



Schedule of Pharmaceutical Benefits

**for Approved Pharmacists
and Medical Practitioners**

Effective from 1 November 2001

The Schedule of Pharmaceutical Benefits provides important information for doctors and pharmacists including a summary of changes to listed items, which medicines are included or excluded from benefit, whether restrictions apply to medicines and how much patients should pay including price premiums for particular brands where applicable.

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

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

Additional copies may be purchased from:

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Report of 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 (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:

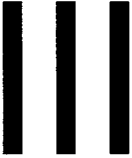
Postcode - - -

Address:

Signature _____ / /

Delivery Address:
PO Box 100
WODEN ACT 2606

No stamp required
if posted in Australia



The Secretary, ADRAC
Reply Paid 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**.

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

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Fold here → ← Fold here

THERAPEUTIC GROUP PREMIUM POLICY

PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A THERAPEUTIC GROUP PREMIUM WITH EFFECT FROM 1 NOVEMBER 2001

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	5.40
<i>Amfamox 40</i>	Tablet 40 mg	30	5.40
<i>Pepcidine</i>	Tablet 40 mg	30	5.40
<i>Pepcidine M</i>	Tablet 20 mg	60	5.40
<i>Tagamet 800 Express</i>	Effervescent tablet 800 mg (as hydrochloride)	30	7.01
<i>Tazac</i>	Capsule 150 mg	60	4.05
<i>Tazac</i>	Capsule 300 mg	30	4.05
<i>Zantac</i>	Effervescent tablet 150 mg (base)	60	2.17
<i>Zantac Syrup</i>	Syrup 150 mg (base) per 10 mL, 300 mL	2	2.14

The base-priced drugs in this therapeutic group are cimetidine (except cimetidine effervescent tablet 800 mg) and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg and syrup 150 mg per 10 mL, 300 mL).

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	3.22
<i>Norvasc</i>	Tablet 10 mg (base)	30	5.10

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

ACE INHIBITORS, PLAIN

<i>Tritace 10 mg</i>	Capsule 10 mg	30	4.14
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The base-priced drugs in this therapeutic group are captopril, enalapril maleate, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril (except ramipril capsule 10 mg) andtrandolapril.

BRAND PREMIUM POLICY

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND THAT MAY BE SUBSTITUTED WITH EFFECT FROM 1 NOVEMBER 2001

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>Abbecillin-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>Accupril</i>	Tablet 5 mg (base)	30	1.00	<i>Asig</i>
	Tablet 10 mg (base)	30	1.00	<i>Asig</i>
	Tablet 20 mg (base)	30	1.00	<i>Asig</i>
<i>Adalat 10</i>	Tablet 10 mg	60	1.25	<i>Nifedipine-BC</i>
<i>Adalat 20</i>	Tablet 20 mg	60	2.68	<i>Chem mart Nifedipine; GenRx Nifedipine; healthsense Nifedipine; Nifecard 20 mg; Nifedipine-BC; Nifexhexal; Nyefax 20 mg; Terry White Chemists Nifedipine</i>
<i>Agon SR</i>	Tablet 2.5 mg (extended release)	30	5.00	<i>Felodur ER 2.5 mg</i>
	Tablet 5 mg (extended release)	30	5.01	<i>Felodur ER 5 mg</i>
	Tablet 10 mg (extended release)	30	5.00	<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; Epaq</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; Amoxycillin-BC; Bgramin; Chem mart Amoxycillin; Cilamox; DBL Amoxycillin; GenRx Amoxycillin; healthsense Amoxycillin; Moxacin; Terry White Chemists Amoxycillin</i>
	Capsule 500 mg	20	0.85	<i>Alphamox 500; Amohexal; Amoxycillin-BC; Bgramin; Chem mart Amoxycillin; Cilamox; DBL Amoxycillin; GenRx Amoxycillin; healthsense Amoxycillin; Moxacin; 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>Amprace 5</i>	Tablet 5 mg	30	2.33	<i>Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril</i>
<i>Amprace 10</i>	Tablet 10 mg	30	2.40	<i>Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril</i>
<i>Amprace 20</i>	Tablet 20 mg	30	2.45	<i>Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Anafranil 25</i>	Tablet 25 mg	50	1.50	<i>Chem mart Clomipramine; Clomipramine-BC; 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; Cyprostat; GenRx Cyproterone Acetate; Procur</i>
	Tablet 50 mg	100	1.80	<i>Cyprone; Cyprostat; GenRx Cyproterone Acetate; Procur</i>
<i>Androcur-100</i>	Tablet 100 mg	50	1.00	<i>Cyprostat-100</i>
<i>Aropax</i>	Tablet 20 mg (base)	30	0.49	<i>Paxtine</i>
<i>Astrix</i>	Tablet 100 mg	112	1.36	<i>DBL Aspirin 100 mg</i>
<i>Atrovent</i>	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	0.48	<i>Apoven 250; Chem mart Ipratropium; DBL Ipratropium; GenRx 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>	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	1	0.96	<i>Ausclav; Clamoxyl</i>
<i>Augmentin Duo</i>	Tablet 500 mg-125 mg	10	0.99	<i>Ausclav Duo 500/125; Clamoxyl Duo; Clavulin Duo</i>
<i>Augmentin Duo forte</i>	Tablet 875 mg-125 mg	10	1.02	<i>Ausclav Duo Forte; Clamoxyl Duo forte; Clavulin Duo Forte</i>
<i>Augmentin Duo 400</i>	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	1	0.98	<i>Ausclav Duo 400; Clamoxyl Duo 400</i>
<i>Aurorix</i>	Tablet 150 mg	60	0.95	<i>Arima; Chem mart Moclobemide; Clobemix; DBL Moclobemide; GenRx Moclobemide; healthsense Moclobemide; Maosig; Moclobemide-BC; Mohexal; Terry White Chemists Moclobemide</i>
<i>Aurorix 300 mg</i>	Tablet 300 mg	60	1.92	<i>Arima 300; Chem mart Moclobemide; Clobemix; DBL Moclobemide; GenRx Moclobemide; healthsense Moclobemide; Maosig; Moclobemide-BC; Mohexal; Terry White Chemists Moclobemide</i>
<i>Becloforte</i>	Oral pressurised inhalation 250 micrograms per dose (200 doses)	1	2.20	<i>Respocort 250 Inhaler</i>
<i>Becotide</i>	Oral pressurised inhalation 50 micrograms per dose (200 doses)	1	2.20	<i>Respocort 50 Inhaler</i>
<i>Becotide 100</i>	Oral pressurised inhalation 100 micrograms per dose (200 doses)	1	2.20	<i>Respocort 100 Inhaler</i>
<i>Betaloc</i>	Tablet 50 mg	100	1.30	<i>Chem mart Metoprolol; GenRx Metoprolol; healthsense Metoprolol; Metohexal; Metolol; Metoprolol-BC; Minax 50; Terry White Chemists Metoprolol</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Betaloc</i>	Tablet 100 mg	60	1.30	<i>Chem mart Metoprolol;</i> <i>GenRx Metoprolol;</i> <i>healthsense Metoprolol; Metohexal;</i> <i>Metolol; Metoprolol-BC; Minax 100;</i> <i>Terry White Chemists Metoprolol</i> <i>BetoQuin</i>
<i>Betoptic</i>	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	1	2.01	
<i>Blenoxane</i>	Powder for injection 15,000 i.u. (solvent required)	10	79.48	<i>Blenamax</i>
<i>BM-Test Glycemie</i> <i>20-800</i>	Reagent strips, 50	2	5.08	<i>Glucoflex-R</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	2.46	<i>Acenorm 12.5 mg; Captopril;</i> <i>Captopril-BC; Chem mart Captopril;</i> <i>GenRx Captopril;</i> <i>healthsense Captopril;</i> <i>Terry White Chemists Captopril;</i> <i>Topace; BL brand; DP brand</i>
	Tablet 25 mg	90	2.46	<i>Acenorm 25 mg; Captopril;</i> <i>Captopril-BC; Chem mart Captopril;</i> <i>GenRx Captopril;</i> <i>healthsense Captopril;</i> <i>Terry White Chemists Captopril;</i> <i>Topace; DP brand</i>
	Tablet 50 mg	90	2.45	<i>Acenorm 50 mg; Captopril;</i> <i>Captopril-BC; Chem mart Captopril;</i> <i>GenRx Captopril;</i> <i>healthsense Captopril;</i> <i>Terry White Chemists Captopril;</i> <i>Topace; BL brand; DP brand</i>
<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>Auscald; Chem mart Diltiazem;</i> <i>Coras; Diltahexal; Diltiazem-BC;</i> <i>Dilzem 60 mg; DBL Diltiazem;</i> <i>GenRx Diltiazem;</i> <i>healthsense Diltiazem;</i> <i>Terry White Chemists Diltiazem</i>
<i>Cardizem CD</i>	Capsule 180 mg (controlled delivery)	30	2.00	<i>Vasocardol CD</i>
	Capsule 240 mg (controlled delivery)	30	2.20	<i>Vasocardol CD</i>
<i>Cecilor</i>	Powder for oral suspension 125 mg per 5 mL, 100 mL	1	0.82	<i>Cefkor; Chem mart Cefaclor;</i> <i>DBL Cefaclor; GenRx Cefaclor;</i> <i>Keflor; healthsense Cefaclor;</i> <i>Terry White Chemists Cefaclor</i>
	Powder for oral suspension 250 mg per 5 mL, 75 mL	1	0.82	<i>Cefkor; Chem mart Cefaclor;</i> <i>GenRx Cefaclor; Keflor;</i> <i>healthsense Cefaclor;</i> <i>Terry White Chemists Cefaclor</i>
<i>Cecilor CD</i>	Tablet 375 mg (sustained release)	10	0.75	<i>Cefkor CD; Chem mart Cefaclor CD;</i> <i>GenRx Cefaclor CD; Keflor CD;</i> <i>healthsense Cefaclor CD;</i> <i>Terry White Chemists Cefaclor CD</i>
<i>Celestone-M</i>	Cream 200 micrograms (base) per g (0.02%), 100 g	2	4.00	<i>Antroquoril</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Celestone-M</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	2	2.48	<i>CiloQuin</i>
<i>Cipramil</i>	Tablet 20 mg (base)	28	1.81	<i>TaloHexal</i>
<i>Clinoril</i>	Tablet 100 mg	100	2.31	<i>AcIn</i>
<i>Clinoril 200</i>	Tablet 200 mg	50	2.63	<i>AcIn 200</i>
<i>Clomid</i>	Tablet 50 mg	10	2.64	<i>ClomHexal; GenRx Clomiphene</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>Chem mart Metformin; Diaformin; GenRx Metformin; Glucohexal; Glucomet 500 mg; healthsense Metformin; Metformin-BC; Terry White Chemists Metformin</i>
<i>Diabex 850</i>	Tablet 850 mg	60	1.10	<i>Chem mart Metformin; Diaformin 850; GenRx Metformin; Glucohexal; Glucomet 850 mg; healthsense Metformin; Metformin-BC; Terry White Chemists Metformin</i>
<i>Diamicron</i>	Tablet 80 mg	100	1.00	<i>Glyade; Nidem</i>
<i>Diprosone</i>	Cream 500 micrograms (base) per g (0.05%), 15 g	1	4.01	<i>Eleuphrat</i>
	Ointment 500 micrograms (base) per g (0.05%), 15 g	1	4.01	<i>Eleuphrat</i>
<i>Doryx</i>	Capsule 50 mg	25	1.57	<i>Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
	Capsule 100 mg	7	1.43	<i>Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
	Capsule 100 mg	21	2.46	<i>Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
	Capsule 100 mg	28	5.72	<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; Genlac; 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>
<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>Erythrocin</i>	I.V. infusion 300 mg (base)	5	0.40	<i>BL brand</i>
<i>ExacTech</i>	Electrode strips, 100	1	1.70	<i>Excel ET</i>
<i>Fasigyn</i>	Tablet 500 mg	4	2.50	<i>Simplotan</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Feldene</i>	Capsule 10 mg	50	2.50	<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	2.50	<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	2.50	<i>Candyl-D 10 mg; GenRx Piroxicam Dispersible; Mobilis D-10; Pirohexal-D; Rosig-D</i>
	Dispersible tablet 20 mg	25	2.50	<i>Candyl-D 20 mg; Chem mart Piroxicam Dispersible; GenRx Piroxicam Dispersible; healthsense Piroxicam Dispersible; Mobilis D-20; Pirohexal-D; Rosig-D; Terry White Chemists Piroxicam Dispersible</i>
<i>Flagyl</i>	Tablet 200 mg	21	1.93	<i>Metrogyl 200; Metronide 200</i>
	Tablet 400 mg	21	1.97	<i>Metrogyl 400; Metronide 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>Fugeryl</i>	Tablet 250 mg	100	45.33	<i>Eulexin; Flutamin</i>
<i>Genteal</i>	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	1	1.24	<i>In a Wink Moisturising</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>Chem mart Metformin; Diaformin; GenRx Metformin; Glucohexal; Glucomet 500 mg; healthsense Metformin; Metformin-BC; Terry White Chemists Metformin</i>
	Tablet 850 mg	60	1.10	<i>Chem mart Metformin; Diaformin 850; GenRx Metformin; Glucohexal; Glucomet 850 mg; healthsense Metformin; Metformin-BC; Terry White Chemists Metformin</i>
<i>Imdur Durule</i>	Tablet 60 mg (sustained release)	30	1.46	<i>Chem mart Isosorbide Mononitrate; Duride; GenRx Isosorbide Mononitrate; healthsense Isosorbide Mononitrate; Imtrate 60 mg; Isomonit; Monodur 60 mg; Terry White Chemists Isosorbide Mononitrate</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 25 mg	100	1.57	<i>Azahexal</i>
	Tablet 50 mg	100	1.00	<i>Azahexal; Azamun; Thioprine</i>
<i>Indocid</i>	Capsule 25 mg	100	3.00	<i>Arthrexin</i>
<i>Insensye</i>	Tablet 400 mg	14	1.26	<i>Norflohexal</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>
<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>
<i>Isordil</i>	Tablet 10 mg	200	3.54	<i>Sorbidin</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Keflex</i>	Capsule 250 mg	20	1.15	<i>Ceflin</i> ; Chem mart Cephalexin; <i>Cilex</i> ; <i>GenRx</i> Cephalexin; <i>healthsense</i> Cephalexin; <i>Ibilex</i> 250; <i>Terry White Chemists</i> Cephalexin
	Capsule 500 mg	20	1.18	<i>Ceflin</i> ; Chem mart Cephalexin; <i>Cilex</i> ; <i>DBL</i> Cephalexin; <i>GenRx</i> Cephalexin; <i>healthsense</i> Cephalexin; <i>Ibilex</i> 500; <i>Terry White Chemists</i> Cephalexin
	Granules for syrup 125 mg per 5 mL, 100 mL	1	1.15	<i>Ibilex</i> 125
	Granules for syrup 250 mg per 5 mL, 100 mL	1	1.17	<i>Ibilex</i> 250
<i>Keflin Neutral</i>	Injection 1 g (solvent required)	10	0.30	BL brand
<i>Kefzol</i>	Injection 1 g (solvent required)	5	0.30	BL brand
<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>Chem mart</i> Frusemide; <i>Frusehexal</i> 40 mg; <i>Frusid</i> ; <i>GenRx</i> Frusemide; <i>healthsense</i> Frusemide; <i>Terry White Chemists</i> Frusemide; <i>Uremide</i>
<i>Lasix-M</i>	Tablet 20 mg	100	1.02	<i>Chem mart</i> Frusemide; <i>Frusid</i> ; <i>GenRx</i> Frusemide; <i>healthsense</i> Frusemide; <i>Terry White Chemists</i> Frusemide
<i>Ledertrexate</i>	Tablet 2.5 mg	30	0.08	BL brand; <i>Methoblastin</i>
<i>Lioresal 10</i>	Tablet 10 mg	100	1.20	<i>Baclo</i> ; <i>Baclohexal</i> ; <i>Chem mart</i> Baclofen; <i>Clofen</i> 10; <i>DBL</i> Baclofen; <i>GenRx</i> Baclofen; <i>healthsense</i> Baclofen; <i>Terry White Chemists</i> Baclofen
<i>Lioresal 25</i>	Tablet 25 mg	100	1.20	<i>Baclo</i> ; <i>Baclohexal</i> ; <i>Chem mart</i> Baclofen; <i>Clofen</i> 25; <i>DBL</i> Baclofen; <i>GenRx</i> Baclofen; <i>healthsense</i> Baclofen; <i>Terry White Chemists</i> Baclofen
<i>Lomotil</i>	Tablet 2.5 mg-25 micrograms	20	1.84	<i>Lofenoxal</i>
<i>Lopid</i>	Tablet 600 mg	60	1.95	<i>Ausgem</i> ; <i>Chem mart</i> Gemfibrozil; <i>Gemfibrozil-BC</i> ; <i>Gemhexal</i> ; <i>GenRx</i> Gemfibrozil; <i>healthsense</i> G emfibrozil; <i>Jezil</i> ; <i>Lipazil</i> 600 mg; <i>Terry White Chemists</i> Gemfibrozil
<i>Losec Tablets</i>	Tablet 20 mg (base)	30	0.79	<i>Acimax</i> Tablets
<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</i> 100
<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</i> 10
<i>Melleril 25</i>	Tablet 25 mg	100	0.74	<i>Aldazine</i> 25
<i>Melleril 50</i>	Tablet 50 mg	100	0.75	<i>Aldazine</i> 50
<i>Melleril 100</i>	Tablet 100 mg	100	0.75	<i>Aldazine</i> 100
<i>Microgynon 30</i>	Tablets 150 micrograms-30 micrograms, 21	4	7.88	<i>Levlen</i> ED
<i>Microgynon 30 ED</i>	Pack containing 21 tablets 150 micrograms- 30 micrograms and 7 inert tablets	4	7.88	<i>Levlen</i> ED

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Midamor</i>	Tablet 5 mg	100	2.94	<i>Kaluril</i>
<i>Minidiab</i>	Tablet 5 mg	100	0.86	<i>Melizide</i>
<i>Minipress</i>	Tablet 1 mg (base)	100	2.70	<i>Chem mart Prazosin; GenRx Prazosin; healthsense Prazosin; Prasig; Pratsiol; Prazohexal; Prazosin-BC; Pressin 1; Terry White Chemists Prazosin</i>
	Tablet 2 mg (base)	100	2.70	<i>Chem mart Prazosin; GenRx Prazosin; healthsense Prazosin; Prasig; Pratsiol; Prazohexal; Prazosin-BC; Pressin 2; Terry White Chemists Prazosin</i>
	Tablet 5 mg (base)	100	2.70	<i>Chem mart Prazosin; GenRx Prazosin; healthsense Prazosin; Prasig; Pratsiol; Prazohexal; Prazosin-BC; Pressin 5; Terry White Chemists Prazosin</i>
<i>Minomycin</i>	Capsule 100 mg	11	0.80	<i>Akamin 100</i>
<i>Minomycin-50</i>	Tablet 50 mg	60	0.88	<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 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	0.40	<i>Gelusil</i>
<i>Mylanta P</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>Chem mart Indapamide; Dapa-Tabs; GenRx Indapamide; healthsense Indapamide; Indahexal; Insig; Napamide 2.5 mg; Terry White Chemists Indapamide</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>Genox 10; GenRx Tamoxifen; Tamoxen 10 mg; Tamoxifen Hexal; Tamoxifen-BC</i>
<i>Nolvadex-D</i>	Tablet 20 mg (base)	60	0.64	<i>Chem mart Tamoxifen; Genox 20; GenRx Tamoxifen; healthsense Tamoxifen; Tamosin; Tamoxen 20 mg; Tamoxifen Hexal; Tamoxifen-BC; Terry White Chemists Tamoxifen</i>
<i>Nordette 21</i>	Tablets 150 micrograms-30 micrograms, 21	4	7.88	<i>Monofeme 28</i>
<i>Nordette 28</i>	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	7.88	<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	3.26	<i>Norflohexal</i>
<i>Ogen .625</i>	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	1.48	<i>Genoral 0.625</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Ogen 1.25</i>	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	1.49	<i>Genoral 1.25</i>
<i>Orudis SR</i>	Capsule 100 mg (sustained release)	50	2.02	<i>Oruvail SR</i>
<i>Orudis SR 200</i>	Capsule 200 mg (sustained release)	28	1.80	<i>Oruvail SR</i>
<i>Parlodel</i>	Tablet 2.5 mg (base)	30	1.48	<i>Bromocriptine-BC; Bromohexal; Bromolactin; Krypton 2.5</i>
	Tablet 2.5 mg (base)	60	1.48	<i>Bromocriptine-BC; Bromohexal; Bromolactin; Krypton 2.5</i>
	Capsule 5 mg (base)	60	1.49	<i>Bromocriptine-BC; Bromohexal; Bromolactin; Krypton 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>Prinivil 5</i>	Tablet 5 mg	30	1.50	<i>Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; healthsense Lisinopril; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril</i>
<i>Prinivil 10</i>	Tablet 10 mg	30	1.49	<i>Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; healthsense Lisinopril; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril</i>
<i>Prinivil 20</i>	Tablet 20 mg	30	1.50	<i>Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; healthsense Lisinopril; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril</i>
<i>Prothiaden</i>	Capsule 25 mg	50	1.39	<i>Dothep 25</i>
	Tablet 75 mg	30	1.89	<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	4.10	<i>Lovan 20 Tab</i>
<i>Prozac 20</i>	Capsule 20 mg (base)	28	4.10	<i>Auscap; Chem mart Fluoxetine; Fluohexal; Fluoxetine-BC; GenRx Fluoxetine; healthsense Fluoxetine; Lovan; Terry White Chemists Fluoxetine; Zactin</i>
<i>P.V. Carpine</i>	Eye drops 5 mg per mL (0.5%), 15 mL	1	1.06	<i>Pilopt</i>
	Eye drops 10 mg per mL (1%), 15 mL	1	1.06	<i>Pilopt</i>
	Eye drops 20 mg per mL (2%), 15 mL	1	1.06	<i>Pilopt</i>
	Eye drops 40 mg per mL (4%), 15 mL	1	1.09	<i>Pilopt</i>
	Eye drops 60 mg per mL (6%), 15 mL	1	1.09	<i>Pilopt</i>
<i>Quinate</i>	Tablet 300 mg	50	0.61	<i>Quinsul</i>
<i>Ramace 1.25 mg</i>	Tablet 1.25 mg	30	4.01	<i>Tritace 1.25 mg</i>
<i>Ramace 2.5 mg</i>	Tablet 2.5 mg	30	4.01	<i>Tritace 2.5 mg</i>
<i>Ramace 5 mg</i>	Tablet 5 mg	30	4.00	<i>Tritace 5 mg</i>
<i>Remeron</i>	Tablet 30 mg	30	22.76	<i>Avanza</i>
<i>Renitec</i>	Tablet 10 mg	30	3.15	<i>Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril</i>
<i>Renitec M</i>	Tablet 5 mg	30	3.03	<i>Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Renitec 20</i>	Tablet 20 mg	30	3.24	<i>Alphapril; Auspril;</i> <i>Chem mart Enalapril; Enahexal;</i> <i>Enalapril-BC; GenRx Enalapril;</i> <i>healthsense Enalapril;</i> <i>Terry White Chemists Enalapril</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; Isohexal; Oratane</i>
<i>Rulide</i>	Tablet 150 mg	10	1.22	<i>Biaxsig</i>
	Tablet 300 mg	5	1.22	<i>Biaxsig</i>
<i>Salazopyrin-EN</i>	Tablet 500 mg (enteric coated)	200	1.64	<i>Pyralin EN</i>
<i>Seprtin</i>	Tablet 80 mg-400 mg	10	1.38	<i>Resprim</i>
	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	1	1.75	<i>Resprim</i>
<i>Seprtin Forte</i>	Tablet 160 mg-800 mg	10	1.29	<i>Bactrim DS;</i> <i>Chem mart Trimethoprim with</i> <i>Sulfamethoxazole DS; Cosig Forte;</i> <i>GenRx Trimethoprim with</i> <i>Sulfamethoxazole DS;</i> <i>healthsense Trimethoprim with</i> <i>Sulfamethoxazole DS;</i> <i>Resprim Forte;</i> <i>Terry White Chemists Trimethoprim</i> <i>with Sulfamethoxazole DS;</i> <i>Trimoxazole-BC 800/160</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; GenRx Clomiphene</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	2.50	<i>Otodex</i>
<i>Sotacor</i>	Tablet 160 mg	60	1.28	<i>Cardol; Chem mart Sotalol; GenRx</i> <i>Sotalol; healthsense Sotalol;</i> <i>Solavert; Sotab; Sotahexal; Sotalol-</i> <i>BC; Terry White Chemists Sotalol</i>
<i>Stemetil</i>	Tablet 5 mg	25	1.01	<i>Stemzine</i>
<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</i>
	Tablet 400 mg	60	2.49	<i>Cimehexal; Cimetidine-BC;</i> <i>GenRx Cimetidine; Magicul 400;</i> <i>Sigmatadine</i>
	Tablet 800 mg	30	4.96	<i>Cimehexal; GenRx Cimetidine;</i> <i>Magicul 800</i>
<i>Tambocor</i>	Tablet 100 mg	60	2.87	<i>Flecatab</i>
<i>Tegretol 200</i>	Tablet 200 mg	200	1.50	<i>Carbamazepine-BC; 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	2.70	<i>Anselol 50 mg; Atehexal;</i> <i>Atenolol-BC; Chem mart Atenolol;</i> <i>DBL Atenolol; GenRx Atenolol;</i> <i>healthsense Atenolol; Noten;</i> <i>Tensig;</i> <i>Terry White Chemists Atenolol</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<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	2.47	<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	7.88	<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	7.88	<i>Trifeme 28</i>
<i>Triprim</i>	Tablet 300 mg	7	1.21	<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	BL brand
	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required)	5	0.90	BL brand
<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; Epaq</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; Chem mart Salbutamol; GenRx Salbutamol; healthsense Salbutamol; Terry White Chemists Salbutamol; PU brand</i>
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	2.20	<i>Asmol 5 uni-dose; Chem mart Salbutamol; GenRx Salbutamol; healthsense Salbutamol; Terry White Chemists Salbutamol; PU brand</i>
<i>Vibramycin</i>	Tablet 100 mg	7	1.50	<i>Chem mart Doxycycline; Doxsig; Doxyl-100; Doxycycline-BC; Doxylhexal; Doxylin 100; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
	Tablet 100 mg	21	4.50	<i>Chem mart Doxycycline; Doxsig; Doxyl-100; Doxycycline-BC; Doxylhexal; Doxylin 100; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Vibramycin</i>	Tablet 100 mg	28	6.00	<i>Chem mart Doxycycline; Doxsig; Doxy-100; Doxycycline-BC; Doxyhexal; Doxylin 100; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</i>
<i>Vibra-Tabs</i>	Tablet 50 mg	25	1.50	<i>Chem mart Doxycycline; Doxy-50; Doxyhexal; Doxylin 50; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline</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	2.00	<i>Chem mart Diclofenac; Diclofenac-BC; Diclohexal; Dinac; GenRx Diclofenac; healthsense Diclofenac; Terry White Chemists Diclofenac</i>
<i>Voltaren 50</i>	Tablet 50 mg (enteric coated)	50	2.00	<i>Chem mart Diclofenac; Diclofenac-BC; Diclohexal; Dinac; Fenac; GenRx Diclofenac; healthsense Diclofenac; Terry White Chemists Diclofenac</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	2.17	<i>Ausran; Chem mart Ranitidine; DBL Ranitidine; GenRx Ranitidine; healthsense Ranitidine; Rani 2; Ranihexal; Ranitidine-BC; Ranoxyl; Terry White Chemists Ranitidine</i>
	Tablet 300 mg (base)	30	2.17	<i>Ausran; Chem mart Ranitidine; DBL Ranitidine; GenRx Ranitidine; healthsense Ranitidine; Rani 2; Ranihexal; Ranitidine-BC; Ranoxyl; Terry White Chemists Ranitidine</i>
<i>Zestril</i>	Tablet 5 mg	30	1.30	<i>Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; healthsense Lisinopril; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril</i>
	Tablet 10 mg	30	1.30	<i>Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; healthsense Lisinopril; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril</i>
	Tablet 20 mg	30	1.30	<i>Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; healthsense Lisinopril; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril</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; Chem mart Aciclovir; GenRx Aciclovir; healthsense Aciclovir; Lovir; Terry White Chemists Aciclovir</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>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
Zyloprim	Tablet 100 mg	200	2.04	<i>Allohexal; Allopurinol-BC; Allorin 100 mg; Pro gout 100</i>
	Tablet 300 mg	60	1.99	<i>Allohexal; Allopurinol-BC; Allorin 300 mg; Pro gout 300</i>



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

**OPERATIVE FROM 1 NOVEMBER 2001
(ALL PREVIOUS EDITIONS CANCELLED)**

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CONTENTS

	Page		Page
SUMMARY OF CHANGES	5	Repeat authorisations	35
ADDRESSES — HEALTH INSURANCE		<i>Preparing repeat authorisation forms</i>	35
COMMISSION	15	<i>Repeat authorisations for injectables and</i>	
AUTHORITY PRESCRIPTION APPLICATIONS	16	<i>solvents</i>	35
REQUESTS FOR DRUGS VIA THE SPECIAL		<i>Repeat authorisations for deferred supply</i>	35
ACCESS SCHEME (SAS)	16	Authority prescriptions	36
POISONS INFORMATION CENTRES	17	Urgent cases.....	36
DRUG INFORMATION CENTRES	17	Receipts.....	36
LIST OF CONTACT OFFICERS FOR RECALLS OF		Emergency drug (doctor's bag) supplies	36
THERAPEUTIC GOODS	18		
INDEX OF MANUFACTURERS' CODES	19		
		4. PATIENT CHARGES	37
SECTION 1 — EXPLANATORY NOTES —		Type of patient	37
YELLOW PAGES		Establishing concessional entitlement.....	37
INTRODUCTION	27	What to charge	37
1. THE SCHEDULE — WHERE TO FIND WHAT	27	<i>Patient contribution</i>	37
Section 1 (yellow pages).....	27	<i>Special patient contributions, brand premiums</i>	
Section 2 (white, pink and orange pages)	27	<i>and therapeutic group premiums</i>	38
Section 3 (blue pages).....	28	<i>Solvents</i>	38
Section 4 (green pages).....	28	<i>Increased quantities</i>	38
Repatriation Schedule of Pharmaceutical Benefits	28	<i>Regulation 24</i>	38
		<i>After hours</i>	38
2. PRESCRIBING MEDICINES — INFORMATION		<i>Delivery</i>	38
FOR DOCTORS AND DENTISTS	28	5. THE SAFETY NET SCHEME	39
Eligible prescribers	28	Safety net thresholds	39
Prescription forms	28	<i>Safety net cross-over arrangements</i>	39
<i>Ordering forms</i>	29	Recording prescriptions	40
Preparing general prescriptions	29	Hospital PRF's	41
<i>Do's and don'ts</i>	29	Multi-item forms	41
<i>Writing the prescription</i>	30	Qualifying prescriptions.....	41
Restrictions.....	30	Lost PRF's	41
Authority prescriptions	30	Retrospective entitlement and patient refunds.....	41
<i>Writing authority prescriptions</i>	31	Applying for a Safety Net Entitlement/Concession	
Maximum quantities and repeats	31	Card	42
Regulation 24	32	Issuing a Safety Net Entitlement/Concession Card	42
Urgent cases	32	Issuing supplementary cards.....	42
Drugs of addiction.....	32	Notification to HIC and claim for payment	42
Emergency drug (doctor's bag) supplies	32	Lost Safety Net Entitlement/Concession Cards	42
		Pharmacy record of issued cards.....	43
3. SUPPLYING MEDICINES — WHAT		6. HEALTH INSURANCE COMMISSION	
PHARMACISTS NEED TO KNOW	33	ENTITLEMENT CHECKS	43
Eligible suppliers	33	Entitlement checking procedures	43
<i>Approval conditions for pharmacists</i>	33	<i>General</i>	43
Before supplying pharmaceutical benefits	33	<i>Step by step</i>	43
Supplying pharmaceutical benefits.....	33	7. HOW PHARMACISTS CLAIM REIMBURSEMENT:	
<i>Do's and don'ts</i>	33	INFORMATION REQUIRED	44
What to do if the Schedule changes	34	Prescription identification	44
Suspected forgery.....	35	Serial numbers.....	44
Regulation 24	35	<i>Repeat authorisations for authority</i>	
		<i>prescriptions</i>	45
		<i>Repeat authorisations for deferred supply</i>	45
		<i>Injectable item ordered with a solvent</i>	45

	<i>Page</i>
Dropper containers.....	45
Extemporaneously-prepared pharmaceutical benefits not included in the Standard Formulae List	45
<i>Prescriptions paid on an average price basis</i>	45
<i>Pricing non-pre-priced extemporaneous preparations</i>	45
RPBS prescriptions for items not included in either the PBS or RPBS Schedule	46
 8. HOW PHARMACISTS CLAIM REIMBURSEMENT: DOCUMENTS TO BE SUBMITTED	46
Completing the claim form	46
Lodging claims	46
Statement of account	47
 9. PRICING PRESCRIPTIONS	47
Pricing principles	47
Pricing dates	47
Pricing ready-prepared items	47
<i>For maximum quantities</i>	47
<i>For lesser quantities</i>	48
Wastage table percentage	48
Pricing extemporaneously-prepared items	48
<i>General</i>	48
<i>Pricing of ingredients</i>	49
<i>Pricing prescriptions where extra ingredients are added to a formula</i>	49
<i>Containers</i>	49
<i>Special provisions for extemporaneous Preparations outside the Standard Formulae List</i>	50
 10. MISCELLANEOUS	50
References	50
Standards	50
Legislation	50
 THERAPEUTIC INDEX — MAUVE PAGES.....	51

	<i>Page</i>
 SECTION 2 — READY-PREPARED PHARMACEUTICAL BENEFITS — WHITE, PINK AND ORANGE PAGES	59
Symbols	60
Emergency Drug (Doctor's Bag) Supplies	63
Special Pharmaceutical Benefits	66
General Pharmaceutical Benefits	67
Pharmaceutical Benefits for Dental Use	243
Items Available under Special Arrangements (section 100)	269
 SECTION 3 — STANDARD PACKS AND PRICES — BLUE PAGES	287
Container Prices and Fees for Ready Prepared Pharmaceutical Benefits	287
Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits	288
 SECTION 4 — EXTEMPOREANEOUSLY-PREPARED PHARMACEUTICAL BENEFITS — GREEN PAGES	299
Drug Tariff	300
Container Prices	304
Standard Formula Preparations	305
Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits	307
 REPATRIATION PHARMACEUTICAL BENEFITS — WHITE, MAUVE AND BUFF PAGES	309
Beneficiaries' Entitlement Cards	310
Explanatory Notes	312
Summary of Changes	316
Therapeutic Index	319
SECTION 1 — Drugs, Medicines and Dressings	323
SECTION 2 — Standard Packs and Prices	359
 GENERIC/PROPRIETARY INDEX — MAUVE PAGES	363

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 November 2001 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.

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>.

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 November 2001 and are included, where applicable in prices published in the Schedule—

Dispensing fees:	Ready-prepared	\$4.68
	Dangerous drug fee	\$2.61
	Extemporaneously-prepared	\$6.59
Additional fees (for safety net prices):	Ready-prepared	\$0.89
	Extemporaneously-prepared	\$1.27
Patient contributions:	General	\$21.90
	Concessional	\$3.50
Safety Net Thresholds:	General	\$669.70
	Concessional	\$182.00
Safety Net Card Issue Fee		\$6.50

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

- 8544Q **Amino Acid Formula with Vitamins and Minerals without Phenylalanine**, infant formula, powder 400 g (*Phenex-1*)
- 8545R **Amino Acid Formula with Vitamins and Minerals without Phenylalanine**, powder 400 g (*Phenex-2*)
- 8546T **Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine**, infant formula, powder 400 g (*Ketonex-1*)
- 8547W **Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine**, powder 400 g (*Ketonex-2*)
- 8548X **Carmellose Sodium**, eye drops 5 mg per mL (0.5%), 15 mL (*Refresh Tears Plus*)
- 8536G **Galantamine Hydrobromide**, tablet 4 mg (base) (*Reminyl*)
- 8537H **Galantamine Hydrobromide**, tablet 8 mg (base) (*Reminyl*)
- 8535F **Gliclazide**, tablet 30 mg (modified release) (*Diamicron MR*)
- 8533D **Glimepiride**, tablet 3 mg (*Amaryl*)
- 8541M **Hydromorphone Hydrochloride**, tablet 2 mg (*Dilaudid*)
- 5115F **Hydromorphone Hydrochloride**, tablet 2 mg (*Dilaudid*) (**Dental**)
- 8542N **Hydromorphone Hydrochloride**, tablet 4 mg (*Dilaudid*)
- 5116G **Hydromorphone Hydrochloride**, tablet 4 mg (*Dilaudid*) (**Dental**)
- 8543P **Hydromorphone Hydrochloride**, tablet 8 mg (*Dilaudid*)
- 5117H **Hydromorphone Hydrochloride**, tablet 8 mg (*Dilaudid*) (**Dental**)
- 8532C **Indapamide Hemihydrate**, tablet 1.5 mg (sustained release) (*Natrilix SR*)
- 8534E **Lercanidipine Hydrochloride**, tablet 10 mg (*Zanidip*)
- 8538J **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 10 mg (*Premia 10*)
- 3495Y **Salbutamol Sulfate**, oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation (*Asmol CFC-free; Epag; Airomir; Ventolin CFC-free (Doctor's Bag)* [available as an alternative to **Salbutamol Sulfate**, nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30])

Additions — Brands

- 1891M *Clavulin Duo, ZK* — **Amoxycillin with Clavulanic Acid**, tablet 500 mg-125 mg
- 5008N *Clavulin Duo, ZK* — **Amoxycillin with Clavulanic Acid**, tablet 500 mg-125 mg (**Dental**)
- 1147J *Topace, FM* — **Captopril**, tablet 12.5 mg
- 2422L *Carbamazepine-BC, BG* — **Carbamazepine**, tablet 100 mg
- 5039F *Carbamazepine-BC, BG* — **Carbamazepine**, tablet 100 mg (**Dental**)
- 2419H *Carbamazepine-BC, BG* — **Carbamazepine**, tablet 200 mg
- 5040G *Carbamazepine-BC, BG* — **Carbamazepine**, tablet 200 mg (**Dental**)
- 1784X *Ceftriaxone-BC, BG* — **Ceftriaxone**, injection 1 g (solvent required)
- 1785Y *Ceftriaxone-BC, BG* — **Ceftriaxone**, injection 2 g (solvent required)
- 8151B *GenRx Cimetidine, FH* — **Cimetidine**, tablet 400 mg
- 1158Y *GenRx Cimetidine, FH* — **Cimetidine**, tablet 400 mg (**Diff. Max. Rpts**)
- 8152C *GenRx Cimetidine, FH* — **Cimetidine**, tablet 800 mg
- 1159B *GenRx Cimetidine, FH* — **Cimetidine**, tablet 800 mg (**Diff. Max. Rpts**)
- 1211R *GenRx Clomiphene, FH* — **Clomiphene Citrate**, tablet 50 mg
- 1400Q *DBL Erythromycin, BL* — **Erythromycin**, capsule 175 mg
- 3326C *DBL Erythromycin, BL* — **Erythromycin**, capsule 175 mg (**Dental**)

- 1404X DBL Erythromycin, BL — **Erythromycin**, capsule 250 mg
 3325B DBL Erythromycin, BL — **Erythromycin**, capsule 250 mg (**Dental**)
 2449X Nidem, AW — **Gliclazide**, tablet 80 mg
 2456G Chem mart Lisinopril, CH; GenRx Lisinopril, FH; healthsense Lisinopril, HS; Terry White Chemists Lisinopril, TW — **Lisinopril**, tablet 5 mg
 2457H Chem mart Lisinopril, CH; GenRx Lisinopril, FH; healthsense Lisinopril, HS; Terry White Chemists Lisinopril, TW — **Lisinopril**, tablet 10 mg
 2458J Chem mart Lisinopril, CH; GenRx Lisinopril, FH; healthsense Lisinopril, HS; Terry White Chemists Lisinopril, TW — **Lisinopril**, tablet 20 mg
 1746X GenRx Paracetamol, FH — **Paracetamol**, tablet 500 mg
 5196L GenRx Paracetamol, FH — **Paracetamol**, tablet 500 mg (**Dental**)
 2000G Chem mart Salbutamol, CH; GenRx Salbutamol, FH; healthsense Salbutamol, HS; Terry White Chemists Salbutamol, TW — **Salbutamol Sulfate**, nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30
 3496B Chem mart Salbutamol, CH; GenRx Salbutamol, FH; healthsense Salbutamol, HS; Terry White Chemists Salbutamol, TW — **Salbutamol Sulfate**, nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 (**Doctor's Bag**)
 2001H Chem mart Salbutamol, CH; GenRx Salbutamol, FH; healthsense Salbutamol, HS; Terry White Chemists Salbutamol, TW — **Salbutamol Sulfate**, nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30
 3497C Chem mart Salbutamol, CH; GenRx Salbutamol, FH; healthsense Salbutamol, HS; Terry White Chemists Salbutamol, TW — **Salbutamol Sulfate**, nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 (**Doctor's Bag**)
 8398B Solavert, BC — **Sotalol Hydrochloride**, tablet 80 mg
 2043M Solavert, BC — **Sotalol Hydrochloride**, tablet 160 mg
 2109B Tamoxifen Hexal, HX — **Tamoxifen Citrate**, tablet 10 mg (base)
 2110C Tamoxifen Hexal, HX — **Tamoxifen Citrate**, tablet 20 mg (base)

RETENTION OF ITEMS

Contrary to previous advice, the following items will continue to be available as pharmaceutical benefits from 1 November 2001:

- 2522R **Nortriptyline Hydrochloride**, tablet 10 mg (base) (*Allegron*)
 2523T **Nortriptyline Hydrochloride**, tablet 25 mg (base) (*Allegron*)

BIOEQUIVALENCE INDICATORS

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

- 2422L *Tegretol 100*, NV — **Carbamazepine**, tablet 100 mg
 5039F *Tegretol 100*, NV — **Carbamazepine**, tablet 100 mg (**Dental**)
 1784X *Rocephin*, RO — **Ceftriaxone**, injection 1 g (solvent required)
 1785Y *Rocephin*, RO — **Ceftriaxone**, injection 2 g (solvent required)
 1400Q *Eryc LD*, FA — **Erythromycin**, capsule 175 mg
 3326C *Eryc LD*, FA — **Erythromycin**, capsule 175 mg (**Dental**)
 1404X *Eryc*, FA — **Erythromycin**, capsule 250 mg
 3325B *Eryc*, FA — **Erythromycin**, capsule 250 mg (**Dental**)

DELETIONS

Deletions — Items

- 2203Y **Bismuth Subcitrate**, tablet 107.7 mg (Bi) (*De-Nol*)
- 8303B **Cerivastatin Sodium**, tablet 200 micrograms (*Kazak 200; Lipobay*)
- 8304C **Cerivastatin Sodium**, tablet 300 micrograms (*Kazak 300; Lipobay*)
- 8419D **Cerivastatin Sodium**, tablet 400 micrograms (*Kazak 400; Lipobay*)
- 1216B **Ciprofloxacin**, eye drops 3 mg per mL (0.3%), 5 mL (*CiloQuin; Ciloxan*)
- 2381H **Cyclophosphamide**, injection 200 mg (solvent required) (*Cycloblastin*)
- 1360N **Ecothiopate Iodide**, eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent (*Phospholine Iodide*)
- 1361P **Ecothiopate Iodide**, eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent (*Phospholine Iodide*)
- 8145Q **Fluticasone Propionate**, oral pressurised inhalation 50 micrograms per dose (120 doses) (*Flixotide Junior*)
- 2085R **Interferon Alfa-2b**, injection set containing one vial powder for injection 10,000,000 i.u. and one vial solvent 2 mL (*Intron A*)
- 8241R **Interferon Alfa-2b**, solution for injection 18,000,000 i.u. in 3 mL multi-dose vial (*Intron A*)
- 8242T **Interferon Alfa-2b**, solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial (*Intron A*)
- 8235K **Milk Powder—Lactose Free Formula**, infant formula powder 900 g (*O-Lac*)
- 8236L **Milk Powder—Lactose Free Formula**, infant formula powder 900 g (*O-Lac*) (**Diff. Max. Rpts**)
- 1912P **Ofloxacin**, eye drops 3 mg per mL (0.3%), 5 mL (*Ocuflox*)
- 2777E **Pilocarpine**, eye disc 5 mg (releasing 20 micrograms per hour) (*Ocusert Pilo 20*)
- 2782K **Pilocarpine**, eye disc 11 mg (releasing 40 micrograms per hour) (*Ocusert Pilo 40*)
- 2563X **Protein Hydrolysate Formula**, compound powder 425 g (*Nutramigen*)
- 1865E **Protein Hydrolysate Formula Low in Phenylalanine**, compound powder 454 g (*Lofenalac*)
- 2679B **Protein Hydrolysate Formula with Medium Chain Triglycerides**, compound powder 450 g (*Pregestimil*)
- 2947D **Thiabendazole**, tablet 500 mg (*Mintezol*)
- 3129Q **Triglycerides, Medium Chain**, oil 1 L (*MJ*)
- 2686J **Triglycerides—Medium Chain, Formula**, compound powder 454 g (*Portagen*)

Deletions — Brands

- 1147J *Enzace 12.5 mg, SI* — **Captopril**, tablet 12.5 mg
- 1148K *Enzace 25 mg, SI* — **Captopril**, tablet 25 mg
- 1149L *Enzace 50 mg, SI* — **Captopril**, tablet 50 mg
- 1079T *Cycloblastin, PH* — **Cyclophosphamide**, injection 500 mg (solvent required)
- 1046C *BL* — **Fluphenazine Decanoate**, injection 12.5 mg in 0.5 mL
- 3098C *BL* — **Fluphenazine Decanoate**, injection 25 mg in 1 mL
- 1001Q *BL* — **Fluphenazine Decanoate**, injection 50 mg in 2 mL
- 2765M *BL* — **Haloperidol Decanoate**, I.M. injection equivalent to 50 mg haloperidol in 1 mL
- 2766N *BL* — **Haloperidol Decanoate**, I.M. injection equivalent to 150 mg haloperidol in 3 mL
- 3132W *Murelax, AY* — **Oxazepam**, tablet 15 mg
- 3134Y *Murelax, AY* — **Oxazepam**, tablet 15 mg (**Diff. Max. Qty and Rpts**)
- 5192G *Murelax, AY* — **Oxazepam**, tablet 15 mg (**Dental**)
- 1248Q *Cordilox, SC* — **Verapamil Hydrochloride**, tablet 40 mg
- 1250T *Cordilox, SC* — **Verapamil Hydrochloride**, tablet 80 mg

- 1254B *Cordilox*, SC — **Verapamil Hydrochloride**, tablet 120 mg
 1253Y *Cordilox*, SC — **Verapamil Hydrochloride**, tablet 160 mg
 1060T *Cordilox*, SC — **Verapamil Hydrochloride**, injection 5 mg in 2 mL
 3494X *Cordilox*, SC — **Verapamil Hydrochloride**, injection 5 mg in 2 mL (**Doctor's Bag**)

ALTERATIONS

Restriction Changes

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

- 1217C **Ciprofloxacin**, eye drops 3 mg per mL (0.3%), 5 mL (*CiloQuin*, *Ciloxan*)
 8383F **Ofloxacin**, eye drops 3 mg per mL (0.3%), 5 mL (*Ocuflox*)

The following items have changed from "authority required" to "restricted benefit" and the wording has changed:

- 8507R **Rabeprazole Sodium**, tablet 10 mg (enteric coated) (*Pariet*)
 8509W **Rabeprazole Sodium**, tablet 20 mg (enteric coated) (*Pariet*)
 8508T **Rabeprazole Sodium**, tablet 20 mg (enteric coated) (*Pariet*) (**Diff. Max. Rpts**)

Other restriction changes:

- 8179L **Anastrozole**, tablet 1 mg (*Arimidex*)
 8255L **Carvedilol**, tablet 3.125 mg (*Dilatrend 3.125*)
 8256M **Carvedilol**, tablet 6.25 mg (*Dilatrend 6.25*)
 8257N **Carvedilol**, tablet 12.5 mg (*Dilatrend 12.5*)
 8258P **Carvedilol**, tablet 25 mg (*Dilatrend 25*)
 8439E **Celecoxib**, capsule 100 mg (*Celebrex*)
 8440F **Celecoxib**, capsule 200 mg (*Celebrex*)
 8506Q **Exemestane**, tablet 25 mg (*Aromasin*)
 1454M **Goserelin Acetate**, subcutaneous implant 3.6 mg (base) in pre-filled injection syringe (*Zoladex Implant*)
 8245Y **Letrozole**, tablet 2.5 mg (*Femara 2.5 mg*)
 2725K **Medroxyprogesterone Acetate**, tablet 100 mg (*Provera*)
 2316X **Medroxyprogesterone Acetate**, tablet 200 mg (*Provera*)
 2727M **Medroxyprogesterone Acetate**, tablet 250 mg (*Provera*)
 2728N **Medroxyprogesterone Acetate**, tablet 500 mg (*Provera*)
 2731R **Megestrol Acetate**, tablet 40 mg (*Megace*)
 2734X **Megestrol Acetate**, tablet 160 mg (*Megace*)
 8471W **Rofecoxib**, tablet 12.5 mg (*Vioxx*)
 8472X **Rofecoxib**, tablet 25 mg (*Vioxx*)
 8473Y **Rofecoxib**, oral suspension 12.5 mg per 5 mL, 150 mL (*Vioxx*)
 8474B **Rofecoxib**, oral suspension 25 mg per 5 mL, 150 mL (*Vioxx*)
 2109B **Tamoxifen Citrate**, tablet 10 mg (base) (*Genox 10*; *GenRx Tamoxifen*; *Tamoxen 10 mg*; *Tamoxifen Hexal*; *Tamoxifen-BC*; *Nolvadex*)
 2110C **Tamoxifen Citrate**, tablet 20 mg (base) (*Tamosin*; *Chem mart Tamoxifen*; *Genox 20*; *GenRx Tamoxifen*; *healthsense Tamoxifen*; *Tamoxen 20 mg*; *Tamoxifen Hexal*; *Tamoxifen-BC*; *Terry White Chemists Tamoxifen*; *Nolvadex-D*)

Alterations — Item Description and Expression of Maximum Quantity

From:		
8228C	Nicorandil , tablet 10 mg (<i>Ikorel</i>)	Max Qty 60
To:		
8228C	Nicorandil , tablets 10 mg, 60 (<i>Ikorel</i>)	Max. Qty #1 (pack of 60)
From:		
8229D	Nicorandil , tablet 20 mg (<i>Ikorel</i>)	Max. Qty 60
To:		
8229D	Nicorandil , tablets 20 mg, 60 (<i>Ikorel</i>)	Max. Qty #1 (pack of 60)

Alterations — Proprietary Name

2157M	Aluminium Hydroxide with Magnesium Hydroxide , oral suspension 200 mg-200 mg per 5 mL, 500 mL	From: <i>Mylanta</i>	To: <i>Mylanta P</i>
3079C	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine , powder 200 g		
	From: <i>Methionine, Threonine, Valine-free, and Isoleucine low Amino Acid Mix</i>		
	To: <i>XMTVI Asadon</i>		
8190C	Glucose Indicator—Blood , reagent strips, 50		
	From: <i>Glucotrend Plus</i>	To: <i>Accu-Chek Active</i>	
1750D	Paraffin , pack containing 2 tubes compound eye ointment 3.5 g		
	From: <i>Lacri-Lube S.O.P.</i>	To: <i>Lacri-Lube</i>	

Alterations — Manufacturer's Code

		From	To
1450H	Amino Acid Formula without Phenylalanine , food supplement powder 500 g (<i>Aminogran F.S.</i>)	FA	UC
2390T	Ampicillin , injection 500 mg (solvent required) (<i>Ampicyn</i>)	AV	AS
3313J	Ampicillin , injection 500 mg (solvent required) (<i>Ampicyn</i>) (Dental)	AV	AS
2977Q	Ampicillin , injection 1 g (solvent required) (<i>Ampicyn</i>)	AV	AS
3314K	Ampicillin , injection 1 g (solvent required) (<i>Ampicyn</i>) (Dental)	AV	AS
1131M	BCG-Tice (Bacillus Calmette-Guérin/Tice strain) , vial containing powder for intravesical administration approximately 5 x 10 ⁸ CFU (<i>OncoTICE</i>)	OT	OR
1259G	Bisacodyl , tablet 5 mg (<i>Bisalax</i>)	AV	AS
1263L	Bisacodyl , enemas 10 mg in 5 mL, 25 (<i>Bisalax</i>)	AV	AS
1227N	Colchicine , tablet 500 micrograms (<i>Colgout</i>)	AV	AS
1246N	Cortisone Acetate , tablet 5 mg (<i>Cortate</i>)	AV	AS
1247P	Cortisone Acetate , tablet 25 mg (<i>Cortate</i>)	AV	AS
1292B	Dexamethasone , tablet 500 micrograms (<i>Dexamethsone</i>)	AV	AS
2507Y	Dexamethasone , tablet 4 mg (<i>Dexamethsone</i>)	AV	AS
8420E	Hydromorphone Hydrochloride , injection 2 mg in 1 mL (<i>Dilaudid</i>)	KN	AB
5129Y	Hydromorphone Hydrochloride , injection 2 mg in 1 mL (<i>Dilaudid</i>) (Dental)	KN	AB
8421F	Hydromorphone Hydrochloride , injection 10 mg in 1 mL (<i>Dilaudid-HP</i>)	KN	AB
5130B	Hydromorphone Hydrochloride , injection 10 mg in 1 mL (<i>Dilaudid-HP</i>) (Dental)	KN	AB
8422G	Hydromorphone Hydrochloride , injection 50 mg in 5 mL (<i>Dilaudid-HP</i>)	KN	AB
5131C	Hydromorphone Hydrochloride , injection 50 mg in 5 mL (<i>Dilaudid-HP</i>) (Dental)	KN	AB
8423H	Hydromorphone Hydrochloride , injection 500 mg in 50 mL (<i>Dilaudid-HP</i>)	KN	AB
8424J	Hydromorphone Hydrochloride , oral liquid 1 mg per mL, 473 mL (<i>Dilaudid</i>)	KN	AB

5132D	Hydromorphone Hydrochloride , oral liquid 1 mg per mL, 473 mL (<i>Dilaudid</i>) (Dental)	KN	AB
1711C	Insulin Isophane (N.P.H.) , injection (bovine) 100 units per mL, 10 mL (<i>Hypurin Isophane</i>)	AV	AS
1713 E	Insulin Neutral , injection (bovine) 100 units per mL, 10 mL (<i>Hypurin Neutral</i>)	AV	AS
3059B	Lithium Carbonate , tablet 250 mg (<i>Lithicarb</i>)	AV	AS
1571Q	Loperamide Hydrochloride , capsule 2 mg (<i>Gastro-Stop Loperamide</i>)	AV	AS
1207M	Metoclopramide Hydrochloride , tablet 10 mg (<i>Maxolon</i>)	DT	ID
5151D	Metoclopramide Hydrochloride , tablet 10 mg (<i>Maxolon</i>) (Dental)	DT	ID
1205K	Metoclopramide Hydrochloride , syrup 5 mg per 5 mL, 100 mL (<i>Maxolon</i>)	DT	ID
5152E	Metoclopramide Hydrochloride , syrup 5 mg per 5 mL, 100 mL (<i>Maxolon</i>) (Dental)	DT	ID
1206L	Metoclopramide Hydrochloride , injection 10 mg in 2 mL (<i>Maxolon</i>)	DT	ID
5153F	Metoclopramide Hydrochloride , injection 10 mg in 2 mL (<i>Maxolon</i>) (Dental)	DT	ID
3476Y	Metoclopramide Hydrochloride , injection 10 mg in 2 mL (<i>Maxolon</i>) (Doctor's Bag)	DT	ID
1451J	Mineral Mixture , powder 250 g (<i>Aminogran M.M.</i>)	FA	UC
2723H	Nitrazepam , tablet 5 mg (<i>Mogadon</i>)	DT	ID
2732T	Nitrazepam , tablet 5 mg (<i>Mogadon</i>) (Diff. Max. Qty and Rpts)	DT	ID
5189D	Nitrazepam , tablet 5 mg (<i>Mogadon</i>) (Dental)	DT	ID
1687T	Nicotinic Acid , tablet 250 mg	AV	AS
2242B	Paroxetine Hydrochloride , tablet 20 mg (base) (<i>Paxtine</i>)	AL	AF
2642C	Potassium Chloride , tablet 600 mg (sustained release) (<i>Span-K</i>)	AV	AS
3012M	Potassium Chloride , effervescent tablet 14 mmol K ⁺ and 8 mmol Cl ⁻ (<i>Chlorvescent</i>)	AV	AS
3152X	Prednisolone , tablet 1 mg (<i>Panafcortelone</i>)	AV	AS
1917X	Prednisolone , tablet 5 mg (<i>Panafcortelone</i>)	AV	AS
1916W	Prednisolone , tablet 25 mg (<i>Panafcortelone</i>)	AV	AS
8285C	Prednisolone Sodium Phosphate , oral solution equivalent to 5 mg prednisolone per mL, 30 mL (<i>Redipred</i>)	AV	AS
1934T	Prednisone , tablet 1 mg (<i>Panafcort</i>)	AV	AS
1935W	Prednisone , tablet 5 mg (<i>Panafcort</i>)	AV	AS
1936X	Prednisone , tablet 25 mg (<i>Panafcort</i>)	AV	AS
2724J	Pyridostigmine Bromide , tablet 10 mg (<i>Mestinon</i>)	DT	ID
1959D	Pyridostigmine Bromide , tablet 60 mg (<i>Mestinon</i>)	DT	ID
2608G	Pyridostigmine Bromide , tablet 180 mg (sustained release) (<i>Mestinon</i>)	DT	ID
2055E	Sucralfate , tablet equivalent to 1 g anhydrous sucralfate (<i>Carafate</i>)	AV	AS
2178P	Tolbutamide , tablet 500 mg (<i>Rastinon</i>)	AV	AS
2607F	Tolbutamide , tablet 1 g (<i>Rastinon</i>)	AV	AS
1248Q	Verapamil Hydrochloride , tablet 40 mg (<i>Isoptin</i>)	KN	AB
1250T	Verapamil Hydrochloride , tablet 80 mg (<i>Isoptin</i>)	KN	AB
1254B	Verapamil Hydrochloride , tablet 120 mg (<i>Isoptin</i>)	KN	AB
1253Y	Verapamil Hydrochloride , tablet 160 mg (<i>Isoptin</i>)	KN	AB
2208F	Verapamil Hydrochloride , tablet 180 mg (sustained release) (<i>Cordilox 180 SR</i>)	SC	KN
2208F	Verapamil Hydrochloride , tablet 180 mg (sustained release) (<i>Isoptin 180 SR</i>)	KN	AB
1241H	Verapamil Hydrochloride , tablet 240 mg (sustained release) (<i>Cordilox SR</i>)	SC	KN
1241H	Verapamil Hydrochloride , tablet 240 mg (sustained release) (<i>Isoptin SR</i>)	KN	AB
1060T	Verapamil Hydrochloride , injection 5 mg in 2 mL (<i>Isoptin</i>)	KN	AB
3494X	Verapamil Hydrochloride , injection 5 mg in 2 mL (<i>Isoptin</i>) (Doctor's Bag)	KN	AB

SECTION 100 — HIGHLY SPECIALISED DRUGS ADDITIONS

Additions — Items

- 6327B **Abacavir Sulfate with Lamivudine and Zidovudine**, tablet 300 mg (base)-150 mg-300 mg (*Trizivir*)
- 6320P **Darbepoetin Alfa**, injection 10 micrograms in 0.4 mL pre-filled syringe (*Aranesp*)
- 6321Q **Darbepoetin Alfa**, injection 20 micrograms in 0.5 mL pre-filled syringe (*Aranesp*)
- 6322R **Darbepoetin Alfa**, injection 30 micrograms in 0.3 mL pre-filled syringe (*Aranesp*)
- 6323T **Darbepoetin Alfa**, injection 40 micrograms in 0.4 mL pre-filled syringe (*Aranesp*)
- 6324W **Darbepoetin Alfa**, injection 50 micrograms in 0.5 mL pre-filled syringe (*Aranesp*)
- 6325X **Darbepoetin Alfa**, injection 60 micrograms in 0.3 mL pre-filled syringe (*Aranesp*)
- 6326Y **Darbepoetin Alfa**, injection 100 micrograms in 0.5 mL pre-filled syringe (*Aranesp*)
- 6328C **Tacrolimus**, capsule 500 micrograms (*Prograf*)

DELETIONS

Deletions — Items

- 6233C **Interferon Alfa-2b**, injection set containing 1 vial powder for injection 30,000,000 i.u. and 1 vial solvent 2 mL (*Intron A*)

ALTERATIONS

Alterations — Item Description

From:

- 6218G **Interferon Alfa-2b**, solution for injection 18,000,000 i.u. in 3 mL multi-dose vial (*Intron A*)

To:

- 6218G **Interferon Alfa-2b**, solution for injection 18,000,000 i.u. in 3 mL single dose vial (*Intron A*)

From:

- 6219H **Interferon Alfa-2b**, solution for injection 25,000,000 i.u. in 2.5 mL multi-dose vial (*Intron A*)

To:

- 6219H **Interferon Alfa-2b**, solution for injection 25,000,000 i.u. in 2.5 mL single dose vial (*Intron A*)

Alterations — Notes

A note has been added to **Desferrioxamine Mesylate**.

SECTION 100 — ITEMS AVAILABLE ON APPROVAL OF THE DEPARTMENT OF HEALTH AND AGED CARE AND DISTRIBUTED BY MANUFACTURERS

ADDITIONS

Additions — Items

- 6329D **Somatropin (Recombinant human growth hormone)**, injection 8 mg (24 i.u.) vial with 1.37 mL diluent cartridge (with preservative) (for use with one.click auto-injector) (*Saizen 8 mg click.easy*)

ALTERATIONS

Alterations — Item Description and Proprietary Name

<i>From:</i>	
6167N	Somatropin (Recombinant human growth hormone) , injection 4 i.u. (1.33 mg) vial with 1 mL diluent (without preservative) (<i>Saizen 4</i>)
<i>To:</i>	
6167N	Somatropin (Recombinant human growth hormone) , injection 1.33 mg (4 i.u.) vial with 1 mL diluent (without preservative) (<i>Saizen 1.33</i>)
<i>From:</i>	
6162H	Somatropin (Recombinant human growth hormone) , injection 10 i.u. (3.33 mg) vial with 5 mL diluent (with preservative) (<i>Saizen 10</i>)
<i>To:</i>	
6162H	Somatropin (Recombinant human growth hormone) , injection 3.33 mg (10 i.u.) vial with 5 mL diluent (with preservative) (<i>Saizen 3.33</i>)
<i>From:</i>	
6281N	Somatropin (Recombinant human growth hormone) , injection 24 i.u. (8 mg) vial with 5 mL diluent (with preservative) (<i>Saizen 24</i>)
<i>To:</i>	
6281N	Somatropin (Recombinant human growth hormone) , injection 8 mg (24 i.u.) vial with 5 mL diluent (with preservative) (<i>Saizen 8</i>)
<i>From:</i>	
6282P	Somatropin (Recombinant human growth hormone) , injection 24 i.u. (8 mg) vial with 1.37 mL diluent cartridge (with preservative) (<i>Saizen 24</i>)
<i>To:</i>	
6282P	Somatropin (Recombinant human growth hormone) , injection 8 mg (24 i.u.) vial with 1.37 mL diluent cartridge (with preservative) (for use with Easyject auto-injector) (<i>Saizen 8</i>)

ADVANCE NOTICES

Advance Notices — Deletion of Items

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 February 2002:

Items discontinued by the manufacturer —

2362H	Benzotropine Mesylate , tablet 2 mg (<i>Cogentin</i>)
8396X	Eprosartan Mesylate , tablet 300 mg (base) (<i>Teveten</i>)
2940R	Glibenclamide , tablet 2.5 mg (<i>Semi-Daonil</i>)
1635C	Methylphenobarbitone , tablet 200 mg (<i>Prominal</i>)
1240G	Terbutaline Sulfate , oral pressurised inhalation 250 micrograms per dose (400 doses) (<i>Bricanyl</i>)
2632M	Theophylline , tablet 200 mg (sustained release) (<i>Theo-Dur</i>)
2633N	Theophylline , tablet 300 mg (sustained release) (<i>Theo-Dur</i>)

Deletion requested by the manufacturer —

2905X	Streptokinase , injection 1,500,000 i.u. (solvent required) (<i>Streptase</i>)
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Deletion requested by the Blood and Organ Donation Task Force —

1980F	Red-Back Spider Antivenom , injection 500 units (<i>CS</i>)
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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, Bankwest 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
Tel: see 24 hour contact above

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) 6222 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 P Harrison (02) 6232 8636
Mr C Bai (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 J Lising (02) 6244 2159

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

Mr K Moyle 1300 364 545
Mr R Bell (03) 9637 4055

Queensland

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—
Mr P Dyer (07) 3234 0394
Mr C Healey (07) 3234 0960
Therapeutic Devices—
Mr D F Mines (07) 3406 8068
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 M Essex (08) 8226 8152

Western Australia

Health Department of WA
Box 8172, Stirling Street
Perth WA 6000

Mr R Moyle (08) 9388 4985
Mr M Patterson (08) 9388 4981

Tasmania

Department of Health
GPO Box 191B
Hobart Tas 7001

Drugs—
Mr J Galloway (03) 6233 3293
Ms M Sharpe (03) 6233 3766
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 7035

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>
AA	ASTA Medica Australasia Pty Limited 4/190 George Street Parramatta NSW 2150 Tel: (02) 9893 7630 Fax: (02) 9635 3275
AB	Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 9668 9711 Fax: (02) 9668 8459
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 9630 5099 Fax: (02) 9683 5026
AD	Amrad Pharmaceuticals Pty Ltd 54-68 Fern dell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
AF	Alphapharm Pty Limited Chase Building 2 Wentworth Park Road Glebe NSW 2037 Tel: (02) 9298 3999 Fax: (02) 9566 4686
AG	Allergan Australia Pty Ltd 77 Ridge Street Gordon NSW 2072 Tel: 1800 252 224 Fax: (02) 9498 0290
AL	Alphapharm Medical A Division of Alphapharm Pty Limited Chase Building 2 Wentworth Park Road Glebe NSW 2037 Tel: (02) 9298 3999 Fax: (02) 9566 4686
AN	Amgen Australia Pty Ltd Level 7, 123 Epping Road North Ryde NSW 2113 Tel: (02) 9870 1333 Fax: (02) 9870 1344
AP	AstraZeneca Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700

<i>Code</i>	<i>Manufacturer</i>
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
AS	Aspen Pharmacare Australia Pty Ltd Suite 3, Ground Floor 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
AV	Aventis Pharma Pty Limited 27 Sirius Road Lane Cove NSW 2066 Tel: 1800 555 995 Fax: 1800 555 335
AW	Arrow Pharmaceuticals Limited 24 Rothschild Avenue Rosebery NSW 2018 Tel: (02) 8344 8344 Fax: (02) 8344 8355
AX	Aventis Pasteur Pty Limited Suite 308 Level 3, Lakeside Corporate Centre 29-31 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8852 4200 Fax: (02) 8852 4299
AY	Ayerst Laboratories Pty Ltd Division of Wyeth Australia Pty Limited 17-19 Solent Circuit Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9761 8200 Fax: (02) 9023 0000
BA	Boots Pharmaceuticals A Division of Boots Healthcare Australia Pty Ltd 101 Waterloo Road North Ryde NSW 2113 Tel: (02) 9870 6000 Fax: (02) 9870 6100
BB	Blackmores Ltd 23 Roseberry Street Balgowlah NSW 2093 Tel: (02) 9951 0111 Fax: (02) 9949 1954

<i>Code</i>	<i>Manufacturer</i>
BC	Bristol Laboratories A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9701 1518
BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 1800 269 933 Fax: (02) 9887 3487
BG	Biochemie Australia Pty Ltd Level 2, 11-17 Khartoum Road North Ryde NSW 2113 Tel: (02) 9888 8550 Fax: (02) 9888 8557
BI	Biotech Pharmaceuticals Pty Ltd 100 Antimony Street Carole Park Qld 4300 Tel: (07) 3271 9600 Fax: (07) 3271 1315
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
BP	British Pharmaceuticals Unit A, 31-33 Sirius Road Lane Cove NSW 2066 Tel: (02) 9428 9411 Fax: (02) 9428 1732
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

<i>Code</i>	<i>Manufacturer</i>
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
BV	B.S.N. 211 Wellington Road Clayton Vic 3168 Tel: (03) 9566 1200 Fax: (03) 9562 2600
BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123
BY	Boehringer Ingelheim Pty Limited 85 Waterloo Road North Ryde NSW 2113 Tel: (02) 8875 8800 Fax: (02) 8875 8801
BZ	Boucher & Muir Pty Limited 118-124 Willoughby Road Crows Nest NSW 2065 Tel: (02) 9436 3922 Fax: (02) 9906 7147
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
CH	Chem mart Pty Limited 115 Sherriff Street Underdale SA 5032 Tel: (08) 8408 3000 Fax: (08) 8408 3383

<i>Code</i>	<i>Manufacturer</i>
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) 9680 6655 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 Ltd 3/10 Inglewood Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 8818 2111 Fax: (02) 8818 2122
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

<i>Code</i>	<i>Manufacturer</i>
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
FP	Ferring Pharmaceuticals Pty Ltd Suite 2B, Level 2 802 Pacific Highway Gordon NSW 2072 Tel: (02) 9497 2300 Fax: (02) 9497 2399
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 9 Rodborough 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) 9721 6000 Fax: (03) 9729 5319

<i>Code</i>	<i>Manufacturer</i>
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
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
ID	ICN Pharmaceuticals Australasia Pty Ltd Unit 12, 167 Prospect Highway Seven Hills NSW 2147 Tel: (02) 9838 8763 Fax: (02) 9838 7390
IN	Inverness Medical Asia Pacific Pty Ltd Australian Distributor Corbridge Group Pty Ltd 14 Orange Grove Mall Windsor Street Richmond NSW 2753 Tel: (02) 4578 0522 Fax: (02) 4578 0511

<i>Code</i>	<i>Manufacturer</i>
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
IS	Ipsen Pty Limited 21 Aristoc Road Glen Waverley Vic 3150 Tel: (03) 9550 1843 Fax: (03) 9562 5152
JC	Janssen-Cilag Pty Ltd 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 8875 3333 Fax: (02) 8875 3300
JJ	Johnson & Johnson Medical 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 9878 9111 Fax: 1800 808 233
JT	Johnson & Johnson Pacific Pty Limited Stephen Road Botany NSW 2019 Tel: (02) 9316 0466 Fax: (02) 9666 3162
KC	Kimberly-Clark Australia Pty Ltd 52 Alfred Street South Milsons Point NSW 2061 Tel: (02) 9963 8888 Fax: (02) 9957 5687
KE	Kendall Australasia Pty Ltd 22 Giffnock Avenue North Ryde NSW 2113 Tel: 1800 252 467 Fax: (02) 9888 7378
KN	Knoll Australia Pty Limited 15 Orion Road Lane Cove NSW 2066 Tel: (02) 9422 4444 Fax: (02) 9427 9911
KR	Kenral Division of Pharmacia Australia Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333

<i>Code</i>	<i>Manufacturer</i>
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 17-19 Solent Circuit Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9761 8200 Fax: (02) 9023 0000
LM	Link Medical Products Pty Ltd Level 1, Bridgepoint Centre 3 Brady Street Mosman NSW 2088 Tel: (02) 9960 0150 Fax: (02) 9960 0149
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
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
ME	Menley & James Division of SmithKline Beecham (Australia) Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9721 6000 Fax: (03) 9729 5319
MF	Mundipharma Pty Ltd Level 26, 6 O'Connell Street Sydney NSW 2000 Tel: (02) 9231 7200 Fax: (02) 9223 0011

<i>Code</i>	<i>Manufacturer</i>
MG	McGloins Classic Brands Unit 5, 13 Hoyle Avenue Castle Hill NSW 2154 Tel: (02) 9894 4844 Fax: (02) 9894 4393
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
MS	Abbott Diagnostics Division (MediSense Products) 666 Doncaster Road Doncaster Vic 3108 Tel: (03) 9843 7100 Fax: (03) 9855 8020
NA	National Diagnostic Products (Aust) Pty Limited 7-9 Merriwa Street Gordon NSW 2072 Tel: (02) 9418 1100 Fax: (02) 9418 1181
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
NI	InnoLet Products of Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151 Tel: (02) 9683 3600 Fax: (02) 9683 3029

<i>Code</i>	<i>Manufacturer</i>
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
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 9 Rodborough Road Frenchs Forest NSW 2086 Tel: 1800 800 765 Fax: (02) 9975 5374

<i>Code</i>	<i>Manufacturer</i>
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
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
PH	Pharmacia Australia Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
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
PU	Pharmacia & Upjohn Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333

<i>Code</i>	<i>Manufacturer</i>
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 Benckiser (Australia) Pty Limited 44 Wharf Road West Ryde NSW 2114 Tel: (02) 9857 2000 Fax: (02) 9857 2004
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
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
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

<i>Code</i>	<i>Manufacturer</i>
SE	Servier Laboratories (Aust.) Pty Ltd Servier House 13 Cato Street Hawthorn Vic 3122 Tel: (03) 9822 2144 Fax: (03) 9822 9790
SG	Serono Australia Pty Ltd Unit 4, Allambie Grove Business Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 9975 3100 Fax: (02) 9975 1516
SH	Schering-Plough Pty Ltd 11 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 9852 7444 Fax: (02) 9852 7500
SI	Sigma Pharmaceuticals Pty Ltd 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 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9721 6000 Fax: (03) 9729 5319
SL	SBPA A Division of Biochemie Australia Pty Ltd Level 2, 11-17 Khartoum Road 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

<i>Code</i>	<i>Manufacturer</i>
SS	Seton Scholl Healthcare Australia Pty Ltd 225 Beach Road Mordialloc Vic 3195 Tel: (03) 9587 6770 Fax: (03) 9587 6870
SU	Sauter Laboratories (Aust.) Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
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
TH	Richard Thomson Pty Ltd Unit D1, 46-62 Maddox Street Alexandria NSW 2015 Tel: (02) 9319 2644 Fax: 1800 810 257
TM	Technipro Marketing Pty Ltd 13 Bourke Street North Parramatta NSW 2151 Tel: (02) 9890 9311 Fax: (02) 9890 7488
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

<i>Code</i>	<i>Manufacturer</i>
UC	UCB Pharma A Division of UCB Australia Pty Ltd 19 Potter Street Craigieburn Vic 3064 Tel: (03) 9303 0637 Fax: (03) 9303 0689
UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Limited Tel: (02) 9436 3922 Fax: (02) 9906 7147
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 17-19 Solent Circuit Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9761 8200 Fax: (02) 9023 0000
WY	Wyeth Pharmaceuticals Division of Wyeth Australia Pty Limited 17-19 Solent Circuit Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9761 8200 Fax: (02) 9023 0000
ZK	Smith Kline & French Laboratories Division of SmithKline Beecham (Australia) Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9721 6000 Fax: (03) 9729 5319

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 (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'ts

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 in the Schedule; 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 or brand 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 is 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;
- 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 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. However, it is not necessary for the entitlement/concession number to be endorsed on the prescription if it is included in the electronic prescription details supplied by a pharmacist who is using the Claims Transmission System.

What to charge

Patient contribution

Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is \$21.90 for general patients and \$3.50 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 \$21.90 for items not listed in the Schedule.

The contribution rate for concessional patients in all public hospitals is \$3.50.

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 \$669.70. When patients and/or their families reach this amount, they can apply for a Safety Net Concession Card and pay only \$3.50 per prescription for the rest of the calendar year.

The concessional safety net threshold is \$182.00 (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 \$182.00. 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 \$3.50 per item.

General patients who were previously concessional patients can apply for a Safety Net Concession Card when they reach the general threshold of \$669.70. In this case, any pharmaceutical benefits previously supplied at the concessional rate in that calendar year will be counted at the rate of \$3.50 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 \$3.50 per item until the \$182.00 threshold is reached. To receive a Safety Net Concession Card, general pharmaceutical benefits are counted at the general rate of up to \$21.90 per item and concessional pharmaceutical benefits at \$3.50 per item, until the threshold of \$669.70 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 \$3.50 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 \$3.50 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 \$3.50 for each RPBS prescription item purchased.

Those with gold cards receive all of their prescription items under the RPBS, and only pay \$3.50 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 \$650.00 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 \$669.70, 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:

Quantity	Basic Pricing Unit
Up to and including 700 mg	100 mg price rate
Over 700 mg and up to and including 1 g	price as if 1 g
Over 1 g and up to and including 7 g	1 g price rate
Over 7 g and up to and including 10 g	price as if 10 g
Over 10 g and up to and including 80 g	10 g price rate
Over 80 g and up to and including 90 g	price as if 80 g
Over 90 g	100 g price rate

(b) find the recovery price of the basic pricing unit by applying the following quantity divisors to the recovery price shown for the ingredient in the Drug Tariff:

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

10 g price is 100 g price plus 12.5 per cent divided by 10

1 g price is 10 g price plus 25 per cent divided by 10

100 mg price is 1 g price plus 25 per cent divided by 10

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

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

The minimum recovery price for any ingredient is one cent. In other cases where a fraction of a cent occurs, the price is to be taken to the nearest cent (a half cent being taken up to the next cent).

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

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

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

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

Pricing prescriptions where extra ingredients are added to a formula

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

Containers

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

A double size container is allowed for bulk powders.

Special provisions for extemporaneous prescriptions outside the Standard Formulae List

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

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

Under this system, payment is made on the basis of an average 10 g/mL rate applied to the category of preparation concerned, i.e., the price will be determined by multiplying the appropriate 10 g/mL rate by the number of 10 g/mL units supplied and adding container and 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. The Act and the Regulations may also be accessed through the Attorney-General's Department website at <http://www.scaleplus.law.gov.au>.

