Commonwealth Department of
Health and
Aged Care

Schedule of Pharmaceutical Benefits

for Approved Pharmacists and Medical Practitioners

Effective from 1 November 1999

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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Silverwater NSW 2128

Sales inquiries only:
TEL: (02) 9648 3333 FAX: (02) 9648 4209

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):

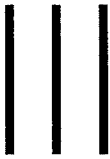
Reporting Doctor, Pharmacist, Etc:

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

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Sender's name and address

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THERAPEUTIC GROUP PREMIUM POLICY

PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A THERAPEUTIC GROUP PREMIUM WITH EFFECT FROM 1 NOVEMBER 1999

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

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

The Commonwealth 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 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 that attracts a therapeutic group premium and has not sought an exemption from the HIC on clinical grounds.

The exemption provisions are:

- adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-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 supplier(s) of the drug charge a price higher than the Government is willing to subsidise.

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

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

Premium Priced Brand	Form and Strength	Max. Qty	Therapeutic Group Premium $
H_2-RECEPTOR ANTAGONISTS			
Amfamox 20	Tablet 20 mg	60	4.55
Amfamox 40	Tablet 40 mg	30	4.55
Pepcidine	Tablet 40 mg	30	4.55
Pepcidine M	Tablet 20 mg	60	4.55
Tagamet 800 Express	Effervescent tablet 800 mg (as hydrochloride)	30	4.30
Zantac	Effervescent tablet 150 mg (base)	60	0.79
Zantac Syrup	Syrup 150 mg (base) per 10 mL, 300 mL	2	0.78
The base-priced drugs in this group are cimetidine, nizatidine and ranitidine hydrochloride.			
DIHYDROPYRIDINE-DERIVATIVE CALCIUM CHANNEL BLOCKERS			
Adalat Oros 30	Tablet 30 mg (controlled release)	30	0.80
Adalat Oros 60	Tablet 60 mg (controlled release)	30	0.99
Norvasc	Tablet 5 mg (base)	30	2.86
	Tablet 10 mg (base)	30	4.46
The base-priced drugs in this group are nifedipine (tablets 10 mg and 20 mg) and felodipine.			
ACE INHIBITORS			
Amprace 5	Tablet 5 mg	30	2.16
Amprace 10	Tablet 10 mg	30	2.20
Amprace 20	Tablet 20 mg	30	2.24
Renitec	Tablet 10 mg	30	2.20
Renitec M	Tablet 5 mg	30	2.16
Renitec 20	Tablet 20 mg	30	2.24
Renitec Wafer	Wafer 5 mg	30	2.16
	Wafer 10 mg	30	2.20
	Wafer 20 mg	30	2.24
The base-priced drugs in this group are captopril, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril and trandolapril.			

BRAND PREMIUM POLICY

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND THAT MAY BE SUBSTITUTED WITH EFFECT FROM 1 NOVEMBER 1999

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 that attract a brand premium and that 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 Premium $	Benchmark Priced Brands
Abbocillin-V	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	0.80	*Cilicaine V*
Acimax	Capsule 20 mg	30	0.79	*Maxor*
Adalat 10	Tablet 10 mg	60	0.65	*SBPA Nifedipine 10 mg*
Adalat 20	Tablet 20 mg	60	2.00	*Nifecard 20 mg; Nifehexal; Nyefax 20 mg; SBPA Nifedipine 20 mg*
Airomir	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	0.52	*Asmol CFC-free*
Aldactone	Tablet 25 mg	100	1.65	*Spiractin 25*
	Tablet 100 mg	100	1.66	*Spiractin 100*
Aldomet	Tablet 250 mg	100	2.53	*Aldopren 250; Hydopa*
Amoxil	Capsule 250 mg	20	0.69	*Alphamox 250; Amohexal; Bgramin; Cilamox; Moxacin; SBPA Amoxycillin 250 mg*
	Capsule 500 mg	20	0.79	*Alphamox 500; Amohexal; Bgramin; Cilamox; Moxacin; SBPA Amoxycillin 500 mg*
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.59	*Alphamox 125; Amohexal; Bgramin; Cilamox; Moxacin*
Amoxil Forte	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.59	*Alphamox 250; Amohexal; Bgramin; Cilamox; Moxacin 250*
Anafranil 25	Tablet 25 mg	50	1.19	*DBL Clomipramine; Placil*
Anaprox 550	Tablet 550 mg	50	3.00	*Crysanal*
Androcur	Tablet 50 mg	20	1.50	*Cyprone; Procur*
	Tablet 50 mg	100	1.80	*Cyprone; Procur*
Augmentin	Tablet 250 mg-125 mg	15	0.91	*Clamoxyl*
	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	1	0.90	*Clamoxyl*
Augmentin Duo forte	Tablet 875 mg-125 mg	10	0.90	*Clamoxyl Duo forte*
Augmentin Duo 400	Powder for syrup 400 mg-57 mg per 5 mL, 50 mL	1	0.90	*Clamoxyl Duo 400*
Becloforte	Oral pressurised inhalation 250 micrograms per dose (200 doses)	1	0.75	*Respocort 250 Inhaler*
Becotide	Oral pressurised inhalation 50 micrograms per dose (200 doses)	1	0.75	*Respocort 50 Inhaler*
Becotide 100	Oral pressurised inhalation 100 micrograms per dose (200 doses)	1	0.75	*Respocort 100 Inhaler*
Betaloc	Tablet 50 mg	100	1.10	*Metohexal; Minax 50*
	Tablet 100 mg	60	1.10	*Metohexal; Minax 100*
Betoptic	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	1	1.50	*BetoQuin*
Brevinor	Tablets 500 micrograms-35 micrograms, 21	4	7.28	*Norimin 28 Day*
	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	7.28	*Norimin 28 Day*
Brevinor-1	Tablets 1 mg-35 micrograms, 21	4	7.28	*Norimin-1 28 Day*
	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	7.28	*Norimin-1 28 Day*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Capoten	Tablet 12.5 mg	90	1.95	*Acenorm 12.5 mg; Capace 12.5; Captohexal; DBL Captopril; Enzace 12.5 mg; SBPA Captopril 12.5;* DP brand
	Tablet 25 mg	90	1.95	*Acenorm 25 mg; Capace 25; Captohexal; DBL Captopril; Enzace 25 mg; SBPA Captopril 25;* DP brand
	Tablet 50 mg	90	1.95	*Acenorm 50 mg; Capace 50; Captohexal; DBL Captopril; Enzace 50 mg; SBPA Captopril 50;* DP brand
Carafate	Tablet equivalent to 1 g anhydrous sucralfate	120	1.65	*Ulcyte*
Cardizem	Tablet 60 mg	90	1.80	*Auscard; Coras; Diltahexal; Dilzem 60 mg; SBPA Diltiazem*
Cardizem CD	Capsule 180 mg (controlled delivery)	30	1.80	*Vasocardol CD*
	Capsule 240 mg (controlled delivery)	30	1.80	*Vasocardol CD*
Ceclor	Powder for oral suspension 125 mg per 5 mL, 100 mL	1	0.75	*Keflor*
	Powder for oral suspension 250 mg per 5 mL, 75 mL	1	0.74	*Keflor*
Ceclor CD	Tablet 375 mg (sustained release)	10	0.75	*Keflor CD*
Ciloxan	Eye drops 3 mg per mL (0.3%), 5 mL	1	1.23	*CiloQuin*
	Eye drops 3 mg per mL (0.3%), 5 mL	2	2.46	*CiloQuin*
Clinoril	Tablet 100 mg	100	2.20	*Aclin*
Clinoril 200	Tablet 200 mg	50	2.54	*Aclin 200*
Clomid	Tablet 50 mg	10	2.46	*Clomhexal; Serophene*
Cordilox	Tablet 40 mg	100	1.00	*Anpec 40; Verahexal*
	Tablet 80 mg	100	0.99	*Anpec 80; Verahexal*
	Tablet 120 mg	100	1.00	*Verahexal*
Cordilox SR	Tablet 240 mg (sustained release)	30	1.00	*Anpec SR*
Dalacin C	Capsule 150 mg	25	1.46	*Cleocin*
Daonil	Tablet 5 mg	100	1.00	*Glimel*
Depo-Medrol	Injection 40 mg in 1 mL	5	0.74	*Depo-Nisolone*
Depo-Provera	Injection 150 mg in 1 mL	1	3.30	*Depo-Ralovera*
Diabex	Tablet 500 mg	100	1.10	*Diaformin; Glucohexal; Glucomet 500 mg*
Diabex 850	Tablet 850 mg	60	1.10	*Diaformin 850; Glucohexal; Glucomet 850 mg*
Diprosone	Cream 500 micrograms per g (0.05%), 15 g	1	3.44	*Eleuphrat*
	Ointment 500 micrograms per g (0.05%), 15 g	1	3.44	*Eleuphrat*
	Lotion 500 micrograms per g (0.05% w/w), 30 mL	1	2.00	*Eleuphrat*
Doryx	Capsule 100 mg	7	1.04	*DBL Doxycycline*
	Capsule 50 mg	25	0.97	*DBL Doxycycline*
	Capsule 100 mg	28	4.16	*DBL Doxycycline*
	Capsule 100 mg	21	1.39	*DBL Doxycycline*
Duphalac	Mixture 3.34 g per 5 mL, 500 mL	1	1.76	*Actilax; Lac-Dol*
Dyazide	Tablet 25 mg-50 mg	100	3.50	*Hydrene 25/50*
Dymadon Forte	Tablet 30 mg-500 mg	20	1.80	*Codalgin Forte; Panadeine Forte Caplets*
E.E.S. Granules	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	1	3.26	*E-Mycin 400; Eryhexal*
E.E.S. 200	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	1	3.23	*E-Mycin 200*
E.E.S. 400 Filmtab	Tablet 400 mg (base)	25	3.17	*E-Mycin*
Eldepryl	Tablet 5 mg	100	1.00	*Selgene*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Epilim EC	Tablet 200 mg (enteric coated)	200	1.00	*Valpro 200*
	Tablet 500 mg (enteric coated)	200	1.00	*Valpro 500*
Eulexin	Tablet 250 mg	100	2.00	*Flutamin*
ExacTech	Electrode strips, 100	1	1.22	*Excel ET*
Fasigyn	Tablet 500 mg	4	2.00	*Simplotan*
Feldene	Capsule 10 mg	50	1.80	*Candyl 10 mg; Mobilis 10; Rosig*
	Capsule 20 mg	25	1.90	*Candyl 20 mg; Mobilis 20; Rosig*
Feldene-D	Dispersible tablet 10 mg	50	1.80	*Candyl-D 10 mg; Mobilis D-10; Pirohexal-D; Rosig-D*
	Dispersible tablet 20 mg	25	1.90	*Candyl-D 20 mg; Mobilis D-20; Pirohexal-D; Rosig-D*
Flagyl	Tablet 200 mg	21	1.91	*Metrogyl 200; Metronide 200*
	Tablet 400 mg	21	1.92	*Metrogyl 400; Metronide 400*
Floxapen	Capsule 250 mg	24	0.39	*Flopen; Staphylex 250*
	Capsule 500 mg	24	0.44	*Flopen; Staphylex 500*
Fugerel	Tablet 250 mg	100	43.28	*Flutamin*
Glucophage	Tablet 500 mg	100	1.10	*Diaformin; Glucohexal; Glucomet 500 mg*
	Tablet 850 mg	60	1.10	*Diaformin 850; Glucohexal; Glucomet 850 mg*
Imdur Durule	Tablet 60 mg (sustained release)	30	1.38	*Duride; Imtrate 60 mg; Monodur 60 mg*
Imdur 120 mg	Tablet 120 mg (sustained release)	30	1.38	*Monodur 120 mg*
Imodium	Capsule 2 mg	12	1.00	*Gastro-Stop Loperamide*
Inderal	Tablet 160 mg	50	2.00	*Deralin 160*
Indocid	Capsule 25 mg	100	2.98	*Arthrexin*
Intal	Solution for inhalation 20 mg in 2 mL ampoule	120	2.32	*Cromese Sterinebs*
Isoptin	Tablet 40 mg	100	1.00	*Anpec 40; Verahexal*
	Tablet 80 mg	100	0.99	*Anpec 80; Verahexal*
	Tablet 120 mg	100	1.00	*Verahexal*
Isoptin SR	Tablet 240 mg (sustained release)	30	1.00	*Anpec SR*
Isopto Carpine	Eye drops 5 mg per mL (0.5%), 15 mL	1	0.50	IQ brand
	Eye drops 10 mg per mL (1%), 15 mL	1	0.50	IQ brand
	Eye drops 20 mg per mL (2%), 15 mL	1	0.50	IQ brand
	Eye drops 30 mg per mL (3%), 15 mL	1	0.50	IQ brand
	Eye drops 40 mg per mL (4%), 15 mL	1	0.50	IQ brand
Isordil	Tablet 10 mg	200	2.98	*Sorbidin*
Keflex	Capsule 250 mg	20	1.11	*Cilex; DBL Cephalexin; Ibilex 250*
	Capsule 500 mg	20	1.11	*Cilex; DBL Cephalexin; Ibilex 500*
	Granules for syrup 125 mg per 5 mL, 100 mL	1	1.11	*Ibilex 125*
	Granules for syrup 250 mg per 5 mL, 100 mL	1	1.11	*Ibilex 250*
Kenacomb Otic	Ear drops 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5 mL	1	1.10	*Otocomb Otic*
	Ear ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g	1	1.10	*Otocomb Otic*
Lasix	Tablet 40 mg	100	0.93	*Frusehexal 40 mg; Frusid; Uremide*
Lioresal 10	Tablet 10 mg	100	1.10	*Clofen 10*
Lioresal 25	Tablet 25 mg	100	1.10	*Clofen 25*
Lomotil	Tablet 2.5 mg-25 micrograms	20	1.84	*Lofenoxal*
Lopid	Tablet 600 mg	60	1.65	*Ausgem; DBL Gemfibrozil; Gemhexal; Jezil; Lipazil 600 mg; SBPA Gemfibrozil*
Losec	Capsule 20 mg	30	0.79	*Maxor*
Losec Tablets	Tablet 20 mg (base)	30	0.79	*Acimax Tablets*
LPV 125	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	0.80	*Cilicaine V*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
LPV 250	Oral suspension 250 mg per 5 mL, 100 mL	2	0.96	*Abbocillin-V; Cilicaine V*
Melleril 10	Tablet 10 mg	100	0.75	*Aldazine 10*
Melleril 25	Tablet 25 mg	100	0.75	*Aldazine 25*
Melleril 50	Tablet 50 mg	100	0.75	*Aldazine 50*
Melleril 100	Tablet 100 mg	100	0.74	*Aldazine 100*
Microgynon 30	Tablets 150 micrograms-30 micrograms, 21	4	7.28	*Levlen ED*
Microgynon 30 ED	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	7.28	*Levlen ED*
Midamor	Tablet 5 mg	100	2.90	*Kaluril; Midoride 5*
Minidiab	Tablet 5 mg	100	0.86	*Melizide*
Minipress	Tablet 1 mg (base)	100	1.99	*Mipraz 1; Prasig; Pressin 1*
	Tablet 2 mg (base)	100	1.99	*Mipraz 2; Prasig; Pressin 2*
	Tablet 5 mg (base)	100	1.99	*Mipraz 5; Prasig; Pressin 5*
Minomycin	Capsule 100 mg	11	0.23	*Akamin 100*
Minomycin-50	Tablet 50 mg	60	0.31	*Akamin 50*
Moduretic	Tablet 50 mg-5 mg	100	3.24	*Amizide; Modizide 50/5*
Mogadon	Tablet 5 mg	25	1.12	*Alodorm*
	Tablet 5 mg	50	2.24	*Alodorm*
Mylanta	Tablet 200 mg-200 mg	200	0.30	*Gelusil*
	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	0.30	*Gelusil; Sigma Liquid Antacid*
Naprosyn	Tablet 250 mg	100	3.02	*Inza 250*
	Tablet 500 mg	50	1.71	*Inza 500*
Naprosyn SR750	Tablet 750 mg (sustained release)	28	1.68	*Proxen SR 750*
Naprosyn SR1000	Tablet 1 g (sustained release)	28	1.77	*Proxen SR 1000*
Natrilix	Tablet 2.5 mg	90	2.73	*Dapa-Tabs; Indahexal; Insig; Napamide 2.5 mg; Naride 2.5*
Nordette 21	Tablets 150 micrograms-30 micrograms, 21	4	7.28	*Monofeme 28*
Nordette 28	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	7.28	*Monofeme 28*
Noriday 28 Day	Tablets 350 micrograms, 28	4	3.36	*Locilan 28 Day*
Normison	Tablet 10 mg	25	1.00	*Temaze; Temtabs*
	Tablet 10 mg	50	2.00	*Temaze; Temtabs*
	Capsule 10 mg	25	1.00	*Nocturne; Temaze 10*
	Capsule 10 mg	50	2.00	*Nocturne; Temaze 10*
Norpace	Capsule 100 mg	100	1.46	*Rythmodan*
NovoMet 500 mg	Tablet 500 mg	100	1.10	*Diaformin; Glucohexal; Glucomet 500 mg*
NovoMet 850 mg	Tablet 850 mg	60	1.10	*Diaformin 850; Glucohexal; Glucomet 850 mg*
Ogen .625	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	1.47	*Genoral 0.625*
Ogen 1.25	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	1.48	*Genoral 1.25*
Orudis SR	Capsule 100 mg (sustained release)	50	1.60	*Oruvail SR*
Orudis SR 200	Capsule 200 mg (sustained release)	28	1.36	*Oruvail SR*
Parlodel	Tablet 2.5 mg (base)	30	1.50	*Bromohexal; Bromolactin; Kripton 2.5; SBPA Bromocriptine 2.5*
	Tablet 2.5 mg (base)	60	1.51	*Bromohexal; Bromolactin; Kripton 2.5; SBPA Bromocriptine 2.5*
	Capsule 5 mg (base)	60	1.50	*Bromohexal; Bromolactin; Kripton 5; SBPA Bromocriptine 5*
	Capsule 10 mg (base)	100	0.75	*Kripton 10*
Plendil ER	Tablet 2.5 mg (extended release)	30	1.16	*Agon SR; Felodur ER 2.5 mg*
	Tablet 5 mg (extended release)	30	1.46	*Agon SR; Felodur ER 5 mg*
	Tablet 10 mg (extended release)	30	2.36	*Agon SR; Felodur ER 10 mg*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Prothiaden	Capsule 25 mg	50	1.38	*Dothep 25*
	Tablet 75 mg	30	1.76	*Dothep 75*
Provera	Tablet 5 mg	56	1.77	*Ralovera*
	Tablet 10 mg	30	1.78	*Ralovera*
	Tablet 10 mg	100	1.65	*Ralovera*
Prozac Tab	Tablet 20 mg (base) (dispersible)	28	1.51	*Lovan 20 Tab*
Prozac 20	Capsule 20 mg (base)	28	1.51	*Auscap; DBL Fluoxetine; Erocap; Fluohexal; Lovan; Zactin*
Quinate	Tablet 300 mg	50	0.55	*Quinsul*
Ramace 1.25 mg	Tablet 1.25 mg	30	1.80	*Tritace 1.25 mg*
Ramace 2.5 mg	Tablet 2.5 mg	30	1.80	*Tritace 2.5 mg*
Ramace 5 mg	Tablet 5 mg	30	1.80	*Tritace 5 mg*
Rhinocort Aqueous	Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)	1	0.69	*Budamax Aqueous*
Rivotril	Tablet 500 micrograms	200	4.58	*Paxam 0.5*
	Tablet 2 mg	200	5.00	*Paxam 2*
Roaccutane	Capsule 20 mg	60	2.50	*Accure 20; Oratane*
Salazopyrin-EN	Tablet 500 mg (enteric coated)	200	1.64	*Pyralin EN*
Septrin	Tablet 80 mg-400 mg	10	1.10	*Resprim*
	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	1	1.07	*Resprim*
Septrin Forte	Tablet 160 mg-800 mg	10	1.09	*Bactrim DS; Cosig Forte; Resprim Forte; SBPA Trimethoprim and Sulfamethoxazole DS*
Serepax	Tablet 15 mg	25	1.41	*Alepam 15; Murelax*
	Tablet 30 mg	25	1.41	*Alepam 30; Murelax*
	Tablet 15 mg	50	2.82	*Alepam 15; Murelax*
	Tablet 30 mg	50	2.82	*Alepam 30; Murelax*
Sinemet	Tablet 250 mg-25 mg	100	2.50	*Sinacarb 250/25*
Sinemet 100/25	Tablet 100 mg-25 mg	100	4.37	*Kinson; Sinacarb 100/25*
Sofradex	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	1	1.31	*Otodex*
	Ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g	1	1.37	*Otodex*
Sotacor	Tablet 160 mg	60	1.01	*Cardol; DBL Sotalol; Sotahexal*
Stemetil	Tablet 5 mg	25	0.76	*Stemzine*
Synphasic	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	7.28	*Improvil 28 Day*
Tagamet	Tablet 200 mg	120	1.73	*Cimehexal; Magicul 200; SBPA Cimetidine 200*
	Tablet 400 mg	60	1.73	*Cimehexal; Magicul 400; Sigmetadine; SBPA Cimetidine 400*
	Tablet 800 mg	30	2.25	*Cimehexal; Magicul 800*
Tegretol 200	Tablet 200 mg	200	1.18	*Carbium; Teril*
Tenormin	Tablet 50 mg	30	2.50	*Anselol 50 mg; Atehexal; DBL Atenolol; Noten; SBPA Atenolol; Tenlol 50; Tensig*
Timoptol	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	1	0.88	*Optimol 0.25; Tenopt*
	Eye drops 5 mg (base) per mL (0.5%), 5 mL	1	0.91	*Optimol 0.5; Tenopt*
Tolvon	Tablet 10 mg	50	1.00	*Lerivon; Lumin 10*
	Tablet 20 mg	50	1.00	*Lerivon; Lumin 20*
Trandate	Tablet 100 mg	100	1.80	*Presolol 100*
	Tablet 200 mg	100	1.80	*Presolol 200*
Triphasil	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	7.28	*Trifeme 28*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Triphasil 28	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	7.28	*Trifeme 28*
Triprim	Tablet 300 mg	7	1.01	*Alprim*
Triquilar	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	7.28	*Logynon ED*
Triquilar ED	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	7.28	*Logynon ED*
Tryptanol	Tablet 25 mg	50	1.20	*Endep 25; Tryptine 25*
Valium	Tablet 2 mg	50	1.28	*Antenex 2*
	Tablet 5 mg	50	1.29	*Antenex 5*
Ventolin CFC-free	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	0.52	*Asmol CFC-free*
Ventolin Nebules	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	2.00	*Asmol 2.5 uni-dose; Respax 2.5 Sterinebs*
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	2.00	*Asmol 5 uni-dose; Respax 5 Sterinebs*
Vercef	Powder for oral suspension 125 mg per 5 mL, 100 mL	1	0.75	*Keflor*
	Powder for oral suspension 250 mg per 5 mL, 75 mL	1	0.74	*Keflor*
Vibramycin	Tablet 100 mg	7	0.80	*Doxsig; Doxy-100; Doxyhexal; Doxylin 100; SBPA Doxycycline 100 mg*
	Tablet 100 mg	28	3.20	*Doxsig; Doxy-100; Doxyhexal; Doxylin 100; SBPA Doxycycline 100 mg*
	Tablet 100 mg	21	2.40	*Doxsig; Doxy-100; Doxyhexal; Doxylin 100; SBPA Doxycycline 100 mg*
Vibra-Tabs	Tablet 50 mg	25	0.80	*Doxy-50; Doxyhexal; Doxylin 50*
Visken 5	Tablet 5 mg	100	1.00	*Barbloc 5*
Visken 15	Tablet 15 mg	50	1.00	*Barbloc 15*
Voltaren 25	Tablet 25 mg (enteric coated)	100	1.10	*Diclohexal; Dinac*
Voltaren 50	Tablet 50 mg (enteric coated)	50	1.75	*Diclohexal; Dinac; Fenac*
Xanax	Tablet 250 micrograms	50	0.94	*Kalma 0.25*
	Tablet 500 micrograms	50	0.96	*Kalma 0.5*
	Tablet 1 mg	50	0.99	*Kalma 1*
Xanax Tri-Score	Tablet 2 mg	50	1.10	*Kalma 2*
Zantac	Tablet 150 mg (base)	60	0.79	*DBL Ranitidine; Rani 2; Ranihexal; Ranoxyl*
	Tablet 300 mg (base)	30	0.79	*DBL Ranitidine; Rani 2; Ranihexal; Ranoxyl*
Zovirax 200 mg	Tablet 200 mg	50	4.76	*Acihexal; Acyclo-V 200; Lovir; Zyclir 200*
	Tablet 200 mg	90	2.39	*Acihexal; Acyclo-V 200; Lovir; Zyclir 200*
Zyloprim	Tablet 100 mg	200	1.90	*Allohexal; Allorin 100 mg; Progout 100; SBPA Allopurinol*
	Tablet 300 mg	60	1.88	*Allohexal; Allorin 300 mg; Progout 300; SBPA Allopurinol*

SCHEDULE OF PHARMACEUTICAL BENEFITS FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

OPERATIVE FROM 1 NOVEMBER 1999

(ALL PREVIOUS EDITIONS CANCELLED)

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CONTENTS

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 1999 and all previous issues are cancelled. New Schedules take effect on 1 February, 1 May, 1 August and 1 November each year.

Change of Address

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

Additional Copies

Additional copies of the Schedule may be purchased from:

J.S. McMillan Outsourcing
Dock 8, corner of Derby and Stubbs Streets
SILVERWATER NSW 2128
Telephone: (02) 9648 3333
Facsimile: (02) 9648 4209

Prescription Forms

The Health Insurance Commission is introducing new format prescription forms. The original (labelled the "pharmacist/patient copy") is to be attached to any relevant repeat authorisations or deferred supply authorisations and issued to the patient, and is to be retained by the approved pharmacist on the last occasion of supply. The carbon copy (labelled the "HIC/DVA copy") will be submitted to the HIC by the approved pharmacist with the claim for payment. These arrangements apply only to the new format prescriptions; the previous arrangements remain in force for old format prescription forms.

Fees, Patient Copayments and Safety Net Thresholds

The following fees, patient copayments and safety net thresholds apply as at 1 November 1999 and are included, where applicable in prices published in the Schedule—

Composite dispensing fees:	Ready-prepared	$4.39
	Extemporaneously-prepared	$6.27
Additional fees (for safety net prices)	Ready-prepared	$0.86
	Extemporaneously-prepared	$1.25
Patient copayments:	General	$20.30
	Concessional	$3.20
Safety Net Thresholds:	General	$620.60
	Concessional	$166.40

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

8357W **Acamprosate Calcium,** tablet 333 mg (enteric coated) *(Campral)*
8351M **Brimonidine Tartrate,** eye drops 2 mg per mL (0.2%), 5 mL *(Alphagan)*
8361C **Capecitabine,** tablet 150 mg *(Xeloda)*
8362D **Capecitabine,** tablet 500 mg *(Xeloda)*
8358X **Clopidogrel Hydrogen Sulfate,** tablet 75 mg (base) *(Iscover; Plavix)*
8352N **Glatiramer Acetate,** powder for subcutaneous injection 20 mg in single use vial and 1 ampoule diluent 1.1 mL *(Copaxone)*
8359Y **Ivermectin,** tablet 3 mg *(Stromectol)*
8353P **Oestradiol with Norethisterone Acetate,** tablets 1 mg-500 micrograms, 28 *(Kliovance)*
8360B **Paclitaxel,** solution concentrate for I.V. infusion 300 mg in 50 mL *(Taxol)*
8363E **Raloxifene Hydrochloride,** tablet 60 mg *(Evista)*
8354Q **Salbutamol Sulfate,** oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation *(Airomir Autohaler)*
8355R **Telmisartan,** tablet 40 mg *(Micardis; Pritor)*
8356T **Telmisartan,** tablet 80 mg *(Micardis; Pritor)*
8350L **Tirofiban Hydrochloride,** solution concentrate for I.V. infusion 12.5 mg (base) in 50 mL *(Aggrastat)*

Additions — Brands

1081X *DBL Atenolol, BL* — **Atenolol,** tablet 50 mg
2687K *Azamun, DP* — **Azathioprine,** tablet 50 mg
1147J *DP* — **Captopril,** tablet 12.5 mg
1148K *DP* — **Captopril,** tablet 25 mg
1149L *DP* — **Captopril,** tablet 50 mg
2419H *Carbium, HX* — **Carbamazepine,** tablet 200 mg
5040G *Carbium, HX* — **Carbamazepine,** tablet 200 mg **(Dental)**
1561E *DBL Clomipramine, BL* — **Clomipramine Hydrochloride,** tablet 25 mg
1299J *Dinac, DP* — **Diclofenac Sodium,** tablet 25 mg (enteric coated)
5076E *Dinac, DP* — **Diclofenac Sodium,** tablet 25 mg (enteric coated) **(Dental)**
1300K *Dinac, DP* — **Diclofenac Sodium,** tablet 50 mg (enteric coated)
5077F *Dinac, DP* — **Diclofenac Sodium,** tablet 50 mg (enteric coated) **(Dental)**
1312C *Vasocardol CD, HP* — **Diltiazem Hydrochloride,** capsule 180 mg (controlled delivery)
1313D *Vasocardol CD, HP* — **Diltiazem Hydrochloride,** capsule 240 mg (controlled delivery)
1090J *Flecatab, AF* — **Flecainide Acetate,** tablet 100 mg
1453L *DBL Gemfibrozil, BL* — **Gemfibrozil,** tablet 600 mg
1795L *Crysanal, MD* — **Naproxen Sodium,** tablet 550 mg
5186Y *Crysanal, MD* — **Naproxen Sodium,** tablet 550 mg **(Dental)**
8332M *Acimax Tablets, PM* — **Omeprazole Magnesium,** tablet 10 mg (base)
8331L *Acimax Tablets, PM* — **Omeprazole Magnesium,** tablet 20 mg (base)
8333N *Acimax Tablets, PM* — **Omeprazole Magnesium,** tablet 20 mg (base) **(Diff. Max. Rpts)**
2893G *Stemzine, MB* — **Prochlorperazine,** tablet 5 mg
5205Y *Stemzine, MB* — **Prochlorperazine,** tablet 5 mg **(Dental)**
8158J *Ranihexal, HX; Ranoxyl, DP* — **Ranitidine Hydrochloride,** tablet 150 mg (base)
1978D *Ranihexal, HX; Ranoxyl, DP* — **Ranitidine Hydrochloride,** tablet 150 mg (base) **(Diff. Max. Rpts)**
8160L *Ranihexal, HX; Ranoxyl, DP* — **Ranitidine Hydrochloride,** tablet 300 mg (base)

1977C *Ranihexal, HX; Ranoxyl, DP* — **Ranitidine Hydrochloride,** tablet 300 mg (base) **(Diff. Max. Rpts)**
2043M *DBL Sotalol, BL* — **Sotalol Hydrochloride,** tablet 160 mg

BIOEQUIVALENCE INDICATORS

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

8121K *Distaph 250, AF* — **Dicloxacillin,** capsule 250 mg
5096F *Distaph 250, AF* — **Dicloxacillin,** capsule 250 mg **(Dental)**
8122L *Distaph 500, AF* — **Dicloxacillin,** capsule 500 mg
5097G *Distaph 500, AF* — **Dicloxacillin,** capsule 500 mg **(Dental)**
1312C *Cardizem CD, ML* — **Diltiazem Hydrochloride,** capsule 180 mg (controlled delivery)
1313D *Cardizem CD, ML* — **Diltiazem Hydrochloride,** capsule 240 mg (controlled delivery)
1090J *Tambocor, MM* — **Flecainide Acetate,** tablet 100 mg
1795L *Anaprox 550, SD* — **Naproxen Sodium,** tablet 550 mg
5186Y *Anaprox 550, SD* — **Naproxen Sodium,** tablet 550 mg **(Dental)**
8332M *Losec Tablets, AP* — **Omeprazole Magnesium,** tablet 10 mg (base)
8331L *Losec Tablets, AP* — **Omeprazole Magnesium,** tablet 20 mg (base)
8333N *Losec Tablets, AP* — **Omeprazole Magnesium,** tablet 20 mg (base) **(Diff. Max. Rpts)**
1746X *RR* — **Paracetamol,** tablet 500 mg
5196L *RR* — **Paracetamol,** tablet 500 mg **(Dental)**
2893G *Stemetil, RR* — **Prochlorperazine,** tablet 5 mg
5205Y *Stemetil, RR* — **Prochlorperazine,** tablet 5 mg **(Dental)**

RETENTION OF ITEMS

Contrary to previous advice, the following items will continue to be available as pharmaceutical benefits from 1 November 1999 (deletion postponed until 1 February 2000 – see advance notices):

3077Y **Amino Acid Formula with Vitamins and Minerals without Methionine,** powder 200 g *(RVHB Maxamaid)*
1045B **Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine,** powder 200 g *(MSUD Maxamaid)*

DELETIONS

Deletions — Items

3075W **Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine,** powder 200 g *(MSUD AID III)*
1893P **Amoxycillin with Clavulanic Acid,** powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL *(Clamoxyl Forte; Augmentin Forte)*
5010Q **Amoxycillin with Clavulanic Acid,** powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL *(Clamoxyl Forte; Augmentin Forte)* **(Dental)**
1637E **Beclomethasone Dipropionate,** aqueous nasal spray refill 50 micrograms per dose (200 doses) *(Aldecin Aqueous Refill)*
1164G **Chlorambucil,** tablet 5 mg *(Leukeran)*
3139F **Clindamycin,** granules for syrup 75 mg per 5 mL, 100 mL *(Dalacin C)*
5058F **Clindamycin,** granules for syrup 75 mg per 5 mL, 100 mL *(Dalacin C)* **(Dental)**

2509C **Dexamethasone,** injection 4 mg in 1 mL *(Decadron)*
3472R **Dexamethasone,** injection 4 mg in 1 mL *(Decadron)* **(Doctor's Bag)**
1291Y **Dexamethasone,** injection 8 mg in 2 mL *(Decadron)*
2508B **Dexamethasone,** injection 120 mg in 5 mL *(Decadron Shock Pak)*
1483C **Dihydrotachysterol,** capsule 125 micrograms *(A.T. 10)*
1514Q **Glyceryl Trinitrate,** transdermal disc releasing approximately 10 mg per 24 hours *(Nitradisc)*
8172D **Ivermectin,** tablet 6 mg *(Stromectol)*
(A 3 mg tablet is available as a pharmaceutical benefit from 1 November 1999)
1244L **Levodopa with Carbidopa,** tablet 100 mg-10 mg *(Sinacarb 100/10; Sinemet M)*
2548D **Melphalan,** tablet 5 mg *(Alkeran)*
3194D **Methyldopa,** tablet 125 mg *(Aldomet-M)*
1943G **Procyclidine Hydrochloride,** tablet 5 mg *(Kemadrin)*
1281K **Timolol Maleate,** tablet 5 mg *(Blocadren)*
2969G **Trimipramine Maleate,** capsule 50 mg (base) *(Surmontil)*

Following decreases in the prices for **Fosinopril Sodium,** tablet 10 mg and tablet 20 mg *(Monopril)*, these items are no longer subject to therapeutic group premiums. The following authority required items, previously giving exemption from therapeutic group premiums, have therefore been deleted:

8916G **Fosinopril Sodium,** tablet 10 mg *(Monopril)*
8917H **Fosinopril Sodium,** tablet 20 mg *(Monopril)*

Deletions — Brands

2130D *Ralozam, KR* — **Alprazolam,** tablet 250 micrograms
2131E *Ralozam, KR* — **Alprazolam,** tablet 500 micrograms
2132F *Ralozam, KR* — **Alprazolam,** tablet 1 mg
2417F *Tryptine 10, AD* — **Amitriptyline Hydrochloride,** tablet 10 mg
1657F *Aldecin Aqueous Pump, SH* — **Beclomethasone Dipropionate,** aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)
8257N *Kredex 12.5, SK* — **Carvedilol,** tablet 12.5 mg
8258P *Kredex 25, SK* — **Carvedilol,** tablet 25 mg
8150Y *Sigmetadine, SI* — **Cimetidine,** tablet 200 mg
1157X *Sigmetadine, SI* — **Cimetidine,** tablet 200 mg **(Diff. Max. Rpts)**
1335G *Cardcal 60, AD* — **Diltiazem Hydrochloride,** tablet 60 mg
2924X *Norpace, SR* — **Disopyramide,** capsule 150 mg
1695F *Adapine 20, AD* — **Nifedipine,** tablet 20 mg
1696G *Mycostatin, BQ* — **Nystatin,** tablet 500,000 units
3342X *Mycostatin, BQ* — **Nystatin,** tablet 500,000 units **(Dental)**
2949F *Bactrim, RO* — **Trimethoprim with Sulfamethoxazole,** tablet 80 mg-400 mg
3389J *Bactrim, RO* — **Trimethoprim with Sulfamethoxazole,** tablet 80 mg-400 mg **(Dental)**
3130R *SI* — **Vancomycin,** injection 500 mg (500,000 i.u.) vancomycin activity (solvent required)
3131T *SI* — **Vancomycin,** injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) **(Diff. Max. Qty)**
3323X *SI* — **Vancomycin,** injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) **(Dental)**

ALTERATIONS

Restriction Changes

1007B **Aciclovir,** tablet 200 mg *(Acihexal; Acyclo-V 200; Lovir; Zyclir 200; Zovirax 200 mg)* **(Diff. Max. Qty and Rpts)**

1029E **Alteplase (Recombinant tissue-type plasminogen activator),** injection set containing 1 vial 50 mg in 2333 mg dry powder, 1 vial sterile water for injection 50 mL and 1 transfer cannula *(Actilyse)*

8335Q **Dipyridamole,** capsule 200 mg (sustained release) *(Persantin SR)*

8092X **Famciclovir,** tablet 125 mg *(Famvir)*

8217L **Famciclovir,** tablet 250 mg *(Famvir)* **(Diff. Max. Qty and Rpts)**

1603J **Human Menopausal Gonadotrophin standardised with Human Chorionic Gonadotrophin,** injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinising activity (approximately two thirds of the latter is of placental origin and approximately one third is of pituitary origin) and 10 ampoules solvent 1 mL *(Humegon)*

1604K **Human Menopausal Gonadotrophin standardised with Human Chorionic Gonadotrophin,** injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising activity (approximately two thirds of the latter is of placental origin and approximately one third is of pituitary origin) and 10 ampoules solvent 1 mL *(Humegon)*

3026G **Paclitaxel,** solution concentrate for I.V. infusion 30 mg in 5 mL *(Anzatax; Taxol)*

8018B **Paclitaxel,** solution concentrate for I.V. infusion 100 mg in 16.7 mL *(Taxol)*

3017T **Paclitaxel,** solution concentrate for I.V. infusion 150 mg in 25 mL *(Anzatax)*

2095G **Ticlopidine Hydrochloride,** tablet 250 mg *(Ticlid)*

8134D **Valaciclovir,** tablet 500 mg *(Valtrex)* **(Diff. Max. Qty and Rpts)**

Alterations — Name and Description of Form

From: 8292K **Cefuroxime,** tablet 250 mg *(Zinnat)*
To: 8292K **Cefuroxime Axetil,** tablet 250 mg (base) *(Zinnat)*

From: 5052X **Cefuroxime,** tablet 250 mg *(Zinnat)* **(Dental)**
To: 5052X **Cefuroxime Axetil,** tablet 250 mg (base) *(Zinnat)* **(Dental)**

Alterations — Maximum Quantity

		From	*To*
1312C	**Diltiazem Hydrochloride,** capsule 180 mg (controlled delivery) *(Vasocardol CD; Cardizem CD)*	28	30
1313D	**Diltiazem Hydrochloride,** capsule 240 mg (controlled delivery) *(Vasocardol CD; Cardizem CD)*	28	30
8092X	**Famciclovir,** tablet 125 mg *(Famvir)*	10	40

Alterations — Number of Repeats

		From	*To*
8092X	**Famciclovir,** tablet 125 mg *(Famvir)*	5	1

Alterations — Manufacturer's Code

		From	To
2600W	**Allopurinol,** tablet 100 mg *(Zyloprim)*	*GW*	*SI*
2604C	**Allopurinol,** tablet 300 mg *(Zyloprim)*	*GW*	*SI*
2812B	**Betamethasone Valerate,** cream 200 micrograms per g (0.02%), 100 g *(Betnovate 1/5)*	*GW*	*SI*
2813C	**Betamethasone Valerate,** cream 500 micrograms per g (0.05%), 15 g *(Betnovate 1/2)*	*GW*	*SI*
2815E	**Betamethasone Valerate,** ointment 500 micrograms per g (0.05%), 15 g *(Betnovate 1/2)*	*GW*	*SI*
2605D	**Digoxin,** tablet 62.5 micrograms *(Lanoxin-PG)*	*GW*	*SI*
1322N	**Digoxin,** tablet 250 micrograms *(Lanoxin)*	*GW*	*SI*
3164M	**Digoxin,** oral solution for children 50 micrograms per mL, 60 mL*(Lanoxin)*	*GW*	*SI*
1434L	**Fluoxetine Hydrochloride,** capsule 20 mg (base) *(Erocap)*	*DP*	*DL*
1459T	**Glyceryl Trinitrate,** tablets 600 micrograms, 100 *(Anginine Stabilised)*	*GW*	*SI*
5108W	**Glyceryl Trinitrate,** tablets 600 micrograms, 100 *(Anginine Stabilised)* **(Dental)**	*GW*	*SI*
1566K	**Labetalol Hydrochloride,** tablet 100 mg *(Trandate)*	*GW*	*SI*
1567L	**Labetalol Hydrochloride,** tablet 200 mg *(Trandate)*	*GW*	*SI*
2122Q	**Morphine Hydrochloride,** oral solution 2 mg per mL, 200 mL *(Ordine 2)*	*PU*	*MF*
5237P	**Morphine Hydrochloride,** oral solution 2 mg per mL, 200 mL *(Ordine 2)* **(Dental)**	*PU*	*MF*
2123R	**Morphine Hydrochloride,** oral solution 5 mg per mL, 200 mL *(Ordine 5)*	*PU*	*MF*
5238Q	**Morphine Hydrochloride,** oral solution 5 mg per mL, 200 mL *(Ordine 5)* **(Dental)**	*PU*	*MF*
2124T	**Morphine Hydrochloride,** oral solution 10 mg per mL, 200 mL *(Ordine 10)*	*PU*	*MF*
5239R	**Morphine Hydrochloride,** oral solution 10 mg per mL, 200 mL *(Ordine 10)* **(Dental)**	*PU*	*MF*
8035X	**Morphine Sulfate,** tablet 5 mg (controlled release) *(MS Contin)*	*PS*	*MF*
5162Q	**Morphine Sulfate,** tablet 5 mg (controlled release) *(MS Contin)* **(Dental)**	*PS*	*MF*
1653B	**Morphine Sulfate,** tablet 10 mg (controlled release) *(MS Contin)*	*PS*	*MF*
5164T	**Morphine Sulfate,** tablet 10 mg (controlled release) *(MS Contin)* **(Dental)**	*PS*	*MF*
1654C	**Morphine Sulfate,** tablet 30 mg (controlled release) *(MS Contin)*	*PS*	*MF*
5165W	**Morphine Sulfate,** tablet 30 mg (controlled release) *(MS Contin)* **(Dental)**	*PS*	*MF*
1655D	**Morphine Sulfate,** tablet 60 mg (controlled release) *(MS Contin)*	*PS*	*MF*
5166X	**Morphine Sulfate,** tablet 60 mg (controlled release) *(MS Contin)* **(Dental)**	*PS*	*MF*
1656E	**Morphine Sulfate,** tablet 100 mg (controlled release) *(MS Contin)*	*PS*	*MF*
5167Y	**Morphine Sulfate,** tablet 100 mg (controlled release) *(MS Contin)* **(Dental)**	*PS*	*MF*
8146R	**Morphine Sulfate,** sachet containing controlled release granules for oral suspension, 30 mg per sachet *(MS Contin Suspension 30 mg)*	*PS*	*MF*
5243Y	**Morphine Sulfate,** sachet containing controlled release granules for oral suspension, 30 mg per sachet *(MS Contin Suspension 30 mg)* **(Dental)**	*PS*	*MF*
8305D	**Morphine Sulfate,** sachet containing controlled release granules for oral suspension, 60 mg per sachet *(MS Contin Suspension 60 mg)*	*PS*	*MF*
5244B	**Morphine Sulfate,** sachet containing controlled release granules for oral suspension, 60 mg per sachet *(MS Contin Suspension 60 mg)* **(Dental)**	*PS*	*MF*
8306E	**Morphine Sulfate,** sachet containing controlled release granules for oral suspension, 100 mg per sachet *(MS Contin Suspension 100 mg)*	*PS*	*MF*
5245C	**Morphine Sulfate,** sachet containing controlled release granules for oral suspension, 100 mg per sachet *(MS Contin Suspension 100 mg)* **(Dental)**	*PS*	*MF*
1966L	**Pyrimethamine,** tablet 25 mg *(Daraprim)*	*GW*	*SI*

2174K	**Thyroxine Sodium,** tablet equivalent to 50 micrograms anhydrous thyroxine sodium *(Oroxine)*	*GW*	*SI*
2175L	**Thyroxine Sodium,** tablet equivalent to 100 micrograms anhydrous thyroxine sodium *(Oroxine)*	*GW*	*SI*
2173J	**Thyroxine Sodium,** tablet equivalent to 200 micrograms anhydrous thyroxine sodium *(Oroxine)*	*GW*	*SI*
2922T	**Trimethoprim,** tablet 300 mg *(Triprim)*	*GW*	*SI*
2949F	**Trimethoprim with Sulfamethoxazole,** tablet 80 mg-400 mg *(Septrin)*	*GW*	*SI*
3389J	**Trimethoprim with Sulfamethoxazole,** tablet 80 mg-400 mg *(Septrin)* **(Dental)**	*GW*	*SI*
2951H	**Trimethoprim with Sulfamethoxazole,** tablet 160 mg-800 mg *(Cosig Forte)*	*SI*	*FM*
3390K	**Trimethoprim with Sulfamethoxazole,** tablet 160 mg-800 mg *(Cosig Forte)* **(Dental)**	*SI*	*FM*
2951H	**Trimethoprim with Sulfamethoxazole,** tablet 160 mg-800 mg *(Septrin Forte)*	*GW*	*SI*
3390K	**Trimethoprim with Sulfamethoxazole,** tablet 160 mg-800 mg *(Septrin Forte)* **(Dental)**	*GW*	*SI*
3103H	**Trimethoprim with Sulfamethoxazole,** oral suspension 40 mg-200 mg per 5 mL, 100 mL *(Septrin)*	*GW*	*SI*
3391L	**Trimethoprim with Sulfamethoxazole,** oral suspension 40 mg-200 mg per 5 mL, 100 mL *(Septrin)* **(Dental)**	*GW*	*SI*

SECTION 100

Section 100 — Addition of Items

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

6264Q **Abacavir Sulfate,** tablet 300 mg (base) *(Ziagen)* (retrospective to 1 October 1999)

6265R **Abacavir Sulfate,** oral solution 20 mg (base) per mL, 240 mL *(Ziagen)* (retrospective to 1 October 1999)

6258J **Efavirenz,** capsule 50 mg *(Stocrin)* (retrospective to 1 October 1999)

6259K **Efavirenz,** capsule 100 mg *(Stocrin)* (retrospective to 1 October 1999)

6260L **Efavirenz,** capsule 200 mg *(Stocrin)* (retrospective to 1 October 1999)

6261M **Ribavirin and Interferon Alfa-2b,** pack containing 84 capsules ribavirin 200 mg and 2 multi-dose cartridges interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL *(Rebetron Combination Therapy)* (retrospective to 1 October 1999)

6262N **Ribavirin and Interferon Alfa-2b,** pack containing 140 capsules ribavirin 200 mg and 2 multi-dose cartridges interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL *(Rebetron Combination Therapy)* (retrospective to 1 October 1999)

6263P **Ribavirin and Interferon Alfa-2b,** pack containing 168 capsules ribavirin 200 mg and 2 multi-dose cartridges interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL *(Rebetron Combination Therapy)* (retrospective to 1 October 1999)

Section 100 — Deletion of Items

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

6135X **Foscarnet Sodium,** I.V. infusion 24 mg per mL, 500 mL bottle *(Foscavir)*

ADVANCE NOTICES

Advance Notices — Deletion of Items

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 2000:

Items discontinued by the manufacturer —

3077Y **Amino Acid Formula with Vitamins and Minerals without Methionine,** powder 200 g *(RVHB Maxamaid)*

1045B **Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine,** powder 200 g *(MSUD Maxamaid)*

1649T **Beclomethasone Dipropionate,** capsule containing powder for oral inhalation 100 micrograms (for use in Becotide Rotahaler) *(Becotide Rotacaps)*

1403W **Erythromycin Stearate,** capsule 250 mg (base) *(Erythrocin)*

3330G **Erythromycin Stearate,** capsule 250 mg (base) *(Erythrocin)* **(Dental)**

1448F **Glucose Indicator—Urine,** test dispenser 4 m *(Tes-Tape)*

1513P **Glyceryl Trinitrate,** transdermal disc releasing approximately 5 mg per 24 hours *(Nitradisc)*

8232G **Omeprazole,** capsule 10 mg *(Acimax; Losec)*

2871D **Sodium Cromoglycate,** oral pressurised inhalation 5 mg per dose (112 doses) *(Intal Forte)*

2570G **Vidarabine,** eye ointment 30 mg per g (3%), 3.5 g *(Vira A)*

Advance Notices — Deletion of Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 2000:

Brands discontinued by the manufacturer —

2417F *Tryptanol, MK* — **Amitriptyline Hydrochloride,** tablet 10 mg

1081X *Tenlol 50, AD* — **Atenolol,** tablet 50 mg

1257E *Cefamezin, SI* — **Cephazolin,** injection 1 g (solvent required)

1390E *Vepesid, BQ* — **Etoposide,** solution for I.V. infusion 100 mg in 5 mL

1627P *Lerivon, OP* — **Mianserin Hydrochloride,** tablet 10 mg

1628Q *Lerivon, OP* — **Mianserin Hydrochloride,** tablet 20 mg

1699K *Mycostatin, BQ* — **Nystatin,** capsule 500,000 units

3345C *Mycostatin, BQ* — **Nystatin,** capsule 500,000 units **(Dental)**

1326T *Acimax, PM; Losec, AP* — **Omeprazole,** capsule 20 mg

1327W *Acimax, PM; Losec, AP* — **Omeprazole,** capsule 20 mg **(Diff. Max. Rpts)**

1789E *Abbocillin-VK, AB* — **Phenoxymethylpenicillin,** capsule 250 mg

1705R *Abbocillin-VK, AB* — **Phenoxymethylpenicillin,** capsule 250 mg **(Diff. Max. Rpts)**

3363B *Abbocillin-VK, AB* — **Phenoxymethylpenicillin,** capsule 250 mg **(Dental)**

2356B *Abbocillin-V, AB* — **Phenoxymethylpenicillin,** paediatric oral suspension 125 mg per 5 mL, 100 mL

3365D *Abbocillin-V, AB* — **Phenoxymethylpenicillin,** paediatric oral suspension 125 mg per 5 mL, 100 mL **(Dental)**

2145X *Mysteclin-250, BQ* — **Tetracycline Hydrochloride (Buffered),** capsule 250 mg

2146Y *Mysteclin-250, BQ* — **Tetracycline Hydrochloride (Buffered),** capsule 250 mg **(Diff. Max. Qty and Rpts)**

3386F *Mysteclin-250, BQ* — **Tetracycline Hydrochloride (Buffered),** capsule 250 mg **(Dental)**

Advance Notices — Deletion of Section 100 Items

The following items will be deleted from the list of Highly Specialised Drugs Available through Hospital Pharmacies for Out-Patients on 1 February 2000:

Items discontinued by the manufacturer —

6200H **Epoetin Alfa,** injection 1,000 units in 0.5 mL vial *(Eprex 1000)*
6121E **Epoetin Alfa,** injection 2,000 units in 1 mL vial *(Eprex 2000)*
6122F **Epoetin Alfa,** injection 4,000 units in 1 mL vial *(Eprex 4000)*
6123G **Epoetin Alfa,** injection 10,000 units in 1 mL vial *(Eprex 10000)*
6202K **Indinavir Sulfate,** capsule 400 mg (base) *(Crixivan 400 mg)* (pack of 180)
6185M **Stavudine,** capsule 15 mg *(Zerit)*

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 medical practitioners, participating dental practitioners and approved pharmacists.

The telephone number listed against each of the Commission's processing centres is linked to your state and location. Approved 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 in Section 1 (yellow pages) of this Schedule.

NEW SOUTH WALES and AUSTRALIAN CAPITAL TERRITORY
Pharmaceutical Benefits Branch
Colonial State Tower
150 George Street
Parramatta NSW 2150
Enquiries— Tel: 132 290

Gosford Processing Centre
88 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
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
Telephone— (02) 6124 6333

Authority Prescriptions 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 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 residential 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 that 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.

Telephone Interpreter Service

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

The translating 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.

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

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

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

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

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

ACT
Canberra Hospital
Yamba Drive
Garran ACT 2605
Tel: (02) 6285 2852

Drug Information Centres

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
Austin & Repatriation Medical Centre
Studley Road
Heidelberg Vic 3084
Tel: (03) 9496 5668

Drug Information Pharmacist
Drug Information Centre
Southern Health Care Network
Monash Medical Centre
246 Clayton Road
Clayton Vic 3168
Tel: (03) 9594 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

TAS
Drug Information Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart Tas 7001
Tel: (03) 6238 8737

NT
Drug Information Pharmacist
Royal Darwin Hospital
PO Box 41326
Casuarina NT 0811
Tel: (08) 8922 8424

ACT
Drug Information Pharmacist
Canberra Hospital
Yamba Drive
Garran ACT 2605
Tel: (02) 6244 3333

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
Conformity Assessment Branch
Therapeutic Goods Administration
Department of Health and Aged Care
PO Box 100
Woden ACT 2606

Mr J Dutton	*(02) 6232 8636*
Mrs Y Aggett	*(02) 6232 8637*

Australian Capital Territory
ACT Board of Health
GPO Box 825
Canberra ACT 2601

Drugs —	
Mr G Stefanoff	*(02) 6207 3974*
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
GPO Box 4057
Melbourne Vic 3001

Mrs J A Downie	*(03) 9412 7966*
Mr K Moyle	*(03) 9412 7997*

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*

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*

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*

Northern Territory
Territory Health Services
PO Box 40596
Casuarina NT 0811

Mrs G Parker	*(08) 8922 7341*

Index of Manufacturers' Codes

Code	*Manufacturer*
AA	ASTA Medica Australasia Pty Limited 4/190 George Street Parramatta NSW 2150 Tel: (02) 9893 7630 Fax: (02) 9635 3275
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 9668 9711 Fax: (02) 9668 8459
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 9630 5099 Fax: (02) 9683 5026
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101 Tel: (03) 9208 0000 Fax: (03) 9853 1915
AF	Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344
AG	Allergan Australia Pty Ltd 22 Rodborough Road Frenchs Forest NSW 2086 Tel: 1800 252 224 Fax: (02) 9978 0292
AL	Alphapharm Medical A Division of Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344
AN	Amgen Australia Pty Ltd Level 3, 65 Epping Road North Ryde NSW 2113 Tel: (02) 9870 1333 Fax: (02) 9870 1344
AP	Astra Pharmaceuticals Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700
AQ	Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: 1800 025 004 Fax: (02) 9452 5209
AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450
AZ	AZA Research Pty Ltd 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4563 Fax: (02) 9325 4573
BA	Boots Pharmaceuticals A Division of Boots Healthcare Australia Pty Ltd 101 Waterloo Road North Ryde NSW 2113 Tel: (02) 9870 6000 Fax: (02) 9870 6100
BB	Blackmores Ltd 23 Roseberry Street Balgowlah NSW 2093 Tel: (02) 9951 0111 Fax: (02) 9949 1954
BC	Bristol Laboratories A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9701 1518
BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 1800 269 933 Fax: (02) 9887 3487
BK	Becton Dickinson Pty Ltd 80 Rushdale Street Knoxfield Vic 3180 Tel: (03) 9764 2444 Fax: (03) 9764 2550

Code	Manufacturer
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
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) 9701 1518
BT	Boots Healthcare Australia Pty Ltd 101 Waterloo Road North Ryde NSW 2113 Tel: (02) 9870 6000 Fax: (02) 9870 6100
BU	Bausch & Lomb Surgical A Division of Bausch & Lomb (Australia) Pty Ltd 25-27 Whiting Street Artarmon NSW 2064 Tel: (02) 9437 6233 Fax: (02) 9438 2026
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 85 Waterloo Road North Ryde NSW 2113 Tel: (02) 8875 8800 Fax: (02) 8875 8801
BZ	Boucher & Muir Pty Limited 118-124 Willoughby Road Crows Nest NSW 2065 Tel: (02) 9436 3922 Fax: (02) 9906 7147

Code	Manufacturer
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
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
DC	David Craig Pharmaceuticals 3-9 Railway Terrace Rocklea Qld 4106 Tel: (07) 3277 1518 Fax: (07) 3277 9124
DL	Dista Products (Australia) & Company A Division of Eli Lilly Australia Pty Limited 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 17, 167 Prospect Highway Seven Hills NSW 2147 Tel: (02) 9624 5874 Fax: (02) 9624 8822

Code	Manufacturer
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
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
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: 1800 555 995 Fax: 1800 555 335
HX	Hexal Australia Pty Ltd Level 4, Suite 1-6 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458

Code	Manufacturer
IQ	Ioquin A Division of Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: 1800 025 004 Fax: (02) 9452 5209
JC	Janssen-Cilag Pty Ltd 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 8875 3333 Fax: (02) 8875 3300
JJ	Johnson & Johnson Medical 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 9878 9111 Fax: 1800 808 233
JT	Johnson & Johnson Pacific Pty Limited Stephen Road Botany NSW 2019 Tel: (02) 9316 0466 Fax: (02) 9666 3162
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
KY	Key Pharmaceuticals Pty Ltd 21 Leeds Street Rhodes NSW 2138 Tel: (02) 9736 3811 Fax: (02) 9736 3316

Code	Manufacturer
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
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

Code	Manufacturer
MF	Mundipharma Pty Ltd Level 26, Norwich House 6-10 O'Connell Street Sydney NSW 2000 Tel: (02) 9256 6606 Fax: (02) 9252 0488
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: 1800 555 995 Fax: 1800 555 335
MM	3M Pharmaceuticals Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
MO	Monsanto Australia Limited 4th Floor, 20 Clarke Street Crows Nest NSW 2065 Tel: (02) 9902 4500 Fax: (02) 9438 4930
MS	MediSense Australia Pty Ltd 666 Doncaster Road Doncaster Vic 3108 Tel: (03) 9843 7100 Fax: (03) 9855 8020
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
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
OA	Orphan Australia Pty Ltd 12 Langmore Lane Berwick Vic 3806 Tel: (03) 9769 5744 Fax: (03) 9769 5944
OB	Oral B Laboratories Pty Ltd Level 3, 90 Mount Street North Sydney NSW 2060 Tel: (02) 9957 6499 Fax: (02) 9957 5383
OF	Ophthalmic Laboratories Pty Ltd 41 Sydenham Road Brookvale NSW 2100 Tel: (02) 9938 1966 Fax: (02) 9938 1555

Code	Manufacturer
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
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: 1800 555 995 Fax: 1800 555 335
RC	Reckitt & Colman Pharmaceuticals 44 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4000 Fax: (02) 9325 4044
RH	Pharmacy Department Royal Children's Hospital Flemington Road Parkville Vic 3052 Tel: (03) 9345 5492 Fax: (03) 9349 1261
RL	Roussel Division of Hoechst Marion Roussel Australia Pty Limited 27 Sirius Road Lane Cove NSW 2066 Tel: 1800 555 995 Fax: 1800 555 335
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229

Code	Manufacturer
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 Products 4 Packard Avenue Castle Hill NSW 2154 Tel: (02) 9680 4044 Fax: (02) 9894 6498
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
SF	Selfcare International GmbH Australian Distributor Corbridge Group Pty Ltd 3 Tait Street Smithfield NSW 2164 Tel: (02) 9725 2670 Fax: (02) 9725 2804
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
SN	Smith & Nephew (Aust.) Pty Ltd 211 Wellington Road Clayton Vic 3168 Tel: (03) 9566 1200 Fax: (03) 9562 0500
SR	Searle Division of Monsanto Australia Limited 4th Floor, 20 Clarke Street Crows Nest NSW 2065 Tel: (02) 9902 4500 Fax: (02) 9438 4930
SS	Seton Scholl Healthcare Australia Pty Ltd 225 Beach Road Mordialloc Vic 3195 Tel: (03) 9587 6770 Fax: (03) 9587 6870
SU	Sauter Laboratories (Aust.) Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229

Code	Manufacturer
SV	Stafford-Miller Limited Level 2, 13-15 LyonPark Road North Ryde NSW 2113 Tel: (02) 9856 4800 Fax: (02) 9856 4830
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
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
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

Code	Manufacturer
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
ZN	Zeneca Pharmaceuticals Australia Pty Ltd 1 Nicholson Street Melbourne Vic 3000 Tel: (03) 9665 7400 Fax: (03) 9665 7144

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 Aged Care.

