



Schedule of Pharmaceutical Benefits



**for Approved Pharmacists
and Medical Practitioners**

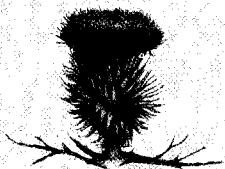
Effective from 1 November 2000

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:



**McMILLAN
OUTSOURCING**

**Dock 8, corner Derby and Stubbs Streets
Silverwater NSW 2128**

Sales inquiries only:

TEL: (02) 9648 3333

FAX: (02) 9648 4209



Report of Suspected Adverse Reaction to Drugs and Vaccines

(See reverse for statement about use of personal information)

Patient (Initials or Record No. only)

Date of Birth:/...../.....

Sex: M / F Weight: ____ kg

Adverse Reaction Description:

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

All Drug Therapy /Vaccines Prior to Reaction (Please use trade names)	Daily Dosage & Route (Dose No for vaccines, e.g. 1st DTP etc)	Date Begun	Date Stopped	Reason for Use

Treatment (of reaction):

Outcome: Recovered ☐ Date of Recovery: / / Not Yet Recovered ☐
Unknown ☐ Fatal ☐ Date of Death: / /

Sequelae: No ☐ Yes ☐ (describe)

Severity: Life threatening ☐ Hospitalised ☐ Required a visit to Doctor ☐

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

Reporting Doctor, Pharmacist, etc:

Name:

Address:

Postcode:

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

No postage stamp required
if posted in Australia



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

Sender's name and address

Postcode

Use of Personal Information:

Full details of Immunisation Schedule vaccine events
may be provided to State or Territory health departments.
Identities of all other reporters, patients and institutions
will remain **CONFIDENTIAL**.

Fold here
→
←
Fold here



**SCHEDULE OF PHARMACEUTICAL
BENEFITS FOR APPROVED
PHARMACISTS AND MEDICAL
PRACTITIONERS**

**OPERATIVE FROM 1 NOVEMBER 2000
(ALL PREVIOUS EDITIONS CANCELLED)**

© Commonwealth of Australia 2000
ISSN 1037-3667

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without written permission from AusInfo. Requests and inquiries concerning reproduction and rights should be addressed to the Manager, Legislative Services, AusInfo, GPO Box 1920, Canberra ACT 2601.

THERAPEUTIC GROUP PREMIUM POLICY

PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A THERAPEUTIC GROUP PREMIUM WITH EFFECT FROM 1 NOVEMBER 2000

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 \$

H₂-RECEPTOR ANTAGONISTS

<i>Amfamox 20</i>	Tablet 20 mg	60	5.02
<i>Amfamox 40</i>	Tablet 40 mg	30	5.02
<i>Pepcidine</i>	Tablet 40 mg	30	5.02
<i>Pepcidine M</i>	Tablet 20 mg	60	5.02
<i>Tagamet 800 Express</i>	Effervescent tablet 800 mg (as hydrochloride)	30	7.01
<i>Tazac</i>	Capsule 150 mg	60	2.68
<i>Tazac</i>	Capsule 300 mg	30	2.68
<i>Zantac</i>	Effervescent tablet 150 mg (base)	60	1.70
<i>Zantac Syrup</i>	Syrup 150 mg (base) per 10 mL, 300 mL	2	1.68

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

DIHYDROPYRIDINE-DERIVATIVE CALCIUM CHANNEL BLOCKERS

<i>Adalat Oros 30</i>	Tablet 30 mg (controlled release)	30	1.40
<i>Adalat Oros 60</i>	Tablet 60 mg (controlled release)	30	1.75
<i>Norvasc</i>	Tablet 5 mg (base)	30	3.16
<i>Norvasc</i>	Tablet 10 mg (base)	30	5.09

The base-priced drugs in this group are felodipine and nifedipine (except nifedipine controlled release tablets 30 mg and 60 mg).

ACE INHIBITORS

<i>Amprace 5</i>	Tablet 5 mg	30	2.33
<i>Amprace 10</i>	Tablet 10 mg	30	2.40
<i>Amprace 20</i>	Tablet 20 mg	30	2.45
<i>Renitec M</i>	Tablet 5 mg	30	2.33
<i>Renitec</i>	Tablet 10 mg	30	2.40
<i>Renitec 20</i>	Tablet 20 mg	30	2.45
<i>Renitec Wafer</i>	Wafer 5 mg	30	3.04
<i>Renitec Wafer</i>	Wafer 10 mg	30	3.16
<i>Renitec Wafer</i>	Wafer 20 mg	30	3.24

The base-priced drugs in this group are captopril, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril andtrandolapril.

BRAND PREMIUM POLICY

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND THAT MAY BE SUBSTITUTED WITH EFFECT FROM 1 NOVEMBER 2000

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
<i>Abbocillin-V</i>	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	0.86	<i>Cilicaine V</i>
	Oral suspension 250 mg per 5 mL, 100 mL	2	0.08	<i>Cilicaine V</i>
<i>Adalat 10</i>	Tablet 10 mg	60	1.25	<i>SBPA Nifedipine 10 mg</i>
<i>Adalat 20</i>	Tablet 20 mg	60	2.68	<i>Nifecard 20 mg; Nifehexal; Nyefax 20 mg; SBPA Nifedipine 20 mg</i>
<i>Agon SR</i>	Tablet 2.5 mg (extended release)	30	2.56	<i>Felodur ER 2.5 mg</i>
	Tablet 5 mg (extended release)	30	2.60	<i>Felodur ER 5 mg</i>
	Tablet 10 mg (extended release)	30	2.70	<i>Felodur ER 10 mg</i>
<i>Airomir</i>	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	0.62	<i>Asmol CFC-free</i>
<i>Aldactone</i>	Tablet 25 mg	100	1.73	<i>Spiractin 25</i>
	Tablet 100 mg	100	1.98	<i>Spiractin 100</i>
<i>Aldomet</i>	Tablet 250 mg	100	2.59	<i>Hydopa</i>
<i>Amoxil</i>	Capsule 250 mg	20	0.72	<i>Alphamox 250; Amohexal; Bgramin; Chem mart Amoxycillin; Cilamox; DBL Amoxycillin; healthsense Amoxycillin; Moxacin; SBPA Amoxycillin 250 mg; Terry White Chemists Amoxycillin</i>
	Capsule 500 mg	20	0.85	<i>Alphamox 500; Amohexal; Bgramin; Chem mart Amoxycillin; Cilamox; DBL Amoxycillin; healthsense Amoxycillin; Moxacin; SBPA Amoxycillin 500 mg; Terry White Chemists Amoxycillin</i>
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.62	<i>Alphamox 125; Amohexal; Bgramin; Cilamox; Moxacin</i>
<i>Amoxil Forte</i>	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.63	<i>Alphamox 250; Amohexal; Bgramin; Cilamox; Moxacin 250</i>
<i>Ampicyn</i>	Injection 500 mg (solvent required)	5	0.06	<i>Austrapen</i>
	Injection 1 g (solvent required)	5	0.09	<i>Austrapen</i>
<i>Anafranil 25</i>	Tablet 25 mg	50	1.16	<i>Chem mart Clomipramine; Clopram; DBL Clomipramine; GenRx Clomipramine; healthsense Clomipramine; Placil; Terry White Chemists Clomipramine</i>
<i>Anaprox 550</i>	Tablet 550 mg	50	3.00	<i>Crysanal</i>
<i>Androcur</i>	Tablet 50 mg	20	1.50	<i>Cyprone; Procur</i>
	Tablet 50 mg	100	1.80	<i>Cyprone; Procur</i>
<i>Atrovent</i>	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	0.48	<i>Chem mart Ipratropium; DBL Ipratropium; healthsense Ipratropium; Ipratrin; Ipravent; Terry White Chemists Ipratropium</i>
<i>Atrovent Adult</i>	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	0.58	<i>Ipratrin Adult; Ipravent</i>
<i>Augmentin</i>	Tablet 250 mg-125 mg	15	0.99	<i>Ausclav; Clamoxyl</i>
	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	1	0.96	<i>Ausclav; Clamoxyl</i>
<i>Augmentin Duo forte</i>	Tablet 875 mg-125 mg	10	1.02	<i>Ausclav Duo Forte; Clamoxyl Duo forte</i>
<i>Augmentin Duo 400</i>	Powder for syrup 400 mg-57 mg per 5 mL, 50 mL	1	0.98	<i>Ausclav Duo 400; Clamoxyl Duo 400</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Aurorix</i>	Tablet 150 mg	60	0.95	<i>Arima</i> ; Chem mart Moclobemide; DBL Moclobemide; GenRx Moclobemide; healthsense Moclobemide; Terry White Chemists Moclobemide
<i>Aurorix 300 mg</i>	Tablet 300 mg	60	1.92	<i>Arima 300</i> ; Chem mart Moclobemide; DBL Moclobemide; GenRx Moclobemide; healthsense Moclobemide; Terry White Chemists Moclobemide
<i>Becloforte</i>	Oral pressurised inhalation 250 micrograms per dose (200 doses)	1	0.75	<i>Respocort 250 Inhaler</i>
<i>Becotide</i>	Oral pressurised inhalation 50 micrograms per dose (200 doses)	1	1.20	<i>Respocort 50 Inhaler</i>
<i>Becotide 100</i>	Oral pressurised inhalation 100 micrograms per dose (200 doses)	1	1.20	<i>Respocort 100 Inhaler</i>
<i>Betaloc</i>	Tablet 50 mg	100	1.13	<i>Metohexal</i> ; Metolol; Minax 50; SBPA Metoprolol 50
	Tablet 100 mg	60	1.16	<i>Metohexal</i> ; Metolol; Minax 100; SBPA Metoprolol 100
<i>Betoptic</i>	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	1	2.01	<i>BetoQuin</i>
<i>Brevinor</i>	Tablets 500 micrograms-35 micrograms, 21	4	7.96	<i>Norimin 28 Day</i>
	Pack containing 21 tablets 500 micrograms- 35 micrograms and 7 inert tablets	4	7.96	<i>Norimin 28 Day</i>
<i>Brevinor-1</i>	Tablets 1 mg-35 micrograms, 21	4	7.96	<i>Norimin-1 28 Day</i>
	Pack containing 21 tablets 1 mg- 35 micrograms and 7 inert tablets	4	7.96	<i>Norimin-1 28 Day</i>
<i>Capoten</i>	Tablet 12.5 mg	90	1.95	<i>Acenorm 12.5 mg</i> ; <i>Captohexal</i> ; Chem mart Captopril; Enzace 12.5 mg; GenRx Captopril; healthsense Captopril; SBPA Captopril 12.5; Terry White Chemists Captopril; BL brand; DP brand
	Tablet 25 mg	90	1.95	<i>Acenorm 25 mg</i> ; <i>Captohexal</i> ; Chem mart Captopril; Enzace 25 mg; GenRx Captopril; healthsense Captopril; SBPA Captopril 25; Terry White Chemists Captopril; BL brand; DP brand
	Tablet 50 mg	90	1.96	<i>Acenorm 50 mg</i> ; <i>Captohexal</i> ; Chem mart Captopril; Enzace 50 mg; GenRx Captopril; healthsense Captopril; SBPA Captopril 50; Terry White Chemists Captopril; BL brand; DP brand
<i>Carafate</i>	Tablet equivalent to 1 g anhydrous sucralfate	120	1.84	<i>Ulcyte</i>
<i>Cardizem</i>	Tablet 60 mg	90	1.98	<i>Auscard</i> ; Chem mart Diltiazem; Coras; Diltahexal; Dilzem 60 mg; DBL Diltiazem; GenRx Diltiazem; healthsense Diltiazem; SBPA Diltiazem; Terry White Chemists Diltiazem
<i>Cardizem CD</i>	Capsule 180 mg (controlled delivery)	30	1.80	<i>Vasocardol CD</i>
	Capsule 240 mg (controlled delivery)	30	1.80	<i>Vasocardol CD</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Ceclor</i>	Powder for oral suspension 125 mg per 5 mL, 100 mL	1	0.82	<i>Chem mart Cefaclor; DBL Cefaclor; healthsense Cefaclor; Keflor; Terry White Chemists Cefaclor</i>
	Powder for oral suspension 250 mg per 5 mL, 75 mL	1	0.82	<i>Chem mart Cefaclor; DBL Cefaclor; GenRx Cefaclor; healthsense Cefaclor; Keflor; Terry White Chemists Cefaclor</i>
<i>Ceclor CD</i>	Tablet 375 mg (sustained release)	10	0.75	<i>Keflor CD</i>
<i>Celestone-M</i>	Cream 200 micrograms (base) per g (0.02%), 100 g	2	4.00	<i>Antroquoril</i>
	Ointment 200 micrograms (base) per g (0.02%), 100 g	2	4.00	<i>Antroquoril</i>
<i>Ciloxan</i>	Eye drops 3 mg per mL (0.3%), 5 mL	1	1.23	<i>CiloQuin</i>
	Eye drops 3 mg per mL (0.3%), 5 mL	2	2.46	<i>CiloQuin</i>
<i>Clinoril</i>	Tablet 100 mg	100	2.31	<i>Aclin</i>
<i>Clinoril 200</i>	Tablet 200 mg	50	2.63	<i>Aclin 200</i>
<i>Clomid</i>	Tablet 50 mg	10	2.64	<i>Clomhexal</i>
<i>Cordilox</i>	Tablet 40 mg	100	1.00	<i>Anpec 40; Verahexal</i>
	Tablet 80 mg	100	0.99	<i>Anpec 80; Verahexal</i>
	Tablet 120 mg	100	1.00	<i>Verahexal</i>
<i>Cordilox SR</i>	Tablet 240 mg (sustained release)	30	1.00	<i>Anpec SR</i>
<i>Dalacin C</i>	Capsule 150 mg	25	1.46	<i>Cleocin</i>
<i>Daonil</i>	Tablet 5 mg	100	1.00	<i>Glimel</i>
<i>Depo-Medrol</i>	Injection 40 mg in 1 mL	5	0.74	<i>Depo-Nisolone</i>
<i>Depo-Provera</i>	Injection 150 mg in 1 mL	1	3.36	<i>Depo-Ralovera</i>
<i>Diabex</i>	Tablet 500 mg	100	1.10	<i>Diaformin; Glucohexal; Glucomet 500 mg</i>
<i>Diabex 850</i>	Tablet 850 mg	60	1.10	<i>Diaformin 850; Glucohexal; Glucomet 850 mg</i>
<i>Diamicron</i>	Tablet 80 mg	100	1.00	<i>Glyade</i>
<i>Diprosone</i>	Cream 500 micrograms (base) per g (0.05%), 15 g	1	3.44	<i>Eleuphrat</i>
	Ointment 500 micrograms (base) per g (0.05%), 15 g	1	3.44	<i>Eleuphrat</i>
	Lotion 500 micrograms (base) per g (0.05% w/w), 30 mL	1	2.00	<i>Eleuphrat</i>
<i>Doryx</i>	Capsule 50 mg	25	0.98	<i>Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
	Capsule 100 mg	7	1.05	<i>Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
	Capsule 100 mg	21	1.38	<i>Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
	Capsule 100 mg	28	4.20	<i>Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
<i>Duphalac</i>	Mixture 3.34 g per 5 mL, 500 mL	1	1.87	<i>Actilax; Lac-Dol</i>
<i>Duratears</i>	Compound eye ointment 3.5 g	2	2.00	<i>Poly Visc</i>
<i>Dymadon Forte</i>	Tablet 30 mg-500 mg	20	1.82	<i>Codalgin Forte; Panadeine Forte Caplets</i>
<i>E.E.S. Granules</i>	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	1	3.32	<i>E-Mycin 400</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>E.E.S. 200</i>	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	1	3.26	<i>E-Mycin 200</i>
<i>E.E.S. 400 Filmtab</i>	Tablet 400 mg (base)	25	3.21	<i>E-Mycin</i>
<i>Eldepryl</i>	Tablet 5 mg	100	0.54	<i>Selgene</i>
<i>Epilim EC</i>	Tablet 200 mg (enteric coated)	200	1.32	<i>Valpro 200</i>
	Tablet 500 mg (enteric coated)	200	1.64	<i>Valpro 500</i>
<i>Erocap</i>	Capsule 20 mg (base)	28	0.30	<i>Auscap; Chem mart Fluoxetine; DBL Fluoxetine; Fluohexal; GenRx Fluoxetine; healthsense Fluoxetine; Lovan; SBPA Fluoxetine 20; Terry White Chemists Fluoxetine; Zactin</i>
<i>Erythrocin</i>	I.V. infusion 300 mg (base)	5	0.40	<i>BL brand</i>
<i>Eulexin</i>	Tablet 250 mg	100	4.05	<i>Flutamin</i>
<i>ExacTech</i>	Electrode strips, 100	1	1.70	<i>Excel ET</i>
<i>Fasigyn</i>	Tablet 500 mg	4	2.00	<i>Simplotan</i>
<i>Feldene</i>	Capsule 10 mg	50	1.89	<i>Candyl 10 mg; Chem mart Piroxicam; DBL Piroxicam; GenRx Piroxicam; healthsense Piroxicam; Mobilis 10; Rosig; Terry White Chemists Piroxicam</i>
	Capsule 20 mg	25	1.98	<i>Candyl 20 mg; Chem mart Piroxicam; DBL Piroxicam; GenRx Piroxicam; healthsense Piroxicam; Mobilis 20; Rosig; Terry White Chemists Piroxicam</i>
<i>Feldene-D</i>	Dispersible tablet 10 mg	50	1.89	<i>Candyl-D 10 mg; Mobilis D-10; Pirohexal-D; Rosig-D</i>
	Dispersible tablet 20 mg	25	1.98	<i>Candyl-D 20 mg; Mobilis D-20; Pirohexal-D; Rosig-D</i>
<i>Flagyl</i>	Tablet 200 mg	21	1.93	<i>Metrogyl 200</i>
	Tablet 400 mg	21	1.97	<i>Metrogyl 400</i>
<i>Floxapen</i>	Capsule 250 mg	24	0.46	<i>Flopen; Staphylex 250</i>
	Capsule 500 mg	24	0.58	<i>Flopen; Staphylex 500</i>
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.06	<i>Flopen</i>
	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.10	<i>Flopen</i>
<i>Fugerel</i>	Tablet 250 mg	100	45.33	<i>Flutamin</i>
<i>Glucometer Elite</i>	Electrode strips, 50	2	7.20	<i>Excel G</i>
<i>Glucophage</i>	Tablet 500 mg	100	1.10	<i>Diaformin; Glucohexal; Glucomet 500 mg</i>
	Tablet 850 mg	60	1.10	<i>Diaformin 850; Glucohexal; Glucomet 850 mg</i>
<i>Haldol decanoate</i>	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	0.20	<i>BL brand</i>
<i>Imdur Durule</i>	Tablet 60 mg (sustained release)	30	1.46	<i>Duride; Imtrate 60 mg; Isomonit; Monodur 60 mg</i>
<i>Imdur 120 mg</i>	Tablet 120 mg (sustained release)	30	1.36	<i>Monodur 120 mg</i>
<i>Imodium</i>	Capsule 2 mg	12	1.00	<i>Gastro-Stop Loperamide</i>
<i>Imuran</i>	Tablet 50 mg	100	0.81	<i>Azahexal; Azamun; Thioprine</i>
<i>Inderal</i>	Tablet 160 mg	50	2.03	<i>Deralin 160</i>
<i>Indocid</i>	Capsule 25 mg	100	3.00	<i>Arthrexin</i>
<i>Intal</i>	Solution for inhalation 20 mg in 2 mL ampoule	120	2.32	<i>Cromese Sterinebs</i>
<i>Isoptin</i>	Tablet 40 mg	100	1.00	<i>Anpec 40; Verahexal</i>
	Tablet 80 mg	100	1.00	<i>Anpec 80; Verahexal</i>
	Tablet 120 mg	100	1.00	<i>Verahexal</i>
	Tablet 160 mg	60	1.00	<i>Cordilox</i>
<i>Isoptin SR</i>	Tablet 240 mg (sustained release)	30	1.00	<i>Anpec SR</i>
<i>Isoptin 180 SR</i>	Tablet 180 mg (sustained release)	30	1.01	<i>Cordilox 180 SR</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Isopto Carpine</i>	Eye drops 5 mg per mL (0.5%), 15 mL	1	1.06	<i>IQ brand</i>
	Eye drops 10 mg per mL (1%), 15 mL	1	1.06	<i>IQ brand</i>
	Eye drops 20 mg per mL (2%), 15 mL	1	1.06	<i>IQ brand</i>
	Eye drops 30 mg per mL (3%), 15 mL	1	1.09	<i>IQ brand</i>
	Eye drops 40 mg per mL (4%), 15 mL	1	1.09	<i>IQ brand</i>
<i>Isordil</i>	Tablet 10 mg	200	3.54	<i>Sorbidin</i>
<i>Keflex</i>	Capsule 250 mg	20	1.15	<i>Chem mart Cephalixin; Cilex; DBL Cephalixin; healthsense Cephalixin; Ibilex 250; Terry White Chemists Cephalixin</i>
	Capsule 500 mg	20	1.18	<i>Chem mart Cephalixin; Cilex; DBL Cephalixin; healthsense Cephalixin; Ibilex 500; Terry White Chemists Cephalixin</i>
	Granules for syrup 125 mg per 5 mL, 100 mL	1	1.15	<i>Ibilex 125</i>
	Granules for syrup 250 mg per 5 mL, 100 mL	1	1.17	<i>Ibilex 250</i>
<i>Keflin Neutral</i>	Injection 1 g (solvent required)	10	0.30	<i>BL brand</i>
<i>Kefzol</i>	Injection 1 g (solvent required)	5	0.30	<i>BL brand</i>
<i>Kenacomb Otic</i>	Ear drops 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%- 0.25%-0.025%-100,000 units per g), 7.5 mL	1	1.10	<i>Otocomb Otic</i>
	Ear ointment 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%- 0.25%-0.025%-100,000 units per g), 5 g	1	1.10	<i>Otocomb Otic</i>
<i>Lasix</i>	Tablet 40 mg	100	1.01	<i>Frusehexal 40 mg; Frusid; Uremide</i>
<i>Lasix-M</i>	Tablet 20 mg	100	1.02	<i>Frusid</i>
<i>Ledertrexate</i>	Tablet 2.5 mg	30	0.08	<i>BL brand; Methoblastin</i>
<i>Lioresal 10</i>	Tablet 10 mg	100	1.09	<i>Clofen 10; DBL Baclofen</i>
<i>Lioresal 25</i>	Tablet 25 mg	100	1.09	<i>Clofen 25; DBL Baclofen</i>
<i>Lomotil</i>	Tablet 2.5 mg-25 micrograms	20	1.84	<i>Lofenoxal</i>
<i>Lopid</i>	Tablet 600 mg	60	1.65	<i>Ausgem; Chem mart Gemfibrozil; DBL Gemfibrozil; Gemhexal; GenRx Gemfibrozil; healthsense Gemfibrozil; Jezil; Lipazil 600 mg; SBPA Gemfibrozil; Terry White Chemists Gemfibrozil</i>
<i>Losec Tablets</i>	Tablet 20 mg (base)	30	0.79	<i>Acimax Tablets</i>
<i>LPV 125</i>	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	0.80	<i>Cilicaine V</i>
<i>LPV 250</i>	Oral suspension 250 mg per 5 mL, 100 mL	2	0.96	<i>Cilicaine V</i>
<i>Luvox</i>	Tablet 100 mg	30	1.25	<i>Faverin 100</i>
<i>Macrochantin</i>	Capsule 50 mg	30	1.20	<i>Ralodantin</i>
	Capsule 100 mg	30	1.20	<i>Ralodantin</i>
<i>Melleril 10</i>	Tablet 10 mg	100	0.75	<i>Aldazine 10</i>
<i>Melleril 25</i>	Tablet 25 mg	100	0.74	<i>Aldazine 25</i>
<i>Melleril 50</i>	Tablet 50 mg	100	0.75	<i>Aldazine 50</i>
<i>Melleril 100</i>	Tablet 100 mg	100	0.75	<i>Aldazine 100</i>
<i>Metronide 200</i>	Tablet 200 mg	21	0.02	<i>Metrogyl 200</i>
<i>Metronide 400</i>	Tablet 400 mg	21	0.05	<i>Metrogyl 400</i>
<i>Microgynon 30</i>	Tablets 150 micrograms-30 micrograms, 21	4	7.88	<i>Levlen ED</i>
<i>Microgynon 30 ED</i>	Pack containing 21 tablets 150 micrograms- 30 micrograms and 7 inert tablets	4	7.88	<i>Levlen ED</i>
<i>Midamor</i>	Tablet 5 mg	100	2.94	<i>Kaluril</i>
<i>Minidiab</i>	Tablet 5 mg	100	0.86	<i>Melizide</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Minipress</i>	Tablet 1 mg (base)	100	2.58	<i>Chem mart Prazosin; DBL Prazosin; GenRx Prazosin; healthsense Prazosin; Prasig; Pressin 1; Terry White Chemists Prazosin</i>
	Tablet 2 mg (base)	100	2.62	<i>Chem mart Prazosin; DBL Prazosin; GenRx Prazosin; healthsense Prazosin; Prasig; Pressin 2; Terry White Chemists Prazosin</i>
	Tablet 5 mg (base)	100	2.70	<i>Chem mart Prazosin; DBL Prazosin; GenRx Prazosin; healthsense Prazosin; Prasig; Pressin 5; Terry White Chemists Prazosin</i>
<i>Minomycin</i>	Capsule 100 mg	11	0.27	<i>Akamin 100</i>
<i>Minomycin-50</i>	Tablet 50 mg	60	0.43	<i>Akamin 50</i>
<i>Moduretic</i>	Tablet 50 mg-5 mg	100	3.30	<i>Amizide</i>
<i>Mogadon</i>	Tablet 5 mg	25	2.02	<i>Alodorm</i>
	Tablet 5 mg	50	4.04	<i>Alodorm</i>
<i>Murelax</i>	Tablet 15 mg	25	0.01	<i>Alepam 15</i>
	Tablet 15 mg	50	0.02	<i>Alepam 15</i>
	Tablet 30 mg	25	0.01	<i>Alepam 30</i>
	Tablet 30 mg	50	0.02	<i>Alepam 30</i>
<i>Mylanta</i>	Tablet 200 mg-200 mg	200	0.30	<i>Gelusil</i>
	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	0.32	<i>Gelusil; Sigma Liquid Antacid</i>
<i>Naprosyn</i>	Tablet 250 mg	100	3.12	<i>Inza 250</i>
	Tablet 500 mg	50	1.80	<i>Inza 500</i>
<i>Naprosyn SR750</i>	Tablet 750 mg (sustained release)	28	1.68	<i>Proxen SR 750</i>
<i>Naprosyn SR1000</i>	Tablet 1 g (sustained release)	28	1.77	<i>Proxen SR 1000</i>
<i>Natrilix</i>	Tablet 2.5 mg	90	2.88	<i>Dapa-Tabs; Indahexal; Insig; Napamide 2.5 mg</i>
<i>Nocturne</i>	Capsule 10 mg	25	0.02	<i>Temaze 10</i>
	Capsule 10 mg	50	0.04	<i>Temaze 10</i>
<i>Nolvadex</i>	Tablet 10 mg (base)	60	0.36	<i>Estroxyn 10; Genox 10; Tamoxen 10 mg</i>
<i>Nolvadex-D</i>	Tablet 20 mg (base)	60	0.64	<i>Estroxyn 20; Genox 20; Tamosin; Tamoxen 20 mg</i>
<i>Nordette 21</i>	Tablets 150 micrograms-30 micrograms, 21	4	7.96	<i>Monofeme 28</i>
<i>Nordette 28</i>	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	7.96	<i>Monofeme 28</i>
<i>Noriday 28 Day</i>	Tablets 350 micrograms, 28	4	4.00	<i>Locilan 28 Day</i>
<i>Normison</i>	Tablet 10 mg	25	1.02	<i>Temaze</i>
	Tablet 10 mg	50	2.04	<i>Temaze</i>
	Capsule 10 mg	25	1.02	<i>Temaze 10</i>
	Capsule 10 mg	50	2.04	<i>Temaze 10</i>
<i>Noroxin</i>	Tablet 400 mg	14	2.00	<i>Insensye</i>
<i>NovoMet 500 mg</i>	Tablet 500 mg	100	1.10	<i>Diaformin; Glucohexal; Glucomet 500 mg</i>
<i>NovoMet 850 mg</i>	Tablet 850 mg	60	1.10	<i>Diaformin 850; Glucohexal; Glucomet 850 mg</i>
<i>Ogen .625</i>	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	1.47	<i>Genoral 0.625</i>
<i>Ogen 1.25</i>	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	1.48	<i>Genoral 1.25</i>
<i>Orudis SR</i>	Capsule 100 mg (sustained release)	50	1.60	<i>Oruvail SR</i>
<i>Orudis SR 200</i>	Capsule 200 mg (sustained release)	28	1.36	<i>Oruvail SR</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Parlodel</i>	Tablet 2.5 mg (base)	30	1.48	<i>Bromohexal; Bromolactin; Krypton 2.5; SBPA Bromocriptine 2.5</i>
	Tablet 2.5 mg (base)	60	1.48	<i>Bromohexal; Bromolactin; Krypton 2.5; SBPA Bromocriptine 2.5</i>
	Capsule 5 mg (base)	60	1.49	<i>Bromohexal; Bromolactin; Krypton 5; SBPA Bromocriptine 5</i>
	Capsule 10 mg (base)	100	0.74	<i>Krypton 10</i>
<i>Plendil ER</i>	Tablet 2.5 mg (extended release)	30	1.25	<i>Felodur ER 2.5 mg</i>
	Tablet 5 mg (extended release)	30	1.56	<i>Felodur ER 5 mg</i>
	Tablet 10 mg (extended release)	30	2.55	<i>Felodur ER 10 mg</i>
<i>Prothiaden</i>	Capsule 25 mg	50	1.39	<i>Dothep 25</i>
	Tablet 75 mg	30	1.76	<i>Dothep 75</i>
<i>Provera</i>	Tablet 5 mg	56	1.77	<i>Ralovera</i>
	Tablet 10 mg	30	1.78	<i>Ralovera</i>
	Tablet 10 mg	100	1.65	<i>Ralovera</i>
<i>Prozac Tab</i>	Tablet 20 mg (base) (dispersible)	28	2.59	<i>Lovan 20 Tab</i>
<i>Prozac 20</i>	Capsule 20 mg (base)	28	2.59	<i>Auscap; Chem mart Fluoxetine; DBL Fluoxetine; Fluohexal; GenRx Fluoxetine; healthsense Fluoxetine; Lovan; SBPA Fluoxetine 20; Terry White Chemists Fluoxetine; Zactin</i>
<i>Quinate</i>	Tablet 300 mg	50	0.61	<i>Quinsul</i>
<i>Ramace 1.25 mg</i>	Tablet 1.25 mg	30	1.94	<i>Tritace 1.25 mg</i>
<i>Ramace 2.5 mg</i>	Tablet 2.5 mg	30	1.98	<i>Tritace 2.5 mg</i>
<i>Ramace 5 mg</i>	Tablet 5 mg	30	2.03	<i>Tritace 5 mg</i>
<i>Renitec</i>	Tablet 10 mg	30	0.76	<i>Amprace 10</i>
<i>Renitec M</i>	Tablet 5 mg	30	0.71	<i>Amprace 5</i>
<i>Renitec 20</i>	Tablet 20 mg	30	0.79	<i>Amprace 20</i>
<i>Rivotril</i>	Tablet 500 micrograms	200	4.76	<i>Paxam 0.5</i>
	Tablet 2 mg	200	5.36	<i>Paxam 2</i>
<i>Roaccutane</i>	Capsule 20 mg	60	2.50	<i>Accure 20; Oratane</i>
<i>Salazopyrin-EN</i>	Tablet 500 mg (enteric coated)	200	1.64	<i>Pyralin EN</i>
<i>Seprin</i>	Tablet 80 mg-400 mg	10	1.23	<i>Resprim</i>
	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	1	1.20	<i>Resprim</i>
<i>Seprin Forte</i>	Tablet 160 mg-800 mg	10	1.23	<i>Bactrim DS; Cosig Forte; Resprim Forte; SBPA Trimethoprim and Sulfamethoxazole DS</i>
<i>Serepax</i>	Tablet 15 mg	25	1.42	<i>Alepam 15</i>
	Tablet 15 mg	50	2.84	<i>Alepam 15</i>
	Tablet 30 mg	25	1.42	<i>Alepam 30</i>
	Tablet 30 mg	50	2.84	<i>Alepam 30</i>
<i>Serophene</i>	Tablet 50 mg	10	0.18	<i>Clomhexal</i>
<i>Sinemet 100/25</i>	Tablet 100 mg-25 mg	100	4.72	<i>Kinson</i>
<i>Sofradex</i>	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	1	1.31	<i>Otodex</i>
	Ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g	1	1.37	<i>Otodex</i>
<i>Sotacor</i>	Tablet 160 mg	60	1.28	<i>Cardol; Chem mart Sotalol; DBL Sotalol; GenRx Sotalol; healthsense Sotalol; Sotab; Sotahexal; Terry White Chemists Sotalol</i>
<i>Stemetil</i>	Tablet 5 mg	25	0.76	<i>Stemzine</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Synphasic</i>	Pack containing 12 tablets 500 micrograms- 35 micrograms, 9 tablets 1 mg- 35 micrograms and 7 inert tablets	4	7.96	<i>Improvil 28 Day</i>
<i>Tagamet</i>	Tablet 200 mg	120	2.49	<i>Cimehexal; Magicul 200; SBPA Cimetidine 200</i>
	Tablet 400 mg	60	2.49	<i>Cimehexal; Magicul 400; Sigmetadine; SBPA Cimetidine 400</i>
	Tablet 800 mg	30	4.96	<i>Cimehexal; Magicul 800</i>
<i>Tambocor</i>	Tablet 100 mg	60	2.87	<i>Flecatab</i>
<i>Tegretol 200</i>	Tablet 200 mg	200	1.17	<i>Teril</i>
<i>Temtabs</i>	Tablet 10 mg	25	0.02	<i>Temaze</i>
	Tablet 10 mg	50	0.04	<i>Temaze</i>
<i>Tenormin</i>	Tablet 50 mg	30	2.54	<i>Anselol 50 mg; Atehexal; Chem mart Atenolol; DBL Atenolol; GenRx Atenolol; healthsense Atenolol; Noten; SBPA Atenolol; Tensig; Terry White Chemists Atenolol</i>
<i>Ticlid</i>	Tablet 250 mg	60	2.26	<i>Ticlopidine Hexal; Tilodene</i>
<i>Timoptol</i>	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	1	0.95	<i>Optimol 0.25; Tenopt</i>
	Eye drops 5 mg (base) per mL (0.5%), 5 mL	1	0.99	<i>Optimol 0.5; Tenopt</i>
<i>Tolvon</i>	Tablet 10 mg	50	1.09	<i>Lumin 10</i>
	Tablet 20 mg	50	1.18	<i>Lumin 20</i>
<i>Trandate</i>	Tablet 100 mg	100	2.22	<i>Presolol 100</i>
	Tablet 200 mg	100	2.50	<i>Presolol 200</i>
<i>Triphasil</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	7.96	<i>Trifeme 28</i>
<i>Triphasil 28</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms- 30 micrograms and 7 inert tablets	4	7.96	<i>Trifeme 28</i>
<i>Triprim</i>	Tablet 300 mg	7	1.15	<i>Alprim</i>
<i>Triquilar</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	7.88	<i>Logynon ED</i>
<i>Triquilar ED</i>	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms- 30 micrograms and 7 inert tablets	4	7.88	<i>Logynon ED</i>
<i>Tryptanol</i>	Tablet 25 mg	50	1.22	<i>Endep 25</i>
<i>Valium</i>	Tablet 2 mg	50	1.30	<i>Antenex 2</i>
	Tablet 5 mg	50	1.32	<i>Antenex 5</i>
<i>Vancocin</i>	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required)	2	0.36	<i>BL brand</i>
	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required)	5	0.90	<i>BL brand</i>
<i>Ventolin CFC-free</i>	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	0.62	<i>Asmol CFC-free</i>
<i>Ventolin Nebules</i>	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	2.20	<i>Asmol 2.5 uni-dose; Respax 2.5 Sterinebs</i>
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	2.20	<i>Asmol 5 uni-dose; Respax 5 Sterinebs</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Vibramycin</i>	Tablet 100 mg	7	0.94	<i>Doxsig; Doxy-100; Doxyhexal; Doxylin 100; SBPA Doxycycline 100 mg</i>
	Tablet 100 mg	21	2.82	<i>Doxsig; Doxy-100; Doxyhexal; Doxylin 100; SBPA Doxycycline 100 mg</i>
	Tablet 100 mg	28	3.76	<i>Doxsig; Doxy-100; Doxyhexal; Doxylin 100; SBPA Doxycycline 100 mg</i>
<i>Vibra-Tabs</i>	Tablet 50 mg	25	0.96	<i>Doxy-50; Doxyhexal; Doxylin 50</i>
<i>Visken 5</i>	Tablet 5 mg	100	0.99	<i>Barbloc 5</i>
<i>Visken 15</i>	Tablet 15 mg	50	0.99	<i>Barbloc 15</i>
<i>Voltaren 25</i>	Tablet 25 mg (enteric coated)	100	1.10	<i>Diclohexal; Dinac</i>
<i>Voltaren 50</i>	Tablet 50 mg (enteric coated)	50	1.73	<i>Diclohexal; Dinac; Fenac</i>
<i>Xanax</i>	Tablet 250 micrograms	50	0.94	<i>Kalma 0.25</i>
	Tablet 500 micrograms	50	0.96	<i>Kalma 0.5</i>
	Tablet 1 mg	50	0.99	<i>Kalma 1</i>
<i>Xanax Tri-Score</i>	Tablet 2 mg	50	1.10	<i>Kalma 2</i>
<i>Zantac</i>	Tablet 150 mg (base)	60	1.70	<i>Ausran; Chem mart Ranitidine; DBL Ranitidine; GenRx Ranitidine; healthsense Ranitidine; Rani 2; Ranihexal; Ranoxyl; SBPA Ranitidine 150; Terry White Chemists Ranitidine</i>
	Tablet 300 mg (base)	30	1.70	<i>Ausran; Chem mart Ranitidine; DBL Ranitidine; GenRx Ranitidine; healthsense Ranitidine; Rani 2; Ranihexal; Ranoxyl; SBPA Ranitidine 300; Terry White Chemists Ranitidine</i>
<i>Zestril</i>	Tablet 5 mg	30	0.11	<i>Prinivil 5</i>
	Tablet 10 mg	30	0.17	<i>Prinivil 10</i>
	Tablet 20 mg	30	0.22	<i>Prinivil 20</i>
<i>Zovirax 200 mg</i>	Tablet 200 mg	50	5.78	<i>Acihexal; Acyclo-V 200; GenRx Aciclovir; Lovir</i>
	Tablet 200 mg	90	4.28	<i>Acihexal; Acyclo-V 200; GenRx Aciclovir; Lovir</i>
<i>Zovirax 800 mg</i>	Tablet 800 mg	35	2.09	<i>Acihexal; Acyclo-V 800; GenRx Aciclovir; Lovir</i>
	Tablet 800 mg	120	7.19	<i>Acihexal; Acyclo-V 800</i>
<i>Zyloprim</i>	Tablet 100 mg	200	2.04	<i>Allohexal; Allorin 100 mg; Progut 100; SBPA Allopurinol</i>
	Tablet 300 mg	60	1.99	<i>Allohexal; Allorin 300 mg; Progut 300; SBPA Allopurinol</i>

CONTENTS

	<i>Page</i>
SUMMARY OF CHANGES	5
ADDRESSES — HEALTH INSURANCE COMMISSION.....	13
AUTHORITY PRESCRIPTION APPLICATIONS	14
REQUESTS FOR DRUGS VIA THE SPECIAL ACCESS SCHEME (SAS)	14
POISONS INFORMATION CENTRES	15
DRUG INFORMATION CENTRES	15
LIST OF CONTACT OFFICERS FOR RECALLS OF THERAPEUTIC GOODS.....	16
INDEX OF MANUFACTURERS' CODES.....	17

SECTION 1 — EXPLANATORY NOTES — YELLOW PAGES

INTRODUCTION	25

1. THE SCHEDULE — WHERE TO FIND WHAT	25
Section 1 (yellow pages)	25
Section 2 (white, pink and orange pages).....	25
Section 3 (blue pages)	26
Section 4 (green pages)	26
Repatriation Schedule of Pharmaceutical Benefits	26
2. PRESCRIBING MEDICINES — INFORMATION FOR DOCTORS AND DENTISTS	26
Eligible prescribers	26
Prescription forms	26
Ordering forms	27
Preparing general prescriptions	27
Do's and don't's	27
Writing the prescription	28
Restrictions	28
Authority prescriptions	28
Writing authority prescriptions	29
Maximum quantities and repeats	29
Regulation 24	30
Urgent cases	30
Drugs of addiction	30
Emergency drug (doctor's bag) supplies	30
3. SUPPLYING MEDICINES — WHAT PHARMACISTS NEED TO KNOW	30
Eligible suppliers	30
Approval conditions for pharmacists	31
Before supplying pharmaceutical benefits	31
Supplying pharmaceutical benefits	31
Do's and don't's	31
What to do if the Schedule changes	32
Suspected forgery	32
Regulation 24	32

	<i>Page</i>
Repeat authorisations	33
Preparing repeat authorisation forms	33
Repeat authorisations for injectables and solvents	33
Repeat authorisations for deferred supply	33
Authority prescriptions	33
Urgent cases	34
Receipts	34
Emergency drug (doctor's bag) supplies	34

4. PATIENT CHARGES	34
Type of patient	34
Establishing concessional entitlement	35
What to charge	35
Patient contribution	35
Special patient contributions, brand premiums and therapeutic group premiums	35
Solvents	36
Increased quantities	36
Regulation 24	36
After hours	36
Delivery	36
5. THE SAFETY NET SCHEME	36
Safety net thresholds	37
Safety net cross-over arrangements	37
Recording prescriptions	38
Hospital PRF's	38
Multi-item forms	38
Qualifying prescriptions	39
Lost PRF's	39
Retrospective entitlement and patient refunds	39
Applying for a Safety Net Entitlement/Concession Card	39
Issuing a Safety Net Entitlement/Concession Card	40
Issuing supplementary cards	40
Notification to HIC and claim for payment	40
Lost Safety Net Entitlement/Concession Cards	40
Pharmacy record of issued cards	40
6. HEALTH INSURANCE COMMISSION ENTITLEMENT CHECKS	41
Entitlement checking procedures	41
General	41
Step by step	41
7. HOW PHARMACISTS CLAIM REIMBURSEMENT: INFORMATION REQUIRED	42
Prescription identification	42
Serial numbers	42
Repeat authorisations for authority prescriptions	43
Repeat authorisations for deferred supply	43
Injectable item ordered with a solvent	43

	<i>Page</i>
Dropper containers	43
Extemporaneously-prepared pharmaceutical benefits not included in the Standard Formulae List	43
<i>Prescriptions paid on an average price basis</i>	43
<i>Pricing non-pre-priced extemporaneous preparations</i>	43
RPBS prescriptions for items not included in either the PBS or RPBS Schedule	44
 8. HOW PHARMACISTS CLAIM REIMBURSEMENT: DOCUMENTS TO BE SUBMITTED	44
Completing the claim form	44
Lodging claims	44
Statement of account	45
 9. PRICING PRESCRIPTIONS	45
Pricing principles	45
Pricing dates	45
Pricing ready-prepared items	45
<i>For maximum quantities</i>	45
<i>For lesser quantities</i>	46
Wastage table percentage	46
Pricing extemporaneously-prepared items	46
<i>General</i>	46
<i>Pricing of ingredients</i>	47
<i>Pricing prescriptions where extra ingredients are added to a formula</i>	47
<i>Containers</i>	47
<i>Special provisions for extemporaneous Preparations outside the Standard Formulae List</i>	48
 10. MISCELLANEOUS	48
References	48
Standards	48
Legislation	48
 THERAPEUTIC INDEX — MAUVE PAGES	49

	<i>Page</i>
 SECTION 2 — READY-PREPARED PHARMACEUTICAL BENEFITS — WHITE, PINK AND ORANGE PAGES	57
Symbols	58
Emergency Drug (Doctor's Bag) Supplies	61
Special Pharmaceutical Benefits	63
General Pharmaceutical Benefits	64
Pharmaceutical Benefits for Dental Use	233
Items Available under Special Arrangements (section 100)	257
 SECTION 3 — STANDARD PACKS AND PRICES — BLUE PAGES	273
Container Prices and Fees for Ready Prepared Pharmaceutical Benefits	273
Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits	274
 SECTION 4 — EXTEMPOREANEOUSLY-PREPARED PHARMACEUTICAL BENEFITS — GREEN PAGES	285
Drug Tariff	286
Container Prices	290
Standard Formula Preparations	291
Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits	293
 REPATRIATION PHARMACEUTICAL BENEFITS — WHITE, MAUVE AND BUFF PAGES	295
Beneficiaries' Entitlement Cards	296
Explanatory Notes	298
Summary of Changes	302
Therapeutic Index	305
SECTION 1 — Drugs, Medicines and Dressings ..	309
SECTION 2 — Standard Packs and Prices	345
 GENERIC/PROPRIETARY INDEX — MAUVE PAGES	349

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 2000 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

Internet

The Schedule of Pharmaceutical Benefits is also available on the Department of Health and Aged Care's internet site at www.health.gov.au.

The address of the Schedule is <http://www1.health.gov.au/pbs/index.htm>.

Special Pharmaceutical Benefits — Polygeline

Following a price reduction, there is no longer a special patient contribution payable in respect of **Polygeline**, I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL (*Haemaccel*). This item has therefore been transferred into the main body of section 2 of the Schedule.

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 November 2000 and are included, where applicable in prices published in the Schedule—

Dispensing fees:	Ready-prepared	\$4.40
	Dangerous drug fee	\$2.61
	Extemporaneously-prepared	\$6.28
Additional fees (for safety net prices):	Ready-prepared	\$0.87
	Extemporaneously-prepared	\$1.24
Patient contributions:	General	\$20.60
	Concessional	\$3.30
Safety Net Thresholds:	General	\$631.20
	Concessional	\$171.60

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

- 8459F **Albendazole**, tablet 400 mg (*Eskazole*)
- 8445L **Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine**, infant formula, powder 400 g (*XPhen, Tyr Analog*)
- 8446M **Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine**, powder 500 g (*XPhen, Tyr Maxamaid*)
- 8443J **Amino Acids—Synthetic, Formula**, compound powder 400 g (*Neocate*)
- 2509C **Dexamethasone Sodium Phosphate**, injection equivalent to 4 mg dexamethasone phosphate in 1 mL (*BL*)
- 3472R **Dexamethasone Sodium Phosphate**, injection equivalent to 4 mg dexamethasone phosphate in 1 mL (*BL*) (**Doctor's Bag**)
- 1291Y **Dexamethasone Sodium Phosphate**, injection equivalent to 8 mg dexamethasone phosphate in 2 mL (*BL*)
- 2508B **Dexamethasone Sodium Phosphate**, injection equivalent to 120 mg dexamethasone phosphate in 5 mL (*BL*)
- 8461H **Disodium Pamidronate**, concentrated injection 15 mg in 5 mL (*BL*)
- 8462J **Disodium Pamidronate**, concentrated injection 30 mg in 10 mL (*BL*)
- 8463K **Disodium Pamidronate**, concentrated injection 60 mg in 10 mL (*BL*)
- 8447N **Eprosartan Mesylate**, tablet 600 mg (base) (*Teveten*)
- 8444K **Gelatin - succinylated**, I.V. infusion 20 g per 500 mL, 500 mL (*Gelofusine*)
- 8450R **Glimepiride**, tablet 1 mg (*Amaryl*)
- 8451T **Glimepiride**, tablet 2 mg (*Amaryl*)
- 8452W **Glimepiride**, tablet 4 mg (*Amaryl*)
- 8453X **Morphine Sulfate**, tablet 200 mg (controlled release) (*MS Contin*)
- 8454Y **Morphine Sulfate**, sachet containing controlled release granules for oral suspension, 200 mg per sachet (*MS Contin Suspension 200 mg*)
- 8449Q **Perindopril Erbumine with Indapamide Hemihydrate**, tablet 4 mg-1.25 mg (*Coversyl Plus 4/1.25*)
- 8456C **Quetiapine Fumarate**, tablet 25 mg (base) (*Seroquel*)
- 8457D **Quetiapine Fumarate**, tablet 100 mg (base) (*Seroquel*)
- 8458E **Quetiapine Fumarate**, tablet 200 mg (base) (*Seroquel*)
- 8460G **Testosterone**, transdermal patches 12.2 mg (releasing approximately 2.5 mg per 24 hours), 60 (*Androderm*)
- 8455B **Tramadol Hydrochloride**, capsule 50 mg (*Tramal*)
- 5232J **Tramadol Hydrochloride**, capsule 50 mg (*Tramal*) (**Dental**)
- 8448P **Ursodeoxycholic Acid**, capsule 250 mg (*Ursofalk*)

Additions — Brands

- 1003T *GenRx Aciclovir, FH* — **Aciclovir**, tablet 200 mg
- 1007B *GenRx Aciclovir, FH* — **Aciclovir**, tablet 200 mg (**Diff. Max. Qty and Rpts**)
- 1052J *GenRx Aciclovir, FH* — **Aciclovir**, tablet 800 mg
- 1081X *GenRx Atenolol, FH* — **Atenolol**, tablet 50 mg
- 2729P *DBL Baclofen, BL* — **Baclofen**, tablet 10 mg
- 2730Q *DBL Baclofen, BL* — **Baclofen**, tablet 25 mg
- 1147J *GenRx Captopril, FH* — **Captopril**, tablet 12.5 mg
- 1148K *GenRx Captopril, FH* — **Captopril**, tablet 25 mg
- 1149L *GenRx Captopril, FH* — **Captopril**, tablet 50 mg

- 2460L Chem mart Cefaclor, CH; healthsense Cefaclor, HS; Terry White Chemists Cefaclor, TW — **Cefaclor**, powder for oral suspension 125 mg per 5 mL, 100 mL
- 5046N Chem mart Cefaclor, CH; healthsense Cefaclor, HS; Terry White Chemists Cefaclor, TW — **Cefaclor**, powder for oral suspension 125 mg per 5 mL, 100 mL (**Dental**)
- 2461M Chem mart Cefaclor, CH; GenRx Cefaclor, FH; healthsense Cefaclor, HS; Terry White Chemists Cefaclor, TW — **Cefaclor**, powder for oral suspension 250 mg per 5 mL, 75 mL
- 5047P Chem mart Cefaclor, CH; GenRx Cefaclor, FH; healthsense Cefaclor, HS; Terry White Chemists Cefaclor, TW — **Cefaclor**, powder for oral suspension 250 mg per 5 mL, 75 mL (**Dental**)
- 3058Y Chem mart Cephalexin, CH; healthsense Cephalexin, HS; Terry White Chemists Cephalexin, TW — **Cephalexin**, capsule 250 mg
- 3317N Chem mart Cephalexin, CH; healthsense Cephalexin, HS; Terry White Chemists Cephalexin, TW — **Cephalexin**, capsule 250 mg (**Dental**)
- 3119E Chem mart Cephalexin, CH; healthsense Cephalexin, HS; Terry White Chemists Cephalexin, TW — **Cephalexin**, capsule 500 mg
- 3318P Chem mart Cephalexin, CH; healthsense Cephalexin, HS; Terry White Chemists Cephalexin, TW — **Cephalexin**, capsule 500 mg (**Dental**)
- 1561E Clopram, DP; GenRx Clomipramine, FH — **Clomipramine Hydrochloride**, tablet 25 mg
- 1335G GenRx Diltiazem, FH — **Diltiazem Hydrochloride**, tablet 60 mg
- 2707L Chem mart Doxycycline, CH; GenRx Doxycycline, FH; healthsense Doxycycline, HS; Terry White Chemists Doxycycline, TW — **Doxycycline**, capsule 50 mg
- 2708M Chem mart Doxycycline, CH; GenRx Doxycycline, FH; healthsense Doxycycline, HS; Terry White Chemists Doxycycline, TW — **Doxycycline**, capsule 100 mg
- 3322M Chem mart Doxycycline, CH; GenRx Doxycycline, FH; healthsense Doxycycline, HS; Terry White Chemists Doxycycline, TW — **Doxycycline**, capsule 100 mg (**Dental**)
- 2715X Chem mart Doxycycline, CH; GenRx Doxycycline, FH; healthsense Doxycycline, HS; Terry White Chemists Doxycycline, TW — **Doxycycline**, capsule 100 mg (**Diff. Max. Qty of 21**)
- 2703G Chem mart Doxycycline, CH; GenRx Doxycycline, FH; healthsense Doxycycline, HS; Terry White Chemists Doxycycline, TW — **Doxycycline**, capsule 100 mg (**Diff. Max. Qty of 28**)
- 1434L Chem mart Fluoxetine, CH; GenRx Fluoxetine, FH; healthsense Fluoxetine, HS; Terry White Chemists Fluoxetine, TW — **Fluoxetine Hydrochloride**, capsule 20 mg (base)
- 1453L GenRx Gemfibrozil, FH — **Gemfibrozil**, tablet 600 mg
- 1542E Chem mart Ipratropium, CH; healthsense Ipratropium, HS; Terry White Chemists Ipratropium, TW; Ipravent, PU — **Ipratropium Bromide**, nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30
- 8238N Ipravent, PU — **Ipratropium Bromide**, nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL single dose units, 30
- 1558B Isomonit, HX — **Isosorbide Mononitrate**, tablet 60 mg (sustained release)
- 1324Q Metolol, DP — **Metoprolol Tartrate**, tablet 50 mg
- 1325R Metolol, DP — **Metoprolol Tartrate**, tablet 100 mg
- 1932Q PU — **Mitozantrone Hydrochloride**, injection 10 mg (base) in 5 mL
- 1929M PU — **Mitozantrone Hydrochloride**, injection 20 mg (base) in 10 mL
- 1930N PU — **Mitozantrone Hydrochloride**, injection 25 mg (base) in 12.5 mL
- 1900B Chem mart Moclobemide, CH; GenRx Moclobemide, FH; healthsense Moclobemide, HS; Terry White Chemists Moclobemide, TW — **Moclobemide**, tablet 150 mg
- 8003F Chem mart Moclobemide, CH; GenRx Moclobemide, FH; healthsense Moclobemide, HS; Terry White Chemists Moclobemide, TW — **Moclobemide**, tablet 300 mg
- 1746X DP — **Paracetamol**, tablet 500 mg
- 5196L DP — **Paracetamol**, tablet 500 mg (**Dental**)

- 1750D Poly Visc, IQ — **Paraffin**, pack containing 2 tubes compound eye ointment 3.5 g
- 1897W Chem mart Piroxicam, CH; GenRx Piroxicam, FH; healthsense Piroxicam, HS; Terry White Chemists Piroxicam, TW — **Piroxicam**, capsule 10 mg
- 5203W Chem mart Piroxicam, CH; GenRx Piroxicam, FH; healthsense Piroxicam, HS; Terry White Chemists Piroxicam, TW — **Piroxicam**, capsule 10 mg (**Dental**)
- 1898X Chem mart Piroxicam, CH; GenRx Piroxicam, FH; healthsense Piroxicam, HS; Terry White Chemists Piroxicam, TW — **Piroxicam**, capsule 20 mg
- 5204X Chem mart Piroxicam, CH; GenRx Piroxicam, FH; healthsense Piroxicam, HS; Terry White Chemists Piroxicam, TW — **Piroxicam**, capsule 20 mg (**Dental**)
- 1479W Chem mart Prazosin, CH; GenRx Prazosin, FH; healthsense Prazosin, HS; Terry White Chemists Prazosin, TW — **Prazosin Hydrochloride**, tablet 1 mg (base)
- 1480X Chem mart Prazosin, CH; GenRx Prazosin, FH; healthsense Prazosin, HS; Terry White Chemists Prazosin, TW — **Prazosin Hydrochloride**, tablet 2 mg (base)
- 1478T Chem mart Prazosin, CH; GenRx Prazosin, FH; healthsense Prazosin, HS; Terry White Chemists Prazosin, TW — **Prazosin Hydrochloride**, tablet 5 mg (base)
- 8158J Chem mart Ranitidine, CH; GenRx Ranitidine, FH; healthsense Ranitidine, HS; Terry White Chemists Ranitidine, TW — **Ranitidine Hydrochloride**, tablet 150 mg (base)
- 1978D Chem mart Ranitidine, CH; GenRx Ranitidine, FH; healthsense Ranitidine, HS; Terry White Chemists Ranitidine, TW — **Ranitidine Hydrochloride**, tablet 150 mg (base) (**Diff. Max. Rpts**)
- 8160L Chem mart Ranitidine, CH; GenRx Ranitidine, FH; healthsense Ranitidine, HS; Terry White Chemists Ranitidine, TW — **Ranitidine Hydrochloride**, tablet 300 mg (base)
- 1977C Chem mart Ranitidine, CH; GenRx Ranitidine, FH; healthsense Ranitidine, HS; Terry White Chemists Ranitidine, TW — **Ranitidine Hydrochloride**, tablet 300 mg (base) (**Diff. Max. Rpts**)
- 2043M GenRx Sotalol, FH; Sotab, DP — **Sotalol Hydrochloride**, tablet 160 mg

BIOEQUIVALENCE INDICATORS

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

- 1932Q Novantrone, LE — **Mitozantrone Hydrochloride**, injection 10 mg (base) in 5 mL
- 1929M Novantrone, LE — **Mitozantrone Hydrochloride**, injection 20 mg (base) in 10 mL
- 1930N Novantrone, LE — **Mitozantrone Hydrochloride**, injection 25 mg (base) in 12.5 mL

DELETIONS

Deletions — Items

- 1657F **Beclomethasone Dipropionate**, aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses) (*Beconase AQ*)
- 1689X **Beclomethasone Dipropionate**, aqueous nasal spray 50 micrograms per dose, 400 doses set containing one pump pack (200 doses) and one refill (200 doses) (*Aldecin Aqueous Set*)
- 1593W **Beclomethasone Dipropionate**, aqueous nasal spray 50 micrograms per dose, 400 doses set containing two pump packs each providing 200 doses (*Beconase AQ Twin Pack*)
- 1649T **Beclomethasone Dipropionate**, capsule containing powder for oral inhalation 100 micrograms (for use in Becotide Rotahaler) (*Becotide Rotacaps*)
- 2075F **Budesonide**, aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses) (*Budamax Aqueous; Rhinocort Aqueous*)

1187L	Chlorothiazide , tablet 500 mg (<i>Chlotride</i>)
1222H	Codeine Phosphate with Aspirin , tablet 30 mg-325 mg (<i>Codral Forte</i>)
3315L	Codeine Phosphate with Aspirin , tablet 30 mg-325 mg (<i>Codral Forte</i>) (Dental)
1331C	Diclofenac Potassium , tablets 25 mg, 20 (<i>Voltaren Rapid 25</i>)
5074C	Diclofenac Potassium , tablets 25 mg, 20 (<i>Voltaren Rapid 25</i>) (Dental)
1310Y	Dienoestrol , cream 500 micrograms per 5 g (0.01%), 85 g (<i>JC</i>)
1435M	Fluoxymesterone , tablet 5 mg (<i>Halotestin</i>)
8205W	Follitropin Beta , injection set containing 10 ampoules powder for injection (lyosphere) 50 i.u. and 10 ampoules solvent 1 mL (<i>Puregon 50</i>)
8206X	Follitropin Beta , injection set containing 10 ampoules powder for injection (lyosphere) 100 i.u. and 10 ampoules solvent 1 mL (<i>Puregon 100</i>)
8207Y	Follitropin Beta , injection set containing 10 ampoules powder for injection (lyosphere) 150 i.u. and 10 ampoules solvent 1 mL (<i>Puregon 150</i>)
2908C	Glucose Indicator—Blood , reagent strips, 50 (<i>Hypoguard GA</i>)
2762J	Haloperidol , oral liquid 2 mg per mL, 15 mL (<i>Serenace</i>)
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 (<i>Humegon</i>)
8051R	Ipratropium Bromide , aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses) (<i>Atrovent Nasal Aqueous</i>)
8364F	Ipratropium Bromide , aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses) (<i>Atrovent Nasal Forte</i>)
8095C	Thioridazine , oral suspension 10 mg per mL, 100 mL (<i>Melleril Suspension 1%</i>)
8368K	Triamcinolone Acetonide , aqueous nasal spray (pump pack) 55 micrograms per dose (120 doses) (<i>Nasacort AQ</i>)

Deletions — PBS Therapeutic Group Premium Exemption Items

Following reductions 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 the therapeutic group premiums, have therefore been deleted:

8916G	Fosinopril Sodium , tablet 10 mg (<i>Monopril</i>)
8917H	Fosinopril Sodium , tablet 20 mg (<i>Monopril</i>)

Deletions — Brands

1256D	<i>Cefamezin, SI</i> — Cephazolin , injection 500 mg (solvent required)
1280J	<i>Dyazide, SK</i> — Hydrochlorothiazide with Triamterene , tablet 25 mg-50 mg
1826D	<i>Provelle-14, UP</i> — Oestrogens—Conjugated and Medroxyprogesterone Acetate , pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg

ALTERATIONS

Restriction Changes

The following have changed from unrestricted to "authority required":

- 8096D **Thioridazine**, oral suspension 10 mg per mL, 500 mL (*Melleril Suspension 1%*)
 2163W **Thioridazine Hydrochloride**, tablet 10 mg (*Aldazine 10; Melleril 10*)
 2359E **Thioridazine Hydrochloride**, tablet 25 mg (*Aldazine 25; Melleril 25*)
 2164X **Thioridazine Hydrochloride**, tablet 50 mg (*Aldazine 50; Melleril 50*)
 2165Y **Thioridazine Hydrochloride**, tablet 100 mg (*Aldazine 100; Melleril 100*)

The following have changed from "restricted benefit" to "authority required" and the restrictions have changed:

- 1188M **Cisapride**, tablet 5 mg (*Prepulsid*)
 1189N **Cisapride**, tablet 10 mg (*Prepulsid*)
 1294D **Cisapride**, tablet 20 mg (*Prepulsid Forte*)
 1190P **Cisapride**, oral suspension 1 mg per mL, 200 mL (*Prepulsid*)

Other restriction changes:

- 8361C **Capecitabine**, tablet 150 mg (*Xeloda*)
 8362D **Capecitabine**, tablet 500 mg (*Xeloda*)
 1573T **Ketoconazole**, tablet 200 mg (*Nizoral*)
 8373Q **Leflunomide**, pack containing 3 tablets leflunomide 100 mg and 30 tablets leflunomide 20 mg (*Arava*)
 8374R **Leflunomide**, tablet 10 mg (*Arava*)
 8375T **Leflunomide**, tablet 20 mg (*Arava*)
 2357C **Milk Powder—Lactose Modified**, lactose-predigested powder 900 g (*Digestelact*)
 8170B **Olanzapine**, tablet 2.5 mg (*Zyprexa*)
 8185T **Olanzapine**, tablet 5 mg (*Zyprexa*)
 8186W **Olanzapine**, tablet 7.5 mg (*Zyprexa*)
 8187X **Olanzapine**, tablet 10 mg (*Zyprexa*)
 8433W **Olanzapine**, wafer 5 mg (*Zyprexa Zydis*)
 8434X **Olanzapine**, wafer 10 mg (*Zyprexa Zydis*)
 3169T **Risperidone**, tablet 1 mg (*Risperdal*)
 3170W **Risperidone**, tablet 2 mg (*Risperdal*)
 3171X **Risperidone**, tablet 3 mg (*Risperdal*)
 3172Y **Risperidone**, tablet 4 mg (*Risperdal*)
 8100H **Risperidone**, oral solution 1 mg per mL, 100 mL (*Risperdal*)

Alterations — Notes and Cautions

Notes or cautions have been added to the following:

Amino Acids—Synthetic, Formula

Cisapride

Leflunomide

Thioridazine

Thioridazine Hydrochloride

Alterations — Maximum Quantity

		From	To
3066J	Amino Acids—Synthetic, Formula , compound powder 400 g (<i>Neocate</i>)	20	8

Alterations — Maximum Quantity and Pack Size

1228P	Copper Sulfate , diagnostic compound tablets (<i>Clinitest</i>)	From: MQ 2 (pack of 36)	
		To: MQ 3 (pack of 24)	

Alterations — Proprietary Name

8190C	Glucose Indicator—Blood , reagent strips, 50	From: <i>Glucotrend Glucose</i>	
		To: <i>Glucotrend Plus</i>	

Alterations — Manufacturer's Code

		From	To
1130L	Bumetanide , tablet 1 mg (<i>Burinex</i>)	AP	CS
2361G	Felodipine , tablet 2.5 mg (extended release) (<i>Felodur ER 2.5 mg</i>)	PM	AL
2366M	Felodipine , tablet 5 mg (extended release) (<i>Felodur ER 5 mg</i>)	PM	AL
2367N	Felodipine , tablet 10 mg (extended release) (<i>Felodur ER 10 mg</i>)	PM	AL
8331L	Omeprazole Magnesium , tablet 20 mg (base) (<i>Acimax Tablets</i>)	PM	AL
8333N	Omeprazole Magnesium , tablet 20 mg (base) (<i>Acimax Tablets</i>)	PM	AL
2778F	Pilocarpine Hydrochloride , eye drops 5 mg per mL (0.5%), 15 mL (<i>Pilopt</i>)	SI	PE
2595N	Pilocarpine Hydrochloride , eye drops 10 mg per mL (1%), 15 mL (<i>Pilopt</i>)	SI	PE
2596P	Pilocarpine Hydrochloride , eye drops 20 mg per mL (2%), 15 mL (<i>Pilopt</i>)	SI	PE
2597Q	Pilocarpine Hydrochloride , eye drops 30 mg per mL (3%), 15 mL (<i>Pilopt</i>)	SI	PE
2598R	Pilocarpine Hydrochloride , eye drops 40 mg per mL (4%), 15 mL (<i>Pilopt</i>)	SI	PE
2779G	Pilocarpine Hydrochloride , eye drops 60 mg per mL (6%), 15 mL (<i>Pilopt</i>)	SI	PE
8267D	Tiludronate Disodium , tablet equivalent to 200 mg tiludronic acid (<i>Skelid</i>)	SW	FA

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, retrospective to 1 October 2000:

6284R	Baclofen , intrathecal injection 10 mg in 5 mL (<i>Lioresal Intrathecal</i>)
6285T	Baclofen , intrathecal injection 10 mg in 20 mL (<i>Lioresal Intrathecal</i>)
6286W	Disodium Pamidronate , concentrated injection 15 mg in 5 mL (<i>BL</i>)
6287X	Disodium Pamidronate , concentrated injection 30 mg in 10 mL (<i>BL</i>)
6288Y	Disodium Pamidronate , concentrated injection 60 mg in 10 mL (<i>BL</i>)
6289B	Disodium Pamidronate , concentrated injection 90 mg in 10 mL (<i>BL</i>)
6283Q	Efavirenz , capsule 200 mg (<i>Stocrin</i>) (pack of 90)
6291D	Filgrastim , injection 300 micrograms in 0.5 mL single use pre-filled syringe (<i>Neupogen</i>)
6292E	Filgrastim , injection 480 micrograms in 0.5 mL single use pre-filled syringe (<i>Neupogen</i>)
6280M	Valaciclovir Hydrochloride , tablet 500 mg (base) (<i>Valtrex</i>)

The following items have been added to the list of Items Available on Approval of the Department of Health and Aged Care and Distributed by Manufacturers:

- 6266T **Somatropin (Recombinant human growth hormone)**, injection 4 mg vial with 3.5 mL diluent (with preservative) (*SciTropin*) (retrospective to 1 September 2000)
- 6281N **Somatropin (Recombinant human growth hormone)**, injection 24 i.u. (8 mg) vial with 5 mL diluent (with preservative) (*Saizen 24*) (retrospective to 1 August 2000)
- 6282P **Somatropin (Recombinant human growth hormone)**, injection 24 i.u. (8 mg) vial with 1.37 mL diluent cartridge (with preservative) (*Saizen 24*) (retrospective to 1 August 2000)

Section 100 — Addition of Brands

- 6270B *BL* — **Desferrioxamine Mesylate**, powder for injection 2 g vial (retrospective to 1 October 2000)

Section 100 — Bioequivalence Indicators

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

- 6270B *Desferal 2 g, NV* — **Desferrioxamine Mesylate**, powder for injection 2 g vial (retrospective to 1 October 2000)

Section 100 — Deletion of Items

The following item will be deleted on 1 November 2000 from the list of Items Available on Approval of the Department of Health and Aged Care and Distributed by Manufacturers:

- 6161G **Somatropin (Recombinant human growth hormone)**, injection 4 i.u. (1.3 mg) in 1 mL cartridge (with preservative) (*Genotropin*)

ADVANCE NOTICES

Advance Notices — Deletion of Items

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 2001:

Items discontinued by the manufacturer —

- 2972K **Desipramine Hydrochloride**, tablet 25 mg (*Pertofran 25*)
- 2831B **Pravastatin Sodium**, tablet 5 mg (*Pravachol*)
- 2684G **Prednisolone Acetate**, eye drops 5 mg per mL (0.5%), 5 mL (*Sterofrin*)

Advance Notices — Deletion of Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 2001:

Brands discontinued by the manufacturer —

- 1890L *Augmentin, SK* — **Amoxycillin with Clavulanic Acid**, tablet 250 mg-125 mg
- 5007M *Augmentin, SK* — **Amoxycillin with Clavulanic Acid**, tablet 250 mg-125 mg (**Dental**)
- 2982Y *Fulcin 500, ZN* — **Griseofulvin**, tablet 500 mg
- 2899N *Inderal, ZN* — **Propranolol Hydrochloride**, tablet 160 mg

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

WA

Sir Charles Gairdner Hospital
Hospital Avenue
Nedlands WA 6009
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
Newcastle Mater Misericordiae
Hospital
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
Hospital Avenue
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

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AA	ASTA Medica Australasia Pty Limited 4/190 George Street Parramatta NSW 2150 Tel: (02) 9893 7630 Fax: (02) 9635 3275	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
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 9668 9711 Fax: (02) 9668 8459	AV	Aventis Pharma Pty Limited 27 Sirius Road Lane Cove NSW 2066 Tel: 1800 555 995 Fax: 1800 555 335
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 9630 5099 Fax: (02) 9683 5026	AW	Arrow Pharmaceuticals Limited 24 Rothschild Avenue Rosebery NSW 2018 Tel: (02) 8344 8344 Fax: (02) 8344 8355
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101 Tel: (03) 9208 0000 Fax: (03) 9853 1915	AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450
AF	Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344	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
AG	Allergan Australia Pty Ltd 77 Ridge Street Gordon NSW 2072 Tel: 1800 252 224 Fax: (02) 9498 0290	BB	Blackmores Ltd 23 Roseberry Street Balgowlah NSW 2093 Tel: (02) 9951 0111 Fax: (02) 9949 1954
AL	Alphapharm Medical A Division of Alphapharm Pty Limited 12 Queen Street Glebe NSW 2037 Tel: (02) 9692 9777 Fax: (02) 9660 2344	BC	Bristol Laboratories A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9701 1518
AN	Amgen Australia Pty Ltd Level 3, 65 Epping Road North Ryde NSW 2113 Tel: (02) 9870 1333 Fax: (02) 9870 1344	BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 1800 269 933 Fax: (02) 9887 3487
AP	AstraZeneca Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700	BI	Biotech Pharmaceuticals Pty Ltd 100 Antimony Street Carole Park Qld 4300 Tel: (07) 3271 9600 Fax: (07) 3271 1315

Code	Manufacturer
BK	Becton Dickinson Pty Ltd 80 Rushdale Street Knoxfield Vic 3180 Tel: (03) 9764 2444 Fax: (03) 9764 2550
BL	David Bull Laboratories A Division of F.H. Faulding & Co. Limited 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
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
BR	B Braun Australia Pty Ltd Unit 3, 9 Packard Avenue Castle Hill NSW 2154 Tel: (02) 9680 4111 Fax: (02) 9680 2051
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

Code	Manufacturer
BZ	Boucher & Muir Pty Limited 118-124 Willoughby Road Crows Nest NSW 2065 Tel: (02) 9436 3922 Fax: (02) 9906 7147
CC	ConvaTec A Division of Bristol-Myers Squibb Australia Pty Ltd 606 Hawthorn Road East Brighton Vic 3187 Tel: 1800 335 276 Fax: (03) 9525 0920
CD	CSL International Pty Ltd A subsidiary of CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351
CH	Chem mart Pty Limited 115 Sherriff Street Underdale SA 5032 Tel: (08) 8408 3000 Fax: (08) 8408 3383
CS	CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351
CT	Coloplast Pty Ltd Unit 6, 154 Highbury Road Burwood Vic 3125 Tel: (03) 9888 7022 Fax: (03) 9888 8656
CV	Ciba Vision Australia Pty Ltd Unit 1/42 Carrington Road Castle Hill NSW 2154 Tel: (02) 9899 6451 Fax: (02) 9899 9640
DL	Dista Products (Australia) & Company 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

Code	Manufacturer
DT	DermaTech Laboratories Pty Limited Unit 17, 167 Prospect Highway Seven Hills NSW 2147 Tel: (02) 9624 5874 Fax: (02) 9624 8822
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 5106 Tel: (08) 8209 2666 Fax: (08) 8281 5833
FH	Faulding Healthcare Pty Ltd 115 Sherriff Street Underdale SA 5032 Tel: (08) 8408 3000 Fax: (08) 8408 3383
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

Code	Manufacturer
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
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
HO	Hollister Incorporated, U.S.A. Australian Distributor Liberty Medical Pty Ltd 9 Central Boulevard Port Melbourne Vic 3207 Tel: (03) 9646 4033 Fax: (03) 9646 4018

<i>Code</i>	<i>Manufacturer</i>
HP	Hoechst Division of Aventis Pharma Pty Limited 27 Sirius Road Lane Cove NSW 2066 Tel: 1800 555 995 Fax: 1800 555 335
HS	healthsense 115 Sherriff Street Underdale SA 5032 Tel: (08) 8408 3000 Fax: (08) 8408 3383
HX	Hexal Australia Pty Ltd Level 4, Suite 1-6 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
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

<i>Code</i>	<i>Manufacturer</i>
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
LE	Lederle Laboratories Division of Wyeth Australia Pty Limited 5 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 9624 9333 Fax: (02) 9674 5557
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: 1800 555 995 Fax: 1800 555 335
MD	Macarthur Research Division of Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229

<i>Code</i>	<i>Manufacturer</i>
ME	Menley & James Division of SmithKline Beecham (Australia) Pty Ltd 300 Frankston Road Dandenong Vic 3175 Tel: (03) 9213 4444 Fax: (03) 9706 5883
MF	Mundipharma Pty Ltd Level 26, 6 O'Connell Street Sydney NSW 2000 Tel: (02) 9231 7200 Fax: (02) 9223 0011
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 Aventis Pharma 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	Abbott Diagnostics Division (MediSense Products) 666 Doncaster Road Doncaster Vic 3108 Tel: (03) 9843 7100 Fax: (03) 9855 8020

<i>Code</i>	<i>Manufacturer</i>
NA	National Diagnostic Products (Aust) Pty Limited 7-9 Merriwa Street Gordon NSW 2072 Tel: (02) 9418 1100 Fax: (02) 9418 1181
NC	Novartis Consumer Health Australasia Pty Ltd 35-37 South Corporate Avenue Rowville Vic 3178 Tel: (03) 9764 5111 Fax: (03) 9764 5044
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 Limited Norwest Business Park 14-16 Brookhollow Avenue Baulkham Hills NSW 2153 Tel: (02) 8853 9600 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 48 Kangan Drive Berwick Vic 3806 Tel: (03) 9769 5744 Fax: (03) 9769 5944

<i>Code</i>	<i>Manufacturer</i>
OB	Oral B Laboratories Pty Ltd Level 3, 90 Mount Street North Sydney NSW 2060 Tel: (02) 9957 6499 Fax: (02) 9957 5383
OF	Ophthalmic Laboratories Pty Ltd 41 Sydenham Road Brookvale NSW 2100 Tel: (02) 9938 1966 Fax: (02) 9938 1555
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
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
PE	Pacific EyeCare Pty Ltd A member of the Allergan Group of Companies 77 Ridge Street Gordon NSW 2072 Tel: 1800 252 224 Fax: (02) 9498 0290
PF	Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347

<i>Code</i>	<i>Manufacturer</i>
PM	PMC Pharma A Division of AstraZeneca 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 Aventis Pharma 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
RD	Roche Diagnostics Australia Pty Ltd 31 Victoria Avenue Castle Hill NSW 2154 Tel: (02) 9899 7999 Fax: (02) 9634 4696
RH	Pharmacy Department Royal Children's Hospital Flemington Road Parkville Vic 3052 Tel: (03) 9345 5492 Fax: (03) 9349 1261

<i>Code</i>	<i>Manufacturer</i>
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
RR	Rhône-Poulenc Rorer Australia Pty Ltd Maitland Place Norwest Business Park Baulkham Hills NSW 2153 Tel: 1800 555 995 Fax: 1800 555 335
SA	SciGen Pty Limited 95 Epping Road North Ryde NSW 2113 Tel: (02) 9386 9800 Fax: (02) 9386 9833
SB	Scientific Hospital Supplies Australia Products Norwest Business Park 14-16 Brookhollow Avenue Baulkham Hills NSW 2153 Tel: (02) 8853 9600 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) 9317 2138
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 14 Orange Grove Mall Windsor Street Richmond NSW 2753 Tel: (02) 4578 0522 Fax: (02) 4578 0511
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

<i>Code</i>	<i>Manufacturer</i>
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	SBPA Pty Ltd 1 Giffnock Avenue North Ryde NSW 2113 Tel: (02) 9888 8550 Fax: (02) 9888 8557
SM	Solvay Pharmaceuticals Division of Solvay Biosciences Pty Ltd Level 1, Building 2 Pymble Corporate Centre 20 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

Code	Manufacturer
SU	Sauter Laboratories (Aust.) Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
SV	Stafford-Miller Limited Level 2, 13-15 LyonPark Road North Ryde NSW 2113 Tel: (02) 9856 4800 Fax: (02) 9856 4830
SW	Sanofi Synthelabo Australia Pty Limited 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) 9317 2138
TM	Technipro Marketing Pty Ltd 1/13 Hoyle Avenue Castle Hill NSW 2154 Tel: (02) 9894 8400 Fax: (02) 9680 1337
TP	TheraPharm A Division of AstraZeneca Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700
TW	Terry White Chemists 115 Sherriff Street Underdale SA 5032 Tel: (08) 8408 3000 Fax: (08) 8408 3383
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

Code	Manufacturer
WR	Warner Lambert Consumer Healthcare Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6245
WT	Whitehall Laboratories Pty Limited 6/110 Bonds Road Punchbowl NSW 2196 Tel: (02) 9534 1000 Fax: (02) 9533 3980
WW	Wm R. Warner 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6400
WX	Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450
WY	Wyeth Pharmaceuticals Division of Wyeth Australia Pty Limited Gregory Place Parramatta NSW 2150 Tel: (02) 9843 6300 Fax: (02) 9843 6450
ZN	Zeneca Pharmaceuticals Australia Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700

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 formula 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 prescription 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. 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.'.

If a doctor feels the maximum quantity or number of repeats should be increased for a particular patient, he or she must complete an Authority Prescription Form (see procedures above under 'Authority prescriptions'). The provision of increased quantities and repeats on authority prescriptions is intended to provide approximately one month's therapy which may be repeated up to 5 times (if clinically appropriate) to provide 6 months' therapy in total. This situation usually arises where higher than normal dosages are required.

Approval for increased quantities and repeats extends only to the provision of a pharmaceutical benefit for the patient and does not imply approval of any aspects of the patient's care, which are the responsibility of the treating doctor.

Approval for increased quantities and repeats of authority required and restricted benefit PBS items will be granted only where the reason for prescription is consistent with the indications published in the Schedule. Increased quantities and repeats of unrestricted PBS items will be approved where the reason for prescribing is consistent with the approved indications listed in the drug's product information.

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 \$20.60 for general patients and \$3.30 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 \$20.60 for items not listed in the Schedule.

The contribution rate for concessional patients in all public hospitals is \$3.30.

The supply of a pharmaceutical benefit or a Repatriation pharmaceutical benefit to a patient is a GST-free supply. Goods and services tax must not be included in the price charged to a patient for the supply of a benefit under the PBS or RPBS.

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 an authority or regulation 24 prescription – more than, the maximum, the contributions or premiums will be a fraction or multiple of the maximum quantity, using standard pricing rules (see details under '9. Pricing Prescriptions').

Solvents

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

Increased quantities

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

Regulation 24

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

After hours

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

Delivery

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

5. The Safety Net Scheme

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

For the purposes of the scheme, the family includes:

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

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

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

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

Safety net thresholds

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

The general patient safety net threshold is currently \$631.20. When patients and/or their families reach this amount, they can apply for a Safety Net Concession Card and pay only \$3.30 per prescription for the rest of the calendar year.

The concessional safety net threshold is \$171.60 (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 \$171.60. 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 \$3.30 per item.

General patients who were previously concessional patients can apply for a Safety Net Concession Card when they reach the general threshold of \$631.20. In this case, any pharmaceutical benefits previously supplied at the concessional rate in that calendar year will be counted at the rate of \$3.30 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 \$3.30 per item until the \$171.60 threshold is reached. To receive a Safety Net Concession Card, general pharmaceutical benefits are counted at the general rate of up to \$20.60 per item and concessional pharmaceutical benefits at \$3.30 per item, until the threshold of \$631.20 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 \$3.30 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 \$3.30 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 \$3.30 for each RPBS prescription item purchased.

Those with gold cards receive all of their prescription items under the RPBS, and only pay \$3.30 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 \$631.20, the pharmacist should then issue a Safety Net Concession Card and supply the other three items at the concessional rate. This involves the deferral of three items, entry of the Safety Net Concession Card number into the computer, and the subsequent supply of these items.

Qualifying prescriptions

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

Lost PRF's

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

Retrospective entitlement and patient refunds

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

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

- The patient failed to apply for his/her Safety Net Entitlement/Concession Card on reaching the safety net threshold —
The patient should write to the HIC and provide copies of pharmacy accounts or a signed statement from the pharmacist giving the date of supply, description and cost of items supplied and paid for. A copy of the relevant PRF's should also be provided. If they are not available, the patient should give the name of the pharmacy from the card was issued and the number on the card, so the HIC can locate the PRF's through its records. Cash refunds are not available in these circumstances – cheques are issued.
- The patient cannot satisfy a pharmacist that he/she has a current entitlement and is charged the general patient price —
The pharmacist should issue the patient with a receipt and a claim form (provided to the pharmacist by the HIC). The patient can then get a cash refund from the HIC via Medicare offices. RPBS prescription refunds are paid at DVA State offices.

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

Applying for a Safety Net Entitlement/Concession Card

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

Prices published in the Schedule do not include any component for goods and services tax (GST).

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 dispensing 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. Packs not to be broken 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 dispensing 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 dispensing 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 dispensing 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 formula 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, including exceptional prescriptions.

