzoate	BP	0.33	2.65	..	
Propylene Glycol	BP	0.06	0.46	4.05	
Resorcinol	BP	0.26	2.05	..	
Sodium Bicarbonate	BP	0.02	0.12	1.03	
Sodium Chloride	BP	0.02	0.19	1.70	
Sodium Citrate	BP	0.03	0.27	2.38	
Sodium Thiosulfate (use as additive only)	BP	0.03	0.24	2.14	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
SOLUTIONS					
Aluminium Acetate	BP	0.05	0.37	3.25	
Benzoic Acid	BP	0.05	0.39	3.46	
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	0.06	0.45	3.97	
Iodine Aqueous Oral	BP	0.08	0.65	5.79	
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	1.08	
Starch	BP	0.03	0.24	2.11	
Sulfur Precipitated	BP 1980	0.03	0.22	1.92	
SYRUPS					
Orange	BP	0.05	0.40	3.52	
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	4.05	
Ipecacuanha	BP	0.13	1.07	9.51	
Opium	BP	0.29	2.30	20.42	
Orange	BP	0.06	0.45	3.97	
Tragacanth Powdered	BP	0.85	6.83	60.71	
Triethanolamine	BP	0.09	0.74	6.58	
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.04	0.32	2.88	
Chloroform Concentrated 1 in 40	APF	0.03	0.23	2.05	
For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	5.71	
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	0.39	3.50	
Wool Fat Hydrous	BP	0.04	0.32	2.82	
Zinc Oxide	BP	0.04	0.29	2.55	
Zinc Sulfate	BP	0.05	0.40	3.58	

Container Prices

	\$
DISPENSING BOTTLES—	
25 mL	0.40
50 mL	0.40
100 mL	0.56
200 mL	0.72
500 mL	1.56
POISON BOTTLES—	
25 mL	0.49
50 mL	0.47
100 mL	0.51
200 mL	0.76
500 mL	1.28
SCREW CAP JARS—	
25 g	0.59
50 g	0.65
100 g	0.73
200 g	0.64
500 g	1.68
DROPPER CONTAINERS—	
15 mL polythene	0.68
15 mL glass	0.94

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	8.00	9.23
DUSTING POWDERS (Maximum Quantity 100 g and 1 Repeat)				
7458M	Zinc, Starch and Talc	APF & BPC 1973	9.92	11.15
EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)				
7642F	Aluminium Acetate	APF	7.27	8.50
7643G	Aluminium Acetate	BP	7.44	8.67
7314Y	Sodium Bicarbonate	APF & BP	7.06	8.29
7313X	Spirit	APF	6.98	8.21
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
LINCTUSES CONTAINING CODEINE PHOSPHATE (Maximum Quantity 100 mL and no Repeats)				
7530H	Codeine	APF	10.11	11.34
LOTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7709R	Aluminium Acetate Aqueous	APF	7.69	8.92
MIXTURES, OTHER (Maximum Quantity 200 mL and 4 Repeats)				
7604F	Gentian Alkaline	APF	8.82	10.05
7599Y	Gentian Alkaline (extemporaneous formula)	BP	8.54	9.77
7348R	Kaolin	BPC 1968	8.71	9.94
7301G	Kaolin and Opium	APF 14	10.92	12.15
7342K	Magnesium Trisilicate	BPC 1968	8.58	9.81
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	9.24	10.47
MOUTH WASHES (Maximum Quantity 200 mL and 1 Repeat)				
7457L	Thymol Compound	APF	10.44	11.67
OINTMENTS (Maximum Quantity 100 g and 1 Repeat)				
7914M	Benzoic Acid Compound	APF	9.79	11.02
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	9.79	11.02
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	10.62	11.85
7926E	Salicylic Acid	APF	10.15	11.38
7928G	Salicylic Acid (extemporaneous formula)	BP	10.15	11.38

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
PAINTS (Maximum Quantity 25 mL and 1 Repeat)				
7567G	Podophyllin Compound	APF & BP	11.74	12.97
7568H	Salicylic Acid	APF	9.19	10.42
PASTES, OTHER (Maximum Quantity 100 g and 1 Repeat)				
7558T	Zinc Compound	APF	13.43	14.66
7558T	Zinc Compound (extemporaneous formula)	BP	13.43	14.66
POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)				
7545D	Magnesium Trisilicate	BP	10.33	11.56
SOLUTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7539T	Calcium Hypochlorite (Eusol)	APF	7.58	8.81

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 1998

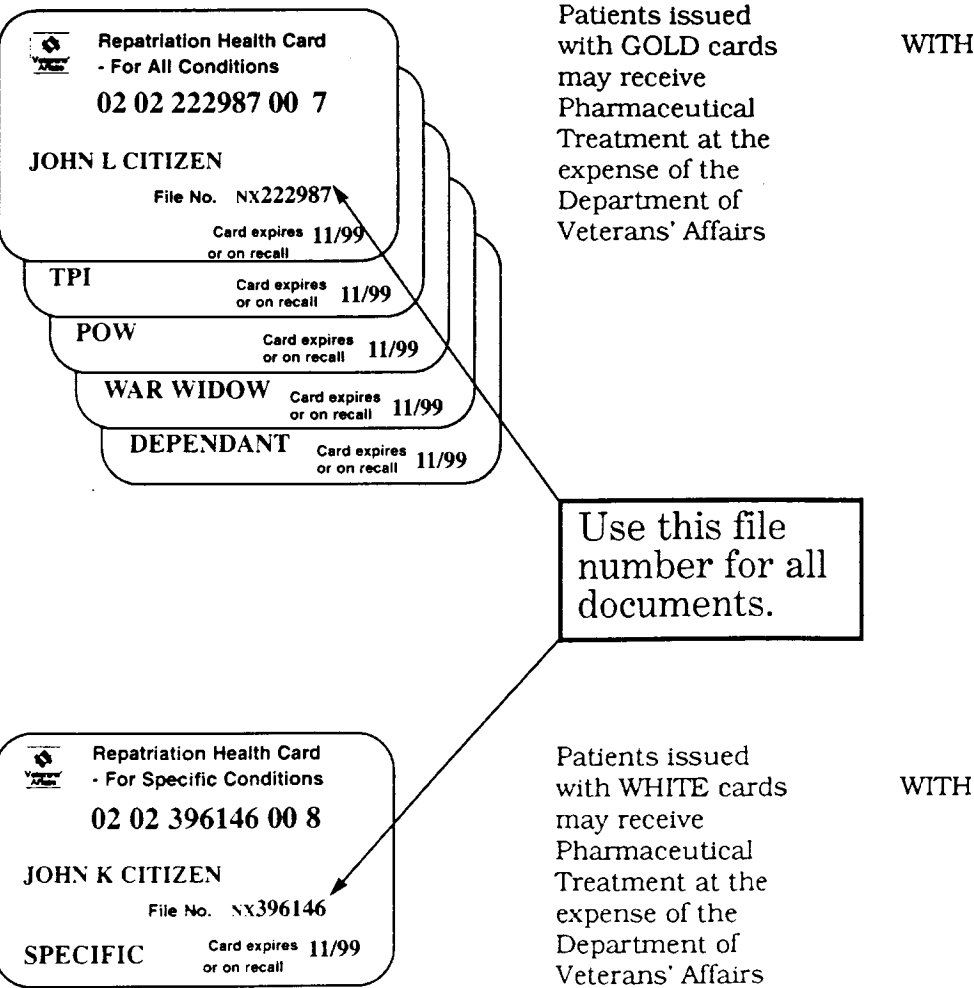
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- 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



FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (Restrictions apply)	+	Repatriation Schedule Listings written on the common PBS/RPBS prescription form, ticked as 'RPBS'	+	Items for which prescribing approval has been authorised on a PBS/RPBS common Authority prescription form for: (i) PBS and Repatriation Schedules 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.
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**Only for disabilities that have been accepted for treatment by
the Department of Veterans' Affairs**

PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (Restrictions apply)	+	Repatriation Schedule Listings written on the common PBS/RPBS prescription form, ticked as 'RPBS'	+	Items for which prescribing approval has been authorised on a PBS/RPBS common Authority prescription form or: (i) PBS and Repatriation Schedules 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.
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RPBS EXPLANATORY NOTES

INTRODUCTION

The Australian Repatriation System

1. The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. For certain cases, treatment is also provided for injuries which are not service related or occurred as a result of non-war service.
2. Entitlement to compensation is determined by independent statutory authorities constituted under the *Veterans' Entitlements Act 1986*. The Department of Veterans' Affairs is responsible for the administration of these compensatory benefits, which include pensions and other allowances, and entitlement to treatment.