**Therapeutic Index
for
PBS Schedule**

ALIMENTARY TRACT AND METABOLISM 67**STOMATOLOGICAL PREPARATIONS 67***Stomatological preparations 67***ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE 67***Antacids 67**Drugs for treatment of peptic ulcer 67**Antiregurgitants 77***ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES 77***Belladonna and derivatives, plain 77**Propulsives 78***ANTIEMETICS AND ANTINAUSEANTS 78***Antiemetics and antinauseants 78***BILE AND LIVER THERAPY 79***Bile therapy 79***LAXATIVES 80***Laxatives 80***ANTIIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS 82***Intestinal antiinfectives 82**Electrolytes with carbohydrates 82**Antipropulsives 83**Intestinal antiinflammatory agents 83***DIGESTIVES, INCL. ENZYMES 84***Digestives, incl. enzymes 84***DRUGS USED IN DIABETES 84***Insulins and analogues 84**Oral blood glucose lowering drugs 86***VITAMINS 88***Vitamin A and D, incl. combinations of the two 88**Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂ 88**Other plain vitamin preparations 88***MINERAL SUPPLEMENTS 89***Calcium 89**Potassium 89***ANABOLIC AGENTS FOR SYSTEMIC USE 89***Anabolic steroids 89***BLOOD AND BLOOD FORMING ORGANS 90****ANTITHROMBOTIC AGENTS 90***Antithrombotic agents 90***ANTIHEMORRHAGICS 95***Antifibrinolytics 95***ANTIANEMIC PREPARATIONS 95***Iron preparations 95**Vitamin B₁₂ and folic acid 95***BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 96***Blood and related products 96**I.V. solutions 96***CARDIOVASCULAR SYSTEM 98****CARDIAC THERAPY 98***Cardiac glycosides 98**Antiarrhythmics, class I and III 98**Cardiac stimulants excl. cardiac glycosides 99**Vasodilators used in cardiac diseases 99***ANTIHYPERTENSIVES 101***Antiadrenergic agents, centrally acting 101**Antiadrenergic agents, peripherally acting 101**Arteriolar smooth muscle, agents acting on 102***DIURETICS 103***Low-ceiling diuretics, thiazides 103**Low-ceiling diuretics, excl. thiazides 103*

THERAPEUTIC INDEX

- High-ceiling diuretics* 103
- Potassium-sparing agents* 104
- Diuretics and potassium-sparing agents in combination* 105
- PERIPHERAL VASODILATORS 105
 - Peripheral vasodilators* 105
- BETA BLOCKING AGENTS 105
 - Beta blocking agents* 105
- CALCIUM CHANNEL BLOCKERS 107
 - Selective calcium channel blockers with mainly vascular effects* 107
 - Selective calcium channel blockers with direct cardiac effects* 108
- AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM 109
 - ACE inhibitors, plain* 109
 - ACE inhibitors, combinations* 113
 - Angiotensin II antagonists, plain* 114
 - Angiotensin II antagonists, combinations* 115
- SERUM LIPID REDUCING AGENTS 115
 - Cholesterol and triglyceride reducers* 117
- DERMATOLOGICALS 119**
 - ANTIFUNGALS FOR DERMATOLOGICAL USE 119
 - Antifungals for systemic use* 119
 - ANTIPSORIATICS 119
 - Antipsoriatics for topical use* 119
 - Antipsoriatics for systemic use* 119
 - ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE 120
 - Chemotherapeutics for topical use* 120
 - CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 120
 - Corticosteroids, plain* 120
 - ANTI-ACNE PREPARATIONS 122
 - Anti-acne preparations for systemic use* 122
- GENITO URINARY SYSTEM AND SEX HORMONES 123**
 - OTHER GYNECOLOGICALS 123
 - Other gynecologicals* 123
 - SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM 124
 - Hormonal contraceptives for systemic use* 124
 - Androgens* 125
 - Estrogens* 126
 - Progestogens* 129
 - Progestogens and estrogens in combination* 129
 - Gonadotropins and other ovulation stimulants* 132
 - Antiandrogens* 136
 - Other sex hormones and modulators of the genital system* 137
- UROLOGICALS 138
 - Other urologicals, incl. antispasmodics* 138
- SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES 139**
 - PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES 139
 - Anterior pituitary lobe hormones and analogues* 139
 - Posterior pituitary lobe hormones* 139
 - Hypothalamic hormones* 139
 - CORTICOSTEROIDS FOR SYSTEMIC USE 139
 - Corticosteroids for systemic use, plain* 139
 - Antiadrenal preparations* 142
 - THYROID THERAPY 142
 - Thyroid preparations* 142
 - Antithyroid preparations* 142
 - PANCREATIC HORMONES 142
 - Glycogenolytic hormones* 142
 - CALCIUM HOMEOSTASIS 143
 - Anti-parathyroid hormones* 143

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE 144**ANTIBACTERIALS FOR SYSTEMIC USE 144**

- Tetracyclines 144*
- Amphenicols 147*
- Beta-lactam antibacterials, penicillins 147*
- Other beta-lactam antibacterials 152*
- Sulfonamides and trimethoprim 156*
- Macrolides and lincosamides 157*
- Aminoglycoside antibacterials 158*
- Quinolone antibacterials 159*
- Other antibacterials 159*

ANTIMYCOTICS FOR SYSTEMIC USE 161

- Antimycotics for systemic use 161*

ANTIMYCOBACTERIALS 162

- Drugs for treatment of tuberculosis 162*
- Drugs for treatment of lepra 162*

ANTIVIRALS FOR SYSTEMIC USE 163

- Direct acting antivirals 163*

IMMUNE SERA AND IMMUNOGLOBULINS 165

- Immune sera 165*

VACCINES 165

- Bacterial vaccines 165*
- Viral vaccines 165*

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 166**ANTINEOPLASTIC AGENTS 166**

- Alkylating agents 166*
- Antimetabolites 167*
- Plant alkaloids and other natural products 168*
- Cytotoxic antibiotics and related substances 169*
- Other antineoplastic agents 170*

ENDOCRINE THERAPY 171

- Hormones and related agents 171*
- Hormone antagonists and related agents 173*

IMMUNOSTIMULANTS 175

- Cytokines and immunomodulators 175*

IMMUNOSUPPRESSIVE AGENTS 178

- Immunosuppressive agents 178*

MUSCULO-SKELETAL SYSTEM 179**ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 179**

- Antiinflammatory and antirheumatic products, non-steroids 179*
- Specific antirheumatic agents 183*

MUSCLE RELAXANTS 185

- Muscle relaxants, centrally acting agents 185*
- Muscle relaxants, directly acting agents 185*

ANTIGOUT PREPARATIONS 185

- Antigout preparations 185*

DRUGS FOR TREATMENT OF BONE DISEASES 186

- Drugs affecting mineralization 186*

OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM 189

- Other drugs for disorders of the musculo-skeletal system 189*

NERVOUS SYSTEM 190**ANALGESICS 190**

- Opioids 190*
- Other analgesics and antipyretics 195*
- Antimigraine preparations 195*

ANTIEPILEPTICS 197

- Antiepileptics 197*

ANTI-PARKINSON DRUGS 200

THERAPEUTIC INDEX

Anticholinergic agents 200

Dopaminergic agents 201

PSYCHOLEPTICS 203

Antipsychotics 203

Anxiolytics 205

Hypnotics and sedatives 207

PSYCHOANALEPTICS 208

Antidepressants 208

Psychostimulants and nootropics 212

Anti-dementia drugs 213

OTHER NERVOUS SYSTEM DRUGS 214

Parasympathomimetics 214

Drugs used in addictive disorders 214

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 216

ANTIPROTOZOALS 216

Agents against amoebiasis and other protozoal diseases 216

Antimalarials 216

ANTHELMINTICS 217

Antinematodal agents 217

ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS 217

Ectoparasiticides, incl. scabicides 217

RESPIRATORY SYSTEM 218

ANTI-ASTHMATICS 218

Adrenergics, inhalants 218

Other anti-asthmatics, inhalants 221

Adrenergics for systemic use 224

Other anti-asthmatics for systemic use 225

COUGH AND COLD PREPARATIONS 225

Expectorants, excl. combinations with cough suppressants 225

Cough suppressants, excl. combinations with expectorants 225

ANTIHISTAMINES FOR SYSTEMIC USE 225

Antihistamines for systemic use 225

SENSORY ORGANS 226

OPHTHALMOLOGICALS 226

Antiinfectives 226

Antiinflammatory agents 227

Antiglaucoma preparations and miotics 228

Mydriatics and cycloplegics 230

Decongestants and antiallergics 230

Other ophthalmologicals 230

OTOLOGICALS 232

Antiinfectives 232

Corticosteroids and antiinfectives in combination 233

OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS 233

Antiinfectives 233

Corticosteroids 233

VARIOUS 234

ALLERGENS 234

Allergens 234

ALL OTHER THERAPEUTIC PRODUCTS 234

All other therapeutic products 234

DIAGNOSTIC AGENTS 235

Urine tests 235

Other diagnostic agents 235

GENERAL NUTRIENTS 236

Other nutrients 236

ALL OTHER NON-THERAPEUTIC PRODUCTS 242

All other non-therapeutic products 242

DENTAL BENEFITS

ALIMENTARY TRACT AND METABOLISM 243

STOMATOLOGICAL PREPARATIONS 243

Stomatological preparations 243

ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES 243

Belladonna and derivatives, plain 243

Propulsives 243

ANTIEMETICS AND ANTINAUSEANTS 243

Antiemetics and antinauseants 243

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS 244

Intestinal antiinfectives 244

BLOOD AND BLOOD FORMING ORGANS 244

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 244

Blood and related products 244

I.V. solutions 244

CARDIOVASCULAR SYSTEM 245

CARDIAC THERAPY 245

Antiarrhythmics, class I and III 245

Cardiac stimulants excl. cardiac glycosides 245

Vasodilators used in cardiac diseases 245

DERMATOLOGICALS 245

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 245

Corticosteroids, plain 245

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES 246

CORTICOSTEROIDS FOR SYSTEMIC USE 246

Corticosteroids for systemic use, plain 246

PANCREATIC HORMONES 246

Glycogenolytic hormones 246

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE 247

ANTIBACTERIALS FOR SYSTEMIC USE 247

Tetracyclines 247

Beta-lactam antibacterials, penicillins 247

Other beta-lactam antibacterials 252

Sulfonamides and trimethoprim 254

Macrolides and lincosamides 255

Other antibacterials 256

VACCINES 257

Bacterial vaccines 257

MUSCULO-SKELETAL SYSTEM 257

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 257

Antiinflammatory and antirheumatic products, non-steroids 257

NERVOUS SYSTEM 261

ANALGESICS 261

Opioids 261

Other analgesics and antipyretics 265

ANTIEPILEPTICS 266

Antiepileptics 266

ANTI-PARKINSON DRUGS 266

Anticholinergic agents 266

PSYCHOLEPTICS 266

Anxiolytics 266

Hypnotics and sedatives 267

THERAPEUTIC INDEX

RESPIRATORY SYSTEM 267**ANTI-ASTHMATICS 267***Adrenergics for systemic use 267***SENSORY ORGANS 267****OPHTHALMOLOGICALS 267***Antiinfectives 267***VARIOUS 267****ALL OTHER THERAPEUTIC PRODUCTS 267***All other therapeutic products 267***ALL OTHER NON-THERAPEUTIC PRODUCTS 268***All other non-therapeutic products 268*

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 ($\triangleright$) 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 ($\ddagger$) 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 ($\ddagger$), 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.

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.

If a brand of a drug which is subject to a special patient contribution also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'S' and 'B' respectively.

THERAPEUTIC GROUP PREMIUM POLICY

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

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

Basically the policy operates by:

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

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

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

The success of the Government in controlling prices of products supplied through the Pharmaceutical Benefits Scheme has often been criticised by the pharmaceutical industry. Under both the Brand Premium Policy and the Therapeutic Group Premium Policy, suppliers of multi-branded items and therapeutically similar drugs are able to set their own prices at a level that they think the market will bear. At the same time, the prescriber and the patient can decide whether it is necessary to pay more for a particular brand or drug when a cheaper one is available and is therapeutically interchangeable.

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

It should be noted that the brand premium or therapeutic group premium is not a Government charge or revenue. The premium arises from the manufacturer's price and the majority goes to the manufacturer with wholesalers and pharmacists receiving a small percentage.

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty \$	Proprietary Name and Manufacturer	
	ADRENALINE				
3451P	Injection 1 mg in 1 mL (1 in 1,000)	5	9.37	AP	
	ATROPINE SULFATE				
3453R	Injection 600 micrograms in 1 mL	10	10.30	AP	
	BENZTROPINE MESYLATE				
3457Y	Injection 2 mg in 2 mL	5	18.60	Cogentin	MK
	BENZYL PENICILLIN				
3486L	Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*33.36	BenPen	CS
or	or				
	PROCAINE PENICILLIN				
3485K	Injection 1.5 g	5	52.42	Cilicaine	SI
	BENZYL PENICILLIN				
3487M	Injection 3 g (with sterilised Water for Injections 10 mL)	1	13.45	BenPen	CS
	CHLORPROMAZINE HYDROCHLORIDE				
3455W	Injection 50 mg in 2 mL	10	13.92	Largactil	AV
or	or				
	HALOPERIDOL				
3456X	Injection 5 mg in 1 mL	10	14.59	Serenace	SI
	DEXAMETHASONE SODIUM PHOSPHATE				
3472R	Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	13.51	BL	
or	or				
	HYDROCORTISONE SODIUM SUCCINATE				
3470P	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*11.50	Solu-Cortef	PH
or	or				
	HYDROCORTISONE SODIUM SUCCINATE				
3471Q	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	10.84	Solu-Cortef	PH
	DIAZEPAM				
3458B	Injection 10 mg in 2 mL	5	9.43	BL	
	DIHYDROERGOTAMINE MESYLATE				
3460D	Injection 1 mg in 1 mL	5	15.20	Dihydergot	NV
	DIPHtheria and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE				
3462F	Injection 0.5 mL	15	*75.48	CS	
	FRUSEMIDE				
3466K	Injection 20 mg in 2 mL	5	10.80	Lasix	AV
	GLUCAGON HYDROCHLORIDE				
3467L	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	36.94	GlucaGen Hypokit	NO
	GLYCERYL TRINITRATE				
3475X	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	‡1	17.84	Nitrolingual Pumpspray	AV

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	*19.16	Xylocard 100	AP
3476Y	METOCLOPRAMIDE HYDROCHLORIDE Injection 10 mg in 2 mL	10	11.17	Maxolon	ID
or	or				
3477B	PROCHLORPERAZINE Injection 12.5 mg in 1 mL	10	14.10	Stemetil	AV
3479D	MORPHINE SULFATE Injection 15 mg in 1 mL	5	11.87	BL SI	
or	or				
3480E	MORPHINE SULFATE Injection 30 mg in 1 mL	5	13.16	BL	
3482G	NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL	2	*56.74	Naloxone Min-I-Jet	CS
3483H	PETHIDINE HYDROCHLORIDE Injection 100 mg in 2 mL	5	11.24	BL SI	
3488N	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	*15.58	BL	
3496B	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	14.39	^a Asmol 2.5 uni-dose	AF
				^a Chem mart Salbutamol	CH
				^a GenRx Salbutamol	FH
				^a healthsense Salbutamol	HS
				^a Terry White Chemists Salbutamol	TW
			15.49	^a PU ^a Ventolin Nebules	GW
or	or				
3495Y	SALBUTAMOL SULFATE Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	‡1	10.49	^a Asmol CFC-free	AL
			10.80	^a Epaq ^a Airomir ^a Ventolin CFC-free	AW MM GW

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of administration and form	Max. Qty	Dispensed		Proprietary Name and Manufacturer
			Price for Max. Qty \$		
SALBUTAMOL SULFATE					
3497C	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	14.95	^a Asmol 5 uni-dose	AF
				^a Chem mart Salbutamol	CH
				^a GenRx Salbutamol	FH
				^a healthsense Salbutamol	HS
				^a Terry White Chemists Salbutamol	TW
				^a PU	
			16.05	^a Ventolin Nebules	GW
TERBUTALINE SULFATE					
3490Q	Injection 100 micrograms in 1 mL	5	9.75	Bricanyl	AP
or	or				
TERBUTALINE SULFATE					
3491R	Injection 500 micrograms in 1 mL	5	9.86	Bricanyl	AP
TETANUS VACCINE, ADSORBED					
3493W	Injection 0.5 mL	5	*25.08	CS	
VERAPAMIL HYDROCHLORIDE					
3494X	Injection 5 mg in 2 mL	5	10.57	Isoptin	AB

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	Premium \$	Reimburse- ment Price for Max. Qty \$	Total Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
BLEOMYCIN SULFATE								
<u>Restricted benefit</u>								
<i>Germ cell neoplasms; Lymphoma.</i>								
2315W	<i>Powder for injection 15,000 i.u. (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)</i>	10	..	<i>\$460.80</i>	<i>*516.88</i>	<i>*977.68</i>	<i>21.90</i>	<i>BL</i>
				<i>\$460.80</i>	<i>516.88</i>	<i>977.68</i>	<i>21.90</i>	<i>a Blenamax AA</i>
				<i>\$460.80</i>	<i>516.88</i>	<i>1057.16</i>	<i>21.90</i>	<i>a Blenoxane BQ</i>
				<i>\$79.48</i>				

ALIMENTARY TRACT AND METABOLISM

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
STOMATOLOGICAL PREPARATIONS								
Stomatological preparations								
• Antifectives for local oral treatment								
AMPHOTERICIN								
2931G	Lozenge 10 mg	20	1	..	7.52	8.41	Fungilin	BQ
NYSTATIN								
3033P	Oral suspension 100,000 units per mL, 24 mL	1	1	..	9.06	9.95	Mycostatin Nilstat	BQ AY
• Other agents for local oral treatment								
BENZYLAMINE HYDROCHLORIDE								
Restricted benefit								
Treatment of radiation induced mucositis.								
1121B	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	1	1	..	17.48	18.37	Diffiam	MM
ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE								
Antacids								
• Combinations and complexes of aluminium, calcium and magnesium compounds								
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE								
2576N	Tablet 200 mg-200 mg	200	5	..	*12.62	13.51	^a Gehusil	WW
				B0.40	*13.02	13.51	^a Mylanta	WR
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*12.62	13.51	^a Gelusil	WW
				B0.32	*12.94	13.51	^a Sigma Liquid Antacid	SI
							^a Mylanta P	WR
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE								
1032H	Tablet 250 mg-120 mg-120 mg	200	5	..	*12.62	13.51	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg- 120 mg per 5 mL, 500 mL	2	5	..	*12.62	13.51	Gastrogel	FM
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								
Restricted benefit								
Initial treatment of peptic ulcer.								
NOTE:								
<i>Helicobacter pylori</i> eradication therapy should be considered.								
8150Y	Tablet 200 mg	120	1	..	27.22	21.90	^a Cimehexal	HX
				B2.49	29.71	21.90	^a Magicul 200	AF
							^a Tagamet	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.								
8151B	Tablet 400 mg	60	1	..	27.22	21.90	^a Cimehexal	HX
							^a Cimetidine-BC	BG
							^a GenRx	FH
							Cimetidine	
							^a Magicul 400	AF
							^a Sigmatadine	SI
				^B 2.49	29.71	21.90	^a Tagamet	SK
8152C	Tablet 800 mg	30	1	..	27.22	21.90	^a Cimehexal	HX
							^a GenRx	FH
							Cimetidine	
							^a Magicul 800	AF
				^B 4.96	32.18	21.90	^a Tagamet	SK
8153D	Effervescent tablet 800 mg (as hydrochloride)	30	1	^T 7.01	34.23	21.90	Tagamet 800 Express	SK
Restricted benefit								
<i>Maintenance treatment of peptic ulcer in patients who are Helicobacter pylori negative or in whom there has been failure of Helicobacter pylori eradication therapy;</i>								
<i>Reflux oesophagitis;</i>								
<i>Scleroderma oesophagus;</i>								
<i>Zollinger-Ellison syndrome.</i>								
1157X	Tablet 200 mg	120	5	..	27.22	21.90	^a Cimehexal	HX
							^a Magicul 200	AF
				^B 2.49	29.71	21.90	^a Tagamet	SK
1158Y	Tablet 400 mg	60	5	..	27.22	21.90	^a Cimehexal	HX
							^a Cimetidine-BC	BG
							^a GenRx	FH
							Cimetidine	
							^a Magicul 400	AF
							^a Sigmatadine	SI
				^B 2.49	29.71	21.90	^a Tagamet	SK
1159B	Tablet 800 mg	30	5	..	27.22	21.90	^a Cimehexal	HX
							^a GenRx	FH
							Cimetidine	
							^a Magicul 800	AF
				^B 4.96	32.18	21.90	^a Tagamet	SK
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	5	^T 7.01	34.23	21.90	Tagamet 800 Express	SK

Authority required

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

Initial treatment of peptic ulcer;

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

Initial treatment of peptic ulcer.

NOTE:

Helicobacter pylori eradication therapy should be considered.

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CIMETIDINE—cont.								
8900K	Effervescent tablet 800 mg (as hydrochloride)	30	1	..	34.23	21.90	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	..	34.23	21.90	Tagamet 800 Express	SK
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FAMOTIDINE**Restricted benefit**

Initial treatment of peptic ulcer.

NOTE:

Helicobacter pylori eradication therapy should be considered.

8154E	Tablet 20 mg	60	1	15.40	26.65	21.90	Amfamox 20 Pepcidine M	AD MK
8155F	Tablet 40 mg	30	1	15.40	26.65	21.90	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	15.40	26.65	21.90	Amfamox 20 Pepcidine M	AD MK
2488Y	Tablet 40 mg	30	5	15.40	26.65	21.90	Amfamox 40 Pepcidine	AD MK

ALIMENTARY TRACT AND METABOLISM—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	
<u>FAMOTIDINE—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, for:</i>								
<i>Initial treatment of peptic ulcer;</i>								
<i>Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance, for:</i>								
<i>Initial treatment of peptic ulcer.</i>								
<u>NOTE:</u>								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
8906R	Tablet 20 mg	60	1	..	26.65	21.90	Amfamox 20 Pepcidine M	AD MK
8908W	Tablet 40 mg	30	1	..	26.65	21.90	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	..	26.65	21.90	Amfamox 20 Pepcidine M	AD MK
8909X	Tablet 40 mg	30	5	..	26.65	21.90	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	14.05	25.58	21.90	Tazac	LY
8157H	Capsule 300 mg	30	1	14.05	25.58	21.90	Tazac	LY

Restricted benefit

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

1505F	Capsule 150 mg	60	5	14.05	25.58	21.90	Tazac	LY
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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	
NIZATIDINE—cont.								
1504E	Capsule 300 mg	30	5	14.05	25.58	21.90	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	..	25.58	21.90	Tazac	LY
8932D	Capsule 300 mg	30	1	..	25.58	21.90	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	..	25.58	21.90	Tazac	LY
8933E	Capsule 300 mg	30	5	..	25.58	21.90	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	..	21.94	21.90	^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 Ranitidine-BC BG ^a Ranoxyl DP ^a Terry White Chemists TW Ranitidine ^a Zantac GW
8159K	Effervescent tablet 150 mg (base)	60	1	2.17	24.11	21.90	^a Zantac GW
8160L	Tablet 300 mg (base)	30	1	..	21.94	21.90	^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 Ranitidine-BC BG ^a Ranoxyl DP ^a Terry White Chemists TW Ranitidine ^a Zantac GW
8161M	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	2.14	*24.10	21.90	^a 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	..	21.94	21.90	^a Ausran ^a Chem mart Ranitidine ^a DBL Ranitidine ^a GenRx Ranitidine ^a healthsense Ranitidine ^a Rani 2 ^a Ranihexal ^a Ranitidine-BC ^a Ranoxyl ^a Terry White Chemists Ranitidine	SI CH BL FH HS AF HX BG DP TW GW
					^B 2.17	24.11	^a Zantac	GW
1937Y	Effervescent tablet 150 mg (base)	60	5		^B 2.17	24.11	Zantac	GW
1977C	Tablet 300 mg (base)	30	5	..	21.94	21.90	^a Ausran ^a Chem mart Ranitidine ^a DBL Ranitidine ^a GenRx Ranitidine ^a healthsense Ranitidine ^a Rani 2 ^a Ranihexal ^a Ranitidine-BC ^a Ranoxyl ^a Terry White Chemists Ranitidine	SI CH BL FH HS AF HX BG DP TW GW
					^B 2.17	24.11	^a Zantac	GW
8162N	Syrup 150 mg (base) per 10 mL, 300 mL	2	5		^B 2.14	*24.10	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	..	24.11	21.90	Zantac	GW

continued →

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
RANITIDINE HYDROCHLORIDE—cont.								
8904P	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	..	*24.10	21.90	Zantac Syrup	GW

Authority required

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

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

Reflux oesophagitis;

Scleroderma oesophagus;

Zollinger-Ellison syndrome;

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

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

Reflux oesophagitis;

Scleroderma oesophagus;

Zollinger-Ellison syndrome.

8903N	Effervescent tablet 150 mg (base)	60	5	..	24.11	21.90	Zantac	GW
8905Q	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	..	*24.10	21.90	Zantac Syrup	GW

• **Prostaglandins****MISOPROSTOL****CAUTION:**

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

Authority required

Reduction in the incidence of gastrointestinal complications in patients who have a history of peptic ulcer disease and in whom NSAID therapy is essential;

Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery;

Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous 2 years.

1648R	Tablet 200 micrograms	120	2	..	51.52	21.90	Cytotec	PH
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• **Proton pump inhibitors****LANSOPRAZOLE****Restricted benefit**

Initial treatment of peptic ulcer.

NOTE:

Helicobacter pylori eradication therapy should be considered.

2240X	Capsule 30 mg	30	1	..	49.38	21.90	Zoton	LE
8528W	Sachet containing granules for oral suspension, 30 mg per sachet	28	1	..	46.17	21.90	Zoton	LE

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
LANSOPRAZOLE—cont.								
<u>Restricted benefit</u>								
<i>Gastro-oesophageal reflux disease; Scleroderma oesophagus.</i>								
8198L	Capsule 15 mg	30	5	..	31.00	21.90	Zoton	LE
2241Y	Capsule 30 mg	30	5	..	49.38	21.90	Zoton	LE
8529X	Sachet containing granules for oral suspension, 30 mg per sachet	28	5	..	46.17	21.90	Zoton	LE
OMEPRAZOLE								
<u>Restricted benefit</u>								
<i>Initial treatment of peptic ulcer.</i>								
NOTE: <i>Helicobacter pylori eradication therapy should be considered.</i>								
1326T	Capsule 20 mg	30	1	..	46.21	21.90	Maxor	AF
<u>Restricted benefit</u>								
<i>Gastro-oesophageal reflux disease; Scleroderma oesophagus; Zollinger-Ellison syndrome.</i>								
1327W	Capsule 20 mg	30	5	..	46.21	21.90	Maxor	AF
OMEPRAZOLE MAGNESIUM								
<u>Restricted benefit</u>								
<i>Initial treatment of peptic ulcer.</i>								
NOTE: <i>Helicobacter pylori eradication therapy should be considered.</i>								
8331L	Tablet 20 mg (base)	30	1	..	46.21	21.90	^a Acimax Tablets	AL
				^b 0.79	47.00	21.90	^a Losec Tablets	AP
<u>Restricted benefit</u>								
<i>Gastro-oesophageal reflux disease; Scleroderma oesophagus; Zollinger-Ellison syndrome.</i>								
8332M	Tablet 10 mg (base)	30	5	..	29.57	21.90	Losec Tablets	AP
8333N	Tablet 20 mg (base)	30	5	..	46.21	21.90	^a Acimax Tablets	AL
				^b 0.79	47.00	21.90	^a Losec Tablets	AP
PANTOPRAZOLE SODIUM SESQUIHYDRATE								
<u>Restricted benefit</u>								
<i>Initial treatment of peptic ulcer.</i>								
NOTE: <i>Helicobacter pylori eradication therapy should be considered.</i>								
8007K	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	1	..	48.52	21.90	Somac	PH

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>Restricted benefit</u>								
<i>Gastro-oesophageal reflux disease.</i>								
8399C	Tablet (enteric coated), equivalent to 20 mg pantoprazole	30	5	..	30.45	21.90	Somac	PH
8008L	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	5	..	48.52	21.90	Somac	PH
<u>Restricted benefit</u>								
<i>Scleroderma oesophagus; Zollinger-Ellison syndrome.</i>								
8008L	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	5	..	48.52	21.90	Somac	PH
RABEPRAZOLE SODIUM								
<u>Restricted benefit</u>								
➤ <i>Initial treatment of peptic ulcer.</i>								
NOTE:								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
8509W	Tablet 20 mg (enteric coated)	30	1	..	46.21	21.90	Pariet	JC
<u>Restricted benefit</u>								
➤ <i>Gastro-oesophageal reflux disease;</i>								
➤ <i>Scleroderma oesophagus.</i>								
8507R	Tablet 10 mg (enteric coated)	30	5	..	29.57	21.90	Pariet	JC
8508T	Tablet 20 mg (enteric coated)	30	5	..	46.21	21.90	Pariet	JC
• 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	..	..	65.18	21.90	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 amoxicillin 500 mg	‡1	..	..	98.05	21.90	Klacid Hp 7	AB

ALIMENTARY TRACT AND METABOLISM —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	
OMEPRAZOLE MAGNESIUM and CLARITHROMYCIN and AMOXYCILLIN						
<u>Restricted benefit</u>						
<i>Eradication of Helicobacter pylori associated with peptic ulcer disease.</i>						
8376W	Pack containing 14 tablets omeprazole 20 mg (base), 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg	#1	97.81	21.90	Losec Hp7	AP
OMEPRAZOLE MAGNESIUM and METRONIDAZOLE and AMOXYCILLIN						
<u>Authority required</u>						
<i>Eradication of Helicobacter pylori associated with peptic ulcer disease.</i>						
8377X	Pack containing 28 tablets omeprazole 20 mg (base), 42 tablets metronidazole 400 mg and 42 capsules amoxicillin 500 mg	#1	90.66	21.90	Losec Helicopak	AP
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	98.05	21.90	Pylorid KA	GW
• Other drugs for treatment of peptic ulcer						
SUCRALFATE						
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120 2 ..	23.19 B1.84 25.03	21.90 21.90	^a Ulcyte ^a Carafate	AF AS
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 ..	*12.38	13.27	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 ..	10.30	11.19	AP	

ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Propulsives								
• Propulsives								
CISAPRIDE								
CAUTION:								
<i>Cisapride may cause serious cardiac arrhythmias.</i>								
Authority required								
<i>Treatment of gastroparesis where the diagnosis has been made or confirmed by a consultant physician.</i>								
1188M	Tablet 5 mg	90	5	..	21.49	21.90	Prepulsid	JC
1189N	Tablet 10 mg	90	5	..	33.93	21.90	Prepulsid	JC
1294D	Tablet 20 mg	60	5	..	43.50	21.90	Prepulsid Forte	JC
1190P	Oral suspension 1 mg per mL, 200 mL	‡1	5	..	22.61	21.90	Prepulsid	JC
DOMPERIDONE								
1347X	Tablet 10 mg	25	..	..	7.12	8.01	Motilium	JC
METOCLOPRAMIDE HYDROCHLORIDE								
1207M	Tablet 10 mg	25	..	..	6.32	7.21	Pramin	AF
				B3.01	9.33	7.21	Maxolon	ID
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	7.28	8.17	Maxolon	ID
1206L	Injection 10 mg in 2 mL	10	..	..	11.17	12.06	Maxolon	ID

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	..	..	62.12	21.90	Anzemet	AV
8192E	I.V. injection 100 mg in 5 mL	1	..	..	33.40	21.90	Anzemet	AV

ONDANSETRON**Restricted benefit**

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

8224W	Tablet 4 mg	4	..	..	44.31	21.90	Zofran	GW
8225X	Tablet 8 mg	4	..	..	73.66	21.90	Zofran	GW
8410P	Wafer 4 mg	4	..	..	44.31	21.90	Zofran Zydis	GW
8411Q	Wafer 8 mg	4	..	..	73.66	21.90	Zofran Zydis	GW
8226Y	I.V. injection 4 mg in 2 mL	1	..	..	27.03	21.90	Zofran	GW
8227B	I.V. injection 8 mg in 4 mL	1	..	..	44.13	21.90	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				
ONDANSETRON—cont.								
<u>Authority required</u>								
<i>Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.</i>								
1594X	Tablet 4 mg	10	1	..	103.76	21.90	Zofran	GW
1595Y	Tablet 8 mg	10	1	..	177.05	21.90	Zofran	GW
8412R	Wafer 4 mg	10	1	..	103.76	21.90	Zofran Zydys	GW
8413T	Wafer 8 mg	10	1	..	177.05	21.90	Zofran Zydys	GW
8233H	Syrup 4 mg per 5 mL, 50 mL	‡1	1	..	103.76	21.90	Zofran syrup 50 mL	GW
1596B	I.V. injection 4 mg in 2 mL	1	..	..	27.03	21.90	Zofran	GW
1597C	I.V. injection 8 mg in 4 mL	1	..	..	44.13	21.90	Zofran	GW

TROPISETRON HYDROCHLORIDE**Restricted benefit**

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

2745L	Capsule 5 mg (base)	2	..	..	62.12	21.90	Navoban	NV
2746M	I.V. injection 5 mg (base) in 5 mL	1	..	..	44.13	21.90	Navoban	NV

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

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

2893G	Tablet 5 mg	25	..	..	7.28	8.17	* Stemetil	HP
				‡1.01	8.29	8.17	* Stemetil	AV
2369Q	Injection 12.5 mg in 1 mL	10	..	..	14.10	14.99	Stemetil	AV
2894H	Suppositories 5 mg, 5	‡1	2	..	10.44	11.33	Stemetil	AV
2895J	Suppositories 25 mg, 5	‡1	2	..	11.28	12.17	Stemetil	AV

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	..	169.68	21.90	Ursofalk	OA
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ALIMENTARY TRACT AND METABOLISM —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
LAXATIVES					
Laxatives					
• Contact laxatives					
BISACODYL					
Restricted benefit					
<i>Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;</i>					
<i>Patients who are receiving long-term nursing care 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>					
1259G	Tablet 5 mg	200 2 ..	11.81	12.70	Bisalax AS
1260H	Suppositories 10 mg, 10	3 5 ..	*21.45	21.90	Durolax BY
1258F	Suppositories 10 mg, 12	3 4 ..	*17.43	18.32	Fleet Laxative Suppositories Petrus PP Bisacodyl Suppositories

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 ..	*21.42	21.90	Coloxyl FM
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• **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.*

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	
STERCULIA with FRANGULA BARK—cont.								
1102B	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.98	21.90	Granocol	SC
1104D	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	22.46	21.90	Normacol Plus	NE
• Osmotically acting laxatives								
LACTULOSE								
<u>Restricted benefit</u>								
Hepatic coma or precoma (chronic porto-systemic encephalopathy); Malignant neoplasia.								
3064G	Mixture 3.34 g per 5 mL, 500 mL	‡1	5	..	15.30	16.19	^a Actilax ^a Genlac ^a Lac-Dol ^a Duphalac	AF AW DP SM
				^B 1.87	17.17	16.19		
• Enemas								
BISACODYL								
<u>Restricted benefit</u>								
Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities; For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.								
1263L	Enemas 10 mg in 5 mL, 25	‡1	2	..	35.70	21.90	Bisalax	AS
SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE								
<u>Restricted benefit</u>								
Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function; Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities; For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult; Patients receiving palliative care; Terminal malignant neoplasia; Anorectal congenital abnormalities; Megacolon.								
2091C	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	2	2	..	*30.86	21.90	MicroLax	PH
8175G	Enemas 3.150 g-450 mg-45 mg in 5 mL, 12	2	2	..	*30.86	21.90	Fleet Micro-enema	FL

ALIMENTARY TRACT AND METABOLISM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
• Other 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	..	*14.70	15.59	PP
2556M	Suppositories 1.4 g (for children), 12	3	5	..	*15.09	15.98	PP
2557N	Suppositories 2.8 g (for adults), 12	3	5	..	*15.45	16.34	PP

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

Intestinal antiinfectives

• **Antibiotics**

NEOMYCIN SULFATE

2325J	Tablet 500 mg	25	1	..	13.39	14.28	Neosulf	AF
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NYSTATIN

1696G	Tablet 500,000 units	50	..	..	13.29	14.18	Nilstat	AY
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1699K	Capsule 500,000 units	50	..	..	13.29	14.18	Nilstat	AY
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VANCOMYCIN

Restricted benefit*Antibiotic associated colitis.*

3113W	Capsule 125 mg (125,000 i.u.) vancomycin activity	40	..	..	*255.52	21.90	Vancocin	LY
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3114X	Capsule 250 mg (250,000 i.u.) vancomycin activity	40	..	..	*488.98	21.90	Vancocin	LY
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Electrolytes with carbohydrates

• **Oral rehydration salt formulations**

ELECTROLYTE REPLACEMENT (ORAL)

3196F	Sachets containing powder for oral solution 4.87 g, 10	‡1	..	..	12.63	13.52	Repalyte New Formulation	AV
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NOTE:

Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g.

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	
Antipropulsives								
• Antipropulsives								
DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE								
2501P	Tablet 2.5 mg-25 micrograms	20	..	.. B1.84	6.34 8.18	7.23 7.23	* Lofenoxal * Lomotil	KR PH
LOPERAMIDE HYDROCHLORIDE								
1571Q	Capsule 2 mg	12	..	.. B1.00	6.34 7.34	7.23 7.23	* Gastro-Stop Loperamide * Imodium	AS JC
Intestinal antiinflammatory agents								
• Corticosteroids for local use								
HYDROCORTISONE ACETATE								
<u>Restricted benefit</u>								
<i>Proctitis; Ulcerative colitis.</i>								
1502C	Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g	2	3	..	*36.04	21.90	Colifoam	SV
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
PREDNISOLONE SODIUM PHOSPHATE								
1920C	Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*75.52	21.90	Predsol	SI
PREDNISOLONE SODIUM PHOSPHATE								
<u>Restricted benefit</u>								
<i>Proctitis; Ulcerative colitis.</i>								
2554K	Suppositories equivalent to 5 mg prednisolone, 10	3	3	..	*23.16	21.90	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	..	73.84	21.90	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	..	61.51	21.90	Dipentum	PH
8086N	Tablet 500 mg	100	5	..	104.78	21.90	Dipentum	PH
SULFASALAZINE								
<u>Restricted benefit</u>								
<i>Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.</i>								

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	
SULFASALAZINE—cont.								
2093E	Tablet 500 mg	200	5	..	*43.18	21.90	Salazopyrin	PH
2096H	Tablet 500 mg (enteric coated)	200	5	..	*47.04	21.90	^a Pyralin EN	KR
				^B 1.64	*48.68	21.90	^a Salazopyrin-EN	PH

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	..	*174.53	21.90	Creon	SM
8021E	Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.56	21.90	Creon Forte	SM
PANCRELIPASE								
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	121.28	21.90	Pancrease	JC
2495H	Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*177.42	21.90	Cotazym-S Forte	OR
8366H	Capsule (containing enteric coated microtablets) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.50	21.90	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	..	*270.53	21.90	NovoRapid NovoLet 3 mL NovoRapid Penfill 3 mL	NL NO
INSULIN LISPRO								
8084L	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*162.63	21.90	Humalog	LY
8085M	Injections (human analogue) 100 units per mL, 1.5 mL, 5	10	1	..	*270.18	21.90	Humalog	LY
8212F	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*270.53	21.90	Humalog	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	
INSULIN NEUTRAL								
1713E	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*127.13	21.90	Hypurin Neutral	AS
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.28	21.90	Actrapid Humulin R	NO LY
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*229.23	21.90	Actrapid NovoLet 3 mL Actrapid Penfill 3 mL Humulin R	NL NO LY
• Insulins and analogues, intermediate-acting								
INSULIN ISOPHANE (N.P.H.)								
1711C	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*127.13	21.90	Hypurin Isophane	AS
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.28	21.90	Humulin NPH Protaphane	LY NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*229.23	21.90	Humulin NPH Protaphane InnoLet Protaphane NovoLet 3 mL Protaphane Penfill 3 mL	LY NI NL NO
INSULIN ZINC SUSPENSION (Lente)								
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.28	21.90	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	..	*270.53	21.90	Humalog Mix25	LY
INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)								
1426C	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*136.28	21.90	Humulin 30/70 Mixtard 30/70	LY NO
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*136.28	21.90	Humulin 50/50 Mixtard 50/50	LY NO
8006J	Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5	5	1	..	*229.23	21.90	Humulin 20/80 Mixtard 20/80 NovoLet 3 mL Mixtard 20/80 Penfill 3 mL	LY NL 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	..	*229.23	21.90	Humulin 30/70 Mixtard 30/70 InnoLet Mixtard 30/70 NovoLet 3 mL Mixtard 30/70 Penfill 3 mL	LY NI NL NO NO
2062M	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*229.23	21.90	Mixtard 50/50 NovoLet 3 mL Mixtard 50/50 Penfill 3 mL	NL NO NO
• Insulins and analogues, long-acting								
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)								
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.28	21.90	Humulin UL Ultratard	LY NO
Oral blood glucose lowering drugs								
• Biguanides								
METFORMIN HYDROCHLORIDE								
2430X	Tablet 500 mg	100	5	..	15.03	15.92	^a Chem mart Metformin ^a Diaformin ^a GenRx Metformin ^a Glucohexal ^a Glucomet 500 mg ^a healthsense Metformin ^a Metformin-BC ^a Terry White Chemists Metformin	CH AF FH HX DP HS BG TW AL AW
				B1.10	16.13	15.92	^a Diabex ^a Glucophage	
1801T	Tablet 850 mg	60	5	..	15.03	15.92	^a Chem mart Metformin ^a Diaformin 850 ^a GenRx Metformin ^a Glucohexal ^a Glucomet 850 mg ^a healthsense Metformin ^a Metformin-BC ^a Terry White Chemists Metformin	CH AF FH HX DP HS BG TW AL AW
				B1.10	16.13	15.92	^a Diabex 850 ^a Glucophage	

ALIMENTARY TRACT AND METABOLISM —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	
• Sulfonamides, urea derivatives						
GLIBENCLAMIDE						
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.						
2940R	Tablet 2.5 mg	100 5 ..	8.48	9.37	Semi-Daonil	AV
2939Q	Tablet 5 mg	100 5 ..	10.10	10.99	^a Glimel	AF
		^B 1.00	11.10	10.99	^a Daonil	AV
GLICLAZIDE						
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.						
8535F	Tablet 30 mg (modified release)	100 5 ..	15.69	16.58	Diamicron MR	SE
2449X	Tablet 80 mg	100 5 ..	15.69	16.58	^a Glyade	AF
		^B 1.00	16.69	16.58	^a Nidem	AW
					^a Diamicron	SE
GLIMEPIRIDE						
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.						
8450R	Tablet 1 mg	30 5 ..	8.71	9.60	Amaryl	AV
8451T	Tablet 2 mg	30 5 ..	12.38	13.27	Amaryl	AV
8533D	Tablet 3 mg	30 5 ..	14.58	15.47	Amaryl	AV
8452W	Tablet 4 mg	30 5 ..	16.78	17.67	Amaryl	AV
GLIPIZIDE						
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.						
2440K	Tablet 5 mg	100 5 ..	14.58	15.47	^a Melizide	AF
		^B 0.86	15.44	15.47	^a Minidiab	PH
TOLBUTAMIDE						
CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.						
2178P	Tablet 500 mg	200 2 ..	*15.80	16.69	Rastinon	AS
2607F	Tablet 1 g	100 5 ..	15.80	16.69	Rastinon	AS
• 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 ..	28.88	21.90	Glucobay 50	BN
8189B	Tablet 100 mg	90 5 ..	38.78	21.90	Glucobay 100	BN

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			

VITAMINS

Vitamin A and D, incl. combinations of the two

- *Vitamin D and analogues*

CALCITRIOL

Authority required

Hypocalcaemia due to renal disease;

Hypoparathyroidism;

Hypophosphataemic rickets;

Vitamin D-resistant rickets;

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.

2502Q	Capsule 0.25 microgram	100	5	..	62.40	21.90	^a Citrihexal	HX
							^a Kosteol	AW
							^a Rocaltrol	RO
							^a Sitriol	AF

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	..	12.41	13.30	Beta-Sol	FM
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Other plain vitamin preparations

- *Other plain vitamin preparations*

PYRIDOXINE HYDROCHLORIDE

Restricted benefit

Homocystinuria;

Prophylaxis or treatment of peripheral neuritis due to isoniazid therapy;

Primary hyperoxaluria;

Pyridoxine-responsive anaemia, proven;

Pyridoxine-responsive convulsions;

Radiation sickness;

Sideroblastic (refractory) anaemia.

1965K	Tablet 25 mg	100	..	..	9.70	10.59	FM	
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ALIMENTARY TRACT AND METABOLISM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
MINERAL SUPPLEMENTS								
	Calcium							
	• 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	..	*13.42	14.31	Cal-Sup	MM
3117C	Tablet 600 mg (as carbonate)	120	1	..	12.48	13.37	Caltrate	WT
	Potassium							
	• Potassium							
	POTASSIUM CHLORIDE							
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.78	11.67	KSR Slow-K Span-K	AF NV AS
3012M	Effervescent tablet 14 mmol K ⁺ and 8 mmol Cl ⁻	60	1	..	10.77	11.66	Chlorvescent	AS
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	..	*71.90	21.90	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	..	19.29	20.18	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	..	7.52	8.41	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	7.69	8.58	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.93	8.82	Marevan	BA
2211J	Tablet 5 mg	50	2	..	8.42	9.31	Coumadin Marevan	BT BA
• Heparin group								
DALTEPARIN SODIUM								
<i>(Low Molecular Weight Heparin Sodium—porcine mucous)</i>								
Authority required								
<i>Unstable angina or non-Q-wave myocardial infarction.</i>								
8271H	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre- filled syringe	6	1	..	65.57	21.90	Fragmin	PH
8269F	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	6	1	..	85.86	21.90	Fragmin	PH
Authority required								
<i>Major hip surgery.</i>								
2816F	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	10	..	..	72.33	21.90	Fragmin	PH
Authority required								
<i>Treatment of deep vein thrombosis.</i>								
8320X	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	15	..	..	106.16	21.90	Fragmin	PH
8278Q	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre- filled syringe	15	..	..	156.90	21.90	Fragmin	PH
8130X	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	15	..	..	207.18	21.90	Fragmin	PH
Authority required								
<i>Use during pregnancy when full anticoagulation is required.</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	
DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)—cont.								
8321Y	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	30	2	..	*207.18	21.90	Fragmin	PH
8322B	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe	30	2	..	*299.44	21.90	Fragmin	PH
8323C	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	30	2	..	*391.68	21.90	Fragmin	PH
ENOXAPARIN SODIUM <u>Authority required</u> Non-surgical patients at high risk of venous thromboembolism who are confined to bed in hospital.								
8510X	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	5	1	..	46.58	21.90	Clexane	AV
<u>Authority required</u> Unstable angina or non-Q-wave myocardial infarction.								
8262W	Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe	6	1	..	62.62	21.90	Clexane	AV
8263X	Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe	6	1	..	71.31	21.90	Clexane	AV
8264Y	Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe	6	1	..	85.78	21.90	Clexane	AV
<u>Authority required</u> Major hip surgery.								
1831J	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	10	..	..	72.26	21.90	Clexane	AV
<u>Authority required</u> Treatment of deep vein thrombosis.								
8261T	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	15	..	..	106.06	21.90	Clexane	AV
8111X	Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe	15	..	..	149.51	21.90	Clexane	AV

continued

BLOOD AND BLOOD FORMING ORGANS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ENOXAPARIN SODIUM—cont.								
8112Y	Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe	15	..	..	171.22	21.90	Clexane	AV
8113B	Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe	15	..	..	207.02	21.90	Clexane	AV
Authority required								
<i>Use during pregnancy when full anticoagulation is required.</i>								
8324D	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	30	2	..	*207.00	21.90	Clexane	AV
8325E	Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe	30	2	..	*286.00	21.90	Clexane	AV
8326F	Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe	30	2	..	*325.48	21.90	Clexane	AV
8327G	Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe	30	2	..	*391.36	21.90	Clexane	AV
HEPARIN CALCIUM								
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.93	11.82	Calcihep Calciparine	AV SW
HEPARIN SODIUM								
1466E	Injection 5,000 units in 0.2 mL	5	5	..	10.93	11.82	BL	
1467F	Injection 5,000 units in 1 mL	5	5	..	10.93	11.82	BL	
1076P	Injection 35,000 units in 35 mL	12	5	..	*106.32	21.90	BL	
HEPARIN SODIUM								
Restricted benefit								
Haemodialysis.								
1463B	Injection (preservative-free) 5,000 units in 5 mL	50	5	..	52.43	21.90	PU	
• Platelet aggregation inhibitors excl. heparin								
ABCIXIMAB								
Authority required								
<i>The prevention of ischaemic cardiac complications in patients undergoing percutaneous coronary intervention (balloon angioplasty, atherectomy or stent placement).</i>								
8048N	I.V. injection 10 mg in 5 mL	3	..	..	*1575.06	21.90	ReoPro	LY
ASPIRIN								
8202Q	Tablet 100 mg	112	1	..	6.15	7.04	^a DBL Aspirin 100 mg	BL
				^B 1.36	7.51	7.04	^a Astrix	FA

continued

BLOOD AND BLOOD FORMING ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
1008C	ASPIRIN—cont. Tablet 300 mg	100	1	..	6.97	7.86	Spren	SI
1010E	Tablet 300 mg (dispersible)	96	1	..	6.91	7.80	Solprin	RC

CLOPIDOGREL HYDROGEN SULFATE**Authority required**

Secondary prevention of ischaemic stroke or transient cerebral ischaemic events in patients:

- (1) *with a history of cerebrovascular ischaemic episodes while on therapy with low-dose aspirin; or*
- (2) *where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or*
- (3) *where there is a history of anaphylaxis, urticaria or asthma within 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	..	84.06	21.90	Iscover Plavix	BQ SW
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DIPYRIDAMOLE**Restricted benefit**

Secondary prevention of ischaemic stroke or transient cerebral ischaemic events:

- (1) *as adjunctive therapy with low-dose aspirin; or*
- (2) *where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or*
- (3) *where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs.*

8335Q	Capsule 200 mg (sustained release)	60	5	..	33.71	21.90	Persantin SR	BY
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DIPYRIDAMOLE with ASPIRIN**Restricted benefit**

Secondary prevention of ischaemic stroke or transient cerebral ischaemic events.

8382E	Capsule 200 mg (sustained release)-25 mg	60	5	..	33.91	21.90	Asasantin SR	BY
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TICLOPIDINE HYDROCHLORIDE**CAUTION:**

Severe neutropenia is common in the early months of therapy. Haematological monitoring should be undertaken at commencement and every two weeks in the first four months of therapy.

Authority required

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.

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	
TICLOPIDINE HYDROCHLORIDE—cont.								
2095G	Tablet 250 mg	60	5	..	155.39	21.90	^a Ticlopidine Hexal	HX
					^B 2.26 157.65	21.90	^a Tilodene	AF
							^a Ticlid	RO
TIROFIBAN HYDROCHLORIDE								
<u>Authority required</u>								
Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes, AND either:								
(1) anginal pain lasting longer than 20 minutes; or								
(2) repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours;								
Patients with non-Q-wave myocardial infarction.								
8350L	Solution concentrate for I.V. infusion 12.5 mg (base) in 50 mL	1	2	..	372.68	21.90	Aggrastat	MK
• Enzymes								
ALTEPLASE								
(Recombinant tissue-type plasminogen activator)								
<u>Restricted benefit</u>								
Treatment of acute myocardial infarction within 12 hours of onset of attack.								
1029E	Injection set containing 1 vial 50 mg in 2333 mg dry powder, 1 vial sterile water for injection 50 mL and 1 transfer cannula	2	..	..	*2157.46	21.90	Actilyse	BY
RETEPLASE								
(Recombinant plasminogen activator)								
<u>Restricted benefit</u>								
Treatment of acute myocardial infarction within 6 hours of onset of attack.								
8253J	Pack containing 2 vials powder for injection 10 units, 2 single use pre-filled syringes with solvent, 2 reconstitution spikes and 2 needles	†1	..	..	2224.04	21.90	Rapilysin 10 U	RO
STREPTOKINASE								
<u>Restricted benefit</u>								
Treatment of acute myocardial infarction within 6 hours of onset of attack.								
2905X	Injection 1,500,000 i.u. (solvent required) (codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)	1	..	..	202.02	21.90	Streptase	AV

Code	Name, Restriction, Manner of 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>TENECTEPLASE</u>								
<u>Restricted benefit</u>								
<i>Treatment of acute myocardial infarction within 12 hours of onset of attack.</i>								
8526R	<i>Powder for injection 40 mg with solvent</i>	1	..	..	2101.32	21.90	<i>Metalyse</i>	<i>BY</i>
8527T	<i>Powder for injection 50 mg with solvent</i>	1	..	..	2212.60	21.90	<i>Metalyse</i>	<i>BY</i>

ANTIHEMORRHAGICS

Antifibrinolytics

- **Amino acids**

TRANEXAMIC ACID

2180R	Tablet 500 mg	100	2	..	51.01	21.90	Cyklokapron	PH
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ANTIANEMIC PREPARATIONS

Iron preparations

- **Iron bivalent, oral preparations**

FERROUS GLUCONATE

2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	£1	4	..	9.40	10.29	Fergon	SW
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- **Iron trivalent, parenteral preparations**

IRON POLYMALTOSE COMPLEX

2593L	Injection 100 mg (iron) in 2 mL	5	..	..	52.31	21.90	Ferrum H	SI
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- **Iron in combination with folic acid**

FERROUS SULFATE DRIED with FOLIC ACID

3160H	Tablet 250 mg-300 micrograms (sustained release)	30	2	..	7.10	7.99	F.G.F.	AB
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Vitamin B₁₂ and folic acid

- **Vitamin B₁₂ (cyanocobalamin and derivatives)**

HYDROXOCOBALAMIN

Restricted benefit

Pernicious anaemia:

Other proven vitamin B₁₂ deficiencies;

Prophylaxis after gastrectomy.

1508J	Injection 1 mg in 1 mL	2	..	..	11.28	12.17	Neo-Cytamen	BL
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NOTE:

One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B₁₂ deficiencies.

- **Folic acid and derivatives**

FOLIC ACID

2958Q	Tablet 500 micrograms	200	..	..	*7.74	8.63	Megafol 0.5 SI	AF
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1437P	Tablet 5 mg	200	1	..	*7.74	8.63	Megafol 5 SI	AF
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NOTE:

NOTE: The 5 mg strength tablet should be used in malabsorption states only.

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	
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	..	..	93.36	21.90	Rheomacrodex	MA
	DEXTRAN 40 with SODIUM CHLORIDE							
2306J	I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%- 0.9%), 500 mL	3	..	..	93.36	21.90	Rheomacrodex	MA
	DEXTRAN 70 with SODIUM CHLORIDE							
3011L	I.V. infusion 60 mg per mL- 77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	95.69	21.90	Macrodex	MA
	GELATIN - SUCCINYLATED							
8444K	I.V. infusion 20 g per 500 mL, 500 mL	3	..	..	*44.28	21.90	Gelofusine	BR
	POLYGELENE							
2334W	I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	..	*44.28	21.90	Haemaccel	AV
I.V. solutions								
• Solutions for parenteral nutrition								
	GLUCOSE							
2245E	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*14.03	14.92	BX	
• Solutions affecting the electrolyte balance								
	ELECTROLYTE REPLACEMENT SOLUTION							
3199J	I.V. infusion 1 L	2	1	..	*10.86	11.75	Plasma-Lyte 148	BX
	SODIUM CHLORIDE							
2264E	I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*14.03	14.92	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*10.86	11.75	BX	
	SODIUM CHLORIDE COMPOUND							
2266G	I.V. infusion 1 L	4	1	..	*16.56	17.45	BX	
	SODIUM CHLORIDE with GLUCOSE							
2281C	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*14.03	14.92	BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*17.43	18.32	BX	

continued ➤

BLOOD AND BLOOD FORMING ORGANS—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				
SODIUM CHLORIDE with GLUCOSE—cont.							
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	1	..	*17.43	18.32	BX
SODIUM LACTATE COMPOUND							
2286H	I.V. infusion 1 L	5	1	..	*14.03	14.92	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	..	8.44	9.33	Lanoxin-PG	SI
1322N	Tablet 250 micrograms	100	1	..	8.73	9.62	Lanoxin	SI
3164M	Oral solution for children 50 micrograms per mL, 60 mL	2	3	..	*26.68	21.90	Lanoxin	SI
Antiarrhythmics, class I and III								
• Antiarrhythmics, class IA								
DISOPYRAMIDE								
2923W	Capsule 100 mg	100	5	..	25.17	21.90	^a Norpace ^a Rythmodan	PH AV
2924X	Capsule 150 mg	100	5	..	34.09	21.90	Rythmodan	AV
PROCAINAMIDE HYDROCHLORIDE								
2653P	Capsule 250 mg	200	1	..	*55.64	21.90	Pronestyl	BQ
QUINIDINE BISULFATE								
CAUTION: Severe thrombocytopenia has been reported with this drug.								
2623C	Tablet 250 mg (sustained release)	100	5	..	22.13	21.90	Kinidin Durule	AP
• Antiarrhythmics, class IB								
LIGNOCAINE HYDROCHLORIDE								
2875H	Injection 100 mg in 5 mL	2	..	..	*11.92	12.81	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	13.30	14.19	Xylocard 500	AP
MEXILETINE HYDROCHLORIDE								
1682M	Capsule 50 mg	100	5	..	27.78	21.90	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	56.38	21.90	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	..	38.25	21.90	Tambocor	MM
1090J	Tablet 100 mg	60	5	..	47.15	21.90	^a Flecatab	AF
				^B 2.87	50.02	21.90	^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>								
<i>Severe cardiac arrhythmias.</i>								
2344J	Tablet 100 mg	30	5	..	18.84	19.73	^a Aratac 100 ^a Cardinorm ^a Cordarone X 100	AF HX SW
2343H	Tablet 200 mg	30	5	..	28.64	21.90	^a Aratac 200 ^a Cardinorm ^a Cordarone X 200	AF HX SW
SOTALOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Severe cardiac arrhythmias.</i>								
8398B	Tablet 80 mg	60	5	..	18.96	19.85	^a Solavert ^a Sotacor ^a Sotahexal	BC BQ HX
2043M	Tablet 160 mg	60	5	..	31.95	21.90	^a Cardol ^a Chem mart ^a Sotalol ^a GenRx Sotalol ^a healthsense ^a Sotalol ^a Solavert ^a Sotab ^a Sotahexal ^a Sotalol-BC ^a Terry White ^a Chemists ^a Sotalol	AF CH FH HS BC DP HX BG TW BQ
				\$1.28	33.23	21.90	^a Sotacor	BQ
Cardiac stimulants excl. cardiac glycosides								
• Adrenergic and dopaminergic agents								
ADRENALINE								
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.37	10.26	AP	
Vasodilators used in cardiac diseases								
• Organic nitrates								
GLYCERYL TRINITRATE								
1459T	Tablets 600 micrograms, 100	‡1	5	..	7.30	8.19	Anginine Stabilised	SI
8171C	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	‡1	5	..	17.84	18.73	Nitrolingual Pumpspray	AV
NOTE:								
The spray should not be inhaled.								
8027L	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.07	21.90	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	..	27.07	21.90	Transiderm- Nitro 25	NV
8010N	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.07	21.90	Nitro-Dur 5	SH
8028M	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	34.05	21.90	Minitran 10	MM
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	34.05	21.90	Transiderm- Nitro 50	NV
8011P	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	34.05	21.90	Nitro-Dur 10	SH
8119H	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	34.05	21.90	Minitran 15	MM
8026K	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	34.05	21.90	Nitro-Dur 15	SH
ISOSORBIDE DINITRATE								
2587E	Tablet 10 mg	200	2	.. B3.54	*12.32 *15.86	13.21 13.21	a Sorbidin a Isordil	AF AY
2586D	Tablet 20 mg	100	5	..	12.07	12.96	Isordil	AY
2588F	Sublingual tablet 5 mg	200	2	..	*13.38	14.27	Isordil Sublingual	AY
ISOSORBIDE MONONITRATE								
1558B	Tablet 60 mg (sustained release)	30	5	..	17.21	18.10	a Chem mart Isosorbide Mononitrate a Duride a GenRx Isosorbide Mononitrate a healthsense Isosorbide Mononitrate a Imtrate 60 mg a Isomonit a Monodur 60 mg a Terry White Chemists Isosorbide Mononitrate a Imdur Durule	CH AF FH HS DP HX PM TW AP
				B1.46	18.67	18.10		

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	
ISOSORBIDE MONONITRATE—cont.								
8273K	Tablet 120 mg (sustained release)	30	5	..	24.87	21.90	^a Monodur 120 mg	PM
				^B 1.36	26.23	21.90	^a Imdur 120 mg	AP
• <i>Other vasodilators used in cardiac diseases</i>								
NICORANDIL								
8228C	Tablets 10 mg, 60	±1	5	..	20.80	21.69	Ikorel	AV
8229D	Tablets 20 mg, 60	±1	5	..	27.51	21.90	Ikorel	AV
PERHEXILINE MALEATE								
Authority required								
<i>Angina not responding to other therapy.</i>								
1822X	Tablet 100 mg	100	5	..	53.08	21.90	Pexsig	SI
ANTIHYPERTENSIVES								
Antiadrenergic agents, centrally acting								
• <i>Methyldopa</i>								
METHYLDOPA								
1629R	Tablet 250 mg	100	5	..	10.40	11.29	^a Hydopa	AF
				^B 2.59	12.99	11.29	^a Aldomet	MK
• <i>Imidazoline receptor agonists</i>								
CLONIDINE								
3145M	Tablet 100 micrograms	100	5	..	26.02	21.90	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	34.16	21.90	Catapres	BY
Antiadrenergic agents, peripherally acting								
• <i>Alpha-adrenoceptor antagonists</i>								
PRAZOSIN HYDROCHLORIDE								
1479W	Tablet 1 mg (base)	100	5	..	13.11	14.00	^a Chem mart Prazosin	CH
							^a GenRx Prazosin	FH
							^a healthsense Prazosin	HS
							^a Prasig	SI
							^a Pratsiol	DP
							^a Prazohexal	HX
							^a Prazosin-BC	BG
							^a Pressin 1	AF
							^a Terry White Chemists Prazosin	TW
				^B 2.70	15.81	14.00	^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	
PRAZOSIN HYDROCHLORIDE—cont.								
1480X	Tablet 2 mg (base)	100	5	..	16.24	17.13	^a Chem mart Prazosin ^a GenRx Prazosin ^a healthsense Prazosin ^a Prasig ^a Pratsiol ^a Prazohexal ^a Prazosin-BC ^a Pressin 2 ^a Terry White Chemists Prazosin	CH FH HS SI DP HX BG AF TW
				B2.70	18.94	17.13	^a Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	24.28	21.90	^a Chem mart Prazosin ^a GenRx Prazosin ^a healthsense Prazosin ^a Prasig ^a Pratsiol ^a Prazohexal ^a Prazosin-BC ^a Pressin 5 ^a Terry White Chemists Prazosin	CH FH HS SI DP HX BG AF TW
				B2.70	26.98	21.90	^a Minipress	PF
Arteriolar smooth muscle, agents acting on								
• Hydrazinophthalazine derivatives								
HYDRALAZINE HYDROCHLORIDE								
1640H	Tablet 25 mg	200	2	..	*11.12	12.01	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.76	14.65	Alphapress 50	AF
• Pyrimidine derivatives								
MINOXIDIL								
Authority required								
<i>For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).</i>								
2313R	Tablet 10 mg	100	5	..	52.32	21.90	Loniten	PH
• Nitroferricyanide derivatives								
SODIUM NITROPRUSSIDE								
1100X	I.V. infusion 50 mg	10	..	..	54.74	21.90	BL	

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	
DIURETICS								
Low-ceiling diuretics, thiazides								
• Thiazides, plain								
BENDROFLUAZIDE								
1106F	Tablet 5 mg	100	1	..	8.94	9.83	Aprinox	KN
HYDROCHLOROTHIAZIDE								
1484D	Tablet 25 mg	100	1	..	*10.14	11.03	Dichlotride	MK
1485E	Tablet 50 mg	100	1	..	*11.12	12.01	Dichlotride	MK
Low-ceiling diuretics, excl. thiazides								
• Sulfonamides, plain								
CHLORTHALIDONE								
1585K	Tablet 25 mg	100	1	..	*10.90	11.79	Hygroton 25	NV
INDAPAMIDE HEMIHYDRATE								
8532C	Tablet 1.5 mg (sustained release)	90	1	..	19.71	20.60	Natrilix SR	SE
2436F	Tablet 2.5 mg	90	1	..	19.71	20.60	^a Chem mart Indapamide	CH
							^a Dapa-Tabs	AF
							^a GenRx	FH
							Indapamide	
							^a healthsense	HS
							Indapamide	
							^a Indahexal	HX
							^a Insig	SI
							^a Napamide 2.5 mg	DP
							^a Terry White Chemists	TW
							Indapamide	
				^B 2.88	22.59	20.60	^a Natrilix	SE
High-ceiling diuretics								
• Sulfonamides, plain								
BUMETANIDE								
1130L	Tablet 1 mg	100	1	..	10.58	11.47	Burinex	CS
FRUSEMIDE								
2414C	Tablet 20 mg	100	1	..	*8.22	9.11	^a Frusid Urex-M	DP FM
				..	8.22	9.11	^a Chem mart Frusemide	CH
							^a GenRx	FH
							Frusemide	
							^a healthsense	HS
							Frusemide	
							^a Terry White Chemists	TW
							Frusemide	
				^B 1.02	*9.24	9.11	^a Lasix-M	AV

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	
2412Y	FRUSEMIDE—cont. Tablet 40 mg	100	1	..	7.89	8.78	^a Chem mart Frusemide ^a Frusehexal 40 mg ^a Frusid ^a GenRx Frusemide ^a healthsense Frusemide ^a Terry White Chemists Frusemide ^a Uremide Urex ^a Lasix	CH HX DP FH HS TW AF FM AV
2415D	Tablet 500 mg	50	3	.. ^B 1.01	20.92 25.59	21.81 21.81	Urex-Forte Lasix	FM AV
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	13.88	14.77	Lasix	AV
2413B	Injection 20 mg in 2 mL	5	..	..	10.80	11.69	Lasix	AV
• Aryloxyacetic acid derivatives ETHACRYNIC ACID Restricted benefit <i>Patients hypersensitive to other oral diuretics.</i>								
2511E	Tablet 50 mg	100	1	..	57.66	21.90	Edecril	MK
• Potassium-sparing agents Aldosterone antagonists SPIRONOLACTONE CAUTION: <i>Serum electrolytes should be checked regularly.</i>								
Restricted benefit <i>Hyperaldosteronism, including refractory cardiac failure; Female hirsutism.</i> CAUTION: <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	.. ^B 1.73	12.85 14.58	13.74 13.74	^a Spiractin 25 ^a Aldactone	AF PH
2340E	Tablet 100 mg	100	5	.. ^B 1.98	36.81 38.79	21.90 21.90	^a Spiractin 100 ^a Aldactone	AF PH

CARDIOVASCULAR SYSTEM —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	
• Other potassium-sparing agents						
AMILORIDE HYDROCHLORIDE						
CAUTION:						
Serum electrolytes should be checked regularly.						
3109P	Tablet 5 mg	100 1 ..	*8.38	9.27	^a Kaluril	AF
		B2.94	*11.32	9.27	^a Midamor	MK
Diuretics and potassium-sparing agents in combination						
• Low-ceiling diuretics and potassium-sparing agents						
HYDROCHLOROTHIAZIDE with						
AMILORIDE HYDROCHLORIDE						
CAUTION:						
Serum electrolytes should be checked regularly.						
1486F	Tablet 50 mg-5 mg	100 1 ..	*11.22	12.11	^a Amizide	AF
		B3.30	*14.52	12.11	^a Moduretic	MK
HYDROCHLOROTHIAZIDE with TRIAMTERENE						
CAUTION:						
Serum electrolytes should be checked regularly.						
1280J	Tablet 25 mg-50 mg	100 1 ..	11.21	12.10	Hydrene 25/50	AF
PERIPHERAL VASODILATORS						
Peripheral vasodilators						
• Other peripheral vasodilators						
PHENOXYBENZAMINE HYDROCHLORIDE						
Restricted benefit						
Phaeochromocytoma;						
Neurogenic urinary retention.						
1862B	Capsule 10 mg	100 5 ..	52.20	21.90	Dibenyline	LM
BETA BLOCKING AGENTS						
Beta blocking agents						
• Beta blocking agents, non-selective						
OXPRENOLOL HYDROCHLORIDE						
2942W	Tablet 20 mg	100 5 ..	8.29	9.18	Corbeton 20	AF
2961W	Tablet 40 mg	100 5 ..	10.08	10.97	Corbeton 40	AF
PINDOLOL						
3062E	Tablet 5 mg	100 5 ..	11.49	12.38	^a Barbloc 5	AF
		B0.99	12.48	12.38	^a Visken 5	NV
3065H	Tablet 15 mg	50 5 ..	14.48	15.37	^a Barbloc 15	AF
		B0.99	15.47	15.37	^a Visken 15	NV
PROPRANOLOL HYDROCHLORIDE						
2565B	Tablet 10 mg	100 5 ..	6.08	6.97	Deralin 10	AF
		B2.20	8.28	6.97	Inderal	AP
2566C	Tablet 40 mg	100 5 ..	7.41	8.30	Deralin 40	AF
		B2.20	9.61	8.30	Inderal	AP
2899N	Tablet 160 mg	50 5 ..	8.87	9.76	Deralin 160	AF

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
SOTALOL HYDROCHLORIDE							
For listings see Generic/Proprietary Index							
• Beta blocking agents, selective							
ATENOLOL							
1081X	Tablet 50 mg	30	5	..	9.91	10.80	a Anselol 50 mg DP a Atehexal HX a Atenolol-BC BG a Chem mart CH Atenolol a DBL Atenolol BL a GenRx Atenolol FH a healthsense HS Atenolol a Noten AF a Tensig SI a Terry White TW Chemists Atenolol B2.70 12.61 10.80 a Tenormin AP
METOPROLOL TARTRATE							
1324Q	Tablet 50 mg	100	5	..	10.68	11.57	a Chem mart CH Metoprolol a GenRx FH Metoprolol a healthsense HS Metoprolol a Metohexal HX a Metolol DP a Metoprolol-BC BG a Minax 50 AF a Terry White TW Chemists Metoprolol B1.30 11.98 11.57 a Betaloc AP B1.52 12.20 11.57 Lopresor 50 NV
1325R	Tablet 100 mg	60	5	..	12.30	13.19	a Chem mart CH Metoprolol a GenRx FH Metoprolol a healthsense HS Metoprolol a Metohexal HX a Metolol DP a Metoprolol-BC BG a Minax 100 AF a Terry White TW Chemists Metoprolol B1.30 13.60 13.19 a Betaloc AP B1.53 13.83 13.19 Lopresor 100 NV

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	
• Alpha and beta blocking agents CARVEDILOL Authority required ➤ Moderate symptomatic heart failure in patients stabilised on conventional therapy.								
8255L	Tablet 3.125 mg	30	..	..	19.60	20.49	Dilatrend 3.125	RO
8256M	Tablet 6.25 mg	60	5	..	75.18	21.90	Dilatrend 6.25	RO
8257N	Tablet 12.5 mg	60	5	..	92.80	21.90	Dilatrend 12.5	RO
8258P	Tablet 25 mg	60	5	..	114.83	21.90	Dilatrend 25	RO
LABETALOL HYDROCHLORIDE								
1566K	Tablet 100 mg	100	5	.. B2.47	13.79 16.26	14.68 14.68	^a Presolol 100 ^a Trandate	AF SI
1567L	Tablet 200 mg	100	5	.. B2.50	20.51 23.01	21.40 21.40	^a Presolol 200 ^a Trandate	AF SI

CALCIUM CHANNEL BLOCKERS

Selective calcium channel blockers with mainly vascular effects

• Dihydropyridine derivatives

NOTE:

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

AMLODIPINE BESYLATE

2751T	Tablet 5 mg (base)	30	5	T3.22	25.02	21.90	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	T5.10	39.10	21.90	Norvasc	PF

AMLODIPINE BESYLATE

Authority required

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.

8923P	Tablet 5 mg (base)	30	5	..	25.02	21.90	Norvasc	PF
8924Q	Tablet 10 mg (base)	30	5	..	39.10	21.90	Norvasc	PF
FELODIPINE								
2361G	Tablet 2.5 mg (extended release)	30	5	.. B1.25 B5.00	15.32 16.57 20.32	16.21 16.21 16.21	^a Felodur ER 2.5 mg ^a Plendil ER ^a Agon SR	AL AP TP
2366M	Tablet 5 mg (extended release)	30	5	.. B1.56 B5.01	19.31 20.87 24.32	20.20 20.20 20.20	^a Felodur ER 5 mg ^a Plendil ER ^a Agon SR	AL AP TP
2367N	Tablet 10 mg (extended release)	30	5	.. B2.55 B5.00	30.87 33.42 35.87	21.90 21.90 21.90	^a Felodur ER 10 mg ^a Plendil ER ^a Agon SR	AL AP TP

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	
8534E	LERCANIDIPINE HYDROCHLORIDE Tablet 10 mg	30	5	..	23.30	21.90	Zanidip	SM
1694E	NIFEDIPINE Tablet 10 mg	60	5	.. B1.25	19.42 20.67	20.31 20.31	a Nifedipine-BC a Adalat 10	BG BN
1695F	Tablet 20 mg	60	5	..	23.02	21.90	a Chem mart Nifedipine a GenRx Nifedipine a healthsense Nifedipine a Nifecard 20 mg a Nifedipine-BC a Nifexhexal a Nyefax 20 mg a Terry White Chemists Nifedipine a Adalat 20	CH FH HS SI BG HX DP TW BN
1906H	Tablet 30 mg (controlled release)	30	5	T1.40	25.37	21.90	Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	T1.75	31.18	21.90	Adalat Oros 60	BN

NIFEDIPINE**Authority required**

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

8925R	Tablet 30 mg (controlled release)	30	5	..	25.37	21.90	Adalat Oros 30	BN
8926T	Tablet 60 mg (controlled release)	30	5	..	31.18	21.90	Adalat Oros 60	BN

Selective calcium channel blockers with direct cardiac effects• **Phenylalkylamine derivatives****VERAPAMIL HYDROCHLORIDE****CAUTION:**

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

1248Q	Tablet 40 mg	100	5	.. B1.00	11.39 12.39	12.28 12.28	a Anpec 40 a Verahexal a Isoptin	AF HX AB
1250T	Tablet 80 mg	100	5	.. B1.00	16.59 17.59	17.48 17.48	a Anpec 80 a Verahexal a Isoptin	AF HX AB
1254B	Tablet 120 mg	100	5	.. B1.00	21.95 22.95	21.90 21.90	a Verahexal a Isoptin	HX AB
1253Y	Tablet 160 mg	60	5	..	20.52	21.41	Isoptin	AB

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	
VERAPAMIL HYDROCHLORIDE—cont.								
2208F	Tablet 180 mg (sustained release)	30	5	..	14.29	15.18	^a Cordilox 180 SR	KN
				^B 1.01	15.30	15.18	^a Isoptin 180 SR	AB
1241H	Tablet 240 mg (sustained release)	30	5	..	17.50	18.39	^a Anpec SR	AF
				^B 1.00	18.50	18.39	^a Cordilox SR	KN
							^a Isoptin SR	AB
2206D	Capsule 160 mg (sustained release)	30	5	..	12.61	13.50	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	17.63	18.52	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	10.57	11.46	Isoptin	AB
• 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	..	23.23	21.90	^a Auscard	SI
							^a Chem mart	CH
							Diltiazem	
							^a Coras	AF
							^a DBL Diltiazem	BL
							^a Diltahexal	HX
							^a Diltiazem-BC	BG
							^a Dilzem 60 mg	DP
							^a GenRx Diltiazem	FH
							^a healthsense	HS
							Diltiazem	
							^a Terry White	TW
							Chemists	
							Diltiazem	
				^B 1.98	25.21	21.90	^a Cardizem	AV
1312C	Capsule 180 mg (controlled delivery)	30	5	..	23.27	21.90	^a Vasocardol CD	HP
				^B 2.00	25.27	21.90	^a Cardizem CD	AV
1313D	Capsule 240 mg (controlled delivery)	30	5	..	29.61	21.90	^a Vasocardol CD	HP
				^B 2.20	31.81	21.90	^a Cardizem CD	AV
8480H	Capsule 360 mg (controlled delivery)	30	5	..	35.25	21.90	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, enalapril maleate, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril (except ramipril capsule 10 mg) and trandolapril.

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
CAPTOPRIL							
1147J	Tablet 12.5 mg	90	5	..	20.12	21.01	a Acenorm 12.5 mg AF a Captohexal HX a Captopril-BC BG a Chem mart CH Captopril a GenRx Captopril FH a healthsense HS Captopril a Terry White Chemists TW Captopril a Topace FM a BL a DP B2.46 22.58 21.01 a Capoten BQ
1148K	Tablet 25 mg	90	5	..	27.03	21.90	a Acenorm 25 mg AF a Captohexal HX a Captopril-BC BG a Chem mart CH Captopril a GenRx Captopril FH a healthsense HS Captopril a Terry White Chemists TW Captopril a Topace FM a DP B2.46 29.49 21.90 a Capoten BQ
1149L	Tablet 50 mg	90	5	..	48.79	21.90	a Acenorm 50 mg AF a Captohexal HX a Captopril-BC BG a Chem mart CH Captopril a GenRx Captopril FH a healthsense HS Captopril a Terry White Chemists TW Captopril a Topace FM a BL a DP B2.45 51.24 21.90 a Capoten BQ

CARDIOVASCULAR SYSTEM —cont.

111

Code	Name, Restriction, Manner of 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							
1370D	Tablet 5 mg	30	5	..	15.08	15.97	^a Alphapril AF ^a Auspril SI ^a Chem mart CH Enalapril ^a Enahexal HX ^a Enalapril-BC BG ^a GenRx Enalapril FH ^a healthsense HS Enalapril ^a Terry White TW Chemists Enalapril ^B 2.33 17.41 15.97 ^a Amprace 5 AD ^B 3.03 18.11 15.97 ^a Renitec M MK
1368B	Tablet 10 mg	30	5	..	21.70	21.90	^a Alphapril AF ^a Auspril SI ^a Chem mart CH Enalapril ^a Enahexal HX ^a Enalapril-BC BG ^a GenRx Enalapril FH ^a healthsense HS Enalapril ^a Terry White TW Chemists Enalapril ^B 2.40 24.10 21.90 ^a Amprace 10 AD ^B 3.15 24.85 21.90 ^a Renitec MK
1369C	Tablet 20 mg	30	5	..	26.34	21.90	^a Alphapril AF ^a Auspril SI ^a Chem mart CH Enalapril ^a Enahexal HX ^a Enalapril-BC BG ^a GenRx Enalapril FH ^a healthsense HS Enalapril ^a Terry White TW Chemists Enalapril ^B 2.45 28.79 21.90 ^a Amprace 20 AD ^B 3.24 29.58 21.90 ^a Renitec 20 MK
FOSINOPRIL SODIUM							
1182F	Tablet 10 mg	30	5	..	19.88	20.77	Monopril BQ
1183G	Tablet 20 mg	30	5	..	27.31	21.90	Monopril BQ

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
LISINOPRIL								
2456G	Tablet 5 mg	30	5	..	18.01	18.90	^a Chem mart Lisinopril	CH
							^a Fibsol 5	AW
							^a GenRx Lisinopril	FH
							^a healthsense Lisinopril	HS
							^a Lisinopril-BC	BG
							^a Lisodur	AF
							^a Terry White Chemists Lisinopril	TW
				^B 1.30	19.31	18.90	^a Zestril	AP
				^B 1.50	19.51	18.90	^a Prinivil 5	AD
2457H	Tablet 10 mg	30	5	..	24.46	21.90	^a Chem mart Lisinopril	CH
							^a Fibsol 10	AW
							^a GenRx Lisinopril	FH
							^a healthsense Lisinopril	HS
							^a Lisinopril-BC	BG
							^a Lisodur	AF
							^a Terry White Chemists Lisinopril	TW
				^B 1.30	25.76	21.90	^a Zestril	AP
				^B 1.49	25.95	21.90	^a Prinivil 10	AD
2458J	Tablet 20 mg	30	5	..	29.46	21.90	^a Chem mart Lisinopril	CH
							^a Fibsol 20	AW
							^a GenRx Lisinopril	FH
							^a healthsense Lisinopril	HS
							^a Lisinopril-BC	BG
							^a Lisodur	AF
							^a Terry White Chemists Lisinopril	TW
				^B 1.30	30.76	21.90	^a Zestril	AP
				^B 1.50	30.96	21.90	^a Prinivil 20	AD
PERINDOPRIL ERBUMINE								
3050M	Tablet 2 mg	30	5	..	19.45	20.34	Coversyl	SE
3051N	Tablet 4 mg	30	5	..	24.74	21.90	Coversyl	SE
QUINAPRIL HYDROCHLORIDE								
1968N	Tablet 5 mg (base)	30	5	..	17.44	18.33	^a Asig	SI
				^B 1.00	18.44	18.33	^a Accupril	PD
1969P	Tablet 10 mg (base)	30	5	..	22.64	21.90	^a Asig	SI
				^B 1.00	23.64	21.90	^a Accupril	PD
1970Q	Tablet 20 mg (base)	30	5	..	26.78	21.90	^a Asig	SI
				^B 1.00	27.78	21.90	^a Accupril	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	
RAMIPRIL								
1944H	Tablet 1.25 mg	30	5	..	16.13	17.02	^a Tritace 1.25 mg	AV
				B4.01	20.14	17.02	^a Ramace 1.25 mg	ML
1945J	Tablet 2.5 mg	30	5	..	20.89	21.78	^a Tritace 2.5 mg	AV
				B4.01	24.90	21.78	^a Ramace 2.5 mg	ML
1946K	Tablet 5 mg	30	5	..	24.68	21.90	^a Tritace 5 mg	AV
				B4.00	28.68	21.90	^a Ramace 5 mg	ML
8470T	Capsule 10 mg	30	5	T4.14	39.11	21.90	Tritace 10 mg	AV

RAMIPRIL**Authority required**

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.

8937J	Capsule 10 mg	30	5	..	39.11	21.90	Tritace 10 mg	AV
TRANDOLAPRIL								
2791X	Capsule 500 micrograms	28	5	..	14.53	15.42	^a Gopten	KN
							^a Odrik	AV
2792Y	Capsule 1 mg	28	5	..	20.34	21.23	^a Gopten	KN
							^a Odrik	AV
2793B	Capsule 2 mg	28	5	..	22.10	21.90	^a Gopten	KN
							^a Odrik	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****ENALAPRIL MALEATE with
HYDROCHLOROTHIAZIDE****Restricted benefit**

Treatment of hypertension in patients who are not adequately controlled with 20 mg enalapril maleate.

8477E	Tablet 20 mg-6 mg	30	5	..	30.11	21.90	Renitec Plus 20/6	MK
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**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	..	22.94	21.90	Monoplus 10/12.5	BQ
8401E	Tablet 20 mg-12.5 mg	30	5	..	31.48	21.90	Monoplus 20/12.5	BQ

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PERINDOPRIL ERBUMINE with INDAPAMIDE HEMIHYDRATE								
<u>Restricted benefit</u>								
<i>Treatment of hypertension in patients who are not adequately controlled with either indapamide hemihydrate or perindopril erbumine monotherapy.</i>								
8449Q	Tablet 4 mg-1.25 mg	30	5	..	32.49	21.90	Coversyl Plus 4/1.25	SE
Angiotensin II antagonists, plain								
• Angiotensin II antagonists, plain								
CANDESARTAN CILEXETIL								
<u>Restricted benefit</u>								
<i>Hypertension.</i>								
8295N	Tablet 4 mg	30	5	..	19.12	20.01	Atacand	AP
8296P	Tablet 8 mg	30	5	..	22.92	21.90	Atacand	AP
8297Q	Tablet 16 mg	30	5	..	27.67	21.90	Atacand	AP
EPROSARTAN MESYLATE								
<u>Restricted benefit</u>								
<i>Hypertension.</i>								
8396X	Tablet 300 mg (base)	56	5	..	30.48	21.90	Teveten	SM
8397Y	Tablet 400 mg (base)	56	5	..	*33.28	21.90	Teveten	SM
8447N	Tablet 600 mg (base)	28	5	..	30.48	21.90	Teveten	SM
IRBESARTAN								
<u>Restricted benefit</u>								
<i>Hypertension.</i>								
8246B	Tablet 75 mg	30	5	..	22.61	21.90	Avapro Karvea	BQ SW
8247C	Tablet 150 mg	30	5	..	27.31	21.90	Avapro Karvea	BQ SW
8248D	Tablet 300 mg	30	5	..	33.24	21.90	Avapro Karvea	BQ SW
TELMISARTAN								
<u>Restricted benefit</u>								
<i>Hypertension.</i>								
8355R	Tablet 40 mg	28	5	..	23.38	21.90	Micardis Pritor	BY GW
8356T	Tablet 80 mg	28	5	..	28.33	21.90	Micardis Pritor	BY GW

CARDIOVASCULAR 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	continued
		Qty	Rpts	Premium				
Angiotensin II antagonists, combinations								
• Angiotensin II antagonists and diuretics								
CANDESARTAN CILEXETIL with								
HYDROCHLOROTHIAZIDE								
<u>Restricted benefit</u>								
<i>Treatment of hypertension in patients who are not adequately controlled with 16 mg candesartan cilexetil.</i>								
8504N	Tablet 16 mg-12.5 mg	30	5	..	28.48	21.90	Atacand Plus 16/12.5	AP
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	..	28.12	21.90	Avapro HCT 150/12.5 Karvezide 150/12.5	BQ SW
8405J	Tablet 300 mg-12.5 mg	30	5	..	34.05	21.90	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

Use the following criteria to determine patient eligibility for subsidisation under the PBS for the following drugs:

- atorvastatin calcium
- fluvastatin sodium
- pravastatin sodium
- simvastatin
- gemfibrozil

By writing a PBS prescription, the prescriber is certifying the patient satisfies the qualifying criteria set out below and the use is in accordance with the registered indications which differ between agents in this class. Refer to the current Product Information.

Use the flow-chart and table below to determine whether your patient satisfies criteria for subsidisation under the PBS. Document how the patient meets each of these steps in the patient record. Lipid levels must be measured at an accredited laboratory.

CARDIOVASCULAR 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			

START HERE

Has the patient received
dietary therapy (typically
for 6 weeks)?

No

Patient **does not**
qualify for PBS
subsidy

Yes

Have fasting lipid levels
been checked after
completion of dietary
therapy?