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 dispensing 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:

<i>Quantity</i>	<i>Basic Pricing Unit</i>
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 dispensing fees. For example, an 80 mL mixture would be priced at eight times the average 10 mL rate for mixtures, with container and dispensing 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 formula 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

ALIMENTARY TRACT AND METABOLISM 64**STOMATOLOGICAL PREPARATIONS 64***Stomatological preparations 64***ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE 64***Antacids 64**Drugs for treatment of peptic ulcer 64**Antiregurgitants 74***ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES 74***Belladonna and derivatives, plain 74**Propulsives 74***ANTIEMETICS AND ANTINAUSEANTS 75***Antiemetics and antinauseants 75***BILE AND LIVER THERAPY 76***Bile therapy 76***LAXATIVES 76***Laxatives 76***ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS 79***Intestinal antiinfectives 79**Electrolytes with carbohydrates 79**Antipropulsives 79**Intestinal antiinflammatory agents 79***DIGESTIVES, INCL. ENZYMES 80***Digestives, incl. enzymes 80***DRUGS USED IN DIABETES 81***Insulins and analogues 81**Oral blood glucose lowering drugs 83***VITAMINS 84***Vitamin A and D, incl. combinations of the two 84**Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂ 85**Other plain vitamin preparations 85***MINERAL SUPPLEMENTS 85***Calcium 85**Potassium 85***ANABOLIC AGENTS FOR SYSTEMIC USE 86***Anabolic steroids 86***BLOOD AND BLOOD FORMING ORGANS 87****ANTITHROMBOTIC AGENTS 87***Antithrombotic agents 87***ANTIHEMORRHAGICS 92***Antifibrinolytics 92***ANTIANEMIC PREPARATIONS 93***Iron preparations 93**Vitamin B₁₂ and folic acid 93***BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 93***Blood and related products 93**I.V. solutions 94***CARDIOVASCULAR SYSTEM 95****CARDIAC THERAPY 95***Cardiac glycosides 95**Antiarrhythmics, class I and III 95**Cardiac stimulants excl. cardiac glycosides 96**Vasodilators used in cardiac diseases 96***ANTIHYPERTENSIVES 98***Antiadrenergic agents, centrally acting 98**Antiadrenergic agents, peripherally acting 98**Arteriolar smooth muscle, agents acting on 99*

THERAPEUTIC INDEX

DIURETICS 99

- Low-ceiling diuretics, thiazides 99*
- Low-ceiling diuretics, excl. thiazides 99*
- High-ceiling diuretics 99*
- Potassium-sparing agents 100*
- Diuretics and potassium-sparing agents in combination 101*

PERIPHERAL VASODILATORS 101

- Peripheral vasodilators 101*

BETA BLOCKING AGENTS 101

- Beta blocking agents 101*

CALCIUM CHANNEL BLOCKERS 103

- Selective calcium channel blockers with mainly vascular effects 103*
- Selective calcium channel blockers with direct cardiac effects 104*

AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM 105

- ACE inhibitors, plain 105*
- ACE inhibitors, combinations 108*
- Angiotensin II antagonists, plain 108*
- Angiotensin II antagonists, combinations 109*

SERUM LIPID REDUCING AGENTS 109

- Cholesterol and triglyceride reducers 110*

DERMATOLOGICALS 113

ANTIFUNGALS FOR DERMATOLOGICAL USE 113

- Antifungals for systemic use 113*

ANTIPSORIATICS 113

- Antipsoriatics for topical use 113*
- Antipsoriatics for systemic use 113*

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE 114

- Chemotherapeutics for topical use 114*

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 114

- Corticosteroids, plain 114*

ANTI-ACNE PREPARATIONS 116

- Anti-acne preparations for systemic use 116*

GENITO URINARY SYSTEM AND SEX HORMONES 117

OTHER GYNECOLOGICALS 117

- Other gynecologicals 117*

SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM 118

- Hormonal contraceptives for systemic use 118*
- Androgens 119*
- Estrogens 120*
- Progestogens 122*
- Progestogens and estrogens in combination 123*
- Gonadotropins and other ovulation stimulants 126*
- Antiandrogens 131*
- Other sex hormones and modulators of the genital system 131*

UROLOGICALS 132

- Urinary antiseptics and antiinfectives 132*
- Other urologicals, incl. antispasmodics 132*

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES 134

PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES 134

- Anterior pituitary lobe hormones and analogues 134*
- Posterior pituitary lobe hormones 134*
- Hypothalamic hormones 134*

CORTICOSTEROIDS FOR SYSTEMIC USE 134

- Corticosteroids for systemic use, plain 134*
- Antiadrenal preparations 137*

THYROID THERAPY 137

- Thyroid preparations 137*
 - Antithyroid preparations 137*
-

PANCREATIC HORMONES 137*Glycogenolytic hormones 137***CALCIUM HOMEOSTASIS 138***Anti-parathyroid hormones 138***GENERAL ANTIINFECTIVES FOR SYSTEMIC USE 139****ANTIBACTERIALS FOR SYSTEMIC USE 139***Tetracyclines 139**Amphenicols 141**Beta-lactam antibacterials, penicillins 142**Other beta-lactam antibacterials 146**Sulfonamides and trimethoprim 150**Macrolides and lincosamides 150**Aminoglycoside antibacterials 152**Quinolone antibacterials 152**Other antibacterials 153***ANTIMYCOTICS FOR SYSTEMIC USE 154***Antimycotics for systemic use 154***ANTIMYCOBACTERIALS 155***Drugs for treatment of tuberculosis 155**Drugs for treatment of lepra 155***ANTIVIRALS FOR SYSTEMIC USE 156***Direct acting antivirals 156***IMMUNE SERA AND IMMUNOGLOBULINS 158***Immune sera 158***VACCINES 158***Bacterial vaccines 158**Viral vaccines 158***ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 159****ANTINEOPLASTIC AGENTS 159***Alkylating agents 159**Antimetabolites 160**Plant alkaloids and other natural products 161**Cytotoxic antibiotics and related substances 163**Other antineoplastic agents 164***ENDOCRINE THERAPY 165***Hormones and related agents 165**Hormone antagonists and related agents 166***IMMUNOSTIMULANTS 168***Cytokines and immunomodulators 168***IMMUNOSUPPRESSIVE AGENTS 171***Immunosuppressive agents 171***MUSCULO-SKELETAL SYSTEM 172****ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 172***Antiinflammatory and antirheumatic products, non-steroids 172**Specific antirheumatic agents 175***MUSCLE RELAXANTS 177***Muscle relaxants, centrally acting agents 177**Muscle relaxants, directly acting agents 177***ANTIGOUT PREPARATIONS 177***Antigout preparations 177***DRUGS FOR TREATMENT OF BONE DISEASES 178***Drugs affecting mineralization 178***OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM 181***Other drugs for disorders of the musculo-skeletal system 181*

THERAPEUTIC INDEX

NERVOUS SYSTEM 182**ANALGESICS 182***Opioids 182**Other analgesics and antipyretics 186**Antimigraine preparations 187***ANTIEPILEPTICS 188***Antiepileptics 188***ANTI-PARKINSON DRUGS 192***Anticholinergic agents 192**Dopaminergic agents 192***PSYCHOLEPTICS 194***Antipsychotics 194**Anxiolytics 196**Hypnotics and sedatives 198***PSYCHOANALEPTICS 199***Antidepressants 199**Psychostimulants and nootropics 203***OTHER NERVOUS SYSTEM DRUGS 203***Parasympathomimetics 203***ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 204****ANTIPROTOZOALS 204***Agents against amoebiasis and other protozoal diseases 204**Antimalarials 204***ANTHELMINTICS 204***Antinematodal agents 204***ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS 205***Ectoparasiticides, incl. scabicides 205***RESPIRATORY SYSTEM 206****ANTI-ASTHMATICS 206***Adrenergics, inhalants 206**Other anti-asthmatics, inhalants 208**Adrenergics for systemic use 212**Other anti-asthmatics for systemic use 212***COUGH AND COLD PREPARATIONS 213***Expectorants, excl. combinations with cough suppressants 213**Cough suppressants, excl. combinations with expectorants 213***ANTIHISTAMINES FOR SYSTEMIC USE 213***Antihistamines for systemic use 213***SENSORY ORGANS 214****OPHTHALMOLOGICALS 214***Antiinfectives 214**Antiinflammatory agents 215**Antiglaucoma preparations and miotics 216**Mydriatics and cycloplegics 219**Decongestants and antiallergics 219**Other ophthalmologicals 219***OTOLOGICALS 221***Antiinfectives 221**Corticosteroids and antiinfectives in combination 221***OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS 222***Antiinfectives 222**Corticosteroids 222*

VARIOUS 223

- ALLERGENS 223
 - Allergens 223*
- ALL OTHER THERAPEUTIC PRODUCTS 223
 - All other therapeutic products 223*
- DIAGNOSTIC AGENTS 224
 - Urine tests 224*
 - Other diagnostic agents 225*
- GENERAL NUTRIENTS 226
 - Other nutrients 226*
- ALL OTHER NON-THERAPEUTIC PRODUCTS 232
 - All other non-therapeutic products 232*

DENTAL BENEFITS**ALIMENTARY TRACT AND METABOLISM 233**

- STOMATOLOGICAL PREPARATIONS 233
 - Stomatological preparations 233*
- ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES 233
 - Belladonna and derivatives, plain 233*
 - Propulsives 233*
- ANTIEMETICS AND ANTINAUSEANTS 233
 - Antiemetics and antinauseants 233*
- ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS 234
 - Intestinal antiinfectives 234*

BLOOD AND BLOOD FORMING ORGANS 234

- BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 234
 - Blood and related products 234*
 - I.V. solutions 234*

CARDIOVASCULAR SYSTEM 235

- CARDIAC THERAPY 235
 - Antiarrhythmics, class I and III 235*
 - Cardiac stimulants excl. cardiac glycosides 235*
 - Vasodilators used in cardiac diseases 235*

DERMATOLOGICALS 235

- CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 235
 - Corticosteroids, plain 235*

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES 236

- CORTICOSTEROIDS FOR SYSTEMIC USE 236
 - Corticosteroids for systemic use, plain 236*
- PANCREATIC HORMONES 236
 - Glycogenolytic hormones 236*

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE 237

- ANTIBACTERIALS FOR SYSTEMIC USE 237
 - Tetracyclines 237*
 - Beta-lactam antibacterials, penicillins 237*
 - Other beta-lactam antibacterials 242*
 - Sulfonamides and trimethoprim 244*
 - Macrolides and lincosamides 244*
 - Other antibacterials 245*

VACCINES 246

- Bacterial vaccines 246*

MUSCULO-SKELETAL SYSTEM 246

- ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 246
 - Antiinflammatory and antirheumatic products, non-steroids 246*
-

THERAPEUTIC INDEX

NERVOUS SYSTEM 249**ANALGESICS 249***Opioids 249**Other analgesics and antipyretics 252***ANTIEPILEPTICS 253***Antiepileptics 253***ANTI-PARKINSON DRUGS 253***Anticholinergic agents 253***PSYCHOLEPTICS 253***Anxiolytics 253**Hypnotics and sedatives 254***RESPIRATORY SYSTEM 254****ANTI-ASTHMATICS 254***Adrenergics for systemic use 254***SENSORY ORGANS 254****OPHTHALMOLOGICALS 254***Antiinfectives 254***VARIOUS 255****ALL OTHER THERAPEUTIC PRODUCTS 255***All other therapeutic products 255***ALL OTHER NON-THERAPEUTIC PRODUCTS 255***All other non-therapeutic products 255*

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 an extemporaneously-prepared dispensing 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	
3451P	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	9.09	AP	
3453R	ATROPINE SULFATE Injection 600 micrograms in 1 mL	10	10.02	AP	
3457Y	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	18.32	Cogentin	MK
3486L	BENZYL PENICILLIN Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*32.36	BenPen	CS
or	or				
3485K	PROCAINE PENICILLIN Injection 1.5 g	5	52.14	Cilicaine	SI
3487M	BENZYL PENICILLIN Injection 3 g (with sterilised Water for Injections 10 mL)	1	13.17	BenPen	CS
3455W	CHLORPROMAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	13.64	Largactil	RR
or	or				
3456X	HALOPERIDOL Injection 5 mg in 1 mL	10	14.31	Serenace	SI
3472R	DEXAMETHASONE SODIUM PHOSPHATE Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	13.23	BL	
or	or				
3470P	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*10.90	Solu-Cortef	UP
or	or				
3471Q	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	10.27	Solu-Cortef	UP
3458B	DIAZEPAM Injection 10 mg in 2 mL	5	9.15	BL	
3460D	DIHYDROERGOTAMINE MESYLATE Injection 1 mg in 1 mL	5	14.92	Dihydergot	NV
3462F	DIPHThERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL	15	*75.20	CS	
3466K	FRUSEMIDE Injection 20 mg in 2 mL	5	8.02	Lasix	AV
3467L	GLUCAGON HYDROCHLORIDE Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	33.74	GlucaGen Hypokit	NO
3475X	GLYCERYL TRINITRATE Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	†1	17.56	Nitrolingual Pumpspray	RR

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of administration and form	Max. Qty	Dispensed Price for Max.Qty \$	Proprietary Name and Manufacturer	
3474W	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	4	*18.88	Xylocard 100	AP
3476Y	METOCLOPRAMIDE HYDROCHLORIDE Injection 10 mg in 2 mL	10	10.89	Maxolon	DT
3477B	PROCHLORPERAZINE Injection 12.5 mg in 1 mL	10	13.82	Stemetil	RR
3479D	MORPHINE SULFATE Injection 15 mg in 1 mL	5	11.59	BL SI	
3480E	MORPHINE SULFATE Injection 30 mg in 1 mL	5	12.88	BL	
3482G	NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL	2	*56.46	Naloxone Min-I-Jet	CS
3483H	PETHIDINE HYDROCHLORIDE Injection 100 mg in 2 mL	5	10.96	BL SI	
3488N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	*15.30	BL	
3496B	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	14.11	^a Asmol 2.5 uni-dose ^a Respax 2.5 Sterinebs ^a Ventolin Nebules	AF PU GW
3497C	SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	14.67	^a Asmol 5 uni-dose ^a Respax 5 Sterinebs ^a Ventolin Nebules	AF PU GW
3490Q	TERBUTALINE SULFATE Injection 100 micrograms in 1 mL	5	8.35	Bricanyl	AP
3491R	TERBUTALINE SULFATE Injection 500 micrograms in 1 mL	5	8.48	Bricanyl	AP
3493W	TETANUS VACCINE, ADSORBED Injection 0.5 mL	5	*24.80	CS	
3494X	VERAPAMIL HYDROCHLORIDE Injection 5 mg in 2 mL	5	10.29	^a Cordilox ^a Isoptin	SC KN

SPECIAL PHARMACEUTICAL BENEFITS

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Special Patient Contribution for Max. Qty \$	Reimburse- ment Price for Max. Qty \$	Total Dispensed price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer

BLEOMYCIN								
<u>Restricted benefit</u>								
<i>Germ cell neoplasms; Lymphoma.</i>								
2315W	<i>Injection 15 units bleomycin activity (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)</i>	10	..	460.80 540.28	*516.60 516.60	*977.40 1056.88	20.60 20.60	BL Blenoxane BQ

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							
<u>Restricted benefit</u>							
<i>Initial treatment of peptic ulcer.</i>							
<u>NOTE:</u>							
<i>Helicobacter pylori eradication therapy should be considered.</i>							
8150Y	Tablet 200 mg	120	1	..	26.94	20.60	^a Cimehexal ^a Magicul 200 ^a SBPA Cimetidine 200 ^a Tagamet HX AF SL SK
				^B 2.49	29.43	20.60	
8151B	Tablet 400 mg	60	1	..	26.94	20.60	^a Cimehexal ^a Magicul 400 ^a SBPA Cimetidine 400 ^a Sigmetadine ^a Tagamet HX AF SL SI SK
				^B 2.49	29.43	20.60	
8152C	Tablet 800 mg	30	1	..	26.94	20.60	^a Cimehexal ^a Magicul 800 ^a Tagamet HX AF SK
				^B 4.96	31.90	20.60	
8153D	Effervescent tablet 800 mg (as hydrochloride)	30	1	^T 7.01	33.95	20.60	Tagamet 800 Express SK
<u>Restricted benefit</u>							
<i>Maintenance treatment of peptic ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;</i>							
<i>Reflux oesophagitis;</i>							
<i>Scleroderma oesophagus;</i>							
<i>Zollinger-Ellison syndrome.</i>							
1157X	Tablet 200 mg	120	5	..	26.94	20.60	^a Cimehexal ^a Magicul 200 ^a SBPA Cimetidine 200 ^a Tagamet HX AF SL SK
				^B 2.49	29.43	20.60	
1158Y	Tablet 400 mg	60	5	..	26.94	20.60	^a Cimehexal ^a Magicul 400 ^a SBPA Cimetidine 400 ^a Sigmetadine ^a Tagamet HX AF SL SI SK
				^B 2.49	29.43	20.60	
1159B	Tablet 800 mg	30	5	..	26.94	20.60	^a Cimehexal ^a Magicul 800 ^a Tagamet HX AF SK
				^B 4.96	31.90	20.60	
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	5	^T 7.01	33.95	20.60	Tagamet 800 Express SK

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	

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	..	33.95	20.60	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	..	33.95	20.60	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	15.02	27.78	20.60	Amfamox 20 Pepcidine M	AD MK
8155F	Tablet 40 mg	30	1	15.02	27.78	20.60	Amfamox 40 Pepcidine	AD MK

Restricted benefit

Maintenance treatment of duodenal ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;

Reflux oesophagitis;

Scleroderma oesophagus;

Zollinger-Ellison syndrome.

2487X	Tablet 20 mg	60	5	15.02	27.78	20.60	Amfamox 20 Pepcidine M	AD MK

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FAMOTIDINE—cont.								
2488Y	Tablet 40 mg	30	5	15.02	27.78	20.60	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	..	27.78	20.60	Amfamox 20 Pepcidine M	AD MK
8908W	Tablet 40 mg	30	1	..	27.78	20.60	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	..	27.78	20.60	Amfamox 20 Pepcidine M	AD MK
8909X	Tablet 40 mg	30	5	..	27.78	20.60	Amfamox 40 Pepcidine	AD MK

NIZATIDINE**Restricted benefit**

Initial treatment of peptic ulcer.

NOTE:

Helicobacter pylori eradication therapy should be considered.

8156G	Capsule 150 mg	60	1	12.68	25.30	20.60	Tazac	LY
8157H	Capsule 300 mg	30	1	12.68	25.30	20.60	Tazac	LY

ALIMENTARY TRACT AND METABOLISM —cont.

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

NIZATIDINE—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.*

1505F	Capsule 150 mg	60	5	12.68	25.30	20.60	Tazac	LY
1504E	Capsule 300 mg	30	5	12.68	25.30	20.60	Tazac	LY

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.

8930B	Capsule 150 mg	60	1	..	25.30	20.60	Tazac	LY
8932D	Capsule 300 mg	30	1	..	25.30	20.60	Tazac	LY

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;*

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.*

8931C	Capsule 150 mg	60	5	..	25.30	20.60	Tazac	LY
8933E	Capsule 300 mg	30	5	..	25.30	20.60	Tazac	LY

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							
<u>Restricted benefit</u>							
<i>Initial treatment of peptic ulcer.</i>							
NOTE:							
<i>Helicobacter pylori eradication therapy should be considered.</i>							
8158J	Tablet 150 mg (base)	60	1	..	22.76	20.60	a Ausran SI a Chem mart CH Ranitidine a DBL Ranitidine BL a GenRx FH Ranitidine a healthsense HS Ranitidine a Rani 2 AF a Ranihexal HX a Ranoxyl DP a SBPA Raniti- SL dine 150 a Terry White TW Chemists Ranitidine B1.70 24.46 20.60 a Zantac GW
8159K	Effervescent tablet 150 mg (base)	60	1	T1.70	24.46	20.60	Zantac GW
8160L	Tablet 300 mg (base)	30	1	..	22.76	20.60	a Ausran SI a Chem mart CH Ranitidine a DBL Ranitidine BL a GenRx FH Ranitidine a healthsense HS Ranitidine a Rani 2 AF a Ranihexal HX a Ranoxyl DP a SBPA Raniti- SL dine 300 a Terry White TW Chemists Ranitidine B1.70 24.46 20.60 a Zantac GW
8161M	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	T1.68	*24.46	20.60	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.

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	..	22.76	20.60	^a Ausran ^a Chem mart Ranitidine ^a DBL Ranitidine ^a GenRx Ranitidine ^a healthsense Ranitidine ^a Rani 2 ^a Ranihexal ^a Ranoxyl ^a SBPA Raniti- dine 150 ^a Terry White Chemists Ranitidine	SI CH BL FH HS AF HX DP SL TW
				^B 1.70	24.46	20.60	^a Zantac	GW
1937Y	Effervescent tablet 150 mg (base)	60	5	^T 1.70	24.46	20.60	Zantac	GW
1977C	Tablet 300 mg (base)	30	5	..	22.76	20.60	^a Ausran ^a Chem mart Ranitidine ^a DBL Ranitidine ^a GenRx Ranitidine ^a healthsense Ranitidine ^a Rani 2 ^a Ranihexal ^a Ranoxyl ^a SBPA Raniti- dine 300 ^a Terry White Chemists Ranitidine	SI CH BL FH HS AF HX DP SL TW
				^B 1.70	24.46	20.60	^a Zantac	GW
8162N	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	^T 1.68	*24.46	20.60	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	..	24.46	20.60	Zantac	GW

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
RANITIDINE HYDROCHLORIDE—cont.								
8904P	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	..	*24.46	20.60	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 <i>Helicobacter pylori</i> negative or in whom there has been failure of <i>Helicobacter pylori</i> 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 <i>Helicobacter pylori</i> negative or in whom there has been failure of <i>Helicobacter pylori</i> eradication therapy; Reflux oesophagitis; Scleroderma oesophagus; Zollinger-Ellison syndrome.								
8903N	Effervescent tablet 150 mg (base)	60	5	..	24.46	20.60	Zantac	GW
8905Q	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	..	*24.46	20.60	Zantac Syrup	GW
• Prostaglandins MISOPROSTOL CAUTION: <i>Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.</i>								
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 2 years.								
1648R	Tablet 200 micrograms	120	2	..	51.24	20.60	Cytotec	SR
• Proton pump inhibitors LANSOPRAZOLE Authority required Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite 8 weeks of continuous therapy with other ulcer-healing drugs. The authority application must include the date of final assessment (x-ray, endoscopy or surgery).								
2240X	Capsule 30 mg	30	1	..	60.85	20.60	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	..	37.76	20.60	Zoton	LE
2241Y	Capsule 30 mg	30	5	..	60.85	20.60	Zoton	LE

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OMEPRAZOLE								
<u>Authority required</u> Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite 8 weeks of continuous therapy with other ulcer-healing drugs. The authority application must include the date of final assessment (x-ray, endoscopy or surgery).								
1326T	Capsule 20 mg	30	1	..	57.54	20.60	Maxor	AF
<u>Authority required</u> Severe refractory ulcerating oesophagitis proven by endoscopy; Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.								
1327W	Capsule 20 mg	30	5	..	57.54	20.60	Maxor	AF
OMEPRAZOLE MAGNESIUM								
<u>Authority required</u> Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite 8 weeks of continuous therapy with other ulcer-healing drugs. The authority application must include the date of final assessment (x-ray, endoscopy or surgery).								
8331L	Tablet 20 mg (base)	30	1	..	57.94	20.60	^a Acimax Tablets	AL
				^B 0.79	58.73	20.60	^a Losec Tablets	AP
<u>Authority required</u> 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	..	36.52	20.60	Losec Tablets	AP
8333N	Tablet 20 mg (base)	30	5	..	57.94	20.60	^a Acimax Tablets	AL
				^B 0.79	58.73	20.60	^a Losec Tablets	AP
PANTOPRAZOLE SODIUM SESQUIHYDRATE								
<u>Authority required</u> Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite 8 weeks of continuous therapy with other ulcer-healing drugs. The authority application must include the date of final assessment (x-ray, endoscopy or surgery).								
8007K	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	1	..	60.68	20.60	Somac	PS
<u>Authority required</u> Severe refractory ulcerating oesophagitis proven by endoscopy.								
8399C	Tablet (enteric coated), equivalent to 20 mg pantoprazole	30	5	..	37.65	20.60	Somac	PS
8008L	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	5	..	60.68	20.60	Somac	PS

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PANTOPRAZOLE SODIUM SESQUIHYDRATE—								
cont.								
<u>Authority required</u>								
<i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures; Zollinger-Ellison syndrome.</i>								
8008L	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	5	..	60.68	20.60	Somac	PS
• Combinations for eradication of <i>Helicobacter pylori</i>								
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	..	..	64.90	20.60	Helidac Triple Therapy	PU
OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN								
<u>Restricted benefit</u>								
<i>Eradication of <i>Helicobacter pylori</i> associated with peptic ulcer disease.</i>								
8272J	Pack containing 14 capsules omeprazole 20 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg	#1	..	..	97.77	20.60	Klacid Hp 7	AB
OMEPRAZOLE MAGNESIUM and CLARITHROMYCIN and AMOXYCILLIN								
<u>Restricted benefit</u>								
<i>Eradication of <i>Helicobacter pylori</i> associated with peptic ulcer disease.</i>								
8376W	Pack containing 14 tablets omeprazole 20 mg (base), 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg	#1	..	..	97.53	20.60	Losec Hp7	AP
OMEPRAZOLE MAGNESIUM and METRONIDAZOLE and AMOXYCILLIN								
<u>Authority required</u>								
<i>Eradication of <i>Helicobacter pylori</i> associated with peptic ulcer disease.</i>								
8377X	Pack containing 28 tablets omeprazole 20 mg (base), 42 tablets metronidazole 400 mg and 42 capsules amoxycillin 500 mg	#1	..	..	90.38	20.60	Losec Helicopak	AP

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
RANITIDINE BISMUTH CITRATE and CLARITHROMYCIN and AMOXYCILLIN								
<u>Restricted benefit</u>								
<i>Eradication of Helicobacter pylori associated with peptic ulcer disease.</i>								
8317R	Pack containing 14 tablets ranitidine bismuth citrate 400 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg	#1	..	..	97.77	20.60	Pylorid KA	GW
• Other drugs for treatment of peptic ulcer								
BISMUTH SUBCITRATE								
<u>CAUTION:</u>								
Long-term bismuth therapy is potentially toxic.								
2203Y	Tablet 107.7 mg (Bi)	112	2	..	28.81	20.60	De-Nol	PD
SUCRALFATE								
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	..	22.91	20.60	^a Ulcyte	AF
				^B 1.84	24.75	20.60	^a Carafate	AV
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	..	*11.52	12.39	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	..	10.02	10.89	AP	
Propulsives								
• Propulsives								
CISAPRIDE								
<u>CAUTION:</u>								
<i>Cisapride may cause serious cardiac arrhythmias.</i>								
<u>Authority required</u>								
➤ <i>Treatment of gastroparesis where the diagnosis has been made or confirmed by a consultant physician.</i>								
1188M	Tablet 5 mg	90	5	..	21.21	20.60	Prepulsid	JC
1189N	Tablet 10 mg	90	5	..	33.65	20.60	Prepulsid	JC
1294D	Tablet 20 mg	60	5	..	43.22	20.60	Prepulsid Forte	JC
1190P	Oral suspension 1 mg per mL, 200 mL	#1	5	..	22.33	20.60	Prepulsid	JC
DOMPERIDONE								
1347X	Tablet 10 mg	25	..	..	6.84	7.71	Motilium	JC

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	
METOCLOPRAMIDE HYDROCHLORIDE								
1207M	Tablet 10 mg	25	..	..	6.04	6.91	Pramin	AF
				\$3.01	9.05	6.91	Maxolon	DT
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	7.00	7.87	Maxolon	DT
1206L	Injection 10 mg in 2 mL	10	..	..	10.89	11.76	Maxolon	DT

ANTIEMETICS AND ANTINAUSEANTS

Antiemetics and antinauseants• **Serotonin (5HT₃) antagonists****DOLASETRON MESYLATE**Restricted benefit

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

8191D	Tablet 200 mg	2	..	..	61.84	20.60	Anzemet	AV
8192E	I.V. injection 100 mg in 5 mL	1	..	..	33.12	20.60	Anzemet	AV

ONDANSETRONRestricted benefit

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

8224W	Tablet 4 mg	4	..	..	44.03	20.60	Zofran	GW
8225X	Tablet 8 mg	4	..	..	73.38	20.60	Zofran	GW
8410P	Wafer 4 mg	4	..	..	44.03	20.60	Zofran Zydis	GW
8411Q	Wafer 8 mg	4	..	..	73.38	20.60	Zofran Zydis	GW
8226Y	I.V. injection 4 mg in 2 mL	1	..	..	26.75	20.60	Zofran	GW
8227B	I.V. injection 8 mg in 4 mL	1	..	..	43.85	20.60	Zofran	GW

Authority required

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

1594X	Tablet 4 mg	10	1	..	103.48	20.60	Zofran	GW
1595Y	Tablet 8 mg	10	1	..	176.77	20.60	Zofran	GW
8412R	Wafer 4 mg	10	1	..	103.48	20.60	Zofran Zydis	GW
8413T	Wafer 8 mg	10	1	..	176.77	20.60	Zofran Zydis	GW
8233H	Syrup 4 mg per 5 mL, 50 mL	‡1	1	..	103.48	20.60	Zofran syrup 50 mL	GW
1596B	I.V. injection 4 mg in 2 mL	1	..	..	26.75	20.60	Zofran	GW
1597C	I.V. injection 8 mg in 4 mL	1	..	..	43.85	20.60	Zofran	GW

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. No.of			Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
<i>TROPISETRON HYDROCHLORIDE</i>								
<u>Restricted benefit</u>								
<i>Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.</i>								
<i>2745L</i>	<i>Capsule 5 mg (base)</i>	<i>2</i>	<i>..</i>	<i>..</i>	<i>61.84</i>	<i>20.60</i>	<i>Navoban</i>	<i>NV</i>
<i>2746M</i>	<i>I.V. injection 5 mg (base) in 5 mL</i>	<i>1</i>	<i>..</i>	<i>..</i>	<i>43.85</i>	<i>20.60</i>	<i>Navoban</i>	<i>NV</i>

• **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	..	..	7.00	7.87	* Stemetil	MB
				B0.76	7.76	7.87	* Stemetil	RR
2369Q	Injection 12.5 mg in 1 mL	10	..	..	13.82	14.69	Stemetil	RR
2894H	Suppositories 5 mg, 5	‡1	2	..	10.16	11.03	Stemetil	RR
2895J	Suppositories 25 mg, 5	‡1	2	..	11.00	11.87	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.

BILE AND LIVER THERAPY

Bile therapy• **Bile acid preparations****URSODEOXYCHOLIC ACID****Authority required**

Treatment of primary biliary cirrhosis.

8448P	Capsule 250 mg	100	2	..	175.52	20.60	Ursofalk	OA

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.

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	
	BISACODYL—cont.							
1259G	Tablet 5 mg	200	2	..	11.53	12.40	Bisalax	RR
1260H	Suppositories 10 mg, 10	3	5	..	*21.35	20.60	Durolax	BY
1258F	Suppositories 10 mg, 12	3	4	..	*17.15	18.02	Fleet Laxative Suppositories Petrus Bisacodyl Suppositories	FL PP

DOCUSATE SODIUM with BISACODYL**Restricted benefit**

Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;

Patients who are receiving long-term nursing care 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	..	*21.14	20.60	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.

1102B	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.70	20.60	Granocol	SC
1104D	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	22.18	20.60	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	..	15.02	15.89	^a Actilax ^a Lac-Dol	AF DP
				^b 1.87	16.89	15.89	^a Duphalac	SM

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Enemas BISACODYL <u>Restricted benefit</u> <i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;</i> <i>Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;</i> <i>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;</i> <i>Patients receiving palliative care;</i> <i>Terminal malignant neoplasia;</i> <i>Anorectal congenital abnormalities;</i> <i>Megacolon.</i>								
1263L	Enemas 10 mg in 5 mL, 25	#1	2	..	35.42	20.60	Bisalax	RR
SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE <u>Restricted benefit</u> <i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;</i> <i>Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;</i> <i>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;</i> <i>Patients receiving palliative care;</i> <i>Terminal malignant neoplasia;</i> <i>Anorectal congenital abnormalities;</i> <i>Megacolon.</i>								
2091C	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	2	2	..	*30.58	20.60	Microlax	PS
8175G	Enemas 3.150 g-450 mg-45 mg in 5 mL, 12	2	2	..	*30.58	20.60	Fleet Micro-enema	FL
• Other laxatives GLYCEROL <u>Restricted benefit</u> <i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;</i> <i>Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;</i> <i>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;</i> <i>Patients receiving palliative care;</i> <i>Terminal malignant neoplasia;</i> <i>Anorectal congenital abnormalities;</i> <i>Megacolon.</i>								
2555L	Suppositories 700 mg (for infants), 12	3	5	..	*14.42	15.29	PP	
2556M	Suppositories 1.4 g (for children), 12	3	5	..	*14.81	15.68	PP	
2557N	Suppositories 2.8 g (for adults), 12	3	5	..	*15.17	16.04	PP	

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS								
Intestinal antiinfectives								
• Antibiotics								
NEOMYCIN SULFATE								
2325J	Tablet 500 mg	25	1	..	13.11	13.98	Neosulf	AF
NYSTATIN								
1696G	Tablet 500,000 units	50	..	..	13.01	13.88	Nilstat	AY
1699K	Capsule 500,000 units	50	..	..	13.01	13.88	Nilstat	AY
VANCOMYCIN								
Restricted benefit								
<i>Antibiotic associated colitis.</i>								
3113W	Capsule 125 mg (125,000 i.u.) vancomycin activity	40	..	..	*255.24	20.60	Vancocin	LY
3114X	Capsule 250 mg (250,000 i.u.) vancomycin activity	40	..	..	*488.70	20.60	Vancocin	LY
Electrolytes with carbohydrates								
• Oral rehydration salt formulations								
ELECTROLYTE REPLACEMENT (ORAL)								
3196F	Sachets containing powder for oral solution 4.87 g, 10	‡1	..	..	12.35	13.22	Repalyte New Formulation	RR
NOTE: Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g.								
Antipropulsives								
• Antipropulsives								
DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE								
2501P	Tablet 2.5 mg-25 micrograms	20	..	.. B1.84	6.06 7.90	6.93 6.93	^a Lofenoxal ^a Lomotil	MO SR
LOPERAMIDE HYDROCHLORIDE								
1571Q	Capsule 2 mg	12	..	.. B1.00	6.06 7.06	6.93 6.93	^a Gastro-Stop Loperamide ^a Imodium	RR JC
Intestinal antiinflammatory agents								
• Corticosteroids for local use								
HYDROCORTISONE ACETATE								
Restricted benefit								
<i>Proctitis; Ulcerative colitis.</i>								
1502C	Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g	2	3	..	*35.76	20.60	Colifoam	SV

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

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1920C	PREDNISOLONE SODIUM PHOSPHATE Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*74.52	20.60	Predsol	SI
PREDNISOLONE SODIUM PHOSPHATE								
<u>Restricted benefit</u>								
<i>Proctitis;</i>								
<i>Ulcerative colitis.</i>								
2554K	Suppositories equivalent to 5 mg prednisolone, 10	3	3	..	*22.67	20.60	Predsol	SI
• Aminosalicylic acid and similar agents								
MESALAZINE								
<u>Authority required</u>								
<i>Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.</i>								
1611T	Tablet 250 mg	100	5	..	73.56	20.60	Mesasal	SK
OLSALAZINE SODIUM								
<u>Authority required</u>								
<i>Colitis where hypersensitivity to sulfonamides or intolerance to sulfasalazine exists.</i>								
1728Y	Capsule 250 mg	100	5	..	61.23	20.60	Dipentum	PS
8086N	Tablet 500 mg	100	5	..	104.50	20.60	Dipentum	PS
SULFASALAZINE								
<u>Restricted benefit</u>								
<i>Crohn's disease;</i>								
<i>Rheumatoid arthritis;</i>								
<i>Ulcerative colitis.</i>								
2093E	Tablet 500 mg	200	5	..	*41.38	20.60	Salazopyrin	PS
2096H	Tablet 500 mg (enteric coated)	200	5	..	*45.08	20.60	^a Pyralin EN	KR
				^B 1.64	*46.72	20.60	^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	..	*174.25	20.60	Creon	SM
8021E	Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.28	20.60	Creon Forte	SM

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PANCREATIN ENZYME								
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	53.06	20.60	Viokase	AY
PANCRELIPASE								
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	121.00	20.60	Pancrease	JC
2495H	Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*177.14	20.60	Cotazym-S Forte	OR
8366H	Capsule (containing enteric coated microtablets) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.22	20.60	Panzytrat 25000	TM
DRUGS USED IN DIABETES								
Insulins and analogues								
• Insulins and analogues, fast-acting								
INSULIN ASPART								
8435Y	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*270.25	20.60	NovoRapid NovoLet 3 mL NovoRapid Penfill 3 mL	NL NO
INSULIN LISPRO								
8084L	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*162.35	20.60	Humalog	LY
8085M	Injections (human analogue) 100 units per mL, 1.5 mL, 5	10	1	..	*269.90	20.60	Humalog	LY
8212F	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*270.25	20.60	Humalog	LY
INSULIN NEUTRAL								
1713E	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*126.85	20.60	Hypurin Neutral	RR
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.00	20.60	Actrapid Humulin R	NO LY
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*228.60	20.60	Actrapid HM Penfill Humulin R	NO LY
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*228.95	20.60	Actrapid NovoLet 3 mL Actrapid Penfill 3 mL Humulin R	NL NO LY

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	
• Insulins and analogues, intermediate-acting								
INSULIN ISOPHANE (N.P.H.)								
1711C	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*126.85	20.60	Hypurin Isophane	RR
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.00	20.60	Humulin NPH Protaphane	LY NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*228.60	20.60	Humulin NPH Protaphane HM Penfill	LY NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*228.95	20.60	Humulin NPH Protaphane NovoLet 3 mL Protaphane Penfill 3 mL	LY NL NO
INSULIN ZINC SUSPENSION (Lente)								
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.00	20.60	Humulin L Monotard	LY NO
• Insulins and analogues, intermediate-acting combined with fast-acting								
INSULIN LISPRO—INSULIN LISPRO PROTAMINE SUSPENSION								
8390N	Injections (human analogue) 100 units (25 units-75 units) per mL, 3 mL, 5	5	1	..	*270.25	20.60	Humalog Mix25	LY
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	..	*136.00	20.60	Humulin 20/80	LY
1426C	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*136.00	20.60	Humulin 30/70 Mixtard 30/70	LY NO
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*136.00	20.60	Humulin 50/50 Mixtard 50/50	LY NO
1592T	Injections (human) 100 units (20 units-80 units) per mL, 1.5 mL, 5	10	1	..	*228.60	20.60	Humulin 20/80	LY
8006J	Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5	5	1	..	*228.95	20.60	Humulin 20/80 Mixtard 20/80 NovoLet 3 mL Mixtard 20/80 Penfill 3 mL	LY NL NO
1429F	Injections (human) 100 units (30 units-70 units) per mL, 1.5 mL, 5	10	1	..	*228.60	20.60	Humulin 30/70 Mixtard 30/70 Penfill	LY NO

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	
INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)—cont.								
1763T	Injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*228.95	20.60	Humulin 30/70 Mixtard 30/70 NovoLet 3 mL Mixtard 30/70 Penfill 3 mL	LY NL NO
2062M	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*229.40	20.60	Mixtard 50/50 NovoLet 3 mL Mixtard 50/50 Penfill 3 mL	NL NO
• <i>Insulins and analogues, long-acting</i>								
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)								
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.00	20.60	Humulin UL Ultratard	LY NO
Oral blood glucose lowering drugs								
• <i>Biguanides</i>								
METFORMIN HYDROCHLORIDE								
2430X	Tablet 500 mg	100	5	..	14.75	15.62	^a Diaformin ^a Glucohexal ^a Glucomet 500 mg	AF HX DP
				^B 1.10	15.85	15.62	^a Diabex ^a Glucophage ^a NovoMet 500 mg	AL AW NO
1801T	Tablet 850 mg	60	5	..	14.75	15.62	^a Diaformin 850 ^a Glucohexal ^a Glucomet 850 mg	AF HX DP
				^B 1.10	15.85	15.62	^a Diabex 850 ^a Glucophage ^a NovoMet 850 mg	AL AW NO
• <i>Sulfonamides, urea derivatives</i>								
GLIBENCLAMIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2940R	Tablet 2.5 mg	100	5	..	8.20	9.07	Semi-Daonil	AV
2939Q	Tablet 5 mg	100	5	..	9.82	10.69	^a Glimel	AF
				^B 1.00	10.82	10.69	^a Daonil	AV
GLICLAZIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2449X	Tablet 80 mg	100	5	..	15.41	16.28	^a Glyade	AF
				^B 1.00	16.41	16.28	^a Diamicron	SE

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	
GLIMEPIRIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
8450R	Tablet 1 mg	30	5	..	8.43	9.30	Amaryl	AV
8451T	Tablet 2 mg	30	5	..	12.10	12.97	Amaryl	AV
8452W	Tablet 4 mg	30	5	..	14.30	15.17	Amaryl	AV
GLIPIZIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2440K	Tablet 5 mg	100	5	..	14.30	15.17	^a Melizide	AF
				^B 0.86	15.16	15.17	^a Minidiab	PS
TOLBUTAMIDE								
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.								
2178P	Tablet 500 mg	200	2	..	*15.52	16.39	Rastinon	AV
2607F	Tablet 1 g	100	5	..	15.52	16.39	Rastinon	AV
• Alpha glucosidase inhibitors								
ACARBOSE								
Authority required <i>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.</i>								
8188Y	Tablet 50 mg	90	5	..	28.60	20.60	Glucobay 50	BN
8189B	Tablet 100 mg	90	5	..	38.50	20.60	Glucobay 100	BN
VITAMINS								
Vitamin A and D, incl. combinations of the two								
• Vitamin D and analogues								
CALCITRIOL								
Authority required <i>Hypocalcaemia due to renal disease; Hypoparathyroidism; Hypophosphataemic rickets; Vitamin D-resistant rickets; Initial treatment for 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 in the authority 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; Continuing treatment for established osteoporosis in patients with fracture due to minimal trauma, where the patient has previously been issued with an authority prescription for this drug.</i>								
2502Q	Capsule 0.25 microgram	100	5	..	62.12	20.60	^a Rocaltrol ^a Sitriol	RO AF

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	
Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂								
• Vitamin B₁, plain								
THIAMINE HYDROCHLORIDE								
1065C	Injection 100 mg in 1 mL	5	1	..	12.06	12.93	Beta-Sol	FM
Other plain vitamin preparations								
• Other plain vitamin preparations								
PYRIDOXINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Homocystinuria;</i>								
<i>Prophylaxis or treatment of peripheral neuritis due to isoniazid therapy;</i>								
<i>Primary hyperoxaluria;</i>								
<i>Pyridoxine-responsive anaemia, proven;</i>								
<i>Pyridoxine-responsive convulsions;</i>								
<i>Radiation sickness;</i>								
<i>Sideroblastic (refractory) anaemia.</i>								
1965K	Tablet 25 mg	100	..	..	9.36	10.23	FM	
MINERAL SUPPLEMENTS								
Calcium								
• Calcium								
CALCIUM								
<u>Restricted benefit</u>								
<i>Hyperphosphataemia in chronic renal failure;</i>								
<i>Hypocalcaemia;</i>								
<i>Osteoporosis;</i>								
<i>Proven malabsorption.</i>								
3116B	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*12.38	13.25	Cal-Sup	MM
3117C	Tablet 600 mg (as carbonate)	120	1	..	12.20	13.07	Caltrate	WT
Potassium								
• Potassium								
POTASSIUM CHLORIDE								
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.50	11.37	KSR	AF
							Slow-K	NV
				0.06	*10.56	11.37	Span-K	RR
3012M	Effervescent tablet 14 mmol K ⁺ and 8 mmol Cl ⁻	60	1	..	10.56	11.43	Chlorvescent	RR

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	
ANABOLIC AGENTS FOR SYSTEMIC USE								
Anabolic steroids								
• Androstan derivatives								
METHENOLONE ACETATE								
<u>Authority required</u>								
<i>Osteoporosis;</i>								
<i>Patients on long-term treatment with corticosteroids.</i>								
<u>NOTE:</u>								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
1620G	Tablet 5 mg	100	3	..	*62.54	20.60	Primobolan	SC
• Estren derivatives								
NANDROLONE DECANOATE								
<u>Authority required</u>								
<i>Osteoporosis where other therapy is inappropriate;</i>								
<i>Patients on long-term treatment with corticosteroids.</i>								
1671Y	Injection 50 mg in 1 mL, disposable syringe	1	7	..	19.01	19.88	Deca-Durabolin	OR

BLOOD AND BLOOD FORMING ORGANS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTITHROMBOTIC AGENTS								
Antithrombotic agents								
• Vitamin K antagonists								
WARFARIN SODIUM								
CAUTION:								
The listed brands have NOT been shown to be bioequivalent and should not be interchanged.								
2843P	Tablet 1 mg	50	2	..	7.24	8.11	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	7.41	8.28	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.65	8.52	Marevan	BA
2211J	Tablet 5 mg	50	2	..	8.14	9.01	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	..	65.29	20.60	Fragmin	PS
8269F	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	6	1	..	85.58	20.60	Fragmin	PS
Authority required								
Major hip surgery.								
2816F	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	10	..	..	72.05	20.60	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	..	..	105.88	20.60	Fragmin	PS
8278Q	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre- filled syringe	15	..	..	156.62	20.60	Fragmin	PS
8130X	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	15	..	..	206.90	20.60	Fragmin	PS

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	
DALTEPARIN SODIUM								
<i>(Low Molecular Weight Heparin Sodium—porcine mucous)—cont.</i>								
<u>Authority required</u>								
<i>Use during pregnancy when full anticoagulation is required.</i>								
8321Y	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	30	2	..	*206.90	20.60	Fragmin	PS
8322B	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre- filled syringe	30	2	..	*299.16	20.60	Fragmin	PS
8323C	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	30	2	..	*391.40	20.60	Fragmin	PS
ENOXAPARIN SODIUM								
<u>Authority required</u>								
<i>Unstable angina or non-Q-wave myocardial infarction.</i>								
8262W	Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe	6	1	..	64.32	20.60	Clexane	RR
8263X	Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe	6	1	..	73.30	20.60	Clexane	RR
8264Y	Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe	6	1	..	88.28	20.60	Clexane	RR
<u>Authority required</u>								
<i>Major hip surgery.</i>								
1831J	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	10	..	..	74.29	20.60	Clexane	RR
<u>Authority required</u>								
<i>Treatment of deep vein thrombosis.</i>								
8261T	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	15	..	..	109.23	20.60	Clexane	RR
8111X	Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe	15	..	..	154.17	20.60	Clexane	RR
8112Y	Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe	15	..	..	176.63	20.60	Clexane	RR

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	<i>Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe</i>	15	..	..	213.03	20.60	<i>Clexane</i>	RR
<u>Authority required</u>								
<i>Use during pregnancy when full anticoagulation is required.</i>								
8324D	<i>Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe</i>	30	2	..	*213.00	20.60	<i>Clexane</i>	RR
8325E	<i>Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe</i>	30	2	..	*294.70	20.60	<i>Clexane</i>	RR
8326F	<i>Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe</i>	30	2	..	*335.54	20.60	<i>Clexane</i>	RR
8327G	<i>Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe</i>	30	2	..	*403.66	20.60	<i>Clexane</i>	RR
HEPARIN CALCIUM								
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.65	11.52	Calcihep Calciparine	RR SW
HEPARIN SODIUM								
1466E	Injection 5,000 units in 0.2 mL	5	5	..	10.65	11.52	BL	
1467F	Injection 5,000 units in 1 mL	5	5	..	10.65	11.52	BL	
1076P	Injection 35,000 units in 35 mL	12	5	..	*106.04	20.60	BL	
<u>HEPARIN SODIUM</u>								
<u>Restricted benefit</u>								
<i>Haemodialysis.</i>								
1463B	<i>Injection (preservative-free) 5,000 units in 5 mL</i>	50	5	..	52.15	20.60	<i>PU</i>	

BLOOD AND BLOOD FORMING ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
NADROPARIN CALCIUM								
<u>Authority required</u>								
Major hip surgery.								
8103L	Injection 1,900 i.u. anti-Xa in 0.2 mL single use pre-filled syringe	4	..	..	*19.36	20.23	Fraxiparine	SW
8104M	Injection 2,850 i.u. anti-Xa in 0.3 mL single use pre-filled syringe	6	..	..	*38.06	20.60	Fraxiparine	SW
8105N	Injection 3,800 i.u. anti-Xa in 0.4 mL single use pre-filled syringe	6	..	..	*47.30	20.60	Fraxiparine	SW
8106P	Injection 5,700 i.u. anti-Xa in 0.6 mL single use pre-filled syringe	6	..	..	*70.40	20.60	Fraxiparine	SW
<u>Authority required</u>								
Treatment of deep vein thrombosis.								
8307F	Injection 11,400 i.u. anti-Xa in 0.6 mL single use pre-filled syringe	6	..	..	136.40	20.60	Fraxiparine Forte	SW
8308G	Injection 15,200 i.u. anti-Xa in 0.8 mL single use pre-filled syringe	6	..	..	156.20	20.60	Fraxiparine Forte	SW
8309H	Injection 19,000 i.u. anti-Xa in 1 mL single use pre-filled syringe	6	..	..	189.20	20.60	Fraxiparine Forte	SW
• Platelet aggregation inhibitors excl. heparin								
ABCIXIMAB								
<u>Authority required</u>								
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	..	..	*1574.78	20.60	ReoPro	LY
ASPIRIN								
8202Q	Tablet 100 mg	112	1	..	5.87	6.74	Astrix	FA
1008C	Tablet 300 mg	100	1	..	6.69	7.56	Spren	SI
1010E	Tablet 300 mg (dispersible)	96	1	..	6.63	7.50	Solprin	RC

BLOOD AND BLOOD FORMING ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
CLOPIDOGREL HYDROGEN SULFATE								
<u>Authority required</u>								
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 4 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 4 hours of ingestion of aspirin, other salicylates, or NSAIDs.								
8358X	Tablet 75 mg (base)	28	5	..	83.78	20.60	Iscover Plavix	BQ SW
DIPYRIDAMOLE								
<u>Restricted benefit</u>								
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 4 hours of ingestion of aspirin, other salicylates, or NSAIDs.								
8335Q	Capsule 200 mg (sustained release)	60	5	..	33.43	20.60	Persantin SR	BY
DIPYRIDAMOLE with ASPIRIN								
<u>Restricted benefit</u>								
Secondary prevention of ischaemic stroke or transient cerebral ischaemic events.								
8382E	Capsule 200 mg (sustained release)-25 mg	60	5	..	33.63	20.60	Asasantin SR	BY
TICLOPIDINE HYDROCHLORIDE								
<u>CAUTION:</u>								
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.								
<u>Authority required</u>								
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 4 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	..	155.11	20.60	^a Ticlopidine Hexal	HX
							^a Tilodene	AF
				^B 2.26	157.37	20.60	^a Ticlid	RO

BLOOD AND BLOOD FORMING ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
TIROFIBAN HYDROCHLORIDE								
<u>Authority required</u>								
<i>Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes, AND either:</i>								
<i>(1) anginal pain lasting longer than 20 minutes; or</i>								
<i>(2) repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours;</i>								
<i>Patients with non-Q-wave myocardial infarction.</i>								
8350L	Solution concentrate for I.V. infusion 12.5 mg (base) in 50 mL	1	2	..	372.40	20.60	Aggrastat	MK
• Enzymes								
ALTEPLASE								
<i>(Recombinant tissue-type plasminogen activator)</i>								
<u>Restricted benefit</u>								
<i>Treatment of acute myocardial infarction within 12 hours of onset of attack.</i>								
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	..	..	*2157.18	20.60	Actilyse	BY
RETEPLASE								
<i>(Recombinant plasminogen activator)</i>								
<u>Restricted benefit</u>								
<i>Treatment of acute myocardial infarction within 6 hours of onset of attack.</i>								
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	..	..	2223.76	20.60	Rapilysin 10 U	RO
STREPTOKINASE								
<u>Restricted benefit</u>								
<i>Treatment of acute myocardial infarction within 6 hours of onset of attack.</i>								
2905X	Injection 1,500,000 i.u. (solvent required) (codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)	1	..	..	201.74	20.60	Streptase	AV
ANTIHEMORRHAGICS								
Antifibrinolytics								
• Amino acids								
TRANEXAMIC ACID								
2180R	Tablet 500 mg	100	2	..	50.73	20.60	Cyklokapron	PS

BLOOD AND BLOOD FORMING ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTIANEMIC PREPARATIONS								
Iron preparations								
• Iron bivalent, oral preparations								
FERROUS GLUCONATE								
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	9.12	9.99	Fergon	SW
FERROUS SULFATE DRIED								
2689M	Tablet 325 mg (sustained release)	30	2	..	6.40	7.27	Ferro-Gradumet	AB
• Iron trivalent, parenteral preparations								
IRON POLYMALTOSE COMPLEX								
2593L	Injection 100 mg (iron) in 2 mL	5	..	..	52.03	20.60	Ferrum H	SI
• Iron in combination with folic acid								
FERROUS SULFATE DRIED with FOLIC ACID								
3160H	Tablet 250 mg-300 micrograms (sustained release)	30	2	..	6.72	7.59	F.G.F.	AB
Vitamin B₁₂ and folic acid								
• Vitamin B₁₂ (cyanocobalamin and derivatives)								
HYDROXOCOBALAMIN								
Restricted benefit								
<i>Pernicious anaemia;</i>								
<i>Other proven vitamin B₁₂ deficiencies;</i>								
<i>Prophylaxis after gastrectomy.</i>								
1508J	Injection 1 mg in 1 mL	3	..	..	11.00	11.87	Neo-Cytamen	BL
NOTE:								
<i>One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B₁₂ deficiencies.</i>								
• Folic acid and derivatives								
FOLIC ACID								
2958Q	Tablet 500 micrograms	200	..	..	*7.46	8.33	Megafol 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*7.46	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	..	..	93.08	20.60	Rheomacrodex	MA

BLOOD AND BLOOD FORMING ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2306J	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%- 0.9%), 500 mL	3	..	..	93.08	20.60	Rheomacrodex	MA
3011L	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL- 77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	95.41	20.60	Macrodex	MA
8444K	GELATIN - SUCCINYLATED I.V. infusion 20 g per 500 mL, 500 mL	3	..	..	*44.00	20.60	Gelofusine	BR
2334W	POLYGELENE I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	..	*44.00	20.60	Haemaccel	AV
I.V. solutions								
• Solutions for parenteral nutrition								
GLUCOSE								
2245E	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*13.75	14.62	BX	
• Solutions affecting the electrolyte balance								
ELECTROLYTE REPLACEMENT SOLUTION								
3199J	I.V. infusion 1 L	2	1	..	*10.58	11.45	Plasma-Lyte 148	BX
SODIUM CHLORIDE								
2264E	I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*13.75	14.62	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*10.58	11.45	BX	
SODIUM CHLORIDE COMPOUND								
2266G	I.V. infusion 1 L	4	1	..	*16.28	17.15	BX	
SODIUM CHLORIDE with GLUCOSE								
2281C	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*13.75	14.62	BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*17.15	18.02	BX	
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	1	..	*17.15	18.02	BX	
SODIUM LACTATE COMPOUND								
2286H	I.V. infusion 1 L	5	1	..	*13.75	14.62	BX	

CARDIOVASCULAR SYSTEM

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CARDIAC THERAPY								
Cardiac glycosides								
• Digitalis glycosides								
DIGOXIN								
2605D	Tablet 62.5 micrograms	200	1	..	8.16	9.03	Lanoxin-PG	SI
1322N	Tablet 250 micrograms	100	1	..	8.45	9.32	Lanoxin	SI
3164M	Oral solution for children 50 micrograms per mL, 60 mL	2	3	..	*26.40	20.60	Lanoxin	SI
Antiarrhythmics, class I and III								
• Antiarrhythmics, class IA								
DISOPYRAMIDE								
2923W	Capsule 100 mg	100	5	..	24.89	20.60	^a Norpace ^a Rythmodan	SR AV
2924X	Capsule 150 mg	100	5	..	33.81	20.60	Rythmodan	AV
PROCAINAMIDE HYDROCHLORIDE								
2653P	Capsule 250 mg	200	1	..	*55.36	20.60	Pronestyl	BQ
QUINIDINE BISULFATE								
CAUTION: Severe thrombocytopenia has been reported with this drug.								
2623C	Tablet 250 mg (sustained release)	100	5	..	21.85	20.60	Kinidin Durule	AP
• Antiarrhythmics, class IB								
LIGNOCAINE HYDROCHLORIDE								
2875H	Injection 100 mg in 5 mL	2	..	..	*11.64	12.51	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	13.02	13.89	Xylocard 500	AP
MEXILETINE HYDROCHLORIDE								
1682M	Capsule 50 mg	100	5	..	27.50	20.60	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	56.10	20.60	Mexitil	BY
• Antiarrhythmics, class IC								
FLECAINIDE ACETATE								
CAUTION: <i>Flecainide acetate should be avoided in patients with poor cardiac function.</i>								
Restricted benefit <i>Treatment of serious cardiac arrhythmias—where these are ventricular arrhythmias treatment must be initiated in a hospital (in-patient or out-patient).</i>								
1088G	Tablet 50 mg	60	5	..	37.97	20.60	Tambocor	MM
1090J	Tablet 100 mg	60	5	..	46.87	20.60	^a Flecatab	AF
				^b 2.87	49.74	20.60	^a Tambocor	MM
• Antiarrhythmics, class III								
AMIODARONE HYDROCHLORIDE								
CAUTION: <i>Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.</i>								

continued

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMIODARONE HYDROCHLORIDE—cont.								
<u>Restricted benefit</u>								
Severe cardiac arrhythmias.								
2344J	Tablet 100 mg	30	5	..	18.56	19.43	^a Aratac 100 ^a Cordarone X 100	AF SW
2343H	Tablet 200 mg	30	5	..	28.36	20.60	^a Aratac 200 ^a Cordarone X 200	AF SW
SOTALOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
Severe cardiac arrhythmias.								
8398B	Tablet 80 mg	60	5	..	18.68	19.55	Sotacor	BQ
2043M	Tablet 160 mg	60	5	..	31.67	20.60	^a Cardol ^a Chem mart Sotalol ^a DBL Sotalol ^a GenRx Sotalol ^a healthsense Sotalol ^a Sotab ^a Sotahexal ^a Terry White Chemists Sotalol ^a Sotacor	AF CH BL FH HS DP HX TW BQ
				^b 1.28	32.95	20.60		
Cardiac stimulants excl. cardiac glycosides								
• Adrenergic and dopaminergic agents								
ADRENALINE								
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.09	9.96	AP	
Vasodilators used in cardiac diseases								
• Organic nitrates								
GLYCERYL TRINITRATE								
1459T	Tablets 600 micrograms, 100	†1	5	..	7.02	7.89	Anginine Stabilised	SI
8171C	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	†1	5	..	17.56	18.43	Nitrolingual Pumpspray	RR
<u>NOTE:</u>								
The spray should not be inhaled.								
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	†1	5	..	17.17	18.04	Nitro-Bid	AV
8027L	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.79	20.60	Minitran 5	MM

continued

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
GLYCERYL TRINITRATE—cont.								
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.79	20.60	Transiderm- Nitro 25	NV
8010N	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	26.79	20.60	Nitro-Dur 5	SH
8028M	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.77	20.60	Minitran 10	MM
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.77	20.60	Transiderm- Nitro 50	NV
8011P	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.77	20.60	Nitro-Dur 10	SH
8119H	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.77	20.60	Minitran 15	MM
8026K	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.77	20.60	Nitro-Dur 15	SH
ISOSORBIDE DINITRATE								
2587E	Tablet 10 mg	200	2	.. B3.54	*12.04 *15.58	12.91 12.91	^a Sorbidin ^a Isordil	AF AY
2586D	Tablet 20 mg	100	5	..	11.79	12.66	Isordil	AY
2588F	Sublingual tablet 5 mg	200	2	..	*13.10	13.97	Isordil Sublingual	AY
ISOSORBIDE MONONITRATE								
1558B	Tablet 60 mg (sustained release)	30	5	..	16.93	17.80	^a Duride ^a Imtrate 60 mg ^a Isomonit ^a Monodur 60 mg	AF DP HX PM
				B1.46	18.39	17.80	^a Imdur Durule	AP
8273K	Tablet 120 mg (sustained release)	30	5	..	24.59	20.60	^a Monodur 120 mg	PM
				B1.36	25.95	20.60	^a Imdur 120 mg	AP
• Other vasodilators used in cardiac diseases								
NICORANDIL								
8228C	Tablet 10 mg	60	5	..	20.52	20.60	Ikorel	RR
8229D	Tablet 20 mg	60	5	..	27.23	20.60	Ikorel	RR
PERHEXILINE MALEATE								
Authority required								
Angina not responding to other therapy.								
1822X	Tablet 100 mg	100	5	..	48.00	20.60	Pexsig	SI

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	
ANTIHYPERTENSIVES								
Antiadrenergic agents, centrally acting								
• Methyldopa								
METHYLDOPA								
1629R	Tablet 250 mg	100	5	.. B2.59	10.12 12.71	10.99 10.99	^a Hydopa ^a Aldomet	AF MK
• Imidazoline receptor agonists								
CLONIDINE								
3145M	Tablet 100 micrograms	100	5	..	25.74	20.60	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	33.88	20.60	Catapres	BY
Antiadrenergic agents, peripherally acting								
• Alpha-adrenoceptor antagonists								
PRAZOSIN HYDROCHLORIDE								
1479W	Tablet 1 mg (base)	100	5	..	12.83	13.70	^a Chem mart Prazosin ^a DBL Prazosin ^a GenRx Prazosin ^a healthsense Prazosin ^a Prasig ^a Pressin 1 ^a Terry White Chemists Prazosin	CH BL FH HS SI AF TW PF
1480X	Tablet 2 mg (base)	100	5	..	15.96	16.83	^a Minipress ^a Chem mart Prazosin ^a DBL Prazosin ^a GenRx Prazosin ^a healthsense Prazosin ^a Prasig ^a Pressin 2 ^a Terry White Chemists Prazosin	CH BL FH HS SI AF TW PF
1478T	Tablet 5 mg (base)	100	5	..	24.00	20.60	^a Minipress ^a Chem mart Prazosin ^a DBL Prazosin ^a GenRx Prazosin ^a healthsense Prazosin ^a Prasig ^a Pressin 5 ^a Terry White Chemists Prazosin	CH BL FH HS SI AF TW PF
				B2.70	26.70	20.60	^a Minipress	PF

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	
Arteriolar smooth muscle, agents acting on								
• Hydrazinophthalazine derivatives								
HYDRALAZINE HYDROCHLORIDE								
1640H	Tablet 25 mg	200	2	..	*10.84	11.71	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.48	14.35	Alphapress 50	AF
• Pyrimidine derivatives								
MINOXIDIL								
<u>Authority required</u>								
<i>For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).</i>								
2313R	Tablet 10 mg	100	5	..	48.11	20.60	Loniten	UP
• Nitroferricyanide derivatives								
SODIUM NITROPRUSSIDE								
1100X	I.V. infusion 50 mg	10	..	..	54.46	20.60	BL	
DIURETICS								
Low-ceiling diuretics, thiazides								
• Thiazides, plain								
BENDROFLUAZIDE								
1106F	Tablet 5 mg	100	1	..	8.66	9.53	Aprinox	KN
HYDROCHLOROTHIAZIDE								
1484D	Tablet 25 mg	100	1	..	*9.86	10.73	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*10.84	11.71	Dichlotride	MK
Low-ceiling diuretics, excl. thiazides								
• Sulfonamides, plain								
CHLORTHALIDONE								
1585K	Tablet 25 mg	100	1	..	*10.62	11.49	Hygroton 25	NV
INDAPAMIDE HEMIHYDRATE								
2436F	Tablet 2.5 mg	90	1	..	19.43	20.30	^a Dapa-Tabs	AF
							^a Indahexal	HX
							^a Insig	SI
							^a Napamide	DP
							2.5 mg	
				B2.88	22.31	20.30	^a Natrilix	SE
High-ceiling diuretics								
• Sulfonamides, plain								
BUMETANIDE								
1130L	Tablet 1 mg	100	1	..	10.30	11.17	Burinex	CS

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	
2414C	FRUSEMIDE Tablet 20 mg	100	1	..	*7.94	8.81	^a Frusid Urex-M	DP FM
				^B 1.02	*8.96	8.81	^a Lasix-M	AV
2412Y	Tablet 40 mg	100	1	..	7.61	8.48	^a Frusehexal 40 mg	HX
							^a Frusid	DP
							^a Uremide	AF
				^B 1.01	8.62	8.48	^a Urex	FM
							^a Lasix	AV
2415D	Tablet 500 mg	50	3	..	20.64	20.60	Urex-Forte	FM
				^B 4.67	25.31	20.60	Lasix	AV
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	12.76	13.63	Lasix	AV
2413B	Injection 20 mg in 2 mL	5	..	..	8.02	8.89	Lasix	AV
• Aryloxyacetic acid derivatives								
ETHACRYNIC ACID								
<u>Restricted benefit</u>								
<i>Patients hypersensitive to other oral diuretics.</i>								
2511E	Tablet 50 mg	100	1	..	57.38	20.60	Edecril	MK
Potassium-sparing agents								
• Aldosterone antagonists								
SPIRONOLACTONE								
<u>CAUTION:</u>								
<i>Serum electrolytes should be checked regularly.</i>								
<u>Restricted benefit</u>								
<i>Hyperaldosteronism, including refractory cardiac failure;</i>								
<i>Female hirsutism.</i>								
<u>CAUTION:</u>								
<i>Treatment of hirsutism with spironolactone should be considered only after all avenues of non-drug therapy have been explored.</i>								
<i>Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.</i>								
2339D	Tablet 25 mg	100	5	..	12.57	13.44	^a Spiractin 25	AF
				^B 1.73	14.30	13.44	^a Aldactone	SR
2340E	Tablet 100 mg	100	5	..	36.53	20.60	^a Spiractin 100	AF
				^B 1.98	38.51	20.60	^a Aldactone	SR
• Other potassium-sparing agents								
AMILORIDE HYDROCHLORIDE								
<u>CAUTION:</u>								
<i>Serum electrolytes should be checked regularly.</i>								
3109P	Tablet 5 mg	100	1	..	*8.10	8.97	^a Kaluril	AF
				^B 2.94	*11.04	8.97	^a Midamor	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	
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	.. B3.30	*10.94 *14.24	11.81 11.81	* Amizide * Moduretic	AF MK
HYDROCHLOROTHIAZIDE with TRIAMTERENE								
CAUTION: Serum electrolytes should be checked regularly.								
1280J	Tablet 25 mg-50 mg	100	1	..	10.93	11.80	Hydrene 25/50	AF
PERIPHERAL VASODILATORS								
Peripheral vasodilators								
• Other peripheral vasodilators								
PHENOXYBENZAMINE HYDROCHLORIDE								
Restricted benefit								
<i>Phaeochromocytoma;</i> <i>Neurogenic urinary retention.</i>								
1862B	Capsule 10 mg	100	5	..	44.00	20.60	Dibenyline	SK
BETA BLOCKING AGENTS								
Beta blocking agents								
• Beta blocking agents, non-selective								
OXPRENOLOL HYDROCHLORIDE								
2942W	Tablet 20 mg	100	5	..	8.01	8.88	Corbeton 20	AF
2961W	Tablet 40 mg	100	5	..	9.80	10.67	Corbeton 40	AF
PINDOLOL								
3062E	Tablet 5 mg	100	5	.. B0.99	11.21 12.20	12.08 12.08	* Barbloc 5 * Visken 5	AF NV
3065H	Tablet 15 mg	50	5	.. B0.99	14.20 15.19	15.07 15.07	* Barbloc 15 * Visken 15	AF NV
PROPRANOLOL HYDROCHLORIDE								
2565B	Tablet 10 mg	100	5	.. B2.00	5.80 7.80	6.67 6.67	Deralin 10 Inderal	AF ZN
2566C	Tablet 40 mg	100	5	.. B2.01	7.13 9.14	8.00 8.00	Deralin 40 Inderal	AF ZN
2899N	Tablet 160 mg	50	5	.. B2.03	8.59 10.62	9.46 9.46	* Deralin 160 * Inderal	AF ZN
SOTALOL HYDROCHLORIDE								
For listings see Generic/Proprietary Index								

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	
• Beta blocking agents, selective								
ATENOLOL								
1081X	Tablet 50 mg	30	5	..	9.63	10.50	^a Anselol 50 mg	DP
							^a Atehexal	HX
							^a Chem mart	CH
							Atenolol	
							^a DBL Atenolol	BL
							^a GenRx Atenolol	FH
							^a healthsense	HS
							Atenolol	
							^a Noten	AF
							^a SBPA Atenolol	SL
							^a Tensig	SI
							^a Terry White	TW
							Chemists	
							Atenolol	
				^B 2.54	12.17	10.50	^a Tenormin	ZN
METOPROLOL TARTRATE								
1324Q	Tablet 50 mg	100	5	..	10.40	11.27	^a Metohexal	HX
							^a Metolol	DP
							^a Minax 50	AF
							^a SBPA Metoprolol	SL
							50	
				^B 1.13	11.53	11.27	^a Betaloc	AP
				^B 1.52	11.92	11.27	Lopresor 50	NV
1325R	Tablet 100 mg	60	5	..	12.02	12.89	^a Metohexal	HX
							^a Metolol	DP
							^a Minax 100	AF
							^a SBPA Metoprolol	SL
							100	
				^B 1.16	13.18	12.89	^a Betaloc	AP
				^B 1.53	13.55	12.89	Lopresor 100	NV
• Alpha and beta blocking agents								
CARVEDILOL								
<u>Authority required</u>								
<i>Moderate symptomatic heart failure in patients stabilised on conventional therapy where treatment is initiated in a hospital (in-patient or out-patient).</i>								
8256M	Tablet 6.25 mg	60	5	..	74.90	20.60	<i>Dilatrend 6.25</i>	<i>RO</i>
8257N	Tablet 12.5 mg	60	5	..	92.52	20.60	<i>Dilatrend 12.5</i>	<i>RO</i>
8258P	Tablet 25 mg	60	5	..	114.55	20.60	<i>Dilatrend 25</i>	<i>RO</i>
LABETALOL HYDROCHLORIDE								
1566K	Tablet 100 mg	100	5	..	13.51	14.38	^a Presolol 100	AF
				^B 2.22	15.73	14.38	^a Trandate	SI
1567L	Tablet 200 mg	100	5	..	20.23	20.60	^a Presolol 200	AF
				^B 2.50	22.73	20.60	^a Trandate	SI

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CALCIUM CHANNEL BLOCKERS								
Selective calcium channel blockers with mainly vascular effects								
• Dihydropyridine derivatives								
NOTE: The base-priced drugs in this therapeutic group are felodipine and nifedipine (except nifedipine controlled release tablets 30 mg and 60 mg).								
AMLODIPINE BESYLATE								
2751T	Tablet 5 mg (base)	30	5	T3.16	24.68	20.60	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	T5.09	38.81	20.60	Norvasc	PF
AMLODIPINE BESYLATE								
Authority required <i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs; Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.</i>								
8923P	Tablet 5 mg (base)	30	5	..	24.68	20.60	Norvasc	PF
8924Q	Tablet 10 mg (base)	30	5	..	38.81	20.60	Norvasc	PF
FELODIPINE								
2361G	Tablet 2.5 mg (extended release)	30	5	..	15.04	15.91	^a Felodur ER 2.5 mg	AL
				B1.25	16.29	15.91	^a Plendil ER	AP
				B2.56	17.60	15.91	^a Agon SR	TP
2366M	Tablet 5 mg (extended release)	30	5	..	19.03	19.90	^a Felodur ER 5 mg	AL
				B1.56	20.59	19.90	^a Plendil ER	AP
				B2.60	21.63	19.90	^a Agon SR	TP
2367N	Tablet 10 mg (extended release)	30	5	..	30.59	20.60	^a Felodur ER 10 mg	AL
				B2.55	33.14	20.60	^a Plendil ER	AP
				B2.70	33.29	20.60	^a Agon SR	TP
NIFEDIPINE								
1694E	Tablet 10 mg	60	5	..	19.14	20.01	^a SBPA Nifedipine 10 mg	SL
				B1.25	20.39	20.01	^a Adalat 10	BN
1695F	Tablet 20 mg	60	5	..	22.74	20.60	^a Nifecard 20 mg	SI
							^a Nifehexal	HX
							^a Nyefax 20 mg	DP
							^a SBPA Nifedipine 20 mg	SL
				B2.68	25.42	20.60	^a Adalat 20	BN
1906H	Tablet 30 mg (controlled release)	30	5	T1.40	25.09	20.60	Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	T1.75	30.90	20.60	Adalat Oros 60	BN

continued

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
<u>NIFEDIPINE—cont.</u>								
<u>Authority required</u>								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs;</i>								
<i>Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.</i>								
8925R	Tablet 30 mg (controlled release)	30	5	..	25.09	20.60	Adalat Oros 30	BN
8926T	Tablet 60 mg (controlled release)	30	5	..	30.90	20.60	Adalat Oros 60	BN
Selective calcium channel blockers with direct cardiac effects								
• Phenylalkylamine derivatives								
VERAPAMIL HYDROCHLORIDE								
<u>CAUTION:</u>								
The myocardial depressant effects of this drug and of beta-blocking drugs are additive.								
1248Q	Tablet 40 mg	100	5	..	11.11	11.98	^a Anpec 40	AF
							^a Verahexal	HX
				^B 1.00	12.11	11.98	^a Cordilox	SC
							^a Isoptin	KN
1250T	Tablet 80 mg	100	5	..	16.31	17.18	^a Anpec 80	AF
							^a Verahexal	HX
				^B 0.99	17.30	17.18	^a Cordilox	SC
				^B 1.00	17.31	17.18	^a Isoptin	KN
1254B	Tablet 120 mg	100	5	..	21.67	20.60	^a Verahexal	HX
				^B 1.00	22.67	20.60	^a Cordilox	SC
							^a Isoptin	KN
1253Y	Tablet 160 mg	60	5	..	20.24	20.60	^a Cordilox	SC
				^B 1.00	21.24	20.60	^a Isoptin	KN
2208F	Tablet 180 mg (sustained release)	30	5	..	14.01	14.88	^a Cordilox 180 SR	SC
				^B 1.01	15.02	14.88	^a Isoptin 180 SR	KN
1241H	Tablet 240 mg (sustained release)	30	5	..	17.22	18.09	^a Anpec SR	AF
				^B 1.00	18.22	18.09	^a Cordilox SR	SC
							^a Isoptin SR	KN
2206D	Capsule 160 mg (sustained release)	30	5	..	12.33	13.20	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	17.35	18.22	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	10.29	11.16	^a Cordilox	SC
							^a Isoptin	KN

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
• 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	..	22.95	20.60	a Auscard SI a Chem mart CH Diltiazem a Coras AF a DBL Diltiazem BL a Diltahexal HX a Dilzem 60 mg DP a GenRx Diltiazem FH a healthsense HS Diltiazem a SBPA Diltiazem SL a Terry White TW Chemists Diltiazem B1.98 24.93 20.60 a Cardizem AV
1312C	Capsule 180 mg (controlled delivery)	30	5	..	22.99	20.60	a Vasocardol CD HP
				B1.80	24.79	20.60	a Cardizem CD AV
1313D	Capsule 240 mg (controlled delivery)	30	5	..	29.33	20.60	a Vasocardol CD HP
				B1.80	31.13	20.60	a Cardizem CD AV

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 andtrandolapril.

CAPTOPRIL

1147J	Tablet 12.5 mg	90	5	..	21.96	20.60	a Acenorm AF 12.5 mg a Captohexal HX a Chem mart CH Captopril a Enzace 12.5 mg SI a GenRx Captopril FH a healthsense HS Captopril a SBPA Captopril SL 12.5 a Terry White TW Chemists Captopril a BL a DP B1.95 23.91 20.60 a Capoten BQ

continued

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
1148K	CAPTOPRIL—cont. Tablet 25 mg	90	5	..	29.80	20.60	a Acenorm 25 mg AF a Captohexal HX a Chem mart CH Captopril a Enzace 25 mg SI a GenRx Captopril FH a healthsense HS Captopril a SBPA Captopril SL 25 a Terry White TW Chemists Captopril a BL a DP a Capoten BQ
1149L	Tablet 50 mg	90	5	..	54.53	20.60	a Acenorm 50 mg AF a Captohexal HX a Chem mart CH Captopril a Enzace 50 mg SI a GenRx Captopril FH a healthsense HS Captopril a SBPA Captopril SL 50 a Terry White TW Chemists Captopril a BL a DP a Capoten BQ
				^B 1.96	56.49	20.60	a Capoten BQ
1370D	ENALAPRIL MALEATE Tablet 5 mg	30	5	^T 2.33 ^T 2.33 ^B 0.71	18.54 19.25	17.08 17.08	a Amprace 5 AD a Renitec M MK
1368B	Tablet 10 mg	30	5	^T 2.40 ^T 2.40 ^B 0.76	26.14 26.90	20.60 20.60	a Amprace 10 AD a Renitec MK
1369C	Tablet 20 mg	30	5	^T 2.45 ^T 2.45 ^B 0.79	31.47 32.26	20.60 20.60	a Amprace 20 AD a Renitec 20 MK
8342C	Wafer 5 mg	30	5	^T 3.04	19.25	17.08	Renitec Wafer MK
8343D	Wafer 10 mg	30	5	^T 3.16	26.90	20.60	Renitec Wafer MK
8344E	Wafer 20 mg	30	5	^T 3.24	32.26	20.60	Renitec Wafer MK

continued

CARDIOVASCULAR SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ENALAPRIL MALEATE—cont.								
Authority required								
<i>Adverse effects and/or drug interactions occurring, or expected to occur, with all of the base-priced drugs;</i>								
<i>Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.</i>								
8913D	Tablet 5 mg	30	5	.. B0.71	18.54 19.25	19.41 19.41	a Amprace 5 a Renitec M	AD MK
8914E	Tablet 10 mg	30	5	.. B0.76	26.14 26.90	20.60 20.60	a Amprace 10 a Renitec	AD MK
8915F	Tablet 20 mg	30	5	.. B0.79	31.47 32.26	20.60 20.60	a Amprace 20 a Renitec 20	AD MK
8927W	Wafer 5 mg	30	5	..	19.25	20.12	Renitec Wafer	MK
8928X	Wafer 10 mg	30	5	..	26.90	20.60	Renitec Wafer	MK
8929Y	Wafer 20 mg	30	5	..	32.26	20.60	Renitec Wafer	MK
FOSINOPRIL SODIUM								
1182F	Tablet 10 mg	30	5	..	21.67	20.60	Monopril	BQ
1183G	Tablet 20 mg	30	5	..	30.12	20.60	Monopril	BQ
LISINOPRIL								
2456G	Tablet 5 mg	30	5	.. B0.11	19.55 19.66	20.42 20.42	a Prinivil 5 a Zestril	AD ZN
2457H	Tablet 10 mg	30	5	.. B0.17	26.87 27.04	20.60 20.60	a Prinivil 10 a Zestril	AD ZN
2458J	Tablet 20 mg	30	5	.. B0.22	32.56 32.78	20.60 20.60	a Prinivil 20 a Zestril	AD ZN
PERINDOPRIL ERBUMINE								
3050M	Tablet 2 mg	30	5	..	21.19	20.60	Coversyl	SE
3051N	Tablet 4 mg	30	5	..	27.20	20.60	Coversyl	SE
QUINAPRIL HYDROCHLORIDE								
1968N	Tablet 5 mg (base)	30	5	..	18.90	19.77	Accupril Asig	PD SI
1969P	Tablet 10 mg (base)	30	5	..	24.82	20.60	Accupril Asig	PD SI
1970Q	Tablet 20 mg (base)	30	5	..	29.51	20.60	Accupril Asig	PD SI
RAMIPRIL								
1944H	Tablet 1.25 mg	30	5	.. B1.94	17.41 19.35	18.28 18.28	a Tritace 1.25 mg a Ramace 1.25 mg	AV ML
1945J	Tablet 2.5 mg	30	5	.. B1.98	22.83 24.81	20.60 20.60	a Tritace 2.5 mg a Ramace 2.5 mg	AV ML
1946K	Tablet 5 mg	30	5	.. B2.03	27.13 29.16	20.60 20.60	a Tritace 5 mg a Ramace 5 mg	AV ML

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	
2791X	TRANDOLAPRIL Capsule 500 micrograms	28	5	..	15.59	16.46	^a Gopten ^a Odrik	KN AV
2792Y	Capsule 1 mg	28	5	..	22.20	20.60	^a Gopten ^a Odrik	KN AV
2793B	Capsule 2 mg	28	5	..	24.20	20.60	^a Gopten ^a Odrik	KN AV

ACE inhibitors, combinations**CAUTION:**

Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

• **ACE inhibitors and diuretics****FOSINOPRIL SODIUM with
HYDROCHLOROTHIAZIDE****Restricted benefit**

Treatment of hypertension in patients who are not adequately controlled with either hydrochlorothiazide or fosinopril sodium monotherapy.

8400D	Tablet 10 mg-12.5 mg	30	5	..	22.66	20.60	Monoplus 10/12.5	BQ
8401E	Tablet 20 mg-12.5 mg	30	5	..	31.20	20.60	Monoplus 20/12.5	BQ

**PERINDOPRIL ERBUMINE with
INDAPAMIDE HEMIHYDRATE****Restricted benefit**

Treatment of hypertension in patients who are not adequately controlled with either indapamide hemihydrate or perindopril erbumine monotherapy.

8449Q	Tablet 4 mg-1.25 mg	30	5	..	32.21	20.60	Coversyl Plus 4/1.25	SE

Angiotensin II antagonists, plain• **Angiotensin II antagonists, plain****CANDESARTAN CILEXETIL****Restricted benefit**

Hypertension.

8295N	Tablet 4 mg	30	5	..	18.84	19.71	Atacand	AP
8296P	Tablet 8 mg	30	5	..	22.64	20.60	Atacand	AP
8297Q	Tablet 16 mg	30	5	..	27.39	20.60	Atacand	AP

EPROSARTAN MESYLATE**Restricted benefit**

Hypertension.

8396X	Tablet 300 mg (base)	56	5	..	30.20	20.60	Teveten	SM
8397Y	Tablet 400 mg (base)	56	5	..	*33.00	20.60	Teveten	SM
8447N	Tablet 600 mg (base)	28	5	..	30.20	20.60	Teveten	SM

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	
IRBESARTAN								
<u>Restricted benefit</u>								
<u>Hypertension.</u>								
8246B	Tablet 75 mg	30	5	..	22.33	20.60	Avapro Karvea	BQ SW
8247C	Tablet 150 mg	30	5	..	27.03	20.60	Avapro Karvea	BQ SW
8248D	Tablet 300 mg	30	5	..	32.96	20.60	Avapro Karvea	BQ SW
TELMISARTAN								
<u>Restricted benefit</u>								
<u>Hypertension.</u>								
8355R	Tablet 40 mg	28	5	..	23.10	20.60	Micardis Pritor	BY GW
8356T	Tablet 80 mg	28	5	..	28.05	20.60	Micardis Pritor	BY GW
Angiotensin II antagonists, combinations								
• Angiotensin II antagonists and diuretics								
IRBESARTAN with HYDROCHLOROTHIAZIDE								
<u>Restricted benefit</u>								
<i>Treatment of hypertension in patients who are not adequately controlled with either hydrochlorothiazide or irbesartan monotherapy.</i>								
8404H	Tablet 150 mg-12.5 mg	30	5	..	27.84	20.60	Avapro HCT 150/12.5 Karvezide 150/12.5	BQ SW
8405J	Tablet 300 mg-12.5 mg	30	5	..	33.77	20.60	Avapro HCT 300/12.5 Karvezide 300/12.5	BQ SW

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 

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

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
<i>Patients with existing coronary heart disease</i>	cholesterol > 4 mmol/L
<i>Other patients at high risk with one or more of the following:</i> 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
<i>Patients with HDL < 1 mmol/L</i>	cholesterol > 6.5 mmol/L
<i>Patients not eligible under the above:</i> men 35 to 75 years; postmenopausal women up to 75 years	cholesterol > 7.5 mmol/L or triglyceride > 4 mmol/L
<i>Other patients not included in the above</i>	cholesterol > 9 mmol/L or triglyceride > 8 mmol/L

Choice of Drug

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

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

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

Measurement of Plasma Lipids

The decision to commence drug therapy should be based on at least two measurements 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	..	42.87	20.60	Lipitor	PD
8214H	Tablet 20 mg (atorvastatin)	30	5	..	59.35	20.60	Lipitor	PD
8215J	Tablet 40 mg (atorvastatin)	30	5	..	83.17	20.60	Lipitor	PD

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	
CERIVASTATIN SODIUM								
NOTE: <i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
Restricted benefit <i>For use in accordance with the qualifying criteria.</i>								
8303B	Tablet 200 micrograms	30	5	..	36.21	20.60	Lipobay	BN
8304C	Tablet 300 micrograms	30	5	..	42.46	20.60	Lipobay	BN
8419D	Tablet 400 micrograms	30	5	..	50.60	20.60	Lipobay	BN
FLUVASTATIN SODIUM								
NOTE: <i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
Restricted benefit <i>For use in accordance with the qualifying criteria.</i>								
8023G	Capsule 20 mg (fluvastatin)	28	5	..	28.77	20.60	Lescol Vastin	NV AP
8024H	Capsule 40 mg (fluvastatin)	28	5	..	33.87	20.60	Lescol Vastin	NV AP
PRAVASTATIN SODIUM								
NOTE: <i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
Restricted benefit <i>For use in accordance with the qualifying criteria.</i>								
2831B	Tablet 5 mg	30	5	..	27.85	20.60	Pravachol	BQ
2833D	Tablet 10 mg	30	5	..	38.09	20.60	Pravachol	BQ
2834E	Tablet 20 mg	30	5	..	52.61	20.60	Pravachol	BQ
8197K	Tablet 40 mg	30	5	..	75.98	20.60	Pravachol	BQ
SIMVASTATIN								
NOTE: <i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i>								
Restricted benefit <i>For use in accordance with the qualifying criteria.</i>								
2013Y	Tablet 5 mg	30	5	..	30.80	20.60	Lipex 5 Zocor	AD MK
2011W	Tablet 10 mg	30	5	..	42.12	20.60	Lipex 10 Zocor	AD MK
2012X	Tablet 20 mg	30	5	..	58.18	20.60	Lipex 20 Zocor	AD MK
8173E	Tablet 40 mg	30	5	..	81.36	20.60	Lipex 40 Zocor	AD MK
8313M	Tablet 80 mg	30	5	..	114.53	20.60	Lipex 80 Zocor	AD MK

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Fibrates GEMFIBROZIL NOTE: <i>Prescribing must be in accordance with the restrictions — see General Statement for Lipid-Lowering Drugs above.</i> Restricted benefit <i>For use in accordance with the qualifying criteria.</i>								
1453L	Tablet 600 mg	60	5	..	44.53	20.60	^a Ausgem ^a Chem mart Gemfibrozil ^a DBL Gemfibrozil ^a Gemhexal ^a GenRx Gemfibrozil ^a healthsense Gemfibrozil ^a Jezil ^a Lipazil 600 mg ^a SBPA Gemfibrozil ^a Terry White Chemists Gemfibrozil ^a Lopid	SI CH BL HX FH HS AF DP SL TW PD
				^B 1.65	46.18	20.60		
• 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	..	*52.80	20.60	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	†1	5	..	49.93	20.60	Questran Lite	BQ
COLESTIPOL HYDROCHLORIDE NOTE: See General Statement for Lipid-Lowering Drugs above.								
1224K	Sachets 5 g, 120	†1	5	..	62.48	20.60	Colestid	UP
• Nicotinic acid and derivatives NICOTINIC ACID								
1687T	Tablet 250 mg	200	5	..	*18.70	19.57	RR	
• Other cholesterol and triglyceride reducers PROBUCOL Authority required <i>Hypercholesterolaemia in patients with a cholesterol level greater than 8.0 mmol per L in whom the response to intensive dietary therapy and to other lipid-lowering drugs is inadequate.</i>								
1942F	Tablet 250 mg	120	5	..	31.93	20.60	Lurselle	AV

DERMATOLOGICALS

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

ANTIFUNGALS FOR DERMATOLOGICAL USE

Antifungals for systemic use

• Antifungals for systemic use

GRISEOFULVIN

1460W	Tablet 125 mg	100	2	..	14.28	15.15	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	14.73	15.60	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	..	14.73	15.60	Grisovin 500	SI
				B1.97	16.70	15.60	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 applications for increased maximum quantities and/or repeats will be authorised.