RPBS PRESCRIBING PROVISIONS

3. Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme prescriptions are to conform to the requirements of Pharmaceutical Benefits Scheme prescriptions, as detailed in Section 1 (Explanatory Notes) of the PBS Schedule. The prescriber shall ensure that the prescription form contains the following details:

- the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
- the patient's name and full address;
- the prescription date;
- the DVA File Number of the patient as evidence of entitlement;
- in the case of Authority prescriptions, the telephone approval number;
- the item, form, strength, quantity and directions;
- the number of repeats, if applicable;
- the name, prescriber number and address of the prescriber.

Dental Prescribing

4. 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).
5. 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.
6. 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

7. The prior approval of the Department is required to prescribe the following:
 - 'Authority required' items listed in the PBS or RPBS Schedules;
 - increased quantities and/or repeats of items listed in either the PBS or RPBS Schedules; and
 - other items not listed in either Schedule.
8. The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in Section 1 (Explanatory Notes) of the PBS Schedule.
9. 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 1 800 552 580.

10. 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.

11. A pharmacist should not supply an item prescribed on an RPBS authority prescription unless the form has been approved and stamped by the Department, or has been endorsed by the prescriber with a telephone approval number 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.

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 Guild Prescription Proprietaries Management Guide* 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* issued by The Pharmacy Guild of Australia.

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 listed in the *The Guild Prescription Proprietaries Management Guide*, plus the appropriate PBS mark-up and the PBS composite fee.

Pricing of Non-Schedule Ready Prepared Items

18. Non-Schedule ready prepared items are to be priced on the basis of price to pharmacist plus the appropriate PBS mark-up and the PBS composite fee. Where the item is not listed in *The Guild Prescription Proprietaries Management Guide* and the price to pharmacists is greater than \$100.00, a copy of the invoice pertaining to the supply of that item is to be submitted with the original authority prescription for payment.

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 *The Guild Prescription Proprietaries Management Guide*.

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 *The Guild Prescription Proprietaries Management Guide*, 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 6, 7, 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.

Therapeutic Group Premiums — Authority Processing

31. Due to the introduction of new arrangements associated with therapeutic group premiums, items attracting a therapeutic group premium are dual listed. Dispensing pharmacists are therefore required to select the appropriate code for those items which are dual listed as authority and non-authority items, in order to correctly charge the patient and claim from the Health Insurance Commission. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters "TPX" at the beginning of the telephone approval number, on in the case of a written approval, will be stamped with the words "This prescription does not attract a therapeutic group premium".

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 1998 and all previous editions are cancelled.

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

- 4190M **Diclofenac Sodium with Misoprostol**, tablet 50 mg-200 micrograms (*Arthrotec 50*)
4238C **Fexofenadine Hydrochloride**, tablet 120 mg (*Telfast 120*)
4348W **Mupirocin**, cream 20 mg (as calcium) per g (2%), 15 g (*Bactroban*)
4473K **Terbinafine Hydrochloride**, cream 10 mg per g (1%), 15 g (*Lamisil*)
4522B **Zopiclone**, tablet 7.5 mg (*Imovane*)

DELETIONS

Deletions — Items

- 4112K **Allantoin and Coal Tar Extract**, cream 17 mg-50 mg per g (1.7%-5%), 50 g (*Alphosyl*)
4483Y **Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin**, cream 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1 g), 15 g (*Aristocomb*)

Deletions — Brands

- 4482X *Aristocomb, LE*—**Triamcinolone Acetonide with Neomycin Sulfate, Gramicidin and Nystatin**, 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

ALTERATIONS

Alterations — Maximum Quantity

- | | <i>From</i> | <i>To</i> |
|--|-------------|-----------|
| 4011D Terbinafine Hydrochloride , tablet 250 mg (base) (<i>Lamisil</i>) | 28 | 42 |

Alterations — Number of Repeats

- | | <i>From</i> | <i>To</i> |
|--|-------------|-----------|
| 4011D Terbinafine Hydrochloride , tablet 250 mg (base) (<i>Lamisil</i>) | 2 | 1 |

Alterations — Proprietary Name

4888G	Dressing Hydrocolloid (Superficial Wound— Light Exudate) , dressings 5 cm x 7 cm, 10	From:	Comfeel Transparent 3530
		To:	Comfeel Plus Transparent 3530
4889H	Dressing Hydrocolloid (Superficial Wound— Light Exudate) , dressings 9 cm x 14 cm, 10	From:	Comfeel Transparent 3536
		To:	Comfeel Plus Transparent 3536
4544E	Sunscreens , cream 100 g	From:	SunSense Cream 15+
		To:	SunSense Cream SPF 30+
4546G	Sunscreens , lotion (non-alcoholic) 125 mL	From:	SunSense Milk 15+
		To:	SunSense Ultra SPF 30+

Alterations — Manufacturer's Code

		<i>From</i>	<i>To</i>
4047B	Sodium Citro-Tartrate , sachets containing oral effervescent powder 3.7 g, 28 (<i>Citralite</i>)	RR	MM
4048C	Sodium Citro-Tartrate , sachets containing oral effervescent powder 4 g, 28 (<i>Citruvescent Sachets</i>)	RR	MM
4011D	Terbinafine Hydrochloride , tablet 250 mg (base) (<i>Lamisil</i>)	SZ	NV

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for

RPBS Schedule

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SECTION 1

Drugs, Medicines and Dressings

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ALIMENTARY TRACT AND METABOLISM								
STOMATOLOGICAL PREPARATIONS								
Stomatological preparations								
• Antifectives for local oral treatment								
4161B	CHLORHEXIDINE GLUCONATE Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	9.58 9.62	3.20 3.20	Plaqacide Savacol Mouth and Throat Rinse	OB OM
4160Y	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	10.95	3.20	Periogard (Chlorohex) Mouth Rinse	OM
• Other agents for local oral treatment								
4156R	CARBENOXOLONE SODIUM Gel 20 mg per g (2%), 5 g	‡1	1	..	12.36	3.20	Bioral	SN
4568K	SALIVA SUBSTITUTE 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	..	*17.18	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
Drugs for treatment of peptic ulcer								
• H₂-receptor antagonists								
	NOTE: <i>Helicobacter pylori</i> eradication therapy should be considered.							
	NOTE: The base-priced drugs in this therapeutic group are cimetidine, nizatidine and ranitidine hydrochloride.							

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CIMETIDINE								
❖ Authority required ❖								
<i>To be approved where other base-priced (benchmark) drug treatment is inappropriate for initial treatment of peptic ulcer.</i>								
NOTE:								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
4975W	Effervescent tablet 800 mg (as hydrochloride)	30	1	..	33.89	3.20	Tagamet 800 Express	SK
❖ Authority required ❖								
<i>To be approved where other base-priced (benchmark) drug therapy is inappropriate for:</i>								
<i>Maintenance treatment of peptic ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis;</i>								
<i>Scleroderma oesophagus;</i>								
<i>Zollinger-Ellison syndrome.</i>								
4976X	Effervescent tablet 800 mg (as hydrochloride)	30	5	..	33.89	3.20	Tagamet 800 Express	SK
FAMOTIDINE								
❖ Authority required ❖								
<i>To be approved where other base-priced (benchmark) drug treatment is inappropriate for initial treatment of peptic ulcer.</i>								
NOTE:								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
4981E	Tablet 20 mg	60	1	..	27.72	3.20	Amfamox 20 Pepcidine M	AD MK
4983G	Tablet 40 mg	30	1	..	27.72	3.20	Amfamox 40 Pepcidine	AD MK
❖ Authority required ❖								
<i>To be approved where other base-priced (benchmark) drug treatment is inappropriate for:</i>								
<i>Maintenance treatment of duodenal ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis;</i>								
<i>Scleroderma oesophagus;</i>								
<i>Zollinger-Ellison syndrome.</i>								
4982F	Tablet 20 mg	60	5	..	27.72	3.20	Amfamox 20 Pepcidine M	AD MK
4984H	Tablet 40 mg	30	5	..	27.72	3.20	Amfamox 40 Pepcidine	AD MK