No

Measure lipid levels

Yes

Assess patient against
the Qualifying Criteria
below

QUALIFYING CRITERIA

PATIENT CATEGORY	LIPID LEVEL FOR PBS 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 • post-menopausal 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

CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Cholesterol and triglyceride reducers								
• HMG CoA reductase inhibitors								
ATORVASTATIN CALCIUM								
<u>Restricted benefit</u>								
<i>For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.</i>								
8213G	Tablet 10 mg (atorvastatin)	30	5	..	43.15	21.90	Lipitor	PD
8214H	Tablet 20 mg (atorvastatin)	30	5	..	59.63	21.90	Lipitor	PD
8215J	Tablet 40 mg (atorvastatin)	30	5	..	83.45	21.90	Lipitor	PD
8521L	Tablet 80 mg (atorvastatin)	30	5	..	117.38	21.90	Lipitor	PD
FLUVASTATIN SODIUM								
<u>Restricted benefit</u>								
<i>For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.</i>								
8023G	Capsule 20 mg (fluvastatin)	28	5	..	29.05	21.90	Lescol Vastin	NV AP
8024H	Capsule 40 mg (fluvastatin)	28	5	..	34.15	21.90	Lescol Vastin	NV AP
PRAVASTATIN SODIUM								
<u>Restricted benefit</u>								
<i>For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.</i>								
2833D	Tablet 10 mg	30	5	..	35.14	21.90	Pravachol	BQ
2834E	Tablet 20 mg	30	5	..	52.59	21.90	Pravachol	BQ
8197K	Tablet 40 mg	30	5	..	78.72	21.90	Pravachol	BQ
SIMVASTATIN								
<u>Restricted benefit</u>								
<i>For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.</i>								
2013Y	Tablet 5 mg	30	5	..	31.08	21.90	Lipex 5 Zocor	AD MK
2011W	Tablet 10 mg	30	5	..	42.40	21.90	Lipex 10 Zocor	AD MK
2012X	Tablet 20 mg	30	5	..	58.46	21.90	Lipex 20 Zocor	AD MK
8173E	Tablet 40 mg	30	5	..	81.64	21.90	Lipex 40 Zocor	AD MK
8313M	Tablet 80 mg	30	5	..	114.81	21.90	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 Restricted benefit <i>For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.</i>								
1453L	Tablet 600 mg	60	5	..	44.81	21.90	^a Ausgem ^a Chem mart Gemfibrozil ^a Gemfibrozil-BC ^a Gemhexal ^a GenRx Gemfibrozil ^a healthsense Gemfibrozil ^a Jezil ^a Lipazil 600 mg ^a Terry White Chemists Gemfibrozil ^a Lopid	SI CH BG HX FH HS AF DP TW PD
				^B 1.95	46.76	21.90		
• Bile acid sequestrants CHOLESTYRAMINE								
2967E	Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	5	..	*57.44	21.90	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	‡1	5	..	54.30	21.90	Questran Lite	BQ
COLESTIPOL HYDROCHLORIDE								
1224K	Sachets 5 g, 120	‡1	5	..	67.99	21.90	Colestid	PH
• Nicotinic acid and derivatives NICOTINIC ACID								
1687T	Tablet 250 mg	200	5	..	*18.98	19.87	AS	
• 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	..	32.21	21.90	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	..	16.59	17.48	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	17.14	18.03	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	..	17.14	18.03	Grisovin 500	SI

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	..	156.48	21.90	Lamisil	NV
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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	..	21.93	21.90	Daivonex	CS
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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	..	201.58	21.90	Neotigason	RO
2020H	Capsule 25 mg	100	2	..	386.68	21.90	Neotigason	RO

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				

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

Chemotherapeutics for topical use

• Sulfonamides

**SILVER SULFADIAZINE with
CHLORHEXIDINE GLUCONATE**

Restricted benefit

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

1996C	Cream 10 mg-2 mg per g (1%-0.2%), 50 g	#1	..	..	13.83	14.72	Silvazine	SN
1997D	Cream 10 mg-2 mg per g (1%-0.2%), 100 g	#1	..	..	17.15	18.04	Silvazine	SN

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

Corticosteroids, plain

• Corticosteroids, weak (group I)

HYDROCORTISONE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

1495Q	Cream 10 mg per g (1%), 50 g	#1	1	..	6.98	7.87	Egocort Cream 1%	EO
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HYDROCORTISONE ACETATERestricted benefit

Treatment of corticosteroid-responsive dermatoses.

2887Y	Cream 10 mg per g (1%), 30 g	#1	1	..	6.52	7.41	Sigmacort	SI
2881P	Cream 10 mg per g (1%), 50 g	#1	1	..	6.98	7.87	Cortef Sigmacort	PH SI
2888B	Topical ointment 10 mg per g (1%), 30 g	#1	1	..	6.52	7.41	Sigmacort	SI
2882Q	Topical ointment 10 mg per g (1%), 50 g	#1	1	..	6.98	7.87	Sigmacort	SI

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

• Corticosteroids, moderately potent (group II)

TRIAMCINOLONE ACETONIDE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

2117K	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*13.24	14.13	Aristocort 0.02%	LE
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*13.24	14.13	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	..	6.91 B4.01 10.92	7.80 ^a 7.80 ^a	Eleuphrat Diprosone	EX SH
1119X	Ointment 500 micrograms (base) per g (0.05%), 15 g	‡1	1	..	6.91 B4.01 10.92	7.80 ^a 7.80 ^a	Eleuphrat 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	..	..	*13.24 B4.00 *17.24	14.13 ^a 14.13 ^a	Antroquoril Betnovate 1/5 Celestone-M	EX SI SH
2813C	Cream 500 micrograms (base) per g (0.05%), 15 g	‡1	1	..	6.84	7.73	Betnovate 1/2 Celestone-V Half Strength	SI SH
2820K	Ointment 200 micrograms (base) per g (0.02%), 100 g	2	..	..	*13.24 B4.00 *17.24	14.13 ^a 14.13 ^a	Antroquoril Celestone-M	EX SH
2815E	Ointment 500 micrograms (base) per g (0.05%), 15 g	‡1	1	..	6.84	7.73	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	..	..	10.33	11.22	Advantan	CS
8055Y	Ointment 1 mg per g (0.1%), 15 g	‡1	..	..	10.33	11.22	Advantan	CS
8128T	Fatty ointment 1 mg per g (0.1%), 15 g	‡1	..	..	10.33	11.22	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	..	..	10.33	11.22 ^a	Elocon Novasone	SH EX
1915T	Ointment 1 mg per g (0.1%), 15 g	‡1	..	..	10.33	11.22 ^a	Elocon Novasone	SH EX
8043H	Lotion 1 mg per g (0.1% w/w), 30 mL	‡1	..	..	14.36	15.25 ^a	Elocon Novasone	SH EX

DERMATOLOGICALS —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
ANTI-ACNE PREPARATIONS					
Anti-acne preparations for systemic use					
• <i>Retinoids for treatment of acne</i>					
ISOTRETINOIN					
CAUTION:					
<i>This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.</i>					
NOTE:					
<i>Care must be taken to comply with the provisions of State/Territory law when prescribing isotretinoin.</i>					
Authority required					
<i>Severe cystic acne not responsive to other therapy.</i>					
NOTE:					
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>					
2591J	Capsule 10 mg	60 3 ..	100.48	21.90	^a Accure 10 AF ^a Isohexal HX ^a Oratane DP ^a Roaccutane RO
2592K	Capsule 20 mg	60 3 ..	154.02	21.90	^a Accure 20 AF ^a Isohexal HX ^a Oratane DP ^b 2.50 156.52 21.90 ^a Roaccutane RO

GENITO URINARY SYSTEM AND SEX HORMONES

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			

OTHER GYNECOLOGICALS

Other gynecologicals

• Prolactine inhibitors

BROMOCRIPTINE MESYLATE

Restricted benefit

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

1444B	Tablet 2.5 mg (base)	30	..	..	19.52	20.41	^a Bromocriptine-BC	BG
							^a Bromohexal	HX
							^a Bromolactin	SI
							^a Krypton 2.5	AF
				^B 1.48	21.00	20.41	^a Parlodel	NV

Restricted benefit

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	..	34.36	21.90	^a Bromocriptine-BC	BG
							^a Bromohexal	HX
							^a Bromolactin	SI
							^a Krypton 2.5	AF
				^B 1.48	35.84	21.90	^a Parlodel	NV
1446D	Capsule 5 mg (base)	60	5	..	63.04	21.90	^a Bromocriptine-BC	BG
							^a Bromohexal	HX
							^a Bromolactin	SI
							^a Krypton 5	AF
				^B 1.49	64.53	21.90	^a Parlodel	NV
1445C	Capsule 10 mg (base)	100	5	..	210.73	21.90	^a Krypton 10	AF
				^B 0.74	211.47	21.90	^a Parlodel	NV

CABERGOLINE

Restricted benefit

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

8115D	Tablet 500 micrograms	2	..	..	23.70	21.90	Dostinex	PH
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Authority required

Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.

8114C	Tablet 500 micrograms	8	5	..	72.09	21.90	Dostinex	PH
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GENITO URINARY SYSTEM AND 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	
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 ..	*15.12	16.01	Microgynon 50	SC
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4 2 ..	*15.12	16.01	Microgynon 50 ED Nordette 50	SC WY
1393H	Tablets 150 micrograms- 30 micrograms, 21	4 2 B7.88	*23.00	16.01	^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	*15.12 *23.00	16.01 16.01	^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 ..	*15.12	16.01	Nordiol 21	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4 2 ..	*15.12	16.01	Nordiol 28	WY
NORETHISTERONE with ETHINYLOESTRADIOL						
2772X	Tablets 500 micrograms- 35 micrograms, 21	4 2 B7.96	*23.08	16.01	^a Brevinor	PH
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4 2 .. B7.96	*15.12 *23.08	16.01 16.01	^a Norimin 28 Day ^a Brevinor	KR PH
2773Y	Tablets 1 mg-35 micrograms, 21	4 2 B7.96	*23.08	16.01	^a Brevinor-1	PH
2775C	Pack containing 21 tablets 1 mg- 35 micrograms and 7 inert tablets	4 2 .. B7.96	*15.12 *23.08	16.01 16.01	^a Norimin-1 28 Day ^a Brevinor-1	KR PH
NORETHISTERONE with MESTRANOL						
3176E	Tablets 1 mg-50 micrograms, 21	4 2 ..	*15.12	16.01	Norinyl-1	PH
3179H	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4 2 ..	*15.12	16.01	Norinyl-1/28	PH
• 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 ..	*15.12	16.01	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 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	2	B7.88	*23.00	16.01	^b Triphasil ^a Triquilar	WY SC
1392G	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	2	..	*15.12	16.01	^a Logynon ED ^b Trifeme 28	SY AY
				B7.88	*23.00	16.01	^b Triphasil 28 ^a Triquilar ED	WY SC
NORETHISTERONE with ETHINYLOESTRADIOL								
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	..	*15.12	16.01	^a Improvil 28 Day	KR
				B7.96	*23.08	16.01	^a Synphasic	PH
• Progestogens								
ETONOGESTREL								
8487Q	Subcutaneous implant 68 mg	1	..	..	220.46	21.90	Implanon	OR
LEVONORGESTREL								
2913H	Tablets 30 micrograms, 28	4	2	..	*15.12	16.01	Microlut 28 Microval 28	SC WY
MEDROXYPROGESTERONE ACETATE								
3118D	Injection 150 mg in 1 mL	1	1	..	12.96	13.85	^a Depo-Ralovera	KR
				B3.36	16.32	13.85	^a Depo-Provera	PH
[For other listings for this drug see Generic/Proprietary Index]								
NORETHISTERONE								
1967M	Tablets 350 micrograms, 28	4	2	..	*15.12	16.01	^a Locilan 28 Day Micronor	KR JC
				B4.00	*19.12	16.01	^a Noriday 28 Day	PH

Androgens

• 3-oxoandrogen (4) derivatives

TESTOSTERONE

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.*

8098F	Subcutaneous implant 100 mg	6	..	..	*200.52	21.90	OR	
8099G	Subcutaneous implant 200 mg	3	..	..	*200.49	21.90	OR	
8460G	Transdermal patches 12.2 mg (releasing approximately 2.5 mg per 24 hours), 60	1	5	..	97.08	21.90	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**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.*

2114G	Injection 250 mg in 1 mL	3	3	..	31.42	21.90	Primoteston Depot	SC
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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	..	16.58	17.47	Sustanon 100	OR
2101N	Injection 250 mg	3	3	..	31.42	21.90	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	..	35.44	21.90	Andriol	OR
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Estrogens• **Natural and semisynthetic estrogens, plain****OESTRADIOL**

8274L	Tablet 2 mg	56	2	..	12.31	13.20	Zumenon	SM
1742Q	Vaginal tablets 25 micrograms, 15	\$1	2	..	19.34	20.23	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	..	16.12	17.01	Sandrena	OR
8311K	Transdermal patches 750 micrograms (releasing approximately 25 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Estraderm MX 25	NV
8485N	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 4	#1	5	..	16.12	17.01	^a Climara 25 ^a Femtran 25	SC MM
8194G	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Dermestril 25	FA
1743R	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Estraderm 25	NV
8012Q	Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Menorest 37.5	NV
8140K	Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Estraderm MX 50	NV
8125P	Transdermal patches 3.8 mg (releasing approximately 50 micrograms per 24 hours), 4	#1	5	..	16.12	17.01	^a Climara 50 ^a Femtran 50	SC MM
8082J	Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Dermestril 50	FA
1744T	Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Estraderm 50	NV
8013R	Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8	#1	5	..	16.12	17.01	Menorest 50	NV
8486P	Transdermal patches 5.7 mg (releasing approximately 75 micrograms per 24 hours), 4	#1	5	..	18.30	19.19	^a Climara 75 ^a Femtran 75	SC MM

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.								
8014T	Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8	‡1	5	..	18.30	19.19	Menorest 75	NV
8312L	Transdermal patches 3 mg (releasing approximately 100 micrograms per 24 hours), 8	‡1	5	..	18.30	19.19	Estraderm MX 100	NV
8126Q	Transdermal patches 7.6 mg (releasing approximately 100 micrograms per 24 hours), 4	‡1	5	..	18.30	19.19	^a Climara 100 ^a Femtran 100	SC MM
8195H	Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8	‡1	5	..	18.30	19.19	Dermestril 100	FA
1745W	Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8	‡1	5	..	18.30	19.19	Estraderm 100	NV
8041F	Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8	‡1	5	..	18.30	19.19	Menorest 100	NV
OESTRADIOL VALERATE								
1663M	Tablet 1 mg	56	2	..	10.30	11.19	Prodynova	SC
1664N	Tablet 2 mg	56	2	..	12.31	13.20	Prodynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	62.41	21.90	Primogyn Depot	SC
OESTRIOL								
1776L	Tablet 1 mg	60	2	..	*10.70	11.59	Ovestin	OR
1771F	Pessaries 500 micrograms, 15	‡1	2	..	19.34	20.23	Ovestin Ovula	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	16.07	16.96	Ovestin	OR
OESTROGENS—CONJUGATED								
1733F	Tablet 300 micrograms	56	2	..	10.30	11.19	Premarin	AY
1734G	Tablet 625 micrograms	56	2	..	12.31	13.20	Premarin	AY
PIPERAZINE OESTRONE SULFATE								
1777M	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	2	.. ^B 1.48	10.30 11.78	11.19 11.19	^a Genoral 0.625 ^a Ogen .625	KR PH
1778N	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	2	.. ^B 1.49	12.31 13.80	13.20 13.20	^a Genoral 1.25 ^a Ogen 1.25	KR PH

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	
Progestogens								
• Pregnen (4) derivatives								
MEDROXYPROGESTERONE ACETATE								
2323G	Tablet 5 mg	56	2	..	13.55	14.44	^a Ralovera	KR
				^B 1.77	15.32	14.44	^a Provera	PH
2321E	Tablet 10 mg	30	2	..	14.18	15.07	^a Ralovera	KR
				^B 1.78	15.96	15.07	^a Provera	PH
2319C	Injection 50 mg in 1 mL	1	1	..	10.21	11.10	Depo-Provera	PH
MEDROXYPROGESTERONE ACETATE								
<u>Restricted benefit</u>								
<u>Endometriosis.</u>								
2722G	Tablet 10 mg	100	2	..	30.70	21.90	^a Ralovera	KR
				^B 1.65	32.35	21.90	^a Provera	PH
[For other listings for this drug see Generic/Proprietary Index]								
• Pregnadien derivatives								
DYDROGESTERONE								
1350C	Tablet 10 mg	28	2	..	13.55	14.44	Duphaston	SM
• Estren derivatives								
NORETHISTERONE								
2993M	Tablet 5 mg	30	2	..	28.00	21.90	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	..	16.04	16.93	Kliovance	NO
8081H	Tablets 2 mg-1 mg, 28	‡1	5	..	16.04	16.93	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	..	18.43	19.32	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	..	18.43	19.32	Estalis continuous 50/250	NV

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 and MEDROXYPROGESTERONE ACETATE								
1813K	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg	1	5	..	16.04	16.93	Menoprem Continuous Provelle-28	AY PH
OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE								
8168X	Tablets 625 micrograms-2.5 mg, 28	1	5	..	16.04	16.93	Premia 2.5 Continuous	AY
8169Y	Tablets 625 micrograms-5 mg, 28	1	5	..	16.04	16.93	Premia 5 Continuous	AY
• Progestogens and estrogens, sequential preparations								
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	..	16.04	16.93	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	..	16.04	16.93	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	..	16.04	16.93	Trisequens Forte	NO
OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE								
Restricted benefit								
<i>For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.</i>								
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	..	18.43	19.32	Estalis sequi 50/140	NV

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.								
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	..	18.43	19.32	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	..	18.30	19.19	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	..	16.04	16.93	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	..	16.04	16.93	Climen 28	SC
OESTRADIOL VALERATE and OESTRADIOL VALERATE with MEDROXYPROGESTERONE ACETATE								
1816N	Pack containing 11 tablets oestradiol valerate 2 mg and 10 tablets oestradiol valerate 2 mg with medroxyprogesterone acetate 10 mg	1	5	..	16.04	16.93	Divina	OR
OESTROGENS—CONJUGATED and MEDROXYPROGESTERONE ACETATE								
1826D	Pack containing 28 tablets conjugated oestrogens 625 micrograms and 14 tablets medroxyprogesterone acetate 10 mg	1	5	..	16.04	16.93	Menoprem	AY

GENITO URINARY SYSTEM AND 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	
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	..	16.04	16.93	Premia 5	AY
8538J	Pack containing 14 tablets conjugated oestrogens 625 micrograms and 14 tablets conjugated oestrogens 625 micrograms with medroxyprogesterone acetate 10 mg	‡1	5	..	16.04	16.93	Premia 10	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.

8441G	Injection set containing 5 ampoules powder for injection 37.5 i.u. and 5 ampoules solvent 1 mL	1	5	..	131.51	21.90	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	..	253.28	21.90	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	..	484.30	21.90	Gonal-F 75	SG

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	
8252H	FOLLITROPIN ALFA—cont. Injection set containing 10 ampoules powder for injection 150 i.u. and 10 ampoules solvent 1 mL	1	5	..	963.90	21.90	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	..	329.73	21.90	Puregon 50 IU/0.5 mL	OR
8437C	Solution for injection 100 i.u. in 0.5 mL	10	5	..	643.34	21.90	Puregon 100 IU/0.5 mL	OR
8438D	Solution for injection 150 i.u. in 0.5 mL	10	5	..	962.68	21.90	Puregon 150 IU/0.5 mL	OR

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.

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.

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.								
1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	28.85	21.90	Pregnyl	OR
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	38.41	21.90	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	41.34	21.90	Profasi 2000	SG
1477R	Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL	1	5	..	21.18	21.90	Profasi 5000	SG

Restricted benefit

For the treatment of infertility in males due to hypogonadotropic 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	..	28.85	21.90	Pregnyl	OR
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	38.41	21.90	Pregnyl	OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	41.34	21.90	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	..	*53.02	21.90	Pregnyl	OR
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GENITO URINARY SYSTEM AND SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. No. of			Dispensed	Maximum	Proprietary Name and Manufacturer
		Qty	Rpts	Premium	Price for Max. Qty \$	Recordable Value for Safety Net \$	
HUMAN MENOPAUSAL GONADOTROPHIN <i>standardised with HUMAN CHORIONIC</i> 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, where exogenous luteinising activity is required.</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>							
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	..	293.23	21.90	Humegon OR

UROFOLLITROPHIN*(Highly purified)***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.*

GENITO URINARY SYSTEM AND 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
UROFOLLITROPHIN <i>(Highly purified)—cont.</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 ..	293.23	21.90	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 ..	567.42	21.90	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 ..	*40.92	21.90	^a Clomhexal HX ^a GenRx FH Clomiphene
			^B 0.18 41.09	21.90	^a Serophene SG
			^B 2.64 *43.56	21.90	^a Clomid AV
Antiandrogens • Antiandrogens, plain preparations CYPROTERONE ACETATE Authority required <i>Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).</i> CAUTION: <i>This drug should not be used during pregnancy as it may result in feminisation of the male foetus.</i>					
1269T	Tablet 50 mg	20 5 ..	70.02	21.90	^a Cyprone AF ^a Cyprostat SY ^a GenRx FH Cyproterone Acetate
			^B 1.50 71.52	21.90	^a Procur DP ^a Androcur 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	
CYPROTERONE ACETATE—cont.								
Authority required								
<i>Advanced carcinoma of the prostate;</i>								
<i>To reduce drive in sexual deviations in males.</i>								
1270W	Tablet 50 mg	100	5	..	*289.98	21.90	^a Cyprone ^a Cyprostat ^a GenRx Cyproterone Acetate ^a Procur	AF SY FH DP
					^B 1.80 *291.78	21.90	^a Androcur	SC
8019C	Tablet 100 mg	50	5	..	236.27	21.90	^a Cyprostat-100	SY
					^B 1.00 237.27	21.90	^a 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	..	59.68	21.90	^a Azol 100 ^a Danocrine	AF SW
1287R	Capsule 200 mg	100	5	..	89.62	21.90	^a Azol 200 ^a Danocrine	AF 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	..	78.60	21.90	Dimetriose	AV
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• 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								
Other urologicals, incl. antispasmodics								
• Acidifiers								
	AMMONIUM CHLORIDE							
1044Y	Tablet 500 mg	100	5	..	13.62	14.51	FM	
• Urinary antispasmodics								
OXYBUTYNIN HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Detrusor overactivity where propantheline bromide has failed.</i>								
8039D	Tablet 5 mg	100	5	..	15.68	16.57	Ditropan	AV
PROPANTHELINE BROMIDE								
<u>Restricted benefit</u>								
<i>Detrusor overactivity.</i>								
1953T	Tablet 15 mg	200	5	..	*14.26	15.15	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	..	55.58	21.90	Caverject	PH
8088Q	Intracavernosal injection 10 micrograms in 1 mL	5	5	..	64.65	21.90	Caverject	PH
8089R	Intracavernosal injection 20 micrograms in 1 mL	5	5	..	81.17	21.90	Caverject	PH
• 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	..	44.74	21.90	Ledermycin	LE
PHENOXYBENZAMINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>Phaeochromocytoma; Neurogenic urinary retention.</i>								
1862B	Capsule 10 mg	100	5	..	52.20	21.90	Dibenyline	LM

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES

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				
PITUITARY, HYPOTHALAMIC HORMONES AND ANALOGUES								
Anterior pituitary lobe hormones and analogues								
• ACTH								
TETRACOSACTRIN								
2832C	Injection 1 mg in 1 mL	5	5	..	*71.73	21.90	Synacthen Depot 1 mg/1 mL	NV
Posterior pituitary lobe hormones								
• Vasopressin and analogues								
DESMOPRESSIN ACETATE								
Authority required								
Diabetes insipidus.								
2129C	Intranasal solution 100 micrograms per mL, 2.5 mL	5	5	..	*164.63	21.90	Minirin	FP
8032R	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	2	5	..	*137.82	21.90	Minirin Nasal Spray	FP
Authority required								
Childhood nocturnal enuresis in patients over 6 years of age who are refractory to enuresis alarms.								
8031Q	Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL	1	2	..	71.25	21.90	Minirin Nasal Spray	FP
Hypothalamic hormones								
• Gonadotropin-releasing hormones								
NAFARELIN ACETATE								
Authority required								
Initial treatment (up to 6 months) of visually proven endometriosis; 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.								
2962X	Nasal spray (pump pack) 200 micrograms (base) per dose (60 doses)	1	5	..	96.75	21.90	Synarel	PH
CORTICOSTEROIDS FOR SYSTEMIC USE								
Corticosteroids for systemic use, plain								
• Mineralocorticoids								
FLUDROCORTISONE ACETATE								
1433K	Tablet 100 micrograms	200	1	..	*15.50	16.39	Florinef	BQ

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Glucocorticoids BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE Restricted benefit <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	..	..	23.83	21.90	Celestone Chronodose	SH
CORTISONE ACETATE								
1246N	Tablet 5 mg	50	4	..	12.17	13.06	Cortate	AS
1247P	Tablet 25 mg	60	4	..	13.01	13.90	Cortate	AS
DEXAMETHASONE								
1292B	Tablet 500 micrograms	30	4	..	6.91	7.80	Dexamethsone	AS
2507Y	Tablet 4 mg	30	4	..	10.37	11.26	Dexamethsone	AS
DEXAMETHASONE SODIUM PHOSPHATE								
2509C	Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	..	..	13.51	14.40	BL	
1291Y	Injection equivalent to 8 mg dexamethasone phosphate in 2 mL	5	1	..	20.30	21.19	BL	
2508B	Injection equivalent to 120 mg dexamethasone phosphate in 5 mL	1	..	..	34.60	21.90	BL	
HYDROCORTISONE								
1499X	Tablet 4 mg	50	4	..	9.59	10.48	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	13.34	14.23	Hysone 20	AF
HYDROCORTISONE SODIUM SUCCINATE								
1501B	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*11.50	12.39	Solu-Cortef	PH
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	10.84	11.73	Solu-Cortef	PH

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	..	..	*25.14	21.90	Solu-Cortef	PH
1511M	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*41.64	21.90	Solu-Cortef	PH
METHYLPREDNISOLONE ACETATE								
<u>Restricted benefit</u>								
<i>For local intra-articular or peri-articular infiltration.</i>								
1928L	Injection 40 mg in 1 mL	5	..	..	21.62 B0.74 22.36	21.90 21.90	^a Depo-Nisolone ^a Depo-Medrol	KR PH
METHYLPREDNISOLONE SODIUM SUCCINATE								
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	28.73	21.90	Solu-Medrol	PH
PREDNISOLONE								
3152X	Tablet 1 mg	100	4	..	6.95	7.84	Panafcortelone	AS
1917X	Tablet 5 mg	60	4	..	7.10	7.99	Panafcortelone Solone	AS FM
1916W	Tablet 25 mg	30	4	..	8.64	9.53	Panafcortelone Solone	AS FM
PREDNISOLONE SODIUM PHOSPHATE								
8285C	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	‡1	5	..	12.71	13.60	^a PredMix ^a Redipred	RH AS
PREDNISONE								
1934T	Tablet 1 mg	100	4	..	6.95	7.84	Panafcort	AS
1935W	Tablet 5 mg	60	4	..	7.10	7.99	Panafcort Sone	AS FM
1936X	Tablet 25 mg	30	4	..	8.64	9.53	Panafcort Sone	AS FM
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	..	..	23.83	21.90	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								
	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	162.97	21.90	Cytadren 250	NV
THYROID THERAPY								
Thyroid preparations								
• Thyroid hormones								
LIOETHYRONINE SODIUM								
Authority required								
<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	..	73.43	21.90	Tertroxin	BT
THYROXINE SODIUM								
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	7.94	8.83	Oroxine	SI
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	9.22	10.11	Oroxine	SI
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	11.50	12.39	Oroxine	SI
Antithyroid preparations								
• Thiouracils								
	PROPYLTHIOURACIL							
1955X	Tablet 50 mg	200	2	..	*31.66	21.90	OF	
• Sulfur-containing imidazole derivatives								
	CARBIMAZOLE							
1153Q	Tablet 5 mg	200	2	..	*24.24	21.90	Neo-Mercazole	RO
PANCREATIC HORMONES								
Glycogenolytic hormones								
• Glycogenolytic hormones								
	GLUCAGON HYDROCHLORIDE							
1449G	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	36.94	21.90	GlucaGen Hypokit	NO

SYSTEMIC HORMONAL PREPARATIONS, EXCL. 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 \$	

CALCIUM HOMEOSTASIS**Anti-parathyroid hormones**• **Calcitonin preparations****CALCITONIN****NOTE:**

The maximum quantities for calcitonin shown represent the number of individual ampoules/vials/syringes and NOT multiples of the manufacturers' packs.

Authority required

Symptomatic Paget's disease of bone;

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

2995P	Injection (salmon) 50 i.u. in 1 mL ampoule	30	5	..	*208.14	21.90	Miacalcic 50 Kit	NV
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NOTE:

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

2997R	Injection (salmon) 100 i.u. in 1 mL ampoule	15	5	..	*155.49	21.90	Miacalcic 100 Kit	NV
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NOTE:

Manufacturer's pack is an injection set containing five 100 i.u. ampoules, five 1 mL syringes and five swabs.

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

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			

ANTIBACTERIALS FOR SYSTEMIC USE

Tetracyclines

• Tetracyclines

DEMECLOCYCLINE HYDROCHLORIDE

For listings see Generic/Proprietary Index

DOXYCYCLINE							
2709N	Tablet 100 mg	7	1	..	7.45	8.34	a Chem mart Doxycycline a Doxsig a Doxy-100 a Doxycycline-BC a Doxyhexal a Doxylin 100 a GenRx Doxycycline a healthsense Doxycycline a Terry White Chemists Doxycycline a Vibramycin
				B1.50	8.95	8.34	PF
2708M	Capsule 100 mg	7	1	..	7.45	8.34	a Chem mart Doxycycline a DBL Doxycycline a GenRx Doxycycline a healthsense Doxycycline a Terry White Chemists Doxycycline a Doryx
				B1.43	8.88	8.34	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	..	9.63	10.52	a Chem mart Doxycycline a Doxy-50 a Doxyhexal a Doxylin 50 a GenRx Doxycycline a healthsense Doxycycline a Terry White Chemists Doxycycline a Vibra-Tabs
				B1.50	11.13	10.52	PF

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.								
2707L	Capsule 50 mg	25	5	..	9.63	10.52	^a Chem mart Doxycycline	CH
							^a DBL Doxycycline	BL
							^a GenRx Doxycycline	FH
							^a healthsense Doxycycline	HS
							^a Terry White Chemists Doxycycline	TW
				^B 1.57	11.20	10.52	^a Doryx	FA
Restricted benefit								
Pelvic inflammatory disease.								
2702F	Tablet 100 mg	28	..	..	*15.76	16.65	^a Chem mart Doxycycline	CH
							^a Doxsig	SI
							^a Doxy-100	DP
							^a Doxycycline-BC	BG
							^a Doxyhexal	HX
							^a Doxylin 100	AF
							^a GenRx Doxycycline	FH
							^a healthsense Doxycycline	HS
							^a Terry White Chemists Doxycycline	TW
				^B 6.00	*21.76	16.65	^a Vibramycin	PF
2703G	Capsule 100 mg	28	..	..	*15.76	16.65	^a Chem mart Doxycycline	CH
							^a DBL Doxycycline	BL
							^a GenRx Doxycycline	FH
							^a healthsense Doxycycline	HS
							^a Terry White Chemists Doxycycline	TW
				^B 5.72	*21.48	16.65	^a Doryx	FA

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.								
<u>Restricted benefit</u>								
<i>Urethritis.</i>								
2714W	Tablet 100 mg	21	..	..	*12.99	13.88	^a Chem mart Doxycycline	CH
							^a Doxsig	SI
							^a Doxy-100	DP
							^a Doxycycline-BC	BG
							^a Doxyhexal	HX
							^a Doxylin 100	AF
							^a healthsense Doxycycline	HS
							^a Terry White Chemists Doxycycline	TW
				..	12.99	13.88	^a GenRx Doxycycline	FH
				^B 4.50	*17.49	13.88	^a Vibramycin	PF
2715X	Capsule 100 mg	21	..	..	13.01	13.90	^a Chem mart Doxycycline	CH
							^a DBL Doxycycline	BL
							^a GenRx Doxycycline	FH
							^a healthsense Doxycycline	HS
							^a Terry White Chemists Doxycycline	TW
				^B 2.46	15.47	13.90	^a Doryx	FA
MINOCYCLINE								
<u>CAUTION:</u>								
There are concerns about the incidence of benign intracranial hypertension associated with this drug.								
3037W	Capsule 100 mg	11	..	..	9.04	9.93	^a Akamin 100	AF
				^B 0.80	9.84	9.93	^a Minomycin	LE
<u>NOTE:</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
MINOCYCLINE								
<u>CAUTION:</u>								
There are concerns about the incidence of benign intracranial hypertension associated with this drug.								
<u>Restricted benefit</u>								
Severe acne not responding to other tetracyclines.								
<u>NOTE:</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
1616C	Tablet 50 mg	60	5	..	16.88	17.77	^a Akamin 50	AF
				^B 0.88	17.76	17.77	^a Minomycin-50	LE

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE—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	
2134H	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	24 1 ..	7.23	8.12	Achromycin	LE
	<u>TETRACYCLINE HYDROCHLORIDE</u> <u>Restricted benefit</u> <i>Bronchiectasis in patients over the age of 8 years;</i> <i>Chronic bronchitis in patients over the age of 8 years;</i> <i>Severe acne.</i>					
2135J	Capsule 250 mg	48 5 ..	*9.78	10.67	Achromycin	LE
2145X	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25 1 ..	7.34	8.23	Tetrex	BC
	<u>TETRACYCLINE HYDROCHLORIDE</u> <u>(BUFFERED)</u> <u>Restricted benefit</u> <i>Bronchiectasis in patients over the age of 8 years;</i> <i>Chronic bronchitis in patients over the age of 8 years;</i> <i>Severe acne.</i>					
2146Y	Capsule 250 mg	50 5 ..	*10.00	10.89	Tetrex	BC
	Amphenicols • Amphenicols CHLORAMPHENICOL <u>Restricted benefit</u> <i>Bacterial meningitis;</i> <i>Intracranial bacterial infections;</i> <i>Intraocular infections;</i> <i>Rickettsioses;</i> <i>Typhoid;</i> <i>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	18.87	19.76	Chloromycetin	PD
	Beta-lactam antibacterials, penicillins • Penicillins with extended spectrum AMOXYCILLIN					
1883D	Chewable tablet 250 mg	20 1 ..	8.89	9.78	Amoxil	SK

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
AMOXYCILLIN—cont.							
1884E	Capsule 250 mg	20	1	..	7.98	8.87	a Alphamox 250 AF a Amohexal HX a Amoxycillin-BC BG a Bgramin DP a Chem mart CH Amoxycillin a Cilamox SI a DBL Amoxycillin BL a GenRx FH Amoxycillin a healthsense HS Amoxycillin a Moxacin CS a Terry White TW Chemists Amoxycillin
1889K	Capsule 500 mg	20	1	..	11.26	12.15	a Amoxil SK a Alphamox 500 AF a Amohexal HX a Amoxycillin-BC BG a Bgramin DP a Chem mart CH Amoxycillin a Cilamox SI a DBL Amoxycillin BL a GenRx FH Amoxycillin a healthsense HS Amoxycillin a Moxacin CS a Terry White TW Chemists Amoxycillin
				B0.72	8.70	8.87	a Amoxil SK
				B0.85	12.11	12.15	a Amoxil SK
1878W	Sachet containing oral powder 3 g	1	..	..	8.74	9.63	Amoxil SK
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#11.69	12.96	Amoxil SK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.84	11.11	a Alphamox 125 AF a Amohexal HX a Amoxycillin-BC BG a Bgramin DP a Cilamox SI a Moxacin CS a Amoxil SK
				B0.62	#10.46	11.11	a Amoxil SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#11.15	12.42	a Alphamox 250 AF a Amohexal HX a Amoxycillin-BC BG a Bgramin DP a Cilamox SI a Moxacin 250 CS a Amoxil Forte SK
				B0.63	#11.78	12.42	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	..	8.60	9.49	Alphacin 250	AF
2671N	Capsule 500 mg	24	..	..	12.03	12.92	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	10.82 10.88	11.71 11.71	^a Austrapen ^a Ampicyn	CS AS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	.. B0.09	14.75 14.84	15.64 15.64	^a Austrapen ^a Ampicyn	CS AS
• Beta-lactamase sensitive penicillins								
BENZATHINE PENICILLIN								
8167W	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	22.49	21.90	Bicillin L-A Tubex	WY
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	35.71	21.90	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	..	*22.18	21.90	BenPen	CS
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*50.44	21.90	BenPen	CS
PHENOXYMETHYLPENICILLIN								
1786B	Tablet 125 mg	50	..	..	*11.18	12.07	Abbocillin-V Dulcet	AB
1787C	Tablet 250 mg	50	..	..	*11.52	12.41	Abbocillin-VK Filmtab	AB
3028J	Tablet 500 mg	50	..	..	*14.86	15.75	Abbocillin-VK Filmtab	AB
1789E	Capsule 250 mg	50	..	..	*11.46	12.35	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	SI DP CS HX
2965C	Capsule 500 mg	50	..	..	*14.76	15.65	^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	*10.56 *11.36 *11.42	11.45 11.45 11.45	^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	*13.18 *13.26 *14.14	14.07 14.07 14.07	^a Cilicaine V ^a Abbocillin-V ^a LPV 250	SI AB CS
PHENOXYMETHYLPENICILLIN								
Restricted benefit								
Prophylaxis of recurrent streptococcal infections (including rheumatic fever).								
1702N	Tablet 125 mg	50	5	..	*11.18	12.07	Abbocillin-V Dulcet	AB
1703P	Tablet 250 mg	50	5	..	*11.52	12.41	Abbocillin-VK Filmtab	AB
1705R	Capsule 250 mg	50	5	..	*11.46	12.35	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	SI DP CS HX
PROCAINE PENICILLIN								
1793J	Injection 1 g	5	..	..	52.42	21.90	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	52.42	21.90	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	..	..	16.76	17.65	Diclocil	BQ
8124N	Injection 1 g (solvent required) (codes 7062Q, 7063R, 7064T, 7065W, 7066X, 7067Y apply to above item with approved solvents)	5	1	..	23.62	21.90	Diclocil	BQ
DICLOXACILLIN								
Restricted benefit								
Serious staphylococcal infections.								
8121K	Capsule 250 mg	24	..	..	11.43	12.32	^a Diclocil ^a Dicloxsig ^a Distaph 250	BQ SI AF
8122L	Capsule 500 mg	24	..	..	18.84	19.73	^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. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
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	..	..	16.64	17.53	Flopen	CS
1525G	Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	1	..	23.44	21.90	^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 Serious staphylococcal infections.								
1526H	Capsule 250 mg	24	..	..	11.43	12.32	^a Flopen ^a Staphylex 250	CS AF
				^B 0.46	11.89	12.32	^a Floxapen	SK
1527J	Capsule 500 mg	24	..	..	18.84	19.73	^a Flopen ^a Staphylex 500	CS AF
				^B 0.58	19.42	19.73	^a Floxapen	SK
1528K	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#12.86 ^B 0.06 #12.92	14.13 14.13	^a Flopen ^a Floxapen	CS SK
1529L	Powder for syrup 250 mg per 5 mL, 100 mL	#1	..	..	#16.59 ^B 0.10 #16.69	17.86 17.86	^a Flopen ^a Floxapen	CS SK
• Combinations of penicillins, incl. beta-lactamase inhibitors AMOXYCILLIN with CLAVULANIC ACID								
CAUTION: Hepatotoxicity has been reported with this drug.								
Restricted benefit Infections where resistance to amoxycillin is suspected or proven.								
1891M	Tablet 500 mg-125 mg	10	1	..	13.32	14.21	^a Ausclav Duo 500/125 ^a Clamoxyl Duo ^a Clavulin Duo	SI ME ZK
				^B 0.99	14.31	14.21	^a Augmentin Duo	SK

continued →

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMOXYCILLIN with CLAVULANIC ACID—cont.								
8254K	Tablet 875 mg-125 mg	10	1	..	16.99	17.88	^a Ausclav Duo Forte	SI
							^a Clamoxyl Duo forte	ME
							^a Clavulin Duo Forte	ZK
				^B 1.02	18.01	17.88	^a Augmentin Duo forte	SK
1892N	Powder for syrup 125 mg- 31.25 mg per 5 mL, 75 mL	‡1	1	..	#12.20	13.47	^a Ausclav	SI
					^B 0.96	#13.16	^a Clamoxyl	ME
							^a Augmentin	SK
8319W	Powder for syrup 400 mg- 57 mg per 5 mL, 60 mL	‡1	1	..	#14.48	15.75	^a Ausclav Duo 400	SI
							^a Clamoxyl Duo 400	ME
				^B 0.98	#15.46	15.75	^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	..	..	152.08	21.90	Timentin	SK
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Other beta-lactam antibacterials• **Cephalosporins and related substances****CEFACLOR****CAUTION:**

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

1169M	Tablet 375 mg (sustained release)	10	1	..	14.73	15.62	^a Cefkor CD	DP
							^a Chem mart	CH
							^a Cefaclor CD	
							^a GenRx Cefaclor CD	FH
							^a healthsense	HS
							^a Cefaclor CD	
							^a Keflor CD	AF
							^a Terry White Chemists	TW
							^a Cefaclor CD	
				^B 0.75	15.48	15.62	^a Ceclor CD	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	
CEFACLOR—cont.								
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	\$1	1	..	#13.96	15.23	^a Cefkor ^a Chem mart Cefaclor ^a DBL Cefaclor ^a GenRx Cefaclor ^a healthsense Cefaclor ^a Keflor ^a Terry White Chemists Cefaclor	DP CH BL FH HS AF TW LY
				B0.82	#14.78	15.23	^a Ceclor	LY
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	\$1	1	..	#14.48	15.75	^a Cefkor ^a Chem mart Cefaclor ^a GenRx Cefaclor ^a healthsense Cefaclor ^a Keflor ^a Terry White Chemists Cefaclor	DP CH FH HS AF TW LY
				B0.82	#15.30	15.75	^a Ceclor	LY

CEFEPIME**Authority required***Treatment of febrile neutropenia.*

8314N	Injection 500 mg (solvent required) (codes 7068B, 7069C, 7070D, 7071E, 7072F, 7073G apply to above item with approved solvents)	10	..	..	*109.18	21.90	Maxipime	BQ
8315P	Injection 1 g (solvent required) (codes 7074H, 7075J, 7076K, 7077L, 7078M, 7079N apply to above item with approved solvents)	10	..	..	*188.08	21.90	Maxipime	BQ
8316Q	Injection 2 g (solvent required) (codes 7080P, 7081Q, 7082R, 7083T, 7084W, 7085X apply to above item with approved solvents)	10	..	..	*340.08	21.90	Maxipime	BQ

CEFOTAXIME**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	
CEFOTAXIME—cont.								
1085D	Injection 1 g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	10	..	..	*113.78	21.90	Claforan	AV
1086E	Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	10	..	..	*211.58	21.90	Claforan	AV
CEFOTETAN								
Restricted benefit								
<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	..	..	166.40	21.90	Apatef	LE
1773H	Injection 2 g (solvent required) (codes 6645R, 6646T, 6647W, 6648X, 6649Y, 6650B apply to above item with approved solvents)	10	..	..	277.36	21.90	Apatef	LE
CEFTRIAZONE								
Restricted benefit								
Gonorrhoea.								
1782T	Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	1	..	..	18.98	19.87	Rocephin	RO
Restricted benefit								
<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	..	..	*76.18	21.90	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.								
1783W	Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	5	..	..	*108.08	21.90	Rocephin	RO
1784X	Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	5	..	..	*166.93	21.90	^a Ceftriaxone-BC ^a Rocephin	BG RO
1785Y	Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	5	..	..	*295.68	21.90	^a Ceftriaxone-BC ^a Rocephin	BG RO
CEFUROXIME AXETIL								
8292K	Tablet 250 mg (base)	14	1	..	14.72	15.61	Zinnat	GW
CEPHALEXIN								
3058Y	Capsule 250 mg	20	1	..	8.44	9.33	^a Ceflin ^a Chem mart Cephalexin ^a Cilex ^a GenRx Cephalexin ^a healthsense Cephalexin ^a Ibilex 250 ^a Terry White Chemists Cephalexin	HX CH DP FH HS AF TW
3119E	Capsule 500 mg	20	1	..	11.43	12.32	^a Keflex	LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#11.38 #12.53	12.65 12.65	^a Ibilex 125 ^a Keflex	AF LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#13.56 #14.73	14.83 14.83	^a Ibilex 250 ^a Keflex	AF 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	
CEPHALOTHIN								
2964B	Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	10	1	.. B0.30	43.50 *43.78	21.90 21.90	^a BL ^a Keflin Neutral	LY
CEPHAZOLIN								
Restricted benefit								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								
1256D	Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..	..	25.37	21.90	BL	
1257E	Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5	..	.. B0.30	37.35 *37.63	21.90 21.90	^a BL ^a Kefzol	LY
Sulfonamides and trimethoprim								
• Trimethoprim and derivatives								
TRIMETHOPRIM								
2922T	Tablet 300 mg	7	1	.. B1.21	7.45 8.66	8.34 8.34	^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	.. B1.38	7.71 9.09	8.60 8.60	^a Resprim ^a Septrin	AF SI

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				
TRIMETHOPRIM with SULFAMETHOXAZOLE—cont.								
2951H	Tablet 160 mg-800 mg	10	1	..	8.71	9.60	^a Bactrim DS ^a Chem mart Trimethoprim with Sulfame- thoxazole DS ^a Cosig Forte ^a GenRx Trimethoprim with Sulfame- thoxazole DS ^a healthsense Trimethoprim with Sulfame- thoxazole DS ^a Resprim Forte ^a Terry White Chemists Trimethoprim with Sulfame- thoxazole DS ^a Trimoxazole-BC 800/160	RO CH FM FH HS AF TW BG
				^B 1.29	10.00	9.60	^a Septrin Forte	SI
3103H	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	8.22	9.11	Bactrim ^a Resprim	RO AF
				^B 1.75	9.97	9.11	^a Septrin	SI

Macrolides and lincosamides

• Macrolides

AZITHROMYCIN

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

8200N	Tablet 500 mg	2	..	..	21.95	21.90	Zithromax	PF
<u>Restricted benefit</u>								
<i>Trachoma.</i>								
8336R	Tablet 500 mg	2	2	..	21.95	21.90	Zithromax	PF
8201P	Powder for oral suspension 200 mg per 5 mL, 15 mL	‡1	..	..	#18.81	20.08	Zithromax	PF
CLARITHROMYCIN								
8318T	Tablet 250 mg	14	1	..	19.61	20.50	Klacid	AB
ERYTHROMYCIN								
1400Q	Capsule 175 mg	25	1	..	7.90	8.79	^a DBL Erythromycin ^a Eryc LD	BL FA
1404X	Capsule 250 mg	25	1	..	9.22	10.11	^a DBL Erythromycin ^a Eryc	BL FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	32.86	21.90	Erythrocin-I.M.	AB

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
ERYTHROMYCIN ETHYL SUCCINATE								
2750R	Tablet 400 mg (base)	25	1	.. B3.21	8.93 12.14	9.82 9.82	^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	#10.72 #13.98	11.99 11.99	^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	#12.62 #15.94	13.89 13.89	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
ERYTHROMYCIN LACTOBIONATE								
1398N	I.V. infusion 300 mg (base)	5	..	.. B0.40	42.80 *43.18	21.90 21.90	^a BL ^a Erythrocin	AB
ERYTHROMYCIN STEARATE								
1401R	Tablet 250 mg (base)	25	1	..	7.94	8.83	Erythrocin Filmtab	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	8.86	9.75	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	1	..	11.26	12.15	Erythrocin	AB
ROXITHROMYCIN								
8129W	Tablet for oral suspension 50 mg	10	1	..	10.93	11.82	^a Biaxsig D ^a Rulide D	HP AV
1760P	Tablet 150 mg	10	1	.. B1.22	12.71 13.93	13.60 13.60	^a Biaxsig ^a Rulide	HP AV
8016X	Tablet 300 mg	5	1	.. B1.22	12.71 13.93	13.60 13.60	^a Biaxsig ^a Rulide	HP 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	15.90 17.36	16.79 16.79	^a Cleocin ^a Dalacin C	KR PH
LINCOMYCIN								
2530E	Injection 600 mg in 2 mL	5	..	..	16.91	17.80	Lincocin	PH
Aminoglycoside antibacterials								
• Other aminoglycosides								
GENTAMICIN SULFATE								
1068F	Injection 40 mg (base) in 1 mL	10	1	..	*27.42	21.90	BL	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.88	21.90	BL	
2824P	Injection 80 mg (base) in 2 mL	10	1	..	*18.84 .. 18.85	19.73 19.74	^a BL ^a PU	
TOBRAMYCIN SULFATE								
Restricted benefit								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>								

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	
TOBRAMYCIN SULFATE—cont.								
1356J	Injection 80 mg (base)	10	1	..	*65.18	21.90	Nebcin BL PU	LY

Quinolone antibacterials

• Fluoroquinolones

CIPROFLOXACIN

Restricted benefit

Gonorrhoea.

NOTE:

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

1311B	Tablet 250 mg	2	..	..	12.16	13.05	Ciproxin 250	BN
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Authority required

Respiratory tract infections and bacterial gastroenteritis in severely immunocompromised patients;

Treatment of infections proven to be due to *Pseudomonas aeruginosa* or other gram-negative bacteria resistant to all other oral antimicrobials;

Treatment of joint and bone infections, epididymo-orchitis, prostatitis or perichondritis of the pinna, suspected or proven to be caused by gram-negative bacteria or gram-positive bacteria resistant to all other appropriate antimicrobials.

1208N	Tablet 250 mg	14	..	..	36.58	21.90	Ciproxin 250	BN
1209P	Tablet 500 mg	14	..	..	65.18	21.90	Ciproxin 500	BN
1210Q	Tablet 750 mg	14	..	..	94.88	21.90	Ciproxin 750	BN

NORFLOXACIN

Authority required

Acute bacterial enterocolitis;

Complicated urinary tract infection.

3010K	Tablet 400 mg	14	1	..	20.04	20.93	^a Norflohexal	HX
				^B 1.26	21.30	20.93	^a Insensye	FR
				^B 3.26	23.30	20.93	^a Noroxin	MK

Other antibacterials

• Glycopeptide antibacterials

VANCOMYCIN

Restricted benefit

Prophylaxis of endocarditis in patients hypersensitive to penicillin.

3130R	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6765C, 6766D, 6767E, 6768F, 6769G, 6770H apply to above item with approved solvents)	2	..	..	*51.84	21.90	^a BL	LY
				^B 0.36	*52.20	21.90	^a Vancocin	

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
VANCOMYCIN—cont.								
<u>Restricted benefit</u>								
<i>Endophthalmitis;</i>								
<i>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	..	..	*122.58 B0.90 *123.48	21.90 ^a 21.90 ^a	BL 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	..	75.42	21.90	Fucidin	CS
2311P	Oral suspension 50 mg per mL, 90 mL	‡1	..	..	60.98	21.90	Fucidin	CS
• Imidazole derivatives								
METRONIDAZOLE								
1636D	Tablet 200 mg	21	1	..	6.75	7.64 ^a	Metrogyl 200	AF
				B1.93	8.68	7.64 ^a	Metronide 200	HP
							Flagyl	AV
1626N	Tablet 400 mg	5	2	..	6.64	7.53	Metrogyl 400	AF
1642K	Suppositories 500 mg, 10	‡1	..	..	20.19	21.08	Flagyl	AV
<u>METRONIDAZOLE</u>								
<u>Restricted benefit</u>								
<i>Treatment of anaerobic infections.</i>								
1621H	Tablet 400 mg	21	1	..	9.53	10.42 ^a	Metrogyl 400	AF
				B1.97	11.50	10.42 ^a	Metronide 400	HP
							Flagyl	AV
<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	..	*28.83	21.90	BX	
METRONIDAZOLE BENZOATE								
1630T	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.32	15.21	Flagyl S	AV
TINIDAZOLE								
1465D	Tablet 500 mg	4	..	..	7.50 B2.50 10.00	8.39 8.39 ^a	Simplotan Fasigyn	GP PF

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Nitrofurantoin derivatives								
NITROFURANTOIN								
CAUTION:								
Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.								
1692C	Capsule 50 mg	30	1	.. B1.20	10.98 12.18	11.87 11.87	^a Ralodantin ^a Macrochantin	KR PU
1693D	Capsule 100 mg	30	1	.. B1.20	13.51 14.71	14.40 14.40	^a Ralodantin ^a Macrochantin	KR PU
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	16.34	17.23	Furadantin	PU
• Other antibacterials								
HEXAMINE HIPPURATE								
3124K	Tablet 1 g	100	5	..	32.43	21.90	Hiprex	MM
SPECTINOMYCIN.								
3090P	Injection 2 g with 3.2 mL diluent	1	..	..	19.61	20.50	Trobicin	PH

ANTIMYCOTICS FOR SYSTEMIC USE

Antimycotics for systemic use

• **Antibiotics**

AMPHOTERICIN

1047D	Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	22.86	21.90	Fungizone	BQ
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• **Imidazole derivatives**

KETOCONAZOLE

Authority required

Symptomatic genital candidiasis recurring after treatment of at least 2 episodes with topical therapy.

CAUTION:

Hepatotoxicity has been reported with ketoconazole.

1573T	Tablet 200 mg	10	..	..	16.58	17.47	Nizoral	JC
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Authority required

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

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

CAUTION:

Hepatotoxicity has been reported with ketoconazole.

1572R	Tablet 200 mg	30	5	..	36.71	21.90	Nizoral	JC
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GENERAL ANTIINFECTIVES FOR SYSTEMIC USE —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	
• Triazole derivatives FLUCONAZOLE Authority required <i>Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin;</i> <i>Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;</i> <i>Treatment of oropharyngeal or oesophageal candidiasis in immunosuppressed patients;</i> <i>Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;</i> <i>Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.</i>						
1471K	Capsule 50 mg	28 5 ..	177.44	21.90	Diffucan	PF
1472L	Capsule 100 mg	28 5 ..	328.64	21.90	Diffucan	PF
1475P	Capsule 200 mg	28 5 ..	624.52	21.90	Diffucan	PF
1473M	Solution for I.V. infusion 100 mg in 50 mL	7	*196.48	21.90	Diffucan	PF
1474N	Solution for I.V. infusion 200 mg in 100 mL	7	*350.83	21.90	Diffucan	PF
ITRACONAZOLE Authority required <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 ..	199.93	21.90	Sporanox	JC
ANTIMYCOBACTERIALS						
Drugs for treatment of tuberculosis						
• Hydrazides ISONIAZID						
1554T	Tablet 100 mg	100 2 ..	9.06	9.95	FM	
Drugs for treatment of lepra						
• Drugs for treatment of lepra RIFAMPICIN Restricted benefit <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	8.79	9.68	Rimycin 150	AF
1984K	Capsule 300 mg	10	11.87	12.76	Rimycin 300	AF
8025J	Syrup 100 mg per 5 mL, 60 mL	‡1	23.51	21.90	Rifadin	AV
Authority required <i>Leprosy in adults.</i>						
1982H	Capsule 150 mg	100	35.54	21.90	Rimycin 150	AF
1983J	Capsule 300 mg	100	66.39	21.90	Rimycin 300	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
ANTIVIRALS FOR SYSTEMIC USE							
Direct acting antivirals							
• <i>Nucleosides and nucleotides excl. reverse transcriptase inhibitors</i>							
ACICLOVIR							
Authority required							
<i>Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.</i>							
1003T	Tablet 200 mg	50	..	..	*107.14	21.90	^a Acihexal HX ^a Acyclo-V 200 AF ^a GenRx Aciclovir FH ^a Lovir DP ^B 5.78 *112.92 21.90 ^a Zovirax 200 mg GW
Authority required							
<i>Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is desirable.</i>							
1007B	Tablet 200 mg	90	5	..	192.14	21.90	^a Acihexal HX ^a Acyclo-V 200 AF ^a Chem mart CH Aciclovir ^a GenRx Aciclovir FH ^a healthsense HS Aciclovir ^a Lovir DP ^a Terry White TW Chemists Aciclovir ^B 4.28 196.42 21.90 ^a Zovirax 200 mg GW
Authority required							
<i>Herpes zoster ophthalmicus; Treatment of patients with herpes zoster in whom the duration of rash is less than 72 hours.</i>							
NOTE:							
<i>Aciclovir is effective only if commenced within 72 hours of onset of rash.</i>							
<i>No repeats will be issued.</i>							
1052J	Tablet 800 mg	35	..	..	229.14	21.90	^a Acihexal HX ^a Acyclo-V 800 AF ^a GenRx Aciclovir FH ^a Lovir DP ^B 2.09 231.23 21.90 ^a Zovirax 800 mg GW
Authority required							
<i>Patients with advanced HIV disease (CD4 cell counts of less than 150 million per litre).</i>							
8234J	Tablet 800 mg	120	5	..	717.01	21.90	^a Acihexal HX ^a Acyclo-V 800 AF ^B 7.19 724.20 21.90 ^a Zovirax 800 mg 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	
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	..	158.96	21.90	Famvir	NV
<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	..	..	166.67	21.90	Famvir	NV
<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	..	415.38	21.90	Famvir	NV
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	..	..	*122.00	21.90	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	..	180.66	21.90	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	..	..	246.65	21.90	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							
	DIPHTHERIA ANTITOXIN						
1344R	Injection 10,000 units	2	1	..	*172.38	21.90	CS
	RED-BACK SPIDER ANTIVENOM						
1980F	Injection 500 units	2	..	..	*194.16	21.90	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	..	..	37.13	21.90	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	..	..	*18.57	19.46	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	..	..	*18.84	19.73	CS
	TETANUS VACCINE, ADSORBED						
2127Y	Injection 0.5 mL	3	..	..	*16.92	17.81	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/Moscow/10/99 and B/Sichuan/379/99 like strains)	1	..	..	17.75	18.64	Fluarix SK Fluvax CS Fluvirin TH Vaxigrip AX

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	..	*82.36	21.90	Leukeran	GW
CYCLOPHOSPHAMIDE								
1266P	Tablet 50 mg	50	2	..	29.28	21.90	Cycloblastin	PH
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*27.76	21.90	Endoxan-Asta	AA
1080W	Injection 1 g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	..	25.04	21.90	Cycloblastin Endoxan-Asta	PH AA
1031G	Injection 2 g (solvent required) (codes 7050C, 7051D, 7052E, 7053F, 7054G, 7055H apply to above item with approved solvents)	1	..	..	40.95	21.90	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	..	*267.73	21.90	Holoxan	AA
8077D	Powder for I.V. injection 2 g	5	5	..	*491.18	21.90	Holoxan	AA
MELPHALAN								
2547C	Tablet 2 mg	25	1	..	27.38	21.90	Alkeran	GW
• Alkyl sulphonates								
BUSULFAN								
1128J	Tablet 2 mg	100	..	..	45.93	21.90	Myleran	GW
• Ethylene imines								
THIOTEPA								
2345K	Injection 15 mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	..	*42.10	21.90	LE	
• Other alkylating agents								
TEMOZOLOMIDE								
Authority required								
<i>Treatment of recurrence of anaplastic astrocytoma or glioblastoma multiforme following standard therapy.</i>								

continued

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—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	
TEMOZOLOMIDE—cont.							
8378Y	Capsule 5 mg	5	1	..	55.97	21.90	Temodal SH
8379B	Capsule 20 mg	5	1	..	205.61	21.90	Temodal SH
8380C	Capsule 100 mg	5	1	..	922.77	21.90	Temodal SH
8381D	Capsule 250 mg	5	1	..	2203.05	21.90	Temodal SH
Antimetabolites							
• Folic acid analogues							
METHOTREXATE							
1622J	Tablet 2.5 mg	30	5	..	11.86	12.75	^a Methoblastin PH
				B0.08	11.94	12.75	^a BL ^a Ledertrexate LE
1623K	Tablet 10 mg	50	2	..	47.03	21.90	Methoblastin PH
2396D	Injection 5 mg in 2 mL	5	..	..	41.17	21.90	BL
2395C	Injection 50 mg in 2 mL	5	..	..	40.34	21.90	BL PU
RALTITREXED							
Authority required							
<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	..	*882.93	21.90	Tomudex AP
• Purine analogues							
CLADRIBINE							
Authority required							
<i>Hairy cell leukaemia.</i>							
1811H	Solution for I.V. infusion 10 mg in 10 mL	7	..	..	4679.41	21.90	Leustatin JC
MERCAPTOPURINE							
1598D	Tablet 50 mg	100	2	..	*103.16	21.90	Purinethol GW
THIOGUANINE							
1233X	Tablet 40 mg	25	1	..	104.01	21.90	Lanvis GW
• Pyrimidine analogues							
CAPECITABINE							
Authority required							
<i>Advanced breast cancer after failure of standard therapy which includes a taxane and an anthracycline, or where those agents are clinically contraindicated; Treatment of advanced or metastatic colorectal cancer.</i>							
8361C	Tablet 150 mg	60	2	..	119.43	21.90	Xeloda RO
8362D	Tablet 500 mg	120	2	..	677.25	21.90	Xeloda RO
CYTARABINE							
8033T	Injection 100 mg in 1 mL	10	1	..	*59.22	21.90	BL
2884T	Injection 100 mg in 5 mL	10	1	..	*59.76	21.90	PU
8034W	Injection 500 mg in 5 mL	2	1	..	*68.24	21.90	BL
2885W	Injection 500 mg in 25 mL	2	1	..	*68.24	21.90	PU

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	
FLUOROURACIL								
2521Q	Injection 250 mg in 10 mL	20	..	..	*68.04	21.90	BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*66.38	21.90	BL	
GEMCITABINE HYDROCHLORIDE								
Authority required								
<i>Locally advanced or metastatic non-small cell lung cancer;</i>								
<i>Locally advanced or metastatic adenocarcinoma of the pancreas;</i>								
<i>In combination with cisplatin for locally advanced or metastatic bladder cancer.</i>								
8049P	Powder for I.V. infusion 200 mg (base)	4	2	..	*240.00	21.90	Gemzar	LY
8050Q	Powder for I.V. infusion 1 g (base)	2	2	..	*562.78	21.90	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	..	..	*42.32	21.90	Velbe	LY
2199R	Solution for I.V. injection 10 mg in 10 mL	2	..	..	*45.78	21.90	BL	
VINCRIStINE SULFATE								
2374Y	I.V. injection 1 mg in 1 mL	10	..	..	*168.04	21.90	BL PU	
2371T	Injection set containing 1 mg and 10 mL solvent	10	..	..	*176.68	21.90	Oncovin	LY
VINORELBINE TARTRATE								
Authority required								
<i>Advanced breast cancer after failure of standard therapy which includes an anthracycline;</i>								
<i>Locally advanced or metastatic non-small cell lung cancer.</i>								
8280T	Solution for I.V. infusion 10 mg (base) in 1 mL	16	2	..	*1437.96	21.90	Navelbine	AA
8281W	Solution for I.V. infusion 50 mg (base) in 5 mL	4	2	..	*1503.76	21.90	Navelbine	AA
• Podophyllotoxin derivatives								
ETOPOSIDE								
1396L	Capsule 50 mg	20	..	..	494.67	21.90	Vepesid	BQ
1389D	Capsule 100 mg	10	..	..	433.08	21.90	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*205.83	21.90	BL	
ETOPOSIDE PHOSPHATE								
8120J	Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide)	5	..	..	*205.83	21.90	Etopophos	BQ
8515E	Powder for I.V. infusion 1136 mg (equivalent to 1 g etoposide)	1	..	..	388.98	21.90	Etopophos	BQ

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—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	
• Taxanes						
DOCETAXEL						
Authority required						
<i>Advanced breast cancer after failure of standard therapy which includes an anthracycline;</i>						
<i>Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound;</i>						
<i>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	*777.86	21.90	Taxotere	AV
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	1555.38	21.90	Taxotere	AV
PACLITAXEL						
Authority required						
<i>Adjuvant treatment of node-positive, oestrogen receptor negative, breast cancer administered sequentially to doxorubicin hydrochloride and cyclophosphamide;</i>						
<i>Advanced breast cancer after failure of standard therapy which includes an anthracycline;</i>						
<i>Advanced metastatic ovarian cancer after failure of standard therapy which includes a platinum compound;</i>						
<i>Primary treatment of ovarian cancer in combination with a platinum compound;</i>						
<i>Locally advanced or metastatic non-small cell lung cancer.</i>						
3026G	Solution concentrate for I.V. infusion 30 mg in 5 mL	5	*1165.93	21.90	^a Anzatax ^a Taxol	FA BQ
8018B	Solution concentrate for I.V. infusion 100 mg in 16.7 mL	2	*1569.02	21.90	Taxol	BQ
3017T	Solution concentrate for I.V. infusion 150 mg in 25 mL	1	1165.94	21.90	Anzatax	FA
8360B	Solution concentrate for I.V. infusion 300 mg in 50 mL	1	2350.67	21.90	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	*169.12	21.90	^a Adriamycin Solution ^a BL ^a PU	PH
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	*290.00	21.90	^a Adriamycin Solution ^a BL ^a PU	PH
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	*497.64	21.90	^a Adriamycin Solution ^a BL ^a PU	PH

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	
EPIRUBICIN HYDROCHLORIDE								
1375J	Solution for I.V. injection 10 mg in 5 mL	4	..	..	*228.68	21.90	Pharmorubicin Solution	PH
1376K	Solution for I.V. injection 20 mg in 10 mL	4	..	..	*420.28	21.90	Pharmorubicin Solution	PH
1377L	Solution for I.V. injection 50 mg in 25 mL	3	..	..	*771.57	21.90	Pharmorubicin Solution	PH
IDARUBICIN HYDROCHLORIDE								
Restricted benefit								
<i>Acute myelogenous leukaemia.</i>								
2446R	Capsule 5 mg	3	..	..	*246.24	21.90	Zavedos	PH
2448W	Capsule 10 mg	3	..	..	*457.89	21.90	Zavedos	PH
2450Y	Capsule 25 mg	6	..	..	*2267.76	21.90	Zavedos	PH
8530Y	Solution for I.V. injection 5 mg in 5 mL	3	..	..	585.93	21.90	Zavedos Solution	PH
8531B	Solution for I.V. injection 10 mg in 10 mL	6	..	..	2267.76	21.90	Zavedos Solution	PH
MITOZANTRONE HYDROCHLORIDE								
1932Q	Injection 10 mg (base) in 5 mL	1	..	..	187.74	21.90	^a Novantrone ^a Onkotrone ^a PU	LE AA
1929M	Injection 20 mg (base) in 10 mL	1	..	..	355.52	21.90	^a Novantrone ^a Onkotrone ^a PU	LE AA
1930N	Injection 25 mg (base) in 12.5 mL	1	..	..	438.48	21.90	^a Novantrone ^a Onkotrone ^a PU	LE AA
• Other cytotoxic antibiotics								
BLEOMYCIN SULFATE								
<i>See Special Pharmaceutical Benefits</i>								
Other antineoplastic agents								
• Platinum compounds								
CARBOPLATIN								
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*79.26	21.90	^a BL ^a PU	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*515.40	21.90	^a BL ^a PU	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*331.12	21.90	^a BL ^a PU	
CISPLATIN								
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	14.39	15.28	^a BL ^a PU	
2579R	I.V. injection 50 mg in 50 mL	1	..	..	30.74	21.90	^a BL ^a PU	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.35	21.90	BL	

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	
• 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	..	985.57	21.90	Mabthera	RO
8294M	Solution for I.V. infusion 500 mg in 50 mL	1	3	..	2456.89	21.90	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	..	430.56	21.90	Hexalen	FA
3093T	HYDROXYUREA Capsule 500 mg	100	..	..	77.06	21.90	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	..	187.45	21.90	Camptosar	PU
8415X	I.V. injection 100 mg in 5 mL	2	3	..	*868.68	21.90	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	..	204.33	21.90	Ergamisol 50 mg	JC
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	..	2292.68	21.90	Hycamtin	SK

ENDOCRINE THERAPY

Hormones and related agents

• Estrogens

FOSFESTROL SODIUM

Restricted benefit

Carcinoma of the prostate.

1353F	Tablet 120 mg	100	5	..	*82.02	21.90	Honvan	AA
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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Progestogens MEDROXYPROGESTERONE ACETATE <u>Restricted benefit</u> > <i>Hormone-dependent advanced breast cancer.</i>								
2728N	Tablet 500 mg	30	2	..	130.18	21.90	Provera	PH
<u>Restricted benefit</u> > <i>Hormone-dependent breast cancer; Endometrial cancer.</i>								
2725K	Tablet 100 mg	100	2	..	92.16	21.90	Provera	PH
2316X	Tablet 200 mg	60	2	..	105.11	21.90	Provera	PH
2727M	Tablet 250 mg	60	2	..	130.18	21.90	Provera	PH
[For other listings for this drug see Generic/Proprietary Index]								
MEGESTROL ACETATE <u>Restricted benefit</u> > <i>Hormone-dependent advanced breast cancer.</i>								
2731R	Tablet 40 mg	100	2	..	59.65	21.90	Megace	BQ
2734X	Tablet 160 mg	30	2	..	73.43	21.90	Megace	BQ
• Gonadotropin releasing hormone analogues GOSERELIN ACETATE <u>Authority required</u> <i>Advanced carcinoma of the prostate;</i> > <i>Treatment of pre-menopausal women with hormone-dependent 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	..	341.57	21.90	Zoladex Implant	AP
<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	..	1145.70	21.90	Zoladex 10.8 Implant	AP
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	..	431.68	21.90	Lucrin Depot	AB

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
LEUPRORELIN ACETATE—cont.								
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	..	1148.68	21.90	Lucrin Depot 3 Month Injection	AB
8484M	I.M. injection (modified release), set containing 1 vial powder for injection 30 mg, 1 ampoule diluent 2 mL and 1 syringe with 2 needles	1	1	..	1529.32	21.90	Lucrin Depot 4 Month Injection	AB

Hormone antagonists and related agents

• Anti-estrogens

TAMOXIFEN CITRATE

Restricted benefit

➤ Hormone-dependent breast cancer.

2109B	Tablet 10 mg (base)	60	5	..	53.69	21.90	^a Genox 10 ^a GenRx Tamoxifen ^a Tamoxen 10 mg ^a Tamoxifen Hexal ^a Tamoxifen-BC	AF FH DP HX BG
				^B 0.36	[*] 54.04	21.90	^a Nolvadex	AP
2110C	Tablet 20 mg (base)	60	5	..	[*] 89.62	21.90	^a Tamosin ^a Chem mart Tamoxifen ^a Genox 20 ^a GenRx Tamoxifen ^a healthsense Tamoxifen ^a Tamoxen 20 mg ^a Tamoxifen Hexal ^a Tamoxifen-BC ^a Terry White Chemists Tamoxifen	SI CH AF FH HS DP HX BG TW
				^B 0.64	[*] 90.26	21.90	^a Nolvadex-D	AP

TOREMIFENE CITRATE

Restricted benefit

Hormone-dependent metastatic breast cancer in post-menopausal patients.

8216K	Tablet 60 mg (base)	30	5	..	76.65	21.90	Fareston	SH
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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• 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	..	225.60	21.90	Cosudex	AP
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	..	*289.98	21.90	^a Cyprone ^a Cyprostat ^a GenRx Cyproterone Acetate ^a Procur ^a Androcur	AF SY FH DP SC
8019C	Tablet 100 mg	50	5	..	^B 1.80 *291.78	21.90	^a Androcur	SC
					^B 1.00 236.27 237.27	21.90	^a Cyprostat-100 ^a Androcur-100	SY SC
<i>[For other listings for this drug see Generic/Proprietary Index]</i>								
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	..	225.63	21.90	^a Eulexin ^a Flutamin ^a Fugerel	SH AF EX
				^B 45.33	270.96	21.90		
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	..	231.34	21.90	Anandron	AV
• Enzyme inhibitors								
AMINOGLUTETHIMIDE								
1036M	Tablet 250 mg	100	5	..	162.97	21.90	Cytadren 250	NV
ANASTROZOLE								
<u>Restricted benefit</u>								
➤ <i>Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.</i>								
8179L	Tablet 1 mg	28	2	..	211.19	21.90	Arimidex	AP
EXEMESTANE								
<u>Restricted benefit</u>								
➤ <i>Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.</i>								
8506Q	Tablet 25 mg	30	2	..	224.58	21.90	Aromasin	PH

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
<u>LETROZOLE</u>							
<u>Restricted benefit</u>							
➤ <i>Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.</i>							
8245Y	Tablet 2.5 mg	30	2	..	225.17	21.90	Femara 2.5 mg NV

IMMUNOSTIMULANTS

Cytokines and immunomodulators

• Interferons

INTERFERON ALFA-2a

CAUTION:

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority required

*Hairy cell leukaemia;
Myeloproliferative disease with excessive thrombocytosis.*

8180M	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	4	..	*491.88	21.90	Roferon-A	RO
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Authority required

Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.

8181N	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	5	..	*491.88	21.90	Roferon-A	RO
8182P	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*256.93	21.90	Roferon-A	RO
8183Q	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*334.98	21.90	Roferon-A	RO
8184R	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*491.88	21.90	Roferon-A	RO

INTERFERON ALFA-2b

CAUTION:

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority required

Hairy cell leukaemia.

8275M	Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial	15	4	..	*491.88	21.90	Intron A	SH
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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
INTERFERON ALFA-2b—cont.								
Authority required								
<i>Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy; Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.</i>								
8276N	Solution for injection 3,000,000 i.u. in 0.5 mL single dose vial	15	5	..	*491.88	21.90	Intron A	SH
8277P	Solution for injection 5,000,000 i.u. in 0.5 mL single dose vial	15	5	..	*816.66	21.90	Intron A	SH
8348J	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose cartridge	3	5	..	*589.32	21.90	Intron A Redipen	SH
8476D	Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose cartridge	3	5	..	*979.05	21.90	Intron A Redipen	SH
INTERFERON BETA-1a								
Authority required								
<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>								
8289G	Injection set comprising 1 vial powder for injection 30 micrograms (6,000,000 i.u.) and 1 ampoule solvent 2 mL	4	5	..	1090.91	21.90	Avonex	CS
8402F	Injection 22 micrograms (6,000,000 i.u.) in 0.5 mL single dose pre-filled syringe	12	5	..	1040.21	21.90	Rebif 22	SG
8403G	Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose pre-filled syringe	12	5	..	1333.53	21.90	Rebif 44	SG

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—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				
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. (250 micrograms) and solvent	15	5	..	1178.42	21.90	Betaferon	SC
Other cytokines and immunomodulators								
BCG IMMUNOTHERAPEUTIC								
(Bacillus Calmette-Guérin/Connaught strain)								
<u>Restricted benefit</u>								
Treatment of carcinoma in situ of the urinary bladder.								
1140B	Single dose set comprising 1 vial powder for intravesical administration containing 6.6 to 19.2 x 10 ⁸ CFU and 1 vial diluent 3 mL	3	1	..	*472.68	21.90	ImmuCyst	AV
BCG-TICE								
(Bacillus Calmette-Guérin/Tice strain)								
<u>Restricted benefit</u>								
Primary and relapsing superficial urothelial carcinoma of the bladder.								
1131M	Vial containing powder for intravesical administration approximately 5 x 10 ⁸ CFU	3	1	..	462.68	21.90	OncoTICE	OR

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —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			

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	..	1090.91	21.90	Copaxone	AV
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LEFLUNOMIDE

For listings see Generic/Proprietary Index

• **Other immunosuppressive agents****AZATHIOPRINE**

2688L	Tablet 25 mg	100	2	..	49.71	21.90	^a Azahexal	HX
				^B 1.57	51.28	21.90	^a Imuran	GW
2687K	Tablet 50 mg	100	2	..	83.72	21.90	^a Azahexal	HX
							^a Azamun	DP
							^a Thioprime	AF
				^B 1.00	84.72	21.90	^a Imuran	GW

MUSCULO-SKELETAL SYSTEM

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		
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
Antiinflammatory and antirheumatic products, non-steroids							
• Acetic acid derivatives and related substances							
DICLOFENAC POTASSIUM							
1332D	Tablets 50 mg, 20	‡1	7.58	8.47	Voltaren Rapid 50	NV	
DICLOFENAC SODIUM							
1302M	Suppository 100 mg	40 3 ..	*22.96	21.90	Voltaren 100	NV	
DICLOFENAC SODIUM							
Restricted benefit							
Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1299J	Tablet 25 mg (enteric coated)	100 3 ..	*13.70	14.59	^a Chem mart Diclofenac ^a Diclofenac-BC ^a Diclohexal ^a Dinac ^a GenRx Diclofenac ^a healthsense Diclofenac ^a Terry White Chemists Diclofenac ^a Voltaren 25	CH BG HX DP FH HS TW NV	
			^B 2.00	*15.70	14.59		
1300K	Tablet 50 mg (enteric coated)	50 3 ..	10.96	11.85	^a Chem mart Diclofenac ^a Diclofenac-BC ^a Diclohexal ^a Dinac ^a Fenac ^a GenRx Diclofenac ^a healthsense Diclofenac ^a Terry White Chemists Diclofenac ^a Voltaren 50	CH BG HX DP AF FH HS TW NV	
			^B 2.00	12.96	11.85		
INDOMETHACIN							
2757D	Suppository 100 mg	40 3 ..	*19.58	20.47	Indocid	MK	
INDOMETHACIN							
Restricted benefit							
Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
2454E	Capsule 25 mg	100 3 ..	*7.96	8.85	^a Arthrexin	AF	
			^B 3.00	*10.96	8.85 ^a Indocid	MK	

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				
SULINDAC								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
2047R	Tablet 100 mg	100	3	..	*14.70	15.59	^a Aclin	AF
				^B 2.31	17.00	15.58	^a Clinoril	FR
2048T	Tablet 200 mg	50	3	..	13.61	14.50	^a Aclin 200	AF
				^B 2.63	16.24	14.50	^a Clinoril 200	FR
• Oxicams								
PIROXICAM								
<u>Restricted benefit</u>								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
1895R	Dispersible tablet 10 mg	50	3	..	12.95	13.84	^a Candyl-D 10 mg	DP
							^a GenRx Piroxicam Dispersible	FH
							^a Mobilis D-10	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
				^B 2.50	15.45	13.84	^a Feldene-D	PF
1896T	Dispersible tablet 20 mg	25	3	..	12.52	13.41	^a Candyl-D 20 mg	DP
							^a Chem mart Piroxicam Dispersible	CH
							^a GenRx Piroxicam Dispersible	FH
							^a healthsense Piroxicam Dispersible	HS
							^a Mobilis D-20	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
							^a Terry White Chemists Piroxicam Dispersible	TW
				^B 2.50	15.02	13.41	^a Feldene-D	PF

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PIROXICAM—cont.								
1897W	Capsule 10 mg	50	3	..	12.95	13.84	^a Candyl 10 mg ^a Chem mart Piroxicam ^a DBL Piroxicam ^a GenRx Piroxicam ^a healthsense Piroxicam ^a Mobilis 10 ^a Rosig ^a Terry White Chemists Piroxicam	DP CH BL FH HS AF SI TW
				^B 2.50	15.45	13.84	^a Feldene	PF
1898X	Capsule 20 mg	25	3	..	12.52	13.41	^a Candyl 20 mg ^a Chem mart Piroxicam ^a DBL Piroxicam ^a GenRx Piroxicam ^a healthsense Piroxicam ^a Mobilis 20 ^a Rosig ^a Terry White Chemists Piroxicam	DP CH BL FH HS AF SI TW
				^B 2.50	15.02	13.41	^a Feldene	PF
TENOXICAM								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
2104R	Tablet 10 mg	50	3	..	13.60	14.49	Tilcotil	RO
• Propionic acid derivatives								
IBUPROFEN								
3192B	Tablets 400 mg, 20	‡1	..	..	6.62	7.51	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	..	*9.12	10.01	Rafen 200	AF
3190X	Tablet 400 mg	100	3	..	*12.42	13.31	Brufen	KN
KETOPROFEN								
1588N	Suppository 100 mg	40	3	..	*21.32	21.90	Orudis	AV

continued ➤

MUSCULO-SKELETAL SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
KETOPROFEN—cont.								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
1586L	Capsule 50 mg	50	3	..	9.87	10.76	Orudis	AV
1589P	Capsule 100 mg (sustained release)	50	3	.. B2.02	14.14 16.16	15.03 ^a 15.03 ^a	Oruvail SR Orudis SR	HP AV
1590Q	Capsule 200 mg (sustained release)	28	3	.. B1.80	15.27 17.07	16.16 ^a 16.16 ^a	Oruvail SR Orudis SR 200	HP AV
NAPROXEN								
1662L	Suppository 500 mg	40	3	..	*19.58	20.47	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	.. B3.12	*14.50 *17.62	15.39 ^a 15.39 ^a	Inza 250 Naprosyn	AF RO
1659H	Tablet 500 mg	50	3	.. B1.80	13.40 15.20	14.29 ^a 14.29 ^a	Inza 500 Naprosyn	AF RO
1614Y	Tablet 750 mg (sustained release)	28	3	.. B1.68	12.53 14.21	13.42 ^a 13.42 ^a	Proxen SR 750 Naprosyn SR750	MD RO
1615B	Tablet 1 g (sustained release)	28	3	.. B1.77	15.15 16.92	16.04 ^a 16.04 ^a	Proxen SR 1000 Naprosyn SR1000	MD RO
1658G	Oral suspension 125 mg per 5 mL, 500 mL	‡1	3	..	19.30	20.19	Naprosyn	RO
NAPROXEN SODIUM								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>								
1795L	Tablet 550 mg	50	3	.. B3.00	13.49 16.49	14.38 ^a 14.38 ^a	Crysanal Anaprox 550	MD RO
NOTE:								
Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.								
TIAPROFENIC ACID								
CAUTION:								
Cystitis and other urinary disorders have been reported with this drug.								
NOTE:								
The recommended maximum dose is 600 mg per day.								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
2102P	Tablet 200 mg	50	3	..	10.42	11.31	Surgam	AV
2103Q	Tablet 300 mg	50	3	..	13.87	14.76	Surgam	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	
• Fenamates MEFENAMIC ACID <u>Restricted benefit</u> <i>Dysmenorrhoea; Menorrhagia.</i>								
1824B	Capsule 250 mg	50	2	..	16.29	17.18 ^a	Mefic ^a Ponstan	WW PD
• Coxibs CELECOXIB <u>Restricted benefit</u> > <i>Symptomatic treatment of osteoarthritis and rheumatoid arthritis.</i>								
8439E	Capsule 100 mg	60	3	..	32.15	21.90	Celebrex	PH
8440F	Capsule 200 mg	30	3	..	32.15	21.90	Celebrex	PH
ROFECOXIB <u>Restricted benefit</u> > <i>Symptomatic treatment of osteoarthritis.</i>								
8471W	Tablet 12.5 mg	30	3	..	29.54	21.90	Vioxx	MK
8472X	Tablet 25 mg	30	3	..	42.85	21.90	Vioxx	MK
8473Y	Oral suspension 12.5 mg per 5 mL, 150 mL	‡1	3	..	29.54	21.90	Vioxx	MK
8474B	Oral suspension 25 mg per 5 mL, 150 mL	‡1	3	..	42.85	21.90	Vioxx	MK
• 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	..	*15.22	16.11	Dolobid	MK
1320L	Tablet 500 mg	50	3	..	14.91	15.80	Dolobid	MK
Specific antirheumatic agents								
• Quinolines HYDROXYCHLOROQUINE SULFATE								
1512N	Tablet 200 mg	100	1	..	35.48	21.90	Plaquenil	SW
• Gold preparations AURANOFIN CAUTION: Regular blood and urine checks are essential.								
1095P	Tablet 3 mg	60	5	..	63.73	21.90	Ridaura	LM
AUROTHIOGLUCOSE CAUTION: Regular blood and urine checks are essential.								
2021J	Injection 50 mg per mL, 10 mL	1	..	..	127.00	21.90	Gold-50	SH

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				
SODIUM AUROTHIOMALATE								
<u>CAUTION:</u>								
Regular blood and urine checks are essential.								
2016D	Injection 10 mg	10	..	..	52.86	21.90	Myocrisin	AV
2017E	Injection 20 mg	10	1	..	81.19	21.90	Myocrisin	AV
2018F	Injection 50 mg	10	1	..	127.00	21.90	Myocrisin	AV

• **Penicillamine and similar agents****PENICILLAMINE****CAUTION:**

Regular blood and urine checks are essential.