2804N	Tablet 250 mg (base)	42	1	..	156.20	20.60	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	..	21.65	20.60	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	..	201.30	20.60	Neotigason	RO
2020H	Capsule 25 mg	100	2	..	386.40	20.60	Neotigason	RO

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	
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE								
Chemotherapeutics for topical use								
• Sulfonamides								
SILVER SULFADIAZINE with								
CHLORHEXIDINE GLUCONATE								
Restricted benefit								
<i>For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa;</i>								
<i>Stasis ulcers.</i>								
1996C	Cream 10 mg-2 mg per g (1%-0.2%), 50 g	#1	..	..	13.55	14.42	Silvazine	SN
1997D	Cream 10 mg-2 mg per g (1%-0.2%), 100 g	#1	..	..	16.87	17.74	Silvazine	SN
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS								
Corticosteroids, plain								
• Corticosteroids, weak (group I)								
HYDROCORTISONE								
Restricted benefit								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
1495Q	Cream 10 mg per g (1%), 50 g	#1	1	..	6.72	7.59	Egocort Cream 1%	EO
HYDROCORTISONE ACETATE								
Restricted benefit								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2887Y	Cream 10 mg per g (1%), 30 g	#1	1	..	6.24	7.11	Sigmacort	SI
2881P	Cream 10 mg per g (1%), 50 g	#1	1	..	6.70	7.57	Cortef Sigmacort	UP SI
2888B	Topical ointment 10 mg per g (1%), 30 g	#1	1	..	6.24	7.11	Sigmacort	SI
2882Q	Topical ointment 10 mg per g (1%), 50 g	#1	1	..	6.70	7.57	Sigmacort	SI
[For other listings for this drug see Generic/Proprietary Index]								
• Corticosteroids, moderately potent (group II)								
TRIAMCINOLONE ACETONIDE								
Restricted benefit								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2117K	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*12.52	13.39	Aristocort 0.02%	LE
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*12.52	13.39	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								
<u>Restricted benefit</u>								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
1115Q	Cream 500 micrograms (base) per g (0.05%), 15 g	#1	1	..	6.63 B3.44	7.50 7.50	^a Eleuphrat ^a Diprosone	EX SH
1119X	Ointment 500 micrograms (base) per g (0.05%), 15 g	#1	1	..	6.63 B3.44	7.50 7.50	^a Eleuphrat ^a Diprosone	EX SH
1118W	Lotion 500 micrograms (base) per g (0.05% w/w), 30 mL	#1	..	..	9.24 B2.00	10.11 10.11	^a Eleuphrat ^a Diprosone	EX SH
BETAMETHASONE VALERATE								
<u>Restricted benefit</u>								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
2812B	Cream 200 micrograms (base) per g (0.02%), 100 g	2	..	..	*12.52 B4.00	13.39 13.39	^a Antroquoril Betnovate 1/5 ^a Celestone-M	EX SI SH
2813C	Cream 500 micrograms (base) per g (0.05%), 15 g	#1	1	..	6.56	7.43	Betnovate 1/2 Celestone-V Half Strength	SI SH
2820K	Ointment 200 micrograms (base) per g (0.02%), 100 g	2	..	..	*12.52 B4.00	13.39 13.39	^a Antroquoril ^a Celestone-M	EX SH
2815E	Ointment 500 micrograms (base) per g (0.05%), 15 g	#1	1	..	6.56	7.43	Betnovate 1/2 Celestone-V Half Strength	SI SH
METHYLPREDNISOLONE ACEPONATE								
<u>Restricted benefit</u>								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
8054X	Cream 1 mg per g (0.1%), 15 g	#1	..	..	10.05	10.92	Advantan	CS
8055Y	Ointment 1 mg per g (0.1%), 15 g	#1	..	..	10.05	10.92	Advantan	CS
8128T	Fatty ointment 1 mg per g (0.1%), 15 g	#1	..	..	10.05	10.92	Advantan	CS
MOMETASONE FUROATE								
<u>Restricted benefit</u>								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
1913Q	Cream 1 mg per g (0.1%), 15 g	#1	..	..	10.05	10.92	^a Elocon ^a Novasone	SH EX
1915T	Ointment 1 mg per g (0.1%), 15 g	#1	..	..	10.05	10.92	^a Elocon ^a Novasone	SH EX
8043H	Lotion 1 mg per g (0.1% w/w), 30 mL	#1	..	..	14.08	14.95	^a Elocon ^a Novasone	SH EX

DERMATOLOGICALS —cont.

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

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:

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

2591J	Capsule 10 mg	60	3	..	100.20	20.60	^a Accure 10	AF
							^a Roaccutane	R0
2592K	Capsule 20 mg	60	3	..	153.74	20.60	^a Accure 20	AF
							^a Oratane	DP
				^B 2.50	156.24	20.60	^a Roaccutane	R0

GENITO URINARY SYSTEM AND SEX HORMONES

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OTHER GYNECOLOGICALS								
Other gynecologicals								
• Prolactine inhibitors								
BROMOCRIPTINE MESYLATE								
<u>Restricted benefit</u>								
<i>Prevention of the onset of lactation in the puerperium for medical reasons.</i>								
1444B	Tablet 2.5 mg (base)	30	..	..	19.24	20.11	^a Bromohexal ^a Bromolactin ^a Krypton 2.5 ^a SBPA Bromo- criptine 2.5	HX SI AF SL
					^B 1.48	20.72	^a Parlodel	NV
<u>Restricted benefit</u>								
<i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
1443Y	Tablet 2.5 mg (base)	60	5	..	34.08	20.60	^a Bromohexal ^a Bromolactin ^a Krypton 2.5 ^a SBPA Bromo- criptine 2.5	HX SI AF SL
					^B 1.48	35.56	^a Parlodel	NV
1446D	Capsule 5 mg (base)	60	5	..	62.76	20.60	^a Bromohexal ^a Bromolactin ^a Krypton 5 ^a SBPA Bromo- criptine 5	HX SI AF SL
					^B 1.49	64.25	^a Parlodel	NV
1445C	Capsule 10 mg (base)	100	5	..	210.45	20.60	^a Krypton 10	AF
					^B 0.74	211.19	^a Parlodel	NV
CABERGOLINE								
<u>Restricted benefit</u>								
<i>Prevention of the onset of lactation in the puerperium for medical reasons.</i>								
8115D	Tablet 500 micrograms	2	..	..	23.79	20.60	Dostinex	PS
<u>Authority required</u>								
<i>Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
8114C	Tablet 500 micrograms	8	5	..	72.64	20.60	Dostinex	PS

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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	..	*14.84	15.71	Microgynon 50	SC
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.84	15.71	Microgynon 50 ED Nordette 50	SC WY
1393H	Tablets 150 micrograms- 30 micrograms, 21	4	2	B7.88 B7.96	*22.72 *22.80	15.71 15.71	^a Microgynon 30 ^b Nordette 21	SC WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	.. B7.88 B7.96	*14.84 *22.72 *22.80	15.71 15.71 15.71	^a Levlen ED ^b Monofeme 28 ^a Microgynon 30 ED ^b Nordette 28	SY AY SC WY
3186Q	Tablets 250 micrograms- 50 micrograms, 21	4	2	..	*14.92	15.79	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*14.92	15.79	Nordiol 28	WY
NORETHISTERONE with ETHINYLOESTRADIOL								
2772X	Tablets 500 micrograms- 35 micrograms, 21	4	2	B7.96	*22.88	15.79	^a Brevinor	SR
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	.. B7.96	*14.92 *22.88	15.79 15.79	^a Norimin 28 Day ^a Brevinor	MO SR
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	B7.96	*22.88	15.79	^a Brevinor-1	SR
2775C	Pack containing 21 tablets 1 mg- 35 micrograms and 7 inert tablets	4	2	.. B7.96	*14.92 *22.88	15.79 15.79	^a Norimin-1 28 Day ^a Brevinor-1	MO SR
NORETHISTERONE with MESTRANOL								
3176E	Tablets 1 mg-50 micrograms, 21	4	2	..	*14.92	15.79	Norinyl-1	SR
3179H	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*14.92	15.79	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	..	*14.84	15.71	Biphasil 28 Sequilar ED	WY SC

GENITO URINARY SYSTEM AND SEX HORMONES—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
LEVONORGESTREL with ETHINYLOESTRADIOL—cont.								
1391F	Pack containing 6 tablets	4	2	ⓑ7.88	*22.72	15.71	^a Triquilar	SC
	50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms			ⓑ7.96	*22.80	15.71	^b Triphasil	WY
1392G	Pack containing 6 tablets	4	2	..	*14.84	15.71	^a Logynon ED	SY
	50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets			ⓑ7.88	*22.72	15.71	^b Trifeme 28	AY
				ⓑ7.96	*22.80	15.71	^b Triquilar ED	SC
							^b Triphasil 28	WY
NORETHISTERONE with ETHINYLOESTRADIOL								
2776D	Pack containing 12 tablets	4	2	..	*14.92	15.79	^a Improvil 28 Day	MO
	500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets			ⓑ7.96	*22.88	15.79	^a Synphasic	SR
• Progestogens								
LEVONORGESTREL								
2913H	Tablets 30 micrograms, 28	4	2	..	*14.84	15.71	Microlut 28 Microval 28	SC WY
MEDROXYPROGESTERONE ACETATE								
3118D	Injection 150 mg in 1 mL	1	1	..	12.68	13.55	^a Depo-Ralovera	KR
				ⓑ3.36	16.04	13.55	^a Depo-Provera	UP
[For other listings for this drug see Generic/Proprietary Index]								
NORETHISTERONE								
1967M	Tablets 350 micrograms, 28	4	2	..	*14.92	15.79	^a Locilan 28 Day Micronor	MO JC
				ⓑ4.00	*18.92	15.79	^a Noriday 28 Day	SR
Androgens								
• 3-oxoandrosten (4) derivatives								
TESTOSTERONE								
<u>Authority required</u>								
Androgen deficiency in males with established pituitary or testicular disorders; Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 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	..	..	*200.24	20.60	OR	
8099G	Subcutaneous implant 200 mg	3	..	..	*200.21	20.60	OR	
8460G	Transdermal patches 12.2 mg (releasing approximately 2.5 mg per 24 hours), 60	ⓑ1	5	..	96.80	20.60	Androderm	FA

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed	Maximum	Proprietary Name and Manufacturer	
					Price for Max.Qty \$	Recordable Value for Safety Net \$		
TESTOSTERONE ENANTHATE								
<u>Authority required</u>								
<i>Androgen deficiency in males with established pituitary or testicular disorders; Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 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.</i>								
2114G	Injection 250 mg in 1 mL	3	3	..	30.91	20.60	Primoteston Depot	SC

TESTOSTERONE ESTERS

Authority required

*Androgen deficiency in males with established pituitary or testicular disorders;
Androgen deficiency in males 40 years and older who do not have established pituitary or
testicular disorders other than aging, confirmed by at least 2 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	..	16.30	17.17	Sustanon 100	OR
2101N	Injection 250 mg	3	3	..	31.14	20.60	Sustanon 250	OR

TESTOSTERONE UNDECANOATE

Authority required

*Androgen deficiency in males with established pituitary or testicular disorders;
Androgen deficiency in males 40 years and older who do not have established pituitary or
testicular disorders other than aging, confirmed by at least 2 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	..	35.16	20.60	Andriol	OR

Estrogens

• *Natural and semisynthetic estrogens, plain*

OESTRADIOL								
8274L	Tablet 2 mg	56	2	..	11.86	12.73	Zumenon	SM
1742Q	Vaginal tablets 25 micrograms, 15	1	2	..	17.90	18.77	Vagifem	NO

OESTRADIOL

Restricted benefit

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

NOTE:

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

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OESTRADIOL—cont.								
8286D	Transdermal gel 1 mg in 1 g sachet, 28	#1	5	..	15.94	16.81	Sandrena	OR
8311K	Transdermal patches 750 micrograms (releasing approximately 25 micrograms per 24 hours), 8	#1	5	..	15.95	16.82	Estraderm MX 25	NV
8194G	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8	#1	5	..	15.84	16.71	Dermestril 25	FA
1743R	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8	#1	5	..	15.95	16.82	Estraderm 25	NV
8012Q	Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8	#1	5	..	15.95	16.82	Menorest 37.5	NV
8140K	Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	15.95	16.82	Estraderm MX 50	NV
8125P	Transdermal patches 3.8 mg (releasing approximately 50 micrograms per 24 hours), 4	#1	5	..	15.84	16.71	^a Climara 50 ^a Femtran 50	SC MM
8082J	Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	15.84	16.71	Dermestril 50	FA
1744T	Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	15.95	16.82	Estraderm 50	NV
8013R	Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	15.95	16.82	Menorest 50	NV
8014T	Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8	#1	5	..	18.15	19.02	Menorest 75	NV
8312L	Transdermal patches 3 mg (releasing approximately 100 micrograms per 24 hours), 8	#1	5	..	18.15	19.02	Estraderm MX 100	NV

continued ➤

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OESTRADIOL—cont.								
8126Q	Transdermal patches 7.6 mg (releasing approximately 100 micrograms per 24 hours), 4	#1	5	..	18.02	18.89	^a Climara 100 ^a Femtran 100	SC MM
8195H	Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8	#1	5	..	18.02	18.89	Dermestril 100	FA
1745W	Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8	#1	5	..	18.15	19.02	Estraderm 100	NV
8041F	Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8	#1	5	..	18.15	19.02	Menorest 100	NV
OESTRADIOL VALERATE								
1663M	Tablet 1 mg	56	2	..	9.83	10.70	Progynova	SC
1664N	Tablet 2 mg	56	2	..	11.78	12.65	Progynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	54.68	20.60	Primogyn Depot	SC
OESTRIOL								
1776L	Tablet 1 mg	60	2	..	*10.28	11.15	Ovestin	OR
1771F	Pessaries 500 micrograms, 15	#1	2	..	17.88	18.75	Ovestin Ovula	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	#1	1	..	14.73	15.60	Ovestin	OR
OESTROGENS—CONJUGATED								
1733F	Tablet 300 micrograms	56	2	..	9.89	10.76	Premarin	AY
1734G	Tablet 625 micrograms	56	2	..	11.86	12.73	Premarin	AY
PIPERAZINE OESTRONE SULFATE								
1777M	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	2	.. ^B 1.47	9.89 11.36	10.76 10.76	^a Genoral 0.625 ^a Ogen .625	KR UP
1778N	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	2	.. ^B 1.48	11.86 13.34	12.73 12.73	^a Genoral 1.25 ^a Ogen 1.25	KR UP
Progestogens								
• Pregnen (4) derivatives								
MEDROXYPROGESTERONE ACETATE								
2323G	Tablet 5 mg	56	2	.. ^B 1.77	13.27 15.04	14.14 14.14	^a Ralovera ^a Provera	KR UP
2321E	Tablet 10 mg	30	2	.. ^B 1.78	13.90 15.68	14.77 14.77	^a Ralovera ^a Provera	KR UP
2319C	Injection 50 mg in 1 mL	1	1	..	9.43	10.30	Depo-Provera	UP

continued

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MEDROXYPROGESTERONE ACETATE—cont.								
<u>Restricted benefit</u>								
<i>Endometriosis.</i>								
2722G	Tablet 10 mg	100	2	..	30.42	20.60	^a Ralovera	KR
				^B 1.65	32.07	20.60	^a Provera	UP
[For other listings for this drug see Generic/Proprietary Index]								
• Pregnadien derivatives								
DYDROGESTERONE								
1350C	Tablet 10 mg	28	2	..	13.27	14.14	Duphaston	SM
• Estren derivatives								
NORETHISTERONE								
2993M	Tablet 5 mg	30	2	..	24.73	20.60	Primolut N	SC
Progestogens and estrogens in combination								
• Progestogens and estrogens, combinations								
OESTRADIOL with								
NORETHISTERONE ACETATE								
8353P	Tablets 1 mg-500 micrograms, 28	‡1	5	..	15.77	16.64	Kliovance	NO
8081H	Tablets 2 mg-1 mg, 28	‡1	5	..	15.77	16.64	Kliogest	NO
OESTRADIOL with								
NORETHISTERONE ACETATE								
<u>Restricted benefit</u>								
<i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>								
8427M	Transdermal patches 620 micrograms-2.7 mg (releasing approximately 50 micrograms- 140 micrograms per 24 hours), 8	‡1	5	..	18.15	19.02	Estalis continuous 50/140	NV
8428N	Transdermal patches 510 micrograms-4.8 mg (releasing approximately 50 micrograms- 250 micrograms per 24 hours), 8	‡1	5	..	18.15	19.02	Estalis continuous 50/250	NV
OESTROGENS—CONJUGATED and								
MEDROXYPROGESTERONE ACETATE								
1813K	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg	‡1	5	..	15.77	16.64	Menoprem Continuous Provelle-28	AY UP

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE							
8168X	Tablets 625 micrograms-2.5 mg, 28	‡1	5	..	15.77	16.64	Premia 2.5 Continuous	AY
8169Y	Tablets 625 micrograms-5 mg, 28	‡1	5	..	15.77	16.64	Premia 5 Continuous	AY
• Progestogens and estrogens, sequential preparations OESTRADIOL and MEDROXYPROGESTERONE ACETATE <u>Restricted benefit</u> <i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>								
1825C	Pack containing 8 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 14 tablets medroxyprogesterone acetate 10 mg	‡1	5	..	20.16	20.60	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	..	15.77	16.64	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	..	15.77	16.64	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	..	15.77	16.64	Trisequens Forte	NO

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE—cont.								
Restricted benefit								
<i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>								
8425K	Pack containing 4 transdermal patches oestradiol 4.33 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 620 micrograms-2.7 mg (releasing approximately 50 micrograms-140 micrograms per 24 hours)	#1	5	..	18.15	19.02	Estalis sequi 50/140	NV
8426L	Pack containing 4 transdermal patches oestradiol 4.33 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 510 micrograms-4.8 mg (releasing approximately 50 micrograms-250 micrograms per 24 hours)	#1	5	..	18.15	19.02	Estalis sequi 50/250	NV
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	..	18.15	19.02	Estracombi	NV
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	..	15.66	16.53	Climen	SC
8429P	Pack containing 16 tablets oestradiol valerate 2 mg and 12 tablets oestradiol valerate 2 mg with cyproterone acetate 1 mg	#1	5	..	15.66	16.53	Climen 28	SC

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1816N	OESTRADIOL VALERATE and OESTRADIOL VALERATE with MEDROXYPROGESTERONE ACETATE Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with medroxyprogesterone acetate 10 mg	1	5	..	15.76	16.63	Divina	OR
1826D	OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE Pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg	1	5	..	15.77	16.64	Menoprem	AY
8210D	OESTROGENS—CONJUGATED and OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE Pack containing 14 tablets conjugated oestrogens 625 micrograms and 14 tablets conjugated oestrogens 625 micrograms with medroxyprogesterone acetate 5 mg	1	5	..	15.77	16.64	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 2 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 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG must be given.

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FOLLITROPIN ALFA—cont.								
8441G	Injection set containing 5 ampoules powder for injection 37.5 i.u. and 5 ampoules solvent 1 mL	1	5	..	131.23	20.60	Gonal-F 37.5	SG
8442H	Injection set containing 10 ampoules powder for injection 37.5 i.u. and 10 ampoules solvent 1 mL	1	5	..	253.00	20.60	Gonal-F 37.5	SG
8251G	Injection set containing 10 ampoules powder for injection 75 i.u. and 10 ampoules solvent 1 mL	1	5	..	484.02	20.60	Gonal-F 75	SG
8252H	Injection set containing 10 ampoules powder for injection 150 i.u. and 10 ampoules solvent 1 mL	1	5	..	963.62	20.60	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 2 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 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG must be given.

8436B	Solution for injection 50 i.u. in 0.5 mL	10	5	..	329.45	20.60	Puregon 50 IU/0.5 mL	OR
8437C	Solution for injection 100 i.u. in 0.5 mL	10	5	..	643.06	20.60	Puregon 100 IU/0.5 mL	OR
8438D	Solution for injection 150 i.u. in 0.5 mL	10	5	..	962.40	20.60	Puregon 150 IU/0.5 mL	OR

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
HUMAN CHORIONIC GONADOTROPHIN								
<u>Restricted benefit</u>								
<i>For the treatment of anovulatory infertility in females under 41 years of age with no more than 2 live children by their present union.</i>								
NOTE:								
<i>Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.</i>								
<i>Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.</i>								
<i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i>								
<i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>								
1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	28.57	20.60	Pregnyl	OR
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	38.13	20.60	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	41.06	20.60	Profasi 2000	SG
1477R	Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL	1	5	..	20.90	20.60	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 must not extend beyond 6 months.

1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	28.57	20.60	Pregnyl	OR

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
HUMAN CHORIONIC GONADOTROPHIN—cont.								
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	38.13	20.60	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	41.06	20.60	Profasi 2000	SG

Restricted benefit

Cryptorchism not due to organic obstruction in boys over 12 months of age.

1583H	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	2	1	..	*52.74	20.60	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 2 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.

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	..	292.61	20.60	Humegon	OR

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
UROFOLLITROPHIN <i>(Highly purified)</i> Restricted benefit <i>For the treatment of anovulatory infertility in females under 41 years of age with no more than 2 live children by their present union.</i> NOTE: <i>Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.</i> <i>Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.</i> <i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.</i> <i>Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.</i>							
Restricted benefit <i>For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG must be given.</i>							
1601G	Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL	1	5	..	292.95	20.60	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	..	567.14	20.60	Metrodin HP 150 SG
• Ovulation stimulants, synthetic CLOMIPHENE CITRATE NOTE: <i>Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.</i>							
Restricted benefit <i>Anovulatory infertility; Patients undergoing in-vitro fertilisation.</i>							
1211R	Tablet 50 mg	10	5	..	*40.64 B0.18 40.81 B2.64 *43.28	20.60 20.60 20.60	^a Clomhexal HX ^a Serophene SG ^a Clomid AV

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

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

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	..	69.74	20.60	^a Cyprone	AF
				^B 1.50	71.24	20.60	^a Procur	DP
							^a Androcur	SC

Authority required

Advanced carcinoma of the prostate;

To reduce drive in sexual deviations in males.

1270W	Tablet 50 mg	100	5	..	*289.70	20.60	^a Cyprone	AF
				^B 1.80	*291.50	20.60	^a Procur	DP
							^a Androcur	SC
8019C	Tablet 100 mg	50	5	..	235.99	20.60	Androcur-100	SC

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 6 months) of intractable primary menorrhagia (not more than 6 months' therapy will be authorised);

Short-term treatment (up to 6 months) of severe benign (fibrocystic) breast disease or mastalgia associated with severe symptomatic benign breast disease in patients refractory to other treatments (not more than 6 months' therapy will be authorised).

1285P	Capsule 100 mg	100	5	..	59.40	20.60	^a Azol 100	AF
							^a Danocrine	SW
1287R	Capsule 200 mg	100	5	..	89.34	20.60	^a Azol 200	AF
							^a Danocrine	SW

GESTRINONE

Authority required

Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy will be authorised).

8015W	Capsule 2.5 mg	8	5	..	78.32	20.60	Dimetriose	AV

• Selective estrogen receptor modulators

RALOXIFENE HYDROCHLORIDE

For listings see Generic/Proprietary Index

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form.	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
UROLOGICALS								
Urinary antiseptics and anti-infectives								
• Methenamine preparations								
HEXAMINE HIPPURATE								
3124K	Tablet 1 g	100	5	..	32.15	20.60	Hiprex	MM
• Nitrofurantoin derivatives								
NITROFURANTOIN								
CAUTION:								
Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.								
1692C	Capsule 50 mg	30	1	..	10.70	11.57	^a Ralodantin	KR
				^B 1.20	11.90	11.57	^a Macrochantin	PU
1693D	Capsule 100 mg	30	1	..	13.23	14.10	^a Ralodantin	KR
				^B 1.20	14.43	14.10	^a Macrochantin	PU
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	16.06	16.93	Furadantin	PU
Other urologicals, incl. antispasmodics								
• Acidifiers								
AMMONIUM CHLORIDE								
1044Y	Tablet 500 mg	100	5	..	13.22	14.09	FM	
• Urinary antispasmodics								
OXYBUTYNIN HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Detrusor overactivity where propantheline bromide has failed.</i>								
8039D	Tablet 5 mg	100	5	..	15.40	16.27	Ditropan	RR
PROPANTHELINE BROMIDE								
<u>Restricted benefit</u>								
<i>Detrusor overactivity.</i>								
1953T	Tablet 15 mg	200	5	..	*13.98	14.85	Pro-Banthine	SI
• Drugs used in erectile dysfunction								
ALPROSTADIL								
<u>Authority required</u>								
<i>Organic impotence of neurogenic or vasculogenic origin.</i>								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8087P	Intracavernosal injection 5 micrograms in 1 mL	5	5	..	55.30	20.60	Caverject	UP
8088Q	Intracavernosal injection 10 micrograms in 1 mL	5	5	..	64.37	20.60	Caverject	UP
8089R	Intracavernosal injection 20 micrograms in 1 mL	5	5	..	80.89	20.60	Caverject	UP

GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Other urologicals DEMECLOCYCLINE HYDROCHLORIDE <u>Restricted benefit</u> <i>Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.</i>								
2854F	Capsule 150 mg	100	3	..	42.92	20.60	Ledermycin	LE
PHENOXYBENZAMINE HYDROCHLORIDE <u>Restricted benefit</u> <i>Phaeochromocytoma; Neurogenic urinary retention.</i>								
1862B	Capsule 10 mg	100	5	..	44.00	20.60	Dibenyline	SK

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES								
Anterior pituitary lobe hormones and analogues								
• ACTH								
2832C	TETRACOSACTRIN Injection 1 mg in 1 mL	5	5	..	*71.45	20.60	Synacthen Depot 1 mg/1 mL	NV
Posterior pituitary lobe hormones								
• Vasopressin and analogues								
DESMOPRESSIN ACETATE								
<u>Authority required</u>								
<i>Diabetes insipidus.</i>								
2129C	Intranasal solution 100 micrograms per mL, 2.5 mL	5	5	..	*164.35	20.60	Minirin	RR
8032R	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	2	5	..	*137.54	20.60	Minirin Nasal Spray	RR
<u>Authority required</u>								
<i>Childhood nocturnal enuresis in patients over 6 years of age who are refractory to enuresis alarms.</i>								
8031Q	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	1	2	..	70.97	20.60	Minirin Nasal Spray	RR
Hypothalamic hormones								
• Gonadotropin-releasing hormones								
NAFARELIN ACETATE								
<u>Authority required</u>								
<i>Initial treatment (up to 6 months) of visually proven endometriosis;</i>								
<i>Subsequent treatment (up to 6 months) of visually proven endometriosis, where 2 years or more have elapsed since the end of the previous course and where a recent bone density assessment has been made. The date of the assessment must be provided.</i>								
2962X	Nasal spray (pump pack) 200 micrograms (base) per dose (60 doses)	1	5	..	96.47	20.60	Synarel	SR
CORTICOSTEROIDS FOR SYSTEMIC USE								
Corticosteroids for systemic use, plain								
• Mineralocorticoids								
1433K	FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	..	*15.22	16.09	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								
<u>Restricted benefit</u>								
<i>Alopecia areata;</i>								
<i>For local intra-articular or peri-articular infiltration;</i>								
<i>Granulomata, dermal;</i>								
<i>Keloid;</i>								
<i>Lichen planus hypertrophic;</i>								
<i>Lichen simplex chronicus;</i>								
<i>Lupus erythematosus, chronic discoid;</i>								
<i>Necrobiosis lipoidica;</i>								
<i>Uveitis.</i>								
2694T	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	..	..	23.55	20.60	Celestone Chronodose	SH
CORTISONE ACETATE								
1246N	Tablet 5 mg	50	4	..	11.89	12.76	Cortate	RR
1247P	Tablet 25 mg	60	4	..	12.73	13.60	Cortate	RR
DEXAMETHASONE								
1292B	Tablet 500 micrograms	30	4	..	6.63	7.50	Dexamethsone	RR
2507Y	Tablet 4 mg	30	4	..	10.09	10.96	Dexamethsone	RR
DEXAMETHASONE SODIUM PHOSPHATE								
2509C	Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	..	..	13.23	14.10	BL	
1291Y	Injection equivalent to 8 mg dexamethasone phosphate in 2 mL	5	1	..	20.02	20.60	BL	
2508B	Injection equivalent to 120 mg dexamethasone phosphate in 5 mL	1	..	..	34.32	20.60	BL	
HYDROCORTISONE								
1499X	Tablet 4 mg	50	4	..	9.31	10.18	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	13.06	13.93	Hysone 20	AF
HYDROCORTISONE SODIUM SUCCINATE								
1501B	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*10.90	11.77	Solu-Cortef	UP
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	10.27	11.14	Solu-Cortef	UP

continued

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
HYDROCORTISONE SODIUM SUCCINATE—cont.								
<u>Restricted benefit</u>								
<i>For use in a hospital.</i>								
1510L	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	..	..	*23.90	20.60	Solu-Cortef	UP
1511M	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*39.62	20.60	Solu-Cortef	UP
METHYLPREDNISOLONE ACETATE								
<u>Restricted benefit</u>								
<i>For local intra-articular or peri-articular infiltration.</i>								
1928L	Injection 40 mg in 1 mL	5	..	..	19.80	20.60	^a Depo-Nisalone	KR
				^B 0.74	20.54	20.60	^a Depo-Medrol	UP
2981X	METHYLPREDNISOLONE SODIUM SUCCINATE Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	28.45	20.60	Solu-Medrol	UP
PREDNISOLONE								
3152X	Tablet 1 mg	100	4	..	6.67	7.54	Panafcortelone	RR
1917X	Tablet 5 mg	60	4	..	6.67	7.54	Solone	FM
				^B 0.02	6.69	7.54	Panafcortelone	RR
1916W	Tablet 25 mg	30	4	..	8.29	9.16	Solone	FM
				^B 0.05	8.34	9.16	Panafcortelone	RR
PREDNISOLONE SODIUM PHOSPHATE								
8285C	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	‡1	5	..	12.43	13.30	^a PredMix ^a Redipred	RH RR
PREDNISONE								
1934T	Tablet 1 mg	100	4	..	6.67	7.54	Panafcort	RR
1935W	Tablet 5 mg	60	4	..	6.67	7.54	Sone	FM
				^B 0.02	6.69	7.54	Panafcort	RR
1936X	Tablet 25 mg	30	4	..	8.29	9.16	Sone	FM
				^B 0.05	8.34	9.16	Panafcort	RR
TRIAMCINOLONE ACETONIDE								
<u>Restricted benefit</u>								
<i>Alopecia areata;</i>								
<i>For local intra-articular or peri-articular infiltration;</i>								
<i>Granulomata, dermal;</i>								
<i>Keloid;</i>								
<i>Lichen planus hypertrophic;</i>								
<i>Lichen simplex chronicus;</i>								
<i>Lupus erythematosus, chronic discoid;</i>								
<i>Necrobiosis lipoidica;</i>								
<i>Psoriasis.</i>								
2990J	Injection 10 mg in 1 mL	5	..	..	23.55	20.60	Kenacort-A10	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	
Antiadrenal preparations								
• Anticorticosteroids								
1036M	AMINOGLUTETHIMIDE Tablet 250 mg	100	5	..	162.69	20.60	Cytadren 250	NV
THYROID THERAPY								
Thyroid preparations								
• Thyroid hormones								
LIOTHYRONINE SODIUM								
<u>Authority required</u>								
<i>Management of patients with thyroid cancer;</i>								
<i>Replacement therapy for hypothyroid patients who have documented intolerance or</i>								
<i>resistance to thyroxine sodium;</i>								
<i>Initiation of thyroid therapy in severely hypothyroid patients.</i>								
2318B	Tablet 20 micrograms	100	2	..	73.15	20.60	Tertroxin	BT
THYROXINE SODIUM								
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	7.66	8.53	Oroxine	SI
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	8.94	9.81	Oroxine	SI
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	11.22	12.09	Oroxine	SI
Antithyroid preparations								
• Thiouracils								
1955X	PROPYLTHIOURACIL Tablet 50 mg	200	2	..	*31.38	20.60	OF	
• Sulfur-containing imidazole derivatives								
1153Q	CARBIMAZOLE Tablet 5 mg	200	2	..	*23.96	20.60	Neo-Mercazole	RO
PANCREATIC HORMONES								
Glycogenolytic hormones								
• Glycogenolytic hormones								
1449G	GLUCAGON HYDROCHLORIDE Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	33.74	20.60	GlucaGen Hypokit	NO

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of Qty 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					
<u>NOTE:</u>					
<i>The maximum quantities for calcitonin shown represent the number of individual ampoules/vials/syringes and NOT multiples of the manufacturers' packs.</i>					
<u>Authority required</u>					
<i>Symptomatic Paget's disease of bone;</i>					
<i>Treatment initiated in a hospital (in-patient or out-patient) of hypercalcaemia.</i>					
2995P	Injection (salmon) 50 i.u. in 1 mL ampoule	30 5 ..	*207.86	20.60	Miacalcic 50 Kit
<u>NOTE:</u>					
<i>Manufacturer's pack is an injection set containing five 50 i.u. ampoules, five 1 mL syringes and five swabs.</i>					
2997R	Injection (salmon) 100 i.u. in 1 mL ampoule	15 5 ..	*155.21	20.60	Miacalcic 100 Kit
<u>NOTE:</u>					
<i>Manufacturer's pack is an injection set containing five 100 i.u. ampoules, five 1 mL syringes and five swabs.</i>					

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
ANTIBACTERIALS FOR SYSTEMIC USE							
Tetracyclines							
• Tetracyclines							
DEMECLOCYCLINE HYDROCHLORIDE							
For listings see Generic/Proprietary Index							
DOXYCYCLINE							
2709N	Tablet 100 mg	7	1	..	7.17	8.04	a Doxsig SI a Doxy-100 DP a Doxyhexal HX a Doxylin 100 AF a SBPA Doxycy- SL cline 100 mg
				B0.94	8.11	8.04	a Vibramycin PF
2708M	Capsule 100 mg	7	1	..	7.17	8.04	a Chem mart CH Doxycycline a DBL Doxycycline BL a GenRx FH Doxycycline a healthsense HS Doxycycline a Terry White TW Chemists Doxycycline B1.05 8.22 8.04 a Doryx FA
DOXYCYCLINE							
Restricted benefit							
Bronchiectasis in patients over the age of 8 years;							
Chronic bronchitis in patients over the age of 8 years;							
Severe acne.							
2711Q	Tablet 50 mg	25	5	..	9.35	10.22	a Doxy-50 DP a Doxyhexal HX a Doxylin 50 AF B0.96 10.31 10.22 a Vibra-Tabs PF
2707L	Capsule 50 mg	25	5	..	9.35	10.22	a Chem mart CH Doxycycline a DBL BL Doxycycline a GenRx FH Doxycycline a healthsense HS Doxycycline a Terry White TW Chemists Doxycycline B0.98 10.33 10.22 a Doryx FA

Restricted benefit*Pelvic inflammatory disease.*

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.								
2702F	Tablet 100 mg	28	..	..	*15.48	16.35	^a Doxsig	SI
							^a Doxy-100	DP
							^a Doxyhexal	HX
							^a Doxylin 100	AF
							^a SBPA Doxycy- cline 100 mg	SL
				^B 3.76	*19.24	16.35	^a Vibramycin	PF
2703G	Capsule 100 mg	28	..	..	*15.48	16.35	^a Chem mart Doxycycline	CH
							^a DBL Doxycycline	BL
							^a GenRx Doxycycline	FH
							^a healthsense Doxycycline	HS
							^a Terry White Chemists Doxycycline	TW
				^B 4.20	*19.68	16.35	^a Doryx	FA
Restricted benefit Urethritis.								
2714W	Tablet 100 mg	21	..	..	*12.71	13.58	^a Doxsig	SI
							^a Doxy-100	DP
							^a Doxyhexal	HX
							^a Doxylin 100	AF
							^a SBPA Doxycy- cline 100 mg	SL
				^B 2.82	*15.53	13.58	^a Vibramycin	PF
2715X	Capsule 100 mg	21	..	..	12.73	13.60	^a Chem mart Doxycycline	CH
							^a DBL Doxycycline	BL
							^a GenRx Doxycycline	FH
							^a healthsense Doxycycline	HS
							^a Terry White Chemists Doxycycline	TW
				^B 1.38	14.11	13.60	^a Doryx	FA
MINOCYCLINE								
CAUTION:								
There are concerns about the incidence of benign intracranial hypertension associated with this drug.								
3037W	Capsule 100 mg	11	..	..	8.76	9.63	^a Akamin 100	AF
					^B 0.27	9.03	^a Minomycin	LE

NOTE:

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

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	
MINOCYCLINE—cont.								
CAUTION: <i>There are concerns about the incidence of benign intracranial hypertension associated with this drug.</i>								
Restricted benefit <i>Severe acne not responding to other tetracyclines.</i>								
1616C	Tablet 50 mg	60	5	.. B0.43	16.60 17.03	17.47 ^a 17.47 ^a	Akamin 50 Minomycin-50	AF LE
TETRACYCLINE HYDROCHLORIDE								
2134H	Capsule 250 mg	24	1	..	6.83	7.70	Achromycin	LE
TETRACYCLINE HYDROCHLORIDE								
Restricted benefit <i>Bronchiectasis in patients over the age of 8 years; Chronic bronchitis in patients over the age of 8 years; Severe acne.</i>								
2135J	Capsule 250 mg	48	5	..	*9.26	10.13	Achromycin	LE
TETRACYCLINE HYDROCHLORIDE (BUFFERED)								
2145X	Capsule 250 mg	25	1	..	6.93	7.80	Tetrex	BC
TETRACYCLINE HYDROCHLORIDE (BUFFERED)								
Restricted benefit <i>Bronchiectasis in patients over the age of 8 years; Chronic bronchitis in patients over the age of 8 years; Severe acne.</i>								
2146Y	Capsule 250 mg	50	5	..	*9.46	10.33	Tetrex	BC
Amphenicols								
• Amphenicols								
CHLORAMPHENICOL								
Restricted benefit <i>Bacterial meningitis; Intracranial bacterial infections; Intraocular infections; Rickettsioses; Typhoid; Other serious infections where positive bacteriological evidence confirms that chloramphenicol is the only appropriate antibiotic.</i>								
CAUTION: <i>Chloramphenicol may cause aplastic anaemia.</i>								
1174T	Capsule 250 mg	16	..	..	18.59	19.46	Chloromycetin	PD

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	
Beta-lactam antibacterials, penicillins								
• <i>Penicillins with extended spectrum</i>								
AMOXYCILLIN								
1883D	Chewable tablet 250 mg	20	1	..	8.61	9.48	Amoxil	SK
1884E	Capsule 250 mg	20	1	..	7.70	8.57	^a Alphamox 250	AF
							^a Amohexal	HX
							^a Bgramin	DP
							^a Chem mart	CH
							Amoxycillin	
							^a Cilamox	SI
							^a DBL Amoxycillin	BL
							^a healthsense	HS
							Amoxycillin	
							^a Moxacin	CS
							^a SBPA Amoxy-	SL
							cillin 250 mg	
							^a Terry White	TW
							Chemists	
							Amoxycillin	
				^B 0.72	8.42	8.57	^a Amoxil	SK
1889K	Capsule 500 mg	20	1	..	10.98	11.85	^a Alphamox 500	AF
							^a Amohexal	HX
							^a Bgramin	DP
							^a Chem mart	CH
							Amoxycillin	
							^a Cilamox	SI
							^a DBL Amoxycillin	BL
							^a healthsense	HS
							Amoxycillin	
							^a Moxacin	CS
							^a SBPA Amoxy-	SL
							cillin 500 mg	
							^a Terry White	TW
							Chemists	
							Amoxycillin	
				^B 0.85	11.83	11.85	^a Amoxil	SK
1878W	Sachet containing oral powder 3 g	1	..	..	8.46	9.33	Amoxil	SK
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#11.28	12.52	Amoxil	SK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.43	10.67	^a Alphamox 125	AF
							^a Amohexal	HX
							^a Bgramin	DP
							^a Cilamox	SI
							^a Moxacin	CS
				^B 0.62	#10.05	10.67	^a Amoxil	SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#10.74	11.98	^a Alphamox 250	AF
							^a Amohexal	HX
							^a Bgramin	DP
							^a Cilamox	SI
							^a Moxacin 250	CS
				^B 0.63	#11.37	11.98	^a Amoxil Forte	SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMPICILLIN								
1048E	Capsule 250 mg	24	1	..	8.32	9.19	Alphacin 250	AF
2671N	Capsule 500 mg	24	..	..	11.75	12.62	Alphacin 500	AF
2390T	Injection 500 mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	.. B0.06	10.54 10.60	11.41 11.41	^a Austrapen ^a Ampicyn	CS RR
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	.. B0.09	14.47 14.56	15.34 15.34	^a Austrapen ^a Ampicyn	CS RR
• Beta-lactamase sensitive penicillins								
BENZATHINE PENICILLIN								
8167W	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	22.21	20.60	Bicillin L-A Tubex	WY
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	35.43	20.60	Bicillin L-A	WY
BENZYL PENICILLIN								
1775K	Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	10	1	..	*21.16	20.60	BenPen	CS
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*47.52	20.60	BenPen	CS
PHENOXYMETHYLPENICILLIN								
1786B	Tablet 125 mg	50	..	..	*10.90	11.77	Abbocillin-V Dulcet	AB
1787C	Tablet 250 mg	50	..	..	*11.24	12.11	Abbocillin-VK Filmtab	AB
3028J	Tablet 500 mg	50	..	..	*14.58	15.45	Abbocillin-VK Filmtab	AB
1789E	Capsule 250 mg	50	..	..	*11.18	12.05	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	SI DP CS HX
2965C	Capsule 500 mg	50	..	..	*14.48	15.35	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	SI DP CS HX

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	
PHENOXYMETHYLPENICILLIN—cont.								
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	.. B0.80 B0.86	*10.28 *11.08 *11.14	11.15 11.15 11.15	^a Cilicaine V ^a LPV 125 ^a Abbocillin-V	SI CS AB
2354X	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. B0.08 B0.96	*12.90 *12.98 *13.86	13.77 13.77 13.77	^a Cilicaine V ^a Abbocillin-V ^a LPV 250	SI AB CS
PHENOXYMETHYLPENICILLIN								
<u>Restricted benefit</u>								
<i>Prophylaxis of recurrent streptococcal infections (including rheumatic fever).</i>								
1702N	Tablet 125 mg	50	5	..	*10.90	11.77	Abbocillin-V Dulcet	AB
1703P	Tablet 250 mg	50	5	..	*11.24	12.11	Abbocillin-VK Filmtab	AB
1705R	Capsule 250 mg	50	5	..	*11.18	12.05	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	SI DP CS HX
PROCAINE PENICILLIN								
1793J	Injection 1 g	5	..	..	52.14	20.60	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	52.14	20.60	Cilicaine	SI
• Beta-lactamase resistant penicillins								
DICLOXACILLIN								
8123M	Injection 500 mg (solvent required) (codes 7056J, 7057K, 7058L, 7059M, 7060N, 7061P apply to above item with approved solvents)	5	..	..	16.48	17.35	Diclocil	BQ
8124N	Injection 1 g (solvent required) (codes 7062Q, 7063R, 7064T, 7065W, 7066X, 7067Y apply to above item with approved solvents)	5	1	..	23.34	20.60	Diclocil	BQ
DICLOXACILLIN								
<u>Restricted benefit</u>								
<i>Serious staphylococcal infections.</i>								
8121K	Capsule 250 mg	24	..	..	11.15	12.02	^a Diclocil ^a Dicloxsig ^a Distaph 250	BQ SI AF
8122L	Capsule 500 mg	24	..	..	18.56	19.43	^a Diclocil ^a Dicloxsig ^a Distaph 500	BQ SI AF

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FLUCLOXACILLIN								
CAUTION: Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.								
1524F	Injection 500 mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	..	16.36	17.23	Flopen	CS
1525G	Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	1	..	23.16	20.60	^a Flopen ^a BL	CS
FLUCLOXACILLIN								
CAUTION: Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.								
Restricted benefit <i>Serious staphylococcal infections.</i>								
1526H	Capsule 250 mg	24	..	..	11.15	12.02	^a Flopen ^a Staphylex 250	CS AF
				^b 0.46	11.61	12.02	^a Floxapen	SK
1527J	Capsule 500 mg	24	..	..	18.56	19.43	^a Flopen ^a Staphylex 500	CS AF
				^b 0.58	19.14	19.43	^a Floxapen	SK
1528K	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.45 ^b 0.06 #12.51	13.69 13.69	^a Flopen ^a Floxapen	CS SK
1529L	Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.18 ^b 0.10 #16.28	17.42 17.42	^a Flopen ^a Floxapen	CS SK
• Combinations of penicillins, incl. beta-lactamase inhibitors AMOXYCILLIN with CLAVULANIC ACID								
CAUTION: Hepatotoxicity has been reported with this drug.								
Restricted benefit <i>Infections where resistance to amoxycillin is suspected or proven.</i>								
1890L	Tablet 250 mg-125 mg	15	1	..	13.04	13.91	^a Ausclav ^a Clamoxyl	SI ME
				^b 0.99	14.03	13.91	^a Augmentin	SK
1891M	Tablet 500 mg-125 mg	10	1	..	13.04	13.91	Augmentin Duo	SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMOXYCILLIN with CLAVULANIC ACID—cont.								
8254K	Tablet 875 mg-125 mg	10	1	..	16.71	17.58	^a Ausclav Duo Forte	SI
							^a Clamoxyl Duo forte	ME
				^B 1.02	17.73	17.58	^a Augmentin Duo forte	SK
1892N	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	‡1	1	..	#11.79	13.03	^a Ausclav	SI
				^B 0.96	#12.75	13.03	^a Clamoxyl	ME
							^a Augmentin	SK
8319W	Powder for syrup 400 mg-57 mg per 5 mL, 50 mL	‡1	1	..	#14.07	15.31	^a Ausclav Duo 400	SI
							^a Clamoxyl Duo 400	ME
				^B 0.98	#15.05	15.31	^a Augmentin Duo 400	SK

TICARCILLIN with CLAVULANIC ACID**Restricted benefit**

*Infections where positive bacteriological evidence confirms that this antibiotic 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	..	..	151.80	20.60	Timentin	SK

Other beta-lactam antibacterials• **Cephalosporins and related substances**

CEFACTOR

CAUTION:

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

1169M	Tablet 375 mg (sustained release)	10	1	..	14.45	15.32	^a Keflor CD	AL
				^B 0.75	15.20	15.32	^a Ceclor CD	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#13.55	14.79	^a Chem mart Cefaclor	CH
							^a DBL Cefaclor	BL
							^a healthsense Cefaclor	HS
							^a Keflor	AL
							^a Terry White Chemists Cefaclor	TW
				^B 0.82	#14.37	14.79	^a Ceclor	LY

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CEFACTOR—cont.								
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	\$1	1	..	#14.07	15.31	^a Chem mart Cefactor	CH
							^a DBL Cefactor	BL
							^a GenRx Cefactor	FH
							^a healthsense Cefactor	HS
							^a Keflor	AL
							^a Terry White Chemists Cefactor	TW
				B0.82	#14.89	15.31	^a Ceclor	LY
CEFEPIME								
<u>Authority required</u>								
<i>Treatment of febrile neutropenia.</i>								
8314N	Injection 500 mg (solvent required) (codes 7068B, 7069C, 7070D, 7071E, 7072F, 7073G apply to above item with approved solvents)	10	..	..	*108.90	20.60	Maxipime	BQ
8315P	Injection 1 g (solvent required) (codes 7074H, 7075J, 7076K, 7077L, 7078M, 7079N apply to above item with approved solvents)	10	..	..	*187.80	20.60	Maxipime	BQ
8316Q	Injection 2 g (solvent required) (codes 7080P, 7081Q, 7082R, 7083T, 7084W, 7085X apply to above item with approved solvents)	10	..	..	*339.80	20.60	Maxipime	BQ
CEFOTAXIME								
<u>Restricted benefit</u>								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1085D	Injection 1 g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	10	..	..	*113.50	20.60	Claforan	AV
1086E	Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	10	..	..	*211.30	20.60	Claforan	AV

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CEFOTETAN								
<u>Restricted benefit</u>								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1772G	Injection 1 g (solvent required) (codes 6639K, 6640L, 6641M, 6642N, 6643P, 6644Q apply to above item with approved solvents)	10	..	..	166.12	20.60	Apatef	LE
1773H	Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)	10	..	..	277.08	20.60	Apatef	LE
CEFTRIAXONE								
<u>Restricted benefit</u>								
<i>Gonorrhoea.</i>								
1782T	Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	1	..	..	18.70	19.57	Rocephin	RO
<u>Restricted benefit</u>								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1790F	Injection 250 mg (solvent required) (codes 6885J, 6886K, 6887L, 6888M, 6889N, 6890P apply to above item with approved solvents)	5	..	..	*75.90	20.60	Rocephin	RO
1783W	Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	5	..	..	*107.80	20.60	Rocephin	RO
1784X	Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	5	..	..	*166.65	20.60	Rocephin	RO

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.								
1785Y	Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	5	..	..	*295.40	20.60	Rocephin	RO
8292K	CEFUROXIME AXETIL Tablet 250 mg (base)	14	1	..	14.44	15.31	Zinnat	GW
3058Y	CEPHALEXIN Capsule 250 mg	20	1	..	8.16	9.03	^a Chem mart Cephalexin ^a Cilex ^a DBL Cephalexin ^a healthsense Cephalexin ^a Ibilex 250 ^a Terry White Chemists Cephalexin	CH DP BL HS AF TW
3119E	Capsule 500 mg	20	1	..	11.15	12.02	^a Keflex ^a Chem mart Cephalexin ^a Cilex ^a DBL Cephalexin ^a healthsense Cephalexin ^a Ibilex 500 ^a Terry White Chemists Cephalexin	LY CH DP BL HS AF TW
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	†1	1	..	#10.97 B1.15 #12.12	12.21 12.21	^a Ibilex 125 ^a Keflex	AF LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	†1	1	..	#13.15 B1.17 #14.32	14.39 14.39	^a Ibilex 250 ^a Keflex	AF LY
2964B	CEPHALOTHIN Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	10	1	..	43.22 B0.30 *43.50	20.60 20.60	^a BL ^a Keflin Neutral	LY

CEPHAZOLIN**Restricted benefit**

*Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;
Septicaemia, suspected or proven.*

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	
CEPHAZOLIN—cont.								
1256D	Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..	..	25.09	20.60	BL	
1257E	Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5	..	.. B0.30	37.07 *37.35	20.60 20.60	a BL a Kefzol	LY
Sulfonamides and trimethoprim								
• Trimethoprim and derivatives								
TRIMETHOPRIM								
2922T	Tablet 300 mg	7	1	.. B1.15	7.17 8.32	8.04 8.04	a Alprim a Triprim	AF 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	.. B1.23	7.43 8.66	8.30 8.30	a Resprim a Septrin	AF SI
2951H	Tablet 160 mg-800 mg	10	1	..	8.43	9.30	a Bactrim DS a Cosig Forte a Resprim Forte a SBPA Trimethoprim and Sulfamethoxazole DS	RO FM AF SL
3103H	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	1	1	.. B1.20	7.94 9.14	8.81 8.81	a Septrin Forte Bactrim a Resprim a Septrin	SI RO AF SI
Macrolides and lincosamides								
• Macrolides								
AZITHROMYCIN								
Restricted benefit Uncomplicated urethritis and cervicitis due to <i>Chlamydia trachomatis</i> .								
8200N	Tablet 500 mg	2	..	..	21.67	20.60	Zithromax	PF
Restricted benefit Trachoma.								
8336R	Tablet 500 mg	2	2	..	21.67	20.60	Zithromax	PF
8201P	Powder for oral suspension 200 mg per 5 mL, 15 mL	1	..	..	#18.40	19.64	Zithromax	PF

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
8318T	CLARITHROMYCIN Tablet 250 mg	14	1	..	19.33	20.20	Klacid	AB
1400Q	ERYTHROMYCIN Capsule 175 mg	25	1	..	7.62	8.49	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.94	9.81	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	32.58	20.60	Erythrocin-I.M.	AB
2750R	ERYTHROMYCIN ETHYL SUCCINATE Tablet 400 mg (base)	25	1	.. B3.21	8.65 11.86	9.52 9.52	^a E-Mycin ^a E.E.S. 400 Filmtab	AF AB
2424N	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	1	.. B3.26	#10.31 #13.57	11.55 11.55	^a E-Mycin 200 ^a E.E.S. 200	AF AB
2428T	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	1	.. B3.32	#12.21 #15.53	13.45 13.45	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
1398N	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..	.. B0.40	42.52 *42.90	20.60 20.60	^a BL ^a Erythrocin	AB
1401R	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	1	..	7.66	8.53	Erythrocin Filmtab	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.58	9.45	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	1	..	10.98	11.85	Erythrocin	AB
8129W	ROXITHROMYCIN Tablet for oral suspension 50 mg	10	1	..	10.65	11.52	Biaxsig D Rulide D	SI AV
1760P	Tablet 150 mg	10	1	..	12.43	13.30	Biaxsig Rulide	SI AV
8016X	Tablet 300 mg	5	1	..	12.43	13.30	Biaxsig Rulide	SI AV
• Lincosamides								
CLINDAMYCIN								
Restricted benefit								
<i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>								
3138E	Capsule 150 mg	25	..	.. B1.46	14.96 16.42	15.83 15.83	^a Cleocin ^a Dalacin C	KR UP
2530E	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	16.63	17.50	Lincocin	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	
Aminoglycoside antibacterials								
• Other aminoglycosides								
GENTAMICIN SULFATE								
1068F	Injection 40 mg (base) in 1 mL	10	1	..	*27.14	20.60	BL	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.60	20.60	BL	
2824P	Injection 80 mg (base) in 2 mL	10	1	..	*18.56	19.43	^a BL	
				..	18.57	19.44	^a PU	
TOBRAMYCIN SULFATE								
<u>Restricted benefit</u>								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1356J	Injection 80 mg (base)	10	1	..	*64.90	20.60	Nebcin BL PU	LY
Quinolone antibacterials								
• Fluoroquinolones								
CIPROFLOXACIN								
<u>Restricted benefit</u>								
<i>Gonorrhoea.</i>								
<u>NOTE:</u>								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
1311B	Tablet 250 mg	2	..	..	11.88	12.75	Ciproxin 250	BN
<u>Authority required</u>								
<i>Respiratory tract infections and bacterial gastroenteritis in severely immunocompromised patients;</i>								
<i>Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;</i>								
<i>Treatment of joint and bone infections, epididymo-orchitis, 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.</i>								
1208N	Tablet 250 mg	14	..	..	36.30	20.60	Ciproxin 250	BN
1209P	Tablet 500 mg	14	..	..	64.90	20.60	Ciproxin 500	BN
1210Q	Tablet 750 mg	14	..	..	94.60	20.60	Ciproxin 750	BN
ENOXACIN								
<u>Authority required</u>								
<i>Complicated urinary tract infection.</i>								
2859L	Tablet 400 mg	14	1	..	20.86	20.60	Enoxin	FA
NORFLOXACIN								
<u>Authority required</u>								
<i>Acute bacterial enterocolitis;</i>								
<i>Complicated urinary tract infection.</i>								
3010K	Tablet 400 mg	14	1	..	21.02	20.60	^a Insensye	FR
				^b 2.00	23.02	20.60	^a Noroxin	MK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Other antibacterials								
• Glycopeptide antibacterials								
VANCOMYCIN								
<u>Restricted benefit</u>								
<i>Prophylaxis of endocarditis in patients hypersensitive to penicillin.</i>								
3130R	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6765C, 6766D, 6767E, 6768F, 6769G, 6770H apply to above item with approved solvents)	2	..	..	*51.56 B0.36 *51.92	20.60 20.60	a BL a Vancocin	LY
<u>Restricted benefit</u>								
<i>Endophthalmitis; Use initiated in a hospital for infections where vancomycin is an appropriate antibiotic.</i>								
3131T	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)	5	..	..	*122.30 B0.90 *123.20	20.60 20.60	a BL a Vancocin	LY
• Steroid antibacterials								
FUSIDIC ACID								
<u>Restricted benefit</u>								
<i>For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.</i>								
2312Q	Tablet (sodium salt) 250 mg	36	1	..	67.56	20.60	Fucidin	CS
2311P	Oral suspension 50 mg per mL, 90 mL	#1	..	..	53.36	20.60	Fucidin	CS
• Imidazole derivatives								
METRONIDAZOLE								
1636D	Tablet 200 mg	21	1	..	6.47 B0.02 6.49 B1.93 8.40	7.34 7.34 7.34	a Metrogyl 200 a Metronide 200 a Flagyl	AF MB RR
1626N	Tablet 400 mg	5	2	..	6.36	7.23	Metrogyl 400	AF
1642K	Suppositories 500 mg, 10	#1	..	..	19.91	20.60	Flagyl	RR
<u>Restricted benefit</u>								
<i>Treatment of anaerobic infections.</i>								
1621H	Tablet 400 mg	21	1	..	9.25 B0.05 9.30 B1.97 11.22	10.12 10.12 10.12	a Metrogyl 400 a Metronide 400 a Flagyl	AF MB RR

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	
METRONIDAZOLE—cont.								
<u>Restricted benefit</u>								
<i>Prophylaxis in large bowel surgery;</i>								
<i>Treatment, in a hospital, of acute anaerobic sepsis.</i>								
1638F	I.V. infusion 500 mg in 100 mL	5	1	..	*28.55	20.60	BX	
1630T	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.04	14.91	Flagyl S	RR
1465D	TINIDAZOLE Tablet 500 mg	4	..	.. B2.00	7.22 9.22	8.09 8.09	^a Simplotan ^a Fasigyn	GP PF
• Other antibacterials								
3090P	SPECTINOMYCIN Injection 2 g with 3.2 mL diluent	1	..	..	19.33	20.20	Trobicin	UP
ANTIMYCOTICS FOR SYSTEMIC USE								
Antimycotics for systemic use								
• Antibiotics								
1047D	AMPHOTERICIN Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	22.58	20.60	Fungizone	BQ
• Imidazole derivatives								
KETOCONAZOLE								
<u>Authority required</u>								
➤ <i>Symptomatic genital candidiasis recurring after treatment of at least 2 episodes with topical therapy.</i>								
CAUTION:								
<i>Hepatotoxicity has been reported with ketoconazole.</i>								
1573T	Tablet 200 mg	10	..	..	16.03	16.90	Nizoral	JC
<u>Authority required</u>								
<i>Oral candidiasis in severely immunocompromised persons where topical therapy has failed;</i>								
<i>Systemic or deep mycoses where other forms of therapy have failed.</i>								
CAUTION:								
<i>Hepatotoxicity has been reported with ketoconazole.</i>								
1572R	Tablet 200 mg	30	5	..	35.67	20.60	Nizoral	JC

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
• Triazole derivatives								
FLUCONAZOLE								
<u>Authority required</u>								
<i>Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin;</i>								
<i>Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;</i>								
<i>Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients;</i>								
<i>Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;</i>								
<i>Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.</i>								
1471K	Capsule 50 mg	28	5	..	177.16	20.60	Diflucan	PF
1472L	Capsule 100 mg	28	5	..	328.36	20.60	Diflucan	PF
1475P	Capsule 200 mg	28	5	..	624.24	20.60	Diflucan	PF
1473M	Solution for I.V. infusion 100 mg in 50 mL	7	..	..	*196.20	20.60	Diflucan	PF
1474N	Solution for I.V. infusion 200 mg in 100 mL	7	..	..	*350.55	20.60	Diflucan	PF
ITRACONAZOLE								
<u>Authority required</u>								
<i>Systemic aspergillosis;</i>								
<i>Systemic sporotrichosis;</i>								
<i>Systemic histoplasmosis;</i>								
<i>Treatment and maintenance therapy in AIDS patients with disseminated or chronic pulmonary histoplasmosis infection;</i>								
<i>Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients.</i>								
8196J	Capsule 100 mg	60	5	..	195.02	20.60	Sporanox	JC
ANTIMYCOBACTERIALS								
Drugs for treatment of tuberculosis								
• Hydrazides								
ISONIAZID								
1554T	Tablet 100 mg	100	2	..	8.24	9.11	FM	
Drugs for treatment of lepra								
• Drugs for treatment of lepra								
RIFAMPICIN								
<u>Restricted benefit</u>								
<i>Prophylactic treatment of contacts of patients with Haemophilus influenzae type B;</i>								
<i>Prophylaxis of meningococcal disease in close contacts and carriers.</i>								
1981G	Capsule 150 mg	10	..	..	8.51	9.38	Rimycin 150	AF
1984K	Capsule 300 mg	10	..	..	11.59	12.46	Rimycin 300	AF
8025J	Syrup 100 mg per 5 mL, 60 mL	‡1	..	..	23.23	20.60	Rifadin	AV
<u>Authority required</u>								
<i>Leprosy in adults.</i>								
1982H	Capsule 150 mg	100	..	..	35.26	20.60	Rimycin 150	AF
1983J	Capsule 300 mg	100	..	..	66.11	20.60	Rimycin 300	AF

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
		Qty	Rpts	Premium			
ANTIVIRALS FOR SYSTEMIC USE							
Direct acting antivirals							
• Nucleosides and nucleotides excl. reverse transcriptase inhibitors							
ACICLOVIR							
<u>Authority required</u>							
Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.							
1003T	Tablet 200 mg	50	..	..	*106.86	20.60	^a Acihexal HX ^a Acyclo-V 200 AF ^a GenRx Aciclovir FH ^a Lovir DP ^a Zovirax 200 mg GW
					^B 5.78	*112.64	20.60
<u>Authority required</u>							
Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.							
1007B	Tablet 200 mg	90	5	..	191.86	20.60	^a Acihexal HX ^a Acyclo-V 200 AF ^a GenRx Aciclovir FH ^a Lovir DP ^a Zovirax 200 mg GW
					^B 4.28	196.14	20.60
<u>Authority required</u>							
Herpes zoster ophthalmicus; Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.							
<u>NOTE:</u>							
Aciclovir is effective only if commenced within 72 hours of onset of rash.							
No repeats will be issued.							
1052J	Tablet 800 mg	35	..	..	228.86	20.60	^a Acihexal HX ^a Acyclo-V 800 AF ^a GenRx Aciclovir FH ^a Lovir DP ^a Zovirax 800 mg GW
					^B 2.09	230.95	20.60
<u>Authority required</u>							
Patients with advanced HIV disease (CD4 cell counts of less than 150 million per litre).							
8234J	Tablet 800 mg	120	5	..	716.73	20.60	^a Acihexal HX ^a Acyclo-V 800 AF ^a Zovirax 800 mg GW
					^B 7.19	723.92	20.60

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	
FAMCICLOVIR								
<u>Authority required</u>								
<i>Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>								
8092X	Tablet 125 mg	40	1	..	160.24	20.60	Famvir	SK
<u>Authority required</u>								
<i>Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>								
<u>NOTE:</u>								
<i>Famciclovir is effective only if commenced within 72 hours of onset of rash.</i>								
<i>No repeats will be issued.</i>								
8002E	Tablet 250 mg	21	..	..	168.03	20.60	Famvir	SK
<u>Authority required</u>								
<i>Suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>								
8217L	Tablet 250 mg	56	5	..	419.07	20.60	Famvir	SK
VALACICLOVIR HYDROCHLORIDE								
<u>Authority required</u>								
<i>Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.</i>								
8133C	Tablet 500 mg (base)	20	..	..	*122.62	20.60	Valtrex	GW
<u>Authority required</u>								
<i>Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>								
8134D	Tablet 500 mg (base)	30	5	..	181.73	20.60	Valtrex	GW
<u>Authority required</u>								
<i>Herpes zoster ophthalmicus;</i>								
<i>Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>								
<u>NOTE:</u>								
<i>Valaciclovir is effective only if commenced within 72 hours of onset of rash.</i>								
<i>No repeats will be issued.</i>								
8064K	Tablet 500 mg (base)	42	..	..	248.09	20.60	Valtrex	GW

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
IMMUNE SERA AND IMMUNOGLOBULINS							
Immune sera							
• Immune sera							
1344R	DIPHTHERIA ANTITOXIN Injection 10,000 units	2	1	..	*172.10	20.60	CS
1980F	RED-BACK SPIDER ANTIVENOM Injection 500 units	2	..	..	*193.88	20.60	CS
VACCINES							
Bacterial vaccines							
• Pneumococcal vaccines							
PNEUMOCOCCAL VACCINE, POLYVALENT							
Restricted benefit							
<i>Splenectomised persons over 2 years of age;</i>							
<i>Persons with Hodgkin's disease;</i>							
<i>Persons at high risk of pneumococcal infections.</i>							
1903E	Injection 0.5 mL (23 valent)	1	..	..	36.85	20.60	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	..	..	*18.29	19.16	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	..	..	*18.56	19.43	CS
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.64	17.51	CS
Viral vaccines							
• Influenza vaccines							
INFLUENZA VACCINE							
Restricted benefit							
<i>Persons at special risk of adverse consequences from infections of the lower respiratory tract.</i>							
2852D	Injection (trivalent) 0.5 mL (containing A/New Caledonia/20/99, A/Sydney/5/97 and B/Beijing/184/93 like strains)	1	..	..	17.47	18.34	Fluvax CS Fluvirin EB Vaxigrip CD Fluarix SK
				B0.13	17.60	18.34	

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTINEOPLASTIC AGENTS								
Alkylating agents								
• Nitrogen mustard analogues								
CHLORAMBUCIL								
1163F	Tablet 2 mg	100	2	..	*82.08	20.60	Leukeran	GW
CYCLOPHOSPHAMIDE								
1266P	Tablet 50 mg	50	2	..	29.00	20.60	Cycloblastin	PS
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	10	..	..	76.09	20.60	Cycloblastin	PS
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	10	..	..	81.57	20.60	Cycloblastin	PS
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*27.72	20.60	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	..	..	24.97	20.60	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	..	..	41.03	20.60	Endoxan-Asta	AA
IFOSFAMIDE								
Restricted benefit								
<i>Relapsed or refractory germ cell tumours following first-line chemotherapy;</i>								
<i>Relapsed or refractory sarcomas following first-line chemotherapy.</i>								
8076C	Powder for I.V. injection 1 g	5	5	..	*269.90	20.60	Holoxan	AA
8077D	Powder for I.V. injection 2 g	5	5	..	*495.80	20.60	Holoxan	AA
MELPHALAN								
2547C	Tablet 2 mg	25	1	..	27.10	20.60	Alkeran	GW
• Alkyl sulphonates								
BUSULFAN								
1128J	Tablet 2 mg	100	..	..	45.65	20.60	Myleran	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	
• 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	..	*41.82	20.60	LE	
• Other alkylating agents								
TEMOZOLOMIDE								
<u>Authority required</u>								
<i>Treatment of recurrence of anaplastic astrocytoma or glioblastoma multiforme following standard therapy, including chemotherapy with cytotoxic drugs.</i>								
8378Y	Capsule 5 mg	5	1	..	59.48	20.60	Temodal	SH
8379B	Capsule 20 mg	5	1	..	218.84	20.60	Temodal	SH
8380C	Capsule 100 mg	5	1	..	990.32	20.60	Temodal	SH
8381D	Capsule 250 mg	5	1	..	2365.20	20.60	Temodal	SH
Antimetabolites								
• Folic acid analogues								
METHOTREXATE								
1622J	Tablet 2.5 mg	30	2	..	11.58	12.45	^a Methoblastin	PS
					^B 0.08	11.66	^a BL	LE
1623K	Tablet 10 mg	50	2	..	46.75	20.60	^a Ledertrexate	PS
2396D	Injection 5 mg in 2 mL	5	..	..	40.89	20.60	Methoblastin	PS
x 2395C	Injection 50 mg in 2 mL	5	..	..	40.06	20.60	BL	PS
							PU	
RALTITREXED								
<u>Authority required</u>								
<i>For use as a single agent in the treatment of advanced colorectal cancer.</i>								
8284B	Powder for I.V. infusion 2 mg	3	2	..	*882.65	20.60	Tomudex	ZN
• Purine analogues								
CLADRIBINE								
<u>Authority required</u>								
<i>Hairy cell leukaemia.</i>								
1811H	Solution for I.V. infusion 10 mg in 10 mL	7	..	..	4679.13	20.60	Leustatin	JC
MERCAPTOPURINE								
1598D	Tablet 50 mg	100	2	..	*102.88	20.60	Purinethol	GW
THIOGUANINE								
1233X	Tablet 40 mg	25	1	..	103.73	20.60	Lanvis	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	
• Pyrimidine analogues CAPECITABINE <u>Authority required</u> ➤ Advanced breast cancer after failure of standard therapy which includes a taxane and an anthracycline, or where those agents are clinically contraindicated.								
8361C	Tablet 150 mg	60	2	..	126.48	20.60	Xeloda	RO
8362D	Tablet 500 mg	120	2	..	719.90	20.60	Xeloda	RO
CYTARABINE								
8033T	Injection 100 mg in 1 mL	10	1	..	*58.94	20.60	BL	
2884T	Injection 100 mg in 5 mL	10	1	..	*59.48	20.60	PU	
8034W	Injection 500 mg in 5 mL	2	1	..	*67.96	20.60	BL	
2885W	Injection 500 mg in 25 mL	2	1	..	*67.96	20.60	PU	
FLUOROURACIL								
2521Q	Injection 250 mg in 10 mL	20	..	..	*67.76	20.60	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.10	20.60	BL	
GEMCITABINE HYDROCHLORIDE <u>Authority required</u> Locally advanced or metastatic non-small cell lung cancer; Locally advanced or metastatic adenocarcinoma of the pancreas.								
8049P	Powder for I.V. infusion 200 mg (base)	4	2	..	*239.72	20.60	Gemzar	LY
8050Q	Powder for I.V. infusion 1 g (base)	2	2	..	*562.50	20.60	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	..	..	*42.04	20.60	Velbe	LY
2199R	Solution for I.V. injection 10 mg in 10 mL	2	..	..	*45.50	20.60	BL	
VINCRISTINE SULFATE								
2374Y	I.V. injection 1 mg in 1 mL	10	..	..	*167.76	20.60	BL PU	
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*176.40	20.60	Oncovin	LY

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	
VINORELBINE TARTRATE								
Authority required								
<i>Advanced breast cancer after failure of standard therapy which includes an anthracycline; Locally advanced or metastatic non-small cell lung cancer.</i>								
8280T	Solution for I.V. infusion 10 mg (base) in 1 mL	16	2	..	*1452.08	20.60	Navelbine	AA
8281W	Solution for I.V. infusion 50 mg (base) in 5 mL	4	2	..	*1518.64	20.60	Navelbine	AA
• Podophyllotoxin derivatives								
ETOPOSIDE								
1396L	Capsule 50 mg	20	..	..	494.39	20.60	Vepesid	BQ
1389D	Capsule 100 mg	10	..	..	432.80	20.60	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*205.55	20.60	BL	
ETOPOSIDE PHOSPHATE								
8120J	Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide)	5	..	..	*207.40	20.60	Etopophos	BQ
• Taxanes								
DOCETAXEL								
Authority required								
<i>Advanced 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; Locally advanced or metastatic non-small cell lung cancer.</i>								
8071T	Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL and 1 single use vial solvent 1.5 mL	2	..	..	*777.58	20.60	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	..	..	1555.10	20.60	Taxotere	RR
PACLITAXEL								
Authority required								
<i>Advanced 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.</i>								
3026G	Solution concentrate for I.V. infusion 30 mg in 5 mL	5	..	..	*1239.75	20.60	^a Anzatax ^a Taxol	FA BQ
8018B	Solution concentrate for I.V. infusion 100 mg in 16.7 mL	2	..	..	*1668.60	20.60	Taxol	BQ
3017T	Solution concentrate for I.V. infusion 150 mg in 25 mL	1	..	..	1239.78	20.60	Anzatax	FA

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	
PACLITAXEL—cont.								
8360B	Solution concentrate for I.V. infusion 300 mg in 50 mL	1	..	..	2500.13	20.60	Taxol	BQ
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	..	..	*168.84	20.60	a Adriamycin Solution a BL a PU	PS x x
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*289.72	20.60	a Adriamycin Solution a BL a PU	PS x x
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*497.36	20.60	a Adriamycin Solution a BL a PU	PS x x
EPIRUBICIN HYDROCHLORIDE								
1375J	Solution for I.V. injection 10 mg in 5 mL	4	..	..	*228.40	20.60	Pharmorubicin Solution	PS x
1376K	Solution for I.V. injection 20 mg in 10 mL	4	..	..	*420.00	20.60	Pharmorubicin Solution	PS
1377L	Solution for I.V. injection 50 mg in 25 mL	3	..	..	*771.29	20.60	Pharmorubicin Solution	PS
IDARUBICIN HYDROCHLORIDE								
Restricted benefit								
Acute myelogenous leukaemia.								
2446R	Capsule 5 mg	3	..	..	*245.96	20.60	Zavedos	PS
2448W	Capsule 10 mg	3	..	..	*457.61	20.60	Zavedos	PS
2450Y	Capsule 25 mg	6	..	..	*2267.48	20.60	Zavedos	PS
2452C	Powder for I.V. injection 5 mg	3	..	..	*585.65	20.60	Zavedos	PS
2453D	Powder for I.V. injection 10 mg	6	..	..	*2267.48	20.60	Zavedos	PS
MITOZANTRONE HYDROCHLORIDE								
1932Q	Injection 10 mg (base) in 5 mL	1	..	..	187.46	20.60	a Novantrone a PU	LE
1929M	Injection 20 mg (base) in 10 mL	1	..	..	355.24	20.60	a Novantrone a PU	LE
1930N	Injection 25 mg (base) in 12.5 mL	1	..	..	438.20	20.60	a Novantrone a PU	LE
• Other cytotoxic antibiotics								
BLEOMYCIN								
See Special Pharmaceutical Benefits								

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Other antineoplastic agents								
• Platinum compounds								
CARBOPLATIN								
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*78.98	20.60	^a BL ^a PU	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*515.12	20.60	^a BL ^a PU	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*330.84	20.60	^a BL ^a PU	
CISPLATIN								
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	14.11	14.98	^a BL ^a PU	
2579R	I.V. injection 50 mg in 50 mL	1	..	..	30.46	20.60	^a BL ^a PU	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.07	20.60	BL	
• Monoclonal antibodies								
RITUXIMAB								
<u>Authority required</u>								
<i>Relapsed or refractory low-grade or follicular B-cell non-Hodgkin's lymphoma.</i>								
8293L	Solution for I.V. infusion 100 mg in 10 mL	2	3	..	985.29	20.60	Mabthera	RO
8294M	Solution for I.V. infusion 500 mg in 50 mL	1	3	..	2456.61	20.60	Mabthera	RO
• Other antineoplastic agents								
ALTRETAMINE								
(Hexamethylmelamine)								
<u>Restricted benefit</u>								
<i>Advanced metastatic ovarian cancer after failure of platinum-based therapy and paclitaxel.</i>								
8080G	Capsule 50 mg	100	2	..	430.28	20.60	Hexalen	FA
HYDROXYUREA								
3093T	Capsule 500 mg	100	..	..	68.08	20.60	Hydrea	BQ
IRINOTECAN HYDROCHLORIDE TRIHYDRATE								
<u>Authority required</u>								
<i>Metastatic colorectal cancer after failure of fluorouracil-based therapy in patients with a WHO performance status of 2 or less.</i>								
8414W	I.V. injection 40 mg in 2 mL	1	3	..	187.17	20.60	Camptosar	PU
8415X	I.V. injection 100 mg in 5 mL	2	3	..	*868.40	20.60	Camptosar	PU
LEVAMISOLE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Use in combination with fluorouracil as adjuvant treatment after surgical resection of Dukes' stage C colon cancer.</i>								
8065L	Tablet 50 mg (base)	36	2	..	199.52	20.60	Ergamisol 50 mg	JC

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
TOPOTECAN HYDROCHLORIDE								
<u>Authority required</u>								
<i>Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound or failure of subsequent therapy.</i>								
8199M	Powder for I.V. infusion 4 mg (base)	5	1	..	2292.40	20.60	Hycamtin	SK
ENDOCRINE THERAPY								
Hormones and related agents								
• Estrogens								
FOSFESTROL SODIUM								
<u>Restricted benefit</u>								
<i>Carcinoma of the prostate.</i>								
1353F	Tablet 120 mg	100	5	..	*82.50	20.60	Honvan	AA
• Progestogens								
MEDROXYPROGESTERONE ACETATE								
<u>Restricted benefit</u>								
<i>Advanced breast cancer.</i>								
2728N	Tablet 500 mg	30	2	..	119.54	20.60	Provera	UP
<u>Restricted benefit</u>								
<i>Breast cancer; Endometrial cancer.</i>								
2725K	Tablet 100 mg	100	2	..	84.66	20.60	Provera	UP
2316X	Tablet 200 mg	60	2	..	96.54	20.60	Provera	UP
2727M	Tablet 250 mg	60	2	..	119.54	20.60	Provera	UP
[For other listings for this drug see Generic/Proprietary Index]								
MEGESTROL ACETATE								
<u>Restricted benefit</u>								
<i>Advanced breast cancer.</i>								
2731R	Tablet 40 mg	100	2	..	51.59	20.60	Megace	BQ
2734X	Tablet 160 mg	30	2	..	73.15	20.60	Megace	BQ
• Gonadotropin releasing hormone analogues								
GOSERELIN ACETATE								
<u>Authority required</u>								
<i>Advanced carcinoma of the prostate; Treatment of pre-menopausal women with advanced breast cancer; Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy will be authorised).</i>								
1454M	Subcutaneous implant 3.6 mg (base) in pre-filled injection syringe	1	5	..	341.29	20.60	Zoladex 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	
GOSERELIN ACETATE—cont.								
<u>Authority required</u>								
<i>Advanced carcinoma of the prostate.</i>								
8093Y	Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe	1	1	..	1145.42	20.60	Zoladex 10.8 Implant	ZN
LEUPRORELIN ACETATE								
<u>Authority required</u>								
<i>Advanced carcinoma of the prostate.</i>								
1565J	I.M. injection (modified release), set containing 1 vial powder for injection 7.5 mg, 1 ampoule diluent 2 mL and 1 syringe with 2 needles	1	5	..	431.40	20.60	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	..	1148.40	20.60	Lucrin Depot 3 Month Injection	AB
Hormone antagonists and related agents								
• Anti-estrogens								
TAMOXIFEN CITRATE								
<u>Restricted benefit</u>								
<i>Breast cancer.</i>								
2109B	Tablet 10 mg (base)	60	5	..	*53.40	20.60	^a Estroxyn 10	PU
				..	53.41	20.60	^a Genox 10	AF
							^a Tamoxen 10 mg	DP
				^B 0.36	*53.76	20.60	^a Nolvadex	ZN
2110C	Tablet 20 mg (base)	60	5	..	*89.34	20.60	^a Estroxyn 20	PU
				..	89.34	20.60	^a Tamosin	SI
							^a Genox 20	AF
							^a Tamoxen 20 mg	DP
				^B 0.64	*89.98	20.60	^a Nolvadex-D	ZN
TOREMIFENE CITRATE								
<u>Restricted benefit</u>								
<i>Hormone-dependent metastatic breast cancer in post-menopausal patients.</i>								
8216K	Tablet 60 mg (base)	30	5	..	76.37	20.60	Fareston	SH
• Anti-androgens								
BICALUTAMIDE								
<u>Authority required</u>								
<i>For use in conjunction with GnRH (LH-RH) agonists for the treatment of advanced prostatic carcinoma.</i>								
8094B	Tablet 50 mg	28	5	..	225.32	20.60	Cosudex	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	
CYPROTERONE ACETATE								
<u>Authority required</u>								
<i>Advanced carcinoma of the prostate; To reduce drive in sexual deviations in males.</i>								
1270W	Tablet 50 mg	100	5	..	*289.70	20.60	^a Cyprone	AF
					^B 1.80 *291.50	20.60	^a Procur	DP
							^a Androcur	SC
8019C	Tablet 100 mg	50	5	..	235.99	20.60	Androcur-100	SC
[For other listings for this drug see Generic/Proprietary Index]								
FLUTAMIDE								
<u>Authority required</u>								
<i>For use in conjunction with GnRH (LH-RH) agonists for the treatment of advanced prostatic carcinoma.</i>								
1417N	Tablet 250 mg	100	5	..	225.35	20.60	^a Flutamin	AF
					^B 4.05 229.40	20.60	^a Eulexin	SH
					^B 45.33 270.68	20.60	^a Fugerel	EX
NILUTAMIDE								
<u>Authority required</u>								
<i>For use in conjunction with GnRH (LH-RH) agonists or orchidectomy for the treatment of advanced prostatic carcinoma.</i>								
8131Y	Tablet 150 mg	30	5	..	231.06	20.60	Anandron	AV
• Enzyme inhibitors								
AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	162.69	20.60	Cytadren 250	NV
ANASTROZOLE								
<u>Restricted benefit</u>								
<i>Treatment of advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.</i>								
8179L	Tablet 1 mg	28	2	..	210.91	20.60	Arimidex	ZN
LETROZOLE								
<u>Restricted benefit</u>								
<i>Treatment of advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.</i>								
8245Y	Tablet 2.5 mg	30	2	..	224.89	20.60	Femara 2.5 mg	NV

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
IMMUNOSTIMULANTS								
Cytokines and immunomodulators								
• Interferons								
INTERFERON ALFA-2a								
<u>Authority required</u>								
<i>Hairy cell leukaemia;</i>								
<i>Myeloproliferative disease with excessive thrombocytosis.</i>								
8180M	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	4	..	*459.80	20.60	Roferon-A	RO
<u>Authority required</u>								
<i>Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.</i>								
8181N	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	5	..	*459.80	20.60	Roferon-A	RO
8182P	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*241.10	20.60	Roferon-A	RO
8183Q	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*314.00	20.60	Roferon-A	RO
8184R	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*459.80	20.60	Roferon-A	RO
INTERFERON ALFA-2b								
<u>Authority required</u>								
<i>Hairy cell leukaemia.</i>								
8275M	Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial	15	4	..	*459.80	20.60	Intron A	SH
<u>Authority required</u>								
<i>Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy;</i>								
<i>Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.</i>								
8276N	Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial	15	5	..	*459.80	20.60	Intron A	SH
8277P	Solution for injection 5,000,000 i.u. in 0.5 mL single dose vial	15	5	..	*762.56	20.60	Intron A	SH

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-2b—cont.								
8348J	<i>Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose cartridge</i>	3	5	..	*550.28	20.60	<i>Intron A Redipen</i>	SH
8241R	<i>Solution for injection 18,000,000 i.u. in 3 mL multi-dose vial</i>	3	5	..	*550.28	20.60	<i>Intron A</i>	SH
8242T	<i>Solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial</i>	3	5	..	*762.56	20.60	<i>Intron A</i>	SH

Authority required

Basal cell carcinoma when more efficacious treatments are considered inappropriate.

2085R	<i>Injection set containing one vial powder for injection 10,000,000 i.u. and one vial solvent 2 mL</i>	2	..	..	*216.80	20.60	<i>Intron A</i>	SH

INTERFERON BETA-1a

Authority required

Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;

Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and tolerance to, therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.