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 that 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 that can be prescribed by dentists who work within the PBS (pink pages). This is followed by a list of items that 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 prescribed 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.

- *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.

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.

Prescription forms for both doctors and dentists are supplied free of charge.

The inclusion of the prescriber number on a prescription enables the pharmacist to be sure the prescription is from a legitimate prescriber and satisfies State/Territory legislation.

Ordering forms

Prescribers are asked not to over order. Each standard prescription pad costs the Commonwealth $2.55 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). Orders should be sent to:

Prescription Pad Order Clerk
Pharmaceutical Branch
Health Insurance Commission
GPO Box 9826
Sydney NSW 2001
Telephone (02) 9895 3295

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 more convenient 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.

Approval of authority prescriptions by the HIC may be obtained either by posting an Authority Prescription Form to the HIC, or by using the HIC's Authority Freecall service (1800 888 333). Approval of authority prescriptions by the DVA may be obtained either by posting an Authority Prescription Form to the DVA, or by using 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). In the new format, the original ("patient/pharmacist copy") is attached to repeat authorisations until the last supply is made, and is then retained by the pharmacist.
- 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. In the new format, the duplicate ("HIC/DVA copy") is forwarded to the HIC for processing and payment.
- the triplicate ("doctor or 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;
- prescriptions 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 that he/she is operating;
- will not supply to anyone any pharmaceutical benefit that attracts a Commonwealth contribution for free, or for a price that 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 the duplicates of all old format pharmaceutical benefit prescriptions, and the patient/pharmacist copies of all new format 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 these copies 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:

- the original and duplicate of a valid prescription which is not more than 12 months old; or
- the original and duplicate of an approved authority prescription or an authority to prescribe which is not more than 12 months old; or
- a repeat authorisation attached to a duplicate prescription (or in the new format, the "patient/pharmacist" copy) not more than 12 months after 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, or in the new format, the "patient/pharmacist copy".

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 the duplicate copy of an old format prescription, or the patient/pharmacist copy of a new format 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 1999, the pharmacist should write: "Certified supplied - mailed to patient 1 April 1999 (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 1999, the pharmacist should write: "Certified supplied 1 May 1999 - 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'.

4. 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 $20.30 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 $20.30 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 calender 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 $620.60. 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 $620.60. 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 $20.30 per item and concessional pharmaceutical benefits at $3.20 per item, until the threshold of $620.60 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 that 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 $600.00 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 $620.60, 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 that 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), or for old style authority prescription and authority to prescribe forms, as they have printed spaces for the necessary details. However, it is required for the new format authority prescription forms.

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 that 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 old format prescriptions and authority prescriptions, the HIC/DVA copies of new format prescriptions and authority prescriptions, and all repeat authorisations, 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 1999 should have a reference number of 9906.

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 that 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 dispensed is not specified in the Drug Tariff, the recovery price is as follows:

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

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

(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 dispensed 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. In other cases where a fraction of a cent occurs, the price is to be taken to the nearest cent (a half cent being taken up to the next cent).

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

Special pricing provisions apply to drugs marked '(a)' or '(b)' in the Drug Tariff.

For drugs marked '(a)', the pricing rules shown above apply to quantities up to the quantity listed in the Drug Tariff. Greater quantities are priced on a linear basis: the recovery price is ascertained by multiplying the fraction that the quantity dispensed bears to the quantity listed in the Drug Tariff by the price shown for the quantity listed.

Drugs marked '(b)' are packed sterile or are unstable, and all quantities are priced as if whole pack(s) were required. The recovery price is ascertained by multiplying the fraction that the quantity dispensed bears to the quantity listed in the Drug Tariff, taken to the next whole number, by the price shown for the quantity listed.

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 1960* are available from Government AusInfo shops in each capital city.

Therapeutic Index for PBS Schedule

DENTAL BENEFITS

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 and 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 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 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 commences 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' attached to brand names indicates that these brands are also equivalent, but that it is not known if there is equivalence between brands marked 'a' and brands marked 'b'.

BRAND 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(s) of the lowest priced brand(s); and
- the patient paying the brand premium which is the price difference between the lowest price brand and the brand prescribed.

If a prescription is written generically or for the lowest priced brand, and the lowest priced brand is supplied, there is no brand premium payable.

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

THERAPEUTIC GROUP PREMIUM POLICY

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

The Therapeutic Group 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 that 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 item.

If a brand of a drug which is subject to a therapeutic group premium also has a brand 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 Group Premium Policy, suppliers of multi-branded items and therapeutically similar drugs are able to set their own prices at a level that 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 premium or therapeutic group premium does not count toward the patient's safety net.

It should be noted that the brand 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.

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max.Qty $	Proprietary Name and Manufacturer	
	ADRENALINE				
3451P	Injection 1 mg in 1 mL (1 in 1,000)	5	9.08	AP	
	ATROPINE SULFATE				
3453R	Injection 600 micrograms in 1 mL	10	9.52	AP	
	BENZTROPINE MESYLATE				
3457Y	Injection 2 mg in 2 mL	5	18.31	Cogentin	MK
	BENZYLPENICILLIN				
3486L	Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*31.95	BenPen	CS
or	*or*				
	PROCAINE PENICILLIN				
3485K	Injection 1.5 g	5	52.13	Cilicaine	SI
	BENZYLPENICILLIN				
3487M	Injection 3 g (with sterilised Water for Injections 10 mL)	1	13.12	BenPen	CS
	CHLORPROMAZINE HYDROCHLORIDE				
3455W	Injection 50 mg in 2 mL	10	13.63	Largactil	RR
or	*or*				
	HALOPERIDOL				
3456X	Injection 5 mg in 1 mL	10	14.30	Serenace	SI
	DIAZEPAM				
3458B	Injection 10 mg in 2 mL	5	9.14	BL	
	DIHYDROERGOTAMINE MESYLATE				
3460D	Injection 1 mg in 1 mL	5	14.91	Dihydergot	NV
	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE				
3462F	Injection 0.5 mL	15	*75.79	CS	
	FRUSEMIDE				
3466K	Injection 20 mg in 2 mL	5	7.45	Lasix	HP
	GLUCAGON HYDROCHLORIDE				
3467L	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	33.73	GlucaGen Hypokit	NO
	GLYCERYL TRINITRATE				
3475X	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	‡1	17.55	Nitrolingual Pumpspray	RR
	HYDROCORTISONE SODIUM SUCCINATE				
3470P	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*10.55	Solu-Cortef	UP
or	*or*				
	HYDROCORTISONE SODIUM SUCCINATE				
3471Q	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	9.97	Solu-Cortef	UP
	LIGNOCAINE HYDROCHLORIDE				
3474W	Injection 100 mg in 5 mL	4	*18.91	Xylocard 100	AP

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of administration and form	Max. Qty	Dispensed Price for Max.Qty $	Proprietary Name and Manufacturer	
	METOCLOPRAMIDE HYDROCHLORIDE				
3476Y	Injection 10 mg in 2 mL	10	9.98	Maxolon	DT
or	*or*				
	PROCHLORPERAZINE				
3477B	Injection 12.5 mg in 1 mL	10	13.81	Stemetil	RR
	MORPHINE SULFATE				
3479D	Injection 15 mg in 1 mL	5	10.79	BL SI	
or	*or*				
	MORPHINE SULFATE				
3480E	Injection 30 mg in 1 mL	5	12.04	BL	
	NALOXONE HYDROCHLORIDE				
3482G	Injection 2 mg in 5 mL	2	*56.97	Naloxone Min-I-Jet	CS
	PETHIDINE HYDROCHLORIDE				
3483H	Injection 100 mg in 2 mL	5	10.15	BL SI	
	PROMETHAZINE HYDROCHLORIDE				
3488N	Injection 50 mg in 2 mL	10	*15.39	BL	
	SALBUTAMOL SULFATE				
3496B	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	14.20	ª Asmol 2.5 unidose	AF
				ª Respax 2.5 Sterinebs	PU
			15.20	ª Ventolin Nebules	GW
	SALBUTAMOL SULFATE				
3497C	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	14.76	ª Asmol 5 unidose	AF
				ª Respax 5 Sterinebs	PU
			15.76	ª Ventolin Nebules	GW
	TERBUTALINE SULFATE				
3490Q	Injection 100 micrograms in 1 mL	5	8.35	Bricanyl	AP
or	*or*				
	TERBUTALINE SULFATE				
3491R	Injection 500 micrograms in 1 mL	5	8.48	Bricanyl	AP
	TETANUS VACCINE, ADSORBED				
3493W	Injection 0.5 mL	5	*25.04	CS	
	VERAPAMIL HYDROCHLORIDE				
3494X	Injection 5 mg in 2 mL	5	10.33	ª Cordilox	SC
				ª Isoptin	KN

SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 30.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Special Patient Contribution for Max.Qty $	Reimburse-ment Price for Max.Qty $	Total Dispensed price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	BLEOMYCIN							
	Restricted benefit							
	Germ cell neoplasms; Lymphoma.							
2315W	***Injection 15 units bleomycin activity (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)***	***10***	***..***	***469.90 540.17***	****526.79 526.82***	****996.69 1066.99***	***20.30 20.30***	***BL Blenoxane BQ***
	POLYGELINE							
2334W	I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	7.20	*60.73	*67.93	20.30	Haemaccel HP

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	
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives for local oral treatment***							
	AMPHOTERICIN							
2931G	Lozenge 10 mg	20	1	..	7.23	8.09	Fungilin	BQ
	NYSTATIN							
3033P	Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	8.77	9.63	Mycostatin Nilstat	BQ AY
	• ***Other agents for local oral treatment***							
	BENZYDAMINE HYDROCHLORIDE							
	Restricted benefit							
	Treatment of radiation induced mucositis.							
1121B	***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL***	***‡1***	***1***	***..***	***16.16***	***17.02***	***Difflam***	***MM***
	ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE							
	Antacids							
	• ***Combinations and complexes of aluminium, calcium and magnesium compounds***							
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE							
2576N	Tablet 200 mg-200 mg	200	5	..	*12.43	13.29	[a] Gelusil	WW
				[B]0.30	*12.73	13.29	[a] Mylanta	WR
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*12.43	13.29	[a] Gelusil [a] Sigma Liquid Antacid	WW SI
				[B]0.30	*12.73	13.29	[a] Mylanta	WR
	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE							
1032H	Tablet 250 mg-120 mg-120 mg	200	5	..	*12.43	13.29	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg-120 mg per 5 mL, 500 mL	2	5	..	*12.43	13.29	Gastrogel	FM
	Drugs for treatment of peptic ulcer							
	• ***H_2-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.							

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	
	CIMETIDINE							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8150Y	*Tablet 200 mg*	*120*	*1*	*..*	*29.64*	*20.30*	[a] *Cimehexal*	*HX*
							[a] *Magicul 200*	*AF*
							[a] *SBPA Cimetidine 200*	*SL*
				[B]*1.73*	*31.37*	*20.30*	[a] *Tagamet*	*SK*
8151B	*Tablet 400 mg*	*60*	*1*	*..*	*29.64*	*20.30*	[a] *Cimehexal*	*HX*
							[a] *Magicul 400*	*AF*
							[a] *SBPA Cimetidine 400*	*SL*
							[a] *Sigmetadine*	*SI*
				[B]*1.73*	*31.37*	*20.30*	[a] *Tagamet*	*SK*
8152C	*Tablet 800 mg*	*30*	*1*	*..*	*29.64*	*20.30*	[a] *Cimehexal*	*HX*
							[a] *Magicul 800*	*AF*
				[B]*2.25*	*31.89*	*20.30*	[a] *Tagamet*	*SK*
8153D	*Effervescent tablet 800 mg (as hydrochloride)*	*30*	*1*	[T]*4.30*	*33.94*	*20.30*	*Tagamet 800 Express*	*SK*
	Restricted benefit							
	Maintenance treatment of peptic ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;							
	Reflux oesophagitis;							
	Scleroderma oesophagus;							
	Zollinger-Ellison syndrome.							
1157X	*Tablet 200 mg*	*120*	*5*	*..*	*29.64*	*20.30*	[a] *Cimehexal*	*HX*
							[a] *Magicul 200*	*AF*
							[a] *SBPA Cimetidine 200*	*SL*
				[B]*1.73*	*31.37*	*20.30*	[a] *Tagamet*	*SK*
1158Y	*Tablet 400 mg*	*60*	*5*	*..*	*29.64*	*20.30*	[a] *Cimehexal*	*HX*
							[a] *Magicul 400*	*AF*
							[a] *SBPA Cimetidine 400*	*SL*
							[a] *Sigmetadine*	*SI*
				[B]*1.73*	*31.37*	*20.30*	[a] *Tagamet*	*SK*
1159B	*Tablet 800 mg*	*30*	*5*	*..*	*29.64*	*20.30*	[a] *Cimehexal*	*HX*
							[a] *Magicul 800*	*AF*
				[B]*2.25*	*31.89*	*20.30*	[a] *Tagamet*	*SK*
1156W	*Effervescent tablet 800 mg (as hydrochloride)*	*30*	*5*	[T]*4.30*	*33.94*	*20.30*	*Tagamet 800 Express*	*SK*

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	
	CIMETIDINE—cont.							
	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.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8900K	*Effervescent tablet 800 mg (as hydrochloride)*	*30*	*1*	*..*	*33.94*	*20.30*	*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:							
	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*	*..*	*33.94*	*20.30*	*Tagamet 800 Express*	*SK*
	FAMOTIDINE							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8154E	*Tablet 20 mg*	*60*	*1*	*†4.55*	*27.77*	*20.30*	*Amfamox 20*	*AD*
							Pepcidine M	*MK*
8155F	*Tablet 40 mg*	*30*	*1*	*†4.55*	*27.77*	*20.30*	*Amfamox 40*	*AD*
							Pepcidine	*MK*

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	
	FAMOTIDINE—cont.							
	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*	*†4.55*	*27.77*	*20.30*	*Amfamox 20* *Pepcidine M*	*AD* *MK*
2488Y	*Tablet 40 mg*	*30*	*5*	*†4.55*	*27.77*	*20.30*	*Amfamox 40* *Pepcidine*	*AD* *MK*
	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.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8906R	*Tablet 20 mg*	*60*	*1*	*..*	*27.77*	*20.30*	*Amfamox 20* *Pepcidine M*	*AD* *MK*
8908W	*Tablet 40 mg*	*30*	*1*	*..*	*27.77*	*20.30*	*Amfamox 40* *Pepcidine*	*AD* *MK*
	Authority required							
	Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs, for:							
	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;							
	Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for:							
	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.							
8907T	*Tablet 20 mg*	*60*	*5*	*..*	*27.77*	*20.30*	*Amfamox 20* *Pepcidine M*	*AD* *MK*
8909X	*Tablet 40 mg*	*30*	*5*	*..*	*27.77*	*20.30*	*Amfamox 40* *Pepcidine*	*AD* *MK*

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	
	NIZATIDINE							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8156G	*Capsule 150 mg*	*60*	*1*	..	*23.96*	*20.30*	*Tazac*	*LY*
8157H	*Capsule 300 mg*	*30*	*1*	..	*23.96*	*20.30*	*Tazac*	*LY*
	Restricted benefit							
	Maintenance treatment of duodenal ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;							
	Reflux oesophagitis.							
1505F	*Capsule 150 mg*	*60*	*5*	..	*23.96*	*20.30*	*Tazac*	*LY*
1504E	*Capsule 300 mg*	*30*	*5*	..	*23.96*	*20.30*	*Tazac*	*LY*
	RANITIDINE HYDROCHLORIDE							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8158J	*Tablet 150 mg (base)*	*60*	*1*	..	*23.44*	*20.30*	[a] *DBL Ranitidine*	*BL*
							[a] *Rani 2*	*AF*
							[a] *Ranihexal*	*HX*
							[a] *Ranoxyl*	*DP*
				[B]*0.79*	*24.23*	*20.30*	[a] *Zantac*	*GW*
8159K	*Effervescent tablet 150 mg (base)*	*60*	*1*	[T]*0.79*	*24.23*	*20.30*	*Zantac*	*GW*
8160L	*Tablet 300 mg (base)*	*30*	*1*	..	*23.44*	*20.30*	[a] *DBL Ranitidine*	*BL*
							[a] *Rani 2*	*AF*
							[a] *Ranihexal*	*HX*
							[a] *Ranoxyl*	*DP*
				[B]*0.79*	*24.23*	*20.30*	[a] *Zantac*	*GW*
8161M	*Syrup 150 mg (base) per 10 mL, 300 mL*	*2*	*1*	[T]*0.78*	**24.23*	*20.30*	*Zantac Syrup*	*GW*
	Restricted benefit							
	Maintenance treatment of peptic ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;							
	Reflux oesophagitis;							
	Scleroderma oesophagus;							
	Zollinger-Ellison syndrome.							

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	
	RANITIDINE HYDROCHLORIDE—cont.							
1978D	*Tablet 150 mg (base)*	*60*	*5*	*..*	*23.44*	*20.30*	[a] *DBL Ranitidine*	*BL*
							[a] *Rani 2*	*AF*
							[a] *Ranihexal*	*HX*
							[a] *Ranoxyl*	*DP*
				[B]*0.79*	*24.23*	*20.30*	[a] *Zantac*	*GW*
1937Y	*Effervescent tablet 150 mg (base)*	*60*	*5*	[T]*0.79*	*24.23*	*20.30*	*Zantac*	*GW*
1977C	*Tablet 300 mg (base)*	*30*	*5*	*..*	*23.44*	*20.30*	[a] *DBL Ranitidine*	*BL*
							[a] *Rani 2*	*AF*
							[a] *Ranthexal*	*HX*
							[a] *Ranoxyl*	*DP*
				[B]*0.79*	*24.23*	*20.30*	[a] *Zantac*	*GW*
8162N	*Syrup 150 mg (base) per 10 mL, 300 mL*	*2*	*5*	[T]*0.78*	**24.23*	*20.30*	*Zantac Syrup*	*GW*

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.
NOTE:
Helicobacter pylori eradication therapy should be considered.

8902M	*Effervescent tablet 150 mg (base)*	*60*	*1*	*..*	*24.23*	*20.30*	*Zantac*	*GW*
8904P	*Syrup 150 mg (base) per 10 mL, 300 mL*	*2*	*1*	*..*	**24.23*	*20.30*	*Zantac Syrup*	*GW*

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.

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	
	RANITIDINE HYDROCHLORIDE—cont.							
8903N	*Effervescent tablet 150 mg (base)*	*60*	*5*	..	*24.23*	*20.30*	*Zantac*	*GW*
8905Q	*Syrup 150 mg (base) per 10 mL, 300 mL*	*2*	*5*	..	**24.23*	*20.30*	*Zantac Syrup*	*GW*

- *Prostaglandins*

MISOPROSTOL

CAUTION:

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

Authority required

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

1648R	*Tablet 200 micrograms*	*120*	*2*	..	*51.23*	*20.30*	*Cytotec*	*SR*

- *Proton pump inhibitors*

LANSOPRAZOLE

Authority required

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

NOTE:

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

2240X	*Capsule 30 mg*	*30*	*1*	..	*62.00*	*20.30*	*Zoton*	*LE*

Authority required

Severe refractory ulcerating oesophagitis proven by endoscopy;
Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.

8198L	*Capsule 15 mg*	*30*	*5*	..	*38.44*	*20.30*	*Zoton*	*LE*
2241Y	*Capsule 30 mg*	*30*	*5*	..	*62.00*	*20.30*	*Zoton*	*LE*

OMEPRAZOLE

Authority required

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

NOTE:

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

1326T	*Capsule 20 mg*	*30*	*1*	..	*59.17*	*20.30*	[a] *Maxor*	*AF*
				[B]*0.79*	*59.96*	*20.30*	[a] *Acimax*	*PM*
							[a] *Losec*	*AP*

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	
	OMEPRAZOLE—cont.							
	Authority required							
	Severe refractory ulcerating oesophagitis proven by endoscopy; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.							
8232G	*Capsule 10 mg*	*30*	*5*	*..*	*37.26*	*20.30*	[a] *Acimax*	*PM*
							[a] *Losec*	*AP*
1327W	*Capsule 20 mg*	*30*	*5*	*..*	*59.17*	*20.30*	[a] *Maxor*	*AF*
				[B]*0.79*	*59.96*	*20.30*	[a] *Acimax*	*PM*
							[a] *Losec*	*AP*
	OMEPRAZOLE MAGNESIUM							
	Authority required							
	Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs.							
	NOTE:							
	The application must include the date of final assessment (x-ray, endoscopy or surgery).							
8331L	*Tablet 20 mg (base)*	*30*	*1*	*..*	*59.17*	*20.30*	[a] *Acimax Tablets*	*PM*
				[B]*0.79*	*59.96*	*20.30*	[a] *Losec Tablets*	*AP*
	Authority required							
	Severe refractory ulcerating oesophagitis proven by endoscopy; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.							
8332M	*Tablet 10 mg (base)*	*30*	*5*	*..*	*37.26*	*20.30*	[a] *Acimax Tablets*	*PM*
							[a] *Losec Tablets*	*AP*
8333N	*Tablet 20 mg (base)*	*30*	*5*	*..*	*59.17*	*20.30*	[a] *Acimax Tablets*	*PM*
				[B]*0.79*	*59.96*	*20.30*	[a] *Losec Tablets*	*AP*
	PANTOPRAZOLE SODIUM SESQUIHYDRATE							
	Authority required							
	Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite eight weeks of continuous therapy with other 'ulcer-healing' drugs; Severe refractory ulcerating oesophagitis proven by endoscopy.							
	NOTE:							
	An application for use in duodenal or gastric ulcer must include the date of final assessment (x-ray, endoscopy or surgery).							
8007K	*Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole*	*30*	*1*	*..*	*61.81*	*20.30*	*Somac*	*PS*
	Authority required							
	Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.							
8008L	*Tablet 45.1 mg (enteric coated), equivalent to 40 mg pantoprazole*	*30*	*5*	*..*	*61.81*	*20.30*	*Somac*	*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	
	• ***Combinations for eradication of Helicobacter pylori***							
	BISMUTH SUBCITRATE and METRONIDAZOLE and TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
8117F	Pack containing 56 tablets bismuth subcitrate 107.7 mg (Bi), 70 tablets metronidazole 200 mg and 112 capsules tetracycline hydrochloride (buffered) 250 mg	‡1	..	..	64.89	20.30	Helidac Triple Therapy	PU
	OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN							
	Restricted benefit							
	Eradication of Helicobacter pylori associated with peptic ulcer disease.							
8272J	***Pack containing 14 capsules omeprazole 20 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg***	‡1	..	..	***97.76***	***20.30***	***Klacid Hp 7*** ***Losec Hp7***	***AB*** ***AP***
	OMEPRAZOLE and METRONIDAZOLE and AMOXYCILLIN							
	Authority required							
	Eradication of Helicobacter pylori associated with peptic ulcer disease.							
8177J	***Pack containing 28 capsules omeprazole 20 mg, 42 tablets metronidazole 400 mg and 42 capsules amoxycillin 500 mg***	‡1	..	..	***90.59***	***20.30***	***Losec Helicopak***	***AP***
	RANITIDINE BISMUTH CITRATE and CLARITHROMYCIN and AMOXYCILLIN							
	Restricted benefit							
	Eradication of Helicobacter pylori associated with peptic ulcer disease.							
8317R	***Pack containing 14 tablets ranitidine bismuth citrate 400 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg***	‡1	..	..	***97.76***	***20.30***	***Pylorid KA***	***GW***
	• ***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	..	28.80	20.30	De-Nol	PD
	SUCRALFATE							
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	.. [B]1.65	23.09 24.74	20.30 20.30	[a] Ulcyte [a] Carafate	AF HP

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	
	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	..	*11.51	12.37	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	..	9.52	10.38	AP	
	Propulsives							
	• ***Propulsives***							
	CISAPRIDE							
	Restricted benefit							
	Gastroparesis;							
	Reflux oesophagitis.							
1188M	***Tablet 5 mg***	***90***	***5***	..	***21.20***	***20.30***	***Prepulsid***	***JC***
1189N	***Tablet 10 mg***	***90***	***5***	..	***33.64***	***20.30***	***Prepulsid***	***JC***
1294D	***Tablet 20 mg***	***60***	***5***	..	***43.21***	***20.30***	***Prepulsid Forte***	***JC***
1190P	***Oral suspension 1 mg per mL, 200 mL***	***‡1***	***5***	..	***22.32***	***20.30***	***Prepulsid***	***JC***
	DOMPERIDONE							
1347X	Tablet 10 mg	25	..	..	6.83	7.69	Motilium	JC
	METOCLOPRAMIDE HYDROCHLORIDE							
1207M	Tablet 10 mg	25	..	..	6.05	6.91	Pramin	AF
				[B]2.00	8.05	6.91	Maxolon	DT
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.59	7.45	Maxolon	DT
1206L	Injection 10 mg in 2 mL	10	..	..	9.98	10.84	Maxolon	DT
	ANTIEMETICS AND ANTINAUSEANTS							
	Antiemetics and antinauseants							
	• ***Serotonin ($5HT_3$) antagonists***							
	DOLASETRON MESYLATE							
	Restricted benefit							
	Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.							
8191D	***Tablet 200 mg***	***2***	..	..	***61.83***	***20.30***	***Anzemet***	***HP***
8192E	***I.V. injection 100 mg in 5 mL***	***1***	..	..	***33.11***	***20.30***	***Anzemet***	***HP***

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							
	Restricted benefit							
	Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.							
8224W	*Tablet 4 mg*	*4*	..	..	*44.02*	*20.30*	*Zofran*	*GW*
8225X	*Tablet 8 mg*	*4*	..	..	*73.37*	*20.30*	*Zofran*	*GW*
8226Y	*I.V. injection 4 mg in 2 mL*	*1*	..	..	*26.74*	*20.30*	*Zofran*	*GW*
8227B	*I.V. injection 8 mg in 4 mL*	*1*	..	..	*43.84*	*20.30*	*Zofran*	*GW*
	Authority required							
	Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.							
1594X	*Tablet 4 mg*	*10*	*1*	..	*103.47*	*20.30*	*Zofran*	*GW*
1595Y	*Tablet 8 mg*	*10*	*1*	..	*176.76*	*20.30*	*Zofran*	*GW*
8233H	*Syrup 4 mg per 5 mL, 50 mL*	*‡1*	*1*	..	*103.47*	*20.30*	*Zofran syrup 50 mL*	*GW*
1596B	*I.V. injection 4 mg in 2 mL*	*1*	..	..	*26.74*	*20.30*	*Zofran*	*GW*
1597C	*I.V. injection 8 mg in 4 mL*	*1*	..	..	*43.84*	*20.30*	*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*	..	..	*61.83*	*20.30*	*Navoban*	*NV*
2746M	*I.V. injection 5 mg (base) in 5 mL*	*1*	..	..	*43.84*	*20.30*	*Navoban*	*NV*
	• ***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	..	..	6.99	7.85	[a] Stemzine	MB
				[B]0.76	7.75	7.85	[a] Stemetil	RR
2369Q	Injection 12.5 mg in 1 mL	10	..	..	13.81	14.67	Stemetil	RR
2894H	Suppositories 5 mg, 5	‡1	2	..	10.15	11.01	Stemetil	RR
2895J	Suppositories 25 mg, 5	‡1	2	..	10.99	11.85	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.							

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*							
	BISACODYL							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							
1259G	*Tablet 5 mg*	*200*	*2*	..	*11.14*	*12.00*	*Bisalax*	*RR*
1260H	*Suppositories 10 mg, 10*	*3*	*5*	..	**21.34*	*20.30*	*Durolax*	*BY*
1258F	*Suppositories 10 mg, 12*	*3*	*4*	..	**17.26*	*18.12*	*Fleet Laxative Suppositories*	*FL*
							Petrus Bisacodyl Suppositories	*PP*
	DOCUSATE SODIUM with BISACODYL							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							
1125F	*Suppositories 100 mg-10 mg, 5*	*6*	*5*	..	**21.37*	*20.30*	*Coloxyl*	*FM*
	• *Bulk producers*							
	STERCULIA with FRANGULA BARK							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							

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	
	STERCULIA with FRANGULA BARK—cont.							
1102B	***Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g***	*2*	*1*	*..*	**22.87*	*20.30*	***Granocol***	*SC*
1104D	***Granules 620 mg-80 mg per g (62%-8%), 500 g***	*‡1*	*1*	*..*	*21.66*	*20.30*	***Normacol Plus***	*NE*
	• *Osmotically acting laxatives*							
	LACTULOSE							
	Restricted benefit							
	Hepatic coma or precoma (chronic porto-systemic encephalopathy); Malignant neoplasia.							
3064G	***Mixture 3.34 g per 5 mL, 500 mL***	*‡1*	*5*	*..*	*15.12*	*15.98*	[a] ***Actilax***	*AF*
							[a] ***Lac-Dol***	*DP*
				[B]1.76	*16.88*	*15.98*	[a] ***Duphalac***	*SM*
	• *Enemas*							
	BISACODYL							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities; For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.							
1263L	***Enemas 10 mg in 5 mL, 25***	*‡1*	*2*	*..*	*35.41*	*20.30*	***Bisalax***	*RR*
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities; For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.							
2091C	***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12***	*2*	*2*	*..*	**30.57*	*20.30*	***Microlax***	*PS*
8175G	***Enemas 3.150 g-450 mg-45 mg in 5 mL, 12***	*2*	*2*	*..*	**30.57*	*20.30*	***Fleet Micro-enema***	*FL*

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 laxatives***							
	GLYCEROL							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							
2555L	***Suppositories 700 mg (for infants), 12***	***3***	***5***	..	****14.53***	***15.39***	***PP***	
2556M	***Suppositories 1.4 g (for children), 12***	***3***	***5***	..	****14.89***	***15.75***	***PP***	
2557N	***Suppositories 2.8 g (for adults), 12***	***3***	***5***	..	****15.25***	***16.11***	***PP***	
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
	NEOMYCIN SULFATE							
2325J	Tablet 500 mg	25	1	..	13.19	14.05	Neosulf	AF
	NYSTATIN							
1696G	Tablet 500,000 units	50	..	..	13.00	13.86	Nilstat	AY
1699K	Capsule 500,000 units	50	..	..	13.00	13.86	Mycostatin Nilstat	BQ AY
	VANCOMYCIN							
	Restricted benefit							
	Antibiotic associated colitis.							
3113W	***Capsule 125 mg (125,000 i.u.) vancomycin activity***	***40***	..	..	****255.73***	***20.30***	***Vancocin***	***LY***
3114X	***Capsule 250 mg (250,000 i.u.) vancomycin activity***	***40***	..	..	****494.39***	***20.30***	***Vancocin***	***LY***
	Electrolytes with carbohydrates							
	• ***Oral rehydration salt formulations***							
	ELECTROLYTE REPLACEMENT (ORAL)							
3196F	Sachets containing powder for oral solution 4.87 g, 10	‡1	..	..	12.34	13.20	Repalyte New Formulation	RR
	NOTE:							
	Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g.							

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	
	Antipropulsives							
	• ***Antipropulsives***							
	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE							
2501P	Tablet 2.5 mg-25 micrograms	20	..	..	6.05	6.91	[a] Lofenoxal	MO
				[B]1.84	7.89	6.91	[a] Lomotil	SR
	LOPERAMIDE HYDROCHLORIDE							
1571Q	Capsule 2 mg	12	..	..	6.05	6.91	[a] Gastro-Stop Loperamide	RR
				[B]1.00	7.05	6.91	[a] Imodium	JC
	Intestinal antiinflammatory agents							
	• ***Corticosteroids for local use***							
	HYDROCORTISONE ACETATE							
	Restricted benefit							
	Proctitis;							
	Ulcerative colitis.							
1502C	***Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g***	***2***	***3***	***..***	****35.75***	***20.30***	***Colifoam***	***SV***
	[For other listings for this drug see Generic/Proprietary Index]							
	PREDNISOLONE SODIUM PHOSPHATE							
1920C	Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*75.23	20.30	Predsol	SI
	PREDNISOLONE SODIUM PHOSPHATE							
	Restricted benefit							
	Proctitis;							
	Ulcerative colitis.							
2554K	***Suppositories equivalent to 5 mg prednisolone, 10***	***3***	***3***	***..***	****22.87***	***20.30***	***Predsol***	***SI***
	• ***Aminosalicylic acid and similar agents***							
	MESALAZINE							
	Authority required							
	Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.							
1611T	***Tablet 250 mg***	***100***	***5***	***..***	***73.55***	***20.30***	***Mesasal***	***SK***
	OLSALAZINE SODIUM							
	Authority required							
	Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.							
1728Y	***Capsule 250 mg***	***100***	***5***	***..***	***61.22***	***20.30***	***Dipentum***	***PS***
8086N	***Tablet 500 mg***	***100***	***5***	***..***	***104.49***	***20.30***	***Dipentum***	***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	
	SULFASALAZINE							
	Restricted benefit							
	Crohn's disease;							
	Rheumatoid arthritis;							
	Ulcerative colitis.							
2093E	***Tablet 500 mg***	***200***	***5***	***..***	****41.37***	***20.30***	***Salazopyrin***	***PS***
2096H	***Tablet 500 mg (enteric coated)***	***200***	***5***	***..***	****45.07***	***20.30*** [a]	***Pyralin EN***	***KR***
				[B]1.64	****46.71***	***20.30*** [a]	***Salazopyrin-EN***	***PS***
	DIGESTIVES, INCL. ENZYMES							
	Digestives, incl. enzymes							
	• ***Enzyme preparations***							
	PANCREATIC EXTRACT							
8020D	Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*174.24	20.30	Creon	SM
8021E	Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.27	20.30	Creon Forte	SM
	PANCREATIN ENZYME							
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	53.05	20.30	Viokase	AY
	PANCRELIPASE							
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	120.99	20.30	Pancrease	JC
2495H	Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*177.35	20.30	Cotazym-S Forte	OR
	DRUGS USED IN DIABETES							
	Insulins and analogues							
	• ***Insulins and analogues, fast-acting***							
	INSULIN LISPRO							
8084L	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*155.54	20.30	Humalog	AZ
8085M	Injections (human analogue) 100 units per mL, 1.5 mL, 5	10	1	..	*259.29	20.30	Humalog	AZ
8212F	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*259.29	20.30	Humalog	AZ

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	
	INSULIN NEUTRAL							
1713E	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.94	20.30	Hypurin Neutral	RR
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.34	20.30	Actrapid Humulin R	NO AZ
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.79	20.30	Actrapid HM Penfill Humulin R	NO AZ
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.79	20.30	Actrapid NovoLet 3 mL Actrapid Penfill 3 mL Humulin R	NL NO AZ
	• ***Insulins and analogues, intermediate-acting***							
	INSULIN ISOPHANE (N.P.H.)							
1711C	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*121.94	20.30	Hypurin Isophane	RR
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.34	20.30	Humulin NPH Protaphane	AZ NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*219.79	20.30	Humulin NPH Protaphane HM Penfill	AZ NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*219.79	20.30	Humulin NPH Protaphane NovoLet 3 mL Protaphane Penfill 3 mL	AZ NL NO
	INSULIN ZINC SUSPENSION (Lente)							
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.34	20.30	Humulin L Monotard	AZ NO
	• ***Insulins and analogues, intermediate-acting combined with fast-acting***							
	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)							
1591R	Injection (human) 100 units (20 units-80 units) per mL, 10 mL	5	2	..	*130.34	20.30	Humulin 20/80	AZ
1426C	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*130.34	20.30	Humulin 30/70 Mixtard 30/70	AZ NO
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*130.34	20.30	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	..	*219.79	20.30	Humulin 20/80	AZ

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	
	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)—cont.							
8006J	Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5	5	1	..	*219.79	20.30	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	..	*219.79	20.30	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	..	*219.79	20.30	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	..	*219.79	20.30	Mixtard 50/50 NovoLet 3 mL Mixtard 50/50 Penfill 3 mL	NL NO
	• ***Insulins and analogues, long-acting***							
	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)							
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*130.34	20.30	Humulin UL Ultratard	AZ NO
	Oral blood glucose lowering drugs							
	• ***Biguanides***							
	METFORMIN HYDROCHLORIDE							
2430X	Tablet 500 mg	100	5	..	14.84	15.70	[a] Diaformin [a] Glucohexal [a] Glucomet 500 mg	AF HX DP
				[B]1.10	15.94	15.70	[a] Diabex [a] Glucophage [a] NovoMet 500 mg	AL LH NO
1801T	Tablet 850 mg	60	5	..	14.84	15.70	[a] Diaformin 850 [a] Glucohexal [a] Glucomet 850 mg	AF HX DP
				[B]1.10	15.94	15.70	[a] Diabex 850 [a] Glucophage [a] NovoMet 850 mg	AL LH NO
	• ***Sulfonamides, urea derivatives***							
	GLIBENCLAMIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2940R	Tablet 2.5 mg	100	5	..	8.19	9.05	Semi-Daonil	HP

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	
	GLIBENCLAMIDE—cont.							
2939Q	Tablet 5 mg	100	5	..	9.81	10.67	[a] Glimel	AF
				[B]1.00	10.81	10.67	[a] Daonil	HP
	GLICLAZIDE							
	CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2449X	Tablet 80 mg	100	5	..	15.40	16.26	Diamicron	SE
	GLIPIZIDE							
	CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2440K	Tablet 5 mg	100	5	..	14.29	15.15	[a] Melizide	AF
				[B]0.86	15.15	15.15	[a] Minidiab	PS
	TOLBUTAMIDE							
	CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2178P	Tablet 500 mg	200	2	..	*15.51	16.37	Rastinon	HP
2607F	Tablet 1 g	100	5	..	15.51	16.37	Rastinon	HP
	• ***Alpha glucosidase inhibitors***							
	ACARBOSE							
	Authority required							
	Type 2 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***	..	***28.59***	***20.30***	***Glucobay 50***	***BN***
8189B	***Tablet 100 mg***	***90***	***5***	..	***38.49***	***20.30***	***Glucobay 100***	***BN***

VITAMINS

Vitamin A and D, incl. combinations of the two

- ***Vitamin D and analogues***

CALCITRIOL

Authority required

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

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	
	CALCITRIOL—cont.							
2502Q	***Capsule 0.25 microgram***	***100***	***5***	***..***	***62.69***	***20.30***	[a] ***Rocaltrol*** [a] ***Sitriol***	***RO AF***
	Vitamin B_1, plain and in combination with vitamin B_6 and vitamin B_{12}							
	• ***Vitamin B_1, plain***							
	THIAMINE HYDROCHLORIDE							
1065C	Injection 100 mg in 1 mL	5	1	..	12.06	12.92	Beta-Sol	FM
	Other plain vitamin preparations							
	• ***Other plain vitamin preparations***							
	PYRIDOXINE HYDROCHLORIDE							
	Restricted benefit							
	Homocystinuria;							
	Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment;							
	Primary hyperoxaluria;							
	Pyridoxine-responsive anaemia, proven;							
	Pyridoxine-responsive convulsions;							
	Radiation sickness;							
	Sideroblastic (refractory) anaemia.							
1965K	***Tablet 25 mg***	***100***	***..***	***..***	***8.76***	***9.62***	***FM***	
	MINERAL SUPPLEMENTS							
	Calcium							
	• ***Calcium***							
	CALCIUM							
	Restricted benefit							
	Hyperphosphataemia in chronic renal failure;							
	Hypocalcaemia;							
	Osteoporosis;							
	Proven malabsorption.							
3116B	***Tablet (chewable) 500 mg (as carbonate)***	***120***	***1***	***..***	****12.37***	***13.23***	***Cal-Sup***	***MM***
3117C	***Tablet 600 mg (as carbonate)***	***120***	***1***	***..***	***12.19***	***13.05***	***Caltrate***	***WT***
	Potassium							
	• ***Potassium***							
	POTASSIUM CHLORIDE							
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.55	11.41	KSR Slow-K Span-K	AF NV RR
3012M	Effervescent tablet 14 mmol K^+ and 8 mmol Cl^-	60	1	..	*10.55	11.41	Chlorvescent	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	
	ANABOLIC AGENTS FOR SYSTEMIC USE							
	Anabolic steroids							
	• *Androstan derivatives*							
	METHENOLONE ACETATE							
	Authority required							
	Osteoporosis;							
	Patients on long-term treatment with corticosteroids.							
	NOTE:							
	An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.							
1620G	*Tablet 5 mg*	*100*	*3*	*..*	**58.73*	*20.30*	*Primobolan*	*SC*
	• *Estren derivatives*							
	NANDROLONE DECANOATE							
	Authority required							
	Osteoporosis where other therapy is inappropriate;							
	Patients on long-term treatment with corticosteroids.							
1671Y	*Injection 50 mg in 1 mL, disposable syringe*	*1*	*7*	*..*	*19.02*	*19.88*	*Deca-Durabolin*	*OR*

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	..	7.23	8.09	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	7.40	8.26	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.64	8.50	Marevan	BA
2211J	Tablet 5 mg	50	2	..	8.13	8.99	Coumadin Marevan	BT BA
	• *Heparin group*							
	DALTEPARIN SODIUM							
	(Low Molecular Weight Heparin Sodium—porcine mucous)							
	Authority required							
	Unstable angina or non-Q-wave myocardial infarction.							
8271H	***Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe***	*6*	*1*	..	*65.28*	*20.30*	***Fragmin***	***PS***
8269F	***Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe***	*6*	*1*	..	*85.57*	*20.30*	***Fragmin***	***PS***
	Authority required							
	Major hip surgery.							
2816F	***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	*10*	..	..	*72.04*	*20.30*	***Fragmin***	***PS***
	Authority required							
	Treatment of deep vein thrombosis.							
8320X	***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	*15*	..	..	*105.87*	*20.30*	***Fragmin***	***PS***
8278Q	***Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe***	*15*	..	..	*156.61*	*20.30*	***Fragmin***	***PS***
8130X	***Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe***	*15*	..	..	*206.89*	*20.30*	***Fragmin***	***PS***

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	
	DALTEPARIN SODIUM							
	(Low Molecular Weight Heparin Sodium—porcine mucous)—cont.							
	Authority required							
	Use during pregnancy when full anticoagulation is required.							
8321Y	***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***30***	***2***	***..***	****206.89***	***20.30***	***Fragmin***	***PS***
8322B	***Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe***	***30***	***2***	***..***	****299.15***	***20.30***	***Fragmin***	***PS***
8323C	***Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe***	***30***	***2***	***..***	****391.85***	***20.30***	***Fragmin***	***PS***
	ENOXAPARIN SODIUM							
	Authority required							
	Unstable angina or non-Q-wave myocardial infarction.							
8262W	***Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe***	***6***	***1***	***..***	***64.31***	***20.30***	***Clexane***	***RR***
8263X	***Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe***	***6***	***1***	***..***	***73.29***	***20.30***	***Clexane***	***RR***
8264Y	***Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe***	***6***	***1***	***..***	***88.27***	***20.30***	***Clexane***	***RR***
	Authority required							
	Major hip surgery.							
1831J	***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe***	***10***	***..***	***..***	***74.28***	***20.30***	***Clexane***	***RR***
	Authority required							
	Treatment of deep vein thrombosis.							
8261T	***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe***	***15***	***..***	***..***	***109.22***	***20.30***	***Clexane***	***RR***
8111X	***Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe***	***15***	***..***	***..***	***154.16***	***20.30***	***Clexane***	***RR***
8112Y	***Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe***	***15***	***..***	***..***	***176.62***	***20.30***	***Clexane***	***RR***

continued ☞

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—cont.							
8113B	***Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe***	***15***	..	..	***213.02***	***20.30***	***Clexane***	***RR***
	Authority required							
	Use during pregnancy when full anticoagulation is required.							
8324D	***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe***	***30***	***2***	..	****212.99***	***20.30***	***Clexane***	***RR***
8325E	***Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe***	***30***	***2***	..	****294.69***	***20.30***	***Clexane***	***RR***
8326F	***Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe***	***30***	***2***	..	****335.53***	***20.30***	***Clexane***	***RR***
8327G	***Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe***	***30***	***2***	..	****404.71***	***20.30***	***Clexane***	***RR***
	HEPARIN CALCIUM							
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.64	11.50	Calcihep Calciparine	RR SW
	HEPARIN SODIUM							
1466E	Injection 5,000 units in 0.2 mL	5	5	..	10.64	11.50	BL	
1467F	Injection 5,000 units in 1 mL	5	5	..	10.64	11.50	BL	
1076P	Injection 35,000 units in 35 mL	12	5	..	*106.03	20.30	BL	
	HEPARIN SODIUM							
	Restricted benefit							
	Haemodialysis.							
1463B	***Injection (preservative-free) 5,000 units in 5 mL***	***50***	***5***	..	***52.14***	***20.30***	***PU***	
	NADROPARIN CALCIUM							
	Authority required							
	Major hip surgery.							
8103L	***Injection 1,900 i.u. anti-Xa in 0.2 mL single use pre-filled syringe***	***4***	..	..	****19.35***	***20.21***	***Fraxiparine***	***SW***
8104M	***Injection 2,850 i.u. anti-Xa in 0.3 mL single use pre-filled syringe***	***6***	..	..	****38.05***	***20.30***	***Fraxiparine***	***SW***

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	
	NADROPARIN CALCIUM—cont.							
8105N	***Injection 3,800 i.u. anti-Xa in 0.4 mL single use pre-filled syringe***	***6***	***..***	***..***	****47.29***	***20.30***	***Fraxiparine***	***SW***
8106P	***Injection 5,700 i.u. anti-Xa in 0.6 mL single use pre-filled syringe***	***6***	***..***	***..***	****70.39***	***20.30***	***Fraxiparine***	***SW***
	Authority required							
	Treatment of deep vein thrombosis.							
8307F	***Injection 11,400 i.u. anti-Xa in 0.6 mL single use pre-filled syringe***	***6***	***..***	***..***	***136.39***	***20.30***	***Fraxiparine Forte***	***SW***
8308G	***Injection 15,200 i.u. anti-Xa in 0.8 mL single use pre-filled syringe***	***6***	***..***	***..***	***156.19***	***20.30***	***Fraxiparine Forte***	***SW***
8309H	***Injection 19,000 i.u. anti-Xa in 1 mL single use pre-filled syringe***	***6***	***..***	***..***	***189.19***	***20.30***	***Fraxiparine Forte***	***SW***
	• *Platelet aggregation inhibitors excl. heparin*							
	ABCIXIMAB							
	Authority required							
	The prevention of ischaemic cardiac complications in patients undergoing percutaneous coronary intervention (balloon angioplasty, atherectomy or stent placement).							
8048N	***I.V. injection 10 mg in 5 mL***	***3***	***..***	***..***	****1593.25***	***20.30***	***ReoPro***	***LY***
	ASPIRIN							
8202Q	Tablet 100 mg	112	1	..	5.88	6.74	Astrix	FA
	CLOPIDOGREL HYDROGEN SULFATE							
	Authority required							
	Secondary prevention of ischaemic stroke or transient cerebral ischaemic events in patients:							
	(1) with a history of cerebrovascular ischaemic episodes while on therapy with low-dose aspirin; or							
	(2) where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or							
	(3) where there is a history of anaphylaxis, urticaria or asthma within four hours of ingestion of aspirin, other salicylates, or NSAIDs;							
	Secondary prevention of myocardial infarction or unstable angina in patients:							
	(1) with a history of cardiac ischaemic events while on therapy with low-dose aspirin; or							
	(2) where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or							
	(3) where there is a history of anaphylaxis, urticaria or asthma within four hours of ingestion of aspirin, other salicylates, or NSAIDs.							

continued ☞

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	
	CLOPIDOGREL HYDROGEN SULFATE—cont.							
8358X	*Tablet 75 mg (base)*	*28*	*5*	*..*	*83.77*	*20.30*	*Iscover* *Plavix*	*BQ* *SW*

DIPYRIDAMOLE

Restricted benefit

➢ *Secondary prevention of ischaemic stroke or transient cerebral ischaemic events:*
(1) as adjunctive therapy with low-dose aspirin; or
(2) where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or
(3) where there is a history of anaphylaxis, urticaria or asthma within four hours of ingestion of aspirin, other salicylates, or NSAIDs.

8335Q	*Capsule 200 mg (sustained release)*	*60*	*5*	*..*	*33.42*	*20.30*	*Persantin SR*	*BY*

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

➢ *Secondary prevention of ischaemic stroke or transient cerebral ischaemic events in patients:*
(1) with a history of cerebrovascular ischaemic episodes while on therapy with low-dose aspirin; or
(2) where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or
(3) where there is a history of anaphylaxis, urticaria or asthma within four hours of ingestion of aspirin, other salicylates, or NSAIDs;

➢ *Patients established on this drug as a pharmaceutical benefit prior to 1 November 1999.*

2095G	*Tablet 250 mg*	*60*	*5*	*..*	*164.68*	*20.30*	*Ticlid*	*SD*

TIROFIBAN HYDROCHLORIDE

Authority required

Patients with high risk unstable angina in the previous 12 hours who have new transient or persistent ST-T ischaemic changes, AND either
(1) anginal pain lasting longer than 20 minutes, or
(2) repetitive episodes of angina at rest or during minimal exercise;
Patients with non-Q-wave myocardial infarction.

8350L	*Solution concentrate for I.V. infusion 12.5 mg (base) in 50 mL*	*1*	*2*	*..*	*372.39*	*20.30*	*Aggrastat*	*MK*

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	
	• *Enzymes*							
	ALTEPLASE							
	(Recombinant tissue-type plasminogen activator)							
	Authority required							
	➢ ***Treatment in a hospital of acute myocardial infarction within twelve 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***	..	..	****2177.87***	***20.30***	***Actilyse***	***BY***
	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***	..	..	***2245.09***	***20.30***	***Rapilysin 10 U***	***RO***
	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***	..	..	***201.73***	***20.30***	[a] ***Kabikinase*** [a] ***Streptase***	***PS HP***
	ANTIHEMORRHAGICS							
	Antifibrinolytics							
	• *Amino acids*							
	TRANEXAMIC ACID							
2180R	Tablet 500 mg	100	2	..	50.72	20.30	Cyklokapron	PS
	ANTIANEMIC PREPARATIONS							
	Iron preparations							
	• *Iron bivalent, oral preparations*							
	FERROUS GLUCONATE							
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	9.11	9.97	Fergon	SW
	FERROUS SULFATE DRIED							
2689M	Tablet 350 mg (sustained release)	30	2	..	6.39	7.25	Ferro-Gradumets	AB

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	
	• ***Iron trivalent, parenteral preparations***							
	IRON POLYMALTOSE COMPLEX							
2593L	Injection 100 mg (iron) in 2 mL	5	..	..	52.02	20.30	Ferrum H	SI
	• ***Iron in combination with folic acid***							
	FERROUS SULFATE DRIED with FOLIC ACID							
3160H	Tablet 270 mg-300 micrograms (sustained release)	30	2	..	6.71	7.57	F.G.F.	AB
	Vitamin B_{12} and folic acid							
	• ***Vitamin B_{12} (cyanocobalamin and derivatives)***							
	HYDROXOCOBALAMIN							
	Restricted benefit							
	Pernicious anaemia;							
	Other proven vitamin B_{12} deficiencies;							
	Prophylaxis after gastrectomy.							
1508J	***Injection 1 mg in 1 mL***	***3***	..	..	***10.99***	***11.85***	***Neo-Cytamen***	***BL***
	NOTE:							
	One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.							
	• ***Folic acid and derivatives***							
	FOLIC ACID							
2958Q	Tablet 500 micrograms	200	..	..	*7.47	8.33	Megafol 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*7.47	8.33	Megafol 5 SI	AF
	NOTE:							
	The 5 mg strength tablet should be used in malabsorption states only.							
	BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS							
	Blood and related products							
	• ***Blood 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	..	..	93.07	20.30	Rheomacrodex	MA
	DEXTRAN 40 with SODIUM CHLORIDE							
2306J	I.V. infusion 100 mg per mL-77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	93.07	20.30	Rheomacrodex	MA
	DEXTRAN 70 with SODIUM CHLORIDE							
3011L	I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	95.40	20.30	Macrodex	MA
	POLYGELINE							
	See Special Pharmaceutical Benefits							

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	
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
	GLUCOSE							
2245E	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*13.74	14.60	BX	
	• ***Solutions affecting the electrolyte balance***							
	ELECTROLYTE REPLACEMENT SOLUTION							
3199J	I.V. infusion 1 L	2	1	..	*10.57	11.43	Plasma-Lyte 148	BX
	SODIUM CHLORIDE							
2264E	I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*13.74	14.60	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*10.57	11.43	BX	
	SODIUM CHLORIDE COMPOUND							
2266G	I.V. infusion 1 L	4	1	..	*16.27	17.13	BX	
	SODIUM CHLORIDE with GLUCOSE							
2281C	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*13.74	14.60	BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*17.14	18.00	BX	
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	1	..	*17.14	18.00	BX	
	SODIUM LACTATE COMPOUND							
2286H	I.V. infusion 1 L	5	1	..	*13.74	14.60	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	
	CARDIAC THERAPY								
	Cardiac glycosides								
	• ***Digitalis glycosides***								
	DIGOXIN								
2605D	Tablet 62.5 micrograms	200	1	..	8.15	9.01		Lanoxin-PG	SI
1322N	Tablet 250 micrograms	100	1	..	8.44	9.30		Lanoxin	SI
3164M	Oral solution for children 50 micrograms per mL, 60 mL	2	3	..	*26.39	20.30		Lanoxin	SI
	Antiarrhythmics, class I and III								
	• ***Antiarrhythmics, class IA***								
	DISOPYRAMIDE								
2923W	Capsule 100 mg	100	5	..	23.42	20.30	a	Rythmodan	RL
				B1.46	24.88	20.30	a	Norpace	SR
2924X	Capsule 150 mg	100	5	..	31.01	20.30		Rythmodan	RL
	PROCAINAMIDE HYDROCHLORIDE								
2653P	Capsule 250 mg	200	1	..	*49.97	20.30		Pronestyl	BQ
	QUINIDINE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.								
2623C	Tablet 250 mg (sustained release)	100	5	..	21.88	20.30		Kinidin Durule	AP
	• ***Antiarrhythmics, class IB***								
	LIGNOCAINE HYDROCHLORIDE								
2875H	Injection 100 mg in 5 mL	2	..	..	*11.65	12.51		Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	13.03	13.89		Xylocard 500	AP
	MEXILETINE HYDROCHLORIDE								
1682M	Capsule 50 mg	100	5	..	27.49	20.30		Mexitil	BY
1683N	Capsule 200 mg	100	5	..	56.09	20.30		Mexitil	BY
	• ***Antiarrhythmics, class IC***								
	FLECAINIDE ACETATE **CAUTION:** ***Flecainide acetate should be avoided in patients with poor cardiac function.*** **Restricted benefit** ***Treatment of serious cardiac arrhythmias—where these are ventricular arrhythmias treatment must be initiated in a hospital (in-patient or out-patient).***								
1088G	***Tablet 50 mg***	***60***	***5***	..	***37.96***	***20.30***		***Tambocor***	***MM***
1090J	***Tablet 100 mg***	***60***	***5***	..	***50.17***	***20.30***	a	***Flecatab***	***AF***
							a	***Tambocor***	***MM***

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:							
	Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.							
	Restricted benefit							
	Severe cardiac arrhythmias.							
2344J	***Tablet 100 mg***	***30***	***5***	***..***	***18.69***	***19.55***	[a] ***Aratac 100***	***AF***
							[a] ***Cordarone X 100***	***SW***
2343H	***Tablet 200 mg***	***30***	***5***	***..***	***28.59***	***20.30***	[a] ***Aratac 200***	***AF***
							[a] ***Cordarone X 200***	***SW***
	SOTALOL HYDROCHLORIDE							
	Restricted benefit							
	Severe cardiac arrhythmias.							
2043M	***Tablet 160 mg***	***60***	***5***	***..***	***31.93***	***20.30***	[a] ***Cardol***	***AF***
							[a] ***DBL Sotalol***	***BL***
							[a] ***Sotahexal***	***HX***
				[B]***1.01***	***32.94***	***20.30***	[a] ***Sotacor***	***BQ***
	Cardiac stimulants excl. cardiac glycosides							
	• ***Adrenergic and dopaminergic agents***							
	ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.08	9.94	AP	
	Vasodilators used in cardiac diseases							
	• ***Organic nitrates***							
	GLYCERYL TRINITRATE							
1459T	Tablets 600 micrograms, 100	‡1	5	..	7.01	7.87	Anginine Stabilised	SI
8171C	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses) **NOTE:** The spray should not be inhaled.	‡1	5	..	17.55	18.41	Nitrolingual Pumpspray	RR
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	‡1	5	..	15.50	16.36	Nitro-Bid	ML
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	5	..	26.78	20.30	Nitradisc	SR
8027L	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.78	20.30	Minitran 5	MM

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	
	GLYCERYL TRINITRATE—cont.							
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.78	20.30	Transiderm-Nitro 25	NV
8010N	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.78	20.30	Nitro-Dur 5	SH
8028M	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.76	20.30	Minitran 10	MM
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.76	20.30	Transiderm-Nitro 50	NV
8011P	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.76	20.30	Nitro-Dur 10	SH
8119H	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.76	20.30	Minitran 15	MM
8026K	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.76	20.30	Nitro-Dur 15	SH
	ISOSORBIDE DINITRATE							
2587E	Tablet 10 mg	200	2	..	*12.09	12.95	[a] Sorbidin	AF
				[B]2.98	*15.07	12.95	[a] Isordil	AY
2586D	Tablet 20 mg	100	5	..	11.78	12.64	Isordil	AY
2588F	Sublingual tablet 5 mg	200	2	..	*13.09	13.95	Isordil Sublingual	AY
	ISOSORBIDE MONONITRATE							
1558B	Tablet 60 mg (sustained release)	30	5	..	17.04	17.90	[a] Duride	AF
							[a] Imtrate 60 mg	DP
							[a] Monodur 60 mg	PM
				[B]1.38	18.42	17.90	[a] Imdur Durule	AP
8273K	Tablet 120 mg (sustained release)	30	5	..	24.63	20.30	[a] Monodur 120 mg	PM
				[B]1.38	26.01	20.30	[a] Imdur 120 mg	AP
	• ***Other vasodilators used in cardiac diseases***							
	NICORANDIL							
8228C	Tablet 10 mg	60	5	..	20.51	20.30	Ikorel	RR
8229D	Tablet 20 mg	60	5	..	27.22	20.30	Ikorel	RR
	PERHEXILINE MALEATE							
	Authority required							
	Angina not responding to other therapy.							
1822X	***Tablet 100 mg***	***100***	***5***	..	***44.76***	***20.30***	***Pexid***	***SI***

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	
	ANTIHYPERTENSIVES							
	Antiadrenergic agents, centrally acting							
	• ***Methyldopa***							
	METHYLDOPA							
1629R	Tablet 250 mg	100	5	..	10.17	11.03	[a] Aldopren 250	AD
							[a] Hydopa	AF
				[B]2.53	12.70	11.03	[a] Aldomet	MK
	• ***Imidazoline receptor agonists***							
	CLONIDINE							
3145M	Tablet 100 micrograms	100	5	..	25.73	20.30	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	33.87	20.30	Catapres	BY
	Antiadrenergic agents, peripherally acting							
	• ***Alpha-adrenoceptor antagonists***							
	PRAZOSIN HYDROCHLORIDE							
1479W	Tablet 1 mg (base)	100	5	..	13.85	14.71	[a] Mipraz 1	AD
							[a] Prasig	SI
							[a] Pressin 1	AF
				[B]1.99	15.84	14.71	[a] Minipress	PF
1480X	Tablet 2 mg (base)	100	5	..	17.37	18.23	[a] Mipraz 2	AD
							[a] Prasig	SI
							[a] Pressin 2	AF
				[B]1.99	19.36	18.23	[a] Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	26.39	20.30	[a] Mipraz 5	AD
							[a] Prasig	SI
							[a] Pressin 5	AF
				[B]1.99	28.38	20.30	[a] Minipress	PF
	Arteriolar smooth muscle, agents acting on							
	• ***Hydrazinophthalazine derivatives***							
	HYDRALAZINE HYDROCHLORIDE							
1640H	Tablet 25 mg	200	2	..	*10.91	11.77	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.57	14.43	Alphapress 50	AF
	• ***Pyrimidine derivatives***							
	MINOXIDIL							
	Authority required							
	For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).							
2313R	***Tablet 10 mg***	***100***	***5***	***..***	***45.64***	***20.30***	***Loniten***	***UP***
	• ***Nitroferricyanide derivatives***							
	SODIUM NITROPRUSSIDE							
1100X	I.V. infusion 50 mg	10	..	..	54.96	20.30	BL	

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	
	DIURETICS							
	Low-ceiling diuretics, thiazides							
	• ***Thiazides, plain***							
	BENDROFLUAZIDE							
1106F	Tablet 5 mg	100	1	..	8.65	9.51	Aprinox	KN
	CHLOROTHIAZIDE							
1187L	Tablet 500 mg	100	1	..	*10.61	11.47	Chlotride	AD
	HYDROCHLOROTHIAZIDE							
1484D	Tablet 25 mg	100	1	..	*9.85	10.71	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*10.83	11.69	Dichlotride	MK
	Low-ceiling diuretics, excl. thiazides							
	• ***Sulfonamides, plain***							
	CHLORTHALIDONE							
1585K	Tablet 25 mg	100	1	..	*10.61	11.47	Hygroton 25	NV
	INDAPAMIDE							
2436F	Tablet 2.5 mg	90	1	..	19.57	20.30	[a] Dapa-Tabs	AF
							[a] Indahexal	HX
							[a] Insig	SI
							[a] Napamide 2.5 mg	DP
							[a] Naride 2.5	AD
				[B]2.73	22.30	20.30	[a] Natrilix	SE
	High-ceiling diuretics							
	• ***Sulfonamides, plain***							
	BUMETANIDE							
1130L	Tablet 1 mg	100	1	..	10.31	11.17	Burinex	AP
	FRUSEMIDE							
2414C	Tablet 20 mg	100	1	..	*7.97	8.83	[a] Frusid	DP
							[a] Lasix-M	HP
							Urex-M	FM
2412Y	Tablet 40 mg	100	1	..	7.64	8.50	[a] Frusehexal 40 mg	HX
							[a] Frusid	DP
							[a] Uremide	AF
							Urex	FM
				[B]0.93	8.57	8.50	[a] Lasix	HP
2415D	Tablet 500 mg	50	3	..	20.79	20.30	Urex-Forte	FM
				[B]4.47	25.26	20.30	Lasix	HP
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	12.75	13.61	Lasix	HP
2413B	Injection 20 mg in 2 mL	5	..	..	7.45	8.31	Lasix	HP

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	
	• *Aryloxyacetic acid derivatives*								
	ETHACRYNIC ACID								
	Restricted benefit								
	Patients hypersensitive to other oral diuretics.								
2511E	***Tablet 50 mg***	***100***	***1***	***..***	***49.02***	***20.30***		***Edecril***	***MK***
	Potassium-sparing agents								
	• *Aldosterone antagonists*								
	SPIRONOLACTONE								
	CAUTION:								
	Serum electrolytes should be checked regularly.								
	Restricted benefit								
	Hyperaldosteronism, including refractory cardiac failure;								
	Female hirsutism.								
	CAUTION:								
	Treatment of hirsutism with spironolactone should be considered only after all avenues of non-drug therapy have been explored.								
	Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.								
2339D	***Tablet 25 mg***	***100***	***5***	***..***	***12.64***	***13.50***	[a]	***Spiractin 25***	***AF***
				[B]***1.65***	***14.29***	***13.50***	[a]	***Aldactone***	***SR***
2340E	***Tablet 100 mg***	***100***	***5***	***..***	***36.84***	***20.30***	[a]	***Spiractin 100***	***AF***
				[B]***1.66***	***38.50***	***20.30***	[a]	***Aldactone***	***SR***
	• *Other potassium-sparing agents*								
	AMILORIDE HYDROCHLORIDE								
	CAUTION:								
	Serum electrolytes should be checked regularly.								
3109P	Tablet 5 mg	100	1	..	*8.13	8.99	[a]	Kaluril	AF
							[a]	Midoride 5	AD
				[B]2.90	*11.03	8.99	[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	..	*10.99	11.85	[a]	Amizide	AF
							[a]	Modizide 50/5	AD
				[B]3.24	*14.23	11.85	[a]	Moduretic	MK
	HYDROCHLOROTHIAZIDE with TRIAMTERENE								
	CAUTION:								
	Serum electrolytes should be checked regularly.								
1280J	Tablet 25 mg-50 mg	100	1	..	10.99	11.85	[a]	Hydrene 25/50	AF
				[B]3.50	14.49	11.85	[a]	Dyazide	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	
	PERIPHERAL VASODILATORS							
	Peripheral vasodilators							
	• ***Other peripheral vasodilators***							
	PHENOXYBENZAMINE HYDROCHLORIDE							
	Restricted benefit							
	Phaeochromocytoma;							
	Neurogenic urinary retention.							
1862B	***Capsule 10 mg***	***100***	***5***	***..***	***43.99***	***20.30***	***Dibenyline***	***SK***
	BETA BLOCKING AGENTS							
	Beta blocking agents							
	• ***Beta blocking agents, non-selective***							
	OXPRENOLOL HYDROCHLORIDE							
2942W	Tablet 20 mg	100	5	..	8.03	8.89	Corbeton 20	AF
2961W	Tablet 40 mg	100	5	..	9.85	10.71	Corbeton 40	AF
	PINDOLOL							
3062E	Tablet 5 mg	100	5	..	11.27	12.13	[a] Barbloc 5	AF
				[B]1.00	12.27	12.13	[a] Visken 5	NV
3065H	Tablet 15 mg	50	5	..	14.29	15.15	[a] Barbloc 15	AF
				[B]1.00	15.29	15.15	[a] Visken 15	NV
	PROPRANOLOL HYDROCHLORIDE							
2565B	Tablet 10 mg	100	5	..	5.80	6.66	Deralin 10	AF
				[B]2.00	7.80	6.66	Inderal	ZN
2566C	Tablet 40 mg	100	5	..	7.14	8.00	Deralin 40	AF
				[B]2.00	9.14	8.00	Inderal	ZN
2899N	Tablet 160 mg	50	5	..	8.63	9.49	[a] Deralin 160	AF
				[B]2.00	10.63	9.49	[a] Inderal	ZN
	SOTALOL HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	• ***Beta blocking agents, selective***							
	ATENOLOL							
1081X	Tablet 50 mg	30	5	..	9.67	10.53	[a] Anselol 50 mg	DP
							[a] Atehexal	HX
							[a] DBL Atenolol	BL
							[a] Noten	AF
							[a] SBPA Atenolol	SL
							[a] Tenlol 50	AD
							[a] Tensig	SI
				[B]2.50	12.17	10.53	[a] Tenormin	ZN
	METOPROLOL TARTRATE							
1324Q	Tablet 50 mg	100	5	..	10.44	11.30	[a] Metohexal	HX
							[a] Minax 50	AF
				[B]1.10	11.54	11.30	[a] Betaloc	AP
				[B]1.55	11.99	11.30	Lopresor 50	NV

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	
	METOPROLOL TARTRATE—cont.							
1325R	Tablet 100 mg	60	5	..	12.09	12.95	[a] Metohexal	HX
							[a] Minax 100	AF
				[B]1.10	13.19	12.95	[a] Betaloc	AP
				[B]1.55	13.64	12.95	Lopresor 100	NV
	• ***Alpha and beta blocking agents***							
	CARVEDILOL							
	Authority required							
	Moderate symptomatic heart failure in patients stabilised on conventional therapy where treatment is initiated in a hospital (in-patient or out-patient).							
8256M	***Tablet 6.25 mg***	***60***	***5***	..	***74.89***	***20.30***	***Dilatrend 6.25***	***RO***
8257N	***Tablet 12.5 mg***	***60***	***5***	..	***92.51***	***20.30***	***Dilatrend 12.5***	***RO***
8258P	***Tablet 25 mg***	***60***	***5***	..	***114.54***	***20.30***	***Dilatrend 25***	***RO***
	LABETALOL HYDROCHLORIDE							
1566K	Tablet 100 mg	100	5	..	13.59	14.45	[a] Presolol 100	AF
				[B]1.80	15.39	14.45	[a] Trandate	SI
1567L	Tablet 200 mg	100	5	..	20.38	20.30	[a] Presolol 200	AF
				[B]1.80	22.18	20.30	[a] Trandate	SI
	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 (except nifedipine controlled release tablets 30 mg and 60 mg).							
	AMLODIPINE BESYLATE							
2751T	Tablet 5 mg (base)	30	5	[T]2.86	24.71	20.30	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	[T]4.46	38.73	20.30	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***	..	***24.71***	***20.30***	***Norvasc***	***PF***
8924Q	***Tablet 10 mg (base)***	***30***	***5***	..	***38.73***	***20.30***	***Norvasc***	***PF***
	FELODIPINE							
2361G	Tablet 2.5 mg (extended release)	30	5	..	15.14	16.00	[a] Agon SR	TP
							[a] Felodur ER 2.5 mg	PM
				[B]1.16	16.30	16.00	[a] Plendil ER	AP

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	
	FELODIPINE—cont.							
2366M	Tablet 5 mg (extended release)	30	5	..	19.16	20.02	[a] Agon SR	TP
							[a] Felodur ER 5 mg	PM
				[B]1.46	20.62	20.02	[a] Plendil ER	AP
2367N	Tablet 10 mg (extended release)	30	5	..	30.85	20.30	[a] Agon SR	TP
							[a] Felodur ER 10 mg	PM
				[B]2.36	33.21	20.30	[a] Plendil ER	AP
	NIFEDIPINE							
1694E	Tablet 10 mg	60	5	..	19.77	20.30	[a] SBPA Nifedipine 10 mg	SL
				[B]0.65	20.42	20.30	[a] Adalat 10	BN
1695F	Tablet 20 mg	60	5	..	23.49	20.30	[a] Nifecard 20 mg	SI
							[a] Nifehexal	HX
							[a] Nyefax 20 mg	DP
							[a] SBPA Nifedipine 20 mg	SL
				[B]2.00	25.49	20.30	[a] Adalat 20	BN
1906H	Tablet 30 mg (controlled release)	30	5	[T]0.80	25.29	20.30	Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	[T]0.99	31.12	20.30	Adalat Oros 60	BN

NIFEDIPINE
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.