2721F	Tablet 125 mg	100	1	..	30.10	21.90	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	42.49	21.90	D-Penamine	DL

• **Other specific antirheumatic agents****LEFLUNOMIDE****CAUTION:**

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.

Authority required

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.

NOTE:

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

8373Q	Pack containing 3 tablets leflunomide 100 mg and 30 tablets leflunomide 20 mg	£1	..	..	316.52	21.90	Arava	AV
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Authority required

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.

8374R	Tablet 10 mg	30	5	..	146.21	21.90	Arava	AV
8375T	Tablet 20 mg	30	5	..	218.57	21.90	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	..	39.53	21.90	^a Baclo ^a Baclohexal ^a Chem mart Baclofen ^a Clofen 10 ^a DBL Baclofen ^a GenRx Baclofen ^a healthsense Baclofen ^a Terry White Chemists Baclofen	DP HX CH AF BL FH HS TW
				^B 1.20	40.73	21.90	^a Lioresal 10	NV
2730Q	Tablet 25 mg	100	5	..	80.91	21.90	^a Baclo ^a Baclohexal ^a Chem mart Baclofen ^a Clofen 25 ^a DBL Baclofen ^a GenRx Baclofen ^a healthsense Baclofen ^a Terry White Chemists Baclofen	DP HX CH AF BL FH HS TW
				^B 1.20	82.11	21.90	^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	..	28.99	21.90	Dantrium	PU
1780Q	Capsule 50 mg	100	2	..	46.81	21.90	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	..	*13.88	14.77	^a Allohexal ^a Pro gout 100 ^a Allopurinol-BC ^a Allorin 100 mg ^a Zyloprim	HX AF BG DP SI
				..	13.88	14.77		
				^B 2.04	15.92	14.77		

continued →

MUSCULO-SKELETAL SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2604C	ALLOPURINOL—cont. Tablet 300 mg	60	2	..	10.13	11.02	^a Allohexal	HX
							^a Allopurinol-BC	BG
				..	*10.14	11.03	^a Allorin 300 mg	DP
				^B 1.99	12.12	11.02	^a Progout 300	AF
							^a Zyloprim	SI
2603B	Capsule 300 mg	60	2	..	*10.70	11.59	Capurate-300	FM
• Preparations increasing uric acid excretion								
	PROBENECID							
1940D	Tablet 500 mg	100	5	..	43.18	21.90	Pro-Cid	OF
SULFINPYRAZONE								
Restricted benefit								
<i>Glomerulonephritis;</i>								
<i>Gout;</i>								
<i>Renal transplantation.</i>								
2094F	Tablet 100 mg	100	5	..	33.46	21.90	Anturan 100	NV
• Preparations with no effect on uric acid metabolism								
	COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	8.05	8.94	Colgout	AS

DRUGS FOR TREATMENT OF BONE DISEASES

Drugs affecting mineralization

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

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.

8102K	Tablet equivalent to 10 mg alendronic acid	30	5	..	59.59	21.90	Fosamax 10 mg	MK
8511Y	Tablet equivalent to 70 mg alendronic acid	4	5	..	55.93	21.90	Fosamax Once Weekly	MK
Authority required								
<i>Symptomatic Paget's disease of bone.</i>								
8090T	Tablet equivalent to 40 mg alendronic acid	30	5	..	141.05	21.90	Fosamax 40 mg	MK

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				
DISODIUM ETIDRONATE								
<u>Authority required</u>								
<i>Symptomatic Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects; Heterotopic ossification.</i>								
2920Q	Tablet 200 mg	60	5	..	117.07	21.90	Didronel	PU
DISODIUM PAMIDRONATE								
<u>Authority required</u>								
<i>Symptomatic Paget's disease of bone.</i>								
8461H	Concentrated injection 15 mg in 5 mL	4	..	..	*303.60	21.90	BL	
8208B	Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL	1	..	..	303.64	21.90	Aredia 15 mg	NV
8462J	Concentrated injection 30 mg in 10 mL	2	..	..	*303.64	21.90	BL	
8209C	Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL	1	..	..	303.64	21.90	Aredia 30 mg	NV
8463K	Concentrated injection 60 mg in 10 mL	1	..	..	303.64	21.90	BL	
RISEDRONATE SODIUM								
<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. 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.</i>								
8481J	Tablet 5 mg	28	5	..	57.77	21.90	Actonel	AV
<u>Authority required</u>								
<i>Symptomatic Paget's disease of bone.</i>								
8482K	Tablet 30 mg	28	1	..	312.24	21.90	Actonel	AV
SODIUM CLODRONATE TETRAHYDRATE								
<u>Restricted benefit</u>								
<i>Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy; Multiple myeloma; Bone metastases from breast cancer.</i>								

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	
SODIUM CLODRONATE TETRAHYDRATE—cont.								
8132B	Capsule equivalent to 400 mg sodium clodronate	100	2	..	342.68	21.90	Bonefos	AV
8265B	Tablet equivalent to 800 mg sodium clodronate	60	2	..	393.68	21.90	Bonefos 800 mg	AV
TILUDRONATE DISODIUM								
<u>Authority required</u>								
<i>Symptomatic Paget's disease of bone.</i>								
8267D	Tablet equivalent to 200 mg tiludronic acid	56	2	..	279.08	21.90	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	..	80.58	21.90	Didrocal	PU
• 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	..	62.40	21.90	^a Citrihexal	HX
							^a Kosteo	AW
							^a Rocaltrol	RO
							^a Sitriol	AF

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				
CALCIUM								
<u>Restricted benefit</u>								
<i>Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.</i>								
3116B	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*13.42	14.31	Cal-Sup	MM
3117C	Tablet 600 mg (as carbonate)	120	1	..	12.48	13.37	Caltrate	WT

RALOXIFENE HYDROCHLORIDE**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.

8363E	Tablet 60 mg	28	5	..	60.62	21.90	Evista	LY
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OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM**Other drugs for disorders of the musculo-skeletal system****• Quinine and derivatives****QUININE BISULFATE****CAUTION:**

Severe thrombocytopenia has been reported with this drug.

1972T	Tablet 300 mg	50	2	..	9.96	10.85	Myoquin	FM
					^B 0.61	10.57	Quinbisul Bi-Quinate	AF AV

QUININE SULFATE**CAUTION:**

Severe thrombocytopenia has been reported with this drug.

1975Y	Tablet 300 mg	50	2	..	9.96	10.85	Quinocet	FM
					^B 0.61	10.57	^a Quinsul ^a Quinate	AF AV

NERVOUS SYSTEM

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				

ANALGESICS**Opioids****• Natural opium alkaloids****CODEINE PHOSPHATE**

1214X	Tablet 30 mg	20	..	..	10.21	11.10	FM	
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CODEINE PHOSPHATE with PARACETAMOL

1215Y	Tablet 30 mg-500 mg	20	..	..	7.18	8.07	^a Codalgin Forte	FM
							^a Panadeine Forte	SW
							Caplets	
				^B 1.82	9.00	8.07	^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	..	..	11.58	12.47	Dilaudid	AB
8421F	Injection 10 mg in 1 mL	5	..	..	17.06	17.95	Dilaudid-HP	AB
8422G	Injection 50 mg in 5 mL	5	..	..	45.79	21.90	Dilaudid-HP	AB
8423H	Injection 500 mg in 50 mL	1	..	..	79.95	21.90	Dilaudid-HP	AB

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).

8541M	Tablet 2 mg	20	..	..	12.33	13.22	Dilaudid	AB
8542N	Tablet 4 mg	20	..	..	16.00	16.89	Dilaudid	AB
8543P	Tablet 8 mg	20	..	..	22.48	21.90	Dilaudid	AB
8424J	Oral liquid 1 mg per mL, 473 mL	1	..	..	24.30	21.90	Dilaudid	AB

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	..	..	15.54	16.43	Ordine 2	MF
2123R	Oral solution 5 mg per mL, 200 mL	1	..	..	18.73	19.62	Ordine 5	MF
2124T	Oral solution 10 mg per mL, 200 mL	1	..	..	21.67	21.90	Ordine 10	MF

MORPHINE SULFATE

CAUTION:

The risk of drug dependence is high.

1644M	Injection 10 mg in 1 mL	5	..	..	11.54	12.43	BL SI	
1645N	Injection 15 mg in 1 mL	5	..	..	11.87	12.76	BL SI	
1647Q	Injection 30 mg in 1 mL	5	..	..	13.16	14.05	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	..	..	12.88	13.77	Anamorph	FM
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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	..	..	12.25	13.14	MS Contin	MF
1653B	Tablet 10 mg (controlled release)	20	..	..	15.56	16.45	MS Contin	MF
8489T	Tablet 15 mg (controlled release)	20	..	..	18.32	19.21	MS Contin	MF
1654C	Tablet 30 mg (controlled release)	20	..	..	27.31	21.90	MS Contin	MF
1655D	Tablet 60 mg (controlled release)	20	..	..	41.75	21.90	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.								
1656E	Tablet 100 mg (controlled release)	20	..	..	61.17	21.90	MS Contin	MF
8349K	Capsule 10 mg (containing sustained release pellets)	20	..	..	15.56	16.45	Kapanol	GW
2839K	Capsule 20 mg (containing sustained release pellets)	20	..	..	20.63	21.52	Kapanol	GW
8491X	Capsule 30 mg (controlled release)	10	..	..	18.32	19.21	MS Mono	MF
2840L	Capsule 50 mg (containing sustained release pellets)	20	..	..	36.00	21.90	Kapanol	GW
8492Y	Capsule 60 mg (controlled release)	10	..	..	27.31	21.90	MS Mono	MF
8493B	Capsule 90 mg (controlled release)	10	..	..	34.43	21.90	MS Mono	MF
2841M	Capsule 100 mg (containing sustained release pellets)	20	..	..	61.17	21.90	Kapanol	GW
8494C	Capsule 120 mg (controlled release)	10	..	..	41.64	21.90	MS Mono	MF
8490W	Sachet containing controlled release granules for oral suspension, 20 mg per sachet	20	..	..	20.63	21.52	MS Contin Suspension 20 mg	MF
8146R	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	20	..	..	27.31	21.90	MS Contin Suspension 30 mg	MF
8305D	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	20	..	..	41.75	21.90	MS Contin Suspension 60 mg	MF
8306E	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	20	..	..	61.17	21.90	MS Contin Suspension 100 mg	MF
Authority required								
Chronic severe disabling pain due to cancer.								
8453X	Tablet 200 mg (controlled release)	20	..	..	106.29	21.90	MS Contin	MF
8454Y	Sachet containing controlled release granules for oral suspension, 200 mg per sachet	20	..	..	106.29	21.90	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	..	..	20.73	21.62	BL	

NERVOUS SYSTEM—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	
OXYCODONE						
CAUTION:						
<i>The risk of drug dependence is high.</i>						
Restricted benefit						
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>						
NOTE:						
<i>Authorities for increased maximum quantities and/or repeats will be granted only for</i>						
<i>(i) severe disabling pain associated with proven malignant neoplasia; or</i>						
<i>(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>						
2481N	Suppository 30 mg	12	18.40	19.29	Proladone	KN

OXYCODONE HYDROCHLORIDE**CAUTION:***The risk of drug dependence is high.***Restricted benefit***Severe disabling pain not responding to non-narcotic analgesics.***NOTE:***Authorities for increased maximum quantities and/or repeats will be granted only for**(i) severe disabling pain associated with proven malignant neoplasia; or**(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).*

2622B	Tablet 5 mg	20	10.44	11.33	Endone	BT
8464L	Capsule 5 mg	20	10.44	11.33	OxyNorm	MF
8501K	Capsule 10 mg	20	12.74	13.63	OxyNorm	MF
8502L	Capsule 20 mg	20	16.78	17.67	OxyNorm	MF

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	19.70	20.59	OxyContin	MF
8386J	Tablet 20 mg (controlled release)	20	27.31	21.90	OxyContin	MF
8387K	Tablet 40 mg (controlled release)	20	41.75	21.90	OxyContin	MF
8388L	Tablet 80 mg (controlled release)	20	71.95	21.90	OxyContin	MF

• **Phenylpiperidine derivatives****FENTANYL****CAUTION:***The risk of drug dependence is high.*

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	
FENTANYL—cont.								
<u>Restricted benefit</u>								
<i>Chronic severe disabling pain which is associated with proven malignant neoplasia and which is unresponsive to non-narcotic analgesics.</i>								
8337T	Transdermal patch 2.5 mg (releasing approximately 25 micrograms per hour)	5	..	..	59.96	21.90	Durogesic 25	JC
8338W	Transdermal patch 5 mg (releasing approximately 50 micrograms per hour)	5	..	..	103.53	21.90	Durogesic 50	JC
8339X	Transdermal patch 7.5 mg (releasing approximately 75 micrograms per hour)	5	..	..	140.71	21.90	Durogesic 75	JC
8340Y	Transdermal patch 10 mg (releasing approximately 100 micrograms per hour)	5	..	..	171.37	21.90	Durogesic 100	JC
PETHIDINE HYDROCHLORIDE								
<u>CAUTION:</u>								
<i>The risk of drug dependence is high.</i>								
<u>Restricted benefit</u>								
<i>Short-term treatment of acute pain.</i>								
<u>NOTE:</u>								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
1828F	Injection 50 mg in 1 mL	5	..	..	10.81	11.70	BL SI	
1829G	Injection 100 mg in 2 mL	5	..	..	11.24	12.13	BL SI	
• Diphenylpropylamine derivatives								
METHADONE HYDROCHLORIDE								
<u>CAUTION:</u>								
<i>The risk of drug dependence is high.</i>								
<u>Restricted benefit</u>								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
<u>NOTE:</u>								
<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	..	..	11.13	12.02	Physeptone	GW
1606M	Injection 10 mg in 1 mL	5	..	..	12.96	13.85	Physeptone	GW
• Other opioids								
TRAMADOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
<i>For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed.</i>								
<u>NOTE:</u>								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</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	
TRAMADOL HYDROCHLORIDE—cont.								
8455B	Capsule 50 mg	20	..	..	8.34	9.23	Tramal	CS
Restricted benefit								
<i>For pain where aspirin and/or paracetamol alone are inappropriate or have failed.</i>								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.</i>								
8523N	Tablet 100 mg (sustained release)	20	..	..	15.10	15.99	Tramal SR 100	CS
8524P	Tablet 150 mg (sustained release)	20	..	..	17.70	18.59	Tramal SR 150	CS
8525Q	Tablet 200 mg (sustained release)	20	..	..	22.28	21.90	Tramal SR 200	CS
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
ASPIRIN								
1008C	Tablet 300 mg	100	1	..	6.97	7.86	Spren	SI
1010E	Tablet 300 mg (dispersible)	96	1	..	6.91	7.80	Solprin	RC
• Anilides								
PARACETAMOL								
1746X	Tablet 500 mg	100	1	..	7.78	8.67	Dymadon P a Febridol GenRx Paracetamol a Panamax Parahexal a Paralgin SBPA Parace- tamol 500 Tylenol DP	WR GR FH SW HX FM SL JT
1747Y	Oral liquid 120 mg per 5 mL, 100 mL	‡1	2	..	7.29	8.18	Dymadon a Panamax a Paralgin Junior Elixir 1-4 years	WR SW SI
1770E	Oral liquid 240 mg per 5 mL, 200 mL	‡1	2	..	9.48	10.37	a Panamax 240 Elixir a Paralgin Junior Elixir 5-12 years	SW SI
Antimigraine preparations								
• Ergot alkaloids								
DIHYDROERGOTAMINE MESYLATE								
1323P	Injection 1 mg in 1 mL	5	..	..	15.20	16.09	Dihydergot	NV
ERGOTAMINE TARTRATE								
1383T	Capsule 1 mg	50	2	..	18.98	19.87	Ergodryl Mono	PD

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	
1386Y	ERGOTAMINE TARTRATE with CAFFEINE Suppositories 2 mg-100 mg, 5	‡1	2	..	9.06	9.95	Cafergot S	NV
2826R	METHYSERGIDE Tablet 1 mg	100	2	..	*43.38	21.90	Deseril	NV
• Selective 5HT₁-receptor agonists								
NARATRIPTAN								
HYDROCHLORIDE								
CAUTION:								
<i>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.</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>								
8298R	Tablet 2.5 mg (base)	2	5	..	15.68	16.57	Naramig	GW
SUMATRIPTAN								
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>								
8341B	Nasal spray 20 mg in 0.1 mL single dose unit	2	5	..	15.68	16.57	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	..	15.68	16.57	Imigran	GW

NERVOUS SYSTEM —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	
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 ..	15.65	16.54	Zomig	AP
• Other antimigraine preparations						
CYPROHEPTADINE HYDROCHLORIDE						
Restricted benefit <i>Prevention of migraine.</i>						
1798P	Tablet 4 mg	100 2 ..	*11.34	12.23	Periactin	FR
PIZOTIFEN MALATE						
3074T	Tablet 500 micrograms (base)	100 2 ..	19.84	20.73	Sandomigran 0.5	NV
ANTIEPILEPTICS						
Antiepileptics						
• Barbiturates and derivatives						
METHYLPHENOBARBITONE						
Restricted benefit <i>Epilepsy.</i>						
1634B	Tablet 60 mg	200 2 ..	22.92	21.90	Prominal	SW
1635C	Tablet 200 mg	200 2 ..	48.24	21.90	Prominal	SW
PHENOBARBITONE						
Restricted benefit <i>Epilepsy.</i>						
1850J	Tablet 30 mg	200 4 ..	9.18	10.07	SI	
PHENOBARBITONE SODIUM						
Restricted benefit <i>Epilepsy.</i>						
1853M	Injection 200 mg in 1 mL	5	17.52	18.41	FM	
PRIMIDONE						
1939C	Tablet 250 mg	200 2 ..	19.93	20.82	Mysoline	AP
• Hydantoin derivatives						
PHENYTOIN						
1249R	Tablet 50 mg	200 2 ..	28.11	21.90	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1 3 ..	19.70	20.59	Dilantin	PD

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	
1873N	PHENYTOIN SODIUM Capsule 30 mg	200	2	..	27.19	21.90	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	28.11	21.90	Dilantin Sodium	PD
• Succinimide derivatives								
1413J	ETHOSUXIMIDE Capsule 250 mg	200	2	..	51.65	21.90	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	28.00	21.90	Zarontin	PD
• Benzodiazepine derivatives								
CLONAZEPAM								
<u>Restricted benefit</u>								
<u>Epilepsy.</u>								
1807D	Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)	5	..	..	15.03	15.92	Rivotril	RO
<u>Authority required</u>								
<u>Epilepsy.</u>								
1805B	Tablet 500 micrograms	200	2	..	*23.20	21.90	^a Paxam 0.5	AF
				^B 4.76	*27.96	21.90	^a Rivotril	RO
1806C	Tablet 2 mg	200	2	..	*39.52	21.90	^a Paxam 2	AF
				^B 5.36	*44.88	21.90	^a Rivotril	RO
1808E	Oral liquid 2.5 mg per mL, 10 mL	2	..	..	*12.60	13.49	Rivotril	RO
NITRAZEPAM								
<u>Authority required</u>								
<u>Myoclonic epilepsy;</u>								
<u>Malignant neoplasia (late stage);</u>								
<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	..	*8.64	9.53	^a Alodorm	AF
				^B 4.04	*12.68	9.53	^a Mogadon	ID
[For other listings for this drug see Generic/Proprietary Index]								
• Carboxamide derivatives								
CARBAMAZEPINE								
2422L	Tablet 100 mg	200	2	..	21.44	21.90	^a Carbamazepine- BC	BG
							^a Tegretol 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	
CARBAMAZEPINE—cont.								
2419H	Tablet 200 mg	200	2	..	36.66	21.90	^a Carbamazepine-BC	BG
				^B 1.50	38.16	21.90	^a Teril	AF
							^a Tegretol 200	NV
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.66	21.90	Tegretol CR 200	NV
2431Y	Tablet 400 mg (controlled release)	200	2	..	65.44	21.90	Tegretol CR 400	NV
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	19.43	20.32	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	..	*29.60	21.90	Epilim	SW
2289L	Tablet 200 mg (enteric coated)	200	2	..	*36.96	21.90	^a Valpro 200	AF
				^B 1.32	*38.28	21.90	^a Epilim EC	SW
2290M	Tablet 500 mg (enteric coated)	200	2	..	*68.54	21.90	^a Valpro 500	AF
				^B 1.64	*70.18	21.90	^a Epilim EC	SW
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.84	21.90	Epilim Liquid	SW
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.84	21.90	Epilim Syrup	SW

TIAGABINE HYDROCHLORIDE**Authority required**

Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

8221Q	Tablet 5 mg (base)	100	5	..	87.70	21.90	Gabitril	SW
8222R	Tablet 10 mg (base)	100	5	..	170.69	21.90	Gabitril	SW
8223T	Tablet 15 mg (base)	100	5	..	239.74	21.90	Gabitril	SW

VIGABATRIN**CAUTION:**

Visual field defects have been reported with this drug.

Authority required

Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

2667J	Tablet 500 mg	120	5	..	132.28	21.90	Sabril	AV
2668K	Oral powder, sachet 500 mg	60	5	..	73.43	21.90	Sabril	AV

• **Other antiepileptics**

GABAPENTIN

Authority required

Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

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	
GABAPENTIN—cont.								
8505P	Capsule 100 mg	100	5	..	40.13	21.90	^a Gantin ^a Neurontin	AW PD
1834M	Capsule 300 mg	100	5	..	111.05	21.90	^a Gantin ^a Neurontin	AW PD
1835N	Capsule 400 mg	100	5	..	146.47	21.90	^a Gantin ^a Neurontin	AW PD
8389M	Tablet 800 mg	100	5	..	267.68	21.90	^a Gantin ^a Neurontin	AW PD

LAMOTRIGINE**Authority required**

Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

8063J	Tablet 5 mg	56	5	..	21.18	21.90	Lamictal	GW
2848X	Tablet 25 mg	56	5	..	41.42	21.90	Lamictal	GW
2849Y	Tablet 50 mg	56	5	..	65.95	21.90	Lamictal	GW
2850B	Tablet 100 mg	56	5	..	106.76	21.90	Lamictal	GW
2851C	Tablet 200 mg	56	5	..	176.17	21.90	Lamictal	GW

SULTHIAME

2099L	Tablet 50 mg	200	2	..	30.82	21.90	Ospolot	OF
2100M	Tablet 200 mg	200	2	..	72.96	21.90	Ospolot	OF

TOPIRAMATE**Authority required**

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.

8163P	Tablet 25 mg	60	5	..	44.05	21.90	Topamax	JC
8164Q	Tablet 50 mg	60	5	..	70.33	21.90	Topamax	JC
8165R	Tablet 100 mg	60	5	..	114.05	21.90	Topamax	JC
8166T	Tablet 200 mg	60	5	..	188.42	21.90	Topamax	JC
8371N	Capsule 15 mg	60	5	..	33.03	21.90	Topamax Sprinkle	JC
8372P	Capsule 25 mg	60	5	..	44.05	21.90	Topamax Sprinkle	JC
8520K	Capsule 50 mg	60	5	..	70.33	21.90	Topamax Sprinkle	JC

ANTI-PARKINSON DRUGS**Anticholinergic agents**• **Tertiary amines****BENZHEXOL HYDROCHLORIDE**

1109J	Tablet 2 mg	200	2	..	11.82	12.71	Artane	LE
1110K	Tablet 5 mg	200	1	..	13.92	14.81	Artane	LE

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
2544X	BIPERIDEN HYDROCHLORIDE Tablet 2 mg	200	2	..	*18.98	19.87	Akineton	KN
	• Ethers of tropine or tropine derivatives							
2362H	BENZTROPINE MESYLATE Tablet 2 mg	60	2	..	7.45	8.34	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	18.60	19.49	Cogentin	MK
	Dopaminergic agents							
	• Dopa and dopa derivatives							
8218M	LEVODOPA with BENSERAZIDE Dispersible tablet 50 mg-12.5 mg	100	5	..	21.07	21.90	Madopar Rapid 62.5	RO
8219N	Dispersible tablet 100 mg-25 mg	100	5	..	36.80	21.90	Madopar Rapid 125	RO
2229H	Tablet 100 mg-25 mg	100	5	..	36.80	21.90	Madopar 125	RO
2228G	Tablet 200 mg-50 mg	100	5	..	49.12	21.90	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	21.07	21.90	Madopar 62.5	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.80	21.90	Madopar 125	RO
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	40.01	21.90	Madopar HBS	RO
2226E	Capsule 200 mg-50 mg	100	5	..	49.12	21.90	Madopar	RO
1242J	LEVODOPA with CARBIDOPA Tablet 100 mg-25 mg	100	5	.. B4.72	39.53 44.25	21.90 21.90	^a Kinson ^a Sinemet 100/25	AF MK
1245M	Tablet 250 mg-25 mg	100	5	..	50.00	21.90	Sinemet	MK
	LEVODOPA with CARBIDOPA							
	<u>Authority required</u>							
	<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	..	65.18	21.90	Sinemet CR	MK
	• Adamantane derivatives							
	AMANTADINE HYDROCHLORIDE							
	<u>Restricted benefit</u>							
	<i>Parkinson's disease which is not drug induced.</i>							
3016R	Capsule 100 mg	100	5	..	42.63	21.90	Symmetrel 100	NV
	• Dopamine agonists							
	BROMOCRIPTINE MESYLATE							
	<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>							

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	
BROMOCRIPTINE MESYLATE—cont.								
1443Y	Tablet 2.5 mg (base)	60	5	..	34.36	21.90	^a Bromocriptine-BC	BG
							^a Bromohexal	HX
							^a Bromolactin	SI
							^a Krypton 2.5	AF
				^B 1.48	35.84	21.90	^a Parlodel	NV
1446D	Capsule 5 mg (base)	60	5	..	63.04	21.90	^a Bromocriptine-BC	BG
							^a Bromohexal	HX
							^a Bromolactin	SI
							^a Krypton 5	AF
				^B 1.49	64.53	21.90	^a Parlodel	NV
1445C	Capsule 10 mg (base)	100	5	..	210.73	21.90	^a Krypton 10	AF
				^B 0.74	211.47	21.90	^a Parlodel	NV

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

CABERGOLINE**Restricted benefit**

Parkinson's disease.

8393R	Tablet 1 mg	30	5	..	70.31	21.90	Cabaser	PU
8394T	Tablet 2 mg	30	5	..	92.63	21.90	Cabaser	PU
8395W	Tablet 4 mg	30	5	..	105.65	21.90	Cabaser	PU

PERGOLIDE MESYLATE**Restricted benefit**

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

2808T	Tablet 50 micrograms (base)	100	..	..	52.43	21.90	Permax	LY
2809W	Tablet 250 micrograms (base)	100	5	..	66.43	21.90	Permax	LY
2810X	Tablet 1 mg (base)	100	5	..	247.20	21.90	Permax	LY

- Monoamine oxidase type B inhibitors

SELEGILINE HYDROCHLORIDE**Restricted benefit**

Adjunctive therapy in late stage Parkinson's disease in patients being treated with levodopa—decarboxylase inhibitor combinations.

1973W	Tablet 5 mg	100	5	..	58.10	21.90	^a Selgene	AF
				^B 0.54	58.64	21.90	^a Eldepryl	DP

- Other dopaminergic agents

ENTACAPONE**Authority required**

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

8367J	Tablet 200 mg	200	4	..	*288.68	21.90	Comtan	NV
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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	
PSYCHOLEPTICS								
Antipsychotics								
• Phenothiazine with aliphatic side-chain								
CHLORPROMAZINE HYDROCHLORIDE								
1196Y	Tablet 10 mg	100	5	..	7.80	8.69	Largactil	AV
1197B	Tablet 25 mg	100	5	..	9.30	10.19	Largactil	AV
1199D	Tablet 100 mg	100	5	..	13.12	14.01	Largactil	AV
1201F	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	9.08	9.97	Largactil	AV
1195X	Injection 50 mg in 2 mL	10	..	..	13.92	14.81	Largactil	AV
• Phenothiazine with piperazine structure								
FLUPHENAZINE DECANOATE								
1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.66	17.55	Modecate	BQ
3098C	Injection 25 mg in 1 mL	5	..	..	23.19	21.90	Modecate	BQ
1001Q	Injection 50 mg in 2 mL	5	..	..	34.08	21.90	Modecate	BQ
TRIFLUOPERAZINE HYDROCHLORIDE								
2185B	Tablet 1 mg (base)	100	5	..	7.87	8.76	Stelazine	LM
2386N	Tablet 2 mg (base)	100	5	..	8.75	9.64	Stelazine	LM
2186C	Tablet 5 mg (base)	100	5	..	9.59	10.48	Stelazine	LM
• Phenothiazines with piperidine structure								
PERICYAZINE								
3052P	Tablet 2.5 mg	100	5	..	8.42	9.31	Neulactil	AV
3053Q	Tablet 10 mg	100	5	..	12.62	13.51	Neulactil	AV

THIORIDAZINE**CAUTION:**

Thioridazine may cause serious cardiac arrhythmias.

Authority required

For the management of patients with schizophrenia 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	..	27.01	21.90	Melleril Suspension 1%	NV
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THIORIDAZINE HYDROCHLORIDE**CAUTION:**

Thioridazine may cause serious cardiac arrhythmias.

Authority required

For the management of patients with schizophrenia 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.

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	
THIORIDAZINE HYDROCHLORIDE—cont.								
2163W	Tablet 10 mg	100	5	.. B0.75	7.77 8.52	8.66 ^a 8.66 ^a	Aldazine 10 Melleril 10	AF NV
2359E	Tablet 25 mg	100	5	.. B0.74	9.26 10.00	10.15 ^a 10.15 ^a	Aldazine 25 Melleril 25	AF NV
2164X	Tablet 50 mg	100	5	.. B0.75	9.62 10.37	10.51 ^a 10.51 ^a	Aldazine 50 Melleril 50	AF NV
2165Y	Tablet 100 mg	100	5	.. B0.75	13.13 13.88	14.02 ^a 14.02 ^a	Aldazine 100 Melleril 100	AF NV
• Butyrophenone derivatives								
HALOPERIDOL								
2761H	Tablet 500 micrograms	100	5	..	8.28	9.17	Serenace	SI
2767P	Tablet 1.5 mg	100	5	..	8.74	9.63	Serenace	SI
2770T	Tablet 5 mg	50	5	..	8.75	9.64	Serenace	SI
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	14.51	15.40	Serenace	SI
2768Q	Injection 5 mg in 1 mL	10	..	..	14.59	15.48	Serenace	SI
HALOPERIDOL DECANOATE								
2765M	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	24.28	21.90	Haldol decanoate	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	43.18	21.90	Haldol decanoate	JC
• Thioxanthene derivatives								
FLUPENTHIXOL DECANOATE								
2255Q	Oily I.M. injection 20 mg in 1 mL	5	..	..	17.33	18.22	Fluanxol Depot	AV
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	24.41	21.90	Fluanxol Depot	AV
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	43.28	21.90	Fluanxol Concentrated Depot	AV
ZUCLOPENTHIXOL DECANOATE								
8097E	Oily I.M. injection 200 mg in 1 mL	5	..	..	23.38	21.90	Clopixol Depot	LU
• Diazepines, oxazepines and thiazepines								
OLANZAPINE								
<u>Authority required</u>								
<i>Treatment of schizophrenia.</i>								
8170B	Tablet 2.5 mg	30	5	..	59.46	21.90	Zyprexa	LY
8185T	Tablet 5 mg	30	5	..	113.16	21.90	Zyprexa	LY
8186W	Tablet 7.5 mg	30	5	..	169.04	21.90	Zyprexa	LY
8187X	Tablet 10 mg	30	5	..	221.92	21.90	Zyprexa	LY
8433W	Wafer 5 mg	28	5	..	105.92	21.90	Zyprexa Zydis	LY
8434X	Wafer 10 mg	28	5	..	208.63	21.90	Zyprexa Zydis	LY

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	
QUETIAPINE FUMARATE								
Authority required								
Treatment of schizophrenia.								
8456C	Tablet 25 mg (base)	60	5	..	53.61	21.90	Seroquel	AP
8457D	Tablet 100 mg (base)	90	5	..	148.19	21.90	Seroquel	AP
8458E	Tablet 200 mg (base)	60	5	..	201.17	21.90	Seroquel	AP
• Neuroleptics, in tardive dyskinesia								
TETRABENAZINE								
Authority required								
Hyperkinetic extrapyramidal disorders.								
1330B	Tablet 25 mg	112	5	..	244.28	21.90	OA	
• Lithium								
LITHIUM CARBONATE								
<i>For listings see Generic/Proprietary Index</i>								
• Other antipsychotics								
RISPERIDONE								
Authority required								
Treatment of schizophrenia.								
3169T	Tablet 1 mg	60	5	..	73.54	21.90	Risperdal	JC
3170W	Tablet 2 mg	60	5	..	143.06	21.90	Risperdal	JC
3171X	Tablet 3 mg	60	5	..	209.68	21.90	Risperdal	JC
3172Y	Tablet 4 mg	60	5	..	271.88	21.90	Risperdal	JC
8100H	Oral solution 1 mg per mL, 100 mL	♯1	5	..	120.00	21.90	Risperdal	JC
Anxiolytics								
• Benzodiazepine derivatives								
ALPRAZOLAM								
Authority required								
Panic disorder with or without agoraphobia where other treatments have failed or are inappropriate.								
2130D	Tablet 250 micrograms	50	..	..	8.93	9.82	^a Kalma 0.25	AF
				^B 0.94	9.87	9.82	^a Xanax	PH
2131E	Tablet 500 micrograms	50	..	..	11.54	12.43	^a Kalma 0.5	AF
				^B 0.96	12.50	12.43	^a Xanax	PH
2132F	Tablet 1 mg	50	2	..	16.66	17.55	^a Kalma 1	AF
				^B 0.99	17.65	17.55	^a Xanax	PH
8118G	Tablet 2 mg	50	2	..	23.19	21.90	^a Kalma 2	AF
				^B 1.10	24.29	21.90	^a Xanax	PH
Tri-Score								
DIAZEPAM								
3161J	Tablet 2 mg	50	..	..	6.78	7.67	^a Antenex 2	AF
				^B 0.91	7.69	7.67	Ducene	SU
				^B 1.30	8.08	7.67	^a Valium	RO

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	
DIAZEPAM—cont.								
3162K	Tablet 5 mg	50	..	.. ^B 0.93 ^B 1.32	7.02 7.95 8.34	7.91 7.91 7.91	^a Antenex 5 Ducene ^a Valium	AF SU RO
2558P	Injection 10 mg in 2 mL	5	..	..	9.43	10.32	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 1.42	5.99 7.41	6.88 6.88	^a Alepam 15 ^a Serepax	AF WY
3133X	Tablet 30 mg	25	..	.. ^B 0.01 ^B 1.42	6.21 6.22 7.63	7.10 7.10 7.10	^a Alepam 30 ^a Murelax ^a 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.

3134Y	Tablet 15 mg	50	5	.. ^B 2.84	*7.30 *10.14	8.19 8.19	^a Alepam 15 ^a Serepax	AF WY
3135B	Tablet 30 mg	50	5	.. ^B 0.02 ^B 2.84	*7.74 *7.76 *10.58	8.63 8.63 8.63	^a Alepam 30 ^a Murelax ^a Serepax	AF AY WY

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
• Other anxiolytics CLOMIPRAMINE HYDROCHLORIDE Restricted benefit <i>Cataplexy associated with narcolepsy;</i> <i>Obsessive-compulsive disorder;</i> <i>Phobic disorders in adults.</i>							
1561E	Tablet 25 mg	50	2	..	18.84	19.73	^a Chem mart CH ^a Clomipramine BG ^a Clomipramine-BC ^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 ^a Anafranil 25 NV
				^B 1.50	20.34	19.73	
Hypnotics and sedatives • Benzodiazepine derivatives NITRAZEPAM							
2723H	Tablet 5 mg	25	..	..	6.66	7.55	^a Alodorm AF ^a Mogadon ID
				^B 2.02	8.68	7.55	
NOTE: Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam below.							
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	..	*8.64	9.53	^a Alodorm AF ^a Mogadon ID
				^B 4.04	*12.68	9.53	

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price	Maximum Recordable Value for	Proprietary Name and Manufacturer	
					for Max. Qty \$	Safety Net \$		
2089Y	TEMAZEPAM Tablet 10 mg	25	..	..	6.66	7.55	^a Temaze	AF
				^B 0.02	6.68	7.55	^a Temtabs	WX
				^B 1.02	7.68	7.55	^a Normison	WY
2108Y	Capsule 10 mg	25	..	..	6.66	7.55	Euhypnos	SI
							^a Temaze 10	AF
				^B 0.02	6.68	7.55	^a Nocturne	WX
				^B 1.02	7.68	7.55	^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	..	*8.64	9.53	^a Temaze	AF
				^B 0.04	*8.68	9.53	^a Temtabs	WX
				^B 2.04	*10.68	9.53	^a Normison	WY
2105T	Capsule 10 mg	50	5	..	*8.64	9.53	Euhypnos	SI
				^B 0.04	*8.68	9.53	^a Temaze 10	AF
				^B 2.04	*10.68	9.53	^a Nocturne	WX
							^a Normison	WY

PSYCHOANALEPTICS**Antidepressants**• **Non-selective monoamine reuptake inhibitors****AMITRIPTYLINE HYDROCHLORIDE**

2417F	Tablet 10 mg	50	2	..	5.81	6.70	Endep 10	AF
2418G	Tablet 25 mg	50	2	..	6.32	7.21	^a Endep 25	AF
				^B 1.22	7.54	7.21	^a Tryptanol	MK
2429W	Tablet 50 mg	50	2	..	7.46	8.35	Endep 50	AF

NERVOUS SYSTEM—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
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	..	18.84	19.73	^a Chem mart CH ^a Clomipramine ^a Clomipramine- BG BC ^a Clopram DP ^a DBL BL Clomipramine ^a GenRx FH Clomipramine ^a healthsense HS Clomipramine ^a Placil AF ^a Terry White TW Chemists Clomipramine ^a Anafranil 25 NV
			^B 1.50	20.34	19.73	
DOTHIEPIN HYDROCHLORIDE						
1357K	Capsule 25 mg	50 2	..	7.36	8.25	^a Dothep 25 AF
			^B 1.39	8.75	8.25	^a Prothiaden KN
1358L	Tablet 75 mg	30 2	..	7.66	8.55	^a Dothep 75 AF
			^B 1.89	9.55	8.55	^a Prothiaden KN
DOXEPIIN HYDROCHLORIDE						
1012G	Tablet 50 mg (base)	50 2	..	8.00	8.89	Deptran 50 AF
1011F	Capsule 10 mg (base)	50 2	..	6.45	7.34	Deptran 10 AF
			^B 1.81	8.26	7.34	Sinequan PF
1013H	Capsule 25 mg (base)	50 2	..	6.76	7.65	Deptran 25 AF
			^B 1.50	8.26	7.65	Sinequan PF
IMIPRAMINE HYDROCHLORIDE						
2420J	Tablet 10 mg	50 2	..	6.97	7.86	Tofranil 10 NV
2421K	Tablet 25 mg	50 2	..	6.97	7.86	Melipramine UW Tofranil 25 NV
NORTRIPTYLINE HYDROCHLORIDE						
2522R	Tablet 10 mg (base)	50 2	..	6.28	7.17	Allegron DL
2523T	Tablet 25 mg (base)	50 2	..	6.96	7.85	Allegron DL
• Selective serotonin reuptake inhibitors						
CITALOPRAM HYDROBROMIDE						
<u>Restricted benefit</u>						
<i>Major depressive disorders.</i>						
8220P	Tablet 20 mg (base)	28 5	..	32.57	21.90	^a Talohexal HX
			^B 1.81	34.38	21.90	^a 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								
Restricted benefit								
Major depressive disorders; Obsessive-compulsive disorder.								
8270G	Tablet 20 mg (base) (dispersible)	28	5	.. B4.10	34.08 38.18	21.90 21.90	a Lovan 20 Tab a Prozac Tab	AL LY
1434L	Capsule 20 mg (base)	28	5	..	34.08	21.90	a Auscap a Chem mart Fluoxetine a Fluohexal a Fluoxetine-BC a GenRx Fluoxetine a healthsense Fluoxetine a Lovan a Terry White Chemists Fluoxetine a Zactin a Prozac 20	SI CH HX BG FH HS AL TW AF LY
1809F	Oral solution 20 mg (base) per 5 mL, 140 mL	‡1	5	..	45.60	21.90	Lovan Liquid	AL
FLUVOXAMINE MALEATE								
Restricted benefit								
Major depressive disorders; Obsessive-compulsive disorder.								
8512B	Tablet 50 mg	30	5	..	25.69	21.90	Luvox	SM
8174F	Tablet 100 mg	30	5	.. B1.25	36.50 37.75	21.90 21.90	a Faverin 100 a Luvox	AW SM
PAROXETINE HYDROCHLORIDE								
Restricted benefit								
Major depressive disorders; Obsessive-compulsive disorder; Panic disorder with or without agoraphobia.								
2242B	Tablet 20 mg (base)	30	5	.. B0.49	36.02 36.51	21.90 21.90	a Paxtine a Aropax	AF SK
SERTRALINE HYDROCHLORIDE								
Restricted benefit								
Major depressive disorders; Obsessive-compulsive disorder.								
2236Q	Tablet 50 mg (base)	28	5	..	36.89	21.90	Zoloft	PF
2237R	Tablet 100 mg (base)	28	5	..	36.89	21.90	Zoloft	PF
• Monoamine oxidase inhibitors, non-selective								
PHENELZINE SULFATE								
CAUTION: This drug is an irreversible monoamine oxidase inhibitor.								
2856H	Tablet 15 mg (base)	50	2	..	13.59	14.48	Nardil	WW

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
TRANLYCYPROMINE SULFATE								
CAUTION:								
This drug is an irreversible monoamine oxidase inhibitor.								
2444P	Tablet 10 mg (base)	50	2	..	13.59	14.48	Parnate	LM
• Monoamine oxidase type A inhibitors								
MOCLOBEMIDE								
Restricted benefit								
Major depressive disorders.								
1900B	Tablet 150 mg	60	5	..	31.20	21.90	^a Arima	AF
							^a Chem mart	CH
							^a Moclobemide	
							^a Clobemix	DP
							^a DBL	BL
							^a Moclobemide	
							^a GenRx	FH
							^a Moclobemide	
							^a healthsense	HS
							^a Moclobemide	
							^a Maosig	SI
							^a Moclobemide-BC	BG
							^a Mohexal	HX
							^a Terry White Chemists	TW
							^a Moclobemide	
				^B 0.95	32.15	21.90	^a Aurorix	RO
8003F	Tablet 300 mg	60	5	..	57.71	21.90	^a Arima 300	AF
							^a Chem mart	CH
							^a Moclobemide	
							^a Clobemix	DP
							^a DBL	BL
							^a Moclobemide	
							^a GenRx	FH
							^a Moclobemide	
							^a healthsense	HS
							^a Moclobemide	
							^a Maosig	SI
							^a Moclobemide-BC	BG
							^a Mohexal	HX
							^a Terry White Chemists	TW
							^a Moclobemide	
				^B 1.92	59.63	21.90	^a Aurorix 300 mg	RO
• Other antidepressants								
LITHIUM CARBONATE								
3059B	Tablet 250 mg	200	2	..	*11.78	12.67	Lithicarb	AS
8290H	Tablet 450 mg (slow release)	200	2	..	*26.72	21.90	Quilonum SR	SK

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								
CAUTION: <i>Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.</i>								
Restricted benefit <i>Severe depression.</i>								
1627P	Tablet 10 mg	50	5	.. B1.09	14.48 15.57	15.37 ^a 15.37 ^a	Lumin 10 Tolvon	AF OR
1628Q	Tablet 20 mg	50	5	.. B1.18	25.37 26.55	21.90 ^a 21.90 ^a	Lumin 20 Tolvon	AF OR
MIRTAZAPINE								
Restricted benefit <i>Major depressive disorders.</i>								
8513C	Tablet 30 mg	30	5	.. B22.76	36.18 58.94	21.90 ^a 21.90 ^a	Avanza Remeron	BP OR
NEFAZODONE HYDROCHLORIDE								
Restricted benefit <i>Major depressive disorders.</i>								
8137G	Tablet 100 mg	56	5	..	20.31	21.20	Serzone	BQ
8138H	Tablet 200 mg	56	5	..	39.91	21.90	Serzone	BQ
8139J	Tablet 300 mg	56	5	..	59.48	21.90	Serzone	BQ
VENLAFAXINE HYDROCHLORIDE								
Restricted benefit <i>Major depressive disorders.</i>								
8068P	Tablet 37.5 mg (base)	56	5	..	43.35	21.90	Efexor	WY
8069Q	Tablet 75 mg (base)	56	5	..	52.08	21.90	Efexor	WY
8301X	Capsule 75 mg (base) (modified release)	28	5	..	43.35	21.90	Efexor-XR	WY
8302Y	Capsule 150 mg (base) (modified release)	28	5	..	52.08	21.90	Efexor-XR	WY
Psychostimulants and nootropics								
• Centrally acting sympathomimetics								
DEXAMPHETAMINE SULFATE								
NOTE: <i>Care must be taken to comply with the provisions of State/Territory law when prescribing dexamphetamine.</i>								
Authority required <i>Use in attention deficit hyperactivity disorder, in accordance with State/Territory law; Narcolepsy.</i>								
1165H	Tablet 5 mg	100	5	..	17.52	18.41	SI	

NERVOUS SYSTEM —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	
Anti-dementia drugs						
• Anticholinesterases						
DONEPEZIL HYDROCHLORIDE						
Authority required						
<i>Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of diagnosis must be by a specialist/consultant physician (including a psychiatrist). The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) and, if this result is at least 25 points, the result of the baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog). Up to a maximum of 1 month's therapy plus 5 repeats will be issued;</i> <i>Continuing treatment, following initial therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE), OR a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) for patients with a MMSE baseline score of at least 25 points (the initial authority application for continuing treatment must include the relevant result from the MMSE or the ADAS-Cog);</i> <i>Patients receiving this drug prior to 1 December 2000.</i>						
8495D	Tablet 5 mg	28 5 ..	158.68	21.90	Aricept	PF
8496E	Tablet 10 mg	28 5 ..	158.68	21.90	Aricept	PF
GALANTAMINE HYDROBROMIDE						
Authority required						
<i>Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of diagnosis must be by a specialist/consultant physician (including a psychiatrist). The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) and, if this result is at least 25 points, the result of the baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog). Up to a maximum of 1 month's therapy plus 5 repeats will be issued;</i> <i>Continuing treatment, following initial therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE), OR a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) for patients with a MMSE baseline score of at least 25 points (the initial authority application for continuing treatment must include the relevant result from the MMSE or the ADAS-Cog).</i>						
NOTE:						
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>						
8536G	Tablet 4 mg (base)	56 5 ..	158.68	21.90	Reminyl	JC
8537H	Tablet 8 mg (base)	56 5 ..	158.68	21.90	Reminyl	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	
RIVASTIGMINE HYDROGEN TARTRATE								
Authority required								
<i>Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of diagnosis must be by a specialist/consultant physician (including a psychiatrist). The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) and, if this result is at least 25 points, the result of the baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog). Up to a maximum of 1 month's therapy plus 5 repeats will be issued;</i>								
<i>Continuing treatment, following initial therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE), OR a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) for patients with a MMSE baseline score of at least 25 points (the initial authority application for continuing treatment must include the relevant result from the MMSE or the ADAS-Cog);</i>								
<i>Patients receiving this drug prior to 1 December 2000.</i>								
8497F	Capsule 1.5 mg (base)	56	5	..	158.68	21.90	Exelon	NV
8498G	Capsule 3 mg (base)	56	5	..	158.68	21.90	Exelon	NV
8499H	Capsule 4.5 mg (base)	56	5	..	158.68	21.90	Exelon	NV
8500J	Capsule 6 mg (base)	56	5	..	158.68	21.90	Exelon	NV

OTHER NERVOUS SYSTEM DRUGS

Parasympathomimetics

• Anticholinesterases

PYRIDOSTIGMINE BROMIDE

2724J	Tablet 10 mg	100	5	..	16.54	17.43	Mestinon	ID
1959D	Tablet 60 mg	150	5	..	51.10	21.90	Mestinon	ID
2608G	Tablet 180 mg (sustained release)	100	5	..	97.52	21.90	Mestinon	ID

• Choline esters

BETHANECHOL CHLORIDE

1062X	Tablet 10 mg	100	2	..	16.07	16.96	Uro-Carb	HA
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Drugs used in addictive disorders

• Drugs used in nicotine dependence

BUPROPION HYDROCHLORIDE

NOTE:

Only one application per year with no increased maximum quantity or repeats will be authorised.

Authority required

For use within a comprehensive treatment program, as short-term adjunctive therapy for nicotine dependence with the goal of maintaining abstinence.

8465M	Tablet 150 mg (sustained release)	120	..	..	238.95	21.90	Zyban	GW
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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	
• Drugs used in alcohol dependence								
ACAMPROSATE CALCIUM								
<u>Authority required</u>								
<i>For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.</i>								
<u>NOTE:</u>								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8357W	Tablet 333 mg (enteric coated)	180	1	..	*170.20	21.90	Campral	AF
NALTREXONE HYDROCHLORIDE								
<u>CAUTION:</u>								
<i>Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.</i>								
<u>Authority required</u>								
<i>For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.</i>								
<u>NOTE:</u>								
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>								
8370M	Tablet 50 mg	30	1	..	167.38	21.90	ReVia	OA

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

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			

ANTIPROTOZOALS

Agents against amoebiasis and other protozoal diseases

• Nitroimidazole derivatives

METRONIDAZOLE

For listings see Generic/Proprietary Index

METRONIDAZOLE BENZOATE

For listings see Generic/Proprietary Index

TINIDAZOLE

For listings see Generic/Proprietary Index

• Other agents against amoebiasis and other protozoal diseases

ATOVAQUONE

Authority required

Treatment of mild to moderate Pneumocystis carinii pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.

8300W	Oral suspension 750 mg per 5 mL, 210 mL	#1	..	..	777.30	21.90	Wellvone	GW
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Antimalarials

• Methanolquinolines

QUININE BISULFATE

CAUTION:

Severe thrombocytopenia has been reported with this drug.

1972T	Tablet 300 mg	50	2	..	9.96	10.85	Myoquin Quinbisul	FM AF
				B0.61	10.57	10.85	Bi-Quinate	AV

QUININE SULFATE

CAUTION:

Severe thrombocytopenia has been reported with this drug.

1975Y	Tablet 300 mg	50	2	..	9.96	10.85	Quinocet ^a Quinsul	FM AF
				B0.61	10.57	10.85	^a Quinate	AV

• Diaminopyrimidines

PYRIMETHAMINE

1966L	Tablet 25 mg	50	..	..	12.89	13.78	Daraprim	GW
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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	
ANTHELMINTICS								
Antinematodal agents								
• Benzimidazole derivatives								
ALBENDAZOLE								
Authority required								
Treatment of tapeworm infestation.								
8503M	Tablet 200 mg	6	1	..	26.66	21.90	Zentel	SK
Authority required								
For the treatment of hydatid disease in conjunction with surgery or when a surgical cure cannot be achieved or where surgery cannot be used.								
8459F	Tablet 400 mg	60	2	..	158.68	21.90	Eskazole	SK
• Tetrahydropyrimidine derivatives								
PYRANTEL EMBONATE								
3047J	Tablet 125 mg (base)	6	..	..	6.32	7.21	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.76	8.65	Anthel 250	AF
• Avermectines								
IVERMECTIN								
Authority required								
Onchocerciasis; Strongyloidiasis.								
8359Y	Tablet 3 mg	4	..	..	27.87	21.90	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	..	14.91	15.80	Lyclear	WR
• Other ectoparasiticides, incl. scabicides								
BENZYL BENZOATE								
1114P	Application 50 g in 200 mL (25%)	‡1	2	..	7.16	8.05	Benzemul	MG

RESPIRATORY SYSTEM

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-ASTHMATICS**Adrenergics, inhalants**• **Selective beta-2-adrenoceptor agonists****EFORMOTEROL FUMARATE DIHYDRATE****Restricted benefit**

Patients with frequent episodes of asthma who are receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

8136F	Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)	60	5	..	35.24	21.90	Foradile	NV
8239P	Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses)	¥1	5	..	24.41	21.90	Oxis Turbuhaler	AP
8240Q	Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses)	¥1	5	..	34.35	21.90	Oxis Turbuhaler	AP
1099W	SALBUTAMOL SULFATE Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*20.58	21.47	Ventolin Rotacaps	GW
8288F	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	..	*16.30	17.19	^a Asmol CFC-free	AL
				^B 0.62	*16.92	17.19	^a Epaq	AW
							^a Airomir	MM
							^a Ventolin CFC-free	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	..	*23.78	21.90	Ventolin Disks	GW

SALBUTAMOL SULFATE**Restricted benefit**

Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

8354Q	Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	..	*36.48	21.90	Airomir Autohaler	MM
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RESPIRATORY SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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	..	*24.10	21.90	^a Asmol 2.5 uni-dose	AF
							^a Chem mart Salbutamol	CH
							^a GenRx Salbutamol	FH
							^a healthsense Salbutamol	HS
							^a Terry White Chemists Salbutamol	TW
							^a PU	
				^B 2.20	*26.30	21.90	^a Ventolin Nebules	GW
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	..	*25.22	21.90	^a Asmol 5 uni-dose	AF
							^a Chem mart Salbutamol	CH
							^a GenRx Salbutamol	FH
							^a healthsense Salbutamol	HS
							^a Terry White Chemists Salbutamol	TW
							^a PU	
				^B 2.20	*27.42	21.90	^a Ventolin Nebules	GW
2003K	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	..	*11.58	12.47	PU	
				^B 2.02	*13.60	12.47	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	..	34.35	21.90	Serevent	GW
8141L	Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)	‡1	5	..	34.35	21.90	Serevent Accuhaler	GW
1240G	TERBUTALINE SULFATE Oral pressurised inhalation 250 micrograms per dose (400 doses)	‡1	5	..	13.39	14.28	Bricanyl	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	
TERBUTALINE SULFATE—cont.								
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.96	16.85	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	..	*26.80	21.90	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	10.87	11.76	Bricanyl	AP
• Adrenergics and other anti-asthmatics								
FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE								
Restricted benefit								
<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>								
8517G	Oral pressurised inhalation 50 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation	‡1	5	..	45.92	21.90	Seretide MDI 50/25	GW
8518H	Oral pressurised inhalation 125 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation	‡1	5	..	59.34	21.90	Seretide MDI 125/25	GW
8519J	Oral pressurised inhalation 250 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation	‡1	5	..	79.48	21.90	Seretide MDI 250/25	GW
8430Q	Powder for oral inhalation in breath actuated device 100 micrograms- 50 micrograms (base) per dose (60 doses)	‡1	5	..	45.92	21.90	Seretide Accuhaler 100/50	GW
8431R	Powder for oral inhalation in breath actuated device 250 micrograms- 50 micrograms (base) per dose (60 doses)	‡1	5	..	59.34	21.90	Seretide Accuhaler 250/50	GW

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE—cont.								
8432T	Powder for oral inhalation in breath actuated device 500 micrograms- 50 micrograms (base) per dose (60 doses)	‡1	5	..	79.48	21.90	Seretide Accuhaler 500/50	GW
Other anti-asthmatics, inhalants								
• Glucocorticoids								
BECLOMETHASONE DIPROPIONATE								
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	11.05	11.94	^a Respocort 50 Inhaler	MM
				B2.20	13.25	11.94	^a Becotide	GW
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	17.41	18.30	^a Respocort 100 Inhaler	MM
				B2.20	19.61	18.30	^a Becotide 100	GW
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	31.41	21.90	^a Respocort 250 Inhaler	MM
				B2.20	33.61	21.90	^a Becloforte	GW
8406K	Oral pressurised inhalation 50 micrograms per dose (200 doses), CFC-free formulation	‡1	5	..	17.41	18.30	Qvar 50	MM
8407L	Oral pressurised inhalation 100 micrograms per dose (200 doses), CFC-free formulation	‡1	5	..	31.41	21.90	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.

BECLOMETHASONE DIPROPIONATE**Restricted benefit**

Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

8142M	Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses)	‡1	5	..	20.10	20.99	Respocort 50 Autohaler	MM
8143N	Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	25.89	21.90	Respocort 100 Autohaler	MM
8237M	Oral pressurised inhalation in breath actuated device 250 micrograms per dose (200 doses)	‡1	5	..	37.01	21.90	Respocort 250 Autohaler	MM

continued

RESPIRATORY SYSTEM—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
BECLOMETHASONE DIPROPIONATE—cont.								
8408M	Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation	#1	5	..	25.89	21.90	Qvar 50 Autohaler	MM
8409N	Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation	#1	5	..	37.01	21.90	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	..	13.30	14.19	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	#1	5	..	17.08	17.97	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	#1	5	..	25.40	21.90	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	#1	5	..	21.40	21.90	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	#1	5	..	29.06	21.90	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	#1	5	..	44.38	21.90	Pulmicort Turbuhaler	AP

BUDESONIDE**Authority required**

Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.

2065Q	Nebuliser suspension single dose units 500 micrograms in 2 mL, 30	#1	5	..	32.17	21.90	Pulmicort Respules	AP
2066R	Nebuliser suspension single dose units 1 mg in 2 mL, 30	#1	5	..	42.99	21.90	Pulmicort Respules	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	
FLUTICASONE PROPIONATE								
8516F	Oral pressurised inhalation 50 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	15.23	16.12	Flixotide Junior	GW
8345F	Oral pressurised inhalation 125 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	28.65	21.90	Flixotide	GW
8346G	Oral pressurised inhalation 250 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	48.79	21.90	Flixotide	GW
8147T	Powder for oral inhalation in breath actuated device 100 micrograms per dose (60 doses)	‡1	5	..	15.23	16.12	Flixotide Junior Accuhaler	GW
8148W	Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses)	‡1	5	..	28.65	21.90	Flixotide Accuhaler	GW
8149X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses)	‡1	5	..	48.79	21.90	Flixotide Accuhaler	GW
• Anticholinergics								
IPRATROPIUM BROMIDE								
1540C	Oral pressurised inhalation 20 micrograms (anhydrous) per dose (200 doses)	2	5	..	*36.36	21.90	Atrovent	BY
8135E	Oral pressurised inhalation 40 micrograms (anhydrous) per dose (200 doses)	‡1	5	..	25.26	21.90	Atrovent Forte	BY

IPRATROPIUM BROMIDE**Restricted benefit**

Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

8279R	Oral pressurised inhalation in breath actuated device 20 micrograms (anhydrous) per dose (200 doses)	2	5	..	*53.08	21.90	Atrovent Autohaler	BY
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Restricted benefit

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.

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.								
1542E	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	5	..	*52.60	21.90	^a Apoven 250 ^a Chem mart ^a DBL ^a Ipratropium ^a GenRx ^a Ipratropium ^a healthsense ^a Ipratropium ^a Ipratrin ^a Ipravent ^a Terry White Chemists Ipratropium	DP CH BL FH HS AF PU TW
				^B 0.48	*53.08	21.90	^a Atrovent	BY
8238N	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	5	..	*61.30	21.90	^a Ipratrin Adult ^a Ipravent ^a Atrovent Adult	AF PU BY
				^B 0.58	*61.88	21.90		
1541D	Nebuliser solution 250 micrograms (anhydrous) per mL (0.025%), 20 mL	2	2	..	*18.54	19.43	Atrovent	BY
• Antiallergic agents, excl. corticosteroids								
NEDOCROMIL SODIUM								
2346L	Oral pressurised inhalation 2 mg per dose (112 doses)	‡1	5	..	29.54	21.90	Tilade	AV
8365G	Oral pressurised inhalation 2 mg per dose (112 doses), CFC-free formulation	‡1	5	..	33.63	21.90	Tilade CFC-Free	AV
SODIUM CROMOGLYCATE								
2878L	Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic)	100	5	..	30.64	21.90	Intal Spincaps	AV
1124E	Solution for inhalation 20 mg in 2 mL ampoule	120	3	..	*58.48	21.90	^a Cromese Sterinebs ^a Intal	PU AV AV
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	27.34	21.90	Intal	AV
8334P	Oral pressurised inhalation 5 mg per dose (112 doses), CFC-free formulation	‡1	5	..	33.63	21.90	Intal Forte CFC- Free	AV
Adrenergics for systemic use								
• Alpha- and beta-adrenoceptor agonists								
ADRENALINE								
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.37	10.26	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	
• Selective beta-2-adrenoceptor agonists								
SALBUTAMOL SULFATE								
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	9.85	10.74	Ventolin	GW
TERBUTALINE SULFATE								
1239F	Injection 100 micrograms in 1 mL	5	..	..	9.75	10.64	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	9.86	10.75	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	..	8.56	9.45	Nuelin	MM
8230E	Tablet 200 mg (sustained release)	100	5	..	10.36	11.25	Nuelin-SR 200	MM
2632M	Tablet 200 mg (sustained release)	100	5	..	10.33	11.22	Theo-Dur	AP
2634P	Tablet 250 mg (sustained release)	100	5	..	11.50	12.39	Nuelin-SR 250	MM
8231F	Tablet 300 mg (sustained release)	100	5	..	12.86	13.75	Nuelin-SR 300	MM
2633N	Tablet 300 mg (sustained release)	100	5	..	12.85	13.74	Theo-Dur	AP
2614N	Syrup 133.3 mg per 25 mL, 500 mL	‡1	5	..	9.03	9.92	Nuelin	MM

COUGH AND COLD PREPARATIONS

Expectorants, excl. combinations with cough suppressants

• **Mucolytics****ACETYLCYSTEINE****Restricted benefit****Bronchiectasis;****Cystic fibrosis.**

2630K	Solution for inhalation 200 mg per mL (20%), 10 mL	5	3	..	53.08	21.90	Mucomyst	BQ
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Cough suppressants, excl. combinations with expectorants

• **Opium alkaloids and derivatives**

CODEINE PHOSPHATE

1214X	Tablet 30 mg	20	..	..	10.21	11.10	FM	
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ANTIHISTAMINES FOR SYSTEMIC USE

Antihistamines for systemic use

• **Phenothiazine derivatives**

PROMETHAZINE HYDROCHLORIDE

1948M	Injection 50 mg in 2 mL	10	..	..	*15.58	16.47	BL	
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SENSORY ORGANS

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	
OPHTHALMOLOGICALS						
Antiinfectives						
• Antibiotics						
AZITHROMYCIN						
<u>Restricted benefit</u>						
<i>Trachoma.</i>						
8336R	Tablet 500 mg	2 2 ..	21.95	21.90	Zithromax	PF
8201P	Powder for oral suspension 200 mg per 5 mL, 15 mL	#1	#18.81	20.08	Zithromax	PF
CHLORAMPHENICOL						
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	#1 2 ..	7.53	8.42	Chloromycetin Chlorsig	PD SI
1171P	Eye ointment 10 mg per g (1%), 4 g	#1	7.20	8.09	Chloromycetin Chlorsig	PD SI
<u>CAUTION:</u>						
Topical chloramphenicol may cause aplastic anaemia.						
GENTAMICIN SULFATE						
<u>Restricted benefit</u>						
<i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>						
1441W	Eye drops 3 mg (base) per mL (0.3%), 5 mL	#1 2 ..	16.26	17.15	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	7.39	8.28	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 ..	7.65	8.54	Neosporin	WR
TETRACYCLINE HYDROCHLORIDE						
2143T	Eye ointment 10 mg per g (1%), 5 g	#1	6.73	7.62	Latycin	BZ
TOBRAMYCIN						
<u>Restricted benefit</u>						
<i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>						
2328M	Eye drops 3 mg per mL (0.3%), 5 mL	#1 2 ..	16.26	17.15	Tobrex	AQ
2329N	Eye ointment 3 mg per g (0.3%), 3.5 g	#1	16.26	17.15	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	..	8.89	9.78	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	..	..	22.94	21.90	Zovirax	GW
• Other antiinfectives								
CIPROFLOXACIN								
<u>Authority required</u>								
<i>Bacterial keratitis.</i>								
1217C	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	.. ‡2.48	*27.84 *30.32	21.90 ^a 21.90 ^a	CiloQuin ^a Ciloxan ^a	IQ AQ
OFLOXACIN								
<u>Authority required</u>								
<i>Bacterial keratitis.</i>								
8383F	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*27.84	21.90	Ocuflox	AG
Antiinflammatory agents								
• Corticosteroids, plain								
DEXAMETHASONE								
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	8.26	9.15	Maxidex	AQ
FLUOROMETHOLONE								
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	8.26	9.15	Flucon FML Liquifilm	AQ AG
FLUOROMETHOLONE ACETATE								
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	8.26	9.15	Flarex	AQ
HYDROCORTISONE								
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	10.29	11.18	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.63	11.52	Hycor	SI
HYDROCORTISONE ACETATE								
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	10.08	10.97	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	10.28	11.17	Hycor	SI

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Corticosteroids and mydriatics in combination PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE Restricted benefit Corneal grafts; Uveitis.								
3112T	Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	‡1	2	..	16.78	17.67	Prednefrin Forte	AG
• Antiinflammatory agents, non-steroids DICLOFENAC SODIUM Restricted benefit Inhibition of intraoperative miosis.								
8329J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	..	..	12.20	13.09	Voltaren Ophtha	NV
8330K	Eye drops 1 mg per mL (0.1%), single dose units 0.3 mL, 5	‡1	..	..	12.20	13.09	Voltaren Ophtha	NV
FLURBIPROFEN SODIUM								
8009M	Eye drops 300 micrograms per mL (0.03%), 5 mL	‡1	..	..	12.20	13.09	Ocufen	AG
Antiglaucoma preparations and miotics								
• Sympathomimetics in glaucoma therapy APRACLOINIDINE HYDROCHLORIDE Restricted benefit Short-term reduction of intra-ocular pressure in patients already on maximally tolerated anti-glaucoma therapy.								
8083K	Eye drops 5 mg (base) per mL (0.5%), 10 mL	‡1	2	..	29.12	21.90	Iopidine 0.5%	AQ
BRIMONIDINE TARTRATE								
8351M	Eye drops 2 mg per mL (0.2%), 5 mL	‡1	5	..	18.76	19.65	Alphagan	AG
DIPIVEFRINE HYDROCHLORIDE								
1351D	Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	17.88	18.77	^a DipoQuin ^a Propine	^a IQ AG
• Parasympathomimetics CARBACHOL								
2535K	Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	16.20	17.09	Isopto Carbachol	AQ
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	16.52	17.41	Isopto Carbachol	AQ
PILOCARPINE HYDROCHLORIDE								
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	.. ^B 1.06	9.77 10.83	10.66 10.66	^a Pilopt ^a P.V. Carpine	PE AG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	.. ^B 1.06	9.77 10.83	10.66 10.66	Isopto Carpine ^a Pilopt ^a P.V. Carpine	AQ PE AG

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.								
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	10.81	11.70	Isopto Carpine	AQ
				♣1.06	11.87	11.70	^a Pilopt	PE
							^a P.V. Carpine	AG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	12.92	13.81	Isopto Carpine	AQ
							Pilopt	PE
							P.V. Carpine	AG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	13.17	14.06	Isopto Carpine	AQ
				♣1.09	14.26	14.06	^a Pilopt	PE
							^a P.V. Carpine	AG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	16.38	17.27	^a Pilopt	PE
				♣1.09	17.47	17.27	^a P.V. Carpine	AG
• Carbonic anhydrase inhibitors								
ACETAZOLAMIDE								
1004W	Tablet 250 mg	100	3	..	21.18	21.90	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	22.28	21.90	Diamox	LE
BRINZOLAMIDE								
8483L	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	18.76	19.65	Azopt	AQ
DORZOLAMIDE HYDROCHLORIDE								
8488R	Eye drops 20 mg (base) per mL (2%), 5 mL	‡1	5	..	18.76	19.65	Trusopt	MK
• Beta blocking agents								
BETAXOLOL HYDROCHLORIDE								
2811Y	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	13.84	14.73	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	13.84	14.73	^a BetoQuin	IQ
				♣2.01	15.85	14.73	^a Betoptic	AQ
LEVOBUNOLOL HYDROCHLORIDE								
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	11.76	12.65	Betagan	AG
TIMOLOL MALEATE								
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	11.76	12.65	^a Optimol 0.25	AF
				♣0.95	12.71	12.65	^a Tenopt	SI
							^a Timoptol	FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	12.85	13.74	^a Optimol 0.5	AF
				♣0.99	13.84	13.74	^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	..	11.76	12.65	Timoptol XE	MK

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	
1926J	TIMOLOL MALEATE—cont. Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	12.85	13.74	Timoptol XE	MK
2664F	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	18.98	19.87	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	21.35	21.90	Timpilo 4	MK
• Other antiglaucoma preparations								
LATANOPROST								
8243W	Eye drops 50 micrograms per mL (0.005%), 2.5 mL	‡1	5	..	36.56	21.90	Xalatan	PU
Mydriatics and cycloplegics								
• Anticholinergics								
ATROPINE SULFATE								
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	9.42	10.31	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	9.42	10.31	Atropt	SI
HOMATROPINE HYDROBROMIDE								
2541R	Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	13.70	14.59	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	17.66	18.55	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	..	14.22	15.11	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	..	14.22	15.11	Opticrom	AV
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	..	9.30	10.19	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 974								
Authority required								
<i>Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.</i>								
8514D	Ocular lubricating gel 3 mg per g (0.3%), single dose units 0.5 g, 30	3	5	..	*33.39	21.90	Poly Gel	AQ
CARBOMER 980								
Restricted benefit								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8384G	Ocular lubricating gel 2 mg per g (0.2%), 10 g	‡1	5	..	9.30	10.19	Viscotears Liquid Gel	NV
CARMELLOSE SODIUM								
Restricted benefit								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8548X	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	11.24	12.13	Refresh Tears Plus	AG
Authority required								
<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	..	*33.39	21.90	Cellufresh	AG
2324H	Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30	3	5	..	*33.39	21.90	Celluvisc	AG
HYDROXYPROPYLCELLULOSE								
Restricted benefit								
<i>Severe dry eye syndrome unresponsive to artificial tear solutions.</i>								
1522D	Ophthalmic inserts 5 mg, 60	‡1	5	..	36.34	21.90	Lacrisert	SI
HYPROMELLOSE								
Restricted benefit								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
8287E	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	‡1	5	..	8.68	9.57	^a In a Wink Moisturising	CV
				^B 1.24	9.92	9.57	^a Genteal	NV
2956N	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	8.82	9.71	Isopto Tears Methopt	AQ SI
2952J	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	9.30	10.19	Methopt Forte	SI

SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
<u>HYPROMELLOSE with DEXTRAN</u>								
<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	..	11.24	12.13	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	..	*31.47	21.90	Bion Tears	AQ
PARAFFIN								
1754H	Compound eye ointment 3.5 g	2	5	..	*17.78	18.67	^a Poly Visc	IQ
				^B 2.00	*19.78	18.67	^a Duratears	AQ
1750D	Pack containing 2 tubes compound eye ointment 3.5 g	‡1	5	..	17.77	18.66	Lacri-Lube Poly Visc	AG IQ
<u>POLYVINYL ALCOHOL</u>								
<u>Restricted benefit</u>								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
2682E	Eye drops 14 mg per mL (1.4%), 15 mL	‡1	5	..	9.30	10.19	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	13.36	14.25	Liquifilm Forte	AG
<u>POLYVINYL ALCOHOL with POVIDONE</u>								
<u>Restricted benefit</u>								
<i>Severe dry eye syndrome, including Sjogren's syndrome.</i>								
2675T	Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL	‡1	5	..	8.52	9.41	Tears Plus	AG

OTOLOGICALS

Antiinfectives

• Antiinfectives

CHLORAMPHENICOL

1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL	‡1	2	..	9.27	10.16	Chloromycetin	PD
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CAUTION:

Topical chloramphenicol may cause aplastic anaemia.

NEOMYCIN UNDECENOATE with

BACITRACIN ZINC

2296W	Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g	‡1	..	..	6.68	7.57	Nemdyn	HA
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SENSORY ORGANS —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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	.. B1.31	7.03 8.34	7.92 7.92	^a Otodex ^a Sofradex	QM AV
2759F	Ear ointment 500 micrograms- 5 mg-50 micrograms per g, 5 g	‡1	2	.. B2.50	6.37 8.87	7.26 7.26	^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	.. B1.10	7.03 8.13	7.92 7.92	^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	.. B1.10	6.37 7.47	7.26 7.26	^a Otocomb Otic ^a Kenacomb Otic	BC BQ

OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS

Antiinfectives• **Antiinfectives**

FRAMYCETIN SULFATE

1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	7.56	8.45	Soframycin	AV
1439R	Eye/ear ointment 5 mg per g (0.5%), 5 g	‡1	..	..	7.22	8.11	Soframycin	AV

Corticosteroids• **Corticosteroids**

PREDNISOLONE SODIUM PHOSPHATE

1922E	Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	8.22	9.11	Predsol	SI
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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	..	..	169.68	21.90	Albay Bee Venom	TH
INSECT ALLERGEN EXTRACT—								
PAPER WASP VENOM								
NOTE:								
Paper wasp venom is not European wasp venom.								
2918N	Injection set containing 550 micrograms	1	..	..	169.68	21.90	Albay Wasp Venom	TH
INSECT ALLERGEN EXTRACT—								
YELLOW JACKET VENOM								
2883R	Injection set containing 550 micrograms	1	..	..	169.68	21.90	Albay Yellow Jacket Venom	TH
ALL OTHER THERAPEUTIC PRODUCTS								
All other therapeutic products								
• Antidotes								
NALOXONE HYDROCHLORIDE								
1670X	Injection 40 micrograms in 2 mL	5	..	..	30.75	21.90	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	19.98	20.87	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	20.96	21.85	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	30.71	21.90	Naloxone Min-I-Jet	CS
• Detoxifying agents for antineoplastic treatment								
CALCIUM FOLINATE								
Restricted benefit								
Antidote to folic acid antagonists.								
2308L	Tablet equivalent to 15 mg folinic acid	10	..	..	98.28	21.90	Leucovorin Calcium	BL
2309M	Injection equivalent to 3 mg folinic acid in 1 mL	5	..	..	16.25	17.14	Leucovorin Calcium	BL
MESNA								
Restricted benefit								
Adjunctive therapy for use with ifosfamide and high dose cyclophosphamide.								
8078E	Solution for I.V. injection 400 mg in 4 mL	15	5	..	73.29	21.90	Uromitexan	AA
8079F	Solution for I.V. injection 1 g in 10 mL	15	5	..	161.50	21.90	Uromitexan	AA

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Drugs for treatment of hypercalcemia SODIUM ACID PHOSPHATE Authority required <i>Familial hypophosphataemia;</i> <i>Hypercalcaemia;</i> <i>Hypophosphataemic rickets;</i> <i>Vitamin D-resistant rickets.</i>								
2946C	Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)	100	5	..	67.38	21.90	Phosphate Sandoz	NV

DIAGNOSTIC AGENTS

Urine tests

• Urine tests

COPPER SULFATE

1228P	Diagnostic compound tablets, 24	3	3	..	*23.07	21.90	Clinitest	BN
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GLUCOSE INDICATOR—URINE

2352T	Reagent strips, 100	‡1	2	..	14.18	15.07	Clinistix	BN
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3104J	Reagent strips, 100	‡1	2	..	15.05	15.94	Diastix	BN
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GLUCOSE and KETONE INDICATOR—URINE

3106L	Reagent strips, 50	2	2	..	*15.44	16.33	Keto-Diabur-Test 5000	RD
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3107M	Reagent strips, 100	‡1	2	..	15.55	16.44	Keto-Diastix	BN
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Other diagnostic agents

• Tests for diabetes

GLUCOSE INDICATOR—BLOOD

2891E	Electrode strips, 50	2	5	..	*53.90	21.90	Advantage II	RD
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2855G	Electrode strips, 50	2	5	..	*53.16	21.90	^a Excel G	IN
				^b 7.20	*60.36	21.90	^a Glucometer Elite	BN

8176H	Electrode strips, 50	2	5	..	*54.40	21.90	Glucometer Esprit	BN
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8475C	Electrode strips, 50	2	5	..	*52.70	21.90	Omnitest Sensor	BR
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2915K	Electrode strips, 100	‡1	5	..	52.70	21.90	^a Excel ET	IN
				^b 1.70	54.40	21.90	^a ExacTech	MS

8522M	Electrode strips, 100	‡1	5	..	52.70	21.90	Optium glucose	MS
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2926B	Electrode strips, 100	‡1	5	..	54.40	21.90	Precision Plus	MS
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8190C	Reagent strips, 50	2	5	..	*49.54	21.90	Accu-Chek Active	RD
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2919P	Reagent strips, 50	2	5	..	*49.54	21.90	Accutrend Glucose	RD
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2890D	Reagent strips, 50	2	5	..	*49.54	21.90	Betachek	NA
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continued

VARIOUS—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
GLUCOSE INDICATOR—BLOOD—cont.								
8053W	Reagent strips, 50	2	5	..	*49.54	21.90	Betachek MERIDIAN	NA
2914J	Reagent strips, 50	2	5	.. B5.08	*44.46 *49.54	21.90 21.90	^a Glucoflex-R ^a BM-Test- Glycemie 20-800	NA RD
2889C	Reagent strips, 50	2	5	..	*49.54	21.90	Glucofilm	BN
2917M	Reagent strips, 50	2	5	..	*49.54	21.90	Glucostix	BN
2921R	Reagent strips, 50	2	5	..	*50.00	21.90	Hypoguard Supreme	HG

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	..	*37.68	21.90	MCT Oil	SB
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• 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	..	*435.48	21.90	Neocate	SB
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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				
AMINO ACIDS—SYNTHETIC, FORMULA—cont.								
Authority required								
<i>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;</i>								
<i>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;</i>								
<i>Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed or the patient has been receiving parenteral nutrition.</i>								
NOTE:								
<i>Authorities for increased maximum quantities, up to a maximum of 20, may be authorised, based on the monthly requirements of the patient.</i>								
3066J	Compound powder 400 g	8	5	..	*435.48	21.90	Neocate	SB
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>Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children over 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;</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	..	*99.64	21.90	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>Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children over 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;</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	..	*106.36	21.90	Pepti-Junior NU
TRIGLYCERIDES—MEDIUM CHAIN, FORMULA							
<u>NOTE:</u>							
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>							
<u>Restricted benefit</u>							
<i>Long chain fatty acid oxidation disorders;</i>							
<i>Chyle leakage;</i>							
<i>Intestinal lymphangiectasia;</i>							
<i>Hyperlipoproteinaemia type 1;</i>							
<i>Fat malabsorption due to liver disease or short gut syndrome.</i>							
8478F	Compound powder 400 g	8	5	..	*320.60	21.90	Monogen SB
• Milk substitutes							
MILK POWDER—LACTOSE FREE FORMULA							
<u>NOTE:</u>							
<i>No applications for increased maximum quantities and/or repeats will be authorised.</i>							
<u>Restricted benefit</u>							
<i>Acute lactose intolerance in infants up to the age of 12 months. Age of patient must be shown on the prescription.</i>							
8282X	Infant formula powder 900 g	5	..	..	*76.08	21.90	S-26 LF WY
2350Q	Lactose-predigested powder infant formula 900 g	5	..	..	*82.98	21.90	De-Lact Infant SJ

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	
MILK POWDER—LACTOSE FREE FORMULA—cont.						
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>						
8283Y	Infant formula powder 900 g	5 5 ..	*76.08	21.90	S-26 LF	WY
2349P	Lactose-predigested powder infant formula 900 g	5 5 ..	*82.98	21.90	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 ..	*51.66	21.90	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 ..	*51.66	21.90	Digestelact	SJ
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 ..	*140.20	21.90	Locasol	NU
• Other combinations of nutrients						
<i>AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE</i>						
Restricted benefit						
<i>Methylmalonic acidemia; Propionic acidemia.</i>						
3079C	Powder 200 g	5 5 ..	*659.88	21.90	XMTVI Asadon	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 without PHENYLALANINE								
<u>Restricted benefit</u>								
<i>Phenylketonuria.</i>								
2347M	Sachets containing powder 20 g, 30	7	5	..	*1460.68	21.90	Phlexy-10 Drink Mix	SB
3072Q	Powder 250 g	8	5	..	*1261.00	21.90	PK AID II	SB
1450H	Food supplement powder 500 g	4	5	..	*689.44	21.90	Aminogran F.S.	UC
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE								
<u>Restricted benefit</u>								
<i>Tyrosinaemia.</i>								
2379F	Powder 500 g	4	5	..	*1469.00	21.90	XPTM Tyrosidon	SB
AMINO ACID FORMULA with VITAMINS, MINERALS and LONG CHAIN POLYUNSATURATED FATTY ACIDS without PHENYLALANINE								
<u>Restricted benefit</u>								
<i>Phenylketonuria.</i>								
8479G	Infant formula, powder 400 g	8	5	..	*725.16	21.90	XP Analog LCP	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE								
<u>Restricted benefit</u>								
<i>For infants and very young children with pyridoxine non-responsive homocystinuria.</i>								
8417B	Infant formula, powder 400 g	8	5	..	*671.96	21.90	XMET Analog	SB
<u>Restricted benefit</u>								
<i>Pyridoxine non-responsive homocystinuria.</i>								
8328H	Powder 500 g	8	5	..	*1419.08	21.90	XMET Maxamaid	SB
8416Y	Powder 500 g	8	5	..	*1665.32	21.90	XMET Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE								
<u>Restricted benefit</u>								
<i>Methylmalonic acidemia; Propionic acidemia.</i>								
8058D	Infant formula, powder 400 g	8	5	..	*648.52	21.90	XMTVI Analog	SB
8059E	Powder 500 g	8	5	..	*1360.84	21.90	XMTVI Maxamaid	SB
8061G	Powder 500 g	8	5	..	*2068.04	21.90	XMTVI 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 PHENYLALANINE								
<u>Restricted benefit</u>								
<i>Phenylketonuria.</i>								
8466N	Infant formula, powder 350 g	8	5	..	*512.20	21.90	Phenex-1	AB
8544Q	Infant formula, powder 400 g	8	5	..	*584.68	21.90	Phenex-1	AB
2737C	Infant formula, powder 400 g	8	5	..	*507.40	21.90	XP Analog	SB
8467P	Powder 325 g	10	5	..	*888.68	21.90	Phenex-2	AB
8545R	Powder 400 g	8	5	..	*874.92	21.90	Phenex-2	AB
2738D	Powder 500 g	8	5	..	*911.56	21.90	XP Maxamaid	SB
2739E	Powder 500 g	8	5	..	*1419.40	21.90	XP Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE								
<u>Restricted benefit</u>								
<i>Tyrosinaemia.</i>								
8445L	Infant formula, powder 400 g	8	5	..	*795.08	21.90	XPhen, Tyr Analog	SB
8446M	Powder 500 g	8	5	..	*1710.28	21.90	XPhen, Tyr Maxamaid	SB
3078B	Powder 500 g	8	5	..	*2226.12	21.90	XPhen, Tyr Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE								
<u>Restricted benefit</u>								
<i>Maple syrup urine disease.</i>								
8468Q	Infant formula, powder 350 g	8	5	..	*512.20	21.90	Ketonex-1	AB
8546T	Infant formula, powder 400 g	8	5	..	*584.68	21.90	Ketonex-1	AB
2380G	Infant formula, powder 400 g	8	5	..	*507.40	21.90	MSUD Analog	SB
8469R	Powder 325 g	10	5	..	*888.68	21.90	Ketonex-2	AB
8547W	Powder 400 g	8	5	..	*874.92	21.90	Ketonex-2	AB
8310J	Powder 500 g	4	5	..	*1419.08	21.90	MSUD AID III	SB
8260R	Powder 500 g	8	5	..	*911.56	21.90	MSUD Maxamaid	SB
8057C	Powder 500 g	8	5	..	*1419.40	21.90	MSUD Maxamum	SB
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>								
8369L	Powder 400 g	8	5	..	*274.20	21.90	Energivit	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	
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	..	*584.58	21.90	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	..	41.71	21.90	Aminogran M.M.	UC
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	..	*256.20	21.90	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	..	11.62	12.51	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	14.71	15.60	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	15.17	16.06	AP	
WATER FOR INJECTIONS, STERILISED								
2216P	Injection 2 mL	5	3	..	10.28	11.17	AP	
2217Q	Injection 5 mL	5	3	..	11.92	12.81	AP	
2218R	Injection 10 mL	5	3	..	13.36	14.25	AP	

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

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	
ALIMENTARY TRACT AND METABOLISM						
STOMATOLOGICAL PREPARATIONS						
Stomatological preparations						
• Antiinfectives for local oral treatment						
AMPHOTERICIN						
3306B	Lozenge 10 mg	20	7.52	8.41	Fungilin	BQ
NYSTATIN						
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	9.06	9.95	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	17.48	18.37	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	10.30	11.19	AP	
Propulsives						
• Propulsives						
METOCLOPRAMIDE HYDROCHLORIDE						
5151D	Tablet 10 mg	25	6.32 B3.01 9.33	7.21 7.21	Pramin Maxolon	AF ID
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	7.28	8.17	Maxolon	ID
5153F	Injection 10 mg in 2 mL	10	11.17	12.06	Maxolon	ID
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	7.28 B1.01 8.29	8.17 8.17	^a Stemetil ^a Stemetil	HP AV
5206B	Injection 12.5 mg in 1 mL	10	14.10	14.99	Stemetil	AV
5207C	Suppositories 5 mg, 5	‡1	10.44	11.33	Stemetil	AV
5208D	Suppositories 25 mg, 5	‡1	11.28	12.17	Stemetil	AV
PROMETHAZINE HYDROCHLORIDE						
3374N	Injection 50 mg in 2 mL	10	*15.58	16.47	BL	

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	
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS						
Intestinal antiinfectives						
• Antibiotics						
NYSTATIN						
3342X	Tablet 500,000 units	50	13.29	14.18	Nilstat	AY
3345C	Capsule 500,000 units	50	13.29	14.18	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	93.36	21.90	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	93.36	21.90	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	95.69	21.90	Macrodex	MA
I.V. solutions						
• Solutions for parenteral nutrition						
GLUCOSE						
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	*14.03	14.92	BX	
• Solutions affecting the electrolyte balance						
SODIUM CHLORIDE						
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	*14.03	14.92	BX	
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	*10.86	11.75	BX	
SODIUM CHLORIDE with GLUCOSE						
5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	*14.03	14.92	BX	
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	*17.43	18.32	BX	
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%- 2.5%), 500 mL	5	*17.43	18.32	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								
5142P	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	2	..	..	*11.92	12.81	Xylocard 100	AP
Cardiac stimulants excl. cardiac glycosides								
• Adrenergic and dopaminergic agents								
5004J	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.37	10.26	AP	
Vasodilators used in cardiac diseases								
• Organic nitrates								
5108W	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	#1	..	..	7.30	8.19	Anginine Stabilised	SI
DERMATOLOGICALS								
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS								
Corticosteroids, plain								
• Corticosteroids, weak (group I)								
HYDROCORTISONE ACETATE								
Restricted benefit								
<i>Treatment of corticosteroid-responsive dermatoses.</i>								
5111B	Cream 10 mg per g (1%), 30 g	#1	..	..	6.52	7.41	Sigmacort	SI
5113D	Cream 10 mg per g (1%), 50 g	#1	..	..	6.98	7.87	Cortef Sigmacort	PH SI
5112C	Topical ointment 10 mg per g (1%), 30 g	#1	..	..	6.52	7.41	Sigmacort	SI
5114E	Topical ointment 10 mg per g (1%), 50 g	#1	..	..	6.98	7.87	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. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES

CORTICOSTEROIDS FOR SYSTEMIC USE

Corticosteroids for systemic use, plain

• **Glucocorticoids**

**BETAMETHASONE ACETATE with
BETAMETHASONE SODIUM PHOSPHATE**

Restricted benefit

For local intra-articular or peri-articular infiltration;

Keloid;

Lichen planus hypertrophic.