8289G	<i>Injection set comprising 1 vial powder for injection 30 micrograms (6,000,000 i.u.) and 1 ampoule solvent 2 mL</i>	4	5	..	1090.63	20.60	<i>Avonex</i>	CS
8402F	<i>Injection 22 micrograms (6,000,000 i.u.) in 0.5 mL single dose pre-filled syringe</i>	12	5	..	1050.39	20.60	<i>Rebif 22</i>	SG
8403G	<i>Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose pre-filled syringe</i>	12	5	..	1346.68	20.60	<i>Rebif 44</i>	SG

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 BETA-1b								
<u>Authority required</u>								
<i>Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;</i>								
<i>Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and tolerance to, therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.</i>								
8101J	Injection set comprising 1 vial powder for injection 8,000,000 i.u. (0.25 mg) and solvent	15	5	..	1178.14	20.60	Betaferon	SC
• Other cytokines and immunomodulators								
BCG IMMUNOTHERAPEUTIC								
<i>(Bacillus Calmette-Guérin/Connaught strain)</i>								
<u>Restricted benefit</u>								
<i>Treatment of carcinoma in situ of the urinary bladder.</i>								
1140B	Single dose set comprising 1 vial powder for intravesical administration containing 6.6 to 19.2 x 10 ⁸ CFU and 1 vial diluent 3 mL	3	1	..	*472.40	20.60	ImmuCyst	RR
BCG-TICE								
<i>(Bacillus Calmette-Guérin/Tice strain)</i>								
<u>Restricted benefit</u>								
<i>Primary and relapsing superficial urothelial carcinoma of the bladder.</i>								
1131M	Vial containing powder for intravesical administration approximately 5 x 10 ⁸ CFU	3	1	..	462.40	20.60	OncoTICE	OT

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	
IMMUNOSUPPRESSIVE AGENTS								
Immunosuppressive agents								
• Selective immunosuppressive agents								
GLATIRAMER ACETATE								
Authority required								
Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;								
Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and tolerance to, therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.								
8352N	Powder for subcutaneous injection 20 mg in single use vial and 1 ampoule diluent 1.1 mL	28	5	..	1101.60	20.60	Copaxone	AV
LEFLUNOMIDE								
For listings see Generic/Proprietary Index								
• Other immunosuppressive agents								
AZATHIOPRINE								
2688L	Tablet 25 mg	100	2	..	50.99	20.60	^a Azahexal ^a Imuran	HX GW
2687K	Tablet 50 mg	100	2	..	84.99	20.60	^a Azahexal ^a Azamun ^a Thioprine	HX DP AF
				BQ.81	85.80	20.60	^a Imuran	GW

MUSCULO-SKELETAL SYSTEM

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS								
Antiinflammatory and antirheumatic products, non-steroids								
• Acetic acid derivatives and related substances								
DICLOFENAC POTASSIUM								
1332D	Tablets 50 mg, 20	‡1	..	..	7.30	8.17	Voltaren Rapid 50	NV
DICLOFENAC SODIUM								
1302M	Suppository 100 mg	40	3	..	*22.68	20.60	Voltaren 100	NV
DICLOFENAC SODIUM								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1299J	Tablet 25 mg (enteric coated)	100	3	..	*13.42	14.29	^a Diclohexal	HX
					^B 1.10	*14.52	^a Dinac	DP
							^a Voltaren 25	NV
1300K	Tablet 50 mg (enteric coated)	50	3	..	10.68	11.55	^a Diclohexal	HX
							^a Dinac	DP
					^B 1.73	12.41	^a Fenac	AF
							^a Voltaren 50	NV
INDOMETHACIN								
2757D	Suppository 100 mg	40	3	..	*19.30	20.17	Indocid	MK
INDOMETHACIN								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
2454E	Capsule 25 mg	100	3	..	*7.68	8.55	^a Arthrexin	AF
					^B 3.00	*10.68	^a Indocid	MK
SULINDAC								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
2047R	Tablet 100 mg	100	3	..	*14.42	15.29	^a Aclin	AF
					^B 2.31	16.72	^a Clinoril	FR
2048T	Tablet 200 mg	50	3	..	13.33	14.20	^a Aclin 200	AF
					^B 2.63	15.96	^a Clinoril 200	FR

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	
• Oxicams PIROXICAM <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component.								
1895R	Dispersible tablet 10 mg	50	3	..	12.67	13.54	^a Candyl-D 10 mg	DP
							^a Mobilis D-10	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
				^B 1.89	14.56	13.54	^a Feldene-D	PF
1896T	Dispersible tablet 20 mg	25	3	..	12.24	13.11	^a Candyl-D 20 mg	DP
							^a Mobilis D-20	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
				^B 1.98	14.22	13.11	^a Feldene-D	PF
1897W	Capsule 10 mg	50	3	..	12.67	13.54	^a Candyl 10 mg	DP
							^a Chem mart Piroxicam	CH
							^a DBL Piroxicam	BL
							^a GenRx Piroxicam	FH
							^a healthsense Piroxicam	HS
							^a Mobilis 10	AF
							^a Rosig	SI
							^a Terry White Chemists Piroxicam	TW
				^B 1.89	14.56	13.54	^a Feldene	PF
1898X	Capsule 20 mg	25	3	..	12.24	13.11	^a Candyl 20 mg	DP
							^a Chem mart Piroxicam	CH
							^a DBL Piroxicam	BL
							^a GenRx Piroxicam	FH
							^a healthsense Piroxicam	HS
							^a Mobilis 20	AF
							^a Rosig	SI
							^a Terry White Chemists Piroxicam	TW
				^B 1.98	14.22	13.11	^a Feldene	PF
TENOXICAM <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.								
2104R	Tablet 10 mg	50	3	..	13.32	14.19	Tilcotil	RO

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	
• Propionic acid derivatives								
IBUPROFEN								
3192B	Tablets 400 mg, 20	‡1	..	..	6.34	7.21	Brufen	KN
IBUPROFEN								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
3198H	Tablet 200 mg	100	3	..	*8.84	9.71	Rafen 200	AF
3190X	Tablet 400 mg	100	3	..	*12.14	13.01	Brufen	KN
KETOPROFEN								
1588N	Suppository 100 mg	40	3	..	*21.04	20.60	Orudis	RR
KETOPROFEN								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
1586L	Capsule 50 mg	50	3	..	9.59	10.46	Orudis	RR
1589P	Capsule 100 mg (sustained release)	50	3	..	13.86	14.73	^a Oruvail SR	MB
				^b 1.60	15.46	14.73	^a Orudis SR	RR
1590Q	Capsule 200 mg (sustained release)	28	3	..	14.99	15.86	^a Oruvail SR	MB
				^b 1.36	16.35	15.86	^a Orudis SR 200	RR
NAPROXEN								
1662L	Suppository 500 mg	40	3	..	*19.30	20.17	Naprosyn	RO
NAPROXEN								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1674D	Tablet 250 mg	100	3	..	*14.22	15.09	^a Inza 250	AF
				^b 3.12	*17.34	15.09	^a Naprosyn	RO
1659H	Tablet 500 mg	50	3	..	13.12	13.99	^a Inza 500	AF
				^b 1.80	14.92	13.99	^a Naprosyn	RO
1614Y	Tablet 750 mg (sustained release)	28	3	..	12.25	13.12	^a Proxen SR 750	MD
				^b 1.68	13.93	13.12	^a Naprosyn SR750	RO
1615B	Tablet 1 g (sustained release)	28	3	..	14.87	15.74	^a Proxen SR 1000	MD
				^b 1.77	16.64	15.74	^a Naprosyn SR1000	RO
1658G	Oral suspension 125 mg per 5 mL, 500 mL	‡1	3	..	19.02	19.89	Naprosyn	RO

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	
NAPROXEN SODIUM								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1795L	Tablet 550 mg	50	3	..	13.21	14.08	^a Crysanal	MD
				^b 3.00	16.21	14.08	^a Anaprox 550	RO
NOTE:								
<i>Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.</i>								
TIAPROFENIC ACID								
CAUTION:								
<i>Cystitis and other urinary disorders have been reported with this drug.</i>								
NOTE:								
<i>The recommended maximum dose is 600 mg per day.</i>								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
2102P	Tablet 200 mg	50	3	..	10.14	11.01	Surgam	AV
2103Q	Tablet 300 mg	50	3	..	13.59	14.46	Surgam	AV
• Fenamates								
MEFENAMIC ACID								
<u>Restricted benefit</u>								
<i>Dysmenorrhoea; Menorrhagia.</i>								
1824B	Capsule 250 mg	50	2	..	14.96	15.83	^a Mefic ^a Ponstan	WW PD
• Coxibs								
CELECOXIB								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
8439E	Capsule 100 mg	60	3	..	33.00	20.60	Celebrex	SR
8440F	Capsule 200 mg	60	3	..	61.61	20.60	Celebrex	SR
• Other antiinflammatory and antirheumatic agents, non-steroids								
DIFLUNISAL								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1319K	Tablet 250 mg	100	3	..	*14.94	15.81	Dolobid	MK
1320L	Tablet 500 mg	50	3	..	14.63	15.50	Dolobid	MK
Specific antirheumatic agents								
• Quinolines								
HYDROXYCHLOROQUINE SULFATE								
1512N	Tablet 200 mg	100	1	..	35.20	20.60	Plaquenil	SW

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	
• Gold preparations AURANOFIN CAUTION: Regular blood and urine checks are essential.								
1095P	Tablet 3 mg	60	5	..	55.44	20.60	Ridaura	SK
AUROTHIOGLUCOSE CAUTION: Regular blood and urine checks are essential.								
2021J	Injection 50 mg per mL, 10 mL	1	..	..	126.72	20.60	Gold-50	SH
SODIUM AUROTHIOMALATE CAUTION: Regular blood and urine checks are essential.								
2016D	Injection 10 mg	10	..	..	52.58	20.60	Myocrisin	RR
2017E	Injection 20 mg	10	1	..	80.91	20.60	Myocrisin	RR
2018F	Injection 50 mg	10	1	..	126.72	20.60	Myocrisin	RR
• Penicillamine and similar agents PENICILLAMINE CAUTION: Regular blood and urine checks are essential.								
2721F	Tablet 125 mg	100	1	..	29.82	20.60	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	42.21	20.60	D-Penamine	DL
• Other specific antirheumatic agents LEFLUNOMIDE CAUTION: <i>Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.</i>								
Authority required ➤ <i>Initiation by consultant physicians for the treatment of severe active rheumatoid arthritis in patients for whom other disease modifying anti-rheumatic drugs (including methotrexate) are inappropriate and/or ineffective.</i> NOTE: <i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8373Q	Pack containing 3 tablets leflunomide 100 mg and 30 tablets leflunomide 20 mg	1	..	..	348.89	20.60	Arava	AV
Authority required ➤ <i>Ongoing leflunomide therapy for severe active rheumatoid arthritis in patients for whom other disease modifying anti-rheumatic drugs (including methotrexate) are inappropriate and/or ineffective.</i>								
8374R	Tablet 10 mg	30	5	..	161.66	20.60	Arava	AV
8375T	Tablet 20 mg	30	5	..	240.06	20.60	Arava	AV

MUSCULO-SKELETAL SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MUSCLE RELAXANTS								
Muscle relaxants, centrally acting agents								
• Other centrally acting agents								
BACLOFEN								
2729P	Tablet 10 mg	100	5	..	39.25	20.60	^a Clofen 10	AF
				^B 1.09	40.34	20.60	^a DBL Baclofen	BL
							^a Lioresal 10	NV
2730Q	Tablet 25 mg	100	5	..	80.63	20.60	^a Clofen 25	AF
				^B 1.09	81.72	20.60	^a DBL Baclofen	BL
							^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	..	28.71	20.60	Dantrium	PU
1780Q	Capsule 50 mg	100	2	..	46.53	20.60	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	..	*13.60	14.47	^a Allohexal	HX
				..	13.60	14.47	^a Progout 100	AF
							^a Allorin 100 mg	DP
							^a SBPA	SL
				^B 2.04	*15.64	14.47	Allopurinol	
							^a Zyloprim	SI
2604C	Tablet 300 mg	60	2	..	9.85	10.72	^a Allohexal	HX
							^a Allorin 300 mg	DP
							^a SBPA	SL
							Allopurinol	
				..	*9.86	10.73	^a Progout 300	AF
				^B 1.99	11.84	10.72	^a Zyloprim	SI
2603B	Capsule 300 mg	60	2	..	*10.42	11.29	Capurate-300	FM
• Preparations increasing uric acid excretion								
PROBENECID								
1940D	Tablet 500 mg	100	5	..	37.40	20.60	Pro-Cid	OF
SULFINPYRAZONE								
Restricted benefit								
Glomerulonephritis;								
Gout;								
Renal transplantation.								
2094F	Tablet 100 mg	100	5	..	33.18	20.60	Anturan 100	NV

MUSCULO-SKELETAL SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. No.of			Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
• Preparations with no effect on uric acid metabolism								
COLCHICINE								
1227N	Tablet 500 micrograms	100	2	..	7.77	8.64	Colgout	RR

DRUGS FOR TREATMENT OF BONE DISEASES

Drugs affecting mineralization

• **Bisphosphonates****ALENDRONATE SODIUM**Authority required

Initial treatment for 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 in the authority 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;

Continuing treatment for established post-menopausal osteoporosis in patients with fracture due to minimal trauma, where the patient has previously been issued with an authority prescription for this drug.

8102K	Tablet equivalent to 10 mg alendronic acid	30	5	..	61.60	20.60	Fosamax 10 mg	MK

Authority required

Symptomatic Paget's disease of bone.

8090T	Tablet equivalent to 40 mg alendronic acid	30	5	..	140.77	20.60	Fosamax 40 mg	MK

DISODIUM ETIDRONATEAuthority 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	..	116.79	20.60	Didronel	PU

DISODIUM PAMIDRONATEAuthority required

Symptomatic Paget's disease of bone.

8461H	Concentrated injection 15 mg in 5 mL	4	..	..	*303.32	20.60	BL	
8208B	Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL	1	..	..	309.09	20.60	Aredia 15 mg	NV
8462J	Concentrated injection 30 mg in 10 mL	2	..	..	*303.36	20.60	BL	
8209C	Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL	1	..	..	309.09	20.60	Aredia 30 mg	NV

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	
DISODIUM PAMIDRONATE—								
cont.								
8463K	Concentrated injection 60 mg in 10 mL	1	..	..	303.36	20.60	BL	
SODIUM CLODRONATE TETRAHYDRATE								
<u>Restricted benefit</u>								
<i>Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.</i>								
8132B	Capsule equivalent to 400 mg sodium clodronate	100	2	..	342.40	20.60	Bonefos	RR
8265B	Tablet equivalent to 800 mg sodium clodronate	60	2	..	393.40	20.60	Bonefos 800 mg	RR
TILUDRONATE DISODIUM								
<u>Authority required</u>								
<i>Symptomatic Paget's disease of bone.</i>								
8267D	Tablet equivalent to 200 mg tiludronic acid	56	2	..	278.80	20.60	Skelid	FA
• Bisphosphonates and calcium, sequential preparations								
DISODIUM ETIDRONATE and CALCIUM CARBONATE								
<u>Authority required</u>								
<i>Initial treatment for 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 in the authority application.</i>								
<i>A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body;</i>								
<i>Continuing treatment for established osteoporosis in patients with fracture due to minimal trauma, where the patient has previously been issued with an authority prescription for this drug.</i>								
8056B	Pack containing 28 tablets disodium etidronate 200 mg and 76 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)	1	1	..	80.30	20.60	Didrocal	PU

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	
• Other drugs affecting mineralization								
CALCITRIOL								
<u>Authority required</u>								
<i>Hypocalcaemia due to renal disease;</i>								
<i>Hypoparathyroidism;</i>								
<i>Hypophosphataemic rickets;</i>								
<i>Vitamin D-resistant rickets;</i>								
<i>Initial treatment for 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 in the authority application.</i>								
<i>A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body;</i>								
<i>Continuing treatment for established osteoporosis in patients with fracture due to minimal trauma, where the patient has previously been issued with an authority prescription for this drug.</i>								
2502Q	Capsule 0.25 microgram	100	5	..	62.12	20.60	^a Rocaltrol ^a Sitriol	RO AF
CALCIUM								
<u>Restricted benefit</u>								
<i>Hyperphosphataemia in chronic renal failure;</i>								
<i>Hypocalcaemia;</i>								
<i>Osteoporosis;</i>								
<i>Proven malabsorption.</i>								
3116B	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*12.38	13.25	Cal-Sup	MM
3117C	Tablet 600 mg (as carbonate)	120	1	..	12.20	13.07	Caltrate	WT
RALOXIFENE HYDROCHLORIDE								
<u>Authority required</u>								
<i>Initial treatment for 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 in the authority application.</i>								
<i>A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body;</i>								
<i>Continuing treatment for established post-menopausal osteoporosis in patients with fracture due to minimal trauma, where the patient has previously been issued with an authority prescription for this drug.</i>								
8363E	Tablet 60 mg	28	5	..	60.34	20.60	Evista	LY

MUSCULO-SKELETAL SYSTEM —cont.

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

OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

Other drugs for disorders of the musculo-skeletal system

• ***Quinine and derivatives***

QUININE BISULFATE

CAUTION:

Severe thrombocytopenia has been reported with this drug.

1972T	Tablet 300 mg	50	2	..	9.68	10.55	Myoquin	FM
				^B 0.61	10.29	10.55	Quinbisul Bi-Quinate	AF RR

QUININE SULFATE

CAUTION:

Severe thrombocytopenia has been reported with this drug.

1975Y	Tablet 300 mg	50	2	..	9.68	10.55	Quinocotal	FM
				^B 0.61	10.29	10.55	^a Quinsul ^a Quinate	AF RR

NERVOUS SYSTEM

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
ANALGESICS							
Opioids							
• <i>Natural opium alkaloids</i>							
1214X	CODEINE PHOSPHATE Tablet 30 mg	20	..	..	9.93	10.80	FM
1215Y	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg	20	..	..	6.90	7.77	^a Codalgin Forte FM ^a Panadeine Forte SW Caplets
				^B 1.82	8.72	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.

HYDROMORPHONE HYDROCHLORIDE**CAUTION:**

The risk of drug dependence is high.

8420E	Injection 2 mg in 1 mL	5	..	..	11.30	12.17	Dilaudid KN
8421F	Injection 10 mg in 1 mL	5	..	..	16.78	17.65	Dilaudid-HP KN
8422G	Injection 50 mg in 5 mL	5	..	..	45.51	20.60	Dilaudid-HP KN
8423H	Injection 500 mg in 50 mL	1	..	..	79.67	20.60	Dilaudid-HP KN

HYDROMORPHONE 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).

8424J	Oral liquid 1 mg per mL, 473 mL	1	..	..	24.02	20.60	Dilaudid KN

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).

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MORPHINE HYDROCHLORIDE—cont.								
2122Q	Oral solution 2 mg per mL, 200 mL	1	..	..	15.26	16.13	Ordine 2	MF
2123R	Oral solution 5 mg per mL, 200 mL	1	..	..	18.45	19.32	Ordine 5	MF
2124T	Oral solution 10 mg per mL, 200 mL	1	..	..	21.39	20.60	Ordine 10	MF
MORPHINE SULFATE								
CAUTION: The risk of drug dependence is high.								
1644M	Injection 10 mg in 1 mL	5	..	..	11.26	12.13	BL SI	
1645N	Injection 15 mg in 1 mL	5	..	..	11.59	12.46	BL SI	
1647Q	Injection 30 mg in 1 mL	5	..	..	12.88	13.75	BL	
MORPHINE SULFATE								
CAUTION: The risk of drug dependence is high.								
Restricted benefit								
Severe disabling pain not responding to non-narcotic analgesics.								
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for (i) severe disabling pain associated with proven malignant neoplasia; or (ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).								
1646P	Tablet 30 mg	20	..	..	12.53	13.40	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	..	..	11.97	12.84	MS Contin	MF
1653B	Tablet 10 mg (controlled release)	20	..	..	15.28	16.15	MS Contin	MF
1654C	Tablet 30 mg (controlled release)	20	..	..	27.03	20.60	MS Contin	MF
1655D	Tablet 60 mg (controlled release)	20	..	..	41.47	20.60	MS Contin	MF
1656E	Tablet 100 mg (controlled release)	20	..	..	60.89	20.60	MS Contin	MF

continued ➤

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MORPHINE SULFATE—cont.								
8349K	Capsule 10 mg (containing sustained release pellets)	20	..	..	15.28	16.15	Kapanol	GW
2839K	Capsule 20 mg (containing sustained release pellets)	20	..	..	20.35	20.60	Kapanol	GW
2840L	Capsule 50 mg (containing sustained release pellets)	20	..	..	35.72	20.60	Kapanol	GW
2841M	Capsule 100 mg (containing sustained release pellets)	20	..	..	60.89	20.60	Kapanol	GW
8146R	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	20	..	..	27.03	20.60	MS Contin Suspension 30 mg	MF
8305D	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	20	..	..	41.47	20.60	MS Contin Suspension 60 mg	MF
8306E	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	20	..	..	60.89	20.60	MS Contin Suspension 100 mg	MF
Authority required								
<i>Chronic severe disabling pain due to cancer.</i>								
8453X	Tablet 200 mg (controlled release)	20	..	..	106.01	20.60	MS Contin	MF
8454Y	Sachet containing controlled release granules for oral suspension, 200 mg per sachet	20	..	..	106.01	20.60	MS Contin Suspension 200 mg	MF
MORPHINE TARTRATE								
CAUTION:								
The risk of drug dependence is high.								
1607N	Injection 120 mg in 1.5 mL	5	..	..	20.45	20.60	BL	
OXYCODONE								
CAUTION:								
The risk of drug dependence is high.								
Restricted benefit								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
NOTE:								
Authorities for increased maximum quantities and/or repeats will be granted only for								
(i) 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	..	..	18.12	18.99	Proladone	KN

NERVOUS SYSTEM —cont.

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

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	..	..	10.16	11.03	Endone	BT

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).

8385H	Tablet 10 mg (controlled release)	20	..	..	19.42	20.29	OxyContin	MF
8386J	Tablet 20 mg (controlled release)	20	..	..	27.03	20.60	OxyContin	MF
8387K	Tablet 40 mg (controlled release)	20	..	..	41.47	20.60	OxyContin	MF
8388L	Tablet 80 mg (controlled release)	20	..	..	71.67	20.60	OxyContin	MF

• Phenylpiperidine derivatives

FENTANYL

CAUTION:

The risk of drug dependence is high.

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	..	..	62.45	20.60	Durogesic 25	JC
8338W	Transdermal patch 5 mg (releasing approximately 50 micrograms per hour)	5	..	..	108.31	20.60	Durogesic 50	JC
8339X	Transdermal patch 7.5 mg (releasing approximately 75 micrograms per hour)	5	..	..	147.46	20.60	Durogesic 75	JC
8340Y	Transdermal patch 10 mg (releasing approximately 100 micrograms per hour)	5	..	..	179.71	20.60	Durogesic 100	JC

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PETHIDINE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
Restricted benefit								
<i>Short-term treatment of acute pain.</i>								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
1828F	Injection 50 mg in 1 mL	5	..	..	10.53	11.40	BL SI	
1829G	Injection 100 mg in 2 mL	5	..	..	10.96	11.83	BL SI	
• Diphenylpropylamine derivatives								
METHADONE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
Restricted benefit								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>								
<i>(i) severe disabling pain associated with proven malignant neoplasia; or</i>								
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>								
1609Q	Tablet 10 mg	20	..	..	10.85	11.72	Physeptone	GW
1606M	Injection 10 mg in 1 mL	5	..	..	12.68	13.55	Physeptone	GW
• Other opioids								
TRAMADOL HYDROCHLORIDE								
Restricted benefit								
<i>For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed.</i>								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8455B	Capsule 50 mg	20	..	..	8.06	8.93	Tramal	CS
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
ASPIRIN								
1008C	Tablet 300 mg	100	1	..	6.69	7.56	Spren	SI
1010E	Tablet 300 mg (dispersible)	96	1	..	6.63	7.50	Solprin	RC
• Anilides								
PARACETAMOL								
1746X	Tablet 500 mg	100	1	..	7.50	8.37	Dymadon P a Febridol a Panamax Parahexal a Paralgin SBPA Parace- tamol 500 Tylenol DP	WR GR SW HX FM SL JT

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PARACETAMOL—cont.								
1747Y	Oral liquid 120 mg per 5 mL, 100 mL	‡1	2	..	7.01	7.88	Dymadon Panamax Paralgin Junior Elixir 1-4 years	WR SW SI
1770E	Oral liquid 240 mg per 5 mL, 200 mL	‡1	2	..	9.20	10.07	Panamax 240 Elixir Paralgin Junior Elixir 5-12 years	SW SI

Antimigraine preparations• **Ergot alkaloids**

DIHYDROERGOTAMINE MESYLATE

1323P	Injection 1 mg in 1 mL	5	..	..	14.92	15.79	Dihydergot	NV

ERGOTAMINE TARTRATE

1383T	Capsule 1 mg	50	2	..	18.70	19.57	Ergodryl Mono	PD

ERGOTAMINE TARTRATE with CAFFEINE

1386Y	Suppositories 2 mg-100 mg, 5	‡1	2	..	8.78	9.65	Cafergot S	NV

METHYSERGIDE

2826R	Tablet 1 mg	100	2	..	*43.10	20.60	Deseril	NV

• **Selective 5HT₁-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 applications for increased maximum quantities and/or repeats will be authorised.

8298R	Tablet 2.5 mg (base)	2	5	..	15.40	16.27	Naramig	GW

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 applications for increased maximum quantities and/or repeats will be authorised.

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
SUMATRIPTAN—cont.								
8341B	Nasal spray 20 mg in 0.1 mL single dose unit	2	5	..	15.40	16.27	Imigran	GW
SUMATRIPTAN SUCCINATE								
CAUTION:								
<i>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.</i>								
Authority required								
<i>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.</i>								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8144P	Tablet 50 mg (base)	2	5	..	15.40	16.27	Imigran	GW
ZOLMITRIPTAN								
CAUTION:								
<i>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.</i>								
Authority required								
<i>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.</i>								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8266C	Tablet 2.5 mg	2	5	..	15.37	16.24	Zomig	ZN
• Other antimigraine preparations								
CYPROHEPTADINE HYDROCHLORIDE								
Restricted benefit								
<i>Prevention of migraine.</i>								
1798P	Tablet 4 mg	100	2	..	*11.06	11.93	Periactin	FR
PIZOTIFEN MALATE								
3074T	Tablet 500 micrograms (base)	100	2	..	19.56	20.43	Sandomigran 0.5	NV
ANTIEPILEPTICS								
Antiepileptics								
• Barbiturates and derivatives								
METHYLPHENOBARBITONE								
Restricted benefit								
<i>Epilepsy.</i>								
1634B	Tablet 60 mg	200	2	..	22.64	20.60	Prominal	SW
1635C	Tablet 200 mg	200	2	..	47.96	20.60	Prominal	SW

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PHENOBARBITONE								
<u>Restricted benefit</u>								
<i>Epilepsy.</i>								
1850J	Tablet 30 mg	200	4	..	8.60	9.47	SI	
PHENOBARBITONE SODIUM								
<u>Restricted benefit</u>								
<i>Epilepsy.</i>								
1853M	Injection 200 mg in 1 mL	5	..	..	17.03	17.90	FM	
1939C	PRIMIDONE Tablet 250 mg	200	2	..	19.65	20.52	Mysoline	ZN
• Hydantoin derivatives								
PHENYTOIN								
1249R	Tablet 50 mg	200	2	..	27.83	20.60	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	19.42	20.29	Dilantin	PD
PHENYTOIN SODIUM								
1873N	Capsule 30 mg	200	2	..	26.91	20.60	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	27.83	20.60	Dilantin Sodium	PD
• Succinimide derivatives								
ETHOSUXIMIDE								
1413J	Capsule 250 mg	200	2	..	51.37	20.60	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	27.72	20.60	Zarontin	PD
• Benzodiazepine derivatives								
CLONAZEPAM								
<u>Restricted benefit</u>								
<i>Epilepsy.</i>								
1807D	Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)	5	..	..	14.75	15.62	Rivotril	RO
<u>Authority required</u>								
<i>Epilepsy.</i>								
1805B	Tablet 500 micrograms	200	2	.. B4.76	*22.92 *27.68	20.60 ^a 20.60 ^a	Paxam 0.5 Rivotril	AF RO
1806C	Tablet 2 mg	200	2	.. B5.36	*39.24 *44.60	20.60 ^a 20.60 ^a	Paxam 2 Rivotril	AF RO
1808E	Paediatric oral drops 2.5 mg in 1 mL, 10 mL	2	..	..	*12.32	13.19	Rivotril	RO

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
NITRAZEPAM								
Authority required								
<i>Myoclonic epilepsy;</i>								
<i>Malignant neoplasia (late stage);</i>								
<i>For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;</i>								
<i>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 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.</i>								
2732T	Tablet 5 mg	50	5	..	*8.36	9.23 ^a	Alodorm	AF
				^B 4.04	*12.40	9.23 ^a	Mogadon	DT
[For other listings for this drug see Generic/Proprietary Index]								
• Carboxamide derivatives								
CARBAMAZEPINE								
2422L	Tablet 100 mg	200	2	..	21.16	20.60	Tegretol 100	NV
2419H	Tablet 200 mg	200	2	..	36.38	20.60 ^a	Teril	AF
				^B 1.17	37.55	20.60 ^a	Tegretol 200	NV
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.38	20.60	Tegretol CR 200	NV
2431Y	Tablet 400 mg (controlled release)	200	2	..	65.16	20.60	Tegretol CR 400	NV
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	19.15	20.02	Tegretol Liquid	NV
• 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	..	*29.32	20.60	Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	..	*36.68	20.60 ^a	Valpro 200	AF
				^B 1.32	*38.00	20.60 ^a	Epilim EC	RC
2290M	Tablet 500 mg (enteric coated)	200	2	..	*68.26	20.60 ^a	Valpro 500	AF
				^B 1.64	*69.90	20.60 ^a	Epilim EC	RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.56	20.60	Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.56	20.60	Epilim Syrup	RC
TIAGABINE HYDROCHLORIDE								
Authority required								
<i>Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
8221Q	Tablet 5 mg (base)	100	5	..	87.42	20.60	Gabitril	SW
8222R	Tablet 10 mg (base)	100	5	..	170.41	20.60	Gabitril	SW
8223T	Tablet 15 mg (base)	100	5	..	239.46	20.60	Gabitril	SW

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VIGABATRIN								
CAUTION:								
<i>Visual field defects have been reported with this drug.</i>								
Authority required								
<i>Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
2667J	Tablet 500 mg	120	5	..	132.00	20.60	Sabril	AV
2668K	Oral powder, sachet 500 mg	60	5	..	73.15	20.60	Sabril	AV
• Other antiepileptics								
GABAPENTIN								
Authority required								
<i>Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
1834M	Capsule 300 mg	100	5	..	110.77	20.60	Neurontin	PD
1835N	Capsule 400 mg	100	5	..	146.19	20.60	Neurontin	PD
8389M	Tablet 800 mg	100	5	..	267.40	20.60	Neurontin	PD
LAMOTRIGINE								
Authority required								
<i>Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
8063J	Tablet 5 mg	56	5	..	20.90	20.60	Lamictal	GW
2848X	Tablet 25 mg	56	5	..	41.14	20.60	Lamictal	GW
2849Y	Tablet 50 mg	56	5	..	65.67	20.60	Lamictal	GW
2850B	Tablet 100 mg	56	5	..	106.48	20.60	Lamictal	GW
2851C	Tablet 200 mg	56	5	..	175.89	20.60	Lamictal	GW
SULTHIAME								
2099L	Tablet 50 mg	200	2	..	30.54	20.60	Ospolot	OF
2100M	Tablet 200 mg	200	2	..	72.68	20.60	Ospolot	OF
TOPIRAMATE								
Authority required								
<i>Treatment of partial epileptic seizures, primary generalised tonic clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs.</i>								
8163P	Tablet 25 mg	60	5	..	43.77	20.60	Topamax	JC
8164Q	Tablet 50 mg	60	5	..	70.05	20.60	Topamax	JC
8165R	Tablet 100 mg	60	5	..	113.77	20.60	Topamax	JC
8166T	Tablet 200 mg	60	5	..	188.14	20.60	Topamax	JC
8371N	Capsule 15 mg	60	5	..	32.75	20.60	Topamax Sprinkle	JC
8372P	Capsule 25 mg	60	5	..	43.77	20.60	Topamax Sprinkle	JC

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Tertiary amines								
BENZHEXOL HYDROCHLORIDE								
1109J	Tablet 2 mg	200	2	..	11.54	12.41	Artane	LE
1110K	Tablet 5 mg	200	1	..	13.64	14.51	Artane	LE
BIPERIDEN HYDROCHLORIDE								
2544X	Tablet 2 mg	200	2	..	*18.70	19.57	Akineton	KN
• Ethers of tropine or tropine derivatives								
BENZTROPINE MESYLATE								
2362H	Tablet 2 mg	60	2	..	7.17	8.04	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	18.32	19.19	Cogentin	MK
Dopaminergic agents								
• Dopa and dopa derivatives								
LEVODOPA with BENSERAZIDE								
8218M	Dispersible tablet 50 mg-12.5 mg	100	5	..	20.79	20.60	Madopar Rapid 62.5	RO
8219N	Dispersible tablet 100 mg-25 mg	100	5	..	36.52	20.60	Madopar Rapid 125	RO
2229H	Tablet 100 mg-25 mg	100	5	..	36.52	20.60	Madopar 125	RO
2228G	Tablet 200 mg-50 mg	100	5	..	48.84	20.60	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	20.79	20.60	Madopar 62.5	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.52	20.60	Madopar 125	RO
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	39.73	20.60	Madopar HBS	RO
2226E	Capsule 200 mg-50 mg	100	5	..	48.84	20.60	Madopar	RO
LEVODOPA with CARBIDOPA								
1242J	Tablet 100 mg-25 mg	100	5	..	39.25	20.60	* Kinson	AF
				B4.72	43.97	20.60	* Sinemet 100/25	MK
1245M	Tablet 250 mg-25 mg	100	5	..	49.72	20.60	Sinemet	MK
LEVODOPA with CARBIDOPA								
Authority required								
<i>Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.</i>								
1255C	Tablet 200 mg-50 mg (modified release)	100	5	..	64.90	20.60	Sinemet CR	MK
• Adamantane derivatives								
AMANTADINE HYDROCHLORIDE								
Restricted benefit								
<i>Parkinson's disease which is not drug induced.</i>								
3016R	Capsule 100 mg	100	5	..	42.35	20.60	Symmetrel 100	NV

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Dopamine agonists BROMOCRIPTINE MESYLATE <u>Restricted benefit</u> 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	..	34.08	20.60	^a Bromohexal ^a Bromolactin ^a Krypton 2.5 ^a SBPA Bromo- criptine 2.5	HX SI AF SL
				^B 1.48	35.56	20.60	^a Parlodel	NV
1446D	Capsule 5 mg (base)	60	5	..	62.76	20.60	^a Bromohexal ^a Bromolactin ^a Krypton 5 ^a SBPA Bromo- criptine 5	HX SI AF SL
				^B 1.49	64.25	20.60	^a Parlodel	NV
1445C	Capsule 10 mg (base)	100	5	..	210.45	20.60	^a Krypton 10	AF
				^B 0.74	211.19	20.60	^a Parlodel	NV
[For other listings for this drug see Generic/Proprietary Index]								
CABERGOLINE <u>Restricted benefit</u> Parkinson's disease.								
8393R	Tablet 1 mg	30	5	..	70.03	20.60	Cabaser	PU
8394T	Tablet 2 mg	30	5	..	92.35	20.60	Cabaser	PU
8395W	Tablet 4 mg	30	5	..	105.37	20.60	Cabaser	PU
PERGOLIDE MESYLATE <u>Restricted benefit</u> Treatment of Parkinson's disease as adjunctive therapy in combination with levodopa— decarboxylase inhibitor combinations.								
2808T	Tablet 50 micrograms (base)	100	..	..	52.15	20.60	Permax	LY
2809W	Tablet 250 micrograms (base)	100	5	..	66.15	20.60	Permax	LY
2810X	Tablet 1 mg (base)	100	5	..	246.92	20.60	Permax	LY
• Monoamine oxidase type B inhibitors SELEGILINE HYDROCHLORIDE <u>Restricted benefit</u> Adjunctive therapy in late stage Parkinson's disease in patients being treated with levodopa—decarboxylase inhibitor combinations.								
1973W	Tablet 5 mg	100	5	..	57.82	20.60	^a Selgene	AF
				^B 0.54	58.36	20.60	^a Eldepryl	RC

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Other dopaminergic agents ENTACAPONE Authority required <i>Treatment of Parkinson's disease as adjunctive therapy in combination with levodopa— decarboxylase inhibitor combinations in patients experiencing motor fluctuations.</i>								
8367J	Tablet 200 mg	200	4	..	*288.40	20.60	Comtan	NV
PSYCHOLEPTICS Antipsychotics • Phenothiazine with aliphatic side-chain CHLORPROMAZINE HYDROCHLORIDE								
1196Y	Tablet 10 mg	100	5	..	7.52	8.39	Largactil	RR
1197B	Tablet 25 mg	100	5	..	9.02	9.89	Largactil	RR
1199D	Tablet 100 mg	100	5	..	12.84	13.71	Largactil	RR
1201F	Mixture 25 mg per 5 mL, 100 mL	#1	5	..	8.80	9.67	Largactil	RR
1195X	Injection 50 mg in 2 mL	10	..	..	13.64	14.51	Largactil	RR
• Phenothiazine with piperazine structure FLUPHENAZINE DECANOATE								
1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.38	17.25	^a Modecate ^a BL	BQ
3098C	Injection 25 mg in 1 mL	5	..	..	22.91	20.60	^a Modecate ^a BL	BQ
1001Q	Injection 50 mg in 2 mL	5	..	..	33.80	20.60	^a Modecate ^a BL	BQ
TRIFLUOPERAZINE HYDROCHLORIDE								
2185B	Tablet 1 mg (base)	100	5	..	7.59	8.46	Stelazine	SK
2386N	Tablet 2 mg (base)	100	5	..	8.47	9.34	Stelazine	SK
2186C	Tablet 5 mg (base)	100	5	..	8.47	9.34	Stelazine	SK
• Phenothiazines with piperidine structure PERICYAZINE								
3052P	Tablet 2.5 mg	100	5	..	8.14	9.01	Neulactil	RR
3053Q	Tablet 10 mg	100	5	..	12.34	13.21	Neulactil	RR
THIORIDAZINE CAUTION: <i>Thioridazine may cause serious cardiac arrhythmias.</i>								
Authority required ➤ For the management of schizophrenic patients who have failed to respond adequately to treatment with appropriate courses of at least 2 other antipsychotic drugs, at an adequate dose and for an adequate duration, either because of insufficient effectiveness or the inability to achieve an effective dose due to intolerable adverse effects from those drugs.								
8096D	Oral suspension 10 mg per mL, 500 mL	#1	5	..	26.73	20.60	Melleril Suspension 1%	NV

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
THIORIDAZINE HYDROCHLORIDE								
CAUTION:								
<i>Thioridazine may cause serious cardiac arrhythmias.</i>								
Authority required								
➤ <i>For the management of schizophrenic patients who have failed to respond adequately to treatment with appropriate courses of at least 2 other antipsychotic drugs, at an adequate dose and for an adequate duration, either because of insufficient effectiveness or the inability to achieve an effective dose due to intolerable adverse effects from those drugs.</i>								
2163W	Tablet 10 mg	100	5	.. ^B 0.75	7.49 8.24	8.36 ^a 8.36 ^a	Aldazine 10 Melleril 10	AF NV
2359E	Tablet 25 mg	100	5	.. ^B 0.74	8.98 9.72	9.85 ^a 9.85 ^a	Aldazine 25 Melleril 25	AF NV
2164X	Tablet 50 mg	100	5	.. ^B 0.75	9.34 10.09	10.21 ^a 10.21 ^a	Aldazine 50 Melleril 50	AF NV
2165Y	Tablet 100 mg	100	5	.. ^B 0.75	12.85 13.60	13.72 ^a 13.72 ^a	Aldazine 100 Melleril 100	AF NV
• Butyrophenone derivatives								
HALOPERIDOL								
2761H	Tablet 500 micrograms	100	5	..	8.00	8.87	Serenace	SI
2767P	Tablet 1.5 mg	100	5	..	8.46	9.33	Serenace	SI
2770T	Tablet 5 mg	50	5	..	8.47	9.34	Serenace	SI
2763K	Oral liquid 2 mg per mL, 100 mL	\$1	5	..	14.23	15.10	Serenace	SI
2768Q	Injection 5 mg in 1 mL	10	..	..	14.31	15.18	Serenace	SI
HALOPERIDOL DECANOATE								
2765M	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	.. ^B 0.20	24.00 24.20	20.60 ^a 20.60 ^a	BL Haldol decanoate	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	42.90	20.60 ^a	Haldol decanoate ^a BL	JC
• Thioxanthene derivatives								
FLUPENTHIXOL DECANOATE								
2255Q	Oily I.M. injection 20 mg in 1 mL	5	..	..	17.05	17.92	Fluanxol Depot	RR
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	24.13	20.60	Fluanxol Depot	RR
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	43.00	20.60	Fluanxol Concentrated Depot	RR
ZUCLOPENTHIXOL DECANOATE								
8097E	Oily I.M. injection 200 mg in 1 mL	5	..	..	23.10	20.60	Clopixol Depot	LU
• Diazepines, oxazepines and thiazepines								
OLANZAPINE								
Authority required								
➤ <i>Treatment of schizophrenia.</i>								
8170B	Tablet 2.5 mg	30	5	..	61.46	20.60	Zyprexa	LY

continued ➤

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OLANZAPINE—cont.								
8185T	Tablet 5 mg	30	5	..	117.40	20.60	Zyprexa	LY
8186W	Tablet 7.5 mg	30	5	..	175.62	20.60	Zyprexa	LY
8187X	Tablet 10 mg	30	5	..	229.94	20.60	Zyprexa	LY
8433W	Wafer 5 mg	28	5	..	109.87	20.60	Zyprexa Zydis	LY
8434X	Wafer 10 mg	28	5	..	216.10	20.60	Zyprexa Zydis	LY
QUETIAPINE FUMARATE								
<u>Authority required</u>								
<i>Treatment of schizophrenia.</i>								
8456C	Tablet 25 mg (base)	60	5	..	53.33	20.60	Seroquel	AP
8457D	Tablet 100 mg (base)	90	5	..	147.91	20.60	Seroquel	AP
8458E	Tablet 200 mg (base)	60	5	..	200.89	20.60	Seroquel	AP
• Neuroleptics, in tardive dyskinesia								
TETRABENAZINE								
<u>Authority required</u>								
<i>Hyperkinetic extrapyramidal disorders.</i>								
1330B	Tablet 25 mg	112	5	..	178.10	20.60	OA	
• Lithium								
LITHIUM CARBONATE								
<i>For listings see Generic/Proprietary Index</i>								
• Other antipsychotics								
RISPERIDONE								
<u>Authority required</u>								
➤ <i>Treatment of schizophrenia.</i>								
3169T	Tablet 1 mg	60	5	..	73.26	20.60	Risperdal	JC
3170W	Tablet 2 mg	60	5	..	142.78	20.60	Risperdal	JC
3171X	Tablet 3 mg	60	5	..	209.40	20.60	Risperdal	JC
3172Y	Tablet 4 mg	60	5	..	271.60	20.60	Risperdal	JC
8100H	Oral solution 1 mg per mL, 100 mL	†1	5	..	119.72	20.60	Risperdal	JC
Anxiolytics								
• Benzodiazepine derivatives								
ALPRAZOLAM								
<u>Authority required</u>								
<i>Panic disorder with or without agoraphobia where other treatments have failed or are inappropriate.</i>								
2130D	Tablet 250 micrograms	50	..	.. B0.94	8.65 9.59	9.52 ^a	Kalma 0.25 Xanax	AF UP
2131E	Tablet 500 micrograms	50	..	.. B0.96	11.26 12.22	12.13 ^a	Kalma 0.5 Xanax	AF UP

continued ➤

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ALPRAZOLAM—cont.								
2132F	Tablet 1 mg	50	2	.. ^B 0.99	16.38 17.37	17.25 ^a 17.25 ^a	Kalma 1 Xanax	AF UP
8118G	Tablet 2 mg	50	2	.. ^B 1.10	22.91 24.01	20.60 ^a 20.60 ^a	Kalma 2 Xanax Tri- Score	AF UP
DIAZEPAM								
3161J	Tablet 2 mg	50	..	.. ^B 0.91 ^B 1.30	6.50 7.41 7.80	7.37 ^a 7.37 7.37 ^a	Antenex 2 Ducene Valium	AF SU RO
3162K	Tablet 5 mg	50	..	.. ^B 0.93 ^B 1.32	6.74 7.67 8.06	7.61 ^a 7.61 7.61 ^a	Antenex 5 Ducene Valium	AF SU RO
2558P	Injection 10 mg in 2 mL	5	..	..	9.15	10.02	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; or
 - (iv) 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.
- Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

OXAZEPAM

3132W	Tablet 15 mg	25	..	.. ^B 0.01 ^B 1.42	5.71 5.72 7.13	6.58 ^a 6.58 6.58 ^a	Alepam 15 Murelax Serepax	AF AY WY
3133X	Tablet 30 mg	25	..	.. ^B 0.01 ^B 1.42	5.93 5.94 7.35	6.80 ^a 6.80 6.80 ^a	Alepam 30 Murelax Serepax	AF AY WY

NOTE:

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

OXAZEPAM**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 6 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 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

continued

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OXAZEPAM—cont.								
3134Y	Tablet 15 mg	50	5	..	*7.02	7.89	^a Alepam 15	AF
				^B 0.02	*7.04	7.89	^a Murelax	AY
				^B 2.84	*9.86	7.89	^a Serepax	WY
3135B	Tablet 30 mg	50	5	..	*7.46	8.33	^a Alepam 30	AF
				^B 0.02	*7.48	8.33	^a Murelax	AY
				^B 2.84	*10.30	8.33	^a Serepax	WY
• Other anxiolytics								
CLOMIPRAMINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Cataplexy associated with narcolepsy;								
Obsessive-compulsive disorder;								
Phobic disorders in adults.								
1561E	Tablet 25 mg	50	2	..	18.56	19.43	^a Chem mart	CH
							^a Clomipramine	
							^a Clopram	DP
							^a DBL	BL
							^a Clomipramine	
							^a GenRx	FH
							^a Clomipramine	
							^a healthsense	HS
							^a Clomipramine	
							^a Placil	AF
							^a Terry White	TW
							^a Chemists	
							^a Clomipramine	
				^B 1.16	19.72	19.43	^a Anafranil 25	NV
Hypnotics and sedatives								
• Benzodiazepine derivatives								
NITRAZEPAM								
2723H	Tablet 5 mg	25	..	..	6.38	7.25	^a Alodorm	AF
				^B 2.02	8.40	7.25	^a Mogadon	DT
<u>NOTE:</u>								
Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam below.								
NITRAZEPAM								
<u>Authority required</u>								
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 6 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 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.								
2732T	Tablet 5 mg	50	5	..	*8.36	9.23	^a Alodorm	AF
				^B 4.04	*12.40	9.23	^a Mogadon	DT

NERVOUS SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
TEMAZEPAM							
2089Y	Tablet 10 mg	25	..	.. B0.02 B1.02	6.38 6.40 7.40	7.25 7.25 7.25	a Temaze AF a Temtabs WX a Normison WY
2108Y	Capsule 10 mg	25	..	.. B0.02 B1.02	6.38 6.40 7.40	7.25 7.25 7.25	Euhypnos SI a Temaze 10 AF a Nocturne WX 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 6 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 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

2088X	Tablet 10 mg	50	5	..	*8.36	9.23	^a Temaze	AF
				^B 0.04	*8.40	9.23	^a Temtabs	WX
				^B 2.04	*10.40	9.23	^a Normison	WY
2105T	Capsule 10 mg	50	5	..	*8.36	9.23	Euhypnos	SI
				^B 0.04	*8.40	9.23	^a Temaze 10	AF
				^B 2.04	*10.40	9.23	^a Nocturne	WX
							^a Normison	WY

PSYCHOANALEPTICS

Antidepressants• **Non-selective monoamine reuptake inhibitors**

AMITRIPTYLINE HYDROCHLORIDE

2417F	Tablet 10 mg	50	2	..	5.53	6.40	Endep 10 AF
2418G	Tablet 25 mg	50	2	..	6.04	6.91	^a Endep 25 AF
				^B 1.22	7.26	6.91	^a Tryptanol MK
2429W	Tablet 50 mg	50	2	..	7.18	8.05	Endep 50 AF

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CLOMIPRAMINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Cataplexy associated with narcolepsy; Obsessive-compulsive disorder; Phobic disorders in adults.</i>								
1561E	Tablet 25 mg	50	2	..	18.56	19.43	^a Chem mart Clomipramine ^a Clopram ^a DBL Clomipramine ^a GenRx Clomipramine ^a healthsense Clomipramine ^a Placil ^a Terry White Chemists Clomipramine ^a Anafranil 25	CH DP BL FH HS AF TW NV
				^B 1.16	19.72	19.43		
DESIPRAMINE HYDROCHLORIDE								
2972K	Tablet 25 mg	50	2	..	7.48	8.35	Pertofran 25	NV
DOTHIEPIN HYDROCHLORIDE								
1357K	Capsule 25 mg	50	2	..	7.08	7.95	^a Dothep 25	AF
				^B 1.39	8.47	7.95	^a Prothiaden	KN
1358L	Tablet 75 mg	30	2	..	7.38	8.25	^a Dothep 75	AF
				^B 1.76	9.14	8.25	^a Prothiaden	KN
DOXEPIN HYDROCHLORIDE								
1012G	Tablet 50 mg (base)	50	2	..	7.72	8.59	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	..	6.17	7.04	Deptran 10	AF
				^B 1.02	7.19	7.04	Sinequan	PF
1013H	Capsule 25 mg (base)	50	2	..	6.48	7.35	Deptran 25	AF
				^B 1.02	7.50	7.35	Sinequan	PF
IMIPRAMINE HYDROCHLORIDE								
2420J	Tablet 10 mg	50	2	..	6.69	7.56	Tofranil 10	NV
2421K	Tablet 25 mg	50	2	..	6.69	7.56	Melipramine Tofranil 25	UW NV
NORTRIPTYLINE HYDROCHLORIDE								
2522R	Tablet 10 mg (base)	50	2	..	6.00	6.87	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	6.68	7.55	Allegron	DL
• Selective serotonin reuptake inhibitors								
CITALOPRAM HYDROBROMIDE								
<u>Restricted benefit</u>								
<i>Major depressive disorders.</i>								
8220P	Tablet 20 mg (base)	28	5	..	34.10	20.60	Cipramil	LU

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FLUOXETINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Major depressive disorders; Obsessive-compulsive disorder.								
8270G	Tablet 20 mg (base) (dispersible)	28	5	.. B2.59	33.80 36.39	20.60 20.60	a Lovan 20 Tab a Prozac Tab	AL LY
1434L	Capsule 20 mg (base)	28	5	..	33.80	20.60	a Auscap a Chem mart Fluoxetine a DBL Fluoxetine a Fluohexal a GenRx Fluoxetine a healthsense Fluoxetine a Lovan a SBPA Fluoxetine 20 a Terry White Chemists Fluoxetine a Zactin a Erocap a Prozac 20	SI CH BL HX FH HS AL SL TW AF DL LY
1809F	Oral solution 20 mg (base) per 5 mL, 140 mL	#1	5	..	45.32	20.60	Lovan Liquid	AL
FLUVOXAMINE MALEATE								
<u>Restricted benefit</u>								
Major depressive disorders; Obsessive-compulsive disorder.								
8174F	Tablet 100 mg	30	5	.. B1.25	36.22 37.47	20.60 20.60	a Faverin 100 a Luvox	AW SM
PAROXETINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Major depressive disorders; Obsessive-compulsive disorder; Panic disorder with or without agoraphobia.								
2242B	Tablet 20 mg (base)	30	5	..	38.10	20.60	Aropax	SK
SERTRALINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Major depressive disorders; Obsessive-compulsive disorder.								
2236Q	Tablet 50 mg (base)	28	5	..	36.61	20.60	Zoloft	PF
2237R	Tablet 100 mg (base)	28	5	..	36.61	20.60	Zoloft	PF

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Monoamine oxidase inhibitors, non-selective								
	PHENELZINE SULFATE							
	CAUTION: This drug is an irreversible monoamine oxidase inhibitor.							
2856H	Tablet 15 mg (base)	50	2	..	13.31	14.18	Nardil	WW
	TRANLYCYPROMINE SULFATE							
	CAUTION: This drug is an irreversible monoamine oxidase inhibitor.							
2444P	Tablet 10 mg (base)	50	2	..	13.31	14.18	Parnate	SK
• Monoamine oxidase type A inhibitors								
	MOCLOBEMIDE							
	Restricted benefit <i>Major depressive disorders.</i>							
1900B	Tablet 150 mg	60	5	..	30.92	20.60	^a Arima	AF
							^a Chem mart	CH
							^a Moclobemide	
							^a DBL	BL
							^a Moclobemide	
							^a GenRx	FH
							^a Moclobemide	
							^a healthsense	HS
							^a Moclobemide	
							^a Terry White	TW
							^a Chemists	
							^a Moclobemide	
				^b 0.95	31.87	20.60	^a Aurorix	RO
8003F	Tablet 300 mg	60	5	..	57.43	20.60	^a Arima 300	AF
							^a Chem mart	CH
							^a Moclobemide	
							^a DBL	BL
							^a Moclobemide	
							^a GenRx	FH
							^a Moclobemide	
							^a healthsense	HS
							^a Moclobemide	
							^a Terry White	TW
							^a Chemists	
							^a Moclobemide	
				^b 1.92	59.35	20.60	^a Aurorix 300 mg	RO
• Other antidepressants								
	LITHIUM CARBONATE							
3059B	Tablet 250 mg	200	2	..	*11.50	12.37	Lithicarb	RR
8290H	Tablet 450 mg (slow release)	200	2	..	*26.44	20.60	Quilonum SR	SK
	MIANSERIN HYDROCHLORIDE							
	CAUTION: <i>Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.</i>							

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MIANSERIN HYDROCHLORIDE—cont.								
<u>Restricted benefit</u>								
<i>Severe depression.</i>								
1627P	Tablet 10 mg	50	5	.. B1.09	14.20 15.29	15.07 ^a	Lumin 10 Tolvon	AF OR
1628Q	Tablet 20 mg	50	5	.. B1.18	25.09 26.27	20.60 ^a	Lumin 20 Tolvon	AF OR
NEFAZODONE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Major depressive disorders.</i>								
8137G	Tablet 100 mg	56	5	..	20.03	20.60	Serzone	BQ
8138H	Tablet 200 mg	56	5	..	39.63	20.60	Serzone	BQ
8139J	Tablet 300 mg	56	5	..	59.20	20.60	Serzone	BQ
VENLAFAXINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Major depressive disorders.</i>								
8068P	Tablet 37.5 mg (base)	56	5	..	43.07	20.60	Efexor	WY
8069Q	Tablet 75 mg (base)	56	5	..	51.80	20.60	Efexor	WY
8301X	Capsule 75 mg (base) (modified release)	28	5	..	43.07	20.60	Efexor-XR	WY
8302Y	Capsule 150 mg (base) (modified release)	28	5	..	51.80	20.60	Efexor-XR	WY
Psychostimulants and nootropics								
• Centrally acting sympathomimetics								
DEXAMPHETAMINE SULFATE								
<u>NOTE:</u>								
<i>Care must be taken to comply with the provisions of State/Territory law when prescribing dexamphetamine.</i>								
<u>Authority required</u>								
<i>Use in attention deficit hyperactivity disorder, in accordance with State/Territory law; Narcolepsy.</i>								
1165H	Tablet 5 mg	100	5	..	15.59	16.46	SI	
OTHER NERVOUS SYSTEM DRUGS								
Parasympathomimetics								
• Anticholinesterases								
PYRIDOSTIGMINE BROMIDE								
2724J	Tablet 10 mg	100	5	..	16.26	17.13	Mestinon	DT
1959D	Tablet 60 mg	150	5	..	50.82	20.60	Mestinon	DT
2608G	Tablet 180 mg (sustained release)	100	5	..	97.24	20.60	Mestinon	DT
• Choline esters								
BETHANECHOL CHLORIDE								
1062X	Tablet 10 mg	100	2	..	15.79	16.66	Uro-Carb	HA

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTIPROTOZOALS								
Agents against amoebiasis and other protozoal diseases								
• Nitroimidazole derivatives								
METRONIDAZOLE								
<i>For listings see Generic/Proprietary Index</i>								
METRONIDAZOLE BENZOATE								
<i>For listings see Generic/Proprietary Index</i>								
TINIDAZOLE								
<i>For listings see Generic/Proprietary Index</i>								
• Other agents against amoebiasis and other protozoal diseases								
ATOVAQUONE								
<u>Authority required</u>								
<i>Treatment of mild to moderate Pneumocystis carinii pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.</i>								
8300W	Oral suspension 750 mg per 5 mL, 210 mL	#1	..	..	755.28	20.60	Wellvone	GW
Antimalarials								
• Quinine alkaloids								
QUININE BISULFATE								
<u>CAUTION:</u>								
Severe thrombocytopenia has been reported with this drug.								
1972T	Tablet 300 mg	50	2	..	9.68	10.55	Myoquin	FM
				®0.61	10.29	10.55	Quinbisul	AF
							Bi-Quinate	RR
QUININE SULFATE								
<u>CAUTION:</u>								
Severe thrombocytopenia has been reported with this drug.								
1975Y	Tablet 300 mg	50	2	..	9.68	10.55	Quinocet	FM
				®0.61	10.29	10.55	^a Quinsul	AF
							^a Quinate	RR
• Diaminopyrimidines								
PYRIMETHAMINE								
1966L	Tablet 25 mg	50	..	..	12.61	13.48	Daraprim	GW
ANTHELMINTICS								
Antinematodal agents								
• Benzimidazole derivatives								
ALBENDAZOLE								
<u>Authority required</u>								
<i>For the treatment of hydatid disease in conjunction with surgery or when a surgical cure cannot be achieved or where surgery cannot be used.</i>								
8459F	Tablet 400 mg	60	2	..	158.40	20.60	Eskazole	SK

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	
2947D	THIABENDAZOLE Tablet 500 mg	16	..	..	12.32	13.19	Mintezol	MK
• Tetrahydropyrimidine derivatives								
3047J	PYRANTEL EMBONATE Tablet 125 mg (base)	6	..	..	6.04	6.91	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.48	8.35	Anthel 250	AF
• Avermectines								
IVERMECTIN								
<u>Authority required</u>								
Onchocerciasis;								
Strongyloidiasis.								
8359Y	Tablet 3 mg	4	..	..	27.59	20.60	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	..	14.63	15.50	Lyclear	WR

• **Other ectoparasiticides, incl. scabicides**

BENZYL BENZOATE

1114P	Application 50 g in 200 mL (25%)	‡1	2	..	6.88	7.75	Benzemul	MG

RESPIRATORY SYSTEM

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ANTI-ASTHMATICS								
Adrenergics, inhalants								
• Selective beta-2-adrenoceptor agonists								
EFORMOTEROL FUMARATE DIHYDRATE								
<u>Restricted benefit</u>								
<i>Patients with frequent episodes of asthma who are receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.</i>								
8136F	Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)	60	5	..	36.99	20.60	Foradile	NV
8239P	Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses)	#1	5	..	26.27	20.60	Oxis Turbuhaler	AP
8240Q	Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses)	#1	5	..	37.25	20.60	Oxis Turbuhaler	AP
SALBUTAMOL SULFATE								
1099W	Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*20.30	20.60	Ventolin Rotacaps	GW
8288F	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	.. B0.62	*16.02 *16.64	16.89 16.89	^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	..	*23.50	20.60	Ventolin Disks	GW
<u>SALBUTAMOL SULFATE</u>								
<u>Restricted benefit</u>								
<i>Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.</i>								
8354Q	Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	..	*36.20	20.60	Airomir Autohaler	MM

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
SALBUTAMOL SULFATE—cont.								
Restricted benefit								
<i>Asthma or chronic obstructive pulmonary disease where treatment with this drug delivered from an oral pressurised inhalation device via a large volume spacer is inappropriate.</i>								
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	..	*23.82	20.60	^a Asmol 2.5 uni-dose	AF
							^a Respax 2.5 Sterinebs	PU
				^b 2.20	*26.02	20.60	^a Ventolin Nebules	GW
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	..	*24.94	20.60	^a Asmol 5 uni-dose	AF
							^a Respax 5 Sterinebs	PU
				^b 2.20	*27.14	20.60	^a Ventolin Nebules	GW
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	..	*11.30	12.17	Respax	PU
				^b 2.02	*13.32	12.17	Respolin	MM
							Ventolin	GW
SALMETEROL XINAFOATE								
Restricted benefit								
<i>Patients with frequent episodes of asthma who are receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.</i>								
3027H	Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)	†1	5	..	37.32	20.60	Serevent	GW
8141L	Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)	†1	5	..	37.32	20.60	Serevent Accuhaler	GW
TERBUTALINE SULFATE								
1240G	Oral pressurised inhalation 250 micrograms per dose (400 doses)	†1	5	..	13.11	13.98	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	†1	5	..	15.68	16.55	Bricanyl Turbuhaler	AP
TERBUTALINE SULFATE								
Restricted benefit								
<i>Asthma or chronic obstructive pulmonary disease where treatment with this drug delivered from an oral pressurised inhalation device via a large volume spacer is inappropriate.</i>								
1251W	Nebuliser solution single dose units 5 mg in 2 mL, 30	2	5	..	*26.52	20.60	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	†1	5	..	10.59	11.46	Bricanyl	AP

RESPIRATORY SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Adrenergics and other anti-asthmatics								
SALMETEROL XINAFOATE with FLUTICASONE PROPIONATE								
<u>Restricted benefit</u>								
<i>Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids and who are stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate.</i>								
8430Q	Powder for oral inhalation in breath actuated device 50 micrograms (base)- 100 micrograms per dose (60 doses)	‡1	5	..	45.64	20.60	Seretide Accuhaler 50/100	GW
8431R	Powder for oral inhalation in breath actuated device 50 micrograms (base)- 250 micrograms per dose (60 doses)	‡1	5	..	59.06	20.60	Seretide Accuhaler 50/250	GW
8432T	Powder for oral inhalation in breath actuated device 50 micrograms (base)- 500 micrograms per dose (60 doses)	‡1	5	..	79.20	20.60	Seretide Accuhaler 50/500	GW
Other anti-asthmatics, inhalants								
• Glucocorticoids								
BECLOMETHASONE DIPROPIONATE								
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.77	11.64	^a Respocort 50 Inhaler	MM
				^B 1.20	11.97	11.64	^a Becotide	GW
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	17.13	18.00	^a Respocort 100 Inhaler	MM
				^B 1.20	18.33	18.00	^a Becotide 100	GW
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	31.13	20.60	^a Respocort 250 Inhaler	MM
				^B 0.75	31.88	20.60	^a Becloforte	GW
8406K	Oral pressurised inhalation 50 micrograms per dose (200 doses), CFC-free formulation	‡1	5	..	17.13	18.00	Qvar 50	MM
8407L	Oral pressurised inhalation 100 micrograms per dose (200 doses), CFC-free formulation	‡1	5	..	31.13	20.60	Qvar 100	MM

NOTE:

The CFC-FREE formulations give greater airway deposition of beclomethasone than the current CFC-containing formulations. The amount of drug per dose (puff) has been reduced by approximately half in the CFC-free formulations to allow for this. Switching to the CFC-free formulations is usually on a dose for dose (puff for puff) basis. See product information for further information.

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	
BECLOMETHASONE DIPROPIONATE—cont.								
Restricted benefit								
<i>Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.</i>								
8142M	Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses)	#1	5	..	19.82	20.60	Respocort 50 Autohaler	MM
8143N	Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses)	#1	5	..	25.61	20.60	Respocort 100 Autohaler	MM
8237M	Oral pressurised inhalation in breath actuated device 250 micrograms per dose (200 doses)	#1	5	..	36.73	20.60	Respocort 250 Autohaler	MM
8408M	Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation	#1	5	..	25.61	20.60	Qvar 50 Autohaler	MM
8409N	Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation	#1	5	..	36.73	20.60	Qvar 100 Autohaler	MM

NOTE:

The CFC-FREE formulations give greater airway deposition of beclomethasone than the current CFC-containing formulations. The amount of drug per dose (puff) has been reduced by approximately half in the CFC-free formulations to allow for this. Switching to the CFC-free formulations is usually on a dose for dose (puff for puff) basis. See product information for further information.

BUDESONIDE

2067T	Oral pressurised inhalation 50 micrograms per dose (200 doses)	#1	5	..	13.02	13.89	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	#1	5	..	16.80	17.67	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	#1	5	..	25.12	20.60	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	#1	5	..	21.12	20.60	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	#1	5	..	28.78	20.60	Pulmicort Turbuhaler	AP

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	
BUDESONIDE—cont.								
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	#1	5	..	44.10	20.60	Pulmicort Turbuhaler	AP
BUDESONIDE								
Authority required								
<i>Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.</i>								
2065Q	Nebuliser suspension single dose units 500 micrograms in 2 mL, 30	#1	5	..	31.89	20.60	Pulmicort Respules	AP
2066R	Nebuliser suspension single dose units 1 mg in 2 mL, 30	#1	5	..	42.71	20.60	Pulmicort Respules	AP
FLUTICASONE PROPIONATE								
8145Q	Oral pressurised inhalation 50 micrograms per dose (120 doses)	#1	5	..	14.95	15.82	Flixotide Junior	GW
8345F	Oral pressurised inhalation 125 micrograms per dose (120 doses), CFC-free formulation	#1	5	..	28.37	20.60	Flixotide	GW
8346G	Oral pressurised inhalation 250 micrograms per dose (120 doses), CFC-free formulation	#1	5	..	48.51	20.60	Flixotide	GW
8147T	Powder for oral inhalation in breath actuated device 100 micrograms per dose (60 doses)	#1	5	..	14.95	15.82	Flixotide Junior Accuhaler	GW
8148W	Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses)	#1	5	..	28.37	20.60	Flixotide Accuhaler	GW
8149X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses)	#1	5	..	48.51	20.60	Flixotide Accuhaler	GW
• Anticholinergics								
IPRATROPIUM BROMIDE								
1540C	Oral pressurised inhalation 20 micrograms (anhydrous) per dose (200 doses)	2	5	..	*36.08	20.60	Atrovent	BY
8135E	Oral pressurised inhalation 40 micrograms (anhydrous) per dose (200 doses)	#1	5	..	24.98	20.60	Atrovent Forte	BY

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	
IPRATROPIUM BROMIDE—cont.								
Restricted benefit								
<i>Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.</i>								
8279R	Oral pressurised inhalation in breath actuated device 20 micrograms (anhydrous) per dose (200 doses)	2	5	..	*52.80	20.60	Atrovent Autohaler	BY
Restricted benefit								
<i>Asthma or chronic obstructive pulmonary disease where treatment with this drug delivered from an oral pressurised inhalation device via a large volume spacer is inappropriate.</i>								
1542E	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	5	..	*52.32	20.60	^a Chem mart Ipratropium ^a DBL Ipratropium ^a healthsense Ipratropium ^a Ipratrin ^a Ipravent ^a Terry White Chemists Ipratropium	CH BL HS AF PU TW
				^B 0.48	*52.80	20.60	^a Atrovent	BY
8238N	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	5	..	*61.02	20.60	^a Ipratrin Adult ^a Ipravent	AF PU
				^B 0.58	*61.60	20.60	^a Atrovent Adult	BY
1541D	Nebuliser solution 250 micrograms (anhydrous) per mL (0.025%), 20 mL	2	2	..	*18.26	19.13	Atrovent	BY
• Antiallergic agents, excl. corticosteroids								
NEDOCROMIL SODIUM								
2346L	Oral pressurised inhalation 2 mg per dose (112 doses)	‡1	5	..	29.26	20.60	Tilade	RR
SODIUM CROMOGLYCATE								
2878L	Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic)	100	5	..	30.36	20.60	Intal Spincaps	RR
1124E	Solution for inhalation 20 mg in 2 mL ampoule	120	3	..	*55.88	20.60	^a Cromese Sterinebs	PU
				^B 2.32	*58.20	20.60	^a Intal	RR
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	27.06	20.60	Intal	RR
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	29.26	20.60	Intal Forte	RR

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	
8334P	SODIUM CROMOGLYCATE—cont. Oral pressurised inhalation 5 mg per dose (112 doses), CFC-free formulation	‡1	5	..	33.35	20.60	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	..	9.09	9.96	AP
• Selective beta-2-adrenoceptor agonists								
SALBUTAMOL SULFATE								
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	9.57	10.44	Ventolin	GW
TERBUTALINE SULFATE								
1028D	Tablet 5 mg	100	5	..	12.08	12.95	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	7.49	8.36	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	8.35	9.22	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	8.48	9.35	Bricanyl	AP
Other anti-asthmatics for systemic use								
• Xanthines								
THEOPHYLLINE								
CAUTION: Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.								
1143E	Tablet 125 mg	100	5	..	8.28	9.15	Nuelin	MM
8230E	Tablet 200 mg (sustained release)	100	5	..	10.08	10.95	Nuelin-SR 200	MM
2632M	Tablet 200 mg (sustained release)	100	5	..	10.05	10.92	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	11.22	12.09	Nuelin-SR 250	MM
8231F	Tablet 300 mg (sustained release)	100	5	..	12.58	13.45	Nuelin-SR 300	MM
2633N	Tablet 300 mg (sustained release)	100	5	..	12.57	13.44	Theo-Dur	AP
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	11.26	12.13	Austyn	FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	12.52	13.39	Austyn	FA
2540Q	Capsule 300 mg (containing sustained release pellets)	100	5	..	13.44	14.31	Austyn	FA
2614N	Syrup 133.3 mg per 25 mL, 500 mL	‡1	5	..	8.75	9.62	Nuelin	MM

RESPIRATORY SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
COUGH AND COLD PREPARATIONS								
Expectorants, excl. combinations with cough suppressants								
• <i>Mucolytics</i>								
ACETYLCYSTEINE								
<u>Restricted benefit</u>								
Bronchiectasis;								
Cystic fibrosis.								
2630K	Solution for inhalation 200 mg per mL (20%), 10 mL	5	3	..	41.91	20.60	Mucomyst	BQ
Cough suppressants, excl. combinations with expectorants								
• <i>Opium alkaloids and derivatives</i>								
CODEINE PHOSPHATE								
1214X	Tablet 30 mg	20	..	..	9.93	10.80	FM	
ANTI-HISTAMINES FOR SYSTEMIC USE								
Antihistamines for systemic use								
• <i>Phenothiazine derivatives</i>								
PROMETHAZINE								
HYDROCHLORIDE								
1948M	Injection 50 mg in 2 mL	10	..	..	*15.30	16.17	BL	

SENSORY ORGANS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OPHTHALMOLOGICALS								
Antiinfectives								
• Antibiotics								
AZITHROMYCIN								
<u>Restricted benefit</u>								
<i>Trachoma.</i>								
8336R	Tablet 500 mg	2	2	..	21.67	20.60	Zithromax	PF
8201P	Powder for oral suspension 200 mg per 5 mL, 15 mL	#1	..	..	#18.40	19.64	Zithromax	PF
CHLORAMPHENICOL								
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	#1	2	..	7.25	8.12	Chloromycetin Chlorsig	PD SI
1171P	Eye ointment 10 mg per g (1%), 4 g	#1	..	..	6.92	7.79	Chloromycetin Chlorsig	PD SI
<u>CAUTION:</u>								
Topical chloramphenicol may cause aplastic anaemia.								
GENTAMICIN SULFATE								
<u>Restricted benefit</u>								
<i>Invasive ocular infection;</i>								
<i>Perioperative use;</i>								
<i>Suspected pseudomonal eye infection.</i>								
1441W	Eye drops 3 mg (base) per mL (0.3%), 5 mL	#1	2	..	15.79	16.66	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	..	..	7.11	7.98	Neosporin	WR
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	..	7.37	8.24	Neosporin	WR
TETRACYCLINE HYDROCHLORIDE								
2143T	Eye ointment 10 mg per g (1%), 5 g	#1	..	..	6.45	7.32	Latycin	BZ
TOBRAMYCIN								
<u>Restricted benefit</u>								
<i>Invasive ocular infection;</i>								
<i>Perioperative use;</i>								
<i>Suspected pseudomonal eye infection.</i>								
2328M	Eye drops 3 mg per mL (0.3%), 5 mL	#1	2	..	15.79	16.66	Tobrex	AQ
2329N	Eye ointment 3 mg per g (0.3%), 3.5 g	#1	..	..	15.79	16.66	Tobrex	AQ

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Sulfonamides SULFACETAMIDE SODIUM								
2063N	Eye drops 100 mg per mL (10%), 15 mL	#1	2	..	8.61	9.48	Acetopt Bleph 10	SI AG
• Antivirals ACICLOVIR <u>Restricted benefit</u> <i>Eye infections caused by herpes simplex virus.</i>								
1002R	Eye ointment 30 mg per g (3%), 4.5 g	#1	..	..	22.66	20.60	Zovirax	GW
• Other antiinfectives CIPROFLOXACIN <u>Restricted benefit</u> <i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1216B	Eye drops 3 mg per mL (0.3%), 5 mL	#1	..	.. B1.23	15.79 17.02	16.66 ^a 16.66 ^a	CiloQuin Ciloxan	IQ AQ
<u>Restricted benefit</u> <i>Bacterial keratitis.</i>								
1217C	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	.. B2.46	*27.18 *29.64	20.60 ^a 20.60 ^a	CiloQuin Ciloxan	IQ AQ
OFLOXACIN <u>Restricted benefit</u> <i>Severe bacterial conjunctivitis where topical chloramphenicol has failed or is inappropriate.</i>								
1912P	Eye drops 3 mg per mL (0.3%), 5 mL	#1	..	..	15.79	16.66	Ocuflow	AG
<u>Restricted benefit</u> <i>Bacterial keratitis.</i>								
8383F	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*27.18	20.60	Ocuflow	AG
Antiinflammatory agents • Corticosteroids, plain DEXAMETHASONE								
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	#1	2	..	7.98	8.85	Maxidex	AQ
FLUOROMETHOLONE								
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	#1	5	..	7.98	8.85	Flucon FML Liquifilm	AQ AG
FLUOROMETHOLONE ACETATE								
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	#1	2	..	7.98	8.85	Flarex	AQ

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
HYDROCORTISONE								
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	10.01	10.88	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.35	11.22	Hycor	SI
HYDROCORTISONE ACETATE								
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	9.80	10.67	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	10.00	10.87	Hycor	SI
MEDRYSONE								
3197G	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	7.98	8.85	HMS Liquifilm	AG
PREDNISOLONE ACETATE								
2684G	Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	7.98	8.85	Sterofrin	AQ
• Corticosteroids and mydriatics in combination								
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE <u>Restricted benefit</u> Corneal grafts; Uveitis.								
3112T	Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	‡1	2	..	16.50	17.37	Prednefrin Forte	AG
• Antiinflammatory agents, non-steroids								
DICLOFENAC SODIUM <u>Restricted benefit</u> Inhibition of intraoperative miosis.								
8329J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	..	..	11.92	12.79	Voltaren Ophtha	CV
8330K	Eye drops 1 mg per mL (0.1%), single dose units 0.3 mL, 5	‡1	..	..	11.92	12.79	Voltaren Ophtha	CV
FLURBIPROFEN SODIUM								
8009M	Eye drops 300 micrograms per mL (0.03%), 5 mL	‡1	..	..	11.92	12.79	Ocufen	AG
Antiglaucoma preparations and miotics								
• Sympathomimetics in glaucoma therapy								
APRACLONIDINE HYDROCHLORIDE <u>Restricted benefit</u> 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	..	28.84	20.60	Iopidine 0.5%	AQ

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
8351M	BRIMONIDINE TARTRATE Eye drops 2 mg per mL (0.2%), 5 mL	†1	5	..	12.65	13.52	Alphagan	AG
1351D	DIPIVEFRINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 10 mL	†1	5	..	17.60	18.47	^a DipoQuin ^a Propine	IQ AG
• Parasympathomimetics								
2535K	CARBACHOL Eye drops 15 mg per mL (1.5%), 15 mL	†1	5	..	14.70	15.57	Isopto Carbachol	AQ
2536L	Eye drops 30 mg per mL (3%), 15 mL	†1	5	..	14.98	15.85	Isopto Carbachol	AQ
1359M	ECOTHIOPATE IODIDE Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent	†1	5	..	#30.48	20.60	Phospholine Iodide	AY
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	†1	5	..	#30.48	20.60	Phospholine Iodide	AY
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	†1	5	..	#30.73	20.60	Phospholine Iodide	AY
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	†1	5	..	#33.33	20.60	Phospholine Iodide	AY
PILOCARPINE								
Restricted benefit								
<i>Chronic glaucoma when other miotics are not tolerated.</i>								
2777E	Eye disc 5 mg (releasing 20 micrograms per hour)	8	5	..	82.09	20.60	Ocusert Pilo 20	AG
2782K	Eye disc 11 mg (releasing 40 micrograms per hour)	8	5	..	85.06	20.60	Ocusert Pilo 40	AG
2778F	PILOCARPINE HYDROCHLORIDE Eye drops 5 mg per mL (0.5%), 15 mL	†1	5	..	9.49	10.36	Pilopt ^a IQ	PE
				^B 0.06	9.55	10.36	^a P.V. Carpine	AG
				^B 1.06	10.55	10.36	^a Isopto Carpine	AQ
2595N	Eye drops 10 mg per mL (1%), 15 mL	†1	5	..	9.49	10.36	Pilopt ^a IQ	PE
				^B 0.06	9.55	10.36	^a P.V. Carpine	AG
				^B 1.06	10.55	10.36	^a Isopto Carpine	AQ
2596P	Eye drops 20 mg per mL (2%), 15 mL	†1	5	..	10.53	11.40	Pilopt ^a IQ	PE
				^B 0.06	10.59	11.40	^a P.V. Carpine	AG
				^B 1.06	11.59	11.40	^a Isopto Carpine	AQ

continued ➤

SENSORY ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PILOCARPINE HYDROCHLORIDE—cont.								
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.64	13.51	Pilopt ^a IQ	PE
				^B 0.09	12.73	13.51	P.V. Carpine	AG
				^B 1.09	13.73	13.51	^a Isopto Carpine	AQ
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	12.89	13.76	Pilopt ^a IQ	PE
				^B 0.09	12.98	13.76	P.V. Carpine	AG
				^B 1.09	13.98	13.76	^a Isopto Carpine	AQ
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	16.10	16.97	Isopto Carpine Pilopt	AQ PE
				^B 0.13	16.23	16.97	P.V. Carpine	AG
• Carbonic anhydrase inhibitors								
ACETAZOLAMIDE								
1004W	Tablet 250 mg	100	3	..	20.90	20.60	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	22.00	20.60	Diamox	LE
• Beta blocking agents								
BETAXOLOL HYDROCHLORIDE								
2811Y	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	13.56	14.43	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.56	14.43	^a BetoQuin	IQ
				^B 2.01	15.57	14.43	^a Betoptic	AQ
LEVOBUNOLOL HYDROCHLORIDE								
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	12.43	13.30	Betagan	AG
TIMOLOL MALEATE								
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	11.48	12.35	^a Optimol 0.25	AF
				^B 0.95	12.43	12.35	^a Tenopt	SI
							^a Timoptol	FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	12.57	13.44	^a Optimol 0.5	AF
				^B 0.99	13.56	13.44	^a Tenopt	SI
							^a Timoptol	FR
1925H	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	‡1	5	..	12.43	13.30	Timoptol XE	MK
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	13.56	14.43	Timoptol XE	MK

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2664F	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	#1	5	..	19.57	20.44	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	#1	5	..	21.86	20.60	Timpilo 4	MK
• Other antiglaucoma preparations LATANOPROST <u>Restricted benefit</u> <i>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.</i>								
8243W	Eye drops 50 micrograms per mL (0.005%), 2.5 mL	#1	5	..	39.05	20.60	Xalatan	PU
Mydriatics and cycloplegics								
• Anticholinergics								
1092L	ATROPINE SULFATE Eye drops 5 mg per mL (0.5%), 15 mL	#1	2	..	9.14	10.01	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	#1	2	..	9.14	10.01	Atropt	SI
2541R	HOMATROPINE HYDROBROMIDE Eye drops 20 mg per mL (2%), 15 mL	#1	2	..	13.15	14.02	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	#1	2	..	16.98	17.85	Isopto Homatropine	AQ
Decongestants and antiallergics								
• Other antiallergics								
LODOXAMIDE TROMETAMOL								
<u>Authority required</u> <i>Vernal kerato-conjunctivitis.</i>								
8268E	Eye drops 1 mg (base) per mL (0.1%), 10 mL	#1	5	..	13.39	14.26	Lomide	AQ
SODIUM CROMOGLYCATE								
<u>Authority required</u> <i>Vernal kerato-conjunctivitis.</i>								
1127H	Eye drops 20 mg per mL (2%), 10 mL	#1	5	..	13.39	14.26	Opticrom	RR
Other ophthalmologicals								
• Other ophthalmologicals								
CARBOMER 940								
<u>Restricted benefit</u> <i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8193F	Ocular lubricating gel 2 mg per g (0.2%), 10 g	#1	5	..	9.02	9.89	GelTears	SN

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CARBOMER 980								
<u>Restricted benefit</u>								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8384G	Ocular lubricating gel 2 mg per g (0.2%), 10 g	#1	5	..	9.02	9.89	Viscotears Liquid Gel	CV
CARMELLOSE SODIUM								
<u>Authority required</u>								
<i>Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.</i>								
2338C	Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30	3	5	..	*33.11	20.60	Cellufresh	AG
2324H	Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30	3	5	..	*33.11	20.60	Celluvisc	AG
HYDROXYPROPYLCELLULOSE								
<u>Restricted benefit</u>								
<i>Severe dry eye syndrome unresponsive to artificial tear solutions.</i>								
1522D	Ophthalmic inserts 5 mg, 60	#1	5	..	35.74	20.60	Lacrisert	SI
HYPROMELLOSE								
<u>Restricted benefit</u>								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8287E	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	#1	5	..	8.40	9.27	Genteal	CV
2956N	Eye drops 5 mg per mL (0.5%), 15 mL	#1	5	..	8.54	9.41	Isopto Tears Methopt	AQ SI
2952J	Eye drops 10 mg per mL (1%), 15 mL	#1	5	..	9.02	9.89	Methopt Forte	SI
HYPROMELLOSE with DEXTRAN								
<u>Restricted benefit</u>								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
1509K	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	#1	5	..	10.96	11.83	Poly-Tears Tears Naturale	IQ AQ
<u>Authority required</u>								
<i>Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.</i>								
8299T	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), single dose units 0.4 mL, 28	3	5	..	*31.19	20.60	Bion Tears	AQ
PARAFFIN								
1754H	Compound eye ointment 3.5 g	2	5	..	*17.50 *19.50	18.37 18.37	^a Poly Visc ^a Duratears	IQ AQ
1750D	Pack containing 2 tubes compound eye ointment 3.5 g	#1	5	..	17.49	18.36	Lacri-Lube S.O.P. Poly Visc	AG IQ

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
POLYVINYL ALCOHOL								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
2682E	Eye drops 14 mg per mL (1.4%), 15 mL	#1	5	..	9.02	9.89	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	#1	5	..	13.08	13.95	Liquifilm Forte	AG
POLYVINYL ALCOHOL with POVIDONE								
<u>Restricted benefit</u>								
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	..	8.24	9.11	^a Tear Drops ^a Tears Plus	CV AG
OTOLOGICALS								
Antiinfectives								
• Antiinfectives								
CHLORAMPHENICOL								
1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL	#1	2	..	8.99	9.86	Chloromycetin	PD
<u>CAUTION:</u>								
Topical chloramphenicol may cause aplastic anaemia.								
NEOMYCIN UNDECENOATE with BACITRACIN ZINC								
2296W	Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g	#1	..	..	6.40	7.27	Nemdyn	HA
Corticosteroids and antiinfectives in combination								
• Corticosteroids and antiinfectives in combination								
DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN								
2781J	Ear drops 500 micrograms-5 mg- 50 micrograms per mL, 8 mL	#1	2	..	6.75 B1.31	7.62 7.62	^a Otodex ^a Sofradex	QM AV
2759F	Ear ointment 500 micrograms- 5 mg-50 micrograms per g, 5 g	#1	2	..	6.09 B1.37	6.96 6.96	^a Otodex ^a Sofradex	QM AV
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	..	6.75 B1.10	7.62 7.62	^a Otocomb Otic ^a Kenacomb Otic	BC BQ
2974M	Ear ointment 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%- 100,000 units per g), 5 g	#1	2	..	6.09 B1.10	6.96 6.96	^a Otocomb Otic ^a Kenacomb Otic	BC BQ

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS								
Antiinfectives								
• Antiinfectives								
FRAMYCETIN SULFATE								
1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	#1	2	..	7.28	8.15	Soframycin	AV
1439R	Eye/ear ointment 5 mg per g (0.5%), 5 g	#1	..	..	6.94	7.81	Soframycin	AV
Corticosteroids								
• Corticosteroids								
PREDNISOLONE SODIUM PHOSPHATE								
1922E	Eye and ear drops 5 mg per mL (0.5%), 5 mL	#1	2	..	7.94	8.81	Predsol	SI

VARIOUS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ALLERGENS								
Allergens								
• Allergen extracts								
INSECT ALLERGEN EXTRACT—								
HONEY BEE VENOM								
2886X	Injection set containing 550 micrograms	1	..	..	102.08	20.60	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	..	..	119.30	20.60	Albay Wasp Venom	BN
INSECT ALLERGEN EXTRACT—								
YELLOW JACKET VENOM								
2883R	Injection set containing 550 micrograms	1	..	..	113.70	20.60	Albay Yellow Jacket Venom	BN
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• Drugs for treatment of chronic alcoholism								
ACAMPROSATE CALCIUM								
Authority required								
<i>For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.</i>								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8357W	Tablet 333 mg (enteric coated)	180	1	..	*169.92	20.60	Campral	AF
NALTREXONE HYDROCHLORIDE								
CAUTION:								
<i>Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.</i>								
Authority required								
<i>For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.</i>								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8370M	Tablet 50 mg	30	1	..	167.10	20.60	ReVia	OA
• Antidotes								
NALOXONE HYDROCHLORIDE								
1670X	Injection 40 micrograms in 2 mL	5	..	..	30.47	20.60	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	19.70	20.57	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	20.68	20.60	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	30.43	20.60	Naloxone Min-I-Jet	CS

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Detoxifying agents for antineoplastic treatment CALCIUM FOLINATE <u>Restricted benefit</u> Antidote to folic acid antagonists.								
2308L	Tablet equivalent to 15 mg folinic acid	10	..	..	98.00	20.60	Leucovorin Calcium	BL
2309M	Injection equivalent to 3 mg folinic acid in 1 mL	5	..	..	15.97	16.84	Leucovorin Calcium	BL
MESNA <u>Restricted benefit</u> Adjunctive therapy for use with ifosfamide and high dose cyclophosphamide.								
8078E	Solution for I.V. injection 400 mg in 4 mL	15	5	..	73.70	20.60	Uromitexan	AA
8079F	Solution for I.V. injection 1 g in 10 mL	15	5	..	162.80	20.60	Uromitexan	AA
• Drugs for treatment of hypercalcemia SODIUM ACID PHOSPHATE <u>Authority required</u> 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	..	67.10	20.60	Phosphate Sandoz	NV
SODIUM CELLULOSE PHOSPHATE <u>Authority required</u> Hypercalciuria (urine calcium in excess of 8 mmol per 24 hours within the last 3 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	..	148.01	20.60	Calcisorb	MM
DIAGNOSTIC AGENTS Urine tests • Urine tests COPPER SULFATE								
1228P	Diagnostic compound tablets, 24	3	3	..	*22.79	20.60	Clinitest	BN
GLUCOSE INDICATOR—URINE								
2352T	Reagent strips, 100	‡1	2	..	12.87	13.74	Clinistix	BN
3104J	Reagent strips, 100	‡1	2	..	13.64	14.51	Diastix	BN

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
GLUCOSE and KETONE INDICATOR—URINE								
3106L	Reagent strips, 50	2	2	..	*15.16	16.03	Keto-Diabur- Test 5000	RD
3107M	Reagent strips, 100	†1	2	..	15.27	16.14	Keto-Diastix	BN
Other diagnostic agents								
• Tests for diabetes								
GLUCOSE INDICATOR—BLOOD								
2891E	Electrode strips, 50	2	5	..	*53.62	20.60	Advantage II	RD
2855G	Electrode strips, 50	2	5	..	*52.88	20.60	^a Excel G	SF
				^B 7.20	*60.08	20.60	^a Glucometer Elite	BN
8176H	Electrode strips, 50	2	5	..	*54.12	20.60	Glucometer Esprit	BN
2915K	Electrode strips, 100	†1	5	..	52.42	20.60	^a Excel ET	SF
				^B 1.70	54.12	20.60	^a ExacTech	MS
2926B	Electrode strips, 100	†1	5	..	54.12	20.60	Precision Plus	MS
2919P	Reagent strips, 50	2	5	..	*49.26	20.60	Accutrend Glucose	RD
2890D	Reagent strips, 50	2	5	..	*49.26	20.60	Betachek	NA
8053W	Reagent strips, 50	2	5	..	*49.26	20.60	Betachek MERIDIAN	NA
8178K	Reagent strips, 50	2	5	..	*49.26	20.60	Betachek Quick Test	NA
2914J	Reagent strips, 50	2	5	..	*49.26	20.60	BM-Test- Glycemie 20- 800	RD
2889C	Reagent strips, 50	2	5	..	*49.72	20.60	Glucofilm	BN
2917M	Reagent strips, 50	2	5	..	*49.72	20.60	Glucostix	BN
8190C	Reagent strips, 50	2	5	..	*49.26	20.60	Glucotrend Plus	RD
2921R	Reagent strips, 50	2	5	..	*49.72	20.60	Hypoguard Supreme	HG

VARIOUS—cont.

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

GENERAL NUTRIENTS

Other nutrients

• Other nutrients

TRIGLYCERIDES, MEDIUM CHAIN

NOTE:

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

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 (not more than 1 authority will be granted);

Steatorrhoea due to distal small bowel resection.

3128P	Oil 500 mL	2	5	..	*37.40	20.60	MCT Oil	SB
3129Q	Oil 1 L	†1	5	..	37.40	20.60	MJ	

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

AMINO ACIDS—SYNTHETIC, FORMULA

Authority required

Initial treatment, for up to 3 months, for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in children up to the age of 2 years, 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. The age of the patient must be included in the authority application.

NOTE:

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

8443J	Compound powder 400 g	8	5	..	*435.20	20.60	Neocate	SB

Authority required

Continuing treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in children up to the age of 2 years, where the child has been assessed by a suitably qualified allergist or paediatrician. The age of the patient must be included in the authority application;

Treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in children over the age of 2 years, where the child is assessed by a suitably qualified allergist or paediatrician at intervals not greater than 6 months. The age of the patient must be included in the authority application;

Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed or the patient has been receiving parenteral nutrition.

NOTE:

Authorities for increased maximum quantities, up to a maximum of 20, may be authorised, based on the monthly requirements of the patient.