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
RANITIDINE HYDROCHLORIDE								
❖ Authority required ❖								
<i>To be approved where other base-priced (benchmark) drug treatment is inappropriate for initial treatment of peptic ulcer.</i>								
NOTE:								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
4977Y	Effervescent tablet 150 mg (base)	60	1	..	25.48	3.20	Zantac	GW
4979C	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	..	*25.48	3.20	Zantac Syrup	GW

❖ Authority required ❖

To be approved where other base-priced (benchmark) drug therapy is inappropriate for:

*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.*

4978B	Effervescent tablet 150 mg (base)	60	5	..	25.48	3.20	Zantac	GW
4980D	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	..	*25.48	3.20	Zantac Syrup	GW

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	^a Colese	AF
				..	27.68	3.20	^a 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
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
LAXATIVES								
Laxatives								
• Contact laxatives								
4198Y	DOCUSATE SODIUM with SENNA Tablet 50 mg-8 mg	90	2	..	9.33	3.20	Coloxyl with Senna	FM
4455L	SENNA STANDARDISED Tablet 7.5 mg	100	1	..	9.31	3.20	Senokot	RC
• Bulk producers								
4285M	ISPAGHULA HUSK Sachets 3.5 g, 30	‡1	1	..	12.30	3.20	Fybogel	RC
4425X	PSYLLIUM HYDROPHILIC MUCILLOID 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
4557W	STERCULIA with FRANGULA BARK 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								
4462W	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE Enemas 3.125 g-450 mg-45 mg in 5 mL, 4	‡1	..	..	9.66	3.20	Micro lax	PS
• Other laxatives								
GLYCEROL								
❖ Restricted benefit ❖								
<i>Short-term use when oral laxative therapy has failed or is inappropriate.</i>								
4246L	Suppositories 2.8 g (for adults), 12	3	..	..	*15.20	3.20	PP	

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VITAMINS								
	Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂							
	• Vitamin B₁, plain							
4043T	THIAMINE HYDROCHLORIDE Tablet 100 mg	100	2	..	8.22	3.20	Betamin	RR
	Vitamin B-complex, incl. combinations							
	• Vitamin B-complex, plain							
4493L	VITAMIN B GROUP COMPLEX 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 ❖							
	<i>For management of wound healing.</i>							
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.

4321K	Tablet 500 mg	50	..	..	11.09	3.20	Magmin	BB
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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.

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DALTEPARIN SODIUM								
<i>(Low Molecular Weight Heparin Sodium—porcine mucous)—cont.</i>								
4224H	<i>Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe</i>	10	..	..	53.63	3.20	Fragmin	PS
4225J	<i>Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe</i>	10	..	..	71.99	3.20	Fragmin	PS
ENOXAPARIN SODIUM								
❖ Authority required ❖								
<i>Major orthopaedic surgery; Major general surgery; Renal dialysis patients.</i>								
CAUTION:								
<i>Lower doses may be more appropriate for older people.</i>								
4220D	<i>Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe</i>	10	..	..	69.21	3.20	Clexane	RR
4221E	<i>Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe</i>	10	..	..	74.23	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.								
• Enzymes								
UROKINASE								
❖ Authority required ❖								
<i>Peripheral arterial occlusion; Venous occlusion.</i>								
4489G	<i>Injection set containing 1 vial powder for injection 100,000 i.u. and 1 vial solvent 2 mL</i>	6	..	..	*960.44	3.20	Ukidan	SG
4486D	<i>Injection set containing 1 vial powder for injection 500,000 i.u. and 1 vial solvent 2 mL</i>	1	..	..	736.87	3.20	Ukidan	SG

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
PLASMA SUBSTITUTES AND PERFUSION SOLUTIONS							
Irrigating solutions							
• Salt solutions							
	SODIUM CHLORIDE						
4460R	Irrigation solution 9 mg per mL (0.9%), 500 mL	‡1	2	..	7.48	3.20	BX
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	‡1	2	..	7.53	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	..	..	16.74	3.20	Proctosedyl RL
4037L	Ointment 5 mg-5 mg per g (0.5%- 0.5%), 2 g single use tubes, 5	2	..	..	*23.26	3.20	Proctosedyl RL
4038M	Suppositories 5 mg-5 mg, 12	‡1	..	..	15.76	3.20	Proctosedyl RL
• Other antihemorrhoidals for topical use							
	ZINC OXIDE						
4039N	Compound ointment 50 g	‡1	1	..	11.62	3.20	Anusol WW
4040P	Compound suppositories, 12	‡1	1	..	10.64	3.20	Anusol WW
CALCIUM CHANNEL BLOCKERS							
Selective calcium channel blockers with mainly vascular effects							
• Dihydropyridine derivatives							
	NOTE: The base-priced drugs in this therapeutic group are felodipine and nifedipine.						

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMLODIPINE BESYLATE								
❖ Authority required ❖								
To be approved where other base-priced (benchmark) drug treatment is inappropriate.								
4985J	Tablet 5 mg (base)	30	5	..	24.47	3.20	Norvasc	PF
4986K	Tablet 10 mg (base)	30	5	..	38.37	3.20	Norvasc	PF

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.

NOTE:

The base-priced drugs in this therapeutic group are captopril, cilazapril monohydrate, perindopril erbumine, quinapril hydrochloride, ramipril andtrandolapril.

ENALAPRIL MALEATE

❖ Authority required ❖

*To be approved where other base-priced (benchmark)
drug treatment is inappropriate.*

4990P	Tablet 5 mg	30	5	..	20.35	3.20	Amprace 5 Renitec M	AD MK
4991Q	Tablet 10 mg	30	5	..	27.21	3.20	Amprace 10 Renitec	AD MK
4992R	Tablet 20 mg	30	5	..	32.53	3.20	Amprace 20 Renitec 20	AD MK

FOSINOPRIL SODIUM

❖ Authority required ❖

*To be approved where other base-priced (benchmark)
drug treatment is inappropriate.*

4993T	Tablet 10 mg	30	5	..	25.17	3.20	Monopril	BQ
4994W	Tablet 20 mg	30	5	..	34.37	3.20	Monopril	BQ

LISINOPRIL

❖ Authority required ❖

*To be approved where other base-priced (benchmark)
drug treatment is inappropriate.*

4995X	Tablet 5 mg	30	5	B .. 0.60	21.97 22.57	3.20 3.20	Prinivil 5 Zestril	AD IC
4996Y	Tablet 10 mg	30	5	B .. 0.60	29.71 30.31	3.20 3.20	Prinivil 10 Zestril	AD IC
4997B	Tablet 20 mg	30	5	B .. 0.60	35.72 36.32	3.20 3.20	Prinivil 20 Zestril	AD IC

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DERMATOLOGICALS								
ANTIFUNGALS FOR DERMATOLOGICAL USE								
Antifungals for topical use								
• Antibiotics								
NYSTATIN								
4001N	Cream 100,000 units per g, 15 g	#1	1	..	8.82 9.36	3.20 3.20	Mycostatin Nilstat	BQ AY
4002P	Ointment 100,000 units per g, 15 g	#1	1	..	8.82 9.36	3.20 3.20	Mycostatin Nilstat	BQ AY
• Imidazole derivatives								
BIFONAZOLE								
4003Q	Cream 10 mg per g (1%), 15 g	#1	..	..	9.65	3.20	Mycospor	BN
CLOTTRIMAZOLE								
4004R	Cream 10 mg per g (1%), 20 g	#1	1	..	6.73 10.04	3.20 3.20	Clonea Canesten	AF BN
4005T	Lotion 10 mg per mL (1%), 20 mL	#1	1	..	8.96	3.20	Canesten	BN
ECONAZOLE NITRATE								
4006W	Cream 10 mg per g (1%), 20 g	#1	1	..	9.79	3.20	Ecostatin	BQ
4555R	Cream 10 mg per g (1%), 25 g	#1	1	..	9.14	3.20	Dermazole	EO
KETOCONAZOLE								
❖ Restricted benefit ❖								
Severe seborrhoeic dermatitis.								
4008Y	Shampoo 20 mg per mL (2%), 60 mL	#1	..	..	16.14	3.20	Nizoral	JC
MICONAZOLE								
4341L	Tincture 20 mg per mL (2%), 30 mL	#1	1	..	12.71	3.20	Daktarin	JC
MICONAZOLE NITRATE								
4009B	Cream 20 mg per g (2%), 20 g	#1	1	..	7.42	3.20	Monistat Derm	JC
• Other antifungals for topical use								
AMOROLFINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
Onychomycosis.								
4010C	Nail treatment kit containing nail lacquer 50 mg (base) per mL (5%), 5 mL, 60 isopropyl alcohol cleaning pads, 10 spatulas and 30 nail files	#1	1	..	87.27	3.20	Loceryl	RO
TERBINAFINE HYDROCHLORIDE								
❖ Restricted benefit ❖								
Tinea pedis.								
4473K	Cream 10 mg per g (1%), 15 g	#1	1	..	18.19	3.20	Lamisil	NV