5034Y	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	..	..	23.83	21.90	Celestone Chronodose	SH
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HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

For use in a hospital.

5118J	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	..	..	*25.14	21.90	Solu-Cortef	PH
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5119K	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*41.64	21.90	Solu-Cortef	PH
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METHYLPREDNISOLONE ACETATE

Restricted benefit

For local intra-articular or peri-articular infiltration.

5148Y	Injection 40 mg in 1 mL	5	..	..	21.62	21.90	^a Depo-Nisolone	KR
				^B 0.74	22.36	21.90	^a Depo-Medrol	PH

TRIAMCINOLONE ACETONIDE

Restricted benefit

For local intra-articular or peri-articular infiltration;

Keloid;

Lichen planus hypertrophic.

5233K	Injection 10 mg in 1 mL	5	..	..	23.83	21.90	Kenacort-A10	BQ
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PANCREATIC HORMONES

Glycogenolytic hormones

• **Glycogenolytic hormones**

GLUCAGON HYDROCHLORIDE

5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	..	..	36.94	21.90	GlucaGen Hypokit	NO
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**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	7.45	8.34	a Chem mart CH Doxycycline a Doxsig SI a Doxy-100 DP a Doxycycline-BC BG a Doxyhexal HX a Doxylin 100 AF a GenRx FH Doxycycline a healthsense HS Doxycycline a Terry White TW Chemists Doxycycline
3322W	Capsule 100 mg	7	7.45	8.34	a Vibramycin PF a Chem mart CH Doxycycline a DBL Doxycycline BL a GenRx FH Doxycycline a healthsense HS Doxycycline a Terry White TW Chemists Doxycycline
			^B 1.50	8.95	
				8.34	a Doryx FA
3383C	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	24	7.23	8.12	Achromycin LE
3386F	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	7.34	8.23	Tetrex BC
Beta-lactam antibacterials, penicillins					
• Penicillins with extended spectrum					
AMOXYCILLIN					
3303W	Chewable tablet 250 mg	20	8.89	9.78	Amoxil SK

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.							
3301R	Capsule 250 mg	20	..	..	7.98	8.87	^a Alphamox 250 AF ^a Amohexal HX ^a Amoxycillin-BC BG ^a Bgramin DP ^a Chem mart CH Amoxycillin ^a Cilamox SI ^a DBL Amoxycillin BL ^a GenRx FH Amoxycillin ^a healthsense HS Amoxycillin ^a Moxacin CS ^a Terry White TW Chemists Amoxycillin
3300Q	Capsule 500 mg	20	..	..	11.26	12.15	^a Amoxil SK ^a Alphamox 500 AF ^a Amohexal HX ^a Amoxycillin-BC BG ^a Bgramin DP ^a Chem mart CH Amoxycillin ^a Cilamox SI ^a DBL Amoxycillin BL ^a GenRx FH Amoxycillin ^a healthsense HS Amoxycillin ^a Moxacin CS ^a Terry White TW Chemists Amoxycillin
				^B 0.72	8.70	8.87	^a Amoxil SK
3309E	Sachet containing oral powder 3 g	1	..	..	8.74	9.63	Amoxil SK
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	‡11.69	12.96	Amoxil SK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	‡9.84	11.11	^a Alphamox 125 AF ^a Amohexal HX Amoxycillin-BC BG ^a Bgramin DP ^a Cilamox SI ^a Moxacin CS ^a Amoxil SK
				^B 0.62	‡10.46	11.11	^a Amoxil SK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	‡11.15	12.42	^a Alphamox 250 AF ^a Amohexal HX Amoxycillin-BC BG ^a Bgramin DP ^a Cilamox SI ^a Moxacin 250 CS ^a Amoxil Forte SK
				^B 0.63	‡11.78	12.42	^a Amoxil Forte SK

**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	
AMPICILLIN								
5013W	Capsule 250 mg	24	..	..	8.60	9.49	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	12.03	12.92	Alphacin 500	AF
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N, 6897B, 6898C, 6899D apply to above item with approved solvents)	5	..	.. B0.06	10.82 10.88	11.71 11.71	^a Austrapen ^a Ampicyn	CS AS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R, 6900E, 6901F, 6902G apply to above item with approved solvents)	5	..	.. B0.09	14.75 14.84	15.64 15.64	^a Austrapen ^a Ampicyn	CS AS
• Beta-lactamase sensitive penicillins								
BENZATHINE PENICILLIN								
5025L	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	22.49	21.90	Bicillin L-A Tubex	WY
5026M	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	35.71	21.90	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	..	..	*22.18	21.90	BenPen	CS
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F, 6924K, 6925L, 6926M apply to above item with approved solvents)	10	..	..	*50.44	21.90	BenPen	CS
PHENOXYMETHYLPENICILLIN								
3359T	Tablet 125 mg	50	..	..	*11.18	12.07	Abbocillin-V Dulcet	AB
3360W	Tablet 250 mg	50	..	..	*11.52	12.41	Abbocillin-VK Filmtab	AB
3361X	Tablet 500 mg	50	..	..	*14.86	15.75	Abbocillin-VK Filmtab	AB
3363B	Capsule 250 mg	50	..	..	*11.46	12.35	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	SI DP CS HX

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	
PHENOXYMETHYLPENICILLIN—cont.								
3364C	Capsule 500 mg	50	..	..	*14.76	15.65	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	SI DP CS HX
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	.. ^B 0.80 ^B 0.86	*10.56 *11.36 *11.42	11.45 11.45 11.45	^a Cilicaine V ^a LPV 125 ^a Abbocillin-V	SI CS AB
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. ^B 0.08 ^B 0.96	*13.18 *13.26 *14.14	14.07 14.07 14.07	^a Cilicaine V ^a Abbocillin-V ^a LPV 250	SI AB CS
PROCAINE PENICILLIN								
3370J	Injection 1 g	5	..	..	52.42	21.90	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	52.42	21.90	Cilicaine	SI
• Beta-lactamase resistant penicillins								
DICLOXACILLIN								
5098H	Injection 500 mg (solvent required) (codes 6933X, 6934Y, 6935B, 6936C, 6937D, 6938E apply to above item with approved solvents)	5	..	..	16.76	17.65	Diclocil	BQ
5099J	Injection 1 g (solvent required) (codes 6939F, 6940G, 6941H, 6942J, 6943K, 6944L apply to above item with approved solvents)	5	..	..	23.62	21.90	Diclocil	BQ
DICLOXACILLIN								
Restricted benefit								
Serious staphylococcal infections.								
5096F	Capsule 250 mg	24	..	..	11.43	12.32	^a Diclocil ^a Dicloxsig ^a Distaph 250	BQ SI AF
5097G	Capsule 500 mg	24	..	..	18.84	19.73	^a Diclocil ^a Dicloxsig ^a Distaph 500	BQ SI AF
FLUCLOXACILLIN								
CAUTION:								
Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.								
5094D	Injection 500 mg (solvent required) (codes 7013D, 7014E, 7015F, 7016G, 7017H, 7018J apply to above item with approved solvents)	5	..	..	16.64	17.53	Flopen	CS

continued

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	
FLUCLOXACILLIN—cont.							
5095E	Injection 1 g (solvent required) (codes 7019K, 7020L, 7021M, 7022N, 7023P, 7024Q apply to above item with approved solvents)	5	..	..	23.44	21.90	^a Flopen ^a BL CS
FLUCLOXACILLIN							
CAUTION:							
<i>Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.</i>							
Restricted benefit							
<i>Serious staphylococcal infections.</i>							
5090X	Capsule 250 mg	24	..	..	11.43	12.32	^a Flopen CS ^a Staphylex 250 AF ^a Floxapen SK
				^B 0.46	11.89	12.32	
5091Y	Capsule 500 mg	24	..	..	18.84	19.73	^a Flopen CS ^a Staphylex 500 AF ^a Floxapen SK
				^B 0.58	19.42	19.73	
5092B	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#12.86	14.13	^a Flopen CS ^a Floxapen SK
				^B 0.06	#12.92	14.13	
5093C	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#16.59	17.86	^a Flopen CS ^a Floxapen SK
				^B 0.10	#16.69	17.86	
• 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>							
5008N	Tablet 500 mg-125 mg	10	..	..	13.32	14.21	^a Ausclav Duo SI 500/125 ^a Clamoxyl Duo ME ^a Clavulin Duo ZK
				^B 0.99	14.31	14.21	^a Augmentin Duo SK
5006L	Tablet 875 mg-125 mg	10	..	..	16.99	17.88	^a Ausclav Duo SI Forte ^a Clamoxyl Duo ME forte ^a Clavulin Duo ZK Forte
				^B 1.02	18.01	17.88	^a Augmentin Duo SK forte
5009P	Powder for syrup 125 mg- 31.25 mg per 5 mL, 75 mL	‡1	..	..	#12.20	13.47	^a Ausclav SI ^a Clamoxyl ME ^a Augmentin SK
				^B 0.96	#13.16	13.47	

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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 with CLAVULANIC ACID—cont.								
5011R	Powder for syrup 400 mg- 57 mg per 5 mL, 60 mL	#1	..	..	#14.48	15.75	^a Ausclav Duo 400	SI
							^a Clamoxyl Duo 400	ME
					^B 0.98 #15.46	15.75	^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.

5230G	Injection 3 g-100 mg (solvent required) (codes 7038K, 7039L, 7040M, 7041N, 7042P, 7043Q apply to above item with approved solvents)	10	..	..	152.08	21.90	Timentin	SK
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Other beta-lactam antibacterials

• **Cephalosporins and related substances**

CEFACLOR

CAUTION:

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

5045M	Tablet 375 mg (sustained release)	10	..	..	14.73	15.62	^a Cefkor CD ^a Chem mart Cefaclor CD ^a GenRx Cefaclor CD ^a healthsense Cefaclor CD ^a Keflor CD ^a Terry White Chemists Cefaclor CD	DP CH FH HS AF TW
					^B 0.75 15.48	15.62	^a Ceclor CD	LY
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	#1	..	..	#13.96	15.23	^a Cefkor ^a Chem mart Cefaclor ^a DBL Cefaclor ^a GenRx Cefaclor ^a healthsense Cefaclor ^a Keflor ^a Terry White Chemists Cefaclor	DP CH BL FH HS AF TW
					^B 0.82 #14.78	15.23	^a Ceclor	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	
CEFACLOL—cont.								
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#14.48	15.75	^a Cefkor ^a Chem mart Cefaclor ^a GenRx Cefaclor ^a healthsense Cefaclor ^a Keflor ^a Terry White Chemists Cefaclor	DP CH FH HS AF TW LY
				B0.82	#15.30	15.75	^a Ceclor	
CEFOTAXIME								
<u>Restricted benefit</u>								
<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	..	..	*113.78	21.90	Claforan	AV
5049R	Injection 2 g (solvent required) (codes 6969T, 6970W, 6971X, 6972Y, 6973B, 6974C apply to above item with approved solvents)	10	..	..	*211.58	21.90	Claforan	AV
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	..	..	166.40	21.90	Apatef	LE
5051W	Injection 2 g (solvent required) (codes 7007T, 7008W, 7009X, 7010Y, 7011B, 7012C apply to above item with approved solvents)	10	..	..	277.36	21.90	Apatef	LE
CEFUROXIME AXETIL								
5052X	Tablet 250 mg (base)	14	..	..	14.72	15.61	Zinnat	GW

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	
3317N	CEPHALEXIN Capsule 250 mg	20	..	..	8.44	9.33	^a Ceflin ^a Chem mart Cephalexin ^a Cilex ^a GenRx Cephalexin ^a healthsense Cephalexin ^a Ibilex 250 ^a Terry White Chemists Cephalexin	HX CH DP FH HS AF TW
3318P	Capsule 500 mg	20	..	..	11.43	12.32	^B 1.15 9.59 ^a Keflex	LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#11.38 ^B 1.15 #12.53	12.65 12.65	^a Ceflin ^a Chem mart Cephalexin ^a Cilex ^a DBL Cephalexin ^a GenRx Cephalexin ^a healthsense Cephalexin ^a Ibilex 500 ^a Terry White Chemists Cephalexin	HX CH DP BL FH HS AF TW
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#13.56 ^B 1.17 #14.73	14.83 14.83	^a Keflex	LY
3376Q	CEPHALOTHIN Injection 1 g (solvent required) (codes 6951W, 6952X, 6953Y, 6927N, 6928P, 6929Q apply to above item with approved solvents)	10	..	..	43.50 ^B 0.30 *43.78	21.90 21.90	^a Ibilex 125 ^a Keflex ^a BL ^a Keflin Neutral	AF LY LY

Sulfonamides and trimethoprim

• *Combinations of sulfonamides and trimethoprim, incl. derivatives*

TRIMETHOPRIM with SULFAMETHOXAZOLE

CAUTION:

There is an increased risk of severe adverse reactions with this combination in the elderly.

3389J	Tablet 80 mg-400 mg	10	..	..	7.71 ^B 1.38 9.09	8.60 8.60	^a Resprim ^a Septrin	AF SI
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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	
TRIMETHOPRIM with SULFAMETHOXAZOLE—cont.								
3390K	Tablet 160 mg-800 mg	10	..	..	8.71	9.60	^a Bactrim DS ^a Chem mart Trimethoprim with Sulfame- thoxazole DS ^a Cosig Forte ^a GenRx Trimethoprim with Sulfame- thoxazole DS ^a healthsense Trimethoprim with Sulfame- thoxazole DS ^a Resprim Forte ^a Terry White Chemists Trimethoprim with Sulfame- thoxazole DS ^a Trimoxazole-BC 800/160	RO CH BG
					^B 1.29	10.00	^a Septrin Forte	SI
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	8.22	9.11	^a Bactrim ^a Resprim	RO AF
					^B 1.75	9.97	^a Septrin	SI
Macrolides and lincosamides								
• Macrolides								
ERYTHROMYCIN								
3326C	Capsule 175 mg	25	..	..	7.90	8.79	^a DBL Erythromycin ^a Eryc LD	BL FA
3325B	Capsule 250 mg	25	..	..	9.22	10.11	^a DBL Erythromycin ^a Eryc	BL FA
5085P	I.M. injection 100 mg in 2 mL	5	..	..	32.86	21.90	Erythrocin-I.M.	AB
ERYTHROMYCIN ETHYL SUCCINATE								
3336N	Tablet 400 mg (base)	25	..	..	8.93	9.82	^a E-Mycin ^a E.E.S. 400 Filmtab	AF AB
					^B 3.21	12.14		
3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#10.72	11.99	^a E-Mycin 200 ^a E.E.S. 200	AF AB
					^B 3.26	#13.98		
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#12.62	13.89	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
					^B 3.32	#15.94		
ERYTHROMYCIN LACTOBIONATE								
5087R	I.V. infusion 300 mg (base)	5	..	..	42.80	21.90	^a BL ^a Erythrocin	AB
					^B 0.40	*43.18		

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	
3328E	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	..	..	7.94	8.83	Erythrocin Filmtab	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	8.86	9.75	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	11.26	12.15	Erythrocin	AB
• 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	..	..	15.90 ^B 1.46	16.79 16.79	^a Cleocin ^a Dalacin C	KR PH
5144R	LINCOMYCIN Injection 600 mg in 2 mL	5	..	..	16.91	17.80	Lincocin	PH
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	..	..	*51.84 ^B 0.36	21.90 21.90	^a BL ^a Vancocin	LY
• Imidazole derivatives METRONIDAZOLE								
3339R	Tablet 200 mg	21	..	..	6.75 ^B 1.93	7.64 7.64	^a Metrogyl 200 ^a Metronide 200 ^a Flagyl	AF HP AV
5159M	Tablet 400 mg	5	..	..	6.64	7.53	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	20.19	21.08	Flagyl	AV
METRONIDAZOLE <u>Restricted benefit</u> <i>Treatment of anaerobic infections.</i>								
5155H	Tablet 400 mg	21	..	..	9.53 ^B 1.97	10.42 10.42	^a Metrogyl 400 ^a Metronide 400 ^a Flagyl	AF HP 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	
METRONIDAZOLE—cont.								
<u>Restricted benefit</u>								
<i>Treatment, in a hospital, of acute anaerobic sepsis.</i>								
5154G	I.V. infusion 500 mg in 100 mL	5	..	..	*28.83	21.90	BX	
METRONIDAZOLE BENZOATE								
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.32	15.21	Flagyl S	AV

VACCINES

Bacterial vaccines

• **Tetanus vaccines**

TETANUS VACCINE, ADSORBED

5223X	Injection 0.5 mL	3	..	..	*16.92	17.81	CS	
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MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

Antiinflammatory and antirheumatic products, non-steroids

• **Acetic acid derivatives and related substances**

DICLOFENAC POTASSIUM

5075D	Tablets 50 mg, 20	‡1	..	..	7.58	8.47	Voltaren Rapid 50	NV
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DICLOFENAC SODIUM

5079H	Suppository 100 mg	40	..	..	*22.96	21.90	Voltaren 100	NV
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DICLOFENAC SODIUM

Restricted benefit

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

5076E	Tablet 25 mg (enteric coated)	100	..	..	*13.70	14.59	^a Chem mart Diclofenac	CH
							^a Diclofenac-BC	BG
							^a Diclohexal	HX
							^a Dinac	DP
							^a GenRx	FH
							Diclofenac	
							^a healthsense	HS
							Diclofenac	
							^a Terry White Chemists	TW
							Diclofenac	
					^B 2.00	*15.70	14.59 ^a Voltaren 25	NV

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	
DICLOFENAC SODIUM—cont.								
5077F	Tablet 50 mg (enteric coated)	50	..	..	10.96	11.85	^a Chem mart Diclofenac	CH
							^a Diclofenac-BC	BG
							^a Diclohexal	HX
							^a Dinac	DP
							^a Fenac	AF
							^a GenRx	FH
							^a Diclofenac healthsense	HS
							^a Diclofenac	
							^a Terry White Chemists	TW
							^a Diclofenac	
				^B 2.00	12.96	11.85	^a Voltaren 50	NV
5128X	INDOMETHACIN Suppository 100 mg	40	..	..	*19.58	20.47	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	..	..	*7.96	8.85	^a Arthrexin	AF
				^B 3.00	*10.96	8.85	^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	..	..	*14.70	15.59	^a Aclin	AF
				^B 2.31	17.00	15.58	^a Clinoril	FR
5218P	Tablet 200 mg	50	..	..	13.61	14.50	^a Aclin 200	AF
				^B 2.63	16.24	14.50	^a Clinoril 200	FR
• Oxicams								
PIROXICAM								
Restricted benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5201R	Dispersible tablet 10 mg	50	..	..	12.95	13.84	^a Candyl-D 10 mg	DP
							^a GenRx	FH
							^a Piroxicam Dispersible	
							^a Mobilis D-10	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
				^B 2.50	15.45	13.84	^a Feldene-D	PF

**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	
PIROXICAM—cont.								
5202T	Dispersible tablet 20 mg	25	..	..	12.52	13.41	^a Candyl-D 20 mg	DP
							^a Chem mart Piroxicam Dispersible	CH
							^a GenRx Piroxicam Dispersible	FH
							^a healthsense Piroxicam Dispersible	HS
							^a Mobilis D-20	AF
							^a Pirohexal-D	HX
							^a Rosig-D	SI
							^a Terry White Chemists Piroxicam Dispersible	TW
				^B 2.50	15.02	13.41	^a Feldene-D	PF
5203W	Capsule 10 mg	50	..	..	12.95	13.84	^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 2.50	15.45	13.84	^a Feldene	PF
5204X	Capsule 20 mg	25	..	..	12.52	13.41	^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 2.50	15.02	13.41	^a Feldene	PF

TENOXICAM**Restricted benefit**

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

continued ➤

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	
TENOICAM—cont.							
5226C	Tablet 10 mg	50 ..	..	13.60	14.49	Tilcotil	RO
• Propionic acid derivatives							
IBUPROFEN							
5124Q	Tablets 400 mg, 20	‡1 ..	..	6.62	7.51	Brufen	KN
IBUPROFEN							
Restricted benefit							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
5121M	Tablet 200 mg	100 ..	..	*9.12	10.01	Rafen 200	AF
5123P	Tablet 400 mg	100 ..	..	*12.42	13.31	Brufen	KN
KETOPROFEN							
5139L	Suppository 100 mg	40 ..	..	*21.32	21.90	Orudis	AV
KETOPROFEN							
Restricted benefit							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>							
5133E	Capsule 50 mg	50 ..	..	9.87	10.76	Orudis	AV
5135G	Capsule 100 mg (sustained release)	50 ..	..	14.14	15.03	^a Oruvail SR	HP
				^B 2.02	16.16	^a Orudis SR	AV
5136H	Capsule 200 mg (sustained release)	28 ..	..	15.27	16.16	^a Oruvail SR	HP
				^B 1.80	17.07	^a Orudis SR 200	AV
NAPROXEN							
5185X	Suppository 500 mg	40 ..	..	*19.58	20.47	Naprosyn	RO
NAPROXEN							
Restricted benefit							
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.</i>							
5176K	Tablet 250 mg	100 ..	..	*14.50	15.39	^a Inza 250	AF
				^B 3.12	*17.62	^a Naprosyn	RO
5177L	Tablet 500 mg	50 ..	..	13.40	14.29	^a Inza 500	AF
				^B 1.80	15.20	^a Naprosyn	RO
5178M	Tablet 750 mg (sustained release)	28 ..	..	12.53	13.42	^a Proxen SR 750	MD
				^B 1.68	14.21	^a Naprosyn SR750	RO
5179N	Tablet 1 g (sustained release)	28 ..	..	15.15	16.04	^a Proxen SR 1000	MD
				^B 1.77	16.92	^a Naprosyn SR1000	RO
5180P	Oral suspension 125 mg per 5 mL, 500 mL	‡1 ..	..	19.30	20.19	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. 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>								
5186Y	Tablet 550 mg	50	..	..	13.49	14.38	^a Crysanal	MD
				^B 3.00	16.49	14.38	^a Anaprox 550	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	..	..	*15.22	16.11	Dolobid	MK
5081K	Tablet 500 mg	50	..	..	14.91	15.80	Dolobid	MK

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

- Natural opium alkaloids

CODEINE PHOSPHATE

5063L	Tablet 30 mg	20	..	..	10.21	11.10	FM	
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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	..	..	7.18	8.07	^a Codalgin Forte	FM
							^a Panadeine Forte	SW
							Caplets	
				^B 1.82	9.00	8.07	^a Dymadon Forte	GW

HYDROMORPHONE HYDROCHLORIDE**CAUTION:**

The risk of drug dependence is high.

5129Y	Injection 2 mg in 1 mL	5	..	..	11.58	12.47	Dilaudid	AB
5130B	Injection 10 mg in 1 mL	5	..	..	17.06	17.95	Dilaudid-HP	AB
5131C	Injection 50 mg in 5 mL	5	..	..	45.79	21.90	Dilaudid-HP	AB

NOTE:

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

HYDROMORPHONE HYDROCHLORIDE**CAUTION:**

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

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	
HYDROMORPHONE HYDROCHLORIDE—cont.								
5115F	Tablet 2 mg	20	..	..	12.33	13.22	Dilaudid	AB
5116G	Tablet 4 mg	20	..	..	16.00	16.89	Dilaudid	AB
5117H	Tablet 8 mg	20	..	..	22.48	21.90	Dilaudid	AB
5132D	Oral liquid 1 mg per mL, 473 mL	1	..	..	24.30	21.90	Dilaudid	AB

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	..	..	15.54	16.43	Ordine 2	MF
5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	18.73	19.62	Ordine 5	MF
5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	21.67	21.90	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	..	..	11.54	12.43	BL SI	
5169C	Injection 15 mg in 1 mL	5	..	..	11.87	12.76	BL SI	
5170D	Injection 30 mg in 1 mL	5	..	..	13.16	14.05	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	..	..	12.88	13.77	Anamorph	FM
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NOTE:

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

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL
PRACTITIONERS FOR DENTAL TREATMENT ONLY—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	
MORPHINE SULFATE—cont.						
Restricted benefit						
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>						
5162Q	Tablet 5 mg (controlled release)	20	12.25	13.14	MS Contin	MF
5164T	Tablet 10 mg (controlled release)	20	15.56	16.45	MS Contin	MF
5161P	Tablet 15 mg (controlled release)	20	18.32	19.21	MS Contin	MF
5165W	Tablet 30 mg (controlled release)	20	27.31	21.90	MS Contin	MF
5166X	Tablet 60 mg (controlled release)	20	41.75	21.90	MS Contin	MF
5167Y	Tablet 100 mg (controlled release)	20	61.17	21.90	MS Contin	MF
5246D	Capsule 10 mg (containing sustained release pellets)	20	15.56	16.45	Kapanol	GW
5240T	Capsule 20 mg (containing sustained release pellets)	20	20.63	21.52	Kapanol	GW
5064M	Capsule 30 mg (controlled release)	10	18.32	19.21	MS Mono	MF
5241W	Capsule 50 mg (containing sustained release pellets)	20	36.00	21.90	Kapanol	GW
5065N	Capsule 60 mg (controlled release)	10	27.31	21.90	MS Mono	MF
5066P	Capsule 90 mg (controlled release)	10	34.43	21.90	MS Mono	MF
5242X	Capsule 100 mg (containing sustained release pellets)	20	61.17	21.90	Kapanol	GW
5067Q	Capsule 120 mg (controlled release)	10	41.64	21.90	MS Mono	MF
5171E	Sachet containing controlled release granules for oral suspension, 20 mg per sachet	20	20.63	21.52	MS Contin Suspension 20 mg	MF
5243Y	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	20	27.31	21.90	MS Contin Suspension 30 mg	MF
5244B	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	20	41.75	21.90	MS Contin Suspension 60 mg	MF
5245C	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	20	61.17	21.90	MS Contin Suspension 100 mg	MF

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								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
Restricted benefit								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5194J	Suppository 30 mg	12	..	..	18.40	19.29	Proladone	KN
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
OXYCODONE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
Restricted benefit								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5195K	Tablet 5 mg	20	..	..	10.44	11.33	Endone	BT
5191F	Capsule 5 mg	20	..	..	10.44	11.33	OxyNorm	MF
5197M	Capsule 10 mg	20	..	..	12.74	13.63	OxyNorm	MF
5198N	Capsule 20 mg	20	..	..	16.78	17.67	OxyNorm	MF
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	..	..	19.70	20.59	OxyContin	MF
5248F	Tablet 20 mg (controlled release)	20	..	..	27.31	21.90	OxyContin	MF
5249G	Tablet 40 mg (controlled release)	20	..	..	41.75	21.90	OxyContin	MF
5250H	Tablet 80 mg (controlled release)	20	..	..	71.95	21.90	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	..	..	10.81	11.70	BL SI	

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	
PETHIDINE HYDROCHLORIDE—cont.							
5200Q	Injection 100 mg in 2 mL	5 ..	..	11.24	12.13	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 ..	..	8.34	9.23	Tramal	CS
Restricted benefit <i>For pain where aspirin and/or paracetamol alone are inappropriate or have failed.</i>							
5234L	Tablet 100 mg (sustained release)	20 ..	..	15.10	15.99	Tramal SR 100	CS
5235M	Tablet 150 mg (sustained release)	20 ..	..	17.70	18.59	Tramal SR 150	CS
5236N	Tablet 200 mg (sustained release)	20 ..	..	22.28	21.90	Tramal SR 200	CS
Other analgesics and antipyretics							
• Salicylic acid and derivatives							
ASPIRIN							
5017C	Tablet 300 mg	100 ..	..	6.97	7.86	Spren	SI
5018D	Tablet 300 mg (dispersible)	96 ..	..	6.91	7.80	Solprin	RC
• Anilides							
PARACETAMOL							
5196L	Tablet 500 mg	100 ..	..	7.78	8.67	Dymadon P a Febridol GenRx Paracetamol a Panamax Parahexal a Paralgin SBPA Parace- tamol 500 Tylenol DP	WR GR FH SW HX FM SL JT
3348F	Oral liquid 120 mg per 5 mL, 100 mL	‡1 ..	..	7.29	8.18	Dymadon a Panamax a Paralgin Junior Elixir 1-4 years	WR SW SI
3349G	Oral liquid 240 mg per 5 mL, 200 mL	‡1 ..	..	9.48	10.37	a Panamax 240 Elixir a Paralgin Junior Elixir 5-12 years	SW 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	
ANTIEPILEPTICS								
Antiepileptics								
• Carboxamide derivatives								
CARBAMAZEPINE								
5039F	Tablet 100 mg	200	..	..	21.44	21.90	^a Carbamazepine-BC	BG
							^a Tegretol 100	NV
5040G	Tablet 200 mg	200	..	..	36.66	21.90	^a Carbamazepine-BC	BG
				^B 1.50	38.16	21.90	^a Teril	AF
							^a Tegretol 200	NV
5038E	Tablet 200 mg (controlled release)	200	..	..	36.66	21.90	Tegretol CR 200	NV
5037D	Tablet 400 mg (controlled release)	200	..	..	65.44	21.90	Tegretol CR 400	NV
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡1	..	..	19.43	20.32	Tegretol Liquid	NV
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Ethers of tropine or tropine derivatives								
BENZTROPINE MESYLATE								
5031T	Injection 2 mg in 2 mL	5	..	..	18.60	19.49	Cogentin	MK
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
DIAZEPAM								
5071X	Tablet 2 mg	50	..	..	6.78	7.67	^a Antenex 2	AF
				^B 0.91	7.69	7.67	Ducene	SU
				^B 1.30	8.08	7.67	^a Valium	RO
5072Y	Tablet 5 mg	50	..	..	7.02	7.91	^a Antenex 5	AF
				^B 0.93	7.95	7.91	Ducene	SU
				^B 1.32	8.34	7.91	^a Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	9.43	10.32	BL	
OXAZEPAM								
5192G	Tablet 15 mg	25	..	..	5.99	6.88	^a Alepam 15	AF
				^B 1.42	7.41	6.88	^a Serepax	WY
5193H	Tablet 30 mg	25	..	..	6.21	7.10	^a Alepam 30	AF
				^B 0.01	6.22	7.10	^a Murelax	AY
				^B 1.42	7.63	7.10	^a Serepax	WY

**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	
Hypnotics and sedatives								
• Benzodiazepine derivatives								
NITRAZEPAM								
5189D	Tablet 5 mg	25	..	..	6.66	7.55	^a Alodorm	AF
				^B 2.02	8.68	7.55	^a Mogadon	ID
TEMAZEPAM								
5221T	Tablet 10 mg	25	..	..	6.66	7.55	^a Temaze	AF
				^B 0.02	6.68	7.55	^a Temtabs	WX
				^B 1.02	7.68	7.55	^a Normison	WY
5222W	Capsule 10 mg	25	..	..	6.66	7.55	Euhypnos	SI
				^B 0.02	6.68	7.55	^a Temaze 10	AF
				^B 1.02	7.68	7.55	^a Nocturne	WX
							^a Normison	WY

RESPIRATORY SYSTEM

ANTI-ASTHMATICS

Adrenergics for systemic use

• **Alpha- and beta-adrenoceptor agonists**

ADRENALINE

5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.37	10.26	AP	
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SENSORY ORGANS

OPHTHALMOLOGICALS

Antiinfectives

• **Antibiotics**

CHLORAMPHENICOL

5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	7.53	8.42	Chloromycetin Chlorsig	PD SI
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CAUTION:

Topical chloramphenicol may cause aplastic anaemia.

VARIOUS

ALL OTHER THERAPEUTIC PRODUCTS

All other therapeutic products

• **Antidotes**

NALOXONE HYDROCHLORIDE

5173G	Injection 400 micrograms in 1 mL	1	..	..	19.98	20.87	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	20.96	21.85	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	30.71	21.90	Naloxone Min-I-Jet	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
ALL OTHER NON-THERAPEUTIC PRODUCTS							
All other non-therapeutic products							
• <i>Solvents and diluting agents, incl. irrigating solutions</i>							
SODIUM CHLORIDE							
5209E	Injection 9 mg per mL (0.9%), 2 mL	5	..	..	11.62	12.51	AP
5210F	Injection 9 mg per mL (0.9%), 5 mL	5	..	..	14.71	15.60	AP
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	15.17	16.06	AP
WATER FOR INJECTIONS, STERILISED							
3394P	Injection 2 mL	5	..	..	10.28	11.17	AP
3395Q	Injection 5 mL	5	..	..	11.92	12.81	AP
3396R	Injection 10 mL	5	..	..	13.36	14.25	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. To prescribe these drugs as pharmaceutical benefit items, medical practitioners are required to be affiliated with these specialist hospital units. A general practitioner or non-specialist hospital doctor may only prescribe Highly Specialised Drugs to provide maintenance therapy 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 supply of a highly specialised drug at a similar rate to the Pharmaceutical Benefits Scheme. Commonwealth subsidy is not available for hospital in-patients.

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 by telephone, and be granted, approval to prescribe these items as pharmaceutical benefits prior to their dispensing under the PBS. Prescribers must quote the provider number of the hospital when applying. Not more than two months' supply (one month's supply in the case of Clozapine), with provision for up to 5 repeats, will be authorised. 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 Commonwealth Government adviser below:

Highly Specialised Drugs Working Party Secretariat
Pharmaceutical Benefits Pricing Authority Secretariat
(for information on relativity sheets only)

(02) 6289 7238

(02) 6289 7672

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
ABACAVIR SULFATE					
<u>Private hospital 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
<u>NOTE:</u>					
<i>These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.</i>					
ABACAVIR SULFATE with LAMIVUDINE and ZIDOVUDINE					
<u>Private hospital authority required</u>					
<i>Treatment of HIV infection in patients over 12 years of age, weighing 40 kg or more, with CD4 cell counts of less than 500 per cubic millimetre, or viral load of greater than 10,000 copies per mL.</i>					
6327B	Tablet 300 mg (base)-150 mg-300 mg	60	852.00	Trizivir	GW
APOMORPHINE HYDROCHLORIDE					
<u>Private hospital 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>Private hospital 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>Private hospital 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>Private hospital 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>Private hospital 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

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
CLOZAPINE					
<u>Private hospital 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 Clopine a Clozaril 25 a SBPA Clozapine 25	FA NV SL
6102E	Tablet 100 mg	100	270.00	a Clopine a Clozaril 100 a SBPA Clozapine 100	FA NV SL
CYCLOSPORIN					
<u>Private hospital authority required</u>					
<i>For use by organ or tissue transplant recipients.</i>					
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>Private hospital authority required</u>					
<i>For use by organ or tissue transplant recipients;</i>					
<i>Treatment by dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate;</i>					
<i>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;</i>					
<i>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.</i>					
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
DARBEPOETIN ALFA					
<u>Private hospital authority required</u>					
<i>For the treatment of anaemia requiring transfusion, associated with chronic renal failure.</i>					
6320P	Injection 10 micrograms in 0.4 mL pre-filled syringe	4	187.41	Aranesp	AN
6321Q	Injection 20 micrograms in 0.5 mL pre-filled syringe	4	352.96	Aranesp	AN

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
DARBEPOETIN ALFA—cont.					
6322R	Injection 30 micrograms in 0.3 mL pre-filled syringe	4	482.87	Aranesp	AN
6323T	Injection 40 micrograms in 0.4 mL pre-filled syringe	4	586.10	Aranesp	AN
6324W	Injection 50 micrograms in 0.5 mL pre-filled syringe	4	724.62	Aranesp	AN
6325X	Injection 60 micrograms in 0.3 mL pre-filled syringe	4	850.87	Aranesp	AN
6326Y	Injection 100 micrograms in 0.5 mL pre-filled syringe	4	1379.21	Aranesp	AN
DELAVIDINE MESYLATE					
<u>Private hospital 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
DEFERRIOXAMINE MESYLATE					
<u>Private hospital 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
NOTE:					
A brand premium of \$8.19 applies to Desferal 500 mg brand.					
6270B	Powder for injection 2 g vial	1	39.60	^a Desferal 2 g ^a BL	NV
NOTE:					
A brand premium of \$0.40 applies to Desferal 2 g brand.					
DIDANOSINE					
<u>Private hospital 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.					
6115W	Tablet 25 mg (chewable/dispersible)	60	39.58	Videx	BQ
6117Y	Tablet 100 mg (chewable/dispersible)	60	158.31	Videx	BQ
6298L	Capsule 125 mg (containing enteric coated beadlets)	30	98.95	Videx EC	BQ
6299M	Capsule 200 mg (containing enteric coated beadlets)	30	158.31	Videx EC	BQ
6300N	Capsule 250 mg (containing enteric coated beadlets)	30	197.89	Videx EC	BQ
6301P	Capsule 400 mg (containing enteric coated beadlets)	30	316.62	Videx EC	BQ
6119C	Powder for paediatric oral solution 2 g in 120 mL bottle	1	52.77	Videx	BQ

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
<i>DISODIUM PAMIDRONATE</i>					
<u>Private hospital authority required</u>					
<i>Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.</i>					
6286W	Concentrated injection 15 mg in 5 mL	1	63.21	BL	
6290C	Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL	1	252.86	Aredia 15 mg	NV
6287X	Concentrated injection 30 mg in 10 mL	1	126.43	BL	
6279L	Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL	1	252.86	Aredia 30 mg	NV
6288Y	Concentrated injection 60 mg in 10 mL	1	252.86	BL	
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	379.29	Aredia 90 mg	NV

Private hospital 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	379.29	Aredia 90 mg	NV

DORNASE ALFA**Private hospital 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
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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 wash-out 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
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**DOXORUBICIN HYDROCHLORIDE,
PEGYLATED LIPOSOMAL****Private hospital 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
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NOTE:

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

EFAVIRENZ**Private hospital 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 Manufacturer \$	Proprietary Name and Manufacturer	
EPOETIN ALFA					
<u>Private hospital 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
6302Q	Injection 5,000 units in 0.5 mL pre-filled syringe	6	556.50	Eprex 5000	JC
6303R	Injection 6,000 units in 0.6 mL pre-filled syringe	6	660.60	Eprex 6000	JC
6304T	Injection 7,000 units in 0.7 mL pre-filled syringe	6	756.00	Eprex 7000	JC
6305W	Injection 8,000 units in 0.8 mL pre-filled syringe	6	856.80	Eprex 8000	JC
6306X	Injection 9,000 units in 0.9 mL pre-filled syringe	6	953.10	Eprex 9000	JC
6207Q	Injection 10,000 units in 1 mL pre-filled syringe	6	1037.00	Eprex 10000	JC
6294G	Injection 40,000 units in 1 mL vial	1	660.00	Eprex 40,000	JC

FILGRASTIM**Private hospital 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;

continued →

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
FILGRASTIM—cont.					
<i>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);</i>					
<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
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
FOSCARNET SODIUM					
<u>Private hospital 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>Private hospital authority required</u>					
<i>Maintenance therapy, after stabilisation with intravenous ganciclovir sodium, of sight-threatening cytomegalovirus retinitis in severely immunocompromised patients;</i>					
<i>Prophylaxis of cytomegalovirus disease in bone marrow and solid organ 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>Private hospital 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>Private hospital authority required</u>					
<i>Sight-threatening cytomegalovirus retinitis in severely immunocompromised patients;</i>					
<i>Prophylaxis of cytomegalovirus disease in bone marrow and solid organ 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>Private hospital 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>					
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**CAUTION:**

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Private hospital 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) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);*
- (2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);*
- (3) 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);*
- (4) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception;*

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

- (1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);*
- (2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis C infection (repeatedly anti-HCV positive and/or HCV RNA positive);*
- (3) No other forms of chronic liver disease;*
- (4) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.*

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

Treatment is to cease if plasma HCV RNA remains detectable by an HCV RNA qualitative assay after 12 weeks of therapy.

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	28.11	Roferon-A	RO
6211X	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	1	42.17	Roferon-A	RO

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
INTERFERON ALFA-2a—cont.					
6212Y	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	1	56.21	Roferon-A	RO
6213B	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	1	84.32	Roferon-A	RO
INTERFERON ALFA-2b					
CAUTION:					
Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.					
Private hospital 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) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);					
(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);					
(3) 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);					
(4) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception;					
Patients with chronic hepatitis C who satisfy all of the following criteria:					
(1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);					
(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis C infection (repeatedly anti-HCV positive and/or HCV RNA positive);					
(3) No other forms of chronic liver disease;					
(4) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.					
The treatment course is limited to 3 million units subcutaneously 3 times weekly for up to 52 weeks.					
Treatment is to cease if plasma HCV RNA remains detectable by an HCV RNA qualitative assay after 12 weeks of therapy.					
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	140.54	Intron A	SH
6245Q	Solution for injection 5,000,000 i.u. in 0.5 mL single dose vial	5	234.23	Intron A	SH
6246R	Solution for injection 10,000,000 i.u. in 1 mL single dose vial	5	468.45	Intron A	SH
6253D	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose cartridge	1	168.64	Intron A Redipen	SH

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
INTERFERON ALFA-2b—cont.					
6218G	Solution for injection 18,000,000 i.u. in 3 mL single dose vial	5	843.21	Intron A	SH
6219H	Solution for injection 25,000,000 i.u. in 2.5 mL single dose vial	5	1171.13	Intron A	SH
6254E	Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose cartridge	1	281.07	Intron A Redipen	SH
6255F	Solution for injection 60,000,000 i.u. in 1.2 mL multi-dose cartridge	1	562.14	Intron A Redipen	SH
INTERFERON GAMMA-1b					
Private hospital authority required					
<i>Treatment of chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.</i>					
6148N	Injection 2,000,000 i.u. in 0.5 mL vial	6	1052.00	Imukin	BY
LAMIVUDINE					
Private hospital authority required					
<i>Patients with chronic hepatitis B who satisfy all of the following criteria:</i>					
<i>(1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);</i>					
<i>(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);</i>					
<i>(3) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.</i>					
<i>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.</i>					
6257H	Tablet 100 mg	28	119.50	Zeffix	GW
6271C	Oral solution 5 mg per mL, 240 mL	1	51.21	Zeffix	GW
Private hospital 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>					
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					
Private hospital 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>					
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					
<u>Private hospital authority required</u>					
<i>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;</i>					
<i>Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent peripheral blood progenitor cell or bone marrow transplantation;</i>					
<i>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in:</i>					
<i>Acute lymphoblastic leukaemia;</i>					
<i>Ewing's sarcoma;</i>					
<i>Germ cell tumours;</i>					
<i>Infants and children with CNS tumours;</i>					
<i>Neuroblastoma;</i>					
<i>Non-Hodgkin's lymphoma (intermediate or high grade);</i>					
<i>Osteosarcoma;</i>					
<i>Relapsed Hodgkin's disease;</i>					
<i>Rhabdomyosarcoma;</i>					
<i>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;</i>					
<i>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.</i>					
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					
<u>Private hospital authority required</u>					
<i>Prophylaxis of renal allograft rejection;</i>					
<i>Prophylaxis of cardiac allograft rejection.</i>					
6208R	Capsule 250 mg	300	534.30	CellCept	RO
6209T	Tablet 500 mg	150	534.30	CellCept	RO
NELFINAVIR MESYLATE					
<u>Private hospital 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>					
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					
<u>Private hospital 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>					
6215D	Tablet 200 mg	60	271.58	Viramune	BY

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
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OCTREOTIDE**Private hospital 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**Private hospital 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					
CAUTION:					
<i>Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.</i>					
CAUTION:					
<i>Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.</i>					
Private hospital authority required					
<i>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 and who satisfy all of the following criteria:</i>					
<i>(1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);</i>					
<i>(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis C infection (repeatedly anti-HCV positive and/or HCV RNA positive);</i>					
<i>(3) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.</i>					
<i>The treatment course is limited to 24 weeks.</i>					
<i>Treatment is to cease if plasma HCV RNA remains detectable by an HCV RNA qualitative assay after 12 weeks of therapy;</i>					
<i>Treatment of chronic hepatitis C in patients previously untreated with interferon alfa-2a/2b and who satisfy all of the following criteria:</i>					
<i>(1) Histological evidence of Metavir (or equivalent index) stage 2, 3 or 4 fibrosis or stage 1 with grade A2 or A3 inflammation, i.e. moderate to severe inflammation evident on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);</i>					
<i>(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis C infection (repeatedly anti-HCV positive and/or HCV RNA positive);</i>					
<i>(3) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.</i>					
<i>The treatment course is limited to 24 weeks, except for patients with genotype 1 hepatitis C and patients with hepatic cirrhosis or bridging fibrosis regardless of genotype, for whom the treatment course is limited to 48 weeks.</i>					
<i>Patients eligible for 48 weeks treatment may only continue therapy if plasma HCV RNA is not detectable by an HCV RNA qualitative assay after the first 24 weeks of therapy.</i>					
NOTE:					
<i>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.</i>					
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	988.24	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	1450.00	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	1677.06	Rebetron Combination Therapy	SH

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
RIFABUTIN					
<u>Private hospital authority required</u>					
<i>Treatment of Mycobacterium avium complex infections in HIV-positive patients; Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.</i>					
6195C	Capsule 150 mg	30	147.00	Mycobutin	PH
RITONAVIR					
<u>Private hospital 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>					
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					
<u>Private hospital 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>					
6248W	Soft gelatin capsule 200 mg	180	227.55	Fortovase	RO
SAQUINAVIR MESYLATE					
<u>Private hospital 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	RO
STAVUDINE					
<u>Private hospital 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>Private hospital 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>					
6328C	Capsule 500 micrograms	100	184.80	Prograf	JC
6216E	Capsule 1 mg	100	369.60	Prograf	JC
6217F	Capsule 5 mg	50	924.00	Prograf	JC
VALACICLOVIR HYDROCHLORIDE					
<u>Private hospital 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

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
ZALCITABINE					
<u>Private hospital 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	RO
6150Q	Tablet 750 micrograms	100	242.18	Hivid	RO
ZIDOVUDINE					
<u>Private hospital 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

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;
Treatment of spasmodic torticollis, either as monotherapy or as adjunctive therapy to current standard care.*

6103F	Lyophilised powder for I.M. injection 100 units vial	1	415.50	Botox	AG
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NOTE:

The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

CLOSTRIDIUM BOTULINUM TYPE A TOXIN— HAEMAGGLUTININ 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 spasmodic torticollis, either as monotherapy or as adjunctive therapy to current standard care.

6293F	Lyophilised powder for I.M. injection 500 units vial	1	650.00	Dysport	IS
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NOTE:

The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
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**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
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**ITEMS AVAILABLE ON APPROVAL OF THE DEPARTMENT OF HEALTH AND AGED CARE
AND DISTRIBUTED BY MANUFACTURERS**

SOMATROPIN

(Recombinant human growth hormone)

Short stature in accordance with the 'Guidelines for the Availability of Human Growth Hormone (hGH) as a Pharmaceutical Benefit'.

NOTE:

These guidelines may be obtained from:

Growth Hormone Program

Pharmaceutical Benefits Branch

Department of Health and Aged Care

GPO Box 9848

CANBERRA ACT 2601

Contact telephone number: (02) 6289 7274

NOTE:

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

6160F	Injection 4 i.u. (1.33 mg) vial with 2 mL diluent (with preservative)	1	66.00	Humatrope	LY
6167N	Injection 1.33 mg (4 i.u.) vial with 1 mL diluent (without preservative)	1	72.33	Saizen 1.33	SG
6166M	Injection 4 i.u. (1.3 mg) in 1 mL cartridge (without preservative)	1	66.00	Genotropin	PH
6162H	Injection 3.33 mg (10 i.u.) vial with 5 mL diluent (with preservative)	1	180.82	Saizen 3.33	SG
6266T	Injection 4 mg (12 i.u.) 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	198.00	Norditropin	NO
6222L	Injection 12 i.u. (4 mg) vial with 2.25 mL diluent cartridge (with preservative)	1	198.00	Norditropin PenSet 12	NO
6295H	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)	1	247.50	Norditropin SimpleXx	NO

continued ➤

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer \$	Proprietary Name and Manufacturer	
SOMATROPIN					
(Recombinant human growth hormone)—cont.					
6164K	Injection 16 i.u. (5.33 mg) vial with 8 mL diluent (with preservative)	1	264.00	Humatrope	LY
6165L	Injection 16 i.u. (5.3 mg) in 1 mL cartridge (with preservative)	1	264.00	Genotropin	PH
6169Q	Injection 18 i.u. (6 mg) cartridge with 3.15 mL diluent (with preservative)	1	297.00	Humatrope	LY
6226Q	Injection 24 i.u. (8 mg) vial with 2.25 mL diluent cartridge (with preservative)	1	396.00	Norditropin PenSet 24	NO
6281N	Injection 8 mg (24 i.u.) vial with 5 mL diluent (with preservative)	1	433.97	Saizen 8	SG
6282P	Injection 8 mg (24 i.u.) vial with 1.37 mL diluent cartridge (with preservative) (for use with Easyject auto-injector)	1	433.97	Saizen 8	SG
6329D	Injection 8 mg (24 i.u.) vial with 1.37 mL diluent cartridge (with preservative) (for use with one.click auto-injector)	1	433.92	Saizen 8 mg click.easy	SG
6296J	Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	1	495.00	Norditropin SimpleXx	NO
6170R	Injection 36 i.u. (12 mg) cartridge with 3.15 mL diluent (with preservative)	1	594.00	Humatrope	LY
6297K	Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)	1	742.50	Norditropin SimpleXx	NO

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	\$0.61
Other Items	25 mL vial	\$0.24

(The 25 mL is the most commonly used size)

FEES:

Dispensing Fee for Ready Prepared Benefits	\$4.68
Dangerous Drug Fee	\$2.61
Additional Fee for Agreed Price Ready Prepared Benefits	\$0.89

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
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EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

3486L	Benzylpenicillin	600 mg with 2 mL sterilised water for injections	5 @ 14.34	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 @ 3.41	PH
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 Sulfate	15,000 i.u.	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
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 @ 3.97	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 @ 208.00	SB
3072Q		250 g	1 @ 157.04	SB
1450H		500 g	1 @ 171.19	UC
2379F	Amino Acid Formula without Phenylalanine, Tyrosine and Methionine	500 g	1 @ 366.08	SB
8479G	Amino Acid Formula with Vitamins, Minerals and Long Chain Polyunsaturated Fatty Acids without Phenylalanine	400 g	1 @ 90.06	SB

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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
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
8466N	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	350 g	1 @ 63.44	AB
8544Q		400 g	1 @ 72.50	AB
2737C		400 g	1 @ 62.84	SB
8467P		325 g	1 @ 88.40	AB
8545R		400 g	1 @ 108.78	AB
2738D		500 g	1 @ 113.36	SB
2739E		500 g	1 @ 176.84	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
8468Q	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	350 g	1 @ 63.44	AB
8546T		400 g	1 @ 72.50	AB
2380G		400 g	1 @ 62.84	SB
8469R		325 g	1 @ 88.40	AB
8547W		400 g	1 @ 108.78	AB
8310J		500 g	1 @ 353.60	SB
8260R		500 g	1 @ 113.36	SB
8057C		500 g	1 @ 176.84	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	AV
1775K	Benzylpenicillin	600 mg	5 @ 8.75	CS
2647H		3 g	5 @ 22.88	CS
2812B	Betamethasone Valerate	200 mcg (base) per g, 100 g	1 @ 4.28	EX,SI
			1 @ 6.28	SH
2820K		200 mcg (base) per g, 100 g	1 @ 4.28	EX
			1 @ 6.28	SH
2544X	Biperiden Hydrochloride	2 mg	100 @ 7.15	KN
1260H	Bisacodyl	10 mg, 10	1 @ 5.59	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 @ 4.37	MM
1153Q	Carbimazole	5 mg	100 @ 9.78	RO
8369L	Carbohydrate, Fat, Vitamins, Minerals and Trace Elements	400 g	1 @ 33.69	SB
8514D	Carbomer 974	3 mg per g, 0.5 g, 30	1 @ 9.57	AQ
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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
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	BG,RO
1785Y		2 g	1 @ 58.20	BG,RO
2964B	Cephalothin	1 g	1 @ 3.91	LY
1257E	Cephazolin	1 g	1 @ 6.59	LY
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 @ 26.38	BQ
1217C	Ciprofloxacin	3 mg per mL, 5 mL	1 @ 11.58	IQ
			1 @ 12.82	AQ
1211R	Clomiphene Citrate	50 mg	5 @ 18.12	FH,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 per mL, 10 mL	1 @ 3.96	RO
1228P	Copper Sulfate	Tablets, 24	1 @ 6.13	BN
1079T	Cyclophosphamide	500 mg	1 @ 11.54	AA
1798P	Cyproheptadine Hydrochloride	4 mg	50 @ 3.33	FR
1270W	Cyproterone Acetate	50 mg	50 @ 142.65	AF,DP,FH, SY
			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	PH
8322B		7,500 units (anti-Xa) in 0.75 mL	15 @ 147.38	PH
8323C		10,000 units (anti-Xa) in 1 mL	15 @ 193.50	PH
2129C	Desmopressin Acetate	100 mcg per mL, 2.5 mL	1 @ 31.99	FP
8032R		10 mcg per actuation, 50 actuators, 5 mL	1 @ 66.57	FP
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @ 4.51	BG,CH,DP, FH,HS,HX, TW
			50 @ 5.51	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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	AV
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,PH,PU
1340M		20 mg in 10 mL	1 @ 71.33	BL,PH,PU
1342P		50 mg in 25 mL	1 @ 164.32	BL,PH,PU
2702F	Doxycycline	100 mg	7 @ 2.77	AF,BG,CH, DP,FH,HS, HX,SI,TW
			7 @ 4.27	PF
2703G		100 mg	7 @ 2.77	BL,CH,FH, HS,TW
			7 @ 4.20	FA
2714W		100 mg	7 @ 2.77	AF,BG,CH, DP,HS,HX, SI,TW
			7 @ 4.27	PF
3199J	Electrolyte Replacement Solution	1 L	1 @ 3.09	BX
8324D	Enoxaparin Sodium	40 mg in 0.4 mL	15 @ 101.16	AV
8325E		60 mg in 0.6 mL	15 @ 140.66	AV
8326F		80 mg in 0.8 mL	15 @ 160.40	AV
8327G		100 mg in 1 mL	15 @ 193.34	AV
8367J	Entacapone	200 mg	100 @ 142.00	NV
1375J	Epirubicin Hydrochloride	10 mg in 5 mL	1 @ 56.00	PH
1376K		20 mg in 10 mL	1 @ 103.90	PH
1377L		50 mg in 25 mL	1 @ 255.63	PH
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 @ 40.23	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 @ 38.67	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	IN
			1 @ 27.84	BN
8176H		Electrode strips, 50	1 @ 24.86	BN
8475C		Electrode strips, 50	1 @ 24.01	BR
8190C		Reagent strips, 50	1 @ 22.43	RD
2919P		Reagent strips, 50	1 @ 22.43	RD

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
2890D	Glucose Indicator—Blood	Reagent strips, 50	1 @ 22.43	NA
8053W		Reagent strips, 50	1 @ 22.43	NA
2914J		Reagent strips, 50	1 @ 19.89	NA
			1 @ 22.43	RD
2889C		Reagent strips, 50	1 @ 22.43	BN
2917M		Reagent strips, 50	1 @ 22.43	BN
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
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 @ 3.41	PH
1511M		250 mg with 2 mL solvent	1 @ 6.16	PH
1501B		100 mg with 2 mL solvent	1 @ 3.41	PH
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	PH
2448W		10 mg	1 @ 151.07	PH
2450Y		25 mg	1 @ 377.18	PH
8076C	Ifosfamide	1 g	1 @ 52.61	AA
8077D		2 g	1 @ 97.30	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	AS
1533Q		100 units per mL, 10 mL	1 @ 26.32	LY,NO
1761Q		100 units per mL, 3 mL, 5	1 @ 44.91	LY,NI,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	AS
1531N		100 units per mL, 10 mL	1 @ 26.32	LY,NO
1762R		100 units per mL, 3 mL, 5	1 @ 44.91	LY,NL,NO
1426C	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)	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
8006J		100 units (20 units- 80 units) per mL, 3 mL, 5	1 @ 44.91	LY,NL,NO
1763T		100 units (30 units- 70 units) per mL, 3 mL, 5	1 @ 44.91	LY,NI,NL,NO

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2062M	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) (Biphasic Isophane)	100 units (50 units- 50 units) per mL, 3 mL, 5	1 @ 44.91	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
8180M	Interferon Alfa-2a	3,000,000 i.u. in 0.5 mL	1 @ 32.48	RO
8181N		3,000,000 i.u. in 0.5 mL	1 @ 32.48	RO
8182P		4,500,000 i.u. in 0.5 mL	1 @ 50.45	RO
8183Q		6,000,000 i.u. in 0.5 mL	1 @ 66.06	RO
8184R		9,000,000 i.u. in 0.5 mL	1 @ 97.44	RO
8275M	Interferon Alfa-2b	3,000,000 i.u. in 0.5 mL	5 @ 162.40	SH
8276N		3,000,000 i.u. in 0.5 mL	5 @ 162.40	SH
8277P		5,000,000 i.u. in 0.5 mL	5 @ 270.66	SH
8348J		18,000,000 i.u. in 1.2 mL	1 @ 194.88	SH
8476D		30,000,000 i.u. in 1.2 mL	1 @ 324.79	SH
1540C	Ipratropium Bromide	20 mcg (anhydrous) per dose (200 doses)	1 @ 15.84	BY
8279R		20 mcg (anhydrous) per dose (200 doses)	1 @ 24.20	BY
1542E		250 mcg (anhydrous) in 1 mL, 30	1 @ 23.96	AF,BL,CH, DP,FH,HS, PU,TW
			1 @ 24.20	BY
8238N		500 mcg (anhydrous) in 1 mL, 30	1 @ 28.31	AF,PU
1541D		250 mcg (anhydrous) per mL, 20 mL	1 @ 28.60	BY
			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
2588F		5 mg	100 @ 4.35	AY
1588N	Ketoprofen	100 mg	20 @ 8.32	AV
2913H	Levonorgestrel	30 mcg	1 @ 2.61	SC,WY
1455N	Levonorgestrel with Ethinylloestradiol	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,WY
1394J		Tablet-Pack	1 @ 2.61	AY,SY
			1 @ 4.58	SC,WY
3186Q		250 mcg-50 mcg	1 @ 2.61	WY
3188T		Tablet-Pack	1 @ 2.61	WY
1458R		Tablet-Pack	1 @ 2.61	SC,WY
1391F		Tablet-Pack	1 @ 4.58	SC,WY
1392G		Tablet-Pack	1 @ 2.61	AY,SY
			1 @ 4.58	SC,WY
2875H	Lignocaine Hydrochloride	100 mg in 5 mL	1 @ 3.62	AP
3059B	Lithium Carbonate	250 mg	100 @ 3.55	AS
8290H		450 mg (s.r.)	100 @ 11.02	SK
1598D	Mercaptopurine	50 mg	25 @ 24.62	GW
1620G	Methenolone Acetate	5 mg	50 @ 33.61	SC
2826R	Methysergide	1 mg	50 @ 19.35	NV
1638F	Metronidazole	500 mg in 100 mL	1 @ 4.83	BX
8282X	Milk Powder—Lactose Free Formula	900 g	1 @ 14.28	WY
2350Q		900 g	1 @ 15.66	SJ
8283Y		900 g	1 @ 14.28	WY

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
2349P	Milk Powder—Lactose Free Formula	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
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	AS
2732T	Nitrazepam	5 mg	25 @ 1.98	AF
			25 @ 4.00	ID
1967M	Norethisterone	350 mcg	1 @ 2.61	JC,KR
			1 @ 3.61	PH
2772X	Norethisterone with Ethinyloestradiol	500 mcg-35 mcg	1 @ 4.60	PH
2774B		Tablet-Pack	1 @ 2.61	KR
			1 @ 4.60	PH
2773Y		1 mg-35 mcg	1 @ 4.60	PH
2775C		Tablet-Pack	1 @ 2.61	KR
			1 @ 4.60	PH
2776D		Tablet-Pack	1 @ 2.61	KR
			1 @ 4.60	PH
3176E	Norethisterone with Mestranol	1 mg-50 mcg	1 @ 2.61	PH
3179H		Tablet-Pack	1 @ 2.61	PH
1776L	Oestriol	1 mg	30 @ 3.01	OR
8383F	Ofloxacin	3 mg per mL, 5 mL	1 @ 11.58	AG
3134Y	Oxazepam	15 mg	25 @ 1.31	AF
			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 @ 232.25	BQ,FA
8018B		100 mg in 16.7 mL	1 @ 782.17	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
2356B		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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2642C	Potassium Chloride	600 mg	100 @ 3.05	AF,AS,NV
1920C	Prednisolone Sodium Phosphate	equiv. to 20 mg prednisolone in 100 mL	7 @ 17.71	SI
2554K		equiv. to 5 mg prednisolone, 10	1 @ 6.16	SI
2653P	Procainamide Hydrochloride	250 mg	100 @ 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
2676W	Protein Hydrolysate Formula with Medium Chain Triglycerides	400 g	1 @ 11.87	NT
8259Q		450 g	1 @ 12.71	NU
8284B	Raltitrexed	2 mg	1 @ 292.75	AP
8161M	Ranitidine Hydrochloride	150 mg (base) per 10 mL, 300 mL	1 @ 9.71	GW
8162N		150 mg (base) per 10 mL, 300 mL	1 @ 9.71	GW
8904P		150 mg (base) per 10 mL, 300 mL	1 @ 9.71	GW
8905Q		150 mg (base) per 10 mL, 300 mL	1 @ 9.71	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,AW
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,CH,FH, HS,PU,TW
2001H		5 mg (base) in 2.5 mL, 30	1 @ 10.81	GW
2001H			1 @ 10.27	AF,CH,FH, HS,PU,TW
2003K		5 mg (base) per mL, 30 mL	1 @ 11.37	GW
2014B	Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate	1 g-320 mg-534 mg in 20 mL, 500 mL	1 @ 3.45	PU
2264E	Sodium Chloride	154 mmol per L, 1 L	1 @ 4.46	GW
2260Y		513 mmol per L, 1 L	1 @ 3.85	RC
2266G	Sodium Chloride Compound	1 L	1 @ 1.87	BX
2281C	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @ 3.09	BX
2279Y		19 mmol-104 mmol per 500 mL, 500 mL	1 @ 2.97	BX
2278X		39 mmol-69 mmol per 500 mL, 500 mL	1 @ 1.87	BX
1124E	Sodium Cromoglycate	20 mg in 2 mL	1 @ 2.55	BX
2286H	Sodium Lactate Compound	1 L	1 @ 2.55	BX
2294R	Sodium Valproate	100 mg	60 @ 26.90	AV,PU
2289L		200 mg (e.c.)	1 @ 1.87	BX
2290M		500 mg (e.c.)	100 @ 12.46	SW
2293Q			100 @ 16.14	AF
2295T			100 @ 16.80	SW
			100 @ 31.93	AF
			100 @ 32.75	SW
			1 @ 14.08	SW
			1 @ 14.08	SW

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
2091C	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate	3.125 g-450 mg-45 mg in 5 mL, 12	1 @ 13.09	PH
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 @ 19.25	PH
2096H		500 mg (e.c.)	100 @ 21.18	KR
			100 @ 22.00	PH
2047R	Sulindac	100 mg	50 @ 5.01	AF
2109B	Tamoxifen Citrate	10 mg (base)	30 @ 24.68	AP
2110C		20 mg (base)	30 @ 42.47	SI
			30 @ 42.79	AP
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 @ 2.55	LE
2146Y	Tetracycline Hydrochloride (Buffered)	250 mg	25 @ 2.66	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	AS
2117K	Triamcinolone Acetonide	200 mcg per g, 100 g	1 @ 4.28	LE
2118L		200 mcg per g, 100 g	1 @ 4.28	LE
3128P	Triglycerides, Medium Chain	500 mL	1 @ 16.50	SB
8478F	Triglycerides—Medium Chain, Formula	400 g	1 @ 39.49	SB
3136C	Triglycerides, Medium Chain and Long Chain with Glucose Polymer	400 g	1 @ 31.44	SB
8133C	Valaciclovir Hydrochloride	500 mg (base)	10 @ 58.66	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
2199R		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 @ 89.58	AA
8281W		50 mg (base) in 5 mL	1 @ 374.77	AA

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY				
3398W	Benzylpenicillin	600 mg	5 @ 8.75	CS
3399X		3 g	5 @ 22.88	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	BG,CH,DP, FH,HS,HX, TW
			50 @ 5.51	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 @ 3.41	PH
5119K		250 mg with 2 mL solvent	1 @ 6.16	PH
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	AV
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	Phenoxymethylpenicillin	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	0.32	2.52	22.42
Acetone	BP	0.01	0.05	0.36	3.18
(use as additive only)					
ACIDS					
Acetic (6 per cent)	BP	0.01	0.01	0.07	0.62
Acetic (33 per cent)	BP	0.01	0.03	0.23	2.02
Ascorbic	BP	0.02	0.19	1.48	13.12
(use as ingredient of Mixtures of Ferrous Sulfate APF)					
Benzoic	BP	0.02	0.12	0.96	8.49
Boric	BP	0.01	0.07	0.57	5.11
(use as additive only)					
Citric Monohydrate	BP	0.01	0.04	0.31	2.77
Hydrochloric Dilute	BP	0.01	0.07	0.57	5.04
Lactic	BP	0.04	0.28	2.21	19.62
Salicylic	BP	0.02	0.12	0.92	8.15
Trichloroacetic	BP 1980	0.17	1.35	10.78	95.85
Alum	BP	0.01	0.05	0.40	3.52
Aspirin	BP	0.01	0.11	0.86	7.60
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	0.32	2.58	20.60	183.11
(use as additive only)					
Chlorinated Lime	BP	0.01	0.07	0.59	5.28
Chloroform	BP	0.01	0.05	0.39	3.49
(use as additive only)					
Cocaine Hydrochloride	BP	3.42	27.34	218.68	1943.86
Codeine Phosphate	BP	0.63	5.07	40.52	360.19
(may only be prescribed in linctuses, mixtures or mixtures for children)					
Collodion Flexible	BP	0.03	0.21	1.66	14.79
CREAMS					
Aqueous	APF	0.01	0.02	0.14	1.21
(for use only as a base combined with active ingredients)					
Cetomacrogol Aqueous	APF	0.01	0.02	0.19	1.71
(for use only as a base combined with active ingredients)					
Cetrimide Aqueous	APF	0.01	0.07	0.56	4.94
(for use only as a base combined with active ingredients)					
Chlorhexidine Aqueous	APF	0.02	0.14	1.10	9.75
(for use only as a base combined with active ingredients)					
Zinc	BP	0.01	0.04	0.35	3.12
(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	2.11	16.90	135.17	1201.50
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.23	1.86	14.89	132.32
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.01	0.11	0.95
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.02	0.17	1.50
Ether Solvent (use as additive only)	BP	0.01	0.09	0.70	6.20
EXTRACT					
Liquorice Liquid	BP	0.02	0.17	1.32	11.70
Ferrous Sulfate	BP	0.01	0.11	0.89	7.88
Glycerol	BP	0.01	0.04	0.29	2.56
Honey Purified (use as additive only)	BP 1993	0.01	0.01	0.08	0.68
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.01	0.09	0.70	6.26
Iodine	BP	0.10	0.80	6.40	56.87
Kaolin, Light or Kaolin, Light (Natural)	BP	0.01	0.03	0.27	2.36
Magnesium Carbonate Light	BP	0.01	0.07	0.55	4.88
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	0.08	0.67	6.00
Menthol, Racemic or Levomenthol	BP	0.14	1.15	9.17	81.48
Methyl Hydroxybenzoate	BP	0.10	0.80	6.41	57.01
MUCILAGES					
Acacia (by weight)	APF 13	0.02	0.15	1.21	10.79
Tragacanth	APF 13	0.01	0.03	0.28	2.45
Tragacanth	BPC 1973	0.01	0.03	0.23	2.03
OILS					
Castor (use as additive only)	BP	0.01	0.04	0.28	2.45
Coconut	BP	0.01	0.08	0.65	5.75
Eucalyptus (use as additive only)	BP	0.01	0.06	0.50	4.48
Lavender Spike	BPC 1968	0.05	0.39	3.11	27.66
Olive (use as additive only)	BP	0.01	0.03	0.23	2.08
Peppermint (use as additive only)	BP	0.07	0.52	4.12	36.59
OINTMENTS					
Benzoic Acid Compound	APF	0.01	0.07	0.52	4.60
Emulsifying (for use only as a base combined with active ingredients)	BP	0.01	0.05	0.38	3.41

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	0.27	2.36
Paraffin (yellow) (for use only as a base combined with active ingredients)	BP 1968	0.01	0.04	0.30	2.66
Salicylic Acid	APF	0.01	0.07	0.54	4.80
Salicylic Acid	BP	0.01	0.07	0.54	4.80
Simple (white) (for use only as a base combined with active ingredients)	BP	0.01	0.10	0.79	7.01
Simple (yellow) (for use only as a base combined with active ingredients)	BP	0.01	0.10	0.79	7.01
Sulfur (for use only as a base combined with active ingredients)	BP 1980	0.01	0.10	0.77	6.83
Wool Alcohols (white) (for use only as a base combined with active ingredients)	BP	0.01	0.11	0.86	7.66
Wool Alcohols (yellow) (for use only as a base combined with active ingredients)	BP	0.01	0.11	0.86	7.66
Zinc	BP	0.01	0.09	0.70	6.19
Paraffin Hard	BP	0.01	0.04	0.32	2.87
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.01	0.02	0.17	1.54
Paraffin Light Liquid	BP	0.01	0.02	0.12	1.04
Paraffin Soft White	BP	0.01	0.03	0.20	1.78
Paraffin Soft Yellow	BP	0.01	0.03	0.24	2.10
PASTES					
Zinc Compound	BP	0.02	0.14	1.13	10.04
Zinc and Salicylic Acid	BP	0.02	0.18	1.40	12.48
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	0.28	2.24	17.92	159.25
Phenol Liquefied (not available for ear drops)	BP	0.04	0.33	2.62	23.28
Podophyllum Resin	BP	0.19	1.54	12.29	109.27
Potassium Citrate	BP	0.01	0.06	0.49	4.34
Potassium Iodide	BP	0.04	0.29	2.35	20.92
Potassium Permanganate	BP	0.01	0.06	0.45	4.04
POWDER					
Tragacanth Compound	BP 1980	0.04	0.32	2.56	22.73
Propyl Hydroxybenzoate	BP	0.04	0.33	2.65	23.52
Propylene Glycol	BP	0.01	0.09	0.71	6.29
Resorcinol	BP	0.04	0.31	2.51	22.31
Sodium Bicarbonate	BP	0.01	0.02	0.17	1.54
Sodium Chloride	BP	0.01	0.04	0.30	2.69
Sodium Citrate	BP	0.01	0.05	0.41	3.63

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	0.05	0.39	3.45
SOLUTIONS					
Aluminium Acetate	BP	0.01	0.09	0.69	6.13
Benzoic Acid	BP	0.01	0.08	0.67	5.94
Calcium Hydroxide	BP	0.01	0.01	0.06	0.44
Coal Tar	BP	0.01	0.07	0.53	4.68
Formaldehyde	BP	0.01	0.04	0.28	2.53
Hydroxybenzoate Compound	APF	0.04	0.33	2.60	23.09
Iodine Alcoholic	BP	0.01	0.10	0.78	6.95
Iodine Aqueous Oral	BP	0.01	0.09	0.73	6.46
Methyl Hydroxybenzoate	APF	0.02	0.14	1.16	10.29
Sodium Chloride	BP	0.01	0.01	0.04	0.35
SPIRITS					
Ammonia Aromatic	BP	0.01	0.06	0.45	3.98
Chloroform	BP	0.01	0.02	0.13	1.15
Methylated Industrial (use as additive only)	BP	0.01	0.02	0.15	1.30
Starch	BP	0.01	0.05	0.37	3.32
Sulfur Precipitated	BP 1980	0.01	0.07	0.52	4.63
SYRUPS					
Orange	BP	0.01	0.07	0.56	4.99
Pholcodine Citrate (use as additive only)	BPC 1959	0.01	0.06	0.50	4.41
Red	APF 15	0.01	0.09	0.71	6.31
Syrup	BP	0.01	0.07	0.56	4.95
Talc Purified, sterilised	BP	0.01	0.07	0.54	4.84
Tar Coal	BP	0.03	0.21	1.68	14.97
Thymol	BP	0.09	0.69	5.51	48.97
Thymol Mouth Wash Compound	APF 15	0.01	0.06	0.44	3.87
TINCTURES					
Belladonna	BP	0.02	0.13	1.07	9.49
Benzoin Compound	BP	0.01	0.09	0.71	6.27
Ipecacuanha	BP	0.02	0.19	1.48	13.16
Opium	BP	0.05	0.43	3.47	30.87
Orange	BP	0.01	0.07	0.57	5.08
Tragacanth, powdered	BP	0.17	1.33	10.65	94.63
Triethanolamine	BP	0.01	0.09	0.74	6.58
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.01	0.04	0.34	2.98
Chloroform Concentrated 1 in 40	APF 15	0.01	0.02	0.12	1.05
For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	..	7.43
Peppermint Concentrated 1 in 40 (use as additive only)	APF 16	0.02	0.12	0.93	8.25
Purified	BP	0.01	0.01	0.04	0.31
Wool Fat	BP	0.01	0.06	0.48	4.24
Wool Fat Hydrous	BP	0.01	0.06	0.44	3.93
Zinc Oxide	BP	0.01	0.06	0.45	3.97
Zinc Sulfate	BP	0.01	0.08	0.63	5.58

Container Prices

	\$
DISPENSING BOTTLES—	
25 mL	0.37
50 mL	0.36
100 mL	0.38
200 mL	0.45
500 mL	0.90
POISON BOTTLES—	
25 mL	0.37
50 mL	0.40
100 mL	0.46
200 mL	0.65
500 mL	0.99
SCREW CAP JARS—	
25 g	0.43
50 g	0.55
100 g	0.50
200 g	0.53
500 g	1.03
DROPPER CONTAINERS—	
15 mL polythene	0.52
15 mL glass	0.78

Dispensing Fee for Extemporaneously Prepared Benefits

\$6.59

Additional Fee for Agreed Price Extemporaneously Prepared Benefits

\$1.27

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	8.63	9.90
	DUSTING POWDERS (Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF 15 & BPC 1973	11.88	13.15
	EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	7.67	8.94
7643G	Aluminium Acetate	BP	7.89	9.16
7314Y	Sodium Bicarbonate	APF & BP	7.35	8.62
7313X	Spirit	APF	7.26	8.53

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	11.69	12.96
7308P	Menthol	APF	8.69	9.96
7310R	Menthol and Eucalyptus	BP 1980	8.87	10.14
LINCTUSES CONTAINING CODEINE PHOSPHATE (Maximum Quantity 100 mL and no Repeats)				
7530H	Codeine	APF	14.74	16.01
LOTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7709R	Aluminium Acetate Aqueous	APF	7.84	9.11
MIXTURES, OTHER (Maximum Quantity 200 mL and 4 Repeats)				
7604F	Gentian Alkaline	APF	9.82	11.09
7599Y	Gentian Alkaline (extemporaneous formula)	BP	9.19	10.46
7348R	Kaolin	BPC 1968	9.56	10.83
7301G	Kaolin and Opium	APF 14	13.12	14.39
7342K	Magnesium Trisilicate	BPC 1968	9.63	10.90
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	10.64	11.91
MOUTH WASHES (Maximum Quantity 200 mL and 1 Repeat)				
7457L	Thymol Compound	APF 15	14.98	16.25
OINTMENTS (Maximum Quantity 100 g and 1 Repeat)				
7914M	Benzoic Acid Compound	APF	11.69	12.96
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	11.69	12.96
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	11.77	13.04
7926E	Salicylic Acid	APF	11.89	13.16
7928G	Salicylic Acid (extemporaneous formula)	BP	11.89	13.16
PAINTS (Maximum Quantity 25 mL and 1 Repeat)				
7567G	Podophyllin Compound	APF 16 & BP	14.52	15.79
7568H	Salicylic Acid	APF	11.41	12.68
PASTES, OTHER (Maximum Quantity 100 g and 1 Repeat)				
7558T	Zinc Compound	APF	17.13	18.40
7558T	Zinc Compound (extemporaneous formula)	BP	17.13	18.40
POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)				
7545D	Magnesium Trisilicate	BP	13.12	14.39
SOLUTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7539T	Calcium Hypochlorite (Eusol)	APF 15	8.17	9.44

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 2001

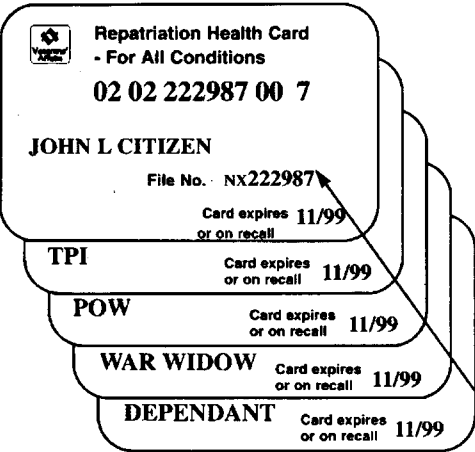
The benefits listed in this Schedule may only be prescribed for Department of Veterans' Affairs beneficiaries holding a:

- 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' Affairs

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

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

Introduction

The Australian Repatriation System

1. The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. For certain cases, treatment is also provided for injuries which are not service related or occurred as a result of non-war service.
2. Entitlement to compensation is determined by independent statutory authorities constituted under the *Veterans' Entitlements Act 1986*. The Department of Veterans' Affairs is responsible for the administration of these compensatory benefits, which include pensions and other allowances, and entitlement to treatment.