3066J	Compound powder 400 g	8	5	..	*435.20	20.60	Neocate	SB

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of Qty Rpts Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
PROTEIN HYDROLYSATE FORMULA					
NOTE:					
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>					
Authority required					
<i>Initial treatment, for up to 3 months, for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The age of the patient must be included in the authority application;</i>					
<i>Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula. The age of the patient must be included in the authority application;</i>					
<i>Galactosaemia;</i>					
<i>Glycogen storage disease due to glucose-6-phosphatase deficiency in children. The age of the patient must be included in the authority application.</i>					
2563X	Compound powder 425 g	8 5 ..	*116.24	20.60	Nutramigen MJ
PROTEIN HYDROLYSATE FORMULA					
LOW IN PHENYLALANINE					
Restricted benefit					
<i>Phenylketonuria.</i>					
1865E	Compound powder 454 g	8 5 ..	*222.40	20.60	Lofenalac MJ
PROTEIN HYDROLYSATE FORMULA with					
MEDIUM CHAIN TRIGLYCERIDES					
NOTE:					
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>					
Authority required					
<i>Initial treatment, for up to 3 months, for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The age of the patient must be included in the authority application;</i>					
<i>Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides. The age of the patient must be included in the authority application;</i>					
<i>Biliary atresia;</i>					
<i>Chyloascites;</i>					
<i>Chylothorax;</i>					
<i>Cystic fibrosis;</i>					
<i>Enterokinase deficiency;</i>					
<i>Severe diarrhoea of greater than 2 weeks' duration in infants under the age of 4 months. The age of the patient must be included in the authority application;</i>					
<i>Severe intestinal malabsorption including short bowel syndrome.</i>					
2676W	Compound powder 400 g	8 5 ..	*99.36	20.60	Alfaré NT

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
		Qty	Rpts	Premium			
PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES—cont.							
<u>Authority required</u>							
<i>Initial treatment, for up to 3 months, for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The age of the patient must be included in the authority application;</i>							
<i>Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides. The age of the patient must be included in the authority application;</i>							
<i>Biliary atresia;</i>							
<i>Chyloascites;</i>							
<i>Cystic fibrosis;</i>							
<i>Enterokinase deficiency;</i>							
<i>Severe diarrhoea of greater than 2 weeks' duration in infants under the age of 4 months. The age of the patient must be included in the authority application;</i>							
<i>Severe intestinal malabsorption including short bowel syndrome.</i>							
8259Q	Compound powder 450 g	8	5	..	*106.08	20.60	Pepti-Junior NU
<u>Authority required</u>							
<i>Initial treatment, for up to 3 months, for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The age of the patient must be included in the authority application;</i>							
<i>Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides. The age of the patient must be included in the authority application;</i>							
<i>Biliary atresia;</i>							
<i>Chyloascites;</i>							
<i>Chylothorax;</i>							
<i>Cystic fibrosis;</i>							
<i>Enterokinase deficiency;</i>							
<i>Galactosaemia;</i>							
<i>Severe diarrhoea of greater than 2 weeks' duration in infants under the age of 4 months. The age of the patient must be included in the authority application;</i>							
<i>Severe intestinal malabsorption including short bowel syndrome.</i>							
2679B	Compound powder 450 g	8	5	..	*136.40	20.60	Pregestimil MJ
TRIGLYCERIDES—MEDIUM CHAIN, FORMULA							
<u>NOTE:</u>							
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>							
<u>Authority required</u>							
<i>Chronic liver failure with fat malabsorption;</i>							
<i>Chyloascites;</i>							
<i>Chylothorax;</i>							
<i>Patients requiring a ketogenic diet for intractable childhood epilepsy;</i>							
<i>Proven fat malabsorption.</i>							
2686J	Compound powder 454 g	8	5	..	*99.12	20.60	Portagen MJ

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Milk substitutes								
MILK POWDER—LACTOSE FREE FORMULA								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
Restricted benefit								
<i>Acute lactose intolerance in infants up to the age of 12 months. Age of patient must be shown on the prescription.</i>								
8236L	Infant formula powder 900 g	5	..	..	*75.80	20.60	O-Lac	MJ
8282X	Infant formula powder 900 g	5	..	..	*75.80	20.60	S-26 LF	WY
2350Q	Lactose-predigested powder infant formula 900 g	5	..	..	*82.70	20.60	De-Lact Infant	SJ
Authority required								
<i>Proven chronic lactose intolerance in infants up to the age of 12 months. Age of patient and confirmation of lactose intolerance must be included in the authority application.</i>								
NOTE:								
<i>Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.</i>								
8235K	Infant formula powder 900 g	5	5	..	*75.80	20.60	O-Lac	MJ
8283Y	Infant formula powder 900 g	5	5	..	*75.80	20.60	S-26 LF	WY
2349P	Lactose-predigested powder infant formula 900 g	5	5	..	*82.70	20.60	De-Lact Infant	SJ
MILK POWDER—LACTOSE MODIFIED								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
Restricted benefit								
<i>Acute lactose intolerance in children over 1 year of age.</i>								
2358D	Lactose-predigested powder 900 g	3	1	..	*51.38	20.60	Digestelact	SJ
Authority required								
➤ <i>Proven chronic lactose intolerance in children over 1 year of age who are significantly malnourished. Confirmation of lactose intolerance must be included in the authority application.</i>								
NOTE:								
<i>Acceptable confirmation of lactose intolerance includes clinical diagnosis by relief of symptoms on withdrawal of lactose from the diet for three to four days and subsequent re-emergence on rechallenge with lactose containing formulae/milk/food; or not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.</i>								
2357C	Lactose-predigested powder 900 g	3	10	..	*51.38	20.60	Digestelact	SJ

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MILK POWDER—SYNTHETIC								
NOTE:								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
Authority required								
<i>Hypercalcaemia in children under the age of 4 years.</i>								
3092R	Low calcium compound powder 400 g	8	5	..	*139.92	20.60	Locasol	NU
• Other combinations of nutrients								
AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE								
Restricted benefit								
<i>Methylmalonic acidemia; Propionic acidemia.</i>								
3079C	Powder 200 g	5	5	..	*659.60	20.60	Methionine, Threonine, Valine-free, and Isoleucine low Amino Acid Mix	SB
AMINO ACID FORMULA without PHENYLALANINE								
Restricted benefit								
<i>Phenylketonuria.</i>								
2347M	Sachets containing powder 20 g, 30	7	5	..	*1402.16	20.60	Phlexy-10 Drink Mix	SB
3072Q	Powder 250 g	8	5	..	*1260.72	20.60	PK AID II	SB
1450H	Food supplement powder 500 g	4	5	..	*689.16	20.60	Aminogran F.S.	FA
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE								
Restricted benefit								
<i>Tyrosinaemia.</i>								
2379F	Powder 500 g	4	5	..	*1468.72	20.60	XPTM Tyrosidon	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE								
Restricted benefit								
<i>For infants and very young children with pyridoxine non-responsive homocystinuria.</i>								
8417B	Infant formula, powder 400 g	8	5	..	*671.68	20.60	XMET Analog	SB
Restricted benefit								
<i>Pyridoxine non-responsive homocystinuria.</i>								
8328H	Powder 500 g	8	5	..	*1418.80	20.60	XMET Maxamaid	SB
8416Y	Powder 500 g	8	5	..	*1665.04	20.60	XMET Maxamum	SB

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE								
<u>Restricted benefit</u>								
Methylmalonic acidaemia; Propionic acidaemia.								
8058D	Infant formula, powder 400 g	8	5	..	*648.24	20.60	XMTVI Analog	SB
8059E	Powder 500 g	8	5	..	*1360.56	20.60	XMTVI Maxamaid	SB
8061G	Powder 500 g	8	5	..	*2067.76	20.60	XMTVI Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE								
<u>Restricted benefit</u>								
Phenylketonuria.								
2737C	Infant formula, powder 400 g	8	5	..	*570.16	20.60	XP Analog	SB
2738D	Powder 500 g	8	5	..	*1077.68	20.60	XP Maxamaid	SB
2739E	Powder 500 g	8	5	..	*1643.44	20.60	XP Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE								
<u>Restricted benefit</u>								
Tyrosinaemia.								
8445L	Infant formula, powder 400 g	8	5	..	*794.80	20.60	XPhen, Tyr Analog	SB
8446M	Powder 500 g	8	5	..	*1710.00	20.60	XPhen, Tyr Maxamaid	SB
3078B	Powder 500 g	8	5	..	*2225.84	20.60	XPhen, Tyr Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE								
<u>Restricted benefit</u>								
Maple syrup urine disease.								
2380G	Infant formula, powder 400 g	8	5	..	*557.68	20.60	MSUD Analog	SB
8310J	Powder 500 g	4	5	..	*1418.80	20.60	MSUD AID III	SB
8260R	Powder 500 g	8	5	..	*1263.04	20.60	MSUD Maxamaid	SB
8057C	Powder 500 g	8	5	..	*2067.76	20.60	MSUD Maxamum	SB

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CARBOHYDRATE, FAT, VITAMINS, MINERALS and TRACE ELEMENTS								
<u>Restricted benefit</u>								
<i>Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.</i>								
28369L	Powder 400 g	8	5	..	*273.92	20.60	Energivit	SB
ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C								
<u>Restricted benefit</u>								
<i>Gyrate atrophy of the choroid and retina; Urea cycle disorders.</i>								
8001D	Powder 200 g	10	5	..	*584.30	20.60	Dialamine	SB
MINERAL MIXTURE								
<u>NOTE:</u>								
<i>For use with Amino Acid Formula without Phenylalanine.</i>								
<u>Restricted benefit</u>								
<i>Metabolic disorders.</i>								
1451J	Powder 250 g	#1	5	..	41.43	20.60	Aminogran M.M.	FA
TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER								
<u>Restricted benefit</u>								
<i>Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.</i>								
3136C	Compound powder 400 g	8	5	..	*255.92	20.60	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	..	11.34	12.21	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	14.43	15.30	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	14.89	15.76	AP	
WATER FOR INJECTIONS, STERILISED								
2216P	Injection 2 mL	5	3	..	10.00	10.87	AP	
2217Q	Injection 5 mL	5	3	..	11.64	12.51	AP	
2218R	Injection 10 mL	5	3	..	13.08	13.95	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	..	..	7.24	8.11	Fungilin	BQ
NYSTATIN								
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	8.78	9.65	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	..	..	16.17	17.04	Diffiam	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	..	..	10.02	10.89	AP	
Propulsives								
• Propulsives								
METOCLOPRAMIDE HYDROCHLORIDE								
5151D	Tablet 10 mg	25	..	..	6.04	6.91	Pramin	AF
				B3.01	9.05	6.91	Maxolon	DT
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	7.00	7.87	Maxolon	DT
5153F	Injection 10 mg in 2 mL	10	..	..	10.89	11.76	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	..	..	7.00	7.87	* Stemetil	MB
				B0.76	7.76	7.87	* Stemetil	RR
5206B	Injection 12.5 mg in 1 mL	10	..	..	13.82	14.69	Stemetil	RR
5207C	Suppositories 5 mg, 5	‡1	..	..	10.16	11.03	Stemetil	RR
5208D	Suppositories 25 mg, 5	‡1	..	..	11.00	11.87	Stemetil	RR
PROMETHAZINE HYDROCHLORIDE								
3374N	Injection 50 mg in 2 mL	10	..	..	*15.30	16.17	BL	

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS								
Intestinal antiinfectives								
• Antibiotics								
	NYSTATIN							
3342X	Tablet 500,000 units	50	..	..	13.01	13.88	Nilstat	AY
3345C	Capsule 500,000 units	50	..	..	13.01	13.88	Nilstat	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	..	..	93.08	20.60	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	..	..	93.08	20.60	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	..	..	95.41	20.60	Macrodex	MA
I.V. solutions								
• Solutions for parenteral nutrition								
	GLUCOSE							
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*13.75	14.62	BX	
• Solutions affecting the electrolyte balance								
	SODIUM CHLORIDE							
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*13.75	14.62	BX	
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*10.58	11.45	BX	
	SODIUM CHLORIDE with GLUCOSE							
5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	..	..	*13.75	14.62	BX	
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	*17.15	18.02	BX	
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	..	..	*17.15	18.02	BX	

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

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

Antiarrhythmics, class I and III

- **Antiarrhythmics, class IB**

LIGNOCAINE HYDROCHLORIDE

5142P	Injection 100 mg in 5 mL	2	..	..	*11.64	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	..	..	9.09	9.96	AP	

Vasodilators used in cardiac diseases

- **Organic nitrates**

GLYCERYL TRINITRATE

5108W	Tablets 600 micrograms, 100	‡1	..	..	7.02	7.89	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	..	..	6.24	7.11	Sigmacort	SI
5113D	Cream 10 mg per g (1%), 50 g	‡1	..	..	6.70	7.57	Cortef Sigmacort	UP SI
5112C	Topical ointment 10 mg per g (1%), 30 g	‡1	..	..	6.24	7.11	Sigmacort	SI
5114E	Topical ointment 10 mg per g (1%), 50 g	‡1	..	..	6.70	7.57	Sigmacort	SI

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES								
CORTICOSTEROIDS FOR SYSTEMIC USE								
Corticosteroids for systemic use, plain								
• Glucocorticoids								
BETAMETHASONE ACETATE								
<i>with BETAMETHASONE</i>								
SODIUM PHOSPHATE								
<u>Restricted benefit</u>								
<i>For local intra-articular or peri-articular infiltration;</i>								
<i>Keloid;</i>								
<i>Lichen planus hypertrophic.</i>								
5034Y	Injection 3 mg-3.9 mg <i>(equivalent to 5.7 mg betamethasone) in 1 mL</i>	5	..	..	23.55	20.60	Celestone Chronodose	SH
HYDROCORTISONE SODIUM SUCCINATE								
<u>Restricted benefit</u>								
<i>For use in a hospital.</i>								
5118J	Injection equivalent to 100 mg <i>hydrocortisone with 2 mL solvent</i>	6	..	..	*23.90	20.60	Solu-Cortef	UP
5119K	Injection equivalent to 250 mg <i>hydrocortisone with 2 mL solvent</i>	6	..	..	*39.62	20.60	Solu-Cortef	UP
METHYLPREDNISOLONE ACETATE								
<u>Restricted benefit</u>								
<i>For local intra-articular or peri-articular infiltration.</i>								
5148Y	Injection 40 mg in 1 mL	5	..	..	19.80	20.60	^a Depo-Nisolone	KR
					^B 0.74 20.54	20.60	^a Depo-Medrol	UP
TRIAMCINOLONE ACETONIDE								
<u>Restricted benefit</u>								
<i>For local intra-articular or peri-articular infiltration;</i>								
<i>Keloid;</i>								
<i>Lichen planus hypertrophic.</i>								
5233K	Injection 10 mg in 1 mL	5	..	..	23.55	20.60	Kenacort-A10	BQ
PANCREATIC HORMONES								
Glycogenolytic hormones								
• Glycogenolytic hormones								
GLUCAGON HYDROCHLORIDE								
5105Q	Injection set containing 1 mg <i>(1 i.u.) and 1 mL solvent in disposable syringe</i>	1	..	..	33.74	20.60	GlucaGen Hypokit	NO

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

Code	Name, Restriction, Manner of administration and form	Max. No. of Qty 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	7.17	8.04	^a Doxsig SI ^a Doxy-100 DP ^a Doxyhexal HX ^a Doxylin 100 AF ^a SBPA Doxycy- SL cline 100 mg
			^B 0.94 8.11	8.04	^a Vibramycin PF
3322W	Capsule 100 mg	7	7.17	8.04	^a Chem mart CH Doxycycline ^a DBL Doxycycline BL ^a GenRx FH Doxycycline ^a healthsense HS Doxycycline ^a Terry White TW Chemists Doxycycline
			^B 1.05 8.22	8.04	^a Doryx FA
TETRACYCLINE HYDROCHLORIDE					
3383C	Capsule 250 mg	24	6.83	7.70	Achromycin LE
TETRACYCLINE HYDROCHLORIDE (BUFFERED)					
3386F	Capsule 250 mg	25	6.93	7.80	Tetrex BC
Beta-lactam antibacterials, penicillins					
• Penicillins with extended spectrum					
AMOXYCILLIN					
3303W	Chewable tablet 250 mg	20	8.61	9.48	Amoxil SK
3301R	Capsule 250 mg	20	7.70	8.57	^a Alphamox 250 AF ^a Amohexal HX ^a Bgramin DP ^a Chem mart CH Amoxycillin ^a Cilamox SI ^a DBL Amoxycillin BL ^a healthsense HS Amoxycillin ^a Moxacin CS ^a SBPA Amoxy- SL cillin 250 mg ^a Terry White TW Chemists Amoxycillin
			^B 0.72 8.42	8.57	^a Amoxil SK

continued

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—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.								
3300Q	Capsule 500 mg	20	..	..	10.98	11.85	a Alphamox 500 a Amohexal a Bgramin a Chem mart Amoxycillin a Cilamox a DBL Amoxycillin a healthsense Amoxycillin a Moxacin a SBPA Amoxy- cillin 500 mg a Terry White Chemists Amoxycillin	AF HX DP CH SI BL HS CS SL TW
				B0.85	11.83	11.85	a Amoxil	SK
3309E	Sachet containing oral powder 3 g	1	..	..	8.46	9.33	Amoxil	SK
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	#11.28	12.52	Amoxil	SK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#9.43	10.67	a Alphamox 125 a Amohexal a Bgramin a Cilamox a Moxacin a Amoxil	AF HX DP SI CS SK
				B0.62	#10.05	10.67		
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#10.74	11.98	a Alphamox 250 a Amohexal a Bgramin a Cilamox a Moxacin 250 a Amoxil Forte	AF HX DP SI CS SK
				B0.63	#11.37	11.98		
AMPICILLIN								
5013W	Capsule 250 mg	24	..	..	8.32	9.19	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	11.75	12.62	Alphacin 500	AF
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N, 6897B, 6898C, 6899D apply to above item with approved solvents)	5	..	..	10.54 B0.06 10.60	11.41 11.41	a Austrapen a Ampicyn	CS RR
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R, 6900E, 6901F, 6902G apply to above item with approved solvents)	5	..	..	14.47 B0.09 14.56	15.34 15.34	a Austrapen a Ampicyn	CS RR

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
• Beta-lactamase sensitive penicillins								
BENZATHINE PENICILLIN								
5025L	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	22.21	20.60	Bicillin L-A Tubex	WY
5026M	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	35.43	20.60	Bicillin L-A	WY
BENZYL PENICILLIN								
3398W	Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C, 6921G, 6922H, 6923J apply to above item with approved solvents)	10	..	..	*21.16	20.60	BenPen	CS
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F, 6924K, 6925L, 6926M apply to above item with approved solvents)	10	..	..	*47.52	20.60	BenPen	CS
PHENOXYMETHYL PENICILLIN								
3359T	Tablet 125 mg	50	..	..	*10.90	11.77	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	50	..	..	*11.24	12.11	Abbocillin-VK Filmtab	AB
3361X	Tablet 500 mg	50	..	..	*14.58	15.45	Abbocillin-VK Filmtab	AB
3363B	Capsule 250 mg	50	..	..	*11.18	12.05	^a Cilicaine VK ^a Cilopen VK LPV	SI DP CS
							^a Penhexal VK	HX
3364C	Capsule 500 mg	50	..	..	*14.48	15.35	^a Cilicaine VK ^a Cilopen VK LPV	SI DP CS
							^a Penhexal VK	HX
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	..	*10.28 ^B 0.80 ^B 0.86	11.15 11.15 11.15	^a Cilicaine V ^a LPV 125 ^a Abbocillin-V	SI CS AB
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	..	*12.90 ^B 0.08 ^B 0.96	13.77 13.77 13.77	^a Cilicaine V ^a Abbocillin-V ^a LPV 250	SI AB CS
PROCAINE PENICILLIN								
3370J	Injection 1 g	5	..	..	52.14	20.60	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	52.14	20.60	Cilicaine	SI

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
• 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	..	..	16.48	17.35	Diclocil	BQ
5099J	Injection 1 g (solvent required) (codes 6939F, 6940G, 6941H, 6942J, 6943K, 6944L apply to above item with approved solvents)	5	..	..	23.34	20.60	Diclocil	BQ
<u>DICLOXACILLIN</u>								
<u>Restricted benefit</u>								
<i>Serious staphylococcal infections.</i>								
5096F	Capsule 250 mg	24	..	..	11.15	12.02	^a Diclocil ^a Dicloxsig ^a Distaph 250	BQ SI AF
5097G	Capsule 500 mg	24	..	..	18.56	19.43	^a Diclocil ^a Dicloxsig ^a Distaph 500	BQ SI AF
FLUCLOXACILLIN								
<u>CAUTION:</u>								
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	..	..	16.36	17.23	Flophen	CS
5095E	Injection 1 g (solvent required) (codes 7019K, 7020L, 7021M, 7022N, 7023P, 7024Q apply to above item with approved solvents)	5	..	..	23.16	20.60	^a Flophen ^a BL	CS

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
FLUCLOXACILLIN—cont.							
CAUTION: <i>Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.</i>							
Restricted benefit <i>Serious staphylococcal infections.</i>							
5090X	Capsule 250 mg	24	..	..	11.15	12.02	^a Flopen CS
					^b 0.46 11.61	12.02	^a Staphylex 250 AF
							^a Floxapen SK
5091Y	Capsule 500 mg	24	..	..	18.56	19.43	^a Flopen CS
					^b 0.58 19.14	19.43	^a Staphylex 500 AF
							^a Floxapen SK
5092B	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#12.45	13.69	^a Flopen CS
					^b 0.06 #12.51	13.69	^a Floxapen SK
5093C	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#16.18	17.42	^a Flopen CS
					^b 0.10 #16.28	17.42	^a Floxapen SK
• Combinations of penicillins, incl. beta-lactamase inhibitors							
AMOXYCILLIN with CLAVULANIC ACID							
CAUTION: <i>Hepatotoxicity has been reported with this drug.</i>							
Restricted benefit <i>Infections where resistance to amoxycillin is suspected or proven.</i>							
5007M	Tablet 250 mg-125 mg	15	..	..	13.04	13.91	^a Ausclav SI
					^b 0.99 14.03	13.91	^a Clamoxyl ME
							^a Augmentin SK
5008N	Tablet 500 mg-125 mg	10	..	..	13.04	13.91	Augmentin Duo SK
5006L	Tablet 875 mg-125 mg	10	..	..	16.71	17.58	^a Ausclav Duo SI
							Forte
					^b 1.02 17.73	17.58	^a Clamoxyl Duo ME
							forte
							^a Augmentin Duo SK
							forte
5009P	Powder for syrup 125 mg- 31.25 mg per 5 mL, 75 mL	‡1	..	..	#11.79	13.03	^a Ausclav SI
					^b 0.96 #12.75	13.03	^a Clamoxyl ME
							^a Augmentin SK
5011R	Powder for syrup 400 mg- 57 mg per 5 mL, 50 mL	‡1	..	..	#14.07	15.31	^a Ausclav Duo SI
							400
					^b 0.98 #15.05	15.31	^a Clamoxyl Duo ME
							400
							^a Augmentin Duo SK
							400

TICARCILLIN with CLAVULANIC ACID

Restricted benefit

Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
5230G	TICARCILLIN with CLAVULANIC ACID—cont. Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)	10	..	..	151.80	20.60	Timentin	SK
Other beta-lactam antibacterials								
• Cephalosporins and related substances								
CEFACTOR								
CAUTION: Serum sickness-like reactions have been reported with this drug, especially in children.								
5045M	Tablet 375 mg (sustained release)	10	..	..	14.45 B0.75 15.20	15.32	^a Keflor CD	AL
						15.32	^a Ceclor CD	LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	#13.55	14.79	^a Chem mart Cefaclor	CH
							^a DBL Cefaclor	BL
							^a healthsense Cefaclor	HS
							^a Keflor	AL
							^a Terry White Chemists Cefaclor	TW
					B0.82 #14.37	14.79	^a Ceclor	LY
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#14.07	15.31	^a Chem mart Cefaclor	CH
							^a DBL Cefaclor	BL
							^a GenRx Cefaclor	FH
							^a healthsense Cefaclor	HS
							^a Keflor	AL
							^a Terry White Chemists Cefaclor	TW
					B0.82 #14.89	15.31	^a Ceclor	LY
CEFOTAXIME								
Restricted benefit <i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.</i>								
5048Q	Injection 1 g (solvent required) (codes 6963L, 6964M, 6965N, 6966P, 6967Q, 6968R apply to above item with approved solvents)	10	..	..	*113.50	20.60	Claforan	AV
5049R	Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)	10	..	..	*211.30	20.60	Claforan	AV

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CEFOTETAN								
<u>Restricted benefit</u>								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.</i>								
5050T	Injection 1 g (solvent required) (codes 7044R, 7045T, 7046W, 7047X, 7048Y, 7049B apply to above item with approved solvents)	10	..	..	166.12	20.60	Apatef	LE
5051W	Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)	10	..	..	277.08	20.60	Apatef	LE
5052X	CEFUROXIME AXETIL Tablet 250 mg (base)	14	..	..	14.44	15.31	Zinnat	GW
3317N	CEPHALEXIN Capsule 250 mg	20	..	..	8.16	9.03	^a Chem mart Cephalexin ^a Cilex ^a DBL Cephalexin ^a healthsense Cephalexin ^a Ibilex 250 ^a Terry White Chemists Cephalexin	CH DP BL HS AF TW
				B1.15	9.31	9.03	^a Keflex	LY
3318P	Capsule 500 mg	20	..	..	11.15	12.02	^a Chem mart Cephalexin ^a Cilex ^a DBL Cephalexin ^a healthsense Cephalexin ^a Ibilex 500 ^a Terry White Chemists Cephalexin	CH DP BL HS AF TW
				B1.18	12.33	12.02	^a Keflex	LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#10.97 B1.15 #12.12	12.21 12.21	^a Ibilex 125 ^a Keflex	AF LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#13.15 B1.17 #14.32	14.39 14.39	^a Ibilex 250 ^a Keflex	AF LY
3376Q	CEPHALOTHIN Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y, 6927N, 6928P, 6929Q apply to above item with approved solvents)	10	..	..	43.22 B0.30 *43.50	20.60 20.60	^a BL ^a Keflin Neutral	LY

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
Sulfonamides and trimethoprim								
• Combinations of sulfonamides and trimethoprim, incl. derivatives								
TRIMETHOPRIM with SULFAMETHOXAZOLE								
CAUTION:								
There is an increased risk of severe adverse reactions with this combination in the elderly.								
3389J	Tablet 80 mg-400 mg	10	..	..	7.43	8.30	^a Resprim	AF
				^B 1.23	8.66	8.30	^a Septrin	SI
3390K	Tablet 160 mg-800 mg	10	..	..	8.43	9.30	^a Bactrim DS	RO
							^a Cosig Forte	FM
							^a Resprim Forte	AF
							^a SBPA	SL
							Trimethoprim and Sulfame- thoxazole DS	
				^B 1.23	9.66	9.30	^a Septrin Forte	SI
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.94	8.81	Bactrim	RO
				^B 1.20	9.14	8.81	^a Resprim	AF
							^a Septrin	SI
Macrolides and lincosamides								
• Macrolides								
ERYTHROMYCIN								
3326C	Capsule 175 mg	25	..	..	7.62	8.49	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.94	9.81	Eryc	FA
5085P	I.M. injection 100 mg in 2 mL	5	..	..	32.58	20.60	Erythrocin-I.M.	AB
ERYTHROMYCIN ETHYL SUCCINATE								
3336N	Tablet 400 mg (base)	25	..	..	8.65	9.52	^a E-Mycin	AF
				^B 3.21	11.86	9.52	^a E.E.S. 400	AB
							Filmtab	
3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#10.31	11.55	^a E-Mycin 200	AF
				^B 3.26	#13.57	11.55	^a E.E.S. 200	AB
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#12.21	13.45	^a E-Mycin 400	AF
				^B 3.32	#15.53	13.45	^a E.E.S. Granules	AB
ERYTHROMYCIN LACTOBIONATE								
5087R	I.V. infusion 300 mg (base)	5	..	..	42.52	20.60	^a BL	
				^B 0.40	*42.90	20.60	^a Erythrocin	AB
ERYTHROMYCIN STEARATE								
3328E	Tablet 250 mg (base)	25	..	..	7.66	8.53	Erythrocin	AB
							Filmtab	
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.58	9.45	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	10.98	11.85	Erythrocin	AB

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

Code	Name, Restriction, Manner of administration and form	Max. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
• Lincosamides								
CLINDAMYCIN								
<u>Restricted benefit</u>								
<i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>								
5057E	Capsule 150 mg	25	..	.. B1.46	14.96 16.42	15.83 15.83	a Cleocin a Dalacin C	KR UP
5144R	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	16.63	17.50	Lincocin	UP
Other antibacterials								
• Glycopeptide antibacterials								
VANCOMYCIN								
<u>Restricted benefit</u>								
<i>Prophylaxis of endocarditis in patients hypersensitive to penicillin.</i>								
3323X	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6960H, 6961J, 6962K, 6930R, 6931T, 6932W apply to above item with approved solvents)	2	..	.. B0.36	*51.56 *51.92	20.60 20.60	a BL a Vancocin	LY
• Imidazole derivatives								
METRONIDAZOLE								
3339R	Tablet 200 mg	21	..	.. B0.02 B1.93	6.47 6.49 8.40	7.34 7.34 7.34	a Metrogyl 200 a Metronide 200 a Flagyl	AF MB RR
5159M	Tablet 400 mg	5	..	..	6.36	7.23	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	19.91	20.60	Flagyl	RR
METRONIDAZOLE								
<u>Restricted benefit</u>								
<i>Treatment of anaerobic infections.</i>								
5155H	Tablet 400 mg	21	..	.. B0.05 B1.97	9.25 9.30 11.22	10.12 10.12 10.12	a Metrogyl 400 a Metronide 400 a Flagyl	AF MB RR
<u>Restricted benefit</u>								
<i>Treatment, in a hospital, of acute anaerobic sepsis.</i>								
5154G	I.V. infusion 500 mg in 100 mL	5	..	..	*28.55	20.60	BX	
3341W	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.04	14.91	Flagyl S	RR

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
VACCINES								
Bacterial vaccines								
• Tetanus vaccines								
5223X	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*16.64	17.51	CS	
MUSCULO-SKELETAL SYSTEM								
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS								
Antiinflammatory and antirheumatic products, non-steroids								
• Acetic acid derivatives and related substances								
5075D	DICLOFENAC POTASSIUM Tablets 50 mg, 20	‡1	..	..	7.30	8.17	Voltaren Rapid 50	NV
5079H	DICLOFENAC SODIUM Suppository 100 mg	40	..	..	*22.68	20.60	Voltaren 100	NV
DICLOFENAC SODIUM								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5076E	Tablet 25 mg (enteric coated)	100	..	..	*13.42	14.29	^a Diclohexal	HX
					^B 1.10	*14.52	^a Dinac	DP
							^a Voltaren 25	NV
5077F	Tablet 50 mg (enteric coated)	50	..	..	10.68	11.55	^a Diclohexal	HX
							^a Dinac	DP
					^B 1.73	12.41	^a Fenac	AF
							^a Voltaren 50	NV
5128X	INDOMETHACIN Suppository 100 mg	40	..	..	*19.30	20.17	Indocid [†]	MK
INDOMETHACIN								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5126T	Capsule 25 mg	100	..	..	*7.68	8.55	^a Arthrexin	AF
					^B 3.00	*10.68	^a Indocid	MK
SULINDAC								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5217N	Tablet 100 mg	100	..	..	*14.42	15.29	^a Aclin	AF
					^B 2.31	16.72	^a Clinoril	FR
5218P	Tablet 200 mg	50	..	..	13.33	14.20	^a Aclin 200	AF
					^B 2.63	15.96	^a Clinoril 200	FR

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
• Oxicams								
PIROXICAM								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5201R	Dispersible tablet 10 mg	50	..	..	12.67	13.54	^a Candyl-D 10 mg	DP
							^a Mobilis D-10	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
				^B 1.89	14.56	13.54	^a Feldene-D	PF
5202T	Dispersible tablet 20 mg	25	..	..	12.24	13.11	^a Candyl-D 20 mg	DP
							^a Mobilis D-20	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
				^B 1.98	14.22	13.11	^a Feldene-D	PF
5203W	Capsule 10 mg	50	..	..	12.67	13.54	^a Candyl 10 mg	DP
							^a Chem mart Piroxicam	CH
							^a DBL Piroxicam	BL
							^a GenRx Piroxicam	FH
							^a healthsense Piroxicam	HS
							^a Mobilis 10	AF
							^a Rosig	SI
							^a Terry White Chemists Piroxicam	TW
				^B 1.89	14.56	13.54	^a Feldene	PF
5204X	Capsule 20 mg	25	..	..	12.24	13.11	^a Candyl 20 mg	DP
							^a Chem mart Piroxicam	CH
							^a DBL Piroxicam	BL
							^a GenRx Piroxicam	FH
							^a healthsense Piroxicam	HS
							^a Mobilis 20	AF
							^a Rosig	SI
							^a Terry White Chemists Piroxicam	TW
				^B 1.98	14.22	13.11	^a Feldene	PF
TENOXICAM								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5226C	Tablet 10 mg	50	..	..	13.32	14.19	Tilcotil	RO

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
• Propionic acid derivatives								
IBUPROFEN								
5124Q	Tablets 400 mg, 20	‡1	..	..	6.34	7.21	Brufen	KN
IBUPROFEN								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5121M	Tablet 200 mg	100	..	..	*8.84	9.71	Rafen 200	AF
5123P	Tablet 400 mg	100	..	..	*12.14	13.01	Brufen	KN
KETOPROFEN								
5139L	Suppository 100 mg	40	..	..	*21.04	20.60	Orudis	RR
KETOPROFEN								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5133E	Capsule 50 mg	50	..	..	9.59	10.46	Orudis	RR
5135G	Capsule 100 mg (sustained release)	50	..	..	13.86	14.73	^a Oruvail SR	MB
				^B 1.60	15.46	14.73	^a Orudis SR	RR
5136H	Capsule 200 mg (sustained release)	28	..	..	14.99	15.86	^a Oruvail SR	MB
				^B 1.36	16.35	15.86	^a Orudis SR 200	RR
NAPROXEN								
5185X	Suppository 500 mg	40	..	..	*19.30	20.17	Naprosyn	RO
NAPROXEN								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
5176K	Tablet 250 mg	100	..	..	*14.22	15.09	^a Inza 250	AF
				^B 3.12	*17.34	15.09	^a Naprosyn	RO
5177L	Tablet 500 mg	50	..	..	13.12	13.99	^a Inza 500	AF
				^B 1.80	14.92	13.99	^a Naprosyn	RO
5178M	Tablet 750 mg (sustained release)	28	..	..	12.25	13.12	^a Proxen SR 750	MD
				^B 1.68	13.93	13.12	^a Naprosyn SR750	RO
5179N	Tablet 1 g (sustained release)	28	..	..	14.87	15.74	^a Proxen SR 1000	MD
				^B 1.77	16.64	15.74	^a Naprosyn SR1000	RO
5180P	Oral suspension 125 mg per 5 mL, 500 mL	‡1	..	..	19.02	19.89	Naprosyn	RO

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

Code	Name, Restriction, Manner of administration and form	Max. No.of			Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
		Qty	Rpts	Premium			
<u>NAPROXEN SODIUM</u>							
<u>Restricted benefit</u>							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
5186Y	Tablet 550 mg	50	..	..	13.21	14.08	^a Crysanal
				^B 3.00	16.21	14.08	^a Anaprox 550
							MD RO

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	..	..	*14.94	15.81	Dolobid	MK
5081K	Tablet 500 mg	50	..	..	14.63	15.50	Dolobid	MK

NERVOUS SYSTEM**ANALGESICS****Opioids**

- Natural opium alkaloids

CODEINE PHOSPHATE

5063L	Tablet 30 mg	20	..	..	9.93	10.80	FM	

NOTE:

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

CODEINE PHOSPHATE with PARACETAMOL

3316M	Tablet 30 mg-500 mg	20	..	..	6.90	7.77	^a Codalgin Forte	FM
							^a Panadeine Forte	SW
							Caplets	
				^b 1.82	8.72	7.77	^a Dymadon Forte	GW

HYDROMORPHONE HYDROCHLORIDE**CAUTION:**

The risk of drug dependence is high.

5129Y	Injection 2 mg in 1 mL	5	..	..	11.30	12.17	Dilaudid	KN
5130B	Injection 10 mg in 1 mL	5	..	..	16.78	17.65	Dilaudid-HP	KN
5131C	Injection 50 mg in 5 mL	5	..	..	45.51	20.60	Dilaudid-HP	KN

NOTE:

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

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

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

HYDROMORPHONE HYDROCHLORIDE—cont.

CAUTION:

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

5132D	Oral liquid 1 mg per mL, 473 mL	1	..	..	24.02	20.60	Dilaudid	KN

NOTE:

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

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	..	..	15.26	16.13	Ordine 2	MF

5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	18.45	19.32	Ordine 5	MF

5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	21.39	20.60	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	..	..	11.26	12.13	BL SI	

5169C	Injection 15 mg in 1 mL	5	..	..	11.59	12.46	BL SI	

5170D	Injection 30 mg in 1 mL	5	..	..	12.88	13.75	BL	

NOTE:

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

MORPHINE SULFATE

CAUTION:

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

5163R	Tablet 30 mg	20	..	..	12.53	13.40	Anamorph	FM

NOTE:

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

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
MORPHINE SULFATE—cont.								
Restricted benefit								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
5162Q	Tablet 5 mg (controlled release)	20	..	..	11.97	12.84	MS Contin	MF
5164T	Tablet 10 mg (controlled release)	20	..	..	15.28	16.15	MS Contin	MF
5165W	Tablet 30 mg (controlled release)	20	..	..	27.03	20.60	MS Contin	MF
5166X	Tablet 60 mg (controlled release)	20	..	..	41.47	20.60	MS Contin	MF
5167Y	Tablet 100 mg (controlled release)	20	..	..	60.89	20.60	MS Contin	MF
5246D	Capsule 10 mg (containing sustained release pellets)	20	..	..	15.28	16.15	Kapanol	GW
5240T	Capsule 20 mg (containing sustained release pellets)	20	..	..	20.35	20.60	Kapanol	GW
5241W	Capsule 50 mg (containing sustained release pellets)	20	..	..	35.72	20.60	Kapanol	GW
5242X	Capsule 100 mg (containing sustained release pellets)	20	..	..	60.89	20.60	Kapanol	GW
5243Y	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	20	..	..	27.03	20.60	MS Contin Suspension 30 mg	MF
5244B	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	20	..	..	41.47	20.60	MS Contin Suspension 60 mg	MF
5245C	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	20	..	..	60.89	20.60	MS Contin Suspension 100 mg	MF

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	..	..	18.12	18.99	Proladone	KN

NOTE:

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

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OXYCODONE HYDROCHLORIDE								
CAUTION: <i>The risk of drug dependence is high.</i>								
Restricted benefit <i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5195K	Tablet 5 mg	20	..	..	10.16	11.03	Endone	BT
NOTE: <i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
Restricted benefit <i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
5247E	Tablet 10 mg (controlled release)	20	..	..	19.42	20.29	OxyContin	MF
5248F	Tablet 20 mg (controlled release)	20	..	..	27.03	20.60	OxyContin	MF
5249G	Tablet 40 mg (controlled release)	20	..	..	41.47	20.60	OxyContin	MF
5250H	Tablet 80 mg (controlled release)	20	..	..	71.67	20.60	OxyContin	MF
NOTE: <i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
• Phenylpiperidine derivatives PETHIDINE HYDROCHLORIDE								
CAUTION: <i>The risk of drug dependence is high.</i>								
Restricted benefit <i>Short-term treatment of acute pain.</i>								
5199P	Injection 50 mg in 1 mL	5	..	..	10.53	11.40	BL SI	
5200Q	Injection 100 mg in 2 mL	5	..	..	10.96	11.83	BL SI	
NOTE: <i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
• Other opioids TRAMADOL HYDROCHLORIDE								
Restricted benefit <i>For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed.</i>								
5232J	Capsule 50 mg	20	..	..	8.06	8.93	Tramal	CS
Other analgesics and antipyretics								
• Salicylic acid and derivatives ASPIRIN								
5017C	Tablet 300 mg	100	..	..	6.69	7.56	Spren	SI
5018D	Tablet 300 mg (dispersible)	96	..	..	6.63	7.50	Solprin	RC

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
• Anilides								
PARACETAMOL								
5196L	Tablet 500 mg	100	..	..	7.50	8.37	Dymadon P	WR
							^a Febridol	GR
							^a Panamax	SW
							Parahexal	HX
							^a Paralgin	FM
							SBPA Parace- tamol 500	SL
							Tylenol	JT
							DP	
3348F	Oral liquid 120 mg per 5 mL, 100 mL	‡1	..	..	7.01	7.88	Dymadon	WR
							Panamax	SW
							Paralgin Junior	SI
							Elixir 1-4 years	
3349G	Oral liquid 240 mg per 5 mL, 200 mL	‡1	..	..	9.20	10.07	Panamax 240	SW
							Elixir	
							Paralgin Junior	SI
							Elixir 5-12 years	
ANTIPILEPTICS								
Antiepileptics								
• Carboxamide derivatives								
CARBAMAZEPINE								
5039F	Tablet 100 mg	200	..	..	21.16	20.60	Tegretol 100	NV
5040G	Tablet 200 mg	200	..	..	36.38	20.60	^a Teril	AF
				B1.17	37.55	20.60	^a Tegretol 200	NV
5038E	Tablet 200 mg (controlled release)	200	..	..	36.38	20.60	Tegretol CR 200	NV
5037D	Tablet 400 mg (controlled release)	200	..	..	65.16	20.60	Tegretol CR 400	NV
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡1	..	..	19.15	20.02	Tegretol Liquid	NV
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Ethers of tropine or tropine derivatives								
BENZTROPINE MESYLATE								
5031T	Injection 2 mg in 2 mL	5	..	..	18.32	19.19	Cogentin	MK
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
DIAZEPAM								
5071X	Tablet 2 mg	50	..	..	6.50	7.37	^a Antenex 2	AF
				B0.91	7.41	7.37	Ducene	SU
				B1.30	7.80	7.37	^a Valium	RO

continued

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
DIAZEPAM—cont.								
5072Y	Tablet 5 mg	50	..	..	6.74	7.61	* Antenex 5	AF
				B0.93	7.67	7.61	Ducene	SU
				B1.32	8.06	7.61	* Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	9.15	10.02	BL	
OXAZEPAM								
5192G	Tablet 15 mg	25	..	..	5.71	6.58	* Alepam 15	AF
				B0.01	5.72	6.58	* Murelax	AY
				B1.42	7.13	6.58	* Serepax	WY
5193H	Tablet 30 mg	25	..	..	5.93	6.80	* Alepam 30	AF
				B0.01	5.94	6.80	* Murelax	AY
				B1.42	7.35	6.80	* Serepax	WY

Hypnotics and sedatives

• Benzodiazepine derivatives

NITRAZEPAM

5189D	Tablet 5 mg	25	..	..	6.38	7.25	* Alodorm	AF
				B2.02	8.40	7.25	* Mogadon	DT

TEMAZEPAM

5221T	Tablet 10 mg	25	..	..	6.38	7.25	* Temaze	AF
				B0.02	6.40	7.25	* Temtabs	WX
				B1.02	7.40	7.25	* Normison	WY
5222W	Capsule 10 mg	25	..	..	6.38	7.25	Euhypnos	SI
				B0.02	6.40	7.25	* Temaze 10	AF
				B1.02	7.40	7.25	* Nocturne	WX
							* 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	..	..	9.09	9.96	AP	

SENSORY ORGANS

OPHTHALMOLOGICALS

Antiinfectives

• Antibiotics

CHLORAMPHENICOL

5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	*7.25	8.12	Chloromycetin Chlorsig	PD SI

CAUTION:

Topical chloramphenicol may cause aplastic anaemia.

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
VARIOUS								
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• Antidotes								
NALOXONE HYDROCHLORIDE								
5173G	Injection 400 micrograms in 1 mL	1	..	..	19.70	20.57	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	20.68	20.60	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	30.43	20.60	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	..	..	11.34	12.21	AP	
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	14.43	15.30	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	14.89	15.76	AP	
WATER FOR INJECTIONS, STERILISED								
3394P	Injection 2 mL	5	..	..	10.00	10.87	AP	
3395Q	Injection 5 mL	5	..	..	11.64	12.51	AP	
3396R	Injection 10 mL	5	..	..	13.08	13.95	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.

HIGHLY SPECIALISED DRUGS AVAILABLE FOR OUT-PATIENTS

The Commonwealth Government provides funding for certain specialised medications under the Highly Specialised Drugs Program. Highly Specialised Drugs are medicines for the treatment of chronic conditions which, because of their clinical use or other special features, are restricted to supply through public and private hospitals having access to appropriate specialist facilities. Medical practitioners not affiliated with these specialist hospital units cannot prescribe these drugs as pharmaceutical benefit items. To provide maintenance therapy, a general practitioner or non-specialist hospital doctor may only prescribe Highly Specialised Drugs under the guidance of the treating specialist.

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 Commonwealth funded drug under this program, a patient must attend a participating hospital and be a day admitted patient, a non-admitted patient or a patient on discharge, be under appropriate specialist medical care, meet the specific medical criteria and be an Australian 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 the Pharmaceutical Benefits Scheme. Commonwealth subsidy is not available for hospital inpatients.

Reciprocal Health Care Agreement – Where a patient is entitled to be treated as an eligible person as a visitor from a country with which Australia has entered into a Reciprocal Health Care Agreement, the supply will be limited to the original prescription only. Repeat prescriptions for these patients are not permitted.

Private Hospitals – For Highly Specialised Drugs prescribed through private hospitals, claiming and approval of authority prescriptions is administered by the Health Insurance Commission. Highly Specialised Drugs are authority required items and medical practitioners must seek and be granted approval to prescribe these items as pharmaceutical benefits prior to their dispensing under the PBS. Prescriptions for Highly Specialised Drugs can be dispensed by an approved private hospital's dispensary or by a community pharmacy.

The remuneration rates for Highly Specialised Drugs prescribed through private hospitals comprise the normal PBS ready-prepared dispensing fee plus a mark-up ascertained as follows:

- 10% for drugs with a price ex-manufacturer not more than \$40; or
- \$4 for drugs with a price ex-manufacturer more than \$40 but not more than \$100; or
- 4% for drugs with a price ex-manufacturer more than \$100.

Public Hospitals – For Highly Specialised Drugs prescribed through public hospitals, claiming and access to the program is administered by the States/Territories Health Departments. Prescriptions for Highly Specialised Drugs can be dispensed by public hospital pharmacies.

If you would like further information about the Highly Specialised Drugs Program, please contact your pharmacy, the Health Insurance Commission (telephone 132 290) or the State/Territory or Commonwealth Government adviser below:

NSW	(02) 9879 3214	VIC	(03) 9616 8413	QLD	(07) 3234 1167
SA	(08) 8226 6056	WA	(08) 9388 4980	TAS	(03) 6222 8450
NT	(08) 8922 7340	ACT	(02) 6244 2120		

Highly Specialised Drugs Working Party Secretariat (02) 6289 7238

Pharmaceutical Benefits Pricing Authority Secretariat
(for information on relativity sheets only) (02) 6289 7672

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
ABACAVIR SULFATE					
<u>Authority required</u>					
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.</i>					
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
NOTE:					
<i>These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.</i>					
APOMORPHINE HYDROCHLORIDE					
<u>Authority required</u>					
<i>Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.</i>					
6104G	Injection 10 mg in 1 mL	5	27.72	Apomine	FA
AZITHROMYCIN					
<u>Authority required</u>					
<i>Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.</i>					
6221K	Tablet 600 mg	8	67.82	Zithromax	PF
BACLOFEN					
<u>Authority required</u>					
<i>Patients with severe chronic spasticity due to multiple sclerosis or spinal cord injury or disease where oral antispastic agents have failed or have caused unacceptable side effects.</i>					
6284R	Intrathecal injection 10 mg in 5 mL	1	140.00	Lioresal Intrathecal	NV
6285T	Intrathecal injection 10 mg in 20 mL	1	140.00	Lioresal Intrathecal	NV
CIDOFOVIR					
<u>Authority required</u>					
<i>Treatment of sight-threatening cytomegalovirus retinitis in patients with AIDS.</i>					
6247T	Solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial	1	900.00	Vistide	PU
CLARITHROMYCIN					
<u>Authority required</u>					
<i>Treatment of Mycobacterium avium complex infections.</i>					
6151R	Tablet 250 mg	100	87.24	Klacid	AB
6152T	Tablet 500 mg	100	174.47	Klacid	AB
CLOZAPINE					
<u>Authority required</u>					
<i>Treatment of schizophrenia in patients who are non-responsive to, or intolerant of, other neuroleptic agents.</i>					
6101D	Tablet 25 mg	100	72.00	^a Clozaril 25 ^a SBPA Clozapine SL 25	NV

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
CLOZAPINE—cont.					
6102E	Tablet 100 mg	100	270.00	^a Clozaril 100 ^a SBPA Clozapine SL 100	NV
CYCLOSPORIN					
<u>Authority required</u>					
For use by organ or tissue transplant recipients.					
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
<u>Authority required</u>					
For use by organ or tissue transplant recipients;					
Treatment by dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are 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 rheumatologists or clinical immunologists of patients with severe active rheumatoid arthritis 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
6125J	Oral liquid 100 mg per mL (containing microemulsion pre-concentrate), 50 mL	1	315.79	Neoral	NV
DELAVIDINE MESYLATE					
<u>Authority required</u>					
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.					
6243N	Tablet 100 mg	360	271.58	Rescriptor	PD
DESFERRIOXAMINE MESYLATE					
<u>Authority required</u>					
Disorders of erythropoiesis associated with treatment-related chronic iron overload.					
6113R	Powder for injection 500 mg vial	10	99.00	^a Desferal 500 mg ^a BL	NV
<u>NOTE:</u>					
A brand price premium of \$8.19 applies to Desferal 500 mg brand.					
6270B	Powder for injection 2 g vial	1	40.00	^a Desferal 2 g ^a BL	NV

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
DIDANOSINE					
Authority required					
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.</i>					
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**Authority required**

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

6286W	Concentrated injection 15 mg in 5 mL	1	63.21	BL	
6287X	Concentrated injection 30 mg in 10 mL	1	126.43	BL	
6288Y	Concentrated injection 60 mg in 10 mL	1	252.86	BL	
6289B	Concentrated injection 90 mg in 10 mL	1	379.29	BL	

Authority required

*Multiple myeloma;
Bone metastases from breast cancer.*

6289B	Concentrated injection 90 mg in 10 mL	1	379.29	BL	
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**Authority required**

Use by cystic fibrosis patients who satisfy all of the following criteria:

- (1) are 5 years of age or older;
- (2) have a FVC greater than 40% predicted for age, gender and height;
- (3) have evidence of chronic suppurative lung disease (cough and sputum most days of the week, or greater than 3 respiratory tract infections of more than 2 weeks' duration in any 12 months, or objective evidence of obstructive airways disease);
- (4) are participating in a 4 week trial as detailed below or have achieved a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) after a 4 week trial.

In order for patients to be eligible for participation in the HSD program, the following conditions must be met:

- (1) Patients must be assessed at cystic fibrosis clinics/centres which are under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis and the prescribing of dornase alfa under the HSD program is limited to such physicians. If attendance at such units is not possible because of geographical isolation, management (including prescribing) may be by specialist physician or paediatrician in consultation with such a unit;
- (2) The measurement of lung function is to be conducted by independent (other than the treating doctor) experienced personnel at established lung function testing laboratories, unless this is not possible because of geographical isolation;
- (3) Prior to dornase alfa therapy, a baseline measurement of FEV1 must be undertaken during a stable period of the disease;
- (4) Initial therapy is limited to 4 weeks' treatment with dornase alfa at a dose of 2.5 mg daily;

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer

DORNASE ALFA—cont.

(5) At or towards the end of the initial 4 weeks' trial, patients must be reassessed and a further FEV1 measurement be undertaken (single test under conditions as above). Patients who achieve a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) are eligible for continued subsidy under the HSD program at a dose of 2.5 mg daily;

(6) Patients who fail to meet a 10% or greater improvement in FEV1 after the initial 4 weeks' treatment at a dose of 2.5 mg daily, may have 1 further trial in the next 12 months but not before 3 months after the initial trial;

(7) Following an initial 6 months' therapy, a global assessment must be undertaken involving the patient, the patient's family (in the case of paediatric patients) and the treating physician(s) to establish that all agree that dornase alfa treatment is continuing to produce worthwhile benefits. (Dornase alfa therapy should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.) Further reassessments are to be undertaken at six-monthly intervals;

(8) Other aspects of treatment, such as physiotherapy, must be continued;

(9) Where there is documented evidence that a patient already receiving dornase alfa therapy would have met the criteria for subsidy (i.e. satisfied the criteria for the 4 week trial and achieved a 10% or greater improvement in FEV1) then the patient is eligible to continue treatment under the HSD program. Where such evidence is not available, patients will need to satisfy the initiation and continuation criteria as for new patients. (Four weeks is considered a suitable washout period).

NOTE:

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

6120D	Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL ampoule	30	1110.00	Pulmozyme	RO

DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL**Authority required**

Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive mucocutaneous or visceral involvement.

6249X	Suspension for I.V. infusion 20 mg in 10 mL vial	1	653.40	Caelyx	SH

NOTE:

This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.

EFAVIRENZ**Authority required**

Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, 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
6283Q	Capsule 200 mg	90	452.64	Stocrin	MK

NOTE:

These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.

Code	Item and Section 100 Restriction	Pack Size	Price ex	Proprietary	
			Manufacturer \$	Name and Manufacturer	
EPOETIN ALFA					
<u>Authority required</u>					
<i>For the treatment of anaemia requiring transfusion, associated with chronic renal failure.</i>					
6251B	Injection 1,000 units in 0.5 mL pre-filled syringe	6	147.00	Eprex 1000	JC
6204M	Injection 2,000 units in 0.5 mL pre-filled syringe	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
6207Q	Injection 10,000 units in 1 mL pre-filled syringe	6	1037.00	Eprex 10000	JC

FILGRASTIM**Authority required**

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 being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in:

Acute lymphoblastic leukaemia;

Ewing's sarcoma;

Germ cell tumours;

Infants and children with CNS tumours;

Neuroblastoma;

Non-Hodgkin's lymphoma (intermediate or high grade);

Osteosarcoma;

Relapsed Hodgkin's disease;

Rhabdomyosarcoma;

Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

Patients receiving chemotherapy for myeloma who have had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

Patients with severe congenital neutropenia (absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, and in whom a bone marrow examination has shown evidence of maturational arrest of the neutrophil lineage);

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
FILGRASTIM—cont.					
<i>Patients with severe chronic neutropenia (absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, or evidence of neutrophil dysfunction, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));</i>					
<i>Patients with chronic cyclic neutropenia (absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months)).</i>					
6126K	Injection 300 micrograms in 1 mL vial	10	1504.00	Neupogen	AN
6291D	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	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
6292E	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	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					
<u>Authority required</u>					
<i>Treatment of sight-threatening cytomegalovirus retinitis in patients with AIDS;</i>					
<i>Treatment of aciclovir-resistant herpes simplex virus infection in immunocompromised patients with HIV infection.</i>					
6134W	I.V. infusion 24 mg per mL, 250 mL bottle	6	395.00	Foscavir	AP
GANCICLOVIR					
<u>Authority required</u>					
<i>Maintenance therapy, after stabilisation with intravenous ganciclovir, of sight-threatening cytomegalovirus retinitis in severely immunocompromised patients;</i>					
<i>Primary prophylaxis of cytomegalovirus disease in liver, heart and bone marrow transplant patients at risk of cytomegalovirus disease.</i>					
6159E	Capsule 250 mg	84	524.00	Cymevene	RO
6272D	Capsule 500 mg	90	1122.86	Cymevene	RO
<u>Authority required</u>					
<i>Sight-threatening cytomegalovirus retinitis in severely immunocompromised patients.</i>					
6256G	Intravitreal implant 4.5 mg	1	6000.00	Vitrasert	BU
GANCICLOVIR SODIUM					
<u>Authority required</u>					
<i>Sight-threatening cytomegalovirus retinitis in severely immunocompromised patients;</i>					
<i>Primary prophylaxis of cytomegalovirus disease in liver, heart and bone marrow transplant patients at risk of cytomegalovirus disease.</i>					
6136Y	Powder for I.V. infusion equivalent to 500 mg ganciclovir, vial	5	280.00	Cymevene	RO

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
INDINAVIR SULFATE					
<u>Authority required</u>					
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, 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**Authority required**

Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;

Patients with chronic hepatitis B who satisfy all of the following criteria:

- (1) Have evidence of chronic hepatitis on liver biopsy, except in patients with coagulation disorders;
- (2) Are HBe antigen positive and/or HBV DNA positive and have had evidence of chronic hepatitis B for at least 6 months;
- (3) Have an ALT greater than twice the upper limit of the laboratory reference range on 3 occasions over a period of 6 months;
- (4) Are not persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L);
- (5) Are not pregnant, not lactating, or are practising an adequate form of birth control;
- (6) Have no history of significant psychiatric illness;
- (7) Would be likely to attend regularly for treatment and follow-up;
- (8) Take no more than 7 standard alcoholic drinks per week;

Patients with chronic hepatitis C who satisfy all of the following criteria:

- (1) Have evidence of chronic hepatitis on liver biopsy, except in patients with coagulation disorders;
- (2) Have a repeatedly positive anti-HCV antibody test;
- (3) Have abnormal ALT levels in conjunction with demonstration of viral infection (HCV RNA positive and/or anti-HCV positive);
- (4) Do not have cirrhosis or other liver disease;
- (5) Are not pregnant, not lactating, or are practising an adequate form of birth control;
- (6) Have no history of significant psychiatric illness;
- (7) Would be likely to attend regularly for treatment and follow-up;
- (8) Take no more than 7 standard alcoholic drinks per week.

The course of treatment is limited to 3 million units subcutaneously 3 times weekly for up to 52 weeks.

If the ALT remains greater than the upper limit of the laboratory reference range after 12 weeks, treatment is to cease.

The course of treatment must be continuous and excludes retreatment of nonresponders or patients who relapse.

NOTE:

Hospitals should adhere to the National Health and Medical Research Council's Taskforce report on hepatitis C regarding the facility requirements for the selection of treatment centres.

6210W	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	1	26.24	Roferon-A	R0

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
	INTERFERON ALFA-2a—cont.				
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
	INTERFERON ALFA-2b				
	Authority required				
	Adjunctive therapy of malignant melanoma following surgery in patients with nodal involvement;				
	Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;				
	Patients with chronic hepatitis B who satisfy all of the following criteria:				
	(1) Have evidence of chronic hepatitis on liver biopsy, except in patients with coagulation disorders;				
	(2) Are HBe antigen positive and/or HBV DNA positive and have had evidence of chronic hepatitis B for at least 6 months;				
	(3) Have an ALT greater than twice the upper limit of the laboratory reference range on 3 occasions over a period of 6 months;				
	(4) Are not persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L);				
	(5) Are not pregnant, not lactating, or are practising an adequate form of birth control;				
	(6) Have no history of significant psychiatric illness;				
	(7) Would be likely to attend regularly for treatment and follow-up;				
	(8) Take no more than 7 standard alcoholic drinks per week;				
	Patients with chronic hepatitis C who satisfy all of the following criteria:				
	(1) Have evidence of chronic hepatitis on liver biopsy, except in patients with coagulation disorders;				
	(2) Have a repeatedly positive anti-HCV antibody test;				
	(3) Have abnormal ALT levels in conjunction with demonstration of viral infection (HCV RNA positive and/or anti-HCV positive);				
	(4) Do not have cirrhosis or other liver disease;				
	(5) Are not pregnant, not lactating, or are practising an adequate form of birth control;				
	(6) Have no history of significant psychiatric illness;				
	(7) Would be likely to attend regularly for treatment and follow-up;				
	(8) Take no more than 7 standard alcoholic drinks per week.				
	The course of treatment is limited to 3 million units subcutaneously 3 times weekly for up to 52 weeks.				
	If the ALT remains greater than the upper limit of the laboratory reference range after 12 weeks, treatment is to cease.				
	The course of treatment must be continuous and excludes retreatment of nonresponders or patients who relapse.				
	NOTE:				
	Hospitals should adhere to the National Health and Medical Research Council's Taskforce report on hepatitis C regarding the facility requirements for the selection of treatment centres.				
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

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
INTERFERON ALFA-2b—cont.					
6246R	Solution for injection 10,000,000 i.u. in 1 mL single 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					
<u>Authority required</u>					
Treatment of 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					
<u>Authority required</u>					
Patients with chronic hepatitis B who satisfy all of the following criteria:					
(1) Have evidence of chronic hepatitis on liver biopsy, except in patients with coagulation disorders;					
(2) Are HBe antigen positive and/or HBV DNA positive and have had evidence of chronic hepatitis B for at least 6 months;					
(3) Have elevated ALT levels on 2 occasions over a period of 3 months;					
(4) Are not pregnant, not lactating, or are practising an adequate form of birth control;					
(5) Would be likely to attend regularly for treatment and follow-up;					
(6) Take no more than 7 standard alcoholic drinks per week.					
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.					
6257H	Tablet 100 mg	28	119.50	Zeffix	GW
6271C	Oral solution 5 mg per mL, 240 mL	1	51.21	Zeffix	GW
<u>Authority required</u>					
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, 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
LAMIVUDINE with ZIDOVUDINE					
<u>Authority required</u>					
Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.					
6234D	Tablet 150 mg-300 mg	60	578.60	Combivir	GW

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer

LENOGRASTIM**Authority required**

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 being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in:

Acute lymphoblastic leukaemia;
Ewing's sarcoma;
Germ cell tumours;
Infants and children with CNS tumours;
Neuroblastoma;
Non-Hodgkin's lymphoma (intermediate or high grade);
Osteosarcoma;
Relapsed Hodgkin's disease;
Rhabdomyosarcoma;

Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.

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**Authority required**

Prophylaxis of renal allograft rejection;
Prophylaxis of cardiac allograft rejection.

6208R	Capsule 250 mg	300	534.30	CellCept	RO
6209T	Tablet 500 mg	150	534.30	CellCept	RO

NELFINAVIR MESYLATE**Authority required**

Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, 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**Authority required**

Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.

6215D	Tablet 200 mg	60	271.58	Viramune	BY

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	

OCTREOTIDE**Authority required**

Active acromegaly in patients with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND

(a) after failure of other therapy including dopamine agonists; or

(b) as interim treatment in patients awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or

(c) where surgery and radiotherapy are contraindicated.

Treatment is to cease in patients previously treated with radiotherapy where there is biochemical evidence of remission (normal IGF1) after octreotide withdrawal for at least 4 weeks. Octreotide should be withdrawn for assessment of remission every 2 years in the 10 years after radiotherapy.

Treatment is to cease if there has been failure to lower IGF1 after 3 months treatment at a dose of 100 micrograms 3 times daily;

Patients with a histologically-confirmed diagnosis of a functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma), experiencing on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persists despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, and for whom surgery or antineoplastic therapy has failed or is inappropriate.

Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

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

OCTREOTIDE ACETATE**Authority required**

Patients with acromegaly who are controlled on Sandostatin subcutaneous injections.

Treatment is to cease in patients previously treated with radiotherapy where there is biochemical evidence of remission (normal IGF1) after octreotide acetate withdrawal for at least 4 weeks (8 weeks after the last dose). Octreotide acetate should be withdrawn for assessment of remission every 2 years in the 10 years after radiotherapy.

Treatment is to cease if there has been failure to lower IGF1 after 3 months of treatment;

Patients with a histologically-confirmed diagnosis of a functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma) and who are controlled on Sandostatin subcutaneous injections.

Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with Sandostatin subcutaneous injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

6267W	Injection (modified release) 10 mg (base) vial and 2 ampoules diluent 2 mL	1	1390.00	Sandostatin LAR	NV
6268X	Injection (modified release) 20 mg (base) vial and 2 ampoules diluent 2 mL	1	1850.00	Sandostatin LAR	NV
6269Y	Injection (modified release) 30 mg (base) vial and 2 ampoules diluent 2 mL	1	2315.00	Sandostatin LAR	NV

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer

RIBAVIRIN and INTERFERON ALFA-2b**Authority required**

Treatment of chronic hepatitis C in patients who have relapsed following interferon alfa-2a/2b monotherapy where the monotherapy treatment would have complied with the criteria for PBS subsidy.

Patients must satisfy all of the following criteria:

(1) Have evidence of chronic hepatitis on liver biopsy, except in patients with coagulation disorders;

(2) Have a repeatedly positive anti-HCV antibody test;

(3) Are not pregnant, not lactating, or are practising an adequate form of birth control;

(4) Have no history of significant psychiatric illness;

(5) Would be likely to attend regularly for treatment and follow-up;

(6) Take no more than 7 standard alcoholic drinks per week.

Treatment is to cease if plasma HCV RNA remains detectable after 12 weeks' therapy.

The treatment course is limited to 24 weeks.

NOTE:

Hospitals should adhere to the National Health and Medical Research Council's Taskforce report on hepatitis C regarding the facility requirements for the selection of treatment centres.

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**Authority required**

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 cubic millimetre.

6195C	Capsule 150 mg	30	147.00	Mycobutin	PS

RITONAVIR**Authority required**

Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, 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**Authority required**

Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.

6248W	Soft gelatin capsule 200 mg	180	227.55	Fortovase	RO

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
SAQUINAVIR MESYLATE					
<u>Authority required</u>					
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.</i>					
6199G	Capsule 200 mg (base)	270	455.00	Invirase	R0
STAVUDINE					
<u>Authority required</u>					
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.</i>					
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					
<u>Authority required</u>					
<i>For the prevention and treatment of rejection in liver transplant recipients; For the prevention and treatment of rejection in renal transplant recipients.</i>					
6216E	Capsule 1 mg	100	385.00	Prograf	JC
6217F	Capsule 5 mg	50	962.50	Prograf	JC
VALACICLOVIR HYDROCHLORIDE					
<u>Authority required</u>					
<i>Prophylaxis of cytomegalovirus (CMV) infection and disease following renal transplantation in patients at risk of CMV disease.</i>					
6280M	Tablet 500 mg (base)	240	1160.72	Valtrex	GW
ZALCITABINE					
<u>Authority required</u>					
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.</i>					
6149P	Tablet 375 micrograms	100	193.75	Hivid	R0
6150Q	Tablet 750 micrograms	100	242.18	Hivid	R0
ZIDOVUDINE					
<u>Authority required</u>					
<i>Treatment of HIV infection in patients with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.</i>					
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

Code	Item and Section 100 Restriction	Price ex		Proprietary Name and Manufacturer
		Pack Size	Manufacturer \$	

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 benign blepharospasm and VIIth nerve disorders (hemifacial spasm) in patients 12 years and older;

Treatment of dynamic equinus foot deformity due to spasticity in juvenile cerebral palsy patients 2 years of age 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	532.62	Oxandrin	CS

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	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)					
<i>Short stature in accordance with the 'Guidelines for the Availability of Human Growth Hormone (hGH) as a Pharmaceutical Benefit'.</i>					
NOTE:					
<i>These guidelines may be obtained from:</i>					
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	74.34	Humatrope	LY
6167N	Injection 4 i.u. (1.33 mg) vial with 1 mL diluent (without preservative)	1	72.33	Saizen 4	SG
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	180.82	Saizen 10	SG
6266T	Injection 4 mg vial with 3.5 mL diluent (with preservative)	1	198.00	SciTropin	SA
6163J	Injection 12 i.u. (4 mg) vial with 3 mL diluent (with preservative)	1	222.97	Norditropin	NO
6222L	Injection 12 i.u. (4 mg) vial with 2.25 mL diluent cartridge (with preservative)	1	222.97	Norditropin PenSet 12	NO
6164K	Injection 16 i.u. (5.33 mg) vial with 8 mL diluent (with preservative)	1	297.37	Humatrope	LY
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	325.47	Humatrope	LY
6226Q	Injection 24 i.u. (8 mg) vial with 2.25 mL diluent cartridge (with preservative)	1	433.97	Norditropin PenSet 24	NO
6281N	Injection 24 i.u. (8 mg) vial with 5 mL diluent (with preservative)	1	433.97	Saizen 24	SG
6282P	Injection 24 i.u. (8 mg) vial with 1.37 mL diluent cartridge (with preservative)	1	433.97	Saizen 24	SG
6170R	Injection 36 i.u. (12 mg) cartridge with 3.15 mL diluent (with preservative)	1	650.93	Humatrope	LY

Section 3

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

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

Injectables	150 mL vial	\$0.75
Other Items	25 mL vial	\$0.28

(The 25 mL is the most commonly used size)

FEES:

Dispensing Fee for Ready Prepared Benefits	\$4.40
Dangerous Drug Fee	\$2.61
Additional Fee for Agreed Price Ready Prepared Benefits	\$0.87

NOTE—

Standard packs and prices (including mark-up, but without dispensing 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 @ 13.98	CS
3462F	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted For Adult Use	0.5 mL	1 @ 4.72	CS
3470P	Hydrocortisone Sodium Succinate	100 mg with 2 mL solvent	1 @ 3.25	UP
3474W	Lignocaine Hydrochloride	100 mg in 5 mL	1 @ 3.62	AP
3482G	Naloxone Hydrochloride	2 mg in 5 mL	1 @ 26.03	CS
3488N	Promethazine Hydrochloride	50 mg in 2 mL	5 @ 5.45	BL
3493W	Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 4.08	CS
SPECIAL PHARMACEUTICAL BENEFITS				
2315W	Bleomycin	15 units bleomycin activity	1 @ 51.22	BL
			(for reimbursement price)	
			1 @ 97.30	BL
			(for total dispensed price)	
GENERAL PHARMACEUTICAL BENEFITS				
8048N	Abciximab	10 mg in 5 mL	1 @ 523.46	LY
8357W	Acamprosate Calcium	333 mg (e.c.)	90 @ 82.76	AF
1003T	Aciclovir	200 mg	25 @ 51.23	AF,DP,FH, HX
			25 @ 54.12	GW
2600W	Allopurinol	100 mg	100 @ 4.60	AF,HX
			100 @ 5.62	SI
2604C		300 mg	30 @ 2.73	AF
2603B		300 mg	30 @ 3.01	FM
1029E	Alteplase (Recombinant tissue-type plasminogen activator)	50 mg set	1 @ 1076.39	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 @ 3.97	SI,WW
			1 @ 4.13	WR
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	250 mg-120 mg-120 mg	100 @ 3.97	FM
2159P		250 mg-120 mg-120 mg per 5 mL, 500 mL	1 @ 3.97	FM
3109P	Amiloride Hydrochloride	5 mg	50 @ 1.85	AF
			50 @ 3.32	MK
3079C	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine	200 g	1 @ 131.04	SB
2347M	Amino Acid Formula without Phenylalanine	20 g, 30	1 @ 199.68	SB
3072Q		250 g	1 @ 157.04	SB
1450H		500 g	1 @ 171.19	FA
2379F	Amino Acid Formula without Phenylalanine, Tyrosine and Methionine	500 g	1 @ 366.08	SB
8417B	Amino Acid Formula with Vitamins and Minerals without Methionine	400 g	1 @ 83.41	SB
8328H		500 g	1 @ 176.80	SB
8416Y		500 g	1 @ 207.58	SB

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
8058D	Amino Acid Formula with Vitamins and Minerals without Methionine, Threonine and Valine and low in Isoleucine	400 g	1 @ 80.48	SB
8059E		500 g	1 @ 169.52	SB
8061G		500 g	1 @ 257.92	SB
2737C	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	400 g	1 @ 70.72	SB
2738D		500 g	1 @ 134.16	SB
2739E		500 g	1 @ 204.88	SB
8445L	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine	400 g	1 @ 98.80	SB
8446M		500 g	1 @ 213.20	SB
3078B		500 g	1 @ 277.68	SB
2380G	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	400 g	1 @ 69.16	SB
8310J		500 g	1 @ 353.60	SB
8260R		500 g	1 @ 157.33	SB
8057C		500 g	1 @ 257.92	SB
8443J	Amino Acids—Synthetic, Formula	400 g	1 @ 53.85	SB
3066J		400 g	1 @ 53.85	SB
1140B	BCG Immunotherapeutic (Bacillus Calmette-Guérin/Connaught strain)	6.6 to 19.2 x 10 ⁸ CFU set	1 @ 156.00	RR
1775K	Benzylpenicillin	600 mg	5 @ 8.38	CS
2647H		3 g	5 @ 21.56	CS
2812B	Betamethasone Valerate	200 mcg (base) per g, 100 g	1 @ 4.06	EX,SI
			1 @ 6.06	SH
2820K		200 mcg (base) per g, 100 g	1 @ 4.06	EX
			1 @ 6.06	SH
2544X	Biperiden Hydrochloride	2 mg	100 @ 7.15	KN
1260H	Bisacodyl	10 mg, 10	1 @ 5.65	BY
1258F		10 mg, 12	1 @ 4.25	FL,PP
2995P	Calcitonin	50 i.u. in 1 mL	5 @ 33.91	NV
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
8369L	Carbohydrate, Fat, Vitamins, Minerals and Trace Elements	400 g	1 @ 33.69	SB
1160C	Carboplatin	50 mg in 5 mL	1 @ 37.29	BL,PU
1161D		150 mg in 15 mL	1 @ 85.12	BL,PU
1162E		450 mg in 45 mL	1 @ 163.22	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	AV
1086E		2 g	1 @ 20.69	AV
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 @ 3.91	LY
1257E	Cephazolin	1 g	1 @ 6.59	LY

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
1163F	Chlorambucil	2 mg	25 @	19.42	GW
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 @	18.12	HX
			5 @	19.44	AV
1805B	Clonazepam	500 mcg	100 @	9.26	AF
			100 @	11.64	RO
1806C		2 mg	100 @	17.42	AF
			100 @	20.10	RO
1808E		2.5 mg in 1 mL, 10 mL	1 @	3.96	RO
1228P	Copper Sulfate	Tablets, 24	1 @	6.13	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 @	142.65	AF,DP
			50 @	143.55	SC
8033T	Cytarabine	100 mg in 1 mL	5 @	27.27	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 @	193.50	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 @	4.51	DP,HX
			50 @	5.06	NV
1302M		100 mg	20 @	9.14	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 @	83.85	CS
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.63	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted For Adult Use	0.5 mL	1 @	4.72	CS
8461H	Disodium Pamidronate	15 mg in 5 mL	1 @	74.73	BL
8462J		30 mg in 10 mL	1 @	149.48	BL
8071T	Docetaxel	20 mg (anhydrous) set	1 @	386.59	RR
1125F	Docusate Sodium with Bisacodyl	100 mg-10 mg, 5	1 @	2.79	FM
1336H	Doxorubicin Hydrochloride	10 mg in 5 mL	1 @	41.11	BL,PS,PU
1340M		20 mg in 10 mL	1 @	71.33	BL,PS,PU
1342P		50 mg in 25 mL	1 @	164.32	BL,PS,PU
2702F	Doxycycline	100 mg	7 @	2.77	AF,DP,HX, SI,SL
			7 @	3.71	PF
2703G		100 mg	7 @	2.77	BL,CH,FH, HS,TW
			7 @	3.82	FA
2714W		100 mg	7 @	2.77	AF,DP,HX, SI,SL
			7 @	3.71	PF

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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 @ 199.63	RR
8367J	Entacapone	200 mg	100 @ 142.00	NV
1375J	Epirubicin Hydrochloride	10 mg in 5 mL	1 @ 56.00	PS
1376K		20 mg in 10 mL	1 @ 103.90	PS
1377L		50 mg in 25 mL	1 @ 255.63	PS
8397Y	Eprosartan Mesylate	400 mg (base)	28 @ 14.30	SM
1398N	Erythromycin Lactobionate	300 mg (base)	1 @ 7.70	AB
8001D	Essential Amino Acids Formula with Minerals and Vitamin C	200 g	1 @ 57.99	SB
1390E	Etoposide	100 mg in 5 mL	1 @ 40.23	BL
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 @ 6.17	BL
2958Q	Folic Acid	500 mcg	100 @ 1.53	AF,SI
1437P		5 mg	100 @ 1.53	AF,SI
1353F	Fosfestrol Sodium	120 mg	50 @ 39.05	AA
2414C	Frusemide	20 mg	50 @ 1.77	DP,FM
			50 @ 2.28	AV
8444K	Gelatin - Succinylated	20 g per 500 mL, 500 mL	1 @ 13.20	BR
8049P	Gemcitabine Hydrochloride	200 mg (base)	1 @ 58.83	LY
8050Q		1 g (base)	1 @ 279.05	LY
1068F	Gentamicin Sulfate	40 mg (base) in 1 mL	5 @ 11.37	BL
1168L		60 mg (base) in 1.5 mL	5 @ 14.10	BL
2824P		80 mg (base) in 2 mL	5 @ 7.08	BL
2245E	Glucose	278 mmol per L, 1 L	1 @ 1.87	BX
2891E	Glucose Indicator—Blood	Electrode strips, 50	1 @ 24.61	RD
2855G		Electrode strips, 50	1 @ 24.24	SF
			1 @ 27.84	BN
8176H		Electrode strips, 50	1 @ 24.86	BN
2919P		Reagent strips, 50	1 @ 22.43	RD
2890D		Reagent strips, 50	1 @ 22.43	NA
8053W		Reagent strips, 50	1 @ 22.43	NA
8178K		Reagent strips, 50	1 @ 22.43	NA
2914J		Reagent strips, 50	1 @ 22.43	RD
2889C		Reagent strips, 50	1 @ 22.66	BN
2917M		Reagent strips, 50	1 @ 22.66	BN
8190C		Reagent strips, 50	1 @ 22.43	RD
2921R		Reagent strips, 50	1 @ 22.66	HG
3106L	Glucose and Ketone Indicator— Urine	Reagent strips, 50	1 @ 5.38	RD
2555L	Glycerol	700 mg, 12	1 @ 3.34	PP
2556M		1.4 g, 12	1 @ 3.47	PP
2557N		2.8 g, 12	1 @ 3.59	PP
1076P	Heparin Sodium	35,000 units in 35 mL	1 @ 8.47	BL
1583H	Human Chorionic Gonadotrophin	500 units set	1 @ 24.17	OR
1640H	Hydralazine Hydrochloride	25 mg	100 @ 3.22	AF
1639G		50 mg	100 @ 4.54	AF
1484D	Hydrochlorothiazide	25 mg	50 @ 2.73	MK
1485E		50 mg	50 @ 3.22	MK

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
1486F	Hydrochlorothiazide with Amiloride	50 mg-5 mg	50 @ 3.27	AF
	Hydrochloride		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 @ 3.25	UP
1511M		250 mg with 2 mL solvent	1 @ 5.87	UP
1501B		100 mg with 2 mL solvent	1 @ 3.25	UP
8299T	Hypromellose with Dextran	3 mg-1 mg per mL, 0.4 mL, 28	1 @ 8.93	AQ
3198H	Ibuprofen	200 mg	50 @ 2.22	AF
3190X		400 mg	50 @ 3.87	KN
2446R	Idarubicin Hydrochloride	5 mg	1 @ 80.52	PS
2448W		10 mg	1 @ 151.07	PS
2450Y		25 mg	1 @ 377.18	PS
2452C		5 mg	1 @ 193.75	PS
2453D		10 mg	1 @ 377.18	PS
8076C	Ifosfamide	1 g	1 @ 53.10	AA
8077D		2 g	1 @ 98.28	AA
2454E	Indomethacin	25 mg	50 @ 1.64	AF
			50 @ 3.14	MK
2757D		100 mg	20 @ 7.45	MK
8435Y	Insulin Aspart	100 units per mL, 3 mL, 5	1 @ 53.17	NL,NO
1711C	Insulin Isophane (N.P.H.)	100 units per mL, 10 mL	1 @ 24.49	RR
1533Q		100 units per mL, 10 mL	1 @ 26.32	LY,NO
1534R		100 units per mL, 1.5 mL, 5	1 @ 22.42	LY,NO
1761Q		100 units per mL, 3 mL, 5	1 @ 44.91	LY,NL,NO
8084L	Insulin Lispro	100 units per mL, 10 mL	1 @ 31.59	LY
8085M		100 units per mL, 1.5 mL, 5	1 @ 26.55	LY
8212F		100 units per mL, 3 mL, 5	1 @ 53.17	LY
8390N	Insulin Lispro—Insulin Lispro Protamine Suspension	100 units (25 units- 75 units) per mL, 3 mL, 5	1 @ 53.17	LY
1713E	Insulin Neutral	100 units per mL, 10 mL	1 @ 24.49	RR
1531N		100 units per mL, 10 mL	1 @ 26.32	LY,NO
1532P		100 units per mL, 1.5 mL, 5	1 @ 22.42	LY,NO
1762R		100 units per mL, 3 mL, 5	1 @ 44.91	LY,NL,NO
1591R	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)	100 units (20 units- 80 units) per mL, 10 mL	1 @ 26.32	LY
1426C		100 units (30 units- 70 units) per mL, 10 mL	1 @ 26.32	LY,NO
1425B		100 units (50 units- 50 units) per mL, 10 mL	1 @ 26.32	LY,NO
1592T		100 units (20 units- 80 units) per mL, 1.5 mL, 5	1 @ 22.42	LY
8006J		100 units (20 units- 80 units) per mL, 3 mL, 5	1 @ 44.91	LY,NL,NO
1429F		100 units (30 units- 70 units) per mL, 1.5 mL, 5	1 @ 22.42	LY,NO
1763T		100 units (30 units- 70 units) per mL, 3 mL, 5	1 @ 44.91	LY,NL,NO
2062M		100 units (50 units- 50 units) per mL, 3 mL, 5	1 @ 45.00	NL,NO
1718K	Insulin Zinc Suspension (Lente)	100 units per mL, 10 mL	1 @ 26.32	LY,NO
1722P	Insulin Zinc Suspension (Crystalline) (Ultralente)	100 units per mL, 10 mL	1 @ 26.32	LY,NO

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
8180M	Interferon Alfa-2a	3,000,000 i.u. in 0.5 mL	1 @ 30.36	RO
8181N		3,000,000 i.u. in 0.5 mL	1 @ 30.36	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 @ 91.08	RO
8275M	Interferon Alfa-2b	3,000,000 i.u. in 0.5 mL	5 @ 151.80	SH
8276N		3,000,000 i.u. in 0.5 mL	5 @ 151.80	SH
8277P		5,000,000 i.u. in 0.5 mL	5 @ 252.72	SH
8348J		18,000,000 i.u. in 1.2 mL	1 @ 181.96	SH
8241R		18,000,000 i.u. in 3 mL	1 @ 181.96	SH
8242T	Ipratropium Bromide	25,000,000 i.u. in 2.5 mL	1 @ 252.72	SH
2085R		10,000,000 i.u. set	1 @ 106.20	SH
1540C		20 mcg (anhydrous) per dose (200 doses)	1 @ 15.84	BY
8279R		20 mcg (anhydrous) per dose (200 doses)	1 @ 24.20	BY
1542E		250 mcg (anhydrous) in 1 mL, 30	1 @ 23.96	AF,BL,CH, HS,PU,TW
8238N		500 mcg (anhydrous) in 1 mL, 30	1 @ 24.20	BY
			1 @ 28.31	AF,PU
			1 @ 28.60	BY
1541D		250 mcg (anhydrous) per mL, 20 mL	1 @ 6.93	BY
8415X	Irinotecan Hydrochloride Trihydrate	100 mg in 5 mL	1 @ 432.00	PU
2587E	Isosorbide Dinitrate	10 mg	100 @ 3.82	AF
			100 @ 5.59	AY
			100 @ 4.35	AY
2588F	Ketoprofen	5 mg	20 @ 8.32	RR
1588N		100 mg	1 @ 2.61	SC,WY
2913H		30 mcg	1 @ 2.61	SC
1455N	Levonorgestrel with Ethinyloestradiol	125 mcg-50 mcg	1 @ 2.61	SC
1456P		Tablet-Pack	1 @ 2.61	SC,WY
1393H		150 mcg-30 mcg	1 @ 4.58	SC
			1 @ 4.60	WY
1394J		Tablet-Pack	1 @ 2.61	AY,SY
			1 @ 4.58	SC
			1 @ 4.60	WY
3186Q		250 mcg-50 mcg	1 @ 2.63	WY
3188T		Tablet-Pack	1 @ 2.63	WY
1458R		Tablet-Pack	1 @ 2.61	SC,WY
1391F		Tablet-Pack	1 @ 4.58	SC
			1 @ 4.60	WY
			1 @ 2.61	AY,SY
1392G		Tablet-Pack	1 @ 4.58	SC
			1 @ 4.60	WY
			1 @ 3.62	AP
2875H	Lignocaine Hydrochloride	100 mg in 5 mL	100 @ 3.55	RR
3059B	Lithium Carbonate	250 mg	100 @ 11.02	SK
8290H		450 mg (s.r.)	25 @ 24.62	GW
1598D		50 mg	50 @ 29.07	SC
1620G	Methenolone Acetate	1 mg	50 @ 19.35	NV
2826R	Methysergide	500 mg in 100 mL	1 @ 4.83	BX
1638F	Metronidazole	900 g	1 @ 14.28	MJ
8236L	Milk Powder—Lactose Free Formula			
8282X		900 g	1 @ 14.28	WY
2350Q		900 g	1 @ 15.66	SJ
8235K		900 g	1 @ 14.28	MJ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
8283Y	Milk Powder—Lactose Free Formula	900 g	1 @ 14.28	WY
2349P		900 g	1 @ 15.66	SJ
2357C	Milk Powder—Lactose Modified	900 g	1 @ 15.66	SJ
2358D		900 g	1 @ 15.66	SJ
3092R	Milk Powder—Synthetic	400 g	1 @ 16.94	NU
8103L	Nadroparin Calcium	1,900 i.u. anti-Xa in 0.2 mL	2 @ 7.48	SW
8104M		2,850 i.u. anti-Xa in 0.3 mL	2 @ 11.22	SW
8105N		3,800 i.u. anti-Xa in 0.4 mL	2 @ 14.30	SW
8106P		5,700 i.u. anti-Xa in 0.6 mL	2 @ 22.00	SW
1674D	Naproxen	250 mg	50 @ 4.91	AF
			50 @ 6.47	RO
1662L		500 mg	20 @ 7.45	RO
1687T	Nicotinic Acid	250 mg	100 @ 7.15	RR
2732T	Nitrazepam	5 mg	25 @ 1.98	AF
			25 @ 4.00	DT
1967M	Norethisterone	350 mcg	1 @ 2.63	JC,MO
			1 @ 3.63	SR
2772X	Norethisterone with Ethinylloestradiol	500 mcg-35 mcg	1 @ 4.62	SR
2774B		Tablet-Pack	1 @ 2.63	MO
			1 @ 4.62	SR
2773Y		1 mg-35 mcg	1 @ 4.62	SR
2775C		Tablet-Pack	1 @ 2.63	MO
			1 @ 4.62	SR
2776D		Tablet-Pack	1 @ 2.63	MO
			1 @ 4.62	SR
3176E	Norethisterone with Mestranol	1 mg-50 mcg	1 @ 2.63	SR
3179H		Tablet-Pack	1 @ 2.63	SR
1776L	Oestriol	1 mg	30 @ 2.94	OR
8383F	Ofloxacin	3 mg per mL, 5 mL	1 @ 11.39	AG
3134Y	Oxazepam	15 mg	25 @ 1.31	AF
			25 @ 1.32	AY
			25 @ 2.73	WY
3135B		30 mg	25 @ 1.53	AF
			25 @ 1.54	AY
			25 @ 2.95	WY
3026G	Paclitaxel	30 mg in 5 mL	1 @ 247.07	BQ,FA
8018B		100 mg in 16.7 mL	1 @ 832.10	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 @ 86.37	OR
8366H		not less than 25,000 BP units lipase activity	100 @ 67.91	TM
1754H	Paraffin	3.5 g	1 @ 6.55	IQ
			1 @ 7.55	AQ
1702N	Phenoxymethylpenicillin	125 mg	25 @ 3.25	AB
1703P		250 mg	25 @ 3.42	AB
1786B		125 mg	25 @ 3.25	AB
1787C		250 mg	25 @ 3.42	AB
3028J		500 mg	25 @ 5.09	AB
1705R		250 mg	25 @ 3.39	CS,DP,HX,SI
1789E		250 mg	25 @ 3.39	CS,DP,HX,SI
2965C		500 mg	25 @ 5.04	CS,DP,HX,SI