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4477P	TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE Powder 10 mg-10 mg-50 mg- 50 mg per g (1%-1%-5%- 5%), 50 g	‡1	..	..	13.44	3.20	Pedoz	HA
4479R	TOLNAFTATE 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	..	..	16.15	3.20	Tinaderm	SH

Antifungals for systemic use

• Antifungals for systemic use

TERBINAFINE HYDROCHLORIDE

❖ Authority required ❖

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

4011D	Tablet 250 mg (base)	42	1	..	156.14	3.20	Lamisil	NV
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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	..	..	8.37	3.20	Silic 15	EO
4551M	Cream 150 mg-20 mg per g (15%-2%), 500 g	‡1	..	..	17.52	3.20	Silic 15	EO

• Soft paraffin and fat products

4041Q	WOOL ALCOHOLS Ointment 100 g	‡1	1	..	8.74	3.20	Eucerin	BE
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• Carbamide products

4042R	UREA 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

4122Y	BATH EMOLLIENT Bath oil 500 mL	‡1	2	..	14.37	3.20	Hamilton Bath Oil	HA
				..	14.39	3.20	QV Bath Oil	EO

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4518T	CARMELLOSE SODIUM with PECTIN and GELATIN Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%- 16.7%), 5 g	‡1	..	..	7.30	3.20	Orabase	BQ
Protectives against UV-radiation								
• Protectives against UV-radiation for topical use								
4209M	SUNSCREENS Solid stick 5 g	‡1	2	..	7.67	3.20	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	‡1	2	..	11.06	3.20	Hamilton Sunscreen Broad Spectrum Cream 15+	HA
				..	13.42	3.20	SunSense Cream SPF 30+	EO
4476N	Lotion (alcoholic) 100 mL	‡1	2	..	11.52	3.20	Hamilton Sunscreen Spray 15+	HA
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	11.06	3.20	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.48	3.20	Aquasun Lotion SPF 18	PF
				..	13.64	3.20	SunSense Ultra SPF 30+	EO

ANTI-PRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Antipruritics, incl. antihistamines, anesthetics, etc.

• **Anesthetics for topical use**

4308R	LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE Mucilage 20 mg-25 mg per mL (2%- 2.5%), 200 mL	‡1	..	..	43.36	3.20	Xylocaine Viscous	AP
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• **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	..	15.78	3.20	Pinetarsol	EO
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTIPSORIATICS								
Antipsoriatics for topical use								
• Tars								
ALLANTOIN and COAL TAR EXTRACT								
4111J	Lotion 20 mg-50 mg per mL (2%-5%), 250 mL	#1	2	..	14.58	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	..	15.30	3.20	Egopsoryl-TA	EO
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE								
Antibiotics for topical use								
• Other antibiotics for topical use								
MUPIROCIIN								
❖ Restricted benefit ❖								
<i>For the topical treatment of secondarily infected traumatic skin lesions.</i>								
4348W	Cream 20 mg (as calcium) per g (2%), 15 g	#1	..	..	12.76	3.20	Bactroban	SK
Chemotherapeutics for topical use								
• Antivirals								
PODOPHYLLOTOXIN								
❖ Authority required ❖								
<i>For the treatment of ano-genital warts.</i>								
4566H	Paint 5 mg per mL (0.5%), 3.5 mL (with 30 swabs)	#1	..	..	34.83	3.20	Condyline Paint	HA
• Other chemotherapeutics								
METRONIDAZOLE								
4336F	Gel 7.5 mg per g (0.75%), 15 g	#1	..	..	10.54	3.20	Rozex	GA
4337G	Gel 7.5 mg per g (0.75%), 30 g	#1	..	..	15.76	3.20	Rozex	GA
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

continued ➡

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	BETAMETHASONE VALERATE—cont.							
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 antibiotics

• Corticosteroids, moderately potent, combinations with antibiotics

	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN							
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	..	..	14.30	3.20	Kenacomb	BQ

CAUTION:

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

ANTISEPTICS AND DISINFECTANTS

Antiseptics and disinfectants

• Biguanides and amidines

4045X	CHLORHEXIDINE GLUCONATE Solution 50 mg per mL (5%), 200 mL	‡1	1	..	11.44	3.20	Hibitane Concentrate	IC
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• Iodine products

4411E	POVIDONE-IODINE Solution 100 mg per mL (10%), 100 mL	‡1	..	..	13.84	3.20	Minidine Antiseptic Solution	SI
				..	14.93	3.20	Betadine Antiseptic Liquid	FA

OTHER DERMATOLOGICAL PREPARATIONS

Other dermatological preparations

• Antihidrotics

4191N	DIPHEMANIL METHYLSULFATE Dusting powder 20 mg per g (2%), 50 g	‡1	1	..	12.99	3.20	Prantal	SH
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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	..	17.86	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	..	14.37	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	..	14.63	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	..	13.65	3.20	Sebitar	EO
4452H	SELENIUM SULFIDE Shampoo 25 mg per mL (2.5%), 125 mL	‡1	..	..	10.60	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	..	12.84	3.20	Posalflin	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	..	12.04	3.20	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	12.04	3.20	Egoderm Ointment	EO

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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	..	11.31	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	..	11.17	3.20	Ionil Rinse	GA
4549K	SKIN CLEANSER 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	..	8.62	3.20	Z.S.C.	SI

GENITO URINARY SYSTEM AND SEX HORMONES

GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS

Antiinfectives and antiseptics, excl. comb. with corticosteroids

• Antibiotics

NYSTATIN

4012E	Cream pessaries 100,000 units, 15	‡1	1	..	10.31	3.20	Nilstat	AY
4013F	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	10.31	3.20	Mycostatin Nilstat	BQ AY

• Imidazole derivatives

CLOTRIMAZOLE

4014G	Pessaries 100 mg, 6	‡1	..	..	9.09	3.20	^a Hiderm	BM
					9.33	3.20	^a Gyne-Lotrimin	SH
					12.04	3.20	^a Canesten	BN
4015H	Pessary 500 mg	1	..	..	9.09	3.20	^a Hiderm 1	BM
					12.04	3.20	^a Canesten 1	BN
4016J	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	9.29	3.20	^a Gyne-Lotrimin	SH
					12.04	3.20	^a Canesten	BN
4017K	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	12.04	3.20	Canesten 3	BN
	ECONAZOLE NITRATE							
4018L	Pessaries 150 mg, 3	‡1	..	..	9.84	3.20	Ecostatin	BQ

continued

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4019M	ECONAZOLE NITRATE—cont. Vaginal cream 75 mg per 5 g (1.5%), 35 g	‡1	..	..	9.98	3.20	Ecostatin	BQ
4020N	MICONAZOLE NITRATE Pessaries 100 mg, 7	‡1	..	..	9.57	3.20	Gyno-Daktarin 7	JP
4021P	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	..	9.57	3.20	Gyno-Daktarin 7	JP

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	..	..	23.24	3.20	Aci-Jel	JC
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UROLOGICALS

Other urologicals, incl. antispasmodics

• Other urologicals

SODIUM BICARBONATE

4458P	Capsule 840 mg	100	2	..	10.95	3.20	Sodibic	RR
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CAUTION:

For use in the treatment of renal disease.