RPBS prescribing provisions

3. Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme prescriptions are to conform to the requirements of Pharmaceutical Benefits Scheme prescriptions, as detailed in Section 1 (Explanatory Notes) of the PBS Schedule. The prescriber shall ensure that the prescription form contains the following details:
 - the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
 - the patient's name and full address;
 - the prescription date;
 - the DVA file number of the patient as evidence of entitlement;
 - in the case of authority prescriptions, the telephone approval number
 - the item, 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 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 and any applicable brand premium. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge, subject to any brand premium applicable. The Health Insurance Commission will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution and/or brand premium if applicable.

Therapeutic Group Premiums – Authority Processing

31. 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 2001 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 — Brands

- 4795J **Dressing—Foam—Moderate Exudate**, dressings 10 cm x 10 cm, 10 (Lyof foam Extra 603088)

DELETIONS

Deletions — Items

- 4655B **Bandage—Compression**, bandage, short stretch, 10 cm x 5 m (Tensolan 66000012)
 4666N **Bandage—Tubular**, bandage, lightweight, 7.5 cm x 1 m (Tensogrip 104320)
 4079Q **Budesonide**, aqueous nasal spray (pump pack) 100 micrograms per dose (200 doses) (Budamax Aqueous; Rhinocort Aqueous)
 4879T **Dressing—Foam—Moderate Exudate**, dressing 10 cm x 10 cm (Lyof foam Extra 603050)
 (Note: this item has been replaced by Lyof foam Extra 603088 brand — see Additions)

Deletions — Brands

- 4719J **Bandage—Retention—Cohesive—Light**, bandage 6 cm x 4 m (Easifix Cohesive 5870)
 (Note: this brand has merged with Handygauze Cohesive 8633 brand)

ALTERATIONS

Alterations — Pack Size, Maximum Quantity, Proprietary Name and Manufacturer's Code

- 4862X **Dressing—Non-adherent**, dressings 10 cm x 10 cm
 From: Max. Qty 3 (packs of 3) Hansaplast Non-Stick Wound Pad 76300, BE
 To: Max. Qty 2 (packs of 5) Cutilin Non-Stick Wound Pad 76300, SN

Alterations — Pack Size, Maximum Quantity and Proprietary Name

- 4892L **Dressing—Foam with Charcoal (Malodorous Wound)**, dressings 10 cm x 10 cm
 From: Pack of 25 Maximum quantity #1 Lyof foam C 603010
 To: Pack of 10 Maximum quantity 2 Lyof foam C 603025
 4878R **Dressing—Foam—Light Exudate**, dressing 20 cm x 15 cm
 From: Pack of 1 Maximum quantity 5 Lyof foam 603007
 To: Pack of 10 Maximum quantity #1 Lyof foam Flat 603095
 4880W **Dressing—Foam—Moderate Exudate**, dressing 20 cm x 15 cm
 From: Pack of 1 Maximum quantity 5 Lyof foam Extra 603052
 To: Pack of 10 Maximum quantity #1 Lyof foam Extra 603090

Alterations — Pack Size, Number of Repeats and Proprietary Name

- 4890J **Dressing—Foam—Light Exudate**, dressings 7.5 cm x 7.5 cm
 From: Pack of 5 Number of repeats 3 Lyof foam 603001
 To: Pack of 10 Number of repeats 1 Lyof foam Flat 603092
 4891K **Dressing—Foam—Light Exudate**, dressings 10 cm x 10 cm
 From: Pack of 5 Number of repeats 3 Lyof foam 603002
 To: Pack of 10 Number of repeats 1 Lyof foam Flat 603093

Alterations — Proprietary Name and Manufacturer's Code

4718H	Bandage—Retention—Cohesive—Light , bandages 2.5 cm x 4 m, 2	
	From: <i>Handygauze 8631, BE</i>	To: <i>Handygauze Cohesive 8631, BV</i>
4719J	Bandage—Retention—Cohesive—Light , bandage 6 cm x 4 m	
	From: <i>Handygauze 8633, BE</i>	To: <i>Handygauze Cohesive 8633, BV</i>
4662J	Bandage—Retention—Cohesive—Light , bandage 10 cm x 4 m	
	From: <i>Easifix Cohesive 5872, SN</i>	To: <i>Handygauze Cohesive 8635, BV</i>
4727T	Bandage—Retention—Cotton Crepe , bandage 5 cm x 2.3 m	
	From: <i>Elastocrepe 300501, SN</i>	To: <i>Elastocrepe 36102520, BV</i>
4728W	Bandage—Retention—Cotton Crepe , bandage 7.5 cm x 2.3 m	
	From: <i>Elastocrepe 307501, SN</i>	To: <i>Elastocrepe 36102420, BV</i>
4729X	Bandage—Retention—Cotton Crepe , bandage 10 cm x 2.3 m	
	From: <i>Elastocrepe 301001, SN</i>	To: <i>Elastocrepe 36102320, BV</i>
4667P	Bandage—Tubular , bandage, lightweight, 8.75 cm x 1 m	
	From: <i>Tensogrip 104420, SN</i>	To: <i>Tensogrip 36361259, BV</i>
4898T	Dressing—Film Island , dressings 5 cm x 7.2 cm, 5	
	From: <i>Hansaplast Waterproof 76309, BE</i>	To: <i>Cutifilm Plus 76309, SN</i>
4899W	Dressing—Film Island , dressings 8 cm x 10 cm, 5	
	From: <i>Hansaplast Waterproof 76308, BE</i>	To: <i>Cutifilm Plus 76308, SN</i>
4767X	Gauze and Cotton Tissue (Combine Roll) , wrapped pack 9 cm x 10 m	
	From: <i>SN 121054A, SN</i>	To: <i>BV 36121054, BV</i>
4863Y	Tapes—Non-woven Retention (Polyacrylate) , roll 2.5 cm x 10 m	
	From: <i>Hypafix 104020, SN</i>	To: <i>Hypafix 36104020, BV</i>
4916R	Tapes—Non-woven Retention (Polyacrylate) , roll 5 cm x 10 m	
	From: <i>Hypafix 104120, SN</i>	To: <i>Hypafix 36104120, BV</i>
4735F	Tapes—Plaster Adhesive Elastic , roll 10 cm x 2.5 m	
	From: <i>Elastoplast 36001004, SN</i>	To: <i>Elastoplast 1004, BV</i>

Alterations — Proprietary Name

4663K	Bandage—Tubular , bandage, straight, size C	
	From: <i>Handyplast 2225</i>	To: <i>Hansaplast 2225</i>
4664L	Bandage—Tubular , bandage, straight, size D	
	From: <i>Handyplast 2226</i>	To: <i>Hansaplast 2226</i>
4665M	Bandage—Tubular , bandage, straight, size E	
	From: <i>Handyplast 2227</i>	To: <i>Hansaplast 2227</i>
4935R	Dressing with Cadexomer Iodine , sachets 5 g (6 cm x 4 cm), 5	
	From: <i>Iodoflex 66051330</i>	To: <i>Iodosorb 66051330</i>
4936T	Dressing with Cadexomer Iodine , sachets 10 g (8 cm x 6 cm), 3	
	From: <i>Iodoflex 66051340</i>	To: <i>Iodosorb 66051340</i>
4937W	Dressing with Cadexomer Iodine , sachets 17 g (10 cm x 8 cm), 2	
	From: <i>Iodoflex 66051360</i>	To: <i>Iodosorb 66051360</i>
4860T	Dressing—Non-adherent , dressings 5 cm x 5 cm, 5	
	From: <i>Hansaplast Non-Stick Wound Pad 76301</i>	To: <i>Cutilin Non-Stick Wound Pad 76301</i>

Alterations — Manufacturer's Code

		From	To
4651T	Bandage—Absorbent Wool , bandage (natural, non-sterile) 10 cm x 2.7 m (<i>Soffban 7224</i>)	SN	BV
4717G	Bandage—Calico , bandage, triangular, large (<i>Handy 5608</i>)	BE	BV
4654Y	Bandage—Compression , bandage, short stretch, 8 cm x 5 m (<i>Comprilan 1027</i>)	BE	BV

4736G	Bandage—Compression , bandage, high stretch, 7.5 cm x 3 m (<i>Tensopress 66004347</i>)	SN	BV
4748X	Bandage—Compression , bandage, high stretch, 10 cm x 3 m (<i>Tensopress 66004348</i>)	SN	BV
4657D	Bandage—Compression , bandage, high stretch, 10 cm x 3.5 m (<i>Eloflex 2480</i>)	BE	BV
4659F	Bandage—Retention—Cohesive—Heavy , bandage 7.5 cm x 3 m (<i>Coplus 3629</i>)	SN	BV
4749Y	Bandage—Zinc Paste , bandage 8 cm x 5 m (compression) (<i>Gelocast Elastic 1080</i>)	BE	BV
4707R	Dressing—Gauze (Absorbent Pad) , pads 5 cm x 5 cm, 100 (<i>Handy 5672</i>)	BE	BV
4708T	Dressing—Gauze (Absorbent Pad) , pads 10 cm x 10 cm, 100 (<i>Handy 5674</i>)	BE	BV
4918W	Dressing—Hydroactive (Cavity Wound) , dressings 5 cm x 6 cm, 10 (<i>Cutinova Cavity 47571</i>)	BE	SN
4919X	Dressing—Hydroactive (Cavity Wound) , dressings 10 cm x 10 cm, 5 (<i>Cutinova Cavity 47573</i>)	BE	SN
4905E	Dressing—Hydroactive (Superficial Wound—Light Exudate) , dressings 5 cm x 6 cm, 10 (<i>Cutinova Thin 47576</i>)	BE	SN
4906F	Dressing—Hydroactive (Superficial Wound—Light Exudate) , dressings 10 cm x 10 cm, 5 (<i>Cutinova Thin 47578</i>)	BE	SN
4885D	Dressing—Hydroactive (Superficial Wound—Moderate Exudate) , dressings 5 cm x 6 cm, 10 (<i>Cutinova Hydro 47441</i>)	BE	SN
4886E	Dressing—Hydroactive (Superficial Wound—Moderate Exudate) , dressings 10 cm x 10 cm, 5 (<i>Cutinova Hydro 47443</i>)	BE	SN
4222F	Fluorouracil , cream 50 mg per g (5%), 20g (<i>Efudix</i>)	DT	ID
4772E	Gloves Plastic (Disposable) , gloves, small, 100 (<i>Handy 4207</i>)	BE	BV
4773F	Gloves Plastic (Disposable) , gloves, medium, 100 (<i>Handy 4208</i>)	BE	BV
4774G	Gloves Plastic (Disposable) , gloves, large, 100 (<i>Handy 4209</i>)	BE	BV
4458P	Sodium Bicarbonate , capsule 840 mg (<i>Sodibic</i>)	AV	AS
4780N	Tapes—Plaster Adhesive Elastic , roll 2.5 cm x 2.5 m (<i>Leukoplast 1071</i>)	BE	BV
4781P	Tapes—Plaster Adhesive Elastic , roll 5 cm x 2.5 m (<i>Leukoplast 1072</i>)	BE	BV
4782Q	Tapes—Plaster Adhesive Elastic , roll 7.5 cm x 2.5 m (<i>Leukoplast 1073</i>)	BE	BV
4783R	Tapes—Plaster Adhesive Hypoallergenic , roll 1.25 cm x 5 m (<i>Leukopor 2471</i>)	BE	BV
4785W	Tapes—Plaster Adhesive Hypoallergenic , roll 1.25 cm x 5 m (<i>Leukosilk 1021</i>)	BE	BV
4794H	Tapes—Plaster Adhesive Hypoallergenic , roll 2.5 cm x 5 m (<i>Leukopor 2472</i>)	BE	BV
4787Y	Tapes—Plaster Adhesive Hypoallergenic , roll 2.5 cm x 5 m (<i>Leukosilk 1022</i>)	BE	BV
4788B	Tapes—Plaster Adhesive Hypoallergenic , stretch roll 5 cm x 5 m (<i>Leukoflex 1124</i>)	BE	BV
4790D	Tapes—Plaster Adhesive Hypoallergenic , roll 5 cm x 5 m (<i>Leukopor 2474</i>)	BE	BV
4789C	Tapes—Plaster Adhesive Hypoallergenic , roll 5 cm x 5 m (<i>Leukosilk 1024</i>)	BE	BV

ADVANCE NOTICES

Advance Notices — Deletion of Items

The following item will be deleted from the Repatriation Schedule of Pharmaceutical Benefits on 1 February 2002:

4129H **Benzotropine Mesylate**, tablet 0.5 mg (*Cogentin*) (Item discontinued by manufacturer)

**Therapeutic Index
for
RPBS Schedule**

ALIMENTARY TRACT AND METABOLISM 324

STOMATOLOGICAL PREPARATIONS 324

Stomatological preparations 324

ANTACIDS, DRUGS FOR TREATMENT OF PEPTIC ULCER AND FLATULENCE 324

*Antacids 324**Drugs for treatment of peptic ulcer 324*

ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES 326

*Synthetic antispasmodic and anticholinergic agents 326**Belladonna and derivatives, plain 326*

LAXATIVES 327

Laxatives 327

VITAMINS 328

*Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂ 328**Vitamin B-complex, incl. combinations 328**Ascorbic acid (vitamin C), incl. combinations 328*

MINERAL SUPPLEMENTS 328

*Other mineral supplements 328***BLOOD AND BLOOD FORMING ORGANS 328**

ANTITHROMBOTIC AGENTS 328

Antithrombotic agents 328

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 329

*Irrigating solutions 329***CARDIOVASCULAR SYSTEM 329**

VASOPROTECTIVES 329

Antihemorrhoidals for topical use 329

CALCIUM CHANNEL BLOCKERS 330

Selective calcium channel blockers with mainly vascular effects 330

AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM 330

*ACE inhibitors, plain 330***DERMATOLOGICALS 330**

ANTIFUNGALS FOR DERMATOLOGICAL USE 330

*Antifungals for topical use 330**Antifungals for systemic use 331*

EMOLLIENTS AND PROTECTIVES 332

*Emollients and protectives 332**Protectives against UV-radiation 332*

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC. 333

Antipruritics, incl. antihistamines, anesthetics, etc. 333

ANTIPSORIATICS 333

Antipsoriatics for topical use 333

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE 333

*Antibiotics for topical use 333**Chemotherapeutics for topical use 334*

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 334

*Corticosteroids, plain 334**Corticosteroids, combinations with antibiotics 334*

ANTISEPTICS AND DISINFECTANTS 335

Antiseptics and disinfectants 335

OTHER DERMATOLOGICAL PREPARATIONS 335

*Other dermatological preparations 335***GENITO URINARY SYSTEM AND SEX HORMONES 336**

GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS 336

Antiinfectives and antiseptics, excl. comb. with corticosteroids 336

OTHER GYNECOLOGICALS 337

Other gynecologicals 337

THERAPEUTIC INDEX

UROLOGICALS 337

Other urologicals, incl. antispasmodics 337

Drugs used in benign prostatic hypertrophy 338

GENERAL ANTIINFECTIVES FOR SYSTEMIC USE 338**ANTIBACTERIALS FOR SYSTEMIC USE 338**

Macrolides and lincosamides 338

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 338**ANTINEOPLASTIC AGENTS 338**

Antimetabolites 338

MUSCULO-SKELETAL SYSTEM 339**ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 339**

Antiinflammatory and antirheumatic products, non-steroids 339

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN 339

Topical products for joint and muscular pain 339

NERVOUS SYSTEM 339**ANALGESICS 339**

Opioids 339

Other analgesics and antipyretics 340

ANTI-PARKINSON DRUGS 340

Anticholinergic agents 340

PSYCHOLEPTICS 340

Anxiolytics 340

Hypnotics and sedatives 341

OTHER NERVOUS SYSTEM DRUGS 341

Drugs used in addictive disorders 341

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 342**ANTHELMINTICS 342**

Antinematodal agents 342

RESPIRATORY SYSTEM 342**NASAL PREPARATIONS 342**

Decongestants and other nasal preparations for topical use 342

Nasal decongestants for systemic use 343

ANTI-ASTHMATICS 343

Adrenergics, inhalants 343

COUGH AND COLD PREPARATIONS 343

Expectorants, excl. combinations with cough suppressants 343

Cough suppressants, excl. combinations with expectorants 343

ANTIHISTAMINES FOR SYSTEMIC USE 344

Antihistamines for systemic use 344

SENSORY ORGANS 344**OPHTHALMOLOGICALS 344**

Decongestants and antiallergics 344

OTOLOGICALS 345

Other otologicals 345

VARIOUS 345**ALL OTHER THERAPEUTIC PRODUCTS 345**

All other therapeutic products 345

ALL OTHER NON-THERAPEUTIC PRODUCTS 346

All other non-therapeutic products 346

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	
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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	..	..	9.92 10.28	3.50 3.50	Plaqacide Savacol Mouth and Throat Rinse	OB OM
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4160Y	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	11.49	3.50	Periogard (Chlorohex) Mouth Rinse	OM
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• Other agents for local oral treatment**SALIVA SUBSTITUTE**

4568K	Solution 25 mL	‡1	1	..	9.77	3.50	Aquae	HA
4569L	Solution 100 mL	‡1	..	..	12.25	3.50	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	..	*17.84	3.50	Titralac	MM
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• 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	..	*22.58	3.50	Mylanta Double Strength	WR
4118R	Oral suspension 400 mg-400 mg- 30 mg per 5 mL, 375 mL	2	5	..	*18.52	3.50	Mylanta Double Strength	WR

Drugs for treatment of peptic ulcer**• H₂-receptor antagonists****NOTE:***Helicobacter pylori* eradication therapy should be considered.**NOTE:**

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

CIMETIDINE**Authority required***To be approved where other base-priced (benchmark) drug treatment is inappropriate for:
Initial treatment of peptic ulcer.***NOTE:***Helicobacter pylori* eradication therapy should be considered.

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	
CIMETIDINE—cont.						
4975W	Effervescent tablet 800 mg (as hydrochloride)	30 1 ..	34.23	3.50	Tagamet 800 Express	SK

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.

4976X	Effervescent tablet 800 mg (as hydrochloride)	30 5 ..	34.23	3.50	Tagamet 800 Express	SK
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FAMOTIDINE

Authority required

To be approved where other base-priced (benchmark) drug treatment is inappropriate for:
Initial treatment of peptic ulcer.

NOTE:

Helicobacter pylori eradication therapy should be considered.

4981E	Tablet 20 mg	60 1 ..	26.65	3.50	Amfamox 20 Pepcidine M	AD MK
4983G	Tablet 40 mg	30 1 ..	26.65	3.50	Amfamox 40 Pepcidine	AD MK

Authority required

To be approved where other base-priced (benchmark) drug treatment is inappropriate for:
Maintenance treatment of duodenal ulcer in patients who are *Helicobacter pylori* negative or in whom there has been failure of *Helicobacter pylori* eradication therapy;
Reflux oesophagitis;
Scleroderma oesophagus;
Zollinger-Ellison syndrome.

4982F	Tablet 20 mg	60 5 ..	26.65	3.50	Amfamox 20 Pepcidine M	AD MK
4984H	Tablet 40 mg	30 5 ..	26.65	3.50	Amfamox 40 Pepcidine	AD MK

NIZATIDINE

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.

4966J	Capsule 150 mg	60 1 ..	25.58	3.50	Tazac	LY
4968L	Capsule 300 mg	30 1 ..	25.58	3.50	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	..	25.58	3.50	Tazac	LY
4969M	Capsule 300 mg	30	5	..	25.58	3.50	Tazac	LY
<u>RANITIDINE HYDROCHLORIDE</u>								
<u>Authority required</u>								
<i>To be approved where other base-priced (benchmark) drug treatment is inappropriate for: Initial treatment of peptic ulcer.</i>								
<u>NOTE:</u>								
<i>Helicobacter pylori eradication therapy should be considered.</i>								
4977Y	Effervescent tablet 150 mg (base)	60	1	..	24.11	3.50	Zantac	GW
4979C	Syrup 150 mg (base) per 10 mL, 300 mL	2	1	..	*24.10	3.50	Zantac Syrup	GW
<u>Authority required</u>								
<i>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.</i>								
4978B	Effervescent tablet 150 mg (base)	60	5	..	24.11	3.50	Zantac	GW
4980D	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	..	*24.10	3.50	Zantac Syrup	GW
ANTISPASMODIC AND ANTICHOLINERGIC AGENTS AND PROPULSIVES								
Synthetic antispasmodic and anticholinergic agents								
• Synthetic anticholinergics, esters with tertiary amino group								
DICYCLOMINE HYDROCHLORIDE								
<u>CAUTION:</u>								
Anticholinergic side effects.								
4185G	Tablet 10 mg	100	..	..	21.55	3.50	Merbentyl	SI
MEBEVERINE HYDROCHLORIDE								
4328T	Tablet 135 mg	90	..	..	24.84	3.50	^a Colese	AF
				..	28.58	3.50	^a Colofac	SM
Belladonna and derivatives, plain								
• Belladonna alkaloids semisynthetic, quaternary ammonium compounds								
HYOSCINE BUTYLBROMIDE								
4279F	Injection 20 mg in 1 mL	5	..	..	16.03	3.50	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	..	11.10	3.50	Coloxyl with Senna	FM
SENNA STANDARDISED								
4455L	Tablet 7.5 mg	100	1	..	10.09	3.50	Senokot	RC
• Bulk producers								
ISPAGHULA HUSK								
4285M	Sachets 3.5 g, 30	£1	1	..	13.02	3.50	Fybogel	RC
PSYLLIUM HYDROPHILIC MUCILLOID								
4425X	Oral powder (sugar-free) 275 g	£1	1	..	12.74	3.50	Mucilax Sugar Free	DP
4424W	Oral powder 300 g	£1	1	..	10.25	3.50	Mucilax Regular	DP
4419N	Oral powder (orange-flavoured, sugar-free) 283 g	£1	1	..	16.92	3.50	Metamucil Smooth Texture Orange	PY
4422R	Oral powder (non-flavoured) 336 g	£1	1	..	16.92	3.50	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	..	12.75	3.50	Nucolox	SI
4416K	Oral powder 2.7 g-0.7 g per 7.5 g, 440 g	£1	1	..	17.69	3.50	Nucolox	SI
STERCULIA with FRANGULA BARK								
4557W	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.98	3.50	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	£1	1	..	22.46	3.50	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	..	..	10.00	3.50	Microlax	PH
• Other laxatives								
GLYCEROL								
Restricted benefit								
<i>Short-term use when oral laxative therapy has failed or is inappropriate.</i>								
4246L	Suppositories 2.8 g (for adults), 12	3	..	..	*15.45	3.50	PP	

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				
VITAMINS								
Vitamin B ₁ , plain and in combination with vitamin B ₆ and vitamin B ₁₂								
• Vitamin B ₁ , plain								
	THIAMINE HYDROCHLORIDE							
4043T	Tablet 100 mg	100	2	..	8.82	3.50	Betamin	AV
Vitamin B-complex, incl. combinations								
• Vitamin B-complex, plain								
	VITAMIN B GROUP COMPLEX							
4493L	Oral liquid 200 mL	‡1	2	..	11.30	3.50	Accomin Adult Tonic	WT
Ascorbic acid (vitamin C), incl. combinations								
• Ascorbic acid (vitamin C), plain								
ASCORBIC ACID								
<u>Authority required</u>								
For management of wound healing.								
4565G	Tablet 250 mg	100	2	..	7.53	3.50	Nature's Way Vitamin C	RO
MINERAL SUPPLEMENTS								
Other mineral supplements								
• Magnesium								
MAGNESIUM ASPARTATE								
<u>Restricted benefit</u>								
Patients with documented hypomagnesaemia.								
4321K	Tablet 500 mg	50	..	..	11.72	3.50	Magmin	BB
BLOOD AND BLOOD FORMING ORGANS								
ANTITHROMBOTIC AGENTS								
Antithrombotic agents								
• Heparin group								
DALTEPARIN SODIUM								
(Low Molecular Weight Heparin Sodium—porcine mucous)								
<u>Authority required</u>								
Major orthopaedic surgery;								
Major general surgery;								
Renal dialysis patients.								
CAUTION:								
Lower doses may be more appropriate for older people.								
4224H	Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	10	..	..	53.97	3.50	Fragmin	PH
4225J	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre- filled syringe	10	..	..	72.33	3.50	Fragmin	PH

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	..	..	69.55	3.50	Clexane	AV
4221E	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	10	..	..	72.26	3.50	Clexane	AV
• Platelet aggregation inhibitors excl. heparin								
ASPIRIN								
4076M	Tablet 100 mg (with glycine)	90	1	..	11.91	3.50	Cardiprin 100	RC
4077N	Tablet 100 mg (enteric coated)	84	1	..	11.09	3.50	Cartia	SK
4078P	Capsule 100 mg (containing enteric coated pellets)	84	1	..	11.21	3.50	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	..	8.42	3.50	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	¥1	2	..	8.73	3.50	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	..	..	17.08	3.50	Proctosedyl	AV
4038M	Suppositories 5 mg-5 mg, 12	¥1	..	..	16.10	3.50	Proctosedyl	AV
• Other antihemorrhoidals for topical use								
ZINC OXIDE								
4039N	Compound ointment 50 g	¥1	1	..	11.96	3.50	Anusol	WW
4040P	Compound suppositories, 12	¥1	1	..	10.99	3.50	Anusol	WW

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				

CALCIUM CHANNEL BLOCKERS

Selective calcium channel blockers with mainly vascular effects

• Dihydropyridine derivatives

NOTE:

The base-priced drugs in this therapeutic group are felodipine, lercanidipine hydrochloride 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	..	25.02	3.50	Norvasc	PF
4986K	Tablet 10 mg (base)	30	5	..	39.10	3.50	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	..	25.37	3.50	Adalat Oros 30	BN
4974T	Tablet 60 mg (controlled release)	30	5	..	31.18	3.50	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, enalapril maleate, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril (except ramipril capsule 10 mg) andtrandolapril.

RAMIPRIL

Authority required

To be approved where other base-priced (benchmark) drug treatment is inappropriate.

4962E	Capsule 10 mg	30	5	..	39.11	3.50	Tritace 10 mg	AV
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DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

Antifungals for topical use

• Antibiotics

NYSTATIN

4001N	Cream 100,000 units per g, 15 g	£1	1	..	9.16	3.50	Mycostatin	BQ
				..	9.94	3.50	Nilstat	AY
4002P	Ointment 100,000 units per g, 15 g	£1	1	..	9.94	3.50	Nilstat	AY

• Imidazole and triazole derivatives

BIFONAZOLE

4003Q	Cream 10 mg per g (1%), 15 g	£1	..	..	12.58	3.50	Mycospor	BN
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REPATRIATION

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
	CLOTRIMAZOLE							
4004R	Cream 10 mg per g (1%), 20 g	‡1	1	..	7.05	3.50	Clonea	AF
4005T	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	9.62	3.50	Canesten	BN
	ECONAZOLE NITRATE							
4555R	Cream 10 mg per g (1%), 25 g	‡1	1	..	9.81	3.50	Dermazole	EO
	KETOCONAZOLE							
	<u>Restricted benefit</u>							
	<i>Severe seborrhoeic dermatitis.</i>							
4008Y	<i>Shampoo 20 mg per mL (2%), 60 mL</i>	‡1	..	..	16.48	3.50	Nizoral	JC
	MICONAZOLE							
4341L	Tincture 20 mg per mL (2%), 30 mL	‡1	1	..	14.35	3.50	Daktarin	JC
	MICONAZOLE NITRATE							
4009B	Cream 20 mg per g (2%), 20 g	‡1	1	..	7.76	3.50	Monistat Derm	JC
	• Other antifungals for topical use							
	AMOROLFINE HYDROCHLORIDE							
	<u>Restricted benefit</u>							
	<i>Onychomycosis.</i>							
4010C	<i>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</i>	‡1	1	..	87.61	3.50	Loceryl	GA
	TERBINAFINE							
	<u>Restricted benefit</u>							
	<i>Tinea pedis.</i>							
4463X	<i>Gel 10 mg per g (1%), 15 g</i>	‡1	..	..	19.22	3.50	Lamisil DermGel	NC
	TERBINAFINE HYDROCHLORIDE							
	<u>Restricted benefit</u>							
	<i>Tinea pedis.</i>							
4473K	<i>Cream 10 mg per g (1%), 15 g</i>	‡1	1	..	18.95	3.50	Lamisil	NC
	TOLNAFTATE							
4481W	Spray aerosol 10 mg per g (1%), 100 g	‡1	..	..	16.49	3.50	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	<i>Tablet 250 mg (base)</i>	42	1	..	156.48	3.50	Lamisil	NV

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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	..	..	8.90	3.50	Silic 15	EO
4551M	Cream 150 mg-20 mg per g (15%-2%), 500 g	¥1	..	..	18.52	3.50	Silic 15	EO
• Soft paraffin and fat products								
WOOL ALCOHOLS								
4041Q	Ointment 100 g	¥1	1	..	9.21	3.50	Eucerin	BE
• Carbamide products								
UREA								
4042R	Cream 100 mg per g (10%), 100 g	¥1	2	..	9.14	3.50	Urederm	HA
				..	9.52	3.50	Calmurid	OL
				..	10.09	3.50	Nutraplus Aquacare H.P.	GA AG
• Other emollients and protectives								
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	..	..	8.42	3.50	Orabase	BQ
SKIN EMOLLIENT								
4122Y	Bath oil 500 mL	¥1	2	..	15.12	3.50	QV Bath Oil	EO
				..	15.13	3.50	Alpha Keri Bath Oil	BQ
				..	15.53	3.50	Hamilton Bath Oil	HA
4107E	Lotion 500 mL	¥1	2	..	15.13	3.50	Alpha Keri Lotion	BQ
Protectives against UV-radiation								
• Protectives against UV-radiation for topical use								
SUNSCREENS								
4209M	Solid stick 5 g	¥1	2	..	8.30	3.50	Hamilton Broad Spectrum Solastick 15+	HA
4544E	Cream 100 g	¥1	2	..	11.95	3.50	Hamilton Sunscren Broad Spectrum Cream 15+	HA
				..	13.99	3.50	SunSense Cream SPF 30+	EO

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	
4476N	SUNSCREENS—cont. Lotion (alcoholic) 100 mL	‡1	2	..	12.46	3.50	Hamilton Sunscreen Spray 15+	HA
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	11.95	3.50	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.82	3.50	Aquasun Lotion SPF 18	PF
				..	14.22	3.50	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	..	..	46.83	3.50	Xylocaine Viscous	AP
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• 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	..	16.32	3.50	Pinetarsol	EO
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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	..	15.83	3.50	Egopsoryl-TA	EO
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ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

Antibiotics for topical use

• Other antibiotics for topical use

MUPIROICIN

Restricted benefit

For the topical treatment of secondarily infected traumatic skin lesions.

4348W	Cream 20 mg (as calcium) per g (2%), 15 g	‡1	..	..	13.58	3.50	Bactroban	SK
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REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
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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	..	..	35.17	3.50	Condyline Paint	HA
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• **Other chemotherapeutics****METRONIDAZOLE**

4336F	Gel 7.5 mg per g (0.75%), 15 g	‡1	..	..	11.15	3.50	Rozex	GA
4337G	Gel 7.5 mg per g (0.75%), 30 g	‡1	..	..	16.26	3.50	Rozex	GA

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS**Corticosteroids, plain**• **Corticosteroids, potent (group III)****BETAMETHASONE VALERATE**

4511K	Cream 500 micrograms (base) per g (0.05%), 30 g	‡1	2	..	9.62	3.50	Betnovate 1/2	SI
4131K	Cream 1 mg (base) per g (0.1%), 30 g	‡1	2	..	17.92	3.50	Betnovate	SI
4513M	Ointment 500 micrograms (base) per g (0.05%), 30 g	‡1	2	..	9.62	3.50	Betnovate 1/2	SI
4132L	Ointment 1 mg (base) per g (0.1%), 30 g	‡1	2	..	17.92	3.50	Betnovate	SI
4133M	Scalp application 1 mg (base) per g (0.1%), 30 g	‡1	2	..	14.57	3.50	Betnovate	SI

MOMETASONE FUROATE

4342M	Cream 1 mg per g (0.1%), 45 g	‡1	..	..	24.18	3.50	Elocon Novasone	SH EX
4343N	Ointment 1 mg per g (0.1%), 45 g	‡1	..	..	24.18	3.50	Elocon Novasone	SH EX

NOTE:

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

Corticosteroids, combinations with antibiotics• **Corticosteroids, moderately potent, combinations with antibiotics****TRIAMCINOLONE ACETONIDE**

with NEOMYCIN SULFATE,

GRAMICIDIN and NYSTATIN

4482X	Ointment 1 mg-2.5 mg (base)- 250 micrograms- 100,000 units per g (0.1%-0.25% (base)- 0.025%- 100,000 units in 1 g), 15 g	‡1	..	..	14.64	3.50	Kenacomb	BQ
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CAUTION:

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

REPATRIATION

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 \$		
ANTISEPTICS AND DISINFECTANTS								
Antiseptics and disinfectants								
• Iodine products								
POVIDONE-IODINE								
4411E	Solution 100 mg per mL (10%), 100 mL	‡1	..	..	15.16	3.50	Minidine Antiseptic Solution	SI
				..	16.74	3.50	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	..	14.24	3.50	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	..	18.27	3.50	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	..	14.86	3.50	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	..	15.12	3.50	Ionil-T	GA
SALICYLIC ACID with COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE								
4447C	Scalp cleanser 20 mg-10 mg- 10 mg-10 mg per mL (2%- 1%- 1%-1%), 250 mL	‡1	2	..	14.16	3.50	Sebitar	EO
SELENIUM SULFIDE								
4452H	Shampoo 25 mg per mL (2.5%), 125 mL	‡1	..	..	11.85	3.50	Selsun	AB
ZINC PYRITHIONE								
4498R	Shampoo 10 mg per mL (1%), 200 mL	‡1	1	..	10.22	3.50	Dan Gard	FA

REPATRIATION

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
• Wart and anti-corn preparations								
SALICYLIC ACID with PODOPHYLLIN RESIN								
4450F	Paint 100 mg-200 mg per mL (10%-20%), 6 mL	‡1	1	..	13.18	3.50	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	..	12.77	3.50	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	12.77	3.50	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	..	10.66	3.50	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	..	10.36	3.50	Ionil Rinse	GA
SKIN CLEANSER								
4549K	Lotion 500 mL	‡1	2	..	16.24	3.50	Hamilton Body Wash	HA
ZINC OXIDE with STARCH and CHLORPHENESIN								
4497Q	Dusting powder 100 g	‡1	1	..	9.62	3.50	Z.S.C.	SI
GENITO URINARY SYSTEM AND SEX HORMONES								
GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS								
Antiinfectives and antiseptics, excl. comb. with corticosteroids								
• Antibiotics								
NYSTATIN								
4012E	Cream pessaries 100,000 units, 15	‡1	1	..	10.83	3.50	Nilstat	AY
4013F	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	10.83	3.50	Nilstat	AY
• Imidazole derivatives								
CLOTRIMAZOLE								
4014G	Pessaries 100 mg, 6	‡1	..	..	12.96	3.50	Canesten	BN
4015H	Pessary 500 mg	1	..	..	13.54	3.50	Canesten 1	BN
4016J	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	11.67	3.50	^a Gyne-Lotrimin	SH
				..	12.96	3.50	^a Canesten	BN

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	
4017K	CLOTRIMAZOLE—cont. Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	12.96	3.50	Canesten 3	BN
4020N	MICONAZOLE NITRATE Pessaries 100 mg, 7	‡1	..	..	10.48	3.50	Monistat 7	JC
4021P	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	..	10.48	3.50	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	..	..	23.67	3.50	Aci-Jel	JC
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UROLOGICALS

Other urologicals, incl. antispasmodics

• Drugs used in erectile dysfunction

SILDENAFIL CITRATE

Authority required

Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.

The maximum quantity permitted is one pack of four (4) tablets per month, with 5 repeats.

Authorisation will NOT be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

4584G	Tablet 25 mg (base)	4	5	..	51.03	3.50	Viagra	PF
4585H	Tablet 50 mg (base)	4	5	..	63.68	3.50	Viagra	PF
4586J	Tablet 100 mg (base)	4	5	..	66.63	3.50	Viagra	PF

• Other urologicals

SODIUM BICARBONATE

4458P	Capsule 840 mg	100	2	..	11.29	3.50	Sodibic	AS
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CAUTION:

For use in the treatment of renal disease.

SODIUM CITRO-TARTRATE

Restricted benefit

For relief of urinary symptoms when antibiotic or other therapy alone is inappropriate.

4047B	Sachets containing oral effervescent powder 3.7 g, 28	‡1	4	..	10.18	3.50	Citralite	MM
4048C	Sachets containing oral effervescent powder 4 g, 28	‡1	4	..	10.18	3.50	Citravescent Sachets	MM
4049D	Sachets containing oral effervescent powder 4 g, 28	‡1	4	..	10.29	3.50	Ural Sachets	AB

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	
Drugs used in benign prostatic hypertrophy								
• Alpha-adrenoreceptor antagonists								
TAMSULOSIN HYDROCHLORIDE								
<u>Authority required</u>								
<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	..	53.21	3.50	Flomax	CS
TERAZOSIN HYDROCHLORIDE								
<u>Authority required</u>								
<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	..	..	17.72	3.50	Hytrin	AB
4397K	Tablet 2 mg	30	5	..	38.53	3.50	Hytrin	AB
4398L	Tablet 5 mg	30	5	..	56.45	3.50	Hytrin	AB
4399M	Tablet 10 mg	30	5	..	84.32	3.50	Hytrin	AB

• Testosterone-5-alpha reductase inhibitors

FINASTERIDE

Authority required

Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.

4233T	Tablet 5 mg	30	5	..	97.03	3.50	Proscar	MK
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GENERAL ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

Macrolides and lincosamides

• Macrolides

AZITHROMYCIN

Restricted benefit

Upper and lower respiratory tract infections.

4115N	Tablet 500 mg	3	..	..	32.11	3.50	Zithromax	PF
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ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

Antimetabolites

• Pyrimidine analogues

FLUOROURACIL

4222F	Cream 50 mg per g (5%), 20 g	¥1	..	..	35.65	3.50	Efudix	ID
4223G	Solution 10 mg per mL (1%), 30 mL	¥1	..	..	21.94	3.50	Fluoroplex	AG

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	
MUSCULO-SKELETAL SYSTEM								
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS								
Antiinflammatory and antirheumatic products, non-steroids								
• Acetic acid derivatives and related substances								
DICLOFENAC SODIUM with MISOPROSTOL								
Authority required								
<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	..	34.68	3.50	Arthrotec 50	PH
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	..	10.69	3.50	BI	
4023R	Ointment BP, 100 g	‡1	1	..	7.87	3.50	BI	
4024T	Compound ointment BPC 1973, 100 g	‡1	1	..	9.00	3.50	BI	
4025W	Compound ointment APF 1934, 100 g	‡1	1	..	7.46	3.50	BI	
4026X	Liniment APF, 100 mL	‡1	1	..	6.44	3.50	BI	
4027Y	Compound liniment APF, 100 mL	‡1	1	..	7.75	3.50	BI	
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	..	..	106.29	3.50	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	..	..	*14.93	3.50	Doloxene	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	
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
CODEINE PHOSPHATE with ASPIRIN								
4061R	Tablet soluble 8 mg-300 mg	50	2	..	10.66	3.50	Aspalgin	FM
• Anilides								
CODEINE PHOSPHATE with PARACETAMOL								
4171M	Tablet 8 mg-500 mg	50	2	..	9.77	3.50	Panamax Co.	SW
				..	10.20	3.50	Codalgin	FM
4170L	Tablet 15 mg-500 mg	20	2	..	7.36	3.50	Prodeine 15	SW

ANTI-PARKINSON DRUGS

Anticholinergic agents

• Ethers of tropine or tropine derivatives

BENZTROPINE MESYLATE

4129H	Tablet 0.5 mg	100	2	..	9.17	3.50	Cogentin	MK
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PSYCHOLEPTICS

Anxiolytics

• Benzodiazepine derivatives

BROMAZEPAM

Authority required

Patients with terminal disease;

Patients with refractory phobic or anxiety states.

NOTE:

For short-term use 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	..	..	*23.14	3.50	Lexotan	RO
4151L	Tablet 6 mg	60	..	..	*29.06	3.50	Lexotan	RO

• Azaspirodecanedione derivatives

BUSPIRONE HYDROCHLORIDE

Authority required

For the short-term treatment of anxiety.

4144D	Tablet 5 mg	50	..	..	29.49	3.50	Buspar	BQ
4145E	Tablet 10 mg	50	..	..	44.37	3.50	Buspar	BQ

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	
Hypnotics and sedatives						
• Benzodiazepine derivatives						
FLUNITRAZEPAM						
<u>Authority required</u>						
<i>Patients with terminal disease;</i>						
<i>Patients with refractory phobic or anxiety states.</i>						
<u>NOTE:</u>						
<i>For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.</i>						
4213R	Tablet 2 mg	25	12.54	3.50	Hypnodorm	AF
• Benzodiazepine related drugs						
ZOPICLONE						
<u>Restricted benefit</u>						
<i>For the short-term treatment of insomnia.</i>						
4522B	Tablet 7.5 mg	30	16.20	3.50	Imovane	AV
OTHER NERVOUS SYSTEM DRUGS						
Drugs used in addictive disorders						
• Drugs used in nicotine dependence						
NICOTINE						
<u>Authority required</u>						
<i>Patients who have indicated that they are ready to cease smoking and who have entered a support and counselling program.</i>						
<u>NOTE:</u>						
<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	*46.48	3.50	Nicorette Patch	PH
4571N	Transdermal patches releasing approximately 7 mg per 24 hours, 7	2	*54.74	3.50	Nicabate 7	SK
4577X	Transdermal patches releasing approximately 10 mg per 16 hours, 7	2	*50.62	3.50	Nicorette Patch	PH
4572P	Transdermal patches releasing approximately 14 mg per 24 hours, 7	2	*59.80	3.50	Nicabate 14	SK
4578Y	Transdermal patches releasing approximately 15 mg per 16 hours, 7	2 2 ..	*55.68	3.50	Nicorette Patch	PH
4573Q	Transdermal patches releasing approximately 21 mg per 24 hours, 7	2 2 ..	*65.78	3.50	Nicabate 21	SK

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				

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTHELMINTICS

Antinematodal agents

• *Benzimidazole derivatives*

MEBENDAZOLE

4325P	Tablet 100 mg	6	..	..	14.50	3.50	Vermox	JC
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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	..	..	14.58	3.50	Drixine	SH
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4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	14.58	3.50	Drixine	SH
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4379L	Nasal spray 500 micrograms per mL (0.05%), 18 mL	‡1	..	..	13.79	3.50	Logicin Rapid Relief	SI
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• *Antiallergic agents, excl. corticosteroids*

LEVOCABASTINE HYDROCHLORIDE

4311X	Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	‡1	2	..	12.95	3.50	Livostin	JC
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SODIUM CROMOGLYCATE

4468E	Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	‡1	5	..	18.01	3.50	Rynacrom	AV
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• *Corticosteroids*

BECLOMETHASONE DIPROPIONATE

Restricted benefit*Severe intractable rhinitis.*

4086C	Aqueous nasal spray (pump pack) 50 micrograms per dose (200 doses)	‡1	1	..	14.38	3.50	Beconase AQ	GW
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4087D	Aqueous nasal spray 50 micrograms per dose, 400 doses set containing 1 pump pack (200 doses) and 1 refill (200 doses)	‡1	..	..	23.39	3.50	Aldecin Aqueous Set	SH
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4088E	Aqueous nasal spray 50 micrograms per dose, 400 doses set containing 2 pump packs each providing 200 doses	‡1	..	..	23.40	3.50	Beconase AQ Twin Pack	GW
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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	
Other nasal preparations						
IPRATROPIUM BROMIDE						
Restricted benefit						
<i>Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.</i>						
4089F	Aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses)	1 5 ..	19.02	3.50	Atrovent Nasal Aqueous	BY
4090G	Aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses)	1 5 ..	24.76	3.50	Atrovent Nasal Forte	BY
Nasal decongestants for systemic use						
Sympathomimetics						
PSEUDOEPHEDRINE HYDROCHLORIDE						
4420P	Tablet 60 mg	30 ..	12.27 13.00	3.50 3.50	Logicin Sinus Sudafed Sinus & Nasal Decongestant	SI WR
PSEUDOEPHEDRINE SULFATE						
4418M	Tablet 60 mg	30 ..	12.88	3.50	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 ..	*47.08	3.50	Combivent	BY
COUGH AND COLD PREPARATIONS						
Expectorants, excl. combinations with cough suppressants						
Expectorants						
SENEGA and AMMONIA						
4074K	Mixture 200 mL	1 4 ..	6.87	3.50	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 ..	6.87 10.09	3.50 3.50	Actuss Duro-Tuss	SI MM

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	
ANTI-HISTAMINES FOR SYSTEMIC USE							
Antihistamines for systemic use							
• Phenothiazine derivatives							
PROMETHAZINE HYDROCHLORIDE							
4072H	Tablet 10 mg	50 2	..	12.45	3.50	Phenergan	AV
4073J	Tablet 25 mg	50 2	..	14.38	3.50	Phenergan	AV
CAUTION: Significant side effects may occur.							
• Piperazine derivatives							
CETIRIZINE HYDROCHLORIDE							
4175R	Tablet 10 mg	30 ..	..	34.47	3.50	Zyrtec	WR
• Other antihistamines for systemic use							
FEXOFENADINE HYDROCHLORIDE							
4237B	Tablet 60 mg	60 ..	..	*41.88	3.50	Telfast	AV
4238C	Tablet 120 mg	30 ..	..	35.21	3.50	Telfast 120	AV
LORATADINE							
4313B	Tablet 10 mg	30 ..	..	39.20	3.50	Claratyne	SH
SENSORY ORGANS							
OPHTHALMOLOGICALS							
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	..	11.24	3.50	Antistine-Privine	NV
4032F	Eye drops 5 mg (phosphate)- 500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1 1	..	11.32	3.50	Albalon-A	AG
NAPHAZOLINE HYDROCHLORIDE							
4035J	Eye drops 1 mg per mL (0.1%), 15 mL	‡1 1	..	10.99 11.24	3.50 3.50	Naphcon Forte Albalon Liquifilm	AQ AG
NAPHAZOLINE HYDROCHLORIDE with PHENIRAMINE MALEATE							
4355F	Eye drops 250 micrograms-3 mg per mL (0.025%-0.3%), 15 mL	‡1 1	..	10.99	3.50	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	..	10.99	3.50	Zincfrin	AQ
• Other antiallergics							
LEVOCABASTINE HYDROCHLORIDE							
4310W	Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses)	‡1 1	..	12.95	3.50	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	
OTOLOGICALS								
Other otologicals								
• Indifferent preparations								
CARBAMIDE PEROXIDE								
4176T	Ear drops 65 mg per mL (6.5%), 10 mL	‡1	..	..	12.31	3.50	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	..	..	11.48	3.50	Cerumol	AC
DOCUSATE SODIUM								
4199B	Ear drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	12.35	3.50	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	..	63.82	3.50	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
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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.

MALODOROUS 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. No. of			Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
		Qty	Rpts	Premium				
4651T	BANDAGE—ABSORBENT WOOL Bandage (natural, non-sterile) 10 cm x 2.7 m	6	..	..	*29.16	3.50	Soffban 7224	BV
4653X	Bandage 10 cm x 3 m	6	..	..	17.35	3.50	Surepress 650948	CC
4717G	BANDAGE—CALICO Bandage, triangular, large	‡1	..	..	10.86	3.50	Handy 5608	BV
	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	..	..	*63.48	3.50	Comprilan 1027	BV
4736G	Bandage, high stretch, 7.5 cm x 3 m	5	..	..	*77.18	3.50	Tensopress 66004347	BV
4656C	Bandage, high stretch, 7.5 cm x 3.5 m	5	..	..	*63.63	3.50	Setopress 3504	SS
4748X	Bandage, high stretch, 10 cm x 3 m	5	..	..	*68.03	3.50	Surepress 650947	CC
				..	*100.68	3.50	Tensopress 66004348	BV
4657D	Bandage, high stretch, 10 cm x 3.5 m	5	..	..	*49.68	3.50	Eloflex 2480	BV
				..	*73.33	3.50	Setopress 3505	SS
4658E	Bandage, four layer	5	..	..	*179.63	3.50	Profore 66050016	SN
	BANDAGE—RETENTION—COHESIVE—HEAVY							
4811F	Bandage 5 cm x 1.3 m	2	..	..	*11.94	3.50	Peg 7420	BK
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*15.08	3.50	Peg 7422	BK
4659F	Bandage 7.5 cm x 3 m	2	..	..	*16.86	3.50	Coplus 3629	BV
4813H	Bandage 10 cm x 1.3 m	2	..	..	*18.68	3.50	Peg 7423	BK
4660G	Bandage 10 cm x 2 m	2	..	..	*19.10	3.50	Coban 1584	MM
4814J	Bandage 15 cm x 1.3 m	2	..	..	*25.50	3.50	Peg 7425	BK
	BANDAGE—RETENTION—COHESIVE—LIGHT							
4718H	Bandages 2.5 cm x 4 m, 2	‡1	..	..	10.02	3.50	Handygauze Cohesive 8631	BV
4719J	Bandage 6 cm x 4 m	2	..	..	*11.94	3.50	Handygauze Cohesive 8633	BV
4662J	Bandage 10 cm x 4 m	2	..	..	*15.16	3.50	Handygauze Cohesive 8635	BV
	BANDAGE—RETENTION—COTTON CREPE							
4727T	Bandage 5 cm x 2.3 m	2	..	..	*15.22	3.50	Telfa 8252F	KE
				..	*15.50	3.50	Elastocrepe 36102520	BV

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	
BANDAGE—RETENTION—COTTON CREPE—cont.								
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*19.56	3.50	Elastocrepe 36102420	BV
				..	*19.80	3.50	Telfa 8253F	KE
4729X	Bandage 10 cm x 2.3 m	2	..	..	*22.80	3.50	Telfa 8254F	KE
				..	*24.16	3.50	Elastocrepe 36102320	BV
BANDAGE—TUBULAR								
4855M	Bandage 6.25 cm x 1 m	‡1	..	..	14.18	3.50	Tubigrip B 1544	SS
4856N	Bandage 6.75 cm x 1 m	‡1	..	..	14.18	3.50	Tubigrip C 1545	SS
4857P	Bandage 7.5 cm x 1 m	‡1	..	..	14.18	3.50	Tubigrip D 1546	SS
4858Q	Bandage 8.75 cm x 1 m	‡1	..	..	14.18	3.50	Tubigrip E 1547	SS
4859R	Bandage 10 cm x 1 m	‡1	..	..	14.18	3.50	Tubigrip F 1548	SS
4663K	Bandage, straight, size C	‡1	..	..	12.59	3.50	Hansaplast 2225	BE
4664L	Bandage, straight, size D	‡1	..	..	12.59	3.50	Hansaplast 2226	BE
4665M	Bandage, straight, size E	‡1	..	..	12.59	3.50	Hansaplast 2227	BE
4667P	Bandage, lightweight, 8.75 cm x 1 m	‡1	..	..	14.58	3.50	Tensogrip 36361259	BV
BANDAGE—TUBULAR (FINGER)								
4798M	Complete pack including applicator	‡1	..	..	13.82	3.50	Tubegauz 14001	SS
4726R	Refill	‡1	..	..	10.59	3.50	Tubegauz 14002	SS
BANDAGE—TUBULAR (LIGHTWEIGHT)								
4671W	Bandage, small limb size (red), 10 m	‡1	..	..	23.71	3.50	Tubifast 2434	SS
4672X	Bandage, medium limb size (green), 10 m	‡1	..	..	26.88	3.50	Tubifast 2436	SS
4673Y	Bandage, large limb size (blue), 10 m	‡1	..	..	29.97	3.50	Tubifast 2438	SS
BANDAGE—TUBULAR (LONG STOCKING)								
4674B	Bandage, small size	2	..	..	*35.44	3.50	Tubigrip 1482	SS
4797L	Bandage, medium size	2	..	..	*35.44	3.50	Tubigrip 1483	SS
4799N	Bandage, large size	2	..	..	*35.44	3.50	Tubigrip 1484	SS
4675C	Bandage, XX/large size	2	..	..	*35.44	3.50	Tubigrip 1486	SS
BANDAGE—TUBULAR (SHORT STOCKING)								
4661H	Bandage, small B/C size	2	..	..	*26.58	3.50	Tubigrip 1479	SS
4815K	Bandage, medium C/D size	2	..	..	*26.58	3.50	Tubigrip 1480	SS
4816L	Bandage, large D/E size	2	..	..	*26.58	3.50	Tubigrip 1481	SS

REPATRIATION

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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	..	..	*21.64	3.50	Zincaband 3604	SS
4669R	Bandage 7.5 cm x 6 m	2	..	..	*22.68	3.50	Steripaste 3610	SS
4750B	Bandage 7.5 cm x 6 m	2	..	..	*54.52	3.50	Viscopaste 4948	SN
4749Y	Bandage 8 cm x 5 m (compression)	2	..	..	*34.52	3.50	Gelocast Elastic 1080	BV
4670T	Bandage 10 cm x 9.1 m	2	..	..	*25.04	3.50	Flexidress 650941	CC
4760M	Bandages 80 cm (stockings), 4	‡1	..	..	59.46	3.50	ZipZoc 66051550	SN
COTTON WOOL ROLL								
4701K	Roll 100 g	‡1	2	..	7.86	3.50	JJ 02013	JJ
DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND)								
4742N	Dressings 10 cm x 10 cm, 10	‡1	..	..	73.78	3.50	CarboFLEX 403202	CC
4681J	Dressing 10.5 cm x 10.5 cm	10	..	..	*69.48	3.50	Actisorb Plus MAC031	JJ
4743P	Dressings 15 cm x 20 cm, 5	‡1	..	..	84.16	3.50	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	..	..	*81.48	3.50	HydroHeal Algin Firm 015342	FA
					*108.28	3.50	Kaltostat 1681F1	CC
					*132.48	3.50	Sorbsan 1411	SS
4685N	Ropes 2 g (30 cm), 5	2	..	..	*80.38	3.50	Restore CalciCare 9940	HO
4682K	Ropes 2 g (40 cm), 6	2	..	..	*105.58	3.50	Comfeel SeaSorb Filler 3740	CT
DRESSING—ALGINATE (SUPERFICIAL WOUND)								
NOTE: This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.								
4830F	Dressing 5 cm x 5 cm	10	1	..	*32.48	3.50	HydroHeal Algin Firm 015296	FA
					*45.08	3.50	Kaltostat 1682F5	CC

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REPATRIATION

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DRESSING—ALGINATE (SUPERFICIAL WOUND)—cont.							
4699H	Dressings 5 cm x 5 cm, 10	‡1 1	..	36.62	3.50	Algisite M 66000519	SN
			..	37.30	3.50	Restore CalciCare 9938	HO
4684M	Dressing 6 cm x 4 cm	10 1	..	*36.78	3.50	Comfeel SeaSorb Dressing 3705	CT
4683L	Dressing 7.5 cm x 12 cm	10 1	..	*62.98	3.50	HydroHeal Algin Firm 015318	FA
			..	*85.28	3.50	Kaltostat 1682F7	CC
4831G	Dressing 10 cm x 10 cm	10 1	..	*72.58	3.50	Comfeel SeaSorb Dressing 3710	CT
			..	*78.78	3.50	Sorbsan 1410	SS
4700J	Dressings 10 cm x 10 cm, 10	‡1 1	..	69.90	3.50	Restore CalciCare 9937	HO
			..	70.59	3.50	Algisite M 66000520	SN
4838P	Dressing 10 cm x 20 cm	10 1	..	*123.78	3.50	HydroHeal Algin Firm 015326	FA
4691X	Dressings 15 cm x 20 cm, 10	‡1 1	..	172.64	3.50	Algisite M 66000521	SN
DRESSING with CADEXOMER IODINE							
NOTE: Suitable for yellow sloughy infected and malodorous wounds.							
4931M	Sachets 3 g, 7	‡1 ..	..	46.27	3.50	Iodosorb Powder 66051070	SN
4932N	Tubes 10 g, 4	‡1 ..	..	73.71	3.50	Iodosorb Ointment 66051240	SN
4933P	Tubes 20 g, 2	‡1 ..	..	73.71	3.50	Iodosorb Ointment 66051230	SN
4934Q	Tube 40 g	‡1 ..	..	74.38	3.50	Iodosorb Ointment 66051250	SN
4935R	Sachets 5 g (6 cm x 4 cm), 5	‡1 ..	..	69.67	3.50	Iodosorb 66051330	SN
4936T	Sachets 10 g (8 cm x 6 cm), 3	‡1 ..	..	100.84	3.50	Iodosorb 66051340	SN
4937W	Sachets 17 g (10 cm x 8 cm), 2	‡1 ..	..	106.22	3.50	Iodosorb 66051360	SN
DRESSING—FILM							
4686P	Dressings 6 cm x 7 cm, 8	‡1 ..	..	13.50	3.50	Nexcare Tegaderm Transparent H1624	MM

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REPATRIATION

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		Qty	Rpts	Premium				
DRESSING—FILM—cont.								
4687Q	Dressings 10 cm x 12 cm, 4	‡1	..	..	17.33	3.50	Nexcare Tegaderm Transparent H1626	MM
4893M	Dressings 10 cm x 12 cm, 10	‡1	..	..	23.16	3.50	Op-Site Flexigrid 4629	SN
4688R	Dressing 15 cm x 20 cm	6	..	..	*25.02	3.50	Tegaderm Transparent 1628	MM
DRESSING—FILM ISLAND								
4689T	Dressing 5 cm x 7 cm	10	..	..	*13.48	3.50	Tegaderm Transparent Island 3582	MM
4898T	Dressings 5 cm x 7.2 cm, 5	2	..	..	*18.94	3.50	Cutifilm Plus 76309	SN
4899W	Dressings 8 cm x 10 cm, 5	2	..	..	*29.36	3.50	Cutifilm Plus 76308	SN
4690W	Dressing 9 cm x 10 cm	10	..	..	*23.78	3.50	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, 10	2	..	..	*168.32	3.50	Lyof foam C 603025	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	..	..	50.75	3.50	CombiDERM 651031	CC
4693B	Dressings (foam alternative) 15 cm x 18 cm, 5	‡1	..	..	66.87	3.50	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, 10	‡1	1	..	39.21	3.50	Lyof foam Flat 603092	SS
4891K	Dressings 10 cm x 10 cm, 10	‡1	1	..	45.64	3.50	Lyof foam Flat 603093	SS
4878R	Dressings 20 cm x 15 cm, 10	‡1	..	..	98.49	3.50	Lyof foam Flat 603095	SS

REPATRIATION

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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.								
4795J	Dressings 10 cm x 10 cm, 10	‡1	..	..	70.89	3.50	Lyof foam Extra 603088	SS
					97.38	3.50	Allevyn 66007637	SN
4880W	Dressings 20 cm x 15 cm, 10	‡1	..	..	184.24	3.50	Lyof foam Extra 603090	SS
4694C	Dressing, cavity, conforming, 20 g	1	..	..	60.84	3.50	Cavicare 4563	SN
DRESSING—GAUZE (ABSORBENT PAD)								
4707R	Pads 5 cm x 5 cm, 100	‡1	..	..	11.20	3.50	Handy 5672	BV
4708T	Pads 10 cm x 10 cm, 100	‡1	..	..	23.02	3.50	Handy 5674	BV
DRESSING—GAUZE—EYE PAD								
4768Y	Pads, 12	‡1	..	..	10.24	3.50	Curity 4112	KE
DRESSING—GAUZE—PARAFFIN								
4759L	Dressings 10 cm x 10 cm, 10	‡1	..	..	14.28	3.50	Jelonet 7404	SN
DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE								
4845B	Dressings 10 cm x 10 cm, 10	‡1	2	..	13.68	3.50	Clorhexitulle	AV
					17.56	3.50	Bactigras 7457	SN
DRESSING—GAUZE—POVIDONE-IODINE PAD								
4779M	Pads 22.5 cm x 7.5 cm, 12	‡1	2	..	29.83	3.50	Betadine	FA
DRESSING—HYDROACTIVE (CAVITY WOUND)								
4918W	Dressings 5 cm x 6 cm, 10	‡1	1	..	66.56	3.50	Cutinova Cavity 47571	SN
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*139.44	3.50	Cutinova Cavity 47573	SN
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)								
4695D	Dressings, island, 11 cm x 11 cm, 10	‡1	..	..	75.28	3.50	Tielle MT2440	JJ
4696E	Dressings, island, 18 cm x 18 cm, 5	‡1	..	..	95.12	3.50	Tielle MT2442	JJ
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)								
4905E	Dressings 5 cm x 6 cm, 10	‡1	1	..	45.11	3.50	Cutinova Thin 47576	SN
4906F	Dressings 10 cm x 10 cm, 5	2	1	..	*82.30	3.50	Cutinova Thin 47578	SN
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)								
4885D	Dressings 5 cm x 6 cm, 10	‡1	1	..	35.62	3.50	Cutinova Hydro 47441	SN

continued

REPATRIATION

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		Qty	Rpts	Premium				
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)—cont.								
4886E	Dressings 10 cm x 10 cm, 5	2	1	..	*59.68	3.50	Cutinova Hydro 47443	SN
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	..	..	*137.28	3.50	DuoDERM Paste H7930	CC
4895P	Paste 50 g	6	..	..	*86.76	3.50	Comfeel Paste 4701	CT
4697F	Powder 6 g	2	..	..	*17.06	3.50	Comfeel Powder 4706	CT
4698G	Ropes 2 g (30 cm), 5	‡1	..	..	74.94	3.50	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	..	31.19	3.50	Comfeel Plus Transparent 3530	CT
4889H	Dressings 9 cm x 14 cm, 10	‡1	1	..	67.12	3.50	Comfeel Plus Transparent 3536	CT
4908H	Dressings 10 cm x 10 cm, 5	2	1	..	*51.28	3.50	Restore Extra Thin 9921	HO
4907G	Dressings 10 cm x 10 cm, 10	‡1	1	..	66.87	3.50	DuoDERM Extra Thin H7955	CC
4924E	Dressings 10 cm x 10 cm, 10	‡1	1	..	55.34	3.50	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	..	*57.08	3.50	Restore Plus 9956	HO
				..	*76.10	3.50	DuoDERM CGF H7660	CC
4921B	Dressings 10 cm x 10 cm, 10	‡1	1	..	55.08	3.50	Replicare Ultra 66000434	SN
				..	60.29	3.50	HydroHeal Colloid 015385	FA
				..	90.60	3.50	Aquacel 177902	CC

continued

REPATRIATION

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DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)—cont.						
4922C	Dressings 15 cm x 15 cm, 5	2 1 ..	*105.48	3.50	Replicare Ultra 66000435	SN
			*131.78	3.50	HydroHeal Colloid 015393	FA
			*188.96	3.50	Aquacel 177903	CC
4853K	Dressings 15 cm x 20 cm, 3	3 1 ..	*131.52	3.50	Restore Plus 9957	HO
4854L	Dressings 20 cm x 20 cm, 3	3 1 ..	*156.69	3.50	Restore Plus 9958	HO
4920Y	Dressings 20 cm x 20 cm, 5	2 1 ..	*198.28	3.50	Replicare Ultra 66000436	SN
			*211.16	3.50	DuoDERM CGF H7662	CC
			*220.08	3.50	HydroHeal Colloid 015407	FA
4923D	Dressings with alginate 10 cm x 10 cm, 10	#1 1 ..	78.90	3.50	Comfeel Plus Ulcer Dressing 3110	CT
4902B	Dressings with border 10 cm x 10 cm, 5	2 1 ..	*108.34	3.50	DuoDERM CGF Border H7971	CC
4903C	Dressings with border 10 cm x 13 cm, 5	2 1 ..	*124.48	3.50	DuoDERM CGF Border H7973	CC
4842W	Dressings, sacral, 5	2 1 ..	*97.86	3.50	Restore Plus Sacral 9959	HO
			*125.54	3.50	Replicare 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 ..	56.34	3.50	Comfeel Purilon Gel 3900	CT
			59.97	3.50	DuoDERM Gel H7990	CC
4926G	Tubes 20 g, 10	#1 1 ..	47.79	3.50	SoloSite Gel 36100614	SN
4894N	Tubes 25 g, 10	#1 1 ..	108.56	3.50	Intrasite Gel 7313	SN
4913N	Tubes 30 g, 3	3 1 ..	*91.08	3.50	DuoDERM Gel H7987	CC
4914P	Tube 50 g	12 1 ..	*76.44	3.50	Solugel 10336	JJ

REPATRIATION

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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	..	..	*73.88	3.50	Nu-Gel 2497 JJ
4910K	Dressing 10 cm x 10 cm	10	..	..	*92.58	3.50	Clearsite Borderless 409240 SS
DRESSING—NON-ADHERENT							
4860T	Dressings 5 cm x 5 cm, 5	2	..	..	*10.30	3.50	Cutilin Non- Stick Wound Pad 76301 BE
				..	*10.86	3.50	Melolin 101720 SN
4755G	Dressings 5 cm x 7.5 cm, 10	‡1	..	..	8.83	3.50	Telfa 1970C KE
4909J	Dressing 7.6 cm x 7.6 cm	10	1	..	*12.38	3.50	Adaptic 2012 JJ
4758K	Dressings 7.5 cm x 10 cm, 6	‡1	..	..	8.98	3.50	Telfa 2140C KE
4862X	Dressings 10 cm x 10 cm, 5	2	..	..	*16.38	3.50	Cutilin Non- Stick Wound Pad 76300 SN
4861W	Dressings 10 cm x 10 cm, 10	‡1	..	..	23.78	3.50	Melolin 66974933 SN
4843X	Dressings, self-adhesive, 5 cm x 7.5 cm, 10	‡1	2	..	10.35	3.50	Telfa 6020C KE
4844Y	Dressings, self-adhesive, 7.5 cm x 10 cm, 6	‡1	2	..	9.76	3.50	Telfa 7650C KE
GAUZE and COTTON TISSUE (COMBINE ROLL)							
4767X	Wrapped pack 9 cm x 10 m	‡1	..	..	12.69	3.50	BV 36121054 BV
4761N	Wrapped pack 10 cm x 10 m	‡1	..	..	11.60	3.50	JJ 12010 JJ
GLOVES PLASTIC (DISPOSABLE)							
4772E	Gloves, small, 100	‡1	..	..	9.70	3.50	Handy 4207 BV
4773F	Gloves, medium, 100	‡1	..	..	9.70	3.50	Handy 4208 BV
4774G	Gloves, large, 100	‡1	..	..	9.70	3.50	Handy 4209 BV
LUBRICATING AGENT							
4318G	Jelly 60 g	‡1	..	..	7.77	3.50	Surgical Lubricating Gel BI
PRESSURE REDUCING PRODUCTS							
4676D	Sheet 10 cm x 10 cm x 3 mm	2	..	..	*25.80	3.50	Spenco Dermal Pad 10-553 KC
4677E	Sheet 10 cm x 10 cm x 12 mm	2	..	..	*46.92	3.50	Spenco Dermal Pad 10-561 KC

continued

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	
PRESSURE REDUCING PRODUCTS—cont.						
4678F	Butterfly shape 7 cm	5	*42.13	3.50	Comfeel Plus Pressure Relieving 3350	CT
4679G	Round 10 cm	5	*45.73	3.50	Comfeel Plus Pressure Relieving 3353	CT
4680H	Round 15 cm	5	*58.43	3.50	Comfeel Plus Pressure Relieving 3356	CT
TAPES—NON-WOVEN RETENTION (POLYACRYLATE)						
4915Q	Roll 2.5 cm x 9.1 m	‡1	10.11	3.50	Medipore 2961	MM
4863Y	Roll 2.5 cm x 10 m	‡1	13.91	3.50	Hypafix 36104020	BV
4917T	Roll 2.5 cm x 10 m	‡1	7.47	3.50	Mefix 310250	SS
4916R	Roll 5 cm x 10 m	‡1	20.66	3.50	Hypafix 36104120	BV
TAPES—PLASTER ADHESIVE ELASTIC						
4780N	Roll 2.5 cm x 2.5 m	‡1	10.24	3.50	Leukoplast 1071	BV
4781P	Roll 5 cm x 2.5 m	‡1	15.30	3.50	Leukoplast 1072	BV
4782Q	Roll 7.5 cm x 2.5 m	‡1	18.43	3.50	Leukoplast 1073	BV
4735F	Roll 10 cm x 2.5 m	‡1	19.92	3.50	Elastoplast 1004	BV
TAPES—PLASTER ADHESIVE HYPOALLERGENIC						
4783R	Roll 1.25 cm x 5 m	‡1	8.10	3.50	Leukopor 2471	BV
4785W	Roll 1.25 cm x 5 m	‡1	8.35	3.50	Leukosilk 1021	BV
4794H	Roll 2.5 cm x 5 m	‡1	10.20	3.50	Leukopor 2472	BV
4787Y	Roll 2.5 cm x 5 m	‡1	10.65	3.50	Leukosilk 1022	BV
4788B	Stretch roll 5 cm x 5 m	‡1	14.12	3.50	Leukoflex 1124	BV
4790D	Roll 5 cm x 5 m	‡1	13.25	3.50	Leukopor 2474	BV
4789C	Roll 5 cm x 5 m	‡1	13.96	3.50	Leukosilk 1024	BV
4870H	Roll (dispenser) 1.25 cm x 6.8 m	‡1	8.56	3.50	Nexcare Cloth Tape (Durapore) 2610	MM
4868F	Roll (dispenser) 1.25 cm x 6.8 m	‡1	8.56	3.50	Nexcare Paper Tape (Micropore) R3	MM
4875N	Roll (dispenser) 2.5 cm x 6.8 m	‡1	9.64	3.50	Nexcare Cloth Tape (Durapore) 2611	MM
4873L	Roll (dispenser) 2.5 cm x 6.8 m	‡1	9.64	3.50	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 @	4.08 BV
4654Y	Bandage—Compression	8 cm x 5 m	1 @	11.76 BV
4736G		7.5 cm x 3 m	1 @	14.50 BV
4656C		7.5 cm x 3.5 m	1 @	11.79 SS
4748X		10 cm x 3 m	1 @	12.67 CC
			1 @	19.20 BV
4657D		10 cm x 3.5 m	1 @	9.00 BV
			1 @	13.73 SS
4658E		Four layer	1 @	34.99 SN
4811F	Bandage—Retention—Cohesive— Heavy	5 cm x 1.3 m	1 @	3.63 BK
4812G		7.5 cm x 1.3 m	1 @	5.20 BK
4659F		7.5 cm x 3 m	1 @	6.09 BV
4813H		10 cm x 1.3 m	1 @	7.00 BK
4660G		10 cm x 2 m	1 @	7.21 MM
4814J		15 cm x 1.3 m	1 @	10.41 BK
4719J	Bandage—Retention—Cohesive— Light	6 cm x 4 m	1 @	3.63 BV
4662J		10 cm x 4 m	1 @	5.24 BV
4727T	Bandage—Retention—Cotton Crepe	5 cm x 2.3 m	1 @	5.27 KE
			1 @	5.41 BV
4728W		7.5 cm x 2.3 m	1 @	7.44 BV
			1 @	7.56 KE
4729X		10 cm x 2.3 m	1 @	9.06 KE
			1 @	9.74 BV
4674B	Bandage—Tubular (Long Stocking)	Small	1 @	15.38 SS
4797L		Medium	1 @	15.38 SS
4799N		Large	1 @	15.38 SS
4675C		XX/large	1 @	15.38 SS
4661H	Bandage—Tubular (Short Stocking)	Small B/C	1 @	10.95 SS
4815K		Medium C/D	1 @	10.95 SS
4816L		Large D/E	1 @	10.95 SS
4668Q	Bandage—Zinc Paste	7.5 cm x 6 m	1 @	8.48 SS
4669R		7.5 cm x 6 m	1 @	9.00 SS
4750B		7.5 cm x 6 m	1 @	24.92 SN
4749Y		8 cm x 5 m	1 @	14.92 BV
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
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 @	12.78 SS
4685N		2 g (30 cm), 5	1 @	37.85 HO
4682K		2 g (40 cm), 6	1 @	50.45 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 @ 3.21	CT
4683L		7.5 cm x 12 cm	1 @ 5.83	FA
			1 @ 8.06	CC
4831G		10 cm x 10 cm	1 @ 6.79	CT
			1 @ 7.41	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 @ 7.13	SN
4899W		8 cm x 10 cm, 5	1 @ 12.34	SN
4690W		9 cm x 10 cm	1 @ 1.91	MM
4892L	Dressing—Foam with Charcoal (Malodorous Wound)	10 cm x 10 cm, 10	1 @ 81.82	SS
4919X	Dressing—Hydroactive (Cavity Wound)	10 cm x 10 cm, 5	1 @ 67.38	SN
4906F	Dressing—Hydroactive (Superficial Wound—Light Exudate)	10 cm x 10 cm, 5	1 @ 38.81	SN
4886E	Dressing—Hydroactive (Superficial Wound—Moderate Exudate)	10 cm x 10 cm, 5	1 @ 27.50	SN
4896Q	Dressing—Hydrocolloid (Cavity Wound)	30 g	1 @ 13.26	CC
4895P		50 g	1 @ 13.68	CT
4697F		6 g	1 @ 6.19	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 @ 50.40	SN
			1 @ 63.55	FA
			1 @ 92.14	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 @ 96.80	SN
			1 @ 103.24	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 @ 60.43	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 @ 34.60	JJ
4910K		10 cm x 10 cm	1 @ 8.79	SS
4860T	Dressing—Non-Adherent	5 cm x 5 cm, 5	1 @ 2.81	BE
			1 @ 3.09	SN
4909J		7.6 cm x 7.6 cm	1 @ 0.77	JJ
4862X		10 cm x 10 cm, 5	1 @ 5.85	SN
4237B	Fexofenadine Hydrochloride	60 mg	20 @ 12.40	AV
4246L	Glycerol	2.8 g, 12	1 @ 3.59	PP
4283K	Ipratropium Bromide with Salbutamol Sulfate	20 mcg (anhydrous)- 100 mcg (base) per dose (200 doses)	1 @ 21.20	BY

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
4576W	Nicotine	Approx. 5 mg per 16 hours, 7	1 @ 20.90	PH
4571N		Approx. 7 mg per 24 hours, 7	1 @ 25.03	SK
4577X		Approx. 10 mg per 16 hours, 7	1 @ 22.97	PH
4572P		Approx. 14 mg per 24 hours, 7	1 @ 27.56	SK
4578Y		Approx. 15 mg per 16 hours, 7	1 @ 25.50	PH
4573Q		Approx. 21 mg per 24 hours, 7	1 @ 30.55	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 @ 7.49	CT
4679G		10 cm	1 @ 8.21	CT
4680H		15 cm	1 @ 10.75	CT
4979C	Ranitidine Hydrochloride	150 mg (base) per 10 mL, 300 mL	1 @ 9.71	GW
4980D		150 mg (base) per 10 mL, 300 mL	1 @ 9.71	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

A

ABACAVIR SULFATE		
Section 100.....	270	
ABACAVIR SULFATE with LAMIVUDINE and ZIDOVUDINE		
Section 100.....	270	
Abbecillin-V (AB)		
Dental.....	250	
General anti-infectives for systemic use.....	150	
Abbecillin-V Dulcet (AB)		
Dental.....	249	
General anti-infectives for systemic use.....	149, 150	
Abbecillin-VK Filmtab (AB)		
Dental.....	249	
General anti-infectives for systemic use.....	149, 150	
ABCIXIMAB	92	
ACAMPROSATE CALCIUM	215	
ACARBOSE	87	
Accomin Adult Tonic (WT)		
Repatriation Schedule.....	328	
Accu-Chek Active (RD)	235	
Accupril (PD)	112	
Accure 10 (AF)	122	
Accure 20 (AF)	122	
Accutrend Glucose (RD)	235	
Acenorm 12.5 mg (AF)	110	
Acenorm 25 mg (AF)	110	
Acenorm 50 mg (AF)	110	
ACETAZOLAMIDE	229	
Acetopt (SI)	227	
ACETYLCYSTEINE	225	
Achromycin (LE)		
Dental.....	247	
General anti-infectives for systemic use.....	147	
ACICLOVIR		
General anti-infectives for systemic use.....	163	
Sensory organs.....	227	
Acihexal (HX)	163	
Aci-Jel (JC)		
Repatriation Schedule.....	337	
Acimax Tablets (AL)	75	
ACITRETIN	119	
Aclin (AF)		
Dental.....	258	
Musculo-skeletal system.....	180	
Aclin 200 (AF)		
Dental.....	258	
Musculo-skeletal system.....	180	
Actilax (AF)	81	
Actilyse (BY)	94	
Actisorb Plus MAC031 (JJ)		
Repatriation Schedule.....	350	
Actonel (AV)	187	
Actrapid (NO)	85	
Actrapid NovoLet 3 mL (NL)	85	
Actrapid Penfill 3 mL (NO)	85	
Actuss (SI)		
Repatriation Schedule.....	343	
Acyclo-V 200 (AF)	163	
Acyclo-V 800 (AF)	163	
Adalat 10 (BN)	108	
Adalat 20 (BN)	108	
Adalat Oros 30 (BN)		
Cardiovascular system.....	108	
Repatriation Schedule.....	330	
Adalat Oros 60 (BN)		
Cardiovascular system.....	108	
Repatriation Schedule.....	330	
Adaptic 2012 (JJ)		
Repatriation Schedule.....	356	
ADRENALINE		
Cardiovascular system.....	99	
Dental.....	245, 267	
Doctor's Bag Supplies.....	63	
Respiratory system.....	224	
Adriamycin Solution (PH)	169	
Advantage II (RD)	235	
Advantan (CS)	121	
Aggrastat (MK)	94	
Agon SR (TP)	107	
Airomir (MM)		
Doctor's Bag Supplies.....	64	
Respiratory system.....	218	
Airomir Autohaler (MM)	218	
Akamin 50 (AF)	146	
Akamin 100 (AF)	146	
Akineton (KN)	201	
Albalon-A (AG)		
Repatriation Schedule.....	344	
Albalon Liquifilm (AG)		
Repatriation Schedule.....	344	
Albay Bee Venom (TH)	234	
Albay Wasp Venom (TH)	234	
Albay Yellow Jacket Venom (TH)	234	
ALBENDAZOLE	217	
Aldactone (PH)	104	
Aldazine 10 (AF)	204	
Aldazine 25 (AF)	204	
Aldazine 50 (AF)	204	
Aldazine 100 (AF)	204	
Aldecin Aqueous Set (SH)		
Repatriation Schedule.....	342	
Aldomet (MK)	101	
ALENDRONATE SODIUM	186	
Alepam 15 (AF)		
Dental.....	266	
Nervous system.....	206	
Alepam 30 (AF)		
Dental.....	266	
Nervous system.....	206	
Alfaré (NT)	237	
Algisite M 66000519 (SN)		
Repatriation Schedule.....	351	
Algisite M 66000520 (SN)		
Repatriation Schedule.....	351	
Algisite M 66000521 (SN)		
Repatriation Schedule.....	351	
Alkeran (GW)	166	
ALLANTOIN with GLYCEROL and ICHTHAMMOL		
Repatriation Schedule.....	336	

GENERIC /PROPRIETARY INDEX

ALLANTOIN with SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL		AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE.....	239
Repatriation Schedule	333	AMINO ACID FORMULA without PHENYLALANINE	240
Allegron (DL).....	209	AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE.....	240
Allewyn 66007637 (SN).....		AMINO ACID FORMULA with VITAMINS, MINERALS and LONG CHAIN POLYUNSATURATED FATTY ACIDS without PHENYLALANINE	240
Repatriation Schedule	353	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE.....	240
Allohexal (HX).....	185, 186	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE	240
ALLOPURINOL.....	185	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE.....	241
Allopurinol-BC (BG).....	185, 186	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE.....	241
Allorin 100 mg (DP).....	185	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE.....	241
Allorin 300 mg (DP).....	186	AMINO ACIDS—SYNTHETIC, FORMULA.....	236
Alodorm (AF).....		AMINOGLUTETHIMIDE	
Dental.....	267	Antineoplastic and immunomodulating agents	174
Nervous system.....	198, 207	Systemic hormonal preparations, excl. sex hormones.....	142
Alpha Keri Bath Oil (BQ)		Aminogran F.S. (UC).....	240
Repatriation Schedule	332	Aminogran M.M. (UC).....	242
Alpha Keri Lotion (BQ)		AMIODARONE HYDROCHLORIDE.....	98
Repatriation Schedule	332	AMITRIPTYLINE HYDROCHLORIDE	208
Alphacin 250 (AF).....		Amizide (AF).....	105
Dental.....	249	AMLODIPINE BESYLATE	
General antiinfectives for systemic use.....	149	Cardiovascular system	107
Alphacin 500 (AF).....		Repatriation Schedule	330
Dental.....	249	AMMONIUM CHLORIDE	138
General antiinfectives for systemic use.....	149	Amohexal (HX)	
Alphagan (AG).....	228	Dental.....	248
Alphamox 125 (AF).....		General antiinfectives for systemic use.....	148
Dental.....	248	AMOROLFINE HYDROCHLORIDE	
General antiinfectives for systemic use.....	148	Repatriation Schedule	331
Alphamox 250 (AF).....		Amoxil (SK)	
Dental.....	248	Dental.....	247, 248
General antiinfectives for systemic use.....	148	General antiinfectives for systemic use.....	147, 148
Alphamox 500 (AF).....		Amoxil Forte (SK)	
Dental.....	248	Dental.....	248
General antiinfectives for systemic use.....	148	General antiinfectives for systemic use.....	148
Alphapress 25 (AF).....	102	AMOXYCILLIN	
Alphapress 50 (AF).....	102	Dental.....	247
Alphapril (AF).....	111	General antiinfectives for systemic use.....	147
ALPRAZOLAM.....	205	AMOXYCILLIN with CLAVULANIC ACID	
Alprim (AF).....	156	Dental.....	251
ALPROSTADIL	138	General antiinfectives for systemic use.....	151
ALTEPLASE (Recombinant tissue-type plasminogen activator).....	94	Amoxycillin-BC (BG)	
ALTRETAMINE (Hexamethylmelamine).....	171	Dental.....	248
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE	67	General antiinfectives for systemic use.....	148
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE		AMPHOTERICIN	
Repatriation Schedule	324	Alimentary tract and metabolism.....	67
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE	67	Dental.....	243
AMANTADINE HYDROCHLORIDE.....	201	General antiinfectives for systemic use.....	161
Amaryl (AV)	87		
Amfamox 20 (AD)			
Alimentary tract and metabolism.....	69, 70		
Repatriation Schedule	325		
Amfamox 40 (AD)			
Alimentary tract and metabolism.....	69, 70		
Repatriation Schedule	325		
AMILORIDE HYDROCHLORIDE	105		