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2356B	Phenoxymethylpenicillin	125 mg per 5 mL, 100 mL	1 @ 2.94	SI
			1 @ 3.34	CS
			1 @ 3.37	AB
2354X		250 mg per 5 mL, 100 mL	1 @ 4.25	SI
			1 @ 4.29	AB
			1 @ 4.73	CS
2334W	Polygeline	17.5 g per 500 mL, 500 mL	1 @ 13.20	AV
2642C	Potassium Chloride	600 mg	100 @ 3.05	AF,NV
			100 @ 3.08	RR
1920C	Prednisolone Sodium Phosphate	equiv. to 20 mg prednisolone in 100 mL	7 @ 17.53	SI
2554K		equiv. to 5 mg prednisolone, 10	1 @ 6.09	SI
2653P	Procainamide Hydrochloride	250 mg	100 @ 25.48	BQ
1948M	Promethazine Hydrochloride	50 mg in 2 mL	5 @ 5.45	BL
1953T	Propantheline Bromide	15 mg	100 @ 4.79	SI
1955X	Propylthiouracil	50 mg	100 @ 13.49	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 @ 292.75	ZN
8161M	Ranitidine Hydrochloride	150 mg (base) per 10 mL, 300 mL	1 @ 10.03	GW
8162N		150 mg (base) per 10 mL, 300 mL	1 @ 10.03	GW
8904P		150 mg (base) per 10 mL, 300 mL	1 @ 10.03	GW
8905Q		150 mg (base) per 10 mL, 300 mL	1 @ 10.03	GW
1980F	Red-Back Spider Antivenom	500 units	1 @ 94.74	CS
1099W	Salbutamol Sulfate	200 mcg (base)	100 @ 7.95	GW
8288F		100 mcg (base) per dose (200 doses)	1 @ 5.81	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 @ 9.71	AF,PU
			1 @ 10.81	GW
2001H		5 mg (base) in 2.5 mL, 30	1 @ 10.27	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
2278X	Sodium Chloride with Glucose	39 mmol-69 mmol per 500 mL, 500 mL	1 @	2.55	BX
1124E	Sodium Cromoglycate	20 mg in 2 mL	60 @	25.74	PU
			60 @	26.90	RR
2286H	Sodium Lactate Compound	1 L	1 @	1.87	BX
2294R	Sodium Valproate	100 mg	100 @	12.46	RC
2289L		200 mg (e.c.)	100 @	16.14	AF
			100 @	16.80	RC
2290M		500 mg (e.c.)	100 @	31.93	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 @	9.15	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 @	5.01	AF
2109B	Tamoxifen Citrate	10 mg (base)	30 @	24.50	PU
			30 @	24.68	ZN
2110C		20 mg (base)	30 @	42.47	PU,SI
			30 @	42.79	ZN
2088X	Temazepam	10 mg	25 @	1.98	AF
			25 @	2.00	WX
			25 @	3.00	WY
2105T		10 mg	25 @	1.98	AF,SI
			25 @	2.00	WX
			25 @	3.00	WY
1251W	Terbutaline Sulfate	5 mg in 2 mL, 30	1 @	11.06	AP
8098F	Testosterone	100 mg	1 @	32.64	OR
8099G		200 mg	1 @	65.27	OR
2127Y	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.08	CS
2832C	Tetracosactrin	1 mg in 1 mL	1 @	13.41	NV
2135J	Tetracycline Hydrochloride	250 mg	24 @	2.43	LE
2146Y	Tetracycline Hydrochloride (Buffered)	250 mg	25 @	2.53	BC
2345K	Thiotepa	15 mg	1 @	18.71	LE
1356J	Tobramycin Sulfate	80 mg (base)	1 @	6.05	LY
			5 @	30.25	BL,PU
2178P	Tolbutamide	500 mg	100 @	5.56	AV
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 Hydrochloride	500 mg (base)	10 @	59.11	GW
3113W	Vancomycin	125 mg	20 @	125.42	LY
3114X		250 mg	20 @	242.15	LY
3130R		500 mg	1 @	23.58	BL
			1 @	23.76	LY
3131T		500 mg	1 @	23.58	BL
			1 @	23.76	LY
2198Q	Vinblastine Sulfate	10 mg	1 @	18.82	LY

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2199R	Vinblastine Sulfate	10 mg in 10 mL	1 @ 20.55	BL
2374Y	Vincristine Sulfate	1 mg in 1 mL	5 @ 81.68	BL,PU
2371T		1 mg and 10 mL solvent	1 @ 17.20	LY
8280T	Vinorelbine Tartrate	10 mg (base) in 1 mL	1 @ 90.48	AA
8281W		50 mg (base) in 5 mL	1 @ 378.56	AA

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

3398W	Benzylpenicillin	600 mg	5 @ 8.38	CS
3399X		3 g	5 @ 21.56	CS
5048Q	Cefotaxime	1 g	1 @ 10.91	AV
5049R		2 g	1 @ 20.69	AV
3376Q	Cephalothin	1 g	1 @ 3.91	LY
5076E	Diclofenac Sodium	25 mg (e.c.)	50 @ 4.51	DP,HX
			50 @ 5.06	NV
5079H		100 mg	20 @ 9.14	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 @ 3.25	UP
5119K		250 mg with 2 mL solvent	1 @ 5.87	UP
5121M	Ibuprofen	200 mg	50 @ 2.22	AF
5123P		400 mg	50 @ 3.87	KN
5126T	Indomethacin	25 mg	50 @ 1.64	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 @ 3.62	AP
5154G	Metronidazole	500 mg in 100 mL	1 @ 4.83	BX
5176K	Naproxen	250 mg	50 @ 4.91	AF
			50 @ 6.47	RO
5185X		500 mg	20 @ 7.45	RO
3359T	Phenoxyethylpenicillin	125 mg	25 @ 3.25	AB
3360W		250 mg	25 @ 3.42	AB
3361X		500 mg	25 @ 5.09	AB
3363B		250 mg	25 @ 3.39	CS,DP,HX,SI
3364C		500 mg	25 @ 5.04	CS,DP,HX,SI
3365D		125 mg per 5 mL, 100 mL	1 @ 2.94	SI
			1 @ 3.34	CS
			1 @ 3.37	AB
3366E		250 mg per 5 mL, 100 mL	1 @ 4.25	SI
			1 @ 4.29	AB
			1 @ 4.73	CS
3374N	Promethazine Hydrochloride	50 mg in 2 mL	5 @ 5.45	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 @ 5.01	AF
5223X	Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 4.08	CS
3323X	Vancomycin	500 mg	1 @ 23.58	BL
			1 @ 23.76	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	0.04	0.28	2.25	19.98
Acetone	BP	0.01	0.03	0.23	2.07
(use as additive only)					
ACIDS					
Acetic (6 per cent)	BP	0.01	0.01	0.06	0.50
Acetic (33 per cent)	BP	0.01	0.03	0.20	1.79
Ascorbic	BP	0.02	0.16	1.27	11.29
(use as ingredient of Mixtures of Ferrous Sulfate APF)					
Benzoic	BP	0.01	0.11	0.85	7.60
Boric	BP	0.01	0.07	0.53	4.72
(use as additive only)					
Citric Monohydrate	BP	0.01	0.03	0.27	2.43
Hydrochloric Dilute	BP	0.01	0.06	0.47	4.17
Lactic	BP	0.03	0.20	1.59	14.15
Salicylic	BP	0.02	0.12	0.94	8.33
Trichloroacetic	BP 1980	0.11	0.90	7.23	64.27
Alum	BP	0.01	0.03	0.23	2.02
Aspirin	BP	0.01	0.09	0.73	6.52
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	BP	0.26	2.08	16.62	147.73
(use as additive only)					
Chlorinated Lime	BP	0.01	0.06	0.50	4.47
Chloroform	BP	0.01	0.04	0.34	3.04
(use as additive only)					
Cocaine Hydrochloride	BP	3.69	29.49	235.89	2096.84
Codeine Phosphate	BP	0.55	4.43	35.41	314.72
(may only be prescribed in linctuses, mixtures or mixtures for children)					
Collodion Flexible	BP	0.02	0.16	1.31	11.64
CREAMS					
Aqueous	APF	0.01	0.02	0.12	1.03
(for use only as a base combined with active ingredients)					
Cetomacrogol Aqueous	APF	0.01	0.02	0.14	1.27
(for use only as a base combined with active ingredients)					
Cetrimide Aqueous	APF	0.01	0.04	0.35	3.08
(for use only as a base combined with active ingredients)					
Chlorhexidine Aqueous	APF	0.01	0.08	0.60	5.34
(for use only as a base combined with active ingredients)					
Zinc	BP	0.01	0.05	0.38	3.36
(for use only as a base combined with active ingredients)					

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		\$	\$	\$	\$
Dithranol	BP	1.98	15.85	126.78	1126.91
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.20	1.60	12.77	113.52
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.01	0.09	0.78
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.02	0.12	1.08
Ether Solvent (use as additive only)	BP	0.01	0.07	0.53	4.70
EXTRACT					
Liquorice Liquid	BP	0.02	0.14	1.14	10.10
Ferrous Sulfate	BP	0.01	0.11	0.89	7.88
Glycerol	BP	0.01	0.03	0.21	1.90
Honey Purified (use as additive only)	BP 1993	0.01	0.01	0.08	0.67
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.01	0.09	0.70	6.26
Iodine	BP	0.07	0.57	4.58	40.72
Kaolin, Light or Kaolin, Light (Natural)	BP	0.01	0.03	0.23	2.08
Magnesium Carbonate Light	BP	0.01	0.06	0.45	4.03
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.01	0.08	0.69
Magnesium Trisilicate	BP	0.01	0.07	0.55	4.88
Menthol, Racemic or Levomenthol	BP	0.09	0.68	5.41	48.11
Methyl Hydroxybenzoate	BP	0.10	0.83	6.65	59.15
MUCILAGES					
Acacia (by weight)	APF 13	0.02	0.13	1.07	9.53
Tragacanth	APF 13	0.01	0.03	0.23	2.02
Tragacanth	BPC 1973	0.01	0.02	0.18	1.64
OILS					
Castor (use as additive only)	BP	0.01	0.03	0.24	2.13
Coconut	BP	0.01	0.06	0.50	4.43
Eucalyptus (use as additive only)	BP	0.01	0.06	0.45	4.00
Lavender Spike	BPC 1968	0.04	0.31	2.48	22.05
Olive (use as additive only)	BP	0.01	0.03	0.22	1.92
Peppermint (use as additive only)	BP	0.05	0.37	2.98	26.46
OINTMENTS					
Benzoic Acid Compound	APF	0.01	0.05	0.40	3.56
Emulsifying (for use only as a base combined with active ingredients)	BP	0.01	0.04	0.35	3.12

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	0.03	0.21	1.91
Paraffin (yellow) (for use only as a base combined with active ingredients)	BP 1968	0.01	0.03	0.24	2.17
Salicylic Acid	APF	0.01	0.05	0.43	3.81
Salicylic Acid	BP	0.01	0.05	0.43	3.81
Simple (white) (for use only as a base combined with active ingredients)	BP	0.01	0.08	0.62	5.48
Simple (yellow) (for use only as a base combined with active ingredients)	BP	0.01	0.08	0.62	5.48
Sulfur (for use only as a base combined with active ingredients)	BP 1980	0.01	0.07	0.58	5.17
Wool Alcohols (white) (for use only as a base combined with active ingredients)	BP	0.01	0.10	0.82	7.25
Wool Alcohols (yellow) (for use only as a base combined with active ingredients)	BP	0.01	0.10	0.82	7.25
Zinc	BP	0.01	0.07	0.59	5.21
Paraffin Hard	BP	0.01	0.03	0.24	2.15
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.01	0.02	0.16	1.42
Paraffin Light Liquid	BP	0.01	0.02	0.12	1.04
Paraffin Soft White	BP	0.01	0.02	0.15	1.37
Paraffin Soft Yellow	BP	0.01	0.02	0.19	1.65
PASTES					
Zinc Compound	BP	0.02	0.14	1.14	10.17
Zinc and Salicylic Acid	BP	0.02	0.17	1.36	12.13
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	0.24	1.90	15.22	135.30
Phenol Liquefied (not available for ear drops)	BP	0.04	0.29	2.28	20.27
Podophyllum Resin	BP	0.17	1.35	10.81	96.10
Potassium Citrate	BP	0.01	0.05	0.41	3.64
Potassium Iodide	BP	0.03	0.27	2.16	19.16
Potassium Permanganate	BP	0.01	0.05	0.37	3.32
POWDER					
Tragacanth Compound	BP 1980	0.03	0.27	2.12	18.88
Propyl Hydroxybenzoate	BP	0.04	0.33	2.65	23.52
Propylene Glycol	BP	0.01	0.07	0.58	5.16
Resorcinol	BP	0.04	0.28	2.21	19.63
Sodium Bicarbonate	BP	0.01	0.02	0.14	1.28
Sodium Chloride	BP	0.01	0.03	0.22	1.93
Sodium Citrate	BP	0.01	0.04	0.34	3.03

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	0.04	0.31	2.78
SOLUTIONS					
Aluminium Acetate	BP	0.01	0.04	0.29	2.59
Benzoic Acid	BP	0.01	0.07	0.56	4.95
Calcium Hydroxide	BP	0.01	0.01	0.04	0.34
Coal Tar	BP	0.01	0.04	0.35	3.14
Formaldehyde	BP	0.01	0.03	0.24	2.16
Hydroxybenzoate Compound	APF	0.03	0.27	2.15	19.10
Iodine Alcoholic	BP	0.01	0.06	0.49	4.34
Iodine Aqueous Oral	BP	0.01	0.09	0.73	6.46
Methyl Hydroxybenzoate	APF	0.02	0.13	1.05	9.31
Sodium Chloride	BP	0.01	0.01	0.03	0.24
SPIRITS					
Ammonia Aromatic	BP	0.01	0.06	0.45	3.98
Chloroform	BP	0.01	0.01	0.11	0.94
Methylated Industrial (use as additive only)	BP	0.01	0.02	0.13	1.19
Starch	BP	0.01	0.04	0.31	2.74
Sulfur Precipitated	BP 1980	0.01	0.03	0.24	2.12
SYRUPS					
Orange	BP	0.01	0.02	0.16	1.44
Pholcodine Citrate (use as additive only)	BPC 1959	0.01	0.05	0.40	3.58
Red	APF 15	0.01	0.07	0.57	5.08
Syrup	BP	0.01	0.02	0.14	1.23
Talc Purified, sterilised	BP	0.01	0.06	0.45	3.98
Tar Coal	BP	0.02	0.19	1.55	13.79
Thymol	BP	0.07	0.57	4.53	40.27
Thymol Mouth Wash Compound	APF 15	0.01	0.03	0.21	1.87
TINCTURES					
Belladonna	BP	0.02	0.12	0.94	8.35
Benzoin Compound	BP	0.01	0.07	0.52	4.62
Ipecacuanha	BP	0.02	0.15	1.19	10.55
Opium	BP	0.05	0.37	2.95	26.20
Orange	BP	0.01	0.06	0.47	4.14
Tragacanth, powdered	BP	0.14	1.11	8.86	78.79
Triethanolamine	BP	0.01	0.09	0.74	6.58
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.01	0.02	0.18	1.59
Chloroform Concentrated 1 in 40	APF 15	0.01	0.01	0.10	0.87
For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	..	6.08
Peppermint Concentrated 1 in 40 (use as additive only)	APF 16	0.01	0.09	0.70	6.18
Purified	BP	0.01	0.01	0.02	0.21
Wool Fat	BP	0.01	0.07	0.57	5.08
Wool Fat Hydrous	BP	0.01	0.06	0.46	4.08
Zinc Oxide	BP	0.01	0.05	0.36	3.24
Zinc Sulfate	BP	0.01	0.07	0.52	4.59

Container Prices

	\$
DISPENSING BOTTLES—	
25 mL	0.47
50 mL	0.49
100 mL	0.57
200 mL	0.72
500 mL	1.55
POISON BOTTLES—	
25 mL	0.54
50 mL	0.51
100 mL	0.56
200 mL	0.83
500 mL	1.28
SCREW CAP JARS—	
25 g	0.56
50 g	0.69
100 g	0.81
200 g	0.64
500 g	1.68
DROPPER CONTAINERS—	
15 mL polythene	0.64
15 mL glass	0.90

Dispensing Fee for Extemporaneously Prepared Benefits

\$6.28

Additional Fee for Agreed Price Extemporaneously Prepared Benefits

\$1.24

Standard Formula 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 dispensing fee. The prices shown in the column 'Maximum Recordable Value for Safety Net' are for the ingredients, the container and the dispensing 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	8.38	9.62
	DUSTING POWDERS (Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF 15 & BPC 1973	11.25	12.49
	EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	7.23	8.47
7643G	Aluminium Acetate	BP	7.36	8.60
7314Y	Sodium Bicarbonate	APF & BP	7.10	8.34
7313X	Spirit	APF	7.03	8.27

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	10.07	11.31
7308P	Menthol	APF	7.92	9.16
7310R	Menthol and Eucalyptus	BP 1980	8.07	9.31
LINCTUSES CONTAINING CODEINE PHOSPHATE (Maximum Quantity 100 mL and no Repeats)				
7530H	Codeine	APF	11.14	12.38
LOTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7709R	Aluminium Acetate Aqueous	APF	7.80	9.04
MIXTURES, OTHER (Maximum Quantity 200 mL and 4 Repeats)				
7604F	Gentian Alkaline	APF	9.45	10.69
7599Y	Gentian Alkaline (extemporaneous formula)	BP	8.96	10.20
7348R	Kaolin	BPC 1968	9.02	10.26
7301G	Kaolin and Opium	APF 14	12.05	13.29
7342K	Magnesium Trisilicate	BPC 1968	9.00	10.24
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	9.90	11.14
MOUTH WASHES (Maximum Quantity 200 mL and 1 Repeat)				
7457L	Thymol Compound	APF 15	10.85	12.09
OINTMENTS (Maximum Quantity 100 g and 1 Repeat)				
7914M	Benzoic Acid Compound	APF	10.65	11.89
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	10.65	11.89
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	10.84	12.08
7926E	Salicylic Acid	APF	10.90	12.14
7928G	Salicylic Acid (extemporaneous formula)	BP	10.90	12.14
PAINTS (Maximum Quantity 25 mL and 1 Repeat)				
7567G	Podophyllin Compound	APF 16 & BP	13.18	14.42
7568H	Salicylic Acid	APF	10.40	11.64
PASTES, OTHER Maximum Quantity 100 g and 1 Repeat)				
7558T	Zinc Compound	APF	17.26	18.50
7558T	Zinc Compound (extemporaneous formula)	BP	17.26	18.50
POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)				
7545D	Magnesium Trisilicate	BP	11.80	13.04
SOLUTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7539T	Calcium Hypochlorite (Eusol)	APF 15	7.81	9.05

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 2000

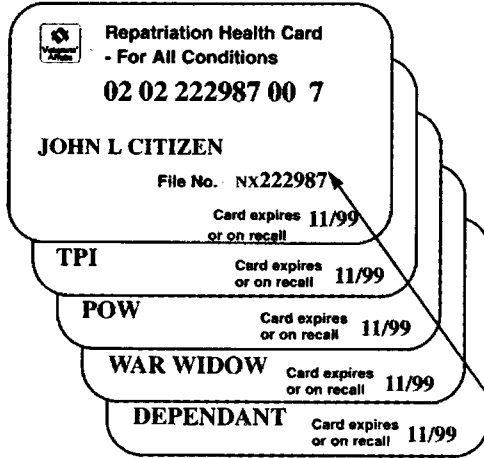
The benefits listed in this Schedule may only be prescribed for Department of Veterans' Affairs beneficiaries holding a:

- 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 Department of Veterans

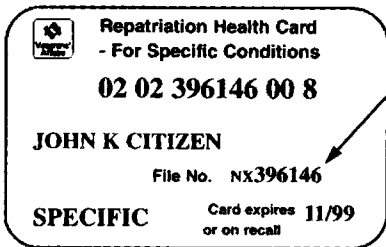
REPATRIATION PHARMACEUTICAL BENEFITS



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

WITH

Use this file number for all documents.



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

WITH

FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (restrictions apply)	+	Repatriation Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS'	+	Items for which prescribing approval has been authorised on 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 dispensing 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 dispensing 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 dispensing 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 dispensing 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 the Veterans' Affairs Pharmaceutical Approvals Centre using the free postal service:

REPLY PAID No. 372
VAPAC (Veterans' Affairs Pharmaceutical Approvals Centre)
GPO Box 9998
BRISBANE QLD 4001

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 2000 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

The following items, which have been deleted from the Schedule of Pharmaceutical Benefits from 1 November 2000, will be added to the Repatriation Schedule of Pharmaceutical Benefits on that date:

- 4086C **Beclomethasone Dipropionate**, aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses) (*Beconase AQ*)
- 4087D **Beclomethasone Dipropionate**, aqueous nasal spray 50 micrograms per dose, 400 doses set containing 1 pump pack (200 doses) and 1 refill (200 doses) (*Aldecin Aqueous Set*)
- 4088E **Beclomethasone Dipropionate**, aqueous nasal spray 50 micrograms per dose, 400 doses set containing 2 pump packs each providing 200 doses (*Beconase AQ Twin Pack*)
- 4079Q **Budesonide**, aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses) (*Budamax Aqueous; Rhinocort Aqueous*)
- 4089F **Ipratropium Bromide**, aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses) (*Atrovent Nasal Aqueous*)
- 4090G **Ipratropium Bromide**, aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses) (*Atrovent Nasal Forte*)

The following new dressing items will be added to the Repatriation Schedule of Pharmaceutical Benefits on 1 November 2000:

- 4760M **Bandage—Zinc Paste**, bandages 80 cm (stockings), 4 (*ZipZoc 66051550*)
- 4691X **Dressing—Alginate (Superficial Wound)**, dressings 15 cm x 20 cm, 10 (*Algisite M 66000521*)
- 4931M **Dressing with Cadexomer Iodine**, sachets 3 g, 7 (*Iodosorb Powder 66051070*)
- 4932N **Dressing with Cadexomer Iodine**, tubes 10 g, 4 (*Iodosorb Ointment 66051240*)
- 4933P **Dressing with Cadexomer Iodine**, tubes 20 g, 2 (*Iodosorb Ointment 66051230*)
- 4934Q **Dressing with Cadexomer Iodine**, tube 40 g (*Iodosorb Ointment 66051250*)
- 4935R **Dressing with Cadexomer Iodine**, sachets 5 g (6 cm x 4 cm), 5 (*Iodoflex 66051330*)
- 4936T **Dressing with Cadexomer Iodine**, sachets 10 g (8 cm x 6 cm), 3 (*Iodoflex 66051340*)
- 4937W **Dressing with Cadexomer Iodine**, sachets 17 g (10 cm x 8 cm), 2 (*Iodoflex 66051360*)
- 4795J **Dressing—Foam—Moderate Exudate**, dressings 10 cm x 10 cm, 10 (*Allevyn 66007637*)
- 4926G **Dressing—Hydrogel—Amorphous**, tubes 20 g, 10 (*SoloSite Gel 36100614*)

Additions — Brands

The following new brands of dressings will be added to the Repatriation Schedule of Pharmaceutical Benefits on 1 November 2000:

- 4699H *Algisite M 66000519, SN* — **Dressing—Alginate (Superficial Wound)**, dressings 5 cm x 5 cm, 10
- 4700J *Algisite M 66000520, SN* — **Dressing—Alginate (Superficial Wound)**, dressings 10 cm x 10 cm, 10
- 4921B *Replicare Ultra 66000434* — **Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate)**, dressings 10 cm x 10 cm, 10
- 4922C *Replicare Ultra 66000435* — **Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate)**, dressings 15 cm x 15 cm, 5
- 4920Y *Replicare Ultra 66000436* — **Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate)**, dressings 20 cm x 20 cm, 5
- 4842W *Replicare Ultra 66000437* — **Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate)**, dressings, sacral, 5

DELETIONS

Deletions — Items

- 4702L **Cotton Wool Roll**, roll 375 g (*JJ 02011*)

Deletions — RPBS Therapeutic Group Premium Exemption Items

Following reductions 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 the 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

		<i>From</i>	<i>To</i>
4879T	Dressing—Foam—Moderate Exudate , dressing 10 cm x 10 cm (<i>Lyof foam Extra 603050</i>)	5	10

Alterations — Number of Repeats

		<i>From</i>	<i>To</i>
4584G	Sildenafil Citrate , tablet 25 mg (base) (<i>Viagra</i>)	2	5
4585H	Sildenafil Citrate , tablet 50 mg (base) (<i>Viagra</i>)	2	5
4586J	Sildenafil Citrate , tablet 100 mg (base) (<i>Viagra</i>)	2	5

Alterations — Notes

One note has been deleted, and the other note amended, in respect of **Sildenafil Citrate**.

Alterations — Proprietary Name

4420P	Pseudoephedrine Hydrochloride , tablet 60 mg	
	<i>From: Sudafed</i>	<i>To: Sudafed Sinus & Nasal Decongestant</i>

Alterations — Manufacturer's Code

4175R	Cetirizine Hydrochloride , tablet 10 mg (Zyrtec)	<i>From</i>	<i>To</i>
		FA	WR

**Therapeutic Index
for
RPBS Schedule**

ALIMENTARY TRACT AND METABOLISM 310

STOMATOLOGICAL PREPARATIONS 310

Stomatological preparations 310

ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE 310

*Antacids 310**Drugs for treatment of peptic ulcer 310*

ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES 312

*Synthetic antispasmodic and anticholinergic agents 312**Belladonna and derivatives, plain 312*

LAXATIVES 313

Laxatives 313

VITAMINS 314

*Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂ 314**Vitamin B-complex, incl. combinations 314**Ascorbic acid (vitamin C), incl. combinations 314*

MINERAL SUPPLEMENTS 314

*Other mineral supplements 314***BLOOD AND BLOOD FORMING ORGANS 314**

ANTITHROMBOTIC AGENTS 314

Antithrombotic agents 314

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 315

*Irrigating solutions 315***CARDIOVASCULAR SYSTEM 315**

VASOPROTECTIVES 315

Antihemorrhoidals for topical use 315

CALCIUM CHANNEL BLOCKERS 316

Selective calcium channel blockers with mainly vascular effects 316

AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM 316

*ACE inhibitors, plain 316***DERMATOLOGICALS 317**

ANTIFUNGALS FOR DERMATOLOGICAL USE 317

*Antifungals for topical use 317**Antifungals for systemic use 318*

EMOLLIENTS AND PROTECTIVES 318

*Emollients and protectives 318**Protectives against UV-radiation 319*

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC. 319

Antipruritics, incl. antihistamines, anesthetics, etc. 319

ANTIPSORIATICS 319

Antipsoriatics for topical use 319

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE 320

*Antibiotics for topical use 320**Chemotherapeutics for topical use 320*

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 320

*Corticosteroids, plain 320**Corticosteroids, combinations with antibiotics 321*

ANTISEPTICS AND DISINFECTANTS 321

Antiseptics and disinfectants 321

OTHER DERMATOLOGICAL PREPARATIONS 321

Other dermatological preparations 321

THERAPEUTIC INDEX

GENITO URINARY SYSTEM AND SEX HORMONES 323

- GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS 323
 - Antiinfectives and antiseptics, excl. comb. with corticosteroids* 323
- OTHER GYNECOLOGICALS 323
 - Other gynecologicals* 323
- UROLOGICALS 323
 - Other urologicals, incl. antispasmodics* 323
 - Drugs used in benign prostatic hypertrophy* 324

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE 325

- ANTIBACTERIALS FOR SYSTEMIC USE 325
 - Macrolides and lincosamides* 325

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 325

- ANTINEOPLASTIC AGENTS 325
 - Antimetabolites* 325

MUSCULO-SKELETAL SYSTEM 325

- ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 325
 - Antiinflammatory and antirheumatic products, non-steroids* 325
- TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN 325
 - Topical products for joint and muscular pain* 325

NERVOUS SYSTEM 326

- ANALGESICS 326
 - Opioids* 326
 - Other analgesics and antipyretics* 326
- ANTI-PARKINSON DRUGS 326
 - Anticholinergic agents* 326
- PSYCHOLEPTICS 327
 - Anxiolytics* 327
 - Hypnotics and sedatives* 327
- OTHER NERVOUS SYSTEM DRUGS 328
 - Antismoking agents* 328

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 328

- ANTHELMINTICS 328
 - Antinematodal agents* 328

RESPIRATORY SYSTEM 328

- NASAL PREPARATIONS 328
 - Decongestants and other nasal preparations for topical use* 328
 - Nasal decongestants for systemic use* 330
- ANTI-ASTHMATICS 330
 - Adrenergics, inhalants* 330
- COUGH AND COLD PREPARATIONS 330
 - Expectorants, excl. combinations with cough suppressants* 330
 - Cough suppressants, excl. combinations with expectorants* 330
- ANTIHISTAMINES FOR SYSTEMIC USE 330
 - Antihistamines for systemic use* 330

SENSORY ORGANS 331

- OPHTHALMOLOGICALS 331
 - Antiglaucoma preparations and miotics* 331
 - Decongestants and antiallergics* 331
 - Other ophthalmologicals* 332
- OTOLOGICALS 332
 - Other otologicals* 332

VARIOUS 332

- ALL OTHER THERAPEUTIC PRODUCTS 332
 - All other therapeutic products* 332
 - ALL OTHER NON-THERAPEUTIC PRODUCTS 333
 - All other non-therapeutic products* 333
-

Section 1

Drugs, Medicines and Dressings

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ALIMENTARY TRACT AND METABOLISM								
STOMATOLOGICAL PREPARATIONS								
Stomatological preparations								
• Antiinfectives for local oral treatment								
CHLORHEXIDINE GLUCONATE								
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	9.64 9.68	3.30 3.30	Plaqacide Savacol Mouth and Throat Rinse	OB OM
4160Y	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	11.21	3.30	Periogard (Chlorohex) Mouth Rinse	OM
• Other agents for local oral treatment								
SALIVA SUBSTITUTE								
4568K	Solution 25 mL	‡1	1	..	9.14	3.30	Aquae	HA
4569L	Solution 100 mL	‡1	..	..	11.44	3.30	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	..	*17.56	3.30	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	..	*22.30	3.30	Mylanta Double Strength	WR
4118R	Oral suspension 400 mg-400 mg- 30 mg per 5 mL, 375 mL	2	5	..	*18.24	3.30	Mylanta Double Strength	WR
Drugs for treatment of peptic ulcer								
• H₂-receptor antagonists								
NOTE:								
<i>Helicobacter pylori</i> eradication therapy should be considered.								
NOTE:								
The base-priced drugs in this therapeutic group are cimetidine and ranitidine hydrochloride.								
CIMETIDINE								
Authority required								
<i>To be approved where other base-priced (benchmark) drug treatment is inappropriate for: Initial treatment of peptic ulcer.</i>								
NOTE:								
<i>Helicobacter pylori</i> eradication therapy should be considered.								

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	..	33.95	3.30	Tagamet 800 Express	SK
<u>Authority required</u> To be approved where other base-priced (benchmark) drug treatment is inappropriate for: Maintenance treatment of peptic ulcer in patients who are <i>Helicobacter pylori</i> negative or in whom there has been failure of <i>Helicobacter pylori</i> eradication therapy; Reflux oesophagitis; Scleroderma oesophagus; Zollinger-Ellison syndrome.								
4976X	Effervescent tablet 800 mg (as hydrochloride)	30	5	..	33.95	3.30	Tagamet 800 Express	SK
FAMOTIDINE								
<u>Authority required</u>								
To be approved where other base-priced (benchmark) drug treatment is inappropriate for: Initial treatment of peptic ulcer.								
NOTE: <i>Helicobacter pylori</i> eradication therapy should be considered.								
4981E	Tablet 20 mg	60	1	..	27.78	3.30	Amfamox 20 Pepcidine M	AD MK
4983G	Tablet 40 mg	30	1	..	27.78	3.30	Amfamox 40 Pepcidine	AD MK
<u>Authority required</u> To be approved where other base-priced (benchmark) drug treatment is inappropriate for: Maintenance treatment of duodenal ulcer in patients who are <i>Helicobacter pylori</i> negative or in whom there has been failure of <i>Helicobacter pylori</i> eradication therapy; Reflux oesophagitis; Scleroderma oesophagus; Zollinger-Ellison syndrome.								
4982F	Tablet 20 mg	60	5	..	27.78	3.30	Amfamox 20 Pepcidine M	AD MK
4984H	Tablet 40 mg	30	5	..	27.78	3.30	Amfamox 40 Pepcidine	AD MK
NIZATIDINE								
<u>Authority required</u>								
To be approved where other base-priced (benchmark) drug treatment is inappropriate for: Initial treatment of peptic ulcer.								
NOTE: <i>Helicobacter pylori</i> eradication therapy should be considered.								
4966J	Capsule 150 mg	60	1	..	25.30	3.30	Tazac	LY
4968L	Capsule 300 mg	30	1	..	25.30	3.30	Tazac	LY

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	
<u>NIZATIDINE—cont.</u>								
<u>Authority required</u>								
<i>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.</i>								
4967K	Capsule 150 mg	60	5	..	25.30	3.30	Tazac	LY
4969M	Capsule 300 mg	30	5	..	25.30	3.30	Tazac	LY

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.

4977Y	Effervescent tablet 150 mg (base)	60	1	..	24.46	3.30	Zantac	GW
4979C	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	..	*24.46	3.30	Zantac Syrup	GW

Authority required

*To be approved where other base-priced (benchmark) drug treatment 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	..	24.46	3.30	Zantac	GW
4980D	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	..	*24.46	3.30	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	..	..	20.46	3.30	Merbentyl	SI
MEBEVERINE HYDROCHLORIDE								
4328T	Tablet 135 mg	90	..	..	24.56	3.30	* Colese	AF
				..	28.30	3.30	* Colofac	SM

Belladonna and derivatives, plain

- **Belladonna alkaloids semisynthetic, quaternary ammonium compounds**

HYOSCINE BUTYLBROMIDE

4279F	Injection 20 mg in 1 mL	5	..	..	15.59	3.30	Buscopan	BY

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
LAXATIVES								
Laxatives								
• Contact laxatives								
DOCUSATE SODIUM with SENNA								
4198Y	Tablet 50 mg-8 mg	90	2	..	10.51	3.30	Coloxyl with Senna	FM
SENNA STANDARDISED								
4455L	Tablet 7.5 mg	100	1	..	9.69	3.30	Senokot	RC
• Bulk producers								
ISPAGHULA HUSK								
4285M	Sachets 3.5 g, 30	†1	1	..	12.54	3.30	Fybogel	RC
PSYLLIUM HYDROPHILIC MUCILLOID								
4425X	Oral powder (sugar-free) 275 g	†1	1	..	12.46	3.30	Mucilax Sugar Free	DP
4424W	Oral powder 300 g	†1	1	..	9.97	3.30	Mucilax Regular	DP
4419N	Oral powder (orange-flavoured, sugar-free) 278 g	†1	1	..	16.64	3.30	Metamucil Smooth Texture Orange	PY
4422R	Oral powder (non-flavoured) 336 g	†1	1	..	16.64	3.30	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	..	11.74	3.30	Nucolox	SI
4416K	Oral powder 2.7 g-0.7 g per 7.5 g, 440 g	†1	1	..	16.23	3.30	Nucolox	SI
STERCULIA with FRANGULA BARK								
4557W	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.70	3.30	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	†1	1	..	22.18	3.30	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	..	..	9.72	3.30	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	..	..	*15.17	3.30	PP	

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VITAMINS								
Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂								
• Vitamin B₁, plain								
4043T	THIAMINE HYDROCHLORIDE Tablet 100 mg	100	2	..	8.54	3.30	Betamin	RR
Vitamin B-complex, incl. combinations								
• Vitamin B-complex, plain								
4493L	VITAMIN B GROUP COMPLEX Oral liquid 200 mL	1	2	..	11.02	3.30	Accomin Adult Tonic	WT
Ascorbic acid (vitamin C), incl. combinations								
• Ascorbic acid (vitamin C), plain								
ASCORBIC ACID								
<u>Authority required</u>								
<i>For management of wound healing.</i>								
4565G	Tablet 250 mg	100	2	..	7.25	3.30	Nature's Way Vitamin C	RO
MINERAL SUPPLEMENTS								
Other mineral supplements								
• Magnesium								
MAGNESIUM ASPARTATE								
<u>Restricted benefit</u>								
<i>Patients with documented hypomagnesaemia.</i>								
4321K	Tablet 500 mg	50	..	..	11.15	3.30	Magmin	BB
BLOOD AND BLOOD FORMING ORGANS								
ANTITHROMBOTIC AGENTS								
Antithrombotic agents								
• Heparin group								
DALTEPARIN SODIUM								
<i>(Low Molecular Weight Heparin Sodium—porcine mucous)</i>								
<u>Authority required</u>								
<i>Major orthopaedic surgery;</i>								
<i>Major general surgery;</i>								
<i>Renal dialysis patients.</i>								
<u>CAUTION:</u>								
<i>Lower doses may be more appropriate for older people.</i>								
4224H	Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	10	..	..	53.69	3.30	Fragmin	PS
4225J	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	10	..	..	72.05	3.30	Fragmin	PS

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	
ENOXAPARIN SODIUM								
Authority required								
<i>Major orthopaedic surgery;</i>								
<i>Major general surgery;</i>								
<i>Renal dialysis patients.</i>								
CAUTION:								
<i>Lower doses may be more appropriate for older people.</i>								
4220D	Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe	10	..	..	69.27	3.30	Clexane	RR
4221E	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	10	..	..	74.29	3.30	Clexane	RR
• Platelet aggregation inhibitors excl. heparin								
ASPIRIN								
4076M	Tablet 100 mg (with glycine)	90	1	..	11.52	3.30	Cardiprin 100	RC
4077N	Tablet 100 mg (enteric coated)	84	1	..	10.81	3.30	Cartia	SK
4078P	Capsule 100 mg (containing enteric coated pellets)	84	1	..	10.81	3.30	Astrix	FA

NOTE:

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

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

Irrigating solutions• **Salt solutions****SODIUM CHLORIDE**

4460R	Irrigation solution 9 mg per mL (0.9%), 500 mL	¥1	2	..	7.99	3.30	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	¥1	2	..	8.00	3.30	BX	

CARDIOVASCULAR SYSTEM

VASOPROTECTIVES

Antihemorrhoidals for topical use• **Products containing corticosteroids****HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE****CAUTION:**

Long-term use may lead to skin atrophy.

4036K	Ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g	¥1	..	..	16.80	3.30	Proctosedyl	AV
4037L	Ointment 5 mg-5 mg per g (0.5%-0.5%), 2 g single use tubes, 5		2	..	*23.32	3.30	Proctosedyl	AV
4038M	Suppositories 5 mg-5 mg, 12	¥1	..	..	15.82	3.30	Proctosedyl	AV

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	
• Other antihemorrhoidals for topical use ZINC OXIDE								
4039N	Compound ointment 50 g	‡1	1	..	11.68	3.30	Anusol	WW
4040P	Compound suppositories, 12	‡1	1	..	10.71	3.30	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	..	24.68	3.30	Norvasc	PF
4986K	Tablet 10 mg (base)	30	5	..	38.81	3.30	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	..	25.09	3.30	Adalat Oros 30	BN
4974T	Tablet 60 mg (controlled release)	30	5	..	30.90	3.30	Adalat Oros 60	BN

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	.. \$0.71	18.54 19.25	3.30 ^a	Amprace 5 Renitec M	AD MK
4991Q	Tablet 10 mg	30	5	.. \$0.76	26.14 26.90	3.30 ^a	Amprace 10 Renitec	AD MK
4992R	Tablet 20 mg	30	5	.. \$0.79	31.47 32.26	3.30 ^a	Amprace 20 Renitec 20	AD MK
4970N	Wafer 5 mg	30	5	..	19.25	3.30	Renitec Wafer	MK
4971P	Wafer 10 mg	30	5	..	26.90	3.30	Renitec Wafer	MK
4972Q	Wafer 20 mg	30	5	..	32.26	3.30	Renitec Wafer	MK

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DERMATOLOGICALS								
ANTIFUNGALS FOR DERMATOLOGICAL USE								
Antifungals for topical use								
• Antibiotics								
NYSTATIN								
4001N	Cream 100,000 units per g, 15 g	#1	1	..	8.88	3.30	Mycostatin	BQ
				..	9.42	3.30	Nilstat	AY
4002P	Ointment 100,000 units per g, 15 g	#1	1	..	9.42	3.30	Nilstat	AY
• Imidazole and triazole derivatives								
BIFONAZOLE								
4003Q	Cream 10 mg per g (1%), 15 g	#1	..	..	12.30	3.30	Mycospor	BN
CLOTTRIMAZOLE								
4004R	Cream 10 mg per g (1%), 20 g	#1	1	..	6.77	3.30	Clonea	AF
4005T	Lotion 10 mg per mL (1%), 20 mL	#1	1	..	9.16	3.30	Canesten	BN
ECONAZOLE NITRATE								
4555R	Cream 10 mg per g (1%), 25 g	#1	1	..	9.20	3.30	Dermazole	EO
KETOCONAZOLE								
<u>Restricted benefit</u>								
<i>Severe seborrhoeic dermatitis.</i>								
4008Y	Shampoo 20 mg per mL (2%), 60 mL	#1	..	..	16.20	3.30	Nizoral	JC
MICONAZOLE								
4341L	Tincture 20 mg per mL (2%), 30 mL	#1	1	..	14.07	3.30	Daktarin	JC
MICONAZOLE NITRATE								
4009B	Cream 20 mg per g (2%), 20 g	#1	1	..	7.48	3.30	Monistat Derm	JC
• Other antifungals for topical use								
AMOROLFINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Onychomycosis.</i>								
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	..	87.33	3.30	Loceryl	GA
TERBINAFINE								
<u>Restricted benefit</u>								
<i>Tinea pedis.</i>								
4463X	Gel 10 mg per g (1%), 15 g	#1	..	..	18.94	3.30	Lamisil DermGel	NC

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	
TERBINAFINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Tinea pedis.</i>								
4473K	Cream 10 mg per g (1%), 15 g	#1	1	..	18.67	3.30	Lamisil	NC
TOLNAFTATE								
4481W	Spray aerosol 10 mg per g (1%), 100 g	#1	..	..	16.21	3.30	Tinaderm	SH
Antifungals for systemic use								
• Antifungals for systemic use								
TERBINAFINE HYDROCHLORIDE								
<u>Authority required</u>								
<i>Onychomycosis due to dermatophyte infection proven by microscopy or culture and confirmed by an approved pathology provider.</i>								
4011D	Tablet 250 mg (base)	42	1	..	156.20	3.30	Lamisil	NV
EMOLLIENTS AND PROTECTIVES								
Emollients and protectives								
• Silicone products								
DIMETHICONE with GLYCEROL								
<u>Restricted benefit</u>								
<i>For colostomy and ileostomy use;</i>								
<i>For use by paraplegic and quadriplegic patients;</i>								
<i>For use with surgical appliances.</i>								
4556T	Cream 150 mg-20 mg per g (15%-2%), 75 g	#1	..	..	8.43	3.30	Silic 15	EO
4551M	Cream 150 mg-20 mg per g (15%-2%), 500 g	#1	..	..	17.58	3.30	Silic 15	EO
• Soft paraffin and fat products								
WOOL ALCOHOLS								
4041Q	Ointment 100 g	#1	1	..	8.80	3.30	Eucerin	BE
• Carbamide products								
UREA								
4042R	Cream 100 mg per g (10%), 100 g	#1	2	..	8.62	3.30	Urederm	HA
				..	9.24	3.30	Calmurid	OL
				..	9.32	3.30	Nutraplus	GA
							Aquacare H.P.	AG
• Other emollients and protectives								
BATH EMOLLIENT								
4122Y	Bath oil 500 mL	#1	2	..	14.43	3.30	Hamilton Bath Oil	HA
				..	14.45	3.30	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	..	..	7.98	3.30	Orabase	BQ

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	
Protectives against UV-radiation								
• Protectives against UV-radiation for topical use								
SUNSCREENS								
4209M	Solid stick 5 g	‡1	2	..	7.73	3.30	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	‡1	2	..	11.12	3.30	Hamilton Sunscreen Broad Spectrum Cream 15+	HA
				..	13.43	3.30	SunSense Cream SPF 30+	EO
4476N	Lotion (alcoholic) 100 mL	‡1	2	..	11.58	3.30	Hamilton Sunscreen Spray 15+	HA
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	11.12	3.30	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.54	3.30	Aquasun Lotion SPF 18	PF
				..	13.66	3.30	SunSense Ultra SPF 30+	EO

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Antipruritics, incl. antihistamines, anesthetics, etc.

• Anesthetics for topical use

LIGNOCAINE HYDROCHLORIDE with

CARBOXYMETHYLCELLULOSE

4308R	Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL	‡1	..	..	46.66	3.30	Xylocaine Viscous	AP

• Other antipruritics

PINE TAR with 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	..	15.82	3.30	Pinetarsol	EO

ANTIPSORIATICS

Antipsoriatics for topical use

• Tars

ALLANTOIN with 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	..	15.36	3.30	Egopsoryl-TA	EO

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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	..	..	13.30	3.30	Bactroban	SK
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	..	..	34.89	3.30	Condyline Paint	HA
• Other chemotherapeutics								
METRONIDAZOLE								
4336F	Gel 7.5 mg per g (0.75%), 15 g	#1	..	..	10.87	3.30	Rozex	CA
4337G	Gel 7.5 mg per g (0.75%), 30 g	#1	..	..	15.98	3.30	Rozex	CA
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS								
Corticosteroids, plain								
• Corticosteroids, potent (group III)								
BETAMETHASONE VALERATE								
4511K	Cream 500 micrograms (base) per g (0.05%), 30 g	#1	2	..	8.99	3.30	Betnovate 1/2	SI
4131K	Cream 1 mg (base) per g (0.1%), 30 g	#1	2	..	16.72	3.30	Betnovate	SI
4513M	Ointment 500 micrograms (base) per g (0.05%), 30 g	#1	2	..	8.99	3.30	Betnovate 1/2	SI
4132L	Ointment 1 mg (base) per g (0.1%), 30 g	#1	2	..	16.72	3.30	Betnovate	SI
4133M	Scalp application 1 mg (base) per g (0.1%), 30 g	#1	2	..	13.60	3.30	Betnovate	SI
MOMETASONE FUROATE								
4342M	Cream 1 mg per g (0.1%), 45 g	#1	..	..	23.90	3.30	Elocon Novasone	SH EX
4343N	Ointment 1 mg per g (0.1%), 45 g	#1	..	..	23.90	3.30	Elocon Novasone	SH EX

NOTE:

Application to large areas of skin for longer than four weeks is not recommended.

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	
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	..	..	14.36	3.30	Kenacomb	BQ
CAUTION: For the short-term treatment of localised infective eczema only.								
ANTISEPTICS AND DISINFECTANTS								
Antiseptics and disinfectants								
• Iodine products								
	POVIDONE-IODINE							
4411E	Solution 100 mg per mL (10%), 100 mL	\$1	..	..	14.38	3.30	Minidine Antiseptic Solution	SI
				..	15.28	3.30	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	..	13.26	3.30	Prantal	SH
• Medicated shampoos								
	PINE TAR with 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	..	17.99	3.30	Polytar	SX
	SALICYLIC ACID with 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	..	14.58	3.30	Ionil	GA
	SALICYLIC ACID with 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	..	14.84	3.30	Ionil-T	GA

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	
4447C	SALICYLIC ACID with COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE Scalp cleanser 20 mg-10 mg- 10 mg-10 mg per mL (2%- 1%- 1%-1%), 250 mL	‡1	2	..	13.71	3.30	Sebitar	EO
4452H	SELENIUM SULFIDE Shampoo 25 mg per mL (2.5%), 125 mL	‡1	..	..	11.29	3.30	Selsun	AB
4498R	ZINC PYRITHIONE Shampoo 10 mg per mL (1%), 200 mL	‡1	1	..	9.94	3.30	Dan Gard	FA
• Wart and anti-corn preparations								
4450F	SALICYLIC ACID with PODOPHYLLIN RESIN Paint 100 mg-200 mg per mL (10%-20%), 6 mL	‡1	1	..	12.90	3.30	Posalfilin	NE
• Other dermatologicals								
ALLANTOIN with 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	..	12.10	3.30	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	12.10	3.30	Egoderm Ointment	EO
CATIONIC CONDITIONER with PANTHENOL								
NOTE: To be used in conjunction with the scalp cleanser salicylic acid with coal tar solution, pine tar and undecylenamide (code 4447C).								
4519W	Solution 250 mL	‡1	2	..	10.10	3.30	SebiRinse Conditioner	EO
HYDROLYZED COLLAGEN PROTEINS								
NOTE: To be used in conjunction with the two scalp cleansers: salicylic acid, benzalkonium chloride, alcohol and polyoxyethylene ethers (code 4445Y); and salicylic acid, benzalkonium chloride, alcohol, coal tar and polyoxyethylene ethers (code 4560B).								
4271T	Hair conditioner 250 mL	‡1	2	..	10.08	3.30	Ionil Rinse	GA
4549K	SKIN CLEANSER Lotion 500 mL	‡1	2	..	15.07	3.30	Hamilton Body Wash	HA
4497Q	ZINC OXIDE with STARCH and CHLORPHENESIN Dusting powder 100 g	‡1	1	..	9.34	3.30	Z.S.C.	SI

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	
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	..	10.55	3.30	Nilstat	AY
4013F	Vaginal cream 100,000 units per dose, 15 doses, 75 g	1	1	..	10.55	3.30	Nilstat	AY
• Imidazole derivatives								
CLOTRIMAZOLE								
4014G	Pessaries 100 mg, 6	1	..	..	12.34	3.30	Canesten	BN
4015H	Pessary 500 mg	1	..	..	12.34	3.30	Canesten 1	BN
4016J	Vaginal cream 50 mg per 5 g (1%), 35 g	1	..	..	10.87	3.30	^a Gyne-Lotrimin	SH
					12.34	3.30	^a Canesten	BN
4017K	Vaginal cream 100 mg per 5 g (2%), 20 g	1	..	..	12.34	3.30	Canesten 3	BN
MICONAZOLE NITRATE								
4020N	Pessaries 100 mg, 7	1	..	..	9.72	3.30	Monistat 7	JC
4021P	Vaginal cream 100 mg per 5 g (2%), 40 g	1	..	..	9.72	3.30	Monistat 7	JC
OTHER GYNECOLOGICALS								
Other gynecologicals								
• Other gynecologicals								
RICINOLEIC ACID with 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	..	..	23.39	3.30	Aci-Jel	JC
UROLOGICALS								
Other urologicals, incl. antispasmodics								
• Drugs used in erectile dysfunction								
SILDENAFIL CITRATE								
Authority required								
<i>Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.</i>								
NOTE:								
<i>The maximum quantity permitted is one pack of four (4) tablets per month, with 5 repeats.</i>								
<i>Authorisation will NOT be given for any additional prescriptions within 6 months or for any increased quantities or repeats.</i>								
4584G	Tablet 25 mg (base)	4	5	..	50.75	3.30	Viagra	PF
4585H	Tablet 50 mg (base)	4	5	..	63.40	3.30	Viagra	PF
4586J	Tablet 100 mg (base)	4	5	..	63.40	3.30	Viagra	PF

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	
• Other urologicals SODIUM BICARBONATE 4458P Capsule 840 mg 100 2 .. 11.01 3.30 Sodibic RR CAUTION: For use in the treatment of renal disease.								
SODIUM CITRO-TARTRATE Restricted benefit <i>For relief of urinary symptoms when antibiotic or other therapy alone is inappropriate.</i>								
4047B	Sachets containing oral effervescent powder 3.7 g, 28	\$1	4	..	9.42	3.30	Citralite	MM
4048C	Sachets containing oral effervescent powder 4 g, 28	\$1	4	..	9.42	3.30	Citravescent Sachets	MM
4049D	Sachets containing oral effervescent powder 4 g, 28	\$1	4	..	9.83	3.30	Ural Sachets	AB
Drugs used in benign prostatic hypertrophy • Alpha-adrenoreceptor antagonists TAMSULOSIN HYDROCHLORIDE Authority required <i>Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.</i>								
4464Y	Capsule 400 micrograms (modified release)	30	5	..	52.93	3.30	Flomax	CS
TERAZOSIN HYDROCHLORIDE Authority required <i>Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.</i>								
4396J	Starter pack containing 7 tablets 1 mg and 7 tablets 2 mg	\$1	..	..	17.44	3.30	Hytrin	AB
4397K	Tablet 2 mg	30	5	..	38.25	3.30	Hytrin	AB
4398L	Tablet 5 mg	30	5	..	56.17	3.30	Hytrin	AB
4399M	Tablet 10 mg	30	5	..	84.04	3.30	Hytrin	AB
• Testosterone-5-alpha reductase inhibitors FINASTERIDE Authority required <i>Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.</i>								
4233T	Tablet 5 mg	30	5	..	92.35	3.30	Proscar	MK

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
GENERAL ANTIINFECTIVES FOR SYSTEMIC USE								
ANTIBACTERIALS FOR SYSTEMIC USE								
Macrolides and lincosamides								
• Macrolides								
AZITHROMYCIN								
<u>Restricted benefit</u>								
<i>Upper and lower respiratory tract infections.</i>								
4115N	Tablet 500 mg	3	..	..	31.83	3.30	Zithromax	PF
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS								
ANTINEOPLASTIC AGENTS								
Antimetabolites								
• Pyrimidine analogues								
FLUOROURACIL								
4222F	Cream 50 mg per g (5%), 20 g	‡1	..	..	35.37	3.30	Efudix	DT
4223G	Solution 10 mg per mL (1%), 30 mL	‡1	..	..	21.66	3.30	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								
<u>Authority required</u>								
<i>Patients requiring an NSAID in whom a risk of upper gastrointestinal complications is high or with a history of peptic ulcer disease.</i>								
4190M	Tablet 50 mg-200 micrograms	60	2	..	34.40	3.30	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	..	10.41	3.30	BI	
4023R	Ointment BP, 100 g	‡1	1	..	7.59	3.30	BI	
4024T	Compound ointment BPC 1973, 100 g	‡1	1	..	8.72	3.30	BI	
4025W	Compound ointment APF 1934, 100 g	‡1	1	..	7.18	3.30	BI	
4026X	Liniment APF, 100 mL	‡1	1	..	6.01	3.30	Metsal	MM
				..	6.16	3.30	BI	
4027Y	Compound liniment APF, 100 mL	‡1	1	..	7.47	3.30	BI	

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
NERVOUS SYSTEM								
ANALGESICS								
Opioids								
• Natural opium alkaloids								
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
Restricted benefit								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>								
<i>(i) chronic severe disabling pain associated with proven malignant neoplasia; or</i>								
<i>(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.</i>								
4349X	Tablet 200 mg (controlled release)	20	..	..	106.01	3.30	MS Contin	MF
• Diphenylpropylamine derivatives								
DEXTROPROPOXYPHENE NAPSYLATE								
CAUTION:								
<i>Chronic use of this preparation is likely to cause drug dependence.</i>								
4081T	Capsule 100 mg	50	..	..	*14.65	3.30	Doloxene	LY
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
CODEINE PHOSPHATE with ASPIRIN								
4061R	Tablet soluble 8 mg-300 mg	50	2	..	10.04	3.30	Aspalgin	FM
• Anilides								
CODEINE PHOSPHATE with PARACETAMOL								
4171M	Tablet 8 mg-500 mg	50	2	..	9.49	3.30	Panamax Co.	SW
				..	9.61	3.30	Codalgin	FM
4170L	Tablet 15 mg-500 mg	20	2	..	7.08	3.30	Prodeine 15	SW
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Ethers of tropine or tropine derivatives								
BENZTROPINE MESYLATE								
4129H	Tablet 0.5 mg	100	2	..	8.89	3.30	Cogentin	MK

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
BROMAZEPAM								
Authority required								
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	..	..	*22.86	3.30	Lexotan	RO
4151L	Tablet 6 mg	60	..	..	*28.78	3.30	Lexotan	RO
• Azaspirodecanedione derivatives								
BUSPIRONE HYDROCHLORIDE								
Authority required								
For the short-term treatment of anxiety.								
4144D	Tablet 5 mg	50	..	..	29.21	3.30	Buspar	BQ
4145E	Tablet 10 mg	50	..	..	44.09	3.30	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	..	..	12.26	3.30	Hypnodorm	AF
• Benzodiazepine related drugs								
ZOPICLONE								
Restricted benefit								
For the short-term treatment of insomnia.								
4522B	Tablet 7.5 mg	30	..	..	15.92	3.30	Imovane	RR

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
OTHER NERVOUS SYSTEM DRUGS								
Antismoking agents								
• Antismoking agents								
NICOTINE								
Authority required								
<i>Patients who have indicated that they are ready to cease smoking and who have entered a support and counselling program.</i>								
NOTE:								
<i>Studies have shown that successful therapy with this drug is enhanced by patient participation in a support and counselling program.</i>								
4576W	Transdermal patches releasing approximately 5 mg per 16 hours, 7	2	..	..	*40.76	3.30	Nicorette Patch	PS
4571N	Transdermal patches releasing approximately 7 mg per 24 hours, 7	2	..	..	*53.10	3.30	Nicabate 7	SK
4577X	Transdermal patches releasing approximately 10 mg per 16 hours, 7	2	..	..	*44.40	3.30	Nicorette Patch	PS
4572P	Transdermal patches releasing approximately 14 mg per 24 hours, 7	2	..	..	*58.02	3.30	Nicabate 14	SK
4578Y	Transdermal patches releasing approximately 15 mg per 16 hours, 7	2	2	..	*48.80	3.30	Nicorette Patch	PS
4573Q	Transdermal patches releasing approximately 21 mg per 24 hours, 7	2	2	..	*63.80	3.30	Nicabate 21	SK
ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS								
ANTHELMINTICS								
Antinematodal agents								
• Benzimidazole derivatives								
MEBENDAZOLE								
4325P	Tablet 100 mg	6	..	..	14.22	3.30	Vermox	JC
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	..	..	13.84	3.30	Drixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	#1	..	..	13.84	3.30	Drixine	SH
4379L	Nasal spray 500 micrograms per mL (0.05%), 18 mL	#1	..	..	13.24	3.30	Logicin Rapid Relief	SI

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	
• Antiallergic agents, excl. corticosteroids								
LEVOCABASTINE HYDROCHLORIDE								
4311X	Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	#1	2	..	12.67	3.30	Livostin	JC
SODIUM CROMOGLYCATE								
4468E	Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	#1	5	..	17.73	3.30	Rynacrom	RR
• Corticosteroids								
BECLOMETHASONE DIPROPIONATE								
<u>Restricted benefit</u>								
Severe intractable rhinitis.								
4086C	Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)	#1	1	..	13.24	3.30	Beconase AQ	GW
4087D	Aqueous nasal spray 50 micrograms per dose, 400 doses set containing 1 pump pack (200 doses) and 1 refill (200 doses)	#1	..	..	22.08	3.30	Aldecin Aqueous Set	SH
4088E	Aqueous nasal spray 50 micrograms per dose, 400 doses set containing 2 pump packs each providing 200 doses	#1	..	..	22.09	3.30	Beconase AQ Twin Pack	GW
BUDESONIDE								
<u>Restricted benefit</u>								
Severe intractable rhinitis.								
4079Q	Aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses)	#1	..	..	19.11	3.30	^a Budamax Aqueous	PM
				..	19.80	3.30	^a Rhinocort Aqueous	AP
• Other nasal preparations								
IPRATROPIUM BROMIDE								
<u>Restricted benefit</u>								
Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.								
4089F	Aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses)	#1	5	..	17.94	3.30	Atrovent Nasal Aqueous	BY
4090G	Aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses)	#1	5	..	23.35	3.30	Atrovent Nasal Forte	BY

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	
Nasal decongestants for systemic use								
• Sympathomimetics								
PSEUDOEPHEDRINE HYDROCHLORIDE								
4420P	Tablet 60 mg	30	..	..	11.99	3.30	Logicin Sinus	SI
				..	12.72	3.30	Sudafed Sinus & Nasal Decongestant	WR
PSEUDOEPHEDRINE SULFATE								
4418M	Tablet 60 mg	30	..	..	12.20	3.30	Demazin Sinus	SH
ANTI-ASTHMATICS								
Adrenergics, inhalants								
• Adrenergics and other anti-asthmatics								
IPRATROPIUM BROMIDE with SALBUTAMOL SULFATE								
Restricted benefit								
<i>Chronic obstructive pulmonary disease where treatment with a beta-agonist and ipratropium is indicated.</i>								
4283K	Oral pressurised inhalation 20 micrograms (anhydrous)- 100 micrograms (base) per dose (200 doses)	2	5	..	*44.46	3.30	Combivent	BY
COUGH AND COLD PREPARATIONS								
Expectorants, excl. combinations with cough suppressants								
• Expectorants								
SENEGA and AMMONIA								
4074K	Mixture 200 mL	‡1	4	..	6.59	3.30	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	..	6.48	3.30	Actuss	SI
				..	9.58	3.30	Duro-Tuss	MM
ANTIHISTAMINES FOR SYSTEMIC USE								
Antihistamines for systemic use								
• Phenothiazine derivatives								
PROMETHAZINE HYDROCHLORIDE								
4072H	Tablet 10 mg	50	2	..	12.17	3.30	Phenergan	RR
4073J	Tablet 25 mg	50	2	..	14.10	3.30	Phenergan	RR
CAUTION:								
Significant side effects may occur.								
• Piperazine derivatives								
CETIRIZINE HYDROCHLORIDE								
4175R	Tablet 10 mg	30	..	..	34.19	3.30	Zyrtec	WR

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	
• Other antihistamines for systemic use								
FEXOFENADINE HYDROCHLORIDE								
4237B	Tablet 60 mg	60	..	..	*38.12	3.30	Telfast	AV
4238C	Tablet 120 mg	30	..	..	34.93	3.30	Telfast 120	AV
LORATADINE								
4313B	Tablet 10 mg	30	..	..	34.98	3.30	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	..	21.87	3.30	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	..	10.68	3.30	Antistine-Privine	CV
4032F	Eye drops 5 mg (phosphate)- 500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	1	..	10.73	3.30	Albalon-A	AG
NAPHAZOLINE HYDROCHLORIDE								
4035J	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	1	..	9.69	3.30	Naphcon Forte	AQ
				..	10.66	3.30	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	..	10.04	3.30	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	..	9.82	3.30	Zincfrin	AQ
• Other antiallergics								
LEVOCABASTINE HYDROCHLORIDE								
4310W	Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses)	‡1	1	..	12.67	3.30	Livostin	JC

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	
Other ophthalmologicals								
• Other ophthalmologicals								
CARMELLOSE SODIUM								
<u>Authority required</u>								
<i>Severe dry eye syndrome where less costly alternative preparations are inappropriate.</i>								
4149J	Eye drops 2.5 mg per mL (0.25%), single dose units 0.6 mL, 32	3	5	..	*43.22	3.30	Thera Tears	SI

OTOLOGICALS

Other otologicals

• Indifferent preparations								
CARBAMIDE PEROXIDE								
4176T	Ear drops 65 mg per mL (6.5%), 10 mL	‡1	..	..	12.03	3.30	Ear Clear for Ear Wax Removal	KY
DICHLOROBENZENE with CHLORBUTOL and TURPENTINE OIL								
4180B	Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL	‡1	..	..	11.20	3.30	Cerumol	AC
DOCUSATE SODIUM								
4199B	Ear drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	12.07	3.30	Waxsol	NE

VARIOUS

ALL OTHER THERAPEUTIC PRODUCTS

All other therapeutic products

• Drugs for treatment of hyperkalemia and hyperphosphatemia								
SODIUM POLYSTYRENE SULFONATE								
4470G	Oral powder 454 g	‡1	2	..	63.54	3.30	Resonium-A	SW

REPATRIATION

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

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	

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. No. of Qty 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	• Cadexomer Iodine • Foam—Light Exudate; • Foam with Charcoal; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate Exudate)	• Cadexomer Iodine • Hydrocolloid (Cavity Wound)
(B) Moisture Donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous

HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	• Alginate (Superficial Wound); • Cadexomer Iodine • Foam—Heavy Exudate; • Hydroactive Superficial Wound—Moderate/High Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Cadexomer Iodine • 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; 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.

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	BANDAGE—ABSORBENT WOOL							
4651T	Bandage (natural, non-sterile) 10 cm x 2.7 m	6	..	..	*27.92	3.30	Soffban 7224	SN
4653X	Bandage 10 cm x 3 m	6	..	..	17.07	3.30	Surepress 650948	CC
	BANDAGE—CALICO							
4717G	Bandage, triangular, large	†1	..	..	10.24	3.30	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	..	..	*59.75	3.30	Comprilan 1027	BE
4655B	Bandage, short stretch, 10 cm x 5 m	5	..	..	*68.35	3.30	Tensolan 66000012	SN
4736G	Bandage, high stretch, 7.5 cm x 3 m	5	..	..	*69.45	3.30	Tensopress 4347	SN
4656C	Bandage, high stretch, 7.5 cm x 3.5 m	5	..	..	*60.55	3.30	Setopress 3504	SS
4748X	Bandage, high stretch, 10 cm x 3 m	5	..	..	*67.75	3.30	Surepress 650947	CC
					*91.25	3.30	Tensopress 4348	SN
4657D	Bandage, high stretch, 10 cm x 3.5 m	5	..	..	*47.80	3.30	Eloflex 2480	BE
					*69.85	3.30	Setopress 3505	SS
4658E	Bandage, four layer	5	..	..	*169.35	3.30	Profore 66050016	SN
	BANDAGE—RETENTION—COHESIVE—HEAVY							
4811F	Bandage 5 cm x 1.3 m	2	..	..	*11.14	3.30	Peg 7420	BK
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*14.04	3.30	Peg 7422	BK
4659F	Bandage 7.5 cm x 3 m	2	..	..	*16.24	3.30	Coplus 3629	SN
4813H	Bandage 10 cm x 1.3 m	2	..	..	*17.38	3.30	Peg 7423	BK
4660G	Bandage 10 cm x 2 m	2	..	..	*18.82	3.30	Coban 1584	MM
4814J	Bandage 15 cm x 1.3 m	2	..	..	*23.66	3.30	Peg 7425	BK
	BANDAGE—RETENTION—COHESIVE—LIGHT							
4718H	Bandages 2.5 cm x 4 m, 2	†1	..	..	9.44	3.30	Handygauze 8631	BE
4719J	Bandage 6 cm x 4 m	2	..	..	*10.30	3.30	Easifix Cohesive 5870	SN
					*11.24	3.30	Handygauze 8633	BE
4662J	Bandage 10 cm x 4 m	2	..	..	*14.88	3.30	Easifix Cohesive 5872	SN

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
BANDAGE—RETENTION—COTTON CREPE								
4727T	Bandage 5 cm x 2.3 m	2	..	..	*14.44	3.30	Elastocrepe 300501	SN
				..	*14.68	3.30	Telfa 8252F	KE
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*18.20	3.30	Elastocrepe 307501	SN
				..	*19.08	3.30	Telfa 8253F	KE
4729X	Bandage 10 cm x 2.3 m	2	..	..	*22.00	3.30	Telfa 8254F	KE
				..	*22.46	3.30	Elastocrepe 301001	SN
BANDAGE—TUBULAR								
4855M	Bandage 6.25 cm x 1 m	†1	..	..	13.26	3.30	Tubigrip B 1544	SS
4856N	Bandage 6.75 cm x 1 m	†1	..	..	13.26	3.30	Tubigrip C 1545	SS
4857P	Bandage 7.5 cm x 1 m	†1	..	..	13.26	3.30	Tubigrip D 1546	SS
4858Q	Bandage 8.75 cm x 1 m	†1	..	..	13.26	3.30	Tubigrip E 1547	SS
4859R	Bandage 10 cm x 1 m	†1	..	..	13.26	3.30	Tubigrip F 1548	SS
4663K	Bandage, straight, size C	†1	..	..	11.84	3.30	Handyplast 2225	BE
4664L	Bandage, straight, size D	†1	..	..	11.84	3.30	Handyplast 2226	BE
4665M	Bandage, straight, size E	†1	..	..	11.84	3.30	Handyplast 2227	BE
4666N	Bandage, lightweight, 7.5 cm x 1 m	†1	..	..	13.63	3.30	Tensogrip 104320	SN
4667P	Bandage, lightweight, 8.75 cm x 1 m	†1	..	..	13.63	3.30	Tensogrip 104420	SN
BANDAGE—TUBULAR (FINGER)								
4798M	Complete pack including applicator	†1	..	..	13.20	3.30	Tubegauz 14001	SS
4726R	Refill	†1	..	..	10.07	3.30	Tubegauz 14002	SS
BANDAGE—TUBULAR (LIGHTWEIGHT)								
4671W	Bandage, small limb size (red), 10 m	†1	..	..	22.34	3.30	Tubifast 2434	SS
4672X	Bandage, medium limb size (green), 10 m	†1	..	..	25.31	3.30	Tubifast 2436	SS
4673Y	Bandage, large limb size (blue), 10 m	†1	..	..	28.23	3.30	Tubifast 2438	SS
BANDAGE—TUBULAR (LONG STOCKING)								
4674B	Bandage, small size	2	..	..	*33.94	3.30	Tubigrip 1482	SS
4797L	Bandage, medium size	2	..	..	*33.94	3.30	Tubigrip 1483	SS
4799N	Bandage, large size	2	..	..	*33.94	3.30	Tubigrip 1484	SS
4675C	Bandage, XX/large size	2	..	..	*33.94	3.30	Tubigrip 1486	SS

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
BANDAGE—TUBULAR (SHORT STOCKING)								
4661H	Bandage, small B/C size	2	..	..	*24.76	3.30	Tubigrip 1479	SS
4815K	Bandage, medium C/D size	2	..	..	*24.76	3.30	Tubigrip 1480	SS
4816L	Bandage, large D/E size	2	..	..	*24.76	3.30	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	..	..	*19.04	3.30	Zincaband 3604	SS
4669R	Bandage 7.5 cm x 6 m	2	..	..	*21.14	3.30	Steripaste 3610	SS
4750B	Bandage 7.5 cm x 6 m	2	..	..	*53.74	3.30	Viscopaste 4948	SN
4749Y	Bandage 8 cm x 5 m (compression)	2	..	..	*34.00	3.30	Gelocast Elastic 1080	BE
4670T	Bandage 10 cm x 9.1 m	2	..	..	*24.76	3.30	Flexidress 650941	CC
4760M	Bandages 80 cm (stockings), 4	†1	..	..	56.03	3.30	ZipZoc 66051550	SN
COTTON WOOL ROLL								
4701K	Roll 100 g	†1	2	..	7.58	3.30	JJ 02013	JJ
DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND)								
4742N	Dressings 10 cm x 10 cm, 10	†1	..	..	73.50	3.30	CarboFLEX 403202	CC
4681J	Dressing 10.5 cm x 10.5 cm	10	..	..	*69.20	3.30	Actisorb Plus MAC031	JJ
4743P	Dressings 15 cm x 20 cm, 5	†1	..	..	83.88	3.30	CarboFLEX 403204	CC
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	..	..	*81.20	3.30	HydroHeal Algin Firm 015342	FA
					*108.00	3.30	Kaltostat 1681F1	CC
					*129.70	3.30	Sorbsan 1411	SS
4685N	Ropes 2 g (30 cm), 5	2	..	..	*80.10	3.30	Restore CalciCare 9940	HO
4682K	Ropes 2 g (40 cm), 6	2	..	..	*102.24	3.30	Cornfeel 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.

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	
DRESSING—ALGINATE (SUPERFICIAL WOUND)—cont.								
4830F	Dressing 5 cm x 5 cm	10	1	..	*32.20	3.30	HydroHeal Algin Firm 015296	FA
				..	*44.80	3.30	Kaltostat 1682F5	CC
4699H	Dressings 5 cm x 5 cm, 10	‡1	1	..	33.78	3.30	Algisite M 66000519	SN
				..	37.02	3.30	Restore CalciCare 9938	HO
4684M	Dressing 6 cm x 4 cm	10	1	..	*35.90	3.30	Comfeel SeaSorb Dressing 3705	CT
4683L	Dressing 7.5 cm x 12 cm	10	1	..	*62.70	3.30	HydroHeal Algin Firm 015318	FA
				..	*85.00	3.30	Kaltostat 1682F7	CC
4831G	Dressing 10 cm x 10 cm	10	1	..	*69.00	3.30	Comfeel SeaSorb Dressing 3710	CT
				..	*74.10	3.30	Sorbsan 1410	SS
4700J	Dressings 10 cm x 10 cm, 10	‡1	1	..	65.90	3.30	Algisite M 66000520	SN
				..	69.62	3.30	Restore CalciCare 9937	HO
4838P	Dressing 10 cm x 20 cm	10	1	..	*123.50	3.30	HydroHeal Algin Firm 015326	FA
4691X	Dressings 15 cm x 20 cm, 10	‡1	1	..	160.03	3.30	Algisite M 66000521	SN
DRESSING with CADEXOMER IODINE								
NOTE: Suitable for yellow sloughy infected and malodorous wounds.								
4931M	Sachets 3 g, 7	‡1	..	..	42.48	3.30	Iodosorb Powder 66051070	SN
4932N	Tubes 10 g, 4	‡1	..	..	67.63	3.30	Iodosorb Ointment 66051240	SN
4933P	Tubes 20 g, 2	‡1	..	..	67.63	3.30	Iodosorb Ointment 66051230	SN
4934Q	Tube 40 g	‡1	..	..	67.63	3.30	Iodosorb Ointment 66051250	SN
4935R	Sachets 5 g (6 cm x 4 cm), 5	‡1	..	..	63.93	3.30	Iodoflex 66051330	SN
4936T	Sachets 10 g (8 cm x 6 cm), 3	‡1	..	..	92.49	3.30	Iodoflex 66051340	SN
4937W	Sachets 17 g (10 cm x 8 cm), 2	‡1	..	..	97.39	3.30	Iodoflex 66051360	SN

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. No.of			Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
DRESSING—FILM								
4686P	Dressings 6 cm x 7 cm, 8	‡1	..	..	12.72	3.30	Nexcare Tegaderm Transparent H1624	MM
4687Q	Dressings 10 cm x 12 cm, 4	‡1	..	..	16.34	3.30	Nexcare Tegaderm Transparent H1626	MM
4893M	Dressings 10 cm x 12 cm, 10	‡1	..	..	24.34	3.30	Op-Site Flexigrid 4629	SN
4688R	Dressing 15 cm x 20 cm	6	..	..	*24.74	3.30	Tegaderm Transparent 1628	MM
DRESSING—FILM ISLAND								
4689T	Dressing 5 cm x 7 cm	10	..	..	*13.20	3.30	Tegaderm Transparent Island 3582	MM
4898T	Dressings 5 cm x 7.2 cm, 5	2	..	..	*17.86	3.30	Cutifilm Plus 76309	BE
4899W	Dressings 8 cm x 10 cm, 5	2	..	..	*27.70	3.30	Cutifilm Plus 76308	BE
4690W	Dressing 9 cm x 10 cm	10	..	..	*23.50	3.30	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	..	..	197.59	3.30	Lyof foam 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	..	..	48.79	3.30	CombiDERM 651031	CC
4693B	Dressings (foam alternative) 15 cm x 18 cm, 5	‡1	..	..	68.90	3.30	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	..	21.99	3.30	Lyof foam 603001	SS

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	
	DRESSING—FOAM—LIGHT EXUDATE—cont.							
4891K	Dressings 10 cm x 10 cm, 5	#1	3	..	24.07	3.30	Lyof foam 603002	SS
4878R	Dressing 20 cm x 15 cm	5	..	..	*49.50	3.30	Lyof foam 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	10	..	..	*68.00	3.30	Lyof foam Extra 603050	SS
4795J	Dressings 10 cm x 10 cm, 10	#1	..	..	93.50	3.30	Allevyn 66007637	SN
4880W	Dressing 20 cm x 15 cm	5	..	..	*85.65	3.30	Lyof foam Extra 603052	SS
4694C	Dressing, cavity, conforming, 20 g	1	..	..	56.32	3.30	Cavicare 4563	SN
	DRESSING—GAUZE (ABSORBENT PAD)							
4707R	Pads 5 cm x 5 cm, 100	#1	..	..	10.56	3.30	Handy 5672	BE
4708T	Pads 10 cm x 10 cm, 100	#1	..	..	21.73	3.30	Handy 5674	BE
	DRESSING—GAUZE—EYE PAD							
4768Y	Pads, 12	#1	..	..	9.96	3.30	Curity 4112	KE
	DRESSING—GAUZE—PARAFFIN							
4759L	Dressings 10 cm x 10 cm, 10	#1	..	..	13.54	3.30	Jelonet 7404	SN
	DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE							
4845B	Dressings 10 cm x 10 cm, 10	#1	2	..	13.40	3.30	Clorhexitulle	AV
				..	16.79	3.30	Bactigras 7457	SN
	DRESSING—GAUZE—POVIDONE-IODINE PAD							
4779M	Pads 22.5 cm x 7.5 cm, 12	#1	2	..	29.55	3.30	Betadine	FA
	DRESSING—HYDROACTIVE (CAVITY WOUND)							
4918W	Dressings 5 cm x 6 cm, 10	#1	1	..	116.69	3.30	Cutinova Cavity 47571	BE
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*219.98	3.30	Cutinova Cavity 47573	BE
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)							
4695D	Dressings, island, 11 cm x 11 cm, 10	#1	..	..	75.00	3.30	Tielle MT2440	JJ
4696E	Dressings, island, 18 cm x 18 cm, 5	#1	..	..	94.84	3.30	Tielle MT2442	JJ
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)							
4905E	Dressings 5 cm x 6 cm, 10	#1	1	..	40.74	3.30	Cutinova Thin 47576	BE
4906F	Dressings 10 cm x 10 cm, 5	2	1	..	*55.84	3.30	Cutinova Thin 47578	BE

REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)								
4885D	Dressings 5 cm x 6 cm, 10	\$1	1	..	40.82	3.30	Cutinova Hydro 47441	BE
4886E	Dressings 10 cm x 10 cm, 5	2	1	..	*61.02	3.30	Cutinova Hydro 47443	BE
DRESSING—HYDROCOLLOID (CAVITY WOUND)								
NOTE: This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.								
4896Q	Paste 30 g	10	..	..	*134.00	3.30	DuoDERM Paste H7930	CC
4895P	Paste 50 g	6	..	..	*82.64	3.30	Comfeel Paste 4701	CT
4697F	Powder 6 g	2	..	..	*16.52	3.30	Comfeel Powder 4706	CT
4698G	Ropes 2 g (30 cm), 5	\$1	..	..	66.59	3.30	Aquacel 177904	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	..	29.81	3.30	Comfeel Plus Transparent 3530	CT
4889H	Dressings 9 cm x 14 cm, 10	\$1	1	..	63.91	3.30	Comfeel Plus Transparent 3536	CT
4908H	Dressings 10 cm x 10 cm, 5	2	1	..	*51.00	3.30	Restore Extra Thin 9921	HO
4907G	Dressings 10 cm x 10 cm, 10	\$1	1	..	66.59	3.30	DuoDERM Extra Thin H7955	CC
4924E	Dressings 10 cm x 10 cm, 10	\$1	1	..	52.69	3.30	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	..	*56.80	3.30	Restore Plus 9956	HO
				..	*75.82	3.30	DuoDERM CGF H7660	CC

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	
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)—cont.								
4921B	Dressings 10 cm x 10 cm, 10	‡1	1	..	52.48	3.30	Repicare Ultra 66000434	SN
				..	60.01	3.30	HydroHeal Colloid 015385	FA
				..	80.42	3.30	Aquacel 177902	CC
4922C	Dressings 15 cm x 15 cm, 5	2	1	..	*100.56	3.30	Repicare Ultra 66000435	SN
				..	*131.50	3.30	HydroHeal Colloid 015393	FA
				..	*165.64	3.30	Aquacel 177903	CC
4853K	Dressings 15 cm x 20 cm, 3	3	1	..	*131.24	3.30	Restore Plus 9957	HO
4854L	Dressings 20 cm x 20 cm, 3	3	1	..	*156.41	3.30	Restore Plus 9958	HO
4920Y	Dressings 20 cm x 20 cm, 5	2	1	..	*188.68	3.30	Repicare Ultra 66000436	SN
				..	*206.64	3.30	DuoDERM CGF H7662	CC
				..	*219.80	3.30	HydroHeal Colloid 015407	FA
4923D	Dressings with alginate 10 cm x 10 cm, 10	‡1	1	..	61.63	3.30	Comfeel Plus Ulcer Dressing 3110	CT
4902B	Dressings with border 10 cm x 10 cm, 5	2	1	..	*108.06	3.30	DuoDERM CGF Border H7971	CC
4903C	Dressings with border 10 cm x 13 cm, 5	2	1	..	*124.20	3.30	DuoDERM CGF Border H7973	CC
4842W	Dressings, sacral, 5	2	1	..	*97.58	3.30	Restore Plus Sacral 9959	HO
				..	*119.58	3.30	Repicare Ultra 66000437	SN

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	..	54.48	3.30	Comfeel Purilon Gel 3900	CT
				..	59.69	3.30	DuoDERM Gel H7990	CC
4926G	Tubes 20 g, 10	‡1	1	..	45.84	3.30	SoloSite Gel 36100614	SN
4894N	Tubes 25 g, 10	‡1	1	..	105.83	3.30	Intrasite Gel 7313	SN
4913N	Tubes 30 g, 3	3	1	..	*90.80	3.30	DuoDERM Gel H7987	CC

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	
DRESSING—HYDROGEL—AMORPHOUS—cont.								
4914P	Tube 50 g	12	1	..	*76.16	3.30	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	..	..	*72.28	3.30	Nu-Gel 2497	JJ
4910K	Dressing 10 cm x 10 cm	10	..	..	*83.50	3.30	Clearsite Borderless 409240	SS
DRESSING—NON-ADHERENT								
4860T	Dressings 5 cm x 5 cm, 5	2	..	..	*9.70	3.30	Cutilin 76301	BE
				..	*10.46	3.30	Melolin 101720	SN
4755G	Dressings 5 cm x 7.5 cm, 10	#1	..	..	8.44	3.30	Telfa 1970C	KE
4909J	Dressing 7.6 cm x 7.6 cm	10	1	..	*12.10	3.30	Adaptic 2012	JJ
4758K	Dressings 7.5 cm x 10 cm, 6	#1	..	..	8.58	3.30	Telfa 2140C	KE
4862X	Dressings 10 cm x 10 cm, 3	3	..	..	*15.05	3.30	Cutilin 76300	BE
4861W	Dressings 10 cm x 10 cm, 10	#1	..	..	23.13	3.30	Melolin 4933	SN
4843X	Dressings, self-adhesive, 5 cm x 7.5 cm, 10	#1	2	..	9.90	3.30	Telfa 6020C	KE
4844Y	Dressings, self-adhesive, 7.5 cm x 10 cm, 6	#1	2	..	9.24	3.30	Telfa 7650C	KE
GAUZE and COTTON TISSUE (COMBINE ROLL)								
4767X	Wrapped pack 9 cm x 10 m	#1	..	..	12.10	3.30	SN 121054A	SN
4761N	Wrapped pack 10 cm x 10 m	#1	..	..	10.86	3.30	JJ 12010	JJ
GLOVES PLASTIC (DISPOSABLE)								
4772E	Gloves, small, 100	#1	..	..	9.42	3.30	Handy 4207	BE
4773F	Gloves, medium, 100	#1	..	..	9.42	3.30	Handy 4208	BE
4774G	Gloves, large, 100	#1	..	..	9.42	3.30	Handy 4209	BE
LUBRICATING AGENT								
4318G	Jelly 60 g	#1	..	..	7.49	3.30	Surgical Lubricating Gel	BI
PRESSURE REDUCING PRODUCTS								
4676D	Sheet 10 cm x 10 cm x 3 mm	2	..	..	*25.52	3.30	Spenco Dermal Pad 10-553	KC
4677E	Sheet 10 cm x 10 cm x 12 mm	2	..	..	*46.64	3.30	Spenco Dermal Pad 10-561	KC
4678F	Butterfly shape 7 cm	5	..	..	*40.15	3.30	Comfeel Plus Pressure Relieving 3350	CT

continued

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PRESSURE REDUCING PRODUCTS—cont.								
4679G	Round 10 cm	5	..	..	*43.50	3.30	Comfeel Plus Pressure Relieving 3353	CT
4680H	Round 15 cm	5	..	..	*77.20	3.30	Comfeel Plus Pressure Relieving 3356	CT
TAPES—NON-WOVEN RETENTION (POLYACRYLATE)								
4915Q	Roll 2.5 cm x 9.1 m	‡1	..	..	9.83	3.30	Medipore 2961	MM
4863Y	Roll 2.5 cm x 10 m	‡1	..	..	13.09	3.30	Hypafix 104020	SN
4917T	Roll 2.5 cm x 10 m	‡1	..	..	6.92	3.30	Mefix 310250	SS
4916R	Roll 5 cm x 10 m	‡1	..	..	19.46	3.30	Hypafix 104120	SN
TAPES—PLASTER ADHESIVE ELASTIC								
4780N	Roll 2.5 cm x 2.5 m	‡1	..	..	9.64	3.30	Leukoplast 1071	BE
4781P	Roll 5 cm x 2.5 m	‡1	..	..	14.42	3.30	Leukoplast 1072	BE
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	..	17.38	3.30	Leukoplast 1073	BE
4735F	Roll 10 cm x 2.75 m	‡1	..	..	17.83	3.30	Elastoplast 1004	SN
TAPES—PLASTER ADHESIVE HYPOALLERGENIC								
4783R	Roll 1.25 cm x 5 m	‡1	..	..	7.80	3.30	Leukopor 2471	BE
4785W	Roll 1.25 cm x 5 m	‡1	..	..	7.88	3.30	Leukosilk 1021	BE
4794H	Roll 2.5 cm x 5 m	‡1	..	..	9.88	3.30	Leukopor 2472	BE
4787Y	Roll 2.5 cm x 5 m	‡1	..	..	10.04	3.30	Leukosilk 1022	BE
4788B	Stretch roll 5 cm x 5 m	‡1	..	..	13.31	3.30	Leukoflex 1124	BE
4790D	Roll 5 cm x 5 m	‡1	..	..	12.90	3.30	Leukopor 2474	BE
4789C	Roll 5 cm x 5 m	‡1	..	..	13.17	3.30	Leukosilk 1024	BE
4870H	Roll (dispenser) 1.25 cm x 6.8 m	‡1	..	..	8.12	3.30	Nexcare Cloth Tape (Durapore) 2610	MM
4868F	Roll (dispenser) 1.25 cm x 6.8 m	‡1	..	..	8.12	3.30	Nexcare Paper Tape (Micropore) R3	MM
4875N	Roll (dispenser) 2.5 cm x 6.8 m	‡1	..	..	9.14	3.30	Nexcare Cloth Tape (Durapore) 2611	MM
4873L	Roll (dispenser) 2.5 cm x 6.8 m	‡1	..	..	9.14	3.30	Nexcare Paper Tape (Micropore) R4	MM