8925R	***Tablet 30 mg (controlled release)***	***30***	***5***	***..***	***25.29***	***20.30***	***Adalat Oros 30***	***BN***
8926T	***Tablet 60 mg (controlled release)***	***30***	***5***	***..***	***31.12***	***20.30***	***Adalat Oros 60***	***BN***

Selective calcium channel blockers with direct cardiac effects

- ***Phenylalkylamine derivatives***

VERAPAMIL HYDROCHLORIDE

CAUTION:
The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

1248Q	Tablet 40 mg	100	5	..	11.17	12.03	[a] Anpec 40	AF
							[a] Verahexal	HX
				[B]1.00	12.17	12.03	[a] Cordilox	SC
							[a] Isoptin	KN
1250T	Tablet 80 mg	100	5	..	16.42	17.28	[a] Anpec 80	AF
							[a] Verahexal	HX
				[B]0.99	17.41	17.28	[a] Cordilox	SC
							[a] Isoptin	KN

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	
	VERAPAMIL HYDROCHLORIDE—cont.							
1254B	Tablet 120 mg	100	5	..	21.84	20.30	[a] Verahexal	HX
				[B]1.00	22.84	20.30	[a] Cordilox	SC
							[a] Isoptin	KN
1253Y	Tablet 160 mg	60	5	..	20.40	20.30	[a] Cordilox	SC
							[a] Isoptin	KN
2208F	Tablet 180 mg (sustained release)	30	5	..	14.10	14.96	[a] Cordilox 180 SR	SC
							[a] Isoptin 180 SR	KN
1241H	Tablet 240 mg (sustained release)	30	5	..	17.34	18.20	[a] Anpec SR	AF
				[B]1.00	18.34	18.20	[a] Cordilox SR	SC
							[a] Isoptin SR	KN
2206D	Capsule 160 mg (sustained release)	30	5	..	12.32	13.18	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	17.34	18.20	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	10.33	11.19	[a] Cordilox	SC
							[a] Isoptin	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	..	24.28	20.30	[a] Auscard	SI
							[a] Coras	AF
							[a] Diltahexal	HX
							[a] Dilzem 60 mg	DP
							[a] SBPA Diltiazem	SL
				[B]1.80	26.08	20.30	[a] Cardizem	ML
1312C	Capsule 180 mg (controlled delivery)	30	5	..	24.12	20.30	[a] Vasocardol CD	HP
				[B]1.80	25.92	20.30	[a] Cardizem CD	ML
1313D	Capsule 240 mg (controlled delivery)	30	5	..	30.78	20.30	[a] Vasocardol CD	HP
				[B]1.80	32.58	20.30	[a] Cardizem CD	ML

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, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril and trandolapril.

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	
	CAPTOPRIL							
1147J	Tablet 12.5 mg	90	5	..	22.99	20.30	[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
							[a] DP	
				[B]1.95	24.94	20.30	[a] Capoten	BQ
1148K	Tablet 25 mg	90	5	..	31.22	20.30	[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
							[a] DP	
				[B]1.95	33.17	20.30	[a] Capoten	BQ
1149L	Tablet 50 mg	90	5	..	57.18	20.30	[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
							[a] DP	
				[B]1.95	59.13	20.30	[a] Capoten	BQ
	ENALAPRIL MALEATE							
1370D	Tablet 5 mg	30	5	[T]2.16	20.41	19.11	Amprace 5	AD
							Renitec M	MK
1368B	Tablet 10 mg	30	5	[T]2.20	27.26	20.30	Amprace 10	AD
							Renitec	MK
1369C	Tablet 20 mg	30	5	[T]2.24	32.58	20.30	Amprace 20	AD
							Renitec 20	MK
8342C	Wafer 5 mg	30	5	[T]2.16	20.41	19.11	Renitec Wafer	MK
8343D	Wafer 10 mg	30	5	[T]2.20	27.26	20.30	Renitec Wafer	MK
8344E	Wafer 20 mg	30	5	[T]2.24	32.58	20.30	Renitec Wafer	MK

ENALAPRIL MALEATE
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.

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	
	ENALAPRIL MALEATE—cont.							
8913D	***Tablet 5 mg***	***30***	***5***	***..***	***20.41***	***20.30***	***Amprace 5***	***AD***
							Renitec M	***MK***
8914E	***Tablet 10 mg***	***30***	***5***	***..***	***27.26***	***20.30***	***Amprace 10***	***AD***
							Renitec	***MK***
8915F	***Tablet 20 mg***	***30***	***5***	***..***	***32.58***	***20.30***	***Amprace 20***	***AD***
							Renitec 20	***MK***
8927W	***Wafer 5 mg***	***30***	***5***	***..***	***20.41***	***20.30***	***Renitec Wafer***	***MK***
8928X	***Wafer 10 mg***	***30***	***5***	***..***	***27.26***	***20.30***	***Renitec Wafer***	***MK***
8929Y	***Wafer 20 mg***	***30***	***5***	***..***	***32.58***	***20.30***	***Renitec Wafer***	***MK***
	FOSINOPRIL SODIUM							
1182F	Tablet 10 mg	30	5	..	22.10	20.30	Monopril	BQ
1183G	Tablet 20 mg	30	5	..	30.75	20.30	Monopril	BQ
	LISINOPRIL							
2456G	Tablet 5 mg	30	5	..	20.14	20.30	[a] Prinivil 5	AD
							[a] Zestril	ZN
2457H	Tablet 10 mg	30	5	..	27.71	20.30	[a] Prinivil 10	AD
							[a] Zestril	ZN
2458J	Tablet 20 mg	30	5	..	33.58	20.30	[a] Prinivil 20	AD
							[a] Zestril	ZN
	PERINDOPRIL ERBUMINE							
3050M	Tablet 2 mg	30	5	..	21.70	20.30	Coversyl	SE
3051N	Tablet 4 mg	30	5	..	27.89	20.30	Coversyl	SE
	QUINAPRIL HYDROCHLORIDE							
1968N	Tablet 5 mg (base)	30	5	..	19.03	19.89	Accupril	PD
							Asig	SI
1969P	Tablet 10 mg (base)	30	5	..	25.02	20.30	Accupril	PD
							Asig	SI
1970Q	Tablet 20 mg (base)	30	5	..	29.76	20.30	Accupril	PD
							Asig	SI
	RAMIPRIL							
1944H	Tablet 1.25 mg	30	5	..	18.01	18.87	[a] Tritace 1.25 mg	HP
				[B]1.80	19.81	18.87	[a] Ramace 1.25 mg	ML
1945J	Tablet 2.5 mg	30	5	..	23.63	20.30	[a] Tritace 2.5 mg	HP
				[B]1.80	25.43	20.30	[a] Ramace 2.5 mg	ML
1946K	Tablet 5 mg	30	5	..	28.10	20.30	[a] Tritace 5 mg	HP
				[B]1.80	29.90	20.30	[a] Ramace 5 mg	ML
	TRANDOLAPRIL							
2791X	Capsule 500 micrograms	28	5	..	16.38	17.24	[a] Gopten	KN
							[a] Odrik	RL

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	
	TRANDOLAPRIL—cont.							
2792Y	Capsule 1 mg	28	5	..	23.35	20.30	[a] Gopten [a] Odrik	KN RL
2793B	Capsule 2 mg	28	5	..	25.46	20.30	[a] Gopten [a] Odrik	KN RL
	Angiotensin II antagonists, plain							
	• ***Angiotensin II antagonists, plain***							
	CANDESARTAN CILEXETIL							
	Authority required							
	Hypertension.							
8295N	***Tablet 4 mg***	***30***	***5***	..	***21.03***	***20.30***	***Atacand***	***AP***
8296P	***Tablet 8 mg***	***30***	***5***	..	***25.27***	***20.30***	***Atacand***	***AP***
8297Q	***Tablet 16 mg***	***30***	***5***	..	***30.58***	***20.30***	***Atacand***	***AP***
	IRBESARTAN							
	Authority required							
	Hypertension.							
8246B	***Tablet 75 mg***	***28***	***5***	..	***23.87***	***20.30***	***Avapro*** ***Karvea***	***BQ*** ***SW***
8247C	***Tablet 150 mg***	***28***	***5***	..	***28.83***	***20.30***	***Avapro*** ***Karvea***	***BQ*** ***SW***
8248D	***Tablet 300 mg***	***28***	***5***	..	***35.07***	***20.30***	***Avapro*** ***Karvea***	***BQ*** ***SW***
	TELMISARTAN							
	Restricted benefit							
	Hypertension.							
8355R	***Tablet 40 mg***	***28***	***5***	..	***23.09***	***20.30***	***Micardis*** ***Pritor***	***BY*** ***GW***
8356T	***Tablet 80 mg***	***28***	***5***	..	***28.04***	***20.30***	***Micardis*** ***Pritor***	***BY*** ***GW***

SERUM LIPID REDUCING AGENTS

GENERAL STATEMENT FOR LIPID-LOWERING DRUGS PRESCRIBED AS PHARMACEUTICAL BENEFITS

The following criteria, as recommended by the Pharmaceutical Benefits Advisory Committee, qualify the indications for the prescribing of atorvastatin calcium, cerivastatin sodium, fluvastatin sodium, pravastatin sodium, simvastatin and gemfibrozil as pharmaceutical benefits.

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

QUALIFYING CRITERIA FOR LIPID-LOWERING DRUGS

Note that the registered indications for individual agents may differ. Refer to the current product information.

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	

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 lifestyle changes to modify risk factors such as smoking, obesity, excessive alcohol intake and physical inactivity.

Cholesterol/Triglyceride Levels

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

PATIENT CATEGORY	*LIPID LEVELS FOR SUBSIDY*
Patients with existing coronary heart disease	cholesterol > 4 mmol/L
Other patients at high risk with one or more of the following: diabetes mellitus; familial hypercholesterolaemia; family history of coronary heart disease (first degree relative less than 60 years of age); hypertension; peripheral vascular disease	 cholesterol > 6.5 mmol/L or cholesterol > 5.5 mmol/L and HDL < 1 mmol/L
Patients with HDL <1 mmol/L	cholesterol > 6.5 mmol/L
Patients not eligible under the above: men 35 to 75 years; postmenopausal women up to 75 years	cholesterol > 7.5 mmol/L or triglyceride > 4 mmol/L
Other patients not included in the above	cholesterol > 9 mmol/L or triglyceride > 8 mmol/L

Choice of Drug

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

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

Predominant Hypertriglyceridaemia. The drugs recommended are gemfibrozil or nicotinic acid.

Measurement of Plasma Lipids

The decision to commence drug therapy should be based on at least two measurements at an accredited laboratory.

Cholesterol and triglyceride reducers

- ***HMG CoA reductase inhibitors***

ATORVASTATIN CALCIUM

NOTE:

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

Restricted benefit

For use in accordance with the qualifying criteria.

8213G	*Tablet 10 mg (atorvastatin)*	*30*	*5*	*..*	*44.51*	*20.30*	*Lipitor*	*PD*
8214H	*Tablet 20 mg (atorvastatin)*	*30*	*5*	*..*	*61.63*	*20.30*	*Lipitor*	*PD*
8215J	*Tablet 40 mg (atorvastatin)*	*30*	*5*	*..*	*86.37*	*20.30*	*Lipitor*	*PD*

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	
	CERIVASTATIN SODIUM							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	Restricted benefit							
	For use in accordance with the qualifying criteria.							
8303B	*Tablet 200 micrograms*	*30*	*5*	*..*	*36.20*	*20.30*	*Lipobay*	*BN*
8304C	*Tablet 300 micrograms*	*30*	*5*	*..*	*42.45*	*20.30*	*Lipobay*	*BN*
	FLUVASTATIN SODIUM							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	Restricted benefit							
	For use in accordance with the qualifying criteria.							
8023G	*Capsule 20 mg (fluvastatin)*	*28*	*5*	*..*	*28.82*	*20.30*	*Lescol* *Vastin*	*NV* *AP*
8024H	*Capsule 40 mg (fluvastatin)*	*28*	*5*	*..*	*33.93*	*20.30*	*Lescol* *Vastin*	*NV* *AP*
	PRAVASTATIN SODIUM							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	Restricted benefit							
	For use in accordance with the qualifying criteria.							
2831B	*Tablet 5 mg*	*30*	*5*	*..*	*29.11*	*20.30*	*Pravachol*	*BQ*
2833D	*Tablet 10 mg*	*30*	*5*	*..*	*39.81*	*20.30*	*Pravachol*	*BQ*
2834E	*Tablet 20 mg*	*30*	*5*	*..*	*54.99*	*20.30*	*Pravachol*	*BQ*
8197K	*Tablet 40 mg*	*30*	*5*	*..*	*79.42*	*20.30*	*Pravachol*	*BQ*
	SIMVASTATIN							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	Restricted benefit							
	For use in accordance with the qualifying criteria.							
2013Y	*Tablet 5 mg*	*30*	*5*	*..*	*30.79*	*20.30*	*Lipex 5* *Zocor*	*AD* *MK*
2011W	*Tablet 10 mg*	*30*	*5*	*..*	*42.11*	*20.30*	*Lipex 10* *Zocor*	*AD* *MK*
2012X	*Tablet 20 mg*	*30*	*5*	*..*	*58.17*	*20.30*	*Lipex 20* *Zocor*	*AD* *MK*

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	
	SIMVASTATIN—cont.							
8173E	***Tablet 40 mg***	***30***	***5***	***..***	***81.35***	***20.30***	***Lipex 40***	***AD***
							Zocor	***MK***
8313M	***Tablet 80 mg***	***30***	***5***	***..***	***114.52***	***20.30***	***Lipex 80***	***AD***
							Zocor	***MK***
	• ***Fibrates***							
	GEMFIBROZIL							
	NOTE:							
	Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.							
	Restricted benefit							
	For use in accordance with the qualifying criteria.							
1453L	***Tablet 600 mg***	***60***	***5***	***..***	***44.93***	***20.30***	[a] ***Ausgem***	***SI***
							[a] ***DBL Gemfibrozil***	***BL***
							[a] ***Gemhexal***	***HX***
							[a] ***Jezil***	***AF***
							[a] ***Lipazil 600 mg***	***DP***
							[a] ***SBPA Gemfibrozil***	***SL***
				[B]***1.65***	***46.58***	***20.30***	[a] ***Lopid***	***PD***
	• ***Bile acid sequestrants***							
	CHOLESTYRAMINE							
	NOTE:							
	See General Statement for Lipid-Lowering Drugs above.							
2967E	Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	5	..	*52.79	20.30	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	‡1	5	..	49.92	20.30	Questran Lite	BQ
	COLESTIPOL HYDROCHLORIDE							
	NOTE:							
	See General Statement for Lipid-Lowering Drugs above.							
1224K	Sachets 5 g, 120	‡1	5	..	62.47	20.30	Colestid	UP
	• ***Nicotinic acid and derivatives***							
	NICOTINIC ACID							
1687T	Tablet 250 mg	200	5	..	*18.69	19.55	RR	
	• ***Other cholesterol and triglyceride reducers***							
	PROBUCOL							
	Authority required							
	Hypercholesterolaemia in patients with a cholesterol level greater than 8.0 mmol per L in whom the response to intensive dietary therapy and to other lipid-lowering drugs is inadequate.							
1942F	***Tablet 250 mg***	***120***	***5***	***..***	***31.92***	***20.30***	***Lurselle***	***ML***

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	..	14.27	15.13	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	14.72	15.58	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	..	14.72	15.58	Grisovin 500	SI
				B2.00	16.72	15.58	Fulcin 500	ZN
	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***	..	***156.19***	***20.30***	***Lamisil***	***NV***
	ANTIPSORIATICS							
	Antipsoriatics for topical use							
	• *Other antipsoriatics for topical use*							
	CALCIPOTRIOL							
	Restricted benefit							
	Chronic stable plaque type psoriasis vulgaris.							
8291J	***Ointment 50 micrograms per g (0.005%), 30 g***	***‡1***	***1***	..	***21.81***	***20.30***	***Daivonex***	***CS***
	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***	..	***201.29***	***20.30***	***Neotigason***	***RO***
2020H	***Capsule 25 mg***	***100***	***2***	..	***386.59***	***20.30***	***Neotigason***	***RO***

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	
	ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE							
	Chemotherapeutics for topical use							
	• *Sulfonamides*							
	SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE							
	Restricted benefit							
	For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.							
1996C	*Cream 10 mg-2 mg per g (1%-0.2%), 50 g*	‡1	..	..	*13.19*	*14.05*	*Silvazine*	*SN*
1997D	*Cream 10 mg-2 mg per g (1%-0.2%), 100 g*	‡1	..	..	*16.38*	*17.24*	*Silvazine*	*SN*
	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS							
	Corticosteroids, plain							
	• *Corticosteroids, weak (group I)*							
	HYDROCORTISONE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
1495Q	*Cream 10 mg per g (1%), 50 g*	‡1	*1*	..	*6.71*	*7.57*	*Egocort Cream 1%*	*EO*
	HYDROCORTISONE ACETATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
2887Y	*Cream 10 mg per g (1%), 30 g*	‡1	*1*	..	*6.23*	*7.09*	*Sigmacort*	*SI*
2881P	*Cream 10 mg per g (1%), 50 g*	‡1	*1*	..	*6.71*	*7.57*	*Cortef* *Sigmacort*	*UP* *SI*
2888B	*Topical ointment 10 mg per g (1%), 30 g*	‡1	*1*	..	*6.23*	*7.09*	*Sigmacort*	*SI*
2882Q	*Topical ointment 10 mg per g (1%), 50 g*	‡1	*1*	..	*6.71*	*7.57*	*Sigmacort*	*SI*
	[For other listings for this drug see Generic/Proprietary Index]							
	• *Corticosteroids, moderately potent (group II)*							
	TRIAMCINOLONE ACETONIDE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
2117K	*Cream 200 micrograms per g (0.02%), 100 g*	*2*	..	..	**12.51*	*13.37*	*Aristocort 0.02%*	*LE*
2118L	*Ointment 200 micrograms per g (0.02%), 100 g*	*2*	..	..	**12.51*	*13.37*	*Aristocort 0.02%*	*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							
	Treatment of corticosteroid-responsive dermatoses.							
1115Q	*Cream 500 micrograms per g (0.05%), 15 g*	‡1	*1*	.. [B]*3.44*	*6.62* *10.06*	*7.48* *7.48*	[a] ***Eleuphrat*** [a] ***Diprosone***	***EX*** ***SH***
1119X	*Ointment 500 micrograms per g (0.05%), 15 g*	‡1	*1*	.. [B]*3.44*	*6.62* *10.06*	*7.48* *7.48*	[a] ***Eleuphrat*** [a] ***Diprosone***	***EX*** ***SH***
1118W	*Lotion 500 micrograms per g (0.05% w/w), 30 mL*	‡1	..	.. [B]*2.00*	*9.23* *11.23*	*10.09* *10.09*	[a] ***Eleuphrat*** [a] ***Diprosone***	***EX*** ***SH***
	BETAMETHASONE VALERATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
2812B	*Cream 200 micrograms per g (0.02%), 100 g*	*2*	..	..	**12.51*	*13.37*	***Betnovate 1/5*** ***Celestone-M***	***SI*** ***SH***
2813C	*Cream 500 micrograms per g (0.05%), 15 g*	‡1	*1*	..	*6.55*	*7.41*	***Betnovate 1/2*** ***Celestone-V Half Strength***	***SI*** ***SH***
2820K	*Ointment 200 micrograms per g (0.02%), 100 g*	*2*	..	..	**12.51*	*13.37*	***Celestone-M***	***SH***
2815E	*Ointment 500 micrograms per g (0.05%), 15 g*	‡1	*1*	..	*6.55*	*7.41*	***Betnovate 1/2*** ***Celestone-V Half Strength***	***SI*** ***SH***
	METHYLPREDNISOLONE ACEPONATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
8054X	*Cream 1 mg per g (0.1%), 15 g*	‡1	..	..	*10.10*	*10.96*	***Advantan***	***CS***
8055Y	*Ointment 1 mg per g (0.1%), 15 g*	‡1	..	..	*10.10*	*10.96*	***Advantan***	***CS***
8128T	*Fatty ointment 1 mg per g (0.1%), 15 g*	‡1	..	..	*10.10*	*10.96*	***Advantan***	***CS***
	MOMETASONE FUROATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
1913Q	*Cream 1 mg per g (0.1%), 15 g*	‡1	..	..	*10.10*	*10.96*	[a] ***Elocon*** [a] ***Novasone***	***SH*** ***EX***
1915T	*Ointment 1 mg per g (0.1%), 15 g*	‡1	..	..	*10.10*	*10.96*	[a] ***Elocon*** [a] ***Novasone***	***SH*** ***EX***
8043H	*Lotion 1 mg per g (0.1% w/w), 30 mL*	‡1	..	..	*14.07*	*14.93*	[a] ***Elocon*** [a] ***Novasone***	***SH*** ***EX***

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-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*	*..*	*101.16*	*20.30*	[a] *Accure 10*	*AF*
							[a] *Roaccutane*	*RO*
2592K	*Capsule 20 mg*	*60*	*3*	*..*	*155.23*	*20.30*	[a] *Accure 20*	*AF*
							[a] *Oratane*	*DP*
				[B]*2.50*	*157.73*	*20.30*	[a] *Roaccutane*	*RO*

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							
	Prevention of the onset of lactation in the puerperium for medical reasons.							
1444B	*Tablet 2.5 mg (base)*	*30*	*..*	*..*	*21.04*	*20.30*	[a] *Bromohexal*	*HX*
							[a] *Bromolactin*	*SI*
							[a] *Kripton 2.5*	*AF*
							[a] *SBPA Bromocriptine 2.5*	*SL*
				[B]*1.50*	*22.54*	*20.30*	[a] *Parlodel*	*NV*
	Authority required							
	Acromegaly;							
	Parkinson's disease;							
	Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.							
1443Y	*Tablet 2.5 mg (base)*	*60*	*5*	*..*	*37.70*	*20.30*	[a] *Bromohexal*	*HX*
							[a] *Bromolactin*	*SI*
							[a] *Kripton 2.5*	*AF*
							[a] *SBPA Bromocriptine 2.5*	*SL*
				[B]*1.51*	*39.21*	*20.30*	[a] *Parlodel*	*NV*
1446D	*Capsule 5 mg (base)*	*60*	*5*	*..*	*69.88*	*20.30*	[a] *Bromohexal*	*HX*
							[a] *Bromolactin*	*SI*
							[a] *Kripton 5*	*AF*
							[a] *SBPA Bromocriptine 5*	*SL*
				[B]*1.50*	*71.38*	*20.30*	[a] *Parlodel*	*NV*
1445C	*Capsule 10 mg (base)*	*100*	*5*	*..*	*233.45*	*20.30*	[a] *Kripton 10*	*AF*
				[B]*0.75*	*234.20*	*20.30*	[a] *Parlodel*	*NV*
	CABERGOLINE							
	Restricted benefit							
	Prevention of the onset of lactation in the puerperium for medical reasons.							
8115D	*Tablet 500 micrograms*	*2*	*..*	*..*	*23.95*	*20.30*	*Dostinex*	*PS*
	Authority required							
	Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.							
8114C	*Tablet 500 micrograms*	*8*	*5*	*..*	*73.01*	*20.30*	*Dostinex*	*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	
	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	..	*14.63	15.49	Microgynon 50	SC
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.63	15.49	Microgynon 50 ED	SC
							Nordette 50	WY
1393H	Tablets 150 micrograms-30 micrograms, 21	4	2	B7.28	*21.91	15.49	[a] Microgynon 30	SC
							[b] Nordette 21	WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	..	*14.63	15.49	[a] Levlen ED	SY
							[b] Monofeme 28	AY
				B7.28	*21.91	15.49	[a] Microgynon 30 ED	SC
							[b] Nordette 28	WY
3186Q	Tablets 250 micrograms-50 micrograms, 21	4	2	..	*14.63	15.49	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.63	15.49	Nordiol 28	WY
	NORETHISTERONE with ETHINYLOESTRADIOL							
2772X	Tablets 500 micrograms-35 micrograms, 21	4	2	B7.28	*21.91	15.49	[a] Brevinor	SR
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	..	*14.63	15.49	[a] Norimin 28 Day	MO
				B7.28	*21.91	15.49	[a] Brevinor	SR
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	B7.28	*21.91	15.49	[a] Brevinor-1	SR
2775C	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	..	*14.63	15.49	[a] Norimin-1 28 Day	MO
				B7.28	*21.91	15.49	[a] Brevinor-1	SR
	NORETHISTERONE with MESTRANOL							
3176E	Tablets 1 mg-50 micrograms, 21	4	2	..	*14.63	15.49	Norinyl-1	SR
3179H	Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets	4	2	..	*14.63	15.49	Norinyl-1/28	SR
	• ***Progestogens and estrogens, sequential preparations***							
	LEVONORGESTREL with ETHINYLOESTRADIOL							
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.63	15.49	Biphasil 28	WY
							Sequilar ED	SC

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	
	LEVONORGESTREL with ETHINYLOESTRADIOL—cont.							
1391F	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	2	B7.28	*21.91	15.49	[b] Triphasil [a] Triquilar	WY SC
1392G	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	2	.. B7.28	*14.63 *21.91	15.49 15.49	[a] Logynon ED [b] Trifeme 28 [b] Triphasil 28 [a] Triquilar ED	SY AY WY SC
	NORETHISTERONE with ETHINYLOESTRADIOL							
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	.. B7.28	*14.63 *21.91	15.49 15.49	[a] Improvil 28 Day [a] Synphasic	MO SR
	• ***Progestogens***							
	LEVONORGESTREL							
2913H	Tablets 30 micrograms, 28	4	2	..	*14.63	15.49	Microlut 28 Microval 28	SC WY
	MEDROXYPROGESTERONE ACETATE							
3118D	Injection 150 mg in 1 mL	1	1	.. B3.30	11.96 15.26	12.82 12.82	[a] Depo-Ralovera [a] Depo-Provera	KR UP
	[For other listings for this drug see Generic/Proprietary Index]							
	NORETHISTERONE							
1967M	Tablets 350 micrograms, 28	4	2	..	*14.63	15.49	[a] Locilan 28 Day Micronor	MO JC
				B3.36	*17.99	15.49	[a] Noriday 28 Day	SR

Androgens

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

FLUOXYMESTERONE

For listings see Generic/Proprietary Index

TESTOSTERONE

Authority required

Androgen deficiency in males with established pituitary or testicular pathology;
Androgen deficiency in males 40 years and older who do not have established pituitary or testicular pathology other than aging, confirmed by at least two morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);
Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.

8098F	***Subcutaneous implant 100 mg***	***6***	***..***	***..***	****197.83***	***20.30***	***OR***
8099G	***Subcutaneous implant 200 mg***	***3***	***..***	***..***	****197.83***	***20.30***	***OR***

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							
	Authority required							
	Androgen deficiency in males with established pituitary or testicular pathology; Androgen deficiency in males 40 years and older who do not have established pituitary or testicular pathology other than aging, confirmed by at least two morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men); Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.							
2114G	*Injection 250 mg in 1 mL*	*3*	*3*	*..*	*30.20*	*20.30*	*Primoteston Depot*	*SC*
	TESTOSTERONE ESTERS							
	Authority required							
	Androgen deficiency in males with established pituitary or testicular pathology; Androgen deficiency in males 40 years and older who do not have established pituitary or testicular pathology other than aging, confirmed by at least two morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men); Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.							
2670M	*Injection 100 mg*	*3*	*3*	*..*	*15.87*	*16.73*	*Sustanon 100*	*OR*
2101N	*Injection 250 mg*	*3*	*3*	*..*	*30.20*	*20.30*	*Sustanon 250*	*OR*
	TESTOSTERONE UNDECANOATE							
	Authority required							
	Androgen deficiency in males with established pituitary or testicular pathology; Androgen deficiency in males 40 years and older who do not have established pituitary or testicular pathology other than aging, confirmed by at least two morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men); Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.							
2115H	*Capsule 40 mg*	*60*	*5*	*..*	*35.19*	*20.30*	*Andriol*	*OR*
	Estrogens							
	• ***Natural and semisynthetic estrogens, plain***							
	OESTRADIOL							
8274L	Tablet 2 mg	56	2	..	11.49	12.35	Zumenon	SM
1742Q	Vaginal tablets 25 micrograms, 15	‡1	2	..	17.89	18.75	Vagifem	NO

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	
	OESTRADIOL—cont.							
	Restricted benefit							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
	NOTE:							
	Oestradiol should be used in conjunction with an oral progestogen in women with an intact uterus.							
8286D	*Transdermal gel 1 mg in 1 g sachet, 28*	‡1	5	..	*15.94*	*16.80*	*Sandrena*	*OR*
8311K	*Transdermal patches 750 micrograms (releasing approximately 25 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Estraderm MX 25*	*NV*
8194G	*Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Dermestril 25*	*SW*
1743R	*Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Estraderm 25*	*NV*
8012Q	*Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Menorest 37.5*	*RR*
8140K	*Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Estraderm MX 50*	*NV*
8125P	*Transdermal patches 3.9 mg (releasing approximately 50 micrograms per 24 hours), 4*	‡1	5	..	*15.94*	*16.80*	[a] *Climara 50* [a] *Femtran 50*	*SC* *MM*
8082J	*Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Dermestril 50*	*SW*
1744T	*Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Estraderm 50*	*NV*
8013R	*Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8*	‡1	5	..	*15.94*	*16.80*	*Menorest 50*	*RR*

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	
	OESTRADIOL—cont.							
8014T	***Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.14***	***19.00***	***Menorest 75***	***RR***
8312L	***Transdermal patches 3 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.14***	***19.00***	***Estraderm MX 100***	***NV***
8126Q	***Transdermal patches 7.8 mg (releasing approximately 100 micrograms per 24 hours), 4***	***‡1***	***5***	***..***	***18.14***	***19.00***	[a] ***Climara 100***	***SC***
							[a] ***Femtran 100***	***MM***
8195H	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.14***	***19.00***	***Dermestril 100***	***SW***
1745W	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.14***	***19.00***	***Estraderm 100***	***NV***
8041F	***Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.14***	***19.00***	***Menorest 100***	***RR***
	OESTRADIOL VALERATE							
1663M	Tablet 1 mg	56	2	..	9.62	10.48	Progynova	SC
1664N	Tablet 2 mg	56	2	..	11.49	12.35	Progynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	48.61	20.30	Primogyn Depot	SC
	OESTRIOL							
1776L	Tablet 1 mg	60	2	..	*9.97	10.83	Ovestin	OR
1771F	Pessaries 500 micrograms, 15	‡1	2	..	17.89	18.75	Ovestin Ovula	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	14.73	15.59	Ovestin	OR
	OESTROGENS—CONJUGATED							
1733F	Tablet 300 micrograms	56	2	..	9.62	10.48	Premarin	AY
1734G	Tablet 625 micrograms	56	2	..	11.49	12.35	Premarin	AY
	PIPERAZINE OESTRONE SULFATE							
1777M	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	2	..	9.62	10.48	[a] Genoral 0.625	KR
				[B]1.47	11.09	10.48	[a] Ogen .625	UP
1778N	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	2	..	11.49	12.35	[a] Genoral 1.25	KR
				[B]1.48	12.97	12.35	[a] Ogen 1.25	UP

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	
	• ***Synthetic estrogens, plain***							
	DIENOESTROL							
1310Y	Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	10.09	10.95	JC	
	Progestogens							
	• ***Pregnen (4) derivatives***							
	MEDROXYPROGESTERONE ACETATE							
2323G	Tablet 5 mg	56	2	..	13.26	14.12	[a] Ralovera	KR
				[B]1.77	15.03	14.12	[a] Provera	UP
2321E	Tablet 10 mg	30	2	..	13.89	14.75	[a] Ralovera	KR
				[B]1.78	15.67	14.75	[a] Provera	UP
2319C	Injection 50 mg in 1 mL	1	1	..	9.21	10.07	Depo-Provera	UP
	MEDROXYPROGESTERONE ACETATE							
	Restricted benefit							
	Endometriosis.							
2722G	***Tablet 10 mg***	***100***	***2***	..	***30.41***	***20.30***	[a] ***Ralovera***	***KR***
				[B]***1.65***	***32.06***	***20.30***	[a] ***Provera***	***UP***
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Pregnadien derivatives***							
	DYDROGESTERONE							
1350C	Tablet 10 mg	28	2	..	13.26	14.12	Duphaston	SM
	• ***Estren derivatives***							
	NORETHISTERONE							
2993M	Tablet 5 mg	30	2	..	23.31	20.30	Primolut N	SC
	Progestogens and estrogens in combination							
	• ***Progestogens and estrogens, fixed combinations***							
	OESTRADIOL with NORETHISTERONE ACETATE							
8353P	Tablets 1 mg-500 micrograms, 28	‡1	5	..	15.76	16.62	Kliovance	NO
8081H	Tablets 2 mg-1 mg, 28	‡1	5	..	15.76	16.62	Kliogest	NO
	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE							
1813K	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg	‡1	5	..	15.76	16.62	Menoprem Continuous	AY
							Provelle-28	UP
	OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE							
8168X	Tablets 625 micrograms-2.5 mg, 28	‡1	5	..	15.76	16.62	Premia 2.5 Continuous	AY
8169Y	Tablets 625 micrograms-5 mg, 28	‡1	5	..	15.76	16.62	Premia 5 Continuous	AY

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	
	• *Progestogens and estrogens, sequential preparations*							
	OESTRADIOL and MEDROXYPROGESTERONE ACETATE							
	Restricted benefit							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
1825C	***Pack containing 8 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 14 tablets medroxyprogesterone acetate 10 mg***	‡1	5	..	***20.15***	***20.30***	***Estrapak 50***	***NV***
	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	..	15.76	16.62	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	..	15.76	16.62	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	..	15.76	16.62	Trisequens Forte	NO
	OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE							
	Restricted benefit							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
8029N	***Pack containing 4 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 10 mg-30 mg (releasing approximately 50 micrograms-250 micrograms per 24 hours)***	‡1	5	..	***18.14***	***19.00***	***Estracombi***	***NV***

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 VALERATE and OESTRADIOL VALERATE with CYPROTERONE ACETATE							
8062H	Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with cyproterone acetate 1 mg	‡1	5	..	15.76	16.62	Climen	SC
	OESTRADIOL VALERATE and OESTRADIOL VALERATE with MEDROXYPROGESTERONE ACETATE							
1816N	Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with medroxyprogesterone acetate 10 mg	‡1	5	..	15.76	16.62	Divina	OR
	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE							
1826D	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg	‡1	5	..	15.76	16.62	Menoprem Provelle-14	AY UP
	OESTROGENS—CONJUGATED and OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE							
8210D	Pack containing 14 tablets conjugated oestrogens 625 micrograms and 14 tablets conjugated oestrogens 625 micrograms with medroxyprogesterone acetate 5 mg	‡1	5	..	15.76	16.62	Premia 5	AY

Gonadotropins and other ovulation stimulants

- *Gonadotropins*

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.

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	
	FOLLITROPIN ALFA—cont.							
8251G	***Injection set containing 10 ampoules powder for injection 75 i.u. and 10 ampoules solvent 1 mL***	*1*	*5*	*..*	*488.62*	*20.30*	***Gonal-F 75***	**SG**
8252H	***Injection set containing 10 ampoules powder for injection 150 i.u. and 10 ampoules solvent 1 mL***	*1*	*5*	*..*	*972.84*	*20.30*	***Gonal-F 150***	**SG**

FOLLITROPIN BETA

Restricted benefit

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

NOTE:

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

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

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

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

Restricted benefit

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

8205W	***Injection set containing 10 ampoules powder for injection (lyosphere) 50 i.u. and 10 ampoules solvent 1 mL***	*1*	*5*	*..*	*329.83*	*20.30*	***Puregon 50***	**OR**
8206X	***Injection set containing 10 ampoules powder for injection (lyosphere) 100 i.u. and 10 ampoules solvent 1 mL***	*1*	*5*	*..*	*650.02*	*20.30*	***Puregon 100***	**OR**
8207Y	***Injection set containing 10 ampoules powder for injection (lyosphere) 150 i.u. and 10 ampoules solvent 1 mL***	*1*	*5*	*..*	*972.84*	*20.30*	***Puregon 150***	**OR**

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							
	For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.							
	NOTE:							
	Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.							
	Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.							
	Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.							
	Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.							
1579D	*Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*28.59*	*20.30*	*Pregnyl*	*OR*
1581F	*Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*38.16*	*20.30*	*Pregnyl*	*OR*
1582G	*Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL*	*1*	*5*	*..*	*41.05*	*20.30*	*Profasi 2000*	*SG*
1477R	*Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL*	*1*	*5*	*..*	*20.89*	*20.30*	*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.							

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	
	HUMAN CHORIONIC GONADOTROPHIN—cont.							
1579D	***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL***	*1*	*5*	..	*28.59*	*20.30*	***Pregnyl***	OR
1581F	***Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL***	*1*	*5*	..	*38.16*	*20.30*	***Pregnyl***	OR
1582G	***Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL***	*1*	*5*	..	*41.05*	*20.30*	***Profasi 2000***	SG
	Restricted benefit ***Cryptorchism not due to organic obstruction in boys over twelve months of age.***							
1583H	***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL***	*2*	*1*	..	**52.79*	*20.30*	***Pregnyl***	OR

HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN

Restricted benefit

➢ ***For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union, where exogenous luteinising activity is required.***

NOTE:

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

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

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

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

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HUMAN MENOPAUSAL GONADOTROPHIN standardised with HUMAN CHORIONIC GONADOTROPHIN—cont.							
1603J	***Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinising activity (approximately two thirds of the latter is of placental origin and approximately one third is of pituitary origin) and 10 ampoules solvent 1 mL***	*1*	*5*	*..*	*292.94*	*20.30*	***Humegon***	***OR***
1604K	***Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising activity (approximately two thirds of the latter is of placental origin and approximately one third is of pituitary origin) and 10 ampoules solvent 1 mL***	*1*	*5*	*..*	*572.55*	*20.30*	***Humegon***	***OR***

UROFOLLITROPHIN
(Highly purified)
Restricted benefit

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

NOTE:

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

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

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

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

Restricted benefit

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

continued ☞

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	
	UROFOLLITROPHIN							
	(Highly purified)—cont.							
1601G	***Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL***	*1*	*5*	..	*292.94*	*20.30*	***Metrodin HP 75***	***SG***
1602H	***Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 10 ampoules solvent 1 mL***	*1*	*5*	..	*572.55*	*20.30*	***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.							
	Restricted benefit							
	Anovulatory infertility;							
	Patients undergoing in-vitro fertilisation.							
1211R	***Tablet 50 mg***	*10*	*5*	..	*40.80*	*20.30*	[a] ***Serophene***	***SG***
				..	**40.81*	*20.30*	[a] ***Clomhexal***	***HX***
				[B]*2.46*	**43.27*	*20.30*	[a] ***Clomid***	***ML***
	Antiandrogens							
	• *Antiandrogens, plain preparations*							
	CYPROTERONE ACETATE							
	Authority required							
	Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).							
	CAUTION:							
	This drug should not be used during pregnancy as it may result in feminisation of the male foetus.							
1269T	***Tablet 50 mg***	*20*	*5*	..	*70.39*	*20.30*	[a] ***Cyprone***	***AF***
							[a] ***Procur***	***DP***
				[B]*1.50*	*71.89*	*20.30*	[a] ***Androcur***	***SC***
	Authority required							
	Advanced carcinoma of the prostate;							
	To reduce drive in sexual deviations in males.							
1270W	***Tablet 50 mg***	*100*	*5*	..	**292.39*	*20.30*	[a] ***Cyprone***	***AF***
							[a] ***Procur***	***DP***
				[B]*1.80*	**294.19*	*20.30*	[a] ***Androcur***	***SC***
8019C	***Tablet 100 mg***	*50*	*5*	..	*238.14*	*20.30*	***Androcur-100***	***SC***

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 sex hormones and modulators of the genital system							
	• *Antigonadotropins 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***	..	***59.94***	***20.30***	ª ***Azol 100***	***AF***
							ª ***Danocrine***	***SW***
1287R	***Capsule 200 mg***	***100***	***5***	..	***90.19***	***20.30***	ª ***Azol 200***	***AF***
							ª ***Danocrine***	***SW***
	GESTRINONE							
	Authority required							
	Short-term treatment (up to six months) of visually proven endometriosis.							
	Only the one authority for up to six months' therapy will be authorised.							
8015W	***Capsule 2.5 mg***	***8***	***5***	..	***78.31***	***20.30***	***Dimetriose***	***RL***
	• *Selective estrogen receptor modulators*							
	RALOXIFENE HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	UROLOGICALS							
	Urinary antiseptics and antiinfectives							
	• *Methenamine preparations*							
	HEXAMINE HIPPURATE							
3124K	Tablet 1 g	100	5	..	32.14	20.30	Hiprex	MM
	• *Nitrofuran derivatives*							
	NITROFURANTOIN							
	CAUTION:							
	Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.							
1692C	Capsule 50 mg	30	1	..	10.69	11.55	Macrodantin	PU
1693D	Capsule 100 mg	30	1	..	13.22	14.08	Macrodantin	PU
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	16.05	16.91	Furadantin	PU

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 urologicals, incl. antispasmodics							
	• *Acidifiers*							
	AMMONIUM CHLORIDE							
1044Y	Tablet 500 mg	100	5	..	12.53	13.39	FM	
	• *Urinary antispasmodics*							
	OXYBUTYNIN HYDROCHLORIDE							
	Restricted benefit							
	Detrusor overactivity where propantheline bromide has failed.							
8039D	*Tablet 5 mg*	*100*	*5*	*..*	*15.39*	*16.25*	*Ditropan*	*RR*
	PROPANTHELINE BROMIDE							
	Restricted benefit							
	Detrusor overactivity.							
1953T	*Tablet 15 mg*	*200*	*5*	*..*	**13.97*	*14.83*	*Pro-Banthine*	*SI*
	• *Drugs used in erectile dysfunction*							
	ALPROSTADIL							
	Authority required							
	Organic impotence of neurogenic or vasculogenic origin.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will not be authorised.							
8087P	*Intracavernosal injection 5 micrograms in 1 mL*	*5*	*5*	*..*	*55.29*	*20.30*	*Caverject*	*UP*
8088Q	*Intracavernosal injection 10 micrograms in 1 mL*	*5*	*5*	*..*	*64.36*	*20.30*	*Caverject*	*UP*
8089R	*Intracavernosal injection 20 micrograms in 1 mL*	*5*	*5*	*..*	*80.88*	*20.30*	*Caverject*	*UP*
	• *Other urologicals*							
	DEMECLOCYCLINE HYDROCHLORIDE							
	Restricted benefit							
	Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.							
2854F	*Capsule 150 mg*	*100*	*3*	*..*	*42.91*	*20.30*	*Ledermycin*	*LE*
	PHENOXYBENZAMINE HYDROCHLORIDE							
	Restricted benefit							
	Phaeochromocytoma;							
	Neurogenic urinary retention.							
1862B	*Capsule 10 mg*	*100*	*5*	*..*	*43.99*	*20.30*	*Dibenyline*	*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	
	PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES							
	Anterior pituitary lobe hormones and analogues							
	• *ACTH*							
	TETRACOSACTRIN							
2832C	Injection 1 mg in 1 mL	5	5	..	*71.44	20.30	Synacthen Depot 1 mg/1 mL	NV
	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***	***..***	****164.34***	***20.30***	***Minirin***	***RR***
8032R	***Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL***	***2***	***5***	***..***	****137.53***	***20.30***	***Minirin Nasal Spray***	***RR***
	Authority required							
	Childhood nocturnal enuresis in patients over six years of age who are refractory to enuresis alarms.							
8031Q	***Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL***	***‡1***	***2***	***..***	***70.96***	***20.30***	***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***	***..***	***96.46***	***20.30***	***Synarel***	***SR***
	CORTICOSTEROIDS FOR SYSTEMIC USE							
	Corticosteroids for systemic use, plain							
	• *Mineralocorticoids*							
	FLUDROCORTISONE ACETATE							
1433K	Tablet 100 micrograms	200	1	..	*15.21	16.07	Florinef	BQ

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							
	Alopecia areata;							
	For local intra-articular or peri-articular infiltration;							
	Granulomata, dermal;							
	Keloid;							
	Lichen planus hypertrophic;							
	Lichen simplex chronicus;							
	Lupus erythematosus, chronic discoid;							
	Necrobiosis lipoidica;							
	Uveitis.							
2694T	***Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL***	***5***	..	..	***23.54***	***20.30***	***Celestone Chronodose***	***SH***
	CORTISONE ACETATE							
1246N	Tablet 5 mg	50	4	..	11.88	12.74	Cortate	RR
1247P	Tablet 25 mg	60	4	..	12.72	13.58	Cortate	RR
	DEXAMETHASONE							
1292B	Tablet 500 micrograms	30	4	..	6.62	7.48	Dexmethsone	RR
2507Y	Tablet 4 mg	30	4	..	10.08	10.94	Dexmethsone	RR
	HYDROCORTISONE							
1499X	Tablet 4 mg	50	4	..	9.34	10.20	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	13.14	14.00	Hysone 20	AF
	HYDROCORTISONE SODIUM SUCCINATE							
1501B	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*10.55	11.41	Solu-Cortef	UP
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	9.97	10.83	Solu-Cortef	UP
	HYDROCORTISONE SODIUM SUCCINATE							
	Restricted benefit							
	For use in a hospital.							
1510L	***Injection equivalent to 100 mg hydrocortisone with 2 mL solvent***	***6***	..	..	***22.87***	***20.30***	***Solu-Cortef***	***UP***
1511M	***Injection equivalent to 250 mg hydrocortisone with 2 mL solvent***	***6***	..	..	***37.87***	***20.30***	***Solu-Cortef***	***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								
	For local intra-articular or peri-articular infiltration.								
1928L	***Injection 40 mg in 1 mL***	***5***	***..***	***..***	***19.79***	***20.30***	[a]	***Depo-Nisolone***	***KR***
				[B]***0.74***	***20.53***	***20.30***	[a]	***Depo-Medrol***	***UP***
	METHYLPREDNISOLONE SODIUM SUCCINATE								
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	28.15	20.30		Solu-Medrol	UP
	PREDNISOLONE								
3152X	Tablet 1 mg	100	4	..	6.66	7.52		Panafcortelone	RR
1917X	Tablet 5 mg	60	4	..	6.68	7.54		Panafcortelone Solone	RR FM
1916W	Tablet 25 mg	30	4	..	8.33	9.19		Panafcortelone Solone	RR FM
	PREDNISOLONE SODIUM PHOSPHATE								
8285C	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	‡1	5	..	12.42	13.28	[a] [a]	PredMix Redipred	RH RR
	PREDNISONE								
1934T	Tablet 1 mg	100	4	..	6.66	7.52		Panafcort	RR
1935W	Tablet 5 mg	60	4	..	6.68	7.54		Panafcort Sone	RR FM
1936X	Tablet 25 mg	30	4	..	8.33	9.19		Panafcort Sone	RR FM
	TRIAMCINOLONE ACETONIDE								
	Restricted benefit								
	Alopecia areata;								
	For local intra-articular or peri-articular infiltration;								
	Granulomata, dermal;								
	Keloid;								
	Lichen planus hypertrophic;								
	Lichen simplex chronicus;								
	Lupus erythematosus, chronic discoid;								
	Necrobiosis lipoidica;								
	Psoriasis.								
2990J	***Injection 10 mg in 1 mL***	***5***	***..***	***..***	***23.54***	***20.30***		***Kenacort-A10***	***BQ***
	Antiadrenal preparations								
	• ***Anticorticosteroids***								
	AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	162.68	20.30		Cytadren 250	NV

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							
	• ***Thyroid hormones***							
	LIOTHYRONINE SODIUM							
	Authority required							
	Management of patients with thyroid cancer;							
	Replacement therapy for hypothyroid patients who have documented intolerance or resistance to thyroxine sodium;							
	Initiation of thyroid therapy in severely hypothyroid patients.							
2318B	***Tablet 20 micrograms***	***100***	***2***	***..***	***73.14***	***20.30***	***Tertroxin***	***BT***
	THYROXINE SODIUM							
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	7.65	8.51	Oroxine	SI
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	8.93	9.79	Oroxine	SI
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	11.21	12.07	Oroxine	SI
	Antithyroid preparations							
	• ***Thiouracils***							
	PROPYLTHIOURACIL							
1955X	Tablet 50 mg	200	2	..	*31.63	20.30	OF	
	• ***Sulfur-containing imidazole derivatives***							
	CARBIMAZOLE							
1153Q	Tablet 5 mg	200	2	..	*23.95	20.30	Neo-Mercazole	RO
	PANCREATIC HORMONES							
	Glycogenolytic hormones							
	• ***Glycogenolytic hormones***							
	GLUCAGON HYDROCHLORIDE							
1449G	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	33.73	20.30	GlucaGen Hypokit	NO

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 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.							
3000X	*Injection (salmon) 50 i.u. in 0.5 mL pre-filled syringe*	*30*	*5*	..	**207.85*	*20.30*	*Calsynar*	*RR*
	NOTE:							
	Manufacturer's pack is five 50 i.u. syringes.							
2995P	*Injection (salmon) 50 i.u. in 1 mL ampoule*	*30*	*5*	..	**207.85*	*20.30*	*Miacalcic 50 Kit*	*NV*
	NOTE:							
	Manufacturer's pack is an injection set containing five 50 i.u. ampoules, five 1 mL syringes and five swabs.							
3001Y	*Injection (salmon) 100 i.u. in 1 mL pre-filled syringe*	*15*	*5*	..	**155.20*	*20.30*	*Calsynar*	*RR*
	NOTE:							
	Manufacturer's pack is five 100 i.u. syringes.							
2997R	*Injection (salmon) 100 i.u. in 1 mL ampoule*	*15*	*5*	..	**155.20*	*20.30*	*Miacalcic 100 Kit*	*NV*
	NOTE:							
	Manufacturer's pack is an injection set containing five 100 i.u. ampoules, five 1 mL syringes and five swabs.							

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							
	DOXYCYCLINE							
2709N	Tablet 100 mg	7	1	..	7.20	8.06	[a] Doxsig	SI
							[a] Doxy-100	DP
							[a] Doxyhexal	HX
							[a] Doxylin 100	AF
							[a] SBPA Doxycycline 100 mg	SL
				[B]0.80	8.00	8.06	[a] Vibramycin	PF
2708M	Capsule 100 mg	7	1	..	7.20	8.06	[a] DBL Doxycycline	BL
				[B]1.04	8.24	8.06	[a] Doryx	FA
	DOXYCYCLINE							
	Restricted benefit							
	Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.							
2711Q	***Tablet 50 mg***	***25***	***5***	..	***9.40***	***10.26***	[a] ***Doxy-50***	***DP***
							[a] ***Doxyhexal***	***HX***
							[a] ***Doxylin 50***	***AF***
				[B]0.80	***10.20***	***10.26***	[a] ***Vibra-Tabs***	***PF***
2707L	***Capsule 50 mg***	***25***	***5***	..	***9.40***	***10.26***	[a] ***DBL Doxycycline***	***BL***
				[B]0.97	***10.37***	***10.26***	[a] ***Doryx***	***FA***
	Restricted benefit							
	Pelvic inflammatory disease.							
2702F	***Tablet 100 mg***	***28***	..	..	****15.63***	***16.49***	[a] ***Doxsig***	***SI***
							[a] ***Doxy-100***	***DP***
							[a] ***Doxyhexal***	***HX***
							[a] ***Doxylin 100***	***AF***
							[a] ***SBPA Doxycycline 100 mg***	***SL***
				[B]3.20	****18.83***	***16.49***	[a] ***Vibramycin***	***PF***
2703G	***Capsule 100 mg***	***28***	..	..	****15.63***	***16.49***	[a] ***DBL Doxycycline***	***BL***
				[B]4.16	****19.79***	***16.49***	[a] ***Doryx***	***FA***
	Restricted benefit							
	Urethritis.							