GENERIC /PROPRIETARY INDEX

AMPICILLIN		<i>Aquacare H.P. (AG)</i>	
.Dental	249	.Repatriation Schedule	332
.General anti-infectives for systemic use	149	<i>Aquacel 177902 (CC)</i>	
<i>Ampicyn (AS)</i>		.Repatriation Schedule	354
.Dental	249	<i>Aquacel 177903 (CC)</i>	
.General anti-infectives for systemic use	149	.Repatriation Schedule	355
<i>Amprace 5 (AD)</i>	111	<i>Aquacel 177904 (CC)</i>	
<i>Amprace 10 (AD)</i>	111	.Repatriation Schedule	354
<i>Amprace 20 (AD)</i>	111	<i>Aquae (HA)</i>	
<i>Anafranil 25 (NV)</i>	207, 209	.Repatriation Schedule	324
<i>Anamorph (FM)</i>		<i>Aquasun Lotion SPF 18 (PF)</i>	
.Dental	262	.Repatriation Schedule	333
.Nervous system	191	<i>Aranesp (AN)</i>	
<i>Anandron (AV)</i>	174	.Section 100	271, 272
<i>Anaprox 550 (RO)</i>		<i>Aratac 100 (AF)</i>	99
.Dental	261	<i>Aratac 200 (AF)</i>	99
.Musculo-skeletal system	182	<i>Arava (AV)</i>	184
ANASTROZOLE	174	<i>Aredia 15 mg (NV)</i>	
<i>Andriol (OR)</i>	126	.Musculo-skeletal system	187
<i>Androcur (SC)</i>		.Section 100	273
.Antineoplastic and immunomodulating agents	174	<i>Aredia 30 mg (NV)</i>	
.Genito urinary system and sex hormones	136, 137	.Musculo-skeletal system	187
<i>Androcur-100 (SC)</i>		.Section 100	273
.Antineoplastic and immunomodulating agents	174	<i>Aredia 90 mg (NV)</i>	
.Genito urinary system and sex hormones	137	.Section 100	273
<i>Androderm (FA)</i>	125	<i>Aricept (PF)</i>	213
<i>Anginine Stabilised (SI)</i>		<i>Arima (AF)</i>	211
.Cardiovascular system	99	<i>Arima 300 (AF)</i>	211
.Dental	245	<i>Arimidex (AP)</i>	174
<i>Anpec 40 (AF)</i>	108	<i>Aristocort 0.02% (LE)</i>	120
<i>Anpec 80 (AF)</i>	108	<i>Aromasin (PH)</i>	174
<i>Anpec SR (AF)</i>	109	<i>Aropax (SK)</i>	210
<i>Anselol 50 mg (DP)</i>	106	<i>Artane (LE)</i>	200
ANTAZOLINE with NAPHAZOLINE		<i>Arthrexin (AF)</i>	
.Repatriation Schedule	344	.Dental	258
<i>Antenex 2 (AF)</i>		.Musculo-skeletal system	179
.Dental	266	<i>Arthrotec 50 (PH)</i>	
.Nervous system	205	.Repatriation Schedule	339
<i>Antenex 5 (AF)</i>		<i>Asasantin SR (BY)</i>	93
.Dental	266	ASCORBIC ACID	
.Nervous system	206	.Repatriation Schedule	328
<i>Anthel 125 (AF)</i>	217	<i>Asig (SI)</i>	112
<i>Anthel 250 (AF)</i>	217	<i>Asmol 2.5 uni-dose (AF)</i>	
<i>Antistine-Privine (NV)</i>		.Doctor's Bag Supplies	64
.Repatriation Schedule	344	.Respiratory system	219
<i>Antroquoril (EX)</i>	121	<i>Asmol 5 uni-dose (AF)</i>	
<i>Anturan 100 (NV)</i>	186	.Doctor's Bag Supplies	65
<i>Anusol (WW)</i>		.Respiratory system	219
.Repatriation Schedule	329	<i>Asmol CFC-free (AL)</i>	
<i>Anzatax (FA)</i>	169	.Doctor's Bag Supplies	64
<i>Anzemet (AV)</i>	78	.Respiratory system	218
<i>Apatef (LE)</i>		<i>Aspalgin (FM)</i>	
.Dental	253	.Repatriation Schedule	340
.General anti-infectives for systemic use	154	ASPIRIN	
<i>Apomine (FA)</i>		.Blood and blood forming organs	92
.Section 100	270	.Dental	265
APOMORPHINE HYDROCHLORIDE		.Nervous system	195
.Section 100	270	.Repatriation Schedule	329
<i>Apoven 250 (DP)</i>	224	<i>Astrix (FA)</i>	
APRACLOPIDINE HYDROCHLORIDE	228	.Blood and blood forming organs	92
<i>Aprinox (KN)</i>	103	.Repatriation Schedule	329

GENERIC /PROPRIETARY INDEX

<i>Atacand (AP)</i>	114	<i>Avonex (CS)</i>	176
<i>Atacand Plus 16/12.5 (AP)</i>	115	<i>Azahexal (HX)</i>	178
<i>Atehexal (HX)</i>	106	<i>Azamun (DP)</i>	178
<i>ATENOLOL</i>	106	<i>AZATHIOPRINE</i>	178
<i>Atenolol-BC (BG)</i>	106	<i>AZITHROMYCIN</i>	
<i>ATORVASTATIN CALCIUM</i>	117	General antiinfectives for systemic use	157
<i>ATOVAQUONE</i>	216	Repatriation Schedule	338
<i>ATROPINE SULFATE</i>		Section 100	270
Alimentary tract and metabolism	77	Sensory organs	226
Dental	243	<i>Azol 100 (AF)</i>	137
Doctor's Bag Supplies	63	<i>Azol 200 (AF)</i>	137
Sensory organs	230	<i>Azopt (AQ)</i>	229
<i>Atropt (SI)</i>	230	B	
<i>Atrovent (BY)</i>	223, 224	<i>Baclo (DP)</i>	185
<i>Atrovent Adult (BY)</i>	224	<i>BACLOFEN</i>	
<i>Atrovent Autohaler (BY)</i>	223	Musculo-skeletal system	185
<i>Atrovent Forte (BY)</i>	223	Section 100	270
<i>Atrovent Nasal Aqueous (BY)</i>		<i>Baclohexal (HX)</i>	185
Repatriation Schedule	343	<i>Bactigras 7457 (SN)</i>	
<i>Atrovent Nasal Forte (BY)</i>		Repatriation Schedule	353
Repatriation Schedule	343	<i>Bactrim (RO)</i>	
<i>Augmentin (SK)</i>		Dental	255
Dental	251	General antiinfectives for systemic use	157
General antiinfectives for systemic use	152	<i>Bactrim DS (RO)</i>	
<i>Augmentin Duo (SK)</i>		Dental	255
Dental	251	General antiinfectives for systemic use	157
General antiinfectives for systemic use	151	<i>Bactroban (SK)</i>	
<i>Augmentin Duo 400 (SK)</i>		Repatriation Schedule	333
Dental	252	BANDAGE—ABSORBENT WOOL	
General antiinfectives for systemic use	152	Repatriation Schedule	348
<i>Augmentin Duo forte (SK)</i>		BANDAGE—CALICO	
Dental	251	Repatriation Schedule	348
General antiinfectives for systemic use	152	BANDAGE—COMPRESSION	
AURANOFIN	183	Repatriation Schedule	348
<i>Aurorix (RO)</i>	211	BANDAGE—RETENTION—COHESIVE—HEAVY	
<i>Aurorix 300 mg (RO)</i>	211	Repatriation Schedule	348
AUROTHIOGLUCOSE	183	BANDAGE—RETENTION—COHESIVE—LIGHT	
<i>Auscap (SI)</i>	210	Repatriation Schedule	348
<i>Auscard (SI)</i>	109	BANDAGE—RETENTION—COTTON CREPE	
<i>Ausclav (SI)</i>		Repatriation Schedule	348
Dental	251	BANDAGE—TUBULAR	
General antiinfectives for systemic use	152	Repatriation Schedule	349
<i>Ausclav Duo 400 (SI)</i>		BANDAGE—TUBULAR (FINGER)	
Dental	252	Repatriation Schedule	349
General antiinfectives for systemic use	152	BANDAGE—TUBULAR (LIGHTWEIGHT)	
<i>Ausclav Duo 500/125 (SI)</i>		Repatriation Schedule	349
Dental	251	BANDAGE—TUBULAR (LONG STOCKING)	
General antiinfectives for systemic use	151	Repatriation Schedule	349
<i>Ausclav Duo Forte (SI)</i>		BANDAGE—TUBULAR (SHORT STOCKING)	
Dental	251	Repatriation Schedule	349
General antiinfectives for systemic use	152	BANDAGE—ZINC PASTE	
<i>Ausgem (SI)</i>	118	Repatriation Schedule	350
<i>Auspril (SI)</i>	111	<i>Barbloc 5 (AF)</i>	105
<i>Ausran (SI)</i>	72, 73	<i>Barbloc 15 (AF)</i>	105
<i>Austrapen (CS)</i>		BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-	
Dental	249	Guérin/Connaught strain)	177
General antiinfectives for systemic use	149	BCG-TICE (Bacillus Calmette-Guérin/Tice strain)	177
<i>Avanza (BP)</i>	212	<i>Becloforte (GW)</i>	221
<i>Avapro (BQ)</i>	114	BECLOMETHASONE DIPROPIONATE	
<i>Avapro HCT 150/12.5 (BQ)</i>	115	Repatriation Schedule	342
<i>Avapro HCT 300/12.5 (BQ)</i>	115	Respiratory system	221

GENERIC /PROPRIETARY INDEX

<i>Beconase AQ (GW)</i>		<i>Bgramin (DP)</i>	
Repatriation Schedule.....	342	Dental.....	248
<i>Beconase AQ Twin Pack (GW)</i>		General antiinfectives for systemic use.....	148
Repatriation Schedule.....	342	<i>Biaxsig (HP)</i>	158
<i>Becotide (GW)</i>	221	<i>Biaxsig D (HP)</i>	158
<i>Becotide 100 (GW)</i>	221	<i>BICALUTAMIDE</i>	174
<i>BENDROFLUAZIDE</i>	103	<i>Bicillin L-A (WY)</i>	
<i>BenPen (CS)</i>		Dental.....	249
Dental.....	249	General antiinfectives for systemic use.....	149
Doctor's Bag Supplies.....	63	<i>Bicillin L-A Tubex (WY)</i>	
General antiinfectives for systemic use.....	149	Dental.....	249
BENZATHINE PENICILLIN		General antiinfectives for systemic use.....	149
Dental.....	249	BIFONAZOLE	
General antiinfectives for systemic use.....	149	Repatriation Schedule.....	330
<i>Benzemul (MG)</i>	217	<i>Bion Tears (AQ)</i>	232
<i>BENZHEXOL HYDROCHLORIDE</i>	200	<i>BIPERIDEN HYDROCHLORIDE</i>	201
BENZTROPINE MESYLATE		<i>Biphasil 28 (WY)</i>	124
Dental.....	266	<i>Bi-Quinate (AV)</i>	
Doctor's Bag Supplies.....	63	Antiparasitic products, insecticides and repellents.....	216
Nervous system.....	201	Musculo-skeletal system.....	189
Repatriation Schedule.....	340	<i>BISACODYL</i>	80, 81
BENZYDAMINE HYDROCHLORIDE		<i>Bisalax (AS)</i>	80, 81
Alimentary tract and metabolism.....	67	<i>BISMUTH SUBCITRATE and METRONIDAZOLE</i>	
Dental.....	243	and <i>TETRACYCLINE HYDROCHLORIDE</i>	
<i>BENZYL BENZOATE</i>	217	(BUFFERED).....	76
BENZYL PENICILLIN		<i>Blenamax (AA)</i>	
Dental.....	249	Special Pharmaceutical Benefits.....	66
Doctor's Bag Supplies.....	63	<i>Blenoxane (BQ)</i>	
General antiinfectives for systemic use.....	149	Special Pharmaceutical Benefits.....	66
<i>Betachek (NA)</i>	235	BLEOMYCIN SULFATE	
<i>Betachek MERIDIAN (NA)</i>	236	Special Pharmaceutical Benefits.....	66
<i>Betadine (FA)</i>		<i>Bleph 10 (AG)</i>	227
Repatriation Schedule.....	353	<i>BM-Test-Glycemie 20-800 (RD)</i>	236
<i>Betadine Antiseptic Liquid (FA)</i>		<i>Bonefos (AV)</i>	188
Repatriation Schedule.....	335	<i>Bonefos 800 mg (AV)</i>	188
<i>Betaferon (SC)</i>	177	<i>Botox (AG)</i>	
<i>Betagan (AG)</i>	229	Section 100.....	284
<i>Betaloc (AP)</i>	106	BOTULINUM TOXIN TYPE A PURIFIED	
BETAMETHASONE ACETATE with		NEUROTOXIN COMPLEX	
BETAMETHASONE SODIUM PHOSPHATE		Section 100.....	284
Dental.....	246	<i>Brevinor (PH)</i>	124
Systemic hormonal preparations, excl. sex		<i>Brevinor-1 (PH)</i>	124
hormones.....	140	<i>Bricanyl (AP)</i>	
BETAMETHASONE DIPROPIONATE	121	Doctor's Bag Supplies.....	65
BETAMETHASONE VALERATE		Respiratory system.....	219, 220, 225
Dermatologicals.....	121	<i>Bricanyl Respules (AP)</i>	220
Repatriation Schedule.....	334	<i>Bricanyl Turbuhaler (AP)</i>	220
<i>Betamin (AV)</i>		BRIMONIDINE TARTRATE	228
Repatriation Schedule.....	328	BRINZOLAMIDE	229
<i>Beta-Sol (FM)</i>	88	BROMAZEPAM	
<i>BETAXOLOL HYDROCHLORIDE</i>	229	Repatriation Schedule.....	340
<i>BETHANECHOL CHLORIDE</i>	214	BROMOCRIPTINE MESYLATE	
<i>Betnovate (SI)</i>		Genito urinary system and sex hormones.....	123
Repatriation Schedule.....	334	Nervous system.....	201
<i>Betnovate 1/5 (SI)</i>	121	<i>Bromocriptine-BC (BG)</i>	
<i>Betnovate 1/2 (SI)</i>		Genito urinary system and sex hormones.....	123
Dermatologicals.....	121	Nervous system.....	202
Repatriation Schedule.....	334	<i>Bromohexal (HX)</i>	
<i>Betoptic (AQ)</i>	229	Genito urinary system and sex hormones.....	123
<i>Betoptic S (AQ)</i>	229	Nervous system.....	202
<i>BetoQuin (IQ)</i>	229		

GENERIC /PROPRIETARY INDEX

<i>Bromolactin (SI)</i>		<i>Candyl-D 10 mg (DP)</i>	
Genito urinary system and sex hormones	123	Dental	258
Nervous system	202	Musculo-skeletal system	180
<i>Brufen (KN)</i>		<i>Candyl-D 20 mg (DP)</i>	
Dental	260	Dental	259
Musculo-skeletal system	181	Musculo-skeletal system	180
BUDESONIDE	222	<i>Canesten (BN)</i>	
BUMETANIDE	103	Repatriation Schedule	331, 336
BUPROPION HYDROCHLORIDE	214	<i>Canesten 1 (BN)</i>	
<i>Burinex (CS)</i>	103	Repatriation Schedule	336
<i>Buscopan (BY)</i>		<i>Canesten 3 (BN)</i>	
Repatriation Schedule	326	Repatriation Schedule	337
<i>Buspar (BQ)</i>		CAPECITABINE	167
Repatriation Schedule	340	<i>Capoten (BQ)</i>	110
BUSPIRONE HYDROCHLORIDE		<i>Captohexal (HX)</i>	110
Repatriation Schedule	340	CAPTOPRIL	110
BUSULFAN	166	<i>Captopril-BC (BG)</i>	110
<i>BV 36121054 (BV)</i>		<i>Capurate-300 (FM)</i>	186
Repatriation Schedule	356	<i>Carafate (AS)</i>	77
C		CARBACHOL	228
<i>Cabaser (PU)</i>	202	CARBAMAZEPINE	
CABERGOLINE		Dental	266
Genito urinary system and sex hormones	123	Nervous system	198
Nervous system	202	<i>Carbamazepine-BC (BG)</i>	
<i>Caelyx (SH)</i>		Dental	266
Section 100	274	Nervous system	198, 199
<i>Cafergot S (NV)</i>	196	CARBAMIDE PEROXIDE	
<i>Calcihep (AV)</i>	92	Repatriation Schedule	345
<i>Calciparine (SW)</i>	92	CARBIMAZOLE	142
CALCIPOTRIOL	119	<i>CarboFLEX 403202 (CC)</i>	
CALCITONIN	143	Repatriation Schedule	350
CALCITRIOL		<i>CarboFLEX 403204 (CC)</i>	
Alimentary tract and metabolism	88	Repatriation Schedule	350
Musculo-skeletal system	188	CARBOHYDRATE, FAT, VITAMINS, MINERALS	
CALCIUM		and TRACE ELEMENTS	241
Alimentary tract and metabolism	89	CARBOMER 940	230
Musculo-skeletal system	189	CARBOMER 974	231
CALCIUM CARBONATE with GLYCINE		CARBOMER 980	231
Repatriation Schedule	324	CARBOPLATIN	170
CALCIUM FOLINATE	234	<i>Cardinorm (HX)</i>	99
<i>Calmurid (OL)</i>		<i>Cardiprin 100 (RC)</i>	
Repatriation Schedule	332	Repatriation Schedule	329
<i>Cal-Sup (MM)</i>		<i>Cardizem (AV)</i>	109
Alimentary tract and metabolism	89	<i>Cardizem CD (AV)</i>	109
Musculo-skeletal system	189	<i>Cardol (AF)</i>	99
<i>Caltrate (WT)</i>		CARMELLOSE SODIUM	231
Alimentary tract and metabolism	89	CARMELLOSE SODIUM with PECTIN and GELATIN	
Musculo-skeletal system	189	Repatriation Schedule	332
<i>Campral (AF)</i>	215	<i>Cartia (SK)</i>	
<i>Camptosar (PU)</i>	171	Repatriation Schedule	329
CANDESARTAN CILEXETIL	114	CARVEDILOL	107
CANDESARTAN CILEXETIL with		<i>Catapres (BY)</i>	101
HYDROCHLOROTHIAZIDE	115	<i>Catapres 100 (BY)</i>	101
<i>Candyl 10 mg (DP)</i>		CATIONIC CONDITIONER with PANTHENOL	
Dental	259	Repatriation Schedule	336
Musculo-skeletal system	181	<i>Caverject (PH)</i>	138
<i>Candyl 20 mg (DP)</i>		<i>Cavicare 4563 (SN)</i>	
Dental	259	Repatriation Schedule	353
Musculo-skeletal system	181	<i>Ceclor (LY)</i>	
		Dental	252, 253
		General anti-infectives for systemic use	153

GENERIC /PROPRIETARY INDEX

<i>Ceclor CD (LY)</i>		<i>Chem mart CefaclorCD (CH)</i>	
.Dental	252	.Dental	252
.General antiinfectives for systemic use	152	.General antiinfectives for systemic use	152
CEFACTOR		<i>Chem mart Cephalexin (CH)</i>	
.Dental	252	.Dental	254
.General antiinfectives for systemic use	152	.General antiinfectives for systemic use	155
CEFEPIME	153	<i>Chem mart Clomipramine (CH)</i>	207, 209
<i>Cefkor (DP)</i>		<i>Chem mart Diclofenac (CH)</i>	
.Dental	252, 253	.Dental	257, 258
.General antiinfectives for systemic use	153	.Musculo-skeletal system	179
<i>Cefkor CD (DP)</i>		<i>Chem mart Diltiazem (CH)</i>	109
.Dental	252	<i>Chem mart Doxycycline (CH)</i>	
.General antiinfectives for systemic use	152	.Dental	247
<i>Ceflin (HX)</i>		.General antiinfectives for systemic use	144, 145, 146
.Dental	254	<i>Chem mart Enalapril (CH)</i>	111
.General antiinfectives for systemic use	155	<i>Chem mart Fluoxetine (CH)</i>	210
CEFOTAXIME		<i>Chem mart Frusemide (CH)</i>	103, 104
.Dental	253	<i>Chem mart Gemfibrozil (CH)</i>	118
.General antiinfectives for systemic use	153	<i>Chem mart Indapamide (CH)</i>	103
CEFOTETAN		<i>Chem mart Ipratropium (CH)</i>	224
.Dental	253	<i>Chem mart Isosorbide Mononitrate (CH)</i>	100
.General antiinfectives for systemic use	154	<i>Chem mart Lisinopril (CH)</i>	112
CEFTRIAXONE	154	<i>Chem mart Metformin (CH)</i>	86
<i>Ceftriaxone-BC (BG)</i>	155	<i>Chem mart Metoprolol (CH)</i>	106
CEFUROXIME AXETIL		<i>Chem mart Moclobemide (CH)</i>	211
.Dental	253	<i>Chem mart Nifedipine (CH)</i>	108
.General antiinfectives for systemic use	155	<i>Chem mart Piroxicam (CH)</i>	
<i>Celebrex (PH)</i>	183	.Dental	259
CELECOXIB	183	.Musculo-skeletal system	181
<i>Celestone Chronodose (SH)</i>		<i>Chem mart Piroxicam Dispersible (CH)</i>	
.Dental	246	.Dental	259
.Systemic hormonal preparations, excl. sex hormones	140	.Musculo-skeletal system	180
<i>Celestone-M (SH)</i>	121	<i>Chem mart Prazosin (CH)</i>	101, 102
<i>Celestone-V Half Strength (SH)</i>	121	<i>Chem mart Ranitidine (CH)</i>	72, 73
<i>CellCept (RO)</i>		<i>Chem mart Salbutamol (CH)</i>	
.Section 100.....	280	.Doctor's Bag Supplies	64, 65
<i>Cellufresh (AG)</i>	231	.Respiratory system	219
<i>Celluvisc (AG)</i>	231	<i>Chem mart Sotalol (CH)</i>	99
CEPHALEXIN		<i>Chem mart Tamoxifen (CH)</i>	173
.Dental	254	<i>Chem mart Trimethoprim with Sulfamethoxazole DS (CH)</i>	
.General antiinfectives for systemic use	155	.Dental	255
CEPHALOTHIN		.General antiinfectives for systemic use	157
.Dental	254	CHLORAMBUCIL	166
.General antiinfectives for systemic use	156	CHLORAMPHENICOL	
CEPHAZOLIN	156	.Dental	267
<i>Cerumol (AC)</i>		.General antiinfectives for systemic use	147
.Repatriation Schedule.....	345	.Sensory organs.....	226, 232
CETIRIZINE HYDROCHLORIDE		CHLORHEXIDINE GLUCONATE	
.Repatriation Schedule.....	344	.Repatriation Schedule.....	324
<i>Chem mart Aciclovir (CH)</i>	163	<i>Chloromycetin (PD)</i>	
<i>Chem mart Amoxycillin (CH)</i>		.Dental	267
.Dental	248	.General antiinfectives for systemic use	147
.General antiinfectives for systemic use	148	.Sensory organs.....	226, 232
<i>Chem mart Atenolol (CH)</i>	106	CHLORPROMAZINE HYDROCHLORIDE	
<i>Chem mart Baclofen (CH)</i>	185	.Doctor's Bag Supplies	63
<i>Chem mart Captopril (CH)</i>	110	.Nervous system	203
<i>Chem mart Cefaclor (CH)</i>		<i>Chlorsig (SI)</i>	
.Dental	252, 253	.Dental	267
.General antiinfectives for systemic use	153	.Sensory organs.....	226
		CHLORTHALIDONE	103

GENERIC /PROPRIETARY INDEX

<i>Chlorvescent (AS)</i>	89	<i>Clamoxyl Duo forte (ME)</i>	
CHOLESTYRAMINE.....	118	.Dental.....	251
CIDOFOVIR.....		.General antiinfectives for systemic use.....	152
.Section 100.....	270	<i>Claratyne (SH)</i>	
<i>Cilamox (SI)</i>		.Repatriation Schedule.....	344
.Dental.....	248	CLARITHROMYCIN	
.General antiinfectives for systemic use.....	148	.General antiinfectives for systemic use.....	157
<i>Cilex (DP)</i>		.Section 100.....	270
.Dental.....	254	<i>Clavulin Duo (ZK)</i>	
.General antiinfectives for systemic use.....	155	.Dental.....	251
<i>Cilicaine (SI)</i>		.General antiinfectives for systemic use.....	151
.Dental.....	250	<i>Clavulin Duo Forte (ZK)</i>	
.Doctor's Bag Supplies.....	63	.Dental.....	251
.General antiinfectives for systemic use.....	150	.General antiinfectives for systemic use.....	152
<i>Cilicaine V (SI)</i>		<i>Cleasite Borderless 409240 (SS)</i>	
.Dental.....	250	.Repatriation Schedule.....	356
.General antiinfectives for systemic use.....	150	<i>Cleocin (KR)</i>	
<i>Cilicaine VK (SI)</i>		.Dental.....	256
.Dental.....	249, 250	.General antiinfectives for systemic use.....	158
.General antiinfectives for systemic use.....	149, 150	<i>Clexane (AV)</i>	
<i>Cilopen VK (DP)</i>		.Blood and blood forming organs.....	91, 92
.Dental.....	249, 250	.Repatriation Schedule.....	329
.General antiinfectives for systemic use.....	149, 150	<i>Climara 25 (SC)</i>	127
<i>CiloQuin (IQ)</i>	227	<i>Climara 50 (SC)</i>	127
<i>Ciloxan (AQ)</i>	227	<i>Climara 75 (SC)</i>	127
<i>Cimehexal (HX)</i>	67, 68	<i>Climara 100 (SC)</i>	128
CIMETIDINE		<i>Climen (SC)</i>	131
.Alimentary tract and metabolism.....	67	<i>Climen 28 (SC)</i>	131
.Repatriation Schedule.....	324	CLINDAMYCIN	
<i>Cimetidine-BC (BG)</i>	68	.Dental.....	256
<i>Cipramil (LU)</i>	209	.General antiinfectives for systemic use.....	158
CIPROFLOXACIN		<i>Clinistix (BN)</i>	235
.General antiinfectives for systemic use.....	159	<i>Clinitest (BN)</i>	235
.Sensory organs.....	227	<i>Clinoril (FR)</i>	
<i>Ciproxin 250 (BN)</i>	159	.Dental.....	258
<i>Ciproxin 500 (BN)</i>	159	.Musculo-skeletal system.....	180
<i>Ciproxin 750 (BN)</i>	159	<i>Clinoril 200 (FR)</i>	
CISAPRIDE.....	78	.Dental.....	258
CISPLATIN.....	170	.Musculo-skeletal system.....	180
CITALOPRAM HYDROBROMIDE.....	209	<i>Clobemix (DP)</i>	211
<i>Citralite (MM)</i>		<i>Clofen 10 (AF)</i>	185
.Repatriation Schedule.....	337	<i>Clofen 25 (AF)</i>	185
<i>Citravescent Sachets (MM)</i>		<i>Clomhexal (HX)</i>	136
.Repatriation Schedule.....	337	<i>Clomid (AV)</i>	136
<i>Citrihexal (HX)</i>		CLOMIPHENE CITRATE.....	136
.Alimentary tract and metabolism.....	88	CLOMIPRAMINE HYDROCHLORIDE.....	207, 209
.Musculo-skeletal system.....	188	<i>Clomipramine-BC (BG)</i>	207, 209
CLADRIBINE.....	167	CLONAZEPAM.....	198
<i>Claforan (AV)</i>		<i>Clonea (AF)</i>	
.Dental.....	253	.Repatriation Schedule.....	331
.General antiinfectives for systemic use.....	154	CLONIDINE.....	101
<i>Clamoxyl (ME)</i>		CLOPIDOGREL HYDROGEN SULFATE.....	93
.Dental.....	251	<i>Clopine (FA)</i>	
.General antiinfectives for systemic use.....	152	.Section 100.....	271
<i>Clamoxyl Duo (ME)</i>		<i>Clopixol Depot (LU)</i>	204
.Dental.....	251	<i>Clopram (DP)</i>	207, 209
.General antiinfectives for systemic use.....	151	<i>Clorhexitulle (AV)</i>	
<i>Clamoxyl Duo 400 (ME)</i>		.Repatriation Schedule.....	353
.Dental.....	252	CLOSTRIDIUM BOTULINUM TYPE A TOXIN—	
.General antiinfectives for systemic use.....	152	HAEMAGGLUTININ COMPLEX	
		.Section 100.....	284

GENERIC /PROPRIETARY INDEX

CLOTIMAZOLE		Comfeel Plus Transparent 3533 (CT)	
Repatriation Schedule.....	331, 336	Repatriation Schedule.....	354
CLOZAPINE		Comfeel Plus Transparent 3536 (CT)	
Section 100.....	271	Repatriation Schedule.....	354
Clozaril 25 (NV)		Comfeel Plus Ulcer Dressing 3110 (CT)	
Section 100.....	271	Repatriation Schedule.....	355
Clozaril 100 (NV)		Comfeel Powder 4706 (CT)	
Section 100.....	271	Repatriation Schedule.....	354
Coban 1584 (MM)		Comfeel Purilon Gel 3900 (CT)	
Repatriation Schedule.....	348	Repatriation Schedule.....	355
Codalgin (FM)		Comfeel SeaSorb Dressing 3705 (CT)	
Repatriation Schedule.....	340	Repatriation Schedule.....	351
Codalgin Forte (FM)		Comfeel SeaSorb Dressing 3710 (CT)	
Dental.....	261	Repatriation Schedule.....	351
Nervous system.....	190	Comfeel SeaSorb Filler 3740 (CT)	
CODEINE PHOSPHATE		Repatriation Schedule.....	350
Dental.....	261	Comprilan 1027 (BV)	
Nervous system.....	190	Repatriation Schedule.....	348
Respiratory system.....	225	Comtan (NV).....	202
CODEINE PHOSPHATE with ASPIRIN		Condylone Paint (HA)	
Repatriation Schedule.....	340	Repatriation Schedule.....	334
CODEINE PHOSPHATE with PARACETAMOL		Copaxone (AV).....	178
Dental.....	261	Coplus 3629 (BV)	
Nervous system.....	190	Repatriation Schedule.....	348
Repatriation Schedule.....	340	COPPER SULFATE.....	235
Cogentin (MK)		Coras (AF).....	109
Dental.....	266	Corbeton 20 (AF).....	105
Doctor's Bag Supplies.....	63	Corbeton 40 (AF).....	105
Nervous system.....	201	Cordarone X 100 (SW).....	99
Repatriation Schedule.....	340	Cordarone X 200 (SW).....	99
COLCHICINE.....	186	Cordilox 180 SR (KN).....	109
Colese (AF)		Cordilox SR (KN).....	109
Repatriation Schedule.....	326	Cortate (AS).....	140
Colestid (PH).....	118	Cortef (PH)	
COLESTIPOL HYDROCHLORIDE.....	118	Dental.....	245
Colgout (AS).....	186	Dermatologicals.....	120
Colifoam (SV).....	83	CORTISONE ACETATE.....	140
Colofac (SM)		Cosig Forte (FM)	
Repatriation Schedule.....	326	Dental.....	255
Coloxyl (FM).....	80	General antiinfectives for systemic use.....	157
Coloxyl with Senna (FM)		Cosudex (AP).....	174
Repatriation Schedule.....	327	Cotazym-S Forte (OR).....	84
CombiDERM 651027 (CC)		COTTON WOOL ROLL	
Repatriation Schedule.....	352	Repatriation Schedule.....	350
CombiDERM 651031 (CC)		Coumadin (BT).....	90
Repatriation Schedule.....	352	Coversyl (SE).....	112
Combivent (BY)		Coversyl Plus 4/1.25 (SE).....	114
Repatriation Schedule.....	343	Creon (SM).....	84
Combivir (GW)		Creon Forte (SM).....	84
Section 100.....	279	Crixivan 200 mg (MK)	
Comfeel Paste 4701 (CT)		Section 100.....	277
Repatriation Schedule.....	354	Crixivan 400 mg (MK)	
Comfeel Plus Pressure Relieving 3350 (CT)		Section 100.....	277
Repatriation Schedule.....	357	Cromese Sterinebs (PU).....	224
Comfeel Plus Pressure Relieving 3353 (CT)		Crysanal (MD)	
Repatriation Schedule.....	357	Dental.....	261
Comfeel Plus Pressure Relieving 3356 (CT)		Musculo-skeletal system.....	182
Repatriation Schedule.....	357	Curity 4112 (KE)	
Comfeel Plus Transparent 3530 (CT)		Repatriation Schedule.....	353
Repatriation Schedule.....	354	Cutifilm Plus 76308 (SN)	
		Repatriation Schedule.....	352

GENERIC /PROPRIETARY INDEX

<i>Cutifilm Plus 76309 (SN)</i>		<i>Daonil (AV)</i>	87
Repatriation Schedule	352	<i>Dapa-Tabs (AF)</i>	103
<i>Cutilin Non-Stick Wound Pad 76300 (SN)</i>		<i>Daraprim (GW)</i>	216
Repatriation Schedule	356	DARBEPOETIN ALFA	
<i>Cutilin Non-Stick Wound Pad 76301 (BE)</i>		Section 100	271
Repatriation Schedule	356	<i>DBL Amoxycillin (BL)</i>	
<i>Cutinova Cavity 47571 (SN)</i>		Dental	248
Repatriation Schedule	353	General antiinfectives for systemic use	148
<i>Cutinova Cavity 47573 (SN)</i>		<i>DBL Aspirin 100 mg (BL)</i>	92
Repatriation Schedule	353	<i>DBL Atenolol (BL)</i>	106
<i>Cutinova Hydro 47441 (SN)</i>		<i>DBL Baclofen (BL)</i>	185
Repatriation Schedule	353	<i>DBL Cefaclor (BL)</i>	
<i>Cutinova Hydro 47443 (SN)</i>		Dental	252
Repatriation Schedule	354	General antiinfectives for systemic use	153
<i>Cutinova Thin 47576 (SN)</i>		<i>DBL Cephalexin (BL)</i>	
Repatriation Schedule	353	Dental	254
<i>Cutinova Thin 47578 (SN)</i>		General antiinfectives for systemic use	155
Repatriation Schedule	353	<i>DBL Clomipramine (BL)</i>	207, 209
<i>Cycloblastin (PH)</i>	166	<i>DBL Diltiazem (BL)</i>	109
CYCLOPHOSPHAMIDE	166	<i>DBL Doxycycline (BL)</i>	
CYCLOSPORIN		Dental	247
Section 100	271	General antiinfectives for systemic use	144, 145, 146
<i>Cyklokapron (PH)</i>	95	<i>DBL Erythromycin (BL)</i>	
<i>Cymevene (RO)</i>		Dental	255
Section 100	276	General antiinfectives for systemic use	157
CYPROHEPTADINE HYDROCHLORIDE	197	<i>DBL Ipratropium (BL)</i>	224
<i>Cyprone (AF)</i>		<i>DBL Moclobemide (BL)</i>	211
Antineoplastic and immunomodulating agents	174	<i>DBL Piroxicam (BL)</i>	
Genito urinary system and sex hormones	136, 137	Dental	259
<i>Cyprostat (SY)</i>		Musculo-skeletal system	181
Antineoplastic and immunomodulating agents	174	<i>DBL Ranitidine (BL)</i>	72, 73
Genito urinary system and sex hormones	136, 137	<i>Deca-Durabolin (OR)</i>	89
<i>Cyprostat-100 (SY)</i>		<i>De-Lact Infant (SJ)</i>	238, 239
Antineoplastic and immunomodulating agents	174	DELAVIDINE MESYLATE	
Genito urinary system and sex hormones	137	Section 100	272
CYPROTERONE ACETATE		<i>Demazin Sinus (SH)</i>	
Antineoplastic and immunomodulating agents	174	Repatriation Schedule	343
Genito urinary system and sex hormones	136	DEMECLOCYCLINE HYDROCHLORIDE	138
<i>Cytadren 250 (NV)</i>		<i>Depo-Medrol (PH)</i>	
Antineoplastic and immunomodulating agents	174	Dental	246
Systemic hormonal preparations, excl. sex hormones	142	Systemic hormonal preparations, excl. sex hormones	141
CYTARABINE	167	<i>Depo-Nisolone (KR)</i>	
<i>Cytotec (PH)</i>	74	Dental	246
D		Systemic hormonal preparations, excl. sex hormones	141
<i>Daivonex (CS)</i>	119	<i>Depo-Provera (PH)</i>	125, 129
<i>Daktarin (JC)</i>		<i>Depo-Ralovera (KR)</i>	125
Repatriation Schedule	331	<i>Deptran 10 (AF)</i>	209
<i>Dalacin C (PH)</i>		<i>Deptran 25 (AF)</i>	209
Dental	256	<i>Deptran 50 (AF)</i>	209
General antiinfectives for systemic use	158	<i>Deralin 10 (AF)</i>	105
DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)		<i>Deralin 40 (AF)</i>	105
Blood and blood forming organs	90	<i>Deralin 160 (AF)</i>	105
Repatriation Schedule	328	<i>Dermazole (EO)</i>	
DANAZOL	137	Repatriation Schedule	331
<i>Dan Gard (FA)</i>		<i>Dermestril 25 (FA)</i>	127
Repatriation Schedule	335	<i>Dermestril 50 (FA)</i>	127
<i>Danocrine (SW)</i>	137	<i>Dermestril 100 (FA)</i>	128
<i>Dantrium (PU)</i>	185	<i>Deseril (NV)</i>	196
DANTROLENE SODIUM	185		

GENERIC /PROPRIETARY INDEX

<i>Desferal 500 mg (NV)</i>		DICLOFENAC SODIUM with MISOPROSTOL	
.Section 100.....	272	.Repatriation Schedule.....	339
<i>Desferal 2 g (NV)</i>		<i>Diclofenac-BC (BG)</i>	
.Section 100.....	272	.Dental.....	257, 258
DESFERRIOXAMINE MESYLATE		.Musculo-skeletal system.....	179
.Section 100.....	272	<i>Diclohexal (HX)</i>	
DESMOPRESSIN ACETATE.....	139	.Dental.....	257, 258
DEXAMETHASONE		.Musculo-skeletal system.....	179
.Sensory organs.....	227	DICLOXACILLIN	
.Systemic hormonal preparations, excl. sex		.Dental.....	250
hormones.....	140	.General antiinfectives for systemic use.....	150
DEXAMETHASONE with FRAMYCETIN SULFATE and		<i>Dicloxsig (SI)</i>	
GRAMICIDIN.....	233	.Dental.....	250
DEXAMETHASONE SODIUM PHOSPHATE		.General antiinfectives for systemic use.....	150
.Doctor's Bag Supplies.....	63	DICYCLOMINE HYDROCHLORIDE	
.Systemic hormonal preparations, excl. sex		.Repatriation Schedule.....	326
hormones.....	140	DIDANOSINE	
DEXAMPHETAMINE SULFATE.....	212	.Section 100.....	272
<i>Dexmethsone (AS)</i>	140	<i>Didrocal (PU)</i>	188
DEXTRAN 40 with GLUCOSE		<i>Didronel (PU)</i>	187
.Blood and blood forming organs.....	96	<i>Diffiam (MM)</i>	
.Dental.....	244	.Alimentary tract and metabolism.....	67
DEXTRAN 40 with SODIUM CHLORIDE		.Dental.....	243
.Blood and blood forming organs.....	96	<i>Diffucan (PF)</i>	162
.Dental.....	244	DIFLUNISAL	
DEXTRAN 70 with SODIUM CHLORIDE		.Dental.....	261
.Blood and blood forming organs.....	96	.Musculo-skeletal system.....	183
.Dental.....	244	<i>Digestelact (SJ)</i>	239
DEXTROPROPOXYPHENE NAPSYLATE		DIGOXIN.....	98
.Repatriation Schedule.....	339	<i>Dihydergot (NV)</i>	
<i>Diabex (AL)</i>	86	.Doctor's Bag Supplies.....	63
<i>Diabex 850 (AL)</i>	86	.Nervous system.....	195
<i>Diaformin (AF)</i>	86	DIHYDROERGOTAMINE MESYLATE	
<i>Diaformin 850 (AF)</i>	86	.Doctor's Bag Supplies.....	63
<i>Dialamine (SB)</i>	242	.Nervous system.....	195
<i>Diamicron (SE)</i>	87	<i>Dilantin (PD)</i>	197
<i>Diamicron MR (SE)</i>	87	<i>Dilantin Infatabs (PD)</i>	197
<i>Diamox (LE)</i>	229	<i>Dilantin Sodium (PD)</i>	198
<i>Diastix (BN)</i>	235	<i>Dilatrend 3.125 (RO)</i>	107
DIAZEPAM		<i>Dilatrend 6.25 (RO)</i>	107
.Dental.....	266	<i>Dilatrend 12.5 (RO)</i>	107
.Doctor's Bag Supplies.....	63	<i>Dilatrend 25 (RO)</i>	107
.Nervous system.....	205	<i>Dilaudid (AB)</i>	
<i>Dibenyline (LM)</i>		.Dental.....	261, 262
.Cardiovascular system.....	105	.Nervous system.....	190
.Genito urinary system and sex hormones.....	138	<i>Dilaudid-HP (AB)</i>	
DICHLOROBENZENE with CHLORIBUTOL and		.Dental.....	261
TURPENTINE OIL		.Nervous system.....	190
.Repatriation Schedule.....	345	<i>Diltahexal (HX)</i>	109
<i>Dichlotride (MK)</i>	103	DILTIAZEM HYDROCHLORIDE.....	109
<i>Diclofil (BQ)</i>		<i>Diltiazem-BC (BG)</i>	109
.Dental.....	250	<i>Dilzem 60 mg (DP)</i>	109
.General antiinfectives for systemic use.....	150	DIMETHICONE with GLYCEROL	
DICLOFENAC POTASSIUM		.Repatriation Schedule.....	332
.Dental.....	257	<i>Dimetriose (AV)</i>	137
.Musculo-skeletal system.....	179	<i>Dinac (DP)</i>	
DICLOFENAC SODIUM		.Dental.....	257, 258
.Dental.....	257	.Musculo-skeletal system.....	179
.Musculo-skeletal system.....	179	<i>Dipentum (PH)</i>	83
.Sensory organs.....	228	DIPHEMANIL METHYLSULFATE	
		.Repatriation Schedule.....	335

GENERIC /PROPRIETARY INDEX

DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE	83	Doxy-50 (DP)	144
DIPHThERIA ANTITOXIN	165	Doxy-100 (DP) .Dental	247
DIPHThERIA and TETANUS VACCINE, ADSORBED	165	.General antiinfectives for systemic use. 144, 145, 146	
DIPHThERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE .Doctor's Bag Supplies	63	DOXYCYCLINE .Dental	247
.General antiinfectives for systemic use	165	.General antiinfectives for systemic use	144
DIPIVEFRINE HYDROCHLORIDE	228	Doxycycline-BC (BG) .Dental	247
DipoQuin (IQ)	228	.General antiinfectives for systemic use. 144, 145, 146	
Diprosone (SH)	121	Doxyhexal (HX) .Dental	247
DIPYRIDAMOLE	93	.General antiinfectives for systemic use. 144, 145, 146	
DIPYRIDAMOLE with ASPIRIN	93	Doxylin 50 (AF)	144
DISODIUM ETIDRONATE	187	Doxylin 100 (AF) .Dental	247
DISODIUM ETIDRONATE and CALCIUM CARBONATE	188	.General antiinfectives for systemic use. 144, 145, 146	
DISODIUM PAMIDRONATE .Musculo-skeletal system	187	D-Penamamine (DL)	184
.Section 100	273	DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND) Repatriation Schedule	350
DISOPYRAMIDE	98	DRESSING—ALGINATE (CAVITY WOUND) Repatriation Schedule	350
Distaph 250 (AF) .Dental	250	DRESSING—ALGINATE (SUPERFICIAL WOUND) Repatriation Schedule	350
.General antiinfectives for systemic use	150	DRESSING with CADEXOMER IODINE Repatriation Schedule	351
Distaph 500 (AF) .Dental	250	DRESSING—FILM Repatriation Schedule	351
.General antiinfectives for systemic use	150	DRESSING—FILM ISLAND Repatriation Schedule	352
Ditropan (AV)	138	DRESSING—FOAM with CHARCOAL (MALODOROUS WOUND) Repatriation Schedule	352
Divina (OR)	131	DRESSING—FOAM—HEAVY EXUDATE Repatriation Schedule	352
DOCETAXEL	169	DRESSING—FOAM—LIGHT EXUDATE Repatriation Schedule	352
DOCUSATE SODIUM .Repatriation Schedule	345	DRESSING—FOAM—MODERATE EXUDATE Repatriation Schedule	353
DOCUSATE SODIUM with BISACODYL	80	DRESSING—GAUZE (ABSORBENT PAD) Repatriation Schedule	353
DOCUSATE SODIUM with SENNA .Repatriation Schedule	327	DRESSING—GAUZE—EYE PAD Repatriation Schedule	353
DOLASETRON MESYLATE	78	DRESSING—GAUZE—PARAFFIN Repatriation Schedule	353
Dolobid (MK) .Dental	261	DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE Repatriation Schedule	353
.Musculo-skeletal system	183	DRESSING—GAUZE—POVIDONE-IODINE PAD Repatriation Schedule	353
Doloxene (LY) .Repatriation Schedule	339	DRESSING—HYDROACTIVE (CAVITY WOUND) Repatriation Schedule	353
DOMPERIDONE	78	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE) Repatriation Schedule	353
DONEPEZIL HYDROCHLORIDE	213	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE) Repatriation Schedule	353
DORNASE ALFA .Section 100	273		
Doryx (FA) .Dental	247		
.General antiinfectives for systemic use. 144, 145, 146			
DORZOLAMIDE HYDROCHLORIDE	229		
Dostinex (PH)	123		
Dothep 25 (AF)	209		
Dothep 75 (AF)	209		
DOTHIEPIN HYDROCHLORIDE	209		
DOXEPIN HYDROCHLORIDE	209		
DOXORUBICIN HYDROCHLORIDE	169		
DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL .Section 100	274		
Doxsig (SI) .Dental	247		
.General antiinfectives for systemic use. 144, 145, 146			

GENERIC /PROPRIETARY INDEX

DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)		Dysport (IS)	
.Repatriation Schedule.....	353	.Section 100.....	284
DRESSING—HYDROCOLLOID (CAVITY WOUND)		E	
.Repatriation Schedule.....	354	Ear Clear for Ear Wax Removal (KY)	
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE)		.Repatriation Schedule.....	345
.Repatriation Schedule.....	354	ECONAZOLE NITRATE	
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)		.Repatriation Schedule.....	331
.Repatriation Schedule.....	354	Edecril (MK)	104
DRESSING—HYDROGEL—AMORPHOUS		E.E.S. 200 (AB)	
.Repatriation Schedule.....	354	.Dental.....	255
DRESSING—HYDROGEL—SHEET		.General antiinfectives for systemic use	158
.Repatriation Schedule.....	356	E.E.S. 400 Filmtab (AB)	
DRESSING—NON-ADHERENT		.Dental.....	255
.Repatriation Schedule.....	356	.General antiinfectives for systemic use	158
Drixine (SH)		E.E.S. Granules (AB)	
.Repatriation Schedule.....	342	.Dental.....	255
Ducene (SU)		.General antiinfectives for systemic use	158
.Dental.....	266	EFAVIRENZ	
.Nervous system.....	205, 206	.Section 100.....	274
Duocal (SB).....	242	Efexor (WY)	212
DuoDERM CGF Border H7971 (CC)		Efexor-XR (WY)	212
.Repatriation Schedule.....	355	EFORMOTEROL FUMARATE DIHYDRATE.....	218
DuoDERM CGF Border H7973 (CC)		Efudix (ID)	
.Repatriation Schedule.....	355	.Repatriation Schedule.....	338
DuoDERM CGF H7660 (CC)		Egocort Cream 1% (EO).....	120
.Repatriation Schedule.....	354	Egoderma Cream (EO)	
DuoDERM CGF H7662 (CC)		.Repatriation Schedule.....	336
.Repatriation Schedule.....	355	Egoderma Ointment (EO)	
DuoDERM Extra Thin H7955 (CC)		.Repatriation Schedule.....	336
.Repatriation Schedule.....	354	Egopsoryl-TA (EO)	
DuoDERM Gel H7987 (CC)		.Repatriation Schedule.....	333
.Repatriation Schedule.....	355	Elastocrepe 36102320 (BV)	
DuoDERM Gel H7990 (CC)		.Repatriation Schedule.....	349
.Repatriation Schedule.....	355	Elastocrepe 36102420 (BV)	
DuoDERM Paste H7930 (CC)		.Repatriation Schedule.....	349
.Repatriation Schedule.....	354	Elastocrepe 36102520 (BV)	
Duphalac (SM)	81	.Repatriation Schedule.....	348
Duphaston (SM)	129	Elastoplast 1004 (BV)	
Duratears (AQ).....	232	.Repatriation Schedule.....	357
Duride (AF)	100	Eldepryl (DP)	202
Durogesic 25 (JC)	194	ELECTROLYTE REPLACEMENT (ORAL)	82
Durogesic 50 (JC)	194	ELECTROLYTE REPLACEMENT SOLUTION	96
Durogesic 75 (JC)	194	Eleuphrat (EX).....	121
Durogesic 100 (JC)	194	Elocon (SH)	
Durolax (BY).....	80	.Dermatologicals.....	121
Duro-Tuss (MM)		.Repatriation Schedule.....	334
.Repatriation Schedule.....	343	Eloflex 2480 (BV)	
DYDROGESTERONE	129	.Repatriation Schedule.....	348
Dymadon (WR)		E-Mycin (AF)	
.Dental.....	265	.Dental.....	255
.Nervous system.....	195	.General antiinfectives for systemic use	158
Dymadon Forte (GW)		E-Mycin 200 (AF)	
.Dental.....	261	.Dental.....	255
.Nervous system.....	190	.General antiinfectives for systemic use	158
Dymadon P (WR)		E-Mycin 400 (AF)	
.Dental.....	265	.Dental.....	255
.Nervous system.....	195	.General antiinfectives for systemic use	158
		Enahexal (HX).....	111
		ENALAPRIL MALEATE	111
		ENALAPRIL MALEATE with	
		HYDROCHLOROTHIAZIDE	113

GENERIC /PROPRIETARY INDEX

<i>Enalapril-BC (BG)</i>	111	<i>Erythrocin Filmtab (AB)</i>	
<i>Endep 10 (AF)</i>	208	.Dental	256
<i>Endep 25 (AF)</i>	208	.General antiinfectives for systemic use	158
<i>Endep 50 (AF)</i>	208	<i>Erythrocin-I.M. (AB)</i>	
<i>Endone (BT)</i>		.Dental	255
.Dental	264	.General antiinfectives for systemic use	157
.Nervous system	193	ERYTHROMYCIN	
<i>Endoxan-Asta (AA)</i>	166	.Dental	255
<i>Energivit (SB)</i>	241	.General antiinfectives for systemic use	157
ENOXAPARIN SODIUM		ERYTHROMYCIN ETHYL SUCCINATE	
.Blood and blood forming organs	91	.Dental	255
.Repatriation Schedule	329	.General antiinfectives for systemic use	158
ENTACAPONE	202	ERYTHROMYCIN LACTOBIONATE	
<i>Epaq (AW)</i>		.Dental	255
.Doctor's Bag Supplies	64	.General antiinfectives for systemic use	158
.Respiratory system	218	ERYTHROMYCIN STEARATE	
<i>Epilim (SW)</i>	199	.Dental	256
<i>Epilim EC (SW)</i>	199	.General antiinfectives for systemic use	158
<i>Epilim Liquid (SW)</i>	199	<i>Eskazole (SK)</i>	217
<i>Epilim Syrup (SW)</i>	199	ESSENTIAL AMINO ACIDS FORMULA with	
EPIRUBICIN HYDROCHLORIDE	170	.MINERALS and VITAMIN C	242
EPOETIN ALFA		<i>Estalis continuous 50/140 (NV)</i>	129
.Section 100	275	<i>Estalis continuous 50/250 (NV)</i>	129
<i>Eprex 1000 (JC)</i>		<i>Estalis sequi 50/140 (NV)</i>	130
.Section 100	275	<i>Estalis sequi 50/250 (NV)</i>	131
<i>Eprex 2000 (JC)</i>		<i>Estracombi (NV)</i>	131
.Section 100	275	<i>Estraderm 25 (NV)</i>	127
<i>Eprex 3000 (JC)</i>		<i>Estraderm 50 (NV)</i>	127
.Section 100	275	<i>Estraderm 100 (NV)</i>	128
<i>Eprex 4000 (JC)</i>		<i>Estraderm MX 25 (NV)</i>	127
.Section 100	275	<i>Estraderm MX 50 (NV)</i>	127
<i>Eprex 5000 (JC)</i>		<i>Estraderm MX 100 (NV)</i>	128
.Section 100	275	ETHACRYNIC ACID	104
<i>Eprex 6000 (JC)</i>		ETHOSUXIMIDE	198
.Section 100	275	ETONOGESTREL	125
<i>Eprex 7000 (JC)</i>		<i>Etopophos (BQ)</i>	168
.Section 100	275	ETOPOSIDE	168
<i>Eprex 8000 (JC)</i>		ETOPOSIDE PHOSPHATE	168
.Section 100	275	<i>Eucerin (BE)</i>	
<i>Eprex 9000 (JC)</i>		.Repatriation Schedule	332
.Section 100	275	<i>Euhypnos (SI)</i>	
<i>Eprex 10000 (JC)</i>		.Dental	267
.Section 100	275	.Nervous system	208
<i>Eprex 40,000 (JC)</i>		<i>Eulexin (SH)</i>	174
.Section 100	275	<i>Evista (LY)</i>	189
EPROSARTAN MESYLATE	114	<i>ExacTech (MS)</i>	235
<i>Ergamisol 50 mg (JC)</i>	171	<i>Excel ET (IN)</i>	235
<i>Ergodryl Mono (PD)</i>	195	<i>Excel G (IN)</i>	235
ERGOTAMINE TARTRATE	195	<i>Exelon (NV)</i>	214
ERGOTAMINE TARTRATE with CAFFEINE	196	EXEMESTANE	174
<i>Eryc (FA)</i>		F	
.Dental	255	FAMCICLOVIR	164
.General antiinfectives for systemic use	157	FAMOTIDINE	
<i>Eryc LD (FA)</i>		.Alimentary tract and metabolism	69
.Dental	255	.Repatriation Schedule	325
.General antiinfectives for systemic use	157	<i>Famvir (NV)</i>	164
<i>Erythrocin (AB)</i>		<i>Fareston (SH)</i>	173
.Dental	255, 256	<i>Fasigyn (PF)</i>	160
.General antiinfectives for systemic use	158	<i>Faverin 100 (AW)</i>	210

GENERIC /PROPRIETARY INDEX

<i>Febridol (GR)</i>		<i>Floxapen (SK)</i>	
.Dental	265	.Dental	251
.Nervous system	195	.General antiinfectives for systemic use	151
<i>Feldene (PF)</i>		<i>Fluanxol Concentrated Depot (AV)</i>	204
.Dental	259	<i>Fluanxol Depot (AV)</i>	204
.Musculo-skeletal system	181	<i>Fluarix (SK)</i>	165
<i>Feldene-D (PF)</i>		FLUCLOXACILLIN	
.Dental	258, 259	.Dental	250, 251
.Musculo-skeletal system	180	.General antiinfectives for systemic use	151
FELODIPINE	107	<i>Flucon (AQ)</i>	227
<i>Felodur ER 2.5 mg (AL)</i>	107	FLUCONAZOLE	162
<i>Felodur ER 5 mg (AL)</i>	107	FLUDROCORTISONE ACETATE	139
<i>Felodur ER 10 mg (AL)</i>	107	FLUNITRAZEPAM	
<i>Femara 2.5 mg (NV)</i>	175	.Repatriation Schedule	341
<i>Femoston 2/10 (SM)</i>	130	<i>Fluohexal (HX)</i>	210
<i>Femtran 25 (MM)</i>	127	FLUOROMETHOLONE	227
<i>Femtran 50 (MM)</i>	127	FLUOROMETHOLONE ACETATE	227
<i>Femtran 75 (MM)</i>	127	<i>Fluoroplex (AG)</i>	
<i>Femtran 100 (MM)</i>	128	.Repatriation Schedule	338
<i>Fenac (AF)</i>		FLUOROURACIL	
.Dental	258	.Antineoplastic and immunomodulating agents	168
.Musculo-skeletal system	179	.Repatriation Schedule	338
FENTANYL	193	FLUOXETINE HYDROCHLORIDE	210
<i>Fergon (SW)</i>	95	<i>Fluoxetine-BC (BG)</i>	210
FERROUS GLUCONATE	95	FLUPENTHIXOL DECANOATE	204
FERROUS SULFATE DRIED with FOLIC ACID	95	FLUPHENAZINE DECANOATE	203
<i>Ferrum H (SI)</i>	95	FLURBIPROFEN SODIUM	228
FEXOFENADINE HYDROCHLORIDE		FLUTAMIDE	174
.Repatriation Schedule	344	<i>Flutamin (AF)</i>	174
<i>F.G.F. (AB)</i>	95	FLUTICASONE PROPIONATE	223
<i>Fibsol 5 (AW)</i>	112	FLUTICASONE PROPIONATE with	
<i>Fibsol 10 (AW)</i>	112	SALMETEROL XINAFOATE	220
<i>Fibsol 20 (AW)</i>	112	FLUVASTATIN SODIUM	117
FILGRASTIM		<i>Fluvax (CS)</i>	165
.Section 100	275	<i>Fluvir (TH)</i>	165
FINASTERIDE		FLUVOXAMINE MALEATE	210
.Repatriation Schedule	338	<i>FML Liquifilm (AG)</i>	227
<i>Flagyl (AV)</i>		FOLIC ACID	95
.Dental	256	FOLLITROPIN ALFA	132
.General antiinfectives for systemic use	160	FOLLITROPIN BETA	133
<i>Flagyl S (AV)</i>		<i>Foradile (NV)</i>	218
.Dental	257	<i>Fortovase (RO)</i>	
.General antiinfectives for systemic use	160	.Section 100	283
<i>Flarex (AQ)</i>	227	<i>Fosamax 10 mg (MK)</i>	186
FLECAINIDE ACETATE	98	<i>Fosamax 40 mg (MK)</i>	186
<i>Flecatag (AF)</i>	98	<i>Fosamax Once Weekly (MK)</i>	186
<i>Fleet Laxative Suppositories (FL)</i>	80	FOSCARNET SODIUM	
<i>Fleet Micro-enema (FL)</i>	81	.Section 100	276
<i>Flexidress 650941 (CC)</i>		<i>Foscavir (AP)</i>	
.Repatriation Schedule	350	.Section 100	276
<i>Flixotide (GW)</i>	223	FOSFESTROL SODIUM	171
<i>Flixotide Accuhaler (GW)</i>	223	FOSINOPRIL SODIUM	111
<i>Flixotide Junior (GW)</i>	223	FOSINOPRIL SODIUM with	
<i>Flixotide Junior Accuhaler (GW)</i>	223	HYDROCHLOROTHIAZIDE	113
<i>Flomax (CS)</i>		<i>Fragmin (PH)</i>	
.Repatriation Schedule	338	.Blood and blood forming organs	90, 91
<i>Flofen (CS)</i>		.Repatriation Schedule	328
.Dental	250, 251	FRAMYCETIN SULFATE	233
.General antiinfectives for systemic use	151	<i>Frusehexal 40 mg (HX)</i>	104
<i>Florinef (BQ)</i>	139		

GENERIC /PROPRIETARY INDEX

FRUSEMIDE	
Cardiovascular system	103
Doctor's Bag Supplies	63
<i>Frusid (DP)</i>	103, 104
<i>Fucidin (CS)</i>	160
<i>Fugeryl (EX)</i>	174
<i>Fungilin (BQ)</i>	
Alimentary tract and metabolism	67
Dental	243
<i>Fungizone (BQ)</i>	161
<i>Furadantin (PU)</i>	161
FUSIDIC ACID	160
<i>Fybogel (RC)</i>	
Repatriation Schedule	327
G	
GABAPENTIN	199
<i>Gabitril (SW)</i>	199
GALANTAMINE HYDROBROMIDE	213
GANCICLOVIR	
Section 100	276
GANCICLOVIR SODIUM	
Section 100	276
<i>Gantrol (AW)</i>	200
<i>Gastrogel (FM)</i>	67
<i>Gastro-Stop Loperamide (AS)</i>	83
GAUZE and COTTON TISSUE (COMBINE ROLL)	
Repatriation Schedule	356
<i>Gaviscon P (RC)</i>	77
GELATIN - SUCCINYLATED	96
<i>Gelocast Elastic 1080 (BV)</i>	
Repatriation Schedule	350
<i>Gelofusine (BR)</i>	96
<i>GelTears (SN)</i>	230
<i>Gelusil (WW)</i>	67
GEMCITABINE HYDROCHLORIDE	168
GEMFIBROZIL	118
<i>Gemfibrozil-BC (BG)</i>	118
<i>Gemhexal (HX)</i>	118
<i>Gemzar (LY)</i>	168
<i>Genlac (AW)</i>	81
<i>Genoptic (AG)</i>	226
<i>Genoral 0.625 (KR)</i>	128
<i>Genoral 1.25 (KR)</i>	128
Genotropin (PH)	
Section 100	285, 286
<i>Genox 10 (AF)</i>	173
<i>Genox 20 (AF)</i>	173
<i>GenRx Aciclovir (FH)</i>	163
<i>GenRx Amoxycillin (FH)</i>	
Dental	248
General antiinfectives for systemic use	148
<i>GenRx Atenolol (FH)</i>	106
<i>GenRx Baclofen (FH)</i>	185
<i>GenRx Captopril (FH)</i>	110
<i>GenRx Cefaclor (FH)</i>	
Dental	252, 253
General antiinfectives for systemic use	153
<i>GenRx Cefaclor CD (FH)</i>	
Dental	252
General antiinfectives for systemic use	152
<i>GenRx Cephalixin (FH)</i>	
Dental	254
General antiinfectives for systemic use	155
<i>GenRx Cimetidine (FH)</i>	68
<i>GenRx Clomiphene (FH)</i>	136
<i>GenRx Clomipramine (FH)</i>	207, 209
<i>GenRx Cyproterone Acetate (FH)</i>	
Antineoplastic and immunomodulating agents	174
Genito urinary system and sex hormones	136, 137
<i>GenRx Diclofenac (FH)</i>	
Dental	257, 258
Musculo-skeletal system	179
<i>GenRx Diltiazem (FH)</i>	109
<i>GenRx Doxycycline (FH)</i>	
Dental	247
General antiinfectives for systemic use	144, 145, 146
<i>GenRx Enalapril (FH)</i>	111
<i>GenRx Fluoxetine (FH)</i>	210
<i>GenRx Frusemide (FH)</i>	103, 104
<i>GenRx Gemfibrozil (FH)</i>	118
<i>GenRx Indapamide (FH)</i>	103
<i>GenRx Ipratropium (FH)</i>	224
<i>GenRx Isosorbide Mononitrate (FH)</i>	100
<i>GenRx Lisinopril (FH)</i>	112
<i>GenRx Metformin (FH)</i>	86
<i>GenRx Metoprolol (FH)</i>	106
<i>GenRx Moclobemide (FH)</i>	211
<i>GenRx Nifedipine (FH)</i>	108
<i>GenRx Paracetamol (FH)</i>	
Dental	265
Nervous system	195
<i>GenRx Piroxicam (FH)</i>	
Dental	259
Musculo-skeletal system	181
<i>GenRx Piroxicam Dispersible (FH)</i>	
Dental	258, 259
Musculo-skeletal system	180
<i>GenRx Prazosin (FH)</i>	101, 102
<i>GenRx Ranitidine (FH)</i>	72, 73
<i>GenRx Salbutamol (FH)</i>	
Doctor's Bag Supplies	64, 65
Respiratory system	219
<i>GenRx Sotalol (FH)</i>	99
<i>GenRx Tamoxifen (FH)</i>	173
<i>GenRx Trimethoprim with Sulfamethoxazole DS (FH)</i>	
Dental	255
General antiinfectives for systemic use	157
GENTAMICIN SULFATE	
General antiinfectives for systemic use	158
Sensory organs	226
<i>Genteal (NV)</i>	231
GESTRINONE	137
GLATIRAMER ACETATE	178
GLIBENCLAMIDE	87
GLICLAZIDE	87
<i>Glimel (AF)</i>	87
GLIMEPIRIDE	87
GLIPIZIDE	87
GLOVES PLASTIC (DISPOSABLE)	
Repatriation Schedule	356

GENERIC /PROPRIETARY INDEX

<i>GlucaGen Hypokit (NO)</i>		<i>Hamilton Bath Oil (HA)</i>	
Dental.....	246	Repatriation Schedule.....	332
Doctor's Bag Supplies.....	63	<i>Hamilton Body Wash (HA)</i>	
Systemic hormonal preparations, excl. sex hormones.....	142	Repatriation Schedule.....	336
GLUCAGON HYDROCHLORIDE		<i>Hamilton Broad Spectrum Milky Lotion 15+ (HA)</i>	
Dental.....	246	Repatriation Schedule.....	333
Doctor's Bag Supplies.....	63	<i>Hamilton Broad Spectrum Solastick 15+ (HA)</i>	
Systemic hormonal preparations, excl. sex hormones.....	142	Repatriation Schedule.....	332
<i>Glucobay 50 (BN)</i>	87	<i>Hamilton Sunscreen Broad Spectrum Cream 15+ (HA)</i>	
<i>Glucobay 100 (BN)</i>	87	Repatriation Schedule.....	332
<i>Glucofilm (BN)</i>	236	<i>Hamilton Sunscreen Spray 15+ (HA)</i>	
<i>Glucoflex-R (NA)</i>	236	Repatriation Schedule.....	333
<i>Glucohexal (HX)</i>	86	<i>Handy 4207 (BV)</i>	
<i>Glucomet 500 mg (DP)</i>	86	Repatriation Schedule.....	356
<i>Glucomet 850 mg (DP)</i>	86	<i>Handy 4208 (BV)</i>	
<i>Glucometer Elite (BN)</i>	235	Repatriation Schedule.....	356
<i>Glucometer Espirit (BN)</i>	235	<i>Handy 4209 (BV)</i>	
<i>Glucophage (AW)</i>	86	Repatriation Schedule.....	356
GLUCOSE		<i>Handy 5608 (BV)</i>	
Blood and blood forming organs.....	96	Repatriation Schedule.....	348
Dental.....	244	<i>Handy 5672 (BV)</i>	
GLUCOSE INDICATOR—BLOOD	235	Repatriation Schedule.....	353
GLUCOSE INDICATOR—URINE	235	<i>Handy 5674 (BV)</i>	
GLUCOSE and KETONE INDICATOR—URINE	235	Repatriation Schedule.....	353
<i>Glucostix (BN)</i>	236	<i>Handygauze Cohesive 8631 (BV)</i>	
<i>Glyade (AF)</i>	87	Repatriation Schedule.....	348
GLYCEROL		<i>Handygauze Cohesive 8633 (BV)</i>	
Alimentary tract and metabolism.....	82	Repatriation Schedule.....	348
Repatriation Schedule.....	327	<i>Handygauze Cohesive 8635 (BV)</i>	
GLYCERYL TRINITRATE		Repatriation Schedule.....	348
Cardiovascular system.....	99	<i>Hansaplast 2225 (BE)</i>	
Dental.....	245	Repatriation Schedule.....	349
Doctor's Bag Supplies.....	63	<i>Hansaplast 2226 (BE)</i>	
<i>Gold-50 (SH)</i>	183	Repatriation Schedule.....	349
<i>Gonal-F 37.5 (SG)</i>	132	<i>Hansaplast 2227 (BE)</i>	
<i>Gonal-F 75 (SG)</i>	132	Repatriation Schedule.....	349
<i>Gonal-F 150 (SG)</i>	133	<i>healthsense Aciclovir (HS)</i>	163
<i>Gopten (KN)</i>	113	<i>healthsense Amoxycillin (HS)</i>	
GOSERELIN ACETATE	172	Dental.....	248
<i>Granocol (SC)</i>		General antiinfectives for systemic use.....	148
Alimentary tract and metabolism.....	81	<i>healthsense Atenolol (HS)</i>	106
Repatriation Schedule.....	327	<i>healthsense Baclofen (HS)</i>	185
<i>Granocyte 13 (AD)</i>		<i>healthsense Captopril (HS)</i>	110
Section 100.....	280	<i>healthsense Cefaclor (HS)</i>	
<i>Granocyte 34 (AD)</i>		Dental.....	252, 253
Section 100.....	280	General antiinfectives for systemic use.....	153
GRISEOFULVIN	119	<i>healthsense Cefaclor CD (HS)</i>	
<i>Griseostatin (SH)</i>	119	Dental.....	252
<i>Grisovin (SI)</i>	119	General antiinfectives for systemic use.....	152
<i>Grisovin 500 (SI)</i>	119	<i>healthsense Cephalexin (HS)</i>	
<i>Gyne-Lotrimin (SH)</i>		Dental.....	254
Repatriation Schedule.....	336	General antiinfectives for systemic use.....	155
H		<i>healthsense Clomipramine (HS)</i>	207, 209
<i>Haemaccel (AV)</i>	96	<i>healthsense Diclofenac (HS)</i>	
<i>Haldol decanoate (JC)</i>	204	Dental.....	257, 258
HALOPERIDOL		Musculo-skeletal system.....	179
Doctor's Bag Supplies.....	63	<i>healthsense Diltiazem (HS)</i>	109
Nervous system.....	204	<i>healthsense Doxycycline (HS)</i>	
HALOPERIDOL DECANOATE	204	Dental.....	247
		General antiinfectives for systemic use.....	144, 145, 146
		<i>healthsense Enalapril (HS)</i>	111

GENERIC /PROPRIETARY INDEX

<i>healthsense Fluoxetine (HS)</i>	210	HYDROCHLOROTHIAZIDE.....	103
<i>healthsense Frusemide (HS)</i>	103, 104	HYDROCHLOROTHIAZIDE with AMILORIDE	
<i>healthsense Gemfibrozil (HS)</i>	118	HYDROCHLORIDE.....	105
<i>healthsense Indapamide (HS)</i>	103	HYDROCHLOROTHIAZIDE with TRIAMTERENE ...	105
<i>healthsense Ipratropium (HS)</i>	224	HYDROCORTISONE	
<i>healthsense Isosorbide Mononitrate (HS)</i>	100	Dermatologicals.....	120
<i>healthsense Lisinopril (HS)</i>	112	Sensory organs.....	227
<i>healthsense Metformin (HS)</i>	86	Systemic hormonal preparations, excl. sex	
<i>healthsense Metoprolol (HS)</i>	106	hormones.....	140
<i>healthsense Moclobemide (HS)</i>	211	HYDROCORTISONE ACETATE	
<i>healthsense Nifedipine (HS)</i>	108	Alimentary tract and metabolism.....	83
<i>healthsense Piroxicam (HS)</i>		Dental.....	245
Dental.....	259	Dermatologicals.....	120
Musculo-skeletal system.....	181	Sensory organs.....	227
<i>healthsense Piroxicam Dispersible (HS)</i>		HYDROCORTISONE with CINCHOCAINE	
Dental.....	259	HYDROCHLORIDE	
Musculo-skeletal system.....	180	Repatriation Schedule.....	329
<i>healthsense Prazosin (HS)</i>	101, 102	HYDROCORTISONE SODIUM SUCCINATE	
<i>healthsense Ranitidine (HS)</i>	72, 73	Dental.....	246
<i>healthsense Salbutamol (HS)</i>		Doctor's Bag Supplies.....	63
Doctor's Bag Supplies.....	64, 65	Systemic hormonal preparations, excl. sex	
Respiratory system.....	219	hormones.....	140, 141
<i>healthsense Sotalol (HS)</i>	99	<i>HydroHeal Algin Firm 015296 (FA)</i>	
<i>healthsense Tamoxifen (HS)</i>	173	Repatriation Schedule.....	350
<i>healthsense Trimethoprim with Sulfamethoxazole</i>		<i>HydroHeal Algin Firm 015318 (FA)</i>	
DS (HS)		Repatriation Schedule.....	351
Dental.....	255	<i>HydroHeal Algin Firm 015326 (FA)</i>	
General antinfecives for systemic use.....	157	Repatriation Schedule.....	351
<i>Helidac Triple Therapy (PU)</i>	76	<i>HydroHeal Algin Firm 015342 (FA)</i>	
HEPARIN CALCIUM.....	92	Repatriation Schedule.....	350
HEPARIN SODIUM.....	92	<i>HydroHeal Colloid 015385 (FA)</i>	
<i>Hexalen (FA)</i>	171	Repatriation Schedule.....	354
HEXAMINE HIPPURATE.....	161	<i>HydroHeal Colloid 015393 (FA)</i>	
<i>Hiprex (MM)</i>	161	Repatriation Schedule.....	355
<i>Hivid (RO)</i>		<i>HydroHeal Colloid 015407 (FA)</i>	
Section 100.....	284	Repatriation Schedule.....	355
<i>Holoxan (AA)</i>	166	HYDROLYZED COLLAGEN PROTEINS	
HOMATROPINE HYDROBROMIDE.....	230	Repatriation Schedule.....	336
<i>Honvan (AA)</i>	171	HYDROMORPHONE HYDROCHLORIDE	
<i>Humalog (LY)</i>	84	Dental.....	261
<i>Humalog Mix 25 (LY)</i>	85	Nervous system.....	190
HUMAN CHORIONIC GONADOTROPHIN.....	133	HYDROXOCOBALAMIN.....	95
HUMAN MENOPAUSAL GONADOTROPHIN		HYDROXYCHLOROQUINE SULFATE.....	183
standardised with HUMAN CHORIONIC		HYDROXYPROPYLCELLULOSE.....	231
GONADOTROPHIN.....	135	HYDROXYUREA.....	171
<i>Humatrope (LY)</i>		<i>Hygroton 25 (NV)</i>	103
Section 100.....	285, 286	HYOSCINE BUTYLBROMIDE	
<i>Humegon (OR)</i>	135	Repatriation Schedule.....	326
<i>Humulin 20/80 (LY)</i>	85	<i>Hypafix 36104020 (BV)</i>	
<i>Humulin 30/70 (LY)</i>	85, 86	Repatriation Schedule.....	357
<i>Humulin 50/50 (LY)</i>	85	<i>Hypafix 36104120 (BV)</i>	
<i>Humulin L (LY)</i>	85	Repatriation Schedule.....	357
<i>Humulin NPH (LY)</i>	85	<i>Hypnodorm (AF)</i>	
<i>Humulin R (LY)</i>	85	Repatriation Schedule.....	341
<i>Humulin UL (LY)</i>	86	<i>Hypoguard Supreme (HG)</i>	236
<i>Hycamtin (SK)</i>	171	HYPROMELLOSE.....	231
<i>Hycor (SI)</i>	227	HYPROMELLOSE with DEXTRAN.....	232
<i>Hydopa (AF)</i>	101	<i>Hypurin Isophane (AS)</i>	85
HYDRALAZINE HYDROCHLORIDE.....	102	<i>Hypurin Neutral (AS)</i>	85
<i>Hydrea (BQ)</i>	171	<i>Hysone 4 (AF)</i>	140
<i>Hydrene 25/50 (AF)</i>	105	<i>Hysone 20 (AF)</i>	140

GENERIC /PROPRIETARY INDEX

<i>Hytrin</i> (AB)		INSULIN ZINC SUSPENSION (Lente).....	85
Repatriation Schedule.....	338	INSULIN ZINC SUSPENSION (CRYSTALLINE)	
I		(Ultralente).....	86
<i>Ibilex 125</i> (AF)		<i>Intal</i> (AV).....	224
Dental.....	254	<i>Intal Forte CFC-Free</i> (AV).....	224
General antiinfectives for systemic use.....	155	<i>Intal Spincaps</i> (AV).....	224
<i>Ibilex 250</i> (AF)		INTERFERON ALFA-2a	
Dental.....	254	Antineoplastic and immunomodulating agents.....	175
General antiinfectives for systemic use.....	155	Section 100.....	277
<i>Ibilex 500</i> (AF)		INTERFERON ALFA-2b	
Dental.....	254	Antineoplastic and immunomodulating agents.....	175
General antiinfectives for systemic use.....	155	Section 100.....	278
IBUPROFEN		INTERFERON BETA-1a.....	176
Dental.....	260	INTERFERON BETA-1b.....	177
Musculo-skeletal system.....	181	INTERFERON GAMMA-1b	
IDARUBICIN HYDROCHLORIDE.....	170	Section 100.....	279
IFOSFAMIDE.....	166	<i>Intrasite Gel 7313</i> (SN)	
<i>Ikorel</i> (AV).....	101	Repatriation Schedule.....	355
<i>Imdur 120 mg</i> (AP).....	101	<i>Intron A</i> (SH)	
<i>Imdur Durule</i> (AP).....	100	Antineoplastic and immunomodulating agents	
<i>Imigran</i> (GW).....	196		175, 176
IMIPRAMINE HYDROCHLORIDE.....	209	Section 100.....	278, 279
<i>ImmuCyst</i> (AV).....	177	<i>Intron A Redipen</i> (SH)	
<i>Imodium</i> (JC).....	83	Antineoplastic and immunomodulating agents.....	176
<i>Imovane</i> (AV)		Section 100.....	278, 279
Repatriation Schedule.....	341	<i>Invirase</i> (RO)	
<i>Implanon</i> (OR).....	125	Section 100.....	283
<i>Improvil 28 Day</i> (KR).....	125	<i>Inza 250</i> (AF)	
<i>Imtrate 60 mg</i> (DP).....	100	Dental.....	260
<i>Imukin</i> (BY)		Musculo-skeletal system.....	182
Section 100.....	279	<i>Inza 500</i> (AF)	
<i>Imuran</i> (GW).....	178	Dental.....	260
<i>In a Wink Moisturising</i> (CV).....	231	Musculo-skeletal system.....	182
<i>Indahexal</i> (HX).....	103	<i>Iodosorb 66051330</i> (SN)	
INDAPAMIDE HEMIHYDRATE.....	103	Repatriation Schedule.....	351
<i>Inderal</i> (AP).....	105	<i>Iodosorb 66051340</i> (SN)	
INDINAVIR SULFATE		Repatriation Schedule.....	351
Section 100.....	277	<i>Iodosorb 66051360</i> (SN)	
<i>Indocid</i> (MK)		Repatriation Schedule.....	351
Dental.....	258	<i>Iodosorb Ointment 66051230</i> (SN)	
Musculo-skeletal system.....	179	Repatriation Schedule.....	351
INDOMETHACIN		<i>Iodosorb Ointment 66051240</i> (SN)	
Dental.....	258	Repatriation Schedule.....	351
Musculo-skeletal system.....	179	<i>Iodosorb Ointment 66051250</i> (SN)	
INFLUENZA VACCINE.....	165	Repatriation Schedule.....	351
INSECT ALLERGEN EXTRACT—HONEY BEE		<i>Iodosorb Powder 66051070</i> (SN)	
VENOM.....	234	Repatriation Schedule.....	351
INSECT ALLERGEN EXTRACT—PAPER WASP		<i>Ionil</i> (GA)	
VENOM.....	234	Repatriation Schedule.....	335
INSECT ALLERGEN EXTRACT—YELLOW		<i>Ionil Rinse</i> (GA)	
JACKET VENOM.....	234	Repatriation Schedule.....	336
<i>Insensye</i> (FR).....	159	<i>Ionil-T</i> (GA)	
<i>Insig</i> (SI).....	103	Repatriation Schedule.....	335
INSULIN ASPART.....	84	<i>Iopidine 0.5%</i> (AQ).....	228
INSULIN ISOPHANE (N.P.H.).....	85	<i>Ipratrin</i> (AF).....	224
INSULIN LISPRO.....	84	<i>Ipratrin Adult</i> (AF).....	224
INSULIN LISPRO—INSULIN LISPRO PROTAMINE		IPRATROPIUM BROMIDE	
SUSPENSION.....	85	Repatriation Schedule.....	343
INSULIN NEUTRAL.....	85	Respiratory system.....	223
INSULIN NEUTRAL—INSULIN ISOPHANE			
(N.P.H.), (MIXED) (Biphasic Isophane).....	85		