Section 2

Standard Packs and Prices

NOTE—

Standard packs and prices (including mark-up, but without dispensing 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 @	8.95 WR
4118R		400 mg-400 mg-30 mg per 5 mL, 375 mL	1 @	6.92 WR
4651T	Bandage—Absorbent Wool	10 cm x 2.7 m	1 @	3.92 SN
4654Y	Bandage—Compression	8 cm x 5 m	1 @	11.07 BE
4655B		10 cm x 5 m	1 @	12.79 SN
4736G		7.5 cm x 3 m	1 @	13.01 SN
4656C		7.5 cm x 3.5 m	1 @	11.23 SS
4748X		10 cm x 3 m	1 @	12.67 CC
			1 @	17.37 SN
4657D		10 cm x 3.5 m	1 @	8.68 BE
			1 @	13.09 SS
4658E		Four layer	1 @	32.99 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 @	5.92 SN
4813H		10 cm x 1.3 m	1 @	6.49 BK
4660G		10 cm x 2 m	1 @	7.21 MM
4814J		15 cm x 1.3 m	1 @	9.63 BK
4719J	Bandage—Retention—Cohesive— Light	6 cm x 4 m	1 @	2.95 SN
			1 @	3.42 BE
4662J		10 cm x 4 m	1 @	5.24 SN
4727T	Bandage—Retention—Cotton Crepe	5 cm x 2.3 m	1 @	5.02 SN
			1 @	5.14 KE
4728W		7.5 cm x 2.3 m	1 @	6.90 SN
			1 @	7.34 KE
4729X		10 cm x 2.3 m	1 @	8.80 KE
			1 @	9.03 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 @	10.18 SS
4815K		Medium C/D	1 @	10.18 SS
4816L		Large D/E	1 @	10.18 SS
4668Q	Bandage—Zinc Paste	7.5 cm x 6 m	1 @	7.32 SS
4669R		7.5 cm x 6 m	1 @	8.37 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 @	10.18 CC
4150K	Bromazepam	3 mg	30 @	9.23 RO
4151L		6 mg	30 @	12.19 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
4081T	Dextropropoxyphene Napsylate	100 mg	10 @	2.05 LY
4681J	Dressing—Activated Charcoal (Malodorous Wound)	10.5 cm x 10.5 cm	1 @	6.48 JJ
4832H	Dressing—Alginate (Cavity Wound)	2 g	1 @	7.68 FA
			1 @	10.36 CC
			1 @	12.53 SS
4685N		2 g (30 cm), 5	1 @	37.85 HO
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 @ 4.04	CC
4684M		6 cm x 4 cm	1 @ 3.15	CT
4683L		7.5 cm x 12 cm	1 @ 5.83	FA
			1 @ 8.06	CC
4831G		10 cm x 10 cm	1 @ 6.46	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 @ 0.88	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 @ 1.91	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 @ 13.04	CT
4697F		6 g	1 @ 6.06	CT
4908H	Dressing—Hydrocolloid (Superficial Wound—Light Exudate)	10 cm x 10 cm, 5	1 @ 23.30	HO
4897R	Dressing—Hydrocolloid (Superficial Wound—Moderate Exudate)	10 cm x 10 cm, 5	1 @ 26.20	HO
			1 @ 35.71	CC
4922C		15 cm x 15 cm, 5	1 @ 48.08	SN
			1 @ 63.55	FA
			1 @ 80.62	CC
4853K		15 cm x 20 cm, 3	1 @ 42.28	HO
4854L		20 cm x 20 cm, 3	1 @ 50.67	HO
4920Y		20 cm x 20 cm, 5	1 @ 92.14	SN
			1 @ 101.12	CC
			1 @ 107.70	FA
4902B		10 cm x 10 cm, 5	1 @ 51.83	CC
4903C		10 cm x 13 cm, 5	1 @ 59.90	CC
4842W		5	1 @ 46.59	HO
			1 @ 57.59	SN
4913N	Dressing—Hydrogel—Amorphous	30 g, 3	1 @ 28.80	CC
4914P		50 g	1 @ 5.98	JJ
4911L	Dressing—Hydrogel—Sheet	9.5 cm x 10.2 cm, 5	1 @ 33.94	JJ
4910K		10 cm x 10 cm	1 @ 7.91	SS
4860T	Dressing—Non-Adherent	5 cm x 5 cm, 5	1 @ 2.65	BE
			1 @ 3.03	SN
4909J		7.6 cm x 7.6 cm	1 @ 0.77	JJ
4862X		10 cm x 10 cm, 3	1 @ 3.55	BE
4237B	Fexofenadine Hydrochloride	60 mg	20 @ 11.24	AV
4246L	Glycerol	2.8 g, 12	1 @ 3.59	PP
4037L	Hydrocortisone with Cinchocaine Hydrochloride	5 mg-5 mg per g, 2 g, 5	1 @ 9.46	AV

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
4283K	Ipratropium Bromide with Salbutamol Sulfate	20 mcg (anhydrous)- 100 mcg (base) per dose (200 doses)	1 @	20.03 BY
4576W	Nicotine	Approx. 5 mg per 16 hours, 7	1 @	18.18 PS
4571N		Approx. 7 mg per 24 hours, 7	1 @	24.35 SK
4577X		Approx. 10 mg per 16 hours, 7	1 @	20.00 PS
4572P		Approx. 14 mg per 24 hours, 7	1 @	26.81 SK
4578Y		Approx. 15 mg per 16 hours, 7	1 @	22.20 PS
4573Q		Approx. 21 mg per 24 hours, 7	1 @	29.70 SK
4676D	Pressure Reducing Products	10 cm x 10 cm x 3 mm	1 @	10.56 KC
4677E		10 cm x 10 cm x 12 mm	1 @	21.12 KC
4678F		7 cm	1 @	7.15 CT
4679G		10 cm	1 @	7.82 CT
4680H	Ranitidine Hydrochloride	15 cm	1 @	14.56 CT
4979C		150 mg (base) per 10 mL, 300 mL	1 @	10.03 GW
4980D		150 mg (base) per 10 mL, 300 mL	1 @	10.03 GW
4557W	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @	9.15 SC

Generic/Proprietary Index

for

PBS and RPBS Schedules

GENERIC /PROPRIETARY INDEX

A

ABACAVIR SULFATE		
.Section 100	258	
Abbacillin-V (AB)		
.Dental	239	
.General anti-infectives for systemic use	144	
Abbacillin-V Dulcet (AB)		
.Dental	239	
.General anti-infectives for systemic use	143, 144	
Abbacillin-VK Filmtab (AB)		
.Dental	239	
.General anti-infectives for systemic use	143, 144	
ABCIXIMAB	90	
ACAMPROSATE CALCIUM	223	
ACARBOSE	84	
Accomin Adult Tonic (WT)		
.Repatriation Schedule	314	
Accupril (PD)	107	
Accure 10 (AF)	116	
Accure 20 (AF)	116	
Accutrend Glucose (RD)	225	
Acenorm 12.5 mg (AF)	105	
Acenorm 25 mg (AF)	106	
Acenorm 50 mg (AF)	106	
ACETAZOLAMIDE	218	
Acetopt (SI)	215	
ACETYLCYSTEINE	213	
Achromycin (LE)		
.Dental	237	
.General anti-infectives for systemic use	141	
ACICLOVIR		
.General anti-infectives for systemic use	156	
.Sensory organs	215	
Acihexal (HX)	156	
Acil-Jel (JC)		
.Repatriation Schedule	323	
Acimax Tablets (AL)	72	
ACITRETIN	113	
Aclin (AF)		
.Dental	246	
.Musculo-skeletal system	172	
Aclin 200 (AF)		
.Dental	246	
.Musculo-skeletal system	172	
Actilax (AF)	77	
Actilyse (BY)	92	
Actisorb Plus MAC031 (JJ)		
.Repatriation Schedule	337	
Actrapid (NO)	81	
Actrapid HM Penfill (NO)	81	
Actrapid NovoLet 3 mL (NL)	81	
Actrapid Penfill 3 mL (NO)	81	
Actuss (SI)		
.Repatriation Schedule	330	
Acyclo-V 200 (AF)	156	
Acyclo-V 800 (AF)	156	
Adalat 10 (BN)	103	
Adalat 20 (BN)	103	
Adalat Oros 30 (BN)		
.Cardiovascular system	103, 104	
.Repatriation Schedule	316	
Adalat Oros 60 (BN)		
.Cardiovascular system	103, 104	
.Repatriation Schedule	316	
Adaptic 2012 (JJ)		
.Repatriation Schedule	343	
ADRENALINE		
.Cardiovascular system	96	
.Dental	235, 254	
.Doctor's Bag Supplies	61	
.Respiratory system	212	
Adriamycin Solution (PS)	163	
Advantage II (RD)	225	
Advantan (CS)	115	
Aggrastat (MK)	92	
Agon SR (TP)	103	
Airomir (MM)	206	
Airomir Autohaler (MM)	206	
Akamin 50 (AF)	141	
Akamin 100 (AF)	140	
Akineton (KN)	192	
Albalon-A (AG)		
.Repatriation Schedule	331	
Albalon Liquifilm (AG)		
.Repatriation Schedule	331	
Albay Bee Venom (BN)	223	
Albay Wasp Venom (BN)	223	
Albay Yellow Jacket Venom (BN)	223	
ALBENDAZOLE	204	
Aldactone (SR)	100	
Aldazine 10 (AF)	195	
Aldazine 25 (AF)	195	
Aldazine 50 (AF)	195	
Aldazine 100 (AF)	195	
Aldacin Aqueous Set (SH)		
.Repatriation Schedule	329	
Aldomet (MK)	98	
ALENDRONATE SODIUM	178	
Alepam 15 (AF)		
.Dental	254	
.Nervous system	197, 198	
Alepam 30 (AF)		
.Dental	254	
.Nervous system	197, 198	
Aifaré (NT)	227	
Algisite M 66000519 (SN)		
.Repatriation Schedule	338	
Algisite M 66000520 (SN)		
.Repatriation Schedule	338	
Algisite M 66000521 (SN)		
.Repatriation Schedule	338	
Aikeran (GW)	159	
ALLANTOIN with GLYCEROL and ICHTHAMMOL		
.Repatriation Schedule	322	
ALLANTOIN with SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL		
.Repatriation Schedule	319	
Allegron (DL)	200	

GENERIC /PROPRIETARY INDEX

<i>Allewyn 66007637 (SN)</i>		AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE	231
.Repatriation Schedule	340	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE	231
<i>Allohexal (HX)</i>	177	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE	231
ALLOPURINOL	177	AMINO ACIDS—SYNTHETIC, FORMULA	226
<i>Allorin 100 mg (DP)</i>	177	AMINOGLUTETHIMIDE	
<i>Allorin 300 mg (DP)</i>	177	.Antineoplastic and immunomodulating agents	167
<i>Alodorm (AF)</i>		.Systemic hormonal preparations, excl. sex hormones	137
.Dental	254	<i>Aminogran F.S. (FA)</i>	230
.Nervous system	190, 198	<i>Aminogran M.M. (FA)</i>	232
<i>Aiphacin 250 (AF)</i>		AMIODARONE HYDROCHLORIDE	95
.Dental	238	AMITRIPTYLINE HYDROCHLORIDE	199
.General antiinfectives for systemic use	143	<i>Amizide (AF)</i>	101
<i>Aiphacin 500 (AF)</i>		AMLODIPINE BESYLATE	
.Dental	238	.Cardiovascular system	103
.General antiinfectives for systemic use	143	.Repatriation Schedule	316
<i>Aiphagan (AG)</i>	217	AMMONIUM CHLORIDE	132
<i>Aiphamox 125 (AF)</i>		<i>Amohexal (HX)</i>	
.Dental	238	.Dental	237, 238
.General antiinfectives for systemic use	142	.General antiinfectives for systemic use	142
<i>Aiphamox 250 (AF)</i>		AMOROLFINE HYDROCHLORIDE	
.Dental	237, 238	.Repatriation Schedule	317
.General antiinfectives for systemic use	142	<i>Amoxil (SK)</i>	
<i>Aiphamox 500 (AF)</i>		.Dental	237, 238
.Dental	238	.General antiinfectives for systemic use	142
.General antiinfectives for systemic use	142	<i>Amoxil Forte (SK)</i>	
<i>Aiphapress 25 (AF)</i>	99	.Dental	238
<i>Aiphapress 50 (AF)</i>	99	.General antiinfectives for systemic use	142
ALPRAZOLAM	196	AMOXICILLIN	
<i>Alprim (AF)</i>	150	.Dental	237
ALPROSTADIL	132	.General antiinfectives for systemic use	142
ALTEPLASE (Recombinant tissue-type plasminogen activator)	92	AMOXICILLIN with CLAVULANIC ACID	
ALTRETAMINE (Hexamethylmelamine)	164	.Dental	241
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE	64	.General antiinfectives for systemic use	145
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE		AMPHOTERICIN	
.Repatriation Schedule	310	.Alimentary tract and metabolism	64
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE	64	.Dental	233
AMANTADINE HYDROCHLORIDE	192	.General antiinfectives for systemic use	154
<i>Amaryl (AV)</i>	84	AMPICILLIN	
<i>Amfamox 20 (AD)</i>		.Dental	238
.Alimentary tract and metabolism	66, 67	.General antiinfectives for systemic use	143
.Repatriation Schedule	311	<i>Ampicyn (RR)</i>	
<i>Amfamox 40 (AD)</i>		.Dental	238
.Alimentary tract and metabolism	66, 67	.General antiinfectives for systemic use	143
.Repatriation Schedule	311	<i>Amprace 5 (AD)</i>	
AMILORIDE HYDROCHLORIDE	100	.Cardiovascular system	106, 107
AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE	230	.Repatriation Schedule	316
AMINO ACID FORMULA without PHENYLALANINE		<i>Amprace 10 (AD)</i>	
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE	230	.Cardiovascular system	106, 107
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE	230	.Repatriation Schedule	316
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE and THREONINE and VALINE and low in ISOLEUCINE	231	<i>Amprace 20 (AD)</i>	
		.Cardiovascular system	106, 107
		.Repatriation Schedule	316
		<i>Anafranil 25 (NV)</i>	198, 200

GENERIC /PROPRIETARY INDEX

<i>Anamorph (FM)</i>		<i>Aquasun Lotion SPF18 (PF)</i>	
Dental	250	Repatriation Schedule	319
Nervous system	183	<i>Aratac 100 (AF)</i>	96
<i>Anandron (AV)</i>	167	<i>Aratac 200 (AF)</i>	96
<i>Anaprox 550 (RO)</i>		<i>Arava (AV)</i>	176
Dental	249	<i>Aredia 15 mg (NV)</i>	178
Musculo-skeletal system	175	<i>Aredia 30 mg (NV)</i>	178
ANASTROZOLE	167	<i>Aredia 90 mg (NV)</i>	
<i>Andriol (OR)</i>	120	Section 100	260
<i>Androcur (SC)</i>		<i>Arima (AF)</i>	202
Antineoplastic and immunomodulating agents	167	<i>Arima 300 (AF)</i>	202
Genito urinary system and sex hormones	131	<i>Arimidex (ZN)</i>	167
<i>Androcur-100 (SC)</i>		<i>Aristocort 0.02% (LE)</i>	114
Antineoplastic and immunomodulating agents	167	<i>Aropax (SK)</i>	201
Genito urinary system and sex hormones	131	<i>Artane (LE)</i>	192
<i>Androderm (FA)</i>	119	<i>Arthrexin (AF)</i>	
<i>Anginine Stabilised (SI)</i>		Dental	246
Cardiovascular system	96	Musculo-skeletal system	172
Dental	235	<i>Arthrotec 50 (SR)</i>	
<i>Anpec 40 (AF)</i>	104	Repatriation Schedule	325
<i>Anpec 80 (AF)</i>	104	<i>Asasantin SR (BY)</i>	91
<i>Anpec SR (AF)</i>	104	ASCORBIC ACID	
<i>Anselol 50 mg (DP)</i>	102	Repatriation Schedule	314
ANTAZOLINE with NAPHAZOLINE		<i>Asig (SI)</i>	107
Repatriation Schedule	331	<i>Asmol 2.5 uni-dose (AF)</i>	
<i>Antenex 2 (AF)</i>		Doctor's Bag Supplies	62
Dental	253	Respiratory system	207
Nervous system	197	<i>Asmol 5 uni-dose (AF)</i>	
<i>Antenex 5 (AF)</i>		Doctor's Bag Supplies	62
Dental	254	Respiratory system	207
Nervous system	197	<i>Asmol CFC-free (AL)</i>	206
<i>Anthel 125 (AF)</i>	205	<i>Aspalgin (FM)</i>	
<i>Anthel 250 (AF)</i>	205	Repatriation Schedule	326
<i>Antistine-Privine (CV)</i>		ASPIRIN	
Repatriation Schedule	331	Blood and blood forming organs	90
<i>Antroquoril (EX)</i>	115	Dental	252
<i>Anturan 100 (NV)</i>	177	Nervous system	186
<i>Anusol (WW)</i>		Repatriation Schedule	315
Repatriation Schedule	316	<i>Astrix (FA)</i>	
<i>Anzatax (FA)</i>	162	Blood and blood forming organs	90
<i>Anzemet (AV)</i>	75	Repatriation Schedule	315
<i>Apatef (LE)</i>		<i>Atacand (AP)</i>	108
Dental	243	<i>Atehexal (HX)</i>	102
General anti-infectives for systemic use	148	ATENOLOL	102
<i>Apomine (FA)</i>		ATORVASTATIN CALCIUM	110
Section 100	258	ATOVAQUONE	204
APOMORPHINE HYDROCHLORIDE		ATROPINE SULFATE	
Section 100	258	Alimentary tract and metabolism	74
APRACLOPIDINE HYDROCHLORIDE	216	Dental	233
<i>Aprinox (KN)</i>	99	Doctor's Bag Supplies	61
<i>Aquacare H.P. (AG)</i>		Sensory organs	219
Repatriation Schedule	318	<i>Atropt (SI)</i>	219
<i>Aquacel 177902 (CC)</i>		<i>Atrovent (BY)</i>	210, 211
Repatriation Schedule	342	<i>Atrovent Adult (BY)</i>	211
<i>Aquacel 177903 (CC)</i>		<i>Atrovent Autohaler (BY)</i>	211
Repatriation Schedule	342	<i>Atrovent Forte (BY)</i>	210
<i>Aquacel 177904 (CC)</i>		<i>Atrovent Nasal Aqueous (BY)</i>	
Repatriation Schedule	341	Repatriation Schedule	329
<i>Aquae (HA)</i>		<i>Atrovent Nasal Forte (BY)</i>	
Repatriation Schedule	310	Repatriation Schedule	329

GENERIC /PROPRIETARY INDEX

<i>Augmentin (SK)</i>		BANDAGE—ABSORBENT WOOL	
Dental	241	Repatriation Schedule	335
General antiinfectives for systemic use	145, 146	BANDAGE—CALICO	
<i>Augmentin Duo (SK)</i>		Repatriation Schedule	335
Dental	241	BANDAGE—COMPRESSION	
General antiinfectives for systemic use	145	Repatriation Schedule	335
<i>Augmentin Duo 400 (SK)</i>		BANDAGE—RETENTION—COHESIVE—HEAVY	
Dental	241	Repatriation Schedule	335
General antiinfectives for systemic use	146	BANDAGE—RETENTION—COHESIVE—LIGHT	
<i>Augmentin Duo forte (SK)</i>		Repatriation Schedule	335
Dental	241	BANDAGE—RETENTION—COTTON CREPE	
General antiinfectives for systemic use	146	Repatriation Schedule	336
AURANOFIN	176	BANDAGE—TUBULAR	
<i>Aurorix (RO)</i>	202	Repatriation Schedule	336
<i>Aurorix 300 mg (RO)</i>	202	BANDAGE—TUBULAR (FINGER)	
AUROTHIOGLUCOSE	176	Repatriation Schedule	336
<i>Auscap (SI)</i>	201	BANDAGE—TUBULAR (LIGHTWEIGHT)	
<i>Auscard (SI)</i>	105	Repatriation Schedule	336
<i>Ausclav (SI)</i>		BANDAGE—TUBULAR (LONG STOCKING)	
Dental	241	Repatriation Schedule	336
General antiinfectives for systemic use	145, 146	BANDAGE—TUBULAR (SHORT STOCKING)	
<i>Ausclav Duo 400 (SI)</i>		Repatriation Schedule	337
Dental	241	BANDAGE—ZINC PASTE	
General antiinfectives for systemic use	146	Repatriation Schedule	337
<i>Ausclav Duo Forte (SI)</i>		<i>Barbloc 5 (AF)</i>	101
Dental	241	<i>Barbloc 15 (AF)</i>	101
General antiinfectives for systemic use	146	BATH EMOLLIENT	
<i>Ausgem (SI)</i>	112	Repatriation Schedule	318
<i>Ausran (SI)</i>	69, 70	BCG IMMUNOTHERAPEUTIC (Bacillus Calmette- Guérin/Connaught strain)	170
<i>Austrapen (CS)</i>		BCG-TICE (Bacillus Calmette-Guérin/Tice strain)	170
Dental	238	<i>Becloforte (GW)</i>	208
General antiinfectives for systemic use	143	BECLOMETHASONE DIPROPIONATE	
<i>Austyn (FA)</i>	212	Repatriation Schedule	329
<i>Avapro (BQ)</i>	109	Respiratory system	208, 209
<i>Avapro HCT 150/12.5 (BQ)</i>	109	<i>Beconase AQ (GW)</i>	
<i>Avapro HCT 300/12.5 (BQ)</i>	109	Repatriation Schedule	329
<i>Avonex (CS)</i>	169	<i>Beconase AQ Twin Pack (GW)</i>	
<i>Azahexal (HX)</i>	171	Repatriation Schedule	329
<i>Azamun (DP)</i>	171	<i>Becotide (GW)</i>	208
AZATHIOPRINE	171	<i>Becotide 100 (GW)</i>	208
AZITHROMYCIN		BENDROFLUAZIDE	99
General antiinfectives for systemic use	150	<i>BenPen (CS)</i>	
Repatriation Schedule	325	Dental	239
Section 100	258	Doctor's Bag Supplies	61
Sensory organs	214	General antiinfectives for systemic use	143
<i>Azol 100 (AF)</i>	131	BENZATHINE PENICILLIN	
<i>Azol 200 (AF)</i>	131	Dental	239
B		General antiinfectives for systemic use	143
BACLOFEN		<i>Benzemul (MG)</i>	205
Musculo-skeletal system	177	BENZHEXOL HYDROCHLORIDE	192
Section 100	258	BENZTROPINE MESYLATE	
<i>Bactigras 7457 (SN)</i>		Dental	253
Repatriation Schedule	340	Doctor's Bag Supplies	61
<i>Bactrim (RO)</i>		Nervous system	192
Dental	244	Repatriation Schedule	326
General antiinfectives for systemic use	150	BENZYDAMINE HYDROCHLORIDE	
<i>Bactrim DS (RO)</i>		Alimentary tract and metabolism	64
Dental	244	Dental	233
General antiinfectives for systemic use	150	BENZYL BENZOATE	205
<i>Bactroban (SK)</i>			
Repatriation Schedule	320		

GENERIC /PROPRIETARY INDEX

BENZYL PENICILLIN		
.Dental	239	
.Doctor's Bag Supplies	61	
.General anti-infectives for systemic use	143	
<i>Betachek (NA)</i>	225	
<i>Betachek MERIDIAN (NA)</i>	225	
<i>Betachek Quick Test (NA)</i>	225	
<i>Betadine (FA)</i>		
.Repatriation Schedule	340	
<i>Betadine Antiseptic Liquid (FA)</i>		
.Repatriation Schedule	321	
<i>Betaferon (SC)</i>	170	
<i>Betagan (AG)</i>	218	
<i>Betaloc (AP)</i>	102	
BETAMETHASONE ACETATE with		
BETAMETHASONE SODIUM PHOSPHATE		
.Dental	236	
.Systemic hormonal preparations, excl. sex hormones	135	
BETAMETHASONE DIPROPIONATE	115	
BETAMETHASONE VALERATE		
.Dermatologicals	115	
.Repatriation Schedule	320	
<i>Betamin (RR)</i>		
.Repatriation Schedule	314	
<i>Beta-Sol (FM)</i>	85	
BETAXOLOL HYDROCHLORIDE	218	
BETHANECHOL CHLORIDE	203	
<i>Betnovate (SI)</i>		
.Repatriation Schedule	320	
<i>Betnovate 1/5 (SI)</i>	115	
<i>Betnovate 1/2 (SI)</i>		
.Dermatologicals	115	
.Repatriation Schedule	320	
<i>Betoptic (AQ)</i>	218	
<i>Betoptic S (AQ)</i>	218	
<i>BetoQuin (IQ)</i>	218	
<i>Bgramin (DP)</i>		
.Dental	237, 238	
.General anti-infectives for systemic use	142	
<i>Biaxig (SI)</i>	151	
<i>Biaxig D (SI)</i>	151	
BICALUTAMIDE	166	
<i>Bicillin L-A (WY)</i>		
.Dental	239	
.General anti-infectives for systemic use	143	
<i>Bicillin L-A Tubex (WY)</i>		
.Dental	239	
.General anti-infectives for systemic use	143	
BIFONAZOLE		
.Repatriation Schedule	317	
<i>Bion Tears (AQ)</i>	220	
BIPERIDEN HYDROCHLORIDE	192	
<i>Biphasil 28 (WY)</i>	118	
<i>Bi-Quinate (RR)</i>		
.Antiparasitic products, insecticides and repellents	204	
.Musculo-skeletal system	181	
BISACODYL	76, 78	
<i>Bisalax (RR)</i>	77, 78	
BISMUTH SUBCITRATE	74	
BISMUTH SUBCITRATE and METRONIDAZOLE		
and TETRACYCLINE HYDROCHLORIDE		
(BUFFERED)	73	
<i>Blenoxane (BQ)</i>		
.Special Pharmaceutical Benefits	63	
BLEOMYCIN		
.Special Pharmaceutical Benefits	63	
<i>Bleph 10 (AG)</i>	215	
<i>BM-Test-Glycémie 20-800 (RD)</i>	225	
<i>Bonefos (RR)</i>	179	
<i>Bonefos 800 mg (RR)</i>	179	
<i>Botox (AG)</i>		
.Section 100	271	
BOTULINUM TOXIN TYPE A PURIFIED		
NEUROTOXIN COMPLEX		
.Section 100	271	
<i>Brevinor (SR)</i>	118	
<i>Brevinor-1 (SR)</i>	118	
<i>Bricanyl (AP)</i>		
.Doctor's Bag Supplies	62	
.Respiratory system	207, 212	
<i>Bricanyl Respules (AP)</i>	207	
<i>Bricanyl Turbuhaler (AP)</i>	207	
BRIMONIDINE TARTRATE	217	
BROMAZEPAM		
.Repatriation Schedule	327	
BROMOCRIPTINE MESYLATE		
.Genito urinary system and sex hormones	117	
.Nervous system	193	
<i>Bromohexal (HX)</i>		
.Genito urinary system and sex hormones	117	
.Nervous system	193	
<i>Bromolactin (SI)</i>		
.Genito urinary system and sex hormones	117	
.Nervous system	193	
<i>Brufen (KN)</i>		
.Dental	248	
.Musculo-skeletal system	174	
<i>Budamax Aqueous (PM)</i>		
.Repatriation Schedule	329	
BUDESONIDE		
.Repatriation Schedule	329	
.Respiratory system	209, 210	
BUMETANIDE	99	
<i>Burinex (CS)</i>	99	
<i>Buscopan (BY)</i>		
.Repatriation Schedule	312	
<i>Buspar (BQ)</i>		
.Repatriation Schedule	327	
BUSPIRONE HYDROCHLORIDE		
.Repatriation Schedule	327	
BUSULFAN	159	
C		
<i>Cabaser (PU)</i>	193	
CABERGOLINE		
.Genito urinary system and sex hormones	117	
.Nervous system	193	
<i>Caelyx (SH)</i>		
.Section 100	261	
<i>Cafegot S (NV)</i>	187	
<i>Calcihep (RR)</i>	89	

GENERIC /PROPRIETARY INDEX

<i>Calciparine (SW)</i>	89	CARBOMER 940.....	219
CALCIPOTRIOL	113	CARBOMER 980.....	220
<i>Calciisorb (MM)</i>	224	CARBOPLATIN.....	164
CALCITONIN	138	<i>Cardiprin 100 (RC)</i>	
CALCITRIOL		Repatriation Schedule.....	315
Alimentary tract and metabolism	84	<i>Cardizem (AV)</i>	105
Musculo-skeletal system	180	<i>Cardizem CD (AV)</i>	105
CALCIUM		<i>Cardol (AF)</i>	96
Alimentary tract and metabolism	85	CARMELLOSE SODIUM	
Musculo-skeletal system	180	Repatriation Schedule.....	332
CALCIUM CARBONATE with GLYCINE		Sensory organs.....	220
Repatriation Schedule.....	310	CARMELLOSE SODIUM with PECTIN and GELATIN	
CALCIUM FOLINATE	224	Repatriation Schedule.....	318
<i>Calmurid (OL)</i>		<i>Cartia (SK)</i>	
Repatriation Schedule.....	318	Repatriation Schedule.....	315
<i>Cal-Sup (MM)</i>		CARVEDILOL.....	102
Alimentary tract and metabolism	85	<i>Catapres (BY)</i>	98
Musculo-skeletal system	180	<i>Catapres 100 (BY)</i>	98
<i>Caltrate (WT)</i>		CATIONIC CONDITIONER with PANTHENOL	
Alimentary tract and metabolism	85	Repatriation Schedule.....	322
Musculo-skeletal system	180	<i>Caverject (UP)</i>	132
<i>Campral (AF)</i>	223	<i>Cavicare 4563 (SN)</i>	
<i>Camptosar (PU)</i>	164	Repatriation Schedule.....	340
CANDESARTAN CILEXETIL.....	108	<i>Ceclor (LY)</i>	
<i>Candyl 10 mg (DP)</i>		Dental	242
Dental	247	General antiinfectives for systemic use	146, 147
Musculo-skeletal system	173	<i>Ceclor CD (LY)</i>	
<i>Candyl 20 mg (DP)</i>		Dental	242
Dental	247	General antiinfectives for systemic use	146
Musculo-skeletal system	173	CEFACLOR	
<i>Candyl-D 10 mg (DP)</i>		Dental	242
Dental	247	General antiinfectives for systemic use	146
Musculo-skeletal system	173	CEFEPIME	147
<i>Candyl-D 20 mg (DP)</i>		CEFOTAXIME	
Dental	247	Dental	242
Musculo-skeletal system	173	General antiinfectives for systemic use	147
<i>Canesten (BN)</i>		CEFOTETAN	
Repatriation Schedule.....	317, 323	Dental	243
<i>Canesten 1 (BN)</i>		General antiinfectives for systemic use	148
Repatriation Schedule.....	323	CEFTRIAXONE	148
<i>Canesten 3 (BN)</i>		CEFUROXIME AXETIL	
Repatriation Schedule.....	323	Dental	243
CAPECITABINE	161	General antiinfectives for systemic use	149
<i>Capoten (BQ)</i>	105, 106	<i>Celebrex (SR)</i>	175
<i>Captohexal (HX)</i>	105, 106	CELECOXIB.....	175
CAPTOPRIL	105	<i>Celestone Chronodose (SH)</i>	
<i>Capurate-300 (FM)</i>	177	Dental	236
<i>Carafate (AV)</i>	74	Systemic hormonal preparations, excl. sex hormones	135
CARBACHOL	217	<i>Celestone-M (SH)</i>	115
CARBAMAZEPINE		<i>Celestone-V Half Strength (SH)</i>	115
Dental	253	<i>CellCept (RO)</i>	
Nervous system	190	Section 100.....	267
CARBAMIDE PEROXIDE		<i>Cellufresh (AG)</i>	220
Repatriation Schedule.....	332	<i>Celluvisc (AG)</i>	220
CARBIMAZOLE	137	CEPHALEXIN	
<i>CarboFLEX 403202 (CC)</i>		Dental	243
Repatriation Schedule.....	337	General antiinfectives for systemic use	149
<i>CarboFLEX 403204 (CC)</i>		CEPHALOTHIN	
Repatriation Schedule.....	337	Dental	243
CARBOHYDRATE, FAT, VITAMINS, MINERALS and TRACE ELEMENTS.....	232	General antiinfectives for systemic use	149

GENERIC /PROPRIETARY INDEX

CEPHAZOLIN.....	149	<i>Cilicaine (SI)</i>	
CERIVASTATIN SODIUM	111	.Dental	239
<i>Cerumol (AC)</i>		.Doctor's Bag Supplies	61
.Repatriation Schedule	332	.General antiinfectives for systemic use	144
CETIRIZINE HYDROCHLORIDE		<i>Cilicaine V (SI)</i>	
.Repatriation Schedule	330	.Dental	239
<i>Chem mart Amoxycillin (CH)</i>		.General antiinfectives for systemic use	144
.Dental	237, 238	<i>Cilicaine VK (SI)</i>	
.General antiinfectives for systemic use	142	.Dental	239
<i>Chem mart Atenolol (CH)</i>	102	.General antiinfectives for systemic use	143, 144
<i>Chem mart Captopril (CH)</i>	105, 106	<i>Cilopen VK (DP)</i>	
<i>Chem mart Cefaclor (CH)</i>		.Dental	239
.Dental	242	.General antiinfectives for systemic use	143, 144
.General antiinfectives for systemic use	146, 147	<i>CiloQuin (IQ)</i>	215
<i>Chem mart Cephalexin (CH)</i>		<i>Ciloxan (AQ)</i>	215
.Dental	243	<i>Cimehexal (HX)</i>	65
.General antiinfectives for systemic use	149	CIMETIDINE	
<i>Chem mart Clomipramine (CH)</i>	198, 200	.Alimentary tract and metabolism	65
<i>Chem mart Diltiazem (CH)</i>	105	.Repatriation Schedule	310
<i>Chem mart Doxycycline (CH)</i>		<i>Cipramil (LU)</i>	200
.Dental	237	CIPROFLOXACIN	
.General antiinfectives for systemic use	139, 140	.General antiinfectives for systemic use	152
<i>Chem mart Fluoxetine (CH)</i>	201	.Sensory organs	215
<i>Chem mart Gemfibrozil (CH)</i>	112	<i>Ciproxin 250 (BN)</i>	152
<i>Chem mart Ipratropium (CH)</i>	211	<i>Ciproxin 500 (BN)</i>	152
<i>Chem mart Moclobemide (CH)</i>	202	<i>Ciproxin 750 (BN)</i>	152
<i>Chem mart Piroxicam (CH)</i>		CISAPRIDE	74
.Dental	247	CISPLATIN	164
.Musculo-skeletal system	173	CITALOPRAM HYDROBROMIDE	200
<i>Chem mart Prazosin (CH)</i>	98	<i>Citralite (MM)</i>	
<i>Chem mart Ranitidine (CH)</i>	69, 70	.Repatriation Schedule	324
<i>Chem mart Sotalol (CH)</i>	96	<i>Citravescent Sachets (MM)</i>	
CHLORAMBUCIL	159	.Repatriation Schedule	324
CHLORAMPHENICOL		CLADRIBINE	160
.Dental	254	<i>Claforan (AV)</i>	
.General antiinfectives for systemic use	141	.Dental	242
.Sensory organs	214, 221	.General antiinfectives for systemic use	147
CHLORHEXIDINE GLUCONATE		<i>Clamoxyl (ME)</i>	
.Repatriation Schedule	310	.Dental	241
<i>Chloromycetin (PD)</i>		.General antiinfectives for systemic use	145, 146
.Dental	254	<i>Clamoxyl Duo 400 (ME)</i>	
.General antiinfectives for systemic use	141	.Dental	241
.Sensory organs	214, 221	.General antiinfectives for systemic use	146
CHLORPROMAZINE HYDROCHLORIDE		<i>Clamoxyl Duo forte (ME)</i>	
.Doctor's Bag Supplies	61	.Dental	241
.Nervous system	194	.General antiinfectives for systemic use	146
<i>Chlorsig (SI)</i>		<i>Claratyne (SH)</i>	
.Dental	254	.Repatriation Schedule	331
.Sensory organs	214	CLARITHROMYCIN	
CHLORTHALIDONE.....	99	.General antiinfectives for systemic use	151
<i>Chlorvescent (RR)</i>	85	.Section 100	258
CHOLESTYRAMINE	112	<i>Cleasite Borderless 409240 (SS)</i>	
CIDOFOVIR		.Repatriation Schedule	343
.Section 100	258	<i>Cleocin (KR)</i>	
<i>Cilamox (SI)</i>		.Dental	245
.Dental	237, 238	.General antiinfectives for systemic use	151
.General antiinfectives for systemic use	142	<i>Clexane (RR)</i>	
<i>Cilex (DP)</i>		.Blood and blood forming organs.....	88, 89
.Dental	243	.Repatriation Schedule	315
.General antiinfectives for systemic use	149	<i>Climara 50 (SC)</i>	121
		<i>Climara 100 (SC)</i>	122

GENERIC /PROPRIETARY INDEX

<i>Climen (SC)</i>	125	<i>Colestid (UP)</i>	112
<i>Climen 28 (SC)</i>	125	COLESTIPOL HYDROCHLORIDE.....	112
CLINDAMYCIN.....		<i>Colgout (RR)</i>	178
<i>Dental</i>	245	<i>Colifoam (SV)</i>	79
General antiinfectives for systemic use.....	151	<i>Colofac (SM)</i>	
<i>Clinistix (BN)</i>	224	Repatriation Schedule.....	312
<i>Clinitest (BN)</i>	224	<i>Coloxyl (FM)</i>	77
<i>Clinoril (FR)</i>		<i>Coloxyl with Senna (FM)</i>	
<i>Dental</i>	246	Repatriation Schedule.....	313
Musculo-skeletal system.....	172	<i>CombiDERM 651027 (CC)</i>	
<i>Clinoril 200 (FR)</i>		Repatriation Schedule.....	339
<i>Dental</i>	246	<i>CombiDERM 651031 (CC)</i>	
Musculo-skeletal system.....	172	Repatriation Schedule.....	339
<i>Clofen 10 (AF)</i>	177	<i>Combivent (BY)</i>	
<i>Clofen 25 (AF)</i>	177	Repatriation Schedule.....	330
<i>Clomhexal (HX)</i>	130	<i>Combivir (GW)</i>	
<i>Clomid (AV)</i>	130	Section 100.....	266
CLOMIPHENE CITRATE.....	130	<i>Comfeel Paste 4701 (CT)</i>	
CLOMIPRAMINE HYDROCHLORIDE.....	198, 200	Repatriation Schedule.....	341
CLONAZEPAM.....	189	<i>Comfeel PlusPressure Relieving 3350 (CT)</i>	
<i>Clonea (AF)</i>		Repatriation Schedule.....	343
Repatriation Schedule.....	317	<i>Comfeel PlusPressure Relieving 3353 (CT)</i>	
CLONIDINE.....	98	Repatriation Schedule.....	344
CLOPIDOGREL HYDROGEN SULFATE.....	91	<i>Comfeel PlusPressure Relieving 3356 (CT)</i>	
<i>Clopixol Depot (LU)</i>	195	Repatriation Schedule.....	344
<i>Clopram (DP)</i>	198, 200	<i>Comfeel PlusTransparent 3530 (CT)</i>	
<i>Clorhexitulle (AV)</i>		Repatriation Schedule.....	341
Repatriation Schedule.....	340	<i>Comfeel PlusTransparent 3533 (CT)</i>	
CLOTRIMAZOLE.....		Repatriation Schedule.....	341
Repatriation Schedule.....	317, 323	<i>Comfeel PlusTransparent 3536 (CT)</i>	
CLOZAPINE.....		Repatriation Schedule.....	341
Section 100.....	258	<i>Comfeel Plus Ulcer Dressing 3110 (CT)</i>	
<i>Clozaril 25 (NV)</i>		Repatriation Schedule.....	342
Section 100.....	258	<i>Comfeel Powder 4706 (CT)</i>	
<i>Clozaril 100 (NV)</i>		Repatriation Schedule.....	341
Section 100.....	259	<i>Comfeel Purilon Gel 3900 (CT)</i>	
<i>Coban 1584 (MM)</i>		Repatriation Schedule.....	342
Repatriation Schedule.....	335	<i>Comfeel SeaSorb Dressing 3705 (CT)</i>	
<i>Codalgin (FM)</i>		Repatriation Schedule.....	338
Repatriation Schedule.....	326	<i>Comfeel SeaSorb Dressing 3710 (CT)</i>	
<i>Codalgin Forte (FM)</i>		Repatriation Schedule.....	338
<i>Dental</i>	249	<i>Comfeel SeaSorb Filler 3740 (CT)</i>	
Nervous system.....	182	Repatriation Schedule.....	337
Respiratory system.....	213	<i>Comprilan 1027 (BE)</i>	
CODEINE PHOSPHATE.....		Repatriation Schedule.....	335
<i>Dental</i>	249	<i>Comtan (NV)</i>	194
Nervous system.....	182	<i>Condyline Paint (HA)</i>	
Respiratory system.....	213	Repatriation Schedule.....	320
CODEINE PHOSPHATE with ASPIRIN.....		<i>Copaxone (AV)</i>	171
Repatriation Schedule.....	326	<i>Copius 3629 (SN)</i>	
CODEINE PHOSPHATE with PARACETAMOL.....		Repatriation Schedule.....	335
<i>Dental</i>	249	COPPER SULFATE.....	224
Nervous system.....	182	<i>Coras (AF)</i>	105
Repatriation Schedule.....	326	<i>Corbeton 20 (AF)</i>	101
<i>Cogentin (MK)</i>		<i>Corbeton 40 (AF)</i>	101
<i>Dental</i>	253	<i>Cordarone X 100 (SW)</i>	96
Doctor's Bag Supplies.....	61	<i>Cordarone X 200 (SW)</i>	96
Nervous system.....	192	<i>Cordilox (SC)</i>	
Repatriation Schedule.....	326	Cardiovascular system.....	104
COLCHICINE.....	178	Doctor's Bag Supplies.....	62
<i>Colese (AF)</i>		<i>Cordilox 180 SR (SC)</i>	104
Repatriation Schedule.....	312		

GENERIC /PROPRIETARY INDEX

<i>Cordilox SR (SC)</i>	104	CYPROTERONE ACETATE	
<i>Cortate (RR)</i>	135	.Antineoplastic and immunomodulating agents.....	167
<i>Cortef (UP)</i>		.Genito urinary system and sex hormones.....	131
.Dental	235	<i>Cytadren 250 (NV)</i>	
.Dermatologicals	114	.Antineoplastic and immunomodulating agents.....	167
CORTISONE ACETATE	135	.Systemic hormonal preparations, excl. sex	
<i>Cosig Forte (FM)</i>		hormones	137
.Dental	244	CYTARABINE	161
.General antiinfectives for systemic use	150	<i>Cytotec (SR)</i>	71
<i>Cosudex (ZN)</i>	166	D	
<i>Cotazym-S Forte (OR)</i>	81	<i>Daivonex (CS)</i>	113
COTTON WOOL ROLL		<i>Daktarin (JC)</i>	
.Repatriation Schedule	337	.Repatriation Schedule	317
<i>Coumadin (BT)</i>	87	<i>Dalacin C (UP)</i>	
<i>Coversyl (SE)</i>	107	.Dental	245
<i>Coversyl Plus 4/1.25 (SE)</i>	108	.General antiinfectives for systemic use	151
<i>Creon (SM)</i>	80	DALTEPARIN SODIUM (Low Molecular Weight	
<i>Creon Forte (SM)</i>	80	Heparin Sodium—porcine mucous)	
<i>Crixivan 200 mg (MK)</i>		.Blood and blood forming organs.....	87
.Section 100	264	.Repatriation Schedule	314
<i>Crixivan 400 mg (MK)</i>		DANAZOL	131
.Section 100	264	<i>Dan Gard (FA)</i>	
<i>Cromese Sterinebs (PU)</i>	211	.Repatriation Schedule	322
<i>Crysanal (MD)</i>		<i>Danocrine (SW)</i>	131
.Dental	249	<i>Dantrium (PU)</i>	177
.Musculo-skeletal system	175	DANTROLENE SODIUM	177
<i>Curity 4112 (KE)</i>		<i>Daonil (AV)</i>	83
.Repatriation Schedule	340	<i>Dapa-Tabs (AF)</i>	99
<i>Cutifilm Plus 76308 (BE)</i>		<i>Daraprim (GW)</i>	204
.Repatriation Schedule	339	DBL Amoxycillin (BL)	
<i>Cutifilm Plus 76309 (BE)</i>		.Dental	237, 238
.Repatriation Schedule	339	.General antiinfectives for systemic use	142
<i>Cutilin 76300 (BE)</i>		DBL Atenolol (BL)	102
.Repatriation Schedule	343	DBL Baclofen (BL)	177
<i>Cutilin 76301 (BE)</i>		DBL Cefaclor (BL)	
.Repatriation Schedule	343	.Dental	242
<i>Cutinova Cavity 47571 (BE)</i>		.General antiinfectives for systemic use	146, 147
.Repatriation Schedule	340	DBL Cephalixin (BL)	
<i>Cutinova Cavity 47573 (BE)</i>		.Dental	243
.Repatriation Schedule	340	.General antiinfectives for systemic use	149
<i>Cutinova Hydro 47441 (BE)</i>		DBL Ciomipramine (BL)	198, 200
.Repatriation Schedule	341	DBL Doxycycline (BL)	
<i>Cutinova Hydro 47443 (BE)</i>		.Dental	237
.Repatriation Schedule	341	.General antiinfectives for systemic use	139, 140
<i>Cutinova Thin 47576 (BE)</i>		DBL Fluoxetine (BL)	201
.Repatriation Schedule	340	DBL Gemfibrozil (BL)	112
<i>Cutinova Thin 47578 (BE)</i>		DBL Ipratropium (BL)	211
.Repatriation Schedule	340	DBL Moclobemide (BL)	202
<i>Cycloblastin (PS)</i>	159	DBL Piroxicam (BL)	
CYCLOPHOSPHAMIDE	159	.Dental	247
CYCLOSPORIN		.Musculo-skeletal system	173
.Section 100	259	DBL Prazosin (BL)	98
<i>Cyklokapron (PS)</i>	92	DBL Ranitidine (BL)	69, 70
<i>Cymevene (RO)</i>		DBL Sotalol (BL)	96
.Section 100	263	<i>Deca-Durabolin (OR)</i>	86
CYPROHEPTADINE HYDROCHLORIDE	188	<i>De-Lact Infant (SJ)</i>	229
<i>Cyprone (AF)</i>		DELAVIRDINE MESYLATE	
.Antineoplastic and immunomodulating agents.....	167	.Section 100	259
.Genito urinary system and sex hormones.....	131	<i>Demazin Sinus (SH)</i>	
		.Repatriation Schedule	330
		DEMECLOCYCLINE HYDROCHLORIDE	133

GENERIC /PROPRIETARY INDEX

<i>De-Nol</i> (PD).....	74	<i>Diastix</i> (BN).....	224
<i>Depo-Medrol</i> (UP)		DIAZEPAM	
Dental.....	236	Dental.....	253
Systemic hormonal preparations, excl. sex hormones.....	136	Doctor's Bag Supplies.....	61
<i>Depo-Nisalone</i> (KR)		Nervous system.....	197
Dental.....	236	<i>Dibenyline</i> (SK)	
Systemic hormonal preparations, excl. sex hormones.....	136	Cardiovascular system.....	101
<i>Depo-Provera</i> (UP).....	119, 122	Genito urinary system and sex hormones.....	133
<i>Depo-Ralovera</i> (KR).....	119	DICHLOROBENZENE with CHLORBUTOL and TURPENTINE OIL	
<i>Deptran 10</i> (AF).....	200	Repatriation Schedule.....	332
<i>Deptran 25</i> (AF).....	200	<i>Dichlotride</i> (MK).....	99
<i>Deptran 50</i> (AF).....	200	<i>Diclocil</i> (BQ)	
<i>Deralin 10</i> (AF).....	101	Dental.....	240
<i>Deralin 40</i> (AF).....	101	General antiinfectives for systemic use.....	144
<i>Deralin 160</i> (AF).....	101	DICLOFENAC POTASSIUM	
<i>Dermazole</i> (EO)		Dental.....	246
Repatriation Schedule.....	317	Musculo-skeletal system.....	172
<i>Dermestril 25</i> (FA).....	121	DICLOFENAC SODIUM	
<i>Dermestril 50</i> (FA).....	121	Dental.....	246
<i>Dermestril 100</i> (FA).....	122	Musculo-skeletal system.....	172
<i>Deseril</i> (NV).....	187	Sensory organs.....	216
<i>Desferal 500 mg</i> (NV)		DICLOFENAC SODIUM with MISOPROSTOL	
Section 100.....	259	Repatriation Schedule.....	325
<i>Desferal 2 g</i> (NV)		<i>Diclohexal</i> (HX)	
Section 100.....	259	Dental.....	246
DEFERIOXAMINE MESYLATE		Musculo-skeletal system.....	172
Section 100.....	259	DICLOXACILLIN	
DESIPRAMINE HYDROCHLORIDE	200	Dental.....	240
DESMOPRESSIN ACETATE	134	General antiinfectives for systemic use.....	144
DEXAMETHASONE		<i>Dicloxsig</i> (SI)	
Sensory organs.....	215	Dental.....	240
Systemic hormonal preparations, excl. sex hormones.....	135	General antiinfectives for systemic use.....	144
DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN	221	DICYCLOMINE HYDROCHLORIDE	
DEXAMETHASONE SODIUM PHOSPHATE		Repatriation Schedule.....	312
Doctor's Bag Supplies.....	61	DIDANOSINE	
Systemic hormonal preparations, excl. sex hormones.....	135	Section 100.....	260
DEXAMPHETAMINE SULFATE	203	<i>Didrocal</i> (PU).....	179
<i>Dexmethsone</i> (RR).....	135	<i>Didronel</i> (PU).....	178
DEXTRAN 40 with GLUCOSE		<i>Diffiam</i> (MM)	
Blood and blood forming organs.....	93	Alimentary tract and metabolism.....	64
Dental.....	234	Dental.....	233
DEXTRAN 40 with SODIUM CHLORIDE		<i>Diffucan</i> (PF).....	155
Blood and blood forming organs.....	94	DIFLUNISAL	
Dental.....	234	Dental.....	249
DEXTRAN 70 with SODIUM CHLORIDE		Musculo-skeletal system.....	175
Blood and blood forming organs.....	94	<i>Digestelact</i> (SJ).....	229
Dental.....	234	DIGOXIN	95
DEXTROPROPOXYPHENE NAPSYLATE		<i>Dihydergot</i> (NV)	
Repatriation Schedule.....	326	Doctor's Bag Supplies.....	61
<i>Diabex</i> (AL).....	83	Nervous system.....	187
<i>Diabex 850</i> (AL).....	83	<i>Dilantin</i> (PD).....	189
<i>Diaformin</i> (AF).....	83	<i>Dilantin Infatabs</i> (PD).....	189
<i>Diaformin 850</i> (AF).....	83	<i>Dilantin Sodium</i> (PD).....	189
<i>Dialamine</i> (SB).....	232	<i>Dilatrend 6.25</i> (RO).....	102
<i>Diamcron</i> (SE).....	83	<i>Dilatrend 12.5</i> (RO).....	102
<i>Diamox</i> (LE).....	218	<i>Dilatrend 25</i> (RO).....	102

GENERIC /PROPRIETARY INDEX

<i>Dilaudid (KN)</i>		DORNASE ALFA	
.Dental	249, 250	.Section 100	260
.Nervous system	182	<i>Doryx (FA)</i>	
<i>Dilaudid-HP (KN)</i>		.Dental	237
.Dental	249	.General antiinfectives for systemic use	139, 140
.Nervous system	182	DORZOLAMIDE HYDROCHLORIDE	
<i>Diltahexal (HX)</i>	105	.Repatriation Schedule	331
DILTIAZEM HYDROCHLORIDE	105	<i>Dostinex (PS)</i>	117
<i>Dilzem 60 mg (DP)</i>	105	<i>Dothep 25 (AF)</i>	200
DIMETHICONE with GLYCEROL		<i>Dothep 75 (AF)</i>	200
.Repatriation Schedule	318	DOTHIEPIN HYDROCHLORIDE	200
<i>Dimetriose (AV)</i>	131	DOXEPIN HYDROCHLORIDE	200
<i>Dinac (DP)</i>		DOXORUBICIN HYDROCHLORIDE	163
.Dental	246	DOXORUBICIN HYDROCHLORIDE, PEGYLATED	
.Musculo-skeletal system	172	LIPOSOMAL	
<i>Dipentum (PS)</i>	80	.Section 100	261
DIPHEMANIL METHYLSULFATE		<i>Doxsig (SI)</i>	
.Repatriation Schedule	321	.Dental	237
DIPHENOXYLATE HYDROCHLORIDE with		.General antiinfectives for systemic use	139, 140
ATROPINE SULFATE	79	<i>Doxy-50 (DP)</i>	139
DIPHThERIA ANTITOXIN	158	<i>Doxy-100 (DP)</i>	
DIPHThERIA and TETANUS VACCINE,		.Dental	237
ADSORBED	158	.General antiinfectives for systemic use	139, 140
DIPHThERIA and TETANUS VACCINE,		DOXYCYCLINE	
ADSORBED, DILUTED FOR ADULT USE		.Dental	237
.Doctor's Bag Supplies	61	.General antiinfectives for systemic use	139
.General antiinfectives for systemic use	158	<i>Doxyhexal (HX)</i>	
DIPIVEFRINE HYDROCHLORIDE	217	.Dental	237
<i>DipoQuin (IQ)</i>	217	.General antiinfectives for systemic use	139, 140
<i>Diprosone (SH)</i>	115	<i>Doxylin 50 (AF)</i>	139
DIPYRIDAMOLE	91	<i>Doxylin 100 (AF)</i>	
DIPYRIDAMOLE with ASPIRIN	91	.Dental	237
DISODIUM ETIDRONATE	178	.General antiinfectives for systemic use	139, 140
DISODIUM ETIDRONATE and CALCIUM		<i>D-Penamine (DL)</i>	176
CARBONATE	179	DRESSING—ACTIVATED CHARCOAL	
DISODIUM PAMIDRONATE		(MALODOROUS WOUND)	
.Musculo-skeletal system	178	.Repatriation Schedule	337
.Section 100	260	DRESSING—ALGINATE (CAVITY WOUND)	
DISOPYRAMIDE	95	.Repatriation Schedule	337
<i>Distaph 250 (AF)</i>		DRESSING—ALGINATE (SUPERFICIAL WOUND)	
.Dental	240	.Repatriation Schedule	337
.General antiinfectives for systemic use	144	DRESSING with CADEXOMER IODINE	
<i>Distaph 500 (AF)</i>		.Repatriation Schedule	338
.Dental	240	DRESSING—FILM	
.General antiinfectives for systemic use	144	.Repatriation Schedule	339
<i>Ditropan (RR)</i>	132	DRESSING—FILM ISLAND	
<i>Divina (OR)</i>	126	.Repatriation Schedule	339
DOCETAXEL	162	DRESSING—FOAM with CHARCOAL	
DOCUSATE SODIUM		(MALODOROUS WOUND)	
.Repatriation Schedule	332	.Repatriation Schedule	339
DOCUSATE SODIUM with BISACODYL	77	DRESSING—FOAM—HEAVY EXUDATE	
DOCUSATE SODIUM with SENNA		.Repatriation Schedule	339
.Repatriation Schedule	313	DRESSING—FOAM—LIGHT EXUDATE	
DOLASETRON MESYLATE	75	.Repatriation Schedule	339
<i>Dolobid (MK)</i>		DRESSING—FOAM—MODERATE EXUDATE	
.Dental	249	.Repatriation Schedule	340
.Musculo-skeletal system	175	DRESSING—GAUZE (ABSORBENT PAD)	
<i>Doloxene (LY)</i>		.Repatriation Schedule	340
.Repatriation Schedule	326	DRESSING—GAUZE—EYE PAD	
DOMPERIDONE	74	.Repatriation Schedule	340

GENERIC /PROPRIETARY INDEX

DRESSING—GAUZE—PARAFFIN		<i>Durogesic 100 (JC)</i>	185
.Repatriation Schedule.....	340	<i>Durofax (BY)</i>	77
DRESSING—GAUZE—PARAFFIN with		<i>Duro-Tuss (MM)</i>	
CHLORHEXIDINE ACETATE		.Repatriation Schedule.....	330
.Repatriation Schedule.....	340	DYDROGESTERONE	123
DRESSING—GAUZE—POVIDONE-IODINE PAD		<i>Dymadon (WR)</i>	
.Repatriation Schedule.....	340	.Dental	253
DRESSING—HYDROACTIVE (CAVITY WOUND)		.Nervous system	187
.Repatriation Schedule.....	340	<i>Dymadon Forte (GW)</i>	
DRESSING—HYDROACTIVE (SUPERFICIAL		.Dental	249
WOUND—HIGH EXUDATE)		.Nervous system	182
.Repatriation Schedule.....	340	<i>Dymadon P (WR)</i>	
DRESSING—HYDROACTIVE (SUPERFICIAL		.Dental	253
WOUND—LIGHT EXUDATE)		.Nervous system	186
.Repatriation Schedule.....	340	E	
DRESSING—HYDROACTIVE (SUPERFICIAL		<i>Ear Clear for Ear Wax Removal (KY)</i>	
WOUND—MODERATE EXUDATE)		.Repatriation Schedule.....	332
.Repatriation Schedule.....	341	<i>Easifix Cohesive 5870 (SN)</i>	
DRESSING—HYDROCOLLOID (CAVITY WOUND)		.Repatriation Schedule.....	335
.Repatriation Schedule.....	341	<i>Easifix Cohesive 5872 (SN)</i>	
DRESSING—HYDROCOLLOID (SUPERFICIAL		.Repatriation Schedule.....	335
WOUND—LIGHT EXUDATE)		ECONAZOLE NITRATE	
.Repatriation Schedule.....	341	.Repatriation Schedule.....	317
DRESSING—HYDROCOLLOID (SUPERFICIAL		ECOTHIOPATE IODIDE.....	217
WOUND—MODERATE EXUDATE)		<i>Edecril (MK)</i>	100
.Repatriation Schedule.....	341	<i>E.E.S. 200 (AB)</i>	
DRESSING—HYDROGEL—AMORPHOUS		.Dental	244
.Repatriation Schedule.....	342	.General anti-infectives for systemic use	151
DRESSING—HYDROGEL—SHEET		<i>E.E.S. 400 Filmtab (AB)</i>	
.Repatriation Schedule.....	343	.Dental	244
DRESSING—NON-ADHERENT		.General anti-infectives for systemic use	151
.Repatriation Schedule.....	343	<i>E.E.S. Granules (AB)</i>	
<i>Drixine (SH)</i>		.Dental	244
.Repatriation Schedule.....	328	.General anti-infectives for systemic use	151
<i>Ducene (SU)</i>		EFAVIRENZ	
.Dental	253, 254	.Section 100	261
.Nervous system	197	<i>Eflexor (WY)</i>	203
<i>Duocal (SB)</i>	232	<i>Eflexor-XR (WY)</i>	203
<i>DuoDERM CGF Border H7971 (CC)</i>		EFORMOTEROL FUMARATE DIHYDRATE	206
.Repatriation Schedule.....	342	<i>Efudix (DT)</i>	
<i>DuoDERM CGF Border H7973 (CC)</i>		.Repatriation Schedule.....	325
.Repatriation Schedule.....	342	<i>Egocort Cream 1% (EO)</i>	114
<i>DuoDERM CGF H7660 (CC)</i>		<i>Egoderma Cream (EO)</i>	
.Repatriation Schedule.....	341	.Repatriation Schedule.....	322
<i>DuoDERM CGF H7662 (CC)</i>		<i>Egoderma Ointment (EO)</i>	
.Repatriation Schedule.....	342	.Repatriation Schedule.....	322
<i>DuoDERM Extra Thin H7955 (CC)</i>		<i>Egopsoryl-TA (EO)</i>	
.Repatriation Schedule.....	341	.Repatriation Schedule.....	319
<i>DuoDERM Gel H7987 (CC)</i>		<i>Elastocrepe 300501 (SN)</i>	
.Repatriation Schedule.....	342	.Repatriation Schedule.....	336
<i>DuoDERM Gel H7990 (CC)</i>		<i>Elastocrepe 301001 (SN)</i>	
.Repatriation Schedule.....	342	.Repatriation Schedule.....	336
<i>DuoDERM Paste H7930 (CC)</i>		<i>Elastocrepe 307501 (SN)</i>	
.Repatriation Schedule.....	341	.Repatriation Schedule.....	336
<i>Duphalac (SM)</i>	77	<i>Elastoplast 1004 (SN)</i>	
<i>Duphaston (SM)</i>	123	.Repatriation Schedule.....	344
<i>Duratears (AQ)</i>	220	<i>Eldepryl (RC)</i>	193
<i>Duride (AF)</i>	97	ELECTROLYTE REPLACEMENT (ORAL)	79
<i>Durogesic 25 (JC)</i>	185	ELECTROLYTE REPLACEMENT SOLUTION	94
<i>Durogesic 50 (JC)</i>	185	<i>Eleuphrat (EX)</i>	115
<i>Durogesic 75 (JC)</i>	185		

GENERIC /PROPRIETARY INDEX

<i>Elocon (SH)</i>		<i>Eryc LD (FA)</i>	
.Dermatologicals	115	.Dental	244
.Repatriation Schedule	320	.General antiinfectives for systemic use	151
<i>Eloflex 2480 (BE)</i>		<i>Erythrocine (AB)</i>	
.Repatriation Schedule	335	.Dental	244
<i>E-Mycin (AF)</i>		.General antiinfectives for systemic use	151
.Dental	244	<i>Erythrocine Filmtab (AB)</i>	
.General antiinfectives for systemic use	151	.Dental	244
<i>E-Mycin 200 (AF)</i>		.General antiinfectives for systemic use	151
.Dental	244	<i>Erythrocine-I.M. (AB)</i>	
.General antiinfectives for systemic use	151	.Dental	244
<i>E-Mycin 400 (AF)</i>		.General antiinfectives for systemic use	151
.Dental	244	ERYTHROMYCIN	
.General antiinfectives for systemic use	151	.Dental	244
ENALAPRIL MALEATE		.General antiinfectives for systemic use	151
.Cardiovascular system	106, 107	ERYTHROMYCIN ETHYL SUCCINATE	
.Repatriation Schedule	316	.Dental	244
<i>Endep 10 (AF)</i>	199	.General antiinfectives for systemic use	151
<i>Endep 25 (AF)</i>	199	ERYTHROMYCIN LACTOBIONATE	
<i>Endep 50 (AF)</i>	199	.Dental	244
<i>Endone (BT)</i>		.General antiinfectives for systemic use	151
.Dental	252	ERYTHROMYCIN STEARATE	
.Nervous system	185	.Dental	244
<i>Endoxan-Asta (AA)</i>	159	.General antiinfectives for systemic use	151
<i>Energivit (SB)</i>	232	<i>Eskazole (SK)</i>	204
ENOXACIN	152	ESSENTIAL AMINO ACIDS FORMULA with	
ENOXAPARIN SODIUM		MINERALS and VITAMIN C	232
.Blood and blood forming organs	88	<i>Estalis continuous 50/140 (NV)</i>	123
.Repatriation Schedule	315	<i>Estalis continuous 50/250 (NV)</i>	123
<i>Enoxin (FA)</i>	152	<i>Estalis sequi 50/140 (NV)</i>	125
ENTACAPONE	194	<i>Estalis sequi 50/250 (NV)</i>	125
<i>Enzace 12.5 mg (SI)</i>	105	<i>Estracombi (NV)</i>	125
<i>Enzace 25 mg (SI)</i>	106	<i>Estraderm 25 (NV)</i>	121
<i>Enzace 50 mg (SI)</i>	106	<i>Estraderm 50 (NV)</i>	121
<i>Epilim (RC)</i>	190	<i>Estraderm 100 (NV)</i>	122
<i>Epilim EC (RC)</i>	190	<i>Estraderm MX 25 (NV)</i>	121
<i>Epilim Liquid (RC)</i>	190	<i>Estraderm MX 50 (NV)</i>	121
<i>Epilim Syrup (RC)</i>	190	<i>Estraderm MX 100 (NV)</i>	121
EPIRUBICIN HYDROCHLORIDE	163	<i>Estrapak 50 (NV)</i>	124
EPOETIN ALFA		<i>Estroxyon 10 (PU)</i>	166
.Section 100	262	<i>Estroxyon 20 (PU)</i>	166
<i>Eprex 1000 (JC)</i>		ETHACRYNIC ACID	100
.Section 100	262	ETHOSUXIMIDE	189
<i>Eprex 2000 (JC)</i>		<i>Etopophos (BQ)</i>	162
.Section 100	262	ETOPOSIDE	162
<i>Eprex 3000 (JC)</i>		ETOPOSIDE PHOSPHATE	162
.Section 100	262	<i>Eucerin (BE)</i>	
<i>Eprex 4000 (JC)</i>		.Repatriation Schedule	318
.Section 100	262	<i>Euhypnos (SI)</i>	
<i>Eprex 10000 (JC)</i>		.Dental	254
.Section 100	262	.Nervous system	199
EPROSARTAN MESYLATE	108	<i>Eulexin (SH)</i>	167
<i>Ergamisol 50 mg (JC)</i>	164	<i>Evista (LY)</i>	180
<i>Ergodryl Mono (PD)</i>	187	<i>ExacTech (MS)</i>	225
ERGOTAMINE TARTRATE	187	<i>Excel ET (SF)</i>	225
ERGOTAMINE TARTRATE with CAFFEINE	187	<i>Excel G (SF)</i>	225
<i>Erocap (DL)</i>	201	F	
<i>Eryc (FA)</i>		FAMCICLOVIR	157
.Dental	244	FAMOTIDINE	
.General antiinfectives for systemic use	151	.Alimentary tract and metabolism	66
		.Repatriation Schedule	311

GENERIC /PROPRIETARY INDEX

<i>Famvir (SK)</i>	157	<i>Floxapen (SK)</i>	
<i>Fareston (SH)</i>	166	.Dental.....	241
<i>Fasigyn (PF)</i>	154	.General antiinfectives for systemic use.....	145
<i>Faverin 100 (AW)</i>	201	<i>Fluanxol Concentrated Depot (RR)</i>	195
<i>Febridol (GR)</i>		<i>Fluanxol Depot (RR)</i>	195
.Dental.....	253	<i>Fluarix (SK)</i>	158
.Nervous system.....	186	FLUCLOXACILLIN	
<i>Feldene (PF)</i>		.Dental.....	240, 241
.Dental.....	247	.General antiinfectives for systemic use.....	145
.Musculo-skeletal system.....	173	<i>Flucon (AQ)</i>	215
<i>Feldene-D (PF)</i>		FLUCONAZOLE	155
.Dental.....	247	FLUDROCORTISONE ACETATE	134
.Musculo-skeletal system.....	173	FLUNITRAZEPAM	
FELODIPINE	103	.Repatriation Schedule.....	327
<i>Felodur ER 2.5 mg (AL)</i>	103	<i>Fluohexal (HX)</i>	201
<i>Felodur ER 5 mg (AL)</i>	103	FLUOROMETHOLONE	215
<i>Felodur ER 10 mg (AL)</i>	103	FLUOROMETHOLONE ACETATE	215
<i>Femara 2.5 mg (NV)</i>	167	<i>Fluoroplex (AG)</i>	
<i>Femoston 2/10 (SM)</i>	124	.Repatriation Schedule.....	325
<i>Femtran 50 (MM)</i>	121	FLUOROURACIL	
<i>Femtran 100 (MM)</i>	122	.Antineoplastic and immunomodulating agents.....	161
<i>Fenac (AF)</i>		.Repatriation Schedule.....	325
.Dental.....	246	FLUOXETINE HYDROCHLORIDE	201
.Musculo-skeletal system.....	172	FLUPENTHIXOL DECANOATE	195
FENTANYL	185	FLUPHENAZINE DECANOATE	194
<i>Fergon (SW)</i>	93	FLURBIPROFEN SODIUM	216
<i>Ferro-Gradumet (AB)</i>	93	FLUTAMIDE	167
FERROUS GLUCONATE	93	<i>Flutamin (AF)</i>	167
FERROUS SULFATE DRIED	93	FLUTICASONE PROPIONATE	210
FERROUS SULFATE DRIED with FOLIC ACID	93	FLUVASTATIN SODIUM	111
<i>Ferrum H (SI)</i>	93	<i>Fluvax (CS)</i>	158
FEXOFENADINE HYDROCHLORIDE		<i>Fluvirin (EB)</i>	158
.Repatriation Schedule.....	331	FLUVOXAMINE MALEATE	201
<i>F.G.F. (AB)</i>	93	<i>FML Liquifilm (AG)</i>	215
FILGRASTIM		FOLIC ACID	93
.Section 100.....	262	FOLLITROPIN ALFA	126
FINASTERIDE		FOLLITROPIN BETA	127
.Repatriation Schedule.....	324	<i>Foradile (NV)</i>	206
<i>Flagyl (RR)</i>		<i>Fortovase (RO)</i>	
.Dental.....	245	.Section 100.....	269
.General antiinfectives for systemic use.....	153	<i>Fosamax 10 mg (MK)</i>	178
<i>Flagyl S (RR)</i>		<i>Fosamax 40 mg (MK)</i>	178
.Dental.....	245	FOSCARNET SODIUM	
.General antiinfectives for systemic use.....	154	.Section 100.....	263
<i>Flarex (AQ)</i>	215	<i>Foscavir (AP)</i>	
FLECAINIDE ACETATE	95	.Section 100.....	263
<i>Flecatab (AF)</i>	95	FOSFESTROL SODIUM	165
<i>Fleet Laxative Suppositories (FL)</i>	77	FOSINOPRIL SODIUM	107
<i>Fleet Micro-enema (FL)</i>	78	FOSINOPRIL SODIUM with HYDROCHLOROTHIAZIDE	108
<i>Flexidress 650941 (CC)</i>		<i>Fragmin (PS)</i>	
.Repatriation Schedule.....	337	.Blood and blood forming organs.....	87, 88
<i>Flixotide (GW)</i>	210	.Repatriation Schedule.....	314
<i>Flixotide Accuhaler (GW)</i>	210	FRAMYCETIN SULFATE	222
<i>Flixotide Junior (GW)</i>	210	<i>Fraxiparine (SW)</i>	90
<i>Flixotide Junior Accuhaler (GW)</i>	210	<i>Fraxiparine Forte (SW)</i>	90
<i>Flomax (CS)</i>		<i>Frusehexal 40 mg (HX)</i>	100
.Repatriation Schedule.....	324	FRUSEMIDE	
<i>Flopen (CS)</i>		.Cardiovascular system.....	100
.Dental.....	240, 241	.Doctor's Bag Supplies.....	61
.General antiinfectives for systemic use.....	145	<i>Frusid (DP)</i>	100
<i>Florinef (BQ)</i>	134		

GENERIC /PROPRIETARY INDEX

<i>Fucidin</i> (CS).....	153	GENTAMICIN SULFATE	152
<i>Fugeryl</i> (EX).....	167	.General antiinfectives for systemic use	152
<i>Fulcin</i> 500 (ZN).....	113	.Sensory organs	214
<i>Fungilin</i> (BQ).....		<i>Genteal</i> (CV).....	220
.Alimentary tract and metabolism	64	GESTRINONE	131
.Dental	233	GLATIRAMER ACETATE	171
<i>Fungizone</i> (BQ).....	154	GLIBENCLAMIDE	83
<i>Furadantin</i> (PU).....	132	GLICLAZIDE	83
FUSIDIC ACID.....	153	<i>Glimel</i> (AF)	83
<i>Fybogel</i> (RC).....		GLIMEPIRIDE	84
.Repatriation Schedule	313	GLIPIZIDE	84
G		GLOVES PLASTIC (DISPOSABLE)	
GABAPENTIN	191	.Repatriation Schedule	343
<i>Gabitril</i> (SW).....	190	<i>Glucagen Hypokit</i> (NO)	
GANCICLOVIR		.Dental	236
.Section 100	263	.Doctor's Bag Supplies	61
GANCICLOVIR SODIUM		.Systemic hormonal preparations, excl. sex hormones	137
.Section 100	263	GLUCAGON HYDROCHLORIDE	
<i>Gastrogel</i> (FM).....	64	.Dental	236
<i>Gastro-Stop Loperamide</i> (RR)	79	.Doctor's Bag Supplies	61
GAUZE and COTTON TISSUE (COMBINE ROLL)		.Systemic hormonal preparations, excl. sex hormones	137
.Repatriation Schedule	343	<i>Glucobay</i> 50 (BN)	84
<i>Gaviscon P</i> (RC).....	74	<i>Glucobay</i> 100 (BN)	84
GELATIN - SUCCINYLATED	94	<i>Glucofilm</i> (BN)	225
<i>Gelocast Elastic 1080</i> (BE)		<i>Glucohexal</i> (HX)	83
.Repatriation Schedule	337	<i>Glucomet</i> 500 mg (DP)	83
<i>Gelofusine</i> (BR).....	94	<i>Glucomet</i> 850 mg (DP)	83
<i>GeiTears</i> (SN)	219	<i>Glucometer Elite</i> (BN)	225
<i>Gelusil</i> (WW)	64	<i>Glucometer Esprit</i> (BN)	225
GEMCITABINE HYDROCHLORIDE	161	<i>Glucophage</i> (AW)	83
GEMFIBROZIL	112	GLUCOSE	
<i>Gemhexal</i> (HX).....	112	.Blood and blood forming organs	94
<i>Gemzar</i> (LY).....	161	.Dental	234
<i>Genoptic</i> (AG).....	214	GLUCOSE INDICATOR—BLOOD	225
<i>Genoral</i> 0.625 (KR).....	122	GLUCOSE INDICATOR—URINE	224
<i>Genoral</i> 1.25 (KR).....	122	GLUCOSE and KETONE INDICATOR—URINE	225
<i>Genotropin</i> (PS)		<i>Glucostix</i> (BN)	225
.Section 100	272	<i>Glucotrend Plus</i> (RD)	225
<i>Genox</i> 10 (AF).....	166	<i>Glyade</i> (AF)	83
<i>Genox</i> 20 (AF).....	166	GLYCEROL	
<i>GenRx Aciclovir</i> (FH)	156	.Alimentary tract and metabolism	78
<i>GenRx Atenolol</i> (FH)	102	.Repatriation Schedule	313
<i>GenRx Captopril</i> (FH)	105, 106	GLYCERYL TRINITRATE	
<i>GenRx Cefaclor</i> (FH)		.Cardiovascular system	96
.Dental	242	.Dental	235
.General antiinfectives for systemic use	147	.Doctor's Bag Supplies	61
<i>GenRx Clomipramine</i> (FH).....	198, 200	<i>Gold-50</i> (SH)	176
<i>GenRx Diltiazem</i> (FH).....	105	<i>Gonal-F</i> 37.5 (SG)	127
<i>GenRx Doxycycline</i> (FH)		<i>Gonal-F</i> 75 (SG)	127
.Dental	237	<i>Gonal-F</i> 150 (SG)	127
.General antiinfectives for systemic use	139, 140	<i>Gopten</i> (KN)	108
<i>GenRx Fluoxetine</i> (FH)	201	GOSERELIN ACETATE	165
<i>GenRx Gemfibrozil</i> (FH)	112	<i>Granocel</i> (SC)	
<i>GenRx Moclobemide</i> (FH)	202	.Alimentary tract and metabolism	77
<i>GenRx Piroxicam</i> (FH)		.Repatriation Schedule	313
.Dental	247	<i>Granocyte</i> 13 (AD)	
.Musculo-skeletal system	173	.Section 100	267
<i>GenRx Prazosin</i> (FH)	98	<i>Granocyte</i> 34 (AD)	
<i>GenRx Ranitidine</i> (FH).....	69, 70	.Section 100	267
<i>GenRx Sotalol</i> (FH)	96		

GENERIC /PROPRIETARY INDEX

GRISEOFULVIN.....	113	healthsense Doxycycline (HS)	
Griseostatin (SH).....	113	.Dental.....	237
Grisovin (SI).....	113	.General antiinfectives for systemic use.....	139, 140
Grisovin 500 (SI).....	113	healthsense Fluoxetine (HS).....	201
Gyne-Lotrimin (SH)		healthsense Gemfibrozil (HS).....	112
.Repatriation Schedule.....	323	healthsense Ipratropium (HS).....	211
H		healthsense Mocllobemide (HS).....	202
Haemaccel (AV).....	94	healthsense Piroxicam (HS)	
Haldol decanoate (JC).....	195	.Dental.....	247
HALOPERIDOL		.Musculo-skeletal system.....	173
.Doctor's Bag Supplies.....	61	healthsense Prazosin (HS).....	98
.Nervous system.....	195	healthsense Ranitidine (HS).....	69, 70
HALOPERIDOL DECANOATE.....	195	healthsense Sotalol (HS).....	96
Hamilton Bath Oil (HA)		Helidac TripleTherapy (PU).....	73
.Repatriation Schedule.....	318	HEPARIN CALCIUM.....	89
Hamilton Body Wash (HA)		HEPARIN SODIUM.....	89
.Repatriation Schedule.....	322	Hexalen (FA).....	164
Hamilton Broad Spectrum Milky Lotion 15+ (HA)		HEXAMINE HIPPURATE.....	132
.Repatriation Schedule.....	319	Hiprex (MM).....	132
Hamilton Broad Spectrum Solastick 15+ (HA)		Hivid (RO)	
.Repatriation Schedule.....	319	.Section 100.....	270
Hamilton Sunscreen Broad Spectrum Cream 15+ (HA)		HMS Liquifilm (AG).....	216
.Repatriation Schedule.....	319	Holoxan (AA).....	159
Hamilton Sunscreen Spray 15+ (HA)		HOMATROPINE HYDROBROMIDE.....	219
.Repatriation Schedule.....	319	Honvan (AA).....	165
Handy 4207 (BE)		Humalog (LY).....	81
.Repatriation Schedule.....	343	Humalog Mix25 (LY).....	82
Handy 4208 (BE)		HUMAN CHORIONIC GONADOTROPHIN.....	128
.Repatriation Schedule.....	343	HUMAN MENOPAUSAL GONADOTROPHIN	
Handy 4209 (BE)		standardised with HUMAN CHORIONIC	
.Repatriation Schedule.....	343	GONADOTROPHIN.....	129
Handy 5608 (BE)		Humatrope (LY)	
.Repatriation Schedule.....	335	.Section 100.....	272
Handy 5672 (BE)		Humegon (OR).....	129
.Repatriation Schedule.....	340	Humulin 20/80 (LY).....	82
Handy 5674 (BE)		Humulin 30/70 (LY).....	82, 83
.Repatriation Schedule.....	340	Humulin 50/50 (LY).....	82
Handygauze 8631 (BE)		Humulin L (LY).....	82
.Repatriation Schedule.....	335	Humulin NPH (LY).....	82
Handygauze 8633 (BE)		Humulin R (LY).....	81
.Repatriation Schedule.....	335	Humulin UL (LY).....	83
Handyplast 2225 (BE)		Hycamtin (SK).....	165
.Repatriation Schedule.....	336	Hycor (SI).....	216
Handyplast 2226 (BE)		Hydopa (AF).....	98
.Repatriation Schedule.....	336	HYDRALAZINE HYDROCHLORIDE.....	99
Handyplast 2227 (BE)		Hydrea (BQ).....	164
.Repatriation Schedule.....	336	Hydrene 25/50 (AF).....	101
healthsense Amoxycillin (HS)		HYDROCHLOROTHIAZIDE.....	99
.Dental.....	237, 238	HYDROCHLOROTHIAZIDE with AMILORIDE	
.General antiinfectives for systemic use.....	142	HYDROCHLORIDE.....	101
healthsense Atenolol (HS).....	102	HYDROCHLOROTHIAZIDE with TRIAMTERENE... ..	101
healthsense Captopril (HS).....	105, 106	HYDROCORTISONE	
healthsense Cefaclor (HS)		.Sensory organs.....	216
.Dental.....	242	.Systemic hormonal preparations, excl. sex	
.General antiinfectives for systemic use.....	146, 147	hormones.....	135
healthsense Cephalixin (HS)		HYDROCORTISONE.....	114
.Dental.....	243	HYDROCORTISONE ACETATE	
.General antiinfectives for systemic use.....	149	.Alimentary tract and metabolism.....	79
healthsense Clomipramine (HS).....	198, 200	.Dental.....	235
healthsense Diltiazem (HS).....	105	.Dermatologicals.....	114
		.Sensory organs.....	216

GENERIC /PROPRIETARY INDEX

HYDROCORTISONE with CINCHOCAINE		IBUPROFEN	
HYDROCHLORIDE		.Dental	248
.Repatriation Schedule	315	.Musculo-skeletal system	174
HYDROCORTISONE SODIUM SUCCINATE		IDARUBICIN HYDROCHLORIDE	163
.Dental	236	IFOSFAMIDE	159
.Doctor's Bag Supplies	61	<i>Ikorel</i> (RR)	97
.Systemic hormonal preparations, excl. sex hormones	135, 136	<i>Imdur</i> 120 mg (AP)	97
<i>HydroHeal Algin Firm 015296 (FA)</i>		<i>Imdur</i> Durule (AP)	97
.Repatriation Schedule	338	<i>Imigran</i> (GW)	188
<i>HydroHeal Algin Firm 015318 (FA)</i>		IMIPRAMINE HYDROCHLORIDE	200
.Repatriation Schedule	338	<i>ImmuCyst</i> (RR)	170
<i>HydroHeal Algin Firm 015326 (FA)</i>		<i>Imodium</i> (JC)	79
.Repatriation Schedule	338	<i>Imovane</i> (RR)	
<i>HydroHeal Algin Firm 015342 (FA)</i>		.Repatriation Schedule	327
.Repatriation Schedule	337	<i>Improvil</i> 28 Day (MO)	119
<i>HydroHeal Colloid 015385 (FA)</i>		<i>Imtrate</i> 60 mg (DP)	97
.Repatriation Schedule	342	<i>Imukin</i> (BY)	
<i>HydroHeal Colloid 015393 (FA)</i>		.Section 100	266
.Repatriation Schedule	342	<i>Imuran</i> (GW)	171
<i>HydroHeal Colloid 015407 (FA)</i>		<i>Indahexal</i> (HX)	99
.Repatriation Schedule	342	INDAPAMIDE HEMIHYDRATE	99
HYDROLYZED COLLAGEN PROTEINS		<i>Inderal</i> (ZN)	101
.Repatriation Schedule	322	INDINAVIR SULFATE	
HYDROMORPHONE HYDROCHLORIDE		.Section 100	264
.Dental	249, 250	<i>Indocid</i> (MK)	
.Nervous system	182	.Dental	246
HYDROXOCOBALAMIN	93	.Musculo-skeletal system	172
HYDROXYCHLOROQUINE SULFATE	175	INDOMETHACIN	
HYDROXYPROPYLCELLULOSE	220	.Dental	246
HYDROXYUREA	164	.Musculo-skeletal system	172
<i>Hygroton 25 (NV)</i>	99	INFLUENZA VACCINE	158
HYOSCINE BUTYLBROMIDE		INSECT ALLERGEN EXTRACT—HONEY BEE VENOM	223
.Repatriation Schedule	312	INSECT ALLERGEN EXTRACT—PAPER WASP VENOM	223
<i>Hypafix 104020 (SN)</i>		INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM	223
.Repatriation Schedule	344	<i>Insensye</i> (FR)	152
<i>Hypafix 104120 (SN)</i>		<i>Insig</i> (SI)	99
.Repatriation Schedule	344	INSULIN ASPART	81
<i>Hypnodorm (AF)</i>		INSULIN ISOPHANE (N.P.H.)	82
.Repatriation Schedule	327	INSULIN LISPRO	81
<i>Hypoguard Supreme (HG)</i>	225	INSULIN LISPRO—INSULIN LISPRO PROTAMINE SUSPENSION	82
HYPROMELLOSE	220	INSULIN NEUTRAL	81
HYPROMELLOSE with DEXTRAN	220	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)	82
<i>Hypurin Isophane (RR)</i>	82	INSULIN ZINC SUSPENSION (Lente)	82
<i>Hypurin Neutral (RR)</i>	81	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)	83
<i>Hysone 4 (AF)</i>	135	<i>Intal</i> (RR)	211
<i>Hysone 20 (AF)</i>	135	<i>Intal Forte</i> (RR)	211
<i>Hytrin (AB)</i>		<i>Intal Forte CFC-Free</i> (RR)	212
.Repatriation Schedule	324	<i>Intal Spincaps</i> (RR)	211
I		INTERFERON ALFA-2a	
<i>Ibilex 125 (AF)</i>		.Antineoplastic and immunomodulating agents	168
.Dental	243	.Section 100	264
.General anti-infectives for systemic use	149	INTERFERON ALFA-2b	
<i>Ibilex 250 (AF)</i>		.Antineoplastic and immunomodulating agents	168
.Dental	243	.Section 100	265
.General anti-infectives for systemic use	149	INTERFERON BETA-1a	169