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	
	DOXYCYCLINE—cont.							
2714W	***Tablet 100 mg***	***21***	***..***	***..***	****12.82***	***13.68***	[a] ***Doxsig***	***SI***
							[a] ***Doxy-100***	***DP***
							[a] ***Doxyhexal***	***HX***
							[a] ***Doxylin 100***	***AF***
							[a] ***SBPA Doxycycline 100 mg***	***SL***
				[B]***2.40***	****15.22***	***13.68***	[a] ***Vibramycin***	***PF***
2715X	***Capsule 100 mg***	***21***	***..***	***..***	***12.81***	***13.67***	[a] ***DBL Doxycycline***	***BL***
				[B]***1.39***	***14.20***	***13.67***	[a] ***Doryx***	***FA***
	MINOCYCLINE **CAUTION:** There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
3037W	Capsule 100 mg	11	..	..	8.79	9.65	[a] Akamin 100	AF
				[B]0.23	9.02	9.65	[a] Minomycin	LE
	NOTE: Authorities for increased maximum quantities and/or repeats will not be authorised.							
	MINOCYCLINE **CAUTION:** ***There are concerns about the incidence of benign intracranial hypertension associated with this drug.***							
	Restricted benefit ***Severe acne not responding to other tetracyclines.***							
1616C	***Tablet 50 mg***	***60***	***5***	***..***	***16.71***	***17.57***	[a] ***Akamin 50***	***AF***
				[B]***0.31***	***17.02***	***17.57***	[a] ***Minomycin-50***	***LE***
	TETRACYCLINE HYDROCHLORIDE							
2134H	Capsule 250 mg	25	1	..	6.92	7.78	Achromycin	LE
	TETRACYCLINE HYDROCHLORIDE **Restricted benefit** ***Bronchiectasis in patients over the age of eight years;*** ***Chronic bronchitis in patients over the age of eight years;*** ***Severe acne.***							
2135J	***Capsule 250 mg***	***50***	***5***	***..***	****9.45***	***10.31***	***Achromycin***	***LE***
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
2145X	Capsule 250 mg	25	1	..	6.92	7.78	Achromycin V	LE
							Mysteclin-250	BQ
				[B]1.00	7.92	7.78	Tetrex	BC

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	
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)—cont.							
	Restricted benefit							
	Bronchiectasis in patients over the age of eight years;							
	Chronic bronchitis in patients over the age of eight years;							
	Severe acne.							
2146Y	***Capsule 250 mg***	***50***	***5***	***..***	****9.45***	***10.31***	***Achromycin V***	***LE***
							Mysteclin-250	***BQ***
				[B]2.00	****11.45***	***10.31***	***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***	***..***	***..***	***18.14***	***19.00***	***Chloromycetin***	***PD***
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
1883D	Chewable tablet 250 mg	20	1	..	8.60	9.46	Amoxil	SK
1884E	Capsule 250 mg	20	1	..	7.72	8.58	[a] Alphamox 250	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
							[a] SBPA Amoxycillin 250 mg	SL
				[B]0.69	8.41	8.58	[a] Amoxil	SK
1889K	Capsule 500 mg	20	1	..	11.03	11.89	[a] Alphamox 500	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
							[a] SBPA Amoxycillin 500 mg	SL
				[B]0.79	11.82	11.89	[a] Amoxil	SK
1878W	Sachet containing oral powder 3 g	1	..	..	8.45	9.31	Amoxil	SK
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#11.26	12.51	Amoxil	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—cont.							
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.44	10.69	[a] Alphamox 125	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				[B]0.59	#10.03	10.69	[a] Amoxil	SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#10.76	12.01	[a] Alphamox 250	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin 250	CS
				[B]0.59	#11.35	12.01	[a] Amoxil Forte	SK
	AMPICILLIN							
1048E	Capsule 250 mg	24	1	..	8.35	9.21	Alphacin 250	AF
2671N	Capsule 500 mg	24	..	..	11.82	12.68	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	..	10.59	11.45	[a] Ampicyn	RR
							[a] Austrapen	CS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	..	14.55	15.41	[a] Ampicyn	RR
							[a] Austrapen	CS
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
8167W	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	21.35	20.30	Bicillin L-A Tubex	WY
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	33.95	20.30	Bicillin L-A	WY
	BENZYLPENICILLIN							
1775K	Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	10	1	..	*21.33	20.30	BenPen	CS
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*47.95	20.30	BenPen	CS

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	
	PHENOXYMETHYLPENICILLIN							
1786B	Tablet 125 mg	50	..	..	*10.89	11.75	Abbocillin-V Dulcet	AB
1787C	Tablet 250 mg	50	..	..	*11.23	12.09	Abbocillin-VK Filmtab	AB
							PVK	LY
3028J	Tablet 500 mg	50	..	..	*14.57	15.43	Abbocillin-VK Filmtab	AB
							PVK	LY
1789E	Capsule 250 mg	50	..	..	*11.23	12.09	Abbocillin-VK	AB
							[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS
							[a] Penhexal VK	HX
2965C	Capsule 500 mg	50	..	..	*14.57	15.43	[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS
							[a] Penhexal VK	HX
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	..	*10.33	11.19	[a] Cilicaine V	SI
				[B]0.80	*11.13	11.19	[a] Abbocillin-V	AB
							[a] LPV 125	CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	2	..	..	*12.71	13.57	[a] Abbocillin-V	AB
							[a] Cilicaine V	SI
				[B]0.96	*13.67	13.57	[a] LPV 250	CS
	PHENOXYMETHYLPENICILLIN							
	Restricted benefit							
	Prophylaxis of recurrent streptococcal infections (including rheumatic fever).							
1702N	***Tablet 125 mg***	***50***	***5***	..	****10.89***	***11.75***	***Abbocillin-V Dulcet***	***AB***
1703P	***Tablet 250 mg***	***50***	***5***	..	****11.23***	***12.09***	***Abbocillin-VK Filmtab***	***AB***
							PVK	***LY***
1705R	***Capsule 250 mg***	***50***	***5***	..	****11.23***	***12.09***	***Abbocillin-VK***	***AB***
							[a] ***Cilicaine VK***	***SI***
							[a] ***Cilopen VK***	***DP***
							LPV	***CS***
							[a] ***Penhexal VK***	***HX***
	PROCAINE PENICILLIN							
1793J	Injection 1 g	5	..	..	52.13	20.30	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	52.13	20.30	Cilicaine	SI

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	
	• ***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	..	..	16.47	17.33	Diclocil	BQ
8124N	Injection 1 g (solvent required) (codes 7062Q, 7063R, 7064T, 7065W, 7066X, 7067Y apply to above item with approved solvents)	5	1	..	23.33	20.30	Diclocil	BQ
	DICLOXACILLIN							
	Restricted benefit							
	Serious staphylococcal infections.							
8121K	***Capsule 250 mg***	***24***	..	..	***11.21***	***12.07***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 250***	***AF***
8122L	***Capsule 500 mg***	***24***	..	..	***18.69***	***19.55***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 500***	***AF***
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
1524F	Injection 500 mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	..	16.47	17.33	Flopen	CS
1525G	Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	1	..	23.33	20.30	[a] Flopen	CS
							[a] BL	
	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.							

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.								
1526H	*Capsule 250 mg*	*24*	..	..	*11.21*	*12.07*	a	*Flopen*	*CS*
							a	*Staphylex 250*	*AF*
				[B]*0.39*	*11.60*	*12.07*	a	*Floxapen*	*SK*
1527J	*Capsule 500 mg*	*24*	..	..	*18.69*	*19.55*	a	*Flopen*	*CS*
							a	*Staphylex 500*	*AF*
				[B]*0.44*	*19.13*	*19.55*	a	*Floxapen*	*SK*
1528K	*Powder for syrup 125 mg per 5 mL, 100 mL*	*‡1*	..	..	*#12.49*	*13.74*	a	*Flopen*	*CS*
							a	*Floxapen*	*SK*
1529L	*Powder for syrup 250 mg per 5 mL, 100 mL*	*‡1*	..	..	*#16.26*	*17.51*	a	*Flopen*	*CS*
							a	*Floxapen*	*SK*

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

AMOXYCILLIN with CLAVULANIC ACID

CAUTION:

Hepatotoxicity has been reported with this drug.

Restricted benefit

Infections where resistance to amoxycillin is suspected or proven.

1890L	*Tablet 250 mg-125 mg*	*15*	*1*	..	*13.11*	*13.97*	a	*Clamoxyl*	*ME*
				[B]*0.91*	*14.02*	*13.97*	a	*Augmentin*	*SK*
8254K	*Tablet 875 mg-125 mg*	*10*	*1*	..	*16.82*	*17.68*	a	*Clamoxyl Duo forte*	*ME*
				[B]*0.90*	*17.72*	*17.68*	a	*Augmentin Duo forte*	*SK*
1892N	*Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL*	*‡1*	*1*	..	*#11.83*	*13.08*	a	*Clamoxyl*	*ME*
				[B]*0.90*	*#12.73*	*13.08*	a	*Augmentin*	*SK*
8319W	*Powder for syrup 400 mg-57 mg per 5 mL, 50 mL*	*‡1*	*1*	..	*#14.13*	*15.38*	a	*Clamoxyl Duo 400*	*ME*
				[B]*0.90*	*#15.03*	*15.38*	a	*Augmentin Duo 400*	*SK*

TICARCILLIN with CLAVULANIC ACID

Restricted benefit

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

2179Q	*Injection 3 g-100 mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)*	*10*	..	..	*151.79*	*20.30*		*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***							
	CEFACLOR							
	CAUTION:							
	Serum sickness-like reactions have been reported with this drug, especially in children.							
1169M	Tablet 375 mg (sustained release)	10	1	..	14.44	15.30	[a] Keflor CD	AL
				[B]0.75	15.19	15.30	[a] Ceclor CD	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#13.60	14.85	[a] Keflor	AL
				[B]0.75	#14.35	14.85	[a] Ceclor	LY
							[a] Vercef	FA
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	1	..	#14.13	15.38	[a] Keflor	AL
				[B]0.74	#14.87	15.38	[a] Ceclor	LY
							[a] Vercef	FA
	CEFEPIME							
	Authority required							
	Treatment of febrile neutropenia.							
8314N	***Injection 500 mg (solvent required) (codes 7068B, 7069C, 7070D, 7071E, 7072F, 7073G apply to above item with approved solvents)***	***10***	..	..	****108.89***	***20.30***	***Maxipime***	***BQ***
8315P	***Injection 1 g (solvent required) (codes 7074H, 7075J, 7076K, 7077L, 7078M, 7079N apply to above item with approved solvents)***	***10***	..	..	****187.79***	***20.30***	***Maxipime***	***BQ***
8316Q	***Injection 2 g (solvent required) (codes 7080P, 7081Q, 7082R, 7083T, 7084W, 7085X apply to above item with approved solvents)***	***10***	..	..	****339.79***	***20.30***	***Maxipime***	***BQ***
	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***	..	..	****113.49***	***20.30***	***Claforan***	***RL***

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	
	CEFOTAXIME—cont.							
1086E	***Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)***	***10***	**	**	****211.29***	***20.30***	***Claforan***	***RL***
	CEFOTETAN							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent; Septicaemia, suspected or proven.							
1772G	***Injection 1 g (solvent required) (codes 6639K, 6640L, 6641M, 6642N, 6643P, 6644Q apply to above item with approved solvents)***	***10***	**	**	***166.11***	***20.30***	***Apatef***	***LE***
1773H	***Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)***	***10***	**	**	***277.07***	***20.30***	***Apatef***	***LE***
	CEFTRIAXONE							
	Restricted benefit							
	Gonorrhoea.							
1782T	***Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)***	***1***	**	**	***18.69***	***19.55***	***Rocephin***	***RO***
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.							
1790F	***Injection 250 mg (solvent required) (codes 6885J, 6886K, 6887L, 6888M, 6889N, 6890P apply to above item with approved solvents)***	***5***	**	**	****75.89***	***20.30***	***Rocephin***	***RO***
1783W	***Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)***	***5***	**	**	****107.79***	***20.30***	***Rocephin***	***RO***

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	
	CEFTRIAXONE—cont.							
1784X	***Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)***	***5***	***..***	***..***	****166.64***	***20.30***	***Rocephin***	***RO***
1785Y	***Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)***	***5***	***..***	***..***	****295.39***	***20.30***	***Rocephin***	***RO***
	CEFUROXIME AXETIL							
8292K	Tablet 250 mg (base)	14	1	..	14.43	15.29	Zinnat	GW
	CEPHALEXIN							
3058Y	Capsule 250 mg	20	1	..	8.19	9.05	[a] Cilex	DP
							[a] DBL Cephalexin	BL
							[a] Ibilex 250	AF
				[B]1.11	9.30	9.05	[a] Keflex	LY
3119E	Capsule 500 mg	20	1	..	11.21	12.07	[a] Cilex	DP
							[a] DBL Cephalexin	BL
							[a] Ibilex 500	AF
				[B]1.11	12.32	12.07	[a] Keflex	LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#10.99	12.24	[a] Ibilex 125	AF
				[B]1.11	#12.10	12.24	[a] Keflex	LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#13.19	14.44	[a] Ibilex 250	AF
				[B]1.11	#14.30	14.44	[a] Keflex	LY
	CEPHALOTHIN							
2964B	Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	10	1	..	*43.59	20.30	[a] Keflin Neutral	LY
				..	43.59	20.30	[a] BL	
	CEPHAZOLIN							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that cephazolin is an appropriate therapeutic agent; Septicaemia, suspected or proven.							
1256D	***Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)***	***5***	***..***	***..***	****25.29***	***20.30***	***[a] Kefzol***	***LY***
				..	***25.29***	***20.30***	***[a] Cefamezin***	***SI***
							[a] BL	

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	
	CEPHAZOLIN—cont.							
1257E	***Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)***	***5***	***..***	***..***	****37.39***	***20.30***	***[a] Kefzol***	***LY***
				..	***37.39***	***20.30***	***[a] Cefamezin***	***SI***
							[a] BL	
	Sulfonamides and trimethoprim							
	• ***Trimethoprim and derivatives***							
	TRIMETHOPRIM							
2922T	Tablet 300 mg	7	1	..	7.20	8.06	[a] Alprim	AF
				[B]1.01	8.21	8.06	[a] Triprim	SI
	• ***Combinations of sulfonamides and trimethoprim, incl. derivatives***							
	TRIMETHOPRIM with SULFAMETHOXAZOLE							
	CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.							
2949F	Tablet 80 mg-400 mg	10	1	..	7.45	8.31	[a] Resprim	AF
				[B]1.10	8.55	8.31	[a] Septrin	SI
2951H	Tablet 160 mg-800 mg	10	1	..	8.46	9.32	[a] Bactrim DS	RO
							[a] Cosig Forte	FM
							[a] Resprim Forte	AF
							[a] SBPA Trimethoprim and Sulfamethoxazole DS	SL
				[B]1.09	9.55	9.32	[a] Septrin Forte	SI
3103H	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	7.97	8.83	Bactrim	RO
							[a] Resprim	AF
				[B]1.07	9.04	8.83	[a] Septrin	SI
	Macrolides and lincosamides							
	• ***Macrolides***							
	AZITHROMYCIN							
	Restricted benefit							
	Uncomplicated urethritis and cervicitis due to Chlamydia trachomatis.							
8200N	***Tablet 500 mg***	***2***	***..***	***..***	***21.66***	***20.30***	***Zithromax***	***PF***
	Restricted benefit							
	Trachoma.							
8336R	***Tablet 500 mg***	***2***	***2***	***..***	***21.66***	***20.30***	***Zithromax***	***PF***
8201P	***Powder for oral suspension 200 mg per 5 mL, 15 mL***	***‡1***	***..***	***..***	***#18.38***	***19.63***	***Zithromax***	***PF***
	CLARITHROMYCIN							
8318T	Tablet 250 mg	14	1	..	19.32	20.18	Klacid	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	
	ERYTHROMYCIN							
1399P	Tablet 250 mg	25	1	..	7.65	8.51	EMU-V	UP
1400Q	Capsule 175 mg	25	1	..	7.65	8.51	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.98	9.84	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	32.57	20.30	Erythrocin-I.M.	AB
	ERYTHROMYCIN ESTOLATE							
2499M	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	1	..	7.35	8.21	Ilosone	LY
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.57	9.43	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE							
2750R	Tablet 400 mg (base)	25	1	..	8.68	9.54	ª E-Mycin	AF
				B3.17	11.85	9.54	ª E.E.S. 400 Filmtab	AB
2424N	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#10.32	11.57	ª E-Mycin 200	AF
				B3.23	#13.55	11.57	ª E.E.S. 200	AB
2428T	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	1	..	#12.25	13.50	ª E-Mycin 400	AF
							ª Eryhexal	HX
				B3.26	#15.51	13.50	ª E.E.S. Granules	AB
	ERYTHROMYCIN LACTOBIONATE							
1398N	I.V. infusion 300 mg (base)	5	..	..	*42.89	20.30	ª Erythrocin	AB
				..	42.89	20.30	ª BL	
	ERYTHROMYCIN STEARATE							
1401R	Tablet 250 mg (base)	25	1	..	7.65	8.51	Erythrocin Filmtab	AB
1403W	Capsule 250 mg (base)	25	1	..	7.65	8.51	Erythrocin	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.57	9.43	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	1	..	10.97	11.83	Erythrocin	AB
	ROXITHROMYCIN							
8129W	Tablet for oral suspension 50 mg	10	1	..	10.64	11.50	Biaxsig D	SI
							Rulide D	RL
1760P	Tablet 150 mg	10	1	..	12.42	13.28	Biaxsig	SI
							Rulide	RL
8016X	Tablet 300 mg	5	1	..	12.42	13.28	Biaxsig	SI
							Rulide	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	
	• ***Lincosamides***								
	CLINDAMYCIN								
	Restricted benefit								
	Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.								
3138E	***Capsule 150 mg***	***25***	..	..	***14.95***	***15.81***	[a]	***Cleocin***	***KR***
				[B]***1.46***	***16.41***	***15.81***	[a]	***Dalacin C***	***UP***
	LINCOMYCIN								
2530E	Injection 600 mg in 2 mL	5	..	..	16.62	17.48		Lincocin	UP
	Aminoglycoside antibacterials								
	• ***Other aminoglycosides***								
	GENTAMICIN SULFATE								
1068F	Injection 40 mg (base) in 1 mL	10	1	..	*27.35	20.30		BL	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.85	20.30		BL	
2824P	Injection 80 mg (base) in 2 mL	10	1	..	*18.69	19.55	[a]	BL	
				..	18.69	19.55	[a]	PU	
	TOBRAMYCIN SULFATE								
	Restricted benefit								
	Infections where positive bacteriological evidence confirms that tobramycin is an appropriate antibiotic;								
	Septicaemia, suspected or proven.								
1356J	***Injection 80 mg (base)***	***10***	***1***	..	****65.51***	***20.30***		***BL***	
								PU	
				..	****65.59***	***20.30***		***Nebcin***	***LY***
	Quinolone antibacterials								
	• ***Fluoroquinolones***								
	CIPROFLOXACIN								
	Restricted benefit								
	Gonorrhoea.								
	NOTE:								
	No authorities for increased maximum quantities and/or repeats will be authorised.								
1311B	***Tablet 250 mg***	***2***	..	..	***11.87***	***12.73***		***Ciproxin 250***	***BN***

Authority required

Respiratory tract infections and bacterial gastroenteritis in severely immunocompromised patients;
Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;
Treatment of joint and bone infections, epididymo-orchitis, prostatitis 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.

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	
	CIPROFLOXACIN—cont.							
1208N	*Tablet 250 mg*	*14*	..	..	*36.29*	*20.30*	*Ciproxin 250*	*BN*
1209P	*Tablet 500 mg*	*14*	..	..	*64.89*	*20.30*	*Ciproxin 500*	*BN*
1210Q	*Tablet 750 mg*	*14*	..	..	*94.59*	*20.30*	*Ciproxin 750*	*BN*
	ENOXACIN Authority required *Complicated urinary tract infection.*							
2859L	*Tablet 400 mg*	*14*	*1*	..	*21.01*	*20.30*	*Enoxin*	*FA*
	GREPAFLOXACIN Authority required *Respiratory tract infection in severely immunocompromised patients.*							
8347H	*Tablet 600 mg*	*7*	..	..	*64.89*	*20.30*	*Raxar*	*GW*
	NORFLOXACIN Authority required *Acute bacterial enterocolitis;* *Complicated urinary tract infection.*							
3010K	*Tablet 400 mg*	*14*	*1*	..	*21.01*	*20.30*	*Noroxin*	*MK*
	Other antibacterials							
	• *Glycopeptide antibacterials*							
	VANCOMYCIN Restricted benefit *Prophylaxis of endocarditis in patients hypersensitive to penicillin.*							
3130R	*Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required)* *(codes 6765C, 6766D, 6767E, 6768F, 6769G, 6770H apply to above item with approved solvents)*	*2*	..	..	**52.03*	*20.30*	[a] *Vancocin* [a] *BL*	*LY*
	Restricted benefit *For use initiated in a hospital or for endophthalmitis.*							
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*	..	..	**123.49*	*20.30*	[a] *Vancocin* [a] *BL*	*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	
	• ***Steroid antibacterials***							
	FUSIDIC ACID							
	Restricted benefit							
	For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.							
2312Q	***Tablet (sodium salt) 250 mg***	***36***	***1***	***..***	***68.19***	***20.30***	***Fucidin***	***CS***
2311P	***Oral suspension 50 mg per mL, 90 mL***	***‡1***	***..***	***..***	***53.85***	***20.30***	***Fucidin***	***CS***
	• ***Imidazole derivatives***							
	METRONIDAZOLE							
1636D	Tablet 200 mg	21	1	..	6.48	7.34	[a] Metrogyl 200	AF
							[a] Metronide 200	MB
				[B]1.91	8.39	7.34	[a] Flagyl	RR
1626N	Tablet 400 mg	5	2	..	6.37	7.23	Metrogyl 400	AF
1642K	Suppositories 500 mg, 10	‡1	..	..	19.90	20.30	Flagyl	RR
1643L	Suppositories 1 g, 10	‡1	..	..	26.67	20.30	Flagyl	RR
	METRONIDAZOLE							
	Restricted benefit							
	Treatment of anaerobic infections.							
1621H	***Tablet 400 mg***	***21***	***1***	***..***	***9.29***	***10.15***	[a] ***Metrogyl 400***	***AF***
							[a] ***Metronide 400***	***MB***
				[B]***1.92***	***11.21***	***10.15***	[a] ***Flagyl***	***RR***
	Restricted benefit							
	Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.							
1638F	***I.V. infusion 500 mg in 100 mL***	***5***	***1***	***..***	****28.54***	***20.30***	***BX***	
	METRONIDAZOLE BENZOATE							
1630T	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.03	14.89	Flagyl S	RR
	TINIDAZOLE							
1465D	Tablet 500 mg	4	..	..	7.21	8.07	[a] Simplotan	GP
				[B]2.00	9.21	8.07	[a] Fasigyn	PF
	• ***Other antibacterials***							
	SPECTINOMYCIN							
3090P	Injection 2 g with 3.2 mL diluent	1	..	..	19.32	20.18	Trobicin	UP

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	
	ANTIMYCOTICS FOR SYSTEMIC USE							
	Antimycotics for systemic use							
	• *Antibiotics*							
	AMPHOTERICIN							
1047D	Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	22.57	20.30	Fungizone	BQ
	• *Imidazole derivatives*							
	KETOCONAZOLE							
	Authority required							
	Symptomatic vaginal candidiasis recurring after treatment of at least two episodes with topical therapy.							
	CAUTION:							
	Hepatotoxicity has been reported with ketoconazole.							
1573T	***Tablet 200 mg***	*10*	..	..	*15.75*	*16.61*	***Nizoral***	*JC*
	Authority required							
	Oral candidiasis in severely immunocompromised persons where topical therapy has failed;							
	Systemic or deep mycoses where other forms of therapy have failed.							
	CAUTION:							
	Hepatotoxicity has been reported with ketoconazole.							
1572R	***Tablet 200 mg***	*30*	*5*	..	*34.95*	*20.30*	***Nizoral***	*JC*
	• *Triazole derivatives*							
	FLUCONAZOLE							
	Authority required							
	Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin;							
	Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;							
	Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients;							
	Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;							
	Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.							
1471K	***Capsule 50 mg***	*28*	*5*	..	*177.15*	*20.30*	***Diflucan***	*PF*
1472L	***Capsule 100 mg***	*28*	*5*	..	*328.35*	*20.30*	***Diflucan***	*PF*
1475P	***Capsule 200 mg***	*28*	*5*	..	*630.19*	*20.30*	***Diflucan***	*PF*
1473M	***Solution for I.V. infusion 100 mg in 50 mL***	*7*	..	..	**196.19*	*20.30*	***Diflucan***	*PF*
1474N	***Solution for I.V. infusion 200 mg in 100 mL***	*7*	..	..	**350.54*	*20.30*	***Diflucan***	*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	
	ITRACONAZOLE							
	Authority required							
	Systemic aspergillosis;							
	Systemic sporotrichosis;							
	Systemic histoplasmosis;							
	Treatment and maintenance therapy in AIDS patients with disseminated or chronic pulmonary histoplasmosis infection;							
	Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients.							
8196J	***Capsule 100 mg***	***60***	***5***	***..***	***189.74***	***20.30***	***Sporanox***	***JC***
	ANTIMYCOBACTERIALS							
	Drugs for treatment of tuberculosis							
	• ***Hydrazides***							
	ISONIAZID							
1554T	Tablet 100 mg	100	2	..	8.11	8.97	FM	
	Drugs for treatment of lepra							
	• ***Drugs for treatment of lepra***							
	RIFAMPICIN							
	Restricted benefit							
	Prophylactic treatment of contacts of patients with Haemophilus influenzae type B;							
	Prophylaxis of meningococcal disease in close contacts and carriers.							
1981G	***Capsule 150 mg***	***10***	***..***	***..***	***8.55***	***9.41***	***Rimycin 150***	***AF***
1984K	***Capsule 300 mg***	***10***	***..***	***..***	***11.66***	***12.52***	***Rimycin 300***	***AF***
8025J	***Syrup 100 mg per 5 mL, 60 mL***	***‡1***	***..***	***..***	***23.22***	***20.30***	***Rifadin***	***ML***
	Authority required							
	Leprosy in adults.							
1982H	***Capsule 150 mg***	***100***	***..***	***..***	***35.55***	***20.30***	***Rimycin 150***	***AF***
1983J	***Capsule 300 mg***	***100***	***..***	***..***	***66.73***	***20.30***	***Rimycin 300***	***AF***
	ANTIVIRALS FOR SYSTEMIC USE							
	Direct acting antivirals							
	• ***Nucleosides and nucleotides excl. reverse transcriptase inhibitors***							
	ACICLOVIR							
	Authority required							
	Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.							
1003T	***Tablet 200 mg***	***50***	***..***	***..***	****107.87***	***20.30***	[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 200***	***AF***
							[a] ***Lovir***	***DP***
							[a] ***Zyclir 200***	***AD***
				[B]4.76	****112.63***	***20.30***	[a] ***Zovirax 200 mg***	***GW***

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	
	ACICLOVIR—cont.							
	Authority required							
	➢ ***Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.***							
1007B	***Tablet 200 mg***	*90*	*5*	*..*	*193.74*	*20.30*	[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 200***	***AF***
							[a] ***Lovir***	***DP***
							[a] ***Zyclir 200***	***AD***
				[B]*2.39*	*196.13*	*20.30*	[a] ***Zovirax 200 mg***	***GW***
	Authority required							
	Herpes zoster ophthalmicus;							
	Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.							
	NOTE:							
	Aciclovir is effective only if commenced within 72 hours of onset of rash.							
	No repeats will be issued.							
1052J	***Tablet 800 mg***	*35*	*..*	*..*	*230.94*	*20.30*	[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 800***	***AF***
							[a] ***Lovir***	***DP***
							[a] ***Zovirax 800 mg***	***GW***
							[a] ***Zyclir 800***	***AD***
	Authority required							
	Patients with advanced HIV disease (CD4 cell counts of less than 150 x 10^6 per litre).							
8234J	***Tablet 800 mg***	*120*	*5*	*..*	*730.83*	*20.30*	[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 800***	***AF***
							[a] ***Zovirax 800 mg***	***GW***
							[a] ***Zyclir 800***	***AD***
	FAMCICLOVIR							
	Authority required							
	➢ ***Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.***							
8092X	***Tablet 125 mg***	*40*	*1*	*..*	*208.87*	*20.30*	***Famvir***	***SK***
	Authority required							
	Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.							
	NOTE:							
	Famciclovir is effective only if commenced within 72 hours of onset of rash.							
	No repeats will be issued.							

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	
	FAMCICLOVIR—cont.							
8002E	***Tablet 250 mg***	***21***	..	..	***218.34***	***20.30***	***Famvir***	***SK***
	Authority required							
	➢ ***Suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.***							
8217L	***Tablet 250 mg***	***56***	***5***	..	***582.33***	***20.30***	***Famvir***	***SK***
	VALACICLOVIR							
	Authority required							
	Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.							
8133C	***Tablet 500 mg***	***20***	..	..	****122.61***	***20.30***	***Valtrex***	***GW***
	Authority required							
	➢ ***Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.***							
8134D	***Tablet 500 mg***	***30***	***5***	..	***181.72***	***20.30***	***Valtrex***	***GW***
	Authority required							
	Herpes zoster ophthalmicus; Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.							
	NOTE:							
	Valaciclovir is effective only if commenced within 72 hours of onset of rash.							
	No repeats will be issued.							
8064K	***Tablet 500 mg***	***42***	..	..	***248.08***	***20.30***	***Valtrex***	***GW***
	IMMUNE SERA AND IMMUNOGLOBULINS							
	Immune sera							
	• ***Immune sera***							
	DIPHTHERIA ANTITOXIN							
1344R	Injection 10,000 units	2	1	..	*173.79	20.30	CS	
	RED-BACK SPIDER ANTIVENOM							
1980F	Injection 500 units	2	..	..	*195.79	20.30	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	
	VACCINES							
	Bacterial vaccines							
	• ***Pertussis vaccines***							
	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED (Triple Antigen)							
1346W	Injection 0.5 mL	3	..	..	*19.90	20.30	CS	
	• ***Pneumococcal vaccines***							
	PNEUMOCOCCAL VACCINE, POLYVALENT							
	Restricted benefit							
	Splenectomised persons over two years of age;							
	Persons with Hodgkin's disease;							
	Persons at high risk of pneumococcal infections.							
1903E	***Injection 0.5 mL (23 valent)***	***1***	..	..	***39.59***	***20.30***	***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	..	..	*18.43	19.29	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	..	..	*18.67	19.53	CS	
	TETANUS VACCINE, ADSORBED							
2127Y	Injection 0.5 mL	3	..	..	*16.78	17.64	CS	
	Viral vaccines							
	• ***Influenza vaccines***							
	INFLUENZA VACCINE							
	Restricted benefit							
	Persons at special risk of adverse consequences from infections of the lower respiratory tract.							
2852D	***Injection (trivalent) 0.5 mL (containing A/Beijing/262/95, A/Sydney/5/97 and B/Beijing/184/93 like strains)***	***1***	..	..	***17.59***	***18.45***	***Fluarix***	***SK***
							Fluvax	***CS***
							Fluvirin	***EB***
							Vaxigrip	***CD***

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	..	*76.11	20.30	Leukeran	GW
	CYCLOPHOSPHAMIDE							
1266P	Tablet 50 mg	50	2	..	28.99	20.30	Cycloblastin	PS
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	10	..	..	76.08	20.30	Cycloblastin	PS
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	10	..	..	81.56	20.30	Cycloblastin	PS
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*27.71	20.30	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	..	..	24.96	20.30	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	..	..	41.02	20.30	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***	***..***	****269.89***	***20.30***	***Holoxan***	***AA***
8077D	***Powder for I.V. injection 2 g***	***5***	***5***	***..***	****500.54***	***20.30***	***Holoxan***	***AA***
	MELPHALAN							
2547C	Tablet 2 mg	25	1	..	27.09	20.30	Alkeran	GW

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	
	• ***Alkyl sulphonates***							
	BUSULFAN							
1128J	Tablet 2 mg	100	..	..	45.64	20.30	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	..	*40.03	20.30	LE	
	Antimetabolites							
	• ***Folic acid analogues***							
	METHOTREXATE							
1622J	Tablet 2.5 mg	30	2	..	11.65	12.51	[a] Ledertrexate [a] Methoblastin [a] BL	LE PS
1623K	Tablet 10 mg	50	2	..	46.74	20.30	Methoblastin	PS
2396D	Injection 5 mg in 2 mL	5	..	..	41.24	20.30	BL	
2395C	Injection 50 mg in 2 mL	5	..	..	40.42	20.30	Methoblastin BL PU	PS
	RALTITREXED **Authority required** ***For use as a single agent in the treatment of advanced colorectal cancer.***							
8284B	***Powder for I.V. infusion 2 mg***	***3***	***2***	***..***	****893.38***	***20.30***	***Tomudex***	***ZN***
	• ***Purine analogues***							
	CLADRIBINE **Authority required** ***Hairy cell leukaemia.***							
1811H	***Solution for I.V. infusion 10 mg in 10 mL***	***7***	***..***	***..***	***4724.07***	***20.30***	***Leustatin***	***JC***
	MERCAPTOPURINE							
1598D	Tablet 50 mg	100	2	..	*102.87	20.30	Purinethol	GW
	THIOGUANINE							
1233X	Tablet 40 mg	25	1	..	103.72	20.30	Lanvis	GW
	• ***Pyrimidine analogues***							
	CAPECITABINE **Authority required** ***Advanced or metastatic breast cancer after failure of standard therapy which includes a taxane and an anthracycline, or where those agents are clinically inappropriate.***							
8361C	***Tablet 150 mg***	***60***	***2***	***..***	***126.47***	***20.30***	***Xeloda***	***RO***
8362D	***Tablet 500 mg***	***120***	***2***	***..***	***726.77***	***20.30***	***Xeloda***	***RO***

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	
	CYTARABINE							
8033T	Injection 100 mg in 1 mL	10	1	..	*59.47	20.30	BL	
2884T	Injection 100 mg in 5 mL	10	1	..	*59.47	20.30	PU	
8034W	Injection 500 mg in 5 mL	2	1	..	*67.95	20.30	BL	
2885W	Injection 500 mg in 25 mL	2	1	..	*67.95	20.30	PU	
	FLUOROURACIL							
2521Q	Injection 250 mg in 10 mL	20	..	..	*67.75	20.30	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.79	20.30	BL	
	GEMCITABINE HYDROCHLORIDE							
	Authority required							
	Treatment of patients with locally advanced or metastatic non-small cell lung cancer;							
	Treatment of patients with locally advanced or metastatic adenocarcinoma of the pancreas.							
8049P	***Powder for I.V. infusion 200 mg (base)***	***4***	***2***	***..***	****240.19***	***20.30***	***Gemzar***	***LY***
8050Q	***Powder for I.V. infusion 1 g (base)***	***2***	***2***	***..***	****569.05***	***20.30***	***Gemzar***	***LY***
	Plant alkaloids and other natural products							
	• ***Vinca alkaloids and analogues***							
	VINBLASTINE SULFATE							
2198Q	Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*42.09	20.30	Velbe	LY
2199R	Solution for I.V. injection 10 mg in 10 mL	2	..	..	*45.49	20.30	BL	
	VINCRISTINE SULFATE							
2374Y	I.V. injection 1 mg in 1 mL	10	..	..	*169.39	20.30	BL PU	
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*176.89	20.30	Oncovin	LY
	VINORELBINE TARTRATE							
	Authority required							
	Advanced breast cancer after failure of standard therapy which includes an anthracycline;							
	Locally advanced or metastatic non-small cell lung cancer.							
8280T	***Solution for I.V. infusion 10 mg (base) in 1 mL***	***16***	***2***	***..***	****1465.99***	***20.30***	***Navelbine***	***AA***
8281W	***Solution for I.V. infusion 50 mg (base) in 5 mL***	***4***	***2***	***..***	****1533.19***	***20.30***	***Navelbine***	***AA***

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	
	• ***Podophyllotoxin derivatives***							
	ETOPOSIDE							
1396L	Capsule 50 mg	20	..	..	499.09	20.30	Vepesid	BQ
1389D	Capsule 100 mg	10	..	..	435.31	20.30	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*207.39	20.30	[a] Vepesid [a] BL	BQ
	ETOPOSIDE PHOSPHATE							
8120J	Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide)	5	..	..	*207.39	20.30	Etopophos	BQ
	• ***Taxanes***							
	DOCETAXEL							
	Authority required							
	Advanced metastatic breast cancer after failure of standard therapy which includes an anthracycline;							
	Locally advanced or metastatic non-small cell lung cancer.							
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***	..	..	***798.37***	***20.30***	***Taxotere***	***RR***
8074Y	***Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL and 1 single use vial solvent 6 mL***	***1***	..	..	***1596.70***	***20.30***	***Taxotere***	***RR***
	PACLITAXEL							
	Authority required							
	Advanced metastatic breast cancer after failure of standard therapy which includes an anthracycline;							
	Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound;							
	Primary treatment of ovarian cancer in combination with a platinum compound;							
	➢ ***Locally advanced or metastatic non-small cell lung cancer.***							
3026G	***Solution concentrate for I.V. infusion 30 mg in 5 mL***	***5***	..	..	***1264.24***	***20.30***	[a] ***Anzatax*** [a] ***Taxol***	***FA*** ***BQ***
8018B	***Solution concentrate for I.V. infusion 100 mg in 16.7 mL***	***2***	..	..	***1684.61***	***20.30***	***Taxol***	***BQ***
3017T	***Solution concentrate for I.V. infusion 150 mg in 25 mL***	***1***	..	..	***1264.25***	***20.30***	***Anzatax***	***FA***
8360B	***Solution concentrate for I.V. infusion 300 mg in 50 mL***	***1***	..	..	***2524.12***	***20.30***	***Taxol***	***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	
	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	..	..	*170.43	20.30	[a] Adriamycin Solution [a] BL [a] PU	PS
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*292.39	20.30	[a] Adriamycin Solution [a] BL [a] PU	PS
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*507.13	20.30	[a] Adriamycin Solution [a] BL [a] PU	PS
	EPIRUBICIN HYDROCHLORIDE							
1375J	Solution for I.V. injection 10 mg in 5 mL	4	..	..	*228.39	20.30	Pharmorubicin Solution	PS
1376K	Solution for I.V. injection 20 mg in 10 mL	4	..	..	*421.87	20.30	Pharmorubicin Solution	PS
1377L	Solution for I.V. injection 50 mg in 25 mL	3	..	..	*778.66	20.30	Pharmorubicin Solution	PS
	IDARUBICIN HYDROCHLORIDE **Restricted benefit** ***Acute myelogenous leukaemia.***							
2446R	***Capsule 5 mg***	***3***	..	..	****245.95***	***20.30***	***Zavedos***	***PS***
2448W	***Capsule 10 mg***	***3***	..	..	****461.35***	***20.30***	***Zavedos***	***PS***
2450Y	***Capsule 25 mg***	***6***	..	..	****2289.19***	***20.30***	***Zavedos***	***PS***
2452C	***Powder for I.V. injection 5 mg***	***3***	..	..	****591.25***	***20.30***	***Zavedos***	***PS***
2453D	***Powder for I.V. injection 10 mg***	***6***	..	..	****2289.19***	***20.30***	***Zavedos***	***PS***
	MITOZANTRONE							
1932Q	Injection 10 mg in 5 mL	1	..	..	187.45	20.30	Novantrone	LE
1929M	Injection 20 mg in 10 mL	1	..	..	355.23	20.30	Novantrone	LE
1930N	Injection 25 mg in 12.5 mL	1	..	..	440.98	20.30	Novantrone	LE
1931P	Injection 30 mg in 15 mL	1	..	..	528.07	20.30	Novantrone	LE
	• ***Other cytotoxic antibiotics***							
	BLEOMYCIN ***See Special Pharmaceutical Benefits***							

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 antineoplastic agents							
	• ***Platinum compounds***							
	CARBOPLATIN							
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*79.71	20.30	[a] BL [a] PU	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*522.07	20.30	[a] BL [a] PU	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*333.95	20.30	[a] BL [a] PU	
	CISPLATIN							
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	14.20	15.06	[a] BL [a] PU	
2579R	I.V. injection 50 mg in 50 mL	1	..	..	30.71	20.30	[a] BL [a] PU	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.72	20.30	BL	
	• ***Other antineoplastic agents***							
	ALTRETAMINE							
	(Hexamethylmelamine)							
	Restricted benefit							
	Advanced metastatic ovarian carcinoma after failure of platinum-based therapy and paclitaxel.							
8080G	***Capsule 50 mg***	***100***	***2***	..	***436.99***	***20.30***	***Hexalen***	***FA***
	HYDROXYUREA							
3093T	Capsule 500 mg	100	..	..	68.07	20.30	Hydrea	BQ
	LEVAMISOLE HYDROCHLORIDE							
	Restricted benefit							
	Use in combination with fluorouracil as adjuvant treatment after surgical resection of Dukes' stage C colon cancer.							
8065L	***Tablet 50 mg (base)***	***36***	***2***	..	***194.11***	***20.30***	***Ergamisol 50 mg***	***JC***
	RITUXIMAB							
	Authority required							
	Relapsed or refractory low-grade or follicular B-cell non-Hodgkin's lymphoma.							
8293L	***Solution for I.V. infusion 100 mg in 10 mL***	***2***	***3***	..	***994.71***	***20.30***	***Mabthera***	***RO***
8294M	***Solution for I.V. infusion 500 mg in 50 mL***	***1***	***3***	..	***2480.17***	***20.30***	***Mabthera***	***RO***
	TOPOTECAN HYDROCHLORIDE							
	Authority required							
	Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound or failure of subsequent therapy.							
8199M	***Powder for I.V. infusion 4 mg (base)***	***5***	***1***	..	***2314.39***	***20.30***	***Hycamtin***	***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	
	ENDOCRINE THERAPY							
	Hormones and related agents							
	• *Estrogens*							
	FOSFESTROL SODIUM							
	Restricted benefit							
	Carcinoma of the prostate.							
1353F	***Tablet 120 mg***	*100*	*5*	..	**82.49*	*20.30*	***Honvan***	***AA***
	• *Progestogens*							
	MEDROXYPROGESTERONE ACETATE							
	Restricted benefit							
	Advanced breast cancer.							
2728N	***Tablet 500 mg***	*30*	*2*	..	*119.53*	*20.30*	***Provera***	***UP***
	Restricted benefit							
	Breast cancer;							
	Endometrial cancer.							
2725K	***Tablet 100 mg***	*100*	*2*	..	*84.65*	*20.30*	***Provera***	***UP***
2316X	***Tablet 200 mg***	*60*	*2*	..	*96.53*	*20.30*	***Provera***	***UP***
2727M	***Tablet 250 mg***	*60*	*2*	..	*119.53*	*20.30*	***Provera***	***UP***
	[For other listings for this drug see Generic/Proprietary Index]							
	MEGESTROL ACETATE							
	Restricted benefit							
	Advanced breast cancer.							
2731R	***Tablet 40 mg***	*100*	*2*	..	*45.64*	*20.30*	***Megace***	***BQ***
2734X	***Tablet 160 mg***	*30*	*2*	..	*73.14*	*20.30*	***Megace***	***BQ***
	• *Gonadotropin releasing hormone analogues*							
	GOSERELIN ACETATE							
	Authority required							
	Advanced carcinoma of the prostate;							
	Treatment of premenopausal women with advanced breast cancer;							
	Short-term treatment (up to six months) of visually proven endometriosis (only the one authority for up to six months' therapy will be authorised).							
1454M	***Subcutaneous implant 3.6 mg (base) in pre-filled injection syringe***	*1*	*5*	..	*361.24*	*20.30*	***Zoladex Implant***	***ZN***
	Authority required							
	Advanced carcinoma of the prostate.							
8093Y	***Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe***	*1*	*1*	..	*1159.39*	*20.30*	***Zoladex 10.8 Implant***	***ZN***

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	
	LEUPRORELIN ACETATE							
	Authority required							
	Advanced carcinoma of the prostate.							
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*	..	*433.84*	*20.30*	*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*	..	*1159.39*	*20.30*	*Lucrin Depot 3 Month Injection*	*AB*
	• *Other hormones*							
	FLUOXYMESTERONE							
	Authority required							
	Carcinoma of the breast.							
1435M	*Tablet 5 mg*	*100*	*3*	..	*20.14*	*20.30*	*Halotestin*	*UP*
	Hormone antagonists and related agents							
	• *Anti-estrogens*							
	TAMOXIFEN CITRATE							
	Restricted benefit							
	Treatment of breast cancer.							
2109B	*Tablet 10 mg (base)*	*60*	*5*	..	**53.89*	*20.30*	[a] *Estroxyn 10*	*PU*
							[a] *Nolvadex*	*ZN*
				..	*53.89*	*20.30*	[a] *Genox 10*	*AF*
							[a] *Tamoxen 10 mg*	*DP*
2110C	*Tablet 20 mg (base)*	*60*	*5*	..	**90.19*	*20.30*	[a] *Estroxyn 20*	*PU*
							[a] *Nolvadex-D*	*ZN*
							[a] *Tamosin*	*SI*
				..	*90.19*	*20.30*	[a] *Genox 20*	*AF*
							[a] *Tamoxen 20 mg*	*DP*
	TOREMIFENE CITRATE							
	Restricted benefit							
	Hormone-dependent metastatic breast cancer in post-menopausal patients.							
8216K	*Tablet 60 mg (base)*	*30*	*5*	..	*76.36*	*20.30*	*Fareston*	*SH*
	• *Anti-androgens*							
	BICALUTAMIDE							
	Authority required							
	For use in conjunction with GnRH (LH-RH) agonists for the treatment of advanced prostatic carcinoma.							
8094B	*Tablet 50 mg*	*28*	*5*	..	*225.85*	*20.30*	*Cosudex*	*ZN*

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	
	CYPROTERONE ACETATE							
	Authority required							
	Advanced carcinoma of the prostate;							
	To reduce drive in sexual deviations in males.							
1270W	***Tablet 50 mg***	*100*	*5*	*..*	**292.39*	*20.30*	[a] ***Cyprone***	***AF***
							[a] ***Procur***	***DP***
				[B]*1.80*	**294.19*	*20.30*	[a] ***Androcur***	***SC***
8019C	***Tablet 100 mg***	*50*	*5*	*..*	*238.14*	*20.30*	***Androcur-100***	***SC***
	[For other listings for this drug see Generic/Proprietary Index]							
	FLUTAMIDE							
	Authority required							
	For use in conjunction with GnRH (LH-RH) agonists for the treatment of advanced prostatic carcinoma.							
1417N	***Tablet 250 mg***	*100*	*5*	*..*	*227.39*	*20.30*	[a] ***Flutamin***	***AF***
				[B]*2.00*	*229.39*	*20.30*	[a] ***Eulexin***	***SH***
				[B]*43.28*	*270.67*	*20.30*	[a] ***Fugerel***	***EX***
	NILUTAMIDE							
	Authority required							
	For use in conjunction with GnRH (LH-RH) agonists or orchidectomy for the treatment of advanced prostatic carcinoma.							
8131Y	***Tablet 150 mg***	*30*	*5*	*..*	*231.05*	*20.30*	***Anandron***	***RL***
	• *Enzyme inhibitors*							
	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	162.68	20.30	Cytadren 250	NV
	ANASTROZOLE							
	Restricted benefit							
	Treatment of advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.							
8179L	***Tablet 1 mg***	*28*	*2*	*..*	*211.39*	*20.30*	***Arimidex***	***ZN***
	LETROZOLE							
	Restricted benefit							
	Treatment of advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.							
8245Y	***Tablet 2.5 mg***	*30*	*2*	*..*	*224.88*	*20.30*	***Femara 2.5 mg***	***NV***
	IMMUNOSTIMULANTS							
	Cytokines and immunomodulators							
	• *Interferons*							
	INTERFERON ALFA-2a							
	Authority required							
	Hairy cell leukaemia;							
	Myeloproliferative disease with excessive thrombocytosis.							

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	
	INTERFERON ALFA-2a—cont.							
8180M	*Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe*	*15*	*4*	..	**463.69*	*20.30*	*Roferon-A*	*RO*
	Authority required *Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.*							
8181N	*Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe*	*15*	*5*	..	**463.69*	*20.30*	*Roferon-A*	*RO*
8182P	*Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe*	*5*	*5*	..	**241.09*	*20.30*	*Roferon-A*	*RO*
8183Q	*Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe*	*5*	*5*	..	**313.99*	*20.30*	*Roferon-A*	*RO*
8184R	*Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe*	*5*	*5*	..	**463.64*	*20.30*	*Roferon-A*	*RO*
	INTERFERON ALFA-2b Authority required *Hairy cell leukaemia.*							
8275M	*Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial*	*15*	*4*	..	**463.66*	*20.30*	*Intron A*	*SH*
	Authority required *Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy;* *Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.*							
8276N	*Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial*	*15*	*5*	..	**463.66*	*20.30*	*Intron A*	*SH*
8277P	*Solution for injection 5,000,000 i.u. in 0.5 mL single dose vial*	*15*	*5*	..	**769.84*	*20.30*	*Intron A*	*SH*
8348J	*Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose cartridge*	*3*	*5*	..	**555.52*	*20.30*	*Intron A Redipen*	*SH*

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	
	INTERFERON ALFA-2b—cont.							
8241R	***Solution for injection 18,000,000 i.u. in 3 mL multi-dose vial***	***3***	***5***	***..***	****555.52***	***20.30***	***Intron A***	***SH***
8242T	***Solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial***	***3***	***5***	***..***	****769.84***	***20.30***	***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***	***..***	***..***	****216.79***	***20.30***	***Intron A***	***SH***

INTERFERON BETA-1a

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-1a 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-1a 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.

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	
	INTERFERON BETA-1a—cont.							
8289G	*Injection set comprising 1 vial powder for injection 30 micrograms (6,000,000 i.u.) and 1 ampoule solvent 2 mL*	*4*	*5*	*..*	*1112.14*	*20.30*	*Avonex*	*CS*
	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*	*..*	*1264.39*	*20.30*	*Betaferon*	*SC*
	• *Other cytokines and immunomodulators*							
	BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/Connaught strain)							
	Restricted benefit							
	Treatment of carcinoma in situ of the urinary bladder.							

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	
	BCG IMMUNOTHERAPEUTIC							
	(Bacillus Calmette-Guérin/Connaught strain)—cont.							
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***	***..***	****476.89***	***20.30***	***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***	***..***	***466.39***	***20.30***	***OncoTICE***	***OT***

IMMUNOSUPPRESSIVE AGENTS

Immunosuppressive agents

- *Selective immunosuppressive agents*

GLATIRAMER ACETATE

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.

The second and subsequent authorities will be limited to patients who do not show continuing progression of disability while on glatiramer acetate treatment and who have demonstrated compliance with, and tolerance to, therapy.

8352N	***Powder for subcutaneous injection 20 mg in single use vial and 1 ampoule diluent 1.1 mL***	***28***	***5***	***..***	***1112.14***	***20.30***	***Copaxone***	***ML***

- *Other immunosuppressive agents*

AZATHIOPRINE

2688L	Tablet 25 mg	100	2	..	50.98	20.30	Imuran	GW
2687K	Tablet 50 mg	100	2	..	85.79	20.30	[a] Azamun	DP
							[a] Imuran	GW
							[a] Thioprine	AF

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	
	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
	Antiinflammatory and antirheumatic products, non-steroids							
	• ***Acetic acid derivatives and related substances***							
	DICLOFENAC POTASSIUM							
1331C	Tablets 25 mg, 20	‡1	..	..	6.76	7.62	Voltaren Rapid 25	NV
1332D	Tablets 50 mg, 20	‡1	..	..	7.33	8.19	Voltaren Rapid 50	NV
	DICLOFENAC SODIUM							
1302M	Suppository 100 mg	40	3	..	*22.87	20.30	Voltaren 100	NV
	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***	***..***	****13.49***	***14.35***	[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
				[B]***1.10***	****14.59***	***14.35***	[a] ***Voltaren 25***	***NV***
1300K	***Tablet 50 mg (enteric coated)***	***50***	***3***	***..***	***10.74***	***11.60***	[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
							[a] ***Fenac***	***AF***
				[B]***1.75***	***12.49***	***11.60***	[a] ***Voltaren 50***	***NV***
	INDOMETHACIN							
2757D	Suppository 100 mg	40	3	..	*19.29	20.15	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***	***..***	****7.69***	***8.55***	[a] ***Arthrexin***	***AF***
				[B]***2.98***	****10.67***	***8.55***	[a] ***Indocid***	***MK***
	SULINDAC							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
2047R	***Tablet 100 mg***	***100***	***3***	***..***	****14.51***	***15.37***	[a] ***Aclin***	***AF***
				[B]***2.20***	****16.71***	***15.37***	[a] ***Clinoril***	***FR***
2048T	***Tablet 200 mg***	***50***	***3***	***..***	***13.41***	***14.27***	[a] ***Aclin 200***	***AF***
				[B]***2.54***	***15.95***	***14.27***	[a] ***Clinoril 200***	***FR***

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.							
1895R	***Dispersible tablet 10 mg***	*50*	*3*	*..*	*12.75*	*13.61*	[a] ***Candyl-D 10 mg***	***DP***
							[a] ***Mobilis D-10***	***AF***
							[a] ***Pirohexal-D***	***HX***
							[a] ***Rosig-D***	***SI***
				[B]*1.80*	*14.55*	*13.61*	[a] ***Feldene-D***	***PF***
1896T	***Dispersible tablet 20 mg***	*25*	*3*	*..*	*12.31*	*13.17*	[a] ***Candyl-D 20 mg***	***DP***
							[a] ***Mobilis D-20***	***AF***
							[a] ***Pirohexal-D***	***HX***
							[a] ***Rosig-D***	***SI***
				[B]*1.90*	*14.21*	*13.17*	[a] ***Feldene-D***	***PF***
1897W	***Capsule 10 mg***	*50*	*3*	*..*	*12.75*	*13.61*	[a] ***Candyl 10 mg***	***DP***
							[a] ***Mobilis 10***	***AF***
							[a] ***Rosig***	***SI***
				[B]*1.80*	*14.55*	*13.61*	[a] ***Feldene***	***PF***
1898X	***Capsule 20 mg***	*25*	*3*	*..*	*12.31*	*13.17*	[a] ***Candyl 20 mg***	***DP***
							[a] ***Mobilis 20***	***AF***
							[a] ***Rosig***	***SI***
				[B]*1.90*	*14.21*	*13.17*	[a] ***Feldene***	***PF***
	TENOXICAM							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
2104R	***Tablet 10 mg***	*50*	*3*	*..*	*13.31*	*14.17*	***Tilcotil***	***RO***
	• *Propionic acid derivatives*							
	IBUPROFEN							
3192B	Tablets 400 mg, 20	‡1	..	..	6.33	7.19	Brufen	KN
	IBUPROFEN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
3198H	***Tablet 200 mg***	*100*	*3*	*..*	**8.87*	*9.73*	***Rafen 200***	***AF***
3190X	***Tablet 400 mg***	*100*	*3*	*..*	**12.13*	*12.99*	***Brufen***	***KN***

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	
	KETOPROFEN								
1588N	Suppository 100 mg	40	3	..	*21.03	20.30		Orudis	RR
	KETOPROFEN								
	Restricted benefit								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.								
1586L	***Capsule 50 mg***	***50***	***3***	***..***	***9.58***	***10.44***		***Orudis***	***RR***
1589P	***Capsule 100 mg (sustained release)***	***50***	***3***	***..***	***13.85***	***14.71***	ª	***Oruvail SR***	***MB***
				B1.60	***15.45***	***14.71***	ª	***Orudis SR***	***RR***
1590Q	***Capsule 200 mg (sustained release)***	***28***	***3***	***..***	***14.98***	***15.84***	ª	***Oruvail SR***	***MB***
				B1.36	***16.34***	***15.84***	ª	***Orudis SR 200***	***RR***
	NAPROXEN								
1662L	Suppository 500 mg	40	3	..	*19.29	20.15		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***	***..***	****14.31***	***15.17***	ª	***Inza 250***	***AF***
				B3.02	****17.33***	***15.17***	ª	***Naprosyn***	***SD***
1659H	***Tablet 500 mg***	***50***	***3***	***..***	***13.20***	***14.06***	ª	***Inza 500***	***AF***
				B1.71	***14.91***	***14.06***	ª	***Naprosyn***	***SD***
1614Y	***Tablet 750 mg (sustained release)***	***28***	***3***	***..***	***12.24***	***13.10***	ª	***Proxen SR 750***	***MD***
				B1.68	***13.92***	***13.10***	ª	***Naprosyn SR750***	***SD***
1615B	***Tablet 1 g (sustained release)***	***28***	***3***	***..***	***14.86***	***15.72***	ª	***Proxen SR 1000***	***MD***
				B1.77	***16.63***	***15.72***	ª	***Naprosyn SR1000***	***SD***
1658G	***Oral suspension 125 mg per 5 mL, 500 mL***	***‡1***	***3***	***..***	***19.01***	***19.87***		***Naprosyn***	***SD***
	NAPROXEN SODIUM								
	Restricted benefit								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
	Bone pain due to malignant disease.								
1795L	***Tablet 550 mg***	***50***	***3***	***..***	***13.20***	***14.06***	ª	***Crysanal***	***MD***
				B3.00	***16.20***	***14.06***	ª	***Anaprox 550***	***SD***
	NOTE:								
	Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.								

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	
	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***	***..***	***10.13***	***10.99***	***Surgam***	***RL***
2103Q	***Tablet 300 mg***	***50***	***3***	***..***	***13.58***	***14.44***	***Surgam***	***RL***
	• ***Fenamates***							
	MEFENAMIC ACID							
	Restricted benefit							
	Dysmenorrhoea;							
	Menorrhagia.							
1824B	***Capsule 250 mg***	***50***	***2***	***..***	***14.95***	***15.81***	[a] ***Meftc***	***WW***
							[a] ***Ponstan***	***PD***
	• ***Other antiinflammatory and antirheumatic agents, non-steroids***							
	DIFLUNISAL							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
1319K	***Tablet 250 mg***	***100***	***3***	***..***	****14.93***	***15.79***	***Dolobid***	***MK***
1320L	***Tablet 500 mg***	***50***	***3***	***..***	***14.62***	***15.48***	***Dolobid***	***MK***
	Specific antirheumatic agents							
	• ***Quinolines***							
	HYDROXYCHLOROQUINE SULFATE							
1512N	Tablet 200 mg	100	1	..	35.19	20.30	Plaquenil	SW
	• ***Gold preparations***							
	AURANOFIN							
	CAUTION:							
	Regular blood and urine checks are essential.							
1095P	Tablet 3 mg	60	5	..	55.43	20.30	Ridaura	SK
	AUROTHIOGLUCOSE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2021J	Injection 50 mg per mL, 10 mL	1	..	..	126.71	20.30	Gold-50	SH
	SODIUM AUROTHIOMALATE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2016D	Injection 10 mg	10	..	..	52.57	20.30	Myocrisin	RR

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	
	SODIUM AUROTHIOMALATE—cont.							
2017E	Injection 20 mg	10	1	..	80.90	20.30	Myocrisin	RR
2018F	Injection 50 mg	10	1	..	126.71	20.30	Myocrisin	RR
	• ***Penicillamine and similar agents***							
	PENICILLAMINE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2721F	Tablet 125 mg	100	1	..	29.87	20.30	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	42.27	20.30	D-Penamine	DL
	MUSCLE RELAXANTS							
	Muscle relaxants, centrally acting agents							
	• ***Other centrally acting agents***							
	BACLOFEN							
2729P	Tablet 10 mg	100	5	..	39.59	20.30	[a] Clofen 10	AF
				[B]1.10	40.69	20.30	[a] Lioresal 10	NV
2730Q	Tablet 25 mg	100	5	..	81.39	20.30	[a] Clofen 25	AF
				[B]1.10	82.49	20.30	[a] Lioresal 25	NV
	Muscle relaxants, directly acting agents							
	• ***Dantrolene and derivatives***							
	DANTROLENE SODIUM							
	Restricted benefit							
	Treatment of chronic spasticity.							
1779P	***Capsule 25 mg***	***100***	***2***	..	***28.70***	***20.30***	***Dantrium***	***PU***
1780Q	***Capsule 50 mg***	***100***	***2***	..	***46.52***	***20.30***	***Dantrium***	***PU***
	ANTIGOUT PREPARATIONS							
	Antigout preparations							
	• ***Preparations inhibiting uric acid production***							
	ALLOPURINOL							
	NOTE:							
	The dose should be adjusted in accordance with renal function.							
2600W	Tablet 100 mg	200	2	..	*13.67	14.53	[a] Allohexal	HX
							[a] Progout 100	AF
				..	13.67	14.53	[a] Allorin 100 mg	DP
							[a] SBPA Allopurinol	SL
				[B]1.90	*15.57	14.53	[a] Zyloprim	SI
2604C	Tablet 300 mg	60	2	..	*9.89	10.75	[a] Progout 300	AF
				..	9.89	10.75	[a] Allohexal	HX
							[a] Allorin 300 mg	DP
							[a] SBPA Allopurinol	SL
				[B]1.88	11.77	10.75	[a] Zyloprim	SI

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	
	ALLOPURINOL—cont.							
2603B	Capsule 300 mg	60	2	..	*10.49	11.35	Capurate-300	FM
	• *Preparations increasing uric acid excretion*							
	PROBENECID							
1940D	Tablet 500 mg	100	5	..	17.92	18.78	Benemid	FR
	SULFINPYRAZONE							
	Restricted benefit							
	Glomerulonephritis;							
	Gout;							
	Renal transplantation.							
2094F	***Tablet 100 mg***	***100***	***5***	..	***33.17***	***20.30***	***Anturan 100***	***NV***
	• *Preparations with no effect on uric acid metabolism*							
	COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	7.76	8.62	Colgout	RR

DRUGS FOR TREATMENT OF BONE DISEASES

Drugs affecting mineralization

- *Bisphosphonates*

ALENDRONATE SODIUM

Authority required

Established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the date of x-ray must be included on the initial application.
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

8102K	***Tablet equivalent to 10 mg alendronic acid***	***30***	***5***	..	***61.59***	***20.30***	***Fosamax 10 mg***	***MK***

Authority required

Symptomatic Paget's disease of bone.