GENERIC /PROPRIETARY INDEX

IPRATROPIUM BROMIDE with SALBUTAMOL	
SULFATE	
Repatriation Schedule	343
<i>Ipavent (PU)</i>	224
IRBESARTAN	114
IRBESARTAN with HYDROCHLOROTHIAZIDE	115
IRINOTECAN HYDROCHLORIDE TRIHYDRATE	171
IRON POLYMALTOSE COMPLEX	95
<i>Iscover (BQ)</i>	93
<i>Isohexal (HX)</i>	122
<i>Isomonit (HX)</i>	100
ISONIAZID	162
<i>Isoptin (AB)</i>	
Cardiovascular system	108, 109
Doctor's Bag Supplies	65
<i>Isoptin 180 SR (AB)</i>	109
<i>Isoptin SR (AB)</i>	109
<i>Isopto Carbachol (AQ)</i>	228
<i>Isopto Carpine (AQ)</i>	228, 229
<i>Isopto Homatropine (AQ)</i>	230
<i>Isopto Tears (AQ)</i>	231
<i>Isordil (AY)</i>	100
<i>Isordil Sublingual (AY)</i>	100
ISOSORBIDE DINITRATE	100
ISOSORBIDE MONONITRATE	100
ISOTRETINOIN	122
ISPAGHULA HUSK	
Repatriation Schedule	327
ITRACONAZOLE	162
IVERMECTIN	217
J	
<i>Jelonet 7404 (SN)</i>	
Repatriation Schedule	353
<i>Jezil (AF)</i>	118
<i>JJ 02013 (JJ)</i>	
Repatriation Schedule	350
<i>JJ 12010 (JJ)</i>	
Repatriation Schedule	356
K	
<i>Kalma 0.25 (AF)</i>	205
<i>Kalma 0.5 (AF)</i>	205
<i>Kalma 1 (AF)</i>	205
<i>Kalma 2 (AF)</i>	205
<i>Kaltostat 1681F1 (CC)</i>	
Repatriation Schedule	350
<i>Kaltostat 1682F5 (CC)</i>	
Repatriation Schedule	350
<i>Kaltostat 1682F7 (CC)</i>	
Repatriation Schedule	351
<i>Kaluril (AF)</i>	105
<i>Kapanol (GW)</i>	
Dental	263
Nervous system	192
<i>Karvea (SW)</i>	114
<i>Karvezide 150/12.5 (SW)</i>	115
<i>Karvezide 300/12.5 (SW)</i>	115
<i>Keflex (LY)</i>	
Dental	254
General antiinfectives for systemic use	155
<i>Keflin Neutral (LY)</i>	
Dental	254
General antiinfectives for systemic use	156
<i>Keflor (AF)</i>	
Dental	252, 253
General antiinfectives for systemic use	153
<i>Keflor CD (AF)</i>	
Dental	252
General antiinfectives for systemic use	152
<i>Kefzol (LY)</i>	156
<i>Kenacomb (BQ)</i>	
Repatriation Schedule	334
<i>Kenacomb Otic (BQ)</i>	233
<i>Kenacort-A10 (BQ)</i>	
Dental	246
Systemic hormonal preparations, excl. sex hormones	141
KETOCONAZOLE	
General antiinfectives for systemic use	161
Repatriation Schedule	331
<i>Keto-Diabus-Test 5000 (RD)</i>	235
<i>Keto-Diastix (BN)</i>	235
<i>Ketonex-1 (AB)</i>	241
<i>Ketonex-2 (AB)</i>	241
KETOPROFEN	
Dental	260
Musculo-skeletal system	181, 182
<i>Kinidin Durule (AP)</i>	98
<i>Kinson (AF)</i>	201
<i>Klacid (AB)</i>	
General antiinfectives for systemic use	157
Section 100	270
<i>Klacid Hp 7 (AB)</i>	76
<i>Kliogest (NO)</i>	129
<i>Kliovance (NO)</i>	129
<i>Kosteo (AW)</i>	
Alimentary tract and metabolism	88
Musculo-skeletal system	188
<i>Kripton 2.5 (AF)</i>	
Genito urinary system and sex hormones	123
Nervous system	202
<i>Kripton 5 (AF)</i>	
Genito urinary system and sex hormones	123
Nervous system	202
<i>Kripton 10 (AF)</i>	
Genito urinary system and sex hormones	123
Nervous system	202
<i>KSR (AF)</i>	89
L	
LABETALOL HYDROCHLORIDE	107
<i>Lac-Dol (DP)</i>	81
<i>Lacri-Lube (AG)</i>	232
<i>Lacrisert (SI)</i>	231
LACTULOSE	81
<i>Lamictal (GW)</i>	200
<i>Lamisil (NC)</i>	
Repatriation Schedule	335
<i>Lamisil (NV)</i>	
Dermatologicals	119
Repatriation Schedule	331

GENERIC /PROPRIETARY INDEX

<i>Lamisil DermGel (NC)</i>		<i>Lexotan (RO)</i>	
Repatriation Schedule.....	331	Repatriation Schedule.....	340
LAMIVUDINE		LIGNOCAINE HYDROCHLORIDE	
Section 100.....	279	Cardiovascular system.....	98
LAMIVUDINE with ZIDOVUDINE		Dental.....	245
Section 100.....	279	Doctor's Bag Supplies.....	64
LAMOTRIGINE.....	200	LIGNOCAINE HYDROCHLORIDE with	
<i>Lanoxin (SI)</i>	98	CARBOXYMETHYLCELLULOSE	
<i>Lanoxin-PG (SI)</i>	98	Repatriation Schedule.....	333
LANSOPRAZOLE.....	74	<i>Lincocin (PH)</i>	
<i>Lanvis (GW)</i>	167	Dental.....	256
<i>Largactil (AV)</i>		General antiinfectives for systemic use.....	158
Doctor's Bag Supplies.....	63	LINCOMYCIN	
Nervous system.....	203	Dental.....	256
<i>Lasix (AV)</i>		General antiinfectives for systemic use.....	158
Cardiovascular system.....	104	<i>Lioresal 10 (NV)</i>	185
Doctor's Bag Supplies.....	63	<i>Lioresal 25 (NV)</i>	185
<i>Lasix-M (AV)</i>	103	<i>Lioresal Intrathecal (NV)</i>	
LATANOPROST.....	230	Section 100.....	270
<i>Latycin (BZ)</i>	226	LIOTHYRONINE SODIUM.....	142
<i>Ledermycin (LE)</i>	138	<i>Lipazil 600 mg (DP)</i>	118
<i>Ledertrexate (LE)</i>	167	<i>Lipex 5 (AD)</i>	117
LEFLUNOMIDE.....	184	<i>Lipex 10 (AD)</i>	117
LENOGRASTIM		<i>Lipex 20 (AD)</i>	117
Section 100.....	280	<i>Lipex 40 (AD)</i>	117
LERCANIDIPINE HYDROCHLORIDE.....	108	<i>Lipex 80 (AD)</i>	117
<i>Lescol (NV)</i>	117	<i>Lipitor (PD)</i>	117
LETROZOLE.....	175	<i>Liquifilm Forte (AG)</i>	232
<i>Leucovorin Calcium (BL)</i>	234	<i>Liquifilm Tears (AG)</i>	232
<i>Leukeran (GW)</i>	166	LISINAPRIL.....	112
<i>Leukoflex 1124 (BV)</i>		<i>Lisinopril-BC (BG)</i>	112
Repatriation Schedule.....	357	<i>Lisodur (AF)</i>	112
<i>Leukoplast 1071 (BV)</i>		<i>Lithicarb (AS)</i>	211
Repatriation Schedule.....	357	LITHIUM CARBONATE.....	211
<i>Leukoplast 1072 (BV)</i>		<i>Livostin (JC)</i>	
Repatriation Schedule.....	357	Repatriation Schedule.....	342, 344
<i>Leukoplast 1073 (BV)</i>		<i>Locasol (NU)</i>	239
Repatriation Schedule.....	357	<i>Loceryl (GA)</i>	
<i>Leukopor 2471 (BV)</i>		Repatriation Schedule.....	331
Repatriation Schedule.....	357	<i>Locilan 28 Day (KR)</i>	125
<i>Leukopor 2472 (BV)</i>		LODOXAMIDE TROMETAMOL.....	230
Repatriation Schedule.....	357	<i>Lofenoxal (KR)</i>	83
<i>Leukopor 2474 (BV)</i>		<i>Logicin Rapid Relief (SI)</i>	
Repatriation Schedule.....	357	Repatriation Schedule.....	342
<i>Leukosilk 1021 (BV)</i>		<i>Logicin Sinus (SI)</i>	
Repatriation Schedule.....	357	Repatriation Schedule.....	343
<i>Leukosilk 1022 (BV)</i>		<i>Logynon ED (SY)</i>	125
Repatriation Schedule.....	357	<i>Lomide (AQ)</i>	230
<i>Leukosilk 1024 (BV)</i>		<i>Lomotil (PH)</i>	83
Repatriation Schedule.....	357	<i>Loniten (PH)</i>	102
LEUPRORELIN ACETATE.....	172	LOPERAMIDE HYDROCHLORIDE.....	83
<i>Leustatin (JC)</i>	167	<i>Lopid (PD)</i>	118
LEVAMISOLE HYDROCHLORIDE.....	171	<i>Lopresor 50 (NV)</i>	106
<i>Levlen ED (SY)</i>	124	<i>Lopresor 100 (NV)</i>	106
LEVOBUNOLOL HYDROCHLORIDE.....	229	LORATADINE	
LEVOCABASTINE HYDROCHLORIDE		Repatriation Schedule.....	344
Repatriation Schedule.....	342, 344	<i>Losec Helicopak (AP)</i>	77
LEVODOPA with BENSERAZIDE.....	201	<i>Losec Hp7 (AP)</i>	77
LEVODOPA with CARBIDOPA.....	201	<i>Losec Tablets (AP)</i>	75
LEVONORGESTREL.....	125	<i>Lovan (AL)</i>	210
LEVONORGESTREL with ETHINYLOESTRADIOL.....	124	<i>Lovan 20 Tab (AL)</i>	210

GENERIC /PROPRIETARY INDEX

<i>Lovan Liquid (AL)</i>	210	<i>MCT Oil (SB)</i>	236
<i>Lovir (DP)</i>	163	MEBENDAZOLE.....	
<i>LPV (CS)</i>		Repatriation Schedule.....	342
Dental.....	249, 250	MEBEVERINE HYDROCHLORIDE.....	
General antiinfectives for systemic use.....	149, 150	Repatriation Schedule.....	326
<i>LPV 125 (CS)</i>		<i>Medipore 2961 (MM)</i>	
Dental.....	250	Repatriation Schedule.....	357
General antiinfectives for systemic use.....	150	MEDROXYPROGESTERONE ACETATE.....	
<i>LPV 250 (CS)</i>		Antineoplastic and immunomodulating agents.....	172
Dental.....	250	Genito urinary system and sex hormones.....	125, 129
General antiinfectives for systemic use.....	150	MEFENAMIC ACID.....	183
LUBRICATING AGENT.....		<i>Mefic (WW)</i>	183
Repatriation Schedule.....	356	<i>Mefix 310250 (SS)</i>	
<i>Lucrin Depot (AB)</i>	172	Repatriation Schedule.....	357
<i>Lucrin Depot 3 Month Injection (AB)</i>	173	<i>Megace (BQ)</i>	172
<i>Lucrin Depot 4 Month Injection (AB)</i>	173	<i>Megafol 0.5 (AF)</i>	95
<i>Lumin 10 (AF)</i>	212	<i>Megafol 5 (AF)</i>	95
<i>Lumin 20 (AF)</i>	212	MEGESTROL ACETATE.....	172
<i>Lurselle (AV)</i>	118	<i>Melipramine (UW)</i>	209
<i>Luvox (SM)</i>	210	<i>Melizide (AF)</i>	87
<i>Lyclear (WR)</i>	217	<i>Melleril 10 (NV)</i>	204
<i>Lyof foam C 603025 (SS)</i>		<i>Melleril 25 (NV)</i>	204
Repatriation Schedule.....	352	<i>Melleril 50 (NV)</i>	204
<i>Lyof foam Extra 603088 (SS)</i>		<i>Melleril 100 (NV)</i>	204
Repatriation Schedule.....	353	<i>Melleril Suspension 1% (NV)</i>	203
<i>Lyof foam Extra 603090 (SS)</i>		<i>Melolin 101720 (SN)</i>	
Repatriation Schedule.....	353	Repatriation Schedule.....	356
<i>Lyof foam Flat 603092 (SS)</i>		<i>Melolin 66974933 (SN)</i>	
Repatriation Schedule.....	352	Repatriation Schedule.....	356
<i>Lyof foam Flat 603093 (SS)</i>		MELPHALAN.....	166
Repatriation Schedule.....	352	<i>Menoprem (AY)</i>	131
<i>Lyof foam Flat 603095 (SS)</i>		<i>Menoprem Continuous (AY)</i>	130
Repatriation Schedule.....	352	<i>Menorest 37.5 (NV)</i>	127
M		<i>Menorest 50 (NV)</i>	127
<i>Mabthera (RO)</i>	171	<i>Menorest 75 (NV)</i>	128
<i>Macrochantin (PU)</i>	161	<i>Menorest 100 (NV)</i>	128
<i>Macrodex (MA)</i>		<i>Merbentyl (SI)</i>	
Blood and blood forming organs.....	96	Repatriation Schedule.....	326
Dental.....	244	MERCAPTOPYRINE.....	167
<i>Madopar (RO)</i>	201	MESALAZINE.....	83
<i>Madopar 62.5 (RO)</i>	201	<i>Mesasal (SK)</i>	83
<i>Madopar 125 (RO)</i>	201	MESNA.....	234
<i>Madopar HBS (RO)</i>	201	<i>Mestinon (ID)</i>	214
<i>Madopar Rapid 62.5 (RO)</i>	201	<i>Metalyse (BY)</i>	95
<i>Madopar Rapid 125 (RO)</i>	201	<i>Metamucil Regular (PY)</i>	
<i>Magicul 200 (AF)</i>	67, 68	Repatriation Schedule.....	327
<i>Magicul 400 (AF)</i>	68	<i>Metamucil Smooth Texture Orange (PY)</i>	
<i>Magicul 800 (AF)</i>	68	Repatriation Schedule.....	327
<i>Magmin (BB)</i>		METFORMIN HYDROCHLORIDE.....	86
Repatriation Schedule.....	328	<i>Metformin-BC (BG)</i>	86
MAGNESIUM ASPARTATE.....		METHADONE HYDROCHLORIDE.....	194
Repatriation Schedule.....	328	METHENOLONE ACETATE.....	89
<i>Maosig (SI)</i>	211	<i>Methoblastin (PH)</i>	167
<i>Marevan (BA)</i>	90	<i>Methopt (SI)</i>	231
<i>Maxidex (AQ)</i>	227	<i>Methopt Forte (SI)</i>	231
<i>Maxipime (BQ)</i>	153	METHOTREXATE.....	167
<i>Maxolon (ID)</i>		METHYL SALICYLATE.....	
Alimentary tract and metabolism.....	78	Repatriation Schedule.....	339
Dental.....	243	METHYLDOPA.....	101
Doctor's Bag Supplies.....	64	METHYLPHENOBARBITONE.....	197
<i>Maxor (AF)</i>	75	METHYLPREDNISOLONE ACEPONATE.....	121

GENERIC /PROPRIETARY INDEX

METHYLPREDNISOLONE ACETATE	242	MINERAL MIXTURE	242
Dental	246	<i>Minidiab (PH)</i>	87
Systemic hormonal preparations, excl. sex hormones	141	<i>Minidine Antiseptic Solution (SI)</i>	335
METHYLPREDNISOLONE SODIUM SUCCINATE	141	Repatriation Schedule	335
METHYSERGIDE	196	<i>Minipress (PF)</i>	101, 102
METOCLOPRAMIDE HYDROCHLORIDE		<i>Minirin (FP)</i>	139
Alimentary tract and metabolism	78	<i>Minirin Nasal Spray (FP)</i>	139
Dental	243	<i>Minitran 5 (MM)</i>	99
Doctor's Bag Supplies	64	<i>Minitran 10 (MM)</i>	100
<i>Metohexal (HX)</i>	106	<i>Minitran 15 (MM)</i>	100
<i>Metolol (DP)</i>	106	MINOCYCLINE	146
METOPROLOL TARTRATE	106	MINOCYCLINE	146
<i>Metoprolol-BC (BG)</i>	106	<i>Minomycin (LE)</i>	146
<i>Metrodin HP 75 (SG)</i>	136	<i>Minomycin-50 (LE)</i>	146
<i>Metrodin HP 150 (SG)</i>	136	MINOXIDIL	102
<i>Metrogyl 200 (AF)</i>		MIRTAZAPINE	212
Dental	256	MISOPROSTOL	74
General antiinfectives for systemic use	160	MITOZANTHRONE HYDROCHLORIDE	170
<i>Metrogyl 400 (AF)</i>		<i>Mixtard 20/80 NovoLet 3 mL (NL)</i>	85
Dental	256	<i>Mixtard 20/80 Penfill 3 mL (NO)</i>	85
General antiinfectives for systemic use	160	<i>Mixtard 30/70 (NO)</i>	85
METRONIDAZOLE		<i>Mixtard 30/70 InnoLet (NI)</i>	86
Dental	256	<i>Mixtard 30/70 NovoLet 3 mL (NL)</i>	86
General antiinfectives for systemic use	160	<i>Mixtard 30/70 Penfill 3 mL (NO)</i>	86
Repatriation Schedule	334	<i>Mixtard 50/50 (NO)</i>	85
METRONIDAZOLE BENZOATE		<i>Mixtard 50/50 NovoLet 3 mL (NL)</i>	86
Dental	257	<i>Mixtard 50/50 Penfill 3 mL (NO)</i>	86
General antiinfectives for systemic use	160	<i>Mobilis 10 (AF)</i>	
<i>Metronide 200 (HP)</i>		Dental	259
Dental	256	Musculo-skeletal system	181
General antiinfectives for systemic use	160	<i>Mobilis 20 (AF)</i>	
<i>Metronide 400 (HP)</i>		Dental	259
Dental	256	Musculo-skeletal system	181
General antiinfectives for systemic use	160	<i>Mobilis D-10 (AF)</i>	
MEXILETINE HYDROCHLORIDE	98	Dental	258
<i>Mexitil (BY)</i>	98	Musculo-skeletal system	180
<i>Miacalcic 50 Kit (NV)</i>	143	<i>Mobilis D-20 (AF)</i>	
<i>Miacalcic 100 Kit (NV)</i>	143	Dental	259
MIANSERIN HYDROCHLORIDE	212	Musculo-skeletal system	180
<i>Micardis (BY)</i>	114	MOCLOBEMIDE	211
MICONAZOLE		<i>Moclobemide-BC (BG)</i>	211
Repatriation Schedule	331	<i>Moderate (BQ)</i>	203
MICONAZOLE NITRATE		<i>Moduretic (MK)</i>	105
Repatriation Schedule	331, 337	<i>Mogadon (ID)</i>	
<i>Microgynon 30 (SC)</i>	124	Dental	267
<i>Microgynon 30 ED (SC)</i>	124	Nervous system	198, 207
<i>Microgynon 50 (SC)</i>	124	<i>Mohexal (HX)</i>	211
<i>Microgynon 50 ED (SC)</i>	124	MOMETASONE FUROATE	
<i>Microlox (PH)</i>		Dermatologicals	121
Alimentary tract and metabolism	81	Repatriation Schedule	334
Repatriation Schedule	327	<i>Monistat 7 (JC)</i>	
<i>Microlut 28 (SC)</i>	125	Repatriation Schedule	337
<i>Micronor (JC)</i>	125	<i>Monistat Derm (JC)</i>	
<i>Microval 28 (WY)</i>	125	Repatriation Schedule	331
<i>Midamor (MK)</i>	105	<i>Monodur 60 mg (PM)</i>	100
MILK POWDER—LACTOSE FREE FORMULA	238	<i>Monodur 120 mg (PM)</i>	101
MILK POWDER—LACTOSE MODIFIED	239	<i>Monofeme 28 (AY)</i>	124
MILK POWDER—SYNTHETIC	239	<i>Monogen (SB)</i>	238
<i>Minax 50 (AF)</i>	106	<i>Monoplus 10/12.5 (BQ)</i>	113
<i>Minax 100 (AF)</i>	106	<i>Monoplus 20/12.5 (BQ)</i>	113
		<i>Monopril (BQ)</i>	111

GENERIC /PROPRIETARY INDEX

<i>Monotard</i> (NO).....	85	<i>Mylanta</i> (WR).....	67
MORPHINE HYDROCHLORIDE		<i>Mylanta Double Strength</i> (WR)	
Dental.....	262	Repatriation Schedule.....	324
Nervous system.....	190	<i>Mylanta P</i> (WR).....	67
MORPHINE SULFATE		<i>Myleran</i> (GW).....	166
Dental.....	262	<i>Myocrisin</i> (AV).....	184
Doctor's Bag Supplies.....	64	<i>Myoquin</i> (FM)	
Nervous system.....	191	Antiparasitic products, insecticides and repellents	216
Repatriation Schedule.....	339	Musculo-skeletal system.....	189
MORPHINE TARTRATE.....	192	<i>Mysoline</i> (AP).....	197
<i>Motilium</i> (JC).....	78	N	
<i>Moxacin</i> (CS)		NAFARELIN ACETATE.....	139
Dental.....	248	NALOXONE HYDROCHLORIDE	
General antiinfectives for systemic use.....	148	Dental.....	267
<i>Moxacin 250</i> (CS)		Doctor's Bag Supplies.....	64
Dental.....	248	Various.....	234
General antiinfectives for systemic use.....	148	<i>Naloxone Min-I-Jet</i> (CS)	
<i>MS Contin</i> (MF)		Dental.....	267
Dental.....	263	Doctor's Bag Supplies.....	64
Nervous system.....	191, 192	Various.....	234
Repatriation Schedule.....	339	NALTREXONE HYDROCHLORIDE.....	215
<i>MS Contin Suspension 20 mg</i> (MF)		NANDROLONE DECANOATE.....	89
Dental.....	263	<i>Napamide 2.5 mg</i> (DP).....	103
Nervous system.....	192	NAPHAZOLINE HYDROCHLORIDE	
<i>MS Contin Suspension 30 mg</i> (MF)		Repatriation Schedule.....	344
Dental.....	263	NAPHAZOLINE HYDROCHLORIDE with	
Nervous system.....	192	PHENIRAMINE MALEATE	
<i>MS Contin Suspension 60 mg</i> (MF)		Repatriation Schedule.....	344
Dental.....	263	<i>Naphcon-A</i> (AQ)	
Nervous system.....	192	Repatriation Schedule.....	344
<i>MS Contin Suspension 100 mg</i> (MF)		<i>Naphcon Forte</i> (AQ)	
Dental.....	263	Repatriation Schedule.....	344
Nervous system.....	192	<i>Naprosyn</i> (RO)	
<i>MS Contin Suspension 200 mg</i> (MF).....	192	Dental.....	260
<i>MS Mono</i> (MF)		Musculo-skeletal system.....	182
Dental.....	263	<i>Naprosyn SR750</i> (RO)	
Nervous system.....	192	Dental.....	260
<i>MSUD AID III</i> (SB).....	241	Musculo-skeletal system.....	182
<i>MSUD Analog</i> (SB).....	241	<i>Naprosyn SR1000</i> (RO)	
<i>MSUD Maxamaid</i> (SB).....	241	Dental.....	260
<i>MSUD Maxamum</i> (SB).....	241	Musculo-skeletal system.....	182
<i>Mucilax Regular</i> (DP)		NAPROXEN	
Repatriation Schedule.....	327	Dental.....	260
<i>Mucilax Sugar Free</i> (DP)		Musculo-skeletal system.....	182
Repatriation Schedule.....	327	NAPROXEN SODIUM	
<i>Mucomyst</i> (BQ).....	225	Dental.....	261
MUPIROCIN		Musculo-skeletal system.....	182
Repatriation Schedule.....	333	<i>Naramig</i> (GW).....	196
<i>Murelax</i> (AY)		NARATRIPTAN HYDROCHLORIDE.....	196
Dental.....	266	<i>Narcan Neonatal</i> (BT).....	234
Nervous system.....	206	<i>Nardil</i> (WW).....	210
<i>Mycobutin</i> (PH)		<i>Natrilix</i> (SE).....	103
Section 100.....	283	<i>Natrilix SR</i> (SE).....	103
MYCOPHENOLATE MOFETIL		<i>Nature's Way Vitamin C</i> (RO)	
Section 100.....	280	Repatriation Schedule.....	328
<i>Mycospor</i> (BN)		<i>Navelbine</i> (AA).....	168
Repatriation Schedule.....	330	<i>Navoban</i> (NV).....	79
<i>Mycostatin</i> (BQ)		<i>Nebcin</i> (LY).....	159
Alimentary tract and metabolism.....	67	NEDOCROMIL SODIUM.....	224
Dental.....	243	NEFAZODONE HYDROCHLORIDE.....	212
Repatriation Schedule.....	330		

GENERIC / PROPRIETARY INDEX

NELFINAVIR MESYLATE	
.Section 100.....	280
<i>Nemdyn (HA)</i>	232
<i>Neocate (SB)</i>	236, 237
<i>Neo-Cytamen (BL)</i>	95
<i>Neo-Mercazole (RO)</i>	142
NEOMYCIN SULFATE	82
NEOMYCIN UNDECENOATE with BACITRACIN	
ZINC	232
<i>Neoral (NV)</i>	
.Section 100.....	271
<i>Neoral 10 (NV)</i>	
.Section 100.....	271
<i>Neoral 25 (NV)</i>	
.Section 100.....	271
<i>Neoral 50 (NV)</i>	
.Section 100.....	271
<i>Neoral 100 (NV)</i>	
.Section 100.....	271
<i>Neosporin (WR)</i>	226
<i>Neosulf (AF)</i>	82
<i>Neotigason (RO)</i>	119
<i>Neulactil (AV)</i>	203
<i>Neupogen (AN)</i>	
.Section 100.....	276
<i>Neurontin (PD)</i>	200
NEVIRAPINE	
.Section 100.....	280
<i>Nexcare Cloth Tape (Durapore) 2610 (MM)</i>	
.Repatriation Schedule.....	357
<i>Nexcare Cloth Tape (Durapore) 2611 (MM)</i>	
.Repatriation Schedule.....	357
<i>Nexcare Paper Tape (Micropore) R3 (MM)</i>	
.Repatriation Schedule.....	357
<i>Nexcare Paper Tape (Micropore) R4 (MM)</i>	
.Repatriation Schedule.....	357
<i>Nexcare Tegaderm Transparent H1624 (MM)</i>	
.Repatriation Schedule.....	351
<i>Nexcare Tegaderm Transparent H1626 (MM)</i>	
.Repatriation Schedule.....	352
<i>Nicabate 7 (SK)</i>	
.Repatriation Schedule.....	341
<i>Nicabate 14 (SK)</i>	
.Repatriation Schedule.....	341
<i>Nicabate 21 (SK)</i>	
.Repatriation Schedule.....	341
NICORANDIL	101
<i>Nicorette Patch (PH)</i>	
.Repatriation Schedule.....	341
NICOTINE	
.Repatriation Schedule.....	341
NICOTINIC ACID	118
<i>Nidem (AW)</i>	87
<i>Nifecard 20 mg (SI)</i>	108
NIFEDIPINE	
.Cardiovascular system.....	108
.Repatriation Schedule.....	330
<i>Nifedipine-BC (BG)</i>	108
<i>Nifehexal (HX)</i>	108

Nilstat (AY)	
.Alimentary tract and metabolism	67, 82
.Dental	243, 244
.Repatriation Schedule	330, 336
NILUTAMIDE	174
NITRAZEPAM	
.Dental	267
.Nervous system	198, 207
Nitro-Dur 5 (SH)	100
Nitro-Dur 10 (SH)	100
Nitro-Dur 15 (SH)	100
NITROFURANTOIN	161
Nitrolingual Pumpspray (AV)	
.Cardiovascular system	99
.Doctor's Bag Supplies	63
NIZATIDINE	
.Alimentary tract and metabolism	70
.Repatriation Schedule	325
Nizoral (JC)	
.General anti-infectives for systemic use	161
.Repatriation Schedule	331
Nocturne (WX)	
.Dental	267
.Nervous system	208
Nolvadex (AP)	173
Nolvadex-D (AP)	173
Nordette 21 (WY)	124
Nordette 28 (WY)	124
Nordette 50 (WY)	124
Nordirol 21 (WY)	124
Nordirol 28 (WY)	124
Norditropin (NO)	
.Section 100	285
Norditropin PenSet 12 (NO)	
.Section 100	285
Norditropin PenSet 24 (NO)	
.Section 100	286
Norditropin SimpleXx (NO)	
.Section 100	285, 286
NORETHISTERONE	125, 129
NORETHISTERONE with	
ETHINYLOESTRADIOL	124, 125
NORETHISTERONE with MESTRANOL	124
Norflohexal (HX)	159
NORFLOXACIN	159
Noriday 28 Day (PH)	125
Norimin 28 Day (KR)	124
Norimin-1 28 Day (KR)	124
Norinyl-1 (PH)	124
Norinyl-1/28 (PH)	124
Normacol Plus (NE)	
.Alimentary tract and metabolism	81
.Repatriation Schedule	327
Normison (WY)	
.Dental	267
.Nervous system	208
Noroxin (MK)	159
Norpace (PH)	98
NORTRIPTYLINE HYDROCHLORIDE	203

GENERIC /PROPRIETARY INDEX

<i>Norvasc</i> (PF)		OMEPRAZOLE	75
Cardiovascular system	107	OMEPRAZOLE and CLARITHROMYCIN and	
Repatriation Schedule	330	AMOXYCILLIN	76
<i>Norvir</i> (AB)		OMEPRAZOLE MAGNESIUM	75
Section 100	283	OMEPRAZOLE MAGNESIUM and	
<i>Noten</i> (AF)	106	CLARITHROMYCIN and AMOXYCILLIN	77
<i>Novantrone</i> (LE)	170	OMEPRAZOLE MAGNESIUM and	
<i>Novasone</i> (EX)		METRONIDAZOLE and AMOXYCILLIN	77
Dermatologicals	121	<i>Omnitest Sensor</i> (BR)	235
Repatriation Schedule	334	<i>OncoTICE</i> (OR)	177
<i>NovoRapid NovoLet</i> 3 mL (NL)	84	<i>Oncovin</i> (LY)	168
<i>NovoRapid Penfill</i> 3 mL (NO)	84	ONDANSETRON	78
<i>Nucolox</i> (SI)		<i>Onkotrone</i> (AA)	170
Repatriation Schedule	327	<i>Op-Site Flexigrid</i> 4629 (SN)	
<i>Nuelin</i> (MM)	225	Repatriation Schedule	352
<i>Nuelin-SR</i> 200 (MM)	225	<i>Opticrom</i> (AV)	230
<i>Nuelin-SR</i> 250 (MM)	225	<i>Optimol</i> 0.25 (AF)	229
<i>Nuelin-SR</i> 300 (MM)	225	<i>Optimol</i> 0.5 (AF)	229
<i>Nu-Gel</i> 2497 (JJ)		<i>Optium glucose</i> (MS)	235
Repatriation Schedule	356	<i>Orabase</i> (BQ)	
<i>Nutraplus</i> (GA)		Repatriation Schedule	332
Repatriation Schedule	332	<i>Oratane</i> (DP)	122
<i>Nyefax</i> 20 mg (DP)	108	<i>Ordine</i> 2 (MF)	
NYSTATIN		Dental	262
Alimentary tract and metabolism	67, 82	Nervous system	191
Dental	243, 244	<i>Ordine</i> 5 (MF)	
Repatriation Schedule	330, 336	Dental	262
O		Nervous system	191
OCTREOTIDE		<i>Ordine</i> 10 (MF)	
Section 100	281	Dental	262
OCTREOTIDE ACETATE		Nervous system	191
Section 100	281	<i>Oroxine</i> (SI)	142
<i>Ocufen</i> (AG)	228	<i>Orudis</i> (AV)	
<i>Ocuflox</i> (AG)	227	Dental	260
<i>Odrik</i> (AV)	113	Musculo-skeletal system	181, 182
OESTRADIOL	126	<i>Orudis SR</i> (AV)	
OESTRADIOL with NORETHISTERONE ACETATE	129	Dental	260
OESTRADIOL and OESTRADIOL with		Musculo-skeletal system	182
DYDROGESTERONE	130	<i>Orudis SR</i> 200 (AV)	
OESTRADIOL and OESTRADIOL with		Dental	260
NORETHISTERONE ACETATE	130	Musculo-skeletal system	182
OESTRADIOL VALERATE	128	<i>Oruvail SR</i> (HP)	
OESTRADIOL VALERATE and OESTRADIOL		Dental	260
VALERATE with CYPROTERONE ACETATE	131	Musculo-skeletal system	182
OESTRADIOL VALERATE and OESTRADIOL		<i>Ospolot</i> (OF)	200
VALERATE with MEDROXYPROGESTERONE		<i>Otocomb Otic</i> (BC)	233
ACETATE	131	<i>Otodex</i> (QM)	233
OESTRIOL	128	<i>Ovestin</i> (OR)	128
OESTROGENS—CONJUGATED	128	<i>Ovestin Ovula</i> (OR)	128
OESTROGENS—CONJUGATED and		<i>Oxandrin</i> (CS)	
MEDROXYPROGESTERONE ACETATE	130, 131	Section 100	285
OESTROGENS—CONJUGATED with		OXANDROLONE	
MEDROXYPROGESTERONE ACETATE	130	Section 100	285
OESTROGENS—CONJUGATED and		OXAZEPAM	
OESTROGENS—CONJUGATED with		Dental	266
MEDROXYPROGESTERONE ACETATE	132	Nervous system	206
OFLOXACIN	227	<i>Oxis Turbuhaler</i> (AP)	218
<i>Ogen</i> .625 (PH)	128	OXPRENOLOL HYDROCHLORIDE	105
<i>Ogen</i> 1.25 (PH)	128	OXYBUTYNIN HYDROCHLORIDE	138
OLANZAPINE	204		
OLSALAZINE SODIUM	83		

GENERIC /PROPRIETARY INDEX

OXYCODONE	
.Dental	264
.Nervous system	193
OXYCODONE HYDROCHLORIDE	
.Dental	264
.Nervous system	193
<i>OxyContin (MF)</i>	
.Dental	264
.Nervous system	193
OXYMETAZOLINE HYDROCHLORIDE	
.Repatriation Schedule	342
<i>OxyNorm (MF)</i>	
.Dental	264
.Nervous system	193
P	
PACLITAXEL	
169	
<i>Panadeine Forte Caplets (SW)</i>	
.Dental	261
.Nervous system	190
<i>Panafcort (AS)</i>	141
<i>Panafcortelone (AS)</i>	141
<i>Panamax (SW)</i>	
.Dental	265
.Nervous system	195
<i>Panamax 240 Elixir (SW)</i>	
.Dental	265
.Nervous system	195
<i>Panamax Co. (SW)</i>	
.Repatriation Schedule	340
<i>Pancrease (JC)</i>	84
PANCREATIC EXTRACT	84
PANCRELIPASE	84
PANTOPRAZOLE SODIUM SESQUIHYDRATE	75
<i>Panzylrat 25000 (TM)</i>	84
PARACETAMOL	
.Dental	265
.Nervous system	195
PARAFFIN	
232	
<i>Parahexal (HX)</i>	
.Dental	265
.Nervous system	195
<i>Paralgin (FM)</i>	
.Dental	265
.Nervous system	195
<i>Paralgin Junior Elixir 1-4 years (SI)</i>	
.Dental	265
.Nervous system	195
<i>Paralgin Junior Elixir 5-12 years (SI)</i>	
.Dental	265
.Nervous system	195
<i>Pariet (JC)</i>	76
<i>Parlodel (NV)</i>	
.Genito urinary system and sex hormones	123
.Nervous system	202
<i>Parlate (LM)</i>	211
PAROXETINE HYDROCHLORIDE	210
<i>Paxam 0.5 (AF)</i>	198
<i>Paxam 2 (AF)</i>	198
<i>Paxtine (AF)</i>	210
<i>Peg 7420 (BK)</i>	
.Repatriation Schedule	348
<i>Peg 7422 (BK)</i>	
.Repatriation Schedule	348
<i>Peg 7423 (BK)</i>	
.Repatriation Schedule	348
<i>Peg 7425 (BK)</i>	
.Repatriation Schedule	348
<i>Penhexal VK (HX)</i>	
.Dental	249, 250
.General antiinfectives for systemic use	149, 150
PENICILLAMINE	
184	
<i>Pepcidine (MK)</i>	
.Alimentary tract and metabolism	69, 70
.Repatriation Schedule	325
<i>Pepcidine M (MK)</i>	
.Alimentary tract and metabolism	69, 70
.Repatriation Schedule	325
<i>Pepti-Junior (NU)</i>	238
PERGOLIDE MESYLATE	202
PERHEXILINE MALEATE	101
<i>Periactin (FR)</i>	197
PERICYAZINE	203
PERINDOPRIL ERBUMINE	112
PERINDOPRIL ERBUMINE with INDAPAMIDE	
HEMIHYDRATE	
114	
<i>Periogard (Chlorohex) Mouth Rinse (OM)</i>	
.Repatriation Schedule	324
<i>Permax (LY)</i>	202
PERMETHRIN	217
<i>Persantin SR (BY)</i>	93
PETHIDINE HYDROCHLORIDE	
.Dental	264
.Doctor's Bag Supplies	64
.Nervous system	194
<i>Petrus Bisacodyl Suppositories (PP)</i>	80
<i>Pexsig (SI)</i>	101
<i>Pharmorubicin Solution (PH)</i>	170
PHENELZINE SULFATE	210
<i>Phenergan (AV)</i>	
.Repatriation Schedule	344
<i>Phenex-1 (AB)</i>	241
<i>Phenex-2 (AB)</i>	241
PHENOBARBITONE	197
PHENOBARBITONE SODIUM	197
PHENOXYBENZAMINE HYDROCHLORIDE	
.Cardiovascular system	105
.Genito urinary system and sex hormones	138
PHENOXYMETHYLPENICILLIN	
.Dental	249
.General antiinfectives for systemic use	149, 150
PHENYTOIN	197
PHENYTOIN SODIUM	198
<i>Phlexy-10 Drink Mix (SB)</i>	240
PHOLCODINE	
.Repatriation Schedule	343
<i>Phosphate Sandoz (NV)</i>	235
<i>Physeptone (GW)</i>	194
PILOCARPINE HYDROCHLORIDE	228
<i>Pilopt (PE)</i>	228, 229
PINDOLOL	105

GENERIC /PROPRIETARY INDEX

PINE TAR with CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE COAL TAR and OLEYL ALCOHOL		
.Repatriation Schedule	335	
PINE TAR with TRIETHANOLAMINE LAURYL SULFATE		
.Repatriation Schedule	333	
<i>Pinetarsol (EO)</i>		
.Repatriation Schedule	333	
PIPERAZINE OESTRONE SULFATE	128	
<i>Pirohexal-D (HX)</i>		
.Dental	258, 259	
.Musculo-skeletal system	180	
PIROXICAM		
.Dental	258	
.Musculo-skeletal system	180	
PIZOTIFEN MALATE	197	
<i>PK Aid II (SB)</i>	240	
<i>Placil (AF)</i>	207, 209	
<i>Plaquacide (OB)</i>		
.Repatriation Schedule	324	
<i>Plaquenil (SW)</i>	183	
<i>Plasma-Lyte 148 (BX)</i>	96	
<i>Plavix (SW)</i>	93	
<i>Plendil ER (AP)</i>	107	
PNEUMOCOCCAL VACCINE, POLYVALENT	165	
<i>Pneumovax 23 (CS)</i>	165	
PODOPHYLLOTOXIN		
.Repatriation Schedule	334	
<i>Poly Gel (AQ)</i>	231	
<i>Poly Visc (IQ)</i>	232	
POLYGELINE	96	
POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE	226	
POLYMYXIN B SULFATE with NEOMYCIN SULFATE and GRAMICIDIN	226	
<i>Polytar (SX)</i>		
.Repatriation Schedule	335	
<i>Poly-Tears (IQ)</i>	232	
POLYVINYL ALCOHOL	232	
POLYVINYL ALCOHOL with POVIDONE	232	
<i>Ponstan (PD)</i>	183	
<i>Posaffilin (NE)</i>		
.Repatriation Schedule	336	
POTASSIUM CHLORIDE	89	
POVIDONE-IODINE		
.Repatriation Schedule	335	
<i>Pramin (AF)</i>		
.Alimentary tract and metabolism	78	
.Dental	243	
<i>Prantal (SH)</i>		
.Repatriation Schedule	335	
<i>Prasig (SI)</i>	101, 102	
<i>Pratsiol (DP)</i>	101, 102	
<i>Pravachol (BQ)</i>	117	
PRAVASTATIN SODIUM	117	
<i>Praxohexal (HX)</i>	101, 102	
PRAZOSIN HYDROCHLORIDE	101	
<i>Prazosin-BC (BG)</i>	101, 102	
<i>Precision Plus (MS)</i>	235	
<i>PredMix (RH)</i>	141	
<i>Prednefrin Forte (AG)</i>	228	
PREDNISOLONE	141	
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE	228	
PREDNISOLONE SODIUM PHOSPHATE		
.Alimentary tract and metabolism	83	
.Sensory organs	233	
.Systemic hormonal preparations, excl. sex hormones	141	
PREDNISONE	141	
<i>Predsol (SI)</i>		
.Alimentary tract and metabolism	83	
.Sensory organs	233	
<i>Pregnyl (OR)</i>	134	
<i>Premarin (AY)</i>	128	
<i>Premia 5 (AY)</i>	132	
<i>Premia 10 (AY)</i>	132	
<i>Premia 2.5 Continuous (AY)</i>	130	
<i>Premia 5 Continuous (AY)</i>	130	
<i>Prepulsid (JC)</i>	78	
<i>Prepulsid Forte (JC)</i>	78	
<i>Presolol 100 (AF)</i>	107	
<i>Presolol 200 (AF)</i>	107	
<i>Pressin 1 (AF)</i>	101	
<i>Pressin 2 (AF)</i>	102	
<i>Pressin 5 (AF)</i>	102	
PRESSURE REDUCING PRODUCTS		
.Repatriation Schedule	356	
PRIMIDONE	197	
<i>Primobolan (SC)</i>	89	
<i>Primogyn Depot (SC)</i>	128	
<i>Primolut N (SC)</i>	129	
<i>Primoteston Depot (SC)</i>	126	
<i>Prinivil 5 (AD)</i>	112	
<i>Prinivil 10 (AD)</i>	112	
<i>Prinivil 20 (AD)</i>	112	
<i>Pritor (GW)</i>	114	
<i>Pro-Banthine (SI)</i>	138	
PROBENECID	186	
PROBUCOL	118	
PROCAINAMIDE HYDROCHLORIDE	98	
PROCAINE PENICILLIN		
.Dental	250	
.Doctor's Bag Supplies	63	
.General antiinfectives for systemic use	150	
PROCHLORPERAZINE		
.Alimentary tract and metabolism	79	
.Dental	243	
.Doctor's Bag Supplies	64	
<i>Pro-Cid (OF)</i>	186	
<i>Proctosedyl (AV)</i>		
.Repatriation Schedule	329	
<i>Procur (DP)</i>		
.Antineoplastic and immunomodulating agents	174	
.Genito urinary system and sex hormones	136, 137	
<i>Prodeine 15 (SW)</i>		
.Repatriation Schedule	340	
<i>Profasi 2000 (SG)</i>	134	
<i>Profasi 5000 (SG)</i>	134	
<i>Profore 66050016 (SN)</i>		
.Repatriation Schedule	348	

GENERIC /PROPRIETARY INDEX

<i>Progout 100 (AF)</i>	185	PYRANTEL EMBONATE	217
<i>Progout 300 (AF)</i>	186	PYRIDOSTIGMINE BROMIDE.....	214
<i>Prograf (JC)</i>		PYRIDOXINE HYDROCHLORIDE	88
Section 100.....	283	PYRIMETHAMINE	216
<i>Progy Nova (SC)</i>	128	Q	
<i>Proladone (KN)</i>		<i>Questran Lite (BQ)</i>	118
Dental.....	264	QUETIAPINE FUMARATE	205
Nervous system.....	193	<i>Quilonum SR (SK)</i>	211
PROMETHAZINE HYDROCHLORIDE		QUINAPRIL HYDROCHLORIDE	112
Dental.....	243	<i>Quinate (AV)</i>	
Doctor's Bag Supplies.....	64	Antiparasitic products, insecticides and repellents	216
Repatriation Schedule.....	344	Musculo-skeletal system	189
Respiratory system	225	<i>Quinbisul (AF)</i>	
<i>Proiminal (SW)</i>	197	Antiparasitic products, insecticides and repellents	216
<i>Pronestyl (BQ)</i>	98	Musculo-skeletal system	189
PROPANTHELINE BROMIDE.....	138	QUINIDINE BISULFATE	98
<i>Propine (AG)</i>	228	QUININE BISULFATE	
PROPRANOLOL HYDROCHLORIDE	105	Antiparasitic products, insecticides and repellents	216
PROPYLTHIOURACIL	142	Musculo-skeletal system	189
<i>Proscar (MK)</i>		QUININE SULFATE	
Repatriation Schedule.....	338	Antiparasitic products, insecticides and repellents	216
<i>Protaphane (NO)</i>	85	Musculo-skeletal system	189
<i>Protaphane InnoLet (NI)</i>	85	<i>Quinocetl (FM)</i>	
<i>Protaphane NovoLet 3 mL (NL)</i>	85	Antiparasitic products, insecticides and repellents	216
<i>Protaphane Penfill 3 mL (NO)</i>	85	Musculo-skeletal system	189
PROTEIN HYDROLYSATE FORMULA with		<i>Quinsul (AF)</i>	
MEDIUM CHAIN TRIGLYCERIDES.....	237	Antiparasitic products, insecticides and repellents	216
<i>Prothiaden (KN)</i>	209	Musculo-skeletal system	189
<i>Provelle-28 (PH)</i>	130	<i>QV Bath Oil (EO)</i>	
<i>Provera (PH)</i>		Repatriation Schedule.....	332
Antineoplastic and immunomodulating agents	172	<i>Qvar 50 (MM)</i>	221
Genito urinary system and sex hormones	129	<i>Qvar 50 Autohaler (MM)</i>	222
<i>Proxen SR 750 (MD)</i>		<i>Qvar 100 (MM)</i>	221
Dental.....	260	<i>Qvar 100 Autohaler (MM)</i>	222
Musculo-skeletal system	182	R	
<i>Proxen SR 1000 (MD)</i>		RABEPRAZOLE SODIUM.....	76
Dental.....	260	<i>Rafen 200 (AF)</i>	
Musculo-skeletal system	182	Dental.....	260
<i>Prozac 20 (LY)</i>	210	Musculo-skeletal system	181
<i>Prozac Tab (LY)</i>	210	<i>Ralodantin (KR)</i>	161
PSEUDOEPHEDRINE HYDROCHLORIDE		<i>Ralovera (KR)</i>	129
Repatriation Schedule.....	343	RALOXIFENE HYDROCHLORIDE.....	189
PSEUDOEPHEDRINE SULFATE		RALTITREXED	167
Repatriation Schedule.....	343	<i>Ramace 1.25 mg (ML)</i>	113
PSYLLIUM HYDROPHILIC MUCILLOID		<i>Ramace 2.5 mg (ML)</i>	113
Repatriation Schedule.....	327	<i>Ramace 5 mg (ML)</i>	113
PSYLLIUM HYDROPHILIC MUCILLOID with		RAMIPRIL	
HIGH AMYLOSE MAIZE STARCH		Cardiovascular system.....	113
Repatriation Schedule.....	327	Repatriation Schedule.....	330
<i>Pulmicort (AP)</i>	222	<i>Rani 2 (AF)</i>	72, 73
<i>Pulmicort Respules (AP)</i>	222	<i>Ranihexal (HX)</i>	72, 73
<i>Pulmicort Turbuhaler (AP)</i>	222	RANITIDINE BISMUTH CITRATE and	
<i>Pulmozyme (RO)</i>		CLARITHROMYCIN and AMOXICYLLIN	77
Section 100.....	274	RANITIDINE HYDROCHLORIDE	
<i>Puregon 50 IU/0.5 mL (OR)</i>	133	Alimentary tract and metabolism	72
<i>Puregon 100 IU/0.5 mL (OR)</i>	133	Repatriation Schedule.....	326
<i>Puregon 150 IU/0.5 mL (OR)</i>	133	<i>Ranitidine-BC (BG)</i>	72, 73
<i>Purinethol (GW)</i>	167	<i>Ranoxyl (DP)</i>	72, 73
<i>P.V. Carpine (AG)</i>	228, 229	<i>Rapilysin 10 U (RO)</i>	94
<i>Pylorid KA (GW)</i>	77	<i>Rastinon (AS)</i>	87
<i>Pyralin EN (KR)</i>	84		

GENERIC /PROPRIETARY INDEX

<i>Rebetron Combination Therapy (SH)</i>		<i>Rheomacrodex (MA)</i>	
Section 100	282	Blood and blood forming organs	96
<i>Rebif 22 (SG)</i>	176	Dental	244
<i>Rebif 44 (SG)</i>	176	RIBAVIRIN and INTERFERON ALFA-2b	
RED-BACK SPIDER ANTIVENOM	165	Section 100	282
<i>Redipred (AS)</i>	141	RICINOLEIC ACID with ACETIC ACID and	
<i>Refresh Tears Plus (AG)</i>	231	HYDROXYQUINOLINE SULFATE	
<i>Remeron (OR)</i>	212	Repatriation Schedule	337
<i>Reminyl (JC)</i>	213	<i>Ridaura (LM)</i>	183
<i>Renitec (MK)</i>	111	RIFABUTIN	
<i>Renitec 20 (MK)</i>	111	Section 100	283
<i>Renitec M (MK)</i>	111	<i>Rifadin (AV)</i>	162
<i>Renitec Plus 20/6 (MK)</i>	113	RIFAMPICIN	162
<i>ReoPro (LY)</i>	92	<i>Rimycin 150 (AF)</i>	162
<i>Repalyte New Formulation (AV)</i>	82	<i>Rimycin 300 (AF)</i>	162
<i>Replicare Ultra 66000434 (SN)</i>		RISEDRONATE SODIUM	187
Repatriation Schedule	354	<i>Risperdal (JC)</i>	205
<i>Replicare Ultra 66000435 (SN)</i>		RISPERIDONE	205
Repatriation Schedule	355	RITONAVIR	
<i>Replicare Ultra 66000436 (SN)</i>		Section 100	283
Repatriation Schedule	355	RITUXIMAB	171
<i>Replicare Ultra 66000437 (SN)</i>		RIVASTIGMINE HYDROGEN TARTRATE	214
Repatriation Schedule	355	<i>Rivotril (RO)</i>	198
Rescriptor (PD)		<i>Roaccutane (RO)</i>	122
Section 100	272	<i>Rocaltrol (RO)</i>	
<i>Resonium-A (SW)</i>		Alimentary tract and metabolism	88
Repatriation Schedule	345	Musculo-skeletal system	188
<i>Respocort 50 Autohaler (MM)</i>	221	<i>Rocephin (RO)</i>	154, 155
<i>Respocort 50 Inhaler (MM)</i>	221	ROFECOXIB	183
<i>Respocort 100 Autohaler (MM)</i>	221	<i>Roferon-A (RO)</i>	
<i>Respocort 100 Inhaler (MM)</i>	221	Antineoplastic and immunomodulating agents	175
<i>Respocort 250 Autohaler (MM)</i>	221	Section 100	277, 278
<i>Respocort 250 Inhaler (MM)</i>	221	<i>Rosig (SI)</i>	
<i>Resprim (AF)</i>		Dental	259
Dental	254, 255	Musculo-skeletal system	181
General antiinfectives for systemic use	156, 157	<i>Rosig-D (SI)</i>	
<i>Resprim Forte (AF)</i>		Dental	258, 259
Dental	255	Musculo-skeletal system	180
General antiinfectives for systemic use	157	ROXITHROMYICIN	158
<i>Restore CalciCare 9937 (HO)</i>		<i>Rozex (GA)</i>	
Repatriation Schedule	351	Repatriation Schedule	334
<i>Restore CalciCare 9938 (HO)</i>		<i>Rulide (AV)</i>	158
Repatriation Schedule	351	<i>Rulide D (AV)</i>	158
<i>Restore CalciCare 9940 (HO)</i>		<i>Rynacrom (AV)</i>	
Repatriation Schedule	350	Repatriation Schedule	342
<i>Restore Extra Thin 9921 (HO)</i>		<i>Rythmodan (AV)</i>	98
Repatriation Schedule	354	S	
<i>Restore Plus 9956 (HO)</i>		<i>S-26 LF (WY)</i>	238, 239
Repatriation Schedule	354	<i>Sabril (AV)</i>	199
<i>Restore Plus 9957 (HO)</i>		<i>Saizen 1.33 (SG)</i>	
Repatriation Schedule	355	Section 100	285
<i>Restore Plus 9958 (HO)</i>		<i>Saizen 3.33 (SG)</i>	
Repatriation Schedule	355	Section 100	285
<i>Restore Plus Sacral 9959 (HO)</i>		<i>Saizen 8 (SG)</i>	
Repatriation Schedule	355	Section 100	286
RETEPLASE (Recombinant plasminogen activator) ..	94	<i>Saizen 8 mg click.easy (SG)</i>	
<i>Retrovir (GW)</i>		Section 100	286
Section 100	284	<i>Salazopyrin (PH)</i>	84
<i>ReVia (OA)</i>	215	<i>Salazopyrin-EN (PH)</i>	84

GENERIC /PROPRIETARY INDEX

SALBUTAMOL SULFATE		SENNA STANDARDISED	
Doctor's Bag Supplies.....	64, 65	Repatriation Schedule.....	327
Respiratory system.....	218, 225	Senokot (RC)	
SALICYLIC ACID with BENZALKONIUM		Repatriation Schedule.....	327
CHLORIDE, ALCOHOL and		Seprin (SI)	
POLYOXYETHYLENE ETHERS		Dental.....	254, 255
Repatriation Schedule.....	335	General anti-infectives for systemic use.....	156, 157
SALICYLIC ACID with BENZALKONIUM		Seprin Forte (SI)	
CHLORIDE, ALCOHOL, COAL TAR and		Dental.....	255
POLYOXYETHYLENE ETHERS		General anti-infectives for systemic use.....	157
Repatriation Schedule.....	335	Sequilar ED (SC)	124
SALICYLIC ACID with COAL TAR SOLUTION,		Serenace (SI)	
PINE TAR and UNDECYLENAMIDE		Doctor's Bag Supplies.....	63
Repatriation Schedule.....	335	Nervous system.....	204
SALICYLIC ACID with PODOPHYLLIN RESIN		Serepax (WY)	
Repatriation Schedule.....	336	Dental.....	266
SALIVA SUBSTITUTE		Nervous system.....	206
Repatriation Schedule.....	324	Seretide Accuhaler 100/50 (GW)	220
SALMETEROL XINAFOATE	219	Seretide Accuhaler 250/50 (GW)	220
Sandimmun (NV)		Seretide Accuhaler 500/50 (GW)	221
Section 100.....	271	Seretide MDI 50/25 (GW)	220
Sandomigran 0.5 (NV)	197	Seretide MDI 125/25 (GW)	220
Sandostatin 0.05 (NV)		Seretide MDI 250/25 (GW)	220
Section 100.....	281	Serevent (GW)	219
Sandostatin 0.1 (NV)		Serevent Accuhaler (GW)	219
Section 100.....	281	Serophene (SG)	136
Sandostatin 0.5 (NV)		Seroquel (AP)	205
Section 100.....	281	SERTRALINE HYDROCHLORIDE	210
Sandostatin LAR (NV)		Serzone (BQ)	212
Section 100.....	281	Setopress 3504 (SS)	
Sandrena (OR)	127	Repatriation Schedule.....	348
SAQUINAVIR		Setopress 3505 (SS)	
Section 100.....	283	Repatriation Schedule.....	348
SAQUINAVIR MESYLATE		Sigma Liquid Antacid (SI)	67
Section 100.....	283	Sigmacort (SI)	
Savacol Mouth and Throat Rinse (OM)		Dental.....	245
Repatriation Schedule.....	324	Dermatologicals.....	120
SBPA Clozapine 25 (SL)		Sigmatidine (SI)	68
Section 100.....	271	SILDENAFIL CITRATE	
SBPA Clozapine 100 (SL)		Repatriation Schedule.....	337
Section 100.....	271	Silic 15 (EO)	
SBPA Paracetamol 500 (SL)		Repatriation Schedule.....	332
Dental.....	265	Silvazine (SN)	120
Nervous system.....	195	SILVER SULFADIAZINE with CHLORHEXIDINE	
SciTropin (SA)		GLUCONATE.....	120
Section 100.....	285	Simplotan (GP)	160
SebiRinse Conditioner (EO)		SIMVASTATIN	117
Repatriation Schedule.....	336	Sinemet (MK)	201
Sebitar (EO)		Sinemet 100/25 (MK)	201
Repatriation Schedule.....	335	Sinemet CR (MK)	201
SELEGILINE HYDROCHLORIDE	202	Sinequan (PF)	209
SELENIUM SULFIDE		Sitriol (AF)	
Repatriation Schedule.....	335	Alimentary tract and metabolism.....	88
Selgene (AF)	202	Musculo-skeletal system.....	188
Selsun (AB)		Skelid (FA)	188
Repatriation Schedule.....	335	SKIN CLEANSER	
Semi-Daonil (AV)	87	Repatriation Schedule.....	336
Senagar (SI)		SKIN EMOLLIENT	
Repatriation Schedule.....	343	Repatriation Schedule.....	332
SENEGA and AMMONIA		Slow-K (NV)	89
Repatriation Schedule.....	343		

GENERIC /PROPRIETARY INDEX

<i>Sodibic</i> (AS)		<i>Sorbsan</i> 1411 (SS)	
Repatriation Schedule	337	Repatriation Schedule	350
SODIUM ACID PHOSPHATE	235	<i>Sotab</i> (DP)	99
SODIUM ALGINATE with CALCIUM CARBONATE		<i>Sotacor</i> (BQ)	99
and SODIUM BICARBONATE	77	<i>Sotahexal</i> (HX)	99
SODIUM AUROTHIOMALATE	184	SOTALOL HYDROCHLORIDE	99
SODIUM BICARBONATE		<i>Sotalol-BC</i> (BG)	99
Repatriation Schedule	337	<i>Span-K</i> (AS)	89
SODIUM CHLORIDE		SPECTINOMYCIN	161
Blood and blood forming organs	96	<i>Spenco Dermal Pad 10-553</i> (KC)	
Dental	244, 268	Repatriation Schedule	356
Repatriation Schedule	329	<i>Spenco Dermal Pad 10-561</i> (KC)	
Various	242	Repatriation Schedule	356
SODIUM CHLORIDE COMPOUND	96	<i>Spiractin</i> 25 (AF)	104
SODIUM CHLORIDE with GLUCOSE		<i>Spiractin</i> 100 (AF)	104
Blood and blood forming organs	96	SPIRONOLACTONE	104
Dental	244	<i>Sporanox</i> (JC)	162
SODIUM CITRO-TARTRATE		<i>Spren</i> (SI)	
Repatriation Schedule	337	Blood and blood forming organs	93
SODIUM CLODRONATE TETRAHYDRATE	187	Dental	265
SODIUM CROMOGLYCATE		Nervous system	195
Repatriation Schedule	342	<i>Staphylex</i> 250 (AF)	
Respiratory system	224	Dental	251
Sensory organs	230	General antiinfectives for systemic use	151
SODIUM LACTATE COMPOUND	97	<i>Staphylex</i> 500 (AF)	
SODIUM NITROPRUSSIDE	102	Dental	251
SODIUM POLYSTYRENE SULFONATE		General antiinfectives for systemic use	151
Repatriation Schedule	345	STAVUDINE	
SODIUM VALPROATE	199	Section 100	283
<i>Soffban</i> T224 (BV)		<i>Stelazine</i> (LM)	203
Repatriation Schedule	348	<i>Stemetil</i> (AV)	
<i>Sofradex</i> (AV)	233	Alimentary tract and metabolism	79
<i>Soframycin</i> (AV)	233	Dental	243
<i>Solavert</i> (BC)	99	Doctor's Bag Supplies	64
<i>Solone</i> (FM)	141	<i>Stemzine</i> (HP)	
<i>SoloSite Gel</i> 36100614 (SN)		Alimentary tract and metabolism	79
Repatriation Schedule	355	Dental	243
<i>Solprin</i> (RC)		STERCULIA with FRANGULA BARK	
Blood and blood forming organs	93	Alimentary tract and metabolism	80
Dental	265	Repatriation Schedule	327
Nervous system	195	<i>Steripaste</i> 3610 (SS)	
<i>Solu-Cortef</i> (PH)		Repatriation Schedule	350
Dental	246	<i>Stocrin</i> (MK)	
Doctor's Bag Supplies	63	Section 100	274
Systemic hormonal preparations, excl. sex		<i>Streptase</i> (AV)	94
hormones	140, 141	STREPTOKINASE	94
<i>Solugel</i> 10336 (JJ)		<i>Stromectol</i> (MK)	217
Repatriation Schedule	355	SUCRALFATE	77
<i>Solu-Medrol</i> (PH)	141	<i>Sudafed Sinus & Nasal Decongestant</i> (WR)	
<i>Somac</i> (PH)	75, 76	Repatriation Schedule	343
SOMATROPIN (Recombinant human growth		SULFACETAMIDE SODIUM	227
hormone)		SULFASALAZINE	83
Section 100	285	SULFINPYRAZONE	186
<i>Sone</i> (FM)	141	SULINDAC	
<i>Sorbidin</i> (AF)	100	Dental	258
SORBITOL with SODIUM CITRATE and SODIUM		Musculo-skeletal system	180
LAURYL SULFOACETATE		SULTHIAME	200
Alimentary tract and metabolism	81	SUMATRIPTAN	196
Repatriation Schedule	327	SUMATRIPTAN SUCCINATE	196
<i>Sorbsan</i> 1410 (SS)		SUNSCREENS	
Repatriation Schedule	351	Repatriation Schedule	332

GENERIC /PROPRIETARY INDEX

<i>SunSense Cream SPF30+ (EO)</i>		<i>Tegretol CR 200 (NV)</i>	
Repatriation Schedule.....	332	Dental	266
<i>SunSense Ultra SPF30+ (EO)</i>		Nervous system	199
Repatriation Schedule.....	333	<i>Tegretol CR 400 (NV)</i>	
<i>Surepress 650947 (CC)</i>		Dental	266
Repatriation Schedule.....	348	Nervous system	199
<i>Surepress 650948 (CC)</i>		<i>Tegretol Liquid (NV)</i>	
Repatriation Schedule.....	348	Dental	266
<i>Surgam (AV)</i>	182	Nervous system	199
<i>Surgical Lubricating Gel (BI)</i>		<i>Telfa 1970C (KE)</i>	
Repatriation Schedule.....	356	Repatriation Schedule.....	356
<i>Sustanon 100 (OR)</i>	126	<i>Telfa 2140C (KE)</i>	
<i>Sustanon 250 (OR)</i>	126	Repatriation Schedule.....	356
<i>Symmetrel 100 (NV)</i>	201	<i>Telfa 6020C (KE)</i>	
<i>Synacthen Depot 1 mg/1 mL (NV)</i>	139	Repatriation Schedule.....	356
<i>Synarel (PH)</i>	139	<i>Telfa 7650C (KE)</i>	
<i>Synphasic (PH)</i>	125	Repatriation Schedule.....	356
T		<i>Telfa 8252F (KE)</i>	
TACROLIMUS		Repatriation Schedule.....	348
Section 100.....	283	<i>Telfa 8253F (KE)</i>	
<i>Tagamet (SK)</i>	67, 68	Repatriation Schedule.....	349
<i>Tagamet 800 Express (SK)</i>		<i>Telfa 8254F (KE)</i>	
Alimentary tract and metabolism	68, 69	Repatriation Schedule.....	349
Repatriation Schedule.....	325	<i>Telfast (AV)</i>	
<i>Talohexal (HX)</i>	209	Repatriation Schedule.....	344
<i>Tambacor (MM)</i>	98	<i>Telfast 120 (AV)</i>	
<i>Tamoxin (SI)</i>	173	Repatriation Schedule.....	344
<i>Tamoxen 10 mg (DP)</i>	173	TELMISARTAN	114
<i>Tamoxen 20 mg (DP)</i>	173	<i>Temaze (AF)</i>	
TAMOXIFEN CITRATE	173	Dental	267
<i>Tamoxifen Hexal (HX)</i>	173	Nervous system	208
<i>Tamoxifen-BC (BG)</i>	173	<i>Temaze 10 (AF)</i>	
TAMSULOSIN HYDROCHLORIDE		Dental	267
Repatriation Schedule.....	338	Nervous system	208
TAPES—NON-WOVEN RETENTION		TEMAZEPAM	
(POLYACRYLATE)		Dental	267
Repatriation Schedule.....	357	Nervous system	208
TAPES—PLASTER ADHESIVE ELASTIC		<i>Temodal (SH)</i>	167
Repatriation Schedule.....	357	TEMOZOLOMIDE	166
TAPES—PLASTER ADHESIVE		<i>Temtabs (WX)</i>	
HYPOALLERGENIC		Dental	267
Repatriation Schedule.....	357	Nervous system	208
<i>Taxol (BQ)</i>	169	TENECTEPLASE	95
<i>Taxotere (AV)</i>	169	<i>Tenopt (SI)</i>	229
<i>Tazac (LY)</i>		<i>Tenormin (AP)</i>	106
Alimentary tract and metabolism	70, 71	TENOXICAM	
Repatriation Schedule.....	325, 326	Dental	259
<i>Tears Naturale (AQ)</i>	232	Musculo-skeletal system	181
<i>Tears Plus (AG)</i>	232	<i>Tensig (SI)</i>	106
<i>Tegaderm Transparent 1628 (MM)</i>		<i>Tensogrip 36361259 (BV)</i>	
Repatriation Schedule.....	352	Repatriation Schedule.....	349
<i>Tegaderm Transparent Island 3582 (MM)</i>		<i>Tensopress 66004347 (BV)</i>	
Repatriation Schedule.....	352	Repatriation Schedule.....	348
<i>Tegaderm Transparent Island 3586 (MM)</i>		<i>Tensopress 66004348 (BV)</i>	
Repatriation Schedule.....	352	Repatriation Schedule.....	348
<i>Tegretol 100 (NV)</i>		TERAZOSIN HYDROCHLORIDE	
Dental	266	Repatriation Schedule.....	338
Nervous system	198	TERBINAFINE	
<i>Tegretol 200 (NV)</i>		Repatriation Schedule.....	331
Dental	266		
Nervous system	199		

GENERIC /PROPRIETARY INDEX

TERBINAFINE HYDROCHLORIDE		<i>Terry White Chemists Trimethoprim with Sulfamethoxazole DS (TW)</i>	
.Dermatologicals.....	119	.Dental.....	255
.Repatriation Schedule.....	331	.General antiinfectives for systemic use.....	157
TERBUTALINE SULFATE		<i>Tertroxin (BT).....</i>	142
.Doctor's Bag Supplies.....	65	TESTOSTERONE	125
.Respiratory system.....	219, 220, 225	TESTOSTERONE ENANTHATE	126
<i>Teril (AF)</i>		TESTOSTERONE ESTERS	126
.Dental.....	266	TESTOSTERONE UNDECANOATE	126
.Nervous system.....	199	TETANUS VACCINE, ADSORBED	
<i>Terry White Chemists Aciclovir (TW)</i>	163	.Dental.....	257
<i>Terry White Chemists Amoxycillin (TW)</i>		.Doctor's Bag Supplies.....	65
.Dental.....	248	.General antiinfectives for systemic use.....	165
.General antiinfectives for systemic use.....	148	TETRABENAZINE	205
<i>Terry White Chemists Atenolol (TW)</i>	106	TETRACOSACTRIN	139
<i>Terry White Chemists Baclofen (TW)</i>	185	TETRACYCLINE HYDROCHLORIDE	
<i>Terry White Chemists Captopril (TW)</i>	110	.Dental.....	247
<i>Terry White Chemists Cefaclor (TW)</i>		.General antiinfectives for systemic use.....	147
.Dental.....	252, 253	.Sensory organs.....	226
.General antiinfectives for systemic use.....	153	TETRACYCLINE HYDROCHLORIDE	147
<i>Terry White Chemists Cefaclor CD (TW)</i>		TETRACYCLINE HYDROCHLORIDE (BUFFERED)	
.Dental.....	252	.Dental.....	247
.General antiinfectives for systemic use.....	152	.General antiinfectives for systemic use.....	147
<i>Terry White Chemists Cephalexin (TW)</i>		<i>Tetrex (BC)</i>	
.Dental.....	254	.Dental.....	247
.General antiinfectives for systemic use.....	155	.General antiinfectives for systemic use.....	147
<i>Terry White Chemists Clomipramine (TW)</i>	207, 209	<i>Teveten (SM)</i>	114
<i>Terry White Chemists Diclofenac (TW)</i>		<i>Theo-Dur (AP)</i>	225
.Dental.....	257, 258	THEOPHYLLINE	225
.Musculo-skeletal system.....	179	THIAMINE HYDROCHLORIDE	
<i>Terry White Chemists Diltiazem (TW)</i>	109	.Alimentary tract and metabolism.....	88
<i>Terry White Chemists Doxycycline (TW)</i>		.Repatriation Schedule.....	328
.Dental.....	247	THIOGUANINE	167
.General antiinfectives for systemic use.....	144, 145, 146	<i>Thioprine (AF)</i>	178
<i>Terry White Chemists Enalapril (TW)</i>	111	THIORIDAZINE	203
<i>Terry White Chemists Fluoxetine (TW)</i>	210	THIORIDAZINE HYDROCHLORIDE	203
<i>Terry White Chemists Frusemide (TW)</i>	103, 104	THIOTEPA	166
<i>Terry White Chemists Gemfibrozil (TW)</i>	118	3TC (GW)	
<i>Terry White Chemists Indapamide (TW)</i>	103	.Section 100.....	279
<i>Terry White Chemists Iprratropium (TW)</i>	224	THYROXINE SODIUM	142
<i>Terry White Chemists Isosorbide Mononitrate (TW)</i>	100	TIAGABINE HYDROCHLORIDE	199
<i>Terry White Chemists Lisinopril (TW)</i>	112	TIAPROFENIC ACID	182
<i>Terry White Chemists Metformin (TW)</i>	86	TICARCILLIN with CLAVULANIC ACID	
<i>Terry White Chemists Metoprolol (TW)</i>	106	.Dental.....	252
<i>Terry White Chemists Moclobemide (TW)</i>	211	.General antiinfectives for systemic use.....	152
<i>Terry White Chemists Nifedipine (TW)</i>	108	<i>Ticlid (RO)</i>	94
<i>Terry White Chemists Piroxicam (TW)</i>		<i>Ticlopidine Hexal (HX)</i>	94
.Dental.....	259	TICLOPIDINE HYDROCHLORIDE	93
.Musculo-skeletal system.....	181	<i>Tielle MT2440 (JJ)</i>	
<i>Terry White Chemists Piroxicam Dispersible (TW)</i>		.Repatriation Schedule.....	353
.Dental.....	259	<i>Tielle MT2442 (JJ)</i>	
.Musculo-skeletal system.....	180	.Repatriation Schedule.....	353
<i>Terry White Chemists Prazosin (TW)</i>	101, 102	<i>Tilade (AV)</i>	224
<i>Terry White Chemists Ranitidine (TW)</i>	72, 73	<i>Tilade CFC-Free (AV)</i>	224
<i>Terry White Chemists Salbutamol (TW)</i>		<i>Tilcotil (RO)</i>	
.Doctor's Bag Supplies.....	64, 65	.Dental.....	260
.Respiratory system.....	219	.Musculo-skeletal system.....	181
<i>Terry White Chemists Sotalol (TW)</i>	99	<i>Tilodene (AF)</i>	94
<i>Terry White Chemists Tamoxifen (TW)</i>	173	TILUDRONATE DISODIUM	188

GENERIC /PROPRIETARY INDEX

<i>Timentin (SK)</i>		TRIAMCINOLONE ACETONIDE with NEOMYCIN	
Dental	252	SULFATE, GRAMICIDIN and NYSTATIN	
General antiinfectives for systemic use	152	Repatiation Schedule	334
TIMOLOL MALEATE	229	Sensory organs	233
TIMOLOL MALEATE with PILOCARPINE		<i>Trifeme 28 (AY)</i>	125
HYDROCHLORIDE	230	TRIFLUOPERAZINE HYDROCHLORIDE	203
<i>Timoptol (FR)</i>	229	TRIGLYCERIDES, MEDIUM CHAIN	236
<i>Timoptol XE (MK)</i>	229, 230	TRIGLYCERIDES—MEDIUM CHAIN, FORMULA	238
<i>Timpilo 2 (MK)</i>	230	TRIGLYCERIDES, MEDIUM CHAIN and LONG	
<i>Timpilo 4 (MK)</i>	230	CHAIN with GLUCOSE POLYMER	242
<i>Tinaderm (SH)</i>		TRIMETHOPRIM	156
Repatiation Schedule	331	TRIMETHOPRIM with SULFAMETHOXAZOLE	
TINIDAZOLE	160	Dental	254
TIROFIBAN HYDROCHLORIDE	94	General antiinfectives for systemic use	156
<i>Titalac (MM)</i>		<i>Trimoxazole-BC 800/160 (BG)</i>	
Repatiation Schedule	324	Dental	255
TOBRAMYCIN	226	General antiinfectives for systemic use	157
TOBRAMYCIN SULFATE	158	<i>Triphasil (WY)</i>	125
<i>Tobrex (AQ)</i>	226	<i>Triphasil 28 (WY)</i>	125
<i>Tofranil 10 (NV)</i>	209	<i>Triprim (SI)</i>	156
<i>Tofranil 25 (NV)</i>	209	<i>Triquilar (SC)</i>	125
TOLBUTAMIDE	87	<i>Triquilar ED (SC)</i>	125
TOLNAFTATE		<i>Trisequens (NO)</i>	130
Repatiation Schedule	331	<i>Trisequens Forte (NO)</i>	130
<i>Talvon (OR)</i>	212	<i>Tritace 1.25 mg (AV)</i>	113
<i>Tomudex (AP)</i>	167	<i>Tritace 2.5 mg (AV)</i>	113
<i>Topace (FM)</i>	110	<i>Tritace 5 mg (AV)</i>	113
<i>Topamax (JC)</i>	200	<i>Tritace 10 mg (AV)</i>	
<i>Topamax Sprinkle (JC)</i>	200	Cardiovascular system	113
TOPIRAMATE	200	Repatiation Schedule	330
TOPOTECAN HYDROCHLORIDE	171	<i>Trizivir (GW)</i>	
TOREMIFENE CITRATE	173	Section 100	270
TRAMADOL HYDROCHLORIDE		<i>Trobicin (PH)</i>	161
Dental	265	TROPISETRON HYDROCHLORIDE	79
Nervous system	194	<i>Trusopt (MK)</i>	229
<i>Tramal (CS)</i>		<i>Tryptanol (MK)</i>	208
Dental	265	<i>Tubegauz 14001 (SS)</i>	
Nervous system	195	Repatiation Schedule	349
<i>Tramal SR 100 (CS)</i>		<i>Tubegauz 14002 (SS)</i>	
Dental	265	Repatiation Schedule	349
Nervous system	195	<i>Tubifast 2434 (SS)</i>	
<i>Tramal SR 150 (CS)</i>		Repatiation Schedule	349
Dental	265	<i>Tubifast 2436 (SS)</i>	
Nervous system	195	Repatiation Schedule	349
<i>Tramal SR 200 (CS)</i>		<i>Tubifast 2438 (SS)</i>	
Dental	265	Repatiation Schedule	349
Nervous system	195	<i>Tubigrip 1479 (SS)</i>	
<i>Trandate (SI)</i>	107	Repatiation Schedule	349
TRANDOLAPRIL	113	<i>Tubigrip 1480 (SS)</i>	
TRANEXAMIC ACID	95	Repatiation Schedule	349
<i>Transiderm-Nitro 25 (NV)</i>	100	<i>Tubigrip 1481 (SS)</i>	
<i>Transiderm-Nitro 50 (NV)</i>	100	Repatiation Schedule	349
TRANLYCPROMINE SULFATE	211	<i>Tubigrip 1482 (SS)</i>	
TRIAMCINOLONE ACETONIDE		Repatiation Schedule	349
Dental	246	<i>Tubigrip 1483 (SS)</i>	
Dermatologicals	120	Repatiation Schedule	349
Systemic hormonal preparations, excl. sex		<i>Tubigrip 1484 (SS)</i>	
hormones	141	Repatiation Schedule	349
		<i>Tubigrip 1486 (SS)</i>	
		Repatiation Schedule	349

GENERIC /PROPRIETARY INDEX

<i>Tubigrip B 1544 (SS)</i>		<i>Ventolin CFC-free (GW)</i>	
Repatriation Schedule	349	Doctor's Bag Supplies	64
<i>Tubigrip C 1545 (SS)</i>		Respiratory system	218
Repatriation Schedule	349	<i>Ventolin Disks (GW)</i>	218
<i>Tubigrip D 1546 (SS)</i>		<i>Ventolin Nebules (GW)</i>	
Repatriation Schedule	349	Doctor's Bag Supplies	64, 65
<i>Tubigrip E 1547 (SS)</i>		Respiratory system	219
Repatriation Schedule	349	<i>Ventolin Rotacaps (GW)</i>	218
<i>Tubigrip F 1548 (SS)</i>		<i>Vepesid (BQ)</i>	168
Repatriation Schedule	349	<i>Veracaps SR (SI)</i>	109
<i>Tylenol (JT)</i>		<i>Verahexal (HX)</i>	108
Dental	265	VERAPAMIL HYDROCHLORIDE	
Nervous system	195	Cardiovascular system	108
U		Doctor's Bag Supplies	65
<i>Ulcyte (AF)</i>	77	<i>Vermox (JC)</i>	
<i>Ultratard (NO)</i>	86	Repatriation Schedule	342
<i>Ural Sachets (AB)</i>		<i>Viagra (PF)</i>	
Repatriation Schedule	337	Repatriation Schedule	337
UREA		<i>Vibramycin (PF)</i>	
Repatriation Schedule	332	Dental	247
<i>Urederm (HA)</i>		General antiinfectives for systemic use	144, 145, 146
Repatriation Schedule	332	<i>Vibra-Tabs (PF)</i>	144
<i>Uremide (AF)</i>	104	<i>Videx (BQ)</i>	
<i>Urex (FM)</i>	104	Section 100	272
<i>Urex-Forte (FM)</i>	104	<i>Videx EC (BQ)</i>	
<i>Urex-M (FM)</i>	103	Section 100	272
<i>Uro-Carb (HA)</i>	214	VIGABATRIN	199
<i>UROFOLLITROPHIN (Highly purified)</i>	135	VINBLASTINE SULFATE	168
<i>Uromitexan (AA)</i>	234	VINCRISTINE SULFATE	168
URSODEOXYCHOLIC ACID	79	VINORELBINE TARTRATE	168
<i>Ursofalk (OA)</i>	79	<i>Vioxx (MK)</i>	183
V		<i>Viracept (RO)</i>	
<i>Vagifem (NO)</i>	126	Section 100	280
VALACICLOVIR HYDROCHLORIDE		<i>Viramune (BY)</i>	
General antiinfectives for systemic use	164	Section 100	280
Section 100	283	<i>Viscopaste 4948 (SN)</i>	
<i>Valium (RO)</i>		Repatriation Schedule	350
Dental	266	<i>Viscotears Liquid Gel (NV)</i>	231
Nervous system	205, 206	<i>Visken 5 (NV)</i>	105
<i>Valpro 200 (AF)</i>	199	<i>Visken 15 (NV)</i>	105
<i>Valpro 500 (AF)</i>	199	<i>Vistide (PU)</i>	
<i>Valtrex (GW)</i>		Section 100	270
General antiinfectives for systemic use	164	VITAMIN B GROUP COMPLEX	
Section 100	283	Repatriation Schedule	328
<i>Vancocin (LY)</i>		<i>Vitrasert (BU)</i>	
Alimentary tract and metabolism	82	Section 100	276
Dental	256	<i>Voltaren 25 (NV)</i>	
General antiinfectives for systemic use	159, 160	Dental	257
VANCOMYCIN		Musculo-skeletal system	179
Alimentary tract and metabolism	82	<i>Voltaren 50 (NV)</i>	
Dental	256	Dental	258
General antiinfectives for systemic use	159	Musculo-skeletal system	179
<i>Vasocardol CD (HP)</i>	109	<i>Voltaren 100 (NV)</i>	
<i>Vastin (AP)</i>	117	Dental	257
<i>Vaxigrip (AX)</i>	165	Musculo-skeletal system	179
<i>Velbe (LY)</i>	168	<i>Voltaren Ophtha (NV)</i>	228
VENLAFAXINE HYDROCHLORIDE	212	<i>Voltaren Rapid 50 (NV)</i>	
<i>Ventolin (GW)</i>	219, 225	Dental	257
		Musculo-skeletal system	179

GENERIC /PROPRIETARY INDEX

W	
WARFARIN SODIUM.....	90
WATER FOR INJECTIONS, STERILISED	
Dental.....	268
Various.....	242
Waxsol (NE)	
Repatriation Schedule.....	345
Wellvone (GW).....	216
WOOL ALCOHOLS	
Repatriation Schedule.....	332
X	
Xalatan (PU).....	230
Xanax (PH).....	205
Xanax Tri-Score (PH).....	205
Xeloda (RO).....	167
XMET Analog (SB).....	240
XMET Maxamaid (SB).....	240
XMET Maxamum (SB).....	240
XMTVI Analog (SB).....	240
XMTVI Asadon (SB).....	239
XMTVI Maxamaid (SB).....	240
XMTVI Maxamum (SB).....	240
XP Analog (SB).....	241
XP Analog LCP (SB).....	240
XP Maxamaid (SB).....	241
XP Maxamum (SB).....	241
XPhen, Tyr Analog (SB).....	241
XPhen, Tyr Maxamaid (SB).....	241
XPhen, Tyr Maxamum (SB).....	241
XPTM Tyrosidon (SB).....	240
Xylocaine Viscous (AP)	
Repatriation Schedule.....	333
Xylocard 100 (AP)	
Cardiovascular system.....	98
Dental.....	245
Doctor's Bag Supplies.....	64
Xylocard 500 (AP).....	98
Z	
Zactin (AF).....	210
ZALCITABINE	
Section 100.....	284
Zanidip (SM).....	108
Zantac (GW)	
Alimentary tract and metabolism.....	72, 73, 74
Repatriation Schedule.....	326
Zantac Syrup (GW)	
Alimentary tract and metabolism.....	72, 73, 74
Repatriation Schedule.....	326
Zarontin (PD).....	198
Zavedos (PH).....	170
Zavedos Solution (PH).....	170
Zeffix (GW)	
Section 100.....	279
Zentel (SK).....	217
Zerit (BQ)	
Section 100.....	283
Zestril (AP).....	112
Ziagen (GW)	
Section 100.....	270
ZIDOVUDINE	
Section 100.....	284
ZINC OXIDE	
Repatriation Schedule.....	329
ZINC OXIDE with STARCH and CHLORPHENESIN	
Repatriation Schedule.....	336
ZINC PYRITHIONE	
Repatriation Schedule.....	335
ZINC SULFATE with PHENYLEPHRINE	
HYDROCHLORIDE	
Repatriation Schedule.....	344
Zincaband 3604 (SS)	
Repatriation Schedule.....	350
Zincfrin (AQ)	
Repatriation Schedule.....	344
Zinnat (GW)	
Dental.....	253
General antiinfectives for systemic use.....	155
ZipZoc 66051550 (SN)	
Repatriation Schedule.....	350
Zithromax (PF)	
General antiinfectives for systemic use.....	157
Repatriation Schedule.....	338
Section 100.....	270
Sensory organs.....	226
Zocor (MK).....	117
Zofran (GW).....	78, 79
Zofran syrup 50 mL (GW).....	79
Zofran Zydis (GW).....	78, 79
Zoladex 10.8 Implant (AP).....	172
Zoladex Implant (AP).....	172
ZOLMITRIPTAN.....	197
Zoloft (PF).....	210
Zomig (AP).....	197
ZOPICLONE	
Repatriation Schedule.....	341
Zoton (LE).....	74, 75
Zovirax (GW).....	227
Zovirax 200 mg (GW).....	163
Zovirax 800 mg (GW).....	163
Z.S.C. (SI)	
Repatriation Schedule.....	336
ZUCLOPENTHIXOL DECANOATE	
Zumenon (SM).....	126
Zyban (GW).....	214
Zyloprim (SI).....	185, 186
Zyprexa (LY).....	204
Zyprexa Zydis (LY).....	204
Zyrtec (WR)	
Repatriation Schedule.....	344

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