SODIUM CITRO-TARTRATE

❖ Restricted benefit ❖

*For relief of urinary symptoms when antibiotic or
other therapy alone is inappropriate.*

4047B	<i>Sachets containing oral effervescent powder 3.7 g, 28</i>	‡1	4	..	8.87	3.20	Citralite	MM
4048C	<i>Sachets containing oral effervescent powder 4 g, 28</i>	‡1	4	..	8.87	3.20	Citrawescent Sachets	MM
4049D	<i>Sachets containing oral effervescent powder 4 g, 28</i>	‡1	4	..	9.41	3.20	Ural Sachets	AB

Drugs used in benign prostatic hypertrophy

• Alpha-adrenoreceptor antagonists

TERAZOSIN HYDROCHLORIDE

❖ Authority required ❖

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

4396J	<i>Starter pack containing 7 tablets 1 mg and 7 tablets 2 mg</i>	‡1	..	..	17.38	3.20	Hytrin	AB
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continued ➡

REPATRIATION

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

- **Testosterone-5-alpha reductase inhibitors**

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
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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
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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

Antimetabolites

- **Pyrimidine analogues**

FLUOROURACIL

4222F	Cream 50 mg per g (5%), 20 g	‡1	..	..	32.49	3.20	Efudix	DT
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4223G	Solution 10 mg per mL (1%), 30 mL	‡1	..	..	21.60	3.20	Fluoroplex	AG
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MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

Antiinflammatory and antirheumatic products, non-steroids

- **Acetic acid derivatives and related substances**

DICLOFENAC SODIUM with**MISOPROSTOL**

❖ Authority required ❖

Patients requiring an NSAID in whom a risk of upper G.I. complications is high or with a history of peptic ulcer disease.

4190M	Tablet 50 mg-200 micrograms	60	2	..	34.34	3.20	Arthrotec 50	SR
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
NERVOUS SYSTEM								
ANALGESICS								
Opioids								
• <i>Natural opium alkaloids</i>								
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
❖ Restricted benefit ❖								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>								
<i>(i) chronic severe disabling pain associated with proven malignant neoplasia; or</i>								
<i>(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.</i>								
4349X	Tablet 200 mg (controlled release)	20	..	..	126.22	3.20	MS Contin	PS
• <i>Diphenylpropylamine derivatives</i>								
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								
• <i>Salicylic acid and derivatives</i>								
CODEINE PHOSPHATE with ASPIRIN								
4061R	Tablet soluble 8 mg-300 mg	50	2	..	9.47	3.20	Aspalgin	FM
• <i>Anilides</i>								
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								
• <i>Ethers of tropine or tropine derivatives</i>								
BENZTROPINE MESYLATE								
4129H	Tablet 0.5 mg	100	2	..	7.35	3.20	Cogentin	MK

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
BROMAZEPAM								
❖ Authority required ❖								
<i>Patients with terminal disease;</i>								
<i>Patients with refractory phobic or anxiety states.</i>								
NOTE:								
<i>For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.</i>								
4150K	Tablet 3 mg	60	..	..	*22.24	3.20	Lexotan	RO
4151L	Tablet 6 mg	60	..	..	*28.06	3.20	Lexotan	RO
Hypnotics and sedatives								
• Benzodiazepine derivatives								
FLUNITRAZEPAM								
❖ Authority required ❖								
<i>Patients with terminal disease;</i>								
<i>Patients with refractory phobic or anxiety states.</i>								
NOTE:								
<i>For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.</i>								
4213R	Tablet 2 mg	25	..	..	9.65 11.20	3.20 3.20	^a Hypnodorm ^a Rohypnol	AF RO
• Cyclopyrrolones								
ZOPICLONE								
❖ Restricted benefit ❖								
<i>For the short-term treatment of insomnia.</i>								
4522B	Tablet 7.5 mg	30	..	..	15.86	3.20	Imovane	RR

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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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 *45.48	3.20 3.20	Nicabate 7 Nicotinell 10	ML 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 *49.64	3.20 3.20	Nicotinell 20 Nicabate 14	CG 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 *54.78	3.20 3.20	Nicabate 21 Nicotinell 30	ML CG

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTHELMINTICS

Antinematodal agents

• Benzimidazole derivatives

4325P	MEBENDAZOLE Tablet 100 mg	6	..	..	14.16	3.20	Vermox	JC
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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								
• <i>Sympathomimetics, plain</i>								
	OXYMETAZOLINE HYDROCHLORIDE							
4377J	Nasal drops 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	13.12	3.20	Drixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	13.12	3.20	Drixine	SH
4379L	Nasal spray 500 micrograms per mL (0.05%), 18 mL	‡1	..	..	11.45	3.20	Logicin Rapid Relief	SI
• <i>Antiallergic agents, excl. corticosteroids</i>								
	LEVOCABASTINE HYDROCHLORIDE							
4311X	Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	‡1	2	..	17.01	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								
• <i>Sympathomimetics</i>								
	PSEUDOEPHEDRINE HYDROCHLORIDE							
4420P	Tablet 60 mg	30	..	..	10.64 11.89	3.20 3.20	Logicin Sinus Sudafed	SI 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								
• <i>Expectorants</i>								
	SENEGA and AMMONIA							
4074K	Mixture 200 mL	‡1	4	..	5.61	3.20	Senagar	SI
Cough suppressants, excl. combinations with expectorants								
• <i>Opium alkaloids and derivatives</i>								
	PHOLCODINE							
4071G	Linctus 1 mg per mL (0.1%), 100 mL	‡1	2	..	5.98 9.42	3.20 3.20	Actuss Duro-Tuss	SI MM

REPATRIATION

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

Antihistamines for systemic use

- Phenothiazine derivatives**

PROMETHAZINE
HYDROCHLORIDE

4072H	Tablet 10 mg	50	2	..	10.97	3.20	Phenergan	RR
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4073J	Tablet 25 mg	50	2	..	13.16	3.20	Phenergan	RR
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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
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4274Y	Capsule equivalent to 50 mg hydroxyzine hydrochloride	50	2	..	22.28	3.20	Atarax	PF
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- Other antihistamines for systemic use**

FEXOFENADINE
HYDROCHLORIDE

4237B	Capsule 60 mg	60	..	..	*35.75	3.20	Telfast	ML
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4238C	Tablet 120 mg	30	..	..	31.26	3.20	Telfast 120	ML
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LORATADINE

4313B	Tablet 10 mg	30	..	..	32.79	3.20	Claratyne	SH
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SENSORY ORGANS

OPHTHALMOLOGICALS

Antiglaucoma preparations and miotics

- Carbonic anhydrase inhibitors**

DORZOLAMIDE
HYDROCHLORIDE

4540Y	Eye drops 20 mg per mL (2%), 5 mL	#1	5	..	21.81	3.20	Trusopt	MK
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Decongestants and antiallergics

- Sympathomimetics used as decongestants**

ANTAZOLINE with NAPHAZOLINE
Eye drops 5 mg (sulfate)-
250 micrograms (nitrate) per mL
(0.5%-0.025%), 10 mL

4031E	Eye drops 5 mg (sulfate)- 250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL	#1	1	..	10.04	3.20	Antistine-PrivineCV	
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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
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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	..	16.76	3.20	Livostin	JC
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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	..	..	12.01	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	..	63.48	3.20	Resonium-A	SW
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	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 ASSESSMENT AND DRESSING IDENTIFICATION

It is essential to define the aetiology of the wound before selecting a dressing. 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 wound dressings are described below as **ABSORBING** or **MOISTURE DONATING**.

Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of wound for two weeks to one month, when as assessment of the wound's healing process should be undertaken.

DRESSINGS

PINK EPITHELIALISING WOUND

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

(A) Covering	Film; Film Island;	Gauze—Paraffin; Non-adherent
(B) Absorbing	Foam (Light Exudate); Hydroactive (Superficial Wound—Light Exudate);	Hydrocolloid (Superficial Wound—Light Exudate)

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	Foam (Light Exudate); Hydroactive (Superficial Wound—Light Exudate); Hydrocolloid (Superficial Wound—Light Exudate)	Hydrocolloid (Cavity Wound)
(B) Moisture donating	Hydrogel—Amorphous; Hydrogel—Sheet	Hydrogel—Amorphous

HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	Alginate (Superficial Wound); Foam—Heavy Exudate; Hydroactive (Superficial Wound—Moderate Exudate); Hydrocolloid (Superficial Wound—Moderate/High Exudate)	Alginate (Cavity Wound); Foam Heavy Exudate (see "cavity conforming" product); Hydroactive (Cavity Wound); Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

REPATRIATION

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

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

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	Foam—Light Exudate; Foam with Charcoal; Hydroactive Superficial Wound—Moderate Exudate); Hydrocolloid (Superficial Wound— Moderate Exudate)	Hydrocolloid (Cavity Wound)
(B) Moisture Donating	Hydrogel—Amorphous; Hydrogel—Sheet	Hydrogel—Amorphous

HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	Alginate (Superficial Wound); Foam—Heavy Exudate; Hydroactive Superficial Wound—Moderate/High Exudate); Hydrocolloid (Superficial Wound— Moderate/High Exudate)	Alginate (Cavity Wound); Hydrocolloid (Cavity Wound)
(B) Moisture Donating	NOT APPROPRIATE	

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)

DRY/LIGHT EXUDATE	Superficial	Cavity
(A) Absorbing	Hydroactive Superficial Wound—Light Exudate); Hydrocolloid (Superficial Wound—Light/Moderate Exudate)	Hydrocolloid (Cavity Wound)
(B) Moisture Donating	Hydrogel—Amorphous; Hydrogel—Sheet	Hydrogel—Amorphous; Hydrogel—Sheet

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.