8090T	***Tablet equivalent to 40 mg alendronic acid***	***30***	***5***	..	***140.76***	***20.30***	***Fosamax 40 mg***	***MK***

DISODIUM ETIDRONATE

Authority required

Symptomatic Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects;
Heterotopic ossification.

2920Q	***Tablet 200 mg***	***60***	***5***	..	***116.78***	***20.30***	***Didronel***	***PU***

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	
	DISODIUM PAMIDRONATE							
	Authority required							
	Symptomatic Paget's disease of bone.							
8208B	*Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL*	*1*	..	..	*309.08*	*20.30*	*Aredia 15 mg*	*NV*
8209C	*Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL*	*1*	..	..	*309.08*	*20.30*	*Aredia 30 mg*	*NV*
	SODIUM CLODRONATE TETRAHYDRATE							
	Restricted benefit							
	Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.							
8132B	*Capsule equivalent to 400 mg sodium clodronate*	*100*	*2*	..	*342.39*	*20.30*	*Bonefos*	*RR*
8265B	*Tablet equivalent to 800 mg sodium clodronate*	*60*	*2*	..	*393.94*	*20.30*	*Bonefos 800 mg*	*RR*
	TILUDRONATE DISODIUM							
	Authority required							
	Symptomatic Paget's disease of bone.							
8267D	*Tablet equivalent to 200 mg tiludronic acid*	*56*	*2*	..	*278.79*	*20.30*	*Skelid*	*SW*

- *Bisphosphonates and calcium, sequential preparations*

	DISODIUM ETIDRONATE and CALCIUM CARBONATE							
	Authority required							
	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.							
8056B	*Pack containing 28 tablets disodium etidronate 200 mg and 76 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)*	*‡1*	*1*	..	*80.29*	*20.30*	*Didrocal*	*PU*

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 affecting mineralization*							
	CALCITRIOL							
	Authority required							
	Hypocalcaemia due to renal disease;							
	Hypoparathyroidism;							
	Hypophosphataemic rickets;							
	Vitamin D-resistant rickets;							
	Established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the date of x-ray must be included on the initial application.							
	A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
2502Q	***Capsule 0.25 microgram***	*100*	*5*	*..*	*62.69*	*20.30*	[a] ***Rocaltrol***	***RO***
							[a] ***Sitriol***	***AF***
	CALCIUM							
	Restricted benefit							
	Hyperphosphataemia in chronic renal failure;							
	Hypocalcaemia;							
	Osteoporosis;							
	Proven malabsorption.							
3116B	***Tablet (chewable) 500 mg (as carbonate)***	*120*	*1*	*..*	**12.37*	*13.23*	***Cal-Sup***	***MM***
3117C	***Tablet 600 mg (as carbonate)***	*120*	*1*	*..*	*12.19*	*13.05*	***Caltrate***	***WT***
	RALOXIFENE HYDROCHLORIDE							
	Authority required							
	Established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the date of x-ray must be included on the initial application.							
	A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
8363E	***Tablet 60 mg***	*28*	*5*	*..*	*60.45*	*20.30*	***Evista***	***LY***
	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	..	9.73	10.59	Myoquin	FM
							Quinbisul	AF
				[B]0.55	10.28	10.59	Bi-Quinate	RR

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	
	QUININE SULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.73	10.59	Quinoctal	FM
							[a] Quinsul	AF
				[B]0.55	10.28	10.59	[a] Quinate	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	
	ANALGESICS								
	Opioids								
	• ***Natural opium alkaloids***								
	CODEINE PHOSPHATE								
1214X	Tablet 30 mg	20	..	..	9.12	9.98		FM	
	CODEINE PHOSPHATE with ASPIRIN								
1222H	Tablet 30 mg-325 mg	20	..	..	6.92	7.78		Codral Forte	GW
	NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.								
	CODEINE PHOSPHATE with PARACETAMOL								
1215Y	Tablet 30 mg-500 mg	20	..	..	6.91	7.77	[a]	Codalgin Forte	FM
							[a]	Panadeine Forte Caplets	SW
				[B]1.80	8.71	7.77	[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:** ***The risk of drug dependence is high.***								
	Restricted benefit ***Severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for (i) severe disabling pain associated with proven malignant neoplasia; or (ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***								
2122Q	***Oral solution 2 mg per mL, 200 mL***	***1***	..	..	***14.42***	***15.28***		***Ordine 2***	***MF***
2123R	***Oral solution 5 mg per mL, 200 mL***	***1***	..	..	***17.61***	***18.47***		***Ordine 5***	***MF***
2124T	***Oral solution 10 mg per mL, 200 mL***	***1***	..	..	***20.55***	***20.30***		***Ordine 10***	***MF***
	MORPHINE SULFATE **CAUTION:** The risk of drug dependence is high.								
1644M	Injection 10 mg in 1 mL	5	..	..	10.46	11.32		BL SI	
1645N	Injection 15 mg in 1 mL	5	..	..	10.79	11.65		BL SI	
1647Q	Injection 30 mg in 1 mL	5	..	..	12.04	12.90		BL	

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	
	MORPHINE SULFATE—cont.							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
1646P	*Tablet 30 mg*	*20*	..	..	*11.75*	*12.61*	*Anamorph*	*FM*
	Restricted benefit							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) chronic severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
8035X	*Tablet 5 mg (controlled release)*	*20*	..	..	*11.13*	*11.99*	*MS Contin*	*MF*
1653B	*Tablet 10 mg (controlled release)*	*20*	..	..	*14.44*	*15.30*	*MS Contin*	*MF*
1654C	*Tablet 30 mg (controlled release)*	*20*	..	..	*26.19*	*20.30*	*MS Contin*	*MF*
1655D	*Tablet 60 mg (controlled release)*	*20*	..	..	*40.63*	*20.30*	*MS Contin*	*MF*
1656E	*Tablet 100 mg (controlled release)*	*20*	..	..	*60.05*	*20.30*	*MS Contin*	*MF*
8349K	*Capsule 10 mg (containing sustained release pellets)*	*20*	..	..	*14.44*	*15.30*	*Kapanol*	*GW*
2839K	*Capsule 20 mg (containing sustained release pellets)*	*20*	..	..	*19.51*	*20.30*	*Kapanol*	*GW*
2840L	*Capsule 50 mg (containing sustained release pellets)*	*20*	..	..	*34.88*	*20.30*	*Kapanol*	*GW*
2841M	*Capsule 100 mg (containing sustained release pellets)*	*20*	..	..	*60.05*	*20.30*	*Kapanol*	*GW*
8146R	*Sachet containing controlled release granules for oral suspension, 30 mg per sachet*	*20*	..	..	*26.19*	*20.30*	*MS Contin Suspension 30 mg*	*MF*

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	
	MORPHINE SULFATE—cont.							
8305D	***Sachet containing controlled release granules for oral suspension, 60 mg per sachet***	***20***	..	..	***40.63***	***20.30***	***MS Contin Suspension 60 mg***	***MF***
8306E	***Sachet containing controlled release granules for oral suspension, 100 mg per sachet***	***20***	..	..	***60.05***	***20.30***	***MS Contin Suspension 100 mg***	***MF***
	MORPHINE TARTRATE **CAUTION:** The risk of drug dependence is high.							
1607N	Injection 120 mg in 1.5 mL	5	..	..	19.61	20.30	BL	
	OXYCODONE **CAUTION:** ***The risk of drug dependence is high.*** **Restricted benefit** ***Severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for*** ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
2481N	***Suppository 30 mg***	***12***	..	..	***17.28***	***18.14***	***Proladone***	***KN***
	OXYCODONE HYDROCHLORIDE **CAUTION:** ***The risk of drug dependence is high.*** **Restricted benefit** ***Severe disabling pain not responding to non-narcotic analgesics.*** **NOTE:** ***Authorities for increased maximum quantities and/or repeats will be granted only for*** ***(i) severe disabling pain associated with proven malignant neoplasia; or*** ***(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).***							
2622B	***Tablet 5 mg***	***20***	..	..	***9.32***	***10.18***	***Endone***	***BT***
	• *Phenylpiperidine derivatives* ***FENTANYL*** **CAUTION:** ***The risk of drug dependence is high.***							

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	
	FENTANYL—cont.							
	Restricted benefit							
	Chronic severe disabling pain which is associated with proven malignant neoplasia and is unresponsive to non-narcotic analgesics in patients requiring parenteral opioid treatment.							
8337T	*Transdermal patch 2.5 mg (releasing approximately 25 micrograms per hour)*	*5*	..	..	*64.53*	*20.30*	*Durogesic 25*	*JC*
8338W	*Transdermal patch 5 mg (releasing approximately 50 micrograms per hour)*	*5*	..	..	*112.79*	*20.30*	*Durogesic 50*	*JC*
8339X	*Transdermal patch 7.5 mg (releasing approximately 75 micrograms per hour)*	*5*	..	..	*154.01*	*20.30*	*Durogesic 75*	*JC*
8340Y	*Transdermal patch 10 mg (releasing approximately 100 micrograms per hour)*	*5*	..	..	*187.97*	*20.30*	*Durogesic 100*	*JC*
	PETHIDINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Short-term treatment of acute pain.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will not be authorised.							
1828F	*Injection 50 mg in 1 mL*	*5*	..	..	*9.72*	*10.58*	*BL SI*	
1829G	*Injection 100 mg in 2 mL*	*5*	..	..	*10.15*	*11.01*	*BL SI*	
	• *Diphenylpropylamine derivatives*							
	METHADONE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
1608P	*Tablet 5 mg*	*20*	..	..	*9.32*	*10.18*	*Physeptone*	*GW*
1609Q	*Tablet 10 mg*	*20*	..	..	*10.01*	*10.87*	*Physeptone*	*GW*
1606M	*Injection 10 mg in 1 mL*	*5*	..	..	*11.84*	*12.70*	*Physeptone*	*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	
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
	ASPIRIN							
1008C	Tablet 300 mg	100	1	..	6.70	7.56	Spren	SI
1010E	Tablet 300 mg (dispersible)	96	1	..	6.62	7.48	Solprin	RC
	• ***Anilides***							
	PARACETAMOL							
1746X	Tablet 500 mg	100	1	..	7.53	8.39	Dymadon P	WR
							[a] Febridol	GR
							[a] Panamax	SW
							Parahexal	HX
							[a] Paralgin	FM
							SBPA Paracetamol 500	SL
							Tylenol	JT
							[a] RR	
1747Y	Mixture 120 mg per 5 mL, 100 mL	‡1	2	..	7.57	8.43	Dymadon	WR
							Panamax	SW
1770E	Elixir 240 mg per 5 mL, 200 mL	‡1	2	..	9.78	10.64	Panamax 240 Elixir	SW
	Antimigraine preparations							
	• ***Ergot alkaloids***							
	DIHYDROERGOTAMINE MESYLATE							
1323P	Injection 1 mg in 1 mL	5	..	..	14.91	15.77	Dihydergot	NV
	ERGOTAMINE TARTRATE							
1383T	Capsule 1 mg	50	2	..	18.69	19.55	Ergodryl Mono	PD
	ERGOTAMINE TARTRATE with CAFFEINE							
1386Y	Suppositories 2 mg-100 mg, 5	‡1	2	..	8.77	9.63	Cafergot S	NV
	METHYSERGIDE							
2826R	Tablet 1 mg	100	2	..	*43.09	20.30	Deseril	NV
	• ***Selective $5HT_1$-receptor agonists***							
	NARATRIPTAN HYDROCHLORIDE							
	CAUTION:							
	Naratriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No authorities for increased maximum quantities and/or repeats will be issued.							
8298R	***Tablet 2.5 mg (base)***	***2***	***5***	..	***15.39***	***16.25***	***Naramig***	***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	
	SUMATRIPTAN							
	CAUTION:							
	Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No authorities for increased maximum quantities and/or repeats will be issued.							
8341B	*Nasal spray 20 mg in 0.1 mL single dose unit*	*2*	*5*	*..*	*15.39*	*16.25*	*Imigran*	*GW*
	SUMATRIPTAN SUCCINATE							
	CAUTION:							
	Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No authorities for increased maximum quantities and/or repeats will be issued.							
8144P	*Tablet 50 mg (base)*	*2*	*5*	*..*	*15.39*	*16.25*	*Imigran*	*GW*
	ZOLMITRIPTAN							
	CAUTION:							
	Zolmitriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No authorities for increased maximum quantities and/or repeats will be issued.							
8266C	*Tablet 2.5 mg*	*2*	*5*	*..*	*15.39*	*16.25*	*Zomig*	*ZN*

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 antimigraine preparations***							
	CYPROHEPTADINE HYDROCHLORIDE							
	Restricted benefit							
	Prevention of migraine.							
1798P	***Tablet 4 mg***	***100***	***2***	***..***	****11.05***	***11.91***	***Periactin***	***FR***
	PIZOTIFEN MALATE							
3074T	Tablet 500 micrograms (base)	100	2	..	19.55	20.30	Sandomigran 0.5	NV
	ANTIEPILEPTICS							
	Antiepileptics							
	• ***Barbiturates and derivatives***							
	METHYLPHENOBARBITONE							
	Restricted benefit							
	Epilepsy.							
1634B	***Tablet 60 mg***	***200***	***2***	***..***	***22.63***	***20.30***	***Prominal***	***SW***
1635C	***Tablet 200 mg***	***200***	***2***	***..***	***47.95***	***20.30***	***Prominal***	***SW***
	PHENOBARBITONE							
	Restricted benefit							
	Epilepsy.							
1850J	***Tablet 30 mg***	***200***	***4***	***..***	***8.64***	***9.50***	***SI***	
	PHENOBARBITONE SODIUM							
	Restricted benefit							
	Epilepsy.							
1853M	***Injection 200 mg in 1 mL***	***5***	***..***	***..***	***17.15***	***18.01***	***FM***	
	PRIMIDONE							
1939C	Tablet 250 mg	200	2	..	19.68	20.30	Mysoline	ZN
	• ***Hydantoin derivatives***							
	PHENYTOIN							
1249R	Tablet 50 mg	200	2	..	27.82	20.30	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	19.41	20.27	Dilantin	PD
	PHENYTOIN SODIUM							
1873N	Capsule 30 mg	200	2	..	26.90	20.30	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	27.82	20.30	Dilantin Sodium	PD
	• ***Succinimide derivatives***							
	ETHOSUXIMIDE							
1413J	Capsule 250 mg	200	2	..	51.36	20.30	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	27.71	20.30	Zarontin	PD

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	
	• ***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*	..	..	*14.74*	*15.60*	***Rivotril***	***RO***
	Authority required							
	Epilepsy.							
1805B	***Tablet 500 micrograms***	*200*	*2*	..	**23.09*	*20.30*	[a] ***Paxam 0.5***	***AF***
				[B]*4.58*	**27.67*	*20.30*	[a] ***Rivotril***	***RO***
1806C	***Tablet 2 mg***	*200*	*2*	..	**39.59*	*20.30*	[a] ***Paxam 2***	***AF***
				[B]*5.00*	**44.59*	*20.30*	[a] ***Rivotril***	***RO***
1808E	***Paediatric oral drops 2.5 mg in 1 mL, 10 mL***	*2*	..	..	**12.31*	*13.17*	***Rivotril***	***RO***
	NITRAZEPAM							
	Authority required							
	Myoclonic epilepsy;							
	Malignant neoplasia (late stage);							
	For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.							
2732T	***Tablet 5 mg***	*50*	*5*	..	**8.39*	*9.25*	[a] ***Alodorm***	***AF***
				[B]*2.24*	**10.63*	*9.25*	[a] ***Mogadon***	***DT***
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Carboxamide derivatives***							
	CARBAMAZEPINE							
2422L	Tablet 100 mg	200	2	..	21.33	20.30	Tegretol 100	NV
2419H	Tablet 200 mg	200	2	..	36.69	20.30	[a] Carbium	HX
							[a] Teril	AF
				[B]1.18	37.87	20.30	[a] Tegretol 200	NV
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.69	20.30	Tegretol CR 200	NV
2431Y	Tablet 400 mg (controlled release)	200	2	..	65.77	20.30	Tegretol CR 400	NV
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	19.30	20.16	Tegretol Liquid	NV

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	
	• *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	..	*29.31	20.30		Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	..	*36.99	20.30	a	Valpro 200	AF
				B1.00	*37.99	20.30	a	Epilim EC	RC
2290M	Tablet 500 mg (enteric coated)	200	2	..	*68.89	20.30	a	Valpro 500	AF
				B1.00	*69.89	20.30	a	Epilim EC	RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.55	20.30		Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.55	20.30		Epilim Syrup	RC
	TIAGABINE HYDROCHLORIDE								
	Authority required								
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.								
8221Q	***Tablet 5 mg (base)***	***100***	***5***	..	***87.41***	***20.30***		***Gabitril***	***SW***
8222R	***Tablet 10 mg (base)***	***100***	***5***	..	***170.40***	***20.30***		***Gabitril***	***SW***
8223T	***Tablet 15 mg (base)***	***100***	***5***	..	***239.45***	***20.30***		***Gabitril***	***SW***
	VIGABATRIN								
	CAUTION:								
	Visual field defects have been reported with this drug.								
	Authority required								
	Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.								
2667J	***Tablet 500 mg***	***120***	***5***	..	***131.99***	***20.30***		***Sabril***	***ML***
2668K	***Oral powder, sachet 500 mg***	***60***	***5***	..	***73.14***	***20.30***		***Sabril***	***ML***
	• *Other antiepileptics*								
	GABAPENTIN								
	Authority required								
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.								
1834M	***Capsule 300 mg***	***100***	***5***	..	***110.76***	***20.30***		***Neurontin***	***PD***
1835N	***Capsule 400 mg***	***100***	***5***	..	***146.18***	***20.30***		***Neurontin***	***PD***

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	
	LAMOTRIGINE							
	Authority required							
	Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
8063J	***Tablet 5 mg***	***56***	***5***	***..***	***20.89***	***20.30***	***Lamictal***	***GW***
2848X	***Tablet 25 mg***	***56***	***5***	***..***	***41.13***	***20.30***	***Lamictal***	***GW***
2849Y	***Tablet 50 mg***	***56***	***5***	***..***	***65.66***	***20.30***	***Lamictal***	***GW***
2850B	***Tablet 100 mg***	***56***	***5***	***..***	***106.47***	***20.30***	***Lamictal***	***GW***
2851C	***Tablet 200 mg***	***56***	***5***	***..***	***175.88***	***20.30***	***Lamictal***	***GW***
	SULTHIAME							
2099L	Tablet 50 mg	200	2	..	30.79	20.30	Ospolot	OF
2100M	Tablet 200 mg	200	2	..	73.36	20.30	Ospolot	OF
	TOPIRAMATE							
	Authority required							
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
8163P	***Tablet 25 mg***	***60***	***5***	***..***	***43.76***	***20.30***	***Topamax***	***JC***
8164Q	***Tablet 50 mg***	***60***	***5***	***..***	***70.04***	***20.30***	***Topamax***	***JC***
8165R	***Tablet 100 mg***	***60***	***5***	***..***	***113.76***	***20.30***	***Topamax***	***JC***
8166T	***Tablet 200 mg***	***60***	***5***	***..***	***188.13***	***20.30***	***Topamax***	***JC***
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Tertiary amines***							
	BENZHEXOL HYDROCHLORIDE							
1109J	Tablet 2 mg	200	2	..	11.53	12.39	Artane	LE
1110K	Tablet 5 mg	200	1	..	13.63	14.49	Artane	LE
	BIPERIDEN HYDROCHLORIDE							
2544X	Tablet 2 mg	200	2	..	*18.69	19.55	Akineton	KN
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
2362H	Tablet 2 mg	60	2	..	7.16	8.02	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	18.31	19.17	Cogentin	MK
	Dopaminergic agents							
	• ***Dopa and dopa derivatives***							
	LEVODOPA with BENSERAZIDE							
8218M	Dispersible tablet 50 mg-12.5 mg	100	5	..	20.78	20.30	Madopar Rapid 62.5	RO
8219N	Dispersible tablet 100 mg-25 mg	100	5	..	36.51	20.30	Madopar Rapid 125	RO

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	
	LEVODOPA with BENSERAZIDE—cont.							
2229H	Tablet 100 mg-25 mg	100	5	..	36.51	20.30	Madopar 125	RO
2228G	Tablet 200 mg-50 mg	100	5	..	48.83	20.30	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	20.78	20.30	Madopar 62.5	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.51	20.30	Madopar 125	RO
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	39.72	20.30	Madopar HBS	RO
2226E	Capsule 200 mg-50 mg	100	5	..	48.83	20.30	Madopar	RO
	LEVODOPA with CARBIDOPA							
1242J	Tablet 100 mg-25 mg	100	5	..	39.59	20.30	[a] Kinson	AF
							[a] Sinacarb 100/25	AD
				[B]4.37	43.96	20.30	[a] Sinemet 100/25	MK
1245M	Tablet 250 mg-25 mg	100	5	..	49.71	20.30	[a] Sinacarb 250/25	AD
				[B]2.50	52.21	20.30	[a] Sinemet	MK

LEVODOPA with CARBIDOPA
Authority required
Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

1255C	***Tablet 200 mg-50 mg (modified release)***	***100***	***5***	***..***	***64.89***	***20.30***	***Sinemet CR***	***MK***

- *Adamantane derivatives*

AMANTADINE HYDROCHLORIDE
Restricted benefit
Parkinson's disease which is not drug induced.

3016R	***Capsule 100 mg***	***100***	***5***	***..***	***42.34***	***20.30***	***Symmetrel 100***	***NV***

- *Dopamine agonists*

BROMOCRIPTINE MESYLATE
Authority required
Acromegaly;
Parkinson's disease;
Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.

1443Y	***Tablet 2.5 mg (base)***	***60***	***5***	***..***	***37.70***	***20.30***	***[a] Bromohexal***	***HX***
							[a] Bromolactin	***SI***
							[a] Kripton 2.5	***AF***
							[a] SBPA Bromocriptine 2.5	***SL***
				[B]1.51	***39.21***	***20.30***	***[a] Parlodel***	***NV***

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	
	BROMOCRIPTINE MESYLATE—cont.							
1446D	***Capsule 5 mg (base)***	***60***	***5***	***..***	***69.88***	***20.30***	[a] ***Bromohexal***	***HX***
							[a] ***Bromolactin***	***SI***
							[a] ***Kripton 5***	***AF***
							[a] ***SBPA Bromocriptine 5***	***SL***
				[B]***1.50***	***71.38***	***20.30***	[a] ***Parlodel***	***NV***
1445C	***Capsule 10 mg (base)***	***100***	***5***	***..***	***233.45***	***20.30***	[a] ***Kripton 10***	***AF***
				[B]***0.75***	***234.20***	***20.30***	[a] ***Parlodel***	***NV***

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

PERGOLIDE MESYLATE

Authority required

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

2808T	***Tablet 50 micrograms (base)***	***100***	***..***	***..***	***57.55***	***20.30***	***Permax***	***LY***
2809W	***Tablet 250 micrograms (base)***	***100***	***5***	***..***	***73.14***	***20.30***	***Permax***	***LY***
2810X	***Tablet 1 mg (base)***	***100***	***5***	***..***	***272.39***	***20.30***	***Permax***	***LY***

- ***Monoamine oxidase type B inhibitors***

SELEGILINE HYDROCHLORIDE

Authority required

Adjunctive therapy in late stage Parkinson's disease in patients being treated with levodopa with benseraside or levodopa with carbidopa.

1973W	***Tablet 5 mg***	***100***	***5***	***..***	***64.34***	***20.30***	[a] ***Selgene***	***AF***
				[B]***1.00***	***65.34***	***20.30***	[a] ***Eldepryl***	***RC***

PSYCHOLEPTICS

Antipsychotics

- ***Phenothiazine with aliphatic side-chain***

CHLORPROMAZINE HYDROCHLORIDE

1196Y	Tablet 10 mg	100	5	..	7.51	8.37	Largactil	RR
1197B	Tablet 25 mg	100	5	..	9.01	9.87	Largactil	RR
1199D	Tablet 100 mg	100	5	..	12.83	13.69	Largactil	RR
1201F	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	8.79	9.65	Largactil	RR
1195X	Injection 50 mg in 2 mL	10	..	..	13.63	14.49	Largactil	RR

- ***Phenothiazine with piperazine structure***

FLUPHENAZINE DECANOATE

1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.49	17.35	[a] Modecate [a] BL	BQ
3098C	Injection 25 mg in 1 mL	5	..	..	23.09	20.30	[a] Modecate [a] BL	BQ
1001Q	Injection 50 mg in 2 mL	5	..	..	34.09	20.30	[a] Modecate [a] BL	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	
	TRIFLUOPERAZINE HYDROCHLORIDE							
2185B	Tablet 1 mg (base)	100	5	..	7.58	8.44	Stelazine	SK
2386N	Tablet 2 mg (base)	100	5	..	8.46	9.32	Stelazine	SK
2186C	Tablet 5 mg (base)	100	5	..	8.46	9.32	Stelazine	SK
	• ***Phenothiazines with piperidine structure***							
	PERICYAZINE							
3052P	Tablet 2.5 mg	100	5	..	8.13	8.99	Neulactil	RR
3053Q	Tablet 10 mg	100	5	..	12.33	13.19	Neulactil	RR
	THIORIDAZINE							
8095C	Oral suspension 10 mg per mL, 100 mL	‡1	5	..	11.68	12.54	Melleril Suspension 1%	NV
8096D	Oral suspension 10 mg per mL, 500 mL	‡1	5	..	26.94	20.30	Melleril Suspension 1%	NV
	THIORIDAZINE HYDROCHLORIDE							
2163W	Tablet 10 mg	100	5	..	7.51	8.37	ª Aldazine 10	AF
				ᴮ0.75	8.26	8.37	ª Melleril 10	NV
2359E	Tablet 25 mg	100	5	..	9.01	9.87	ª Aldazine 25	AF
				ᴮ0.75	9.76	9.87	ª Melleril 25	NV
2164X	Tablet 50 mg	100	5	..	9.38	10.24	ª Aldazine 50	AF
				ᴮ0.75	10.13	10.24	ª Melleril 50	NV
2165Y	Tablet 100 mg	100	5	..	12.93	13.79	ª Aldazine 100	AF
				ᴮ0.74	13.67	13.79	ª Melleril 100	NV
	• ***Butyrophenone derivatives***							
	HALOPERIDOL							
2761H	Tablet 500 micrograms	100	5	..	7.99	8.85	Serenace	SI
2767P	Tablet 1.5 mg	100	5	..	8.45	9.31	Serenace	SI
2770T	Tablet 5 mg	50	5	..	8.46	9.32	Serenace	SI
2762J	Oral liquid 2 mg per mL, 15 mL	‡1	5	..	9.45	10.31	Serenace	SI
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	14.22	15.08	Serenace	SI
2768Q	Injection 5 mg in 1 mL	10	..	..	14.30	15.16	Serenace	SI
	HALOPERIDOL DECANOATE							
2765M	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	24.19	20.30	ª Haldol decanoate ª BL	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	42.89	20.30	ª Haldol decanoate ª BL	JC

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	
	• ***Thioxanthene derivatives***							
	FLUPENTHIXOL DECANOATE							
2255Q	Oily I.M. injection 20 mg in 1 mL	5	..	..	17.04	17.90	Fluanxol Depot	RR
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	24.12	20.30	Fluanxol Depot	RR
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	42.99	20.30	Fluanxol Concentrated Depot	RR
	ZUCLOPENTHIXOL DECANOATE							
8097E	Oily I.M. injection 200 mg in 1 mL	5	..	..	23.09	20.30	Clopixol Depot	LU
	• ***Diazepines, oxazepines and thiazepines***							
	OLANZAPINE							
	Authority required							
	Schizophrenia where other antipsychotic therapy is inappropriate.							
8170B	***Tablet 2.5 mg***	***30***	***5***	..	***63.96***	***20.30***	***Zyprexa***	***LY***
8185T	***Tablet 5 mg***	***30***	***5***	..	***122.37***	***20.30***	***Zyprexa***	***LY***
8186W	***Tablet 7.5 mg***	***30***	***5***	..	***183.14***	***20.30***	***Zyprexa***	***LY***
8187X	***Tablet 10 mg***	***30***	***5***	..	***239.06***	***20.30***	***Zyprexa***	***LY***
	• ***Neuroleptics, in tardive dyskinesia***							
	TETRABENAZINE							
	Authority required							
	Hyperkinetic extrapyramidal disorders.							
1330B	***Tablet 25 mg***	***112***	***5***	..	***179.84***	***20.30***	***OA***	
	• ***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***	..	***73.25***	***20.30***	***Risperdal***	***JC***
3170W	***Tablet 2 mg***	***60***	***5***	..	***142.77***	***20.30***	***Risperdal***	***JC***
3171X	***Tablet 3 mg***	***60***	***5***	..	***209.39***	***20.30***	***Risperdal***	***JC***
3172Y	***Tablet 4 mg***	***60***	***5***	..	***271.59***	***20.30***	***Risperdal***	***JC***
8100H	***Oral solution 1 mg per mL, 100 mL***	***‡1***	***5***	..	***119.71***	***20.30***	***Risperdal***	***JC***

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	
	Anxiolytics								
	• ***Benzodiazepine derivatives***								
	ALPRAZOLAM								
	Authority required								
	Panic disorder with or without agoraphobia where other treatments have failed or are inappropriate.								
2130D	***Tablet 250 micrograms***	***50***	***..***	***..***	***8.68***	***9.54***	[a]	***Kalma 0.25***	***AF***
				[B]***0.94***	***9.62***	***9.54***	[a]	***Xanax***	***UP***
2131E	***Tablet 500 micrograms***	***50***	***..***	***..***	***11.32***	***12.18***	[a]	***Kalma 0.5***	***AF***
				[B]***0.96***	***12.28***	***12.18***	[a]	***Xanax***	***UP***
2132F	***Tablet 1 mg***	***50***	***2***	***..***	***16.49***	***17.35***	[a]	***Kalma 1***	***AF***
				[B]***0.99***	***17.48***	***17.35***	[a]	***Xanax***	***UP***
8118G	***Tablet 2 mg***	***50***	***2***	***..***	***23.09***	***20.30***	[a]	***Kalma 2***	***AF***
				[B]***1.10***	***24.19***	***20.30***	[a]	***Xanax Tri-Score***	***UP***
	DIAZEPAM								
3161J	Tablet 2 mg	50	..	..	6.51	7.37	[a]	Antenex 2	AF
				[B]0.89	7.40	7.37		Ducene	SU
				[B]1.28	7.79	7.37	[a]	Valium	RO
3162K	Tablet 5 mg	50	..	..	6.76	7.62	[a]	Antenex 5	AF
				[B]0.90	7.66	7.62		Ducene	SU
				[B]1.29	8.05	7.62	[a]	Valium	RO
2558P	Injection 10 mg in 2 mL	5	..	..	9.14	10.00		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 on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities 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	..	..	5.71	6.57	[a]	Alepam 15	AF
							[a]	Murelax	AY
				[B]1.41	7.12	6.57	[a]	Serepax	WY
3133X	Tablet 30 mg	25	..	..	5.93	6.79	[a]	Alepam 30	AF
							[a]	Murelax	AY
				[B]1.41	7.34	6.79	[a]	Serepax	WY

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

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	
	OXAZEPAM—cont.								
	Authority required								
	Malignant neoplasia (late stage);								
	For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;								
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.								
3134Y	***Tablet 15 mg***	***50***	***5***	***..***	****7.03***	***7.89***	[a]	***Alepam 15***	***AF***
							[a]	***Murelax***	***AY***
				[B]2.82	****9.85***	***7.89***	[a]	***Serepax***	***WY***
3135B	***Tablet 30 mg***	***50***	***5***	***..***	****7.47***	***8.33***	[a]	***Alepam 30***	***AF***
							[a]	***Murelax***	***AY***
				[B]2.82	****10.29***	***8.33***	[a]	***Serepax***	***WY***
	• *Other anxiolytics*								
	CLOMIPRAMINE HYDROCHLORIDE								
	Restricted benefit								
	Cataplexy associated with narcolepsy;								
	Obsessive-compulsive disorder;								
	Phobic disorders in adults.								
1561E	***Tablet 25 mg***	***50***	***2***	***..***	***18.69***	***19.55***	[a]	***DBL Clomipramine***	***BL***
							[a]	***Placil***	***AF***
				[B]1.19	***19.88***	***19.55***	[a]	***Anafranil 25***	***NV***
	Hypnotics and sedatives								
	• *Benzodiazepine derivatives*								
	NITRAZEPAM								
2723H	Tablet 5 mg	25	..	..	6.39	7.25	[a]	Alodorm	AF
				[B]1.12	7.51	7.25	[a]	Mogadon	DT
	NOTE: Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam below.								

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	
	NITRAZEPAM—cont.								
	Authority required								
	Myoclonic epilepsy;								
	Malignant neoplasia (late stage);								
	For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;								
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.								
2732T	***Tablet 5 mg***	***50***	***5***	***..***	****8.39***	***9.25***	[a]	***Alodorm***	***AF***
				[B]2.24	****10.63***	***9.25***	[a]	***Mogadon***	***DT***
	TEMAZEPAM								
2089Y	Tablet 10 mg	25	..	..	6.39	7.25	[a]	Temaze	AF
							[a]	Temtabs	WX
				[B]1.00	7.39	7.25	[a]	Normison	WY
2108Y	Capsule 10 mg	25	..	..	6.39	7.25		Euhypnos	SI
							[a]	Nocturne	WX
							[a]	Temaze 10	AF
				[B]1.00	7.39	7.25	[a]	Normison	WY
	NOTE:								
	Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam below.								
	TEMAZEPAM								
	Authority required								
	Malignant neoplasia (late stage);								
	For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;								
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.								
2088X	***Tablet 10 mg***	***50***	***5***	***..***	****8.39***	***9.25***	[a]	***Temaze***	***AF***
							[a]	***Temtabs***	***WX***
				[B]2.00	****10.39***	***9.25***	[a]	***Normison***	***WY***
2105T	***Capsule 10 mg***	***50***	***5***	***..***	****8.39***	***9.25***		***Euhypnos***	***SI***
							[a]	***Nocturne***	***WX***
							[a]	***Temaze 10***	***AF***
				[B]2.00	****10.39***	***9.25***	[a]	***Normison***	***WY***

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							
	• ***Non-selective monoamine reuptake inhibitors***							
	AMITRIPTYLINE HYDROCHLORIDE							
2417F	Tablet 10 mg	50	2	..	5.53	6.39	Endep 10	AF
				[B]1.20	6.73	6.39	Tryptanol	MK
2418G	Tablet 25 mg	50	2	..	6.05	6.91	[a] Endep 25	AF
							[a] Tryptine 25	AD
				[B]1.20	7.25	6.91	[a] Tryptanol	MK
2429W	Tablet 50 mg	50	2	..	7.21	8.07	Endep 50	AF
	CLOMIPRAMINE HYDROCHLORIDE							
	Restricted benefit							
	Cataplexy associated with narcolepsy;							
	Obsessive-compulsive disorder;							
	Phobic disorders in adults.							
1561E	***Tablet 25 mg***	***50***	***2***	..	***18.69***	***19.55***	[a] ***DBL Clomipramine***	***BL***
							[a] ***Placil***	***AF***
				[B]1.19	***19.88***	***19.55***	[a] ***Anafranil 25***	***NV***
	DESIPRAMINE HYDROCHLORIDE							
2972K	Tablet 25 mg	50	2	..	7.47	8.33	Pertofran 25	NV
	DOTHIEPIN HYDROCHLORIDE							
1357K	Capsule 25 mg	50	2	..	7.10	7.96	[a] Dothep 25	AF
				[B]1.38	8.48	7.96	[a] Prothiaden	KN
1358L	Tablet 75 mg	30	2	..	7.40	8.26	[a] Dothep 75	AF
				[B]1.76	9.16	8.26	[a] Prothiaden	KN
	DOXEPIN HYDROCHLORIDE							
1012G	Tablet 50 mg (base)	50	2	..	7.75	8.61	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	..	6.18	7.04	Deptran 10	AF
				[B]1.00	7.18	7.04	Sinequan	PF
1013H	Capsule 25 mg (base)	50	2	..	6.49	7.35	Deptran 25	AF
				[B]1.00	7.49	7.35	Sinequan	PF
	IMIPRAMINE HYDROCHLORIDE							
2420J	Tablet 10 mg	50	2	..	6.68	7.54	Tofranil 10	NV
2421K	Tablet 25 mg	50	2	..	6.68	7.54	Melipramine	UW
							Tofranil 25	NV
	NORTRIPTYLINE HYDROCHLORIDE							
2522R	Tablet 10 mg (base)	50	2	..	6.00	6.86	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	6.68	7.54	Allegron	DL
2524W	Elixir 10 mg (base) per 5 mL, 100 mL	‡1	4	..	8.77	9.63	Allegron	DL

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 serotonin reuptake inhibitors*							
	CITALOPRAM HYDROBROMIDE							
	Restricted benefit							
	Major depressive disorders.							
8220P	*Tablet 20 mg (base)*	*28*	*5*	*..*	*34.09*	*20.30*	*Cipramil*	*LU*
	FLUOXETINE HYDROCHLORIDE							
	Restricted benefit							
	Major depressive disorders; Obsessive-compulsive disorder.							
8270G	*Tablet 20 mg (base)*	*28*	*5*	*..*	*34.09*	*20.30*	[a] *Lovan 20 Tab*	*AL*
	(dispersible)			*[B]1.51*	*35.60*	*20.30*	[a] *Prozac Tab*	*LY*
1434L	*Capsule 20 mg (base)*	*28*	*5*	*..*	*34.09*	*20.30*	[a] *Auscap*	*SI*
							[a] *DBL Fluoxetine*	*BL*
							[a] *Erocap*	*DL*
							[a] *Fluohexal*	*HX*
							[a] *Lovan*	*AL*
							[a] *Zactin*	*AF*
				[B]1.51	*35.60*	*20.30*	[a] *Prozac 20*	*LY*
1809F	*Oral solution 20 mg (base) per 5 mL, 140 mL*	*‡1*	*5*	*..*	*45.73*	*20.30*	*Prozac Liquid*	*LY*
	FLUVOXAMINE MALEATE							
	Restricted benefit							
	Major depressive disorders; Obsessive-compulsive disorder.							
8174F	*Tablet 100 mg*	*30*	*5*	*..*	*36.21*	*20.30*	*Luvox*	*SM*
	PAROXETINE HYDROCHLORIDE							
	Restricted benefit							
	Major depressive disorders; Obsessive-compulsive disorder.							
2242B	*Tablet 20 mg (base)*	*30*	*5*	*..*	*38.23*	*20.30*	*Aropax*	*SK*
	SERTRALINE HYDROCHLORIDE							
	Restricted benefit							
	Major depressive disorders; Obsessive-compulsive disorder.							
2236Q	*Tablet 50 mg (base)*	*28*	*5*	*..*	*36.60*	*20.30*	*Zoloft*	*PF*
2237R	*Tablet 100 mg (base)*	*28*	*5*	*..*	*36.60*	*20.30*	*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	..	13.30	14.16	Nardil	WW

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	
	TRANYLCYPROMINE SULFATE **CAUTION:** This drug is an irreversible monoamine oxidase inhibitor.							
2444P	Tablet 10 mg (base)	50	2	..	13.30	14.16	Parnate	SK
	• ***Monoamine oxidase type A inhibitors***							
	MOCLOBEMIDE **Restricted benefit** ***Major depressive disorders.***							
1900B	***Tablet 150 mg***	***60***	***5***	..	***31.86***	***20.30***	[a] ***Arima*** [a] ***Aurorix***	***AF*** ***RO***
8003F	***Tablet 300 mg***	***60***	***5***	..	***59.34***	***20.30***	***Aurorix 300 mg***	***RO***
	• ***Other antidepressants***							
	LITHIUM CARBONATE							
3059B	Tablet 250 mg	200	2	..	*11.49	12.35	Lithicarb	RR
8290H	Tablet 450 mg (slow release)	200	2	..	*26.43	20.30	Quilonum SR	SK
	MIANSERIN HYDROCHLORIDE **CAUTION:** ***Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.***							
	Restricted benefit ***Severe depression.***							
1627P	***Tablet 10 mg***	***50***	***5***	..	***14.29***	***15.15***	[a] ***Lerivon*** [a] ***Lumin 10***	***OP*** ***AF***
				[B]***1.00***	***15.29***	***15.15***	[a] ***Tolvon***	***OR***
1628Q	***Tablet 20 mg***	***50***	***5***	..	***25.29***	***20.30***	[a] ***Lerivon*** [a] ***Lumin 20***	***OP*** ***AF***
				[B]***1.00***	***26.29***	***20.30***	[a] ***Tolvon***	***OR***
	NEFAZODONE HYDROCHLORIDE **Restricted benefit** ***Major depressive disorders.***							
8137G	***Tablet 100 mg***	***56***	***5***	..	***20.02***	***20.30***	***Serzone***	***BQ***
8138H	***Tablet 200 mg***	***56***	***5***	..	***39.62***	***20.30***	***Serzone***	***BQ***
8139J	***Tablet 300 mg***	***56***	***5***	..	***59.19***	***20.30***	***Serzone***	***BQ***
	VENLAFAXINE HYDROCHLORIDE **Restricted benefit** ***Major depressive disorders.***							
8068P	***Tablet 37.5 mg (base)***	***56***	***5***	..	***43.06***	***20.30***	***Efexor***	***WY***
8069Q	***Tablet 75 mg (base)***	***56***	***5***	..	***51.79***	***20.30***	***Efexor***	***WY***
8301X	***Capsule 75 mg (base) (modified release)***	***28***	***5***	..	***43.06***	***20.30***	***Efexor-XR***	***WY***

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	
	VENLAFAXINE HYDROCHLORIDE—cont.							
8302Y	***Capsule 150 mg (base) (modified release)***	***28***	***5***	***..***	***51.79***	***20.30***	***Efexor-XR***	***WY***
	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***	***..***	***14.75***	***15.61***	***SI***	
	OTHER NERVOUS SYSTEM DRUGS							
	Parasympathomimetics							
	• ***Anticholinesterases***							
	PYRIDOSTIGMINE BROMIDE							
2724J	Tablet 10 mg	100	5	..	16.25	17.11	Mestinon	DT
1959D	Tablet 60 mg	150	5	..	50.81	20.30	Mestinon	DT
2608G	Tablet 180 mg (sustained release)	100	5	..	97.23	20.30	Mestinon	DT
	• ***Choline esters***							
	BETHANECHOL CHLORIDE							
1062X	Tablet 10 mg	100	2	..	15.78	16.64	Uro-Carb	HA
1071J	Injection 5 mg in 1 mL	2	..	..	*12.33	13.19	Urecholine	MK

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							
	For listings see Generic/Proprietary Index							
	METRONIDAZOLE BENZOATE							
	For listings see Generic/Proprietary Index							
	TINIDAZOLE							
	For listings see Generic/Proprietary Index							
	• ***Other agents against amoebiasis and other protozoal diseases***							
	ATOVAQUONE							
	Authority required							
	Treatment of mild to moderate Pneumocystis carinii pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.							
8300W	***Oral suspension 750 mg per 5 mL, 210 mL***	‡1	..	..	***762.49***	***20.30***	***Wellvone***	***GW***
	Antimalarials							
	• ***Quinine alkaloids***							
	QUININE BISULFATE							
	CAUTION: Severe thrombocytopenia has been reported with this drug.							
1972T	Tablet 300 mg	50	2	..	9.73	10.59	Myoquin	FM
							Quinbisul	AF
				[B]0.55	10.28	10.59	Bi-Quinate	RR
	QUININE SULFATE							
	CAUTION: Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.73	10.59	Quinoctal	FM
							[a] Quinsul	AF
				[B]0.55	10.28	10.59	[a] Quinate	RR
	• ***Diaminopyrimidines***							
	PYRIMETHAMINE							
1966L	Tablet 25 mg	50	..	..	12.60	13.46	Daraprim	SI
	ANTHELMINTICS							
	Antinematodal agents							
	• ***Benzimidazole derivatives***							
	THIABENDAZOLE							
2947D	Tablet 500 mg	16	..	..	12.31	13.17	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	..	..	6.05	6.91	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.50	8.36	Anthel 250	AF
	• ***Avermectines***							
	IVERMECTIN							
	Authority required							
	Onchocerciasis;							
	Strongyloidiasis.							
8359Y	***Tablet 3 mg***	***4***	..	..	***27.58***	***20.30***	***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	..	14.62	15.48	Lyclear	WR
	• ***Other ectoparasiticides, incl. scabicides***							
	BENZYL BENZOATE							
1114P	Application 50 g in 200 mL (25%)	‡1	2	..	6.87	7.73	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							
	Severe intractable rhinitis.							
1657F	***Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)***	‡1	*1*	..	*13.23*	*14.09*	***Beconase AQ***	***GW***
1689X	***Aqueous nasal spray 50 micrograms per dose, 400 doses set containing one pump pack (200 doses) and one refill (200 doses)***	‡1	..	..	*22.07*	*20.30*	***Aldecin Aqueous Set***	***SH***
1593W	***Aqueous nasal spray 50 micrograms per dose, 400 doses set containing two pump packs each providing 200 doses***	‡1	..	..	*22.08*	*20.30*	***Beconase AQ Twin Pack***	***GW***
	[For other listings for this drug see Generic/Proprietary Index]							
	BUDESONIDE							
	Restricted benefit							
	Severe intractable rhinitis.							
2075F	***Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)***	‡1	..	..	*19.13*	*19.99*	[a] ***Budamax Aqueous***	***PM***
				[B]*0.69*	*19.82*	*19.99*	[a] ***Rhinocort Aqueous***	***AP***
	[For other listings for this drug see Generic/Proprietary Index]							
	• *Other nasal preparations*							
	IPRATROPIUM BROMIDE							
	Restricted benefit							
	Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.							
8051R	***Aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses)***	‡1	*5*	..	*17.93*	*18.79*	***Atrovent Nasal Aqueous***	***BY***
	[For other listings for this drug see Generic/Proprietary Index]							

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	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							
	Restricted benefit							
	Patients with frequent episodes of asthma who are receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.							
8136F	***Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)***	***60***	***5***	***..***	***41.02***	***20.30***	***Foradile***	***NV***
8239P	***Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses)***	***‡1***	***5***	***..***	***28.74***	***20.30***	***Oxis Turbuhaler***	***AP***
8240Q	***Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses)***	***‡1***	***5***	***..***	***41.02***	***20.30***	***Oxis Turbuhaler***	***AP***
	SALBUTAMOL SULFATE							
1099W	Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*20.29	20.30	Ventolin Rotacaps	GW
8288F	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	.. [B]0.52	*16.11 *16.63	16.97 16.97	[a] Asmol CFC-free [a] Airomir [a] Ventolin CFC-free	AL MM GW
8036Y	Powder for oral inhalation, refill disks (for use in Ventolin Diskhaler), 200 micrograms (base) per dose, 8 doses per disk, 15	2	5	..	*23.49	20.30	Ventolin Disks	GW
	SALBUTAMOL SULFATE							
	Restricted benefit							
	Patients unable to achieve co-ordinated use of other metered dose inhalers containing salbutamol sulfate.							
2004L	***Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (400 doses)***	***‡1***	***5***	***..***	***27.27***	***20.30***	***Respolin in the Autohaler***	***MM***

continued ☞

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.							
8354Q	***Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation***	*2*	*5*	*..*	**36.19*	*20.30*	***Airomir Autohaler***	***MM***
	Restricted benefit ***Asthma or chronic obstructive pulmonary disease where treatment with salbutamol sulfate delivered from an oral pressurised inhalation device via a large volume spacer is inappropriate.***							
2000G	***Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30***	*2*	*5*	*..*	**24.01*	*20.30*	[a] ***Asmol 2.5 unit-dose***	***AF***
							[a] ***Respax 2.5 Sterinebs***	***PU***
				[B]*2.00*	**26.01*	*20.30*	[a] ***Ventolin Nebules***	***GW***
2001H	***Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30***	*2*	*5*	*..*	**25.13*	*20.30*	[a] ***Asmol 5 unit-dose***	***AF***
							[a] ***Respax 5 Sterinebs***	***PU***
				[B]*2.00*	**27.13*	*20.30*	[a] ***Ventolin Nebules***	***GW***
2003K	***Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL***	*2*	*2*	*..*	**11.29*	*12.15*	***Respax***	***PU***
							Respolin	***MM***
				[B]*2.02*	**13.31*	*12.15*	***Ventolin***	***GW***
	SALMETEROL XINAFOATE **Restricted benefit** ***Patients with frequent episodes of asthma who are receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.***							
3027H	***Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)***	*‡1*	*5*	*..*	*41.02*	*20.30*	***Optrol 25***	***AD***
							Serevent	***GW***
8141L	***Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)***	*‡1*	*5*	*..*	*41.02*	*20.30*	***Optrol 50 Accuhaler***	***AD***
							Serevent Accuhaler	***GW***
	TERBUTALINE SULFATE							
1240G	Oral pressurised inhalation 250 micrograms per dose (400 doses)	‡1	5	..	10.04	10.90	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.70	16.56	Bricanyl Turbuhaler	AP

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	
	TERBUTALINE SULFATE—cont.								
	Restricted benefit								
	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.								
1251W	***Nebuliser solution single dose units 5 mg in 2 mL, 30***	***2***	***5***	***..***	****26.57***	***20.30***		***Bricanyl Respules***	***AP***
1243K	***Nebuliser solution 10 mg per mL (1%), 50 mL***	***‡1***	***5***	***..***	***10.59***	***11.45***		***Bricanyl***	***AP***
	Other anti-asthmatics, inhalants								
	• ***Glucocorticoids***								
	BECLOMETHASONE DIPROPIONATE								
1649T	Capsule containing powder for oral inhalation 100 micrograms (for use in Becotide Rotahaler)	200	5	..	*27.25	20.30		Becotide Rotacaps	GW
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.76	11.62	a	Respocort 50 Inhaler	MM
				B0.75	11.51	11.62	a	Becotide	GW
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	17.12	17.98	a	Respocort 100 Inhaler	MM
				B0.75	17.87	17.98	a	Becotide 100	GW
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	31.12	20.30	a	Respocort 250 Inhaler	MM
				B0.75	31.87	20.30	a	Becloforte	GW
	BECLOMETHASONE DIPROPIONATE								
	Restricted benefit								
	Patients unable to achieve co-ordinated use of other metered dose inhalers containing beclomethasone dipropionate.								
8142M	***Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses)***	***‡1***	***5***	***..***	***19.81***	***20.30***		***Respocort 50 Autohaler***	***MM***
8143N	***Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses)***	***‡1***	***5***	***..***	***25.60***	***20.30***		***Respocort 100 Autohaler***	***MM***
8237M	***Oral pressurised inhalation in breath actuated device 250 micrograms per dose (200 doses)***	***‡1***	***5***	***..***	***36.72***	***20.30***		***Respocort 250 Autohaler***	***MM***

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

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	
	BUDESONIDE							
2067T	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	13.03	13.89	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.82	17.68	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	‡1	5	..	25.17	20.30	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	21.15	20.30	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	28.83	20.30	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	44.20	20.30	Pulmicort Turbuhaler	AP
	BUDESONIDE							
	Authority required							
	Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.							
2065Q	***Nebuliser suspension single dose units 500 micrograms in 2 mL, 30***	***‡1***	***5***	***..***	***31.95***	***20.30***	***Pulmicort Respules***	***AP***
2066R	***Nebuliser suspension single dose units 1 mg in 2 mL, 30***	***‡1***	***5***	***..***	***42.80***	***20.30***	***Pulmicort Respules***	***AP***
	[For other listings for this drug see Generic/Proprietary Index]							
	FLUTICASONE PROPIONATE							
8145Q	Oral pressurised inhalation 50 micrograms per dose (120 doses)	‡1	5	..	14.94	15.80	Flixotide Junior	GW
8091W	Oral pressurised inhalation 125 micrograms per dose (120 doses)	‡1	5	..	28.36	20.30	Flixotide	GW
8345F	Oral pressurised inhalation 125 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	28.36	20.30	Flixotide	GW

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	
	FLUTICASONE PROPIONATE—cont.							
2716Y	Oral pressurised inhalation 250 micrograms per dose (120 doses)	‡1	5	..	48.50	20.30	Flixotide	GW
8346G	Oral pressurised inhalation 250 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	48.50	20.30	Flixotide	GW
8147T	Powder for oral inhalation in breath actuated device 100 micrograms per dose (60 doses)	‡1	5	..	14.94	15.80	Flixotide Junior Accuhaler	GW
8148W	Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses)	‡1	5	..	28.36	20.30	Flixotide Accuhaler	GW
8149X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses)	‡1	5	..	48.50	20.30	Flixotide Accuhaler	GW
	• ***Anticholinergics***							
	IPRATROPIUM BROMIDE							
1540C	Oral pressurised inhalation 20 micrograms (anhydrous) per dose (200 doses)	2	5	..	*36.07	20.30	Atrovent	BY
8135E	Oral pressurised inhalation 40 micrograms (anhydrous) per dose (200 doses)	‡1	5	..	24.97	20.30	Atrovent Forte	BY
	IPRATROPIUM BROMIDE							
	Restricted benefit							
	Patients unable to achieve co-ordinated use of other metered dose inhalers containing ipratropium bromide.							
8279R	***Oral pressurised inhalation in breath actuated device 20 micrograms (anhydrous) per dose (200 doses)***	***2***	***5***	***..***	****52.79***	***20.30***	***Atrovent Autohaler***	***BY***
	Restricted benefit							
	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.							
1542E	***Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30***	***2***	***5***	***..***	****52.79***	***20.30***	[a] ***Atrovent*** [a] ***DBL Ipratropium*** [a] ***Ipratrin***	***BY*** ***BL*** ***AF***

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	
	IPRATROPIUM BROMIDE—cont.							
8238N	***Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30***	***2***	***5***	***..***	****61.59***	***20.30***	[a] ***Atrovent Adult*** [a] ***Ipratrin Adult***	***BY AF***
1541D	***Nebuliser solution 250 micrograms (anhydrous) per mL (0.025%), 20 mL***	***2***	***2***	***..***	****18.25***	***19.11***	***Atrovent***	***BY***
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Antiallergic agents, excl. corticosteroids***							
	NEDOCROMIL SODIUM							
2346L	Oral pressurised inhalation 2 mg per dose (112 doses)	‡1	5	..	29.25	20.30	Tilade	RR
	SODIUM CROMOGLYCATE							
2878L	Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic)	100	5	..	30.35	20.30	Intal Spincaps	RR
1124E	Solution for inhalation 20 mg in 2 mL ampoule	120	3	..	*55.87	20.30	[a] Cromese Sterinebs	PU
				[B]2.32	*58.19	20.30	[a] Intal	RR
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	27.05	20.30	Intal	RR
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	29.25	20.30	Intal Forte	RR
8334P	Oral pressurised inhalation 5 mg per dose (112 doses), CFC-free formulation	‡1	5	..	33.34	20.30	Intal Forte CFC-Free	RR
	Adrenergics for systemic use							
	• ***Alpha and beta-adrenoceptor agonists***							
	ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.08	9.94	AP	
	• ***Selective beta-2-adrenoceptor agonists***							
	SALBUTAMOL SULFATE							
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	9.56	10.42	Ventolin	GW
	TERBUTALINE SULFATE							
1028D	Tablet 5 mg	100	5	..	12.09	12.95	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	7.49	8.35	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	8.35	9.21	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	8.48	9.34	Bricanyl	AP

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 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	..	8.27	9.13	Nuelin	MM
8230E	Tablet 200 mg (sustained release)	100	5	..	10.07	10.93	Nuelin-SR 200	MM
2632M	Tablet 200 mg (sustained release)	100	5	..	10.07	10.93	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	11.21	12.07	Nuelin-SR 250	MM
8231F	Tablet 300 mg (sustained release)	100	5	..	12.57	13.43	Nuelin-SR 300	MM
2633N	Tablet 300 mg (sustained release)	100	5	..	12.57	13.43	Theo-Dur	AP
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	11.32	12.18	Austyn	FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	12.59	13.45	Austyn	FA
2540Q	Capsule 300 mg (containing sustained release pellets)	100	5	..	13.52	14.38	Austyn	FA
2614N	Syrup 133.3 mg per 25 mL, 500 mL	‡1	5	..	8.74	9.60	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***	***..***	***38.35***	***20.30***	***Mucomyst***	***BQ***
	Cough suppressants, excl. combinations with expectorants							
	• ***Opium alkaloids and derivatives***							
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	9.12	9.98	FM	
	ANTIHISTAMINES FOR SYSTEMIC USE							
	Antihistamines for systemic use							
	• ***Phenothiazine derivatives***							
	PROMETHAZINE HYDROCHLORIDE							
1948M	Injection 50 mg in 2 mL	10	..	..	*15.39	16.25	BL	

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.							
8336R	***Tablet 500 mg***	***2***	***2***	***..***	***21.66***	***20.30***	***Zithromax***	***PF***
8201P	***Powder for oral suspension 200 mg per 5 mL, 15 mL***	***‡1***	***..***	***..***	***#18.38***	***19.63***	***Zithromax***	***PF***
	CHLORAMPHENICOL							
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	2	..	7.27	8.13	Chloromycetin Chlorsig	PD SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	6.81	7.67	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***	***..***	***15.78***	***16.64***	***Genoptic***	***AG***
	POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE							
1910M	Eye ointment 5,000 units-400 units-5 mg per g, 4 g	‡1	..	..	6.96	7.82	Neosporin	GW
	POLYMYXIN B SULFATE with NEOMYCIN SULFATE and GRAMICIDIN							
1911N	Eye drops 5,000 units-2.5 mg-25 micrograms per mL, 10 mL	‡1	2	..	7.36	8.22	Neosporin	GW
	TETRACYCLINE HYDROCHLORIDE							
2143T	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	6.46	7.32	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***	***..***	***15.78***	***16.64***	***Tobrex***	***AQ***
2329N	***Eye ointment 3 mg per g (0.3%), 3.5 g***	***‡1***	***..***	***..***	***15.78***	***16.64***	***Tobrex***	***AQ***

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	
	• ***Sulfonamides***								
	SULFACETAMIDE SODIUM								
2063N	Eye drops 100 mg per mL (10%), 15 mL	‡1	2	.. [B]0.20	8.65 8.85	9.51 9.51		Acetopt Bleph 10	SI AG
	• ***Antivirals***								
	ACICLOVIR								
	Restricted benefit								
	Eye infections caused by herpes simplex virus.								
1002R	***Eye ointment 30 mg per g (3%), 4.5 g***	***‡1***	***..***	***..***	***22.65***	***20.30***		***Zovirax***	***GW***
	VIDARABINE								
	Restricted benefit								
	Eye infections caused by herpes simplex virus.								
2570G	***Eye ointment 30 mg per g (3%), 3.5 g***	***‡1***	***..***	***..***	***29.80***	***20.30***		***Vira A***	***PD***
	• ***Other antiinfectives***								
	CIPROFLOXACIN								
	Restricted benefit								
	Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.								
1216B	***Eye drops 3 mg per mL (0.3%), 5 mL***	***‡1***	***..***	***..*** ***[B]1.23***	***15.78*** ***17.01***	***16.64*** ***16.64***	[a] [a]	***CiloQuin*** ***Ciloxan***	***IQ*** ***AQ***
	Restricted benefit								
	Bacterial keratitis.								
1217C	***Eye drops 3 mg per mL (0.3%), 5 mL***	***2***	***..***	***..*** ***[B]2.46***	****27.17*** ****29.63***	***20.30*** ***20.30***	[a] [a]	***CiloQuin*** ***Ciloxan***	***IQ*** ***AQ***
	OFLOXACIN								
	Restricted benefit								
	Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.								
1912P	***Eye drops 3 mg per mL (0.3%), 5 mL***	***‡1***	***..***	***..***	***15.78***	***16.64***		***Ocuflox***	***AG***
	Antiinflammatory agents								
	• ***Corticosteroids, plain***								
	DEXAMETHASONE								
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.97	8.83		Maxidex	AQ
	FLUOROMETHOLONE								
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	7.97	8.83		Flucon FML Liquifilm	AQ AG