GENERIC /PROPRIETARY INDEX

INTERFERON BETA-1b	170	<i>Isoptin SR (KN)</i>	104
INTERFERON GAMMA-1b		<i>Isopto Carbachol (AQ)</i>	217
Section 100	266	<i>Isopto Carpine (AQ)</i>	217, 218
<i>Intrasite Gel 7313 (SN)</i>		<i>Isopto Homatropine (AQ)</i>	219
Repatriation Schedule	342	<i>Isopto Tears (AQ)</i>	220
<i>Intron A (SH)</i>		<i>Isordil (AY)</i>	97
Antineoplastic and immunomodulating agents		<i>Isordil Sublingual (AY)</i>	97
.....	168, 169	ISOSORBIDE DINITRATE	97
Section 100	265, 266	ISOSORBIDE MONONITRATE	97
<i>Intron A Redipen (SH)</i>		ISOTRETINOIN	116
Antineoplastic and immunomodulating agents	169	ISPAGHULA HUSK	
Section 100	266	Repatriation Schedule	313
<i>Invirase (RO)</i>		ITRACONAZOLE	155
Section 100	270	IVERMECTIN	205
<i>Inza 250 (AF)</i>		J	
Dental	248	<i>Jelonet 7404 (SN)</i>	
Musculo-skeletal system	174	Repatriation Schedule	340
<i>Inza 500 (AF)</i>		<i>Jezil (AF)</i>	112
Dental	248	<i>JJ 02013 (JJ)</i>	
Musculo-skeletal system	174	Repatriation Schedule	337
<i>Iodoflex 66051330 (SN)</i>		<i>JJ 12010 (JJ)</i>	
Repatriation Schedule	338	Repatriation Schedule	343
<i>Iodoflex 66051340 (SN)</i>		K	
Repatriation Schedule	338	<i>Kalma 0.25 (AF)</i>	196
<i>Iodoflex 66051360 (SN)</i>		<i>Kalma 0.5 (AF)</i>	196
Repatriation Schedule	338	<i>Kalma 1 (AF)</i>	197
<i>Iodosorb Ointment 66051230 (SN)</i>		<i>Kalma 2 (AF)</i>	197
Repatriation Schedule	338	<i>Kaltostat 1681F1 (CC)</i>	
<i>Iodosorb Ointment 66051240 (SN)</i>		Repatriation Schedule	337
Repatriation Schedule	338	<i>Kaltostat 1682F5 (CC)</i>	
<i>Iodosorb Ointment 66051250 (SN)</i>		Repatriation Schedule	338
Repatriation Schedule	338	<i>Kaltostat 1682F7 (CC)</i>	
<i>Iodosorb Powder 66051070 (SN)</i>		Repatriation Schedule	338
Repatriation Schedule	338	<i>Kaluril (AF)</i>	100
<i>Ionil (GA)</i>		<i>Kapanol (GW)</i>	
Repatriation Schedule	321	Dental	251
<i>Ionil Rinse (GA)</i>		Nervous system	184
Repatriation Schedule	322	<i>Karvea (SW)</i>	109
<i>Ionil-T (GA)</i>		<i>Karvezide 150/12.5 (SW)</i>	109
Repatriation Schedule	321	<i>Karvezide 300/12.5 (SW)</i>	109
<i>Iopidine 0.5% (AQ)</i>	216	<i>Keflex (LY)</i>	
<i>Ipratrin (AF)</i>	211	Dental	243
<i>Ipratrin Adult (AF)</i>	211	General anti-infectives for systemic use	149
IPRATROPIUM BROMIDE		<i>Keflin Neutral (LY)</i>	
Repatriation Schedule	329	Dental	243
Respiratory system	210, 211	General anti-infectives for systemic use	149
IPRATROPIUM BROMIDE with SALBUTAMOL		<i>Keflor (AL)</i>	
SULFATE		Dental	242
Repatriation Schedule	330	General anti-infectives for systemic use	146, 147
<i>Ipravent (PU)</i>	211	<i>Keflor CD (AL)</i>	
IRBESARTAN	109	Dental	242
IRBESARTAN with HYDROCHLOROTHIAZIDE	109	General anti-infectives for systemic use	146
IRINOTECAN HYDROCHLORIDE TRIHYDRATE	164	<i>Kefzol (LY)</i>	150
IRON POLYMALTOSE COMPLEX	93	<i>Kenacomb (BQ)</i>	
<i>Iscover (BQ)</i>	91	Repatriation Schedule	321
<i>Isomonit (HX)</i>	97	<i>Kenacomb Otic (BQ)</i>	221
ISONIAZID	155	<i>Kenacort-A10 (BQ)</i>	
<i>Isoptin (KN)</i>		Dental	236
Cardiovascular system	104	Systemic hormonal preparations, excl. sex	
Doctor's Bag Supplies	62	hormones	136
<i>Isoptin 180 SR (KN)</i>	104		

GENERIC /PROPRIETARY INDEX

KETOCONAZOLE	
.General antiinfectives for systemic use	154
.Repatriation Schedule	317
<i>Keto-Diabur-Test 5000 (RD)</i>	225
<i>Keto-Diastix (BN)</i>	225
KETOPROFEN	
.Dental	248
.Musculo-skeletal system	174
<i>Kinidin Durule (AP)</i>	95
<i>Kinson (AF)</i>	192
<i>Klacid (AB)</i>	
.General antiinfectives for systemic use	151
.Section 100	258
<i>Klacid Hp 7 (AB)</i>	73
<i>Kliogest (NO)</i>	123
<i>Kliovance (NO)</i>	123
<i>Kripton 2.5 (AF)</i>	
.Genito urinary system and sex hormones	117
.Nervous system	193
<i>Kripton 5 (AF)</i>	
.Genito urinary system and sex hormones	117
.Nervous system	193
<i>Kripton 10 (AF)</i>	
.Genito urinary system and sex hormones	117
.Nervous system	193
<i>KSR (AF)</i>	85
L	
LABETALOL HYDROCHLORIDE	
<i>Lac-Doi (DP)</i>	102
<i>Lacri-Lube S.O.P. (AG)</i>	77
<i>Lacrisert (SI)</i>	220
<i>Lactulose (SI)</i>	220
LACTULOSE	77
<i>Lamictal (GW)</i>	191
<i>Lamisil (NC)</i>	
.Repatriation Schedule	318
<i>Lamisil (NV)</i>	
.Dermatologicals	113
.Repatriation Schedule	318
<i>Lamisil DermGel (NC)</i>	
.Repatriation Schedule	317
LAMIVUDINE	
.Section 100	266
LAMIVUDINE with ZIDOVUDINE	
.Section 100	266
LAMOTRIGINE	191
<i>Lanoxin (SI)</i>	95
<i>Lanoxin-PG (SI)</i>	95
LANSOPRAZOLE	71
<i>Lanvis (GW)</i>	160
<i>Largactil (RR)</i>	
.Doctor's Bag Supplies	61
.Nervous system	194
<i>Lasix (AV)</i>	
.Cardiovascular system	100
.Doctor's Bag Supplies	61
<i>Lasix-M (AV)</i>	100
LATANOPROST	219
<i>Latycin (BZ)</i>	214
<i>Ledermycin (LE)</i>	133
<i>Ledertrexate (LE)</i>	160
LEFLUNOMIDE	176
LENOGRASTIM	
.Section 100	267
<i>Lescol (NV)</i>	111
LETROZOLE	167
<i>Leucovorin Calcium (BL)</i>	224
<i>Leukeran (GW)</i>	159
<i>Leukoflex 1124 (BE)</i>	
.Repatriation Schedule	344
<i>Leukoplast 1071 (BE)</i>	
.Repatriation Schedule	344
<i>Leukoplast 1072 (BE)</i>	
.Repatriation Schedule	344
<i>Leukoplast 1073 (BE)</i>	
.Repatriation Schedule	344
<i>Leukopor 2471 (BE)</i>	
.Repatriation Schedule	344
<i>Leukopor 2472 (BE)</i>	
.Repatriation Schedule	344
<i>Leukopor 2474 (BE)</i>	
.Repatriation Schedule	344
<i>Leukosilk 1021 (BE)</i>	
.Repatriation Schedule	344
<i>Leukosilk 1022 (BE)</i>	
.Repatriation Schedule	344
<i>Leukosilk 1024 (BE)</i>	
.Repatriation Schedule	344
LEUPRORELIN ACETATE	166
<i>Leustatin (JC)</i>	160
LEVAMISOLE HYDROCHLORIDE	164
<i>Levlen ED (SY)</i>	118
LEVOBUNOLOL HYDROCHLORIDE	218
LEVOCABASTINE HYDROCHLORIDE	
.Repatriation Schedule	329, 331
LEVODOPA with BENSERAZIDE	192
LEVODOPA with CARBIDOPA	192
LEVONORGESTREL	119
LEVONORGESTREL with ETHINYLOESTRADIOL	118
<i>Lexotan (RO)</i>	
.Repatriation Schedule	327
LIGNOCAINE HYDROCHLORIDE	
.Cardiovascular system	95
.Dental	235
.Doctor's Bag Supplies	62
LIGNOCAINE HYDROCHLORIDE with CARBOXYMETHYLCELLULOSE	
.Repatriation Schedule	319
<i>Lincocin (UP)</i>	
.Dental	245
.General antiinfectives for systemic use	151
LINCOMYCIN	
.Dental	245
.General antiinfectives for systemic use	151
<i>Lioresal 10 (NV)</i>	177
<i>Lioresal 25 (NV)</i>	177
<i>Lioresal Intrathecal (NV)</i>	
.Section 100	258
LIOTHYRONINE SODIUM	137
<i>Lipazil 600 mg (DP)</i>	112
<i>Lipex 5 (AD)</i>	111
<i>Lipex 10 (AD)</i>	111
<i>Lipex 20 (AD)</i>	111

GENERIC /PROPRIETARY INDEX

<i>Lipex 40 (AD)</i>	111	<i>Lyof foam 603007 (SS)</i>	
<i>Lipex 80 (AD)</i>	111	Repatriation Schedule	340
<i>Lipitor (PD)</i>	110	<i>Lyof foam C 603010 (SS)</i>	
<i>Lipobay (BN)</i>	111	Repatriation Schedule	339
<i>Liquifilm Forte (AG)</i>	221	<i>Lyof foam Extra 603050 (SS)</i>	
<i>Liquifilm Tears (AG)</i>	221	Repatriation Schedule	340
<i>LISINOPRIL</i>	107	<i>Lyof foam Extra 603052 (SS)</i>	
<i>Lithicarb (RR)</i>	202	Repatriation Schedule	340
LITHIUM CARBONATE	202		
<i>Livostin (JC)</i>		M	
Repatriation Schedule	329, 331	<i>Mabthera (RO)</i>	164
<i>Locasol (NU)</i>	230	<i>Macroclantin (PU)</i>	132
<i>Loceryl (GA)</i>		<i>Macroclon (MA)</i>	
Repatriation Schedule	317	Blood and blood forming organs	94
<i>Locilan 28 Day (MO)</i>	119	Dental	234
LODOXAMIDE TROMETAMOL	219	<i>Madopar (RO)</i>	192
<i>Lofenalc (MJ)</i>	227	<i>Madopar 62.5 (RO)</i>	192
<i>Lofenoxal (MO)</i>	79	<i>Madopar 125 (RO)</i>	192
<i>Logicin Rapid Relief (SI)</i>		<i>Madopar HBS (RO)</i>	192
Repatriation Schedule	328	<i>Madopar Rapid 62.5 (RO)</i>	192
<i>Logicin Sinus (SI)</i>		<i>Madopar Rapid 125 (RO)</i>	192
Repatriation Schedule	330	<i>Magicul 200 (AF)</i>	65
<i>Logynon ED (SY)</i>	119	<i>Magicul 400 (AF)</i>	65
<i>Lomide (AQ)</i>	219	<i>Magicul 800 (AF)</i>	65
<i>Lomotil (SR)</i>	79	<i>Magmin (BB)</i>	
<i>Loniten (UP)</i>	99	Repatriation Schedule	314
LOPERAMIDE HYDROCHLORIDE	79	MAGNESIUM ASPARTATE	
<i>Lopid (PD)</i>	112	Repatriation Schedule	314
<i>Lopresor 50 (NV)</i>	102	<i>Marevan (BA)</i>	87
<i>Lopresor 100 (NV)</i>	102	<i>Maxidex (AQ)</i>	215
LORATADINE		<i>Maxipime (BQ)</i>	147
Repatriation Schedule	331	<i>Maxolon (DT)</i>	
<i>Losec Helicopax (AP)</i>	73	Alimentary tract and metabolism	75
<i>Losec Hp7 (AP)</i>	73	Dental	233
<i>Losec Tablets (AP)</i>	72	Doctor's Bag Supplies	62
<i>Lovan (AL)</i>	201	<i>Maxor (AF)</i>	72
<i>Lovan 20 Tab (AL)</i>	201	<i>MCT Oil (SB)</i>	226
<i>Lovan Liquid (AL)</i>	201	MEBENDAZOLE	
<i>Lovir (DP)</i>	156	Repatriation Schedule	328
LPV (CS)		MEBEVERINE HYDROCHLORIDE	
Dental	239	Repatriation Schedule	312
General anti-infectives for systemic use	143, 144	<i>Medipore 2961 (MM)</i>	
LPV 125 (CS)		Repatriation Schedule	344
Dental	239	MEDROXYPROGESTERONE ACETATE	
General anti-infectives for systemic use	144	Antineoplastic and immunomodulating agents	165
LPV 250 (CS)		Genito urinary system and sex hormones	119, 122, 123
Dental	239	MEDRYSONE	216
General anti-infectives for systemic use	144	MEFENAMIC ACID	175
LUBRICATING AGENT		<i>Mefic (WW)</i>	175
Repatriation Schedule	343	<i>Mefix 310250 (SS)</i>	
<i>Lucrin Depot (AB)</i>	166	Repatriation Schedule	344
<i>Lucrin Depot 3 Month Injection (AB)</i>	166	<i>Megace (BQ)</i>	165
<i>Lumin 10 (AF)</i>	203	<i>Megafoi 0.5 (AF)</i>	93
<i>Lumin 20 (AF)</i>	203	<i>Megafoi 5 (AF)</i>	93
<i>Lurselle (AV)</i>	112	MEGESTROL ACETATE	165
<i>Luvox (SM)</i>	201	<i>Melipramine (UW)</i>	200
<i>Lyclear (WR)</i>	205	<i>Melizide (AF)</i>	84
<i>Lyof foam 603001 (SS)</i>		<i>Melleril 10 (NV)</i>	195
Repatriation Schedule	339	<i>Melleril 25 (NV)</i>	195
<i>Lyof foam 603002 (SS)</i>		<i>Melleril 50 (NV)</i>	195
Repatriation Schedule	340	<i>Melleril 100 (NV)</i>	195

GENERIC /PROPRIETARY INDEX

<i>Melleril Suspension 1% (NV)</i>	194	METRONIDAZOLE	
<i>Melolin 4933 (SN)</i>		.Dental	245
.Repatriation Schedule	343	.General antiinfectives for systemic use	153
<i>Melolin 101720 (SN)</i>		.Repatriation Schedule	320
.Repatriation Schedule	343	METRONIDAZOLE BENZOATE	
MELPHALAN	159	.Dental	245
<i>Menoprem (AY)</i>	126	.General antiinfectives for systemic use	154
<i>Menoprem Continuous (AY)</i>	123	<i>Metronide 200 (MB)</i>	
<i>Menorest 37.5 (NV)</i>	121	.Dental	245
<i>Menorest 50 (NV)</i>	121	.General antiinfectives for systemic use	153
<i>Menorest 75 (NV)</i>	121	<i>Metronide 400 (MB)</i>	
<i>Menorest 100 (NV)</i>	122	.Dental	245
<i>Merbentyl (SI)</i>		.General antiinfectives for systemic use	153
.Repatriation Schedule	312	<i>Metsal (MM)</i>	
MERCAPTOPURINE	160	.Repatriation Schedule	325
MESALAZINE	80	MEXILETINE HYDROCHLORIDE	95
<i>Mesasal (SK)</i>	80	<i>Mexitil (BY)</i>	95
MESNA	224	<i>Miacalcic 50 Kit (NV)</i>	138
<i>Mestinon (DT)</i>	203	<i>Miacalcic 100 Kit (NV)</i>	138
<i>Metamucil Regular (PY)</i>		MIANSERIN HYDROCHLORIDE	202
.Repatriation Schedule	313	<i>Micardis (BY)</i>	109
<i>Metamucil Smooth Texture Orange (PY)</i>		MICONAZOLE	
.Repatriation Schedule	313	.Repatriation Schedule	317
METFORMIN HYDROCHLORIDE	83	MICONAZOLE NITRATE	
METHADONE HYDROCHLORIDE	186	.Repatriation Schedule	317, 323
METHENOLONE ACETATE	86	<i>Microgynon 30 (SC)</i>	118
<i>Methionine, Threonine, Valine-free, and Isoleucine</i>		<i>Microgynon 30 ED (SC)</i>	118
.low Amino Acid Mix (SB)	230	<i>Microgynon 50 (SC)</i>	118
<i>Methoblastin (PS)</i>	160	<i>Microgynon 50 ED (SC)</i>	118
<i>Methopt (SI)</i>	220	<i>Microfax (PS)</i>	
<i>Methopt Forte (SI)</i>	220	.Alimentary tract and metabolism	78
METHOTREXATE	160	.Repatriation Schedule	313
METHYL SALICYLATE		<i>Microlut 28 (SC)</i>	119
.Repatriation Schedule	325	<i>Micronor (JC)</i>	119
METHYLDOPA	98	<i>Microval 28 (WY)</i>	119
METHYLPHENOBARBITONE	188	<i>Midamor (MK)</i>	100
METHYLPREDNISOLONE ACEPONATE	115	MILK POWDER—LACTOSE FREE FORMULA	229
METHYLPREDNISOLONE ACETATE		MILK POWDER—LACTOSE MODIFIED	229
.Dental	236	MILK POWDER—SYNTHETIC	230
.Systemic hormonal preparations, excl. sex		<i>Minax 50 (AF)</i>	102
hormones	136	<i>Minax 100 (AF)</i>	102
METHYLPREDNISOLONE SODIUM SUCCINATE ..	136	MINERAL MIXTURE	232
METHYSERGIDE	187	<i>Minidiab (PS)</i>	84
METOCLOPRAMIDE HYDROCHLORIDE		<i>Minidine Antiseptic Solution (SI)</i>	
.Alimentary tract and metabolism	75	.Repatriation Schedule	321
.Dental	233	<i>Minipress (PF)</i>	98
.Doctor's Bag Supplies	62	<i>Minirin (RR)</i>	134
<i>Metohexal (HX)</i>	102	<i>Minirin Nasal Spray (RR)</i>	134
<i>Metolol (DP)</i>	102	<i>Minitran 5 (MM)</i>	96
METOPROLOL TARTRATE	102	<i>Minitran 10 (MM)</i>	97
<i>Metrodin HP 75 (SG)</i>	130	<i>Minitran 15 (MM)</i>	97
<i>Metrodin HP 150 (SG)</i>	130	MINOCYCLINE	140, 141
<i>Metrogyl 200 (AF)</i>		<i>Minomycin (LE)</i>	140
.Dental	245	<i>Minomycin-50 (LE)</i>	141
.General antiinfectives for systemic use	153	MINOXIDIL	99
<i>Metrogyl 400 (AF)</i>		<i>Mintezol (MK)</i>	205
.Dental	245	MISOPROSTOL	71
.General antiinfectives for systemic use	153	MITOZANTRONE HYDROCHLORIDE	163
		<i>Mixtard 20/80 NovoLet 3 mL (NL)</i>	82
		<i>Mixtard 20/80 Penfill 3 mL (NO)</i>	82
		<i>Mixtard 30/70 (NO)</i>	82

GENERIC /PROPRIETARY INDEX

<i>Mixtard 30/70 NovoLet 3 mL (NL)</i>	83	<i>MS Contin Suspension 60 mg (MF)</i>	
<i>Mixtard 30/70 Penfill (NO)</i>	82	.Dental.....	251
<i>Mixtard 30/70 Penfill 3 mL (NO)</i>	83	.Nervous system.....	184
<i>Mixtard 50/50 (NO)</i>	82	<i>MS Contin Suspension 100 mg (MF)</i>	
<i>Mixtard 50/50 NovoLet 3 mL (NL)</i>	83	.Dental.....	251
<i>Mixtard 50/50 Penfill 3 mL (NO)</i>	83	.Nervous system.....	184
<i>Mobilis 10 (AF)</i>		<i>MS Contin Suspension 200 mg (MF)</i>	184
.Dental.....	247	<i>MSUD AID III (SB)</i>	231
.Musculo-skeletal system.....	173	<i>MSUD Analog (SB)</i>	231
<i>Mobilis 20 (AF)</i>		<i>MSUD Maxamaid (SB)</i>	231
.Dental.....	247	<i>MSUD Maxamum (SB)</i>	231
.Musculo-skeletal system.....	173	<i>Mucilax Regular (DP)</i>	
<i>Mobilis D-10 (AF)</i>		.Repatriation Schedule.....	313
.Dental.....	247	<i>Mucilax Sugar Free (DP)</i>	
.Musculo-skeletal system.....	173	.Repatriation Schedule.....	313
<i>Mobilis D-20 (AF)</i>		<i>Mucormyst (BQ)</i>	213
.Dental.....	247	MUPIROCIN	
.Musculo-skeletal system.....	173	.Repatriation Schedule.....	320
MOCLOBEMIDE	202	<i>Murelax (AY)</i>	
<i>Modecate (BQ)</i>	194	.Dental.....	254
<i>Moduretic (MK)</i>	101	.Nervous system.....	197, 198
<i>Mogadon (DT)</i>		<i>Mycobutin (PS)</i>	
.Dental.....	254	.Section 100.....	269
.Nervous system.....	190, 198	MYCOPHENOLATE MOFETIL	
MOMETASONE FUROATE		.Section 100.....	267
.Dermatologicals.....	115	<i>Mycospor (BN)</i>	
.Repatriation Schedule.....	320	.Repatriation Schedule.....	317
<i>Monistat 7 (JC)</i>		<i>Mycostatin (BQ)</i>	
.Repatriation Schedule.....	323	.Alimentary tract and metabolism.....	64
<i>Monistat Derm (JC)</i>		.Dental.....	233
.Repatriation Schedule.....	317	.Repatriation Schedule.....	317
<i>Monodur 60 mg (PM)</i>	97	<i>Mylanta (WR)</i>	64
<i>Monodur 120 mg (PM)</i>	97	<i>Mylanta Double Strength (WR)</i>	
<i>Monofeme 28 (AY)</i>	118	.Repatriation Schedule.....	310
<i>Monoplus 10/12.5 (BQ)</i>	108	<i>Myleran (GW)</i>	159
<i>Monoplus 20/12.5 (BQ)</i>	108	<i>Myocrisin (RR)</i>	176
<i>Monopril (BQ)</i>	107	<i>Myoquin (FM)</i>	
<i>Monotard (NO)</i>	82	.Antiparasitic products, insecticides and repellents.....	204
MORPHINE HYDROCHLORIDE		.Musculo-skeletal system.....	181
.Dental.....	250	<i>Mysoline (ZN)</i>	189
.Nervous system.....	182	N	
MORPHINE SULFATE		<i>NADROPARIN CALCIUM</i>	90
.Dental.....	250	<i>NAFARELIN ACETATE</i>	134
.Doctor's Bag Supplies.....	62	NALOXONE HYDROCHLORIDE	
.Nervous system.....	183	.Dental.....	255
.Repatriation Schedule.....	326	.Doctor's Bag Supplies.....	62
MORPHINE TARTRATE	184	.Various.....	223
<i>Motilium (JC)</i>	74	<i>Naloxone Min-I-Jet (CS)</i>	
<i>Moxacin (CS)</i>		.Dental.....	255
.Dental.....	237, 238	.Doctor's Bag Supplies.....	62
.General antiinfectives for systemic use.....	142	.Various.....	223
<i>Moxacin 250 (CS)</i>		NALTREXONE HYDROCHLORIDE	223
.Dental.....	238	NANDROLONE DECANOATE	86
.General antiinfectives for systemic use.....	142	<i>Napamide 2.5 mg (DP)</i>	99
<i>MS Contin (MF)</i>		NAPHAZOLINE HYDROCHLORIDE	
.Dental.....	251	.Repatriation Schedule.....	331
.Nervous system.....	183, 184	NAPHAZOLINE HYDROCHLORIDE with	
.Repatriation Schedule.....	326	PHENIRAMINE MALEATE	
<i>MS Contin Suspension 30 mg (MF)</i>		.Repatriation Schedule.....	331
.Dental.....	251	<i>Naphcon-A (AQ)</i>	
.Nervous system.....	184	.Repatriation Schedule.....	331

GENERIC /PROPRIETARY INDEX

<i>Naphcon Forte (AQ)</i>		<i>Nexcare Paper Tape (Micropore) R3 (MM)</i>	
.Repatriation Schedule	331	.Repatriation Schedule	344
<i>Naprosyn (RO)</i>		<i>Nexcare Paper Tape (Micropore) R4 (MM)</i>	
.Dental	248	.Repatriation Schedule	344
.Musculo-skeletal system	174	<i>Nexcare Tegaderm Transparent H1624 (MM)</i>	
<i>Naprosyn SR750 (RO)</i>		.Repatriation Schedule	339
.Dental	248	<i>Nexcare Tegaderm Transparent H1626 (MM)</i>	
.Musculo-skeletal system	174	.Repatriation Schedule	339
<i>Naprosyn SR1000 (RO)</i>		<i>Nicabate 7 (SK)</i>	
.Dental	248	.Repatriation Schedule	328
.Musculo-skeletal system	174	<i>Nicabate 14 (SK)</i>	
NAPROXEN		.Repatriation Schedule	328
.Dental	248	<i>Nicabate 21 (SK)</i>	
.Musculo-skeletal system	174	.Repatriation Schedule	328
NAPROXEN SODIUM		NICORANDIL	97
.Dental	249	<i>Nicorette Patch (PS)</i>	
.Musculo-skeletal system	175	.Repatriation Schedule	328
<i>Naramig (GW)</i>	187	NICOTINE	
NARATRIPTAN HYDROCHLORIDE	187	.Repatriation Schedule	328
<i>Narcan Neonatal (BT)</i>	223	NICOTINIC ACID	112
<i>Nardil (WW)</i>	202	<i>Nifecard 20 mg (SI)</i>	103
<i>Natrilix (SE)</i>	99	NIFEDIPINE	
<i>Nature's Way Vitamin C (RO)</i>		.Cardiovascular system	103, 104
.Repatriation Schedule	314	.Repatriation Schedule	316
<i>Navelbine (AA)</i>	162	<i>Nifehexal (HX)</i>	103
<i>Navoban (NV)</i>	76	<i>Nilstat (AY)</i>	
<i>Nebcin (LY)</i>	152	.Alimentary tract and metabolism	64, 79
NEDOCROMIL SODIUM	211	.Dental	233, 234
NEFAZODONE HYDROCHLORIDE	203	.Repatriation Schedule	317, 323
NELFINAVIR MESYLATE		NILUTAMIDE	167
.Section 100	267	NITRAZEPAM	
<i>Nemdyn (HA)</i>	221	.Dental	254
<i>Neocate (SB)</i>	226	.Nervous system	190, 198
<i>Neo-Cytamen (BL)</i>	93	<i>Nitro-Bid (AV)</i>	96
<i>Neo-Mercazole (RO)</i>	137	<i>Nitro-Dur 5 (SH)</i>	97
NEOMYCIN SULFATE	79	<i>Nitro-Dur 10 (SH)</i>	97
NEOMYCIN UNDECENOATE with BACITRACIN		<i>Nitro-Dur 15 (SH)</i>	97
ZINC	221	NITROFURANTOIN	132
<i>Neoral (NV)</i>		<i>Nitrolingual Pumpspray (RR)</i>	
.Section 100	259	.Cardiovascular system	96
<i>Neoral 10 (NV)</i>		.Doctor's Bag Supplies	61
.Section 100	259	NIZATIDINE	
<i>Neoral 25 (NV)</i>		.Alimentary tract and metabolism	67
.Section 100	259	.Repatriation Schedule	311
<i>Neoral 50 (NV)</i>		<i>Nizoral (JC)</i>	
.Section 100	259	.General antiinfectives for systemic use	154
<i>Neoral 100 (NV)</i>		.Repatriation Schedule	317
.Section 100	259	<i>Nocturne (WX)</i>	
<i>Neosporin (WR)</i>	214	.Dental	254
<i>Neosulf (AF)</i>	79	.Nervous system	199
<i>Neotigason (RO)</i>	113	<i>Nolvadex (ZN)</i>	166
<i>Neulactil (RR)</i>	194	<i>Nolvadex-D (ZN)</i>	166
<i>Neupogen (AN)</i>		<i>Nordette 21 (WY)</i>	118
.Section 100	263	<i>Nordette 28 (WY)</i>	118
<i>Neurontin (PD)</i>	191	<i>Nordette 50 (WY)</i>	118
NEVIRAPINE		<i>Nordioli 21 (WY)</i>	118
.Section 100	267	<i>Nordioli 28 (WY)</i>	118
<i>Nexcare Cloth Tape (Durapore) 2610 (MM)</i>		<i>Norditropin (NO)</i>	
.Repatriation Schedule	344	.Section 100	272
<i>Nexcare Cloth Tap e(Durapore) 2611 (MM)</i>		<i>Norditropin PenSet 12 (NO)</i>	
.Repatriation Schedule	344	.Section 100	272

GENERIC /PROPRIETARY INDEX

<i>Norditropin PenSet 24 (NO)</i>		OESTRADIOL	120
Section 100.....	272	OESTRADIOL and MEDROXYPROGESTERONE	
NORETHISTERONE	119, 123	ACETATE	124
NORETHISTERONE with ETHINYLOESTRADIOL		OESTRADIOL with NORETHISTERONE ACETATE	123
.....	118, 119	OESTRADIOL and OESTRADIOL with	
NORETHISTERONE with MESTRANOL.....	118	DYDROGESTERONE.....	124
NORFLOXACIN	152	OESTRADIOL and OESTRADIOL with	
<i>Noriday 28 Day (SR)</i>	119	NORETHISTERONE ACETATE	124, 125
<i>Norimin 28 Day (MO)</i>	118	OESTRADIOL VALERATE.....	122
<i>Norimin-1 28 Day (MO)</i>	118	OESTRADIOL VALERATE and OESTRADIOL	
<i>Norinyl-1 (SR)</i>	118	VALERATE with CYPROTERONE ACETATE	125
<i>Norinyl-1/28 (SR)</i>	118	OESTRADIOL VALERATE and OESTRADIOL	
<i>Normacol Plus (NE)</i>		VALERATE with MEDROXYPROGESTERONE	
Alimentary tract and metabolism	77	ACETATE	126
Repatriation Schedule.....	313	OESTRIOL	122
<i>Normison (WY)</i>		OESTROGENS—CONJUGATED	122
Dental	254	OESTROGENS—CONJUGATED and	
Nervous system	199	MEDROXYPROGESTERONE ACETATE	123, 126
<i>Noroxin (MK)</i>	152	OESTROGENS—CONJUGATED with	
<i>Norpace (SR)</i>	95	MEDROXYPROGESTERONE ACETATE	124
NORTRIPTYLINE HYDROCHLORIDE	200	OESTROGENS—CONJUGATED and	
<i>Norvasc (PF)</i>		OESTROGENS—CONJUGATED with	
Cardiovascular system.....	103	MEDROXYPROGESTERONE ACETATE	126
Repatriation Schedule.....	316	OFLOXACIN.....	215
<i>Norvir (AB)</i>		<i>Ogen .625 (UP)</i>	122
Section 100.....	269	<i>Ogen 1.25 (UP)</i>	122
<i>Noten (AF)</i>	102	<i>O-Lac (MJ)</i>	229
<i>Novantrone (LE)</i>	163	OLANZAPINE.....	195
<i>Novasone (EX)</i>		OLSALAZINE SODIUM	80
Dermatologicals	115	OMEPRAZOLE	72
Repatriation Schedule.....	320	OMEPRAZOLE and CLARITHROMYCIN and	
<i>NovoMet 500 mg (NO)</i>	83	AMOXYCILLIN.....	73
<i>NovoMet 850 mg (NO)</i>	83	OMEPRAZOLE MAGNESIUM.....	72
<i>NovoRapid NovoLet 3 mL (NL)</i>	81	OMEPRAZOLE MAGNESIUM and	
<i>NovoRapid Penfill 3 mL (NO)</i>	81	CLARITHROMYCIN and AMOXYCILLIN	73
<i>Nucolox (SI)</i>		OMEPRAZOLE MAGNESIUM and	
Repatriation Schedule.....	313	METRONIDAZOLE and AMOXYCILLIN.....	73
<i>Nuelin (MM)</i>	212	<i>OncoTICE (OT)</i>	170
<i>Nuelin-SR 200 (MM)</i>	212	<i>Oncovin (LY)</i>	161
<i>Nuelin-SR 250 (MM)</i>	212	ONDANSETRON	75
<i>Nuelin-SR 300 (MM)</i>	212	<i>Op-Site Flexigrid 4629 (SN)</i>	
<i>Nu-Gel 2497 (JJ)</i>		Repatriation Schedule.....	339
Repatriation Schedule.....	343	<i>Opticrom (RR)</i>	219
<i>Nutramigen (MJ)</i>	227	<i>Optimol 0.25 (AF)</i>	218
<i>Nutraplus (GA)</i>		<i>Optimol 0.5 (AF)</i>	218
Repatriation Schedule.....	318	<i>Orabase (BQ)</i>	
<i>Nyefax 20 mg (DP)</i>	103	Repatriation Schedule.....	318
NYSTATIN		<i>Oratane (DP)</i>	116
Alimentary tract and metabolism	64, 79	<i>Ordine 2 (MF)</i>	
Dental	233, 234	Dental	250
Repatriation Schedule.....	317, 323	Nervous system	183
O		<i>Ordine 5 (MF)</i>	
OCTREOTIDE		Dental	250
Section 100.....	268	Nervous system	183
OCTREOTIDE ACETATE		<i>Ordine 10 (MF)</i>	
Section 100.....	268	Dental	250
<i>Ocufen (AG)</i>	216	Nervous system	183
<i>Ocuflox (AG)</i>	215	<i>Oroxine (SI)</i>	137
<i>Ocusert Pilo 20 (AG)</i>	217	<i>Orudis (RR)</i>	
<i>Ocusert Pilo 40 (AG)</i>	217	Dental	248
<i>Odrik (AV)</i>	108	Musculo-skeletal system	174

GENERIC /PROPRIETARY INDEX

<i>Orudis SR (RR)</i>		<i>Paraheal (HX)</i>	
.Dental	248	.Dental	253
.Musculo-skeletal system	174	.Nervous system	186
<i>Orudis SR 200 (RR)</i>		<i>Paralgin (FM)</i>	
.Dental	248	.Dental	253
.Musculo-skeletal system	174	.Nervous system	186
<i>Oruvail SR (MB)</i>		<i>Paralgin Junior Elixir 1-4 years (SI)</i>	
.Dental	248	.Dental	253
.Musculo-skeletal system	174	.Nervous system	187
<i>Ospolot (OF)</i>	191	<i>Paralgin Junior Elixir 5-12 years (SI)</i>	
<i>Otocomb Otic (BC)</i>	221	.Dental	253
<i>Otodex (QM)</i>	221	.Nervous system	187
<i>Ovestin (OR)</i>	122	<i>Parlodel (NV)</i>	
<i>Ovestin Ovula (OR)</i>	122	.Genito urinary system and sex hormones	117
<i>Oxandrin (CS)</i>		.Nervous system	193
.Section 100	271	<i>Parnate (SK)</i>	202
OXANDROLONE		PAROXETINE HYDROCHLORIDE	201
.Section 100	271	<i>Paxam 0.5 (AF)</i>	189
OXAZEPAM		<i>Paxam 2 (AF)</i>	189
.Dental	254	<i>Peg 7420 (BK)</i>	
.Nervous system	197	.Repatriation Schedule	335
OXAZEPAM	197	<i>Peg 7422 (BK)</i>	
<i>Oxis Turbuhaler (AP)</i>	206	.Repatriation Schedule	335
OPRENOLOL HYDROCHLORIDE	101	<i>Peg 7423 (BK)</i>	
OXYBUTYNIN HYDROCHLORIDE	132	.Repatriation Schedule	335
OXYCODONE		<i>Peg 7425 (BK)</i>	
.Dental	251	.Repatriation Schedule	335
.Nervous system	184	<i>Penhexal VK (HX)</i>	
OXYCODONE HYDROCHLORIDE		.Dental	239
.Dental	252	.General antiinfectives for systemic use	143, 144
.Nervous system	185	PENICILLAMINE	176
<i>OxyContin (MF)</i>		<i>Pepcidine (MK)</i>	
.Dental	252	.Alimentary tract and metabolism	66, 67
.Nervous system	185	.Repatriation Schedule	311
OXYMETAZOLINE HYDROCHLORIDE		<i>Pepcidine M (MK)</i>	
.Repatriation Schedule	328	.Alimentary tract and metabolism	66, 67
P		.Repatriation Schedule	311
PACLITAXEL	162	<i>Pepti-Junior (NU)</i>	228
<i>Panadeine Forte Caplets (SW)</i>		PERGOLIDE MESYLATE	193
.Dental	249	PERHEXILINE MALEATE	97
.Nervous system	182	<i>Periactin (FR)</i>	188
<i>Panafcort (RR)</i>	136	PERICYAZINE	194
<i>Panafcortelone (RR)</i>	136	PERINDOPRIL ERBUMINE	107
<i>Panamax (SW)</i>		PERINDOPRIL ERBUMINE with INDAPAMIDE	
.Dental	253	.HEMIHYDRATE	108
.Nervous system	186, 187	<i>Periogard (Chlorohex) Mouth Rinse (OM)</i>	
<i>Panamax 240 Elixir (SW)</i>		.Repatriation Schedule	310
.Dental	253	<i>Permax (LY)</i>	193
.Nervous system	187	PERMETHRIN	205
<i>Panamax Co. (SW)</i>		<i>Persantin SR (BY)</i>	91
.Repatriation Schedule	326	<i>Pertofran 25 (NV)</i>	200
<i>Pancrease (JC)</i>	81	PETHIDINE HYDROCHLORIDE	
PANCREATIC EXTRACT	80	.Dental	252
PANCREATIN ENZYME	81	.Doctor's Bag Supplies	62
PANCRELIPASE	81	.Nervous system	186
PANTOPRAZOLE SODIUM SESQUIHYDRATE	72	<i>Petrus Bisacodyl Suppositories (PP)</i>	77
<i>Panzylrat 25000 (TM)</i>	81	<i>Pexsig (SI)</i>	97
PARACETAMOL		<i>Pharmorubicin Solution (PS)</i>	163
.Dental	253	PHENELZINE SULFATE	202
.Nervous system	186	<i>Phenergan (RR)</i>	
PARAFFIN	220	.Repatriation Schedule	330

GENERIC /PROPRIETARY INDEX

PHENOBARBITONE	189	<i>Ponstan (PD)</i>	175
PHENOBARBITONE SODIUM	189	<i>Portagen (MJ)</i>	228
PHENOXYBENZAMINE HYDROCHLORIDE		<i>Posalfilin (NE)</i>	
Cardiovascular system	101	Repatriation Schedule	322
Genito urinary system and sex hormones	133	POTASSIUM CHLORIDE	85
PHENOXYMETHYLPENICILLIN		POVIDONE-IODINE	
Dental	239	Repatriation Schedule	321
General anti-infectives for systemic use	143, 144	<i>Pramin (AF)</i>	
PHENYTOIN	189	Alimentary tract and metabolism	75
PHENYTOIN SODIUM	189	Dental	233
<i>Phlexy-10 Drink Mix (SB)</i>	230	<i>Prantal (SH)</i>	
PHOLCODINE		Repatriation Schedule	321
Repatriation Schedule	330	<i>Prasig (SI)</i>	98
<i>Phosphate Sandoz (NV)</i>	224	<i>Pravachol (BQ)</i>	111
<i>Phospholine Iodide (AY)</i>	217	PRAVASTATIN SODIUM	111
<i>Physeptone (GW)</i>	186	PRAZOSIN HYDROCHLORIDE	98
PILOCARPINE	217	<i>Precision Plus (MS)</i>	225
PILOCARPINE HYDROCHLORIDE	217	<i>PredMix (RH)</i>	136
<i>Pilopt (PE)</i>	217, 218	<i>Prednefrin Forte (AG)</i>	216
PINDOLOL	101	PREDNISOLONE	136
PINE TAR with CADE OIL, COAL TAR SOLUTION,		PREDNISOLONE ACETATE	216
ARACHIS OIL EXTRACT OF CRUDE COAL TAR		PREDNISOLONE ACETATE with	
and OLEYL ALCOHOL		PHENYLEPHRINE HYDROCHLORIDE	216
Repatriation Schedule	321	PREDNISOLONE SODIUM PHOSPHATE	
PINE TAR with TRIETHANOLAMINE LAURYL		Alimentary tract and metabolism	80
SULFATE		Sensory organs	222
Repatriation Schedule	319	Systemic hormonal preparations, excl. sex	
<i>Pinetarsol (EO)</i>		hormones	136
Repatriation Schedule	319	PREDNISONE	136
PIPERAZINE OESTRONE SULFATE	122	<i>Predsol (SI)</i>	
<i>Pirohexal-D (HX)</i>		Alimentary tract and metabolism	80
Dental	247	Sensory organs	222
Musculo-skeletal system	173	<i>Pregestimil (MJ)</i>	228
PIROXICAM		<i>Pregnyl (OR)</i>	128, 129
Dental	247	<i>Premarin (AY)</i>	122
Musculo-skeletal system	173	<i>Premia 2.5 Continuous (AY)</i>	124
PIZOTIFEN MALATE	188	<i>Premia 5 (AY)</i>	126
<i>PK AID II (SB)</i>	230	<i>Premia 5 Continuous (AY)</i>	124
<i>Placil (AF)</i>	198, 200	<i>Prepulsid (JC)</i>	74
<i>Plaquad (OB)</i>		<i>Prepulsid Forte (JC)</i>	74
Repatriation Schedule	310	<i>Presolol 100 (AF)</i>	102
<i>Plaquenil (SW)</i>	175	<i>Presolol 200 (AF)</i>	102
<i>Plasma-Lyte 148 (BX)</i>	94	<i>Pressin 1 (AF)</i>	98
<i>Plavix (SW)</i>	91	<i>Pressin 2 (AF)</i>	98
<i>Plendil ER (AP)</i>	103	<i>Pressin 5 (AF)</i>	98
PNEUMOCOCCAL VACCINE, POLYVALENT	158	PRESSURE REDUCING PRODUCTS	
<i>Pneumovax 23 (CS)</i>	158	Repatriation Schedule	343
PODOPHYLLOTOXIN		PRIMIDONE	189
Repatriation Schedule	320	<i>Primobolan (SC)</i>	86
<i>Poly Visc (IQ)</i>	220	<i>Primogyn Depot (SC)</i>	122
POLYGLINE	94	<i>Primolut N (SC)</i>	123
POLYMYXIN B SULFATE with BACITRACIN and		<i>Primoteston Depot (SC)</i>	120
NEOMYCIN SULFATE	214	<i>Prinivil 5 (AD)</i>	107
POLYMYXIN B SULFATE with NEOMYCIN		<i>Prinivil 10 (AD)</i>	107
SULFATE and GRAMICIDIN	214	<i>Prinivil 20 (AD)</i>	107
<i>Polytar (SX)</i>		<i>Pritor (GW)</i>	109
Repatriation Schedule	321	<i>Pro-Banthine (SI)</i>	132
<i>Poly-Tears (IQ)</i>	220	PROBENECID	177
POLYVINYL ALCOHOL	221	PROBUCOL	112
POLYVINYL ALCOHOL with POVIDONE	221	PROCAINAMIDE HYDROCHLORIDE	95

GENERIC /PROPRIETARY INDEX

PROCAINE PENICILLIN		<i>Prozac 20 (LY)</i>	201
Dental	239	<i>Prozac Tab (LY)</i>	201
Doctor's Bag Supplies	61	PSEUDOEPHEDRINE HYDROCHLORIDE	
General anti-infectives for systemic use	144	Repatiation Schedule	330
PROCHLORPERAZINE		PSEUDOEPHEDRINE SULFATE	
Alimentary tract and metabolism	76	Repatiation Schedule	330
Dental	233	PSYLLIUM HYDROPHILIC MUCILLOID	
Doctor's Bag Supplies	62	Repatiation Schedule	313
<i>Pro-Cid (OF)</i>	177	PSYLLIUM HYDROPHILIC MUCILLOID with HIGH	
<i>Proctosedyl (AV)</i>		AMYLOSE MAIZE STARCH	
Repatiation Schedule	315	Repatiation Schedule	313
<i>Procur (DP)</i>		<i>Pulmicort (AP)</i>	209
Antineoplastic and immunomodulating agents.....	167	<i>Pulmicort Respules (AP)</i>	210
Genito urinary system and sex hormones.....	131	<i>Pulmicort Turbuhaler (AP)</i>	209, 210
<i>Prodeine 15 (SW)</i>		<i>Pulmozyme (RO)</i>	
Repatiation Schedule	326	Section 100	261
<i>Profasi 2000 (SG)</i>	128, 129	<i>Puregon 50 IU/0.5 mL (OR)</i>	127
<i>Profasi 5000 (SG)</i>	128	<i>Puregon100 IU/0.5 mL (OR)</i>	127
<i>Profore 66050016 (SN)</i>		<i>Puregon150 IU/0.5 mL (OR)</i>	127
Repatiation Schedule	335	<i>Purinethol (GW)</i>	160
<i>Progout 100 (AF)</i>	177	<i>P.V. Carpine (AG)</i>	217, 218
<i>Progout 300 (AF)</i>	177	<i>Pylorid KA (GW)</i>	74
<i>Prograf (JC)</i>		<i>Pyralin EN (KR)</i>	80
Section 100	270	PYRANTEL EMBONATE	205
<i>Progynova (SC)</i>	122	PYRIDOSTIGMINE BROMIDE	203
<i>Proladone (KN)</i>		PYRIDOXINE HYDROCHLORIDE	85
Dental	251	PYRIMETHAMINE	204
Nervous system	184	Q	
PROMETHAZINE HYDROCHLORIDE		<i>Questran Lite (BQ)</i>	112
Dental	233	QUETIAPINE FUMARATE	196
Doctor's Bag Supplies	62	<i>Quilonum SR (SK)</i>	202
Repatiation Schedule	330	QUINAPRIL HYDROCHLORIDE	107
Respiratory system	213	<i>Quinate (RR)</i>	
<i>Prominal (SW)</i>	188	Antiparasitic products, insecticides and repellents	204
<i>Pronestyl (BQ)</i>	95	Musculo-skeletal system	181
PROPANTHELINE BROMIDE	132	<i>Quinbisul (AF)</i>	
<i>Propine (AG)</i>	217	Antiparasitic products, insecticides and repellents	204
PROPRANOLOL HYDROCHLORIDE	101	Musculo-skeletal system	181
PROPYLTHIOURACIL	137	QUINIDINE BISULFATE	95
<i>Proscar (MK)</i>		QUININE BISULFATE	
Repatiation Schedule	324	Antiparasitic products, insecticides and repellents	204
<i>Protaphane (NO)</i>	82	Musculo-skeletal system	181
<i>Protaphane HM Penfill (NO)</i>	82	QUININE SULFATE	
<i>Protaphane NovoLet 3 mL (NL)</i>	82	Antiparasitic products, insecticides and repellents	204
<i>Protaphane Penfill 3 mL (NO)</i>	82	Musculo-skeletal system	181
PROTEIN HYDROLYSATE FORMULA	227	<i>Quinocet (FM)</i>	
PROTEIN HYDROLYSATE FORMULA LOW IN		Antiparasitic products, insecticides and repellents	204
PHENYLALANINE	227	Musculo-skeletal system	181
PROTEIN HYDROLYSATE FORMULA with		<i>Quinsul (AF)</i>	
MEDIUM CHAIN TRIGLYCERIDES	227	Antiparasitic products, insecticides and repellents	204
<i>Prothiaden (KN)</i>	200	Musculo-skeletal system	181
<i>Provelle-28 (UP)</i>	123	QV Bath Oil (EO)	
<i>Provera (UP)</i>		Repatiation Schedule	318
Antineoplastic and immunomodulating agents.....	165	<i>Qvar 50 (MM)</i>	208
Genito urinary system and sex hormones.....	122, 123	<i>Qvar 50 Autohaler (MM)</i>	209
<i>Proxen SR 750 (MD)</i>		<i>Qvar 100 (MM)</i>	208
Dental	248	<i>Qvar 100 Autohaler (MM)</i>	209
Musculo-skeletal system	174		
<i>Proxen SR 1000 (MD)</i>			
Dental	248		
Musculo-skeletal system	174		

GENERIC /PROPRIETARY INDEX

R

<i>Rafen 200 (AF)</i>		<i>Respocort 50 Autohaler (MM)</i>	209
.Dental	248	<i>Respocort 50 Inhaler (MM)</i>	208
.Musculo-skeletal system	174	<i>Respocort 100 Autohaler (MM)</i>	209
<i>Ralodantin (KR)</i>	132	<i>Respocort 100 Inhaler (MM)</i>	208
<i>Ralovera (KR)</i>	122, 123	<i>Respocort 250 Autohaler (MM)</i>	209
RALOXIFENE HYDROCHLORIDE	180	<i>Respocort 250 Inhaler (MM)</i>	208
RALTITREXED	160	<i>Respolin (MM)</i>	207
<i>Ramace 1.25 mg (ML)</i>	107	<i>Resprim (AF)</i>	
<i>Ramace 2.5 mg (ML)</i>	107	.Dental	244
<i>Ramace 5 mg (ML)</i>	107	.General antiinfectives for systemic use	150
RAMIPRIL	107	<i>Resprim Forte (AF)</i>	
<i>Rani 2 (AF)</i>	69, 70	.Dental	244
<i>Ranihexal (HX)</i>	69, 70	.General antiinfectives for systemic use	150
RANITIDINE BISMUTH CITRATE and		<i>Restore CalciCare 9937 (HO)</i>	
CLARITHROMYCIN and AMOXYCILLIN	74	.Repatriation Schedule	338
RANITIDINE HYDROCHLORIDE		<i>Restore CalciCare 9938 (HO)</i>	
.Alimentary tract and metabolism	69	.Repatriation Schedule	338
.Repatriation Schedule	312	<i>Restore CalciCare 9940 (HO)</i>	
<i>Ranoxyl (DP)</i>	69, 70	.Repatriation Schedule	337
<i>Rapilysin 10 U (RO)</i>	92	<i>Restore Extra Thin 9921 (HO)</i>	
<i>Rastinon (AV)</i>	84	.Repatriation Schedule	341
<i>Rebetron Combination Therapy (SH)</i>		<i>Restore Plus 9956 (HO)</i>	
.Section 100	269	.Repatriation Schedule	341
<i>Rebif 22 (SG)</i>	169	<i>Restore Plus 9957 (HO)</i>	
<i>Rebif 44 (SG)</i>	169	.Repatriation Schedule	342
RED-BACK SPIDER ANTIVENOM	158	<i>Restore Plus 9958 (HO)</i>	
<i>Redipred (RR)</i>	136	.Repatriation Schedule	342
<i>Renitec (MK)</i>		<i>Restore Plus Sacral 9959 (HO)</i>	
.Cardiovascular system	106, 107	.Repatriation Schedule	342
.Repatriation Schedule	316	RETEPLASE (Recombinant plasminogen activator)	92
<i>Renitec 20 (MK)</i>		<i>Retrovir (GW)</i>	
.Cardiovascular system	106, 107	.Section 100	270
.Repatriation Schedule	316	<i>ReVia (OA)</i>	223
<i>Renitec M (MK)</i>		<i>Rheomacrodex (MA)</i>	
.Cardiovascular system	106, 107	.Blood and blood forming organs	93, 94
.Repatriation Schedule	316	.Dental	234
<i>Renitec Wafer (MK)</i>		<i>Rhinocort Aqueous (AP)</i>	
.Cardiovascular system	106, 107	.Repatriation Schedule	329
.Repatriation Schedule	316	RIBAVIRIN and INTERFERON ALFA-2b	
<i>ReoPro (LY)</i>	90	.Section 100	269
<i>Repalyte New Formulation (RR)</i>	79	RICINOLEIC ACID with ACETIC ACID and	
<i>Replicare Ultra 66000434 (SN)</i>		HYDROXYQUINOLINE SULFATE	
.Repatriation Schedule	342	.Repatriation Schedule	323
<i>Replicare Ultra 66000435 (SN)</i>		<i>Ridaura (SK)</i>	176
.Repatriation Schedule	342	RIFABUTIN	
<i>Replicare Ultra 66000436 (SN)</i>		.Section 100	269
.Repatriation Schedule	342	<i>Rifadin (AV)</i>	155
<i>Replicare Ultra 66000437 (SN)</i>		RIFAMPICIN	155
.Repatriation Schedule	342	<i>Rimycin 150 (AF)</i>	155
<i>Rescriptor (PD)</i>		<i>Rimycin 300 (AF)</i>	155
.Section 100	259	<i>Risperdal (JC)</i>	196
<i>Resonium-A (SW)</i>		RISPERIDONE	196
.Repatriation Schedule	332	RITONAVIR	
<i>Respax (PU)</i>	207	.Section 100	269
<i>Respax 2.5 Sterinebs (PU)</i>		RITUXIMAB	164
.Doctor's Bag Supplies	62	<i>Rivotril (RO)</i>	189
.Respiratory system	207	<i>Roaccutane (RO)</i>	116
<i>Respax 5 Sterinebs (PU)</i>		<i>Rocaltrol (RO)</i>	
.Doctor's Bag Supplies	62	.Alimentary tract and metabolism	84
.Respiratory system	207	.Musculo-skeletal system	180
		<i>Rocephin (RO)</i>	148, 149

GENERIC /PROPRIETARY INDEX

<i>Roferon-A (RO)</i>	121
Antineoplastic and immunomodulating agents.....	168
Section 100.....	264, 265
<i>Rosig (SI)</i>	
Dental.....	247
Musculo-skeletal system.....	173
<i>Rosig-D (SI)</i>	
Dental.....	247
Musculo-skeletal system.....	173
<i>ROXITHROMYCIN</i>	151
<i>Rozex (GA)</i>	
Repatriation Schedule.....	320
<i>Rulide (AV)</i>	151
<i>Rulide D (AV)</i>	151
<i>Rynacrom (RR)</i>	
Repatriation Schedule.....	329
<i>Rythmodan (AV)</i>	95
S	
<i>S-26 LF (WY)</i>	229
<i>Sabril (AV)</i>	191
<i>Saizen 4 (SG)</i>	
Section 100.....	272
<i>Saizen 10 (SG)</i>	
Section 100.....	272
<i>Saizen 24 (SG)</i>	
Section 100.....	272
<i>Salazopyrin (PS)</i>	80
<i>Salazopyrin-EN (PS)</i>	80
<i>SALBUTAMOL SULFATE</i>	
Doctor's Bag Supplies.....	62
Respiratory system.....	206, 212
<i>SALBUTAMOL SULFATE</i>	206
<i>SALICYLIC ACID with BENZALKONIUM CHLORIDE,</i> <i>ALCOHOL and POLYOXYETHYLENE ETHERS</i>	
Repatriation Schedule.....	321
<i>SALICYLIC ACID with BENZALKONIUM CHLORIDE,</i> <i>ALCOHOL, COAL TAR and POLYOXYETHYLENE</i> <i>ETHERS</i>	
Repatriation Schedule.....	321
<i>SALICYLIC ACID with COAL TAR SOLUTION,</i> <i>PINE TAR and UNDECYLENAMIDE</i>	
Repatriation Schedule.....	322
<i>SALICYLIC ACID with PODOPHYLLIN RESIN</i>	
Repatriation Schedule.....	322
<i>SALIVA SUBSTITUTE</i>	
Repatriation Schedule.....	310
<i>SALMETEROL XINAFOATE</i>	207
<i>SALMETEROL XINAFOATE with FLUTICASONE</i> <i>PROPIONATE</i>	208
<i>Sandimmun (NV)</i>	
Section 100.....	259
<i>Sandomigran 0.5 (NV)</i>	188
<i>Sandostatin 0.05 (NV)</i>	
Section 100.....	268
<i>Sandostatin 0.1 (NV)</i>	
Section 100.....	268
<i>Sandostatin 0.5 (NV)</i>	
Section 100.....	268
<i>Sandostatin LAR (NV)</i>	
Section 100.....	268
<i>Sandrena (OR)</i>	121
<i>SAQUINAVIR</i>	
Section 100.....	269
<i>SAQUINAVIR MESYLATE</i>	
Section 100.....	270
<i>Savacol Mouth and Throat Rinse (OM)</i>	
Repatriation Schedule.....	310
<i>SBPA Allopurinol (SL)</i>	177
<i>SBPA Amoxycillin 250 mg (SL)</i>	
Dental.....	237
General antiinfectives for systemic use.....	142
<i>SBPA Amoxycillin 500 mg (SL)</i>	
Dental.....	238
General antiinfectives for systemic use.....	142
<i>SBPA Atenolol (SL)</i>	102
<i>SBPA Bromocriptine 2.5 (SL)</i>	
Genito urinary system and sex hormones.....	117
Nervous system.....	193
<i>SBPA Bromocriptine 5 (SL)</i>	
Genito urinary system and sex hormones.....	117
Nervous system.....	193
<i>SBPA Captopril 12.5 (SL)</i>	105
<i>SBPA Captopril 25 (SL)</i>	106
<i>SBPA Captopril 50 (SL)</i>	106
<i>SBPA Cimetidine 200 (SL)</i>	65
<i>SBPA Cimetidine 400 (SL)</i>	65
<i>SBPA Clozapine 25 (SL)</i>	
Section 100.....	258
<i>SBPA Clozapine 100 (SL)</i>	
Section 100.....	259
<i>SBPA Diltiazem (SL)</i>	105
<i>SBPA Doxycycline 100 mg (SL)</i>	
Dental.....	237
General antiinfectives for systemic use.....	139, 140
<i>SBPA Fluoxetine 20 (SL)</i>	201
<i>SBPA Gemfibrozil (SL)</i>	112
<i>SBPA Metoprolol 50 (SL)</i>	102
<i>SBPA Metoprolol 100 (SL)</i>	102
<i>SBPA Nifedipine 10 mg (SL)</i>	103
<i>SBPA Nifedipine 20 mg (SL)</i>	103
<i>SBPA Paracetamol 500 (SL)</i>	
Dental.....	253
Nervous system.....	186
<i>SBPA Ranitidine 150 (SL)</i>	69, 70
<i>SBPA Ranitidine 300 (SL)</i>	69, 70
<i>SBPA Trimethoprim and Sulfamethoxazole DS (SL)</i>	
Dental.....	244
General antiinfectives for systemic use.....	150
<i>SciTropin (SA)</i>	
Section 100.....	272
<i>SebiRinse Conditioner (EO)</i>	
Repatriation Schedule.....	322
<i>Sebitar (EO)</i>	
Repatriation Schedule.....	322
<i>SELEGILINE HYDROCHLORIDE</i>	193
<i>SELENIUM SULFIDE</i>	
Repatriation Schedule.....	322
<i>Selgene (AF)</i>	193
<i>Selsun (AB)</i>	
Repatriation Schedule.....	322
<i>Semi-Daonil (AV)</i>	83

GENERIC /PROPRIETARY INDEX

<i>Senagar (SI)</i>		<i>Sodibic (RR)</i>	
.Repatriation Schedule.....	330	.Repatriation Schedule.....	324
SENEGA and AMMONIA		SODIUM ACID PHOSPHATE	224
.Repatriation Schedule.....	330	SODIUM ALGINATE with CALCIUM CARBONATE	
SENNA STANDARDISED		and SODIUM BICARBONATE	74
.Repatriation Schedule.....	313	SODIUM AUROTHIOMALATE	176
<i>Senokot (RC)</i>		SODIUM BICARBONATE	
.Repatriation Schedule.....	313	.Repatriation Schedule.....	324
<i>Seprin (SI)</i>		SODIUM CELLULOSE PHOSPHATE	224
.Dental.....	244	SODIUM CHLORIDE	
.General anti-infectives for systemic use.....	150	.Blood and blood forming organs.....	94
<i>Seprin Forte (SI)</i>		.Dental.....	234, 255
.Dental.....	244	.Repatriation Schedule.....	315
.General anti-infectives for systemic use.....	150	.Various.....	232
<i>Sequilar ED (SC)</i>	118	SODIUM CHLORIDE COMPOUND	94
<i>Serenace (SI)</i>		SODIUM CHLORIDE with GLUCOSE	
.Doctor's Bag Supplies.....	61	.Blood and blood forming organs.....	94
.Nervous system.....	195	.Dental.....	234
<i>Serepax (WY)</i>		SODIUM CITRO-TARTRATE	
.Dental.....	254	.Repatriation Schedule.....	324
.Nervous system.....	197, 198	SODIUM CLODRONATE TETRAHYDRATE	179
<i>Seretide Accuhaler 50/100 (GW)</i>	208	SODIUM CROMOGLYCATE	
<i>Seretide Accuhaler 50/250 (GW)</i>	208	.Repatriation Schedule.....	329
<i>Seretide Accuhaler 50/500 (GW)</i>	208	.Respiratory system.....	211
<i>Serevent (GW)</i>	207	SODIUM CROMOGLYCATE	219
<i>Serevent Accuhaler (GW)</i>	207	SODIUM LACTATE COMPOUND	94
<i>Serophene (SG)</i>	130	SODIUM NITROPRUSSIDE	99
<i>Seroquel (AP)</i>	196	SODIUM POLYSTYRENE SULFONATE	
SERTRALINE HYDROCHLORIDE	201	.Repatriation Schedule.....	332
<i>Serzone (BQ)</i>	203	SODIUM VALPROATE	190
<i>Setopress 3504 (SS)</i>		<i>Soffban 7224 (SN)</i>	
.Repatriation Schedule.....	335	.Repatriation Schedule.....	335
<i>Setopress 3505 (SS)</i>		<i>Sofradex (AV)</i>	221
.Repatriation Schedule.....	335	<i>Soframycin (AV)</i>	222
<i>Sigma Liquid Antacid (SI)</i>	64	<i>Solone (FM)</i>	136
<i>Sigmacort (SI)</i>		<i>SoloSite Gel 36100614 (SN)</i>	
.Dental.....	235	.Repatriation Schedule.....	342
.Dermatologicals.....	114	<i>Solprin (RC)</i>	
<i>Sigmatadine (SI)</i>	65	.Blood and blood forming organs.....	90
SILDENAFIL CITRATE		.Dental.....	252
.Repatriation Schedule.....	323	.Nervous system.....	186
<i>Silic 15 (EO)</i>		<i>Solu-Cortef (UP)</i>	
.Repatriation Schedule.....	318	.Dental.....	236
<i>Silvazine (SN)</i>	114	.Doctor's Bag Supplies.....	61
SILVER SULFADIAZINE with CHLORHEXIDINE		.Systemic hormonal preparations, excl. sex	
GLUCONATE	114	hormones.....	135, 136
<i>Simplotan (GP)</i>	154	<i>Solugel 10336 (JJ)</i>	
SIMVASTATIN	111	.Repatriation Schedule.....	343
<i>Sinemet (MK)</i>	192	<i>Solu-Medrol (UP)</i>	136
<i>Sinemet 100/25 (MK)</i>	192	<i>Somac (PS)</i>	72, 73
<i>Sinemet CR (MK)</i>	192	SOMATROPIN (Recombinant human growth	
<i>Sinequan (PF)</i>	200	hormone)	
<i>Sitriol (AF)</i>		.Section 100.....	272
.Alimentary tract and metabolism.....	84	<i>Sone (FM)</i>	136
.Musculo-skeletal system.....	180	<i>Sorbidin (AF)</i>	97
<i>Skelid (FA)</i>	179	SORBITOL with SODIUM CITRATE and SODIUM	
SKIN CLEANSER		LAURYL SULFOACETATE	
.Repatriation Schedule.....	322	.Alimentary tract and metabolism.....	78
<i>Slow-K (NV)</i>	85	.Repatriation Schedule.....	313
<i>SN 121054A (SN)</i>		<i>Sorbsan 1410 (SS)</i>	
.Repatriation Schedule.....	343	.Repatriation Schedule.....	338

GENERIC /PROPRIETARY INDEX

<i>Sorbsan 1411 (SS)</i>		<i>SunSense Cream SPF30+ (EO)</i>	
.Repatriation Schedule	337	.Repatriation Schedule	319
<i>Sotab (DP)</i>	96	<i>SunSense Ultra SPF30+ (EO)</i>	
<i>Sotacor (BQ)</i>	96	.Repatriation Schedule	319
<i>Sotahexal (HX)</i>	96	<i>Surepress 650947 (CC)</i>	
SOTALOL HYDROCHLORIDE	96	.Repatriation Schedule	335
<i>Span-K (RR)</i>	85	<i>Surepress 650948 (CC)</i>	
SPECTINOMYCIN	154	.Repatriation Schedule	335
<i>Spenco Dermal Pad 10-553 (KC)</i>		<i>Surgam (AV)</i>	175
.Repatriation Schedule	343	<i>Surgical Lubricating Gel (BI)</i>	
<i>Spenco Dermal Pad 10-561 (KC)</i>		.Repatriation Schedule	343
.Repatriation Schedule	343	<i>Sustanon 100 (OR)</i>	120
<i>Spiractin 25 (AF)</i>	100	<i>Sustanon 250 (OR)</i>	120
<i>Spiractin 100 (AF)</i>	100	<i>Symmetrel 100 (NV)</i>	192
SPIRONOLACTONE	100	<i>Synacthen Depot 1 mg/1 mL (NV)</i>	134
<i>Sporanox (JC)</i>	155	<i>Synarel (SR)</i>	134
<i>Spren (SI)</i>		<i>Synphasic (SR)</i>	119
.Blood and blood forming organs	90	T	
.Dental	252	TACROLIMUS	
.Nervous system	186	.Section 100	270
<i>Staphylex 250 (AF)</i>		<i>Tagamet (SK)</i>	65
.Dental	241	<i>Tagamet 800 Express (SK)</i>	
.General antiinfectives for systemic use	145	.Alimentary tract and metabolism	65, 66
<i>Staphylex 500 (AF)</i>		.Repatriation Schedule	311
.Dental	241	<i>Tambacor (MM)</i>	95
.General antiinfectives for systemic use	145	<i>Tamoxin (SI)</i>	166
STAVUDINE		<i>Tamoxen 10 mg (DP)</i>	166
.Section 100	270	<i>Tamoxen 20 mg (DP)</i>	166
<i>Stelazine (SK)</i>	194	TAMOXIFEN CITRATE	166
<i>Stemetil (RR)</i>		TAMSULOSIN HYDROCHLORIDE	
.Alimentary tract and metabolism	76	.Repatriation Schedule	324
.Dental	233	TAPES—NON-WOVEN RETENTION	
.Doctor's Bag Supplies	62	(POLYACRYLATE)	
<i>Stemzine (MB)</i>		.Repatriation Schedule	344
.Alimentary tract and metabolism	76	TAPES—PLASTER ADHESIVE ELASTIC	
.Dental	233	.Repatriation Schedule	344
STERCULIA with FRANGULA BARK		TAPES—PLASTER ADHESIVE HYPOALLERGENIC	
.Alimentary tract and metabolism	77	.Repatriation Schedule	344
.Repatriation Schedule	313	<i>Taxol (BQ)</i>	162, 163
<i>Steripaste 3610 (SS)</i>		<i>Taxotere (RR)</i>	162
.Repatriation Schedule	337	<i>Tazac (LY)</i>	
<i>Sterofrin (AQ)</i>	216	.Alimentary tract and metabolism	67, 68
<i>Stocrin (MK)</i>		.Repatriation Schedule	311, 312
.Section 100	261	<i>Tear Drops (CV)</i>	221
<i>Streptase (AV)</i>	92	<i>Tears Naturale (AQ)</i>	220
STREPTOKINASE	92	<i>Tears Plus (AG)</i>	221
<i>Stromectol (MK)</i>	205	<i>Tegaderm Transparent 1628 (MM)</i>	
SUCRALFATE	74	.Repatriation Schedule	339
<i>Sudafed Sinus & Nasal Decongestant (WR)</i>		<i>Tegaderm Transparent Island 3582 (MM)</i>	
.Repatriation Schedule	330	.Repatriation Schedule	339
SULFACETAMIDE SODIUM	215	<i>Tegaderm Transparent Island 3586 (MM)</i>	
SULFASALAZINE	80	.Repatriation Schedule	339
SULFINPYRAZONE	177	<i>Tegretol 100 (NV)</i>	
SULINDAC		.Dental	253
.Dental	246	.Nervous system	190
.Musculo-skeletal system	172	<i>Tegretol 200 (NV)</i>	
SULTHIAME	191	.Dental	253
SUMATRIPTAN	187	.Nervous system	190
SUMATRIPTAN SUCCINATE	188	<i>Tegretol CR 200 (NV)</i>	
SUNSCREENS		.Dental	253
.Repatriation Schedule	319	.Nervous system	190

GENERIC /PROPRIETARY INDEX

<i>Tegretol CR 400 (NV)</i>		TERBINAFINE HYDROCHLORIDE	
.Dental	253	.Dermatologicals	113
.Nervous system	190	.Repatriation Schedule	318
<i>Tegretol Liquid (NV)</i>		TERBUTALINE SULFATE	
.Dental	253	.Doctor's Bag Supplies	62
.Nervous system	190	.Respiratory system	207, 212
<i>Telfa 1970C (KE)</i>		<i>Teril (AF)</i>	
.Repatriation Schedule	343	.Dental	253
<i>Telfa 2140C (KE)</i>		.Nervous system	190
.Repatriation Schedule	343	<i>Terry White Chemists Amoxycillin (TW)</i>	
<i>Telfa 6020C (KE)</i>		.Dental	237, 238
.Repatriation Schedule	343	.General antiinfectives for systemic use	142
<i>Telfa 7650C (KE)</i>		<i>Terry White Chemists Atenolol (TW)</i>	102
.Repatriation Schedule	343	<i>Terry White Chemists Captopril (TW)</i>	105, 106
<i>Telfa 8252F (KE)</i>		<i>Terry White Chemists Cefaclor (TW)</i>	
.Repatriation Schedule	336	.Dental	242
<i>Telfa 8253F (KE)</i>		.General antiinfectives for systemic use	146, 147
.Repatriation Schedule	336	<i>Terry White Chemists Cephalexin (TW)</i>	
<i>Telfa 8254F (KE)</i>		.Dental	243
.Repatriation Schedule	336	.General antiinfectives for systemic use	149
<i>Telfast (AV)</i>		<i>Terry White Chemists Clomipramine (TW)</i>	198, 200
.Repatriation Schedule	331	<i>Terry White Chemists Diltiazem (TW)</i>	105
<i>Telfast 120 (AV)</i>		<i>Terry White Chemists Doxycycline (TW)</i>	
.Repatriation Schedule	331	.Dental	237
TELMISARTAN	109	.General antiinfectives for systemic use	139, 140
<i>Temaze (AF)</i>		<i>Terry White Chemists Fluoxetine (TW)</i>	201
.Dental	254	<i>Terry White Chemists Gemfibrozil (TW)</i>	112
.Nervous system	199	<i>Terry White Chemists Ipratropium (TW)</i>	211
<i>Temaze 10 (AF)</i>		<i>Terry White Chemists Moclobemide (TW)</i>	202
.Dental	254	<i>Terry White Chemists Piroxicam (TW)</i>	
.Nervous system	199	.Dental	247
TEMAZEPAM		.Musculo-skeletal system	173
.Dental	254	<i>Terry White Chemists Prazosin (TW)</i>	98
.Nervous system	199	<i>Terry White Chemists Ranitidine (TW)</i>	69, 70
<i>Temodal (SH)</i>		<i>Terry White Chemists Sotalol (TW)</i>	96
.Dental	160	<i>Tetroxin (BT)</i>	137
TEMOZOLOMIDE	160	TESTOSTERONE	119
<i>Temtabs (WX)</i>		TESTOSTERONE ENANTHATE	120
.Dental	254	TESTOSTERONE ESTERS	120
.Nervous system	199	TESTOSTERONE UNDECANOATE	120
<i>Tenopt (SI)</i>		TETANUS VACCINE, ADSORBED	
.Dental	218	.Dental	246
<i>Tenormin (ZN)</i>		.Doctor's Bag Supplies	62
.Dental	102	.General antiinfectives for systemic use	158
TENOXICAM		TETRABENAZINE	196
.Dental	247	TETRACOSACTRIN	134
.Musculo-skeletal system	173	TETRACYCLINE HYDROCHLORIDE	
<i>Tensig (SI)</i>		.Dental	237
.Dental	102	.General antiinfectives for systemic use	141
<i>Tensogrip 104320 (SN)</i>		.Sensory organs	214
.Repatriation Schedule	336	TETRACYCLINE HYDROCHLORIDE	141
<i>Tensogrip 104420 (SN)</i>		TETRACYCLINE HYDROCHLORIDE (BUFFERED)	
.Repatriation Schedule	336	.Dental	237
<i>Tensolan 66000012 (SN)</i>		.General antiinfectives for systemic use	141
.Repatriation Schedule	335	<i>Tetrex (BC)</i>	
<i>Tensopress 4347 (SN)</i>		.Dental	237
.Repatriation Schedule	335	.General antiinfectives for systemic use	141
<i>Tensopress 4348 (SN)</i>		<i>Teveten (SM)</i>	108
.Repatriation Schedule	335	<i>Theo-Dur (AP)</i>	212
TERAZOSIN HYDROCHLORIDE		THEOPHYLLINE	212
.Repatriation Schedule	324		
TERBINAFINE			
.Repatriation Schedule	317		

GENERIC /PROPRIETARY INDEX

<i>Thera Tears (SI)</i>		TOPOTECAN HYDROCHLORIDE	165
.Repatriation Schedule	332	TOREMIFENE CITRATE	166
THIABENDAZOLE	205	TRAMADOL HYDROCHLORIDE	
THIAMINE HYDROCHLORIDE		.Dental	252
.Alimentary tract and metabolism	85	.Nervous system	186
.Repatriation Schedule	314	<i>Tramal (CS)</i>	
THIOGUANINE	160	.Dental	252
<i>Thioprine (AF)</i>	171	.Nervous system	186
THIORIDAZINE	194	<i>Trandate (SI)</i>	102
THIORIDAZINE HYDROCHLORIDE	195	TRANDOLAPRIL	108
THIOTEPA	160	TRANEXAMIC ACID	92
3TC (GW)		<i>Transiderm-Nitro 25 (NV)</i>	97
.Section 100	266	<i>Transiderm-Nitro 50 (NV)</i>	97
THYROXINE SODIUM	137	TRANLYCYPROMINE SULFATE	202
TIAGABINE HYDROCHLORIDE	190	TRIAMCINOLONE ACETONIDE	
TIAPROFENIC ACID	175	.Dental	236
TICARCILLIN with CLAVULANIC ACID		.Dermatologicals	114
.Dental	241	.Systemic hormonal preparations, excl. sex	
.General anti-infectives for systemic use	146	hormones	136
<i>Ticlid (RO)</i>	91	TRIAMCINOLONE ACETONIDE with NEOMYCIN	
<i>Ticlopidine Hexal (HX)</i>	91	SULFATE, GRAMICIDIN and NYSTATIN	
TICLOPIDINE HYDROCHLORIDE	91	.Repatriation Schedule	321
<i>Tielle MT2440 (JJ)</i>		.Sensory organs	221
.Repatriation Schedule	340	<i>Trifeme 28 (AY)</i>	119
<i>Tielle MT2442 (JJ)</i>		TRIFLUOPERAZINE HYDROCHLORIDE	194
.Repatriation Schedule	340	TRIGLYCERIDES, MEDIUM CHAIN	226
<i>Tilade (RR)</i>	211	TRIGLYCERIDES—MEDIUM CHAIN, FORMULA ...	228
<i>Tilcotil (RO)</i>		TRIGLYCERIDES, MEDIUM CHAIN and LONG	
.Dental	247	CHAIN with GLUCOSE POLYMER	232
.Musculo-skeletal system	173	TRIMETHOPRIM	150
<i>Tilodene (AF)</i>	91	TRIMETHOPRIM with SULFAMETHOXAZOLE	
TILUDRONATE DISODIUM	179	.Dental	244
<i>Timentin (SK)</i>		.General anti-infectives for systemic use	150
.Dental	242	<i>Triphasil (WY)</i>	119
.General anti-infectives for systemic use	146	<i>Triphasil 28 (WY)</i>	119
TIMOLOL MALEATE	218	<i>Triprim (SI)</i>	150
TIMOLOL MALEATE with PILOCARPINE		<i>Triquilar (SC)</i>	119
HYDROCHLORIDE	219	<i>Triquilar ED (SC)</i>	119
<i>Timoptol (FR)</i>	218	<i>Trisequens (NO)</i>	124
<i>Timoptol XE (MK)</i>	218	<i>Trisequens Forte (NO)</i>	124
<i>Timpilo 2 (MK)</i>	219	<i>Tritace 1.25 mg (AV)</i>	107
<i>Timpilo 4 (MK)</i>	219	<i>Tritace 2.5 mg (AV)</i>	107
<i>Tinaderm (SH)</i>		<i>Tritace 5 mg (AV)</i>	107
.Repatriation Schedule	318	<i>Trobicin (UP)</i>	154
TINIDAZOLE	154	TROPISETRON HYDROCHLORIDE	76
TIROFIBAN HYDROCHLORIDE	92	<i>Trusopt (MK)</i>	
<i>Titalac (MM)</i>		.Repatriation Schedule	331
.Repatriation Schedule	310	<i>Tryptanol (MK)</i>	199
TOBRAMYCIN	214	<i>Tubegauz 14001 (SS)</i>	
TOBRAMYCIN SULFATE	152	.Repatriation Schedule	336
<i>Tobrex (AQ)</i>	214	<i>Tubegauz 14002 (SS)</i>	
<i>Tofranil 10 (NV)</i>	200	.Repatriation Schedule	336
<i>Tofranil 25 (NV)</i>	200	<i>Tubifast 2434 (SS)</i>	
TOLBUTAMIDE	84	.Repatriation Schedule	336
TOLNAFTATE		<i>Tubifast 2436 (SS)</i>	
.Repatriation Schedule	318	.Repatriation Schedule	336
<i>Tolvon (OR)</i>	203	<i>Tubifast 2438 (SS)</i>	
<i>Tomudex (ZN)</i>	160	.Repatriation Schedule	336
<i>Topamax (JC)</i>	191	<i>Tubigrip 1479 (SS)</i>	
<i>Topamax Sprinkle (JC)</i>	191	.Repatriation Schedule	337
TOPIRAMATE	191		

GENERIC /PROPRIETARY INDEX

<i>Tubigrip 1480 (SS)</i>		VANCOMYCIN	
Repatriation Schedule	337	Alimentary tract and metabolism	79
<i>Tubigrip 1481 (SS)</i>		Dental	245
Repatriation Schedule	337	General antiinfectives for systemic use	153
<i>Tubigrip 1482 (SS)</i>		<i>Vasocardol CD (HP)</i>	105
Repatriation Schedule	336	<i>Vastin (AP)</i>	111
<i>Tubigrip 1483 (SS)</i>		<i>Vaxigrip (CD)</i>	158
Repatriation Schedule	336	<i>Velbe (LY)</i>	161
<i>Tubigrip 1484 (SS)</i>		VENLAFAXINE HYDROCHLORIDE	203
Repatriation Schedule	336	<i>Ventolin (GW)</i>	207, 212
<i>Tubigrip 1486 (SS)</i>		<i>Ventolin CFC-free (GW)</i>	206
Repatriation Schedule	336	<i>Ventolin Disks (GW)</i>	206
<i>Tubigrip B 1544 (SS)</i>		<i>Ventolin Nebules (GW)</i>	
Repatriation Schedule	336	Doctor's Bag Supplies	62
<i>Tubigrip C 1545 (SS)</i>		Respiratory system	207
Repatriation Schedule	336	<i>Ventolin Rotacaps (GW)</i>	206
<i>Tubigrip D 1546 (SS)</i>		<i>Vepesid (BQ)</i>	162
Repatriation Schedule	336	<i>Veracaps SR (SI)</i>	104
<i>Tubigrip E 1547 (SS)</i>		<i>Verahexal (HX)</i>	104
Repatriation Schedule	336	VERAPAMIL HYDROCHLORIDE	
<i>Tubigrip F 1548 (SS)</i>		Cardiovascular system	104
Repatriation Schedule	336	Doctor's Bag Supplies	62
<i>Tylenol (JT)</i>		<i>Vermox (JC)</i>	
Dental	253	Repatriation Schedule	328
Nervous system	186	<i>Viagra (PF)</i>	
U		Repatriation Schedule	323
<i>Ulcyte (AF)</i>	74	<i>Vibramycin (PF)</i>	
<i>Ultratard (NO)</i>	83	Dental	237
<i>Ural Sachets (AB)</i>		General antiinfectives for systemic use	139, 140
Repatriation Schedule	324	<i>Vibra-Tabs (PF)</i>	139
UREA		<i>Videx (BQ)</i>	
Repatriation Schedule	318	Section 100	260
<i>Urederm (HA)</i>		VIGABATRIN	191
Repatriation Schedule	318	VINBLASTINE SULFATE	161
<i>Uremide (AF)</i>	100	VINCRISTINE SULFATE	161
<i>Urex (FM)</i>	100	VINOELBINE TARTRATE	162
<i>Urex-Forte (FM)</i>	100	<i>Viokase (AY)</i>	81
<i>Urex-M (FM)</i>	100	<i>Viracept (RO)</i>	
<i>Uro-Carb (HA)</i>	203	Section 100	267
UROFOLLITROPIN (Highly purified)	130	<i>Viramune (BY)</i>	
<i>Uromitexan (AA)</i>	224	Section 100	267
URSODEOXYCHOLIC ACID	76	<i>Viscopaste 4948 (SN)</i>	
<i>Ursotalk (OA)</i>	76	Repatriation Schedule	337
V		<i>Viscotears Liquid Gel (CV)</i>	220
<i>Vagifem (NO)</i>	120	<i>Visken 5 (NV)</i>	101
VALACICLOVIR HYDROCHLORIDE		<i>Visken 15 (NV)</i>	101
General antiinfectives for systemic use	157	<i>Vistide (PU)</i>	
Section 100	270	Section 100	258
<i>Valium (RO)</i>		VITAMIN B GROUP COMPLEX	
Dental	253, 254	Repatriation Schedule	314
Nervous system	197	<i>Vitrasert (BU)</i>	
<i>Valpro 200 (AF)</i>	190	Section 100	263
<i>Valpro 500 (AF)</i>	190	<i>Voltaren 25 (NV)</i>	
<i>Valtrex (GW)</i>		Dental	246
General antiinfectives for systemic use	157	Musculo-skeletal system	172
Section 100	270	<i>Voltaren 50 (NV)</i>	
<i>Vancocin (LY)</i>		Dental	246
Alimentary tract and metabolism	79	Musculo-skeletal system	172
Dental	245	<i>Voltaren 100 (NV)</i>	
General antiinfectives for systemic use	153	Dental	246
		Musculo-skeletal system	172

GENERIC /PROPRIETARY INDEX

<i>Voltaren Ophtha (CV)</i>	216
<i>Voltaren Rapid 50 (NV)</i>	
.Dental	246
.Musculo-skeletal system	172

W

WARFARIN SODIUM	87
WATER FOR INJECTIONS, STERILISED	
.Dental	255
.Various	232
<i>Waxsol (NE)</i>	
.Repatriation Schedule	332
<i>Wellvone (GW)</i>	204
WOOL ALCOHOLS	
.Repatriation Schedule	318

X

<i>Xalatan (PU)</i>	219
<i>Xanax (UP)</i>	196, 197
<i>Xanax Tri-Score (UP)</i>	197
<i>Xeloda (RO)</i>	161
<i>XMET Analog (SB)</i>	230
<i>XMET Maxamaid (SB)</i>	230
<i>XMET Maxamum (SB)</i>	230
<i>XMTVI Analog (SB)</i>	231
<i>XMTVI Maxamaid (SB)</i>	231
<i>XMTVI Maxamum (SB)</i>	231
<i>XP Analog (SB)</i>	231
<i>XP Maxamaid (SB)</i>	231
<i>XP Maxamum (SB)</i>	231
<i>XPhen, Tyr Analog (SB)</i>	231
<i>XPhen, Tyr Maxamaid (SB)</i>	231
<i>XPhen, Tyr Maxamum (SB)</i>	231
<i>XPTM Tyrosidon (SB)</i>	230
<i>Xylocaine Viscous (AP)</i>	
.Repatriation Schedule	319
<i>Xylocard 100 (AP)</i>	
.Cardiovascular system	95
.Dental	235
.Doctor's Bag Supplies	62
<i>Xylocard 500 (AP)</i>	95

Z

<i>Zactin (AF)</i>	201
ZALCITABINE	
.Section 100	270
<i>Zantac (GW)</i>	
.Alimentary tract and metabolism	69, 70, 71
.Repatriation Schedule	312
<i>Zantac Syrup (GW)</i>	
.Alimentary tract and metabolism	69, 70, 71
.Repatriation Schedule	312
<i>Zarontin (PD)</i>	189
<i>Zavedos (PS)</i>	163
<i>Zeffix (GW)</i>	
.Section 100	266

<i>Zerit (BQ)</i>	
.Section 100	270
<i>Zestril (ZN)</i>	107
<i>Ziagen (GW)</i>	
.Section 100	258
ZIDOVUDINE	
.Section 100	270
ZINC OXIDE	
.Repatriation Schedule	316
ZINC OXIDE with STARCH and CHLORPHENESIN	
.Repatriation Schedule	322
ZINC PYRITHIONE	
.Repatriation Schedule	322
ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE	
.Repatriation Schedule	331
<i>Zincaband 3604 (SS)</i>	
.Repatriation Schedule	337
<i>Zincfrin (AQ)</i>	
.Repatriation Schedule	331
<i>Zinnat (GW)</i>	
.Dental	243
.General anti-infectives for systemic use	149
<i>ZipZoc 66051550 (SN)</i>	
.Repatriation Schedule	337
<i>Zithromax (PF)</i>	
.General anti-infectives for systemic use	150
.Repatriation Schedule	325
.Section 100	258
.Sensory organs	214
<i>Zocor (MK)</i>	111
<i>Zofran (GW)</i>	75
<i>Zofran syrup 50 mL (GW)</i>	75
<i>Zofran Zydys (GW)</i>	75
<i>Zoladex 10.8 Implant (ZN)</i>	166
<i>Zoladex Implant (ZN)</i>	165
ZOLMITRIPTAN	188
<i>Zoloft (PF)</i>	201
<i>Zomig (ZN)</i>	188
ZOPICLONE	
.Repatriation Schedule	327
<i>Zoton (LE)</i>	71
<i>Zovirax (GW)</i>	215
<i>Zovirax 200 mg (GW)</i>	156
<i>Zovirax 800 mg (GW)</i>	156
<i>Z.S.C. (SI)</i>	
.Repatriation Schedule	322
ZUCLOPENTHIXOL DECANOATE	195
<i>Zumenon (SM)</i>	120
<i>Zyloprim (SI)</i>	177
<i>Zyprexa (LY)</i>	195, 196
<i>Zyprexa Zydys (LY)</i>	196
<i>Zyrtec (WR)</i>	
.Repatriation Schedule	330

**AUTHORITY PRESCRIPTION APPLICATIONS
24 HOUR SERVICE**

PBS – FREE CALL 1800 888 333

RPBS – FREE CALL 1800 552 580



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



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**