Products: Activated Charcoal with Silver; Alginate with Charcoal; Foam with Charcoal.

Minor Skin Trauma

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

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4651T	BANDAGE—ABSORBENT WOOL Bandage (natural, non-sterile) 10 cm x 2.7 m	6	..	..	*26.12	3.20	Soffban 7224	SN
4652W	Bandage 10 cm x 2.75 m	6	..	..	*12.92	3.20	Velband 05914	JJ
4653X	Bandage 10 cm x 3 m	6	..	..	15.29	3.20	Surepress 650948	CC
4717G	BANDAGE—CALICO Bandage, triangular, large	‡1	..	..	10.37	3.20	Handy 5608	BE
	BANDAGE—COMPRESSION NOTE: Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.							
4654Y	Bandage, short stretch, 8 cm x 5 m	5	..	..	*59.69	3.20	Comprilan 1027	BE
4655B	Bandage, short stretch, 10 cm x 5 m	5	..	..	*54.89	3.20	Tensolan 66000012	SN
4736G	Bandage, high stretch, 7.5 cm x 3 m	5	..	..	*56.79 *61.69	3.20 3.20	Setopress 3504 Tensopress 4347	BT SN
4748X	Bandage, high stretch, 10 cm x 3 m	5	..	..	*59.09 *69.09 *73.84	3.20 3.20 3.20	Surepress 650947 Setopress 3505 Tensopress 4348	CC BT SN
4657D	Bandage, high stretch, 10 cm x 3.5 m	5	..	..	*45.49	3.20	Eloflex 2480	BE
4658E	Bandage, four layer	‡1	..	..	31.90	3.20	Profore 66050016	SN
	BANDAGE—RETENTION—COHESIV E—HEAVY							
4811F	Bandage 5 cm x 1.3 m	2	..	..	*11.08	3.20	Peg 7420	BK
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*13.98	3.20	Peg 7422	BK
4659F	Bandage 7.5 cm x 3 m	2	..	..	*13.50	3.20	Coplus 3629	SN
4813H	Bandage 10 cm x 1.3 m	2	..	..	*17.32	3.20	Peg 7423	BK
4660G	Bandage 10 cm x 2 m	2	..	..	*21.18	3.20	Coban 1584	MM
4814J	Bandage 15 cm x 1.3 m	2	..	..	*23.60	3.20	Peg 7425	BK
	BANDAGE—RETENTION—COHESIV E—LIGHT							
4718H	Bandages 2.5 cm x 4 m, 2	‡1	..	..	9.52	3.20	Handygauze 8631	BE
4719J	Bandage 6 cm x 4 m	2	..	..	*8.94 *11.40	3.20 3.20	Easifix Cohesive 5870 Handygauze 8633	SN BE
4662J	Bandage 10 cm x 4 m	2	..	..	*12.54	3.20	Easifix Cohesive 5872	SN

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	BANDAGE—RETENTION—COTTON CREPE							
4727T	Bandage 5 cm x 2.3 m	2	..	..	*8.30 *14.50	3.20 3.20	Telfa 8252F Elastocrepe 300501	KE SN
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*9.84 *18.06	3.20 3.20	Telfa 8253F Elastocrepe 307501	KE SN
4729X	Bandage 10 cm x 2.3 m	2	..	..	*10.94 *22.82	3.20 3.20	Telfa 8254F Elastocrepe 301001	KE 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
4663K	Bandage, straight, size C	‡1	..	..	11.78	3.20	Handyplast 2225	BE
4664L	Bandage, straight, size D	‡1	..	..	11.78	3.20	Handyplast 2226	BE
4665M	Bandage, straight, size E	‡1	..	..	11.78	3.20	Handyplast 2227	BE
4666N	Bandage, lightweight, 7.5 cm x 1 m	‡1	..	..	12.38	3.20	Tensogrip 104320	SN
4667P	Bandage, lightweight, 8.75 cm x 1 m	‡1	..	..	12.38	3.20	Tensogrip 104420	SN
	BANDAGE—TUBULAR (FINGER)							
4798M	Complete pack including applicator	‡1	..	..	12.96	3.20	Tubegauz 14001	SO
4726R	Refill	‡1	..	..	9.81	3.20	Tubegauz 14002	SO
	BANDAGE—TUBULAR (LIGHTWEIGHT)							
4671W	Bandage, small limb size (red), 10 m	‡1	..	..	21.23	3.20	Tubifast 2434	BT
4672X	Bandage, medium limb size (green), 10 m	‡1	..	..	24.02	3.20	Tubifast 2436	BT
4673Y	Bandage, large limb size (blue), 10 m	‡1	..	..	26.76	3.20	Tubifast 2438	BT
	BANDAGE—TUBULAR (LONG STOCKING)							
4674B	Bandage, small size	2	..	..	*34.30	3.20	Tubigrip 1482	BT
4797L	Bandage, medium size	2	..	..	*34.30	3.20	Tubigrip 1483	BT
4799N	Bandage, large size	2	..	..	*34.30	3.20	Tubigrip 1484	BT

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	BANDAGE—TUBULAR (LONG STOCKING)—cont.							
4675C	Bandage, XX/large size	2	..	..	*34.30	3.20	Tubigrip 1486	BT
	BANDAGE—TUBULAR (SHORT STOCKING)							
4661H	Bandage, small B/C size	2	..	..	*24.14	3.20	Tubigrip 1479	BT
4815K	Bandage, medium C/D size	2	..	..	*23.50	3.20	Tubigrip 1480	BT
4816L	Bandage, large D/E size	2	..	..	*23.50	3.20	Tubigrip 1481	BT
	BANDAGE—ZINC PASTE							
	NOTE: Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.							
4668Q	Bandage 7.5 cm x 6 m	2	..	..	*18.98	3.20	Zincaband 3604	BT
4669R	Bandage 7.5 cm x 6 m	2	..	..	*19.70	3.20	Steripaste 3610	BT
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
4670T	Bandage 10 cm x 9.1 m	‡1	..	..	13.94	3.20	Flexidress 650941	CC
	COTTON WOOL ROLL							
4701K	Roll 100 g	‡1	2	..	7.52	3.20	JJ 02013	JJ
4702L	Roll 375 g	‡1	2	..	13.61	3.20	JJ 02011	JJ
	DRESSING—ACTIVATED CHARCOAL with SILVER (MALODOROUS WOUND)							
4681J	Dressing 10.5 cm x 10.5 cm	10	..	..	*56.94	3.20	Actisorb Plus 10900	JJ
	DRESSING—ALGINATE (CAVITY WOUND)							
	NOTE: This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.							
4832H	Rope 2 g	10	1	..	*101.14	3.20	Kaltostat 1681F1	CC
				..	*129.64	3.20	Sorbsan 1411	BT
4682K	Ropes 2 g (40 cm), 6	‡1	..	..	53.26	3.20	Comfeel SeaSorb Filler 3740	CT
	DRESSING—ALGINATE with CHARCOAL (MALODOROUS WOUND)							
	NOTE: This dressing should be used only on moderately to heavily exuding wounds with odour and should remain in place until saturated or for a maximum of 3 days.							
4837N	Dressing 7.5 cm x 12 cm	10	1	..	*105.64	3.20	Kaltocarb 168201	CC