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	
	FLUOROMETHOLONE ACETATE							
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	7.97	8.83	Flarex	AQ
	HYDROCORTISONE							
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	10.06	10.92	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.40	11.26	Hycor	SI
	HYDROCORTISONE ACETATE							
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.85	10.71	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	10.04	10.90	Hycor	SI
	MEDRYSONE							
3197G	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	7.97	8.83	HMS Liquifilm	AG
	PREDNISOLONE ACETATE							
2684G	Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.97	8.83	Sterofrin	AQ
	• ***Corticosteroids and mydriatics in combination***							
	PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE							
	Restricted benefit							
	Corneal grafts; Uveitis.							
3112T	***Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL***	***‡1***	***2***	***..***	***16.49***	***17.35***	***Prednefrin Forte***	***AG***
	• ***Antiinflammatory agents, non-steroids***							
	DICLOFENAC SODIUM							
	Restricted benefit							
	Inhibition of intraoperative miosis.							
8329J	***Eye drops 1 mg per mL (0.1%), 5 mL***	***‡1***	***..***	***..***	***11.91***	***12.77***	***Voltaren Ophtha***	***CV***
8330K	***Eye drops 1 mg per mL (0.1%), single dose units 0.3 mL, 5***	***‡1***	***..***	***..***	***11.91***	***12.77***	***Voltaren Ophtha***	***CV***
	FLURBIPROFEN SODIUM							
8009M	Eye drops 300 micrograms per mL (0.03%), 5 mL	‡1	..	..	11.91	12.77	Ocufen	AG
	INDOMETHACIN							
2443N	Ophthalmic suspension 10 mg per mL (1%), 5 mL	‡1	..	..	11.91	12.77	Indoptol	SI

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	
	Antiglaucoma preparations and miotics							
	• ***Sympathomimetics in glaucoma therapy***							
	APRACLONIDINE HYDROCHLORIDE							
	Restricted benefit							
	Short-term reduction of intra-ocular pressure in patients already on maximally tolerated anti-glaucoma therapy.							
8083K	***Eye drops 5 mg (base) per mL (0.5%), 10 mL***	***‡1***	***2***	***..***	***28.83***	***20.30***	***Iopidine 0.5%***	***AQ***
	BRIMONIDINE TARTRATE							
8351M	Eye drops 2 mg per mL (0.2%), 5 mL	‡1	5	..	12.64	13.50	Alphagan	AG
	DIPIVEFRINE HYDROCHLORIDE							
1351D	Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	17.59	18.45	Propine	AG
	• ***Parasympathomimetics***							
	CARBACHOL							
2535K	Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	14.29	15.15	Isopto Carbachol	AQ
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	14.57	15.43	Isopto Carbachol	AQ
	ECOTHIOPATE IODIDE							
1359M	Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent	‡1	5	..	#30.47	20.30	Phospholine Iodide	AY
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	‡1	5	..	#30.47	20.30	Phospholine Iodide	AY
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	‡1	5	..	#30.72	20.30	Phospholine Iodide	AY
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	‡1	5	..	#33.32	20.30	Phospholine Iodide	AY
	PILOCARPINE							
	Restricted benefit							
	Chronic glaucoma when other miotics are not tolerated.							
2777E	***Eye disc 5 mg (releasing 20 micrograms per hour)***	***8***	***5***	***..***	***82.08***	***20.30***	***Ocusert Pilo 20***	***AG***
2782K	***Eye disc 11 mg (releasing 40 micrograms per hour)***	***8***	***5***	***..***	***85.05***	***20.30***	***Ocusert Pilo 40***	***AG***
	PILOCARPINE HYDROCHLORIDE							
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	9.54	10.40	Pilopt	SI
							P.V. Carpine	AG
							[a] IQ	
				[B]0.50	10.04	10.40	[a] Isopto Carpine	AQ

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	
	PILOCARPINE HYDROCHLORIDE—cont.							
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	9.54	10.40	Pilopt	SI
							P.V. Carpine	AG
							[a] IQ	
				[B]0.50	10.04	10.40	[a] Isopto Carpine	AQ
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	10.58	11.44	Pilopt	SI
							P.V. Carpine	AG
							[a] IQ	
				[B]0.50	11.08	11.44	[a] Isopto Carpine	AQ
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.72	13.58	Pilopt	SI
							P.V. Carpine	AG
							[a] IQ	
				[B]0.50	13.22	13.58	[a] Isopto Carpine	AQ
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.97	13.83	Pilopt	SI
							P.V. Carpine	AG
							[a] IQ	
				[B]0.50	13.47	13.83	[a] Isopto Carpine	AQ
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	16.22	17.08	Isopto Carpine	AQ
							Pilopt	SI
							P.V. Carpine	AG
	• ***Carbonic anhydrase inhibitors***							
	ACETAZOLAMIDE							
1004W	Tablet 250 mg	100	3	..	19.91	20.30	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	21.01	20.30	Diamox	LE
	• ***Beta blocking agents***							
	BETAXOLOL HYDROCHLORIDE							
2811Y	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	13.55	14.41	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.55	14.41	[a] BetoQuin	IQ
				[B]1.50	15.05	14.41	[a] Betoptic	AQ
	LEVOBUNOLOL HYDROCHLORIDE							
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	12.42	13.28	Betagan	AG
	TIMOLOL MALEATE							
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	11.54	12.40	[a] Optimol 0.25	AF
							[a] Tenopt	SI
				[B]0.88	12.42	12.40	[a] Timoptol	FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	12.64	13.50	[a] Optimol 0.5	AF
							[a] Tenopt	SI
				[B]0.91	13.55	13.50	[a] Timoptol	FR

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	
	TIMOLOL MALEATE—cont.							
1925H	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	‡1	5	..	12.42	13.28	Timoptol XE	MK
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	13.55	14.41	Timoptol XE	MK
	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE							
2664F	Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	19.56	20.30	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	21.85	20.30	Timpilo 4	MK
	• ***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***	***..***	***39.04***	***20.30***	***Xalatan***	***PU***
	Mydriatics and cycloplegics							
	• ***Anticholinergics***							
	ATROPINE SULFATE							
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	9.18	10.04	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	9.18	10.04	Atropt	SI
	HOMATROPINE HYDROBROMIDE							
2541R	Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	13.03	13.89	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	16.82	17.68	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***	***..***	***13.26***	***14.12***	***Lomide***	***AQ***

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 CROMOGLYCATE							
	Authority required							
	Vernal kerato-conjunctivitis.							
1127H	*Eye drops 20 mg per mL (2%), 10 mL*	‡1	5	..	*13.26*	*14.12*	*Opticrom*	*RR*
	Other ophthalmologicals							
	• *Other ophthalmologicals*							
	CARBOMER 940							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
8193F	*Ocular lubricating gel 2 mg per g (0.2%), 10 g*	‡1	5	..	*9.01*	*9.87*	*GelTears* *Viscotears Liquid Gel*	*SN* *CV*
	CARMELLOSE SODIUM							
	Authority required							
	Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.							
2338C	*Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30*	*3*	5	..	**33.10*	*20.30*	*Cellufresh*	*AG*
2324H	*Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30*	*3*	5	..	**33.10*	*20.30*	*Celluvisc*	*AG*
	HYDROXYPROPYLCELLULOSE							
	Restricted benefit							
	Severe dry eye syndrome unresponsive to artificial tear solutions.							
1522D	*Ophthalmic inserts 5 mg, 60*	‡1	5	..	*35.19*	*20.30*	*Lacrisert*	*SI*
	HYPROMELLOSE							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
8287E	*Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)*	‡1	5	..	*8.39*	*9.25*	*Genteal*	*CV*
2956N	*Eye drops 5 mg per mL (0.5%), 15 mL*	‡1	5	..	*8.57*	*9.43*	*Isopto Tears* *Methopt*	*AQ* *SI*
2952J	*Eye drops 10 mg per mL (1%), 15 mL*	‡1	5	..	*9.01*	*9.87*	*Methopt Forte*	*SI*
	HYPROMELLOSE with DEXTRAN							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
1509K	*Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL*	‡1	5	..	*10.95*	*11.81*	*Poly-Tears* *Tears Naturale*	*IQ* *AQ*

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	
	HYPROMELLOSE with DEXTRAN— cont.							
	Authority required							
	Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.							
8299T	***Eye drops 3 mg-1 mg per mL (0.3%-0.1%), single dose units 0.4 mL, 28***	***3***	***5***	..	****31.18***	***20.30***	***Bion Tears***	***AQ***
	PARAFFIN							
1754H	Compound eye ointment 3.5 g	2	5	..	*16.07	16.93	[a] Duratears [a] Poly Visc	AQ IQ
1750D	Pack containing 2 tubes compound eye ointment 3.5 g	‡1	5	..	16.08	16.94	Lacri-Lube S.O.P.	AG
	POLYVINYL ALCOHOL							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
2682E	***Eye drops 14 mg per mL (1.4%), 15 mL***	***‡1***	***5***	..	***9.01***	***9.87***	***Liquifilm Tears***	***AG***
2681D	***Eye drops 30 mg per mL (3%), 15 mL***	***‡1***	***5***	..	***13.07***	***13.93***	***Liquifilm Forte***	***AG***
	POLYVINYL ALCOHOL with POVIDONE							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
2675T	***Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL***	***‡1***	***5***	..	***8.23***	***9.09***	[a] ***Tear Drops*** [a] ***Tears Plus***	***CV*** ***AG***
	OTOLOGICALS							
	Antiinfectives							
	• ***Antiinfectives***							
	CHLORAMPHENICOL							
1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL **CAUTION:** Topical chloramphenicol may cause aplastic anaemia.	‡1	2	..	8.86	9.72	Chloromycetin	PD
	NEOMYCIN UNDECENOATE with BACITRACIN ZINC							
2296W	Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g	‡1	..	..	6.39	7.25	Nemdyn	HA

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 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	..	6.74	7.60	[a] Otodex	QM
				[B]1.31	8.05	7.60	[a] Sofradex	RL
2759F	Ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g	‡1	2	..	6.08	6.94	[a] Otodex	QM
				[B]1.37	7.45	6.94	[a] Sofradex	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	..	6.74	7.60	[a] Otocomb Otic	BC
				[B]1.10	7.84	7.60	[a] Kenacomb Otic	BQ
2974M	Ear ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g	‡1	2	..	6.08	6.94	[a] Otocomb Otic	BC
				[B]1.10	7.18	6.94	[a] Kenacomb Otic	BQ
	OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS							
	Antiinfectives							
	• ***Antiinfectives***							
	FRAMYCETIN SULFATE							
1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	7.27	8.13	Soframycin	RL
1439R	Eye/ear ointment 5 mg per g (0.5%), 5 g	‡1	..	..	6.81	7.67	Soframycin	RL
	Corticosteroids							
	• ***Corticosteroids***							
	PREDNISOLONE SODIUM PHOSPHATE							
1922E	Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.97	8.83	Predsol	SI

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	..	..	102.07	20.30	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	..	..	119.29	20.30	Albay Wasp Venom	BN
	INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM							
2883R	Injection set containing 550 micrograms	1	..	..	113.69	20.30	Albay Yellow Jacket Venom	BN
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Drugs for treatment of chronic alcoholism***							
	ACAMPROSATE CALCIUM							
	Authority required							
	For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.							
	NOTE: ***Authorities for increased maximum quantities and/or repeats will not be authorised.***							
8357W	***Tablet 333 mg (enteric coated)***	***180***	***1***	..	****171.59***	***20.30***	***Campral***	***AF***
	• ***Antidotes***							
	NALOXONE HYDROCHLORIDE							
1670X	Injection 40 micrograms in 2 mL	5	..	..	30.46	20.30	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	19.85	20.30	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	20.84	20.30	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	30.68	20.30	Naloxone Min-I-Jet	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	
	• *Detoxifying agents for antineoplastic treatment*							
	CALCIUM FOLINATE							
	Restricted benefit							
	Antidote to folic acid antagonists.							
2308L	***Tablet equivalent to 15 mg folinic acid***	*10*	..	..	*98.92*	*20.30*	***Leucovorin Calcium***	***BL***
2309M	***Injection equivalent to 3 mg folinic acid in 1 mL***	*5*	..	..	*16.07*	*16.93*	***Leucovorin Calcium***	***BL***
	MESNA							
	Restricted benefit							
	Adjunctive therapy for use with ifosfamide and high dose cyclophosphamide.							
8078E	***Solution for I.V. injection 400 mg in 4 mL***	*15*	*5*	..	*73.69*	*20.30*	***Uromitexan***	***AA***
8079F	***Solution for I.V. injection 1 g in 10 mL***	*15*	*5*	..	*162.79*	*20.30*	***Uromitexan***	***AA***
	• *Drugs for treatment of hypercalcemia*							
	SODIUM ACID PHOSPHATE							
	Authority required							
	Familial hypophosphataemia;							
	Hypercalcaemia;							
	Hypophosphataemic rickets;							
	Vitamin D-resistant rickets.							
2946C	***Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)***	*100*	*5*	..	*67.09*	*20.30*	***Phosphate Sandoz***	***NV***
	SODIUM CELLULOSE PHOSPHATE							
	Authority required							
	Hypercalciuria (urine calcium in excess of 8 mmol per 24 hours within the last three years) in the presence of documented sarcoidosis;							
	Treatment of recurrent renal calculi in patients with urine calcium in excess of 8 mmol per 24 hours who are unresponsive to dietary measures and thiazides.							
2948E	***Oral powder, sachet 5 g***	*100*	*5*	..	*148.00*	*20.30*	***Calcisorb***	***MM***
	DIAGNOSTIC AGENTS							
	Urine tests							
	• *Urine tests*							
	COPPER SULFATE							
1228P	Diagnostic compound tablets, 36	2	3	..	*22.77	20.30	Clinitest	BN

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—URINE							
1448F	Test dispenser 4 m	‡1	2	..	13.63	14.49	Tes-Tape	LY
2352T	Reagent strips, 100	‡1	2	..	12.86	13.72	Clinistix	BN
3104J	Reagent strips, 100	‡1	2	..	13.63	14.49	Diastix	BN
	GLUCOSE and KETONE INDICATOR—URINE							
3106L	Reagent strips, 50	2	2	..	*15.25	16.11	Keto-Diabur-Test 5000	BO
3107M	Reagent strips, 100	‡1	2	..	15.26	16.12	Keto-Diastix	BN
	Other diagnostic agents							
	• ***Tests for diabetes***							
	GLUCOSE INDICATOR—BLOOD							
2891E	Electrode strips, 50	2	5	..	*54.11	20.30	Advantage	BO
2855G	Electrode strips, 50	2	5	..	*54.11	20.30	Glucometer Elite	BN
8176H	Electrode strips, 50	2	5	..	*54.11	20.30	Glucometer Esprit	BN
2915K	Electrode strips, 100	‡1	5	..	52.89	20.30	[a] Excel ET	SF
				[b]1.22	54.11	20.30	[a] ExacTech	MS
2926B	Electrode strips, 100	‡1	5	..	54.11	20.30	Precision Plus	MS
2908C	Reagent strips, 50	2	5	..	*47.95	20.30	Hypoguard GA	HG
2919P	Reagent strips, 50	2	5	..	*49.71	20.30	Accutrend Glucose	BO
2890D	Reagent strips, 50	2	5	..	*49.71	20.30	Betachek	NA
8053W	Reagent strips, 50	2	5	..	*49.71	20.30	Betachek MERIDIAN	NA
8178K	Reagent strips, 50	2	5	..	*49.71	20.30	Betachek Quick Test	NA
2914J	Reagent strips, 50	2	5	..	*49.71	20.30	BM-Test-Glycemie 20-800	BO
2889C	Reagent strips, 50	2	5	..	*49.71	20.30	Glucofilm	BN
2917M	Reagent strips, 50	2	5	..	*49.71	20.30	Glucostix	BN
8190C	Reagent strips, 50	2	5	..	*49.71	20.30	Glucotrend Glucose	BO
2921R	Reagent strips, 50	2	5	..	*49.71	20.30	Hypoguard Supreme	HG

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	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*	*..*	**37.39*	*20.30*	*MCT Oil*	*SB*
3129Q	*Oil 1 L*	*‡1*	*5*	*..*	*37.39*	*20.30*	*MJ*	
	NOTE:							
	Authorities will be limited to the maximum quantity and repeats shown in this schedule.							
	• *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*	*..*	**1087.99*	*20.30*	*Neocate*	*SB*

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							
	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***	***..***	****116.23***	***20.30***	***Nutramigen***	***MJ***
	PROTEIN HYDROLYSATE FORMULA LOW IN PHENYLALANINE							
	Restricted benefit							
	Phenylketonuria.							
1865E	***Compound powder 454 g***	***8***	***5***	***..***	****222.39***	***20.30***	***Lofenalac***	***MJ***
	PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES							
	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 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;							
	Biliary atresia;							
	Chyloascites;							
	Chylothorax;							
	Cystic fibrosis;							
	Enterokinase deficiency;							
	Severe diarrhoea of greater than two weeks' duration in infants under the age of four months;							
	Severe intestinal malabsorption including short bowel syndrome.							
	Age of patient to be shown on the authority application.							
2676W	***Compound powder 400 g***	***8***	***5***	***..***	****99.35***	***20.30***	***Alfaré***	***NT***
8259Q	***Compound powder 450 g***	***8***	***5***	***..***	****106.07***	***20.30***	***Pepti-Junior***	***NU***

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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	
	PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES—cont.							
	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 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;							
	Biliary atresia;							
	Chyloascites;							
	Chylothorax;							
	Cystic fibrosis;							
	Enterokinase deficiency;							
	Galactosaemia;							
	Severe diarrhoea of greater than two weeks' duration in infants under the age of four months;							
	Severe intestinal malabsorption including short bowel syndrome.							
	Age of patient to be shown on the authority application.							
2679B	*Compound powder 450 g*	*8*	*5*	*..*	**136.39*	*20.30*	*Pregestimil*	*MJ*
	TRIGLYCERIDES—MEDIUM CHAIN, FORMULA							
	Authority required							
	Chronic liver failure with fat malabsorption;							
	Chyloascites;							
	Chylothorax;							
	Patients requiring a ketogenic diet for intractable childhood epilepsy;							
	Proven fat malabsorption.							
2686J	*Compound powder 454 g*	*8*	*5*	*..*	**99.11*	*20.30*	*Portagen*	*MJ*
	NOTE:							
	Authorities will be limited to the maximum quantity (8 packs) and repeats (5) shown in this schedule.							
	• *Milk substitutes*							
	MILK POWDER—LACTOSE FREE FORMULA							
	Restricted benefit							
	Acute lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.							
	NOTE:							
	Requests for increased maximum quantities and/or repeats will not be granted.							
8236L	*Infant formula powder 900 g*	*5*	*..*	*..*	**75.79*	*20.30*	*O-Lac*	*MJ*
8282X	*Infant formula powder 900 g*	*5*	*..*	*..*	**75.79*	*20.30*	*S-26 LF*	*WY*
2350Q	*Lactose-predigested powder infant formula 900 g*	*5*	*..*	*..*	**82.69*	*20.30*	*De-Lact Infant*	*SJ*

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	
	MILK POWDER—LACTOSE FREE FORMULA—cont.							
	Authority required ***Proven chronic lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.*** **NOTE:** ***No authorities will be granted for increased maximum quantities and/or repeats. Confirmation of lactose intolerance to be included in application. Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.***							
8235K	*Infant formula powder 900 g*	*5*	*5*	*..*	**75.79*	*20.30*	*O-Lac*	*MJ*
8283Y	*Infant formula powder 900 g*	*5*	*5*	*..*	**75.79*	*20.30*	*S-26 LF*	*WY*
2349P	*Lactose-predigested powder infant formula 900 g*	*5*	*5*	*..*	**82.69*	*20.30*	*De-Lact Infant*	*SJ*
	MILK POWDER—LACTOSE MODIFIED							
	Restricted benefit ***Acute lactose intolerance in children over one year of age.*** **NOTE:** ***Requests for increased maximum quantities and/or repeats will not be granted.***							
2358D	*Lactose-predigested powder 900 g*	*3*	*1*	*..*	**51.37*	*20.30*	*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*	*..*	**51.37*	*20.30*	*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*	*..*	**139.91*	*20.30*	*Locasol*	*NU*

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 combinations of nutrients*							
	AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE							
	Restricted benefit							
	Methylmalonic acidaemia; Propionic acidaemia.							
3079C	***Powder 200 g***	*5*	*5*	..	**665.89*	*20.30*	***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*	..	**1415.59*	*20.30*	***Phlexy-10 Drink Mix***	***SB***
3072Q	***Powder 250 g***	*8*	*5*	..	**1272.79*	*20.30*	***PK AID II***	***SB***
1450H	***Food supplement powder 500 g***	*4*	*5*	..	**702.71*	*20.30*	***Aminogran F.S.***	***FA***
	AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE							
	Restricted benefit							
	Tyrosinaemia.							
2379F	***Powder 500 g***	*4*	*5*	..	**1482.79*	*20.30*	***XPTM Tyrosidon***	***SB***
	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE							
	Restricted benefit							
	Pyridoxine non-responsive homocystinuria.							
3077Y	***Powder 200 g***	*20*	*5*	..	**1432.39*	*20.30*	***RVHB Maxamaid***	***SB***
8328H	***Powder 500 g***	*8*	*5*	..	**1432.39*	*20.30*	***XMET Maxamaid***	***SB***

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 METHIONINE, THREONINE and VALINE and low in ISOLEUCINE **Restricted benefit** ***Methylmalonic acidaemia; Propionic acidaemia.***							
8058D	*Infant formula, powder 400 g*	*8*	*5*	*..*	**654.39*	*20.30*	*XMet, Thre, Val, Isoleu, Analog*	SB
8059E	*Powder 500 g*	*8*	*5*	*..*	**1373.59*	*20.30*	*XMTVI Maxamaid*	SB
8061G	*Powder 500 g*	*8*	*5*	*..*	**2087.59*	*20.30*	*XMTVI Maxamum*	SB
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE **Restricted benefit** ***Phenylketonuria.***							
2737C	*Infant formula, powder 400 g*	*8*	*5*	*..*	**575.59*	*20.30*	*XP Analog*	SB
2738D	*Powder 500 g*	*8*	*5*	*..*	**1087.99*	*20.30*	*XP Maxamaid*	SB
2739E	*Powder 500 g*	*8*	*5*	*..*	**1659.19*	*20.30*	*XP Maxamum*	SB
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE **Restricted benefit** ***Tyrosinaemia.***							
3078B	*Powder 500 g*	*8*	*5*	*..*	**2247.19*	*20.30*	*XPhen, Tyr Maxamum*	SB
	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE **Restricted benefit** ***Maple syrup urine disease.***							
2380G	*Infant formula, powder 400 g*	*8*	*5*	*..*	**563.03*	*20.30*	*MSUD Analog*	SB
8310J	*Powder 500 g*	*4*	*5*	*..*	**1432.39*	*20.30*	*MSUD AID III*	SB
1045B	*Powder 200 g*	*20*	*5*	*..*	**1275.19*	*20.30*	*MSUD Maxamaid*	SB
8260R	*Powder 500 g*	*8*	*5*	*..*	**1275.11*	*20.30*	*MSUD Maxamaid*	SB
8057C	*Powder 500 g*	*8*	*5*	*..*	**2087.59*	*20.30*	*MSUD Maxamum*	SB

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	
	ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C							
	Restricted benefit							
	Gyrate atrophy of the choroid and retina; Urea cycle disorders.							
8001D	***Powder 200 g***	*10*	*5*	..	**589.89*	*20.30*	***Dialamine***	***SB***
	MINERAL MIXTURE							
	NOTE:							
	For use with Amino Acid Formula without Phenylalanine.							
	Restricted benefit							
	Metabolic disorders.							
1451J	***Powder 250 g***	*‡1*	*5*	..	*41.79*	*20.30*	***Aminogran M.M.***	***FA***
	TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER							
	Restricted benefit							
	Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.							
3136C	***Compound powder 400 g***	*8*	*5*	..	**255.91*	*20.30*	***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	..	9.99	10.85	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	12.48	13.34	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	12.85	13.71	AP	
	WATER FOR INJECTIONS, STERILISED							
2216P	Injection 2 mL	5	3	..	9.70	10.56	AP	
2217Q	Injection 5 mL	5	3	..	11.28	12.14	AP	
2218R	Injection 10 mL	5	3	..	12.76	13.62	AP	

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ALIMENTARY TRACT AND METABOLISM							
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives for local oral treatment***							
	AMPHOTERICIN							
3306B	Lozenge 10 mg	20	..	..	7.23	8.09	Fungilin	BQ
	NYSTATIN							
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	8.77	9.63	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***	***..***	***..***	***16.16***	***17.02***	***Difflam***	***MM***
	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES							
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids, tertiary amines***							
	ATROPINE SULFATE							
5022H	Injection 600 micrograms in 1 mL	10	..	..	9.52	10.38	AP	
	Propulsives							
	• ***Propulsives***							
	METOCLOPRAMIDE HYDROCHLORIDE							
5151D	Tablet 10 mg	25	..	.. [B]2.00	6.05 8.05	6.91 6.91	Pramin Maxolon	AF DT
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	6.59	7.45	Maxolon	DT
5153F	Injection 10 mg in 2 mL	10	..	..	9.98	10.84	Maxolon	DT
	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	..	.. [B]0.76	6.99 7.75	7.85 7.85	[a] Stemzine [a] Stemetil	MB RR
5206B	Injection 12.5 mg in 1 mL	10	..	..	13.81	14.67	Stemetil	RR
5207C	Suppositories 5 mg, 5	‡1	..	..	10.15	11.01	Stemetil	RR
5208D	Suppositories 25 mg, 5	‡1	..	..	10.99	11.85	Stemetil	RR

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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	
	PROMETHAZINE HYDROCHLORIDE							
3374N	Injection 50 mg in 2 mL	10	..	..	*15.39	16.25	BL	
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
	NYSTATIN							
3342X	Tablet 500,000 units	50	..	..	13.00	13.86	Nilstat	AY
3345C	Capsule 500,000 units	50	..	..	13.00	13.86	Mycostatin Nilstat	BQ AY
	BLOOD AND BLOOD FORMING ORGANS							
	BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS							
	Blood and related products							
	• ***Blood substitutes and plasma protein fractions***							
	DEXTRAN 40 with GLUCOSE							
5068R	I.V. infusion 100 mg per mL-139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	93.07	20.30	Rheomacrodex	MA
	DEXTRAN 40 with SODIUM CHLORIDE							
5069T	I.V. infusion 100 mg per mL-77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	93.07	20.30	Rheomacrodex	MA
	DEXTRAN 70 with SODIUM CHLORIDE							
5070W	I.V. infusion 60 mg per mL-77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	95.40	20.30	Macrodex	MA
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
	GLUCOSE							
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.74	14.60	BX	
	• ***Solutions affecting the electrolyte balance***							
	SODIUM CHLORIDE							
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*13.74	14.60	BX	
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*10.57	11.43	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	..	..	*13.74	14.60	BX	
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	*17.14	18.00	BX	
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	..	..	*17.14	18.00	BX	

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

Antiarrhythmics, class I and III

- ***Antiarrhythmics, class IB***

	LIGNOCAINE HYDROCHLORIDE							
5142P	Injection 100 mg in 5 mL	2	..	..	*11.65	12.51	Xylocard 100	AP

Cardiac stimulants excl. cardiac glycosides

- ***Adrenergic and dopaminergic agents***

	ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.08	9.94	AP	

Vasodilators used in cardiac diseases

- ***Organic nitrates***

	GLYCERYL TRINITRATE							
5108W	Tablets 600 micrograms, 100	‡1	..	..	7.01	7.87	Anginine Stabilised	SI

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	..	..	***6.23***	***7.09***	***Sigmacort***	***SI***
5113D	***Cream 10 mg per g (1%), 50 g***	‡1	..	..	***6.71***	***7.57***	***Cortef***	***UP***
							Sigmacort	***SI***
5112C	***Topical ointment 10 mg per g (1%), 30 g***	‡1	..	..	***6.23***	***7.09***	***Sigmacort***	***SI***
5114E	***Topical ointment 10 mg per g (1%), 50 g***	‡1	..	..	***6.71***	***7.57***	***Sigmacort***	***SI***

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES							
	CORTICOSTEROIDS FOR SYSTEMIC USE							
	Corticosteroids for systemic use, plain							
	• *Glucocorticoids*							
	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE							
	Restricted benefit							
	For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.							
5034Y	*Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL*	*5*	..	..	*23.54*	*20.30*	*Celestone Chronodose*	*SH*
	HYDROCORTISONE SODIUM SUCCINATE							
	Restricted benefit							
	For use in a hospital.							
5118J	*Injection equivalent to 100 mg hydrocortisone with 2 mL solvent*	*6*	..	..	**22.87*	*20.30*	*Solu-Cortef*	*UP*
5119K	*Injection equivalent to 250 mg hydrocortisone with 2 mL solvent*	*6*	..	..	**37.87*	*20.30*	*Solu-Cortef*	*UP*
	METHYLPREDNISOLONE ACETATE							
	Restricted benefit							
	For local intra-articular or peri-articular infiltration.							
5148Y	*Injection 40 mg in 1 mL*	*5*	..	..	*19.79*	*20.30*	[a] *Depo-Nisolone*	*KR*
				[B]0.74	*20.53*	*20.30*	[a] *Depo-Medrol*	*UP*
	TRIAMCINOLONE ACETONIDE							
	Restricted benefit							
	For local intra-articular or peri-articular infiltration; Keloid; Lichen planus hypertrophic.							
5233K	*Injection 10 mg in 1 mL*	*5*	..	..	*23.54*	*20.30*	*Kenacort-A10*	*BQ*
	PANCREATIC HORMONES							
	Glycogenolytic hormones							
	• *Glycogenolytic hormones*							
	GLUCAGON HYDROCHLORIDE							
5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	..	..	33.73	20.30	GlucaGen Hypokit	NO

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***							
	DOXYCYCLINE							
3321T	Tablet 100 mg	7	..	..	7.20	8.06	[a] Doxsig	SI
							[a] Doxy-100	DP
							[a] Doxyhexal	HX
							[a] Doxylin 100	AF
							[a] SBPA Doxycycline 100 mg	SL
				[B]0.80	8.00	8.06	[a] Vibramycin	PF
3322W	Capsule 100 mg	7	..	..	7.20	8.06	[a] DBL Doxycycline	BL
				[B]1.04	8.24	8.06	[a] Doryx	FA
	TETRACYCLINE HYDROCHLORIDE							
3383C	Capsule 250 mg	25	..	..	6.92	7.78	Achromycin	LE
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
3386F	Capsule 250 mg	25	..	..	6.92	7.78	Achromycin V	LE
							Mysteclin-250	BQ
				[B]1.00	7.92	7.78	Tetrex	BC
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
3303W	Chewable tablet 250 mg	20	..	..	8.60	9.46	Amoxil	SK
3301R	Capsule 250 mg	20	..	..	7.72	8.58	[a] Alphamox 250	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
							[a] SBPA Amoxycillin 250 mg	SL
				[B]0.69	8.41	8.58	[a] Amoxil	SK
3300Q	Capsule 500 mg	20	..	..	11.03	11.89	[a] Alphamox 500	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
							[a] SBPA Amoxycillin 500 mg	SL
				[B]0.79	11.82	11.89	[a] Amoxil	SK
3309E	Sachet containing oral powder 3 g	1	..	..	8.45	9.31	Amoxil	SK
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	#11.26	12.51	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	
	AMOXYCILLIN—cont.							
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#9.44	10.69	[a] Alphamox 125	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin	CS
				[B]0.59	#10.03	10.69	[a] Amoxil	SK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.76	12.01	[a] Alphamox 250	AF
							[a] Amohexal	HX
							[a] Bgramin	DP
							[a] Cilamox	SI
							[a] Moxacin 250	CS
				[B]0.59	#11.35	12.01	[a] Amoxil Forte	SK
	AMPICILLIN							
5013W	Capsule 250 mg	24	..	..	8.35	9.21	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	11.82	12.68	Alphacin 500	AF
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N, 6897B, 6898C, 6899D apply to above item with approved solvents)	5	..	..	10.59	11.45	[a] Ampicyn	RR
							[a] Austrapen	CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R, 6900E, 6901F, 6902G apply to above item with approved solvents)	5	..	..	14.55	15.41	[a] Ampicyn	RR
							[a] Austrapen	CS
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
5025L	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	21.35	20.30	Bicillin L-A Tubex	WY
5026M	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	33.95	20.30	Bicillin L-A	WY
	BENZYLPENICILLIN							
3398W	Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C, 6921G, 6922H, 6923J apply to above item with approved solvents)	10	..	..	*21.33	20.30	BenPen	CS
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F, 6924K, 6925L, 6926M apply to above item with approved solvents)	10	..	..	*47.95	20.30	BenPen	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	
	PHENOXYMETHYLPENICILLIN							
3359T	Tablet 125 mg	50	..	..	*10.89	11.75	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	50	..	..	*11.23	12.09	Abbocillin-VK Filmtab	AB
							PVK	LY
3361X	Tablet 500 mg	50	..	..	*14.57	15.43	Abbocillin-VK Filmtab	AB
							PVK	LY
3363B	Capsule 250 mg	50	..	..	*11.23	12.09	Abbocillin-VK	AB
							[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS
							[a] Penhexal VK	HX
3364C	Capsule 500 mg	50	..	..	*14.57	15.43	[a] Cilicaine VK	SI
							[a] Cilopen VK	DP
							LPV	CS
							[a] Penhexal VK	HX
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	..	*10.33	11.19	[a] Cilicaine V	SI
				[B]0.80	*11.13	11.19	[a] Abbocillin-V	AB
							[a] LPV 125	CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	..	*12.71	13.57	[a] Abbocillin-V	AB
							[a] Cilicaine V	SI
				[B]0.96	*13.67	13.57	[a] LPV 250	CS
	PROCAINE PENICILLIN							
3370J	Injection 1 g	5	..	..	52.13	20.30	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	52.13	20.30	Cilicaine	SI
	• ***Beta-lactamase resistant penicillins***							
	DICLOXACILLIN							
5098H	Injection 500 mg (solvent required) (codes 6933X, 6934Y, 6935B, 6936C, 6937D, 6938E apply to above item with approved solvents)	5	..	..	16.47	17.33	Diclocil	BQ
5099J	Injection 1 g (solvent required) (codes 6939F, 6940G, 6941H, 6942J, 6943K, 6944L apply to above item with approved solvents)	5	..	..	23.33	20.30	Diclocil	BQ

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	
	DICLOXACILLIN—cont.							
	Restricted benefit							
	Serious staphylococcal infections.							
5096F	***Capsule 250 mg***	***24***	..	..	***11.21***	***12.07***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 250***	***AF***
5097G	***Capsule 500 mg***	***24***	..	..	***18.69***	***19.55***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 500***	***AF***
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
5094D	Injection 500 mg (solvent required) (codes 7013D, 7014E, 7015F, 7016G, 7017H, 7018J apply to above item with approved solvents)	5	..	..	16.47	17.33	Flopen	CS
5095E	Injection 1 g (solvent required) (codes 7019K, 7020L, 7021M, 7022N, 7023P, 7024Q apply to above item with approved solvents)	5	..	..	23.33	20.30	[a] Flopen	CS
							[a] BL	
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
	Restricted benefit							
	Serious staphylococcal infections.							
5090X	***Capsule 250 mg***	***24***	..	..	***11.21***	***12.07***	[a] ***Flopen***	***CS***
							[a] ***Staphylex 250***	***AF***
				[B]***0.39***	***11.60***	***12.07***	[a] ***Floxapen***	***SK***
5091Y	***Capsule 500 mg***	***24***	..	..	***18.69***	***19.55***	[a] ***Flopen***	***CS***
							[a] ***Staphylex 500***	***AF***
				[B]***0.44***	***19.13***	***19.55***	[a] ***Floxapen***	***SK***
5092B	***Powder for syrup 125 mg per 5 mL, 100 mL***	***‡1***	..	..	***#12.49***	***13.74***	[a] ***Flopen***	***CS***
							[a] ***Floxapen***	***SK***
5093C	***Powder for syrup 250 mg per 5 mL, 100 mL***	***‡1***	..	..	***#16.26***	***17.51***	[a] ***Flopen***	***CS***
							[a] ***Floxapen***	***SK***

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	• ***Combinations of penicillins, incl. beta-lactamase inhibitors***								
	AMOXYCILLIN with CLAVULANIC ACID								
	CAUTION:								
	Hepatotoxicity has been reported with this drug.								
	Restricted benefit								
	Infections where resistance to amoxycillin is suspected or proven.								
5007M	***Tablet 250 mg-125 mg***	*15*	..	..	*13.11*	*13.97*	a	***Clamoxyl***	***ME***
				B0.91	*14.02*	*13.97*	a	***Augmentin***	***SK***
5006L	***Tablet 875 mg-125 mg***	*10*	..	..	*16.82*	*17.68*	a	***Clamoxyl Duo forte***	***ME***
				B0.90	*17.72*	*17.68*	a	***Augmentin Duo forte***	***SK***
5009P	***Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL***	‡1	..	..	#11.83	13.08	a	***Clamoxyl***	***ME***
				B0.90	#12.73	13.08	a	***Augmentin***	***SK***
5011R	***Powder for syrup 400 mg-57 mg per 5 mL, 50 mL***	‡1	..	..	#14.13	15.38	a	***Clamoxyl Duo 400***	***ME***
				B0.90	#15.03	15.38	a	***Augmentin Duo 400***	***SK***
	TICARCILLIN with CLAVULANIC ACID								
	Restricted benefit								
	Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent.								
5230G	***Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)***	*10*	..	..	*151.79*	*20.30*		***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	..	..	14.44	15.30	a	Keflor CD	AL
				B0.75	15.19	15.30	a	Ceclor CD	LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	#13.60	14.85	a	Keflor	AL
				B0.75	#14.35	14.85	a	Ceclor	LY
							a	Vercef	FA
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#14.13	15.38	a	Keflor	AL
				B0.74	#14.87	15.38	a	Ceclor	LY
							a	Vercef	FA

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	
	CEFOTAXIME							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent.							
5048Q	***Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)***	***10***	..	..	****113.49***	***20.30***	***Claforan***	***RL***
5049R	***Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)***	***10***	..	..	****211.29***	***20.30***	***Claforan***	***RL***
	CEFOTETAN							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that cefotetan is an appropriate therapeutic agent.							
5050T	***Injection 1 g (solvent required) (codes 7044R, 7045T, 7046W, 7047X, 7048Y, 7049B apply to above item with approved solvents)***	***10***	..	..	***166.11***	***20.30***	***Apatef***	***LE***
5051W	***Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)***	***10***	..	..	***277.07***	***20.30***	***Apatef***	***LE***
	CEFUROXIME AXETIL							
5052X	Tablet 250 mg (base)	14	..	..	14.43	15.29	Zinnat	GW
	CEPHALEXIN							
3317N	Capsule 250 mg	20	..	..	8.19	9.05	[a] Cilex	DP
							[a] DBL Cephalexin	BL
							[a] Ibilex 250	AF
				[B]1.11	9.30	9.05	[a] Keflex	LY
3318P	Capsule 500 mg	20	..	..	11.21	12.07	[a] Cilex	DP
							[a] DBL Cephalexin	BL
							[a] Ibilex 500	AF
				[B]1.11	12.32	12.07	[a] Keflex	LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#10.99	12.24	[a] Ibilex 125	AF
				[B]1.11	#12.10	12.24	[a] Keflex	LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#13.19	14.44	[a] Ibilex 250	AF
				[B]1.11	#14.30	14.44	[a] Keflex	LY

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	
	CEPHALOTHIN							
3376Q	Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y, 6927N, 6928P, 6929Q apply to above item with approved solvents)	10	..	.. ..	*43.59 43.59	20.30 20.30	[a] Keflin Neutral [a] BL	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	..	.. [B]1.10	7.45 8.55	8.31 8.31	[a] Resprim [a] Septrin	AF SI
3390K	Tablet 160 mg-800 mg	10	..	..	8.46	9.32	[a] Bactrim DS [a] Cosig Forte [a] Resprim Forte [a] SBPA Trimethoprim and Sulfamethoxazole DS	RO FM AF SL
				[B]1.09	9.55	9.32	[a] Septrin Forte	SI
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	.. [B]1.07	7.97 9.04	8.83 8.83	Bactrim [a] Resprim [a] Septrin	RO AF SI

Macrolides and lincosamides

- ***Macrolides***

	ERYTHROMYCIN							
3324Y	Tablet 250 mg	25	..	..	7.65	8.51	EMU-V	UP
3326C	Capsule 175 mg	25	..	..	7.65	8.51	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.98	9.84	Eryc	FA
5085P	I.M. injection 100 mg in 2 mL	5	..	..	32.57	20.30	Erythrocin-I.M.	AB
	ERYTHROMYCIN ESTOLATE							
3331H	Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	7.35	8.21	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.57	9.43	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE							
3336N	Tablet 400 mg (base)	25	..	.. [B]3.17	8.68 11.85	9.54 9.54	[a] E-Mycin [a] E.E.S. 400 Filmtab	AF AB
3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	..	.. [B]3.23	#10.32 #13.55	11.57 11.57	[a] E-Mycin 200 [a] E.E.S. 200	AF AB

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	
	ERYTHROMYCIN ETHYL SUCCINATE—cont.							
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#12.25	13.50	[a] E-Mycin 400	AF
							[a] Eryhexal	HX
				[B]3.26	#15.51	13.50	[a] E.E.S. Granules	AB
	ERYTHROMYCIN LACTOBIONATE							
5087R	I.V. infusion 300 mg (base)	5	..	..	*42.89	20.30	[a] Erythrocin	AB
				..	42.89	20.30	[a] BL	
	ERYTHROMYCIN STEARATE							
3328E	Tablet 250 mg (base)	25	..	..	7.65	8.51	Erythrocin Filmtab	AB
3330G	Capsule 250 mg (base)	25	..	..	7.65	8.51	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.57	9.43	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.97	11.83	Erythrocin	AB

- ***Lincosamides***

CLINDAMYCIN

Restricted benefit

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

5057E	***Capsule 150 mg***	***25***	..	..	***14.95***	***15.81***	[a] ***Cleocin***	***KR***
				[B]1.46	***16.41***	***15.81***	[a] ***Daiacin C***	***UP***
	LINCOMYCIN							
5144R	Injection 600 mg in 2 mL	5	..	..	16.62	17.48	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***	..	..	****52.03***	***20.30***	[a] ***Vancocin***	***LY***
							[a] ***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	
	• ***Imidazole derivatives***							
	METRONIDAZOLE							
3339R	Tablet 200 mg	21	..	..	6.48	7.34	[a] Metrogyl 200	AF
							[a] Metronide 200	MB
				[B]1.91	8.39	7.34	[a] Flagyl	RR
5159M	Tablet 400 mg	5	..	..	6.37	7.23	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	19.90	20.30	Flagyl	RR
5158L	Suppositories 1 g, 10	‡1	..	..	26.67	20.30	Flagyl	RR
	METRONIDAZOLE							
	Restricted benefit							
	Treatment of anaerobic infections.							
5155H	***Tablet 400 mg***	***21***	..	..	***9.29***	***10.15***	[a] ***Metrogyl 400***	***AF***
							[a] ***Metronide 400***	***MB***
				[B]1.92	***11.21***	***10.15***	[a] ***Flagyl***	***RR***
	Restricted benefit							
	Treatment in a hospital of acute anaerobic sepsis.							
5154G	***I.V. infusion 500 mg in 100 mL***	***5***	..	..	****28.54***	***20.30***	***BX***	
	METRONIDAZOLE BENZOATE							
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.03	14.89	Flagyl S	RR
	VACCINES							
	Bacterial vaccines							
	• ***Tetanus vaccines***							
	TETANUS VACCINE, ADSORBED							
5223X	Injection 0.5 mL	3	..	..	*16.78	17.64	CS	
	MUSCULO-SKELETAL SYSTEM							
	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
	Antiinflammatory and antirheumatic products, non-steroids							
	• ***Acetic acid derivatives and related substances***							
	DICLOFENAC POTASSIUM							
5074C	Tablets 25 mg, 20	‡1	..	..	6.76	7.62	Voltaren Rapid 25	NV
5075D	Tablets 50 mg, 20	‡1	..	..	7.33	8.19	Voltaren Rapid 50	NV
	DICLOFENAC SODIUM							
5079H	Suppository 100 mg	40	..	..	*22.87	20.30	Voltaren 100	NV

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DICLOFENAC SODIUM—cont.							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5076E	***Tablet 25 mg (enteric coated)***	***100***	***..***	***..***	****13.49***	***14.35***	[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
				[B]1.10	****14.59***	***14.35***	[a] ***Voltaren 25***	***NV***
5077F	***Tablet 50 mg (enteric coated)***	***50***	***..***	***..***	***10.74***	***11.60***	[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
							[a] ***Fenac***	***AF***
				[B]1.75	***12.49***	***11.60***	[a] ***Voltaren 50***	***NV***
	INDOMETHACIN							
5128X	Suppository 100 mg	40	..	..	*19.29	20.15	Indocid	MK
	INDOMETHACIN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5126T	***Capsule 25 mg***	***100***	***..***	***..***	****7.69***	***8.55***	[a] ***Arthrexin***	***AF***
				[B]2.98	****10.67***	***8.55***	[a] ***Indocid***	***MK***
	SULINDAC							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5217N	***Tablet 100 mg***	***100***	***..***	***..***	****14.51***	***15.37***	[a] ***Aclin***	***AF***
				[B]2.20	****16.71***	***15.37***	[a] ***Clinoril***	***FR***
5218P	***Tablet 200 mg***	***50***	***..***	***..***	***13.41***	***14.27***	[a] ***Aclin 200***	***AF***
				[B]2.54	***15.95***	***14.27***	[a] ***Clinoril 200***	***FR***
	• *Oxicams*							
	PIROXICAM							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
5201R	***Dispersible tablet 10 mg***	***50***	***..***	***..***	***12.75***	***13.61***	[a] ***Candyl-D 10 mg***	***DP***
							[a] ***Mobilis D-10***	***AF***
							[a] ***Pirohexal-D***	***HX***
							[a] ***Rosig-D***	***SI***
				[B]1.80	***14.55***	***13.61***	[a] ***Feldene-D***	***PF***

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PIROXICAM—cont.							
5202T	***Dispersible tablet 20 mg***	***25***	..	..	***12.31***	***13.17***	[a] ***Candyl-D 20 mg***	***DP***
							[a] ***Mobilis D-20***	***AF***
							[a] ***Pirohexal-D***	***HX***
							[a] ***Rosig-D***	***SI***
				[B]***1.90***	***14.21***	***13.17***	[a] ***Feldene-D***	***PF***
5203W	***Capsule 10 mg***	***50***	..	..	***12.75***	***13.61***	[a] ***Candyl 10 mg***	***DP***
							[a] ***Mobilis 10***	***AF***
							[a] ***Rosig***	***SI***
				[B]***1.80***	***14.55***	***13.61***	[a] ***Feldene***	***PF***
5204X	***Capsule 20 mg***	***25***	..	..	***12.31***	***13.17***	[a] ***Candyl 20 mg***	***DP***
							[a] ***Mobilis 20***	***AF***
							[a] ***Rosig***	***SI***
				[B]***1.90***	***14.21***	***13.17***	[a] ***Feldene***	***PF***
	TENOXICAM							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5226C	***Tablet 10 mg***	***50***	..	..	***13.31***	***14.17***	***Tilcotil***	***RO***
	• *Propionic acid derivatives*							
	IBUPROFEN							
5124Q	Tablets 400 mg, 20	‡1	..	..	6.33	7.19	Brufen	KN
	IBUPROFEN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
5121M	***Tablet 200 mg***	***100***	..	..	****8.87***	***9.73***	***Rafen 200***	***AF***
5123P	***Tablet 400 mg***	***100***	..	..	****12.13***	***12.99***	***Brufen***	***KN***
	KETOPROFEN							
5139L	Suppository 100 mg	40	..	..	*21.03	20.30	Orudis	RR
	KETOPROFEN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
5133E	***Capsule 50 mg***	***50***	..	..	***9.58***	***10.44***	***Orudis***	***RR***
5135G	***Capsule 100 mg (sustained release)***	***50***	..	..	***13.85***	***14.71***	[a] ***Oruvail SR***	***MB***
				[B]***1.60***	***15.45***	***14.71***	[a] ***Orudis SR***	***RR***

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	KETOPROFEN—cont.								
5136H	***Capsule 200 mg (sustained release)***	***28***	..	..	***14.98***	***15.84***	[a]	***Oruvail SR***	***MB***
				[B]***1.36***	***16.34***	***15.84***	[a]	***Orudis SR 200***	***RR***
	NAPROXEN								
5185X	Suppository 500 mg	40	..	..	*19.29	20.15		Naprosyn	SD
	NAPROXEN								
	Restricted benefit								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
	Bone pain due to malignant disease.								
5176K	***Tablet 250 mg***	***100***	..	..	***14.31**	***15.17***	[a]	***Inza 250***	***AF***
				[B]***3.02***	***17.33***	***15.17***	[a]	***Naprosyn***	***SD***
5177L	***Tablet 500 mg***	***50***	..	..	***13.20***	***14.06***	[a]	***Inza 500***	***AF***
				[B]***1.71***	***14.91***	***14.06***	[a]	***Naprosyn***	***SD***
5178M	***Tablet 750 mg (sustained release)***	***28***	..	..	***12.24***	***13.10***	[a]	***Proxen SR 750***	***MD***
				[B]***1.68***	***13.92***	***13.10***	[a]	***Naprosyn SR750***	***SD***
5179N	***Tablet 1 g (sustained release)***	***28***	..	..	***14.86***	***15.72***	[a]	***Proxen SR 1000***	***MD***
				[B]***1.77***	***16.63***	***15.72***	[a]	***Naprosyn SR1000***	***SD***
5180P	***Oral suspension 125 mg per 5 mL, 500 mL***	***‡1***	..	..	***19.01***	***19.87***		***Naprosyn***	***SD***
	NAPROXEN SODIUM								
	Restricted benefit								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
	Bone pain due to malignant disease.								
5186Y	***Tablet 550 mg***	***50***	..	..	***13.20***	***14.06***	[a]	***Crysanal***	***MD***
				[B]***3.00***	***16.20***	***14.06***	[a]	***Anaprox 550***	***SD***
	NOTE:								
	Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.								
	• *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***	..	..	***14.93**	***15.79***		***Dolobid***	***MK***
5081K	***Tablet 500 mg***	***50***	..	..	***14.62***	***15.48***		***Dolobid***	***MK***

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	NERVOUS SYSTEM							
	ANALGESICS							
	Opioids							
	• ***Natural opium alkaloids***							
	CODEINE PHOSPHATE							
5063L	Tablet 30 mg	20	..	..	9.12	9.98	FM	
	NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	CODEINE PHOSPHATE with ASPIRIN							
3315L	Tablet 30 mg-325 mg	20	..	..	6.92	7.78	Codral Forte	GW
	CODEINE PHOSPHATE with PARACETAMOL							
3316M	Tablet 30 mg-500 mg	20	..	..	6.91	7.77	[a] Codalgin Forte	FM
							[a] Panadeine Forte Caplets	SW
				[B]1.80	8.71	7.77	[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***	..	..	***14.42***	***15.28***	***Ordine 2***	***MF***
5238Q	***Oral solution 5 mg per mL, 200 mL***	***1***	..	..	***17.61***	***18.47***	***Ordine 5***	***MF***
5239R	***Oral solution 10 mg per mL, 200 mL***	***1***	..	..	***20.55***	***20.30***	***Ordine 10***	***MF***
	NOTE: ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.***							
	MORPHINE SULFATE **CAUTION:** The risk of drug dependence is high.							
5168B	Injection 10 mg in 1 mL	5	..	..	10.46	11.32	BL	
							SI	
5169C	Injection 15 mg in 1 mL	5	..	..	10.79	11.65	BL	
							SI	
5170D	Injection 30 mg in 1 mL	5	..	..	12.04	12.90	BL	
	NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							

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.							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain not responding to non-narcotic analgesics.							
5163R	*Tablet 30 mg*	*20*	..	..	*11.75*	*12.61*	*Anamorph*	*FM*
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	Restricted benefit							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
5162Q	*Tablet 5 mg (controlled release)*	*20*	..	..	*11.13*	*11.99*	*MS Contin*	*MF*
5164T	*Tablet 10 mg (controlled release)*	*20*	..	..	*14.44*	*15.30*	*MS Contin*	*MF*
5165W	*Tablet 30 mg (controlled release)*	*20*	..	..	*26.19*	*20.30*	*MS Contin*	*MF*
5166X	*Tablet 60 mg (controlled release)*	*20*	..	..	*40.63*	*20.30*	*MS Contin*	*MF*
5167Y	*Tablet 100 mg (controlled release)*	*20*	..	..	*60.05*	*20.30*	*MS Contin*	*MF*
5246D	*Capsule 10 mg (containing sustained release pellets)*	*20*	..	..	*14.44*	*15.30*	*Kapanol*	*GW*
5240T	*Capsule 20 mg (containing sustained release pellets)*	*20*	..	..	*19.51*	*20.30*	*Kapanol*	*GW*
5241W	*Capsule 50 mg (containing sustained release pellets)*	*20*	..	..	*34.88*	*20.30*	*Kapanol*	*GW*
5242X	*Capsule 100 mg (containing sustained release pellets)*	*20*	..	..	*60.05*	*20.30*	*Kapanol*	*GW*
5243Y	*Sachet containing controlled release granules for oral suspension, 30 mg per sachet*	*20*	..	..	*26.19*	*20.30*	*MS Contin Suspension 30 mg*	*MF*
5244B	*Sachet containing controlled release granules for oral suspension, 60 mg per sachet*	*20*	..	..	*40.63*	*20.30*	*MS Contin Suspension 60 mg*	*MF*
5245C	*Sachet containing controlled release granules for oral suspension, 100 mg per sachet*	*20*	..	..	*60.05*	*20.30*	*MS Contin Suspension 100 mg*	*MF*

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:							
	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*	..	..	*17.28*	*18.14*	***Proladone***	***KN***
	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*	..	..	*9.32*	*10.18*	***Endone***	***BT***
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	• *Phenylpiperidine derivatives*							
	PETHIDINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Short-term treatment of acute pain.							
5199P	***Injection 50 mg in 1 mL***	*5*	..	..	*9.72*	*10.58*	***BL SI***	
5200Q	***Injection 100 mg in 2 mL***	*5*	..	..	*10.15*	*11.01*	***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*							
	ASPIRIN							
5017C	Tablet 300 mg	100	..	..	6.70	7.56	Spren	SI
5018D	Tablet 300 mg (dispersible)	96	..	..	6.62	7.48	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***							
	PARACETAMOL							
5196L	Tablet 500 mg	100	..	..	7.53	8.39	Dymadon P	WR
							[a] Febridol	GR
							[a] Panamax	SW
							Parahexal	HX
							[a] Paralgin	FM
							SBPA Paracetamol 500	SL
							Tylenol	JT
							[a] RR	
3348F	Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	7.57	8.43	Dymadon	WR
							Panamax	SW
3349G	Elixir 240 mg per 5 mL, 200 mL	‡1	..	..	9.78	10.64	Panamax 240 Elixir	SW
	ANTIEPILEPTICS							
	Antiepileptics							
	• ***Carboxamide derivatives***							
	CARBAMAZEPINE							
5039F	Tablet 100 mg	200	..	..	21.33	20.30	Tegretol 100	NV
5040G	Tablet 200 mg	200	..	..	36.69	20.30	[a] Carbium	HX
							[a] Teril	AF
				[B]1.18	37.87	20.30	[a] Tegretol 200	NV
5038E	Tablet 200 mg (controlled release)	200	..	..	36.69	20.30	Tegretol CR 200	NV
5037D	Tablet 400 mg (controlled release)	200	..	..	65.77	20.30	Tegretol CR 400	NV
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡1	..	..	19.30	20.16	Tegretol Liquid	NV
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
5031T	Injection 2 mg in 2 mL	5	..	..	18.31	19.17	Cogentin	MK
	PSYCHOLEPTICS							
	Anxiolytics							
	• ***Benzodiazepine derivatives***							
	DIAZEPAM							
5071X	Tablet 2 mg	50	..	..	6.51	7.37	[a] Antenex 2	AF
				[B]0.89	7.40	7.37	Ducene	SU
				[B]1.28	7.79	7.37	[a] Valium	RO

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	
	DIAZEPAM—cont.							
5072Y	Tablet 5 mg	50	..	..	6.76	7.62	[a] Antenex 5	AF
				[B]0.90	7.66	7.62	Ducene	SU
				[B]1.29	8.05	7.62	[a] Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	9.14	10.00	BL	
	OXAZEPAM							
5192G	Tablet 15 mg	25	..	..	5.71	6.57	[a] Alepam 15	AF
							[a] Murelax	AY
				[B]1.41	7.12	6.57	[a] Serepax	WY
5193H	Tablet 30 mg	25	..	..	5.93	6.79	[a] Alepam 30	AF
							[a] Murelax	AY
				[B]1.41	7.34	6.79	[a] Serepax	WY
	Hypnotics and sedatives							
	• ***Benzodiazepine derivatives***							
	NITRAZEPAM							
5189D	Tablet 5 mg	25	..	..	6.39	7.25	[a] Alodorm	AF
				[B]1.12	7.51	7.25	[a] Mogadon	DT
	TEMAZEPAM							
5221T	Tablet 10 mg	25	..	..	6.39	7.25	[a] Temaze	AF
							[a] Temtabs	WX
				[B]1.00	7.39	7.25	[a] Normison	WY
5222W	Capsule 10 mg	25	..	..	6.39	7.25	Euhypnos	SI
							[a] Nocturne	WX
							[a] Temaze 10	AF
				[B]1.00	7.39	7.25	[a] Normison	WY
	RESPIRATORY SYSTEM							
	ANTI-ASTHMATICS							
	Adrenergics for systemic use							
	• ***Alpha and beta-adrenoceptor agonists***							
	ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.08	9.94	AP	
	SENSORY ORGANS							
	OPHTHALMOLOGICALS							
	Antiinfectives							
	• ***Antibiotics***							
	CHLORAMPHENICOL							
5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	7.27	8.13	Chloromycetin	PD
							Chlorsig	SI
	CAUTION: Topical chloramphenicol may cause aplastic anaemia.							

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	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	..	..	19.85	20.30	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	20.84	20.30	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	30.68	20.30	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	..	..	9.99	10.85	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	12.48	13.34	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	12.85	13.71	AP	
	WATER FOR INJECTIONS, STERILISED							
3394P	Injection 2 mL	5	..	..	9.70	10.56	AP	
3395Q	Injection 5 mL	5	..	..	11.28	12.14	AP	
3396R	Injection 10 mL	5	..	..	12.76	13.62	AP	

SECTION 100 ITEMS

In addition to the drugs and medicinal preparations listed in this Schedule, a number of drugs are also available as pharmaceutical benefits but are distributed under alternative arrangements where these are considered more appropriate.
These alternative arrangements are provided for under section 100 of the *National Health Act 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.

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	

HIGHLY SPECIALISED DRUGS AVAILABLE THROUGH HOSPITAL PHARMACIES FOR OUT-PATIENTS

The Commonwealth Government provides funding to the States and Territories for certain highly specialised drugs. These drugs are medicines for chronic conditions that 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 that 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 in-patients.

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	NT	(08) 8922 8359
SA	(08) 8226 6039	ACT	(02) 6244 2120
Highly Specialised Drugs Working Party Secretariat			(02) 6289 7238

	ABACAVIR SULFATE *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.*				
6264Q	*Tablet 300 mg (base)*	*60*	*423.00*	*Ziagen*	*GW*
6265R	*Oral solution 20 mg (base) per mL, 240 mL*	*1*	*75.20*	*Ziagen*	*GW*
	APOMORPHINE HYDROCHLORIDE *Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.*				
6104G	*Injection 10 mg in 1 mL*	*5*	*28.00*	*Apomine*	*FA*

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	AZITHROMYCIN *Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per mm³.*				
6221K	*Tablet 600 mg*	*8*	*67.82*	*Zithromax*	*PF*
	CIDOFOVIR *Sight-threatening cytomegalovirus retinitis in patients aged twelve years and over with AIDS.*				
6247T	*Solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial*	*1*	*900.00*	*Vistide*	*PU*
	CLARITHROMYCIN *Treatment of Mycobacterium avium complex infections.*				
6151R	*Tablet 250 mg*	*100*	*87.24*	*Klacid*	*AB*
6152T	*Tablet 500 mg*	*100*	*174.47*	*Klacid*	*AB*
	CLOZAPINE *Treatment of schizophrenia in patients who are non-responsive to, or intolerant of, other neuroleptic agents.*				
6101D	*Tablet 25 mg*	*100*	*72.00*	*Clozaril 25*	*NV*
6102E	*Tablet 100 mg*	*100*	*270.00*	*Clozaril 100*	*NV*
	CYCLOSPORIN *For use by organ or tissue transplant recipients (e.g. kidney, liver and heart transplantation).*				
6109M	*Solution concentrate for I.V. infusion 50 mg in 1 mL ampoule*	*10*	*54.10*	*Sandimmun*	*NV*
6110N	*Solution concentrate for I.V. infusion 250 mg in 5 mL ampoule*	*10*	*257.95*	*Sandimmun*	*NV*
	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.*				
6232B	*Capsule 10 mg (containing microemulsion pre-concentrate)*	*60*	*37.20*	*Neoral 10*	*NV*
6111P	*Capsule 25 mg (containing microemulsion pre-concentrate)*	*50*	*75.02*	*Neoral 25*	*NV*
6112Q	*Capsule 50 mg (containing microemulsion pre-concentrate)*	*50*	*150.00*	*Neoral 50*	*NV*
6114T	*Capsule 100 mg (containing microemulsion pre-concentrate)*	*50*	*300.00*	*Neoral 100*	*NV*

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	CYCLOSPORIN—cont.				
6125J	*Oral liquid 100 mg per mL (containing microemulsion pre-concentrate), 50 mL*	*1*	*315.79*	*Neoral*	*NV*
	DELAVIRDINE MESYLATE *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.*				
6243N	*Tablet 100 mg*	*360*	*271.58*	*Rescriptor*	*PU*
	DESFERRIOXAMINE MESYLATE *Disorders of erythropoiesis associated with treatment-related chronic iron overload.*				
6113R	*Powder for injection 500 mg vial*	*10*	*100.00*	[a] *Desferal 500 mg* [a] *BL*	*NV*
	NOTE: *A brand price premium of $8.27 applies to Desferal brand.*				
	DIDANOSINE *Treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm³, or viral load of greater than 10,000 copies per mL.*				
6115W	*Tablet 25 mg (chewable/dispersible)*	*60*	*39.58*	*Videx*	*BQ*
6117Y	*Tablet 100 mg (chewable/dispersible)*	*60*	*158.31*	*Videx*	*BQ*
6119C	*Powder for paediatric oral solution 2 g in 120 mL bottle*	*1*	*52.77*	*Videx*	*BQ*
	DISODIUM PAMIDRONATE *Multiple myeloma;* *Bone metastases from breast cancer.*				
6223M	*Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL*	*1*	*387.03*	*Aredia 90 mg*	*NV*
	DORNASE ALFA *Certain patients with cystic fibrosis.* **NOTE:** *This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit may be obtained by telephoning the contact numbers listed at the beginning of this section.*				
6120D	*Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL ampoule*	*30*	*1110.00*	*Pulmozyme*	*RO*
	DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL *Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per mm³ and extensive mucocutaneous or visceral involvement.*				
6249X	*Suspension for I.V. infusion 20 mg in 10 mL vial*	*1*	*653.40*	*Caelyx*	*SH*
	EFAVIRENZ *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.*				
6258J	*Capsule 50 mg*	*30*	*37.50*	*Stocrin*	*MK*
6259K	*Capsule 100 mg*	*30*	*75.50*	*Stocrin*	*MK*
6260L	*Capsule 200 mg*	*42*	*211.23*	*Stocrin*	*MK*

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	EPOETIN ALFA *For the treatment of anaemia requiring transfusion, associated with chronic renal failure, where treatment is initiated in a hospital with a renal dialysis unit.*				
6251B	*Injection 1,000 units in 0.5 mL pre-filled syringe*	*6*	*147.00*	*Eprex 1000*	*JC*
6200H	*Injection 1,000 units in 0.5 mL vial*	*6*	*147.00*	*Eprex 1000*	*JC*
6204M	*Injection 2,000 units in 0.5 mL pre-filled syringe*	*6*	*272.00*	*Eprex 2000*	*JC*
6121E	*Injection 2,000 units in 1 mL vial*	*6*	*272.00*	*Eprex 2000*	*JC*
6205N	*Injection 3,000 units in 0.3 mL pre-filled syringe*	*6*	*351.00*	*Eprex 3000*	*JC*
6206P	*Injection 4,000 units in 0.4 mL pre-filled syringe*	*6*	*447.00*	*Eprex 4000*	*JC*
6122F	*Injection 4,000 units in 1 mL vial*	*6*	*447.00*	*Eprex 4000*	*JC*
6207Q	*Injection 10,000 units in 1 mL pre-filled syringe*	*6*	*1037.00*	*Eprex 10000*	*JC*
6123G	*Injection 10,000 units in 1 mL vial*	*6*	*1037.00*	*Eprex 10000*	*JC*
	FILGRASTIM *For use in patients undergoing induction and consolidation therapy for acute myeloid leukaemia;* *Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for reinfusion into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;* *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.*				
6126K	*Injection 300 micrograms in 1 mL vial*	*10*	*1504.00*	*Neupogen*	*AN*
6224N	*Injection 300 micrograms in 1 mL single use pre-filled syringe*	*10*	*1504.00*	*Neupogen*	*AN*
6127L	*Injection 480 micrograms in 1.6 mL vial*	*10*	*2407.00*	*Neupogen*	*AN*
6225P	*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.*				
6134W	*I.V. infusion 24 mg per mL, 250 mL bottle*	*6*	*395.00*	*Foscavir*	*AP*

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	GANCICLOVIR *Maintenance therapy, after stabilisation with intravenous ganciclovir, of sight-threatening cytomegalovirus retinitis in severely immunocompromised patients.*				
6159E	*Capsule 250 mg*	*84*	*540.00*	*Cymevene*	*RO*
	Sight-threatening cytomegalovirus retinitis in severely immunocompromised patients.				
6256G	*Intravitreal implant 4.5 mg*	*1*	*6000.00*	*Vitrasert*	*BU*
	GANCICLOVIR SODIUM *Sight-threatening cytomegalovirus retinitis in severely immunocompromised patients.*				
6136Y	*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 mm³, or viral load of greater than 10,000 copies per mL.*				
6201J	*Capsule 200 mg (base)*	*360*	*455.00*	*Crixivan 200 mg*	*MK*
6252C	*Capsule 400 mg (base)*	*42*	*106.17*	*Crixivan 400 mg*	*MK*
6202K	*Capsule 400 mg (base)*	*180*	*455.00*	*Crixivan 400 mg*	*MK*
	INTERFERON ALFA-2a *Certain patients with chronic hepatitis B;* *Certain patients with chronic hepatitis C;* *Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase.* **NOTE:** *This abbreviated entry is only a guide and complete details of the criteria for prescribing this drug as a benefit may be obtained by telephoning the contact numbers listed at the beginning of this section.*				
6210W	*Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe*	*1*	*26.24*	*Roferon-A*	*RO*
6211X	*Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe*	*1*	*39.37*	*Roferon-A*	*RO*
6212Y	*Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe*	*1*	*52.49*	*Roferon-A*	*RO*
6213B	*Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe*	*1*	*78.73*	*Roferon-A*	*RO*
6220J	*Solution for injection 18,000,000 i.u. in 1 mL single use vial*	*3*	*472.39*	*Roferon-A*	*RO*
	INTERFERON ALFA-2b *Adjunctive therapy of malignant melanoma following surgery in patients with nodal involvement;* *Certain patients with chronic hepatitis B;* *Certain patients with chronic hepatitis C;* *Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase.*				

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	INTERFERON ALFA-2b—cont.				
	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.*				
6244P	*Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial*	*5*	*131.22*	*Intron A*	*SH*
6245Q	*Solution for injection 5,000,000 i.u. in 0.5 mL single dose vial*	*5*	*218.70*	*Intron A*	*SH*
6147M	*Injection set containing 5 vials powder for injection 9,000,000 i.u. and 5 ampoules solvent 2 mL*	*1*	*393.66*	*Intron A*	*SH*
6246R	*Solution for injection 10,000,000 i.u. in 1 mL single dose vial*	*5*	*437.40*	*Intron A*	*SH*
6128M	*Solution for injection 10,000,000 i.u. in 2 mL multi-dose vial*	*5*	*437.40*	*Intron A*	*SH*
6253D	*Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose cartridge*	*1*	*157.46*	*Intron A Redipen*	*SH*
6218G	*Solution for injection 18,000,000 i.u. in 3 mL multi-dose vial*	*5*	*787.32*	*Intron A*	*SH*
6219H	*Solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial*	*5*	*1093.50*	*Intron A*	*SH*
6254E	*Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose cartridge*	*1*	*262.44*	*Intron A Redipen*	*SH*
6233C	*Injection set containing 1 vial powder for injection 30,000,000 i.u. and 1 vial solvent 2 mL*	*1*	*262.44*	*Intron A*	*SH*
6255F	*Solution for injection 60,000,000 i.u. in 1.2 mL multi-dose cartridge*	*1*	*524.88*	*Intron A Redipen*	*SH*
	INTERFERON GAMMA-1b				
	Chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.				
6148N	*Injection 2,000,000 i.u. in 0.5 mL vial*	*6*	*1052.00*	*Imukin*	*BY*
	LAMIVUDINE				
	Certain patients with chronic hepatitis B.				
	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.*				
6257H	*Tablet 100 mg*	*28*	*119.50*	*Zeffix*	*GW*
	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.				
6193Y	*Tablet 150 mg*	*60*	*282.00*	*3TC*	*GW*
6194B	*Oral solution 10 mg per mL, 240 mL*	*1*	*75.20*	*3TC*	*GW*

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	LAMIVUDINE with ZIDOVUDINE *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.*				
6234D	*Tablet 150 mg-300 mg*	*60*	*578.60*	*Combivir*	*GW*
	LENOGRASTIM *Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for reinfusion into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;* *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.* **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.*				
6214C	*Powder for injection 13,400,000 i.u. (105 micrograms) vial*	*5*	*256.25*	*Granocyte 13*	*AD*
6124H	*Powder for injection 33,600,000 i.u. (263 micrograms) vial*	*5*	*641.80*	*Granocyte 34*	*AD*
	MYCOPHENOLATE MOFETIL *Prophylaxis of renal allograft rejection.*				
6208R	*Capsule 250 mg*	*300*	*548.00*	*CellCept*	*RO*
6209T	*Tablet 500 mg*	*150*	*548.00*	*CellCept*	*RO*
	NELFINAVIR MESYLATE *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.*				
6230X	*Tablet 250 mg (base)*	*270*	*455.00*	*Viracept*	*RO*
6231Y	*Oral powder 50 mg (base) per g, 144 g*	*1*	*48.53*	*Viracept*	*RO*
	NEVIRAPINE *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.*				
6215D	*Tablet 200 mg*	*60*	*271.58*	*Viramune*	*BY*
	OCTREOTIDE *Certain patients with active acromegaly;* *Certain patients with a histologically-confirmed diagnosis of a functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma).* **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.*				

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	OCTREOTIDE—cont.				
6227R	*Injection 50 micrograms in 1 mL ampoule*	5	41.76	Sandostatin 0.05	NV
6228T	*Injection 100 micrograms in 1 mL ampoule*	5	83.50	Sandostatin 0.1	NV
6229W	*Injection 500 micrograms in 1 mL ampoule*	5	417.96	Sandostatin 0.5	NV
	RIBAVIRIN and INTERFERON ALFA-2b *Treatment of chronic hepatitis C in patients who have relapsed following interferon alfa-2a/2b monotherapy supplied as a pharmaceutical benefit (as a highly specialised drug under section 100 arrangements).* *Treatment is to cease if plasma HCV RNA remains detectable after 12 weeks' therapy.* *The treatment course is limited to 24 weeks.*				
6261M	*Pack containing 84 capsules ribavirin 200 mg and 2 multi-dose cartridges interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL*	‡1	1028.93	Rebetron Combination Therapy	SH
6262N	*Pack containing 140 capsules ribavirin 200 mg and 2 multi-dose cartridges interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL*	‡1	1504.93	Rebetron Combination Therapy	SH
6263P	*Pack containing 168 capsules ribavirin 200 mg and 2 multi-dose cartridges interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL*	‡1	1742.93	Rebetron Combination Therapy	SH
	RIFABUTIN *Treatment of Mycobacterium avium complex infections in HIV-positive patients; Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per mm³.*				
6195C	*Capsule 150 mg*	30	147.00	Mycobutin	PS
	RITONAVIR *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.*				
6203L	*Capsule 100 mg*	84	106.17	Norvir	AB
6235E	*Oral solution 600 mg per 7.5 mL (80 mg per mL), 240 mL*	1	242.67	Norvir	AB
	SAQUINAVIR *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.*				
6248W	*Soft gelatin capsule 200 mg*	180	227.55	Fortovase	RO
	SAQUINAVIR MESYLATE *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.*				
6199G	*Capsule 200 mg (base)*	270	455.00	Invirase	RO
	STAVUDINE *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.*				
6185M	*Capsule 15 mg*	60	250.00	Zerit	BQ

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	STAVUDINE—cont.				
6186N	*Capsule 20 mg*	*60*	*280.00*	*Zerit*	*BQ*
6189R	*Capsule 30 mg*	*60*	*333.68*	*Zerit*	*BQ*
6190T	*Capsule 40 mg*	*60*	*444.90*	*Zerit*	*BQ*
6250Y	*Powder for oral solution 1 mg per mL, 200 mL*	*1*	*55.56*	*Zerit*	*BQ*
	TACROLIMUS *For the prevention and treatment of rejection in primary liver transplant recipients.*				
6216E	*Capsule 1 mg*	*100*	*405.00*	*Prograf*	*JC*
6217F	*Capsule 5 mg*	*50*	*1010.00*	*Prograf*	*JC*
	ZALCITABINE *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.*				
6149P	*Tablet 375 micrograms*	*100*	*193.75*	*Hivid*	*RO*
6150Q	*Tablet 750 micrograms*	*100*	*242.18*	*Hivid*	*RO*
	ZIDOVUDINE *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.*				
6153W	*Capsule 100 mg*	*100*	*205.46*	*Retrovir*	*GW*
6154X	*Capsule 250 mg*	*60*	*308.19*	*Retrovir*	*GW*
6155Y	*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 (03) 6215 5730.* *Treatment of blepharospasm associated with dystonia, including hemifacial spasm in patients 12 years and older.*				
6103F	*Lyophilised powder for I.M. injection 100 units vial*	*1*	*450.00*	*Botox*	*AG*
	ITEM AVAILABLE DIRECT FROM MANUFACTURER UNDER THE SPECIAL ACCESS SCHEME (PENDING APPROVAL OF REVISED FORMULATION)				
	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.*				
6175B	*Tablet 2.5 mg*	*100*	*538.00*	*Oxandrin*	*CS*

Code	Item and Section 100 Restriction	Pack Size	Price to Commonwealth $	Proprietary Name and Manufacturer	
	ITEMS AVAILABLE ON APPROVAL OF THE DEPARTMENT OF HEALTH AND AGED CARE 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 Aged Care* *GPO Box 9848* *CANBERRA ACT 2601* *Contact telephone number (02) 6289 7274*				
6160F	*Injection 4 i.u. (1.33 mg) vial with 2 mL diluent (with preservative)*	*1*	*74.50*	*Humatrope*	*AZ*
6167N	*Injection 4 i.u. (1.33 mg) vial with 1 mL diluent (without preservative)*	*1*	*72.48*	*Saizen*	*SG*
6161G	*Injection 4 i.u. (1.3 mg) in 1 mL cartridge (with preservative)*	*1*	*76.12*	*Genotropin*	*PS*
6166M	*Injection 4 i.u. (1.3 mg) in 1 mL cartridge (without preservative)*	*1*	*76.12*	*Genotropin*	*PS*
6162H	*Injection 10 i.u. (3.33 mg) vial with 5 mL diluent (with preservative)*	*1*	*181.20*	*Saizen*	*SG*
6163J	*Injection 12 i.u. (4 mg) vial with 3 mL diluent (with preservative)*	*1*	*223.44*	*Norditropin*	*NO*
6222L	*Injection 12 i.u. (4 mg) vial with 2.25 mL diluent cartridge (with preservative)*	*1*	*223.44*	*Norditropin PenSet 12*	*NO*
6164K	*Injection 16 i.u. (5.33 mg) vial with 8 mL diluent (with preservative)*	*1*	*298.00*	*Humatrope*	*AZ*
6165L	*Injection 16 i.u. (5.3 mg) in 1 mL cartridge (with preservative)*	*1*	*304.48*	*Genotropin*	*PS*
6169Q	*Injection 18 i.u. (6 mg) cartridge with 3.15 mL diluent (with preservative)*	*1*	*326.16*	*Humatrope*	*AZ*
6226Q	*Injection 24 i.u. (8 mg) vial with 2.25 mL diluent cartridge (with preservative)*	*1*	*434.88*	*Norditropin PenSet 24*	*NO*
6170R	*Injection 36 i.u. (12 mg) cartridge with 3.15 mL diluent (with preservative)*	*1*	*652.32*	*Humatrope*	*AZ*

Section 3

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

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

Injectables	**150 mL vial**	**$0.69**
Other Items	**25 mL vial**	**$0.27**

(The 25 mL is the most commonly used size)

FEES:

Ready Prepared Composite Fee	**$4.39**
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	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
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 @ 26.29	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 @ 529.62	LY
8357W	Acamprosate Calcium	333 mg (e.c.)	90 @ 83.60	AF
1003T	Aciclovir	200 mg	25 @ 51.74	AD,AF,DP,HX
			25 @ 54.12	GW
2600W	Allopurinol	100 mg	100 @ 4.64	AF,HX
			100 @ 5.59	SI
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 @ 1086.74	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 @ 3.32	MK
3079C	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine	200 g	1 @ 132.30	SB
2347M	Amino Acid Formula without Phenylalanine	20 g, 30	1 @ 201.60	SB
3072Q		250 g	1 @ 158.55	SB
1450H		500 g	1 @ 174.58	FA

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
2379F	Amino Acid Formula without Phenylalanine, Tyrosine and Methionine	500 g	1 @	369.60	SB
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine	200 g	1 @	71.40	SB
8328H		500 g	1 @	178.50	SB
8058D	Amino Acid Formula with Vitamins and Minerals without Methionine, Threonine and Valine and low in Isoleucine	400 g	1 @	81.25	SB
8059E		500 g	1 @	171.15	SB
8061G		500 g	1 @	260.40	SB
2737C	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	400 g	1 @	71.40	SB
2738D		500 g	1 @	135.45	SB
2739E		500 g	1 @	206.85	SB
3078B	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine	500 g	1 @	280.35	SB
2380G	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	400 g	1 @	69.83	SB
8310J		500 g	1 @	357.00	SB
1045B		200 g	1 @	63.54	SB
8260R		500 g	1 @	158.84	SB
8057C		500 g	1 @	260.40	SB
3066J	Amino Acids—Synthetic, Formula	400 g	1 @	54.18	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 @	4.06	SH,SI
2820K		200 mcg per g, 100 g	1 @	4.06	SH
1071J	Bethanechol Chloride	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	NV
3001Y		100 i.u. in 1 mL	5 @	50.27	RR
2997R		100 i.u. in 1 mL	5 @	50.27	NV
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
8314N	Cefepime	500 mg	1 @	10.45	BQ
8315P		1 g	1 @	18.34	BQ
8316Q		2 g	1 @	33.54	BQ
1085D	Cefotaxime	1 g	1 @	10.91	RL
1086E		2 g	1 @	20.69	RL

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
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
1187L	Chlorothiazide	500 mg	50 @	3.11	AD
1585K	Chlorthalidone	25 mg	50 @	3.11	NV
2967E	Cholestyramine	4.7 g (equiv. to 4 g cholestyramine)	1 @	24.20	BQ
1217C	Ciprofloxacin	3 mg per mL, 5 mL	1 @	11.39	IQ
			1 @	12.62	AQ
1211R	Clomiphene Citrate	50 mg	5 @	18.21	HX
			5 @	19.44	ML
1805B	Clonazepam	500 mcg	100 @	9.35	AF
			100 @	11.64	RO
1806C		2 mg	100 @	17.60	AF
			100 @	20.10	RO
1808E		2.5 mg in 1 mL, 10 mL	1 @	3.96	RO
1228P	Copper Sulfate	Tablets, 36	1 @	9.19	BN
1079T	Cyclophosphamide	500 mg	1 @	11.66	AA,PS
1798P	Cyproheptadine Hydrochloride	4 mg	50 @	3.33	FR
1270W	Cyproterone Acetate	50 mg	50 @	144.00	AF,DP
			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
8321Y	Dalteparin Sodium (Low Molecular Weight Heparin Sodium—porcine mucous)	5,000 units (anti-Xa) in 0.2 mL	15 @	101.25	PS
8322B		7,500 units (anti-Xa) in 0.75 mL	15 @	147.38	PS
8323C		10,000 units (anti-Xa) in 1 mL	15 @	193.73	PS
2129C	Desmopressin Acetate	100 mcg per mL, 2.5 mL	1 @	31.99	RR
8032R		10 mcg per actuation, 50 actuations, 5 mL	1 @	66.57	RR
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @	4.55	DP,HX
			50 @	5.10	NV
1302M		100 mg	20 @	9.24	NV
1319K	Diflunisal	250 mg	50 @	5.27	MK
3164M	Digoxin	50 mcg per mL, 60 mL	1 @	11.00	SI
1344R	Diphtheria Antitoxin	10,000 units	1 @	84.70	CS
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed (Triple Antigen)	0.5 mL	1 @	5.17	CS
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.68	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted For Adult Use	0.5 mL	1 @	4.76	CS
8071T	Docetaxel	20 mg (anhydrous) set	1 @	396.99	RR
1125F	Docusate Sodium with Bisacodyl	100 mg-10 mg, 5	1 @	2.83	FM

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
1336H	Doxorubicin Hydrochloride	10 mg in 5 mL	1 @	41.51	BL,PS,PU
1340M		20 mg in 10 mL	1 @	72.00	BL,PS,PU
1342P		50 mg in 25 mL	1 @	167.58	BL,PS,PU
2702F	Doxycycline	100 mg	7 @	2.81	AF,DP,HX, SI,SL
			7 @	3.61	PF
2703G		100 mg	7 @	2.81	BL
			7 @	3.85	FA
2714W		100 mg	7 @	2.81	AF,DP,HX, SI,SL
			7 @	3.61	PF
3199J	Electrolyte Replacement Solution	1 L	1 @	3.09	BX
8324D	Enoxaparin Sodium	40 mg in 0.4 mL	15 @	104.30	RR
8325E		60 mg in 0.6 mL	15 @	145.15	RR
8326F		80 mg in 0.8 mL	15 @	165.57	RR
8327G		100 mg in 1 mL	15 @	200.16	RR
1375J	Epirubicin Hydrochloride	10 mg in 5 mL	1 @	56.00	PS
1376K		20 mg in 10 mL	1 @	104.37	PS
1377L		50 mg in 25 mL	1 @	258.09	PS
1398N	Erythromycin Lactobionate	300 mg (base)	1 @	7.70	AB
8001D	Essential Amino Acids Formula with Minerals and Vitamin C	200 g	1 @	58.55	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 @	5.41	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	DP,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 @	7.15	BL
2245E	Glucose	278 mmol per L, 1 L	1 @	1.87	BX
2891E	Glucose Indicator—Blood	Electrode strips, 50	1 @	24.86	BO
2855G		Electrode strips, 50	1 @	24.86	BN
8176H		Electrode strips, 50	1 @	24.86	BN
2908C		Reagent strips, 50	1 @	21.78	HG
2919P		Reagent strips, 50	1 @	22.66	BO
2890D		Reagent strips, 50	1 @	22.66	NA
8053W		Reagent strips, 50	1 @	22.66	NA
8178K		Reagent strips, 50	1 @	22.66	NA
2914J		Reagent strips, 50	1 @	22.66	BO
2889C		Reagent strips, 50	1 @	22.66	BN
2917M		Reagent strips, 50	1 @	22.66	BN
8190C		Reagent strips, 50	1 @	22.66	BO
2921R		Reagent strips, 50	1 @	22.66	HG
3106L	Glucose and Ketone Indicator—Urine	Reagent strips, 50	1 @	5.43	BO
2555L	Glycerol	700 mg, 12	1 @	3.38	PP
2556M		1.4 g, 12	1 @	3.50	PP

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
2557N	Glycerol	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 mg-5 mg	50 @	3.30	AD,AF
			50 @	4.92	MK
1502C	Hydrocortisone Acetate	21.1 g	1 @	15.68	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
8299T	Hypromellose with Dextran	3 mg-1 mg per mL, 0.4 mL, 28	1 @	8.93	AQ
3198H	Ibuprofen	200 mg	50 @	2.24	AF
3190X		400 mg	50 @	3.87	KN
2446R	Idarubicin Hydrochloride	5 mg	1 @	80.52	PS
2448W		10 mg	1 @	152.32	PS
2450Y		25 mg	1 @	380.80	PS
2452C		5 mg	1 @	195.62	PS
2453D		10 mg	1 @	380.80	PS
8076C	Ifosfamide	1 g	1 @	53.10	AA
8077D		2 g	1 @	99.23	AA
2454E	Indomethacin	25 mg	50 @	1.65	AF
			50 @	3.14	MK
2757D		100 mg	20 @	7.45	MK
1711C	Insulin Isophane (N.P.H.)	100 units per mL, 10 mL	1 @	23.51	RR
1533Q		100 units per mL, 10 mL	1 @	25.19	AZ,NO
1534R		100 units per mL, 1.5 mL, 5	1 @	21.54	AZ,NO
1761Q		100 units per mL, 3 mL, 5	1 @	43.08	AZ,NL,NO
8084L	Insulin Lispro	100 units per mL, 10 mL	1 @	30.23	AZ
8085M		100 units per mL, 1.5 mL, 5	1 @	25.49	AZ
8212F		100 units per mL, 3 mL, 5	1 @	50.98	AZ
1713E	Insulin Neutral	100 units per mL, 10 mL	1 @	23.51	RR
1531N		100 units per mL, 10 mL	1 @	25.19	AZ,NO
1532P		100 units per mL, 1.5 mL, 5	1 @	21.54	AZ,NO
1762R		100 units per mL, 3 mL, 5	1 @	43.08	AZ,NL,NO
1591R	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)	100 units (20 units-80 units) per mL, 10 mL	1 @	25.19	AZ
1426C		100 units (30 units-70 units) per mL, 10 mL	1 @	25.19	AZ,NO
1425B		100 units (50 units-50 units) per mL, 10 mL	1 @	25.19	AZ,NO
1592T		100 units (20 units-80 units) per mL, 1.5 mL, 5	1 @	21.54	AZ
8006J		100 units (20 units-80 units) per mL, 3 mL, 5	1 @	43.08	AZ,NL,NO
1429F		100 units (30 units-70 units) per mL, 1.5 mL, 5	1 @	21.54	AZ,NO
1763T		100 units (30 units-70 units) per mL, 3 mL, 5	1 @	43.08	AZ,NL,NO
2062M		100 units (50 units-50 units) per mL, 3 mL, 5	1 @	43.08	NL,NO

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
1718K	Insulin Zinc Suspension (Lente)	100 units per mL, 10 mL	1 @	25.19	AZ,NO
1722P	Insulin Zinc Suspension (Crystalline) (Ultralente)	100 units per mL, 10 mL	1 @	25.19	AZ,NO
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
8348J		18,000,000 i.u. in 1.2 mL	1 @	183.71	SH
8241R		18,000,000 i.u. in 3 mL	1 @	183.71	SH
8242T		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	Ipratropium Bromide	20 mcg (anhydrous) per dose (200 doses)	1 @	15.84	BY
8279R		20 mcg (anhydrous) per dose (200 doses)	1 @	24.20	BY
1542E		250 mcg (anhydrous) in 1 mL, 30	1 @	24.20	AF,BL,BY
8238N		500 mcg (anhydrous) in 1 mL, 30	1 @	28.60	AF,BY
1541D		250 mcg (anhydrous) per mL, 20 mL	1 @	6.93	BY
2587E	Isosorbide Dinitrate	10 mg	100 @	3.85	AF
			100 @	5.34	AY
2588F		5 mg	100 @	4.35	AY
1588N	Ketoprofen	100 mg	20 @	8.32	RR
2913H	Levonorgestrel	30 mcg	1 @	2.56	SC,WY
1455N	Levonorgestrel with Ethinyloestradiol	125 mcg-50 mcg	1 @	2.56	SC
1456P		Tablet-Pack	1 @	2.56	SC,WY
1393H		150 mcg-30 mcg	1 @	4.38	SC,WY
1394J		Tablet-Pack	1 @	2.56	AY,SY
			1 @	4.38	SC,WY
3186Q		250 mcg-50 mcg	1 @	2.56	WY
3188T		Tablet-Pack	1 @	2.56	WY
1458R		Tablet-Pack	1 @	2.56	SC,WY
1391F		Tablet-Pack	1 @	4.38	SC,WY
1392G		Tablet-Pack	1 @	2.56	AY,SY
			1 @	4.38	SC,WY
2875H	Lignocaine Hydrochloride	100 mg in 5 mL	1 @	3.63	AP
3059B	Lithium Carbonate	250 mg	100 @	3.55	RR
8290H		450 mg (s.r.)	100 @	11.02	SK
1598D	Mercaptopurine	50 mg	25 @	24.62	GW
1620G	Methenolone Acetate	5 mg	50 @	27.17	SC
2826R	Methysergide	1 mg	50 @	19.35	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
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
			50 @	6.47	SD
1662L		500 mg	20 @	7.45	SD
1687T	Nicotinic Acid	250 mg	100 @	7.15	RR
2732T	Nitrazepam	5 mg	25 @	2.00	AF
			25 @	3.12	DT
1967M	Norethisterone	350 mcg	1 @	2.56	JC,MO
			1 @	3.40	SR
2772X	Norethisterone with Ethinyloestradiol	500 mcg-35 mcg	1 @	4.38	SR
2774B		Tablet-Pack	1 @	2.56	MO
			1 @	4.38	SR
2773Y		1 mg-35 mcg	1 @	4.38	SR
2775C		Tablet-Pack	1 @	2.56	MO
			1 @	4.38	SR
2776D		Tablet-Pack	1 @	2.56	MO
			1 @	4.38	SR
3176E	Norethisterone with Mestranol	1 mg-50 mcg	1 @	2.56	SR
3179H		Tablet-Pack	1 @	2.56	SR
1776L	Oestriol	1 mg	30 @	2.79	OR
3134Y	Oxazepam	15 mg	25 @	1.32	AF,AY
			25 @	2.73	WY
3135B		30 mg	25 @	1.54	AF,AY
			25 @	2.95	WY
3026G	Paclitaxel	30 mg in 5 mL	1 @	251.97	BQ,FA
8018B		100 mg in 16.7 mL	1 @	840.11	BQ
8020D	Pancreatic Extract	not less than 10,000 BP units lipase activity	100 @	33.97	SM
8021E		not less than 25,000 BP units lipase activity	100 @	67.94	SM
2495H	Pancrelipase	not less than 10,000 BP units lipase activity	250 @	86.48	OR
1754H	Paraffin	3.5 g	1 @	5.84	AQ,IQ
1702N	Phenoxymethylpenicillin	125 mg	25 @	3.25	AB
1703P		250 mg	25 @	3.42	AB,LY
1786B		125 mg	25 @	3.25	AB
1787C		250 mg	25 @	3.42	AB,LY
3028J		500 mg	25 @	5.09	AB,LY
1705R		250 mg	25 @	3.42	AB,CS,DP, HX,SI
1789E		250 mg	25 @	3.42	AB,CS,DP, HX,SI
2965C		500 mg	25 @	5.09	CS,DP,HX,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
			1 @	4.64	CS
2642C	Potassium Chloride	600 mg	100 @	3.08	AF,NV,RR
3012M		14 mmol K^+ and 8 mmol Cl^-	30 @	3.08	RR

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
1920C	Prednisolone Sodium Phosphate	equiv. to 20 mg prednisolone in 100 mL	7 @	17.71	SI
2554K		equiv. to 5 mg prednisolone, 10	1 @	6.16	SI
2653P	Procainamide Hydrochloride	250 mg	100 @	22.79	BQ
1948M	Promethazine Hydrochloride	50 mg in 2 mL	5 @	5.50	BL
1953T	Propantheline Bromide	15 mg	100 @	4.79	SI
1955X	Propylthiouracil	50 mg	100 @	13.62	OF
2563X	Protein Hydrolysate Formula	425 g	1 @	13.98	MJ
1865E	Protein Hydrolysate Formula Low In Phenylalanine	454 g	1 @	27.25	MJ
2676W	Protein Hydrolysate Formula with Medium Chain Triglycerides	400 g	1 @	11.87	NT
8259Q		450 g	1 @	12.71	NU
2679B		450 g	1 @	16.50	MJ
8284B	Raltitrexed	2 mg	1 @	296.33	ZN
8161M	Ranitidine Hydrochloride	150 mg (base) per 10 mL, 300 mL	1 @	9.92	GW
8162N		150 mg (base) per 10 mL, 300 mL	1 @	9.92	GW
8904P		150 mg (base) per 10 mL, 300 mL	1 @	9.92	GW
8905Q		150 mg (base) per 10 mL, 300 mL	1 @	9.92	GW
1980F	Red-Back Spider Antivenom	500 units	1 @	95.70	CS
1099W	Salbutamol Sulfate	200 mcg (base)	100 @	7.95	GW
8288F		100 mcg (base) per dose (200 doses)	1 @	5.86	AL
			1 @	6.12	GW,MM
8036Y		200 mcg (base) per dose, 8 doses per disk, 15	1 @	9.55	GW
8354Q		100 mcg (base) per dose (200 doses)	1 @	15.90	MM
2000G		2.5 mg (base) in 2.5 mL, 30	1 @	9.81	AF,PU
			1 @	10.81	GW
2001H		5 mg (base) in 2.5 mL, 30	1 @	10.37	AF,PU
			1 @	11.37	GW
2003K		5 mg (base) per mL, 30 mL	1 @	3.45	MM,PU
			1 @	4.46	GW
2014B	Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate	1 g-320 mg-534 mg in 20 mL, 500 mL	1 @	3.56	RC
2264E	Sodium Chloride	154 mmol per L, 1 L	1 @	1.87	BX
2260Y		513 mmol per L, 1 L	1 @	3.09	BX
2266G	Sodium Chloride Compound	1 L	1 @	2.97	BX
2281C	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @	1.87	BX
2279Y		19 mmol-104 mmol per 500 mL, 500 mL	1 @	2.55	BX
2278X		39 mmol-69 mmol per 500 mL, 500 mL	1 @	2.55	BX
1124E	Sodium Cromoglycate	20 mg in 2 mL	60 @	25.74	PU
			60 @	26.90	RR
2286H	Sodium Lactate Compound	1 L	1 @	1.87	BX

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
2294R	Sodium Valproate	100 mg	100 @	12.46	RC
2289L		200 mg (e.c.)	100 @	16.30	AF
			100 @	16.80	RC
2290M		500 mg (e.c.)	100 @	32.25	AF
			100 @	32.75	RC
2293Q		200 mg per 5 mL, 300 mL	1 @	14.08	RC
2295T		200 mg per 5 mL, 300 mL	1 @	14.08	RC
2091C	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate	3.125 g-450 mg-45 mg in 5 mL, 12	1 @	13.09	PS
8175G		3.150 g-450 mg-45 mg in 5 mL, 12	1 @	13.09	FL
1102B	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @	9.24	SC
2093E	Sulfasalazine	500 mg	100 @	18.49	PS
2096H		500 mg (e.c.)	100 @	20.34	KR
			100 @	21.16	PS
2047R	Sulindac	100 mg	50 @	5.06	AF
			50 @	6.16	FR
2109B	Tamoxifen Citrate	10 mg (base)	30 @	24.75	PU,ZN
2110C		20 mg (base)	30 @	42.90	PU,SI,ZN
2088X	Temazepam	10 mg	25 @	2.00	AF,WX
			25 @	3.00	WY
2105T		10 mg	25 @	2.00	AF,SI,WX
			25 @	3.00	WY
1251W	Terbutaline Sulfate	5 mg in 2 mL, 30	1 @	11.09	AP
8098F	Testosterone	100 mg	1 @	32.24	OR
8099G		200 mg	1 @	64.48	OR
2127Y	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.13	CS
2832C	Tetracosactrin	1 mg in 1 mL	1 @	13.41	NV
2135J	Tetracycline Hydrochloride	250 mg	25 @	2.53	LE
2146Y	Tetracycline Hydrochloride (Buffered)	250 mg	25 @	2.53	BQ,LE
			25 @	3.53	BC
2345K	Thiotepa	15 mg	1 @	17.82	LE
1356J	Tobramycin Sulfate	80 mg (base)	1 @	6.12	LY
			5 @	30.56	BL,PU
2178P	Tolbutamide	500 mg	100 @	5.56	HP
2117K	Triamcinolone Acetonide	200 mcg per g, 100 g	1 @	4.06	LE
2118L		200 mcg per g, 100 g	1 @	4.06	LE
3128P	Triglycerides, Medium Chain	500 mL	1 @	16.50	SB
2686J	Triglycerides—Medium Chain, Formula	454 g	1 @	11.84	MJ
3136C	Triglycerides, Medium Chain and Long Chain with Glucose Polymer	400 g	1 @	31.44	SB
8133C	Valaciclovir	500 mg	10 @	59.11	GW
3113W	Vancomycin	125 mg	20 @	125.67	LY
3114X		250 mg	20 @	245.00	LY
3130R		500 mg	1 @	23.82	BL,LY
3131T		500 mg	1 @	23.82	BL,LY
2198Q	Vinblastine Sulfate	10 mg	1 @	18.85	LY
2199R		10 mg 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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
		PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY			
3398W	Benzylpenicillin	600 mg	5 @	8.47	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	DP,HX
			50 @	5.10	NV
5079H		100 mg	20 @	9.24	NV
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 @	3.14	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	Phenoxymethylpenicillin	125 mg	25 @	3.25	AB
3360W		250 mg	25 @	3.42	AB,LY
3361X		500 mg	25 @	5.09	AB,LY
3363B		250 mg	25 @	3.42	AB,CS,DP, HX,SI
3364C		500 mg	25 @	5.09	CS,DP,HX,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 @	6.16	FR
5223X	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.13	CS
3323X	Vancomycin	500 mg	1 @	23.82	BL,LY

Section 4

Drug Tariff

Container Prices

Standard Formulae Preparations

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

Special Note:

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

Drug Tariff

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		$	$	$	$
Acacia, powdered	BP	0.03	0.20	1.58	14.01
Acetone (use as additive only)	BP	0.01	0.02	0.18	1.63
ACIDS					
Acetic (6 per cent)	BP	0.01	0.01	0.05	0.42
Acetic (33 per cent)	BP	0.01	0.02	0.15	1.29
Ascorbic (use as ingredient of Mixtures of Ferrous Sulfate APF)	BP	0.02	0.13	1.00	8.86
Benzoic	BP	0.01	0.10	0.76	6.73
Boric (use as additive only)	BP	0.01	0.06	0.46	4.09
Citric Monohydrate	BP	0.01	0.03	0.23	2.08
Hydrochloric Dilute	BP	0.01	0.05	0.38	3.42
Lactic	BP	0.02	0.18	1.42	12.61
Salicylic	BP	0.01	0.08	0.61	5.44
Trichloroacetic	BP 1980	0.10	0.82	6.55	58.19
Alum	BP	0.01	0.03	0.22	1.93
Aspirin	BP	0.01	0.08	0.60	5.53
Benzocaine	BP	0.06	0.51	4.10	36.44
Calcium Hydroxide	BP	0.02	0.13	1.01	9.00
Cetostearyl Alcohol	BP	0.02	0.12	0.95	8.47
Chlorhexidine Acetate (use as additive only)	BP	0.22	1.73	13.73	122.00
Chlorinated Lime	BP	0.01	0.05	0.43	3.78
Chloroform (use as additive only)	BP	0.01	0.04	0.29	2.55
Cocaine Hydrochloride	BP	3.69	29.48	235.87	2096.64
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	0.54	4.31	34.48	306.51
Collodion Flexible	BP	0.02	0.13	1.04	9.25
CREAMS					
Aqueous (for use only as a base combined with active ingredients)	APF	0.01	0.01	0.11	1.00
Cetomacrogol Aqueous (for use only as a base combined with active ingredients)	APF	0.01	0.02	0.14	1.23
Cetrimide Aqueous (for use only as a base combined with active ingredients)	APF	0.01	0.04	0.32	2.87
Chlorhexidine Aqueous (for use only as a base combined with active ingredients)	APF	0.01	0.07	0.52	4.64
Zinc (for use only as a base combined with active ingredients)	BP	0.01	0.04	0.31	2.72

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		$	$	$	$
Dithranol	BP	1.51	12.09	96.68	859.40
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.15	1.22	9.72	86.39
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.01	0.08	0.75
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.01	0.11	1.00
Ether Solvent (use as additive only)	BP	0.01	0.06	0.48	4.26
EXTRACT					
Liquorice Liquid	BP	0.02	0.12	0.97	8.60
Ferrous Sulfate	BP	0.01	0.11	0.89	7.88
Glycerol	BP	0.01	0.03	0.20	1.80
Honey Purified (use as additive only)	BP 1993	0.01	0.01	0.07	0.66
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.01	0.07	0.59	5.22
Iodine	BP	0.07	0.56	4.46	39.65
Kaolin, Light or Kaolin, Light (Natural)	BP	0.01	0.02	0.19	1.68
Magnesium Carbonate Light	BP	0.01	0.05	0.38	3.41
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.01	0.07	0.58
Magnesium Trisilicate	BP	0.01	0.06	0.50	4.44
Menthol, Racemic or Levomenthol	BP	0.08	0.64	5.15	45.76
Methyl Hydroxybenzoate	BP	0.09	0.73	5.82	51.73
MUCILAGES					
Acacia (by weight)	APF 13	0.01	0.08	0.65	5.77
Tragacanth	APF 13	0.01	0.02	0.16	1.41
Tragacanth	BPC 1973	0.01	0.02	0.16	1.42
OILS					
Castor (use as additive only)	BP	0.01	0.03	0.23	2.01
Coconut	BP	0.01	0.06	0.47	4.19
Eucalyptus (use as additive only)	BP	0.01	0.06	0.44	3.91
Lavender Spike	BPC 1968	0.04	0.30	2.37	21.03
Olive (use as additive only)	BP	0.01	0.03	0.21	1.84
Peppermint (use as additive only)	BP	0.04	0.34	2.68	23.78
OINTMENTS					
Benzoic Acid Compound	APF	0.01	0.04	0.34	2.98
Emulsifying (for use only as a base combined with active ingredients)	BP	0.01	0.04	0.34	3.05

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		$	$	$	$
OINTMENTS—cont.					
Paraffin (white) (for use only as a base combined with active ingredients)	BP	0.01	0.02	0.18	1.57
Paraffin (yellow) (for use only as a base combined with active ingredients)	BP 1968	0.01	0.02	0.18	1.57
Salicylic Acid	APF	0.01	0.05	0.41	3.62
Salicylic Acid	BP	0.01	0.05	0.41	3.62
Simple (white) (for use only as a base combined with active ingredients)	BP	0.01	0.06	0.50	4.47
Simple (yellow) (for use only as a base combined with active ingredients)	BP	0.01	0.06	0.50	4.47
Sulfur (for use only as a base combined with active ingredients)	BP 1980	0.01	0.06	0.48	4.24
Wool Alcohols (white) (for use only as a base combined with active ingredients)	BP	0.01	0.08	0.63	5.60
Wool Alcohols (yellow) (for use only as a base combined with active ingredients)	BP	0.01	0.08	0.63	5.60
Zinc	BP	0.01	0.07	0.55	4.92
Paraffin Hard	BP	0.01	0.03	0.23	2.04
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.01	0.02	0.15	1.37
Paraffin Light Liquid	BP	0.01	0.02	0.18	1.63
Paraffin Soft White	BP	0.01	0.02	0.14	1.20
Paraffin Soft Yellow	BP	0.01	0.02	0.18	1.58
PASTES					
Zinc Compound	BP	0.01	0.10	0.80	7.11
Zinc and Salicylic Acid	BP	0.01	0.06	0.46	4.10
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	0.18	1.47	11.72	104.15
Phenol Liquefied (not available for ear drops)	BP	0.03	0.24	1.92	17.04
Podophyllum Resin	BP	0.14	1.15	9.17	81.54
Potassium Citrate	BP	0.01	0.04	0.34	3.03
Potassium Iodide	BP	0.03	0.22	1.79	15.94
Potassium Permanganate	BP	0.01	0.04	0.35	3.10
POWDER					
Tragacanth Compound	BP 1980	0.03	0.22	1.76	15.67
Propyl Hydroxybenzoate	BP	0.04	0.33	2.65	23.52
Propylene Glycol	BP	0.01	0.06	0.49	4.37
Resorcinol	BP	0.03	0.26	2.09	18.55
Sodium Bicarbonate	BP	0.01	0.02	0.12	1.06
Sodium Chloride	BP	0.01	0.03	0.20	1.74
Sodium Citrate	BP	0.01	0.04	0.29	2.55

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		$	$	$	$
Sodium Thiosulfate (use as additive only)	BP	0.01	0.03	0.26	2.31
SOLUTIONS					
Aluminium Acetate	BP	0.01	0.05	0.38	3.41
Benzoic Acid	BP	0.01	0.05	0.42	3.71
Calcium Hydroxide	BP	0.01	0.01	0.04	0.33
Coal Tar	BP	0.01	0.05	0.43	3.78
Formaldehyde	BP	0.01	0.03	0.21	1.89
Hydroxybenzoate Compound	APF	0.03	0.22	1.75	15.52
Iodine Alcoholic	BP	0.01	0.06	0.47	4.16
Iodine Aqueous Oral	BP	0.01	0.09	0.70	6.20
Methyl Hydroxybenzoate	APF	0.01	0.09	0.71	6.30
Sodium Chloride	BP	0.01	0.01	0.03	0.23
SPIRITS					
Ammonia Aromatic	BP	0.01	0.06	0.45	3.98
Chloroform	BP	0.01	0.03	0.21	1.91
Methylated Industrial (use as additive only)	BP	0.01	0.02	0.13	1.17
Starch	BP	0.01	0.03	0.26	2.27
Sulfur Precipitated	BP 1980	0.01	0.03	0.22	1.98
SYRUPS					
Orange	BP	0.01	0.05	0.43	3.78
Pholcodine Citrate (use as additive only)	BPC 1959	0.01	0.05	0.40	3.58
Red	APF	0.01	0.06	0.47	4.20
Syrup	BP	0.01	0.01	0.11	0.98
Talc Purified, sterilised	BP	0.01	0.05	0.37	3.28
Tar Coal	BP	0.02	0.16	1.29	11.46
Thymol	BP	0.07	0.52	4.12	36.59
Thymol Mouth Wash Compound	APF	0.01	0.03	0.20	1.77
TINCTURES					
Belladonna	BP	0.01	0.10	0.78	6.94
Benzoin Compound	BP	0.01	0.06	0.47	4.16
Ipecacuanha	BP	0.02	0.14	1.11	9.86
Opium	BP	0.04	0.31	2.49	22.10
Orange	BP	0.01	0.06	0.47	4.13
Tragacanth, powdered	BP	0.12	0.92	7.34	65.26
Triethanolamine	BP	0.01	0.09	0.74	6.58
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.01	0.04	0.32	2.88
Chloroform Concentrated 1 in 40	APF	0.01	0.03	0.23	2.05
For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	..	5.82
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.01	0.08	0.62	5.53
Purified	BP	0.01	0.01	0.02	0.20
Wool Fat	BP	0.01	0.05	0.43	3.81
Wool Fat Hydrous	BP	0.01	0.04	0.33	2.89
Zinc Oxide	BP	0.01	0.04	0.30	2.68
Zinc Sulfate	BP	0.01	0.05	0.43	3.79

Container Prices

	$
DISPENSING BOTTLES—	
25 mL	0.43
50 mL	0.50
100 mL	0.57
200 mL	0.75
500 mL	1.45
POISON BOTTLES—	
25 mL	0.53
50 mL	0.49
100 mL	0.57
200 mL	0.78
500 mL	1.33
SCREW CAP JARS—	
25 g	0.63
50 g	0.68
100 g	0.76
200 g	0.64
500 g	1.68
DROPPER CONTAINERS—	
15 mL polythene	0.60
15 mL glass	0.97

Composite Fee for Extemporaneously Prepared Benefits	**$6.27**
Additional Fee for Agreed Price Extemporaneously Prepared Benefits	**$1.25**

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 and 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	8.21	9.46
	DUSTING POWDERS			
	(Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF & BPC 1973	10.16	11.41
	EAR DROPS			
	(Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	7.27	8.52
7643G	Aluminium Acetate	BP	7.44	8.69
7314Y	Sodium Bicarbonate	APF & BP	7.05	8.30
7313X	Spirit	APF	6.97	8.22

Code	Item	Reference	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $
	INHALATIONS			
	(Maximum Quantity 50 mL and 1 Repeat)			
7484X	Benzoin and Menthol	APF	9.75	11.00
7308P	Menthol	APF	7.80	9.05
7310R	Menthol and Eucalyptus	BP 1980	7.97	9.22
	LINCTUSES CONTAINING CODEINE PHOSPHATE			
	(Maximum Quantity 100 mL and no Repeats)			
7530H	Codeine	APF	10.81	12.06
	LOTIONS			
	(Maximum Quantity 200 mL and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	7.81	9.06
	MIXTURES, OTHER			
	(Maximum Quantity 200 mL and 4 Repeats)			
7604F	Gentian Alkaline	APF	9.12	10.37
7599Y	Gentian Alkaline (extemporaneous formula)	BP	8.82	10.07
7348R	Kaolin	BPC 1968	8.87	10.12
7301G	Kaolin and Opium	APF 14	11.30	12.55
7342K	Magnesium Trisilicate	BPC 1968	8.81	10.06
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	9.55	10.80
	MOUTH WASHES			
	(Maximum Quantity 200 mL and 1 Repeat)			
7457L	Thymol Compound	APF	10.59	11.84
	OINTMENTS			
	(Maximum Quantity 100 g and 1 Repeat)			
7914M	Benzoic Acid Compound	APF	10.01	11.26
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	10.01	11.26
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	10.84	12.09
7926E	Salicylic Acid	APF	10.65	11.90
7928G	Salicylic Acid (extemporaneous formula)	BP	10.65	11.90
	PAINTS			
	(Maximum Quantity 25 mL and 1 Repeat)			
7567G	Podophyllin Compound	APF & BP	12.29	13.54
7568H	Salicylic Acid	APF	9.60	10.85
	PASTES, OTHER			
	Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc Compound	APF	14.14	15.39
7558T	Zinc Compound (extemporaneous formula)	BP	14.14	15.39
	POWDER FOR INTERNAL USE			
	(Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	11.35	12.60
	SOLUTIONS			
	(Maximum Quantity 200 mL and 2 Repeats)			
7539T	Calcium Hypochlorite (Eusol)	APF	7.71	8.96

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

Code	Preparation	Maximum Quantity	Number of Repeats
13Q	Creams	100 g	1
48M	Dusting	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 1999

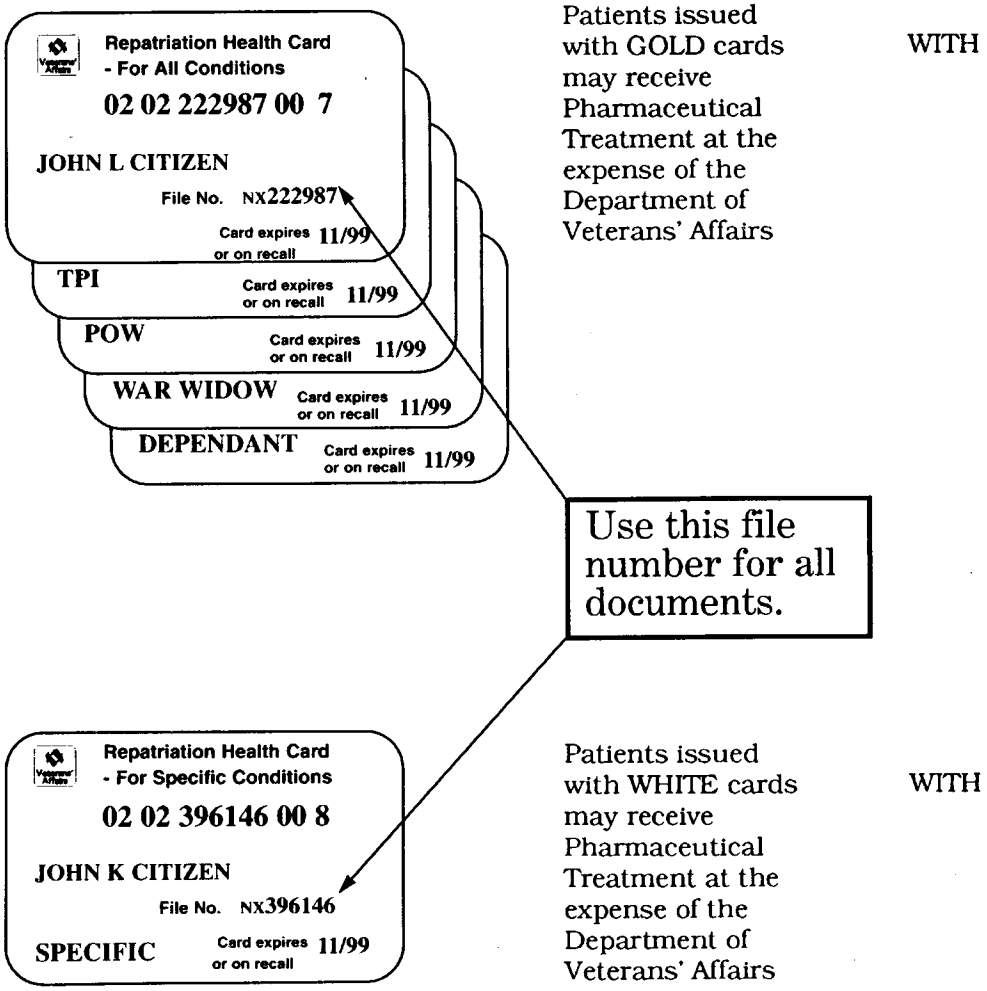
The benefits listed in this Schedule may only be prescribed for Department of Veterans' Affairs beneficiaries holding a:

- 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 the common PBS/RPBS authority prescription form for: (i) PBS and Repatriation Schedules 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

Only for disabilities that have been accepted for treatment by the Department of Veterans' Affairs

PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (restrictions apply)	+	Repatriation Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS'	+	Items for which prescribing approval has been authorised on a common PBS/RPBS 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.

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, for, strength, quantity and directions;
   - the number of repeats, if applicable; and
   - 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 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 either the PBS or RPBS Schedule;

- increased quantities and/or repeats of items listed in either the PBS or RPBS Schedule; 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:
   - posting the written authority to the State Office of the Department at the reply paid address shown at the end of these notes; or
   - using the Department's national freecall telephone number 1800 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 on the sticker or stamp imprint.
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 wholesale price 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:
    - ready prepared;
    - 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 the Repatriation Schedule, including dressings, will be paid on the basis of price to pharmacists listed in *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 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 PBS composite fee, and the PBS 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 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 PBS 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 PBS 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 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 that 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, or, 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 1999 and all previous issues are cancelled. New Schedules take effect on 1 February, 1 May, 1 August and 1 November each year.