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DRESSING—ALGINATE (SUPERFICIAL WOUND)								
NOTE: This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.								
4830F	Dressing 5 cm x 5 cm	10	1	..	*41.24	3.20	Kaltostat 1682F5	CC
4684M	Dressing 6 cm x 4 cm	10	..	..	*35.84	3.20	Comfeel SeaSorb Dressing 3705	CT
4683L	Dressing 7.5 cm x 12 cm	10	..	..	*80.34	3.20	Kaltostat 1682F7	CC
4831G	Dressing 10 cm x 10 cm	10	1	..	*70.74	3.20	Comfeel SeaSorb Dressing 3710	CT
				..	*74.04	3.20	Sorbsan 1410	BT
DRESSING—FILM								
4686P	Dressings 6 cm x 7 cm, 6	‡1	..	..	9.62	3.20	Tegaderm BP400	MM
4687Q	Dressings 10 cm x 12 cm, 6	‡1	..	..	16.22	3.20	Tegaderm BP401	MM
4893M	Dressings 10 cm x 12 cm, 10	‡1	1	..	19.40	3.20	Op-Site Flexigrid 4629	SN
4688R	Dressing 15 cm x 20 cm	6	..	..	*24.68	3.20	Tegaderm 1628	MM
DRESSING—FILM ISLAND								
4689T	Dressing 5 cm x 7 cm	10	..	..	*15.34	3.20	Tegaderm Transparent Island 3582	MM
4898T	Dressings 5 cm x 7.2 cm, 5	2	..	..	*18.22	3.20	Cutifilm Plus	BE
4899W	Dressings 8 cm x 10 cm, 5	2	..	..	*28.32	3.20	Cutifilm Plus	BE
4690W	Dressing 9 cm x 10 cm	10	..	..	*29.44	3.20	Tegaderm Transparent Island 3586	MM
DRESSING—FOAM with CHARCOAL (MALODOROUS WOUND)								
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	Dressings 10 cm x 10 cm, 25	‡1	..	..	197.53	3.20	Lyof foam C 603010	BT

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	DRESSING—FOAM—HEAVY EXUDATE NOTE: This dressing 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.							
4692Y	Dressings (foam alternative) 10 cm x 10 cm, 10	‡1	..	..	43.50	3.20	CombiDERM 651031	CC
4693B	Dressings (foam alternative) 15 cm x 18 cm, 5	‡1	..	..	57.32	3.20	CombiDERM 651027	CC
4694C	Dressing, cavity, conforming, 20 g	1	..	..	45.56	3.20	Cavicare 4563	SN
	DRESSING—FOAM—LIGHT EXUDATE NOTE: This dressing 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	Dressings 7.5 cm x 7.5 cm, 5	‡1	3	..	21.93	3.20	Lyof foam 603001	BT
4891K	Dressings 10 cm x 10 cm, 5	‡1	3	..	24.01	3.20	Lyof foam 603002	BT
4879T	Dressing 10 cm x 10 cm	5	..	..	*34.24	3.20	Lyof foam Extra 603050	BT
4900X	Dressings, single layer, 10 cm x 10 cm, 10	‡1	..	..	41.20	3.20	Hydrasorb 1694NW	CC
4878R	Dressing 20 cm x 15 cm	5	..	..	*46.79	3.20	Lyof foam 603007	BT
4880W	Dressing 20 cm x 15 cm	5	..	..	*85.59	3.20	Lyof foam Extra 603052	BT
	DRESSING—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
	DRESSING—GAUZE—EYE PAD							
4768Y	Pads, 12	‡1	..	..	9.57	3.20	Curity 4112	KE
	DRESSING—GAUZE—PARAFFIN							
4759L	Dressings 10 cm x 10 cm, 10	‡1	..	..	10.67	3.20	Jelonet 7404	SN
	DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE							
4845B	Dressings 10 cm x 10 cm, 10	‡1	2	..	12.15 13.34	3.20 3.20	Bactigras 7457 Clorhexitulle	SN RL
	DRESSING—GAUZE—POVIDONE- IODINE PAD							
4779M	Pads 22.5 cm x 7.5 cm, 12	‡1	2	..	29.49	3.20	Betadine	FA

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DRESSING—HYDROACTIVE (CAVITY WOUND)								
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
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)								
4695D	Dressings, island, 11 cm x 11 cm, 10	‡1	..	..	77.63	3.20	Tielle 62505	JJ
4696E	Dressings, island, 18 cm x 18 cm, 5	‡1	..	..	84.64	3.20	Tielle 62525	JJ
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)								
4905E	Dressings 5 cm x 6 cm, 10	‡1	1	..	42.95	3.20	Cutinova Thin 47576	BE
4906F	Dressings 10 cm x 10 cm, 5	2	1	..	*58.98	3.20	Cutinova Thin 47578	BE
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND— MODERATE EXUDATE)								
4885D	Dressings 5 cm x 6 cm, 10	‡1	1	..	43.04	3.20	Cutinova Hydro 47441	BE
4886E	Dressings 10 cm x 10 cm, 5	2	1	..	*64.54	3.20	Cutinova Hydro 47443	BE
DRESSING—HYDROCOLLOID (CAVITY WOUND)								
NOTE: This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.								
4896Q	Paste 30 g	10	1	..	*131.04	3.20	DuoDERM Paste H7930	CC
4895P	Paste 50 g	2	3	..	*31.14	3.20	Comfeel Paste 4701	CT
4697F	Powder 6 g	2	..	..	*16.46	3.20	Comfeel Powder 4706	CT
4698G	Ropes 2 g (30 cm), 5	‡1	..	..	61.93	3.20	Aquacel 177904	CC
4904D	Dressings with alginate 14 cm spiral, 10	‡1	1	..	64.24	3.20	DermaSORB H7983	CC
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE)								
NOTE: This dressing 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.								

continued

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
4888G	DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE)—cont. Dressings 5 cm x 7 cm, 10	‡1	1	..	30.54	3.20	Comfeel Plus Transparent 3530	CT
4889H	Dressings 9 cm x 14 cm, 10	‡1	1	..	66.07	3.20	Comfeel Plus Transparent 3536	CT
4907G	Dressings 10 cm x 10 cm, 10	‡1	1	..	61.93	3.20	DuoDERM Extra Thin H7955	CC
	DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND— MODERATE EXUDATE) NOTE: This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.							
4897R	Dressings 10 cm x 10 cm, 5	‡1	3	..	37.74	3.20	DuoDERM CGF H7660	CC
4921B	Dressings 10 cm x 10 cm, 10	‡1	..	..	75.75	3.20	Aquacel 177902	CC
4922C	Dressings 15 cm x 15 cm, 5	‡1	..	..	80.36	3.20	Aquacel 177903	CC
4920Y	Dressings 20 cm x 20 cm, 5	‡1	..	..	101.09	3.20	DuoDERM CGF H7662	CC
4923D	Dressings with alginate 10 cm x 10 cm, 10	‡1	..	..	63.74	3.20	Cornfeel Plus Ulcer Dressing 3110	CT
4924E	Dressings with alginate 10 cm x 10 cm, 10	‡1	..	..	54.42	3.20	Cornfeel Plus Transparent 3533	CT
4902B	Dressings with border 10 cm x 10 cm, 5	2	1	..	*101.10	3.20	DuoDERM CGF Border H7971	CC
4903C	Dressings with border 10 cm x 13 cm, 5	2	1	..	*114.92	3.20	DuoDERM CGF Border H7973	CC
	DRESSING—HYDROGEL— AMORPHOUS 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 foam or film. It should not be covered with gauze or combine.							
4912M	Tubes 15 g, 10	‡1	1	..	56.17	3.20	DuoDERM Gel H7990	CC
4894N	Tubes 25 g, 10	‡1	1	..	85.22	3.20	Intrasite Gel 7313	SN
4913N	Tubes 30 g, 3	3	1	..	*80.36	3.20	DuoDERM Gel H7987	CC
4914P	Tube 50 g	10	1	..	*61.24	3.20	Solugel 10336	JJ