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

4175R **Cetirizine Hydrochloride,** tablet 10 mg *(Zyrtec)*
4838P **Dressing—Alginate (Superficial Wound),** dressing 10 cm x 20 cm *(HydroHeal Algin Firm 015326)*
4415J **Psyllium Hydrophilic Mucilloid with High Amylose Maize Starch,** oral powder 2.7 g-0.7 g per 7.5 g, 225 g *(Nucolox)*
4416K **Psyllium Hydrophilic Mucilloid with High Amylose Maize Starch,** oral powder 2.7 g-0.7 g per 7.5 g, 440 g *(Nucolox)*
4584G **Sildenafil Citrate,** tablet 25 mg (base) *(Viagra)*
4585H **Sildenafil Citrate,** tablet 50 mg (base) *(Viagra)*
4586J **Sildenafil Citrate,** tablet 100 mg (base) *(Viagra)*

Additions — Brands

4832H *HydroHeal Algin Firm 015342, FA* — **Dressing—Alginate (Cavity Wound),** rope 2 g
4830F *HydroHeal Algin Firm 015296, FA* — **Dressing—Alginate (Superficial Wound),** dressing 5 cm x 5 cm
4683L *HydroHeal Algin Firm 015318, FA* — **Dressing—Alginate (Superficial Wound),** dressing 7.5 cm x 12 cm
4921B *HydroHeal Colloid 015385, FA* — **Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate),** dressings 10 cm x 10 cm, 10
4922C *HydroHeal Colloid 015393, FA* — **Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate),** dressings 15 cm x 15 cm, 5
4920Y *HydroHeal Colloid 015407, FA* — **Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate),** dressings 20 cm x 20 cm, 5

DELETIONS

Deletions — Items

4006W **Econazole Nitrate,** cream 10 mg per g (1%), 20 g *(Ecostatin)*
4019M **Econazole Nitrate,** vaginal cream 75 mg per 5 g (1.5%), 35 g *(Ecostatin)*
4273X **Hydroxyzine Embonate,** capsule equivalent to 25 mg hydroxyzine hydrochloride *(Atarax)*
4274Y **Hydroxyzine Embonate,** capsule equivalent to 50 mg hydroxyzine hydrochloride *(Atarax)*

Following decreases in the prices for **Fosinopril Sodium,** tablet 10 mg and tablet 20 mg *(Monopril),* these items are no longer subject to therapeutic group premiums. The following authority required items, previously giving exemption from therapeutic group premiums, have therefore been deleted:

4993T **Fosinopril Sodium,** tablet 10 mg *(Monopril)*
4994W **Fosinopril Sodium,** tablet 20 mg *(Monopril)*

ALTERATIONS

Alterations — Maximum Quantity

		From	*To*
4914P	**Dressing—Hydrogel—Amorphous,** tube 50 g	10	12

Alterations — Maximum Quantity, Pack Size and Proprietary Name

From:		
4911L	**Dressing—Hydrogel—Sheet,** dressing 9.5 cm x 10.2 cm *(Nu-Gel 62497)*	MQ 10
To:		
4911L	**Dressing—Hydrogel—Sheet,** dressings 9.5 cm x 10.2 cm, 5 *(Nu-Gel 2497)*	MQ 2 (packs of 5)

Alterations — Proprietary Name

4652W	**Bandage—Absorbent Wool,** bandage 10 cm x 2.75 m	*From:*	*Velband 15357, JJ*
		To:	*Velband VB100, JJ*
4681J	**Dressing—Activated Charcoal with Silver (Malodorous Wound),** dressing 10.5 cm x 10.5 cm	*From:*	*Actisorb Plus 10900, JJ*
		To:	*Actisorb Plus MAC031, JJ*
4695D	**Dressing—Hydroactive (Superficial Wound—High Exudate),** dressings, island, 11 cm x 11 cm, 10	*From:*	*Tielle 62505, JJ*
		To:	*Tielle MT2440, JJ*
4696E	**Dressing—Hydroactive (Superficial Wound—High Exudate),** dressings, island, 18 cm x 18 cm, 5	*From:*	*Tielle 62525, JJ*
		To:	*Tielle MT2442, JJ*
4909J	**Dressing—Non-adherent,** dressing 7.6 cm x 7.6 cm	*From:*	*Adaptic 10511, JJ*
		To:	*Adaptic 2012, JJ*

Alterations — Manufacturer's Code

		From	*To*
4511K	**Betamethasone Valerate,** cream 500 micrograms per g (0.05%), 30 g *(Betnovate 1/2)*	*GW*	*SI*
4131K	**Betamethasone Valerate,** cream 1 mg per g (0.1%), 30 g *(Betnovate)*	*GW*	*SI*
4513M	**Betamethasone Valerate,** ointment 500 micrograms per g (0.05%), 30 g *(Betnovate 1/2)*	*GW*	*SI*
4132L	**Betamethasone Valerate,** ointment 1 mg per g (0.1%), 30 g *(Betnovate)*	*GW*	*SI*
4133M	**Betamethasone Valerate,** scalp application 1 mg per g (0.1%), 30 g *(Betnovate)*	*GW*	*SI*
4349X	**Morphine Sulfate,** tablet 200 mg (controlled release) *(MS Contin)*	*PS*	*MF*

ADVANCE NOTICES

Advance Notices — Deletion of Brands

The following brands will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 February 2000:

Brands discontinued by the manufacturer —

4004R *Canesten, BN* — **Clotrimazole,** cream 10 mg per g (1%), 20 g
4002P *Mycostatin, BQ* — **Nystatin,** ointment 100,000 units per g, 15 g
4013F *Mycostatin, BQ* — **Nystatin,** vaginal cream 100,000 units per dose, 15 doses, 75 g

Therapeutic Index for RPBS Schedule

Section 1

Drugs, Medicines and Dressings

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***							
	CHLORHEXIDINE GLUCONATE							
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	9.63	3.20	Plaqacide	OB
				..	9.67	3.20	Savacol Mouth and Throat Rinse	OM
4160Y	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	11.20	3.20	Periogard (Chlorohex) Mouth Rinse	OM
	• ***Other agents for local oral treatment***							
	SALIVA SUBSTITUTE							
4568K	Solution 25 mL	‡1	1	..	9.13	3.20	Aquae	HA
4569L	Solution 100 mL	‡1	..	..	11.43	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	..	*17.55	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	..	*21.75	3.20	Mylanta Double Strength	WR
4118R	Oral suspension 400 mg-400 mg-30 mg per 5 mL, 375 mL	2	5	..	*17.99	3.20	Mylanta Double Strength	WR
	Drugs for treatment of peptic ulcer							
	• ***H_2-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							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate for initial treatment of peptic ulcer.							
	NOTE: ***Helicobacter pylori eradication therapy should be considered.***							

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	
	CIMETIDINE—cont.							
4975W	***Effervescent tablet 800 mg (as hydrochloride)***	***30***	***1***	***..***	***33.94***	***3.20***	***Tagamet 800 Express***	***SK***
	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.***							
4976X	***Effervescent tablet 800 mg (as hydrochloride)***	***30***	***5***	***..***	***33.94***	***3.20***	***Tagamet 800 Express***	***SK***
	FAMOTIDINE **Authority required** ***To be approved where other base-priced (benchmark) drug treatment is inappropriate for initial treatment of peptic ulcer.*** **NOTE:** ***Helicobacter pylori eradication therapy should be considered.***							
4981E	***Tablet 20 mg***	***60***	***1***	***..***	***27.77***	***3.20***	***Amfamox 20*** ***Pepcidine M***	***AD*** ***MK***
4983G	***Tablet 40 mg***	***30***	***1***	***..***	***27.77***	***3.20***	***Amfamox 40*** ***Pepcidine***	***AD*** ***MK***
	Authority required ***To be approved where other base-priced (benchmark) drug treatment is inappropriate for:*** ***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.***							
4982F	***Tablet 20 mg***	***60***	***5***	***..***	***27.77***	***3.20***	***Amfamox 20*** ***Pepcidine M***	***AD*** ***MK***
4984H	***Tablet 40 mg***	***30***	***5***	***..***	***27.77***	***3.20***	***Amfamox 40*** ***Pepcidine***	***AD*** ***MK***
	RANITIDINE HYDROCHLORIDE **Authority required** ***To be approved where other base-priced (benchmark) drug treatment is inappropriate for initial treatment of peptic ulcer.*** **NOTE:** ***Helicobacter pylori eradication therapy should be considered.***							

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	
	RANITIDINE HYDROCHLORIDE—cont.								
4977Y	***Effervescent tablet 150 mg (base)***	***60***	***1***	***..***	***24.23***	***3.20***		***Zantac***	**GW**
4979C	***Syrup 150 mg (base) per 10 mL, 300 mL***	***2***	***1***	***..***	****24.23***	***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***	***..***	***24.23***	***3.20***		***Zantac***	**GW**
4980D	***Syrup 150 mg (base) per 10 mL, 300 mL***	***2***	***5***	***..***	****24.23***	***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	..	..	19.68	3.20		Merbentyl	ML
	MEBEVERINE HYDROCHLORIDE								
4328T	Tablet 135 mg	90	..	..	24.75	3.20	a	Colese	AF
				..	28.29	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	..	..	15.58	3.20		Buscopan	BY

LAXATIVES

Laxatives

- ***Contact laxatives***

DOCUSATE SODIUM with SENNA

4198Y	Tablet 50 mg-8 mg	90	2	..	9.82	3.20		Coloxyl with Senna	FM
	SENNA STANDARDISED								
4455L	Tablet 7.5 mg	100	1	..	9.68	3.20		Senokot	RC

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	
	• ***Bulk producers***							
	ISPAGHULA HUSK							
4285M	Sachets 3.5 g, 30	‡1	1	..	12.31	3.20	Fybogel	RC
	PSYLLIUM HYDROPHILIC MUCILLOID							
4425X	Oral powder (sugar-free) 275 g	‡1	1	..	12.45	3.20	Mucilax Sugar Free	DP
4424W	Oral powder 300 g	‡1	1	..	9.96	3.20	Mucilax Regular	DP
4419N	Oral powder (orange-flavoured, sugar-free) 278 g	‡1	1	..	16.63	3.20	Metamucil Smooth Texture Orange	PY
4422R	Oral powder (non-flavoured) 336 g	‡1	1	..	16.63	3.20	Metamucil Regular	PY
	PSYLLIUM HYDROPHILIC MUCILLOID with HIGH AMYLOSE MAIZE STARCH							
4415J	Oral powder 2.7 g-0.7 g per 7.5 g, 225 g	‡1	1	..	11.52	3.20	Nucolox	SI
4416K	Oral powder 2.7 g-0.7 g per 7.5 g, 440 g	‡1	1	..	15.87	3.20	Nucolox	SI
	STERCULIA with FRANGULA BARK							
4557W	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.87	3.20	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	21.66	3.20	Normacol Plus	NE
	• ***Enemas***							
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE							
4462W	Enemas 3.125 g-450 mg-45 mg in 5 mL, 4	‡1	..	..	9.71	3.20	Microlax	PS
	• ***Other laxatives***							
	GLYCEROL							
	Restricted benefit							
	Short-term use when oral laxative therapy has failed or is inappropriate.							
4246L	***Suppositories 2.8 g (for adults), 12***	***3***	..	..	****15.25***	***3.20***	***PP***	

VITAMINS

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

	• ***Vitamin B_1, plain***							
	THIAMINE HYDROCHLORIDE							
4043T	Tablet 100 mg	100	2	..	8.27	3.20	Betamin	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	
	Vitamin B-complex, incl. combinations							
	• *Vitamin B-complex, plain*							
	VITAMIN B GROUP COMPLEX							
4493L	Oral liquid 200 mL	‡1	2	..	11.01	3.20	Accomin Adult Tonic	WT
	Ascorbic acid (vitamin C), incl. combinations							
	• *Ascorbic acid (vitamin C), plain*							
	ASCORBIC ACID							
	Authority required							
	For management of wound healing.							
4565G	***Tablet 250 mg (sugar-free unflavoured)***	***100***	***2***	..	***7.56***	***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***	..	..	***11.14***	***3.20***	***Magmin***	***BB***
	BLOOD AND BLOOD FORMING ORGANS							
	ANTITHROMBOTIC AGENTS							
	Antithrombotic agents							
	• *Heparin group*							
	DALTEPARIN SODIUM							
	(Low Molecular Weight Heparin Sodium—porcine mucous)							
	Authority required							
	Major orthopaedic surgery;							
	Major general surgery;							
	Renal dialysis patients.							
	CAUTION:							
	Lower doses may be more appropriate for older people.							
4224H	***Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***10***	..	..	***53.68***	***3.20***	***Fragmin***	***PS***
4225J	***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***10***	..	..	***72.04***	***3.20***	***Fragmin***	***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	
	ENOXAPARIN SODIUM							
	Authority required							
	Major orthopaedic surgery;							
	Major general surgery;							
	Renal dialysis patients.							
	CAUTION:							
	Lower doses may be more appropriate for older people.							
4220D	***Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe***	***10***	..	..	***69.26***	***3.20***	***Clexane***	***RR***
4221E	***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe***	***10***	..	..	***74.28***	***3.20***	***Clexane***	***RR***
	• ***Platelet aggregation inhibitors excl. heparin***							
	ASPIRIN							
4076M	Tablet 100 mg (with glycine)	90	1	..	11.51	3.20	Cardiprin 100	RC
4077N	Tablet 100 mg (enteric coated)	84	1	..	10.80	3.20	Cartia	SK
4078P	Capsule 100 mg (containing enteric coated pellets)	84	1	..	10.80	3.20	Astrix	FA
	NOTE:							
	The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.							
	• ***Enzymes***							
	UROKINASE							
	Authority required							
	Peripheral arterial occlusion;							
	Venous occlusion.							
4489G	***Injection set containing 1 vial powder for injection 100,000 i.u. and 1 vial solvent 2 mL***	***6***	..	..	****960.49***	***3.20***	***Ukidan***	***SG***
4486D	***Injection set containing 1 vial powder for injection 500,000 i.u. and 1 vial solvent 2 mL***	***1***	..	..	***760.57***	***3.20***	***Ukidan***	***SG***
	BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS							
	Irrigating solutions							
	• ***Salt solutions***							
	SODIUM CHLORIDE							
4460R	Irrigation solution 9 mg per mL (0.9%), 500 mL	‡1	2	..	7.53	3.20	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	‡1	2	..	7.58	3.20	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	
	CARDIOVASCULAR SYSTEM							
	VASOPROTECTIVES							
	Antihemorrhoidals for topical use							
	• ***Products containing corticosteroids***							
	HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE							
	CAUTION: Long-term use may lead to skin atrophy.							
4036K	Ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g	‡1	..	..	16.79	3.20	Proctosedyl	RL
4037L	Ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5	2	..	..	*23.31	3.20	Proctosedyl	RL
4038M	Suppositories 5 mg-5 mg, 12	‡1	..	..	15.81	3.20	Proctosedyl	RL
	• ***Other antihemorrhoidals for topical use***							
	ZINC OXIDE							
4039N	Compound ointment 50 g	‡1	1	..	11.67	3.20	Anusol	WW
4040P	Compound suppositories, 12	‡1	1	..	10.69	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 (except nifedipine controlled release tablets 30 mg and 60 mg).							
	AMLODIPINE BESYLATE							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4985J	***Tablet 5 mg (base)***	*30*	*5*	*..*	*24.71*	*3.20*	*Norvasc*	*PF*
4986K	***Tablet 10 mg (base)***	*30*	*5*	*..*	*38.73*	*3.20*	*Norvasc*	*PF*
	NIFEDIPINE							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4973R	***Tablet 30 mg (controlled release)***	*30*	*5*	*..*	*25.29*	*3.20*	*Adalat Oros 30*	*BN*
4974T	***Tablet 60 mg (controlled release)***	*30*	*5*	*..*	*31.12*	*3.20*	*Adalat Oros 60*	*BN*

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, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril and trandolapril.							
	ENALAPRIL MALEATE							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4990P	***Tablet 5 mg***	***30***	***5***	..	***20.41***	***3.20***	***Amprace 5***	***AD***
							Renitec M	***MK***
4991Q	***Tablet 10 mg***	***30***	***5***	..	***27.26***	***3.20***	***Amprace 10***	***AD***
							Renitec	***MK***
4992R	***Tablet 20 mg***	***30***	***5***	..	***32.58***	***3.20***	***Amprace 20***	***AD***
							Renitec 20	***MK***
4970N	***Wafer 5 mg***	***30***	***5***	..	***20.41***	***3.20***	***Renitec Wafer***	***MK***
4971P	***Wafer 10 mg***	***30***	***5***	..	***27.26***	***3.20***	***Renitec Wafer***	***MK***
4972Q	***Wafer 20 mg***	***30***	***5***	..	***32.58***	***3.20***	***Renitec Wafer***	***MK***
	DERMATOLOGICALS							
	ANTIFUNGALS FOR DERMATOLOGICAL USE							
	Antifungals for topical use							
	• ***Antibiotics***							
	NYSTATIN							
4001N	Cream 100,000 units per g, 15 g	‡1	1	..	8.87	3.20	Mycostatin	BQ
				..	9.41	3.20	Nilstat	AY
4002P	Ointment 100,000 units per g, 15 g	‡1	1	..	8.87	3.20	Mycostatin	BQ
				..	9.41	3.20	Nilstat	AY
	• ***Imidazole derivatives***							
	BIFONAZOLE							
4003Q	Cream 10 mg per g (1%), 15 g	‡1	..	..	11.51	3.20	Mycospor	BN
	CLOTRIMAZOLE							
4004R	Cream 10 mg per g (1%), 20 g	‡1	1	..	6.78	3.20	Clonea	AF
				..	10.09	3.20	Canesten	BN
4005T	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	9.01	3.20	Canesten	BN
	ECONAZOLE NITRATE							
4555R	Cream 10 mg per g (1%), 25 g	‡1	1	..	9.19	3.20	Dermazole	EO

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	
	KETOCONAZOLE							
	Restricted benefit							
	Severe seborrhoeic dermatitis.							
4008Y	***Shampoo 20 mg per mL (2%), 60 mL***	***‡1***	***..***	***..***	***16.19***	***3.20***	***Nizoral***	***JC***
	MICONAZOLE							
4341L	Tincture 20 mg per mL (2%), 30 mL	‡1	1	..	13.59	3.20	Daktarin	JC
	MICONAZOLE NITRATE							
4009B	Cream 20 mg per g (2%), 20 g	‡1	1	..	7.47	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***	***..***	***87.32***	***3.20***	***Loceryl***	***GA***
	TERBINAFINE							
	Restricted benefit							
	Tinea pedis.							
4463X	***Gel 10 mg per g (1%), 15 g***	***‡1***	***..***	***..***	***18.93***	***3.20***	***Lamisil DermGel***	***NV***
	TERBINAFINE HYDROCHLORIDE							
	Restricted benefit							
	Tinea pedis.							
4473K	***Cream 10 mg per g (1%), 15 g***	***‡1***	***1***	***..***	***18.24***	***3.20***	***Lamisil***	***NV***
	TOLNAFTATE							
4481W	Spray aerosol 10 mg per g (1%), 100 g	‡1	..	..	16.20	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***	***..***	***156.19***	***3.20***	***Lamisil***	***NV***

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	
	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	..	..	***8.42***	***3.20***	***Siltc 15***	***EO***
4551M	***Cream 150 mg-20 mg per g (15%-2%), 500 g***	‡1	..	..	***17.57***	***3.20***	***Siltc 15***	***EO***
	• ***Soft paraffin and fat products***							
	WOOL ALCOHOLS							
4041Q	Ointment 100 g	‡1	1	..	8.79	3.20	Eucerin	BE
	• ***Carbamide products***							
	UREA							
4042R	Cream 100 mg per g (10%), 100 g	‡1	2	..	8.61	3.20	Urederm	HA
				..	8.97	3.20	Aquacare H.P.	AG
				..	9.21	3.20	Calmurid	OL
				..	9.23	3.20	Nutraplus	GA
	• ***Other emollients and protectives***							
	BATH EMOLLIENT							
4122Y	Bath oil 500 mL	‡1	2	..	14.42	3.20	Hamilton Bath Oil	HA
				..	14.44	3.20	QV Bath Oil	EO
	CARMELLOSE SODIUM with PECTIN and GELATIN							
4518T	Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%- 16.7%), 5 g	‡1	..	..	7.35	3.20	Orabase	BQ
	Protectives against UV-radiation							
	• ***Protectives against UV-radiation for topical use***							
	SUNSCREENS							
4209M	Solid stick 5 g	‡1	2	..	7.72	3.20	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	‡1	2	..	11.11	3.20	Hamilton Sunscreen Broad Spectrum Cream 15+	HA
				..	13.47	3.20	SunSense Cream SPF 30+	EO
4476N	Lotion (alcoholic) 100 mL	‡1	2	..	11.57	3.20	Hamilton Sunscreen Spray 15+	HA

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	
	SUNSCREENS—cont.							
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	11.11	3.20	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.53	3.20	Aquasun Lotion SPF 18	PF
				..	13.69	3.20	SunSense Ultra SPF 30+	EO

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Antipruritics, incl. antihistamines, anesthetics, etc.

- ***Anesthetics for topical use***

LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE

4308R	Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL	‡1	..	..	43.41	3.20	Xylocaine Viscous	AP

- ***Other antipruritics***

PINE TAR and TRIETHANOLAMINE LAURYL SULFATE

NOTE:

For patients who have failed to respond to simple moisturising agents.

4408B	Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL	‡1	2	..	15.83	3.20	Pinetarsol	EO

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	..	14.63	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	..	15.35	3.20	Egopsoryl-TA	EO

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

Antibiotics for topical use

- ***Other antibiotics for topical use***

MUPIROCIN

Restricted benefit

For the topical treatment of secondarily infected traumatic skin lesions.

4348W	***Cream 20 mg (as calcium) per g (2%), 15 g***	***‡1***	***..***	***..***	***13.29***	***3.20***	***Bactroban***	***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	
	Chemotherapeutics for topical use							
	• ***Antivirals***							
	PODOPHYLLOTOXIN							
	Authority required							
	For the treatment of ano-genital warts.							
4566H	***Paint 5 mg per mL (0.5%), 3.5 mL (with 30 swabs)***	‡1	..	..	***34.88***	***3.20***	***Condyline Paint***	***HA***
	• ***Other chemotherapeutics***							
	METRONIDAZOLE							
4336F	Gel 7.5 mg per g (0.75%), 15 g	‡1	..	..	10.76	3.20	Rozex	GA
4337G	Gel 7.5 mg per g (0.75%), 30 g	‡1	..	..	15.91	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	..	8.98	3.20	Betnovate 1/2	SI
4131K	Cream 1 mg per g (0.1%), 30 g	‡1	2	..	16.71	3.20	Betnovate	SI
4513M	Ointment 500 micrograms per g (0.05%), 30 g	‡1	2	..	8.98	3.20	Betnovate 1/2	SI
4132L	Ointment 1 mg per g (0.1%), 30 g	‡1	2	..	16.71	3.20	Betnovate	SI
4133M	Scalp application 1 mg per g (0.1%), 30 g	‡1	2	..	13.59	3.20	Betnovate	SI
	MOMETASONE FUROATE							
4342M	Cream 1 mg per g (0.1%), 45 g	‡1	..	..	23.89	3.20 3.20	Novasone Elocon	EX SH
4343N	Ointment 1 mg per g (0.1%), 45 g	‡1	..	..	23.89	3.20 3.20	Novasone Elocon	EX SH
	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	..	..	14.35	3.20	Kenacomb	BQ
	CAUTION: For the short-term treatment of localised infective eczema 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	
	ANTISEPTICS AND DISINFECTANTS							
	Antiseptics and disinfectants							
	• ***Biguanides and amidines***							
	CHLORHEXIDINE GLUCONATE							
4045X	Solution 50 mg per mL (5%), 200 mL	‡1	1	..	11.49	3.20	Hibitane Concentrate	ZN
	• ***Iodine products***							
	POVIDONE-IODINE							
4411E	Solution 100 mg per mL (10%), 100 mL	‡1	..	..	13.89	3.20	Minidine Antiseptic Solution	SI
				..	15.27	3.20	Betadine Antiseptic Liquid	FA
	OTHER DERMATOLOGICAL PREPARATIONS							
	Other dermatological preparations							
	• ***Antihidrotics***							
	DIPHEMANIL METHYLSULFATE							
4191N	Dusting powder 20 mg per g (2%), 50 g	‡1	1	..	13.25	3.20	Prantal	SH
	• ***Medicated shampoos***							
	PINE TAR, CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE COAL TAR and OLEYL ALCOHOL							
4409C	Scalp cleanser 3 mg-3 mg-1 mg-3 mg-10 mg per mL (0.3%-0.3%-0.1%-0.3%-1%), 350 mL	‡1	2	..	17.91	3.20	Polytar	SX
	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS							
4445Y	Scalp cleanser 20 mg-2 mg-130 mg-216 mg per mL (2%-0.2%-13%-21.6%), 250 mL	‡1	2	..	14.57	3.20	Ionil	GA
	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS							
4560B	Scalp cleanser 20 mg-2 mg-130 mg-50 mg-216 mg per mL (2%-0.2%-13%-5%-21.6%), 250 mL	‡1	2	..	14.83	3.20	Ionil-T	GA
	SALICYLIC ACID, COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE							
4447C	Scalp cleanser 20 mg-10 mg-10 mg-10 mg per mL (2%-1%-1%-1%), 250 mL	‡1	2	..	13.70	3.20	Sebitar	EO

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	
	SELENIUM SULFIDE							
4452H	Shampoo 25 mg per mL (2.5%), 125 mL	‡1	..	..	10.95	3.20	Selsun	AB
	ZINC PYRITHIONE							
4498R	Shampoo 10 mg per mL (1%), 200 mL	‡1	1	..	11.16	3.20	Dan Gard	FA
	• ***Wart and anti-corn preparations***							
	SALICYLIC ACID and PODOPHYLLIN RESIN							
4450F	Paint 100 mg-200 mg per mL (10%-20%), 6 mL	‡1	1	..	12.89	3.20	Posalfilin	NE
	• ***Other dermatologicals***							
	ALLANTOIN, GLYCEROL and ICHTHAMMOL							
	NOTE: For patients who have failed to respond to simple moisturising agents.							
4281H	Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	12.09	3.20	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	12.09	3.20	Egoderm Ointment	EO
	CATIONIC CONDITIONER with PANTHENOL							
	NOTE: To be used in conjunction with the scalp cleanser salicylic acid, coal tar solution, pine tar and undecylenamide (code 4447C).							
4519W	Solution 250 mL	‡1	2	..	11.36	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	..	11.32	3.20	Ionil Rinse	GA
	SKIN CLEANSER							
4549K	Lotion 500 mL	‡1	2	..	15.06	3.20	Hamilton Body Wash	HA
	ZINC OXIDE, STARCH and CHLORPHENESIN							
4497Q	Dusting powder 100 g	‡1	1	..	9.59	3.20	Z.S.C.	SI

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	
	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	..	10.54	3.20	Nilstat	AY
4013F	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	10.36	3.20	Mycostatin	BQ
				..	10.54	3.20	Nilstat	AY
	• ***Imidazole derivatives***							
	CLOTRIMAZOLE							
4014G	Pessaries 100 mg, 6	‡1	..	..	9.75	3.20	[a] Gyne-Lotrimin	SH
				..	12.09	3.20	[a] Canesten	BN
4015H	Pessary 500 mg	1	..	..	12.09	3.20	Canesten 1	BN
4016J	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	9.69	3.20	[a] Gyne-Lotrimin	SH
				..	12.09	3.20	[a] Canesten	BN
4017K	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	12.09	3.20	Canesten 3	BN
	MICONAZOLE NITRATE							
4020N	Pessaries 100 mg, 7	‡1	..	..	9.62	3.20	Monistat 7	JC
4021P	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	..	9.58	3.20	Monistat 7	JC
	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	..	..	23.29	3.20	Aci-Jel	JC
	UROLOGICALS							
	Other urologicals, incl. antispasmodics							
	• ***Drugs used in erectile dysfunction***							
	SILDENAFIL CITRATE							
	NOTE:							
	Viagra tablets may be prescribed on an authority prescription only by either a specialist physician, psychiatrist or urologist, or by a general practitioner with the written recommendation of one of the above specialists.							

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	
	SILDENAFIL CITRATE—cont.							
	Authority required							
	Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.							
	NOTE:							
	The maximum quantity permitted is one pack of four (4) tablets per month, with 2 repeats.							
	Authorisation will NOT be given for any additional prescriptions within 3 months or for any increased quantities or repeats.							
4584G	***Tablet 25 mg (base)***	***4***	***2***	***..***	***50.74***	***3.20***	***Viagra***	***PF***
4585H	***Tablet 50 mg (base)***	***4***	***2***	***..***	***63.39***	***3.20***	***Viagra***	***PF***
4586J	***Tablet 100 mg (base)***	***4***	***2***	***..***	***63.39***	***3.20***	***Viagra***	***PF***
	• *Other urologicals*							
	SODIUM BICARBONATE							
4458P	Capsule 840 mg	100	2	..	11.00	3.20	Sodibic	RR
	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	***Sachets containing oral effervescent powder 3.7 g, 28***	***‡1***	***4***	***..***	***9.18***	***3.20***	***Citralite***	***MM***
4048C	***Sachets containing oral effervescent powder 4 g, 28***	***‡1***	***4***	***..***	***9.18***	***3.20***	***Citravescent Sachets***	***MM***
4049D	***Sachets containing oral effervescent powder 4 g, 28***	***‡1***	***4***	***..***	***9.73***	***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	***Starter pack containing 7 tablets 1 mg and 7 tablets 2 mg***	***‡1***	***..***	***..***	***17.43***	***3.20***	***Hytrin***	***AB***
4397K	***Tablet 2 mg***	***30***	***5***	***..***	***38.24***	***3.20***	***Hytrin***	***AB***
4398L	***Tablet 5 mg***	***30***	***5***	***..***	***56.16***	***3.20***	***Hytrin***	***AB***
4399M	***Tablet 10 mg***	***30***	***5***	***..***	***84.03***	***3.20***	***Hytrin***	***AB***

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-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***	***..***	***92.34***	***3.20***	***Proscar***	***MK***
	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***	***..***	***..***	***31.82***	***3.20***	***Zithromax***	***PF***
	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS							
	ANTINEOPLASTIC AGENTS							
	Antimetabolites							
	• *Pyrimidine analogues*							
	FLUOROURACIL							
4222F	Cream 50 mg per g (5%), 20 g	‡1	..	..	32.54	3.20	Efudix	DT
4223G	Solution 10 mg per mL (1%), 30 mL	‡1	..	..	21.65	3.20	Fluoroplex	AG
	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***	***..***	***34.39***	***3.20***	***Arthrotec 50***	***SR***
	TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN							
	Topical products for joint and muscular pain							
	• *Preparations with salicylic acid derivatives*							
	METHYL SALICYLATE							
4022Q	Compound cream APF, 100 g	‡1	1	..	9.82	3.20	WE	
4023R	Ointment BP, 100 g	‡1	1	..	7.42	3.20	DC	

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	
	METHYL SALICYLATE—cont.							
4024T	Compound ointment BPC 1973, 100 g	‡1	1	..	8.55	3.20	DC	
4025W	Compound ointment APF 1934, 100 g	‡1	1	..	7.02	3.20	DC	
4026X	Liniment APF, 100 mL	‡1	1	..	5.95	3.20	Metsal	MM
				..	5.99	3.20	DC	
4027Y	Compound liniment APF, 100 mL	‡1	1	..	7.11	3.20	DC	

NERVOUS SYSTEM

ANALGESICS

Opioids

- ***Natural opium alkaloids***

MORPHINE SULFATE

CAUTION:

The risk of drug dependence is high.

Restricted benefit

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

NOTE:

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

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

(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.

4349X	***Tablet 200 mg (controlled release)***	***20***	***..***	***..***	***126.27***	***3.20***	***MS Contin***	***MF***

- ***Diphenylpropylamine derivatives***

DEXTROPROPOXYPHENE NAPSYLATE

CAUTION:

Chronic use of this preparation is likely to cause drug dependence.

4081T	Capsule 100 mg	50	..	..	14.29	3.20	Doloxene	LY

Other analgesics and antipyretics

- ***Salicylic acid and derivatives***

CODEINE PHOSPHATE with ASPIRIN

4061R	Tablet soluble 8 mg-300 mg	50	2	..	9.52	3.20	Aspalgin	FM

- ***Anilides***

CODEINE PHOSPHATE with PARACETAMOL

4171M	Tablet 8 mg-500 mg	50	2	..	8.96	3.20	Codalgin	FM
				..	9.48	3.20	Panamax Co.	SW
4170L	Tablet 15 mg-500 mg	20	2	..	7.07	3.20	Prodeine 15	SW

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-PARKINSON DRUGS							
	Anticholinergic agents							
	• *Ethers of tropine or tropine derivatives*							
	BENZTROPINE MESYLATE							
4129H	Tablet 0.5 mg	100	2	..	8.88	3.20	Cogentin	MK
	PSYCHOLEPTICS							
	Anxiolytics							
	• *Benzodiazepine derivatives*							
	BROMAZEPAM							
	Authority required							
	Patients with terminal disease;							
	Patients with refractory phobic or anxiety states.							
	NOTE:							
	For short-term use 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.							
4150K	*Tablet 3 mg*	*60*	..	..	**22.29*	*3.20*	*Lexotan*	*RO*
4151L	*Tablet 6 mg*	*60*	..	..	**28.11*	*3.20*	*Lexotan*	*RO*
	• *Azaspirodecanedione derivatives*							
	BUSPIRONE HYDROCHLORIDE							
	Authority required							
	For the short-term treatment of anxiety.							
4144D	*Tablet 5 mg*	*50*	..	..	*29.20*	*3.20*	*Buspar*	*BQ*
4145E	*Tablet 10 mg*	*50*	..	..	*44.08*	*3.20*	*Buspar*	*BQ*
	Hypnotics and sedatives							
	• *Benzodiazepine derivatives*							
	FLUNITRAZEPAM							
	Authority required							
	Patients with terminal disease;							
	Patients with refractory phobic or anxiety states.							
	NOTE:							
	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.							
4213R	*Tablet 2 mg*	*25*	..	..	*9.70*	*3.20*	*Hypnodorm*	*AF*

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	
	• *Benzodiazepine related drugs*							
	ZOPICLONE							
	Restricted benefit							
	For the short-term treatment of insomnia.							
4522B	***Tablet 7.5 mg***	***30***	***..***	***..***	***15.91***	***3.20***	***Imovane***	***RR***
	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***	***..***	***..***	****36.03***	***3.20***	***Nicorette Patch***	***PS***
4571N	***Transdermal patches releasing approximately 7 mg per 24 hours, 7***	***2***	***..***	***..***	****45.53***	***3.20***	***Nicotinell 10***	***NV***
				..	****49.83***	***3.20***	***Nicabate 7***	***SK***
4577X	***Transdermal patches releasing approximately 10 mg per 16 hours, 7***	***2***	***..***	***..***	****39.23***	***3.20***	***Nicorette Patch***	***PS***
4572P	***Transdermal patches releasing approximately 14 mg per 24 hours, 7***	***2***	***..***	***..***	****49.51***	***3.20***	***Nicotinell 20***	***NV***
				..	****54.37***	***3.20***	***Nicabate 14***	***SK***
4578Y	***Transdermal patches releasing approximately 15 mg per 16 hours, 7***	***2***	***2***	***..***	****43.01***	***3.20***	***Nicorette Patch***	***PS***
4573Q	***Transdermal patches releasing approximately 21 mg per 24 hours, 7***	***2***	***2***	***..***	****54.83***	***3.20***	***Nicotinell 30***	***NV***
				..	****59.79***	***3.20***	***Nicabate 21***	***SK***
	ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS							
	ANTHELMINTICS							
	Antinematodal agents							
	• *Benzimidazole derivatives*							
	MEBENDAZOLE							
4325P	Tablet 100 mg	6	..	..	14.21	3.20	Vermox	JC

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							
	• ***Sympathomimetics, plain***							
	OXYMETAZOLINE HYDROCHLORIDE							
4377J	Nasal drops 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	13.37	3.20	Drixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	13.37	3.20	Drixine	SH
4379L	Nasal spray 500 micrograms per mL (0.05%), 18 mL	‡1	..	..	12.18	3.20	Logicin Rapid Relief	SI
	• ***Antiallergic agents, excl. corticosteroids***							
	LEVOCABASTINE HYDROCHLORIDE							
4311X	Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	‡1	2	..	17.06	3.20	Livostin	JC
	SODIUM CROMOGLYCATE							
4468E	Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	‡1	5	..	17.72	3.20	Rynacrom	RR
	Nasal decongestants for systemic use							
	• ***Sympathomimetics***							
	PSEUDOEPHEDRINE HYDROCHLORIDE							
4420P	Tablet 60 mg	30	..	..	11.65	3.20	Logicin Sinus	SI
				..	12.08	3.20	Sudafed	WR
	PSEUDOEPHEDRINE SULFATE							
4418M	Tablet 60 mg	30	..	..	11.82	3.20	Demazin Sinus	SH
	COUGH AND COLD PREPARATIONS							
	Expectorants, excl. combinations with cough suppressants							
	• ***Expectorants***							
	SENEGA and AMMONIA							
4074K	Mixture 200 mL	‡1	4	..	5.92	3.20	Senagar	SI
	Cough suppressants, excl. combinations with expectorants							
	• ***Opium alkaloids and derivatives***							
	PHOLCODINE							
4071G	Linctus 1 mg per mL (0.1%), 100 mL	‡1	2	..	6.29	3.20	Actuss	SI
				..	9.47	3.20	Duro-Tuss	MM
	ANTIHISTAMINES FOR SYSTEMIC USE							
	Antihistamines for systemic use							
	• ***Phenothiazine derivatives***							
	PROMETHAZINE HYDROCHLORIDE							
4072H	Tablet 10 mg	50	2	..	11.02	3.20	Phenergan	RR

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	
	PROMETHAZINE HYDROCHLORIDE—cont.							
4073J	Tablet 25 mg	50	2	..	13.21	3.20	Phenergan	RR
	CAUTION: Significant side effects may occur.							
	• ***Piperazine derivatives***							
	CETIRIZINE HYDROCHLORIDE							
4175R	Tablet 10 mg	30	..	..	32.86	3.20	Zyrtec	FA
	• ***Other antihistamines for systemic use***							
	FEXOFENADINE HYDROCHLORIDE							
4237B	Capsule 60 mg	60	..	..	*36.52	3.20	Telfast	ML
4238C	Tablet 120 mg	30	..	..	32.65	3.20	Telfast 120	ML
	LORATADINE							
4313B	Tablet 10 mg	30	..	..	33.51	3.20	Claratyne	SH
	SENSORY ORGANS							
	OPHTHALMOLOGICALS							
	Antiglaucoma preparations and miotics							
	• ***Carbonic anhydrase inhibitors***							
	DORZOLAMIDE HYDROCHLORIDE							
4540Y	Eye drops 20 mg per mL (2%), 5 mL	‡1	5	..	21.86	3.20	Trusopt	MK
	Decongestants and antiallergics							
	• ***Sympathomimetics used as decongestants***							
	ANTAZOLINE with NAPHAZOLINE							
4031E	Eye drops 5 mg (sulfate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL	‡1	1	..	10.34	3.20	Antistine-Privine	CV
4032F	Eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	1	..	10.43	3.20	Albalon-A	AG
	NAPHAZOLINE HYDROCHLORIDE							
4035J	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	1	..	9.68	3.20	Naphcon Forte	AQ
				..	10.36	3.20	Albalon Liquifilm	AG
	NAPHAZOLINE HYDROCHLORIDE with PHENIRAMINE MALEATE							
4355F	Eye drops 250 micrograms-3 mg per mL (0.025%-0.3%), 15 mL	‡1	1	..	10.03	3.20	Naphcon-A	AQ
	ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE							
4034H	Eye drops 2.5 mg-1.2 mg per mL (0.25%-0.12%), 15 mL	‡1	5	..	9.81	3.20	Zincfrin	AQ
				..	10.43	3.20	Prefrin-Z	AG

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 antiallergics***							
	LEVOCABASTINE HYDROCHLORIDE							
4310W	Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses)	‡1	1	..	16.81	3.20	Livostin	JC
	Other ophthalmologicals							
	• ***Other ophthalmologicals***							
	CARMELLOSE SODIUM							
	Authority required							
	Severe dry eye syndrome where less costly alternative preparations are inappropriate.							
4149J	***Eye drops 2.5 mg per mL (0.25%), single dose units 0.6 mL, 32***	***3***	***5***	..	****43.21***	***3.20***	***Thera Tears***	***SI***
	OTOLOGICALS							
	Other otologicals							
	• ***Indifferent preparations***							
	CARBAMIDE PEROXIDE							
4176T	Ear drops 65 mg per mL (6.5%), 10 mL	‡1	..	..	12.02	3.20	Ear Clear for Ear Wax Removal	KY
	DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL							
4180B	Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL	‡1	..	..	11.19	3.20	Cerumol	AC
	DOCUSATE SODIUM							
4199B	Ear drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	12.06	3.20	Waxsol	NE
	VARIOUS							
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Drugs for treatment of hyperkalemia***							
	SODIUM POLYSTYRENE SULFONATE							
4470G	Oral powder 454 g	‡1	2	..	63.53	3.20	Resonium-A	SW

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 a wound for two weeks to one month, when an 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

Aims: (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—Moderate Exudate (see "cavity conforming" product); • Hydroactive (Cavity Wound); • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

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

YELLOW SLOUGHY WOUND

Aims: (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

Aims: (1) to clear the infection with systemic antibiotics; (2) to absorb excess exudate; (3) to remove slough if present.

MALODOUROUS WOUNDS

Aims: (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

Aims: (1) to stop bleeding; (2) to prevent infection; (3) to minimise the surface defect; (4) to promote epithelialisation.

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—ABSORBENT WOOL							
4651T	Bandage (natural, non-sterile) 10 cm x 2.7 m	6	..	..	*27.01	3.20	Soffban 7224	SN
4652W	Bandage 10 cm x 2.75 m	6	..	..	*13.45	3.20	Velband VB100	JJ
4653X	Bandage 10 cm x 3 m	6	..	..	15.91	3.20	Surepress 650948	CC
	BANDAGE—CALICO							
4717G	Bandage, triangular, large	‡1	..	..	10.23	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	..	..	*59.74	3.20	Comprilan 1027	BE
4655B	Bandage, short stretch, 10 cm x 5 m	5	..	..	*60.64	3.20	Tensolan 66000012	SN
4736G	Bandage, high stretch, 7.5 cm x 3 m	5	..	..	*69.44	3.20	Tensopress 4347	SN
4656C	Bandage, high stretch, 7.5 cm x 3.5 m	5	..	..	*58.64	3.20	Setopress 3504	SS
4748X	Bandage, high stretch, 10 cm x 3 m	5	..	..	*61.99	3.20	Surepress 650947	CC
				..	*83.24	3.20	Tensopress 4348	SN
4657D	Bandage, high stretch, 10 cm x 3.5 m	5	..	..	*47.79	3.20	Eloflex 2480	BE
				..	*69.84	3.20	Setopress 3505	SS
4658E	Bandage, four layer	5	..	..	*163.49	3.20	Profore 66050016	SN
	BANDAGE—RETENTION—COHESIVE—HEAVY							
4811F	Bandage 5 cm x 1.3 m	2	..	..	*11.13	3.20	Peg 7420	BK
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*14.03	3.20	Peg 7422	BK
4659F	Bandage 7.5 cm x 3 m	2	..	..	*15.41	3.20	Coplus 3629	SN
4813H	Bandage 10 cm x 1.3 m	2	..	..	*17.37	3.20	Peg 7423	BK
4660G	Bandage 10 cm x 2 m	2	..	..	*21.23	3.20	Coban 1584	MM
4814J	Bandage 15 cm x 1.3 m	2	..	..	*23.65	3.20	Peg 7425	BK

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—COHESIVE—LIGHT							
4718H	Bandages 2.5 cm x 4 m, 2	‡1	..	..	9.43	3.20	Handygauze 8631	BE
4719J	Bandage 6 cm x 4 m	2	..	..	*9.61	3.20	Easifix Cohesive 5870	SN
				..	*11.23	3.20	Handygauze 8633	BE
4662J	Bandage 10 cm x 4 m	2	..	..	*13.67	3.20	Easifix Cohesive 5872	SN
	BANDAGE—RETENTION—COTTON CREPE							
4727T	Bandage 5 cm x 2.3 m	2	..	..	*9.79	3.20	Telfa 8252F	KE
				..	*14.95	3.20	Elastocrepe 300501	SN
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*12.09	3.20	Telfa 8253F	KE
				..	*18.89	3.20	Elastocrepe 307501	SN
4729X	Bandage 10 cm x 2.3 m	2	..	..	*13.63	3.20	Telfa 8254F	KE
				..	*23.37	3.20	Elastocrepe 301001	SN
	BANDAGE—TUBULAR							
4855M	Bandage 6.25 cm x 1 m	‡1	..	..	12.93	3.20	Tubigrip B 1544	SS
4856N	Bandage 6.75 cm x 1 m	‡1	..	..	12.93	3.20	Tubigrip C 1545	SS
4857P	Bandage 7.5 cm x 1 m	‡1	..	..	12.93	3.20	Tubigrip D 1546	SS
4858Q	Bandage 8.75 cm x 1 m	‡1	..	..	12.93	3.20	Tubigrip E 1547	SS
4859R	Bandage 10 cm x 1 m	‡1	..	..	12.93	3.20	Tubigrip F 1548	SS
4663K	Bandage, straight, size C	‡1	..	..	11.83	3.20	Handyplast 2225	BE
4664L	Bandage, straight, size D	‡1	..	..	11.83	3.20	Handyplast 2226	BE
4665M	Bandage, straight, size E	‡1	..	..	11.83	3.20	Handyplast 2227	BE
4666N	Bandage, lightweight, 7.5 cm x 1 m	‡1	..	..	13.31	3.20	Tensogrip 104320	SN
4667P	Bandage, lightweight, 8.75 cm x 1 m	‡1	..	..	13.31	3.20	Tensogrip 104420	SN
	BANDAGE—TUBULAR (FINGER)							
4798M	Complete pack including applicator	‡1	..	..	13.01	3.20	Tubegauz 14001	SS
4726R	Refill	‡1	..	..	9.86	3.20	Tubegauz 14002	SS

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 (LIGHTWEIGHT)							
4671W	Bandage, small limb size (red), 10 m	‡1	..	..	21.28	3.20	Tubifast 2434	SS
4672X	Bandage, medium limb size (green), 10 m	‡1	..	..	24.07	3.20	Tubifast 2436	SS
4673Y	Bandage, large limb size (blue), 10 m	‡1	..	..	26.81	3.20	Tubifast 2438	SS
	BANDAGE—TUBULAR (LONG STOCKING)							
4674B	Bandage, small size	2	..	..	*33.93	3.20	Tubigrip 1482	SS
4797L	Bandage, medium size	2	..	..	*33.93	3.20	Tubigrip 1483	SS
4799N	Bandage, large size	2	..	..	*33.93	3.20	Tubigrip 1484	SS
4675C	Bandage, XX/large size	2	..	..	*33.93	3.20	Tubigrip 1486	SS
	BANDAGE—TUBULAR (SHORT STOCKING)							
4661H	Bandage, small B/C size	2	..	..	*23.55	3.20	Tubigrip 1479	SS
4815K	Bandage, medium C/D size	2	..	..	*23.55	3.20	Tubigrip 1480	SS
4816L	Bandage, large D/E size	2	..	..	*23.55	3.20	Tubigrip 1481	SS
	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	..	..	*19.03	3.20	Zincaband 3604	SS
4669R	Bandage 7.5 cm x 6 m	2	..	..	*19.75	3.20	Steripaste 3610	SS
4750B	Bandage 7.5 cm x 6 m	2	..	..	*53.73	3.20	Viscopaste 4948	SN
4749Y	Bandage 8 cm x 5 m (compression)	2	..	..	*33.99	3.20	Gelocast Elastic 1080	BE
4670T	Bandage 10 cm x 9.1 m	2	..	..	*24.17	3.20	Flexidress 650941	CC
	COTTON WOOL ROLL							
4701K	Roll 100 g	‡1	2	..	7.57	3.20	JJ 02013	JJ
4702L	Roll 375 g	‡1	2	..	13.66	3.20	JJ 02011	JJ
	DRESSING—ACTIVATED CHARCOAL with SILVER (MALODOROUS WOUND)							
4681J	Dressing 10.5 cm x 10.5 cm	10	..	..	*62.19	3.20	Actisorb Plus MAC031	JJ

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 (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	..	..	*81.19	3.20	HydroHeal Algin Firm 015342	FA
				..	*105.69	3.20	Kaltostat 1681F1	CC
				..	*129.69	3.20	Sorbsan 1411	SS
4682K	Ropes 2 g (40 cm), 6	2	..	..	*102.23	3.20	Comfeel SeaSorb Filler 3740	CT
	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	..	*32.19	3.20	HydroHeal Algin Firm 015296	FA
				..	*43.59	3.20	Kaltostat 1682F5	CC
4684M	Dressing 6 cm x 4 cm	10	1	..	*35.89	3.20	Comfeel SeaSorb Dressing 3705	CT
4683L	Dressing 7.5 cm x 12 cm	10	1	..	*62.69	3.20	HydroHeal Algin Firm 015318	FA
				..	*82.69	3.20	Kaltostat 1682F7	CC
4831G	Dressing 10 cm x 10 cm	10	1	..	*70.79	3.20	Comfeel SeaSorb Dressing 3710	CT
				..	*74.09	3.20	Sorbsan 1410	SS
4838P	Dressing 10 cm x 20 cm	10	1	..	*123.49	3.20	HydroHeal Algin Firm 015326	FA
	DRESSING—FILM							
4686P	Dressings 6 cm x 7 cm, 6	‡1	..	..	9.67	3.20	Tegaderm BP400	MM
4687Q	Dressings 10 cm x 12 cm, 6	‡1	..	..	16.27	3.20	Tegaderm BP401	MM
4893M	Dressings 10 cm x 12 cm, 10	‡1	..	..	20.99	3.20	Op-Site Flexigrid 4629	SN
4688R	Dressing 15 cm x 20 cm	6	..	..	*24.73	3.20	Tegaderm 1628	MM
	DRESSING—FILM ISLAND							
4689T	Dressing 5 cm x 7 cm	10	..	..	*15.39	3.20	Tegaderm Transparent Island 3582	MM
4898T	Dressings 5 cm x 7.2 cm, 5	2	..	..	*17.85	3.20	Cutifilm Plus 76309	BE
4899W	Dressings 8 cm x 10 cm, 5	2	..	..	*27.69	3.20	Cutifilm Plus 76308	BE

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	
	DRESSING—FILM ISLAND—cont.							
4690W	Dressing 9 cm x 10 cm	10	..	..	*29.49	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	..	..	197.58	3.20	Lyofoam C 603010	SS
	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	..	..	48.16	3.20	CombiDERM 651031	CC
4693B	Dressings (foam alternative) 15 cm x 18 cm, 5	‡1	..	..	64.29	3.20	CombiDERM 651027	CC
	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	..	21.98	3.20	Lyofoam 603001	SS
4891K	Dressings 10 cm x 10 cm, 5	‡1	3	..	24.06	3.20	Lyofoam 603002	SS
4900X	Dressings, single layer, 10 cm x 10 cm, 10	‡1	..	..	43.55	3.20	Hydrasorb 1694NW	CC
4878R	Dressing 20 cm x 15 cm	5	..	..	*49.49	3.20	Lyofoam 603007	SS
	DRESSING—FOAM—MODERATE 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.							
4879T	Dressing 10 cm x 10 cm	5	..	..	*36.19	3.20	Lyofoam Extra 603050	SS
4880W	Dressing 20 cm x 15 cm	5	..	..	*85.64	3.20	Lyofoam Extra 603052	SS
4694C	Dressing, cavity, conforming, 20 g	1	..	..	50.69	3.20	Cavicare 4563	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	
	DRESSING—GAUZE (ABSORBENT PAD)							
4707R	Pads 5 cm x 5 cm, 100	‡1	..	..	10.55	3.20	Handy 5672	BE
4708T	Pads 10 cm x 10 cm, 100	‡1	..	..	21.72	3.20	Handy 5674	BE
	DRESSING—GAUZE—EYE PAD							
4768Y	Pads, 12	‡1	..	..	9.95	3.20	Curity 4112	KE
	DRESSING—GAUZE—PARAFFIN							
4759L	Dressings 10 cm x 10 cm, 10	‡1	..	..	11.24	3.20	Jelonet 7404	SN
	DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE							
4845B	Dressings 10 cm x 10 cm, 10	‡1	2	..	12.84	3.20	Bactigras 7457	SN
				..	13.39	3.20	Clorhexitulle	RL
	DRESSING—GAUZE—POVIDONE-IODINE PAD							
4779M	Pads 22.5 cm x 7.5 cm, 12	‡1	2	..	29.54	3.20	Betadine	FA
	DRESSING—HYDROACTIVE (CAVITY WOUND)							
4918W	Dressings 5 cm x 6 cm, 10	‡1	1	..	116.68	3.20	Cutinova Cavity 47571	BE
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*219.97	3.20	Cutinova Cavity 47573	BE
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)							
4695D	Dressings, island, 11 cm x 11 cm, 10	‡1	..	..	73.24	3.20	Tielle MT2440	JJ
4696E	Dressings, island, 18 cm x 18 cm, 5	‡1	..	..	88.71	3.20	Tielle MT2442	JJ
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)							
4905E	Dressings 5 cm x 6 cm, 10	‡1	1	..	40.73	3.20	Cutinova Thin 47576	BE
4906F	Dressings 10 cm x 10 cm, 5	2	1	..	*55.83	3.20	Cutinova Thin 47578	BE
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)							
4885D	Dressings 5 cm x 6 cm, 10	‡1	1	..	40.81	3.20	Cutinova Hydro 47441	BE
4886E	Dressings 10 cm x 10 cm, 5	2	1	..	*61.01	3.20	Cutinova Hydro 47443	BE

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—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	..	..	*133.99	3.20	DuoDERM Paste H7930	CC
4895P	Paste 50 g	6	..	..	*84.79	3.20	Comfeel Paste 4701	CT
4697F	Powder 6 g	2	..	..	*16.51	3.20	Comfeel Powder 4706	CT
4698G	Ropes 2 g (30 cm), 5	‡1	..	..	64.29	3.20	Aquacel 177904	CC
4904D	Dressings with alginate 14 cm spiral, 10	‡1	1	..	66.58	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.							
4888G	Dressings 5 cm x 7 cm, 10	‡1	1	..	30.59	3.20	Comfeel Plus Transparent 3530	CT
4889H	Dressings 9 cm x 14 cm, 10	‡1	1	..	66.12	3.20	Comfeel Plus Transparent 3536	CT
4907G	Dressings 10 cm x 10 cm, 10	‡1	1	..	64.29	3.20	DuoDERM Extra Thin H7955	CC
4924E	Dressings 10 cm x 10 cm, 10	‡1	1	..	54.47	3.20	Comfeel Plus Transparent 3533	CT
	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	2	1	..	*73.49	3.20	DuoDERM CGF H7660	CC
4921B	Dressings 10 cm x 10 cm, 10	‡1	1	..	60.00	3.20	HydroHeal Colloid 015385	FA
				..	78.10	3.20	Aquacel 177902	CC
4922C	Dressings 15 cm x 15 cm, 5	2	1	..	*131.49	3.20	HydroHeal Colloid 015393	FA
				..	*161.03	3.20	Aquacel 177903	CC

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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	
	DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)—cont.							
4920Y	Dressings 20 cm x 20 cm, 5	2	1	..	*204.57	3.20	DuoDERM CGF H7662	CC
				..	*219.79	3.20	HydroHeal Colloid 015407	FA
4923D	Dressings with alginate 10 cm x 10 cm, 10	‡1	1	..	63.79	3.20	Comfeel Plus Ulcer Dressing 3110	CT
4902B	Dressings with border 10 cm x 10 cm, 5	2	1	..	*105.75	3.20	DuoDERM CGF Border H7971	CC
4903C	Dressings with border 10 cm x 13 cm, 5	2	1	..	*119.57	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	..	54.47	3.20	Comfeel Purilon Gel 3900	CT
				..	57.37	3.20	DuoDERM Gel H7990	CC
4894N	Tubes 25 g, 10	‡1	1	..	100.01	3.20	Intrasite Gel 7313	SN
4913N	Tubes 30 g, 3	3	1	..	*87.31	3.20	DuoDERM Gel H7987	CC
4914P	Tube 50 g	12	1	..	*69.55	3.20	Solugel 10336	JJ
	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	Dressings 9.5 cm x 10.2 cm, 5	2	..	..	*72.27	3.20	Nu-Gel 2497	JJ
4910K	Dressing 10 cm x 10 cm	10	..	..	*78.89	3.20	Clearsite Borderless 409240	SS
	DRESSING—NON-ADHERENT							
4860T	Dressings 5 cm x 5 cm, 5	2	..	..	*9.69	3.20	Cutilin 76301	BE
				..	*10.27	3.20	Melolin 101720	SN
4755G	Dressings 5 cm x 7.5 cm, 10	‡1	..	..	8.43	3.20	Telfa 1970C	KE
4909J	Dressing 7.6 cm x 7.6 cm	10	1	..	*11.89	3.20	Adaptic 2012	JJ
4758K	Dressings 7.5 cm x 10 cm, 6	‡1	..	..	8.57	3.20	Telfa 2140C	KE

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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	
	DRESSING—NON-ADHERENT—cont.							
4862X	Dressings 10 cm x 10 cm, 3	3	..	..	*15.04	3.20	Cutilin 76300	BE
4861W	Dressings 10 cm x 10 cm, 10	‡1	..	..	22.57	3.20	Melolin 4933	SN
4843X	Dressings, self-adhesive, 5 cm x 7.5 cm, 10	‡1	2	..	9.89	3.20	Telfa 6020C	KE
4844Y	Dressings, self-adhesive, 7.5 cm x 10 cm, 6	‡1	2	..	9.23	3.20	Telfa 7650C	KE
	GAUZE and COTTON TISSUE (COMBINE ROLL)							
4767X	Wrapped pack 9 cm x 10 m	‡1	..	..	12.01	3.20	SN 121054A	SN
4761N	Wrapped pack 10 cm x 10 m	‡1	..	..	10.63	3.20	JJ 12010	JJ
	GLOVES PLASTIC (DISPOSABLE)							
4772E	Gloves, small, 100	‡1	..	..	9.41	3.20	Handy 4207	BE
4773F	Gloves, medium, 100	‡1	..	..	9.41	3.20	Handy 4208	BE
4774G	Gloves, large, 100	‡1	..	..	9.41	3.20	Handy 4209	BE
	LUBRICATING AGENT							
4318G	Jelly 60 g	‡1	..	..	7.99	3.20	Surgical Lubricating Gel	WE
	PRESSURE REDUCING PRODUCTS							
4676D	Sheet 10 cm x 10 cm x 3 mm	2	..	..	*24.63	3.20	Spenco Dermal Pad 10-553	KC
4677E	Sheet 10 cm x 10 cm x 12 mm	2	..	..	*44.85	3.20	Spenco Dermal Pad 10-561	KC
4678F	Butterfly shape 7 cm	5	..	..	*41.09	3.20	Comfeel Plus Pressure Relieving 3350	CT
4679G	Round 10 cm	5	..	..	*44.59	3.20	Comfeel Plus Pressure Relieving 3353	CT
4680H	Round 15 cm	5	..	..	*77.19	3.20	Comfeel Plus Pressure Relieving 3356	CT
	TAPES—NON-WOVEN RETENTION (POLYACRYLATE)							
4915Q	Roll 2.5 cm x 9.1 m	‡1	..	..	9.93	3.20	Medipore 2961	MM
4863Y	Roll 2.5 cm x 10 m	‡1	..	..	12.67	3.20	Hypafix 104020	SN
4917T	Roll 2.5 cm x 10 m	‡1	..	..	6.91	3.20	Mefix 310250	SS
4916R	Roll 5 cm x 10 m	‡1	..	..	18.73	3.20	Hypafix 104120	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	
	TAPES—PLASTER ADHESIVE ELASTIC							
4780N	Roll 2.5 cm x 2.5 m	‡1	..	..	9.63	3.20	Leukoplast 1071	BE
4781P	Roll 5 cm x 2.5 m	‡1	..	..	14.41	3.20	Leukoplast 1072	BE
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	..	17.37	3.20	Leukoplast 1073	BE
4735F	Roll 10 cm x 2.75 m	‡1	..	..	17.82	3.20	Elastoplast 1004	SN
	TAPES—PLASTER ADHESIVE HYPOALLERGENIC							
4783R	Roll 1.25 cm x 5 m	‡1	..	..	7.79	3.20	Leukopor 2471	BE
4785W	Roll 1.25 cm x 5 m	‡1	..	..	7.87	3.20	Leukosilk 1021	BE
4794H	Roll 2.5 cm x 5 m	‡1	..	..	9.87	3.20	Leukopor 2472	BE
4787Y	Roll 2.5 cm x 5 m	‡1	..	..	10.03	3.20	Leukosilk 1022	BE
4788B	Stretch roll 5 cm x 5 m	‡1	..	..	13.30	3.20	Leukoflex 1124	BE
4790D	Roll 5 cm x 5 m	‡1	..	..	12.89	3.20	Leukopor 2474	BE
4789C	Roll 5 cm x 5 m	‡1	..	..	13.16	3.20	Leukosilk 1024	BE
4870H	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	6.85	3.20	Duropore 2610	MM
4868F	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	6.85	3.20	Micropore R3	MM
4872K	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	..	6.85	3.20	Micropore Skintone RF7	MM
4875N	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	7.53	3.20	Duropore 2611	MM
4873L	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	7.53	3.20	Micropore R4	MM
4877Q	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	..	7.53	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 Schedule.

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	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 @	6.80	WR
4651T	Bandage—Absorbent Wool	10 cm x 2.7 m	1 @	3.77	SN
4652W		10 cm x 2.75 m	1 @	1.51	JJ
4654Y	Bandage—Compression	8 cm x 5 m	1 @	11.07	BE
4655B		10 cm x 5 m	1 @	11.25	SN
4736G		7.5 cm x 3 m	1 @	13.01	SN
4656C		7.5 cm x 3.5 m	1 @	10.85	SS
4748X		10 cm x 3 m	1 @	11.52	CC
			1 @	15.77	SN
4657D		10 cm x 3.5 m	1 @	8.68	BE
			1 @	13.09	SS
4658E		Four layer	1 @	31.82	SN
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 @	5.51	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 @	2.61	SN
			1 @	3.42	BE
4662J		10 cm x 4 m	1 @	4.64	SN
4727T	Bandage—Retention—Cotton Crepe	5 cm x 2.3 m	1 @	2.70	KE
			1 @	5.28	SN
4728W		7.5 cm x 2.3 m	1 @	3.85	KE
			1 @	7.25	SN
4729X		10 cm x 2.3 m	1 @	4.62	KE
			1 @	9.49	SN
4674B	Bandage—Tubular (Long Stocking)	Small	1 @	14.77	SS
4797L		Medium	1 @	14.77	SS
4799N		Large	1 @	14.77	SS
4675C		XX/large	1 @	14.77	SS
4661H	Bandage—Tubular (Short Stocking)	Small B/C	1 @	9.58	SS
4815K		Medium C/D	1 @	9.58	SS
4816L		Large D/E	1 @	9.58	SS
4668Q	Bandage—Zinc Paste	7.5 cm x 6 m	1 @	7.32	SS
4669R		7.5 cm x 6 m	1 @	7.68	SS
4750B		7.5 cm x 6 m	1 @	24.67	SN
4749Y		8 cm x 5 m	1 @	14.80	BE
4670T		10 cm x 9.1 m	1 @	9.89	CC
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 @	6.58	MM
4149J	Carmellose Sodium	2.5 mg per mL, 0.6 mL, 32	1 @	12.94	SI
4681J	Dressing—Activated Charcoal with Silver (Malodorous Wound)	10.5 cm x 10.5 cm	1 @	5.78	JJ
4832H	Dressing—Alginate (Cavity Wound)	2 g	1 @	7.68	FA
			1 @	10.13	CC
			1 @	12.53	SS
4682K		2 g (40 cm), 6	1 @	48.92	CT

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
4830F	Dressing—Alginate (Superficial Wound)	5 cm x 5 cm	1 @	2.78	FA
			1 @	3.92	CC
4684M		6 cm x 4 cm	1 @	3.15	CT
4683L		7.5 cm x 12 cm	1 @	5.83	FA
			1 @	7.83	CC
4831G		10 cm x 10 cm	1 @	6.64	CT
			1 @	6.97	SS
4838P		10 cm x 20 cm	1 @	11.91	FA
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 @	6.73	BE
4899W		8 cm x 10 cm, 5	1 @	11.65	BE
4690W		9 cm x 10 cm	1 @	2.51	MM
4878R	Dressing—Foam—Light Exudate	20 cm x 15 cm	1 @	9.02	SS
4879T	Dressing—Foam—Moderate Exudate	10 cm x 10 cm	1 @	6.36	SS
4880W		20 cm x 15 cm	1 @	16.25	SS
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 @	25.72	BE
4886E	Dressing—Hydroactive (Superficial Wound—Moderate Exudate)	10 cm x 10 cm, 5	1 @	28.31	BE
4896Q	Dressing—Hydrocolloid (Cavity Wound)	30 g	1 @	12.96	CC
4895P		50 g	1 @	13.40	CT
4697F		6 g	1 @	6.06	CT
4897R	Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate)	10 cm x 10 cm, 5	1 @	34.55	CC
4922C		15 cm x 15 cm, 5	1 @	63.55	FA
			1 @	78.32	CC
4920Y		20 cm x 20 cm, 5	1 @	100.09	CC
			1 @	107.70	FA
4902B		10 cm x 10 cm, 5	1 @	50.68	CC
4903C		10 cm x 13 cm, 5	1 @	57.59	CC
4913N	Dressing—Hydrogel—Amorphous	30 g, 3	1 @	27.64	CC
4914P		50 g	1 @	5.43	JJ
4911L	Dressing—Hydrogel—Sheet	9.5 cm x 10.2 cm, 5	1 @	33.94	JJ
4910K		10 cm x 10 cm	1 @	7.45	SS
4860T	Dressing—Non-Adherent	5 cm x 5 cm, 5	1 @	2.65	BE
			1 @	2.94	SN
4909J		7.6 cm x 7.6 cm	1 @	0.75	JJ
4862X		10 cm x 10 cm, 3	1 @	3.55	BE
4237B	Fexofenadine Hydrochloride	60 mg	20 @	10.71	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 @	15.82	PS
4571N		Approx. 7 mg per 24 hours, 7	1 @	20.57	NV
			1 @	22.72	SK
4577X		Approx. 10 mg per 16 hours, 7	1 @	17.42	PS
4572P		Approx. 14 mg per 24 hours, 7	1 @	22.56	NV
			1 @	24.99	SK

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
4578Y	Nicotine	Approx. 15 mg per 16 hours, 7	1 @	19.31	PS
4573Q		Approx. 21 mg per 24 hours, 7	1 @	25.22	NV
			1 @	27.70	SK
4676D	Pressure Reducing Products	10 cm x 10 cm x 3 mm	1 @	10.12	KC
4677E		10 cm x 10 cm x 12 mm	1 @	20.23	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 @	9.92	GW
4980D		150 mg (base) per 10 mL, 300 mL	1 @	9.92	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

AUTHORITY PRESCRIPTION APPLICATIONS

24 HOUR SERVICE

PBS – FREE CALL 1800 888 333

RPBS – FREE CALL 1800 552 580

PBS

PBS INFORMATION LINE

For further information on benefit items, safety net etc. **Free call 1800 020 613**

THIS NUMBER IS **NOT** TO BE USED FOR APPROVAL OF AUTHORITY PRESCRIPTIONS

TGA Therapeutic Goods Administration

P.O. Box 100
Woden ACT 2606

FOR REPORTING PROBLEMS WITH MEDICAL DEVICES
TELEPHONE: 1800 809 361

TO ORDER FURTHER SUPPLIES OF "REPORT OF A SUSPECTED ADVERSE DRUG REACTION INCLUDING BIRTH DEFECTS" (ADRAC "blue card")
TELEPHONE: (02) 6232 8386

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