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DRESSING—HYDROGEL—SHEET								
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 foam or film. It should not be covered with gauze or combine.								
4911L	Dressing 9.5 cm x 10.2 cm	10	1	..	*69.94	3.20	Nu-Gel 62497	JJ
4910K	Dressing 10 cm x 10 cm	10	..	..	*78.84	3.20	Clearsite Borderless 409240	BT
DRESSING—NON-ADHERENT								
4860T	Dressings 5 cm x 5 cm, 5	2	..	..	*9.82	3.20	Cutilin	BE
				..	*9.92	3.20	Melolin 101720	SN
4755G	Dressing 5 cm x 7.5 cm	10	..	..	*8.34	3.20	Telfa 1961C	KE
4909J	Dressing 7.6 cm x 7.6 cm	10	1	..	*11.84	3.20	Adaptic 10511	JJ
4758K	Dressing 7.5 cm x 10 cm	10	..	..	*10.44	3.20	Telfa 2132C	KE
4862X	Dressings 10 cm x 10 cm, 3	3	..	..	*15.32	3.20	Cutilin	BE
4861W	Dressings 10 cm x 10 cm, 10	‡1	..	..	21.64	3.20	Melolin 4933	SN
4843X	Dressings, self-adhesive, 5 cm x 7.5 cm, 10	‡1	2	..	9.57	3.20	Telfa 6020C	KE
4844Y	Dressings, self-adhesive, 7.5 cm x 10 cm, 6	‡1	2	..	9.57	3.20	Telfa 7650C	KE
GAUZE and COTTON TISSUE (COMBINE ROLL)								
4767X	Wrapped pack 9 cm x 10 m	‡1	..	..	11.53	3.20	SN 121054A	SN
4761N	Wrapped pack 10 cm x 10 m	‡1	..	..	10.58	3.20	JJ 12010	JJ
GLOVES PLASTIC (DISPOSABLE)								
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	..	..	7.94	3.20	Surgical Lubricating Gel	WE
PRESSURE REDUCING PRODUCTS								
4676D	Sheet 10 cm x 10 cm x 3 mm	5	..	..	*48.29	3.20	Spenco Dermal Pad 10-553	KC
4677E	Sheet 10 cm x 10 cm x 12 mm	5	..	..	*92.19	3.20	Spenco Dermal Pad 10-561	KC
4678F	Butterfly shape 7 cm	5	..	..	*41.04	3.20	Cornfeel Plus Pressure Relieving 3350 CT	

continued

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
PRESSURE REDUCING PRODUCTS—cont.							
4679G	Round 10 cm	5	..	..	*44.54	3.20	Comfeel Plus Pressure Relieving 3353 CT
4680H	Round 15 cm	5	..	..	*77.14	3.20	Comfeel Plus Pressure Relieving 3356 CT
TAPES—NON-WOVEN RETENTION (POLYACRYLATE)							
4915Q	Roll 2.5 cm x 9.1 m	#1	..	..	9.88	3.20	Medipore 2961 MM
4863Y	Roll 2.5 cm x 10 m	#1	..	..	11.71	3.20	Hypafix 104020 SN
4917T	Roll 2.5 cm x 10 m	#1	..	..	6.86	3.20	Mefix 310250 BT
4916R	Roll 5 cm x 10 m	#1	..	..	17.10	3.20	Hypafix 104120 SN
TAPES—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
TAPES—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	Stretch 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	Duopore 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	Duopore 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

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
4651T	Bandage—Absorbent Wool	10 cm x 2.7 m	1 @ 3.63	SN
4652W		10 cm x 2.75 m	1 @ 1.43	JJ
4654Y	Bandage—Compression	8 cm x 5 m	1 @ 11.07	BE
4655B		10 cm x 5 m	1 @ 10.11	SN
4736G		7.5 cm x 3 m	1 @ 10.49	BT
			1 @ 11.47	SN
4748X		10 cm x 3 m	1 @ 10.95	CC
			1 @ 12.95	BT
			1 @ 13.90	SN
4657D		10 cm x 3.5 m	1 @ 8.23	BE
4811F	Bandage—Retention—Cohesive—Heavy	5 cm x 1.3 m	1 @ 3.37	BK
4812G		7.5 cm x 1.3 m	1 @ 4.82	BK
4659F		7.5 cm x 3 m	1 @ 4.58	SN
4813H		10 cm x 1.3 m	1 @ 6.49	BK
4660G		10 cm x 2 m	1 @ 8.42	MM
4814J		15 cm x 1.3 m	1 @ 9.63	BK
4719J	Bandage—Retention—Cohesive—Light	6 cm x 4 m	1 @ 2.30	SN
			1 @ 3.53	BE
4662J		10 cm x 4 m	1 @ 4.10	SN
4727T	Bandage—Retention—Cotton Crepe	5 cm x 2.3 m	1 @ 1.98	KE
			1 @ 5.08	SN
4728W		7.5 cm x 2.3 m	1 @ 2.75	KE
			1 @ 6.86	SN
4729X		10 cm x 2.3 m	1 @ 3.30	KE
			1 @ 9.24	SN
4674B	Bandage—Tubular (Long Stocking)	Small	1 @ 14.98	BT
4797L		Medium	1 @ 14.98	BT
4799N		Large	1 @ 14.98	BT
4675C		XX/large	1 @ 14.98	BT
4661H	Bandage—Tubular (Short Stocking)	Small B/C	1 @ 9.90	BT
4815K		Medium C/D	1 @ 9.58	BT
4816L		Large D/E	1 @ 9.58	BT
4668Q	Bandage—Zinc Paste	7.5 cm x 6 m	1 @ 7.32	BT
4669R		7.5 cm x 6 m	1 @ 7.68	BT
4750B		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 @ 8.95	RO
4151L		6 mg	30 @ 11.86	RO
4055K	Calcium Carbonate with Glycine	420 mg-180 mg	100 @ 6.42	MM
4681J	Dressing—Activated Charcoal with Silver (Malodorous Wound)	10.5 cm x 10.5 cm	1 @ 5.26	JJ
4832H	Dressing—Alginate (Cavity Wound)	2 g	1 @ 9.68	CC
			1 @ 12.53	BT
4837N	Dressing—Alginate with Charcoal (Malodorous Wound)	7.5 cm x 12 cm	1 @ 10.13	CC
4830F	Dressing—Alginate (Superficial Wound)	5 cm x 5 cm	1 @ 3.69	CC
4684M		6 cm x 4 cm	1 @ 3.15	CT
4683L		7.5 cm x 12 cm	1 @ 7.60	CC
4831G		10 cm x 10 cm	1 @ 6.64	CT
			1 @ 6.97	BT
4688R	Dressing—Film	15 cm x 20 cm	1 @ 3.39	MM
4689T	Dressing—Film Island	5 cm x 7 cm	1 @ 1.10	MM
4898T		5 cm x 7.2 cm, 5	1 @ 6.94	BE
4899W		8 cm x 10 cm, 5	1 @ 11.99	BE
4690W		9 cm x 10 cm	1 @ 2.51	MM
4879T	Dressing—Foam—Light Exudate	10 cm x 10 cm	1 @ 5.98	BT
4878R		20 cm x 15 cm	1 @ 8.49	BT
4880W		20 cm x 15 cm	1 @ 16.25	BT
4919X	Dressing—Hydroactive (Cavity Wound)	10 cm x 10 cm, 5	1 @ 107.79	BE
4906F	Dressing—Hydroactive (Superficial Wound—Light Exudate)	10 cm x 10 cm, 5	1 @ 27.32	BE

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
4886E	Dressing—Hydroactive (Superficial Wound—Moderate Exudate)	10 cm x 10 cm, 5	1 @ 30.10	BE
4896Q	Dressing—Hydrocolloid (Cavity Wound)	30 g	1 @ 12.67	CC
4895P		50 g	1 @ 13.40	CT
4697F		6 g	1 @ 6.06	CT
4902B	Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate)	10 cm x 10 cm, 5	1 @ 48.38	CC
4903C		10 cm x 13 cm, 5	1 @ 55.29	CC
4913N	Dressing—Hydrogel—Amorphous	30 g, 3	1 @ 25.34	CC
4914P		50 g	1 @ 5.69	JJ
4911L	Dressing—Hydrogel—Sheet	9.5 cm x 10.2 cm	1 @ 6.56	JJ
4910K		10 cm x 10 cm	1 @ 7.45	BT
4860T	Dressing—Non-Adherent	5 cm x 5 cm, 5	1 @ 2.74	BE
			1 @ 2.79	SN
4755G		5 cm x 7.5 cm	1 @ 0.40	KE
4909J		7.6 cm x 7.6 cm	1 @ 0.75	JJ
4758K		7.5 cm x 10 cm	1 @ 0.61	KE
4862X		10 cm x 10 cm, 3	1 @ 3.66	BE
4237B	Fexofenadine Hydrochloride	60 mg	20 @ 10.47	ML
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 @ 9.46	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
4676D	Pressure Reducing Products	10 cm x 10 cm x 3 mm	1 @ 8.79	KC
4677E		10 cm x 10 cm x 12 mm	1 @ 17.57	KC
4678F		7 cm	1 @ 7.34	CT
4679G		10 cm	1 @ 8.04	CT
4680H		15 cm	1 @ 14.56	CT
4979C	Ranitidine Hydrochloride	150 mg (base) per 10 mL, 300 mL	1 @ 10.57	GW
4980D		150 mg (base) per 10 mL, 300 mL	1 @ 10.57	GW
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 @ 159.35	SG

Generic/Proprietary Index

for

PBS and RPBS Schedules

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